

## **ABSTRACT: 2014 ELAM Institutional Action Project Poster Symposium**

**Project Title:** Children's Mental Health Systems Integration-A System of Care Approach

**Name and Institution:** Debra Waldron, MD, MPH University of Iowa

**Collaborators:** Vickie Miene, MS; Jennifer Cook, MPH; Jennifer McWilliams, MD; Kelly Pennington, PhD; Iowa Medicaid Enterprise/ Magellan of Iowa; Family Navigator network

**Background/Opportunity:** Iowa does not have an organized statewide children's mental health system; services vary statewide, and access is limited by community and family resources. In 2010, ~67,900 children, (9% of Iowa's children) were reported to need behavioral or emotional care; about 15%, or almost 10,000 children, did not receive any care. Of those children who did access care, the quality of services varied by area, and services were not well coordinated. Significant fragmentation of the system has been documented; only 15-20% of Iowa children with any special health care need had their care delivered through a well-functioning system. A pediatric integrated health home network, built on system of care principles, will expand traditional health care to build linkages with community supports, to enhance coordination of behavioral and medical health, and to strengthen family navigation/support.

**Purpose/Objectives:** To create Iowa's Initiative for Children's Mental Health Systems Integration in partnership with local, regional, and statewide stakeholders.

1. Develop, implement, and support community based pediatric integrated health home model.
2. Advocate for pediatric mental health improvement and innovation at state and local level.

**Methodology/Approach:** System of care philosophy embedded utilizing quality improvement methodology. Cyclical approach of readiness and preparation; implementation; and assessment and refinement used for building the integrated health home practice sites. Learning networks used for sharing of best practices and resources for community services, population health, and clinical care. Data collection and analysis used to measure and report on health and system outcomes. Strategic alliances with policy makers and stakeholders will address advocacy.

**Outcomes and Evaluation:** Evaluation used process and outcome measures. Process measures for project implementation are: development of driver diagram; delivery of training modules; and presentations at learning networks. Proximal and intermediate outcome measures are focused at child and family level: emotional well-being, school attendance and performance, family support, and family life; and at practice transformation level: service coordination, collaboration, cultural competence, and primary care-mental health care integration. State level measures of systems integration and advocacy are distal measures that will be assessed longitudinally.

## Aim Statement

To create Iowa's Initiative for Children's Mental Health System Integration in partnership with families, communities, service providers, and statewide stakeholders.

## Background/Opportunities

- Mental health services for Iowa children and youth varied statewide, and access was limited by community and family resources.
- Approximately 68,000 (9%) of Iowa children needed behavioral or emotional care; 10,000 children did not receive any care.
- Mental health conditions are the most costly health condition among U.S. children** (\$8.9 billion per year).
- The Affordable Care Act provided an opportunity for health homes to improve quality and cost of care.

## Purpose/Objectives

Based on **System of Care** principles, the initiative expands traditional health care to:

- Build linkages with community and social supports
- Enhance coordination of behavioral and physical health
- Strengthen individual and family supports
- Utilize high fidelity Wraparound

### Specific Objectives:

- To develop, implement, and support the community-based Pediatric Integrated Health Home model.
- To advocate for pediatric mental health improvement and innovation at the state and local level.

## Methodology/Approach

The University of Iowa Center for Child Health Improvement and Innovation awarded contract for systems building initiative (2013).

- Quality Improvement:** driver diagram and change package; cyclical approach of readiness/preparation/action; data collection and analysis; child, family, and practice metrics
- Learning Networks:** sharing of best practices for population health and clinical care; resources for community services; and outcomes
- Practice Transformation:** ongoing training, coaching, assessment, and refinement
- Advocacy and Systems Change:** strategic alliances with policymakers and stakeholders

## Summary

The System of Care approach offers a pathway to better outcomes for children with emotional and behavioral challenges, including improved functioning at home, at school, and in the community. Services and supports need to be comprehensive and coordinated among providers. Practice and system transformation are challenged in affecting broad system level change, including building a competent workforce; developing multi-agency collaboration; and implementing multiple strategies for maintaining fidelity to the new model. The University of Iowa Center for Child Health Improvement and Innovation is well poised to provide expertise and guidance as the Pediatric Integrated Health Home model is spread across the state to all 99 counties and over 10,000 children. As Accountable Care Organizations develop in Iowa and payment reform begins, the need for systems integration, shared community resources, and patient/family engagement will be necessary for successful outcomes. This initiative can inform future directions in health care service delivery. Financial resources, workforce development, innovative technology, and stakeholder/policymaker support will be critical to the success and continuation of the initiative.

Collaborators: Vickie Miene, MS; Jennifer Cook, MPH; Jennifer McWilliams, MD – University of Iowa; Kelley Pennington, PhD – Iowa Medicaid Enterprise/Magellan of Iowa; Family Navigator Network  
Presented at the 2014 ELAM® Leaders Forum

## Outcomes & Evaluation Strategy

**Process Measures:** development, implementation, and support of Pediatric Integrated Health Homes

- Creating and Administering Caregiver Survey Tool and Driver Diagram
- Delivering Training Modules and Technical Assistance
- Convening Learning Networks

### Outcome Measures (Child/Family Level)

- Emotional and Physical Well-Being
- School Attendance and Performance
- Family Support and Stress

### Outcome Measures (Practice Level)

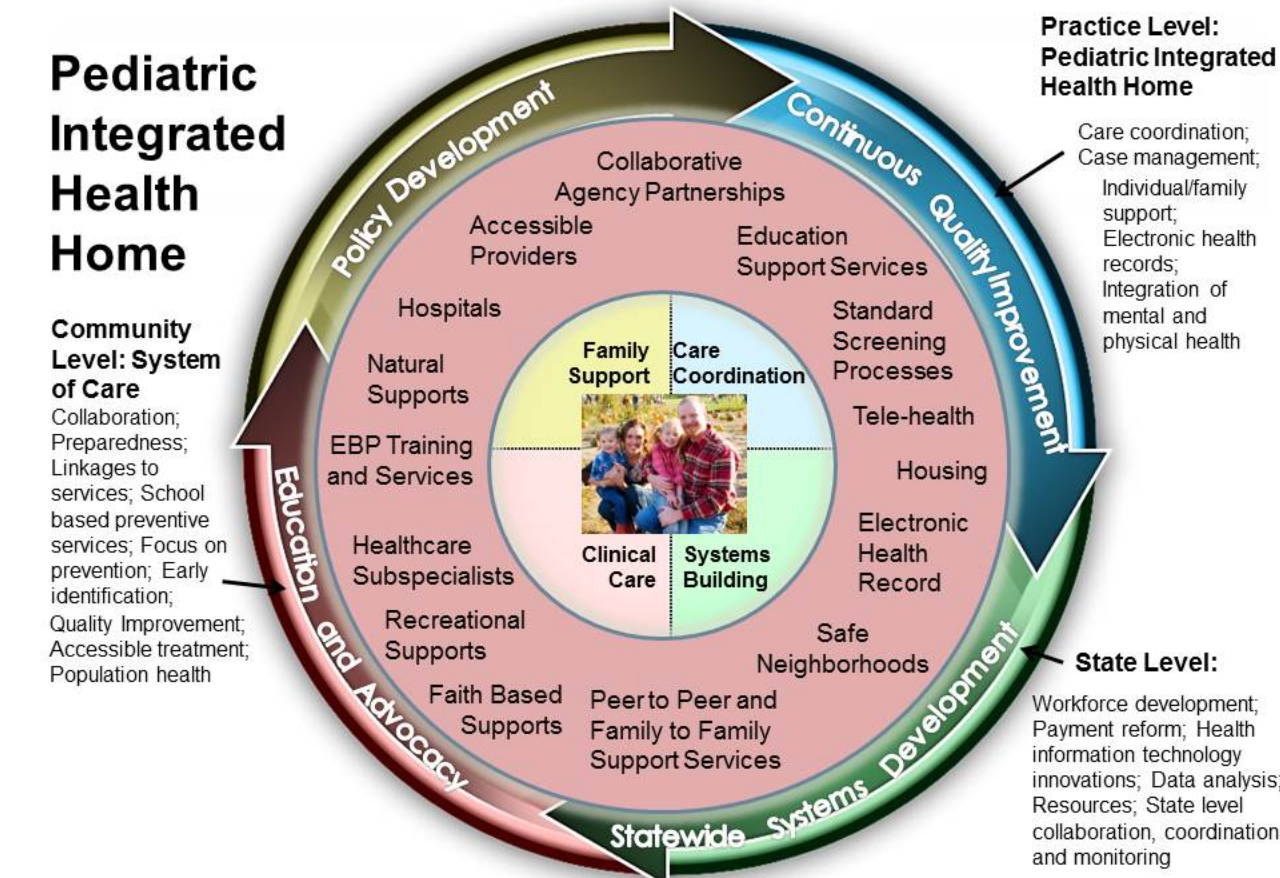
- Service Coordination
- Team Based Care Coordination
- Community Collaboration
- Health Information Technology Utilization
- Family and Youth Involvement

### Outcome Measures – State Level (Future)

- System Integration
- Payment Reform and Cost Savings
- Policies on Prevention, Early Identification, Quality Assessment, and Accessible Treatment

An integrated process evaluation examined issues related to project implementation and documented activities of the project. For the strategies involving planning, implementation, training, and service delivery the evaluation addressed: timely completion of project activities; initial planning sessions; specific challenges faced; types of adaptations made as a result of experience in the field; number and rates of participation; and variations in participation by site.

The outcomes analysis collected child and family focused data through validated evaluation tools. Practice level outcomes data were collected through baseline performance assessments and monthly implementation assessments. Site specific dashboards allowed practices to monitor progress on transformation.



## Discussion

During the first nine months:

- 4,356 children and youth** have been enrolled in a Pediatric Integrated Health Home
- 12 organizations** have participated in practice transformation activities to become Pediatric Integrated Health Homes

Among children and youth enrolled in a Pediatric Integrated Health Home for at least three months, preliminary data indicate:

- Decrease in school absences
- Decrease in caregivers' missed work days due to child's emotional health
- Decrease in number of youth involved in trouble in the school and community

Practice transformation data for the first six months indicate:

- Slow increase in formal quality improvement processes
- Shift from individual case management to team based care model
- Variable incorporation of community collaboration

The development of a Pediatric Integrated Health Home model is a **significant change** and challenge for organizations implementing this program.

Impacts on communication, documentation, supervision, organizational structure, and processes have been noted and continue to be **challenges** as the program is implemented and revised.

Agencies that have **leadership strength** in managing change have been more successful during the implementation phase.

The shift from an individual case management of service delivery to one of a **team-based, multidisciplinary coordination of care model** has been a significant challenge. External community collaboration, a foundational component of a System of Care, has been slow to build. One reason being the initial focus on intense internal restructuring.

The **early positive changes in child and family outcomes** are promising and have been demonstrated in previous Systems of Care projects. The challenge remains in sustaining this positive trajectory through continued fidelity to the model and sustainability through policy change, community spread, and cost savings demonstration.