Minutes
Family First-Programs and Service Array Workshop
Meeting Date: December 13, 2019; 9:00- 11:00 am
DCF- 505 Hudson Street, 6th Floor Conference Room

Welcome

- Ken Mysogland opened the meeting at 9:15 am, welcomed all in attendance to the Workshop, noted agenda topics, and introduced Deputy Commissioner Michael Williams. The Deputy Commissioner noted that the work that is to be done in this group is the most critical, besides what's being done in the Candidacy workgroup. Ken noted that his Co-lead for Family First Statewide work, JoShonda Guerrier, was absent due to her attendance at a conference in New York.

Introductions

- Ken introduced the Co-Leads for the Service Array Workgroup- Dr. Elisabeth Cannata (Vice President, Wheeler Clinic) and Elizabeth Duryea (Systems & Organizational Development, DCF). Individuals present, introduced themselves and their affiliation.

Purpose

Family First Overview

- Ken presented a slide presentation of Family First, which will be available on the website: CTfamilyfirst@ct.gov.
- Connecticut is ahead of a number of aspects of the Family First Prevention Act, which is not federal law indicating and directing states in the manner in which to practice.
- Emphasized was the fact that we are in the planning stage of Family First.
- Bipartisan Bill- Federal government has realized that children are best served in their homes. Shifts Title IV-E funds to the front of the system to support a prevention plan.
- Connecticut is ahead of the game, because we've reduced the number of children in congregate care to < 6%.
- 4200 children in foster care today; there's always the balance between risk, safety issues, and keeping a child home versus having that child removed.
- The goal we wish to accomplish is for DCF and community partners to come together and develop a prevention plan for Connecticut, of which Family First funding is a part of that which will allow us to identify those most high risk groups in our system, to get at the root of why families come to the attention of child protection services, to improve upon and re-align part of our services array. We will have Evidence Based services addressing that Candidate for foster care group, ultimately to prevent children from coming into care.
- Most federal monies given back to the state go to the general fund in Connecticut to reimburse youth in foster care. This new federal money is for prevention. Currently, reimbursement is for specific services for a specific child. With Family First, it's prevention for the parents and the child.
- Currently, 58% of our children and youth are not placed with relatives or kin. Family First legislation will now increase funding for programs and services that support Kinship

Navigator programs. Also, we will need to discuss are we simply looking at those kids that are in DCF custody that are placed with kin and receiving services. What about youth that never come to our attention that have their guardianship/ custody transferred via the probate juvenile court or other means? What's great about Family First is that there's an emphases on keeping children at home or within their familial network.

- Prevention Option discussed - Federal Funds for Evidenced Based Prevention Services, for children identified in imminent risk of foster care entry. What does this mean? The Candidacy Workgroup will be defining the "candidate" for foster care. This definition, which the Candidacy group will define by Mid-January, will drive the work of this committee to ensure services are aligned to address the needs of that population.
- Evidenced Based Programs that we will be looking at: Skilled based parenting programs/ in-home parenting (high on priority list); Substance Abuse and Treatment, and Mental Health Treatment. These are core programs that the federal government is looking for states to identify as ones to be implemented and to draw federal funds.
- Ken raised the issue about programs that are not Evidenced Based Programs and their role. While it's too early to have a definitive statement, there will be a need for a combination of evidenced based programs and non- evidence based programs, keeping in mind that now the reimbursement will come to evidence based programs.
- Discussed was who is at imminent risk of being placed in foster care. States are charged with coming up with this definition. The Candidacy workgroup is leaning towards a Medium Broad-Broad definition. We're aware that this definition may change over the course of time depending on additional information that comes in. This definition is expected by Mid-January.
- A question regarding the definition of Foster Care, lead to a discussion about congregate care. Congregate care is foster care, but the implication is out of the home care if a youth goes to a higher level of placement. There is a provision called Qualified Residential Treatment Programs (QRTP). 90 % of kids come into DCF care, due to neglect. Perception of the community is that kids in foster care come into DCF care because of abuse. Can we create a system in Connecticut and change the alternative so if a child needs congregate care do they have to come into licensed foster care to receive help.
- Perception of Risk as a community-- looking at factors that say that a child is unsafe and bringing them into care was discussed. What do we need to do to align services so children are safe and stay home safely, knowing that's better for the child. There's always the challenge of finding a balance between physical and emotional safety of a child and how to access jointly risk and the risk adverse way that we operated in the past. When defining risk, we will need to look at how to share this risk among everyone.
- Family First funding is the Payor of Last Resort.
- Is there any kind of discussion going on in terms of increasing the services that are actually funded through Medicaid and subsequently other insurance like Resident treatment, which are not funded in the state of Connecticut? Other states are exploring extending their Medicaid to bill for out-of-home, less than hospital not a PRTF. Are there discussions going on with DSS regarding expanding or re-examining our state Medicaid plan? Mary Painter, DCF, stated that DSS is leading a Medicaid waiver application process that is specific to substance use and they want to get that submitted the Summer 2020. DSS, DCF, DHMAS, OPM, CSSD, and the Department of Corrections are prioritizing what will go on the substance abuse waiver for Medicaid.

- A point was raised about the Conditions of Poverty and how we intervene as a service system. The impact on families who struggle to meet basic needs, children who become involved through their association with the Juvenile Justice System, and children on the Spectrum was discussed. How do we build a service array, so we don't have state agencies battling each other as to who will take care of the child, but trying to find ways to keep these children in their homes with services rather than raise them in foster care?
- Questions raised: What are the causational factors "why" children come into DCF care and the Use of technology by the State of Connecticut to ascertain this type of information.
- QRTPs will require some amendment to our state legislation. How will this group lay out the service array for the QRTPs, because it will require a judicial oversight and approval of being placed in QRTPs? Family First legislation has indicated that youth that require congregate care and in order for states to receive reimbursement the facility must be a QRTP with 6 Components. These are: 24-hour Nursing Care, Accredited, Trauma-Informed Treatment Model, Must include a component of Family Involvement and post-discharge planning and support up to 6 months, and indicate a plan to ensure that the youth has on-going involvement with their siblings.
- Our Focus is: Keeping children at home, if they cannot stay safely at home- kinship care and if they cannot be maintained in a home – stay in a short-term qualified residential treatment program. Part of the teams charge is to look at those services post-discharge from a facility to ensure that that child does not come back into care.
- GAP- Homeless Adolescents who do not want to be involved with DCF system, yet they and their families are unserved. Hoping that we will address the homeless as part of our service array.
- Poverty and its impact cannot be neglected. How do we define "neglect?"
- How do we rebrand DCF where we're not the best or first option to call? How do we empower our partners (e.g. schools and other providers) to look amongst the support systems that already exist and use DCF as an absolute last resort. Which means assuming risk or identifying risks earlier and then knowing where to go within the local communities so that families do not have to be involved with DCF.
- A question was raised- Is there a misuse of the system? Should there be a subgroup in-between before families come to the attention of DCF? Problem –schools, judicial systems, etc. are making rash decisions about families, misdiagnosing families and children and not utilizing the miscellaneous resources that could help prevent some of these situation.
- Discussed was the mandated reporter requirements and how much risk providers will tolerate, keeping in mind their legal responsibility. Policies and practices are pushing our families out of the systems that would care for them.
- Question – Prenatally -Whether or not those children are eligible for these kind of services even though they are not born yet? Payor of Last Resort- Blended Funding? That sometime Medicaid funding in not sufficient. There's a gap in terms of what can be reimbursed, as well as there are some populations might be Medicaid reimbursable and another not. Ken stated that that's why we need to identify the candidate for foster care definition. The funded and blended funding we want to make recommendations about the services and then bring an issue like that to our Fiscal and Revenue Workgroup and how can we be creative.

- In regards to sharing risk across communities and across state holders, are there states that are doing a better job than Connecticut? There are some states that are doing well in some areas, but not all. The sharing of data would be helpful.
- Elizabeth D. spoke of the need to have a sense of what we have, what do we have that is working well, how do we sustain that, and where do we have gaps?
- Over-arching goals for Co-Leads: Support getting services into the clearinghouse and if not, what could be the funding structure to support continuation of those services?

Workgroup Deliverable

- Written description of Connecticut realigned service array. There will be assistance by Chapin Hall- National Consulting group out of Chicago will assist us in looking at this whole process. Produce an overarching plan with recommendations for how Connecticut service array for children and families should be realigned keeping in mind what we currently have, identifying gaps in the system, and where we think improvement should lie.
- Recommendations go to a Governance Committee managed by the DCF Executive team and a number of external partners.

Exploration of Other Partners

- Recommended: Youth Advisory Board, OEC, Probate, Birth-to-Three, Beacon Health, 211, Faith-based Community, Early Childhood Alliance, State Representative and Senators, Kid Care, DSS, Grassroots Organizations, Providers of Women and Children Programs, Obstetrics, Judicial, Housing- Connection, EMPS, Department of Education, Primary Care, Hospital EDs, Law Enforcement, Data Expertise (Ad Hoc/ Permanent) Statewide Epidemiology Workgroup, Student Councils, Partnership for Strong Communities, Community Collaborates, and Connecticut Coalition for Homelessness.
- Team members were asked to submit names of representatives from each of these additional stakeholders to the website, so they can be invited and brought up to speed.
- Many initiatives that are looking at our service arrays with different lens- there's a need to coordinate and communicate initiatives.
- In regards to the youth and family piece, work is being done with FAVOR.
- Ken and JoShonda are committed to coming to the agencies involved to discuss Family First and focus of all the workgroups to gather input from the families and youth.

Group Format

- Team members will meet in-person, bi-weekly on Thursdays from 1-4 pm.
- Next meeting: Thursday, January 9, 2020 @ Children's Center of Hamden, 1400 Whitney Avenue, Hamden, CT. 06517.
- Venue for future meetings will be held at Beacon Health Options- Rocky Hill, CT., with the exception of the March 19, 2020 meeting.
- Discussed was the probable need to expand group meeting times, especially in February as the work of this group is expected to take off.
- Snow Days! Team members were asked to keep all Thursdays available on their calendars in case of cancellation due to snow.
- Inclement weather- check CTfamilyfirst@ct.gov email. This information will also be posted on the website.

Communication Strategies

- Team members were encouraged to visit and utilize CTfamilyfirst@ct.gov to view the 11/18 Video and today's Power Point, the DC approved plan, and Utah's plan. In addition team members were informed of the Family First In-box on the Dcffamilyfirst@ct.gov website, which will include meeting minutes for all groups and FAQs.

Open Discussion

Resources Needed to Do This Work

- Accessing data from programs (e.g. Kid Care, Community Support for Families, etc.) that would provide information about challenges that families and children encounter (e.g. basic needs, etc.).