

Select Behavioral Health and Placement Services Initiatives
SAC RETREAT
September 12, 2014

Community Support for Families: (April 2012, Kim Nilson)

Differential Response is a different way of responding to allegations of child abuse and neglect. Through a two track approach, 38-40% of reports accepted by the Careline are designated as a Family Assessment Response. During that assessment process many families are referred to a Community Support for Families provider. This service engages families connects them to concrete, traditional and non-traditional resources and services in their community. This inclusive approach and partnership, places the family in the lead role of its own service delivery. The role of the contractor is to assist the family in developing solutions, identify community resources and supports based on need and help promote permanent connections for the family with an array of supports and resources within their community.

Team Decision Making/Child and Family Teaming: (2012, Kim Nilson)

- The implementation of Child and Family Teaming has continued to evolve from the initial roll out of Team Decision Making, subsequently moving to Considered Removals and in 2014 and 2015 moving towards statewide implementation of Children and Family Permanency Teaming.
- In late 2013, training utilizing a learning lab methodology for child and family permanency teaming began. Training has and will continue through 2014 for the entire workforce as well as partner agencies.
- The Statewide Steering Committee is reviewing current policies and practices to align with the practice model. Implementation is rolling given the scope of this model and need to train all staff.

Considered Removal Child and Family Teaming: (2013, Kim Nilson)

- In 2013, Considered Removal Child and Family Team Meetings were implemented. Implementation has demonstrated that the process has reduced the rate of removal and when removal is necessary, increased the rate of placement with kin.

Access Mental Health: (June, 2014, Jacqueline Harris)

The Contract was executed with Value Options on December 16, 2013. Three consultation hubs began implementation in June 2014. As of August 15, 2014, the Hubs have been actively meeting with primary care practices and as a result we have 79 practices with 391 providers enrolled in the program!! Additionally, 144 encounters have been completed

Trauma Informed Practice: (2012, Paul Shanley)

- Children and families involved in child welfare commonly have experienced trauma that profoundly affects well-being and that must be addressed if our interventions are to be effective.

- Trauma-informed practice is one of DCF's seven cross-cutting themes, and, in 2012, received a five-year, \$3.2 million federal competitive grant award to improve trauma-focused care for children in the child welfare system.
- This included trauma training for DCF staff and private providers, building screening, assessment and referral systems, and expanding access to evidence-based, trauma-informed treatments.
- There are 29 agencies trained to deliver TF-CBT (Trauma Focused Cognitive Behavioral Therapy) and in the final two years of the grant 10-12 agencies will be trained to deliver CFTSI (Child Family Traumatic Stress Intervention).

New Haven Trauma Coalition: (2014, Tim Marshall)

- The Contract is currently being processed with Clifford Beers as the lead, partnering with New Haven Board of Education, United Way of Greater New Haven and other community partners. There are four components to the New Haven Trauma Coalition:
- (1) Care Coordination; (2) Trauma Screening and assessment and direct clinical services in 6 NH schools; (3) Network development support; (4) Workforce development activities

Modular Approach to Therapy for Children with Anxiety, Depression, Trauma or Conduct Problems (MATCH-ADTC): Paul Shanley

MATCH-ADTC is an evidence-based modular approach to therapy that combines clinical training and supervision in several evidence-based practices including: cognitive behavior therapy for anxiety, depression, and trauma; behavioral parent management for conduct problems. The contract was executed with Child Health and Development Institute (CHDI) on September 9, 2013. The expansion of the clinical teams and additional agencies began. MATCH data

Four clinics selected: The Village, Wheeler, Clifford Beers and Wellmore
Advisory Group was created with parents, providers and DCF (Operational details are currently being worked out). First round of training for clinics will begin in 3 weeks.

Intensive Family Preservation: Kim Nilson

This is a short-term, in-home service designed to intervene quickly in order to reduce immediate safety concerns, reduce the risk of future abuse and/or neglect and reduce the need for out-of-home placement.

Reunification and Therapeutic Family Time (in reprocurement status): Jenny Vesco

The Department is enhancing the reunification service array to offer families a menu of services to meet their individual needs based on family circumstances. That menu includes:

1. Reunification Readiness Assessment;
2. Reunification Services; and
3. Therapeutic Family Time (TFT)

Community Behavioral Health and Substance Abuse Services

Psychiatric outpatient clinics for children	26,687
Emergency Mobile Psychiatric Crisis Service (EMPS)	15,574
IICAPS (Intensive In-home psychiatric services)	2,200

PA 13-178 requires DCF to develop a comprehensive implementation plan to (1) meet children's mental, emotional, and behavioral health needs of all children and to (2) prevent or reduce the long-term negative impact of mental, emotional, and behavioral health issues on children.

Outpatient Psychiatric Clinics for Children (Paul Shanley)

- A multi-disciplinary team of psychiatrists, psychologists, APRNs, clinicians and case managers at 26 contracted outpatient clinics provide psychosocial assessments, psychiatric evaluations/medication management, and clinical treatment through individual, family and group therapies
- In SFY 2014, the outpatient clinics served 26,687 children and their caregivers.

Emergency Mobile Psychiatric Services (EMPS) (Tim Marshall)

- EMPS Crisis Intervention Service is Connecticut's crisis intervention service for children and their families. More than 90% of children are seen at their home, at school or in the community and 88% within 45 minutes of receiving the crisis call.
- More than 15,574 calls to the EMPS system SFY2013, which developed into 11,550 episodes of care.

Intensive In-Home Child & Adolescent Psychiatric Services (IICAPS) - (Karen Andersson)

- A 6-month home-based intervention addressing psychiatric disorders of the child, problematic parenting and other family challenges that affect the child and family's ability to function. Teams of professionals average 4 to 6 hours per week of intervention with the child and caregivers to prevent hospitalization or to return the child to community based outpatient care.
- In SFY2013, 2,200 families received services.

Care coordination: Tim Marshall

- Care coordination uses an evidenced-based child and family wraparound team meeting process to develop a plan of care that uses both the formal and informal network of care to meet the identified needs of the child and family.
- In SFY2014, 1,214 families were served.

Family advocacy: Tim Marshall

- Family advocates provide support and assistance to the parent/caregiver of a child with a serious mental or behavioral health need. The family advocate works with the care coordinator (above) in the child and family wraparound team meeting process and focuses on providing support to the parent/caregiver. In SFY2014, 415 episodes of care were delivered.

Extended day treatment: Paul Shanley

- A multi-disciplinary team of psychiatrists, APRNs, clinicians and direct care staff at 19 program sites deliver an array of integrated behavioral health treatment through individual/family/group therapies, therapeutic recreation, and rehabilitative support services, for a minimum of 3 hours per day/5 days per week through a milieu-based model of care.
- In SFY2014, this program served 1,056 children/youth and their caregivers.

Community Bridge: Paul Shanley

- Youths and families receive intensive in-home therapeutic support on a 24/7 basis from a clinical team of licensed clinicians and paraprofessional mental health support workers. The clinical team engages with family members and provides necessary support to the youth in all aspects of community functioning for up to 2 years. Youth without adequate family resources are served in foster homes. The community-based service is supplemented by the availability of brief residential placement for purposes of assessment and behavior stabilization.
- This prototype run by the Village for Children and Families in Hartford has provided clinical interventions to up to 40 youth and families and has helped to inform model development that will further enhance community based services statewide.

Respite care: Tim Marshall

- Respite care is a non-clinical intervention, which provides stress relief to parents of children and youth who have serious mental or behavioral health needs. Community or home-based respite is provided for up to 4 hours per week for 12 weeks. In SFY2014, 148 families were served.

Functional family therapy: Tim Marshall

- An empirically grounded, family-based intervention to improve family communication and supportiveness while decreasing negativity, delivered within the family setting by 4 providers, 5 teams that are grant-funded. In SFY2014, 572 youth and families were served.

Multi-dimensional family therapy (MDFT), including “special population”: Mary Painter

- Family-based intensive in-home treatment using an evidence-based model for adolescents with significant behavioral health needs and either alcohol or drug related problems, or who are at risk of substance use. Provides individual, caregiver and family therapy, and case management. In SFY2014, 959 youth and their families were served.

Multi-systemic therapy (MST): Mary Painter

- Intensive family- and community-based treatment program that uses an evidence-based model that addresses environmental systems that impact chronic and violent juvenile offenders -- their homes and families, schools and teachers, neighbourhoods and friends. In SFY2014, 219 youth and families were served. One Team expansion added capacity to half the state

Multi-systemic therapy (MST) for special populations: Mary Painter

- Special populations using evidence-based models include problem sexual behavior, transition age youth, and parole youth re-entering the community. In SFY2014, 173 youth and/or families were served.

Multi-systemic therapy (MST) "Building Stronger Families": Mary Painter

- Intensive in-home treatment for families with maltreatment and substance abuse issues. In SFY2014, 22 families were served. Expanded from one to four teams.

Re-entry and family treatment: Mary Painter

- MDFT for parole youth with substance abuse treatment needs and re-entering the community. In SFY2014, 77, youths and their families were served.

Recovery case management (RCM) for families with substance abuse: Mary Painter

- Intensive recovery support services for families with children at risk for removal or at the point of removal. In SFY2013, 251 families were served.

Family-based recovery: Mary Painter

- Intensive in-home family treatment combining evidence-based substance abuse treatment with a preferred practice to enhance parenting and parent-child attachment. In SFY2014, 206 families received services.

Adolescent substance abuse outpatient: Mary Painter

- Substance abuse screening/evaluation, individual, group and family therapeutic interventions in a clinic based setting. SFY2014 (between 7/1/2013 - 12/31/2014), 198 youths received services.
- Adolescent Community Reinforcement Approach - Assertive Continuing Care (ACRA-ACC) replaced ASAT, an outpatient program that was not evidence based nor was it available across the state. ACRA is an evidence based program that provides substance abuse interventions for adolescents and their families and is a hybrid of clinic and community based. The ACC portion provides community-based recovery support services for youth who have been in the ACRA program. In SFY2014 (between 2/1/2014 - 6/30/2014), 149 adolescents and their families received services.

SAFERS: 2013: Mary Painter

- Three-year federal grant from the federal Children's Bureau to enhance treatment services for families at risk of losing their children due to their incapacity to appropriately provide care as the result of substance abuse. SAFERS (Substance Abuse Family Evaluation Recovery and Screening project) will be used to expand and improve Recovery Case Management (RCM) in Regions 1 & 3.

Fetal Alcohol Spectrum Disorder Statewide Coordinator: Mary Painter

- In partnership with DMHAS, DCF is funding a statewide coordinator for Fetal Alcohol Spectrum Disorder. This full-time position will be housed at Advanced Behavioral Health, Inc. and activity is expected to begin October 1, 2014

Juveniles Opting To Learn Appropriate Behaviors (JOTLAB): Paul Shanley

- Rehabilitative treatment for youth with problem sexual behaviors that provides comprehensive clinical evaluation, individual psychotherapy, family counseling, psycho-educational therapy groups, and social skills building groups.
- Annual capacity to serve 91 children.

Integrated family violence program: Mary Painter

- In-home and clinic-based services for families where intimate partner violence (IPV) has been identified. Core services include a comprehensive assessment that addresses past history of violence, patterns of coercive control, coping and protective strengths and strategies; parenting and the parent child relationship; the impact of the IPV; the risk for recurrence of violence; services and treatment needs. Additionally, safety planning for survivor and child, trauma focused work with children, interventions focused on repairing and healing relationships, and batterer interventions. In SFY2014, 369 families and 791 children received services.

Domestic Violence: Mary Painter

- Child abuse is 15 times more likely to occur in families beset with Intimate Partner Violence (IPV).
- The Center for Disease Control reports that studies from countries around the world -- including the United States -- has established the relationship between Intimate Partner Violence (IPV) and child abuse
- The Department is continuing to enhance the service array to address IPV grounded in best practice and inclusive of a strong evaluation component.
- The division has begun creating a new training, consultation, service delivery and evaluation model based on the most current research and practice serving families impacted by Intimate Partner Violence (IPV).
- New DV specialists are working in every region to provide internal expertise.

Early Identification of Problems

- DCF executed an agreement with the Department of Developmental Services to implement federally mandated referrals to the Connecticut IDEA Part C Birth to Three System.
- DCF implemented a federal grant to expand access to Head Start programs for DCF young children.
- DCF provided state funding for *Child FIRST*, an evidence-based early intervention program for very young children and their families with significant mental health and child welfare needs.

Circle of Security: Charlie Slaughter

- Circle of Security Parenting is a grassroots, DVD-based, innovative, and attachment-based parenting intervention continuing to take hold in CT communities and programs under DCF's collaborative leadership to help more children have a secure attachment.
- Kids who have a secure attachment are more likely to have successful close relationships, develop desirable personality traits, and have better social problem-solving skills.
- DCF supports training for community based service providers who in turn educate parents including training for school systems.

DCF-Head Start partnership: Wendy Kwalwasser

- All 14 DCF Area Offices have established and strengthened a working partnership with Head Start and Early Head Start programs.
- Goal is to ensure children's access to high-quality early care and education, enhancing stability and supports for young children and families, and preventing family disruptions and foster care placements

Parents with Cognitive Limitations: Wendy Kwalwasser

- Estimated 1/3 of families involved with child welfare are headed by a parent with cognitive limitations
- DCF-led workgroup trains service providers across the state on how to identify and serve this population, including the use of plain language for effective communication.
- In the Fall of 2013, the Workgroup partnered with The Association for Successful Parenting in hosting an international conference on parents with cognitive limitations. Over 300 people attended.
- The Department has established a committee to assess current services, practices and policies regarding these families and make recommendations to better serve them.

Positive Youth Development Initiatives: Wendy Kwalwasser

- After school programs for youth 8-14 or older to prevent children from entering the DCF system.
- Support parenting, provide recreational and enrichment activities for children, tutoring, social skill building, parent engagement and support

Early Childhood Consultation Partnership: Charlie Slaughter

- A nationally recognized, evidenced-based early childhood mental health consultation program to meet the social, emotional needs of infants, toddlers, and preschoolers.
- Builds the capacity of families, providers and systems to prevent and treat social & emotional issues.

Early Childhood Parents in Partnership: Charlie Slaughter

- Provides in-home and community-based support and intervention to strengthen parenting practices in high-risk families.

DCF Supportive Housing for Families (SHF) Kim Somaroo-Rodriquez

- Provides housing assistance and intensive case management services to DCF families who are homeless or at risk of homelessness.
- SHF is designed for families with housing barriers that jeopardize the safety, permanency and well-being of their children.
- The program serves over 500 DCF families per year to prevent children from coming into foster care or to support reunification for families whose children are otherwise unable to leave foster care due to housing barriers.
- DCF was awarded a new \$5 million, 5-year grant from ACF to expand and enhance SHF services in September 2012.
- The new grant targets families with severe housing and child welfare needs in the Middletown, Willimantic, and Norwich areas (Region 3).
- The Intensive Supportive Housing for Families (ISHF) Project began in December 2013 and has received almost 100 referrals.
- The ISHF project will also continue over the next year to 1) evaluate the referral process and the target population, 2) examine triage and collaboration with all other service providers including housing authorities, 3) develop housing program curriculum, core skill sets and training and 4) monitor our progress toward systems change through establishment of the project advisory board.

DCF Homeless Youth Project- Start Program (Formally - Young Adult Supportive Housing Pilot - YASH): Kim Somaroo-Rodriquez

- The program serves young adults ages 18-23 that do not meet DCF re-entry criteria and are homeless or at risk of homelessness.
- The Start program is designed to help youth gain and maintain safe and stable housing by providing case management services, hands on assistance with obtaining basic needs, navigating systems, employment search and placement, education/vocational resources and financial literacy.
- The program is being expanded to include capacity for DCF and non-DCF involved youth and provide the case management and housing assistance as well as provide crisis response services, including; respite care, host homes, family mediation, and emergency services to any homeless youth in the Hartford area.

The Community Housing Employment Enrichment Resources (CHEER): Dan Ross

- This service was designed to meet the needs of the many DCF youth who are not yet prepared or suited for a Post Secondary Education experience and will assist youth who are committed abused and neglected and over the age of 18, with housing and living cost while working or attending a employment or career development program for up to 18 months or 21 years of age.

S-FIT (Short Term Family Intensive Treatment): Sarah Gibson

- This is a short term intensive program designed to preserve family based placement. This is a 14 day program serving youth and his/her family. We plan to roll out in the winter.

Wendy's Wonderful Kids: Siobhan Trotman

- We now have 60 slots for this curriculum based best practice in foster care adoption. This is no cost to DCF and is sponsored by the Dave Thomas Foundation for Adoption. We will use this service to recruit family based resources for youth who often wait the longest in our system-teenagers and youth with multiple challenges.