

ADPC Treatment Subcommittee  
MEETING MINUTES  
12/1/2022

Members Present:

x	Craig Allen		Brynna Blackson	x	Kim Hougabook		Kathleen O'Connor		<i>Meeting Guests:</i>
x	Maria Coutant-Skinner		Barbara Cass	x	Mark Jenkins	x	Gerard O'Sullivan		Amy Bogert
x	Luiza Barnat		Wende Cooper	x	Heide Kapral	x	Sandrine Pirard		John Lally
x	Melissa Sienna	x	Deborah Daniel		Tara Kerner		Dan Rezende		Stephanie Marquesano
	Robyn Anderson		Hilary Felton-Reid		Gabriela Krainer		Carl Schiessl		Andy (Project Courage)
x	Herb Boyd		Julienne Girard		Chad McDonald	x	Kristie Scott		
	Maria Brereton	x	John Hamilton	x	Daniel Millstein		John Simoncelli		
x	David Borzellino		Ally Kernan	x	Allyson Nadeau		Danielle Warren-Dias		

TOPIC	DISCUSSION	ACTION ITEMS
<b>Welcome &amp; Intro of New Members/ Guests</b>		
<b>Review of minutes</b>	September and October minutes were reviewed. No discussion.	Both meeting minutes approved.
<b>Presentation</b> <i>Stephanie Marquesano, Founder, The Harris Project</i>	The <a href="#">Harris Project</a> : non-profit systems transformation organization (prevention, treatment, early intervention) to breakdown silos to better address co-occurring MH and SUD. Based in NY (West Chester County) and presents to groups across the country. Implements the Dr. Minkoff model of co-occurring integrated systems of care. Focus on teens and transition age youth. Promotes a comprehensive harm reduction approach involving medications in combination with counseling/therapy. NY State: The Harris Project was part of a Regional Planning Consortium to promote systems change through Medicaid redesign and integration using the EBP co-occurring model (SAMHSA Tip 42 & Dr. Minkoff's model). Organizational priorities: Prevention, cross-training and core competencies, licensing/regulatory issues, transition into recognition of need for treatment modalities that address co-occurring disorders. Advocating to reduce silos for addiction and mental health services in NY state through legislative action. Participant on the NYS Opioid Settlement Fund Advisory Board advocating for housing, mental health, substance use, and co-occurring care as priority areas of any RFP. Co-occurring Disorders Awareness (CODA) launched in Greenwich, CT as a student-led group. Connected to Encompass (Paula Riggs) evidence-based treatment programs, Students Against Destructive Decisions (education program), and the CRAFT approach for families. Contact info: <a href="mailto:stephanie@theharrisproject.org">stephanie@theharrisproject.org</a> . Adolescent prevention/early intervention, and substance use treatment needs were mentioned.	
<b>Safe Consumption Sites</b>	<u>Providence, RI</u> site will start February 2023. John Hamilton shared information about how Rhode Island set up their site via regulations. Rhode Island also is dispensing syringes, naloxone, wound care and condoms via machines. A	See email from John Hamilton with materials from Rhode Island.

	<p>group at Yale is looking into dispensing machines in New Haven. Syringe trees (disposal) already are available in New Haven in 3 areas.</p> <p><u>New York Safe Consumption site visit</u>: 2 sites, 2 different models (one peer-run, one has medical staff). The center offers a variety of wellness areas: lounge area, food, laundry facilities, offer basic needs supports, outdoor space to enjoy and they maintain a beehive (offer honey to their guests), mindfulness space, smoking room/area, areas to sleep/rest for up to 6 hours, offer clean socks to everyone. Safe consumption site is not that large relative to the other uses of the space. Opening of the site has resulted in less public substance use, cleaner streets (fewer needles on the ground). Budget: \$14M annually. Witnessed an overdose at peer-run facility: oxygen provided first, microdose of naloxone provided second. Overdoses happen daily but have only had to call an ambulance twice. Staff who need a break, depending on their role, are able to rotate to other activities to prevent burn out. Were not supported by the state, but the state did provide a statement of non-interference because it is considered a municipal issue. In response to high number of overdoses happening in bathroom, NY started with safe bathroom use. Were able to get their public health agency created safe public restroom guidance that were essentially safe use sites, configured especially for this purpose.</p> <p><u>Bridgeport and Mark are ready to implement innovative strategies to curb overdose</u> – engagement or low barrier care center, for example. Both have infrastructure available to support this effort. The group discussed working toward strategies at the Harm Reduction Committee instead of this subcommittee.</p>	
<b>Harm Reduction Goal</b>		
<b>Announcements</b>	<p>Understanding and Promoting Health Equity in Substance Use Treatment: <a href="#">Webinar Registration - Zoom</a></p> <p>Webinar: Moving from Policy to Action: Fighting the Nation’s Drug Overdose Crisis: <a href="https://manatt.zoom.us/webinar/register/WN_c97m0TC-Sq-vvQZhG700mA">https://manatt.zoom.us/webinar/register/WN_c97m0TC-Sq-vvQZhG700mA</a></p> <p>Integrated Medicine Conference, Free, The Women’s Consortium. Luiza to send flyer.</p> <p>Sandrine Pirard’s last meeting was today.</p>	
<b>New Business</b>	None reported.	
<b>UPCOMING MEETINGS</b>	<p>Treatment Subcommittee: December 22<sup>nd</sup> or TBD 1:00-2:30pm</p> <p>ADPC Full Council: December 20<sup>th</sup></p>	