

# CT Family First Kinship & Foster Care Meeting Notes

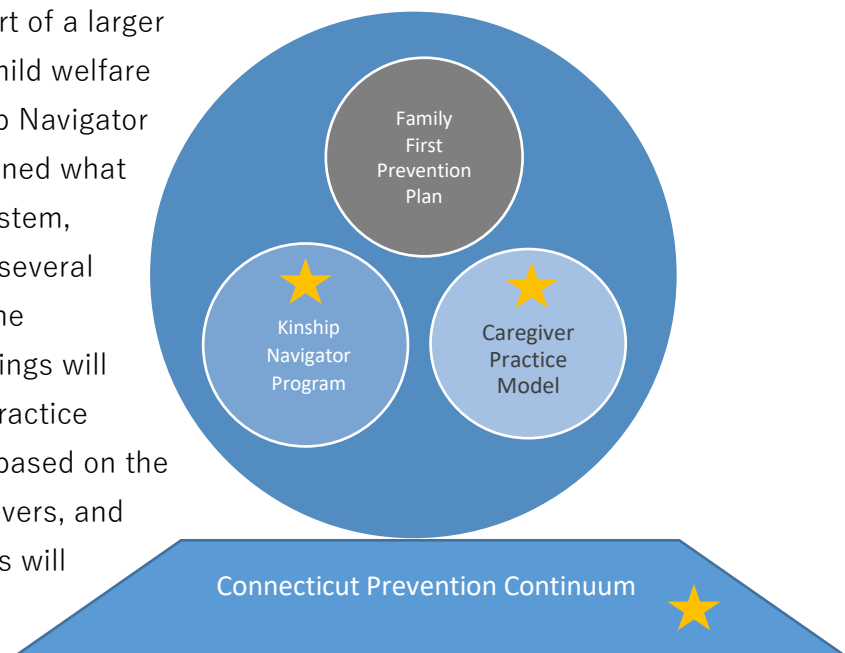
**Date of Convening: November 19, 2020**

## Welcome and Introductions

- Tina Jefferson and Randi Rubin Rodriguez introduced themselves as the co-leads of the workgroups.
- Tina and Randi reminded the group that the topic of this meeting is to synthesize the recommendations that will be made to the Governance Committee on behalf of the workgroup. The co-leads thanked Miranda Lynch, Olivia Wilks, and Joanna Widding from Chapin Hall for their assistance throughout the process. They also thanked the workgroup members for being at the meeting virtually in the middle of a spike in cases. Despite possible personal experiences with COVID, everyone has remained committed.
- If the recommendations outlined in this meeting are approved by the Kinship and Foster Care Workgroup, they will move forward to the Governance Committee for approval.

## Role of the Kinship and Foster Care Workgroup

- Miranda Lynch explained that Chapin Hall has assisted with the Family First planning process in various ways, and she began to contextualize the workgroup. Many people have informed the inputs for Connecticut's Title IV-E funds for their Family First Plan, which should be submitted in Spring 2021.
- The Kinship and Foster Care workgroup is broader than Title IV-E or Family First. This workgroup's findings will be part of a larger transformation in the Connecticut child welfare system as well as inform the Kinship Navigator Program. The workgroup has examined what families need outside of the DCF system, and this information will be used in several ways (see graphic). In addition to the Kinship Navigator Program, our findings will be used to enhance our Caregiver Practice Model. This practice model will be based on the needs of birth families, foster caregivers, and youth. Finally, the recommendations will enhance the overall CT Prevention Continuum.



- Ken thanked Miranda for a fantastic overview and expressed his thanks on behalf of the Commissioner and the entire DCF Executive Team to the workgroup. Thank you all for your expertise. In this synthesis, all voices have been respected, and he explained that this is a show of what can be done when we work together. He also highlighted CT Adoption Day and the 35 kids whose lives will be improved by this work.
- After the synthesized recommendations are approved by this workgroup, they will move to the Governance Committee, which is made up of the Commissioner, the Executive Team, the co-leads (both internal and external), community partners, representatives from our sister state agencies, and folks with lived experience. This Committee will hear the workgroup recommendations and then make recommendations to the Commissioner, who makes the ultimate decisions.
- The Governance Committee will meet on November 23, 2020 to discuss these recommendations. They and the Department take the workgroup's work very seriously.
- The next steps will be to vet the recommendations, prioritize aspects, and consider resource redistribution.
- DCF's overall prevention plan will focus on the most at-risk individuals. Family First is a subsection of this work that is supported by Title IV-E federal funds. Family First is the narrow slice of the broader prevention plan, which will include a Kinship Navigator Program and an updated Caregiver Practice Model.
- DCF commits to keeping the website updated and providing firmer messaging.
- The co-leads asked if there were any questions up to this point, and there were not.

### **Focus of Our Findings and Recommendations**

- Six Core Values:
  1. Improving access and referral to services
  2. Improving existing services
  3. Addressing service gaps
  4. Improving system partnerships
  5. Enhancing caregiver supports
  6. Education for families/kin caregivers

## 1. Improving access and referral to services

### *Findings and recommendations:*

- Develop a written policy regarding service referral process for kinship
- Develop positive communication strategies to reduce stigma of accessing services
- Develop strategies to expand community understanding of available services
  - Conduct outreach with families to determine how families currently seek services or find out about resources like 211
- Strengthen provider and Careline workforce referral capacity
  - Skillset in triage
  - Knowledge of existing services that families can be referred to
    - Develop protocol for updating program information
- Improve the referral accessibility
  - Consider an alternative format (e.g., app, electronic referral, social media, etc.)
  - Accessible in multiple languages
  - Accessible to rural communities and in every region
- Coordinate between referral pathways
  - Finalize the list of prospective referral pathways (e.g., AAP, United Way, 211, etc.)
  - Determine what training, outreach, messaging, interagency agreements are needed

### *Discussion:*

- One person shared that technology is sometimes limiting for their families. Another person explained that on the other end, sometimes the agency's/providers' technology can be limited when constituents have apps that are far ahead of the agency's/providers'. There were a lot of gaps initially for those without internet access, and in rural areas, the coverage for data is limited.
- Randi agreed and explained that referral accessibility is included in the recommendations, including alternative formats like apps. We will highlight this recommendation.
- That being said, a member also emphasized that apps will not replace 1:1 contact. Randi did agree with this but pointed out that during COVID, we want to be as strong as possible in each area.

- Another person said that with care coordination, it can be difficult to know the services each family member is receiving, even within one organization. For example, in their organization, there was a child in foster care receiving services and their bio parent was also receiving services, but the providers did not realize that both were involved.

## 2. Improving existing services

### *Findings and Recommendations:*

- Ensure Careline is a resource even if a family does not have an accepted case
- Reexamine service eligibility that requires DSM-5 diagnosis.
- Expand access to services during times that work best for children and families e.g. before/after work, summer, after-school (12+), and summer employment.
- Expand services beyond post-DCF transition and for older youth specifically around post-secondary education.
- Ensure services are available both in-home or in the community and in an office setting.
- Ensure equitable regional access.
- When a family moves, ensuring their services and service providers follow them.
  - Develop written policy regarding provision of service for kinship, including a coordinated handoff when worker changes
- Update and improve accessibility and equity of service provision.

### *Discussion:*

- One person pointed out that housing for older youth is not listed.
- Another member said that some services may not be easily accessible (due to wait times, call back times, etc.) and access should be improved.
- Ken said that the next step is to understand how the system should look, gain agreement, and then build it.
- Randi liked this recommendation and suggested expanding services and highlighting the need for a timely response.

### 3. Addressing service gaps

#### *Findings and Recommendations:*

- Build specific expertise in provider workforce and/or continuum
  - Family-Focused services (wraparound, etc.)
  - Culturally responsiveness and racial justice expertise
  - Trauma-informed
  - Language-Access
  - Rural/Regional-Needs
  - Adoption-competent
  - Navigate relationships with bio family following adoption
  - Workforce Readiness to support kinship and foster families
- Develop statewide structure for legal assistance
  - Characteristics: Expanded opportunities for representation from attorneys who have family-serving systems knowledge
  - Potential strategies: Embed family specialist in all courts; and attorney on retainer for soft touch consultation
- Funding
  - Expand subsidies for families that go through probate court
  - Increase funding for Adoption Assistance programs

#### *Discussion:*

- In past meetings, the workgroup has spoken about gaps both in and outside of the Department. Through conversations with our partners at 211 and the probate court, we learned the need for legal assistance and funding.
- One member addressed the format of this meeting's discussion and said that when the group was asked for feedback and remained silent, this may not necessarily mean agreement. They personally take some time to digest/process the information and may not speak up right away.
- This member also thinks that it would be good to highlight partners like community providers and faith-based organizations and explicitly address silos by building bridges. Another person agreed that we need to be explicit about how we are connecting the dots.
- Randi mentioned one point that was missing: advocacy for senior housing. There are seniors who want to care for their relatives but cannot because of housing

regulations. This is a large barrier for grandparents. How do we look at this systemically to support kin families?

- Another person suggested including the Department of Aging and Department of Housing as partners. Randi agreed and said that building expertise means knowing our communities. There is such a depth to communities beyond their institutions. Multiple people agreed with this comment in the chat.

#### 4. Improving system partnerships

##### *Findings and Recommendations:*

- Build partnerships and/or agreements that enhance regular communication
- Build **partnerships with service partners**
  - Determine what training, outreach, messaging, interagency agreements are needed
- Build **Interagency coordination** through website applications (e.g. United Way, Telehealth, Ayana app etc.)
- Build **partnerships with referral partners** (e.g. 211, schools, law enforcement, faith-based organizations etc.)
- **Coordinate services** with providers and stakeholders (e.g. community resources, urgent care, Recovery Red Cross, 11 Caps, Circle of Security etc.)

##### *Discussion:*

- It can be challenging to coordinate with DCF when a youth is under OTC.
- Randi feels strongly and positively about this section.
- One member said that child welfare is often trauma-informed, but providers often have a limited framework. This can be due to limited resources, and it means that families are often made to fit the model, making progress challenging. We need to be willing to interview and work with families and fit the models to meet their needs, rather than the other way around.
- Provider turnover also affects permanency.
- Another person thought some of this information might fit better in the education section.
- Another person asked that grassroots organizations and neighborhood/local providers be more explicitly noted. Others in the group liked the idea of "neighborhood" organizations.

## 5. Enhancing caregiver supports

### *Findings and Recommendations:*

- Establish the Quality Parenting Initiative statewide
- Center family's needs as the focal point when developing support plan - avoid one size fits all
- Develop different entry points for assistance
- Change criteria definition for services to meet family needs (age barriers to access services, length of time to respond to voluntary services)
- Develop written policy regarding *service referral process* for kinship
- Develop written policy regarding *provision of service* for kinship (a coordinated handoff when worker changes)
- Develop structure for legal assistance for families, for example statewide legal services (family specialist in all courts) and attorneys on retainer for soft touch consultation
- Expand service hours and timeline to meet family needs
- Integrate services, DCF, SW, and providers should follow the family even across regions
- Consider services that extend beyond post-transition
- Update, shorten, and improve (streamline) the Voluntary Services packet
- Reexamine service eligibility criteria that requires DSM-5 serious diagnosis

### *Discussion:*

- Language matters, which is why we are explicitly using the terms "support" and "guidance." One workgroup member pointed out that an earlier slide says "education," which is the term the workgroup preferred not to use. The group felt the PowerPoint should be updated to reflect the agreed-upon language.
- One person suggested that there be a focus on the relationship between the bio family and the foster family - how can they work in concert for the wellbeing of the child?

## 6. Education for families/kin caregivers

### *Findings and Recommendations:*

- Education for all caregivers:
  - Trauma-informed
  - Focused on permanency
  - Focused on bio family and foster family relationships
  - Consider offering trauma-focused training to all families of youth in care
- Education for families/kin caregivers:
  - Not '*training*' or '*education*' – but rather '*support*', '*guidance*' etc.
  - Consider a team approach comprised of peer mentor, care-case manager, and clinician
  - Revise intake process to be more conversational and relational
  - Seek family-system focused service provision rather than emphasis on one family member
  - Must be accessible in multiple languages
  - Must be accessible to rural communities and in every region
  - Determine whether they should develop a website to search behavioral health specialist with kinship-specific expertise

### *Discussion*

- One person who was still somewhat processing some of the recommendations said that they are trying to figure out how to put the child's voice into this and bring them into the process rather than assuming their needs.
- Randi said that we have not explicitly stated anywhere that child wellbeing is at the center of all this. That piece is missing - we are not just focusing on the foster parents or birth parents; we are trying to improve outcomes for children.
- As far as barriers to permanency go, some families have members with shared roles/supports who may be fearful of losing these supports post-closure. How do we address this?
- Another person said that we need ways to utilize kin support in all ways (not just as a licensed families).
- One member asked about the word "permanency." Is permanency "our word" ("our" being the child welfare system rather than families)? This member was remembering a story in which someone who attended church regularly as a child would call many people "mom" and "dad." Another person recently spoke with a



family that did not understand the term "permanency," and they were unsure whether families feel comfortable asking those questions to DCF.

- Tina replied that we are looking for both permanency and lifelong connections. We should rule everyone in, but at the end of the day, children also need a home and some place to lay their head.
- A member said they liked starting with kin strengths

### **Core Values**

- It was important to have a focus on the workgroup's core values - the underlying beliefs and values - which were created based on pulling key bullets from discussions.
- Randi explained that these values are key to the Governance Committee recommendations.
- Core Values:
  1. Ensure practice and policy is flexible to be responsive to a family's circumstance
  2. Family's needs as the focal point when developing support plan - avoid one size fits all
  3. Meet, recruit, and engage with families *outside of DCF-locations* (for example in libraries) to increase access and eliminate stigma
  4. Share and coordinate knowledge of system, services, and stakeholders to help the family
  5. The navigator/case manager guides the family
  6. Ensure racial equity in recruitment of caregivers as well as in the workforce supporting families
  7. Coordinate and collaborate across partnerships in order to eliminate siloes and streamline processes (between DCF, DOE and other departments/stakeholders etc.)
  8. Prioritize preservation of kinship family relationships
  9. Navigator/Case manager help to distinguish legal responsibilities or state decisions separate from relative caregiver responsibilities
  10. Embed restorative practice principles into caregiver practice model

- Discussion:
  - Randi felt that one piece that may be missing is the importance of economic disparities and how those play into/impact our values. For example, a situation where the birth family is poor and the foster family is well-off, may impact case decisions. We need to recognize that economic status does not equate to wellbeing. Restorative practice is also particularly important to caregivers, who must often navigate changing and strained relationships and don't want kids to be pawns in these conflicts. Healing means everyone works for what is in the children's best interest, and this is important to incorporate. Miranda offered "separate caregiving ability from economic opportunity" as a possible way to capture Randi's point and address the confusion that sometimes exists regarding poverty vs neglect.
  - One person elaborated that this is also about our biases; to some, a 1-bedroom apartment for four people may appear bad, but to certain people, this is the norm. Love and loyalty are not based on economic status. This member highlighted Dr. Crumbley's work and Jerry's Milner's focus.
  - Ken agreed with this and compared the concepts of capacity vs capability. A family may not be currently capable but they may have the capacity to support their youth; an equity lens means providing these families with support to help address barriers.
  - Randi brought up the values and variables that are granted to kin vs bio families. For example, a family may be licensed for four youth in their home but may have six, while a bio family may not be allowed that kind of lenience. We need to have the same measures/evaluations across the board.
  - It was suggested that the racial justice piece be connected to economic justice that was discussed.
  - Randi asked if there are any values that the workgroup felt were missing.
  - One person said we should consider including a family-driven support plan. They work with the CST program, and when their organization does this, they always let families decide what they want to work on. It works better when the families decide on their own priorities.
  - It was suggested that LGBTQ+ children be identified specifically, as sometimes kin networks are not as supportive of these youth and require focused work with these families.

- Another member asked how we can get back to the point of all this and convey this in the values - the goal is to ensure kin/caregivers are able to support the youth and achieve permanency. Randi agreed with this and suggested including that children flourish best when connected to their family of origin.
- Tina agreed that there is some opportunity to include this and wordsmith this section; the navigator supports this, but this section is meant to emphasize the core values of the model rather than the purpose of kin caregivers themselves (supporting families). She did agree that they would consider explicitly saying what we are trying to resolve.
- Randi suggested putting our beliefs/what drives us in the chat and using that language to inform.

### **Thank You & Next Steps**

- The workgroup co-leads thanked everyone for their hard work and dedication. Although this workgroup is closing, others are free, including the Infrastructure Practice and Policy workgroup. Ken and JoShonda will share information with the group regarding other opportunities, and in the meantime, continue to follow the Family First website for the latest updates.
- Once the plan is developed and improved and we arrive at the implementation portion, workgroup members will once again have the opportunity to inform the process.
- It was suggested that we add an overarching value statement, i.e. a belief that drives our core values.
- Randi thanked the group for their dedication and all of DCF's efforts behind the scenes. This has been an opportunity to see so much commitment from folks of so many different walks of life. She is so excited to see where it goes.
- Randi also informed the group that 'R Kids is doing board recruitment, and they are particularly interested in folks with lived experience in foster care who were not adopted. 'R Kids is a small nonprofit in New Haven; feel free to refer someone who may be interested.
- Ken congratulated the workgroup for its efforts. The Department thanks the entire Kinship and Foster Care workgroup for their time, effort, and dedication.