

Family First- Programs and Service Array Workgroup (PSAWG)

Meeting Date: March 5, 2020; 1:00PM -4:00 PM

Meeting Summary

Agenda:

- **Welcome/Introductions**
- **Approve Meeting Minutes from 2/20 & 2/27 Meetings**
- **Review Candidacy Service Alignment**
 - **Guiding Objectives/Questions**
 - **Review Integrated Program/Service Alignment by Candidacy Groups**
 - **Discuss where there are research supported models for PSAWG recommendations**
 - **Identify gaps where additional research or new models may be needed**
 - **Collect input on questions for Fiscal WG**
- **Open Discussion**
- **Follow-up Actions**
- **Adjourn**
- **Next Meeting**

Welcome/Introductions

- The group co-leads Elizabeth Duryea and Dr. Elisabeth Cannata began the meeting at 1:07 pm and welcomed everyone.
- Desired results of the meeting were reviewed.
- Elizabeth D. provided an update on what has occurred in the PSAWG since December 2019 and what the group will seek to do until the end of March.
- Co-leads put forth a recommendation that the March 19th meeting be cancelled, and contact be maintained on-line. Next meeting will occur at Beacon Health on March 26th. An email will be sent out. (*Update: due to the outbreak of COVID-19, this meeting was cancelled.*)
- During this brief hiatus, the co-leads will meet with the Governance Committee and touch base with other workgroups. During this period the fiscal group will have an opportunity to look at questions that this group has put forth that has guided its decision making.

Minutes from 2/20 & 2/27/2020

- Minutes were posted in draft form on the website. Edits were received for the 2/20/20 and 2/27/20 minutes. Motions were made to accept and approve the 2/20/20 and 2/27/20 minutes pending edits.

Review Candidacy Service Alignment

- Dr. Cannata provided a power point presentation summarizing the work completed to date and the anticipated work to be completed during the next couple of weeks.
- Dr. Cannata reiterated that the graphics (e.g. gray and blue boxes embedded in the presentation) have been a primary focus of what this group has been working on in terms of Family First.
- This group has been articulating a vision of what families need in order to be strong.

- Dr. Cannata discussed the various colored boxes and their association with other workgroups.
- The Gray Box/Group list the targeted interventions that strengthen families and prevents them from being removed from their homes.
- Dr. Cannata noted that for the last three (3) meetings, the work done in the break-out groups have focused on the Candidacy group's sub-classifications.
- Question: A member asked a clarifying question regarding the gray box. The member asked if what is listed in the gray box has been confirmed for the Candidacy group.
 - Response: Dr. Cannata indicated that while they have been confirmed, what is in the gray box is more specific than the Candidacy group. The Candidacy group has six (6) categories, but the PSAWG broke those categories down further to distinguish children's mental health needs vs. parents' mental health needs. What is in the gray box is more detailed, but it is aligned with what is included in the Candidacy groups.
- Question: What is the difference between the blue and the gray boxes? What if a child is homeless and already out of the home and not in care?
 - Response: Dr. Cannata stated that the gray box/group indicates prevention in the context of FFPSA, which is keeping children in their families. The blue box/group indicates the recognition that some children will be in placement and will need ways to strengthen them once they are placed back with their families. The homeless youth are part of the Candidacy group but present a challenge for the FFPSA criteria. This is due to the fact that if they are homeless youth and not with their families, they are not included in the gray box/group. Homeless youth are still noted as being important in the Candidacy group, but they may not make it into the small FFPSA Title IV-E eligibility.
- Comment: It seems that we would want to prevent the homeless youth from coming into care and this might be accomplished by the youth coming into kinship connection.
 - Response: Dr. Cannata referred the group member to go back and review the minutes. She stated that the Candidacy group has identified youth who are homeless or who have unstable housing. Unless we can come up with an evidence-based program that explicitly targets youth who are homeless and has outcomes in these areas, this group will not be included in the gray group. Dr. Cannata stated that if homeless youth have families they will be included in the gray group.
- Dr. Cannata reviewed the interventions approved on the Clearinghouse, but not available in Connecticut.
- Question to Fiscal: Of the funds that are supporting the programs listed, which are exclusionary to Title IV-E funding and which can be enhanced or could allow for resources to be shifted?
- Dr. Cannata stated that in the last meeting, the group reviewed all of the Candidacy sub-groups and models. The process of compiling and identifying the best models that will meet the Title IV-E criteria has been a complicated process.

- Dr. Cannata mentioned that she and Elizabeth D. were grateful for all of the information that they have received thus far from group members (e.g. inventories of models and tables with research).
- Engaged a discussion of ways to bring best models to the top of the group's list.
- Dr. Cannata stated that the co-leads will reach out to Miranda Lynn at Chapin Hall regarding a model that meets Title-IV-E criteria for housing and stability.
- Question: What about supportive housing for families? Are there components of supportive housing that are evidence-based that can be qualified interventions?
 - Response: Dr. Cannata stated that this issue is one of that supportive housing does not fall within the areas under consideration for review by the FFPSA clearinghouse.
- Dr. Cannata stated we need models that address needs that are often exclusionary from other programs or services. For example, we have information on programs for children with behavioral disruptions, but due to exclusionary criteria, children with Autism, intellectual disabilities, or developmental disabilities will not be eligible for some programs. We will also follow-up with Miranda regarding this issue.
- Dr. Cannata mentioned that we have not found a model for Trafficked youth.
- A model for Incarcerated Parents is still needed.
- Question: What about models for Parents with Cognitive Limitations?
 - Response: There is at least one emerging model.
- Dr. Cannata shared data related to categories for incidents for removal from 2013-2019.
- Evidence-Based Practices that could provide cross-systems supports were discussed.
- Dr. Cannata mentioned that in the various workgroups a number of interventions have been targeted that focus on parenting. There may be an opportunity to look at broad based parenting that occurs earlier in the prevention process.
- Questions from Dr. Cannata to Members: Have we captured what we have been talking about? Have we missed anything? Do these clusters make sense?
- Question: What if something is outside of the gray box, but is critical, how is that going to be prioritized to establish other sources of funding in our overall plan?
 - Response: JoShonda stated that as we identify those other populations that are critical then we could include them in the five-year plan.
- Question: Is there any interest in health and education training around Health Communication Campaigns (e.g. smoking and vaping) that are evidence-based?
 - Response: Dr. Cannata stated that this issue falls into the Orange box/group which is true prevention, which is not a focus of this group. If we were able to prevent the issues that are in the Orange group, there would be less for us to attend to in the gray box. The Children's Behavioral Health Plan is one place where true prevention is part of what they focus on.
- Question: If we find a model that is appropriate for part of the population that we serve, but there is not a specific outcome for that group, is this something that will be considered to fill the gap? For example, incarcerated parents.
 - Response: An example would be Pregnant and Parenting Teens. This population has unique needs related to their age, but there are a number of interventions

like early interventions for parents that are beneficial even though they do not target youth who are aging out of foster care and who are pregnant.

- **Question:** In regard to administrative funding that is available for training, how are decisions going to be made about how that training money will be used?
 - **Response:** This is a question that will be referred to Chapin Hall and the Fiscal group.
- **Question:** A main area that we are leaving out is related to the training piece. What about the issue of competency for the system, providers and the workforce, who are going to support this plan?
 - **Response:** The member was referred to the three (3) plans (e.g. Utah, Maryland, and DC) on the website. These models have quality assurance elements that have been approved.
- **Question:** How do we prepare providers and practitioners on the front end to get into these systems? What is the readiness of our State?
 - **Response:** JoShonda acknowledged the need to develop a workforce continuum that includes components on how to operationalize the model being defined within CTs prevention plan, that also includes a piece on Continuous Quality Improvement. There will be months of planning for full implementation.
- Dr. Cannata mentioned that there are national tools being developed to assist systems in deciding what models they are going to select, as well as tools to assist providers in terms of what they can do to determine their readiness to implement a particular intervention.
- **Question:** Intimate Partner Violence was in a slide prior to this, is it incorporated in another category?
 - **Response:** Yes. It is in the gray group.
- **Comment:** In regard to the trafficked youth, there is not much research available for this population. Concern was expressed about this population coming off the list. The member indicated a willingness to look at other plans to obtain model information.
- **Motivational Interviewing-** tool or program were discussed.
- Dr. Cannata and Elizabeth D. informed members that the meeting was over and asked members who were willing to help provide detailed information about models on the grid and their level of research support to stay after and provide their names.
- The co-leads thanked everyone for their efforts.

Follow-up Actions

- Elizabeth D. mentioned that as there is a more synthesized list, the information will be shared with group members.
- Elizabeth D. stated that she noted questions that will be brought to the other workgroups. She also mentioned that there will be a Governance Meeting on March 19. *(Update: due to the outbreak of COVID-19, this meeting was cancelled.)*
- An updated invite for the March 26th meeting will be sent to members. *(Update: due to the outbreak of COVID-19, this meeting was cancelled.)*

- Prior to the next meeting, members will receive more flushed out detailed information regarding the four categories.
- Question: Does Chapin Hall have a list of all of the plans that have been approved, regarding States that are providing Transitional Payments for those who are not on the list?
 - Response: JoShonda indicated that Arkansas may have been the only state that has been successful. She stated that she would follow-up on this question.
- Question: A member asked will the next meeting will be starting at 2 pm, as oppose to 1 pm?
 - Response: Yes, but we will confirm the time.
- Question for Chapin Hall: What is the frequency by which States are including in their plans evidence-based programs that they do not have but will roll out fresh, as opposed to expanding upon evidence-based programs they have? How do you approach decision making about this?
 - Response: Dr. Cannata spoke about the approaches of Utah and Washington, DC. Elizabeth D. referred members to read the submitted approved plans (e.g. Utah, Washington, DC, Maryland and Arkansas) that are listed on the website.
- Comment and Question: In order to prioritize the evidence-based programs within your different categories, it will be important to overlay the disproportionality racial statistics from Connecticut's Child Welfare system as a way of prioritizing within a category. Evidence-based programming will look at treatment outcomes and not at disproportionality. Connecticut will need to decide within the narrow definition of candidacy, which ones will be prioritized. This decision should be driven by the two (2) places with there is the greatest disproportionality- the front and back end of the system. Which group will do this?
 - Response: Elizabeth D. stated that this would be a suggestion to put forth to the Governance committee. Beyond that there is the question of what we will do with the state dollars. That piece can be brought to the Fiscal group, as we look at prioritizing the services that are not eligible under the Family First funding stream and looking at where our limited state dollars go.
- Elizabeth D. stated that there was some discussion among the workgroup about where EBPs may have limitations with some populations, and where they may potentially contribute to disparities for families of color if the service is not focused on engaging a diverse population. More research and feedback will be needed to ensure recommendations take these limitations into account.
- A group member (Tanya) will do additional research on racial outcomes in studies.

Next Meeting: To be determined