

Welcome to

BUILDING THE COMMUNITY PATHWAY: PART 2

THE TRAINING WILL BEGIN SHORTLY

While you're waiting...



Icebreaker Question (answer in the chat)

If you had to teach a class on one thing, what would you teach?



Survey & Certificate of Completion

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Before We Begin...

DURING



Access the presentation slides and resource sheet now! The links can be found in the chat.



This presentation is being recorded.

DURING



Review interactive features for today's session. Locate the controls on the toolbar at the bottom of your screen.

AFTER



Complete the survey at the end of this webinar to receive your Certificate of Attendance.



A follow-up email will be sent to all participants within 2 days.

Hi, We're CalTrin!

Who we are

- The California Training Institute
- Funded by the State of California, Dept. of Social Services, Office of Child Abuse Prevention (OCAP)
- We support child abuse prevention in California through professional development and extended learning.

Training Domains



Direct Service
Delivery Skills



Evidence-Based/
Evidence-Informed
Service Delivery



Management &
Leadership
Development



Trauma-Informed
Systems



This training was made possible with funding from the California Department of Social Services, Office of Child Abuse Prevention. Any opinions, findings, conclusions, and/or recommendations expressed are those of the CEBC /CalTrin and do not necessarily reflect the views of the California Department of Social Services.

THE CHILD, FAMILY, AND COMMUNITY WELL-BEING LEARNING SERIES



OUR INTENTION FOR THE LEARNING SERIES

- Create opportunities for Collaborative Counties to learn from subject matter experts and to engage one another about how to create a prevention infrastructure with shared responsibility and accountability among cross-sector partners, including the challenges and complexities of implementing / operationalizing their Comprehensive Prevention Plans
- Strengthen cross-sector relationships by learning together between County child welfare, juvenile justice and behavioral health, education, community-based service providers, family resource centers, local Child Abuse Prevention Council, tribal partners, and parents/youth with lived experience.
- Position Counties' to better examine and build their capacity and ability to effectively partner and engage with parents and youth with lived experience.
- Support Counties in measuring and decreasing racial disproportionality.
- Anchor service delivery systems in primary prevention and extend “downstream” from there, prioritizing resources in the most “upstream” way possible



THE CHILD, FAMILY, AND COMMUNITY WELL-BEING LEARNING SERIES

TODAY'S TOPIC:

BUILDING THE COMMUNITY PATHWAY: PART 2



THE CHILD, FAMILY, AND COMMUNITY WELL-BEING LEARNING SERIES

OUR PRESENTERS



KATHRYN ICENHOWER, PhD, LCSW
CEO, SHIELDS for Families
Co-Chair, Prevention and Early
Intervention Committee; California
FFPS Advisory Committee



NATALIE CRAVER
Deputy Director, Office of
Community Partnerships,
CaliforniaDC Child and Family Services
Agency



SHARON K. DAVIS, DSW, MSW
Director, Family and Community
Services, Connecticut Department
of Children and Families



KEN MYSOGLAND, MSW
Bureau Chief of External Affairs,
Connecticut Department of
Children and Families



KHUSH COOPER, MSW, PhD
President & CEO, Implematix
Adjunct Professor, UCLA





BUILDING COMMUNITY PATHWAYS TO SERVICES

A Refresher

BUILDING COMMUNITY PATHWAYS

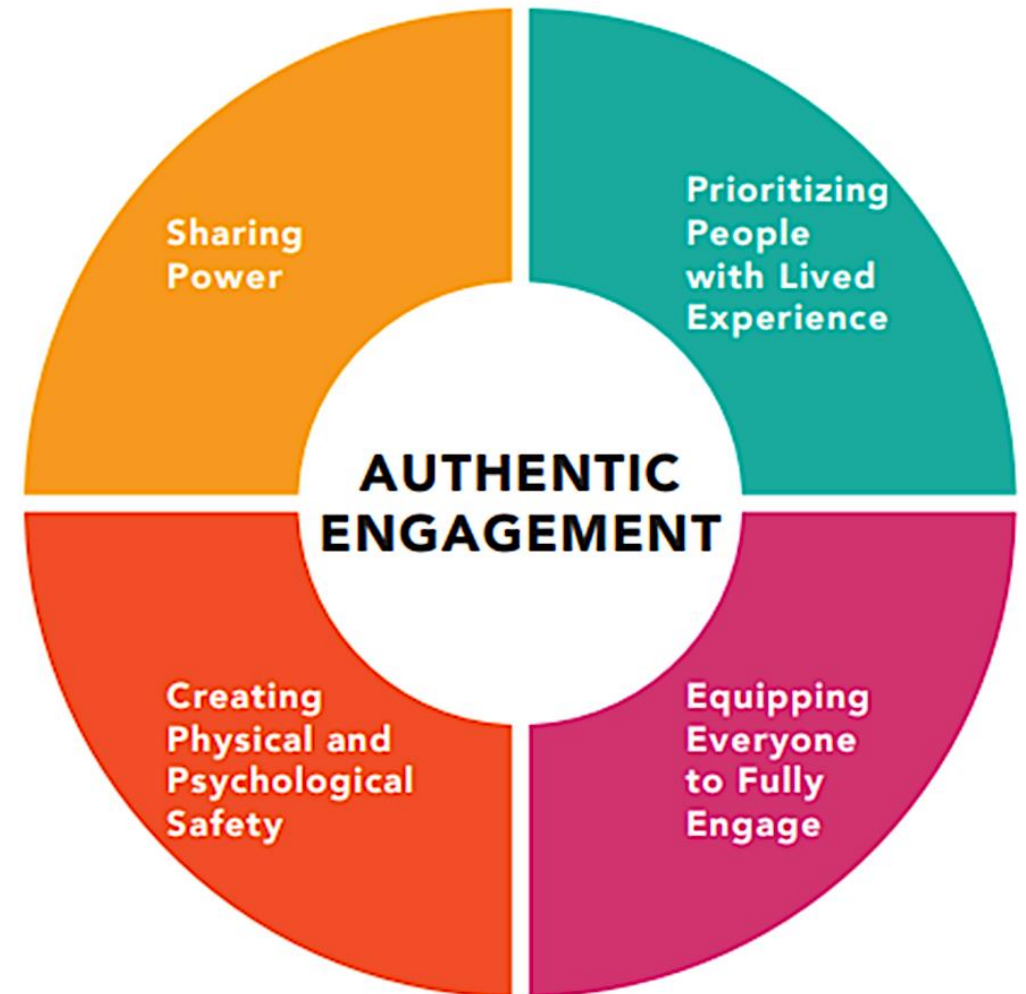
Community pathways provide children, parents and kin access to culturally relevant, local prevention services without direct involvement with CPS.

- FFPSA not the only **funding stream**
- Community pathways not the only **mechanism**
- This is **one important tool** in system transformation

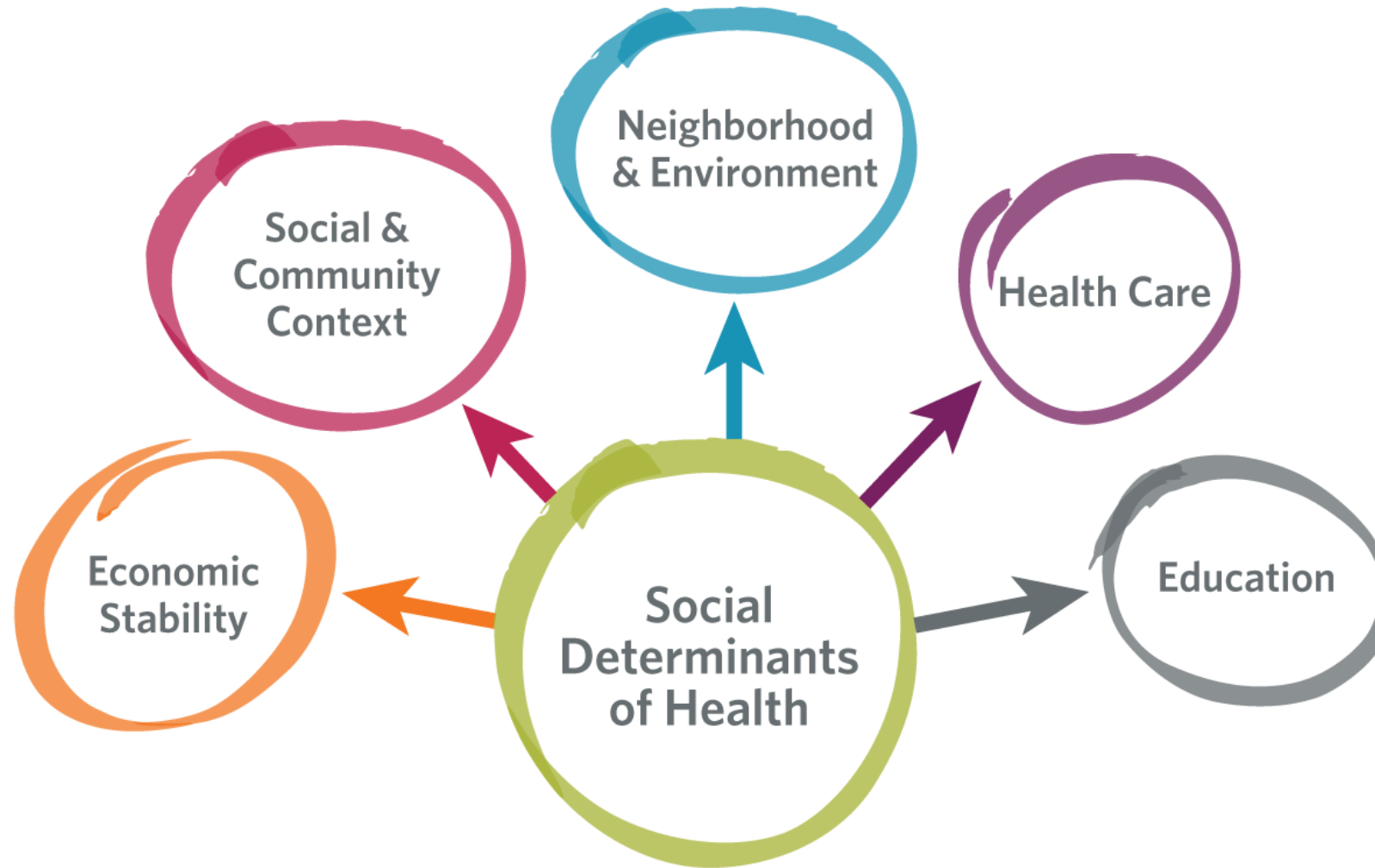


ENGAGE COMMUNITY

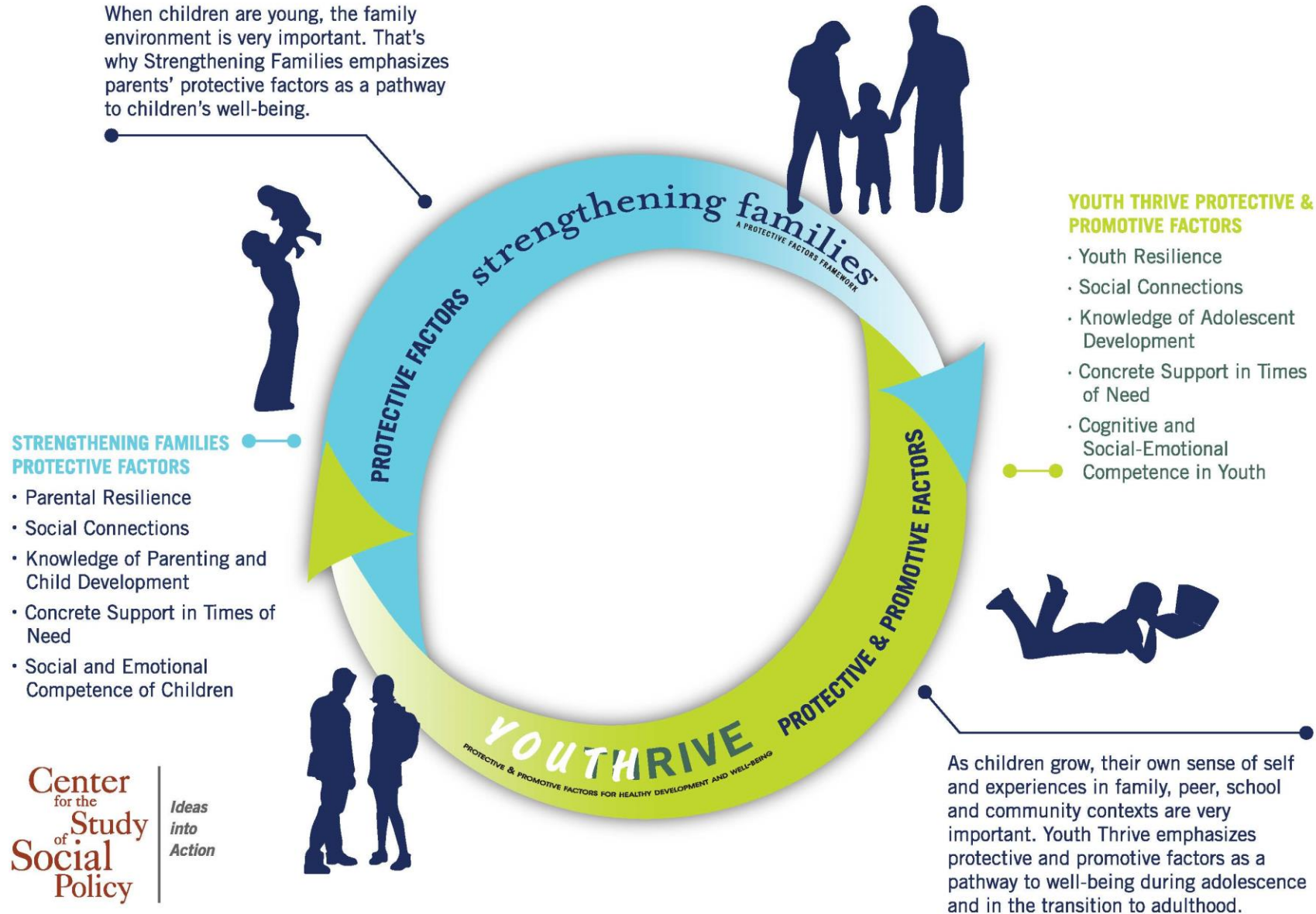
- Understand your communities
- Engage lived experts
 - In planning (CT)
 - In implementation (DC)
- Build capacity



BUILD A ROBUST ARRAY OF SERVICES



BUILD A ROBUST ARRAY OF SERVICES



OPERATIONALIZING A COMMUNITY PATHWAY?

A “community pathway” is 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:

1. Contracted community-based agencies (*e.g. family resource centers*)
2. Specific evidence-based prevention service providers (*e.g. home visitors*)
3. Non-child welfare public agency partners (*e.g. Departments of homelessness, behavioral health, public assistance, etc.*)



BENEFITS OF COMMUNITY PATHWAYS

Serves families **outside of the child welfare system**

Allows families to **voluntarily** receive prevention services by trusted providers in their community with no direct on-going child welfare involvement

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

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



FAMILY FIRST PREVENTION SERVICES ACT: KEY PREVENTION PROGRAM ACTIVITIES

- ❑ Identifying & **determining who is eligible** for prevention services approved in jurisdiction's IV-E Prevention Plan (*"candidates"*)
- ❑ **Developing & monitoring child-specific prevention plans** for each child determined to be eligible for Family First evidence-based practices (EBPs)
- ❑ **Referring & connecting** children and their families to Family First EBPs
- ❑ **Providing** Family First EBPs
- ❑ **Conducting ongoing risk & safety assessments** of children and families receiving Family First EBPs
- ❑ **Fidelity monitoring** of EBPs & continuous quality improvement (CQI) process
- ❑ **Data reporting** to federal government on each child who receives Family First EBPs



FEDERAL POLICY GUIDANCE RELEVANT TO COMMUNITY PATHWAYS

- 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 necessary information for the title IV-E agency or public agency/tribe under the agreement must determine candidacy.
- 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.
- 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 IV-E agency should consider potential practice implications related to family engagement and agency transparency with involved families when providing prevention services.



June 2023

CALIFORNIA CHILD WELFARE COUNCIL: PREVENTION AND EARLY INTERVENTION COMMITTEE

**RECOMMENDATIONS TO SHIFT TO COMMUNITY
SUPPORTING AND BUILD A COMMUNITY PATHWAY FOR
SUCCESS**



SETTING THE STAGE

The Child Welfare Council was created in legislation in 2006 in order to have a cross systems approach to building on strengths and addressing challenges in the child welfare system.

- The **Prevention and Early Intervention Committee** was implemented in 2007 as one of four standing committees with the charge of working on issues of **prevention and early intervention** and providing recommendations and guidance to the CWC.
- **Membership** includes 40+ individuals that are representative of diverse multi-sector, multi-stakeholder leaders from public systems and community partners, and individuals with lived expertise.
- **Work Products** have included the development of a Differential Response Framework, Finance Reform Framework, the Priority Access Project and Prevention Toolkits.



SETTING THE STAGE

PEI Has Been Building Toward This Moment

- Passage of FFPSA opened the door to family strengthening, providing the opportunity for the PEI Committee to push their agenda forward.
- January 2020: Request from CWC and Department of Social Services (CDSS) to provide initial recommendations on FFPSA (Part I) planning; Approved in September, 2020.
- November 2020: CWC requests detailed recommendations to guide FFPSA planning and implementation; Approved in January 2022.
- October 2021: CDSS requests PEI Co-Chairs to Co-Chair State's FFPSA Advisory Committee.



SETTING THE STAGE

PEI Committee: Leveraging the Momentum

- Request from CDSS for Recommendations for the Community Pathway.
- Recommendations for shifting from mandated reporting to community supporting, as made by The Citizens Review Panel report, and issue brief from Safe & Sound.
- Growing consensus that a Community Pathway is essential to reforming Mandated Reporter policies and practices.
- Unprecedented agreement that we must address the structural racism embedded in our child and family serving public systems, based on the data, which includes the oversurveillance at the front end, as well as all along the continuum.



COMMUNITY PATHWAY RECOMMENDATIONS

Approved by the CWC
March 13, 2023



RECOMMENDATIONS: CORE TENETS

California's vision for Child, Family and Community Well-Being, **centered on equity and social justice and respect for tribal sovereignty**, requires an approach that is dependent upon the successful implementation of a Comprehensive Prevention Plan (CPP) in each County.

The CPP must be **co-created with individuals, parents and families with lived expertise in order to build a Community Pathway** that is available for families to access culturally derived, appropriate, relevant and responsive services and supports, that are **located in their community, from organizations and community partners they know and trust.**

Success will only be realized if **current practices and policies regarding mandated reporting, and responses to child abuse and neglect allegations, are dramatically reformed.**



RECOMMENDATION 1: SHIFTING THE FOCUS

Implement a statewide Mandated Reporting to Community Supporting Task

Force By July 2023, the Task Force shall be implemented under the auspices of the Child Welfare Council with oversight by the PEI Committee and in partnership with CDSS. It will lead a coordinated statewide effort to reform the mandated reporting system in order to avoid child welfare system involvement for families that can be supported in the community.

Task Force goals are to provide guidance and actionable recommendations

regarding: 1) Legal and legislative reform, including setting limits on liability and narrowing the legal definition of neglect; 2) Redesign of mandated reporter training to shift the focus to child safety and address disproportionality, implicit bias and the consequences of over surveillance; 3) and policy and practice reforms necessary to implement the change.



RECOMMENDATION 2: ACCOUNTABILITY/OVERSIGHT

Community Pathways will only be successful if they are built by and for families in the community, with an intentional focus on communities impacted by disparities and disproportionately. Resources and supports must match the needs and assets of the community, be accessible and culturally responsive, and be available from community partners that families know and trust.

There needs to be planning AND oversight specific to the Community Pathway at both the State and County level, that incorporates youth and parents with lived expertise, community residents and community partners.

Therefore, we recommend a State Community Pathway Advisory Group be established as a subcommittee of the State FFPS Advisory Committee. Further, the State should encourage all Counties implementing a Community Pathway to implement and maintain an Advisory Committee or use an existing similar group to provide the accountability and oversight of services and outcomes achieved.



RECOMMENDATION 3: CONSISTENT DEFINITIONS

California should develop a statewide Community Pathway implementation framework that ensures access for all families regardless of FFPSA candidacy and/or eligibility.

While each county requires flexibility, **core components** are necessary statewide for achievement of the State's vision, inclusive of **consistent definitions and identified outcomes** that are informed by individuals with lived expertise, community residents, and community partners.

We recommend these core components include:

- No Wrong Door
- Build on and Integrates Existing Resources
- Defines the Roles of Public and Private Cross System Partners
- Equitable Access and Services
- Build on Community and Lived Expertise
- Supportive of the Protective Factors



RECOMMENDATION 4: FINANCING

Financing the Community Pathway requires identifying resources and funding that support an equitable continuum of care, knowing how to blend and braid that funding, and creating equitable procurement and claiming methods so ALL community partners can participate in Community Pathway delivery.

For Counties to implement equitable and accessible resources and supports, they must be intentional in their financial planning. To help counties be successful, the State must provide guidance and support, and assist with eliminating barriers.

We recommend:

- Counties conduct **Community Pathway Inventories** that focus on resources and funding unique to their communities.
- Every effort be made to **build on existing resources and services**.
- Incorporate **strategies that develop infrastructure and support sustainability**.
- Methods to access new funding incorporate **equitable procurement strategies** so non-traditional partners can participate.
- **Community Pathway Advisory Committees** advise decisions regarding reimbursement and funding allocations.
- **The State should provide clear definitions and guidance** on concepts that impact financial planning, such as “Payor of Last Resort” and “imminent risk.”



RECOMMENDATION 5: MEASURABLE OUTCOMES OF WELL-BEING AND ACCOUNTABILITY

In order to determine if the Community Pathway is effective and generating better results for families, there must be a mechanism to continuously determine if children and families are better off than they were.

In addition to required FFPS data, outcomes should include: (1) expanded access to community-based supports and services— formal and informal, (2) partnerships developed or enhanced amongst key community partners, (3) families getting access to what they want, when they want it and (4) impact of community-based service delivery (items 1-3) on child welfare involvement.

To do so, we recommend the State, and Counties implementing a Community Pathway:

- **Work in collaboration with the Community Pathway Advisory Committee** to develop key indicators of success that are informed by parents, youth and children with lived expertise and community residents.
- **Incorporate the voice of parents, youth and children** into the data collection process.
- **Ensure the ongoing review of data** to assess progress on outcomes, as well as adjustments and/or enhancements needed.



RECOMMENDATION 6: SERVICES & PRACTICES

Community Pathways should include evidence-based practices (EBPs), as well as primary and secondary services and supports that are reflective of, and tailored to, the needs and strengths of families and communities, as advised by stakeholders including those with lived expertise

Critical to this service array is: 1) support to counties and community partners to promote staff training and capacity building to successfully implement selected EBPs, 2) the integration and expansion of primary and secondary services and supports, and 3) cultivation and identification of community-defined best practices and culturally responsive EBPs for future inclusion in the state FFPSA plan.

To do this we recommend:

- The State support the **training and technical assistance** required to effectively deliver EBPs.
- Community Pathways include **services and supports that target the needs of all families**, with emphasis on building the service capacity of grassroots partners.
- The State use Community Pathway success indicators to identify **evidence for community-defined evidence-based practices** for future inclusion in the FFPSA plan.
- State level training and technical assistance **continue to support and coordinate FFPS services**.



RECOMMENDATION 7: TRAINING & TECHNICAL ASSISTANCE

The State should provide training and technical assistance (TA) to counties specific to Community Pathways and in support of implementation of ALL the recommendations stated in this package.

Any technical assistance provided should also be available to community partners and community members involved in planning and development.

To do so, we recommend the State:

- **Accessible Training and TA Infrastructure:** Develop a central training and TA support infrastructure, accessible to public systems, community partners, Tribal Families, and individuals with lived expertise.
- **Usability:** Ensure that training and TA recognize and address the need for varied audiences/users to interact with, learn from, and develop capacity together.
- **Vendor Selection:** Utilize an advisory process that intentionally leverages the expertise of the State's Community Pathway Advisory Committee.
- **Alignment of Training and TA Content with FFPS Vision:** Prioritize existing strategies that promote integrated systems and service approaches.
- **Oversight and Accountability:** Utilize the State's FFPS Community Pathway Advisory Committee to guide development and oversight of these strategies.



NEXT STEPS

SINCE APPROVAL OF RECOMMENDATIONS:

- **Co-Chairs identified for Mandated Reporting to Community Supporting Task Force.** Working group has been meeting weekly to develop Charter and plan for implementation including utilizing focus groups, Key Informant Interviews to gather data.
- **CDSS is finalizing Community Pathway Work Plan to ensure implementation aligned with approved Recommendations.**
- **CDSS is re-instituting the State FFPS Advisory Committee with PEI Co-Chairs as partners in development and agenda setting.**
- **PEI Committee is assisting with CDSS' Work Plan implementation with a specific focus on dissemination and finance.**



Connecticut Department of Children and Families

COMMUNITY PATHWAY OVERVIEW



CONNECTICUT DCF COMMUNITY PATHWAY CANDIDACY POPULATION

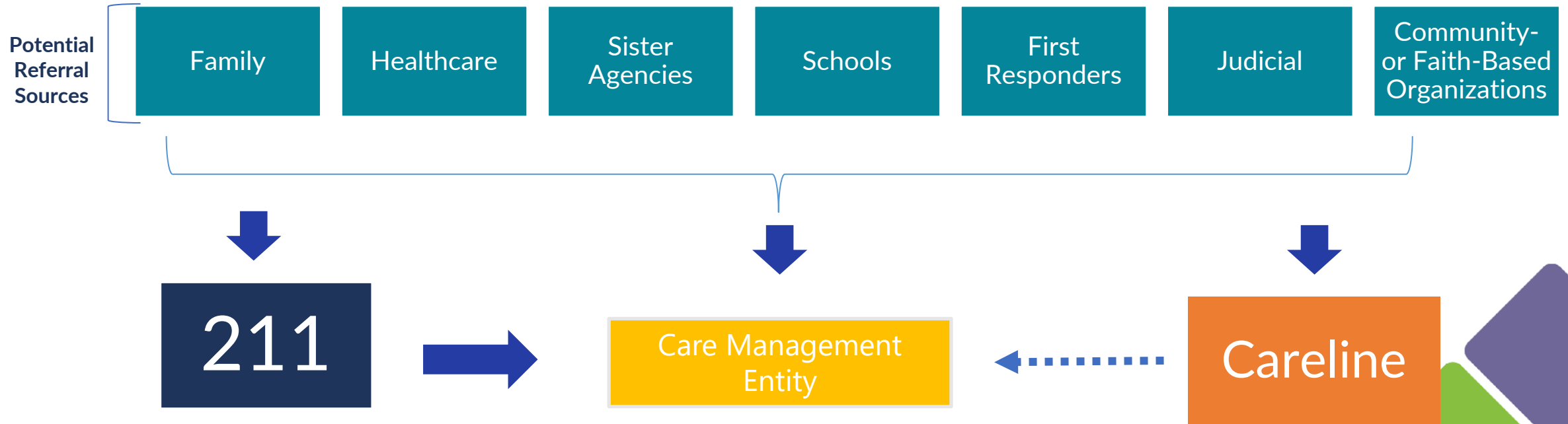
Families with children experiencing behaviors, conditions, or circumstances that are likely to have adverse impacts on a child's development or functioning, but do not present immediate safety concerns.

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



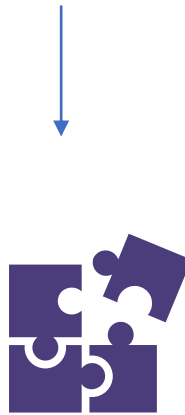
NEW ROLES FOR DEPARTMENT OF CHILDREN AND FAMILIES

CARE MANAGEMENT
ENTITY

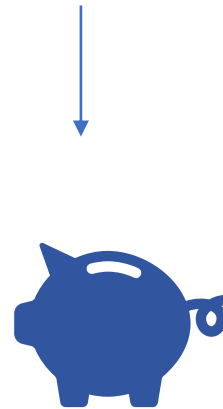


FAMILY ENGAGEMENT &
CARE COORDINATION

DEPARTMENT OF CHILDREN AND FAMILIES



PARTNER

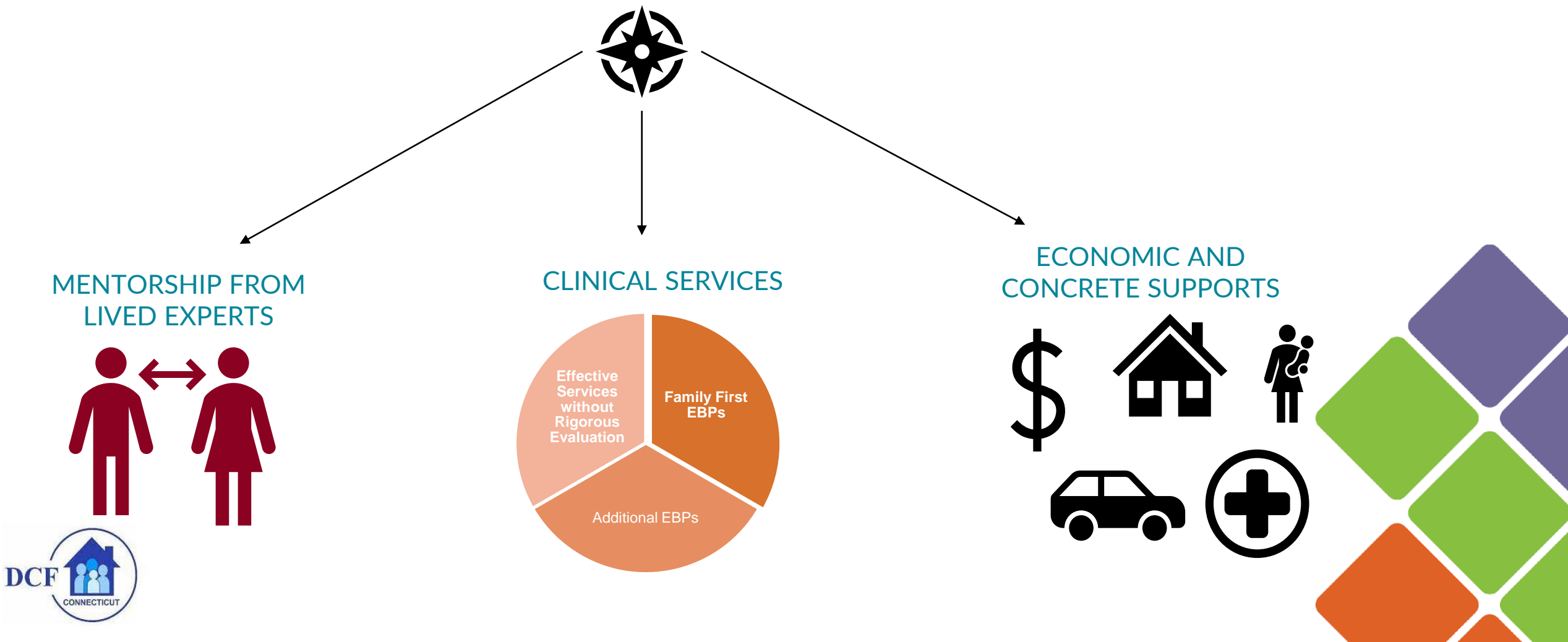


FUNDER



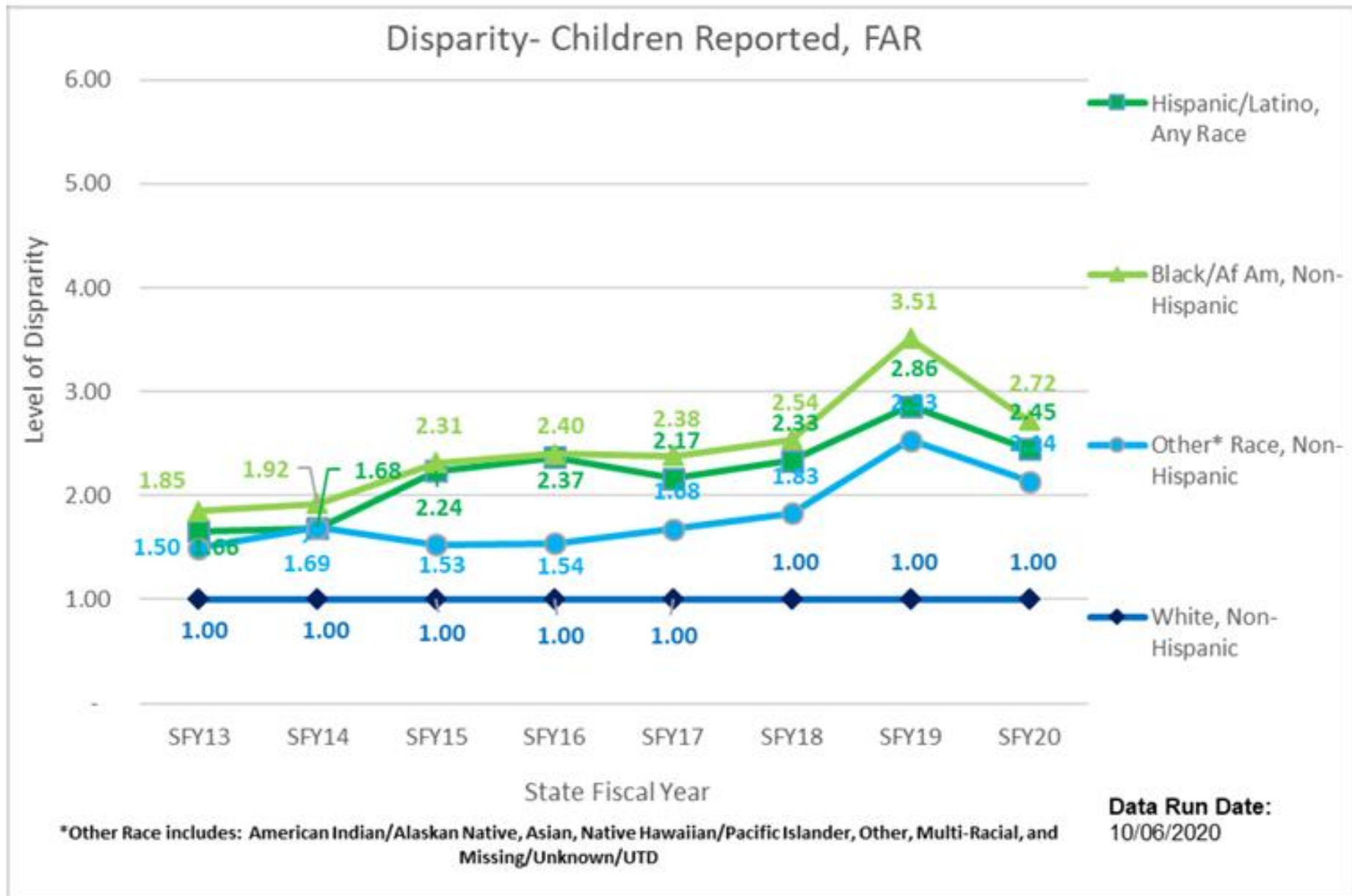
GOAL: NAVIGATE FAMILIES TO WHAT THEY NEED

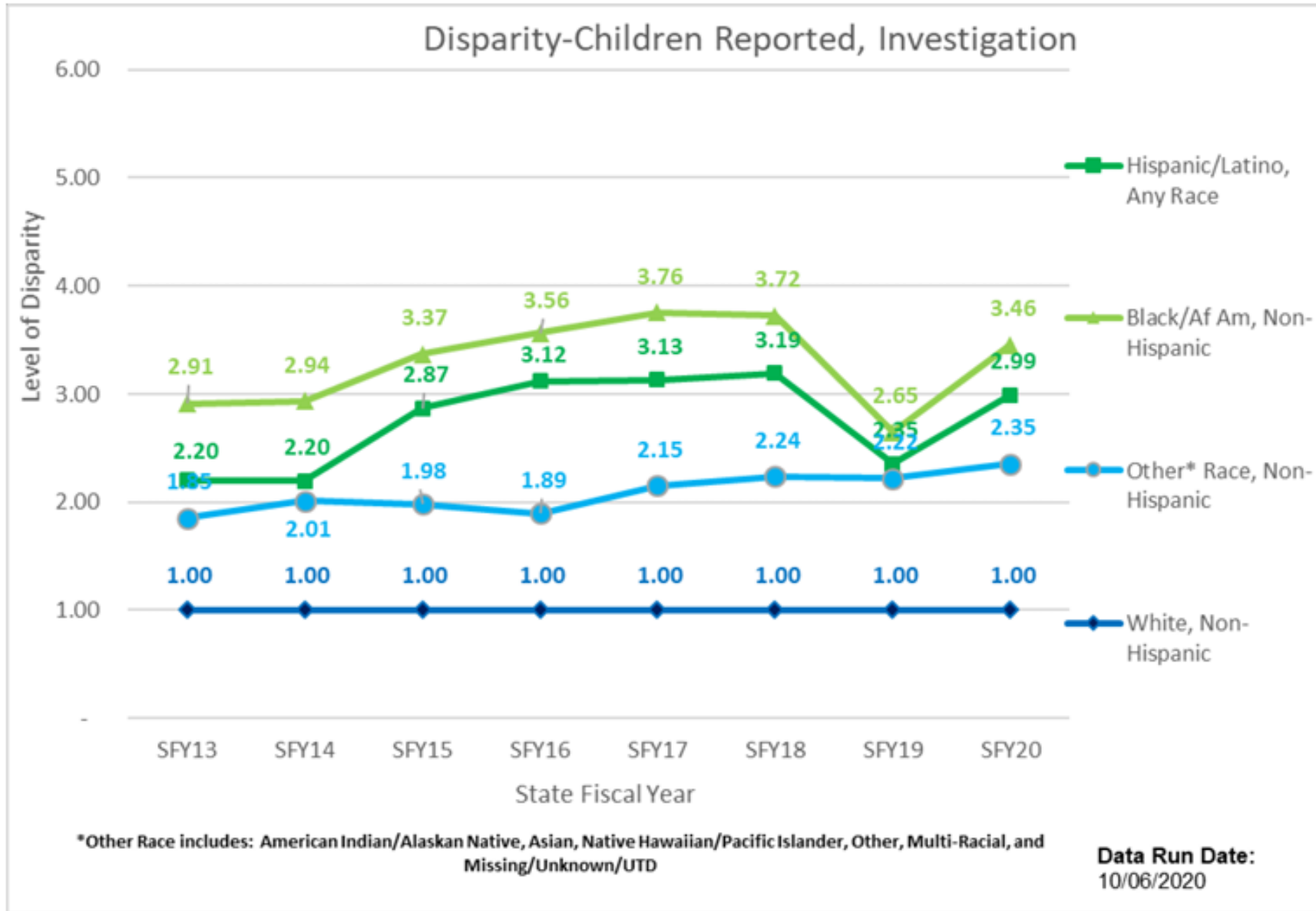
CONNECTICUT COMMUNITY PATHWAY



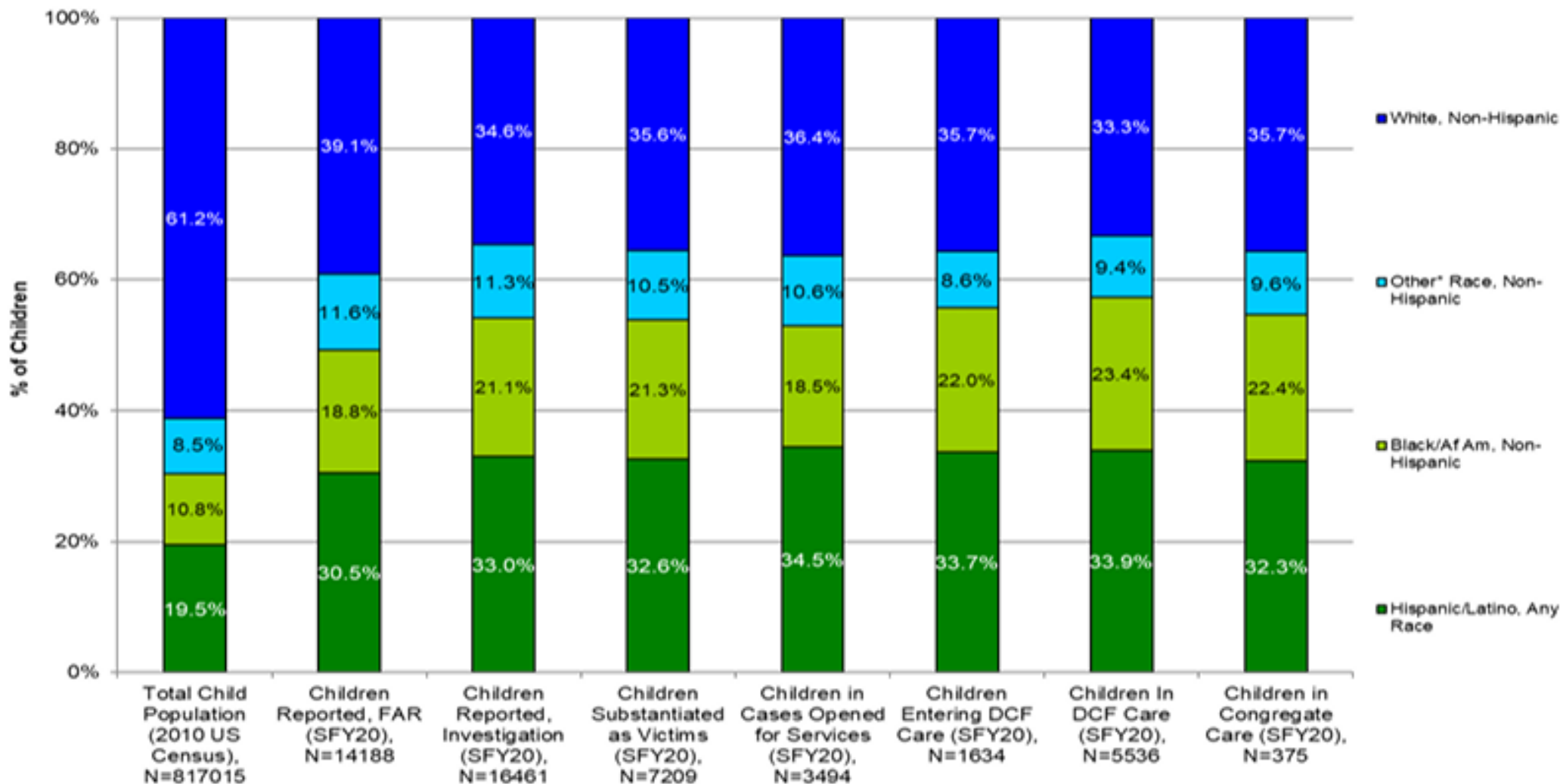
COMMUNITY PATHWAYS TO ADDRESS RACIAL DISPARITIES







Racial/Ethnic Disproportionality Across The CT Child Protection System SFY20: STATEWIDE



*Other Race includes: American Indian/Alaskan Native, Asian, Native Hawaiian/Pacific Islander, Other, Multi-Racial, and Data Run Date:



OUTREACH

Distributed flyers to internal staff &
700+ Community partners



LOGISTICS

3x
90 min
virtual meetings



PARTICIPATION

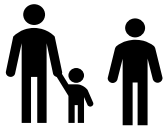


100+ Families registered
44 Families participated

ENGAGED LIVED EXPERTS



KEY ANTICIPATED PARTNERS



Connecticut Office
of Early Childhood



CONNECTICUT SCHOOLS – INITIAL PARTNERS

In 2019 Connecticut schools were responsible for **10,821** calls to the Careline, **87%** of those calls were unsubstantiated.

“Careline workers spend a significant fraction of their time advising school personnel about other options – including non-profits or community-based services that offer housing assistance, counseling, food, clothes or special education resources.”

*- Lisa Daymonde, Director of Careline Operations
Department of Children and Families*

Waterbury Pilot: The department has started placing family support liaisons in the Waterbury district to help guide the Careline reporting process.

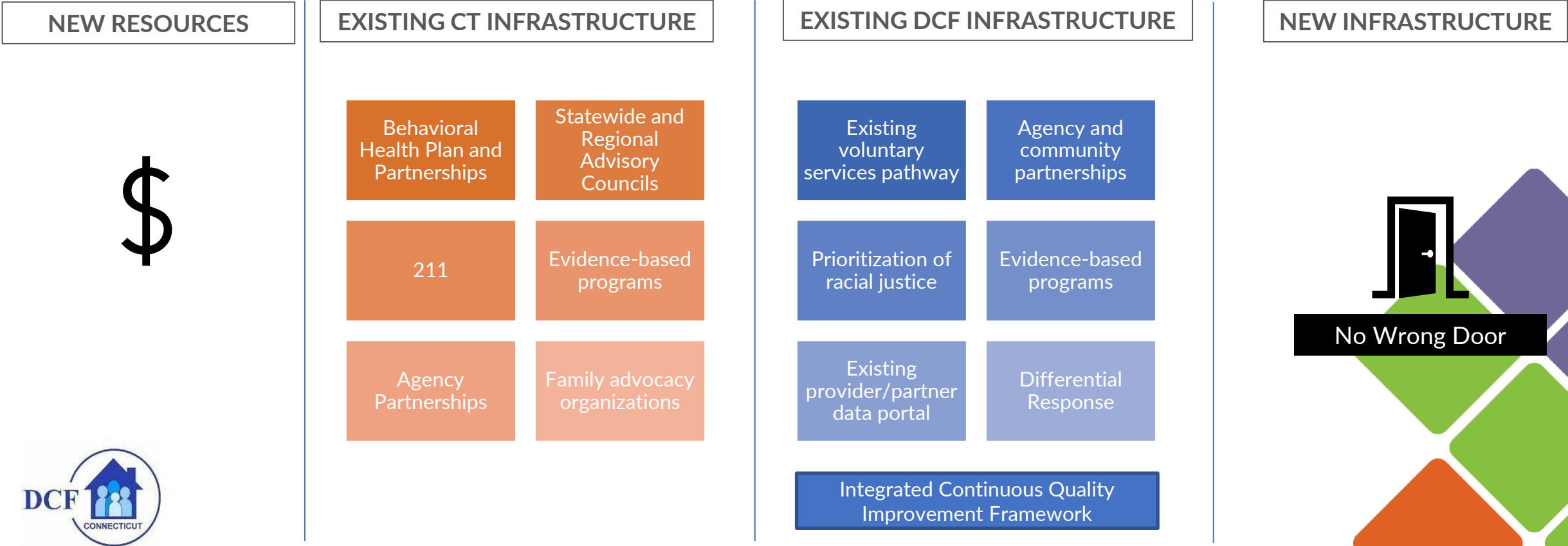


EXISTING RESOURCES



INFRASTRUCTURE, PARTNERSHIP & 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.



CARE MANAGEMENT ENTITY FOOTPRINT IN CONNECTICUT

*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.



INTERNAL INSTALLATION ACTIVITIES



Identifying
Community
Partner



Building Data
and IT
Infrastructure



Modifying
Claiming
Infrastructure



Developing
Child-Specific
Prevention
Plan



Practice and
Policy
Alignment



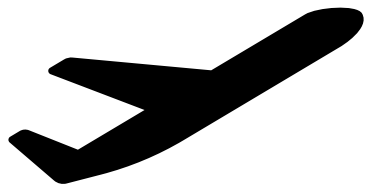
Developing
Workforce
Supports



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



THANK YOU



DC's FFPSA Community Pathways: Implementation & Lessons Learned

**Natalie Craver, Deputy Director, Office of Community
Partnerships, CFSA**

June 21, 2023

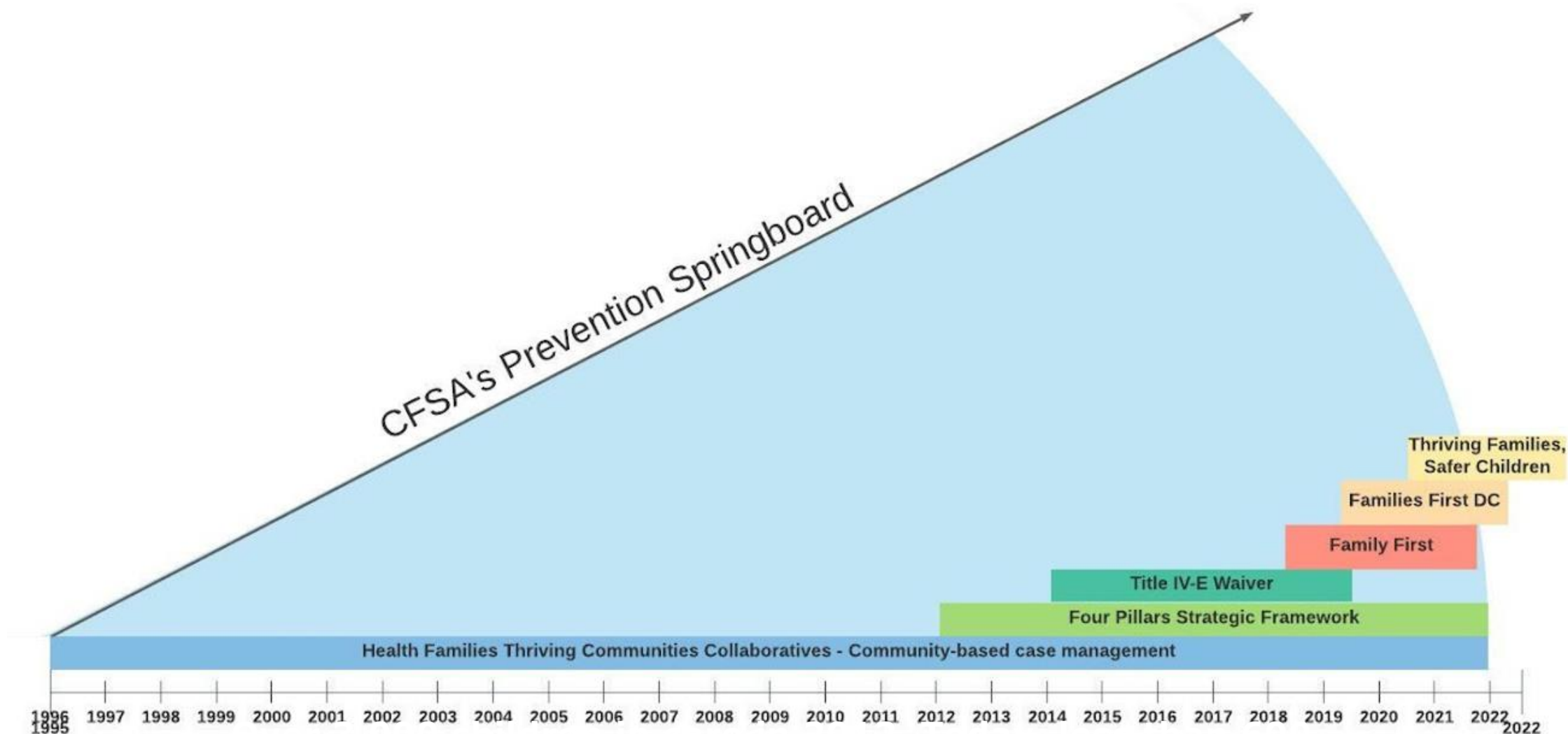


DISTRICT OF COLUMBIA CHILD WELFARE CHARACTERISTICS

- Both local and state functions within CFSA
- Partially privatized
- Have always supported youth in care to age 21
- All CFSA social workers are MSWs with licenses
- Strong array of services and best practices (Medicaid, MIECHV)
- Relationships are key. CFSA is the agency. Numerous partners make up the system.
- Contract for preventative community-based case management services
 - Healthy Families, Thriving Communities Collaboratives (5 CBOs) - serve approx. 1,000 families annually.



HISTORY OF PREVENTION AS A KEY PRIORITY



HEALTHY FAMILIES, THRIVING COMMUNITIES COLLABORATIVES

- Nearly 30-year relationship between CFSA and the Collaboratives.
- Each Collaborative is based in specific wards/neighborhoods of DC and focused on the needs of that community and its residents.
- The Collaboratives' vision is to develop and sustain a seamless network of community partners throughout the District of Columbia that work to build strong families and supportive communities in which children, youth, and adults can safely and productively reside and thrive.

Five Collaboratives operating in DC:

Columbia Heights/Shaw Family Support Collaborative
East River Family Strengthening Collaborative
Edgewood/Brookland Family Support Collaborative
Far Southeast Family Strengthening Collaborative
Georgia Avenue Family Support Collaborative



Where Community and Family Come First

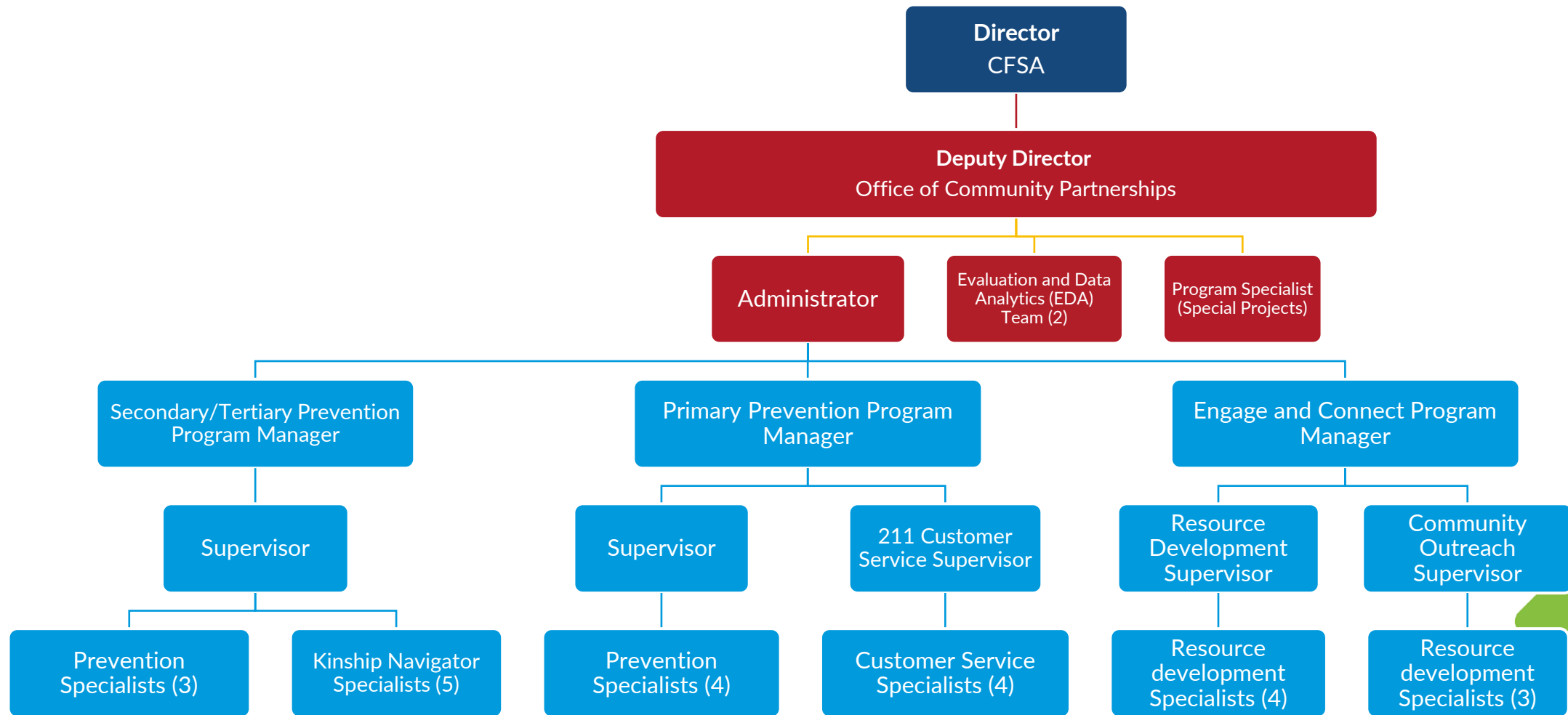


FAMILIES FIRST DC (FFDC)

- CFSA's Families Success Centers (FSCs) are part of the Families First DC initiative, focused on strengthening families in targeted neighborhoods.
- The centers serve three-quarters of the children and families in those neighborhoods.
- The FSC's locations were chosen based on social determinants of health, violence prevention priorities, and reports of child abuse and neglect.
- Programs at the Centers include nutrition workshops, professional development training, stress management, and parenting classes.



CFSA'S OFFICE OF COMMUNITY PARTNERSHIPS



LESSONS LEARNED/PRINCIPALS FOR SUCCESS

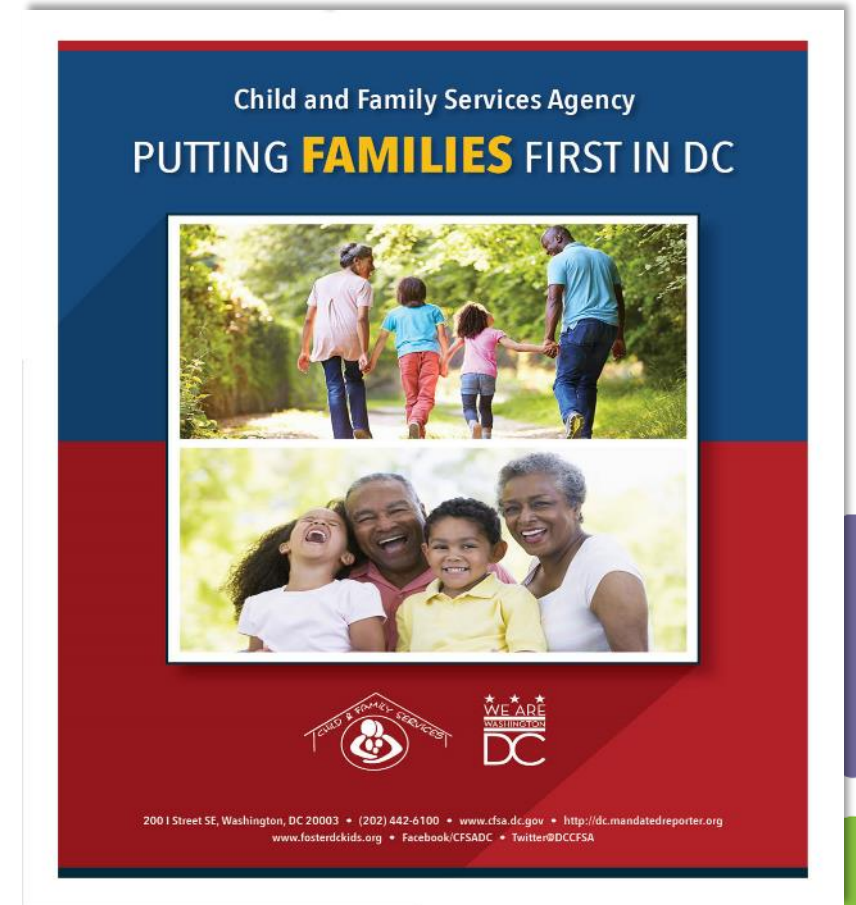
- Vision big, start small (phases)
 - Short Term: leadership commitment and dedicated resources
 - Long Term: bake Family First into day-to-day business (not an initiative)
- Pick the low-hanging fruit (capitalize on existing infrastructure)
- Keep Family First “administrative” - improve service access and delivery
- Minimize impact on workforce and families
- Social Workers/direct-service professionals are NOT service experts (Service Navigation)
- Engage individuals and families with lived expertise



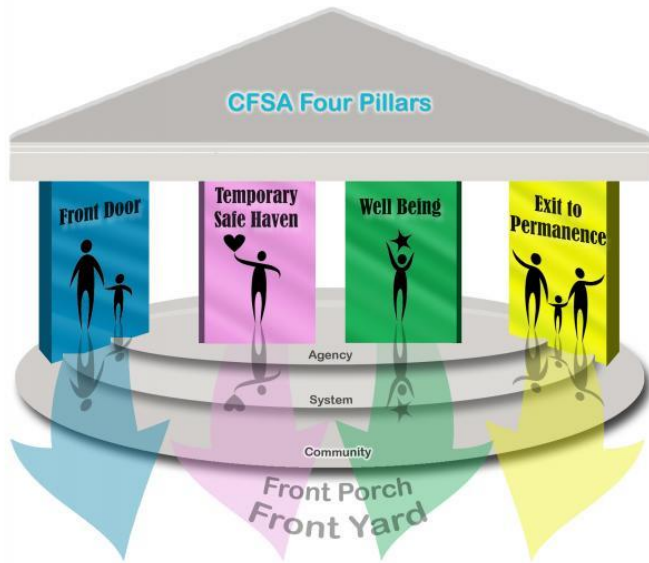
DC'S FAMILY FIRST PREVENTION PLAN

Our plan takes a comprehensive approach – highlighting primary, secondary, and tertiary prevention strategies, even where NOT FFPSA funded.

- ✓ Legislation: February 2018
- ✓ Plan developed: June 2018 – April 2019 (10 months)
- ✓ Plan submitted: April 2019
- ✓ Plan approved: October 2019 (PAT)
- ✓ Plan amendment 1: July 2020 (MI)
- ✓ Plan approved: September 2020
- ✓ Began Claiming: March 2021 (MI)
- ✓ Plan amendment 2: January 2023 (community pathway)
Currently working with CB toward approval....



DC'S TARGET POPULATIONS (CANDIDATES)



Front Porch (3)

- 1) Children served through the Healthy Families/Thriving Communities Collaboratives (the Collaboratives) following a CPS investigation or closed CFSA case.
- 2) Children who have exited foster care through reunification, guardianship, or adoptions and may be at risk of re-entry
- 3) Children born to mothers with a positive toxicology screening

Front Door (4)

- 1) Children served through CFSA's In-Home Services program, which offers intensive case management and service referrals to families
- 2) Pregnant or parenting youth in/recently exited foster care with eligibility for services ending at age 21
- 3) Children of pregnant or parenting youth in/recently exited foster care (non-ward children) with eligibility for services ending five years after exiting foster care
- 4) Siblings of children in foster care who reside at home and have assessed safety concerns

DC'S EVIDENCE BASED PRACTICES (EBPS)

Services Listed in Plan

- Parents As Teachers (PAT)
- Healthy Families America (HFA)
- Chicago Parenting Program (CPP)
- Effective Black Parenting Program (EBPP)
- ACT: Raising Safe Kids
- YVLifeset
- Transition to Independence (TIP)
- Project Connect
- Recovery Coaches (CCAR)
- Adolescent Community Reinforcement Approach (ACRA)
- Multi-Systemic Therapy (MST)
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Functional Family Therapy (FFT)
- Parent-Child Interaction Therapy (PCIT)
- Parents Anonymous
- Motivational Interviewing (MI)
- Mobile Stabilization Services (MSS)
- Certified Peer Specialists
- Family Peer Coaches – Strengthening Families, Coping Resources
- CASE – Center for Adoption Support and Education
- Adoptions Together
- TASP: The Association for Successful Parenting
- Nurturing Parent Program (NPP)

✓ Services Approved in Plan

- ✓ Parents As Teachers
- ✓ Motivational Interviewing



MOTIVATIONAL INTERVIEWING

MI is a skill that case managers can draw on to:

- Better partner with families to set goals within the child specific prevention plan,
- Make a plan to reach those goals, and
- Boost motivation and internal resolve to follow-through.



THE OPPORTUNITY OF FAMILY FIRST IN THE DISTRICT

DC's approved Title IV-E Prevention Plan:

- Has an **approved community pathway for secondary prevention**-families who have been identified through an investigation or open case but can be served in their communities.
- Allows for Motivational Interviewing (MI) to be provided by CFSA staff and community-based providers as a cross-cutting, evidence-based case management model, allowing 50% reimbursement of costs.
- Currently, CFSA is claiming for MI as a case management service for its In Home social work units and the Collaboratives (community-based case management providers).



CURRENT TITLE IV-E CLAIMING ACTIVITIES

CFSA In Home Cases

Cost of Service
Delivery Determined
through Random
Moment Time Study

MI provider is the
Agency social
workers assigned to
the In-Home case.

Per-child/per-month
rate

Collaboratives

Cost of Service
Delivery Determined
through semi-annual
2-week time study

MI provider is the
family support
worker assigned to
the family

Per-child/per-month
rate



COMMUNITY PATHWAY COLLABORATIVES:

CFSA

- Call comes into the CPS Hotline
- Investigation or closed case referred to the Collaborative for ongoing support.
- Prevention Plan created as part of case transfer process.

Collaborative

- Collaboratives receive cases electronically via CFSA Community Portal
- Collaborative manage Prevention Plans and are responsible for safety and risk assessment/monitoring.

CFSA Prevention
Specialist

- Support Collaboratives as needed
- Determine eligibility on an annual basis.
- If safety concerns, calls to CPS Hotline – not pathway back to CFSA.



STAFF TRAINING

All CFSA and Collaborative case-carrying received training covering:

- New steps to document and manage prevention plans in FACES.net (CFSA's system of record)
- Motivational Interviewing
- Ongoing trainings and brown-bag session to learn about array of city-wide prevention services and monitoring/assessing for safety and risk.



TECHNOLOGY ENHANCEMENTS

CFSA Community

Help Desk 202-434-0009

Bill Cargo

Home

My CFSA Cases

Prevention Services

My Alerts

Help

Log Out

My CFSA Cases

Prevention Services

My Alerts

Service Tracking

Status: Referral In-progress

1

Confirm Capacity

Completed on Sep 30, 2019

UPDATE

2

Gather Information

Completed on Oct 01, 2019

UPDATE

3

Enroll in Prevention Service

Completed on Oct 02, 2019

UPDATE

4

Start Service

Started on Oct 03, 2019

UPDATE

5

End Service

Ended on Oct 04, 2019

UPDATE

View Reason

DENY REFERRAL

PLACE ON WAITING LIST

Notes by Service Provider

IT designed intuitive and easy to use interfaces.

CHILD & FAMILY SERVICES

WE ARE WASHINGTON DC

MOTIVATIONAL INTERVIEWING: TRAINING AND FIDELITY



LYSSN MOTIVATIONAL INTERVIEWING TRAINING

Lyssn Artificial Intelligence (AI) is a unique assessment platform which accurately assesses the use of evidence-based practices such as Motivational Interviewing and Cognitive Behavioral Therapy. With more than 54 metrics on everything from expressed empathy to open-ended questions to engagement and more, Lyssn AI will help CFSA's clinicians hone their skills, as well as better support staff, and programs overall, thus improving family satisfaction and outcomes.

Lyssn provides the opportunity to enhance our motivational interviewing skills through five (5) Motivational Interviewing Skills Modules for four individual characters. These modules focus on:

Ambivalence
and Listening
Statements

Existing
Motivation
and Exploring
Questoins

Identifying
Change Talk
and Lifting
Language

Refraining
from Anti-MI
Approaches

Identifying
Strengths



- In September 2022 CFSA adopted LYSSN as its MI training platform and fidelity monitoring tool
- By December 2022, 97 of all 213 designated workers and supervisors completed the LYSSN training (45%).
- FY23: Fidelity requirements baked into Performance Plans.

CHARACTER SESSIONS & DEADLINES

By the end of each quarter, CFSA Entry Services, CFSA OYE Generations Unit, and Collaborative Staff will complete all five skill modules available in Lyssn for the specific virtual client assigned per quarter.



GABRIELLA
DECEMBER 31, 2022



RYAN
MARCH 31, 2023



JEANETTE
JUNE 30, 2023



MIGUEL
SEPTEMBER 30, 2023

MOTIVATIONAL INTERVIEWING: TRAINING AND FIDELITY



NOW: ADDING A FRONT YARD TARGET POPULATION (CANDIDATES)

Front Yard

- 1) Families identified as experiencing homelessness or at risk of homelessness by the Department of Human Services' Virginia Williams Family Resource Center

Front Porch

- 1) Children served through the Healthy Families/Thriving Communities Collaboratives (the Collaboratives) following a CPS investigation or closed CFSA case.
- 2) Children who have exited foster care through reunification, guardianship, or adoptions and may be at risk of re-entry
- 3) Children born to mothers with a positive toxicology screening

Front Door

- 1) Children served through CFSA's In-Home Services program, which offers intensive case management and service referrals to families
- 2) Pregnant or parenting youth in/recently exited foster care with eligibility for services ending at age 21
- 3) Children of pregnant or parenting youth in/recently exited foster care (non-ward children) with eligibility for services ending five years after exiting foster care
- 4) Siblings of children in foster care who reside at home and have assessed safety concerns

FAMILY FIRST PREVENTION PLAN AMENDMENT

The District's Unique Opportunity



PHASE 1: IMPLEMENTATION CONSIDERATIONS

Capitalize on existing infrastructure

- DC's Homeless Services Continuum of Care (CoC) has an existing assessment tool to support candidacy determination.
- Leverage existing system of record for as much data collection/prevention planning as possible.

Concerns about federal reporting are a key consideration for implementation and maintaining trust within our community.



DC'S HOMELESS SERVICES CONTINUUM



FAMILY FIRST PREVENTION PLAN AMENDMENT #2

This change enables us to:

Develop our Child and Family Well-Being System – coordination with health and human services agencies.

Enhance training for homeless services providers (Motivational Interviewing)

Streamline case management requirements / providers working with families

Draw down federal dollars to support families in their communities.



THANK YOU



QUESTIONS & DISCUSSION



Thanks for joining us!

WHAT'S NEXT?

- Survey and certificate in the chat now
- Register for *Building a Trauma-Focused Service Delivery System*
- Recording and resources available within two days
- Watch your inbox for the next issue of *CalTrin Connect*



STAY CONNECTED FOR MORE FREE TRAINING & RESOURCES!



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