

# **CT FAMILY FIRST - INFRASTRUCTURE PRACTICE AND POLICY WORKGROUP**

## **MEETING MINUTES | February 19, 2021**

### **Welcome and Introductions**

- JoShonda Guerrier and Ken Mysogland welcomed everyone to the meeting.

### **Community Pathways**

- The workgroup reviewed the recommendations for the Community Pathways and offered additional recommendations based on gaps.

### ***Eligibility***

- There were no additions to this section; the workgroup felt that the basics were right for the Community Pathways.

### ***Needs Assessment***

- The workgroup recommended that at this phase, it is important to look at the whole family, not just the child.
- A needs discovery should be included.
- It was clarified that this part of the process is when families will be matched to a service (not determining whether they meet the candidacy definition - that would fall under eligibility).
- We need to be intentional in language and messaging.
- A strengths-needs assessment would be helpful.
- This should be ongoing - we are in an unprecedented time, and families may be struggling with things longer than normal.
  - There is no requirement for an ongoing assessment, but providers may have this at the service-delivery level. Some EBPs may also have ongoing assessments as part of their model.
  - The state should also be looking continuously at whether families' needs are changing, and it should adapt if needed.
- Simultaneous translation/interpretation needs to be available; tools need to be offered in multiple languages (comparable to the "translate" feature of the 211 website).

### ***Risk and Safety***

- People should be asking families what their barriers are and empowering them to be part of these determinations.
- One person asked if "safety and risk" is defined. It was suggested that questions are asked like the youth survey: as open-ended questions but not with explicit definitions. The Family-Based Recovery model does something similar.
- Staff should co-create the plan to address safety concerns.
- Motivational interviewing or appreciative inquiry should be considered as a possible strategy.

### ***Service Referral***

- The Unified Referral Form (URF) was recommended as the basis for referrals.
- One person asked whether this is for Family First services or just generally. If there is one entity that bridges both, we may want a standardized form. The URF may be

a good option for this, but we need to think through the benefits, challenges, and other considerations in depth.

- Our core elements and values are the most important point, and we can be somewhat flexible as long as those are in place.
- There are many different requirements for each model. Having just one form would simplify things for families.
- We do not want to bump up against what already exists.
- We should leverage what already exists for providers but keep it simple and streamlined for families.
- This also depends somewhat on workflow and how many entry points we have.

### **Workforce Development**

- We have identified the categories of communication, technical skills, and shifts in practice as three primary targets for developing our workforce.
- For both DCF-involved and community pathway families, it is important to consider options for Family First and leverage what the Academy for Workforce Development (AWD) already does. To that end, the workgroup heard from Tracy Davis, the Director of the AWD.

### ***DCF's Academy for Workforce Development (AWD)***

- Tracy Davis presented on the AWD's current trainings. For more information, please see the 2/19/21 slides. She discussed
  - Pre-service training (before a social worker starts)
  - The impact of COVID-19 on training methods and strategy
  - Mandatory trainings (for the whole agency) - fluid depending on internal and external requirements
  - Simulation trainings
  - Virtual trainings
  - In-service trainings
  - Leadership development courses
- She also discussed future workforce development strategies. There is a lot that we can leverage, and we need to consider strategies that will bridge what we have with the future.

### ***Additional Workforce Development Strategies***

- The workgroup was asked what we are missing in terms of DCF-involved and community pathway families.
- It is important to rethink practice, but we also need to make sure we're getting buy-in from those on the ground level and not just taking a top-down approach.
- We must take a strong messaging approach that explains what this is and how practice will be different.
- Practice should be less punitive and more empathetic.
- Staff should learn to co-assess and co-create plans - some may want to do this but not know how.

- Training should emphasize a strengths perspective, not deficits and improve staff's interview skills.
- Families are dynamic, so staff should learn to be responsive to their changing situations ("move with the family").
- Staff should learn to communicate and engage in a culturally responsive way.
- Staff should be taught to use common language when engaging with families (avoid jargon or specialized language).
- Staff ought to be familiar and comfortable with any referral form.
- There should be short videos that can be accessed at any moment ("at the moment" training).
- Post-COVID, virtual meetings will likely still exist, so staff should learn best practices for virtual communication.
- It is important to identify "champions" to assist with messaging.
  - Specifically, we need to avoid the narrative that implies this could lead to CPS involvement. The community should be educated on prevention and the changing role of prevention in the context of the Department.
  - On a similar note, the Department itself needs to re-learn the work and how they see themselves. Staff need to think outside their current role.
  - Some viewpoints are embedded in staff's minds. Newer staff may be easier to work with, whereas older staff may struggle with this change in how they view their own role. We need to think strategically about messaging.
  - The RACs, SAC, and Networks of Care would be great resources to hone and support messaging on a regional level.
- Regional convenings would be a great way to share best practices; staff could become better connected with other entities that focus on prevention.
- In terms of providers, many potential referrers (e.g. pediatricians) will need to receive messaging and outreach.
- Community outreach could generate buy-in from local leaders.
- There should be virtual trainings and discussions that offer flexibility. Multiple sessions would be helpful for those with tight schedules.
- Translating the feedback into specifics is a challenge, but this is a good foundation.

### Questions and Workgroup's Role

- JoShonda asked the group, now that an external entity has been approved, what questions does the workgroup have? What is the best way to use your expertise?
- One person replied that they feel this has been an inclusive process, and they wondered how the Department plans on reviewing this on an ongoing basis. Others echoed that it has been an inclusive and comprehensive process.
- Some workgroup members were interested in getting more information about the feedback received from families and caregivers in the "Parents as Experts" conversations that were about to be held. JoShonda agreed with this and explained that we need to figure out how this would be structured and whether feedback should go to this workgroup specifically or be delivered broadly to community

partners. We will have around 60 participating this round and the rest will have the opportunity to participate in April.

- From an IT perspective, one staff member was still unsure how some of that will be addressed in next steps.
- Beyond the focus groups, members wondered how we might be able to assess families' experiences and satisfaction to see how they think we are doing.
- There are some CQI requirements that we need to build out.
- We are currently in Phase 1, which is to get the plan drafted, submitted, and approved. Several workgroups have finished their work, and many others are close to finishing. We will soon move into the implementation phases, which may involve some procurement issues. We will want limited groups that will include our partners, but we do not want to compromise any of our providers in the RFP process. We will continue to engage small groups to participate, and we want implementation to be slower and strategic. There may also be external considerations, and we will have a whole group to consider this.

### Next Steps

- Workgroup members felt this is a natural stopping point for their work. Due to that feedback, this will be the last Infrastructure Practice and Policy workgroup meeting.
- One person asked what Governance's role will be moving forward? JoShonda explained that their role will stay pretty similar to what it currently is. It feels right to keep the process accountable to them.
- Workgroup members agreed that if feedback is needed, going to the RACs, SAC, and/or Systems of Care would be a great option.
- JoShonda thanked everyone for their part in the process. This has been well worth it, and we know this will improve things for our families. We will reach out if there are opportunities to participate in future workgroups.
- Jeff expressed his gratitude to everyone for their dedication, time, and effort. Doing this process the right way is important. He also thanked Chapin Hall for their massive contributions.
- If folks have other feedback or thoughts, they should always feel free to email Ken, JoShonda, or the Family First inbox ([DCF.CT.FAMILY.FIRST@ct.gov](mailto:DCF.CT.FAMILY.FIRST@ct.gov)). The [Family First page](#) will continue to post the latest updates for our work.