Diversifying Your Revenue Streams: How To Successfully Launch A New Service Line

The 2016 OPEN MINDS California Management Best Practices Institute
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I. Diversification As An Option
II. Prioritizing & Selecting Diversification Opportunities
III. From Concept To Implementation: Your Best Practice Model For New Service Line Development
IV. The Challenges Facing Provider Organizations
   I. Harriet Markell, Interim Association Director, California Council of Community Behavioral Health Agencies
V. Developing A New Service: A Case Study
   I. Eleanor Castillo Sumi, Ph.D., BCBA-D, VP, Research & Program Development, Uplift Family Services
VI. Questions & Discussion
Service Line & Portfolio Analysis Answers The Question: “Do You Have The Services You Need For Future Sustainability?”

Aids in deciding which services to:
- Phase out or eliminate
- Make investments in
- Optimize and improve
- Uses visual models to analyze service lines

Used to describe and analyze mix of services

A strategic tool for resource allocation decisionmaking (money and people!)
- We wouldn’t need to be “strategic” about our planning if we had unlimited resources — we could just plan

Goal is optimal use of resources to achieve strategic objectives
What Is Diversification?

A risk-reduction strategy that involves spreading assets across a mix of service lines, consumer groups, and payers

A strategy in which an organization introduces itself to products / target markets not previously in its realm of experience

Decision driven in part by portfolio analysis
Revenue Diversification & Risk

- New Customers
  - Moderate Risk
  - Greatest Risk
- Current Customers
  - Least Risk
  - Moderate Risk
- Current Services
- New Services
Prioritizing & Selecting Diversification Opportunities
More Ideas Than Time Or Money

Problem is often there are more ideas for new service lines than time or money to evaluate and implement.

Recommend metrics-based ranking model to evaluate new service line ideas – with the goal of reducing the number that move to service line feasibility analysis and development process.
Where Do New Service Ideas Come From?

- Market intelligence – macro-market monitoring, competitor analysis, etc.
- Monitoring and analyzing customer (consumer, payer, referrer, etc.) needs
- Staff experience and ideas
- Your strategic planning process
OPEN MINDS Process For Metrics-Based Evaluation Of New Business Opportunities

1. Develop an itemized list of business development opportunities for consideration
2. Develop a list of factors or metrics to be used in evaluating new business opportunities
3. Develop a scoring scale for each metric
4. Assign weights to each metric – reflecting organizational priorities
5. Research and score each business opportunity, using the key metrics and weighting of metrics to rank the business opportunities
6. Qualitative research and discussion of each of the top-rated opportunities for final selection for formal feasibility analysis
#1. Develop List Of Innovation Opportunities For Consideration

- Service line extensions
- New payer for current services
- New markets for current services
- New services for current customers
- New services for new markets
**Example: Business Development Opportunities List**

<table>
<thead>
<tr>
<th>New Business Development Initiative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consider adding an adoption license for foster care operations</td>
</tr>
<tr>
<td>Expand foster care operations beyond current counties</td>
</tr>
<tr>
<td>Develop a treatment foster care service – in anticipation of October 2011 consent decree requirements</td>
</tr>
<tr>
<td>Develop an unsolicited proposal for State of re: Medicaid carve-out for services for foster children (health plan, PIHP, and XXXX) – capitated rate for physical health, mental health, and child welfare services</td>
</tr>
<tr>
<td>Expand in-home care services to include contracts with all third-party payers in the 15-county area</td>
</tr>
<tr>
<td>Expand in-home care services to include private pay collection capability</td>
</tr>
<tr>
<td>Expand intensive in-home care service line offering to include addiction treatment services</td>
</tr>
<tr>
<td>Expand intensive in-home care service line offering to integrate e-health services</td>
</tr>
<tr>
<td>Develop an in-home substance treatment program for the in-home services program</td>
</tr>
<tr>
<td>Develop contracts with other counties for residential diversion program (note: rebranding needed)</td>
</tr>
<tr>
<td>Expand day treatment/residential diversion program to include youth with behavioral health diagnoses and/or low IQ</td>
</tr>
<tr>
<td>Offer the day treatment/residential diversion program as a respite program and a crisis respite program (Medicaid reimbursable)</td>
</tr>
<tr>
<td>Expand suspension center services to more school systems</td>
</tr>
<tr>
<td>Increase out-of-state referrals to SRY program</td>
</tr>
<tr>
<td>Develop per diem/case rate program for SRY program that includes both residential and community-based treatment for sex offender population</td>
</tr>
<tr>
<td>Expand CBTC model (residential/community-based service mix) to JJ systems in other jurisdictions</td>
</tr>
<tr>
<td>Increase referrals to emergency shelter care services</td>
</tr>
<tr>
<td>Explore demand for emergency foster care families</td>
</tr>
<tr>
<td>Expand range of services that can be offered via in-home service delivery under Medicaid</td>
</tr>
</tbody>
</table>
#2. Develop List Of Metrics To Evaluate New Business Opportunities

<table>
<thead>
<tr>
<th>Current market potential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Degree of competition</td>
</tr>
<tr>
<td>Revenue growth opportunities</td>
</tr>
<tr>
<td>Capital and cash flow requirements</td>
</tr>
<tr>
<td>Operational at a profit margin in the short-term</td>
</tr>
<tr>
<td>Other?</td>
</tr>
</tbody>
</table>
Example Of Service Line Evaluation Metrics

<table>
<thead>
<tr>
<th>Metric</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has considerable market potential and revenue growth opportunities for XXXX</td>
</tr>
<tr>
<td>Has minimal capital requirements</td>
</tr>
<tr>
<td>Can be operated at a profit/margin in the short-term</td>
</tr>
<tr>
<td>Can be operated at a profit/margin in the long-term</td>
</tr>
<tr>
<td>Has few competitors or competitors that XXXX can reasonably compete with</td>
</tr>
<tr>
<td>Requires core competencies that XXXX has or can reasonably obtain</td>
</tr>
<tr>
<td>Has minimal risk of failure</td>
</tr>
<tr>
<td>Improves market positioning and revenue diversification strategies</td>
</tr>
<tr>
<td>Significantly furthers XXXX’s mission and target population</td>
</tr>
<tr>
<td>Significantly increases XXXX’s “impact” on the number of children, families, and professionals it serves</td>
</tr>
</tbody>
</table>
#3. Develop Scoring Scale For Each Metric

Each metric needs a scoring measure
- Maximum (positive) score
- Minimum (negative) score

For example, maximum score of 5 and minimum score of 1
#4. Assign Weights To Each Metric – Reflecting Organizational Priorities

Each score weighted to reflect relative importance of that metric in decision making about new service line investment
## Service Line Metrics With Scoring & Metrics Weighting

<table>
<thead>
<tr>
<th>Metric</th>
<th>Max Score</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has considerable market potential and revenue growth opportunities for XXXX</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Has minimal capital requirements</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Can be operated at a profit/margin in the short-term</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Can be operated at a profit/margin in the long-term</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Has few competitors or competitors that XXXX can reasonably compete with</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Requires core competencies that XXXX has or can reasonably obtain</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Has minimal risk of failure</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Improves market positioning and revenue diversification strategies</td>
<td>3</td>
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</tr>
<tr>
<td>Significantly furthers XXXX mission and target population</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Significantly increases XXXX’s “impact” on the number of children, families, and professionals it serves</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>
#5. Score Each Business Opportunity

Conduct necessary research to evaluate each business opportunity against each metric

- Industry knowledge of team
- Secondary market research sources
- KOL interviews

This part of process demands industry knowledge and time
## Example Of “Short List” Based On Rating

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Total Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand use of e-health services through aftercare/in-home services program</td>
<td>61</td>
</tr>
<tr>
<td>Expand range of services that can be offered via in-home service delivery under Medicaid through aftercare/in-home services program</td>
<td>59</td>
</tr>
<tr>
<td>Expand foster care operations beyond current counties</td>
<td>58</td>
</tr>
<tr>
<td>Develop contracts with other counties for residential diversion program (note: rebranding needed)</td>
<td>58</td>
</tr>
<tr>
<td>Increase out-of-state referrals</td>
<td>58</td>
</tr>
<tr>
<td>Increase referrals to emergency shelter care services</td>
<td>56</td>
</tr>
<tr>
<td>Develop or acquire Medicaid provider license to operate Medicaid outpatient MH and SA services to youth and families in XXXX County</td>
<td>55</td>
</tr>
<tr>
<td>Develop third-party payer contracts for aftercare/in-home services program</td>
<td>54</td>
</tr>
<tr>
<td>Explore out-of-state demand in for emergency foster care families</td>
<td>53</td>
</tr>
<tr>
<td>Develop a treatment foster care service – in anticipation of October 2011 consent decree requirements</td>
<td>52</td>
</tr>
<tr>
<td>Expand Residential Transitional Reintegration Support (RTRS)</td>
<td>52</td>
</tr>
<tr>
<td>Expand suspension center service for younger students</td>
<td>51</td>
</tr>
<tr>
<td>Expand foster care services beyond XXXX County</td>
<td>51</td>
</tr>
<tr>
<td>Develop private pay capacity for aftercare/in-home services program</td>
<td>51</td>
</tr>
<tr>
<td>Expand supervised independent living program (SIL)</td>
<td>51</td>
</tr>
<tr>
<td>Expand intensive O/P substance abuse treatment program</td>
<td>51</td>
</tr>
<tr>
<td>Develop or acquire secure residential treatment facility for boys to operate services for XXXX County</td>
<td>50</td>
</tr>
</tbody>
</table>
#6. Final Selection Of “Short List” For Formal Service Line Development With Feasibility Analysis
From Concept To Implementation: Your Best Practice Model For New Service Line Development
Moving From An Idea To Implementation Has Two Phases

**Phase I: Feasibility analysis phase**
- Define the new service line
- Analyze market and competition for the new service line
- Financial feasibility analysis

**Phase II: Design and development phase**
- Service line design
- Service line launch preparation
- Service line launch management
- Service line launch and pilot test
Phase I: Service Line Feasibility Analysis

Step 1 • Service Line Definition

Step 2 • Analyze Market & Competition

Step 3 • Financial Feasibility Analysis
Feasibility Analysis Is Key To “Go/No Go” Decision
Phase II: Design & Development

Step 1: • Service line design

Step 2: • Service line launch preparation

Step 3: • Service line launch management

Step 4: • Service line launch and pilot test
It Isn’t Rocket Science, but

- Familiarity breeds – familiarity
- Excess capacity – what’s that??
- New skills, new approaches, new culture
It’s the Data, ______

- Thanks to EHRs
- What to make of it?
- Who knows how to do that?
Alice in Wonderland

- White Rabbit Habits – Tyranny of Urgent
  “When logic and proportion
  Have fallen slowly dead
  And the White Knight is talking backwards
  And the Red Queen’s off with her head”

- The Red Queen: It’s the leadership

- Where in the world are we?
Adopt a Model

- Resources
- Time
- Discipline

STICK WITH IT!
Contact Information

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Cell 916-207-9381
Eleanor Castillo Sumi, Ph.D.
Vice President, Research & Program Development
Uplift Family Services
DIVERSIFYING YOUR REVENUE STREAMS: CASE EXAMPLE

Eleanor Castillo Sumi, Ph.D., BCBA-D
August 24, 2016
OBJECTIVE

Agency overview
Implementation Science: Framework for Executing Autism Services
Lessons Learned
Questions and Answers
Providing services in 32 counties.

- Bay Area Region
- Capital Region
- Central Region
- Inland Empire Region
- Los Angeles Region

California regions:
- Capital Region: Sacramento, Placer, Nevada, Yolo, Solano
- Central Valley: Fresno, Tulare
- Inland Empire: San Bernardino, Riverside
- Bay Area: Santa Clara, Contra Costa, Monterey
- Los Angeles Region

 counties:
- Northern California: Del Norte, Trinity, Shasta, Lassen, Modoc, Siskiyou, Humboldt, Trinity, Tehama, Butte, Glenn, Plumas, Sierra, Nevada, Yuba, Sutter, Butte, Colusa, Lake, Mendocino
- North Coast: Sonoma, Marin, San Francisco, San Mateo, Santa Cruz
- North Coast: Contra Costa, Alameda, Santa Clara, San Benito, San Mateo, Santa Cruz, Monterey, San Luis Obispo, Santa Barbara, Ventura, Kern
- San Joaquin Valley: Merced, Stanislaus, Madera, Fresno, Kings, Tulare, Kern, San Bernardino, Riverside, Orange, San Diego, Imperial
OUR MISSION

We do whatever it takes to strengthen and advocate for children, families, adults, and communities to realize their hopes for behavioral health and well-being.
WHO WE SERVE

- Over 20,000 children, adolescents, young adults and their family members
- More than 95% are from low-income families
- 74% are ethnically diverse
- 44% Female, 56% Male
- Ages 0-26
- More than 2/3 of revenue is from government funding source
EXECUTION OF A NEW BUSINESS: APPLIED BEHAVIOR ANALYSIS
IMPLEMENTATION SCIENCE FRAMEWORK

Based on the National Implementation Research Network (NIRN; Fixsen & Blasé, 2008)

Implementation Frameworks help define **WHAT** needs to be done (effective interventions), **HOW** to establish what needs to be done in practice and **WHO** will do the work to accomplish positive outcomes in typical human service settings (effective implementation), and **WHERE** effective interventions and effective implementation will thrive (enabling contexts)

3-5 years- Science “to” (implementation) Service
IMPLEMENTATION SCIENCE FRAMEWORK: USABLE INTERVENTION

Need a clear description of the intervention

Intervention needs to be teachable, learnable, doable, and readily assessed in practice.

Clear philosophy and principles that are a good fit with the needs and values of the agency and funding source

Clear inclusion and exclusion criteria that define the population for which the program is intended

Program manuals: Caregivers and Staff versions

CARe Expectations, Acknowledgement/Reinforcements, Consequences
WHAT IS ABA? ABA PRINCIPLES?

Science- “Laws” about how behavior works and learning takes place

A science dedicated to investigating and modifying behavior in a systematic way:

- **Data-based** - Data on skill acquisition and behavior reduction should be recorded and analyzed regularly.
- **Analytical** - Use data to inform program planning.
- **Replicable** - Specific program (teaching procedures) developed to the child’s/family preferences
- **Socially important** - Goals beneficial and functional to the individual to enhance his/her quality of life.
- **Contextual** - Natural Environment
- **Accountable** - Supervision
WHAT ABA IS NOT

A new “fad” treatment or “miracle cure” or specific intervention

Only used with children with autism or other developmental disabilities

Developed for a specific age group

Only used to address “bad” behavior

Something that turns individuals into “robots”
ABA IN A NUT SHELL

Is an individualized, person centered approached

Useful in both skill acquisition and behavior reduction

Well-documented approach based on over 40+ years of published research

Uses both proactive (antecedent) and reaction (consequence) intervention strategies, often concurrently

Treatment outcome is often measured in terms of generalization and maintenance in real life environments

On-going assessment

View the role of significant others in the individual’s life as central to the implementation of effective interventions.
IMPLEMENTATION SCIENCE FRAMEWORK: DRIVERS

Key components of capacity and the functional infrastructure supports that enable a program’s success. 3 Categories of Drivers:

**Competency** - Coaching, Training, Selection
RBT training embedded into on-boarding process; on-going observation/modeling; field supervision; videos; didactic supervision
Hire with the end in mind

**Organization**

- **Systems Intervention** - Commercial insurance (they are learning this too!)

**Facilitation Administration** - Internal processes, policies, structures

**Decision Support/Data** - System for identifying, collecting, and analyzing reliable data in a timely manner)

Does your EHR support use of data (e.g., reports) to provide regular (daily, weekly) monitoring of key processes (e.g., productivity)

**Leadership** - Technical, Adaptive
Change management process needed to make decision, provide guidance, and support organization functioning
IMPLEMENTATION SCIENCE FRAMEWORK: TEAMS

Let it happen vs helping it happen vs make it happen

Cannot build a new service based on an individual or passion

Implementation team are change agents whose role is to “make it happen!”

Change is a process that happens in stages; it is not an event.

   Need a team to actively navigate the complexities, plan, and negotiate the journey through the stages.

Team is utilized to test, improve, and organize to “quickly” identify/detect “bugs” in the process and resolve issues using the improvement cycle.

   Build on this by using the current infrastructure/known process within the agency
IMPLEMENTATION SCIENCE FRAMEWORK: STAGES

**Exploration and Adoption** – Identifying the need for change, learning about possible interventions that may provide solutions, learning about what it takes to implement the innovation effectively, developing stakeholders and champions, assessing and creating readiness for change, and deciding to proceed (or not)

**Installation/Pre-Implementation** – Establishing the resources needed to use an innovation and the resources required to implement the innovation as intended

**Initial Implementation** – First use of an innovation in environments that are just learning how to support the new ways of work

**Full Implementation** – Skillful use of an innovation that is well-integrated into the repertoire of the business and is routinely and effectively supported by the agency

**Sustainability** (financial and programmatic) and **Innovation**
PHASE 1: EXPLORATION AND ADOPTION

Involves assessing needs, program/practices to meet the needs, assessing the fit and feasibility of implementing and sustaining the program

SB 946 provided a new opportunity to expand services and diversify funding

- Services driven by the legislation and regulations- ABA/Evidence-based interventions

Mission/Vision Alignment

Social Impact- 1:65 (CDC, 2015)

- Improvement in cognitive functioning, social communication, language, play skills, and maladaptive behaviors (Landa & Kalb, 2012).
- With early intervention- 28% fully included in mainstream education WITHOUT assistance; 52% included in mainstream education with support; compared to 5% of control group (Cohen, Amerine-Dicken, & Smith, 2006).
PHASE 2: INSTALLATION/PRE-IMPLEMENTATION

Establishing the resources required to implement the innovation as intended

Usable Intervention:

- Integration of Applied Behavior Analysis WITHIN the agency’s principles (Wraparound) and services models (Behavioral Health/Social Services) and Applied Behavior Analysis
- New business operations and language

Implementation Teams

- Project Plans
- Project Charters- Sponsor, Business Owner, Core Team, Subject Matter Experts
- Finance, Human Resources, Training, IT, Outcomes, Facilities, Communications
PHASE 3: INITIAL IMPLEMENTATION

Sept 2012 (FY12-13)- Launched our pilot in Inland Empire and Bay Area
- Inland Empire was the primary focus
- Research analysis showed a significant number of people with commercial insurance primarily though Stater Brothers, Kaiser, and the Universities
- Despite our willingness and experience in traveling throughout the entire region, our “hub” was in a high medical area
- 2 youth for “process practice” in the Bay Area (2 staff)
- 1 contract

FY13-14- Continued pilot in Inland Empire and Bay Area becomes the “transformation zone” to develop a sustainable, replicable, and effective infrastructure
- Inland Empire still the primary focus as we start to expand services in schools, but demand was in Bay Area
- Bay Area increased from 2-30 consumers
- SyMed contracted for commercial billing
- Expanded number of contracts
PHASE 4: FULL IMPLEMENTATION

Skillful use of an innovation that is well-integrated into the repertoire of the business and routinely and effectively supported by successive building and the agency’s leaders

FY14-15 - Inland Empire continues to struggle; Bay Area thrives

- Sept 2014 - BHT becomes a covered benefit under EPSDT for youth with ASD under 21 years old.
- Despite 250 calls to request ABA services, Inland Empire program fails to grow.
- Bay Area expands services to schools (50% of consumers are referred from schools) and hits the “100 mark” of individuals served.

FY 15-16 - Inland Empire program continues to receive calls for ABA services and struggle to grow; Bay Area “stabilizes”

- Bay Area has 30 staff; expand services to include center-based and social skills groups.
- Inland Empire shifts focus to schools.
- Limited number of contracts.
IMPLEMENTATION SCIENCE FRAMEWORK: CYCLES

Plan-Do-Study-Act Cycles

Rapid-Cycling

- Catalyst (consumer level)
- EHR reports (program level)
- Business/ level (drivers)

Utilize team structure to regularly
IMPLEMENTATION SCIENCE FRAMEWORK: FIDELITY ASSESSMENT

The degree to which interventions/practice are used as designed/intended.

Developed supplemental tools to identify the behaviors that should be associated with the practice.

Fidelity data used to “teach” technical clinical skills vs performance evaluations that should be comprehensive (clinical and administrative).
EXECUTION OF A NEW SERVICE LINE: UPLIFT’S SPECIALTY APPLIED BEHAVIOR ANALYSIS
Specialty Applied Behavior Analysis (sABA) 2015-16

**Target Population/Customer**
- Children with ASD, and
- Siblings and/or family members with mental health needs associated with family member with ASD.

**Ages:** 2-21

**Payor:**
- Private/Commercial Insurance
- Medi-Cal Managed Care

**Referral Source:**
- Private insurance
- Pediatricians
- Self-referral
- Other agencies

**Criteria for Entry:**
- Parent agree to terms of services and commits to be involved in program model
- Child meets criteria for ASD and has needs that meet "medical necessity"

**Criteria for Discharge:**
- Child Factors: Age, overall level of functioning, # of areas of deficit, rate of learning, skill acquisition, ability to engage for length of treatment
- Family Factors: Availability, opportunities to generalize skills

**Administrative Support:**
- Agency accreditation by Council on Accreditation
- Shared Services: Outcomes, Compliance, Training, Information Technology, Human Resources
- Partnership with California State University, Monterey Bay – Professional Development

**Core Services**
- Intensive Behavioral Services
- Other ABA Services
- Mental Health Services
- Intra-Agency Consultation

**Key Activities/Processes**
- Assessment for intensity
- Treatment Planning (every 6 months)
- 2-4 hrs/day of ABA (DTT/PRT)
- Weekly Parent Psycho-education
- Monthly parent treatment progress meetings
- Supervision - on-site & video

**Goals/Outcomes (Measurement)**

At the end of the service period:
- 80% of customers will master 80% of their total goals at discharge.
- 80% of goals presented to insurance companies will be mastered (as defined by treatment plan master criteria) at the end of the treatment plan period. New goals may be added as others are mastered.
- 80% of mastered goals will be generalized at discharge.
- 80% of mastered goals will be maintained at discharge.
- 80% of families rate us a score of 4 across all domains (Source: YSS)
PROGRAM ORGANIZATION CHART

VP (Director)

- Shared Services and SyMed
- Business Analyst
- Bay Area Associate Director

- Intake and Insurance Coordinator
- Contractors-SLP, PhD
- Program Managers or Program Coordinators

- Behavior Technician II
- Behavior Technician I

- Inland Empire Associate Director
- Behavior Technicians
EMQ FamiliesFirst Specialty Applied Behavior Analysis: Bay Area Region
Aug 2014-Dec 2015

### Payer

<table>
<thead>
<tr>
<th>Payer</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Insurance - Commercial</td>
<td>15%</td>
</tr>
<tr>
<td>Private Insurance - Medi-Cal</td>
<td>39%</td>
</tr>
<tr>
<td>School</td>
<td>40%</td>
</tr>
<tr>
<td>Self Pay</td>
<td>5%</td>
</tr>
</tbody>
</table>

### Gender

- Male 74%
- Female 26%

### Number of Customers Served

- Active Customers as of 12/31/15: 86
- Customers Discharged: 13
- Customers Served Unduplicated: 97
- Total Customers Served: 99

### Average Age at Program Entry

- 7.34

### Age at Program Entry

- Ages 0-5: 36%
- Ages 14-18: 3%
- Ages 11-13: 34%
- Ages 6-10: 36%

### Ethnicity

- African American: 4%
- Asian: 38%
- Caucasian: 25%
- Hispanic/Latino: 29%
- Other: 4%
### Outcomes

<table>
<thead>
<tr>
<th>% Goals Mastered</th>
<th>% Goals Mastered by Age vs. Age Distribution</th>
<th>% Goals Mastered by Payer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>N=3246</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open (n=562)</td>
<td>13%</td>
<td></td>
</tr>
<tr>
<td>Mastered (n=2684)</td>
<td>87%</td>
<td></td>
</tr>
<tr>
<td>Ages 0-5</td>
<td>36% vs. 37%</td>
<td></td>
</tr>
<tr>
<td>Ages 6-10</td>
<td>36% vs. 38%</td>
<td></td>
</tr>
<tr>
<td>Ages 11-13</td>
<td>12% vs. 24%</td>
<td></td>
</tr>
<tr>
<td>Ages 14-18</td>
<td>1% vs. 1%</td>
<td></td>
</tr>
</tbody>
</table>

| **N=2684**       |                                             |                           |
| Private Insurance: Commercial | 31% |                           |
| Private Insurance: Medi-Cal   | 66% |                           |
| School                        | 9%  |                           |

#### % Goals Mastered by: Medi-Cal and Age

<table>
<thead>
<tr>
<th>SCFHP</th>
<th>VHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 0-5</td>
<td>75%</td>
</tr>
<tr>
<td>Ages 6-10</td>
<td>25%</td>
</tr>
<tr>
<td>Ages 11-13</td>
<td>61%</td>
</tr>
<tr>
<td>Ages 14-18</td>
<td>20%</td>
</tr>
</tbody>
</table>

#### Satisfaction

<table>
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<th>Access to Services</th>
<th>Family Involvement</th>
<th>Cultural Sensitivity</th>
<th>General Satisfaction</th>
<th>Outcome</th>
<th>Satisfaction Total</th>
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<td>Bay Area Mental Health</td>
<td>Wraparound</td>
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LESSONS LEARNED AND TIPS
PROGRAM

Balance staff growth and client growth (2 consumers:1 staff)

Understand needs and staffing patterns.
- Are there opportunities for staff to be successful in meeting the productivity standards?
- How to keep staff business 9 am- 3 pm?

Manage waitlist

Help manager build and prepare for new expectations
- Move from survival to sustainability
FINANCE

ABA is NOT a new service in the Autism world, what was new was the payor source.

Getting empaneled with as many plans as possible is not the best strategy.

Plan for a start-up (i.e., build and plan for loss)

- Define metrics from the onset and monitor those metrics
  - e.g., Behavior Technician vs Program Managers

Build or buy expertise in billing commercial insurance

- Commercial insurance world is learning, too!
  - Expensive lessons to learn why we should “buy” these services
    - Articulate the process and identify the who, what, and by when

Billable services vary between commercial insurance and Medi-Cal

- Examples- supervision, limits (authorizations)
COMMUNICATION

External

- Uplift Family Services/EMQ Families Service was not a known entity or service brand within the Autism community.
- Build relationship and connections familiar to the Autism community, not the mental health community
  - Regional Centers
  - Autism Health Insurance Project
  - Sponsor Autism-related meetings, convening
  - Legislators

Internal

- What is this new program? How and can we refer?
- How is Therapeutic Behavioral Services different than ABA services?
HUMAN RESOURCES

Need to be flexible and creative in hiring, recruiting, and staffing

Highly competitive market- 1 BCBA: 500 individuals with ASD

Flexible hours

- Use of part-time vs full time staff; independent contractors
- This is NOT a 9 am- 6 pm service
ELECTRONIC HEALTH RECORD SYSTEM

Most mental health EHRs are not designed for ABA services

Documentation requirements for Medi-Cal very different than commercial insurance requirements

ABA-specific data collection

Centralized scheduling- critical to success
TRAINING

Are the contents for “traditional” trainings that are designed primarily to comply with government-funding appropriate?

Translate “business” terminology- same definition, different label

Training opportunities need to be consistent with staffing pattern

- While growing, how do you balance productivity standards and program needs (e.g., training)?
SUMMARY

Strong partnership and collaboration between Program and Finance and all Support Services

Pilots/demonstrations can be helpful to start innovations, but be cognizant about the true infrastructure necessary to replicate or sustain the program

- E.g., Administrative Assistant can multi-task (intake calls, schedule, file, etc.) but having multiple Administrative Assistants is not sustainable.
- Apply the same business process for different payors (e.g., insurance, schools)

Do not underestimate the need for a thorough pre-implementation stage OR overestimate the organization or individual clinicians capacity and skills

- This is not just a change in practice- e.g., TBS to ABA
- Exploration stage helps to create readiness
QUESTIONS AND ANSWERS
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