



# Four Clinical Pathways to Success in Systems of Care

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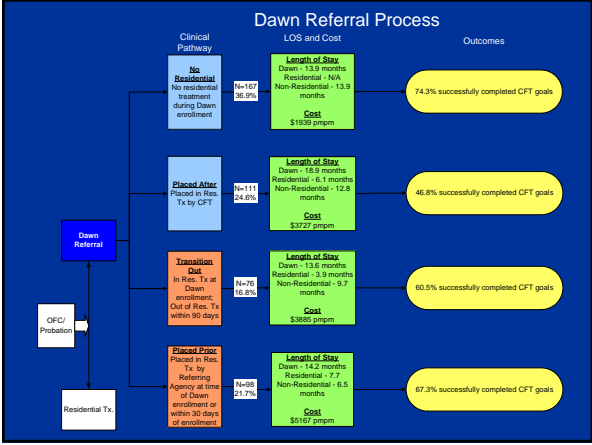
# Dawn Project Eligibility

- No Emotional impairment creates at risk of or already in residential treatment or hospital
- Marion County Resident – 5 to 17 yrs old
- DSM IV diagnosis or special ed. Eligibility
- Duration of impairment of 6 months or more
- Functional impairment in 2 or more areas:
  - Self care, relationships, self direction, emotional adj.
- Qualified for services in 2 Payor agencies: MH, Spec. Ed., Child Welfare, Juv. Justice
- 1000 kids since May 1997




# Motivation

- Fiscal questions – costs were going up; placement numbers getting higher
- Answer the question of “who are we really serving” – too many antidotal stories


# Clinical Pathways

- No Residential
  - No Res. Tx during Dawn enrollment
  - CFT creates the SCP and purchases needed community-based services to keep youth in their homes, school, and community
- Placed After
  - Placed in Res. Tx by CFT
  - After trying a variety of community-based services, the CFT decides to purchase Res. Tx to meet the needs of the youth




# Clinical Pathways Cont.

- Transition Out
  - In Res. Tx at Dawn enrollment and out of Res. Tx within 90 days
  - CFT works to transition youth back into their communities
- Placed Prior
  - Placed in Res. Tx by Referring agency at time of Dawn enrollment or within 30 days
  - CFT works to facilitate youth's release from Res. Tx




## Design 1

- Independent Variable
  - Clinical pathways
- Dependent Variables
  - Length of stay
    - In Dawn
    - In Res. Tx
  - Cost per client per month (PCPM)
  - Success in meeting referral agency and CFT goals



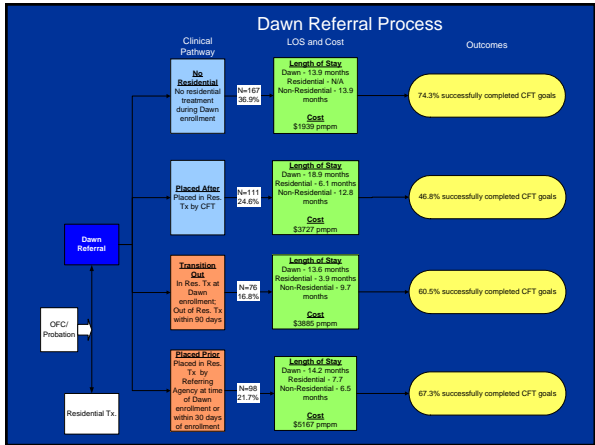
## Method

- Data analyzed from The Clinical Manager (TCM)
  - Collects clinical, fiscal, and outcome data
- Examined Probation and OFC Intensive Dawn referrals enrolled between 5/1/97 to 4/30/03 and disenrolled by 7/31/04 (N=452)




## Results

- What did we find?
  - Not so surprising differences in cost
  - Surprising differences in goal completion


## Discussion

- Highest levels of success and lowest cost for the no residential group
- If youth come to Dawn out of Res. Tx, over 60% (74% in recent years) are kept out of Res. Tx entirely
- Length of stay does not appear to be clearly related to success




## Outstanding Question

- Are there any variables that predict clinical pathway membership?
  - Particularly interesting for the no residential and placed after groups




## Design 2

- Independent Variable
  - Clinical pathways
- Dependent Variables
  - Demographics (gender, race, age at enrollment)
  - Initial diagnoses, initial CAFAS, referring agency
  - Team size, service utilization

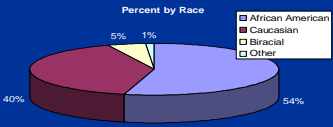


## Results

- Race, age at enrollment and team size did not vary as a function of clinical pathway




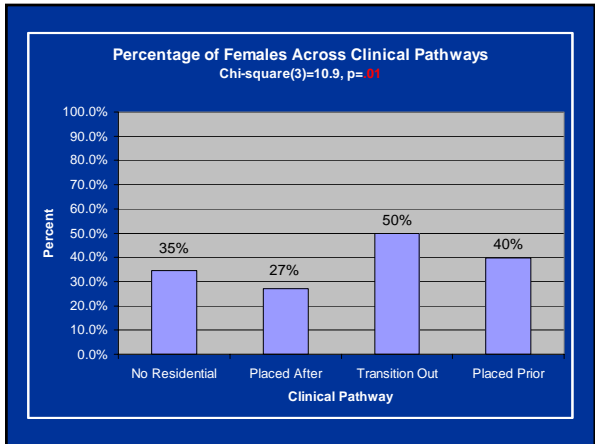
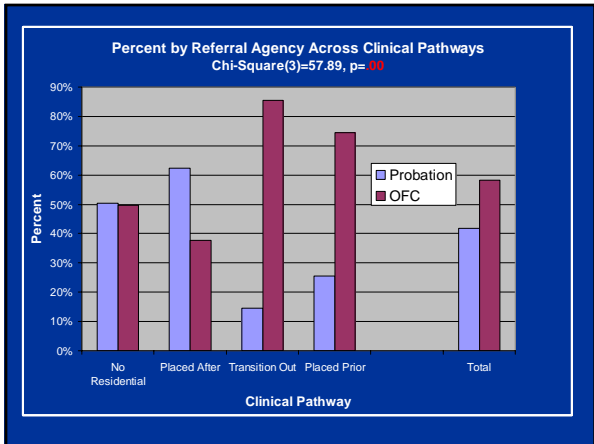
## Null Effects



Average age at enrollment = 13.0  
 Average team size at 30 days = 4.0  
 Average team size at 3 months = 5.6

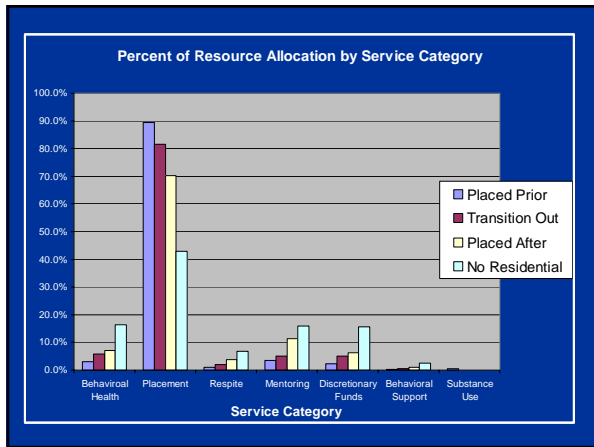
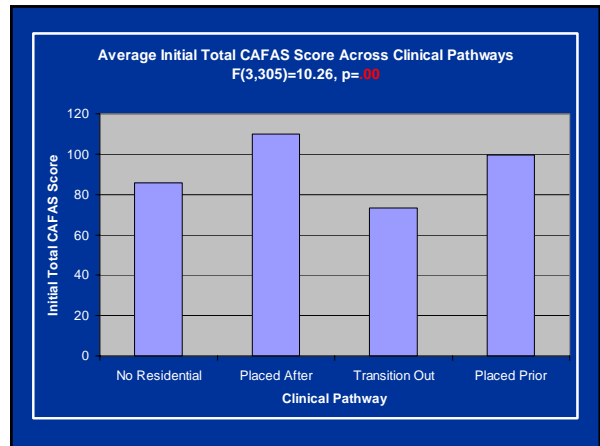
## Results

- Race, age at enrollment and team size did not vary as a function of clinical pathway
- Gender, initial diagnoses, initial CAFAS, referring agency, and service utilization all varied as a function of clinical pathway


### Diagnoses

	Affective/ Psychotic	Attention- Deficit	Conduct- Based	MR/DD/LD	Reactive Stress	Personality	Other
No Residential	44.9%	41.6%	48.7%	14.9%	18.8%	3.9%	7.1%
Placed After	44.9%	45.9%	61.2%	11.2%	14.3%	7.1%	8.1%
Transition Out	50.0%	33.3%	58.0%	10.1%	15.9%	4.3%	11.6%
Placed Prior	61.9%	38.5%	59.3%	13.2%	17.6%	8.8%	14.2%
<b>Across Groups</b>	<b>51.5%</b>	<b>40.5%</b>	<b>55.6%</b>	<b>12.9%</b>	<b>17.0%</b>	<b>5.8%</b>	<b>8.7%</b>
Chi-Square df(3)	7.9	2.9	4.9	1.3	0.96	3.1	7.4
p-value	0.05	0.41	0.18	0.73	0.81	0.38	0.06



## Discussion

- Effective at keeping youth out of Res. Tx. (74% in last 3 years) if get youth prior to placement
- Most successful with no residential youth (74% met CFT goals)
- Initial total CAFAS score is a good predictor of group membership
- Clinical pathway membership seems to be the result of differences in the youth rather than process differences



## Implications

- Referral process and decision making tool
- New discussions with Referral & Payor sources regarding how to use Dawn's services in the most effective way
- Method of identifying the clinical pathway that these kids are on and the interventions that will best address the needs of the youth

