

Minutes
Family First – Programs and Service Array Workgroup
Meeting Date: January 9, 2020; 1:00 pm – 4:00 pm
Children’s Center of Hamden, Student Center

Agenda

- Welcome + Introductions
- Review minutes and recap of kick-off meeting
- CT Family First Workgroup Updates
- Workgroup charter
- Reflections on approved plans
- Overview of DCF’s current programming
- Open discussion
- Follow-up actions
- Next Meeting

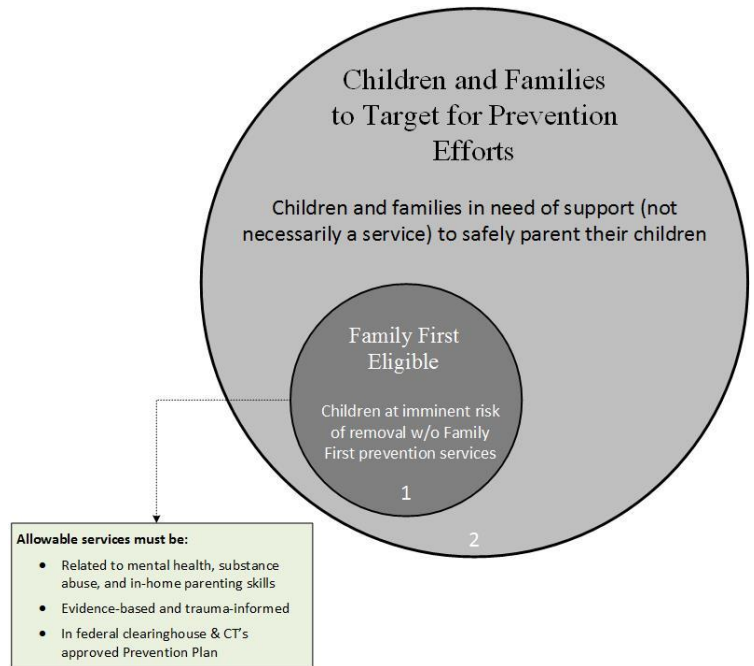
Welcome & Introductions

- The group’s co-leads, Elizabeth Duryea and Dr. Elisabeth Cannata, began the meeting around 1:00 pm and welcomed everyone. Members were reminded of their homework from the last meeting, which was to read through the two approved prevention plans (Washington DC’s and Utah’s) and review the minutes from the previous meeting. For both of these resources, please go to the DCF’s Family First portal at CTFamilyFirst.Ct.gov
- Correspondence about Family First can be directed towards the Family First mailbox at DCFFamilyFirst@ct.gov

CT Family First Workgroup Updates

- JoShonda Guerrier spent time reviewing the Family First legislation and updating the group on the status of the other four workgroups (Candidacy, Kinship and Foster Care, Fiscal and Revenue Enhancement, and Community Partnerships and Child and Family Engagement).
- Family First is a bipartisan act of legislation that shifts IV-E funding from reimbursing states for foster care to prevention services. Connecticut must have an approved Prevention Plan before it is eligible for this reimbursement, and the state has also taken this as an opportunity to drive broader reform in its child welfare system. The goal is to redefine child welfare beyond DCF and create a child welfare system (rather than just child welfare agency) that is able to keep families together.
- The co-leads asked the group if anyone had any changes in the minutes from their first meeting. No one indicated any changes.
- The Candidacy Workgroup is headed by JoShonda Guerrier and Jeff Vanderploeg from CHDI. As this group is the driver for all of the other workgroups, they have had a very robust meeting schedule, coming together weekly since the kick-off (a total of five times) to review data and

begin drafting a definition of a Family First candidate. Initially, the group started their second meeting by brainstorming intersection points and how children come to DCF's attention. It was soon evident that the group needed some clarity on the distinction between crafting a definition for a Family First candidate and defining the families Connecticut will target for its broader prevention efforts. A visual was created to help with this task (see right), which helped the group focus on their definition of candidacy for Family First. They followed that meeting with a discussion of what data they need to begin making recommendations, followed by a presentation day that went over Careline data, disproportionality in the DCF system,



CAPTA portal data, FAR data, and Considered Removal data. During this meeting, members were asked to use post-it notes to begin identifying populations as either a definite Family First candidate, a possible Family First candidate, or a candidate for the broader prevention plan. After this meeting, Jeff synthesized the results of that activity into six populations that merited further discussion. In the group's most recent meeting, the group began to draft a definition after talking through several of these populations. The goal is to finish these discussion in their next meeting, and then begin the process of defining the candidate definition for the broader prevention plan. Right now, the following populations are tentatively agreed upon for inclusion: 1) all accepted reports to the Careline, 2) all accepted Voluntary Service cases, 3) substance-exposed infants (identified through CAPTA portal and community providers), 4) Children who have exited to permanency (regardless of type), and 5) pregnant and parenting foster youth. Keep in mind this is only a draft and more populations will be discussed next week.

- One participant asked whether the Candidacy group had discussed the homeless population. JoShonda explained that this population will be discussed at the next meeting, and the participant let her know that their organization has data on this as they run the database for homeless youth. JoShonda to follow-up with the participant post meeting.
- The Kinship and Foster Care workgroup is headed by Tina Jefferson and Randi Rubin Rodriguez. This group meets every other week and have met twice so far, with another meeting tomorrow (1/10/2020). At the most recent meeting, workgroup members listened to presentations on the Model Licensing Standards and how they compare with Connecticut's requirements for its kin and foster families. The group also had presentations on Kinship Navigator programs and the current service array for foster families. Right now, Connecticut has many of the elements of a Kinship Navigator program, but they are very splintered across different departments and are not cohesive or streamlined. The goal for the Kinship and Foster care group is to identify service gaps for kin and foster caregivers and adopt a Kinship Navigator program. This group has had

some difficulty understanding where its role ends and the Programs and Service Array workgroup's role begins.

- The Fiscal and Revenue Enhancement workgroup is led by Cindy Butterfield and Dr. Alison Blake. They are the “anchor group,” in that the brunt of their work will be at the end of the planning process after the other workgroups have handed off their recommendations. At that point, Fiscal will take the “pieces of the puzzle” and put things together to figure out how to fund the programs and services recommended by the other groups. Because of this, Fiscal’s meetings right now are rather sparse but they will ramp up in March and meet weekly at that point. So far this group has had one face-to-face meeting and one conference call.
- The Community Partnerships and Child and Family Engagement workgroup is led by Tim Marshall and Beresford Wilson and is made up of providers and families. This group meets monthly for a half-day and serves as the “ambassadors” for Family First. They are tasked with going out into the community and soliciting feedback to further refine the other workgroups’ recommendations. So far, the group have met twice. At the most recent meeting, the group began looking over a list of questions that DCF had drafted to ask the community. After some discussion, it was decided that the list should be cut from ten questions to three core questions. The group also talked through the first draft of a list of FAQs about Family First.
- One member had a question regarding training on the 211 line vs the Careline. They wanted to know if we could discuss in greater depth the multiple entry points to different government agencies’ attentions and then try to find a way to streamline this. This was a good question, but it seemed to better fit a broader system discussion rather than a Family First discussion.
- While Candidacy seems to be going from the narrow definition to the broad, Programs seems to be starting a bit broader and then going narrower once they have a definition.
- One member requested that the group use the word “minors” to better include 16-17 year olds.
- Another person asked about the Office of Early Childhood (OEC) and their role in the workgroups. JoShonda let the group know that OEC has members on various workgroups, and their representative in the Candidacy workgroup has brought up their home visiting program and the ways it could intersect with Connecticut’s prevention plan efforts.
- If the group comes up with questions that can’t be answered by the co-leads, JoShonda or Ken, it will be added to one of the other workgroup’s “Parking Lots” for further exploration.
- The co-leads of every workgroup will check in with each other every two weeks via conference call. This will help ensure continuity and communication across workgroups.

Workgroup Charter

- A charter is a document that a group can use to identify roles, clarify the charge, outline the decision-making process, and explain individuals’ responsibilities to the group. If this workgroup decides to break into subcommittees at any point, the charter could also explain that process. Additionally, it would go into detail about this workgroup’s relationship to the governance committee and how their recommendations will be used. A charter can be useful, especially in a group this large, as it sets the ground rules for the group and ensures everyone is on the same page. Right now, the Candidacy group’s charter is on the website if members would like to see an example.
- The workgroup co-leads asked the group whether they would like a charter. The group generally agreed that this would be useful, with no visible disagreement. Miranda Lynch will work on

drafting a charter before the next meeting, and the group will be able to further refine the details at that meeting.

Washington DC and Utah

- Both of these states' prevention plans have already been approved, so the workgroup was asked before the meeting to read through the plans on the Family First website. Connecticut does not want to copy either of their plans, but we feel it is a good starting point to get an idea of our task and the possibilities. Members were asked what about the plans stood out to them:
- One person was surprised at how narrow Utah's plan focused. Their plan included three EBPs (Evidence-Based Practices) and little else. It did not focus on the wider child welfare system, in contrast to DC. This member leaned towards DC's approach.
- Off of that point, one member acknowledged that we have the ability to amend our plan, and there is some value in starting narrow to get the plan off the ground and then broadening as we go. Also, while Connecticut already has several EBPs in place, it seems like Utah did not have that infrastructure and those three EBPs were a big step for them.
- Another member discussed the support that DC had before its prevention plan. They had a lot of community-based supports and a waiver program that helped them in the planning process. The group is unsure whether Connecticut has that same sort of array.
- The group agreed that DC felt familiar in that they were starting out with a wide service array whereas Utah seemed to be at a launching point for things we already have.
- One person said that they liked the way that DC connected things throughout their plan. They felt it was "strategic and cohesive," and they had a clear, purposeful vision. Visuals and analogies like the CFSA "four pillars" and the "front door/front porch/front yard" concept all strengthened their plan.
- A workgroup member brought up concern regarding Connecticut's silos for their social programs. There are a lot of people who are eligible for one thing or the other, but usually not a broad array. How do we make every child eligible (or as many as possible)? How do we fix the narrow specifications for our programs? How do we address the confusion many families feel as they try to navigate which departments give them what service?
- To this point, another member responded that linking services and breaking silos is an admirable goal—but we also need to be sure that these services work. We need to examine whether our programs are achieving the intended effect and filling the gaps that we've identified.
- Someone asked which workgroup will be defining our assessment tools. JoShonda responded that this will be part of the implementation process, although someone in the Candidacy group did at one point suggest trying to move from the tool to the definition (this idea quickly lost traction). The implementation process will begin in a few months, and the hope is that the assessment tool will be created by a blended group (likely including people in both the Programs workgroup and Candidacy).
- JoShonda highlighted the contrasts between the DC plan and the Utah plan, explaining that this variance shows the opportunity we have to tailor our plan to our needs.
- A workgroup member asked for clarification on whether we are trying to figure out how to fit the current services into Family First or developing new services. The answer is yes to both conceivably. First, Candidacy will identify who is a candidate for Family First. Then, this group (Programs and Service Array) will examine Connecticut's current service array to determine what

it currently has for the candidate population, while also evaluating what else is needed. Third, the Programs group will focus on how to build on the existing system to better serve those candidates.

- A related question was whether Family First can increase capacity for EBPs? The answer is yes, we can use these funds to expand (but not replace) the existing programs' capacities.
- One person appreciated that DC's program looks at system-level issues like food and housing insecurity. This was a good point, but the group was reminded about the broad/narrow distinction—these types of systemic issues are not necessarily eligible for Family First funding, but they could be part of the broader plan. We should also be looking at how we can utilize other departments' initiatives to address some of these issues.
- Someone asked whether we have data on where referrals (to the Careline) are from. The answer is yes, we do. 85% of accepted reports came from mandated reporters, the most common being school employees (35% of mandated reporter calls), then law enforcement, then health professionals. There are a number of reasons for this. One is that schools touch every population we work with, but this is also bolstered by Connecticut's high statutory base of mandated reporters. Candidacy has acknowledged schools' role in child welfare and part of their challenge is to figure out how to go from school employees calling the Careline to school employees being able to better connect families to services.
- A group member wanted more information on how Family First's focus on EBPs will affect programs that are not evidence-based. The co-leads acknowledged that EBPs are not all-encompassing and there are many programs we know help children that are not EBPs. These programs will likely be a part of the broader plan, though we have not made any decisions about any specific programs.
- The group was reminded that the goal is to have our Prevention Plan approved by October 2020 in order to start claiming, but this is not the end of our work. We will also need to start the work of implementing the plan. Ken and JoShonda also want to emphasize that Family First is not an initiative. It is a shift in how we think about the entire child welfare system.

Overview of DCF's Current Programming

- The group's co-leads used a visual to demonstrate the starting point for its map of Connecticut's current service array. All of the services mentioned on this map were home-based treatments offered by DCF. This map was split into two camps based on how the service need was identified—through the child or through the parent (both options included treatments for the whole family, not just the person identified). The child-identified group was then split into treatments intended to address substance use, behavioral health, or sexual behavior, while the parent group was split into treatments for parenting skills, substance use, and IPV (Intimate Partner Violence). The highlighted boxes indicated that a program was in the federal clearinghouse (not the California clearinghouse) or up for review. Also included are interventions, which offer support but are not considered treatment; these are in the orange box on the visual.
- The group was asked to brainstorm other in-home interventions that Connecticut offers that were not included on this map. The goal was to add services that offered across the state (not just in one office), but if members thought of a smaller service with the potential to make a bigger impact, these were included as well.

- Other in-home services include:
 - OEC’s home visiting programs (including Parents as Teachers)
 - Nurturing Families—only in one office right now, but may still exist through non-DCF funding streams
 - Family Time
 - Family Support Team and respite for kin/families without a natural network
 - Nurse-Family Partners
 - Strive
 - EECF in Child Focus (Behavioral Health)
 - Fatherhood Enrichment/Engagement (the group was unsure whether this fit better in the orange box or in the parenting skills category)
 - Reach Program & Parents as Teachers (run by DMHAS)
 - Circle of Security
 - School readiness and school assessment services
 - DPH Care Coordination Med. Continuum
 - FAVOR programs (child focused, orange box)
 - Parents as Teachers (run by the Family Resource Center)
 - FRC (town level)
 - Youth Service Bureau offers Care Coordination
 - ARR framework
- The above list was just an initial brainstorm; the group recognized that there are many other departments whose service continuum would also be important to look at (listed in the chart below).
- One person asked if we should continue with the categories listed above and wondered about primary needs that create or heighten the need for these services (housing, transportation, etc.). While the group agreed that these primary needs are vitally important, Family First does not cover these things, so they would be better fit in a discussion of the broader plan. For this meeting, the goal is to focus on interventions, though the continuum the group will eventually create should go broader than Family First.
- Another person asked how we plan to involve human trafficking programs. The co-leads answered that this population does not fit neatly into these categories, so these types of programs will be considered separately.
- The group was then asked to brainstorm center/community/school-based interventions:
 - TCSBT, CBIS, and Bounceback (all are child-focused)
 - Seeking Safety (substance abuse)
 - Parent/Child Interaction Therapy (PCIT)
 - Extended Day
 - This program does not have a model
 - Adapt Program (new EBP in East Hartford for behavioral health)
 - Tigger Initiative (adult-based, behavioral health)

OTHER CONSIDERATIONS:

- Exclusion/inclusion criteria
- Capacity + access
- Social determinants of health
- After-hour service availability
- Cultural competency/language capacity
- Whether undocumented folks are eligible (and Public Charge rule considerations)
- Transition office-base to in-home EBPs
- BH services for PRTs
- Assess/determine where motivational interviewing is being done
- Level of care access to EBPs

OTHER DEPARTMENTS WHOSE CONTINUUM WE NEED:

OEC	DSS
CSSD	DMHAS
DPH	YSB
DOH	
Head Start/early head start	

- Throughout the discussion, the group came up with a list of considerations that would be important to know about the service continuum. This is summarized in the list above.
- One person brought up the Office of Early Childhood and mentioned the work they are currently doing on early childhood analysis—this project could provide us with good data.
- A question was raised about the MST-EA program, which is not currently approved and in the federal clearinghouse; however, other iterations of MST are. If one version is approved, can we assume all are approved? The most likely answer to that is no; it seems like the feds are going version by version. Just because one version of MST was approved, that does not mean that MST-EA is automatically also approved.
- As a reminder, we should not limit ourselves only to the programs that are currently on the federal clearinghouse. While we can choose programs on the clearinghouse, we can also choose programs that are not yet on the clearinghouse but have a lot of evidence to support them. For example, Utah chose programs that were on the California Clearinghouse, and used that as their evidence. It seems like programs with historically well-supported evidence will likely be added to the clearinghouse. We can also elect to submit programs for consideration and do our own study, with the federal government funding these programs until/unless the evidence later determines it does not qualify. The Fiscal workgroup will ultimately decide on the funding streams. We are not only using IV-E dollars, so do not let this determine what you think Connecticut needs.
- Gaps we can identify:
 - Mental health and behavioral health service treatment for parents
 - LGBTQ community
 - Levels of care w/ fewer EBPs—consider kids who use these levels of care and how we can base EBPs around these programs
 - CET, “Lower Time”
- The group was asked what data we need on service needs. Members came up with the following data points:
 - Children’s Behavioral Health Plan
 - Care coordination data (from DCF)
 - Systems Directors can help add other services that are geographically limited

Next Meeting

- For the next meeting, members were asked to look at the website and read through the minutes and materials that are on there. Get comfortable navigating the website and read the DC and Utah programs if you haven’t already.
- A draft charter will be sent out sometime before the meeting. Please review this charter and come to the meeting with edits in mind if there is something you want changed.
- If there are services at your organization that would be relevant to this discussion, please come to the next meeting ready to discuss them. We will review a new iteration of the map at that time based on the comments from today’s meeting. Hopefully at this point, we will have a tentative outline of the candidacy definition to help orient the group.
- The group’s next meeting will be **Thursday, January 23rd, 2020 from 1 pm – 4 pm at Beacon Health. The address is 500 Enterprise Drive, Rocky Hill, CT. We will be on the 3rd Floor.**