Welcome!

The National Building Bridges Initiative

Fiscal Strategies that Support the BBI Principles

The webinar will begin shortly.
Webinar Agenda (all times Eastern)

1:00 – Housekeeping, Instructions to Participants
1:05 – Welcome, Introductions & Overview
1:15 – Background
1:25 – Summary of Findings
1:45 – Examples – EMQFamilies and Magellan Lehigh Valley Case Management Center/ Warwick House Short Term Intensive (STIR) Residential Program
2:15 - Question and Answer
2:30 – Webinar concludes
Dr. Gary Blau:
Welcome & Overview of the National Building Bridges Initiative
Building Bridges Initiative: Mission

Identify and promote practice and policy initiatives that will create strong and closely coordinated partnerships and collaborations between families, youth, community- and residentially-based treatment and service providers, advocates and policy makers to ensure that comprehensive services and supports are family-driven, youth-guided, strength-based, culturally and linguistically competent, individualized, evidence and practice-informed, and consistent with the research on sustained positive outcomes.
Building Bridges Initiative: Core Principles

- Family Driven & Youth Guided Care
- Cultural & Linguistic Competence
- Clinical Excellence & Quality Standards
- Accessibility & Community Involvement
- Transition Planning & Services (between settings & from youth to adulthood)
Highlights of Building Bridges Initiative

• Began in November 2005
• National Steering Committee formed
• Workgroups:
  • Outcomes
  • Youth/Family Partnerships
    ▫ Family Advisory Network
    ▫ Youth Advisory Group
  • Social Marketing
  • Cultural & Linguistic Competence
  • Fiscal/Policy
  • Ad-hoc Groups (i.e. Juvenile Justice; Child Welfare)
• Documents to support the field:
  • Joint Resolution
  • Matrix/Self Assessment Tool
  • Family & Youth Tip Sheets
  • Child Welfare Fact Sheet
  • Fiscal Strategies that Support the BBI Principles
• BBI website: www.buildingbridges4youth.org
• Examples of documents in development:
  • Successfully Engaging Families & Youth
  • Hiring & Supporting Youth Advocates
  • Cultural & Linguistic Competence Guidelines for Residential Programs
  • Fact Sheets (e.g., Juvenile Justice; Outcomes; Residential)
BBI History/Highlights

- Articles in national publications (National Council for Community Behavioral Healthcare; Teaching-Family Association; CWLA Special Edition on Residential)
- State, City, County & Individual Program Initiatives
- A range of Partnerships: from funding Summits to endorsing Joint Resolution to full partnerships towards systems change
- Website: www.buildingbridges4youth.org
Julie Collins
Chair BBI Fiscal Policy Work Group

Fiscal Strategies that Support the Building Bridges Initiative Principles
Why this Work

- Responding to needs of the field

- Our Task
  - Identify Barriers and Challenges to implementing BBI
  - Provide Solutions
Highlights of the Barriers/Challenges

- Different issues if provider initiated vs. mandated
- Greater challenges if all child serving systems do not share the same values and principles
- Lack of flexibility in funding and/or ‘silenced’ funding
- Funding sources that do not embrace values and principles
- Funding sources that do not support the transition to doing business differently
- Different definitions of services that can be paid for
- Funding child and family teams
Shift in our Work

- Responding to needs of the field

- Our Task
  - Shifted to focus on the best and promising practices that reflect BBI Principles
  - Identify most common fiscal strategies used to implement these
  - Provide examples of public and private providers and communities
Best and Promising Practices

- Use of BBI and/or System of Care Best Practice Principles
- Tracking of recidivism at least one-year post discharge, and other relevant long-term outcomes related to sustained success of youth with family and community, and using this data to inform practice improvements.
- Significantly shorter lengths of stay in Residential Care (i.e. three to five months) with intensive community based services follow up.
- Child & Family Team/Wraparound implemented w/Fidelity (or similar best practice model).
Best and Promising Practices Cont’d

- Significant role for family advocates
- Significant role for youth advocates
- Residential staffs frequently work in family home, neighborhood and community.
- Defined and well-developed flexible funding streams to support family and youth in community.
- Unique strategies to support family engagement
- Unique strategies to support youth engagement
- Family Search and Engage or other Family Finding Models.
- Strong, well-defined and well-developed collaborations
- Reducing racial disparity and disproportionality
William McLaughlin

Summary of Findings
Fiscal Strategies

- Medicaid Waivers and Expanded use of Medicaid
- Performance-based/Incentive Contracting
- Reallocation of Existing Funds
  - Blended/pooled
  - Braided
  - Case Rates
- Private Funds
- Reinvestment Strategies
Medicaid Waivers and Expanded use of Medicaid - Kids Oneida

- Use of BBI Principles
- Tracking and applying relevant outcomes
- Shorter LOS in residential care with intensive community based services F/U
- Child & Family Team/Wraparound implemented w/fidelity
- Significant Role for Family Advocates
- Unique strategies for Family engagement
- Effective collaborations of Residential and Community provider
Performance-based/Incentive Contracting - Tennessee

- Use of BBI Principles
- Tracking and applying relevant outcomes
- Shorter LOS in residential care with intensive community based services F/U
- Flexible funding for supports to family/youth in the community
- Reducing Racial Disparity and Disproportionality
Reallocation of Existing Funds - Blended/pooled – Virginia

- Use of BBI Principles
- Tracking and applying relevant outcomes
- Shorter LOS in residential care with intensive community based services F/U
- Child & Family Team/Wraparound implemented w/fidelity
Reallocation of Existing Funds – Braided - Westchester County

- Use of BBI Principles
- Tracking and applying relevant outcomes
- Shorter LOS in residential care with intensive community based services F/U
- Child & Family Team/Wraparound implemented w/fidelity
- Significant Role for Family Advocates
- Significant Role for Youth Advocates
- Unique strategies for Family engagement
- Family Search and Engage
- Effective collaborations of Residential and Community provider
- Reducing Racial Disparity and Disproportionality
Reallocation of Existing Funds – Case Rates - Los Angeles County

- Use of BBI Principles
- Tracking and applying relevant outcomes
- Shorter LOS in residential care with intensive community based services F/U
- Child & Family Team/Wraparound implemented w/fidelity

- Residential Staff frequently work in family home and neighborhood
- Flexible funding for supports to family/youth in the community
- Family Search and Engage
Private Funds - Children’s Village

- Use of BBI Principles
- Tracking and applying relevant outcomes
- Shorter LOS in residential care with intensive community based services F/U
- Child & Family Team/Wraparound implemented w/fidelity
- Significant Role for Family Advocates
- Significant Role for Youth Advocates
- Residential Staff frequently work in family home and neighborhood
- Unique strategies for Family engagement
- Unique strategies for Youth engagement
- Family Search and Engage
- Effective collaborations of Residential and Community provider
- Reducing Racial Disparity and Disproportionality
- Other
Reinvestment Strategies – Erie County

- Use of BBI Principles
- Tracking and applying relevant outcomes
- Shorter LOS in residential care with intensive community based services F/U
- Child & Family Team/Wraparound implemented w/fidelity
- Significant Role for Family Advocates
- Unique strategies for Family engagement
- Effective collaborations of Residential and Community provider
- Reducing Racial Disparity and Disproportionality
- Other
Darrell Evora
*EMQFamilies First*

Private Provider Example
Who is EMQ FamiliesFirst

- A large, diverse private non-profit organization with 150 year history providing services to over 20,000 children and their families in over 30 counties throughout California
Retrospective Snapshot

- 1992: EMQ Children & Family Services
  - Large non-profit provider of residential services and some mental health services
- 130 highest level residential beds which accounted for 72% of annual revenue stream
- Convergence of two factors
  - Dissatisfaction with residential treatment outcomes
  - Anticipated emergence of managed care
- Pushed us to search for best practices which led us to Wraparound
EMQ FamiliesFirst
Service Delivery Transformation

- 1992 – over 18 months – EMQ FamiliesFirst closes 100 of the 130 residential service beds
- In closing the 100 beds EMQ FamiliesFirst was at great financial risk and ran for four years at a deficit
- EMQ FamiliesFirst worked in partnership with Santa Clara County to redirect 10 million dollars targeted for the 100 residential beds to community based Wraparound services
- First Wrap client not seen until January 1994 (start up took much longer than anticipated)
Intertwined Fiscal/Legislative Journey

- 1992 County not only agrees to redirect its share of cost for the closed beds, but to work to secure the State’s share of cost
- 1994 significant resistance from group home industry caused first legislative initiative to be aborted
- July 24, 1996 AB2297 signed into law
  - 5 year demonstration project naming EMQ FF & Santa Clara County specifically
  - Allowed 40% State share of funding for children who were placed in, or at risk of placement in high level group homes to be utilized for Wraparound
- Simultaneously, County Social Services & Mental Health agencies agreed to make Title XIX mental health funding available through a “certification of match”
Intertwined Fiscal/Legislative Journey (Continued)

- 1997 – SB163 signed into law expands demonstration project statewide
- 2000 – AB2706 expands eligibility to youth placed in lower levels of care
2004 – Prop 63 – Mental Health Services Act approved by voters – requires every County implement an SB163 Wrap program

2010 – AB1758 cleanup legislation removed pilot language

Funding structure today braided – combining child welfare foster care Title IV-E case rate that would have been used to place children in high level residential treatment & (MediCal-EPSDT)
Current Snapshot

- Major program expansion
- 8 Wrap programs statewide
- Significant fiscal & outcomes benefits demonstrated
- 100 residential beds still maintained (merger)
- Ten-fold growth in annual budget
- Wraparound/Building Bridges practices now incorporated across all programming
Wraparound Outcomes

- 1187 young people served at EMQFF in the 2011FY
- Positive Outcomes at Discharge:
  - Seventy-nine percent of the young people served are successfully living in a community setting at discharge
  - Seventy-six percent of the young people served are in school at discharge
  - Seventy-five percent of the young people served are out of trouble at discharge
- Outcomes maintained six months after discharge from Wraparound
- High levels of satisfaction six months after discharge from Wraparound
  - 80% Satisfied
  - 79% Needs addressed
- Relatively brief length of service (Median of 8.5 months)
Learnings:

- If Republican Governor use Republican legislator to carry bill
- Make sure fiscal structure is realistic & accommodates start up
- Break even was initially projected at 50 kids – improved over time
- Evidenced based mental health practices enhance outcomes (Functional Behavioral Analysis & Trauma Focused CBT)
- Management of flexible funding key – otherwise too easy to develop dependency on program
- Needed in-the-field based coaching/supervision model as opposed to a traditional office based model
- Need for significant investment in training cannot be over emphasized (values key i.e.. Family centered & strength based)
Contact Information

Darrell Evora
CEO, EMQ FamiliesFirst
devora@emqff.org
David Wall
*Warwick House* Short Term Intensive (STIR) Residential Program

**Jeff Friedman**
Magellan Lehigh Valley Case Management Center

Public/Private Provider Example
The Warwick House Short Term Intensive (STIR) Residential Program

New Benchmarks Sought Through A Collaborative RTF Project With Magellan Behavioral Health – Lehigh and Northampton Counties of PA
Data Measures

- Identify Baseline Data to Measure Outcomes Against
- PA HealthChoices Average Length of Stay (ALOS) in RTF:
  - 2008: 225 Days
  - 2009: 235 Days \((STIR\ 2009-2010\ ALOS: 95\ Days)\)
- PA HealthChoices RTF % over 1 Year LOS:
  - 2008: 20%
  - 2009: 24% \((STIR\ 2009-2010\ RTF\ %: \ N/A)\)
- PA HealthChoices 7 Day Follow up Post D/C:
  - 2008: 45%
  - 2009: 57% \((STIR\ 2009-2010\ 7\ Day\ Follow\ up: 100\%)\)
- *PA HealthChoices Readmission Rate <30 Days post D/C
  - 2008: 12.8%
  - 2009: 12.1% \((STIR\ 2009-2010\ 30\ Day\ Readmission\ Rate: 0\%)\)

- **Warwick STIR Family Reunification Rate post D/C: 93%**

*PA HealthChoices tracks 30 day Acute Inpatient (AIP) Readmission Data, however, there is not a formalized tracking process specifically for RTF readmission data.
Warwick STIR Benchmark Objectives

- Limit Length of Stay to maximum of 120 Days
- Target <90 Days LOS as optimal goal
- Accelerate Comprehensive Assessment and planned direction for post D/C – 1st 30 Days.
- Strengthen Child/Family’s Self Sufficiency and resourcefulness (natural supports) in an effort to sustain tx gains well beyond STIR discharge. Build Bridges to Community in Child/Family’s Home.
Warwick STIR Benchmark Objectives

- Reduce Readmission rates to AIP, RTF and other out-of-home placements.

- Significantly reduce cost of care (at least 20%) per treatment episode over traditional RTF and comparable out-of-home placement.
Fiscal Considerations: STIR v Traditional RTF

- Reconcile Increased Daily Cost/Rate with Projected Savings for Payers: the economics must make sense.

- Establishing Measurable Fiscal Outcomes:
  - Net cost reduction per episode of care
  - Net cost reduction in readmission rate

- Identify a willing/trusting payer partner (eg MBH-Lehigh Northampton Counties) to pilot the STIR “experiment.”
Fiscal Considerations: STIR v Traditional RTF

- Once established Benchmarks are met/exceeded

- What’s Next? Short Term Acute Residential Stabilization
Question and Answer Session

- We will attempt to address as many questions as possible.

- Follow the operator’s instructions for submitting questions to the presenters.

- Questions submitted during the presentation via chat feature will be addressed first.

Please note that sending a question does not guarantee its inclusion in the webinar.
Thank you for participating in today’s webinar!