

Minutes
Family First- Programs and Service Array Workgroup (PSAWG)
Meeting Date: February 20, 2020: 1:00 pm- 4:00 pm
Beacon Health Options, Rocky Hill, CT

Agenda:

- **Welcome and Introductions**
- **Approve 2/6/2020 meeting minutes**
- **Updates from CT Family First Workgroups**
- **National Context from Chapin Hall**
- **Review status of Workgroup Process**
- **Selection of Programs /Services for CT Plan**
- **Break**
- **Follow-Up Break-Out Session Exercise**
- **Break-out Reports to Workgroup**
- **Open Discussion**
- **Follow-up Actions**
- **Next Meeting**

Welcome & Introductions

- The group co-leads Elizabeth Duryea and Dr. Elisabeth Cannata, began the meeting around 1:10 pm and welcomed everyone. First time participants were asked to introduce themselves.
- Chapin Hall Consultants Miranda Lynch and Olivia Wilks introduced themselves to the group.

Minutes from 2/6/20 Meeting

- Minutes were accepted and approved.
- Finalized minutes will be posted on the Family First website: CTFamilyFirst@ct.gov

National Context from Chapin Hall

- Miranda reported there are eleven (11) states who have submitted plans to the federal government and four (4) of those are approved.
- In the last two weeks, two additional states Maryland and Arkansas have been approved to add to Washington, D.C. and Utah as the four approved plans.
- Themes being seen in these documents include:
 - Understanding the needs of the population (i.e. detailed data on trends).
 - Acknowledgment that the initial plan is a starting place and a foundation that is taking advantage of the earliest opportunity to receive reimbursement for their population
 - Acknowledgement within the body of the plans that States want to do more for their candidate population and the broader population.
 - Acknowledgement that there are some limitations within the Family First legislation that have led States to make particular choices:
 - Focus on programs that have the highest evidence levels- well supported level.

- Willingness to go through the systematic reviews for funding (i.e. Kentucky) to justify service needs for their populations needs.
- Miranda stated that Connecticut is on the right track.
- Question: Have you seen other states place a strong emphasis on community and family involvement and engagement around their plan?
 - Response: There have been a couple of examples (i.e. Washington D.C. and Kentucky). It is hard to observe just looking at a plan to know how much of the involvement shows up.
- Question: Has the federal government rejected plans?
 - Response: The federal government does not reject plans, they negotiate. If the federal government feels that there is something in the plan that needs to be improved they will work with the jurisdiction to make the improvements. All four plans have been through the renegotiation process three-four times.
- Question: Where there any particular themes?
 - Response: Yes, in the area of services. There has been a lot of focus from the Children's Bureau (federal government) on the evidence associated with a selected program. The federal government wants you to be clear about your outcomes for your population. The government wants a clear discussion about CQI and how that will apply for a particular program. They also want a strong justification as to why an evaluation was not necessary. The Children's Bureau also wants a clear articulation of the programs that you are seeking vs. those that you are not.
- Question: What are the ways in which plans are addressing the empirically evidenced based programs for candidacy vs. the broader prevention plan? This will be looked at closer.
- Question: Are there States not engaged in this process?
 - Response: There are eleven (11) plans submitted and 15-16 that are engaged in the process at this moment. There are some States that are not ready. Keep in mind that the prevention option is buttressed around the provision of congregate care. Congregate care facilities will need to meet new requirements for children who stay beyond a short period of time.
 - For other states it is a fiscal issue around separation of funds (Medicaid, etc.).
 - Some states are in a "wait and see" mode, to see if the federal government will be flexible about not having to define candidacy.
- Question: Have there been any efforts to move the Title IV-E Clearinghouse to speed the process?
 - Response: There have been a couple of efforts. There was an increase in the budget for the current fiscal year (\$1 million to \$3 million) to speed-up the pace for reviews. There's a proposal in the President's Budget (next fiscal year) that will allow the Clearinghouse to consider programs needing the evidence level if they are on another Clearinghouse (i.e. California, etc.).
- Questions: Have States been successful in presenting Housing models that are not evidenced based? What kind of Training funding levels are being approved?
 - Responses: In regards to the housing issue, there are no housing models offered at this time. There is a need for the federal government to be clearer about

training dollars. As a category, there is an opportunity for support staff (i.e. administrative, IT, and case management) and community agencies in prevention services and potentially providers to be reimbursed under the Title IV-E plan.

Updates from CT Family First Workgroups

- JoShonda Guerrier provided updates on the status of four workgroups (Community Partnership and Youth and Family Engagement, Fiscal and Revenue Enhancement, Kinship and Foster Care) and Governance.
- **The Community Partnership and Youth and Family Engagement Workgroup** is chaired by Beresford Wilson and Tim Marshall. This group was previously on a monthly meeting schedule, which is why they have not met. A decision was made at their last meeting to move to a two-part meeting structure (weekly check-in via a web-based platform (3 times a month), coupled with a two hour face-to-face meeting once monthly), This new meeting cycle will begin next week on February 25th.
- **The Fiscal and Revenue Enhancement Workgroup** chaired by Cindy Butterfield and Dr. Alison Blake had a webinar on February 10th. The workgroup is anticipating the finalization of the Charter at their next meeting. An update on the Candidacy (broader prevention categories), the Governance process, and the Programs and Service Array (Dr. Cannata's visual flow chart) were provided. Maintenance of Effort (MOE) was also discussed. Ethical Issues as they relate to providers and not crossing any ethical thresholds were discussed. Office of Policy and Management (OPM) will become involved in this process, especially as DCF approaches the preliminary decision point. The Family First Transition Act was also explained.
- **The Kinship and Foster Care Workgroup** chaired by Tina Jefferson and Randi Rubin-Rodriguez, met on February 14th. Based on the previously collected data, this workgroup identified potential barriers within the system. This group is using a model where their graphic flow focuses on families that interact with DCF from a Kinship standpoint within the community, through Careline engagement, formally in foster care or after permanency achievement. The group began to look at what policies create barriers and other touch points for the community that may not be known. Probate and family arrangements were additional focuses. The next meeting will be on February 28th, where this group will begin to look at gaps in services. There is a need to connect Kinship and PSAWG in order to have conversations specific to the kinship services to be included in the state's prevention plan.
- **The Candidacy Workgroup** chaired by JoShonda Guerrier and Dr. Jeff Vanderploeg met today. The group's goals were to:
 1. Review the additional recommendations submitted by the Community workgroup for concurrence, in order to provide to Governance.
 2. Explain what Candidacy 2.0 mean.
 3. Determine tools for screening and eligibility.
 4. Inform considerations around CQI.
 5. Discuss and inform what the future infrastructure should be.Homework for the Candidacy group included:
 - Review what services already exist in Connecticut that meet the screening and eligibility criteria.

- What systems can be expanded upon? What best practices exist? Do we need different touch points?
- The Candidacy group added two (2) more meetings to their calendar. These meetings will occur every other week as opposed to the regularly scheduled weekly meetings.
- The Candidacy group also discussed the issue of racial justice.
- **Governance.** This committee has not convened. JoShonda stated that hopefully this committee will meet in mid-March. At that time, she hopes that PSAWG will have a product to share with this committee.
- A 6th workgroup will be added to address QRTP's. Today JoShonda and Ken will be having a planning call with the co-leads- Dr. Linda Dixon (DCF) and Alyssa Goduti (President and CEO of Adelbrook Behavioral and Developmental Services).
- Question: Will this group include independent living and kids aging out of care?
 - Response: JoShonda stated that there is a category specific to Candidacy in our Candidacy definition. It would be best to have this question addressed by the newly developed workgroup.

Review Status of Workgroup Progress

- **Overview of Standards for Evidence -Based Status.** This group started in December 2019, mapping out the continuum of services. This workgroup has a finalized Charter that has been posted to our website. As a group there has been a focus on how richly resourced Connecticut is as a state. Finally, there is a need to identify service gaps. As a result of these gaps, we will need volunteers to do research into models (evidence based models) that we obtain additional service information.
 - Dr. Cannata will provide a presentation that will focus on: How do you select an Evidenced Based Program? What will be the criteria? What should guide our decisions around what services we are going to need to match our Candidacy group?
 - The goal of the presentation will be to come up with a proposed scope of recommendations for the Candidacy plan.
- **Matching Considerations for CT Plan.** The following information is based on Dr. Cannata's presentation entitled "Selecting Evidenced-Based Programs & Services for Families First".
 - PSAWG's goal is to come up with recommendations to the Governance committee.
 - We are looking for specific interventions to target intervention needs of the Candidacy group.
 - Our focus for the next several meetings will be interventions for Family First Eligible populations, which is not part of the bigger prevention plan.
 - Typical standards for "Evidence-Based" status was discussed.
 - Family First Prevention Services Act (FFPSA) Clearinghouse standards were reviewed.
 - Focus on Program and Service Review of the FFPSA Clearinghouse reviewed.
 - Future FFPSA Clearinghouse criteria was reviewed.
 - Matching Considerations Informed by Implementation Science was discussed.
 - Next Steps for our Candidacy Service Array Matching was discussed.

- Dr. Cannata stated that we have been looking at Prevention, In-Home Services. These are the Family First services and programs that we want to wrap around to strengthen families. Other workgroups are looking at foster and kinship care and congregate care. That is the limited focus for workgroup model selection, but we do not want to lose sight of the importance of social determinants in our large plan.
- Review of the emerging list, compiled from the various break-out groups, which include factors critical to strengthening families.
- Dr. Cannata stated that as we choose our models for the different Candidacy groups, keep in mind that there are models that serve families who enter programs from any door. Some programs will serve multiple Candidacy groups.
- Miranda complimented Dr. Cannata on her presentation. She stated that the graphic- Our Current Matching Focus- is designed to assist Candidacy in thinking concretely about which doors people enter for services.
- Miranda questioned is there a need to think about the system that should be designed to meet that family? Steps and delivery of services discussed.

Break-Out Group Exercise

- Dr. Cannata did an overview of information (i.e. risk factors and outcomes) obtained from last week's break-out group B. Members were informed that they would follow this example in their break-out group.
- The configuration of this week's break-out groups was discussed by Dr. Cannata. Due to the narrow focus of group B (Services for individuals with foster care experience. Mostly likely teens) and the more defined group C (Services for youth at high risk for law enforcement contact/system involvement), members of these groups were asked to join the remaining groups.
- Question: There are States who plan to do an evaluation of a model, can we get information about how to partner with another organization to evaluate a model?
 - Response: Dr. Cannata stated that if you have an idea of an intervention or service that's manualized and targets an outcome that we are interested in and it addresses FFPSA factors you would put that under potential program.
 - Comment: Research takes years. Dr. Cannata encouraged members to take a look at the FFPSA Clearinghouse, which has a sixty-five page manual for criteria selection.
- Miranda mentioned to make note of any identified programs that there is belief that there is some evidence that fits with the outcomes in the population. The next step is to dig deeper into the actual evidence of research and align that with the manual.
- Group C template reviewed.
- Dr. Cannata instructed the groups to work on the programs or services that exist or are needed to reduce child removal that the Candidacy group will need. Group members were reminded to keep Areas of Focus (Mental Health and Substance Abuse Prevention and Treatment and In-Home Parent Skilled-Based Programs and Services) and Outcome of Domains (Child Safety, Child Permanency, Child Well-Being, and Adult Well-Being) as part of the outcome to be highlighted and matched to the models.

Follow-up Break-Out Exercise

- Each facilitator was equipped with a template to guide the discussion and each group was asked to provide a report of their discussions.
 1. **Group A** (Joan and JoShonda). *Focus- Families with accepted Careline calls and accepted Voluntary Services.*
 2. **Group E** (Marcy). *Focus- Families and Youth experiencing substance use disorders or co-occurring mental health conditions/disabilities impacting parenting.*
 3. **Group F** (Mary). *Focus- Families with targeted behavioral or other health-related need.*
 4. **Group D** (Kim). *Focus- Families and Youth with very specific needs.*

Break-Out Report to Workgroups

- Elizabeth D. stated earlier we alluded to the fact that as we identify models, we would need additional information about the levels of empirical support and identified gaps in services. Volunteers will be sought.
- Dr. Cannata stated that members would be asked to spend no more than an hour seeking this information. A grid (prioritize the questions), as well as places to seek this information would be provided. The inventory of information is potentially large, so group members help is needed.
- Dr. Cannata stated that we have been inventorying all the models that have been approved on the FFPSA website. We have filled out a table of information, so the request for models, is for information not included or unavailable in Connecticut.
- Members who are willing to do the model research were asked to provide their name and email to their group scribe. A template with questions will be provided.
- Each group was asked to report:
 - What additional programs/services did you identify to match needs of your group?
 - Is there exploration of those programs/services to determine levels of empirical support?
 - The identified gaps in programs/services to match a need in your Candidacy group.
- **Group F (Caregivers who have/or have a child with mental health conditions/disabilities impacting parenting and Families seeking Voluntary Services):**
 - Item #1 was skipped, due to the addition of services. This group struggled with discerning what should and should not be on the list. This group listed all the needs of their target group, which they noted as being large.
 - Identified gaps: ABA and Trauma-Informed approaches, services for children with intellectual disabilities, and services for caregivers. Stan will research ABA and Trauma-informed approaches.
 - The group identified models on the California Clearinghouse that work with parents with cognitive limitations, the grandparents and workforce development. These models will be added to the list.
 - Tanya will be looking at Caregivers mental health. Darcy Lowell will work with this group in obtaining additional information.

- **Group E (Caregivers and Youth Experiencing Substance Use or Co-Occurring Mental Health Conditions/Disabilities Impacting Parenting).**
 - This group added capacity care for families, community integration, health care, housing stability, education, going back to work, and other wrap around services that would enable family stability.
 - Caregiver's models added: MDRF and Choices (OB-GYN Program).
 - The only evidenced-based model listed by this group for caregivers was MST.
 - Children models added: SMART (for teens), ACRA-ACC, MST, FST, and MDFT.
 - Outcomes: Living within a family unit, lack of parental involvement, and stable housing for substance abusing youth.
 - Substance Exposed Infants. The group did not have outcomes. The group added from the child and parent standpoint: normal developmental trajectory for infants and children, social and emotional cognitive physical language, physical health, safe environment, secure attachment with caregivers, stable housing, and sober caregivers.
 - Models: Parent as Teachers, Child First, and FBR.
 - The group added to their list- Eat, Sleep, and Console. This model may not be evidenced-based, but should be considered by Connecticut. Darcy will follow-up with the developer of this model to obtain data.
- **Group D (Trafficked Youth; Unstably House/Homeless Youth and Families Experiencing Interpersonal Violence).**
 - The group identified fifteen (15) models.
 - A recurrent issue discussed was that housing is not reimbursed.
 - Question: Can we offer within housing options of services that can be reimbursed?
 - The names of group members and the models they committed to research were provided.
 - IPV Models: Explore and Evolve, Mothers and Fathers for Change, MST, Safe Housing and IPD. Group members volunteered to research these models.
- **Group A (Families with accepted Careline Calls and accepted Voluntary Services).**
 - A majority of the groups' time was spent reviewing the outcomes comprised from the last group discussion.
 - The group identified twenty-nine (29) models that could be attributed to potential Careline calls. Twelve (12) of the twenty-nine (29) are on the Evidenced Clearinghouse list. There are several other models currently under review.
 - Twelve (12) models are not listed on the Clearinghouse. Of those twelve, the group identified nine (9) models believed to have some thread of evidence that we can begin to research.
 - All of the models indicated on this groups' list are available with the exception of FFT Child Welfare.
 - Siblings of Children in Foster Care. This group looked at services that would reduce trauma, as well as address grief, loss, separation, attachment, anxiety and potential behavioral health needs. The group felt that programs already listed in Category 1 would address this population.

- Four models for siblings were added: ARC, Circle of Security, Parent-Child Psychotherapy, and Attachment and Bio-Behavioral Catch-Up (currently not available in Connecticut).
- Identified Gap related to grief and loss: While there is a sub-section of TFC CBT, the group could not come up with any additional resources. A member mentioned 3-5-7 as a recommendation. It could be researched.
- The names of the nine (9) models with some thread of evidence was shared. Members volunteered to research various models.
- Question: Is what we are doing here, being replicated in every other state that is seeking out evidenced-based practices? Are other states compiling an aggregate master list?
 - Response: Casey Family Programs has been collecting data about what models are being included and the plans submitted. While we will be looking at this, we are mapping to our Candidacy groups.

Follow-Up Actions

- Members who volunteered to do model research were asked to give their names to the group facilitator.
- A follow-up email, along with a template and four basic questions will be sent out.
- Co-leads proposed to meet next week, February 27th 1pm- 4pm, at the DCF New Haven Area Office to review the information that will be compiled from the templates and to continue the conversations.
- Details regarding the February 27th meeting will be sent out.
- The co-leads will be synthesizing the feedback obtained from the facilitated break-outs.
- Dr. Cannata will send out the template tomorrow morning- February 21st.
- Members were requested to provide model research information by Wednesday- February 26, 2020, end of the business day.