Pathways to Services

DCF Family First Infrastructure Practice and Policy Workgroup

February 8, 2021

Agenda

- Welcome and Desired Results
- Summary of Previous IPP-Work
- Updates
  - Validation by Governance Committee
  - Engaging families to share expertise
- Purpose and Process of Small Workgroups
- Pathways to Services Across Candidacy Groups
  - Eligibility
  - Assessments
  - Service referrals
  - Case Plan
- Discussion and Summary of Crosscutting Themes and Gaps

Desired Results for Today's Meeting

- Discuss outcome from Governance Committee meeting and ongoing planning for the community pathways population
- Review the current service pathways for candidacy populations known to DCF and consider what is and is not relevant for the community pathways population
- Begin discussing technical gaps and workforce development support needed for the prevention plan and implementation

Updates and Summary of Previous Work

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

Updates

- Presentation to Governance Committee Tuesday Feb 2nd
  - Summary of the emerging recommendations of the workgroup
  - Validation of need for care entity

- Engaging Families to Share Expertise
  - Two virtual sessions on Feb 23rd and Feb 25th – from 6-7:30 pm
  - Families are signing up to participate in groups of max 20 participants
  - Facilitation by workgroup member and Chapin Hall
  - Sessions will be focusing on the following themes :
    - *Getting access and initial contact to services and support*
    - *Identifying a family's needs and priorities*
    - *Connection to services and the benefit of the support*
    - *The ideal experience for families in Connecticut*

Pathways to Services

The Small Workgroups

Purpose of the small workgroups

- Identify specific information about the pathways to services for the different candidacy groups, specifically information required for the Prevention Plan (that will be submitted spring 2021)
- For each candidacy group, it is required that the Prevention Plan includes information about:
  - The existing screening processes
  - Assessment processes and tools
  - Service matching protocols
  - Case or service planning tools
  - Necessary workforce development and training

Process of the small workgroups

- Each workgroup filled out a workplan focusing on pathways for the following candidacy groups:
  - Careline pathway (Intake cases, CSF cases, and IFCS cases)
  - DCF-involved (Pregnant and/or parenting youth in foster care, siblings of youth in foster care, youth aging out of DCF foster care, and youth exiting to permanency)
  - Voluntary

*The community pathways processes will still need to be designed

Candidacy Populations

Known to DCF

- 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

Community Pathways

- 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)

Eligibility

Candidacy Population	Who	Tool	Data System
Accepted Careline : Intake, CSF, and IFCS	Careline staff	Careline SDM screening tool	LINK/CT KIND
Pregnant and parenting youth in foster care	Intake worker or Adolescent worker	Intake or case planning	LINK/CT KIND
Siblings of youth in foster care	Intake worker or Ongoing services worker	Intake	LINK/CT KIND
Youth Aging Out of foster care	Adolescent staff or discharge worker?	Discharge plan	LINK/CT KIND
Youth exiting foster care to permanency	DCF worker (age/family status dependent)	Case closure plan	LINK/CT KIND
Accepted Voluntary	Careline worker, OHA, Beacon	• Careline referral form, • Office of Heath Advocate (OHA) insurance information, • Beacon eligibility criteria	• Careline-excel spreadsheet • OHA- legal files • Beacon-Service Care Connect

Eligibility

Community Pathways

- Children who are chronically absent from preschool or school and children/youth who are truant from school
- Children of incarcerated parents
- Infants exposed to substances consistent with the CAPTA notification parameters
- Youth who have been trafficked
- Youth who are homeless or unstably housed
- Families experiencing interpersonal violence
- Youth who have been referred to the juvenile review board or who have been arrested
- Youth who have been referred to the juvenile review board or who have been arrested
- Caregivers who themselves have, or have a child with, a substance use disorder, mental health condition, physical or intellectual disability or cognitive impairment, to the extent it impacts parenting

Discussion question: Eligibility will be largely automated for populations already known to DCF, what strategies should be considered so that community pathway candidates are identified?

Needs Assessment

Candidacy Population	Who	Tool	Data System
Accepted Careline : Intake	Intake staff and supervisor	• SDM safety and risk assessment • Protective Factors Survey	LINK/CT KIND
Accepted Careline: CSF	CSF worker and supervisor	• NCFAS-G; • Protective Factors Survey; • priority needs identified with the family incorporated into their Plan of Care	Qualtrix (UCONN), PIE, Electronic Health Record
Accepted Careline: IFCS	IFCS worker and supervisor	• NCFAS-G; • Priority needs identified with the family and incorporated into their Plan of Care	Service Care Connect
Pregnant and parenting youth in foster care	Intake worker or Adolescent worker	• LIST assessment • youth identify goals/objectives in case plan • Considering Omega assessment	LIST not in LINK copied in narrative, case/family plan in narrative
Siblings of youth in foster care	Intake staff and ongoing staff	• Intake-Protective Factors Survey; • Ongoing Services - Family Strengths and Needs Assessment	Protocol or case narrative
Youth Aging Out of foster care	Adolescent staff or discharge worker?	LIST assessment/Considering Omega Assessment	Protocol or case narrative
Youth exiting foster care to permanency	DCF worker (age/family status dependent)	Reunification Assessment	Protocol or case narrative
Accepted Voluntary	Voluntary care manager	Level of care guidelines at the beginning and as needed	Service Care Connect

Needs Assessment

Community Pathways

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Discussion Question: There are a range of needs assessments/tools used with populations already known to DCF, for the community pathways population, are we looking for uniformity? How should we incorporate the different assessments/tools community providers will use with families?

Risk and Safety Assessment

Candidacy Population	Who	Tool	Data System
Accepted Careline : Intake	Intake staff and supervisor	SDM CT Family Safety and Risk Assessment, Risk-Based Case Decision Matrix to help inform case opening/closing decision	CT/LINK; protocols
Accepted Careline: CSF	CSF worker and supervisor	Informal process: • Level of need determines contact cadence • risk/safety issues embedded in NCFAS-G	PIE and Agency Electronic Health Record
Accepted Careline: IFCS	IFCS worker and supervisor	Informal process: Bimonthly family team meetings; ongoing contact with family and providers Implemented Priority Codes to help identify risk factors the family is presenting at time of referral, 30 days and at closing	Service Care Connect
Pregnant and parenting youth in foster care	Intake worker or Adolescent worker	• Risk and safety assessment at intake • No SDM tools used for adolescents, • Informal process: when new case is assigned weekly visit for first 30 days, then monthly visits	Protocol or case narrative
Siblings of youth in foster care	Intake staff and ongoing staff	• Risk and safety assessment at intake • Reassessment when family is transferred to ongoing services	Protocol or case narrative
Youth Aging Out of foster care	Adolescent staff or discharge worker?	• Risk and safety assessment at intake • Informal monitoring	Protocol or case narrative
Youth exiting foster care to permanency	DCF worker (age/family status dependent)	• Risk and safety assessment at intake and • Reunification and risk assessment	Protocol or case narrative
Accepted Voluntary	Voluntary care manager	• Mandated reporter guidelines; • Ensure family have safety plan in place; • Check-in with providers around safety plans	Service Care Connect

Risk and Safety Assessment

Community Pathways

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Discussion Question: CSF, IFCS, and Voluntary utilize informal safety and risk monitoring strategies, what can we learn from that for the community pathways group?

Service Referrals

Candidacy Population	Who	Tool	Data System
Accepted Careline : Intake	An assigned social worker fills out the URF/program-specific form before referral. ESC determines the match.	URF or program-specific referral form	URF is documented in LINK. Nothing in LINK that identifies specific service type.
Accepted Careline: CSF	DCF Caseworker or CSF worker		PIE and Agency Electronic Health Record
Accepted Careline: IFCS	DCF Caseworker (when active case) or IFCS worker	Formal transition meeting held between DCF, provider and family – case closes. When agency starts working with family, referral can be initiated.	Protocol and case narrative for active cases - agency electronic health record.
Pregnant and parenting youth in foster care	Caseworker. For clinical services, worker needs to consultation with regional resource group (RRG).	Universal referral form in case plan for nonclinical services.	LINK/CT-KIND
Siblings of youth in foster care	Triage team, that provides list of resources	List of resources	Protocol or case narrative
Youth aging out of foster care	DCF Caseworker	Discharge plan	Protocol or case narrative
Youth exiting foster care to permanency	DCF Caseworker	Closing summary of case plan	Protocol or case narrative
Accepted Voluntary	Voluntary Care Manager	Level of Care (LOC) Determination	Service Care Connect

Service Referrals

Community Pathways

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Discussion Question: What are the pros and cons of a universal referral tool for the community pathways group? How should we partner with community pathway families to select their services?

Case Planning

Candidacy Population	Who	Tool	Data System
Accepted Careline : Intake	Intake worker	No case plan completed at Intake. Case Plan - completed after 60 days of service if transferred to ongoing services	LINK/CT-KIND
Accepted Careline: CSF	DCF Caseworker	Service plan developed by Intake for families being referred Plan of care/Plan of Care review	Documented in agency electronic health record and date of plan established
Accepted Careline: IFCS	IFCS worker in collaboration with family, and providers involved with the family--care coordination.	Plan of Care	Service Care Connect
Pregnant and parenting youth in foster care	DCF SW	Case Plan - completed after 60 days of service	LINK/CT-KIND
Siblings of youth in foster care	DCF SW	Case Plan - completed after 60 days of service	LINK/CT-KIND
Youth Aging Out of foster care	N/A	No CIP for youth exiting care	N/A
Youth exiting foster care to permanency	DCF SW/SWS, youth and family, family supports, and providers involved.	Family and CIP-plans every 6 months	N/A – requirements not captured
Accepted Voluntary	Voluntary care managers	Initial Care Plan within 30-45 days	Service Care Connect. Beacon provides quarterly reports with aggregate data (not individualized)

Case Planning

Community Pathways

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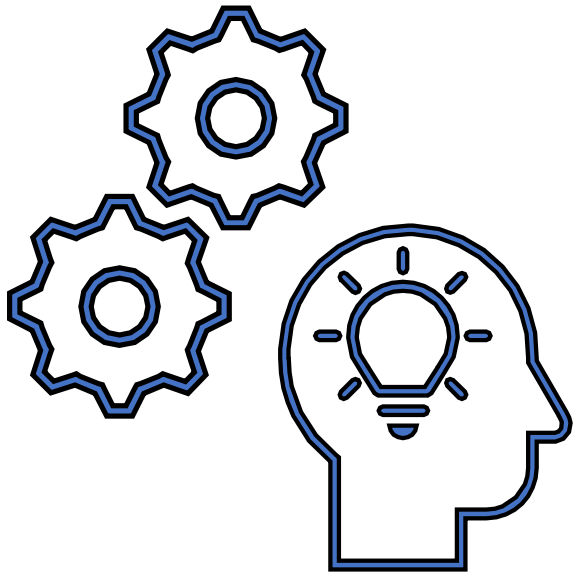
Discussion Question: Child and family team meetings are utilized with some candidacy populations known to DCF to create and update the case plan, would that be an appropriate strategy for case planning with the community pathways families, why or why not?

Discussion

Now that Governance has approved an external care entity what outstanding questions do you have?

What is the best way to use the expertise of this workgroup to build the care entity?



Nex meeting on February 19th