CT Family First - Governance Committee

March 2, 2021 | 8:30 - 10:00 am
Microsoft Teams Meeting

Welcome and Introductions

- The Commissioner thanked Miranda Lynch, a policy fellow with Chapin Hall, for her support and expertise in the planning process for the past year. Miranda will be joining the Biden administration, and the entire DCF team wishes her well.
- The Committee was introduced to Krista Thomas, who will be leading the Family First work now that Miranda is leaving.
- Agenda:
  - Discuss emerging themes from conversations with caregivers
  - Timeline for Prevention Plan development and submission
  - Accomplishments and next steps
  - Upcoming recommendations

Caregivers as Experts

- Over 350 people have been involved with Family First's planning process to date, but these conversations allowed for even greater participation by bringing in families with lived experience. Some families were DCF-involved, and some were not.
- The goal was to speak with families about their experiences accessing supports and what they thought it should look like.
- We had intended to have two evening sessions but had to expand to three due to the level of interest. Each session was 90 minutes long, and Mary Ellen Hass and Miranda Lynch served as facilitators.
- Cross-cutting themes:
  - Offer a **holistic and empathetic** approach, prioritize **humility, honesty,** and **integrity**
  - Provide **advocacy and peer support** to families
  - Establish a connection **before formal assessments** are conducted
  - Focus on goals and needs **from the family's perspective**
  - **Respect** and honor the family's culture
  - **Expand respite** opportunities for families
  - Reduce the legwork families have to do by making **information about services widely available**
  - Deliver services and case management with a **trauma-informed approach**
  - **Maintain consistency** for families (regionally, across workers, etc.)
  - **Tailor services** to meet families' particular needs

- The workgroup offered questions and feedback.
- One person asked whether there is a plan to maintain ongoing communication with families. Ken replied that we can and must do this. We have had families in most workgroups, so they have been embedded throughout the process, but it was unique to have a group of all caregivers. It provided them with solidarity and comfort, and we want to do this throughout the system.
- Another member shared that they loved the intention of prioritizing lived experience - having everyone together in a "bubble" creates a level of power where people feel more comfortable sharing because others understand. Ken agreed and added that we are working on a way to package this information for our plan as well as for providers - we feel this can inform the system more broadly.
- It is powerful to listen to the needs of families directly. Ken spoke about the system being risk averse to avoid liability; when you empower a family, you have to give up some control.
- One person wondered whether, in the hopes of creating more peer support, has there been any thought towards expanding the Department to include a position like this? Ken replied that we need to look at that, but a better strategy might be to see who is already out there and try to find opportunities to include them.
- Another person asked whether there will be ongoing conversations regarding the Department and the system in general. They added that the logistics of creating a feedback loop is challenging, but it is important to do this, as it is hurtful to have families participate without them knowing their impact. Ken agreed and shared that DCF plans on creating a 1-pager for families that show their impact to ensure we got it right.
- A member felt that it was a great series of meetings; they were struck at how the wraparound philosophy fits this model by empowering families. They have seen many families then become part of their workforce (as care coordinators, navigators, etc.). A barrier they have come across is bureaucratic restrictions regarding service delivery and peer support. For example, they know of a pastor in Bridgeport who is not a licensed counselor, so they cannot bill Medicaid. They suggested looking at the requirements (particularly degree requirements) and consider reevaluating them. This would help make a more trauma-informed, anti-racist system.

Prevention Plan Timeline

- Timeline overview:
  - **March 16:** Governance Committee Meeting in which final EBP recommendations are made with fiscal modeling
  - **March-April:** Develop CQI Plan for recommended EBPs

- **April 6-April 13:** Executive Leadership reviews draft of Prevention Plan (w/o CQI section)
- **April 13-April 27:** Governance Committee Meeting in which the Prevention Plan is shared with the Committee, the Governor's Office, and for public comment
- **Early May:** Integration of feedback and/or develop plan for how to incorporate feedback into next iteration of the plan
- **Mid-late May:** Submit Prevention Plan to the federal government

- One person asked what the turnaround time would be for the federal government to approve the plan. JoShonda explained that this will depend on whether there are questions/follow-up from the feds. It should be within two months or so, but she has heard of one state that took eight months; however, that state did not have as much technical assistance as ours has.
- Claiming for the plan is retroactive to the beginning of the quarter of submission.
- The Commissioner said that although DCF is working with Casey Family Programs to create formal messaging, it is important that everyone in the Governance Committee also help to message the fact that this is not DCF's plan, it is CT's plan. We recognize that DCF is only a part of the whole system.
- The group was asked whether two weeks feels like enough time for public comment; they felt that it was, especially given that stakeholders have gotten updates throughout.

Accomplishments to Date

- The Governance Committee was reoriented to what we have done so far and reminded of the workgroups' recommendations.

Kinship and Foster Care

- Kinship and Foster Care completed their work in November, when they released the core values and recommendations that will go into the Connecticut Caregiver Practice Model as well as the Kinship Navigator Program that is being developed (slide 10).
- One person asked where the navigation work will go. Right now, DCF folks are working with Chapin Hall to develop the Kinship Navigator program. It will need to be evaluated, and so far, no state has had an approved program.

Intensive Treatment 24/7 (QRTP)

- The QRTP workgroup made several recommendations related to the application/credentialing process, judicial review, workforce development, aftercare, and family engagement (slide 11).
- There is legislation pending so that CT statute matches the federal language for QRTPs.

Candidacy

- The Candidacy workgroup created a broad and inclusive definition of candidacy for the State of Connecticut (slide 12).
- The federal language allows states to have a lot of latitude in their definition, and CT's choice to be intentionally large and go as far upstream as possible has been somewhat of a challenge for the Fiscal workgroup.
- One person asked whether the candidacy definition applies to the whole family, and JoShonda explained that while the services are for the whole family, there needs to be a child-specific plan. Due to how the federal legislation is written, we have to be somewhat child-focused; however, our values are for the whole family (including dad and siblings) to have access to services.
- Another member asked why it might be advantageous/disadvantageous to go broad in the definition. Miranda Lynch explained that CT is being innovative. Some states want to broaden their definition over time, others are concerned about surveillance, and others may simply have different infrastructure. CT faces a challenge of how to find families and redesign its system so that families can receive services without having a case open. CT has been working through these questions and engaging its partners to do so. In terms of downsides, Krista Thomas explained that there might be questions regarding the different staff/workforce/systems that DCF is working to build. We need to determine how to address this with the Children's Bureau; however, we have a strategic advantage in that we can now push them to think beyond what's possible, shaping their own dialogue and policy.
- It was suggested that instead of "Youth who have been referred to the juvenile review board or who have been arrested," it be expanded to include "other diversion programs" to include more folks. Commissioner and JoShonda agreed with this revision.

Infrastructure Practice and Policy (IPP)

- The Infrastructure Practice and Policy (IPP) workgroup looked at a care entity/pathway to services, screening and eligibility, and the creation of child-specific prevention plans (slide 13).
- The Governance Committee approved an external care entity, so work will commence in looking into possible care entities. Caregiver feedback and implementation considerations will be threaded into this search.

Program and Service Array Workgroup (PSAWG)

- PSAWG has put forward their initial list of Tier 1 and 2 Evidence-Based Programs (EBPs) for consideration (slide 14). These EBPs are being moved to the Fiscal workgroup for analysis and modeling - some may be cut at this point.
- Tier 3 models have not been reviewed yet, as a deeper dive will be needed first.

- Elizabeth Duryea reflected on PSAWG's engagement - they created a transparent process. In spite of the initial recommendations, there is still a lot to consider. Other models may have empirical support that make them worth an independent systemic review, and they also want to collaborate with model developers. Racial justice needs to be in the forefront, and we also need to take the candidacy population and CT data into consideration. She is excited for the work to move forward.
- The workgroup was also large and diverse (>100 members), and they have been reviewing new models. The group agrees with diversion focusing on substance use and behavioral health. In terms of messaging, they have emphasized that this is iterative. A lot of folks have some anxiety regarding the first plan, and we need to make sure they know that this is evolving.
- Ken added that the introduction of the plan will address our mission, values, and guiding principles - equity and accessibility will be called out specifically, as these are paramount.
- Elisabeth Cannata emphasized that these models have been recommended for consideration; they are not the final list of models. We do not want Connecticut to lose ground due to our system.
- One person pointed out that these models have been "researched with communities of color" but this is vague - BIPOC communities are not a monolith. They asked if someone could speak more to what this really means. Elisabeth Cannata explained that the Family First Clearinghouse has its own evidence criteria, and the workgroup looked at the studies in the federal and California clearinghouses. They found that the samples used in the studies included communities of color; however, they need to do a closer look to see what these studies entailed. They would also like to look at CT data.
- Tier 3 includes the intent in research design that addresses this point. PSAWG is excited to dig deeper into Tier 3 models that may be a priority for consideration.

Upcoming Recommendations and Next Steps

- Fiscal and PSAWG will collaborate on model recommendations.
- The full Prevention Plan will be drafted and released, then iterated upon.
- Implementation planning beyond submission will begin
    - DCF is in the process of hiring a Family First Director for the Department
    - Over 400 people have participated in the process
    - The website continues to be updated
    - JoShonda and Ken will share the presentation they gave to the SAC outlining the progress to date
- The next Governance Committee meeting will be **Tuesday, March 16 from 8:30-10:30 am.**