



## JJPOC Meeting Minutes

July 21, 2022  
2:00pm-4:00 pm  
Zoom Conference Call

### Attendance:

Rep. Toni Walker  
Rep. Anthony Nolan  
Marc Pelka  
Gary Winfield  
Erica Bromley  
Christina Quaranta  
Macklin Roman  
Janeen Reid  
Hector Glynn  
Martha Stone  
Judge Dawne Westbrook  
Derrick Molden  
Greg Howard  
Catherine Osten

Gary Roberge  
Stacy Schulman  
Derrick Gordon  
Susan Hamilton  
Gwendolyn Samuel  
Lisa Sementilli  
Robyn Porter  
Amy Marracino  
Veron Beaulieu  
Sarah Eagan  
Joshua Bernegger  
Brian Casinghino  
Tais Ericson  
Vannessa Dorantes

Astread Ferron-Poole

### TYJI Staff:

William Carbone  
Erika Nowakowski  
Shauntaye Monroe  
Brittany LaMarr  
Donna Pfrommer  
Susan Cusano  
Danielle Cooper  
Eva Ott Hill

### Welcome and Introductions

Undersecretary Marc Pelka and Representative Toni Walker welcomed everyone to the meeting. Undersecretary Marc Pelka welcomed Full Circle, the Connecticut Justice Alliance, and the Center for Children Advocacy.

### Overview of the Meeting

Erika Nowakowski introduced presenters for the meeting, DCF Commissioner Vannessa Dorantes and Deputy Commissioner of Operations Michael Williams, - presenting on DCF’s Children’s Behavioral & Mental Health Programs. Erica Bromley from the Connecticut Youth Services Association, presenting on Restorative Justice at the Youth Service Bureau’s and Juvenile Review Boards.

### Acceptance of JJPOC Meeting Minutes

Representative Toni Walker asked for a motion to accept the June 16, 2022, meeting minutes. The motion was moved, seconded, and passed unanimously.

### DCF Presentation on Children’s Behavioral & Mental Health Programs

Commissioner Dorantes and her team gave a presentation on the department’s Children’s Behavioral and Mental Health Programs. DCF’s mission is centered around safety, permeance, and well-being. This administration feels that engaging youth in the work force and eliminating racial and ethnic disparate outcomes are important to DCF’s overarching mission. Many people are aware of the child protective services side of DCF, but today’s presentation is focused on the behavioral health side. In 2018, DCF had responsibility for the juvenile justice arm of the work, but once the Connecticut Juvenile Training School closed the mandate shifted over to Judicial Branch Court Support Services Division. DCF still



continues to play an active role in the JJPOC because of the various ways a young person can touch the system. It is important to reframe who DCF is in the context of a child and family well-being system. DCF recognizes they are a part of a larger system, they are not in a bubble, therefore cannot expect that other stakeholders will not be influenced by the decisions they make. Equity is a major part of the work that is done across systems. It is important to recognize that none of the programs would matter if outcomes were not measured- there is a need to look at the impact on children, families, and communities. Even though many say that this is a child focused system, children do not exist in a vacuum, they exist in the context of families and community. DCF has key results that have been used to measure outcomes. The first is children remain safely at home with their families. If children cannot live with their family, the second option would be for them to live with a relative or someone they know. If this is not possible, they would place them with a family. If a child has to be in a congregate care setting, it will only be for short period of time, and it will be for treatment services. Children will experience timely permanency, whether that be a transfer of guardianship, reunification back with their biological family, or adoption. Recognition that across systems kids will be better off because of involvement. Transition aged youth are usually considered aging out of DCF care- it is the responsibility of the child and family well- being system to launch kids into life, not out of care. Working with youth to make sure they are educational sound, have positive adult influences, and ensure they do not transition to homelessness. The presentation covered the efforts to improve the children's behavioral health system to ensure that there are positive outcomes, as the system shifts from child focused to a child and family well-being system.

DCF encourages all to visit the Plan4Children website for more details on the timeline and highlights all the activities that DCF has participated in, in the behavioral health arena. Information on the Connect to Care grant and its infrastructure funding can be found.

After the tragedy in Newtown in late 2012, the general assembly passed PA 13-178 which directed DCF to update and put forth another blueprint for children and families in the state of Connecticut. Two months before that, DCF applied for another system of care grant, a one-year planning award. When the legislation passed, there were no funds associated with it, DCF used the planning grant to develop the children's plan. A great deal of work was done with CHDI and Yale to do focus groups around the state. In 2014, the plan was delivered to the general assembly; the same plan was delivered to the federal government. The federal government gave a funding reward, which funded the implementation of the work- it was a four-year award at \$1 million a year, there was a one-year extension. Over the next couple of years, statewide CLASS (cultural linguistically appropriate service standards), and learning collaboratives were developed. DCF has been working with that team to create health equity plans for organizations around the state of CT. One of the primary goals of the system of care is to integrate across child services areas -one point of access to make it easier for children and families. This is the final year of the current system of care grant.

Currently, DCF is working to develop an integrated, accessible system for families. A ranking among all 50 states came out about the quality of the mental health system for youth, CT ranked as the eighth best state. The system Connecticut has is great, but it does not work for all; the vision statement says that all children must do well in the system. We would like to have a system to produces equitable, and positive



outcomes. The Connecticut Children's Behavioral System is anchored around a set of core values and principles. Services that are delivered must be trauma informed, racially equitable and just, culturally, and linguistically appropriate, and have an intentional focus on LGBTQAI+ youth needs. There are four quadrants of challenges, and these can be seen as opportunities for the system that is currently being built. There are gaps in the system that need to be closed in terms of services, serving special populations, acuity rates, creating alternatives to emergency departments, and infrastructure to improve the coordination of systems. Another challenge is the lack of evidence-based systems at scale, trying to find a way to make these more available to families that are harder to engage. There is still fragmentation in service delivery, need to be more comprehensive particularly for kids who are in the justice system and in need of mental health care. Those populations often get served poorly because of the system structures. System should better meet the needs of kids with intellectual disabilities and those on the autism spectrum, those youth are the most challenging, not because who they are but because of who the system is. Ensuring that school and community services are connected. The final challenge is accountability, making sure there are structures in place that can guarantee accountability. Being able to demonstrate that the system is working, that investments are getting returns that everyone is seeking, and that equity is happening across the system. The biggest challenge is making sure that as new services come, and new programs are created that there is the workforce to meet the needs. Meeting the needs of workforce is a huge challenge.

One of the things that is unique to DCF's mandate of children's behavioral health is its inclusion of all of CT's kids and families. DCF shared a visual of the groups they feel have a stake in this system. Beacon Health Options is DCF's network management for identified levels of care, serving as a bridge across provider systems. The CHDI is also in the area of system development. The system service provider network, both contracted and credentialed, that provide services within communities. Grassroot community organizations must have a stake in this since many of the children and families who seek services will go to these organizations. Advocates, advisory bodies, trade associations, and more, have a voice in the services continuum. The three branches of government, who all interact with young people in a variety of ways. Parents of children with behavioral health needs, and the young people who have behavioral health needs should have a seat at the table. DCF has been legislatively driven by a bunch of different pieces that govern and have administrative that guide a lot of the work that is done. The behavioral health implementation plan advisory board is something that just came out of this previous session. Making sure there are the right partners around the table to advise the behavioral health system. There is also the behavioral and mental health policy and oversight committee, which was established a while ago, but last session additional members were added. State agencies have interagency collaboratives across the operational arm of children's behavioral health. Within DCF there are internal operations that have responsibility of day-to-day operations of the service array and have a specific DCF administrator that makes sure those work with the other three quadrants.

### **Restorative Justice at YSB's/JRBs**

Erica Bromley gave a presentation on restorative justice and juvenile review boards. JRB's are a community-based diversion program, the purpose is to redirect youth from formal involvement in the juvenile court system in an effort to hold youth accountable without legal actions. The first JRB was



created in Enfield in 1968, currently there are about 90 JRBs serving about 135 communities. The majority of JRBs fall under the umbrella of the YSB, about 10% are run by other entities. Looking at restorative justice as a paradigm shift, not something that you do but something you are within yourself, it is a way of being. Many people still see discipline as something you do to people rather than something that is cultivated. A lot of times people use the words discipline, punishment, consequences, and accountability interchangeably, even though they are not. Many times, people use words like consequences or discipline when they are talking about punishment, which is a form of external control, punishment demands compliance with rules and promotes loss of confidence. Punishment is inherent, it has been something that has been done for ages and it is hard to put it aside. What should be looked for is engagement not compliance. Adults tend to believe they teach children to be responsible by imposing punishment, in reality, being responsible for your behavior means making things right, which is a core concept on restorative justice. Consequences are more about cause and effect, they do exist naturally, the goal with restorative justice is to help people see the consequences of their actions and how they affect others.

At the JRBs they often use questions to get youth to look at how they have impacted other as they talk about what happened, what they were thinking, what they've been thinking since, who has been affected, and what needs to be don't to make it right. First, they need to identify those who have been affected, trying to get youth to think about the effect that is broader than maybe just the one victim. It a process of identifying those effected and then figuring out what can be done better. There is another piece that is more about those who have been harmed, a version of the same questions can be asked to those who have been harmed. Making sure everyone is involved and engaged when deciding how to make things right. It is important to start the circle in a certain way to make young people feel comfortable. There are circle prompts that are shared ahead of time to ensure that youth are not put on the spot. These questions allow them to step away from the conversation to talk about something else, sort of used as an ice breaker. It is important to give youth the opportunity to answer some of these questions.

Over the past few years there have been trainings for YSBs and JRBs on restorative justice. The first training is restorative justice 101- in this training the juvenile justice system is deconstructed, they talk about diversion, and exposure to trauma, it is tied into the development of youth. Having participants gain a deeper understanding of what restorative justice is, how different it is from the traditional system, how it allows for accountability. The next training is RJ 201, this is expanding on what was done during the first training. In this training participants learn about the specific skills needed for restorative justice with young people, more of a hands-on piece. The last training is advanced, this is about having the JRB case managers do a two-day workshop expanding on how to do this process.

Through the University of New Haven and the OJJDP federal grant, these trainings have been provided. Between March of 2020 and June of 2022, over 900 people have been trained in the 101 and 201 trainings. About 25 JRB case managers haven been trained in the advance training. There is one more set of 101 and 201 trainings that will take place in August, there will be one more advanced training that will take place in September. Evaluations were done asking participants about the process, content area, and things of that nature. Soon the JRB pilot will start, a large part of that project will be the protocols



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and procedures guide. The guide that was created in 2016 needs to be updated to create a restorative foundation. Part of the pilot will be to test out this new guide to see how well it works.

**Next Meeting: Thursday, September 15, 2022, 2:00pm-3:30pm**