

What will it take to succeed at affordably providing effective services to state-involved youth?

My assumptions:

- Networks of providers don't have infrastructure or expertise for standard UM that TPAs (insurers) or even the state have (note implications for ACOs as a solution to healthcare financing)
- They do have clinical expertise, perspective, and priorities that TPAs (and the state) don't
- The value of management by providers is use of a clinical perspective on how best to use available resources to meet the needs of a defined population.

Assumptions underlying the Network model that didn't work:

- Incentivizing decision makers will lead them to use resources cost-effectively
- Collaborating providers will use available resources cost-effectively to meet children's needs
- Wraparound provides the means to determine the most cost-effective use of available resources (underfunding, weakened adherence requirements, and poor execution have left the Networks using standard UM processes inadequately, rather than high fidelity Wraparound, to manage decision making)

1. Is there enough money in the system?

- If general medical care includes 1/6th unnecessary, avoidable, or inefficient care, child and family services probably include at least that much
- The Network contracts were designed to use savings from individualized services that keep children at home (vs. in placement) to fund new, more effective & less costly community-based services
 - Achieving these savings requires providers to find a means to select children who can be diverted from placement into alternatives that are clinically feasible for their needs
- Funds are still tied to service types rather than efficient individualized approaches to address children's and families' needs
 - Even if there were investment funding in new community-based services, this would not drive the system to develop individualized approaches to serve children and families based on assessment of their specific needs and tailored use of available resources to address those needs

2. Requirements for outside authorization do not prevent affordability and effectiveness:

- Judicial orders, DCYF probation or case worker approvals, or other outside orders superseding provider clinical decisions is not an inappropriate barrier given their responsibility for goals the Networks are required to meet
- Utilization review and authorizations are inherent parts of all service delivery systems
 - If providers can't offer adequate rationales for recommendations, reviewers will develop criteria to meet their own obligations or impose their own judgments (given their authority to do so)
 - If providers can offer adequate rationales for recommendations, reviewers reject them at their own responsibility and risk (and develop trust in providers' judgment- my org. is never denied)

3. Incentives, reorganized systems, and good intentions are not enough to achieve effective change.

- *Strategies* are required for determining the most cost-effective way to meet children's/families' needs
 - There are several options (e.g., High- but not low- fidelity Wraparound, Family Checkup planning, PracticeWise, and evidence-based practice processes), most of which have never been evaluated at the system level or tried in RI
 - Without specific system-level strategies, decisions are based on level of care UR or unregulated provider decision-making, both of which *have* been evaluated at the system level (and fail)
 - With specific system-level strategies, existing funds can be used in the most cost-effective ways, services can be developed and tailored to individual children's and families' needs, and appropriate rationales can be provided to reviewers.

Paul Bobb, Ph.D.

(over)

Verbal testimony:

1. My name is Dr. Paul Block; I am a licensed clinical psychologist, Director of the Center for Integrated Care Innovation at NAFI, a 10-state, East Coast non-profit human services organization, and a member of the board of one of the DCYF networks (which is the basis on which I am testifying today) until Psychological Centers, my prior organization's services, were taken over by NAFI.
2. When this many well-intentioned, competent people have worked this hard to make the DCYF system of care work, the question isn't who's at fault or who would best manage the system, but rather what's wrong with the way the system is designed that needs to be fixed for *anyone* to be able to succeed.
3. In order to succeed, and especially to be able to meet its goals affordably, any system serving DCYF-involved children needs trustworthy ways to determine what those children and their families need, to evaluate whether those needs are being met (whether services are effective), and whether available resources are being used efficiently to meet them.
 - a. Since the 1978 McMillan Report (*36 years ago*) through this year's (*2014*) Casey Report, there have been five major reviews determining that RI overuses residential placement and could better serve state-involved children at far lower costs through use of effective community based services
 - i. *1991 (Special Legislative Task Force Report "Our Children, Our Responsibility")*
 - ii. *2001 (RIPEC report, "A Review of the Department of Children, Youth and Families,")*
 - iii. *2008 (Governor's DCYF financial review team)*
 - b. We know how to improve the effectiveness and affordability of our system, just not how to get ourselves to do it
4. There are models for how to determine what state-involved children need, though none have been implemented successfully enough at a system-wide level for us to simply choose and implement with confidence
5. Without selecting a model for deciding how to serve children's needs, we can't evaluate whether available resources are being used efficiently to meet those needs.
6. RI needs strong leadership to guide us in selecting a model for decision making and management of services to DCYF-involved children and to oversee its effective implementation and ongoing improvement, someone
 - a. *who will take the responsibility*
 - b. *has the ability to listen and consider various perspectives about how best to make our system work*
 - c. *can oversee a process for deciding the best option for RI*
 - d. *has strength and authority to follow through on execution of a viable strategy*
 - e. *and can use evidence from our ongoing results to make improvements and get the best outcomes*
7. My written testimony describes specific issues that have arisen about the current Network design, including why I see some of the main complaints differently from my colleagues. I am happy to answer any questions or offer any additional opinions you might find helpful or at least entertaining.

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