

Fiscal and Revenue
Enhancement Workgroup
Governance Outcome Update

March 30, 2021

Desired Outcomes

- Share the Results of Governance Committee Decisions
- The Impact and Opportunities for the Fiscal and Revenue Plan
- Path Forward

Programmatic and fiscal criteria for decision-making

All final EBPs were presented and compared across:

- 1. Programmatic criteria**, such as targeted age ranges, meeting the candidacy groups' needs, top positive outcomes, intensity, duration, service location, and provider credentials
- 2. Fiscal criteria**, such as cost per slot, funding streams, break-even points (caseloads and foster care) and CBA potential

FIRST COMPARISON:

Final evidence-based programs for
*children & adolescents with
referrals for identified treatment*

	Governance Decision - Approved for Inclusion in Plan	Governance Decision - Approved for Inclusion in Plan	Governance Decision - Approved for Inclusion in Plan	Governance Decision - Approved for Inclusion in Plan	Governance Decision - Approved for Inclusion in Plan	Governance Decision - Approved for Inclusion in Plan
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	PCIT (Tier 1)	MST (Tier 1)	BSFT (Tier 1) *not in CT	FFT (Tier 1)	MDFT (Tier 2)	TF-CBT (Tier 2)
Age Range	2-7	12-17	6-17	11-18	9-26	3-18
Description	2-7 year olds with problem behaviors (clinical) Office with 1-way mirror	Teens 12-18 with acting out behaviors; and/or substance misuse	(11-17 in CT) with conduct problems, early drug use, negative peers, co-morbid presentation of emotional and/or behavioral difficulties	11 – 18 y.o. with externalizing or internalizing clinical concerns and their families	Youth 9-26 with substance misuse and/or behavior problems	Children 4-18 with PTSD symptoms
Candidacy Groups Met	3	6	6	8	6	12
Top 3 Outcomes	<ul style="list-style-type: none"> Child well-being: Behavioral and emotional functioning Adult well being: Positive parenting practices Adult well being: Parent/caregiver mental or emotional health <i>No other positive outcomes</i> 	<ul style="list-style-type: none"> Child permanency: Out-of-home placement Child well-being: Delinquent behavior Adult well being: Parent/caregiver mental or emotional health <i>Positive outcomes on four other indicators</i> 	<ul style="list-style-type: none"> Child well-being: Delinquent behavior Adult well being: Family functioning <i>No other positive outcomes</i> 	<ul style="list-style-type: none"> Child well-being: Behavioral and emotional functioning Child well-being: Substance use Adult well being: Family functioning <i>Positive outcomes on one other indicator</i> 	<ul style="list-style-type: none"> Child well-being: Social functioning Child well-being: Substance use Child well-being: Educational achievement and attainment <i>Positive outcomes on two other indicators</i> 	<ul style="list-style-type: none"> Child well-being: Behavioral and emotional functioning Adult well being: Positive parenting practices Adult well being: Parent/caregiver mental or emotional health <i>Positive outcomes on one other indicator</i>

SECOND COMPARISON:

Final evidence-based programs
for *adults with identified treatment
needs*

	Governance Decision - Not Approved for Plan Inclusion	Governance Decision - Not Approved for Plan Inclusion
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	Motivational Interviewing (Tier 1)	Methadone Maintenance Therapy (Tier 2)
DURATION	1-3 sessions	Varies, typically 1 year
INTENSITY	Varies	1x/day
SERVICE LOCATION	Community agencies, clinical office settings, care facilities, or hospitals	Hospital/Medical Center
PROVIDER CREDENTIALS	No minimum qualifications	Substance abuse counselors, nurses, or physicians

THIRD COMPARISON:

Final evidence-based programs
for *adults with specific parenting
needs*

	Governance Decision - Approved for Inclusion in Plan	Governance Decision - Approved for Inclusion in Plan	Governance Decision - Approved for Inclusion in Plan	Governance Decision - Approved for Inclusion in Plan
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	HFA (Tier 1) Not statewide in CT	NFP (Tier 1)	PAT (Tier 1)	Triple P (Tier 2)
DURATION	3 years	2.5 years	At least 2 years	10 weeks
INTENSITY	First 6 mos after birth 1x/week; after 6 mos biweekly or monthly	Between weekly-biweekly	Monthly to family with 0-1 stressors, 2x a month for families with 2+ stressors; monthly group connections annually	1 session/week
SERVICE LOCATION	In-home and in-community	In-home and in- community	In-home and in-community	Varies, In-home
PROVIDER CREDENTIALS	High school diploma or equivalent; experience working with children and families; knowledge of infants and child development	Nursing degree and NFP training	High school diploma or equivalency and two years previous supervised work with youth children and/or parents; 7 days of training	None specified , 3 day training, accreditation workshops, written exam

Governance Decision Impact on Fiscal and Revenue

1. 50% reimbursement on named services that are above the MOE.
2. 50% reimbursement for DCF case management costs on cases receiving one of these services, even if not a DCF provided service.
3. 100% reimbursement from the date the plan is submitted until September.
4. Potential for new revenue to support new service investment.

Governance Committee EBP Selection for First Iteration of CT Prevention Plan

Tier 1 EBPs selected:

- Functional Family Therapy (FFT)
- Multisystemic Family Therapy (MST)
- Brief Strategic Family Therapy (BSFT)
- Parent Child Interaction Therapy (PCIT)
- Parents as Teachers (PAT)*
- Nurse Family Partnership (NFP)*
- Healthy Families America (HFA)*

Tier 2 EBPs selected: *(eligible for reimbursement after the subsequent version of the plan is submitted following the development of an evaluation plan)*

- Trauma-Focused CBT (TF-CBT)
- Multidimensional Family Therapy (MDFT)
- Triple P

**DCF is working with OEC and consultant Don Winstead to determine the best way to use IV-E funding for these services because it may be limited*

Next Steps

- Support plan submission
- Assess other Tier 1 services that are available in state and are used by DCF caseload families for potential case management reimbursement
- Ongoing analysis of EBPs by PSAWG for next iterations of the plan

Discussion