

# **OMHSAS CHILDREN'S ADVISORY COMMITTEE**

June 9, 2011

# Updates

- ▣ BHRS
- ▣ RTF
- ▣ FBMHS
- ▣ Evidence Based Practices
- ▣ System of Care
- ▣ Respite

# BHRS

- ▣ Brief Overview of BHRS Redesign
- ▣ Intersection of Policy and Finance
- ▣ Identification of Major Strategies

# Therapeutic Support Services

	<b>06-07</b>	<b>07-08</b>	<b>08-09</b>	<b>09-10</b>
<b>Dollars</b>	<b>\$303M</b>	<b>\$284M</b>	<b>\$274M</b>	<b>\$244M</b>
<b>Users</b>	<b>26,266</b>	<b>26,153</b>	<b>25,197</b>	<b>24,394</b>

# BHRS Totals

	<b>06-07</b>	<b>07-08</b>	<b>08-09</b>	<b>09-10</b>
<b>Dollars</b>	<b>\$575M</b>	<b>\$581M</b>	<b>\$617M</b>	<b>\$617M</b>
<b>Users</b>	<b>53,700</b>	<b>54,394</b>	<b>57,436</b>	<b>60,824</b>

# Goals

1. Realign BHRS to become a more clinically appropriate, high quality service.
2. Promote use of evidence based practices and the full array of clinic and community-based services for children.
3. Assure more cost effective delivery of BHRS.

# Realign BHRS

- ▣ Streamline the paperwork process (reduce the need for packets);
- ▣ Allow Mobile Therapy (MT) to be delivered independently, with appropriate licenses/oversight;
- ▣ Develop focused modalities under existing BHRS, rehabilitation, and clinic service definitions to target specific populations and to conditions that can be expected to benefit;

# Realign BHRS Administrative Requirements

- ▣ Simplify BHRS prescription process by replacing requirements for updated prescriptions, evaluations and treatment plans (packets) with a data-driven process to identify case and provider outliers
- ▣ Restructure the ISPT process to allow an array of interagency planning approaches including High Fidelity Wraparound

# **Address needed changes in bulletins, contracts**

- ▣ Identify financial barriers or disincentives and extend current rate review by Mercer to all of BHRS;
- ▣ Eliminate regulatory requirements that run counter to family and youth-driven service needs;

**Appendix T requires that less intensive services must first be tried prior to a recommendation for FBMHS**

- ▣ A psychiatrist, physician or licensed psychologist determines that the child is eligible and recommends the FBMHS program (State Plan Under Title XIX of the Social Security Act, Amendment, Effective Date July 1, 1990 Attachment 3.1A, Section 13.(d)(I))

AND

- ▣ Other less restrictive, less intrusive services have been provided and continuation in this less intensive level of care cannot offer either an expectation of improvement or prevention of deterioration of the child's and the family's condition

# TSS in Schools

- ▣ Develop and expand school-based behavioral health services as preferred alternatives to individual TSS;
- ▣ Encourage other best practice efforts such as outpatient satellites, or Mobile Therapy in schools.

# Residential Treatment Facilities

- ▣ There has been a dramatic change in the RTF system over the past 4 years;
- ▣ There has been reduced use due to development of evidence based practices such as Multi-Systemic Therapy and efforts in Child Welfare and Juvenile Justice;

# Accredited RTFs

	<b>06-07</b>	<b>07-08</b>	<b>08-09</b>	<b>09-10</b>
<b>Dollars</b>	<b>\$239M</b>	<b>\$232M</b>	<b>\$218M</b>	<b>\$187M</b>
<b>Users</b>	<b>5,058</b>	<b>4,632</b>	<b>4,213</b>	<b>3,691</b>

# Non-Accredited RTFs

	<b>06-07</b>	<b>07-08</b>	<b>08-09</b>	<b>09-10</b>
<b>Dollars</b>	<b>\$48M</b>	<b>\$41M</b>	<b>\$43M</b>	<b>\$37M</b>
<b>Users</b>	<b>1,593</b>	<b>1,320</b>	<b>1,301</b>	<b>1,098</b>

# Budget Work Plan

- ▣ There are still counties where there are additional opportunities for cost savings and that is reflected in the 11/12 budget.
- ▣ We will work with these counties and their Managed Care Organizations to support them in making the necessary changes.
- ▣ The Money Follows the Person initiative may provide an opportunity for counties to expand community based alternatives for these counties.

# Proposed Regulations

1. Comments to the proposed RTF regulations have identified many issues, most of which we can easily address in the next draft.
2. In addition to the organizational change that will be required, there are significant financial implications.
3. We have to gather more information and do some more work before are ready to discuss a new draft with stakeholders.

# FBMHS Discussion

- ▣ Current situation with FBMHS
- ▣ Proposed change to more supervision based model
- ▣ Actions

# Family-Based Mental Services

	<b>06-07</b>	<b>07-08</b>	<b>08-09</b>	<b>09-10</b>
<b>Dollars</b>	<b>\$62M</b>	<b>\$76M</b>	<b>\$88M</b>	<b>\$97M</b>
<b>Users</b>	<b>6,572</b>	<b>8,079</b>	<b>9,048</b>	<b>9,803</b>

# Current Situation

- ▣ 3 Training centers
- ▣ One exam (only taken by Mental Health Workers)
- ▣ Contract clinical supervision
- ▣ New modalities (IICAP, ABFT)
- ▣ Intensity of need appears to have increased

# Current Status of Change

- *Children's Bureau working with 3 training directors collectively.*
- *Learning more about strengths and opportunities to improve FBMHS.*
- *Working on ways of implementing changes proposed last year.*
- *Partial implementation of the modified paradigm by the three training centers has begun.*
- *Identification of continuing agenda with training centers, to achieve improved overall quality and core standards for all three programs.*

## *Moving FBMHS closer in implementation to other Evidence Based family empowerment models*

- *Increasing responsibility of the clinical supervisors at FB agencies, with increased training and support for supervisors by the training centers.*
- *Increasing accountability at multiple levels:*
  - *Training center faculty: increased accountability to FB supervisors at various agencies, and to new FB staff.*
  - *Agency supervisors: to their staff, and to families served.*
  - *Therapists: to each other as team members, to their supervisor, and to families served.*

# **Supervision based model, emphasizing the supervisor's role and accountability for therapists' completion of outcome measures and their competency in delivering clinical treatment**

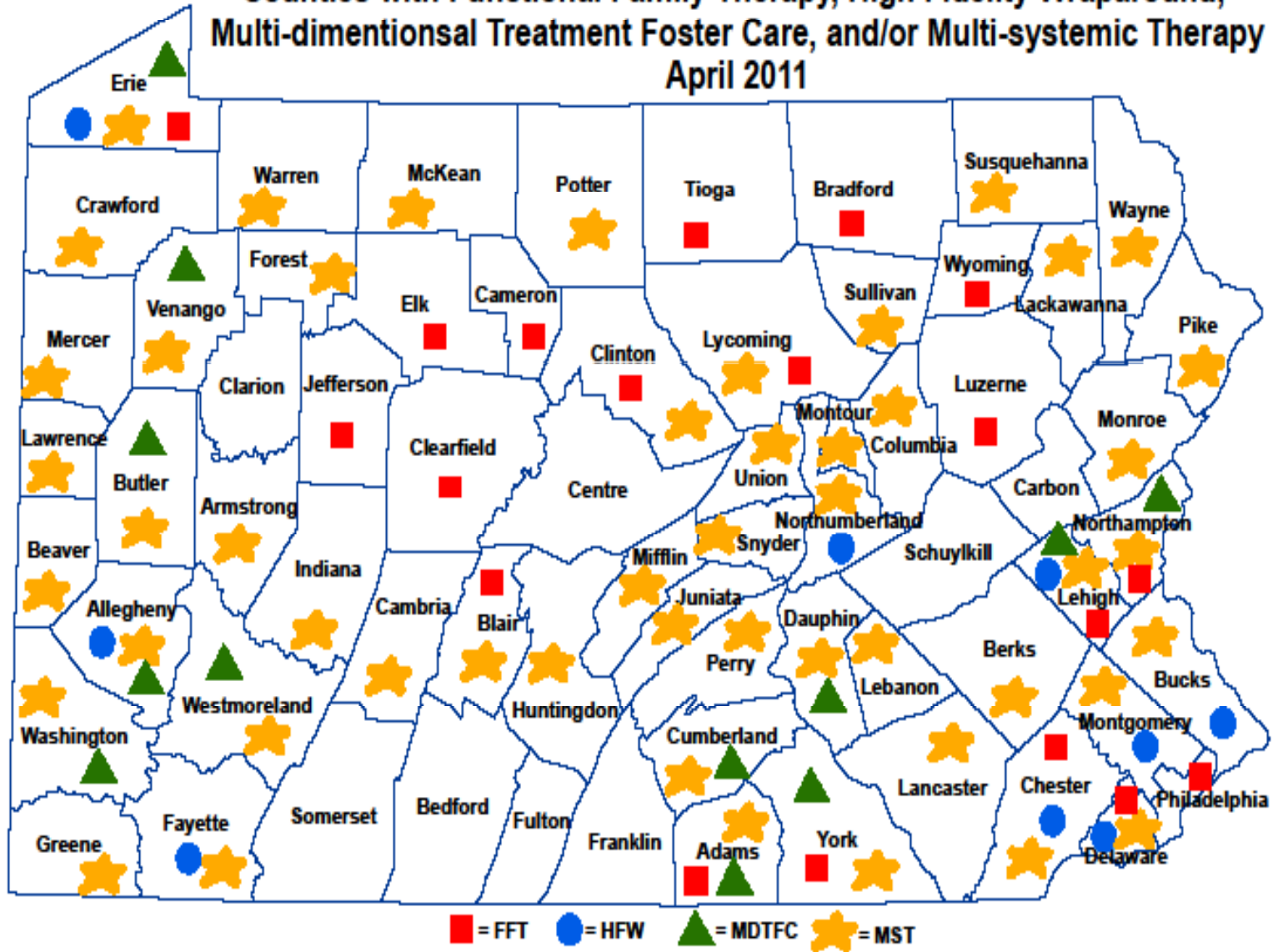
- *Use of supervisor-specific training seminars.*
- *Increased role of supervisor, when their therapists present to training center staff.*
- *Participation of non-graduated supervisors in trainings for therapists.*
- *Certification of supervisors.*
- *Continued expectation of continuing education and professional development, by agency supervisors and agency therapists alike.*
- *Use of fidelity and outcomes tools by therapists, who are trained by center staff.*

# Rolling Implementation

- *Gradual reallocation of resources and expectations.*
- *New training for supervisors and also for new FB staff, with some training being done on-line and reduction in the standard of hours of staff training.*
- *Further conceptual strengthening of the model.*
- *Use of FB fidelity instruments to maintain accountability to the model.*
- *Use of a range of outcome measurements, with baseline established at initiation of service, to maintain clinical accountability.*
- *Gradual implementation of changes, with modification based on mutual learning.*
- *Overall goal: For changes to be efficient and cost-neutral.*

# **Evidence Based Practices**

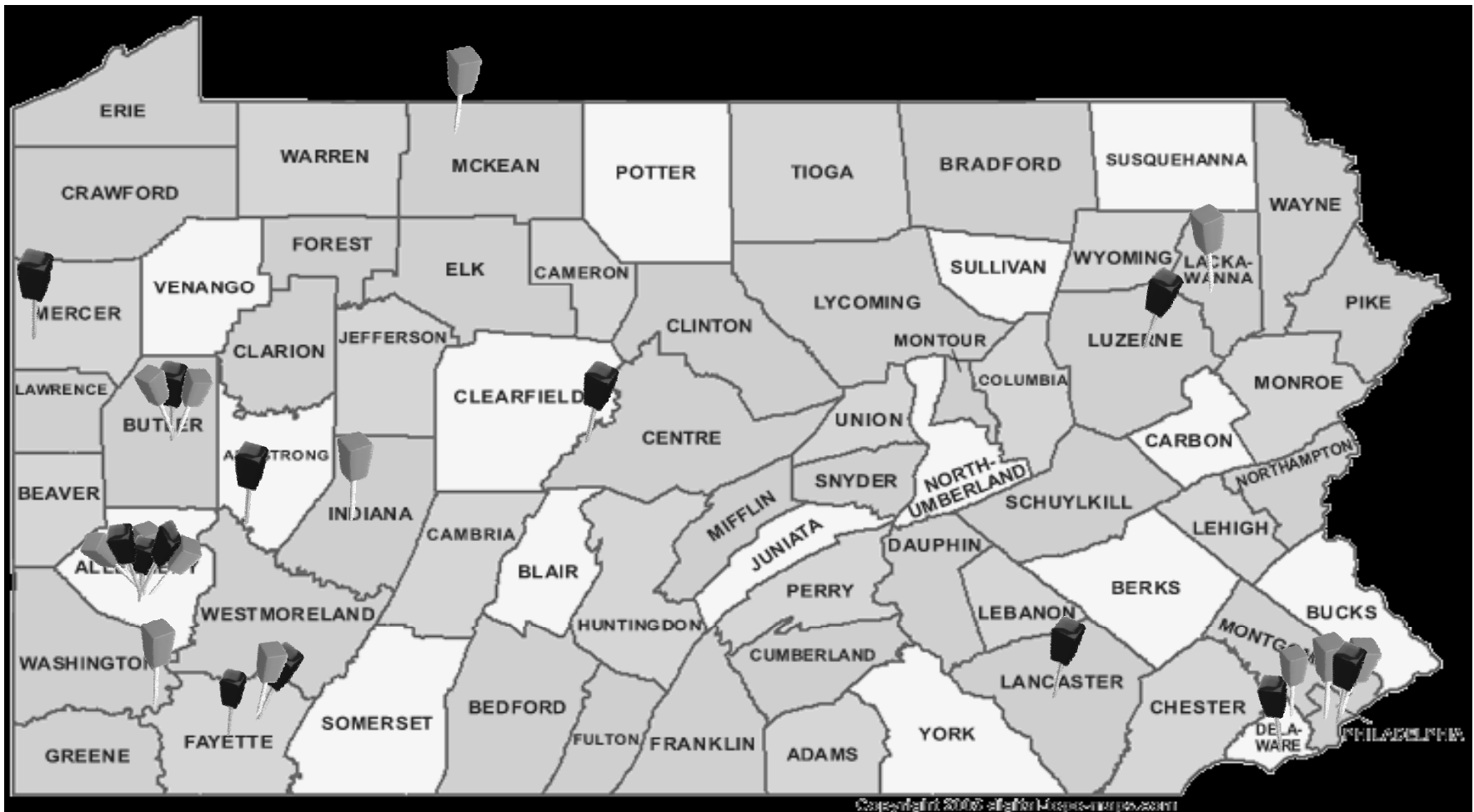
Counties with Functional Family Therapy, High Fidelity Wraparound, Multi-dimensional Treatment Foster Care, and/or Multi-systemic Therapy  
 April 2011



# Parent Child Interaction Therapy is expanding rapidly

- ▣ PCIT is in 12 counties and 21 agencies.
- ▣ Allegheny County began in 4 agencies with foundation funds
- ▣ Through the Heinz Endowment, OMHSAS and OCDEL have supported 8 agencies:
- ▣ Value Behavioral Health has expanded in several of its counties in the western part of the state
- ▣ CCBHO is expanding in the 23 county state option

# Pennsylvania Agencies Providing Parent-Child Interaction Therapy



Last Updated - May 14, 2011

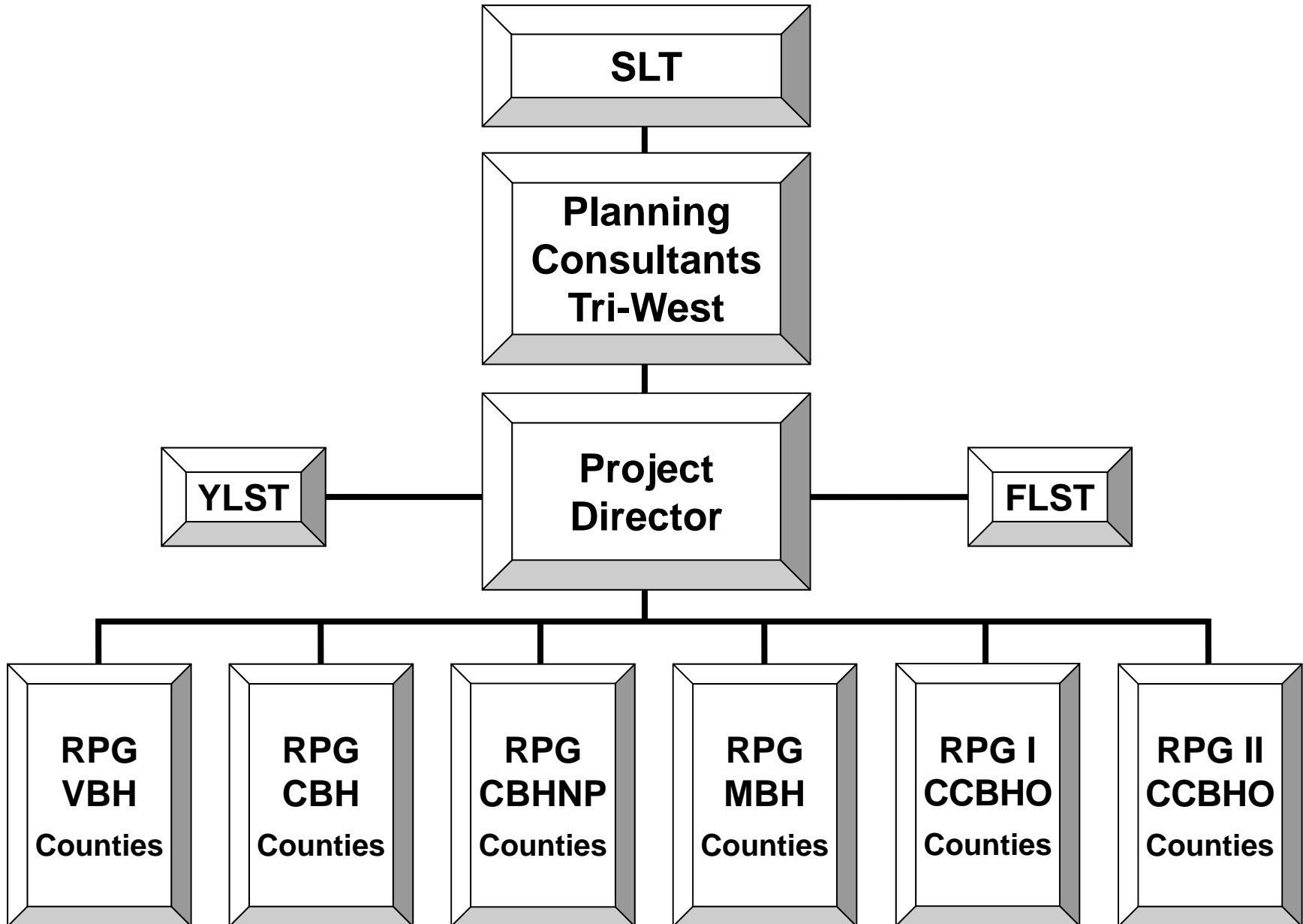
# High Fidelity Wraparound

- ▣ There are 10 counties involved in High Fidelity Wraparound, the 5 System of Care Counties: **and** 6 others: Allegheny, Bucks, Delaware, Fayette, and Northumberland.
- ▣ Over 500 youth and their families have been served since the initiation of HFW in 2008.
- ▣ We are working with counties/BHMCOs to expand the availability of HFW to more counties.
- ▣ Philadelphia will be the next county!

# System of Care Update

- ▣ We continue work with building the infrastructure in the first 5 counties;
- ▣ Successful Conference in May with the 5 counties, and with counties that are doing High Fidelity Wraparound;
- ▣ Submission of a proposal to SAMHSA for a planning grant to expand Systems of Care throughout the Commonwealth.

# Pennsylvania System of Care Expansion Proposal



# Respite

- ▣ Each County/Joinder had been contacted in regards to their unspent allocation and each County/Joinder has a plan in place to spend these dollars.
- ▣ We were able to provide additional respite funds
- ▣ Counties that had spent 95% or more of their allocated funds, were eligible to receive these dollars.
- ▣ These dollars must be spent by June 30, 2011. Each County/Joinder provided assurance that the funds were needed and would be spent.

# Counties Receiving Additional Respite Funds

▣	Armstrong/Indiana	\$2,000.00
▣	Bedford/Somerset	\$1,500.00
▣	Blair	\$4,949.00
▣	Bucks	\$6,000.00
▣	Butler	\$1,703.00
▣	Carbon/Monroe/Pike	\$2,500.00
▣	Chester	\$20,000.00
▣	Columbia/Montour/Snyder/Union	\$2,000.00
▣	Delaware	\$12,000.00
▣	Fayette	\$330.00
▣	Franklin/Fulton	\$1,666.00
▣	Huntingdon/Mifflin/Juniata	\$2,000.00
▣	Lehigh	\$5,000.00
▣	Montgomery	\$5,000.00
▣	Northampton	\$3,500.00
▣	Northumberland	\$500.00
▣	<b>Totals</b>	<b>\$70,648.00</b>