Alcohol and Drug Policy Council Prevention Subcommittee

Meeting Summary

Meeting Date / Location: March 18, 2 Teams Mee						
Pro	evention Subcommittee M	1embers				
Χ	Alison Karimi (DCF Agen	cy Support)		Don Maleto	Х	Robert Kanehl
Χ	Allison Fulton (Co-Chair)			Giovanna Mozzo		Robert Lawlor
Χ	Abigail Lieberman			Ingrid Gillespie		Sarju Shah (DMHAS Agency Support)
	Andrew Lyon		Х	Jennifer Sussman	Х	Scott Szalkiewicz
	Anna Gasinski		Χ	Judith Stonger	Х	Shobha Thangada
Χ	Carleen Zambetti			Keri Lloyd (DCF Staff Support)	Х	Surita Rao
Χ	Colleen Violette			Kristi Olds		
	Daniel Tobin			Nancy Kingwood		
Χ	Dawn Niles (OSAC Repre	sentative)	Χ	Nathaniel Rickles		
Χ	Deborah Lake (Co-Chair)			Rodrick Marriott		
Su	pporting Leadership & Ot	her Participa	nts			
Χ	Allyson Nadeau		Х	Nadine Tulloch	X	Stephanie Welch (DMHAS)
Χ	Cynthia Petronia-Vazque	2Z	Х	Ramona Anderson (DMHAS)	Х	Steven Wolf (DCP)
Χ	Diana Shaw (DCP)		Х	Robin-Tousey Ayers (DPH)	Х	Tom Fulton
Χ	Jessica Parmelee		Х	Samantha Allard (DCP)	Х	Vanessa St.Clair (DPH)
Χ	Karonesa Logan (DCP)		Х	Samantha Forbes	Х	Luiza Barnat (DMHAS)

ТОРІС	DISCUSSION	ACTIONS / DECISIONS
Welcome	The meeting began at 1:25p.m.	Minutes Approved
Review of Minutes	February meeting minutes motion to approve made by Robert Kanehl. No one opposed.	
OSAC Committee Updates and finalization of recommendation	 Luiza Barnat is currently serving as the OSAC Administrator. OSAC met on 03/12/24. The first recommendation approved was for reduction supplies for syringe exchange programs for one year for \$500,000. The second recommendation was approved for three-year project for \$4 million for mobile methadone vans or mobile opioid treatment programs (OTP's). This will be an RFP that goes out from DMHAS, and 	All Recommendation can be sent to Luiza Barnett.
	 the RFP will only be open to any and all existing programs who have methadone. OSAC received a recommendation from the Department of Correction (DOC) to expand medications for opioid use disorder (MOUD) in correctional offices; this recommendation was sent to the OSAC referral subcommittee for review. It was mentioned that OSAC dollars cannot supplant other funding sources (i.e. Medicaid, or other state or discretionary funds). All updates and recommendations will be added to the CORE report. Two priorities are the expansion of MOUD as well as naloxone in 	
	communities.	

	April 16, 2024	
	Monday, April 15, 2024, 1:30 – 3:30pm Next Full ADPC Meeting:	
	Next Prevention Subcommittee Meeting:	
Meeting Adjournment	Meeting adjourned at 2:24 pm	
	conference is focused on youth involved in local prevention councils and Youth Service Bureaus. It's an opportunity to showcase substance use prevention learnings, networking with other youth, and an overall great conference for our future leaders. Both Problem Gambling and Change the Script Vans will be there. Please share this with your community youths.	Contact Deb Lake for More Information
Other/Member Updates	Alison Fulton shared Region 5 was having a conference on 4/24/24 entitled "Right Here, Right Now" – this a full day conference to stategize as a region. The meeting will be held at Western Connecticut State University. 3 rd annual Future Prevention Leaders Conference will be held on 06/14/24. This	Contact: Alison Fulton
	 Next OSAC referral committee meeting is 04/01/24. Luiza will send all of the subcommittees the recommendations for review and feedback before sending them to be voted on. 	
	 The ADPC Prevention Subcommittee – combined several OSAC portal recommendations and the ADPC Naloxone Workgroup to request (1) Naloxboxes for college campuses (2) Pilot vending machines and (3) purchase additional naloxone. 	
	 Prior to SOR funds, the State utilized McKinsey Settlement to purchase naloxone. The state went from distributing 25,000 Naloxone kits in 2021 to 60,000 in 2023 and need is increasing. 	
	 State Opioid Response (SOR) funding has provided the state to purchase Naloxone; however, need for naloxone has outgrown what SOR funds can purchase. 	
	 Additionally, data from DPH and DMHAS shows Naloxone saves lives. We have EMS data that showcases overdose reversals are occurring, to note most overdose reversals are done by community members and that data is not tracked as well. 	