

Child Health and Development Committee Notes
3/25/2010 ~ United Way of Greater Waterbury

Attendees:

Gary Steck
Christine Bianchi
Barbara Tacchi
Sandy Porteus
Lori Hart (Staff)

ChildFIRST:

Volunteers sitting on PPB, SRC and BTS are all contributing members of ChildFIRST. It was proposed that the Bridge to Success Child Health and Development Committee become the coordinating committee of ChildFIRST; however more recruitment for this committee is needed. The proposed structure would be to have Executive Committee above ChildFIRST to assure key stakeholders are reporting in. The following were suggested as recruited members:

- Alex Geertsma (St. Mary's Hospital)
- DCF (Patty Zuccarelli is willing to provide a team member)
- Others

This committee would incorporate existing groups where people come to talk about children's issues. This can expand to include others so that children's issues can be addressed in a community fashion. The idea is to improve outcomes and fund this rather than treatment. System of Care would be established to oversee communication, review data and oversee implementation.

The target population for ChildFIRST includes:

- Identifying children 0-6 with behavioral health issues
- Mothers with depression or anxiety due to environmental factors

150-200 families would be treated during the first 2 years. Gary Steck stated that the treatment model is 3rd order psychotherapy. The attachment theory will be used to strengthen ___ relationships. Family interventions will happen. A cognitive behavioral approach will be used to empower mothers and refer as necessary. Community rallies will occur to provide resources. The home-based model will also provide intensive wrap around services. The outcome of this is to have a manualized intervention protocol.

The ideas mentioned above seem to be ideal for this committee as 98% of TANF population is seen at St. Mary's or through StayWell. The results of this include:

- Decrease in poverty
- Increase in educability – education outcomes, readiness for school
- Less kids entering special education
- Decrease in child abuse which will affect child, parent and caregiver emotional wellbeing
- Increase in child and maternal wellbeing
- Not entering MH system
 - Learning collaboration kickoff April 7th, 2010 will provide more details and show how each community will interpret the model
- Decrease in maternal and child depression

Thoughts were the it often

Thoughts were that it often seems there may be less support as families have more children. It also seems that postpartum depression often lingers well beyond what is initially thought.

Sandy Porteus suggested connecting with New Opportunities Connecting Circles Initiative as it may be helpful and supportive. The program creates opportunities to connect to alternative resources. Lacey Burn is running the program. Sandy will send out information regarding the initiative.

Universal screening is ideal; however there is concern that you don't have the resources to work with those identified. Gary stated that the advantage is collecting data and show that Waterbury has specific outcomes and data. It would provide behavioral health outcomes and school readiness data especially relating to mental health. There is a common theme when hearing from school staff and that is that there are often more mental health issues that negatively affect school readiness. Gary noted that school readiness tools are in the ChildFIRST model. Gary noted that Waterbury's contribution to ChildFIRST should "beef up" psychotherapy approach which will help with Medicaid sustainability. Early childhood consultation is classroom based.

Christine Bianchi suggested bringing pediatricians in relating to ChildFIRST. Developmental pediatricians don't necessarily know what to do or even the right questions to ask. Gary noted that there is a training manual for pediatricians listing when to refer and when not to refer especially relating to developmental issues. One pediatrician may have 60% of children with developmental issues.

Gary stated that ChildFIRST does not have to be the only focus of this committee. Barbara felt that people will discover more resources through addressing ChildFIRST. The focus may be on ChildFIRST and creating a training manual for pediatricians. The SUN Project and Catholic Charities Hubs should be recruited in.

It was suggested that mental health be in the Bridge to Success Plan. It was also questioned if ChildFIRST has to be incorporated into the plan as well. It was concluded the Goal C fits best with ChildFIRST. The action steps for each of the goals should be used as a working document.

Next Steps:

The following people will recruit someone to be on our committee:

- Gary (St. Mary's; CJR, DCF)
- Barbara (Catholic Charities)
- Sandy (New Opportunities)
- Lori (Parents – eventually ChildFIRST alumni; Trish Spofford – PLTI person)

Monthly progress reports from ChildFIRST and SUN would report to this committee. Christine Bianchi will work on this from the status report form.

Potential Indicators:

- # of children receiving universal screening
- Participation in mental health care
- Rate of children using mental health in schools
- Rates of child abuse - % of substantiated cases
- School readiness measure – Kindergarten assessment as a cross program measure

Next Meeting:

Meeting dates and times were discussed. An 8:00/8:30AM meeting is ideal except for the 3rd Friday of the month.

Other:

May 8th, 2010 is the second annual Family Festival from 10:00-2:00PM at Library Park. Around 600 families are expected. There will be a family and parental stress table there.