CT Family First: Community Partnerships and Youth and Family Engagement Meeting Notes
2/4/2020

Agenda

- Welcome
- Introductions
- Meeting Frequency and Proposed Changes
- Review of Draft Questions
- Proposed Site Utilization
- Workgroup Updates
- Open Discussion
- Follow-up Items
- Closing and Wrap-up

Meeting Frequency and Proposed Changes

- As the group knows, it is this group's responsibility to review and provide input and feedback to each of the other workgroups: Candidacy, Fiscal and Revenue Enhancement, Kinship and Foster Care, and Programs and Service Array. Because the other workgroups all meet more frequently than once a month, getting timely information to the workgroup has been a challenge. The workgroup's Co-Leads, Beresford Wilson and Tim Marshall, asked the group to consider before the meeting what options might remedy this situation. They suggested either adding weekly phone/video conferences, but they asked the group what other suggestions they had. The group discussed this and came up with several options:

1. Continue to meet monthly for four hours at a time and agree to use the website as best they can to stay updated on the other workgroup's decisions.
2. Continue to meet monthly in person but for a shorter time and add weekly video or phone conferences.
   a. The group was unsure if it would be feasible to conduct phone or video conferences given that there are so many people in the workgroup. There was some concern that it would be tough to moderate and would end up too chaotic to be productive.
   b. The idea of a phone conference was quickly scrapped because it would be too difficult to moderate and hear questions fairly. The group agreed that a web-x or Zoom meeting would be much better, as it is possible to use chat boxes and see people who have questions.

c. Beresford proposed having a "core group" that meets once a week face to face rather than having the entire group meet once a week. The group did not discuss this option in depth.

d. One person brought up the fact that if the monthly meetings were reduced to two hours and three weekly calls were added, the time commitment would be five hours a month rather than four. The group is being asked to contribute more time than they had originally agreed to, and this should be considered when making the decision.

e. The group agreed that not everyone would likely be available for every call, but they would do their best to make it.

f. Beresford pointed out that Connecticut is often slow at embracing technology and he would love if Zoom conferencing was used at all workgroups so that more folks could participate. This may also help with our lack of youth involvement, which is a persistent problem in this process. Parents and community organizations could at least listen in and be more updated this way.

g. One person questioned whether the technology is something the Department can commit to. Tim Marshall assured the group that it was, and one person also confirmed that Beacon has the capability, so if needed, they could host the in-person portion of the meeting.

3. Change the meeting schedule to twice a month for two hours each.

a. Some felt that this would be a better option so that it could be more organized, and feedback could be delivered in real time.

b. Others were unsure if their schedule would allow for an additional in-person meeting every month.

4. Continue to meet monthly for four hours but have members also attend the other workgroup meetings so they are already up to date and can provide feedback in the meetings directly.

- The group voted on which of the above options they would prefer moving forward. The majority (21 votes) voted for the weekly web-x or Zoom conferences. There were 0-2 votes for keeping the four-hour meetings as-is, so the group was quite unanimous in feeling that there needed to be a change. There were 12 votes to change to meeting schedule to every two weeks.

- The Co-Leads along with JoShonda and Ken agreed that they would use a Doodle poll to determine the dates of these calls. If possible, the group will convene at the same time every

week, but depending on availability, it may have to change week by week. For the monthly in-person meetings, the group will meet at the same location but from 2-4 pm rather than 12-4 pm. The workgroup members are asked to stay tuned for the survey and the updated meeting invites. After a survey of the facilitators' schedules, the weekly meeting time will be Tuesday at 12:00 noon. We will remain with the first Tuesday of the month 2:00 to 4:00, as the face to face meeting.

- The group felt positive about this decision. Technically, there are 88+ people signed up for the workgroup, but not all of them attend the in-person meetings. Hopefully by adding these extra meetings, more people will be able to participate.

Review of Draft Questions and Proposed Site Utilization

- At their first meeting, the workgroup asked for a resource that would help guide their discussions with families and youth when seeking feedback. To do this, a list of ten questions for families and youth were developed that providers could use. At the previous meeting (1/7), the workgroup discussed these questions and determined that 10 is too many, so it was reduced to five.

- The goal of this document is to provide a general basis for discussion. The information received during these conversations can then be entered into the online portal that we are working to create. This can also be used for direct feedback, meaning families and youth can enter their opinions directly to the website. This is not time-limited--while we are currently trying to get input on our Family First planning process, we hope to make this portal a permanent fixture on our website so that families will have the opportunity to provide feedback at any time.

- The questions were read to the group for a final round of feedback and approval.
  1. One of the questions asked what would make participants "happier." Several folks disagreed with this wording and suggested other options.
     a. One member explained that happiness is relative, and this could result in unserious answers. In their organization, they have come up with the phrase "What is your family vision for a better life?" to address that relativity.
     b. Another person suggested referring to the family's "wellbeing" rather than happiness.
     c. A third reason is that "happy" is not specific. The person that brought this up also liked "vision for a better life."
     d. The Co-Leads agreed that these options were good, but they reminded the group that this questions sheet is intended as a guide. Workgroup members are the

facilitators, and they can use their best judgement regarding the family they are speaking with and use the terminology they think fits the situation. For the web option, they will try to refine the language to fit the group's general unease with the term "happiness."

2. Another potential issue with the questions was the lack of questions that address racial justice.

   a. Ken Mysogland explained that this was not included because of the group's desire for a short list of questions; additionally, he highlighted the importance of a racial justice lens throughout the process. This should be part of all discussion in the workgroups and outside.

   b. Another workgroup member explained that while it is of course important to address racial justice, it is also important that the facilitators are prepared to address that topic. If facilitators are not ready or are afraid to fully engage, the conversation may not be meaningful or productive.

3. The group was informed that there is a prompt at the beginning of the document that explains to participants the purpose of these questions, how the information gathered will be used, and how that information can be relayed back to them.

4. One person explained it might be beneficial to include a written option (like a paper and envelope) to families who have trouble or are uncomfortable with verbalizing their thoughts. Ken agreed that as a provider, they should feel free to provide that option.

5. The group began discussing the questions in more detail, but Co-Lead Tim Marshall reiterated that individual members are the ones facilitating these discussions. If they do not agree with the wording or want to tailor it for their discussions, they can do so as they see fit. The group could certainly continue to wordsmith the questions, but it seems it would be a better use of their time to move on. A small group will tweak the questions one more time to incorporate some of the suggestions, but the questions will be finalized after that. In the actual discussions, members can add questions, clarify, use different language, or otherwise amend the questions so that they fit the discussion and the audience. The most important thing is that the feedback is ultimately brought back to us so that we can incorporate it moving forward.

6. Several group members emphasized the importance of translating the questions into multiple languages. Ken Mysogland explained that the Department would translate it into Spanish, but for other language needs, please email the Family First inbox to let us know. If a provider knows they work with a particular community that does not speak English,

notify the Department so that we can translate it into their language. Tim Marshall also pointed out that it will be possible to display the questions in other languages, though this is powered by Google Translate, which is imperfect. Any responses submitted in another language would need to be translated, but this is something the Department could handle.

- Timeline-wise, the Department will notify workgroup members when the portal opens, but there is no time limit for submitting feedback. We will be using this for Family First, but it is not exclusive to Family First. The workgroup was reminded that while there is no strict deadline for Family First-related feedback, we hope to have the plan drafted by April, so realistically, feedback should be submitted before then in order for it to be considered.

- Tim Marshall also noted that there is a section where one will be prompted to enter their name and email when submitting information. This is only to weed out illegitimate responses.

- If you do reword any of the questions significantly (or add additional questions), it would be helpful to include that in your submission.

- Ken Mysogland expressed his excitement at the creation of this portal. Although the Behavioral Health Plan has used a portal for feedback, this is the first time in his memory that the Department has pursued such a method for obtaining community feedback for child welfare related services. He feels this is a great step forward to better aligning the Department with community needs.

Workgroup Updates

- Programs and Service Array
  1. This workgroup met on Jan 9, Jan 23, and will meet again on Feb 6 at Beacon.
  2. Their last two meetings focused on the current service array, and they have worked to map those services based on parent/child.
  3. They identified barriers and gaps in services, in addition to discussing sister agencies (especially those brought up in the Candidacy workgroup).
  4. In particular, they have highlighted the fact that Connecticut has a lot of programs and services.
  5. At their Jan 23 meeting, they drilled down on service mapping based on the candidacy definition. They have mapped services into buckets and types that were included in the definition, and then put that information into a spreadsheet. For their next meeting, they will try to see if they can map services to the actual definition (now that it has been mostly finalized). The hope is that they will start mapping to characteristics, not just specific

groups/populations, since there may be gaps and overlaps in terms of needs between different populations.

6. It was highlighted that the Clearinghouse may not have all the services that we are hoping for, but we can add services as they get approved. The Clearinghouse is still in its fairly early stages right now.

- Kinship and Foster Care

1. The workgroup has met on Jan 10 and Jan 24, with plans to meet again on Feb 14.

2. At their Jan 10 meeting, they discussed their charter. They have done a kinship café activity which helped them identify places where kinship caregivers lack support.

3. At the Jan 24 meeting, the group looked at data. Up until this point, they have been relying on anecdotal evidence, but at this meeting, they used large-scale data on foster care and probate court to both challenge and verify their assumptions.

4. The group hopes to use the next meeting to examine what needs expansion in order to create a successful Kinship Navigator Program.

5. To clarify, this workgroup is focused on kinship care of all kinds. It is not limited to kids in DCF kinship care but to the whole kinship community, whether through DCF, probate, or simply through informal means. In fact, the workgroup had an attendee from the Probate Court Administration at their last meeting.

6. When asked for comments, one of the workgroup members explained that they liked the language used in the kinship café activity: "What do I need to make my family whole?" They felt this was a very good way to frame the question.

- Fiscal and Revenue Enhancement

1. This workgroup had a conference call on Jan 8, with a follow-up call on the 14th for those who could not participate on the 8th due to technological issues. They were going to meet on Jan 22, but that meeting was canceled. They plan to meet again on Feb 10.

2. At their Jan 8 meeting, they discussed the timeline for creating the plan. Workgroup members shared their opinion on the timeline; many of them felt that it was rushed, so the Co-Leads explained how DCF had come up with its timeline. They also addressed the misconception that the timeline is tight because DCF staff secretly has a plan already in place and they are just looking for a stamp of approval from the community rather than cocreating the plan with the community. This is not true, and this misperception was resolved.

3. They have also discussed the progress of the Candidacy workgroup and the Programs and Service Array workgroup, and then their scope and charter.

4. One point of confusion was why 2014 was chosen as the baseline, meaning states are not able to shift 2014 dollars. That year seemed arbitrary, and after researching further, it was determined to be in fact arbitrary. The legislation was originally drafted in 2015, so 2014 was the year chosen as the baseline, and when the bill passed in 2018, the language had not been updated.

5. The workgroup has started to look at various funding streams, as well as its Maintenance of Effort (MOE) for TANF (Temporary Assistance for Needy Families) in partnership with the Department of Social Services (DSS).

6. The workgroup still needs to develop models for specific populations, but their work is limited right now because they do not have the service array from the Programs and Service Array workgroup. Without knowing what they are funding, they cannot do much. They have plans to begin meeting weekly in March once they have more information.

- Candidacy
  1. The Candidacy workgroup met on Jan 14, 24, and 30. They will be taking a hiatus until Feb 20, when they will begin a new phase of work.

  2. In their recent meetings, they have completed their narrow definition for Family First candidacy. They also have drafted the broad definition for CT's five-year prevention plan. They would like the Community Partnership workgroup to review their definition and amend it as needed.

  3. With their charge complete, members of the Candidacy workgroup will reconvene later in February to discuss many of the topics that came up when drafting the definition-- infrastructure design, eligibility, screening, and communication plans. At this Feb 20 meeting, they plan to dive into these efforts and go over the feedback from the other workgroups. They also want to use this as an opportunity to add members they think have been missing from the conversation, especially folks with lived experience. This needs to be as family friendly as possible, and they want to create something meaningful.

- New England Conference on Family First
  1. Ken briefly discussed a conference they went to with representatives from other New England states. At this conference, states provided updates on their Family First planning. The good news is that Connecticut is far ahead of the rest of New England. In fact, so far, two of the states are not opting in, and Connecticut is the only state in New England that is aiming to begin implementation in 2020. The states also particularly liked the way CT is configuring its workgroups.

2. A national-level update: So far, 11 states have submitted their prevention plans: AK, AR, DC, KS, KY, MD, NE, UT, VA, WA, and WV. Of these, DC and UT have been approved. *Note--We have just added a document on this to the Family First webpage.*

Draft Candidacy Definitions

- The Candidacy workgroup has drafted their narrow definition for Family First Candidate. This is a pool of people who will undergo a screening to determine whether they meet the eligibility criteria. If there is an identified service that they can be matched with that is on the Federal Family First Clearinghouse, then CT could receive 50% reimbursement. The following are included in this definition:

1) Accepted Careline calls {both investigation (INV) and Family Alternative Response (FAR) track} and accepted requests for Voluntary services
    - ➢ One person asked whether this is being discussed with mandated reporters. Ken explained that this should not affect the way that staff or mandated reporters operate on a regular basis. This provides more services to people who are the subject of a report, but it is not meant to suggest that anyone should call the Careline to access services. Mandated Reporters are still obligated to report abuse or neglect, but the Candidacy workgroup has listed numerous community pathways to services that do not involve the Careline.
    - ➢ Another clarification is that candidacy does not mean DCF involvement or an open case. This is an opportunity to get funds for services that will help families avoid going deeper into the system. The Candidacy workgroup has discussed net broadening and surveillance, and it remains a concern for the workgroup; however, the chance to intercede sooner rather than waiting for removal or further removal is too valuable. The group would rather build in these fears and create methods to avoid stigma and surveillance than avoid adding these populations.
    - ➢ Additionally, the Programs and Service Array workgroup has discussed services in and outside of DCF, but they hope to examine the full array of community services.
2) Infants born substance-exposed
    - ➢ One person asked how the workgroup is defining "substance-exposed." It was clarified that Connecticut's CAPTA definition will be the standard to insure consistency.
3) Pregnant and parenting youth in foster care

> ➢ This population was unanimously agreed upon in the Candidacy workgroup as it is specifically mentioned in the federal legislation. It is not a big population in Connecticut, but it is included due to being called out in the law.

4) Siblings of children in foster care

5) Children and youth exiting foster care, whether exiting to some form of permanency or exiting due to aging out

6) Community or neighborhood pathway

> ➢ The workgroup saw this as an opportunity for families to receive services without needing to engage DCF. Currently, this pathway involves infrastructure that has not been created yet, but the Candidacy workgroup was committed to imagining beyond what currently exists. Possibilities include a Care Management Entity, an Administrative Support Organization, a variation/hybrid of the two, or something not yet imagined or developed. The workgroup also selected a number of subpopulations that would be included under this pathway:

> a) Chronically absent or truant youth--identified through schools, the Office of Early Childhood, and home visiting programs
>> ▪ One person asked how this is being defined. There is now legislation that sets truancy at 10 absences. It was also suggested that someone check with the Youth Services Bureau (YSB) and School Readiness programs for their guidelines.
>> ▪ Another person suggested that the group explore potential partnerships with local school boards. It was agreed that this might be useful for the design portion of the discussion.

> b) Children of incarcerated parents (both reentry and current)
>> ▪ This population was added due to the trauma associated with incarceration, regardless of what stage the parent is at.
>> ▪ One person asked whether the nature of the parent's involvement in the child's life should impact their eligibility. It was clarified that neither race nor parental engagement should have an impact.

> c) Trafficked youth (whether by caregiver or non-caregiver)
>> ▪ Due to an anticipated policy change, DCF will not accept for investigation intakes of youth trafficked by a non-caregiver. Trafficking by caregivers would fall under Population #1 (all accepted Careline calls), but the workgroup

wanted to also include youth that are trafficked by non-caregivers. Under this bucket, all trafficked youth are in the candidacy pool.

d) Unstably housed and/or homeless youth and families

   ▪ This is intentionally broad. The workgroup did not want to limit this to those living on the street or in shelters but also those who are living on friends' couches, etc.

   ▪ One person asked to clarify whether this includes youth who are in care in college. Ken explained that any youth under the age of 23 in our care already has access to services; the population they mentioned might relate to Population #5 (youth exiting foster care) more.

e) Families experiencing intimate partner violence (IPV)

   ▪ The workgroup looked at the data around IPV and saw that it was not a driver of removal. This data made the workgroup feel IPV should be a part of the broad prevention plan rather than the narrow; however, the Governance Committee asked them to revisit the data specific to IPV in greater depth. Mary Painter, Director of the Office of Interpersonal Violence, pulled data related to IPV and explained that while it is not a driver or removal, it is a major driver of neglect. After learning this, the group decided to include families experiencing IPV in the narrow definition.

   ▪ One person asked whether individuals with Autism Spectrum Disorder (ASD) or Intellectual or Developmental Disabilities (IDD) would fall into any of these categories. It was explained that they would likely fit into subpopulation g (still to be explained).

   ▪ Another member asked how aligned these populations are with population data. These will be matched to our data, but this has not happened yet. This will be used to narratively define the populations in our prevention plan, but some work is needed to flesh out this data (especially on the homeless/housing unstable population) to provide details on the exact numbers in the report.

f) Youth that have been involved with the Juvenile Review Board (JRB) or arrested

   ▪ The workgroup wanted to include youth who are involved in the juvenile justice (JJ) system, but there was some uncertainty about what stage to get involved. Ultimately, the group decided to take an upstream approach and start at the JRB level, but they understood that not all youth are diverted to

JRB and also included those who have been arrested. There was some talk about the YSB to get even more upstream, but because the YSB varies so greatly across towns, the group did not feel comfortable intervening at this level. Overall, they feel this might be an area where more data is needed, and they are open to amending the plan later based on this research.

- A workgroup member suggested using School Resource Officers (SROs) as a starting point to gather data. While SROs are not always placed in schools (and therefore not a good intervention point), they will usually track data related to number of referrals. This could be a good source.

g) Caregivers with mental health or substance use issues that impair parenting, and families with kids who have mental health or substance use issues.

- This was a highly contested population for the Candidacy workgroup. The members understood the risk that these children face and wanted to provide support to families dealing with these issues; however, there were fears about stigma and surveillance that could not be resolved. After debates in three separate meetings and a nearly 50-50 vote, the workgroup ultimately chose to let the governance committee make the final decision on whether to include this population. The Governance Committee weighed both sides and felt that while the fears of stigma were important, this population needed to be part of the narrow definition.

- Some Community Partnership workgroup members were confused about the way this population was worded; the phrasing made it sound like families needed to have both a caregiver and child who had mental health or substance use issues. This is something that will need to be considered when drafting the final wording for the plan. It was suggested that perhaps this should be split into two categories (one for parents, one for family member (children)).

- It was confirmed that this includes substance-exposed infants.

- Another person suggested that perhaps the wording should be switched to include the "impaired parenting" concept first so that the focus is on their parenting rather than the mental health/substance use; however, others in the group felt that by leading with that, we are once again implying that these issues automatically inhibit one's ability to parent.

- One person asked whether "substance-use disorder" includes vaping. It potentially could.
- After hearing all of the groups in the narrow definition, the workgroup began to discuss general questions about the candidacy pool.
    1) One person explained that families that fall into the candidacy pool may or may not be a risk to the child--if they are not a risk, does the family not receive Family First services? The co-leads explained that all of these populations are somewhat at risk, but the assessment will determine whether a family is in need of one of the services that we will provide under Family First. Not all programs under DCF are Family First Evidence Based Programs (EBPs); if you are a family in the candidacy pool and match one of the EBPs, then DCF can receive reimbursement for the family partaking in the service.
    2) Another important consideration is that this is a reimbursement model which could free up other money. The Fiscal workgroup is looking at where there are opportunities to refund or shift funding based on the recommendations of the Candidacy and Programs and Service Array workgroups. Family First is not just a pot of money.
    3) A follow-up question on funding was whether DCF can receive reimbursement for things it already funds. Family First does not provide replacement funding; it is the payer of last resort.
    4) One person wanted to know what happens when families use their insurance. JoShonda explained that yes, families will be asked to use their insurance when applicable. DCF will access the insurance first, and once exhausted, if additional services are needed, Family First could become a tool for reimbursement.
- To identify populations that Connecticut should target for its broader prevention efforts, workgroup members asked themselves a number of questions. What other non-EBP services might families need? Who are we missing?
- The Community Partnerships workgroup was asked to weigh in on the populations identified for the broader plan and make additions/changes as necessary.
    1) Non-accepted Careline calls with risk factors
    2) Families with children ages five and under
        - One person felt this was very broad and wondered how DCF plans to operationalize this population. It was explained that this group is intentionally

broad because the question here is who might benefit from a service; families with young children fit this.

3) Families identified as having a need by schools, medical community, legal community, or law enforcement.

- It was suggested that we add the faith-based community here (i.e. "identified as having a need by faith-based organizations"), and the group agreed on this.
- One person asked whether it was possible for families to self-identify the need for support. This is possible, but it is unclear how that family would then go about accessing a service; it seems likely that they would turn to another organization and then fall into the category above rather than reaching out directly to DCF or the state.

4) Families exiting the Community Supports for Families program

5) Families with employment issues and financially unstable families

6) Youth with several adverse childhood experiences (ACEs)

7) Families utilizing the ALICE Program - Asset Limited, Income Constrained, Employed

8) Children with siblings involved in Juvenile Justice

- One person asked whether CCSD (Court Support Services Division) is at the table in these discussions. So far, they have not been, but this is a good opportunity to add their perspective.

9) Communities, siblings, and peers of those who have experienced child fatalities

- Someone asked to clarify the distinction between IPV and a suicide/homicide in the home--why is this not the same thing? JoShonda explained that suicide or homicide may or may not be related to intimate partner violence; because it could happen as a result of forces outside the home, it will not be in the narrow definition, but the group still felt it was important to provide them with services.
- Another person asked how we are capturing serious violence that does not result in a fatality (community violence--not IPV). This may be captured under youth experiencing several ACEs, but the group agreed it would be best to call it out under its own population.
- The group felt that parents experiencing a child fatality should be added to this group.

10) The LGBTQ+ population
- Along with calling out LGBTQ+ youth as a marginalize population in need of additional support, it was suggested that we also add kids of colors, who are also more likely to be marginalized (especially in Connecticut). This led to the group agreeing to broadly include all children who may be from a marginalized population, using Connecticut's list of protected classes (created by the Connecticut Commission on Human Rights and Opportunities).

11) Youth groomed for sex/sexually reactive youth

- The Community Partnerships workgroup also added the following populations to the broad population for prevention efforts:
    1) Youth who cannot be controlled/runaway youth and their families
    2) Families utilizing the Integrated Family Care and Support (IFCS) program (anticipated to launch later this month)
    3) Youth experiencing community violence or traumatic experiences
    4) Children and youth experiencing the loss of a parent (due to suicide, homicide, or untimely death)
    5) Youth experiencing bullying
    6) Families with complex medical needs or difficulty accessing medical care
    7) Families who are involved in the military (whether deployed or not)
    8) Unaccompanied minors
    9) Undocumented and mixed-documentation families
    10) Youth who are members of a protected class

Follow-Up Items

- There were a number of questions and topics that were left incomplete after the last meeting. The workgroup took some time to address these topics.
    1) The DCF Family First Website
        a) This workgroup has been reminded repeatedly that there are minutes, schedules, presentations, and videos on the DCF Family First website. Ken set out to address the other documents that are available on our website.
        b) We also have included information about other states, most notably the approved plans for Washington D.C. and Utah.
        c) The FAQs document will be added soon.
        d) We also encourage this workgroup's members to come to other workgroup meetings if they want to see the group in person.

e) Another thing that will be added soon is the composition of every workgroup.

f) If you have ideas about other information or resources that should be added, email the Family First inbox to let us know and we will try to add it!

2) Racial Justice Initiatives by the Department

a) Monica Rams was recently hired as our Director of Multicultural Affairs!

b) The Racial Justice workgroup is now up and running. This workgroup is run by Multicultural Affairs Program Director Monica Rams, Bureau Chief of Child Welfare Tina Jefferson, and outside consultant Jen Agosti. More information on how you can get involved will be distributed soon.

3) Governance Committee Meeting

a) The Governance Committee's role is to discuss/approve recommendations. It is made up of the Commissioner and her Executive team, the co-chairs for every workgroup (both the internal and external partners), the State Advisory Council (SAC), one parent, one youth, eight volunteers (out of nine who volunteered, eight were accepted--the one who was not accepted had a conflict of interest), the Commissioner of the Department of Social Services (DSS), the Commissioner of the Office of Early Childhood (OEC), and someone from the Office of the Child Advocate.

b) Their first meeting was January 27 (meeting minutes to be posted soon), where they discussed the narrow definition for Candidacy for Family First.

c) Ultimately, Commissioner Dorantes will make decisions on the final plan, but the hope is that the Governance Committee will finalize the details for her to approve.

d) One person asked whether the new Commissioner of the State Department of Education (SDE) was invited. Ken replied that they were not, but DCF has begun meeting with them.

4) Definition of Abuse and Neglect

a) At the last meeting, there was some discussion about statutory requirements around abuse and neglect, which led to the question: how does the state define abuse and neglect?

b) Ken began with the statistic that 60% of kids in out of home care were removed because of neglect, not abuse. This is why prevention is so key; this is an opportunity to better align services so that those children can safely stay

with their families. Neglect usually occurs as a result of an unmet need, not due to abuse in the home.

c) The state defines neglect as someone being "denied proper care physically, emotionally, or morally." As was just mentioned, this related to unmet needs and/or exposure to dangerous circumstances. It is somewhat of a grey area whereas abuse is often much more black and white. This grey area is heightened by the fact that many of these families are living at or near poverty, meaning there might be a variety of reasons why those needs are going unmet.

d) From 2018-2019, the number of children living in out of home care dropped by 6%, which the Department is very proud of.

e) With about 2,400 removals being due to neglect rather than abuse, better service alignment could keep more kids with their families.

f) Neglect is determined not by the condition of the parent but by the impact on the child. For example, living in a shelter or with another family is not necessarily a problem unless the children are not safe due to this issue.

g) One person asked what percent of removals relate to housing. The co-leads were unsure about the data on this, but they did point out that housing is often related to other issues (e.g. substance use, IPV, etc.). The workgroup understood that those issues may contribute to housing instability/loss, but they pushed back on the notion that it is only due to those issues. Gentrification, loss of housing, eviction, and an increased housing burden are problems in their own right and a key factor that keeps families in poverty.

h) Along with that, the benefit cliff (when someone improves enough to be taken off a benefit but is not doing well enough to pay for that service themselves) may put families at risk of losing housing. A note here is that Governor Lamont and the State is looking at addressing the benefit cliff issue.

Open Discussion

- The group moved to an open discussion of different topics they felt were important to the planning process.

  1) Importance of SDE

     a) The group felt strongly that someone from the State Department of Education should be involved in the process, possibly even on the Governance

Committee, since schools are often the first people to know when a family is in need of support.

    b) Ken Mysogland agreed that they were important but also felt that local Board of Education participation might be important too. He committed to bringing this topic to the Commissioner.

2) Looking at the System

    a) Workgroup Co-Lead Tim Marshall explained that it is important to look at social determinants of health when we are talking about prevention efforts.

    b) Ken agreed and explained that this is something that DCF is trying to address as an agency.

3) Risk Aversion

    a) One key problem that DCF is trying to address on a systemic level is risk aversion. This afflicts both DCF and the provider community. DCF leadership wants the agency to feel stronger and better align provider and DCF values. While we won't eliminate out of home care, we do want to increase the number of children who can stay in their home, with their family.

    b) Beresford Wilson explained that he mostly agreed but felt that Ken was still using a child protective lens. We all need to start using a multi-focal lens, but as a state, we are not accustomed to that. By having people on both sides of the issue, we can better understand the nuances of risk aversion.

    c) Ken also spoke about the Department's reduction in caseloads; by giving cases back to community providers, we are demonstrating our partnership with the community.

    d) Ken asked the group how the Department can help the community feel less risk averse; how can we help you help us? Beresford reminded the group of his definition of partnership: shared authority and respect, where no one feels marginalized or disrespected, and dignity/power come in many forms. He also highlighted the ways small actions can be perceived; for example, the way someone knocks on the door can indicate to a family what that person's attitude towards them is.

    e) One person felt that the planning process still feels quite top-down. They felt more family participation is vital, and families should be allowed to approve the final plan. However, one woman--a mother of a child with disabilities--spoke up and felt that while that may have been true a year ago, the same can no

longer be said. Her current involvement in the planning process made her feel hopeful, and she felt like her voice and concerns were being heard.

f) Ken described his hope that providers would begin calling DCF as a last resort rather than their first step when there is a problem identified in a family. Many of the calls that come in to the Careline do not meet criteria. Child Protective Services (CPS) should not be a weapon against families.

g) Providers agreed with the spirit behind the above message but felt it conflicted with some of their training. Providers are often told that if they are unsure about whether to report something, they ought to err on the side of caution and call it in. Their jobs are at stake if it is found out they had knowledge of a situation and failed to report it. Perhaps the Department needs to revisit their mandated reporter training and see how it affects the number of people who call.

h) Others took a pause at that. This is another place where we need to be wary of a pendulum swing in the other direction. We have seen the negative consequences that have occurred when people fail to make these reports.

i) In addition to being mindful of our own risk aversion, it was suggested that we also look at what protects these families. A DCF staff member explained that protective factors have been used for FAR-track cases and are now also being considered in INV track cases.

Next Meeting and Next Steps

- The documents used in today's meeting will be posted on the website.
- Keep an eye out for information on how to access the feedback portal.
- The workgroup Co-Leads will work with JoShonda Guerrier and Ken Mysogland to establish a schedule for the workgroup's weekly check-ins. More information about this will be sent out as soon as it is available.
- The workgroup's next scheduled meeting is on March 3 at Beacon, 500 Enterprise Drive 3rd Floor, Rocky Hill. It was originally scheduled for 12-4 pm but as discussed, it will be amended to 2-4 pm. An updated invitation will be sent out before the meeting.