CONNECTING TO CARE – FAMILY CARE CONNECTIONS (FCC) LOGIC MODEL (IN DEVELOPMENT, LAST UPDATED 3/4/2021)

Vision: There is a single point of access for all children, youth and families in Connecticut to receive care from a fully coordinated and integrated network focused on the provision of services and supports that are community-based, culturally situated, individualized, flexible and focused on supporting children, youth and families so they can thrive.

Goal: Connecticut's Family Care Connections (FCC) are designed to center youth and family voice and choice in the development and implementation of an individualized and coordinated plan of care that includes primary care, schools and behavioral health and has the goal of supporting and enhancing the social, emotional and physical health of children, youth and their families.

CONTEXT

The network of care in Connecticut continues to be siloed & lacks consistent communication & collaboration between service sectors including behavioral health, primary care & schools leaving families with multiple plans of care that lack coordination & consistency. Providers lack information & knowledge to effectively refer families to desired services & supports or to effectively coordinate care across service sectors. These structural deficiencies negatively impact the health & wellbeing of Connecticut's youth & families.

INPUTS

FAVOR, Inc.
CT Parent Advocacy Center
Family & Youth
Behavioral Health Providers
Primary Care Providers
Schools
Existing community entities (e.g., community collaboratives, YSBs)
CT Association of School-based Health Centers
Department of Children & Families
Child Health & Development Institute
Beacon Health Options
Injury Prevention Center, CT Children's Medical Center
Yale Consultation Center
CT Strong, Advanced Behavioral Health
AFCAMP
Department of Mental Health & Substance Abuse
Department of Social Services
Department of Public Health

ACTIVITIES

Development of structures to facilitate communication & collaboration between providers from multiple service sectors in the development of individualized plans of care driven by youth and family voice & choice

- Identify mechanisms to provide an up to date resource & referral directory for families, schools, primary care & behavioral health providers.
- Examine existing information from youth, families & providers regarding system gaps & needs which can guide identification of best practices.
- Develop mechanisms (e.g., Green Form) to establish relationships between primary care, schools & behavioral health providers & to ensure that linkages and transitions between providers are successful.
- Increase school & primary care provider awareness of ways to refer families to community supports (e.g., Mobile Crisis, care coordination, ACCESS Mental Health).
- Identify & enhance existing mechanisms to assess for early identification & screening for: 1) risk (e.g., suicide FEP); 2) level of acuity; & 3) needs, to determine level of service need within a tiered approach.
- Enhance communication & collaboration strategies to reduce overlap of care coordination services across systems (one care coordinator/family) to improve efficiency & access to Wraparound care coordination for families.
- Enhance existing entities to serve as local FCC Implementation Teams guided by the Regional NOCs.
- Capitalize on technology to facilitate delivery of services & the implementation of FCCs (e.g., telehealth).

Advocate for state & local policies that support provider engagement in cross-sector collaboration

- In collaboration with other initiatives (e.g., 1115 Substance Use Medicaid Waiver; Family First CW Plan; DSS/Clifford Beers Integrated Care for Kids) advocate for reimbursement policies that support cross-system & family coordination via telehealth or attendance at family care planning meetings.
- Advocate for the development of a flexible and comprehensive array of coordinated services & supports that can meet the needs & desires of all families presenting to care.
- Develop recommendations & advocacy strategies for promotion of health & wellness (e.g., social determinants of health) including pre-service & in-service workforce development to incorporate these concerns in work/practice.
- Advocate for systems policies that support "No Wrong Door" providing early & continuous access to the statewide service array & preventing use of higher levels of care (e.g., juvenile justice system, ED).
- Develop advocacy strategies for reduction of barriers to care (e.g., linguistic, cultural, geographic, economic)
- Advocate for the development of common data elements & the mechanisms & web-based platform to collect these data within & across systems.

Education to increase knowledge of the Family Care Connections (FCC) model and the advantages of this model

- Using existing platforms develop & implement a communication strategy to ensure understanding of FCC & roles for families & providers.
- Provide trainings for providers, youth & families to enhance their understanding of FCC as a mechanism to access coordinated care.
- Dissemination of best practices to relevant stakeholders & ongoing revision of such practices.

Utilize & enhance data to inform the development and implementation of the Family Care Connections (FCC) model.

- Identify & develop quality metrics within & across systems to assess success in meeting the needs of families & providers.
- Assess needs of children, youth, families & providers as they relate to the development & utilization of FCCs including an assessment of equity in access to care.

OUTPUTS

of FCCs developed per year by region

Mechanisms to link primary care, school & behavioral health providers developed

# of providers (primary care, behavioral health, school) involved in FCCs

% of providers satisfied with mechanisms to link primary care, school & behavioral health providers

# of youth referred to Mobile Crisis, outpatient, care coordination & % who receive care

outreach/trainings w/ school & primary care re: referrals to community supports

Screening mechanisms identified

screenings/type of screening p/year

#/% existing entities serving as FCC implementation teams

#/type of advocacy plans developed

#/types of advocacy efforts

#/types of policy/procedure changes resulting from advocacy efforts

Development of communication strategy for FCCs

# of outreach efforts/trainings w/youth, families, providers re: FCCs

Quality metrics for FCCs established

#/% of family members, & youth satisfied with FCC process

OUTCOMES

Short-term

Increased referrals from schools & PCPs to mobile crisis, care coordination & outpatient care (closed-loop communication; Green Form)

Increased referrals from schools & PCPs to caregiver peer support

Increased use of coordinated advocacy efforts to facilitate policy change in the NOC

Intermediate

Increased number of youth screened for risk, needs & acuity (case studies)

Increased use of community-based care

Decreased duplication of care coordination services

Increased youth, family & provider satisfaction with access to coordinated community-based care

Long-term

Decreased behavioral health visits to EDs

Decreased utilization of PRTFs

Decreased use of inpatient bed days

Reduced suicide among youth/young adults

Increased use of data to assess service access & receipt across providers & systems

Increased blending of service dollars to support cross-sector provision of care