PIP DEVELOPMENT

MEETING 1 NOTES

[SAFETY WORKGROUP]

Setting the Stage for Discussion:

- Importance of keeping the context of the work environment in mind
- Must consider what current data indicate and what is available
- PIP as a 2-year plan: Keep in mind as we discuss change, specifically "measureable change"

Safety: Challenges + Potential Strategies for Improvement:

- Family Arrangements + Safety Planning: how does the agency assess the practice? Data not currently available in any automated report to know on any given day, what family arrangements exist.
    - Strategy: As noted in the handouts (Key initiative/Strategy/Activity) there is a LEAN process related to family arrangements + safety planning.
- Policy related to first face-to-face contact with child victims in reports of abuse/neglect was not clear. Agency policy did not identify a clear timeframe for this contact.
    - Strategy: This policy was recently updated and expectations regarding timeframes for face-to-face contact with child victims has been clearly outlined.
    - Policy has also distinguished between "attempted contacts" + actual face-to-face contact.
    - Policy language now includes "daily attempts" when contact has not been made.
    - Training is being developed to be sure there is consistent messaging
    - DRS reviews are ongoing in each office and timeliness of face-to-face contact will continue to be assessed and evaluated. AO staff receive case-specific feedback as part of DRS review debriefings.
    - DRS reviews will also provide information as to the implementation of the new intake policy
- Supervision: Supervisory staff who have to monitor, shape and sustain the change are in the middle + often forgotten.
    - Strategy: Jodi highlighted efforts of the Academy in that supervisors are being brought in on training calls; there are focus groups with supervisors to discuss what training is highlighting
    - Supervisors are participating in qualitative record reviews and debriefings

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- Suggestions: Consider including family members as part of training; get their input to help shape some of the trainings (from conception to implementation)

- Focus on accurate, quality assessments and reassessments
  - Strategy: SDM overhaul with a focus on QA and coaching as well as analytics reporting
  - SDM should be a tool to help guide decisions but there must be a commitment to quality and ongoing quality reviews
  - Perception that safety + risk tools are for intake
    - Re-messaging risk/safety assessments for ongoing services; ongoing tools to assess, not solely compliance
    - Agency culture- specifically the Importance of worker "buy-in" as to the significance of SDM as a valuable assessment tool
  - Risk Validation Study (ORE)- to be conducted
  - In light of the data on reports, substantiations and transfers, the agency must have the right assessment tools particularly for those cases involving IPV; how are we assessing + reassessing where there is IPV
  - Quality visitation- vital to quality assessments
  - Consideration for family history, chronicity of abuse/neglect, in assessments
    - Eckerd Rapid Safety Feedback: good example of comprehensive assessment
- Service Provision (stemming from quality assessments)
  - Assessments and services tailored to specific family needs
  - Appropriate interventions must be in place: consider what is the agency doing that will help bring down the level of risk?
  - Service provision must be connected to/overlap with safety issues
  - Assess services to prevent removal- are they addressing critical safety issues?
    - Issue: Evidence-based models: at times are problematic because of needing to maintain model fidelity; family may have multiple needs and if the model (example of FBR provided) tended to this, the agency would have what the family needed.
    - Need to revisit service providers and expectations- for example, FBR doesn't state their staff have to go into bedrooms and assess safe sleep, yet what we know about the population they are serving is that this is the highest risk population for poor outcomes related to safe sleep.
  - Clear goals for the family and common set of goals around interventions: Agency must be clear in communicating goals of the interventions + clear in how the provider will be assessing progress. Partnership in child safety.

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- Family history and assessment of that history is critical to service provision
  - Strategy for consideration: Establish process for multidisciplinary teaming of cases involving families with multiple reports; team must include partners beyond the Department due to volume; shared responsibility (similar to Eckerd in the review- to identify areas of potential safety/risk threats in advance of an incident)
- Continue to engage frontline staff for feedback, particularly as related to culture + climate of the agency
- Continue to build on lessons learned to improve going forward
- New CCWIS system –identified as something in the future that can enhance current practice related to risk/safety; use of data analytics to identify highest risk cases (expanding on Eckerd)

Other:

- Impact of substantiations on the agency's ability to place children in kinship care?
- How does the agency continue to review prior substantiations and ensure notification to alleged perpetrators who may not be aware of prior substantiations (due to agency past practice)? (*Note: Director of the Office of the Ombudsman agreed to follow up on this as there was a specific concern raised, though not necessarily directly connected to PIP Safety workgroup)

Summary:

Overall, many of the areas for improvement and related suggestions for improvement that were raised by participants connected to those key initiatives/strategies/activities outlined in the documents provided as part of the PIP workgroup packets. Areas of focus for improvement centered around: quality assessments, quality visitation, appropriate and timely service provision, quality supervision and ongoing QA.

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[Permanency WorkGroup]

Communication across all sectors

Families are ultimate stakeholders of our services

What does it really mean that we did not "pass the CFSR?" is it the way we are defining it/really didn't do well?

Strengths

- Comprehensive FC CQI Plan
- FC youth survey
- Expanded reviews
- FASU staff certification
- Development and Implement policy and FC & Kinship Practice Guides
- Foster Parent Brochure
- ICPC-NEICE
- YAB – learn from them to influence practice and share with other youth
- Identify fathers, value
- Home-study and pre-license training process was good and necessary

Weakness

- Not using teaming for all permanency outcomes
- Potential to increase disparity if not used across all cases
- Confusion – case reviews versus teaming?
- Other systems: background checks, courts
- Federal definition of relative/kin differing values (item 10 efforts to locate and evaluate relative as resources) Definitions of family; strictly defined by FEDS, not honoring child's decision) CT more flexible (fictive kin)
- Communities struggle with our message, however DCF has large amounts of information on our website underutilized by communities
- Changes in case workers increases child's trauma, creates documentation missing from record **(adoptive parent)**

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- Large caseload impacts permanency **(CAFAP)**
- Increase system involvement in order to receive services
- Post-Adoptive families need ongoing support -want to stay with their foster care group but system sends them elsewhere (private agency)
- Agency/family "collaboratives" not meeting family needs around meeting schedules but yet agency staff are there on work time **(private agency)**
- Despite training, foster/adoptive parents still need advocacy ongoing **(private agency)**
- Post-permanency supports needed! (Not just for LTFC cases)

<u>Opportunity</u>

- Teaming continuum: increase integration of all pieces of the work (seems separate/disjointed due to dealing with mental health crises) such as father engagement and considered removals, increase core way to drive the casework, increase racial justice work, share decision making with bio/foster families, agencies, providers (not just DCF leading)
- Increase teaming in private agencies (and training) and encourage providers to share the responsibilities of coordinating/leading teaming (seems to be DCF led and it's not necessary)
- Ability to bill for teaming for non-contracted providers
- Increase efficiency through teaming
- Increase true involvement of all members ongoing
- Identify sub-populations, who are the kids whose permanency was not achieved?
- Help families understand choices (permanency chart) permanency barriers; relatives don't prefer adoption; help families understand better what their options are as a family (adopt/TOG,PTOG) perm chart is a good resource; can we get this to the larger group
- Better understand the increase in entries
- How do initiatives map to the life of a case? How are they integrated? What to prioritize? How do they relate, where do you put the time and effort per initiative? **(private agency)**
- How to support all youth and children to be part of the decision-making
- Child's experience normalized as a child not a "foster child" would speed permanency
- Integration across systems to access services (to streamline, avoid referral to DCF just to access services)
- Increase collaboratives, peer support systems for special needs children/parents
- Transform Systems of Care to elevate voices of families
- Strengthen families to feel they are able to participate
- Use data to inform groups
- Racial Justice- expand to outside providers/communities

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- Pre-adopt parents should be able to give consent for treatment rather than waiting for DCF to give permission; reasonable prudent parent standards.

Threats

- Using teaming reactively
- Not empowering/normalizing both children and foster/birth parent (related to quality visitation and delays in permanency)
- Lack of linguistic/cultural competence
- Not driving in to understand the "no" to adoption: why don't youth want to be adopted? why don't FP want to adopt? Focus group with CAFAP/foster parents; Afraid of loss of services, Historically, foster parents have no desire to adopt given the lack of commitment to agreements CAFAP liaison suggests really breaking down the permanency options for parents (she obtained TOG but would have preferred adoption but was not given the option). Do you have any questions? Rather than leave it there, say "well if you did, they might be these…" Are clinical supports needed?
- Consider adolescent developmental stages
- ADOL that don't want to be adopted despite having a committed family.
- Not including voice of all youth (not just YAB)
- Adoption post 21 is still an option but doesn't "count" toward permanency outcomes
- Communicate about disincentives, from various stakeholders
- Commissioner exceptions can be made to not dis-incentivize adoption (post adopt services)
- Do the systems currently meet the needs of the children in need of permanency or do we need another service system? DMHAS put YAS liaisons in local MH agencies to streamline services for families
- Special needs children's barriers to adoption; cannot guarantee post adopt services (DSS)
- Disabilities: peer specialists for parents of special needs children to advocate for their children
- 23 year old case example; excellent foster family did not adopt due to fear in loss of services, doing very well; at one point she did well enough but did not qualify for DDS, despite appeals, she is not eligible and she has no services.
- Autism without intellectual impairment; do not qualify for any agency's services.
- Access to services/knowledge of services
- Try to transition from DCF earlier
- Role of attorney and other stakeholders due to "benefits of OPPLA versus adoption" - communicate better about disincentives, involve in teaming (attorneys can derail permanency)
- Funding does not support the practice (it supports foster care, not adoption)

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[Well_Being WorkGroup]

Feedback on morning:

- Glad to see racial disparity data
- Glad to hear about system collaboration and integration of processes
- Need to all work together- DCF can't do it alone
- Need to fully employ representatives from agencies, parents, youth etc.
- Want to understand the 83% of reports that are neglect
    - Deputy Commissioner Muniz explained that 85% of the reports are on families we already know. Many have basic needs like housing, food etc.

Definition of Well-Being-

- Are there tiers of well-being? - For some well-being is basic needs like food, clothing, and shelter.
- Healthy, Safe, Smart and Strong
- Medical, dental, mental health, education, spirituality, connection with community, social support, physical and emotional health

Other considerations:

- Need to separate needs and substantiations
- Meeting needs is dependent on other agencies who are lacking resources
- Is the family receiving the support they need to take care of the child
- Medical home is going beyond just medical- SPoC- Shared Plan of Care. We can partner with pediatricians-takes a community to raise a child
- Interested in Emotional neglect and what that means
- It was helpful to see data-would like to get copy of Power Point-would be good to see it broken down by region
- Qualitative reviews should involve external partners outside of DCF.
- Need to look at the history of CT, region and country with regard to mental health and race/ethnicity.
- Risk Factors
- Look at the impact of education on child's well being
- One of the areas we struggle with is identifying underlying needs. DCF did not document in that way and were not prepared to do so.

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- Some areas of CT don't have resources- CT is committed to looking at areas that are lacking in resources
- Different regions communicate differently
- Documentation is an issue
- CFSR asks questions to push an issue to move toward better practice i.e., father engagement, underlying issues etc.

Strategies

- Taking training to the next level-simulation by creating an apartment with 2 way mirror. DCF hires 75-85 new social workers each year and many of them are brand new to the field.
- FAVOR has 98% staff with lived experience-experience with DCF- partnering with Academy and doing role play.
- SDM tools being validated tested and there will be re-training of staff. They aren't perfect but they are the best tools that exist.
- Reviewing Considered Removal process
- New intake Policy
- LEAN- Take away unnecessary tasks
- Fatality prevention- Eckerd
- Early Childhood policy
- New CCWIS system –staff can complete tools with family in real time- in other states with similar system they cut down on time spent on narrative entry by 20%
- How can staff get support from supervisors if they are not getting supervision-need legislature to hear

How will things be different?

- Decrease missed opportunities to support families
- Increase opportunity to connect family to services based on strengths and needs
- Increase focus on data/documentation/reporting with the family
- Increase supervisor expectation/education=coaching for staff

Who else needs to be at the table:

- Supervisors
- Faith community
- Education system

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- Youth
- Mental health
- Medical providers
- Child serving agencies (state)
- Legislature

Summary

- CCWIS and SDM will increase opportunities to identify strengths and needs and appropriate services
- Will be able to document in real time
- Supervisors and social worker's well-being and support is important
- Value community –faith, education and all agencies that work with families and sustain them in conversation