

Examples of Existing Youth Villages Intercept Programs Diverting Youth from Hospitalization

As previously mentioned, Youth Villages' intensive in-home services program, Intercept, serves youth that would otherwise be in an out-of-home setting. Sometimes that alternate setting may be a foster home or group home, sometimes it may be a juvenile corrections center, and sometimes it may be a psychiatric facility. Youth Villages is currently providing intensive in-home services in 9 states and D.C, and in each location the government entity with which we contract establishes the particular population to be served. In some cases we are completely diverting youth from these out-of-home settings, and in other cases we are working closely with the out-of-home placement to reunify youth more quickly and effectively with their families which allows for a shorter length of stay in the out-of home facility. Below are examples of contracts we currently have that specifically either divert or reunify youth from **hospitalization**.

Dallas, TX: Youth Villages has been working with Value Options, the behavioral health organization (BHO) that manages publicly funded mental health and substance abuse services for a seven county area around Dallas, to target youth who abuse "cheese heroin." The BHO identified a need for intensive in-home services specifically for this population as the numbers of teens being hospitalized with abuse of "cheese heroin" was on the rise. While Intercept does not provide formal alcohol and drug treatment, Youth Villages does accept youth in the Intercept program directly from Value Options whose primary referral issue is substance abuse. Youth may be requested to take random drug/alcohol screens when substance abuse is a primary referral behavior, but treatment focuses on structure in the home, positive pro-social activities, family support, close supervision of the youth, and success in school.

Mississippi: Youth Villages is one of two providers of the MYPAC (Mississippi Youth Programs Around the Clock) Program in Mississippi. Mississippi's Division of Medicaid was awarded a federal grant from CMS for "The Community Alternatives to Psychiatric Residential Treatment Facilities Demonstration Grant." As a result, youth are only eligible for this program after being approved for psychiatric residential treatment. At the time of approval, the youth and guardian are presented with the choice of psychiatric residential treatment OR a community alternative to that treatment via the MYPAC program.

Once in the program, Youth Villages determines the most effective and appropriate comprehensive treatment approach which is based on the needs of each child and family, as determined through a collaborative assessment and treatment planning process that includes both the family and other identified team members, the most effective mix of interventions, community-based services, and informal supports will be provided in order to divert youth from entering respite and to maintain their long-term placement in their home and community. More detailed information on the MYPAC program is attached (page 2).

Tennessee: Youth Villages began providing Intercept in the State of Tennessee to children not yet in state custody utilizing Medicaid funding through a service definition entitled, "Comprehensive Child and Family Treatment." Currently, Youth Villages contracts with the BHOs responsible for managing Tennessee's Medicaid program, TennCare. These contracts specifically target children at high risk of hospitalization and youth who are being discharged by hospitals. Clients served through this contract have not typically been involved with the juvenile justice or child welfare systems, though the majority were engaging in behavior that would likely result in system involvement.

As of December 2009, 89% of the over 6,000 youth served were successfully discharged to their home; 88% of these youth were successful at the two year post-discharge follow-up. Over 600 families at any given day are served through this program which is credited for playing a large role in TN's massive decrease in the number of children in custody in recent years. The full outcome data presentation for this population is attached.

Mississippi's PRTF (Psychiatric Residential Treatment Facility) Demonstration Waiver MYPAC (Mississippi Youth Programs Around the Clock)

Background

A Request for Proposals (RFP) was issued by Centers for Medicare and Medicaid Services (CMS) for The Community Alternatives to Psychiatric Residential Treatment Facilities Demonstration Grant

- The MS Division of Medicaid (DOM) was awarded a grant for the Mississippi Youth Programs Around the Clock (MYPAC)
- MS was 1 of 10 states (Alaska, Florida, Georgia, Indiana, Kansas, Maryland, Montana, South Carolina, and Virginia)
- Project under the direction of Kristi R. Plotner, LCSW and Director of Mississippi Medicaid's Mental Health Services,
- Goal of MS DOM: will compare cost of PRTF care to the cost of the waiver (this project will act as a waiver).

Youth Villages' MYPAC Program

Youth Villages' overall service delivery approach is a system of care that includes intensive case management, an array of wraparound services, and PRTF and/or acute care respite, as indicated, based on the individual needs of each child and family. Youth Villages determines the most effective and appropriate comprehensive treatment approach through the Individualized Service Plan (ISP) process. Based on the needs of each child and family, as determined through a collaborative assessment and treatment planning process that includes both the family and other identified team members, the most effective mix of interventions, community-based services, and informal supports will be provided in order to divert youth from entering respite and to maintain their long-term placement in their home and community.

Intensive Case Management

- Coordinating and monitoring all services (mental health and medical) for the family
- Coordinating and monitoring ISP (Individual Service Plan)

Wraparound Services

- Any mental health or social service the child needs including (but not limited to): individual therapy, Intensive In-Home Therapy, group therapy, family therapy, day treatment, med management, family support, transportation, etc.
- Every child will get Intercept (Youth Villages' intensive in-home program) as a wraparound service (i.e. a combination of family support, transportation, and other needed wraparound services).

Respite (PRTF/Acute Care)

- Children in PRTF/Acute Care are discharged from this project if in placement for more than 29 consecutive days
- Will use our PRTF for kids in this project who need respite.

MYPAC Program Outcomes

As of September 28, 2009, the Division of Medicaid has **admitted a total of 342 youth** and **discharged 168** statewide.

Youth Villages has admitted 250 youth into our MYPAC program since 2007. Of those admitted youth, roughly 70 have been discharged at an 84% success rate.

MYPAC National Recognition

- In August, CMS approved increasing participation in the Mississippi Division of Medicaid's Mississippi Youth Programs Around the Clock (MYPAC) demonstration grant program.
- According to CMS, "We recognize your early success in implementing this demonstration waiver and will remain steadfast in our commitment to provide the technical assistance and support you may need to fully accomplish the goals of this demonstration program."
- As a result, MYPAC's unduplicated count goes to 350 and the average daily census goes to 225. The unduplicated count prior to this increase was 196 including youth who have been discharged.

Cost Comparison Intercept Intensive In-Home Services vs. Long-Term Psychiatric Placement

The funding and billing structure is different in each area where Intercept is provided based on the contract. In each area, regardless of the contract and billing structure, Youth Villages has determined a cost PER DAY to serve a child/family for every day the child is enrolled in the program. For example, in Boston the cost is \$125 per day, and in Atlanta it is \$100 per day.

For Illinois, Youth Villages has determined two rates – one for the metro Chicago area and one for the remaining parts of Illinois, including Vermilion County. The following rates were determined:

- Metro Chicago: \$115 per day per child enrolled in the Intercept Program.
- Non Metro Chicago: \$95 per day per child enrolled in the Intercept Program.

This estimated rate is “all-inclusive” and includes all of the costs specific to running the program in Illinois (staff, benefits, office space, travel, etc.) as well as overhead costs (research, finance, outcome evaluation, communications, information technology, etc.). This rate was determined based on similarities in cost of living to other existing Youth Villages in-home programs in areas with similar demographics.

It is also worth noting that due to the systemic focus of the Intercept program, many times multiple children in the home are affected by the treatment associated with the target client. As a result, other children residing under the same roof as well as other family members, school staff, peers’ caregivers, and community members are reaping the benefits of the program.

Attached are two cost comparisons between Youth Villages intensive in-home services and long-term psychiatric treatment. One comparison utilizes the \$115 per day rate for intensive in-home services, and the other utilizes the \$95 per day rate. Both comparisons use a psychiatric placement rate of \$350 per day. Comparisons detail the cost per youth served in three different scenarios:

- 1) A 180-day hospital placement. Youth Villages considers this to be long-term for a hospital and/or psychiatric residential treatment facility. Current lengths of stay in Illinois for this population are unknown as are the rates for this sort of treatment. Therefore, Youth Villages conservatively projected a 180-day length of stay at a rate of \$350 per day for purposes of comparison.
- 2) A 60-day hospital stay with a 180-day length of stay with in-home services. This 6 month length of stay accounts for intensive in-home services and the child’s placement to occur concurrently (2 months while child is in the hospital and 4 months after the child returns home). This scenario accounts for youth who may need medication stabilization or other clinical services offered through the hospital
- 3) A 4-month length of stay with intensive in-home services. In this scenario, youth are identified who would otherwise be placed in a hospital or psychiatric residential treatment facility and, instead, diverted to Youth Villages with intensive in-home services.

In addition to showing the cost comparisons per youth with these three scenarios, they also account for recidivism rates and the additional costs associated with youth re-entering hospital placements at a much higher rate than re-entering Youth Villages’ in-home services.

Lastly, the cost comparisons extrapolate the costs to for 60 youth. This number was determined by assuming that Youth Villages would be able to easily serve 20 families per day with intensive in-home services and roughly 60 per year (due to the 4 month average length of stay).

In total, the cost comparison using the \$95 per day rate (which would apply to Vermilion County) shows the following:

- It costs \$51,000 MORE per youth to serve them in a long-term psychiatric placement than to serve them in the home
- By diverting 60 youth per year (20 at any given time) to intensive in-home services rather than long-term hospitalization, the county could save \$4.7M.
- By combining a short-term hospital stay with intensive in-home services for 60 youth per year (20 at any given time), the county could still save \$2M.

Non-Chicago Metro Area: Cost Comparison with Hospitalization

	A <i>First scenario allows for 180 days in a hospital or psychiatric placement</i>	B <i>Second scenario combines 60 days in a hospital combined with 6 months of YV In-Home Services</i>	C <i>Third scenario involves YV In-Home Services for 4 months</i>
	180 days in a hospital or psychiatric placement	60 days in a hospital + 6 months YV In-Home Services	4 months YV In-Home Services only
180 Days in a hospital (\$350 a day)	\$63,000		
60 Days in a hospital (\$350 a day)		\$21,000	
6 Months YV In-Home Services (\$95 a day)		\$17,100	
4 Months YV In-Home Services (\$95 a day)			\$11,400
Total Cost Per Youth Before Considering Recidivism:	\$63,000	\$38,100	\$11,400
Projected <u>Success Rate</u> (12 months post discharge)	50%	70%	70%
Additional costs assuming 50% of non-YV youth return to a hospital	\$31,500		
Additional costs assuming only 30% of non-YV youth return to in-home services		\$11,430	\$3,420
Total Cost Per Youth After Considering Recidivism:	\$94,500	\$49,530	\$14,820
Total Cost for 60 youth after considering recidivism (approx. 20 per day for 1 full year):	\$5,670,000	\$2,971,800	\$889,200

Chicago Metro Area: Cost Comparison with Hospitalization

	A	B	C
	<i>First scenario allows for 180 days in a hospital or psychiatric placement</i>	<i>Second scenario combines 60 days in a hospital combined with 6 months of YV In-Home Services</i>	<i>Third scenario involves YV In-Home Services for 4 months</i>
	180 days in a hospital or psychiatric placement	60 days in a hospital + 6 months YV In-Home Services	4 months YV In-Home Services only
180 Days in a hospital (\$350 a day)	\$63,000		
60 Days in a hospital (\$350 a day)		\$21,000	
6 Months YV In-Home Services (\$115 a day)		\$20,700	
4 Months YV In-Home Services (\$115 a day)			\$13,800
Total Cost Per Youth Before Considering Recidivism:	\$63,000	\$41,700	\$13,800
Projected <u>Success Rate</u> (12 months post discharge)	50%	70%	70%
Additional costs assuming 50% of non-YV youth return to a hospital	\$31,500		
Additional costs assuming only 30% of non-YV youth return to in-home services		\$12,510	\$4,140
Total Cost Per Youth After Considering Recidivism:	\$94,500	\$54,210	\$17,940
Total Cost for 60 youth after considering recidivism (approx. 20 per day for 1 full year):	\$5,670,000	\$3,252,600	\$1,076,400