Catholic Charities

Behavioral Health Network

A System of Care You Can Count On

307 Congress Street
P O Box 10660
Portland ME 04104-6060

T. (207) 781-8550
F. (207) 781-8560

www.ccmaine.org

March 21, 2018

Dear Members of the Health and Human Services Committee,

On behalf of Catholic Charities Maine, I am respectfully submitting the following comments for your consideration regarding LD 1868, Resolve to increase Funding for Evidence-based Therapies for Treating Emotional and behavioral Problems in Children. More specifically I am submitting comments as one of only 2 organizations that provide Functional Family Therapy in Maine, an evidence-based model of treatment. This legislation is designed to insure the sustainability for this effective and cost efficient treatment model.

It is important, in assessing the reimbursement rate and structure for the FFT model, to consider the critical role that the Department of Corrections grant funding has and continues to play in sustaining this service. Absent this support, which constitutes **65% of the entire program funding**, we simply would not be able to continue to provide this service. The current MaineCare quarter hour reimbursement rate of $28.74 has been and continues to be woefully inadequate. In addition, our organization has also contributed significant financial support from our donors to offset the costly FFT training requirements common to Evidence-based models.

Nonetheless, in 2016, the Burns study proposed a 16.6% reduction in this Functional Family Therapy© (FFT) rate. This would have effectively closed our program. The total cost of care analysis that has been undertaken over the years, and which has consistently underfunded this service, has failed to take into account the salient service delivery factors and fidelity requirements of this model. In response to the threat of a rate reduction, we sought FFT rate data from FFT, LLC, the governing entity that developed, supports and oversees this model. At that time, they provided our organization with a letter containing comparative data from other regions of the country. I am attaching that letter at the end of this document for your consideration. In summary, it provides both a comparative analysis regarding sustainable rates across the country (Maine was already the lowest reimbursement rate in the nation at that time and no rate change has taken place) as well as a clear statement that the productivity assumptions used in that 2016 rate reduction analysis contradicted the clinical integrity of the model and would render it unviable.

I strongly encourage you to support this legislation in order to keep this valuable service in our State, and available to the individuals and families that benefit from it. Thank you in advance for your consideration, and feel free to contact me if you have any additional questions.

Jeff Tiner, MBA LCSW
Chief Clinical Officer
Catholic Charities Maine

1.207.523.1179

Attachment (Communication from FFT)

March 28, 2016

Greetings Jeff,

I wanted to reach out to you regarding a matter of concern. I understand that the Department of Health and Human Services is proposing to significantly cut MaineCare rates, which would directly impact the viability and fidelity of the Functional Family Therapy (FFT) model that serves at-risk youth and their families in the state of Maine.

Regarding viability, Maine FFT providers have operated with the lowest Medicaid rates in the nation. While other states are increasing rates based on the positive outcomes (keeping at-risk youth in the home/community/school, and reducing re-offense rates) that result in cost savings due to the avoidance of out of home placement in residential or detention centers, Maine remains stuck at an original rate of $28.74. Again, it is the lowest in the nation. For example, in the state of Louisiana, rates were recently increased from the low $20.00's to $38.00 per 15 minute unit due to the positive outcomes seen with FFT. While not an exact comparison to Maine, there are FFT providers who cover the most rural areas of the state, where drive times can take more than an hour. One of the most recent states to offer reimbursement for FFT is Delaware. Their consultants figured a rate of $50.61 per 15 minute unit. This rate was considered sustainable given the rural areas where some of the youth live, not just the more populated urban areas of Wilmington, Dover, and Newark. The states of Washington, Maryland, and Pennsylvania have all completed analyses of the cost per family to provide FFT. These costs hover around the $3500 mark, quite a savings as compared to out-of-home-placement. The current rate of $28.74 times the average number of face to face sessions, let's use 15, equals a $1724.40 cost per family. The proposed rate of $23.97 results in a cost of $1438.20 per family. Ultimately, the state of Maine then benefits from a top Blueprint model that is grossly underfunded. Cutting rates this low will no longer make it viable for sites to do FFT in Maine.

A reimbursement rate as low as what DHHS is proposing will compromise model fidelity. The average caseload in FFT is 10 to 12 cases, with 12 seen in more urban areas. Rural areas, on the other hand, tend to reach toward 10 as a goal given the amount of travel time to access hard to reach families. In general, most sites expect a weekly productivity for 10 cases of 14 to 16 billable hours. Anything higher impacts model fidelity as therapist focus becomes increasingly on meeting productivity expectations versus providing thoughtful and planful clinical work. A rate of $23.97 would create productivity expectations beyond what is feasible for therapists to do.

Sites that have had productivity expectations in the high teens to low 20's experienced high turnover and burnout. In this situation, the bigger picture is sorely missed. FFT not only addresses immediate needs of families and at-risk youth, but is considered a preventable model given its low recidivism rates. A cut in the rate is a choice for worse outcomes for youth, which in turn will cost Maine more in the long run.

Helen M. Midouhas, M.S. Ed., L.P.C.
FFT National Trainer & Consultant
(cell) 610-533-0026
(fax) 610-944-0775