

## **HB 422: Children's Mental Health Outcomes**

### ***Summary of Recommendations to Date***

Prepared for the Children, Families, Health, and Human Services Interim Committee  
June 2016

#### *Background*

The Children, Families, Health, and Human Services Interim Committee has gathered information on a wide range of topics while working on the House Bill 422 study of children's mental health outcomes. HB 422 requires that the committee develop recommendations for tracking and improving outcomes of children who are receiving state-funded mental health services. The recommendations are to include legislation for a pilot project that contains, among other things, a performance-based reimbursement component for providers.

This briefing paper summarizes committee decisions to date, the key elements of a pilot project proposal from children's mental health providers, and information related to the committee's decisions and the provider proposal.

#### *Committee Decisions to Date*

To date, the committee has decided:

- to focus on three key outcomes — whether children who have received mental health services are at home, in school, and out of trouble;
- not to include the use of evidence-based practices in the design of any pilot project, after hearing from providers about the potential time and costs related to using those practices and the difficulty of remaining true to the treatment models; and
- against including a pay-for-performance element in any pilot project legislation. After hearing from other states that have set up pay-for-performance models or tried to do so, the committee determined that it did not have time during this interim to adequately address this aspect of the study.

#### *Ongoing Topic: Collecting and Analyzing Data to Measure Performance*

Committee members have heard from numerous speakers about the importance of collecting data to determine if the targeted outcomes are being met. They also learned that the Children's Mental Health Bureau does not have a database it could use for outcomes information.

Members heard in May that creating such a database with state resources would require some significant planning and development time and costs. They planned to hear more in June about private sector options.

#### *Stakeholder Suggestions*

Throughout the study, a group of children's mental health providers has met intermittently to discuss potential options for pilot project legislation. Other interested parties also have offered suggestions during public comment periods. The table on the following page summarizes the key ideas they've raised and, where appropriate, other information related to the ideas.

<b>Pilot Project Element</b>	<b>Suggestion</b>	<b>Additional Information</b>
Outcome: At Home	Collect data on: <ul style="list-style-type: none"> <li>• a child's living arrangements</li> </ul>	<ul style="list-style-type: none"> <li>• Would show whether children are at home, in foster care, or in an out-of-home treatment setting</li> </ul>
Outcome: In School	Collect data on: <ul style="list-style-type: none"> <li>• graduation/dropout rates</li> <li>• school attendance</li> <li>• promotion to next grade</li> </ul>	
Outcome: Out of Trouble	Collect data on: <ul style="list-style-type: none"> <li>• involvement with juvenile justice system</li> <li>• drug or alcohol use and abuse</li> </ul>	<ul style="list-style-type: none"> <li>• Youth Court could cross-check its database with lists from DPHHS</li> <li>• May want to exclude certain offenses</li> <li>• May need to change confidentiality laws</li> </ul>
Outcome: Age-Appropriate Behaviors	Collect data : <ul style="list-style-type: none"> <li>• from a standard questionnaire filled out by a child or parent</li> </ul>	<ul style="list-style-type: none"> <li>• A survey may be another way to determine whether children are out of trouble</li> </ul>
Target Population	Select children by one of the following methods: <ul style="list-style-type: none"> <li>• Statewide sample of SED youth in foster care for 12 or more months after receiving mental health services</li> <li>• Statewide sample of SED youth receiving community mental health services</li> <li>• Children receiving Comprehensive Community and School Treatment services*</li> <li>• Children receiving another specific type of service*</li> </ul>	<ul style="list-style-type: none"> <li>• Identifying an SED/foster care group may be difficult for DPHHS</li> <li>• Approximately 12,000-13,000 SED children receive community mental health services</li> <li>• No state funding goes to the CSCT program; match comes from school districts</li> <li>• Attached list shows services provided and numbers served by/costs of each service</li> </ul>
Provider Requirements	Providers would report to DPHHS on: <ul style="list-style-type: none"> <li>• the treatment approaches they use</li> <li>• collaboration with other agencies in arranging services</li> </ul>	
Data Collection Options	<ul style="list-style-type: none"> <li>• Collect baseline data through: <ul style="list-style-type: none"> <li>• development of a state database or</li> <li>• use of a private vendor</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Would require an appropriation and, potentially, a Request for Proposal to select a private vendor</li> </ul>
Data Analysis Options	Contract for analysis of data to determine: <ul style="list-style-type: none"> <li>• whether certain practices appear to lead to better outcomes</li> <li>• what barriers exist to achieving stated outcomes</li> <li>• the degree to which multi-agency approaches were used and were beneficial</li> </ul>	<ul style="list-style-type: none"> <li>• Would require an appropriation and use of a Request for Proposal to select contractor</li> <li>• Some of the information would be obtained through interviews with providers</li> </ul>

\*Suggestions received during public comment; not an element of the provider proposal