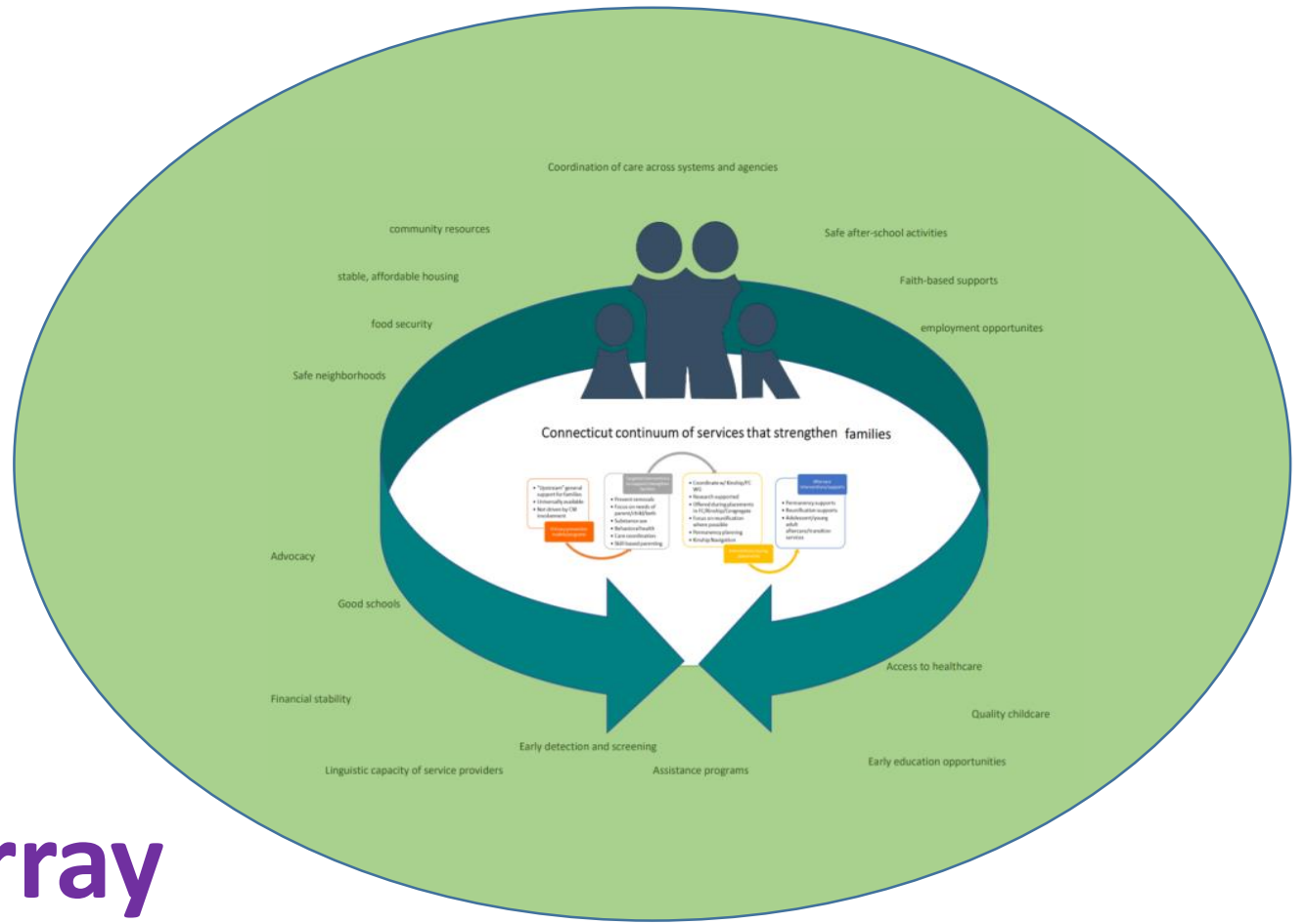


# CT Families First Program & Service Array Workgroup

10/22/2020



Workgroup Co-Chairs:  
Elizabeth Duryea  
Elisabeth Cannata

# TODAY'S AGENDA:

- Welcome
- Workgroup Check-In – any lingering questions?
- Quick review of candidacy plan details
- Planning through November
  - Discuss meeting goals & deliverables
- Model Inventory – let's start slicing & dicing!
  - Today's scope – models meeting multiple candidacy groups
- Recap of progress & next steps

# CANDIDACY DEFINITIONS: Approved January 2020

Families with **accepted Careline calls**

Families who have been **accepted for Voluntary Services**

**Pregnant and parenting youth in foster care**

**Siblings of children in foster care**

**Youth exiting to permanency or youth aging out of DCF foster care**

Families with certain characteristics **who are identified through a community or neighborhood pathway:**

- Children who are chronically absent from preschool/school or are truant from school
- Children of incarcerated parents
- Trafficked youth
- Unstably housed/homeless youth
- Families experiencing interpersonal violence
- Youth who have been referred to the juvenile review board or who have been arrested
- Caregivers who have, or have a child with, a substance use disorder, mental health condition or disability that impacts parenting  
Infants born substance-exposed (as defined by the state CAPTA notification protocol)

# LET'S REMEMBER OUR GOAL!

Our current matching focus:

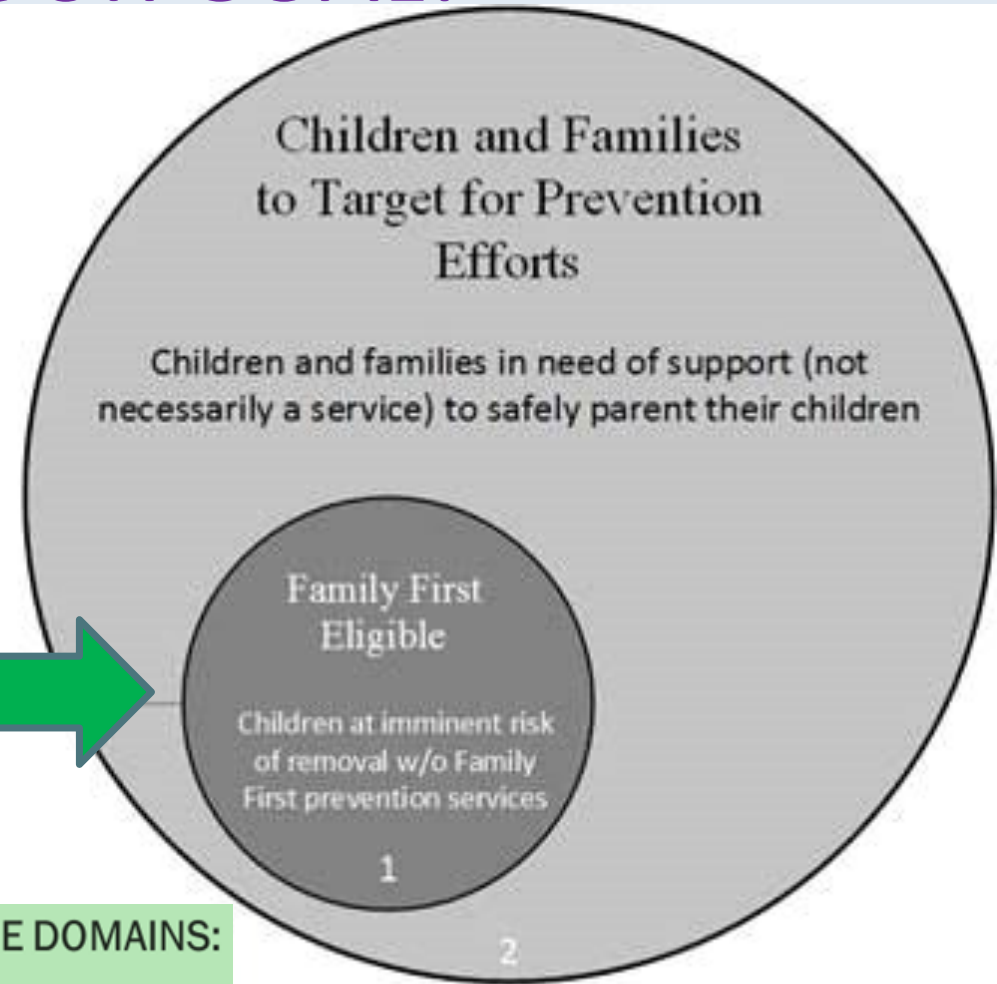
What programs or services do we have or need to reduce risk of child removal from families in our candidacy groups that have a level of research support that could potentially qualify for consideration for Title IV-E reimbursement?

## AREAS OF FOCUS:

- MENTAL HEALTH PREVENTION AND TREATMENT
- SUBSTANCE ABUSE PREVENTION AND TREATMENT
- IN-HOME PARENT SKILL-BASED PROGRAMS AND SERVICES

## REQUIRED OUTCOME DOMAINS:

- CHILD SAFETY
- CHILD PERMANENCY
- CHILD WELL-BEING
- ADULT WELL-BEING



# FOCUS OF PROGRAM AND SERVICE REVIEW OF FFPSA CLEARINGHOUSE

## AREAS OF FOCUS:

- MENTAL HEALTH PREVENTION AND TREATMENT
- SUBSTANCE ABUSE PREVENTION AND TREATMENT
- IN-HOME PARENT SKILL-BASED PROGRAMS AND SERVICES
  
- KINSHIP NAVIGATOR PROGRAMS

## REQUIRED OUTCOME DOMAINS:

- CHILD SAFETY
- CHILD PERMANENCY
- CHILD WELL-BEING
- ADULT WELL-BEING

### ABOVE DOMAINS AND:

- ACCESS TO SERVICES
- REFERRAL TO SERVICES
- SATISFACTION WITH PROGRAMS AND SERVICES

# PARTICULAR STANDARDS OF FFPSA CLEARINGHOUSE

- Requirement of an independent, systematic evidence review
- Allows for review of publicly available research studies, not just those from peer reviewed journals
- Allows for randomized or rigorous quasi experimental group design
  - At least one intervention condition and at least one comparison condition
  - Intervention and comparison condition can be formed through either randomized or non-randomized procedures, but not a pre and post test of same individuals
  - Comparison can be of individuals or groups of individuals (e.g. families, providers, centers)

# OCTOBER 2020: What's next? Slicing and Dicing

**PROGRAM AND SERVICE ARRAY "TOP TIERS" FOR CONSIDERATION TO GUIDE MODEL SELECTION FOR SMALL TITLE IV-E POTENTIAL FUNDING**

<p align="center"><b><u>MODELS THAT MEET NEEDS ACROSS MULTIPLE CANDIDACY GROUPS</u></b></p> <p align="center">Mental Health (parent or youth) Substance use (parent or youth) Parenting Skill</p>
<p align="center"><b><u>MODELS THAT ADDRESS NEEDS MOST ASSOCIATED WITH CHILD REMOVAL (that are "matchable" to a research supported program or service)</u></b></p> <p align="center">Parenting Skill Deficits resulting in neglect/abuse Parent Substance Use Disorder / Mental Health Condition impacting Parenting Capacity Highly Disruptive Child Behavior Housing instability for families</p>
<p align="center"><b><u>MODELS THAT ADDRESS NEEDS THAT ARE OFTEN EXCLUSIONARY FROM OTHER PROGRAMS OR SERVICES OR WHERE THERE IS A CURRENT GAP THAT PLACES FAMILIES AT RISK OF CHILD REMOVAL IF THERE IS RESEARCH-SUPPORTED MODEL ADDRESSING SPECIALIZED NEED</u></b></p> <p align="center">Trafficked youth Housing Insecurity Behavioral Health Needs of and Parenting Skills for children with special needs (health, DD, ID) Family strengthening where parent incarcerated(CG)</p>
<p align="center"><b><u>EBPS THAT COULD PROVIDE CROSS-SYSTEM SUPPORT</u></b></p> <p align="center">Motivational interviewing                      (model for care coordination)                      Broad-based Parenting Program(?)</p>

TODAY'S FOCUS

NEXT MEETING: 11/5/2020  
LEVELS 2 & 3

NEXT MEETING: 11/19/2020  
LEVEL 4  
DISCUSS GAPS & SUMMARIZE  
OUR WOKGROUP RECS

# MODEL INVENTORY OF IDENTIFIED PROGRAMS/SERVICES

357 Permanency Model
ABC (Hartford pilot)
Accelerated Resolution Therapy (ART)
ACRA-ACC
ADAPT/ACT
AF-CBT (Alternatives to Families CBT)
Applied Behavioral Analysis (ABA)
Attachment Regulation & Competency (ARC)
Attachment & Bio-behavioral Catchup
Beyond Trauma
Beyond Violence
Brief Strategic Family Therapy (BSFT)
Community Behavioral Interventions for Trauma in Schools (CBITS)
Child & Family Traumatic Stress Intervention (CFTSI)
Community Health Assistance Program (CHAP)
CHEER
Child First
CHOICES
Circle of Security
Cognitive Behavioral Therapy (CBT)
Community Based Life Skills (CBLS)
DBT
Eat Sleep Console
Eye Movement Desensitization & Reprocessing (EMDR)
Emerge
EVOLVE
Explore
Families Facing the Future/FFF
Family Check-Up
Father for Change
Family Based Recovery (FBR)
FFT

FFT-CW
Generation PMTO (Parent Mgmt Training - Oregon)
GLAD Mentoring
Healthy Families America
Homeless youth programs
Housing First
Housing programs for families
IICAPS
IDP
Intensive Family Preservation (IFP)
IPV-FAIR
Kinship Navigator Program
Lifeskills Inventory (LIST)
Lives in the Balance/CPS Collaborative
MAT
MATCH
MDFR
MDFT
MDR
Mentoring
Motivational Enhancement Therapy (MET) -CBT
Methadone Maintenance Therapy (MMT)
Mind Over Mood
Minding the Baby
MOMs Empowerment
Mothering from the Inside Out
Mothers and More
Motivational Interviewing
MST
MST -EA
MST-BSF
MST-IPV
MST-PSB

My Life My Choice (Love146)
Not a Number (Love 146)
Nurse Family Partnership
Nurturing Parenting Program
Parent Child Psychotherapy
Parents As Teachers (PAT)
Paul and Lisa
Parent Child Interaction therapy (PCIT)
Permanent Supportive Housing
Prolonged Exposure
Restorative Justice
Safe Babies CT
School Based Diversion Initiative (SBDI)
Seeking Safety
SMART RECOVERY
SPARCS
Step-by Step Parenting Program
STRIVE
Supportive Housing for Families
Supports for Families w/ch/parents with Dev Disabilities
Supports for GP/CG of Children with Dev Disabilities/Delays
SWEPT
TARGET
TF-CBT
TLAP
Trauma Informed Approach
TREM
Triple P
VOICES
Wrap Around/Care Coordination
Young Adult Services
YVLifeset ( DCF TSEA pilots)

**\* REMEMBER - These do not all meet FFPSA requirements for candidacy plan. Models must have empirical support!**



# LEVEL 1: MODELS THAT MEET NEEDS\* ACROSS MULTIPLE CANDIDACY GROUPS

\*These include: Mental Health (parent or youth); Substance Use (parent or youth); or Parenting Skill models that have the required level of empirical support to meet FFPSA requirements for IV-E reimbursement.

FFPSA Approved	Potential FFPSA Approval – Based on existing empirical support			
Brief Strategic Family Therapy	Accelerated Resolution Therapy (ART)	ACRA-ACC	MST-PSB	Parent Management Training Oregon?
FFF	Child First	TF-CBT	Parent Child Psychotherapy	MATCH
FFT	EMDR	Beyond Trauma	Prolonged Exposure Therapy	MDFR
Healthy Families America	Family Check Up	CBITs	Parent Management Training Oregon (PMTO)	MST-BSF
MDFT	Fathers for Change	Child & Family Traumatic Stress Intervention (CFTSI)	Step by Step Parenting	YVLS- TSEA Pilots
MMT	Family Based Recovery	Circle of Security	TARGET	Parent Child Psychotherapy
Motivational Interviewing	FFT-CW	CBT	TREM	Prolonged Exposure Therapy
MST		IICAPs	Voices	Parent Child Psychotherapy
Nurse Family Partnership		EMDR	Wrap Around Care Coordination	
PAT		MET-CBT	MST-PSB	
PCIT		Minding the Baby		
Triple P		ACRA-ACC		

# Questions to help us narrow down our Title-IV-E selection:

- DO we already have this?
- If so:
  - do we have data about whether we have enough to serve the candidacy groups...
  - are there any threats currently to sustainability...would selection of this model seem to have strategic benefit for CT (and this may need fiscal workgroup review)
  - is it a program or a trained skill that some clinicians have?
- If NOT:
  - What would be needed to implement?
  - What would be needed to sustain?
- How would we keep track of the program /service with regards to our objectives and targeted outcomes for Plan?

# NEXT STEPS FOR PSAWG:

- REVIEW CHARTER FOR NEXT MEETING (UPDATED MEEETING DATES)
- SLICING and DICING HOMEWORK in preparation for next meeting  
BREAK-OUT ROOMS