

COUNCIL ON WOMEN & GIRLS - SUBCOMMITTEE ON HEALTH & SAFETY

DATE: Monday, April 22, 2019

TIME/LOCATION: 11:30am-12:45pm / Legislative Office Building, Room 2600

Members/Designees: **Beth Bye** (Subcommittee Co-Chair, Office of Early Childhood); **Vannessa Dorantes** (Subcommittee Co-Chair, Dept. of Children & Families); **Dorinda Borer** (Representative); **Roderick Bremby** (Dept. of Social Services); **Renee Coleman-Mitchell** (Dept. of Public Health); **Miriam Delphin-Rittmon** (Dept. of Mental Health and Addiction Services); **James Rovella** (Dept. of Emergency Services/Public Protection); **Thomas Saadi** (Dept. of Veterans Affairs); **Valencia Bugby-Young** (Dept. of Developmental Services); **Kim Martone** (Office of Health Strategy); **Cherie Gabrielle Phoenix-Sharpe** (Office of the Lt. Governor)

Visitors/Presenters: **Mary Tuscano**, (Community Stakeholder); **Cathy Zeiner** (YWCA Hartford Region); **Michael Davis** (CT State Police); **Tyler Anderson** (Robinson & Cole); **Shelly Nolan** (Dept. of Mental Health); **Kristina Stevens** (Dept. of Children & Families); **Haley Scott** (Office of Early Childhood)

Recorder: **Mary Ives**

MINUTES

Topic	Discussion	Action
Welcome and Introductions	Commissioner Dorantes welcomed the group at 11:34 am and asked everyone to introduce themselves.	
Overview of Goals & Process of the subcommittee	Commissioner Bye provided an overview of subcommittee goals and asked the group to think about additional areas of focus. Commissioner Bye reviewed the history of child protection, issues of disparity, and the need for more quality child care.	Goals will be evaluated based on the discussion generated by the membership of this subcommittee.
Equity Lens for our work	A discussion was facilitated by Commissioner Bye and Commissioner Dorantes on the intersection of race and gender being an important framework for this subcommittee. Yale conducted a study in which preschool teachers were asked to observe preschoolers and push a button anytime they felt a behavioral issues was about to happen. The study demonstrated implicit bias in that black male children were watched more closely the white or Latina children. DCF has held racial summits to address these issues.	The group will collectively maintain this lens as a framework moving forward. Due to technical difficulties the video count not be viewed but will be sent out to the membership to view.

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<p>Health and Safety Program Overview – Early Childhood Consultation Partnership</p>	<p>Kristina Stevens (DCF) gave a presentation on the “Early Childhood Consultation Partnership (ECCP.)”</p> <ul style="list-style-type: none"> • Walter Gilliam has been a strong partner in research. • The ECCP has reduced the rate of suspension and/or expulsion for children 0-5 years old due to behavioral and mental health concerns. • Connecticut has the 9th highest rate in the country. • Commissioner Bye noted that many ECCP professionals are predominantly white and in their 50’s, and she would like to see more diversity within this group. • Open discussion of Child Specific Service Intervention: <ul style="list-style-type: none"> ○ currently there is a wait list; ○ roughly 76% of the referrals are from schools; ○ CSSI is consistently the highest utilized ECCP intervention. ○ for children receiving ECCP services the numbers have decreased for those being suspended /expelled. ECCP is nationally recognized. <p>Q: How can we identify the children who are waiting for services? A: We are trying to use SAMHSA grant funds to do work in the elementary schools and to also look at what other services may be available until ECCP services available. We are trying to bridge the gap. There was a brief discussion of the lack of safe and affordable child care.</p> <p>Q: Why is there a wait list? A: Funding issues.</p> <p>Q: Are the reductions in the number of suspensions/expulsions- is that child still in school? Is the decreased rate due to finding a diagnosis and then moving to a treatment modality that uses medication? A: Unknown, more detail will be obtained and reported back on this question.</p> <p>Q: For children that have been referred, was there already an involvement with DCF or are parents allowing services in the home? A: Only 18-20% of the referrals have DCF involvement.</p>	

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<p>Health and Safety Program Overview –CAPTA</p>	<p>Kristina Stevens (DCF) gave her presentation on CAPTA: Federal legislation first enacted in 1974 which has had many iterations. DMHAS/OEC/DSS have been collaborating partners on the implementation alongside other community stakeholders including women in recovery. State legislation was developed to respond to federal mandates including that birthing hospitals must notify protective services of an infant born with substance abuse/addiction. The new DCF newborn notification portal launched on 3/15/19 and hospitals are required to submit information based on specifics of the case. There have been talks with the United Way and 211 to broaden access. Since 3/15/19 there have been 180 CAPTA notifications received. 73 were for marijuana; 13 were for methadone; 28 did not identify substance and 15 were for polysubstance use.</p>	<p>Continue to monitor data generated by the portal to identify trends, barriers and opportunities.</p>
<p>Health and Safety Program Overview –Home Visiting Prevention Programs</p>	<p>Haley Scott, Office of Early Childhood, presented on the “<i>Nurturing Families Network</i>”. This program conducts home visits and screening, in varied settings, to determine risk. If the parents are deemed low risk, phone support is offered for up to 6 months.</p> <p><i>PAT</i>- increase knowledge to improve parenting; early identification of developmental delays; and school readiness.</p> <p><i>Child First</i> is a DPH partnership, created in 2013, and is now statewide with 8 locations. They work with high risk families for up to 8-10 months. Each location has 2 clinicians and provides parent/child psych nurturing.</p> <p><i>Mind Over Mood</i> is a perinatal, post partem depression program and provides in-home therapy for up to 6 weeks.</p> <p><i>Child Abuse Prevention/Shaken Baby syndrome</i>: Haley demonstrated (using a doll) how shaken baby syndrome occurs and led further discussion. In the past 20 years no new RFPs have been released until now for new contracts and new services.</p> <p>“Safe Sleep” brochures and door hangers were distributed.</p>	
<p>Committee Member Input- Focus of Our Work Together</p>	<p>Mary Tuscano made a request for the subcommittee to ensure inclusivity of individuals who identify as LGBTQ, especially transgender women to ensure non-discrimination. She identified risk associated with the population and</p>	<p>The co-chairs will work to schedule presentations on suggested topics for an upcoming meeting.</p>

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	<p>current barriers related to Husky Health (National Transgender Discrimination Survey numbers were quoted)</p> <p>A list of additional considerations was developed including:</p> <ul style="list-style-type: none">• intimate partner violence;• women’s REACH program;• increasing connections among multiple state agencies and programs;• addressing lifespan issues including senior care and supporting caregivers of adult children with disabilities	

NEXT MEETING

The next meeting will be scheduled for June 2019.

This sub-committee will meet every other month on alternate months from the monthly council meetings.

ADJOURNMENT

The meeting adjourned at 12:45 pm.