

Meeting Minutes
CT Kids Report Card Leadership Committee Meeting:
Tuesday, June 25, 2013 Quarterly Meeting
2:00PM in Room 1E of the LOB

1. Welcome and Introductions
 - a. The meeting was convened at 2:00PM.
 - b. Rep. Diana Urban provided introductory remarks regarding the status of the CT Kids Report Card.
2. Co-Chairs Remarks
 - a. Lt. Governor Nancy Wyman provided introductory remarks about being named co-chair of the Leadership Committee.
 - b. Mr. David Nee provided introductory remarks about being named co-chair of the Leadership Committee.
 - c. Rep. Urban had members of the leadership committee introduce themselves.
3. Report Card Project Current Status: *Where Are We Now and What's Next*
 - a. Jill Jensen, temporary project manager, provided an update on the status of the CT Kid's Report Card website's primary and secondary indicators. Jill Jensen then discussed how the Leadership Committee will help form strategic action groups. The data collection was mentioned as a continued area of difficulty for the staff and working group leaders, as well as establishing a concrete emotional/behavioral health indicator. She noted the necessity of report cards for specific programs that impact these indicators on an annual basis, as is required by state statute. Jill Jensen indicated that one to two programs per domain would be ideal to match the availability of paid/volunteer staff.
 - b. Rep. Urban noted the sample program report card provided with meeting documents as the model for any programs identified by the leadership committee.
4. Overview of Headline Indicator Data: *The State of the State's Children*
 - a. Chronic Absenteeism: Erica Bromley, Stable Domain Team Leader
 - i. Erica Bromley provided an overview of the working group's process towards identifying indicators that could provide a comprehensive view of how we can measure a child's overall stability. She noted areas where data collection has improved and where data collection is still needed. She provided a brief presentation on the headline indicator for this domain, chronic absenteeism, including the disaggregations based on the location of the district, as well as race. Erica Bromley presented a series of suggested action steps to the leadership committee, including family/community engagement and holistic services as well as access to various health services within a school system. Partners and action group members included SDE officials, non-profit advocacy leaders, youth services bureau, truancy courts, and school district leaders across the state.
 - b. Low Birth Weight Babies: Christine Dauser, Healthy Domain Team Leader
 - i. Christine Dauser provided a brief presentation on the headline indicator for this domain, low birthweight. She noted data for this indicator lags two to three years, making it difficult to accurately report current trends. She recommended that the leadership committee consider utilizing preliminary data that is available sooner, but not as complete to allow the indicator to be updated more frequently. Christine Dauser provided a number of strategies and programs to the group that have worked or could work to further reduce the occurrence of low birth weight babies. She discussed access to prenatal educational materials and risks that impact a health birthing process as a core strategy. Christine Dauser went on to mention other high-level indicators such as asthma and injury prevention measures, and their proposed action items as well.
 - c. Third Graders Reading at Goal: Brian Hill, Future Success Domain Team Leader
 - i. Brian Hill provided a brief presentation on the headline indicator for this domain, third grade reading goal for the Connecticut Mastery Test (CMT). He also summarized the secondary indicators and the purpose of their inclusion into this domain. Brian Hill talked about third grade reading level data on a three to five-year trend statewide and how disaggregating this data by race/ethnicity shows improvement, but substantial disparities. Brian Hill provided a set of strategies and potential action plans that could improve upon current trends, including the establishment programs that further connect families and communities with their local school systems and improving access to early education programs.
 - d. Abuse and Neglect: Anne McIntyre-Lahner, Safety Team Leader
 - i. Anne McIntyre-Lahner noted the abuse and neglect indicator as a headline indicator and briefly summarized secondary indicators within the safe domain. She talked about the abuse and neglect rate per 1,000 and how it is disaggregated by age. Anne McIntyre-Lahner noted the rate of neglect is substantially higher than abuse. She continued her presentation by talking about not only what action steps and partners that can reduce this rate, but also what has been done in recent years at DCF. Anne McIntyre-Lahner then discussed connecting population indicators to program performance measures from an agency approach, noting that this work cannot be done by the agency alone, but with a variety of agencies and organizations. She further delved into how DCF integrated RBA into their contract performance measures with community providers to manage services. Anne McIntyre-Lahner moved on to discuss DCF's implementation of Family Assessment Response (FAR) as a direct approach to reducing the occurrence of abuse and neglect. She went on to describe the process of identifying how well the program has done thus far towards specifying specific familial needs or services, as well as whether children and families are better off. Anne McIntyre-Lahner continued her presentation by discussing how DCF has begun the process of categorizing and cataloging the outcomes of every single service type within the purview of DCF. In their first year of the process they had about 70 services types and at the time of this presentation it was around 90 service types. She added

that all revisions and changes to current programs and all newly established programs and contracts are conducted with an RBA mindset.

5. Discussion of Data Issues

- a. Rep. Urban noted several thematic issues regarding data collection, data processing, and data entry into the Report Card system.
- b. David Nee noted he and Judith Meyers had engaged in a number of discussions regarding health-related data and indicators. Judith Meyers elaborated on David Nee's remarks by citing the child health assessment forms and educational assessment forms that has to potential to contain a wealth of data. She noted the Child Health Development Institute of Connecticut has been working with the Graustein Foundation to understand how they can safely and effectively utilize that data while maintaining privacy. Judith Meyers indicated a number of forms they received were missing a lot of information, which led their project to improve the format of the form to be filled out more completely, as well as an electronic option to make the data clear and easily discernable. Their partnership is going to continue this project by establishing focus groups comprised of parents to gain their feedback on how they view the forms and develop strategies that will improve the amount of information produced in these forms that healthcare providers take down.

6. Discussion of Indicators and Follow Up Steps: How are Connecticut's children doing?

- a. Commissioner Joette Katz indicated the importance RBA has played for their agency to better understand the numerous programs that either work or do not work.
- b. Terry Edelstein asked Anne McIntyre-Lahner how she took the internal work that DCF was doing and linked it to the provider community input. She added Brian Hill may be able to answer in on this from the juvenile justice side as well. Anne McIntyre-Lahner responded that they have generally taken a very direct approach with their program leads through training sessions to empower them to go out to community providers with the RBA approach. She indicated they have experienced occasional pushback, but many have expressed a desire to get going on RBA implementation immediately. Brian Hill echoed Anne McIntyre-Lahner's remarks, noting CSSD has taken a similar approach with its contracts that has been built upon since it was established in 2007-2008.
- c. Charlene Russell-Tucker elaborated on the chronic absenteeism data that the agency has worked to produce and its impact on the agency to take action. She noted the need to get the data out accurately and as widely as possible to every school district. Charlene Russell-Tucker noted they anticipate having meetings with a broader network of advocacy groups, local school district leaders, and agency officials to establish next steps and action plans. Rep. Urban noted that chronic absenteeism is likely to be formed as a strategic action group and the leadership committee should begin contemplating it's makeup.
- d. Sen. Toni Boucher noted to Christine Dauser that in addition to smoking as a risk factor to low birth weight, it may also be imperative to understand how abuse of other substances impacts birth weight. In regards to chronic absenteeism, Sen. Boucher spoke of the transiency of parents as an impacting factor towards tracking the child and ensuring they are readily enrolled in a new district.
- e. Lucy Nolan noted a study on the impact of school breakfast; decreased rates of absenteeism, improved test scores, and increased graduation rates. She added summer meal programs have provided a positive impact on closing the achievement gap and the importance of the Women and Infant Children (WIC) program as a positive program or measure that curbs the occurrence of low birthweight, childhood obesity, and income disparities.
- f. Morna Murray asked Jill Jensen if she could elaborate on her comments made earlier in the meeting about the lack of a defined behavioral health indicator and how the Community Providers Association may be able to help with those challenges. Jill Jensen noted their most direct data to gauge the status of mental health in children is the biennial Connecticut School Health Survey, which is a random, small sampling of high school aged youths taking anonymous, subjective surveys about their personal health. She indicated a more concrete way to understand the level of mental health needs required by children in Connecticut is desired at a wider population level. Jill Jensen said only on an individual program basis can we get an in-depth look at when children are seeking services or referrals and whether they are actually getting those services/referrals. Christine Dauser elaborated on how specific programs could provide the data they desire, but are not reflected of a state-wide population either. A statewide program that is run or administered by a state agency would have the potential to get a population size more representative of the total population. Judith Meyers added that as a psychologist by profession, she and her organization have actively discussed prospective benchmarks and indicators of mental health for children. She went on to briefly comment on the other headline indicators from each domain being framed in a positive or negative way.
- g. Sen. Gayle Slossberg stated her desire for the leadership committee to consider developing a valuable data set that can further explore the status of mental health for children in Connecticut.

7. Other Business

- a. Rep. Urban indicated that the group would begin to look into the formation of at least two strategic action groups, of which one would discuss chronic absenteeism.
- b. David Nee indicated he would reconvene with Lt. Governor Wyman and the Committee on Children Co-Chairs to discuss the formation of strategic action groups as well as areas of data development.
- c. Rep. Urban indicated the prospective meeting dates for the next three quarters.

8. Adjournment

- a. The meeting was adjourned at 4:00PM.