CT Family First - Programs & Service Array Workgroup

JANUARY 28, 2021

CO-CHAIRS: ELISABETH CANNATA & ELIZABETH DURYEA

PSAWG Meeting Agenda: January 28th, 2021

- 1. Welcome
- 2. Governance Committee Updates
- 3. PSAWG Workplan through April
- 4. Update/Review Models Newly Approved to FFPSA Clearinghouse
 - Fit/Feasibility exercise to submit to Fiscal Workgroup
- Next Steps
 - Adjustments to meetings

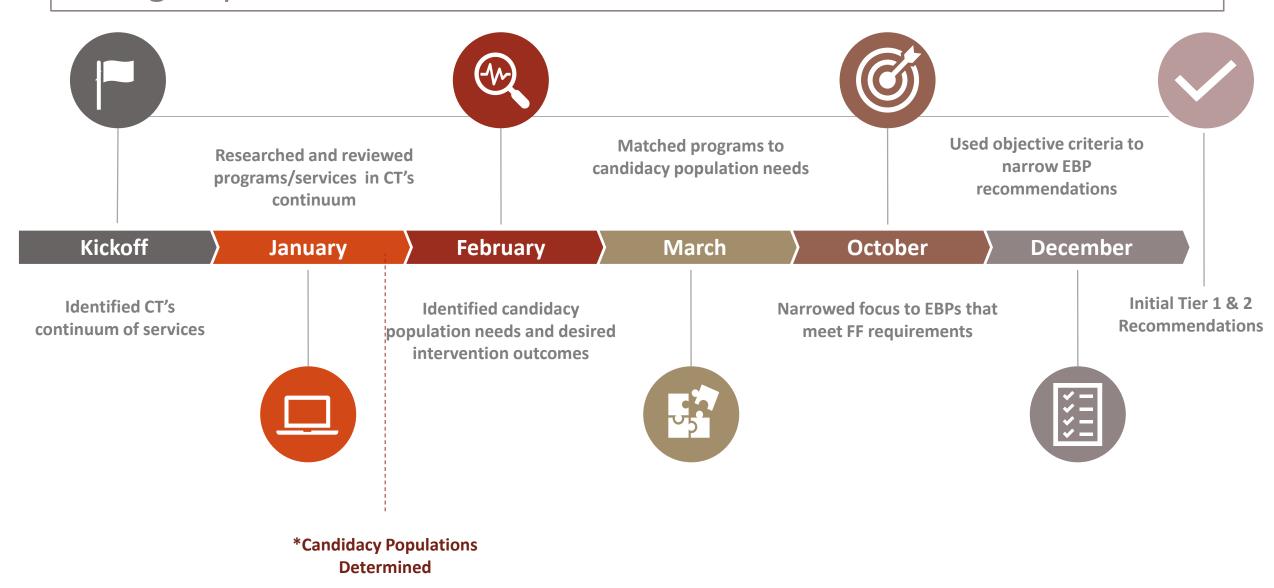
Desired Results for Today:

- 1. Share update from Governance and next steps with other workgroups
- 2. Discuss fluidity of Title IV-E Clearinghouse and ongoing EBP review
- Review newly added Tier 2 models for fit/feasibility to assess additions to our initial recommendations and work ahead with Fiscal Workgroup
- 4. Discuss timeline for review process for Tier 3 and Tier 4 models and identified gaps

Governance Updates

- Highlighted PSAWG Model Review Process
- Presented Initial Recommendations from Tier 1 & 2 Model Review
- Discussed Emerging Candidacy Group Service Gaps
- Outlined Next Steps
 - Continue Review for Newly Added Models
 - Convene Smaller Working Group for further analysis around fiscal considerations
 - Support Work needed to address gaps in broader prevention planning

Workgroup Timeline and Process – What we've done!



PSAWG 2021 Goals, Deliverables, & Deadlines

- 1/28 workgroup meeting
 - Review newly added Tier 2 EBPs
- February (offline work)
 - Present initial recommendations to the fiscal workgroup (Feb. 4th)
 - Review considerations for Independent Systematic Review, for initial recs
 - Develop criteria for review of Tier 3 services
 - Hybrid workgroup: ensure the fiscal workgroup has necessary information for elevating particular models as fiscal review is underway
- 2/25 workgroup meeting
 - Review Tier 3 recommendations
 - Develop plan to consider services for remaining candidacy populations outside of title IV-E
- TBD
 - Consider Tier 4
 - Develop strategies for addressing gaps
 - Review existing CT initiatives to build upon

Remaining Gaps

From PSAWG Phase 1 review, here are identified where Tier 1 & 2 models do not address candidacy needs:

- Housing
- Caregivers and/or children with Intellectual/developmental disabilities
- Parents or caregivers with mental health disorders
- Parents and caregiver substance use disorders
- Families with IPV
- Children with incarcerated parents
- Mental health needs of very young children



FFPSA-Eligible EBPs

Evidence Tiers	Prevention Plan CQI/Evaluation Requirement	# of EBPs Reviewed	
Tier 1: Rating of "Well Supported" on FFPSA title IV-E Clearinghouse	CQI with Evaluation Waiver	8	
Tier 2 : Rating of "Supported" or "Promising" on title IV-E Clearinghouse or has an Independent Systematic Review	Full Evaluation	17*	
Tier 3: Rated on CEBC or has strong body of evidence, but is not on title IV-E Clearinghouse	Independent Systematic Review + Full Evaluation	73	
Tier 4: Effective services, but not on CEBC or title IV-E Clearinghouse	N/A (Likely not viable for Plan inclusion)		



Selection Criteria to Refine Initial EBP Recommendations

Fit:

- Prioritized EBPs that met 3 or more candidacy populations
- Evidence of research for EBPs with communities of color, as evidenced by studies reviewed on the CEBC or the title IV-E Clearinghouse*

Feasibility:

- The level of evidence, as determined by the title IV-E Clearinghouse (only Tier 1 and Tier 2 considered at this time).
- Availability in Connecticut, as defined by existing within 3 or more regions.

^{*}Recognizing there may be other sources of research for consideration



Fit & Feasibility Matrix

Feasibility

High Feasibility
Low Fit

High Feasibility
High Fit

Low Feasibility
Low Fit

Low Feasibility
High Fit

Fit

High Fit/Feasibility:

■EBPs with all 4 criteria met (*likely recommended*)

High Fit/Low Feasibility:

■EBPs that met both fit criteria and 1 feasibility criterion (recommendation considered)

High Feasibility/Low Fit and Low Fit:

■EBPs that met fewer than 3 candidacy populations or are not researched with communities of color: (likely excluded)



Criteria Summary for Initial EBP Recommendations for Further Consideration

All recommended EBPs were researched with communities of color

Tier 1 –

Functional Family Therapy (FFT)

Motivational Interviewing (MI)

Multi-systemic Therapy (MST)

Nurse Family Partnership (NFP)

Parents As Teachers (PAT)

Parent-Child Interaction Therapy (PCIT)

Brief Strategic Family Therapy (BSFT)

Healthy Families America (HFA)

Tier 2 -

Methadone Maintenance Therapy (MMT)

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Triple P

Multi Dimensional Family Therapy (MDFT)

Wraparound

Not Yet Available in CT	Some Availability in CT	Widely Available in CT
Brief Strategic Family Therapy	Healthy Families America	All Other Tier 1 and Tier 2 Recommended EBPs



FFPSA Clearinghouse – What's New?

High Feasibility/Low Fit:

High Fit/Feasibility:

Low Fit/Low Feasibility:

- •Incredible Years School Age Basic Program
- •Incredible Years Toddler Basic Program
- Interpersonal Psychotherapy

High Fit/Low Feasibility:

- Adolescent Community Reinforcement Approach (ACR-A)
- Child-Parent Psychotherapy
- Intercept
- SafeCare
- Sobriety Treatment and Recovery Teams
- TRBI 101
- Trust-Based Relational Intervention Caregiver Training
- Iowa Parent Partner Approach

High Fit/Low Feasibility EBPs

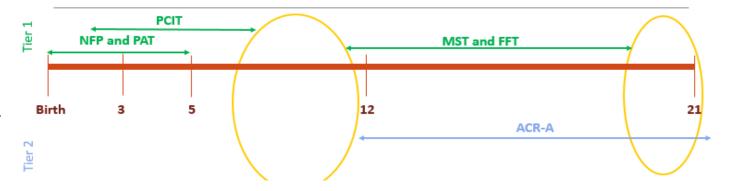
- Adolescent Community Reinforcement Approach (ACR-A)
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ACR-A

Adolescent Community Reinforcement Approach

Criteria:

- Met 5 candidacy populations
- Tier 2
- Researched with communities of color
- Widely available in CT



Gaps to Fill:

Age range: Age 7-12 are unmet by High Fit/High Feasibility EBPs, ACR-A serves youth 12-24

Child-Parent Psychotherapy

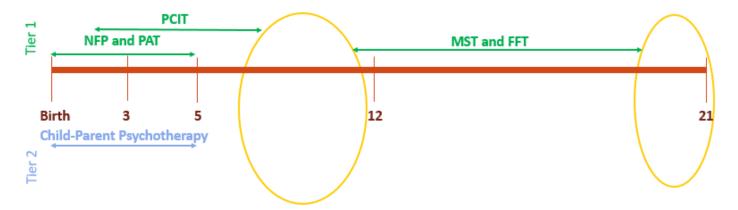
Child-Parent Psychotherapy

Criteria:

- Met 5 candidacy populations
- Tier 2
- Researched with communities of color
- Widely available in CT



- Addresses the mental health needs of very young children
- Age range: Age 7-12 are unmet by High Fit/High Feasibility EBPs, <u>Child-Parent Psychotherapy serves</u> youth 0-5



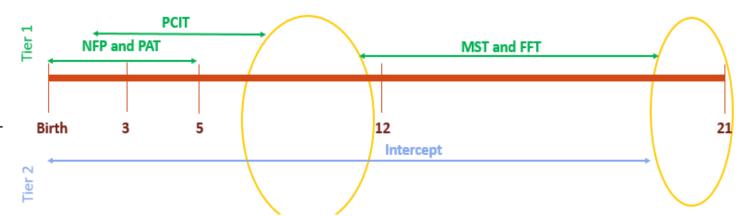
Intercept

Criteria:

- Met 7-11 candidacy populations
- Tier 2
- Researched with communities of color
- Not widely available in CT

Gaps to Fill:

Age range: Age 7-12 are unmet by High Fit/High Feasibility EBPs Intercept serves youth 0-18



SafeCare

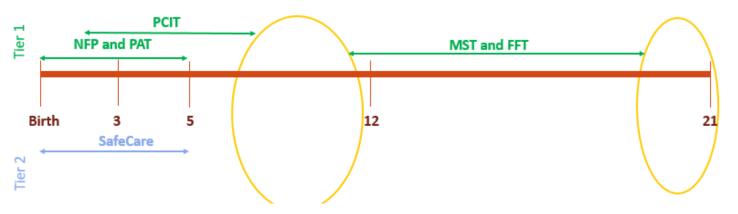
SafeCare

Criteria:

- Met 3 candidacy populations
- Tier 2
- Researched with communities of color
- Not widely available in CT

Gaps to Fill:

Age range: Age 7-12 are unmet by High Fit/High Feasibility EBPs, <u>SafeCare serves youth 0-5</u>



START

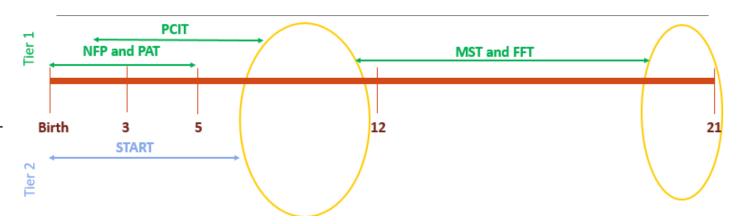
Sobriety Treatment and Recovery Teams

Criteria:

- Met 4-6 candidacy populations
- Tier 2
- Researched with communities of color
- Not widely available in CT

Gaps to Fill:

Age range: Age 7-12 are unmet by High Fit/High Feasibility EBPs, <u>START serves families with at least one child under 6</u>



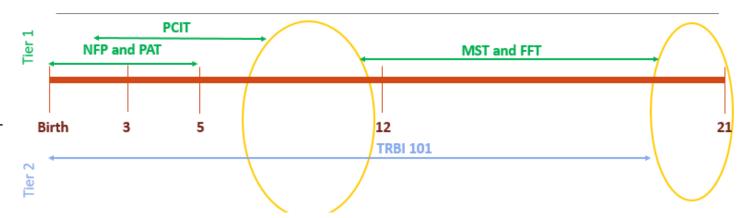
TRBI 101

Criteria:

- Met 3-6 candidacy populations
- Tier 2
- Researched with communities of color
- Not widely available in CT

Gaps to Fill:

Age range: Age 7-12 are unmet by High Fit/High Feasibility EBPs, TRBI 101 serves youth 0-17



Trust-Based Relational Intervention – Caregiver Training

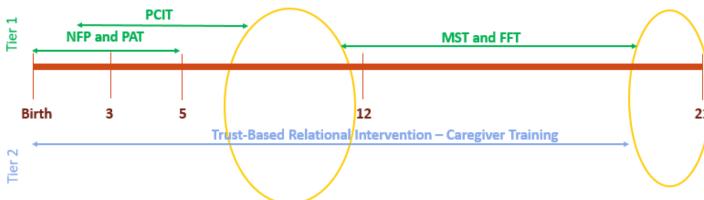
Criteria:

- Met 2-4 candidacy populations
- Tier 2
- Some/limited evidence of research with communities of color
- Not widely available in CT

Gaps to Fill:

• Age range: Age 7-12 are unmet by High Fit/High Feasibility EBPs, <u>Trust-Based Relational Intervention – Caregiver Training serves youth 0-17</u>

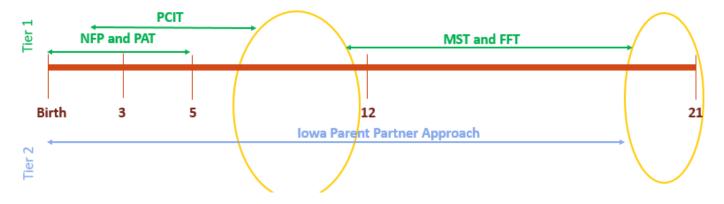
PCIT



Iowa Parent Partner Approach

Criteria:

- Met 7 candidacy populations
- Tier 2
- Researched with communities of color
- Not widely available in CT



Gaps to Fill:

Age range: Age 7-12 are unmet by High Fit/High Feasibility EBPs, <u>Iowa Parent Partner Approach serves</u>
 youth 0-17

Interpersonal Psychotherapy

Interpersonal Psychotherapy

Criteria:

- Met 2 candidacy populations
- Tier 2
- Researched with communities of color
- Not widely available in CT

Gaps to Fill:

- Outcomes are for parent/caregiver mental or emotional health
- Age range: Age 7-12 are unmet by High Fit/High Feasibility EBPs, <u>Interpersonal Psychotherapy is</u> <u>designed to treat adult patients with major depression</u>

Incredible Years – School Age Basic Program

Incredible Years – School Age Basic Program

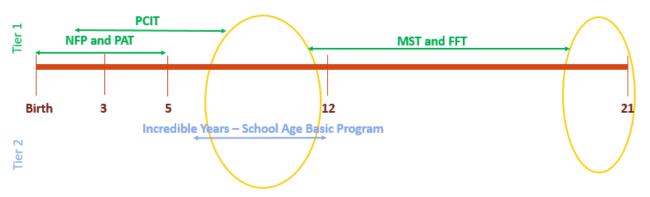
Criteria:

- Met 6 candidacy populations
- Tier 2
- Unclear whether researched with communities of color
- Not widely available in CT

Gaps to Fill:

Age range: Age 7-12 are unmet by High Fit/High Feasibility EBPs, Incredible Years – School Age Basic

Program serves youth 6-12



Incredible Years – Toddler Basic Programs

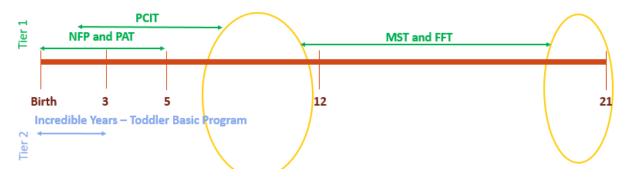
Incredible Years – Toddler Basic Program

Criteria:

- Met 3 candidacy populations
- Tier 2
- Unclear whether researched with communities of color
- Not widely available in CT

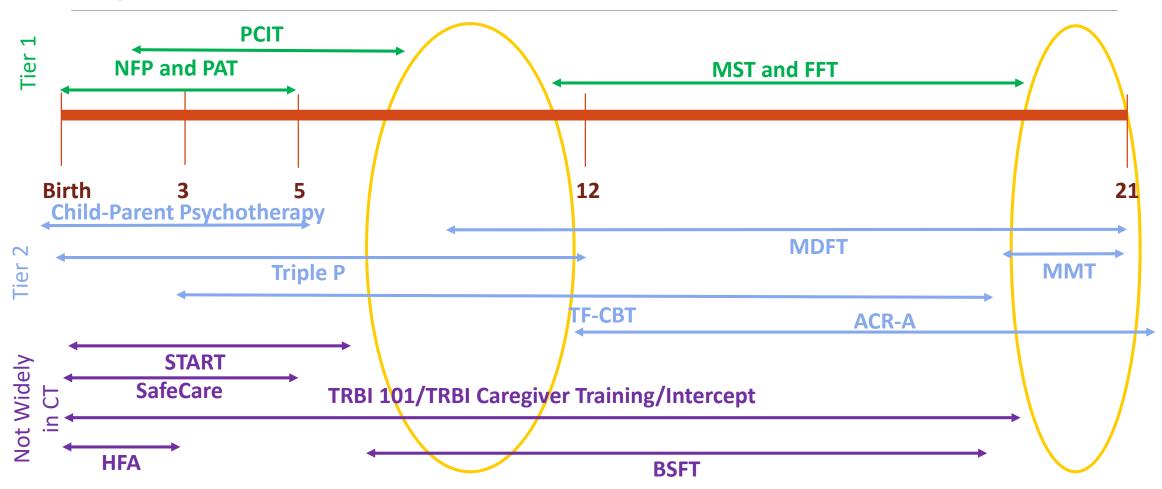
Gaps to Fill:

Age range: Age 7-12 are unmet by High Fit/High Feasibility EBPs, <u>Incredible Years – Toddler Basic</u>
 <u>Program serves parents of youth 1-3</u>





Age Continuum of Recommended EBPs



Round 2 EBP Recommendations

- Adolescent Community Reinforcement Approach (ACR-A)
- Child-Parent Psychotherapy
- Intercept
- SafeCare
- Sobriety Treatment and Recovery Teams
- •TRBI 101
- •Trust-Based Relational Intervention Caregiver Training
- •lowa Parent Partner Approach
- •Incredible Years --- School Age Basic Program
- •Incredible Years --- Toddler Basic Program
- •Interpersonal Psychotherapy

Remaining Gaps

From PSAWG Phase 1 review, here are identified where Tier 1 & 2 models do not address candidacy needs:

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NEXT STEPS:

- Co-Chairs Presentation to Fiscal Workgroup on FEB 4th
- Work with Chapin Hall/Fiscal/CG Workgroup re: further analysis Tier 1 & 2 models
- Next PSAWG Meeting FEB 25th
 - Updates from February hybrid workgroups
 - Review process for additional models added to FFPSA clearinghouse
 - Tier 3 models

APPENDICES

CANDIDACY DEFINITIONS: APPROVED JAN 2020

- Families with accepted Careline calls
- Families who have been accepted for Voluntary Services
- Pregnant and parenting youth in foster care
- •Siblings of children in foster care
- Youth exiting to permanency or youth aging out of DCF foster care
- Families with certain characteristics who are identified through a community or neighborhood pathway:
 - Children who are chronically absent from preschool/school or are truant from school
 - Children of incarcerated parents
 - Trafficked youth
 - Unstably housed/homeless youth
 - Families experiencing interpersonal violence
 - Youth who have been referred to the juvenile review board or who have been arrested
 - Caregivers who have, or have a child with, a substance use disorder, mental health condition or disability that impacts
 parenting
 Infants born substance-exposed (as defined by the state CAPTA notification protocol)