

# CT Family First: Community Partnerships and Youth and Family Engagement Meeting Notes

1/7/2020

## Agenda

- Introductions
- Overview of other workgroup activities
- Feedback, questions for other workgroups
- Overview of website
- FAQs
- Risk aversion
- Proactive messaging
- Open discussion
- Next steps

## Overview of Other Workgroup Activities

### **Candidacy**

- **Co-Leads:** JoShonda Guerrier and Jeffrey Vanderploeg
- **Charge:** Define the candidate population for both 1) Family First and 2) Connecticut's overall prevention plan.
- **Meeting Overview:** The Candidacy workgroup has met five times so far, and the results of these meetings are summarized below. For more details, please see the minutes on the DCF Family First website.
  1. Met and discussed a high-level overview of Family First, began a conversation around data, and did a temperature gauge of how broad they are thinking for the definition.
  2. Clarified purpose of workgroup, brainstormed entry points + pathways, discussed the creation of a charter.
  3. Discussed silos in our current system, compared and contrasted the Utah and Washington DC plans and their caveats, decided on data questions for next meeting.
  4. Presentation day, learned about disparities throughout the system, intake process, Careline data, FAR track, CAPTA portal, CRs. Also did an activity in which members categorized populations discussed during the meeting as either a "definite candidate," "possible candidate," or "broader plan candidate."
  5. Began a tentative discussion on the "definite" population and began drafting candidacy definition.

- **Group Makeup:** The group is primarily made up of community providers and DCF staff.
- **Other Information**
  1. This group will make recommendations to the governance committee, and the governance committee will make the final decision.
  2. The hope is to have a tentative draft definition for Family First candidate after their next meeting on January 14, 2020.
- **Questions/Comments?**
  - Has the group discussed the school to prison pipeline? In particular, there is a recent story that came out that there are 36 schools in Connecticut with holding cells. Is this something the group is addressing?  
Yes, it has been brought up as a concern, and the group plans on discussing this more fully when they talk about the juvenile justice population.

### ***Programs and Service Array***

- **Co-Leads:** Elizabeth Duryea and Dr. Elisabeth Cannata
- **Charge:** Examine Connecticut’s current service array and recommend new EBPs that would best serve our Family First candidates, along with other programs and services as part of Connecticut’s broader prevention plan.
- **Meeting Overview:** Programs has met once so far and plan to meet again this Thursday (January 9).
  - Kicked off their workgroup, did a high-level overview of Family First.
- **Group Makeup:** The group is made up primarily of providers and DCF staff.
- **Other Information**
  - This is a large group (over 60 members) and is considering breaking into smaller subgroups at times to help the facilitation process.
- **Questions/Comments?**
  - The group did not have any questions regarding the Programs workgroup.

### ***Fiscal and Revenue Enhancement***

- **Co-Leads:** Cindy Butterfield and Alison Blake
- **Charge:** Determine how the programs recommended by Programs & Services will be funded, using both Family First funds and exploring other options. In particular, this group hopes to identify creative funding sources and explore inter-agency partnerships.

- **Meeting Overview:** Fiscal and Revenue Enhancement has met once so far, with another meeting scheduled for tomorrow (January 8).
  - Went over an intro of Family First (particularly as it relates to finances), learned what's allowable, discussed opportunities for administrative claiming, talked about the one-time transition funding, and the new IV-E funding.
- **Group Makeup:** This group is made up of DCF staff, community providers, and representatives from several other government agencies, including the Office of Early Childhood (OEC), the Office of Policy and Management (OPM), the Department of Social Services (DSS), the Department of Public Health (DPH), and the Department of Mental Health and Addiction Services (DMHAS).
- **Other Information**
  - This group is the “anchor” of the workgroups. They are not able to really dig into the work until they have more information from the Programs workgroup on what types of services we will have. The Programs and Services Array group is in turn limited until they receive the candidate definition from the Candidacy workgroup. Because of this, Fiscal is not meeting very frequently at this time, but they plan to start meeting weekly beginning in March.
- **Questions/Comments?**
  - The group did not have any questions regarding the Fiscal workgroup.

### ***Kinship and Foster Care***

- **Co-Leads:** Tina Jefferson and Randi Rubin Rodriguez
- **Charge:** Three-part charge: 1) Identify barriers to kin caregivers, 2) Visualize and recommend strategies for support, and 3) Develop a Kinship Navigator Program. The workgroup is not focusing only on DCF caregivers; they seek to support all kin caregivers and foster parents.
- **Meeting Overview:** Kinship has met twice so far, with another meeting scheduled for Friday.
  1. Kicked off the workgroup and did a high-level overview of Family First.
  2. Listened to and discussed presentations on kinship/foster care licensing (national model vs Connecticut's standards) and existing kinship navigator programs. Brainstormed needs of child, birth parent, and caregiver through kinship café activity.
- **Group Makeup:** This group is primarily made up of community providers and DCF staff.
- **Other Information**
  - The group has also decided on a charter to help structure their meetings.

- **Questions/Comments?**

- One person wanted to highlight that kinship care looks very different when families go through probate court rather than through DCF. They hoped that the differences in support for each were being fully considered here. Ken and JoShonda agreed that Kinship has discussed this, as has Candidacy. They also recommended keeping in mind the two-part approach of Candidacy (i.e. first defining candidacy for Family First, then defining it for the broader plan).

### **Reflections, Comments, and Feedback for Other Groups**

1. **Question** – When identifying candidates, are parents with cognitive limitations being considered?

**Answer** – Yes, somewhat. The Candidacy workgroup did consider parents with cognitive limitations in their discussion on parents with substance use and mental health issues. This was a point of heavy discussion, and the group was split almost exactly down the middle on whether to include them or not. Many folks worried about stigma and potential overreporting, and they felt singling out this group could have negative consequences. Currently, the hope is that we will still catch the serious cases because all accepted Careline calls will be part of the definition, along with CAPTA notifications. Right now the group is leaning towards not including this population in its Family First definition but making them a focus for the broader prevention plan; however, this is only a recommendation and it will still need to go through the Governance Committee. Many felt this should be discussed further.

2. **Question** – The Birth to Five program has a lot of intersection with candidacy. How is this being considered and incorporated into Candidacy discussions?

**Answer** – We have discussed the CAPTA portal in the Candidacy workgroup, and we also have a representative from OEC in the group, so early childhood is being considered in our discussions. The OEC representative has brought up their home visiting program at several meetings, and we hope to use that information in our plans. We are hoping that some of these organizations and programs can be part of our broader prevention plan, but we are currently not sure of how to add them to services.

3. **Question** – Who is looking at the continuum of services? EBPs are sometimes choppy to families because their time frames are limited. This results in a lack of continuous support, and families move between services, going in and out of programs.

**Answer** – Programs and Services is the group analyzing the service continuum. We do want to address this issue as part of our broader prevention plan and we hope to work with other

agencies to make it possible to streamline services and offer more continuous support. Also keep in mind that implementation will begin in the summer, and this is something we can work on throughout implementation. Right now, we are trying not to get distracted and are focusing on the planning stages. When implementation begins, we can look at service continuity and work to combat this problem.

4. **Question** – Juvenile Justice is not being addressed right now, but a lot of JJ and CCSD kids are not being represented despite the fact that these children are very involved with DCF. A lot of supports look punitive and go through JJ rather than being properly addressed. What is being done to incorporate their voices and considerations?

**Answer** – We do have one representative from Juvenile Justice in our Candidacy workgroup, so it is a consideration and something we hope to address, but we have not started talking about them as a candidacy group yet (the hope is to discuss them at the next meeting). Also, keep in mind that Family First is somewhat limited, so even if we do not address them through Family First, we can hopefully include them as part of our broader efforts.

5. **Point** – Also, we should not just be talking about JJ-involved youth, but the families that interact with the justice system.
6. **Question** – Is Candidacy thinking about the tie-in between EBPs and candidates? Are they looking at what EBPs are available and then basing recommendations off of this?

**Answer** – No, not really. Throughout this process, we are trying to build the best possible system for our families. While planning, we are not limiting ourselves by funding considerations or what is currently on the federal clearinghouse. Also, we can amend the plan and the clearinghouse will grow, so we do not want to constrict ourselves based on what's currently available.

7. **Point** – One person requested that we keep in mind that not everyone has the same understanding of acronyms and definitions. When we are working with families, we need to be careful that we're not excluding people by using "department speak."

### Overview of Website

- DCF now has a webpage dedicated to Family First: [CTFamilyFirst.ct.gov](http://CTFamilyFirst.ct.gov)
- This webpage has handouts that were distributed at meetings, PowerPoint presentations that were shown, the two approved prevention plans (Washington DC and Utah), and full videos of our external and internal kick-off meetings.
- We also have links on this page to the various workgroups, where we are posting meeting minutes and that group's schedule.

- The webpage is always being updated, so continue to check in to see the latest information!
- If you would like to contact us about Family First or the workgroup, please do so at our designated inbox: [dcfctfamilyfirst@ct.gov](mailto:dcfctfamilyfirst@ct.gov)
- One of the workgroup members commented that the webpage has been very helpful to people unfamiliar with Family First.

## Frequently Asked Questions

- One of the resources the department is working on is an FAQ document for people to use to learn more about Family First.
- Ken Mysogland read through the draft FAQ document and went over the answers with the group to get feedback on questions. The full questions and answers will not be included here, but any points of discussion will be addressed below:

1. **Question** - What are the core principles of Family First and how are they already reflected in Connecticut's system?

**Answer** - The main principles of Family First are 1) children should stay with families when possible; 2) when placement is necessary, kinship is preferred; and 3) we should reduce the number of kids in congregate care (we will always need some forms of congregate care--around 6% of kids in care will need some form of congregate care, but when it is necessary, it should be in the least restrictive environment possible).

These values are already reflected in Connecticut's system. 90% of kids we interact with stay home, and of those removed 60% are reunified and many of our other kids in care are with kinship caregivers. We are actually doing better than the national average with kids in kinship care; around 42% of youth in care are with kin.

### **Points of Discussion**

- a) One group member wanted to clarify the data point that 60% of kids in care go home. What does that timeframe look like? Ken responded that the 60% is across all time frames and ranges from weeks to years. The key point that we want to highlight is the number that goes home, which quite the opposite of the Department's reputation.
- b) Another person wanted more information about the 42% of kids in care who are with kin. They wanted to know whether this was referring to those in DCF-custody or generally. Ken responded that the 42% is referring to those in DCF custody. We do not have statistics on how many are with kin outside of DCF.

- c) Someone also asked if the state tracks the length and success of kin placement. DCF did not have statistics for this but cited the large body of research that shows that kids in kinship care are more stabilized and disrupted less as compared to those in traditional foster care. Kids with kin tend to do better in general, and they are also less likely to encounter repeat maltreatment.
- d) A workgroup member explained that in their position, they are often seeing the "back-end of kinship care," when youth are 17-18 years old and are having trouble with permanency. Ken explained that this is something the Kinship and Foster Care group is hoping to address. Their goal is to provide more services to kin to help create permanency and in particular start developing a Kinship Navigator program. There are elements of support across the board but currently no cohesive system is in place for kin; our hope is to change that. This workgroup is trying to mitigate these situations through new infrastructure and support.
- e) Along with that, one person highlighted the fact that there are generally a lot of navigation issues at transition (adulthood being one of them). Transitions are also where supports often start to fall through. The group felt this was a very important point and asked that it be brought to the Programs and Services group for further discussion.
- f) The Caregiver Support Team was brought up, and it was suggested that this program be expanded so that it can provide longer support. The group generally agreed but pointed out that this is available only to *our* kinship families and not those living informally with kin. The hope is that Kinship will be able to create supports for those outside of DCF as well.
- g) Someone raised the question of ongoing support into adulthood, but the Co-Leads felt it would be better to connect about this after rather than discussing it fully with the whole group.
- h) One person asked whether children in kinship care out of state would be eligible for these services; the answer is that only those who are here in Connecticut are eligible for services here.
- i) A member emphasized the importance of intergenerational support, especially for our kin families. By better helping kids now, we can hopefully stop some of the cycling that happens.
- j) Someone asked about how we will be funding the broader prevention plan, but the workgroup leads felt that it was too early to really answer this question. This

will be based on what happens in the Candidacy and Services workgroups, then it will go to Fiscal, who will try to identify creative funding streams beyond Family First dollars. Right now, we are hoping for funding through Medicaid, the State of CT, DSS, and other possible funding streams; however, it is important that we build our system around the *needs first*, then work out the funding after.

k) A quick question was raised--is the state matching the Family First funds? The answer is yes, the state is reimbursed at 50%.

2. **Question** - What are the risks involved in implementation? Where is child safety in the Family First principles? What pendulum swings should we be mindful of when further implementing the Family First work?

**Answer** - We don't mean to say that the goal is *no* children in foster care, congregate care, etc. Connecticut tends to be a rather pendulum-oriented state, but we don't ever want to say "at all costs." For example, the goal is not for children to stay home at all costs, just those who can stay safely at home with services put in place. Most kids are removed because of neglect, not abuse. The goal here is to reduce neglect without compromising their safety. Of course there will be risks, but we want to lower our risk-aversion because the benefits greatly outweigh the risks.

**Points of Discussion**

- a) One person asked for the definition of neglect. There is a statutory definition of neglect which the Department uses, but there are a lot of grey areas; the root of the problem could often be better addressed with services rather than removal. Part of the Department's goal is to prevent folks from seeing DCF as the first default and get them to engage more upstream. The person who had asked the question felt that the group would benefit from an understanding of the statutory definition of neglect, as it can be circumstantial.
- b) Another member asked how Programs and Services is looking at prevention. Ken replied that they are looking to plug existing service gaps and find new prevention opportunities. He also emphasized that the role of this workgroup (Community Partnerships and Child and Family Engagement) is as "ambassadors." Not only does this group serve as a check on other groups, but they also seek family voices and provide messaging for the community. They should ideally generate a feedback loop by bringing the framing and messaging outside to the community and lifting up others' voices into these meetings.



- c) One member asked about the opportunities through Family First to give more families access to resources, and in particular to resources that would address social determinants of health. Ken and JoShonda explained that the Candidacy workgroup is discussing these factors and social workers try to take these into consideration when making decision. As far as Family First goes, the process for getting services is somewhat narrow: a family must be 1) in the definition for candidacy, 2) have their needs assessed, and 3) have needs that match a designated EBP. With all that in mind, it seems that social determinants of health are better addressed through Connecticut's Broader Prevention Plan.
- d) One person asked for more information about the EBPs we will include in our plan. All of our EBPs must be either:
  - i. Services already approved for the Family First Clearinghouse.
  - ii. Services the Clearinghouse will review and approve in the future.
  - iii. Services that we or other states may submit to the Clearinghouse for consideration, following a state-led review that supports such service(s) meet criteria and can be considered an Evidence-Based Practice.

It is important to note that if we do include a service that meets either ii or iii, we can claim it for reimbursement until it is denied (if it is denied). If it is approved, we obviously will continue to receive reimbursement and it will also be added to the Clearinghouse. Services that are not considered in the above list still can be and will be funded through the broader Prevention Plan.

- e) Along with this, someone was curious whether we will be receiving funding from other departments. We certainly hope to tap into other Departments' funding streams, and we have invited them to be a part of this planning process. We have at least 14 people from other Departments in the planning process, and we know that Fiscal is hoping to work across Departments to fund our prevention plan.
- f) Getting back to the point about the definition of neglect, one person asked how cultural competency plays a role determining neglect. DCF staff answered that we try to keep these factors and how they relate in mind. When learning about the statutes on neglect, DCF staff is also trained on operational cultural competency and the importance of racial justice. However, this is not a perfect system and one provider brought up a situation where DCF was called because of a family performing a cultural ritual involving a chicken for a sick child. This

provider felt this was an example of DCF not having the proper cultural competency necessary to interact fairly with people of different cultures.

- g) Another person explained that we need funding to help people get out of poverty (not just band-aid solutions). We need a wraparound model that involves education, housing, and economic justice. Those in the room applauded and felt this point was extremely important and should be emphasized.

- 3. **Question** - The term "community partners" is used by DCF when referring to the memberships of the Family First workgroups. Why is this language being used?

**Answer** - Some of the folks in the room represent organizations that are funded by us, and some of you do not. Each workgroup is made up of lots of different people, but the most important thing is that you all care and have dedicated your time to being part of this process. This language will continue throughout implementation.

- 4. **Question** - What are the five workgroups and how do they connect to the development of the plan?

**Answer** - JoShonda addressed most of this earlier, but Ken took the time to explain our Governance Committee, which will listen to the workgroups' recommendations and make the final decisions regarding the Prevention Plan. It is not just made up of DCF staff and in fact, it is very community-heavy. In addition to the six members of the executive team, there will also be the DCF and community co-leads of each workgroup (9 people total). There will be seven non-staff people from our advisory group, which helped with the transition last year. Finally, we will include someone from the legislature, AG, one family member, and one youth voice.

**Points of Discussion**

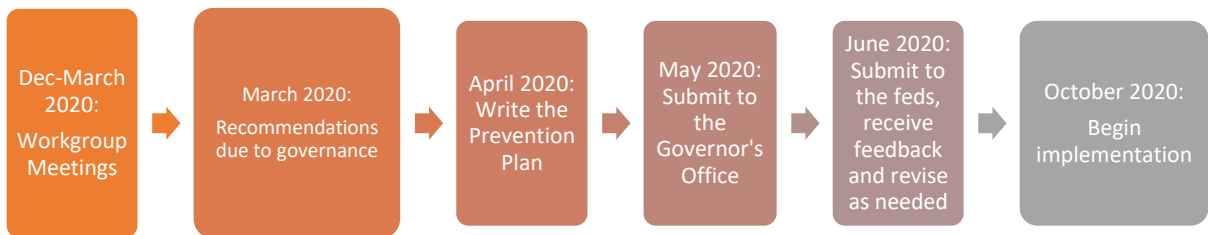
- a) Some members felt one family and one youth voice was insufficient. JoShonda and Ken explained that some members also play dual roles, representing an organization while also drawing from their own experience as a youth/family member; however, some members felt that playing a dual role is not very feasible. They felt folks usually ended up settling into one role or the other.
- b) One person expressed their belief that to truly create a family-centered policy, we should aim for at least 50% family/youth in this committee. Right now, having only two folks to represent these voices is not enough. Ultimately, these policies should be made in equal partnership with those the policy will affect.
- c) Another member wanted more discussion and voice on the subject of children with disabilities in DCF care. They wanted to go over the numbers on how many

children in DCF care have a disability and pointed out that this perspective is often missing from these conversations. Co-lead Beresford Wilson explained that 96% of FAVOR, Inc staff are families or caretakers of folks with disabilities and that he himself is the father of an individual diagnosed with autism/ASD. He does not consider himself to be at the table as a family member, but he does take a Family Systems approach in his work and brings that perspective to the table.

d) It was emphasized that it is not possible to represent *all* populations at the table, but the hope is to have as many voices at *every* table as possible.

5. **Question** - The timeframes for the workgroups to complete their recommendations appears to be ambitious in order to have an approved plan for implementation by 10/1/2020. Why is Connecticut taking such a quick approach?

**Answer** - We believe now to be the right time to do this work. We also want to highlight that Connecticut has been incorporating these values into its practice for a long time, which gives us an advantage in this process. The tentative timeframe is:



We know that the timeline looks tight, but we believe fully in our workgroups and are confident it will be enough time to draft our plan and create something strong for our state. We can change our plan later and revise after our initial submission. We also want to highlight that we currently do not have a plan in mind; the workgroup are the ones building the plans, not DCF. We also have high state agency involvement in our process, but we want more family voices involved in the process.

6. **Question** - Is attendance mandatory for all meetings? Do all workgroups have a charter?

**Answer** - No, attendance at all meetings is not mandatory. Obviously, attendance and active participation is necessary for this work, but it is all right for members to miss a day. If one does miss a meeting, we ask that they go through the notes on our website to catch up on what was missed. Not all workgroups have charters; it was left up to the group whether they felt a charter would be beneficial for their work.

7. Other Discussion Points

- a) One person asked whether it would make sense to take a moment and agree on terminology and vocabulary. For example, the phrase "cultural competency" was used earlier and this member felt uncomfortable with that language, as "cultural responsiveness" is a more appropriate term. The member tied this back to the discussion about defining neglect, and just making sure that members have a common understanding on appropriate terminology. The group felt this would not necessarily be productive. For one, language is culture. It takes a while to actually change people's phrasing and this may not be the most appropriate setting to take on this work. Further, there is a concern that determining specific language for this workgroup could become a barrier to entry--members should not have to know the exact terminology to feel they can participate, as long as they are being respectful and responsive.
- b) At this point, the discussion on the FAQ sheet ended. Ken did not get through all the questions on the sheet, but the group felt that they understood the answers well enough to feel comfortable moving on.

## **Break**

### **Questions for Youth and Feedback**

- During the first meeting, this workgroup discussed their role as "ambassadors" for the community, bringing Family First messaging to outside stakeholders and then bringing feedback into workgroup meetings for consideration. To help with this process, they requested a list of talking points or questions to bring to the community that would help guide them in soliciting feedback. Before this meeting, a list of ten questions for families and ten questions for youth was drafted for the group to discuss and approve.
- The full list of questions will not be provided here, but any points of discussion will be noted below:
  - 1) The group felt it would be beneficial to ask a question about barriers. The original list of questions asked about needs and services, but it did not specifically address barriers that kept people from getting help. The group as a whole agreed to this.
    - a. One person suggested providing a list of options (e.g. "Housing," "transportation," etc.) that might help get participants thinking--a more structured dialogue; however, the group as a whole was unsure of this, with one person responding that it makes more sense for the family/youth to tell us what their barriers were and not making assumptions.

- 2) It was clarified that the questions were listed in no particular order. One person felt that it actually did make sense to add an order to the questions and try to move from general, non-invasive questions about their needs and barriers rather than jumping right into a discussion on DCF. DCF-involvement is often personal and sensitive, and folks will not feel comfortable discussing it right off the back. Further, it was suggested that an intro paragraph be added to explain why we are asking these questions and how the information would be used. In particular, it was deemed important to explain how the participant's responses would translate into action. The Department often asks for feedback, but families do not see the results of this. It would be better to be very transparent upfront.
- 3) One person asked if it would make sense to give this questionnaire to social workers. After all, they are interacting directly with children and families. The group was reminded that Family First is not meant to just focus on DCF-involved youth, and while social workers might be able to capture some of the pool, providers interact with a wider variety of kids. It was suggested that folks who do use these questions keep their audience in mind and tailor the questions as needed for different systems.
- 4) A workgroup member felt frustrated by the prospect of members going out to get feedback. They cited the large number of projects that have researched similar questions and the variety of data we already have at our disposal. Why not use that information? Ken and JoShonda explained that we do have this as an option, but a questionnaire was specifically requested by this workgroup in the previous meeting. DCF has put data on the website (including presentations and reports), so we do want to take both approaches.
- 5) One person asked whether the questions would be translated into multiple languages, but it has not been decided yet whether it will be (or into how many languages it will be) translated.
- 6) Someone pointed out that the questions seemed to belong in one of two camps: either questions about systems/services or questions about DCF perception. This person felt these two did not mesh well in one document.
  - a. Along with this point, another member questioned whether "DCF" should be mentioned at all. It is not necessary to mention the Department to talk about the needs of families and youth, and the mere mention of DCF tends to put folks on edge.

- 7) An important point was made that it is helpful for members to go into their community and ask these questions. As was just mentioned, folks tend to feel on edge when discussing the Department, but they feel more comfortable speaking about these issues with their providers. Providers should take these questions to the families they serve and focus on the service aspects and underlying needs, using the questions as a starting point for a more open dialogue. They also felt like the providers could then filter families' responses and bring back the more important pieces to the workgroup.
- 8) Another group member pushed back on the above point. This is certainly true for trusted providers, but there are some providers with tension between them and families. In these cases, providers need to be prepared to actually listen to what families are saying. When the providers themselves are the middleman between families and the workgroup, there may be a temptation to put that input into terms that better reflect their organization--we must resist this temptation and lay out the honest truth.
  - a. Even with this caveat, the group as a whole felt that providers are better at facilitating these conversations because they are a step outside of DCF. Again, the importance of an intro that explains how the information will be used was emphasized. Families feel frustrated when they are asked the same questions without seeing any change.
  - b. Also, one member felt that while it is hard for families to talk about their current situation, they are often open about the lack of services in past experiences.
- 9) One person asked how the group planned on connecting with schools or organizations and meet on *their* time. They also put it to the group that it would be worthwhile to get other perspectives from schools, for example, SROs or Family Resource Centers.
- 10) In addition to an intro paragraph, one person suggested editing down the list to a couple key questions. They also thought it would be beneficial to discuss now how members will bring back responses to the group as well as how this information will get back to those producing it. How will we "give it back" to the people we are speaking with?
  - a. One person suggested using flipcharts for facilitation. These show the people you are speaking with that you are actively listening and recording their thoughts, and it also provides an opportunity to restate their points to make sure you are understanding each other correctly.
  - b. Along with that, if editing to key questions, it would be easiest to have only a few workgroup members assist Ken and JoShonda with this rather than discussing as a large group.

- 11) The idea of previous research surfaced up again and it was suggested that FAVOR or other organizations that have done similar work help draft the intro paragraph.
- 12) The group discussed how best to get information from the Community Partnerships to the other workgroups and how to get the workgroups' information back to families and youth. The Community Partnerships workgroup meets only monthly (most others are meeting every two weeks or more frequently), so the timing of the communication gets challenging.
  - a. Members agreed that it was necessary to know quickly what is happening in other groups.
  - b. One person suggested a frequent communication bulletin or other mechanism and echoed the sentiment that as much involvement possible is best (especially once implementation begins).
- 13) Someone asked for clarification on how this work is being coordinated with other state agencies, particularly with agencies that are also soliciting feedback. The group did not discuss this fully at this point, but earlier in the meeting did go through the different ways state partners are involved in the process.
- 14) One member felt that in addition to reducing the number of questions, we also need to consider how we are asking these questions. Families often understand what these questions are really getting at and we need to communicate honestly with them. It is important to consider how folks are messaging to their audience and approaching their conversations.
  - a. In this vein, someone explained that the questions seemed to get at three topics-- branding, service access, and stigma--and many of these are tied to communities' fears.
- 15) The group spent some time discussing why these questions were written in the first place and what the goal of them was. It seemed that there was some disagreement about the purpose and once that was cleared up, the conversation would go more smoothly.
  - a. One person's understanding was that it was meant to identify family needs for the Programs workgroup but has now become less focused and is no longer meant to inform other groups. Many members agreed that their understanding was also to bring back information for the other four workgroups.
  - b. After receiving feedback, the group should be able to then decide where to funnel comments and direct it to the appropriate workgroup(s). JoShonda suggested that members send these comments to the DCF Family First inbox so that she and

Ken can make sure to bring it to the other workgroups. The meeting cadence of the other groups make this a faster way to get feedback to the right people.

- c. The intent of the questions was to reach out to people who cannot be here at these meetings. Instead of expecting them to fit these meetings into their schedules, this is an opportunity for us to go to them and get their input.
- d. There was some tension because the questions are intended for people outside of DCF in addition to those who are involved with DCF; despite this, the list includes questions about folks' experience working with DCF. This should be clarified.
- e. Finally, Ken asked the group if a couple volunteers could reach out to him so they could decide (as a small group) how to cut down the number of questions.
- f. Although the list will be cut, members should not feel that they are limited to the 3-4 questions that will be left; you know your clients and families best and if you think a topic is important, then bring it up.

16) The group also discussed two other methods of feedback: bringing voices into these meetings and using technology to get more participation.

- a. Several people felt that voices in real time would help the conversation and let members hear their perspective in their own words.
- b. It was suggested that technology or in-school partnerships would help get feedback and also encourage people to try to come to meetings.

17) If group members have reports, data, or studies that would be useful to the group, they are encouraged to send it to the DCF Family First email address.

18) Co-lead Beresford Wilson explained that he can connect workgroup members with regional staff if they are unsure where to go for feedback.

19) An important point was made here: bullying and implicit bias is present throughout the child welfare system. It is easy to sit back, but we need to assess ourselves and our own practice. In particular, we cannot think of families as a resource from which we can simply extract information. Asking families for feedback does not mean we are immune to our own biases. Additionally, this group lacks a lot of the front-line workers who work directly with families.

- To this point, one person suggested also working to get information on families on how we (as individuals) have improved communication, so the way we work with families matches how they want us to work with them.

20) The group quickly went through some of the constituent groups we may be missing:

- a. Faith-based organizations



- b. Juvenile justice
- c. Law enforcement
- d. School representatives
- e. Primary care/pediatricians
- f. Obstetricians/gynecologists

There was a representative from education at the table, though they acknowledged that as a whole, we did not have a lot of participation from education yet.

21) One representative from the DMV acknowledged the importance of partnering across departments but asked how their department in particular could better benefit the group. The DMV is not traditionally a main part of the child welfare system, yet they interact directly with many of our families. The group discussed the DMV and opportunities to work together.

- a. One person asked for more information on the services they offer/referrals they make for families; they were also curious whether the DMV would make more sense in the Programs and Services workgroup.

JoShonda replied that they could be useful to that workgroup as well, as it reminds her of a program in Florida.

- b. Another member brought up services that the DMV used to provide, like driving lessons in school; however, the DMV representative explained that it was actually the school system that cut those lessons (not them).
- c. A main way the DMV is connected to child welfare is that they are the ones who provide driver's licenses. Nowadays, IDs are important to access resources and enter schools--two very important needs for families. One member asked about the idea of adding disability information on licenses so that people would know that actions that may be interpreted as aggressive are actually due to a disability, or so that people would know the kinds of medical needs that may arise. However, the DMV representative explained that they have discussed this in the past but could not find a way to implement this without compromising sensitive medical information and violating privacy rules.

### **Addressing Risk Aversion in Our Communities**

- The reality is that despite our best efforts, there will always be some level of risk in our work. This means that there will sometimes be child fatalities, news articles on mandated reporters who failed to notify the appropriate people, and media exposure that criticizes the bad things

that happen to children and families. These are our greatest fears, but on some level, they are inevitabilities. Family First hopes to address the risk factors (especially since so much of our work deals with neglect, not abuse) while keeping kids at home.

- In our current system, we shirk away from taking responsibility when bad things happen. This means we communicate less, close up, and sink back into our silos, which ultimately does not help families or children. We need to move towards a culture of shared responsibility, without swinging the pendulum too far in the opposite direction.
- The group discussed how we as a child welfare system can move away from our risk aversion towards shared responsibility.
  - 1) One person asked what kind of communication is going out to front-line staff. DCF representatives explained that we intentionally started discussing Family First with our external partners and then moved to internal. The goal is to drill to front-line staff (in the community and DCF) the importance of these issues. The internal kick-off meeting was to follow this Community Partnerships meeting, and Family First would be discussed at a greater length in that meeting.
    - a. One person felt that specific messaging (particularly the statistic that 90% of kids remain in home) is very helpful.
    - b. Chris Lau, Assistant Chief of Child Welfare for Regions 1 and 6, explained that the values embedded in Family First are the same values the Department has tried to live for a while, especially with the Dorantes administration. While the specific legislation is not currently being discussed in the Area Offices, the values behind it have been very present. The legislation is new, but the goals are not, so it should not be radical change for the staff. The biggest change is in the funding streams (prevention vs reimbursement) and the types of programs being offered.
  - 2) Another point that was brought up was the Department's influence on community providers--the Department needs to make roles clear and not tell providers they're wrong. The work should be collaborative.
  - 3) One person asked where DOC is in the process. They are not involved in the workgroups, but incarcerated parents/caregivers are important to our work. These folks touch the community and haven't previously been brought up; a big problem is the siloeing. We see folks as in one system or the other but not both.
  - 4) One of the members, a social worker for their health department works with first responders and explained that it is challenging to make it clear to families that their involvement stems from concern and a desire for safety rather than a desire to hurt their

family. We need to consider how/why people call DCF--oftentimes there is a need, but it is not DCF's responsibility.

- 5) Again, the need for clear roles was emphasized. We also need to support each other during hard times.
- 6) One member said they used to call the Careline to clarify what has to be reported, but providers have moved away from this because these informal consults would result in both parties not taking responsibility when bad things happen (the Careline was not properly informed and the provider thought they did not need to report). More thorough mandated reporter training might be useful to clarify to providers what needs to be reported, now that these calls are discouraged. Better expectations moving forward would create better partnerships.
  - a. A lack of names at the Careline call will influence a decision, which is why the Department wants more education and resources for mandated reporters. In particular, it would be useful to do specific trainings by discipline.
  - b. In addition to these trainings, some workgroup members felt educating mandated reporters about trauma, mental health, and cultural responsiveness would be beneficial and might help them take more of the responsibility for the welfare of the children they work with.
  - c. As a whole, the entire workgroup felt strongly that mandated reporters are a very good intersection between DCF and the community. This is a great opportunity for partnership and more discussion about Family First.
- 7) A provider stated that while centralization has been good in some ways, in other ways, it means there is less familiarity between the DCF and provider community. Risk aversion rests on fear of the worst outcome--more integration would build better relationships. In particular, it would be useful to have people get to know each other on a more personal level, not just "role to role." People feel more comfortable reaching out to a specific person they know and trust rather than a vague role. In times of crisis, it is better to take a collaborative, restorative approach rather than focus on placing blame.
  - a. One workgroup member shared their office has started meeting with folks in the Norwich Office (they came to their meetings), and this makes them feel like they are working together more rather than in separate silos.
- 8) Beresford Wilson reiterated the importance of having families at the table. "Partnership means shared authority and responsibility through mutual respect." He encouraged the Family First co-leads to try to get the Governance Committee to at least 50% (preferably

more) families/youth voices. If we can't get recommendations from the families, it is not shared authority and they are not properly being served. He suggested using reports that come from functional boards/groups, as that would be valuable input. He also highlighted the fact that a lot of these families provide input and spend their time while getting little reward. He also liked the group's ideas around dual capacity training and having mandated reporters do more family training with social workers. Beresford closed by emphasizing that we must hold on to trust and relationships despite financial considerations or blame. Moving forward, he identified three things as key points from the group's discussion at this meeting: 1) trying to develop a shared understanding of language (ex. "neglect"), 2) dual training, and 3) using boards and other resources for data.

- 9) Additionally, Beresford identified several considerations for the workgroup moving forward. First, that some of the tools we use (e.g. SDM tool) may include biases and assumptions. Second, we should keep in mind Connecticut's history during our discussions. Finally, we need to use a multifocal lens in our approach.

### **Next Meeting**

- The minutes for this group (and all other workgroups) will be posted to the website. Right now, this is the best way for everyone to stay up to date on what is going on in the other groups.
- We will return the final questions list as soon as possible.
- If you have data or reports you think would be useful, please send it to the Family First email.
- Next meeting is **Feb 4<sup>th</sup> (12-4 pm) at Beacon** in Rocky Hill.