GOVERNOR'S TASK FORCE ON JUSTICE FOR ABUSED CHILDREN Quarterly Meeting

June 2015 – 9:30AM. Connecticut Children's Alliance, Hartford, CT

Present: S. Sedensky, T. Sneed, K. Anelli, E. Borecka, B. Conway, L. Cordes, K. Clark, K. Butler-Kurth, S. Mancini, K. Rich, C. Spak, F. Vos Winkel, Y. Young, B. Zivyon

Guests: P. Pisano

Agenda Item	Agenda Item Discussion (brief summary)			
		whom)		
Meeting called to order		The meeting was called to order at 2:10PM		
Approval of Minutes:	Approval of March 2015 minutes. Review of February 2015 Executive Committee Meeting Minutes	There was a motion to approve the minutes. It was moved and properly seconded to accept the minutes of the March 2015 meeting. Rich/Sedensky There was 1 Abstention M/S/P		
Budget Update:				
	Village Update- The Village CJA budget was presented. Review of the Village Budget Covered July – March 2015, no new expenditure so far this year but Finding Words expenditures will begin as that training will occur in April, and some MDT trainings will be occurring along with MDT evaluation expenses.			
GTF Coordinator Update:	CJA Grantee Meeting: Three Year Assessment and CJA Application was submitted on time. Peer to Peer Group. Connecticut was asked to lead one of four peer to peer National conference calls around the Three Year Assessment process. Three Year assessment process. There are eight states involved in Group B and there have been 3 calls to date. The feedback from the participating states has been very positive.	GTFJAC will need to start monitoring the state's child and family services plan.		
CCA Director Update:	2015 Children's Bureau Annual Formula Grantee Meeting will be held June 10 & 11, 2015 in Washington, DC New Britain: CMHA has posted the job description and Karolina Wytrykowska from CMHA will fill in as interim. Training/Education NRCAC MDT Training: NRCAC is available to host individual team trainings and will be working with the Hartford MDT on July 8 th . NCA Leadership: Seven people, including four coordinators, from CT_attended the leadership conference in June. NCA presented their new 2017 standards. Centers whose applications are due after July of 2016 will be reviewed based on the new standards.			

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		whom)	
	OMS- Outcome Measurement System is designed to collect satisfaction data and has the capability of generating reports		
	that illustrate the outcomes. The centers will begin using OMS by the end of summer.		
	Results Based Accountability (RBA): CCA and DCF will work together to help the MDTs begin to use RBA. All coordinators		
	were given an overview at the last CCA meeting in June and will work to come up with performance measures by the end of		
	summer.		
	Subcommittee Updates		
	Protocol Subcommittee: The group has worked to draft a general CT protocol for teams which will be given to the GTF		
	Evaluation Committee to look over in the upcoming month.		
HART Coordinator	NCAtrak: All teams will stay on NCAtrak until PIE is ready at the end of January 2016.		
HART Coordinator	Conference for 2016 is a new workgroup.		
	Services workgroup is looking at what is offered and how to expand those services. May 2015 was a Train the trainers for DMST and CSEC trainings.		
	Fall 2015 is the train the Trainers for the Boys Curriculum		
	Foster Care Model had about 32 foster parent participants that were trained in the model through 6 agencies.		
	Expanded dollars for survivor care.		
	Statewide capacity around groups for at risk youth.		
Committee	Security and an entire great action years.		
Reports:			
Executive Committee:			
Finding Words	The last training was April 6-10, 2015 . The faculty is looking to develop an advanced course for the October 2015		
Committee:	timeframe. Kristen and Donna met with the MDT coordinators around possible topics. The faculty will meet on July 1, 2015		
	for a Faculty retreat around the direction of the October course.		
	T. Mantalli did not nonticinate in the Annil course house, or will be used, for Ostohor		
	T. Montelli did not participate in the April course however will be ready for October.		
	2 Faculty members have resigned as of June 2015.		
	When Words Matter was held June 16-18 in historic Charleston, WV. Steve Sedensky and Kristen Clark attended the		
	conference and the ChildFirst State Alliance Annual Meeting which is held during the conference. NCA standards were		
	rolled out at this training and looked at how interviews need to also address looking at other forms of victimization such as		
	DV, DMST, Pornography etc. There will be an extended forensic interview course in October 2015. It will have a piece in the		
	protocol around DMST. There may be funds through the HART grant to send CT Forensic Interviewers to this course.		
	There is a study that is looking at all of the current FI protocols, their similarities and differences. This will be forwarded. Dr.		
	Mantell published the work and has his own protocol. This will be forwarded to GTFJAC.		
MDT Evaluation	The co-chairs were unable to attend the meeting. The following was called to the attention of the GTFJAC members:	There was a	
Committee:	1. Margaret resigned and we are in the early stages of looking for her replacement. The Village has posted the	motion to	
	position.	approve the New	
	2. The final evaluation for this cycle is Enfield scheduled for 6/25.	Haven MDT evaluation. It was	
	3. Hartford evaluation should have been or will shortly be sent to GTF	moved and properly	
	2 Chandanda and Bart Burtina Burtina	seconded . The	
	2. Standards and Best Practices Revisions The Standards Revision subsemplitude members includes shair. Jim Wright, DCF, John Tucker, Atterney Congral Office, Sette	motion passed.	
	The Standards Revision subcommittee members include: chair, Jim Wright, DCF; John Tucker, Attorney General Office, Setta	Spak/Rich MSP	

Agenda Item			Discus	sion (brief summary)				Action (and by whom)
	Sexual Assault reviewed by th 3. All Team Su	Clinic; and, Kari Pesa e full MDT Evaluatio rvey	avento, Norwalk Mi on Committee. The	g and Education; Paula Schaeffer, DT. Revisions have been made to subcommittee is now revising the	the Standar	ds section a		
Training Committee:	The All Team Survey results will be available soon to GTF. Training Funds Committed through 6/22/15						There was a	
l	Date	Requesting	Participant	Function			Comments	motion that the
	Received	Agency	T at the part		Request ed	Approv ed	Comments	surplus in this area be added to the training line item in
	10/30/201			Medical training and mock			PMT approved	the Village budget
	4	CHR MDT	Edward Azzaro	trial	\$770.00	\$770.00	12/2/14	for 15-16. It was
		Connecticut Children's						moved and properly seconded . The motion passed.
	10/31/201	Medical Center	Norrell K.	Medical training and mock	\$1,000.	\$1,000.	PMT approved	
	4	Scan	Atkinson, M.D	trial	00	00	12/2/15	Winkel/Sedensky MSP
	12/15/201	St. Francis	Audrey Courtney	International Conference	\$1,000. 00	\$1,000. 00	PMT approved 2/11/15	IVISP
			,	on Child and Family Maltreatment				
	1/9/2015	CHR MDT	Suzanne Jolissaint	My life My Choice	\$690.00		Withdrawn	
	4/13/2015	SCAN Program	Ann Marriott- Sitek, LCSW	Crimes Against Children Conference	\$760.00	\$760.00		
					\$1,000.	\$1,000.		
	4/27/2015	Village	Kristen Clark	When Words Matter	00	00		
			Stephen		\$1,000.	\$1,000.		
	4/28/2015	State's Attorney	Sedensky	When Words Matter	00	00		
	5/1/2015	State's Attorney Windham	Karen Valcourt	Investigating and Prosecuting cases for Children with disabilities.	\$205.00		Withdrawn	
	5/1/2015	State's Attorney Windham	Marissa Goldberg	Investigating and Prosecuting cases for Children with disabilities.	\$205.00		Withdrawn	
			5			\$5,530. 00	Committed to	
	through the CA		os. The chairs visit	n. Will be changing the videos for ed with CCA to discuss the change acts.		-		
Membership Committee:	GTF Retreat W							

Agenda Item	Agenda Item Discussion (brief summary)				
		whom)			
	Victim Services and Advocacy Group — The GTF Victim Services workgroup has reconvened. We had two guests, Jason Lang and Kim Campbell, from Child Health and Development Institute of Connecticut, Inc. (CHDI) to discuss the program of Child and Family Traumatic Stress Intervention (CFTSI). Karen Mahoney requested that they speak as we discussed CFTSI at our last meeting and its connections with the Yale's Bridging Program that this workgroup has discussed in prior meetings. CFTSI is a brief treatment model of 6 to 8 sessions for children and youth between the ages of 3 -18 that have experienced sexual or physical abuse or witnessed domestic violence together with a non-offending parent or other caregiver. This model would be implemented for a youth within 30-45 days after the trauma or the disclosure in the forensic setting. We compared CFTSI to the Trauma Focused Cognitive Behavioral Therapy (TF-CBT) which has a different timeline, and is more in line with treating PTSD, while the goal of CFTSI is to prevent PTSD from developing. After the 6 to 8 sessions if the child needs more sessions then they can transition into TF-CBT for further treatment. CHDI indicated that the evidence based model of CFTSI shows a wonderful success rate for children who engage in CFTSI, illustrated by the lack of need for further treatment after the 6 to 8 sessions, and that the participants' long term prognosis is better with the treatment than those who did not receive the treatment. CHDI reported that they have extensive data on this model that can be provided. Four agencies are currently trained in the CFTSI model with a federal grant through DCF. Each agency developed a team of DCF, MDT coordinators, and therapists. This team approach is necessary to the child engaged within the 30-45 day time frame. Through the CHDI's Learning Collaborative the four teams were trained together and continue to meet once a	whomy			
	month to support the learning process of this evidence based model. There is currently a RFP for another group of agencies to be trained in CFTSI, and will be using the same team approach and utilizing the Learning Collaborative. Some of the issues that were discussed as barriers of this model;				
	Parent or guardian has to be involved to qualify for the program.				
	• Insurance does not pay more for this program; the agency is paid the same rate for each visit. This could create less				
	incentive to invest in a program whose whole model is based on a short period of treatment.				
	 Due to the initial investment that a mental health agency needs to commit for training and time for a new model it is more difficult for the smaller agencies to bring in a new model such as the CFTSI. 				
	 After the initial federal grant is over how are the agencies going to continue the cost to train employees, and sustain the program as a whole? 				
	 Accessing appointments for the child in a timely manner to maintain the 30-45 day time frame. 				
	Obtaining the referrals to CFTSI for the families in a timely manner.				
	How can the GTF/victim services workgroup support the continued work in this area? Raising awareness of CFTSI with the MDT coordinators. Recommend continued funding for this model to DCF. Getting the word out for referrals, CAC's, MDT members, DCF, agencies, and advocates. Assist in expanding the model across all regions of the state.				

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	Karen is going to see if all MDT coordinators can be invited to the next CHDI Learning Collaborative training October 8 th and 9 th . Peggy is going to contact Dr. Asnes from the Bridging Program to invite her to the training as well. The goal is to continue exploring ways of finding the additional funding to replicate and sustain these models throughout the state. Forensic Medical and Interview Group – No report. MDT/CAC Group – Kristen Clark and Krystal Rich have reconvened this workgroup and area looking at addressing several areas that affect MDTs and CACs. Some of these include: • Fundraising – Donors as well as additional grants for CCA and GTF. • CCA is considering a Lobbyist • Legislative Children's Committee – An increased presence with this committee as well as the Children's Commission • Medical – Need to ensure that this gap is being addressed statewide. • MDT evaluation- Looking at areas for evaluation: CCA Meeting attendance, Trainings. • MDT/CAC - Statute does not address the CACs only the MDTs. Need to look at a possible update • Physically Abused Children - How are they being treated. Looking it as a case by case basis. Look at pollyvictimization issues. Need to include child witnesses to violence/homicide. • RBA—Will be implemented across the state. A training with Coordinators has already occurred. • Team Protocols need to be standard. • Blue Book and the Protocols should have the same language There are two separate groups working in this area. This should be reviewed by the MDT/CAC workgroup.	Can connect with F. Vos Winkel around statute.	
Child Fatalities-	 MDT Coordinator Burnout – Needs to be addressed. Discussed the NCA State report. This Discussed the number as seen by teams from January 2014-December 2014. The numbers are low as compared to the numbers of calls into the careline. Some of the teams are concerned about how the data is entered into the NCATrak data system. Also this number will change based on a uniform protocol as these teams are looking at different clients. Also the cases may not be referred to teams based upon these different protocol. A year's worth of data was distributed by the office of the child advocate/child fatality review. Accidental deaths have decreased. Suicides have changed with females committing suicide more than males. The state has gotten good at doing death scene investigation. There will be an awareness campaign around safe sleep space for babies as there are a large number of undetermined deaths and they are under 2 years old. In relation to the other states, our numbers are good. Sudden unidentified infant deaths is a struggle throughout the nation. 		
New Business:		There we -	
Announcements:	1	There was a	

Agenda Item	Discussion (brief summary)	Action (and by
		whom)
		motion to adjourn
		which was moved
		and properly
		seconded. The
		motion passed.
		Sedensky/SpakM/S/
		P

Respectfully Submitted,

Kristen M. Clark, GTFJAC Coordinator