Minutes
Family First-Programs and Service Array Workgroup (PSAWG)
Meeting Date; February 27, 2020: 1:00 pm- 4:00 pm
DCF New Haven Area Office, New Haven, CT.

Agenda:

- **Welcome / Introductions**
- **Approve 2/20/2020 meeting minutes**
- **Continue Candidacy Service Alignment**
    - **Guiding Objectives/Questions**
        - **Review mapping completed in breakout group at 2/20 meeting.**
        - **Discuss model alignment pending research completed.**
        - **Identify gaps where additional research is needed.**
        - **Are there new models in other states we should prioritize reviewing?**
- **Open Discussion**
- **Follow-Up Actions**
- **Adjourn**
- **Next Meeting**

Welcome /Introductions

- The group co-leads Elizabeth Duryea and Dr. Elisabeth Cannata, began the meeting and welcomed everyone. Group members introduced themselves.
- Desired results of the meeting were reviewed.

Minutes from 2/20/2020

- Meeting minutes were not made available prior to this meeting. Group members were asked to check their email for the 2/20 minutes, review minutes and submit edits electronically.

Continue Candidacy Service Alignment

- Dr. Cannata provided new members with a step-by-step explanation regarding the groups' focus for the past two meetings (i.e. identifying specific interventions to target needs of the Candidacy group).
- The PSAWG purpose is to capture all the strong research sources of support and target the needs of the Candidacy group.
- Dr. Cannata noted that within the work that occurred during the six (6) workgroups there were overlaps of programs or services between groups.
- Today members will review the various workgroup materials and inventories. Members will look at the models that meet the most needs for that service group and begin to narrow down what we want to propose for the CT Plan or expand what we see is missing.
- Group B (**Youth exiting permanency/ youth aging out of DCF and Pregnant and Parenting youth in foster care**):
    - Dr. Cannata stated the overall goal for all groups is to finish mapping process and identify remaining needs so they can be filled out.
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        - Dr. Cannata asked the group, based on what is listed, to identify any models that may have not been identified.

        - Community Health Assistance Program (CHAP), CHEER Program, and SWETP, all incorporate Motivational Interviewing (MI).
        - Young Adult Services and YV Lifeset discussed.
        - Missing Program: MST Emerging Adult. Dr. Cannata stated that this program has some RCT, but it has yet to be approved on FFPSA.
        - Group member volunteered to research CHAP.
    - **Pregnant/Parenting youth in foster care**.
        - Circle of Security discussed. It's a "promising" model. Darcy will research this program further.
        - Question: Has there been any consideration for Child-Parent Psychotherapy?
            - Response: Yes.
        - A member proposed Nurse Family Partnership. Dr. Cannata stated that for this model, there is a need to consider the practicality of who can perform the model (RNs)
        - A member mentioned that even though models appear on the California Clearinghouse, does not mean that it is evidenced based. There is a need to click on the evidenced based link, to see its level.
        - Second time for Moms was mentioned. Currently, a pilot study is being conducted in Connecticut.
        - Safe-Baby Court Team was suggested. A member stated that it is "promising" research evidence, specific to child welfare.
        - Co-leads reiterated the program or service research process and the fact that the process should take no longer than an hour.
        - Minding the Baby was suggested and noted to be on another list. A member volunteered to do a template for this model.
- Group C (**Youth at High Risk for Law Enforcement Contact/system involvement**):
    - **Children/youth who are chronically absent from preschool/school. Children/youth who are truant from school**.
        - MST is on the Clearinghouse.
        - MDFT review is pending, has strong research basis of support.
        - Screening (educational and behavioral health) is important to include in our vision. This is not a “program or service” in terms of our task of selecting evidence-based practices. The notion is that if we do a better job detecting educational needs earlier, there would be less problems later; we do not want to lose sight of this issue. This will be a placeholder for the plan, but take it off the list of services.
        - Desired Outcome: Member suggested that School Connectedness be added to the list as a desired outcome.
        - Addition to list: FFT.
        - Question: Is BFST in Connecticut.
            - Response: It is not currently in CT (was in the past) it is on the Clearinghouse for review. It will be noted as a consideration.
        - Collaborative and Pro-Active Solutions was added to the list.

        - Restorative Justice Models. A member volunteered to do model research. Also mentioned was a list put together by SDE that includes 20-30 models across Connecticut.
    - **Children/youth at risk of juvenile justice involvement including those who have been referred to the juvenile justice board or who have been arrested.**
        - Added to the list: Collaborative and Pro-Active Solutions, School Based Diversion Initiative (SBDI) and Motivational Interviewing (MI).
        - A member will research the diversion model.
- Group A (**Potential Trauma, Range of Services, Supports & Complex Behavioral Needs**)**:**
    - **Families with Accepted Careline Calls.**
        - This table list a number of interventions that address trauma.
        - Many of these interventions target the children, rather than trauma interventions for the parents.
        - JoShonda stated that the list can be expanded, to address what is missing.
        - Added: MST, MDFT and Child First, Target (used for adults and teens), Trim and Parent-Child Psychotherapy.
        - Members volunteered to research the model - The Mom's Partnership and the treatment model for Pre-natal mothers.
        - JoShonda noted that the group did not look at primary care data specific to moms with prenatal care vs. moms without prenatal care.
        - One of the most challenging gaps exist with the Behavioral health needs of and parenting strategies for children with special health care needs or developmental or intellectual disabilities.
        - Fiscal Question: How are other states counting their part C (i.e. federal and entitlement programs) programs? This question will be posed to the finance group.
        - Comment: It appears that instead of finding creative ways to find or enhance different programs, we are looking at what we have (Connecticut) and trying to match the services to the need. Dr. Cannata stated that we are doing both, as well as trying to optimize the financial resources.
        - There are items that need to be taken off the list (i.e. IFP). This does not mean that Connecticut will no longer utilize this model. It's just that they will not be included in the plan proposed for the fiscal group. Two providers of IFP agreed that while it is a program that is impactful, it is not following a specific EBP.
        - Power Point from last week will be posted. Members were asked to review the slides.
        - The most pressing task of this group is to develop a list of interventions that are addressing the needs of the Candidacy groups that this group has researched. We need to present models that have a strong possibility of meeting the criteria of the FFPSA/Title IV-E funding.
        - Question: If we know that models are in multiple areas and there are lines there, how do we get that information to the co-leads?

- Response: Dr. Cannata stated that we know that there are lines that are missing. When we send around the updated list with the lines and there are lines missing, let us know.

- Question: Is it true that one cannot have both Medicaid and Title IV-E funding?
  - Response: JoShonda stated that she was not sure. Hopefully, the national expert, Don Winstead, with whom we have contracted with to work with the fiscal group will be able to provide an answer to that question.
- Comment: In some of these categories, these populations will not be found in the RCT specific to that group, but it may have been included in the population that was in the RCT. For instance, we were looking at the population that had children with development disabilities and supporting those parents. It would be hard to find a specific intervention that target that population, but you may find interventions that include that population and serve them but it is not going to be a RCT that necessarily pulls out that sub-population.
  - Response: Dr. Cannata stated that the challenge in Connecticut is that right now there are a number of models that have an exclusionary criteria for DD and ID populations. Recognizing concerns raised in other meetings that we need models that are more inclusive or that target needs of those children and their families
- Elizabeth D. stated that as a justification for populations in which we do not have a rich array of services, we need to articulate that there are elements within models that can serve a specific population and that gaps exist.
- A discussion focused on reviews done by other states. JoShonda stated that reviews are open to other states once a review has been done and the feds concurrently agree with the state.
- Question: How do we define gap?
  - Response: Dr. Cannata stated that the task for this group is to map services to reduce children being removed from their homes. Once we determine what is available and what other models we need, another consideration might be capacity.
- Question: Is it being considered that it is difficult to measure who is not receiving services?
  - Response: Yes. The Candidacy group's Phase 2 will have the task of identifying how families will be assessed for need. This will be a place where if funded by Title IV-E and you meet the criteria, there will be reimbursement. In this case, capacity is determined by the providers who are trained in certain models
- Integrated Family Support discussed. JoShonda stated that this model was not contemplated for Family First. However, there is an intersection point. Currently, it is not evidence-based and not on the Clearinghouse.

        - In all six (6) groups, Wrap-Around Care Coordination has been identified as a critical need. This could be proposed if we can find the model that has research support. In Connecticut we have a lot of data about outcomes around wrap-around care coordination. This could be included in the plan as it has overarching, over encompassing opportunities for many different groups.
    - **Siblings of children in foster care**.
        - Dr. Cannata stated that this is a difficult one to apply a single "model" to -diverse needs...but there are other candidacy groups that will have models that are relevant
        - Added to list: Kinship Navigator, Attachment and Bio-Behavioral Catch Up, Circle of Security, Parent-Child Psychotherapy and Child First.
        - The model 3-5-7 is not evidence-based, but is a "promising" practice.
        - Identified Gap: Grief and Loss. TCF-CBT training component was identified.
    - **Children of incarcerated parents**.
        - JoShonda stated that there were no additional models added.
        - Dr. Cannata inquired if there are any interventions to strengthening families, while the parent is incarcerated as they prepare for reunification.
        - Thoughts and information regarding practices being employed in the men and women prisons were discussed.
        - Newly Identified programs: Fathers for Change, Child First, and Circle of Security.
        - JoShonda spoke of the fact that she will be connecting with DOC members next week and will inquire into someone joining our efforts.
- Group D (**Families and youth with very specific needs**):
    - **Trafficked youth**.
        - Group members volunteered to research Love 146's Not a # Number, Voices and Child and Family Traumatic Stress Intervention (CFTSI).
    - **Unstably housed families and homeless youth**.
        - Deleted from the list: Subsidized housing and Rapid Rehousing.
        - Permanent Supportive Housing will be researched.
        - Added to the list: Housing First, Family Shelter, YV Life Set, and CBLS. Elizabeth D. will research YV Life Set.
    - **Families experiencing Interpersonal Violence.**
        - Deleted from list: IPV-FAIR (Fathers for change and Mothers for more).
        - Elizabeth D. will check with Kim S. regarding who is researching Beyond Violence**.**
- Group E (**Families and youth experiencing substance use disorder or co-occurring mental health conditions/disabilities impacting parenting**):
    - **Caregivers who have a substance use disorder, mental health condition or disability that impacts parenting (community/neighborhood pathway).**
        - Dr. Cannata stated that the array of services identified so far is limited in terms of interventions for adults.
        - Part of the intervention that we will be listing is explicitly addressing substance use for the adult.

        - Question: A fiscal question would be is MDFR (for the parent) reimbursable in the home?
        - Added to the list: Mothering from the Inside Out. A group member will be providing information regarding current research.
        - Families Facing a Future is on the Clearinghouse and should be added to the list. This program is for parents receiving methadone and their children are ages 5-13. Outcomes described.
        - Question: Dr. Cannata asked if DCF has any data on what percentage of families where there has been a child removal would be candidates for methadone maintenance programs?
            - Response: JoShonda will look into this issue.
        - Question: Dr. Cannata asked if there are any clinic based interventions in the adult treatment system that can be paired with parenting?
            - Comment: This is something that needs to be researched.
    - **Caregivers who have a child who is experiencing a substance use disorder, mental health condition or disability and is in need of services**.
        - This is a robust list.
    - **Substance exposed infants as defined by the state CAPTA notification protocol (community/neighborhood pathway**).
        - Eat, Sleep, and Console discussed.
- Group F (**Families with targeted behavioral health or other health-related need**):
    - So far, shortage of models and research on adult behavioral health (EBPs that are available or might be needed).
    - CPP was added to the list to address gaps for caregivers with mental health needs.
    - Addressed were the need to obtain research information regarding ABA and Trauma-Informed approaches.
    - Research information is needed:
        - Programs that support the role of caregivers.
        - Services that support Parents with Cognitive Limitations.

Follow-up Actions

- Elizabeth D. and Dr. Cannata will continue to compile the research information, in order to present data at the next meeting.
- The importance of having a comprehensive system of models available for the Fiscal group to begin their process was discussed.

Next Meeting: March 5, 2020, 1:00- 4:00 p.m.
Beacon Health Options, 3rd Floor
500 Enterprise Drive
Rocky Hill, CT.