

CT Family First – Governance Committee

MARCH 2, 2021

Governance Committee Meeting Agenda

1. Welcome
2. Discuss emerging themes from conversations with caregivers
3. Timeline for prevention plan development and submission
4. Accomplishments and next steps
5. Upcoming recommendations

OUTREACH

Distributed flyers to internal staff &
700+ Community partners



LOGISTICS

3x
90 min
virtual meetings



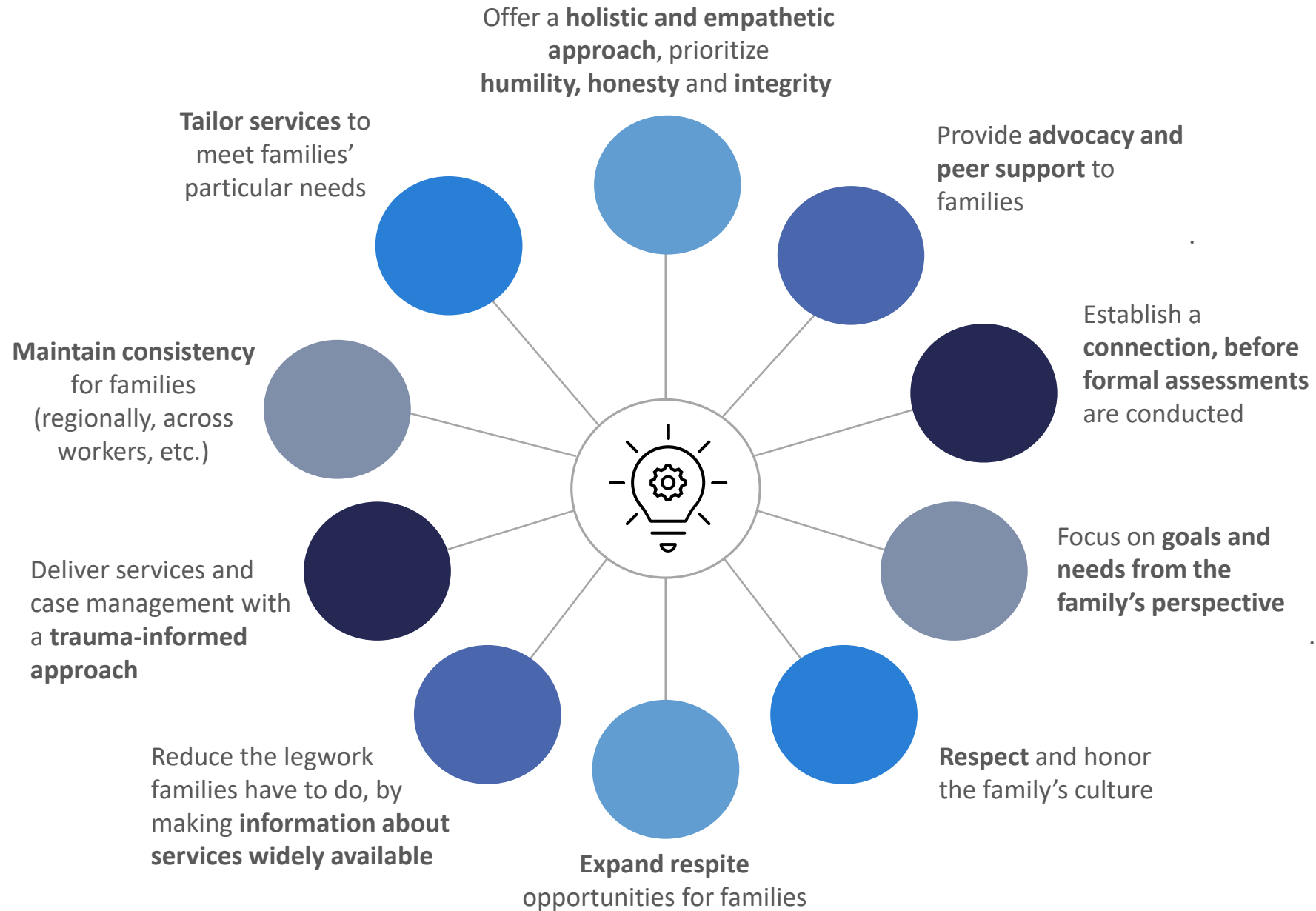
PARTICIPATION



100+ Families registered
44 Families participated

Caregivers Share
Expertise:
Process Overview

Caregivers Share Expertise – Cross-cutting themes



Caregivers Share Expertise: Feedback and Next Steps

- Families overwhelmingly responded "yes" to the two following questions (anonymous poll):
 - “Did you find this conversation empowering?”
 - “Would you encourage other families to participate in similar conversations”
- While assuring confidentiality, some parents chose to maintain connections with each other and seek other ways to provide expertise about services
- Upcoming:
 - Spanish-language focus group
 - Additional engagement on draft plan

Discussion

1. Are there any questions about the conversations with caregivers?

Prevention Plan Timeline



Develop CQI Plan for recommended EBPs



Governance Committee Meeting:
Prevention plan is shared with Governance, the Governor's Office, and for public comment



Submit Prevention Plan to the Federal Government

March 16

March-April

April 6-April 13

April 13-April 27

Early May

Mid-Late May

Governance Committee Meeting: Final EBP recommendations with fiscal modeling



Executive Leadership reviews draft of Prevention Plan (w/out CQI section)



Integration of feedback and/or develop plan for how to incorporate feedback into next iteration of the plan



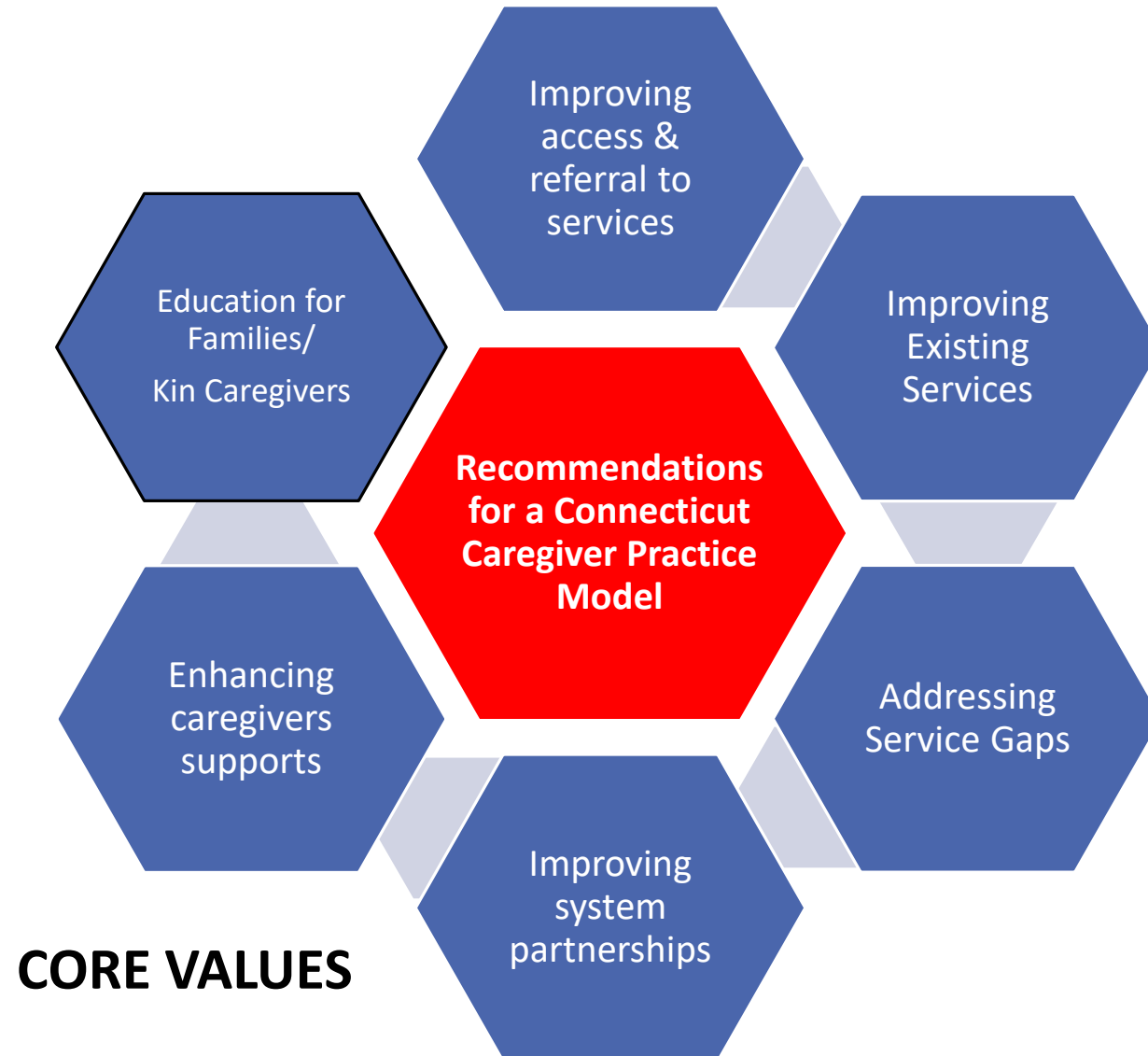
Discussion

1. Are there any questions about this timeline?
2. Does the Governance Committee have feedback on a public comment period?

Accomplishments

CROSS-WORKGROUP ACCOMPLISHMENTS

KINSHIP: Findings & Recommendations



Intensive Treatment (24/7) Workgroup Recommendations

Recommendations for the following areas:

- QRTP application/credentialing process
- Qualified assessment and treatment
- Family team engagement
- Judicial review
- Trauma-informed treatment
- Facility staffing
- Discharge planning and aftercare
- Workforce development
- Monitoring and support

CANDIDACY: Final Candidacy Definitions

- Families with accepted Careline calls
 - Families who have been accepted for Voluntary Services
 - Pregnant and parenting youth in foster care
 - Siblings of children in foster care
 - Youth exiting to permanency or youth aging out of DCF foster care
 - Families with certain characteristics who are identified through a community or neighborhood pathway:
 - Children who are chronically absent from preschool/school or are truant from school
 - Children of incarcerated parents
 - Trafficked youth
 - Unstably housed/homeless youth
 - Families experiencing interpersonal violence
 - Youth who have been referred to the juvenile review board or who have been arrested
 - Caregivers who have, or have a child with, a substance use disorder, mental health condition or disability that impacts parenting
- Infants born substance-exposed (as defined by the state CAPTA notification protocol)

IPP: 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

PSAWG: Initial EBPs for Consideration

All recommended EBPs were researched with communities of color

Tier 1 –

- Functional Family Therapy (FFT)
- Motivational Interviewing (MI)
- Multi-systemic Therapy (MST)
- Nurse Family Partnership (NFP)
- Parents As Teachers (PAT)
- Parent-Child Interaction Therapy (PCIT)
- Brief Strategic Family Therapy (BSFT)
- Healthy Families America (HFA)

Tier 2 –

- Methadone Maintenance Therapy (MMT)
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Triple P
- Multi Dimensional Family Therapy (MDFT)
- Wraparound

Not Yet Available in CT	Some Availability in CT	Widely Available in CT
Brief Strategic Family Therapy	Healthy Families America	All Other Tier 1 and Tier 2 Recommended EBPs

Upcoming recommendations

- Fiscal workgroup and Programs and Services workgroup will collaborate to bring recommendations
- Full prevention plan
- Implementation planning beyond submission