SUMMARY

DCF Family First Infrastructure Practice and Policy Workgroup

January 13, 2021

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

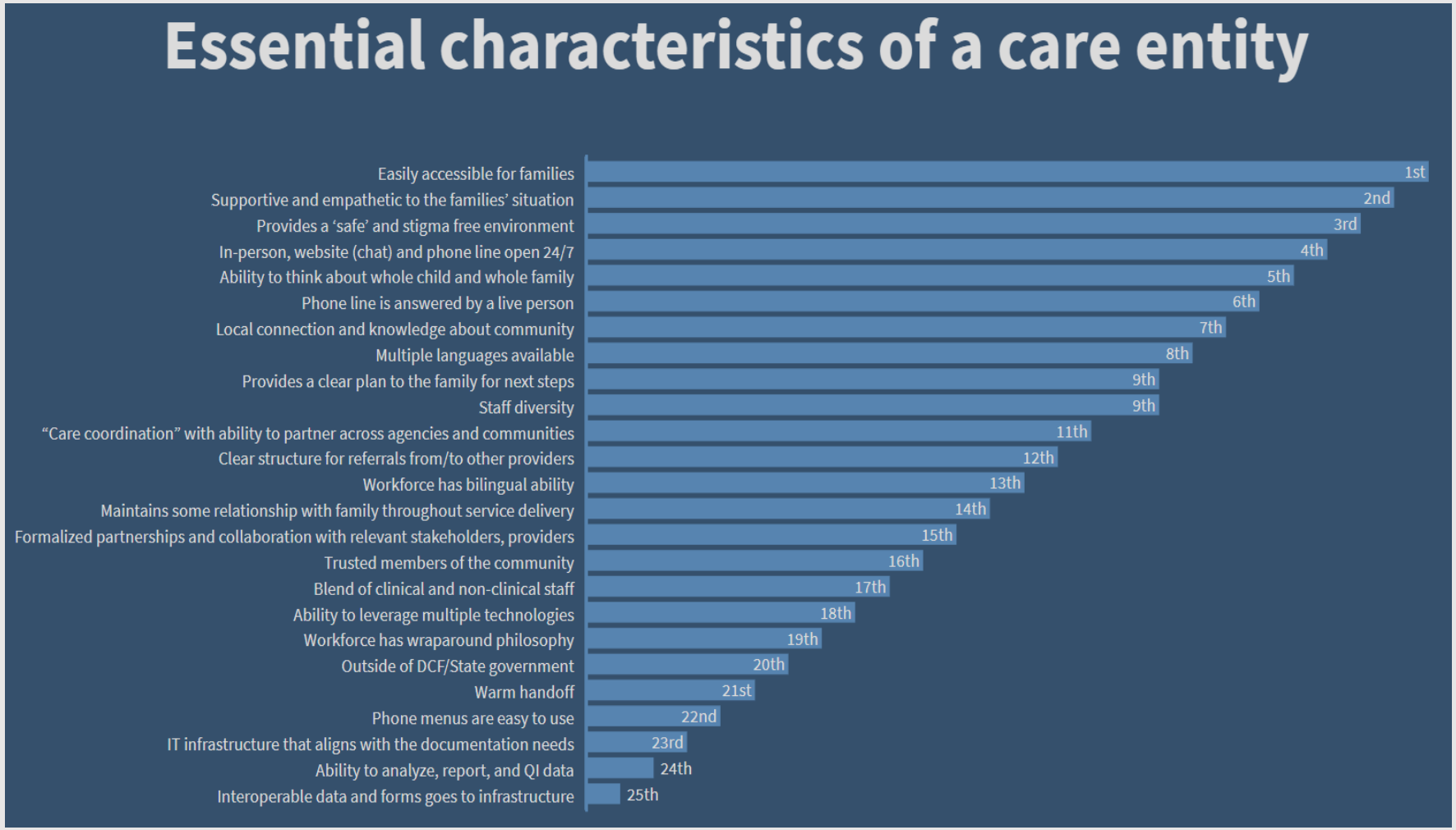
- Provides a ‘safe’ and stigma free environment
- Provides a clear plan to the family for next steps
- Maintains some relationship with family throughout service delivery
- Supportive and empathetic to the families’ situation

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