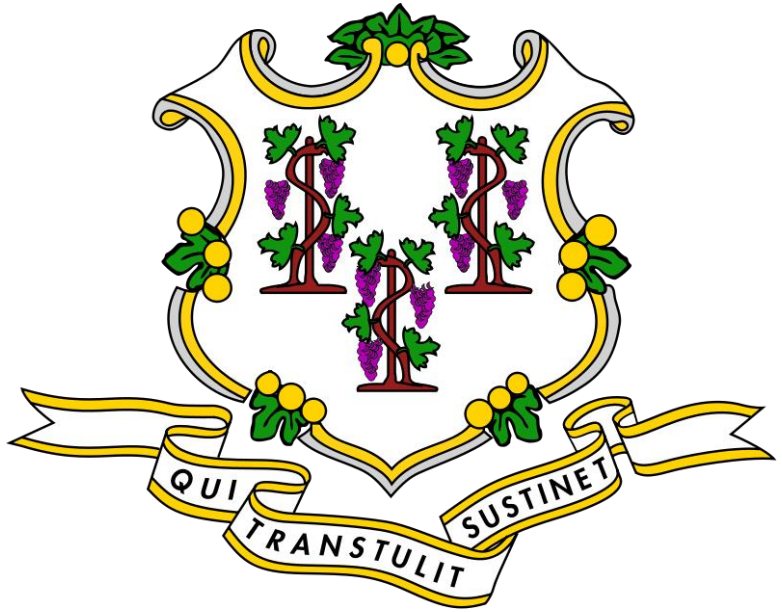


Connecticut's Family First Prevention Plan

"Partnering with communities and empowering families to raise resilient children who thrive."

MAY 2021

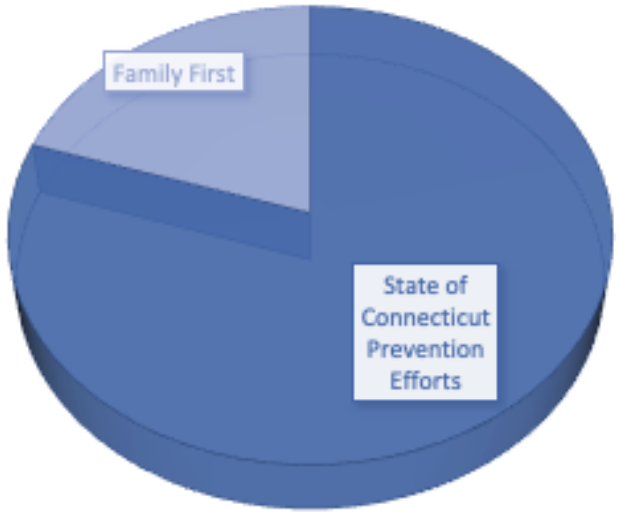
Family First Opportunities

- ✓ **Transforming** the child welfare focus from foster care to prevention, increased family stability and well-being.
- ✓ **Investing** in evidence-based interventions.
- ✓ **Applying** a trauma-informed lens to the continuum of prevention services.
- ✓ **Partnering** with valued stakeholders (youth and caregivers with lived experience, contracted providers, sister agencies, research partners, etc.) to align prevention efforts.
- ✓ **Expanding** the evidence base in child welfare and spreading innovative practices

Family First in Connecticut

Family First and Connecticut Prevention Efforts

CTDCF intends to maintain its foundational mandate to keep children safe with their families but strives to evolve our mission, vision and strategies to become an agency that empowers families to thrive by walking alongside them.



While Family First offers Connecticut opportunities for innovation in prevention, it is only one mechanism among many that Connecticut intends to employ.

Connecticut intends to continue investment in efforts that address family and community economic supports, services that are developed with and for communities of color, and evidence-based practices that address the full continuum of mental, behavioral, and physical health needs of Connecticut children and families.

CT DCF Transformation Efforts

CT DCF System Transformation Efforts

Racial Justice

- Becoming and anti-racist organization
- Nurturing a Safe and Sound culture
- Moving beyond equity to justice
- Striving for institutional transformation

Safe and Sound Culture

- Regulate
- Relate
- Rise
- Reason
- Respond

Congregate Care Reduction

- In January 2011, CT had **4,900** youth in care, **30%** in congregate care and 200 of those youth were less than **12** y/o.
- By April of 2021 **3,480** youth are in care with less than **6%** in congregate care and only **14** of those youth were less than **12** y/o.

Relationship with Juvenile Justice

- Juvenile Justice Policy and Oversight Committee goals by 2018:
  - Increase diversion of children and youth from juvenile court by **20% (met and exceeded)**
  - Decrease the number of children and youth confined (incarcerated) in state-run facilities by **30% (met and exceeded)**
  - Decrease the rate of recidivism among juvenile offenders by **10%**

Programmatic Developments Essential for System Transformation

CTDCF Strengthening Families Practice Model	Enhanced family engagement and family-centered assessment (i.e. purposeful visitation, initial and ongoing assessments of safety and risk, individualized services)
Belief in Fathers as Equal Partners	Meaningful fatherhood engagement
Differential Response	Customize response to accepted reports of child maltreatment (i.e. Family Assessment Response [FAR] – no formal finding and voluntary OR Investigation – formal finding and mandatory)
Community Supports for Families	Voluntary, family-driven , individualized program for families discharged from FAR
Integrated Family Care and Support	Supports for families with unsubstantiated finding
Considered Removal – Child and Family Team Meetings	Required meeting when 1+ safety factors is identified that will lead to immediate removal of a child unless mitigated
Connecticut Behavioral Health Plan	Development of a comprehensive implementation plan across agency and policy areas for meeting mental, emotional, and behavioral health needs of all children in the state
ABCD Child Safety Practice Model	Ensure safety throughout all assessments, response, services, and operations. Engagement of employees, families, stakeholders to keep children safe from maltreatment
V.I.T.A.L. Practice Model Overview	Practice model for transitional age youth (16-23 years old)
Kinship Navigation	Ensure caregivers have access to the resources they need, assistance in navigating public programs for which they are eligible, and peer networking and support

Connecticut Prevention Plan Highlights

Connecticut's Family First Candidacy Populations

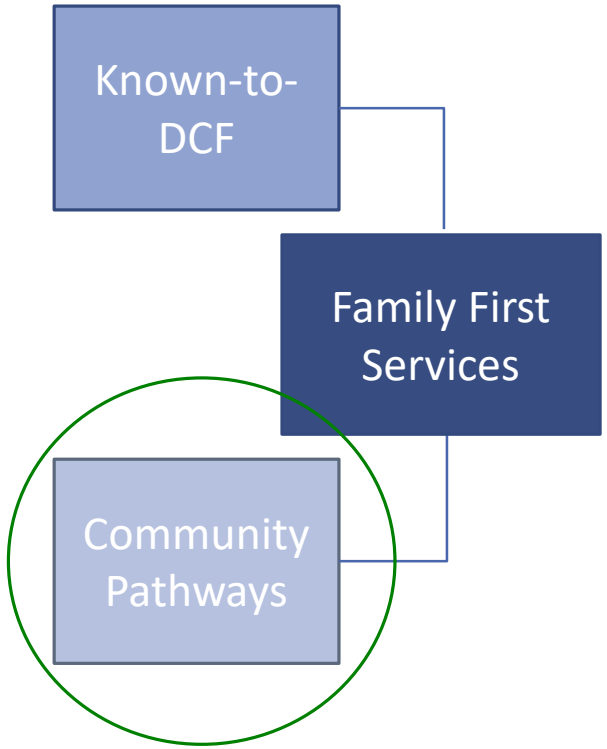
Community Pathways

- Families accepted for Voluntary Care Management services
- Youth that have exited foster care
- Children who are chronically absent from preschool/school or who are truant from school
- Children of incarcerated parents
- Trafficked youth
- Unstably housed/homeless youth
- Families experiencing interpersonal violence
- Youth who have been referred to a JRB, YSB, or another diversion program
- 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)

Known-to-DCF

- Families with accepted Careline calls
- Pregnant and parenting youth in foster care
- Siblings of youth in foster care

Opportunities to serve families upstream



Connecticut defined the community pathways population as those families **"upstream"** and includes families with specific behaviors, conditions, or circumstances that are likely to have an adverse impact on a child's development or functioning even if they do not have an immediate safety concern or functioning that places the child at risk of entering foster care. In fact, these families may not even need to come to the attention of the child welfare agency if timely supports are offered. *(See Section 2 for more information on candidacy).*

Connecticut sees this pathway as a tremendous opportunity to **provide services earlier to families to establish stability and family wellbeing, and to prevent foster care entry.**

Connecticut Care Management Entity

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

To engage these families earlier, CTDCF heard directly from families and partners that it was important to develop an **entity outside of the Department** to manage these cases.

CTDCF plans to **contract with a care management entity** to engage these "community pathways" families, provide case management, manage service referrals, and monitor ongoing progress. In response to feedback from families and partners,

CTDCF is thrilled to establish this relationship to **capitalize on the exciting Family First opportunities without magnifying CTDCF surveillance.**

EBPs selected for CT Prevention Plan

Communities of color were represented in the evaluation findings of all recommended EBPs

Well-Supported EBPs Included in Connecticut's Prevention Plan:

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

Not Yet Available in CT	Some Availability in CT	Widely Available in CT
Brief Strategic Family Therapy	Healthy Families America Parent-Child-Interaction Therapy	All Other Recommended EBPs

Ongoing review of EBPs for CT Prevention Plan

EBPs selected, but that require an evaluation

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Triple P
- Multidimensional Family Therapy (MDFT)

There are a number of well-established Connecticut EBPs in the queue to be evaluated by the Title IV-E Prevention Clearinghouse, Connecticut's Programs and Service Array Workgroup will continue to review and make recommendations to the Fiscal and Revenue Enhancement workgroup and the Governance Committee for consideration.

Connecticut will continue to invest in the programs and services that work best for children and families regardless of their presence on the Title IV-E Prevention Services Clearinghouse.

Child-Specific Prevention Plans

Family First Data Elements
1. Title IV-E Agency
2. Child Identifier
3. Date of Birth
4. Sex
5. Race
6. Hispanic or Latino Ethnicity
7.Pregnant or Parenting Youth in Foster Care 7a. Other Imminent Risk Subgroups
8. Prevention Plan Start Date
9.Type of Service(s) 9a. Specific EBP
10. Service Start Date(s)
11. Cost of Service(s)
12. Service End Date(s)
13. Foster Care Placement Status at 12 months from prevention plan start date
14.Foster Care Entry 14.a. Date of Entry into Foster Care

Connecticut plans to **integrate the child-specific prevention plan requirements into the Family First eligibility assessment and ongoing case planning.** After Family First eligibility is determined, the care management entity or DCF social workers will engage with the family to assess their needs and strengths and will partner with them to select the appropriate services. The required information will then become integrated into the youth and family's ongoing treatment plan. *(See section 4 for more information).*

Assessing Needs and Monitoring Safety

Connecticut sees **monitoring child safety as directly tied to effectively assessing family needs** and seeks to leverage Family First **to prevent safety threats by addressing needs early**. Furthermore, Connecticut intends to **engage families and their natural supports** as essential partners in monitoring, preventing, and addressing family safety concerns.

Connecticut utilizes a number of formal and informal safety assessments and tools to identify safety risks and build safety plans. For all Family First populations, Connecticut will continue to assess safety and will depend on partners and families to support the development of appropriate safety plans and selection of services to mitigate safety risks.

As part of Connecticut's conversations with caregivers regarding ways to improve collaboration with and empowerment of families, caregivers recommended that workers should **establish a connection with the family before conducting formal assessments** as well as the importance of **focusing on the goals and needs that the family has determined** for themselves. *(See section 5 for more information).*

Workforce Development Strategies

Internal CT DCF training opportunities:

- Pre-Service
- In-Service Trainings
- Mandatory Trainings
- Simulation Trainings
- Leadership Development Trainings
- *Family First specific trainings will be embedded throughout*

EBP provider workforce training opportunities:

- Access to some CT DCF trainings
- EBP-specific trainings (ensure fidelity) and ongoing consultation/coaching
- Trauma-informed training
- *Family First specific trainings will be embedded throughout*

Identified workforce development goals:

- Translating needs into services or supports
- Addressing needs to prevent safety issues
- Ensuring clear and uniform practice
- Emphasis on prevention
- Building capacity to engage and partner with families

(See section 7 for more information)

Continuous Quality Improvement

CQI processes will be guided by *A Measurement Framework for Implementing and Evaluating Prevention Services (Framework)* developed by Chapin Hall at the University of Chicago (2020). The *Framework* identifies metrics to better understand the **reach** of the selected prevention services, to monitor the **fidelity and quality** of the selected prevention services, and determine whether the EBP-specific **outcomes** and the overall Connecticut Family First **outcomes** are being achieved in order to course correct if needed. (*See section 6 for more information).*

Reach: The degree to which the service is reaching the target population through referrals, eligibility determinations, and service uptake.

Fidelity and Quality: Fidelity is the extent to which the service is carried out with adherence to the intended approach and can be assessed by measuring the degree to which **capacity**, **process**, and **quality** requirements are met.

Outcomes: Outcomes measure the extent to which the services are achieving desired child and family outcomes.

Next Steps

What Happens Next?

IMMEDIATE NEXT STEPS

- Celebrate, communicate, and collect additional feedback on the plan through public comment period
- Address and incorporate federal and Connecticut feedback into the plan, or next phase of work
- Get federal approval of plan and launch effort
- Shift focus from plan development into ongoing implementation and monitoring

NEXT PHASE OF WORK

- Implementation tasks around financing, information technology development, contracting, policy, workforce development, etc.
- Build capacity to expand to new services, and adopt new practice tools
- Continue exploration of evidence-based programs that fit Connecticut's population
- Monitor service provision and outcomes and adjust as needed

Process for Connecticut's Family First Prevention Plan