CT FAMILY FIRST - INFRASTRUCTURE PRACTICE AND POLICY WORKGROUP
MEETING MINUTES | January 21, 2021

Welcome and Introductions
- JoShonda Guerrier and Ken Mysogland welcomed everyone to the meeting
- Those who have not yet done so were encouraged to review the IPP workgroup's Work to Date presentation that summarizes the workgroup's progress so far.
- The focus of this meeting is to do a granular review of several process points, while keeping the values of the larger group in mind.

Summary of Input from Workgroup Meetings
- Meetings 1-2: Care entity/pathways to services
- Meetings 3-4: Screening and eligibility
- Meeting 5: Child-specific prevention plan
- For more information, please review the Work to Date presentation on the DCF website.
- The goal for today's meeting is to get into the weeds for what this looks like. As a group, we will be going through very specific questions that will need to be included in the plan.
- One person suggested we be intentional about screening, call out families' <u>needs,</u> and prioritize those needs rather than just matching them with whatever is available.

FAR Cases
Eligibility
- One person pointed out that the Careline cannot be the touchpoint for all families.
- Another person asked whether families are self-referring. JoShonda explained that our "Community Pathways" group will be able to self-refer, but for now, we are focusing on the "Accepted Careline Call" group. We need to determine where to pick these families up, as this group is the broadest. Some families may come in through the community pathways, but for now, the individuals identified in the "Accepted Careline Call" group are the ones that DCF already come into contact with.
- A workgroup member brought up the fact that the Careline is called after something has already happened, so this is not really prevention. The mission seems different.
- In terms of FAR cases, all FAR cases are accepted Careline calls by definition, so by virtue of being designated a FAR case, the family falls into the candidacy pool and is eligible.
- There was some confusion about accessing Family First services. One person asked if a family determined to be a FAR case would be engaged in Family First. It was clarified that families would not be calling the Careline for Family First. An assessment later might determine eligibility for services. For these families, if a family who is the subject of a FAR case is offered an EBP in CT's Prevention Plan, this service could be reimbursable. Family First should be more on the back-end and not necessarily something the family is aware of - the important thing for the families is their needs and services. Connecticut is still funding EBPs and non-EBPs, so families will receive services either way. It is more a question of whether those services can be reimbursed through Title IV-E.

- There would likely be no need to add training for staff regarding eligibility, as they can keep doing what they are already doing. For non-accepted calls, those families could still be eligible through the community/neighborhood pathway. If they come in that way and do an EBP, the Department could still be reimbursed.
- It was asked whether there would be any need to add a flag/indicator? The group felt a flag would be duplicative for FAR cases, but it could be useful for more specific populations (e.g. families where a sibling is in foster care, a pregnant/parenting foster youth, etc.). However, generally, one would be able to look up all FAR cases and as was stated earlier, all FAR cases are eligible by virtue of being an accepted Careline call.
- There was some uncertainty about whether this would apply retroactively. For example, if a family has an open FAR case when Family First is implemented, would they be eligible? Or a family who has a non-accepted report because there is already an open case. Would these be grandfathered in? Ken explained that the Department can claim a number of families back to the beginning of the quarter when the plan is approved. Some folks felt it made sense to have it be retrospective in this way, given that all open cases would have been initiated by an accepted Careline call (even if that call was before the plan approval). No definite decisions were made on this issue, and the group agreed to put a pin in this question.
- It was reiterated that youth may meet multiple candidacy populations. For example, if a child is removed from a home, they would not be eligible, but any siblings that remain in the home would be. The group was unsure whether there should be a way of flagging that type of situation, since we cannot rely solely on a Careline referral.

Needs Assessment, Safety and Risk Assessment
- The SDM safety and risk assessment is already in place. There is not a specific tool used to identify protective factors.
- In terms of IT/data systems, DCF is currently using LINK but is developing CT-KIND as a replacement. Some of the responses will depend on which is in place when Family First is implemented.
- In LINK, assessments are captured in different places for FAR vs INV cases.
- Some were unsure about the SDM Safety and Risk assessment, or even having a DCF worker do Family First-related assessments. As one member explained, child welfare focuses on safety and risk, no needs. The lens that they use is not the lens we would want to use for Family First. "The assessment is determined by the assessor," and DCF's language around risk/safety may not align with the goal of prevention.
- For services related to ESC (IFP, etc.), families are connected to identified needs/services. The Universal Referral Form (URF) includes needs and matches services, but it is not used by everyone. The URF is usually done after contact with the family has been made.

- It was reiterated that DCF-involved families have some safety risk identified - intervening here is not really prevention. It was reiterated that Family First is not meant to be primary prevention.
- The group was reminded that a FAR track case can be moved to INV depending on the circumstances.
- In terms of "imminent risk," as the federal legislation says, every state has to determine what candidacy groups they consider to be in that pool. Connecticut took a broad, value-based approach and created the option for community pathways. Connecticut is leading the way by putting a broad system in place.
- Along the same lines, one member mentioned the federal language for a block grant that allowed some leeway. They ended up using language that was broader than the list of conditions mentioned in the legislation.
- The SDM is usually used towards the end of the case, and families are usually not reassessed in FAR cases. It is used more often for ongoing service cases. The SDM should also be updated when new information becomes available. The results are usually recorded in the protocols section of LINK.
- A safety plan is developed when safety factors are identified and they are updated as needed.

Service Referral and Matching
- Different programs use other forms besides the URF, and this also depends on the region. The URF is in LINK, but program-specific referral forms are generally recorded as Word docs on a worker's computer. There is a notation in the protocol indicating that there was a referral. The hope is for everyone to use the URF and have some programs include addendums when needed, but this may need to be built out further.
- One challenge is that the service array is often based on the social worker's own knowledge of what is available. It is hard for them to capture the full spectrum.
- One person said that for those coming through a community pathway, they hope that DCF would not be the one doing the assessments. Another person added that the goal should be to standardize the assessment, no matter who is delivering it.
- Another challenge is how much familiarity the assessor will have with the service array.

Next Steps
- By the end of the meeting, the spreadsheet for FAR cases was incomplete. With many candidacy populations to complete, the workgroup determined the best course of action would be to utilize small groups to analyze candidacy populations and answer questions about key decision points.
- Workgroup members with expertise on a specific population were asked to volunteer to lead a small group and invite others too.
- The next full workgroup meeting will be February 8 from 11:30 am - 1:00 pm.