CT Family First – Candidacy Workgroup

Date of Convening: January 24, 2020

Agenda

- Welcome and introductions
- Feedback on potential candidacy groups
- Feedback on broader prevention plan target population
- Strategize additional data needs
- Action steps

Reflection and Mood

- Workgroup members were asked how they were feeling about their progress and their definition:
    - Excited to move on to the broad definition!
    - One person asked how we are connecting our group with the Programs and Service Array workgroup. Are there checks and balances between groups?

Potential Candidate Groups

- In the past few meetings, the group has identified several populations to include in the draft definition of candidacy for Family First; however, members were concerned that so far, the workgroup has not taken a broad enough approach. All the identified populations were involved in the Department of Children and Families (DCF) in some way (e.g. Careline call, sibling of child in foster care, etc.). The group wanted to take a more upstream approach and decided that it therefore made the most sense to begin this meeting by discussing community pathways that might be able to identify Family First candidates.
- Workgroup members brainstormed several populations to discuss, and it was suggested that when possible, members try to connect this population to the service categories to show why they relate/belong in the small circle:
    - Children with disabilities--these kids often end up in the Juvenile Justice system, though that involvement depends a lot on the school system and how they route students who act out.
    - Kids experiencing violence (IPV)--identified through shelters or community organizations.
    - Children who are being groomed for sexual behavior by coaches, teachers, or other school staff.
    - Truant youth

- Children in preschool with repeated absences--these students are not as on the radar because preschool is not required, but these students are often at risk for DCF involvement. It is also a discreet category, as these folks are different from older kids who are truant.
- Front door Careline calls that are rejected (non-accepted referrals)

- Before fully discussing each of the above groups (as well as some others who came up during the meeting), Dr. Elisabeth Cannata, Co-lead for the Programs and Service Array workgroup, gave a quick update on what her group has been discussing. This would help orient the Candidacy workgroup to how their decisions will be used by other workgroups:
  - First, the Programs workgroup visualized Connecticut's continuum of services that strengthen families by mapping out available interventions at different stages of DCF involvement. The continuum ranged from primary prevention to interventions during placements to aftercare supports. Dr. Cannata explained that their workgroup is currently focusing on primary prevention and targeted interventions to support/strengthen families, both of which occur prior to removal.
  - The targeted interventions category (prevention services but not primary prevention) was split into two groups: parent-focused or child-focused. Any treatments that were on the clearinghouse were highlighted, as were those that were well-supported.
  - Programs and Services met the day before; they felt that Candidacy's broad definition of "all accepted Careline calls" was difficult because so many of the services on the continuum are targeted for a specific population.
  - It was clarified that although the services must be tracked on the child level, it is often the parents that are the focus of the intervention; this is consistent with the legislation.
  - Dr. Cannata explained that the service development in Connecticut has been moving towards family-centered programs for a while now.
  - The group liked this conceptualization of Connecticut's service array, but several people felt frustrated because it is hard to know which should come first (programs or the definition).
  - One person pointed out how many programs Connecticut already has and wondered if instead of just discussing who needs services generally, we

should drill down and ask who needs X service but is not getting it? This way, we would be focusing on enhancing existing services.

- Another member agreed that Connecticut is rich in evidenced based programs (EBPs) and services, but we cannot supplant funding (meaning if X program was funded by Medicaid, we are not able to replace that funding with Family First dollars). However, maybe we could make sure the Fiscal workgroup tries to maximize our Family First funding so that we can free up state resources to fund things that are not on the Clearinghouse. Essentially, this member hoped it would be possible to reroute money back into the Child Welfare system rather than giving surpluses back to the General Fund. They are hopeful and optimistic that the Fiscal workgroup understands the implications of what they will be funding.
    - JoShonda explained that she feels that the Fiscal workgroup does in fact understand these implications, although she was not sure about the question on the general fund. She also let the group know that the Fiscal workgroup is working to leverage other funds (such as TANF - Temporary Aid for Needy Families) and other federal fund sources.
    - Dr. Cannata agreed that it would be helpful to learn more about funding to maximize it, then creatively reshuffle funding for programs.
    - JoShonda also clarified that there is no cap on how much money we can receive as services and admin cost are reimbursed at 50%. She reiterated that we do not want to focus on the fiscal in this workgroup because the goal is designing the best system for families, then building the funding around that. If we focus too much on the fiscal, we might limit ourselves.

- At this point, the group began to discuss potential populations in more detail.

Community Pathways

(1) Parents with Mental Health and/or Substance Abuse Issues

- This is a population we discussed on its own in both of the previous meetings. In this discussion, the group considered whether instead of broadly including these folks in the definition, perhaps they could be added as part of the community pathways route.
- In previous discussions, this has been a very contentious group. Ultimately, the discussion has come down to tension between a desire to get these families access

to service and a fear that including them in the definition will further stigmatize an already highly stigmatized population.

- Co-lead Jeff Vanderploeg clarified that inclusion in the candidacy definition may help increase access to needed services, and may be separate from the issue of whether these populations experience stigma.
- However, many workgroup members still did not feel comfortable including this population in the definition. As one person explained it, the current phrasing does not consider different classes of diagnoses and perpetuates the idea that these people cannot parent correctly.
- Still, many people in the group did want them included via Community Pathways. Data-wise, both mental health and substance abuse are among the most frequent reasons given for removal. Another person felt that by not including them, we are denying them services--this is a way to provide support to those that are struggling. They felt that including them in the definition could bolster the community's ability to connect their families with services, thereby preventing removal.
    - One group member felt somewhat doubtful at the idea of connecting families with services; a lot of substance use work right now is not family/child focused.
    - Chapin Hall Policy Fellow Miranda Lynch responded to that point, saying that the facility could do a referral for families who may need additional support. This may be difficult now, but we have an opportunity to create a system for this.
- One of the providers in the room who does home visiting explained that including this population would be very helpful to their work. Right now, when they can tell something is wrong, they have few options unless it has risen to a level that is serious enough to call the Careline. They felt it would be very beneficial to have another option, such as another agency or a "warmline" of sorts. Others agreed. For lower risk situations, Family First programs would be able to intervene. It's also important to keep in mind that even very mild substance use issues can put young children at high risk.
- It was suggested that perhaps we include this group with limitations based on the data, as some levels of mental health and substance use disorder can indeed put children at risk.
- Jeff Vanderploeg reminded the group that with all of the recommendations, it should be assumed that there will be an assessment in place and parents are accepting

these services voluntarily. These services will not be forced upon any family with mental health/substance use issues; families will have their needs assessed and only receive services that match their needs if they so choose. With that in mind, he asked whether the group felt more comfortable including this population.

- For those that did not want to add this population, this point did not alleviate their concerns. One person explained that they feared how the community would understand this definition; for example, that they would read it and assume that all parents with mental health/substance use needs ought to be assessed. Who is interpreting this definition?
- Briefly, one person suggested that we limit this to only professional referrals, and another member pointed out that multiple diagnosis is fairly common.
- Again, members who were in favor of including this population reminded the group of the first meeting, when members generally agreed they wanted to take a broad approach and not limit ourselves by our current system. While this member shared others' concerns, they felt that not including this population would be putting up a barrier to a population that needs support.
- It was suggested that perhaps we ought to shift our focus from parent to child. Up to this point, the discussion was on parents with mental health/substance use issues, but if we could narrow the definition to situations where the child's welfare is at risk (but not enough risk for the Careline), we might be able to agree on this definition. It is really the lack of intervention that causes greater risk later. However, some felt that this is what we were trying to do when the group chose to include infants identified through the CAPTA portal.
- One person requested clarification on what we are trying to prevent, out of home placement or DCF involvement? They explained that right now, we do have interventions for high-risk substance use, but the criteria involves abuse/neglect and often removals. The stigma associated with this population is not new, and they felt that excluding them from the definition would not help destigmatize them.
- A workgroup member reminded everyone again that right now, we are discussing a pool of individuals determined to be candidates for assessment. There would then be an assessment to determine the needs of the child and family to then match them to services, which the families would then accept (or not). The group member felt that the concerns raised above are very valid considerations, but they have more to do with messaging and engaging. How do we call in these groups and normalize services?

- A provider requested that we emphasize the distinction of early childhood and differentiate it from other age groups. Another member agreed, pointing out that younger kids are at greater risk throughout the system.
- One person wondered if maybe the screening tool would help determine the threshold for service access and help guide their definition. JoShonda agreed that determining a screening tool would be helpful, but that piece will come later. The hope is to blend folks from the Candidacy workgroup and the Programs and Services Array workgroup to develop this. It is hard to create this eligibility tool without having the definition first.
- Going back to the earlier point about messaging, one member felt that if we define candidacy appropriately, we can then message this as an alternative to DCF involvement. Lots of programs are reluctant to call the Careline but want to provide services. As providers, they have a better relationship with the family and can make these recommendations in a productive way.
- In the end, the group felt they were rehashing the same points and opinions were not moving. Instead of continuing this discussion, they finally decided to push this decision up to the Governance Committee for a final determination. They felt it was important that the Governance Committee understand the tension between the desire for services and the fear of stigma.

(2) Non-Accepted Careline Calls for Children with Disabilities

- The group moved on to the other subpopulations in the Community Pathways category, starting with non-accepted Careline calls involving children with disabilities. A member pointed out that these children are especially vulnerable.
- Some felt this group belonged in the broader category, with one person pointing out that even when children with disabilities are involved, the call is usually not about the disability but another reason. The Department might not even realize the child has a disability until they look into the case more.
- One person discussed the concept of "screening out" calls and asked whether calls should instead be "screened in" if children are at risk for abuse/neglect (ex. Due to stressors in the home). Another person agreed and felt that there should instead be another track at the Careline where the person is screened in for services (but not an investigation). While the group agreed that this could be useful, several people felt that this path did not belong with the Careline. A path to services would be better

for a 211 line rather than encouraging people to call the Careline when it may not be necessary.

- A workgroup member cited the statistics from Presentation Day: there are around 59,000 referrals to the Careline but only 28,000 are accepted--what about the 30,000 calls that are turned away at the front door? However, the group as a whole went back to the cut that they made weeks earlier which said that only accepted Careline calls would be part of the definition.
- The possibility of pushing Careline calls to 211 or Beacon for further services remained somewhat on the table, and it was suggested that this be pushed to governance.

(3) Children and Families Experiencing Intimate Partner Violence (IPV)

- The group moved on to discussing children and families experiencing IPV. These families would be identified by either community-based providers or law enforcement.
- The group agreed that these families need services, but what kind of services do we have that they would need? The group felt that this ought to be a yes but struggled because right now there are no services specific to this population on the Clearinghouse.
- A DCF employee pointed to studies that have been done on removals and explained that their analyses showed that these children are not at risk of removal. This was a surprising finding, and the analyst did feel that this may be due to other factors (e.g. children often stay with one parent but not both).
- Briefly, the group discussed whether it made sense to say "sister agencies with heightened concerns" instead of specific community pathways for this overall discussion; however, the group decided not to do this because it could be difficult to track and it would be better to have more structure surrounding this pathway.
- Some in the group felt concerned that even if this population were included, they would not get services that they need. Another person shared that while they were originally leaning towards yes for this population, the data point brought up made them feel like this belonged in the broader prevention plan.
- One provider was wary of the data and felt it was worth digging more into it (especially the reasons why this might be true statistically). It does not match their experience, and they felt it should not be taken at face value.

- The statistician explained further that they did control for other factors when doing the analysis, and afterwards, they spoke with social workers to ask them what explanations they might have for this. Social workers felt that maybe it was because these families could access existing services or that this issue was the reason for the referral. Another member suggested it is because IPV is a more concrete issue that can have a more concrete resolution, rather than something more nebulous like housing insecurity or addiction.
- The group decided in the end to keep this in the broader plan but keep an eye on this population and dig deeper into the data.

(4) Truant and Chronically Absent Youth

- This population would be identified by families, schools, and possibly police.
- One provider explained why they felt this was an important population to include: these absences are often due to problems at home (especially relating to economic stability) and they have high correlations with later school performance.
- Another member talked about the Department of Education Task Force for Absenteeism and explained that there are very high amounts of disability absences; however, they were unsure of whether this ought to be considered a child welfare issue or if it is better left as an education issue.
- One person then explained that in early childhood, absenteeism often reveals problems with mental health or substance abuse issues, and this is a way to bridge a gap that the Programs and Services workgroup has identified.
- One of the workgroup members pointed out that Connecticut is high on the national rankings for education and questioned whether adding this population to the definition would say to the feds that we need more money for education? The group did not agree, as this is not relating to the quality of education but to absenteeism as a frequent sign of instability in a child's home.
- The group voted on this population and voted strongly in favor of inclusion. There were not major points of dissent.

(5) Sexually Groomed Kids in Schools

- Along with this population, it was suggested to also add children with sexualized behavior. The group discussed both of these populations as they are often hard to place.

- The group was unsure of the practicality of including this group, and one person asked to clarify where this group would present? How would community providers find out about these children?
- Other group members suggested a few different places: some of the behavior is criminalized, so it could show up through the juvenile justice system, but it is more likely that they would present at the school level. Others agreed that DCF or law enforcement would be likely pathways. Parents and professionals were also brought up as potential routes.
- One reason folks felt this group was important is that they are often placed out of state; we should do a better job of creating services for them here.
- The group felt unsure of including this population given the overall lack of data. Without understanding where on the continuum to identify these kids, it feels hasty to add them. For now, the group decided to push this back and possibly discuss later.

(6) Families with Risks (Identified by Office of Early Childhood (OEC) Home Visiting)

- This was a very brief discussion as the group did not feel this population should be included in the definition. While they agreed home visiting is a great tool to identify families who may be in the candidacy pool, it should be a specific situation or risk factor that puts folks in the candidacy definition. The group felt this is very subjective and gives a lot of discretion to whoever is conducting the home visit. Furthermore, it is not just the OEC that does home visiting. Overall, this was not a specific enough population to include.

(7) Children of Incarcerated Parents or Parents Returning from Incarceration

- The group continued and began discussing other populations that might be identified via a community pathways route.
- This was a gap identified by the Programs and Services group, and the non-provider community (faith/cultural) identifies these families as of particular concern. Incarceration of a parent is also considered an adverse childhood experience.
- At this point, the group agreed that this population should be included.
- JoShonda asked for more clarification on the rationale behind including this population--is it saying that there is a problem at home?
- Workgroup members felt that it was not a problem at home that made these kids eligible but rather the trauma of having an incarcerated parent. There is a lot of data

on the harmful effects of incarceration and Family First also includes child-focused services. In particular, trauma-informed services for the child would be helpful.

- A data point was brought up: 8% of children entering foster care are due to a parent being incarcerated (down from 12% last year). Of course, adding this target population will not prevent those incarcerations and will not address the root of the problem (incarceration itself), but this data point does show the interplay between DCF involvement and incarceration.

(8) Trafficked Youth

- A workgroup member suggested including trafficked youth. The group was initially confused as this population should be covered by the Careline, but one person explained that due to an anticipated policy change, DCF will only investigate youth trafficked by a caregiver. If the alleged perpetrator is not a caregiver, it will go to another track (law enforcement).
- To make sure all trafficking victims are included in the definition, the group unanimously agreed to include this population and explicitly say that youth trafficked by non-caregivers are included in the definition.

(9) Homeless and Unstably Housed Families

- There was some discussion on the terms "homeless" vs "unstably housed" to make sure that we are including "couch-surfing" and other housing options that do not provide families with a permanent home.
- The group agreed unanimously to include this population. They felt that shelters (especially family and adolescent shelters) would be good options for identifying these families.
- The Coalition to End Homelessness was brought up as a good resource for more information about this population.
- This was the last population that the group discussed as part of the community pathways umbrella.

Youth Involved with the Juvenile Justice (JJ) System

- The group began to discuss youth currently involved with the JJ system. As a whole, the group agreed that this population should be included in some way but had difficulty determining where on the continuum to intervene, especially given that the JJ system is in flux right now. The recent changes have made a big impact on both JJ and the behavioral health system. It is unclear what is being created

- To clarify, JJ youth are not in foster care unless they are dually committed.
- One person asked if we had data on youth with DCF involvement and what referrals were made to keep them in the community, but we did not have this information.
- Another member brought up the fact that it is hard to identify where these kids are because it is unclear who is tracking them. Currently, we only really know about the kids that are in the adult system.
- As a starting point for discussion, JoShonda suggested including children who are adjudicated delinquent. Others then suggested pre-adjudicated youth.
- Overall, the group felt that they were missing some of the data they would need to make a good decision. Many members felt that more clarification on where/how to get involved would be beneficial.
- The group tried to piece out how far upstream they ought to go. One person suggested starting at the Juvenile Review Board (JRB) level. These are used when police or schools do not want to put youth on a judicial route but do feel their actions have risen to a serious level. It can be considered pre-judicial involvement. The group felt generally positive about this population but were still unsure whether this was a good point along the continuum to intervene.
- One member asked for clarification on how reimbursement would work in this case. Is the goal still to keep kids in home, out of the judicial system? Would going to the Court Support Services Division (CSSD) be considered an out of home placement? The co-leads explained that CSSD would probably not be considered an out of home placement, and whatever funds we receive need to flow through DCF, so it would not be possible to "give" Family First dollars to the JJ system to keep their kids in home. Additionally, Connecticut has worked hard at using EBPs to prevent removal and recidivism so in effect, have already been somewhat funding this population.
- The group agreed that the JRBs would probably capture much of this population, but then members also started to discuss the Youth Service Boards (YSB) that exist in many cities in Connecticut. These also deliver support/services to delinquent youth and are even a bit more upstream than the JRBs. However, a problem with this option is that YSBs are very locally based, meaning there is little consistency between towns. It may not make sense to use this level due to the differences between YSBs in different towns.
- One person suggested using schools as the intervention points, but the group struggled to visualize what a school-based intervention would look like in this case.

School Resource Officers (SROs) were brought up as a possibility, but not all schools have SROs.

- The group still was unsure of where on the continuum to intervene (school, YSB, JRB, etc.) and so they decided to table the discussion for the time being and come back to it at the next meeting.

Community Pathways?

- One of the members felt that the concept of community pathways was not built out fully and could be more inclusive. They wanted to find a way to make sure smaller organizations (particularly neighborhood-based, faith-based, or cultural organizations) could be included. There are many families who will not go through DCF or provider pathways but who will be known to their local community. How do we craft avenues for these organizations?
- One person responded to this, saying that they felt like these organizations were already incorporated in the definition under the community pathway category.
- The member who brought up this concern felt unsure about what constitutes a community program. If this is broad enough to include smaller organizations, then this is not a problem.
- The co-leads agreed that in theory, this does include smaller organizations. This might be an issue the group will need to tackle in implementation, since capturing referrals might be challenging with smaller organizations. We would need to build a referral tracking process for these organizations.
- One person wondered whether it would make sense to change the language to "Community and neighborhood pathways" to highlight smaller organizations.
- The person who had raised the issue felt that maybe the group members should talk to smaller sister organizations about how we would want to imagine this language/category, as well as tap into existing knowledge in the state (e.g. Justice Advisors).

Recap of Populations

Included in the Definition

1) All accepted Careline calls, no matter FAR or INV, including voluntary services
2) Infants born substance-exposed
3) Youth exiting foster care to permanency (including those who age out)
4) Pregnant/parenting youth in foster care

5) Siblings of youth in care
6) Community pathways
    a. Chronically absent youth
    b. Youth of incarcerated parents
    c. Trafficked youth (non-caregiver)
    d. Unstably housed

Tabled Populations

1) Children of parents with mental health/substance abuse issues → tabled for Governance committee
2) Juvenile Justice-involved youth → included but tabled until group can determine where in the continuum to add services
3) Youth groomed for sexual behavior and/or youth with sexualized behavior → tabled pending more data

Next Meeting

- The group's next meeting is on **Thursday, January 30th from 1-4 pm at CHR in Manchester.**