GHCAC Special Call Meeting Minutes

April 25, 2016
DCF Central Office, Hartford, CT

Attendance: See attached Sign In Sheet

Agenda Item	Discussion *(brief summary)*	Action *(and by whom)*
Meeting called to order		
Welcome	Everyone in the room introduced themselves and indicated which organization they represented. (See sign In Sheet for those in attendance)	
GHCAC Meeting And Challenges Overview	There was a request from the Greater Hartford Child Advocacy Center (GHCAC) for a meeting with the Executive Committee of the Governor's Task Force regarding the status of the GHCACs accreditation with the National Children's Alliance (NCA). The agenda for that next meeting was already full so a special meeting of the GTFJAC Executive Committee was scheduled via Doodle Poll. **<u>Overview of the GHCAC (Regina Dyton, Program Director)</u>** Representation from the GHCAC submitted documentation outlining their recollection of the history behind the GHCAC and its membership with NCA along with the challenges they have faced meeting NCA standards over the past several years. In 2009, NRCAC pointed out some issues regarding the structure of the GHCAC. Laura Downes was hired as a consultant in 2010 by the GTFJAC. In 2013, the NCA application was viewed and NCA gave feedback that the GHCAC would not be able to be accredited. At that time, 8 goals were developed for the CAC to work towards. It was raised that perhaps the group should look at additional options to NCA accreditation. R. Dyton brought several questions/thoughts to the group: • Should we be pursuing accreditation at all? If so, there will be a need to maintain services for youth through a transition if that is the choice. • If we are looking for NCA accreditation, what would that look like? Expressed concerns regarding having multiple teams served by the CAC. What do services look like and how will they be carried out? • Are we trying to put a square peg in a round hole? CAC model was founded in the Southwest and based upon county	In response to some of the questions raised by St. Francis, from the Department of Children and Families provided clarity that there is a need to ensure that CT's MDTs work with NCA accredited CACs.

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	governance. What do we do in the meantime and what are the roles of the community partners? CCA and NRCAC have provided some suggestions regarding services. • If accreditation with NCA is not possible, what other structures are possible? Can we look at the Child Welfare League of America? • It was reported that there may have been a breakdown in communication at times with the GHCAC and Regina expressed that there are issues with the hospital model. Perhaps a non-profit model would allow for much more flexibility as there has been issues with the hospital model for quite some time. For example, due to the hospital structure and the board of directors, it is very difficult to make changes and get quick responses to personnel issues. **NCA Accreditation (Greg Flett, Outreach Coordinator/NRCAC)** Greg gave the group an over of his role within Northeast Child Advocacy Center (NRCAC). NRCAC provides technical assistance for MDTs and CACs and provides training and technical assistance along with the Chapter to assist CAC in reaching accreditation. During his overview, Greg went over the following: • NRCAC is currently working with CCA on providing training, technical assistance and leadership/team development for all the teams throughout the state. • Greg presented the 10 standards that are part of the new NCA Standards. These standards have been updated recently and will go into effect in July 1, 2016. The updates have removed some of the grey areas. The standards are now pass or fail. The Levels of accreditation are—Accredited, Associate, Affiliate. • Greg led the group in a discussion of the accreditation process. Of note, when looking at multiple MDTs in one CAC- NCA will judge the CAC on the primary team. In this case, NCA will review St. Francis and Hartford MDT as the two primary entities. The other teams would not be graded but would be held accountable for the standards.	The NRCAC will continue to provide on-going support through this process.

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	• St. Francis' accreditation is about to expire and this was after the GHCAC was given 5 years to meet the standards or be demoted to an affiliate status. ***Question For Greg:*** Since St. Francis will not be accredited as of December 31, 2106 and the CAC does not meet all the standards, they will be demoted to affiliate status, correct? Is there any way they could meet the standards? *G.Flett Response:* Some of the points that are lacking include GHCAC organizational capacity and structure. The structure is within the hospital but there is not enough of connection within the hospital and flexibility to provide input from the community partners regarding the GHCAC. The other standards of concern would include involvement of the MDT and Victim Advocacy. It was noted that GHCAC is looking at each standard per week at a staff meeting. Members of the GHCAC feel that there is an issue with the Organizational Capacity. There is an understanding that the GHCAC is connected to the hospital, however the Board of the Hospital may not be connected to the CAC. It was reported that they have been taken over by Trinity Healthcare. Perhaps with an advisory board comprised of key stakeholders from the MDTs served, there would be better connection. It was discussed that there was a concern regarding the CAC's ability to meet some of the standards. **St. Francis Accreditation (Krystal Rich, Director- CCA)** K.Rich went over the options NCA has laid out to the GHCAC regarding their status with accreditation and membership. There are 4 options that NCA has laid out: • Center can apply for accreditation by June 1, 2016. • Center can apply for accreditation by December 2016 but would be held to the new 2017 NCA standards. Since the GHCAC has been unable to meet the previous set of NCA standards, it would be even more difficult to achieve accreditation under the new revised standards. • The center can be demoted to the Affiliate status which is the status MDTs typically chose if they are not intending on becoming an accredited CAC.	

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	• The GHCAC could change its' organization structure by moving outside of the hospital and apply for accreditation. Discussion between executive members, coordinators and Saint Francis Representation ensued. • Discussed the current model, discussed what the teams were unhappy with. Each team provided issues that they were concerned with. Organization structure and not allowing the teams to have input in the organizational structure. • Changes—Due to the fact that these areas have not been improved since 2009, some community partners are beginning not to refer youth to the GHCAC. The process itself had not been working and continues not to work. • As a result of these on-going challenges, there was a discussion around moving the CAC from St. Francis that have occurred on separate occasions with CCA, DCF and Donna Benzinger. • The consensus is that the organizational structure needs to change in order for the GHCAC to meet standards. All other CACs in the state are accredited except for GHCAC and it is a concern that this is lacking in the capitol region. • Saint Francis representation present at the meeting agreed with the need for a change with the organizational structure. ***Question:*** Is there a way for the GHCAC to be accredited at this point? No. *R. Dyton Response:* The GHCAC was under the understanding that they were a medical clinic that was called a CAC. And they were operating in this mode. Members of the group applauded the work that Skip Berrien and Yale did when they looked at this area. There is currently a need to look at the community involvement. It is very hard to have community engagement and be able to sustain that. The community stakeholders would need to have the autonomy to make the decisions for the GHCAC and not have to rely on the Board of Directors of a hospital. This has been tried over many years and the hospital has been unable to meet this vital organizational need. **MDT Needs (Each MDT Coordinator reported)**	

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	The following concerns and thoughts were expressed by the five coordinators working with the GHCAC: • There have been challenges for 7 years. • The teams want to be able to call the CAC and receive services. If we drop to an affiliate status, there could be issues in court regarding defending these cases. • There have been countless meetings, workgroups, documents and nothing ever seems to happen. The GHCAC needs to move at this point. • The basis of the MDT is to have the community work together to lessen the trauma of the victims. Must meet the safety needs of the client and must meet the professional expectations of the partners. • We need to focus more on the children. -- The participation is optional. There is no true mechanism for community input in this current structure. The GHCAC has had an issue with working on the concerns of the partners and continues to not listen to input of the partners. There is no advisory board that is directly addressing issues of the teams. • The MDTs are looking at the integrated system of care. It has been a problematic looking at the process and there is a fragmented process and not an integrated system of care. As a result, children and families are suffering. On-going communication continues to be an issue. • The Enfield MDT was looking at starting their own CAC as a result of ongoing challenges with being a member of the GHCAC. • In addition to the new standards, there are issues with some of the services not being able to meet the old standards (2 hospitals, 2 divisions). The concern for the new standards is around (advocacy). In addition to that, the physical abuse cases are not receiving forensic interviews. Level of participation (Regina Dyton). -- The GHCAC does keep data regarding communication and data can be provided regarding the many questions raised. There is a need to accept some of the limitations that are there because of the structure. One of the issues is the positions. This group of people are not able to say what we want the positions to look like at the GHCAC. (We have an ED and several advocates etc. at the GHCAC) Unable to hire and fire people without the St. Francis HR	

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	department. The attempt to have the original collaborative that was developed and met regularly was because there was a need for change, however there was no change that occurred as a result to the Collaborative **Prosecution: (Various prosecutors from the teams represented)** CAC – Come back to MDTs and the statute. Folks should review 17a-106a MDT – DCF and HFD PD have been good partners with the State's Attorney's office in Hartford. They have a very good working relationship with each other. How would the accreditation come up in trial? Concern expressed around the validity and credibility of interviews if not from an associate or accredited CAC. There is an absolute need for this center to be accredited. The Defense Attorneys have a listserv and they will find out and use the questions to cross examine witnesses in these cases. It is important to be a part of an organization that is setting best practices. It is important that services at least meet the minimum standards that are available. A poll was taken of all the meeting participants and it was the consensus of the group that there was a need for an NCA accredited center.	Accreditation was strongly supported by prosecution
Next Steps:	At the end of the meeting the results were that the GHCAC will not maintain the accreditation. The DCF, State's Attorneys, CCA, the respective MDTS, the GTFJAC Executive Committee members and the representative of St. Francis agreed that there is a need for an accredited center. The next steps in this process include that the teams need to get together to put a plan together to move forward to ensure that this will occur in a timely fashion. The group discussed the need to ensure that the services remain available and at the same level or better. The St. Francis represented indicated that they would provide support to ensure this occurred. There was a question regarding where should these services be occurring? The small group including the community partners, DCF and prosecution will need to address this. All agreed there is a need for appropriate transitions and messaging.	Once the poll was taken of all the meeting participants and it was the consensus of the group that there was a need for an NCA accredited center, the group decided on next steps required.

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	Things to consider in the Next Steps: CAC Structure- 501c3 Nonprofit – This option will allow for more connected process between CAC and Community Partners, board of directors are more connected. The hospital model in Hartford bring logistical issues and lack of access. There is more flexibility with a nonprofit due to the more direct contact and ability to address concerns regarding the CAC organizational structure. There was a discussion around the team based CAC as it exists in Danbury. As we look at next steps, need to be mindful of the CAC structure and the new organizational structure would still need to have all services under one roof. Messaging to MDTs and St. Francis. – It will be important to keep staff apprised of what is happening and there is a need to craft the immediate message to ensure that we are all speaking the same message to avoid confusion and misrepresentation of the on-going process. There needs to be specific wording crafted in terms of a conversation regarding the services potentially moving out of St. Francis. Planning for medical staff. It was noted that CCMC could provide the medicals for the new CAC structure. There is a process on switching staff from point A to point B. During this process, the planning group will need to plan for hospital bureaucracy. There are 4 medical providers in this region who can provide these medical services and they will continue to do so. There is an ability to contract or outsource for medical services. The larger meeting regarding the GHCAC adjourned.	A meeting of a smaller group will convene to look at next steps and develop a plan to ensure a smooth transition and continuity of services. This meeting will consist of the community partners. The meeting will need to address the role of each partner agency including St. Francis.
	The larger group adjourned and the Executive Committee re-convened to address to matters.	
Norwalk Colposcope	Funding Request for Approval: The GTFJAC received a request for a portion of the funding for a new colposcope for Children's Connection CAC in Norwalk, CT. The Executive Committee convened to discuss the funding request. It was recommended that there be a review of the Village portion of the CJA budget to ascertain the feasibility of immediate funds to put towards this request. The recommendation from the Executive	

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	Committee was to fund this project up to $4,000. Once the budget review is complete and if funds are available, an email will be sent to the Executive Committee for an email vote to regarding the proposed funding.	
May 2016	The Executive committee decided that the Executive Committee meeting that was scheduled for Thursday, May 5, 2016 would be canceled due having this Special Call Meeting of the Executive Committee.	A reminder note will be sent out to the EC members.

Respectfully Submitted,

Kristen Clark
GTF Coordinator