

Alcohol and Drug Policy Council

Prevention, Screening and Early Intervention Subcommittee

Meeting Notes

Participants	Judy Stonger (Wheeler Clinic), Ingrid Gillespie (CPN)- Chairs, Kristen Granatek (GPP),Alison Fulton (HVCASA/CPN), Carol Meredith (DMHAS/Committee Support)
Meeting Date/Location:	Thursday March 17th 2016, 11 am – 1pm @ 5 Brookside Drive, Wallingford

TOPIC	DISCUSSION	ACTIONS / DECISIONS
Welcome & Introductions:	<p>Introductions were made. A number of people were unable to attend but indicated their commitment to being a member of this group.</p>	
Overview	<p>Purpose and membership of ADPC. They meet quarterly. Council members are appointed but these meetings are open to anyone who wants to attend. Next ADPC quarterly Meeting: June 7th 10-noon Location: TBA</p> <p>Committee structure of ADPC. 3 committees:</p> <ul style="list-style-type: none"> • Prevention, Screening and Early Intervention • Treatment and Recovery Supports • Recovery and Health Management <p><i>*See attached one page description of the committees, mission and cross-cutting themes</i></p> <p>Subcommittees will meet monthly. To ensure coordination amongst the 3 committees, chairs will communicate via email. Carol indicated that the Support staff for each committee also meet to ensure coordination.</p> <p><i>*See attached one page description of the subcommittee's charter.</i></p>	<p>Support staff will ensure that meeting notices are shared with committee members.</p>
Expanding Membership	<p>Other groups working on this issue were identified:</p> <ul style="list-style-type: none"> • DPH SHIP (Alison is a member), • COGS, • Community Health Improvement Partnership (Hospital – facilitated), • RMHBs • Legislators • National Prevention Network (NPN)Opioid. Carol is a member. They are identifying best practices to address Rx Drug Use • New local groups – e.g. HERO (Bethel)- focused on tx and aftercare • Diversionary programs – Manchester PD is moving forward with developing a diversionary program - modeled after Gloucester MA program -to get people treatment when they come to PD. <p>Many groups popping up all around the state. BRING FORWARD: This committee will do an inventory of groups and their focus as it relates to the prevention, screening and early intervention. The list above is a start.</p> <p>Allison also talked about the Rhode Island report outlining their plan to address opioid abuse. She and Ingrid have reviewed this. All agreed that we should review their outline.</p> <p>Discussed committee membership. Who else needs to be invited to the next meeting. The following were identified:</p>	<p>Allison will send the link to the Rhode Island report to Carol for distribution to members to review</p>

	<ul style="list-style-type: none"> • Windham emergency dept. physician who wants to be on this committee (Judy has invited). • Pain management physician – e.g. Dr. Delaney at Danbury Hospital. Potential but need to ensure that we have good geographic representation. • Representative from people in recovery or people who work in treatment who are in recovery. • Youth representation. Bring Forward. Difficult to get youth a daytime meeting. Is there someone who is a direct link to youth group that can act as liaison. Kristen and GPP will explore. • Faith Based Community representative. Allison knows an individual who can represent Faith Based community and EMT (Allison will invite) • Advocacy Unlimited/ Toivo (Judy will invite). • Law Enforcement – Chief Duane Lovello (Ingrid will invite). • Others from DPH workgroup that were not here today (Carol will ensure that they are invited to next meeting). • New England HIDTA- CT – Robert Lawlor (Ingrid will invite) <p>Parents/Volunteers who have an interest in being on this committee. Individuals have reached out to Mary Painter. Plus, there is interest from parents attending the numerous forums throughout the state. Standard questions to consider:</p> <ul style="list-style-type: none"> • What do they bring to the table e.g connections, other resources, expertise • Reason for wanting to join? • Are there other opportunities for involvement on this committee eg. specific projects 	<p>Carol will raise this issue at the support staff meeting and get a list of members of the other committees to ensure no duplication.</p>
<p>Narcan Trainings</p>	<p>Out of the approximately 6,000 pharmacists statewide, very few have been trained and very few are on the public list.</p> <p>Feedback includes:</p> <ul style="list-style-type: none"> • Already have a similar training. Do not need this one and it costs • Big chain pharmacies are waiting for ok and instruction from their corporate offices • Other challenges – pharmacists have to make the challenges <p>From First Responders:</p> <ul style="list-style-type: none"> • Narcan dosage is not enough for heroin with Fentanyl. • Once administered, you can't always get the person into treatment and then the person relapses. <p>Other</p> <ul style="list-style-type: none"> • No one informs the primary care physician if someone overdoses • We are hearing that teens now have Narcan at parties to ensure no ODs 	
<p>Next Steps</p>	<p>Carol will send a Doodle poll to elicit feedback on dates for the next meeting. Discussions and topics from the initial meeting will be raised again at the second meeting to get greater input.</p>	