

CT Family First Candidacy Meeting Notes

Date of Convening: December 3, 2019

Agenda

- Welcome
- Position on Approach
- Communication Strategies
- Introductions
- Group Format
- Discussion
- Purpose

Welcome!

- Key info
 - Minutes + info will be on website
 - Co-Leads:
 - JoShonda Guerrier and Dr. Jeff Vanderploeg

Purpose of the Group

- Overview of Family First
 - Bipartisan Bill passed in February 2018
 - Some states have already begun this process; CT anticipated implementation date is October 2020
 - Shifts Title IV funds to the front of the system to support a prevention approach
 - Encourages youth to be raised in the least restrictive environment possible
 - Four main buckets of change to address:
 1. Prevention
 2. In-home services
 3. Leveraging EBPs
 4. High-quality group care
- Deliverable of this group
 - **Define:** What is an eligible youth? Who do we spend these funds on? Who are we interacting with and how upstream do we want to go?
 - **Look at data**—Who are we serving? How do we expand it (or should we)?
- Point—Poverty is a contextual condition underlying maltreatment and foster care placement (see Milner video)—which may exist absent of mental health, substance use, or parenting skills deficits—speaks to the need for a family focused approach that is very broad and even somewhat outside the health/service-delivery system.

- Keep in mind Family First is not our only funding stream; we may need to prioritize funding and services in the actual plan itself, but we should be thinking big during the planning stages
- We could also think about trying a graduated approach and/or expanding our view as we move forward.
- Family First is a tool. As we think through the possible change, we must have a clear vision of what we want before applying the tool. There is a clear opportunity to craft a vision for a needs-driven, cross-sector system of care, even if the Family First candidate group for prevention services, within the statewide plan, is only a slice of the overall prevention population and the overall vision to be developed (see Washington, DC's approved prevention plan)
- How worried are we about the federal approval process?
 - OCAN + Children's Bureau will jointly evaluate the submission to provide feedback, and there may be some negotiations of the plan before it is finalized. The Children's Bureau has generally not questioned the definition of candidates submitted by states, so we have some license to craft our definition for Connecticut.
- Qualifying for federal reimbursement requires an individual plan, likely to be completed by the community-based service provider, though the financial reimbursement would go back to DCF as the fiscal agent for Title IV-E.
- This is a good opportunity for cross-system partnering

Who is missing from this group?

- Youth voices—who is actually affected by the system
 - Might not be possible to get youth in the room due to logistics, but we could bring this to the YAB or make an effort to reach out to youth separately from this workgroup's meetings
 - We ought to also look at Youth Violence Prevention Funds
- Foster parents

- Legislators
- Other State agencies
- Office of Multicultural Affairs
- School representatives
- LGBTQ community members
- Law enforcement + human trafficking experts
- Multidisciplinary committee

Agenda & Timeline

- This group drives the process and we should be as innovative as we can—start strong. This is CT’s plan. We should not be inhibited; others can parcel it out into a practical plan, but we should aim high in the planning stages.

Position on Approach

- How broad/narrow are we generally thinking (as a group)?
 - Generally medium broad to broad (11—broad, 5—medium broad)
 - Our definition can change over time, though we would need to amend the full proposal (although amendments may happen regardless)
 - Make sure to include reunified and post-permanency youth in our definition
 - The emerging vision and candidate definition speaks to the need for DCF, DSS, OEC, DDS, DMHAS, DPH, SDE, CSSD, and others to take an "all our children" approach, blend and braid their funding and their coordination of service delivery.
 - (As a side note, the Children's Behavioral Health Plan Advisory Board and the CT BHP/ASO provide conceptual and governance structure opportunities in this area--Jeff).
- Challenges to a broad approach
 - That “bigness” can target folks and cause overrepresentation of certain populations.

- Could potentially cause contact between families and DCF who otherwise would not have had it
- We need to avoid a surveillance system
 - Perhaps we could avoid surveillance by not using Careline as the front door. We need to find ways to get services without them needing to get involved with DCF
 - Challenge—how do we shift the paradigm to acknowledge that everyone has a role in child welfare? How do we get folks to see their responsibility rather than waiting until it's a big enough problem for DCF?
 - Ex. Giving schools programs for truant students instead of waiting until they have missed enough school to contact DCF.
 - Using more proactive methods so schools (and other resources) know where to refer people.
- There were concerns about building a Family First prevention service system in which DCF is perceived as the lead agency. Several felt the marketing and community education element of Family First would be critical to its ultimate success. A potential structure is to have DCF serve as the "behind the scenes" fiscal entity; with screening and coordination and data housed elsewhere; and services provided at the local level.
 - The Care Management Entity (CME) concept may be instructive in this structural discussion. Efforts to build out the ASO as a CME have been discussed over the years (though not without some reservations/cautions).
- There was some concern about CPS "net widening" taking place. One option would be to have the CME take in referrals and identify who has sufficient risk of child abuse/neglect and track them one direction (with assignment of a DCF caseworker) with all other child/family needs that fit within the candidacy definition tracked a different route and assigned a care coordinator/peer support specialist. For both tracks, however, re-

training the workforce around sharing/managing risk tolerance, and eliminating the "gotcha" mentality across multiple child-serving systems, should be widely proliferated.

- Addressing the stigma around DCF involvement
 - DCF has to be the implementing agency for this legislation BUT this does not mean all services need to come through DCF
 - Perhaps a Care Management Entity could be created to coordinate access + blended funding? Something that is not openly connected with DCF so families aren't discouraged from reaching out
- Family First as a portion of funding
 - Ex. Washington, DC looked at their entire programming array, then decided what would be funded by Family First
 - We also want to look at the full child welfare system and use Family First to fund part of that
 - We can also act in stages—plan for “pie in the sky” and then stagger the definition/scale up as we go
 - Ex. Utah went for a very broad definition but their scale starts small. They are phasing in the level of services despite having a very broad definition.
- Not a “gotcha” system
 - We need to alter our idea of the child welfare system and its infrastructure
 - Not just thinking about care through social workers
 - More tolerance of/managing risk rather than avoiding it
 - How do we market these systems? How do we change our mentality and others?

Group Format

- Target completion: January 24, 2020
 - More aggressive than other groups
- We will need to recruit foster parents quickly so that they can plan for meetings
- Also will want to get agendas out before meetings so that parents can decide which meetings they may find their input would be particularly valuable

- Planned meeting dates/locations:
 - Dec. 10th 2 pm – 4 pm in Waterbury (30 Holmes Ave)
 - Dec. 19th 9 am – 11 am in Manchester (444 Center St.)
 - Jan. 2nd 9 am – 1 pm at The Village in Hartford
 - Power Meet Day! (Presentation Day)
 - Jan. 6th 1 pm – 3 pm in Waterbury (30 Holmes Ave)
 - Jan. 14th 9 am – 11 am at Adelbrook in Cromwell
 - Jan. 24th 9 am – 11 am at Beacon in Rocky Hill*
 - *Need to confirm if room is available (in progress)

What resources does this group need?

- Data on the FAR track to determine how those interactions take place (DCF, UConn School of Social Work is doing an evaluation on the Diversion Program)
- Substance abuse portal—how they came to DCF attention
- Care Management Entity concept/structure
- CT CPS in national context (Casey)
- Disproportionality info (showing different points of case involvement)
- Considered removal team data (factors driving cases that are not ultimately removed)
- Community services array strengths and weakness (provider organizations, intermediaries like CHDI, Beacon, FAVOR community conversations and satisfaction survey data could all be elements of this presentation).
- As many of the requests are data driven, January 2nd was earmarked presentation day. As a point of framing, presentations are requested to be linked to data, by provider and with a family voice