CT FAMILY FIRST - INFRASTRUCTURE PRACTICE AND POLICY WORKGROUP
MEETING MINUTES | December 4, 2020

Agenda

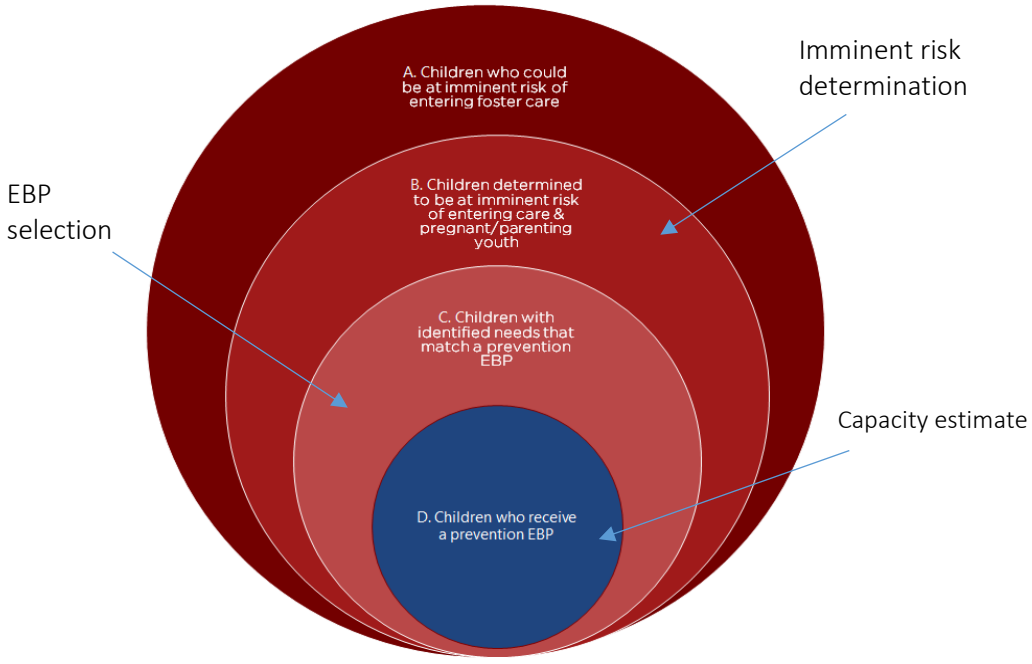
- Welcome
- Why focus on Screening and Eligibility?
- Activity I
- Families with accepted Careline Calls - screening, assessment, and documentation processes
- Activity II
- Next Steps

Welcome, Introductions, and Housekeeping

- JoShonda Guerrier introduced herself as one of the co-leads for the workgroup as well as a co-lead for the overall Family First planning process. She also introduced Ken Mysogland, the other co-lead for Family First, who will co-facilitate the next meeting.
- Jeff Vanderploeg, the other co-lead for the IPP workgroup introduced himself.
- Several folks from Chapin Hall were on the call, including Miranda Lynch, Olivia Wilks, Joanna Widding, and Karen Fenton-LeShore. Chapin Hall has provided support for DCF throughout the process.
- Brendan Burke, a DCF Careline staff member, was also on the call to help provide information and challenge assumptions about the Careline. This meeting is meant to be an interactive look to determine what we are missing. Data was also gathered that the workgroup will help look at.
- The co-leads expressed their appreciation for the many different perspectives on the call.

Screening and Eligibility

- The workgroup reviewed the circle graphic (right) that represents the different process points between a family being in the candidacy definition and that family receiving services.



- A. describes families who fit the Candidacy definition, while B. is those who are eligible for services. C. entails an identified need, which the workgroup will discuss.

The workgroup will need to determine how the needs will be identified as well as how to document and communicate those needs.

- There are lots of process needs throughout.
- The workgroup members were asked not to get too distracted by the "imminent risk" language, as this has more to do with the federal legislation than Connecticut's prevention plan.

Operational Requirements Related to Eligible Families for Family First

	Summary of Family First Requirements	Connecticut's Approach
Eligible Populations are Defined	"Imminent risk of entering foster care" and pregnant and parenting youth in foster care	Completed: Description of candidacy groups
Eligibility is Determined	Of the potential candidacy pool, someone/some process must identify those who will benefit from prevention services. The title IV-E agency must determine a child's eligibility.	TBD *Key question - How will we modify existing processes and create new ones for the care entity, to operationalize these requirements so that the experience is consistent with prevention work and is seamless to the family?*
Service Planning	A child-specific prevention plan for candidates or case plan for pregnant and parenting youth that specify how services will prevent foster care/increase parenting capacity, must be in place prior to receipt of services	
Service Receipt	Service can be received for up to 12 months initially; redeterminations of candidacy allow additional/contiguous 12-month periods	
Ongoing Monitoring	Oversee safety of children receiving services and conduct periodic risk assessments to inform the child-specific prevention plan	
Data Collection	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)	

- Eligibility and child-specific plans must be determined. One person asked whether eligibility must be determined by someone within DCF or whether a public agency contracted with DCF (e.g. tribal services, etc.) could do this. DCF must be the final sign-off on eligibility and the child-specific plan, but the actual work of determining this could be done by a provider.

Why Focus on Screening and Eligibility?

- The workgroup was asked to think about other existing tools/mechanisms that we could potentially leverage/align for Family First. We want to take a critical look at what we have and consider leverage aspects of these.

- Any inquiries and key questions will be directed to people who are involved in the current screening process. We want to make sure we are being comprehensive.
- The workgroup was asked to think specifically about screening from *their* perspective. Keep in mind that this is starting off with just one population.
- One member was a bit confused on whether DCF was meant to be completely outside of the process or involved in some way. They thought about the SDM tool and was unsure if the workgroup is trying to recreate something similar to that. Miranda Lynch explained that DCF is not necessarily out of the process, but it would depend on which population. At the last meeting, they discussed the community pathways populations, which do not touch DCF, whereas this population (families with accepted Careline calls) does. We want to take it population by population, and it makes sense to leverage what we have and build off what already exists. Ken Mysogland added that it is a challenge determining where DCF is in the process, since we hope to have the Department less involved in families' lives.
- Another workgroup member brought up their universal referral system, which their agency uses in Norwalk. They have endeavored to screen everyone at the Norwalk Hospital and enter that data. This screening questionnaire ensures that people do not fall through the cracks, and they have been using the same tool for each agency. JoShonda asked if the member could clarify what mode was used to screen all babies, and they responded that it was a paper form that could be entered; however, this is just one way to access services. It is also possible to go through 211 or get a provider referral. They do screen for women giving birth, but they are trying to expand to prenatal services. JoShonda asked if they could connect offline, as this is conceptually something they would be interested in.
- A member who works in IT asked a question about data flow - will DCF be claiming for reimbursement? Miranda confirmed that they will claim for reimbursement and submit the reports.

Activity I: Existing Tools and their Alignment with a Family-Centered System

- Workgroup members were asked to think about a tool they use and know, then consider how it aligns with the characteristics derived from the last meeting.
- Members took a few minutes to reflect on the tools they use, then shared with the group.
- One member said that they considered tools that required engagement versus ones that felt like a conversation. Larger tools take explanation, engagement, and relationship-building, which requires more time than something more conversational.
- Ken shared that he was thinking of the earlier comment about the Norwalk universal referral system, and he explained that DCF has many tools, but we do not often go back and review how other folks align. DCF's tools are also often tied to federal funding and consent decrees.
- Another person said that they have a lot of tools, some of which are used on families, but they were unsure if theirs was the most useful. They find OneDrive to be helpful for sharing information; it helps multiple people access files and data. JoShonda asked to clarify whether they meant share with other partners or with

DCF and they explained that some DCF staff may access it to view notes, but it is shared with others besides just DCF (both inside and outside their agency).

- One participant felt that they were doing a good job with keeping the family centered in their assessments, but they are trying to increase family involvement in the case management process throughout. It is a challenge to balance being family-centered with following the court orders.
- It was added by one provider that sometimes families do not know them very well initially, and when doing the initial screening, they may be hesitant to be fully vulnerable and truthful. This has resulted in some families scoring themselves higher at the beginning and then lower partway through, as they were more willing to be honest after the relationships had developed.
- Another person pointed out that tools can be a barrier to engagement and successful tools make families feel heard and understands their needs.
- The workgroup is being ambitious, and in order to better orient the discussion, the workgroup will focus just on the Careline calls population.

DCF Careline: Overview and Screening

- The DCF Careline is the central place for reports of abuse/neglect throughout the State of Connecticut. It operates 24/7, including during holidays. It is front-facing, and despite the pandemic, it still receives over 100,000 reports/year.
- Connecticut has strict mandated reporter statutes, so many of the calls are from mandated reporters.
- Children and families are screened through the Careline in two situations: 1) mandated reporter or non-mandated reporter calls with an allegation of abuse or neglect or 2) online reporting of non-emergent reports (OEC, Family Relations, etc.)
- The information is assessed by a social worker. If the report does not match the criteria, the SW may discuss with their supervisor.
- A variety of information is collected at the Careline, including the caller's demographic information and relationship to the subject of the report and information regarding the allegation. It is difficult to understand the family's needs at this point because the primary determination is on whether the report meets the statute and an investigation is warranted.
- After the call is received and information is obtained, calls may be screened out if they do not meet the statutory requirement. It is hard to assess needs for non-accepted calls. If it does meet the criteria, then it will be designated as either a FAR response or an investigation depending on the urgency. It is easier to get a picture of families' needs after 45 days.
- Brendan Burke, a Careline social worker, said that it cannot be understated how little information Careline operators have to work with, as the average call length is only 12.5 minutes. There are some automatic rule-outs (child does not meet the age requirement, there is already an open case, etc.).
- Cases (FAR and INV) are coded with a response time, either same-day, 24-hour, or 72-hour. It can only be a FAR case if it is a non-immediate response (same day or 24-hour responses cannot be FARs), and this is related to immanency.

- There are a few rule-outs for FAR cases: if it is an open case, related to a congregate care facility, there is a sexual abuse allegation, if the alleged perpetrator has been found responsible for a child fatality, or if the alleged perpetrator has been adjudicated within the past five years.
- There are a lot of decisions being made for these calls. The social worker must decide if the call meets the statutory criteria, and some calls are screened in/out. This is also a didactic process, meaning if someone called again with additional information, a call that was originally screened out could be screened in. Although school personnel make up a large portion of the calls, only about 5% of their reports move to the investigation track.
- Voluntary service calls do move through the Careline, but that population will be discussed in more detail at a later time.
- Miranda Lynch asked about information gathering and, considering the specificity of the statutes, whether Brendan and Ken could say more about what consistent information is received at the Careline. Brendan explained that they will always receive information about a victim (<18 years old), a perpetrator who is entrusted with the care of that youth, and an incident of abuse or neglect. There is a lot of grey regarding what "entrusted with care" entails. The incident is also sometimes tricky because it must be a specific incident, not just the general conditions. Ken added that the Careline is sometimes tipped of to needs (e.g. "mom has a mental health issue"), but it greatly depends on what the caller says. As the focus at the Careline is on risk and safety, service needs come later.
- The Careline staff utilize a structured decision-making screening and response tool (SDM). This version is from 2018. The decision is always documented, but the Careline is working to improve its documentation around why a specific decision was made. Brendan explained that the reliability of the SDM is being researched, and it is possible to have variation in decisions on the same case depending on who is looking at the information, so it is important to maintain consistency.
- Cases are currently documented in LINK, but the upcoming CT-KIND system will include more comprehensive and efficient reporting with SDM decisions and other case characteristics.
- When it comes to who gets missed, Brendan explained that non-accepted cases usually lack a specific incident and instead discuss a general situation.

Activity II: Essential Characteristics and the Careline

- The workgroup conducted a second activity in which they recalled the essential characteristics of a care entity and considered how the Careline process aligns with these characteristics.
- To review, the Careline will likely capture several candidacy populations, DCF will capture families further involved in the system (e.g. pregnant/parenting youth in foster care), and some would be outside of the DCF system. For this discussion, the workgroup is only focusing on population #1, families with accepted Careline calls.
- Brendan shared that a key weakness of the Careline is that it rarely directly touches the family, as the caller is usually someone outside the family (removed touch). Ken

said that the Department is "involuntary services" for a reason. One person added that if there were some data requirements and a decision tree that allows for some level of assessment before a family is passed on for a full assessment, this could potentially be a way to connect the Careline with Family First.

- Brendan noted that 80-85% of the calls are from mandated reporters who have a variety of detail about the situation. In ideal cases, the Careline could receive a call from a knowledgeable LCSW, but in most cases, there is a lot of vague, second-hand information. There were also several high-profile cases where someone did not make a report, so now people call "just to be safe." Mandated reporters are told to be responsible and not investigate, but if the Careline does not have enough information, they cannot accept the report.
- A workgroup member pointed out that when someone calls the Careline on a family, the family is immediately put in a defensive position because the Department is not coming in with their perspective. The Office of Community Relations has the opposite dynamic, where around 90% of calls are from the family. There is immediate engagement because they are coming to the Department. We need to make sure we are partnering with families from the beginning.
- Taking all this feedback into consideration, Miranda said that it seemed like the workgroup did not want the Careline to be the nexus point. She tried to think of other natural points in the continuum and thought that perhaps the FAR/INV track would be an option. She asked how many families are successfully contacted at that point and whether that might be a better assessment point? Brendan said that there are safety/risk assessments at the beginning and end, and the Department engages with over 95% of families. If they are not able to interact with the family, an office-level decision must be made. Ken added that families have the right to refuse to engage.
- One member added that the track (INV vs FAR) sometimes does not matter to families; they see a DCF worker coming into a situation where they did not self-report. Any DCF association is a barrier, and they are not sure if it is possible to circumvent that.
- Along those lines, Ken discussed the Talk it Out line, which was sponsored by DCF. Families shied away from this line even though it was not related to CPS. DCF also does not tend to put its name on things that are positive, so it is challenging to balance the desire to not scare families off while also working to change its reputation.
- Providers are not clearly associated with DCF, and they often hear that kind of rhetoric from their clients.

Next Meeting

- The workgroup's next meeting will be on **December 18th, from 9 am - 11 am**. We will continue what we have done today.
- The co-leads asked the workgroup for feedback and how they can make it more interactive. What are your needs?

- One person was wondering where we can gather more information on the needs of our families - how many need housing, what types of mental health, substance use, etc. services do they need? That might be helpful. One person recommended we use PIE data for this.
- Another person suggested smaller breakout groups to help members work through some of their ideas.
- A member said this was very informative, and they are working more with DCF to discuss needs - what are the questions we should be asking early on to prevent deeper interventions.
- JoShonda asked whether some of this work can be done during the meeting or if it would require extra time. Several group members responded that they preferred to do it here, during the meeting.
- JoShonda thanked the group for their time and commitment.