

## Minnesota Family First Prevention Services Act Meeting Notes November 1, 2018

Meeting Purpose: To begin the process of engaging stakeholders in articulating a vision for Minnesota child welfare and developing a blueprint for Minnesota to effectively implement FFPSA.

### I. Next Steps from Meeting

- Review and reflect on the information that emerges from this meeting
- Reconvene this group in 2-3 weeks to follow-up on plan for moving forward
- Articulate a vision
  - Identify a smaller group to participate in the visioning process
- Develop a leadership structure for FFPSA implementation
  - Be intentional about developing structure
  - Convene a strategy session to develop structure
- Create a forum for the participants from this meeting to follow up and remain engaged
  - Communication structure—monthly updates?
  - Steering Committee and Workgroups
    - DHS could staff and help set dates, agendas, etc.
    - Create charter/charge
    - Identify membership
    - Focus workgroups on critical issues (e.g. the “buckets” of work?)
- Specify commitments to the FFPSA process
- Develop talking points for the new Administration and Legislature
- Learn from Colorado experience and from other states as well
  - How did CO engage in the work?
  - What structures did they use?

### II. Hopes for Child Welfare in Minnesota

Meeting participants engaged in an initial, brainstorming conversation about their hopes for child welfare in Minnesota. Responses and ideas have been grouped into several thematic categories that emerged during the discussion:

#### Families

- Stronger families
- Show up when people actually need help, not just when we decide they need it.
  - Skillful use of authority

#### Prevention and Services

- Rebuild upstream services
- Public Health approach to prevention
- Build prevention framework and encourage people to use and access services
  - Need to build trust among families and in communities
- Child “safety” still the priority, but clarity on what it means
  - Clarity statewide regarding safety—community, judges, child welfare, etc.

- Courage to put some funding toward front end rather than placement
- Community Family Resource Centers—San Francisco model
- Be smarter re: interventions (e.g. not automatically placing babies with addictions in care)
- Need to “un-silo” many services
- Continuum of care
  - Need more services in the middle—between front and back ends
- Some families and kids do need deep end services—so continuum needs to address

### Community

- More engagement of community in this work
- Community-based, community accountable system
- Be more intentional at involving communities of color
- Focus on neighborhoods, down to specific blocks

### Stakeholders

- Generative connections to education, public health, early childhood systems, etc.
  - Focus on ACES and historical trauma
  - Attend to these
- Judicial understanding of FFPSA
  - Court orders connected to community resources rather than placement
- Support for families in the legal system—representation

### System Expectations

- Less adversarial
- Not “us vs. them” approach—shared vision
- Specific, clear outcomes
- Be less risk averse—try new things and see what works
- Realistic expectations of system—what it can and cannot do
- Do no more harm (e.g., new initiatives should not lead to more trauma)
- Talk publically about best interests and how the system has operated in the past
- Need to figure out financing
- Concern re: the way things get undone after tragedies
  - Need to address and inoculate systems from these situations and reactions

## **III. Envisioning the Future Using the “Press Conference Exercise”**

Participants also engaged in an exercise designed to envision the positive ways in which the child welfare system in Minnesota will have changed by 2023 and what it took to get there. The responses fell into similar thematic categories as those in the previous section:

### Family Experience and Engagement

- Families experienced involvement with the system differently
  - Families now ask for help
  - EBPs and practice-based evidence to serve families more effectively
  - Prevention workers visit hospitals to work with new mothers (not seen as CPS)

- Culturally specific case plans
- Word of mouth spreads positive experiences with child welfare
- Engaged community partners (whom families trusted) to create models and offer help/services
- Families feel pride and can give back to the community
- How families have helped the process
  - Use families to reach out to those in need
  - Peer parenting approaches
  - Parent councils and parent leaders
    - Help with policy development
  - Parent advocates and navigators
  - Focus more on fathers when necessary
  - Share stories of positive work with CPS with other families
  - Talk to elders in Tribes about their history with child welfare
- Voices of children
  - Leadership Council includes young people who have experienced the system
  - Focus groups with kids in care

### Prevention and Services

- Made commitment to address the crisis that resulted in large numbers of families in CPS
  - Worked to reduce the difficulties families faced in CPS
  - Strong prevention system now where families feel supported.
  - Changed view of child protection in communities and among families
    - Don't have to find something bad to help families
    - Got SAMHSA grant to develop system of care and integrated data across systems
- Financial resources for families rather than placement in foster care
- Focus on child well-being for communities of color
  - Recognized the large percentage of cases where substance abuse was an issue
  - Implemented new services and assistance to prevent involvement with CPS
  - Reduced numbers of cases in care where substance abuse issues involved
  - Worked closely with ICWA Council and African American council
  - Diversified workforce and services available
  - Targeted outcomes
- Root causes for family involvement
  - Identify issues
  - Worked towards a non-fear based system
  - Families now asking for help rather than waiting
- Definition of “safety” has changed and also focus more on trauma
  - “Imminent danger and harm” definition changed
  - Law enforcement involved and help connect families to prevention services before imminent danger exists

### Community

- Community, DHS, Tribes etc. serve families together
  - Community response, local solutions
  - Convince communities to trust the system with kids
  - Get people's attention and then show positive stories about families served through the system

- Reduce trauma and disproportionality
- Collaboration with communities critical to identify reasons for family involvement with child protection
  - Lack of culturally specific services
  - Created services and implemented EBPs
  - Positive impacts
- Local level “pods” became focus of work
  - Data analyzed
  - Local councils formed—engage key people in the community
  - Convene people
  - ICWA Advisory Council role—ensure that same training provided to all.
- Community response/local solutions
  - Better community resources and culturally relevant services

### Stakeholders

- Tribal voice from the beginning
  - State, counties, tribes worked together from early on
  - Had to recognize and collaborate with tribal government systems
  - Partnered with Courts, GALs and Counties to provide training and work positively
  - Case management redesign led to recognition that cultural healers can provide effective services to families
- Court partners critical to the effort
  - Helped change County Attorneys’ perspectives about families
  - Judges make good decisions that are linked to our values for children and families
- DHS/Legislature/Governor work in a spirit of bipartisanship for the good of children and families
  - Gained confidence/trust of Legislators by showing what is good for families, Tribes, etc.
  - Made investments to move upstream and support families
  - Also reductions/savings from what we used to spend
  - Funds appropriate for DHS, Counties and Tribes
  - DHS outreach effort to educate Legislature about the needs of children and families and implications for child welfare system approach

### System Expectations and Infrastructure

- Reduce out of home placements
  - Substantial reduction of children in care so down to 4000 by 2023
- DHS better supports Tribes, agencies servicing African American children, etc.
  - Help them serve families
- Stabilized child welfare workforce
  - Low turnover
  - High quality training
  - Focus on well-being for staff
  - Reasonable caseloads and 1:5 Supervisor to worker ratios
  - Workers can spend more time with kids and families
- SSIS and CM Redesign
- Integrated agencies and counties
  - Use data and make it available to other systems—Public Health, Education, etc.

- So can share, use and understand families
  - Use training to bring different people together and share common message
  - Work with partners to streamline outcomes re: families doing well
  - Engage with mandated reporters to clarify their role
- Person/family-centered view of the work
  - Identified and addressed silos—housing, jobs, substance abuse, etc.
  - Case management redesign—brought in other systems and partners
  - Child Welfare Oversight Panel includes representatives from key departments, Tribes, Counties, etc.
  - Funding now follows the child and family
    - Incremental changes to move in this direction
    - Some new funding, but shifted funds from ineffective programs
- Relationships critical in effort to transform child welfare system
  - Built stronger relationships so State, County and Tribes take risks together

#### **IV. Buckets of Work for the Minnesota Family First Blueprint**

Based on their child welfare visioning conversations and their knowledge about Family First, the meeting participants identified seven “buckets of work” that will be critical to developing a blueprint for Minnesota’s assessment and implementation of Family First. Small groups provided input to each area during a gallery walk exercise to ensure maximum feedback from all participants.

##### **A. Vision, Principles and Relationships Critical to FFPSA Implementation**

###### Family Experience and Engagement

- Family-centered and two generational
  - Less regulatory
- Child focused
- Youth voice
- Families are the experts; let them have a say
- Identify family strengths that existed before involvement
- Decisions based on values—best interest of the families
- Children/youth need to THRIVE

###### Prevention and Services

- Culturally appropriate
- Foster care is NOT the first option for safety and well-being
- Child protection is not the go-to for poverty, school attendance issues, housing, parental substance abuse and mental health
- True healing = prevention
- True individual case plan and contract and provide that service
- Value first flexibility and responsiveness

Community

- Meaningful community engagement
- Early intervention by communities
- Community may be unique

Stakeholders

- Tribes MUST be involved
- Bring systems together and break silos
  - Confidentiality is a barrier
  - ROI, HIPPA
  - Invite stakeholders—Housing, jobs, police, etc.
- Appreciate and learn what stakeholders bring to the table: Court systems, judges, GAL, social workers, all service providers—and recognize each
- Communities of color and Native American, other underserved communities need to be heard
- Legislative relationships

System Expectations

- Trauma-informed system
- Plainly spoken communication strategies to enable people to opt in—can help alleviate fear
- Outside the box
- Responsive, not reactive
- Move away from risk averse towards a risk informed system
- Collaborative
- 7<sup>th</sup> generation teaching—always considering how today’s decisions affect the future generations
- Identify and advance practices that are culturally relevant—EBPs

Collaborative Approach Necessary during FFPSA Implementation

- Results-oriented
- More than one vision is OK
- Be creative and courageous
- Creating a new normal—relationships matter and make a difference
- Process of developing the “blueprint” and collaborating is as critical as final outcome
- Patient and persistent
- Support for allies
- Meet people where they are at
- What are consultation models to use?
  - How to sustain, impact analysis
- What are agreements
  - Who has say
  - Who keeps word
  - What are implications/impacts
- Define vertical and horizontal leadership

## B. Sustainability and Resources for FFPSA Implementation

### Ideas for structure of FFPSA implementation effort:

- Develop a leadership model to direct the work
  - Consider Tom (?) as the lead
  - Executive responsibility
  - Effective structure/action steps
- Steering Committee and Working Groups
  - To interface about ongoing efforts
- We need an explicit conversation early on regarding who can/will commit what to the implementation process...no free rides!
- Identify who is convening, facilitating, synthesizing
  - Will Casey help us?
  - Backbone process, person, team
  - Dedicated, skilled, inclusive staff
- Not just CW—Public Policy needs to be involved
- How do we finance it?
- Where/who will have responsibility for it moving ahead (Primary, secondary?)

### Ideas for actions that need to be taken:

- Unification among state agencies (DHS, MDH, DOC)
  - Pool funding, resources, outcome measures
- Engage larger political structures to provide consistency across state
- Develop Legislative support
- Advocacy for resources to implement
- Advocacy for Federal changes to allow full implementation
- Research to show return on investment
- Alignment with value-based payment structures
- Infrastructure development
  - Training, staffing and financing
  - State investment and county investment
  - Organization to optimize professional development at all levels
  - Redirect savings into infrastructure

## C. Prevention Services

### Goal of work in this area:

- Can we expand to preventing child abuse and neglect?
- Go beyond “candidacy” and expand definition of prevention, including cultural practices
- Think through preventive health care model
- Implement active efforts and safety
- Figure out who needs to be involved and engage them (Tribes, research, evaluation, African American groups, etc.)
- Opportunity to create a new model (rather than pieces of collaboration)
- How to leverage to flip to primarily evidence-based

Assess current array of prevention services:

- What are the services? How are they going to be funded? By whom?
- Careful allocation of services to the most appropriate funding stream
- How to identify root causes
- Understand current capacity across state and what works well
- Community and neighborhood
- Funding evaluations—ongoing
- Trauma and ACEs—bring in the science and identify resources

Services needed:

- Develop process for building capacity where needed
- Consider social determinants of health
- BIGGEST bang first—study what will make the biggest impact
- Traditional ceremonies and healing, including understanding as evidence-based
- Native American mentor
  - Post 18+ mentor
  - Education mentor
- Mental health, substance use, etc.
- Adopt-a-Family program—for families without an informal support network
- Respite—defined as a prevention service (both kids and adults)
- MBM—Mind, Body, Medicine (use of this strategy to decrease stress)
- Prevention activities that prevent re-entry, adoption disruptions
- Don't forget kinship navigation systems
- PSA campaigns re: services available and benefits of access
- Two generational
- Appropriate foster homes
  - More skilled foster parents who support parents
- More supports for relatives caring for children
- Housing, jobs, child care
- Identify natural supports and teach new trades
  - Knowledgeable clients become providers (jobs)
  - Learn new way to earn money—beadwork, quilting, sewing, harvesting, etc.
  - Prevent and stop cycle: invest to save
- Quality daycare
  - Promotes sense of belonging
- Training, education and active efforts
  - People need to be informed
- Ongoing evaluations of community services

Challenges:

- Understanding ICWA, MIFPA, BIA
- What is egregious harm and imminent danger
- Remove red tape to use MA funds
- What are barriers
  - Can we target those to change?
  - Just financial?

- We need full continuum of care, including meeting needs of children and families with deep end needs and intensive service needs
  - Opportunity to work with Feds to name QRTPs as exempt from the IMD rule—just as PRTFs are exempt for children and adolescents
  - Challenge of this—QRTPs are definitionally IMDs, as outlined by CMS and thus ineligible to draw down Medicaid payments

Who needs to be involved:

- Families
- Tribes
- Substance use, mental health, housing, employment, family interactions
- Public health
- Education/school/early education
- Non-profits providing services
- Philanthropy
- Informal support networks
- Council of health plans
- Collaboratives—LCTS, ADCIS, MDE
- Medical community
- Academia
- NOT(?) Child Protection?
  - Mission aligned?
  - Maybe not at implementation?

**D. Community-Based Focus**

What do we mean by “community-based” focus?

- Starting point: recognition of children/family as greatest resource
- Identify areas where flexibility can be given to communities
- Resources to local level—communities
- Multiple levels—State, County, city, neighborhoods
- How can government help/partner (vs. require)
- How is community-based different than prevention service

What are the goals of being community-based?

- How to help communities take shared responsibility for our children
- Families don't want to be displaced
  - It causes more problems—housing, CHP benefits, etc.
- Family preservation
- Fluid exchange between planning process and community brokers
- Navigators
- Recognize differences and provide voice to each tribe, community, etc.
- Individualized based on needs of the community
- Build trust
- How to reduce isolation—creating community connections
- Leverage distributed expertise

- “Parity” for family well-being as understood by the FAMILY
- Return on investment—public value and long-term, productive citizens

#### What actions do we need to take to make progress?

- Engage communities and empower them to take leadership on behalf of the members of their community
- Avoid dictating who, what, where, when
- Educate community members and listen
  - Educate community on “being healthy” in CW sense
- Systems analysis
- Evaluations of community needs and assets
- Building “No Wrong Door” model of support
- One stop shop for communities—organized around different communities
- Use media coverage for positive stories/changes
- Peer support—children, parents
- Address racial bias and equity
- Utilize early childhood systems
- Create incentives to develop community (local) services
- Support of community caregivers
- Community members as resources
- Faith-based communities

#### What challenges will we face?

- Families don’t trust systems
- Systems don’t trust each other
- Definition of confidentiality—mandated reporting, cultural differences, etc.
  - Within systems—Release of Information (ROI)
  - Community involvement without ROI

### **E. Constituent Voice and Input**

#### Who needs to be involved?

- Parents, relatives and kin
- Youth groups
- Foster parents
- Social Services staff
- County staff broadly—Public Health, SS, CC, etc.
- Mandated reporters (schools, healthcare, etc.)
- Leaders within communities of color, tribes
- Elders
- Religious leaders/spiritual advisors
- Service groups
- Daycare providers
- Nonprofit agencies
- Policy makers

- Legislators/county officials
- Media
- Housing
- Teachers/educators
- Medical providers
- Corrections
- Recreational leaders
- GAL
- Parent advocate
- Parent and children attorneys
- County attorneys/Judges

#### Why is constituent voice and input critical?

- We want to hear them
- Using constituent voices to help identify root causes and prevention causes (they can tell us)
- Change in power structure that allows people doing the work an equal voice that allows policy and program improvement
  - “Pedagogy of the oppressed” model
- Find solutions
- Build support network
- Shared responsibility
- Trauma-informed feedback
- Early evidence of responsiveness

#### How should we engage with constituents?

- Need engagement plan
  - Method, approach
  - Super-skilled facilitators
  - Champions
- Develop messaging
- Educate on vision
- How to front load—“Early and often”
- “Local/Regional/State” processes/forums
- Prepare ourselves to better trust and move to action based on what is heard
  - Assess what we have already heard
  - Create feedback loops
- Tap into existing “grasstops” representatives
- Reconciliation conversation admitting previous fault

#### What impacts do we expect?

- Develop trust
- Reconciliation
- Moving away from punitive system
- Change image of parent involved in child protection
- Influential champions
- Diversify workforce

What challenges do we need to address?

- How to sustain and make continuous
- What to do with input
- How do we know we have enough input to move forward?
- What to do with differences
- How do we show/demonstrate that we used input
- How to maintain credibility
- How to resource effort—people, funding, etc.
- How to use technology to support input
- Systemic racism

**F. Data Analytics and Technology**Expectations/needs for Data Analytics

- Integrated data across systems
- Systems talk to each other—data extraction, cross-talk, data exchange, uploads
- Less regulations around data sharing
- Address data privacy!
- Real-time where available
- Use data to ask questions and make changes
- How do we make data transparent?
  - Family accessible
- Be open to making a big leap

Data Systems

- What data to include—SSIS, MMIS, TIES, EPIC clinic system, fiscal, home visiting, public health, education, eclds/SLEDS, law enforcement, chemical health, mental health, housing
- Acknowledge MNLINK exists and use it
- IV-E breakdown—group, foster

Use of Data

- What questions do we need analytics to answer?
- How to communicate about data, analysis
  - Who needs to access data?
- Understanding data and how to use it to make change
- What's the theory of change?
- Rapid data feedback to outcomes
- Data access across agencies/jurisdictions/Tribes
- Creating a self-service system for clients
- Demographic profiles
- Need qualitative stories instead of just numbers
- Broadly accessible for proactive use (vs. reactive)
- Manage up—feedback to Feds about data

Other Technology Needs and Challenges

- How to leverage existing information systems while modernization drags on
- Most tribes don't have the funds to purchase the necessary programs and technology
- Data is not always correct or even entered
- Private sector tech solutions
  - E.g. Uber solution to windshield time?
- Recognize that limits on sharing data hurts kids and families, and limits access to services
- Offer technology support to line-staff work
- Technology that allows for less administrative work

Key Stakeholders Who Need to Be Involved

- CASCW
- Children's Behavioral Health
- Communities of color
- County
- Courts
- Cultural leaders
- DD service entity
- DHS Children's Research Unit
- DHS Financial Ops
- DOC
- Educators (Early and K-12)
- Funders
- GALs
- Health plans
- Housing
- Juvenile Justice
- Law enforcement
- Legal counsel/county attorneys
- MDE
- MDH
- Media
- MMB—Results Initiative
- Other jurisdictions—national
- Parent leaders and parents
- Participants/clients
- Privacy advocates
- Service providers
- The Feds
- Tribal organizations
- Tribes
- Universities
  - Youth

## G. Policy Changes—Statute, Regulations, Judicial

### Assess range of statutes, policies, etc.:

- Mapping activity of existing policies
- Assess and align CP statutes (placement, licensing, waiver, other programs, etc.)
- Guidelines and best practice guides
- Court rules
- Update Federal IV-E plan
- Service provider policies
  - Housing
  - Education
  - Mental Health
  - Substance Use
  - Basic needs and MA
- Critical look at policies via a trauma-informed lens

### Approach to change:

- Shared responsibility—build through policies
- Policy coordination across mental health, chemical health, child welfare, health care, law enforcement, criminal matters
  - Allow latitude in responses
- Integrated approach vs. silos to policy development
- Better definitions of terms that drive the work (safety, well-being, etc.)
- Broader lens for policy changes and development
  - Social determinants of health, etc.
  - Generative vs. regulative
  - New vision of child welfare/protection
- Use legislative task force
- Not just “county” system
  - Define roles
  - Broaden roles of other entities
- Move from statute based to EBP
  - Don’t overbuild policy around child protection
  - Payments should be made to families in crisis and relatives—prevention
- Align policy changes with fiscal changes
- Align eligibility/service planning
- Policies with front-end loading
- Ensure policies are implemented and stable
- Dedicate money at the start--\$10,000 will save spending \$1.5 million per family
- Respond to family needs instead of mitigating risk and being driven by policy
- Co-opt system of care
- Biannual meetings of three advisory groups—MH, CW, ICWA
- Look at a specialized child welfare court

Challenges:

- North star/Licensing negatively impact our families
  - Parents using drugs
  - Only place is sober, safe relative (e.g. grandma)
  - But parent has to leave sober home and child
- How to get needed change into this legislative session
- Alignment within state

Who needs to be involved:

- CJJ
- Judges
- County attorneys
- Legislators
- Citizens
- Providers
- Tribes
- Communities of color
- DHS
- Counties
- Mandated reporters
- Educate all stakeholders so there is common understanding