Right Questions, Right Service:

Answering Your Way to the Desired Outcome

Presented by:

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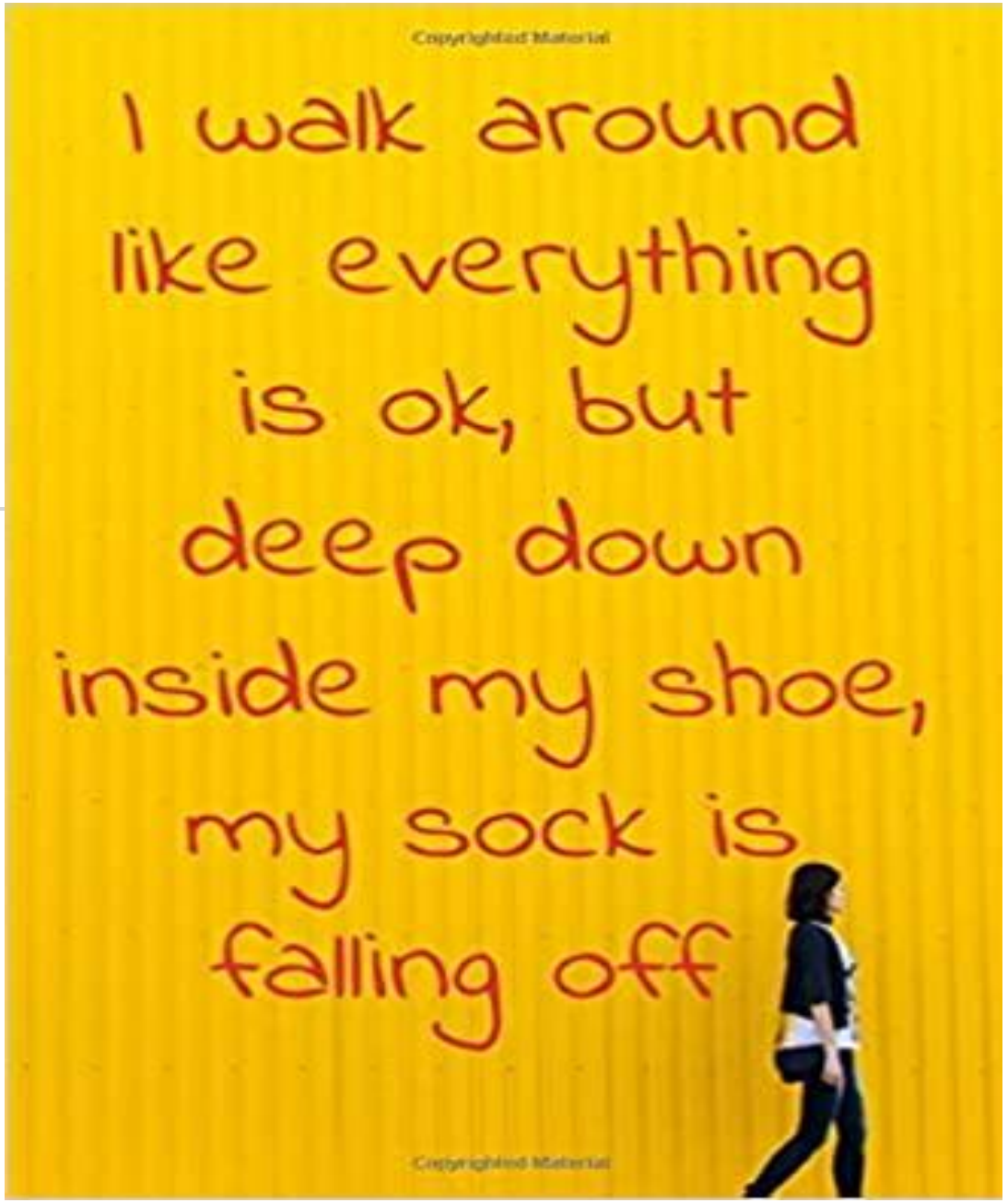
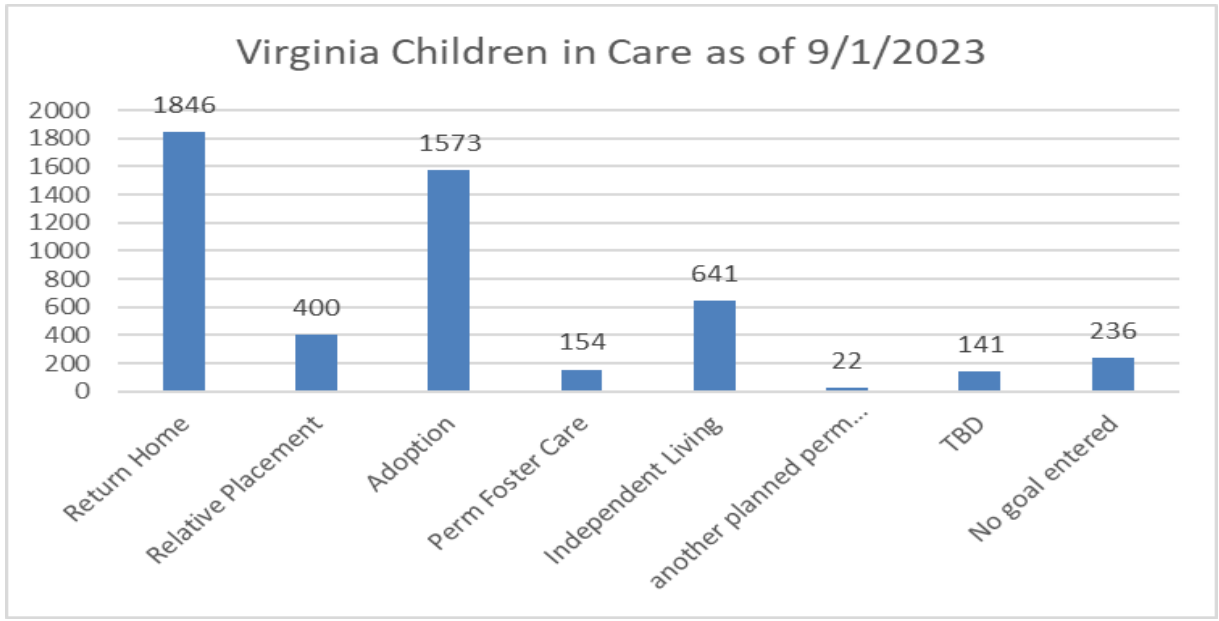
But First....

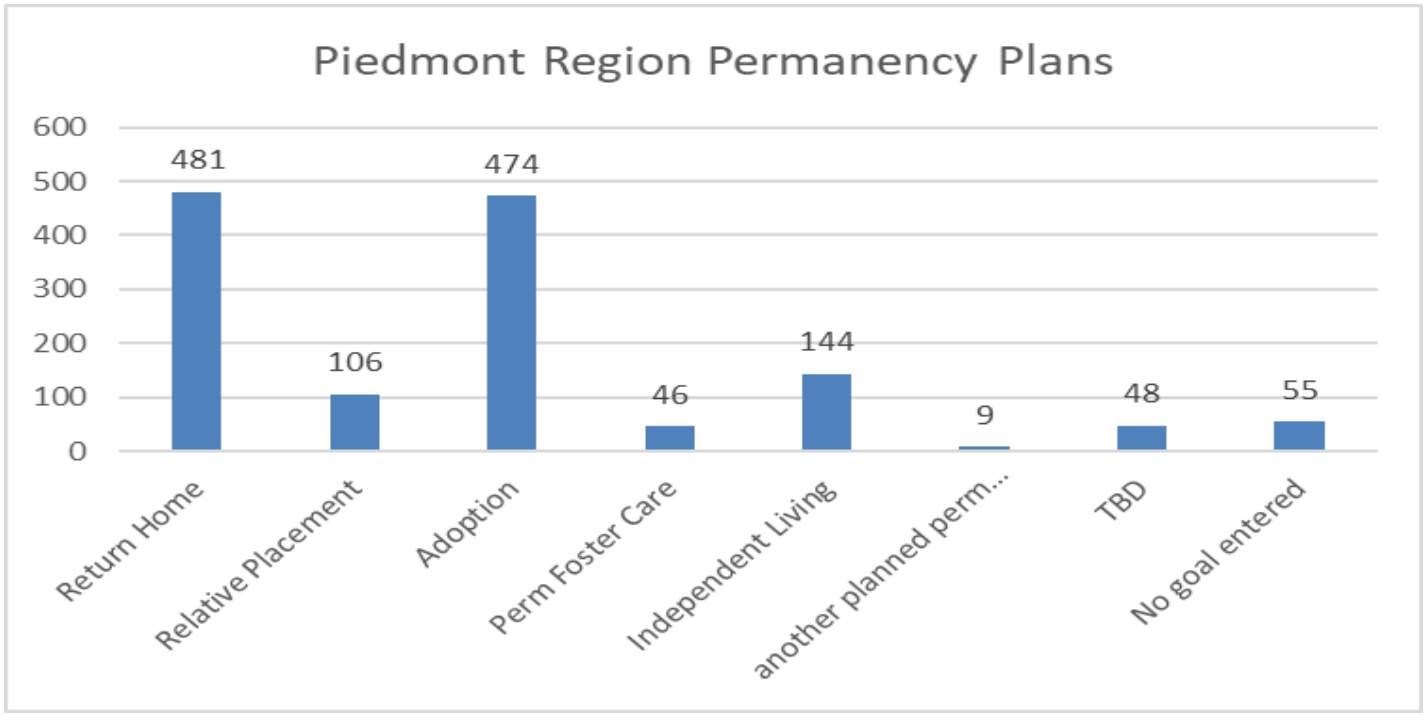
Let’s Get Ready to REGULATE!!!!!!



Current Foster Care Snapshot:

What's the Plan?





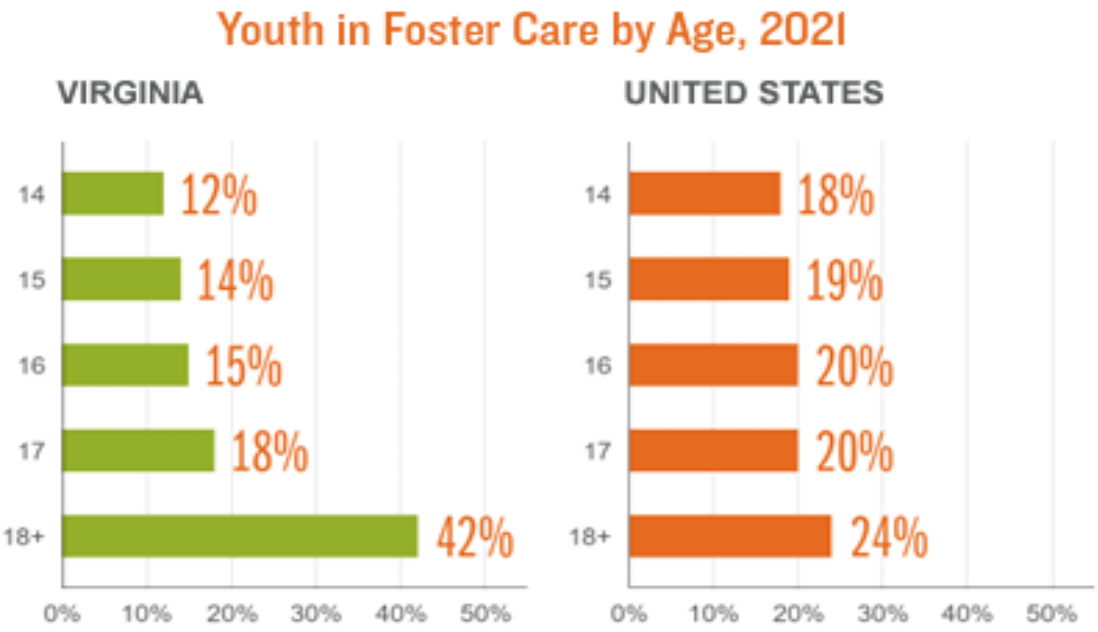
Did you know: Virginia Foster Care Comparison

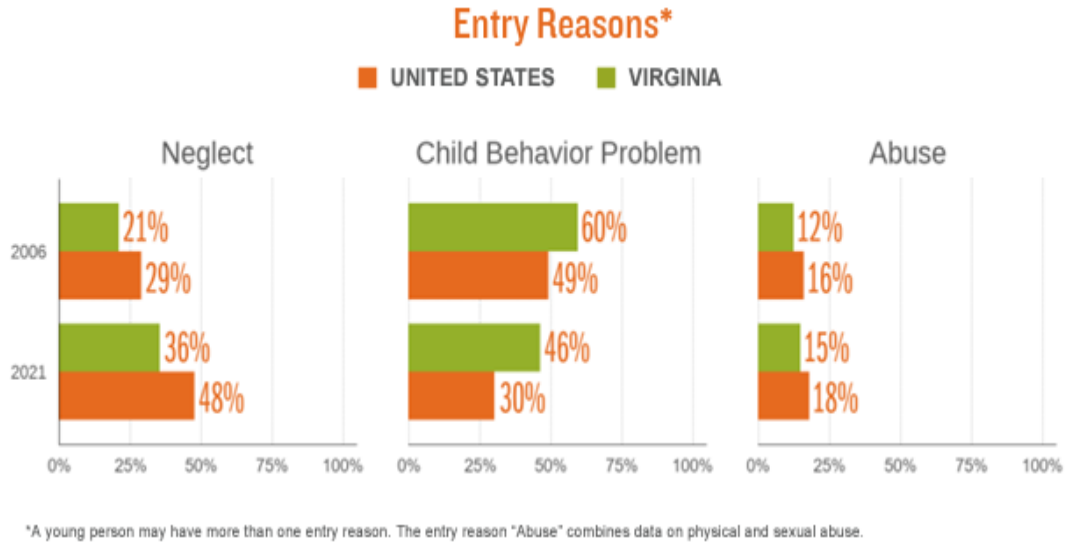
Where are we winning

- 30% of children in Virginia are adopted, often by foster families (VDSS)
- Average LOS is 20.25 months; National Average is 21 months
- Recent policy reformation in Virginia

Where are we losing

- Virginia's reunification rates
- What stats do you know?
  - Virginia ranks one of the worst states in US for children who age out without permanence
  - Poorer SDOH (housing, SUD, etc.)





*A young person may have more than one entry reason. The entry reason "Abuse" combines data on physical and sexual abuse.

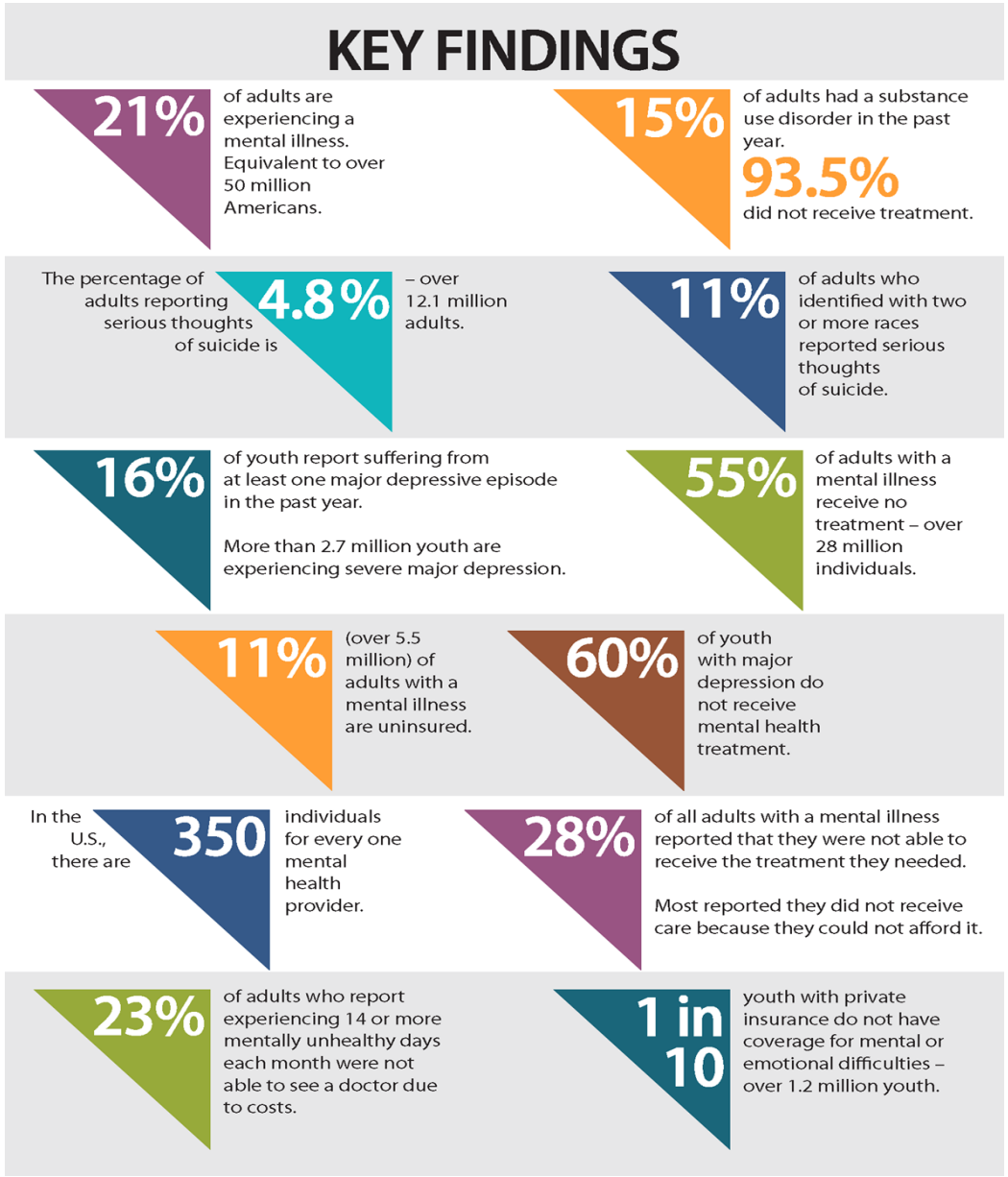
Did you know: Virginia Behavioral Health Comparison

Where are we winning

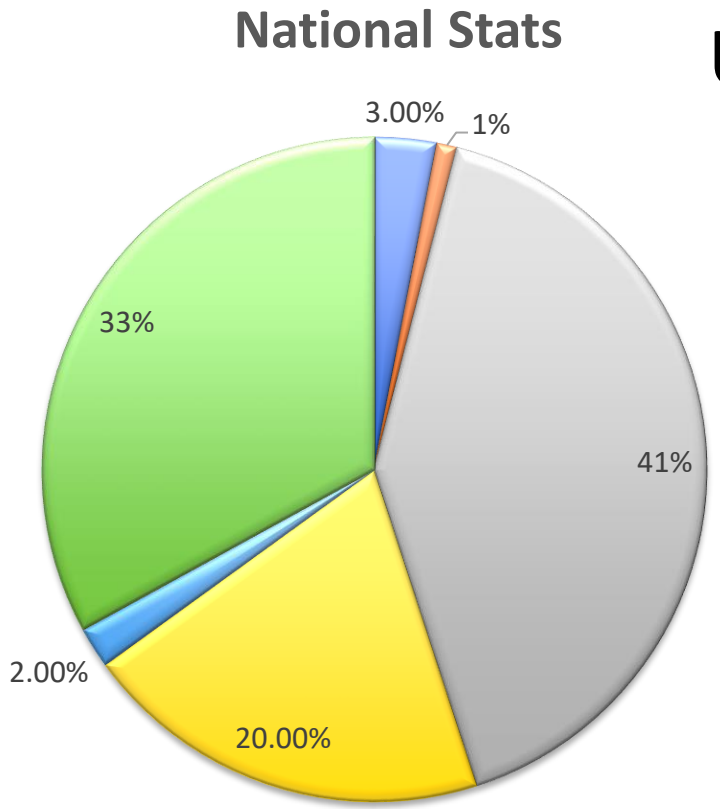
- Improved mental health outcomes for youth (now rank 21st nationally)
- 988 launch

Where are we losing

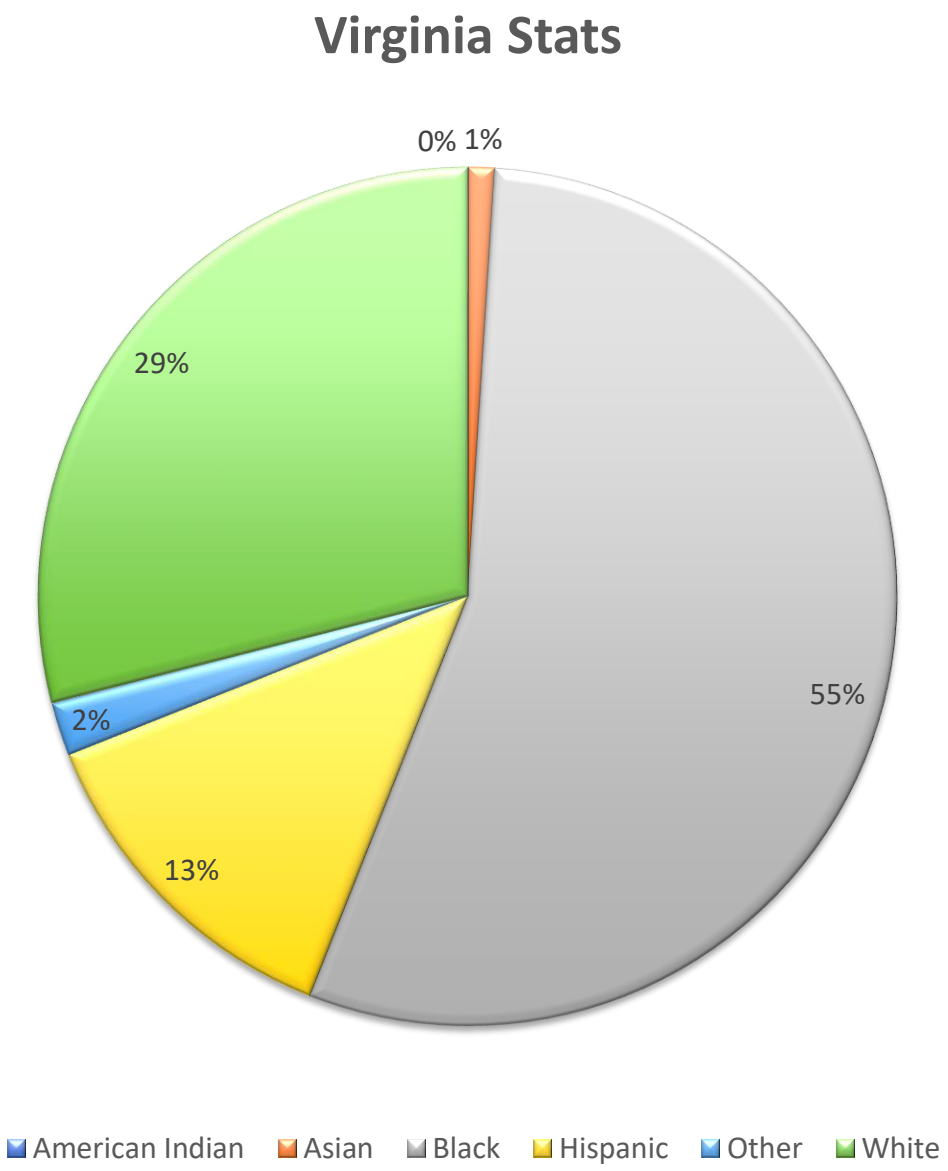
- Substance use
  - Virginia ranks 10 in the nation for substance abuse prevalence w/youth
- Virginia ranks 32 nationally for youth with severe depression receiving consistent treatment (determined by minimum of 7 visits/annual yr.)
  - 25% compared to 27.2% national average
- Virginia ranks 40th nationally for shortages of mental heath providers (530:1)
  - Whew. We feel it.



What does it look like in Juvenile Detention and/or Residential Facilities in the United States

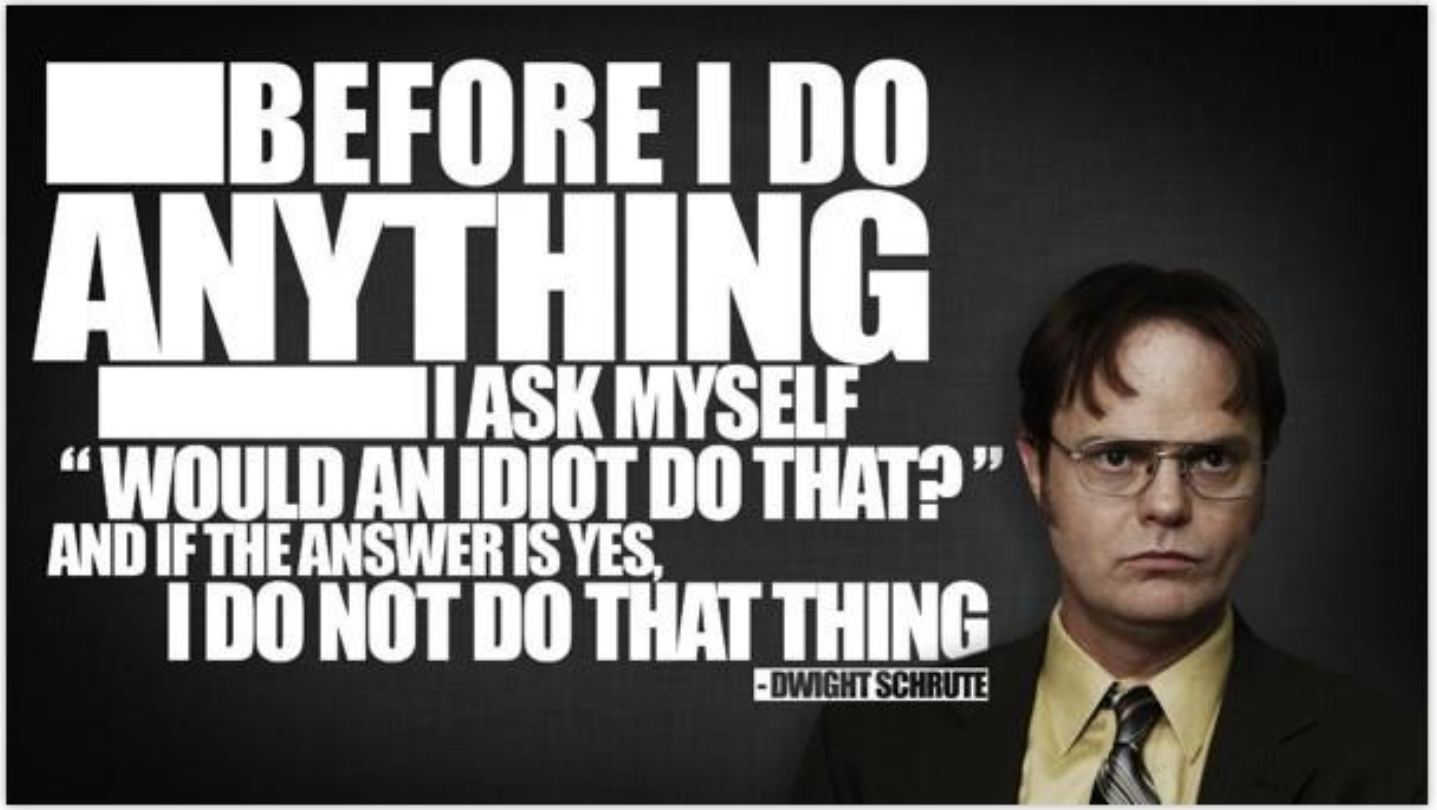


What does it look like in Juvenile Detention and/or Residential Facilities in Virginia?



Why Are We Here?

To learn the “right” questions to ask to ensure the most appropriate service(s) is identified based on family need while also being cost effective.



Can we all agree:

The values and principles of the model are in alignment with Virginia's Children's Services Practice Model.

1. **Children do best when raised in families**, and every effort should be made for children to remain with their own families;

2. Youth should **not** be **housed** in institutional settings;

3. All children and youth need and deserve a **permanent** family;

4. Services should be **child-centered, family-focused and community-based**; and

5. **How** we do our work is **as important** as the work we do

Source: https://www.dss.virginia.gov/files/division/dfs/practice_models/cs_pm.pdf

What if we agree to begin here?

Do what's

~~Easy~~

~~Convenient~~

~~Accepted~~

~~Less Controversial~~

Right for Kids and Families.

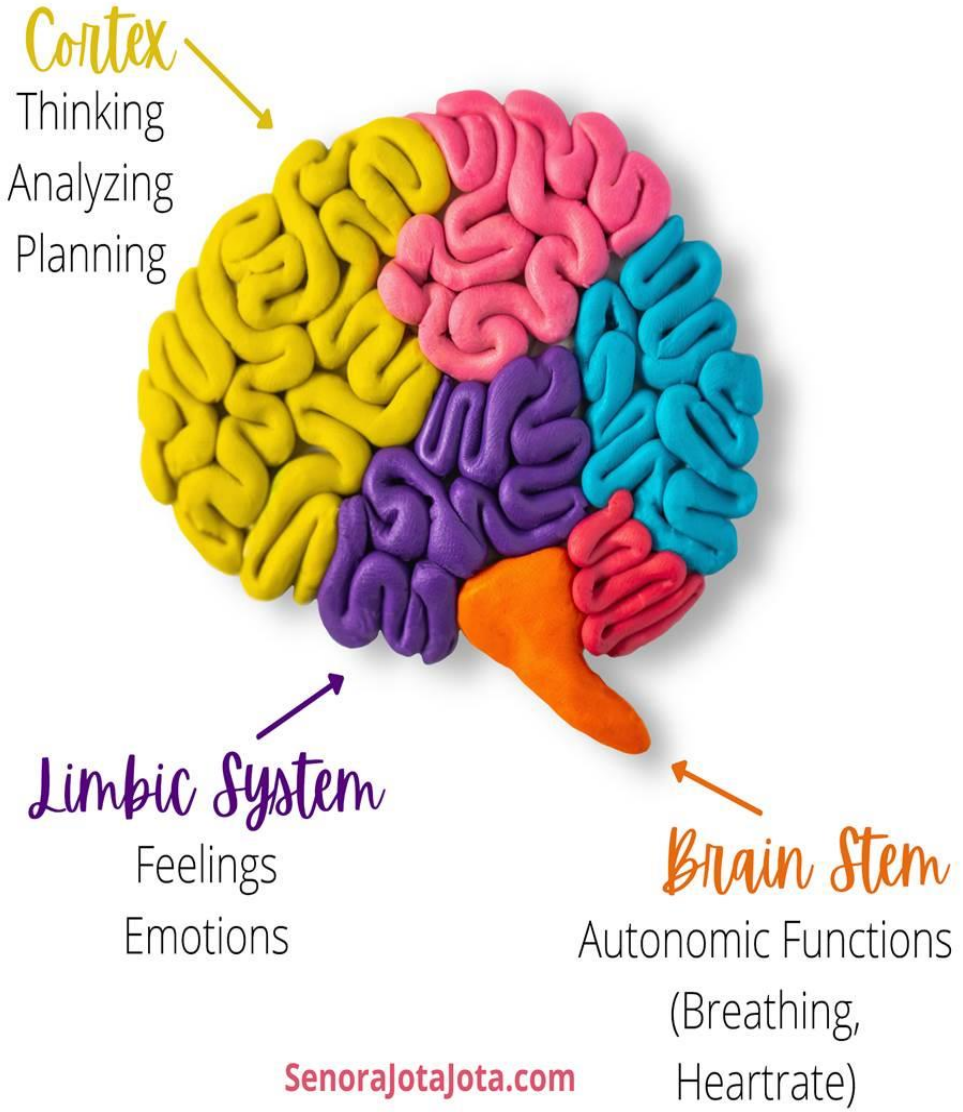
Continuum of Shared Decision Making for Families

Continuum of Shared Decision Making for Families

1. Intake & Referral: To provide the best services for families by prioritizing their needs and preferences and minimizing duplication of services. The process will ensure the effective use of local resources and collectively track what happens to each family.

Hello…Is it Me You're Looking For: Intake and Referral

- What is the family's responsibility?
- 3 R's….+ a bonus R
- What's Your Rapport Building Style?
  1. Slow and Steady – 9am appointment: Let's get comfy…and plan to order lunch
  2. Middle of the Road – I'm interested in You but I'm gonna need to move this along….?
  3. Speedy Gonzales – I've got an appointment in 20, Just Give Me the Answers



Continuum of Shared Decision Making for Families

2. Service Identification: To determine an evidenced treatment, with experience treating presenting issues, that improves the overall functioning of the child and family

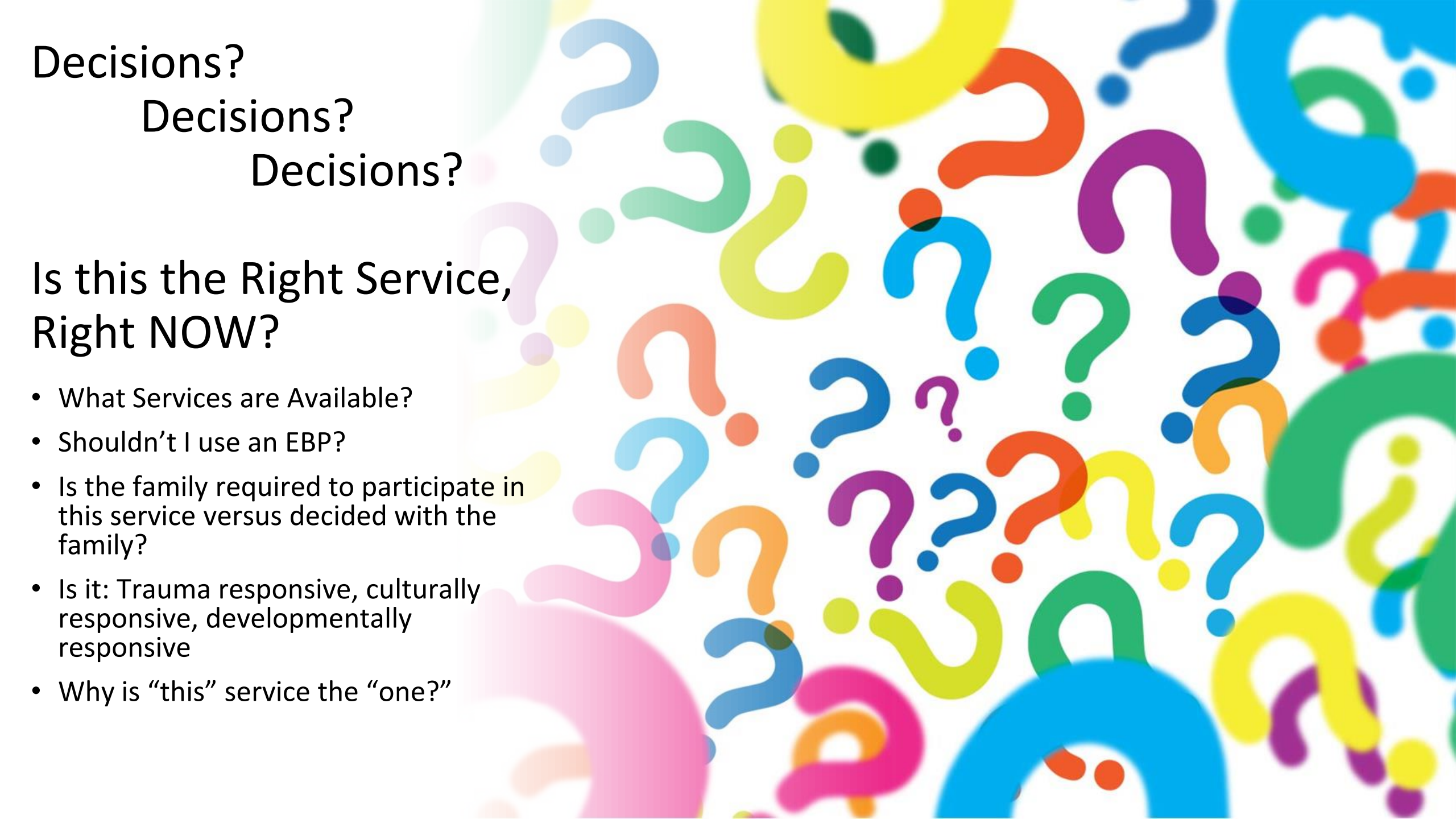
Decisions?

Decisions?

Decisions?

Is this the Right Service, Right NOW?

- What Services are Available?
- Shouldn’t I use an EBP?
- Is the family required to participate in this service versus decided with the family?
- Is it: Trauma responsive, culturally responsive, developmentally responsive
- Why is “this” service the “one?”



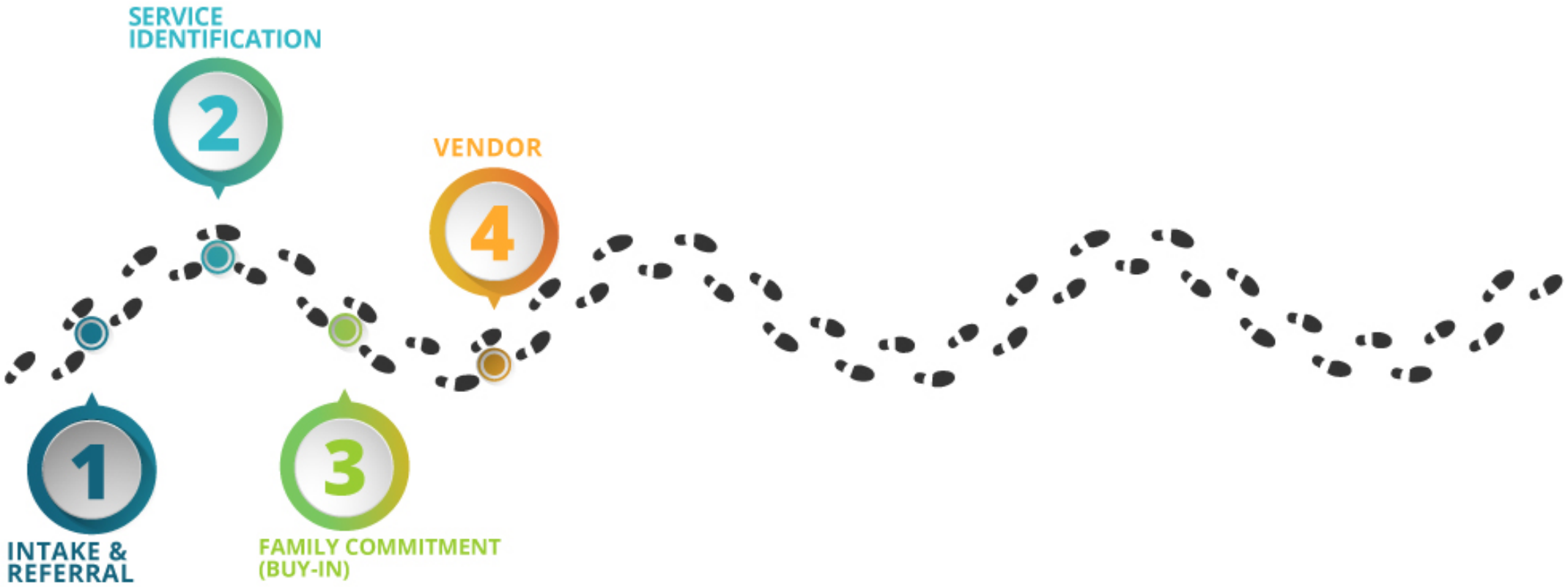
Continuum of Shared Decision Making for Families

3. Family Commitment (Buy-In): A multidisciplinary approach to intentionally evaluate, plan, and reduce barriers, including SDoH, for families to engage in treatment

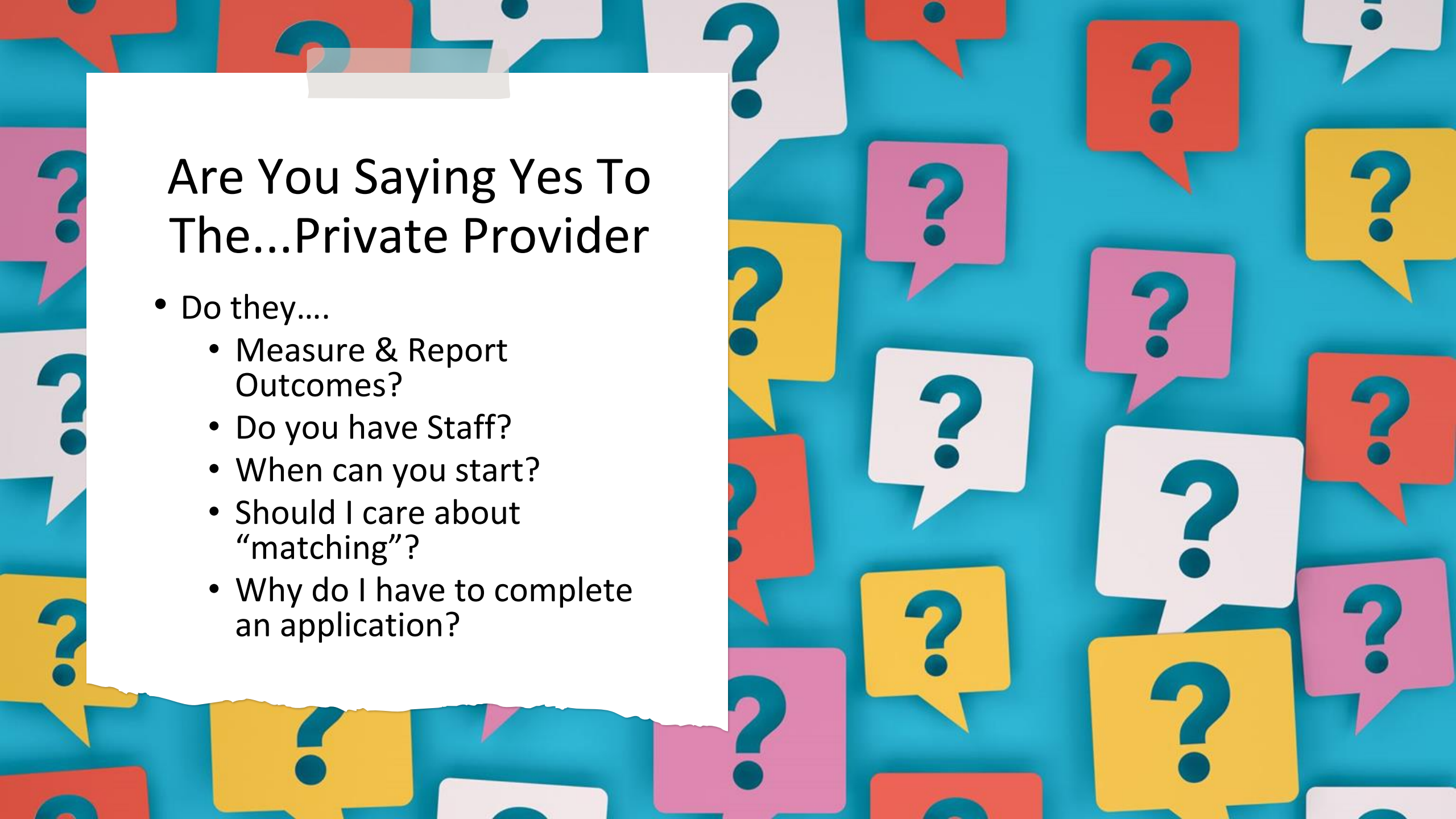
Can we meet in the middle: Family Buy-In

How do I sell the family on ~~my~~ the service?

Continuum of Shared Decision Making for Families



4. Vendor: To secure a provider with demonstrated success, accreditations, licenses, and skilled professionals to treat the presenting issue



Are You Saying Yes To The...Private Provider

- Do they….
  - Measure & Report Outcomes?
  - Do you have Staff?
  - When can you start?
  - Should I care about “matching”?
  - Why do I have to complete an application?

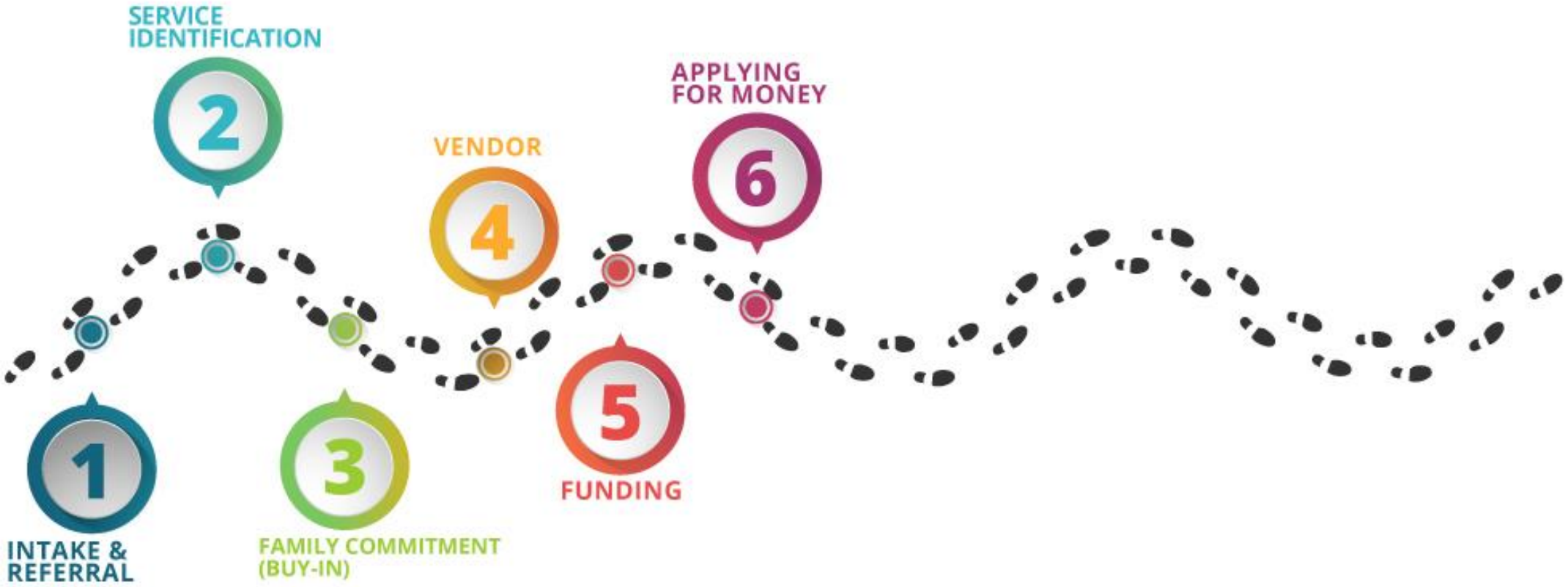
Continuum of Shared Decision Making for Families

5. Funding: To identify cost-effective, sustainable resources in the best interest of all stakeholders

What's your pool of funds look like: Funding Sources

- Do you know the funding streams?
- How do you choose the right funding stream?
- Why can't I get my money from one place?
- What does it take to get the money?
- Does the process to get the money deter you from getting the right service?

Continuum of Shared Decision Making for Families



6. Applying for Money: Effort=Outcomes- To research diverse funding sources and select funding that allows both quality outcomes for the family and demonstrates sound fiscal practices for the payer.

Insert Survey

I Have to do WHAT: Applying for Money

- It takes too long
- No time
- This is all I know
- Understaffed
- Criteria (known/unknown)
- Previous experience with applying with the funder
  - Perceptions
- Lack of parental/caregiver engagement (what's the point…they won't participate anyways) or caregiver refusal (why would they refuse)
- Access- Protected (Non-mandated) vs. Mandated; time of year
- Process delays
- Administrative burden!
- No permanency plan ☹
- You have to FAIL up; denials, exhausted least restrictive services before getting what WORKS

Continuum of Shared Decision Making for Families

7. Disposition: Recommendations for treatment that consider all stakeholders and treatment recommendations/preferences.

How do we get to a “Yes”: Disposition

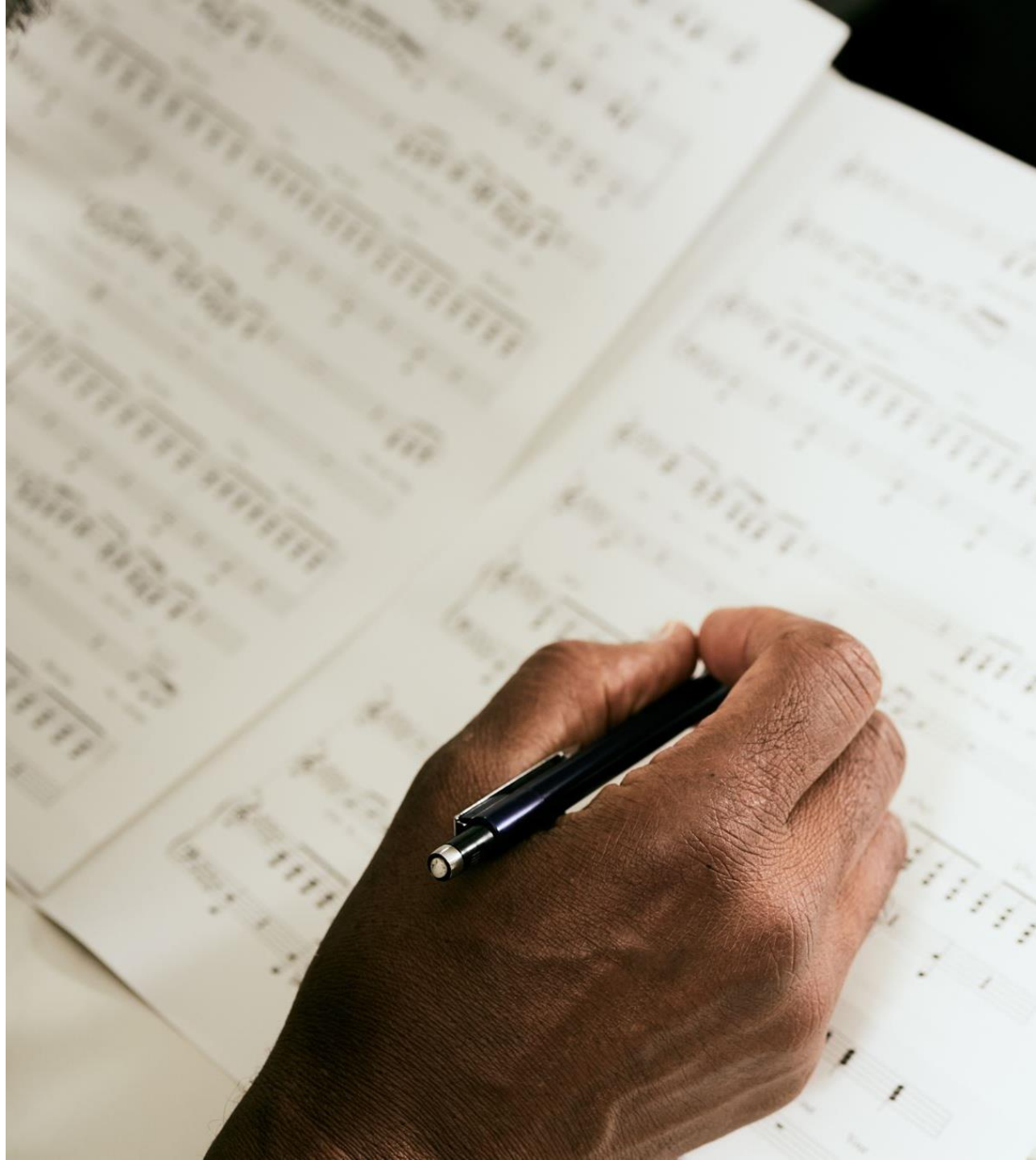
- What is the family’s responsibility and is it realistic expectation?
- How do we use the parent representative?
- Are you giving the right information?
- Are there surprise questions? NO!
- Goal of **<u>funder</u>** (FAPT) is NOT to say NO!

Continuum of Shared Decision Making for Families

8. Utilization Management: A process that evaluates the efficiency, appropriateness, and medical necessity of the treatments, services, procedures, and facilities provided to clients on a case-by-case basis.

Are We Reading From the Same Sheet Music: Utilization Management

- How does the family think it's going?
- How do you know the service is working?
- If it's not:
  - What can you do to save a service?
  - When should you NOT save a service?



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9. Utilization Review: Mental health outcome measures are tools that evaluate changes in mental health by capturing metrics across multiple areas of client functioning, symptoms, and treatment experiences at baseline and after treatment has begun.

Should we be in one accord?

- What does the family think?
- Can everyone’s voice be heard?
- Can I report both qualitative and quantitative information?
- *When do you say WHEN?

UR DISCLAIMER!

UR is **not** a pathway to second guessing the case manager, service provider, or FAPT. UR should be a collaborative component of the service planning process.

The goal of UR is **not** to cut costs or services, but rather to evaluate the effectiveness of services and supports.

- While service reduction may be an outcome of UR, in some instances UR may lead to a recommendation for an increased level, frequency, or number of services
- UR should look at progress objectively to improve the outcomes for youth and families

Continuum of Shared Decision Making for Families

10. End of Service Determination: The process in which the planning team evaluates if the therapeutic value of the service has been maximized by the family . This determination is a component of utilization management and utilization review.

Making A Conscious Uncoupling: End of Services

- How do you know the service should end?
- Who determines when the service should end?
  - Family?
  - You?
  - Provider?
  - Funder?

Continuum of Shared Decision Making for Families

11. Outcomes: Mental health outcome measures are tools that evaluate changes in mental health by capturing metrics across multiple areas of client functioning, symptoms, and treatment experiences at baseline and after treatment has begun.

But Wait…Did it Work: Post Discharge Outcomes

- How do you define success?
  - **FAMILY**
  - Go back to the beginning (micro/macro)
- What are the metrics?
  - Outcomes
  - Impact
- How long should we expect "success" post discharge?
  - 3 Months?
  - 6 Months?
  - 9 Months?
  - 12 Months?

You say Micro, I say Macro: *Intentional* Healthy Families & Communities

- Did we change the trajectory for this family?
  - Micro: Family
    - Pay for Post Discharge Transitional Services
    - Service Utilization: Claims History via MCO
    - Provider to Provider
- Did we impact our community?
  - Macro: Community
    - How does the Community and Virginia Rank?
      - DJJ
      - DSS
      - Education
      - CSB

Continuum of Shared Decision Making for Families

Why won't this work?

Final Thoughts…

HOPETREE FAMILY SERVICES
EST. 1890

Special Thank You

Dr. Challen Mabry and HopeTree Family Services Who Co-Created this Presentation with Health Connect America

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