

## Studying the Congruence Between System of Care Service Plans and Actual Targets of Treatment

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## Presentation Overview

1. Hawaii's System of Care
2. How Hawaii uses quality of care studies for performance improvement.
3. Why Hawaii chose the study
4. Study design
5. Findings
6. Interventions
7. Implications for Systems of Care

## Features of Hawaii's system

- Developed over a decade long system reform effort guided by a federal consent decree
- Statewide system serving 2500 youth a year
- Serve youth who are SEBD
- Comprehensive service array
- Intensive case-management provided through eight Family Guidance Centers
- Grounded in system of care values and principles

## Features

- Integrated system: Children's MH and Educational System
- Focus on use of evidence-based approaches and practice development
- Accountability systems- internal and interagency
- Managed Care Behavioral Health Plan

## Hawaii's Performance Improvement System

- Structured QA/QI system
- Conduct two Quality of Care Studies annually
- Past studies include:
  - Reduction of seclusions and restraints in hospital setting
  - Reduction of seclusions and restraints in community-based residential setting
  - ASEBA completion rates
  - Quality of coordinated service plans



## Goal of Study

- Examine the level of congruence in treatment targets and practice elements across documents in our system of care

## Study Background

- Hawaii's System of Care
- Coordinated Service Planning
- EBS and DMM
- Three Planning Documents
  - Mental Health Assessments (MHA)
  - Coordinated Service Plans (CSP)
  - Mental Health Treatment Plans (MHTP)

## Study Method

- 135 cases with two or more documents
- Service Guidance Review Form (SGRF)
- Assessed inter-rater reliability (ICC  $\approx$  .90)
- SGRF data set showed about 7 targets and 8 practices per document

## Most Common Targets (Across Documents)

- Information gathering
- Medical regime adherence
- Academic achievement
- Positive family functioning
- Anger
- Oppositional/Non-compliant behavior
- Substance use

## Most Common Practice Elements (Across Documents)

- Assessment
- Counseling
- Family Therapy
- Medication/Pharmacotherapy
- Activity Scheduling
- Cognitive/Coping

## Core Question:

**What proportion of targets and practice elements that appear in an earlier planning document are retained across documents?**

## Overall Retention Rates

Document Comparison	Proportion Retained	
	Targets	Practice Elements
MHA->CSP	0.35	0.34
CSP->MHTP	0.44	0.35
CSP->>MHTP	0.37	0.30

### Next Question:

**Are there any discernible patterns concerning what targets and practice elements are more or less likely to be retained?**

### Most Retained Targets Across Documents

- Academic Achievement
- Substance Use
- School Refusal/Truancy
- Oppositional/Non-Compliant Behavior
- Positive Family Functioning
- Positive Peer Interaction

### Least Retained Targets Across Documents

- Treatment Planning/Framing
- Peer Involvement
- Low Self-Esteem
- Activity Involvement
- Attention Problems
- Anxiety
- Depressed Mood
- Community Involvement
- Information Gathering

### Most Retained Practice Elements Across Documents

- Cognitive/Coping
- Family Therapy
- Counseling
- Educational Support
- Twelve-step Programming
- Communication Skills

### Least Retained Practice Elements Across Documents

- Peer Modeling/Pairing
- Parenting
- Self-Monitoring
- Psychoeducation – Child
- Antecedent Management
- Anger Management
- Activity Scheduling
- Relaxation
- Medication/Pharmacotherapy

### Critical Targets and Retention Rates Across Documents

Target	Retention Rate
Psychosis	.22
Runaway	.38
Safe Environment	.04
Self-Injury	.20
Sexual Misconduct	.29
Suicidality	.18

## Some Caveats


- Study of service plans not actual services
- Some planning changes are natural and good
- Some bit of this might be semantics (splitting hairs)

## Study Conclusions

- SGRF can be reliably used in CAMHD by a single trained rater for ongoing quality assurance purposes
- Retention rates across treatment planning documents appear low
- Service system might benefit from intervention to increase congruence across treatment episodes

## Interventions and Remeasurement

- Dissemination of findings
- Changing Practice
  - Enhance communication between case managers and providers
  - Form
  - Attach copy of service plan and treatment targets
- Remeasurement, then recommend to incorporate interventions into "standard operating procedures"



The Child and Adolescent Mental Health Division has identified a need to better link the goals and needs of each youth as identified in his/her Coordinated Service Plan (CSP) with the Mental Health Treatment Plan. The CSP is attached. Please address CSP goals in developing your treatment plan and in your quarterly treatment plan updates.

The following have been identified as needed by this youth's Coordinated Service Team in his/her CSP:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

The following concerns have also been identified for this youth. It is important to address these in your treatment plan.

Psychosis                       Self-Harm

Runaway                         Sexual Misconduct

Suicidality                       Unsafe Environment

Other: \_\_\_\_\_

None of the Above

Thank you.

Addressing these concerns will increase the likelihood of achieving treatment goals and positive treatment outcomes.

## Recommendations and Implications for SOC

- Develop ways to articulate desired targets of treatment between child and family teams, and service providers.
- Develop ways to measure or monitor whether or not service plan goals are addressed in treatment.
- Update service plans systematically to assure goals are current (e.g. change in situation, change in diagnosis)

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## Further Information

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