CT Family First - Governance Committee

May 4, 2021 | 8:00 - 9:30 am
Microsoft Teams Meeting

Welcome and Introductions

- In this meeting, the Governance Committee will review the DRAFT State of Connecticut Prevention Plan. The Committee was reminded that this is not just DCF's plan; rather, it is the entire state's plan.
- There are many opportunities that come along with this plan:
  - Transforming the child welfare focus from foster care to prevention, increased family stability, and wellbeing
  - Investing in evidence-based interventions
  - Applying a trauma-informed lens to the continuum of prevention services
  - Partnering with valued stakeholders (youth and caregivers with lived experience, contracted providers, sister agencies, research partners, etc.) to align prevention efforts
  - Expanding the evidence base in child welfare and spreading innovative practices
- The Commissioner thanked the Committee--this has been a long time coming. We are building a service array to prevent involvement in the child welfare system, and other systems as well (homelessness, juvenile justice, etc.). Our kids deserve the best, from attention to equity to the use of ARPA as a springboard.
- We have heard from parents, youth, clinicians, and community members. We do not want to reinforce the "rescue" mentality. We want to keep kids safe in their communities. CT is a resource-rich state. We have a Children's Behavioral Health Plan Summit on the way, and we want to build on that work. We have partnered throughout the state to create a functional plan.
- Thanks to Chapin Hall, JoShonda Guerrier, and Ken Mysogland. DCF is also excited for Sharon Davis to step in and appreciates the work of the co-leads throughout this process.
- We will go through each section and then pause for comments/questions.

CT DCF Transformation Efforts

- DCF has been working to transform Connecticut's child welfare system in many ways (slide 6), such as:
  - Racial justice efforts
  - Congregate care reduction
  - Safe and Sound Culture development
  - Relationship-building with the juvenile justice system
- There have been many other programmatic developments essential for system transformation (slide 7)

CT Prevention Plan Highlights

- The Maintenance of Effort has been done.
- QRTP work has been moving--the legislation is currently in the legislature; work on this was done proactively due to the timing of the legislative session.

Candidacy

- CT defined its candidacy population as:
  - Community pathways
    - Families accepted for Voluntary Care Management services
    - Youth that have exited foster care
    - Children who are chronically absent from preschool/school or who are truant from school
    - Children of incarcerated parents
    - Trafficked youth
    - Unstably housed/homeless youth
    - Families experiencing interpersonal violence (IPV)
    - Youth who have been referred to a JRB, YSB, or another diversion program
    - Caregivers who have, or have a child with, a substance use disorder, mental health condition, or disability that impacts parenting
    - Infants born substance-exposed (as defined by the State CAPTA notification portal)
  - Known to DCF
    - Families with accepted Careline calls
    - Pregnant and parenting youth in foster care
    - Siblings of youth in foster care
- This definition provides us with an opportunity to serve families upstream.
- CT Care Management Entity (CME)
  - There are several essential characteristics of the CME that have been developed by the IPP workgroup (slide 11).
  - This is a community-anchored system with several possible access points, such as 211, Careline, Town Social Service Agencies, and Support Groups.
  - Family First is small; this entity would be broader to allow for more prevention efforts. Families should not feel the administrative aspect of this entity.

Evidence-Based Programs (EBPs) Selected for CT Prevention Plan

- Well-supported EBPs
  - FFT
  - MST
  - NFP
  - PAT
  - PCIT
  - BSFT
  - HFA
- Of these seven models, BSFT is not currently available in CT and HFA is slightly available.
- One person asked whether any currently available models might be discontinued because they are not included in the plan. This is not the case--no models will be discontinued due to not being included in the plan. The services above were chosen because they are part of the federal Clearinghouse and the workgroups have done a full programmatic and fiscal analysis; however, we will continue to iterate and add other models. Commissioner stated that this is why we are casting a broad net--Family First is only a narrow part of our prevention efforts.
- Another person asked about Pg. 22 of the draft plan and wondered whether data on racial disparities could be included to emphasize the need for anti-racism. The Commissioner felt this was good feedback, but we mostly have DCF data. We want to build up data beyond DCF and would want other systems' data to better contextualize the Department's data.
- Three EBPs were selected for inclusion but require an evaluation:
  - TF-CBT
  - Triple P
  - MDFT

  These EBPs will be moved forward but need monitoring and evaluation before they can be included in the plan.

Child-Specific Prevention Plans (slide 14)

- Although DCF recognizes the importance of the whole family unit, the data is tracked by child. The federal government has specific data requirements.
- We need to either bridge the current system or build out a new one--for now, we will rely on the current system for data tracking.
- The child-specific plan will be integrated into case planning/assessments.
- One person asked how this will be operationalized, to which JoShonda responded that eventually there will be both an internal mechanism for families known to DCF and an external mechanism anchored in the care management entity (CME). We will leverage existing documents/system for the internal pathway while we are building out the system for the community pathway.

Assessing Needs and Monitoring Safety (slide 15)

- We want to assess needs early and leverage existing documents.
- The family should be a big part of this process and have the ability to define their own needs.

Workforce Development Strategies (slide 16)

- There should be internal and external workforce development that helps staff develop skills in:
  - Translating needs into services or supports
  - Addressing needs to prevent safety issues
  - Ensuring clear and uniform practice
  - Emphasizing prevention
  - Building capacity to engage/partner with families
- A workgroup member added "ongoing consultation/coaching" to indicate these are not one-time trainings.
- One person clarified whether residential facilities need to provide one or all of these services to be a QRTP, and JoShonda explained that the services are not linked to the QRTP portion; the QRTP standards are separate from the service component and has a different set of requirements.

Continuous Quality Improvement (CQI)

- CQI will be guided by *A Measurement Framework for Implementing and Evaluating Prevention Services* (slide 17). There will be a heavy focus on tracking data on:
  - Reach
  - Fidelity and quality
  - Outcomes
- One person highlighted the importance of this component and asked 1) will the CME itself be evaluated? and 2) in the case of multiple providers providing the same service, how will this be broken down? Will data be tracked by provider to compare? JoShonda wanted to hear more thoughts on how to go about the first question. A feedback requirement could be integrated into the contract, or a mechanism could be built out later.
- Another member felt that the CQI components listed were more detailed than had been previously discussed.
- Other members confirmed that it is important to develop a mechanism for evaluating the CME.
- A member offered different language for how to break down the categories of parents/children with substance use concerns, mental health concerns, or developmental disabilities. Others agreed with the language change.

- One person pointed out that the QRTP work did not seem to be included. JoShonda clarified that we are not required to embed the QRTP work in this plan; rather, it is part of the QRTP Pre-Print, which is a separate document. It will be anchored to this section. JoShonda offered to send this to the group, and folks would appreciate this.
- The CQI goals were echoed by one member--it is important to have comprehensive CQI. They also wondered whether there would be an assessment of how many children/families fit into categories, can access, and match the services. Will this be captured? Will current/anticipated capacity be estimated? JoShonda assured them that although this is not called out in the plan, this work has been done. We know there are gaps (age tiers, etc.), but there is adequate capacity for the services that we currently offer. The Department chose not to include deficiencies in the plan.
- One member asked whether the CQI framework would help determine what non-EBPs should be included to bolster the service array. JoShonda replied that although this is not part of the federal requirements, it is an opportunity to expand and bridge to other work.
- Others agreed that the next steps should be integrating this plan throughout the system.
- The Commissioner underscored that this is Connecticut's plan, and it needs to be built out beyond DCF. We must continue to galvanize stakeholders and see the broader system.
- There are also several appendices in the plan, which were not reviewed in this discussion.
- An Executive Summary will go along with the plan.

Feedback and Discussion

- JoShonda reviewed several takeaways based on the discussion and asked whether there were any other action items.
- One person pointed out that this plan heightens our prevention approach, but they are concerned because it feels that the State Department of Education (SDE) was absent in the work. When we consider the time that children spend there, we realize there is a major intersection between education and prevention. Ken felt this was an interesting point and emphasized that DCF has connected with SDE throughout the pandemic through webinars, shared documents, and the new Waterbury Prevention pilot. There was SDE involvement in the workgroups, but perhaps even more SDE involvement is needed in the implementation phase. The workgroup member explained that this has been a big hurdle for prevention. Ken also pointed out the link between absent/truant youth and SDE.
- Another member felt it was fantastic to read the impact of all the different groups, all of whom are focused on child/family wellbeing. The word "prevention" means so many different things depending on your worldview and line of work. They suggested considering all the different elements that stakeholders may be focused on and consider organizing the work moving forward by element. JoShonda agreed with the central point

that language matters and the generic use of "prevention" can be confusing. We want to frame the language differently and tailor it more to different groups.

- Two questions were raised related to the role of schools: 1) In the case review of CQI, will there be an interview component for families/schools? 2) Are schools a part of CQI? JoShonda explained that although we would like to include partners, this is farther than we have planned/implemented so far.
- One suggestion was to include a multifaceted CQI with tailored outreach to school.
- The team is open to receiving edits and comments in the draft document. Absent any significant rewrites, it will soon be released for a 2-week public comment period.

Next Steps (slide 19-20)

- Immediate next steps
  - Celebrate, communicate, and collect additional feedback on the plan through public comment period
  - Address and incorporate federal and CT feedback into the plan, or next phase of work
  - Submit plan
  - Get federal approval of plan and launch effort
  - Shift focus from plan development into ongoing implementation and monitoring
- Next phase
  - Sharon Davis takes over the work from Ken and JoShonda
  - Implementation tasks around financing, IT development, contracting, policy, workforce development, etc.
  - Build capacity to expand to new services and adopt new practice tools
  - Continue exploration of EBPs that fit CT's population
  - Monitor service provision and outcomes and adjust as needed
- The draft will be sent to all staff, 700 community partners, and families
- This will be the last meeting for now, but communication will continue.
- Sharon Davis was welcomed and introduced to the Governance Committee.