

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

## **MEETING MINUTES | November 16, 2020**

### **Welcome, Introductions, and Housekeeping**

- JoShonda Guerrier facilitated introductions.
- This meeting is considered Day 2 of 2. The group has met twice so far, and they have been focusing on infrastructure for the time being but will move to practice/policy soon.
  - The group was reminded that the focus right now is on the narrow (Family First) portion of the prevention continuum.
  - At the last meeting, the group had strategy conversations regarding referral pathways (schools, law enforcement, etc.) and highlighted potential pathways to a care entity. We also discussed what a "care entity" could look like. "Care entity" may be too broad, so at this meeting, the group will consider what characteristics we would want in a care entity. This is the beginning stage, and we are only getting started.
  - There were no questions from the group.

### **Essential Characteristics of a Care Management Entity**

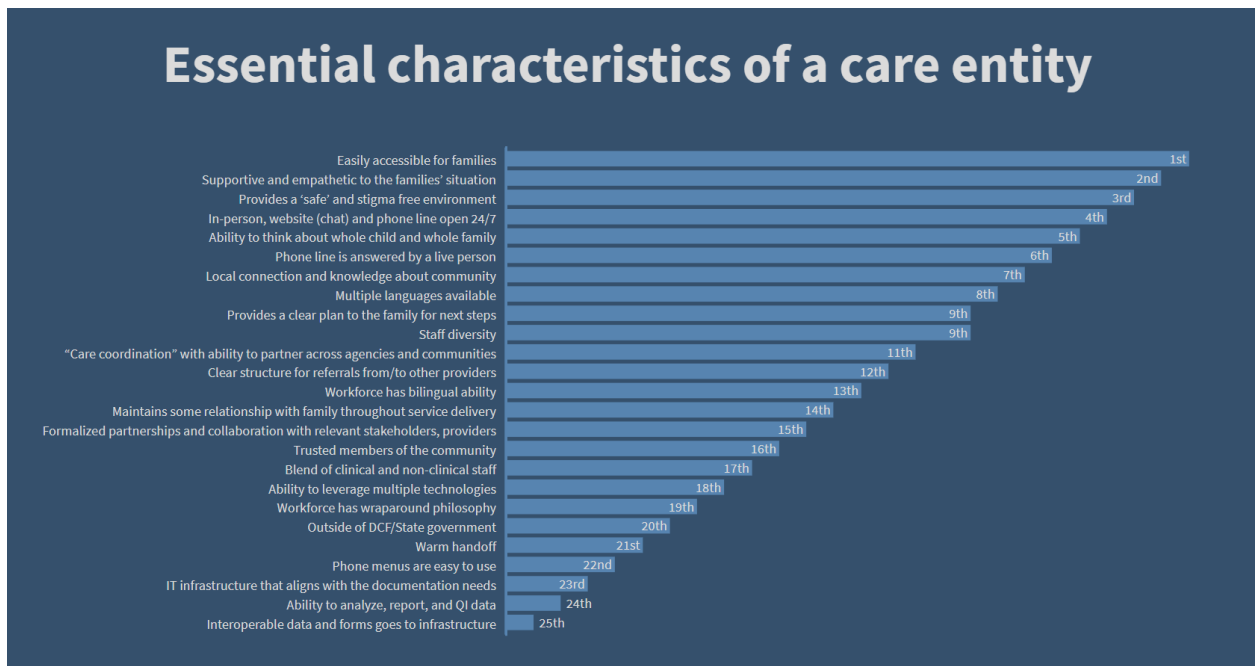
- The group will first create a list of essential characteristics, then do an activity to prioritize these characteristics, then move on to discussing plan requirements.
- Characteristics:
  - Access
  - Family experience
  - Workforce capabilities
  - Structure/organization
  - Infrastructure
- Access
  - One person asked if we have discussed messaging/branding. JoShonda explained that we have not yet, but the workgroup is leaning towards structuring it on the local/regional level. The group has not ruled out something DCF-related, but they do not want something too large/statewide. We should also remember to think outside of what currently exists. The group was also given information about other states' systems.
  - In terms of access, there should be a real person answering the phone and when a real person is not available, easy-to-use prompts.
  - A DCF staff member agreed and explained that DCF's Office of Community Relations found that having the phone manned helps with engagement. That first phone call is what starts building trust and engaging families.
  - We need to have responders who speak multiple languages. Families should be able to call and speak to someone who speaks their language. This is important to access. Others reiterated this point. Additionally, we should consider making services available beyond the normal 9 am-5 pm business hours and consider having an in-person option.
  - Others agreed that we should not only have a phone line but also consider a website and in-person option.

- One person brought up the innovative work being done by domestic violence hotlines that utilize email and chat options, since voice contact can be intimidating to families.
- Another member discussed the strong feeling they have gotten from community providers that families are frightened to access DCF systems. It makes more sense for it to be community-based. We also need to prevent as many hand-offs as possible to not lose people.
- Telehealth capacity
- Local access
- If there is a physical location, it should be located close to public transit
- There should be clarity regarding insurance and payment - this point was put in the parking lot due to DCF being payer of last resort. It may be possible to use insurance for some families in the Candidacy population. We will come back to that.
- Workforce capability, structure/organization, and infrastructure
  - There should be cross-system collaboration and some central management (a person or process to ensure collaboration). We should see this as someone building bridges between organizations and departments.
  - It is important to have staff that have the ability to think about the whole child and see them from the perspective of multiple child-serving agencies. Another person added that it should not just be the whole child but the whole family.
  - For clarity, someone asked if we are including DCF staff in this deliberation? JoShonda agreed that this should be somewhat outside of DCF, but because many of the candidacy groups are connected to DCF, there should be some sort of role for the Department. We need to decide what that looks like, and perhaps create some sort of hybrid system.
  - There must be a blend of clinical and non-clinical staff. We need social worker expertise, but not *only* social worker expertise.
  - One person explained that their agency hired community health workers due to COVID, but after their experience, they have realized these workers should be embedded into the organization as a whole.
  - There is a good system in Norwalk for child homelessness - we could learn from that (and other) models.
  - Should have a diverse staff
  - Community Health Workers certification exists in Connecticut - we should use trusted members of the community.
  - Some families have difficulty when they move if services do not follow them; they may need to disconnect with the structure when the service is not in the community. This system needs to offer a local connection that will fill this gap.
  - Consider allowing families to access resources through apps
  - The system should have the ability to leverage multiple technologies
  - IT infrastructure and ability to analyze the data - analyze, report, CQI

- One member reminded the group that Family First is specifically providing reimbursement for EBPs, and while people may need all of this work, EBPs are usually delivered by certified people, so we need to balance clinical and non-clinical supports. Another person replied that the provider would be outside of this entity, so this requirement may not impact how the care entity looks/functions.
- Should be a wraparound model that brings supports together and allows for care coordination. If not a wraparound model, at least a wraparound philosophy.
- The Child Development Infoline was brought up as another organization we could learn from.
- Other characteristics
  - The group felt they had covered all characteristics in the above discussion.

### Prioritizing Characteristics

- The Chapin Hall policy analysts sent the group a link to a poll. All the characteristics listed above were included in the poll, and participants could move characteristics up and down in the rankings in order of importance. After everyone finished responding, the program would then use the averages to rank the characteristics. The poll took about ten minutes for the group to complete. Here were the results:

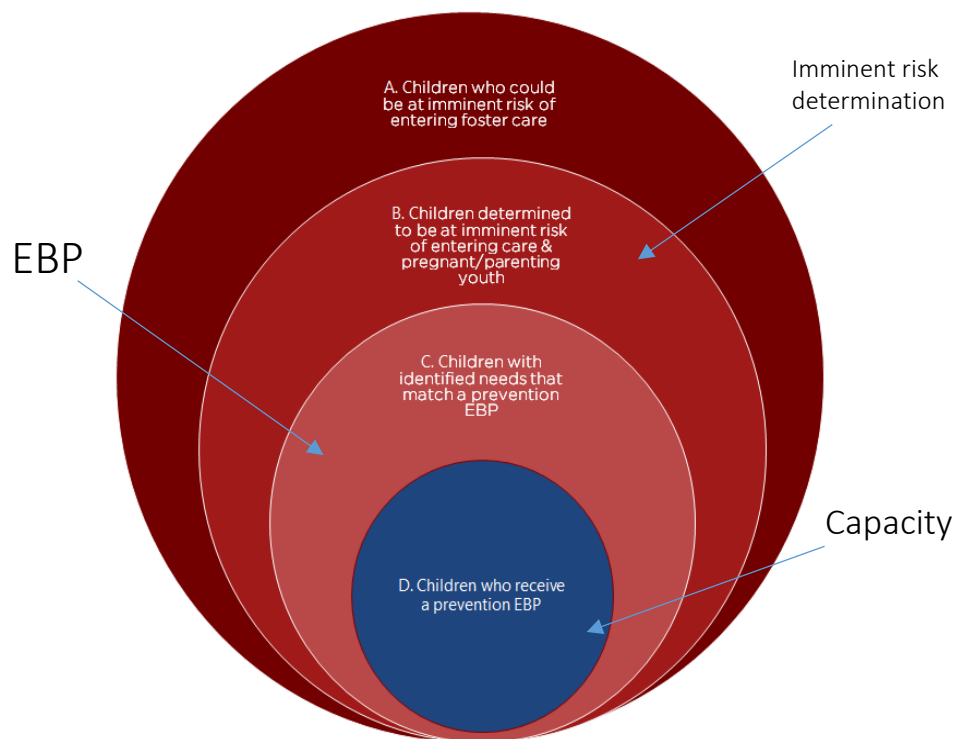


- The group discussed what was surprising about these results.
- One person found it interesting that the group went for accessibility and values rather than technical details. There was a focus on family experience and ease of use.
- The group valued a system that is easily accessible and local.

- A member said that they felt there was incredible representation here - people from inside the child welfare system were focusing on the people first over the system. They were impressed that the group prioritized them.
- Another person added that the relationships are the most important to families. They need the resources to build their skills. Once they have support, they can get to where they need to be.
- Family First will require a lot of workforce ability and the development is in the middle of the process.
- The co-leads and the group were both glad to see the focus on families, and the co-leads thanked the group.

### Moving Forward: From Conceptualization to Operations

- We have decided to cast a wide net to provide support to a large bucket of families. As we are setting up a system, we know we would want to capture many people, but once we identify possible candidates, we will need to determine who really fits. After that, someone needs to identify the family's needs and match them with a prevention EBP. A family may have the capacity for service, but there is a lot between that initial identification and the delivery of services.



- To get a better idea of this, the workgroup reviewed the requirements for Family First. Some requirements do involve DCF, but DCF's level of involvement could vary depending on what the group wants.

	Summary of Family First Requirements	Connecticut's Approach
<b>Eligible Populations are Defined</b>	"Imminent risk of entering foster care" and pregnant and parenting youth in foster care	Completed: identification of candidacy groups
<b>Eligibility is Determined</b>	The <u>title IV-E agency</u> must determine eligibility of the child	TBD  <i>Key question - How will DCF work with a care entity to operationalize these requirements so that the experience is consistent with prevention work and is seamless to the family?</i>
<b>Service Planning</b>	A child-specific prevention plan for candidates or case plan for pregnant and parenting youth must be in place prior to receipt of services	
<b>Service Receipt</b>	Service can be received for up to 12 months initially; redeterminations of candidacy allow additional/contiguous 12-month periods	
<b>Ongoing Monitoring</b>	Oversee safety of children receiving services and conduct periodic risk assessments to inform the child-specific prevention plan	
<b>Data Collection</b>	Data reports must include demographics of the child, prevention plan dates, service start/end dates, service expenditures and foster care entry status/dates (if applicable)	

- We want to hold the family experience in our heads and balance the above requirements with how we want to support families throughout the process.
- Comments about the above
  - One person requested an explanation for why the JJ population was included in the candidacy definition. JoShonda responded that there were a lot of conversations about that population, and the workgroup struggled with where in the continuum to catch these youth. The workgroup ultimately wanted to look at that population differently and integrate them into prevention efforts. The person who had asked felt that the group did a great job identifying touchpoints. They were thinking about the children who exit the child welfare system, and likewise, youth in the JJ system are often also in the deep end. We need to consider how they are exiting JJ involvement and consider sustainability.
  - There were no other questions.

- The group was asked how they were feeling about the operational requirements. We should not think of this as an "or" situation; it is a "both" situation. We can meet these requirements while keeping families first in the planning.
  - One person felt that it is doable to put families first and meet the criteria. There are lots of programs that balance families with requirements; we always need to put the families first and interweave the regulations.
  - Another member suggested a strengths-based approach to planning. Systems of care has a good outline, and we could assess the risks and strengths.
- JoShonda asked the group if last week's discussion on the care entity has become clearer and whether folks felt more grounded.
  - One person felt that when using existing entities, it is hard to filter things down, be them information, practice changes, or whatever it may be. Their concern is that it may be challenging for an existing entity to integrate any changes we make. If we go back to a unique entity, they will need to do the screening.
  - JoShonda felt that from the group's discussion, we are strongly considering having a unique entity with local/regional support and a broader base. One person agreed with that, as even within the regions, there are a lot of local differences.
  - One person is stuck on the vocab of "imminent risk," which does not sound like prevention and feels almost too late (like at the CR stage). Miranda Lynch explained that "imminent risk" is in the federal legislation. The Children's Bureau will not define that term, so states have a lot of leeway on what counts. Connecticut thought broadly and will intervene sooner than that point. The federal legislation uses certain terms that Connecticut will not. The person responded that they understood that reasoning but hopes that we will message appropriately because an Area Office has a different meaning when they use the term. Others agreed, and one pointed out that we can always use a different term when interacting with families. We need to meet the requirements and understand federal terms, but we do not necessarily have to use it.
  - When it comes to language, we have the opportunity to do something different. Often actual children at "imminent risk" are in the deep end of intervention. There are families and communities that recognize that DCF does not just remove families, but we need a major language change and do our business differently. In the midst of such a major shift, let's not use the same language as before.
  - JoShonda said that we as a group can take a step back since the term is defined by the state. Instead of using that language, we can refer instead to our six populations because that is how we defined the term. We took a broader approach, and in our plan, we will include that list of populations as our definitions.

- Ken Mysogland said that he appreciated the conversation. We will need to face the risk conversation, but we have also been discussing moving both the responsibility and risk to the community. It is easy to not take on that risk and call the Careline, and we need to help the community feel more comfortable taking that on.
- One person asked how OEC is involved in the process as partners? They are currently redesigning their home visiting program; this could dovetail really nicely, especially as an access point. JoShonda replied that they are an invited partner and aware of this workgroup. They are currently trying to find the right person to participate.
- Another member was considering mandated reporters and how they might intersect with this. JoShonda agreed but hoped that it would not be a concern since risk and safety are not the focus of Family First. If we can serve families through a prevention continuum, then if successful, there should not be safety considerations requiring a report.

### Closing and Next Steps

- JoShonda said that she hoped everyone felt more primed for our next steps and asked the group to think about current tools being used for assessment, while keeping today's framing as the reference for thought.
- Monday, November 23 will be the first Governance Committee meeting since January. We will share the characteristics with them along with the Kinship and Foster Care recommendations and some information on the Programs and Service Array Workgroup's initial discussions. We will update you all on how that goes.
- Jeff thanked everyone for their engagement and support.
- Ken was pleased about the diversity of partners (state agencies, providers, etc.).
- The workgroup's next meeting will be **Friday, December 4 from 9 - 11 am** over Zoom.