

STATEWIDE ADVISORY COUNCIL (SAC) to DCF

The duties of the SAC members are:

1. To promote collaboration in regards to the Strategic Plan for youth, family and provider involvement
2. To gather information about “asks” identified by the DCF from RACS and other interested parties
3. To attend SAC meetings and present concerns and feedback about the DCF
4. To advocate for racial justice, child welfare and behavioral health for all children in CT

Minutes: May 3, 2021

Meetings are from 9:30-12:00, 1st Monday of the month

1. Introductions and Attendance

Members: Sarah Lockery*, Myke Halpin*, Irv Jennings*, Ken Mysogland, Michelle Sarofin*, Suprena Shuler*, Elisabeth Cannata*, Chris Scott*, Susan, Deb Kelleher*, Judy Eisenberg*, Damion Grasso*, Jennifer Nadeau, Samaris Rose

Guest: Aimee Mitchell (Chief of Staff, RI DCF), Johanna Schmidt, Sergio Alvarez, Malcolm Blue, Sarah Gibson, Jon Jacaruso, Stan Kasanowski, Kim Nilson, Joyce Taylor

2. Minutes - approved

3. Membership

a. PENDING SAC APPOINTMENTS:

- Recommended for appointment from Governor: Christopher Scott, Samaris Rose-Smith, Deb Kelleher, Sarah Lockery, Stephanie Cotton, Elisabeth Cannata, Amani Sehloui, Ann Smith.
- Ken will ask Vinny to reach out to Governor’s legal division to confirm background forms should be completed and submitted

b. VACANCIES:

- Child Psychiatrist, (CT Licensed Healthcare provider)- VACANT
- Adult caregiver of youth involved with services (behavioral health, child welfare, juvenile justice)- TWO VACANCIES

4. SAC Member Advisement

a. RAC reports

Reg 6

- CRP has been meeting regularly to determine a focus area. They are committed to identifying a racial justice data point.

Reg 5

- The CRP is honing –in on their focus area. They are looking to begin interviewing families who have children with complex medical needs about experiences with DCF. There is interest in learning when and how to DCF parent rights brochure is presented to families.

Reg 4

- Most recent meeting included presentations about DCF racial justice updates, Implicit Bias training, Fatherhood break-thru services
- Recommend that the implicit bias training be split into 2 sessions and allow more time for discussion. There is interest in making the training available to parents

Reg 3

- Agree with Reg 4 recommendation to divide implicit bias training into 2 sessions
- Family Advisory Board is drafting a speaker series for the summer

Reg 2

- Most recent meeting included presentation from DCF about racial justice initiatives. A case scenario was used to illustrate the work and this approach generated a lot of discussion. The RAC is considering what data points to monitor and at what interval.

Reg 1

- Recent meeting included presentations about dental care.

- The Youth Advisory Board focus is on:
 - Resolving barriers to opening bank accounts. A co-signore is needed to open an account
 - Youth recommend using term “heart parent” rather than “foster parent” and “youth empowered” rather than foster youth
 - Questions about Covid vaccine
- A PowerPoint was created that defines the purpose of the RAC. The PowerPoint was shared with the SAC and all those present congratulated the Region 6 RAC on creating terrific presentation.
- May 22- DCF racial justice presentation

b. SAC member reports

Chris Scott- Sun Scholars is working on a virtual event for May 19 that will showcase policy recommendations from youth involved with foster care and adoption

c. SAC Legislation Committee Report: Sammi and Amani, Co-Chairs

No report

5. SAC Budget Balance: \$16,596.26 - \$250 (April) = \$16,346.26

6. DCF Report

a. Reopening Updates

- The Department just held a Town Hall about resuming in-person contact as of May 20th. After that date, workers will be expected to be making in-person contact, unless there are circumstances that would make a virtual visit more appropriate (that decision would be triaged).
- The Department is not open to the public yet, and DCF is waiting for more guidance from the Governor's office on this.

b. Family First

- The draft Family First plan will be presented to the Governance Committee tomorrow (5/4) and there will be a two-week public comment period in which it will be sent to all staff and community partners, as well as the families who have participated in the "Parents as Experts" conversations.
- Components will be added based on the feedback, and it is on track to be submitted to the Children's Bureau by the end of May.
- On May 17th, the SAC will host a feedback discussion about the plan.
- One SAC member asked if Ken could reiterate who is on the Governance Committee and Ken shared that it is made up of:
 - Commissioner Vannessa Dorantes
 - The DCF Executive Team
 - All internal and external co-chairs for the Family First workgroups
 - Commissioners of DSS and DMHAS, and other state partners
 - Several community partners
 - A youth and parent voice

c. Strategic Plan, Child & Family Services Plan (CFSR) and APSR, Ken Mysogland

- The Strategic Plan is currently in draft form; Ken would like to have Trenea Mazzotta (Bureau Chief of Strategic Planning) join to discuss this with the group.
- DCF has gone through its five key goals and based the Strategic Plan around that.

d. Child Safety Practice Model, Kim Nilson, Dr. Joyce Taylor

- Kim Nilson works for DCF and Dr. Joyce Taylor is a consultant.
- For more information, please reference the PowerPoint that was shown.
- When developing the practice model, Joyce did an inventory of other states and found that many are using their own practice models, many of which do not fit Connecticut. They wanted to build on what CT already does.
- SDM is the most suited for CT and will stay as an essential practice element.
- There is an implementation team and stakeholder involvement.
- The purpose and intent are:
 - Increasing consistency of safety-related language

- Increasing consistency of decisions and outcomes
 - Clarifying interactive expectations for frontline staff, supervisors, and partners
 - Unifying the statewide internal/external understanding of safety concepts
 - ABCDs of CT Child Safety Practice Model
 - 8 Guiding Practice Commitments
 - Key Features:
 - Safety assessment
 - Practice profiles
 - Discussion guides
 - One SAC member asked how this ties into the seven key results of the Department and Family First. Joyce explained that this is relevant to both because the model affirms the need to keep children safely at home whenever possible.
 - Another question was asked around the language of "keeping kids safe" - from whom are we keeping kids safe? It seems this may tie into assumptions of parents being a danger to their children. Joyce replied that there is a distinction between safety and risk. In the safety assessment, a child is determined to be either safe or unsafe. If they are unsafe, we may need to develop a safety plan. The question is whether it has come to a level where we must consider removal, and if so, how do we mitigate that? Ken added that this helps provide a framework so that we look at safety in the same manner--this is an opportunity to create a shared understanding of language.
 - A SAC member asked whether there are levels/tiers of safety and risk. Joyce said yes and that they would share some examples. They will also adapt trainings to resolve some looseness and clarify risk tolerance.
 - Another member said that few providers do all the things listed in discussion guides--how will this impact providers? Joyce explained that each workgroup related to this is narrow and made up of people who are familiar with the topic, so they have not chosen providers that are unfamiliar with the specialization listed. They looked at who works most frequently with each group and are aimed at earlier intervention.
 - Practice profiles:
 - These are tools to operationalize a program/practice that uses stakeholder engagement and research methods to incorporate practice based in research evidence.
 - Focuses on skills and critical thinking; QA mechanism
 - Discussion guides:
 - Essential practice skills for CT:
 - Example (draft) of Age 0-5 discussion guide
 - ABCD--concerns and protective factors
 - What will be different? What will not be different?
 - Timeline
 - All documents will remain as drafts until they undergo the final review
 - In August 2021, focus groups will be held; Kim and Joyce would love the SAC's input on who should participate
 - One member asked whether there would be trainings for providers. Joyce said that they do not anticipate this; they have had requests for this in the past. Kim added that they can give providers more SDM info, but this is not necessarily connected to the model.
 - Joyce and Kim would love feedback on the questions and items listed, as well as suggestions for where they should hold community-based presentations.
 - A SAC member shared that they are excited to raise the bar and shift the mindset around child safety. The discussion guides mention drawing strengths from the interviewee as a skill--we want to enhance these abilities and train staff in this (especially at the Careline). This is reflective of broader strengths-based discussions. Joyce agreed that having strengths-based discussions is key but not always present in all jurisdictions.
- e. **Service Outcomes Advisory Committee (SOAC)**, Elizabeth Duryea, Melanie Sparks & Yari Ijeh

- The purpose of SOAC is to ensure that all contracts have clear, measurable performance outcomes metrics (POMs) and promote greater collaboration across DCF divisions and with external partners into contract development and performance review.
- There are several benefits, including enhanced program management, procurement, service evolution, and data management.
- The development is led by a leadership team and standing members. There are additional POMs development teams; ideally there will be six operating at all times to get through the 80 service types.
- POMs Development Process:
 - Gather data/fact find
 - Identify program goal
 - Isolate key program elements
 - Generate outcomes
 - Develop measures (measures = achievement of outcome)
 - Pinpoint metrics (metrics = level of achievement)
 - Cultivate data points
- Subcommittees will focus on service bundles, go through the POMs Development Process, and then repeat the process with each bundle.
- This will be entirely virtual. The team is estimating this will take 4-5 meetings (each meeting will be about a half day), which amounts to two full days total (16 hours) over two months). This amount will be sufficient for each service type.
- One person asked whether POMs teams will include model developer/researchers who may be able to help identify outcomes. Elizabeth replied that they are an important voice, and although they are not part of the POMs team, their input can definitely be a part of the continuum. Melanie added that they envisioned having them as a technical advisor. Harvard GPL is supporting this as well.
- In addition to presenting to the SAC and organizations, they would also like to present to the RACs.

7. SAC Assignments:

- a. Child Safety Practice Model--please provide feedback directly to Kim Nilson or Dr. Joyce Taylor or send to Sarah and she will summarize all comments from the SAC and submit.
- b. Service Outcomes Advisory Committee will be seeking opportunities to present at each of the RACs
- c. Monday, May 17th: please hold this morning free as the SAC may have a special session about Family First
- d. Please inform Sarah and Myke about your preferences for in-person vs remote SAC meetings

Next meeting: June 7, 9:30