

**ADPC Treatment Subcommittee
MEETING MINUTES
5/25/2023**

Members Present:

x	Craig Allen		Brynna Blackson	x	Kim Hougabook		Kathleen O'Connor		Cynthia Petronio-Vasquez
x	Maria Coutant-Skinner		Barbara Cass	x	Mark Jenkins	x	Gerard O'Sullivan	x	Kevin Shuler
x	Luiza Barnat		Wende Cooper	x	Heide Kapral		Dan Rezende	x	Joseph McKeon
x	Melissa Sienna		Deborah Daniel		Tara Kerner		Carl Schiessl	x	Katherine Ramos
	Robyn Anderson		Hilary Felton-Reid		Gabriela Krainer		Kristie Scott	x	Kris Robles
x	Herb Boyd		Julienne Girard		Chad McDonald		John Simoncelli		
	Maria Brereton	x	John Hamilton		Daniel Millstein	x	Danielle Warren-Dias		
	David Borzellino		Ally Kernan		Allyson Nadeau	x	John Lally		

TOPIC	DISCUSSION	ACTION ITEMS
Welcome & Intro of New Members/ Guests	Colleen Violette from DPH was present as a guest presenter.	
Review of minutes	April 2023 minutes reviewed and accepted.	Approved
<u>Opioid Settlement Advisory Committee (OSAC)</u>	OSAC has had two meetings, last meeting on 5/9. Five subcommittees were established, three will be time limited. A referral subcommittee will be initiated to summarize and prioritize recommendations. July 11 is next meeting where a process for recommendations, public participation guidelines and committee bylaws will be reviewed and requested for approval. Dr. Fiellen also will present the group to inform key priority areas of OSAC. The ADPC subcommittees are included in the OSAC process, working out exact details on how the ADPC subcommittee and OSAC will intersect. A recommendations tracking document is being considered so that ideas are not lost track, but that is still under consideration. Evaluative criteria of recommendations will be important to define - is it an EBP, is it in alignment with what lawsuit is trying to achieve, assessment of need, financially sustainable, etc. The research/evaluation OSAC workgroup will do that evaluation. The treatment subcommittee offered to do an assessment of need of recommendations. For now, this committee should make a list of ideas for treatment needs. Ideas may need to include education (e.g., data on service gaps, treatment needs, evidence that the approach works) of the OSAC to understand their potential value. One recommendation mentioned: involving family members in treatment, as a treatment resource.	The June 22 nd meeting will include a discussion recommendations for OSAC to consider. Workgroup members should bring ideas with them.
Naloxone and Overdose Response Application (NORA)	Colleen Violette presented on the components of the <u>NORA application</u> to increase awareness of/prevent overdose. The app is web-based so it automatically updates with new content as it is added. DPH is considering adding new features such as spike overdose alerts. Working with O'Donnell this Summer to enhance harm reduction messaging particularly related to Xylazine. CT DPH uses Google analytics and reports yearly to CDC for the Overdose to Action (OD2A) grant but specific data was not presented. The group request a report on the analytics from the application at a future meeting.	Invite DPH to bring NORA data to a future meeting.

Xylazine	<p>Articles describes connection between fewer fatalities when Xylazine is present in a person’s system– theory is that Xylazine extends the high, less frequent use, and less opportunity to overdose. May make it harder to get someone on MOUD because they don’t go into precipitated withdrawal. Should still use Naloxone since opioid products also are likely to be present. Other impacts: wounds are not necessarily at injection sites, wound care becomes important. Xylazine is not being seen in high amounts everywhere. Yale/Gayle D’Onofrio has been seeing it and has developed a protocol.</p> <p>Follow-up comment to 4/27: Xylazine test strip testing (needing a liquified form) would encourage someone to switch methods of use, some concern about that statement, big jump to assume that change in use would happen, however someone early in recovery subjected to the test may be triggered to use, it may be contrary to their recovery and it may not be safe for them. Have to be clear when building peer workforces that safety needs to be an important consideration, training, “temperature checks” to make sure they’re okay with certain aspects of the job – being okay with limiting their scope of work for their safety.</p> <p>Full article: Opioid overdoses involving xylazine in emergency department patients: a multicenter study (tandfonline.com)</p>	<p>Invite Gayle D’Onofrio to describe her experiences and protocol.</p>
Stabilization Centers Update	<p>No update. See RFP page – procurement plan for public announcements.</p>	<p>Look at language in bill Sen. Anwar proposed.</p>
New Business	<p>Youth/young adults with opioid use disorder</p> <ul style="list-style-type: none"> • HYPE Recovery is specifically designed for youth with opioid use, and Substance Screening, Treatment and Recovery for Youth (SSTRY) also serves youth/young adults. • Staffing at programs is a challenge right now, which is limiting access to services. Providers mentioned limited resources for staffing are barriers to hiring and retaining staff. • Youth SUD inpatient workgroup – high barriers through traditional treatment, suggested to partner with family practitioners to support them through consultation services, Yale has built-up their readiness to address this issue. <p>Child/infant fatalities as result of fentanyl ingestion</p> <ul style="list-style-type: none"> • No update provided. <p>Implications of 1115 waiver, outcomes/PPW admissions</p> <ul style="list-style-type: none"> • Providers are encouraged to outreach to Kris if TA to lift up IOP/PHP programs is needed • PPW – if referrals come from DCF, DMHAS requests that DCF send a letter that the child will be reunified within 30 days if the mother is in the program. There is no 90-day minimum stay – that’s outdated practice, everyone is being re-educated. Still a utilization issue – criteria is specific and not getting referrals they once did. Education on PPW criteria may be helpful. DCF PPW liaison will be providing education sessions at the DCF offices statewide. 	
MEMBER ANNOUNCEMENTS	<p>September 22: DMHAS Harm Reduction Conference – Save the Date, looking for keynote speakers – contact Luiza June 21: Final Shatterproof webinar – building a media campaign, anti-stigma messaging.</p>	
FUTURE RADAR	<ul style="list-style-type: none"> • OSAC recommendations/communication • Peer Recovery Support – keep on list because the committee has just started to meet 	<p>Add family involvement in</p>

	<ul style="list-style-type: none"> • Trauma-informed treatment – Need a sponsor for Gabor Mate to come, keep on the radar • Co-occurring disorders treatment • Harm reduction centers – if move away from safe consumption there may be more support • Involving families in treatment 	treatment as a standing agenda item.
UPCOMING MEETINGS	Treatment Subcommittee: June 22 nd at 1pm ADPC Full Council: June 20 th at 10am	