

CT Family First – Candidacy 2.0 Workgroup

Date of Convening: February 20, 2020

Agenda

- Welcome and Introductions
- Level Set: Family First, Candidacy, and Previous Work
- Candidacy 2.0 Overview and Associated Requirements
- Screening/Eligibility Process
- Logistics
- Closing

Welcome and Introductions

- Our workgroup Co-Leads are JoShonda Guerrier, Administrator at DCF for Clinical & Community Consultation & Support, and Jeff Vanderploeg, President & CEO of the Child Health and Development Institute.
- The workgroup members introduced themselves, and the Co-Leads realized that there were a lot of new folks around the table. There were a little over 30 attendees, and about 10 were parents. The other 20 were mainly providers, most of whom had attended the previous Candidacy meetings.
- Due to the number of new people, the Co-Leads decided to do some level setting to go over the legislation, the planning process in Connecticut, and the work the group has done over the past few months.

Level Set: Family First, Candidacy, and Previous Work

What is Family First?

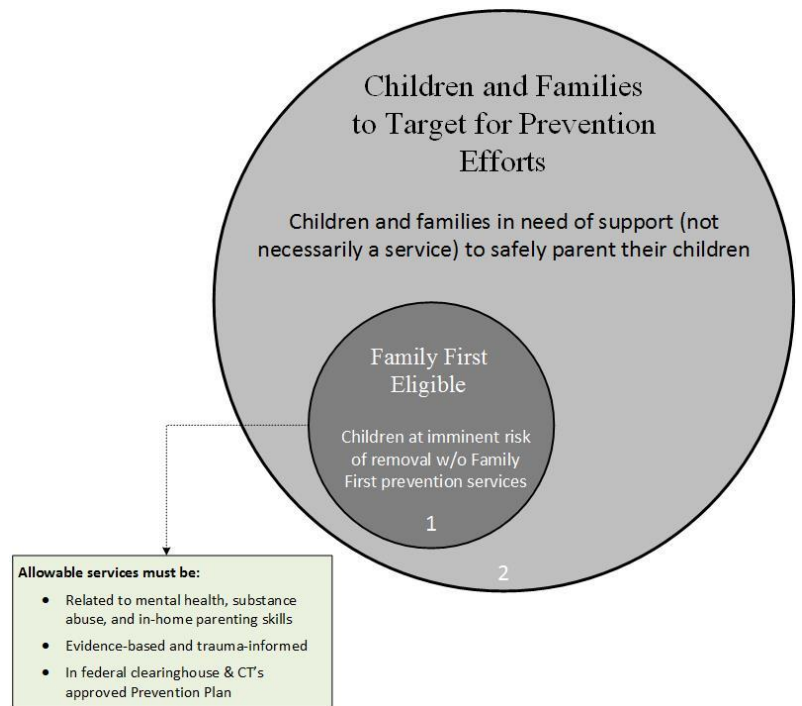
- Family First is a piece of [federal legislation](#) that passed with bipartisan support in 2018. It aims to reduce the number of children in foster care by providing funding for prevention services. When children cannot remain in the home, it encourages states to place children with kin caregivers, and when congregate care is necessary, it encourages states to use quality facilities.
- Currently, when children are placed in foster care, the state is reimbursed for services that it provides to the family. These funds are called IV-E funds. Family First shifts those funds so that states may receive reimbursement for prevention services instead, i.e. when the child is still in the home.
- To receive these funds, states must develop a 5-Year Prevention Plan. This is what Connecticut is currently working on drafting with your partnership.
- For examples of Prevention Plans, you can read through [Washington D.C.](#) or [Utah's](#) Plans, both of which have been approved by the federal government.

What is the Prevention Plan and how is Connecticut building theirs?

- The Prevention Plan includes Connecticut's plan to enact Family First--what its candidate population looks like, what services will be provided, how the state will fund it, etc. However, the plan also includes Connecticut's broader prevention efforts--what it will do alongside Family First to provide greater support to families and keep families together. Therefore, when we talk about the plan, we often use the language of the "narrow" and the "broad" plan, with the narrow being Family First and the broad being CT's broader prevention efforts. Even though we sometimes refer to them distinctly, combined, they will make up the Prevention Plan we ultimately submit to the federal government.
- In order to craft the narrow and the broad, Connecticut has created five workgroups (soon to be six). They are: [Candidacy](#), [Programs and Services](#), [Kinship and Foster Care](#), [Fiscal and Revenue Enhancement](#), and [Community Partnerships and Family and Youth Engagement](#). These workgroups develop recommendations for the Prevention Plan. There is also a [Governance Committee](#) which makes the final decisions on the recommendations.

What is the Candidacy workgroup and what have they done so far?

- Candidacy's goal has been to 1) define the candidacy population for Family First and 2) identify populations Connecticut will target for its broader prevention efforts. The workgroup initially had some trouble with this distinction, so a visual (see right) was developed to clarify the difference between the two.
- Two important pieces of clarification: One is that being a part of the Family First candidacy definition does not mean that one will be involved with DCF. Although DCF is providing these services, this does not mean an investigation will be open. In fact, one of our hopes is to work with community providers to develop a system outside of DCF so that parents do not feel like they are working with DCF. The other clarification is that being a part of the definition does not mean that one will



automatically receive services. If one is a part of the candidacy definition, they will still need to be assessed for their needs, and if a need is identified, they will have to be matched with a service listed in our Prevention Plan that is approved on the Federal Clearinghouse. We have used a "funnel" metaphor to visualize how the group of people in the candidacy pool will start off large, but the group who will ultimately receive services will end up being much smaller.

- Candidacy finished defining the narrow (1) and broad (2) in late January. Their recommendations for the Family First candidacy population were approved by the Governance Committee. The workgroup used data on DCF entry points, Careline, investigations and FAR tracks, Permanency, and much more to make these decisions. With those two definitions developed, the charge of the workgroup was technically complete.
- Although the workgroup had finished its charge, the workgroup recognized there was still a lot to be done. This is why Candidacy 2.0 was developed.

What is Candidacy 2.0 and how does it differ from Candidacy?

- Candidacy 2.0 is an offshoot of the original Candidacy workgroup. Although we have defined our population, the group realized that a lot of work around screening, eligibility, messaging, and building a community pathway to services was left incomplete.
- All of these needs relate directly to the conversations that were had in our Candidacy meetings, so many people from that original workgroup opted to remain a part of this new group.
- When the workgroups were created, family and youth input was requested, but many of the family and youth voices who have participated are part of our Community Partnerships workgroup. This group has reviewed the decisions made by other workgroups throughout the process; however, since Candidacy 2.0 will be making decisions that directly relate to families' experiences, the Co-Leads felt it was important to have family voices participating in real time, rather than just reviewing the decisions. With that in mind, they put out an ask for more family voices. This ask was answered, as about 1/3 of the participants in this meeting are family members.
- The workgroup's responsibilities will be discussed in more detail later in the meeting.

Broader Prevention Plan

- As was mentioned above, the workgroup drafted the population for Connecticut's broader prevention efforts. The workgroup asked that the Community Partnerships group read through their recommendations and add/edit as they saw fit. Their changes

need to be reviewed once more by Candidacy before going to the Governance Committee.

- Before going through the changes in the broad, the group reviewed the narrow definition of candidacy:
 - 1) Accepted Careline calls--whether it is an allegation of abuse or neglect or a call for Voluntary Services. Also includes both Investigations (INV) and Family Assessment Response (FAR) tracks.
 - 2) Youth who achieve any kind of permanency (adoption, reunification, etc.) and youth who age out.
 - 3) Pregnant and parenting youth in foster care
 - 4) Siblings of children/youth in foster care
 - 5) Community pathways
 - a) Youth and families who are unstably housed
 - b) Youth involved in the juvenile justice (JJ) system--specifically, youth involved with their Juvenile Review Board (JRB) or arrested
 - c) Infants born substance-exposed (substance-exposed as defined by the Connecticut CAPTA portal)
 - d) Families with a caregiver with a disability, mental health, or substance use issue that impairs their parenting
 - e) Families with a child with a disability, mental health, or substance use issue
 - f) Youth who are trafficked
 - g) Families experiencing intimate partner violence (IPV)
 - h) Children and youth who are chronically absent or truant
 - i) Children with incarcerated parents
- There were a few questions from the group before moving on to the broader plan:
 - One parent asked about the need to implement Family First. Connecticut has already created a differential response system (the FAR track) – why are we now creating another track and a new system rather than enhancing our existing system? JoShonda agreed that the systems sound similar in theory, but they are actually different. While the FAR track is a differential response, it is still the result of a Careline call and requires an allegation of abuse or neglect. Family First does not require any such allegation. It is not an investigation and does not result in a substantiation. It is a way of providing services outside of the current DCF system. The goal is also for it not to feel like families are interacting with DCF, which is another change from the current system.

- On that note, the parent shared that families may feel more reluctant to get involved through Family First, and it seems that these decisions always come down to funding. They also felt that their voice was asked for, but their opinions are not really impacting the decisions. Had more parents been involved, perhaps a way to expand the FAR track would have been more seriously considered. JoShonda agreed that this comment was very pertinent to the discussion, and this is the very reason they have made a conscious effort to get family voices into this discussion. No decisions have been made regarding the screening or eligibility process, and this group will be the ones designing that system. She assured the group that their opinions will impact these decisions. Also, it will be important to integrate Family First into the existing system. This does not necessarily mean expanding the FAR track. Another workgroup member agreed that this is an opportunity to break down some of the silos that are present in Connecticut's current system.
- A parent also had a question on the subpopulation "children with incarcerated parents," and whether "incarcerated" included parents who were served by the Board of DMHAS following court involvement (e.g., Whiting Forensic Hospital). The group agreed that while it is not specifically written that they are included, it is phrased broadly enough that these parents could be considered a part of the definition.
- One person asked about the parents involved with the planning process. Specifically, are the families "professional families" (i.e. people from organizations who are also a part of a family)? The answer is that there are both. In many workgroups, there are more "professional families," but there are also individual family members present, especially in the Community Partnerships workgroup.
- A parent asked whether kin were included in these discussions. They are, and we also have a workgroup that is specifically focused on kinship ([the Kinship and Foster Care workgroup](#)) of all kinds (both through DCF, probate court, and informal arrangements).
- One person expressed concern with the fact that substance-exposed infants are being included. Who gets reported as substance-exposed is very divided along racial, income, and geographic lines. People in urban communities are more likely to be referred, even if they stopped using a substance during their pregnancy. We need to be mindful and cautious about referrals due to the disparities in the system. The group agreed, and JoShonda added that the hope

is that the creation of prevention services will help lower the number of people referred to the Careline.

- The workgroup then began to review the families in the broader Prevention Plan, including the changes proposed by the Community Partnerships workgroup. All proposed changes are highlighted, and any discussion on the population or changes are noted:
 - Non-accepted Careline calls with various risk factors
 - Families with employment issues and financial instability
 - Families with children five and under
 - Families identified as having a need by schools, medical community, legal community, or law enforcement
 - Families exiting the Community Supports for Families program or IFCS (Integrated Family Care & Support)
 - Community Partnerships added the ICFS program that will soon be transferred to Beacon.
 - Youth experiencing the loss of a parent (untimely death, suicide, etc.)
 - One parent recommended that loss be broadened to include other types of losses besides death, particularly Alzheimer's, which can affect parents as young as 30 years old. The group agreed that this should actually be broadened further to include the loss of caregivers and grandparents too.
 - After some discussion, it was changed to Youth experiencing the loss of a parent, grandparent, or caregiver (untimely death, suicide, etc.).
 - Alzheimer's and other medical disabilities were added to the narrow definition (5d: "Families with a caregiver with a disability, mental health, or substance use issue that impairs their parenting"). The Kinship workgroup had asked a similar question at their meeting on whether medical disabilities would be included, and the Candidacy workgroup bringing it up solidified the need to include it.
 - The workgroup also reiterated the metaphor used in Washington DC's prevention plan ("front door, front porch, front lawn"), used to describe how close families are to interacting with the DCF system. If we consider "through the front door," to mean "entering foster care," then for example, a Careline call would be like the front porch. Having some sort of need would be more like the front lawn. This visual has helped the workgroup

visualize the process and the steps that families go through before a child is removed from the home. The question the workgroup has grappled with is where on the continuum (door, porch, lawn) can we give families access to services so that they do not need to enter the front door?

- By flipping the metaphor on its head and imagining DCF as either on the front lawn, porch, or door of a family, we can also take families' perspectives on their interactions with DCF and highlight that families do not feel like they are coming to DCF--DCF is encroaching on their life. Further, a parent made the point that even by entering that front door, social workers do not always see the full family; they only see an initial look. Families who refuse to engage with the Department may do so because they know the social worker does not have a full understanding of their family, but this then works against them. Children are removed because of misunderstandings like this.
- It was clarified that Family First is a change in the reimbursement model. Hopefully by providing reimbursement for services before a child is removed will prevent removals.
- One parent asked whether Family First addresses the issue of children who are abused while in foster care. While this is not the goal of the legislation, the Department and the workgroup agreed that this is a serious problem that needs to be addressed.

➤ Youth experiencing a violent or traumatic experience (e.g. bullying, etc.)

- While reading through these, Co-Lead Jeff Vanderploeg realized that this list calls out a lot of adverse childhood experiences (ACEs), and wondered if perhaps all the overlap means this list should be reorganized based around ACEs and trauma.

➤ Parents experiencing the loss of a child

- Some in the group felt a bit odd about this inclusion, since parents who lose a child and have no more children would seem to not fall under DCF's purview.
- One person asked whether a family could, in that situation, contact Beacon, or if there are any services for parents who lose their child. They could not contact Beacon (since their services would require that there be a child), and the Co-Leads were unsure on what supports are currently available for these parents. However, the hope is that a system

of this sort could be created. Also, as a workgroup member reminded the group, we are focusing on the child welfare system, not just the child welfare agency, and while this situation does not seem to be directly related to DCF, it is still related to the system overall.

- Another member asked whether the sibling of a child who passes away would be covered under any of these categories. It was agreed that "natural causes" be added to the youth fatality category.

- Families with youth that run away

- Children of parents that have been deployed

- Children of undocumented or immigrant parents and the family unit

- LGBTQ+ youth Protected class of youth per CT Commission on Human Rights and Opportunities (e.g. LGBTQ+, race, religion, sexual orientation, ability, disability, gender, etc.)

- The Community Partnerships workgroup agreed that protecting LGBTQ+ youth is extremely important, but they highlighted the need to focus on all children of marginalized identities. The workgroup chose to broaden this category to all youth of protected classes.

- Children with a number of adverse childhood experiences (ACEs)

- The workgroup agreed with this but brought up the cycle of trauma--what about including parents with ACEs? This trauma impacts their children, who may or may not fall into this category. The workgroup therefore chose to also add parents with a number of ACEs.

- The workgroup had some discussion on possibly including other populations in the broader prevention plan. Any groups that were added during this discussion are underlined.

- One person suggested including youth and families with generations of DCF/CPS involvement. Prior DCF involvement (not just foster care--any involvement) may put families at risk for future involvement. The workgroup was hesitant to include this population. First, the group had already had some discussion on this when considering whether Population 1 of the narrow (all Careline calls) should include calls that were closed cases, or how long after the call a family should be eligible. The consensus was that including past calls/cases would be a barrier for families wanting to get out from the shadow of DCF. However, it was pointed out that the goal of the plan is to provide community-based supports, not DCF involvement, so perhaps that should not be as big of a concern. Ultimately, it was decided that parents with

multigenerational involvement with the CPS system would be added but children would not, as they would likely be covered by one of the other numerous scenarios listed.

- A member asked about the homeless population and how they were included. It was clarified that "unstably housed" families (part of the narrow definition) includes homelessness, as well as other forms of insecurity such as couch surfing, living in a shelter, etc.
- A workgroup member made the point that there are already many systems in place to provide micro-support to families. One of the populations ("Families identified as having a need...") should also include neighborhood and faith-based organizations. We need to make sure to include families who are served by boots on the ground organizations and not just formal systems. Many in the workgroup agreed.
- Another suggestion was to add childcare services to that same bullet point, as they have a similar ability as schools, but they were not specifically mentioned. Others in the workgroup agreed with this point.
- It was emphasized that many organizations need a better understanding of the DCF system to better serve the children they work with. This is an opportunity to help educate/train the community.
- It was suggested that we add families who self-identify, and the group agreed.

Break

Goals of Candidacy 2.0

1. Identify/develop a screening tool
 - This is required under the legislation
 2. Determine messaging and a process of engagement
 - It is especially important that we are mindful of people's experiences and understand that folks may not want to engage with DCF.
 - We also need to be culturally and linguistically responsive.
 3. Discuss the broader system
 - How do we build a cohesive system?
 - How do we create a more wraparound system with fewer silos?
 4. Determine metrics and outcomes
 - This is somewhat a part of the federal law--essentially, how do we know that our programs/services are working?
- The workgroup discussed these goals.

- The group agreed that when discussing messaging, it is important that we look to family voices as their feedback will be very important.
- One suggestion we received was to stop using the word "prevention" when discussing the broader plan. For the narrow definition, we know we are trying to prevent entry into foster care, but for the broad plan, it is less clear what we are preventing. Instead, this member suggested using the word "support." Others agreed with this, as this portion of the plan seems to focus more on basic needs that result in system involvement. Several folks in the group agreed that this better reflects the actual work, and furthermore, "prevention" makes it sound like something bad is happening and does not take a strengths-based approach. However, it was also pointed out that there is a lot we are trying to prevent (trauma, poverty, etc.).
- A potential issue with using the word "support" is that it could get confused with the Community Supports for Families program, but the Co-Leads agreed to revisit the wording.
- A workgroup member highlighted the importance of also focusing on basic needs (social determinants), as any other interventions we undertake will not be effective. Family First is an opportunity to maximize our reimbursements, and they hope that it can somewhat be built onto existing services (such as the Behavioral Health Plan).
- The workgroup was assured that the Fiscal workgroup is looking at Medicaid, Temporary Assistance for Needy Families (TANF) and realigning the funding continuum. They also hope to go beyond the Family First requirement.
- One person pointed out that the entities that are contracted by DCF are not always rooted in the community, and they sometimes do not help families the way grassroots organizations do. Smaller community-based organizations are sometimes looked over. In particular, faith-based organizations are often left out. As far as these organizations go, JoShonda let the group know that the Commissioner and several other folks in DCF leadership were attending a CT Faith-Based Statewide Team meeting to discuss ways the Department can better partner with the state's many faith-based organizations. Another thing to keep in mind is that this is partially the result of an administration change, and the Dorantes administration is hoping to better consider faith-based organizations moving forward.
- One person asked where the IFCS system fits in and how it can be integrated. JoShonda explained the parallels of the IFCS program and its correlation to the Family First plan.

- A member pointed out the need for integrating this system (being developed for prevention) with the existing IT system. They also highlighted the importance of addressing racial disparities.
- As far as data tracking goes, the Co-Leads agreed that all outcomes would need to be disaggregated at some point to examine outcomes by race and make sure that the services we provide is helping people of all races.
- One person suggested learning more about New Haven's "Management Teams," which are groups in neighborhood which receive funding and provide feedback. This might be a good place to look to learn more about the communities where DCF is involved.
- A parent pointed out the importance of environmental supports--when families interact with the system heavily, this creates trauma and fear.
- One person asked whether the prevention efforts will be focused more in minority neighborhoods or in urban areas. The Co-Leads explained that there is no plan to limit or exclude by neighborhood or city, but people differ in their opinion on where to place services. Currently, no decisions have been made on locations.
- The group discussed Connecticut's geographical and regional differences. For example, one person brought up certain bills that are designed to give parents the ability to send children to schools outside their city through an open choice voucher program and a housing subsidy for children who get lottery entrance into other schools. However, another person made the point that the services need to be statewide and available to everyone. Every part of Connecticut has its own poorer areas and areas where illicit activity is centralized; however, the people that engage in those activities come from all over the state.
- Someone emphasized that a racial justice lens must be infused throughout the planning and implementation process. How do we make sure the services are racially just? Not only that, but how do we make sure that the providers of these services take a racial justice approach? Importantly, poverty is not a proxy for race, although it is sometimes treated that way. Even children of color from a wealthy background have worse maternal mortality rates, wealth disparities, health outcomes, and school disparities.
- For one thing, using both qualitative and quantitative data will be a good start to this approach. It is important to disaggregate the data and examine outcomes by race, but we should pair that with a qualitative approach which allows families to describe the details of their experience.
- One workgroup member who participates in Region 2's Racial Justice Workgroup pointed out that the workgroup has a lot of DCF employees. At a recent meeting, consultants led a painful conversation on identifying bias and how that impacts

decision-making. It would be helpful to have social workers who will be using the screening tool look it over and identify potential ways bias might affect someone's decision.

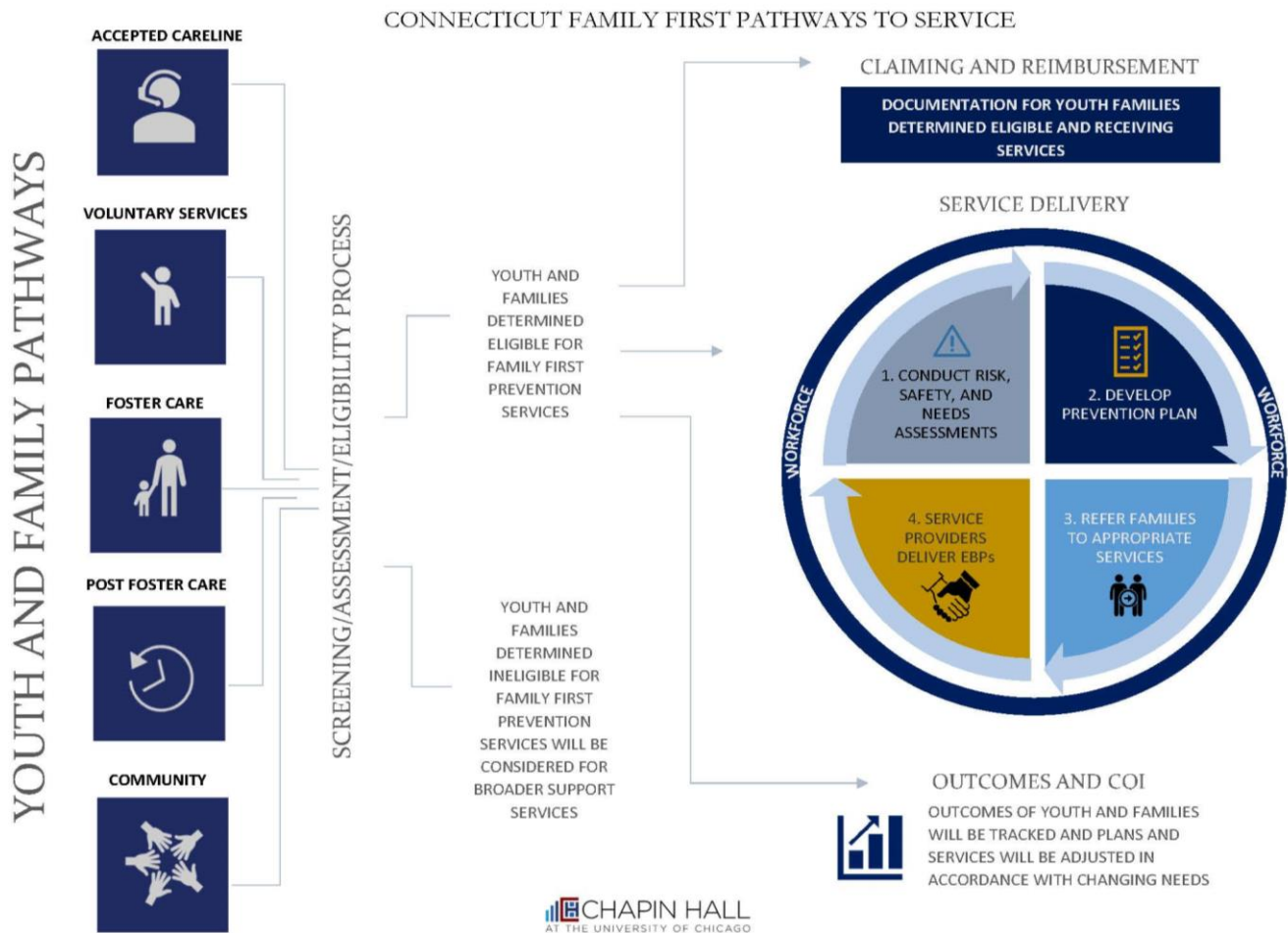
- "Systems get the outcomes they're designed to produce," said one member. While they were pleased about the conversation happening, they reminded the group that right now, we are dealing with many separate systems that are working in silos. Connecticut does not collect racial data across systems, which is one potential weak point for our data collection. We do not just want to change one system. Further, we need to keep racial justice at the forefront in our inputs, not just the outcomes. It is also important for us to pull in other folks and make sure that we are including all perspectives.
- The group circled back to the data that was shown back in January on disparities throughout the DCF system. In particular, the disparities start at the Careline--the reports themselves are very unequal. One person questioned whether this is a specific moment that we could examine and perhaps implement some sort of intervention.
- One person explained that they find vignettes to be a helpful tool. For example, running through the same scenario but changing the race of the people involved. This is a good method to get people to see their own bias.
- The group agreed that measuring the outcomes is important ("what works for whom?"), and it is also necessary to use consistent definitions.
- Educational disparities were also discussed. Connecticut's history of redlining and wealthier, whiter cities' refusal to create low-income housing affects where children can go to school. One person explained that it is important to get more black teachers into both white and black schools so that students see black leaders in positions of authority and come to see this as the norm. Another workgroup member pushed back on this, as race is a social construct and a teacher's race should not matter as much as their ability to treat children the same. It is also important to highlight the racial progress that has been made and not just think in terms of black and white.
- For parents of color living in white communities, one parent said they have found that the most important thing is to advocate for your children and encourage others to do the same. Also, representation does matter, and they encouraged black parents to go for leadership positions in their community.
- Overall, the Co-Leads felt that this discussion was a good primer for our future discussions. They highlighted three main takeaways from the discussion:
 - 1) There is a need to focus on racial justice throughout the system.
 - 2) We need to consider how informal structures can be a part of this system.

3) We cannot limit our focus to EBPs--many families have basic needs (social determinants) that need to be addressed.

The Co-Leads appreciated the workgroup for its discussion of these issues.

Grounding in the Vision and System: Visual from Chapin Hall

- The group examined a visual from Chapin Hall that demonstrates the various pathways we are trying to build out in this workgroup:



- The visual streamlined the narrow candidacy definition into five groups: accepted Careline, voluntary services, foster care, post-foster care, and community. These groups would then move through the screening/assessment/eligibility process to determine what their needs are. Some families who are not eligible for Family First will be screened out into the broader plan, while others with a need that can be addressed by Family First services will continue to move along that pathway. These families will undergo a risk, safety, and needs assessment; a prevention plan will be developed for them; they will be referred to appropriate services, and a provider will deliver the EBPs. This four-phase process is iterative, with the family's outcomes and CQI being tracked

and used to adjust the plan in accordance with their needs. The Department will need to document this process so that these families can be claimed for reimbursement.

- This chart is intended to help the workgroup orient itself and visualize the points of the process we will need to craft. Along with this visual, the workgroup was also provided with an overview of the federal requirements for candidacy.
- One important thing to note is that only the Department (DCF) can determine eligibility. Other departments and organizations can help identify families and be involved in this process, but DCF makes the final call on eligibility.
- A further note on the risk and safety assessments during involvement: there is currently no specific tool in place for doing these assessments. This is something the workgroup will need to discuss. The family will need a new assessment if they are engaging in services past the twelve-month mark.
- Again, there is a four-phase process designed to 1) understand needs; 2) develop an individual child prevention plan before service delivery; 3) refer the family to appropriate services (not just give a referral doc); 4) Deliver the EBP. The information from each stage should flow into the next one, with the data on service delivery flowing into the prevention plan. This is a feedback loop.
- Surrounding these phases is an outer circle made up of a necessary workforce. This is something else the workgroup needs to decide: who is working at the various points? It cannot be just one person doing the work at every phase, so who is the right person for each step? Who has the training, capacity, and ability?
- On that note, it was suggested that families who have had past interactions with the department be part of that workforce. These folks could be positive supports because they understand what these families are going through. Several others in the workgroup agreed with this suggestion.
- Another suggestion was that families have some say in the matching process, meaning they can influence which worker is assigned to them.
- It was clarified that DCF has to determine eligibility but does not necessarily do the risk and safety assessment. The workgroup agreed that DCF being "an invisible funding stream" is their preferred design.
- Another important point is that for families, the fewer times you change provider, the better. While it may not be possible to have just one person at every phase, the more limited we can make it, the easier for families.
- On those same lines, one process issue that is frustrating to families is having to answer the same questions or go through their full story repeatedly. To help limit this, it might be good to make sure info from the screening/assessment process is given to

the folks that are conducting the risk, safety, and needs assessment. Also, certain questions and information should go to the entity that is providing the services.

- It was suggested that we consider the possibility of waitlists for certain services and choose which populations we would want to prioritize. The Co-Leads agreed that waitlists should not be discounted as a possibility but considering that the service array has not even been finalized yet, it seems premature to make any decisions on this now.
- One person asked how this process could potentially help families with substantiations get their grandchildren. JoShonda explained that that would not be something this process would address, but that is a good point and something that would fit well in the Kinship and Foster Care workgroup's discussions.
- Several in the group felt that developing one tool that would fit all the families at different points in the system might be difficult, and perhaps it would be a better idea to create a system to funnel these families (or the data) into one place. The benefit of having one tool is that it insures consistency for all families, regardless of their DCF involvement. There may be creative ways to minimize the number of people families interact with.
- One person asked whether there is a way to rectify mistakes made by DCF (ex. an unsubstantiated case which was not recorded properly). There is an administrative appeals process.
- A workgroup member suggested creating some sort of check and balance system to make sure that throughout implementation, we are checking ourselves and our assumptions.
- It was suggested that perhaps some sort of blind review process (where names, zip code, and race are eliminated from the files) may help with the process. That way, workers base their decisions on the situation and not any of their biases.
- A parent explained that this process needs to be more open--it needs to be taken outside of this room because the workgroup does not currently encompass the opinions of all families. JoShonda agreed but pointed out that the Community Partnerships workgroup is taking the lead on community feedback. Also, we have created a [feedback portal](#) for families to give direct feedback to the Department.

Next Meeting

- The workgroup's next meeting will be on **Friday, February 28 from 1-4 pm at The Alliance.**
- At this meeting, the workgroup will consider the future meeting cadence, the types of screening tools Connecticut already has in place, and best practices.