ADPC Treatment Subcommittee
MEETING MINUTES
2/23/2023

Members Present:

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

TOPIC	DISCUSSION	ACTION ITEMS
Welcome & Intro of New Members/ Guests	Guests: Ken Mysogland, Kim Karanda, Angad Buttar, Katherine Ramos, Joe McKeon	
Review of minutes	December 2022 and January 2023 minutes reviewed and accepted.	Approved
Accidental fentanyl ingestions among children	DCF and DMHAS guided a discussion and answered questions about their department's collaborations, approaches and specific policies related to accidental fentanyl ingestions by children. Ken Mysogland (DCF) described the progress DCF has made since Kaylee S. to ensure that department practice does not deter families from seeking help, does not increase stigma, and cause an over-correction to the system. The OCA's recent report of findings was based on events more than a year earlier and did not reflect DCFs updated and evolving case practice to improve work with families. Background: Since 2020, eight children have died due to fentanyl ingestion. Of the 8 families, 5 were not known to DCF, 1 case DCF had prior involvement a year + prior, and the remaining two cases DCF was actively involved. Kaylee S., was the last fatality, and the family was known to DCF. Ken discussed DCFs efforts to safety plan with the Kaylee S family, the circumstances of Kaylee's death, the immediate internal actions steps (1. case conference following her death to review the case practice and, 2. the special qualitative review which includes interviews with staff involved with the case). DCF also consulted with federal and state experts on best practices related to substance use disorders, child welfare, and child safety. DCF updated its safety practice guidance in August to ensure the assessment of safety and risk is being done uniformly by DCF and community providers. Interim Fentanyl Guidance was also issued at the same time – same business day multi-disciplinary DCF team to discuss what needs to be done in terms of services and supports to ensure child safety. The goal is not to place more children out of home, but to determine if there are other supports that are needed. In November, DCF 1) convened a safety meeting to ensure all staff were knowledgeable about the updated policies, and 2) launched learning forums to discuss the prevalence of fentanyl in various street drug products, and fentanyl case practices with senior leaders. Today almost every staff member in every regional office has participated in the learning forum. DCF has not seen an increase in	

	children coming into care as a result of these efforts. DCF also has been engaged with a peer group of other child welfare professionals in other states to learn about how other state child welfare systems are affected by and responding to fentanyl ingestions with respect to their policies and practices. DCF also highlighted that child ingestions are not new, although fentanyl's toxicity underscores the need to continue safe storage messaging. Providers mention that the messaging should be "poison control" to reduce stigma. Ken pointed out that while poison control provides immediate guidance on how to respond/intervene it does not address the child welfare concerns. Providers asked when they should make a DCF referral when the behavior of a person with active substance use can be uncertain. Ken reinforced that referrals should be made when the person's behavior poses a risk to children. Providers can call Kris Robles or Ken directly if they're unsure and they will provide guidance. If there is an active DCF case, Ken asked providers to keep in regular communication with DCF staff so that DCF and providers can work together to support the family and ensure child safety. Kim Karanda, Ken and Kris described other steps and resources such as lock boxes and staff storage bags, educational workshops by Faces and Voices of Recovery for DCF staff and community partners, workshops included: gun safety, suicide, use of recovery language to reduce stigma. All offices have medication return bins as well. Danielle Warren advocated for peer-to-peer resources for DCF families. DCF does not object to proposed legislation about changes in family visitation.	
Atlas/Shatterproof	Angad Buttar (abuttar@shatterproof.org), Shatterproof Senior Director, presented on Atlas/Shatterproof pilot project, enhancement, implementation within other states and CT (covering 40% of US population). Atlas is a web-based platform that deploys validated measures to assess the quality of addiction treatment facilities. The site includes a treatment assessment that provides recommendations for type of treatment that may benefit the respondent and a detailed treatment locator. The presentation focused on one of their three pillars – revolutionizing addiction treatment. Mr. Buttar reviewed the national partners supporting their work, how their measures were developed, and sources of validated data they use. The implementation timeline also was reviewed – CT go live scheduled for October 2023. DMHAS is partnering with Shatterproof and covering any costs. There is no cost to providers to participate. Shatterproof is exploring adding accreditations to provider profiles. Shatterproof works with providers to collect patient experience surveys, there are toolkits for providers to answer their questions. Surveys can be accessed online using a QR code. Some providers have integrated it into their discharge process using a tablet, others ask clients to complete it during alumni meetings, etc. There is flexibility about how to collect patient experience surveys.	Distribute presentation to members
Planned Full Council Update	At the cancelled February meeting, Craig was going to describe that SU treatment patients have increasingly severe psychiatric problems perhaps due to the 1115 SUD Demonstration Waiver. He was going to suggest to the full council that SU providers may benefit from additional education, and/or technical assistance for processes, procedures, protocols to manage the co-occurring disorder population they are now treating. Craig also mentioned that the flow of clients through the system also has changed particularly in terms of which continuing care programs to which they are being referred by PHP programs, for example. Maria mentioned the multiple layers of co-occurring education needed (1.0, 2.0, 3.0). New York brought in Ken Minkoff to support providers with these challenges.	Put this item on March agenda to allow for more discussion.
UPCOMING MEETINGS	Treatment Subcommittee: March 23, 1pm ADPC Full Council: April 18, 10am	