**Leadership Council on Early Years**

**Virtual Meeting Minutes**

**DRAFT Pending Approval**

September 30, 2021

9:00 - 11:00am

* **YouTube Link for public:** <https://youtu.be/6migEPO-hVo>

**Members Present:** Governor Tony Evers, First Lady Kathy Evers, Emilie Amundson (DCF), Joel Brennan (DOA), Kevin Carr (DOC), Rebecca Murray (CANPB), Jill Underly (DPI), Amy Pechacek (DWD), Linda Hall (OCMH),Joaquin Altoro (WHEDA), Mary Kolar (DVA)

**Others Present:** Andrea Cammilleri (DCF), Nadya Pérez-Reyes (DCF), Bureau of Refugee Programs (DCF), Dan Hereth (DSPS), Sarah Smith (OCI), Bettsy Wood (WEDC), Tracey Luber (WEDC), Catherine Haberland (DFI), Curtis Cunningham (DHS)

**DRAFT Minutes**

**9:00 - 9:10am Welcome, Introductions, and Approval of Meeting Minutes**

*Emilie Amundson, DCF Secretary*

* Rebecca Murray motion to approve minutes
* Joel Brennan second
* All in favor, none opposed. Motion to approve minutes carries.

We sent two documents last week:

* Overview of funding grants and press releases from other agencies
* LCEY survey results

DCF assigned staff to review press releases from all other agencies and see where any funding opportunities may be relevant to our audiences. We are impressed by how many of you are including education and child care providers in your parameters/ specifications. We created a chart and pushed it out to the early care and education community to provide details on how they could use your pots of funding. If you notice anything is missing, please let us know. Please use this document and let us know how we can support you. You also received data compiled from the survey you completed.

Within family services, the concept of social connectedness is emerging. It really resonates with me as someone experiencing the depth of the pandemic in a family of 4. Cut off from some of relationships that helped us feel safe, sane, supported. There were times in this pandemic when I’ve felt disconnected from my support network for the first time in my life. As a mom and daughter, that was really hard. Thinking about how we create social support networks in communities for those who have a lot of access to them and those who don’t. I thank Rebecca Murray and Linda Hall for their work in this space. What is our stake to help create the socially connected landscape that keeps communities strong?

Later, we will pivot to talk about families who have just arrived in this state and will be looking for that social connectedness—the Afghan guests in Fort McCoy. 400 evacuees will resettle here in Wisconsin. How are we building that network of support for them? The DCF Bureau of Refugee Programs solves this puzzle every time we resettle refugees in Wisconsin. What does it mean for our agencies to lean in to building that social connected fabric in communities? We pull all sorts of levers and I look forward to discussing that today.

Today, we will lead off with what do we know about this and what families say is important to them. Rebecca Murray will share some of what she has learned from listening sessions and surveys.

**9:10 - 9:30am Listening Session & Survey Findings, Q&A and Discussion**

*Rebecca Murray, Executive Director Child Abuse and Neglect Prevention Board*

We do primary prevention focused on protective factors. Who is the prevention board? We are an independent, small board set up in statute since 1983, to set policy, public awareness, and focus on prevention to support families and prevent child maltreatment. 4 legislators, 10 public members who apply, many of you or your designees.

We’ve had a recent update to our mission: to mobilize research and practices to prevent child abuse and neglect and strengthen families in Wisconsin.

Vision: Every child in Wisconsin grows up in a safe, stable, and nurturing environment.

Primary goal: Prevent first time occurrences of child abuse and neglect across Wisconsin utilizing strategies that are equitable and inclusive of all rural, suburban and urban communities and residents.

What does primary prevention of child maltreatment mean? It’s looking at the whole community regardless of risk, preventing maltreatment and other challenges before they occur, buffering against adversity and promoting optimal development of children. Includes strengthening economic supports, universal parenting and healthy relationship education/skill building, providing quality child care and education early in life, changing social norms to support parents and connecting parents to resources, universal enhanced primary care, father inclusive strategies, supporting families within their racial, cultural, and historical context.

In contrast, secondary prevention focuses on families with one or more risk factors with more intensive strategies targeting risk factors such as poverty, substance abuse, mental health concerns, young parental age, disabilities. Include home visiting, Birth to 3 and Headstart, behavioral parent training programs, targeted parent education.

Tertiary prevention is for families with strong indicators or where maltreatment has already occurred. Includes high intensity strategies to eliminate that behavior and its consequences. Includes anger management, wraparound services, comprehensive community services, family reunification where applicable.

We take a public health approach to child wellbeing, meaning we aim to provide the maximum benefit to all people collectively. Child maltreatment is a complex issue and we have to take a complex approach to it. Letting families know there are challenges and stressors in parenting and it’s ok for parents to reach out to others, changing the social norms around that. We don’t just want to prevent the negative, we want to promote the positive. This leads us into social determinants of health, including conditions in which people are born, grown, live and age. A child’s zip code can be more determinant of their health outcome than their genetic coding. These are things that can be changed.

We ground everything in the Strengthening Families Protective Factors framework at the Prevention Board. They identified everything families need in terms of skills, strengths, resources, and coping strategies that help families deal with challenges and stressors. They are a strengths-based approach to partnering with families, respecting them and having them in the driver’s seat. Five factors: social and emotional competence of children, knowledge of parenting and child development, social connections, parental resilience, concrete support in times of need. We had focus groups around the state help us put this in simpler terms for parents and grandparents, and we have a website around it in relatable terms for them.

We had an online survey, wanting to hear about impact of Covid on families. We also worked with a contractor to hold 11 listening sessions across the state. 180 survey respondents, all female, mainly from 2-parent households, most had post-high school education. Not fully representative of all types of households. We heard a lot about stress of the pandemic, loss of income and hours, mental and physical toll. Balancing challenges of educating children, financial concerns, decline in mental health and balancing responsibilities.

Majority of focus group participants were mothers but we had a few fathers. One session was moderated in Spanish, one session was focused on LGBTQ+ youth and/or parents who were LGBTQ+, two tribal sessions.

10 key findings: parents are struggling to navigate systems and policies, trust and affordable child care and housing are needed. Meeting the basic needs for family prevents parents from being present as nurturing, loving, engaged parents. Mental health services are lacking. Addiction support is needed. Parents worry about the safety of children, bullying, lack of programming for teens that was not sports-related. Historical trauma, and addiction and mistrust were brought up in tribal listening sessions and others. Intentionality is needed to address the needs of LGBTQ+ children and families. There is a lack of resources and services in rural WI. Bilingual programs are critically needed.

Conclusions: families are surviving, but very few who participated are thriving. Families are resilient, but systemic change is needed.

5 more sessions involved 34 individuals from 20 agencies to discuss these findings and how to use funds. Family Resource Centers (FRCs) are a place for Parent Cafes or support groups. Focused on providing this funding to FRCs to be a community hub for parenting supports, fostering child and youth development. Many referrals come to them and they refer to the communities for mental health or substance abuse treatment, basic needs, early intervention, economic supports, job supports, etc. There are about 50 in WI but 22 are a network of FRCs coordinated by SFTA. We received funding from PDG and DCF to really work on an infrastructure with 10 FRCs to complete quality training, develop standards for quality FRCs. Also used ARPA $1 million for social connections. Humans are special animals in that we need interaction, connectedness.

**Questions/Comments:**

**Curtis Cunningham:** Through translation services in Medicaid, learned that just translated does not equal culturally and linguistically competent. We need to increase funding for that cultural relevance. I’m curious about FRCs because we also have supports for youth and regional centers for children and youth with special health care needs. I’m hearing a lot of different places the need for FRCs, but must ensure the expertise to offer the services. Similar to the ADRC system we have for long-term care. Many agencies dedicate resources to this kind of model. A no wrong door system.

**Rebecca Murray:** the ADRC is the model we use for FRCs. It’s for everyone, but for those with more complex needs, they will also get help and/or referral.

**Linda Hall:** we created a map for how to access children’s mental health services. There are lots of lists but I don’t know how to start for a specific problem. I think it’s a critical issue and if we can find ways to align these things we mentioned, we’d maybe have more resources to help them.

**Governor Evers:** Thinking through FRC concept and guessing if we look harder, we’ll find FRC-type activities all around the state. Last night I was with the Potawatomi tribe. They just opened a community center that probably does 80% of what was listed for FRCs. I think we need to search to find what already exists in our state and make sure we don’t try to build things from scratch.

**Emilie Amundson:** Agree, we need to see who is serving this role naturally/organically. How do we build a bigger table and be sure not to assume there is one right model. Others may approach it differently as the trusted, go-to people in the community. CAP agencies are an example. We also look a lot to other states to determine how we organize a systematic approach that can be funded.

**Jill Underly:** Is this what community schools ideally would be? Rather than creating more resource centers outside schools, can we build off schools and use them as the center? In rural communities in particular, they lack a lot of these services, including health or dental, mental health, students with disabilities. How can we use our schools to help realize some of this work, too?

**Rebecca Murray:** good point. In some rural communities, this only exists in elementary schools.

**Tracy Luber:** COA Youth Centers in Milwaukee have two FRCs, HIPPY program for in-home instruction with parents to help them teach their kids. Phenomenal programs.

**Emilie Amundson:** If you haven’t visited a FRC, I think every one of our agencies would benefit from a tour.

**9:30 - 9:50am Fostering Social Connectedness Campaign, Q&A and Discussion**

*Linda Hall, Director, Office of Children’s Mental Health*

Our office is charged with monitoring the mental health of kids and work for better alignment among all our departments to improve services that are available for children. We began by examining all the departments for the services they offer and identified primary things happening at each phase of life:

0-5: unrecognized mental health issues lead to preschool expulsions, black boys have highest expulsion rates (SFTA survey)

6-12: lose the ability to make and maintain relationships (national 22%, WI 26%)

13-18: increasing anxiety, depression, lack of belonging contribute to suicide rate--40% of students are very anxious, nervous, tense, scared, or feel like something bad was going to happen, and this was before the pandemic

19-24: need the support of older adults to launch and be mentally healthy, greater chance 20-24 going to prison than being employed (American Indian, black, and white suicide levels all higher in WI than national average)

Collective impact lens to work: What’s the one thing that we can all work on that would leverage change for kids? Our answer was social connectedness

High schoolers on the Voices of Wisconsin Student Project-slide showed quote from student

Percentage of children not feeling social connected in various ways range from 17-55% of students surveyed, 28% had difficulty making friends

What do we mean by socially connected? Youth are socially connected when they are actively engaged in positive relationships where they feel they belong, are safe, cared for, valued, and supported. Based on CDC definition.

How do we measure progress? Looking ate state, local, and program levels. Asking programs where they could be doing more independently or collaboratively.

People like the agenda and feel they are already working on it. They want specifics so we identified categories of connectedness:

* Family
* Supportive Adult
* Peer
* School/Early Education
* Community
* Cultural Identity

We have wonderful responses from many agencies on what they do in these areas.

Phase 1 of the campaign is about sharing stories, data, encouraging prioritization of social connectedness. Seeing connections to social isolation of the elderly. We all need the connectedness and there is good work being done at that end of the spectrum.

Phase 2 will involve creating messages, adding resources

Phase 3: measure success

Phase 4: broaden stakeholders engaged (go beyond human services). Triple the number of people working on this, reach business sector.

**Emilie Amundson:** Watched a Head Start Parent Café— Many parents were under 26. Participants learn a 10-minute activity, they do it with their child in their classroom. So powerful to take a 2-generation approach. Creates community for parents and experiences for families in the moment. National HS made this policy decision to take a 2-gen approach.

**Linda Hall:** grateful for Curtis linking her to DHS groups working on elderly social isolation. There’s a lot of great energy coalescing, including in FRCs.

**Curtis:** thinking about impact of technology and phones creating isolation

**Jill Underly**: It’s overwhelming to think of all the need but also exciting to know there is so much opportunity.

**Mary Kolar:** Totally relevant to what adults are experiencing. Many children are experiencing stress because they sense what we are feeling.

**Joaquin Altoro**: Appreciate the data, it’s sobering. Reminds me of taking a drive to a conference in Detroit. Overwhelmed seeing blocks upon blocks of housing that is vacant, blighted. I thought how could they ever get past this? I know there are neighborhoods in Milwaukee do not have one homeowner of color. Even one would have an impact on mindset and behavior of people in that neighborhood.

**Governor Evers:** Today is a day in Canada for remembrance of Indian Boarding Schools. That’s an example of absolute nuking of social connectedness, removing children from homes and families. I encourage people to take a moment of silence sometime in your day to think about this today.

**Emilie Amundson:** Yes, we need to contend with our history, ask how we move forward. Reminds us we must do this differently moving forward.

**10:00-10:05am Remarks on Afghan Refugees in Wisconsin**

*Tony Evers, Governor*

The pandemic has been 18 very difficult months and we are working at every level of government to ensure a safe, successful school year. We all agree, we have to support social and emotional needs, mental health, and try to simultaneously accelerate academic achievement. That’s why we put some of our ARPA funds to Beyond the Classroom out-of-school providers. Basically, everyone is stepping up proactively to help address these needs.

When I visited Fort McCoy, one of the things that struck me was the number of kids, lots of soccer being played. We are grateful for all the service here in Wisconsin to execute these operations, including National Guard, Army, non-profits, WEDC, Emergency management, health care providers, and many others. DCF providing case management, coordination, collaborating in family well-being issues. We reaffirm to federal agencies that WI remains ready to help in any way to support successful transitions for these families. Most other resettlement agencies across country have fewer children and I think it’s because they saw we are ready and strong with children. This is a good thing.

**Emilie Amundson:** Fort McCoy has become the largest city in the county in a number of days. Once things settled and we had food, clothes, etc. We started to think about mental health and what would bring families meaning so they can go to bed saying they had a good day. We have a very strong team with DCF Assistant Secretary Nadya Pérez-Reyes and Bureau of Refugee Programs’s team working on this.

**10:05-10:35 am Resettlement Network’s Support for Refugee Families Across Wisconsin**

 *Director, Bureau of Refugee Programs & State Refugee Coordinator, Department of Children and Families*

* Director’s, I was 11 when the war in Bosnia started, I was 14 when I had to escape with the clothes on my back. We didn’t speak English or know the culture. With help of community and volunteer resettlement agency, we got back on our feet.
* I worked in a resettlement agency, became case manager, employment specialist in Milwaukee. Began working with DWD. Went back to school, became a health care administrator. Applied for this job and was thrilled. I get to shape programs I once benefitted from, very emotional, especially visiting Fort McCoy.
* DCF is responsible for overseeing all of these services. Contract with resettlement agencies, health department, TANF, job support programs, ESL,…25 contractors in all and many other stakeholders. Community members, volunteer programs, etc. We have a Refugee Advisory Council to gather these groups. I also liaise with federal councils.
* Milwaukee, Fox Valley, and Dane County currently resettle refugees; hearing interest from Green Bay and Wausau to open resettlement agencies.
* Every year, President and Congress decide how many refugees to let in each year. Obama set it at 110,000, Trump cut it to 50,000. It’s now 15,000. FY2022, we increase to 125,000.
	+ 2016: 1,800 refugees resettled in WI
	+ 2020: 250 refugees
* Dept. of State puts out a notice of funding for reception and placement, including how many, what groups they hope to resettle. We respond to that notice of funding opportunity. Local affiliate conversations--need to determine how many we can take in, do we have an established community with this ethnicity, etc. We then get the final table of how many will come to our state. WI has never been a leader in the numbers—20th-24th place, but we have always been a leader for effectiveness. This determines our budget.
* Reception period is done (refugees get furniture, clothes, housing) then passes to us for employability, find jobs, help kids and other household members achieve their goals.
* Traditionally refugee resettlement has always been about jobs and income. It’s only recently that we started to think about mental health, collaboration, and multi-generational approaches.
* Major states for Afghani resettlement: California, Washington, Maryland, Virginia, and Texas
* Four categories of Afghan nationals-Special Immigrant Visas ready to be resettled, Refugee P1, P2; SQ/SI-worked with American government, started application and haven’t finished. Largest groups are those who worked with us but haven’t begun to apply at all yet, and many of those are at Ft. McCoy.
* We now know we will resettle Afghan nationals-400 in Wisconsin
	+ Could come from other bases, not just Ft. McCoy.
	+ Not eligible for benefits
	+ Hopefully will be able to offer them access to public benefits if the continuing resolution is passed
* Before Afghan crisis, building capacity efforts were underway based on the presidential declaration, since we had declined to serving only 250 this year. I started my job right at the start of the “Muslim ban” and the policy during this time has been very harsh and damaging. It will take some time to rebuild our capacity. Three primary issues:
	+ Affordable housing, especially for larger-sized refugee families
	+ School access, linguistically and culturally-appropriate services
	+ Medical partners, complete screening as required in first 30 days
* 1,350 refugees + Afghan guests in this fiscal year. Need to deal with social connectedness and know we don’t have an established Afghan community. Borrowing materials from other states who have things for their languages and culture.
* We have started meeting with families in refugee communities, for example the Rohingya community in Milwaukee, the largest Rohinya community in US. They told us about domestic violence, then they started talking about transportation, other challenges. The community started to open up and create their own groups to dialogue and address challenges, which is a good thing.
	+ Ft. McCoy is already doing this kind of focus group, with men, with women Afghan guests. DCF will hear more from the guests directly next month so we can learn how we can help.

**10:35-10:50am Discussion: Fostering Social Connectedness among Wisconsin Families**

**Linda Hall:** OCMH has an impact group that wants to know more what we can do, the group interested in early childhood consultation, help with kids showing behavioral issues or stress. Our Feelings Thermometer is translated into Dari and it’s on our website.

Catherine: These presentations today were amazing. Thank you for today’s program.

**Bureau of Refugee Programs:** we are so grateful for all the questions and offers for help in recent times. Thank you to all of you for this, reach out any time.

**Emilie Amundson:** We are looking for innovation in this time while we wait for funding to offer the supports we feel we need. We invite conversations with any of you if you know of a way to resource some of the systems we need to build. We are moving past the emergency phase of the situation and want to plan. The whole state has been amazing so far; grassroots efforts of communities. Two families are in Madison receiving medical services and they have both indicated interest in staying here. That speaks to the hearts and openness they’ve experienced these last few weeks.

**Governor Evers:** It’s important for us to be welcoming and do the right thing. As you know, there are people in our world who are opposed to these actions. It’s easy to politicize any event from wearing a mask to supporting refugees, we all know what the right side is, so we must continually voice that and act in that way.

**10:50 - 11:00am Wrap-up and Next Steps**

*Emilie Amundson, DCF Secretary*

We will be reaching out about membership, the ways we approach these meetings. These will be happening in the next quarter. Grateful for the trust we have to work together.

**11:00am Adjourn**