

COUNCIL ON WOMEN & GIRLS- SUBCOMMITTEE ON HEALTH & SAFETY

DATE: Tuesday, June 23, 2020

TIME/ LOCATION: 10:00am – 11:30 a.m. / Microsoft TEAMS Meeting

Members/Designees: **Miriam Delphin-Rittmon** (Subcommittee Tri-Chair, Dept. Mental Health & Addiction Services); **Jodi Hill-Lilly** (Deputy Commissioner, DCF for Vanessa Dorantes, Subcommittee Tri-Chair); **Beth Bye** (Subcommittee Tri-Chair, Office of Early Childhood); **Stephen Hernandez** (Executive Director for the Commission on Women, Children and Seniors); **Valencia Bagby-Young** (for Jordan Scheff, DDS); **Karin Bent**, (OEC); **Anne Bonito** (Office of Early Childhood); **Thomas J. Saadi** (Commissioner, Dept. of Veteran Affairs); **Colette Anderson**, (CT Women’s Consortium); **Nicole Cossette** (Office of Early Childhood); **Donna Palomba** (Jane Doe No More); **Janet Alfano** (The Diaper Bank); **Kathy Flaherty** (CLRP); **Kim Martone** (Office Health Strategy); **Matthew Drago** (Yale Dept. of Pediatrics); **Ashley McAuliffe** (Office of Early Childhood); **Melissa Kane** (CAGV); **Gretchen Raffa** (Planned Parenthood); **Jane Siegel** (DVA); **Mary Cooper** (CHA); **Shelly Nolan** (DMHAS); **Hilary Felton Reid** (Robinson & Cole); **Lucy Nolan** (CT Alliance to End Sexual Violence);

Visitors/Presenters: Steven Hernandez, Esq.

Recorded by: Diane Fasano (Dept. of Children & Families)

Transcribed by: Daisy Hopes (Dept. of Mental Health & Addiction Services)

MINUTES

Topic	Discussion	Action
Welcome and Introductions	<p>Commissioners Bye and Delphin-Rittmon welcomed the subcommittee members and thanked them for being on the call. The meeting was called to order at 10:00 AM by Commissioner Bye. Commissioner Dorantes, a Tri-Chair, was unable to attend the meeting and Deputy Commissioner Hill-Lilly attended on her behalf.</p> <p>All subcommittee members, designees and attendees introduced themselves. Commissioner Saadi thanked his Staff Attorney and Jane Segal for attending these meetings on his behalf during his absence; this was his first meeting back after returning from mobilization.</p>	
Statewide Collaborative on Social Emotional Learning Update	Mr. Steven Hernandez, Esq., Executive Director for the Commission on Women, Children, Seniors, Equity and Opportunity gave a presentation on Social Emotional Learning (SEL). Mr. Hernandez gave a history of SEL work which	The Health and Safety subcommittee will support the work

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	<p>started after the passage of the State’s anti-bullying statute. The statute was very comprehensive and preventative and required schools to look at the school climate and report on bullying.</p> <p>The Anti-bullying law led to a look into social emotional learning to better equip children and allow the policy to inform practice. Social Emotional skill building Mr. Hernandez said, is a skillset to be delivered to children at key stages of their growth to set them up positively for life.</p> <p>The SEL Collaborative worked with partners to better understand bullying and learned that when school climate improved it meant that social emotional skill set was being developed and those schools that struggled were not teaching these skills. Mr. Hernandez went on to explain that identifying your emotions, speaking what you are feeling and communicating them are some of the skill sets of social emotional learning. The belief is that social emotional learning skill building cannot be taught after school, it should be learned every day and throughout the day since it impacts how we behave overall as human beings towards each other. It is the skills we all use during an interview and when communicating with others and so the Collaborative started talking about SEL as a critical skill to develop successful children and see SEL as an asset that must be developed.</p> <p>As the COVID-19 pandemic hit, we all had to retreat; it highlighted the importance of reaching out and connecting with others, empathy was necessary and also life changing. Empathy and connection can be a protective factor to help with some of the social issues we deal with now such as implicit bias and racism. Social Emotional skill building is an important life skill to deal with lifelong issues including dealing with people in the workplace and it is equally important for children and adults.</p> <p>Equitable access to the skill set is important to help deliver the skills to young children experiencing early trauma to enable them to understand each other deeply, communicate with each other better and express their emotions more freely.</p> <p>Equity in developing the skill set was an area identified by the subcommittee to</p>	<p>of the SEL Collaborative and assist with championing achieving equity in developing the skill set as well as any legislation that is put forward.</p>

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	<p>support going forward.</p> <p>Mr. Steven Hernandez noted that delivering the SEL skillset equitably to all children in CT is a resource issue but one the collaborative is working on.</p> <p>After the presentation, a conversation was facilitated by Commissioner Bye on how to enhance SEL in the schools through legislation and what this subcommittee might be able to move forward. The Health and Safety subcommittee wouldn't duplicate ongoing efforts but rather support the work of the Collaborative in achieving SEL Equity. Melissa Kane (CAGV) will represent the H&S subcommittee on the Collaborative to help coordinate efforts including legislation.</p>	
<p>What did COVID-19 Magnify/illuminate for your organization? How does that inform the focus/work of this Committee?</p>	<p>DCF, Deputy Commissioner Jodi Hill-Lilly facilitated this discussion. She said the convergence of everything going on lately – the racial unrest, economic downturn and the COVID-19 crisis has lent itself well to having the SEL conversation at this moment. DCF has been discussing creating a safe culture on having a dialogue and sees an incredible need to regulate. DCF is already having conversations on the disproportionality of COVID-19 infections as seen in the data and spending a considerable amount of time on how to regulate to generate productive conversations. She invited others in the meeting to share their story related to the impacts of COVID-19 on their organizations.</p> <p>CHA, Mary Cooper said the CT Perinatal Quality Collaborative finished application and got accepted with 40 other states by The Alliance in Innovations and will be focusing on disparities in healthcare for maternal and child health and measuring disparity in race and ethnicity. She further said, CHA has been working on sharing best practices across hospitals including innovative strategies such as breast feeding support through telehealth. CHA is also doing social determinants of health screening across the state and a lot of activities related to COVID-19 around disparities in health care outcome impacted by race and ethnicity. They are having weekly calls with hospital systems on mental health and substance abuse and saw a huge downturn initially of people coming to the hospitals for mental behavioral health services but now hospitals are beginning to see a huge uptick. They are doing more than just preventing the disease spread across the hospitals and focusing more on finding the balance in the overall</p>	<p>This conversation prepares the agencies represented in the meeting and the state of CT in general to address COVID-19 related issues should there be a second wave in the Fall.</p>

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	<p>health of patients.</p> <p>CT Alliance Against Sexual Violence, Lucy Nolan said their organization is looking at alternate contact methods; they have 2 hotlines in the state that people can call to get help. One challenge they see is how to get college students to call for support but they have received funding to provide support to this group through texting. Their centers were open throughout the pandemic.</p> <p>Department of Developmental Services (DDS), Valencia Bagby-Young said dealing with individuals with intellectual disabilities and COVID-19 has magnified existing issues for people with cognitive problems. It is very traumatizing for their clients at this moment when they have to go to the hospital and not be able to have family with them. DDS is working with other agencies to ensure support is available when their clients go to the hospital. DDS clients may be unable to wear a face mask for medical reasons and are not allowed to access doctor's offices without them. Testing is also challenging to find for this population so they are working with Providers to make sure that access to COVID-19 care is available for their clients</p> <p>Diaper Bank of CT, Janet Alfano addressed the disproportionate impact of COVID-19 on communities of Color and thinking about the challenges of how to lead and care for staff that are impacted by COVID-19.</p> <p>Office of Early Childhood (OEC), Commissioner Beth Bye shared data she recently looked at that has to do with food and formula and identified a few pain points she thought the subcommittee should look into. The data showed that 40% of SNAP & WIC recipients run out of food last month and 38% had difficulty accessing 3 or more core food items; 33% of families needing baby food and formula had difficulty find them and the data showed disparities by race, ethnicity and place of residence. OEC is looking at this data in terms of women and children not having access to food and the long term implications and asked if anyone in the meeting know how to improve food access. Janet Alfano from Diaper Bank added that she has heard this is an issue around the country. OEC is thinking of buying formula through the ESF's and distributing through home visits. Mary Cooper from CHA mentioned that they have seen an increase in</p>	

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	<p>breastfeeding which could be a result of these food shortages.</p> <p>CCADV, Ashley Starr Frechette echoed Lucy Nolan’s comments on the increased importance of alternative contact methods during the ongoing pandemic. She noted in the TEAMS chat that “CCADV continue to see an increase in calls, texts, and live chats to their hotline and it has been very important to have that option to text or live chat when they can’t safely speak out loud. IPV has always been there, Covid-19 has just magnified it and increased the isolation that victims are facing.” She added that they “continue to get more calls with concerns around food, housing, well baby care, transportation, lost wages, health resources, etc. Some helpful resources have been moving TRO applications online and increasing collaborations with community partners to get the word out about resources available across the state.” Also, in the health care world they are really “encouraging all health professionals to include IPV resources in their telemed and in-person appointments.”</p> <p>http://www.ctcadv.org/projects-initiatives/health-professional-outreach/</p> <p>Planned Parenthood (PPSNE), Gretchen Raffa said that COVID-19 has impacted patient’s ability to receive time sensitive care. They are providing telehealth services but it is not accessible to all patients. Transportation and access to care has been a barrier to their clients. She added that PPSNE is an essential community health care provider but was not included in the federal care package; they are running at a deficit with a loss of \$2.1M due to federal administrative rules. Preventative reproductive health care and affordable services are issues impacting people in minority communities but the COVID-19 crisis is impacting and has magnified the ability for Planned Parenthood to continue their work.</p> <p>CT Women’s Consortium, Collette Andersen talked about Behavioral Health Professionals working in the field and the impact on them and their families. Her organization is running learning collaborative online and has seen an uptick in Behavioral Health Clinicians who are attending virtual trainings covering Diversity Training, Grieve, Loss & Mourning, Trainings on Resilience, etc. They are doing work on ‘One Key question’ online. Classes online are filling up fast.</p> <p>Dept. of Mental Health & Addiction Services (DMHAS), Commissioner Delphin-Rittmon said social distancing doesn’t have to mean social isolation.</p>	

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	<p>DMHAS is trying to create different entry ways and opportunities for healing for healthcare providers and opportunities for connecting and stepping up services. Stepping up virtual ways for people to connect; support through community providers doing online family groups, streaming Yoga online to name a few. Since not everybody has access online, DMHAS has expanded crisis teams and expanded hours of work. The Women’s REACH Navigators are doing a lot of virtual work with women to support ongoing needs.</p> <p>Yale New Haven Health (YNHH), Matthew Drago commented on YNHH support on community pediatrics and providing resources for families. YNHH is doing follow up phone calls with families and arranging for newborns to be seen in pediatric ED settings especially children born to mothers who are COVID-19 positive. Dr. Drago has been involved with children going back to school and follow up to ensure kids are up to date on their vaccinations. He is also working with special needs populations to ensure they have access to services.</p> <p>Commissioners Bye and Delphin-Rittmon thanked everyone for their participation.</p>	
Adjournment	The meeting adjourned at 11:33 am	Future subcommittee meetings will be posted online.