**Region 3 Committee Structure** 

### **Norwich Area Advisory Council (NAAC**

The Norwich Area Advisory Council (NAAC) has monthly meetings scheduled tandem to the SOC meeting to maximize attendance and manage competing schedules. The NAAC recently appointed a foster parent and parent co-chairs. On average a dozen members attend and are eager to hear of changes with the agency practice model. They are also invested in the connection with the RAC. The co-chairs are in the process of reviewing and amending by laws and addressing reasonable points for practice improvement to the RAC.

## **North East Advisory Council (NEAC)**

The North East Advisory Council (NEAC) has historically met on a monthly basis, however with the development of the Regional Advisory Council; NEAC now meets bi-monthly. This council is comprised of nine provider agencies, two grandparents who are raising grandchildren and a CAFAP representative who is also the Chair. Each year, NEAC establishes an Action Plan with targeted results. NEAC strives to achieve three major results as indicated below.

- DCF to have an enhanced understanding of what the community perceives as the most important needs of its children and families and the department's efficacy in meeting those needs.
- DCF and provider agencies to have a greater understanding of the services in the community and the impact of those services.
- NEAC members to have a greater understanding of legislative issues.

In the past, the council has sponsored Provider Fairs and organized listening forums to achieve such results. Our Kinship and Provider forums were especially well received and resulted in greater appreciation for and collaboration with the Probate Courts and with one another. For the FY 2012-2013, the council is planning to sponsor another Provider Fair and a Consumer Forum as well. NEAC has also agreed to work closely with the AO Lead regarding fatherhood initiatives. NEAC is also well represented on the RAC, and will align its plan with the initiatives of the RAC.

### Middletown Area Advisory Council (MAAC)

The Middletown Area Advisory Council (MAAC) meets monthly and has between 15 and 20 members. Through the past year the focus has been on community readiness and training for Differential Response and PIC principles. Our co-chair also attends the RAC and is very invested in generating interest from the MAC to bring to the RAC. In general this group brings enthusiasm to all the DCF changes and has also worked directly with our outreach committee on specific outposting arrangements and scheduling mandated reporter trainings to come into compliance with the new law for school staff training. We have also been able to bring specific focus to improving communication with our office and shoreline towns. Going forward, we are discussing new ways of getting more parents to join the group in an advisory capacity.

# **Regional Advisory Council**

Region 3 constituted a Regional Advisory Council in November 2011. The RAC meets every other month and is comprised of 21 voting members. Membership is comprised of four delegates from each of the Area Advisory Councils (12), and delegates from the 5 Systems of Care Collaboratives (7), plus two co-chairs. We have created workgroups that will act as our Strengthening Families Practice Model Implementation Team. These include 4 standing workgroups that will focus on successful implementation of our mission and practice model for the foster and adoption care system, the early childhood population (0-5 yrs), latency aged children (which will be called the Education Workgroup to ensure coordination with schools and emphasis on success), and adolescents. We also established a temporary workgroup focused on mapping our region's service system. Network adequacy will be a focus in each workgroup going once the

mapping work is completed. And, we will be identifying internal workgroups focused on practice improvement that we will be inviting external stakeholders to participate

#### **REGIONAL STEERING TEAM**

**Structure:** Region 3 has a fully operational Quality Improvement meeting infrastructure which is currently working on case planning quality concerns. The Regional Steering Team (RST) is comprised of representative members in terms of work scope, formal position and diversity of our staff. Chairs for the Area Office Quality Improvement Teams and/or Workgroups are also members of the Regional Steering Team. As a result the business of the Regional Steering Team can be somewhat tied to the agenda of any practice-oriented issues that the AO QIT's are taking up, and the "next steps" work identified by the Regional Steering Team can be acted upon. Future consideration in regard to membership is to include one designee from the Academy for Family and Workforce Knowledge and Development, Human Resources, and at least one standing member of the Regional Advisory Council.

**Function:** The Area Offices each have QI workgroups and the tasks associated with case planning are coordinated to avoid duplication within the Region. Recommendations are brought forward to the RST for full discussion and deliberation. There is ACR and Court Monitor participation in office workgroups at the RST meetings. Typically, proposals are piloted at the office level prior to presentation at the RST. Many of the recommendations that are presented by the membership are then ratified by the team for regional implementation.

## **Area Office Quality Improvement Teams**

#### **Norwich Office**

The Norwich office has a reorganized overarching Quality Improvement Team which meets monthly and consists of representation from the Office Workgroups or Sub-Committees. These Workgroups consist of area office staff representation from every level of the organization, and reinforce the PIC principles whenever possible. This includes checking assumptions, withholding early judgments and making every effort in every forum that involves decision making to include stakeholders. Workgroups have focused on the Case Transfer Process, Caseload Specialization, Staff Development, Foster Care Support, Genograms, In Home Case Plan Reviews, PIC as a Culture, Purposeful Visits, Protective Factors for permanency and Fatherhood Engagement.

# **Willimantic Office**

The Willimantic Office has created a Practice Model Quality Improvement Team which meets on a monthly basis. The Practice Model Team represents all units and all disciplines within the Area Office. This is the primary Quality Improvement Team for Willimantic staff where we are addressing best practice issues inclusive of PIC principles. In addition there are five workgroups to address the priority needs of the region and the agency: Case Planning, Critical Thinking, Transfer of Learning, Family and Supervised Visitation, and Share Point. The basis for these teams is to enhance the quality of engagement and case planning with families, how to make better assessments of the families we serve, the practice of the PIC principles both within and outside the agency, the improvement of the content and discussion of case visitation to families, supervised visitation and documentation, and how to connect the office membership with the technological advancement and use of Share Point for everyday use. The team's focus is connected to that of the RAC and the RST.

### **Middletown Office**

The Middletown Office has a Quality Improvement Team. It is a venue to discuss activities of the Regional Steering Team, and reinforces all tenets of the practice model, PIC principles, and protective factors. The team meets monthly and is a cross section of all disciplines and levels of staff. Discussions are been meaningful and instrumental in changing some important practices, such as the use of the case plan for all internal meetings: MAPS, Permanency/APPLA teams, Interdisciplinary Review Team (IDRT) and case transfers. Staff has been very positive about this practice as they view it as something in which they had input, and has led to less redundancy in

paperwork, and recommendations have been adopted region wide. The office is planning a staff-driven learning forum to examine their practices and impact on kids, parents, and caregivers, and implement ways in which they can have better communication and outcomes. As a connection to the efforts made by the QIT and the office efforts to reinforce the PIC principles, during monthly management group meetings and in unit meetings, supervisors and managers discuss casework and reinforce the approaches and skills that promote practice model expectations.