

ADPC Sub-committee Meeting 5.16.16

Present: J Spinetti, Kristen G, K. Robins, D. Felin, J. Stonger, I. Gillespie, M. Grossman, Katrina, Jeff, B. Brex, N. Turner, Marianne, A. Chin, R. Allen, Bob Waller, Dr. Tomaciti, Celeste

TOPIC	DISCUSSION	ACTION
Review of minutes for April 18 approval	Motion to approve. Approved	No changes to minutes
Update on membership:	<p>Rebecca Allen from CCAR has joined, represents the recovery community.</p> <p>J. Stonger asked Pastor Gary Derosa of Higher Ground Crisis Center to represent Faith-based community. Unable to join today, but plans to come to the next meeting.</p> <p>Nancy Turner’s outreach to Joe Hagon, Head of Parole, continues.</p> <p>Chief DeBello, Law Enforcement-Ingrid to reach out to him.</p> <p>Prescriber Education/Public Education groups from SAMHSA summit. Dan Tobin facilitates the Prescriber Education committee. Hope that they will join the group. Ingrid to reach out to fold in.</p>	<p>Group agreed to all aspects of membership expansion.</p> <p>Mary/Nancy to continue to outreach to Parole.</p> <p>Identified 2 other groups for membership: hospice, insurance commission.</p>
Yale Strategic Planning Process	<p>An ADPC Special Session was held, regarding the CT Opioid Response Initiative initiated by Governor’s office. Similar to RI recent effort, goal is to work with all state agencies to come up with strategic plan within 90 days and identify metrix to measure progress. Yale has a team. Variety of data driven strategies & mapping techniques under consideration.</p> <p>This group can offer prevention metrics and offer specific evidence based strategies that should be considered.</p>	

	<p>Input offered for consideration: Unified data collection system for naloxone distribution. Can all of this data be in a public facing dashboard? OPM has OCE data and could be hub for the data. OCE no longer releasing the overdose fatality, toxicology information due to budget constraints. EMS data-is there a universal way to collect this data by adding checkbox/data element from specified source. Multiple dosages are sometimes needed for response. Law enforcement issues: unable to determine data about substance from law enforcement, such as amount of fentanyl in the product. Narcan intervention needs to include follow up. Recovery coaches at EDs. Early identification in medical settings. Key metrics: initiation of at risk teens (difficult to track). Increase of claims of SBI Medicaid codes would demonstrate an increase in Screening & Brief Intervention.</p>	<p>Dr. Tomassi to look into EMS form to include capturing data, like federal data.</p> <p>Process for this group is to email information to Dr. Felin. Yale team will be synthesizing all feedback for consideration into the report. Also will be trying to attend the subcommittee meetings.</p>
Lock box initiative	<p>Reviewed 1 page description. Possible recommendation from this sub-committee.: using this as a building code requirement (like carbon monoxide, smoke detectors).</p>	<p>1 page summary to be sent out electronically.</p>
DMHAS Prevention Grants	<p>DMHAS applying for 2 grants, abstract has been provided via email</p>	
Review of Grid on Existing Strategies	<p>Reviewed to help guide group in prioritizing specific recommendations. Prescriber education: include vets and dentists PNP improvements Public education: need current narcan pharmacist list Need an anti-stigma campaign Reducing access due to drop boxes. Measurable: expand number of drop boxes. & medication turn in amounts in pounds. Engineering strategies: blister packs: increase definition of when</p>	<p>Look at Ohio guidelines</p>

	drugs need to be packaged this way SBIRT-lots of opportunity here. Increase! Include access of Kognito simulation training. Recommend tracking. Enforcing drug trafficking laws Non-opioid based/tamper proof medication Eliminating pain as the 5 th vital sign	