



CENTER FOR INNOVATIVE PRACTICES



CIP Portfolio

- Multisystemic Therapy-**MST**
- Intensive Home Based Treatment-**IHBT**
- Integrated Co-occurring Treatment-**ICT**
- Co-occurring Disorder consultation-**COD**
- Education, dissemination on effective practices
- Training, coaching
- Resilience framework
- Suicide Prevention initiative
- Evaluation

Why Do We Care So Much About EBPs



National Survey Confirms that Youth are Disproportionately Affected by Mental Disorders

October 2010 issue of the *Journal of the American Academy of Child and Adolescent Psychiatry*

- About 20 % of U.S. youth during their lifetime are affected by some type of mental disorder to an extent that they have difficulty functioning. **The data support the observation from surveys of adults that mental disorders most commonly start in early life.**

NIMH Study

- The percentage of youth suffering from mental disorders is **even higher than the most frequent major physical conditions in adolescence, including asthma or diabetes.** The results reiterate the importance of developing prevention strategies and promoting early intervention for at-risk children and adolescents.

NIMH Study

Results of the Study

- Overall, nearly **half of the sample reported having met diagnostic criteria for at least one disorder over a lifetime**, and about 20 percent reported that they suffered from a mental disorder with symptoms severe enough to impair their daily lives. In addition,
- **11 percent** reported being severely impaired by a mood disorder (e.g., depression or bipolar disorder),
- **10 percent** reported being severely impaired by a behavior disorder such as attention deficit hyperactivity disorder or conduct disorder,
- 8 percent reported being severely impaired by at least one type of anxiety disorder.
- In addition, about **40 percent of those who reported having a disorder also met criteria for having at least one additional disorder**. Those with a mood disorder were more likely than others to report having a coexisting disorder.
- Underscoring the notion that mental disorders manifest early in life, the **researchers also found that symptoms of anxiety disorders tended to emerge by age 6, behavior disorders by age 11, mood disorders by age 13, and substance use disorders by age 15.**

Challenges for Children, Youth and Families

- Children and youth seriously underserved by the Behavioral Health system
- Multiple systems serve the same population through different silos
- Preponderance of 'toolkit' development is adult oriented
- Portfolio for children and youth is limited
- Need to develop and train to 'common effective elements' in more standard settings as well as implement EBPs.

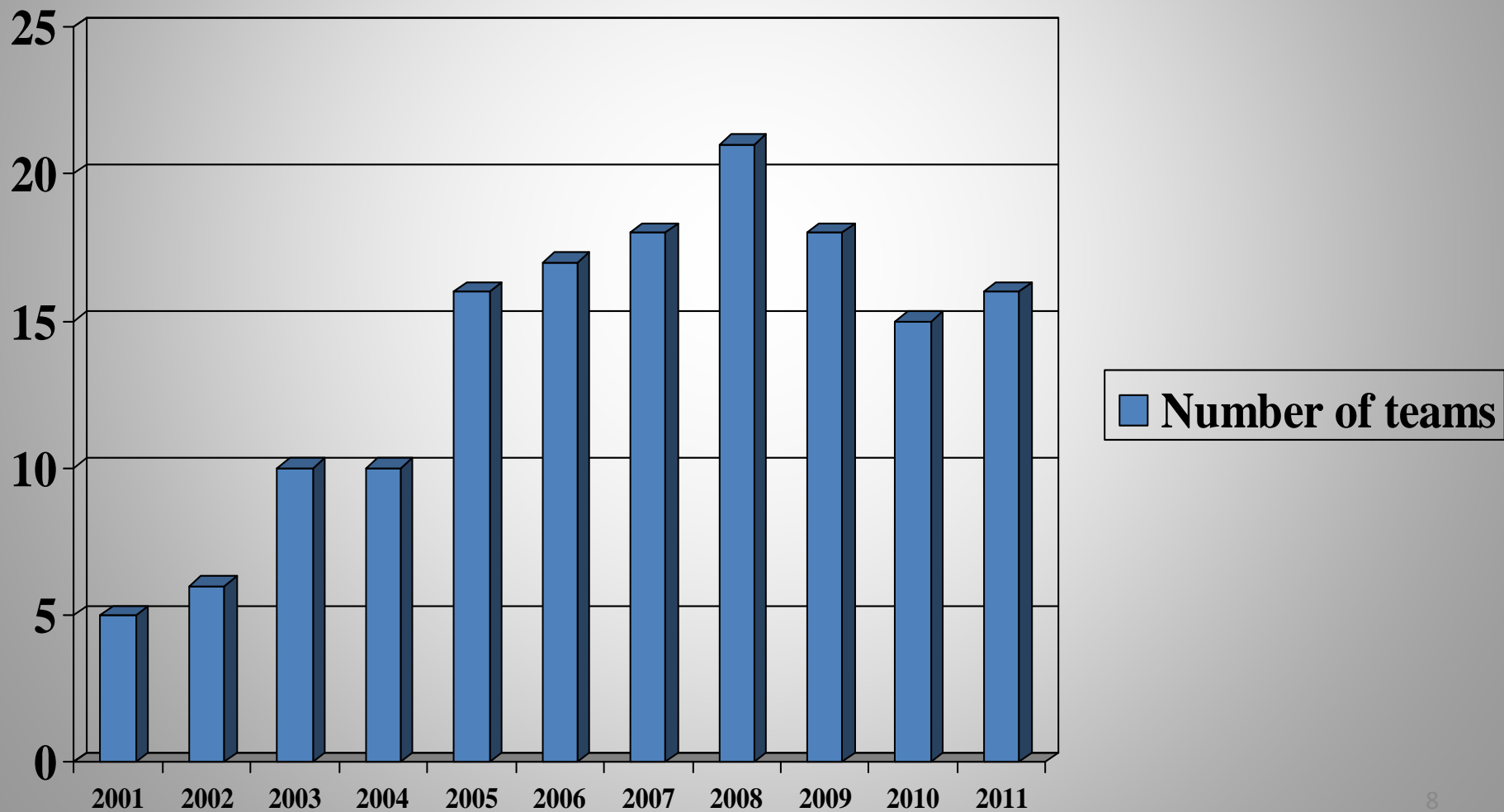


CIP Role as a “Network Partner” or “Intermediary Purveyor Organization”

- Coordinate
- Navigate
- Motivate
- Advocate
- Evaluate



Number of MST-CIP Teams 2001-2011



Demonstrate Program Effectiveness

MST Dashboard FY 09, FY 10, FY 11

Indicator	Value (Target)
Total Cases Discharged	1598
Percent of youth at home	87.84% (90%)
Percent of youth in school	86.89% (90%)
Percent of youth with no new arrests	77.79% (90%)
Percent of youth completing treatment	85.39% (85%)
Average Adherence Score	0.703 (0.61)

Item	Performance Indicator	Target	Overall Averages	U.S. Averages	Int'l Averages	CIP Averages
Ultimate Outcomes Review						
1	Percent of youth living at home	90%	86.2%	85.8%	88.6%	84.5%
2	Percent of youth in school and/or working	90%	83.9%	85.2%	75.9%	82.5%
3	Percent of youth with no new arrests	90%	81.5%	81.7%	80.2%	75.3%
Therapist Adherence Data						
4	Overall Average Adherence Score****	0.61	.70	.71	.64	.67
5	Percent of clients reporting adherence above threshold (>.61)****	80%	68.3%	69.9%	58.8%	65.9%
6	Percent of youth with at least one TAM-R interview	100%	85.8%	85.8%	85.8%	92.6%
Case Closure Data						
7	Percent of youth completing treatment	85%	81.9%	81.6%	83.8%	82.0%
8	Percent of youth closed due to lack of engagement	<5%	7.3%	7.0%	8.8%	6.9%
9	Percent of youth placed during treatment	<10%	10.8%	11.3%	7.3%	11.1%
10	Average Length of Treatment	100-140	131.65	129.50	144.51	139.50

Length of Follow-up and Data Tracked

Program	Range, Length of follow-up	Outcome: % of youth at home	Outcome: % of youth in school	Outcome: % of youth with no new arrests
AGENCY A	3-12 months	94%	90%	91%
AGENCY B	3-12 months	80%	75%	89%
AGENCY C	1-6 years	84%	Not reported	77%
AGENCY D	3-12 months	88%	100%	100% * *one youth turned 18 ; info not available

Summary of MST Outcomes by 4 Agencies

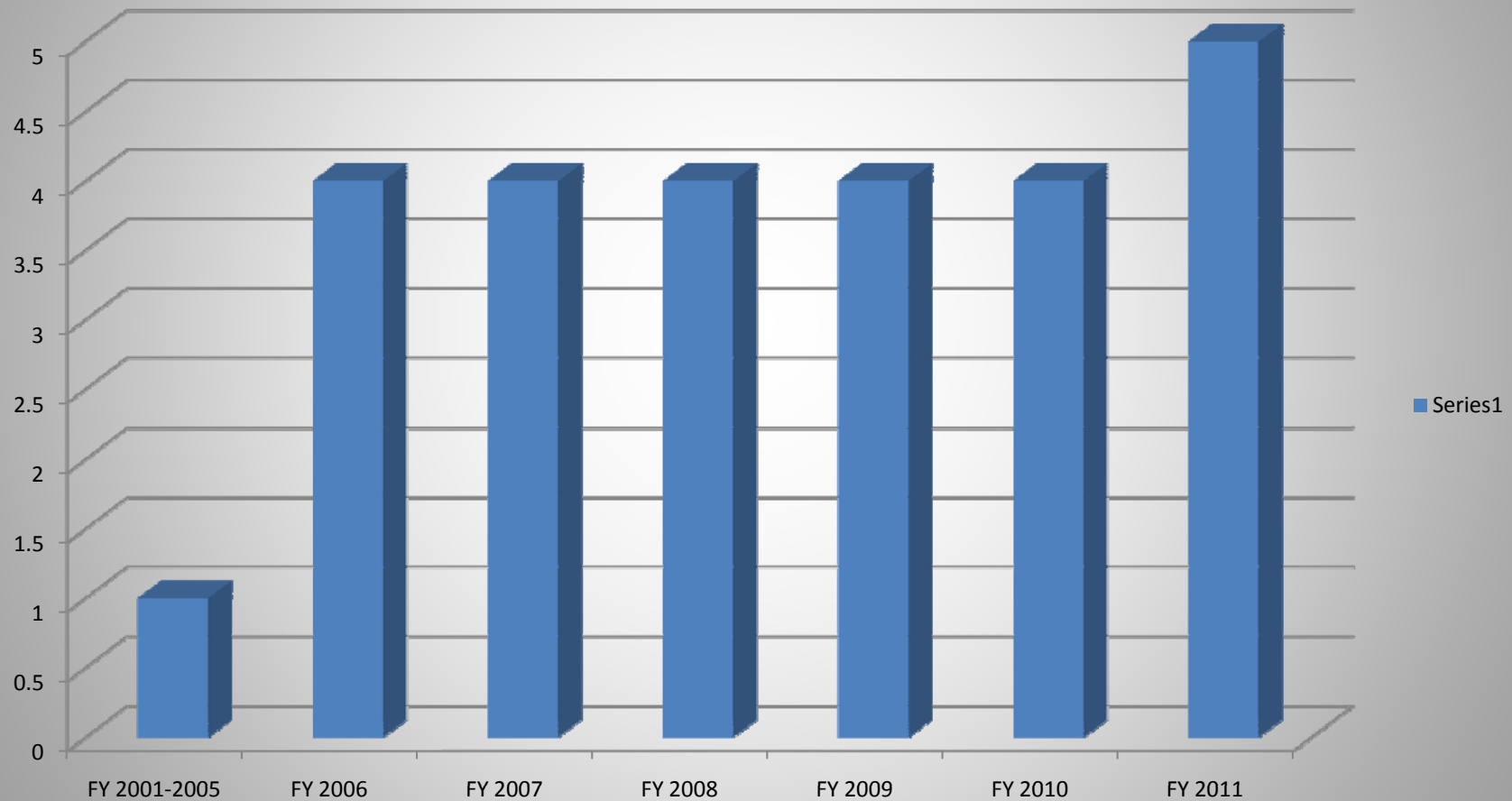
- Ohio MST sites that have tracked follow-up outcome data show high maintenance rates for MST Ultimate Outcomes
- Follow-up outcomes have been shown, in research, to relate to achieving target Therapist Adherence (+0.61, cut-off score on TAM-R)
- As a group, CIP supported Ohio MST sites have achieved Adherence targets since 2001

Integrated Co-Occurring Treatment (ICT)

Service to Science Development

- Design a co-occurring intervention for youth: University of Akron and Ohio Department of Mental Health
- Initial implementation partner: Juvenile Justice/Ohio Department of Youth Services
- Multiple site piloting, 2005 to present: (Akron, Ohio; Cleveland, Ohio; Kalamazoo, Michigan; Salinas, California; & McHenry County, Illinois)
 - Five active sites (3 of which were implemented as part of the community's SAMHSA System of Care grant)
 - New site: Columbus, Ohio through a Re-entry grant with ODYS

ICT Growth: # of Sites per Year



Cost Benefit Analysis

Information	Calculation	Cost	Benefit
86% of 394 youth served remained in the home (339)	339 youth		\$19,590,132 Placement costs avoided
Average cost of placement \$57,788	X \$57,788 = \$19,590,132		
IHBT Grant FY 08 & 09 (394 youth)	394 x \$7,500 =	\$2,955,00 Total cost of IHBT	
Typical Case Rate for IHBT = \$7,500	\$2,955,000		
55 youth placed	55 x \$57,788=	\$3,178,340 Total cost of placement	
Average cost of placement \$57,788	\$3,178,340		
			Total Benefit
394 youth served in IHBT Grant FY 08 and 09	Cost saved minus cost of IHBT and cost of youth placed		\$13,456,792 (for all youth served)
	\$13,456,792 divided by total youth served (394)		\$34,154 (Cost savings per youth)
	Total Benefit (19,590,132 – 3,178,340)/Total Service Cost (2,955,000)	For every (\$1) dollar spent in IHBT	\$5.55 is returned in placement costs avoided

Fiscal Impact for System Stakeholders

Placement Type	Average Cost Per Diem	Annualized Cost	System(s) Impacted
Foster Care Level IV	\$123.90	\$45,224	Local Job and Family Services
Group Home	\$125	\$45,625	Local Job and Family Services; Juvenile Courts
Residential Treatment (non-secure)	\$200.56	\$73,204	Local Job and Family Services; Juvenile Courts; School Systems
Residential Treatment (secure)	\$335	\$122,275	Local Job and Family Services; Juvenile Courts; School Systems
Juvenile Commitment	\$300	\$99,462 (10.9 months)	ODYS; Local Juvenile Courts
IHBT (average cost per treatment episode)		\$7,500	All

Implementation Reality

- Not an event but an ongoing process
- Typically takes 2-4 years to take hold
- The treatment effectiveness is in direct proportion to the effectiveness of implementation at **ALL** levels



So Why the Challenges if There are Such Good Outcomes and Cost Effectiveness?

- **Infrastructure**
- **Financing**
- **Stakeholder
Commitment**



Infrastructure

- Reliable partner in implementation efforts
- Address the programmatic and organizational needs
- Ability to turn around outcome data almost immediately
- Pipeline to the developers and research
- Sufficient to take 'to scale'
- Supports and understands local dynamics

Financing

- Most significant variable from our 'real world' experience
- Complicated and un-incentivizing
- Funding and financing are drivers to reduction in teams
- Federal and state funding practices far behind clinical implementation



Stakeholder Engagement

- Shared vision?
- Competition or collaboration?
- Need to have 'value added' to **each** stakeholder
- Shared outcomes and benefits
- Value, access, and timeliness of outcomes and data



Evolution of Strategies

From:

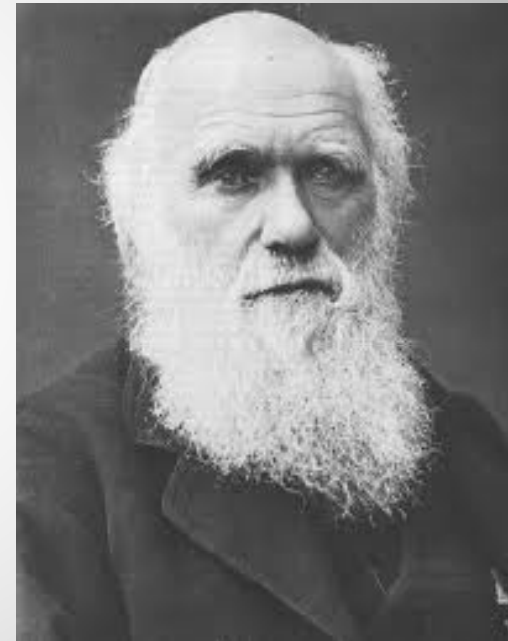
- Organic
- Naïve
- Ideal orientation
- Limited stakeholders
- Intervention focus
- Highlighted the positives

To:

- Strategic
- Informed
- Real world grounded
- Maximum stakeholders
- Systems focus
- Highlight the challenges

Next Generation Strategies

- Heavier use of data and outcomes
- Need to track local longer term outcomes to local finances
- Possible reconfiguration of business model
- More policy-maker and decision-maker engagement
- Stronger alliance with Juvenile Justice and Child Welfare



Got It Right

- Vehicle
- Content
- Process
- Data
- Relevance
- Value
- Quality and Fidelity



Still Working On It

- Critical Alliances
- Beyond Collaboration
- Effective Financing
- Messages on cost
- Fundamental transformation
- Alignment of policy and practice
- Integration with health care and policy

