COST BENEFIT ANALYSIS OF RELEVANT EBPS

FINAL PRESENTATION

March 12th, 2021

Fiscal and Revenue Enhancement Workgroup

Agenda

- Welcome and Desired Results
- Finalizing recommendations
- Additional revisions to the analyses
- The Selected Evidence-Based Programs – updated
- Next steps: Governance March 16, 2021
  - *Fiscal workgroup meeting March 16th is cancelled*

Desired Results

- Obtain a shared understanding of the last revisions to the cost benefit analyses
- Ensure last input from the workgroup
- Validation of the process leading to recommendations for Governance

Finalizing recommendations

Based on input from last meeting – and collaboration with the co-leads of the Programs and Services Array Workgroup – we have organized a **two-fold presentation** to Governance (March 16th):

All EBPs will be presented and compared across:

1) Fiscal criteria: cost per slot, funding streams, break-even points (caseloads and foster care), dosage/length of program, and CBA potential → *the content in the deck presented today*

2) Programmatic criteria: targeted age ranges, meeting the candidacy groups' needs, top positive outcomes, intensity, duration, service location, and provider credentials → content delivered by the Programs and Services Array Workgroup

Discussion

- What are your thoughts on this process and plan for the recommendations? Anything missing or unclear?

Additional revisions to the analyses

- Based on input from last meeting, we revised the CBA as follows:
  - *Information on cost of BSFT*
  - *Connecticut specific data on FFT and MST*
  - *Revised the costs per family for the early childhood services and the cost benefit analysis for those services.*
  - *Connecticut dosage duration data for early childhood services.*

THE SELECTED EVIDENCE-BASED PROGRAMS

–INITIAL RESULTS

The Analytical Process: The CBA-variables

What is the variable?	What does is tell us?	Where did we get the information?
Tier	The level of evidence of the EBP	From the Title IV-E Clearinghouse
Cost per Slot	The dollar amount for each child/family that receives this specific EBP	Calculations based on information from model/program developer or actual CT services budgets.
Break-Even for FC @ 50% Reimbursement*	The percentage of children that need to be diverted from Foster Care in order to break even (in %); at a 50% reimbursement	Analysis of the cost of the service team, against the % of children that need to be diverted from FC to offset Team costs.
Caseload Prevention @ 50% Reimbursement**	The percentage of children that need to be diverted from caseload in order to break even (in %); at a 50% reimbursement	Analysis of the cost of the service team, against the number of children that need to be diverted from DCF Caseload to offset the Team costs.
Medicaid	Information as to whether the model is covered by Medicaid (yes/no)	DSS / Providers
Current DCF Program	Information as to whether the model exists in CT currently (yes/no)	From research conducted by the Programs and Services Workgroup

*The average cost for a child in foster care: $24,563,50 (13.1 months)

**The average cost for a child's caseload: $14,375.00 (23 months)

Healthy Families America (HFA) - Revised

COST
$17,433.60

Break-even for FC
35.49%

Break-even for Caseloads:
60.64%

Summarizing remarks

- Targets pregnant women and caregivers of children birth to 5 where high risk for abuse/neglect (not clinical)
- In home
- Dosage Duration – 3 years

The program has these favorable outcomes:

- Child Safety: Self Report of Maltreatment
- Child Well-Being: Educational Achievement
- Adult Well-Being:
  - Parent/Caregiver Mental Health
  - Parenting Practice
  - Substance Abuse

Nurse Family Partnership (NFP)- Revised

COST
$11,249.21

Break-even for FC
23%

Break-even for Caseloads:
39%

Summarizing remarks

- Targets pregnant women/caregivers of children birth to 2 (B.A. level registered nurse delivers service)
- In-home
- CT Dosage Duration: 23 months
- Outcomes:

Child Safety: Maltreatment risk assessment
Child Well-Being: Behavioral & Emotional Functioning
Child Well-Being: Cognitive functions and abilities
Child Well-Being: Physical Dev and Health
Adult Well-Being: Parent/caregiver mental or emotional health
Adult Well-Being: Parent Parenting Practices
Adult Well-Being: Family functioning
Adult Well-Being: Economic and housing stability

Parents as Teachers (PAT) – Revised

COST
$6,377.87

Break-even for FC
13%

Break-even for Caseloads:
22%

Summarizing remarks

- Targets pregnant women/caregivers of children birth to Kindergarten (not clinical)
- In-home
- CT Dosage Duration: 13 months
- Outcomes:

Child Safety: Medical Indicators of Maltreatment Risk
Child Well-Being: Behavioral & Emotional Functioning
Child Well-Being: Social Functioning
Child Well-Being: Cognitive functions and abilities
Child Well-Being: Physical Dev and Health
Adult Well-Being: Parent Parenting Practices
Child Permanency: Out-of-Home placement

Parent Child Interaction Therapy (PCIT) - Revised

COST
$1,815

Break-even for FC
3,69%

Break-even for Caseloads:
6,31%

Summarizing remarks

- Children from 2-7 years with problem behaviors (clinical)
- Office with 1-way mirror
- Dosage Duration: 12-20 Weeks

Outcomes:

Child Well-Being: Behavioral & Emotional Functioning

Child Well-Being: Social Functioning

Adult Well-Being: Parent/caregiver mental or emotional health

Adult Well-Being: Parent Parenting Practices

Adult Well-Being: Family Functioning

Functioning Family Therapy (FFT) - Revised

COST
$4,370.73

Break-even for FC
9%

Break-even for Caseloads:
15%

Summarizing remarks

- Children/youth from 11-18 years with problem behaviors (clinical)
- In home
- Lower level of need. 1 X Per Week

Outcomes:

Child Well-Being: Behavioral & Emotional Functioning
Child Well-Being: Delinquent behavior
Child Well-Being -Substance use
Adult Well-Being: Parent Parenting Practices
Adult Well-Being: Family Functioning

Connecticut FFT Data

CT Program Data	Measures are at time of discharge					
FFT Completed & Not Completed Results Comparison	FFT Completed Program -**2017** 71%	FFT Did Not Completed -**2017** 29%	FFT Completed Program **2018** 75%	FFT Did Not Complete-**2018** 25%	FFT Completed Program - **2019** 70%	FFT Did Not Complete -**2019** 30%
AT HOME	97%	84%	98%	85%	98%	83%
IN SCHOOL	99%	90%	99%	93%	100%	87%
NO ARRESTS	95%	87%	93%	79%	96%	93%

Multisystemic Therapy (MST) – Revised

COST
$8,578.6

Break-even for FC
17,46%

Break-even for Caseloads:
29,84%

Summarizing remarks

- Children/youth from 12-17 years with serious acting out/delinquency/ substance misuse (clinical)
- In-home
- Higher level of need. 3 X Per Week

- Outcomes:

Child Well-Being: Behavioral & Emotional Functioning
Child Well-Being: Social Functioning
Child Well-Being: Cognitive functions and abilities
Child Well-Being: Delinquent behavior
Child Well-Being -Substance use
Adult Well-Being: Parent/caregiver mental or emotional health
Adult Well-Being: Parent Parenting Practices
Adult Well-Being: Family Functioning
Child Permanency: Out-of-Home placement

Connecticut MST Data

CT Program Data **Measures are at time of discharge**

MST CT & Nationwide Results	Program Benchmark Measures	CT **2016** 1/1/16-12/31/16	NW **2016** 1/1/16-12/31/16	CT **2017** 1/1/17-12/31/17	NW **2017** 1/1/17-12/31/17	CT **2018** 1/1/18-12/31/18	NW **2018** 1/1/18-12/31/18	CT **2019** 1/1/19-12/31/19	NW **2019** 1/1/19-12/31/19	CT **2020** 1/1/20-12/31/20	NW **2020** 1/1/20-12/31/20
AT HOME	80%	92%	91%	88%	91%	88%	91%	70%	92%	96%	TBD
IN SCHOOL	80%	82%	86%	72%	86%	70%	86%	60%	87%	74%	
NO ARRESTS	72%	79%	87%	77%	87%	69%	88%	80%	89%	88%	
% COMPLETING TREATMENT # Discharged full dose tx/all youth serviced		429/462= 93%		381/417= 91%		336/352= 95%		272/296= 92%		171/189= 90%	

Brief Strategic Family Therapy (BSFT) - Revised

COST
$3,399

Break-even for FC
7%

Break-even for Caseloads:
11.66%

Summarizing remarks

- Children/youth from 6-17 years with behavior problems (clinical)
- In-home
- Dosage Duration: 12-16 weeks

- Outcomes

Child Well-Being: Delinquent behavior
Adult Well-Being: Family Functioning

Motivational Interviewing (MI)

COST
$221.98

Break-even for FC
.45%

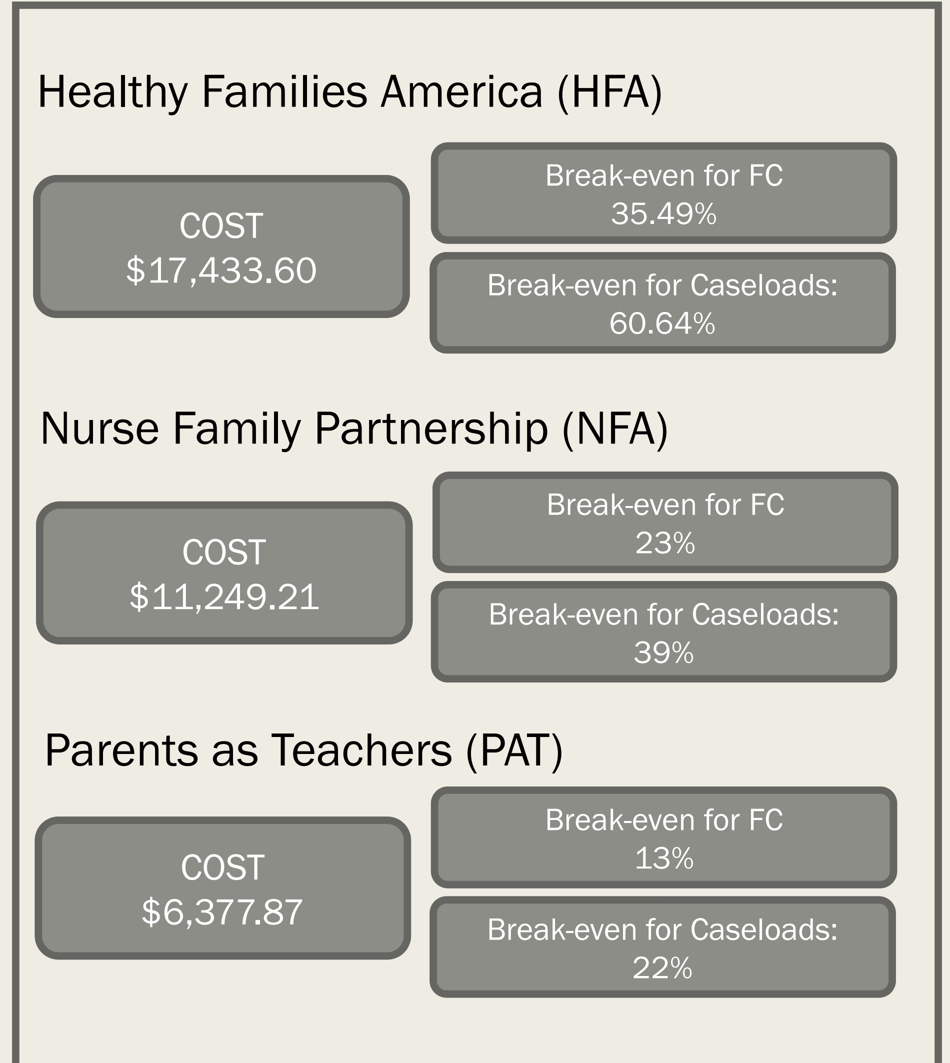
Break-even for Caseloads:
.77%

Summarizing remarks

- Adults with substance use (as approved on FFPSA clearinghouse)
- Not treatment, but approach to improve motivation for change to increase active participation in treatment for substance use*
- Outcomes:
  - Adult Well-Being: Parent/caregiver substance use
  - Adult Well-Being: Family Functioning

*Other states use MI as a crosscutting case management enhancement approach for adolescents (see for example DC's amended prevention plan)

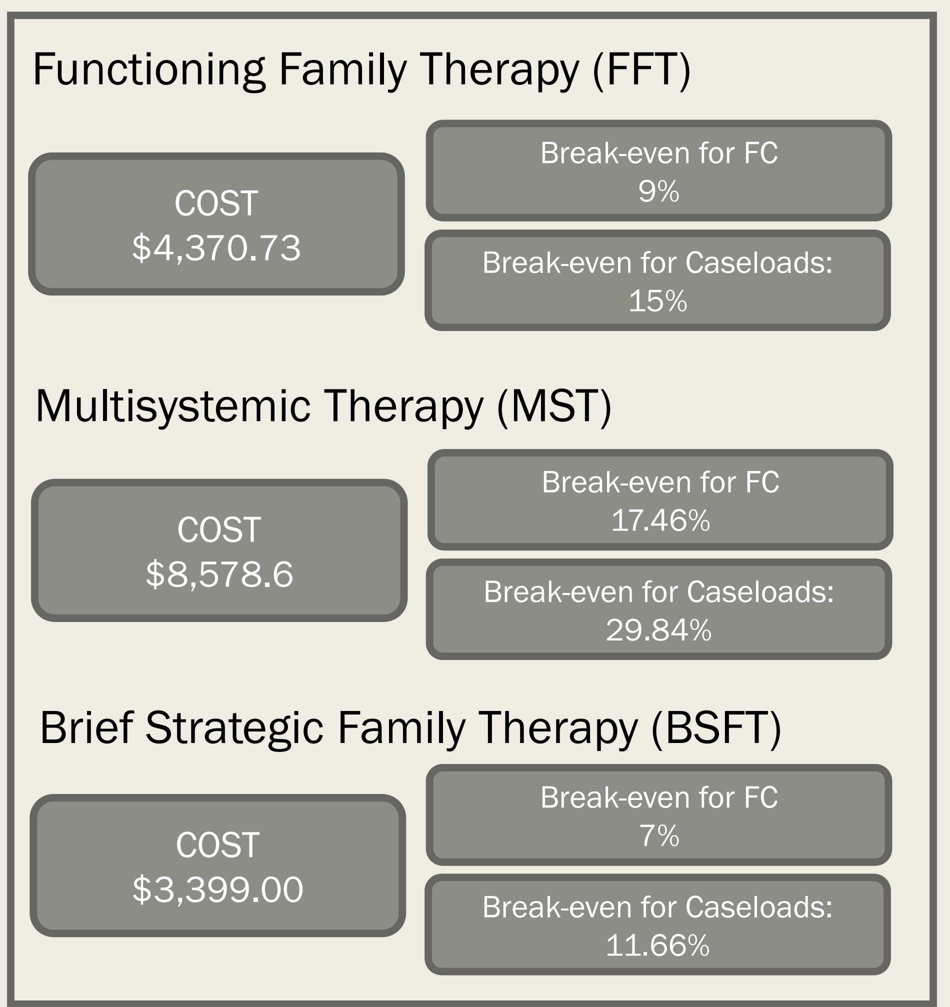
Comparison between similar EBPs – Revised



All three EBPs have parents/caregivers as the focus of referral, they focus on the parent-child-dyad, and are an in home-program. HFA is not widely available in CT, and NFP requires registered nurses to deliver the EBP.

Question for the workgroup:
Any input based on the comparison?

Comparison between similar EBPs – Revised



All three EBPs have children as the focus of referral, they focus on children and youth within approximately same age range, and all are in home treatment. BSFT is not available in CT.

Question for the workgroup:
Any input based on the comparison?

Discussion

- What are your thoughts? Anything missing or unclear?
- Do you agree with the presented process and results – and that going forward to Governance?

Next steps

- Presentation at Governance March 16th
- Fiscal workgroup meeting March 16th is cancelled

Thank you all for your valuable input on this work!