

Who Do We Serve? Lessons Learned Through Defining The Population

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State of the Science: Conference Session 4

20th Annual Research Conference
March 6, 2007
Tampa, Florida



Background

- Systems of care have primarily focused on supporting and assisting children with the most serious mental health challenges and measuring success based on desired outcomes for this population:
 - ◆ Children with serious emotional disturbances involved in multiple systems
 - ◆ Goal is being able to remain in the home and community

Some Current Emphases

- Early intervention/prevention: Should the focus population be expanded?
- Evidence-based practices: Should evidence-based practices influence the focus population?
- Disparities and quality: How do we ensure inclusion of racially/culturally diverse children and families in appropriate/high quality services?

Making Strategic Decisions

- Child characteristics: Level or type of risk/need, age level, culture/community background
- Level and intensity: Risk group-based, service-based, population-based, community-based
- System structures and processes: Funding sources, service array and approach, outreach and engagement
- Outcomes: Matching levels and intensities, cultures/communities, and service structures/processes

Processes that Impact Decision Making

- Funding and policy: Impact eligibility and service approaches
- Community input: Impacts relevance to community, including cultural/linguistic compatibility
- Collaborative planning: Impacts short-term and long-term goals, roles, and responsibilities
- Implementation: Impacts who is actually served and what adaptations are made

Session Goals


This session will explore:

- Short-term and long-term implications of how the field defines the population of concern
- What factors determine who is targeted and who is actually served
- How the service array and outcomes are impacted by these decisions
- Lessons learned over the past 20 years




The Santa Cruz County Experience:
*How Target Population Definitions
Shape Systems of Care*

Dane Cervine
Chief of Children's Mental Health
*State of the Science Conference
2007*




***A Fish in Water...
Know Your Pond***

- ◆ Like a fish in water, it can be difficult to describe the very medium you live in
- ◆ Systems of Care: Water as rain, ice, mist (liquid, solid, vapor) – salty or fresh, stream, river, lake, ocean – look around and describe your community's approach




Another metaphor: Know your story...

- ◆ "A people without a story are lost..."
- ◆ Define who you are (as a System of Care) – how you began, who you serve, why, what are you trying to accomplish, where are you going, how will you know when you get there...
 - ✓ Otherwise known as a Logic Model



The Santa Cruz County Experience:
Who we serve, why, where we're going...

- ◆ Small/medium county (260,000 pop) on the Monterey Bay south of San Francisco
- ◆ Changing demographics: 46% Latino children, and increasing
- ◆ One of California's original System of Care counties (1989)
- ◆ 18 years of System of Care evolution...



***The Early System of Care Model
in California***


- ◆ Serving clear target populations of the highest risk children & youth served by multiple public agencies has been the initial priority
- ◆ The initial idea: *keep youth at home, in school, out of trouble...while saving high-end costs, and/or diverting to earlier intervention and prevention*



System of Care Core Elements

- ◆ Clear target populations
- ◆ Measurable goals & objectives
- ◆ Interagency Collaboration
- ◆ Individualized care in the community (least restrictive environment)
- ◆ Evaluation of outcomes and accountability

✓ *Bringing youth home to our community from hospital and group home settings*




Federal System of Care Grant 1993 - 98

- ◆ Addition of *Family Partnerships* and *Cultural Competence* as key elements
 - *Nothing about me without me...*
 - *Culture is key to outcomes...*
 - *The families most in need, most disenfranchised, should be wrapped in care first*



Parallel Developments

- ◆ California: shift from *Clinic* to *Rehab Option* allowed field-based services at homes, schools, in the community...*which is exactly what this target population of families needed*
- ◆ Integration of *Systems of Care* with Medicaid *Managed Care* (shifting high-end dollars to community-based programs)...*a key target population focus on families most in need*



SOC Evolutionary Dilemmas

- ◆ A perfect storm: 58 county fidelity issue, state budget crisis, loss of *System of Care* funding and model/outcome adherence
- ◆ Santa Cruz response...*this is still our story!*
 - *Avoided mission "drift"*
 - *Joined with inter-agency and community partners to continue evolving our system*



New Opportunities

- ◆ Mental Health Services Act (Prop 63)
 - *Full Service Partnerships* and *SB 163 Wraparound* as important "target pop" focus
 - Moving beyond inter-agency partnerships to embrace the community
 - Current statewide planning for *Prevention & Early Intervention (PEI)* services and strategies
 - ✓ *Starting with core target population, then broadening the circle...*



Systems of Care Framework for Strategic Target Pop Planning


- ◆ All partners in the circle, over time, help identify more specific target populations:
 - Transition-age youth
 - Children 0-5
 - Parents of foster children with dual diagnosis substance abuse needs
 - Girls in juvenile justice system
 - *Differential Response* families screened out of Child Welfare

Knowing the Population

Knute Rotto, ACSW
Choices, Inc.

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Eligibility: *The Necessary Evil*

- Choices is a non profit Care Management Organization from Indianapolis, Indiana
- Operate 4 community sites in 3 states
 - ◆ Marion County, Indianapolis, Indiana
 - ◆ Hamilton County, Cincinnati, Ohio
 - ◆ Montgomery County, Rockville, Maryland
 - ◆ Baltimore City, Maryland

Choices Contracts

- Indiana – Marion County, Indianapolis
 - ◆ Full Risk
 - ◆ Case Rate – Pay by referral
 - ◆ Funders: Child Welfare, Juvenile Justice, Education, Mental Health

Choices Contracts

- Ohio – Hamilton County, Cincinnati
 - ◆ Partial Risk
 - ◆ 2 Case rates: Admin and Services
 - ◆ Pool of 4 Funding sources, managed referral process
- Maryland – Montgomery County & Baltimore City
 - ◆ ASO – Admin, no service \$\$, no risk
 - ◆ Multiple funding streams integrated into pool

Eligibility

- Need to define the population you serve and make sure you don't drift as your data stays strong if there is no "mission drift"
 - ◆ Clear parameters, criteria
 - ◆ Agreed upon by the community jointly
 - ◆ In the final analysis your outcomes will be judged by your data that supports the initial eligibility
- You can always add another population

Eligibility

- Allows for a better defined service array, which allows for a more precise study of what works and what doesn't
- Customize the provider network to build capacity to serve youth and families with services that work
- Outcomes are achievable when the population is defined

Knowing the Population

- As a "vendor" to government partners, clarity about population and eligibility is critical as that is what you are judged against in the end
- Don't be worried about the "narrow focus". If you deliver a good product with the most difficult population, there is a high likelihood that you will expand later. (marathon not a sprint)



County of Humboldt

Department of Health and Human Services

Phillip R. Crandall, Director

State of the Science

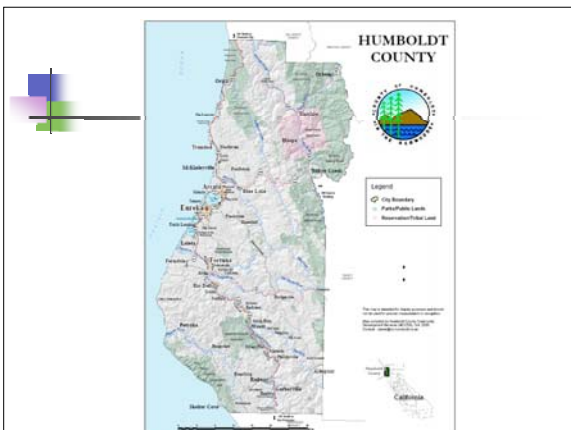
Karen Lofts Jarboe, Presenter

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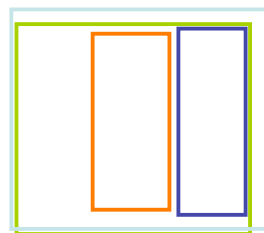
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County of Humboldt



Department of Health and Human Services

- Social Services Branch
- Mental Health Branch
- Public Health Branch



- CSOC
- DR
- ART
- FIT

Identified Targets

- Children at risk of/in out-of-home care
- Children at risk of abuse/neglect
- Children at risk due to acting out behaviors
- Adult mentally ill clients

Evidenced Based Practices Launched:

1. **Multidimensional Treatment Foster Care (MTFC):** A foster care placement and after care program for youth ages 12-18, chronic juvenile offenders extending 6 months for placement and up to 12 months after care services.
2. **Incredible Years (IY):** Parenting treatment and prevention program for parents with children ages 2-12 who exhibit conduct or behavior problems.
3. **Functional Family Therapy (FFT):** Family treatment for youth ages 11-18 who are at risk and/or presenting with delinquency violence, substance abuse, conduct behavior problems and family conflict.
4. **Aggression Replacement Therapy (ART):** For adolescent youth who show or are at risk of aggressive behavior.

Evidenced Based Practices Launched (continued):

5. **Family to Family:** Developing family resources and *Team Decision Making* models for families whose children are in or at risk of out-of-home placement.
6. **Parent Child Interaction Therapy (PCIT):** Intensive treatment designed to work with parents and children together and teach parents skills necessary to manage their children's behavioral problems ages 2-7.
7. **CalMap:** Medication algorithm-based clinical decision making tool to assist physicians in treatment of schizophrenia and schizoaffective disorder. Roadmap to recovery education program for clients.
8. **Project Impacts:** Project examining physician attitudes toward medication algorithms with specific attention to computer assisted algorithm implementation and its effect on physician adherence to major depression recommendations.

What do you know about your target population?

- What outcomes do you expect?
- Who are the families in need?
- What are their characteristics?
- What are their specific needs?
- What are ethnicity, linguistic, cultural issues to consider?

What do you know about your target population? (continued)

- Where do they live?
- What are intersecting points of contact?
- What are funding issues, revenue sources?
- How will the target population impact fiscal issues?

Designated Referral Source

- Manage and monitor referral→develop internal structures and policy
 - Identify target population within the organizational structure for the practice
 - Partners with the practice provider to make sure referrals are made to the practice
 - Develop engagement strategies to follow-up with potential referrals.

Impact of Target Population

- Fiscal
- Staff Selection
- Training & Clinical Supervision
- Fidelity & Outcome Measures
- Facilities & Equipment
- Information Systems
- Quality Assurance

County of Humboldt



National Indian Child Welfare Association

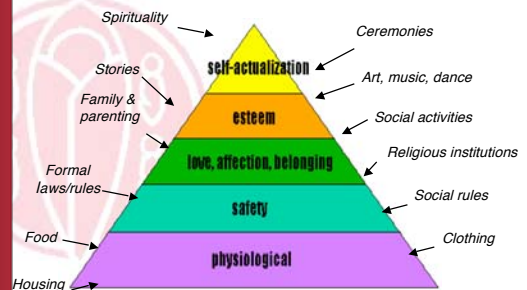
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What is “culture”?

- the integrated pattern of human knowledge, belief, and behavior
- the customary beliefs, social forms, and material traits of a racial, religious, or social group

Maslow's Hierarchy of Needs

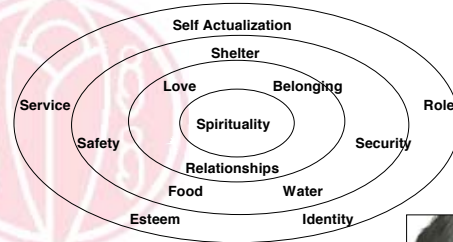


The Paradox: Are We All the Same Underneath?

- At the level of basic human needs? – Yes
- At the level of how we go about meeting those needs? – No



Maslow: Through Indigenous Eyes



What is the best remedy for the common cold?

- Chicken Soup?
- Vapor Rub?



The same but different

- “Culture” is one people’s preferred way of meeting their basic human needs



What is a “worldview”?

- Collective thought process of a group or people
- “Linear Worldview”
- “Relational Worldview”

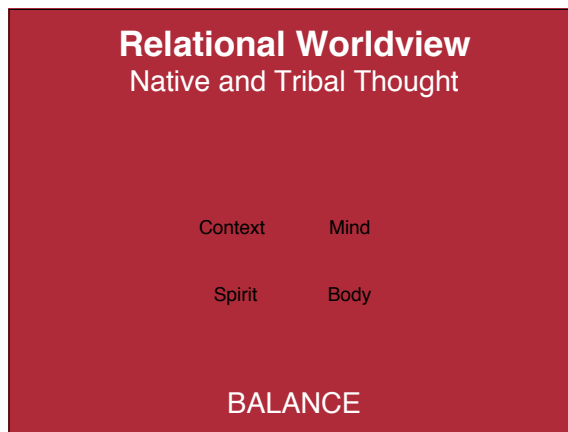
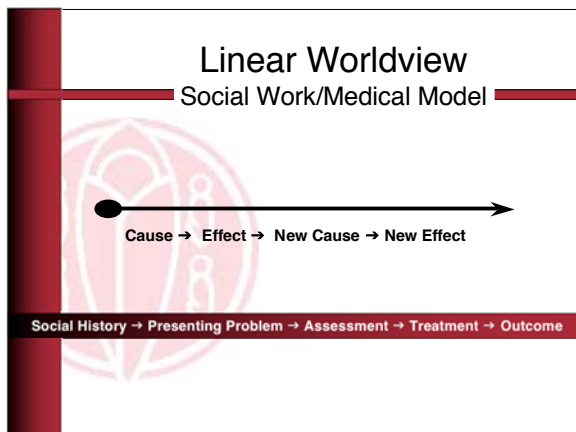


Linear Worldview

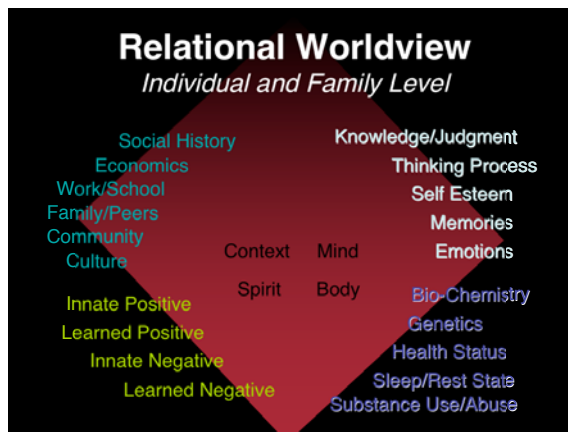
Western European/American thought




Cause → Effect → New Cause → New Effect



- ### Relational Worldview
- Native and Tribal Thought
- Fluid, cyclical view of time
 - Each aspect of life is related
 - Services aim to restore balance
 - Interventions may not be directed at “symptoms”
 - Underlying question is “how?”



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