

# Evidence Base for Systems of Care

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## Evidence of Improved Outcomes and Investments

- Federal Children's Mental Health Initiative established by Congress in 1993 to fund communities, tribes, and territories to implement the system of care (SOC) approach
- National evaluation of the CMHI and other studies have found:
  - Positive outcomes for children and families
  - Improvements in systems and services
  - Better investment of limited resources
- Results have led to efforts to expand implementation of the approach so more children and families benefit

Stroul, Goldman, Pires, & Manteuffel, 2012

## SOCs Improve the Lives of Children and Youth

- Decrease *behavioral and emotional problems* (depression, anxiety, aggression)
- Decrease *suicide* rates
- Decrease *substance use*
- Improve *school* attendance and grades
- Decrease involvement with *juvenile justice*
- Increase stability of *living situations*
- Increase *strengths*

## SOCs Improve the Lives of Families

- Decrease *caregiver strain*
- Increase *capacity to handle* their child's challenging behavior
- Improve *problem-solving* skills
- Increase ability to *work*
- Increase *peer-to-peer* support
- Increase family *education* and supports
- Improve the *service experience* of caregivers and youth

## SOCs Improve Service Systems

- Improve *system management*
- Create *interagency partnerships* (structures, agreements, braided funding)
- Result in systematic development and implementation of *strategic plans* to improve services
- Improve *requirements* in contracts with MCOs, providers, regulations, Medicaid rules, standards, practice protocols
- Improve *accountability* and use of data for quality improvement and decision making

## SOCs Improve Services

- Expand services to *broad array* of home- and community-based services
- Customize services with *individualized, wraparound* approach to service planning and delivery
- Improve care management and *coordination* (especially for youth with most complex, costly problems)
- Increase *family-driven, youth-guided* services
- Increase *cultural and linguistic competence* of services
- Increase use of *evidence-informed practices*
- Increase training of children's mental health *workforce*

### SOCs Provide Positive Return on Investment (ROI)

- *Redeploy resources* from higher cost restrictive services to lower cost home- and community-based services and supports
- Increased *utilization* of home- and community-based treatment services and supports
- *Decreased admissions and lengths* of stay in out-of-home treatment settings (e.g., psychiatric hospitals, residential treatment, juvenile justice, and out-of-school placements)
- Cost data demonstrating impact on *costs across systems* (e.g., reduced out-of-home placements in child welfare and juvenile justice with substantial per capita savings)
- *ROI document* shows savings in short term and future

### ROI Examples: National CMHI Evaluation

Outcome	Cost Savings
<b>Reduced Inpatient Use</b>	<ul style="list-style-type: none"> <li>• Average cost/child reduced by 42%</li> <li>• \$37 million saved when applied to all children in funded SOC</li> </ul>
<b>Reduced ER Use</b>	<ul style="list-style-type: none"> <li>• Average cost/child reduced by 57%</li> <li>• \$15 million saved when applied to all children in funded SOC</li> </ul>
<b>Reduced Arrests</b>	<ul style="list-style-type: none"> <li>• Average cost/child reduced by 39%</li> <li>• \$10.6 million saved when applied to all children in funded SOC</li> </ul>
<b>Reduced School Dropout</b>	<ul style="list-style-type: none"> <li>• Fewer school dropouts in SOC (8.6%) than national population (20%)</li> <li>• Potential \$380 million saved when applied to all children in funded SOC (Based on monetizing average annual earnings and earnings over lifetime)</li> </ul>
<b>Reduced Caregiver Missed Work</b>	<ul style="list-style-type: none"> <li>• Estimated 39% reduction in average cost of lost productivity (Based on imputed average daily wage of caregivers)</li> </ul>

### ROI Examples

State or Community	Cost Savings
<b>Evaluation of Medicaid PRTF Waiver Demonstration – 9 States</b>	<ul style="list-style-type: none"> <li>• Waiver expenditures cost 32% of services provided in PRTFs (home- and community-based services with wraparound process)</li> <li>• Average savings of 68%</li> <li>• Average per child savings of between \$35,000 and \$40,000</li> </ul>
<b>Georgia</b>	<ul style="list-style-type: none"> <li>• Inpatient hospital use declined 86% - 89%</li> <li>• PRTF use declined 62% - 73%</li> <li>• Costs declined by 56%, with estimated savings of \$44,008 annually per youth</li> <li>• Juvenile correction facility costs declined by 45%, with savings of \$3,180 per youth</li> </ul>
<b>Maine: THRIVE System of Care</b>	<ul style="list-style-type: none"> <li>• Inpatient use decreased by half, 51% savings in Medicaid inpatient hospital costs</li> <li>• Average per child per month costs decreased by 30%</li> <li>• Costs for ER visits decreased by 40%</li> </ul>
<b>Massachusetts, Mental Health Services Program for Youth (MHSPY)</b>	<ul style="list-style-type: none"> <li>• Total per child per month Medicaid claims expense less than half for SOC group vs. comparison group (both physical and behavioral health)</li> <li>• Claims 31% lower for ER, 73% lower for inpatient</li> </ul>
<b>Oklahoma</b>	<ul style="list-style-type: none"> <li>• 41% reduction in average total behavioral health charges vs. 17% reduction for control group</li> <li>• 60% reduction in average inpatient charges vs. 17% for control group</li> <li>• Savings of \$357 per youth per month, projected \$18 million savings if all youth in study participated in SOC</li> </ul>
<b>Wraparound Milwaukee</b>	<ul style="list-style-type: none"> <li>• \$3,200 average total all-inclusive cost per child per month vs. \$6,083 group home, \$8,821 correctional facility, \$9,460 residential treatment, \$39,100 inpatient</li> </ul>