Turning High-Utilizers into Partners: Pay for Success & Behavioral Health

Faith Richie  
Senior Vice President, Development  
Telecare

Shannon Mong  
Director of Innovation Initiatives  
Telecare
Turning High-Utilizers into Partners

Pay for Success (PFS) & Behavioral Health
About Telecare

- 122 Programs
- 7 States
- 35 Counties
- 40+ Customers

Persons Served in FY17-18:
28,748

89% of clients said, “Staff believed I could grow, change, and recover.”

Telecare’s Mix of Services in FY17-18:
- Acute 21%
- Subacute 35%
- Crisis 6%
- Community 32%
- Residential 5%
- Management Contract 1%
PFS Model: Why Now?

- $100M in federal funding
- 1115 & Specialty MH Waivers – renewal in 2020
- More focus: value based purchasing

Growing Opportunity for Innovation and Impact

Increased Attention & Funding Likely

More PFS Models to Come

Resources:

Urban Institute

Social Impact Partnerships to Pay for Results Act (SIPPRA)
Go to www.menti.com and use the code 57 06 13

What word describes the most difficult system of care challenges you face with county MH clients?
How Does PFS Relate to These Larger System of Care Challenges?

- Effective across systems
- Reduces barriers within the system
- Creates new strategies for collaboration
- Shared effort to address shared system challenges
PFS Model: Goals

- Connect private sector
- Jump-start innovation
- Increase social service rigor
PFS Model: Highlights

- Investors Partnering with Government
- Impact Measured over Time
- Incentives for Outcomes
- Data-Driven, Rigorously Evaluated

Resources:
payforsuccess.org/learn/basics/

Telecare Corporation | Respect. Recovery. Results. | www.telecarecorp.com
Tell us about the complex individuals not well served in your system of care. What 4 words come to mind?
Our PFS: Typical Partner

• We See It All – Complex Needs
  • Mental Health (psychosis, mania, depression, anxiety...)
  • Active Substance Use
  • Physical Health (diabetes, hypertension, hyperlipidemia...)
  • Complex Life Needs (unhoused, not working, isolated, history of violence)

• Meet Enrollment Criteria
  • High Utilization
  • SMI (severe MH diagnosis)
  • Life Needs can be met

• Randomized In/Out
  • Partners in Wellness
  • Control Group

Accept all Referrals
Cristiano

- Age 41
- Schizoaffective Disorder, Bipolar Type
- Before
  - Graduated high school
  - 6 years as plumber
  - Age 25, first break
  - For 14 years
    - In PES 2-3 times a year (assault, drunk & disorderly)
    - In outpatient case management, including forensic
  - Meth & Alcohol
  - Unhoused
  - First 6 months of 2016 in PES, Jail, IMD
  - Dec 2016 randomized into our program

Telecare Corporation | Respect. Recovery. Results. | www.telecarecorp.com
Cristiano

- Age 41
- Schizoaffective Disorder, Bipolar Type
- Before
  - Graduated high school
  - 6 years as plumber
  - Age 25, first break
  - For 14 years
    - In PES 2-3 times a year (assault, drunk & disorderly)
    - In outpatient case management, including forensic
  - Meth & Alcohol
  - Unhoused
  - First 6 months of 2016 in PES, Jail, IMD
  - Dec 2016 randomized into our program

His Goals:
- obtain independent living
- get off probation
- reduce alcohol & meth
- get off conservatorship
- volunteer in community
Our PFS: Clinical Services

Partnerships

Whole Health

Self Management

Data- and Performance-Driven Treatment

Flexible Array of Clinical Services
Our PFS: How It’s Different

Pay for Success
- Responsible in & out of program
- Highest risk population, can’t say no to referrals
- Accountability (even after graduation)
- Outcome measures
- At risk – financial/clinical

Typical Outpatient Mental Health
- Responsible within clinic
- Discretion on referrals
- Accessibility ends with episode
- Process measures (typically measure access)
- Fee for Service
Go to www.menti.com and use the code 99 96 72

What would you like to hear about next?

- Clarify: Goals of PFS
- Clarify: PFS Model
- New: Criteria for PFS Project
- New: Flow of PFS date, Services, funds
- New: Steps in building a PFS project
Key Criteria for a PFS Project

- Government Leadership
- Targetable Populations
- Safeguards for the Target Population
- Proven Interventions
- Reliable and Available Data
- Ability to Scale

Source: Santa Clara County Pay for Success Case Study provided for RFP
Social Impact Bond Overview: Flow of Funds and Services

1. County of Santa Clara (Funder)
   - Funder(s) provide up-front financing for program execution
   - Repay investors or reinvest in programs if outcome targets met

2. Telecare (Lead Agency)
   - Data for Analysis
   - Independent Evaluator
   - Impact Results

3. Independent Evaluator
   - Success payments made if outcomes are achieved

4. County of Santa Clara
   - Technical Assistance

5. Third Sector Capital Partners, Inc.
Project Construction Timeline

**Project Selection**
- Release RFP on Acute Mental Health PFS
- MAY 2015: Select Lead Agency
- JULY 2015: Begin Budget Negotiations

**Project Build**
- AUG 2015: Formal Announcement
- AUG 2015: Determine success metric definition
- JUNE 2016: Launch Ramp-Up

**Project Launch**
- JAN 2017: Service Delivery; Begin evaluation of outcomes

**Key Activities**
- Finalize project design, programmatic details, operational plan, evaluation design and economic model
- Determine target outcomes and intervention impact
- Contract negotiations between stakeholders
- Board of Supervisors approval, MOU, Press Releases
- Determine target outcomes/measures tied to payment
- Begin ramp-up period prior to full project launch
- Pilot service delivery

---

Telecare Corporation | Respect. Recovery. Results. | www.telecarecorp.com
Our PFS: Lessons Learned

- **Data matters** (historical data analysis & modeling, real-time data dashboards, leadership comfort & skill)
- **Reduce novelty** (new customer, new program-type, new payment model)
- **Organizational size & culture matter** (entrepreneurial, bench strength, investment)
- **Relationships & candor are vital** (internal, customer, system of care)
- **Share the risk** (reputation and financial)
- **Triple check high-risk costs** (housing)
Our PFS: Clinical Impact

Improving Clinical Outcomes

- AUDIT (risky alcohol use)
- DAST (risky drug use)
- GAD 7 (anxiety)
- PHQ.9 (depression)
- Blood Pressure (systolic)
- CO (smoking)

Systolic BP - mean

Baseline vs Follow-Up

Telecare Corporation | Respect. Recovery. Results. | www.telecarecorp.com
Our PFS: Financial Impact
(1st year, preliminary)
Go to www.menti.com and use the code 68 64 50

What have you heard that excites you or seems to offer promise to your system of care?
For Hospitals: Practical Benefits

Conserving resources for other community needs

Moving People Out of ERs to Appropriate Levels of Care

Reducing Disruption in Waiting Rooms, ER, Etc.

Challenging Partners Served More Quickly & Effectively

Resources:
Telecarecorp.com/pfs
Cristiano

- **Schizoaffective Disorder, Bipolar Type**

- **Progress on His Goals**
  - ✓ Obtain independent living
  - ✓ Get off probation
  - ✓ Reduce alcohol & meth use
  - ✓ Get off conservatorship
  - ❏ Volunteer in community
Cristiano

- **His Outcomes: Whole Health**

![Bar chart showing outcomes](chart.png)

- **Hope (HHI)**
- **Alcohol (AUDIT)**
- **Drugs (DAST)**
- **Depression (PGO-9)**
- **Anxiety (GAD-7)**
- **Blood Pressure**
- **LDL ('Bad' Cholesterol)**
- **BMI**
- **Smoking (CO)**

Legend:
- **Admission**
- **Current**
Cristiano

**His Outcomes: Utilization**

- Crisis Residential (months)
- Urgent Care (episodes)
- PES (episodes)
- IMD (months)
- Acute Hospital (months)

- Year Prior
- First 12 months
- Next 10 months
In 2015, Telecare celebrated 50 years of providing support to people with co-occurring conditions and complex needs. Founded in 1965, we’re a family- and employee-owned organization delivering a wide range of services. Learn more about Telecare at www.telecarecorp.com.
Go to www.menti.com and use the code 28 26 94

Questions?

Waiting for questions

Once questions are accepted by the moderator, they will show up here so that you can answer them one by one.
Thank You

Faith Richie
frichie@telecarecorp.com

Shannon Mong
smong@telecarecorp.com