

## State Advisory Council Minutes Monday, April 6, 2015

**Members in attendance:** Elisabeth Cannata, Claudia Carbonari, M.D., Jacquelyn Farrell, Donna Grant, Deb Kelleher, Erica Kesselman, M.D., Patricia Lorenson, Regina Moller (via conference call),

**Also in Attendance:** Commissioner Joette Katz, Susan Smith, Manuel Maldonado (FAVOR Family Systems Manager Region 4)

**Members Absent:** Regina Roundtree, Susan Sherrick

### Welcome & Introductions

Patricia Lorenson

Meeting was called to order at 9:40a.m.

Regina Moller joined the meeting via conference call.

All in attendance introduced themselves.

### RAC & Community Update

Deb Kelleher-Region 5 - presented the *Final RAC Recommendation report to SAC* with the *Kansas Youth Prep for Visit* form (*Attachment 1 and 2 to these minutes*).

Discussion and clarification ensued regarding the purpose of the report.

The Interim report is late because the Waterbury Youth Services was unaware that they had the funds and are now going back to disburse the stipends to those who attended the meetings and will be submitting a report shortly.

The Region 5 RAC wants to move forward on their recommendation to use the Kansas Youth Advisory Council Assessment & Questionnaire (*Attachment 2 to minutes*) by adapting the form for use in Connecticut whenever youth meet with their workers. It helps them to organize their thoughts and documents prior to the meeting and even assess the meeting with their worker. It is an in-depth but short questionnaire and easy to understand.

The report and proposed recommendations in the RAC Region 5 report were accepted by SAC.

It will be sent to SAC via electronic file to give the membership an opportunity to review, follow up and determine future action by SAC. Deb Kelleher will send the report to the Commissioner's office for dissemination to the SAC membership and RAC chairs.

Donna Grant commended the format of this report. It allows easy identification of the RACs subcommittee structure, its activities and their specific action items. As an example she noted the educational recommendation regarding new types of positions for educational advocacy and transitioning kids in high school. She suggested that it would be beneficial to get the other RACs to report in the similar format and see how many RACs identify this as an issue in their region. If common action steps were to result from all the subcommittees' work, then it would lend itself to the formation of a uniform SAC agenda addressing concerns bearing on policy and potentially legislative.

Commissioner Katz also suggested that the recommendations be prioritized. Commissioner noted that three weeks ago, she approved all the new adolescent policies and a lot of these concerns have been addressed in them. The work of redoing all the policies has been ongoing for four years and the department has made enormous progress but it has to go through many committees and is not sure if they have been posted yet. The work has been geared to paring down the policies and developing a practice guide. Commissioner will find out whether the adolescent policy has been posted and asked SAC to review the revised adolescent policies to assure that they have not already been addressed. If posted, Commissioner's office will send a link to the membership

Elisabeth Cannata-Region 6- The RAC meetings have been challenged by weather and holidays. The RAC did not meet in January and February and finally held a meeting in April. They will have the recommendations to SAC by beginning of May. Each of the sub-committees, Resources in the Region and Recruitment of Adolescent Foster Homes, are in the final stages of submitting their document. It is in similar format with the exception of four headings that the region has: the identified problem/challenges in the area of the subcommittee, the vision for the region, the strengths to draw upon, and recommended solutions.

There has been a significant change in membership. Tina Jefferson (RA) and her leadership team are actively recruiting for RAC. There are twelve youth and family members comprising a very large number of families and youth. The success is attributed to the evening meeting and that the FAVOR representative was already a presence in the community. This created a lot of energy and enabled maintaining the momentum. A new list of recommendations were submitted to Tina Jefferson. These have been approved. It has been a positive experience for families as they feel like they have been heard.

Donna Grant-Region 3- The actual RAC table still does not have a youth member, although they do have parent rep from the RAC/FAB. The Family Advisory Board has 12-14 very engaged parents that meet more often than RAC does. RAC 3 has a DCF worker who is staffing the Youth Advisory Board and has gotten several area youth engaged in that process. The DCF worker is also presenting at the RAC relaying the conversations occurring at the youth advisory board. While the youth are not at the table which meets on a week day at 9am, their voice is part of the conversations at the RAC.

Allon Kalisher has been working on the Region 3 Strategic Plan. But as far as RAC recommendations, each of the RAC sub-committees have been working on active projects for the past couple of years but it was not geared to an explicit set of recommendations. Ms. Grant will communicate to the RAC 3 that recommendation to the SAC are expected.

Last week marked the last presentation from the education sub-committee bringing in representatives from the different projects working in the region that were implemented through the RAC education sub-committee and out posting. The RAC priority was getting DCF workers out of the office and integrating them into a community. The schools involved included two in Middletown, several in the New London-Norwich area, one school in Putnam with a significant effort in a pilot project and another small pilot project happening in North Windham Elementary School. These are all community school partnerships where DCF, a community provider and the school are working in tandem to catch kids prior to entry into the system which has always been the norm. It was interesting to hear some revelations from some program managers and social workers who had reluctantly stepped into some of this pilot work- who now have a markedly different opinion of it. They have truly embraced the work. It was reaffirming to hear that the only place to outpost workers is not the police station but schools as they are an amazing resource when we partner. We are now struggling with the reality of the losses of these programs in light of budget cuts. Some of the dollars are connected directly to grants that are (at least initially) on the chopping block. These programs have shown that what we are doing works. We just haven't been doing it long enough to have the data to compel the legislature to think smarter.

Jacquelyn Farrell-Region 2- RAC met in March. Parent participation has been a great issue and a goal for this year is to get parents to participate. The RAC2 has been lucky to have the core group of parents-4 to 5 parents that attend regularly. Last month met with the LIST group & had a presentation regarding foster and kinship care array of services that are available.

Patricia Lorenson - Region 1-RAC- have met with the new regional administrator, Ken Cabral in January and March. The dashboard has been included at every meeting and has been very helpful to keep updated. It is being revised to reflect the information this RAC wants.

A nurturing families' presentation was given at the March RAC. They are doing great work. It was noted that the funding for nurturing families was eliminated in the budget allocations. In the new budget, the program was moved from DSS to OEC which has a different legislative nuance. It is discouraging because these grants that are very low cost per participant and with very good results in a variety of levels. It is even more important that we not be complacent about going through this every year, because it has a different home & different group of supporters who are unaware about the value of the programs.

Ms. Lorenson presented to the RAC the possible legislative changes dealing with the composition of the SAC with an additional appointment to SAC from each RAC. There was general support for the proposed changes.

Responding to the question about the dashboard, Susan Smith explained that the dashboard is a data chart that shows how many children have come into care and where they are placed. The Kids in Placement/CRP dashboard shows a year's period looking back to present, at a monthly interval, the number of kids in care, the case load count, the distribution of kids who are in a family based care setting versus those who are in congregate care. There is also a breakout by age cohort and then further broken out by initial placement with relative. We are planning some updates to those dashboards and have worked with our information systems to produce the reports. It was noted that it is a remarkably useful tool for providers to discuss service trends. They would be able to see that congregate care really is shrinking. Those folks who are providing residential congregate care can be thinking about managing or planning their service delivery differently to be able to continue to provide services and meet the needs of the population. That insight has been a great benefit to providers. Instead of a residential provider being angry because they are not getting any referrals, there is data to demonstrate that a policy made several years ago is now coming into effect.

## DCF Updates

Commissioner Katz  
Susan Smith

Commissioner Katz noted the legislature is in session – and nobody is safe. The attention of late has been all about JJ piece and whether the governor's proposal moving \$240 million out of the judicial branch to DCF and foresees it will be until the end of the session. A lot of our time has been spent talking about it, and defending it. Although it is not our idea, it is part of the Governor's budget that Commissioner can defend, with the exception of the part around family relations. Commissioner personally believes that the family relations piece belongs in judicial. Most of them these days are Pro Se's and the courts rely heavily on family relations officers. She can defend the probation piece of the whole JJ budget– it's a population we work with. We know these kids, we can benefit them and there is also enormous opportunity for federal reclaiming. Most states have been struggling trying to get federal dollars. DCF has increased our federal reclaiming from \$75 million to \$120 million through the efforts of Cindy Butterfield, the agency CFO. She can defend the reclaiming fiscally and programmatically. Does not know what will happen in the end. Because it is on the table, it is occupying too much time in terms of all the other issues that DCF faces.

The legislature has asked OPM in conjunction with DCF, to close a couple of group homes and a STAR facility. We're looking at that and have no final decisions yet. We have 155 empty, grant-funded beds. When you consider some of these beds are \$250 - \$500 per day and they are empty and will stay empty- it is just a waste of money. The key is always to do things thoughtfully, purposefully and carefully so that, first and foremost, the kids are transitioned well into whatever homes are identified, and that it happens over a 90-day period. When talking about STAR homes - is there a better use for some of them. When Commissioner meets with kids, they always want to talk about opportunities in their communities – after school programs, normalcy. Can we move some of those dollars in that direction?

DCF got caught short in the budget regarding EMPS and we are fighting this. Commissioner wanted to expand the EMPS- the hours and the teams to keep kids out of the emergency departments. We did not get the money – the behavioral and mental health plan that everybody insisted that we do- received unanimous support from the legislature and 200 focus groups later- DCF didn't get the funds. We will figure out ways to work in partnership with our friends in the legislature and Kristina Stevens' passion for this service because we believe this is the way to go. With all the work that was done years ago on disproportionate minority contact with the police departments, I think, the changes in high schools has helped reduce that issue. Schools aren't calling the police departments anymore, but they are calling 911. The question now is how we educate people with the real issues- EMPS, 211, not 911, not the police. That will be part of the Behavioral Health Plan. We have to be able to fund the additional EMPS teams. Although it is a challenge, Commissioner is confident that we will be able to do that.

There is a program with CT Junior Republic that we were hoping contract with but is now uncertain. There is an 8 bed facility for kids with substance abuse problems with delinquency adjudications. These kids do not need to be in CJTS but rather in a less restrictive setting. The program is one that is actually used very heavily by CSSD with great results. So again it would get those kids out of CJTS which is the most expensive level of care. The hold is obviously although it would be good for the kids, it would also impact local communities.

13-178, the Children's Mental Health Plan.

Tim Marshall from Kristina Stevens' group has been appointed by the legislature to serve on the Public Act 13-178 Implementation Team. Basically, the status is that the Children's Mental Health Plan needs to be funded by the legislature. Ms. Grant stated that the problem is that it was a piece of the omnibus portion of legislation that included school safety and guns. So far all the funding that has come out of it has been directed to locking door systems, and bullet proof glass. There has been no funding that has moved into children's mental health piece. And unfortunately some of that funding has come at a percentage of the cost, so school districts are picking up 10 or 15% of the cost of these installations which 10 or 15% of a \$300K security project turns into a social worker position because that is not a mandate. So we are losing our social workers, getting bullet proof glass and they didn't fund the mental health plan. Everyone is frustrated.

Susan Smith- The fatality report, birth 0 – 3, spanning over a 10 year period was sent out, along with a summary letter. (*Attachment 3 and 3.a to the minutes*) It was sent out to the provider association because we have families in common. It was important to let them know about some of the key factors that were identified as being associated with an increased risk for fatality. Some of these factors were, younger families with untreated substance use or mental health issues, a medically fragile baby, families that had prior reports with the department (either substantiated or unsubstantiated), sudden unexplained infant death (SID) and unsafe sleep practices. Children sleeping with the adult, or the sleeping environment had blankets posed potential suffocation hazards. We are partnering with the Office of Early Childhood, Public Health, the Office of Child Advocate and the CT Hospital Association to identify some strategies and public material that we can send out to abate some of that.

We wanted to alert our staff to be more vigilant when making home visits that have very young children and young parents to insure a safe sleep environment and that these families are supported with services.

We are developing a process to conduct ongoing reviews, which would complement the reviews done by Dr. Schultz. Our Office of Research & Evaluation is now integrated into this process.

Ms. Grant asked if it would be possible to get statistics around a specific population i.e. meth addicted kids who are at risk. She described the tragic incident in their region around child care, a mom trying to manage an addiction, a father's prior domestic violence and a possibly irritable child. All pointing to an unsafe combination. How can that kind of case specific knowledge be included with statistics about the increase of meth addicted children to have someone available at hospitals to do that kind of direct individual supervision for that specific population? Since we have the data, research, anecdotal case information, it may be something that can be possible. Susan Smith and Donna Grant will meet to further discuss this.

Dr. Kesselman asked if it would be possible to have one DCF worker out-posted at a labor and delivery unit, to work with methadone patients and their babies going through withdrawal. It would streamline the cost associated with the visits of two to four investigators in the course of one day. The DCF person would work with the neo-natal nurse practitioners, OB providers, pediatricians and ER doctors. They would not be seen as a threat but rather as someone supportive to their needs because the DCF worker would have attended to them from the beginning of their pregnancy. This would be on the same idea as the medical model that is working so well in the schools.

Commissioner noted that it is brilliant but the issue is money.

In this proposal it would be one designated person for twenty six hospitals. Currently, investigations is split up over all the offices. It would be the re-allocation of resources under a different work model where the workload would have to be redesigned to be community centric. Donna Grant noted that in Region 3 the medical model in the schools took over two years to be implemented.

Commissioner agreed that it is very important particularly in regions that are resource poor but difficult for the next two or three years. She recommended that they speak with the Regional Administrator, Allon Kalisher about this idea.

Commissioner Katz noted that statewide peer review sessions, not unlike that of the hospitals, have begun and they are not just along fatalities. We are looking at our families being processed through the differential response track versus the investigative track. There was a three hour presentation last week which was quite good, with ten participants from care line, the regions and managers from all over the state. These peer-reviews will be done routinely as we move in the direction of the medical model which are being done routinely at hospitals. The question was posed whether providers will participate in these peer

review meetings. Commissioner will bring this question back to her staff. In addition, the question was posed if it would be possible to hold a peer review session in this forum (SAC meetings) and include providers. The feasibility of this idea will be further considered after Commissioner Katz discusses it with her staff.

Announcement: on April 8 there will be another Provider meeting at the CCSU, Student Center, Alumni Hall @1pm. There will be discussions about service array presented by Michael Williams. Breakouts by regions are planned so folks can have a discussion about some of the needs specific to their regions and area. All are encouraged to attend and participate.

Regarding the Quality Assurance work, we are recalling PSDCRS and naming it PIE, Provider Information Exchange.

Announcement: On April 24, there will be a law forum on youth permanency pulled together to better educate some in the judicial in supporting permanency goals and alerting them to some of the changes in the law identifying best practices. The target population is specifically judges, juvenile contact attorneys, AG's. Another forum is planned in June that will be made available to providers and SAC, with a slightly different focus.

Finally, a care management entity that has been developed. On March 24, we executed a contract with Value Options to create an entity that is going to do some intensive care management with family support tied to it. They are also going to help with implementation of the CONNECT grant on portions of it.

There will be around eight care management, intensive care coordinators, FTEs expected to serve a minimum of eighteen families a year. Families can be served for about 6 months on average with an ability to extend another 3-6 months depending on the family's needs and presentations. It will target kids who need to be stepped down from congregate care settings or kids who are at risk for congregate care settings. Some portion of the population to be served will also be non-DCF children.

### **CRP**

Each RAC needs to submit a report on the 2014 CRP funding. The original material includes the outline of what needs to be included in that report. The outline will be sent to SAC after this meeting.

May 1 – is the due date.

Once the funds have been obligated or sent out, they are considered expended. RACs can continue to use their funds.

Time span for current funding ends on September 30, since this is federal money.

Our current timeline is behind because a year ago in the fall, Congress was tied up and allocations were not made until January 2015.

The 2015 funds are now available and need to be tapped and disbursed. The request for applications for 2015 can go out in June. The RACs can submit their requests by August 31.

For next meeting, SAC needs to look at the SAC budget and expenditures and how to support CRP activities.

Clarification about CRP guidelines on expenditure of funds was requested.

### **Co-Chair Elections**

Donna Grant announced she had could not to step forward into a greater role in this forum to serve as SAC co-chair. She no longer has her boards' (Thompson Ecumenical Empowerment Group) blessing to step into this role with SAC and not even sure if she can continue to actually to meet. Their small thirty thousand dollar contract with DCF is slated to be cut and the board are not in agreement with the amount of time TEEG is committing to be at the more active regional and state DCF tables. The focus will need to be at the regional level if she can obtain the board's support to be involved beyond the local level. If the budget process changes and TEEG continues to have a contract with DCF, then participation may be more feasible in the future.

The question was again pondered by SAC members to serve as co-chair with Regina Moller.

Elisabeth Cannata was nominated. She noted that she is very invested to the work of SAC. She currently serves as co-chair on RAC Region 6 and has many demands on her time outside of SAC and RAC.

The duties and time commitments for the SAC co-chair were reviewed. The appointment to SAC co-chair would be for term of two years.

Concern was expressed that there remains a question as to where SAC is going and the fact that no one wants to jump in.

Ms. Grant noted that the meeting structure needs to change, noting that Dr. Kesselman changed her schedule to take patients at 1pm in order to attend the SAC meeting using her vacation time. Ms. Grant stated if she is not allowed to continue as a provider because the TEEG board cannot commit their resources for representation that goes beyond their local community, she will try to attend SAC meetings as a parent using her own vacation time because she was involved with the Department at that level.

Discussions continued about the SAC meeting schedule, times, location.

Susan Smith reminded everyone that before we were affected by the winter weather, we were already in agreement that we would meet less frequently, develop a focused agenda, hold some meetings in the evening. SAC had also proposed that some meetings would take place at the regions to connect it to the RACs to obtain more parent and youth voice.

We had also agreed to have Dr. Schultz on case review. We lost that momentum to continue implementation of those discussions that were to begin now. The ideas and discussions have already occurred. It is now time to implement them.

Elisabeth Cannata agreed to accept the co-chair SAC nomination to serve along with Regina Moller.

Elisabeth Cannata became a write-in candidate and the results were unanimous to elect Elisabeth Cannata and Regina Moller as co-Chairs of SAC.

### **Fiduciary**

SAC needs a fiduciary and asked for a volunteer. There is no administrative fee associated with it. The money goes from the DCF to FAVOR (current fiduciary), then from FAVOR sent out.

The checks cut are basically for the CRP funds to each RAC and the SAC retreat.

Last year FAVOR announced that to continue as fiduciary, they would require an administrative fee.

For the next meeting please check with your agency to see if they would serve as fiduciary.

Ms. Lorensen noted that past experience has shown that stipends do not support ongoing parent involvement. There was a major project in Bridgeport and once the project ended, and the stipends stopped, everything dissolved. It does not foster building something on a long term basis. Building other supports for parent involvement has better results.

### **SAC Structure and Legislation**

Referred to the *Memo to SAC from Patricia Lorensen re: proposed modifications to the SAC statute 3/2/2015 (Attachment 4 to the minutes)*.

The SAC feedback was hindered by the cancellations of meetings due to weather.

We got as far as meeting with Josh Howroyd.

At this point, SAC needs to make a decision to accept, or not accept these suggestions.

The major change is to add an additional appointment to SAC from each of the RACs.

Upon review of the document, it was stated that what was proposed is exactly what SAC determined at the January meeting with intention to move it forward.

Ms. Smith will talk with Josh Howroyd about moving it forward with the modifications for the SAC statute.

### **SAC Quarterly Meetings Structure and Schedule**

Ms. Grant and Dr. Kesselman needed to leave the meeting on time and stated the below support to the SAC meeting schedule.

Ms. Grant is in favor of quarterly meetings- on a rotating schedule.

Dr. Kesselman also in favor of quarterly meetings because she must attend SAC meetings on her own time.

Elisabeth Cannata formally extended SAC's heartfelt appreciation to Patricia Lorensen for her leadership and time invested in the last year as interim SAC co-chair.

She moved to adjourn the meeting. Regina Moller seconded the motion and the meeting ended at 11:35am.