

CT Family First

Programs and Service Array Workgroup Meeting

DECEMBER 17, 2019

CO-CHAIRS: ELISABETH CANNATA & ELIZABETH DURYEA

12/17/2020 Agenda

1. Welcome and Recap
2. Review Selection Criteria
3. Review and Discuss EBPs Fit and Feasibility Matrix
4. Discuss remaining gaps unmet by Tier 1 and Tier 2
5. Finalize recommendations for Governance
6. Next Steps

Review of Selection Criteria

***Prioritization:** EBPs that meet 3 or more candidacy populations

Additional Selection Criteria:

Fit:

- Whether the EBP was researched with communities of color, as evidence by studies reviewed on the CEBC or the title IV-E Clearinghouse.

Feasibility:

- The level of evidence, as determined by the title IV-E Clearinghouse.
- Availability in Connecticut, as defined by existing within 3 or more regions.

Reminder: “Tier 1” and “Tier 2” Models

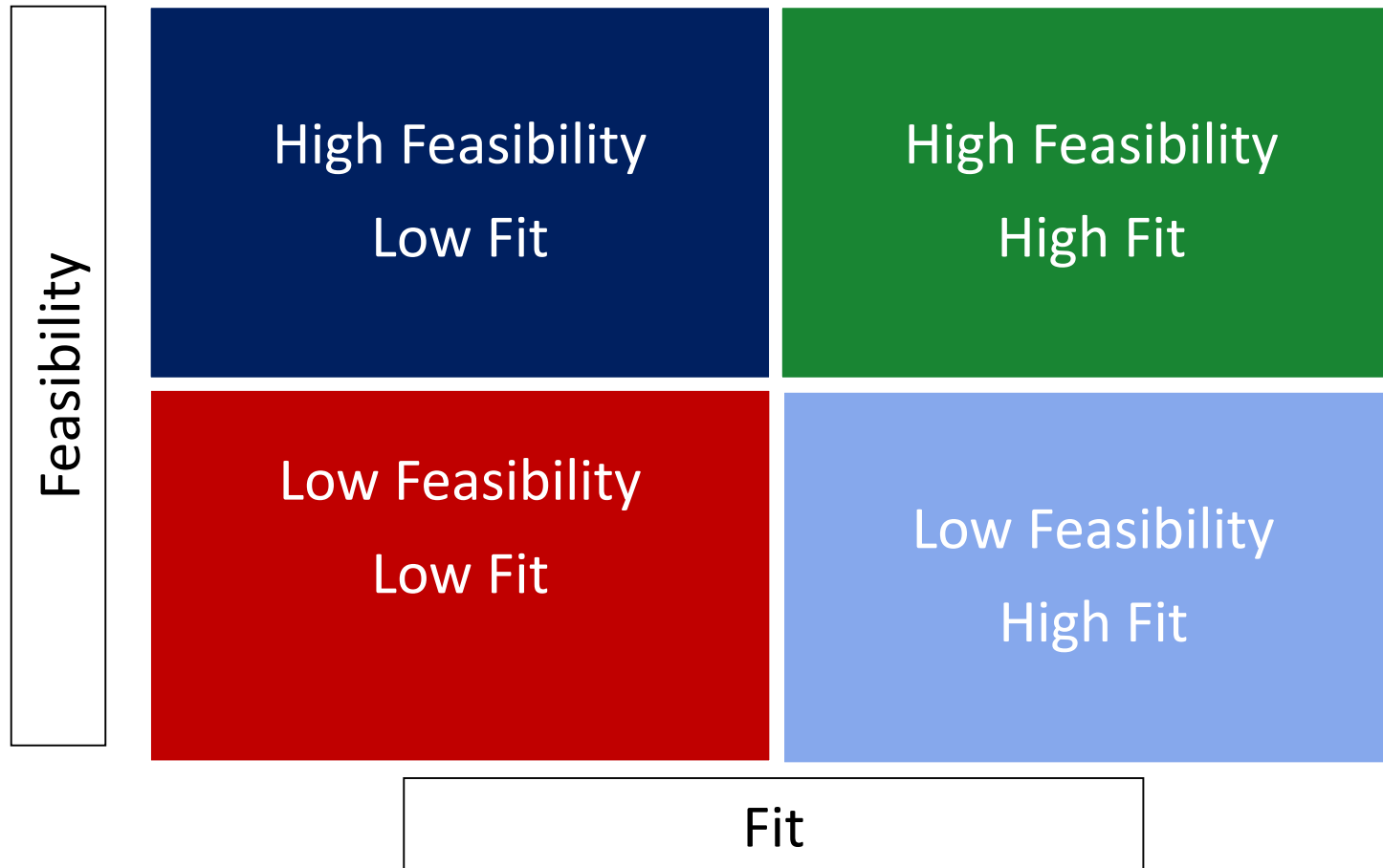
Tier 1 – “well-supported” on
FFPSA Clearinghouse:

Brief Strategic Family Therapy (BSFT)
Functional Family Therapy (FFT)
Healthy Families America (HFA)
Homebuilders
Motivational Interviewing (MI)
Multisystemic Therapy (MST)
Nurse Family Partnership (NFP)
Parents As Teachers (PAT)
Parent-Child Interaction Therapy (PCIT)

Tier 2 – “supported” or “promising”
on FFPSA Clearinghouse, or Independent Systematic
Review submitted

Families Facing the Future (FFF)
Multi Dimensional Family Therapy (MDFT)
Methadone Maintenance Therapy (MMT)
Trauma-Focused CBT (TF-CBT)
Triple P
Wraparound

Fit and Feasibility Matrix



High Fit/Feasibility:

- EBPs with all 3 criteria met (*likely recommended*)

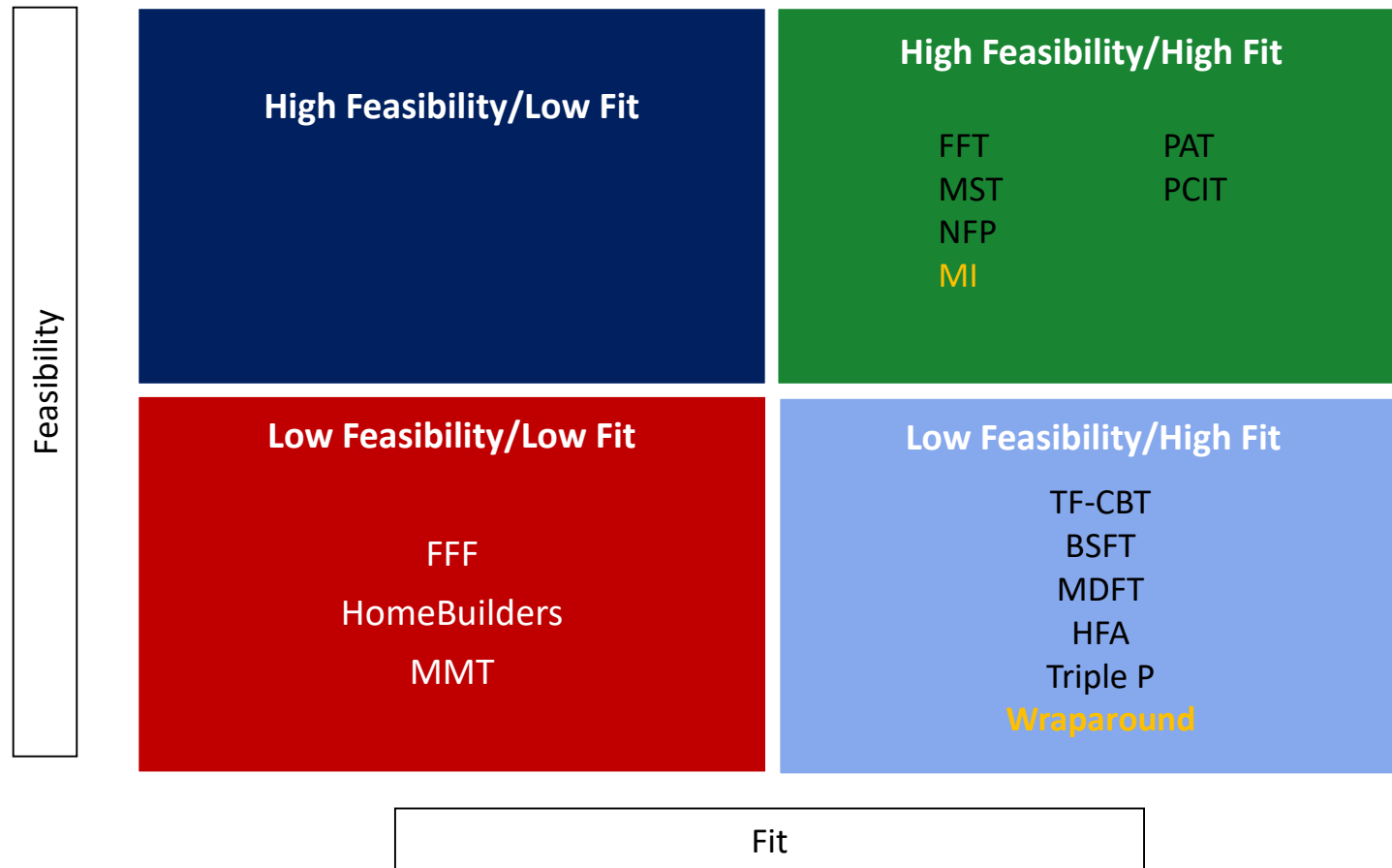
High Fit/Low Feasibility:

- EBPs with 1-2 criteria met (*recommendation considered*)

High Feasibility/Low Fit and **Low Fit/Feasibility:**

- EBPs that met 3 or fewer candidacy populations, are not in CT, or are not researched with communities of color: (*likely excluded*)

Fit and Flexibility Matrix for Tier 1 and 2



High Fit/High Feasibility EBPs

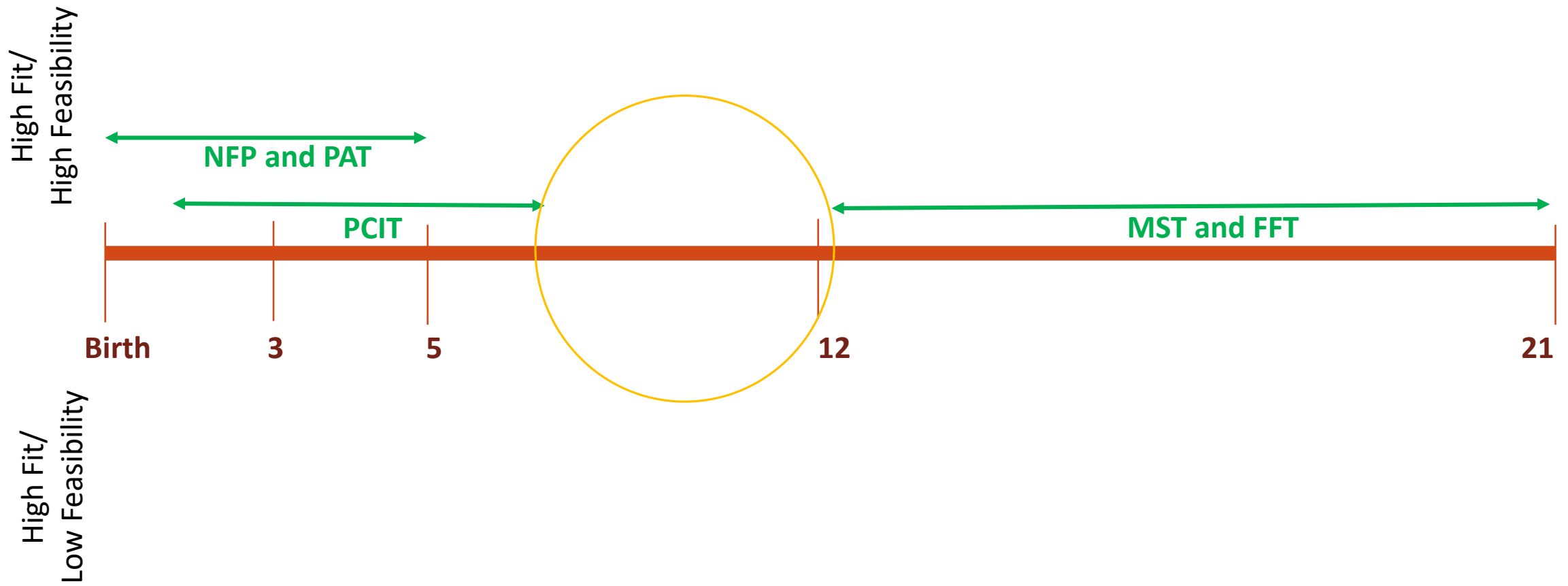
- Functional Family Therapy (FFT):
 - Met 8 candidacy populations, Tier 1, widely available, researched with communities of color
- Multisystemic Therapy (MST):
 - Met 6 candidacy populations, Tier 1, widely available, researched with communities of color
- Parents as Teachers (PAT):
 - Met 5 candidacy populations, Tier 1, widely available, researched with communities of color
- Nurse Family Partnership (NFP):
 - Met 4 candidacy populations, Tier 1, widely available, researched with communities of color
- Parent Child Interaction Therapy (PCIT):
 - Met 3 candidacy populations, Tier 1, widely available, researched with communities of color
- **Motivational Interviewing:**
 - Met 12 candidacy populations, Tier 1, widely available, researched with communities of color

Candidacy Populations Unmet by High Fit/High Feasibility

Candidacy populations with 1 or fewer aligned EBPs:

- Children with incarcerated parents
- Trafficked youth
- Unstably housed or homeless youth and their families
- Families with IPV
- Caregivers who have a substance use disorder, mental health condition or disability that impacts parenting
- Children with a physical, developmental or intellectual disability that impacts parenting

Age Ranges Unmet by High Fit/High Feasibility



TF-CBT

BSFT

MDFT

HFA

Triple P

Wraparound

High Fit/Low Feasibility EBPs

- Trauma Focused-Cognitive Behavioral Therapy (TF-CBT)
- Brief Strategic Family Therapy (BSFT)
- Multidimensional Family Therapy (MDFT)
- Healthy Families America (HFA)
- Triple P
- **Wraparound**

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Criteria:

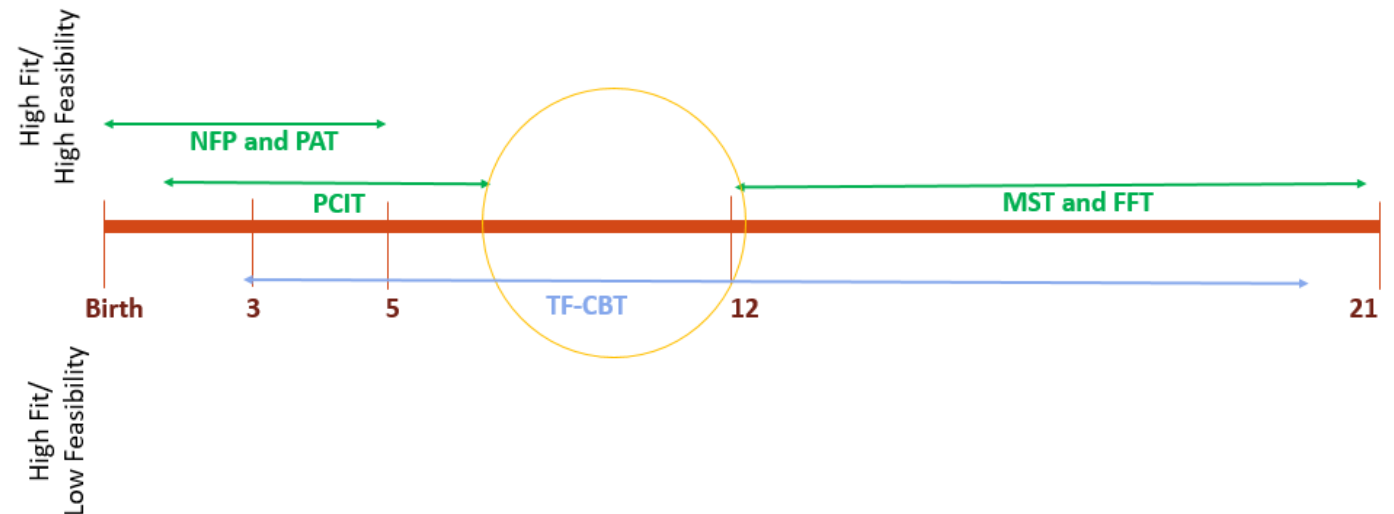
- Met 12 candidacy populations
- **Tier 2**
- Researched with communities of color
- Widely available in CT

Overlap with other EBPs:

- N/A

Gaps to Fill:

- Addresses family trauma, whether behaviors are internalizing or externalizing, where as EBPs like MST require high-end externalizing behaviors before families become eligible for services
- Age range: Age 7-12 are unmet by High Fit/High Feasibility EBPs, TF-CBT serves youth 3-18



Brief Strategic Family Therapy (BSFT)

Criteria:

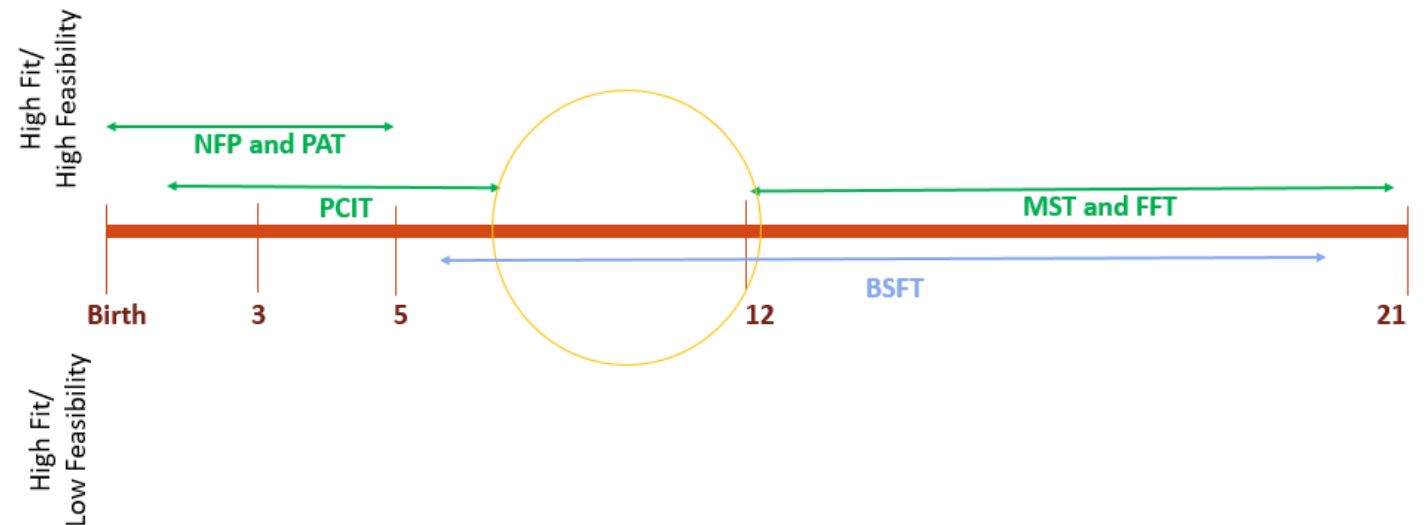
- Met 6 candidacy populations
- Tier 1
- Researched with communities of color
- ***Does not currently exist in CT***

Overlap with other EBPs:

- FFT/MST/MDFT

Gaps to Fill:

- Age range:
 - Age 7-12 are unmet by High Fit/High Feasibility EBPs, BSFT serves youth 6-18



Multidimensional Family Therapy (MDFT)

Criteria:

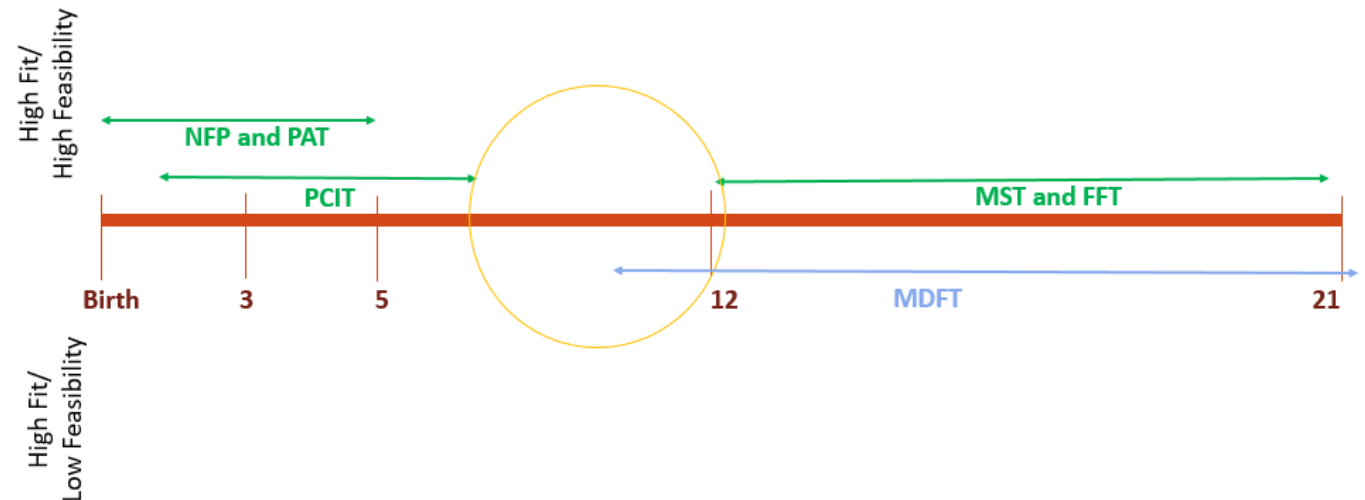
- Met 6 candidacy populations
- **Tier 2**
- Researched with communities of color
- Widely available in CT

Overlap with other EBPs:

- MST/FFT/BSFT

Gaps to Fill:

- MDFT was developed explicitly for youth with substance use disorder and has evidence of reducing substance use in a sustained way, in CT has been adapted for opioid use disorder with teens/young adults
- Age range: Age 7-12 are unmet by High Fit/High Feasibility EBPs, MDFT serves youth 9-26



Healthy Families America (HFA)

Criteria:

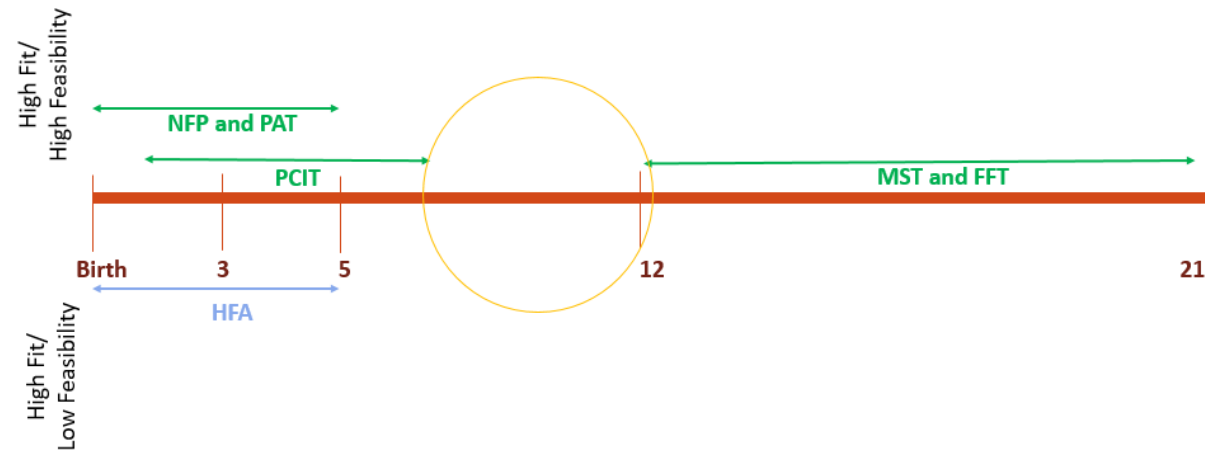
- Met 5 candidacy populations
- Tier 1
- Researched with communities of color
- ***Currently not widely available in CT***

Overlap with other EBPs:

- NFP, PAT, and Triple P

Gaps to Fill:

- This EBP meets some of the candidacy population caregiver with substance use disorders, but only for caregivers with children ages 0-5 and does not specifically address their substance use disorder.
- This EBP meets some of the candidacy population caregiver with mental health, physical, intellectual, or developmental disabilities, but only for caregivers with children ages 0-5 and does not specifically address their mental health, physical, intellectual or developmental needs.



Triple P

Criteria:

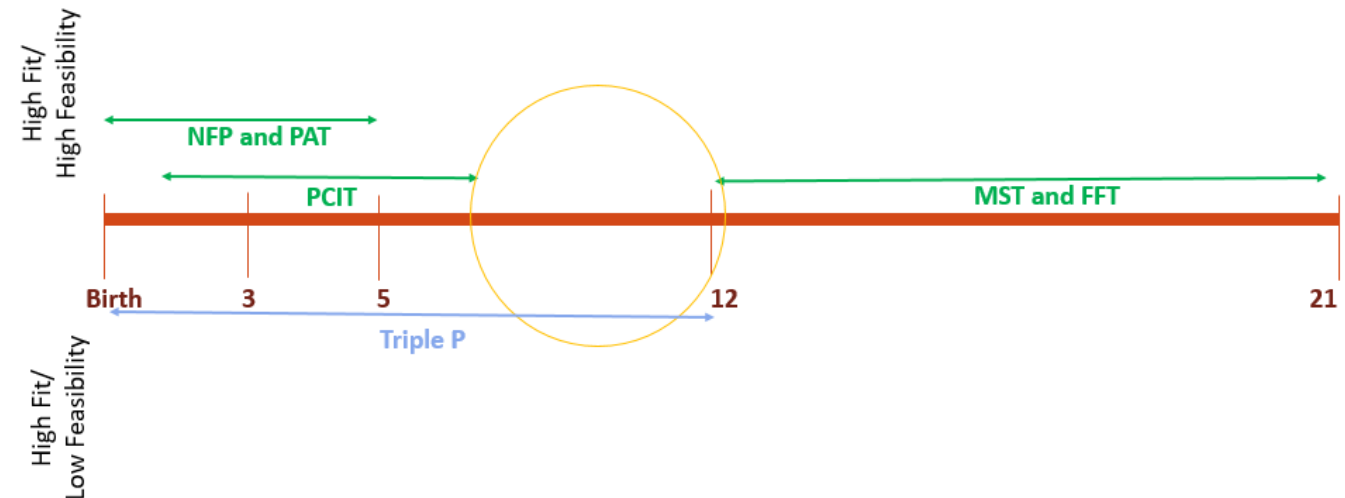
- Met 4 candidacy populations
- **Tier 2**
- Researched with communities of color
- Widely available in CT

Overlap with other EBPs:

- NFP, PAT, HFA

Gaps to Fill:

- Serves families upstream before families get involved in DCF
- Age range: Age 7-12 are unmet by High Fit/High Feasibility EBPs, Triple P serves youth birth-12



Wraparound (cross-cutting)

Criteria:

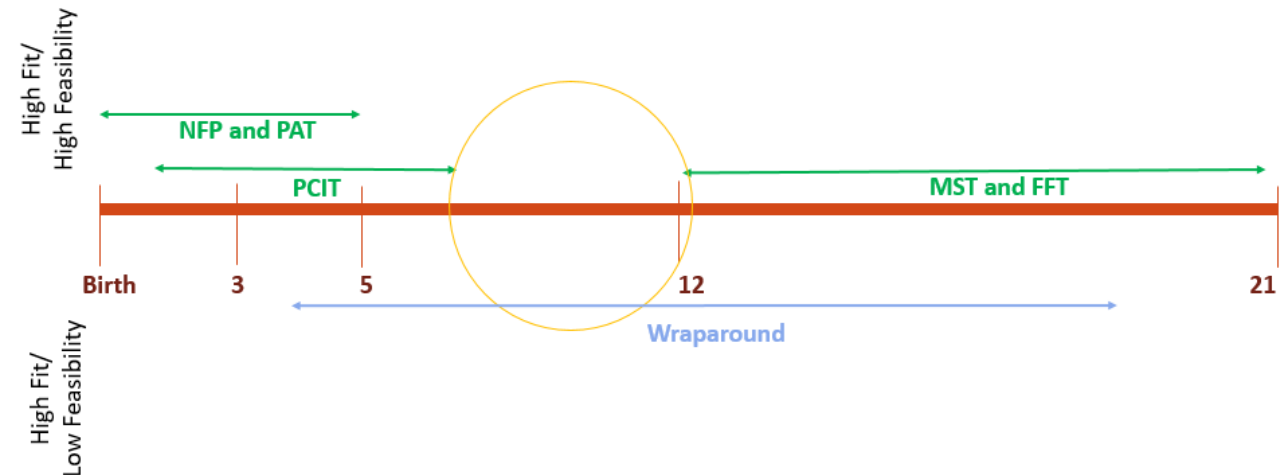
- Met 8 candidacy populations
- **Tier 2**
- Researched with communities of color
- Widely available in CT

Overlap with other EBPs:

- N/A

Gaps to Fill:

- This is a model that can serve families further upstream, it enhances connection to families, strengthens family decision-making and enhances engagement with other services
- Already embedded in DCF Voluntary Services and IFCS



Low Fit/Low Feasibility:

EBPs that do not meet 3 or more candidacy populations

Low Fit/Low Feasibility

FFF

HomeBuilders

MMT

Model specific considerations:

- MMT - widely available, but narrow scope given focus on opioid use
- FFF - (very limited availability and narrow in scope where it can meet some of the needs of caregivers with a substance use disorder
- Homebuilders – Piloted in DCF Region 5 (2014) was not sustained or expanded due to challenges with maintaining model fidelity

Question:

- Are there Tier 3 EBPs that can more fully meet the needs of caregivers with substance use disorder that we should elevate to Governance?

Summary: Tier 1 & 2 Recommendations for EBPs

High Fit/Feasibility:

- Functional Family Therapy (FFT):
- Multisystemic Therapy (MST):
- Parents as Teachers (PAT):
- Nurse Family Partnership (NFP):
- Parent Child Interaction Therapy (PCIT):
- Motivational Interviewing

High Feasibility/Low Fit:

-n/a

Low Feasibility/High Fit:

BSFT

MDFT

HFA

Triple P

Wraparound

Low Fit/Feasibility:

MMT

What are some of our other considerations for us to elevate to Governance?

- FFPSA “approved” criteria limiting and restricting models with strong empirical support and high alignment around candidacy needs
 - Tier 1 & 2 criteria ruled out many models, including CT based models where FFPSA approval is likely with support
 - *Dynamism of Clearinghouse approvals*
 - *Overlap of models, gaps within candidacy groups, nuance of models and limitations, best fit for Connecticut*
- Identify gaps where Tier 1 & 2 models do not address needs
 - Housing
 - Caregivers and/or children with Intellectual/developmental disabilities
 - Parents or caregivers with mental health disorders
 - Parents and caregiver substance use disorders
 - Families with IPV
 - Children with incarcerated parents
 - *Mental health needs of very young children*

Workgroup Next Steps

- Make PSAWG recommendations for Tier 1 & 2 Services to Governance Committee on January 5, 2020
 - Determine what population needs remain unmet by Tier 1 and 2 services
 - Solicit committee feedback on next steps for Tier 3
 - Solicit committee feedback on next steps for Tier 4
- Next PSAWG meeting Jan. 7th, 2021 with new TEAMS invite coming
 - 1st/3rd Thursdays from 1:30 – 3 p.m.
 - Continue matching Tier 3 and Tier 4 in 2021
 - Develop plan for CQI and implementation