

CT Family First - Governance Committee

November 23, 2020 | 8:30 - 10:00 am

Microsoft Teams Meeting

Welcome and Introductions

- Ken Mysogland and JoShonda Guerrier thanked everyone for being at the meeting. The last time this group met, it was late January.
- Ken and JoShonda introduced themselves as the co-leads for DCF's Family First planning efforts. Ken also facilitated introductions for the workgroup.
- Commissioner Vanessa Dorantes opened the meeting with a few remarks.
 - The Commissioner said that she was happy to see everyone and glad to have started this work before the pandemic.
 - Like DCF, the participants in this meeting and their respective organizations have never stopped their work. COVID-19 has magnified everything, and the Department appreciates all the community organizations who have helped families throughout the Department.
 - Relationships matter. Systems, belonging, and connections matter.
 - This is an opportunity for us to examine our work and ask how we can do it better. Connecticut is a leader in child welfare, and Family First is part of a broader prevention framework we are hoping to craft that engages racial justice and equity as a central part of the process.
 - The Commissioner expressed her appreciation and thanks to everyone; your partnership allows us to do our work.
 - She also thanked JoShonda Guerrier and Ken Mysogland for spearheading this effort.

Level Set and Family First Review

- The Department began its Family First work about one year ago. Because relationships are so important, the Department wanted to invite as many community partners to be involved in the process as possible. It is important to ensure all voices are at the table - sister state agencies, families, youth, and small grassroots organizations in addition to our traditional partners. That goal has been achieved, with over 200 individuals involved in our workgroups. These workgroups have reviewed the system's gaps and strategized to ensure families' safety.
- Review of the Family First workgroups:
 - QRTP - a new workgroup that began right before the pandemic. They are reviewing the new requirements for group homes.
 - Community Partnerships - the members of this workgroup have been decentralized and embedded into all of the workgroups, creating a new feedback

loop through the SAC (Statewide Advisory Council) and the RACs (Regional Advisory Councils).

- Candidacy - the Candidacy workgroup completed its work and has been sunsetted.
- Infrastructure Practice and Policy - IPP is a new workgroup building on Candidacy's work to create the infrastructure and pathways for families to receive services.
- Governance - this group! The Governance Committee will meet monthly through May, listen to the recommendations of the workgroups, provide feedback, and make final recommendations to the Commissioner. This is not about voting yes/no; we want your discussion so that the Commissioner can be as informed as possible. We need to be able to prioritize certain aspects of the recommendation, and this discussion is central to that goal. We have both our DCF co-chairs and our external partner co-chairs for every workgroup, as well as youth and family representatives. We are glad to have a transparent process in developing our framework to support families and prevent involvement with the Department.
- Kinship and Foster Care - just recently completed their recommendations, which we will now review.

Kinship and Foster Care: Workgroup Findings and Recommendations

- The Kinship and Foster Care workgroup had 40-60 participants at every meeting, all of whom were very active and challenged each other in their discussions. Tina Jefferson and Randi Rubin Rodriguez were the co-chairs for the workgroup. Tina thanked Randi for her partnership in leading the group, as well as to Chapin Hall and Johanna Schmidt for providing support to their meetings. Natalia Liriano and Pam Kelley were both instrumental in these meetings. Finally, Tina expressed gratitude for the workgroup members themselves, who were made up of youth, caregivers, and providers.
- Randi affirmed that the members arrived well-versed and committed. This was a rewarding experience.
- The recommendations of the Kinship and Foster Care workgroup indirectly inform the Prevention Plan, although they do not specifically inform the Family First plan. This is a subsection of the broader prevention continuum. The workgroup had to think about caregiver practice, evaluate how we talk about caregivers, and develop the components of the caregiver practice model. The recommendations will inform the Kinship Navigator Program and the Caregiver Practice Model.
- The workgroup developed six areas of focus guided by its core beliefs and values. Randi explained that a lot of this work was informed by what was happening nationally; for example, the shift in language from providing "education" to families vs providing

information and support. Tina added that this speaks to the opportunities that have arisen during COVID, as prior to that, the workgroup had not spent enough time discussing race and equity. The **six areas of focus were:**

1. Improving access and referral to services
 2. Improving existing services
 3. Addressing service gaps
 4. Improving system partnerships
 5. Enhancing caregiver supports
 6. Providing support and guidance for families/kin caregivers
- Improving access and referral to services

Findings:

- Develop written policy regarding service referral process for kinship
- Develop positive communication strategies to reduce stigma of accessing services
- Develop strategies to expand community understanding of available services
- Conduct outreach with families to determine how families currently seek services or find out about resources like 211
- Strengthen provider and Careline workforce referral capacity
- Skillset in triage
- Knowledge of existing services that families can be referred to
- Develop protocol for updating program information
- Improve the referral accessibility & responsiveness
- Consider an alternative format and technologies most used by families (e.g., apps, electronic referral, social media, etc.)
- Accessible in multiple languages
- Accessible to rural communities and in every region
- Timeliness and responsiveness to information requests is essential to access
- Coordinate between referral pathways
- Finalize the list of prospective referral pathways (e.g., AAP, United Way, 211, etc.)
- Determine needed worker training, outreach, messaging, interagency agreements

Discussion:

- Connecticut is resource-rich, but families need to be able to access those resources.
- One member asked if the Kinship Navigator would apply to all kin caregivers, including those who are outside the Department? Tina confirmed that it would be for both DCF kin caregivers and informal kin caregivers.

- The Department wants to ensure there are as many services as possible sat outside of DCF so that families do not need to be involved in the Department in order to receive support.
- Improving existing services

Findings:

- Ensure Careline is a resource even if a family does not have an accepted case
- Reexamine service eligibility that requires DSM-5 diagnosis
- Expand access to services during times that work best for children and families e.g. before/after work, summer, after-school (12+), and summer employment
- Improve care coordination and information sharing
- Expand services beyond post-DCF transition and for older youth specifically around post-secondary education and housing
- Ensure services are available both in-home or community settings familiar to families and in an office setting
- Ensure equitable regional access
- When a family moves, ensuring their services and service providers follow them; Develop written policy regarding provision of service for kinship, including a coordinated handoff when worker changes
- Update and improve timely and accessible and equity of service provision

Discussion:

- It is important to examine the dynamics around how service is impacted when families move - the services should follow families throughout the state and accessibility must be across the board.
- The Commissioner pointed out that some care coordination and resource sharing entities like 211 could be connected; some of these resource hubs could connect with each other; we do not want families being sent back and forth.
- Tina added that there is some overlap in the slides.

- Addressing service gaps

Findings:

- Build specific expertise in provider workforce and/or continuum
 - Family-Focused services (wraparound, etc.)
 - Culturally responsiveness and racial justice expertise
 - Trauma-informed
 - Language-Access
 - Rural/Regional-Needs
 - Adoption-competent
 - Navigate relationships with bio family following adoption
 - Workforce Readiness to support kinship and foster families

- Develop statewide structure for legal assistance
 - Characteristics: Expanded opportunities for representation from attorneys who have family-serving systems knowledge
 - Potential strategies: Embed family specialist in all courts; and attorney on retainer for soft touch consultation
- Funding
 - Expand subsidies for families that go through probate court
 - Increase funding for Adoption Assistance programs
- Advocate to eliminate barriers in Senior Housing

Discussion:

- Legal and financial help were the top two requests based on the workgroup's discussion with the probate court.
- The co-leads agreed with the Commissioner's point on data sharing and integrating data systems. They would lift that up in their recommendations, as providers were very vocal about information access and making sure resources are available to everyone.
- One person asked if they could further explain the areas for which they are recommending legal assistance. Tina replied that this could be CAFAF or probate court expansion; during the planning, the goal was to dream big regarding an ideal system, but they did not address funding.

- Improving system partnerships

Findings:

- Build partnerships and/or agreements that enhance regular communication
- Build partnerships with grassroots and local agencies and service partners; determine what training, outreach, messaging, interagency agreements are needed
- Build Interagency coordination through website applications (e.g. United Way, Telehealth, Ayana app etc.)
- Build partnerships with referral partners (e.g. 211, schools, law enforcement, faith-based organizations etc.)
- Educate system partners and community, including the faith community, about needs to create allies and eliminate silos
- Coordinate services with providers and stakeholders (e.g. community resources, urgent care, Recovery Red Cross, 11 Caps, Circle of Security etc.)

Discussion:

- Partnerships does not mean funding, money, or staffing. We must have the goal of improving services for families/kin, and this means partnering with neighborhood and faith-based organizations. These informal systems are core to our communities.

- One person was unsure about the use of the word "informal," as this seems to ignore these organizations' importance.
- The workgroup would like to look at how these entities can be better integrated into existing systems.
- Enhancing caregiver supports
 - Findings:*
 - Establish the Quality Parenting Initiative statewide
 - Center family's needs as the focal point when developing support plan - avoid one size fits all
 - Develop different entry points for assistance
 - Change criteria definition for services to meet family needs (age barriers to access services, length of time to respond to voluntary services)
 - Develop written policy regarding *service referral process* for kinship
 - Develop written policy regarding *provision of service* for kinship (a coordinated handoff when worker changes)
 - Develop structure for legal assistance for families; for example, statewide legal services (family specialist in all courts) and attorneys on retainer for soft touch consultation
 - Expand service hours and timeline to meet family needs
 - Integrate services, DCF, SW, and providers should follow the family even across regions
 - Consider services that extend beyond post-transition
 - Update, shorten, and improve (streamline) the Voluntary Services packet
 - Reexamine service eligibility criteria that requires DSM-5
- Guidance for families/kin caregivers
 - Findings:*
 - Guidance for all caregivers:
 - Trauma-informed
 - Focus on permanency
 - Focus on bio family and foster family relationships working together
 - Consider offering trauma-focused training to all families of youth in care
 - Focused on improving a positive outcome for the children
 - Strengthening sustainable relationships – lifelong community and family relationships
 - Guidance for families/kin caregivers:
 - Not '*training*' or '*education*' – but rather '*support*', '*guidance*' etc. - messaging is important!

- Consider a team approach comprised of peer mentor, care-case manager, and clinician
- Revise intake process to be more conversational and relational
- Seek family-system focused service provision rather than emphasis on one family member
- Must be accessible in multiple languages
- Must be accessible to rural communities and in every region
- Determine whether they should develop a website to search behavioral health specialist with kinship-specific expertise

Discussion:

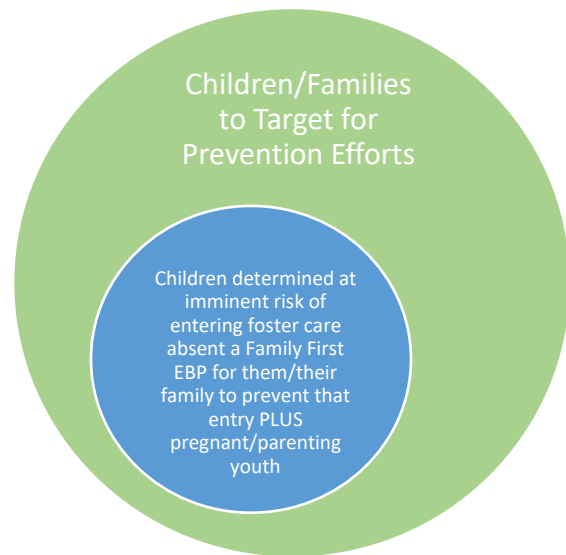
- The co-leads noted the use of the word "guidance." The workgroup was intentional with its use of this word rather than "education" or "training." Families do not need education, but they do need information. Our language and messaging is important.
- The workgroup's **core belief** is that safety, permanency, and family wellbeing can be achieved at the intersection of effective prevention, trauma-informed practices, and restorative and social justice that is family-driven and honors the child's voice.
- The **core values** that underpin their work are:
 - Prioritize preservation of kinship and family relationships
 - Value child voice in all processes
 - Ensure practice and policy is flexible to be responsive to a family's circumstance
 - Family's needs as the focal point when developing support plan - avoid one size fits all
 - Meet, recruit, and engage with families *outside of DCF-locations* (for example in libraries) to increase access and eliminate stigma
 - Share and coordinate knowledge of system, services, and stakeholders to help the family — the navigator/case manager guides the family
 - Ensure racial and economic equity & social justice in assessing caregiver capacity, recruiting caregivers and the workforce supporting families
 - Coordinate and collaborate across partnerships in order to eliminate siloes and streamline processes (between DCF, DOE and other departments/stakeholders etc.)
 - Navigator/Case manager helps to distinguish legal responsibilities or state decisions separate from relative caregiver responsibilities
 - Trauma-informed and restorative practices are embedded into caregiver practice model

Feedback and Discussion from Governance Committee

- One person asked whether the workgroup has evaluated models for access. For example, what would 211 need? Tina replied that they did some of this when looking at specific mechanisms (like 211), and those recommendations are included if they discussed that entity, but it depended on whether they had an opportunity to discuss it. Randi agreed that those would likely need further support.
- The Commissioner encouraged the group to raise any suggestions or omissions to JoShonda, Ken, Randi, or Tina. It may not be possible to capture them all, but we do invite them.
- A member appreciated the language regarding restorative practice and social justice. Randi explained that they feel strongly about racial justice but also want to encompass the economic and geographic disparities present in the state.
- Another person highlighted the strangeness of our current system, in which we seem to hold up strangers (CORE caregivers) as the standard. We ought to flip it and have kin be the focus/build the system for kin and capture that change in our licensing standards. Tina agreed that this is only the beginning.
- The Commissioner thanked the co-leads for their work and presentation, and she highlighted that it will be hard to think beyond DCF and the current boundaries. We are aiming to shift the balance in and out of the Department.

Candidacy and Infrastructure Practice and Policy

- The Governance Committee will receive more details on the IPP workgroup later, but they did want to discuss it quickly to give a sense of its work and purpose.
- The Governance Committee reviewed the circle visual that helped to guide the Candidacy workgroup. The smaller circle represents the Family First candidacy population, while the larger circle represents populations to be targeted for DCF's broader prevention efforts.
- The Family First candidacy definition includes a number of community pathways, and the IPP workgroup has been challenged to think through where these families are showing up and how they come to folks' attention. What does that pathway to services look like?



- It has been a challenge to get the workgroup to think conceptually; initially the co-leads tried to get them to consider the model, but some did not feel ethically comfortable discussing it and others hesitated to call out specific things. The workgroup instead shifted to identifying characteristics, which the members were excited about. They brainstormed characteristics and then ranked/prioritized those characteristics. The top priority was accessibility.
- The workgroup has continued thinking about pathways and how to leverage these for the broader prevention plan. The Governance Committee was asked to provide feedback on whether the workgroup is on the right path and how the characteristics the IPP workgroup identified sound.
- The Commissioner was pleased that the workgroup focused on broadening rather than narrowing. DCF needs to make sure communities can provide for its needs. DCF has traditionally focused on safety rather than needs.
- One person liked the use of the word "multilingual" rather than "bilingual." They also pointed out that trust is the key to helping families.
- Another member referenced DCF's differential responses (investigation vs FAR) and said they wished there was a way that families could access services before a DCF call. We know we should have an entry point there.
- It was suggested that there be some conversation regarding provider accountability. Service access is important, but we also need to know whether the services in and outside of state government work. Another person asked whether that information is included in QI. JoShonda explained that the workgroup has not had that conversation yet. There is a QI component related to eligibility and data tracking, and we will likely need a workgroup in the spring to address that, since it is a scope of work outside of the IPP group.
- A few Governance Committee members confirmed that this seems like a good start for the IPP workgroup.
- A workgroup member said that they liked what they are hearing and feels it is long overdue. Prevention needs to be practiced and exercised at every opportunity. The Commissioner appreciated that framing and agreed. We need to make it part of the fabric of who we are.

Next Meeting

- The next Governance Committee meeting will be on **Tuesday, January 5, 2021 from 8:30 - 10:30 am**. The workgroup will discuss the PSAWG updates.
- Remember to keep checking the Family First website for updates and email the Family First inbox or Ken/JoShonda directly with any comments or questions. DCF appreciates everyone's participation in this work.