

**Minutes**  
**Family First-Fiscal and Revenue Enhancement Workgroup**  
**Meeting Date: December 5, 2019; 9:00-11:00 am**  
**DCF- 505 Hudson Street, 10<sup>th</sup> Floor Conference Room**

**Present:** Dr. Allison Blake, Cindy Butterfield; Olga Coleman-Williams; Jodi Hill-Lilly; Shaun Wright; Lynn Bishop; Lori Szczygiel; Beverly Malinowski; Heather Gates; Gary Stech; Kevin McKillison; Joan Soulsby; Selma Alves; Melanie Sparks; Jennifer Grant; Toral Sanghavi; Jim Grodzicki, Randi Cavalla; Ken Mysogland; JoShonda Guerrier, and Denise W. Coley

**Welcome**

- Ken Mysogland opened the meeting at 9:05 am, welcomed all in attendance to the 1<sup>st</sup> Family First Fiscal & Revenue Workshop, and introduced his Family First Co-Lead JoShonda Guerrier. Ken shared how Family First is a comprehensive plan with an intense timeframe.

**Introductions**

- Ken introduced the Co-Leads for the Fiscal and Revenue Enhancement Workgroup-Dr. Allison Blake and Cindy Butterfield. Other members introduced themselves and their affiliation.

**Purpose**

**Family First Overview**

- Olga Coleman-Williams began the meeting with a slide presentation of CT DCF and Family First Prevention Services (FFPSA), which will be made available and posted on the DCF Website.
- Olga discussed current shifts to get ready for Family First (FF): Different ways we claim for services, timeframes in which they occur and building new buckets for certain categories of foster care.
- Olga highlighted the Washington DC Family First prevention plan, as a guide to how we may want to consider our plan. She noted that DC has created a whole system not a system to maximize revenue or reimbursement but one that focuses on the needs of their children and their families.
- Deputy Commissioner Jodi Hill-Lilly emphasized that we are not doing this because we are trying to maximize all the reimbursements. She stated that it does not make sense to maximize reimbursement for a practice that does not make sense for kids and families. She also stated that this is an opportunity to do what we know makes sense for our kids and families. Dr. Blake added how federal government funding presents an opportunity to strengthen families and keep kids at home.
- The Clearinghouse Rated Services need to fall into Evidence Based Practices (EBP) buckets (Well-Supported, Supported, and Promising). 50% of services need to fall into Well-Supported to balance things off with the Supported and Promising Practices.

- Legislation will alleviate that requirement for about 2 years if passed, allowing freedom to think about services and the ability to reimburse for services to be put into place.
- The Clearinghouse has updated information about what has already been reviewed. It's up to agencies to identify the program and walk through the process. The Clearinghouse wants agencies to have done this work in-house already, by applying the same metrics so that there are no surprises when an agency submits information for their review. The Clearinghouse is urging agencies to do state level reviews.
- Reimbursement should not drive practice!
- Question posed: Is there a well-defined and rigorous process for evaluating what a good outcome means for the different services, if it's not a formal evidence based program? JoShonda Guerrier responded that it may not exist, but what they do have is a structure around what they have designated as well supported vs. supported.
- Heather Gates stated that it seems that the first decision that needs to be made is qualifying the definition for the "child" and all the services that flow from that. She stated that looking at all the services that many of us deliver, we are serving many children and their families who would never be touching the child welfare system or a child that would never be at risk for foster care. This points to there being two streams in some EB programs and this is one part of it, but not the whole behavioral health system. JoShonda responded by saying that the way we characterized it in the Candidacy discussion is that Family First is a "tool" and is not the end all, be all in how we will fund our prevention plan or the array of kids determined eligible for prevention services. This speaks to the need to define the practices and correlating services and this team's task is to find out how we fund that. It's about creating the big fiscal picture for the state of Connecticut.
- Ken discussed a question that came up in the Kinship meeting regarding the tension between those providers with evidenced based programs and those that do not. Ken emphasized that "No" decisions have been made and that we're in the planning process. He continued by saying that's why you all are at the table to help all of us understand what is out there in our communities, who you touch whether they are eventually touched by DCF or not and how all of this fits into a prevention plan that supports Candidacy for foster care as it will be defined. The Candidacy group meets weekly with the goal to come up with the definition of "candidate for foster care" by mid-January.
- Dr. Blake stated that the federal government issued some guidance that Title IV-E is the payor of last resort. This means that all the clinical interventions for those children and youth that are currently on the Medicaid platform has to stay that way. This means finding federal funds to use for new services or for expanded services. Secondly, the word "prevention" for the purposes of this law is prevention of placement and it's not primary prevention. Somehow this message gets lost.

- Questions posed: What are folk's thoughts about how this, FF, will enhance the current system and how it fits together with all the state partners, considering we want to end up with a system that's ultimately more coherent and more easily navigated for our children and families? While all state agencies that serve youth and families are not at the table, how we can take advantage of this opportunity that could be significant for Connecticut? JoShonda responded that this has been a core component of all discussions with the various workgroups. In the Community Partnership group we did have some state agency partners who were present (DMV, DHMAS, and, Zero to Three). We need these agencies and others like the Department of Housing at the table. We have to figure out how to leverage them across the five groups without burning them out. We are asking Community Partners who else can you staff these groups with, and staff them with individuals who can make decisions.
- Discussed were changes in income eligibility, as being a game changer. How does this relate to all the work done in Voluntary Services program, which has always been an issue related to income? Cindy responded that we will be looking at this. Services that were provided in-home and were eligible for IV-E, we can look at as prevention.
- Gary stated that "how you start this is important" and that we need to think broadly about engaging everybody. All resources will be necessary, and we also need to be patient.
- The suggestion was made to inventory each agency's programs, even those not with DCF to help map out the best funding resources. Cindy reported that she and Olga have begun looking at funding sources.
- Consideration of coordination between the SUD planning grants and this work was raised. We need to look at this planning grant. Dr. Blake said that the programs being mentioned are specifically addressed in Family First. Family First is not just talking about IV-E, but adds additional funding to the regional partnership grant opportunity across the country. Other funding available through Family First that's not IV-E are discretionary grants for the development and evaluation of Kinship Navigator Programs- the New Jersey program has not been cleared by the Clearinghouse.
- The Medicaid 1115 Waiver was discussed. JoShonda stated that DCF has done an internal inventory, to look at services that could be funded by via the 1115 Waiver vs. being funded by Family First. DSS asked state agencies to priority rank programs they would want as a component of the 1115 waiver, recognizing DHMAS has a focus on residential programming.
- What about the Department of Insurance (DOI)? Where are the Commercial Insurers? This is something we should explore with the Commissioner of DOI, if we're going to talk about taking advantage of every revenue we can to make the system work more coherently. Having a discussion with the Department of Correction was also suggested.
- Federal Reimbursement discussed.

- Question posed: If you're going to maximize claiming and revenue you need a sophisticate IT system in place. Is there a workgroup specific to IT and data system? JoShonda responded "not yet". She also stated that we consider IT to be a 6<sup>th</sup> workgroup. Documentation for Family First has to be service specific and child specific. We did not want IT waiting and we did not want the system to drive the practice.
- Maintenance of Effort (MOE)-When asked how do we (DCF) come up with the computation, the feds said "its' what you tell us". Statewide expenditures.
- State Five Year Title IV-E Prevention Program Plan reviewed.
- Payor of Last Resort-Title IV-E funds originally would not be used for medical services. Now it allows if you do not have a private insurer they will pay for it. If you're not on Medicaid, you can use these funds. This is a huge shift. Still have to vet to determine that there is not a private insurer.
- Regarding payor responsibility, where do state grants fit? Cindy stated that there is now an opportunity to get reimbursement on that grant and that's the difference. In the state of Connecticut, we are not forced into a situation where we decide what program we're going to have or where we refer kids based on how much revenue we're going to get back, because we're fully funded. We don't guide our decisions by the revenue we get. Those programs that in the past we were not able to receive revenue from, this is an opportunity for revenue now.
- A question was asked from the provider's perspective. If federal reimbursement is coming in to help pay state grant funding, does that necessarily lead to the OPM and Legislature thinking that the state does not need the same level of grant funding that their currently receiving? How is the State thinking about the use of that reimbursement? How do you maximize this opportunity to meet the federal requirements and not lose ground in relationship to how well services are funded? Cindy responded that this is moving money from the deep end to the shallow end.
- Ken stated as we continue to meet and collaborate with other groups, he and JoShonda will extract the key points of concern from other partners. Some of the programs that have been mentioned will be identified in the prevention plans and some will not. This does not mean that the department or the system will not address them in some other avenues.

### **Workgroup Deliverable**

- JoShonda suggested a written strategy to finance a system that is collectively developed by the workgroups that have been put together, that will later inform legislative work at the Capital. Even though we initially submit a five-year plan, we're not locked into that plan for five years. As we learn more, as more services get approved by the Clearinghouse and we expand our Candidacy population, the data will tell us of our needs in the state. JoShonda continued by saying that we will just need to do an amendment to the plan for the Feds to approve it. We need to keep in mind that we'll start from the best practice standpoint that we can finance, knowing that we'll need to do some re-evaluation along the way to address what Connecticut needs.

## **Exploration of Other Partners**

- People who should be brought to the table included: Individuals with life experiences. JoShonda indicated that there have already been requests for family involvement. Incentives, as well as meeting youth and their parents at agencies in order to have them involved were discussed. In addition, the Department of Housing, Labor, Education, OEC, DDS were mentioned. Domestic Violence Association, Alliance of Volunteers, Legislature liaisons, and if appropriate—Connecticut Voices for Children.

## **Group Format**

- Team members agreed to a 2-hour, in-person, monthly meeting on every other Friday, starting in January 2020. Cindy will be sending out a Doodle Poll to determine meeting dates in January.
- Locations were mentioned (i.e. Central Office, Beacon, etc.), but none indicated at this time.
- Cindy stated that since this workgroup is a support to the program design, this team will be meeting more at the tail end of this process, especially in February.

## **Communication Strategies**

- Team members were encouraged to utilize the Workgroup email: [dcfctfamilyfirst@ct.gov](mailto:dcfctfamilyfirst@ct.gov) to access Workgroup information. They were also encouraged to visit and utilize the Connecticut Family First Website: [CTfamilyfirst@.ct.gov](mailto:CTfamilyfirst@.ct.gov) to view the 11/18/19 Video.
- Meeting minutes for all groups will be posted on the website.
- FAQs will be available soon. It was suggested that FAQs be logged in chronological order and that questions for specific buckets be created for their specific questions.

## **Open Discussion**

### **Resources Needed to Do This Work**

- Information regarding the DC approved plan.
- Service Mapping. Lori S. (Beacon) indicated that she would access GO Access, analysis of Medicaid funded program, by Region and county for the committee.
- Gary asked if DCF would make some allowance for agencies/ those involved in the workgroups regarding responsibilities/ requirements to DCF, due to the level of commitment and expectations that this workgroup will require over the next 6 months. Ken stated that he would address this issue with the Executive Committee.