

# CT FAMILY FIRST - INFRASTRUCTURE PRACTICE AND POLICY WORKGROUP

## MEETING MINUTES | January 8, 2021

### Agenda

- Welcome and Desired Results
- Last Meeting: Screening and Eligibility
- Discussion I
- Child-Specific Prevention Plans
- Existing Service/Case Plans:
  - Case Plan (DCF)
  - Inspiration and Overview
- Discussion II

### Last Meeting: Screening and Eligibility

- The workgroup recapped the last meeting (12/18/20) and reviewed the strengths and gaps of the screening tools they assessed. For more information on this meeting, please see the presentation and minutes on the [Infrastructure Practice and Policy page](#) of the DCF website.

### Discussion I: Goals of a Service Plan

- The workgroup took a few minutes to consider what goals they would have for a service plan and shared their thoughts with the group.
- One person asked who will create/implement the service plan? The plan will reflect the agency/entity that creates it. JoShonda answered that the plan must be child-focused, but it is not necessarily the Department that has to create it. There is some information that must be included per federal requirements, but we can consider what else we may want to add. Another workgroup member clarified that this is not a treatment plan. It is a narrower plan meant to draw down Title IV-E funds. Olivia Wilks added that some states *have* embedded the prevention plan into the treatment plan - Connecticut could do this. The member said that the involvement extends to needs that affect one's ability to safely parent their child; there may be other needs that are not addressed by this plan. The workgroup agreed that it should be client/parent-centered and the needs of the parent should be key.
- A workgroup member brought feedback from their RAC/CRP that represents the family voice: these plans should not be created *for* families but rather *with* families. It needs to be collaborative, with the family voice guiding the plan. The perception that someone is coming in and telling them their needs is disrespectful to families.
- In DCF case plans, family feedback is incorporated into the recommendations. Families like seeing their ideas and statements in the plan. The requirements for a case plan can be complicated, so developing an uncomplicated plan in their language that makes things clear is very important. Literacy should also be considered, so case plans should be developed out loud when needed.
- Another participant emphasized that the plan must be understood. They have found that families have issues following the plan if it is not in their language or is too bureaucratic. It needs to be understood by all and include a piece that shows they understand.

- It was seconded that it must be a readable document and that families should have a say in service implementation. It should have doable goals that are not underwhelming.
- Jeff explained that it would be helpful to link the candidacy information with the strengths and needs and the Family First eligible services to ensure it is aligned with the spectrum of what's needed for Family First. Others liked the idea of including this thread between to pull all those together. Elements of screening and eligibility would be important to include.

### Child-Specific Prevention Plans

- According to the federal legislation (FFPSA), there are certain requirements for the Prevention Plan:
  - For candidates for foster care (as defined by the state), 1) identify the foster care prevention strategy for the child so they may remain safely at home, live temporarily with a kin caregiver until reunification can be safely achieved, or live permanently with a kin caregiver; and 2) list the services to be provided to or on behalf of the child to ensure success of that prevention strategy.
  - For parenting or pregnant youth, 1) include in the youth's foster care case plan; 2) list the services to be provided to or on behalf of the youth to ensure that the youth is prepared (in the case of a pregnant youth in foster care) or able (in the case of a parenting youth in foster care) to be a parent; and 3) describe the foster care prevention strategy for any child born to the youth.
- It is also optional to include:
  - How to best monitor services?
  - Who is the service recipient (parent/kin/caregiver/child)?
  - What is the identified need?
- There are certain child-level required data elements that must be reported to the Children's Bureau (DOB, sex, race, etc.). These elements will likely be built into CT-KIND, captured in the fiscal/billing system, or already captured in CT-KIND.
- Chapin Hall shared an example of Kansas's Child-Specific Prevention Plan and what elements they included in theirs, as well as DC's, which includes a Candidacy Subgroups Screen.
- It was clarified that the state can add whatever data elements they would find useful. Although this is not equivalent to a treatment plan, elements of a treatment plan could be included if the state feels it would make sense to do so.
- The assessment could feed into the prevention plan.
- One person asked whether there is a standardized set of service types, and the answer is that there is flexibility. The service must be part of the federal Clearinghouse and included in the state's plan. They cannot claim for services that are not on the Clearinghouse.
- It was asked whether the family sees the full plan, including the checklist or candidacy sections. It seems off-putting. Should eligibility stand alone (not visible to families)? Others in the group suggested keeping elements like that (which are more administrative) separate from what families see, or possibly having two

separate forms, where one is front-facing (for families) and one is internal (for administrative purposes).

- One workgroup member appreciated that the presentation called out where data could be captured. In the workflow process, we need to consider when/how info will be entered into CT-KIND and interoperability with fiscal systems. The co-leads agreed and JoShonda said it will probably be anchored in how we expect the system to function.
- Because the group seemed to be unclear on whether they were talking about an actual service vs something more administrative, one person wondered whether it made sense to change the name to avoid confusion. Another member reiterated that this is not a case plan as we would typically think of it; however, although it is narrower, there are opportunities to refine it for the future and we can consider our goals and how to do things differently. It may not be necessary to change the name.
- A member made the point that families are often referred to what service is available, which is not always the best match. It is important to think of the group, their needs, and the best service to address that.
- On that note, some members felt it was important to add the family's needs, service referral, assessment, and/or eligibility pieces.
- One member struggled with the idea of relying on such a formal tool since engagement is such a big part of working with families. A tool can hinder things; families may feel uneasy and it may be better to make sure the interactions are flowing well before introducing a tool. Ken agreed that a tool can feel sterile. The member continued that once families see a provider writing, there is immediate distrust, and we ought to be trying something different.
- A member brought up the "In Their Words" doc, which is a DCF document that is meant to engage families, so they see their needs included. They have also seen other tools developed to maximize reimbursement. This member felt some of those tools could have potential. A DCF employee followed up that the "In Their Words" document is not a tool as much as it is an outline for staff to help them understand how to engage families.
- A dilemma was raised: staff need to be trained on how to engage with families, and structured outlines can be a useful tool, but it is also impersonal. How do we bridge the gap between a tool and family engagement?
- JoShonda summarized the points that folks had made - the group wants something family centered, something more than just "checking boxes." We need to decide if we want to build something new or build on what we have; it feels like the group wants a change and not more of the same. Families should not feel like the Department is taking their information. She agrees that the federal language can be confusing. It is important to look at the current administrative pieces so we can decide how to move forward. The group agreed with this summary.

## Existing Service/Case Plans

- The group reviewed existing service planning processes, including the DCF Case Plan (see slide 12-14 of the 1/8 presentation).
- One person wondered who would all have access to the plan? Is there a referral form? Can the provider and family view the plan? The DCF case plan has evolved, and they are not sure it is the most family friendly as families do not care for it. They recommended doing something different from the typical DCF case plan. Several folks in the chat agreed.
- JoShonda explained that part of the challenge is that we are doing this work in pieces, and it is hard to imagine what the complete system will look like. To help with this, she suggested using some time in the next meeting to review what we have done to date and what is left to do.
- Olivia Wilks added that as we discuss the current characteristics at each stage, we are considering what x change would look like and what characteristics we would like to see. There is a lot of value in what we have done, and we need to then embed the requirements into what we have already decided on.
- Some families will still be starting through DCF, and in that case, it may make sense to change the case plan so it meets the requirements; however, we need to consider the possibility of a dual system and look at opportunities for families who are not touching DCF.
- A member of the workgroup said that the only piece that is true for all families is the administration piece. They were concerned that the language was confusing the workgroup a bit - the child-specific plan we are discussing is an administrative piece with parts that we all want (such as being family-friendly). They did not want to use the word "prevention" with families. In their mind, many of the administrative pieces are things we would not want to share with families. There should be a separate document that is front-facing that incorporates the conversations, engagement, and assessments.
- Another person made the point that customer service for families is key. We are here to support them.
- There should be a marriage between the paperwork and the process that surrounds it - a wraparound teaming process. We can embed the documents with good teaming, but we need to determine who would take on those pieces and when.
- This is an opportunity to brainstorm what are useful/effective strategies for engaging families with case plans as they exist.
- Some engagement strategies that work:
  - Asking families their vision/story
  - Strengths/needs discovery
  - Outline to guide discussion rather than something formulaic (not just reading a list of questions)
  - Appreciative inquiry
  - Looking at domains and using prompting questions when making changes to a case plan
  - When using the NICFAST, using prompts to frame the conversation

- It was asked whether any providers have a tool that they give families that they fill out themselves? One provider said they have found that doing it together *with* a family is better after they have built a trusting relationship. Otherwise, it can take quite a while - they are not a proponent of just giving out forms to families.
- The process is as important as the tool - we never put enough focus on the process and engagement practice. All assessments can provoke anxiety; we need good training so that it feels like partnership, not punitive.

### Next Steps

- The group reiterated that language matters, and the co-leads agreed that it would be beneficial to send a recap of what the workgroup has accomplished and what is left to do.
- Feel free to call or email with suggestions.
- The co-leads also mentioned utilizing the RACs to gain more family/parent feedback.
- The next meeting will be **Thursday, January 21, 2021** over Zoom.