

## **Family First - Programs and Service Array Workgroup (PSAWG)**

**Meeting Date: March 25, 2021 | 1:30 - 3:00 pm**

### **Meeting Summary**

#### **Welcome/Introductions:**

- The Fiscal workgroup reviewed and shared the initial batch of models at the last Governance Committee meeting.
- The recently reviewed Tier 2 models have not been analyzed by the Fiscal workgroup.
- Chapin Hall has been advising the PSAWG co-leads, Elizabeth Duryea and Elisabeth Cannata, on Tier 3 models. The pace will be slower than had originally been considered.
- PSAWG will review the results of the Governance Committee meeting today.

#### **Criteria Considered by Governance Committee**

- Governance reviewed programmatic and fiscal considerations.
- There was not time to build a separate workgroup to research these considerations.

#### **Governance Committee EBP Selections**

- Governance selected EBPs in Tier 1 and some in Tier 2.
- Governance opened the door pretty wide and added some programs to the plan that currently do not exist in CT (e.g. BSFT), but they wanted them included in the plan just in case.
- **EBPS** were chosen to be included in the plan.
  - For PAT, NFP, and HFA, the Department is in conversation with the Office of Early Childhood about funding streams. These programs are already funded by OEC, but the Department may be able to receive reimbursement for case management.
- Motivational Interviewing (MI) and Methadone Maintenance Treatment (MMT) were not chosen.
- For Tier 2 models, an additional CQI plan is necessary. It is not possible to draft that CQI plan before the initial submission, so these will not be included in the first version; however, we are committing to adding it in the second iteration.
- There is no limit to plan iterations. We will slow down a bit to make sure each iteration is well thought-out and planned.

#### **Fiscal Analysis Overview**

- Cindy Butterfield and Allison Blake conducted a fiscal analysis on the programs. Some information was shared about what FFPSA is/is not (slide X).
- In terms of funding, one person asked about whether FFPSA could support community-based services not funded through MIECHV. The response was that it is possible, if those are not federally funded. Not all programs are funded by MIECHV.

#### **Cost Benefit Variables**

- Several variables were included in the cost benefit analysis, including tier, cost per slot, break-even for diversion from foster care or from DCF caseload, whether it is funded by

Medicaid, or whether it is a current DCF program. For example, a program that is fully funded by Medicaid would not be eligible for Title IV-E reimbursement. The break-even variables were determined using the average cost for the average length of stay in foster care or average length of time on caseload.

- The group was shown an example of a cost benefit analysis.
- Elizabeth said that this analysis was critical to look at because it is an objective component that shows how we can incentivize prevention - foster care is costly.
- One person asked what the motivation of the federal government is to promote FFPSA. Outcomes for children in foster are not great; a lot of money is spent and yet we often do not get the outcomes we want to see (particularly as it relates to homelessness, juvenile justice involvement, etc.). Fiscally, it makes sense to avoid foster care. Furthermore, because some states lack a voluntary services system, foster care is more common. This allows for a better service array. CT is well-positioned and ahead of the curve in some way. There are immediate short-term benefits, but this is really a values-based transition that will also help reduce the disparities in foster care.
- Another question relates to the chance of entering DCF care - how is this calculated for different cohorts? These numbers come from the federal Clearinghouse data as well as CT data (when applicable). It is difficult to compare because it is harder to speculate about outcomes when you go further upstream, especially for early childhood programs. We do have some good data regarding pregnant/parenting youth in foster care, and generally the CT data has been more helpful for this analysis.
- Elizabeth shared that she is excited by the first iteration of the plan and is looking forward to continuing with this methodology.
- A workgroup member asked how we are evaluating the idea of "adding value" vs supporting families and improving trajectories? Elizabeth responded that Chapin Hall is developing a CQI plan, and JoShonda agreed that it will be work to determine our impact, but we will work to make sure we are on the right track.
- Child welfare sometimes has a narrow focus, so it was suggested that we consider measures beyond traditional child welfare measures and look at long-term trajectory. JoShonda agreed that that fits our vision of supporting the behavioral health of all children.

### ***Cost Benefit Recap***

- The child has to be well-matched to the service; earlier interventions are good but it can also be harder to estimate the trajectory.
- A workgroup member shared that it seems like some programs serve a higher risk population. We know the risk factors in families, and these programs might have more impact.
- One person asked whether it is possible to use ACEs (Adverse Childhood Experiences) to better predict outcomes. Elizabeth replied that ACEs do put children at risk of foster care, and some may be in the CQI plan, but we have been holistic in our program reviews and did a comprehensive inventory. We do know the limitations.

- Elizabeth elaborated on the challenges and opportunities of ACE work. It is a challenge to get data, develop systems, and match the level of service with the level of need. We do want to be sure to go upstream to target families with low level of need, but we also must make sure we are serving families with high level needs too. Certain ACEs are important, but some risk factors are broader. For example, homelessness is not considered an ACE.
- Some programs are not appropriate for all populations. We want to look at their strengths and consider where we might want to pull other models in.
- The workgroup reviewed a sample cost per unit. If Medicaid is a significant payer, then it may not make sense to include that program, but most of the programs only have minimal Medicaid funding.
- The workgroup reviewed a sample analysis of FFT.
- One person asked us to consider where we can initially and quickly benefit and keep that as a central focus.

#### **Future PSAWG Review Process**

- Fiscal will analyze the initial Tier 2 services that PSAWG reviewed in early 2021. Some are currently available in CT.
- PSAWG will review additional EBPs that are in the queue and consider some Tier 3 models.
- Fiscal and PSAWG will present their findings to the Governance Committee together.
- Chapin Hall will look into what added requirements would exist for Tier 3 services.

#### **Next Steps**

- PSAWG will adjourn until late May/early June.
- The Prevention Plan will be available for public comment for public review for about two weeks in April. We cannot guarantee that all feedback will be incorporated. It will also be sent to the Governor's Office and be phased in with more focus groups.
- Some repurposing of workgroups will take place as we move from planning to implementation.
- Thank you to all workgroup members for your dedication, insight, and partnership. Please stay tuned, there will be more to come over the next few months.