

Family First - Programs and Service Array Workgroup (PSAWG)
Meeting Date: November 19, 2020 | 1:30 - 3:00 pm
Meeting Summary

Agenda:

- 1) Tier I break out group report outs - Chapin Hall assistance
- 2) Tier II Services (Summary Tier II models - see handout sent in advance)
- 3) Break Out Groups (depending on time)

Breakout Group Report Outs for Tier 1 Models:

Breakout Group A: Darcy Lowell facilitator

- Breakout group A focused on 3 candidacy groups:
 - Accepted careline calls
 - Families experiencing intimate partner violence (IPV)
 - Caregivers with mental health conditions or phys/intellectual/dev disabilities that impact parenting
- **Accepted Careline Calls** - Breakout Group A reviewed the following Tier 1 models:
 - 3 therapeutic models:
 - Brief Strategic Family Therapy (BSFT)
 - Functional Family Therapy (FFT)
 - Multisystemic Therapy (MST)
 - **Group Discussion:** All three cover similar needs and same general areas, but specifically looking to see how they address the child's behavioral health needs. Each have some limitations to reduce substance abuse, increase parenting skills, reduce trauma reaction and increase support in the natural ecology
 - 3 home visiting models:
 - Healthy Families America (HFA)
 - Parents as Teachers (PAT)
 - Nurse Family Partnerships (NFP)
 - **Group Discussion:** Home visiting models has many similarities, all having prenatal treatment, parenting skills and all support families in a natural ecology. There is parenting support and parenting skills across all of them but none of them address parent mental health needs, and none of the address behavioral health needs of the child.
- **Families experiencing intimate partner violence (IPV)**
IPV was not addressed by any of Tier 1 programs directly. The 3 family therapy programs did address violence in the home, but it was the violence involving the child. No trauma programs but if behavior was caused by trauma it might be addressed during family therapy.

- Caregivers with mental health conditions or phys/intellectual/dev disabilities that impact parenting
 - Group discussion: Most of the programs included on Tier 1 do not specifically target parent intervention need.
 - Reviewed fit of:
 - Healthy Families America (HFA)
 - Parents as Teachers (PAT)
 - Nurse Family Partnerships (NFP)
 - Parent Child Interaction Therapy
 - Motivational Interviewing

Only Motivational Interviewing was seen as a partial fit, and as an enhancement not as the intervention itself.

It was noted that the other models might be helpful to address family needs if acute parent mental health condition has already been addressed.

Breakout Group B: Karen Hansen facilitator

- Breakout group B focused on 2 candidacy groups:
 - Families accepted for vol services
 - Caregivers w/ child w/ MH condition or phys/intellectual/dev disabilities affecting parenting
- **Families accepted for voluntary services**
 - Group discussed multiple identified needs:
 - Identify population needs while reducing trauma reaction
 - Addressing grief /loss
 - Treating anxiety due to separation
 - Strengthening attachment and bonding of meaningful relationships
 - Addressing behavioral health need
 - **Group Discussion:** There was a bit of a struggle to find Tier 1 models that would meet the needs of the families, part of issue was because children excepted for voluntary services need to have a diagnosis. So, some of the programs looked at for a child 0-2 might not meet that criteria.
 - **BSFT** might meet some need for the complicated families, may be a good match. Some concerns are application is to treat substance abuse not mental health issues so that might not be aligned with mental and behavioral needs of the families going into services.
 - **FFT:** Group determined that functional family therapy did not meet the needs of these families but was addressed and determined that FFT should be put back on being that FFT has strong outcomes tided into

children's behavioral health as well as substance abuse and acting out. Literature was requested to back up what each of the actual services did, not only treatment models but the outcome because the outcome listed is very narrow.

- **Motivational interviewing** should be an adjunctive model imbedded in another treatment model, not as a stand-alone model. Some other programs did not meet the needs of voluntary services.
- **Caregivers w/ child w/ MH condition or phys/intellectual/dev disabilities that impact parenting.**
 - Group discussed multiple identified needs for this CG:
 - Engaging with pro social peers/activities
 - Attending school and succeeding
 - Enhancing family relationships
 - Living within a family unit
 - Enhancing parenting skills to monitor and guide teens
 - Averting criminal justice involvement
 - **Group Discussion:** Some of the programs provided meet the criteria for the first part with children that have a mental health condition, but not with children that have physical intellectual conditions based with the programs listed in Tier 1, which have limited applicability/relevance to this CG.
 - Group collectively felt the need for the WG go back and think about where these families are going to be served and what can we add to Tier II and Tier III or other community resources.
 - The take-away message from the 2 programs is that we need more data to really know what is effective and there just was not enough to make a definitive decision about would this really meet the needs of Connecticut families.

Breakout Group C: Christine Montgomery facilitator

- Breakout group C focused on 2 candidacy groups:
 - Children/Youth who are chronically absent from pre-school, school and those that are truant.
 - Children/Youth at risk for JJ involvement including those involved in juvenile review boards.
- Group discussed multiple identified needs, specifically, with these CG populations needing to focus on improving school attendance and identify where early learning was a concern to attend to that as well as:
 - Academic performance
 - Reduce disciplinary actions

- Improve relationships with parents and caregivers
- Improve connections to pro social peers and activities
- Reduce drug and alcohol use if this was an identified concern
- **Group Discussion:** Tier 1 models partially met needs across the CGs but nothing was totally aligned. BSFT benefits:
 1. Could address the attendance problem
 2. Could help with youth with behavioral health issues later in life

There are some concerns with the age range 6-18 and it would not address early childhood under the age of 6yrs and does not appear to address trauma needs.
- Limitations of Tier 1 models: Ideal models should also focus on parents/caregivers and their needs and making sure there was parent support.
- FFT, partially meets needs, with concerns around the kids under 11yrs, and concerns regarding truancy.
- MST raised outstanding question: Is model targeted more towards the family as a system more than youth and does that leave gap for younger kids. Would a pilot program be up for consideration?
- Parents as Teachers - there are some benefits at addressing some of the causes in absenteeism in younger kids. It would at least touch on some of the early childhood truancy and would address some of the parent needs that could be contributing to a young child's absenteeism
- PCIT - was not addressed and talked about as little was known about the model for these CGs.
- Group discussed those youth at risk for juvenile justice/ juvenile review boards where there are many needs of this population, specifically attached to some of the work and that's about improving school attendance and academic performance to reducing disciplinary action connection to pro social, reducing drug and alcohol use, youth following the rules in the home and the community and improved positive parenting strategies.

Next Steps:

- Co-chairs will synthesize the feedback from the review of Tier 1 models by candidacy group and WG will continue to review Tier 2 models with a similar approach for next meeting. Where volunteers are willing to remain in breakout groups that ensures there are specific considerations given to each model related to the assigned CGs.
- Breakout group facilitators will be convening their groups to complete these reviews for Tier 2 models before the next workgroup meeting on 12/3 which will be adjusted to 1 hour to give the workgroups time to meet and prepare for report outs at that meeting.
- Please refer to 11/19/20 slides for additional content.
- **Next meeting is scheduled for Thursday, December 3rd from 2 - 3 p.m. Please note adjusted time.**