

CT Family First Candidacy Meeting Notes

Date of Convening: December 10, 2019

Agenda

- Introductions
- Review from Last Week
- Summary & Level Set
- Reflections
- Chartering Discussion
- Brainstorming
- What else do we need to know?
- For next week

Review from Last Week

- Materials & communications
 - All materials will be on the website (<https://portal.ct.gov/DCF/CTFamilyFirst/Home>)
 - All communications can go through the email (DCFCTFAMILYFIRST@ct.gov)
- Family First Review
 - Goal is to craft a prevention plan by spring and implement it by fall
 - Focuses on prevention, in-home services, evidence-based practices (EBPs), and quality group home care
- Candidacy Review
 - Create a comprehensive vision and recommending a definition for “candidate” for our prevention plan
 - Last week, the group was leaning towards a broad or medium broad definition based on a quick poll of the room
 - Keep in mind Family First is one funding stream of many
- DCF: Partnering with others
 - We are looking at the child welfare and prevention system, not just the child welfare agency (DCF). We are trying to build a better system.
 - Last week, we discussed who was missing from the table. We will be taking steps to reach out to those folks to bring them to meetings and to solicit their input outside of our meetings.
 - Along with that, we want to acknowledge the fear of net-widening and the stigma attached to DCF. There is some hope that we could perhaps

create methods for families to get resources without having to go through DCF—we would need to discuss further what this could look like.

- What Resources + Data We Need
 - FAR data
 - Substance use portal
 - National context
 - Disproportionality
 - CRT

Reflections—What resonated with you from last week?

- **Feelings of anxiety, expectations, and hope:** Right now we are looking at a blank sheet, which means there is a lot of potential for good, but there is also the possibility of harm. However, we should look at this as an opportunity to create positive change for the children of Connecticut.
- **Talking the talk vs walking the walk:** We cannot reform the system if we continue using the same frames as before. We need to make sure we are calling each other out when we see someone slipping into previous frames. Again, it is important that we remind ourselves that we are shifting from a child-based system to a family-based system. We therefore need to trust that families want to take care of their children and know their needs best.
 - Along that same vein, we also need to establish how we will speak about Family First to others. The DCF Team is currently putting together messaging (myths, big points, resources) that will help with this.
 - Ultimately, this is not just an initiative, this is how our system will operate.
 - The work does not end in the planning stage—implementation will be the real challenge.
 - We also want to help others understand where they can refer families rather than having to go to DCF.
 - One person brought up the question of messaging vs. framing. Messaging is coming up with a general pitch that we would give to people, whereas framing means highlighting the values that we want to communicate when we talk about Family First. We want to pull as many perspectives as possible into our framing of this plan.

- **Structural silos and potential barriers:** There are concerns that we will be unable to work across systems and integrate other agencies and institutions.
 - Someone brought up the Children’s Behavioral Health Plan as an example of a collaborative structure that we should be connecting with.
 - Along with this, one person brought up later in the meeting that it feels like there is a disconnect between parents and organizations (this was brought up during the charter discussion but it seems to fit the theme of fear of silos). Essentially, the member brought up that a lot of folks in this discussion know each other well and are familiar with the services each provides; however, it seems like this knowledge is not put into practice when providers interact with families. It would be useful for providers to consider their own connections when referring families to services and point them towards other providers they know rather than to DCF.
- **Lack of trust in DCF as an institution:** Prevention services do the most good for the same communities that do not trust DCF. We should ask ourselves how we plan on overcoming this barrier and how we generate trust in these communities.
- **Pride in CT’s approach:** One person expressed pride in the way Connecticut is handling the prevention plan and our decision to collaborate with the community and co-create our response to Family First.
- **Too big a bite:** Another person discussed their concerns that we may find ourselves talking in circles if we have too broad a scope. Trying to account for every single perspective without structure might stunt our ability to create a definition. We can’t get too stuck in the weeds, especially with our tight time frame. Along with that, there is also some anxiety about our status as a lynchpin for the other groups.

Chartering

- What is this?
 - A charter is a document summarizing a group’s agreement on its purpose, goals, and objectives. It includes an agreed-upon timeframe, scope, deliverables, and guidelines/ground rules. It is also beneficial because it

specifies individuals' roles/responsibilities to the group (e.g. preparation, feedback, etc), how the group will make decisions (consensus, majority, etc.), and clarifies the power hierarchy of the group (both within the group and as it relates to other groups).

- Does the group want a charter?
 - Yes. After some debate about the merits of spending time on a charter with a limited time frame, the group ultimately determined that it would be beneficial to establish a charter. It would be particularly helpful for outside folks (like parents or families) who are coming into the group for meetings so that they will know the expectations going into it. It will also help those who are unclear of their role within the group or how the group's recommendations will be included in the final plan.
 - A charter will be drafted up and sent out prior to the next meeting for the group's discussion and approval. It is clear that the group wants the charter quickly.
 - The group also decided that their final recommendation will be based on a majority vote, with minority opinion voters getting a few minutes to explain their perspective to see if anyone changes their opinion. While the group will put forth one recommendation for the definition of candidacy, any dissenting opinions will also be included in the minutes and the deliverable so that the governance group can make the most informed decision possible.

Brainstorming: Exploring Existing Pathways to Family Stabilization/Support Services

- What kinds of situations, factors, or characteristics put children at risk of removal? Many of these apply to both the child or the family:
 - Homelessness
 - Substance use
 - Poverty
 - Mental health issues
 - Intimate partner violence
 - Social isolation
 - Medical/educational neglect
 - Disability/specialized needs

- Juvenile justice
 - Incarceration
 - Complex and/or chronic medical needs
 - LGBTQ children
 - Human/sex trafficking
 - Undocumented
 - Pregnant/parenting teens
 - Out of home placement (generally—through court systems or informal mechanisms)
 - Children of parents returning from incarceration
 - Youth aging out (18-23)
 - Early head start/early care/early learning
- How do we find out about kids in these situations? Who knows about them?
 - Careline (primarily)
 - Schools
 - Congregate care settings
 - Medical providers
 - Parenting services
 - Law enforcement
 - Juvenile, probate, and family court
 - WIC program
 - Non-accepted calls
 - Charities (such as Salvation Army)
 - Shelters
 - Methadone clinics
 - Crisis centers
 - In-home supports
 - Spiritual leaders & religious spaces
 - Grassroots organizations, such as Hartford Knights
 - Libraries
 - **Families!** The people in the family know (though they may not feel comfortable reaching out to DCF for help), as may other families that they lean on for support
 - Who often knows children and families who are at-risk, that we don't hear from?
 - Schools (teachers, School Resource Officers)—they are often among the first to notice when something is wrong, and they are often the ones who call the Careline.
 - Law enforcement

- Community providers
- Faith-based organizations
- Kids/families (but as previously mentioned, they often don't/can't reach out)
- The rest of this discussion was incomplete as we ran short on time and had to move on to our next point.
- Some notes on this brainstorming session:
 - Importantly, when we consider how kids come into contact with DCF and why families need support, **we cannot ignore implicit bias and systemic inequality**. We know that bias significantly influences individuals' decisions on who is "struggling" and when to call the Careline. Certain races and zip codes are disproportionately represented in all stages of the child welfare system. Furthermore, many of the risk factors mentioned above impact different groups disproportionately, which then compounds and further increases their risk of contact with the system. It was suggested that perhaps we include the DCF Racial Justice Group in meetings to get their input to make sure that racial justice is included throughout the process.
 - Remember that we are identifying a candidate population for Family First, as well as crafting a vision for a prevention plan for all of Connecticut.
 - The group is encouraged to focus on gaps in the system, identify the unmet needs that create this gap, then review and analyze data to confirm/deny our assumptions about this gap. Of course, data can be inconsistent (for example, self-reported data vs other methods may yield different results).
 - **Systems are dynamic**, not snapshots. As we are looking at the system, we need to remember that programs and initiatives are constantly changing. For example, there is currently some work being done around Voluntary Services, which may impact our work and assumptions.

- We should remember who is in the room and question our own biases. One member pointed out the way we are already “sanitizing” our own language and actions, highlighting the phrase “at risk of removal” as an example of this. The way we talk about these issues often does not reflect the pain that families feel, and we cannot gloss over something as traumatic as taking a child from their family. We need to stop protecting ourselves and whitewashing our actions. Along with that, when considering our hope of soliciting feedback and getting others’ opinions, we need to keep in mind that sometimes our very presence in the room creates a barrier to input. Children and families understand that many people will report them to DCF if they disclose too much about their situation. Regardless of whether they are mandated to report by their role or they simply feel obligated to tell someone, this means that they are not trusted by families. We are a part of the child welfare system, and this means we need to reflect on our own positionality and be aware of when our biases influence our perspective on these issues.
- It was also suggested that perhaps social media could be used to get information from, or to, people who will not or cannot attend the in-person meetings.

What do we still need to know? In addition to what was brought up last week...

- More information about kinship care—specifically non-permanent kinship care-- so we can examine why the kin was not able to be a permanent caregiver for a child
- More information on considered removals
 - Examining this practice, looking at data on preventing removals and the factors that led to this, and engaging fathers
- Family arrangements (NOT DCF care)—what happens next in these situations (good or bad)?
 - AC opinion: Jeanette Blackwell explained that while we may be able to pull up some data around this, there have been recent policy changes that

may make the data less accurate. There is a new definition, and it is unclear whether workers are actually using the new system to track these cases.

- Integrated family support w/ Beacon (substantiated, outside DCF)
- High-level Careline data
 - Birth-3 services
 - Accepted/non-accepted cases
- Program service array (especially what programs we have found effective)—we need to know what already works
- Family Assessment Track info (already a mini-system for prevention in place)
- More info on kids who age out/sign out
 - How does that process unfold? How many do this? Who applies and does/does not get back into care?
 - Perhaps a peer-facilitated focus group would help get info on this
- What's in the Clearinghouse so far?
 - There was some debate on if we want to look at this info. There is some fear that this will intimidate us and scare us into limiting our vision, especially because there is not much in the Clearinghouse yet.
- Potential online workspaces
 - If there is a way to electronically manage the project and solicit feedback, it would be helpful to know more about this and discuss whether we want to implement it in our process.

Next Meeting:

Our next meeting is **December 19th from 9 am – 11 am**. We will be meeting at **CHR (3rd Floor) at 444 Center St, Manchester, CT, 06040**. The group's homework is to read through the Washington DC and Utah reports on the Family First website.