CT Family First Candidacy Meeting Notes
Date of Convening: January 6, 2020

Agenda

- Welcome & Introductions
- Review & Provide Feedback on Elements of the Candidacy Definition & Broader Prevention Plan Target Population
- Strategize on additional data or needs to finalize a definition
- Action Steps

Review of Last Week's Meeting

- Last week, the group met to watch various presentations and gather data on DCF and the various stages of DCF involvement a family may go through. The day began with an overview of Connecticut as compared with national standards. The subsequent presentations included information on Careline data, disproportionality, predictive factors for maltreatment recurrence, CAPTA portal data, the Family Assessment Response (FAR) process, and Considered Removal data.
- While watching the presentations, group members were asked to consider the various populations they heard about and use sticky notes to label the population as either "Definite Family First Candidate," "Possible Family First Candidate," or "Candidate for Broader Prevention Plan." Members would write the population on the note, then add them to the flipchart that they believed best fit. They were able to repeat notes on the same flipchart, as this would indicate consensus, or put the same population on multiple flipcharts, as this would show that the group disagrees on that population. Workgroup Co-Lead Jeff Vanderploeg synthesized the results of the activity by grouping people's responses into a list of populations for each group, which served as the basis for the following discussion.
- At this meeting, the group discussed the different populations identified in last week's activity to ultimately decide whether they would like to include them in the Family First Candidacy definition.

Review & Discussion of Various Populations

Children with Maltreatment Allegation(s)/Substantiation/Open Case

- This population was mentioned several times in last week's activity, but to varying degrees ranging from any family with a maltreatment allegation to a narrower group of only those with a substantiation. The group was therefore asked to decide where along the continuum (at allegation, at identification of conditional safety, etc.) a family would become eligible.
- One person began by suggesting only those with a substantiation, but the group quickly pushed back. Several folks argued that both FAR and INV (Investigation) cases should be included in the definition. FAR cases are serious enough for child protective services even though they are not as risky as INV cases; if it meets the statutory criteria, that is enough for them to be at risk of foster care. This would open the door up to more families.
    - Other members agreed that if we only include substantiations, we are taking a very narrow approach. Open cases carry inherent risk.
    - Another member then clarified that FAR cases are still abuse/neglect cases (they have still met the standard). These folks are knocking on the front door.
    - At this point, the group seemed to be in general agreement that any open case (including FAR cases) should be included in the definition.
- One member brought up the question of funding and asked if it would make sense to take a tiered approach, first by identifying those closest to removal, and then work outwards. This way, we would prioritize those who need intervention the most and make sure they are included/can be funded.
    - The group co-leads reminded the group that the goal is to create the funding based on the service array, not the other way around. We should assume the funding is available and not limit ourselves at this stage in the process; the Fiscal workgroup will determine how to fund things.
- It was then explained that we should keep in mind that putting a broad group in the candidacy pool does not mean that everyone in that pool will ultimately receive Family First services. Assessment is still needed and the process of identifying folks, determining eligibility, and matching them with an appropriate program will

narrow the group. In essence, we should think of the candidacy definition as the top of the funnel—if someone is not included in the top of the funnel, they will not receive services under Family First, but just because someone is there at the top of the funnel does not mean that they will make it to the very narrow bottom of the funnel.

- One person posed a question to the group—what is our concern with broadness? By intervening at an early, broad level, we can stop problems before they happen and take a more upstream approach. They wanted the group to discuss their specific worries about broadness because then those concerns could perhaps be addressed.
    - A response is that we should not be against a broad definition, rather, from a process standpoint, it makes sense for the group to start with the definites and then work outwards. We could ultimately land on a broad population, but we would just be making sure we are definitely covering the most at-risk population.
    - Another member felt that because we are currently looking at the "small circle" (Family First candidates) and not the broader group of prevention plan candidates, we are inherently constrained, and our definition has to be narrow because Family First is narrow.
- Another question was raised about funding—will we just be funding the same services that Medicaid typically funds?
    - This is a question the Programs and Services Workgroup will focus on, but they will be focusing on filling gaps and better aligning services to our families' needs. Services that will be able to be included are:
        1) Services already approved for the Family First Clearinghouse
        2) Services the Clearinghouse will review and approve in the future
        3) Services that we or other states may submit to the Clearinghouse for consideration, following a state-led review that supports such service(s) meet criteria for as an Evidence-Based Practice.
- Getting back to the question of Candidacy, someone suggested that perhaps instead of including everyone with an accepted maltreatment report, we should look at case flow and decision points. Technically yes, anyone with DCF involvement is at risk of

removal, but it might make more sense to use a time frame system, looking at the different decision points and choosing what elements in that case flow would make someone a candidate. In that case, there could be an assessment point added somewhere along the line or a combination of factors that would identify a candidate.

  - This was a good point, but it seemed to not fit in the candidacy definition portion. This seems more like part of the funnel (part of the eligibility determination rather than the definition). Again, adding all accepted calls to the candidacy definition *does not* mean that everyone with an accepted call is eligible for services; it just means that they are in the candidacy pool.

- One member reiterated that this group (all families with accepted maltreatment report) should be the smallest we should go. They liked the front door/porch/front yard analogy that DC used, and following that analogy, these folks are knocking on the front door. They feel that this should consider this group a given and expand from here.
  - Others agreed, highlighting the number of families that were referred to FAR vs the amount that actually received services. This was a large gap that we have an opportunity to fill.
  - One person was concerned about the idea of including any call to the Careline in the definition because some of the calls are not always credible—we should look broad, but we need to think about what level.
  - The group did not agree with this point because what we are doing is adding something that is available to families and providing more services; we are not changing our whole practice around how we handle Careline calls. Just because they are in the candidacy definition does not mean they will definitely get services.
- With that point, the discussion on this population concluded with general consensus to include all families with an accepted report of maltreatment in our candidacy definition. While there was some initial disagreement during the discussion, all of the points raised were addressed, and there was no dissenting opinion about this recommendation.

Voluntary Cases

- The group was then asked to discuss whether to include families who come to DCF attention through Voluntary Services.
- Before the discussion began, someone from DCF discussed the way that the system for Voluntary Services will be changing in the next few months. Currently, all requests for Voluntary Services must go through the Careline. The hope is that soon we will permanently shift this to Beacon, the Administrative Services Organization, so that all requests for Voluntary Services will go directly through them; however, it will probably be several months before this is implemented.
- From the onset, the group seemed to generally agree that the door shouldn't matter. Whether families come through the Careline or through Beacon, these families should be part of the candidacy definition. Many members agreed with this opinion.
- After there was general consensus that the door shouldn't matter, one member brought up the home visiting program run by the Office of Early Childhood. Currently, this program is funded through the OEC, but there could be room for expansion if Family First dollars were used to help fund it. The member raised this point to the group to inquire whether they would be willing to consider these families as part of the definition.
    - One group member agreed that these families seem to be at risk, especially when the home visiting program does not fully address the family's needs. It seems like there may currently be a gap between the home visiting program and DCF involvement; it might be beneficial to further examine this "grey area" and see if it's possible to provide services at that point in the continuum so that CPS does not have to get involved.
    - The problem with this plan is that Family First cannot be used to fund already existing services. Because the home visiting program is already funded by OEC, we would not be able to supplant that funding with Family First.
    - However, it does seem that this would be a good area to streamline the system. The group seemed to generally agree that this program with OEC could be of interest to DCF and more collaboration between the departments might help provide better services to families.

- At this point, the group seemed to agree that families accepted for voluntary services should be included in our candidacy definition. So far, the two groups included are 1) all accepted calls (regardless of whether they were substantiated and regardless of whether they are FAR or INV cases) and 2) requests for voluntary services. There was general agreement around these two groups and no dissenting opinions.
- One member then raised the topic of calls that are not accepted because they don't meet the statutory acceptance level (especially infants and toddlers). These are folks someone was concerned about, but the situation "isn't bad enough yet" for DCF intervention. Should this population be included in our definition?
    - The group generally felt that this population as a whole should not be included in the candidacy definition for Family First, but it might fit in the broader prevention plan. Also, we could consider identifying certain populations within that category as candidates.
- This was the end of the discussion on this population.

Caregivers with Mental Health Issues or Substance Use Disorders

- In the flipchart activity, this group was included in the "Definite Family First Candidate" category. Members were asked to consider whether we wanted to focus on caregivers with co-occurring conditions or single conditions, whether to consider specific risk factors for the child, and whether to include pregnant women with known substance abuse (prior to birth). It was also important to note that some of these families will already be included in the definition if there is an accepted Careline call or voluntary service call. The question then becomes how will we identify this population through non-Careline routes and under what conditions this population should be included?
- One person highlighted both of these conditions as risk factors and referenced the presentations from the previous meeting to support their point. Another member pushed back on this because it makes it sound like parents with these conditions are inherently going to cause problems or be unable to parent their children, and this is not the case. Others in the group agreed with this point and worried about the stigma associated with these families being labeled as "at risk." There was also a

question on whether Family First would include others in the family who are not the case subject, given that the data has to be tracked as a child.

- To avoid including all families in this category and increasing stigma, one member suggested narrowing the scope and including pregnant women with past substantiations; however, this made some folks in the room nervous because in that case, we would be considering the unborn fetus as the "subject" of the case. This caused some hesitation because the state considering the fetus a subject would have moral and ethical implications beyond Family First. It was pointed out that DMHAS has done some good work with this population already.
    - Instead of including pregnant women, one person suggested only actively parenting caregivers with past substantiations. The group did not reach a consensus on this specific subgroup.
- Overall, there were many people in the room that were worried that by broadly including all caregivers with mental health/substance abuse issues in our definition, we are undoing the progress that has been made on stigma. Recovery is a cyclical and long process, and we need to think carefully about how we group them in. The group seemed very split on this population.
    - Some in the room brought up the fact that we are considering ways to make it so that service delivery does not come through DCF. Although DCF will be responsible through funding services, we are looking at care management options and ways to make families feel like they are not interacting with DCF. Perhaps by avoiding the feeling of being DCF-involved, families would not feel the stigma as much.
    - Others in the room felt that this population is already well-covered because any accepted Careline calls are already in the definition. Including everyone with mental health/substance use disorders would add stigma to an already stigmatized population. Additionally, there are already many community programs working with these families outside of DCF.
    - Finally, there were many people in the group that did want this population included. They acknowledged that recovery is indeed fluid and that there are disparities regarding who gets tested for substance use; however, we cannot

ignore this population. We know that these children are at risk if parents don't have plans/treatment, and only some of them are caught through the Careline.

  - In this discussion, there was very clear tension between candidacy's charge to lead the other groups with their definition and candidacy's desire to not include this population unless it can be done safely. With no safety nets in place, the group was hesitant to include this population, but there has also not been an opportunity to put safety nets in place because there is not yet a definition for the other groups to work with.

- The group began to pivot towards siblings of kids with Careline calls, with the idea being that if one sibling was removed, maybe these children are also at risk.
  - The group felt that we will already be able to build services around these safety issues and this might be looking too far ahead. The group felt that this might be more suited in the broad definition.
- The group then pivoted back towards the topic of caregivers with mental health/substance use issues. Instead of including them as a broad category, the group decided to narrow their focus to the most at-risk youth: substance-exposed infants (not Careline calls, whose families did not request voluntary services).
  - It was suggested that we identify these families through the CAPTA portal. This portal is used to track substance-exposed infants, but it only ends in a call to the Careline under certain conditions, so many of these families would not be covered by our definition. We could also identify these families through OEC home visiting and DMHAS programs.
  - The group was asked whether this subset should be included in the definition and voted on it. The majority voted yes with no visible nos.
  - The group also agreed that we know there is disparities in reporting for this population and we should recognize these caveats in our recommendation.
- After agreeing on this subset, the discussion turned back to including caregivers with mental health/substance use issues in the definition (who are not in the previously agreed upon subset). There was a request to add caregivers with cognitive

limitations to this list and the group generally agreed. Once again, the conversation seemed to circle back into the same points as earlier.

- Some felt this was a good population to include, and there was emphasis again on the fact the DCF would not have to be the face of the treatment. Perhaps through treatment providers (such as DMHAS) or community programs, the risk of stigma would be mitigated. Along with that, one member suggested creating a call-in system or "warmline" for these families to access instead of the Careline for support that does not need to go through CPS.
- A large portion of the group still felt that we should not include this population. One person emphasized that mental health is not the only issue for most of these families, and it generally becomes a problem with no supports. Several folks were worried that including this population would result in disparate calls to the Careline. The amount of bias and disparities already in the system made people very hesitant to include this population given the clear lack of safeguards.
- One point that was discussed in detail is what it means to not include these families in our definition. Right now, DCF is only reimbursed when these children are removed from the home; we have the opportunity to fund services that would help children before that happens. Some in the group suggested that including this group would actually level the playing field by making these children less likely to be removed. One person imagined a system that would appear outside of DCF and hopefully then be less likely to involve stigma: Consider an organization like CHR identifying families with higher needs (due to substance use/mental health issues/cognitive limitations of the parent) and providing services to them using DCF funding. That way, the families could be supported without the need for a call to the Careline or an open case. It was also mentioned that while there are currently other supports out there for these families, there are also often long waitlists and other barriers to access.

- Another point that was raised was how we can maybe support families' agency in this process (asking for their consent and allowing them to opt into services rather than being forced to receive services)?
- A data point was brought up: 40% of the OEC's home visitors do direct mental health outreach.
- Ultimately, the group was asked to vote on whether to include this population in the candidacy definition. It was an extremely close vote, with 11 out of 23 attendees voting yes, include them. This group has decided to make recommendations based on majority vote; therefore, this group will not be included in the recommended definition. It is important to note that although the group voted no overall, several members said they would have voted yes if the definition was more nuanced, if the final plan included the caveats and concerns around stigma, and if there were ways built in to address these fears.
- One person asked whether we could perhaps include caregivers with co-occurring substance use and mental health, as we know the combination of factors puts children especially at risk. The group did not fully discuss this and agreed to move on to the next population.

Youth with a Prior Foster Care Episode

- The group was asked to consider whether we wanted to include only certain forms of permanency (for example, only children who are reunified), timeframes, or other risk factors for this group.
- The group seemed to overall agree that they should be included. In particular, the group liked how DC framed this population: "Children who have exited foster care through reunification, guardianship, or adoptions and may be at risk of re-entry.
- Members discussed the age-out population and whether they should be included.
  - As it stands, kids who are over 18 but voluntarily remain in care have access to services.
  - The group agreed that they should be included, with no visible dissent.

- The discussion then turned to youth at risk of reentry who did not achieve permanency through DCF (for example, guardianship arrangements and private adoptions). Folks agreed that they should be included as well.
    - It was mentioned that some guardianship cases might not have to do with abuse/neglect, and the group agreed that while that is true, they felt comfortable including this population in the definition.
- The group decided to vote and agreed that all post-permanency youth (whether exiting through reunification, adoption, probate court, guardianship, or aging out) should all be included in our definition of candidacy.

Pregnant and Parenting Youth in Foster Care

- Before convening for the day, the group agreed to vote on whether this population should be included in the definition. There were no major discussion points or considerations brought up before the vote, and the group unanimously chose to include this population in the definition.

Discussion Conclusion: Definite Candidates and Further Considerations

- Through this meeting, the following populations were voted into the definition of a Family First Candidate:
    - Accepted Careline calls, regardless of substantiation or whether FAR/INV track
    - All accepted Voluntary Service cases
    - Substance-exposed Infants (using the CAPTA portal and community partners to track and direct)
    - All post-permanency youth, whether exiting through reunification, adoption (including private adoption), probate court, guardianship, or aging out.
    - Pregnant and parenting youth in foster care
- The following populations were identified as candidates for Connecticut's broader prevention efforts:
    - Non-accepted Careline calls
    - Parents with mental health or substance abuse issues and parents with cognitive limitations (beyond substance-exposed infants)

- The following points were raised for discussion for the next meeting:
    - Siblings of children with accepted reports or siblings of children in foster care. This population was brought up and it was suggested that they be included in broader prevention efforts, but no definite recommendation was made.
    - Undocumented children and families. During the meeting, one person asked about whether undocumented families could be eligible for Family First reimbursement and whether the federal law places any restrictions on this. Further, there was concern about the recent Public Charge Law and how that might affect eligibility and whether families feel safe accepting these services.
    - Open cases where the child is informally staying with kin. This does not seem to be very common, but the group felt it merited further discussion.
    - Children adjudicated abused, neglected, or uncared for at disposition of protective supervision. This was brought up at the tail end of the meeting, and the group felt it would be best added to Population #4 on the agenda (youth who have experience with the juvenile justice system) which we did not have time to discuss at this meeting.
    - The timeline on "all accepted Careline calls." One person asked to clarify what the timeframe would be for Careline calls and whether we meant families that had *ever* had a Careline call or wanted to include some limits on how recent the call would have to be.

Next Meeting

- The group's next meeting will be **Tuesday, January 14, 2020 from 9-11 am on the 4th Floor of the DCF Court Monitor's Office at 300 Church St in Wallingford, CT**.