

Department of Children and Families  
**SPOTLIGHT ON WHAT'S RIGHT**



### A Message from Commissioner Dorantes.....

This month's "Spotlight on What's Right" newsletter will acknowledge and celebrate the outstanding efforts of our leaders of the 24/7 operations within the Department.

Often mistakenly not viewed as part of DCF, Albert J. Solnit Children's Center-South Campus in Middletown and the North Campus in East Windsor proudly anchor the Department in their service to youth with intensive mental health treatment needs. Everyone knows the DCF Careline as our central hub receiving reports of abuse and neglect.

Do you know who leads these dynamic 24/7 operations?



Every day they balance our mission critical work with the health and safety of their workforce — With a few schedule adjustments and safety protocols enhanced, they have remained fully operational during this pandemic.

This is an opportunity for Careline Director Lisa Daymonde and Solnit Superintendents Dr. Brett Rayford and Dr. Frank Gregory to tell us more about them as people and what it takes to lead around the clock!

In this newsletter, you will learn more about the Careline staff supporting one another after a horrific injury to a young child. We will share the personal sacrifice staff at Solnit North

were willing to make, when a staff member tested positive for COVID-19. You will read of teamwork and staff banding together at Solnit South.

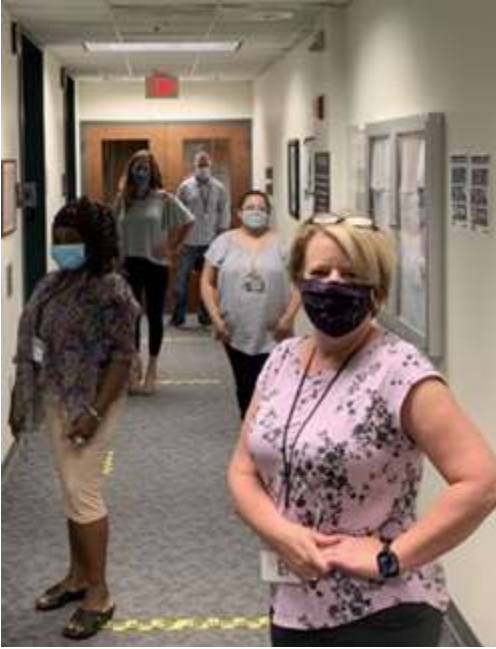
In each of the stories, common themes emerge. The leaders are dedicated to their employees, are concerned about their welfare and search for ways to ensure they are taken care of. They praised their staff for the creative and unselfish acts to get the job done. Each leader credits their staff for keeping focus on the children and families we all serve.



Leading a massive state agency during a pandemic is unpredictable and truly humbling. My gratitude and admiration go out to these leaders and to all of you who each day, try to give 100% and then some!

To the leaders & staff at Solnit South, Solnit North and The Careline -WE SEE YOU & appreciate your strength as the unwavering foundation of our DCF.

## Giving 200% -Personally and Professionally



For over 30 years, Lisa Daymonde has dedicated her career and life's work to protecting the most vulnerable and oppressed children in society. As director of the Department of Children and Families' (DCF) Careline operations, now for the second time, she never could have imagined her leadership skills would have included supporting staff during a global pandemic.

The Careline is often described as the "front door" of the Department. It operates 24 hours a day, 365 days a year. The Careline has remained fully operational during the pandemic with staff actively assessing calls and responding to the most critical situations at night, weekends and holidays.

Careline staff are deemed "essential." So, when snowstorms, tornadoes or other circumstances impede daily operations, they continue their mission critical work.

Those acts of nature end. The pandemic has not.

Lisa Daymonde has been in her office almost every day as COVID-19 moved across the state. "I need to be present with them," Lisa stated in reference to her staff who occupy the 5th floor at 505 Hudson Street in Hartford. "How can I best lead my staff to ensure children and families are safe?" she constantly asked herself during this time.

Running the Careline is a lot like managing New York City; it never sleeps. With perhaps the most well-known phone number statewide used when a child is in need of protection, staff annually handle over 100,000 calls -- with schools making up approximately 40% of the new reports of child abuse and neglect.

Lisa describes the work as "fast paced," where each call is different, and where she learns "something new each day."

When discussing her work, she is humble and quick to give credit to her four program supervisors, Gloria Jeter, Brooke Morris, Gloria Campos and Brendan Burke, for their efforts and dedication. She was equally quick to bring up the camaraderie of the primary investigators for their cohesiveness and willingness to assist one another.

Work during the pandemic has been an entire team effort.

Lisa emphasized that the Careline encompasses many components and includes the social workers and social work supervisors who assess calls. The Careline also includes other units such as the Special Investigations Unit (SIU), Education Professional Investigation Unit (EPIU), Background Check Unit and Risk Management. Each of these groups within the Careline play an important role on a statewide basis.

"Across all units and shifts, staff rallied to work better together and address the obstacles which came their way," Lisa stated. "Staff were flexible with scheduling to reduce the number of people in the building, address vacations and other time related matters," she added.

The Careline is operating now under a "new norm," as Lisa describes it. That happened by building upon lessons learned both professionally and personally starting in February 2020 as the pandemic was just beginning to ramp up. At that time, with news of the virus spreading across the globe, Lisa began meeting with her managers along with the Tina Jefferson, Bureau Chief of Child Welfare, to plan. The biggest question they had to answer was "what would happen if the state shut down?"

It is this proactive approach that directly results in the success the Careline has experienced during these trying times. It is also another example of Lisa's leadership.

Lisa believes the pandemic has brought out the most difficult of times and also the best in people. She stated staff have "risen to the occasion." An example of this is the teamwork of multiple staff after a young child was seriously injured.

During the COVID Pandemic, we have faced many challenges at the Careline with traumatic cases and when asked for an example that highlights our teamwork, this one stands out in particular as it highlights the nature of the resilience of Careline staff. It can be

challenging to feel a sense of teamwork with a staff reduction schedule in place, not always having your supervisor or your usual peer supports present when you receive a challenging call. Careline received call regarding a child who was severely injured by a dog they loved. Patrice Red, a seasoned Careline Screener took the initial call from the responding officer who reported the horrific accident of a child being mauled by a Rottweiler in front of their older sibling. The officer described the chaotic scene of the struggle to release the child from the dog's mouth. The call continued to describe the desperate attempts to free the child from the dog and ultimately the dog was killed to free the badly injured child from his grip. All of the adults suffered physical injuries in attempts to save the child from the dog and the older sibling witnessed the entire event. As expected, this was a call we do not often receive and it alarms many who are receiving, reviewing, assigning and responding. We often think a screener's job is done when the call is over and the report is processed, however the calls last in our minds and hearts for much longer. From Patrice, to the assigning supervisors Tara Lewis and Brenda Avila, and primary investigator Sandi Liquidoli, the support for each other was evident. Based on the initial report, it was decided Sandi would respond to the hospital to assess the parents and commence the investigation. Responding to a hospital presents an added layer of concern for all staff as we are often thinking about the pandemic and what we may be exposed to while in the hospital.

With professionalism and concern, Sandi quickly learned the nature of events and the support the family needed became the primary concern. Given the older sibling's specialized needs, the family had asked that the Department wait to interview the child as they had contacted the child's mental health provider and wanted additional supports in place. Sandi had also ensured the hospital staff had contacted their crisis department to provide additional support to the family. The family did allow for Sandi to virtually "check in" with the child and introduce herself. She was able to observe the supportive and positive interaction between the parents and the child as he asked his parents questions about his sibling and how his sibling was doing without asking investigative questions. If the immediate and extended family had not had the experience with the Department as understanding and respecting the family's needs while assessing for safety of the children, the family may have not received the community support needed through this trauma.

Throughout the case, it was apparent the support the staff received from each other, Careline leadership throughout the weekend including the Commissioner's Team. Staff checked in on each other, allowed for space to vent and express their emotions about the case, and were mindful about the rest of the calls and cases throughout the holiday weekend. Staff took the time to ask, "how are you?" and not the standard "are you okay?" that only allows for the one-word answer and moving on to another topic. Leadership checked in throughout the weekend on the screeners and on Sandi, even when she was assigned her second exceptional circumstance of the weekend, there was discussion about how she was doing. All of the Careline supervisors over the weekend were mindful of the cases being assigned and the impact it may have on Sandi and her peers. Additionally, Sandi's peers checked in on her as they communicate throughout the weekends on their difficult cases and give each other the space to express their feelings.

This case, sadly, highlighted the importance of communication and why we need to be deliberate and effective in our communication and support with each other as we realize how valuable it is only in extreme cases of trauma and crisis. The Careline is unique in the Department with their role and support for each other. There is a level of understanding when it comes to the work and the importance of their presence in the work. To the screeners, the work is more than a phone call. For the primary staff, they understand they may be the only Department representative who is able to meet with a family in person when they are experiencing a point in their life when they need assistance. To the supervisors who understand their roles are to ensure the safety of children at all hours of the day and night, including weekends and holidays, and again, this may be the only time we can help a family. The Careline staff support one another beyond the hours of their shift and the ending of a phone call; they are remarkable.

Lisa has used her physical presence in the office as an opportunity to touch base more frequently with her staff and to get to know them better on a personal basis. Staff have noticed. Recently, a Careline employee sent a complimentary e-mail about her to the Commissioner's Office - articulating her appreciation for Lisa's leadership.

In addition to the strain from the pandemic, racial injustice and social unrest have dramatically impacted our communities -- especially over the past three months. This called for Lisa once again to be creative in her leadership style. Lisa said the Careline Racial Justice Team has experienced "lots of stops and starts" over the last several years, but there is a greater role for the Careline Racial Justice Team to assist the staff as callers and families are experiencing greater needs resulting from social pressures. She said there is tremendous enthusiasm, excitement and determination to create action to move the needle towards becoming an anti-racist Agency.

The pressures on Lisa to manage staff during a pandemic were a heavy burden. A good reminder that we never quite know what the person next to us is experiencing.

Keep this thought.

There is one other fact not many know about Lisa and her family. In June, her son, Michael, was deployed to Iraq as a member of the United States Armed Forces. "Nothing can compare to worrying about the safety of your family and your kids during this pandemic



and racial unrest," Lisa stated. She and her son are able to FaceTime a couple of times a week, and she is counting the days until he is home again.

Leading staff during a global pandemic, racial unrest and while a son was deployed- all while running a 24/7/365 operation.

How did she do it?

Lisa credits her family for their love and support. She also acknowledges her collaboration with other leaders across the agency, including those with whom she communicates on a daily "scrum" call and with the child welfare division. These connections allow her to feel visible and less isolated.

More than anything, Lisa demonstrates her gratitude for her staff and their efforts.

What has Lisa learned over the past 6 months?

"We are a stronger and more cohesive staff now," Lisa stated.

She stated she has also learned to "lean on staff more."

Lisa admits she is a "perfectionist," and not one to necessarily practice "work and life balance." She has always given "150%" to the job.

Now, Lisa reports she is "giving 200% in these trying times."

Thank you, to the Careline staff for all you do and to for your leadership!

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## Running Toward The Crisis

*Solnit North Staff Across Disciplines and Shifts Emerged As Leaders During the Pandemic*

The Albert J. Solnit Children's Center North in East Windsor provides residential, clinical, rehabilitation, and education services to adolescent boys with significant mental health treatment needs. Dr. Brett Rayford is the facility superintendent who has been at the helm during the worst health crisis Connecticut and the nation has faced in anyone's memory.

With a staff of over 150, we "witnessed leadership from every corner of the facility to protect these boys." He stressed that facilities that operate 24 hours a day and seven days a week are unique settings. With three shifts of staff coming and going around the clock, "there is a rhythm to it," he said. "COVID interrupted that rhythm and severely disrupted our patterns."



"Despite being confronted with an uncertain and existential threat, leadership emanated from every discipline and every shift," Dr. Rayford said.

Facilities staff learned how to maintain the physical safety of boys and workers alike. Kitchen staff found a way to feed the boys in their cottages. Children's services workers maintained a therapeutic environment during the crisis. Clinical staff still delivered individual, group and family counseling, and assured families who could not come to the facility during the pandemic that their boys were safe and well, using frequent telehealth visits and phone contacts.

"No matter what discipline, our staff stepped up," Dr. Rayford said.

Dr. Rayford said two primary lessons were learned during the past five months.

The first was about the commitment and cohesion of the staff, about the "tenacity of the human spirit in the face of this tremendous threat," he said. "The culture of Solnit North is not like anywhere else. People here have worked together for many years; in some cases, for decades. There is this a protective quality that says, "we are going to keep everyone safe, no matter what."

The galvanizing - but hardly surprising -- event occurred early in the crisis in April when a third- shift staff person who was unaware they contracted the virus hugged another staff member during shift change. That quick encounter resulted in the second staff member also getting the coronavirus. That created the possibility that other staff and the boys in the same cottage could also have gotten infected.

The entire cottage had to be put under quarantine, and all the staff who worked there were sent home to isolate and get tested. Boys who had met their treatment goals and were close to being discharged were sent home if their parents agreed.

The immediate reaction of the remaining staff was to rally around the boys. Staff volunteered to be assigned to the cottage. They pledged to "do what was needed to entertain and manage the boys during the 14-day period" that was required to make sure they had not gotten the virus.

The children's services workers offered to quarantine with the boys in the cottage and not go home for 14 days. That proved not to be necessary, although staff assigned to the cottage did quarantine from their own families when they went home. Some slept in their basements to protect their families and the Solnit family as well, Dr. Rayford said.

Many other changes were made to protect boys and staff. "We changed the entire rhythm of the campus." "We had to say 'no' to any movement on campus." The necessary changes clearly disrupted the norms at the facility, but they worked. Everyone on campus - boys and staff - was tested. "No one else tested positively," Dr. Rayford said with relief and satisfaction. "We had no more outbreaks and no more positive tests." The strong results so far are a result of "people naturally stepping up," he said. "We made room for people to step up by saying 'here is the challenge and that we have to manage this crisis together.'"

Building a culture of cohesion and collectivity was the key. "There is more wisdom in the crowd than in the few," Dr. Rayford said. He recalled one meeting when 18 staffers met outside -- socially distanced of course -- on the basketball court.

"We asked for their best thinking and brought in everybody's wisdom," he said. "We brought people into the conversation."

Every worker at the facility wanted to go the extra mile to contribute toward solutions in the crisis.

"What I learned on a personal level is that everyone was determined and committed to step forward to create this healing environment," he said. "And what I learned professionally is to never underestimate people in the health care field. They are supremely dedicated to taking care of other people."

Dr. Rayford said the crisis "demonstrated our natural leaders. That's why the culture is so important. People here run toward each other in a crisis, and they run toward the crisis, not away from it.

"That's who these people are. That's how facilities work," Dr. Rayford commented. "Everyone does the job together. For this place to thrive, it requires sophisticated and polished teamwork."

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## Team Solnit South

The Albert J. Solnit Children's Center-South Campus (aka "Solnit South") in Middletown serves youth with the most intensive mental health treatment needs. Solnit South's hospital-level units generally provide treatment for youth who have transferred from other Connecticut hospitals because their needs cannot be met in any other setting. The youth admitted to their PRTF program have similarly struggled to be successful in a succession of community, residential and hospital environments. In other words, Solnit South serves among the most complex and vulnerable children in Connecticut. Combine that sizable challenge with a global pandemic that turned work and life on its head, and it is very clear that Solnit South Superintendent Dr. Frank Gregory and his staff faced an awesome challenge. How have they navigated these challenges? "You can't do it alone," Dr. Gregory said. "Our success and strength are the result of a lot of people being thoughtful, playful and working very hard in a context that is very difficult to predict."



Dr. Gregory said the onset of the COVID pandemic in March was unsettling. "The first several weeks were scary and intense for a lot of people," he said. While most state employees were told to stay safe at home, the staff at Solnit South are tasked with providing 24-

hour, seven days a week care and treatment. Staying at home is not an option, and so the threat of infection was and remains very real. The answer to this challenge was cohesion.

Dr. Gregory said, "How we responded was to band together." That meant a high intensity and frequency of communication. Initially, separate meetings with managers and supervisors occurred daily. Medical staff -- doctors and nurses -- were tasked with infection prevention, and they met three times a week. (The meetings have been able to reduce in frequency recently.)

"We tried to be responsive and proactive in our planning, implementation and communication," he said, adding that the meeting with supervisors was very effective in raising up issues experienced by front-line staff. "The structure of meetings and communication was intended to make sure that everyone participated in the decision-making process."

The meetings -- mostly done remotely on Microsoft Teams -- were so important, Dr. Gregory said, because of the dynamics of a 24-hour facility with 300 staff working all shifts and weekends. "We wanted a mechanism for staff to bring up issues in real time," he said of the multiple virtual meetings. "That was a key facet of the supervisory meetings."

Dr. Gregory said that Department managers external to Solnit South made huge contributions, including Dr. Nicole Taylor, the Director of Pediatrics, who worked with the medical staff on infection prevention. He also credited the Department's Fiscal office and Engineering department for securing needed personal protective equipment. And Wilderness School staff have been to Solnit South several times to provide additional therapeutic programming for the patients.

Another one of the major modifications Solnit South had to make was to shift family visits and family therapy sessions to remote or virtual methods. Restricting access to the campus was an important consideration to keep youth and staff safe. That meant outfitting the facility with multiple computer workstations with webcams.

Dr. Gregory fondly recalled the weekend in early Spring when he got a call from Valter Borges, the Department's Chief Information Officer. "He said, 'I'm here,'" Dr. Gregory recalled. "'I have your cameras. Where do you want me to set them up?'"

Mr. Borges was going to ensure Solnit South got what it needed -- even if it took him sacrificing his weekend to do the job himself. The action meant a lot to Dr. Gregory and all the staff at the facility. "It was someone coming into the foxhole to help us out," Dr. Gregory said. "It was someone really coming to our aid."

Dr. Gregory said it was that kind of thing that made the facility staff feel connected to the larger Department. "When we went into a quasi-lockdown, it helped insulate us, but it also had the risk of isolating us. This was one of many examples that showed we were part of a bigger Department and connected. People knew that we were here, and they had our back. That was important for us to know. We weren't in this alone."

Dr. Gregory said an overarching theme throughout the ongoing crisis is that staff at the facility and in the larger Department overall were willing to do whatever was necessary to keep everyone safe. "I see a lot of people rising to the occasion," Dr. Gregory said. "It really highlights the commitment and dedication of our staff."

Dr. Gregory said the facility found ways to support staff. For example, meals were provided for staff on campus to prevent unnecessary trips in and out of the facility. When possible, staff were granted some flexibility in their schedules, allowed to telework and to provide services through a telehealth model that relies on remote technologies.

Throughout this crisis the facility never stopped accepting new patients. Dr. Gregory noted that facilities are accustomed to working through storms and other challenges that are relatively short-lived.

"This was different because it was day-after-day, one day after another," Dr. Gregory said. "Plus, people were worried about their own families at home, and the risk of possibly bringing something home with them. But we found ways to help take care of each other." It was that banding together that really made the facility effective during the most difficult of circumstances.

"It's about connecting with people and facilitating their ability to make a contribution; to empower them," Dr. Gregory concluded. "As a leader, you need to know when to be involved and when to stay out of the way. We have a lot of experienced, knowledgeable people here. My job is to help them do their job."