CT FAMILY FIRST - INFRASTRUCTURE PRACTICE AND POLICY WORKGROUP
MEETING MINUTES | November 6, 2020

Welcome, Introductions, and Housekeeping

- JoShonda Guerrier and Jeff Vanderploeg introduced themselves as the co-leads to the workgroup. They also introduced the policy analysts from Chapin Hall--Miranda Lynch, Olivia Wilks, and Joanna Widding--who have been helping Connecticut throughout the planning process.
- The workgroup members introduced themselves in the chat.
- The group has been sent the minutes from the previous meeting, the agenda, and the charter. The co-leads asked members to reach out if they had any comments about those materials.
- There were no questions about housekeeping.
- The co-leads took a moment to correct an error from the last meeting. At one point during the meeting, it was said that families experiencing IPV were not part of Connecticut's Family First candidacy definition - this is not the case, that population is part of the definition. The meeting minutes have been updated to contain accurate information.
- Workgroup Charter
    - The updated charter is similar to the previous one, but with a few edits.
    - Racial justice is now explicitly mentioned on the first page.
    - The charter includes the candidacy definition, goals/deliverables, the broad/narrow visual mentioned at meetings, other workgroups' and their main goals, roles/responsibilities of members, focus group plans, and the approximate goals of each meeting.
    - Issues that are not related to this workgroup will be put in the "parking lot" and JoShonda Guerrier and Ken Mysogland will raise the topic at the appropriate workgroup.
    - In the roles/responsibilities section, meeting "in-person" has been removed as an expectation.
    - The focus group plan now includes a provider focus group.
    - The co-leads asked if there are any questions about the charter.
    - One person asked about whether it was possible to enhance the candidacy definition; in particular, they wanted to shift "unstably housed youth" to "unstably housed family." JoShonda explained that we cannot enhance the definition, as it has already been approved by the Governance Committee. In this particular case, the candidate is the youth themselves, so we need to start there, but the family would still be eligible for services.
    - Another member asked about voluntary services being part of the definition, as the Department no longer services these families. JoShonda replied that this was discussed when creating the definition. The workgroup knew that voluntary services would be transitioning away from the Department, and there was a lot of dialogue about changing our service continuum; however, the workgroup wanted to think more broadly than just the Department and think systematically about how we can serve families differently.

- The workgroup agreed to adopt the edits and post the charter to the website. The meeting schedule will be helpful to orient members if they miss a meeting.
- If you miss a meeting, it is not necessary to send a substitute. The workgroup minutes will summarize the meeting and should get you back on track.

Mapping CT DCF Family First Community Pathways to Service

- As a workgroup, we need to ask what is needed to serve families. Families who are at risk may show up to DCF, but who else might be aware of a family's needs?
  - Some ideas from previous brainstorms are the family themselves, schools, police/judicial, healthcare, sister state agencies, community/faith-based organizations, etc.
- Who are the people above most likely to call seeking resources and support? Where might they call? The group brainstormed:
  - Office of Community Relations
  - Office of the Child Advocate
  - School social workers
  - Pediatricians
  - DCF Careline
  - 211
  - Beacon/Voluntary Services
  - Community Providers
  - Crisis teams
  - Family Resource Centers
  - Hospital staff
  - Parents/grandparents
  - Older youth
  - Shelters
  - Pastors
  - Guidance counselors
  - Connected agencies
  - 211 website and other websites (Beacon's, behavioral health websites)
  - Police/911
  - School Resource Officers
  - Town Social Service agencies
  - Care coordination
  - Coordinated Access Network (CANs)
  - Grassroots organizations
  - Community-based providers
  - Support groups
  - EMS
  - Judicial Branch/Courts/Probate courts
  - Fire Department
  - Legal advocates
  - The Governor's Office
  - Legislators/State Representatives
  - Attorneys
  - Birth to Three
  - VA/Health Home Aides
  - Youth Service Bureaus or Juvenile Review Boards
- For example, if a school wants to help a family but does not know where or how to access a service, they may call one of the above resources. Depending on what the need is, they may know who to call in some cases.
- The group was asked how DCF currently partners with these access points. What formal relationship does DCF have with these organizations, especially the ones that are very robust?
  - Careline - DCF manages the Careline
  - 211 - Contracted (EMPS, Coordinated Access Networks)
  - Community Providers - Contracted and credentialed (fee for service)
  - Office of Community Relations - Office within DCF, provides info
  - Town Social Services - Offer resources/services to families, collaboration depends on the region and funding levels.

- In terms of relationships, one person asked whether we are looking from the system's perspective - is having formal infrastructure in place better? JoShonda explained that this is an analysis of what we have, and we will move on to what we may want later after reviewing the national perspective.

State Comparisons

- Miranda Lynch from Chapin Hall said that Connecticut has a very broad candidacy definition, which is very innovative. There are somewhat similar infrastructure possibilities as Washington, DC; DC's candidacy definition likewise includes substance-exposed infants, families with closed cases, and youth who have exited foster care to permanency.
- DC has had community collaboratives for decades; these collaboratives serve families on the local level. They open the door to assist families with services and serve as an entity for families who have had open cases.
- JoShonda explained that they have had this community-based infrastructure and their goal is to prevent families from going through the "front door" of the Department. In Connecticut, we have the FAR track and will have ICFS, which creates some separation with the Department. Some families are better served at the community level rather than the state level.
- Washington State recently had their plan approved, and they also want to go more into the community. They want to avoid opening a child welfare case when possible, and they intend to create a partnership between the Department and community organizations/service providers. At this time, we do not have the details on case management for Washington.
- In DC, if a case is assessed as low risk, it is transferred to a community collaborative and the case is closed. The collaborative provides some information back to the Department for tracking, since some information is needed to meet requirements for reimbursement claiming.
- Colorado has a state-supervised, county-administered human services system with very broad definitions and flexibility. Each one county plans to partner with a Family Resource Center with no open case.
- If Connecticut DCF feels that services are better administered on the community level, it is a possibility.
- Someone asked about Washington, DC's inclusion of pregnant women with substance-use disorder - is this just for first-time mothers? Miranda was unsure of the answer; it is not specified in their plan, but she thinks it would be determined on a case-by-case basis and not likely to be only for first-time mothers.
- The group was asked to consider how this relates to the first part of the meeting - where do families turn to when they need support? How do we build on what already exists?

Care Entities for CT Family First Populations

- What infrastructure would we want to design for Family First and for the broader prevention system? If we want something family-centered, then it should encompass both.

- Jeff Vanderploeg left the call at this point due to a potential conflict of interest in this portion of the discussion.
- There are many existing care entities, but they are currently pretty DCF-centric. Although Voluntary Services is outside of DCF, it still requires a call to the Careline.
- How do we leverage what we have to build what we want? When we look at the candidacy populations, where should the access point be? We will need to build in IT considerations, accountability, warm hand-off, and a family-centric lens.
- JoShonda explained the previous candidacy group discussed some of these same considerations back in February but was unable to complete its work. When thinking about Family First, what *could* the system look like?
- One member said that each group has its own specific needs, and the matching should be based on these needs. 211 does not do a needs assessment. DCF provides the services - how do we know the family's needs?
- Another person said that they really resonated with the vision of an easily accessible system with a live person who can offer help and a warm handoff (like mobile crisis). That person needs to understand the criteria for Family First and still be able to provide help to those who are not eligible.
- It was suggested that the system be more localized; the staff should know the community. Callers should feel hope after they hang up, and taking the call helps.
- One person pointed out that the payment aspect is not important to families, and most of the processing/administrative aspects should be separate from families.
- JoShonda agreed that families should not be burdened with how to pay for services. The administrative work/CQI is important, but the system should take care of that behind the scenes.
- A member pointed out that educational neglect has historically been punitive, so when it comes to chronically absent/truant youth, we should be looking for non-DCF pathways as the community is a better fit for these issues.
- JoShonda felt that sounded more like a care management entity that functions similarly to DCF care management, but not punitive. The tracking data could then be fed up to DCF.
- Another person agreed that a care management entity would be good, they reiterated that we should not lose the importance of local resources and a local knowledge base. When this is centralized, local connections are often lost.
- JoShonda asked the group to define "care management entity." There is a traditional definition, but our definition could include contracting with local entities. We can create one that meets our needs. Do we have something locally driven already in place that works? The group felt that something like this may already exist, but they were not certain and did not know by town.
- At the next meeting, the group will do a streamlined activity. Workgroup members should bring resources and ideas. JoShonda acknowledged that this work is difficult, especially with procurement considerations. We want something the community can be proud of. The next meeting will be on November 16, 2020 from 9 - 11 am.