SFY17 PLANNING

Joint Medicaid Oversight Committee Testimony

May 26, 2016

Mental Health & Recovery for Licking and Knox Counties

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MHR Mission Statement

The mission of Mental Health & Recovery Board for Licking and Knox Counties is to use Recovery and Resiliency Methodology to enhance the quality of life for individuals and families, and to diminish the problems caused by alcoholism, drug addiction and mental illness for the residents of Licking and Knox Counties.

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SFY17 MHR BALANCED PRIORITIZED CONTINUUM OF CARE – BEST PRACTICE MODELS AND VALUES

BEHAVIORAL HEALTH IS PUBLIC HEALTH

Balanced – Aligns with SAMHSA's '**A Public Health Model for Behavioral Health'** – best practice values (universal, structure, public policies, access, data information driven, prevention first) for system operation through the support of a trauma informed tiered core services framework (crisis, treatment, wellness/recovery, and prevention) based upon ROSC principals

A PUBLIC HEALTH MODEL FOR BEHAVIORAL HEALTH

- Universal – Focus on Population and Individual Health
  - Health of any affects health of all – social inclusion

- Prevention First – Aim Is Healthy Individuals; Healthy Communities
  - Preparation and activities to promote emotional health development and wellness, prevent disease/disorder, and react quickly and effectively to conditions that impact health

A PUBLIC HEALTH MODEL . . .

- Data & Information Driven – To Track and Improve Population-Based Health Status and Quality of Care/Life
  - What drives health? What causes disease/disorder?
  - What works to prevent, treat and support recovery – evidence-based approaches?
- Policies – Affecting the Environment In Which Health or Disease Occurs
  - Laws, regulations, rules, norms, culture, conditions, expectations re individual and collective behavior for self and toward others

A PUBLIC HEALTH MODEL . . .

➔ Structures – Creating & Supporting Government and Community Infrastructure and Capacity

- Departments, boards, committees, councils, commissions, coalitions, schools, universities

➔ Access – Assuring availability of right services when individuals, families, community need them

- Prevention, treatment and recovery supports
- Adequate, trained, and culturally capable workforce

SAMHSA'S VISION

➔ A Nation That Acts On the Knowledge That:

- Behavioral health is essential to health
- Prevention works
- Treatment is effective
- People recover

A Nation/Community Free of Substance Abuse and Mental Illness and Fully Capable of Addressing Behavioral Health Issues That Arise From Events or Physical Conditions

FUNDING PRIORITIZATION

Funding decisions based on Dr. Michael Gillette's 'The Ethics of Scarcity' included the 'Four E's (efficiency, effectiveness, equality, and equity)' and the macro-allocation method.

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The Ethics of Scarcity

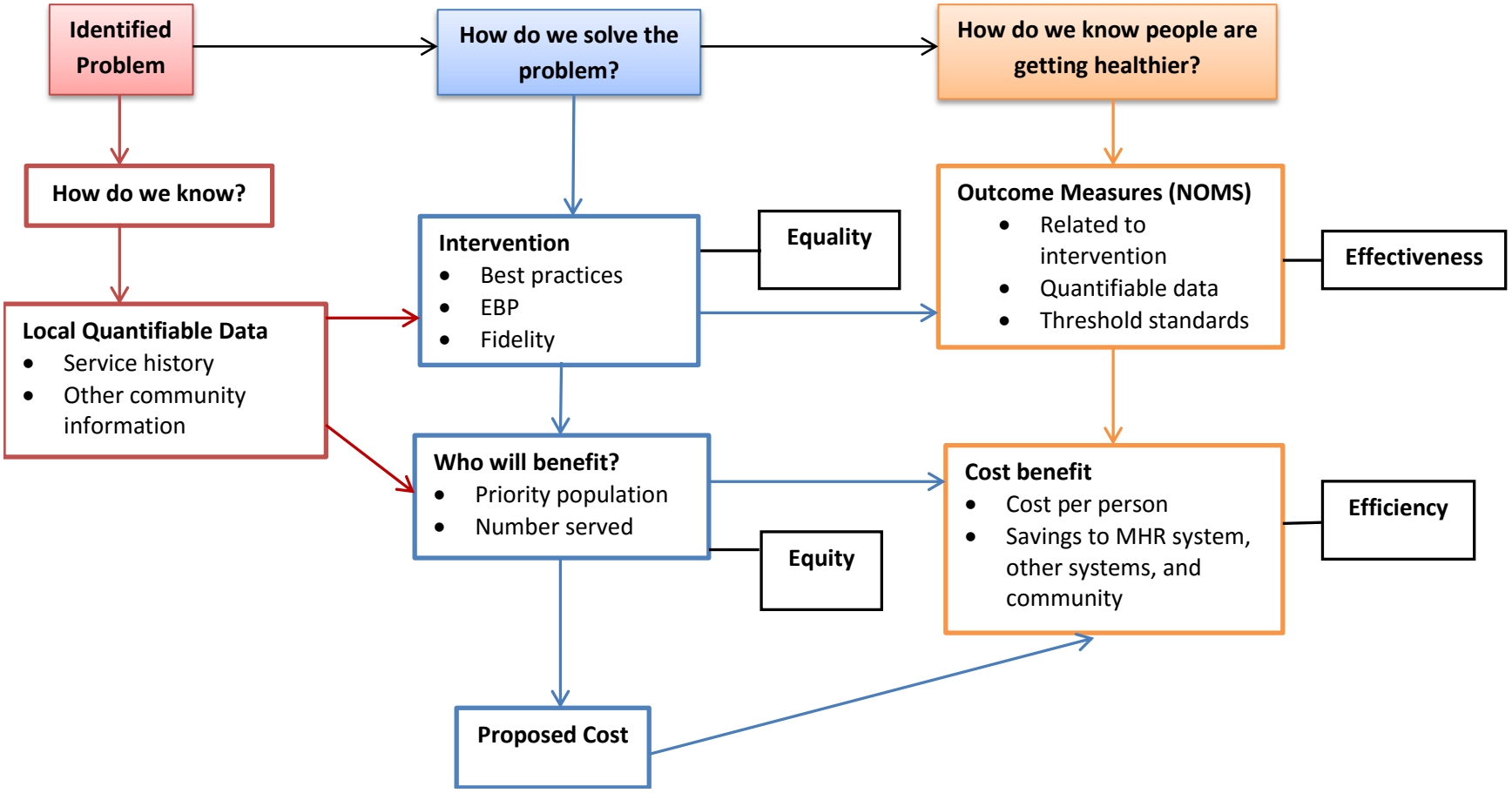
"The Four E's"

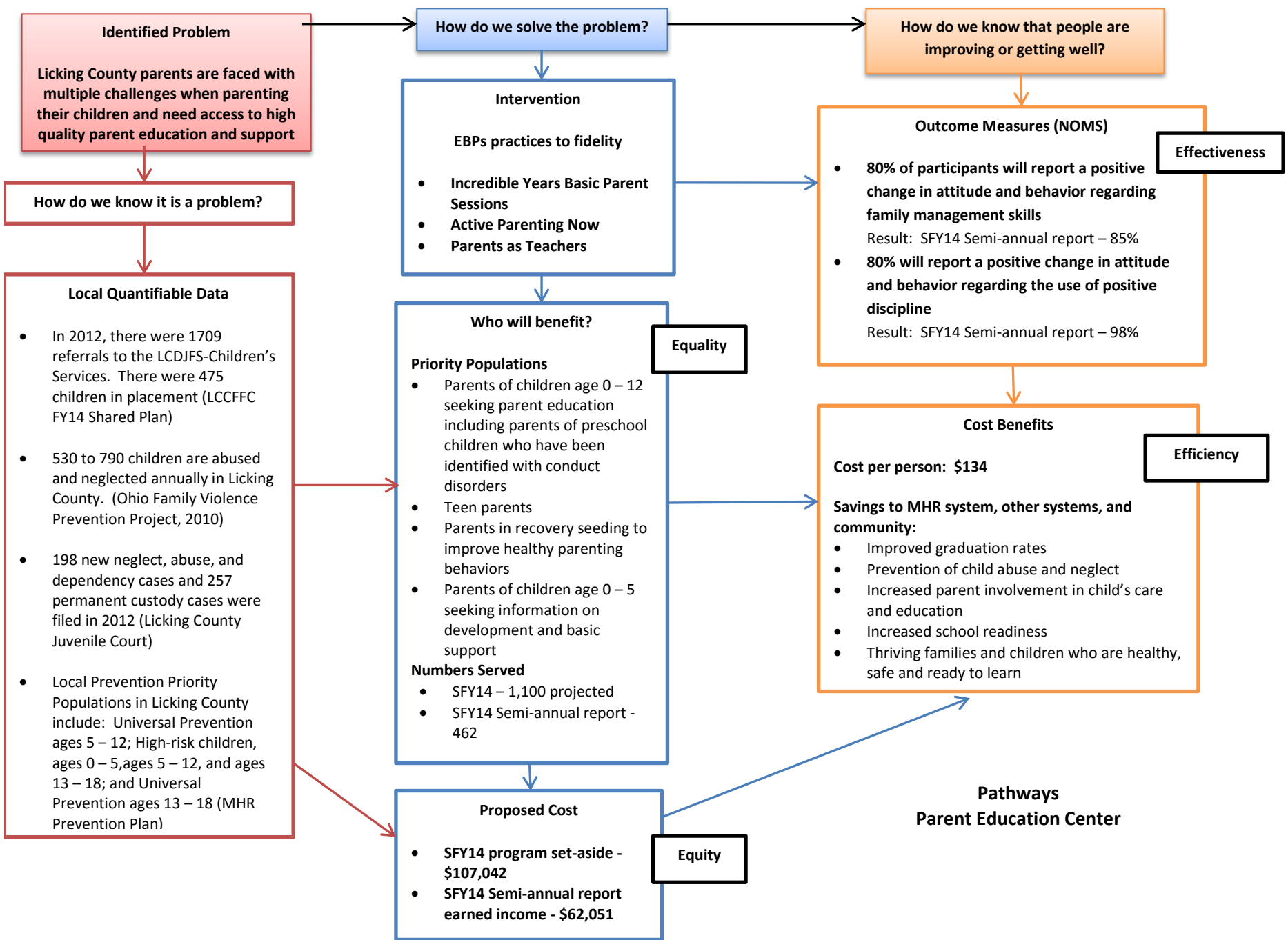
1. **Efficiency**: A maximally efficient outcome is one that provides the highest ratio of output over input in a system. Efficiency does not consider the distribution of outcomes across recipients, but only the return on investment that is generated.
2. **Effectiveness**: A maximally effective outcome is one that maximizes benefit to the recipient of the resources or services in question so as to bring about the greatest gain for the chosen recipient. When we consider effectiveness, we apply the economic principle of maximax; obtaining the best possible best-case outcome.
3. **Equality**: An equal distribution is one that maximizes the degree of similarity of outcome for all recipients of goods or services.
4. **Equity**: A maximally equitable distribution of goods or services is that which minimizes harm to the non-recipient of resources or services in question so as to bring about the least harm to all potential recipients. When we consider equity, we apply the economic principle of maximin: obtaining the best possible worst-case outcome.

Bioethical Services of Virginia, Inc.

Movement to Outcomes Based Funding: Use of Logic Models and the Ethics of Scarcity – Determination of Effectiveness, Quality, and Efficiency

Gillette's Four E's – The Ethics of Scarcity and Marco-allocation Prioritization




Identified Problem
Licking County parents are faced with multiple challenges when parenting their children and need access to high quality parent education and support
How do we know it is a problem?
Local Quantifiable Data
In 2012, there were 1709 referrals to the LCDJFS-Children's Services. There were 475 children in placement (LCCFFC FY14 Shared Plan)
530 to 790 children are abused and neglected annually in Licking County. (Ohio Family Violence Prevention Project, 2010)
198 new neglect, abuse, and dependency cases and 257 permanent custody cases were filed in 2012 (Licking County Juvenile Court)
Local Prevention Priority Populations in Licking County include: Universal Prevention ages 5 – 12; High-risk children, ages 0 – 5,ages 5 – 12, and ages 13 – 18; and Universal Prevention ages 13 – 18 (MHR Prevention Plan)
How do we solve the problem?
Intervention
EBPs practices to fidelity
Incredible Years Basic Parent Sessions
Active Parenting Now
Parents as Teachers
Who will benefit?
Equality
Priority Populations
Parents of children age 0 – 12 seeking parent education including parents of preschool children who have been identified with conduct disorders
Teen parents
Parents in recovery seeding to improve healthy parenting behaviors
Parents of children age 0 – 5 seeking information on development and basic support
Numbers Served
SFY14 – 1,100 projected
SFY14 Semi-annual report - 462
Proposed Cost
Equity
SFY14 program set-aside - $107,042
SFY14 Semi-annual report earned income - $62,051
How do we know that people are improving or getting well?
Outcome Measures (NOMS)
Effectiveness
80% of participants will report a positive change in attitude and behavior regarding family management skills
Result: SFY14 Semi-annual report – 85%
80% will report a positive change in attitude and behavior regarding the use of positive discipline
Result: SFY14 Semi-annual report – 98%
Cost Benefits
Efficiency
Cost per person: $134
Savings to MHR system, other systems, and community:
Improved graduation rates
Prevention of child abuse and neglect
Increased parent involvement in child's care and education
Increased school readiness
Thriving families and children who are healthy, safe and ready to learn
Pathways
Parent Education Center

The Ethics of Scarcity

"The Macro Algorithm"

1. Identify the range of services to be offered over time (begin with mandates, mission, and the demands of considered public opinion).
2. Maintain a commitment to provide the services identified in step one.
3. Spend additional resources to limit the harms of the budget cuts (equity).
4. Select programs that leverage resources to increase funding for steps two and three (efficiency).
5. Select programs with high and measurable success rates (effectiveness).
6. Satisfy the demands of public opinion (when these demands are clear enough, re-engage in step one)

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Macro-Allocation

"Reflective Equilibrium"

When a public agency engages in the provision of public services, it is not unreasonable for society to set the broad goals of activity. Therefore, a balance must be maintained between step one and step six on the previous slide. This is a bi-lateral process designed to generate equilibrium.

Macro-Allocation

"Preferred Method"

Rather than ruling certain ideas in or out, proceed by prioritizing spending options with all expenditures placed on the list in positive language. By prioritizing expenditures, it is unnecessary to debate any philosophical opposition to specific spending and the most raucous political disagreements can be avoided. Adjust priorities with the understanding that beyond a certain level, no funds will be available to low priority activities.

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CONTINUUM OF CARE

Ohio Department of Mental Health and Addiction Services (OhioMHAS) category that outlines the state certified mental health and addiction treatment and prevention services found in a comprehensive system of care including new ORC 340 requirements. MHR augments this with the **Good and Modern Continuum of Care** (SAMHSA) in identifying core services. **Recovery Orientated Systems of Care** (ROSC) is used as the framework to provide greater access to care by promote health and wellness and recovery and resiliency practices.

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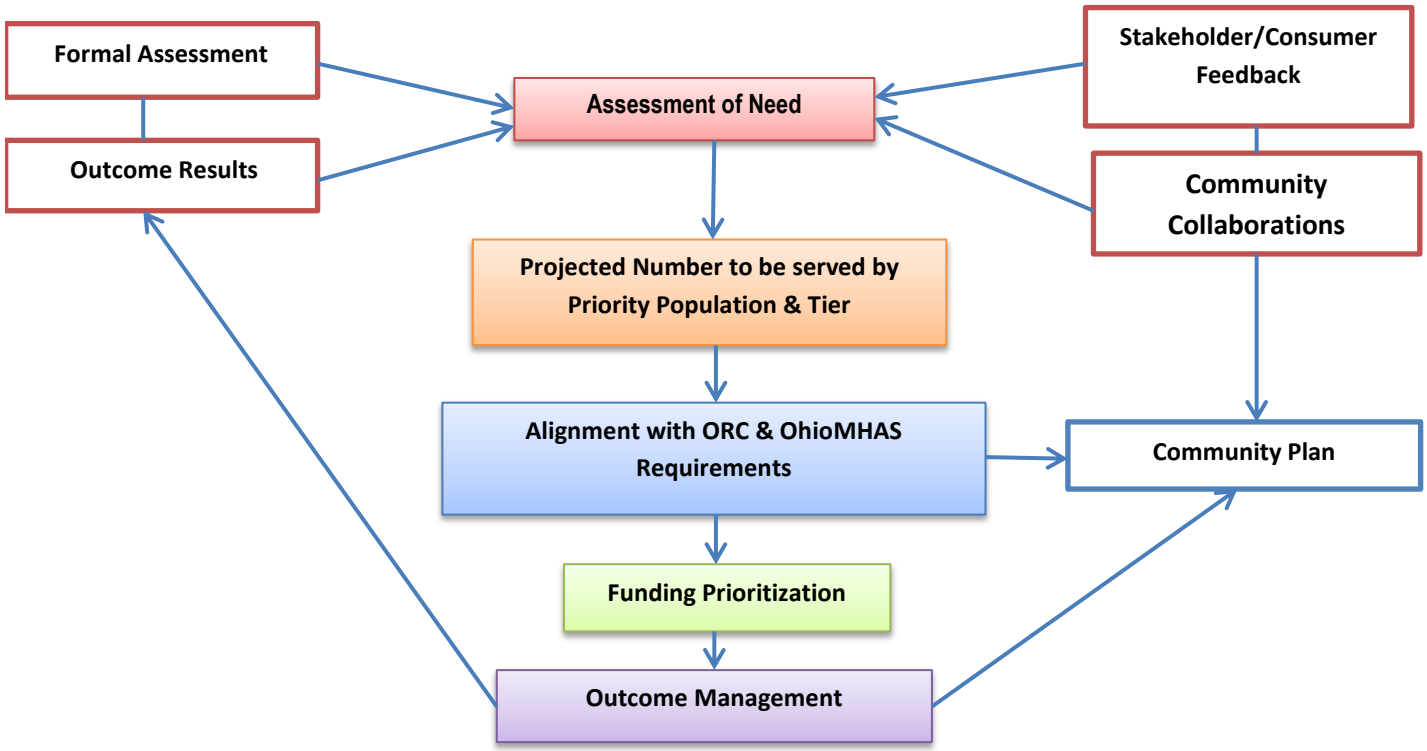
SFY17 MHR Balanced Prioritized Continuum of Care

- **Provider set-asides** – fee for service
- **Board Initiatives** are included in the prioritization. These generally include programs involving community/multi-system collaborations, planning, and implementation managed at the Board level

- **Provider set-asides** + **Board Initiatives** = **Board Investments to the Continuum of Care**

- **Board Investments** align with ORC requirements, the OhioMHAS Community Plan and the MHR Strategic Plan

Process


Formal Assessment
Outcome Results
Assessment of Need
Stakeholder/Consumer Feedback
Community Collaborations
Projected Number to be served by Priority Population & Tier
Alignment with ORC & OhioMHAS Requirements
Community Plan
Funding Prioritization
Outcome Management

Statutory Requirements and Public Policy

- **ORC 340 –** Mandated funding for all populations involving hospital and community probate prescreening, crisis services and access to hospitalization
- **ORC 340 –** Mandated funding for monitoring/services/treatment for adult forensic populations – NGRI & IST-U-CJ (MHR & DD systems)
- **ORC 340 –** Mandated funding and service provision for the opiate continuum of care (September 15, 2016)
- **ORC 340/5122 –** Priority funding and service provision for adults under civil outpatient commitments
- **MHR Public Policies –** Principals for management of the service delivery system, priority treatment populations, prevention priorities, and minimum operating cash reserve balance

Alignment with the Community Plan

- **Identification of programs/services that meet the following sub-continuums of care and/or targeted strategies leading to greater health and wellness**
- **Opiate Continuum of Care:** Services and programs serving youth or adults that meet HB 483 legislation requirements
- **Trauma Informed Practices:** Services and programs where staff universally practice to at least one identified trauma informed best practice AND/OR the program or service itself is considered to be a trauma informed best practice
- **ROSC Strategies:** Services and programs that include specific recovery orientated system of care practices and/or actively practice to those values
- **Re-entry Strategies:** Services and programs that target youth and adults with mental health and/or addiction issues reentering the community from jail or prison for the purpose of decreasing recidivism by gaining access to care and planning
- **ECMH (Early Childhood Mental Health):** Services and programs that target behavioral healthcare needs of very young children and their parents

Planning Response to Community Issues

- **<u>Mantra</u>: MHR participates in planning and invests in strategies that contribute to addressing shared community concerns especially those promoting heath, wellness, and community safety and related to behavioral health**
- Example: The opiate/prescription drug crisis
- Most community issues contain complex challenges and intertwined complications
- Planning often requires a comprehensive approach involving input and strategies from many varied sources (Our Futures and KSAAT) to resolve a common problem

MHR Strategic Planning - SFY15 Key Stakeholder Survey/Focus Group Results

Program Development

- Increased physician availability/access in the community including integrated care
- Housing and supportive services including recovery housing
- Increase MH/AOD services in the criminal justice system including jails
- Focus more on broad based prevention/education in the community
- Opiate and other addiction prevention and treatment including encouraging best practices in treating addiction
- Expanded early childhood mental health intervention and treatment
- Focus on strengthening trauma informed practices and trauma informed environment

MHR Strategic Planning - SFY15 Key Stakeholder Survey/Focus Group Results

Outcomes Based Funding

- Identify behavioral health needs of the community and prioritize and fund those needs
- Prioritize fiscal responsibility and hold providers accountable for their performance
- Develop a performance outcome system that includes tracking/monitoring system of providers, success matrix and reward system
- Expand opportunity for competition to apply for available annual funding

MHR Strategic Planning - SFY15 Key Stakeholder Survey/Focus Group Results

Public Awareness

- Improve community engagement/access to knowledge of system services

Other

- Workforce recruitment and retention

Local Inclusive Planning Efforts

- **Strategic Prevention Framework (SPF) – Public Health Approach**
- Gambling prevention and treatment
- Crisis/Emergency Services
- Early Childhood Mental Health
- Opiate Continuum of Care
- Recovery Housing
- Jail Services
- Behavioral Health Re-design
- **Community Collations**
- Knox County Rural Health Initiative
- Knox County Health Partnership -CHIP
- Licking County CHIP
- KSAAT – Knox Substance Abuse Action Taskforce
- Our Futures
- Licking County JFS Planning
- Licking County Reentry Taskforce
- United Way Community Planning
- Children and Family First Councils
- Suicide Prevention Taskforces
- Opiate/Prescription Drug Taskforces
- Licking – Muskingum Criminal Justice Community Based Planning Group
- Licking Community Corrections Planning Board
- Special Docket Courts - 6
- **Learning Community**
- Trauma Informed Practices

SFY17 Budget Application Process

- February 5, 2016 – Application issued to current contract providers
- March 21, 2016 – Deadline for submission to MHR
- SFY17 BAP will move the system closer to Outcomes Based Funding with some programs included in a no-harm pilot to determine readiness
- With MHR staff assistance, providers must include a logic model for any request for funding of a service or program
- Outcomes measures and performance targets will continue to be standardized
- Providers need to identify a valid and reliable tool to measure changes for the purpose of outcomes management
- Use of uniform treatment rates

SFY17 Balanced Prioritized Continuum of Care

- Overall Prioritized Tier System – Level of Risk, Mandated Services, and Priority Treatment Populations and Prevention Priorities
- Each tier is assigned its own specific criteria for prioritization within that tier
- Dependent upon available resources, each tier would receive a specific percentage of dedicated funding
- Programs on tiers with lower levels of risk or those ranked with lowest risk on other tiers might potentially receive reduced or no funding

SFY17 MHR Prioritized Continuum of Care by Tier (07/01/2016)

Includes Mandated Services: Crisis, Forensic, & Essential Service Elements ORC 340.033 Opiate & 340.03(A)(11) MH/AOD Continuum of Care

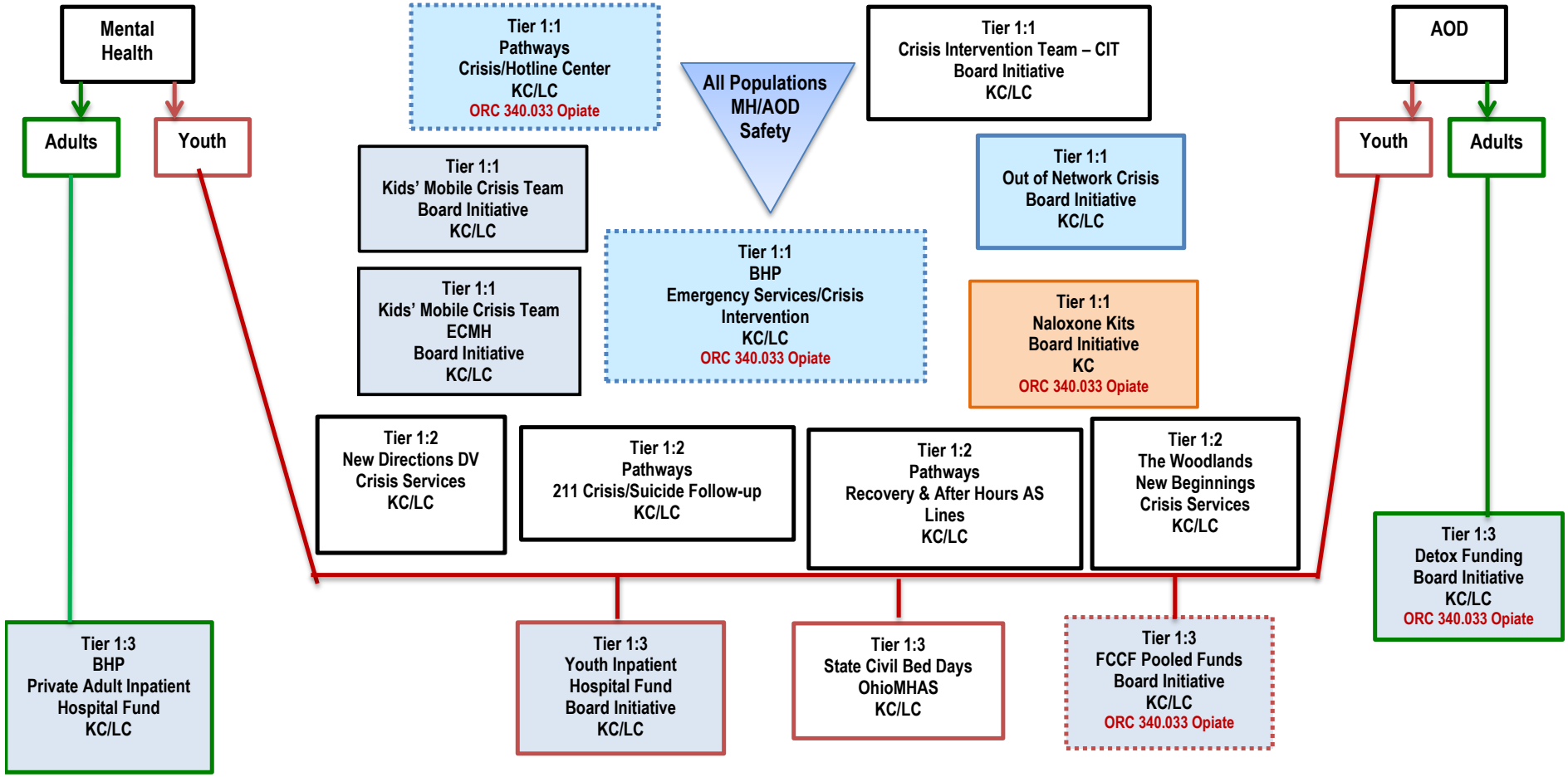
Proposed New SFY17 Funding

Proposed Increased Funding for SFY17.

Unbudgeted SFY17 Programs

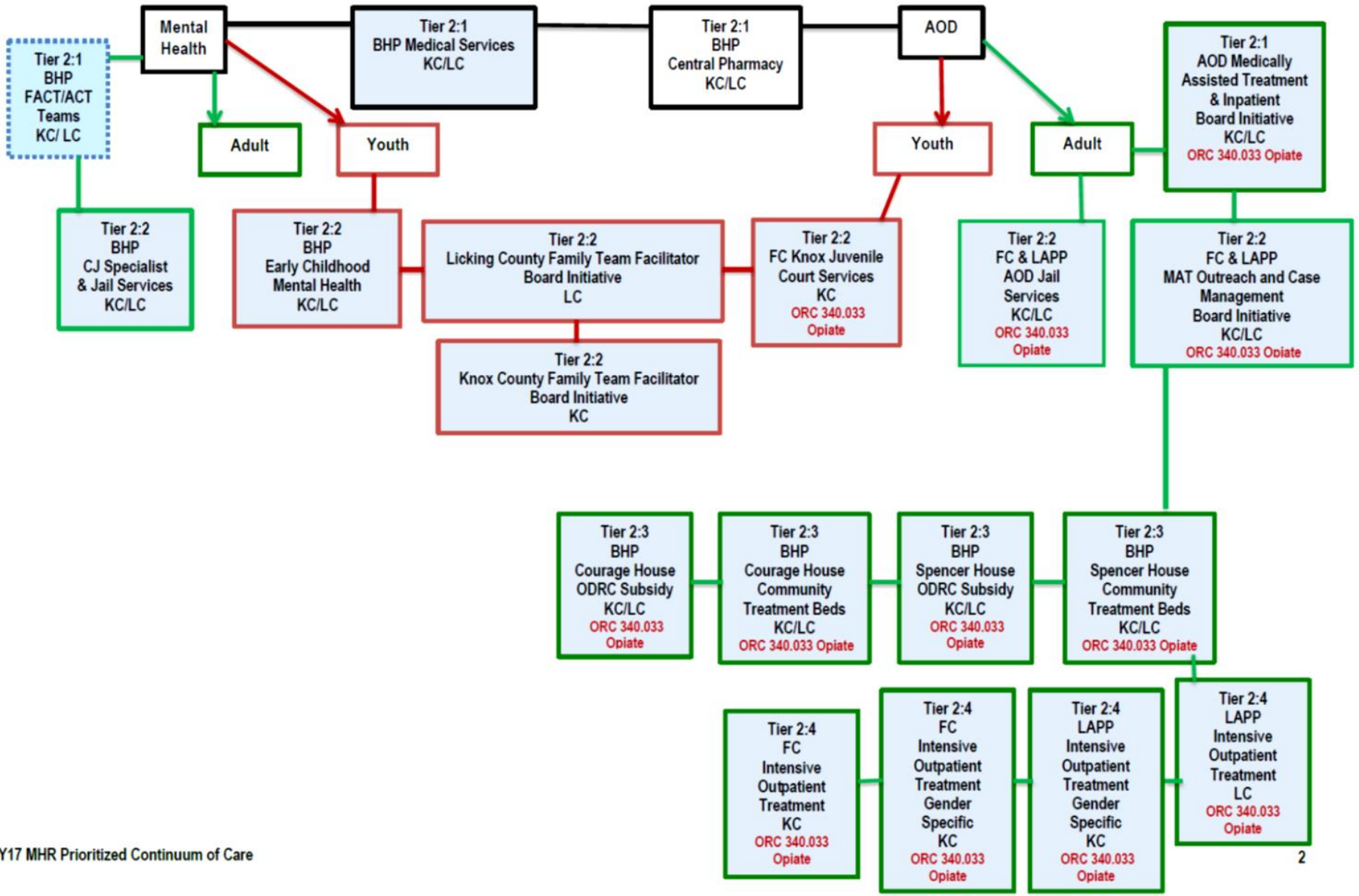
Tier 1: CRISIS SERVICES – RISK OF IMMINENT HARM

Criteria: Risk of serious and imminent harm (includes need for emergency or urgent services due to danger to self/others, and/or incapable of self-care due to behavioral healthcare issues and/or potential life threatening symptoms resulting from withdrawal from substances). Services include assessment of risk, crisis/safety planning, and referral to appropriate level of care to resolve any imminent harm.



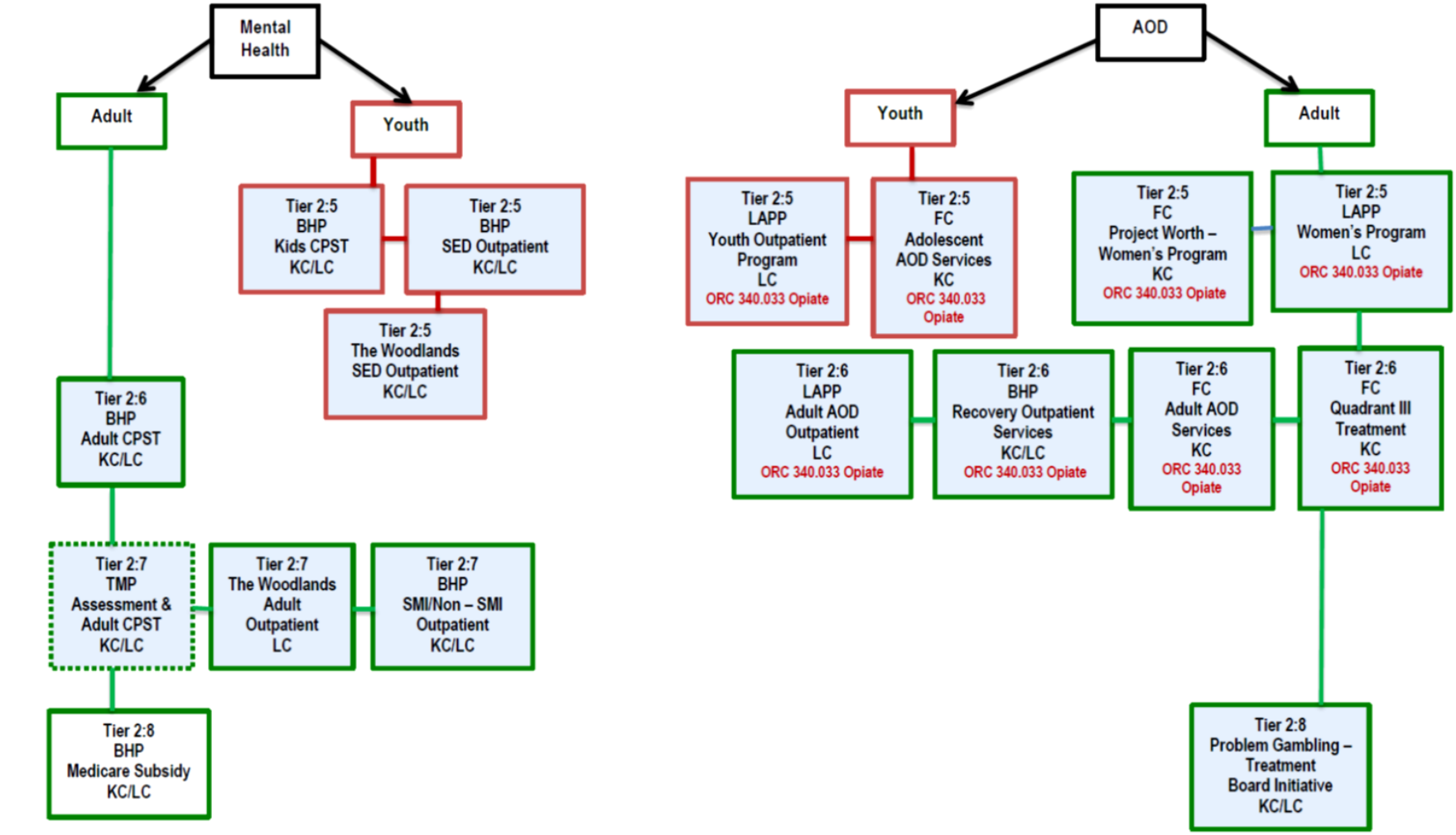
Tier 2: Treatment Services – High Risk

Criteria: Court ordered NGRI/IST-U-CJ forensic care, monitoring, and treatment; services to persons of MHR priority populations with histories of community violence, treatment non-compliance, and/or criminal justice involvement; services to persons with co-occurring disorders and/or multiple hospitalizations and/or multiple detoxification stays; and services to youth (birth – 17) including those involved with multi community system involvement and/or in danger of our of home placement. Includes the use of a consumer specific plan and must be medically necessary.



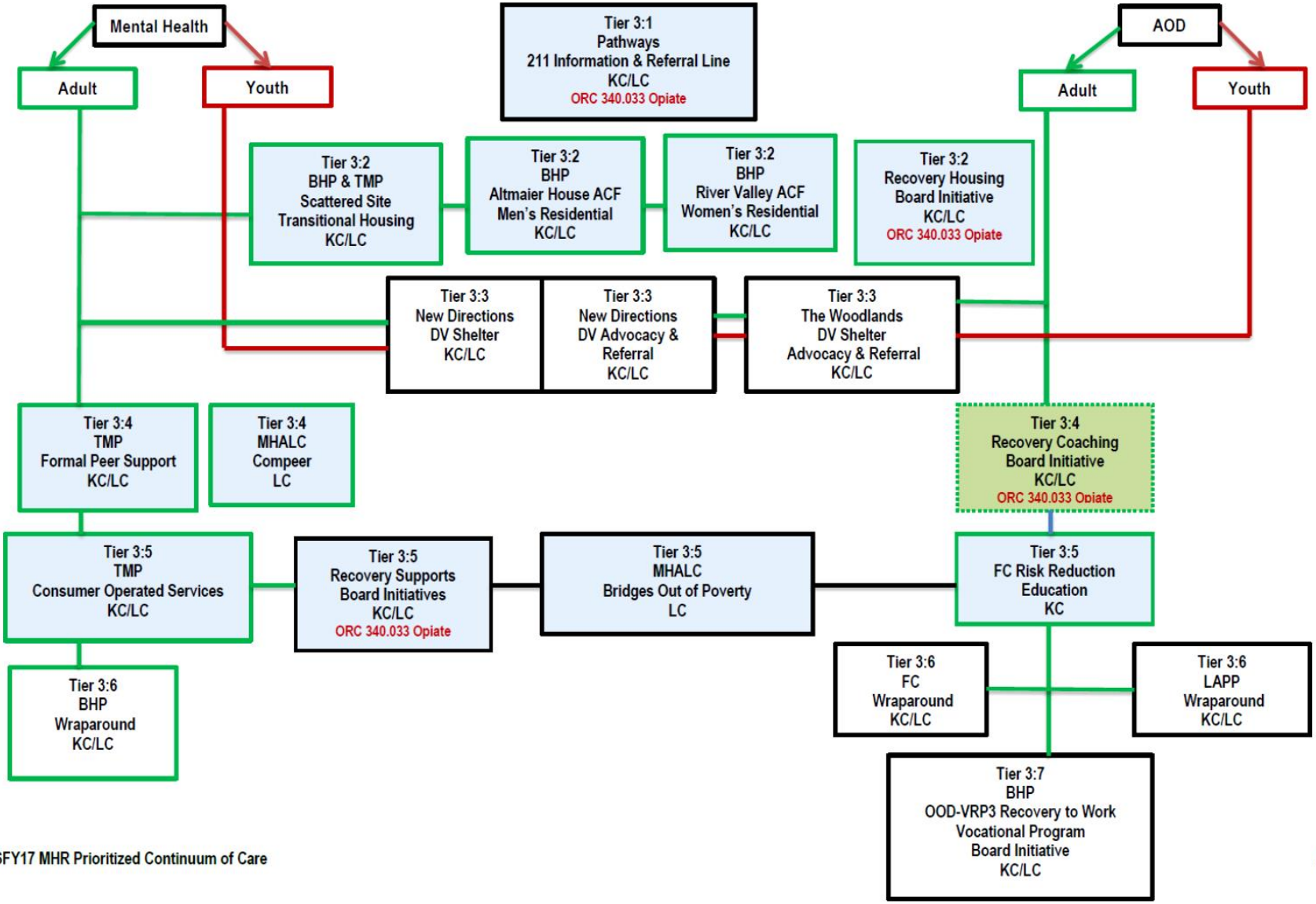
Tier 2: Treatment Service

Criteria: Risk of serious negative outcomes, but not imminent harm (includes need for treatment or intervention to persons of MHR priority populations that provides structured recovery focused activities leading to stabilization of behavioral healthcare symptoms and/or other safety issues and/or increased functioning). Includes the use of a consumer specific plan and must be medically necessary.



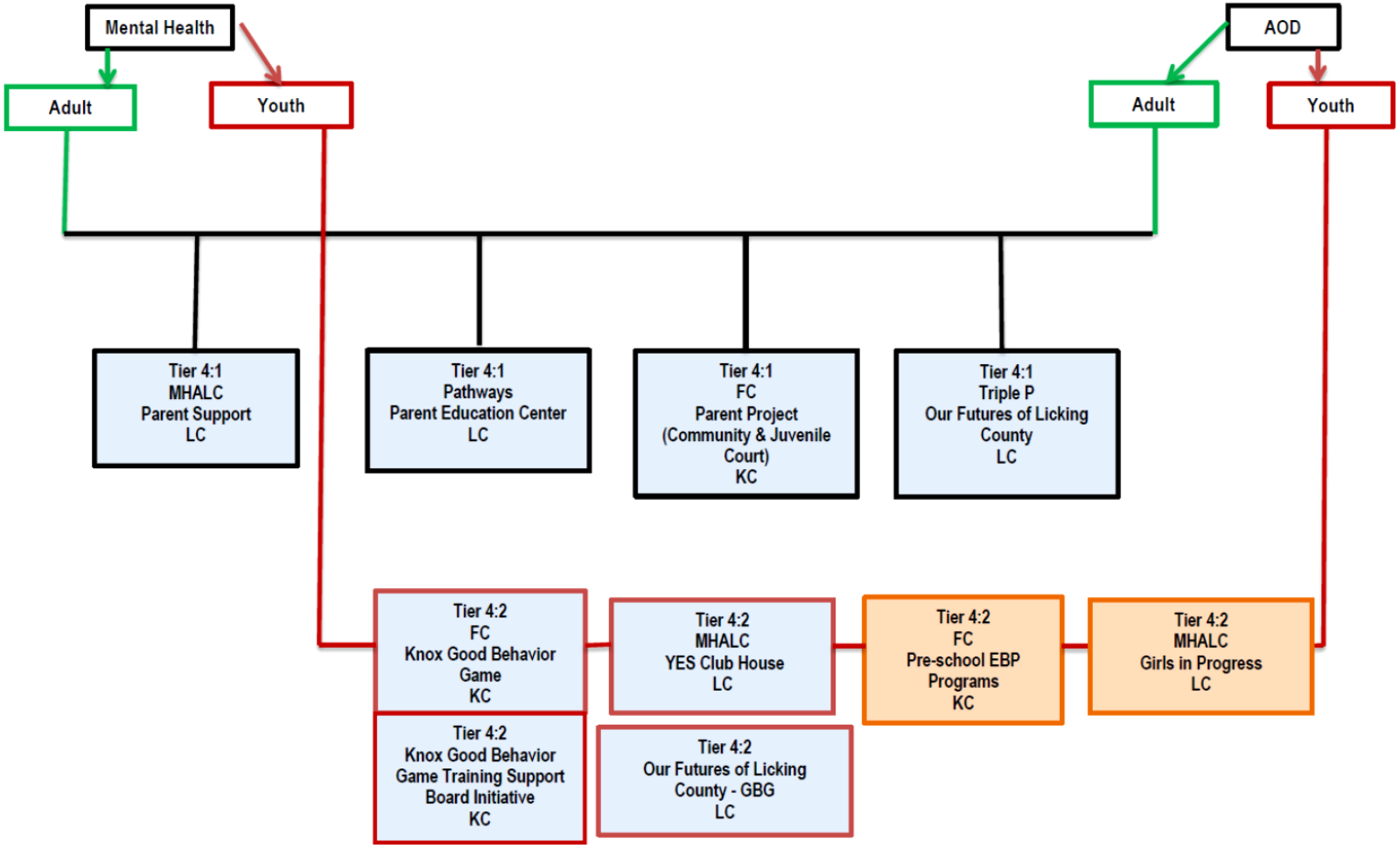
Tier 3: Recovery Supports and Wellness Activities

Criteria: Risk of potential negative outcomes in long-term without these supports or activities. Includes promotion of structured recovery supports and wellness activities leading to stabilization of behavioral healthcare symptoms and/or other safety issues, and/or increased functioning AND/OR provides activities that support the recovery process. 3:1 to 3:3 contain services involving access to basic needs. Typically includes the use of a consumer specific plan and generally are not medically necessary. May or may not include MHR priority populations. Consumers may receive other medically necessary services on other tiers. Other resiliency-based interventions may also be used.



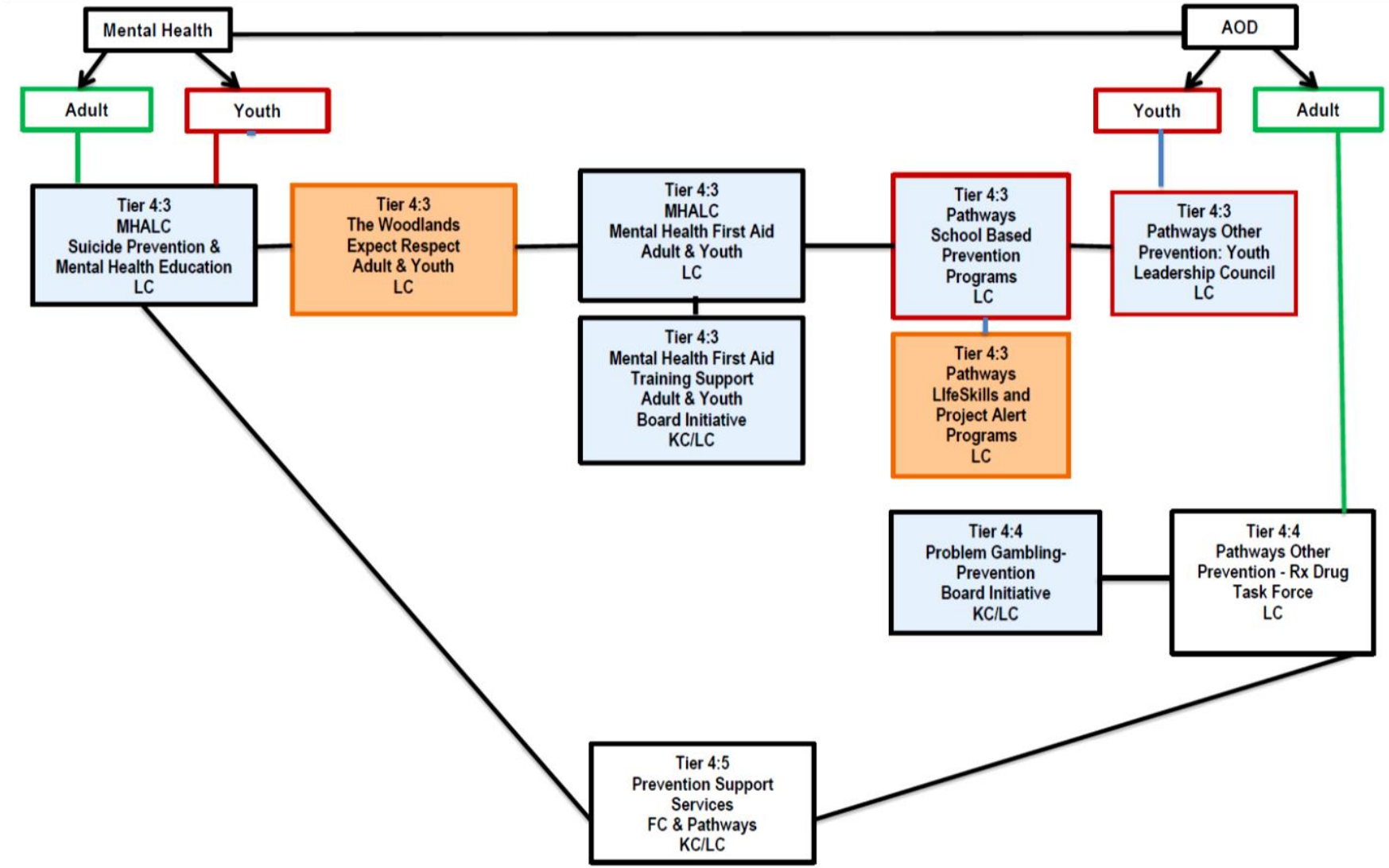
Tier 4: PREVENTION – High Priority Prevention Populations

Criteria: Identified high-priority populations and the use of identified EBP implemented to target audience with fidelity with impact on multiple problem behaviors. Potential risk for negative outcomes for many participants in the intermediate to longer-term if services are not provided before more serious problems develop. Early intervention refers to programs delivered to young children and/or their parents and programs delivered to at – risk adolescents before serious problems emerge. Negative outcomes these programs aim to prevent include child abuse and neglect, behavioral and social-emotional problems, school failure, alcohol and other drug abuse, teen pregnancy, delinquency, and violence. Interventions are not considered medically necessary and typically do not include the use of a consumer specific plan. The use of resiliency-based interventions is stressed including targeted and selected prevention strategies for ages 0 to 17. Universal strategies are targeted to priority prevention populations involving ages 0 to 5 and 5 to 12.



Tier 4: PREVENTION – Universal Prevention

Criteria: Potential risk for negative outcomes in the long-term for some participants. Negative outcomes these programs aim to prevent include alcohol and other drug use, violence, and sexual assault. Typically serve the general population of children or adolescents and their families, without regard to risk factors. Aims to prevent problems before they arise (primary prevention). Does not include a consumer specific plan and is not medically necessary. The use of resiliency-based interventions is stressed including science-based interventions that impact multiple problem behaviors and focus on population-based interventions.



LOCAL SYSTEM CHALLENGES

External and Local Factors

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Challenges


Williams
Fulton
Lucas
Ottawa
Lake
Ashtabula
Geauga
Cuyahoga
Defiance
Henry
Wood
Sandusky
Erie
Lorain
Trumbull
Paulding
Putnam
Hancock
Seneca
Huron
Medina
Summit
Portage
Mahoning
Van Wert
Allen
Wyandot
Crawford
Richland
Ashland
Wayne
Stark
Columbiana
Hardin
Mercer
Auglaize
Marion
Morrow
Holmes
Carroll
Shelby
Logan
Union
Delaware
Knox
Tuscarawas
Jefferson
Coshocton
Harrison
Darke
Champaign
Miami
Licking
Guernsey
Belmont
Clark
Madison
Franklin
Muskingum
Preble
Montgomery
Greene
Fairfield
Perry
Noble
Monroe
Pickaway
Morgan
Fayette
Hocking
Butler
Warren
Clinton
Washington
Ross
Athens
Vinton
Hamilton
Highland
Pike
Meigs
Clermont
Jackson
Brown
Adams
Scioto
Gallia
Lawrence

State Impact

- **Affordable Health Care** – Medicaid Expansion and the Health Exchange
- **Biennium Budget**
- **Behavioral Health Re-design** – New multiple Medicaid coding and case rates methodology
- **Continuum of Care**
- **ORC 340 –** HB 483 and ORC 5122
- **Competing priorities for use of local funding**
- **Managed Care** - Management of Medicaid benefit by private sector organization
- **SFY17 Community Plan & System Budget (040)** Compliance with state required community planning aligning with the ORC 340 and 5122 regulations, the OhioMHAS strategic plan and meeting federal requirements

Local Challenges

Provider Capacity

- Can a provider afford to provide quality, effective, and efficient services?
- Can a provider afford their administrative overhead and operational costs necessary to adequately operate their organization? Can they afford their workforce?
- Can a provider afford to redesign their infrastructure to keep in alignment with ACA, potential changes in federal, state, and MHR funding, any OhioMAS changes in state statue, the Behavioral Health Re-sign and/or the management of Medicaid benefits by managed care?

Workforce Issues

- State-wide shortage of psychiatrists, social workers & counselors, crisis workers, and addiction specialists
- Everyone is competing for the same workforce
- Recruitment is difficult and expensive

Where Are We Going?

Thank you!

For further information:

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