

Challenges in Measuring Level-of-Restrictiveness for Analyses of Cost Effectiveness



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Background: MHSPY

- National demonstration project for coordinated and integrated mental health, substance abuse and physical health care began in 1998
- Blends funding from five state agencies: Mental Health, Child Welfare, Education, Juvenile Justice, and Medicaid
- Participants: 3-18 years of age, seriously emotionally disturbed, eligible for services from two or more state agencies, at risk of out-of-home placement and residing within the combined five city area of the two MHSPY sites

Examples From Other Systems

- Changes in restrictiveness of placement and any out of home placement days paid by the program (Hamilton Choices)
- Average daily census for residential treatment center care and juvenile justice correction facilities (Wraparound Milwaukee)
- Changes in living environment in comparison to intake (Montgomery County, Maryland)
- Days in and out of the “community” (Kids Oneida)

Level of Restrictiveness: Measurement in MHSPY

- MHSPY tracks and reports ‘level-of-restrictiveness’
- Information displayed differently for different users
- Reports are used to inform analyses of cost effectiveness
- Monitoring days out of home allows child-serving purchasers and providers in different settings to compare outcomes

Assessing Program Effectiveness

- Reference data: Compare hospital and placement data prior to and during enrollment
- Clinical quality: Level of restrictiveness of care
- Service utilization: Placement types used
- Cost: Analyze expenses for intensive clinical settings paid by MHSPY (eg. hospital) as well as placements paid for by others (eg. foster care)
- Functional outcome: Report location at disenrollment

Methodology

Pre-enrollment data from:

- Pre-enrollment interviews by staff clinician
- Supplemented by record review at time of enrollment

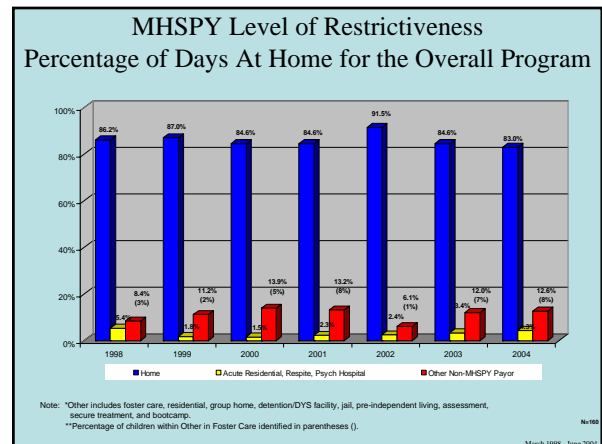
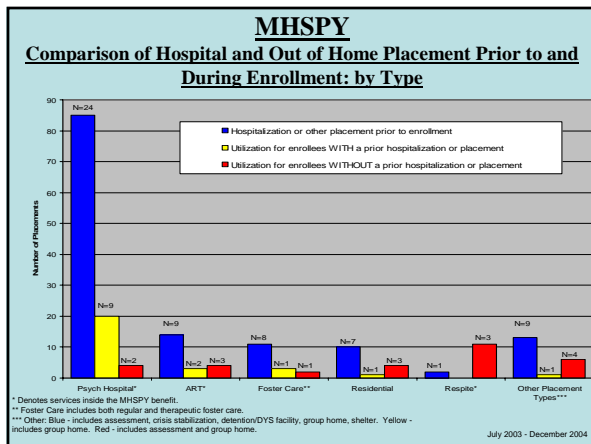
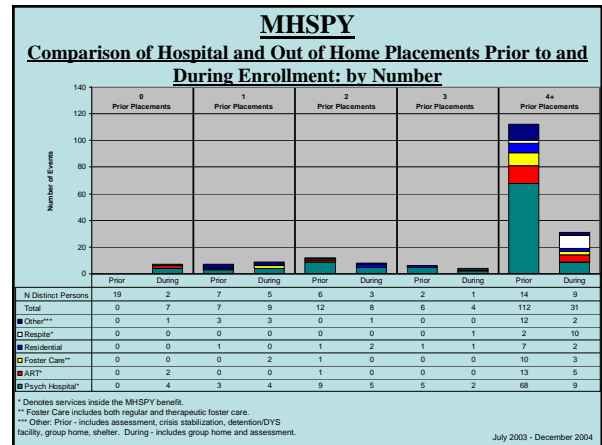
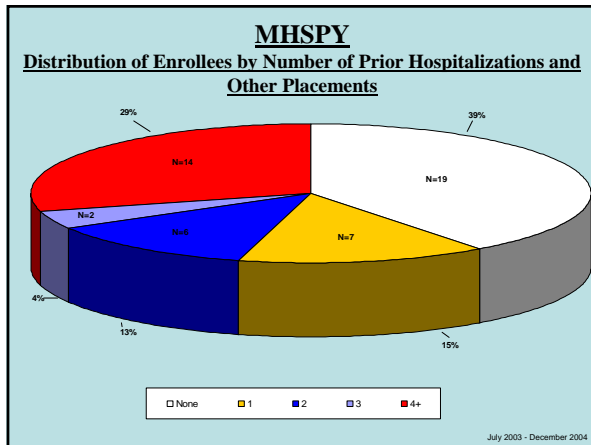
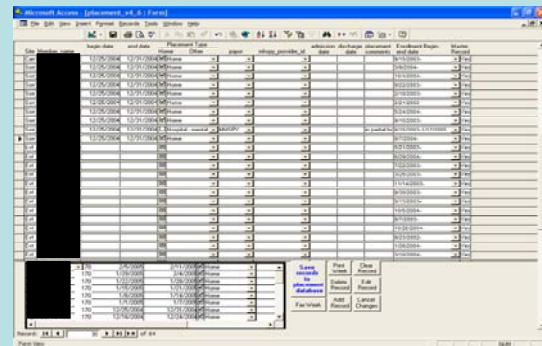
Data during enrollment:

- “Days out of home” (hospital and placement) data collected weekly by Clinical Site Supervisors
- “Location at disenrollment” documented by Care Manager at time of disenrollment

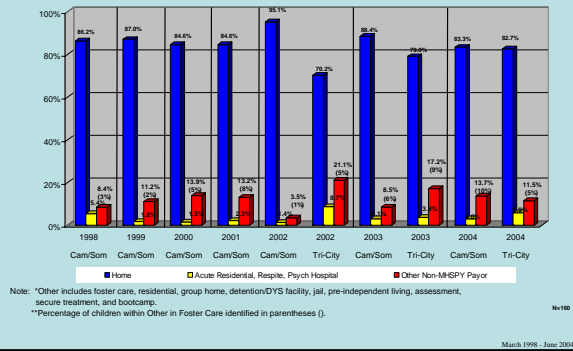
Data System Development

- Originally paper based system
- Moved to networked MS Access hospitalization and placement system
- Hospitalization and out of home placement user interface includes controls (eg. guarantee every child is accounted for every day)
- Internal audit system to support data entry

MHSPY: Hospitalization and Placement Data Entry Screen



MHSPY Level of Restrictiveness Percentage of Days At Home: by Site



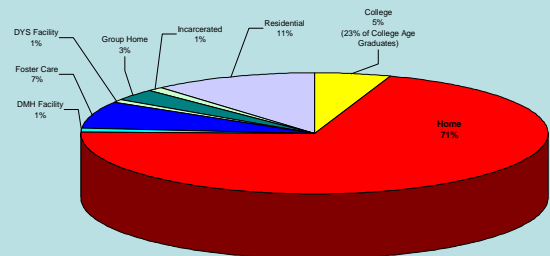
Results: Placement During Enrollment

- 83% of all member days were spent at home (least restrictive setting)
- Hospital days represent 3% percent of total program days
- 17 % of all member days spent out-of-home: majority spent in foster care (a low-level restrictive setting)

Results: Days Out of Home by Funding Source

- 4.3% of the days were spent in non-home settings paid for by MHSPY (e.g. acute residential, out of home respite, and inpatient psych hospital)
- 12.6% of the days are for placements funded outside of MHSPY, the majority of these being foster care, but also including residential care, group home, detention/juvenile justice facility
- Because MHSPY pays for hospital, the 4.3 % days paid for by MHSPY were twice as costly as the 12.6% days covered by outside funds

Location of Children After Disenrollment



Summary

- CASSP principles include requirement to maintain youth in the “least restrictive” setting appropriate to the needs
- Systems of care vary in:
 - how level-of-restrictiveness is measured (i.e. location, cost, intensity of supervision)
 - when level-of- restrictiveness is measured (i.e. life-time, before and after, during program participation)
 - how out-of-home placements are defined (i.e. same as “out of community”? Is permanent foster-care “out of home”?)
 - how various 24 hr. settings are funded (i.e. included in outcomes/cost data or not?)
- Valuable to update concept and standardize measurement for purposes of evaluation

Questions and Discussion

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Utilization by Type

Type of Service/Placement	Hospitalization or other placement prior to enrollment	Utilization for enrollees WITH a prior hospitalization or placement	Utilization for enrollees WITHOUT a prior hospitalization or placement	
Psych Hospital*	85	20	4	
ART*	14	3	4	
Foster Care**	11	3	2	
Residential	10	1	4	
Respite*	2	0	11	
Other Placement Types**	13	1	6	
Total	135	28	31	