

What do we want from DCF to help us advice?

Region

#3

- Themes:
- Importance of geography
- Existing funding in care coord (look at how utilized differently) assure it is available everywhere
- Need to have candid conversations with providers – different approaches.
- Where are the contradictions to mission and funding
- Current system design -short service and late intervention service- lot of money going to New Haven – an advisory council has to be able to point out that paradox Sherry-spot an- to match programs paradox
- Financing services to encourage partnership
- Change thinking
- What to do with reluctant partner? \$\$ linked to partnership
- Customer feedback
- 360•survey of relationships with providers
- Safe time with DCF
- Workforce development issues
- Family conversations difficult issues

#6

- “CONNECT-energy – 13-178
- Great representation of community-great energy
- DCF needs to guide RACs on what it needs help with
- DCF needs to also hear from community the perceived needs
- SAC continue to voice what RACs need to bring back

#4

- RAC restructuring has concluded
- What happens to recommendations that RACs make?
- Where do RACs interact with SAC in recommendation process
- Continuation of data, initiatives, clear communication around strategies and any gaps that exist
- Clarify around the process-re: recommendation-how does it get back to the region
- Acknowledge receipt and put on a list
- Relationship to CONNECT grant? With integrated network of care and RAC role

#5

- Similar-get a lot from DCF support, direction, structure & coordination
- Disconnect with RAC and SAC; Struggle with RAC broken down into 4 sub-committees focusing on specific issues but how does that relate to the SAC advisory. [F.C. , M.H., staff knowledge, education]
- SAC provide direction on need
- Feedback from SAC

#2

- Clarify RAC/SAC relationship
- DCF provides information

- Looks for guidance from RAC
- 2 offices/One office serving only New Haven office /the other serves 14 towns/
- More family representation
- What works on RAC- info flow-DCF & RAC members-family
- Affecting families with 13-178
- RACs used as forums for providers to understand such things as RBA/Racial Justice that drives DCF
- 10 Performance expectations DCF bring to outside
- Tough questions- connection of RAC to SAC
- SAC visits to RAC
- Disconnect SAC representation holes
- SAC Questions to RAC- conduct statewide survey (snapshots)

#1

- Ditto (*referring to Region 2 statements*)
- SAC-appointments-not going through
- Relationship –staff shifts are problematic
- Geography-less resources –report highlighted it is one of three regions that gets less money allocated
- Early intervention building capacity (need to have service system in place)
- Change in DCF Management every four years or six years-hard to manage change because it changes momentum-must herald this in the legislature

#3 continued

- Bringing state level info to RAC meetings- room on agenda to bring in presenter every other month /
- Shift to OEC- Myra Jones Taylor
- Stephen Tracy- *Raise the Grade*
- RACs can help share the higher level program development information and policy change with the most amount of providers in the region.
- Utilization of RAC-SAC-Legislature – funding around mental health initiative –look at this legislative session as opportunity to champion the cause.
- Maximize impact