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: HIV Hospitalization and Placement Data Entry Screen

MHSPY Distribution of Enrollees by Number of Prior Hospitalizations and Other Placements

MHSPY Comparison of Hospital and Out of Home Placements Prior to and During Enrollment: by Number

MHSPY Comparison of Hospital and Out of Home Placements Prior to and During Enrollment: by Type

MHSPY Level of Restrictiveness

Percentage of Days At Home for the Overall Program

Note: "Other" includes foster care, residential, group home, detention/DYS facility, jail, independent living, secure treatment, and bootcamp. Percentage of children taking other treatment at last assessment.
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

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<tr>
<th>Type of Service/Placement</th>
<th>Hospitalizations or other placements to establishments</th>
<th>Utilization for enrollees WITH a prior hospitalization or placement</th>
<th>Utilization for enrollees WITHOUT a prior hospitalization or placement</th>
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