Promoting Family Choice in Hawaii

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Child and Adolescent Mental Health Service System in Hawaii
- Provides intensive case management for SEBD youth through eight Family Guidance Centers throughout the State
- Provides an array of mental health services through a provider network
- Developed during a decade-long period of system reform
- Functions as a Pre-paid Inpatient Health Plan

Choice
- Mental health is changing in response to agendas of human rights, anti-stigma, inclusion and choice in health care.
- Choice is beyond voice
- Public systems struggle with choice-
  - Acknowledge that families can make choices
  - Choice versus control (risk management)
  - Accountability for access and quality
- Assuring choice can transform systems

System attributes that support family choice
- Integration of system of care, individualized planning, and evidence-based services
- Broad service array/provider network
- Practice supports and practice expectations
- Performance management and continuous quality improvement

System attributes that support family choice
- Access
- Continuity of care
- Flexible funding
- Value: Family Choice
- Value: Youth Choice; Youth Rights

Family Choice in Hawaii
- Value and value added
- What do families experience?
- Informed choice
  - Consumerism: providers and services
  - Myriad of other choices
- Facilitated through the therapeutic relationship
- Supported through system infrastructure and practice expectations
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Statewide Service Array

- Emergency Services
- Outpatient
- Intensive in-home
- MST
- Residential
  - Therapeutic Foster Homes
  - Respite Homes
  - Multi-dimensional Treatment
  - Foster Homes
  - Independent Living
  - Community-based Residential
  - IJO
  - Hospital-based Residential
- Shelter
- Ancillary Services (flex funded)
- Outpatient ILP
- Partial Hospitalization
- Acute Inpatient
- Substance Abuse Intensive Outpatient
- Substance Abuse Detox
- Community Hospital Crisis Stabilization
- Parent Training
- Peer Support
- Functional Family Therapy

Several New RFP features

- Serving special populations
- Integration with PCP as well as child serving agencies
- Training in EBS
- Family Specialist
- Youth Specialist
- Cultural Competency Specialist
- “Real life” skill development

Family Engagement

- Care coordination
  - Low caseloads (1:15-20)
  - Foundation Training
  - Supervision structure
  - Data-informed
- Practice expectations
  - Engagement starts at first meeting with family
  - Presenting families with choices is a constant practice
  - Coordinated service planning
  - Comprehensive ecological assessment
- Therapeutic relationship

Hawaii “Blue Menu” of Evidence-Based Services

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Therapeutic Relationship

- Engaging families in the process
- Change agent model
- Informed Choice
  - After a comprehensive assessment, the MHCC sits with the family and discusses the formulation and recommendations
  - Informed consent: discussing the risks and benefits, answering all questions
- Family/youth rights and responsibilities
- Core skills: listening, engaging, advocating, positive regard
- Self-determination and empowerment

Practice Supports
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Practice Supports
- Clinical Progress
- Identify barriers and create plan
- Treatment Integrity
- Consider using consultation in building supports
- Co-visit with specialists as needed

Quality of Care Coordination: Service Plans
- Does each child have a current plan?
- Does that plan meet quality expectations?

Partnerships with providers
- Practice expectations and standards: Interagency Performance Standards and Practice Guidelines
- Monitoring
  - Administrative
  - Training and Supervision
  - Practices
  - Family engagement
    → Case-based Review

Youth choice
- Strategies
  - Residential treatment: Tension between control and choice
  - Trauma-informed care
    - Circles of Engagement (Best-practices in Residential Care)
  - "Real time" monitoring of practice
  - Case-based review
  - Incident reporting-root cause analysis
  - Youth Organization

An important result
- Youth are improving more quickly over time

In summary...
- Hawaii has found that in order to support family choice:
  - Policies
  - Provider network and array
  - Infrastructure
  - Incentives
  - Practice expectations and supports
  - System values
  - Skills of staff