ADPC Treatment Subcommittee
MEETING MINUTES
12/22/2022

Members Present:

x	Craig Allen		Brynna Blackson		Kim Hougabook		Kathleen O'Connor		*Meeting Guests:*
x	Maria Coutant-Skinner		Barbara Cass		Mark Jenkins	x	Gerard O'Sullivan		Amy Bogert
x	Luiza Barnat		Wende Cooper	x	Heide Kapral		Dan Rezende		Cynthia Petronio-Vazquez for Kim Haugabook
x	Melissa Sienna		Deborah Daniel		Tara Kerner	x	Carl Schiessl		
	Robyn Anderson		Hilary Felton-Reid		Gabriela Krainer		Kristie Scott		
x	Herb Boyd		Julienne Girard		Chad McDonald		John Simoncelli		
	Maria Brereton	x	John Hamilton	x	Daniel Millstein		Danielle Warren-Dias		
	David Borzellino		Ally Kernan	x	Allyson Nadeau	x	John Lally		

TOPIC	DISCUSSION	ACTION ITEMS
Welcome & Intro of New Members/ Guests		
Review of minutes	12/1/22 minutes were reviewed. No discussion.	Approved.
Co-occurring disorders presentation follow-up	Question about where DMHAS stands on standardizing care for co-occurring disorders across the SUD system. Not sure what happened/is going on related to previous efforts. Is the 1115 waiver the next generation of bringing providers up to a standard of co-occurring care? The 1115 ASAM training is not addressing co-occurring care, if that's the direction that people are moving in. Work needs to be done to achieve that goal. One member attended the ASAM 2-day training (Train for Change) and reports that information/requirements for co-occurring residential enhanced were not included in the training – requirements were not clear for 3.7 level of care. **Members would like to see emphasis in the ASAM training on the importance of co-occurring treatment as identified in the criteria.** We may be missing the subtleties around trauma, anxiety, etc., if the training is very addiction focused. Does it fall within scope of this group to recommend having standardized process to determine if/evaluate programs are delivering co-occurring care (e.g., Atlas)? Atlas will be presenting to this group in January. Providers recalled enhanced funding to deliver robust co-occurring services, providers are not held to a standard anymore and that standard/oversight no longer exists. Some previous expectations were not realistic and deterred some providers from participating in co-occurring initiatives. Do we resurrect DDCAT in some form, or is it too much during the 1115 implementation? May want to consult various data sources to see if we are as far along as we think we are on co-occurring disorders. If data shows we still have work to do, we may make recommendations. Note: NY state has made co-occurring disorders one of three main areas to invest opioid settlement dollars.	Atlas/ Shatterproof will present in January. Step 1: develop a co-occurring disorder goal for approval. Step 2: after approval, develop subcommittee to explore data further – identify data, assess network for co-occurring capabilities, determine next steps.

Harm Reduction Goal	Group reviewed current harm reduction goal that already was approved. Stabilization and engagement centers may be a good action step/recommendation. S&E centers operationalizes the harm reduction principles already approved by ADPC. Luiza to confirm. Also, may want to confirm scope of services for DMHAS stabilization centers. Resources: Justin Mehl was involved in these initiatives in MA. Greg Williams also may be a good resource.	Luiza to check that approved harm reduction goals are sufficient for these action steps.
CDCs Updated Practice Guidelines	Dr. Allen summarized the new guidelines from CDC. The updated practice guidelines seek to clear up confusion around interpreting the original guidelines. They more clearly spell out use of opioid analgesic medications for pain management, and use of other strategies to control pain. Also provides guidelines for patients to safely/humanely use/discontinue opioids, or transition to other strategies. There is a mobile app for providers. Carl mentioned that CHA has been tracking the updates. There may be an opportunity to target specific physician types with education. Gabor Mate was recommended as a speaker.	
Guidance on Directing the CT Opioid Settlement	CT's opioid settlement committee has not yet met. Folks are frustrated by the delays. One member who is on the committee has been waiting months for the process to move forward. 70% of funding will go to state, there are guidelines for how settlement will be allocated. Here is NY state's opioid settlement board report. Money has flowed to municipalities already. Can the treatment subcommittee provide suggestions for how to disperse any of the settlement? The opioid committee will determine the process for receiving recommendations.	Catalog ideas for use of settlement funds.
Announcements	None.	
New Business	Consider future goal of enhancing/improving family involvement into treatment. Standardizing family involvement.	
UPCOMING MEETINGS	Treatment Subcommittee: January 26th 1pm - 2:30pm ADPC Full Council: February 21st 10am – 12pm	