CT FAMILY FIRST - INFRASTRUCTURE PRACTICE AND POLICY WORKGROUP
MEETING MINUTES | October 23, 2020

Welcome & Introductions

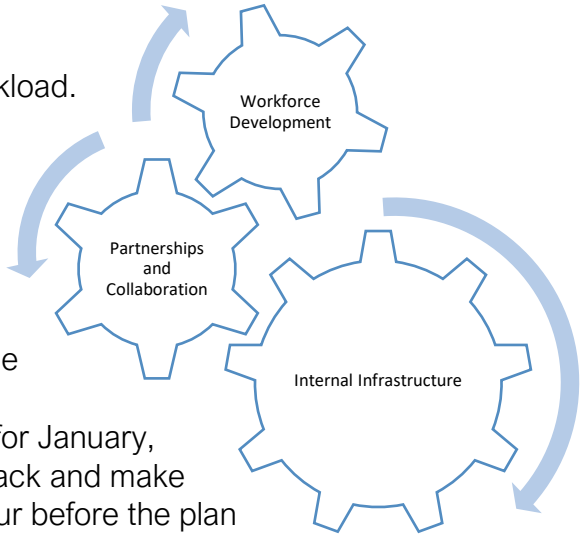
- JoShonda Guerrier and Jeff Vanderploeg opened the meeting and welcomed everyone to the workgroup.
- JoShonda and Jeff introduced Miranda Lynch and Olivia Wilks from Chapin Hall, who is providing support (including the Zoom room) to the Department throughout the planning process. Chapin Hall has served as a consultant to several states as they draft their Family First Prevention plans, so they are able to provide a national perspective.
- Workgroup members went around and shared their name, affiliation, title, whether or not they were involved in the Candidacy workgroup, and something that they wanted to accomplish in this workgroup.
- Several members of DCF's IT/IS staff were present as part of the workgroup, which JoShonda feels will help improve data collection and tracking, as well as facilitate integration with CT Kind.
- There is lots of excitement, and JoShonda suggested that the group take some time during the meeting to discuss what success looks like.

Candidacy Definition

- The Candidacy workgroup outlined the following populations as part of the candidacy definition:
    1) Families with accepted Careline calls, including both FAR and INV cases as well as calls for Voluntary Services.
    2) Youth who achieve any kind of permanency (adoption, reunification, etc.) and youth who age out.
    3) Pregnant and parenting youth in foster care
    4) Siblings of children/youth in foster care
    5) Community pathways:
        a) Youth and families who are unstably housed
        b) Youth involved in the juvenile justice (JJ) system - specifically, youth involved with their Juvenile Review Board (JRB) or arrested
        c) Infants born substance-exposed as identified by the CAPTA portal
        d) Families experiencing IPV
        e) Families with a caregiver or child with a disability, mental health, or substance use issue.
        f) Youth who are trafficked
        g) Children of incarcerated parents
        h) Children who are chronically absent or truant
- The goal of this workgroup is to define output, design a new system for referrals/service delivery, define success, and identify barriers/resources. We also need to highlight who is missing. We already know that we want representation

from the State Department of Education (SDE), primary care, and JJ system. One person defined success as having fewer youth in DCF care and a community that wraps itself around its families.

Chapin Hall Review: What Did You Sign Up For?



- Miranda went through some information about the workload. There is a lot to do, so it is important that participants know that it is a time commitment.
- In order to implement the plan, we need to ensure that we have the necessary infrastructure. Miranda showed the development and implementation timeline.
- Goals 2-10 will be worked on through February, with the goal to submit the Prevention Plan in April (2021).
- There are a series of focus groups tentatively planned for January, February, and March to solicit family/community feedback and make sure we align our plan with their needs. These will occur before the plan is submitted so we can have insight ahead of time.
- We should also define partnership/collaboration and consider how we can involve families more throughout the development.
- Some other goals are to assess contracting, projected usage, and training. The workforce will be considered at each phase, but we will discuss it in greater detail in March. There is more information on the draft charter.
- Two things to consider as we begin are 1) Who needs to be here that is not? 2) What are the values of a prevention-oriented system?

Values - Jeff Vanderploeg

- Jeff posed the following question to the group: when we say, "infrastructure," what are the essential components? Several members had thoughts on this:
  - One person suggested collaboration with providers - depending on the system we design, they may play a big role in identifying needs, matching services, etc. We need their buy-in, and they will need to consider their own infrastructure needs.
  - Another person was surprised that there were not more providers present in the group. They considered that maybe providers were concerned about potential procurement issues. She agreed that more providers should be involved in the workgroup.
  - JoShonda agreed with their unease on the lack of providers. She agreed that procurement issues may have scared some folks off, but she also thinks perhaps it is just going to be a small group. She agreed to reach out to more providers.
  - It was suggested that a provider-specific focus group be added earlier on in the process. This way, the workgroup can get their feedback without them being directly involved in the process. They would want that sooner rather than later. The voice of families and folks with lived experience should also be included; they should be recruited to help build the infrastructure.

    - One person said that there are also smaller, community-based providers that should be included at the table. A few of them were involved in the Candidacy workgroup and should be re-engaged. They are needed for a more robust process - it cannot just be the providers that DCF typically engages with.
- Jeff began to list some key categories that suggestions could be grouped into: 1) outreach/education to referrers; 2) workforce development and how they can implement the prevention plan; 3) data quality improvement/how we will know we're successful; and 4) an entity outside of the DCF Careline and its characteristics, plan to share information with the Careline, and referral process. Jeff then asked the group what sorts of short and long-term success markers could be identified, with the short term being now-April 2021 and long-term being over the course of the implementation and evaluation of the Prevention Plan.
    - One participant explained that in their work in housing, the workgroups they formed developed a common language and screening questions. This way, SDE, DOC, and all other participants were able to discuss across systems with shared understanding. Where can we identify important points upstream, improve what is there, and develop a common language?
    - Another person said that Family First is a part of the broader plan - we may link certain services that are not necessarily Family First-reimbursable. We should consider how non-Family First families will access services. JoShonda agreed that although this may slightly blur the narrow/broad division we have discussed throughout the process, it is necessary. There are many layers to this and resources (children's behavioral health system, other efforts around CT) that should be leveraged. Success includes more systems. The member was happy that the narrow and broad are being somewhat melded.
    - JoShonda explained that by design, we will be discussing both the narrow and broad. We do not want to create a siloed system. Family First infrastructure needs to be fully integrated into the system of care, including a way to identify families in the Careline. Unstably housed and other community pathway groups also need to be captured so that those referrals do not need to go through the Careline.
    - One person brought up EMPS/PIE (provider Information exchange) and the 211 referral form - we could consider utilizing that to help parse out what subgroup a family might belong to and then refer from there. This would also take care of the goal of creating someone outside of DCF.
    - Another person agreed that 211 could potentially be a gateway for some populations. They could combine that mobile crisis line with others that address basic needs. There are several programs - we could identify the linkage.
    - One member also pointed out that for FFT (Functional Family Therapy), providers already report to PIE. This may also be the case with other Family First-eligible programs.
    - In addition to 211, it was suggested to consider other call-in entities like FAVOR and Care coordination.

- Folks also suggested town info lines, pediatricians, and social workers in schools.
- Jeff agreed that we need to outreach to pediatricians and schools since they know the system.
- One person suggested having providers come to the RAC meetings so that the RAC can provide more information to the community as a form of workforce development that is not directly tied to DCF.
- One member pointed out that since siblings of children/youth in foster care are eligible, perhaps it would be good to involve the courts since they would handle the probate cases.
- It was reiterated that there are lots of outreach opportunities; we need to be educating the right people. In particular, we can base outreach on key decision points.
- It was suggested that we do some eco-mapping around the target populations to consider who is around these families that might make the referral.
- Someone suggested using the Academy for Workforce Development (within DCF) for trainings.
- A participant suggested we reframe the concept of mandated reporters and instead consider them to be mandated *supporters*. This may help them to better understand their role.
- Hospitals, schools, and school-based health centers were added as possible contact points that should be involved in training.

Workgroup Charter

- The group took some time to review the workgroup's charter. After looking through it, participants were asked to digest it at home and then make comments over email or at the next meeting. It will be posted on the website once the group approves it.
- The charter was drafted in the same format as the Candidacy workgroup's but with a different purpose and a few updates. It outlines the Family First legislation and Connecticut's approach to it. It also includes the candidacy definition.
- The charter names four key goals, which can be expanded. These goals are then broken down into smaller pieces. The main goals are 1) align internal infrastructure; 2) enhance partnerships and collaboration; 3) establish workforce development plan; and 4) develop messaging.
- The scope and governance of the group is the same as earlier; this workgroup will make recommendations, but final decisions will be made by the Governance Committee, made up of the DCF Executive Team and some external partners.
- The charter addresses the membership roles and responsibilities, including the role of the co-leads in facilitating and the process for adding new members. Decisions will be made based on the majority vote (not unanimous), but the minority opinion will be included in the notes and in the discussion with the Governance Committee.
- The role of the focus groups was discussed, and Miranda agreed to add a section on provider focus groups to the charter as well.
- Meetings will be biweekly from now until April. More information about the topic of each meeting is included in the charter.

- The workgroup had some time to discuss the charter and provide feedback.
    - One person brought up the New Haven Integrated Care Medicaid project, which is doing similar work. As a care management project, their template could be useful to our workgroup. Similarly, the New Haven Connect Grant is providing pathways to care management, so this could also be useful.
    - The 1115 substance use waiver has also developed a template for care coordination; we should support this work too.
    - JoShonda asked if there were other things to be aware of or other important considerations. One person brought up COVID-19 as a barrier; although hopefully by the time implementation begins, COVID will not be a factor, we should consider how it impacts the ways families can access services.
    - Along those lines, another participant wondered that in terms of delivery of EBPs (evidence-based programs), how possible is true fidelity to the model? If the delivery is remote, there cannot be true fidelity. Safety assessments have been different, and there may be practice changes to consider.
    - A workgroup member agreed that model developers have felt that adjustments were needed to accommodate a virtual environment, and they have pivoted to how to utilize virtual means to enhance what we have already been doing. Virtual delivery can enhance services.
    - One person said that it seems we have avoided disparate service delivery. They brought up a program in New Haven that has identified and committed to a structure that attempts to avoid disparate outcomes.
    - JoShonda agreed that avoiding disparate outcomes is important, and she let the group know that this was a major consideration when building the Candidacy definition. We hope to thread racial and social justice throughout the plan. She agrees that we should be deliberate in this. In Candidacy workgroup discussions, there was a lot of discussion about disparities and the possibility of surveillance.
    - Jeff confirmed that he added more information about racial disparities in his brainstorming outline.
    - One person said that they find a larger group with more perspectives to be very helpful. It helps show the bigger picture, and they appreciate their voices. Additionally, the group reaffirmed the need to include the voices of those with lived experience. The Candidacy workgroup did include some of these folks, and we need to continue with that.
- JoShonda asked the workgroup to share what they would find most helpful, in addition to eco-mapping and reviewing other states' infrastructure.
    - One person brought up 211, who gets around 450,000 calls and uses integrated assessments. This seems like a natural intersection point. Could the group get a presentation on how that works to consider how we might tap that intersection?
    - Another person asked for more information on the Careline to discuss logistics and trends.
    - JoShonda asked the workgroup whether they feel confident that they understand the ask, and the group said yes.

- One person was pleased at how many folks working on CT-Kind were present. They understand the business process, the IT process, and the technology requirements for whatever system we build. One of the CT-Kind staff members said that from an IT-perspective, they are already tracking similar information. They think that the data points we will need (demographic info, service providers, etc.) already exist in the system. As far as the technology goes, they recommended that the workgroup outline the requirements and the IT folks would design the technology so that it meets those requirements. The lean process is meant to refine an existing process, so they can apply this once they already have a process in mind.
- Miranda Lynch agreed that the nitty gritty of the IT requirements can wait until later, but we should track any deficient points in our process and be mindful and clear on how it should look. The IT professional shared that the IT process will be informed by the business process and not the other way around. JoShonda agreed and said that it is good to have the IT folks present so they will know how we developed the business process.

Next Steps

- Workgroup members should read through the charter and provide feedback via email or in the next meeting.
- Some folks are missing from the table - the co-leads will do more outreach and asked the members to try to bring one key stakeholder with them to the next meeting to help round things out.
- One person asked whether the Programs and Service Array workgroup recruited for their meetings (they have over 100 participants). JoShonda said that their membership is more likely the result of a misconception that there will be new funding through Family First (that is not the case). She said that she could ask PSAWG members if anyone would be interested in also attending IPP meetings. Other workgroups will be ending relatively soon, so we could also engage a few of their members . However, in that case, adding people later could cause some concerns with having to review and re-set for new members, and it would be preferable to have people with us from the onset. The workgroup member agreed with this and it was agreed that it would be brought up to the co-leads of the Programs and Service Array workgroup. One person pointed out that a benefit of a small group is that everyone is more engaged, whereas in the PSAWG workgroup, with 70-80 people in each meeting, it can be hard to engage everyone.
- JoShonda asked whether the group had any other thoughts. One person complimented the presentation and said that they felt they had a good grasp on things after this discussion. JoShonda thanked the group for their time and efforts.
- The next meeting is on November 6, 9 am-11 am.