Meeting Summary/Minutes
Family First | Fiscal and Revenue Enhancement Workgroup
February 23, 2021 | 12:30 - 2:00 pm | MS Teams Meeting

Welcome and Introductions

- The co-leads for the workgroup, Cindy Butterfield and Allison Blake, introduced themselves to the group.
- Lots of work has been done by Cindy's team and by the Programs and Service Array workgroup (PSAWG). Some work will be done offline and brought back to the Fiscal workgroup to review.
- This meeting may be pretty extensive, and the co-leads understand if members need to take some time to absorb the information.

Cost-Benefit Analysis

- Cindy reviewed the type of data that is needed to perform a cost-benefit analysis and gave an example. She demonstrated how prevention services can save the Department money by diverting a certain portion of children from entering foster care, which is quite expensive.
- In addition to the savings from prevention efforts, Family First has the additional benefit of federal claiming for reimbursement, which can save the Department more money while providing better outcomes for children.
- Cindy shared the table that showed the Tier 1 programs moved forward by PSAWG and the percentage diverted from the caseload and diverted from foster care that would be necessary to break even on that program. It also showed outcome data in different domains (e.g. reducing delinquent behavior, etc.). The cost-benefit analysis compares the cost per slot of the service itself to the cost of having a child on a caseload or in foster care for the average length.
    - For example, HFA would serve 75 families. 20.21% would need to be diverted from the caseload or 11.83% would need to be diverted from foster care to break even for it to save money.
- The analysis also depends a lot on how deep outside of DCF one wants to go. A program could potentially also divert children from homelessness, poverty, incarceration, etc., all of which have high costs. This analysis is limited to diverting from the DCF caseload and foster care.
- One person asked where the estimated percent diverted comes from and whether the measurement for each program is consistent. Cindy explained that she looked at domains where the program was successful and better than the breakeven percentage.
- It was pointed out that for young children, it is hard to judge the extent of the results. Also, each program serves different populations, so it may not make sense to compare program results directly.

- Many Clearinghouse rated services are early childhood programs that have low evidence with child welfare populations. It is hard to look at it all together.
- Cindy reminded the group that services are being added, and they have been reviewed much faster than they were last year. JoShonda also pointed out that this is the first iteration of the plan, and we can amend the plan as we go and learn more.
- Cindy highlighted the fact that the goal is not to make money - there might be services that we want to move forward even without a positive cost-benefit analysis, if it has positive impacts on our kids. She also explained that getting a Medicaid SPA approved for of the services listed would take a great deal of time.
- For the cost per slot, this was calculated in two ways, depending on if the service is a DCF service. If it is, then they looked at the current costs. If not, they looked at the total cost of the program and divided it by the number of slots the program permits.
- One member felt the cost for TF-CBT listed seemed high; a lot of the cost is for incentives. They offered to provide more feedback and potentially revise that number.
- A person asked whether the analysis assumes that each indicator contributes equally to the offset, and Cindy replied yes. We are looking at the program's strongest points, which may also help show which families should be targeted.
- Title IV-E is the payer of last resort, meaning anything currently covered by Medicaid will still be covered; however, certain aspects of a program that are not Medicaid-reimbursable (e.g. administration costs, QI/QA, etc.) can still be reimbursed through IV-E.
- Some felt it makes sense to maximize what the state already uses, especially given potential reimbursements for administrative costs. Cindy agreed this is a potential strategy, and there has been interest in streamlining models.
- One person pointed out it felt like there is a lot of "guess-timating" and it is important to note that some of the listed programs are approaches (such as Motivational Interviewing) rather than interventions.
- A workgroup member asked what programs are on the list that Connecticut is currently not employing? Some of the percentages are very small - are there others that may be more effective? Cindy replied that there has been a ramp-up in programs being submitted to the Clearinghouse. We are not closing the door to anything and will continue to iterate on our first plan.
- One person asked what the risk to the state would be if the numbers are not correct? What is the risk to providers? How would families be impacted. Cindy explained that there are many pieces to this analysis. For programs in Connecticut, we will use our own data, and the chart has Clearinghouse data. This is not the final analysis; it is merely a "gut check" designed to get a general idea of what is beneficial. We will compare this with our own data.

- Elisabeth Cannata, one of the PSAWG co-leads, sent a document that goes over possible sources for CT data and gatekeeping information for different programs. This will be shared with the workgroup, and they can suggest other sources.
- Workgroup members appreciated that document being sent out, but they felt it would be helpful to have them more in advance. It is hard to know what to ask without having seen this data in advance, and it feels like they are playing catch up.
    - Cindy and Allison agreed to try to send those via email in advance of the meeting.
- One person asked how we will take into account models that have funding from sources besides Medicaid. Cindy said that will be considered and we will need to take a holistic approach.
- Another point of clarification for the workgroup was what parts of the Prevention Plan are not up for discussion due to federal requirements, what parts have been decided by the state already, and what does this workgroup have control over? They did not want to duplicate any work that has already been done. JoShonda responded that the Clearinghouse is federal, but a lot of latitude has been given to states. Most of it is our decision, and we know that it is complex. A lot depends on the cost-out, and the Candidacy workgroup intentionally made the candidacy definition quite broad.
- A workgroup member expressed their feeling that jumping into the work at this stage is challenging, and the more background information that can be provided, the better.
- Regarding the Clearinghouse, one person asked whether we have any idea when things will come up? The list for review is quite long. Can we look at things that have not been considered yet? JoShonda answered that we have mostly been keeping up with the website. There is not a way to know the timeline for reviewing programs. If it is not in the pipeline, it would require a systematic review, and we cannot claim for a program until it is on the Clearinghouse or we complete a state led review.
- One person was interested in high intensity wraparound. They feel that many clinical programs are listed and fewer holistic ones - we need to address social determinates. JoShonda agreed that a holistic approach is important, but members should keep in mind that the Clearinghouse is narrow.
- A member asked whether PSAWG will be reviewing additional services, and JoShonda explained that they will be going back to do some additional reviews, but they are also hoping that Fiscal will refine their initial recommendations. We may want to be narrower at our first pass.
- The Prevention Plan can be revised as often as we would like, although any revision would require a review and some back-and-forth with the ACF. Any changes made are retroactive to the beginning of the quarter.
- PSAWG's work to date was clarified: PSAWG looked at Tier 1 and 2 services and did not make any judgements as to what may be better or worse. Any program that was deemed worth considering was passed along to fiscal.

- Historically, DCF being the payer of last resort has allowed some community payers to avoid paying. One workgroup member raised this concern and asked whether there have been examples from other states of private providers not paying? It was recommended that we reach out to the Office of Healthcare Access (OHA) about this concern.

Next Steps

- Our work is time-sensitive; we want to bring recommendations to Governance soon. As soon as we are able to do the modeling and cut the list, we want to lift our recommendations to PSAWG and Governance for review. We will not be making final recommendations, but we may be able to eliminate some programs that we feel are not feasible due to the fiscal impact.
- The next meeting will be **March 4, 2:30 - 4:00 pm** and we will discuss the models in more detail.
- We will send out information for offsetting costs, speak with program leads for CT data.
- Although reducing length of stay for foster care is not part of FFPSA's goals, it is a goal for DCF.