

# Annual Evaluation Fiscal Year 2006

Eric L. Daleiden



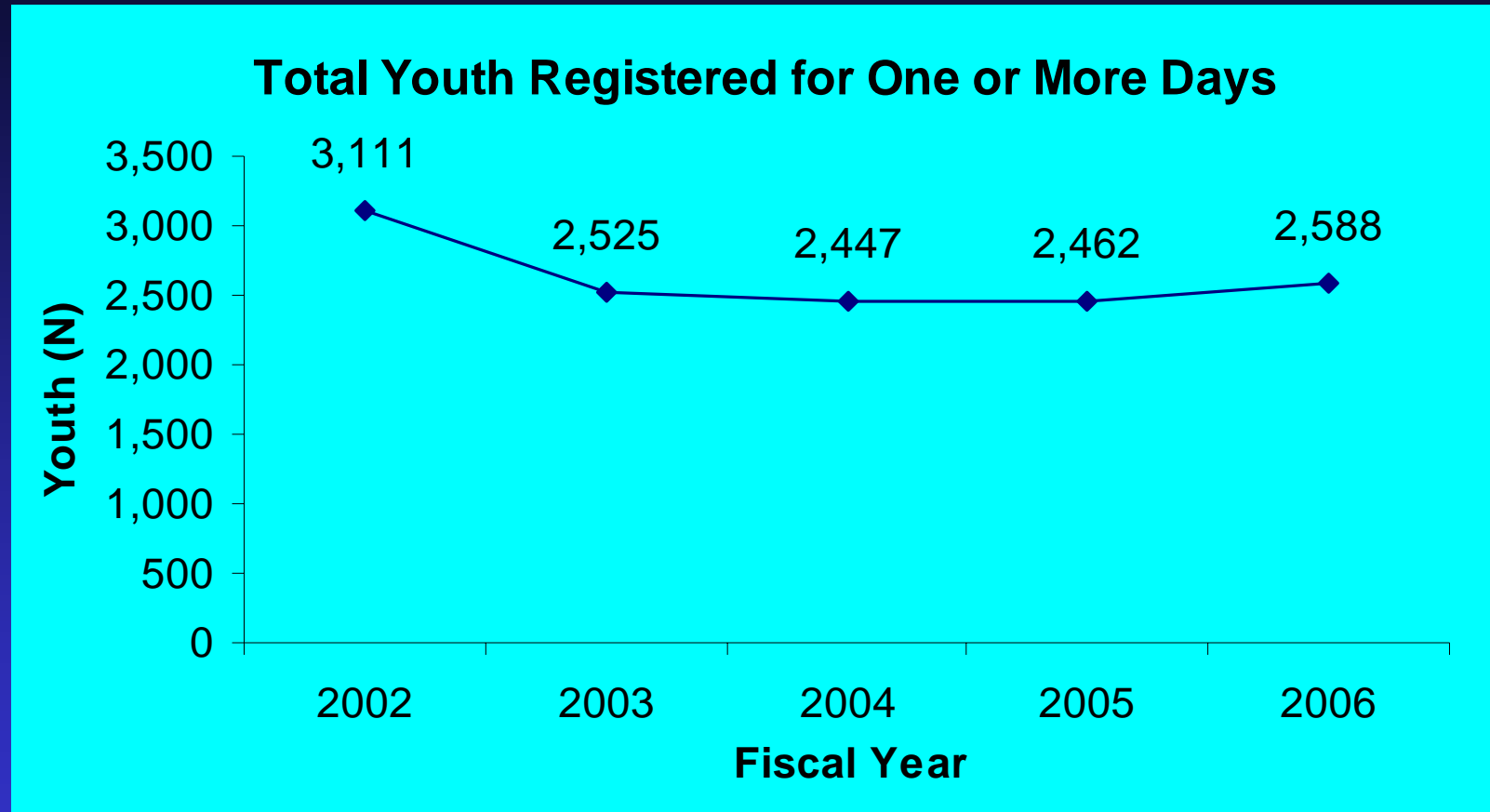
# Evaluation Domains

1. Who Registered?
2. How Served?
3. What Results?

# Who Registered?

1. How many?
2. Where were they served?
3. What was their gender?
4. What was their race and national origin?
5. What were their problems?

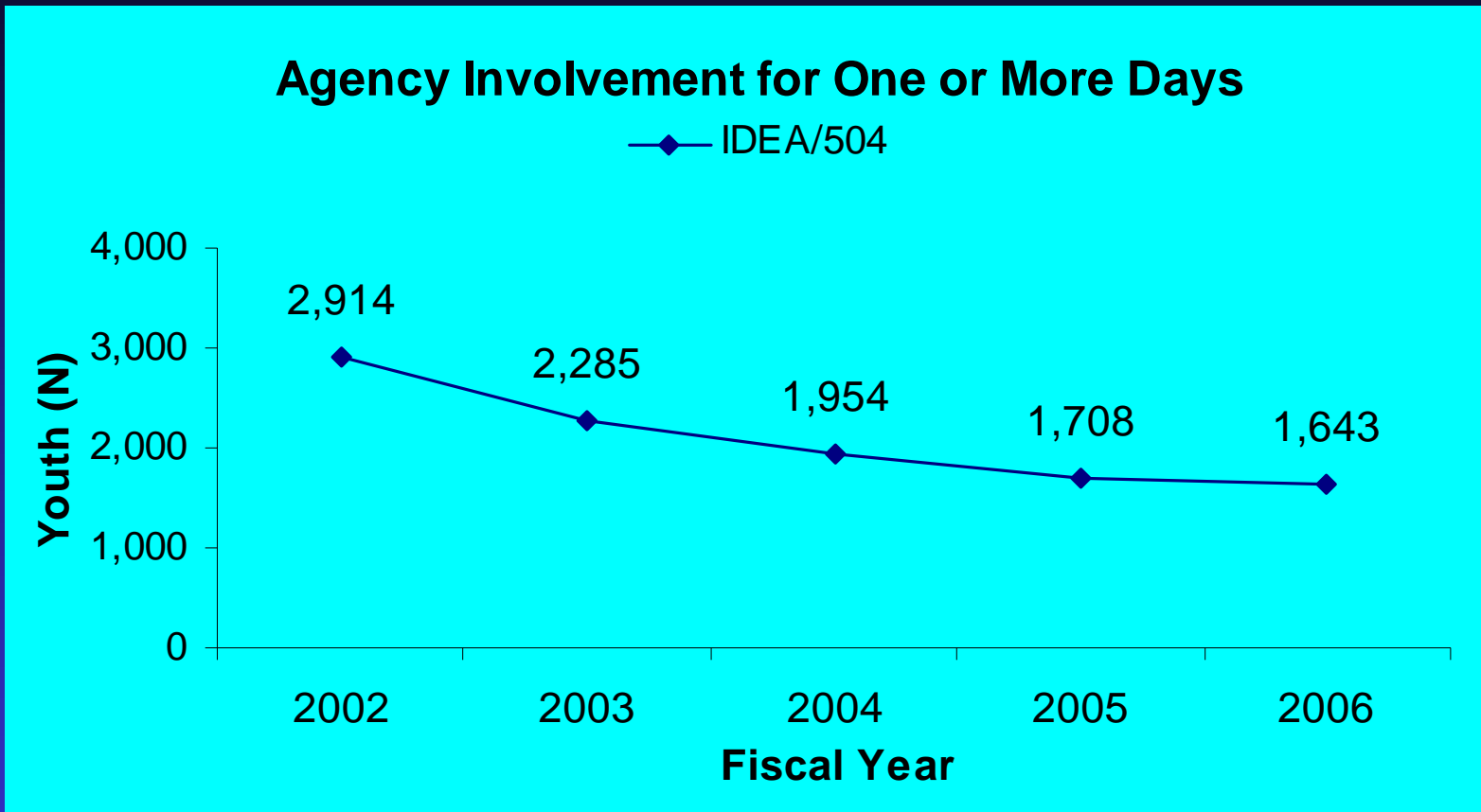
# How many?



**5% Increase from 2005**

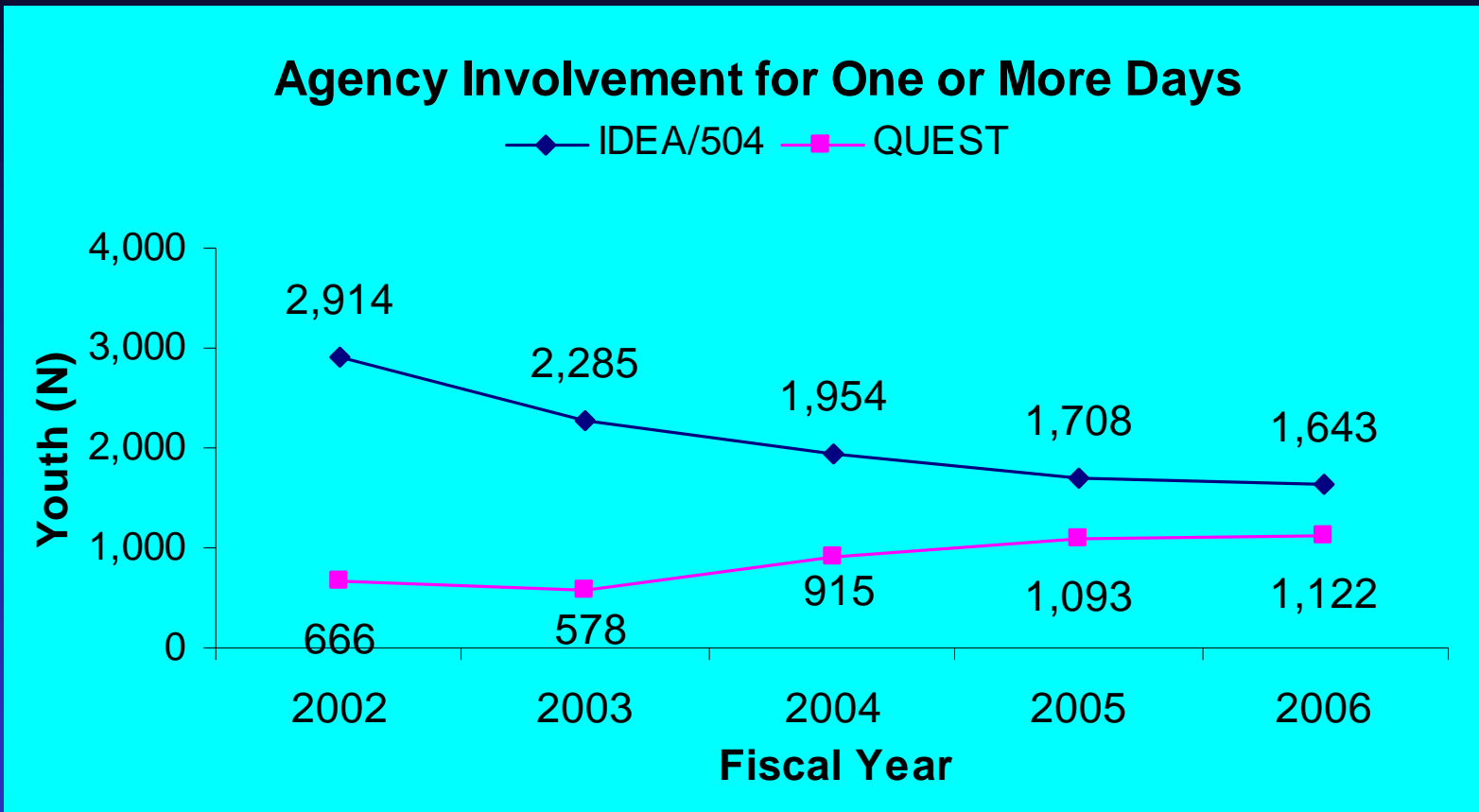
Excluding DOE transfers &  
Pervasive Developmental Disorder prior to 2004

# How many? Special Education



Special Education: 1% Decrease

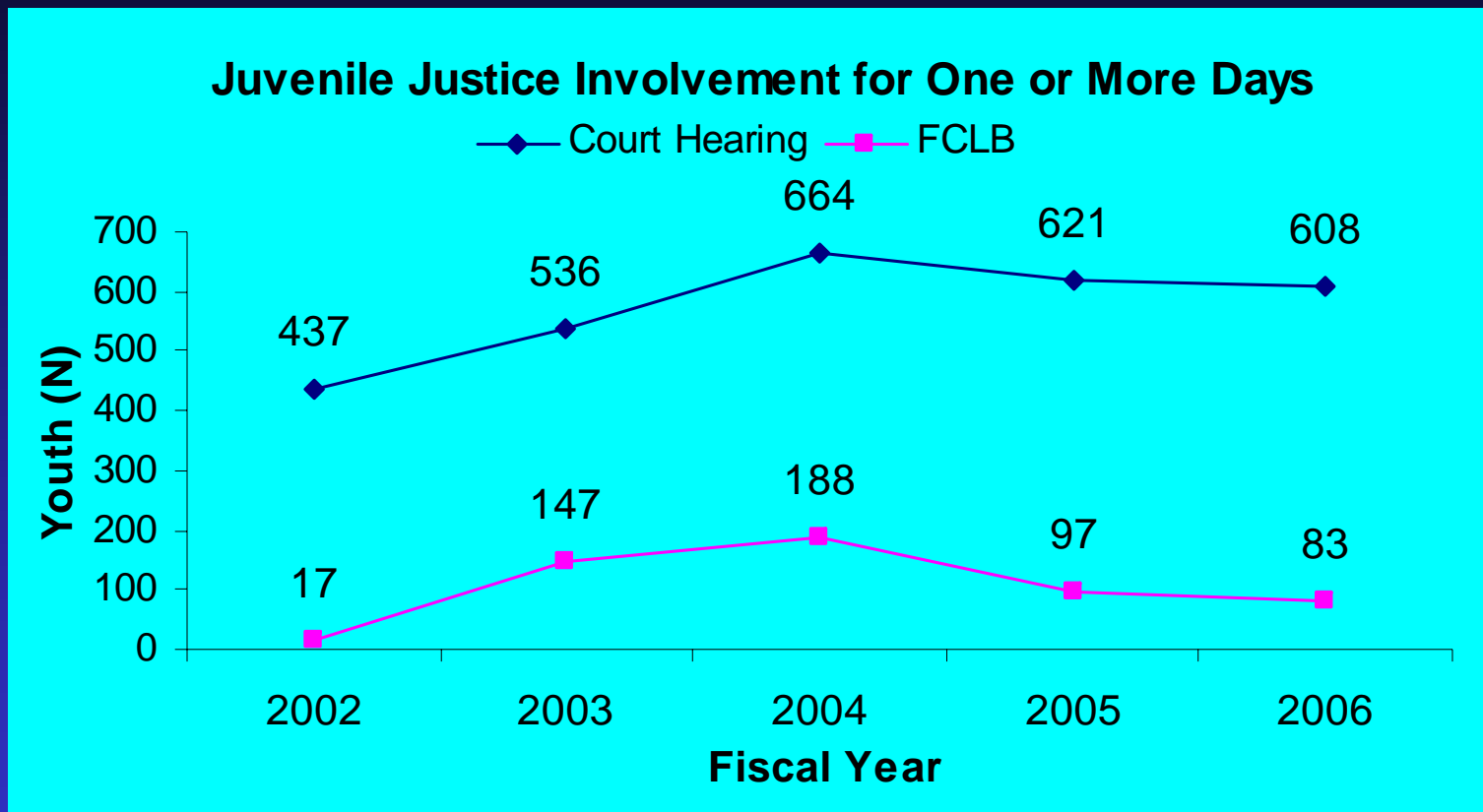
# How many? Education and Health



Special Education: 1% Decrease

Health: 3% Increase

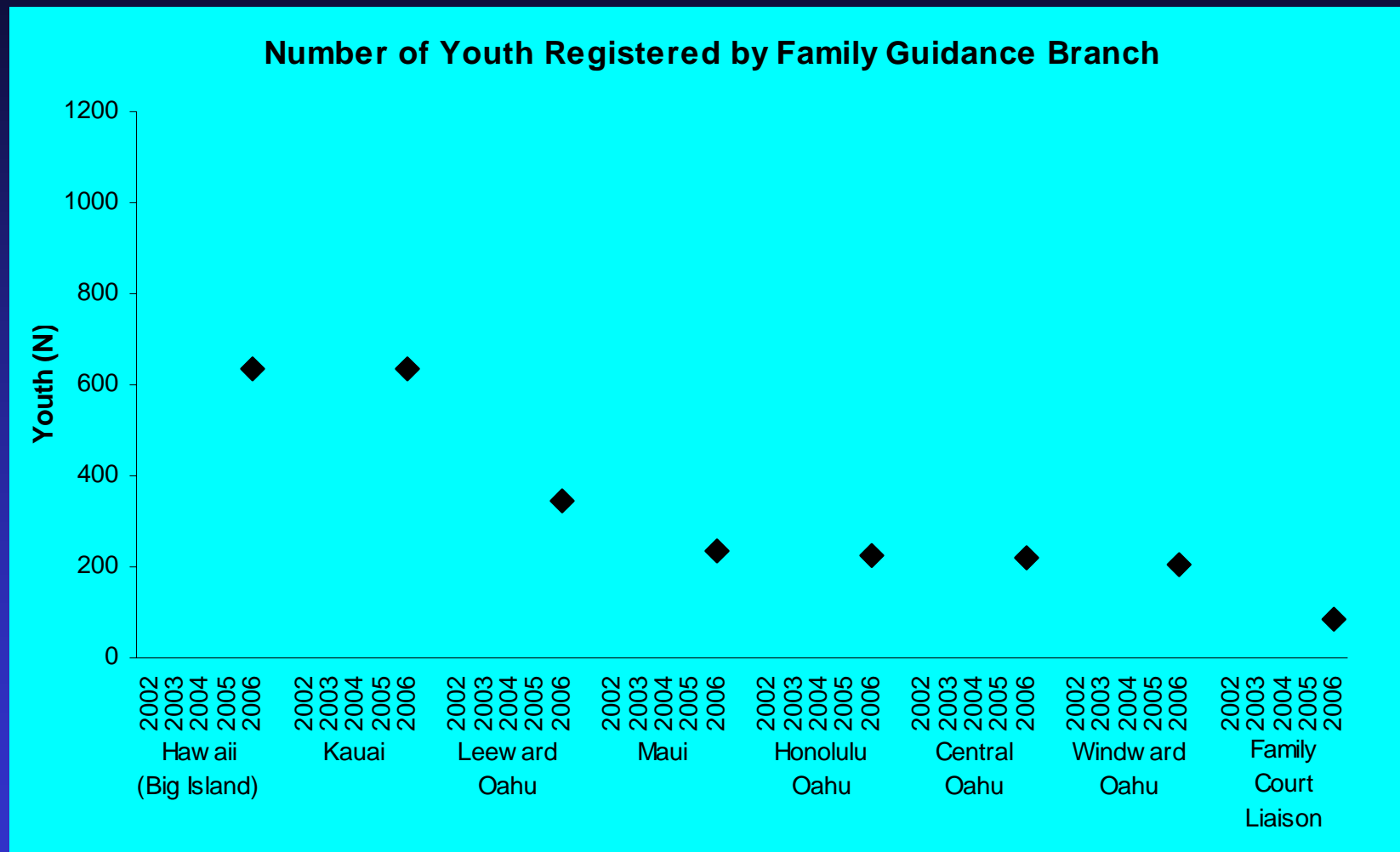
# How many? Juvenile Justice



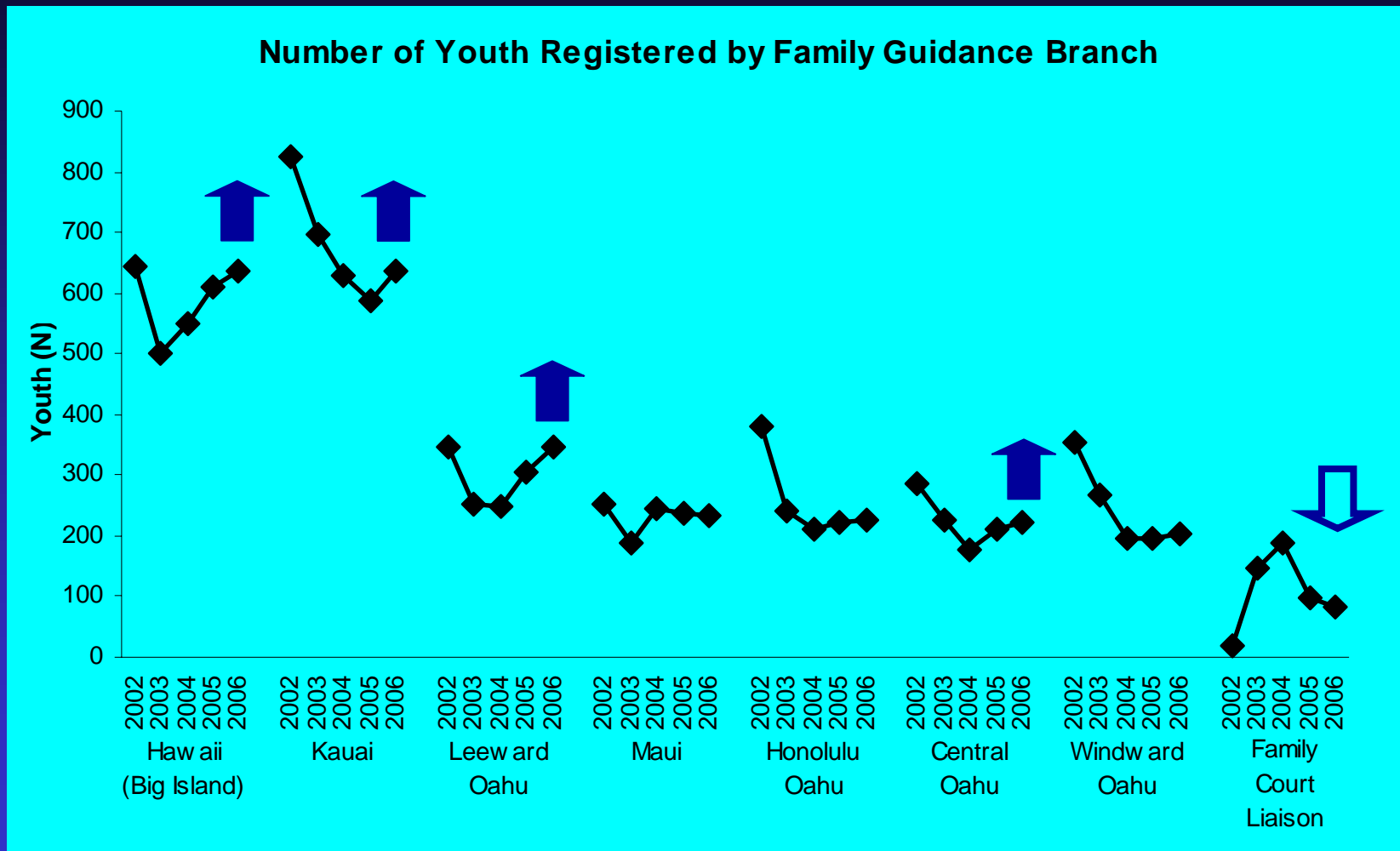
Court: 2% Decrease

FCLB: 14% Decrease

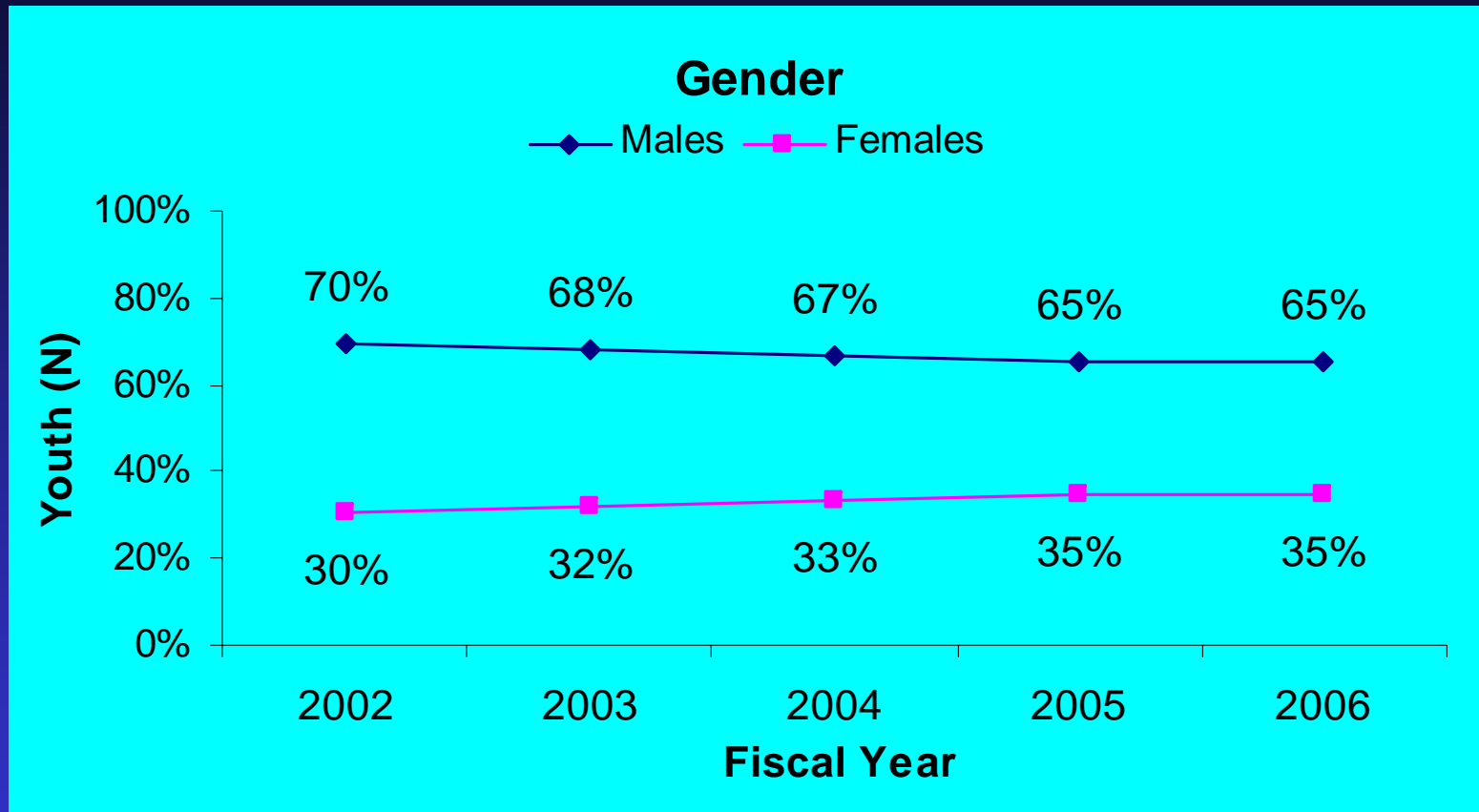
# Where were they served?



# Where were they served?



# What was their gender?



Stabilized

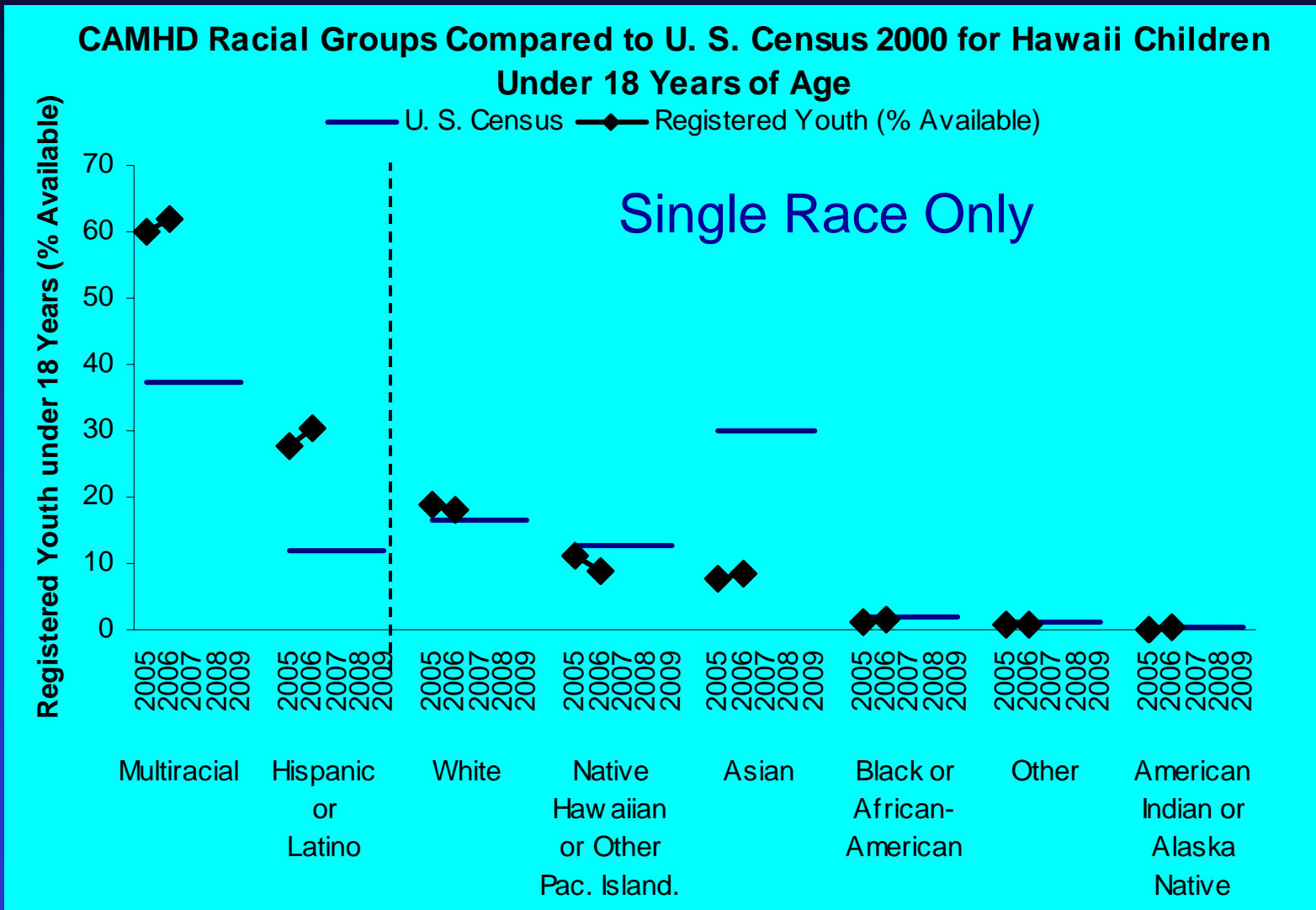
# What was their race and national origin?

## Data Availability

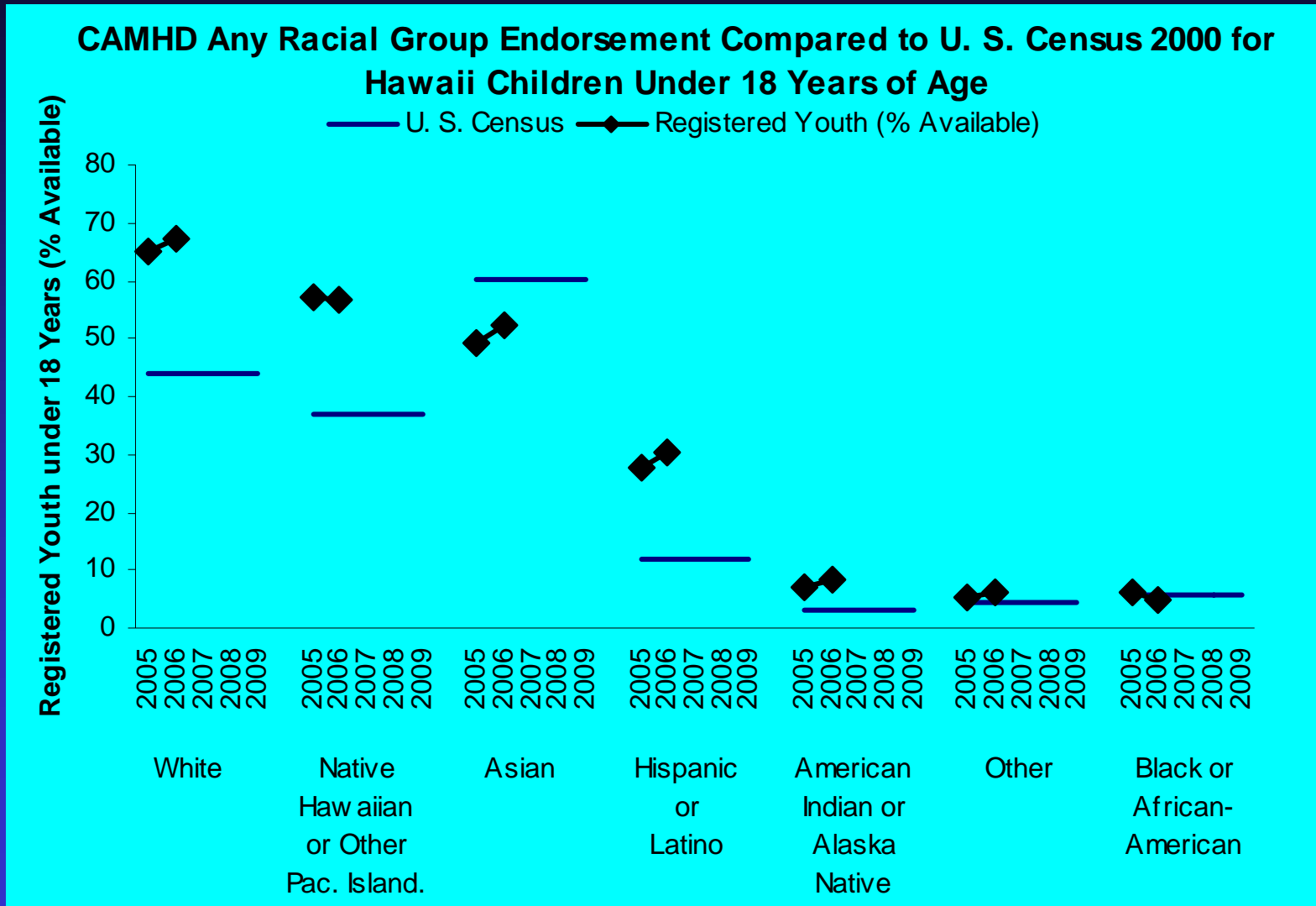
84% for Race  
(32% Improvement)

57% for National Origin  
(23% Improvement)

# What was their race and national origin?



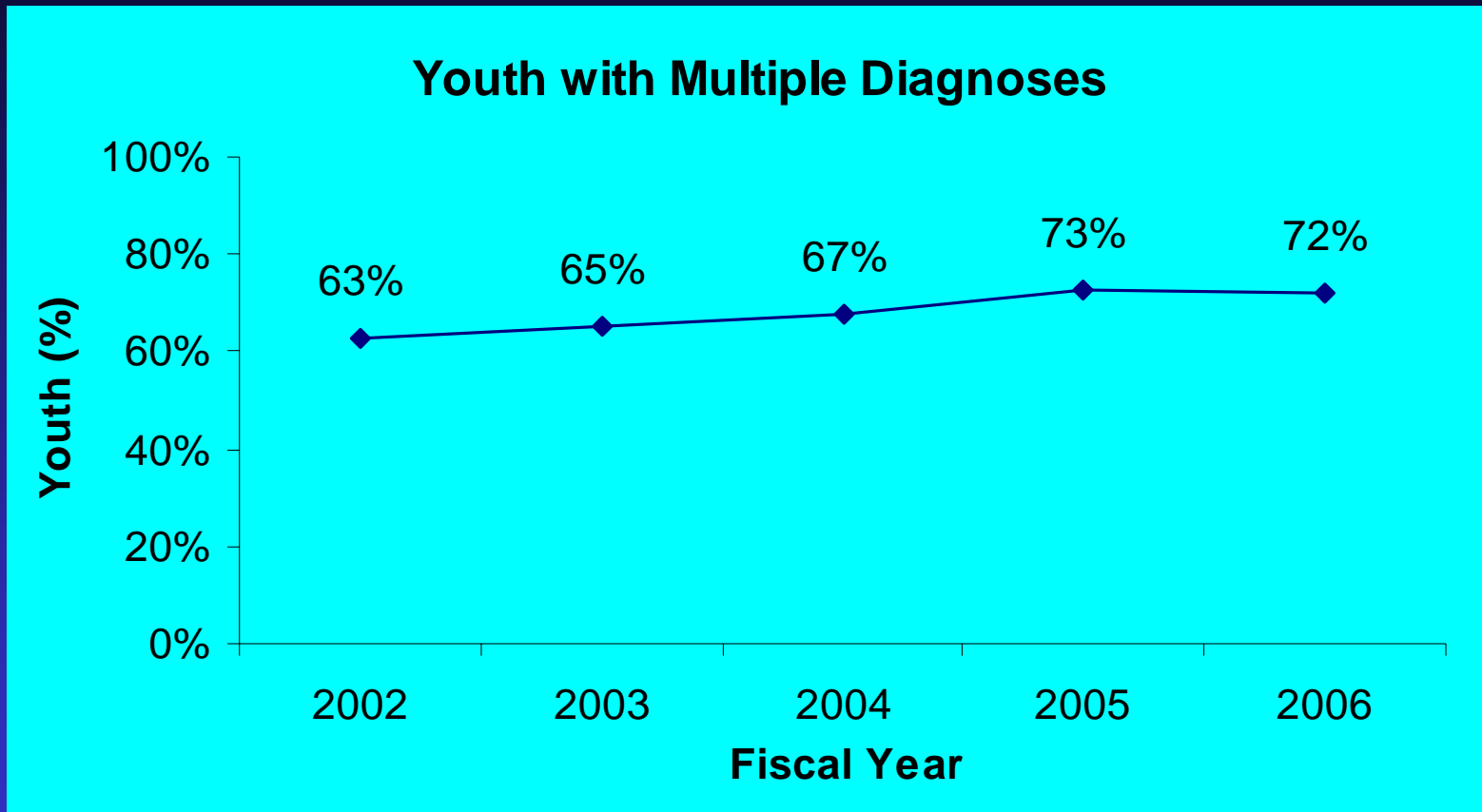
# What was their race and national origin?



# What were their primary problems?

Primary Diagnosis	2002	2003	2004	2005	2006	
Disruptive Behavior	24%	24%	24%	25%	26%	
Attentional	25%	26%	29%	24%	23%	
Mood	19%	22%	20%	23%	22%	
Anxiety	9%	9%	8%	9%	10%	
Adjustment	11%	9%	8%	7%	7%	↓
Miscellaneous	6%	5%	5%	5%	5%	
Substance-Related	3%	3%	2%	3%	4%	
Psychotic Spectrum	1%	1%	1%	2%	2%	
Pervasive Develop.	0%	0%	1%	1%	2%	↑

# Did they have multiple problems?

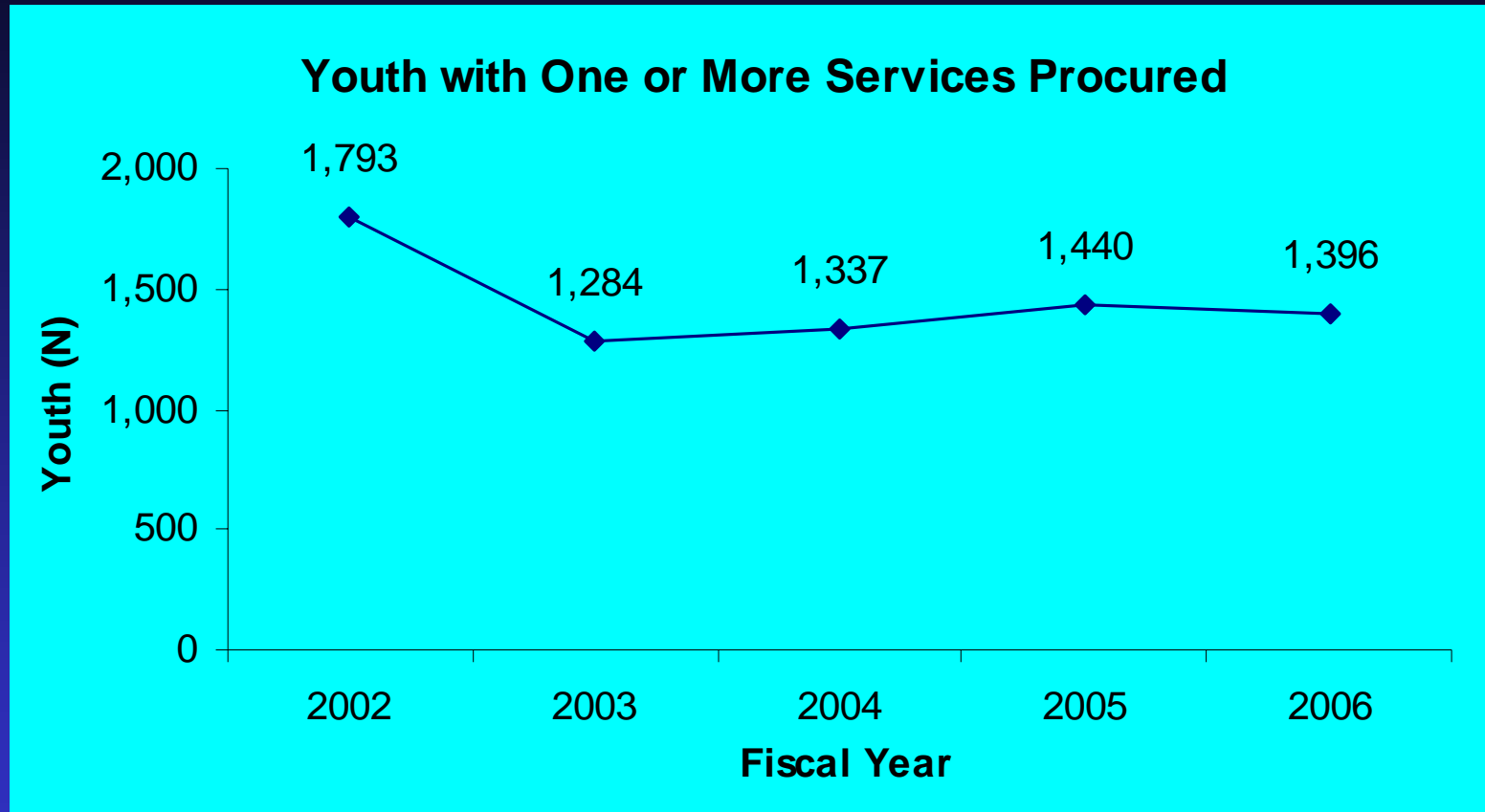


Stabilized

# How were they served?

1. How much service?
2. How much cost?
3. How efficient were services?
4. Type of services?

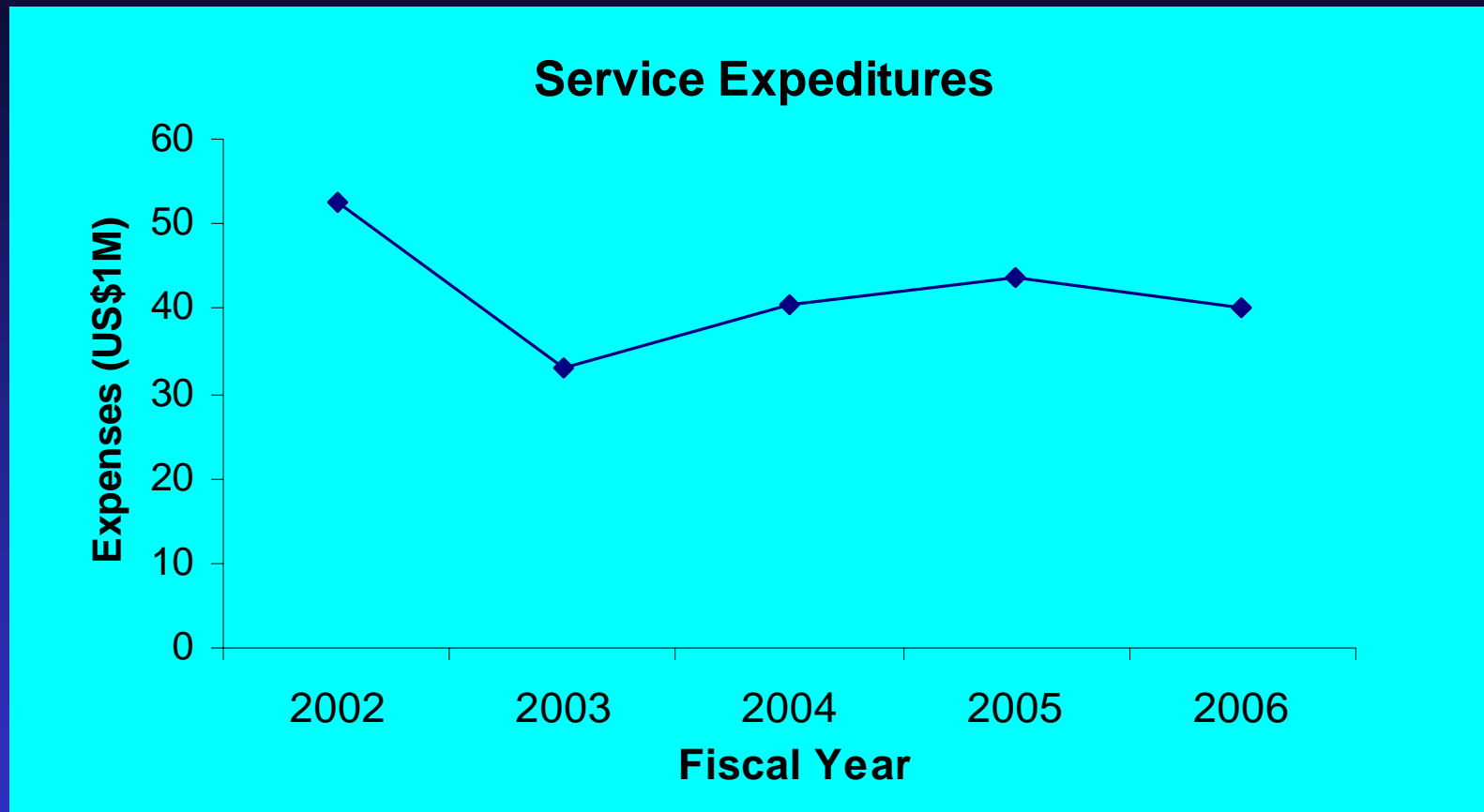
# Output: How Much Service?



**3% Decrease from 2005**

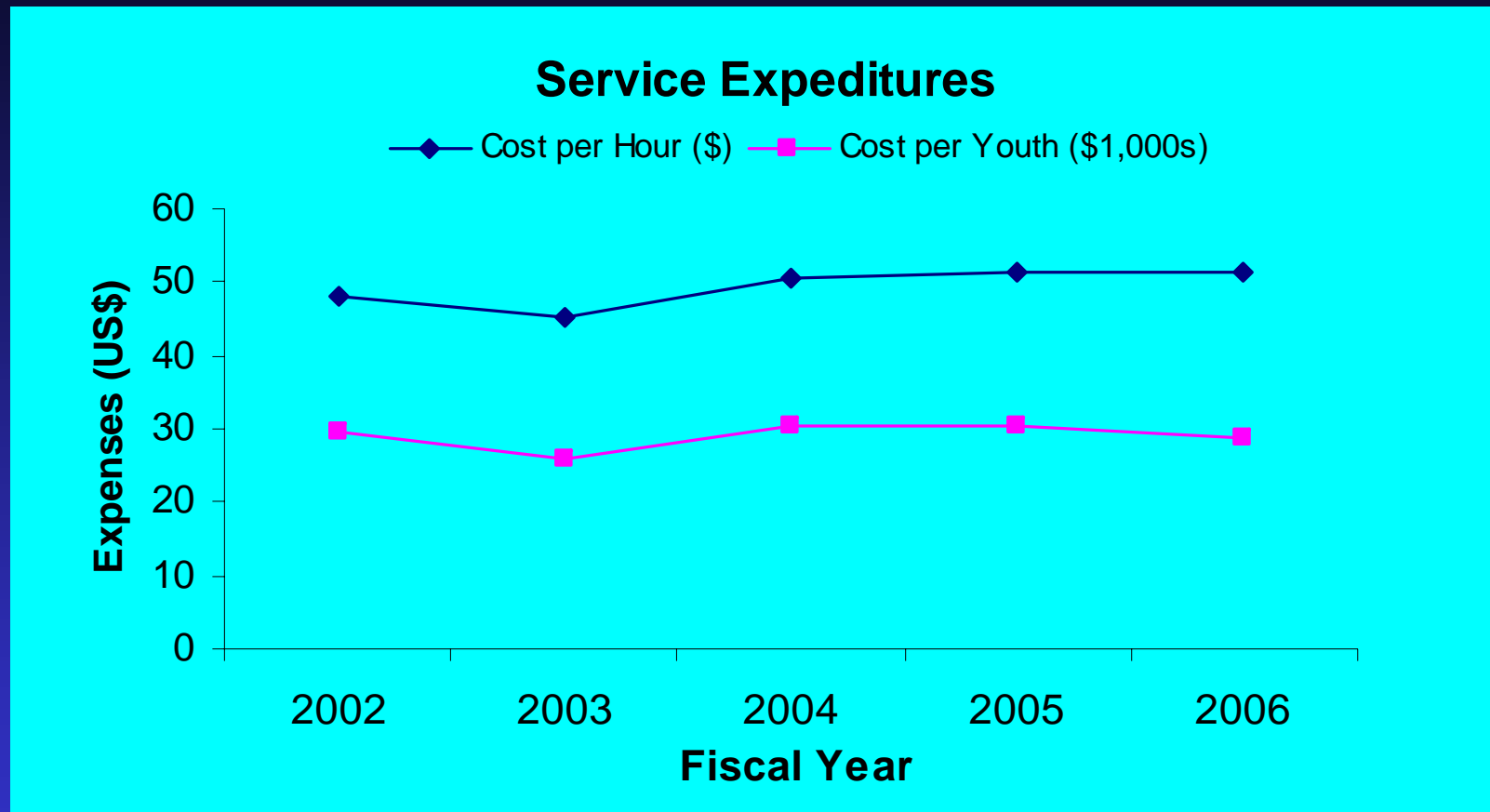
Excluding DOE transfers &  
Pervasive Developmental Disorder prior to 2004

# Input: How Much Cost?



↓ 8% Decrease from 2005

# How Efficient Were Services?

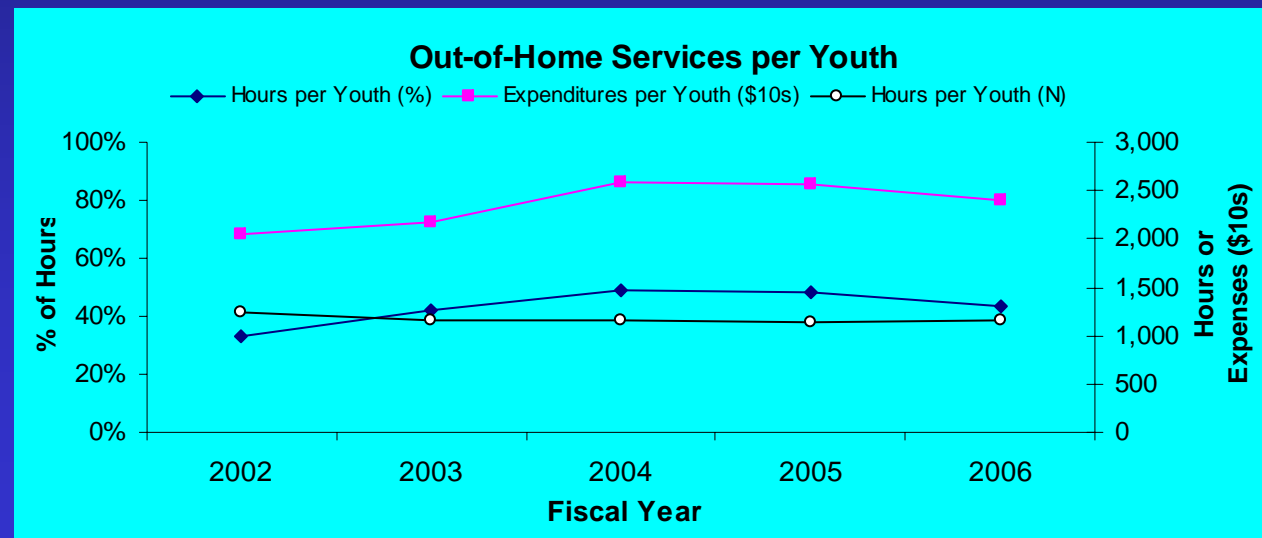
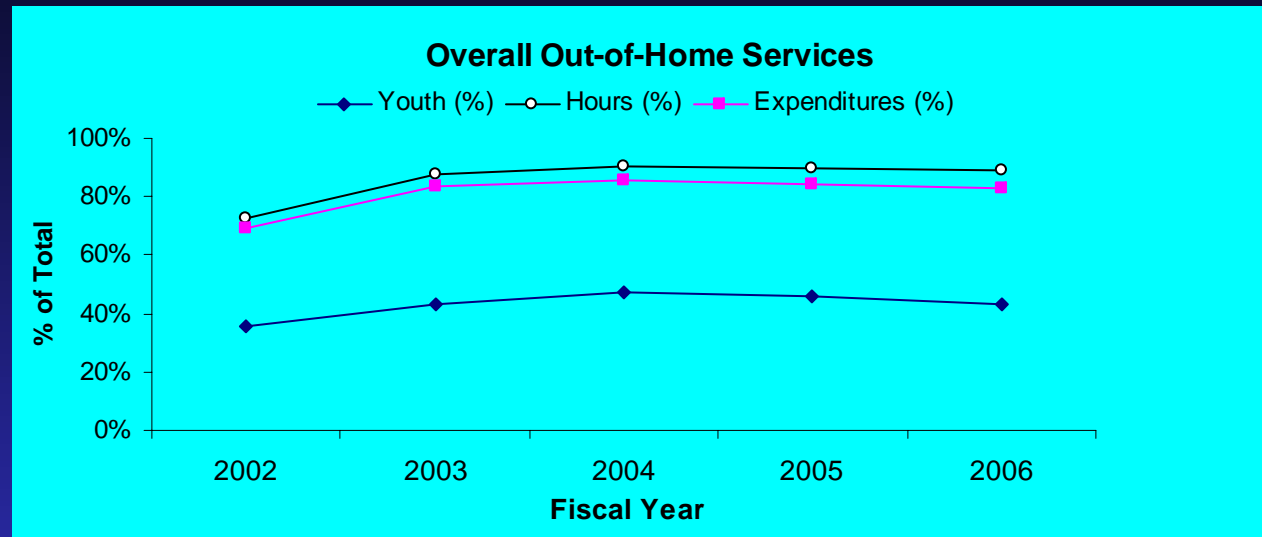


Thus, ↓ Decreased Output, ↓ Decreased Input

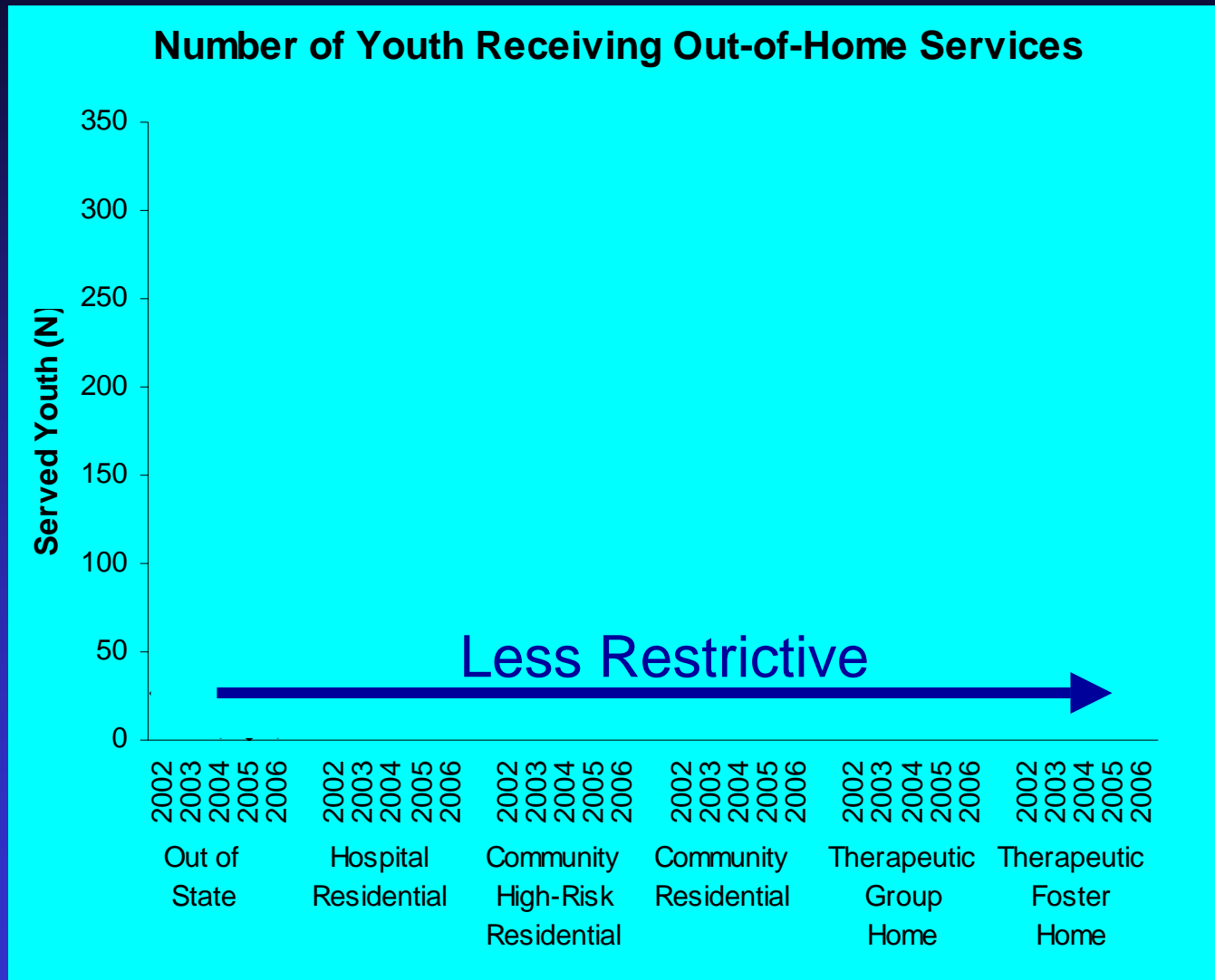
Some increase in efficiency

# How many out-of-home services?

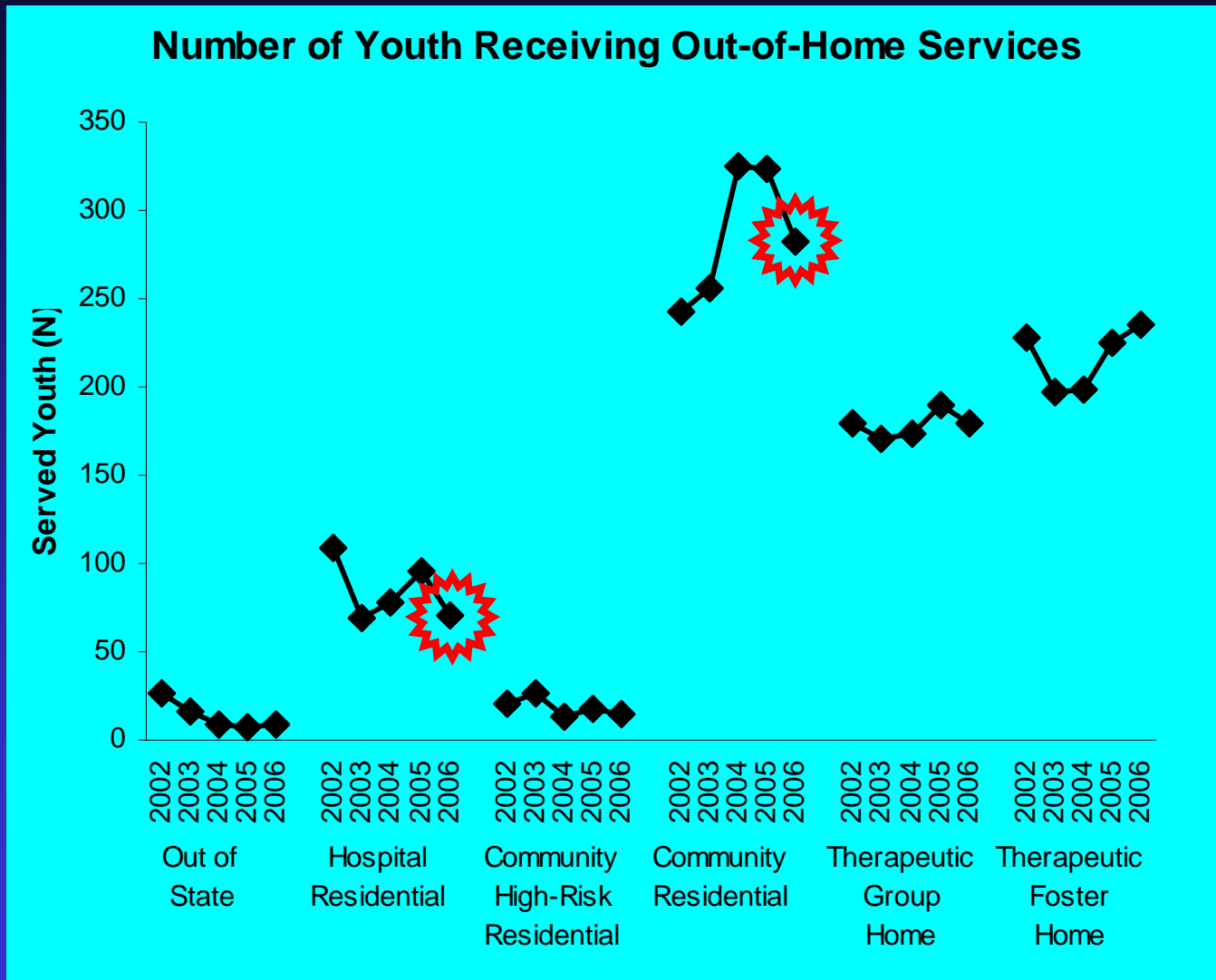
Various indicators suggest that out-of-home service utilization declined



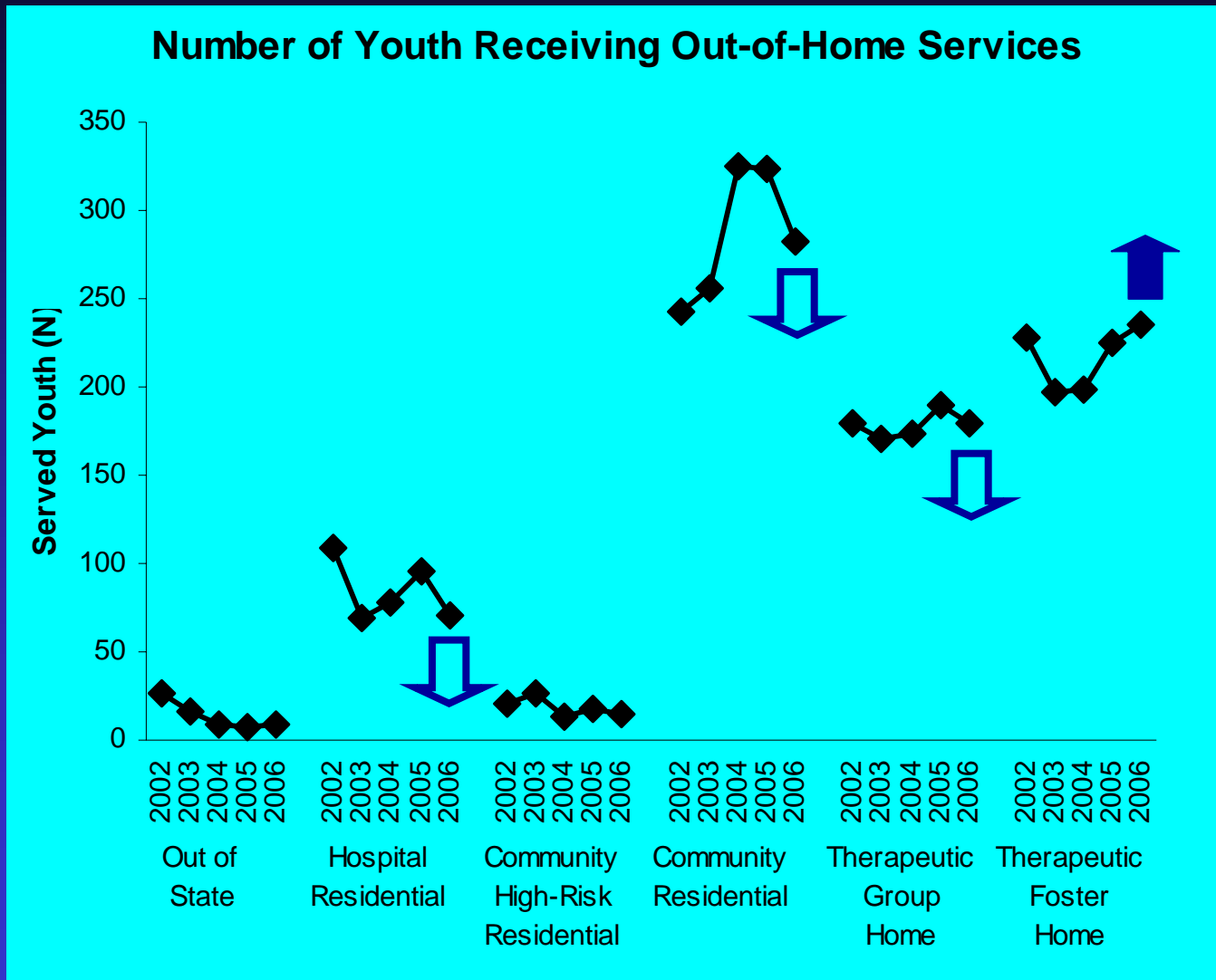
# What type of out-of-home services?



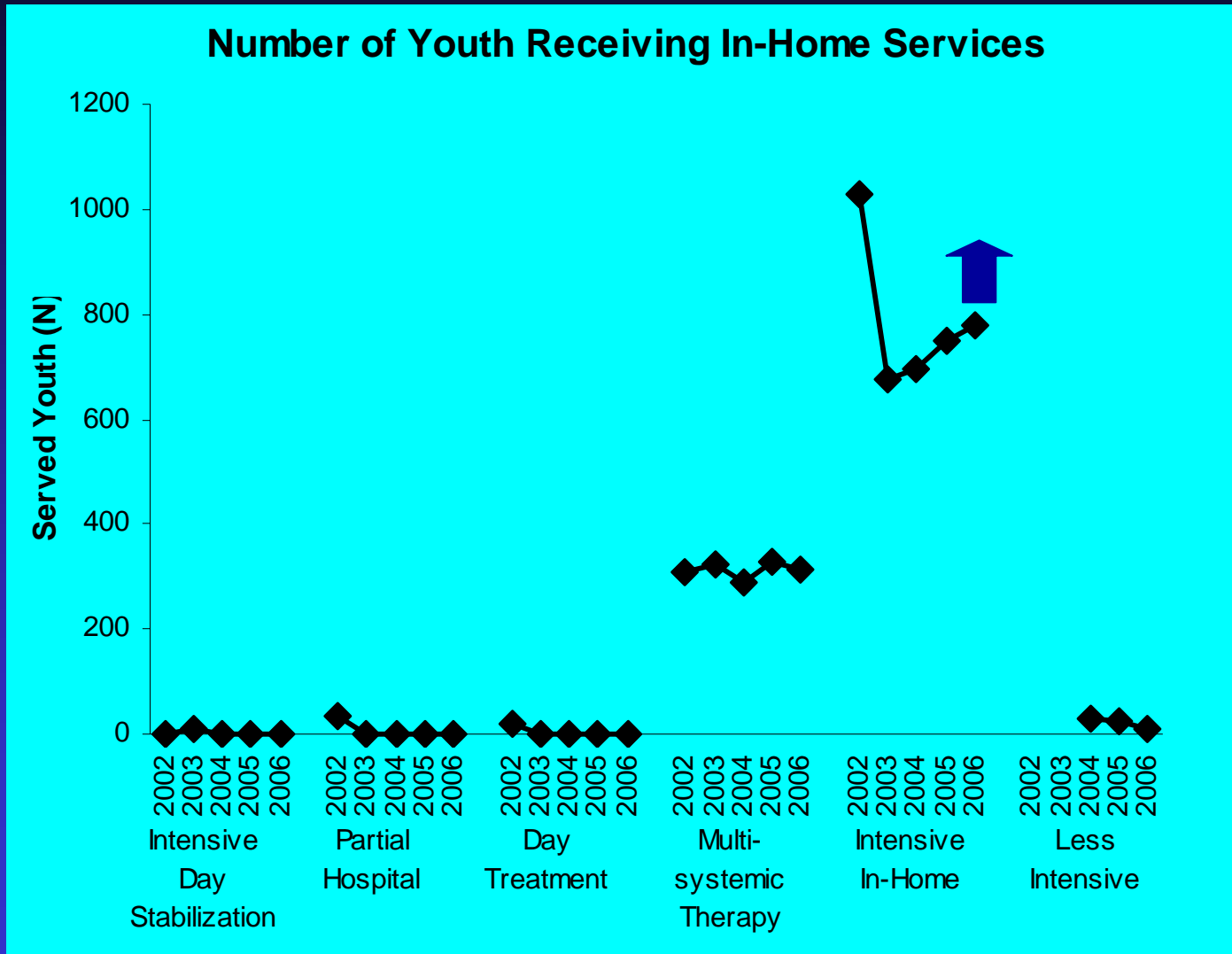
# What type of out-of-home services?



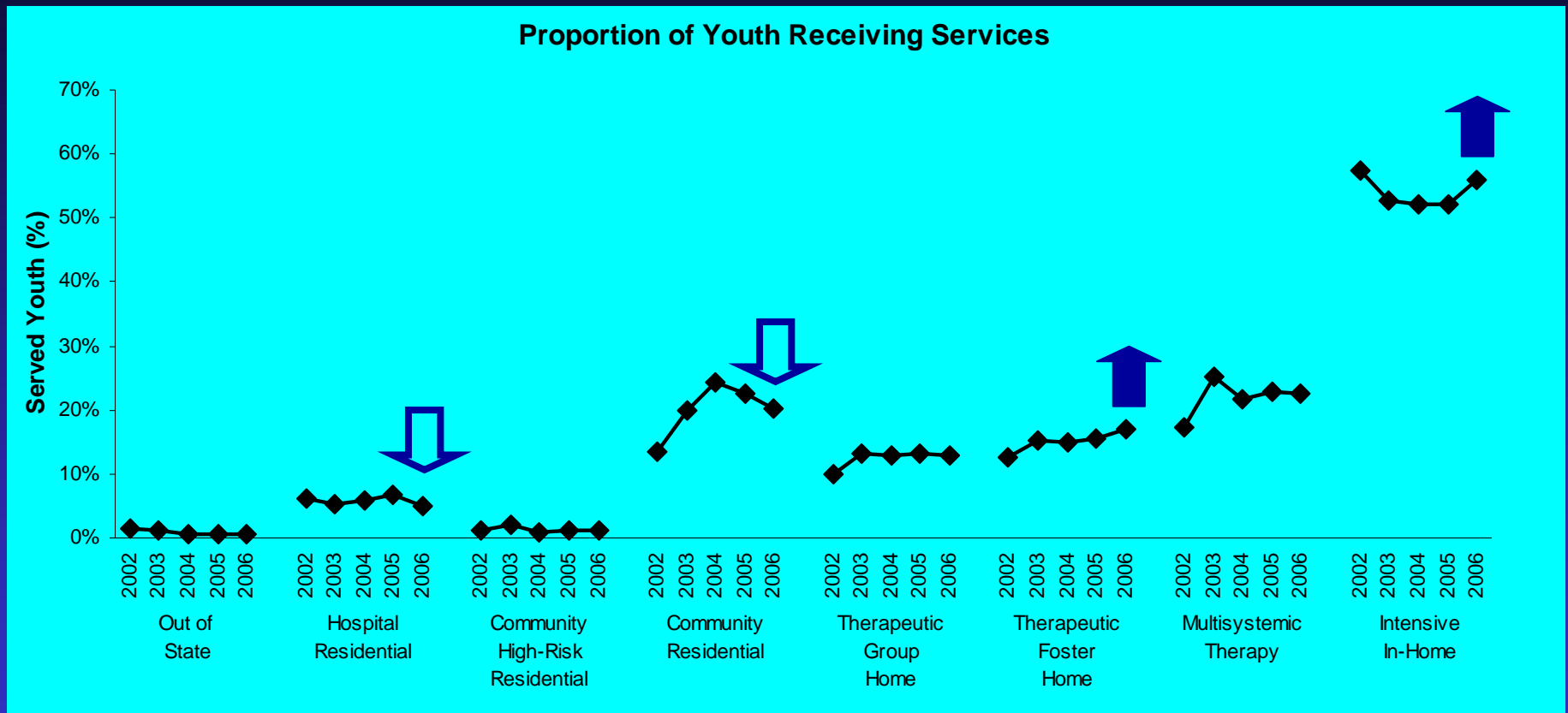
# What type of out-of-home services?



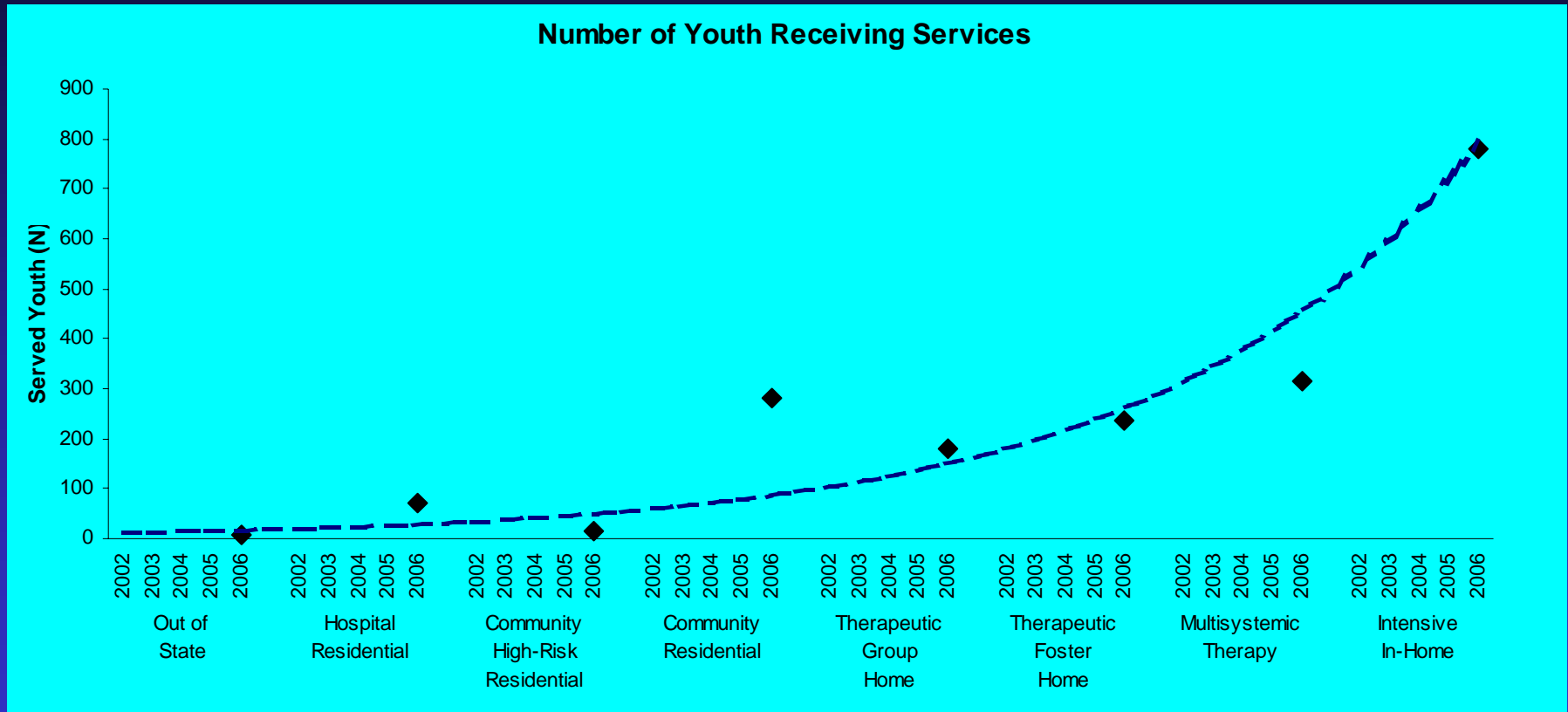
# What type of in-home services?



# Proportion of Services



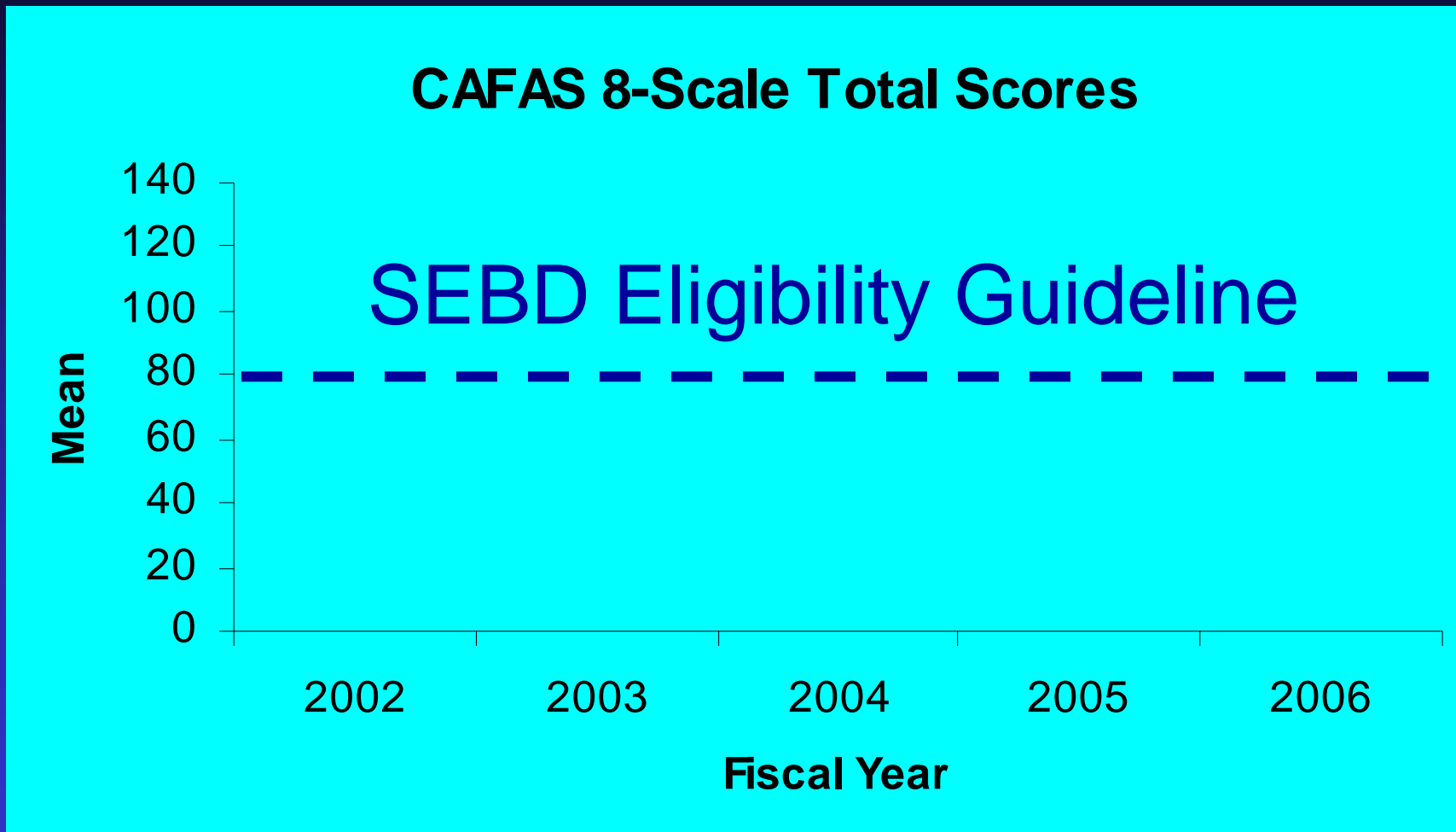
# Least Restrictive?



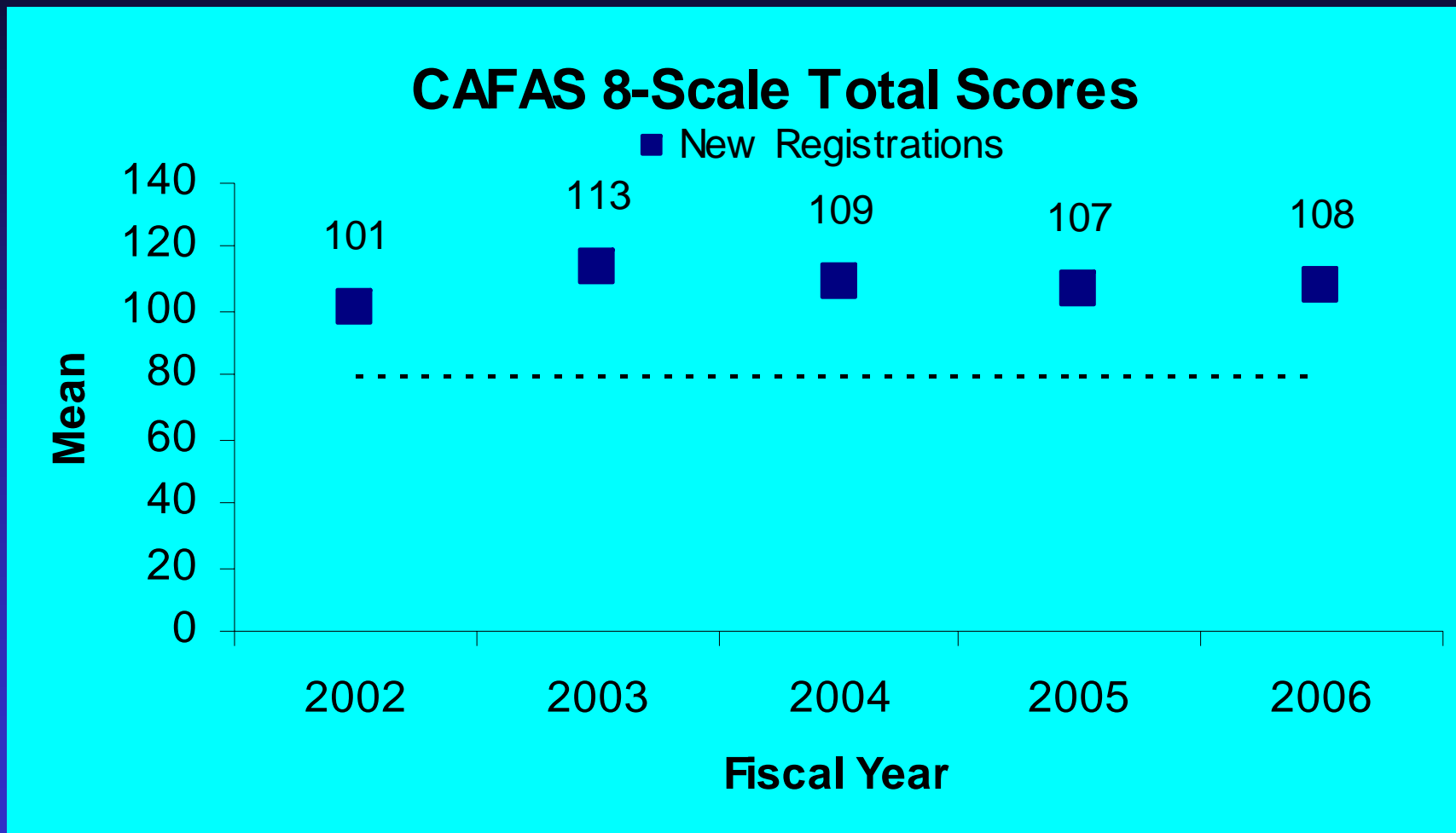
# What results were obtained?

1. Youth status at registration?
2. Do youth improve with services?
3. Has rate of improvement changed over time?

# Youth Status at Registration?



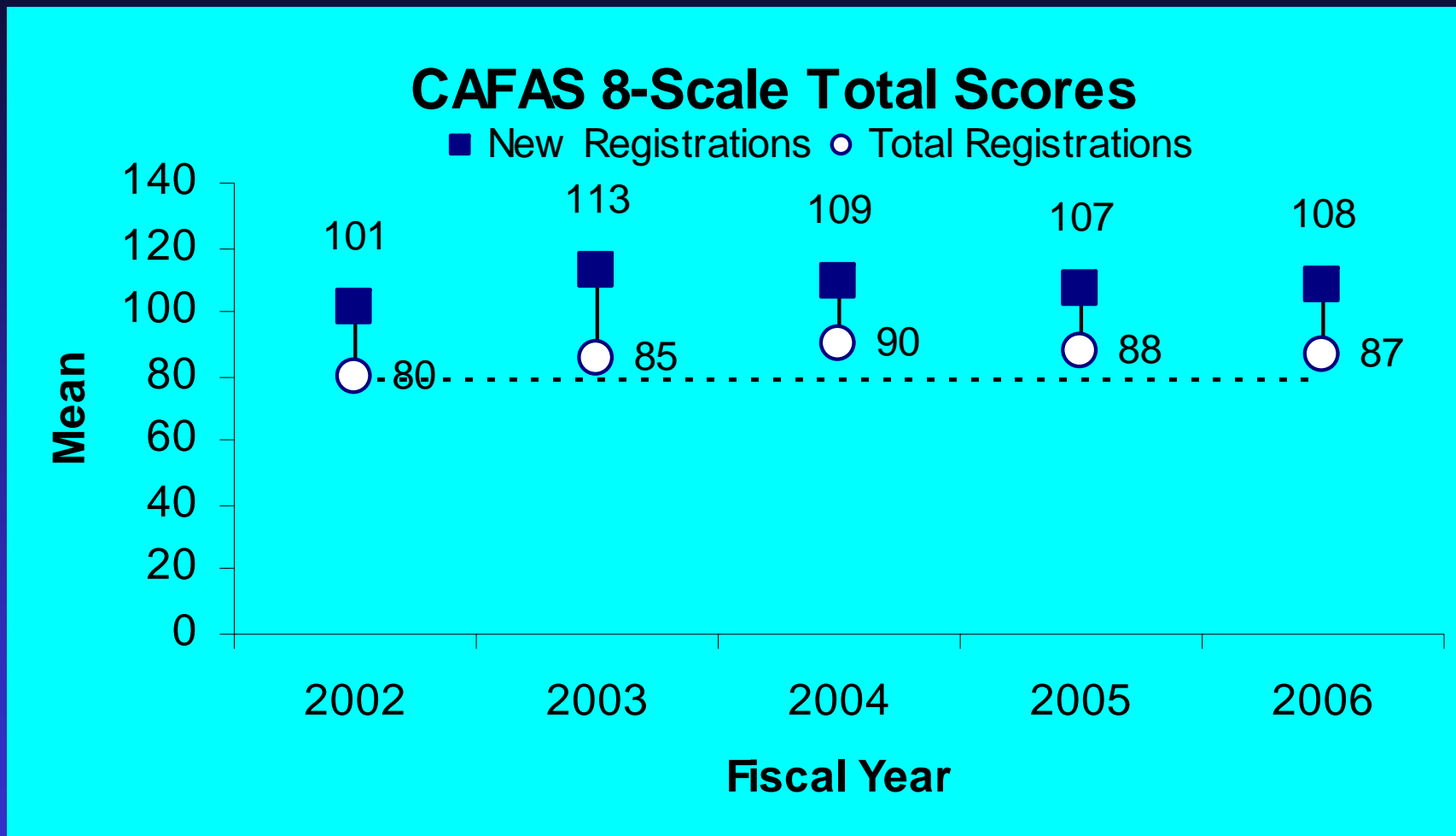
# Youth Status at Registration?



Improvement with Services?

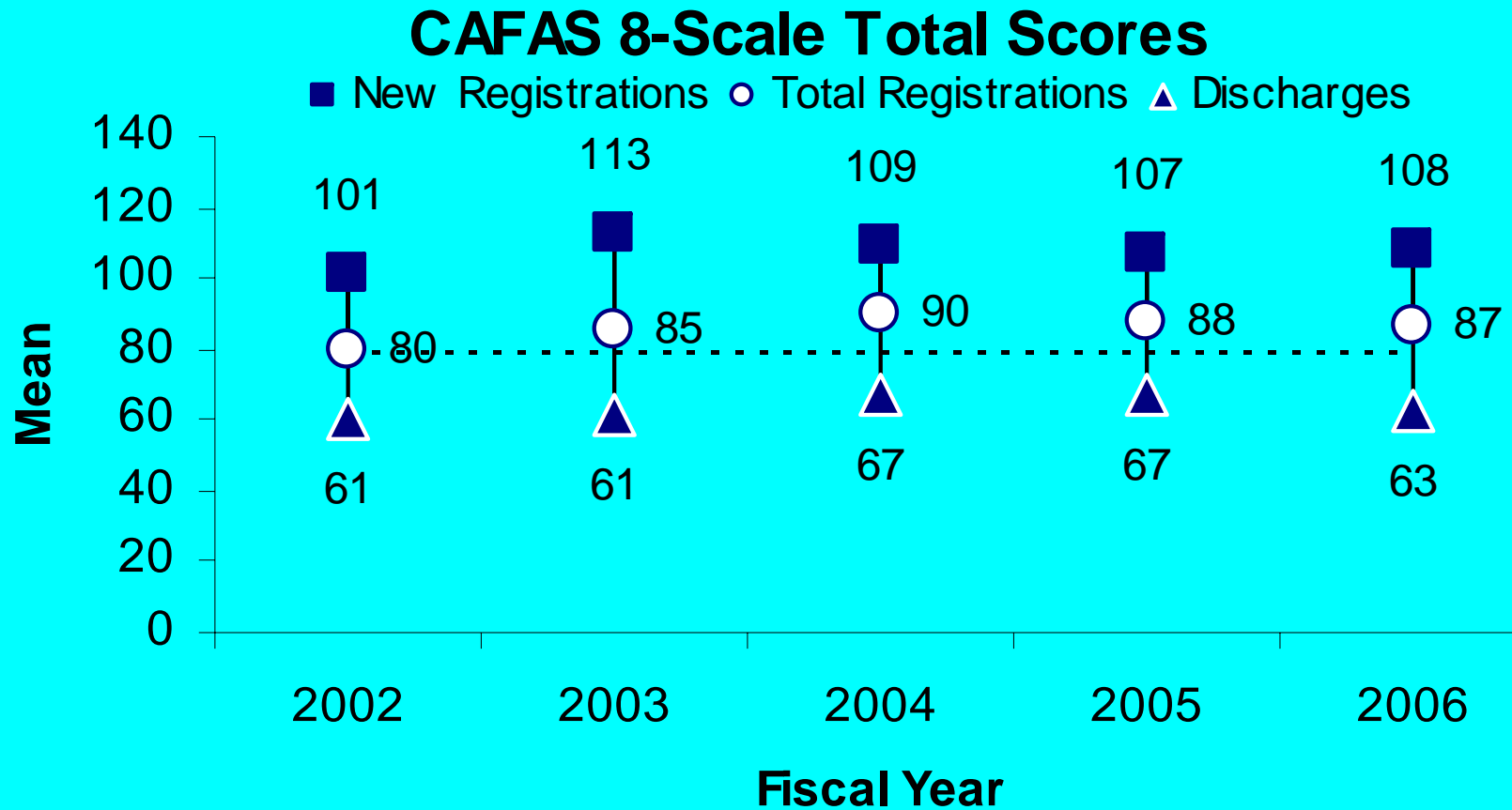
Group Differences

# Improvement with Services?



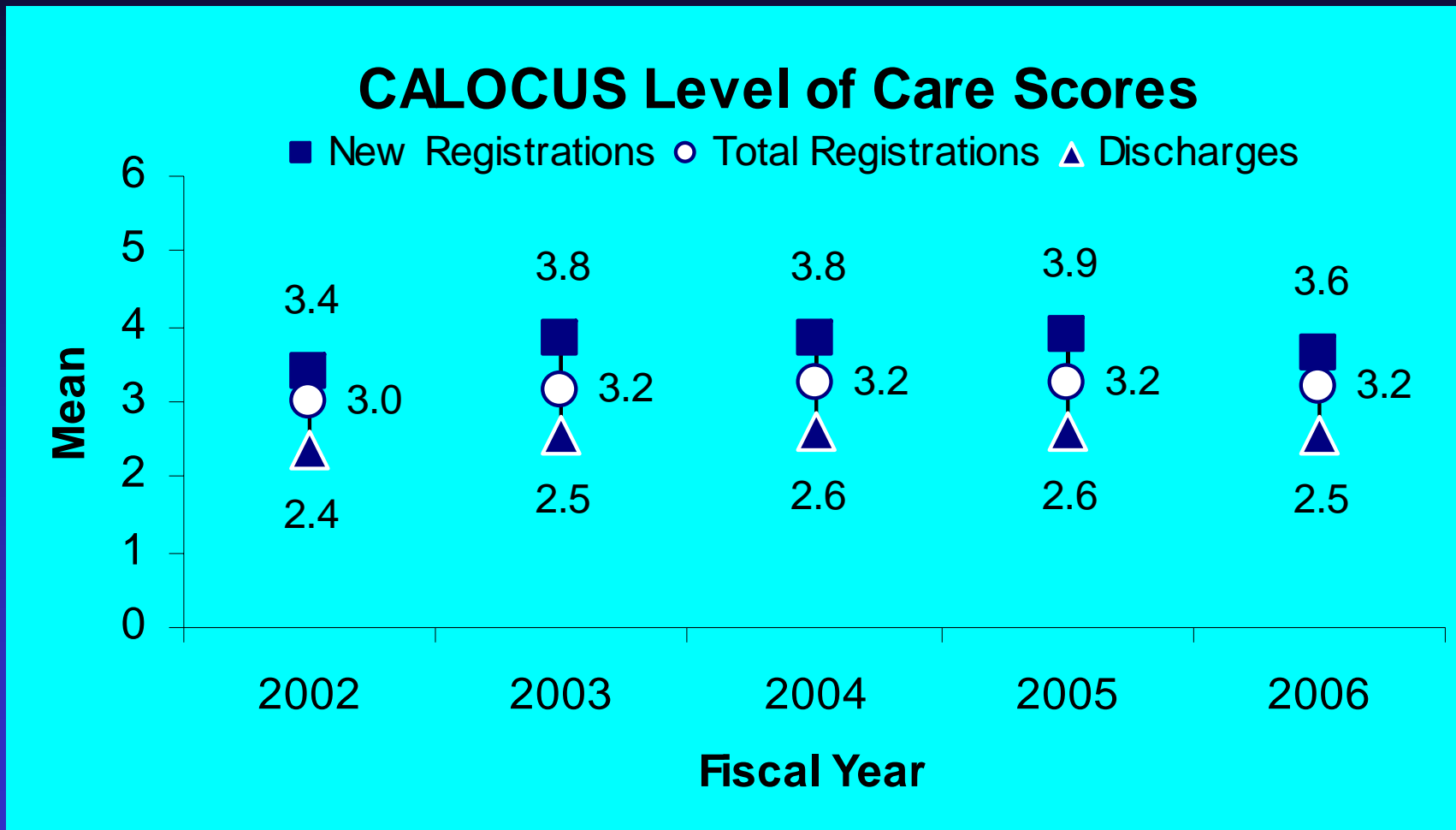
2006 Effect Size = .60

# Improvement with Services?



2006 Effect Size = 1.3

# Improvement with Services?



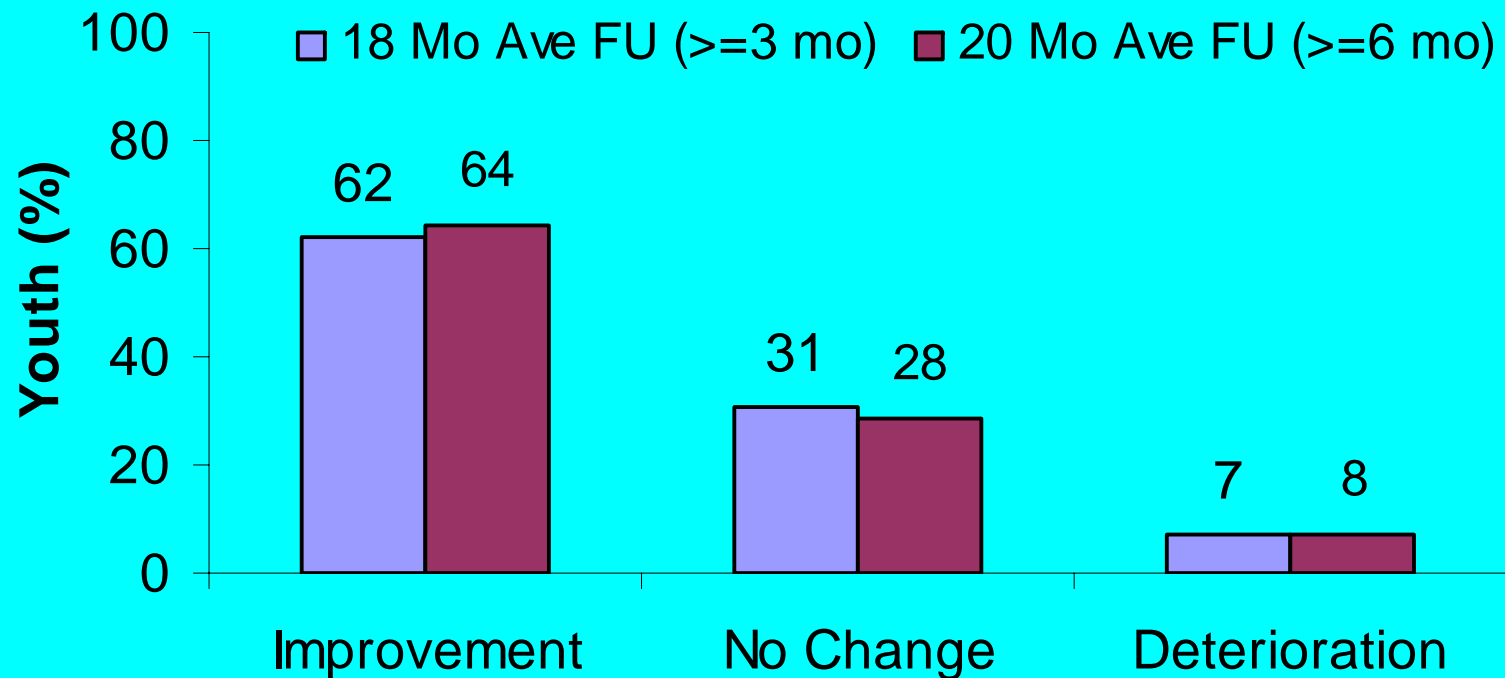
2006 Effect Sizes = .34 total, .85 discharge

# Improvement with Services?

Individual Change  
from Baseline to Follow-up

# Improvement with Services?

## Reliable Change on CAFAS 8-Scale Total



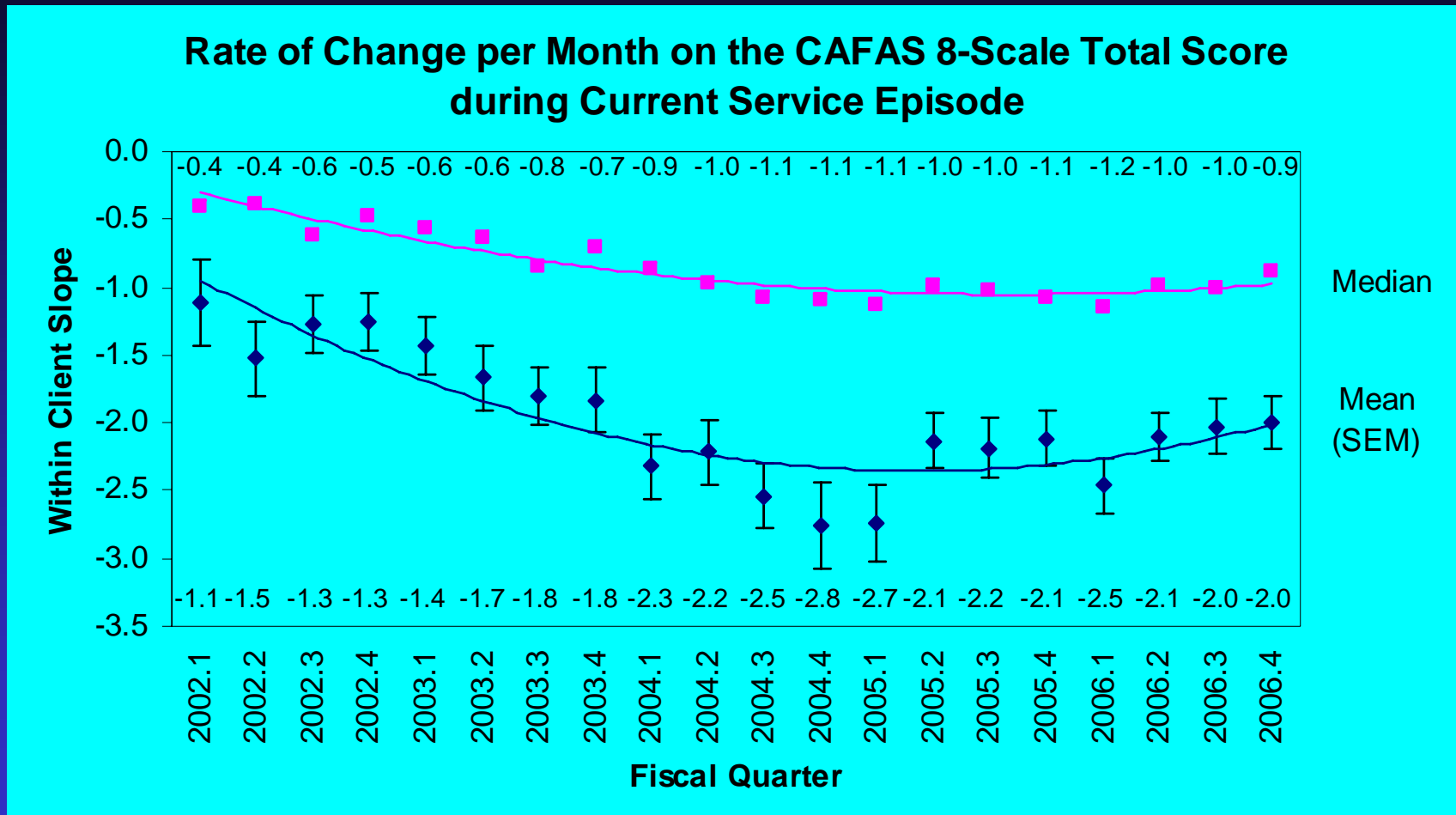
# Improvement with Services?

Measure	Average Baseline	18-mo Ave. Follow-up	Effect Size (SD)
CAFAS Total (n = 1,259)	114	74	1.2
CALOCUS Level (n = 1,015)	4.0	2.9	0.9

# Rate of Improvement?

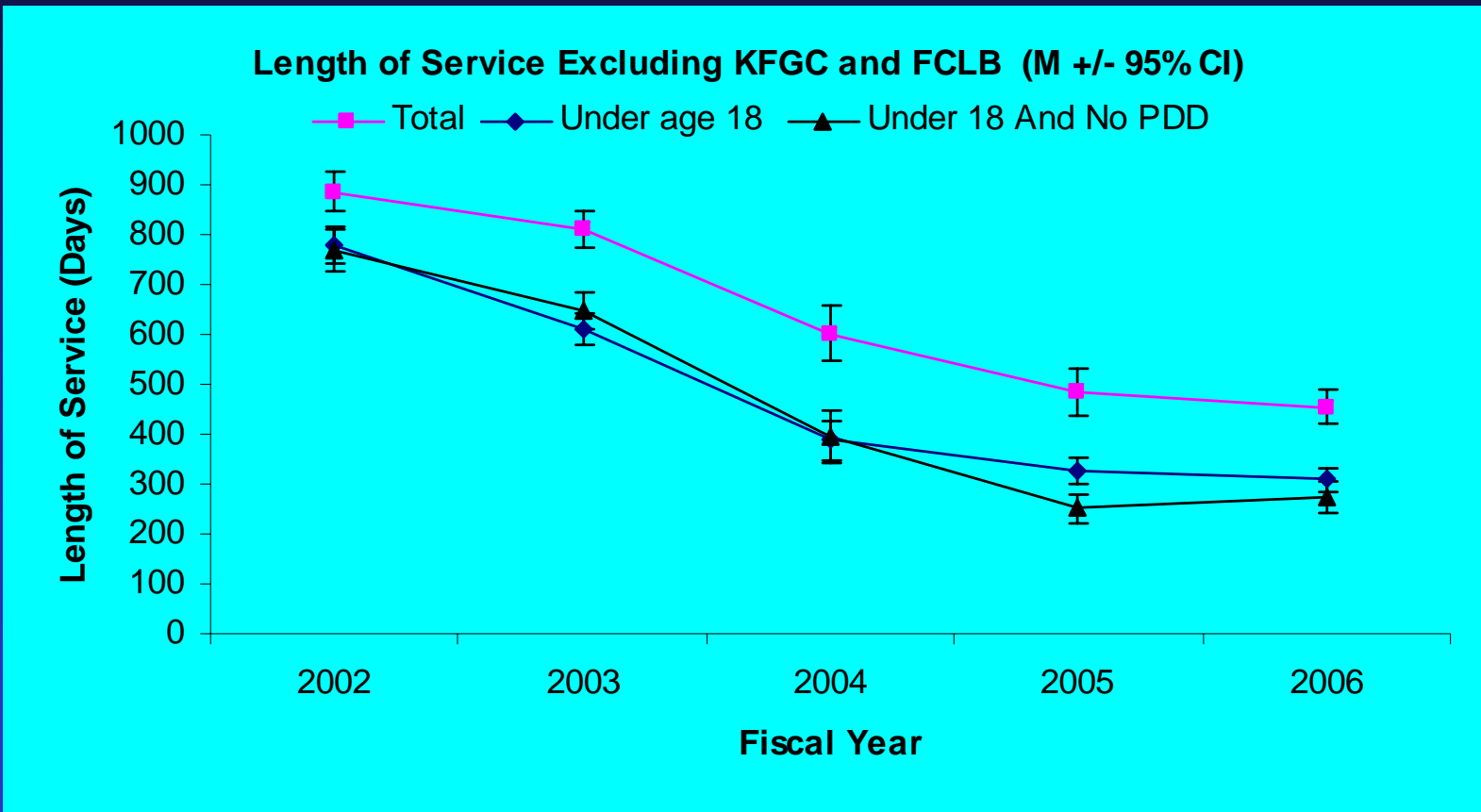
Individual Change  
During Episode to Point-in-Time

# Rate of Improvement?

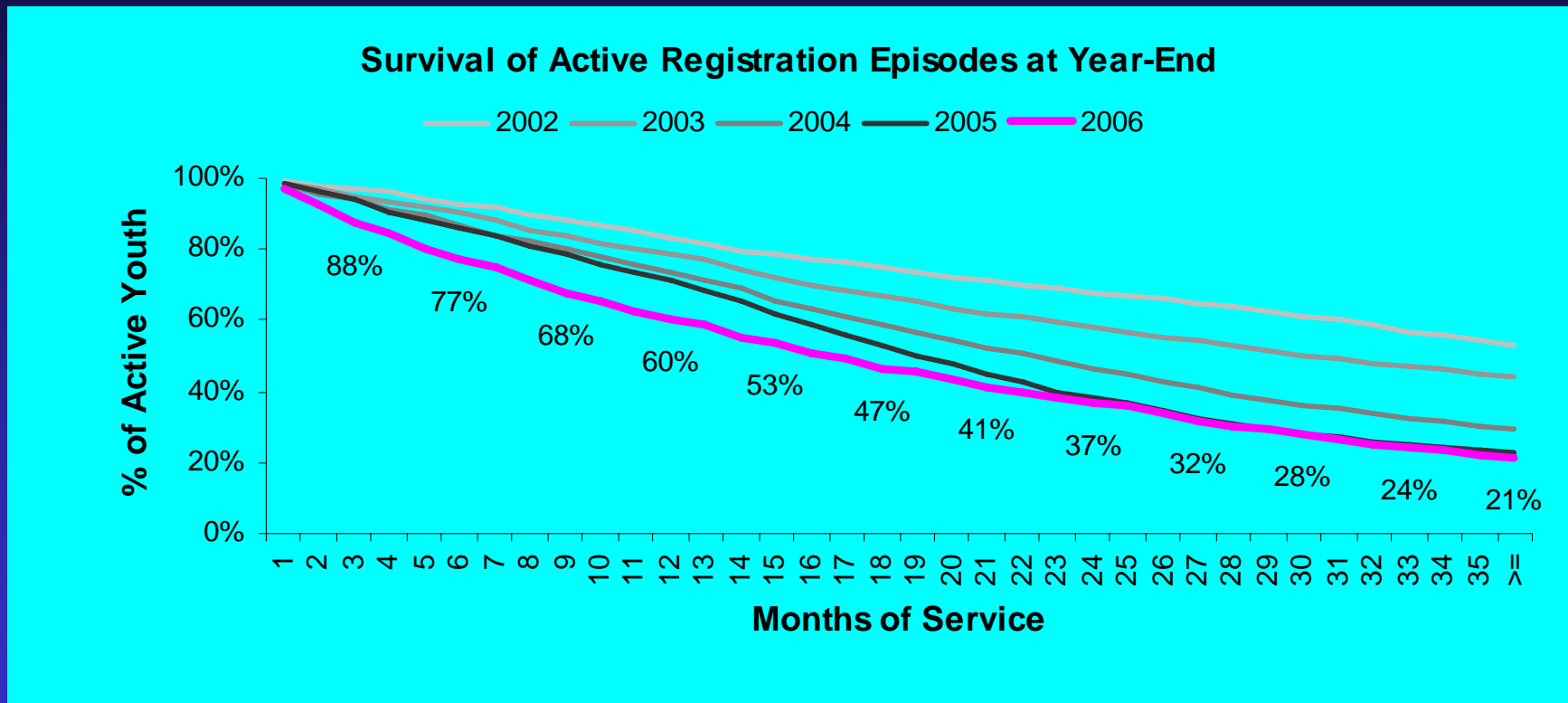


Final Effect Size Change = .06/mo, .70/yr

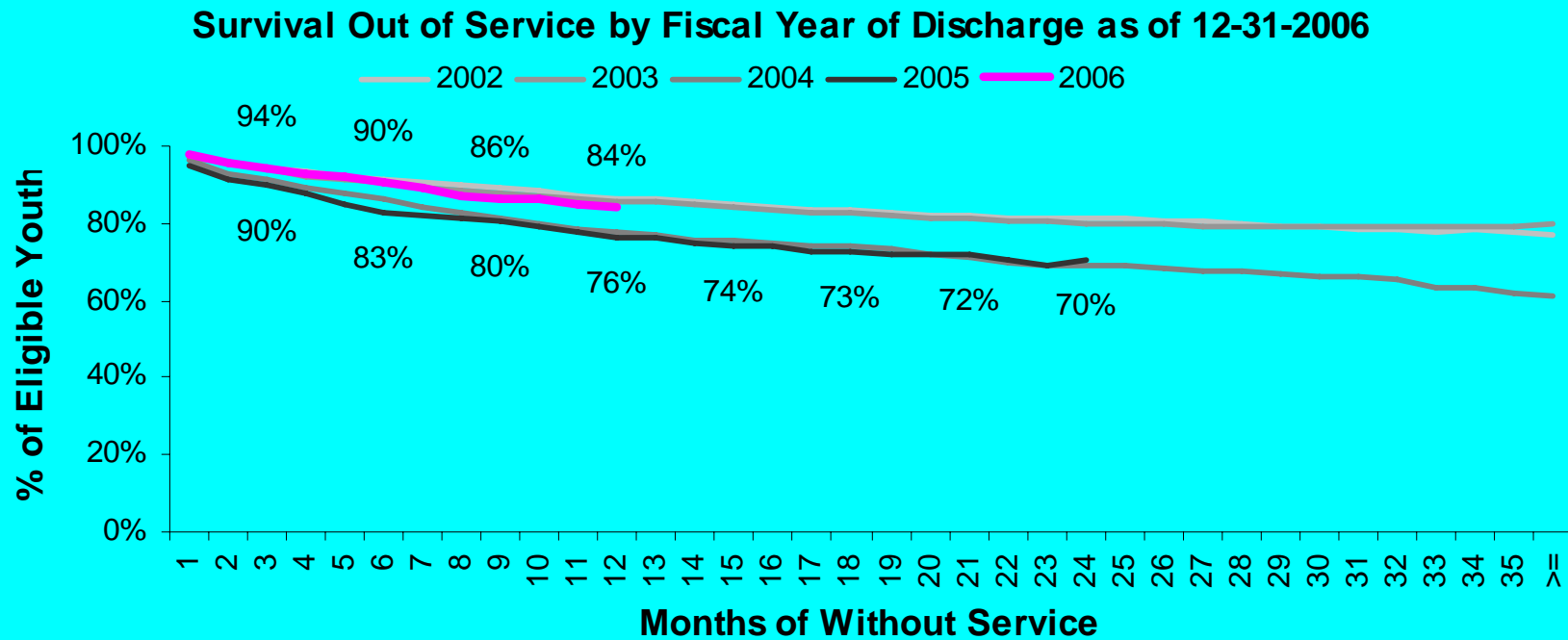
# Length of Registration?



# Length of Registration?



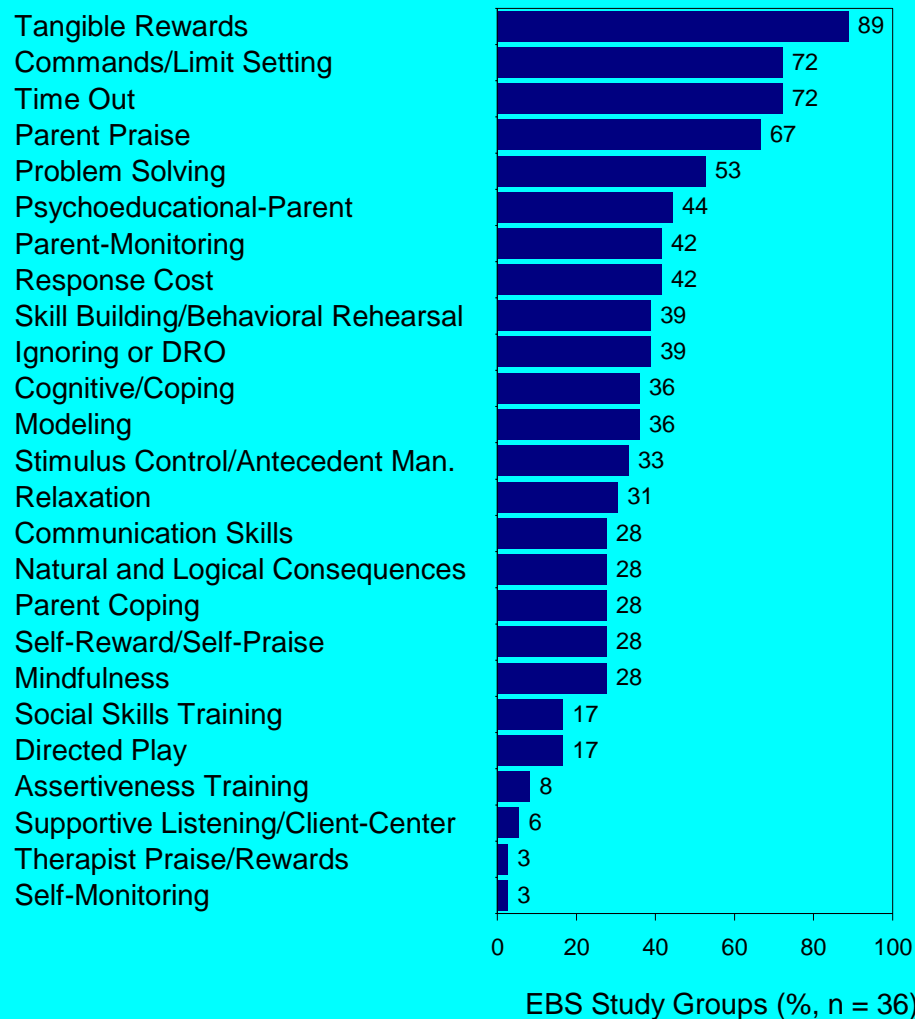
# Survival Out-of-Service?



Have Treatment Practices  
Changed?

# Remember the evidence-based practice coding?

Protocols with Level 2 Good Support or Better




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Average Protocol

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N of Practices

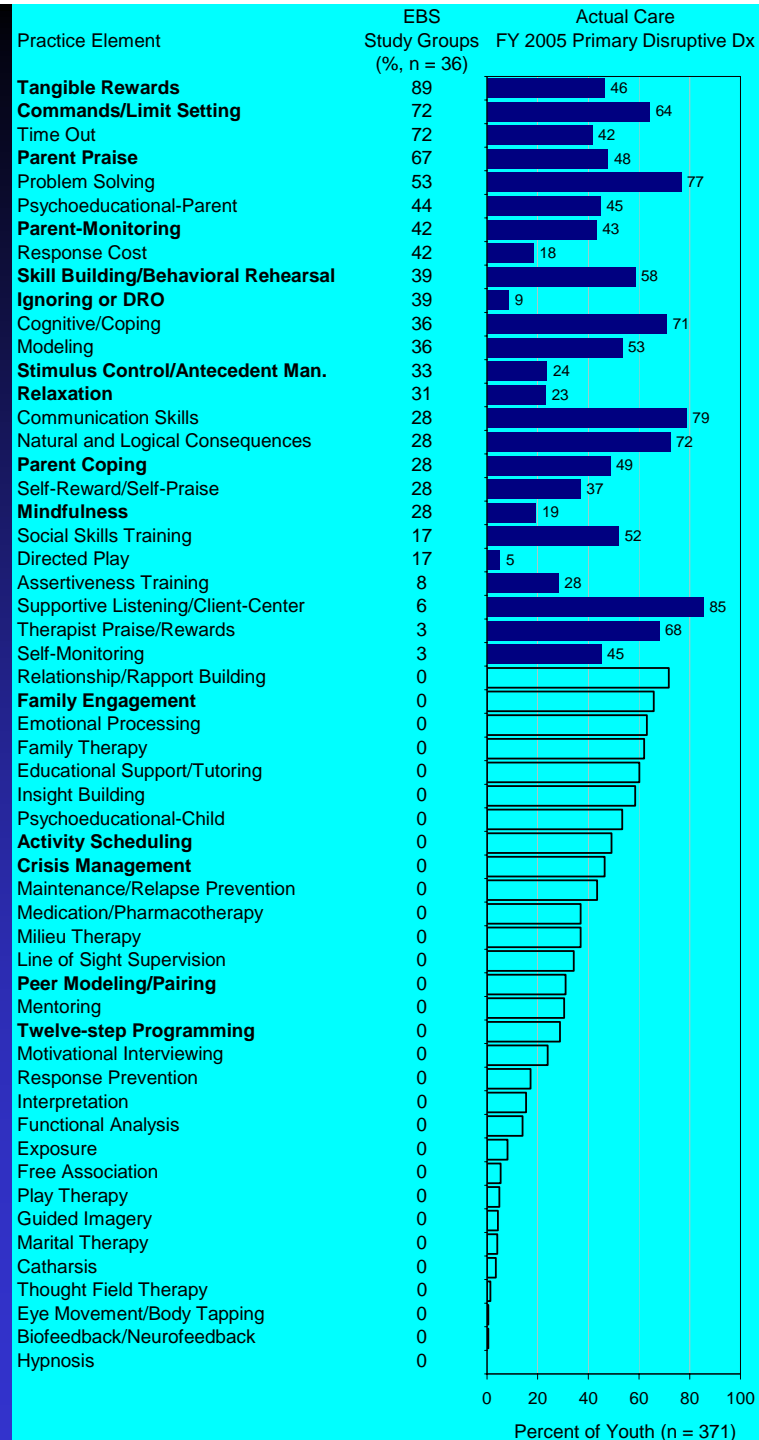
8

Ave. Weight per EBS Practice

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48%

# Primary Disruptive Behavior Disorders



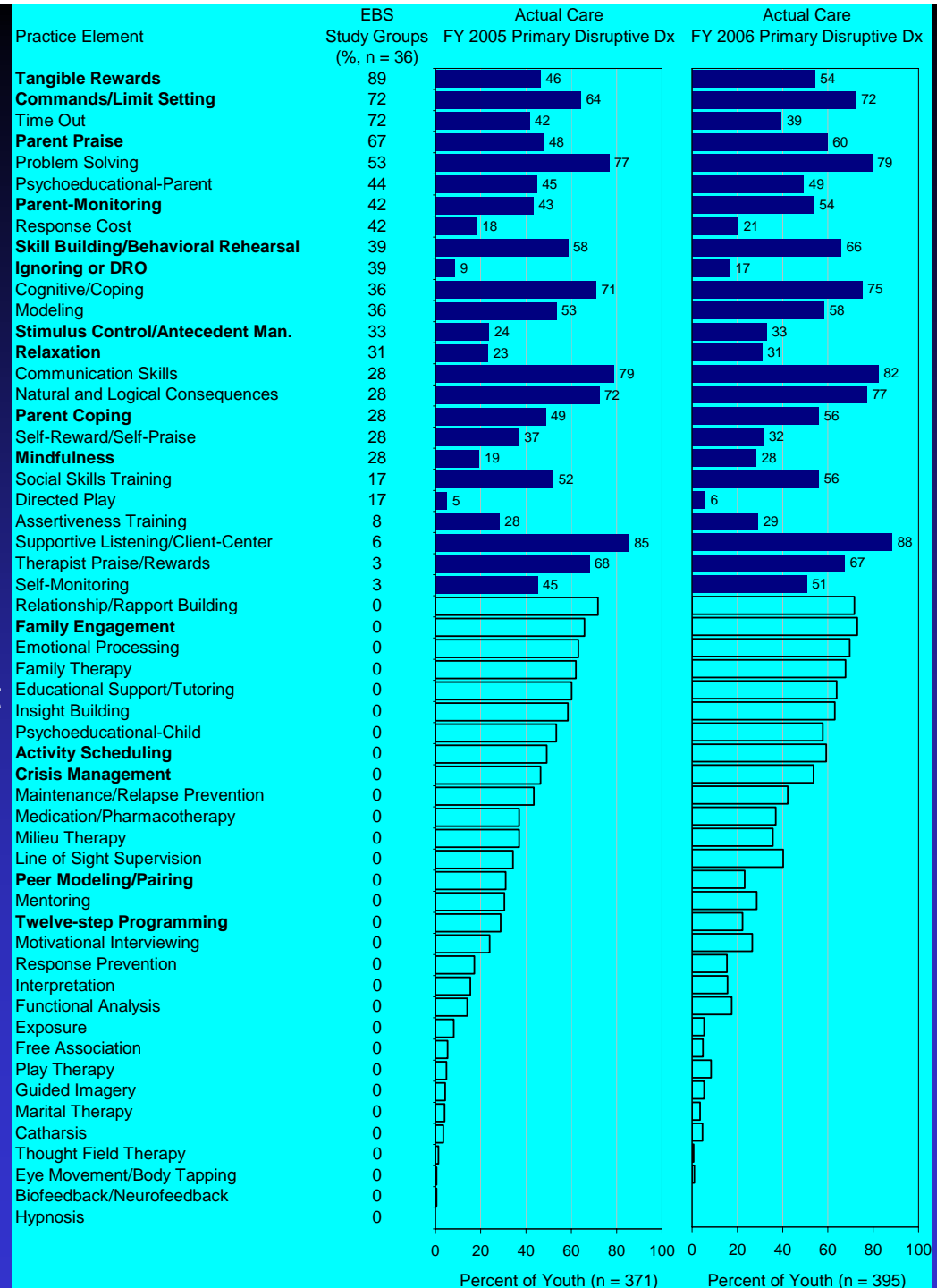
# Primary Disruptive Behavior Disorders

## Evidence-Based Practices

- ↑ Tangible Rewards
- ↑ Commands/Limit Setting
- ↑ Parent Praise
- ↑ Parent Monitoring
- ↑ Skill Building/ Behavioral Rehearsal
- ↑ Ignoring or DRO
- ↑ Stimulus Control/Antecedent Management
- ↑ Relaxation
- ↑ Parent Coping
- ↑ Mindfulness

## Other Practices

- ↑ Family Engagement
- ↑ Activity Scheduling
- ↑ Crisis Management
- ↓ Peer Modeling/Pairing
- ↓ Twelve-step Programming



# Primary Disruptive Behavior Disorders

## Format

↑ Family

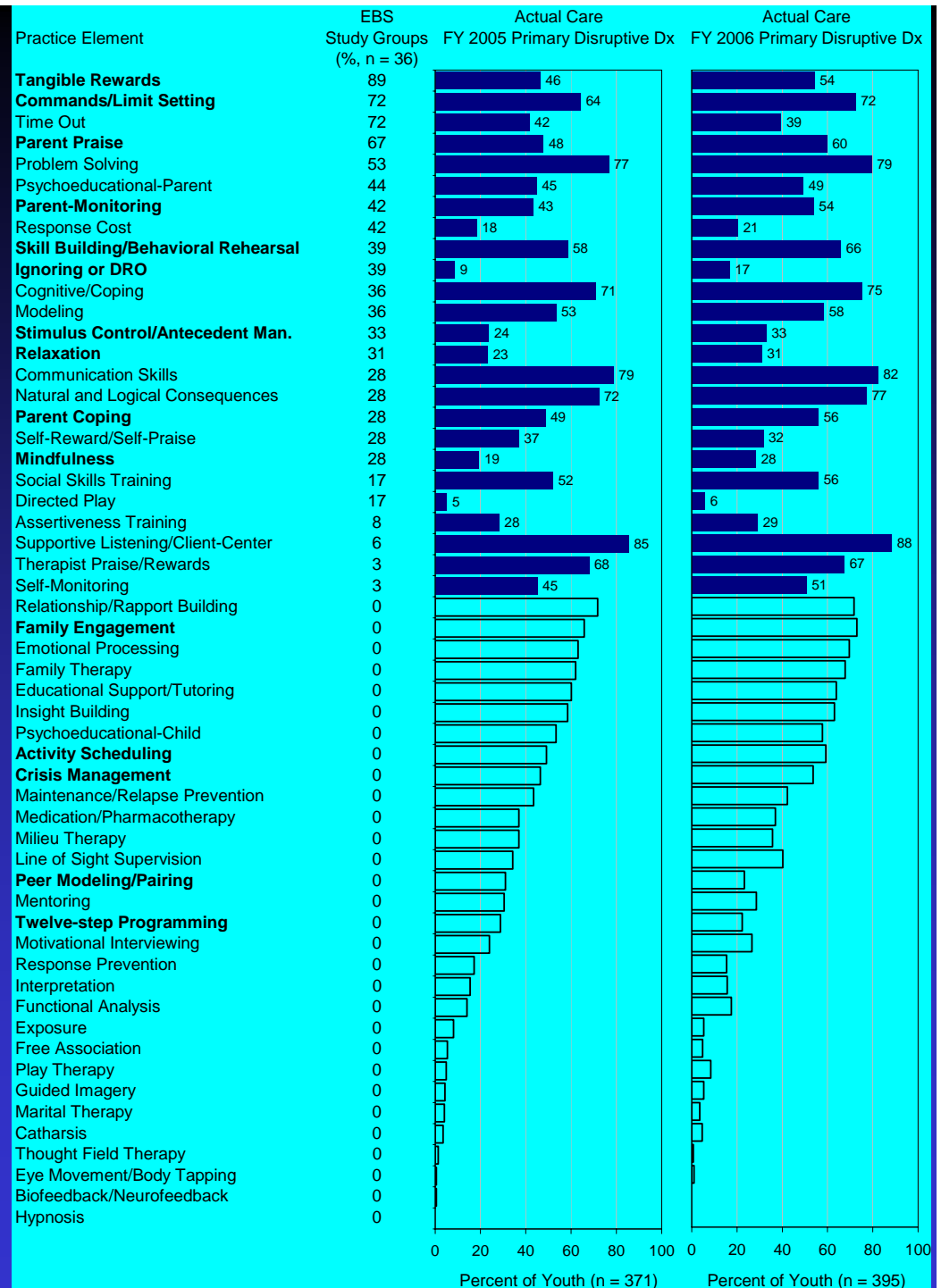
↑ Parent

## Setting

↑ Home

↑ School

↓ Out-of-home

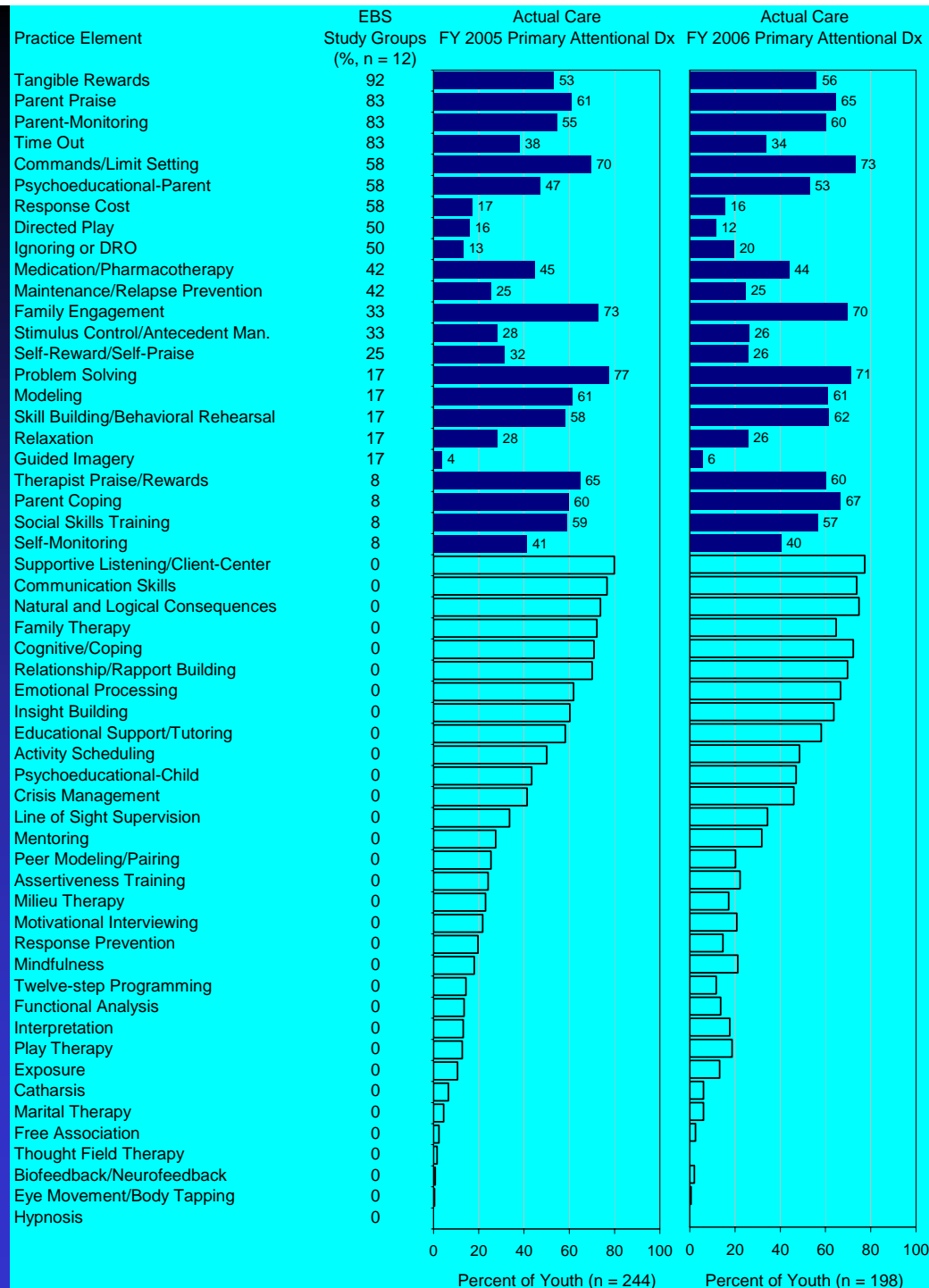


# Primary Attention or Hyperactivity Disorders

No significant  
practice changes

## Setting

↓ Out-of-home



# Primary Anxiety or Avoidant Disorders

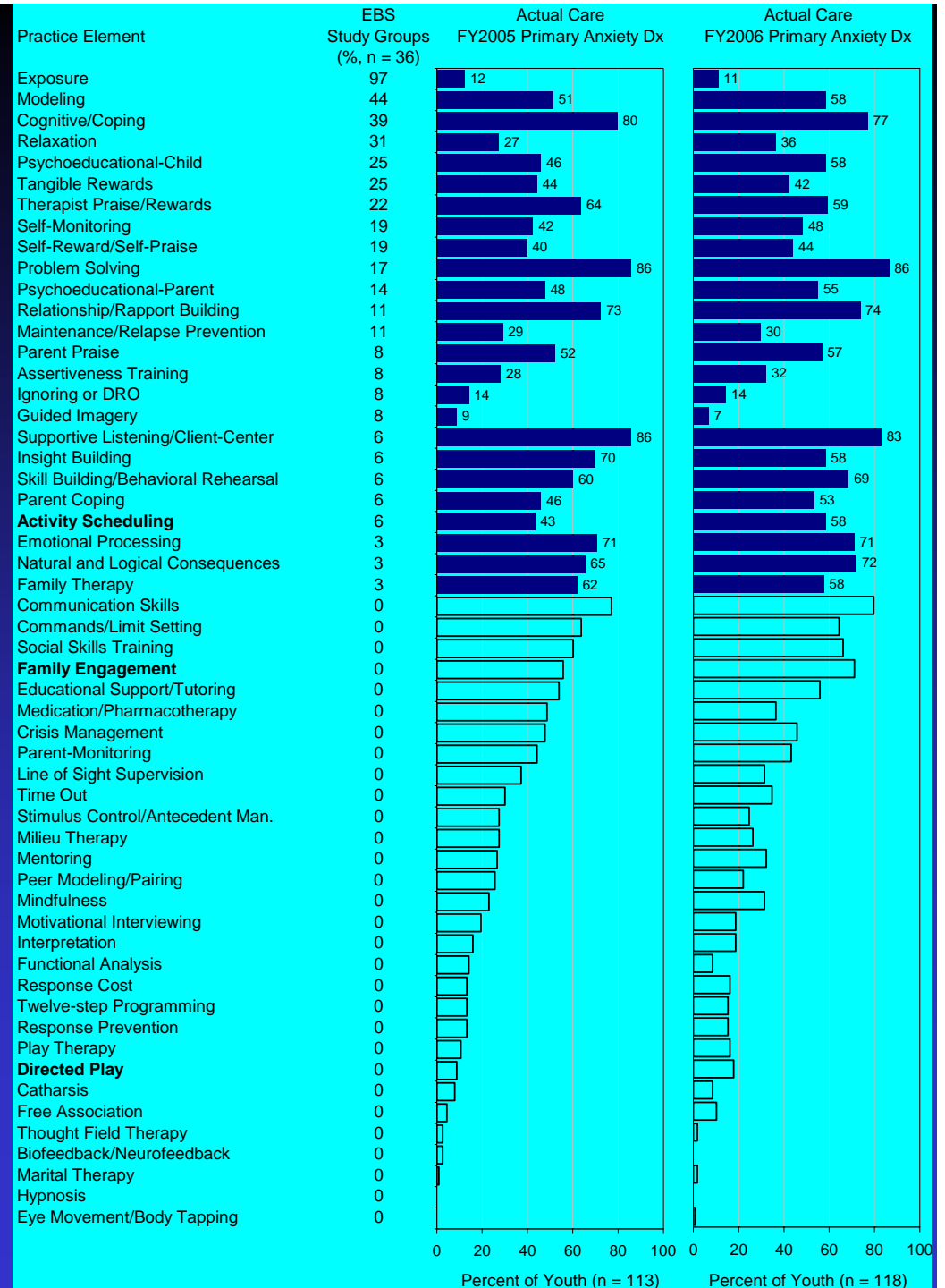
## Evidence-Based Practices

↑ Activity Scheduling

## Other Practices

↑ Family Engagement

↑ Directed Play



# Primary Depressed or Withdrawn Disorders

## Evidence-Based Practices

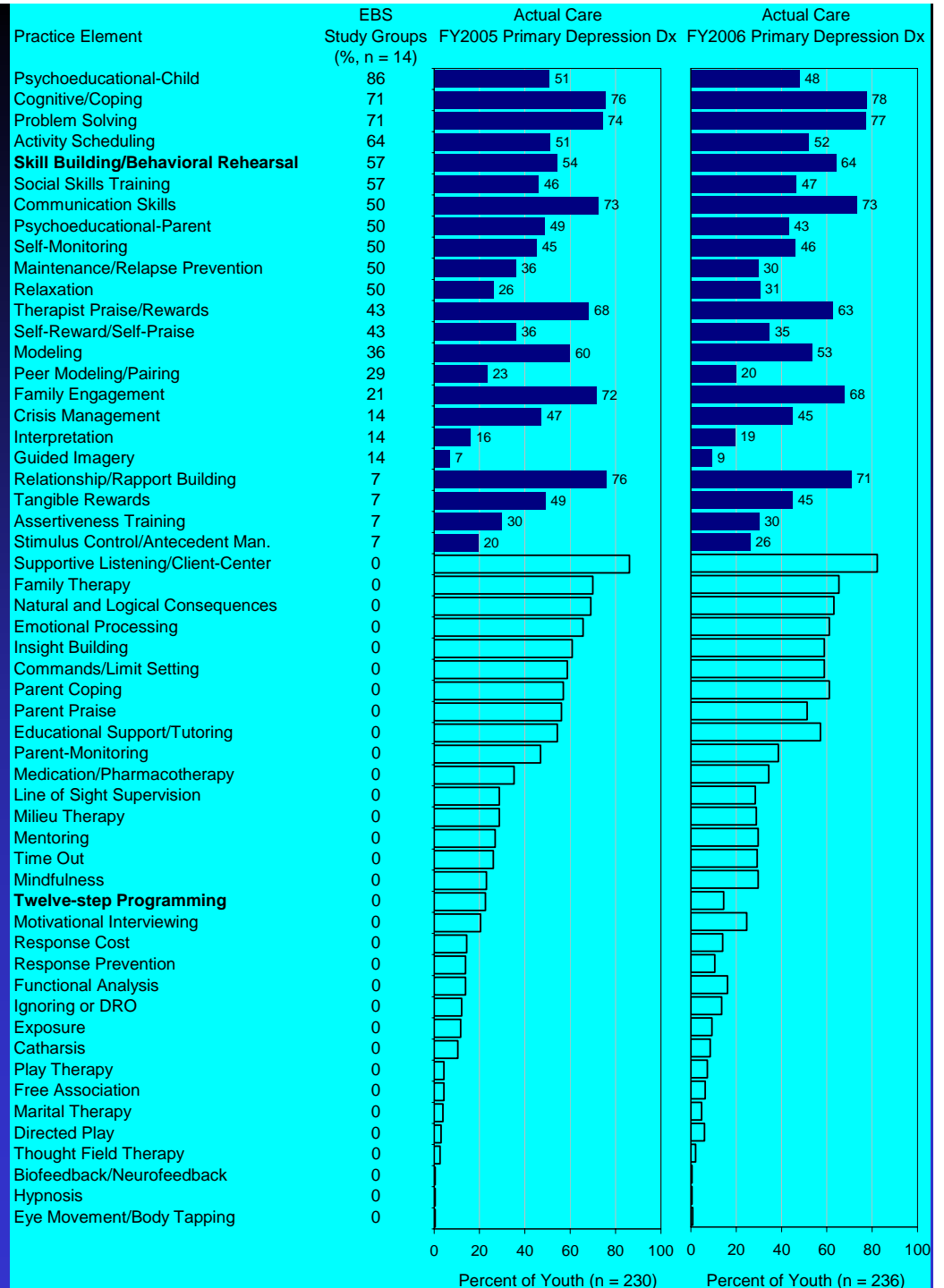
↑ Skill Building/Behavioral Rehearsal

## Other Practices

↓ Twelve-step Programming

## Setting

↑ Clinic



# Recommendations

## Strategic plan implementation & monitoring

Integrate strategic plan into operational unit plans & activities

Increase strategic plan monitoring & feedback:

QAIP Work plan

Routine performance reports to PISC & EMT

Establish a discrete procedure for documenting and measuring system interventions

# Recommendations

## Provider reporting & feedback

Develop provider-specific reporting of MTPS and child status results

Expand Utilization Management report to include provider detail in addition to FGC detail

Consider MI model of monthly provider feedback reports with quarterly data review meetings

# Recommendations

## Provider reporting & feedback

Continue provider training regarding MTPS and consider initiating an annual certification procedure

Routinely provide completed MTPS examples with practice development activities

# Recommendations

## Prepare for Outsourcing

Develop a consensus-based priority list of core functions to preserve in the public system

Consider increased support for contracting activities within the operational units

Assign a “contract liaison” person within each operational unit

Continue advocacy for divisional needs to DPO and higher administration

# Recommendations

## Prepare for Outsourcing

Consider outsourcing PIPs in addition to other special studies identified in strategic plan

Consider recruiting or repositioning psychiatrists into key leadership roles

Emphasize adherence to CASSP principles and community-based practice in selection and performance evaluation of those leaders

# Recommendations

## Health Service Equity

Incorporate service equity as a core aim of the stigma reduction work group

Task this work group with addressing any unique needs of Multiracial, Hispanic, and Asian youth that may contribute to over-/under-representation

Continue training FGC in accurate race and national origin information capture and recording

Continue routine monitoring of race and national origin information in quarterly IPMR review

# Recommendations

## Future Evaluation

Study client outcomes and cost structure of HBR to evaluate relative merit of the recent increase in the length of service standard

Investigate the reduction in the proportion of registered youth with services procured and compare the relative outcomes of these groups

Consider including caregiver strain as a variable in future evaluations and elaborate its role in CAMHD's logic model for services

Expand the study of service quality in relation to outcomes