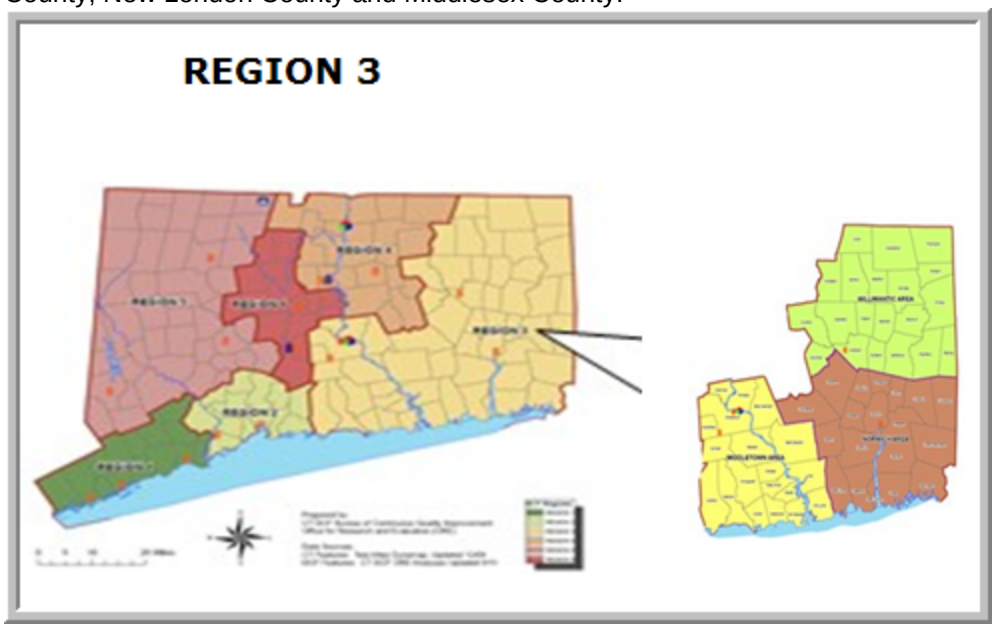
Connecticut Department of Children and Families
Region 3: Norwich, Willimantic & Middletown Offices
Allon Kalisher, Regional Administrator

Region 3 is comprised of 58 towns in eastern Connecticut in the Middletown area, covering a land mass of more than 37% of the state. The region is closely aligned (but not exactly) to Windham County, New London County and Middlesex County.



Directors:
Kyle Parkinson, Norwich Office
Dianne Breton, Willimantic Office
Lisa Sedlock-Reider, Middletown Office
Laureen Sheehan, Clinical Consultation & Community Support
Jonathan Jacaruso, Systems Development

Region 3 Initiatives

Region 3's REGIONAL ADVISORY COUNCIL and STRENGTHENING FAMILIES PRACTICE MODEL IMPLEMENTATION TEAM

Region 3 constituted a **Regional Advisory Council** in November 2011. The RAC meets every other month and is comprised of 21 voting members. Membership is comprised of four delegates from each of the Area Advisory Councils (12), and delegates from the 5 Systems of Care Collaboratives (7), plus two co-chairs. We have created workgroups that will act as our **Strengthening Families Practice Model Implementation Team**. These include 4 standing workgroups that will focus on successful implementation of our mission and practice model for the foster and adoption care system, the early childhood population (0-5 yrs), latency aged children (which will be called the Education Workgroup to ensure coordination with schools and emphasis on success), and adolescents. We also established a temporary workgroup focused on mapping our region's service system. Network adequacy will be a focus in each workgroup going once the mapping work is completed. And, we will be identifying internal workgroups focused on practice improvement that we will be inviting external stakeholders to participate.

The **Norwich Area Advisory Council (NAAC)** has monthly meetings scheduled tandem to the SOC meeting to maximize attendance and manage competing schedules. The NAAC recently appointed a foster parent and parent co-chairs. On average a dozen members attend

and are eager to hear of changes with the agency practice model. They are also invested in the connection with the RAC. The co-chairs are in the process of reviewing and amending by laws and addressing reasonable points for practice improvement to the RAC.

The **North East Advisory Council (NEAC)** has historically met on a monthly basis, however with the development of the Regional Advisory Council; NEAC now meets bi-monthly. This council is comprised of nine provider agencies, two grandparents who are raising grandchildren and a CAFAP representative who is also the Chair. Each year, NEAC establishes an Action Plan with targeted results. NEAC strives to achieve three major results as indicated below.

- DCF to have an enhanced understanding of what the community perceives as the most important needs of its children and families and the department's efficacy in meeting those needs.
- DCF and provider agencies to have a greater understanding of the services in the community and the impact of those services.
- NEAC members to have a greater understanding of legislative issues.

In the past, the council has sponsored Provider Fairs and organized listening forums to achieve such results. Our Kinship and Provider forums were especially well received and resulted in greater appreciation for and collaboration with the Probate Courts and with one another. For the FY 2012-2013, the council is planning to sponsor another Provider Fair and a Consumer Forum as well. NEAC has also agreed to work closely with the AO Lead regarding fatherhood initiatives. NEAC is also well represented on the RAC, and will align its plan with the initiatives of the RAC.

The **Middletown Area Advisory Council (MAAC)** meets monthly and has between 15 and 20 members. Through the past year the focus has been on community readiness and training for Differential Response and PIC principles. Our co-chair also attends the RAC and is very invested in generating interest from the MAC to bring to the RAC. In general this group brings enthusiasm to all the DCF changes and has also worked directly with our outreach committee on specific out-posting arrangements and scheduling mandated reporter trainings to come into compliance with the new law for school staff training. We have also been able to bring specific focus to improving communication with our office and shoreline towns. Going forward, we are discussing new ways of getting more parents to join the group in an advisory capacity.

REGIONAL STEERING TEAM

Region 3 has a fully operational QI meeting infrastructure currently working on case planning quality concerns. The Area Offices each have QI workgroups and the tasks associated with case planning are coordinated to avoid duplication within the Region. Recommendations are brought forward to Regional Steering Team (RST) for full discussion and deliberation. There is ACR and Court Monitor participation in office workgroups at the RST meetings. Typically, proposals are piloted at the office level prior to presentation at the RST. At the April Regional Steering Team meeting QI workgroups presented their recommendations in regard to a Paperwork Redundancy proposal which included using the case plan as a referral document. Many of the recommendations that were presented were ratified by the team for regional implementation. Currently, under development for the July Regional Steering Team Meeting are a home visit narrative writing improvement plan and a case transfer practice proposal.

In the **Norwich Office** there is a conscious effort to internally reinforce PIC whenever possible. This includes checking assumptions, withholding early judgments and making every effort in every forum that involves decision making to include stakeholders. It includes mentioning PIC prior to meetings and to hold true to these principles during meetings. Lastly, it involves a reorganized Quality Improvement Team with workgroups with participants from every level of the organization.

The **Willimantic Office** has created a **Practice Model Quality Improvement Team** and five workgroups to address the priority needs of the region and the agency: Case Planning, Critical

Thinking, Transfer of Learning, Family and Supervised Visitation, and Share Point. The basis for these teams is to enhance the quality of engagement and case planning with families, how to make better assessments of the families we serve, the practice of the PIC principles both within and outside the agency, the improvement of the content and discussion of case visitation to families, supervised visitation and documentation, and how to connect the office membership with the technological advancement and use of Share Point for everyday use. The team's focus is connected to that of the RAC and the RST.

In **Middletown Office**, we use staff meetings to highlight positive work done and examples of excellent family engagement. And in monthly management group meetings and in unit meetings, supervisors and managers discuss casework and reinforce the approaches and skills that promote practice model expectations. Also, Middletown's **Quality Improvement Team** is a venue to discuss activities of the Regional Steering Team, and reinforcing all tenets of the practice model, PIC principles, and protective factors. The team meets monthly and is a cross section of all disciplines and levels of staff. Discussions have been meaningful and instrumental in changing some important practices. We now use the case plan for all internal meetings: MAPS, Permanency/APPLA teams, Interdisciplinary Review Team (IDRT) and case transfers. Staff has been very positive about this practice as they view it as something in which they had input, and has led to less redundancy in paperwork, and recommendations have been adopted region wide. Our next area of focus is supervised visitation. We are also planning a staff-driven learning forum where we examine our practices and our impact on kids, parents, and caregivers, and implement ways in which we can have better communication and outcomes.

TEAM DECISION MAKING

The Team Decision Making (TDM) model, as developed by The Annie E. Casey Foundation, centers on family/child focused meetings where decisions are made regarding resources and placement options for a child. The meetings encourage brainstorming and input from various family members in addition to providers and child welfare staff. The premise of this model is that families are the experts on their own support systems, and that families often make good decisions for themselves.

Team Decision Making has been implemented in Region 3 by identifying full time staff (without a caseload) to focus on this initiative. Each of the three offices in Region 3 has one supervisor and one social worker whose primary role it is to function as a TDM Coordinator and TDM Facilitator respectively. All staff attended the three day training conducted by the Annie E. Casey Foundation. The regional team: including the manager BHPD Laureen Sheehan meet on a weekly basis to discuss progress and barriers with implementing this new initiative. In addition, OFAS Program Manager Pam Kelley attends many of the team meetings and is an integral part of the team.

Our initial focus has been on the children who are in congregate care settings. TDM meetings have been held on many of these children in order to determine if there are any family resources for the child, and/or if they are ready to step down to a less restrictive level of care. One of the primary tenants of TDM work is connecting or reconnecting children with extended family, in order to restore or build a relationship. The TDM model was developed with a focus on decision making when it appears a child may need to leave their family of origin, or enter the custody of a child welfare agency. Region 3 has held some TDM meetings when cases are in this stage of DCF intervention. These meetings have been very informative and helpful in the casework process.

SOCIAL WORK SUPERVISOR COACHING

Region 3 is benefitting from two consultants providing coaching for all of our social work supervisors. The coaches have offered group and individual coaching since late March.

In the **Willimantic office**, management facilitated preliminary discussions prior to the Coach beginning. These discussions were essential to ensure even the most minimal "buy in" from supervisory staff as the idea of coaching was initially met with some resistance from staff who felt that this strategy was being implemented to address overall deficits rather than to enhance specific skills that each individual supervisor could identify for themselves. Supervisors were also assured that confidentiality would be honored during all coaching sessions and some weeks into this initiative, executive leaders met with supervisors to reinforce that this process was valued and that recommendations from the group would be taken into the highest consideration. Within a very short time, many of the Willimantic supervisors have asked for individual sessions with the coach and in particular have asked their coach to observe supervisory sessions with their social work staff.

In the **Norwich Office**, a few supervisors were slow to "buy in", but overall coaching has been received very well. Many have had individual sessions with the coach; some have had the coach attend unit meetings, some have had the coach meet individually with their staff for feedback; and some have also included their manager as part of their coaching progression. Norwich leadership is vested in understanding the impact of coaching while not impacting on trust and confidentiality.

In the **Middletown Office**, the coach brings a wealth of experience to the sessions and her familiarity with the DCF system allows for a more complex dialogue to take place. Coaching has been provided mostly in group sessions as individual coaching sessions have just begun recently. The group meetings have focused on issues related to developing an understanding of social situations that impact our families, leadership styles, and the sharing of thoughts and strategies on how to deal with staff and management. In general, there has been an open dialogue between parties, although there is anticipation for the next stage of coaching to take place with a focus on day to day work and specific work within the units. Supervisors have expressed that it is sometimes hard to "connect the dots", but have reported they feel encouraged, motivated and validated by someone else "looking in" and giving helpful suggestions.

PARTNERS IN CHANGE (PIC)/PURPOSEFUL VISITS TRAINING

Eighty-nine percent (89%) of the staff in Region 3 has completed both PIC and FCA/PV training. Additional staff has been scheduled for training in June and July which will bring the total trained to 96%. Region 3 is working closely with the Academy for Workforce Development to schedule our remaining staff for training by the end of July as well.

Reinforcement of the Partners in Change Principles is occurring through various venues. In **Willimantic** a Practice Model Team has been organized, which represents all units and all disciplines within the Area Office. This is the primary Quality Improvement Team for Willimantic staff where we are addressing best practice issues inclusive of PIC principles. We ensure ongoing discussions at regular staff meetings and require written work to reflect these principles as well. We tell our stories, acknowledge mistakes and embrace our successes.

Child FIRST

Connecticut DCF is working to build stronger evidence-based interventions and is emphasizing the importance of working effectively with young children who face adverse experiences. **Child FIRST** is an evidence-based early childhood home visiting program designed for high risk families aimed to strengthen attachment/relationship issues between parents and children under age six. Child FIRST is a psycho-educational and psychotherapeutic intervention. Families referred are often dealing with poverty, domestic violence or maternal depression. Recently, four communities making up "cohort two" were awarded funding for Child FIRST sites, bringing the total number of sites to seven across the state. Two of the cohort 2 sites are in Region 3: one for Northeast Connecticut (administered through a collaborative between United Community and Family Services, Inc and United Services, Inc) and one for Middlesex County (administered by

Middlesex Hospital). These, along with a cohort 1 site serving the southeastern part of the state (administered by United Community and Family Services, Inc.), make Region 3 the only region in the state that has full Child FIRST coverage, albeit limited. Child FIRST is staffed to serve 60 families per year in southeastern Connecticut, 27 families in the northeast and 35 families in Middlesex County.

RECOVERY SPECIALIST VOLUNTARY PROGRAM (RSVP), RECOVERY CASE MANAGEMENT (RCM) and the SUBSTANCE ABUSE MANAGED SERVICE SYSTEM (SAMSS)

The Recovery Specialist Voluntary Program (RSVP), Recovery Case Management (RCM), and the Substance Abuse Managed Service System (SAMSS) are interrelated initiatives designed to better serve families challenged by parental substance abuse. The **RSVP** is a pilot program managed by Advanced Behavioral Health, Inc., jointly funded by DCF and the Department of Mental Health and Addiction Services (DMHAS), for parents whose children have been removed pursuant to an Order of Temporary Custody and for whom substance abuse is identified as one of the factors in removal. The Willimantic Area Office is one of three pilot offices for RSVP as well as New Britain and Bridgeport. The Recovery Specialist will refer parents to an appropriate substance abuse treatment program. The Recovery Specialist will facilitate the parent's participation in treatment and recovery, while informing the court and parties of the parent's progress. The relationship with the court is a key component to this program.

A related program, **Recovery Case Management (RCM)**, provides Recovery Specialists somewhat less intensively than RSVP, and an OTC and legal involvement is not required for this program.

The **SAMSS** meeting provides a forum for case collaboration and networking between the child welfare system, adult substance abuse treatment providers, and other related community providers. It is an opportunity to share information on new and existing resources and to clarify questions with regard to the child welfare case and or parent's current treatment status. The meeting also ensures close coordination between the service providers that is needed to support the parent/caregiver in their recovery. The Recovery Specialist from RSVP and RCM are key participants in the SAMSS meeting.

COMMUNITY OUTREACH STRATEGIES: OUT-POSTING STAFF and SCHOOL & COMMUNITY LIAISONS

Given the large geography covered by Region 3, we have placed extra emphasis on building on promising outreach practices; namely on out-posting staff and selecting liaisons to schools and communities.

Out-Posting Staff

The **Norwich Office** has 7 staff out-posted. Six are intake staff with 3 at police stations and 3 at schools. An additional Family Assessment Response staff is out posted at a middle school. All are heavily involved in the community. They sit on safety teams, Juvenile Review Boards, truancy review board, and a variety of other established groups. All of these staff have provided mandated reporter training for their designated communities and some do preventative work with the community in tandem with the police and/or the schools. Community response to out-posting has been excellent and more requests are pending.

The **Willimantic Office** has 10 staff out-posted, with 3 more in the works. Intake Social Workers have been out posted at State Police Troop D and Plainfield Police Department for the past 8 years. Other staff is out-posted at the Willimantic and Brooklyn Children's Regional Probate Courts, Killingly Head Start Center, Day Kimball Hospital (DKH) in Putnam as well as the DKH Center in Plainfield, with Putnam School System, at Windham Middle School, and at Windham

High School. Two more staff have been identified for out-posts at Killingly and Plainfield Public schools and another staff person will be identified soon for Thompson as they have identified space.

The **Middletown Office** has two social workers out-posted part time in two schools and other schools and organizations have expressed a strong interest in having staff out-posted at their locations. We continue to grow this aspect of our outreach activities to our communities.

School/Community Liaisons

The **Norwich office** started a school liaison program in the fall of 2011. There is approximately 35-40 staff (SWS and SW's) who volunteered to be partnered with the school communities in this way. Liaisons offer mandated reporter trainings to the schools as well as the community in which the school is located. Many of the school liaisons act as a point of contact with the schools and attend pertinent school administrative or school support staff meetings. A couple of the liaisons have set up times that they will go to the school for office hours. All of these efforts have helped the Norwich office to enhance its relationship with the educational community and has proven a great conduit for the sharing of new initiatives by DCF or by the school.

The **Willimantic Office** has had a school liaison program for approximately 10 years. Each Social Work Supervisor is paired with a school district whereby supervisors serve as a conduit to the Department regarding mutual family and systems. This program has been extremely helpful circumventing potential issues between the school district and DCF. The partnership has allowed our liaisons to join monthly Social Work/Admin meetings to troubleshoot issues with our families. Staff from the Willimantic Area Office has also served on the Willimantic and Andover/ Marlborough/ Hebron Juvenile Review Boards for the past ten years and the Office has been instrumental, along with the LIST Team, in developing and implementing two new Juvenile Review Boards (JRB's). The newly designed Boards are designed to serve populations in the Thompson/Putnam area and in the killingly/Plainfield area. Staff has been involved with this endeavor for the past fourteen months.

The **Middletown office** established an Outreach and Communications committee comprised of social work staff that each has an assignment as a community liaison. The committee meets monthly and is very committed to the idea of growing more relationships with our communities and being the "friendly face" with the name at DCF. Meetings have been held with school superintendants and many presentations have been made throughout the community on DCF initiatives. Feedback from schools and providers regarding these liaisons has been very positive.

DIFFERENTIAL RESPONSE SYSTEM (DRS)

The **Norwich office** has designated 15 staff as Intake workers and 8 staff as Family Assessment Response (FAR) workers. The Norwich office was positioned very well for the start of DRS and the implementation has occurred without major disruption. Feedback has been very positive from the community and from the clients who have been provided this response. Staff has also expressed feeling reinvigorated with their work with families. Many of the FAR staff have taken on the role of being the pioneers for the state in regard to working with families in this way and have offered several positive suggestions for making the initiative work more efficiently. As of May 24th, the Norwich office has referred 6 families to our Community Partner Agency (Community Health Resources, Inc.) and three families to ongoing services, at their request. Each person working in the Norwich office has received training regarding this new approach and is now well versed in the system. Two local papers, the New London Day and the Norwich Bulletin, wrote stories on the launch of DRS and on the other community outreach strategies. Several initial cases had parents cite awareness of DRS after reading the stories, and a subsequent better engagement and trust in working with the agency.

STAFF WELLNESS INITIATIVES

Across the three area offices in Region 3, a number of employees take part in staff support teams and sponsor many activities. One of the many creative things accomplished was by a group of staff from the Norwich Office that worked together to launch a wellness center called *Rage Against the Couch*. The center is located in the same building as the DCF office and is nearing its first anniversary. It provides staff a place to debrief, re-focus and make connections to community providers.

FOSTER CARE PROGRAM INITIATIVES

Support is Everyone's Job Campaign

Annie E. Casey Foundation's Child Welfare Strategy Group has partnered with DCF to provide all staff an opportunity to participate in 2-hour "Support is Everyone's Job" conversations. The sessions focus on how staff at any level in the department can support foster homes. Region 3 was the first region to implement the Campaign. Attendance rate was very high and the feedback very positive from all levels of staff. Region 3 had a total of 20 foster/adoptive parents involved in our ten 2-hour sessions.

Improving Kinship Care Practice

In the summer of 2011, a group of staff from Region 3 and the Academy for Workforce Development began meeting with individuals from Annie E. Casey Foundation to discuss our thoughts and practice on kinship placements. Annie E. Casey Foundation supported this work through a "Business Process Mapping" exercise and by facilitating early discussions. A regionally staffed team continued to meet and develop strategies to improve kinship placement practice. The culmination of that work is full day training that will be launched in June entitled, "Partnership: Why not with kin?" This training will focus on the role of kin in supporting families to stay intact or providing alternative care when needed. We will explore the unique benefits, challenges and needs that are present when partnering with kin. Training will be co-facilitated by Region 3 DCF staff that has been a part of the kinship workgroup along with Academy staff. It is for all social work, supervisor, management, ACR and RRG staff in Region 3.

An Initiative to Cross-Recruit for Standard and Therapeutic Foster Care

In acknowledging the need for more therapeutic foster care (TFC) homes, Region 3's foster care manager is attending DCF foster support group meetings with the region's TFC lead agency to explain the role of TFC homes. Ms. Kelley is explaining the department's placement needs, giving example profiles of these children, and explaining the higher level of support provided to the homes at a TFC level. Region 3 has already had some success with DCF homes voluntarily agreeing to become TFC homes to better meet the need of our children and youth. In turn our TFC provider partners have agreed to refer families that first approach them for licensing to DCF when they are better suited for a lower level of care. To date we have presented to 9 DCF support groups and at the recent CAFAP conference. Two homes have agreed to switch to TFC level and other families are considering it.

Improving Recruitment and Retention of "Core" Foster Homes

With the help of Annie E. Casey's Child Welfare Strategy Group conducting a utilization review of standard and therapeutic foster care, Region 3 is currently in the process of examining underlying issues as to the utilization for all of our foster homes. A critical part of this review is to have honest conversation with current foster parents about the age, gender and behavioral needs that they are requesting and matching that up with what our regions needs. We are also using data to inform our recruitment process so that we are letting families know up front what types and ages of children that are in need of homes.