



Screening and Eligibility

DCF Family First Infrastructure Practice and
Policy Workgroup

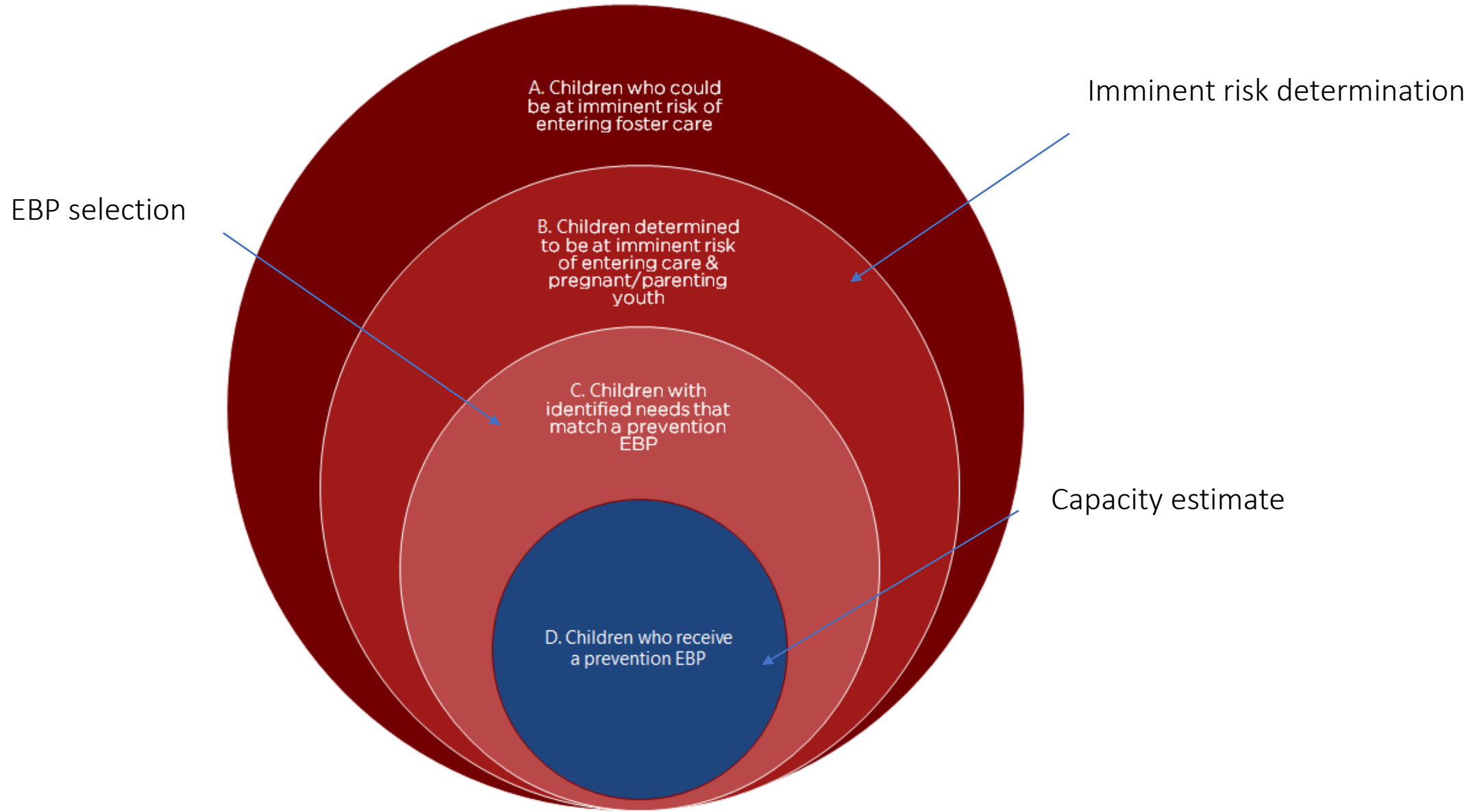
December 4, 2020

Agenda

1. Welcome
2. Why focus on Screening and Eligibility?
3. Activity I
4. Families with accepted Careline Calls – screening, assessment and documentation processes
5. Activity II
6. Next Steps



Concepts Related to Eligible Families for Family First



Operational Requirements related to Eligible Families for Family First

	Summary of Family First Requirements	Connecticut's Approach
Eligible Populations are Defined	"Imminent risk of entering foster care" and pregnant and parenting youth in foster care	Completed: Description of candidacy groups
Eligibility is Determined	Of the potential candidacy pool, someone/some process must identify those who will benefit from prevention services. The <u>title IV-E agency</u> must determine a child's eligibility.	TBD
Service Planning	A child-specific prevention plan for candidates or case plan for pregnant and parenting youth that specify how services will prevent foster care/increase parenting capacity, must be in place prior to receipt of services	<i>Key question - How will we modify existing processes and create new ones for the care entity, to operationalize these requirements so that the experience is consistent with prevention work and is seamless to the family?</i>
Service Receipt	Service can be received for up to 12 months initially; redeterminations of candidacy allow additional/contiguous 12-month periods	
Ongoing Monitoring	Oversee safety of children receiving services and conduct periodic risk assessments to inform the child-specific prevention plan	
Data Collection	Data reports must include demographics of the child, prevention plan dates, service start/end dates, service expenditures and foster care entry status/dates (if applicable)	

Why focus on Screening and Eligibility?

Purpose: We want to ensure that we effectively engage and assess the intended children and families identified within Connecticut's candidacy population.

How: By reviewing existing screening tools and mechanisms we can determine:

1. What modifications are needed to align with Family First requirements?
2. What modifications are needed to align with effective family engagement and assessment?
3. 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?

We want to know the following for each candidacy population:

- How and when are children and families screened for possible intervention?
- How and when are children and families' needs assessed?
- Where is screening and assessment information documented? Is that information easy to track and extract?
- What information exists about the quality of the screening, assessment and documentation processes?
- Which part of the candidacy populations might be missed by existing screening, assessment or documentation?

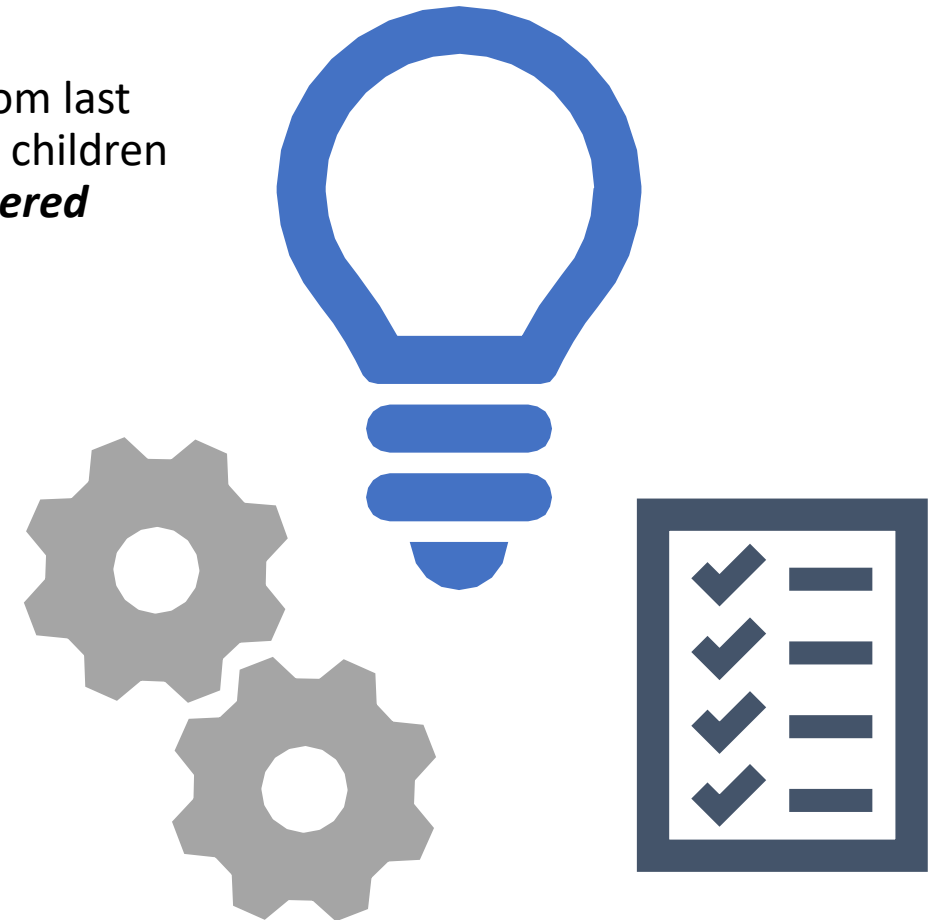
Activity I: Existing tools and their alignment with a family-centered system

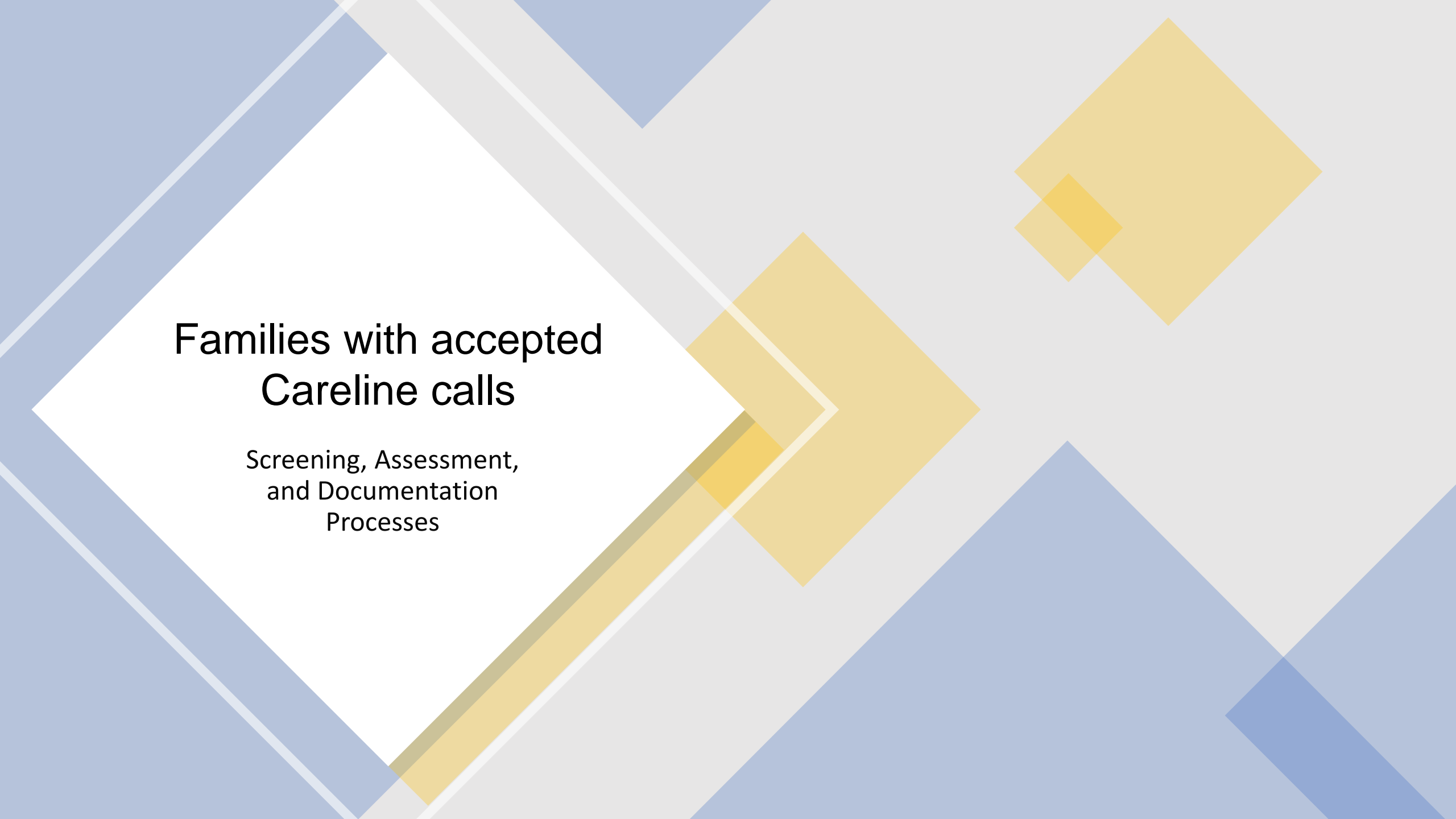
Take two minutes to 1) think back to the characteristics of a care entity from last meeting, 2) think about a tool that you are familiar with (in the work with children and families) - **How does your tool align with that vision of a family-centered system?**

A couple of guiding questions:

- **When** do you use this tool?
- **How** do you use it?
- With **whom** do you use it?
- What works **well**?
- What **could work better**?

Share some of your thoughts with the group.





Families with accepted Careline calls

Screening, Assessment,
and Documentation
Processes

How and when is a child and family screened through the Careline?

Mandated Reporter and non-mandated reporter who suspects abuse or neglect

Online reporting of non-emergent reports

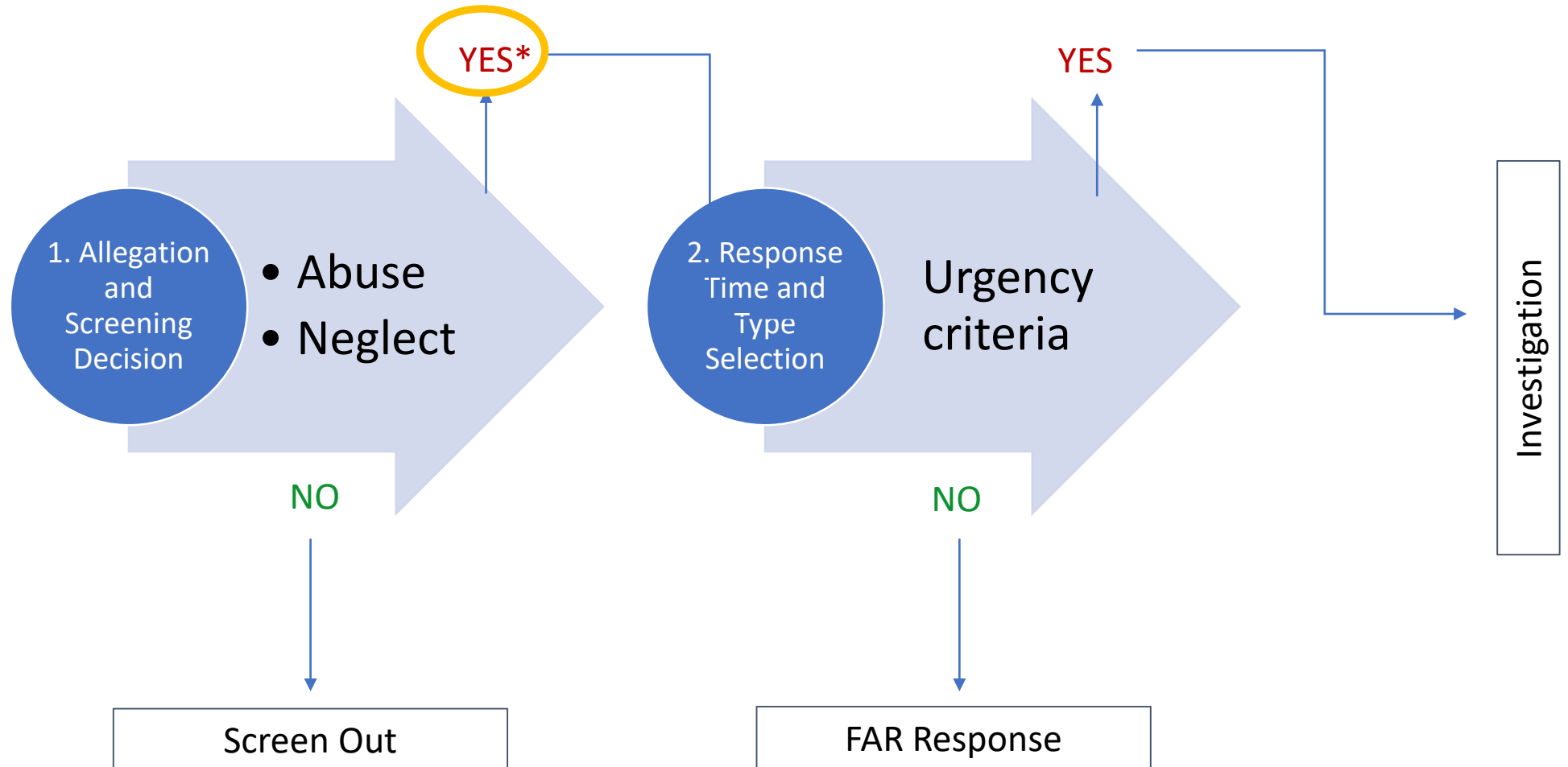
(OEC, Family Relations, School personnel, CT birthing hospitals)

24 hours/day, 7 days/week 365 days/year

DCF Careline

Structured Decision-Making Screening and Response Tool

*Accepted Careline Call



Documentation

- LINK, current system: limitations in reporting the SDM criteria identified on the referral for acceptance decision and response time
- CT-KIND, new system: more comprehensive and efficient reporting system with SDM decisions and other case characteristics
 - Roll out in 3 months

Who gets missed?

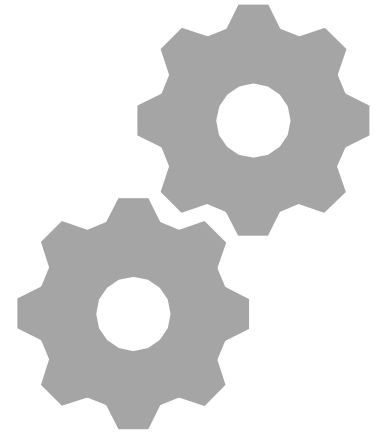
The Careline data system includes some information about accepted calls, however the quality of information about family characteristics and needs depends on whether there is an assessment/investigation or follow-up with the family.

Activity II: Recall the essential characteristics of a care entity and consider how the Careline process aligns with these characteristics?

Take 2 minutes and think about the following questions:

- *What questions do you still have?*
- *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?*

Share some of your thoughts with the group.



Next meeting

December 18: Family Engagement Screening and Eligibility

- Continue discussion of Family Engagement, Screening, and Eligibility
- Focus on the other candidacy populations – and the screening, assessment and documentation processes related to those
- Make preliminary recommendations
- Discuss implications for partners, workforce, and messaging