CT Family First - Programs & Service Array Workgroup

MARCH 25, 2021

CO-CHAIRS: ELISABETH CANNATA & ELIZABETH DURYEA

PSAWG Meeting Agenda

- 1. Update from last meeting
- 2. Governance Committee EBP Recommendations for the Prevention Plan
- 3. Overview of Fiscal Analysis
- 4. Discussion of ongoing work

Updates from last meeting



Fiscal reviewed the first batch of Tier 1 and Tier 2 models we shared with them ahead of sharing with Governance



Fiscal has not yet reviewed the new Tier 2 models PSAWG reviewed in February, those will be considered for the next iteration of the plan



Chapin Hall is helping to advise on how to approach the Tier 3 models (details to follow)

Criteria Governance Committee Considered

- 1. Programmatic criteria: targeted age ranges, meeting the candidacy groups' needs, top positive outcomes, intensity, duration, service location, and provider credentials → content delivered by the Programs and Services Array Workgroup
- 2. Fiscal criteria: cost per slot, funding streams, break-even points (caseloads and foster care), dosage/length of program, and CBA potential → content delivered by the Fiscal and Revenue Enhancement Workgroup

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

Fiscal Analysis Overview

Fiscal Implications for FFSPA

FFPSA IS NOT	FFPSA IS
 It is not up- front investment funding It is not a grant that can be used to fund a service It can defray costs after a 100% investment is made upfront Maintenance of Effort Services from 2014 can't be Claimed Reduction in JJ spending by DCF and CSSD since MOE year 	 A 50% reimbursement opportunity for dollars in excess of what was spent in 2014 Clearinghouse services only Provided to a candidacy pool members If there is no other federal funding source for that program - payer of last resort

The Analytical Process: The CBA-variables

What is the variable?	What does is 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)

Cost Benefit Analysis Example

CURRENT PATH – DIVERT COSTS

- •Child is on the DCF Caseload Cost for DCF case management= \$7,500 per child per year.
- •Child enters Foster Care = Cost \$15,000
- Breakeven point per year:
- •\$22,500 X # of Children X Average Length of Stay of 2.5 years

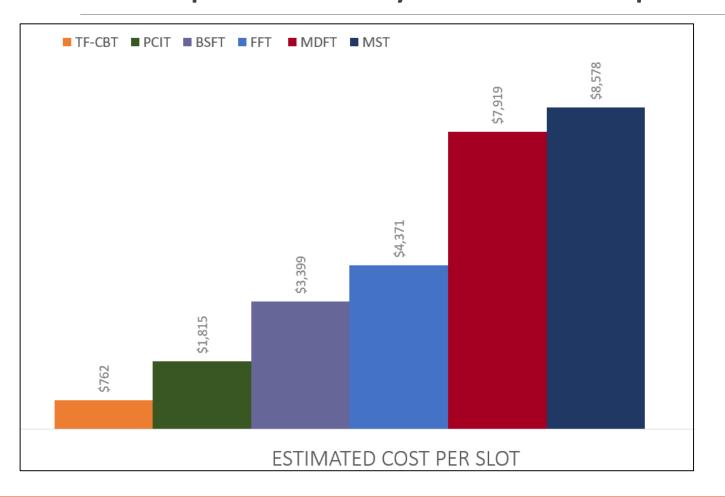
NEW PATH/NEW COSTS – CURRENT PATH COSTS

- Program Cost \$400,000 for 40 slots
- •The cohort served has a 75% chance of entering foster care. (30 children)
- •50% of the children in the program will be diverted from Foster Care. (15 children)
- •15 children X \$22,500= \$337,500 for 1 year.
- \$337,500 X 2.5 years= \$843,750
- •Net Cost Benefit of Program = \$443,750

CBA RECAP

- The new program reduces the number entering Foster Care from 30 children to 15 children. This saves the state \$337,00 per year. \$7,500 + \$15,000 = \$22,500 * 15 = \$337,500
- ➤ If those same children had gone into Foster Care the cost to the state would have been \$843,750. \$22,500 *15 * 2.5 = \$843,750.
- > \$843,750 (without program) \$400,000 (Cost of Program) = \$443,750
- ➤ The \$443,750 is the net Cost Benefit of the Program

Sample Analysis: Cost per unit



Alternative Funding Streams		
PCIT	None	
MST	Medicaid (minimal)	
BSFT	Not in CT	
MDFT	Medicaid (minimal)	
FFT	Medicaid (minimal)	
TF-CBT	Medicaid (significant)	

Sample Analysis CBA: Functioning Family Therapy (FFT)

COST \$4,370.73 Break-even for FC 1 out of 10

Break-even for Caseloads: 1.5 out of 10

Summarizing remarks

- Children/youth from 11-18 years with problem behaviors (clinical)
- In home
- Lower level of need. 1 X Per Week

Outcomes:

Child Well-Being: Behavioral & Emotional Functioning

Child Well-Being: Delinquent behavior

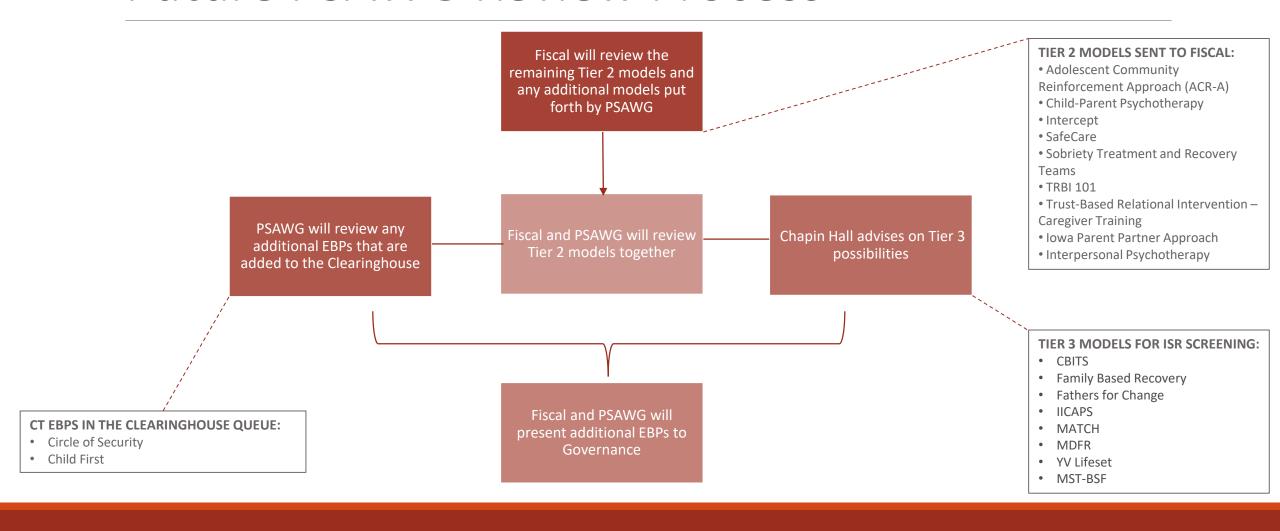
Child Well-Being -Substance use

Adult Well-Being: Parent Parenting Practices

Adult Well-Being: Family Functioning

PSAWG Ongoing Work

Future PSAWG Review Process



Next Steps:

- Next meeting: Late May/Early June
- •Between now and June, co-leads and Chapin Hall will collect relevant studies for Tier 3 models
- •Review Prevention Plan draft in April and provide feedback for May submission
- •Stay tuned for future meetings!

THANK YOU!

CONNECTICUT COULD NOT SUBMIT THIS FIRST PLAN WITHOUT YOU!