

# CONNECTING CHILDREN AND FAMILIES TO CARE

CONNECT 2017  
(October 2016-  
September 2017)

# CONNECTING CHILDREN AND FAMILIES TO CARE

## CONNECT Network of Care Analysis

**Vision:** Integration of all child serving systems into a Network of Care to equally and effectively serve children and families

**Goal:** Assess and monitor the level of integration and collaboration between service sectors, providers and family members.

### Key strategies:

1. Conduct a Network of Care analysis to assess the integration and collaboration among behavioral health programs.
2. Conduct a survey and focus group to assess the integration and collaboration among Pediatric primary care provider practices.
3. Conduct an assessment of the integration and collaboration among schools and behavioral health services.
4. Conduct an assessment of the integration and collaboration among family/parent champions and behavioral health services.

### Integration Strategies:

1. The Network Analysis workgroup includes representation from each of the four cohorts (behavioral health, pediatric primary care, school, and family voice) as well as ACCESS mental health. ACCESS Mental Health is a program that offers free, timely consultation to PCPs seeking assistance in treating youth with behavioral health concerns under the age of 19 years, regardless of insurance. In addition, sub groups have been created on an ad hoc basis to focus on specific tasks to help meet vision and goals.
2. The CONNECT and PA 13-178 Implementation and Advisory Committees are collaboratively conducting these network assessments with the goal of utilizing these analyses to further enhance our integrated network of care.
3. The evaluation results will be shared with the regional and statewide networks of care with staff working within the regions in order to help local partners use the results and advance network of care development.

### Evaluation Strategies:

1. Evaluation reports will be generated for each of the four network of care assessments. These reports will be disseminated regionally and statewide as well as made public on [www.plan4children.org](http://www.plan4children.org).
2. Members of the Network of Care Analysis team will provide technical assistance to local and statewide groups to ensure that the results of these network analyses are used in the ongoing development of the Connecticut Network of Care.

### Current work plan:

1. Please refer to Network of Care Analysis timeline.

### Annual Updates:

- The combined CONNECT & PA 13-178 Network Analysis workgroup met 8 times in FY2017.
- Behavioral Health Collaboration reports were finalized and these findings have been presented in each of the 6 regions. Network of Care Managers and Family Systems Managers are utilizing them for further network development in each region. The plan is to repeat the behavioral health collaboration survey in each region in 2018.

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- The qualitative data collected as part of the six regional behavioral health collaboration surveys was re-analyzed and a summary of the results highlighting the behavioral health provider's perceptions of the barriers and facilitators to collaboration and the community needs was developed. A plan is currently being developed to share the results across the state.
- Thirty community conversations were held throughout the state between October 2016 to February 2017 obtaining input from 484 people about what is working well, what is not working well, and suggestions for change.
- The report from the Community Conversations, which includes an analysis of the data collected from thirty conversations held with family and youth across the state, has been finalized and shared with each of the groups for feedback. The findings will also be presented in various meetings across the regions for network development and be posted online.
- The results from the Pediatric Primary Care and Physician survey and focus groups (n=8) have been compiled into one report and presented to the CT-AAP. The results from this report will be shared across the state.
- A smaller workgroup has met early in the year to roll out the school cohort piece of the network analysis. The plan is to utilize system support mapping via a web-based survey, which will be disseminated to identify school staff (such as social workers, nurses, teachers, guidance, and administration). As of September 2017, final revisions are being made on the report of the findings from the school cohort, which utilized system support mapping in an online survey. Once these results are available they will be shared with the schools, as well as the community.
- Several members of the Network Analysis workgroup presented at the 30<sup>th</sup> Annual Research and Policy Conference; Child, Adolescent, and Young Adult Behavioral Health in Tampa, Florida in March.

			2016								2017								
			MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
Behavioral Health Cohort	OWNER																		
	1	Conduct scan & develop draft provider list for each region	NCM																
	2	"Quality check" the lists w/each region	NCM/FSM + regional champions																
	3	Finalize regional lists & send to YCC	NCM/FSM + regional champions																
	4	Send email to CEO/Executive level contact to determine frontline staff who will complete survey	NCM																
	5	10 days prior to survey link being ready- email will go out to both agency staff letting them know survey link is coming	NCM																
	6	Develop survey - 1 per region	Yale CC																
	7	Survey distributed & completed (rolling 4-6 week)	NCM																



	<i>window)</i>																		
8	Email all agency contacts 10 days after survey link was distributed reminding to complete	NCM																	
9	Email all agency contacts 20 days after survey link was distributed reminding them to complete	NCM																	
10	Email all agency contacts 28 days after survey link was distributed reminding them to complete	NCM																	
11	Survey closes at 30 working days	Yale CC																	
12	Survey findings completed and regional reports generated	Yale CC																	
13	Survey findings to be presented at each region	Yale CC/NCM/FSM																	
14	Aggregation of findings across the regions	Yale CC																	



			2016					2017									
			OWNER	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
Medical Cohort (Pediatric Primary Care)	1	IRB Exemption Application	CCMC														
	2	IRB Determination	CCMC														
	3	Send online Readiness survey to Pediatricians	CCMC														
	4	Recruit Pediatrician Mental Health Action Group (MHAG) participants	CCMC														
	5	Recruit Mental Health stakeholders for MHAG in consultation with 13-178/CONNECT subcommittee	CCMC														
	6	Analyze Readiness Survey data, Prepare preliminary report, & share with subcommittee	CCMC														
	7	Conduct two meetings of each of the 8 regional MHAGs using System Support Modeling and Creation of an Action Priority Matrix	CCMC														
	8	Aggregate/Analyze Systems Support Maps	CCMC														
	9	Create Draft Report for 13-178 Advisory Council	CCMC														
	10	Share Draft Report with 13-178 Sub-committee	CCMC														



11		Finalize Report	CCMC															
				2017														
		Owner	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC				
School Cohort	1	Protocol development	CCMC															
	2	IRB Exemption Application	CCMC															
	3	IRB Determination	CCMC															
	4	Survey set-up	CCMC															
	5	Survey Dissemination	CCMC															
	6	Analyze SSM Survey data, Prepare preliminary report, & share with subcommittee	CCMC															
	7	Create Draft Report for 13-178 Advisory Council	CCMC															
	8	Consult with School Leadership	CCMC															
	9	Finalize Report	CCMC															



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## CONNECT Data Integration

**Vision:** Improve statewide data sharing through a user-driven process across child serving sectors to drive planning, policy, budgeting and decision making to transform local, regional and statewide networks of care.

**Goal:** Create an open, accessible, transparent and publicly available data system that is useful, understandable and user friendly.

### Key strategies:

1. To collaborate with Office of Policy and Management to support the Governor's Open Data Policy Executive Order and the development of the Open Data Portal website.
2. To collaborate with Office of Policy and Management to support the CT Data Collaborative and the development of a statewide behavioral health data dashboard.
3. To create an open, accessible, transparent and publically available data system that is useful, understandable and user friendly.

### Integration Strategies:

1. Hold regional meetings across the state to share workgroup updates and hear from families, providers, and communities about data needs.
2. Convene ongoing regional data trainings to increase understanding and use of data.
3. Implement the CT Data Academy Project through CT Data Collaborative
4. Enhance data portal in the area of behavioral health

### Evaluation Strategies:

1. Track the percentage of participating state agencies posting desired datasets
2. Track the number of individuals and the number of organizations participating in data training

### Current work plan:

1. Identify data needs by state agencies, their partners, and constituents.
2. Recruit and retain trained family and community participants.
3. Bimonthly meetings will alternate between statewide meetings and local outreach to be inclusive of each region.
4. Core Data Integration Team will meet monthly

### Annual Updates:

- The Statewide Data Integration team has successfully transitions to bimonthly meetings. The team has met in 6 times in FY2017 (October and November 2016; January, March, May and July 2017).
- Connecticut's Office of Policy and Management (OPM) provides updates on Connecticut's Data Work plan, as state agencies continue efforts to post data to the public. CT Data Collaborative will also post metadata as state agencies provide this information.
- In February 2017, team representatives attended the Bridgeport Local Interagency Service Team (LIST) meeting and spoke with attendees about the workgroup and heard about regional data interests. A second regional meeting was held in Meriden in April and the remaining regions are being planned.





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- The statewide team will continue to meet bi-monthly in 2017 and will hold regional data meetings on the alternate months, as a calendar has been created for the remaining five regions.
- Data Basics Trainings were held in three regions thus far and two additional regions are scheduled in the next two months.



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Data Integration Team State Department Data Requests							
Category	Dataset	Agency	Date Available By	Interval mthly anly	Update Frequency mthly,qrly anly	Disaggregation - **All by Town or Zip code	Notes
General	Population by Age by Town (Census ACS)	Census			NA	age range, race, ethnicity, sex	
Child Welfare	Abuse and Neglect Reports	DCF	Posted	Annual	Annually	age range, race, ethnicity, sex	
Child Welfare	Children in Placement	DCF	Posted	Monthly	Annually	Placement type, age range, race, ethnicity, sex	Disaggregation by DCF Region & Office
Child Welfare	Abuse and Neglect Reports - Categorized as unable to care	DCF	TBD	Annual	Annually	age range, race, ethnicity, sex	Currently assessing the feasibility of Town level data due to sample size
Community	DDS Consumers by Residence Type	DDS	at the end of each quarter (September 30, December 31, March 31 and June 30)	Quarterly	Quarterly	Two different displays: - DDS consumers by Residential Program and Age Range - Where People live (Residence type and region)	This information is captured in our quarterly Management Information Report (MIR). We provide statewide and regional counts (NR, SR, WR). We are currently unable to provide a breakout by race and ethnicity.
Community	DDS Consumers by Day Program Type	DDS	at the end of each quarter (September 30, December 31, March 31 and June 30)	Quarterly	Quarterly	Two different displays: - DDS consumers by Day Program and Age Range - Work and Day Services (Day Program type and region)	This information is captured in our quarterly Management Information Report (MIR). We provide statewide and regional counts (NR, SR, WR). We are currently unable to provide a breakout by race and ethnicity.
Community	DDS Medicaid Waivers	DDS	at the end of each quarter (September 30, December 31, March 31 and June 30)	Quarterly	Quarterly	Waiver type, region and Residence Type	This information is captured in our quarterly Management Information Report (MIR). We provide statewide and regional counts (NR, SR, WR). We are currently unable to provide a breakout by race and ethnicity.



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<b>Community</b>	DDS Residential Waiting List	DDS	at the end of each quarter (September 30, December 31, March 31 and June 30)	Quarterly	Quarterly	Residence Type and Region	This information (Residential Waiting List) is captured in our quarterly Management Information Report (MIR). We provide statewide and regional counts (NR, SR, WR). We are currently unable to provide a breakout by race and ethnicity.
<b>Law Enforcement</b>	Uniform Crime Reports	DESPP	October, 17	Annually	Annually		
<b>Health</b>	Substance use admissions	DMHAS	October, 17	Monthly	Annually	drug of choice, # of admissions by town	
<b>Health</b>	Admissions by type of treatment	DMHAS	October, 17	Monthly	Annually	age range, race, ethnicity, sex	
<b>Health</b>	Diagnostic Categories	DMHAS	October, 27	Monthly	Annually	age range, race, ethnicity, sex	
<b>Health</b>	Asthma Related ER Visits	DPH	Published	Annual	Annually		Census Tract
<b>Health</b>	Elevated Blood Lead Levels	DPH	November, 1	Annual	Annually		
<b>Health</b>	Child Blood Lead Levels	DPH	November, 1	Annual	Annually		
<b>Health</b>	Drinking Water Violations	DPH	November, 1	Annual	Annually		By Water System
<b>Health</b>	Vital Statistics - Births	DPH	November, 1	Annual	Annually	race, ethnicity, sex	
<b>Health</b>	Vital Statistics - Deaths	DPH	November, 1	Annual	Annually	age range, race, ethnicity, sex	
<b>Health</b>	Cancer Incidence Rates	DPH	November, 1	Annual	Annually	age range, race, ethnicity, sex	
<b>Schools</b>	School Based Arrests	Judicial	TBD	Annual	Annually	age range, race, ethnicity, sex	by School/District: Judicial Branch not covered by E.O. 39, working to formulate participation mechanism



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<b>Community</b>	Foreclosure Mediation Statistics	Judicial	TBD	Annual	Annually		Judicial Branch not covered by E.O. 39, working to formulate participation mechanism
<b>Community</b>	Family Case Statistics	Judicial	TBD	Annual	Annually		Judicial Branch not covered by E.O. 39, working to formulate participation mechanism
<b>Community</b>	Family violence	Judicial	TBD	Annual	Annually		Judicial Branch not covered by E.O. 39, working to formulate participation mechanism
<b>Community</b>	Probation	Judicial	TBD	Annual	Annually		Judicial Branch not covered by E.O. 39, working to formulate participation mechanism
<b>Child Welfare</b>	Birth to Three Cohort	OEC	October, 31	Annual	Annually	Referred & Served by town (age range: Birth to 3 years)	
<b>Child Welfare</b>	Birth to Three Annual	OEC	October, 31	Annual	Annually	Referred & Served by town (age range: Birth to 3 years)	
<b>Child Welfare</b>	Home visiting	OEC	March, 30	Annual	Annually	# of families served by program type	
<b>Child Welfare</b>	Early Care & Education (School Readiness, Smart Start, Child Day Care, Preschool Development Grant)	OEC	Oct 31, Jan 30, Apr 30, July 31	Monthly	Quarterly	Capacity by space type & age group, by town	
<b>Community</b>	Care 4 Kids	OEC	Oct 31, Jan 30, Apr 30, July 31	Monthly	Quarterly	age group, setting type, by town	
<b>Child Welfare</b>	Childcare Licensing Inspections	OEC	January, 30	Annual	Annually	Per facility	by Facility
<b>Child Welfare</b>	Hospitalization & ER Statistics	OHCA	TBD	Annual	Annually		Not Covered by E.O. 39
<b>General</b>	School Enrollment	SDE	March, 30	Annual	Annually	grade, race, ethnicity, sex	by School



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Schools	Sanctions by Race	SDE	September, 30	Annual	Annually	race only	by School
Schools	Suspension Rate by Race	SDE	October, 17	Annual	Annually	race, ethnicity, sex	by School
Schools	CMT/SBAC	SDE	October, 3	Annual	Annually	grade, race, ethnicity, sex	by School
Schools	Special Education Expenditures	SDE	September, 30	Annual	Annually		by District
Schools	Per Pupil Expenditures	SDE	September, 30	Annual	Annually		by District
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<b>Health</b>	Elevated Blood Lead Levels	DPH	November, 1	Annual	Annually		



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<b>Health</b>	Child Blood Lead Levels	DPH	November, 1	Annual	Annually		
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	Development Grant)						
<b>Community</b>	Care 4 Kids	OEC	Oct 31, Jan 30, Apr 30, July 31	Monthly	Quarterly	age group, setting type, by town	
<b>Child Welfare</b>	Childcare Licensing Inspections	OEC	January, 30	Annual	Annually	Per facility	by Facility
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<b>Schools</b>	Special Education Expenditures	SDE	September, 30	Annual	Annually		by District
<b>Schools</b>	Per Pupil Expenditures	SDE	September, 30	Annual	Annually		by District





# CONNECTING CHILDREN AND FAMILIES TO CARE

## CONNECT

### Cultural and Linguistic Competency Development Workgroup

**Vision:** To develop, plan and implement a statewide process for incorporating enhanced Culturally Linguistically Appropriate Services (CLAS) standards within the children's Network of Care in Connecticut.

**Goal:** To partner with families and network of care leaders in order to promote health equity, racial justice and cultural and linguistic competence across all behavioral health services at the local, regional and state levels.

#### Key strategies:

1. Partner with behavioral health organizations in order to incorporate racially just, Cultural and Linguistically Appropriate Services (CLAS) standards into the delivery of services.
2. Improve linguistic accessibility to materials in the preferred language of the youth and families served in each region.

#### Integration Strategies:

1. Utilize CONNECTing team, including Family Systems Managers and Network of Care Managers, to actively recruit child serving agencies to participate in the CONNECTing with CLAS process. Additional state/agency partners will be asked to support the recruitment efforts of the CONNECTing team.
2. Engage previous Cohort participants to discuss lessons learned and support best practices.

#### Evaluation Strategies:

1. Cohort Three agency participants will fulfill the CONNECTing with CLAS Commitment, Assessment, Priority Planning, Health Equity Plan Implementation and Evaluation process.
2. Technical assistance and support will be provided throughout process for ongoing evaluation.

#### Current work plan:

1. Identify and recruit direct service providers for the implementation of a six month CLAS plan development process
  - a. Identify potential direct service providers through listservs and professional networks
  - b. Develop materials that provide information on the expectations
  - c. Follow-up with identified service providers to informally assess their capacity to participate in the six month CLAS process.
  - d. Provide ongoing support to identified service providers to ensure commitment to the plan development process including technical assistance, monthly group meetings and collaboration with peer service providers.
  - e. Assist agencies with a multi-phase strategy to assess and implement CLAS standards including the following:
    - Phase 1: Initiation and Engagement
    - Phase 2: Assessment
    - Phase 4: Health Equity Plan Implementation
    - Phase 5: Sustainability



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## Annual Updates:

### Cohort One:

- All 12 agencies in Cohort 1 met with the consultants to review their progress, support their efforts, and receive guidance or recommendations for next steps. The discussions were focused on Implementation.
- Learning collaboratives focused on strengthening performance measures, individual consultation focused on agency activities to meet their goals.
- Consultation included looking at how agencies were going to inform and train staff across their organizations on their Equity, Diversity, & Inclusion Policy and their Health Equity Plan.

### Cohort Two:

- 12 child-serving agencies went through a similar process as the first cohort and this included: two site visits per agency, four large group meetings (all cohort agency workgroups coming together), and eight technical assistance conference calls.
- Nine of Cohort 2 agencies submitted their draft health equity plans as requested and the consultants held follow-up meetings with each agency to provide comments and recommendations to strengthen their health equity plans.
- All 12 Cohort 2 agencies and the three Cohort 1 agencies presented their health equity plans. To the leaders of the CONNECT initiative on February 27, 2017.
- Each Cohort 2 agency received individualized feedback following the presentations (March) to strengthen their health equity plans or given comments and recommendations for consideration.
- Communication with the agencies in Cohort 2 continues as plans are being finalized.
- The Family System Managers (FAVOR, Inc) were introduced as resources to assist agencies with youth and family recruitment, engagement, and retention.
- One agency invited their regional Family System Manager to participate on their health equity planning workgroup and three agencies utilized them to facilitate baseline assessment focus groups.

### Cohort Three:

- Recruitment for Cohort 3 began in March through October 2017
- Collaborated with FAVOR in a presentation to New Opportunities, Inc and several Healthy Community collaboratives.
- Flyer was created for distribution thorough the CONNECT newsletter (CHDI) and the Connecticut Non-Profit Association.
- There are currently 34 agencies that expressed interest and need follow up for confirmation. Two orientation meetings were scheduled in September and October 2017.

### Next Steps

- CLAS Development Team (monthly meetings)
  - Assign regions to consultants (4 to H&E, 1 CHDI, 1 Yale)
  - Select large group meeting locations, dates and times
  - Recruit 6 to 8 agencies per region for Cohort 3 (everyone).
  - Orientation/CLAS Standards training for interested senior leadership (Cindy developing curriculum).
- Support the integration of FAVOR's work with all three cohort groups to foster family involvement in decision-making about policies and practices, and promote the Network of Care Agents of Transformation training (everyone).



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- Work on sustainable Toolkit has started and will be completed prior to the end of Cohort Three for ongoing support.
- The CONNECTing with CLAS Development Team will continue work on statewide workgroup and focus on a sustainable regional team for sustainability.



# CONNECTING CHILDREN AND FAMILIES TO CARE

## CONNECT Social Marketing and Communications

**Vision:** The Connecting to Care communications strategy increases awareness of the Network of Care and its principles as well as increasing awareness of behavioral health needs and services.

**Goal:** Implement social marketing strategies to increase knowledge of system of care philosophy, increase awareness of services array and promote stigma reduction.

### Key strategies:

1. Develop CONNECT brand identification and unified messaging throughout the integrated local, regional, and statewide Network of Care
2. Develop and disseminate culturally responsive and linguistically competent materials that promote the Network of Care development and System of Care values and principles
3. Transition WRAPCT.org website to Plan4Children.org to become a fully integrated statewide communication and distribution web portal

### Integration Strategies:

1. Supporting other CONNECT workgroups through social media strategies and assisting them with the creation of marketing materials.
2. Collaboration with 211, United Way, DCF, and other state agencies on creating Healthy Lives CT website.
3. Providing technical assistance to CLAS workgroup with marketing materials for cohorts
4. Continued collaboration and integration with CT Strong and IMPACCT grant members

### Evaluation Strategies:

1. Tracking the analytics to CONNECTing Children and Families to Care Facebook page.
2. Tracking amount of people reached and engaged throughout mental health awareness month.
3. Social Marketing Plan timeline.

### Current work plan:

1. Continue dissemination of enhanced branding through printed materials in English and Spanish (e.g., CONNECTing Children and Families to Care cards, folders, and other products).
2. Subcontract with a website design company to redesign Plan4Children website to fully incorporate CONNECT branding and enhanced functionality.
3. Expand scope of statewide CONNECT outreach activities for 2017/2018 through collaborations with other statewide initiatives, including CT Strong (Healthy Transitions grant) and IMPACCT (adolescent substance abuse grant).
4. Plan statewide event for Mental Health Awareness Month 2018.
5. Social Media Protocol created to help support further online presence for CONNECT.
6. Expand marketing materials to show CONNECT's support to Youth Engagement, Family Engagement, Early Childhood, School Mental Health and Language Matters.

### Annual Updates:

- The Social Marketing plan was updated in September 2017.
- Marketing materials continue to be updated including materials for the LOA process being rolled out in 2017.
- Collaboration with 211, DCF, DSS and other agencies has begun in regards to creating Healthy Lives CT website.
- Mental Health Awareness Month occurred during the month of May. The list of activities is attached.
- CONNECT was a sponsor to the Connecticut Behavioral Health Partnership's 3<sup>rd</sup> Annual iCAN conference.

# CONNECTING CHILDREN AND FAMILIES TO CARE

## Mental Health Awareness 2017 Activities Log

### Southwest Region:

- 5/6 Fairfield County Walks for Mental health
- 5/3 Young Men's Residential Conversation on mental health
- 5/4 Youth Photovoice Project Display during the Parent University at Westhill High School

### South Central Region:

- 5/11 An Hour of Joy" - A nondenominational service to recognize those who work in the human services. Effective helpers dare to be proximate to so many needs. Let's come together for this special hour to nurture our spirits & celebrate our connections!
- 5/12 South Central Network of Care Racial Justice Event at Clifford Beers
- 5/12 "Good Vibes Good Health!" Young adult 90s theme wellness party with CT Strong and Turning Point CT!
- 5/17 Special 211/United Way presentation at West Haven Interagency Network for Children at West Haven City Hall
- 5/18 Special 211/United Way presentation at the New Haven Collaborative, at Clifford Beers
- 5/23 "Data Basics for nonprofits" - Expand your data literacy! Presented by the CT Data Collaborative at the Children's Center of Hamden
- 5/24 Special presentation: Autism Service System Updates, presented by Beacon Health Options, at the Shoreline Collaborative for Youth, Branford Parks and Recreation
- 5/25 Special DCF presentation at the Shoreline Domestic Violence & Sexual Assault Task Force

### Eastern Region:

- 5/18 Healing Together
- 5/20 Windham Family Expo
- 5/25 Social Services Help Day
- 5/18 Foster Care/Adoption/CONNECT Event

### North Central Region:

- 5/7 Foodshare
- 5/13 Youth Summit Event

### Western Region:

- 4/12 Family Leadership Brunch Raising Mental Health Awareness Activities
- 4/30 Chalk Walk at Lake Kenosia Park in Danbury
- 5/21 Newtown Family Fun Fest at Newtown High School in Sandy Hook
- Kindness Rocks Project- throughout the month at events- <http://thekindnessrocksproject.com/>
- 5/13 John F. Kennedy High School First Annual Community

### Central Region:

- 4/27 Head Start Collaborative Resource Fair in Meriden
- 5/22 Bristol Boys & Girls Club Wellness & Resource Fair
- 5/11 Community Meeting Flyer Generations Found Film Rocky Hill
- 5/7 Mental Health CT's Mental Health Awareness Walk & Fair at the Berlin Fairgrounds - [mhconn.org/events/fair](http://mhconn.org/events/fair)

# CONNECTING CHILDREN AND FAMILIES TO CARE

## Statewide:

- 5/20 NAMI Walk- Bushnell Park in Hartford
- 5/5 FAVOR honors Hope, Resilience & Strength- Middlefield, CT
- 4/15 FAVOR YardGoats Event– Autism Night
- 5/4 Mental Health Awareness Live National Broadcast, Beacon Health Options
- 5/10-5/12 SAMHSA site visit
- 5/20 Hartford YardGoats game - NAMI will be honoring Mental Health Awareness Month
- 5/31 FAVOR 15-year Anniversary event in West Hartford

# CONNECTING CHILDREN AND FAMILIES TO CARE

## CONNECT Workforce Development

**Vision:** Ensure youth and families/caregivers are full partners in all aspects of the planning and delivery of their own care/services.

**Goal:** Train, support and mentor youth and family/caregivers to be full partners in the planning and delivery of their care/services.

### Key strategies:

1. Train youth, young adults and family/caregivers to be full participants in the Network of Care.
  - a. Train youth, young adults and family/caregivers
  - b. Mentor and support youth, young adults and family/caregivers
2. Train providers in Network of Care and Wraparound concepts and principles.
  - a. Training calendar development for consistent year-round offerings
  - b. Market training opportunities
3. Develop a Family Peer Support (FPS) Certification Process
  - a. Convene a peer support Stakeholders group of family-led organizations
  - b. Educate families and other stakeholders on core competencies of FPS
  - c. Partner with family-led organizations in CT to promote and offer a cross-walk of trainings for FPS certification.
  - d. Create a learning collaborative for parents/caregivers interested in FPS
  - e. Develop and annual training calendar for the core competency trainings for FPS

### Implementation Strategies:

1. Train and certify family trainers in NOC-AOT
  - a. Provide Train-the-trainer seminars
  - b. Complete the certification process
2. Build a trainer support network to provide ongoing support, updates, and mentorship.
  - a. Implement a monthly training conference call to provide support, updates, mentorship.
3. Develop curriculum and training materials.
  - a. Adapt and/or develop materials for Network of Care Agents of Transformation Curriculum, Data 101, Persuasive Story-telling, CONNECTing Youth
  - b. Develop and implement use of supporting training materials (i.e. flyers, training evaluation, sign-in sheets)
  - c. Integrate best practice models such as Youth Mental Health First Aid into training offerings
4. Develop and implement a central database for training data
  - a. Set up an Excel datasheet to capture training, trainer and trainee data
  - b. Send Evaluation and Empowerment scale data to Yale for analysis and feedback
  - c. Use gathered data to inform future planning

### Integration Strategies:

1. Develop processes with FAVOR, Inc. HOPE Learning Collaborative to offer sustainable family leadership development, mentorship and support.
  - a. Create policies and procedures to link identified family leaders to the HOPE Learning Collaborative
  - b. Market HOPE Learning Collaborative information to families and providers
2. Identify and outreach to youth, young adult and family groups within CT to engage in training and orientation to the Network of Care.
  - a. Identify and outreach to groups
  - b. Offer training and Network of Care information

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## **Evaluation Strategies:**

### **A. Implementation**

1. Number of family trainers certified to provide NOC-AOT training
2. Number of family trainer retreat meetings
3. Number of trainer support calls offered
4. Number and type of training curriculums/manuals developed
5. Number and type of supporting training materials developed
6. Number of Workforce Development meetings in which data is reported
7. Number of training data reports produced

### **B. Integration Outputs**

1. Number of family/caregivers involved in the HOPE Learning Collaborative.
2. Number of policies and procedures created
3. Number of market strategies utilized
4. Number of youth, young adults and family/caregivers contacted

### **C. Key Strategies**

1. Number of youth, young adults, family/caregivers trained
2. Number of FEAT teams in CT
3. Number of participants trained in wraparound
4. Draft of FPS Certification process for CT
5. Number of families trained on FPS core competencies.
6. Number of stakeholders trained on core competencies
7. Number of trainings offered on the annual calendar
8. Number of families/caregivers FPS certified

## **Current work plan:**

1. Expand trainer support network and build a process to provide ongoing support, updates, and mentorship.
2. Develop curriculum and training materials.
3. Develop and implement a central database for training data
4. Train, support and mentor youth, young adults and family/caregivers to be full participants in the Network of Care.
5. Train providers in Network of Care and Wraparound concepts and principles.
6. Develop a Family Peer Support (FPS) Certification Process
7. Develop processes with FAVOR, Inc. HOPE Learning Collaborative to offer sustainable family leadership development, mentorship and support.
8. Identify and outreach to youth, young adult and family groups within CT to engage in training and orientation to the Network of Care.

## **Annual Updates:**

- The Workforce Development team has 11 times October 2016 through September of 2017.
- A logic model was developed for the Workforce Development workgroup.
- Workforce Development team continues to work on expanding the curriculum and enhancing the training materials. The Persuasive Storytelling curriculum is currently being translated into Spanish for Spanish speaking trainers. The team has also worked on developing "Family Engagement Facilitation Guides" to assist staff with family engagement. Two facilitation guides have been created. "Getting to Know you?" is a guide designed to facilitate an introductory conversation for new groups/individuals. The "Family Engagement FEAT Teaming" guide is designed to



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facilitate a conversation with an established group with a focus on moving the existing group towards action steps. The guides are currently being piloted and evaluated but anecdotal feedback suggests that the results have been positive.

- The team catalogued the training opportunities being offered for youth, families/caregivers and providers.
- Six new bilingual family members have been certified as NOC AOT trainers and have been added to the statewide training team.
- The team developed a trainer support network, utilizing a training support conference-call format for information sharing, skill building, updates, and feedback. Statewide certified trainers were contacted and invited to participate. The conference calls were initiated in May 2017 and have been held monthly at 10 a.m. and 6 p.m. on the second Tuesday of each month for a total of 10 calls held since their initiation. A trainer support call in Spanish is currently in development.
- Database and processes to track trainings, trainer, and trainee data have been developed. FAVOR, Inc. is maintaining the dataset and is also working on developing a tracking method to capture engagement outreaches. Evaluation data was sent to Yale for analysis and data is being used for future planning.
- Plans for 2017 included providing continued education, mentorship and support to youth and families/caregivers to be full partners in all aspects of the planning and delivery of their own care/services and in the policies and procedures that govern care for all children and youth in their community. To date, 1207 youth and families have received training.
  - a. 387 family champions have been trained in Network of Care - Agents of Transformation (NOC AOT),
  - b. 60 in Persuasive Story-telling
  - c. 56 in Data 101.
  - d. 704 youth have been trained in CONNECTing Youth, including 115 students involved in HOSA-Future Health Professionals. HOSA fosters professional development among students interested in health sciences.
- There has been a lot of work completed on the goals of training providers in Network of Care and Wraparound concepts and principles. In the January 2017 through September 2017 period of time, ten wraparound trainings were held to train a total of 249 providers and family participants. There were 56 family orientations held, preparing and training an additional 127 families in the wraparound model and principles.
- The team focused on collaborative models for support and growth that can be sustainable over time and has recently collaborated with Wheeler Clinic to assist on a project to educate families and providers on in-home care models. Also, FAVOR, Inc. and the Workforce Development team continues to collaborate with the Culturally and Linguistically Appropriate Services Workgroup to provide support and technical assistance to agencies interested in CLAS standards and incorporating youth and family voice in care and governance.
- Workforce Development has strategized on models for the development of Family Engagement Action Teams (FEAT). There are currently four identified FEAT teams in CT, including teams in the Eastern, Central, Northeastern, and Western regions of Connecticut.
- The “Honoring Opportunities for Personal Development” (H.O.P.E.) Learning Collaborative provides the infrastructure to guide and mentor family champions who are interested in developing their leadership and peer support skills. The HOPE Learning Collaborative has been developed and is offered as a next step in leadership development for family champions.

# CONNECTING CHILDREN AND FAMILIES TO CARE

## CONNECT

### *Youth Engagement Project:*

**Vision:** To increase mental health awareness by partnering with high schools students with the goal of integrating youth voice into the statewide Children's Behavioral Health System

**Goal:** To engage and connect with local high schools and with Future Health Professionals (HOSA) groups throughout the state in order to expose high school students to behavioral health occupations.

#### **Key strategies:**

1. Connect with high schools throughout the state, particularly using HOSA groups as an instructional tool to introduce high school students to the CT Behavioral Health System and behavioral health occupations
  - a. Complete presentations to 14 afterschool clubs and 4 curriculum based track HOSA programs throughout the state
  - b. Prepare individual mental health informational packets for 500 involved HOSA students
  - c. Support student-led HOSA activities and interests related to mental health awareness to larger student body
2. Prepare presentation on CONNECT workforce development goals and its connection to Youth voice

#### **Integration Strategies:**

1. Use pictures of student-led activities and projects to promote *youth guided* principle throughout the workgroups
2. Run versions of Photovoice Project to fit with mental and behavioral health theme throughout the state – not only limiting to youth groups
3. Work to present Strategic Sharing curriculum

#### **Evaluation Strategies:**

1. Evaluate qualitative data through Photovoice Project
2. Keep record of quantity and locations of the Photovoice project/social media campaigns and workshops

#### **Current Work Plan:**

1. Overall activities include;
  - o Presentation to numerous HOSA advisors on CONNECT goals and principles;
  - o Sponsorship of several HOSA conferences focused on increasing mental health awareness;
  - o Outreach and meeting with local advisors to describe CONNECT goals and ;
  - o Identification of continued opportunities to support student-led HOSA activities.

#### **Annual Updates:**

- The specialist has outreached four schools in Hamden, Killingworth, and Wallingford and currently working with Brookfield on scheduling Youth Mental Health First Aid.
- Connecting Youth presentations and related activities were given to:
  - o Thomaston High School
  - o Domas Young Men's Residential
  - o East Haven High School
  - o Naugatuck Youth Services
  - o Youth Leaders Partnership (YLP)
  - o Meriden
  - o Branford.
- Youth Engagement initial meetings were set up with:
  - o North Branford

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- New Haven- Career High School and Pathways Academy in New Haven
  - Meriden
  - New London.
- CONNECT sponsored the statewide HOSA conference – with a minimum contribution of \$1,000.
  - An additional \$100 youth participation stipend per collaboration site was available to the statewide HOSA chapter.
- Youth Specialist participated in the Youth Summit (5.13.17).
- Youth Specialist attended 2017 Fun Fest in Portland, CT, Voice and Choice for Girls, and Advanced Capacity Building Training.
- Youth Specialist collaborated with the Family Peer Support Specialists.
- In September 2017, the specialist had an engagement meeting with Clifford Beers in New Haven.

# CONNECTING CHILDREN AND FAMILIES TO CARE

## CONNECT

### *Family Engagement:*

**Vision:** To increase mental health awareness by partnering with families with the goal of integrating family voice into the statewide Children's Behavioral Health System.

**Goal:** To engage families' through-out the state and to train them to be leaders and a positive voice within the communities.

#### **Key strategies:**

1. Connect with families throughout the state, using CLAS Standards to the CT Behavioral Health System and behavioral health occupations.
2. The FEC will develop curriculums that are geared towards families.
3. Support development of FEAT Teams and/or adding families to existing FEAT Teams depending on organization capacity.
4. Actively support the Social Marketing, Workforce Development and CLAS workgroups overall goals.

#### **Integration Strategies:**

1. Use focus groups activities and projects to promote CLAS Standards principles to families across the state.
2. Work to present NOC AOT curriculum to families and staff at CLAS organizations.
3. Work to present CONNECT curriculum to FEAT teams across the state.

#### **Evaluation Strategies:**

1. Number of family focus groups and presentations at cohort organizations.
2. Number of staff focus groups and presentations at cohort organizations.
3. Number of families that sign up for trainings through family engagement outreach.

#### **Current Work Plan:**

1. Overall activities include:
  - Presentation to numerous collaborative and providers on CONNECT goals and principles;
  - Outreach and meeting with statewide collaborative to describe CONNECT goals and;
  - Identification of continued opportunities to support FEAT Team and FE activities;
2. Co-facilitate the CLAS presentation to support groups and support brainstorming and execution processes of the support Mental Health Awareness.
3. Conduct focus groups and community conversations to solicit feedback and participation from family groups throughout the state to inform curriculum.
4. Support development of FEAT teams and/or adding already formed FEAT team to collaborative.
5. Actively support the Social Marking workgroup overall goals.

#### **Annual Updates:**

- Family Engagement updates are included in the Workforce Development section of the report.

# CONNECTING CHILDREN AND FAMILIES TO CARE

## **CONNECT & PA 13-178** **PLAN FOR COMMUNITY CONVERSATIONS 2016**

**Vision:** To engage family members, children and youth in a continued conversation about Connecticut's behavioral health system for children and families.

**Goal:** To receive follow-up information to the 2014 Community Conversations that occurred for the development of Connecticut Behavioral Health Plan for Children and delivered to Connecticut legislators October 1, 2014.

### **Key Strategies:**

1. Host at least a total 30 community conversation (6 per region) from October 1, 2016 through January 31, 2016.
2. Collaborate with Family System Managers, Family Peer Support Specialist, Youth Engagement Specialist, Network of Care Managers, Family Champions and DCF to ensure a successful and meaningful community conversation.

### **Integration Strategies:**

1. Support families and youths across the state to have their voices heard at the community conversations to inform the Network of Care.
2. Utilize Family Champions in the community conversation process by training them to be a part of the data collection process by taking flip-chart notes.
3. Empower families and youths with the information gathered at the community conversations to bring about change in their communities.

### **Evaluation Strategies:**

1. Number of families and youth participants at the community conversations.
2. Increase the number of family and youth participants from the 2014 community conversations.
3. Increase the number of youth and bilingual participants in the community conversations.
4. Utilize family members from family organization to code data.

### **Current Work Plan:**

- See attached table.

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## Calendar for the Planned Community Conversations -10/1/16 to 2/08/17 (as of 2/09/17)

Geographic Region	Session I Date time location	Session II Date time location	Session III Date time location	Session IV Date time location	Session V Date time location	Bilingual Session I	Other (Youth Session II)	Other (Youth)
<b>Southwestern CT Region (1)</b>	11/30/16, 5:30pm Stamford Community Action; Stamford CT		1/28/17, 12:30p Bethel AME Church, Stamford, CT			1/20/17, 9am School Support Group; Cesar Batalla School, Bridgeport, CT		
<b>South Central CT Region (2)</b>	10/25/16, 6pm Lower Naugatuck Valley Support Group; Derby, CT	11/10/16, 4pm Wellness Support Group; New Haven				1/25/17, 6p Spanish support group West Haven	2/6/17, 4pm Marrakech Youth Group; Woodbridge, CT	1/10/17, 6:00p YAB, DCF New Haven
<b>Eastern CT Region (3)</b>	11/1/16, 6pm Middletown Support Group; First Church of Christ Middletown, CT	11/2/16, 6:00pm Dayville Support Group; United Services Dayville, CT	11/3/16, 6:30pm Waterford Support Group; Waterford Country School Waterford, CT			1/26/17, 9am Adult Edu, Windham High School, Willimantic, CT		12/8/16 - 4pm YEG Support Group; Our Piece of the Pie Norwich, CT
<b>North Central CT Region (4)</b>	11/2/16, 6:30pm NCCC Parent Support Group Suffield CT	12/1/16, 5:30p Grandma's Hands Support Group Hartford CT	2/8/16, 6:30p Cornerstone Shelter, Rockville, CT					1/31/17, 5p Hartford Proud Drill Team Hartford CT
<b>Western CT Region (5)</b>	11/17/16, 9:30am Volunteer Foster Grandparents – NOW, Waterbury, CT	12/1/16, 7p SEPTO Terryville/Plymouth, CT	12/5/16, 6p Canaan Support Group – Canaan, CT	12/14/16, 6p Center for Youth and Families, Support Group Torrington, CT		10/16/16, 3pm Padres Unidos Support Group; Bethel, CT		11/30/16, 5p Youth Group– WYSS, Waterbury, CT
<b>Central Region (6)</b>	12/5/16, 7pm NAMI Canton; Community Center, Collinsville, CT	12/13/16; 10am FPSS Families; Meriden Library, Meriden, CT	1/12/17, 7p NAMI Newington, Joseph Doyle Senior Center Newington, CT			1/26/17, 11a Inspiration Support Group; SCOW- Wallingford, CT		2/8/17, 5p Bristol Boys & Girls Club, Bristol, CT

**Key: WHITE = Completed; GREEN = Confirmed; YELLOW = Agreed, but still putting logistics in place; BLUE = Initial conversations started**