



COST BENEFIT ANALYSIS OF RELEVANT EBPS

March 4th, 2021

Fiscal and Revenue Enhancement Workgroup

Agenda

- Welcome and Desired Results
- Purpose and Deliverable of the workgroup
- The Analytical Process
- The Selected Evidence-Based Programs
 - *Comparison between similar EBPs*
- Next steps

Desired Results

- Gain a shared understanding of the purpose and deliverable of this workgroup
- Gain a shared understanding of the analytical process leading up to the initial results
- Identify potential information that should be incorporated as part of the analyses
- Gain a shared understanding of the selected EBPs and the initial results for each one
- Reviewing next steps for this workgroup

Purpose and goal of the workgroup

The Workgroup will model and advise the Governance Team regarding the fiscal and revenue impact of identified options and opportunities in developing the initial Connecticut prevention plan for submission

The primary deliverable of the workgroup:

Develop cost assumptions and financial options for recommended interventions in order to assist the Governance Committee in selecting the final interventions in the Prevention Plan

The results from the CBA (and work of this workgroup) will be combined with content-specific input from the Programs and Services Workgroup before the final evidence-based programs are presented to the Governance Committee on March 16th

The Analytical Process

What are we focusing on?

Evidence-Based Programs, that have been identified by the Programs and Services Workgroup:

- **TIER 1:** Rating of “Well Supported” on FFPSA title IV-E Clearinghouse
 - Prevention Plan CQI/Evaluation Requirement: CQI with Evaluation Waiver
- **TIER 2:** Rating of “Supported” or “Promising” on title IV-E Clearinghouse or has an Independent Systematic Review
 - Prevention Plan CQI/Evaluation Requirement: Full Evaluation

→ *We are focusing on TIER 1 for the Prevention Plan at this time*

What are we doing?

We are doing a Cost/Benefit Analysis for each selected EBP focusing on most relevant identified variables.

The Analytical Process II: The CBA-variables


What is the variable?	What does it 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)

Discussion

- Are we overlooking any essential variables to inform a cost benefit analysis?
- How do you see these criteria weighing in on our recommendations re fiscal impact?

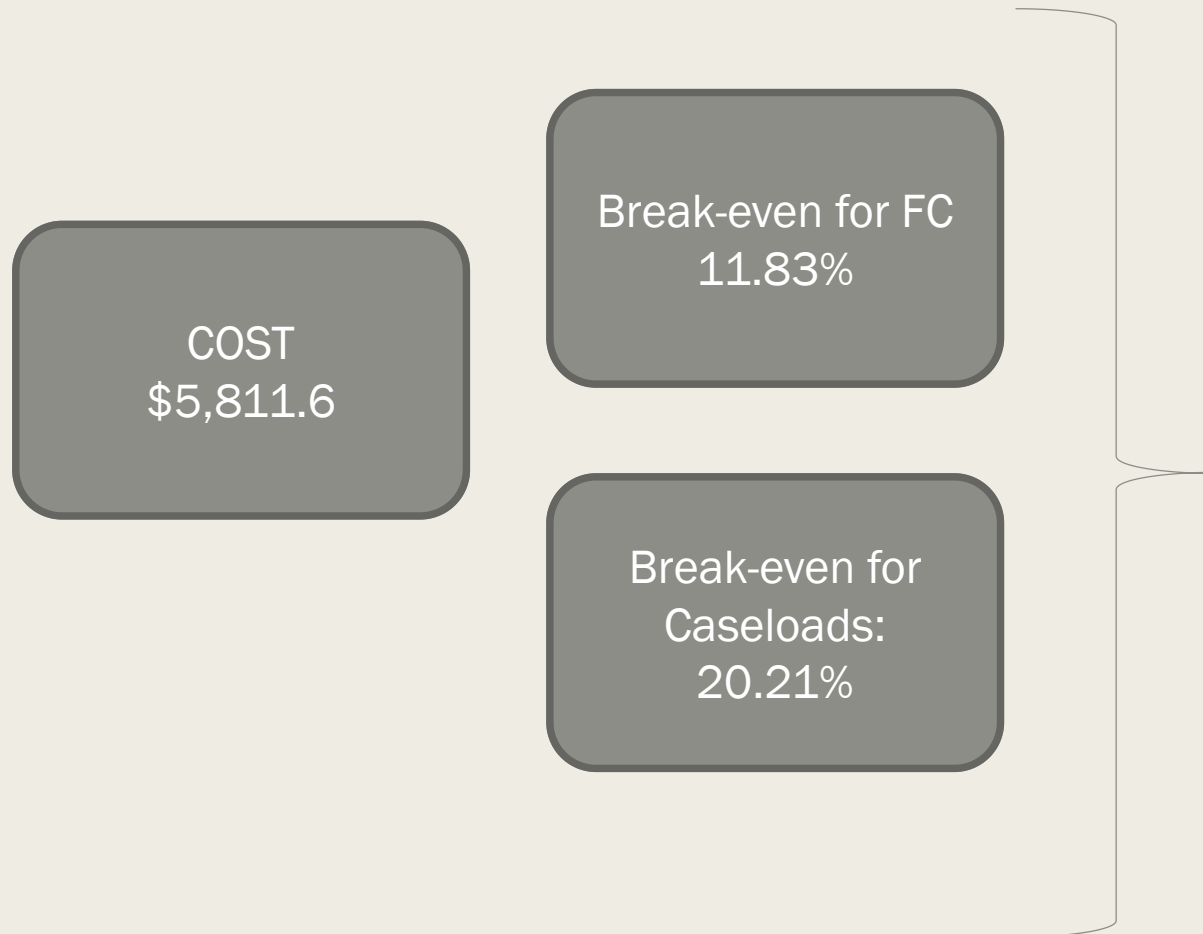


THE SELECTED
EVIDENCE-BASED
PROGRAMS
-INITIAL RESULTS

Across all selected EBPs

- Most of the selected (TIER 1) EBPs are not covered by Medicaid
 - *Functioning Family Therapy (FFT) components billable to Medicaid currently*
- The only two of the selected (TIER 1) EBPs that are not widely available in CT are: Healthy Families America (HFA) and Brief Strategic Family Therapy (BSFT)

Healthy Families America (HFA)



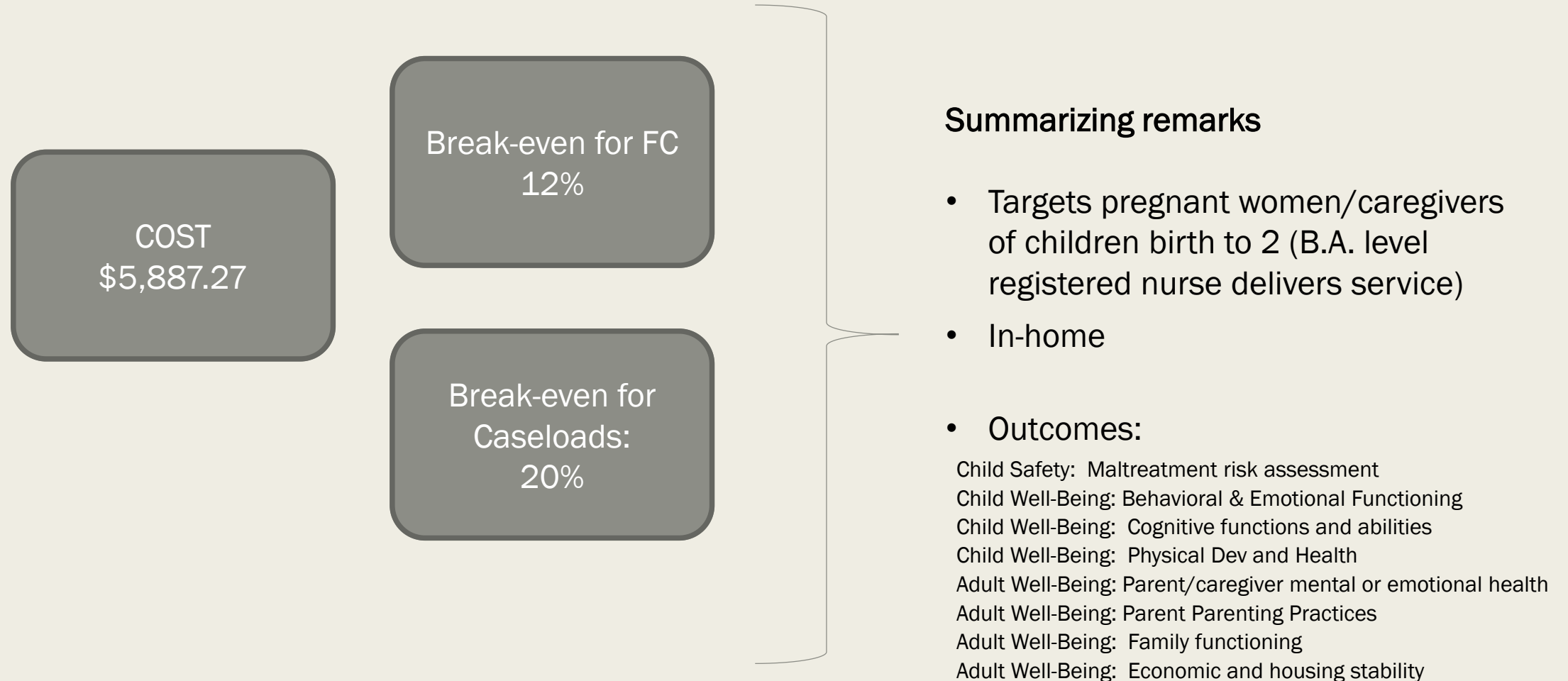
Summarizing remarks

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

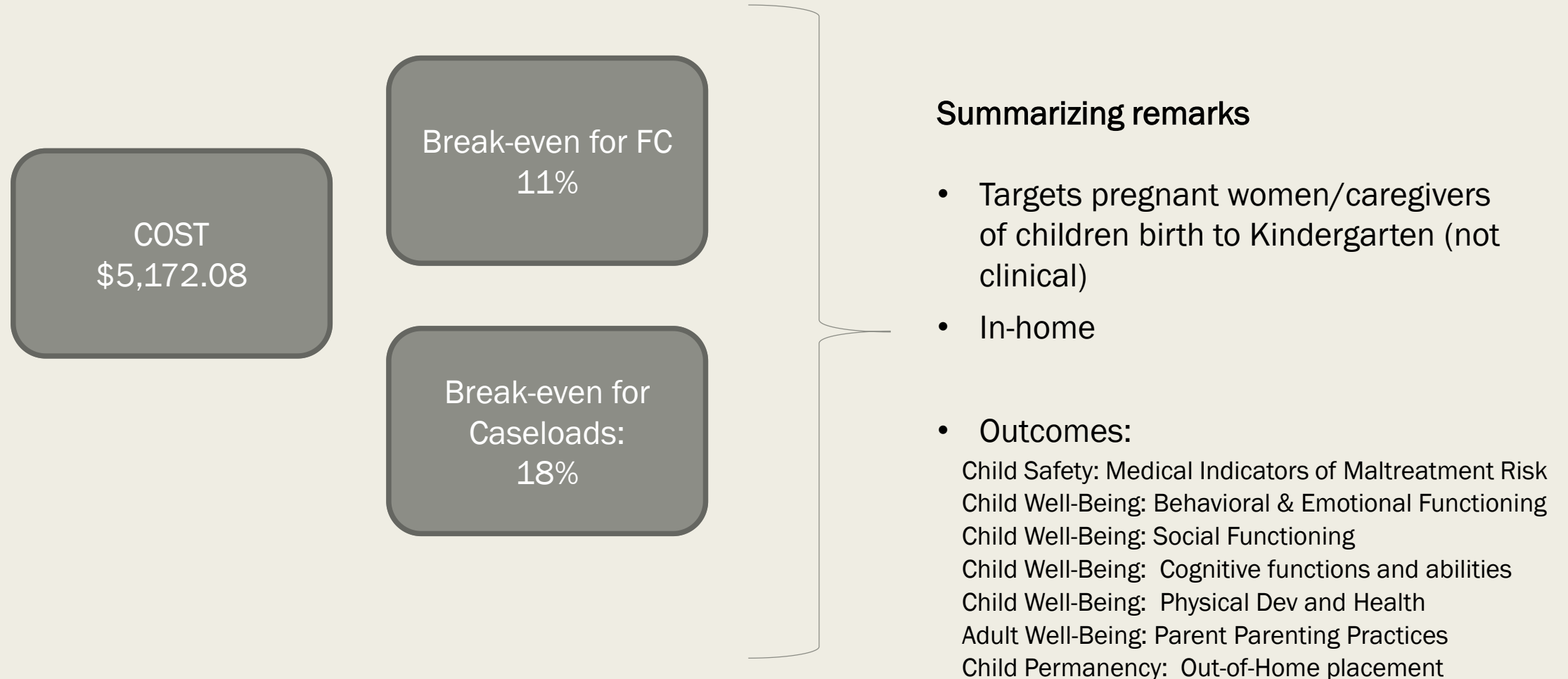
The program has these favorable outcomes:

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

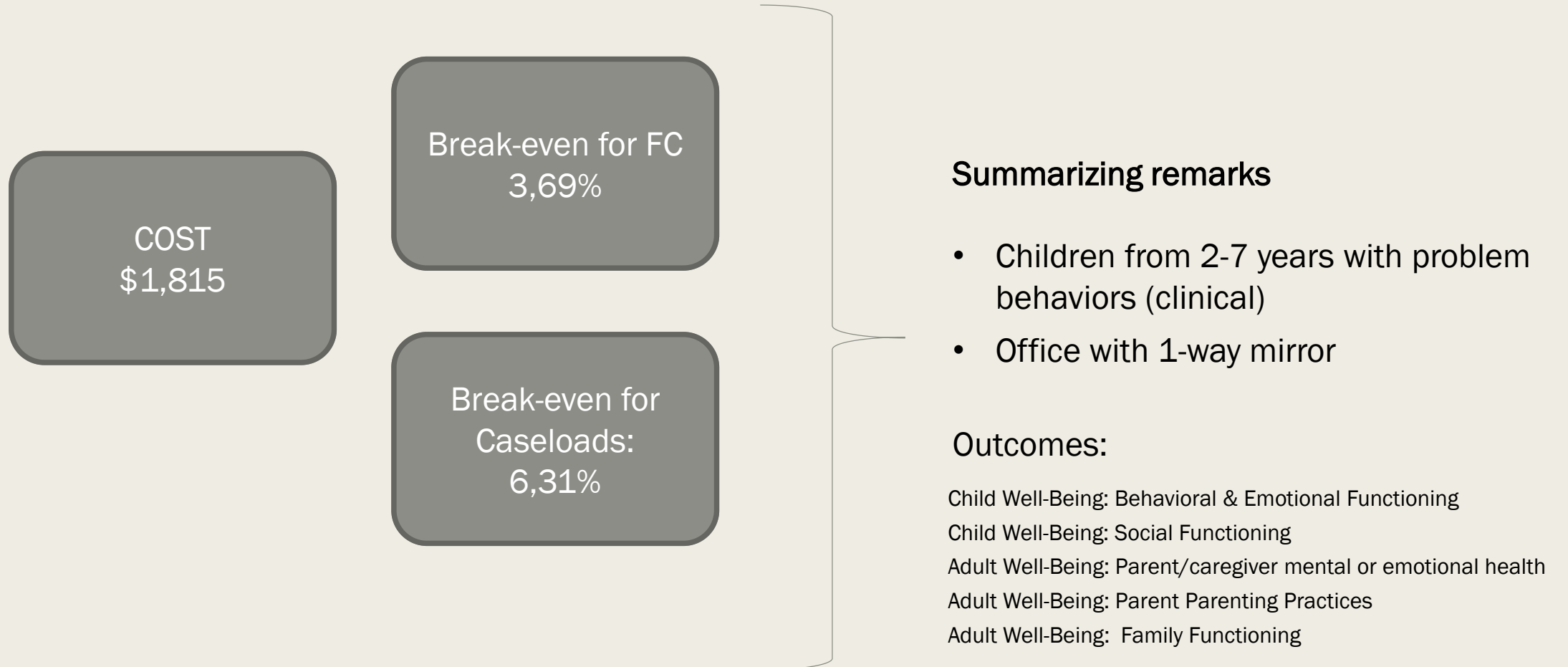
Nurse Family Partnership (NFP)



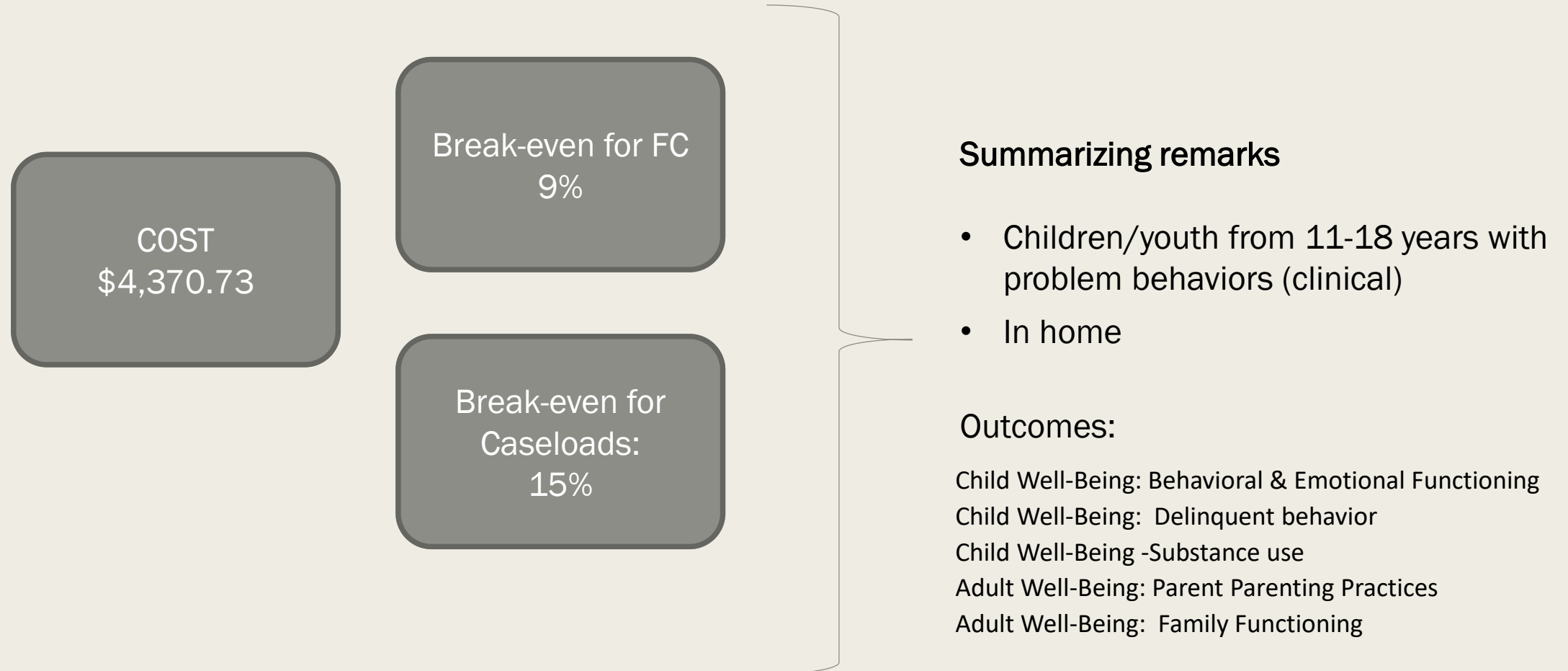
Parents as Teachers (PAT)



Parent Child Interaction Therapy (PCIT)



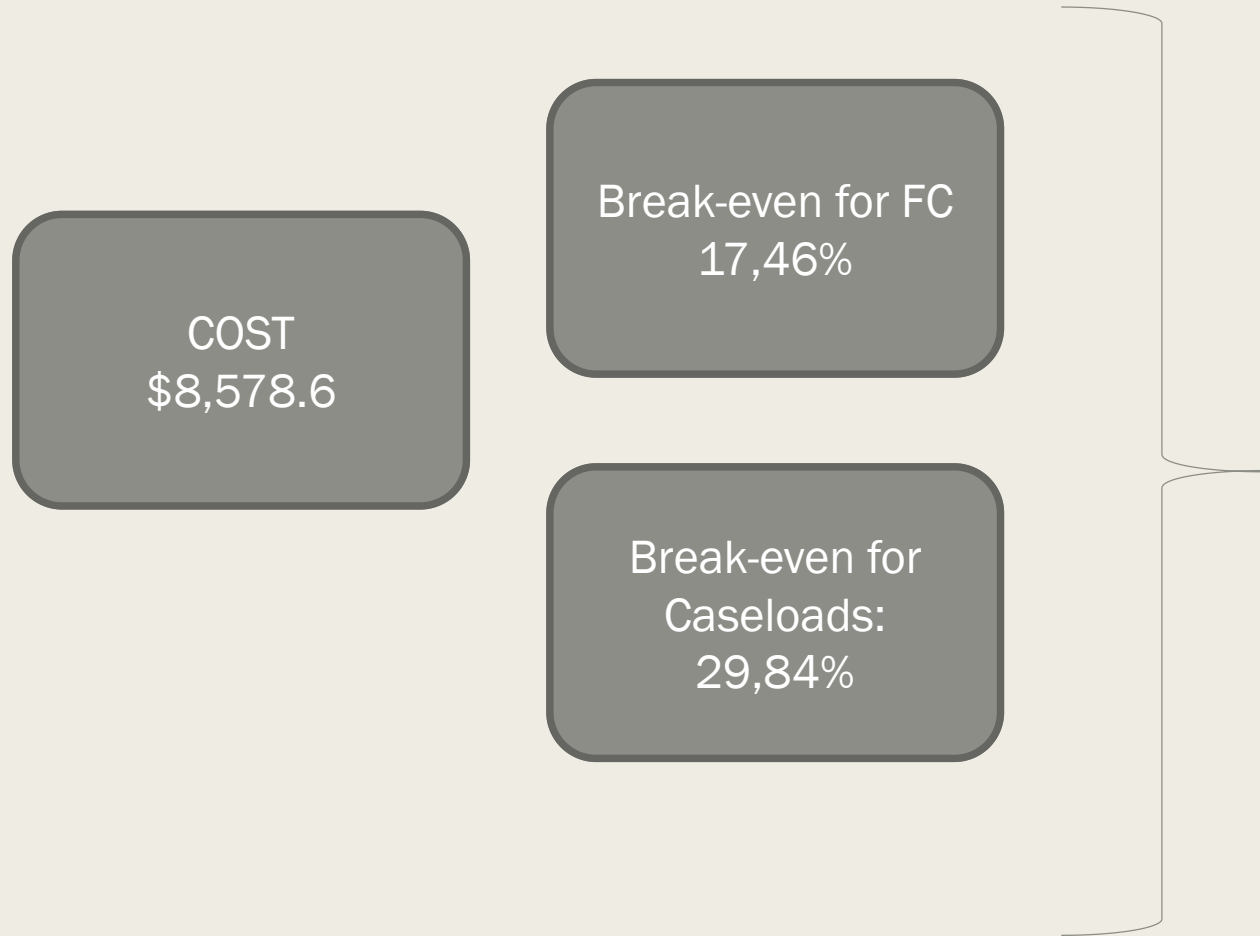
Functioning Family Therapy (FFT)



FFT Program Funding Sources

DCF Funding	Total Program Funding	DCF %	3rd Party %	Private %	In Kind %
\$403,807	\$450,978	90%	10%		
\$348,410	\$485,153	72%	19%		9%
\$373,381	\$519,639	72%	16%	5%	6%
\$394,408	\$520,303	76%	11%	4%	9%
\$287,489	\$304,187	95%	5%		
\$1,807,495	\$2,280,260	79%	13%	2%	6%

Multisystemic Therapy (MST)



Summarizing remarks

- Children/youth from 12-17 years with serious acting out/delinquency/substance misuse (clinical)
- In-home

• 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

Clearinghouse Measures vs. CT Program Measures

■ Clearinghouse Measures:

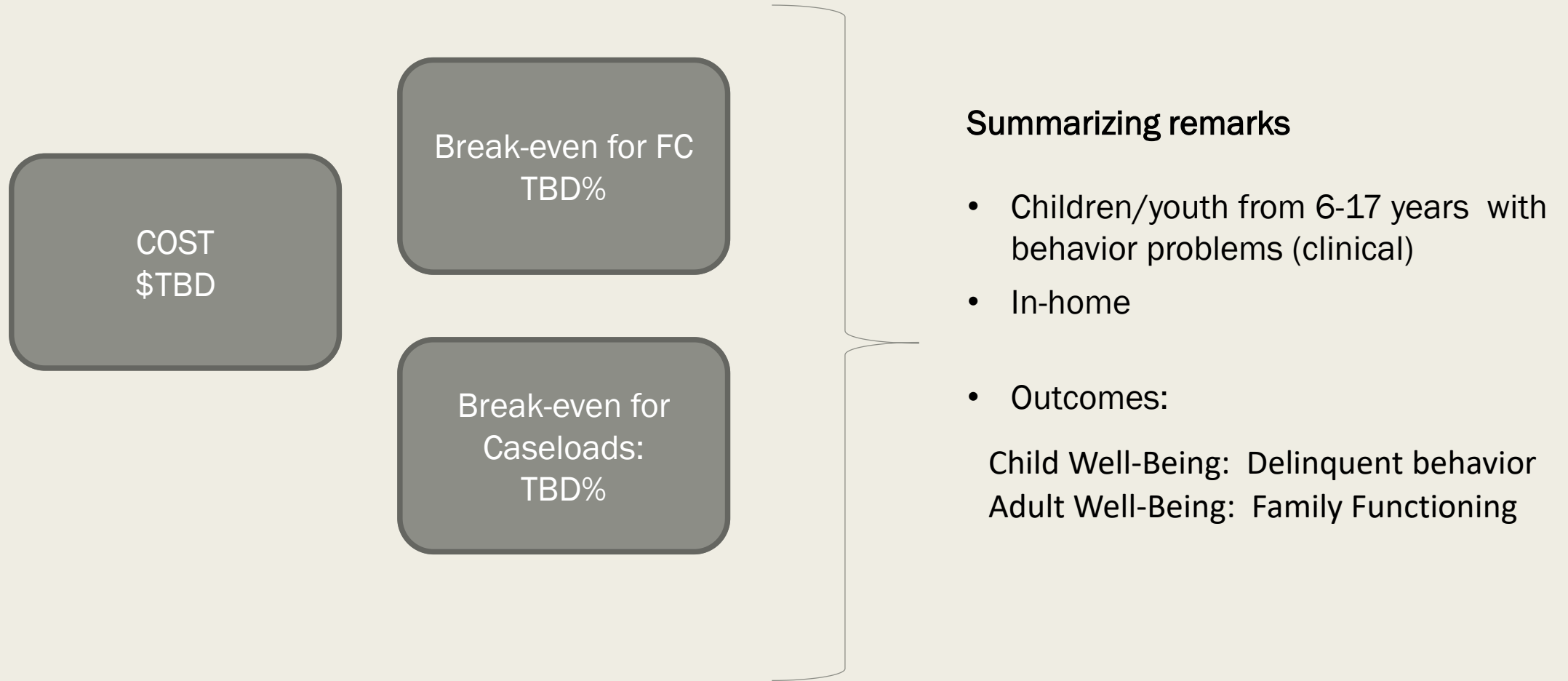
Child Well-Being: Behavioral & Emotional Functioning
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Adult Well-Being: Parent/caregiver mental or emotional health
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■ Connecticut Program Measures

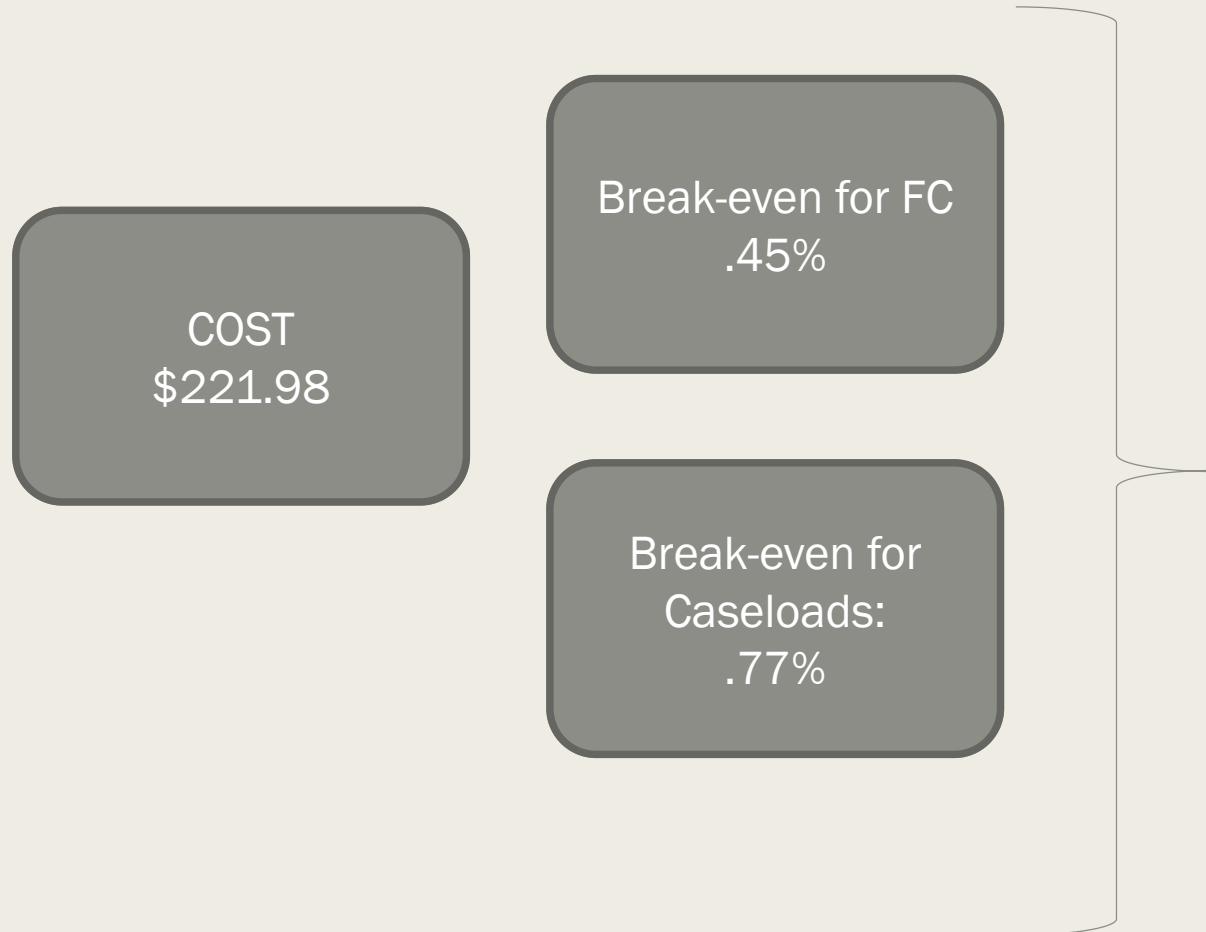
In Home
In School
No Arrests

At time of discharge.

Brief Strategic Family Therapy (BSFT)



Motivational Interviewing (MI)



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

Healthy Families America (HFA)	
COST \$5,811.6	Break-even for FC 11.83%
	Break-even for Caseloads: 20.21%
Nurse Family Partnership (NFA)	
COST \$5,887.27	Break-even for FC 12%
	Break-even for Caseloads: 20%
Parents as Teachers (PAT)	
COST \$5,172.08	Break-even for FC 11%
	Break-even for Caseloads: 18%

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

Functioning Family Therapy (FFT)	
COST \$4,370.73	Break-even for FC 9%
	Break-even for Caseloads: 15%
Multisystemic Therapy (MST)	
COST \$8,578.6	Break-even for FC 17,46%
	Break-even for Caseloads: 29,84%
Brief Strategic Family Therapy (BSFT)	
COST TBD%	Break-even for FC TBD%
	Break-even for Caseloads: TBD%

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?

Next steps

- Coordination of results with the Programs and Services Workgroup
- Next workgroup meeting March 12th
- Prepare for presentation at Governance March 16th