

Family First - Programs and Service Array Workgroup (PSAWG)
Meeting Date: February 25, 2021 | 1:30 - 3:00 pm
Meeting Summary

Welcome/Introductions:

- Co-leads Elizabeth Duryea and Elisabeth Cannata welcomed everyone to the meeting and reviewed the agenda.

Timeline Forward

- PSAWG's work has been passed on to the Fiscal workgroup, who has been very complimentary on the level of detail from us.
- JoShonda Guerrier presented updates from other FFPSA workgroups:
- QRTP has finished its work and presented to governance; they are emphasizing building out our aftercare supports.
- Kinship and Foster Care finished their work in November, and their work continues with Chapin Hall as DCF's Caregiver Practice Model continues being formed. This, along with the Kinship Navigator Program, will provide greater support for kin.
- The Infrastructure Practice and Policy workgroup (IPP) looked at pathways to services and the values/characteristics that the system should embody. They are recommending a third-party care entity, so the work is being brought in-house to avoid any ethical issues regarding procurement.
- The timeline moving forward is:
 - April 6: submit initial plan to the Exec Team
 - Review plan with Governance
 - Share plan with Governor's Office
 - Get comments from workgroups and families (additional focus groups)
 - 1st week of May: Submit to the federal government
- After the initial submission, there will be much more work to come. DCF plans to continue working with its partners and maintaining the level of transparency. The workgroup will be kept in the loop.
- Elizabeth asked that folks submit any questions about Family First updates in the chat. She reminded the group that this is an iterative process, with many opportunities to amend and evolve over time.

FFPSA-Eligible EBPs

- Each evidence tier has different CQI/Evaluation requirements. We have already reviewed many Tier 1 and 2 services, and we would now like to turn our attention to a few priority Tier 3 models.
- The workgroup was reminded of our selection criteria and the fit and feasibility matrix.
- We know that EBPs have limitations; we may not have all the data we'd like about certain programs but still understand their value (especially to communities of color).
- We will use the fit and feasibility matrix to review and evaluate newly added services to the Clearinghouse. This work will be done with small workgroup reviews.

New Tier 2 Programs on the Clearinghouse

- Elisabeth Cannata reviewed the results of the small workgroup discussions about new Tier 2 models. She thanked the small group members for the work they did offline.
- There are no high fit/high feasibility models.
- The small group reviewed several models. A summary of the review is below; please see the 2/25 PSAWG Presentation for more details about these models.
 - **ACR-A:** Fit 5 candidacy populations - recommended to consider
 - **Child-parent Psychotherapy:** Fit 4-5 candidacy groups - recommended to consider
 - **Intercept:** Fit 7 candidacy populations - recommended to consider
 - **SafeCare:** Fit 3 candidacy populations - *not available in CT* - recommended to consider
 - **START:** Fit 4-6 candidacy populations - recommended to consider
 - **TRBI 101:** Fit 3-4 candidacy populations - recommended to consider
 - **TRBI Caregiver Training:** Fit 2-3 candidacy populations - recommended to consider
 - **Iowa Parent Partner Approach:** Fit 0 candidacy populations - not inclined to consider
 - Miranda Lynch, Chapin Hall, explained that this is not prevention exactly, but it does prevent re-entry and may support some candidacy populations (siblings, children exiting foster care, etc.).
 - The small workgroup felt research presented was about bringing kids home, and the focus does not match candidacy populations.
 - There was discussion over whether it was worth considering because it could prevent re-entry and support stabilization, whereas others did not agree that it met any candidacy populations.
 - Ultimately, it was decided that it would be passed on to the folks working on kinship, as it seemed to align better with their work.
 - **Incredible Years, School Age Basic:** Fit 3 candidacy populations - *no evidence of research with communities of color* - not inclined to consider
 - **Incredible Years, Toddler Basic:** Fit 3 candidacy populations - *no evidence of research with communities of color* - not inclined to consider
 - **Interpersonal Psychotherapy:** Fit 2 candidacy populations
 - This warranted further discussion because it targets parents/caregivers with mental/emotional health needs, which fills a gap.
 - It is not widely available in CT but does exist in a few private practices.
 - It was clarified that the fit and feasibility matrix gives us a way to organize programs, but it is not the determining factor.
 - Elisabeth explained that we have been tasked with moving forward anything that is worth considering, as we are not doing the fiscal analysis or making the final decisions on the programs.
 - The workgroup ultimately decided this program should be recommended to consider.

Discussion of Tier 2 Models

- The workgroup agreed with the assessment that neither Incredible Years program version fit our racial justice commitment; if we were to forward them, we would need to show more in-depth research than is available.
- The Fiscal workgroup has asked whether PSAWG putting forward a program means that it is an endorsement; PSAWG clarified that forwarding is *not* an endorsement. PSAWG has done some initial cuts, but further refinement is needed.
- One person asked when those in-depth discussions and decisions be made? JoShonda explained that fiscal will cut some, and they will then be refined further with PSAWG before going to Governance for the ultimate recommendations. As we have mentioned, this is iterative, and we may not have all move forward. We can add things later.
- Another question was whether it would be possible to create a combined session with PSAWG and Fiscal, and JoShonda said that the Eliz(s)abeths have advocated for this, but it is difficult to do before an initial fiscal analysis has been conducted.
- Elisabeth added that they have provided ways to compare programs via gatekeeping criteria and additional information.
- Elizabeth also elaborated on the fiscal workgroup's "Do no harm" strategy - where we have an array of services in Connecticut and where those services may align well with multiple Candidacy groups but not be on the Clearinghouse, we need to consider those and be thoughtful about what is on/not on the Clearinghouse/in the queue. This is an ongoing process.
- Elisabeth reviewed remaining gaps. She also noted that we have made the decision to split the categories of caregivers with mental health conditions, intellectual disabilities, or developmental disabilities to be discrete categories. Philosophically, we do not feel it is right to cluster these. Same sentiment for children with these different needs being considered distinctly and not clustered.

Tier 3 Models for Consideration

- There are several Tier 3 models, but for now, we are prioritizing only a couple models based on our data and their existence in CT. These models have a significant amount of evidence, and we feel there may be potential for an independent systematic review.
- We want to consider the work around model development and a potential for review. This would require commitment from Governance.
- Elizabeth Duryea and Olivia Wilks will reach out to subject matter experts to gather additional information on the models.
- Of the models, three are up next for review by the Clearinghouse:
 - Child First
 - Circle of Security
- High-Fidelity Wraparound Those that have a significant amount of evidence in CT and have the potential for an ISR:
 - CBITS
 - Family Based Recovery
 - Fathers for Change
 - IICAPS
 - MATCH
 - MDFR
 - YV Lifeset
 - MST-BSF

- One person asked about EMDR; Elisabeth noted that much of the research with that model is with adults. There are some benefits with children when administered by a child-competent provider, but others have shared that it is somewhat limited. It requires extensive training and ongoing skill monitoring and recertification of individual providers.
- The co-leads explained that the models listed above were prioritized due to the timeline and the extensive research requirement. These programs have significant levels of data/research that might be enough justification. Other models can be considered but not necessarily at a level where they would meet IV-E reimbursement. We want to be thorough and look at opportunities for a quick review. This is not a “one and done” process. We based this decision on the ISR Study Eligibility Criteria, which was done before COVID.
- A workgroup member pointed out that service delivery can be different based on where a service is delivered, which impacts cost - who is looking at that? Elisabeth provided that sort of information to Fiscal (clinic vs in-home, intensity, provider, etc.).

Next Steps

- Our recommendations will be shared with Fiscal
- There will be an offline review of the Tier 3 services listed above
- Chapin Hall, Fiscal, and others will do a deep dive into Tier 1 and 2 services
- Governance will review and guide recommendations
- The first version of the Prevention Plan will be submitted