

State Advisory Council Minutes

April 7, 2014

Members: Janice Andersen, Claudia Carbonari, M.D., Kelly Cronin, Donna Grant, Patricia Lorenson, Regina Moller, Susan Sherrick, Elizabeth Cannata

Also in Attendance: Susan Smith, Kristina Stevens, Stephen Tracy

Absent: Michelle Chase, Dino Depina, Jacquelyn Farrell, Ivy Farinella, Sabra Mayo, Theresa Nicholson, Samantha Pahde, Regina Roundtree

Welcome

Janice Andersen

All attendees introduced themselves along with DCF staff presenting today. Kristina Stevens, Administrator for Clinical and Community Consultation; Stephen Tracy, Superintendent of Schools for DCF.

Welcome New SAC Members

Two youth members were appointed to SAC but introductions were postponed until next month as they were not present.

Raise the Grade

Stephen Tracy

-Dr. Stephen Tracy presented a power point entitled "Raise the Grade Implementation, Public Act 13-234." (A copy attached to these minutes.)

-The mission of statement for the education division falls into two large camps. 1) The Unified School District #2 schools (two Solnit sites in Middletown and East Windsor) and the high school that functions in the CT Juvenile Training School. The other part is to support and advance the educational interests of the youngster that are in foster care, who attend school where ever they live.

-There are about 3500 youngsters in the care of the department with responsibility to assure they get into school, get the programing they need, are advancing them toward graduation and beyond. There are a little less than 4000 in care (not voluntary in-home cases). Some of them are too young to be in school but our obligation begins, under the Raise the Grade Act, pre-K through 12. So almost all of those 3,900.

Sue added – of the 4083 kids in placement about 35% between ages 0- 6 in context of the kids who need educational support.

-Our obligation is to promote learning and success for youngsters whose lives have been disrupted by trauma and family disunity or involvement with juvenile justice system.

-For Raise the Grade, a statute that was adopted in 2013 session of the general assembly, we are focusing on youngsters that fit one of five legal categories (committed abused/neglected, committed delinquent, the Commissioner of DCF is the statutory parent, child subject to an order of temporary custody, or to a 96 hour hold.)

-What is owed to these youngsters: to do whatever can be done to convince them that they can be the leaders of their own learning, literacy, planning for their future, all the things that any child in CT is doing-English, Art, Music, Science, Social Studies for as long as they are in school and help them move forward.

-We have a special challenge. Our youngsters are about 2/3 as likely to be proficient or better on the high stakes state testing. How they will do with the new Balance assessments which are

supposed to be more challenging. Some of our kids do very well, but as a group they don't perform nearly as well as the state average.

-About ¼ of our kids were chronically absent last year. (Missed 10% or more of school year)

-28% of youngsters in foster care were suspended from school at least once.

-All feed into one another--- if you are not doing well in school, you are likely to cut school, or likely to misbehave and get in trouble when you are there. So we are up against it in terms of lifting the academic performance of the children we are speaking of.

-There are four sections to Raise the Grade Act.

-It calls upon DCF, together with the CSSD of judiciary, to establish pilot programs in Hartford, Bridgeport and New Haven for the purpose of promoting the achievement of youngsters in foster care in those cities. We have hired coordinators in all three cities, have held listening sessions in each of the communities where we brought in youngsters in foster care to talk to us about their educational experiences. The intent was to focus on the experiences of these young people. We heard very interesting lessons and comments, positive & negative, from the youngsters we met with. We have established connections with the school districts in each of those communities because that is where most of the work about learning will take place and we have begun the process of gathering and reviewing records so we have an understanding of how kids are doing.

Next, based on those records, we need to identify those youngsters who are in greatest need of improvement and work with the schools, our DCF colleagues and CSSD to come up with interventions that can impact the school experience of these kids.

That is the first piece the so-called pilot programs.

-Second, it requires us to track and report on the academic performance of all kids in state care. Both DCF and CSSD. We now have a data sharing arrangement with State Department of Education where we get information monthly on what is happening with youngsters. So far we have gotten achievement data and started get attendance data. We still need the disciplinary data so we can have a full picture of how they are doing.

Our two Commissioners, Katz and Commissioner Pryor of education are about to issue a joint letter to all school districts in the state reminding them of the requirement of the federal Uninterrupted Scholars Act, which basically provides child welfare agencies with the right to receive student information from school districts without any releases or jumping through any extra hoops. Sharing from the state level and individual district level will be streamlined so we can get on with the business of reacting to the information – rather than begging for it.

-Third, it requires an increased attention to education in the process of case planning. We have worked out with the senior management of the department several new procedures that we are about to implement. One that we are committed to acquiring a full set of education record on any child that comes into care w/in 30 school days of child coming to us. We have always been obligated to have records but they have not come in quickly enough or in many cases, even for children that have been with us for a long time. The other obligation is to work with our social workers to update the case plan anytime a child goes into a judiciary proceeding so the judge can have an accurate picture of what is going on. Gathering records is important. We developed a protocol for coming up with an enhanced education section to the case plans and for having our consultants confer with social workers on every case prior to the semi-annual administrative case review. We only have a dozen people doing this all over the state and there is concern about how well we will be able to keep up with that. In the past, our education consultants have been available on an as-call basis. Now we are saying we will

consult with every social worker on every case twice a year. We have not been given additional people to do this.

-Fourth, facilities. The schools we run directly through USD #2 and youngsters who are in educational programs that we contract for in residential facilities around the state. The obligation here is simply to have a plan by July 1 that says how we are meeting the educational and related service needs of these youngsters. If we are not meeting them well- what plans do we have to correct those discrepancies. That is going forward under Cindy Rutledge's leadership and we owe a report to the Achievement Gap Task Force in July.

Session opened to Questions & Answer

-The pilot program mentioned in the Raise the Grade Act is not an actual program but rather funding that was made available to hire three coordinators hired in those three cities.

-They now have to figure out what the program will be. For an individual child it will come down to looking at that child's record, the coordinator working between the social worker (for that child) and the folks in the school district, all to ask "What more can we/should we be doing?"

-We are talking about a child who is not proficient, not doing well, and not attending school the school and DCF asking what can be done. We have no new resources, except for the coordinator. We are looking to redirect some of the USE or WRAP funds that are available to serve that child and also leaning on the school district and their obligation to promote this child's success. What can the district do for a more logical placement, extra tutoring, and counseling, whatever it might be?

-Question: Is the department in those three cities doing more out-placement of workers from the central offices to the school districts, like we are trying to accomplish in other areas?

Response- Not sure – but it may be something we want to do more of. An obstacle is that the out-placement places don't necessarily line up with those three cities. If there was a concentration of youngsters in a particular school, it might be a good idea to have somebody there.

-Donna Grant stated that as frustrating as it is for the department to get responses to requests- it is equally frustrating for people working with the department (contracted to provide services to kids) that cannot get records from the department. Is it possible to have a discussion about how record sharing is affecting all of our ability to serve our kids?

-Dr. Tracy clarified the question: that the department may have some records but we are not sharing them with contractors for confidentiality reasons.

-Susan Smith responded that it is more complicated. In part because most of our records include other people. So it is the redaction process that's required. The review process is often not just a child. It is the child in the context of a family, unlike with a single child's record. Ours are more encumbered that is why it becomes more difficult.

-Kristina Stevens mentioned as we move to a full teaming model where it would be expected that on a regular basis the team that supports that child and family will be coming together regularly, that that is where those conversations happen. If there are gaps and missing information that the team needs in order to move the goals forward with the child and family, that is a prime place for that to happen. So it would be expected that community partners would be at the table. Ideally it would be great for education to be at the table and the biggest challenge is the schedules around those kinds of things. Thinking about how education has an

equal voice at the table and supporting kids and families will be a challenge that we will continue to struggle with.

-Dr. Tracy suggested that this discussion continue with Susan Smith and Kristina Stevens as we work on our side to get records how can we make them more available to people who are trying to figure these kids out.

-Dr. Carbonari: in the course of her work with the residential treatment places, when the girls would be ready to go to the community school, they often faced lost vaccination records- a requirement to enter school. These records were requested again and again, and would not receive a full set. We would also request past testing that had been done on a youngster to avoid re-testing and duplication. Again it was not easy. All of these were requests to DCF. These extreme delays held up the youth for up to a month at a time.

-Dr. Tracy stated that we have now explicitly included nursing and health records in our formal letter of request.

-Donna Grant suggested that a summit meeting be called with the people at the top of these systems who hold the records, to get everybody to understand the difficulty within each system that is holding up the lives of these kids. Realizes it is a constant struggle, even at pediatricians, we cannot get information from the schools or DCF. So who are the folks in the medical community that can meet on this to identify what structures do we need to build that currently are not there, to facilitate the sharing of this information for the purpose moving these kids forward in their life.

-Dr. Tracy stated that part of it is educating the folks who actually send the records. It is often a guidance clerk in a middle school somewhere. It is not the superintendent. We are directing our records requests to the superintendent's office with a copy to the school where the child is going to school. Our plan is to attach a copy of this joint letter that the two commissioners are writing so that guidance clerk or vice-principal can see that this is a request that they need to respond to.

-Dr. Carbonari recommended to include/send a check list that is on top of every set of records that is sent out. Everything should be checked off tells the clerk exactly what is allowed and what needs to be included. Dr. Tracy added that the request includes wording that "the records checked above to the best of my knowledge represent the child's complete record." Otherwise we get four things and you wonder well did I not get a disciplinary record because he does not have one or because they didn't send it to me. It is helpful that if a name must appear on something... they will make sure that it is complete.

-It does include a time limit. We are asking the schools to respond within 10 days. Legally as a child welfare agency it is 45 days, we are hoping people respond in ten. If not, we follow up with you with ultimately going to Dr. Tracy or our attorney.

-Dr. Carbonari asked who is funding the three coordinators.

-Response: the state is funding the three coordinators in the three larger cities. That is the only additional resource that came with this bill. Our educational consultants and specialists work to support the education of all three thousand plus with no additional resources. The concern we have, along with many of the regional administrators, is that the time devoted to records getting and case planning is going to come at the expense of field services. Example: If I am trying to get ready for six ACRs coming up tomorrow, I cannot go with you to the PPT that I used to go with. I cannot be on the phone for ½ hour trying to deal with a school system that is saying this kid cannot come to school because his mother lives in another town.

Dr. Tracy is hopeful that there will be additional staff positions or resources coming forward, at least some clerical help to deal with the records shuffling.

-Kristina Stevens-Surrogate parent expectations- because SDE is sprinkled throughout this, is there an ability to encourage modifications to the Surrogate parent expectations given that they have the children's records because they are the person on record that must attend the PPT and would have to sign off. In the spirit of not duplicating efforts, if they have it- could they give it to us? The educational consultants can work on the cases of kids who do not have a surrogate because the surrogate should have it and be able to furnish us.

-Dr. Tracy is meeting with Christine Spock, the surrogate parent leader this afternoon and he will bring up the topic of getting children's records from the surrogate parent.

-Donna Grant recommended using the per diem as an incentive to hold people at schools accountable for getting records. If the child is moving from Solnit to their Community school and no longer need the intensity of Solnit but are stuck in the middle waiting for access. It seems reasonable that if the only reason access cannot be granted is because of lack of compliance with the records request. The school should be picking up the per diem for every day we cannot move that kid to the most appropriate place. What makes Board of Education listen is when you start talking about out of district placements or per diem rates they feel are beyond responsibility. Another benefit to the school is that the longer DCF keeps the kids – they are not a behavior problem in that public school.

How do we get the schools to understand that they are our kids and share in the cost as well as the responsibility.

-Pat Lorenson posed a question about home schooling.

-Dr. Tracy: Home schooling is a loose process in terms of what a school district can require or even testing or any kind of evidence of a kid making progress. As a superintendent, I enjoyed working with parents willing to make that high level of commitment to their children but there is a public interest in knowing that this is a positive experience and occasionally there are home-schooling arrangements for other purposes. Like I need the middle school to take care of the three year old or whatever. There have been rare circumstances and exceptions when it has been pre-adoptive moving to adoptive placement. It is rare.

-Dr. Carbonari re: suspensions- sending a kid in trouble home, disrupts his education, gets the child a secondary gain and disrupts the family. There is not a benefit except for the school system to get the kid out. And so often I get kids with relative minor infractions, two or three of them- The rule is they now have to go home for three days.

Because there is a higher % of kids who have disciplinary problems, how many of them now are getting to that 10% out of school because they are being reinforced for being in trouble.

Dr. Tracy: This is a reflection of a widespread view that a lot of school people have. From a psychological point of view, it reflects an external control theory of human behavior. If I want to get you to do something, like behave, the way I do that through a series of rewards and punishments. And the schools view suspension as a punishment even though the youngsters don't see it that way. It is much easier as an overworked assistant principal to suspend you—much more difficult to get underneath the problem and understand why the child is behaving like this and what do we do in terms of counseling or personal development to get them to behave in a more positive way.

-There is a very short list of things that would warrant suspension -if you bring a weapon to school, if you assault a child, bring drugs into the school or are persistently disruptive to the point that the teacher cannot conduct business. By pulling this child out, it is to protect the community. If one looks at the number of kids that get suspended multiple times, that is ample

evidence that it does not work as a solution to the underlying problem. The solution is much more difficult and you have to have people who understand a little bit more about why people /kids do what they do. We too often resort to a narrow external control rewards and punishment approach and when it does not work we don't conclude that it doesn't work we conclude we have not done it loud enough.

-The state has been actively discouraging out of school suspension so schools have conveniently gone to in-school suspension. They claim that the children are being brought work and that education is continuing. In reality not much learning going on.

It reflects a fundamental attitude about how you deal with youngsters who are not doing what we want them to do, that are being disruptive or pose a safety threat to our school. For our kids they are three times as likely to be suspended and contributes to the absenteeism and the fact that I hate school.

-Kelly Cronnin-added that how kids learn and their behavior are related. These kids would rather act up in school than say they don't know what is going on. Waterbury Youth Services just started an out of school suspension program. The parents are supporting it – the kids are attending but it is obvious that the kids are not on grade level.

-Donna Grant- The school systems across the country say they cannot be all things to all kids. Their job is to educate them. This is a behavioral health issue that can't be dealt with in school and have no other choice but send them home. Ninety percent of suspension issues are about mental health in one way or another. Taking into consideration PA 13-178, which is about children's mental health, is this where we can codify a partnership with DMHAS and DOE brought to them by DCF and propose to put joint agency dollars (because it is our collective problem) for every school to have not just an in-school suspension place but also staffed with somebody with some kind of trauma informed training.

-Dr. Tracy agreed with the idea and added the leverage for this partnership can come from a little known provision of the state law that has been in books for over 30 years. Children's Advocacy Center just recently received a very strong decision from the State Department of Education in January (2014), related to a case in Bridgeport, that *says if you have a child that is persistently failing, absent or misbehaving, the PPT is to be called to look into whether or not these problems have a tie to some type of disability.* That is not often done and it would be a big problem for a school system that is suspending a lot of kids to do that. But if you start off by saying, that is what the law requires and if you don't think we are correct in this matter, refer them to the Bridgeport decision in January. " You are out of compliance and state department of education will fine you if you do not do this" but propose the collaboration on the approach when a child is suspended for a second time in a year, or who is heading for 10% or more of absent rate, that we bring in some services.

The trick is to focus on the kid but also on the school because the schools can sometimes by their grading practices and disciplinary practices can be generating some of these problems.

-Pat Lorenson asked if SAC could receive a copy of the report. Since the coordinators just started and the report is due in July-will there be enough data to have a meaningful picture.

Dr. Tracy stated that this year's July report is a planning document. The bigger report is due by July of 2015. By then we should at least a year's worth of progress.

-Ms. Smith asked for a copy of the Dr. Tracy's presentation in order to send it out to the membership.

PA 13-178

Kristina Stevens

-There has been a great deal of conversation around education and the role that education plays -voiced in the open forums and community conversations that are happening across the state on PA 13-178 that will form the October 1 plan that has to be submitted around this planning work that is underway. We have heard that from partner agencies and consumers

alike. Confident the planning will be inclusive of anything we are doing around behavioral health for kids is more holistic. It is about the pediatricians that are involved, child welfare systems that are involved, education systems... it is looking broadly at the different touchstones that our kids and families experience and we coordinate those efforts. The good news for us is that there have been a lot of smart people talking about this for long time and a lot of good material out there that we will be able to draw from that will help support the development of that plan. This is separate and apart from CONCEPT but tied to the unit Kristina is now involved in.

In terms of CONCEPT-

Kristina Stevens

- Ms. Stevens was involved with this work in terms of the work previously doing for the department as director of change management and working with various groups within the agency around the roll out of the CONCEPT grant.
- It is the Connecticut Collaboration on Effective Practice for Trauma was a grant that was awarded to the department in the 2011 as a five year grant by ACF. It concludes in 2016 and it had 4 primary components.
- One of those was around workforce development -both in terms of helping people understand the impact of trauma on children and families and secondary trauma associated with the workforce as well.
- System wide integration: Initially there was talk of screening tools- in the conversations we have been having, that when we talk about the grant it is about the opportunity to do screening of kids and families and to have early identification and intervention. It then morphed into the notion of a tool. People started talking more and more that it is not about the tool but it is about how do we build the workforce- how do we build the knowledge- how do we build the capacity in the community to make sure that we are aware and building into our assessment that trauma-informed lens. As we think about kids and families that come into our attention- we have to think broadly about substance abuse, domestic violence trauma, permanence. So, rather than thinking about tools, (boxes for all these different pieces) it is how we make sure we have an informed workforce that can really look holistically at all the needs of the kids. We are thinking about how we make sure we build the workforce capacity in the most appropriate way for that early identification.
- The third is around the dissemination of trauma focused CBT and child and family traumatic stress intervention-which is CFTSI and an evaluation component associated with that as well. That has been the work in looking at these five components with a whole array of tasks and activities underneath all of that.

- In order to meet the challenge of training the entire work force, we developed a curriculum, together with the NCTSN (National Child Traumatic Stress Network) for the entire workforce. In 2013 almost 2000 people received a two-day training. It included all managers, supervisors, and all workers and was very well received.
- We had the opportunity to do cross training which may be a model that's continually used because there is so much benefit to having partners in the room together to appreciate each other's "lens," to appreciate the work each is doing and to get the information at the same time. We had that opportunity with this grant and engaged in learning collaboratives. That was designed to build the capacity of the delivering of TF CBT and now the new CFTSI (Child and Family Traumatic Stress Intervention) both within the community. Over 90 people within the department have been a part of Trauma Focused CBT learning collaborative not to mention the numbers of people outside in the partner agencies. This involved on-going consultations-- phone calls and meetings to look at the fidelity of the model, the reliability, how screening is

being done- how early intervention is happening and then to do the same kind of learning collaboratives on the other side for the CFTSI because that is a different model from TFCBT. It is shorter term model – it is an acute event- so there are some different kind of criteria associated with that. But we are going to use the model because we saw such success with how we did the learning collaborative model under CFTBT and moving it into the other one.

-The TFCBT second learning collaborative will end in Summer and in early fall we will be starting the first learning collaborative associated with the second model which was developed by Yale and is going to be rolled out for two learning collaboratives for the second half of this particular grant cycle.

- The work for us now is the on-going evaluation happening together with the Consultation Center at Yale. They have done a variety of surveys and pre-imposed testing which has been very instructive to see where the workforce is at the time of training in advance and then look at it again post-training & as well as help the workforce to articulate what goals they want to be thinking about as a practitioner that we can continue advances and moving it forward.

-In the early evaluation we have seen huge progress in terms of what people understood and knew about the impact of trauma early on and then the work that is happening now and their knowledge base and retention associated with that.

-To further imbed this in practice, we have developed “trauma champions” in all of the offices. We wanted certain people to own this and it is something that had to be done from the area offices to be as local as it can be. The relationships that are being developed with the private sector is tremendously instructive and the kind of training and support that is being given to both the private and public sector is just advancing this knowledge base and advancing the momentum and enthusiasm. What has resulted is when people return to these learning collaboratives, they talk about real life examples --where they are seeing improvements- families that would have stayed with us for a really long time are no longer staying with us, or seeing families that didn't have to come to us don't have to stay with us now. They see the real benefit of right kinds of intervention for the right circumstances. When they are looking at case specific information, they are seeing gains on a child and family specific level, in addition to good evaluative data.

-The capacity issue is the largest and considers this as an opportunity to reach out to the private sector - by being able to say this is a specific model that's going to be beneficial given the assessment and circumstances. We are seeing these kinds of screenings happening.

-The task now is to embed all of this into practice.

An example is our investigation protocol that contains an array of things that need to be considered to get built into an investigation or an in-take for a child and family and to assure that key, guiding questions are involved to serve as a trigger.

-The Practice guide that is being developed is based, in large part, on what they are telling us. Because of the learning collaboratives and their own direct experiences with utilizing this kind of methodology, the field have been able to inform the development and say these are the kinds of things you want to be paying attention to, thinking about and asking to really drive your assessment and then not only we now know about this but we can take this information to partners in the community that can then take on this piece of work and see real progress with kids and family.

-Donna Grant asked if there is any possibility for community agencies to get this two-day training for their work forces either through the training academy or a purchase agreement.

-Kristina Stevens responded that this is something she wants to explore and added that some of the agencies are getting this. There is joint training that is happening at the local level with our TFC partners that does not get into all the community based providers. What many of the

regions have already done, in partnership with their TFC agencies, is that they have started development of a pre-cursor, almost a pre-requisite course to the training.

The question has been who gets this training and how do we make sure that we build as large a recipient base as we can. The NCTSN curriculum has one for practitioners and they also developed one for foster parents. There is one being developed right now and tweaked to make it relevant to CT which we will take and deliver to our foster parents –both core and therapeutic foster care. We have great partnerships with our TFC agencies. What many of the regions have already done, in partnership with their TFC agencies, is that they have started development of a pre-cursor, almost a pre-requisite course to the training.

(Because the training for foster parents is eight sessions. It is a commitment of their consistent presence for 8 weeks in a row. They do a piece of the work then go out-test it out-comeback. It has a learning collaborative feel to it. This is the training that they have seen as most successful. Because of that commitment, and the wish to get people excited, they are building almost a prerequisite into either their pre-service or in-service with families to have them “come to a training that would have otherwise been a support group but let’s talk about the impact of trauma on the kids that are coming to your door and are part of your family now.” They are getting great success with this approach.

She will go back and talk with Jodi and others at the TA to brainstorm how to bring it to scale in a much more diverse way with our partners.

-Dr. Carbonari- stated that the agencies that specialize with adoption often have a lot of these types of programs in place already because a lot of adoptive kids have trauma histories.

-Regina Moller– noted she has been involved with a couple of agencies that went through the first two learning collaboratives for enhanced care clinics. In conversations about the CONCEPT grant (as it related to the providers) the question that some were struggling with was the intensive provision of care and the enhanced rates. It is the intensive supervision versus the usual out-patient practices. Is DCF aware of these conversations?

Ms. Stevens was not aware but is not surprised. She will do research on this.

Patricia Lorenson-asked about the trauma portion of this 5 year grant, where we are in relation to the cycle and what happens post?

Ms. Stevens stated that the grant started in 2011 and will conclude 2016. Regarding the first two learning collaboratives –one has already happened and concluded. The other for TFCBT is in process right now and will be concluding soon. We will then move to the second set of learning collaborative, which is associated with the Yale CFTSI model. So those two will happen but the very conversation we are having right now is what are we learning from these experiences and how do we make sure that when we look back and say we have this fully integrated into our system.

We have a lot of good evidence right now that suggests we are. The fact that the commitment to train about 2000 people happened is substantial. Then we built the capacity within the field for the TFCBT piece where now this learning collaborative –the next two for CFTSI will also build capacity to 10 different clinics across the state--where it is a bit limited right now. We are talking about how that builds into and think about the fact that this is not just about building capacity for two years – what do we learn from that experience-and if we understand that that’s a beneficial service to kids and families we have to look at the sustainability plan. So that is what is going to happen over the course of the next two years.

-In response to Elisabeth Cannata's question, the trauma champions have been identified in each office and Kristina will provide a list.

Community Report-

Donna Grant-Region 3 is working on ideas that have surfaced from the CONNECT grant work - addressing the creation of the local-local network. There are systems of care in a local network but recognizing that that is often too big to do child-specific work or family specific intervention that is not really the purpose of that collaborative. They are working on a collaborative called the NEST in region 3 in which their primary care hospital is the driver of this effort with pediatricians and OB/GYNs and managers from portal departments in the hospital (ER, child behavioral health, OB, Peds and family medicine) and they are creating this internal effort. One of the initial commitments of the hospital was to train the entire workforce in darkness to light stewards of children, which is another huge 1300 person workforce and have committed to do 20% of the workforce over the next 5 years-and if completed the first 20 in this year. So Dick Hambel is behind this effort. So we are creating now this local-local collaborative that will feed into our system of care at the local level.

Kelly Cronnin-Region 5- is the co-chair along with one of their youth in the CHAPS program serving as the other co-chair. The regional committee is being driven by the youth. He does the agendas, runs the meetings and have also hooked up with Life Skills (in their building), Adelisa Inc. and those kids are all coming to all the meetings as a learning through the Life Skills on how act in a meeting and interject. They have about 12 youth that are pretty active in the region.

DCF is getting an earful because the kids are really truthful and saying what we'd like to say but feel we cannot. They have set up sub-groups-education, DCF social worker – workforce and two others with a youth leading each one of them. They are going for outside individuals - they have the RAC and the sub-groups with some community people and youth are bring the information back. It is completely youth driven.

Question was asked about what time Region 5 is holding the meetings to accommodate this youth participation. They are college kids- meeting at 3pm on the last Thursday of month. Then the Life Skills is a commitment of five months, so those kids are going to be with them for that amount of time.

Elisabeth Cannata-Region 6 -is finally getting up and rolling. The regional advisory council-the voting membership was finalized this month. There are 11 families and a youth represented on the committee and the voting membership, and there is representation from the Board of Education and from the police commission. Next month will be the re-election of the co-chairs.

June Retreat-

Janice Andersen

-Discussion carried regarding holding a SAC/RAC 2014 retreat in June.

-Once an invoice is submitted to FAVOR, the funds will be sent to Janice Andersen.

-The cost of the retreat will be covered by some of the CRP funds.

-The retreat will again be held at the Middletown Inn subject to availability. Susan Smith and Maria will make contact to secure a date.

-Janice gave a brief description of what had been done last year.

-With regard to the RAC application for funds, the prime criteria is that the RAC activity engage and educate their community. That it facilitate getting the community to the table to talk about child welfare and behavioral health issues. For those newly formed RACs, it could be to sustain participation on RAC, or it could be gas reimbursement to parents attending the meeting

who would otherwise not be able to. RACs can be creative, as long as you can move people to the table, get information and give us back some kind of written report about what you did and how you spent the money.

-Janice Andersen proposed using a portion of this retreat to give the RAC's an opportunity to plan the use of CRP money for their region. Acknowledging that it is difficult for RAC's to have enough of their members willing to meet outside of the RAC meeting, this would be an opportunity for a larger body of RAC members to be involved in this sort of planning.

-Janice asked for feedback from the membership to determine if a portion of the retreat could be dedicated for this purpose.

-It is recommended that 4 RAC members be invited to the retreat to allow for a more focused planning with the RAC members.

-As for the time frame- the Chair would like to have the checks available for the RACs at the retreat.

-Pat Lorenson recommended that the RACs identify a fiduciary.

-Donna Grant- posed the question to Kelly Cronin if the kids from Region 5 would be willing to attend a forum to teach a group of kids from other regions, such as community college kids, about the importance of their voice. CRP dollars could be spent to compensate their time/gas. Ms. Cronin agreed that it is a real possibility.

-Janice will try to have the amount of the grant for each region as soon as next week. It will be emailed to all members - each RAC would receive a portion of the funds.

-The objective is to have everyone participate this year.

-The Chair reviewed the List of SAC membership

-Currently SAC has 4 openings – one attorney, two parent/family and one child care professional.

-Chair asked members to think about who in their community collaboratives or members of their respective RACs might be able to step into these positions – and file an application. We are over represented by Region 4 Hartford. It would be nice if we could have some of the other regions participate as well.

-The objective for SAC membership is to engage people who are active in their community so there is a level of understanding of what is going on in their local community or in their region so that there is a way to share information from here back the community.

-When someone serves on the SAC and they don't know what a RAC is or don't know who is on their RAC, it leads to a lack of the depth of understanding of what is going on in their local community and it becomes single focused for them. Consider folks who are in your collaboratives and might be interested in coming to the meetings. They can submit an application to the governor.

-Question asked about the re-appointments- until further word everyone is still on.

We are verifying the status of those members who have not been attending the SAC meeting.

-For those members who have not attended three or more meetings- letters are going out to let them know –making more slots available.

-Regina Moller is no longer a representative from the Region 3 RAC as she has moved. Ms. Moller will be submitting an application to the Governor's office for appointment to SAC.

-Elisabeth Cannata clarified her standing as Region 3 RAC co-chair and membership on the SAC board.

-SAC meetings are open to the public so anyone can attend. SAC/RAC can bring as many people as you want to these meetings. But, please let us know in advance.

SAC Co-Chair

-Janice Andersen stated the need for a co-chair. Janice will not be able to attend the May meeting. Her daughter is scheduled for surgery at the end of the month and also her agency is undergoing a huge division due to the resignation of a director position. Because it will be a huge burden and responsibility, her abilities will be limited from April through August. Needs someone to step up to be co-chair or if anyone would like to be the Chair, Janice is open for that conversation also.

-Donna Grant- is not available until one year from May 2015.

-Pat Lorensen- stated she would be willing but feels uncertain because she has not been reappointed. She would be willing as a transition person.

-There were assurances that everyone will pull together as a team.

-Patricia Lorensen will chair the May meeting.

Future Presentations

-Susan Smith asked what other presentations SAC would like to be arranged. Substance abuse and Domestic Violence has been postponed due to the weather issues. That was the last one identified.

-Everyone agreed to have Substance Abuse and Domestic Violence for May.

-Pat Lorensen recently noticed the department has the advisory group on psychotropic medications for children. In addition also noticed that there is a group working on recommendations around genetic testing. She would like a presentation on this topic to understand how children fit into the genetic information-nondiscrimination act. Because it protects people against discrimination of employment and insurance, does this apply to schools?

-Donna Grant is interested in credentialed services and structures in place to get from where we are to where need to go in connection to the Commissioner's agenda...but probably not May and would prefer June or July.

-Would also want more information on Social Investment Bond Project that the department is working on. Also became aware of some current legislation that Senator Williams is not in favor of. Ms. Grant will reach out to him and question him on that- because there are some opportunity to use the social investment bond vehicle to move some important work on the kinds of agendas we are all working on. She intends to talk with him. As that project with the department moves forward – we'd like to hear about that.

Susan has spoken with Elizabeth Duryea and she intended she would come here to make a presentation at some point. There is also the opportunity that it could be a topic for the retreat.

-Pat Lorensen asked the membership to look at other ways to make this a meaningful working group. What they are or to what degree technology can help but we have to figure out other ways carry on the business of this body. This past winter highlighted that traveling to one place in the middle of a state once a month or even trying to reschedule a meeting is not working for us.

-Recommendations were:

-Quarterly face to face with skypeing. All department area offices and central office have been connected with video conferencing. It is still evolving but the potentiality –there are only a certain number of connections you can have at a given time- and it has to originate from an actual video conference site- but what is exciting is that you can also connect with your mobile devices, computers and tablets. So depending on the actual numbers– it could be generated

from central office to your mobile phone- iPad. It would cut down on transportation, gas and efficient use of time.

Use one of the upcoming meetings (maybe September) to test it and do a trial run to see how it works.

Meeting ended 11:07a.m.