ADPC Prevention, Screening & Early Intervention Subcommittee Minutes
April 18, 2016
DMHAS 410 Capital Avenue 1:00pm-3:00pm

Present: R. Marconi N. Turner, I. Gillespie, C. Meredith, J. Stonger, M. Buchelli, M. Painter, K. Granatek, , Kelsey, bob, C. Wagner, A. Chin, M. Grossman, A. Fulton, C. Okeke. K. Opozda, R. Lawlor

TOPIC	DISCUSSION	ACTION
Introduction of Members	• Members shared titles, roles • Membership incomplete at this time, still gathering additional Membership	• Rebecca Allen from CCAR will be added to membership to represent Recovery Community. Allison to try to find a representative from Pharmacy Community. • Ingrid from law enforcement. • Missing: Faith based treatment community & DoE • Consider adding someone from academic community and/or with additional state of CT data expertise.
Purpose & Mission	• 1 of 3 sub-committees, along with treatment and recovery, recovery and health management. • This council will meet monthly in between Quarterly ADPC meeting charged with bringing recommendations to full council on state policy gs... • Advisory group to larger ADPC council re policies, recommendations, initiatives	• Will provide charter document to members • Co-chairs need to report back to ADPC. Next meeting June 7. • Plan: determine infrastructure for maintaining prevention messaging for opioid use

	• Priority is opioids, per governor's charge • Merged with: State Initiative to Advance Statewide Prevention Campaign under DPH (Chinedu). Goal was to get prevention messaging up and running in CT. • Report from this group: 3 billboards with high visibility. All have messaging re prescription drug abuse and heroin link. PSA was done • Goal was to get something up and running.	
Updates on current CT efforts Integration with other CT initiatives	• Updates: CT DPH HIV Prevention Program. Got approval to get more Naloxone for distribution. Grassroots efforts underway, will share data. Bulk rebate $6. No funds to purchase Naloxone. other than DPH purchasing for community, but increased demand due to increased awareness/training. • Identified Policy issue: inadequate funds to purchase Naloxone for communities. • DOC releases many inmates into New London area, leading to increased substance use problems in the community. Diverting Suboxone in prison is also a problem. DOC has substance use counseling, not everyone	• Potential future action item: determine recommendations on increased community access to Naloxone • Support DOCs continued efforts for DOC opioid users: recovery support is cost-effective way to increase recovery support-increase access to and knowledge of recovery supports, such as telephone recovery support. Cost effective, for example, there are volunteer driven options, such as CCAR. May be able to increase education to re-entry counselors & parole/probation officers on recovery supports. • Pass some ideas to other sub-committees, as appropriate.

	can access. DOC working on many issues related to this. Recommend MAT 30 days prior to release.	
Integration with other CT Initiatives	• KID project: policy area: substance exposed newborns. Nancy is statewide coordinator. Nancy/Dr. Grossman shared on Keeping Infants Drug Free (KID Project). 5 year strategic plan to Build collaboration and coordination re SEI. Data, early intervention and screening, and training sub-committees. CT needs to collect data on substance exposed infants. KID project lines up very well with strategies of this group. • Dr. Grossman shared on his NAS model. Yale has significantly lower LOS of hospital stays, families are primarily Medicaid. This can create substantial Medicaid savings. There is some expansion of this model. • Every woman CT: 1 key question campaign. designed to promote screening for pregnancy by healthcare professionals • SHIP: Integrate some SHIP recommendations into these efforts. One goal is to reduce by 5% non-medical use of prescription opioids by12 or older. State Health Assessment	• Email out information on the KID initiative. • Rec Yale/Dr. Grossman as best practice for NAS & encourage expansion in CT • Assess for data needs, in order to demonstrate need and show improvement. Chinedu to provide some relevant data. • Email Every woman document • As EBPs are identified, recommend increased use of them • Potential recommend of MOA to share data information. • Potential recommendations: lock boxes for medication: hold medications/firearms. Ingrid to bring this initiative to next group. Part of building codes, like carbon monoxide detectors. • Policy issue: increased ability to get rid of both licit & illicit drugs through drug disposal options.

	or SHIP dashboard on DPH website. • Discussed use of PNP. DPH has CDC grant to work on this issue. • Prescriber education task force, will restart with DPH support. • SAMHSA funding opportunities. DMHAS applying, will use this group as an advisory body if awarded. • Other common strategies: increase disposal of medication.	
Review of other Workplan Examples (RI & MA)	• Review content areas that CT should consider for implementation	• Ingrid will create inventory re effective strategies, what CT doing, what are gaps. Will have this for next meeting.

Next meeting: 5/16 TBD

Regular meeting time will be: 3rd Mondays 1-3 in central location in the State