

Essential Characteristics of a Care Entity

CT DCF Family First

Agenda

1. Welcome
2. Continue to identify essential characteristics of an effective care entity
3. **Activity:** Prioritize essential characteristics
4. Discuss prioritized characteristics
5. Introduce prevention plan requirements for screening and eligibility
6. Next Steps

What are the essential characteristics of a care entity?

- A focus on *characteristics* to ensure a holistic approach to recommendations moving forward.
- Characteristics are identified based on prior workgroup discussion and grouped to structure additional dialogue:
 - **Access:** Characteristics related to how accessible the entity is to families and other referral sources
 - **Experience for the families:** Characteristics about the experience and level of support that families should have when in contact with this entity
 - **Workforce Capabilities:** Characteristics related to the abilities and approaches of the workforce in contact with families
 - **Structure/organization of entity:** Characteristics about the way the entity is structured/organized in relation to other providers, communities and the families
 - **Infrastructure:** Characteristics about the organizational and resource capacities of the entity to fulfill its functions
 - Others?

What are the essential characteristics of a care entity?

Access

- Easily accessible for the families
- Website and phone line open 24/7

Experience for the families

- Provides a 'safe' and stigma free environment
- Provides a clear plan to the family for next steps
- Maintains some relationship with family throughout service delivery
- Supportive and empathetic to the families' situation

What are the essential characteristics of a care entity?

Workforce capabilities

- Social work credentials
- Paraprofessionals/peers

Structure/ organization of entity

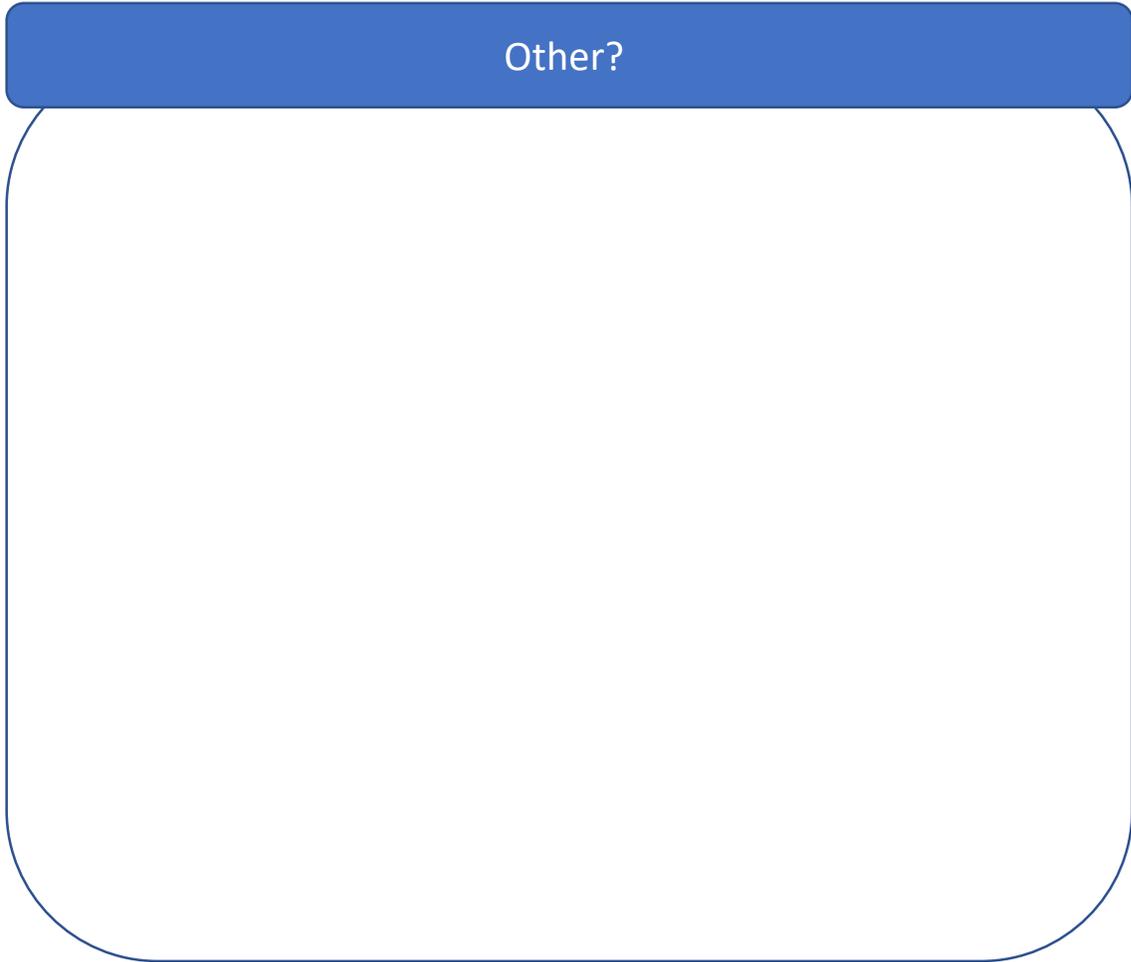
- Local connection and knowledge about community
- Formalized partnerships and collaboration with relevant stakeholders, providers

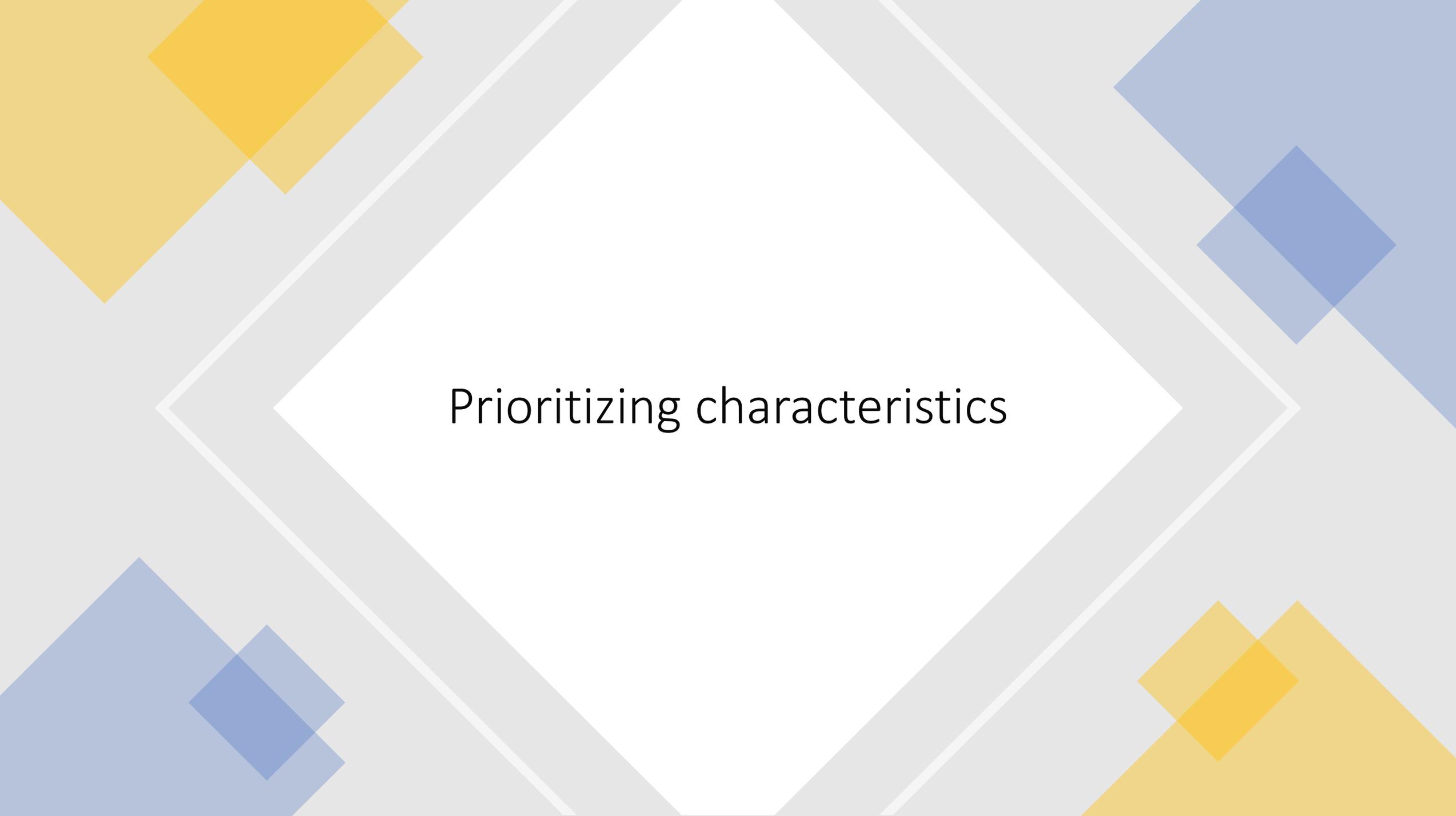
Infrastructure

- Clear structure for referrals from/to other providers
- IT infrastructure that aligns with the documentation needs

What are the essential characteristics of a care entity?

Other?





Prioritizing characteristics

Prioritize care entity characteristics

When considering Connecticut's transformation towards a prevention-oriented system, which characteristics are most important for an effective care entity?

- Instructions: Join poll: [PollEv.com/oliviawilks908](https://www.poll-ev.com/poll/oliviawilks908). Rank most important characteristics first and least important last, tap on a characteristic you'd like to move, once all characteristics are in your desired order, submit your response.

Discussion of priorities

The result of the poll:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

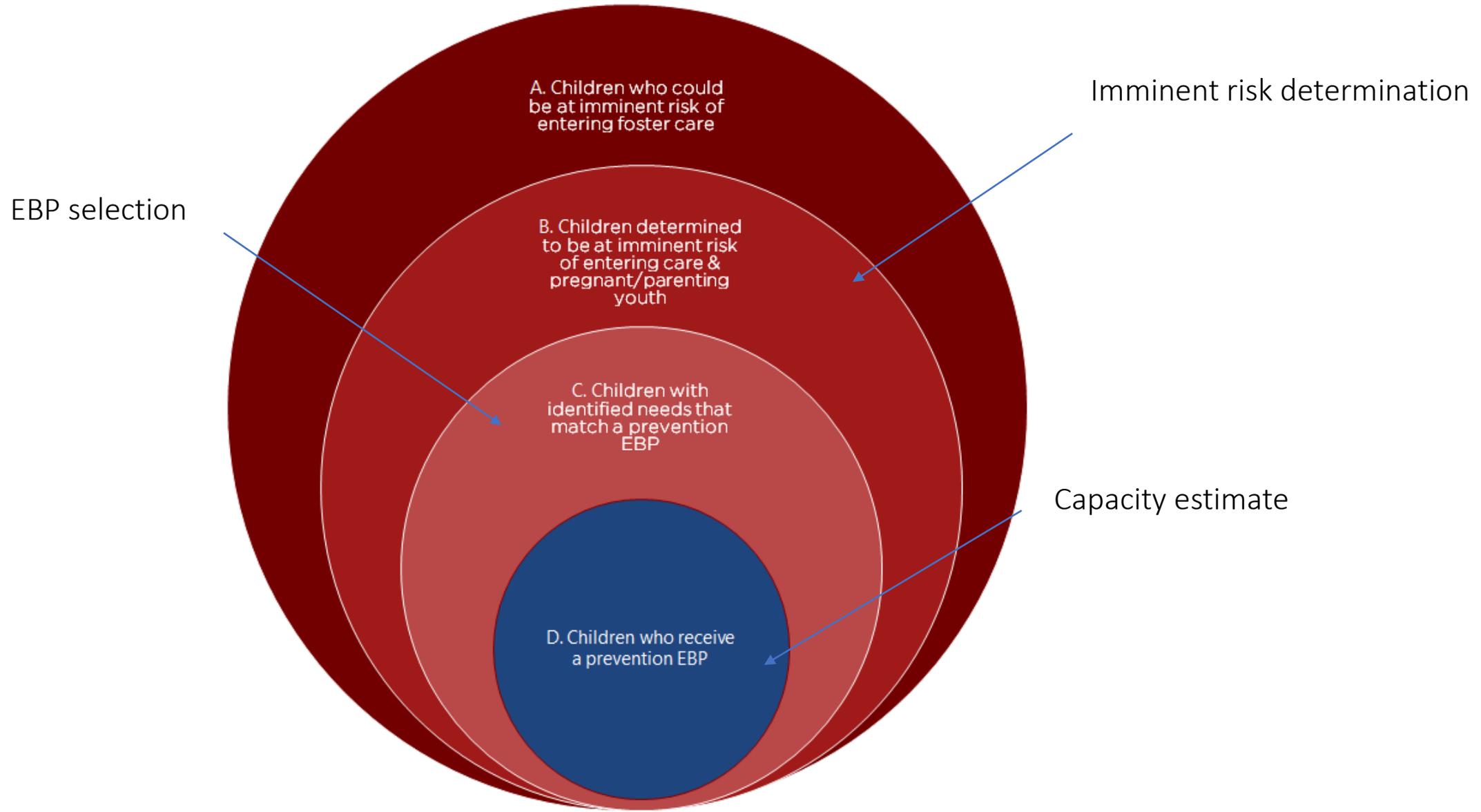
Looking at the characteristics and their ranking:

- Do you agree with the ranking? If not, how would you rearrange and why?
- How significant are the benefits for the families – for each characteristic?
- How intensive are the efforts required – for each characteristic?



Moving Forward:
From conceptualization
to operations

Concepts related to Eligible Families for Family First



Operational Requirements related to Eligible Families for Family First

| | Summary of Family First Requirements | Connecticut's Approach |
|---|--|--|
| Eligible Populations are Defined | "Imminent risk of entering foster care" and pregnant and parenting youth in foster care | Completed: identification of candidacy groups |
| Eligibility is Determined | The <u>title IV-E agency</u> must determine eligibility of the child | TBD |
| Service Planning | A child-specific prevention plan for candidates or case plan for pregnant and parenting youth must be in place prior to receipt of services | <i>Key question - How will DCF work with a care entity to operationalize these requirements so that the experience is consistent with prevention work and is seamless to the family?</i> |
| Service Receipt | Service can be received for up to 12 months initially; redeterminations of candidacy allow additional/contiguous 12-month periods | |
| Ongoing Monitoring | Oversee safety of children receiving services and conduct periodic risk assessments to inform the child-specific prevention plan | |
| Data Collection | Data reports must include demographics of the child, prevention plan dates, service start/end dates, service expenditures and foster care entry status/dates (if applicable) | |
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