

# CT Family First – Candidacy Workgroup

**Date of Convening: January 30, 2020**

## Agenda

- Welcome and Introductions
- Review and discussion of Governance Committee meeting
- Workgroup discussion and refinement of candidacy groups
- Break
- Feedback on broader prevention plan
- Next phase of work
- Action steps and wrap-up

## Governance Committee Meeting

- Makeup of Governance Committee:
  - DCF Executive Team
  - Co-leads from every workgroup (both internal and external)
  - SAC members
  - Transition Team
  - Departmental partners
  - Family + youth voice
  - Folks who volunteered to serve on the Committee
- The group discussed its timeline and commitment, as well as the expectations and decision-making process for the Committee.
- JoShonda and Jeff gave a joint presentation in which they informed the Committee of Candidacy's discussions and recommendations. The Governance Committee asked questions about the populations discussed and then decided whether or not to approve them. The summary of these discussions is below:
  - 1) Careline Calls
    - There was a lot of discussion in this category. The Governance Committee approved this population but also made an important point about the importance of disability inclusion here.
  - 2) Substance-Exposed Infants
    - The Governance Committee expressed similar concerns as the workgroup did. They were worried about the economic and racial disparities regarding who is tested for substances. They also asked that the workgroup further clarify how we are defining "substance-

exposed." What kinds of drugs are included in that definition? What level of exposure?

- 3) Post-permanency youth and the age-out population
  - The Governance Committee agreed with both of these populations but felt it is important that we make clear that aging out is not a form of permanency.
  - We will need to wordsmith this population a bit.
- 4) Pregnant and parenting youth in foster care
  - The Governance Committee agreed with this population and approved it with no discussion.
- 5) Siblings of Children in Foster Care
  - After some clarifying questions, this was approved.
- 6) Community Pathways
  - There was a lot of discussion and further refining here.
  - The Governance Committee evaluated the workgroup's discussions about caregivers with mental health and/or substance use issues, and while they felt the fears about stigma were valid, they felt that this population ought to be included. They suggested "that impairs parenting" be added to these caregivers so that the focus is on the parenting itself and not on the substance use/mental health.
  - The Committee also chose to include families with children with disabilities to the Community Pathways group.
  - The Committee encouraged the workgroup to reconsider its decision on Intimate Partner Violence and dig into the data further, but they did not make any executive decisions on that and left it for the Candidacy workgroup to discuss further. To help the workgroup make a more informed decision, the Co-Leads invited Mary Painter, Director of the Office of Intimate Partner Violence, to the meeting to go over some of the data on this population.
  - It was also suggested that the workgroup discuss the LGBTQ+ population in more detail.
  - The Committee brought up the subject of folks with language barriers because the lack of services available in their language increases their risk of removal; however, the workgroup co-leads felt that this is not really a candidate but rather a place to bolster support. This

consideration will be brought to the Programs and Service Array workgroup, as it seems this may better align to their work opposed to Candidacy.

7) Youth at risk of Juvenile Justice involvement

- The Governance Committee agreed that this is an important population and encouraged Candidacy to refine this group. JoShonda and Jeff also noted that two of the workgroup members that would have a lot of insight into this population were unfortunately absent.

- Reactions to the Governance Committee Meeting:

- One person shared that they appreciated that the Governance Committee asked for reconsideration on several populations rather than broadly deciding (except for their decision on caregivers with mental health/substance abuse issues).
- The co-leads were asked if any decision has been made regarding the \$3 million in transition funds that Connecticut will receive. Further, how will we decide what is possible/most important to fund? JoShonda responded that this was likely something the Fiscal workgroup would need to decide. Also, she encouraged the group not to get discouraged because of how broad the candidacy pool was. It may feel like a lot of people and a lot of services, but we need to always remember the funnel. Fewer people will actually be eligible for/ultimately receive services than it seems right now. It is hard to really consider the capacity issues and reimbursement before we have mapped out our data on the service array. The workgroup should keep in mind that some of these services are also already funded in other ways, and that funding will continue.
- The discussion on finances continued; some of the workgroup members felt uncomfortable with being unable to control any of the funding after they finish the candidacy definition. In particular, there was concern because we have spent so much time discussing the data and the need to include certain populations--will the Fiscal workgroup really understand these populations as well as we do? Will they really understand the weight and importance? JoShonda explained that even though we are starting to finish up this part of the work, there is still a lot that this group's members can do to contribute to the Family First process. After finalizing the candidacy definition, it will be necessary to create the eligibility process (the screening tool, etc.) and

operationalize our definition. This is just one way that members of the Candidacy workgroup can continue to provide input.

- Others were also interested and concerned about the fiscal portion of the process. In particular, the fact that this is a reimbursement model made some folks curious how this money would go back into the system. If it goes into the General Fund rather than directly into DCF hands, what kind of advocacy is necessary to make sure the appropriations committee delegates that money back to DCF and the child welfare system. One of the workgroup members said that they have discussed this very question in their Public Policy Meeting; essentially there is a disconnect between revenue and appropriations. If they do not agree to increase the DCF budget, little can be done. At this point, we would either need to get them to invest more in the department or just know that this money will not come back into the system. Another member said that the part of the issue is the spending cap that exists--no matter your reimbursement, if you go over that limit, there will be an issue with OPM. The co-leads felt this conversation made more sense in the Fiscal workgroup and turned the group's attention back to the question of candidacy.

### **Family First Candidacy Definition: Populations Needing Further Refinement & Discussion**

- Interpersonal Violence (IPV)
  - Mary Painter and Weihai Zhan of DCF were present at the meeting to provide data to help orient this discussion.
  - Weihai used data from the Structured Decision Making (SDM) Risk Assessment tool, which defines IPV as 2+ violent incidents in the past year.
    - Of the 22,000 families that were followed for 18 months, the removal rate for families without removal was 2%. With IPV, the rate was 3.3%, but this does not control for other factors. This is the raw data.
    - After running the raw data through a statistical model which controls for substance abuse, mental health issues, and the age of the child, the removal rate is 2.5%. This is a bit higher than the removal rate of families with no IPV, but it is not a statistically significant difference. This is a very small impact for removal.
    - That being said, IPV is still a very high driver of neglect.

- Mary Painter discussed 2019 intake data.
  - There were 29,488 accepted calls, 15% of which included an allegation of IPV. This is consistent with past years; it generally ranges from 15-20%. This is based on IPV as an indicator--meaning someone would have to know about it during that initial call.
  - Researchers did a chart review and case review where they examined 100 randomly selected cases. In the chart review, IPV was present 26% of the time, and in the case review, it was present 43% of the time.
  - The substantiation rate was 29% when no IPV was present. When IPV was present, the substantiation rate was 50. When IPV was present along with mental health issues, the rate was 67%.
  - Of CRs (Considered Removal Meetings), 3% were specifically related to IPV (102). Of those, only eight ended with the children being removed. The limitation of this data is it only examines removals happening solely due to IPV and does not consider situations where IPV coexists with other factors.
  - For cases where children are removed specifically because of IPV, 42% of the time there is another unrelated report.
- One workgroup member brought up research by Macalester and explained that the impact of IPV is significant, and it usually does not occur in isolated incidents.
- The group began discussing where we might identify families experiencing IPV. The Careline will receive these reports, and many are likely experiencing unstable housing and would fall into that bucket--where else?
  - Shelters
  - Offender treatment (legal system)
  - Community pathways
  - VOCA (Victim of Crimes) programs
  - Hospital screenings
  - School level
  - Child support or other agencies that flag for this issue
- One person felt that by including them in the definition, we might be able to get better data on this population.

- Another member also brought up the fact that IPV is underreported for a variety of reasons, so we may not even be getting the full picture right now. Especially in the child welfare system, the fear that IPV would automatically mean their kids get removed might mean that some families do not speak up about it. There is also sometimes a lack of clear services to address this problem, and if social workers know there is no available service, they may fail to identify this as a need.
- Because of the data and the added stress and trauma that IPV puts on the children in that family, many members felt this should be included. It is an adverse childhood experience.
- Mary Painter also let the group know that we currently do have two services that would be available to families experiencing IPV: IPV-Fair (provided by DCF statewide) and an adapted version of MST (available in one region); however, both programs are currently full.
- The group agreed that IPV has a big impact on the child welfare system, and so they decided to include it in the narrow definition with no objections.
- Youth at Risk of Juvenile Justice (JJ) Involvement
  - In the previous meeting, the workgroup agreed that this population should be included, but there was still some need for discussion to decide how far upstream we want to go (adjudication, arrest, JRB, YSB, etc.).
    - The YSB (Youth Services Bureau) seemed to be the most upstream option, but they are also very inconsistent across towns. On the other side of the spectrum, the group seemed to agree that arrest or adjudication was not upstream enough.
  - One member brought up data from the Child and Youth Services Assessment that indicated that the JRB (Juvenile Review Board) is a successful intervention, and often those involved with the JRB never end up getting arrested or in trouble again. With that data in mind, it might be too upstream to intervene at that level.
  - Others were unsure of this; it is sometimes successful, but there is pretty big variability in success.
  - Some in the workgroup were unsure of why we were including this population. It is clear that many who are in foster care end up in the JJ system, but it is less clear how youth involved in the JJ system end up with foster care involvement. Others in the group explained that it will happen

after extensive involvement and intervention in the JJ system. For example, using data on 74 kids involved in the JJ system, 12 were recommended for placement (six in residential care and five in therapeutic foster care). Furthermore, a history of delinquency is a risk factor for older youth. For youth ages 13-17, it is the #3 reason for removal. This trend is also heightened for kids of color; they are 93% more likely to be removed than their white counterparts.

- One person in the group suggested using school data. Another thought perhaps instead of just broadly including all JRB-involved kids, we could narrow it to JRB plus some other risk factor; however, sometimes these other factors might not get identified.
- Continuing along the school pathway, it was suggested that SROs (School Resource Officers) be the referral point; they are good at identifying these kids, but the problem is that not all schools have them. The group felt that schools would be the ideal starting point, but unfortunately, we lack the research and consistency to make them the recommended referral mechanism.
- The group therefore agreed that the JRB would be the best place to intervene, and the screening tool would hopefully be able to drill down on specific risk factors. After a bit more discussion, the group decided to also include arrests in the definition because it is not a perfect continuum. Not everyone who is arrested went through the JRB first. By combining the two, we are being upstream while not excluding those that were not given the chance to go through the JRB.
- One person brought up the fact that if a youth has multiple arrests and siblings, the younger siblings may follow that same path. With that in mind, the group agreed that siblings of JJ-involved or arrested youth should be a part of the broad plan.
- Substance-Exposed Infants
  - The Governance Committee asked for further refinement on this population-- specifically, how is the group defining "substance-exposed"?
  - Mary Painter summarized the two-year discussions that took place around the CAPTA portal. The CAPTA portal does have a definition of substance-exposed that lists drugs. The two most important exclusions for our purposes are 1) tobacco and 2) psychotropic medications. Tobacco is not in the

definition because too many babies would be covered under this, although it is well-known that tobacco use has an adverse impact on pregnancy. The CAPTA portal referrals come from testing, self-reporting, or when babies show symptoms of withdrawal.

- The group felt that "any substance" might be too broad. One person suggested "illicit," but it was pointed out that alcohol is not an illicit substance.
- It was suggested that we use "affected by," but because it is not possible to prove impact, this might not be a good option.
- The group wanted to highlight the disproportionality that comes with CAPTA. Not all babies/moms are tested, and it is clearly stratified along economic and racial lines. Screening does also include self-reporting, but even so, this does not make up for these disparities.
- Ultimately, everyone felt it would make the most sense to just use the CAPTA definition. By trying to come up with a new definition, we would just repeat the two years of CAPTA discussions that have already taken place. It would also be confusing to have two definitions of substance exposed.
- Youth Groomed for Sex & Sexually Reactive Behaviors
  - Someone asked to clarify why this group had been brought up in the previous meeting. The person who brought up youth who were groomed for sex explained that this population had come up in a meeting in which folks believed that perhaps Family First funding could help address this issue.
  - The group felt that the above situation spoke to a broader point about our messaging around Family First. Some people know that there is a change in funding but do not realize that it is a reimbursement model intended for a narrow set of specific services.
  - The group felt that this population should be included in the broad prevention plan, and perhaps we can revisit it in later iterations of the plan.
- Youth who experience ACEs (Adverse Childhood Experiences)
  - This population was brought up and the group agreed it should be added to the broader plan.
- Families and youth experiencing the suicide or homicide of a family member or peer
  - This would be difficult to screen. Few other states have included this because it is unclear how it would be done.

## Break

### Community Partnerships: Populations and Discussion Points to Address

- In the Community Partnerships meeting on Jan 7, they reviewed the other workgroups' activities and provided feedback that may be relevant to Candidacy. As a group, Candidacy reviewed the questions and comments made by the Community Partnerships workgroup. Members answered questions as a group and provided clarifying feedback when necessary. Other discussion points were raised while going over the Community Partnership feedback as well.
- **Q:** The 0-5 program is relevant to candidacy; how is this being considered?  
**A:** Early childhood has been relevant throughout Candidacy discussions. The CAPTA portal is included in our narrow definition for Family First, and the OEC (Office of Early Childhood) is represented on multiple workgroups. The OEC has also expressed an interest in being involved throughout the process.
- **Q:** I notice that being in infancy is listed as a risk factor for removal. How does "being an infant" put one at risk of removal?  
**A:** Being an infant is defined as being less than a year old. The risk of removal for children in this age group is extremely high, and after a year it begins to decrease until about age 3.
- **Comment:** The OEC funds seven EBP models that range from very light touch to more involved. Some of these are funded by DCF, some are not. It would be great if we could coordinate these services better with DCF so that the continuum is smoother and more streamlined for families.
- **Q:** Are the people we are including in the broad also in the broad circle?  
**A:** Yes, the biggest difference is how it is funded. There will be some differences in how to track/assess between the broad and the narrow, but those in the narrow will also be considered to be targeted for prevention efforts broadly.
- **Q:** What is being done to include the voices of those in the Juvenile Justice system?  
**A:** We have a few people who bring their voice to the table, and in today's meeting we have addressed this population and included them via community pathways into our Family First candidacy definition.
- **C:** One Candidacy workgroup member wondered whether it would be possible to provide special mobile funding for certain geographic areas with higher problems. Miranda Lynch, a policy consultant from Chapin Hall with the University of Chicago felt that this could be possible if there were strong enough arguments on where

certain populations are and why that area would need special funding. The possibility of a geo-mapping project came up at this point.

### **Broader Prevention Plan**

- Throughout the meeting, there have been populations the group has decided fit better in the broader prevention plan. These folks, along with other populations we have identified at previous meetings, are on the list right now. At this point in the meeting, Candidacy discussed which populations we were still missing.
  - **LGBTQ+ Population:** These youth are at higher risk for homelessness, suicide, homicide, and abuse outside of the home.
  - **Uninsured Population:** Some families have insurance, but the deductible is so high that they miss out on medical appointments. They are chronically underserved. On a similar note, the Health Enhancement Communities (HEC) through the Affordable Care Act (ACA) is a state innovation model that wants to create networks of care (between schools, pediatricians, behavioral health services) that share data and provide better prevention. This is led by the Office of Health Strategies and they could be a good party to coordinate with. Right now, their efforts are focused on promoting healthy eating and communities, with the ultimate goal being to save money in the healthcare system. Another topic that got brought up here was the 2Gen plan happening in the state, which examines benefits claims, engagement, and the workforce. The group did not firmly decide on whether they should be added to the broad.
  - **Families Utilizing the Alice Program**
  - **Those Struggling to Maintain Employment**
- At this point, the group had no more populations they wanted to add to the broader prevention efforts. To summarize, these are all the populations included here that had been added throughout the Candidacy process:
  - Non-accepted Careline calls with various risk factors
  - Families with children ages five and under
  - Families identified as having a need by schools, medical community, legal community, or law enforcement
  - Families exiting Community Supports for Families program
  - Families with employment issues and financially unstable families
  - Youth with several ACEs

- Families utilizing the Alice Program
- Children with siblings involved in Juvenile Justice
- Communities, siblings, and peers of those who have experienced child fatalities
- LGBTQ+ population
- Youth groomed for sex/sexually reactive youth

### **Next Steps**

- With the narrow and the broad definitions complete, the charge of the Candidacy workgroup in accordance with its charter was complete!
- However, there is still a lot to be done that relates to Candidacy's work. Throughout this process, there have repeatedly been discussions about the eligibility criteria and screening tool that must be created. The group has also decided that a community pathway will be part of the candidacy definition, but no such path currently exists. These two main topics are things that will need to be discussed and created--and this is a perfect opportunity for further participation in the planning process. While these do not need to be included in the Prevention Plan, it makes sense to start the process early on so that the Fiscal workgroup knows what to fund--it seems that it would be a poor idea to uncouple it from the candidacy workgroup.
- As was just mentioned, Candidacy's charge is complete. However, so many members of the workgroup clearly wanted to continue, and their discussions made them particularly equipped to begin the above work. Because of this, members who are interested in continuing with the process are invited to future meetings for this next phase.
- The group agreed that a break would be beneficial. Some workgroup members had expressed a desire to get input from families in the meantime and wanted space to do that. Also, taking a break would provide the Community Partnerships workgroup time to add any other candidates they felt were necessary.
- The group already had four meetings scheduled for February, so in order to give the group a break, the first two meetings (scheduled for Feb 6 and Feb 13) were cancelled. The group will still meet on Feb 20 from 9:30 am-12:30 pm at Beacon.
- The group was ambivalent about including new members in this upcoming phase. Many members felt that it would slow things down if too many new folks were added. All of the discussions from the past two months would need to be reiterated, and it would take a long time to re-orient everyone. At the same time, the Co-Leads

felt it would be beneficial to have some people from the Programs and Service Array workgroup attend, since knowing the types of services that will be available would help create the screening tool and match people to services. The group agreed that this would be useful. As a compromise, the group agreed that the Co-Leads would invite a select number of people who they felt would be strategic to the workgroup. Additionally, they would make an effort to include those with lived experiences, as that is one group the workgroup has lacked.

- To sum up the next steps, the entire workgroup should keep an eye out for any additional populations that are recommended to be added to the broad definition by the Community Partnerships workgroup. Members should be ready to approve or deny these additions electronically. **Anyone who wants to continue with the next phase of planning should plan to meet at Beacon on February 20 from 9:30 am-12:30 pm.** A select number of new members will join for that meeting, including families with lived experience.
- As a policy fellow on the national level, Miranda Lynch wanted the group to know how rational and dedicated to the process they all have been. We all (Jeff, JoShonda and Miranda) want to express our gratitude to everyone who has contributed to this workgroup, and we are excited to see some of you continue with this new phase!  
Thank you!