State Advisory Council Minutes
Monday, December 1, 2014

Members in attendance: Elisabeth Cannata, Deb Kelleher, Erica Kesselman, M.D., Patricia Lorenson, Regina Roundtree,

Also in Attendance: Irma Camacho, Robert G. LaCamera, M.D., Fernando Muñiz, Susan Smith, Kristina Stevens

Members Absent: Janice Andersen, Claudia Carbonari, M.D., Jacquelyn Farrell, Lorna Grivois (for Donna Grant), Erica Kesselman, M.D., Regina Moller, Susan Sherrick,

Welcome & Introductions Patricia Lorenson

Meeting called to order at 9:34am.
All in attendance introduced themselves.
Dr. Erica Kesselman, appointed to SAC in the Child Care Professional category and is an OB/GYN at Day Kimball Health Care, Putnam, CT.
Robert LaCamera, a visitor, recently retired from the Birth to Three Council. He is also the Clinical Professor of Pediatrics Emeritus at Yale School of Medicine.

RAC/ Regional Updates

Deb Kelleher- Region 5. The last meeting was canceled due to expected low attendance.
Their final report of their recommendations to SAC was not finalized due to the cancellation.
The report is driven by the Educational Sub-committee, Adolescent Foster Home, Mental Health, and Social Work Knowledge and Caseload (this committee was focused on social workers working with the adolescent population because the RAC goal is to concentrate on adolescent issues this year.)
Some of the issues they identified are: inconsistent support, knowledge and interest on the part of the region in the transitions and educational planning for youth, foster parents not aware about what the youth were expected to learn. They decided that there needs to be more investment in education and pursuing programs that will help kids with their education.
-Region 5 recommends a review of the current job description and an outline of the responsibilities for the secondary education advisor. Also noted was the need for more education advisors.
-The Adolescent Foster Home Committee lamented over the few choices available to youth after age 18 although they are very excited to hear about the Cheer Program. Their recommendations include a 6 – 12 month dormancy period for youth who are signing themselves out so that signing themselves back in would not be as difficult. It was noted that foster parents lack sufficient understanding of the Life Skills Program that their kids are following. Parents need to assure their understanding and be invested in it.
-A direct message from the youth involved is that they keep one consistent worker in their lives.
The adolescents also requested a buddy program like the CAFAP foster parent buddy program where new foster parents are assigned a seasoned foster parent. They want that type of program to be developed for the youth. When a youth ages out they would have a job and get paid for being a buddy to a youth that is signing themselves out to help them navigate the world.
-The Mental Health Subcommittee determined that our systems of care need to be expanded. More needs to be invested in this and people need to understand how to better access it, have peer mentors, and ongoing support for families. One suggestion was to create hubs throughout the state utilizing their APGram models so that it easy for parents to find places to get help.
We should look more closely at the age at which youth can make decision because youths brains is not fully developed until 25 and consider that our kids with their inconsistent histories may have even more catching up to do.
The Social Work Caseload and Knowledge Committee recommendation: The youth want to have the same social worker and quarterly celebrations to celebrate good workers. They want the training amped to include youth rights. They liked the Kansas Youth Advisory Council Assessment and Questionnaire which has a lot of good information that can be given to share with their workers at the time they meet with them. It is a simple tool and Deb Kelleher noted she would send it to SAC members.
The request for drug testing of foster parents came from the youth. They feel very strongly that foster parents should be drug tested before they are licensed. Youth and biological parents are tested. Given the opportunity and responsibility to care for them, they would be more comfortable if the foster parents were drug tested.
The final report will be ready for January 2015.
This report would be posted on the SAC website in a regions recommendation folder.

Regina Roundtree-Region 4 was away during the last meeting but noted they have continued their work from summer regarding internal protocols and compliance with statute requirements.
Their structure consists of a (21) voting-RAC member body and the rest of the RAC is comprised of providers, and others that attend. The meeting schedule is on an alternating rotation where voting RAC members meet one month and the following month it is the entire body. Sub-committees meet during the off months to bring their recommendations to the RAC. The recommendations will then be given to DCF for review and brought back to the voting membership for a vote. At this point, they would implement the changes made by the committees.
RAC is fine-tuning the process of reporting the recommendations from the committees to the regions and those that require to reach the level of Commissioner's office.

Irma Camacho- Region 1- was not at the last RAC meeting as her attention has been focused on her agency and the transitions with Dr. Guzman's retirement. She deferred to Ms. Lorenson since who attended the meeting. There was a presentation regarding the Racial Justice project. It was announced that Maria Brereton RA was retiring and Ken Cabral has been appointed to take her place (coming from Region 5).
Discussion were held regarding disproportionality in region 1 mental health array of services. There are no beds in region 1 which is of great concern when you look at other regions that have 12 – 20 beds. It is difficult to understand how it developed and how to remedy it so that families in region 1 can their children close by if in psychiatric crisis. As a group Region 1 will be including this in their recommendations.

Dr. Erica Kesselman-Region 3- cannot address a regional report as she does not serve on the RAC. She will make an effort to meet with Donna Grant before the next meeting in order to bring information back to SAC. From the point of information, Ms. Lorenson noted that SAC determined that it was up to Region 3 RAC to appoint someone else during the Ms. Grant's leave of absence.

Elisabeth Cannata-Region 6- the monthly meetings have been very well attended by families and focus has been on recruitment strategies and recommendations for adolescent foster homes, for resource identification and obstacles to families knowing and accessing services. These are the areas that have work groups that meet monthly and strategize further.

DCF Updates DCF Commissioner's Team

Susan Smith noted that the following update reports will focus on the department for the coming next two years. Handouts are provided that underscore some of the work we are doing and some of the components grounding it. (Handouts attached to the minutes)

2015 Performance Expectations- (*Attachment 1 to the minutes*) This is an outline of the five measures that will be the focus of the agency in 2015. It was noted that this is a draft as some of the measures are still being re-worked but the performance expectations are solid.
The Department of Children and Families Reform, Commissioner Joette Katz (*Attachment 2 to the minutes*). This is actually something that has been posted on our website. It describes what the Commissioner's focus was when she started and some of achievements that have occurred in the past four years. We will report on how we are moving forward.

The Executive Summary (October 2014) (*Attachment 3 to the minutes*)
This is from the Children's Bureau and it outlines the core components to the child and family service reviews. Susan addressed this at the last meeting that we will be embarking on in 2016. This will lay out what it is about as well as some of the indicators which the department is going to need for compliance.

Children-in-Placement Dashboard (December, 2013 to November, 2014) (*Attachment 4 to the minutes*) is a one-pager of children in placement. Tonight it will be updated to show December.
It is broken out in regions and is available for every region and area office. It is updated monthly and can be provided upon request. Some regions are posting the one specific to their regions because this dashboard is broken out by region and area office (as noted at the top). It is something you should have to see how your region and each individual office compares to the rest of the state. This is a 30-second task that the staff can do for you.

Integrating QA & CQI (*Attachment 5 to the minutes*)
This is related to some of the work we are doing with CFSR and Sue Smith will get into the details during the report but it is a way to frame how we are thinking of approaching a CFSR when we embark upon it.

Transformation of Connecticut's Child Welfare System (October 14, 2014) (*Attachment 6 to the minutes*)
This is a power point presentation that Mr. Muñiz presented to CAN. It is a helpful document that encapsulates some of the work that has occurred, some of the vision, and projections in terms of some of the resources for the next couple of years. It is helpful for all of us to have some of the same information.

Fernando Muniz, Deputy Commissioner of Administration
Staffing changes at the senior level and SFIT for Region 1 and a budget update.
We held a statewide meeting of all the managers and directors last week and discussed the unique opportunity we have.
In the history of DCF, this is the first time a commissioner has been reappointed for a full second term.
Our Commissioner held a retreat with her Team about one and half weeks ago to assure that the Team was in place on day one. As a result she has made choices at the senior leadership level.
We were aware that Maria Brereton planned to retire in April after thirty years of state service. Because the retirement was coming, Commissioner asked that she move up early to central office. After her retirement we will be requesting the authority to appoint her as a 120-day retiree. A mechanism that the state has to bring back someone from retirement on a temporary basis for a special project. Ms. Brereton's special project will be to serve as the child welfare lead on developing the new case management system that will replace LINK. LINK was one of the first statewide child welfare information systems in the country when deployed in 1996. It was state of the art but now has become difficult to navigate. We have engaged with a vendor and have a team in CT that stays with the team in East Hartford. We plan to transfer Washington D.C.'s state of the art system, called FACES. We do not have a name for it here in CT yet and plan some type of naming contest. FACES is a web based, mobile child welfare information system and that will allow our staff to actually have tablets and laptops in the field

with this system. They will be able to pull up case notes in a family's home to review what was discussed the last time, assessments. FACES also has the ability for providers to tap in. For example, we will be able to give foster parents access to whatever they have a right to see in the system. Can have service providers directly input information and notes in case plans etc. There is a lot of functionality and it promises to be a great tool. Maria Brereton will be overseeing that project from a child welfare perspective to assure as they are modifying the DC system to fit our practice. We wanted to have someone who has a deep knowledge of child welfare that can make decisions about what is absolutely critical for us to have.
Ken Cabral, the current Regional Administrator for Region 5, has been asked to move to Region 1 starting the new term.
Vannessa Dorantes, current Office Director in the Torrington, a valuable up and coming leader in that area, will be Regional Administrator for Region 5.
Tina Jefferson, who has been serving as Interim Office Director for Hartford Office has been appointed Regional Administrator for Region 6.
Both Tina and Vanessa are rising stars in the department and have participated in some national leadership work that has been done through the Children's Bureau at the federal level. We are very excited to have them on the Team.
Lisa Lumbruno currently overseeing investigations in the Hartford office will be promoted to be the Office Director in Meriden which has been vacant.
We will be hiring someone to be the permanent Hartford Office Director.
We are very excited about the Team Commissioner has put together for the next term. This will allow us to "hit the ground running" come January when the Commissioner is officially reappointed. She has also asked those in the Commissioner's office to stay in their current positions, which will lend continuity with Michael Williams overseeing operations, Fernando with administration and Susan will stay with Quality.
Kristina Stevens will continue to oversee Clinical and Community Consultation.
Linda Dixon, appointed over the summer to oversee Adolescent and Juvenile Services, will remain on board.
We plan minor adjustments in the reporting structure and the like within the department.

The transition to the new system is expected to be done in 18 to 24 months.
The vendor is Deloitte and they stood up DC's new system in fifteen months. They were the original vendor and it was easier for them since they were transitioning their own system. One of the reasons DCF chose Deloitte is that they are the vendor that developed the market place for the Health Exchange in CT and so this will allow a beneficial connection and integration with DSS. The hope is to have an integrated information flow between DSS, DCF, and the State Department of Education. So where ever we have a legal right to pull in information, we will be able to do so seamlessly. We have teams of folks working on this. For the next two weeks we will be working on investigation and are pulling in the best investigators from across the state into small teams to show them the way DC system works, to identify what we need to modify, what is absolutely necessary that is missing and need to add. That work is ongoing and we are trying to be as aggressive as we can. Because it is connected to the Health Exchange we will be able to pursue 90% federal reimbursement on many pieces of it. Speaking to the workload issues that our staff have identified, a primary problem with LINK now is when staff go out in the field, do social work, they must return to their desk to enter all the information. In actuality it is not very helpful to the case worker. The new system becomes a tool for them. Indiana implemented such a system and estimated that before the new system their workers spent about 40% of their time entering information. When we discussed this with our own staff, it also rang true for them as they spend almost two days a week just entering data into the system. Indiana reports after the implementation of the new system, they cut it down to 20% time. So it almost gives them an extra day to conduct visits, meet with providers etc. It is a great opportunity.

Question: How does this interact with your PSDCRS?
Susan and her team will assure that this is completely integrated in with PSDCRS. A plan is being put together to assure there is no duplication of information between the two systems and for PSDCRS to become the platform for all service providers across all our mandates. Susan Smith is working with the vendor and will be speaking about this in her report. The name PSDCRS will be changed soon and considering PIE (Provider Information Exchange).
Susan noted the intention is to have complete integration. The department is looking to have that integration through DSS and a connection with State Department of Education. Also want to assure the system is seamless and allows us to populate as much as we can from other systems.
When the PSDCRS system was first rolled it out in 2009, the hope was to have a more centralized registry, to avoid duplication once a child presented once. There were a variety of things that occurred that thwarted that from happening. We will revisit that conversation.
Thought is being given to what type of referral format we would use so we can use a single referral form in some instances and then maybe add questions depending on the nature of the service and having that generate from LINK. There are things we are hoping we can ultimately do. The concept of integrating it into that is what we are pursuing.
Part of this also is looking at the dashboard environment. Not just the PSDCRS service component, but other matrix that may be helpful to the department's needs. On this theme of integration CONDOIT is the system that we currently use for JJ case management which is also getting integrated into this. No matter how a child/family comes to the department, we will have access to the whole information. From the demonstrations we have seen, it is very intuitive. LINK was like an onion peel, there were numerous clicks and processes to figure out. In this new system it is no more than two or three clicks for information.
Fernando added that when the department was interviewing and assessing various vendors, they were required to show what their system could do currently. And most of them just handed over an iPhone or tablet and said here, play with the system. Within a minute or so one could figure it out because it is not much different from the navigation one does on a website buying something. It has taken a lot of those intuitive concepts that we do every day. The next go will be much quicker and easier.
One year ago the department also conducted two survey processes of our staff to identify from them what some of the rugged points were in the current system we must have, what are some of the recording they would like to see, also trying to get from

their perspective. Again with an eye on integration we asked our facilities and various other units to give us their thoughts on how they'd like to see the system developed.

Deloitte has deployed this kind of system in twelve different jurisdictions. We saw five systems from five different vendors. There were others we liked but Deloitte has done this twelve times and it gets better every time. We are building on what other states have learned. Because they are building off the Washington system and a couple of others that are like CT, our model of practice is reflective in the system that they use. Their system already comes with the same assessment tools that we use. It comes with a case plan that is similar to what we have trained on. It has a visitation plan that is built into it. When you take a child into foster care, it forces you to outline how often this child is to visit with each important person in their family. So they have a great level of experience. They've also done states that have integrated child welfare and juvenile justice-like Delaware. They have experience across various domains which is one of the reasons we were interested. There was another vendor that was favored but we would only be their second and we preferred a vendor to be tested out in various places to assure they could do this.

Some concern was expressed about capturing the vast amount of case information as experienced during the LINK rollout. Mr. Muñiz stated that the department is addressing case data entry and the elimination of paper. The system is being developed from the perspective of the children, families, front line worker and everything that makes it easier for folks to find the information.
Deloitte believes that there should be no double entry anywhere. Getting ambiguous results is one of the challenges that Susan Smith and her team come across regularly in trying to develop reports.
In addition, the department is also trying to eliminate paper altogether. There will not be a file in the computer system nor a separate file. Even if we get a report from a provider that is on paper, it will be scanned into the system to have it as an electronic piece of the record rather than a separate binder for each case.

Brief update on the budget.
Mr. Muñiz addressed the governor's recent budget reductions and the staffing and hiring freeze.
He assured that the hiring freeze does not impact DCF social workers and supervisors. Front line staff at the department are not subject to the hiring freeze. We are still hiring at a rapid pace at this level.
We will struggle with replacing higher level managers for specialty positions that do not have direct client contact. We will need to justify them to get them through.
We were informed that they are taking about $9.5 million in rescissions from the current budget year that ends in June. The biggest part of that was a reduction in the residential boarding care line of about $6.3 million. There is another $600K taken out of juvenile justice outreach services.
Basically OPM has taken out money from the budget that we were projecting we would surplus.
In terms of actual services to children and families this does not impact almost anything in terms of the current services. There are two small cuts we will have to pass along to providers because they were cuts that were made in line-items that are specific to one provider. One is an $8,000 cut to Covenant Care and the other is $12,500 cut to neighborhood youth centers in New Haven. Because they are in separate line items, we have no flexibility of shifting money there. Those are cuts we will actually have to pass along. We will be able to absorb all the other cuts to this year's budget.
Before the rescissions were made, we were projecting that we were going to have a surplus of $10.7 million in residential board and care this year. We were also projecting a surplus $800,000 in No-Nexus special education. Both of these surpluses were based on the fact that we just have fewer kids in residential levels of care than we had in the past. Conversely we were expected to have a deficit of about $9.8 million in foster care (there are more children in foster care with specialized rates to meet their needs).

Although we stand to lose $9 million, these cuts do not sweep our entire projected surplus. We are going to use whatever is left of the projected surplus to cover the deficit in the foster care line. The only thing we are losing in the current budget year is flexibility. We had a small cushion in residential that we hoped would be repurposed for other things such as SFIT model.
We used to have the Safe Homes. Then when the policy decision was made not to place young children in congregate settings, the population for the Safe Homes dwindled down to almost nothing (this is a grant funded service type). Region 3 started to experiment with a shorter term model that is intensive in terms of family engagement which is a fourteen-day length of stay with a lot of family involvement in the process to stabilize young people and move them back to their families and communities. We decided that was a better use for the Safe Homes and started the process of converting the existing Safe Homes to use that clinical model. That transformation is under way but there is no Safe Home left in Region 1 to convert. So Dr. Linda Dixon (who is overseeing the congregate care work) is working with a number of other types of group homes, i.e. Pass Homes which are actually paid on a fee for service, per diem basis. The population for those homes are also shrinking and many of those providers are losing money. Dr. Dixon is working with a couple of providers to see if there is one in region 1 that can convert from a per diem group home to an SFIT so we can have at least one in every region.
Because they are populations that will continue to get smaller, many of the providers with those per diem funded group homes are coming forward to explore other options for what they can do or how to convert their services.

Juan F.
The department has been under a federal consent decree since 1991 and have had various exit plans and stipulated agreements. The current exit plan was renegotiated in 2005 with 22 outcome measures.
An agreement was reached with the Juan F plaintiffs in the beginning of the Commissioner's term that we would not wait until the end to certify any measures that we have been meeting consistently. The monitor has been going through a process that we call pre-certification where he actually takes a statistically significant sample of the measures, reviews them and determines if we

are actually meeting them. We have since, in the last four years, pre-certified 11 of the 22 so we consider them off the table. Ray Mancuso will announce this coming quarter that there are another two that he has pre-certified. Susan, Fernando and the rest of the team are putting together an action plan for a one year completion of Juan F. It will be a very aggressive push but we are trying to lay out quarter by quarter which measures we believe should be pre-certified, what areas are still left that need practice improvement, and we are designating a member of the team to be the lead in each of those areas to make a strong push toward our exit from Juan F.
The one year plan is from January 1, 2015. The hope is that by the end of 2015 we will be able to assert compliance with all the pieces of Juan F.

Concern expressed from SAC about losing the court monitor whose presence has prevented budget cuts that DCF could have sustained.
Fernando noted that in reality having Juan F prevented budget cuts for a very long time. But in today's fiscal climate it is no longer true. In the last four years we have sustained about $75million worth of cuts. So as we have been using less and less congregate and having fewer kids in foster care, all the money that we have saved has been swept back into the general fund. Meanwhile we've used about $1 million per year expense in monitoring. Half the time of the Office for Research and Evaluation is spent complying with Juan F measures rather than studying things that we actually think would be important for us to know about our practice. There is a significant amount of resource that goes into Juan F and it is no longer helping. The reality is that we are not really managing these measures any more. The measures we are using internally are much more sophisticated. It is not meant as a criticism of the monitor it is just that these were developed ten years ago and we know a lot more about what is important in child welfare by now and it is time to exit. The monitor is on board with this and we have been meeting regularly with him and the Juan F plaintiffs. He wants to see this come to some completion as well although skeptical that we can accomplish it in a year.
Fernando stated that one of the things DCF has discussed with the plaintiffs was that there be an agreement put in place as an order of the court that requires CT to sustain.
Take away the measures, let us monitor ourselves but keep the right to bring this back to court if CT backslides. We would have some agreement to that affect so they can have assurances that future administrations would not significantly cut the department.

Susan Smith, Director of Quality and Planning
Review of Integrating QA + CQI and Connecting the Dots (*Attach 5*)
Connecting the Dots is a representation of how the department will conduct the various review activities currently done as well as potentially replacing what the monitor does and supporting the CFSR. We are looking to our user case review process for that purpose. We have been working in partnership with Ray Mancuso (court monitor) on how this might be done. As Fernando eluded to, we want to have something that is sustainable, is internal and something that will help us with our focus on compliance with Juan F.

The question arose as to how the department assures that the children on the second track are receiving the ACR process included in quality review of their cases?
Ms. Smith noted that there are a couple of ways that we have in place.
Just in terms of fatality in general. There is this Eckerd Rapid Safety Feedback that we looking to implement which is a part of the care review process that allows us to look particularly at our in-home as well as our out-of-home cases to determine if there are fatality risks for children under 3.
Related to the DRS we also have a performance improvement service that is specific with the University of CT doing the evaluation of that service component. This is where we are able to get some of that separate evaluative review. Kim Nilson oversees the service site and provides regular updates to our leadership and administration about this. So through the provision of the services through the community service partner agencies, we are able to determine whether or not those folks are being served well.
We also have the data related to returning back into care. There are a variety of mechanisms that will allow us to also monitor those families that are being served in differential response.
Just in terms of the case review process, as you note, it is kind of an administrative quality assurance review process. It allows to look at the system in a more broadened and integrated way. It will also feed into the various other review processes and build upon the various teaming processes that we have. It is common knowledge that many of our staff view the ACR as being very compliance driven and done to satisfy the feds and support our funding requirements. Sue Smith considers this view as foolish and short sighted. There is a lot of rich information that is gleaned through the process. There is a lot of good facilitation consultative value that comes from ACR. It seemed that we needed to find a mechanism to better capture it and also allow us to think of others things that could be accomplished through that process.
We have been working with feds for the past several months and since June we have meeting monthly via telephone conference with the Children's Bureau to talk about how we can potentially modify our ACR process to serve the mandates of the CFSR. As reported at the meeting last month, the department will undergo CFSR child and family service review in 2016. We need 2015 to make necessary changes to allow us to move toward the review process for the CFSR. That also gives us the ability to think about how it can be connected to Juan F.
There are particular things that they are looking for related to the CFSR.
There are seven measures and seven systemic factors that they are looking at with respect to the department which we in turn will be focusing on and look to align with what Ray Mancuso is looking at.
In terms of the ACR process we want to have a more integrated approach than the current voluminous process that looks at a variety of things. CFSR looks at 65 cases. Our ACR process looks at 7,000 children and family. We wouldn't do the whole

ACR process for the CFSR, but we are still looking at a number that is significantly more than what the CFSR process would be. And to do it ongoing.
Similar to the CCOR process that you will recall we did, where we would conduct dry runs with the CFSR and each area offices. It took years for us to get through. It was not a very efficient process.
Knowing that they were moving to a round three of the CFSR and taking into account our resource limitations we sunset that process.
Vetting CFSR into the ACR has a lot of advantages. It can be done on an ongoing basis which would bring it into the broad stream. For the 2016 or 2020 CFSR we should be confident that we can show evidence, how we're doing as a state, we'd serve in comparison to jurisdictions.
During this year we will be doing a lot of work with our ACR process. We have done some of it last year. We engaged in an Inter-Rator Reliability Review, which is foundational and fundamental determinant whether or not we could prove integrity in the process. No surprises there were certain things that we saw that needed to be shaped up, but we'd been working on that since that year so as of a year ago. Ray Mancuso and Sue Smith have also been discussing the timeline to integrate certain components to the ACR process.
The feds came and conducted their site visit on November 21 to look at our ACR process and how it functioned operation wise. A presentation about how we plan to integrate this was done by representatives from our Office of Research and Evaluation, and representatives from the regions. Ray Mancuso was also in attendance. Verbally, the feds support what we were doing and that it would be integrated with what Ray Mancuso would like to have happen with the Juan F.
Using the Administrative Case Review process fully will allow us to evidence that we are truly achieving the outcomes is foundational to us exiting from Juan F.

Acknowledgement was voiced regarding the work and staff efforts involved in such an aggressive venture and concern for staff well-being.
Mr. Muñiz reported that various things are being done in terms of our own staff and things the department wants to put in place.
Jodi Hill Lilly, director of the training academy, Fernando Muñiz and others have been working on programs around professional and leadership development. Each of the offices has a Health & Wellness Committee with focus on employee health and wellness. Some funds have been budgeted for each health and wellness teams to bring in speakers to address self-care and stress relief. We are arranging to have the EAP provider, Total Care- a division of ESI, to come in proactively to talk about stress relieve and burn out. Historically employee assistance is a bad term inside child welfare agencies because folks do not want to admit that the work they do is traumatic to them. Even folks that have a fatality are resistant to it. We are trying to normalize some of that and expand the kinds of things we are doing for our own team and for our staff around. A couple years ago the conversation was about the secondary traumatic stress that folks experienced, but for a lot of our staff it is primary. They are responding to scenes and absorbing a lot of the trauma and experiences of families. Mr. Muñiz expressed his appreciation for the council's concern and assures that the department is trying to address it in a couple of different ways.
It has been a frenetic pace for DCF and the child welfare system, encompassing all the provider agencies over the past couple of years.

The department is in the process of conducting a statewide staff satisfaction survey with a minor modification. Fernando Muñiz has administered this survey annually for the past four years.
The leadership team developed the survey with a portion containing some common questions for the state and another portion with questions specific to each office. A manager in each location is responsible for coordinating the management's response to the staff. This format has doubled the staff participation level from last year.

Kristina Stevens added that our adoption of child and family permanency teaming is being done holistically as a team. It has evolved from our strengthening family's model whereby everything we do is in concert with family and the providers as a team. We have been able to pull back some of the processes to avoid duplication. Administrative and other meetings are now being done within the context of the child and family team meeting. It encompasses the family, the support network, and occurs every six to eight weeks.
Regarding Quality, we have been able to look at the ACR which is also a child and family team. It takes into consideration the various pieces of work, supports, services, what is working, what is not. This is another mechanism that will help to create streamlining and affords better practice.

Regina Roundtree asked how the department is branding DCF in the community's eye. How it is being portrayed to the public and how the good that is being done is being communicated to the public?
Susan Smith responded that we are working on our public image in a variety of ways.
The work being done by Elizabeth Duryea – Director of Development is an example. She is focusing on child welfare public safety campaigns that have a focus beyond the department and seeks to partner with the community and other sister agencies about the work we are doing in that area, to support safe sleep, and to abate some of the young child fatalities. She has also been actively pursuing grants and to publicizing some of the funds that we receive.
Ms. Duryea has been looking into Casey family programs and Annie E. Casey Foundation nationally. Both of them have done a lot of work around messaging and have conducted some sophisticated campaigns around this topic. We are planning to bring in one of their consultants to look at everything we are doing in terms of communication. DCF has a Twitter and Facebook presence. Gary Kleeblatt, Communications Director, puts out positive press releases around success stories etc. but we do need a more coordinated approach. You may already be aware that a lot of traditional media does not pick up positive stories about child welfare or even non-profits. For us it is about using non-traditional media and more social media to get the word out.

Dr. Kesselman added that she has been on the committee with Elizabeth Duryea regarding branding and projects. The group was comprised of 20 individuals from around the state representing different community service organizations. They considered campaigns that could be rolled out quickly, or things that have not been done in other states. They determined Safe Sleep could be done quickly because there had already been a lot of campaigns. After the second meeting they had already started to pin down the timeline and how to brand it. It was multi-ethnic and multi-linguistic, targeting not just big cities but more rural areas. They identified the needs and how to communicate across the board? This was very positive considering it was coming from an area where DCF is perceived as the enemy.

Michael Williams and Fernando Muñiz recently attended a meeting that included all the states that are under federal consent decree, the third such meeting that has been hosted by Casey Family programs. One of the sessions addressed communication and rebranding child welfare work in general.
Even in current crime show programs, CPS workers are regularly portrayed as having a bad attitude.
The same is true if a story about DCF appears in the newspapers. There always seems to be some type of negative connotation used in describing CPS staff, i.e. beleaguered or troubled. Often times when we are contacted by the media on an issue, the perspective that they start with is that there something terribly wrong.
One of the things the Alabama child welfare agency has done was to start a PSA campaign to try to brand child welfare workers as first responders. There are very positive feelings about police, firemen, EMTs as first responders but it does not extend to child welfare workers. They are trying to reframe and rebrand people's perspective about this work we all do. As an example, the Hartford Courant contacted the department recently about the number of runaways from DCF care and we redirected them saying it is much better than in the past and we actually have a low run-away rate compared to other CW agencies. When confronted with the data the story was not there anymore. They start with premise that whatever is happening is horrible.

Kristina Stevens, Director of Clinical and Community Consultation Support
Much was already covered by Fernando Muñiz and Susan Smith's report and will refrain from duplicating information.
-The PA 13-178 plan has been issued. It has benefited from a very responsive Governor who issued immediate action steps to that plan. A recurring question in the nine months of planning as to how this would not be just another plan was addressed by virtue of the Governor's immediate action that has demonstrated that this is different.
Many families have contacted us directly since the report was issued to express their gratitude that their words were heard and their voice is in the report. Of the 780,000 children in CT and the broad mandate of children's behavioral health across the state, it was very important that we speak with as many consumers in the course of the plan's development. We also had the benefit of providers and stakeholders who offered their expertise, historic perspective, and their current perspective- all tremendously valuable. Evidence of this shows through the child advocate's report that was just released regarding Sandy Hook. The parallels were very clear. Critical to anything we do as we continue to build a system is early identification, screening, and early treatment. By early we mean more than just early childhood. Symptomatology may not demonstrate itself until child is 10, 12, 13, or 15 and what families said is the notion that their child would have to *fail up into* the system even at that juncture was heartbreaking, frustrating, and emotionally draining. Internally the recommendations we put forth have been embraced by our leadership team. Every procurement made is now done through the lens of PA 13-178 children's behavioral health. As we consider program development and design we ask ourselves critical questions – i.e. whether this will keep the system where it is today or will it build us to where we need to be. We have to challenge ourselves to think broadly about other opportunities.
We are already working on certain pieces like SFIT, as you heard from Susan & Fernando, and making modifications to that.
We heard that we needed more "price stabilization and crises stabilization."
As we talked with emergency departments and responders, we heard price stabilizations- and prevent kids from actually presenting at the ED. The Governor gave us the opportunity to move on this quickly. We are hopeful we will move to the expansion of our emergency mobile psychiatric teams at the beginning of our next fiscal year, July 1. The budget matter is still being worked out but we are confident about it.
The legislation included language that emergency mobile psych and school boards of education must have an MOA with one another.
The other point mentioned in our report, as well as in child advocate report, was the role of school and pediatricians. One of the things that always stands out in our report is the notion of the care management entity.
-To address your questions about how are we addressing quality assurance regardless of where kids are. Kids should not have a different QA experience because they are affiliated with the department, nor should they have a different treatment experience because they are affiliated with the department.
We have made a lot of gains in making more and more of our service types available broadly. A small fraction, 17%, of the kids are DCF kids receiving community based services.
-We were attracted to the notion of care management institute which has shown a success in numbers of jurisdictions across the country. It provides an opportunity for robust quality assurance, treatment planning, intensive care coordination (a coordinated effort between the pediatric and mental health). Again, all of these things come through in our report and in the Child Advocates report.
-DCF have been working in concert with our colleagues at DDS around the autism spectrum. A piece that we'll be doing together with folks at Value Options and others. We have already heard from providers interested in expansion around the PRTF model.
–We are making the conversion from the Safe Home to the SFIT (Short-termed Family Integrated Treatment), which provides more crisis stabilization in a family intensive way. We have the benefit of Wheelers program and the Children's Center that we have been able to learn from. They have done exceptional work in stabilizing kids and getting them back into the communities with their families.

-We also know the emergency mobile psych numbers are really high. When the call is made, more and more kids are successfully maintained in their community and their home, avoiding the experience of a secondary trauma from going to a deeper system.
We are working on those amendments as well.
-We are continuing our conversations with the private insurers. Kristina commended the partnership between Wheeler Clinic and Anthem which is an acknowledgement on Anthem's part. As they looked at their consumers and noted that there were a lot of kids showing up at the emergency department or going in-patient, they recognized that they could be part of creating a different solution and chose to work with a known, respected provider who could help them do this.
Now there is an intensive in-home model that is yielding some very exciting outcomes
-We have seen that in New Jersey- they had the benefit of doing some work around a care management entity and their results are demonstrating so much success that the private insurers are now paying attention to that. Whether they are motivated by the bottom line or around child and family wellbeing it gets us to the same outcome.
These are some of the things we have started moving on quickly that we felt we had some ability to move independently and are excited about.

SAC Membership Updates
Ms. Lorenson recapped the many issues around SAC membership and the legislative framework.
Last month she submitted a quick summary of information she found in CT general statutes, to clarify and support some changes needed.
She also directed an email to the office of Boards and Commissions at the Governor's office, and cc'd the membership committee which addressed legislative aspects of SAC's questions. Ms. Lorenson has not heard back from the two people in charge of the appointments at the Governor's office. She did receive an email from the associate general counsel at the Governor's office asking her for her phone number to discuss the questions. There are 9 questions about legislation including the framework for all of these councils. To date she has not had the conversation with her to clarify some of these questions but they include the following:
- Review the requirements for this group.
-The extensive information form we have to fill out that are not RAC connected but have to fill out.
-Are we really public officials serving here as members of the outside community, to suddenly making that transition over.
-Another piece, over half of our council are supposed to be members who do not have a connection in terms of receiving income from private practice or any public or private entities that delivers mental health substance abuse, child abuse prevention and treatment of child welfare services or juvenile service. Who tracks that?
Ms. Lorenson expects something will come out of her conversation that will help SAC go forward as to what we need to be doing. Noted the basic structure of how this was set up no longer works for us.
Hoping to get something in writing from them and plans to document it in a follow up email with this person if it gets to that point.

SAC chair interest
Janet Andersen has not submitted her resignation as SAC chair but has stated her intention. Her membership term is renewed through June of 2015.
Ms. Lorenson needs someone from the membership to step up, and recommends co-chairs for SAC. She encouraged anyone interested to contact Patricia Lorenson or Commissioner's Office.

Looking to have an election for SAC co-chair in January. Members were asked to think about this.

SAC Topical Presentations for CY2015
-The report for Citizen Review Panels due in April or May.
-Send a reminder to RACs in January about the time frame, to report what they have been doing, and what recommendations they have.
-Follow up as to whether the 2015 CRP funds have been sent to FAVOR. Fernando stated that it would be paid out as part of their quarterly payment so FAVOR should have it.
-Need to begin work on the 2015 CRP application to send out and get the process moving.
SAC should look at what their own budget should be. Twice we have already used all the money for the retreat. May need to think in terms of keeping some aside to have as stipends for people who attend these meetings who need help with child care, transportation etc.
-Consider a 2015 retreat again and start of plans.
-Decide on the strategies and format of SAC meeting for the next year (2015).
-Determine if there is a department calendar that SAC can run parallel that focuses where the department is going and tap into for information. In response, Mr. Muñiz noted that the department will be scheduling some performance management meetings with all the regions on a regular basis. Also planning to schedule a couple of more statewide provider meetings. In addition he recommended the Juan F reports schedule because there is a lot of rich information about the service system and how the department is doing in terms of performance.

SAC CY 2015 Schedule
-Ms. Smith recommended a planned agenda for CY2015 to draw interest, help with membership and attendance.
-Schedule presentations for the calendar year to give people an opportunity to plan their attendance when something of interest to them is scheduled.

-Modify the SAC meeting schedule to include one of two per year to obtain and accommodate parent participation.
-SAC rebranding

SAC Vacancies
Dr. Kesselman, recommended to tap into each Regional Administrator asking them to identify a parent that may be a potential candidate for SAC membership.
Questions arose regarding parents in FAVOR for SAC membership in the parent/family category– would it be considered a conflict of interest. Pat Lorenson responded that part of the legislation says no more than ½ the members shall receive income from a private practice or any public or private agency that delivers mental health or substance abuse. Mr. Muñiz stated that many of the parents that FAVOR and the other family advocacy organizations could bring to the table do not work for the organization. They are folks who are involved in various committees and are active as volunteers. It would be important to differentiate between FAVOR employees, volunteers and parents they serve. Because of their family advocacy work, asking FAVOR or AFCAMP to identify some potential families to serve would be appropriate.

Department Web Page updated with SAC information will be beneficial.

Meeting adjourned at 11:30am