

For projects to be considered for inclusion in the Medicaid Transformation Project List, please provide the information requested in the template. We are looking for summarized information – **2-3 pages maximum per project**.

Please email completed templates by **January 15, 2016**, to MedicaidTransformation@hca.wa.gov with the subject **Medicaid Waiver Project**. Thank you for your interest and support.

Contact Information	<p><i>Identify point person, telephone number, e-mail address</i></p> <p>Dr. Federico Cruz-Uribe 206-788-3287 FedericoCruzUribe@seamarchc.org Afsaneh Rahimian, Ph.D. 206-764-4705 afsaenehrahimian@seamarchc.org Claudia D' Allegri 206-764-4714 ClaudiaD'Allegri@seamarchc.org</p> <p><i>Which organizations were involved in developing this project suggestion?</i></p> <p>Sea-Mar Community Health center</p>
Project Title	<p><i>Title of the project/intervention</i></p> <p>Brief Strategic Family Therapy</p>
Rationale for the Project	
<p><i>Include:</i></p> <ul style="list-style-type: none"> • <i>Problem statement – why this project is needed.</i> Improving health outcomes starts at home. Families that struggle with high Adverse Childhood Experiences (ACEs) tend to have low health outcomes. Brief Strategic Family Therapy (BSFT) is needed as in intervention because it is a culturally sensitive family intervention that reduces delinquency and drug use in adolescents, while strengthening the family unit. Many communities are currently screening for ACES and identifying that certain families need assistance. Although they may be identified, most communities don't have interventions ready to implement and improve the family dynamic. BSFT is a great resource able to effectively reach all communities of Washington state, particularly those suffering disparate outcomes, such as communities of color. • <i>Supporting research (evidence-based and promising practices) for the value of the proposed project</i> <ul style="list-style-type: none"> – The Efficacy of Brief Strategic Family Therapy in modifying Hispanic adolescent behavior problems and substance abuse.¹ – Brief Strategic Family Therapy versus Community Control: Engagement and Retention and an Exploration of the Moderating Role of Adolescent Symptom Severity.² 	
Project Description	

¹ Santisteban, Daniel A.; Coatsworth, J. Douglas; Perez-Vidal, Angel; Kurtines, William M.; Schwartz, Seth J.; LaPerriere, Arthur; Szapocznik, José

Journal of Family Psychology, Vol 17(1), Mar 2003, 121-133.

² Coatsworth, J. Douglas, Daniel A. Santisteban, Cami K. McBride, and José Szapocznik. 2001. "Brief Strategic Family Therapy versus Community Control: Engagement, Retention, and an Exploration of the Moderating Role of Adolescent Symptom Severity." *Family Process* 40:313–32.

Which Medicaid Transformation Goals¹ are supported by this project/intervention? Check box(es)

- ✓ Reduce avoidable use of intensive services
- ✓ Improve population health, focused on prevention
- Accelerate transition to value-based payment
- ✓ Ensure Medicaid per-capita growth is below national trends

Which Transformation Project Domain(s) are involved? Check box(es)

- Health Systems Capacity Building
- ✓ Care Delivery Redesign
- ✓ Population Health Improvement – prevention activities

Describe:

BSFT is a family therapy framework of weekly sessions, varying from 8-24 sessions. The steps of the intervention include organizing a counselor-family work team, diagnosing the nature of family strengths and problematic relationships, developing a treatment strategy and implementing change strategies. The therapist will focus on improving parent-child interactions, parent training, conflict resolution, communication skills, and family therapy. BSFT has an engagement rate of 95% and an retention rate of 75% when compared to other family and group interventions such as group counseling.

- *Region(s) and sub-population(s) impacted by the project.*
Brief Strategic Family Therapy can assist any family in crisis. Families of focus are those with adolescents experiencing severe behavior problems and/or drug seeking behavior.
- *Relationship to Washington's Medicaid Transformation goals.*
BSFT is an intervention designed to reduce intensive service in care settings such as jails or other criminal justice centers. After completing the therapy, desired results include improvement for the whole person health of the entire family, not just the child.
- *Project goals, interventions and outcomes expected during the waiver period, including relationship to improving health equity /reducing health disparities.*

Goals

- Improve family stability
- Reduce substance abuse
- Reduce behavioral problems

Intervention

- Youths could be identified through juvenile justice system and schools and then referred to therapist for engagement
- Weekly videotaped sessions that engage entire family on site and in the home
- *Links to complementary transformation initiatives - those funded through other local, state or federal authorities (such as the health home program and Early Adopter/Behavioral Health Organization regional purchasing) and/or Medicaid Transformation initiatives # 2 and 3.*
 - Aligns with efforts for integrating behavioral health and physical health
- *Potential partners, systems, and organizations (e.g., health and social service providers, ACH participants) needed to be engaged to achieve the results of the proposed project.*
North Sound ACH, Cascade Pacific Action Alliance ACH, tribal partners, King County ACH, Southwest Regional Action Alliance ACH, Tacoma ACH partners, juvenile justice systems, local schools and other community based organizations.

Core Investment Components
<p><i>Describe:</i></p> <ul style="list-style-type: none"> • <i>Proposed activities and cost estimates (“order of magnitude”) for the project.</i> • <i>Best estimate (or ballpark if unknown) for:</i> Treating a family of four for the full range of 24 sessions is \$3200 which breaks down to \$33 per person per session. One therapist can treat 12 families every four months. A team of four therapists can treat 100-125 families per year. Upon the contract being finalized and a site inspection, a 3 day training takes place. A BSFT therapist could start seeing families within a month of being trained. • <i>The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline.</i> BSFT program has been proven to be the most cost-effective intervention aimed at serious juvenile defenders. Group homes, detention centers, and residential treatment centers are sometimes double or triple the amount of BSFT.³
Project Metrics
<p><i>The state will monitor implementation of transformation projects at regional and statewide levels through process and outcome measures. Each project will require clearly defined outcomes that relate to the goals and specific process steps.</i></p> <p><i>Wherever possible describe:</i></p> <ul style="list-style-type: none"> • <i>Key process and outcome measures (and specific benchmark performance data if known) against which the performance of the project would be measured. Include priority measures sets described in the Waiver application http://www.hca.wa.gov/hw/Documents/waiverappl.pdf pages 46-47ⁱⁱ.</i> <ul style="list-style-type: none"> – <i>Alcohol and Drug Treatment Penetration</i> – <i>Mental Health Treatment Penetration</i> • <i>If no specific benchmark performance data are currently available, what efforts will be undertaken to establish benchmark performance ahead of any proposed project implementation?</i> N/A

ⁱ Transformation goals as stated in Washington’s Medicaid Transformation waiver, <http://www.hca.wa.gov/hw/Documents/waiverappl.pdf>:

- Reduce avoidable use of intensive services and settings such as acute care hospitals, nursing facilities, psychiatric hospitals, traditional LTSS and jails.
- Improve population health, with a focus on prevention and management of diabetes, cardiovascular disease, pediatric obesity, smoking, mental illness, substance use disorders and oral health; that is coordinated and whole-person centered.
- Accelerate the transition to value-based payment, while ensuring that access to specialty and community services outside the Indian Health system are maintained for Washington’s tribal members.
- Ensure that Medicaid per-capita cost growth is two percentage points below national trends.

ⁱⁱ This includes the statewide common measure set for tracking health care quality and cost across multi-payer public and private health delivery systems: http://www.hca.wa.gov/hw/Documents/pmcc_final_core_measure_set_approved_121714.pdf and the subset of 2016 Medicaid contract common performance metrics. It also includes priority measures for critical behavioral health and community support services recommended by the 5732/1519 Steering Committee and reported to the Legislature in “Service Coordination Organizations – Accountability Measures Implementation Status”, (page 36) at: http://www.hca.wa.gov/documents_legislative/ServiceCoordinationOrgAccountability.pdf.

³ Residential and Detention costs using typical intervention times are from Sexton, TL. Source: Current annual cost of \$52,256 for placement of one juvenile in a state-run group home, per The Department of Juvenile Services (DJS), State of Maryland, 2007