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Vermont Council of Developmental and Mental Health Services

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Designated and Specialized Service Agencies



*Vermont
Care Partners*



Vermont Care Partners Role

VERMONT CARE PARTNERS (VCP) is a collaboration between the Vermont Council for Developmental and Mental Health Services and the Vermont Care Network.

Together our mission is to provide statewide leadership for an integrated, high quality system of comprehensive services and supports. Our sixteen non-profit community-based member agencies offer care to Vermonters affected by developmental disabilities, mental health conditions and substance use disorders



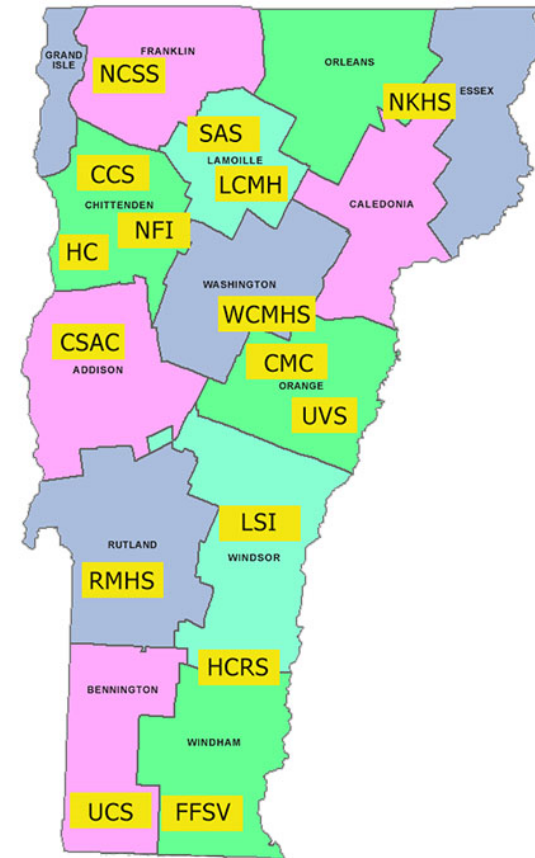
A STATEWIDE SYSTEM OF CARE IN VERMONT DESIGNATED AND SPECIALIZED SERVICE AGENCIES

Designated Agencies

Clara Martin Center (MH only)
Counseling Services of Addison County
Health Care and Rehabilitation Services of
Southeastern Vermont
HowardCenter
Lamoille Mental Health Services
Northwest Counseling and Support Services
Northeast Kingdom Human Services
Rutland Mental Health Services
United Counseling Services
Upper Valley Services (DS only)
Washington County Mental Health Services

Specialized Service Agencies

Champlain Community Services (DS only)
Families First (DS only)
Lincoln Street Inc. (DS only)
Northeast Family Institute (MH youth only)
Sterling Area Services (DS only)





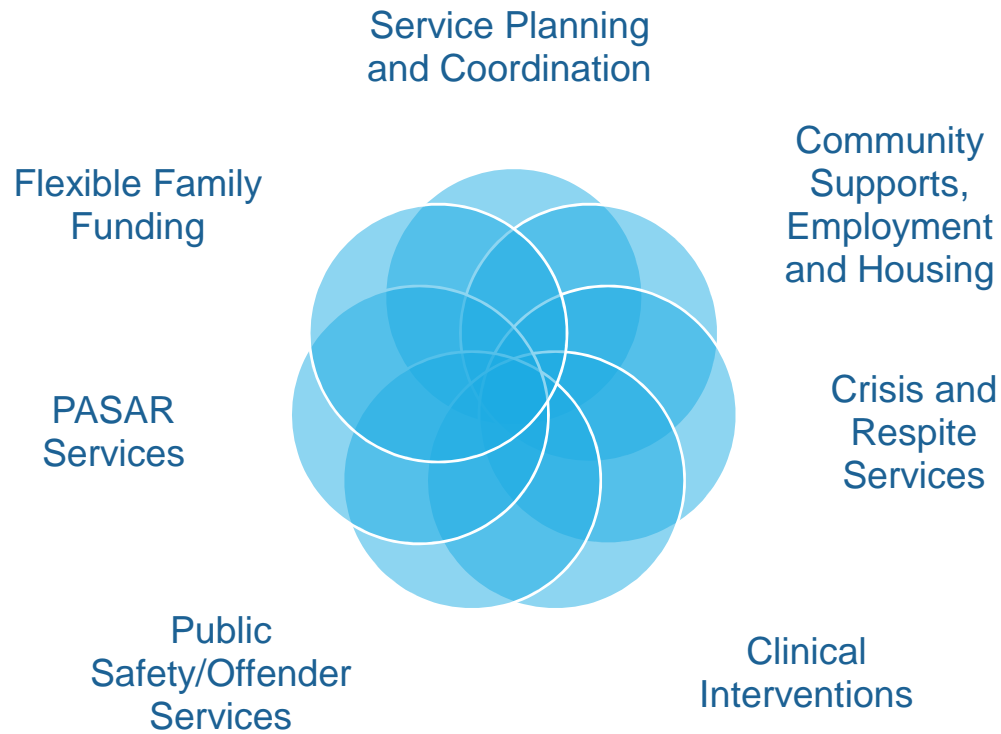
Core Functions: Designated and Specialized Service Agencies

- ✓ Provide comprehensive mental health, developmental disability and substance abuse services through out the state
- ✓ Serve high needs mandated populations and crisis services to all with a no-reject policy
- ✓ Respond to the unique needs of communities with community governance
- ✓ Work in collaboration with health partners, schools, human services partners, and blueprint community health teams
- ✓ Maintain core competencies and standards of care



DEVELOPMENTAL SERVICES

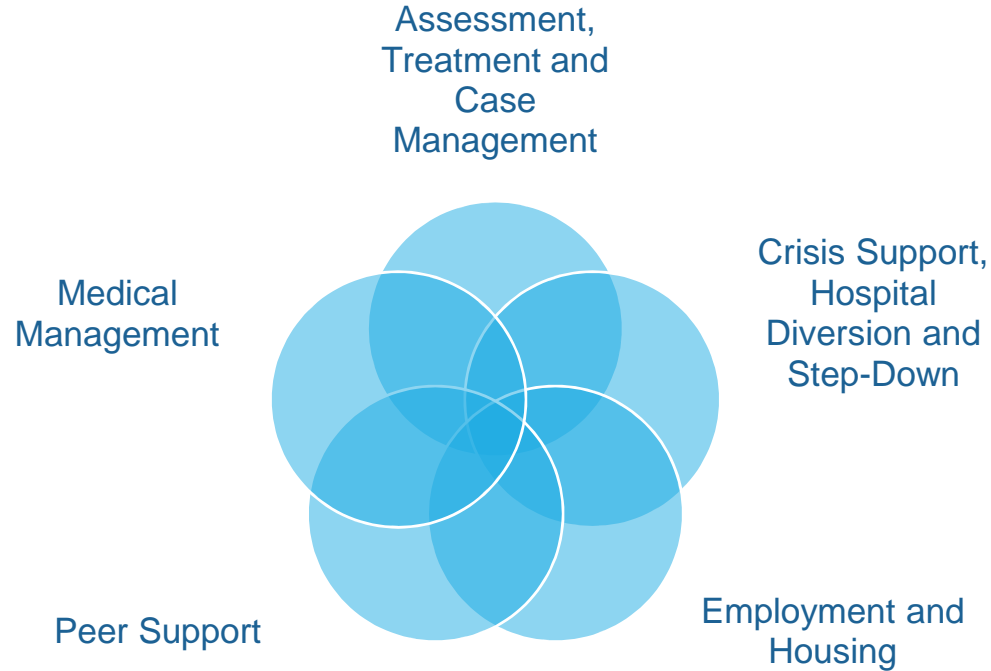
PAYMENT MECHANISMS: Per Person Daily Rate Waiver, Monthly Case Rate, Grant Funding, Contract Invoicing, Fee-For-Service





COMMUNITY SUPPORT PROGRAM (CRT)

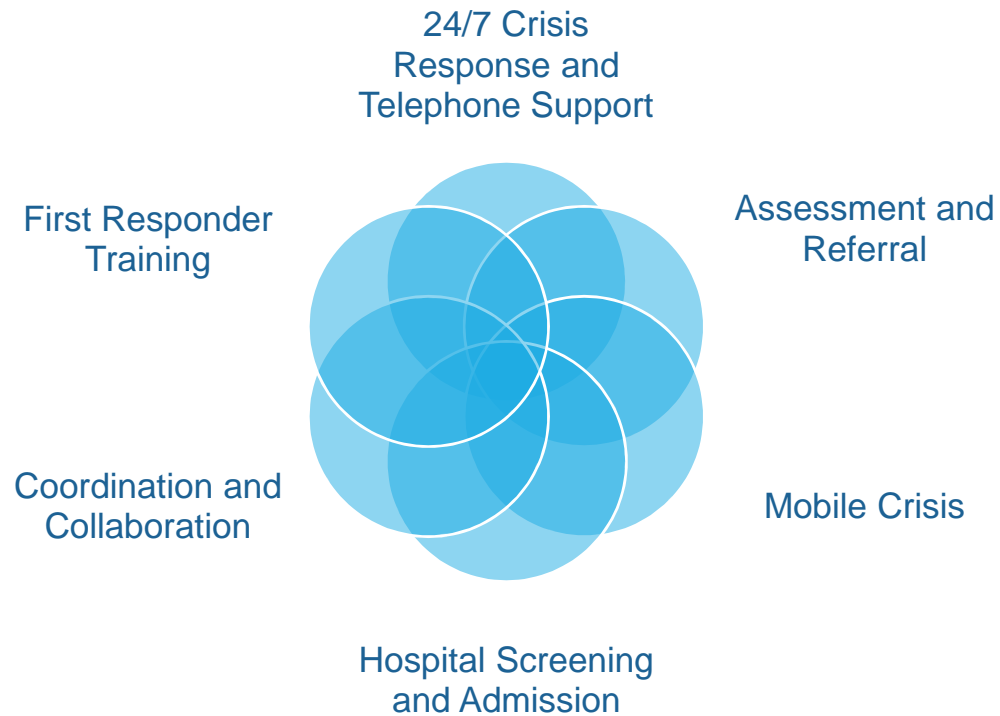
PAYMENT MECHANISMS: Monthly Case Rate (6 mo. look back from FFS perspective : 3% variance), Grant Funding, Specialized Payments for High Needs Individuals





CRISIS SERVICES

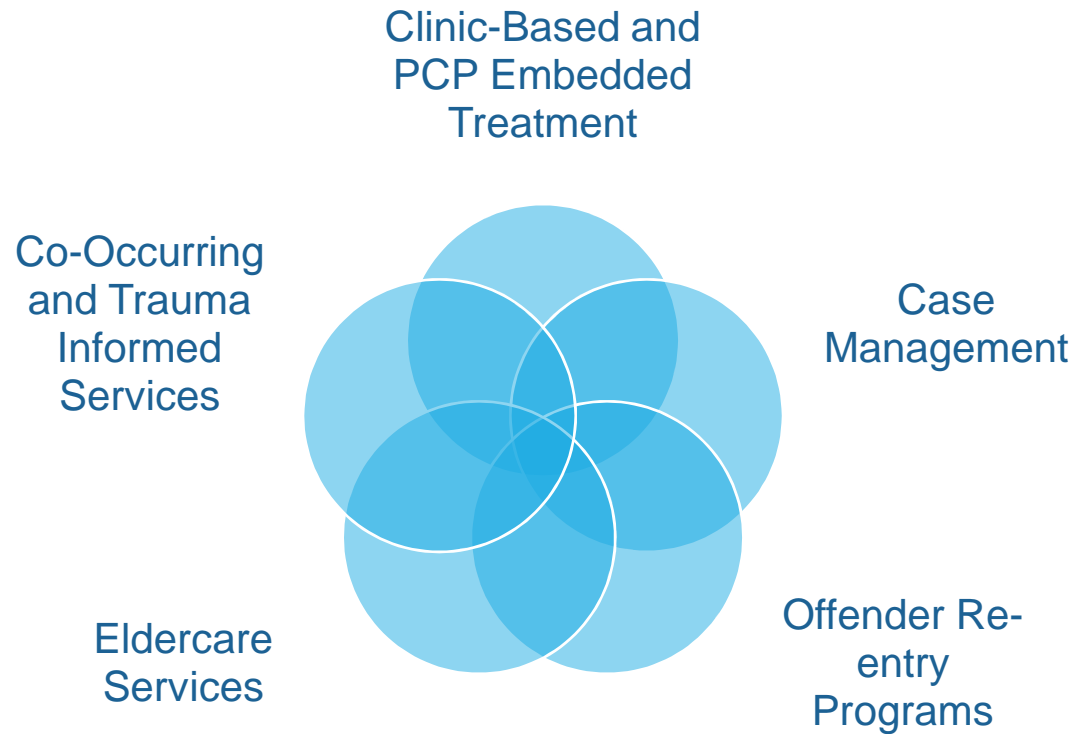
PAYMENT MECHANISMS: Grant Funding, Private Insurance and Medicaid Fee-For-Service





ADULT OUTPATIENT SERVICES

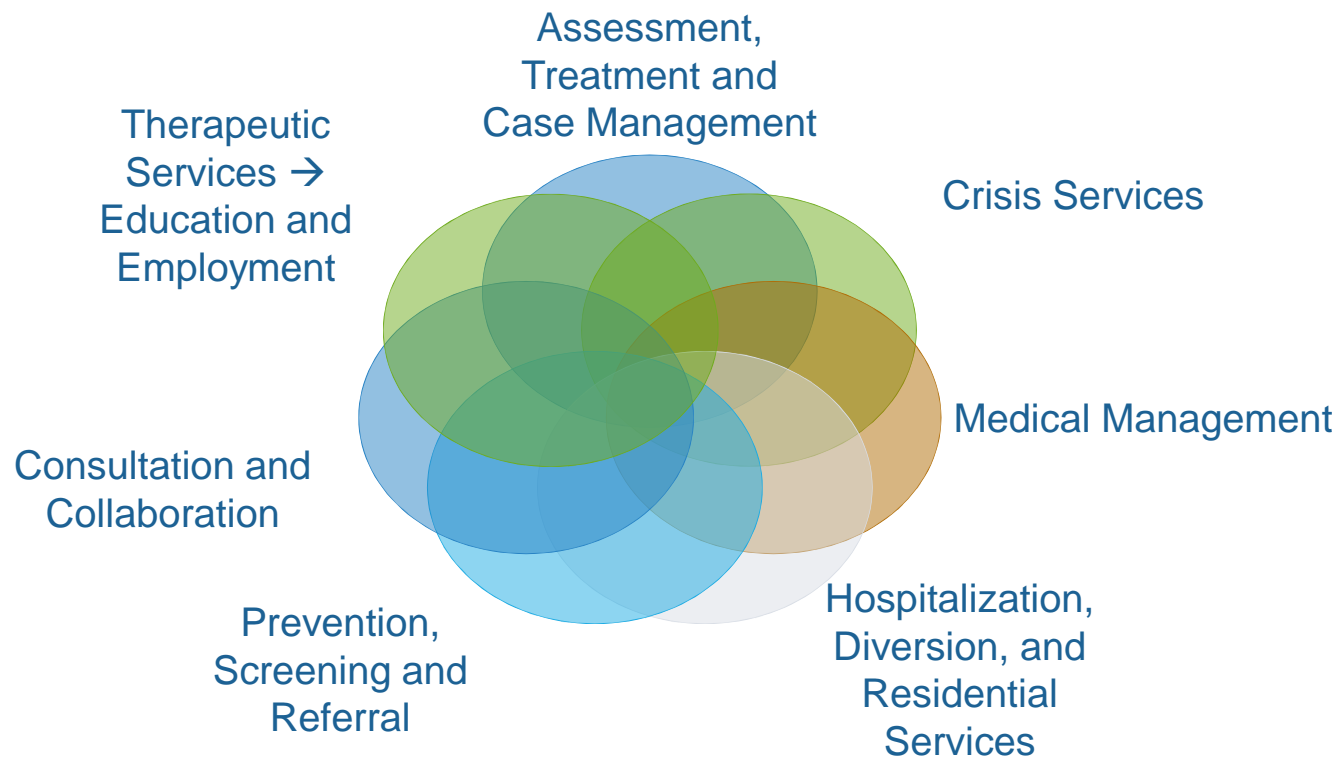
PAYMENT MECHANISMS: Private Insurance, Medicaid and Private Pay Fee-For-Service, Multiple Grant Funding





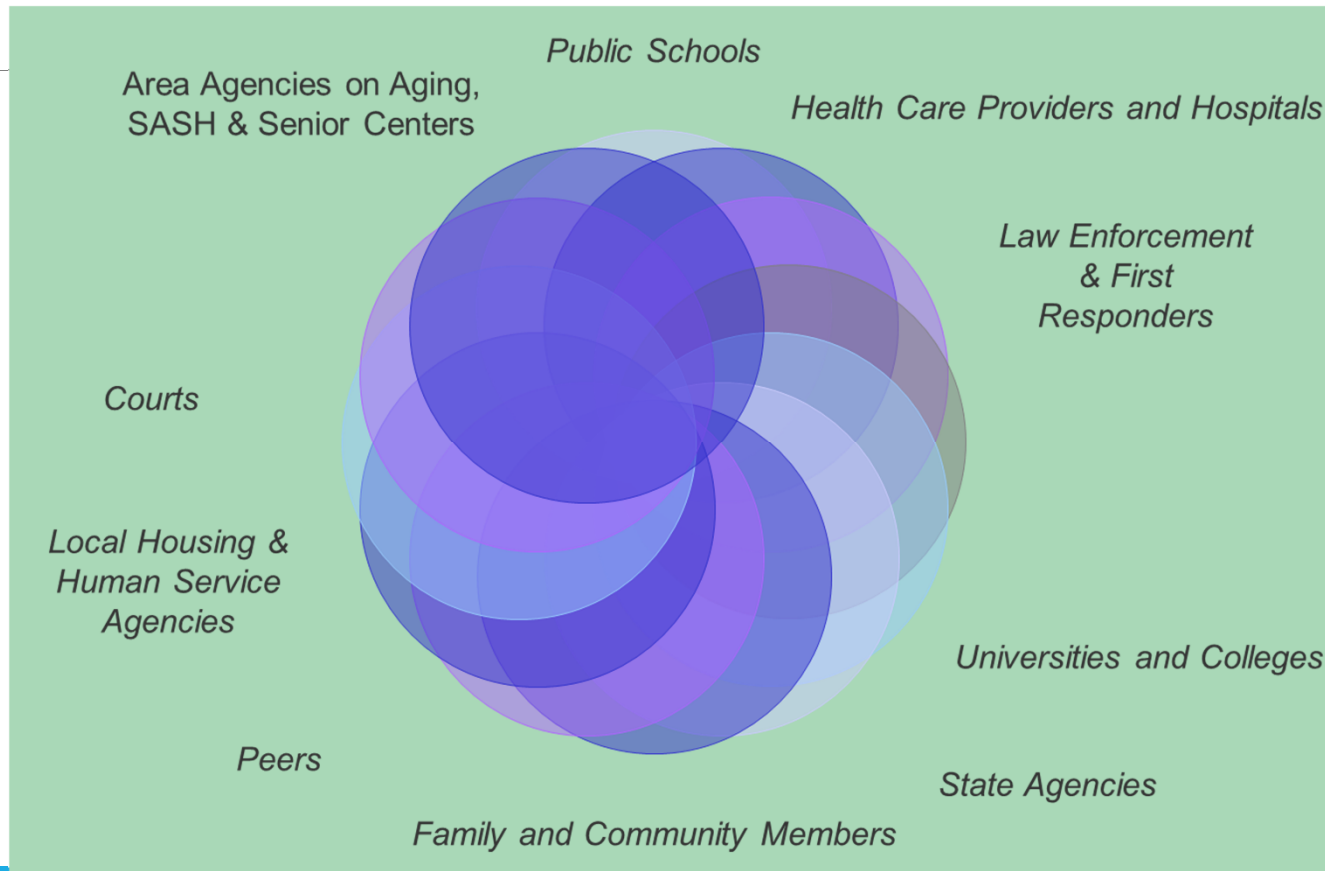
SERVICES FOR YOUTH AND FAMILIES

PAYMENT MECHANISMS: Medicaid and Private Insurance Fee-For-Service, Daily Waiver Rate, Per-Member-Per Month Rate, Monthly Case-Rate (90 Day Look Back), Contract Invoicing





We Work with Community Partners to Address the Social and Medical Determinants of Health





Moving Toward A System of Excellence: System-Wide Quality and Outcome Efforts

Developing RBA processes and Outcome Measures

All 16 Members participating in system-wide work related to outcomes, RBA and Results Scorecard

Creation of a central data repository and data quality work with VITL

Implementation of an analytic tool using the data within the central repository for program, agency and system-wide analysis.

Centers of Excellence (COE) adoption within all member agencies

Present trainings on Evidence Based Practices

Collaboration with the Agency of Human Services on RBA and outcomes



Our Programs Contribute to the Following AHS Population Results

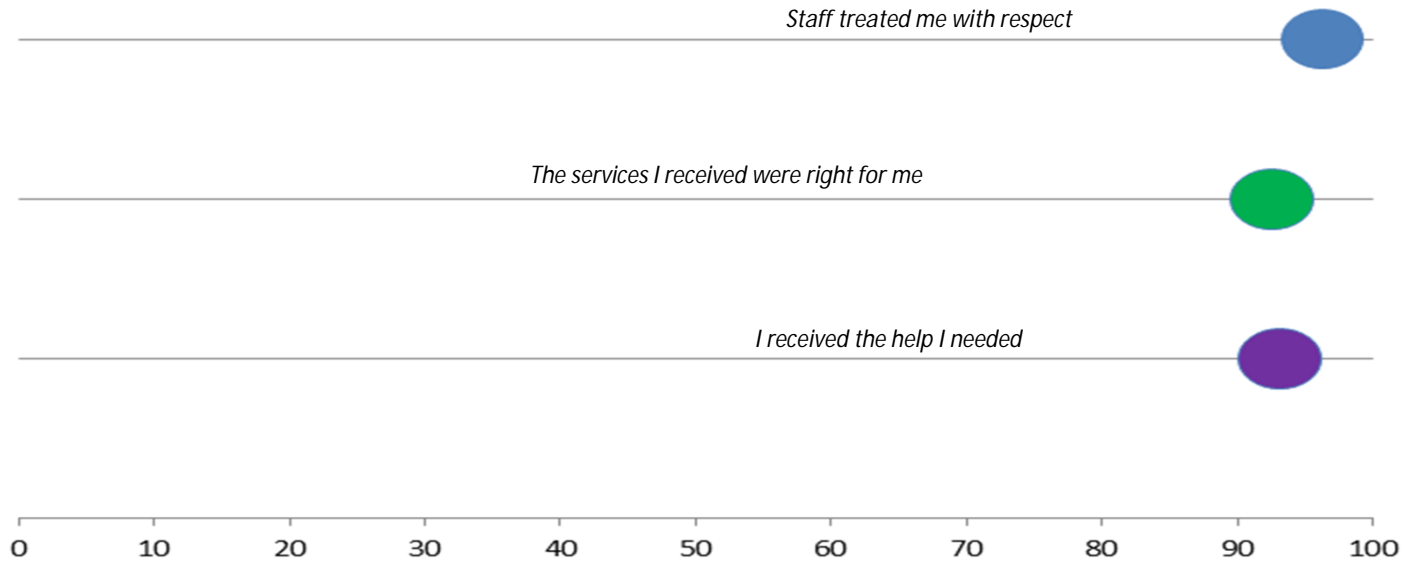
1. Vermont's children and young people achieve their potential
2. Elders and people with disabilities and people with mental conditions live with dignity and independence in settings they prefer



Draft data FY14

We Provide High Quality Services

% of Clients Who Were "Pleased"¹

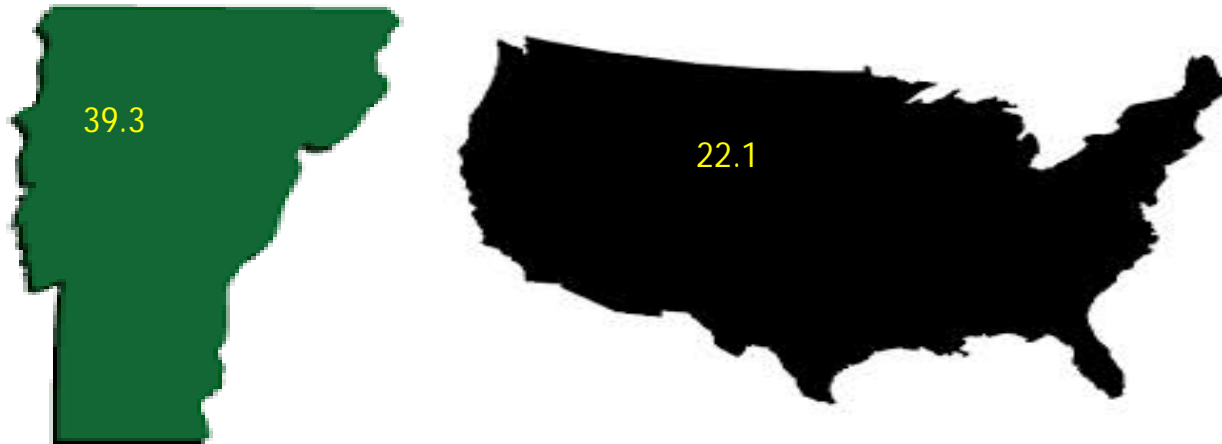




Draft data FY14

We Reach People Who Need Us

% of Eligible Population Served Vermont vs US
(#/1000 people):







Draft data FY14

Hospital Use and Readmission Rates VT vs US

*Hospital Use (per 1000) and
Readmission Rates*

		
<i>State Hospital</i>	.47	.04
<i>Community Hospital</i>	1.34	.72
<i>Readmission Rates</i>	13%	8%



Draft data FY14

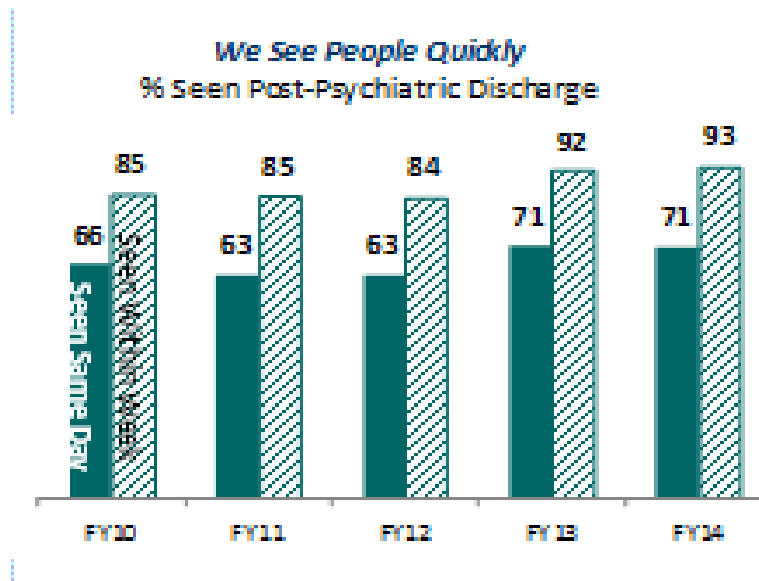
Community Rehabilitative and Treatment Services Employment





Draft data FY14

Post-Psychiatric Discharge Services





Draft data FY14

Community Crisis Supports

We Support Clients Experiencing Mental Health Crises More in the Community

27%



Fewer Hospital Beds Used between FY11 and FY14 (11,960 Days)

23%



Fewer Days Spent in the Hospital between FY11 and FY14 (3.6 Days)



Draft data FY14

Community Crisis Beds

We Provide Alternatives To Hospitalization

Community Crisis Beds:

- ✓ 34 individuals served in Developmental Services used 561 Crisis Bed Days at the Vermont Crisis Intervention Network (VCIN: a 12% decrease from FY12)
- ✓ 13 Mental Health Crisis Bed Programs providing 40 beds are available across the state

Peer Support Programs:

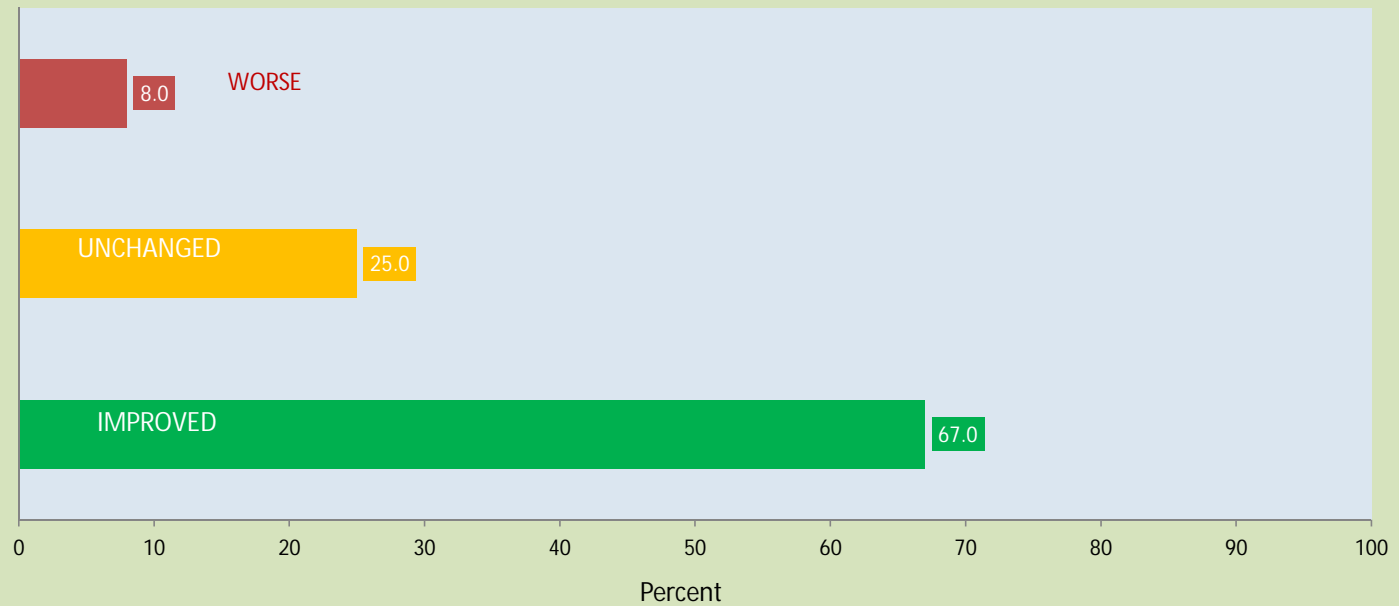
- ✓ Peer warm lines to support people experiencing mental health crisis
- ✓ Peers embedded with crisis response teams
- ✓ Coordination and consultation with peer-run residential/crisis bed options



Draft data FY14

Children, Youth and Family Services

Condition of CYFS Clients Upon Discharge from Agency (n=1867)



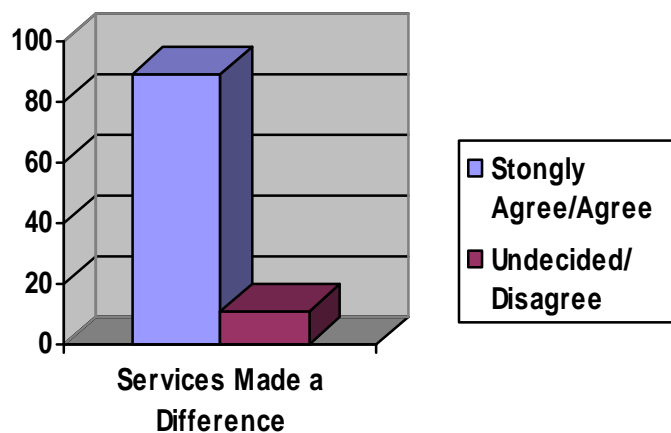


Final data FY13

Children, Youth and Family Services

Is Anyone Better Off?

⇒ Of 2,050 Clients and Families surveyed by DA's, over 88% reported CYFS Services made a difference in improving the quality of their lives.

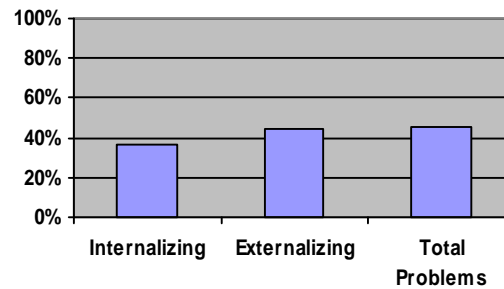




Final data FY13

Children, Youth and Family Services

⇒ Success Beyond Six Standards for students involved with Behavior Intervention Programs indicated improvements in both behavioral and emotional functioning.



⇒ The figure above represents the % of BI clients who improved on the internalizing, externalizing, and total problem scores on the Child Behavior Checklist

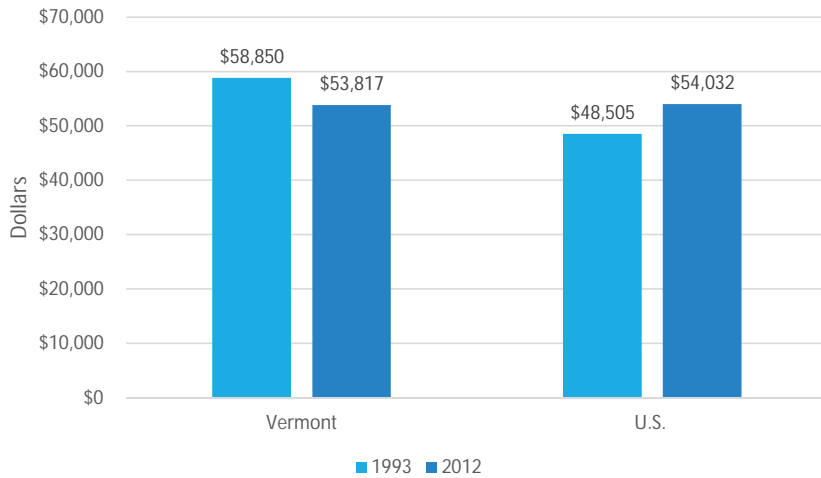


Final data FY13

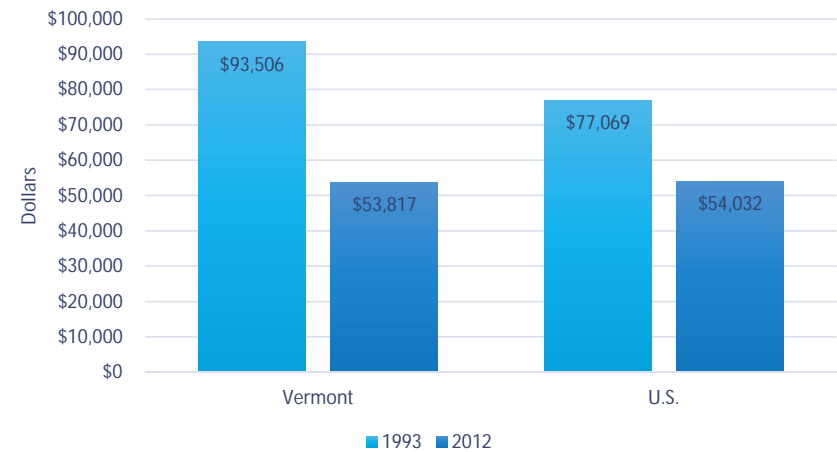
Developmental Disabilities Services

Vermont and U.S. Comparison of the Average per Person Cost for People Served in ICF/IDD and Home and Community Based Services in 1993 and 2012

Comparison of the Average Per Person Cost Per Year 1993 and 2012 in Vermont and Nationally



Comparison of the Vermont and National Average Per Person Cost Per Year Adjusted for Inflation 1993 and 2013

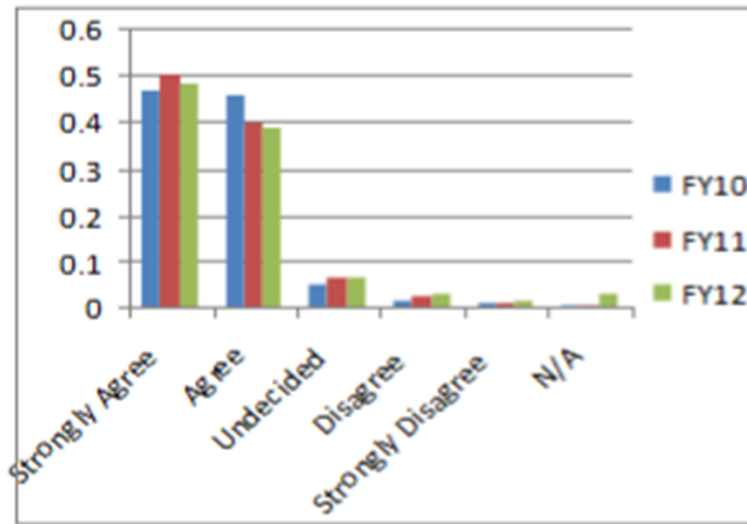




FY10-FY12

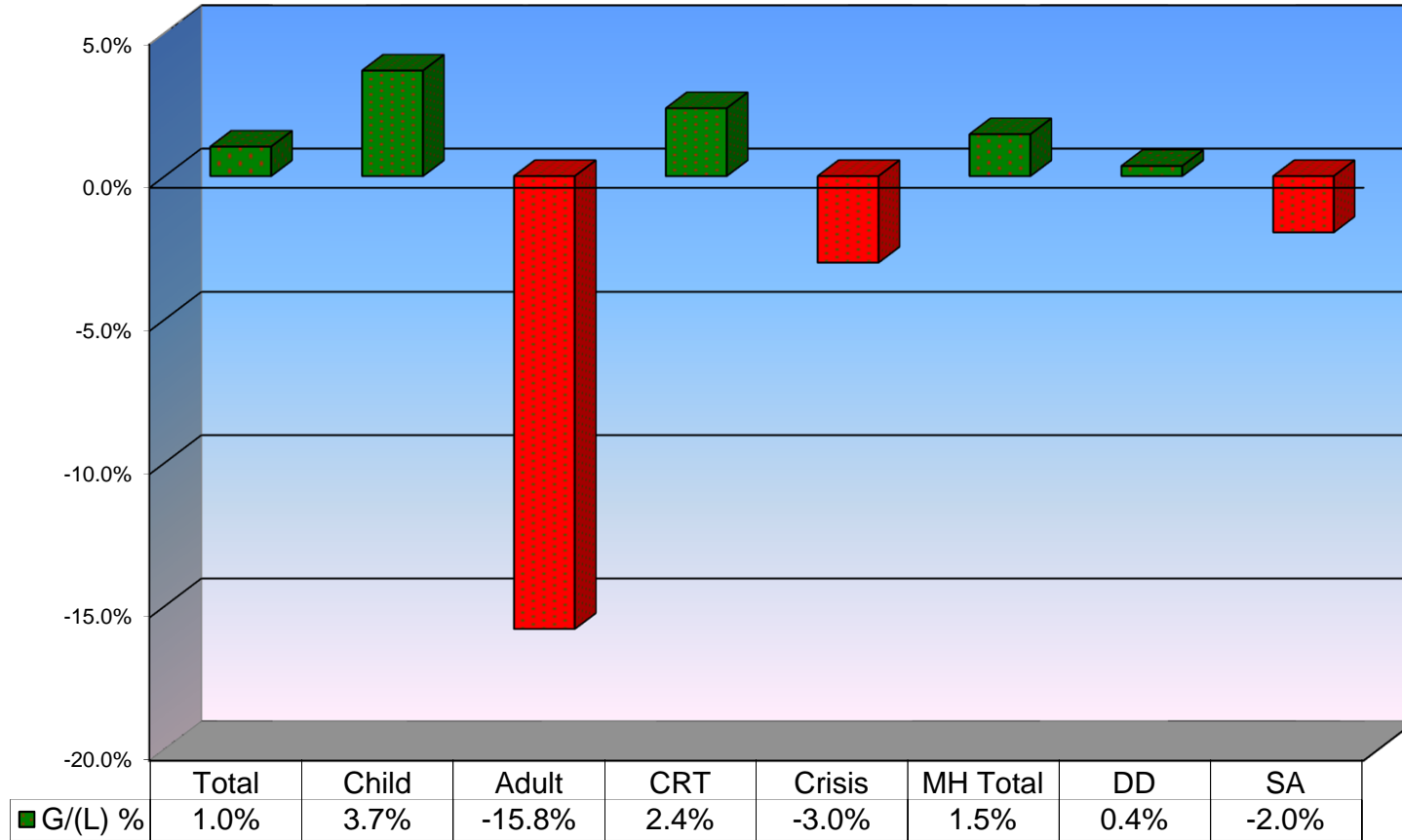
Substance Use Treatment

Respondents indicated that they felt they were receiving high quality care



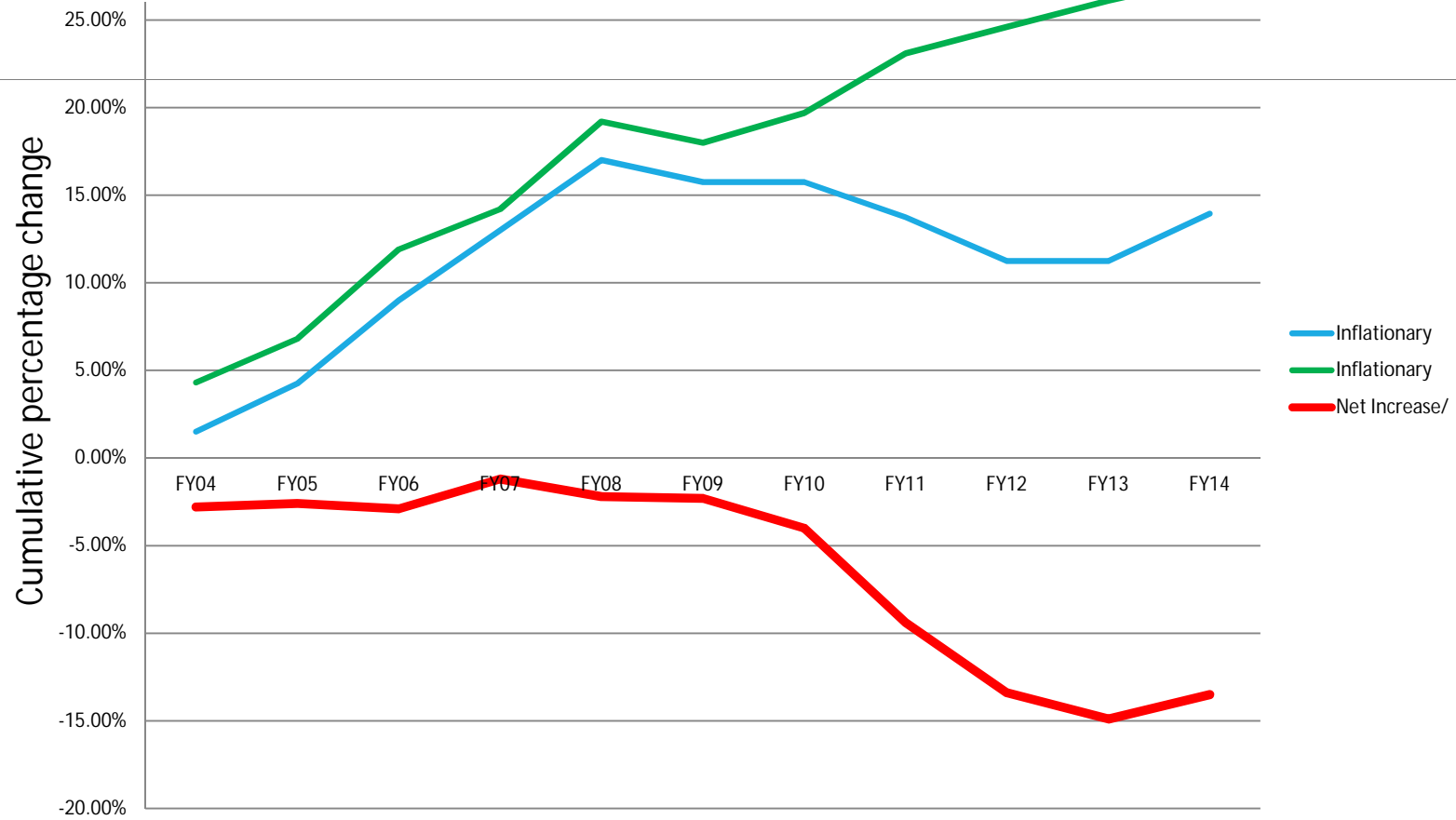


DA System Gains / (Losses) % by division - FY 13

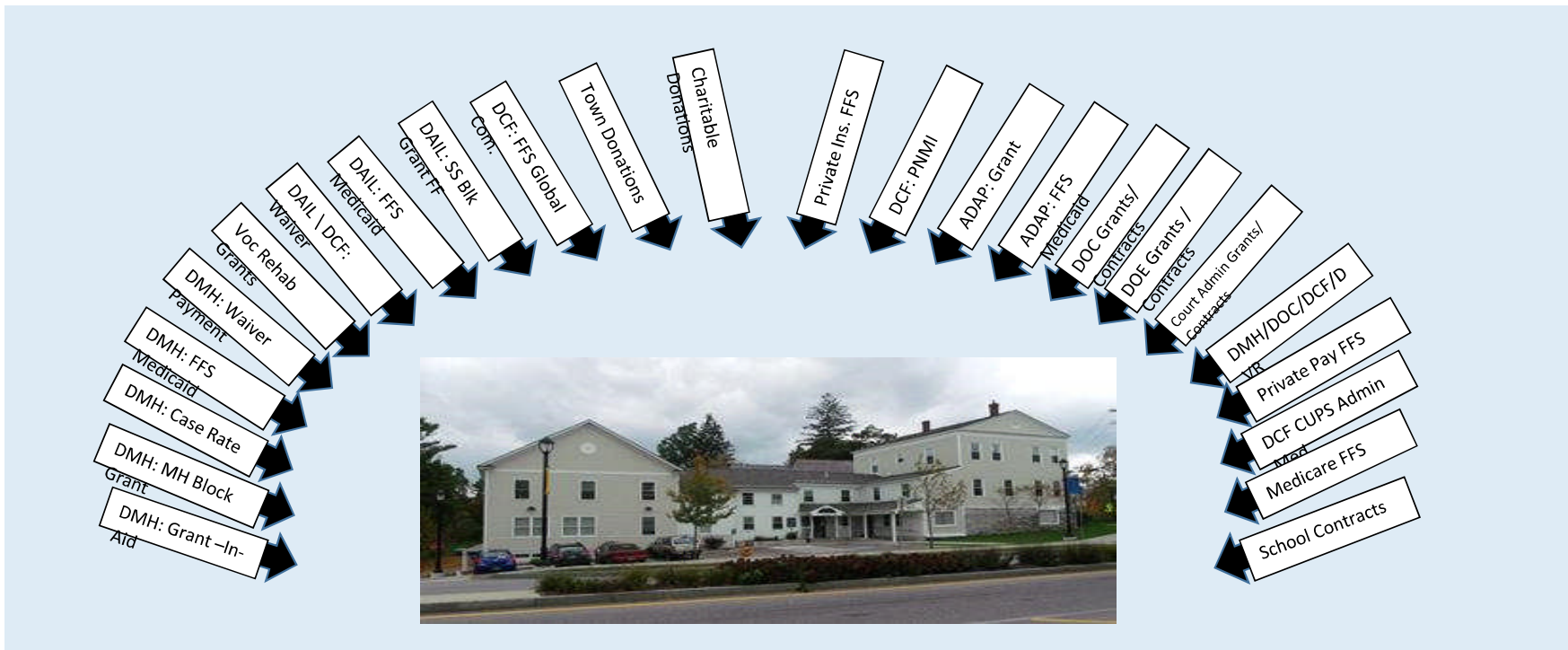




FY04-FY14 Designated Agency COLAs compared to CPI



State Government Oversight and Funding Stream Complexity





COMPLEXITIES OF MULTIPLE FUNDING STREAMS

Agencies have multiple funding streams with varied

- eligibility criteria
- documentation criteria
- billing structures
- reporting requirements
- outcome/measurement criteria
- payment methodologies including:
 - DAILY AND MONTHLY WAIVER
 - MONTHLY CASE RATE and Per-Member-Per-Month
 - FEE-FOR-SERVICE
 - BUNDLED RATE SYSTEM (IFS)
 - INDIVIDUAL PROGRAM CONTRACTS AND INVOICES
 - GRANTS AND DONATIONS



Opportunities to Advance Payment Reform

To improve the quality of care, achieve enhanced outcomes and provide cost-effective services:

- Blend current funding streams
- Utilize value based funding mechanisms
- Further develop and enhance quality assurance and improvement processes
- Maintain and enhance relationships for the provision of truly integrated care



Advancing Payment Reform: A Future Direction

Eliminate multiple categories of services and/or eligibility that prevents individuals and families from accessing what they need.

Have a process to access information and services that is understandable and easy to use.

Utilize screening and assessment procedures that include the social determinants of health.

Offer comprehensive services and make referrals to other health care providers to ensure that individuals and families access all necessary health care and human services.

Work collaboratively with community health teams and health care partners so people are not seen in silos but are viewed as the center of their plan.



Advancing Payment Reform: A Future Direction

Implement a payment model that supports flexibility in order to achieve outcomes.

Streamline documentation so more energy is directed to services and value outcomes documentation rather than segmented documentation.

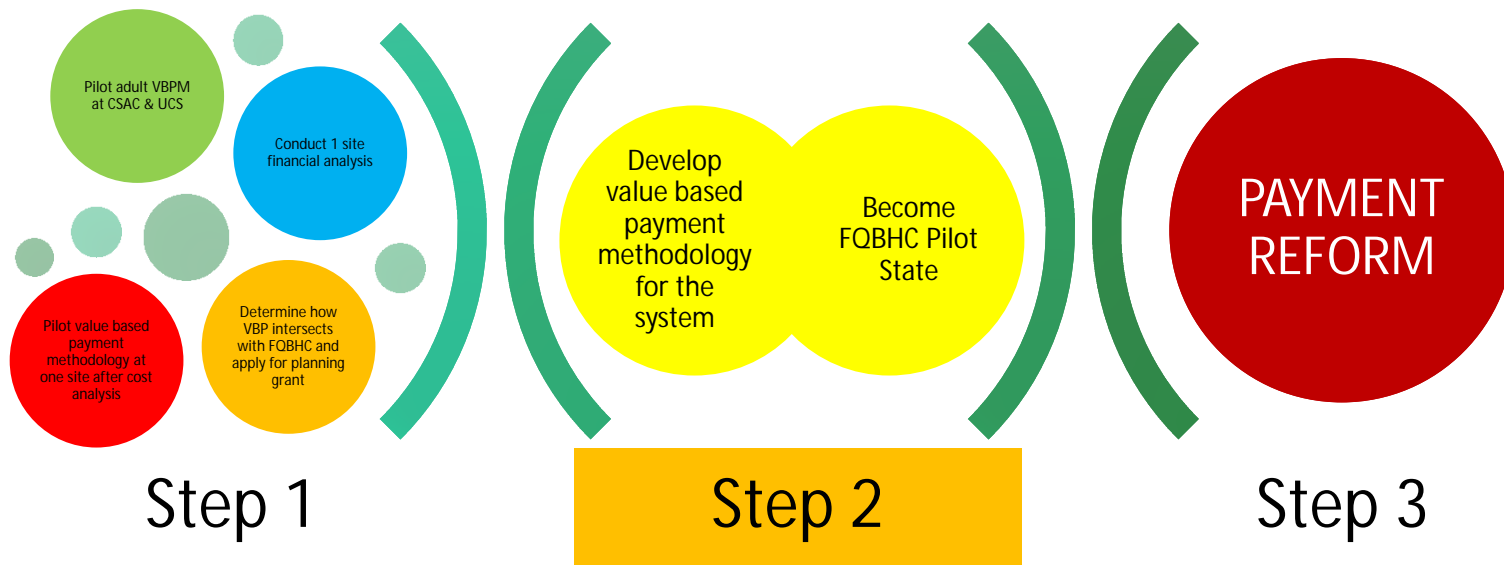
Become a part of the unified health care budget.

Provide appropriate compensation to improve recruitment and retention.

Have a streamlined approach for reporting to funders and other partners.



Steps To Advance Payment Reform





Advancing Payment Reform: A Future Direction

STEP ONE: ASSESSING, DEVELOPING AND PILOTING

In conjunction with GMCB and DVHA, conduct financial analysis of one or two agencies.

Pilot bundled payments for AOP mental health and substance abuse services at Counseling Services of Addison County and United Counseling Services (to include streamlining of reporting, documentation and outcomes)

Determine how value based purchasing aligns with the Excellence in Mental Health Act

Work with State to apply for a Planning Grant through the Excellence in Mental Health Act

Pilot population and value based payments at one agency where the agency is paid prospectively for a set amount of services needed by a broader population.



Advancing Payment Reform: A Future Direction

STEP TWO:

Based on the outcomes of Step One, Vermont Care Partners will work in conjunction with the State to implement Step Two which has two major components:

- To develop a value based payment methodology that can be implemented statewide
- To become a national FQBHC pilot site



Advancing Payment Reform: Additional Options

In addition to the steps mentioned above, Vermont Care Partners would like to further explore:

- Capacity Payments for intake, assessment, triage and referral of a defined population
- Capacity Payments for crisis services for all citizens in geographic region
- Expanding our care management function as part of the Blueprint and ACOs
- Serving as Specialty Health Homes for populations with high DS, MH, SUD needs
- Establishing annual budget reviews and approval through the Green Mountain Care Board
- Our system of care's involvement in the All-Payer Waiver



The Future: A System of Excellence

CLEAR OUTCOMES: Further development of RBA, Results Scorecards and Outcome Data

EFFICIENT IT: A data repository that aggregates data and creates real time dashboards for programs, agencies and the system

HIGH QUALITY: Adoption of the Centers of Excellences Framework developed and promoted by the National Council on Behavioral Health



The Future: A System of Excellence

INNOVATIVE: A national pilot site for Federally Qualified Behavioral Health Centers

INTEGRATED: Further development of shared care management models and health homes in collaboration with Accountable Care Organizations and the Blueprint for Health

COST-EFFECTIVE: Value-Based payment reform to support outcomes based payment methodology versus a quantity based (more is not necessarily better)