CT FAMILY FIRST - INFRASTRUCTURE PRACTICE AND POLICY WORKGROUP
MEETING MINUTES | February 8, 2021

Welcome and Introductions

- JoShonda Guerrier and Ken Mysogland welcomed everyone to the meeting.
- The purpose of the meeting is to:
  - Summarize the previous IPP work
  - Provide Updates
  - Purpose and Process of Small Workgroup
  - Pathways to Service Across Candidacy Groups
  - Discussion and Summary of crosscutting Themes and Gaps

Desired Results:

- Discuss outcome from Governance Committee meeting and ongoing planning for the community pathways population.
- Review the current service pathways for candidacy populations known to DCF and consider what is and is not relevant for the Community pathways population.
- Begin discussing technical gaps and workforce development support needed for the prevention plan and implementation.

Work to Date

- Joanna Widding (Chapin Hall) presented a Summary of all Input from the Workgroup Meetings.
- JoShonda Guerrier presented Pathway to Services and the purpose and process of small workgroups and Candidacy Populations eligibility (Who, Tool, Data System).
- Our larger vision of more provider heavy and less DCF involved; families going to service provider entity.
- Ken put in the chat that the Parent Sessions flier went out 2/4/21; others in the Chat reported that the flier was shared with Regions 2 and 4 RAC.
- Some Q&A took place including specific tools needed; modified tools or universal screening.

Community Pathways

Referral Sources

- Participants were asked, who are the referrers? What are other strategies that we need to grab remaining groups in community pathways?
- There needs to be a large campaign to educate community individuals so they understand Family First and services which will be available to those eligible for Family First.
- We need a coordinated network so having this knowledge is as routine as knowing urgent care. We know the populations we are likely going to be working with. Community and private pediatricians are a big nexus. We need to bring those folks to the table and examine our media strategy.
- Ken asked how we might tap into partners beyond DCF. JoShonda also thanked Casey for helping with messaging to include the broader plan.

- Efforts have been made to attempt to access the network of pediatricians across the state. We want to inform the medical community. The CT chapter of AAP was recommended as an entity to contact.
- The vision/intention of Family First will connect with people, but the services themselves might be alluring to pediatricians.
- We want family assistance to help with messaging.
- One person recommended looking at the University of Pennsylvania's model for community health organizations.
- There has been a lot of previous discussion about having a warm body respond to families, language access, and an online option for providers and families that would not want to go in person/call.

Needs Assessment

- We have flagged some areas where the system needs to be modified. The group was asked what may have been missed.
- One person advocated for pivoting from a safety to a needs lens. This is an opportunity to bridge child welfare with the larger community behavioral/mental health system. A needs-focused perspective aligns with the other work occurring outside DCF.
- The needs assessment tool is common throughout CT.
- We need to consider how to maintain consistency between community pathway families and the DCF-involved families.
- Some basic demographics are gathered by mobile crisis - they have a PIE-like platform that includes a tracker system for people to enter data.
- It was suggested that instead of intervening at the JRB, we also add the YSB to get a bit further upstream, as most JRBs are operated by YSBs.

Risk and Safety Assessment

- The group was asked about a reunification tool - the SDM is used when reunification is the permanency plan.
- We need to be careful applying a risk and safety lens - although we must follow the federal legislation, we want to do so in a way that avoids net widening.
- If someone is in the candidacy population and not DCF-involved, we would want informal monitoring, not an assessment of abuse or neglect. This messaging will be important for providers - they are still mandated reporters if they hear about possible abuse/neglect, but their lens needs to be different. This was noted as a key point for branding and messaging: guidance for referrers.
- Ken shared that he discussed this informally with students. Mandated reporters should still report to the Careline, but they are hoping for more options. If there is more support elsewhere and the system is clear on its avenues, then the Careline will no longer be the default call when a family is in need.
- There needs to be a shift from formal support. Families need to be able to tell their story; that conversation can be its own intervention. They need to have a role.

- Brendan Burke, a Careline worker, added that they receive about 60,000 calls a year, and only about half are accepted - those other 30,000 usually signal a family needs help, and we need to make sure they have somewhere to go besides the Careline.
- We must change the messaging and standards for mandated reporters.
- One person pointed out that mandated reporters are risk-averse, and there may be some changes to the liability they incur. Perhaps this would help them accept more risk and not need to go to the Careline first. This ties to the needs assessment comment - we need to shift to identifying needs and strengthening families rather than using a risk and safety lens.
- CT has heightened its mandated reporter requirements. Historically, behavioral health providers do not do risk/safety analyses, but they do address risks.
- Schools are a challenge in terms of mandated reporters. They make up the largest portion of referrals (45% of total reports); however, only 5% of those reports are substantiated. If schools were better equipped with the tools to help families, this could lead to a big change. Teachers are also heavily scrutinized.
- Jeff clarified that their only responsibility is to report and they do not have ownership of a situation beyond that.
- The group wanted to look at pathways data, but schools often do not have this information tracked.
- IT/IS staff clarified that electronic records currently have some data, and it would be expensive to change the way the system operates. Data may be a challenge due to the limited ability to add fields.
- In terms of disproportionality data, if we are monitoring this in the system, we need to identify where those disparities are beginning.
- Implicit bias should be discussed with staff/in training.
- The universal referral tool could be a potential source of data.

Next Steps

- It was reiterated that it is important to have the right team in place who will make decisions *with* the family. We must stay on top of training and workforce development.
- Workgroup members emphasized the importance of creating the prevention plan properly, as "doing it badly is worse than not doing it at all."
- To do this work right, we must center around good values, ensure fidelity to models/meet benchmarks, and increase informal supports. The balance between our values/principles and our fidelity is key.
- If members have additional thoughts, please comment or email JoShonda and Jeff or the Family First inbox.
- The Governance Committee approved the idea of an outside care entity. What questions do you have? How best might we leverage your expertise?
- The next meeting will be **February 19, from 9:00 - 11:00 am**.