DSRIP Project Proposal – Family Preservation Program

- **Identifying Project and Provider Information:**
  
  A. **Title of Project** -
  Family Preservation Program

  B. **Unique RHP Project Identification Number** –
  2.13.1 Provide an intervention for a targeted behavioral health population to prevent unnecessary use of services in a specified setting

  C. **Performing Provider name and TPI** –
  Dallas County MHMR Center dba Metrocare Services / 137252607

- **Project Description:**

  A Family Preservation Program will serve youth discharged from psychiatric facilities and/or those at-risk for out-of-home placement due to juvenile justice involvement or placement in residential treatment. FPP is a short-term, intensive program that provides medication management, counseling and case management services to clients and immediate family. Participates have access to an on-call clinician to address crisis, in attempt to avoid readmission to hospital or police/juvenile justice involvement. A comprehensive assessment is completed during the first stage of enrollment to identify all client and family needs that influence potential future hospitalizations or removal from the home. Children and their families participate in face-to-face services two times per week minimum and services are held at home or in the community on day/time convenient to the family.

  A. **Goal:**
  To decrease potential readmission to psychiatric facilities and to stabilize the child within the home and community setting. To provide medication management, counseling and case management services to increase family safety and aide in addressing familial needs that will keep the child in the home and community.

  B. **How program addresses challenges experienced by Provider:**
  Comprehensive assessments of children and adolescents reveal that many children who experience multiple psychiatric hospitalizations and are identified as at-risk for readmission and/or permanent placement outside their home have a multitude of individual and family needs affecting the child’s ability to be successful. A recent study published by the Journal of the American Academy of Child and Adolescent Psychiatry supports this claim, concluding that “psychiatric rehospitalization of children is common, most likely in the trimester after discharge, and is highly related to both child symptoms and family factors measurable at admission” (Blader, Joseph. 2003). When treatment for these complex families is not comprehensive, children all too often require intensive and expensive
interventions such as multiple hospitalizations, and possible involvement in the judicial or foster care system for long durations of time.

To assist these children and their families, a community provider must have an intensive and comprehensive program that can quickly establish stabilization, boundaries for safety and immediately begin addressing the multitude of needs. Furthermore, this program must provide 24-hr intervention; responding to crisis situations in attempt to avoid further hospitalizations and separation from family members. Currently, Metrocare Services does not have a community-based program that can offer this intensity of intervention. The implementation of a Family Preservation Model would allow Metrocare to provide intensive, community-based services that are proven to reduce costly out-of-home treatment episodes and addresses priority goals identified in the Region 9 Community Assessment Report.

C. The five year expected outcome:

- Increase client enrollment in program by 160 over baseline
- Increase client enrollment in program by 200 over baseline
- Increase client enrollment in program by 240 of over baseline
- Increase client enrollment in program by 280 of over baseline
- Decrease rate of readmission to psychiatric hospitals for those served
- Decrease rate of Juvenile Justice involvement for those served
- Decrease rate of out-of-home placement for those served

D. How project is related to regional goals:

The Region 9 Community Needs Assessment highlights that “an inadequate supply of behavioral health services is one of the most significant unmet health needs” of our community (Collins, RHP 9 Community needs assessment report, 2012). In addition, “mental health services available to children are limited” and services “oftentimes do not include the family-focused and comprehensive approach needed to adequately address” client issues (Collins, 2012). Further, the Needs Assessment reports that “nearly all intensive services, including evidence-based programs, are provided through the Juvenile Justice System” (Collins, 2012). The implementation of a Family Preservation Program will address the community needs outlined in this assessment by maintaining youth in their homes while increasing relevant and effective services to those clients and their families. This model will decrease the time and cost associated with multiple hospitalization, involvement with Juvenile Justice and placement outside of the home.
**Starting Point/Baseline:** Baseline for measures (clients served, number of encounters, and number of trained staff) is zero.

**Rational:** As described in the Region 9 Community Assessment (Section IV Behavioral Health), there are insufficient community based programs that provide crisis intervention and stabilization services to effectively and efficiently reduce the utilization of higher levels of care (i.e. ERs, hospitals, jails and detention facilities). Children and adolescents identified as having multiple needs and barriers are often readmitted to psychiatric facilities following stressful, chaotic and overwhelming triggers. Research shows that these children come from families that compartmentalize their multitude of problems and do not understand the connectedness and how these problems affect a child’s ability to cope with stressors and remain safe in the home (Meezan, McCroskey, 1997). The consequence of multiple hospitalizations for this population is expensive treatment that is not determined to be effective. Family Preservation provides intensive, community-based services immediately following a hospital discharge; with the goal of establishing stability, safety and needs resolution to allow the child to avoid hospitalizations and remain in the home.

The Family Preservation Program would also serve those children and adolescent identified as “at-risk” for removal from the home due to chronic behavioral and/or familial issues that may result in out-of-home placement. Youth identified as “at-risk” by their current treatment provider (or relevant community stakeholder such as the school) would refer the child to Metrocare for a comprehensive assessment to determine appropriateness for services. Those youth determined to be in need of a multitude of services and at risk for out-of-home placement will be admitted into the Family Preservation Program.

Metrocare Services is the largest provider of mental health services in Dallas County. We serve approximately 10,000 people diagnosed with a mental illness each month. To provide quality services to such a large population, we must implement programs that are proven to be effective with our families. Further, as a member of this community, we recognize the societal and financial impact that multiple psychiatric hospitalizations, CPS and/or juvenile justice involvement, and child removal from home can have on a family and the greater community. FPP takes a comprehensive, systematic approach to treating families with complex needs, providing community based, intensive services to quickly establish stabilization and then work rigorously to assist the family with getting needs met to sustain safety and stabilization. Through the efforts of this program, there will be a decrease in the number of children and adolescents readmitted to psychiatric hospitals, placed in Residential Treatment or involved in the juvenile justice system.

**Related Category 3 Outcome Measures:** The Category 3 Improvement Targets regarding admissions rates (2.13) and providing the right care in the right setting (9.4) are the related outcomes to this project. For admissions rates, we project a decrease of out-of-home treatment episodes by 80% for those in service (Source: Metrocare clinical system). Regarding providing the right care in the right setting, we project a 20%
increase in the number of home-based clinical encounters over prior year for those in service (Source: Metrocare clinical system). The goal of the Family Preservation Program is to provide intensive community based services to those youth who have experienced a psychiatric hospitalization or are at-risk for removal from home due to juvenile justice involvement or placement in a residential setting. There are long lasting consequences to the youth, family and community at large when a child endures multiple hospitalizations or removal from home. These consequences include separation from family and deterioration of relationships; regression of academic performance and stigmatization due to involvement with the juvenile justice system. There is significant financial impact to the community and these improvement outcomes are identified as priorities to our region. Research indicates that adequate outpatient services decrease hospital use for behavioral health issues (SdosReis, et.al, 2008); however many children who experience multiple hospitalizations and are identified as at-risk for removal from home have a multitude of individual and family needs that must be addressed for the child to stabilize in the community. Thus, intensive services that are comprehensive, offering multiple services to address unique needs of the family must be provided. The services provided through a Family Preservation Model are proven effective at reducing hospitalizations and out-of-home placements while costing considerably less than expensive treatment episodes in the hospital, juvenile justice system or residential treatment. These services will include case management, skills training, counseling, psychiatric evaluation and medication management.

**Project Valuation:** Metrocare Services determined the value of each project by comparing the budgeted cost of the specific project against the cost to the community should the services go unprovided. In regards to the FPP Project, the significant cost of hospitalization, emergency room visits, detainment in a juvenile facility and placement in a Residential Treatment Center were used as comparison data against cost for the community-based FPP Project. The starting point/baseline for the program is zero, with a total census of 160 kids at end of the first year. The total census of those served will increase each year by 40 children. It is estimated that participation in FPP will result in less than 10% returning to the ER or hospital, less than 5% involved in the juvenile justice system and less than 2% placed in a Residential Treatment Center.

**References**


*Behavioral and Developmental Disorders, Parkland Health and Hospital System.* Retrieved Aug 2012, from TXpricepoint.org:

*Saving Minds, Saving Money Mental Health Funding.* Retrieved Aug 2012 from The Mental Health America of Texas: http://mhatexas.org

*S. dosReis, E Johnson, D Steinwachs, C Rohd, EA Skinner, M Fahey, AF Lehman; Antipsychotic treatment patterns and hospitalizations among adults with schizophrenia. Schizophrenia Research,* 2008, Volume 101, Issue 1, pages 304-311

*Monthly Data Review.* Retrieved from The Dallas County Juvenile Department. August 2012

<table>
<thead>
<tr>
<th>Project 2.13</th>
<th>Intervention for targeted behavioral health population to prevent unnecessary use of services in specified setting</th>
<th>RHP PP – 2.13.1</th>
<th>RHP PP - 2.13.1 A-E</th>
<th>Family Preservation Program</th>
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<tbody>
<tr>
<td>Performing Provider – Dallas County MHMR Center dba Metrocare Services</td>
<td>Performing Provider TPI - 751285603</td>
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<tr>
<td>Related Category 3 Outcome Measures</td>
<td>Unique Category 3 IT Identifier: OD-2 and OD-9</td>
<td>Reference Number from RHP PP: IT-2.13 and IT-9.4</td>
<td>Other Outcome Improvement Target for Potentially Preventable Admissions Other Outcome Improvement Target for Right Care, Right Setting</td>
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<tr>
<th>Year 2 (10/1/2012-9/30/2013)</th>
<th>Year 3 (10/1/2013-9/30/2014)</th>
<th>Year 4 (10/1/2014-9/30/2015)</th>
<th>Year 5 (10/1/2015-9/30/2016)</th>
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<tr>
<td><strong>Milestone 1</strong></td>
<td><strong>Metric 2.1:</strong> P-2 Design community-based specialized intervention for target population (skills training, CBT, medication management, crisis intervention)  1. Establish FPP Program  2. Conduct assessments to identify individuals most in need of FPP services</td>
<td><strong>Milestone 2</strong> P-3 Enroll and serve individuals with targeted complex needs  <strong>Metric 3.1:</strong>  1. Increase consumers enrolled in program from 160 to 200 (Source: Metrocare clinical system)</td>
<td><strong>Milestone 3</strong> P-3 Enroll and serve individuals with targeted complex needs  <strong>Metric 3.1:</strong>  2. Increase consumers enrolled in program from 200 to 240 (Source: Metrocare clinical system)</td>
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<td><strong>Milestone 1 Estimated Incentive Payment: $ 611,302</strong></td>
<td><strong>Milestone 2 Estimated Incentive Payment: $642,874</strong></td>
<td><strong>Milestone 3 Estimated Incentive Payment: $363,442</strong></td>
<td><strong>Milestone 5</strong> P-3 Enroll and serve individuals with targeted complex needs  <strong>Process Metric 3.1:</strong>  4. Increase consumers enrolled in program from 240 to 280 (Source: Metrocare clinical system)</td>
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<td><strong>Improvement Milestone 4</strong> I-5 Functional Status</td>
<td><strong>Milestone 5 Estimated Incentive Payment: $360,498</strong></td>
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<td><strong>Improvement Milestone 6</strong> I-5 Functional Status</td>
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Year 2 Estimated Milestone Bundle Amount (add incentive payment amounts from each milestone): $611,302

Year 3 Estimated Milestone Bundle Amount: $642,874

Year 4 Estimated Milestone Bundle Amount: $726,884

Year 5 Estimated Milestone Bundle Amount: $720,996

Milestone 4 Estimated Incentive Payment: $363,442

Milestone 6 Estimated Incentive Payment: $360,498

Metric:
3. 75% of individuals who received service will report improvement from baseline to discharge on functional assessment (data source: Standardized Tool)

Metric:
5. 75% of individuals who received service will report improvement from baseline to discharge on functional assessment (data source: Standardized Tool)

Total Estimated Incentive Payments for 4-year Period: $2,702,056