



Installing a Community Pathway to Family First Prevention Services: *Implementation Strategies & Lessons Learned*

Sharon K. Davis, DSW

Krista Thomas, PhD

Olivia K. Wilks, MA



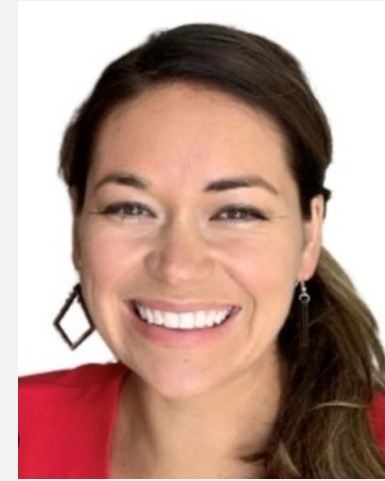
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Sharon K. Davis, DSW
*Family and Community
Services Director*
Connecticut DCF



Krista Thomas, PhD
Senior Policy Fellow
Chapin Hall

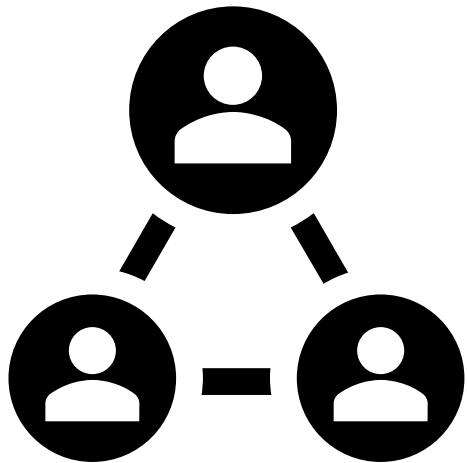


Olivia K. Wilks, MA
Senior Policy Analyst
Chapin Hall

PRESENTERS

Partnership between Connecticut DCF and Chapin Hall at the University of Chicago

WHO IS IN THE ROOM?



- How are you engaged in this work?
- Are you and your partners thinking about community pathways?
- If so, where are you in the implementation process?





Community Pathways 101

WHAT IS A COMMUNITY PATHWAY?



A “community pathway” is operationalized as any avenue that families can use to access title IV-E funded prevention services through Family First **outside of the traditional child welfare service delivery & case management context.**

- Who provides service delivery & case management in a community pathway? Options include but are not limited to:

Contracted community-based agencies (e.g. family resource centers)

Specific **evidence-based prevention service providers** (e.g. home visitors)

Non-child welfare public agency partners
(e.g. Departments of homelessness, behavioral health, public assistance, etc.)

POTENTIAL VALUE OF COMMUNITY PATHWAYS



Creates an opportunity to serve families **outside of the traditional child welfare context**

Allows families to **voluntarily** receive prevention services by trusted providers in their community without having an open child welfare case

Leverages federal **title IV-E funding** through Family First for the prevention services provided and associated administrative costs

Supports a **paradigm shift** to build community capacity to strengthen families upstream and prevent maltreatment & child welfare involvement

Promotes **collaboration across family-serving systems** to develop an integrated & more holistic network for families and communities

RELEVANT FEDERAL POLICY GUIDANCE



Federal Child Welfare Policy Manual [Section 8.6C](#)

Question 1: *May a title IV-E agency **contract out title IV-E administrative activities** under the title IV-E prevention services program to a private or public agency?*

Answer: Yes.

- A title IV-E agency **may contract out title IV-E administrative activities necessary for the administration of the title IV-E prevention program**, but the title IV-E agency must **supervise** the activities performed by the contracted agency.
- **Only the title IV-E agency or a public agency (including a tribe) under a title IV-E agreement** is permitted to make the **determination that a child is a candidate** for foster care.
- The title IV-E agency may contract with a private or public agency to gather all of the necessary information for the title IV-E agency or public agency/tribe under the agreement to make a determination of candidacy.

RELEVANT FEDERAL POLICY GUIDANCE



Federal Child Welfare Policy Manual Section 8.6B Eligibility

Question: *Are title IV-E agencies required to have an open child welfare case for a child who is receiving title IV-E prevention services? For example, if an otherwise eligible child is provided title IV-E prevention services by a community provider, does the title IV-E agency need to have an open child welfare case for that child?*

Answer: **No, there is no requirement in the statute that the title IV-E agency have an open child welfare case for a child who is receiving title IV-E prevention services.** The title IV-E agency, however, must still meet the requirements of the agency's title IV-E prevention 5-year plan regarding these children.

Question: *In the process of determining eligibility for and providing title IV-E prevention services, does title IV-E require that the title IV-E agency and/or community provider use language indicating that the child is "at imminent risk of entering foster care" in communicating with parents?*

Answer: **No, section 471(e) of the Act does not address what, if anything, the title IV-E agency must communicate to parents about a child's eligibility for title IV-E prevention services and status as a candidate for foster care.** The law specifies only that a child's eligibility for title IV-E prevention services as a candidate for foster care who is at imminent risk of entering foster care absent the provision of title IV-E prevention services must be documented in the child's title IV-E prevention plan (section 471(e)(3)(A) of the Act). However, good practice dictates that title IV-E agencies approach families with integrity. The IV-E agency should consider potential practice implications related to family engagement and agency transparency with involved families when providing prevention services.

RELEVANT FEDERAL POLICY GUIDANCE



Federal Child Welfare Policy Manual Section 8.6A Program Requirements

Question: *Are title IV-E agencies and community partners required to inform a family receiving title IV-E prevention services that information about the child, services provided, and outcomes will be collected and shared with ACF?*

Answer: No. Nothing in section 471(e) of the Act specifically requires title IV-E agencies to inform families about the details of the data collection and submission requirements of sections 471(e)(4)(E) and 471(e)(5)(B)(x) of the Act. Title IV-E agencies operating a title IV-E Prevention Program are required to collect and report child-specific data title IV-E prevention services (sections 471(e)(4)(E) and 471(e)(5)(B)(x) of the Act). As clarified in Revised Technical Bulletin #1 (published June 30, 2021), the information shared with ACF for the purposes of the title IV-E prevention data collection must use a unique child identifier number that is encrypted in accordance with ACF standards. This ensures the confidentiality of the children and families receiving title IV-E prevention services while allowing ACF to collect and analyze the data as required under 471(e)(6) of the Act.



Connecticut DCF Community Pathway Overview

FAMILY FIRST PLANNING IN CONNECTICUT

Transparency

- CT established a Family First website: <https://portal.ct.gov/DCF/CTFamilyFirst/Home>. All workgroup documents and information was posted and maintained within the website.
- A mailbox, DCF.CT.Family.First@ct.gov was established for community partners to ask questions and receive information about our planning.

Partnership and Engagement

- CT involved over **400 unique community partners** including parents and youth with lived experience, decision makers throughout state government, community organizations, advocates, and contracted providers.

Shared Decision-Making

- Connecticut convened a Governance committee and seven workgroups. The Governance committee, comprised of CTDCF leadership and community partners, served to review evidence and community informed recommendations from each of the workgroups. After engaging in dialogue and receiving feedback, recommendations were ultimately provided to the CTDCF Commissioner.

CONNECTICUT DCF COMMUNITY PATHWAY

CANDIDACY POPULATION

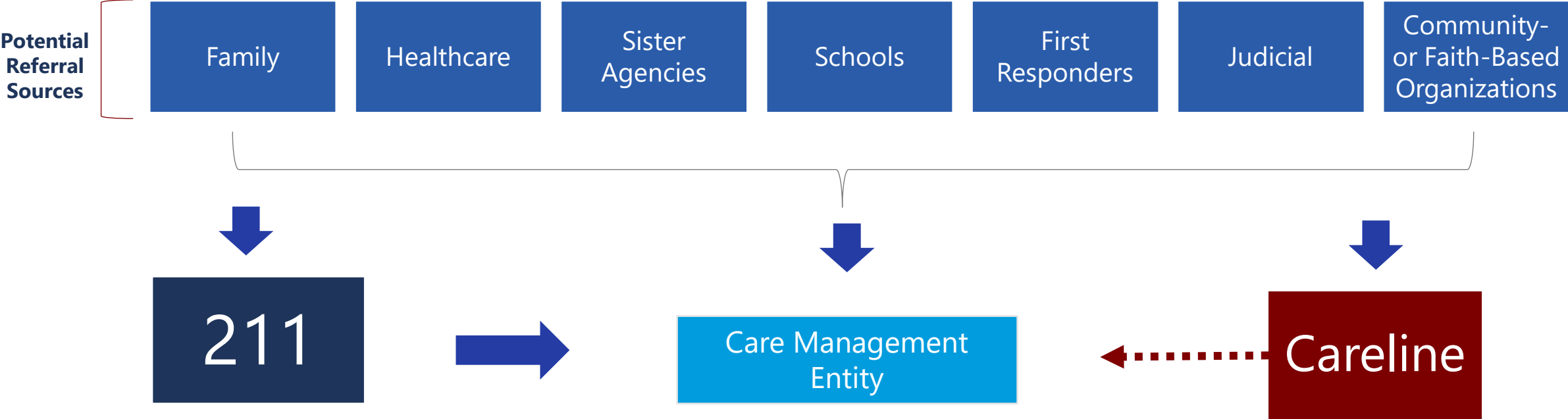
Families with children experiencing behaviors, conditions, or circumstances that are likely to have adverse impacts on a child's development or functioning, but do not present immediate safety concerns.

P.25 CT Family First Prevention Plan

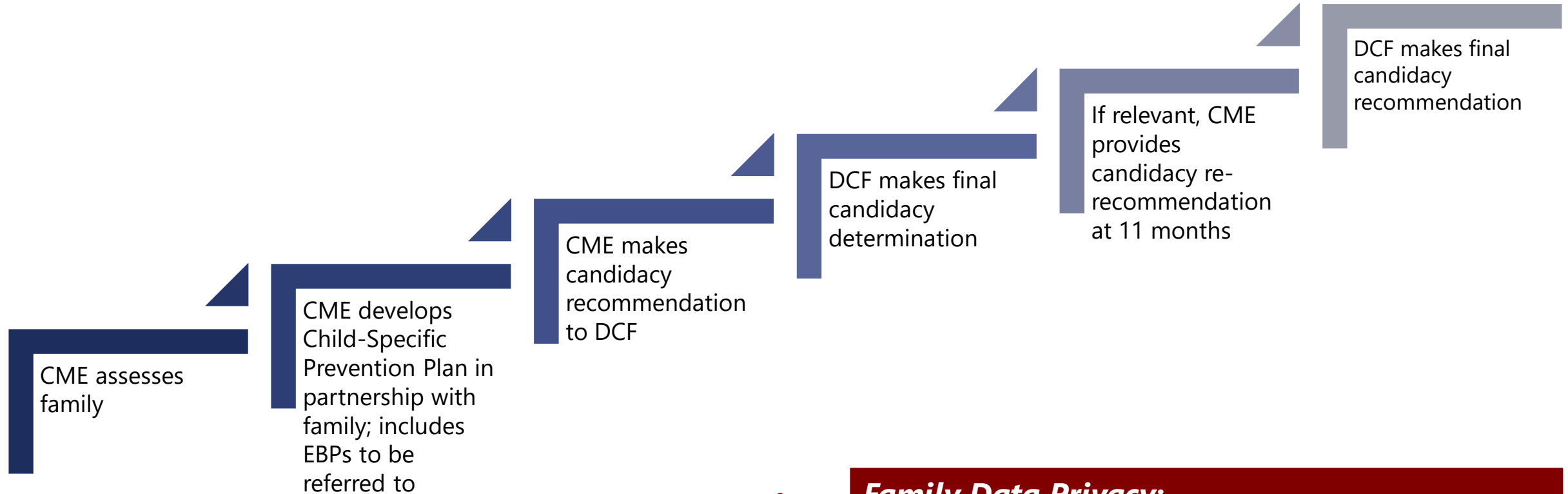
- Families accepted for Voluntary Services
- Youth that have exited foster care
- Children who are chronically absent from preschool/school or who are truant from school
- Children of incarcerated parents
- Trafficked youth
- Unstably housed/homeless youth
- Families experiencing interpersonal violence
- Youth who have been referred to a JRB, YSB, or another diversion program
- 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)



PATHWAYS TO PREVENTION SERVICES



CANDIDACY DETERMINATION PROCESS



Family Data Privacy:

DCF and the CME will use a community portal outside of the child welfare data system that only reporting and claiming staff at DCF will be able to access.

These programs were part of community pathway definition

Connecticut Behavioral Health Partnership

- Partnership with DCF, DSS, DMHAS designed to create an integrated behavioral health service system for our members; Connecticut's Medicaid populations, including children and families who are enrolled in HUSKY Health and DCF Limited Benefit programs.

Intensive Care Coordination

- Youth with complex behavioral health needs are at risk for inpatient care and other placements that separate them from their homes and communities. ICC addresses these challenges with intensive care coordination and [WrapCT](#), a holistic, wraparound initiative.

Voluntary Care Management

- VCM serves families and youth with serious emotional challenges, mental illnesses and/or substance use disorders. Goals include supporting families to increase access to care and navigating the behavioral health system.

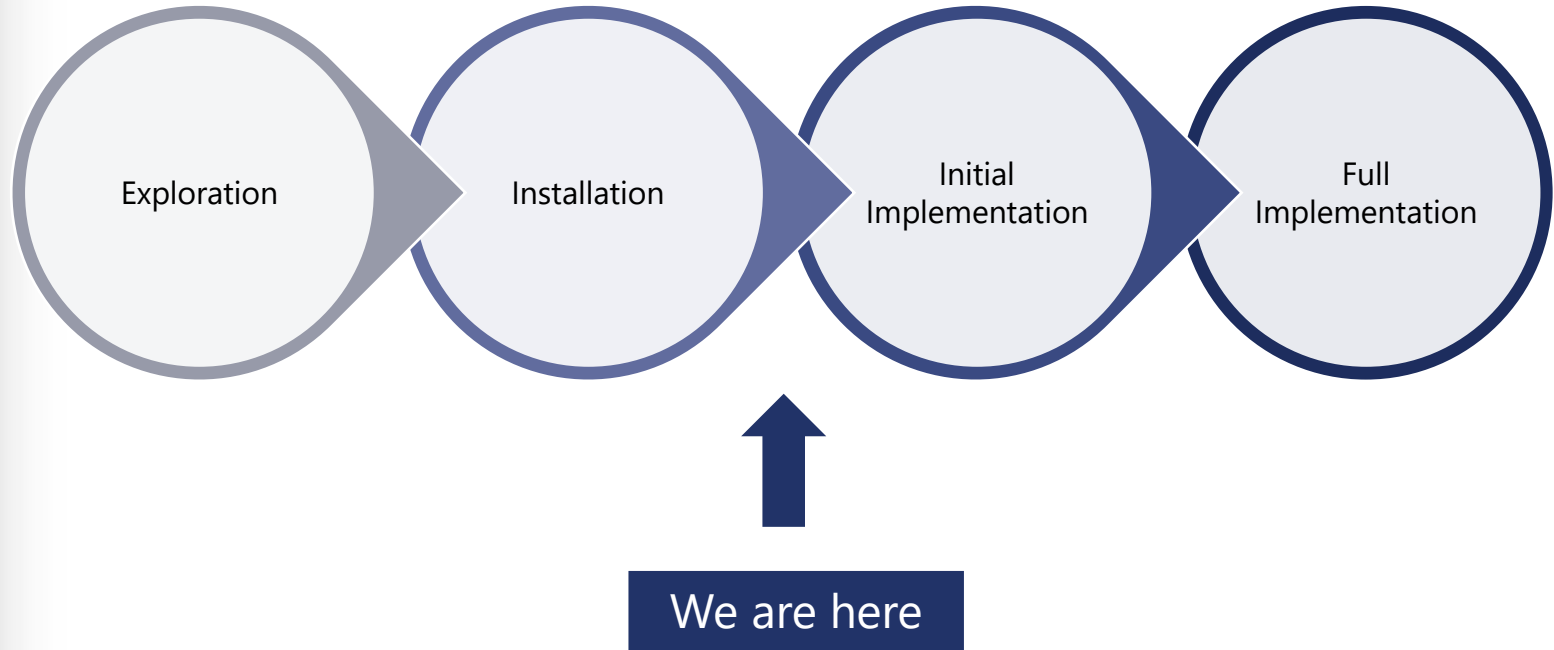
Integrated Family Care and Support (IFCS)

- IFCS is for families that go through the investigations process and have no findings, but are identified to have needs. IFCS connects families to traditional and non-traditional resources.

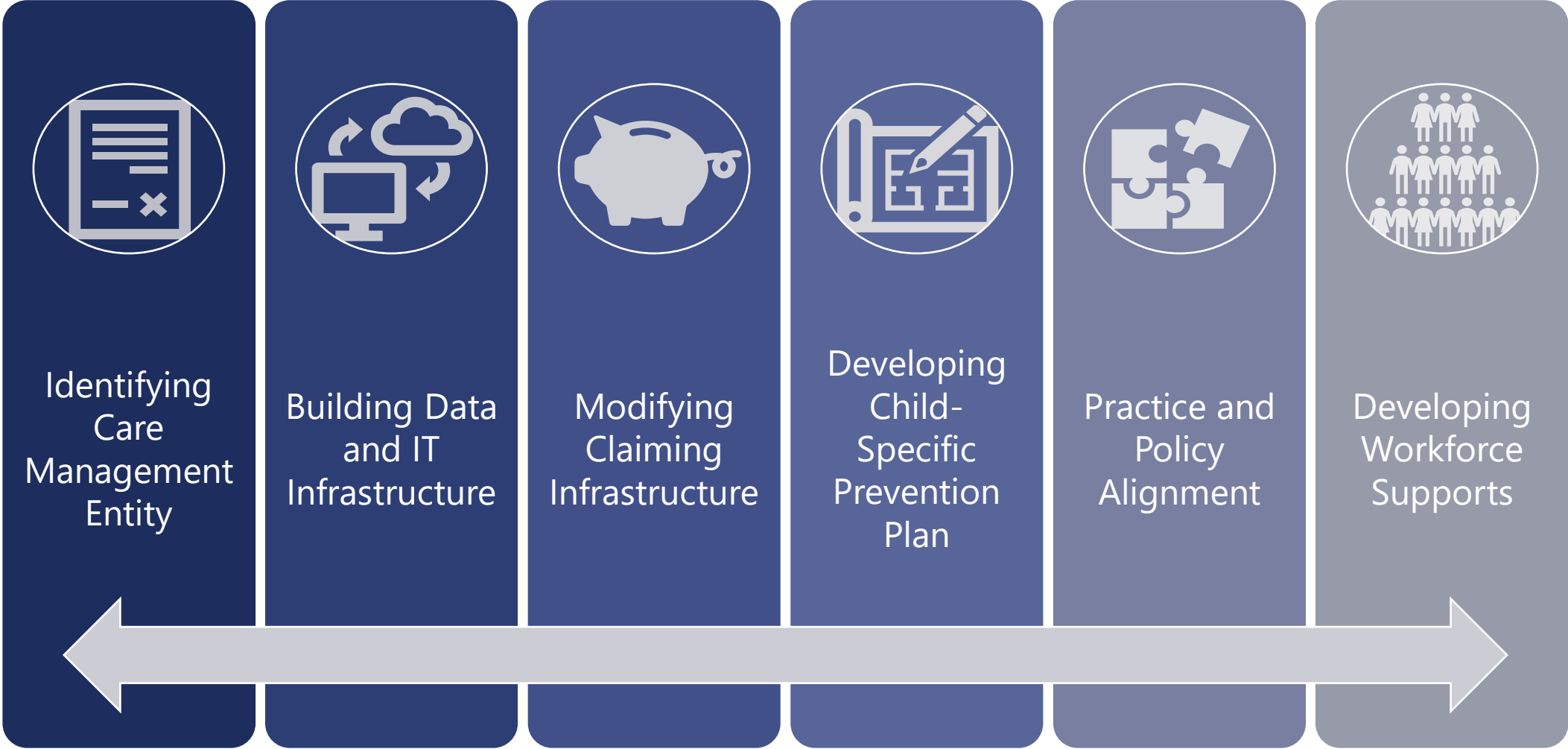
CARE MANAGEMENT ENTITY FOOTPRINT IN CONNECTICUT



WHERE WE ARE IN IMPLEMENTATION



INTERNAL INSTALLATION ACTIVITIES

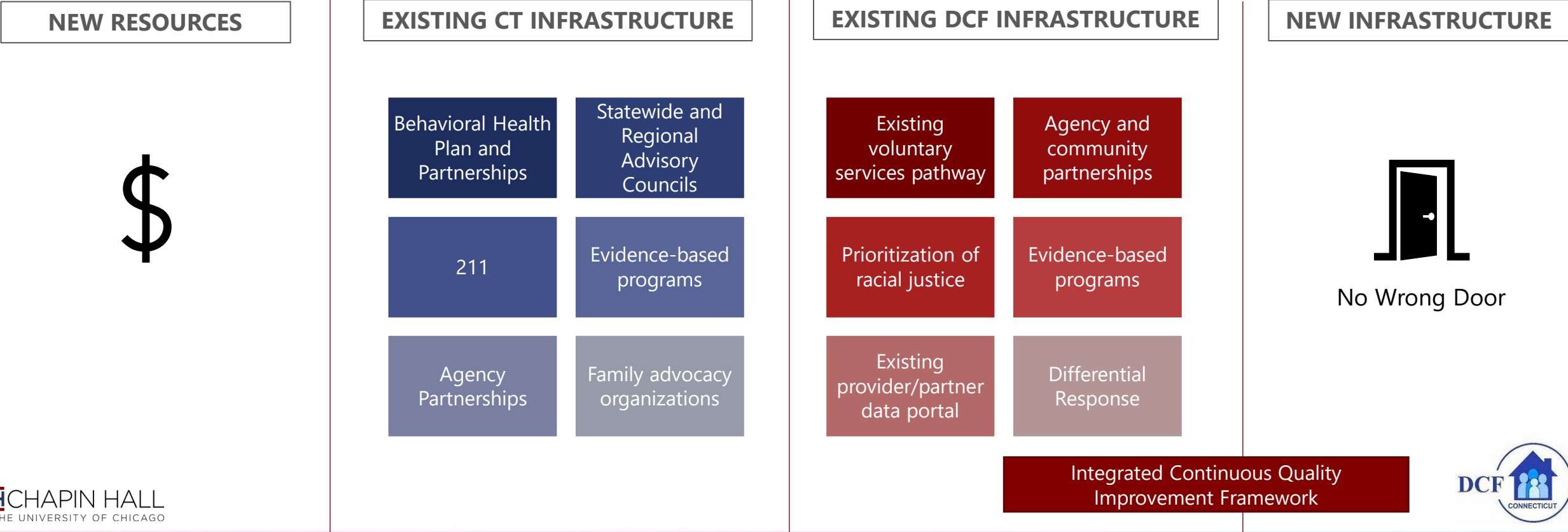




Challenges and Lessons Learned

INFRASTRUCTURE, PARTNERSHIP, AND RESOURCE PLANNING

Key Takeaway(s): Building a community pathway can require significant resources and/or states can leverage existing infrastructure. Other partners are key for envisioning a system of prevention.



IMPLEMENTATION SCIENCE—TEAMING AND GOVERNANCE

Key Takeaway(s): Successful implementation is dependent on strong leadership and governance, collaborative teaming, and flexibility.

STRENGTHS

- Designated Family First Lead
- Internal Champions
 - Policy
 - Practice
 - Fiscal
 - IT/Data
- Existing governance entities *could* be leveraged

CHALLENGES

- Sustained external partners and **community/family leadership**
- Dependencies and Workstream Overlap
- Sustained agency-wide engagement
- Extended timeframes
- Integration with other key initiative
- Communications
- Over-committed workforce

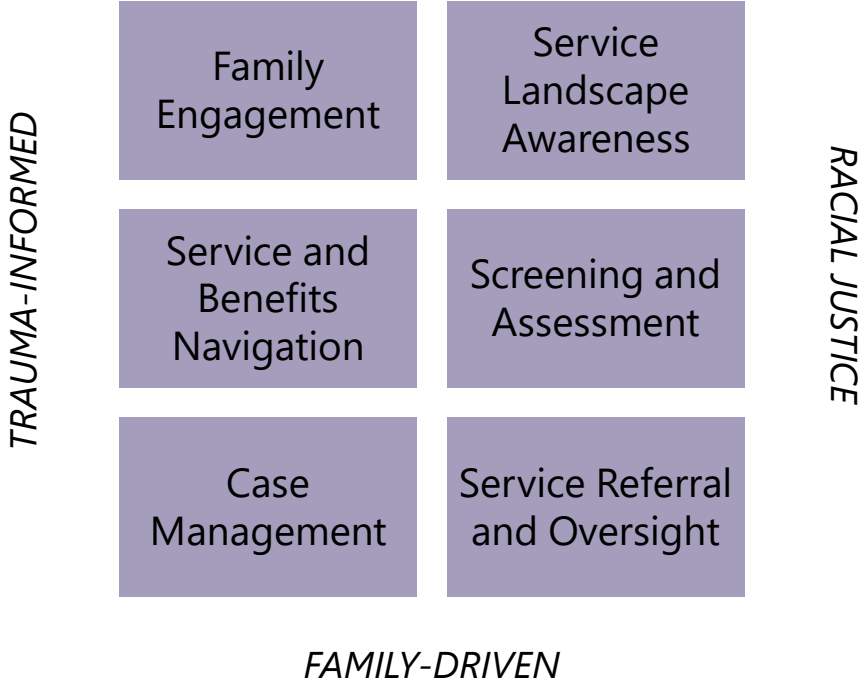
ENSURING WORKFORCE PREPAREDNESS

Key Takeaway(s): Workforce must have particular skills, knowledge, and expertise to administer a community pathway; build on what exists, but expect to create new workforce supports



STEP 1: DETERMINE WHAT CAN BE LEVERAGED

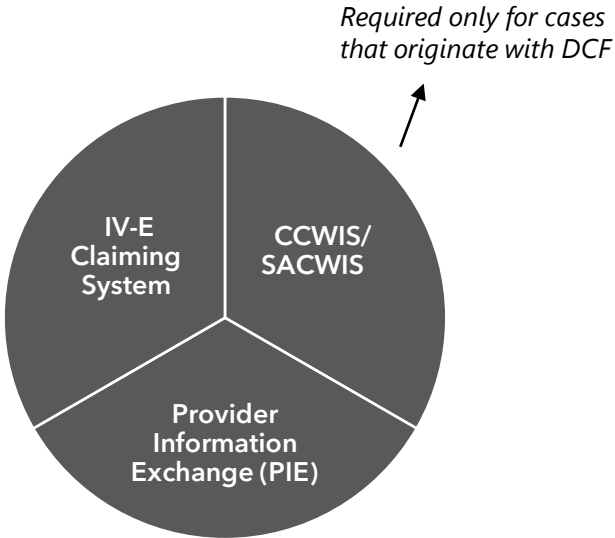
CORE IDENTIFIED WORKFORCE CAPACITY AREAS



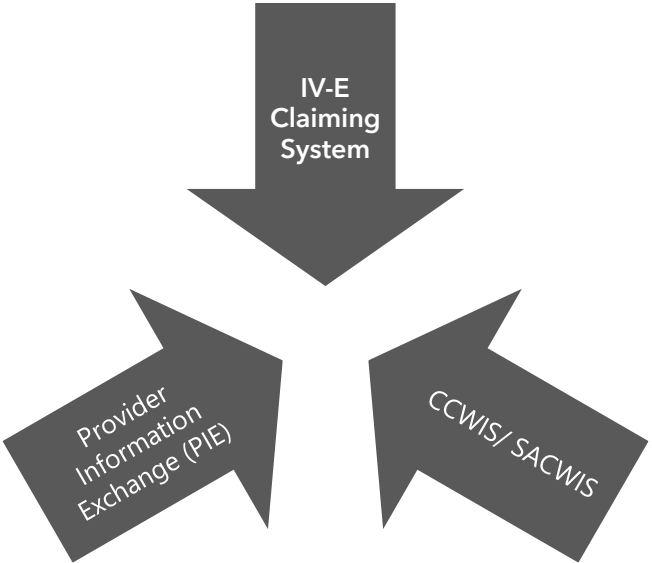
STEP 2: DETERMINE WHAT NEEDS TO BE DEVELOPED

DATA REPORTING AND CLAIMING INFRASTRUCTURE

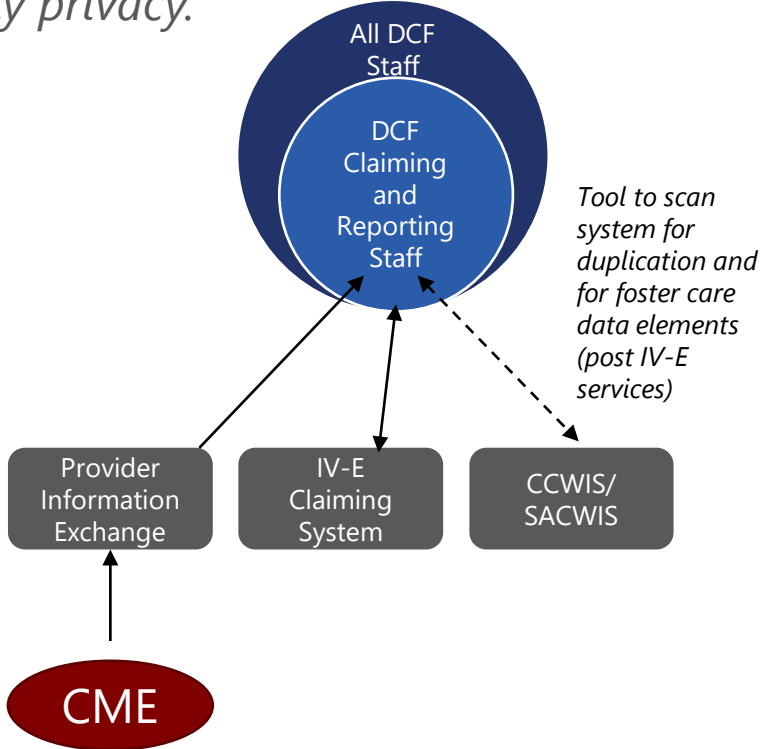
Key Takeaway(s): Multiple data systems will be needed to manage a community pathway, this can require complex IT investments. It is key to ensure structures are in place to protect family privacy.



STEP 1: Identify all data systems required for data collection, reporting, and claiming



STEP 2: Determine how these data systems talk to one another

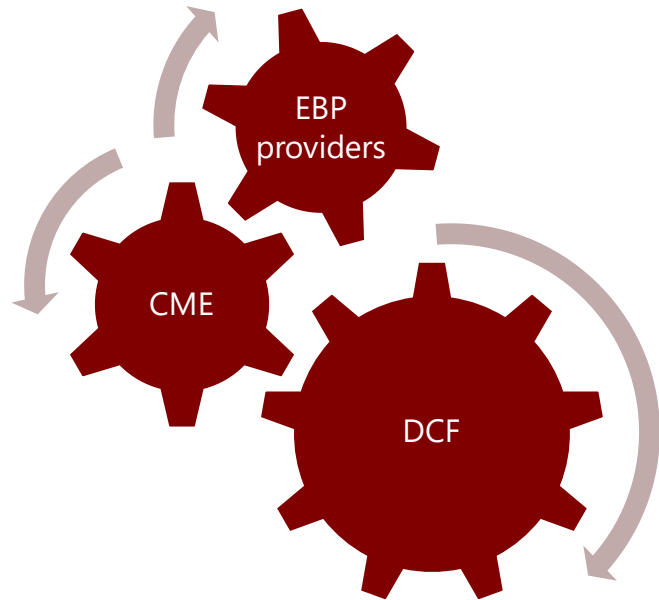


STEP 3: Establish firewalls to protect family privacy



APPROPRIATE MONITORING AND CONTINUOUS QUALITY IMPROVEMENT

Key Takeaway(s): The CB consistently asks jurisdictions proposing a community pathway how the IV-E agency will monitor the administration of these activities; the **CT model requires oversight of the CME and EBP providers**



Developing an RFP

- Include the vision
- Include governance and collaborative expectations
- Reference federal requirements for claiming and reporting
- Signal iterative nature of community pathways
- The more specificity the better!

Continuous Quality Improvement

- Co-develop a measurement framework and meaning making mechanisms that
 - Incorporates family and community representatives
 - Evaluates whether community pathway is broadly working as intended
 - Evaluates whether specific EBPs are being implemented to fidelity

Contract Management and Performance Metrics

- Contract should mirror clear expectations of RFP
- Contract management is an opportunity for relationship building and collaboration between DCF leads and CME leads

MATCHING AVAILABLE SERVICES WITH FAMILY NEED

Key Takeaway(s): EBPs on the Clearinghouse may not fit the needs of upstream families. Navigation to non-IV-E services and resources will be a key role of the CME.

FF EBPS IN CT

Functional Family Therapy (FFT)	Multisystemic Therapy (MST)	Nurse Family Partnerships (NFP)
Parents as Teachers (PAT)	Healthy Families America (HFA)	Parent Child Interaction Therapy (PCIT)
	Brief Strategic Family Therapy (BSFT)	

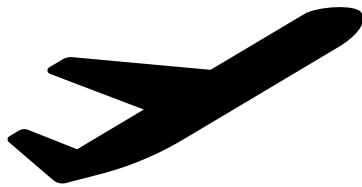
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GOALS V. REALITY

Reality

- We are building the plane as we fly it
- This is iterative and will take time
- We cannot do it alone – learn with us!



Overarching Goals

1. Create no wrong door solution for families seeking support
2. Build an upstream connective hub of resources and services for families in Connecticut
3. Limit surveillance and prioritize family privacy and empowerment
4. Build formal and informal partnerships between agencies and providers
5. Provide mandated reporters with an alternative

FAMILY

SYSTEM



NEXT STEPS

Contact us!

Sharon K. Davis, DSW
sharon.davis@ct.gov

Krista Thomas, PhD
kthomas@chapinhall.org

Olivia K. Wilks, MA
owilks@chapinhall.org

- Q/A
- Share Feedback – We want to learn with/from you!





Thank you