Strategies to Address Policy and Funding Changes

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Changing times

First and foremost, during changing times we must take stock of our values. Why do we do this work, and what have we learned and make sure all policy or financing changes incorporate our values.

- Recovery focused

- Person center

- Evidence Based/Data driven

- Return on investment

What does it mean to be recovery focused

Hope and Empowerment: The recovery model fosters hope, encouraging individuals to believe in their potential for improvement and a fulfilling life, even in the presence of ongoing symptoms. This approach emphasizes self-determination and the right to make choices about one's care.

Collaboration: Effective recovery-focused care involves collaboration between persons served, their families, and healthcare providers. This partnership ensures that care is tailored to the individual's needs and that they are actively involved in decision-making processes.

Holistic Approach: Recovery-oriented practices address not only the mental health and addiction symptoms but also the social, emotional, and physical well-being of individuals. This includes promoting social inclusion, meaningful relationships, and community engagement.

Strengths-Based Focus: Recovery care recognizes and builds upon the strengths and resources of individuals, rather than solely focusing on their limitations or diagnoses. This approach encourages individuals to identify their capabilities and aspirations.

Recovery Focused

- Improved Outcomes: Research indicates that when care is recovery-oriented, individuals report higher satisfaction with their care and better therapeutic relationships with providers.

- Enhanced Quality of Life: By focusing on personal goals and social integration, recovery-oriented care helps individuals lead more fulfilling lives, fostering a sense of purpose and identity beyond their mental health challenges.

- Increased Engagement: Involving service users in their care planning and decision-making processes leads to greater engagement and commitment to their recovery journey.

Person Centered
not my goals, but yours

Recovery-focused care is centered around the individual, recognizing that each person's journey is unique. Care plans should reflect the individual's goals, strengths, and preferences, allowing them to take an active role in their recovery.

❖ reduced no shows
❖ increased progress
❖ shorter time in treatment

Evidenced Based/Data Driven

When finances are shrinking, we must focus on what works and measure what we do. Not only does this enable others to want to invest in the work, but it also ensures what you are spending money on is achieving your goals of recovery.

ACT

RAISE

Matrix Model

Contingency Management

Supported Employment

The importance of Data Collection and Analysis

1. Quality Improvement:

It essential for us to measure the work that we are doing to understand the extent to which it is having the desired outcome. In addition, it is important whenever possible, to understand the how and why it is working. This allows us to continually improve the work that we are doing, understand the needs of the populations that we are serving, and to make changes to our processes to continually improve the work and outcomes.

The importance of Data Collection and Analysis

2. Payor Accountability

In addition to performance improvement, it is essential to collect and analyze data to ensure that funders investments are being spent wisely and that sustainment or growth is warranted. Without data collection and analysis, investments can be diverted or withdrawn, even on programs that may have measured results if proper data collection was undertaken.

One States Outcomes of Calls to a Crisis Contact Center
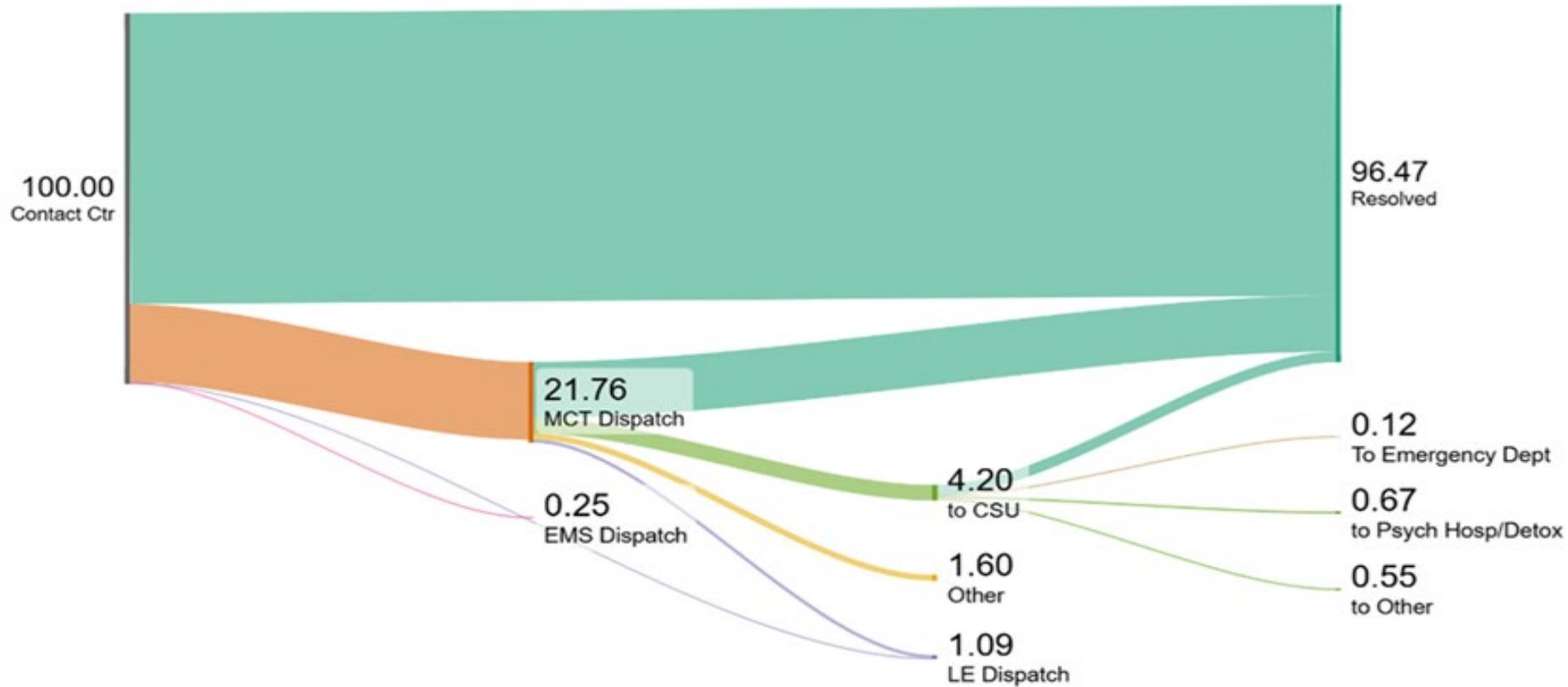
The importance of Data Collection and Analysis

3. Additional Financial Considerations

Many programs and data can show costs and humanitarian savings when collected and analyzed, assisting in offsetting the financial investments made. For example, in the previous slides, further analysis can be completed on the savings to LE dispatch including staff time and travel. In addition, savings calculated on reduced inpatient stays and emergency room usage are areas that can be further explored based upon the data. We also know that when persons with mental illness interact less with LE, there is a reduced chance that a criminal charge will be filed.

Data Collection

Data can be collected directly through the provider and claims payment systems which can be amassed to be analyzed. Data sharing agreements are an additional way to add to data collection.

Data sharing agreements; An Oklahoma Example

Oklahoma Employment Securities Commission
- Homeless Alliance
- Oklahoma State Bureau of Investigation
- Oklahoma County Jail
- Oklahoma Department of Corrections
- Medical Examiner
- Oklahoma Department of Human Services

ODMHSAS Treatment Outcomes –
Employment, Housing, and Criminal Justice

Connect to Interactive Dashboard:
https://public.tableau.com/app/profile/odmhsas/viz/ODMHSASTreatmentOutcomes_16903021916510/TreatmentOutcomes

Filters:

Date Range:
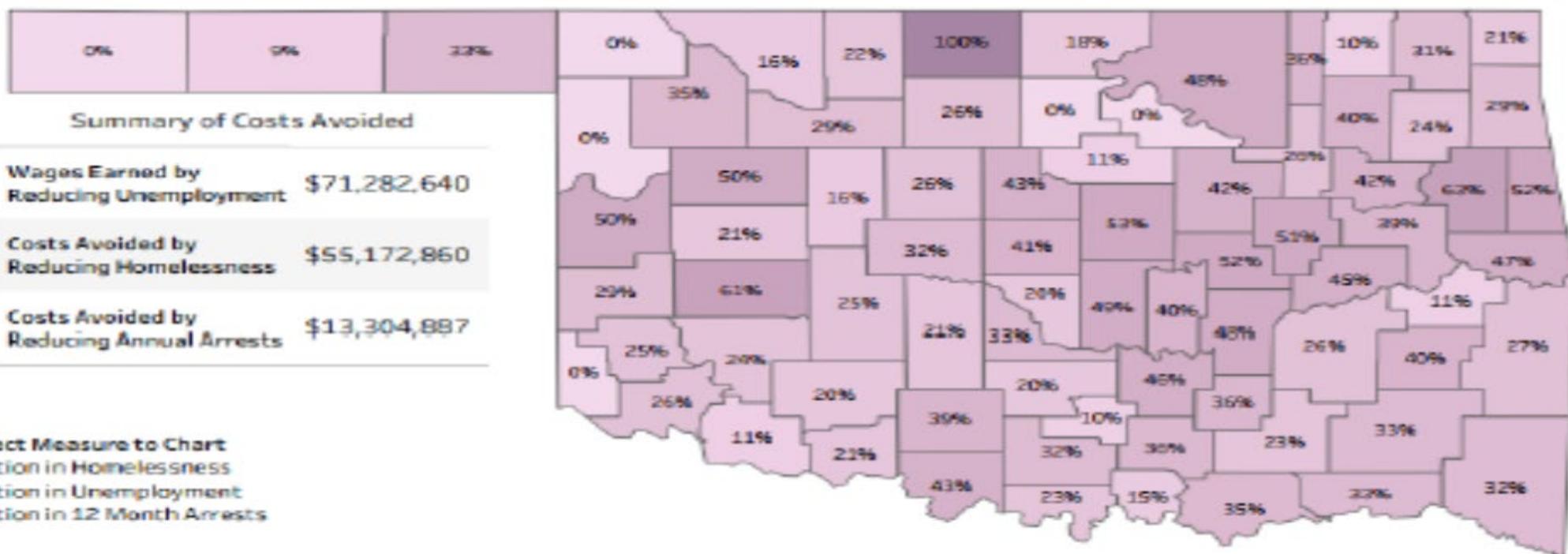FY 2023

DisType (group)
Multiple values

Serv Focus
All

Level of Care
All

County (group)
All

Age Filter
Adults

Reduction in 12 Month Arrests by County

Summary of Costs Avoided

Wages Earned by Reducing Unemployment	$71,282,640
Costs Avoided by Reducing Homelessness	$55,172,860
Costs Avoided by Reducing Annual Arrests	$13,304,887

Select Measure to Chart
- ○ Reduction in Homelessness
- ○ Reduction in Unemployment
- ● Reduction in 12 Month Arrests

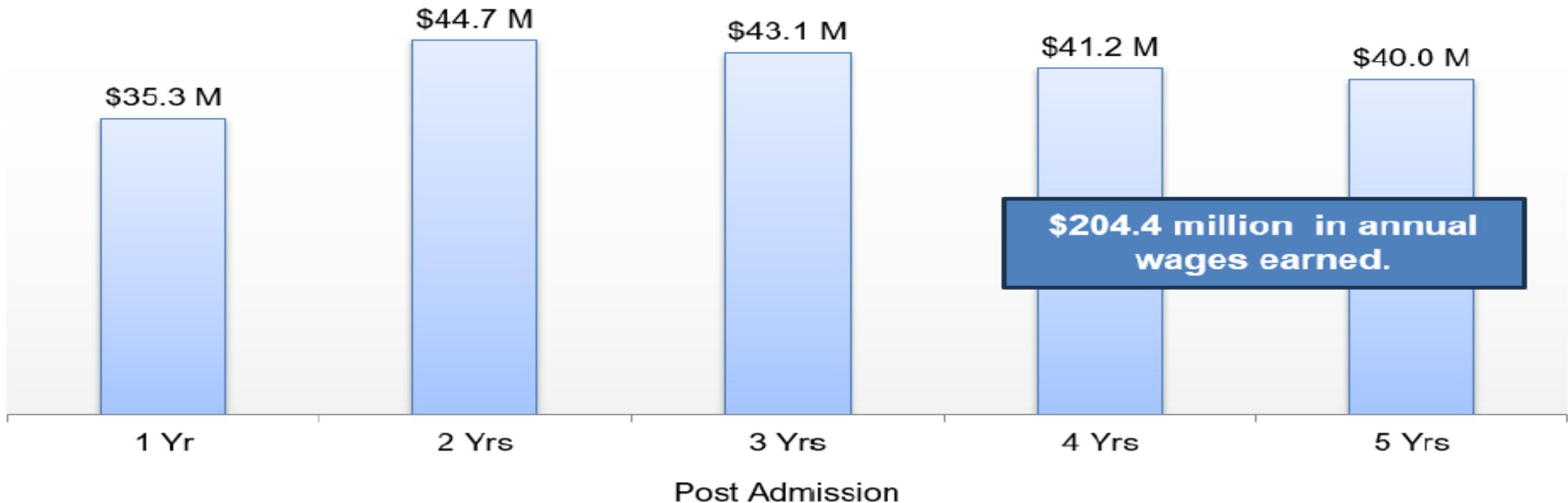| Employment		Housing		Criminal Justice	
Reduction in Unemployment	12.7%	Reduction in Homelessness	15.4%	Reduction in 12 Month Arrests	31.6%
Newly Employed Clients	2,640	Newly Housed Clients	2,165	Client Count - Arrests Prevented - 12 Month	3,604
Wages Earned by Reducing Unemployment	$71,282,640	Costs Avoided by Reducing Homelessness	$55,172,860	Costs Avoided by Reducing Annual Arrests	$13,304,887

Matching Administrative Data To Demonstrate Cost Effectiveness

Oklahoma's Drug Court Program
Five Year Cost, Wage, and Tax Comparison:
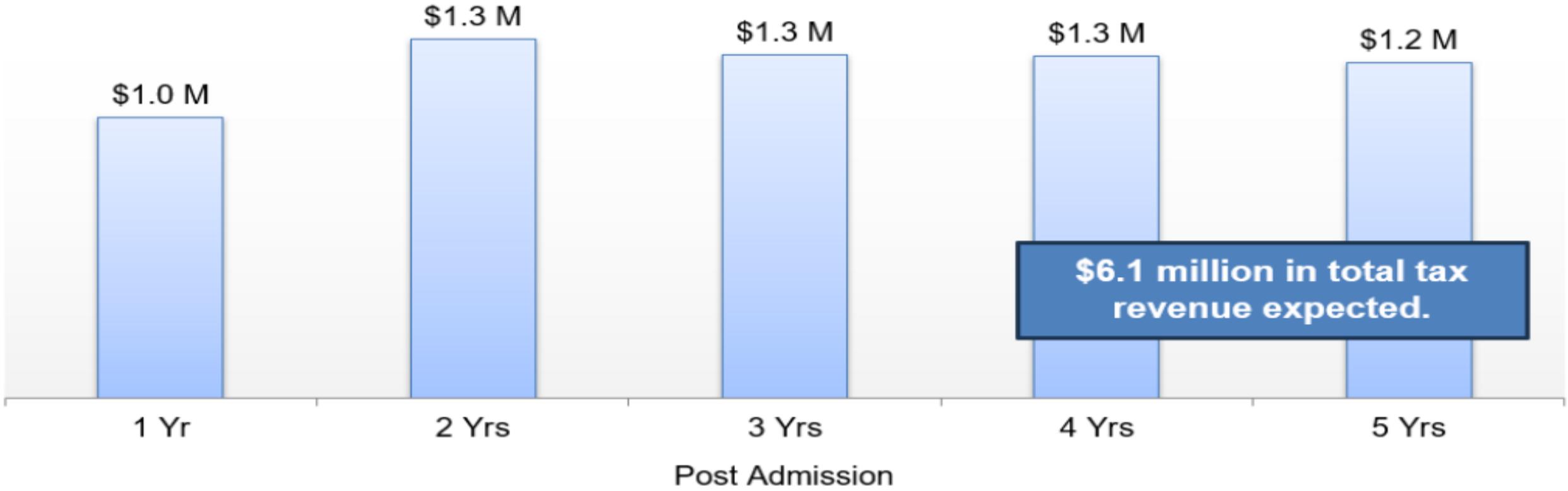DOC Inmates vs. Drug Court Participants Based on 4,076 Graduate Cohorts

What happens if 4,076 persons do not go through Drug Court

$6,122,643 (Taxes) → $211 Million

$204,425,070

-$232,332,000

Cost of DOC

Wages & Taxes 5 Years Post Drug Court Admission

-$40,760,000

Cost of Drug Court

What happens if 4,076 persons go through Drug Court
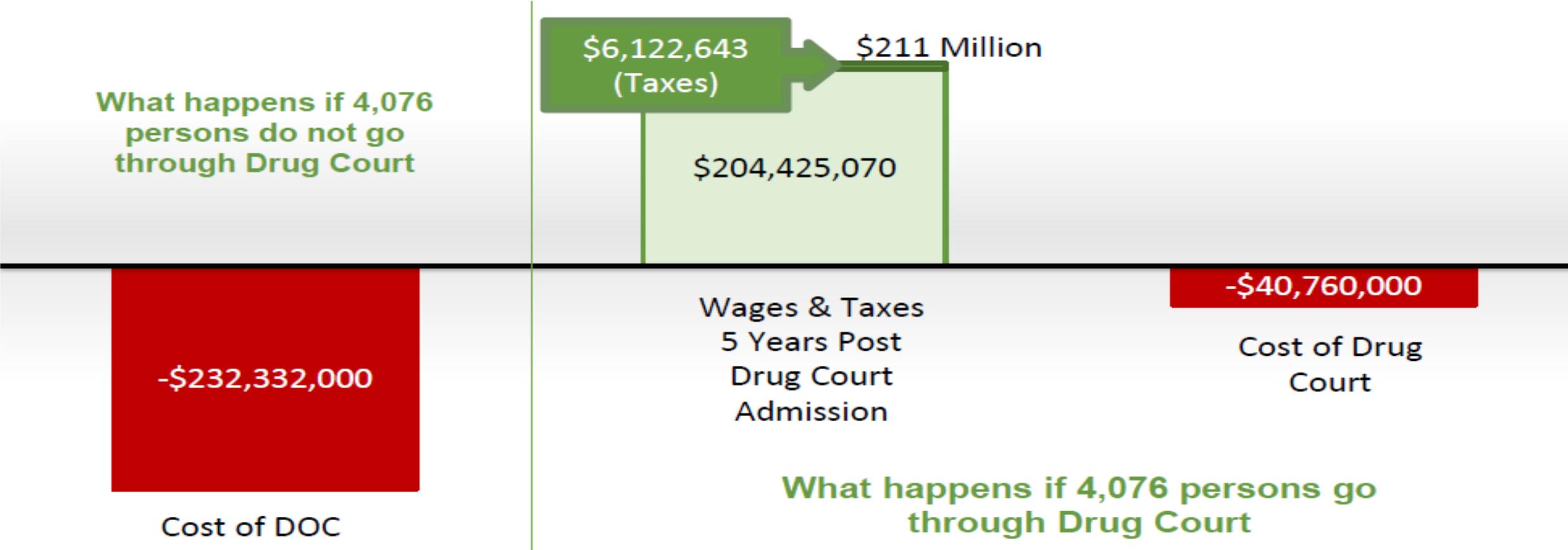
Matching Administrative Data To Demonstrate Cost Effectiveness

Annual Wages Earned by 4,076 Graduate Cohorts

- 1 Yr: $35.3 M
- 2 Yrs: $44.7 M
- 3 Yrs: $43.1 M
- 4 Yrs: $41.2 M
- 5 Yrs: $40.0 M

$204.4 million in annual wages earned.

Post Admission

Matching Administrative Data To Demonstrate Cost Effectiveness

Annual Taxes Expected to be Paid by 4,076 Graduates

$1.0 M — 1 Yr
$1.3 M — 2 Yrs
$1.3 M — 3 Yrs
$1.3 M — 4 Yrs
$1.2 M — 5 Yrs

Post Admission

$6.1 million in total tax revenue expected.

# Return on Investments

Why these examples are important;

Funders need to know their investments are sound, whether government or philanthropy and often face pressure to fund multiple opportunities and or justify spending. WI thought data and return on investment modeling, our ask are just asks. Persons needing services deserve our full attention to data to ensure care and treatment can continue.

The National CCBHC Model
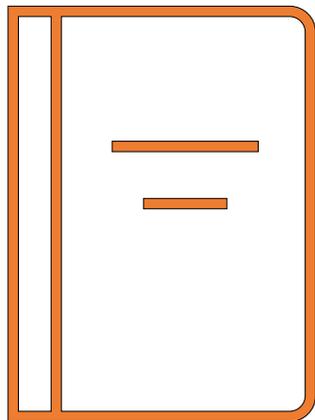
Federally defined

State driven

Locally achieved

CMS: Prospective Payment Reimbursement Guidance

PPS allows organizations to

- recoup the costs associated with providing direct service
- build in the costs associated with indirect services and responsibilities
  - Care coordination
  - Outreach and engagement
  - Adopting and maintaining EBP fidelity
  - Data collection and reporting

Implementation Options

- SAMHSA CCBHC Expansion Grants prepare organizations to serve as CCBHCs

- The CCBHC Demonstration provides an opportunity for states to implement the model on a limited basis in order to test approaches and develop experience with the model

- Medicaid State Plan Amendments allow states to implement the model on a statewide ongoing basis

- Medicaid Waivers allow states to implement the model on a limited basis for a fixed time period

Increased Access & Participation

- **New York:** 21% increase in Medicaid recipients served in 1st year; one-quarter had no previous BH services

- **Oregon:** 17% increase in SPMI served from 2016 to 2018; 3 times the growth of non-CCBHCs

- **Missouri:** 35% increase in access to care from baseline to 5th year increasing total served annually from 119,022 to 160,568, an increase of 41,546

Reduction in Hospitalizations & ER Usage

Missouri: Outreach and engagement of individuals using ERs resulted in
- 76% decrease in both ER usage and hospitalizations
- 70% decrease in law enforcement involvement of those with a previous history

Oklahoma: From baseline to fourth year
- Clients' use of emergency rooms decreased from by 18% to 47%
- Client hospitalizations decreased by 20% to 69%

New York: in the first year
- 54% decrease in BH hospital admissions and 27% decrease in associated monthly costs
- 46% decrease in ER usage and 26% decrease in associated monthly costs
- 61% decrease in general hospital admissions

Follow-up After Hospitalization & Engagement in SUD Treatment

New Jersey

- Rate of follow-up after hospitalization for mental illness nearly doubled after the 2nd year of the Demonstration
- Rate of treatment initiation and engagement for substance use in adults also increased in the 2nd year of the Demonstration
- CCBHCs far outperformed statewide averages for these measures

Missouri

- CCBHCs had a 75% follow-up rate post-hospitalization by the 3rd year of the Demonstration compared to a statewide average of 33% for all Medicaid providers

CMS: Prospective Payment Reimbursement Guidance

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build in the costs associated with indirect services and responsibilities

Care coordination

Outreach and engagement

Adopting and maintaining EBP fidelity

Data collection and reporting

An Evaluation of the Grand Response Access Network on Demand Model (GRAND Model): Evidence of Effective Outcomes

June 2022

For

GRAND Mental Health,
Certified Community Behavioral Health Clinic (CCBHC),
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Thank you for listening