Child-Specific Prevention Plans DCF Family First Infrastructure Practice and Policy Workgroup

January 8, 2021

Agenda

- 1. Welcome and Desired Results
- 2. Last Meeting: Screening and Eligibility
- 3. Discussion I
- 4. Child-Specific Prevention Plans
- 5. Existing Service/Case Plans:
 - 1. Case Plan DCF
 - 2. Inspiration and Overview
- 6. Discussion II



Desired Results for Today's Meeting

- Review and gain a shared understanding of the requirements for a Family First Child-Specific Prevention Plan.
- 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
- Elevate elements that Connecticut finds relevant to include in the service and case plans to ensure a family-centered process and service.

Last Meeting: Screening and Eligibility

Presentation of Family Assessment Tools (Mary Ellen Hass) and Family Strengths and Needs Assessment (DCF) – and breakout session about strengths, gaps, potentials of the tools

Ð	What are some of the	The tools described are well-known, used, and have evidence behind them
Ľ,	strengths we heard?	• Tools help to normalize families' experiences, are strengths based and focus on protective factors
Q	Where do we see gaps in the current practices?	 Do the tools cover all relevant risk/protective domains (what about financial stability?, employment?)
		Wait time through 211 can be a problem and there is limited language availability
		Ensure trauma-informed and anti-racist approach
-`@`-	What could we	Ensure we are asking families what they need
λΨ.	potentially 'build' on?	 Expand community outreach and build upon existing initiatives
		• No matter the candidacy group, ensure we have one place to collect the information and
		determine where to filter each group (211 moving from generalist to specialist)
?	Additional comments/ questions	 How do we take inherent focus on safety – and collaborate with families? How does DCF balance that approach?
		• Ensure screening, assessment, and services are broad enough to meet CT's broad prevention goals.



Take 2 minutes and think about the following question:

What are the overall goals of a service plan?



Share some of your thoughts with the group.

Child-Specific Prevention Plans

Child-Specific Prevention Plans

FFPSA Provision requirements

For Candidates for Foster Care:

(1) *identify the foster care prevention strategy* for the child so that the child may remain safely at home, live temporarily with a kin caregiver until reunification can be safely achieved, or live permanently with a kin caregiver; and

(2) *list the services to be provided* to or on behalf of the child to ensure the success of that prevention strategy.

For Parenting or Pregnant Youth:

1) include in the youth's *foster care case plan*;

- 2) *list the services to be provided* to or on behalf of the youth to ensure that the youth is prepared (in the case of a pregnant foster youth) or able (in the case of a parenting foster youth) to be a parent; and
- 3) describe the *foster care prevention strategy* for any child born to the youth

Optional elements

- How to best monitor services?
- Who is the service recipient (parent/kin/caregiver/child)?
- What is the identified need?

Child-Specific Prevention Plans

Child-level Required Data Elements (reported to Children's Bureau)

Data Element Name
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

Elements #1 through 9 are recommended to be built into CT-KIND or child-level prevention plan.

- #1-6 may be in CT-KIND for DCF involved
- #7-9 lend themselves to the child specific prevention plan

Elements # 10 through 12 are recommended to be captured through fiscal/billing systems.

Data elements #13 and 14 are likely already captured through placement elements in CT-KIND.

Example from Kansas – Child-Specific Prevention Plan

Case Name:			Case #:	Event #:	
CPS Specialist:		D	CF Office:	Region/County:	
Date Prevention Plan C	ompleted: Click or	tap to enter	a date.	T	
		-			
Section I Candidacy f	or Care Determin	ation			
leview the prevention plan	n and determine if th	he child meet	ts criteria as a candidate	for care by applying the following	g
tatement:					
				ly in the child's home or in a kins	-
lacement with the title IV	7-E prevention serv	ices necessa	ry to prevent the entry (of the child into foster care. A "d	child who
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□Live permanently with a kin caregiver.

Section IV Family First Prevention Services/Program(s):

List Family Member next to service/provider available in your region and date when service was added. Use new column to add any updated dates.

Each family member listed below will receive Motivational Interviewing as a service enhancement by the agency providing the Mental Health, Substance Use, Parent Skill Building, or Kinship Navigation programs on the dates listed.

Identified Service / Agency / (Fact Code)	Family Member(s)	Initial Date:	New Service Added:
Mental Health (FM01N)		Click or tap	New /Updated
Parent Child Interaction Therapy/ PCIT/ Horizons-		to enter a	Service:
(PCI)		date.	
Parent Child Interaction Therapy/ PCIT/ TFI/ (PCI)			Date:_Click or
□ Multisystemic Therapy- MST/ CSI / (MST)			tap to enter a
Gamily Centered Treatment -FCT / SFM/ (FCT)			date.
□ Functional Family Therapy - FFT / Cornerstones/ (FFT)			
Identified Service/Agency/Facts Code	Family Member(s)	Initial Date:	New Service
			Added:
Substance Use Disorder (FS01N)		Click or tap	New /Updated
Adolescent Community Reinforcement Approach/		to enter a	Service:
/ A-CRA / DCCCA / (ACR + MOI)*		date.	
*Motivational Interviewing included with A-CRA			Date: Click or
Parent-Child Assistance Program -P-CAP/ KCSL/			tap to enter a
(PCA)			date.
□ Seeking Safety / SFM / (SES)			
Parent Skill-Building (F101N)		Click or tap	New /Updated
ABC/ Project Eagle/Livewell / (ABC)		to enter a	Service:
□ Family Mentoring / CAPS/ (NPP)		date.	-
□ Fostering Prevention / FosterAdopt Connect/ (FSP)			Date:Click or
□ Healthy Families- HFA / Great Circle/ (HFA)			tap to enter a
Healthy Families -HFA/- KCSL/ (HFA)			date.
Healthy Families - HFA/ LDCHD/SB6 / (HFA)			
Parents as Teachers - PAT/ KPATA/ (HFA)			
Kinship Navigator		Click or tap	New /Updated
□ Kin-TECH/ KLS / (NIT)		to enter a	Service:
		date.	
			Date:Click or
			tap to enter a
			date.

Section V SIGNATURES (Initial and Updated)

*		Participant:	Role:	Date:
	Initial Signature:			

DC CFSA Candidacy Subgroups Screen

Client ID Date of Birth	1085490 11/04/1993	Address	400 6TH Street SW, W/ 20024	ASHINGTON, DC		Client ID Date of Birth
Gender	Female	Ward	WARD 6			Gender
Race	Black or African American	D 24. C 31. U 4	Collaborative - Edgewo	ood/Brookland FS		Race
		View Assessm				
Change Collabora	itive 🗆 Preferred Collabora	ative			+	Reason(Max (
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Child who w Child who w Child born to Child born to Child who w	ill be served by the Collaboratives fol ill be served by the Collaboratives fol o a mother with a positive toxicology ill be served through CFSA's In-Home	llowing a CPS investiga llowing a closed Out-o v screening. e services program. who has recently exited	ation. of-Home case (step-dow d, foster care.	n) and may be at i	risk of	Requested Servi

Child who will be served by the Collaboratives following a closed In-Home case (step-down).

Existing Service / Case Plans

DCF develops case plans using a family-centered, trauma-informed approach in:

- 1) assessing families' strengths and areas of need (through Family Strengths and Needs Assessment),
- 2) providing services to address those needs, and
- 3) providing ongoing monitoring of their progress.

The assessment helps identify services that match the strengths and needs - and can be used in developing appropriate goals, plans, and interventions.

Existing Service/Case Plans – DCF Case Plan

DCF Family Case Plan Template

- Reason for Involvement
- Initial Plan: Reason for DCF involvement (circumstances and results of the investigation) and Safety factors and interventions
- Subsequent Plans: Reason for continued DCF involvement.
- Basic Identifying Information (gender, race, physical appearance)
- Current Assessment
- A statement shall be made for each domain to address the strengths and needs of family members. A current assessment of all household members, as well as birth parents or guardians, who may not live in the household, shall be included.
 - a) Household relationships: include significant relationships outside of the household.
 - b) Resource management basic skills.
 - c) Parenting skills
 - d) History of child abuse/neglect of adults as children.
 - e) Mental health coping skills
 - f) Physical health.
 - g) Substance abuse/use.
 - h) Social support systems: include extended relationships outside of the household.
 - i) Education/developmental issues.
 -) Other life experiences, including employment, housing stability, and cultural/ethnic considerations.
- Summary Assessment

Existing Service/Case Plans – Content Overview

	DOB, and SEX	Race, and Hispanic or Latino Ethnicity	Prevention Plan Start Date	Type of Service	Service start date	Service end date	Monitoring progress	Identified needs	Identified strengths	Goals
DCF Family Case Plan	Х	х						Х	X	X
Focus Recipie Other eleme		for involveme	ent; Assessm	nent Doma	ins (see slide	11)			'	
IFCS Plan of Care							X	Х	X	X
Focus Recipie Other eleme	-	arks, strategi	es and respo	onsible per	son (to reach	ing goals); fa	mily support	system and	network; fai	mily vision,
RFTF Service Plan	X	X		X				X	X	X
Focus Recipie Other eleme		d reason for ı	referral; who	o will help a	achieving goa	ls,	1	1	1	

Discussion II

Take 2 minutes and reflect on the earlier discussion – then consider the following questions:

- What other 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?

Share some of your thoughts with the group.



Next meeting January 21st