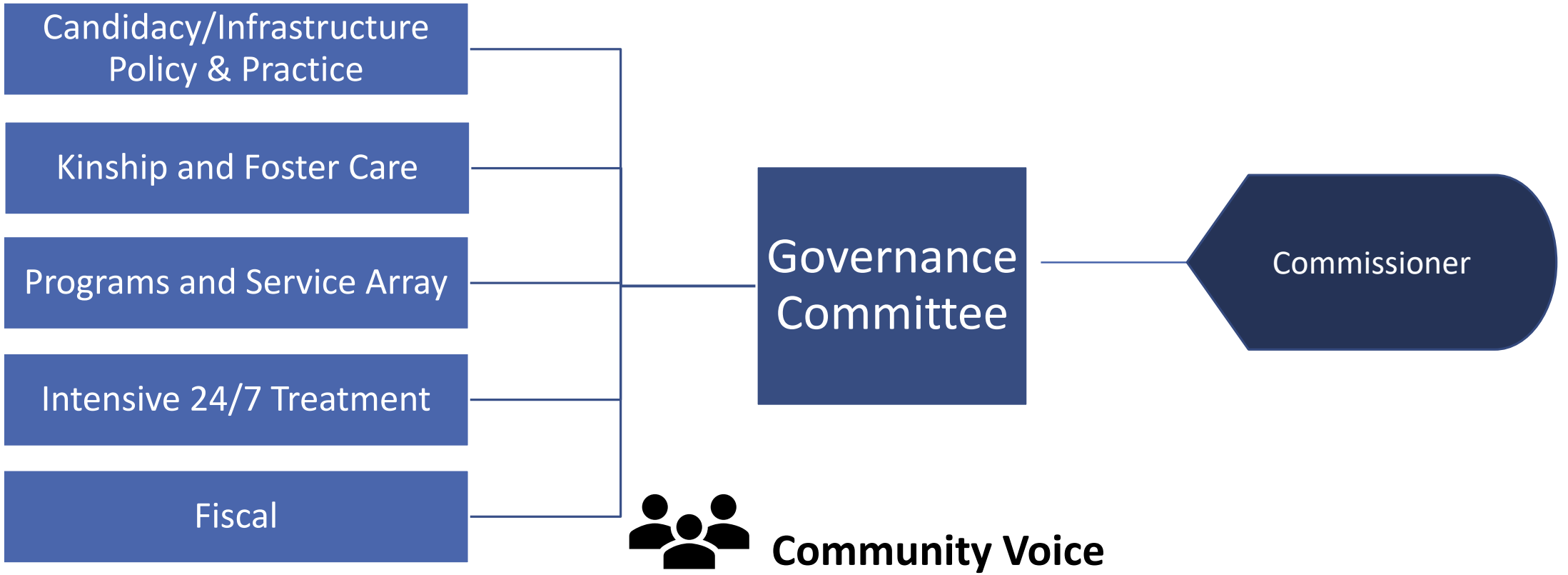
Governance Committee Meeting

STATE OF CONNECTICUT

NOVEMBER 23, 2020

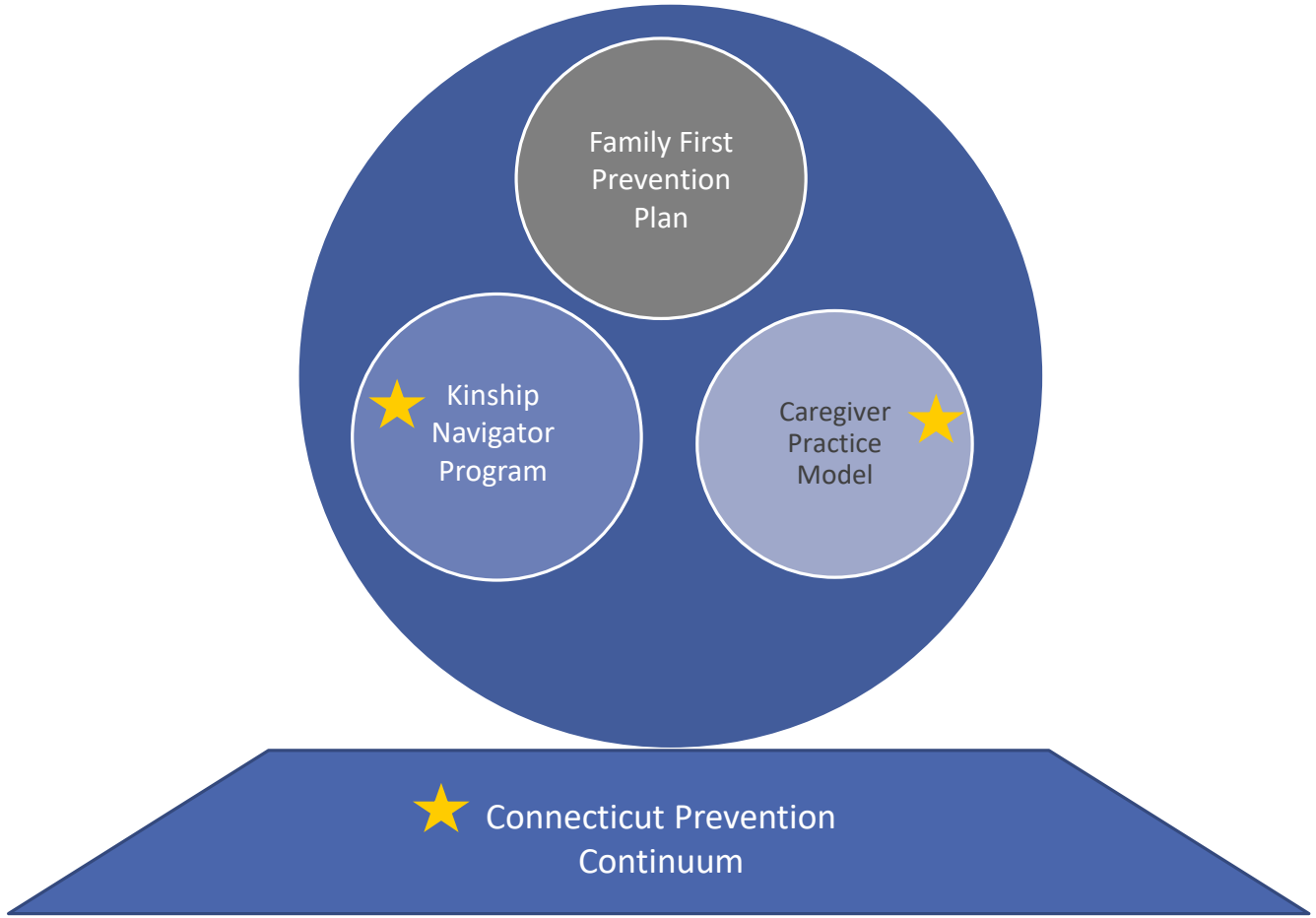
Role of Governance Committee

Evidence & Community Informed Recommendations	*Dialogue, Input and Feedback to Inform Decision-Making*	*Final Decisions*

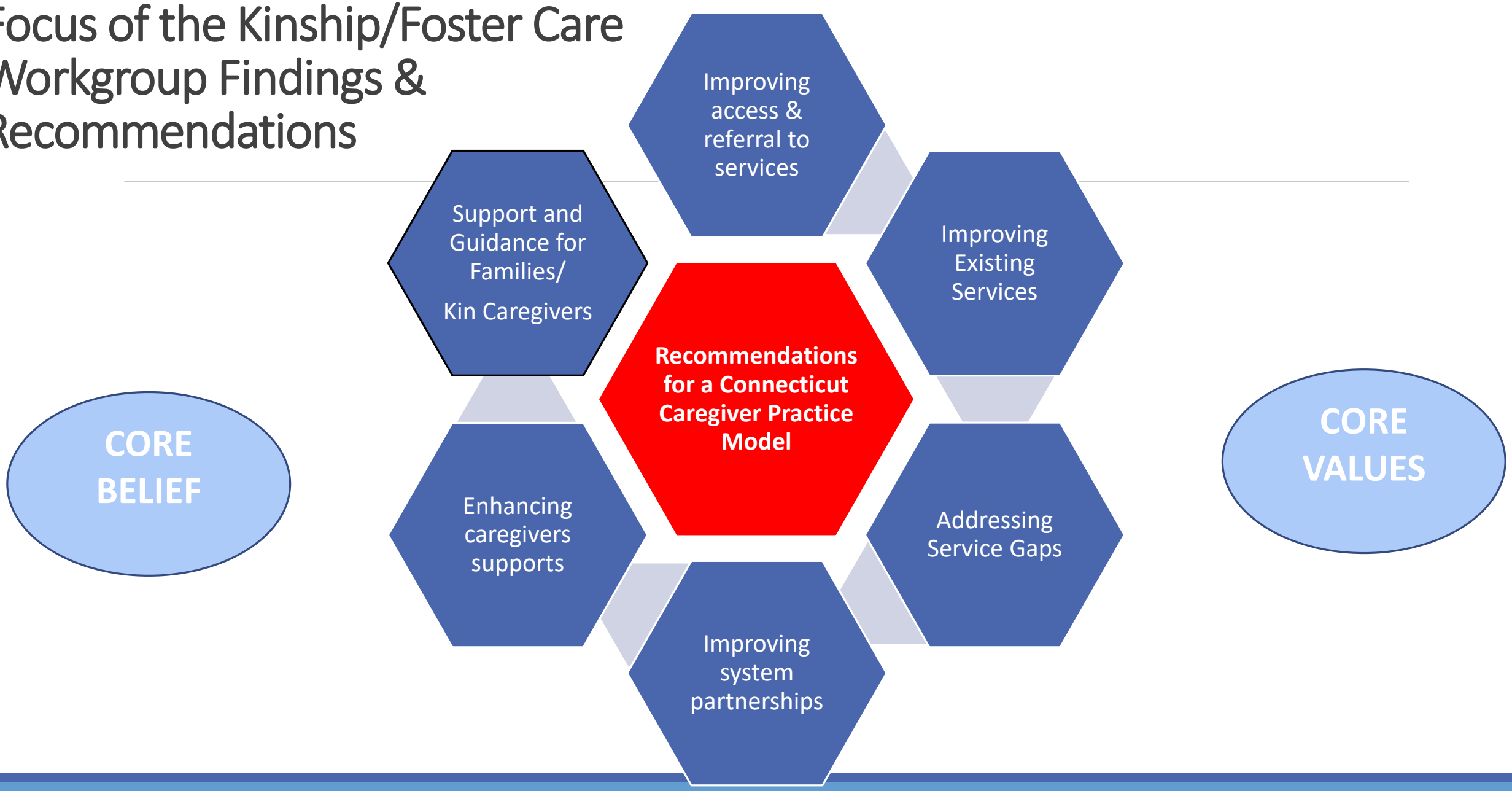


Role of Kinship and Foster Care Workgroup:

Findings and Recommendations for Connecticut's Transformation



Focus of the Kinship/Foster Care Workgroup Findings & Recommendations



Findings & Recommendations

Improving access & referral to services

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 formats 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 what worker training, outreach, messaging, interagency agreements are needed

Findings & Recommendations

Improving Existing Services

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 accessibility and equity of service provision

Findings & Recommendations

Addressing Service Gaps

Build specific expertise in provider workforce and/or continuum

- Family-Focused services (wraparound, etc.)
- Culturally responsivity 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

Findings & Recommendations

Improving System Partnerships

Build partnerships and/or agreements that enhance regular communication

Build **partnerships with grassroots and local agencies and service partners; d**etermine 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 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.)

Findings & Recommendations

Enhancing Caregivers Supports

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

Findings & Recommendations

Guidance for Families/Kin Caregivers

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

CORE BELIEF

Our belief is that safety, permanency and family well-being 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

Findings & Recommendations

CORE VALUES

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

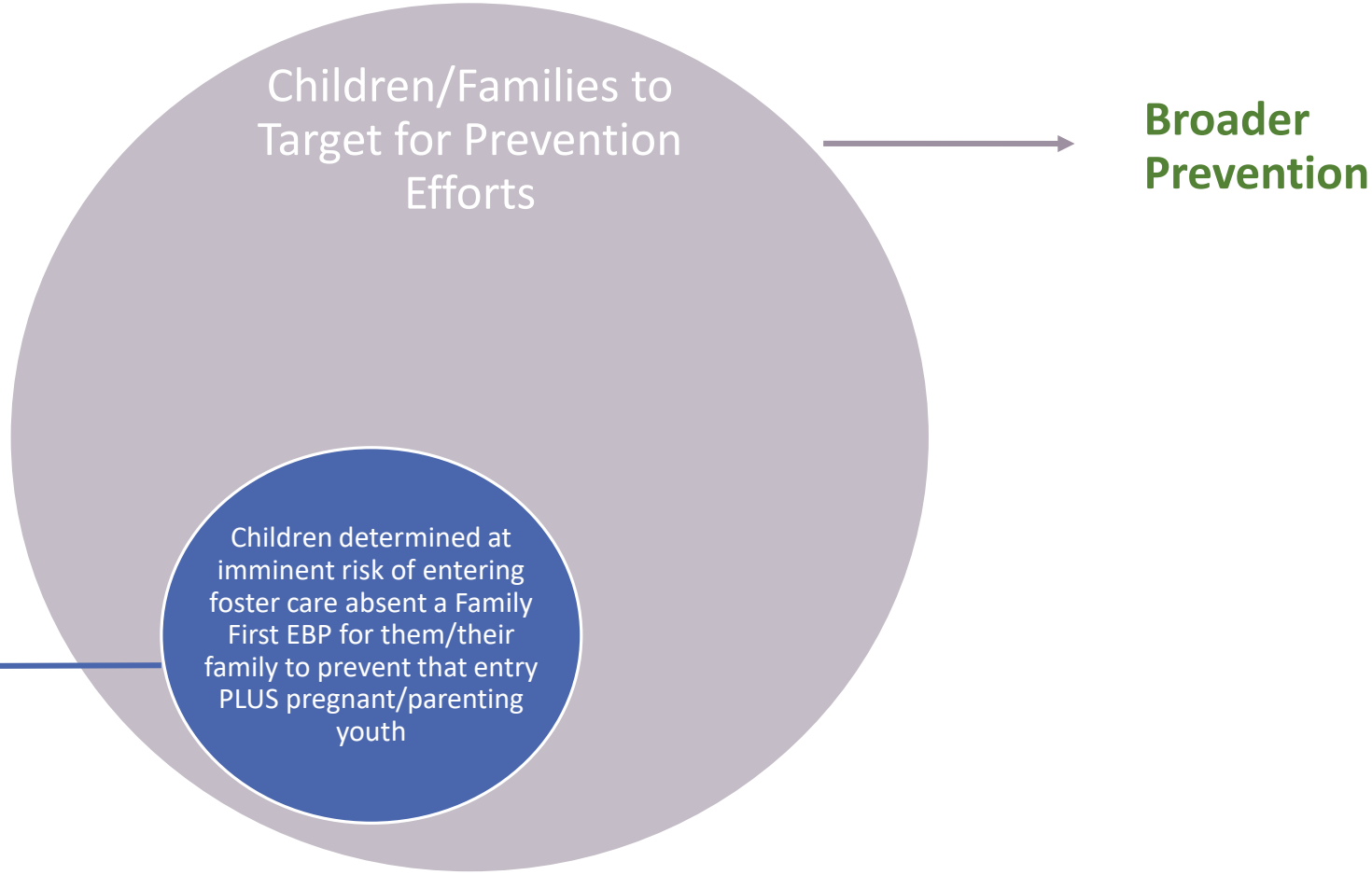
Coordinate and collaborate across partnerships in order **to eliminate siloes and streamline processes** (between DCF, DOE and other departments/stakeholders etc.)

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

Candidacy Workgroup's Charge

Recommendations focus on candidacy definition



Recommended Candidacy Populations

Families with accepted Careline calls

Families accepted for voluntary services

Youth exiting to permanency (any age) and youth aging out of DCF foster care

Pregnant and parenting youth in foster care

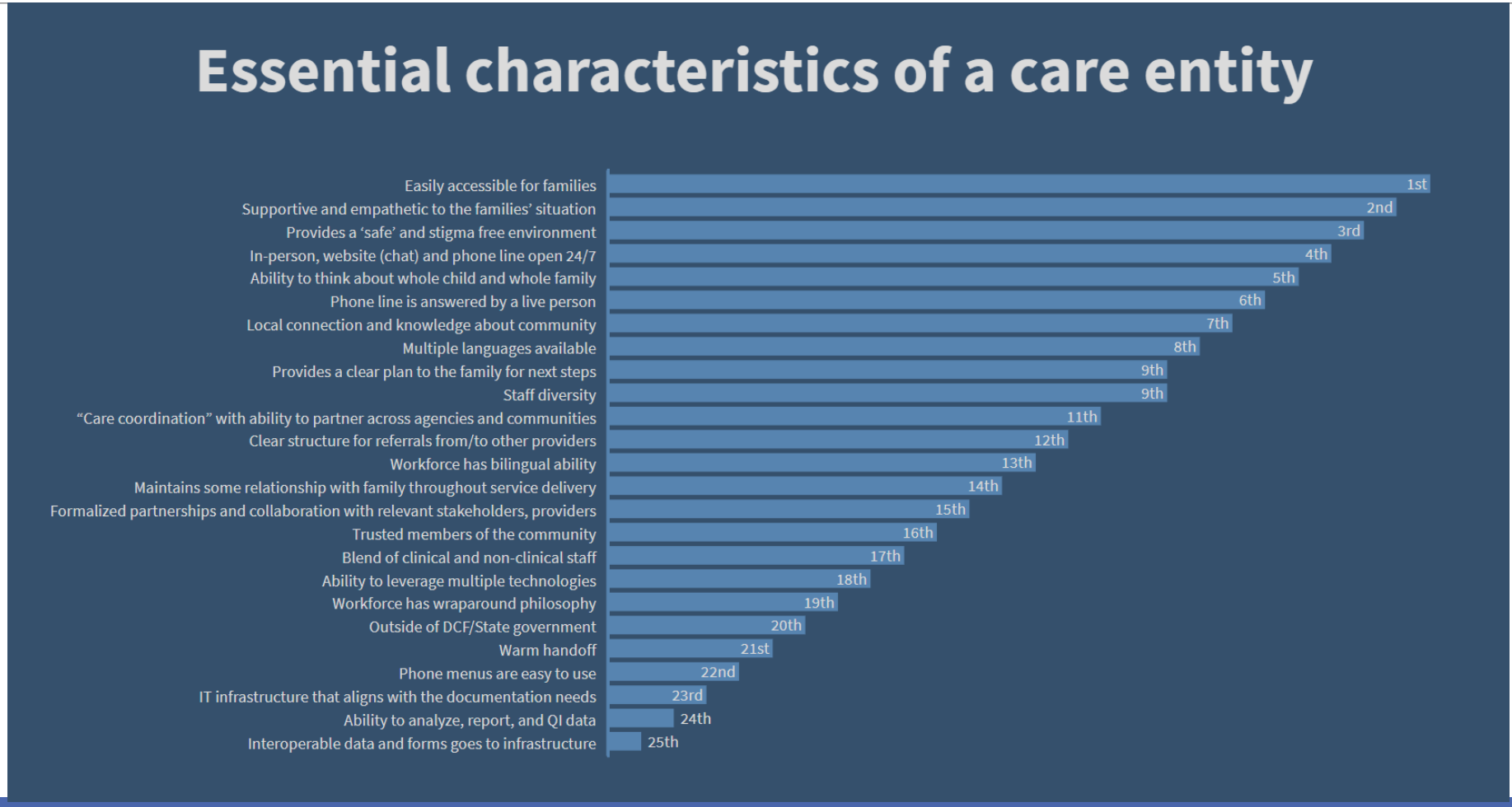
Siblings of children in foster care

Recommended Candidacy Populations - Continued

Families at risk identified via a community or neighborhood pathway

- Children who are chronically absent from preschool or school and children/youth who are truant from school
- Children of incarcerated parents
- Youth who have been trafficked
- Youth who are homeless or unstably housed
- Families experiencing interpersonal violence
- Youth who have been referred to the juvenile review board or who have been arrested
- Caregivers who themselves have, or have a child with, a substance use disorder, mental health condition, physical or intellectual disability or cognitive impairment, to the extent it impacts parenting.
- Infants exposed to substances consistent with the CAPTA notification parameters

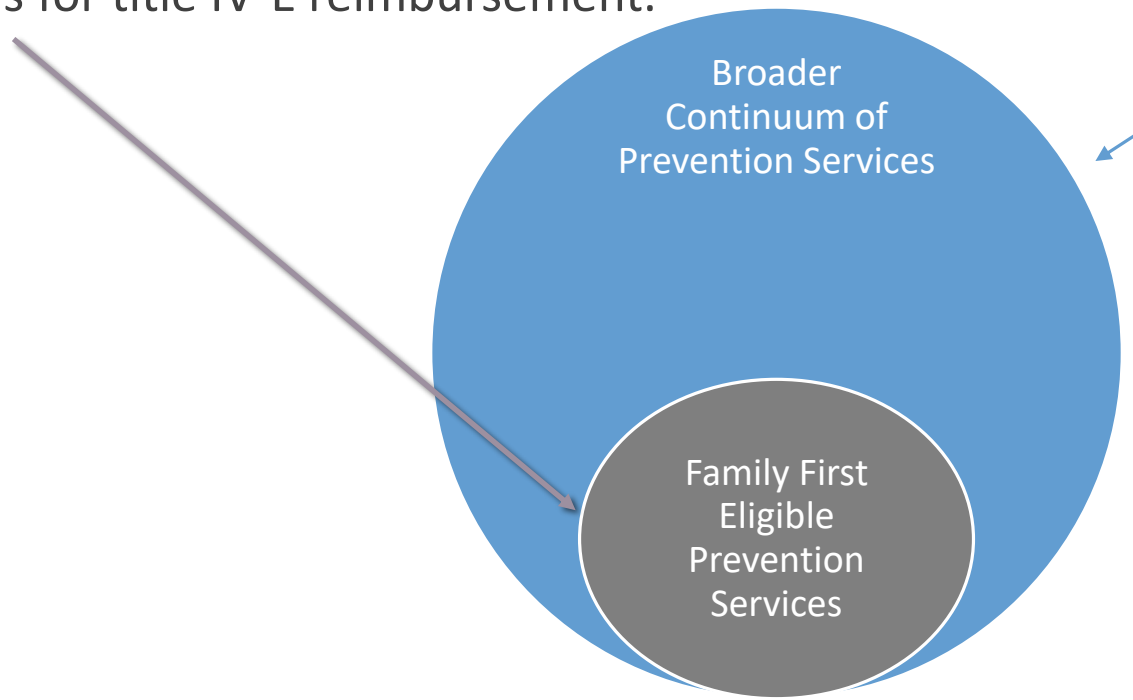
Infrastructure Practice & Policy:
Emerging Care Entity Recommendations



Programs and Service Array Workgroup Goals

Goal 1 [Complete 2020]: Select programs to reduce risk of child removal from families in our candidacy groups that have the level of research support that qualifies or potentially qualifies for title IV-E reimbursement.

Goal 2 [Complete 2021]: Identify programs/services that meet the candidacy population needs unmet by the Family First reimbursable services.



Programs and Service Array Workgroup: Update

- Step 1: Identify the needs of the candidacy population √
- Step 2: Identify all the services that may be able to meet the candidacy population needs √
- Step 3: Organize all services into Tiers of evidence √
- Step 4: Match Tier 1 services to candidacy populations √
- Step 5: Match Tier 2 services to candidacy populations ***in progress***

Tiers of Evidence

Evidence Tiers	Prevention Plan CQI/Evaluation Requirement
Tier 1: Rating of “Well Supported” on FFPSA title IV-E Clearinghouse	CQI with Evaluation Waiver
Tier 2: Rating of “Supported” or “Promising” on title IV-E Clearinghouse or has an Independent Systematic Review	Full Evaluation
Tier 3: Rated on CEBC or has strong body of evidence, but is not on title IV-E Clearinghouse	Independent Systematic Review + Full Evaluation
Tier 4: Effective services, but not on CEBC or title IV-E Clearinghouse	N/A (Likely not viable for Plan inclusion)

Programs and Service Array Workgroup: Next Steps

- Determine what population needs remain unmet outside of Tier 1 and 2 services and determine additional criteria to match services
- Initial Prevention Plan Service Array recommendations to Governance *Jan 2021; solicit committee feedback on next steps for matching Tier 3 and 4 services to candidacy and greater prevention populations*
- Continue work on remaining service recommendations and details for implementation
- Make recommendations for broader prevention continuum – *late winter 2021*

Questions & Next Steps

- Questions?
- Next Governance Committee Meeting | Tuesday, January 5, 2021 8:30-10:30 am
  - Cadence every 1st Tuesday from 8:30-10:30 am
- For ongoing meeting information go to the Connecticut Family First Website: https://portal.ct.gov/DCF/CTFamilyFirst/Home