

Office of the Child Advocate
Juvenile Justice Policy and Data Board
Community Based Interventions Subcommittee
Thursday, November 18, 2021
1:00PM-2:30PM
Meeting held virtually

Subcommittee Members or Designees Present:

Migdalia Nalls (CPCS)
Amy Ponte (CAFL)
Leon Smith (CfJJ)
Dawn Christie (Parent)
Nokuthula Sibanda (DYS)
Brian Jenney (DPH)
Brian Blakeslee (CPCS)
Rachel Wallack (Juvenile Court)
Kimberly Lawrence (Probation)

OCA Staff:

Melissa Threadgill (OCA)
Kristi Polizzano (OCA)
Gabriel Sultan (OCA)
Morgan Byrnes (OCA)
Jessie Brunelle (OCA)

Other Attendees:

Katherine Canada (DCF)
Kate Lowenstein (CfJJ)
Candace Gabrey (PPAL)
Christian Kelley (Family Continuity)
Araya Landry (Family Continuity)
Katherine Hughes
Michael Kilkelly
Other Members of the public

Meeting Commenced: 1:04PM

Welcome and Introductions:

Ms. Threadgill welcomed the attendees to the Community Based Interventions (CBI) subcommittee virtual meeting. She then presented the agenda.

Review and Approval of Minutes from October Meeting:

Ms. Threadgill held a formal vote on the approval of the previous Community Based Interventions meeting minutes. Amy Ponte, Dawn Christie, Nokuthula Sibanda, Brian Jenney,

Brian Blakeslee, Rachel Wallack, and Kimberly Lawrence voted to approve the minutes. No one was opposed. Migdalia Nalls abstained. The meeting minutes for October 21, 2021, were approved.

Learning Lab Update:

Ms. Threadgill introduced Dr. Sibanda who gave the group an update on the Diversion Learning Lab. Dr. Sibanda informed the group that all three providers hired a Diversion Coordinator. Staff are currently being trained to administer the MAYSI and YLS assessments and to properly utilize DYS' data tracking system. Staff will take racial equity trainings in late November and early December. Staff will also be trained in victim services procedures. Dr. Sibanda also notified the group that DYS is in the final stages of hiring a data analyst to support the Learning Labs.

Congregate Care Procurement Presentation:

Ms. Threadgill introduced Katherine Canada, who presented on DCF congregate care facilities. Under DCF's new procurement, placements will be organized based on specialized care. This new model will replace the "Caring Together" procurement. Ms. Canada provided data on the youth currently in congregate care settings. The recognition that all youth in congregate care have complex trauma and behavioral challenges which must be treated using multiple modalities has led to DCF developing a specialty treatment residence model.

There will be five broad categories encompassing a total of 14 program models. Program models will be based on behavioral health needs. Ms. Canada described "moderate behavioral health challenges" as secretive behaviors related to lying, stealing, noncompliance, aggression, destructive behavioral, and running away. "Severe behavioral health challenges" are ones in which the child is open about the same behaviors. Ms. Canada presented on each of the placement categories and broke down each of the 14 programs within the five categories as followed:

1. Emergency (same day)
 - a. Younger (moderate behavioral health challenges)
 - b. Older (moderate behavioral health challenges)

- c. Intensive emergency (severe behavioral health challenges)
- 2. Treatment
 - a. Community (moderate behavioral health challenges)
 - b. Specialty treatment
 - c. Commercial sexual exploitation of children (CSEC)
 - d. Intensive treatment (severe behavioral health challenges) which can also serve as an emergency intake
- 3. Medically complex
 - a. Medically complex
 - b. Medically complex & behavioral residence
- 4. Residential schools
 - a. Residential school (c. 766)
- 5. Youth/young adult
 - a. Young parent
 - b. Youth and young adult group residential
 - c. Young adult supported living community
 - d. Young adult supported living

The new DCF residential model will employ a therapeutic milieu: an intentional environment in which youth will be instructed and supported in developing skills to regulate strong emotions and behaviors by maximizing every recourse to which they have access including building a connection with recreation, the arts, and culture. Providers may submit requests to DCF for additional resources to add staff or programming in order to adhere to the continuous quality improvement requirements of the new procurement.

A subcommittee member asked if DCF planned on tracking the race, ethnicity, and crossover status of youth in congregate placements. Ms. Canada informed the group that DCF is performing deep-dives into racial disproportionality at every stage. She explained the procurement includes requirements for placements to employ a diverse staff and to incorporate a range of cultural perspectives into the environment of congregate care facilities. Another member asked if the new model would increase the readiness of services and placement rapidity. Ms. Canada noted that this is one of the main goals of the procurement. Ms. Threadgill asked for

Ms. Canada to provide examples of placement specialties under the new model. Ms. Canada replied that some specialties include LGBTQ youth, developmental disabilities/autism, and children with significant trauma.

Closing Comments:

Ms. Threadgill thanked the presenters and members for their participation. She informed the group that the next meeting will take place on December 16, 2021, from 1:00PM to 2:30PM.

Meeting adjourned: 2:28pm