



Task Force to Study the Statewide Response to Minors Exposed to Domestic Violence

Human Services Committee

MEETING MINUTES

Wednesday, September 9, 2015

10:00 AM in Room 2A of the LOB

The meeting was called to order at 10:23 AM by Co-Chair Karen Jarmoc. Who stated that this meeting would focus on Education and Prevention.

The following committee members were present: Karen Jarmoc, Garry Lapidus, Linda Harris, Dr. Damion Grasso, Trooper Karen O'Connor, Cynthia Mahon, Jennifer Celentano, Esq., Rachel Pawloski, Sarah Eagan, Judge Elizabeth Bozzuto, Stephen Grant, Christine Rapillo, Jessica Veilluex, and Kelly Anelli

Presentations were made by Linda Harris of the Office of Early Childhood and Kelly Anelli of CCADV.

The minutes from the previous meeting were reviewed by members.

Garry Lapidus talked about using the public health approach to guide the work of the committee. He offered an explanation and example of what that means:

- Primary Prevention - The work done to help people who are not sick or injured and to prevent future illness and injury.
- Secondary Prevention - The work done with people who are not sick or injured, but engaged in high risk behaviors.
- Tertiary Prevention- The work done with sick and injured individuals to help reduce the severity of their illness or injury.

He offered the example of cigarette smoking and lung cancer. At Kindergarten, one would most likely find that none smoke cigarettes. Primary prevention would help non-smokers remain non-smokers. At the 9th grade level, about 13% are smoking. They may not be sick, but they are engaging in this high risk behavior. Secondary prevention activities would be the work to try to convince them to quit smoking using strategies such as medications such as Nicorette gum, nicotine patches or Chantix,

smoking cessation groups, and contracts. Tertiary prevention activities involves people that are sick or injured. In this example, a long-time smoker is now coughing blood tinged sputum. The person visits the physician who orders a chest x-ray and a lesion is found and biopsied and a diagnosis of lung cancer is established. Treatment options would likely include surgery, radiation and/or chemotherapy. At this point, no amount of intervention reduces your rate of lung cancer. To reduce the rate of lung you need a focus on primary prevention.

When you apply this model to domestic violence, it is evident that primary prevention is key. This is the work done with school aged children to teach them about healthy and unhealthy relationships. One of the presentations at this meeting, Safe Dates, is a CDC proven effective program that does just that. Secondary prevention is the work done to identify people in violent relationships and get them help. This includes domestic violence screening in hospitals. Tertiary prevention is the work done with people who are being hurt, mostly women and children to get them the services they need and try to remove them from this violent relationship.

Karen Jarmoc introduced the first presenter, Linda Harris, of the Office of Early Childhood, Family Support Services Division. Ms. Harris' [presentation](#) focused on the importance of home visiting in early prevention and interventions with regard to domestic violence. Specifically, the Nurturing Families Network Program was discussed.

Following Ms. Harris' presentation, there was a question and answer period. During this period, it was learned that, though it is a voluntary 5 year program, the average duration of service for the Nurturing Families Network Program was about 2 years. Ms. Harris said that the Office of Early Childhood will look into data further to try to discern the characteristics of a family that remains in the program versus those of a family that discontinues. She noted that families with a higher risk tend to stay longer and have better outcomes. Data was also requested on the breakdown of referral sources.

In terms of outreach, Ms. Harris explained that the programs are all in hospitals or affiliated with hospitals, but that the OEC works with a group called the Network Connections Staff who go out into the community to WIC offices, OBGYN offices, etc. to try to engage families. She believes there are about 36 programs located throughout the state.

In response to a question regarding DCF referral for a family discontinuing or choosing not to enroll, Ms. Harris said that DCF referrals are automatically made when there is risk of neglect or abuse to the child. However, 92-98% of people offered the program do participate. This program is an example of a secondary prevention program.

Once a family is enrolled in the program, they remain in the program, even if a DCF referral occurs. However, if a DCF involved family is receiving mandated services from DCF, they cannot be enrolled in the Nurturing Families Network program. When asked about the strategy for increasing capacity to accommodate the need that is greater than capacity of the program, she answered that there is a Home Visiting Consortium that is looking at that very issue. She believes that every family would benefit from home visiting, but currently only those with the highest risk are offered the program.

It was asked what percentage of fathers were involved, Ms. Harris answered that many fathers that are involved initially may not be involved after a year or two. That is why the father's program was created. OEC will work with a father in another location if he no longer lives with the family.

Karen Jarmoc asked for information about funding for the program. She asked what the investment looks like and how it is distributed to help in formulating recommendations to the legislature. She also asked for information about the training for Family Support Providers and how many there are. Additionally, she asked for information regarding the questions and screening done that leads a family to the program, and what happens when there is a positive screen. What referrals are made, how are Family Support Providers working with families, etc.?

Family Support Providers are not required to have an MSW, but must have experience in working with vulnerable families.

Karen Jarmoc asked the people representing Judicial to look into whether referrals can be made from there end into the Nurturing Families Program. It was mentioned that most families in juvenile court do have a DCF referral.

It was asked how other programs intersect with the Nurturing Families program. Ms. Harris answered that Child First works with attachment issues, and referrals can be made from Nurturing Families to Child First. DCF can refer to Child First. The Early Headstart Home-based Option only works for children participating in that area.

Home visits can be weekly, and work around family schedules. They can occur in the evening or on weekends. If other referrals, such as behavioral healthcare for the mother, appear to be necessary, the family support provider will make those referrals. There is currently a program to train in home cognitive behavioral therapy providers to go into the home as part of this program.

The services available through the Nurturing Families Program run through school age, and it was mentioned that it may be beneficial to extend the age.

Maggie Adair of the Office of Early Childhood will try to make information and data requested available for the next meeting.

Data was also requested on funding sources for prevention.

Karen Jarmoc introduced Kelly Anelli, who gave a [presentation](#) on the Safe Dates program. This is a program for middle to high school students about safe relationships. CCADV trains school personnel to administer the program. There are 10 sessions to train these personnel; however, training can be compressed into 6 or 4 session trainings.

After the Safe Dates presentation, Karen Jarmoc discussed the difficulty in lack of funding to disseminate the great information this program offers. She also explained that there is no mandate around offering such programs in schools, and there is understandable push-back from municipalities because such a mandate would be unfunded.

She explained that CCADV has attempted to encourage the legislature to establish the program in schools, but there is currently no mandate.

Rachel Pawloski stated that there was no program anything like the Safe Dates program in the school and she likes that this program begins early. She asked if schools request the program or if CCADV reaches out to schools to make them aware of the program. Ms. Anelli said that they reach out to schools around the state. There is also a Community Educator that receives no state or federal funding that helps with outreach for the program.

The idea that training for this program may be beneficial in other settings, such as with social workers, etc. Ms. Anelli stressed that there must be a commitment to the full training, be it the 10, 6 or 4 session training. When asked if there is “booster” training for people that have been trained, she said that people can come back. Community Educators will also work within their catchment area to help people who have been through the training.

Garry Lapidus expressed his belief that it would be beneficial for several people within a school, serving in different capacities to do this training, such as administrators, teachers, counselors, and social workers. Another idea is to use professional development days to train teachers in the program. Karen O'Connor added that School Resource Officers are another great group to train.

Karen Jarmoc thought that asking the Department of Education if they have information on what programs may be currently offered to schools around this type of training.

Karen O'Connor asked if there is consistency in what students are being told about safe relationships. Karen Jarmoc will follow up with the SDE.

Sarah Eagan mentioned the Public Health Youth Risk Survey and asked what is done with all the data that is collected. She also mentioned the Center for Children's Advocacy which is a non-profit law firm, has a teen legal advocacy group and brochures for teens and they may have materials available.

When asked about the cost of the program, Ms. Anelli said the books and cd's are about \$25 and the trainer is about \$650 per day, and there may be the cost of a facility to provide the training in.

In an answer to a question, Ms. Anelli stated that an entire section of the program focuses on social media.

Karen Jarmoc talked about considering how to partner with Boys and Girls Clubs to try to reach young men with programs like this.

Dr. Grasso said that he believes that there are many venues that this program would be useful in.

Next month, the meetings and presentations will be focusing on law enforcement. She stressed that for those scheduled to present in the future that data and cost are very important pieces of information for the task force members to hear.

Ms. Jarmoc invited people to bring up models that they have seen in other states to share with members.

The meeting was adjourned at 11:55 AM by co-Chair Karen Jarmoc

Video of the entire meeting can be accessed on [CT-N on demand](#).

Kristen Traini
Committee Clerk