

Minutes
Family First- Programs and Service Array Workgroup
Meeting Date: January 23, 2020; 1:00 pm- 4:00 pm
Beacon Health Options, Rocky Hill, CT.

Agenda

- **Welcome and Introductions**
- **Review minutes from 1/9/20 Meeting**
- **CT Families First Workgroup Updates**
- **Review Workgroup Charter**
- **Continue Mapping of CT's current programming**
- **Open Discussion**
- **Follow-up Actions**
- **Next Meeting**

Welcome & Introductions

- The group co-leads Elizabeth Duryea and Dr. Elisabeth Cannata, began the meeting around 1:10pm and welcomed everyone. Following member introductions, Desired Results of the meeting were reviewed.
- Workgroup members were informed that as part of today's meeting, they were going to be asked to break-up into workgroups to delve into work began at the last meeting.

Minutes from 1/9/20 Meeting

- Minutes were accepted and approved.
- Finalized minutes will be posted on the Family First website: CTFamilyFirst@ct.gov

CT Family First Workgroup Updates

- JoShonda Guerrier spent time updating the group on the status of three of the workgroups (Candidacy, Kinship and Foster Care, and Fiscal and Revenue Enhancement) that have recently convened.
- The Candidacy Workgroup is chaired by JoShonda Guerrier and Jeff Vanderploeg from CHDI. The group continues to have conversations around populations that could be candidates for Family First. The group will reconvene on Friday, January 24th to continue working through the considered populations and to discuss those individuals that enter the child protection system via non-traditional pathways.
- The Candidacy draft is not final. The group is putting together recommendations and have agreed upon three buckets to date, and plan to discuss additional buckets (e.g. Juvenile Justice, Community Pathways, and Families who experience Homelessness.).
- Candidacy hopes to have a completed draft by Friday, January 24th, in order to present their recommendations to the Governance team on Monday, January 27th. Once the Governance team has had an opportunity to review, challenge, and provide feedback, the Connecticut definition of Candidacy will be given to Program and Services to continue their work.

- Candidacy next steps will be to start looking at the broader 5-year prevention plan populations to be served. This plan will provide help to families beyond what Family First allows.
- The Kinship and Foster Care workgroup chaired by Tina Jefferson and Randi Rubin Rodriquez, spent the majority of their most recent meeting reviewing the group's Charter in order to refine it. They also spent time looking at the inventory of system gaps (e.g. entries, barriers, and additional supports needed) they identified in a prior meeting. At their next meeting (1/24) the Kinship and Foster Care group plans to explore data that will support their recommendations, specific to enhancing CTs kinship providers and strengthening foster care for those in this state.
- The Fiscal and Revenue Enhancement Workgroup chaired by Cindy Butterfield and Dr. Alison Blake did a make-up call to their original call scheduled for January 8th. This make-up call occurred due to technical difficulties associated with the original conference call. This workgroup made a decision to cancel their 1/23 meeting, as they need a Candidacy definition that will inform Program and Services, so that they can associate cost to the process.

Workgroup Charter

- Elizabeth D. stated as we await the Candidacy definition we want to create a clear scope of our work.
- Draft Charter Purpose was reviewed.
- Workgroup Goals & Key Deliverables
 - Shifts based on the dependencies that we have and will continue to talk about.
 - Continue to be in Phase 1, outlining general goals and deliverables for the group.
 - This group has the opportunity while awaiting Candidacy's definition to plan for the broader prevention work.
- Scope & Governance remains consistent across all five (5) workgroups.
- This workgroup added some language to the Membership, Roles, and Responsibilities, to reflect where we felt there would need to be collaboration and communication between our meeting and other workgroups, to effectively move the work along.
- Parking Lots will allow us to document questions that we have for other work groups.
- Recommendations & Decision-making section, discusses the scope of our authority, how we engage with other workgroups, and how we bring up recommendations to the Governance committee.
- Meeting Cadence reviewed. All meetings will be held at Beacon Health Options, with the exception of the March 19th meeting that will be held at the Children's Center in Hamden. Target goals reviewed and noted will probably change each meeting. Elizabeth D. noted that these goals are a work in progress.
- When feedback was requested from members to finalize the Charter, it was discovered that the majority of the members present had not received an advance copy of the Draft Charter to review. Sign-in sheet was recirculated in order to obtain names and email addresses for the distribution list, so that the Charter draft could be sent out electronically for members' review. Comments and feedback from group members regarding the Charter was requested by Wednesday, January 29th.
- Comment: Sometimes what is in Charters is what is *not* included in the scope of the workgroup. Is this covered by what the other work groups are doing? Dr. Cannata asked

the group member if there was something that was not seen or noted while reading the draft Charter. Group member stated that reading the Charter provided more clarity versus the information already provided. Member stated the need to move on and not belabor the Charter.

Mapping Connecticut's Current Programming

Power Point Presentation - How to Organize Connecticut's Continuum of Services for Families

- **Five Categories.**

- **Primary Prevention (Orange box).**

- Dr. Cannata discussed Primary Prevention. Primary Prevention is what's available to all children and families not involved in the child welfare system. Before children and families become involved in systems, what type of things are done to prevent them from becoming involved with CPS? We need to promote healthier development so that more targeted services are less necessary. This is upstream from being involved with DCF.

- What's out of scope? This category requires discussions with other workgroups.

- **Targeted Interventions for Parents- (Gray box).**

- **Targeted Interventions for Children - (Gray box).**

- Gray Boxes- Interventions that target specific needs. If we target these we would be strengthening families. In our last meeting we used definitions that were provided by Family First Legislation. Children behavioral health, skill-based parenting, substance use of the parent or the youth. We're thinking more broadly and trying to organize them, because our goal is to map out what our service system looks like. We're also thinking about our system as a Connecticut system that will go beyond what has been outlined by the Candidacy workgroup--- how to strengthen families before, during, and after. This is also aligned with the Behavioral Health Plan, where we have talked about prevention targeted interventions and the most intensive interventions at the top of our pyramid.

- **Overarching Services: Other Community services that benefit families (Green box).**

- Targeted interventions that are important, but uncertain as to where to place them in relation to the definitions provided by the Family First categorization.

- **Interventions during placement (Mustard box).** This box addresses children in placement and the services that are available. Here is when we attempt to prevent children from being removed and yet they are placed either with kin, in foster care or congregate care. What are the interventions that we have to support kin to promote well-being or reunification? We anticipate that we will receive information from the Kinship & Foster Care workgroup that will enable us to fill in this box that will help us with our service array. We will not be focusing on this issue today.

- **Aftercare Interventions/Support (Blue box)** - refers to aftercare of children who are not with their families. These are children who have been out of the home. What are the supports being provided to bring them back home? If these children are back home what are the supports being provided for permanency and transition to young adulthood?

- Today we will be focusing on the Orange, Grey and Green boxes.

- We are going to build on what we discussed at the last meeting, while including today's scope (e.g. Primary Prevention, Targeted Interventions for Parents/Children, & other

interventions/services). For each of these categories we'll look at what evidence informed models/ programs exist, what needs to be added, what needs to be represented in multiple categories, as well as the capacity of these services that are available.

- We will be reviewing what is in the Family First Clearinghouse (Slide 3). We know that this will be changing but this is what we have currently, in terms of what has been approved as Promising, Well-supported, and Supported interventions. We also tried to capture what's been identified as part of Connecticut's service array, based on our last conversation at our last meeting. Some of these interventions may be available at the community level from other agencies. We are going to build on these from input provided today.
- Family First Clearinghouse- Pending Review (Slide 4). There has been movement in terms of what States will be accepting. What are the services we want to support in terms of consideration for approval under Family First? This group will help to shape the recommendations that DCF wants to put forth for consideration for approval.
- We will build off using these list as tools in some of the sub-committees/exercises that we will be doing today.
- Clarifying Question: When we met last time we were not necessarily taking about programs, we were talking about models. Child-Parent Psychotherapy is used heavily in the Child First program. Does that mean if components of a model are used, reimbursement can occur? Dr. Cannata responded based on what she has read in the other plans. If Connecticut choses a model that has already been approved, then there are fiscal questions for Connecticut's use of those models based on payor-of last resort. If we decide on a Promising model, we would be wise to choose a model that is research based and likely to get approved. If there is something that we think we can present strong data in support of its effectiveness that can be recognized, this might be approved in a provisional way. JoShonda revisited the clarifying question by asking the individual if their question was about specific components within a model. Dr. Cannata stated that if we have a model that's a Promising practice that uses empirically supported data we can make a case that this model utilizes elements that have already been approved and we package it in a certain way. There would then be questions for the Fiscal workgroup to figure out what type of questions would need to be asked for funding support. The bigger question would be, how do we collect data to show that using that approved intervention in a different context is effective? The individual asking the question stated that the question was just an example of trying to figure out how we conceptualize what else to potentially recommend.
- Question posed: If a model is not listed, like EMDR, and we would like to include it in a potential discussion, when would this discussion occur to consider its reliability to be added to a pending model? Response: Part of our mapping is to be primed and ready for the information we receive from the Candidacy group, so that we can identify what we have and what we need to meet the needs identified by the Candidacy workgroup. If there are models that are currently in Connecticut or ones that we do not want to lose track of, we can place the information in the programs for consideration (Green box).
- Question Posed: Is there a reason why the Federal Clearinghouse is not looking at group care programs like Sanctuary of Care and others? There are six on the California Clearinghouse that are not included on the Family First Clearinghouse. The Family First Clearinghouse was developed as specifically related to having rigorous standards of

approving models associated with Family First and the two were separated out. That's not to say that models included on the California Clearinghouse cannot be included. The group member stated an interest in the category of the model as opposed to the model, especially since these services models are offered in a number of different types of venues. The member continued by saying that there are program models which dictate a group care philosophy to treatment that seems to be absent. Elizabeth D. directed this question to JoShonda G., as this issue has come up in other workgroups. Conclusions of why this may occur were offered. When we think about the framing of Family First and they talk about it from the context of using In-Home Services for Parents, Mental Health or Substance use, they're trying not to focus on the congregate population. There are restrictions that accompany the prevention dollars specific to congregate care; 14 days to assess the youth's treatment needs, and requirements for facilities to be deemed Qualified Residential Treatment Programs (QRTP's). It would seem contrary that they review congregate models while directing states to serve youth in their homes, unless it's clinically indicated. Dr. Cannata stated that she felt the individual was asking about clinic based groups (e.g. parenting, etc.) that were not congregate services. JoShonda stated that this may be confusing, but as a system if we think that we need something that speaks specifically to that service need, then we can include that in our Connecticut plan for the Feds to consider and review for the National Clearinghouse.

- Ken stated that's why it's important to continue to meet and raise these types of questions, because as how much as we know, there's a lot that we do not know.
- Elizabeth D. discussed the continuum of funding, and that this will require a deeper discussion to be guided by the fiscal workgroup
- Comment: Even though the reduction in the use of out of home care is a core/driving factor, it should not be criminalized as a critical level of care that some kids will need. We need to be careful to not disregard something that can be an important part of the service array. Ken stated that we will need congregate care and we will need it as a treatment option and not as a placement setting for youth.
- Question: Regarding congregate care, how is it determined what is treatment vs. placement? Does DCF envision using STAR's and S-FIT being included in Family First or will they be separate from Family First? JoShonda stated that we refer to Family First as one tool in our bucket to service families fiscally. While we are narrow and constrained in terms of how we can utilize those funds for a particular population that will not reduce our need for other services in our continuum. When we frame our five-year plan and look at all the types of youth we will serve, there will be places for different things that exceed what Family First allows. Group member stated that STAR Homes should be in the same bucket as S-FIT programs. STAR should not be considered in the same bucket as level-2 group homes and residential treatment centers. Ken stated that at a later date, there will be a more detailed discussions about congregate care, QRTP's and where DCF support is in that process. Ken stated that the differentiation between treatment and placement of a youth being placed in congregate care will now be determined by the juvenile court. Ken noted that this is a difficult question to answer and that follow-up conversations will occur.
- Question: Is DCF looking at other states in regards to congregate care reductions? Dr. Cannata stated that while this is an important issue, especially since it's a part of our

service continuum, all youth will not be maintained in their homes and this issue goes beyond the scope of our current focus today.

- Ken briefly discussed information regarding QRTP's Legislative proposal package.
- Question: Is there anything relative to the way we currently license residential psychiatric facilities relative to DCF structured licensing vs. Medicaid required structured licensing? Ken stated that he had no answer for that question. It was suggested that this question be added to the "Parking Lot".
- Primary Prevention (Slide 5), Targeted Interventions for Parents (Slide 6), Targeted Interventions for Children (Slide 7), and Other Targeted Community Interventions/Supports for Parent/Child (Slide 8) were quickly reviewed by Elizabeth D. in preparation for the up-coming group exercises. Information listed on each slide was taken from discussions at the last meeting. Members were asked to hold reactions to what's on the slides and after breaking-up into groups to list their comments/thoughts about possible models onto the four flip charts via post-its. Copies of slides (5-8) were made available for break-out groups at each flip chart station.
- Dr. Cannata mentioned that one of the last things we captured at our last meeting that caused a moment for pause was the difference between an intervention, type of provider or type of setting. For example, a Youth Service Bureau would be a resource available in many communities for youth and families but it does not necessarily define the interventions that they provide. Extended Day Treatment contributed to great discussion about whether it is an intervention or a place. It was determined that it is a service type in the DCF continuum and was listed as a Mental Health intervention for children.
- Youth Navigation discussed. Dr. Cannata referred the group to the look at Targeted Interventions for Children and suggested that maybe in same category as Care Coordination would be a place for this type of resource. There are some models that may need to be placed in multiple intervention categories. Care Coordination as it applies to interventions for parents and children were explained by Dr. Cannata.
- Unaccompanied youth can be placed in the Green box (Overarching Support Services) where we are keeping track of needs that may not fit neatly into the other categories..
- Members were encouraged to list any questions, etc. in the "Parking Lot".

Group Exercise to Further Inventory Current Service Array

- Group members were informed that four (4) categories (Primary Prevention, Targeted Interventions for Parents, Targeted Interventions for Children and Other Overarching Programs had been individually listed on a flip chart sheet and placed in one of four corners of the room. Members were presented with Part 1 of a two-fold task:
 - Go around to each category and write onto a post-it note what model or intervention is missing.
 - Members were asked to participate in one of the four break-out groups, where a category was posted. Members were asked to:
 - discuss the post-it notes listed on the flip chart.
 - consider any additions to the list.
 - indicate if the models or interventions are Widely available (W) or Limited (L).
 - A volunteer from each group was asked to facilitate discussions about the post-it notes and to later report to the overall group.

- We want to begin to think about our service array in categories that are relevant for Candidacy.
- Dr. Cannata stated that our next task will be to go back into our service array and categorize which of the four (4) Pending Candidacy concepts, which JoShonda will later discuss, map the services that are indicated. In addition, she stated that she and Elizabeth D. thought that the feedback that we obtained from this group could be helpful to the Candidacy group.
- JoShonda discussed the four (4) Pending Candidacy concepts:
 - Specific calls placed to Care Line (#1). Is Care Line a respective place to look in terms of who could be at risk for entering foster care? This population prompted a need to look at calls that are accepted. Accepted was defined as concern calls made about neglect and abuse that have risen to the level of the statutory criteria of abuse and neglect that leads to an investigation.
 - Voluntary Services (#2). Defined as families within the community who have not risen to the jurisdiction of neglect or abuse. These families are inquiring about services to support their families, so that a neglect or abuse situation do not occur. These are usually families with youth, who have a behavioral health or mental health diagnosis.
 - Post-Permanency Youth (#3). Youth that have completed their care plan and have received treatment, but are still considered at a level of risk.
 - Pregnant & Parenting Youth in Foster Care (#4). The language is lifted straight out of the legislation, which states that we need to have a continuum for this population to support them.

Group Breakout- Part 2

- Members were charged with the task of going back to their selected group and indicating the Candidacy concepts 1, 2, 3, 4 or none on every service that is either on a post-it note or on the original flip chart in their corner. Task: match interventions with areas of identified needs within the Family First framework.
- Designated facilitators identified for each group: Interventions for Parents (Ken); Primary Prevention (Susan); Overarching Programs (Chris) and Interventions for Children (Jen).

Review and Discuss Potential Gaps

- Each group reported on at least two (2) take-away points from their group break-out discussions. Groups also indicated suggestions for the Parking Lot.
- Member indicated that a lot of the things we are seeing and indicating will not fit into the Family First buckets. The member continued by saying that it's important to not lose track of the needs and gaps in services.
- Elizabeth D. stated that she and Dr. Cannata have been talking about how to not lose the detailed information being gathered on the flip charts. A catalog will be built to incorporate what's on the post-it notes that can be continuously updated.
- Question: Is there a way, after the completion of this report, to inform the Feds of common gaps that have been identified that are not part of our Family First plan, which may assist them in readjusting what are reimbursable services? Elizabeth D. stated that this is a good suggestion.

- Parking Lot Question: Primary Prevention group asked if DCF could re-examine or redefine eligibility for Voluntary Services, in order for younger children to receive services.

Follow-up Actions

- Elizabeth D. asked group facilitators to send Take- Away points that they want captured to her via the Family First email box.
- The issue with the email invitations for today's meeting have been identified. Embedded documents in the Outlook invitation was sent to new additions to the distribution list, while those from prior meetings did not receive them. This issue will be remedied.
- Power Point Slides presented today will be updated with the inventory from today's flip charts. We plan to create a catalog in an excel tool that can be referenced.
- Parking Lot questions will be directed to JoShonda and Ken.