Family First - Programs and Service Array Workgroup (PSAWG)
Meeting Date: December 3, 2020 | 2:00 - 3:00 pm
Meeting Summary

Welcome/Introductions:

- Co-leads Elizabeth Duryea and Elisabeth Cannata welcomed members to the meeting.
- Since today's full WG meeting is only one hour, due to the time allocated from 1 - 2 p.m. for the breakout group, the full WG will spend about 30 minutes on report outs from the breakout groups, then focus on discussing additional selection criteria that will help guide our initial recommendations.

Group A - Led by Darcy Lowell

- This workgroup discussed 2 CGs: (1) Families with accepted Careline calls; and (2) Caregivers w/MH condition or phys/intellectual/dev disability that impacts parenting

(1) Families with accepted Careline calls - Tier 2 models aligned with CG - See handout.

- TF-CBT
- Triple P
- MDFT
- Wraparound
- MMT
- FFF (Families Facing the Future)

Service	Details	
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) Promising ***Partially meets needs***	Benefits: Reducing trauma reactions, addressing behavioral health needs, parenting strategies, could secondarily address substance abuse	Limitations: Sub use, maternal depression, special healthcare needs, supports w/in community/natural ecology, family violence, prenatal treatment, age range (works best with 5+ y.o.)
	Outstanding Questions: Target population listed as 3-18 but has heard that it's a difficult model for a 3-4 year old - does this work for nonverbal youth? For adolescents/slightly older children with SA, would improving this be a secondary impact?	Notes: Other models are better for younger kids (particularly 3-4 years old) - good for 5 and above
Triple P (Group, Self-Directed, Standard) Promising ***Partially meets needs***	Benefits: Parenting skill focus, may address behavioral health needs	Limitations: Not recommended for families of children under age 3, would not be the best fit for SUD
	Outstanding Questions: Does this address children with special needs/dev concerns? Is it both parents and/or children with special	Notes: Other interventions would better fit young children. What about different levels - teen versions that are not FFPSA app'd?

Triple P (cont'd)	health needs? Would this benefit families with adolescents with SUD?	Teen version would probably not address substance use - not part of primary program appr'd by FFPSA.
Multidimensional Family Therapy (MDFT) Supported ***Partially meets needs (strong)***	Benefits: Can equally address BH/SUD in adolescents, starting at age 9, has been recommended for youth up to age 26. Good for parenting skills. If parents have their own needs, this does not directly treat those issues but can help them engage in adult-focused services. Helps engage youth in school and prevent delinquency. Not an IPV service but helps to improve communication to reduce conflict (early intervention). Trauma-focused intervention. Integrated service, would help families identify provider in the community but not deliver special healthcare services directly, does increase supports within the natural ecology, family therapy, mental health, substance use, and parenting skills are all met.	Limitations: Does not directly provide adult services but does help engage, would not provide maternal depression services, would not deliver special healthcare services directly.
	Outstanding Questions: N/A	Notes: Does not provide some services but does help link families with services Strong model
Wraparound Independent Systematic Review *Partially meets needs*	Benefits: Supports the natural ecology in many ways (only primary effect) and has many secondary benefits	Limitations: N/A
	Outstanding Questions: Does "recognize, utilize, and build talents" include parenting skills? Would it meet that need? Is that focus direct or indirect?	Notes: Connects families with services but does not directly provide them. A strong and important service - might be a good fit for some families.
Methadone Maintenance Therapy (MMT) Promising *Partially meets needs (cannot stand alone)*	Benefits: Reduces substance abuse, treats opioid use, strong model (when used w/ other models)	Limitations: Cannot stand alone - needs to be with another model (MAT?), counseling may not be family-based
	Outstanding Questions: Is this effective at reducing substance use in both parents and youth?	Notes: Specific intervention, not general methadone treatment or other medication-assisted treatment. Could serve in conjunction with other models -

but critical service to include with opioid crisis in CT		would see as a partner (often used adjunctively), as it makes other interventions more effective. Typically offered w/ other services or counseling; medication is important but model incl. counseling for parent. Effective EBP for treating opioid use. Counseling at clinics may not be family-based
Families Facing the Future Supported ***Partially meets needs***	Benefits: Aim is to protect children from negative outcomes, reinforces new skills, parenting skills, supports in the natural ecology, SUD	Limitations: Does not specifically address behavioral health needs (more of an intervention)
	Outstanding Questions: Our group does not have direct exp. w/ model- Does this address trauma and behavioral needs? Possibly indirectly?	Notes: Need more information from WG.

(2) Caregivers w/ MH condition or phys/intellectual/dev disability that impacts parenting

Service	Details	
Triple P (Group, Self-Directed, Standard) Promising ***Does not meet needs***	Benefits: Addresses different learning styles based on how material is presented	Limitations: Does not address the parent limitation and how that impacts their parenting (more child-focused)
	Outstanding Questions: Does model address parent limitation and impact on the parents?	Notes: Material is presented differently based on implementation; Could benefit some parents with disabilities, but it does not look at how the disability may impact parenting to address; Would not use it specifically for this population.
Wraparound Independent Systematic Review ***Partially meets needs***	Benefits: Strengths-based - focus on family, increases peer supports, helps stabilize, at the system level	Limitations: N/A
	Outstanding Questions: Assesses families' capacities and use strategies based on strengths - could tailor to needs of caregiver w/ disability?	Notes: Broad relevance; Could be a very appropriate model; Similar to MI where it can complement other models
Methadone Maintenance Therapy (MMT) Promising	Benefits: Helpful for co-occurring disorders, helps ready parents for next steps (makes them available) - all benefits are indirect/secondary, prenatal treatment for mothers	Limitations: Not thinking about parenting when delivering MMT (no family focus)
	Outstanding Questions: N/A	Notes:

Does not meet needs		Very important first step to meet other needs; facilitates opp to engage in services that will meet other needs, but limited focus on opioid use; Group still would want this to be included and available to families but not meeting specific needs

Group B - Led by Karen Hanson

- This workgroup discussed the following CG populations & aligned Tier 2 models. See handout for detail on models:
  (1) Families who have been accepted for Voluntary Services
    - TF-CBT
    - Triple P
    - MDFT
    - Wraparound
  (2) Caregivers w/ a child who has a MH condition or phys/intellectual/dev disability
    - TF-CBT
    - MDFT
    - Wraparound
    - MMT
    - FFF

(1) Families who have been accepted for Voluntary Services

Service	Details	
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) Promising ***Meets all needs (for those with trauma)***	Benefits: Focuses on trauma Extensive age range Caregiver inclusion in the treatment	Limitations: N/A
	Outstanding Questions: Effectiveness for variety of racial/ethnic groups, footprint in CT	
Triple P (Group, Self-Directed, Standard) Promising ***Partially meets needs***	Benefits: Parenting education addresses positive parenting/strengthened attachment, can be a useful part of a more holistic set of interventions	Limitations: Does not address grief and loss, trauma, and more intensive behavioral health needs
	Outstanding Questions: N/A	

Multidimensional Family Therapy (MDFT) Supported ***Meets all needs***	Benefits: Strengthening bonds for target age, strong focus on parent/child attachment, addresses behavioral health needs	Limitations: N/A
	Outstanding Questions: Description may be misleading – applies to young people at risk of substance use and not only disorders	
Wraparound Independent Systematic Review ***Partially meets needs***	Benefits: Care coordination is a vital component for accessing needed services; meets some of the needs for all of this candidacy group	Limitations: N/A
	Outstanding Questions: N/A	

(2) ***Families w/ a child who has MH condition or phys/intellectual/dev disability***

Service	Details	
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) Promising ***Meets all needs (for those with trauma)***	Benefits: For kids who have mental health care needs related to trauma that could participate in this type of program	Limitations: Large candidacy group, EBP can't meet wide constellation of needs, particularly for those with P/I/DD
	Outstanding Questions: N/A	
Multidimensional Family Therapy (MDFT) Supported ***Partially Meets Needs***	Benefits: For kids who have mental health care needs related to trauma that could participate in this type of program	Limitations: Large candidacy group, EBP can't meet wide constellation of need, particularly for those with P/I/DD
	Outstanding Questions: N/A	
Wraparound Independent Systematic Review ***Partially meets needs***	Benefits: Care coordination is a vital component for accessing needed services; meets some of the needs for all of this candidacy group	Limitations: N/A
	Outstanding Questions: N/A	
Methadone Maintenance Therapy (MMT) Promising	Benefits: N/A	Limitations: Limited use with adolescents
	Outstanding Questions: N/A	

<table>
<tr><td>Does not meet needs</td><td colspan="2"></td></tr>
<tr><td rowspan="2">Families Facing the Future

Supported

Does not meet needs</td><td>Benefits:
N/A</td><td>Limitations:
Does not really align with candidacy group since it's for adults in MMT with a parenting component</td></tr>
<tr><td colspan="2">Outstanding Questions:
N/A</td></tr>
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Group C - Led by Christine Montgomery

- This workgroup discussed the following CG populations. See handout for detail on models:
  (1) Children/youth chronically absent from preschool/school/youth who are truant from school, including early learning
    - MDFT
    - Wraparound
    - Triple P
    - TF-CBT
  (2) Children/youth at risk for juvenile justice involvement, including those who have been referred to the juvenile review board or have been arrested
    - Triple P
    - TF-CBT
    - MDFT
    - Wraparound
    - FFF
    - MMT

(1) Children/youth chronically absent from preschool/school/youth who are truant from school, including early learning

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<tr><th>Service</th><th colspan="2">Details</th></tr>
<tr><td rowspan="2">Wraparound

Independent Systematic Review

Meets all needs (95%)</td><td>Benefits: family-driven approach and strengths-based approach are great; this also captures some of the early learning children</td><td>Limitations:
This is not a clinical model, it involves a team with clinical expertise, potentially restrictive</td></tr>
<tr><td colspan="2">Outstanding Questions:
Could this be used with older adolescents?</td></tr>
<tr><td rowspan="2">Triple P (Group, Self-Directed, Standard)

Promising

Partially meets needs</td><td>Benefits:
N/A</td><td>Limitations:
Age limitation, rare arrest earlier than 12</td></tr>
<tr><td colspan="2">Outstanding Questions:
N/A</td></tr>
<tr><td></td><td>Benefits:</td><td>Limitations:</td></tr>
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<tr><td rowspan="2">Multidimensional Family Therapy (MDFT)

Supported

Meets all needs</td><td>Could be a good model for some youth if the underlying need is mental health or substance use needs</td><td>Does not align with early childhood or any children under 9, parent participation, not necessarily designed for chronic absenteeism</td></tr>
<tr><td colspan="2">Outstanding Questions:
Does MDFT address the trauma needs?</td></tr>
<tr><td rowspan="2">Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Promising

Partially meets needs</td><td>Benefits:
A service that screens for and addresses the trauma</td><td>Limitations:
Not specifically connected to the educational needs of children (however if trauma is the driver of chronic absenteeism it could work well), not appropriate for pre-verbal trauma</td></tr>
<tr><td colspan="2">Outstanding Questions:
TF-CBT is office based in CT, is it possible to conduct this outside of the home? Stacey Forrest suggested this is done in home. Is this culturally responsive? Christine suggested that it is well researched.</td></tr>
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Children/youth at risk for juvenile justice involvement, including those who have been referred to the juvenile review board (JRB) and/or have been arrested

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<tr><th>Service</th><th colspan="2">Details</th></tr>
<tr><td rowspan="2">Triple P (Group, Self-Directed, Standard)

Promising

Does not meet needs (mostly does not meet)</td><td>Benefits:
N/A</td><td>Limitations:
Age limitation, rare arrest earlier than 12</td></tr>
<tr><td colspan="2">Outstanding Questions:
N/A</td></tr>
<tr><td rowspan="2">Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Promising

Partially meets needs</td><td>Benefits:
Refer to earlier notes (similar scope)</td><td>Limitations:
Refer to earlier notes (similar scope)</td></tr>
<tr><td colspan="2">Outstanding Questions:
Refer to earlier notes (similar scope)</td></tr>
<tr><td rowspan="2">Multidimensional Family Therapy (MDFT)

Supported</td><td>Benefits:
N/A</td><td>Limitations:
N/A</td></tr>
<tr><td colspan="2">Outstanding Questions:
Does MDFT address the trauma needs?</td></tr>
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Meets all needs		
Wraparound Independent Systematic Review ***Meets all needs (95%)***	Benefits: Where children have gone through MFT, MDFT, more structured models that haven't worked. Wrap may work for youth. It may not be the first stop but could be available later in process. Youth and family-driven, natural supports; approach would require more intensive services wrapped in	Limitations: Non clinical, may not be enough esp when offered as complement to other models
	Outstanding Questions: N/A	
Families Facing the Future Supported ***Does not meet needs***	Benefits: This would be a small sliver	Limitations: Parent-driven, non-youth focus, age range
	Outstanding Questions: Does this support more than methadone addiction/what other substance use types are served by this?	
Methadone Maintenance Therapy (MMT) Promising ***Does not meet needs***	Benefits: This could be a supplemental service for the parents	Limitations: Adult-driven rather than youth-driven
	Outstanding Questions: N/A	

Questions and Feedback

- One workgroup member pointed out that for some models, needs are being met only in a secondary sense (as a companion to the service), whereas others have clear populations/outcomes. They did not feel that some of them can claim to directly meet all needs, but it is still valuable to include them as help in conjunction with other services - Wraparound being good example.

Criteria to Guide Model/Service Selection: Tiers 1 & 2

- Models will be assessed in terms of their fit and feasibility. We will start with Tier I and Tier II services which are approved, to varying levels in FFPSA Clearinghouse. We will also assess the models using selection criteria that will be reviewed today including racial/cultural responsiveness, current availability in CT, etc.
- Some offline work with Chapin Hall will be conducted to provide information on these questions, and we encourage members to review that before the meeting.
- With assistance from Chapin Hall, the WG reviewed a Fit and Feasibility Matrix (see slides) to help the WG to map out the interventions and visualize them in relation to each other. Obviously, being high on both fit and feasibility is ideal, and if a service is low on both, it likely makes sense to remove it.

- As our initial recommendations emerge for Governance, WG will also note where there may be other considerations to models outside of Tier 1/Tier 2 given some of the limitations noted and service gaps to prioritize in future phases of planning
- Fit & Feasibility matrix will help bring some level of objectivity to the process and build on the analysis completed by the breakout groups. We will view emerging recommendations at the next WG meeting on 12/17/20.
- WG members they felt they needed more information to determine fit and inquired where there may be evidence from IVE or other clearinghouse. CO-chairs reminded workgroup members where work/research earlier in 2020 helped guide this process to date and where there are specific questions about Tier 1& 2 services, please send those offline for us to address. Chapin Hall has helped the co-leads and workgroup with research for these models, which will help inform our efforts to populate the fit and feasibility matrix with Tier 1 & 2 models and guide our initial recommendations.

Next Steps

- Initial recommendations of the workgroup will be presented to CT Family First Governance at the January 5th meeting.
- The next workgroup meeting will focus on completing the review of Tier 2 models and reviewing our initial recommendations from the Tier 1 & Tier 2 model assessments using the Fit & Feasibility Matrix, implementation considerations and emerging gaps that will require further consideration.
- WG members were reminded to review materials on DCF's CT Family First website which will help orient members to work completed earlier in 2020.
- The next workgroup meeting is **Thursday, December 17, 2020 from 1:30 - 3:00 pm.**