

Proposal for HB 422 Pilot Project
March 10, 2016

Introduction

The first step in developing a successful HB 422 Improved Youth Outcomes Pilot Project is defining the outcome measurements we believe are important and then collecting system wide baseline data on these outcomes. The resulting baseline information allows us to then consider assessment tools, evidenced based treatment and evidence supported treatment approaches, rule changes or any other intervention that could be brought to the system in effort to impact one or more of these measures. These can then be used for a targeted purpose of identifying children's needs and reducing placements as well as lengths of stay, resulting in an increase in the number of youth living at home.

The hope is that the effort brought forth by HB 422 brings some mutual focus and vision to the children's mental health system and we believe that an effective children's mental health system would contribute towards improving the outcomes that we have identified.

Purpose

Improve Severally Emotionally Disturbed (SED) youth outcomes by:

- Establishing baseline outcomes data
- Identifying barriers to improving outcomes

Target Population Options

1. A representative sample from each of the 5 CMHB regions of SED youth who have been in foster care for over 12 months and receiving community mental health services; or
2. A representative sample from each of the 5 CMHB regions of the 4000 plus SED youth who are receiving community mental health services; or
3. Both of the above

Target Outcomes

At beginning of project and one year later:

- How many live at home (versus foster care, group care, PRTF, etc.)
- School success: Graduation/ Dropout Rates; Attendance; Promotion to the next grade
- Out of trouble: youth court referrals; Drug and alcohol use
- Exhibiting age appropriate social behaviors if under the age of 12

Length of Pilot Project

July 1, 2017 through December 31, 2018

Provider Requirements

- Report to DPHHS on evidence-based and evidence supported treatment approaches that they use
- Report to DPHHS on the steps they took to work with multiple agencies in arranging the child's services

DPHHS Requirements

Collect data for each youth for 12 months:

- Child and Family Services Division for youth discharged to foster care; collection includes the number and length of each placement for each child
- Schools, on attendance (if possible)
- Providers, on family engagement/pro-social behaviors for younger children
- Juvenile justice, on contacts with older youth
- Youth/Family for satisfaction with services

Outcomes/System Analysis

Contract for development of certain collection tools and analysis of:

- Data reported to/collected by DPHHS to establish baseline data on outcomes
- Whether any particular practice/approach by providers appears to contribute to better outcomes in the targeted areas
- Barriers to achieving outcomes, as experienced by youth, providers, families, schools, CFSD, juvenile justice, and DPHHS
- Variables other than mental health treatment that affect youth outcomes in the areas measured such as family involvement in youth's continued treatment; parent/caregiver poverty, homelessness, mental illness, addiction, and/or correctional involvement; or other systems' unwillingness or inability to help.
- The extent to which multi-agency approaches were used successfully

Appropriation

An appropriation to cover the costs of a contractor to conduct the analysis

INDIVIDUALS WHO WORKED ON THE PROPOSAL

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JM/jm