

CT Family First Kinship & Foster Care Meeting Notes

Date of Convening: February 28, 2020

Agenda

- Welcome & Introductions
- Reflections & Progress
- Kinship Navigation - Family First
- Break
- Discussion: Kinship Navigation Program Service Elements
- Closing and Preparation of Next Week: Practice Exploration

Reflection: What Resonated from the Policy Discussion?

- At the previous meeting, the workgroup discussed the ways that policy affects families' experiences and the barriers and opportunities that exist. The group visualized services along a continuum ranging from in the community (non-DCF), during Careline engagement & Voluntary Services, in foster care, and after achieving permanency. Some of the key discussion points were:

- **Service hours** are not conducive to families' schedules. If the hours were expanded, there would be more opportunities for prevention.
- Many families go through probate rather than DCF, but **the rates for subsidies** are lower, which affects these families' ability to provide.
 - Fully licensed family w/ DCF: \$700-800/month, depending on age of child
 - Probate Court have access to Temporary Assistance for Needy Families funds (TANF)
 - Probate Court transfers of guardianship families (blood relatives only) have access through an application process to \$500 per child for up to \$2,000 per year
- **Adoption versus a transfer of guardianship are different.** Although they seem similar and are sometimes used interchangeably, there are important legal distinctions.
- **Increasing training for kin about trauma would be beneficial.** Ken pointed out that part of why the training is abbreviated for kin is that they should be familiar with the child already, and the Department does not want the training requirements to be a deterrent. Currently, families can still participate in the trainings that DCF offers. The training for kin normally focuses on realigning the family, grief and loss, an intro to DCF, and CST child-specific training. Others in the group worried that the issue of training would come up later in a child's life,

for example in situations when someone adopts a young child and is unprepared for the ways trauma or behavior could manifest when the child is much older.

- The workgroup's key goal during this meeting is to focus on the community (before and after DCF) and consider ways to make the programs that are available less fragmented. To do this, the workgroup needed to focus on the intention of a Kinship Navigator Program.

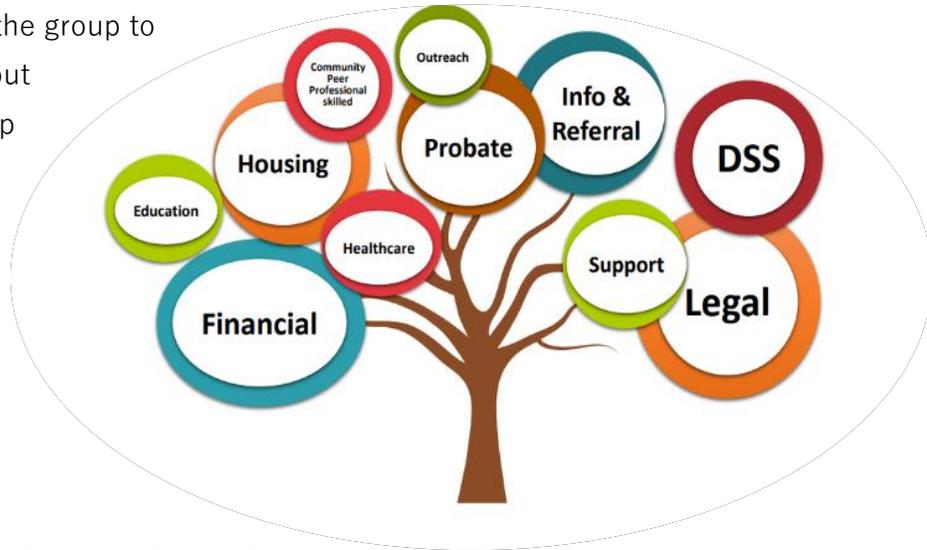
Kinship Navigator: Family First

- As was mentioned, the group would be discussing community programs. The group was asked to consider how we can better support the families and kids living with kin informally or in legal arrangements in probate court, outside of DCF. What do we need to develop post-DCF? What exists before/after DCF? What ought to exist there?
- The group was reminded of the law surrounding the Kinship Navigator Program. First, it is **not** the same as what the other groups are working on, meaning that one does not need to be in the candidacy pool, etc. to access the Kinship Navigator. To help orient this discussion, the group reviewed the law:
 - In the federal law, kin is described as a person with some kind of fictive relationship/connection with the child.
 - This relationship is key because without the relationship, it is more of a loophole from traditional foster care. It would be a way for families to receive children into their care without meeting the full requirements. Absent a relationship, a person cannot be considered kin.
 - First, the law specifies that Connecticut must meet all requirements of the program, which is submitted to the Clearinghouse. Currently, no states have had success with their Kinship Navigator Programs. Generally, they have missed the "additional outcome" layer of evidence.
 - Even though the Kinship Navigator might not be ready in time for our first submission, the Co-Leads want to build and develop it now so that the pieces are already in place for the long term.
 - In 2018, the federal government began issuing grants to build internal capacity (around \$250,000 for developing kinship support). As a state, it makes sense to pause and think about this integration.
 - Connecticut does well at placing children with kin, but after placement, there is less data. It would be helpful to look at the data on outcomes for current placements, especially those that were disrupted. Unfortunately, the Department does not have this data and will need to build it.

- Other sources of data are anecdotal data from probate court (though they do not have quantitative data) and the broader community. Adoption and transfer of guardianship are different, but some cases stay open in probate court.
- One person suggested developing certificates to increase the number of clinicians for foster care--how do we develop other types of training models?
- A workgroup member from UConn pointed out that while they have assistance programs, kin are often more hesitant to reach out to them for help. Money is important but the feeling of safety is also important. Many families are hesitant to identify as needing help, and this is sometimes a cultural difference too.
- JoShonda Guerrier wondered if this is somewhat a messaging issue as well. Perhaps a different approach with more guidance would be a good option.
- Natalia Liriano, one of the facilitators for this meeting, agreed that these were important issues, but she did not want the group to get ahead of itself as messaging and training are components that will be discussed at length in the next two meetings.
- Another possible reason why kin do not reach out is they often struggle with less information and support as well as fear (i.e., if I say I need help, will they take the children?).
- One workgroup member who has been both a foster parent and a kin parent pointed out that a lot of the time, the services one can receive are as good as the place you live. In certain areas of the state, they were able to be supported, but in other parts it was like they "put me on a boat with six kids and no oars," and they needed to travel far (to Hartford or to New Haven) for support.
- The federal law does not require that the Kinship Navigator be statewide. Would it make sense to push the threshold or target areas with fewer supports?
- The workgroup discussed some of these issues in greater depth:
 - Another potential reason why kin families may not reach out is that they do not feel the same ownership of the issue because of how the child came into their care. As the provider explained, there is a feeling that the child "came into their family" versus actually being a part of the family.
 - One member highlighted the importance of having folks with lived experience being the main people running the programs and making decisions on the program. They need to be the ones in the driver's seat because that representation and experience builds trust between them and the people participating in the program.

- A point was made about the disparities in kinship care. There are layers of generational issues with the system, and we need to better understand the culture of the people we are working with, which are predominately black and brown families. We do not just need training for the families but cultural training for the workers. We need to be cognizant of this, especially given that this workgroup is made up of mostly white providers.
- The point about culture was well-taken, but it is also important to remember that culture is not a monolith and two people from the same culture may still be very different people.
- One person discussed their experience growing up in kinship care. Their grandparents were their guardians for seven years and even within their own community, it was embarrassing to even discuss. There was a feeling that they had "failed" at some point, which is why their grandparents encouraged them not to talk about the situation or explain it to people. Based on that experience, the member suggested doing a better job of clarifying guardians' roles. Even simple things like going to the doctor or filling out school forms become complicated when you do not know whether you are allowed to do that.
- Another member agreed that role clarification is important but challenging. An example from their organization was trying to explain to an aunt who had adopted a child that she was considered the mother now through that process. They also noted that even our language around "put up for adoption" comes from slavery.
- The group was reminded that the Kinship Navigator should be situated in the community, and we should be explicit that this program is voluntary. The goal is not to shame or punish but to give a warm reception and support to those who need it.
- Another part of the Kinship Navigator Program is the creation of a Kinship Ombudsman and benefits coordinator.
- Ken Mysogland also pointed out that risk aversion and fear that a problem will result in blame is part of the issue--this is something we need to address system-wide.

- A visual was shared for the group to show what we know about kinship so far. The group could reflect on this during the break before moving on to discuss the program service elements we would want to create.



Kinship Navigation Program: Service Elements

- Workgroup members were asked to consider the key questions listed on the agenda and use the eight flip charts around the room to add service elements. Natalia Liriano and Pam Kelley added folks' ideas to the flipcharts:

<p>Coordinates the Provision of Services</p> <p>The provision of service should be delivered...</p> <ul style="list-style-type: none"> • By persons with lived experience. A Parent as Navigator would be optimal, a peer providing care management • Through a team approach which are comprised of a peer mentor, care-case manager, and clinician • With fewer questions and proforma checklist; rather, more conversational through the building of relationship/trust • By therapist (others) who are trained, like family therapist, understanding family systems to assist the whole family and not just one family member. <p>The provision of services should be available through existing...</p> <ul style="list-style-type: none"> • Community Collaboratives (who can triage, info and referral, ID gaps, develop and create efficient pathways to access service • Schools, FBO, CBO who are educated on the needs and services available 	<p>Foster Effective Public and Private Collaboration</p> <p>To reduce fragmentation, collaboration with...</p> <ul style="list-style-type: none"> • 211 - expansion <ul style="list-style-type: none"> ➤ Provider's connection • Collaboratives • Probate Family Specialists; <ul style="list-style-type: none"> ➤ Expand to cover all geographic areas • Medical community • YAP, JRB (Juvenile Review Boards), YAB (Youth Advisory Board) • Law enforcement - local police departments • Town Social Workers • Attorney, CT Legal Service, Area Agency on Aging, and attorneys who can go into the trenches (not surface or periphery) • Yale Law Clinic; State Dept. of Ed., Center for Children's Advocacy- M. Stone, Probono@ctlaw.org • 4 Law • DSS - TANF - Child Care • OCA • Housing • Employment Agency - CT Works • Career Service
--	--

<p>Assists to Identify and Access Services</p> <p>The following currently exist; are there opportunities to improve access, expand, or create interagency coordination</p> <ul style="list-style-type: none"> • 211 - develop ability to triage to best assist to address the need and refer <ul style="list-style-type: none"> ➤ 211 have the ability to refer to AAP • AAP expansion • Create or use existing website applications for the coordination of interagency services <ul style="list-style-type: none"> ➤ Unite Us ➤ Telehealth ➤ Ayana App ➤ Create site to access online search for behavioral health specialist specifically knowledgeable of kin <p>Coordination needed with</p> <ul style="list-style-type: none"> • Community resources • Urgent care • Recovery coaches (NARCAN kits) • Circle of Security • 11 Caps • Care coordinator • Red cross • Stokes Family • Neon-FFT-MDFT • Child First • Nurturing • FAVOR • Parent support • Summer camp <p>Service providers and professionals who are knowledgeable in...</p> <ul style="list-style-type: none"> • Kinship approach • Dr. Crumbly 	<p>Provide Information on Available Services</p> <p>Mechanism to provide information to the masses effectively...</p> <ul style="list-style-type: none"> • Sources to explore: <ul style="list-style-type: none"> ➤ Apps ("Unite Us") ➤ Social Media - Twitter, Facebook, Instagram ➤ Word of mouth, visibility ➤ Facebook Town Groups • Currently available: <ul style="list-style-type: none"> ➤ EMPS (program info...) ➤ Legal assistance through AAP, CAFAF, Legal Aide etc. ➤ City/Town Government Departments (Human Services, etc.) • What's needed <ul style="list-style-type: none"> ➤ Outcome data ➤ Language - Message delivery ➤ Relationship - trust ➤ Accessibility - service - community ➤ Centralized, HUB service/resource coordination ➤ Legal assistance for PPT/IEP (AAP - Advocacy) ➤ Handholding vs empower ➤ Kinship structure <ul style="list-style-type: none"> ▪ College for kin, adopted/kin placements ▪ Separation adoption disruption • How? <ul style="list-style-type: none"> ➤ School, medical, CBO, FBO, police, urgent care (EMT), Churches ➤ Marketing, promotional video ➤ Link existing information phone services (CAFAF, AAP, 211, Beacon) ➤ Launch one website
--	--

Offer Relevant Guidance on Obtaining Legal Assistance

What we know:

- All probate courts have family specialist or linkage to one
- Families and children in care need to know rights at onset and reviewed periodically
- CT Legal Aid offers representation
 - Is it enough?
 - Is it the right type of representation?
 - Are the attorneys informed and specialist in this area?
- 211 - may need a list of kin specialist attorneys
- CAFAF offers referral to attorney to negotiate adoption agreements
- Probate courts - may not have access to attorneys for representation

Who do we know about representation?

- Yale Law School
- Educational Surrogates to address special education needs
- Pro-bono help.org (pro bono partnership)

What is needed?

- Advocates
- Legal champions to serve as role models
- Attorneys to offer consultation (soft touch) to offer options and empower
- Statewide legal services
- School concerns (PPT, IEP)
- No formal structure for legal advice to "guide" and help families
- No written process that allows access to service/resources
 - Legal assistance - cut legal
 - YNH
 - Role modeling advocate

Linkage of Caregivers, Support Group Facilitators, and Service Providers

What linkages are needed?

- Case management/in-person linkage
- Peer to peer contact - kids and adults
- Expanding collaborative role
- Electronic referrals ("Unite Us")
- Police involvement and awareness
- Visibility - informing the public is needed
- Educational system to be involved, aware, and have capacity to provide information and referral
- Community-based services/resources
- To have holistic service that overlap with and include birth parent to address issues and establish safe contact/visitation
- Community of providers and others who understand kin dynamic
- Expand or rebrand the mission of Community Collabs

Non-DCF services available:

- ICAPPS
- Red Cross
- Care Coordinator
- CNP
- Stokes Family Program
- FFT
- MDF
- Nurturing Family
- FAVOR
- Parenting Support Services (PSS)
- Campership
- SFIT (Crisis stabilization program)
- Employment agencies

<ul style="list-style-type: none"> ➤ Soft Touch/Empowered ➤ Looking for and giving legal advice and options ➤ Pro-bonohelp.org (pro bono partnership) <ul style="list-style-type: none"> ▪ Statewide legal services • Issues <ul style="list-style-type: none"> ➤ School concerns ➤ No formal structure for legal advice to "guiders" who help families • Written process that allows access to service/resources 	
<p>Establishes a Toll-Free Information and Referral System</p> <p>Need...</p> <ul style="list-style-type: none"> • Folks skilled in triaging calls • Updated and accurate information • Establish a protocol for updating programs • Have resource lines (211, CAFAF, AAP, Telehealth and other connect) • Use expanding community collaborative "Unite Us" - partnership between 211 and hospitals <p>How...</p> <ul style="list-style-type: none"> • Create an app • Electronic referrals • Language barriers • Meet the needs of families in rural communities • Social media portal • Use of video - YouTube, where to go 	<p>Establish a Kinship Care Ombudsman</p> <p>Potential elements</p> <ul style="list-style-type: none"> • Person who listen, refers, and links to services • Knowledgeable of resources for families • Potential "Kid Line"? <ul style="list-style-type: none"> ➤ Knowledge of \$, what is covered vs not covered ➤ Statutory role for Ombudsman (data) <p>Other considerations</p> <ul style="list-style-type: none"> • Navigators can be parents separated from the role as parent, use their experience • Language matters - "how" something is said matters • The messenger matters too - lived experience and caregiver/child • New York Navigator developed videos • Could the Office of the Child Advocate serve as an ombudsman?

Kinship Navigator Cont'd

Some of the points summarized by the above flip charts needed to be expanded on (see below).

- One person suggested that we consider other states' models of a Kinship Navigator that is more non-governmental and more "boots on the ground."

- The group discussed the Family Specialists that are in some of the probate courts around the state.
 - Not all courts have this--one of the group's recommendations could be that all courts have someone in this position.
 - A representative from probate court agreed with the sentiment but was unsure if someone in that position would have enough work to do in certain courts that are smaller.
- Generational differences are important to keep in mind. The group discussed in-person options, phone, web, or even app options; however, people's preferences may vary by age, which we will need to keep in mind.
- The "Unite Us" app was discussed. This is an app for non-profits that has been adopted by 211 and the Connecticut Hospital Association. It is a platform that connects patients to community programs. Essentially, any community partner that wants to can put their data into the app, and doctors can use the software to make referrals and track their clients. They can screen and search for services then make an electronic referral, and the result is then fed back to the doctor. This can help determine whether these programs really impact people's health and if so, in what way?
- A key question to keep in mind is that we can't focus merely on the "gatekeepers" (211, for example). We also need to ask how people find out about places to learn about services (how do people find out about 211?).
- The Ayana app (mentioned above) is designed to connect people (especially those of marginalized communities) to therapists that fit their preferences. The workgroup member spoke from experience, explaining that personally, if you don't feel like you can trust someone, therapy will not be beneficial. That trust is key, and this app does not just find one any match, it finds the right match.
- The group explored a variety of communication options (web, phone, in-person, app) but agreed that we should not forget the importance of word of mouth.
- The group also discussed how partner models can be beneficial. This can help create a more "team approach," or it can allow for more specialization (e.g. one person focusing on child, one on caregiver).
- Pam Kelley highlighted the distinction between services (which provide limited intervention) and resources (which are basic needs that can be tapped into repeatedly). Families need both.
- One person who was in kinship care explained that the intake process can be the most strange and unpleasant part. They recommend acknowledging and talking through how

abnormal it is. Further, some providers added that it helps to have more of a casual conversation rather than going through a list of questions.

- A workgroup member pointed out a major issue with the discussions, which was that a lot of it focused on kin needs and missed the goal of reunification. Of course, kin needs are very important, but we cannot lose sight of reunification. How do the birth parents access services outside of DCF?
 - One person, who was cared for by their grandparents, explained that their parent was lucky enough that their substance use treatment mentor and childcare provider went to the same church as them, which led to visits. This helped.
- A point was made about the fact that more private collaboration is needed. Several organizations do have in-home services and kinship training, but this is very siloed.
- Someone explained that we ought to take the approach of working "with" people, not "to" people.
- In Massachusetts, there are centralized wraparound services--CT would need to determine the entity that would do this.
- A Kinship Care Ombudsman would not only be able to resolve issues, but this could also be a hugely helpful way to gather data. As we have discussed, we do not always have data on why adoptions are disrupted--this could be an opportunity to learn more about this. One person who had experience with the California ombudsman for long-term care said that they were not a part of the government but had certain statutory powers that helped them research things.
- When it comes to financial help, it is important that people know the options and can explain them effectively. All financial help should be transparent and competent.
- The phrase "hand-holding" was used a lot during the meeting. One person asked that this language be changed to "empower" or another word that connotes greater respect and is less condescending.

Closing and Preparation for Next Week: Practice Exploration

- Natalia and Pam read through the flipcharts.
- The workgroup was reminded that our next meeting will be on **Friday, March 13th from 9 am-12 pm at CHR in Manchester.**