

The Comprehensive Community Mental Health Services for Children and their Families Program and Primary Health Care

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President
ORC Macro



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Purpose of the Comprehensive Community Mental Health Services Program for Children and Their Families Program

To encourage the development of home and community-based systems of care in States, political subdivisions of States, American Indian tribes or tribal organizations, and territories, that meet the needs of children and adolescents with serious emotional disturbances and their families



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Program Framework: System of Care Principles

- ▶ Comprehensive array of services and supports
- ▶ Strength-based individualized service planning
- ▶ Least restrictive service environments
- ▶ Home- and community-based services
- ▶ Family partnerships
- ▶ Cross-agency coordination
- ▶ Cultural competence
- ▶ Early identification and intervention
- ▶ Accountability through outcome evaluation



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Program Description

- ▶ Each community is funded for 6 years
- ▶ The Program has funded 92 grants and cooperative agreements since 1993

61 are currently funded

- u 14 in 1998, 20 in 1999, 2 in 2000, 18 in 2002 and 7 in 2003

31 grant sites have graduated

- u funded in 1993, 1994 and 1997

- ▶ Non-federal match monies are required to encourage sustainability

41% of total federal and non-federal dollars



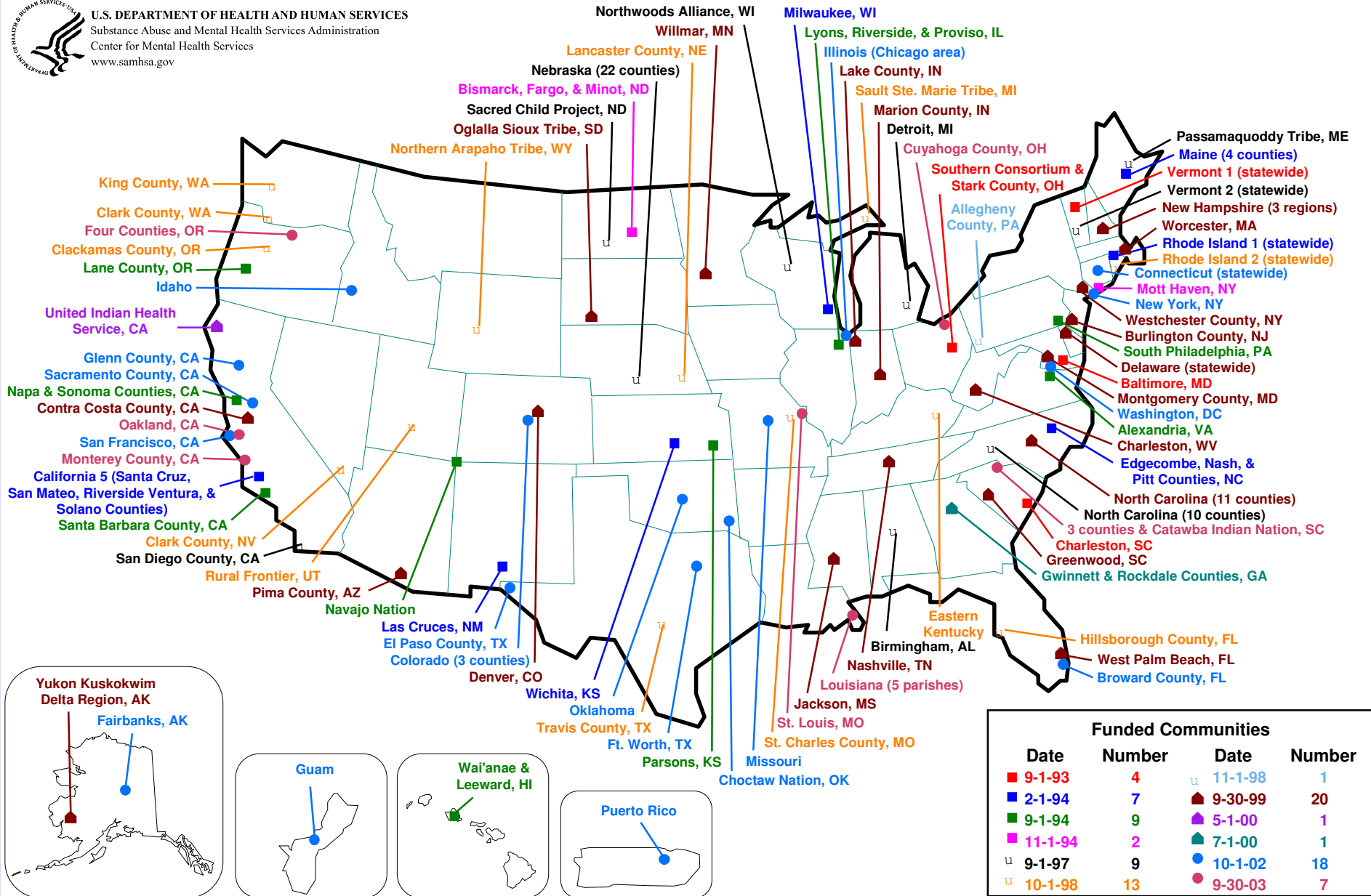
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System-of-Care Communities of the Comprehensive Community Mental Health Services for Children and Their Families Program



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Funded Communities			
Date	Number	Date	Number
■ 9-1-93	4	□ 11-1-98	1
■ 2-1-94	7	■ 9-30-99	20
■ 9-1-94	9	■ 5-1-00	1
■ 11-1-94	2	■ 7-1-00	1
□ 9-1-97	9	● 10-1-02	18
□ 10-1-98	13	● 9-30-03	7

Child/Family Characteristics

- ▶ **66% male**
- ▶ **Average age 11.4**
- ▶ **Racially diverse (9.8% AI/AN; 24.3% AA; 8.3% Hispanic; 47% W)**
- ▶ **25% reside in two parent families**
- ▶ **73% Medicaid eligible**
- ▶ **68% below conservative poverty levels**
- ▶ **52% with greater than 1 DSM-IV clinical diagnosis (36% ADHD; 26% ODD; 13% AD; 11% CD; 9% PTSD)**

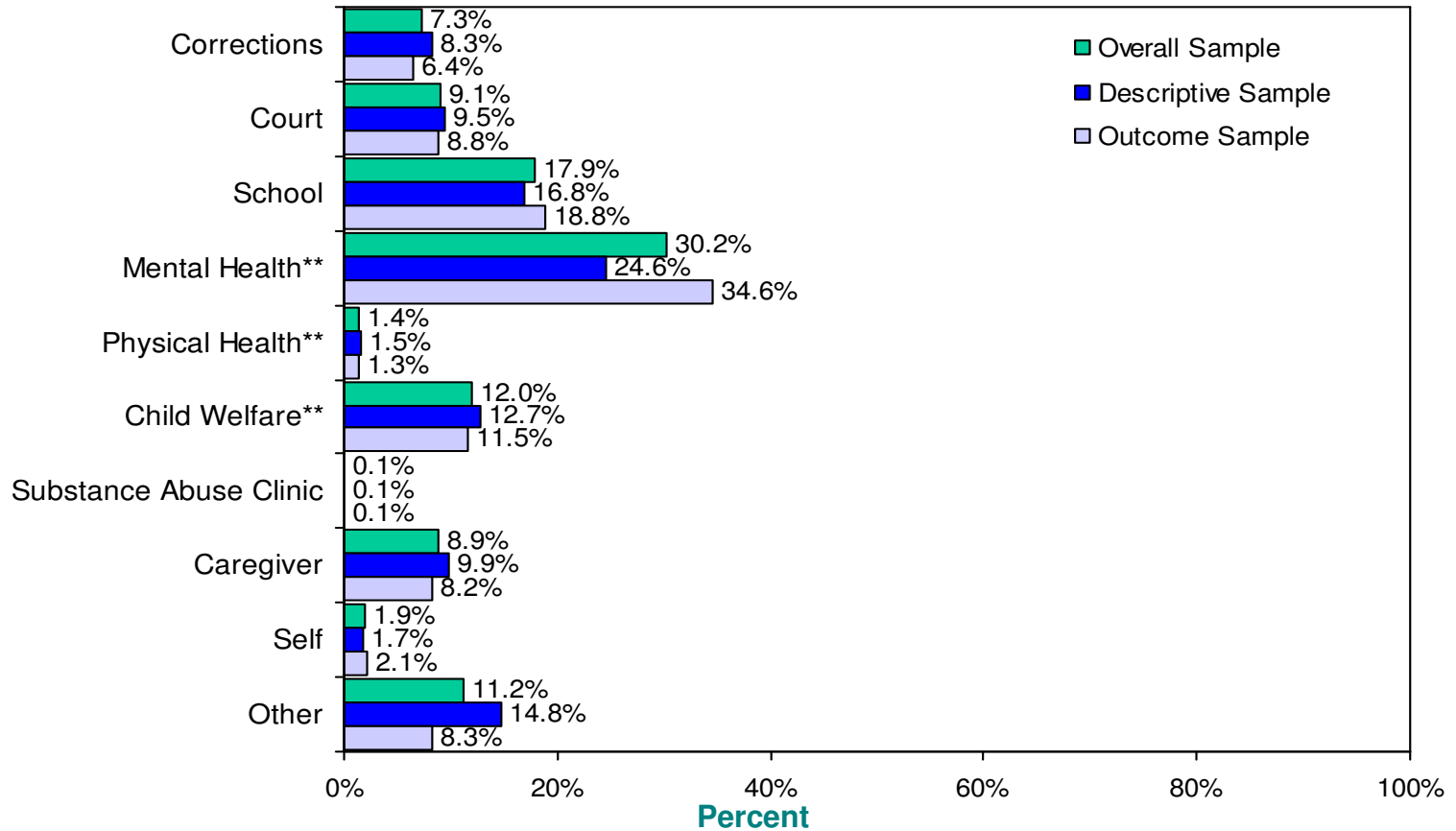


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Intake Referral* Information

Referral Sources



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Some Results from Phase I and Phase II Quasi-Experimental Comparison Studies

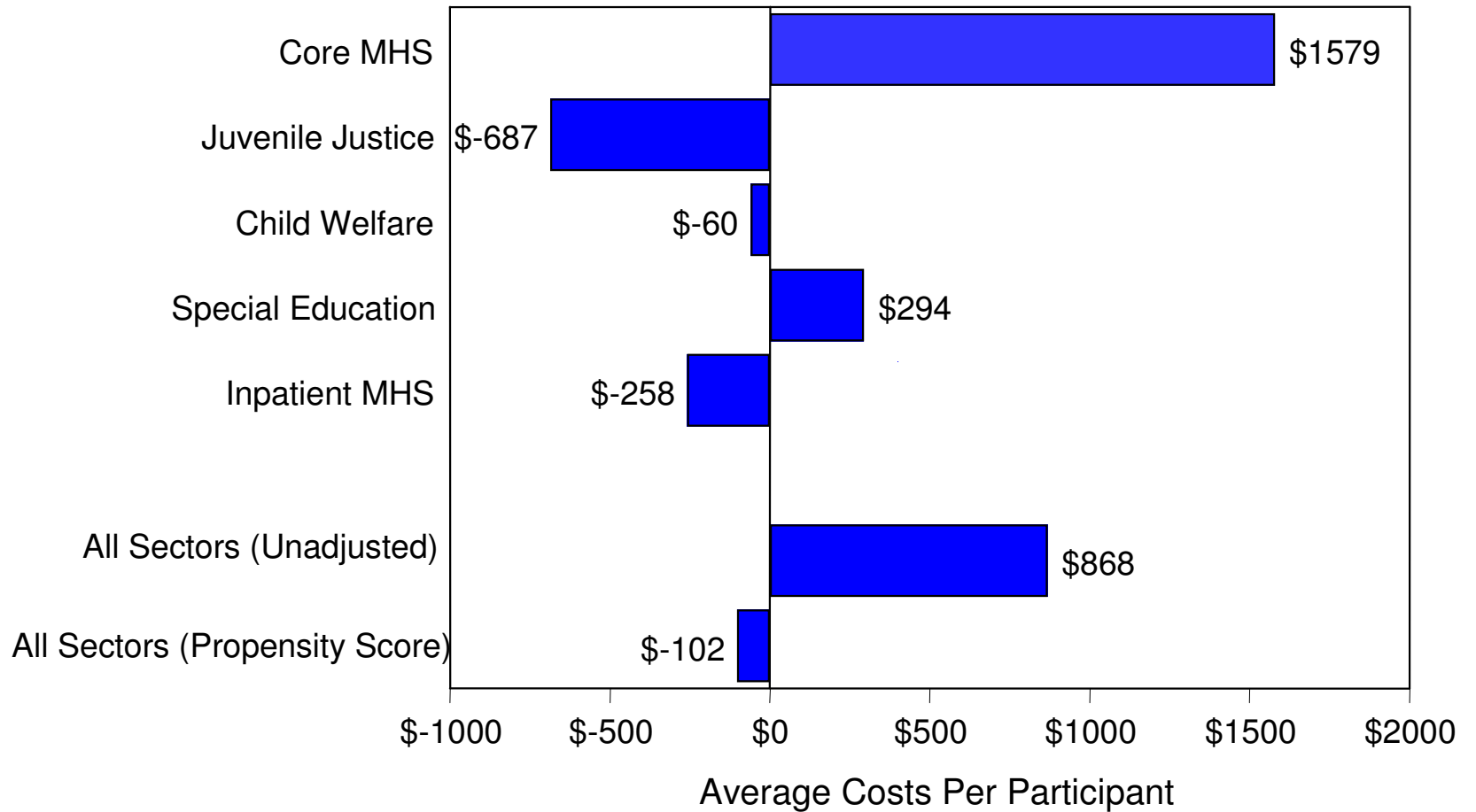
- ▶ **Cost shifting**
- ▶ **Impact on juvenile justice system**
- ▶ **Impact on educational functioning**



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Adjusted and Unadjusted Between-Site Differences in Expenditures: Entry to 12 Months

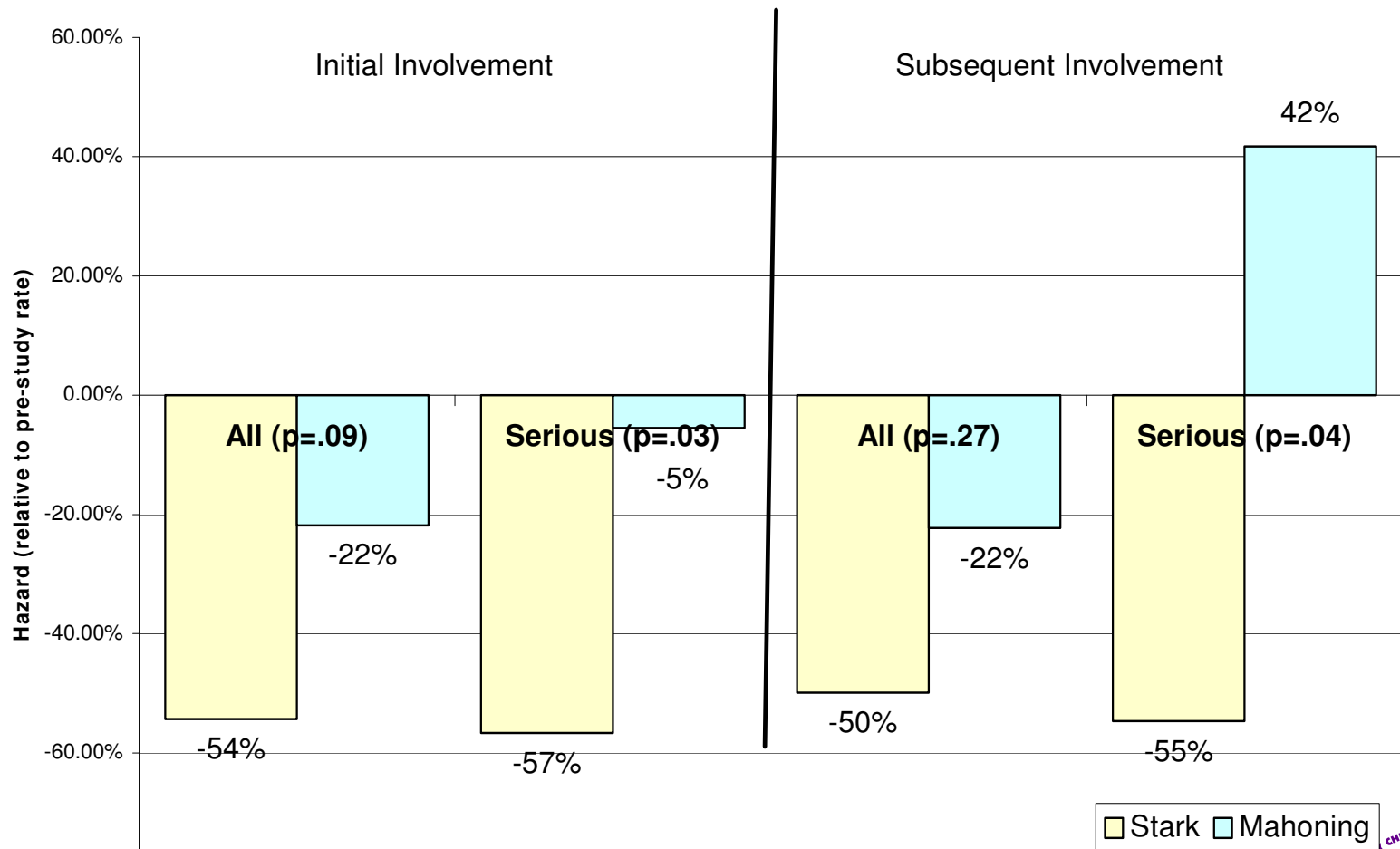


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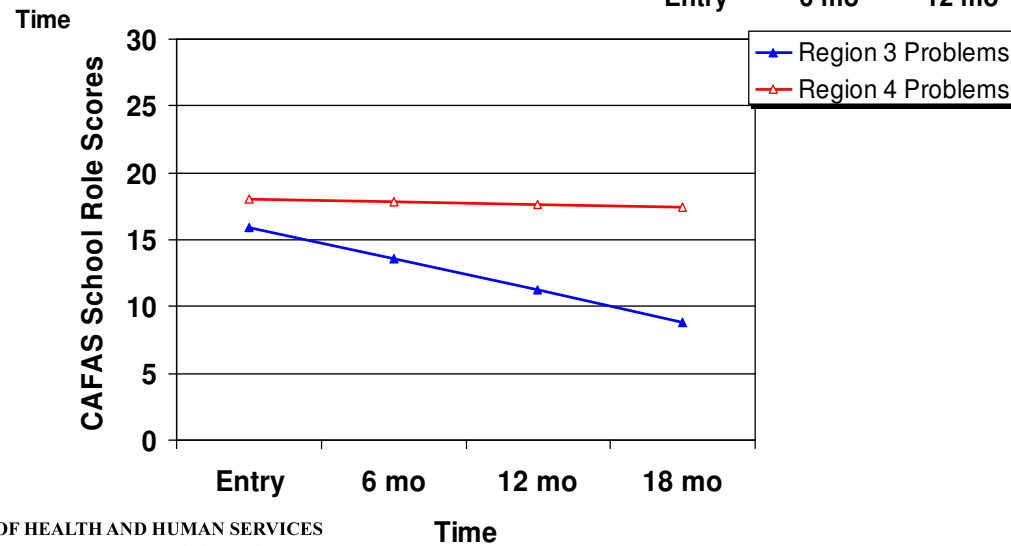
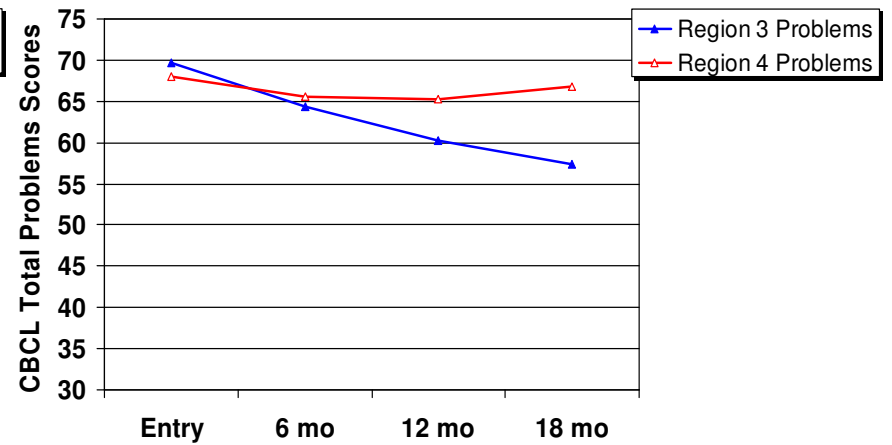
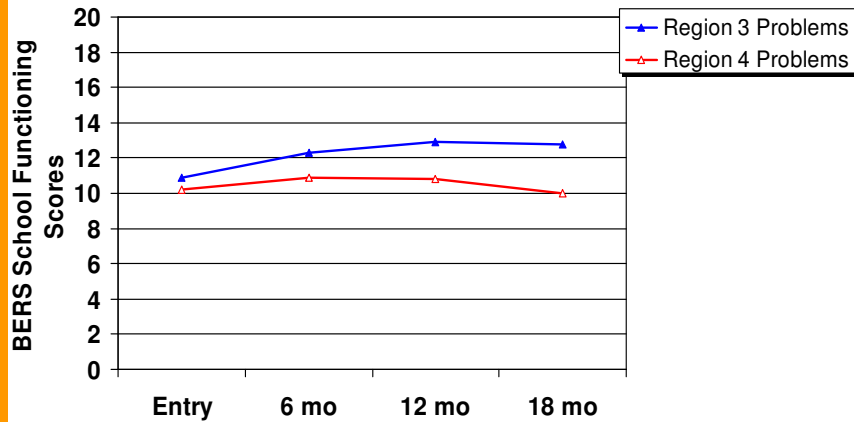


Reduction of Juvenile Justice Involvement

Hazard Rate of Juvenile Justice Involvement



Site X Academic Presenting Problems Interaction for Region 3 (SOC) and Region 4 (Non-SOC) Nebraska: BERS, CBCL and CAFAS



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Primary Health Care and Systems of Care: An Understudied Area

- ▶ Medication management for behavioral and emotional disorders
- ▶ Management of children with chronic physical illness who are receiving care
- ▶ Screening, assessment and referral
- ▶ Collaboration in developing and implementing individualized treatment plans
- ▶ Advocating for reform in the children's mental health system



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Psychoactive Medication Use

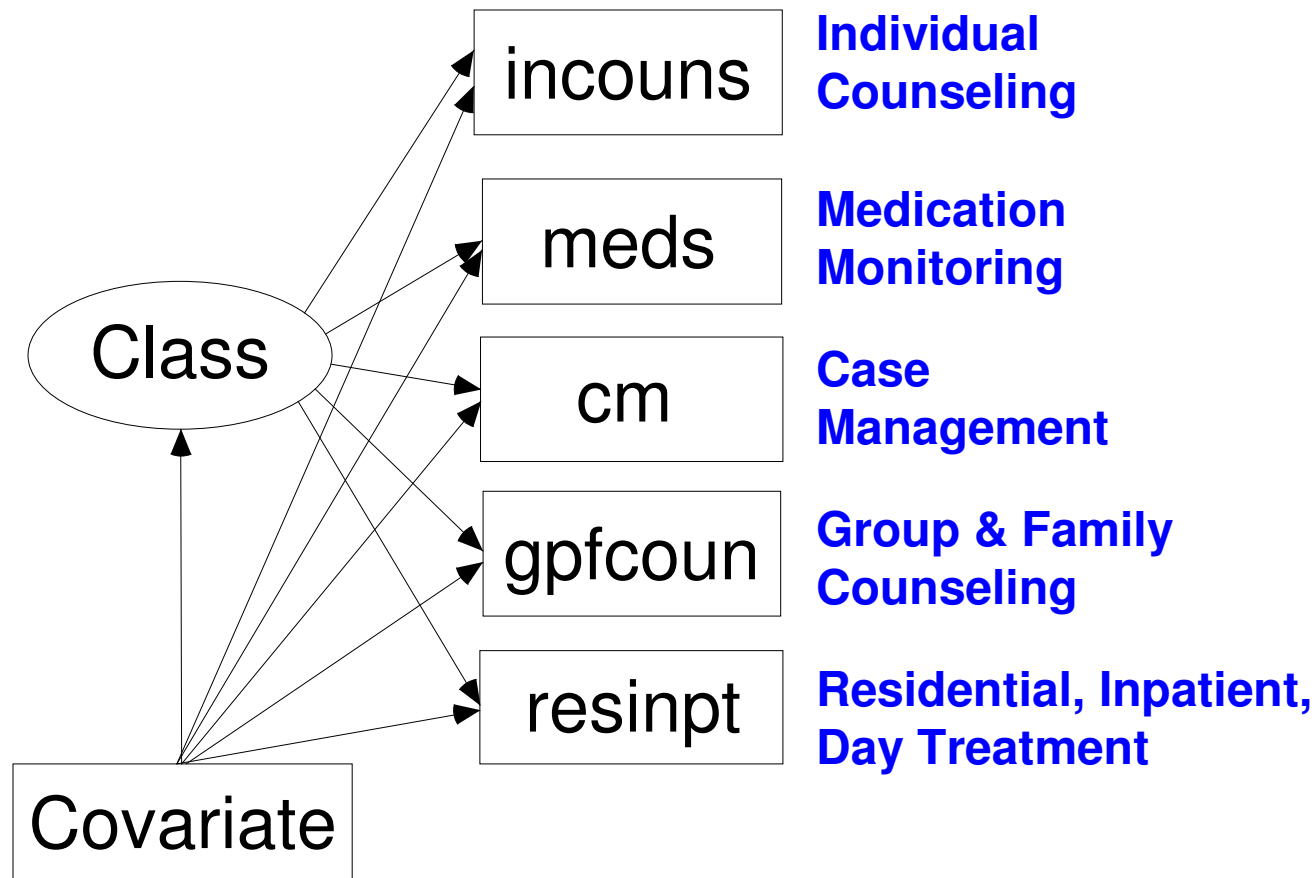
- ▶ **47.2% of caregivers reported use of medications at entry into services**
Almost one-half reported that their child had taken multiple medications
- ▶ **The vast majority of medications (>90%) were in the stimulant and antidepressant categories**
- ▶ **Use rates did not change significantly across time, although higher rates of stimulant use were reported in comparison communities**



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Hypothesized Latent Class Model with Covariates and Direct Effects



Latent Class Indicator Probabilities

	Class 1 Low Use	Class 2 High Use
	(N= 293)	(N = 154)
Individual Counseling	0.670	0.872
Medication Monitoring	0.032	0.885
Case Management	0.339	0.682
Group/Family Counseling	0.395	0.428
Residential Treatment / Day Treatment / Inpatient Hospitalization	0.030	0.164



Covariate Analysis for Direct Effects on Service Use

	Odds Ratios				
	Indiv Couns	Med Monit	Case Mgmt	Grp/Fam Couns	Resid/ Inpt
<i>Difference Scores (6-month - Baseline)</i>					
<i>CBCL Raw Scores</i>					
<i>Total Problems</i>	----	----	----	----	1.025*
<i>Internalizing</i>	----	----	----	----	----
<i>Externalizing</i>	----	----	----	----	1.053*
<i>CAFAS</i>	1.007*	1.029*	1.009*	----	1.013*
<i>Site X CAFAS</i>	----	.913**	----	----	.981*

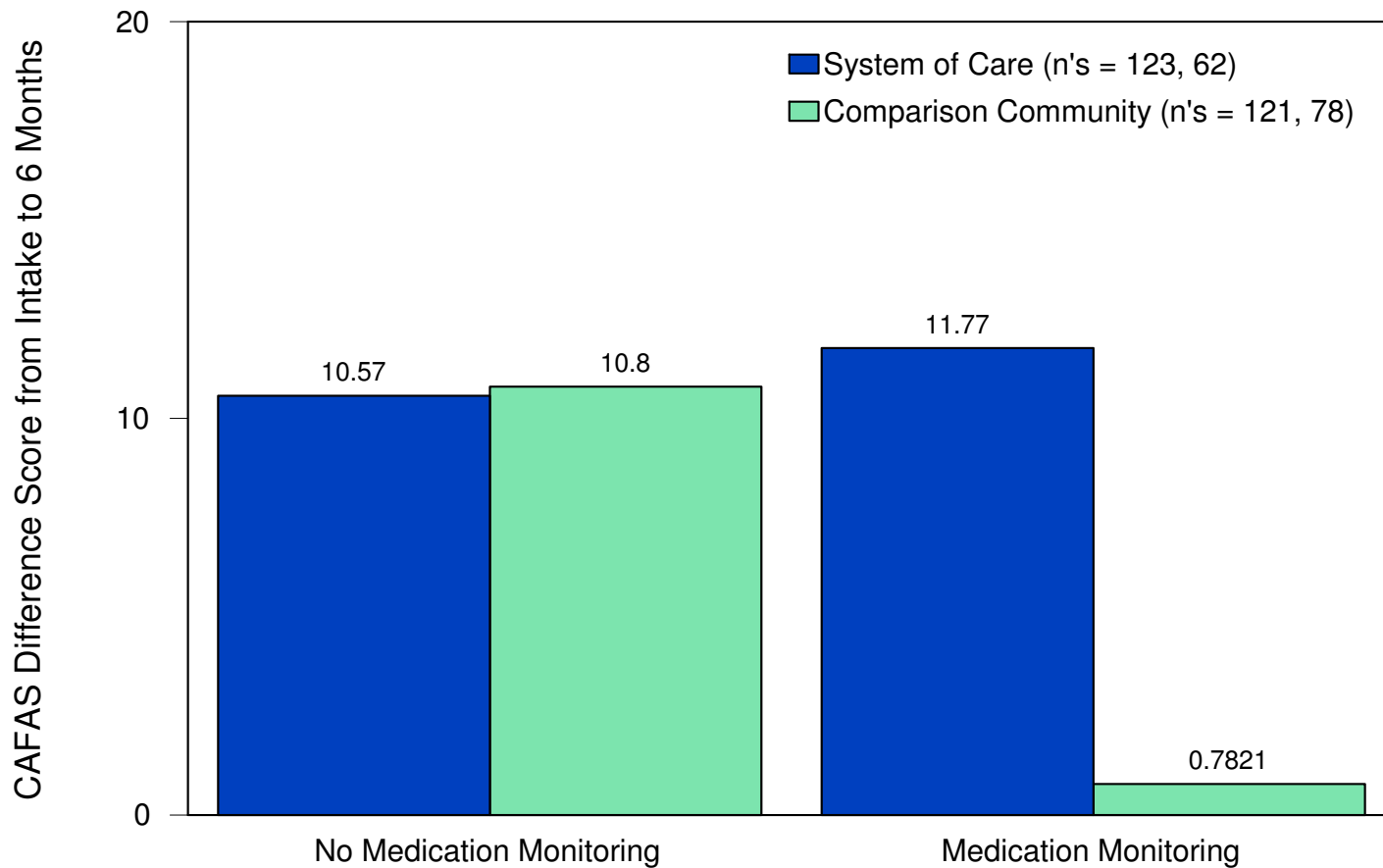
* $p < .05$, ** $p < .01$.



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CAFAS Total Score Changes from Baseline to 6 Months by Medication Monitoring Status



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Evidence-based Treatment Survey

- ▶ **A survey of mental health service providers for children with serious emotional disturbance**
- ▶ **Web-based (hard copies made available)**
- ▶ **65 items (15-20 minute completion time)**
 - Demographic characteristics**
 - Training and experience**
 - Knowledge of EBTs**
 - Perceived effectiveness**
 - Use of EBTs (and their guidelines)**
 - Employer support of EBTs**



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Perceived Effectiveness of Existing EBTs

The following EBTs were endorsed as effective by 76-100% of the respondents:

Evidence-Based Treatment	Do you believe this treatment results in positive outcomes for children and families?			
	YES (%)	NO (%)	Familiar with the treatment but does not know whether it results in positive outcomes. (%)	Not familiar with the treatment listed. (%)
Family Education and Support (n=464)	90.5	1.5	7.1	.9
Social Skills Training (n=466)	90.1	3.0	5.8	1.1
Cognitive Behavioral Therapy (n=465)	88.6	1.9	8.2	1.3
Antidepressants for Mood Disorders (n=467)	87.8	2.1	9.4	.6
Behavior Therapy (n=463)	86.4	5.4	7.3	.9
Stimulant Medication for ADHD (n=467)	84.4	3.9	10.7	1.1
Modeling (n=465)	84.1	2.2	12.3	1.5
Anger Coping/Management (n=465)	83.7	3.0	11.8	1.5
Problem Solving Skills Training (n=466)	82.4	1.9	13.3	2.4
Mentoring (n=463)	80.8	3.7	14.5	1.1
Case Management (n=466)	80.3	5.2	13.9	.6
Relaxation Training (n=462)	78.1	3.2	16.7	1.9



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Chronic Physical Illness

- ▶ **36.5% of caregivers report that children have chronic physical illness**
Largest percentages with asthma/respiratory problems/allergies and headaches
- ▶ **Significantly increased psychiatric symptom and functional impairment burden (CBCL w/ removal of somatic items, CAFAS)**
- ▶ **Significant percentages taking medications for chronic physical health problems (46%)**



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Primary Care Provider Study

Objective and Rationale

- ▶ **This study seeks to investigate the role of primary health care practitioners in systems of care further understand the impact of services provided within primary care on child and family outcomes.**



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Primary Care Provider Study

The Research Questions

- ▶ **What is the physical health status, health care utilization and health care financing status of children with serious emotional disturbance participating in the program?**
- ▶ **How does the physical health status, health care utilization and health care financing status of children with serious emotional disturbance participating vary over time and affect child and family outcomes?**



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Primary Care Provider Study

The Research Questions (cont)

- ▶ **What are the factors that influence primary care providers' active participation in the care of children with serious emotional disturbance who are being served within systems of care?**
- ▶ **How does the health care provided by primary health care providers influence child and family outcomes?**



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Primary Care Provider Study

The Methods

- ▶ **Part 1 involves collecting enhanced data on participating children's health status, care, and financing**
Enhanced information on medication use: health care provider, perceptions of factors affecting adherence
- ▶ **Part 2 will be conducted during year 2 of the evaluation**
Data will be obtained from 10 focus groups with caregivers, youth, service providers, project directors and primary health care personnel
Qualitative analyses to develop a model of the factors influencing the role of primary care providers in systems of care and to develop a Primary Care Provider Survey to be administered in Part 3 of this study.



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Primary Care Provider Study

Potential Themes for Focus Groups

- ▶ Perspectives on access to health care
- ▶ Role of primary care providers in screening and assessment
- ▶ Role of primary care providers in providing ongoing mental health care
- ▶ Medication management
- ▶ Integration of health services into systems of care
- ▶ Family/youth partnerships and primary health care
- ▶ Collaboration between primary health care and systems of care
- ▶ Programmatic/organizational barriers
- ▶ Health disparities



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Primary Care Provider Study

The Methods

- ▶ Part 3 of the study will be conducted during Years 3 through 5
- ▶ Primary care providers will be asked to complete Primary Care Provider Surveys via a web-based data collection system.
- ▶ Stratified random sampling across the 25 funded communities will be used to identify a sample for obtaining data on 750 families
- ▶ We will model the effects of primary care service provision on mental health outcomes across time.

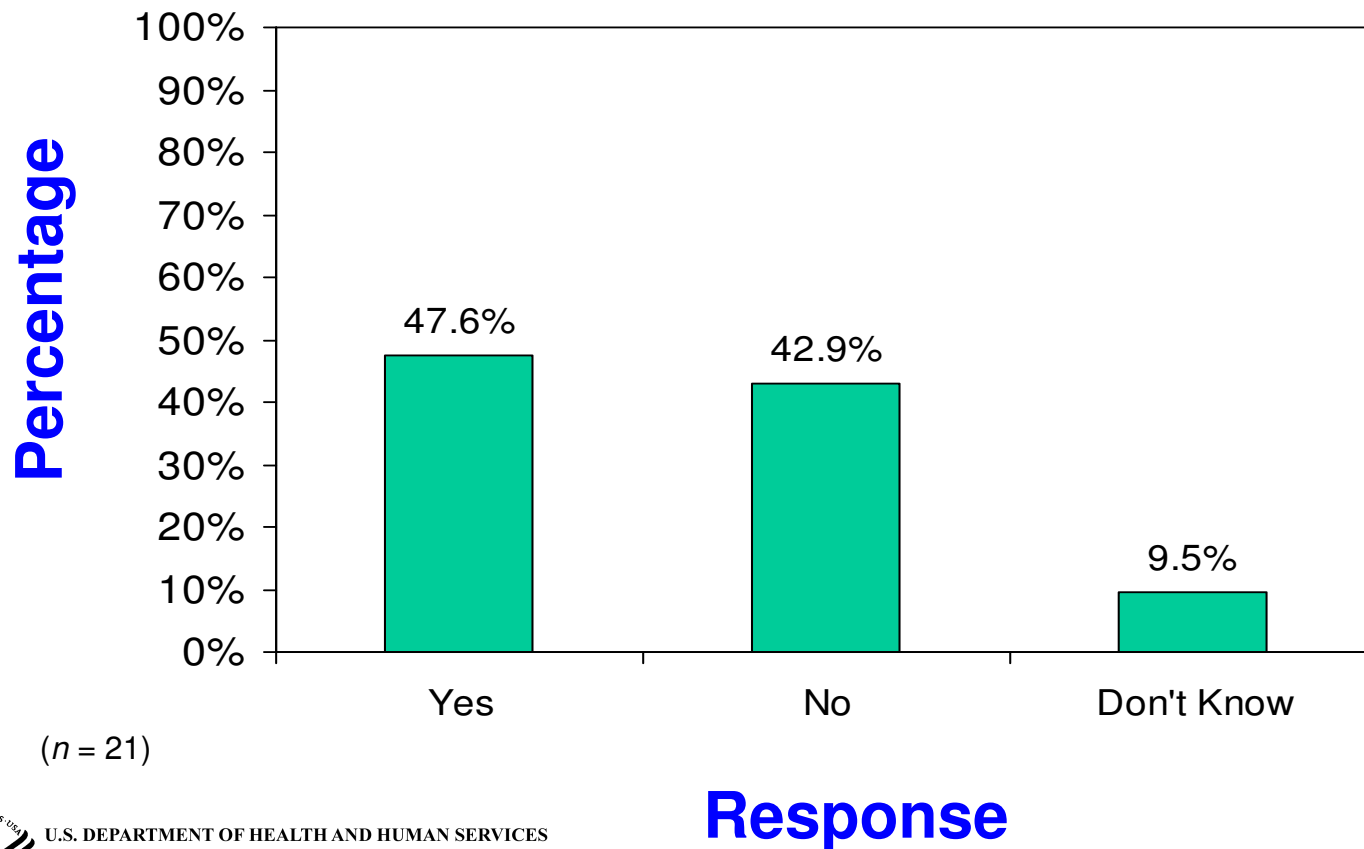


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Primary Care Study Survey Results Phase IV Training

- ▶ **Have you included/involved primary care clinics in your SOC in any way?**



(n = 21)



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Response

