## CT Family First

# Programs and Service Array Workgroup Meeting

DECEMBER 3, 2019

CO-CHAIRS: ELISABETH CANNATA & ELIZABETH DURYEA

### 12/3/2020 Agenda

1. Welcome & recap

Co-Chairs – 5 min

- 2. Tier 2 breakout groups report outs Breakout facilitators 30 min
   Discuss summary of gaps, patterns, and questions
- 3. Discuss Tier 1 & 2 Selection Criteria
- 4. Next Steps

*Co-Chairs/Chapin Hall – 20 min* 

*E. Duryea – 5 minutes* 

### Tier 2 Programs | FFPSA "Supported", "Promising" or Independent Systematic Review

Methadone Maintenance Therapy (MMT)	Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	Triple P
Families Facing the Future (FFF)	Multidimensional Family Therapy (MDFT)	Wraparound

### Group A: Gaps, Patterns, Questions

- Gaps
- Patterns
- Questions

10 minutes

### Group B: Gaps, Patterns, Questions

- Gaps
- Patterns
- Questions

10 minutes

### Group C: Gaps, Patterns, Questions

- Gaps
- Patterns
- Questions

10 minutes

#### Criteria to Guide Model/Service Selection: Tiers 1 & 2 to start

**Fit Definition**: Does this EBP fit with the specific needs of families within Connecticut's candidacy population?

Feasibility Definition: How feasible will it be for Connecticut to implement and get reimbursed for this EBP?

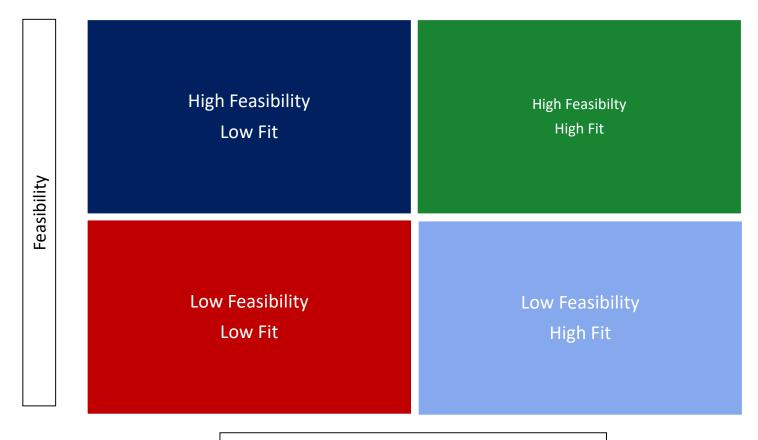
#### Fit:

- Does this service match with the candidacy population?
- Is this service culturally responsive/is there evidence that this service has positive outcomes for communities of color?
- How accessible is this service to families? (e.g. in-home, community-based setting, etc.)

#### Feasibility:

- What tier of evidence is this service?
- Is this service established in Connecticut? How broadly?
- What are the educational, credentialing requirements or clinical expertise needed to deliver this service?

### Sample Fit and Feasibility Matrix



Fit

### Identify Emerging Recommendations for Tiers 1 & 2 based on Fit & Feasibility Criteria

MODELS THAT MEET NEEDS ACROSS MULTIPLE CANDIDACY GROUPS		
Mental Health (parent or youth) Substance use (parent or youth) Parenting Skill	REMEMBER OUR "SLICE	
MODELS THAT ADDRESS NEEDS MOST ASSOCIATED WITH CHILD REMOVAL (that are "matchable" to a research supported program or service)	DICE CHART" TO IDENT	
Parenting Skill Deficits resulting in neglect/abuse Parent Substance Use Disorder / Mental Health Condition impacting Parenting Capacity Highly Disruptive Child Behavior Housing instability for families	AS OUR INITIL RECOMMENDATIONS F IV-E FUNDING	
MODELS THAT ADDRESS NEEDS THAT ARE OFTEN EXCLUSIONARY FROM OTHER PROGRAMS OR SERVICES OR WHERE THERE IS A CURRENT GAP THAT PLACES FAMILIES AT RISK OF CHILD REMOVAL IF THERE IS RESEARCH-SUPPORTED MODEL ADDRESSING SPECIALIZED NEED		
Trafficked youth Housing Insecurity Behavioral Health Needs of and Parenting Skills for children with special needs (health, DD, ID) Family strengthening where parent incarcerated(CG)		
EBPS THAT COULD PROVIDE CROSS-SYSTEM SUPPORT Motivational interviewing (model for care coordination) Broad-based Parenting Program(?)		

## Workgroup Next Steps

December 2020: Make initial Candidacy Plan model recommendations to Family Governance Committee on January 5, 2020 about Tiers 1 and 2 models/services

- Use Fit & Feasibility Criteria to guide initial recommendations
- Determine what population needs remain unmet by Tier 1 and 2 models/services GAPS TO FOCUS ON
- Solicit committee feedback on next steps for Tiers 3 & 4 for additional recommendations
- January 2021: Continue matching Tier 3 and Tier 4
  - Identify any additional models to submit for Governance consideration
  - Continue with model review/matching to align with candidacy group needs
  - Identify additional models where we have identified service gaps
- Develop plan for CQI and implementation