Outcomes of CASSP-Based Consultation Model

OVERVIEW

Population:
Youth with serious mental health problems
Public sector managed care organization
Island of Maui, Hawaii
Fiscal Year 2006

Service:
Child and Adolescent Service System (CASSP) interventions
Strength-based
Child / family centered
Systemic and structural theory applications

Outcomes:
Decreased out-of-home placements
Increased intensive in-home treatments
Exemplary cost-quality indicators

CONCLUSION

Implementing best practice interventions consistent with CASSP principles produced an effective consultation model for youth with serious mental health problems on the island of Maui, Hawaii. Applying strength-based and child and family centered systemic and structural theory techniques demonstrated positive clinical outcomes and financial efficiencies.

CASSP CONSULTATION MODEL

I. IDENTIFY CONSULTATION MODEL TRIGGERS

- Out-of-home placement proposed
- Increased level of care (LOC)
- Disatisfaction with treatment (Tx)

II. CONSULT WITH YOUTH AND "EXECUTIVE" TEAM MEMBERS

1. Question what each believes are the necessary steps for youth to live at home/step down LOC
2. Assess organization of systemic hierarchy - preferably in team setting

III. EVALUATE TARGETED STEPS

1. Are identifed steps related to the capacity, potential and stability of the home/step down level of care?
2. How does the diagnosis influence team members’ perception regarding step down?
3. To what extent have the people/leaders been identified who are responsible to define and then succeed for each step?
4. To what extent do the treatment, crisis, and service plans target stabilization?
5. To what extent is there congruence vs. fragmentation with the plans?
6. To what extent are targeted steps the priority of those responsible?
7. What "structural" changes in the systemic hierarchy are needed to support those responsible?

IV. CLINICAL DIRECTOR DETERMINES THE AGREEMENT/COHERENCE AMONG "EXECUTIVES" AND UTILIZES INTENSIVE STRUCTURAL AND SYSTEMIC TECHNIQUES AS NEEDED

1. Clearly define needs in practical terms to stabilize/empower home placement or step down treatment
2. Reframe primary clinical task to be empowerment of family caregivers as most important and valuable members of the team
3. Utilize and teach techniques that
   * assure developmentally appropriate systemic hierarchy and
   * focus on finding, treating, and maximizing strengths and hidden potential
4. "Deconstruct" the team view to focus on different possibilities and expectations

UTILIZATION TRENDS

IN-HOME Service Unit AUTHORIZATION Trend

Out-of-Home Service Unit Authorization Trends

COMPARATIVE COST INDICATORS

Annual Clinical Costs per Client

Out-of-Home Costs per Client

COST:QUALITY INDICATORS

Clinical Costs For Youth Shrinkage Improvement by CAFIR or ASBEP - FY 2004

Relative Risk/Effect Using Zero Development Analysis

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