

June 2007

CHILDREN'S MENTAL HEALTH EVIDENCE-BASED PRACTICE PILOT: PRELIMINARY EVALUATION PLAN

Legislative Direction

In its 2006 regular session, the Legislature allocated \$450,000 for fiscal year 2007 to the Department of Social and Health Services (DSHS) Mental Health Division (MHD) to establish a pilot program to provide evidence-based mental health services to children. The mental health services offered by the pilot program are to be selected from a list of evidence-based practices (EBPs) developed by DSHS, in consultation with experts in children's mental health.

The Legislature also directed the Washington State Institute for Public Policy (Institute) to study the pilot program. As detailed in the legislation, the following outcomes are to be examined:

- Mental health service delivery
- Hospital utilization
- Residential or out-of-home placements
- Utilization of child welfare services
- School attendance
- Involvement in juvenile justice
- Cost-effectiveness

The Legislature also directed DSHS to contract with the University of Washington to support the pilot.¹ The university is to provide training and quality assurance, and will monitor implementation and outcomes at the pilot site.

The Pilot Program

The pilot site, Thurston and Mason Counties, was selected through a request for proposals process that was open to any county or groups of counties in the state.

The Thurston Mason Children's Mental Health Evidence-Based Practice Pilot Project (the pilot) is a collaborative effort of the following agencies:

- Thurston-Mason Regional Support Network (RSN)
- Behavioral Health Resources (BHR)
- Community Youth Services
- University of Washington Division of Public Behavioral Health and Justice Policy
- Department of Social and Health Services
- School districts
- Juvenile court officers and police
- Several private agencies

The contract for the pilot was executed between DSHS and the Thurston-Mason RSN, which contracted with BHR as the lead agency for implementation. A *core team* consisting of the Thurston-Mason RSN, BHR, DSHS Children and Family Services, Mason County Juvenile Court, and Community Youth Services assessed the needs of the community and identified target populations and expected impacts.

The pilot target population includes children in these counties who present significant behavioral, emotional, and mental health challenges in multiple systems (child protective services, mental health, schools, juvenile justice, juvenile rehabilitation, etc.). Additionally, to ensure sustainability of funding beyond the scope of the proviso, the target population includes only those children who meet the access to care standards set by the DSHS Division of Mental Health.

After consideration of a number of alternatives, the group selected Multi-Systemic Therapy as the first EBP (see description on page 2).² The pilot began providing these services in April 2007. Over time, the pilot will introduce additional EBPs to serve its target population.

¹ School of Medicine's Department of Psychiatry and Behavioral Sciences Division of Public Behavioral Health and Justice.

² Thurston-Mason RSN. (December 29, 2006). *Thurston Mason children's mental health evidence-based practice pilot program strategic plan, draft report*. Olympia: Thurston-Mason RSN.

Evaluation Design

Matched Comparison Groups. The Institute's evaluation will be based on a matched comparison group design.³ The outcomes of children eligible⁴ for services during the pilot will be compared with outcomes of similar children who were eligible for services in Thurston and Mason Counties three years prior to the pilot.⁵ By limiting the comparison group to Thurston and Mason Counties, we eliminate the variations in outcomes attributable to unknown or immeasurable geographic differences in resources, demographics, and practices.

In addition to the matched comparison group design, multivariate statistical analyses will be employed to account for any remaining differences between children in the pilot and matched comparison groups. The final analysis will provide an estimate of the net impact of the pilot on several outcomes.

Time Period, Outcomes, and Data Sources. The study will examine outcomes of children eligible from July 2007 through June 2008. Eligible children in the pilot and comparison groups will be followed over a period of two years. The Institute will explore data from multiple administrative data systems to identify eligible children and to examine the outcomes of interest. The following information systems will be used to track outcomes (italicized):⁶

Mental health service delivery: Mental Health Division Consumer Information System.

Hospital utilization: Medical Assistance Administration, Medical Management Information System (MMIS); and Department of Health Community Hospital Abstract Reporting System.

Residential out-of-home placements: Children's Administration Management Information System (CAMIS); and Juvenile Rehabilitation Administration "ACT" database.

³ Children will be matched by age, gender, ethnicity, and a combination of factors based on medical, mental health, child protective services, and criminal justice status and history.

⁴ Generally, eligible children are those who meet MHD access to care standards and who present significant mental health challenges across multiple systems. This definition will be refined as the pilot program matures and the target population is more clearly identified.

⁵ Three years were chosen to provide time for a two-year follow-up that would not overlap with the pilot.

⁶ Only the broad outcomes described in legislation are enumerated here. More specifically defined outcome measures will be developed over the course of the evaluation.

Utilization of child welfare services: Children's Administration Management Information System; and DSHS Social Services Payment System (SSPS).

School attendance: Office of Superintendent of Public Instruction Core Student Record System.

Involvement in juvenile justice: Washington State Institute for Public Policy Criminal Justice Database.

Benefit-Cost Analysis. Cost effectiveness will be estimated using techniques developed by the Institute. Outcomes attributed to the pilot will be expressed in economic terms (e.g., lower criminal recidivism is an economic gain to society and crime victims). The comparison of economic benefits and costs attributed to the pilot will provide a measure of the cost effectiveness relative to other programs investigated by the Institute.

Reports

A preliminary report will be completed by December 2008 and an interim report in December 2009. A final two-year follow-up report will be issued in September 2010.

Multi-Systemic Therapy (MST), the first EBP chosen by the pilot, is an intervention for youth that focuses on improving the family's capacity to overcome the known causes of a child's delinquency. Its goals are to promote the parents' ability to monitor and discipline their children and replace deviant peer relationships with pro-social friendships. Trained MST therapists, working in teams consisting of one Ph.D. clinician and three or four clinicians with masters' degrees, have a caseload of four to six families. The intervention typically lasts between three and six months. MST, Inc., in Charleston, South Carolina, trains and clinically supervises all MST therapists.

Read more about the possible effects of this program in Steve Aos, et al. (2004). *Benefits and costs of prevention and early intervention programs for youth*. Olympia: Washington State Institute for Public Policy.

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