**Statewide Provider Meeting**
**Breakout Session Notes**

**April 8, 2015**
**Central Connecticut State University**

## REGION 1

**What service gaps exist in our region?**

- Need for services for older population of kids similar to some of the models we have for younger; extended day, IOP, substance abuse.—We used to have the Right Track Program through Hallbrook Hospita(now St Vincents) in Westport. Staff really liked it.
- A drop in center—for the older population of kids.
- Need psychiatric services
- Build up of in home services for clients as there are waitlists(MDFT, child first, ICAPS)-Our CPA is almost at capacity.
- After care services for kids.-Expand Care coordination-Systems of Care
- Housing is an issue for our region-need more supportive housing vouchers
- Understanding of each other's roles, relationships and tasks in working with families. Need more communication around this area. Maybe some cross training opportunities.

**What existing services should we consider expanding?**

- Support groups for families held in the community-go where the family is
- Facilitate a parent group and a kid group at the same time.
- Is there a way to share cost as reimbursement is an issue as you can bill for the child's participation in a group but you can't for the parent group particularly if it occurs at the same time.
- What would a continuum of care look like

**What existing services, if any have excess capacity?**

- We need to all look at areas that we have capacity and think differently about the needs of families and how we can use that capacity to change a service. Domus used themselves as an example when they explained that they have two pass group homes and are trying to reinvent themselves.
- Another example was the Respite program and how we use that. All agreed we need to take a closer look at our services to see if they are meeting our family's needs.

**What language needs are unmet by the service array in the region? Are there specific services where bilingual staff and/or interpreters would be helpful?**

- All agreed Spanish speaking staff/services are needed.
- Additional funding for translation would be helpful.
- Identify other populations where there is a need(Creole Speaking, Polish and Asian).

## REGION 2

**Service gaps and challenges in the region identified by providers:**

- Serving children with high end acute Mental Health needs
- "Work to Learn" service identified as having low referrals
- Low # of Residential programs for children
- Community Mental Health Clinics overwhelmed with servicing children who are returning to the community from congregate care
- Extended day Treatment requires longer time frames to treat children
- Group Home capacity to maintain safety for youth particularly as it relates to girls becoming victims of sex trafficking
- IICAPS capacity
- Not enough non-traditional therapies for children
- Need for more TFC capacity
- Communication amongst providers re: new initaitives, programing and changes to services

**Discussion points towards solutions:**

- Development of a structured communication system utilizing the RAC and Systems of Care to disseminate information to Region stakeholders regarding initiatives, programing and service changes.
- Improve the linkages of children to supports within the community.
- Increase utilization of mentoring and non-traditional treatments for youth.
- Improve the bridging of services to the community particularly residential outreach to the community prior to discharge.
- The need to stay the course with decreasing reliance on Congregate Care and focusing on ensuring children and youth receive services and live within their families and communities.

## REGION 3

**GAPS**

- Transportation – significant barrier
- Foster care for adolescents with complex mental health needs
- Stronger connection to support prenatal- infancy work
- Step down support including parenting supports, school supports and trauma focused treatment.
- Supportive Housing to support Independent Living
- more connected system prenatally to post natally (D Grant)
- transitional youth services (D Grant)
    - for JJ pop (Access agency), SWEP, TLAP, etc.
- foster care for adoelscents (Salvo, GCS)
- Services to support family arrangements (and long enough 6 months). And for guardianships (Wendy r) - CST ends/ and AAP
    - IFP referral
- Lack of step down services for adolescent services
    - independent living supports (kids move out of region once at this stage) - Salvo
- Adolescents with substance abuse services (MST/ access)
- transportation
    - system barriers to provide this service are profound

**Barriers with Credentialed Services (Sierra)**

- No payment for working family system/ e.g. going to PPT meetings; meet with behaviorist
- length of time it takes to get someone credentialed
- need a tracking system to view where in the process applicaitons are
- how we access these services: relationship-based services

How can credentialed providers rate self/ highlight outcomes, etc.

Services to autism/DD (*ASI)

**Existing Services to Expand?**

- Child Guidance Clinics are overwhelmed; capacity is limited and demand is growing (Ashley S; C&F)
- Child FIRST (30 waitlist NL; 15 in Northeast)
- Circle of Security Parenting groups
- Child/Parent psychotherapy trained clinicians in CGCs
- Expand PHP or IOP or expand frequency allowance in CGC
- Expand capacity for IFP specific for family arrangements

- Greater access to services to support post guardianship – # of providers is limited and capacity of PPSP and AAP. Regarding AAP the issues is the current cap on lifetime hours
- Child First – always a waitlist
- Child Guidance Clinics – increased capacity
- Child Guidance Clinics – workforce development – trained in Child Parent Psychotherapy
- In home models for Adolescent SU ie: MST/MDFT – for JJ and CPS
- IOP/PHP and/or greater flexibility with Child Guidance Clinics to see kids where appropriate more frequently
- Process issues include:
    - Challenges around getting credentialed
    - What is reimburseable and what isn't. For example- a behavioral plan is developed and implemented – payment is available for those activities but attendance and involvement at the schools around the plan are not reimbursed
    - Access to credentialed services are relationship based and often absent data about what works and what doesn't
    - ABH – do provider or can providers have access to information about how they are rated?
- TSS beyond the 6 month timeline to support kids on waitlists for other services – particularly those with ASD
- Parent support programs. Consider revisiting the effectiveness of the parent project that has a number of barriers impacting involvement and completion including transportation and # of sessions.

**What services, if any, have excess capacity?**

- One to One mentoring
- Community Based Life Skills
- HART – currently slow around implementation
- ACRA – access in Norwich

*NOTE: some services were noted as a need and with excess capacity. Ultimately the group agreed there would be tremendous benefit in increased and improved communication strategies so providers in addition to DCF staff have a better sense of the service array in each community. Credentialed providers in particular felt there is a lot happening they are not aware of and could adjust service delivery based on new initiative and practice changes.

**What language needs are unmet by the service array in the region? Are there specific services where bilingual staff and/or interpreters would be helpful?**

- Lack of Spanish speaking staff in Windham and New London

## REGION 4

1. **What service gaps exist in our region?**
    - After School programs adolescents particularly JJ population
    - Adol SA treatment – IOP and Inpatient
    - Services for youth to support transition from DCF to DMHAS when youth are not "cooperative" with transition
    - Case management for youth who transition into the community with high acuity level
    - Fatherhood engagement services
    - Services for victims of Human Trafficking both homes and services in the community
    - Services for transgender youth
    - Triple P does not meet the needs of all clients who need parenting skills. Model is limiting.

2. **What existing services should we consider expanding?**
    - ICAPS, MDFT, MST, EMPS, FBR, MST-BSF, Reunification/TFT is already full.

3. **What services, if any, have excess capacity?**
    - MST-PSB seems to have capacity in our Region. Need to look closely at this
    - CHAP referrals are decreasing. Providers seem to think it has to do with the lack of coordination by the previous staff in CO? We will talk to our Adol staff in Region.

4. **What language needs are unmet by the service array in the region? Are there specific services where bilingual staff and/or interpreters would be helpful?**
    - Spanish speaking clinicians in EBP services are limited
    - Sign Language needs are an issue also

## REGION 5

**What service gaps exist in our region?**

- Young kids, particularly in-home services
- Parenting services, particularly for young mothers directly from the hospital, those services seem to be always full
- Geography in this region poses a real problem, particularly for the northwest corner, gap in service, in general
- Parenting programs and parenting education doesn't always "stick" i.e. when the service is designed to end, later on in the parenting experience, problems appear

that weren't necessarily problems when the parent received the service. Children grow and develop; parents should be able to access "booster" or "follow up" services.
- Support groups would be helpful to assist with "boosters" and follow up services
- Need prescribed curriculums that work to give to parents
- Generational cycles of problems/cases/issues- services don't seem to address that
- Service array available to cps cases should also be offered to JJ population

**What existing services should we consider expanding?**

- Seems to be only one Women's and Children program for substance abusing mothers, and it is only 6 months….that is such a short window and it doesn't acknowledge the cycle of recovery. The adult side of substance use treatment is collapsing and is based on problems and episodes, not on-going. Housing and other forms of discrimination of this population pose barriers to helping these women get the treatment they need.
- Expanding FBR services and expanding the eligibility criteria
- The Considered Removal teamings and now Permanency Teamings are spot on- it is so helpful to providers, it is in the moment and you end up with a plan.
- FBR, Child First, FREE programming
- More In-Home services, more flexibility- it is too prescriptive
- By sticking so strictly to evidence-based models, it ends up creating service gaps. Though intensive, offering services up front, it prevents the provider from tailoring the service to fit the family and offering intensive services on the back end as well.
- Using TARGET model with in-home service. Very helpful to families with lower cognitive abilities
- Fund service for case management with non-DCF and DCF "high flyers" in the ED [emergency room]
- Add services for kids and families with kids on the spectrum. Good that this has expanded but it is not nearly enough and available to all.
- TRANSPORTATION! TRANSPORTATION! TRANSPORTATION! No one appreciates how much more difficult transportation issues are for a region with a large geographical area to cover.
- Expand parent Support services- Add services that are flexible, can evolve with the family, the family can check in at various developmental stages in their child's life.
- (What existing services can we expand, continued)
- Earlier interventions with all involved with the child (like the Removal and Permanency teamings)
- Expanding the "ice breakers" idea so that FASU staff, biological parents and foster parents can work together for a child
- Expand services that support relatives caring for their kin

**What services, if any, have excess capacity?**

- 1 on 1 Mentoring program- the criteria is too tight so that we can't find it. We need to access this service for younger kids, intervene earlier.
- Getting better collaboration with DMHAS and DSS so that we can share resources across departments; this could help eliminate duplication- if any- of services and better use of resources

**What language needs are unmet by the service array in the region? Are there specific services where bilingual staff and/or interpreters would be helpful?**

- Work force issues, we have no additional resources to hire qualified staff. We are competing with State departments who are able to offer higher salaries. Per one provider, the state pays 30 to 40% higher salaries- it is difficult to compete with that.
- The region is so different; Danbury has many more language needs (diverse cultures and languages) than the other two offices.

Vannessa ended by thanking the participants and inviting, in her role as the Coordinator for the statewide Racial Disparity work group, providers to participate in the work this group is doing. They were invited to participate state wide or in local sub-committees that exist. She also invited them to call her and any of our Leadership team when they have concerns and/or ideas.

**REGION 6**

**Service Gaps:**

- Children and Families have such significant needs and need extraordinary care. Outpatient services are alone not enough. These families have participated and cycled through IICAPS and other intensive in home services. How do we team up and enhance the services that we wrap around the family to meet their needs.

- After school programing and child care supports for biological, foster and kinship families. Structured programing, job training and teen centers. A safe structured place.

- Additional psychiatric, psychological and therapeutic services. There are wait lists.

- There are an insufficient number of training trauma therapists. (TFCBT) More funding and training is needed to support and generate more trauma based services.

- There is a breakdown in therapeutic supports when a child transfers out of congregate care until they receive programing in their new residence. There needs to be flexibility for the congregate care staff to develop teams and provide services in home during this period of transition.

- Housing and services for fathers and their children.

**Excess Capacity/Under Utilization:**

- The underutilization of CRI's behavioral modification staff who can go into a home and develop a behavior modification plan for the child and family. This also involves parent training and respite for the family.

- Underutilization of reentry programs for girls or youth @ CJTS. The program can begin 2 months prior to discharge and there are always openings and the referrals are not made early enough.

**Language /Cultural Needs:**

- Lack of culturally competent service providers for Latino and other ethnic families.
- Additional hours in the evening and weekends to meet families' needs.