Connecticut Family First Governance Committee Meeting

February 2, 2021

Agenda

- Opening remarks (10 minutes)
- Intensive Treatment (24/7) Workgroup Recommendations (60 minutes)
- Infrastructure Policy & Practice Workgroup Presentation (35 minutes)
- Communication Strategy (10 minutes)
- Closing remarks (5 minutes)

Intensive Treatment (24/7) Workgroup: Recommendations

February 2, 2021

Desired Outcomes

- Present work and preliminary recommendations of the Intensive Treatment (24/7) Workgroup
- Seek feedback on preliminary recommendations and approval from Governance

Workgroup's Charge & Approach

Understand readiness for providers to meet Qualified Residential Treatment Program (QRTP) requirements and propose QRTP standards and a process for assessing how providers meet those standards.

APPROACH

Collaborative input from workgroup membership that represents providers and other stakeholders	Develop an understanding of Connecticut's population in need of intensive treatment and current facility landscape	Review self-assessment survey, contracts, and licensing requirements to inform an understanding of readiness	Identify opportunities to build on Connecticut's standards relative to intensive treatment	Create time limited task forces to recommend best practice standards and assessment processes considering strategies employed by peer states

Qualified Residential Treatment Program

- Family First created a new level of residential treatment for children in foster care to qualify for federal funding – Qualified Residential Treatment Programs (QRTP). Effective 10/1/21.
- General requirements:
  - Children will be assessed to determine if treatment in a QRTP is the right level of care to meet their needs
  - Increased court oversight of placement
  - QRTP uses a trauma-informed treatment model
  - Nursing and clinical staff accessible 24 hours a day/7 days a week
  - Licensed and accredited by certain national organizations
  - QRTPs must provide 6 months of aftercare
  - Families must be engaged as part of placement decision-making and ongoing treatment

Vision for Residential Treatment

- Residential treatment has an urgent focus on permanency and family support is a main goal of the intervention
- Residential treatment is approached as a “last resort” after treatment within family settings has been explored
- Discharge planning begins at intake
- Residential treatment is envisioned as focused and brief, and in support of positive long-term outcomes for youth

Strategies

- Increased effort in locating and supporting relative and kin placements
- Targeted community service expansions
- Firewalls for pursuing residential treatment
- Expedited permanency meetings for youth under age 12 in congregate care followed by meetings for youth 12 and over
- Workforce Development for providers

Communication networks include:

- Monthly Provider Meetings
- Regional Advisory Councils, Statewide Advisory Council
- Department-Wide Provider Town Halls
- Trade Association Meetings
- DCF FFPSA Website
- Department Podcasts and Newsletters

Preparation Work and Partner Meetings

- Crosswalk of contracts, licensing requirements, and QRTP requirements
- Consultation with Children's Bureau contacts
- Provider self-assessment (accreditation status, trauma models, staffing)
- Review of beds, utilization
- Survey of other jurisdictions, collected tools
- Conversations with youth advisory board members

Summary of convenings:

- 5 large group meetings
- 4 task forces each meeting at least twice (aftercare, family engagement, certification, judicial review)
- Ongoing provider meetings

Array of Potential QRTPs

Program Type	Number of Programs	Total Bed Capacity
Residential Treatment Centers	9	**151**
Therapeutic Group Homes	26	**135**
Therapeutic Group Homes (Per Diem)	3	**15**
Total:	**38**	**301**

Workgroup Recommendations

QRTP Application/Credentialing Process

Relevant existing policy/process/status:

- DCF is the state licensing authority for Child Caring Facilities
- The workgroup reviewed application processes in other states

Recommendations:

- Refine draft certification application
- Once a program is certified, elements will be tracked with a tool based on QRTP requirements

Qualified Assessment and Treatment Planning

Existing policy/process/status:

- Review of the Department's Regional Resource Group practice guide
- Review of previous Department memos on firewalls for residential treatment
- Survey of tools used in other jurisdictions for monitoring

Recommendations:

- Follow existing processes with use of the Child and Adolescent Needs and Strengths (CANS) completed by the Regional Resource Group licensed clinician. The CANS is submitted to Beacon Health Options in a packet with specialized clinical assessments
- Team to explore standardizing treatment plan documents across settings
- Start quarterly visits to track QRTP adherence-new Q.A. process

Family Team Engagement

Existing policy/process/status:

- Review of Regional Resource Group practice guide
- Review of provider scopes of service

Recommendations:

- QRTP application packet includes questions on the approach to family engagement
- Each QRTP will have an individualized communication plan for youth, a family participation plan, and procedures to engage family members in discharge planning
- Request FFPSA transition dollars for workforce development in family engagement
- Suggestion for statewide access to family advocates
- Small group to pursue potential costs associated with helping family meet needs at home
- Leverage technology for sibling visits and family participation

Judicial Review

Existing policy/process/status:

- Within 30 days of entering a QRTP, a child must receive an assessment from a qualified individual using a validated functional assessment tool to determine need for a QRTP. Needs cannot be met in a relative home or foster home
- FFPSA requires a Judicial review of the appropriateness of placement at 60 days

Recommendations:

- DCF will file a motion with Superior Court Juvenile Matters. Pursuant to pending legislation the Branch will develop procedures for review of the assessment
- Judicial Branch plans to provide any needed training to judges

Trauma Informed Treatment

Existing policy/process/status:

- Scopes of service require trauma informed models
- Survey flagged this as a workforce development area

Recommendations:

- Application asks detailed questions about the trauma informed model. Exploring a trauma informed self-assessment tool as part of the QRTP application
- Capitalize on opportunities to share best practices and in workforce development

Facility Staffing

Existing process/status:

- Reviewed licensing requirements, licensing reports, and scopes of service
- Reviewed the self-assessment survey

Recommendation:

- Application and quarterly monitoring tool will track these elements

Discharge Planning and After Care

Relevant existing policy/process/status:

- Six months of aftercare identified as a gap area for all providers

Recommendations:

- Each youth would have an individualized plan addressing five structured elements
- Pursue decrease in licensed bed capacity in therapeutic group homes to infuse funding into aftercare support
- Residential treatment units would explore a per-diem child specific rate for aftercare plans
- Aftercare priorities include family engagement, family support, symptom alleviation
- QRTP monitoring tool will assess aftercare

Work Force Development Opportunities

- Encourage providers to attend trainings through the DCF Academy of Workforce Development and share training opportunities across the state
- Focus on trauma informed treatment within a residential milieu
- Trauma informed practice through an equity lens also prioritized
- Rapid engagement and permanency cited as training needs
- Recommendations
  - Request for FFPSA transition dollars for training in family engagement
  - In the future explore expanding the budget for trauma informed training
  - Use ongoing monthly provider meetings as a forum to explore capacity building possibilities

Ongoing Provider Forums Are Available to Explore Topics in Workforce Development

- For example, the Building Bridges Initiative outlined “essential elements of short-term residential intervention”

- California Evidenced Based Clearinghouse for Child Welfare has listed programs in the “promising” category under “alternatives to long term residential treatment

Accreditation

Relevant existing policy/process/status:

- Survey of providers and their accreditation status

Recommendation:

- Request one time support from FFPSA transition dollars for accreditation costs for the first year of implementation

Monitoring and Support

Relevant existing policy/process/status:

- Drafted monitoring instrument for visits

Recommendation:

- Raise the bar for quality incrementally and continually: Begin exploring a Performance Improvement Center that focuses on QRTP (e.g., improved data collection, use of data to inform workforce development)

Next Steps: Continued Exploration & Implementation Plans

Fiscal	• Funding provider workforce development • Repurposing funds to support after care • Explore PIC and explore access to family advocacy
Policy & Process	• Monitoring and support including documentation
Capacity Building	• Ongoing provider meetings • Regional and statewide advisory councils • Trade association meetings

SUMMARY

DCF Family First Infrastructure Practice and Policy Workgroup

Desired Outcomes

- Presentation of conceptual work of IPP Workgroup
- Discuss conceptual framework and seek validation of proposed care entity characteristics from Governance

Summary of the following workgroup meetings

Care Entity/ Pathways to Service
November 6th and November 16th, 2020

Screening and Eligibility
December 4th and December 18th, 2020

Child-Specific Prevention Plans
January 8th, 2021

Care Entity/Pathways to Service

PURPOSE: Determine what strategies should be employed to guide families to the right services – and determine and prioritize essential care entity characteristics.

PROCESS:

1. We held two workgroup meetings (November 6th and November 16th, 2020).
2. First workgroup meeting:
   - Review existing pathways to service and determine whether a new care entity is necessary to support the community pathway candidacy groups
   - National perspective on how other States ensure access to prevention services
   - Discussion about 1) existing care entities/programs for currently served populations, and 2) which care entities could serve families referred from the community pathway
3. Second workgroup meeting:
   - Continued discussion to identify essential characteristics of an effective care entity
   - Activity: Prioritization of essential characteristics of care entity – *When considering Connecticut's transformation towards a prevention-oriented system, which characteristics are most important for an effective care entity?*
   - Discussion of prioritized characteristics

Care Entity/Pathways to Service – RESULTS AND INPUT

INPUT FROM THE WORKGROUP - Who/where are those people/entities most likely to seek out resources and supports?

Referral Sources						
	The Family	Schools	Police/Fire/EMS, Prosecutors/ Defense/Legal Advocates or Judicial Branch	Healthcare/EDs	Sister Agencies	Community- or Faith-Based Organizations
Access Points	• 211 • Careline • Town Social Service Agencies • School Social workers • Hospital staff • Beacon Voluntary Services • Community Provider • Child Advocates Office, • Ombudsman's Office • Child/adult Crisis Team • Sister agencies (DDS, DEMAS, OES Family resource center • Health Insurance Web • Police/911 • Support Groups • Probate courts • Birth to 3	• 211 • Careline • Town Social Service Agencies • Youth Service Bureau • Web-based (e.g., kidsmentalhealthinfo.com) • Connected agencies, • School-based Health Centers, • Police/SROs, • Care Coordination • EMPS (via 211) • Community-based Providers	• 211 • Careline • Town Social Service and Community Agencies • Youth Service Bureau • Juvenile Review Board, • Support Groups	• 211 • Careline • Care Coordinators • Community-based providers • FQHC • Support Groups	• 211, • Careline, • Community-based providers • Office of Child Advocate • Ombudsman's Office • Legislators/state reps • Birth to 3	• 211 • Community-based providers • Town Social Service • Grassroots organizations • Support groups, • Legislators/state reps • Probate courts

Most prevalent access points across referral sources are:

211, Careline, Town Social Service Agencies and Support Groups

Care Entity/Pathways to Service – RESULTS AND INPUT

INPUT FROM THE WORKGROUP

Essential characteristics were grouped in the following categories:

Access

- Easily accessible for the families
- In-person, website (chat) and phone line open 24/7
- Phone line is answered by a live person
- Phone menus are easy to use
- Multiple languages available

Workforce Capabilities

- Bilingual ability
- Ability to think about whole child and whole family
- Staff diversity
- Blend of clinical and non-clinical staff
- Trusted members of the community
- Wraparound philosophy

Structure/Organization of Entity

- Local connection and knowledge about community
- Formalized partnerships and collaboration with relevant stakeholders, providers
- Outside of DCF/State government
- Warm handoff
- “Care coordination” with ability to partner across agencies and communities

Experience for the Families

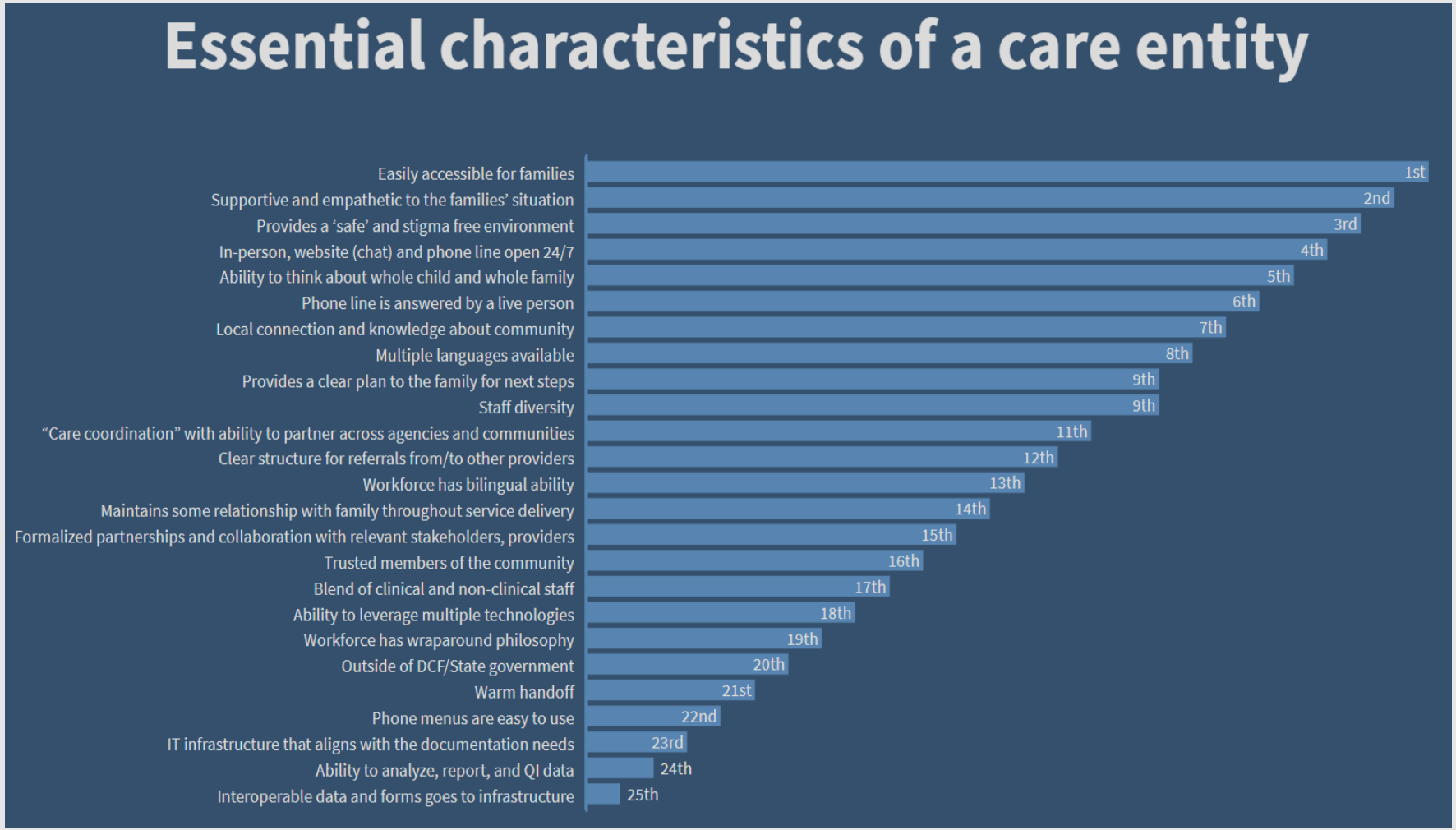
- Provides a ‘safe’ and stigma free environment
- Provides a clear plan to the family for next steps
- Maintains some relationship with family throughout service delivery
- Supportive and empathetic to the families’ situation

Infrastructure

- Clear structure for referrals from/to other providers
- IT infrastructure that aligns with the documentation needs
- Interoperable data and forms goes to infrastructure
- Ability to leverage multiple technologies
- Ability to analyze, report, and QI data

Care Entity/Pathways to Service – RESULTS AND INPUT

INPUT FROM THE WORKGROUP:



First Priority:
A good family experience

Second Priority:
A capable workforce with local knowledge

Third Priority:
A supportive and relevant system infrastructure

Screening and Eligibility

PURPOSE: Ensure effective engagement and assessment of the intended children and families identified within Connecticut's candidacy population

Guiding questions: What modifications are needed to align with Family First requirements? What modifications are needed to align with effective family engagement and assessment? What from current practice do we want to embed in the new community pathways engagement, screening, and assessment process and what new strategies are needed?

PROCESS:

1. We held two workgroup meetings (December 4th and December 18th, 2020).
2. First workgroup meeting:
   - Presentation of (conceptual and operational) requirements for eligible families for Family First
   - Activity I: *Existing tools and their alignment with a family-centered system (when do you use it? Why? With whom? What works well? what could work better?)*
   - Presentation of *Families with accepted Careline Calls* – Screening, Assessment and Documentation Processes.
   - Activity II: Recall the essential characteristics of a care entity and consider how the Careline process aligns with these characteristics (Questions? Needed modifications to align with effective family engagement? What can we build on?) .
3. Second workgroup meeting:
   - Review of existing screening tools and mechanisms in 1) Family Assessment Tools used in Norwalk, and 2) SDM® Family Strengths and Needs Assessment used by DCF.
   - Breakout sessions where we discussed: *What are some of the strengths and gaps of the tools discussed? What opportunities are there to 'build' upon?*
   - Large group report out on overall takeaways

Screening and Eligibility – RESULTS AND INPUT

INPUT FROM THE WORKGROUP - about the screening and eligibility *process and tools*

Gaps and Challenges:

- Tools don't always cover all relevant risk/protective domains (e.g., financial stability, employment)
- Family-engagement and trust-building are essential for effective assessment, but can be difficult when working with formal tools
- The workforce must be supported to effectively assess families in an antiracist and trauma-informed way
  - There needs to be ongoing training and QA to strengthen tool and assessment delivery
- Ensure needs identified through screening can be addressed by service array
- Screening, assessment, and services must be broad enough to meet CT's broad prevention goals
- Tool and assessment information should be shared across systems and providers

Strengths and Opportunities:

- Current DCF tools are evidence-based
- Most tools help to normalize families' experiences, are strengths based and focus on protective factors
- There are strong assessment tools, systems, and initiatives across the state, DCF can learn from and build upon these efforts

Child-Specific Prevention Plans, January 8th, 2021

PURPOSE: 1) Review and gain a shared understanding of the requirements for a Family First *Child-Specific Prevention Plan.* 2) Review current service and case plans (and their processes) and discuss and determine how to leverage and align these with the requirements. This is to ensure that the required and relevant data about each candidacy group is collected and documented. 3) Elevate elements that Connecticut finds relevant to include in the service and case plans to ensure a family-centered process and service.

PROCESS:

- Reviewed input from last meeting on screening and eligibility – and how the assessments inform service plans
- Discussion: *what are the overall goals of a service plan?*
- Presentation of the FFPSA requirements to a Child-Specific Prevention Plan (overall content and data-level requirements)
- Brief presentation and overview of the existing DCF Case Plan and two other existing service plans (to point to gaps and strengths in current processes)
- Discussion II:
    - *What other case/service plans work well for families? And why?*
    - *Beyond required elements, what do we want to be captured in the child-specific prevention plan?*
    - *What would be the best way to engage families in capturing this information?*

Child-Specific Prevention Plans, January 8th, 2021

INPUT FROM THE WORKGROUP:

- Developing the child-specific prevention plan should be ***a good experience for the family***:
  - Serve as a tool for dialogue and filled out in collaboration with the family - developed *with* the family not *for* the family
  - Should be written in a language that the family understands
  - The goals in the plan should be realistic and developed with a thorough understanding of the families' situation
  - Plan should be person/client-centered in addition to being child-focused

- The ***process*** of developing the plan and therefore the ***workforce capacity*** is essential:
  - Caseworker engagement skills - motivational interviewing, appreciative inquiry - are central to developing a plan with the family.
  - Question prompts can be an important tool for the workforce to help facilitate a better dialogue
  - Combining methods and processes around *teaming* and *wraparound* might facilitate a more coordinated and engaging process for the family as well as the workforce collaboration with each other and with the family.

- The ***content of the plan*** could be multifaceted:
  - It should include FFPSA and administrative requirements, but also consist of elements relevant to CT's vision related to their prevention work including an emphasis on the strengths, needs and goals of the family.

Summary of all Input from the Workgroup Meetings

Care Entity/Pathways to Service

Input related to the infrastructure design for Family First and for the broader prevention system:

- Each candidacy group has its **own specific needs,** and matching to services should be based on these needs.
- The care entity should be an **easily accessible system** with a live person who can offer help and a warm handoff.
- The care entity should be **localized**; the staff should know the community.

The most prevalent access points across referral sources are: 211, Careline, Town Social Services Agencies, and Support Groups

The essential characteristics of a care entity:

- Ensuring a good family experience
- A capable workforce with local knowledge
- A supporting and relevant system infrastructure

Screening and Eligibility

*Input related to the **process** of screening and eligibility as well as the specific **tools***

- **Family-engagement and trust-building** are essential
- Most **tools help to normalize families' experiences,** are strengths based and focus on protective factors
- The workforce must be supported to effectively assess families in an **antiracist and trauma-informed way**
- Current DCF **tools are evidence-based**
- Tools don't always cover all **relevant risk/protective domains**
- Ensure needs identified through screening can be **addressed by service array**
- **Information should be shared** across systems and providers
- Screening, assessment, and services must **meet CT's broad prevention goals**
- There are **strong initiatives** across the state to learn from and build upon

Child-Specific Prevention Plans

Input related to developing Child-Specific Prevention Plans

Developing the child-specific prevention plan should be ***a good experience for the family***:

- Be a tool for dialogue
- Written in a language that the family understands.
- Realistic goals

The ***process*** of developing the plan and therefore the ***workforce capacity*** is essential:

- Workforce skill development is central
- Question prompts to help guide the conversation
- Combining methods and processes around *teaming* and *wraparound* might facilitate a more coordinated and engaging process

The ***content of the plan*** could be multifaceted:

- Both FFPSA-related requirements (related to FFPSA) but also elements relevant to CT's vision

Community Conversations

- **Goal**
  - Seek input from families with lived expertise to guide these preliminary recommendations and ultimately provide feedback on the full plan in April

- **Participants:**
  - Families with lived expertise recruited in partnership with Beacon, AFCAMP, FAVOR, SAC/RACs.

- **Logistics:**
  - Conversations will be virtual (Zoom), and facilitated by an IPP-workgroup member and Chapin Hall
  - The participants will sign up via electronic registration

- **Next Steps:**
  - Collaborate with the SAC on 2/1 to guide recruitment strategy and engagement
  - Hold first set of conversations, 2/23 and 2/25
  - Hold second set of conversations *TBD April*

Communications Strategy

The Family First co-leads have been asked by numerous groups to provide an update on the Department's planning and plan submission.

An updated PowerPoint slide will be created to be used as a guide during conversations:

- DCF Leadership Summit
- Statewide Advisory Council
- Regional Advisory Councils
- Community Partners as Requested

The Department is also partnering with Casey Family Programs for technical assistance regarding messaging and graphics pertaining to the greater prevention work in the communities.

Thank you!