

**Family First - Programs and Service Array Workgroup (PSAWG)**  
**Meeting Date: November 5, 2020 | 1:30 - 3:00 pm**  
**Meeting Summary**

**Welcome/Introductions:**

- Co-leads Elizabeth Duryea and Elisabeth Cannata welcomed the workgroup members and explained that the focus of this meeting will be to discuss Tier I models. The workgroup will begin to "slice and dice" by confirming models, assessing their ability to meet candidates' needs, and identifying gaps.

**Workgroup Goals**

- The workgroup reviewed its goals, the first of which is focused on the smaller circle of Family First eligible prevention services. The workgroup aims to complete this goal in 2020. The focus is narrow: select programs to reduce risk of child removal from families in our candidacy groups that have the level of research support that qualifies or potentially qualifies for Title IV-E reimbursement.
- The workgroup's second goal, to be completed in 2021, is to focus on the broader continuum of prevention services and identify programs/services that meet the candidacy population needs unmet by the Family First reimbursable services.
- Family First has somewhat narrow criteria to be reimbursable - it focuses on substance use, mental health, and in-home parenting skills. This means that Family First services will not meet all the needs within the candidacy population. There are some notable non-reimbursable services, such as housing and IPV services. These are necessary for families, but require funding considerations besides Family First.

**Slicing and Dicing: Tier 1 Programs**

- The WG reviewed research requirements for each level of models (Tiers) and this will guide our focus for today and future meetings throughout the model assessments.

Evidence Tiers for Models	Prevention Plan CQI/Evaluation Requirement
Tier 1: Rating of "Well Supported" on FFPSA title IV-E Clearinghouse	CQI with Evaluation Waiver
Tier 2: Rating of "Supported" or "Promising" on title IV-E Clearinghouse or has an Independent Systematic Review	Full Evaluation
Tier 3: Rated on CEBC or has strong body of evidence, but is not on title IV-E Clearinghouse	Independent Systematic Review + Full Evaluation
Tier 4: Effective services, but not on CEBC or title IV-E Clearinghouse	N/A (Likely not viable for Plan inclusion)

- Tier 1 programs are those that Family First Clearinghouse listed as "well-supported" based on the evidence. There are nine models in this category.
  - Based on the work of Content experts in our work in phase 1 of the PWSAG that identified needs and outcomes for each candidacy group, we now will look at the Tier 1 models to determine possible interventions for matched to the previously identified needs for each candidacy group.
  - Some candidacy groups' needs would not be met by these nine Tier 1 interventions. Other Tier models will be assessed at future meeting.
- There will be other criteria that help us in prioritizing models for recommendation aside from alignment with CG needs. For example:
  - Is the service culturally/racially/ethnically responsive?
  - It is already well-established in Connecticut?
- The co-leads went through an example focusing on the candidacy population of pregnant and parenting youth in foster care with the following identified needs:
  - Parenting education (milestones, prenatal care, caring for newborn/infants);
  - Assessment of need and coordination of care for medical, pediatric, childcare, early childhood resources;
  - Positive pregnancy outcomes;
  - Promoting healthy attachment/bonding and infant health/mental health
- The three services that were matched with this population are Parents as Teachers (PAT), Nurse Family Partnership (NFP), and Healthy Families America.
- Tier 1 Model Interventions (handout) - WG members were presented with a comprehensive list of interventions includes information on target populations, research, supported outcomes, etc., to begin to evaluate whether the identified needs of some CGs would be met by a service and what gaps might exist. Families with IDD and housing are clear gaps on FFPSA Clearinghouse that will be prioritized for Governance.
- A recurring question that again was posed is where there are gaps in services to meet the needs of all the CGs, for example, children with intellectual/developmental disabilities. The co-chairs noted there will be many gaps when considering this population and FFPSA approved services given the limitations of the IV-E Clearinghouse, but where our WG identifies a gap, we will need to underscore for Governance that will require some planning to ensure that is prioritized for the broader prevention plan.
- There were many questions about how cultural competency/racial justice will factor into our recommendations. It was agreed that these are important criteria that will be used in the decision making, but our initial focus is on matching Tier 1 models to desired outcomes/needs by CGs so we can narrow the scope to FFPSA approved models.
- To facilitate these reviews, WG members were randomly assigned into two breakout groups to repeat the assessment process: Group 1 focused on parents with substance abuse issues; and Group 2 focused on a family with a child with substance abuse issues.

### **Breakout Room 1: Parent with SUD**

- **Facilitators:** Elizabeth Duryea facilitated this workgroup, Olivia Wilks provided technical support, and JoShonda Guerrier took notes.

- **Target Population:** Caregivers who have a substance use disorder that impacts parenting with the following **Identified Needs:**
  - Stabilizing parent functioning, stabilizing child well-being
  - Abstinence/decreased use and;
  - Stable mental health;
  - Attunement with child's needs (both physical and emotional); developing attachment; peer support;
  - Capacity to care for family;
  - Increased employment; housing stability in a "drug-free" environment;
  - Healthcare for all family members;
  - Integration into the community
  - Wraparound services to provide ongoing stability;
  - Families that remain intact, symptoms stabilize, parental functioning promotes child well-being
- **FFPSA Tier 1 Models to Evaluate: (TIER 1 Model Handout Provides Model Details)**
  - Brief Strategic Family Therapy (BSFT)
  - Nurse Family Partnership
  - Parents as Teachers (PAT)
  - Healthy Families America
  - Motivational Interviewing

**Brief Strategic Family Therapy - Group Discussion:**

- How many are in the target population for BSFT - model designed for youth perspective, not best fit for caregiver specific; child driven
  - Community member: does this mean the whole family is going to go into therapy; issues impact the whole family, so whole family should benefit? While it appears to meet some criteria, specific to maladaptive behaviors, improves family functioning; questions around community integration; notable gaps where caregiver needs are not addressed.
  - Limits to children ages 6-18, wouldn't be their first choice, not a good model for caregiver specific treatment
  - Program supervisor noted MST-BSF may be better fit where it does not discount many parents, and target child must be ages 6-18 for this service.
  - While it looks like the identified needs are addressed in the evidence of youth, limited for parents.
- **Determination: Limited alignment to CG.**

**Nurse Family Partnership - Group Discussion:**

- It doesn't address substance abuse; they would be looking to refer out
  - They actually do specific training with their nurse, so they have knowledge, but they do not do treatment
- **Determination: Does not appear to have high alignment to CG.**

### **Parents as Teachers - Group Discussion:**

- This is not a substance use treatment model; it is a parenting model
- OEC has been thinking about adding a substance use assessment
- Does not appear to have high alignment to this CG.

### **Healthy Families America - Group Discussion:**

- Target population is families at risk for child abuse and neglect where there is potentially high alignment, but again missing primary needs related to substance use treatment.

### **Motivational Interviewing - Group Discussion:**

- In clearinghouse for Family First. Complementary service that is relevant across service types where engagement is needed.

### **Breakout Room 2: Child with Substance Use Disorder**

- **Facilitators:** Elisabeth Cannata facilitated this workgroup, Miranda Lynch provided technical support, and Johanna Schmidt took notes.
- **Target Population:** Caregivers who have a child who is experiencing a substance use disorder and is in need of services. The focus is on child - this family has a different dynamic than a parent with a substance use issue; however, the phrasing includes the parent as well because the goal is to keep the family together. **Identified Needs:**
  - Abstinence/decreased use and;
  - Stable mental health;
  - Engagement with prosocial peers and activities;
  - Attending school and succeeding; enhanced family relationship - living within family unit; enhanced parenting skills to monitor and guide teens;
  - Lack of criminal involvement;
  - Stable housing
- **Programs to Evaluate:**
  - Functional Family Therapy (FFT)
  - Multisystemic Therapy (MST)
  - Brief Strategic Family Therapy (BSFT)
  - Motivational Interviewing (MI)

### **Functional Family Therapy (FFT) - Group Discussion:**

- One person asked what is meant by "eliminate youth referral problems." Elisabeth explained that this means that the issue the youth was referred for (truancy, behavioral issues, etc.) is resolved. The person pointed out that any of those may not be eliminated. Elisabeth agreed and said that reduction could be a possibility as well.
- A member felt that this intervention ticked off many of the needs but not stable housing. They thought perhaps housing is outside the program's scope.

- Another person agreed and said that this intervention seemed more targeted towards youth with very serious problem behaviors (priority is not SUD).
- The FFT provider listed the referral information for the model. Elisabeth agreed that in CT may not be focused on SUD, but the model itself seems to match all needs except housing.
- Determination: Mostly aligned except re: housing; uncertainty on whether CT's model addresses SUD to a great enough extent.

***Multisystemic Family Therapy (MST) - Group Discussion:***

- One person said that this model also does not seem to primarily focus on SUD but it does seem to meet all needs (except housing) similar to FFT.
- Elisabeth clarified that SUD is addressed and reduced but again model does not meet housing needs.
- One member asked how focused this program is on stable mental health and underlying mental health issues. They felt that sometimes MST focuses only on behavior and not enough on mental health. Elisabeth felt this was an important question but that it would be better addressed later with a deeper level of analysis.
- **Determination:** Mostly aligned except re: housing;

***Brief Strategic Family Therapy (BSFT) - Group Discussion:***

- Model focuses on drug use specifically and includes youth of a younger age.
- One person felt family dynamics plays a bigger role in this intervention.
- BSFT is family program and does not just focus on the youth.
- Model demonstrates effectiveness to decrease substance use.
- Housing is not directly identified as targeted outcome.
- **Determination:** Seems mostly aligned except re: housing.

***Motivational Interviewing - Group Discussion:***

- The Clearinghouse focuses on adults with substance use and their readiness for treatment, but it is possible it could be used across populations.
- The group felt overwhelmingly that it should be used as a tool/technique rather than an intervention on its own. Although it is part of Tier 1, it is better used to complement other models.
- **Determination:** No alignment on its own, only when used adjunctively.

**Debrief and Discussion**

- Full workgroup reconvened for report outs.
- There were several recurring themes in both groups' discussions. One main point was that although several models seemed to address many needs, there was a consistent concern that if the models do not take a substance-use lens, they will not adequately to address substance use issues.
- Both groups felt that no Tier 1 model was fully aligned with the identified needs.
- Regarding motivational interviewing, the WG discussed the importance of MI as a complement to other models.

### **Next Steps**

- Ahead of the next meeting, the co-chairs will work with volunteers to facilitate 3 additional breakout groups (A, B, and C) that will use this same approach to evaluate the other candidacy populations and the services matched to them. The groups will meet next week, and then we will debrief at the next meeting.
- Members should email Elizabeth Duryea to let her know if you would like to participate in one of the groups. More information will be sent out soon about which populations each group will tackle and when the meetings will be.
- Members do not need expertise about the target populations or interventions; we have used subject-matter experts to address this and want diverse perspectives.
- The small groups will meet the week of November 9<sup>th</sup>. The next large group meeting will be on **November 19, 1:30 - 3:00 pm** over Zoom.