OUTCOME TRAJECTORIES FOR YOUTH SERVED IN RESIDENTIAL TREATMENT FACILITY SETTINGS OR THE COMMUNITY THROUGH THE HOME AND COMMUNITY BASED SERVICES MEDICAID WAIVER

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& Division of Integrated Community Services for Children and Families in the
New York State Office of Mental Health
In collaboration with the
New York State Coalition for Children's Mental Health Services
Presented at the
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NY

12/3/2013

Background: Previous Research

Outcome Trajectories for Adolescents in Residential

Treatment: A Statewide Evaluation, John S. Lyons, (et al), Journal of Child & Family Studies, Vol. 10, No. 3, September 2001 pp. 333–345

- Conducted among Residential Treatment Facility providers in a Western State during 1990's- analyses suggested that the effectiveness of residential treatment may be limited to the reduction of risk behaviors and depression and improved management of psychosis.
- There was little evidence that the facilities in this study were successful at improving functioning. In addition, the study indicated that residential treatment may have unintended adverse outcomes on anxiety and hyperactivity.
- The study also found significant variation in outcomes across sites, with adolescents in one site getting reliably worse during the course of residential treatment.

Study Objectives

- To replicate previous study Lyons et al., 2001 and extend analysis by including a comparison of changed trajectories for youth in Residential Treatment Facilities (RTF) and Home and Community Based Waiver Services (HCBS-Waiver).
- To profile the psychiatric symptoms, risk behaviors and functional impairment of youth served in RTF and HCBS-Waiver using existing administrative data;
- To examine the trajectories of change in symptoms, risk behavior, functional impairments, child strengths and family strengths over the course of an episode of care;
- To examine demographic factors associated with these change trajectories.

Background: Setting

- NYS Office of Mental Health offers Residential Treatment Facility (RTF) and Home and Community Based Services Waiver (HCBS-Waiver) services for youth ages 5 21 who have higher behavioral health needs within the public mental health system.
- RTF serves approximately 960 youth per year in residential treatment settings and HCBS-Waiver serves approximately 2,700 youth per year in community settings using a wraparound-like program model.
- Both programs are central components of New York State's (NYS) public mental health system of care for youth.
- NYS is transitioning public mental health services to Medicaid Managed Care. Important policy questions need to be addressed regarding how to effectively serve youth in the least restrictive setting.

Method: Population & Data Source

• Population & Study Design:

Youth receiving services in RTF (N=2,419,99.8%) or HCBS-Waiver (N=7,817,100%) during 2008-2102 with at least one set of CAIRS Admission indicators; The Study is a repeated measures within and between group design.

• Data Source:

- oAll data were extracted from CAIRS (Child & Adult Integrated Reporting System)
- oAdmission, follow-up and discharge assessments on youth symptoms, behaviors and functional impairment as well as youth and family strengths domains were included.
- OYouth demographics, primary diagnosis at admission, custody status and family characteristics were also obtained from CAIRS.

Method: Statistical Analysis

Descriptive

T-test were used to compare average level of youth symptoms, risk behaviors and functional impairment at admission were compared between RTF and Waiver

Multivariable

Mixed random effect repeated analysis was used to model each child's change trajectory on each indicator as a log-linear function of time over the course of the episode. Change trajectories were examined separately for youth in HCBS-Waiver or RTF settings.

Models included the main effects of log transformed time, controlling for effects of Program (Waiver vs. RTF), Unit (RTF provider or Waiver provider), age, gender, custody status, primary diagnosis at admission and family characteristics. (In progress)

Method: Analytical Constructs

Dependent variables were: youth symptoms, risk behaviors, functional impairment, child and family strengths

- Prevalence of symptoms, risk behaviors and functional impairment were coded as having any indication of problem or as having a severe level of problem;
- Symptoms, risk behaviors and functional impairment domain items were coded on a 5-point Likert scale ranging from 0 (not-evident) to 4 (severe).
- Risk behaviors were coded on a 5 point Likert scale from 0 (never) to 4 (always)
- Child and family strengths were coded on a 4-point Likert scale with 1 indicating the most need (Not true/not like the child) and 4 indicating the greatest strength (very true/very much like the child).

Method: Analytical Constructs

•Independent variables:

Time: time since admission was log transformed to show the predicted amount of change within 9 months of admission (also from 9 to 24 months)

(Models controlling for below are IN PROGRESS)

Program Type (RTF or Waiver)

Program (RTF provider or Waiver provider)

Custody status: In foster care (Y/N)

Primary Diagnosis at admission was categorized as: ADHD,

Mood, Schizophrenia, Disruptive Behavior, Anxiety or other

Age was categorized as: 5-12, 13 and older

Gender

Table 1: Comparisons of domain-level mean scales at admission between youth served in RTF and Waiver using t-test.

Domain	RTF (n=2419)	Waiver (n=7817)	t value	p> t
Behavioral Symptoms	1.21	1.03	-11.23	<.0001
Risk Behavior	0.66	0.56	-6.65	<.0001
Functional Impairment	1.86	1.51	-18.35	<.0001
Child Strength	2.31	2.38	6.99	<.0001
Family Strength	2.86	3.11	8.73	<.0001

Table 2: Average Length of Stay (LOS)

	At least 1	Assessment	At least 2 A	ssessments	At least 3 Assessments				
Program		Avg LOS		Avg LOS		Avg LOS			
O	N	(days)	N	(days)	N	(days)			
Residential Treatment Facility -									
Children & Youth	2419	515.8	2280	529.4	1021	617.4			
Home and Community Based									
Services (HCBS) Waiver	7817	350.4	7744	351.4	4965	448.0			

Behavioral Symptoms Domain

Consists of 25 items Grouped into the following categories:

Emotional Symptoms: Suicidal ideation, Psychotic symptoms, Depression, Anxiety, Phobias, Eating disorder, Hyperactive, and Impulsive.

Behavioral Symptoms: Temper tantrums, Sleep disorders, Enuresis / Encompresis, Physical complaints, Developmental delays, Peer interactions, Self-injury and Runaway.

Dangerous / Aggressive Behavior: Dangerous to self, Dangerous to others, Verbally aggressive, and Physically aggressive.

Substance Abuse: Alcohol abuse and Drug abuse.

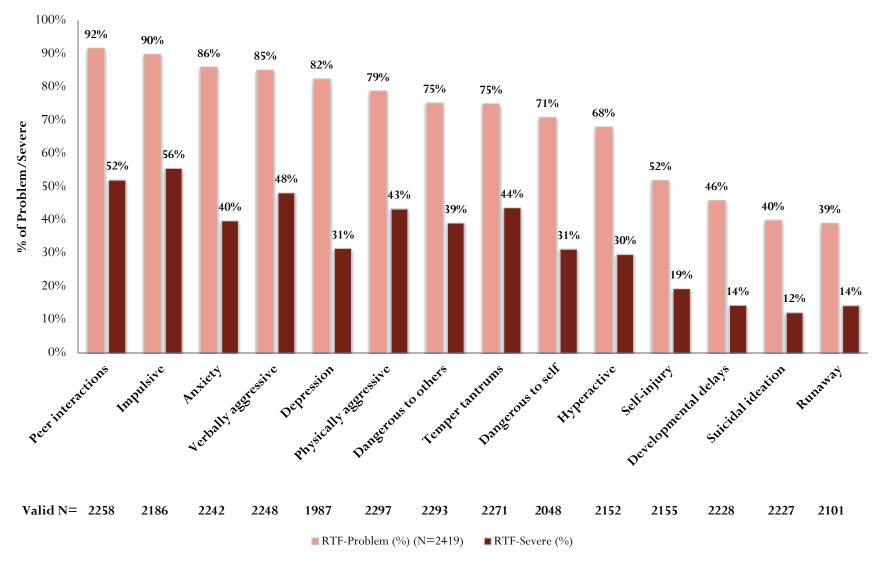
Sexually Related: Sexually inappropriate, Sexually acting out and Sexually aggressive.

CAIRS – Behavioral Symptom Domain

Symptoms / Behaviors (Select one response)

_						ng int	erfer	e wi	th thi	s child's performance of daily activi	ties a	and /	or m	najor	role			
requirements ON ADMISSI	ION	to th	is pr	rogra	am.													
Scale: 0 - Not e	vide	nt	1 - N	Aild	2 -	Mode	erate	3	- Mai	rginally severe 🛮 4 - Severe 🗓 - Ur	knov	۸'n						
Y - Yes			1 - N	٧o														
			C	игге	ent		Н	isto	ry			C	игге	nt		Hi	isto	ry
	0	1	2	3	4	U	Υ	N	U	0	1	2	3	4	U	Υ	N	U
Suicidal ideation	⊙	0	0	0	0	0	⊙	\circ	0	Developmental delays 🙃	0	0	0	0	0	0	\circ	⊙
Psychotic symptoms (e.g.		\odot	0	0	0	0	0	\odot	0	Sexually inappropriate 🕟	0	0	0	\circ	0	0	\circ	\odot
hallucinations) Depression		_	_	~	_	_	~	_	_	Sexually acting out 🙃	0	0	0	\circ	0	0	\circ	\odot
								0		Sexually aggressive 🙃	0	0	0	0	0	0	\circ	\odot
Anxiety							0	•		Verbally aggressive 🦰	\odot	0	0	0	0	0	\odot	0
Phobias							0		_	Physically aggressive 🤿	0	\odot	0	0	0	•	\circ	0
Dangerous to self								•	_	Eating disorder 🧷	0	0	•	0	0	•	0	0
Dangerous to others							⊙	0		Peer interactions 🔿						•	0	0
Temper tantrums							0	⊙	0	Hyperactive \bigcirc						•		0
Sleep disorders							0	0	⊙	Impulsive C								_
Enuresis / Encompresis							0	⊙	0	Self-injury O						0		0
Physical complaints	0	0	0	0	0	⊙	⊚	0	0	Runaway 🌀						0	0	•
Alcohol abuse	\circ	0	О	0	0	⊙	⊙	0	0	Other, please specify C						-		-
Drug abuse	\circ	0	0	0	\odot	0	0	\odot	0	Cancil, picade openii)	-	0	0	0	0	0	-	_
																		~
										Reset Other								

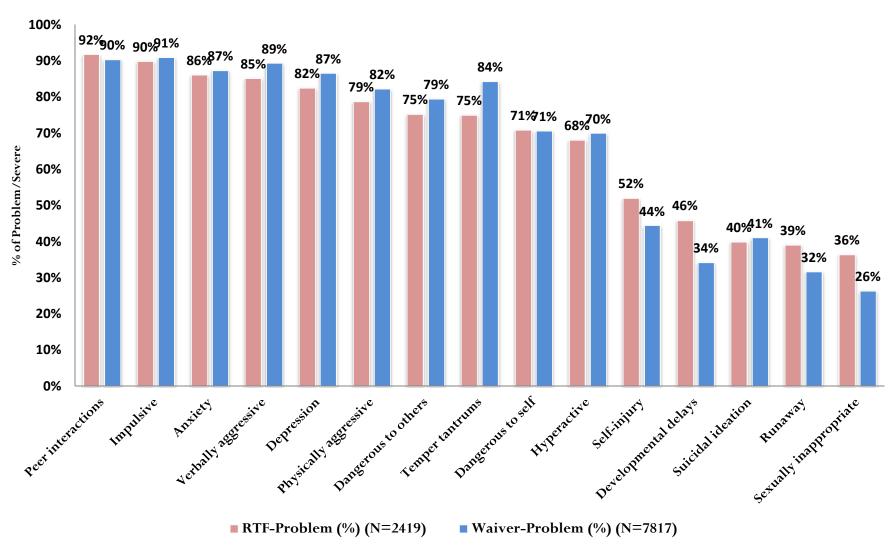
Symptom Domain: Prevalence of Any Problem and Prevalence of Severe Problem at Admission to RTF



RTF
Symptom Domain: Prevalence of Any Problem and Prevalence of
Severe Problem at Admission to RTF (Continued)

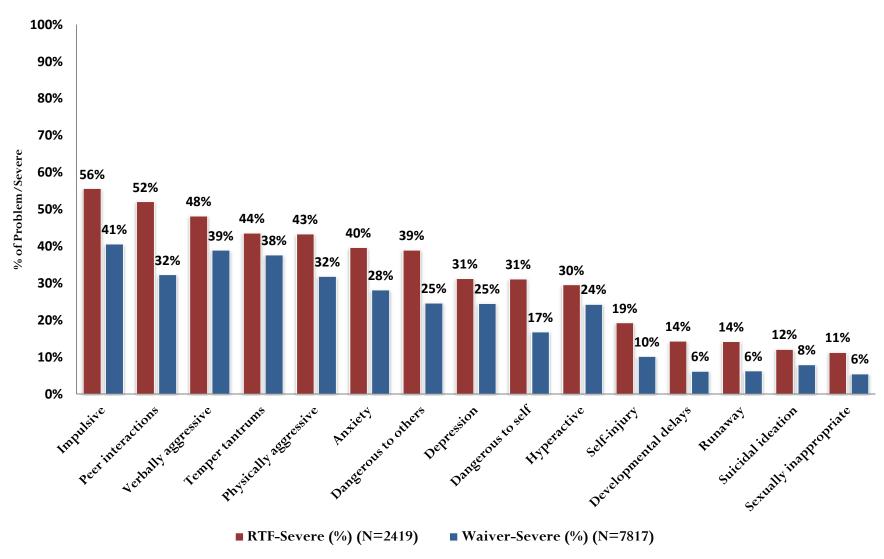


RTF vs Waiver - Symptom Domain: Prevalence of Any Problem at Admission



Cohort: Youth Served during 1/1/2008-12/31/2012 with at least 1 assessment. Showing top 15 RTF items with highest problem rate.

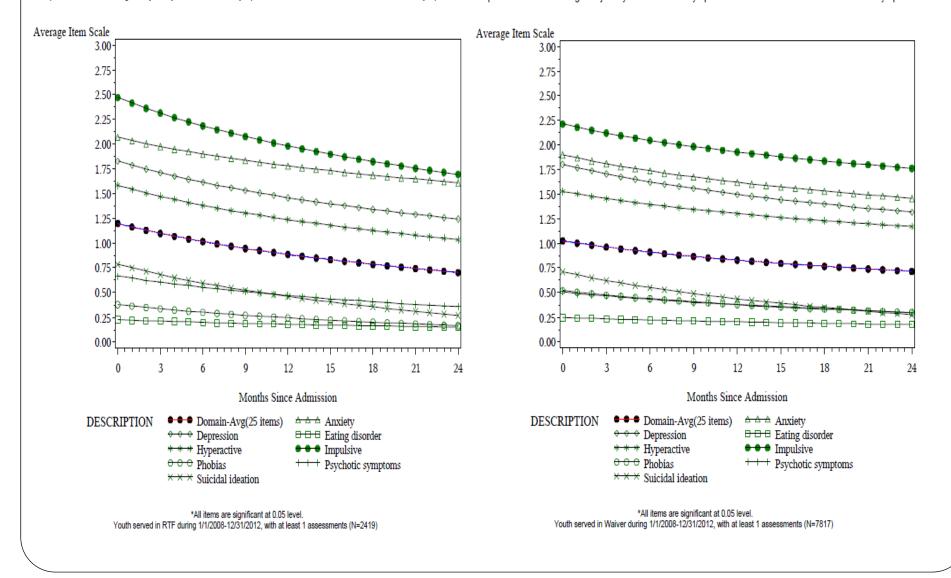
RTF vs Waiver - Symptom Domain: Prevalence of Severe Problem at Admission



Cohort: Youth Served during 1/1/2008-12/31/2012 with at least 1 assessment. Showing top 15 RTF items with highest severe problem rate.

RTF vs HCBS-Waiver: Change Trajectory on Behavioral Symptoms Domain-Items related to Emotional Symptoms

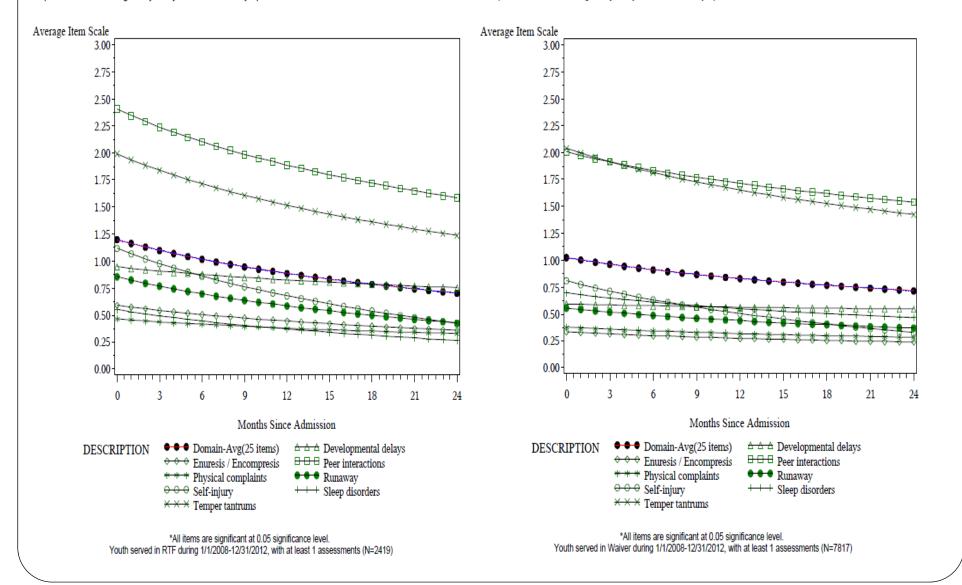
Graph1.1-1: RTF-Change Trajectory on Behavioral Symptoms Domain- Items related to Emotional Symptoms* Graph1.1-1: Waiver-Change Trajectory on Behavioral Symptoms Domain- Items related to Emotional Symptoms*



RTF vs HCBS-Waiver: Change Trajectory on Behavioral Symptoms Domain—Items related to Behavioral Symptoms

Graph1.1-2: RTF-Change Trajectory on Behavioral Symptoms Domain-Items related to Problem Behavior*

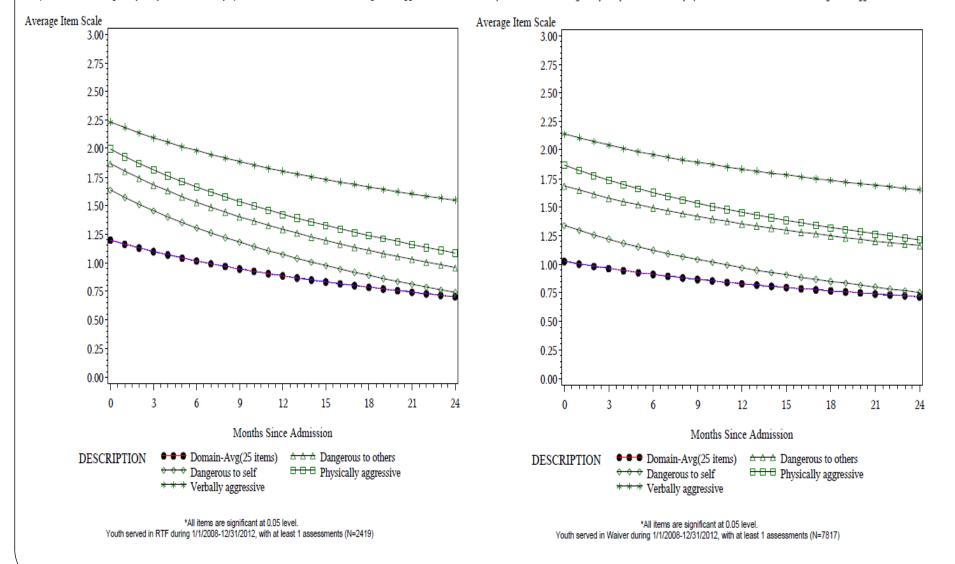
Graph1.1-2: Waiver-Change Trajectory on Behavioral Symptoms Domain- Items related to Problem Behavior*



RTF vs HCBS-Waiver: Change Trajectory on Behavioral Symptoms Domain– Items related to Dangerous/Aggressive Behavior

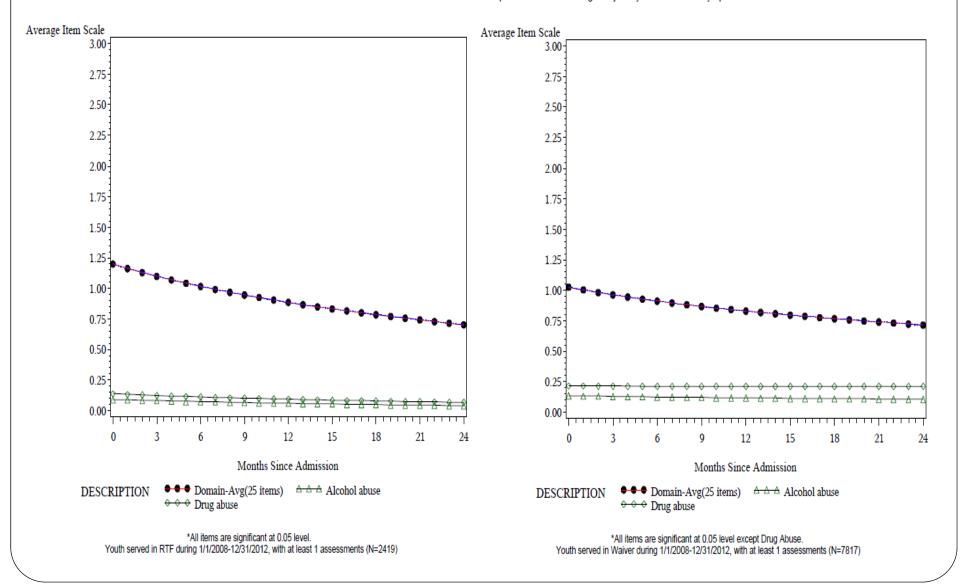
Graph 1.1-3: RTF-Change Trajectory on Behavioral Symptoms Domain-Items related to Dangerous/Aggressive Behavioral

Graph1.1-3: Waiver-Change Trajectory on Behavioral Symptoms Domain- Items related to Dangerous/Aggressive Behavior*



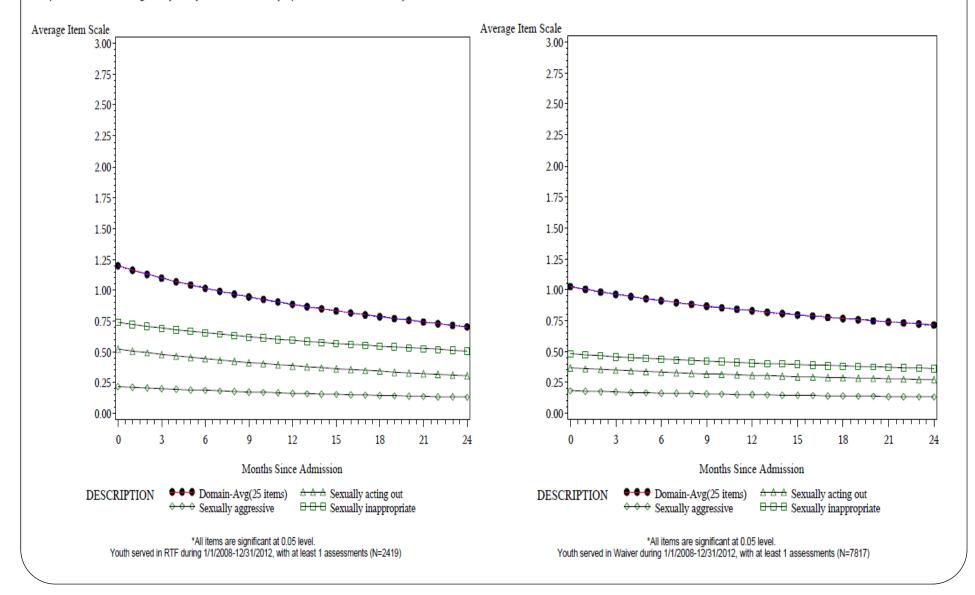
RTF vs HCBS-Waiver: Change Trajectory on Behavioral Symptoms Domain-Items related to Substance Abuse

Graph1.1-4: RTF-Change Trajectory on Behavioral Symptoms Domain- Items related to Substance Abuse* Graph1.1-4: Waiver-Change Trajectory on Behavioral Symptoms Domain- Items related to Substance Abuse*



RTF vs HCBS-Waiver: Change Trajectory on Behavioral Symptoms Domain-Sexually Related Items

Graph1.1-5: RTF-Change Trajectory on Behavioral Symptoms Domain-Sexually related items* Graph1.1-5: Waiver-Change Trajectory on Behavioral Symptoms Domain-Sexually related items*



Risk Behavior

Suicide attempts

Destruction of property

Cruelty to animals

Fire setting

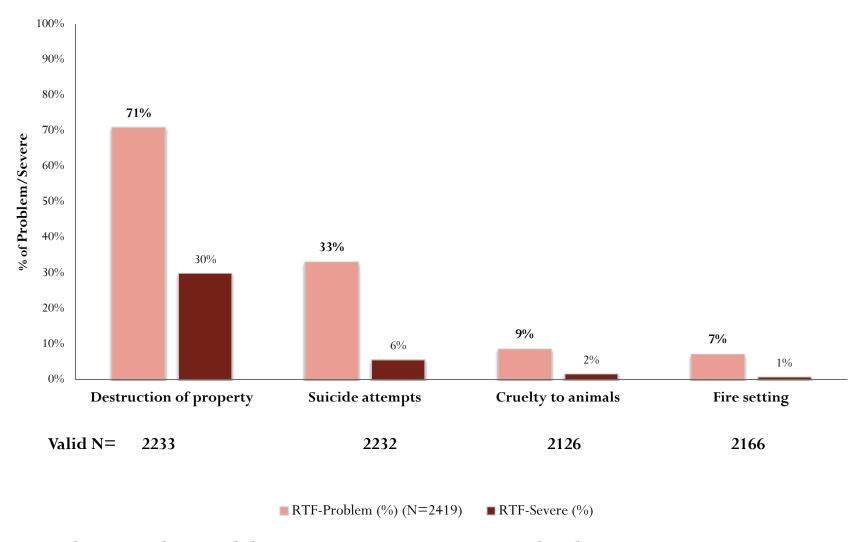
CAIDO	$\mathbf{p} \cdot 1$	\mathbf{r} 1 ·	D .
CAIRS -	· Kisk	Behaviors	L)omains

Destruction of property C C C C C C C C

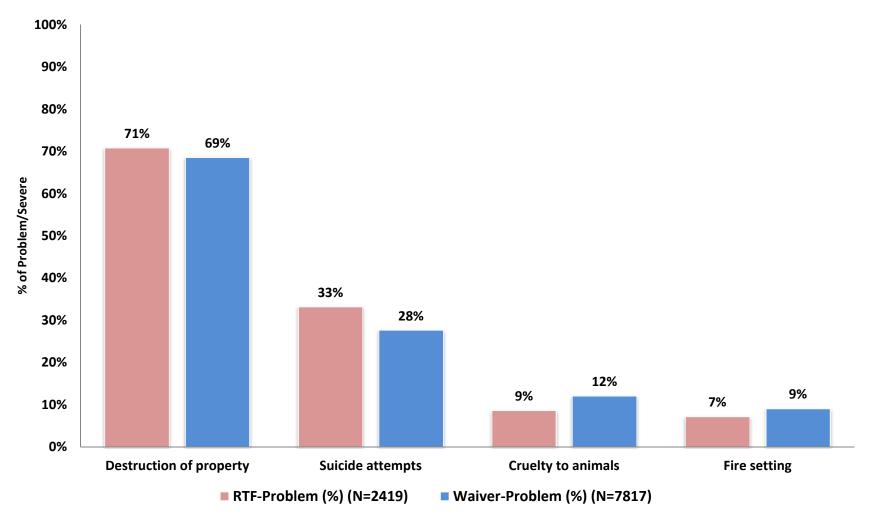
Symptoms / Behaviors co	ntin	ued.	(S	elec	t on	e res	pons	se)												
Indicate the level that most	taco	urat	ely r	eflec	cts th	ne fre	quer	тсу у	vith wh	ich the child	engaged in each	ofth	ne fo	llowi	ing k	eha	viors	in th	е ра	st
18 months (Select one res	pon	se).																		
Scale: 0 - Neve	r 1	- Ra	arely	2	- So	meti	mes	3	- Often	4 - Always	U - Unknown	Y-\	res.	N-	No					
Current History											1	Curr	ent			Hi	stor	У		
	0	1	2	3	4	U	Υ	N	U			0	1	2	3	4	U	Υ	N	U
Suicide attempts	\circ	0	0	\odot	0	0	0	•	0	С	ruelty to animals	0	•	0	0	0	0	•	0	0

Fire setting \circ \circ \circ \circ \circ \circ \circ \circ

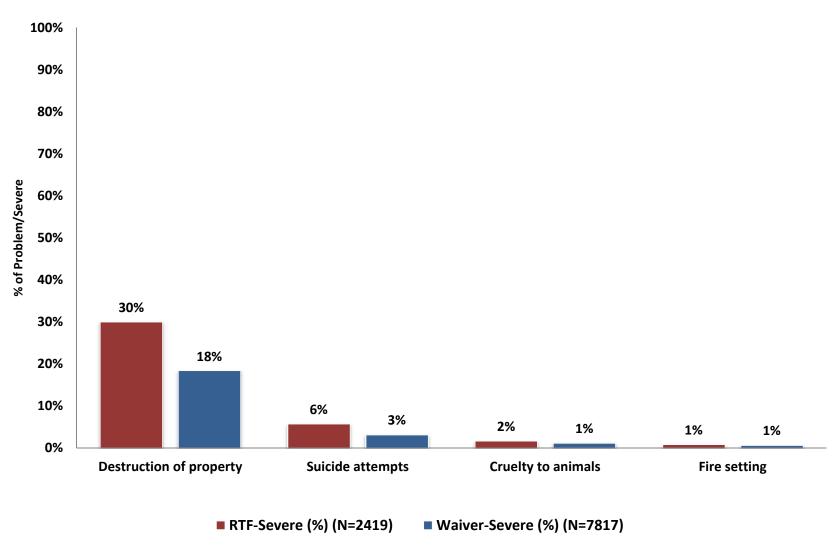
Risk Behaviors Domain: Prevalence of Any Problem and Prevalence of Severe Problem at Admission to RTF



RTF vs Waiver - Risk Behavior Domain: Prevalence of Any Problem at Admission



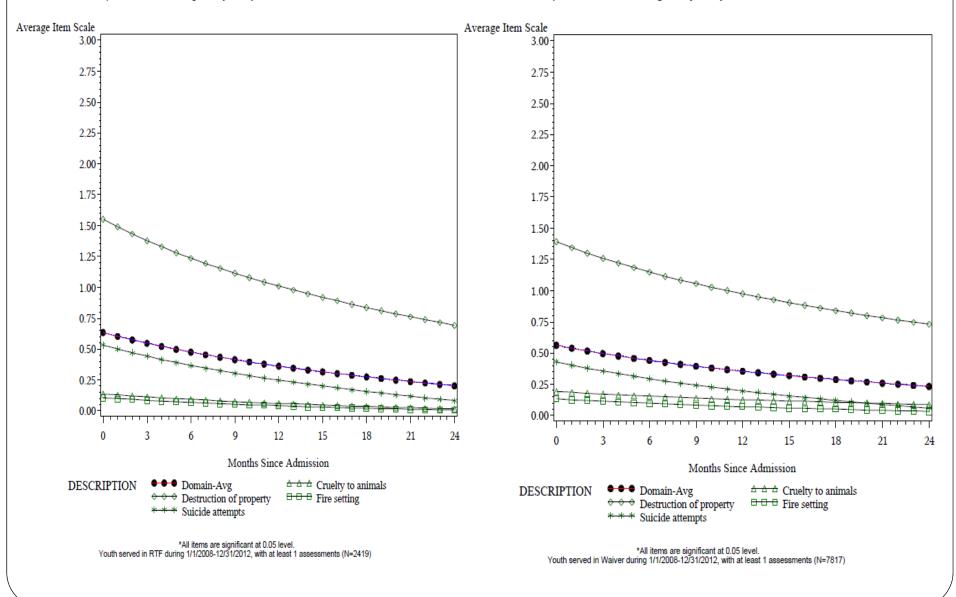




RTF vs HCBS-Waiver: Change Trajectory on Risk Behavior Domain

Graph2.1: RTF-Change Trajectory on Risk Behaviors Domain*

Graph2.1: Waiver-Change Trajectory on Risk Behaviors Domain*



Functional Impairment

Self-care

Social relationships / functioning

Cognitive functioning / communication functioning

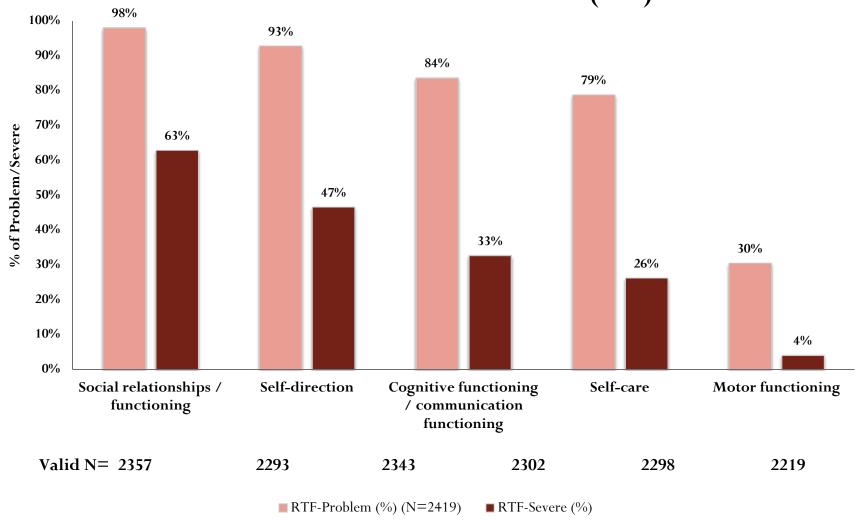
Self-direction

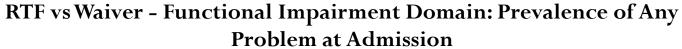
Motor functioning

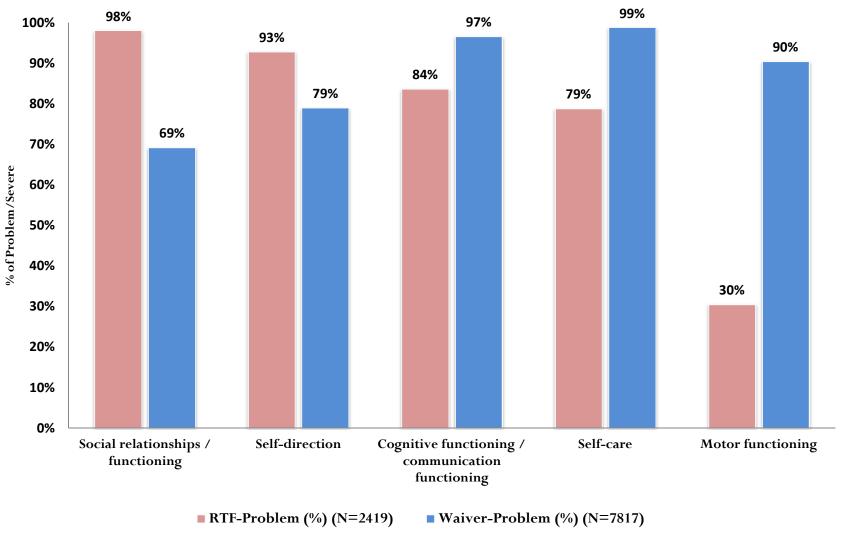
CAIRS Functional Impairment Domain

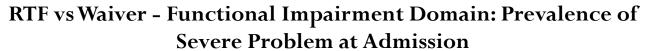
Areas o	of functional impairme	nt (Select on	e response)							
	0 - Not evident	1 - Mild	2 - Moderate							
	3 - Marginally severe	4 - Severe	U - Unknown		n	1	2	3	4	
				Self-	care 🧑					
				Social relationships / function	ning 🤇	•	0	0	\circ	0
		C	gnitive function	ing / communication function	ning 🤇	•	0	0	\circ	0
				Self-dired	ction 🤇	0	\odot	0	\circ	0
				Motor function	ning 🤇	0	•	0	\circ	0

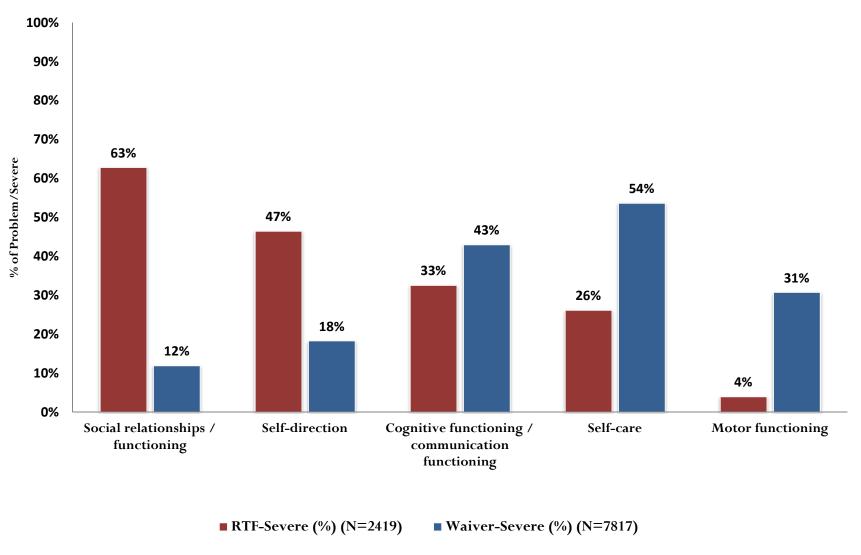
Functional Impairment Domain: Prevalence of any Problem and Severe Problem at admission (RTF)







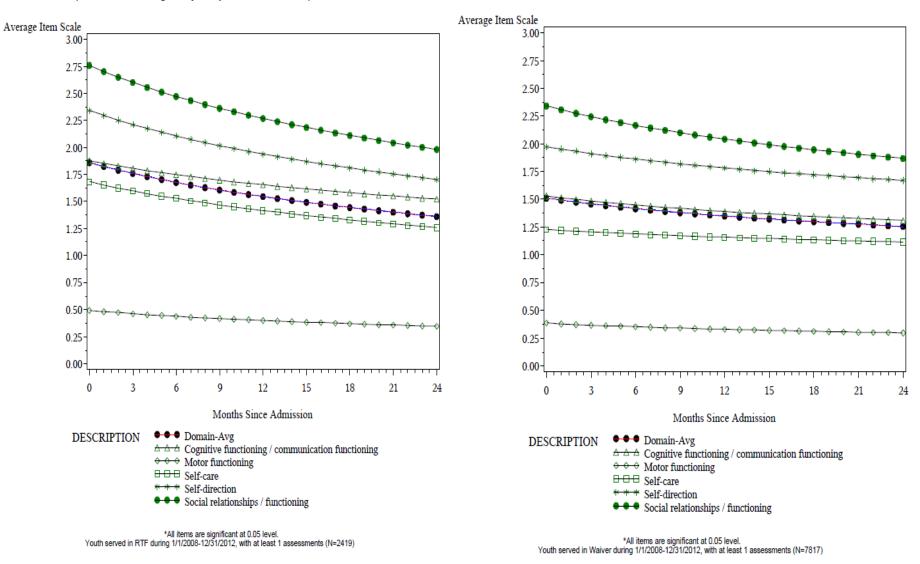




RTF vs HCBS-Waiver: Change Trajectory on Functional Impairment Domain

Graph3.1: RTF-Change Trajectory on Functional Impairment Domain*

Graph3.1: Waiver-Change Trajectory on Functional Impairment Domain*



Child Strength

Child identifies personal strengths

Maintains positive family relations

Uses anger management skills

Expresses remorse for behavior that hurts or upsets others

Considers consequences of own behavior

Accepts closeness and intimacy of others

Attends school regularly

Respects the rights of others

Accepts responsibility for own actions

Enjoys a hobby and / or special interest

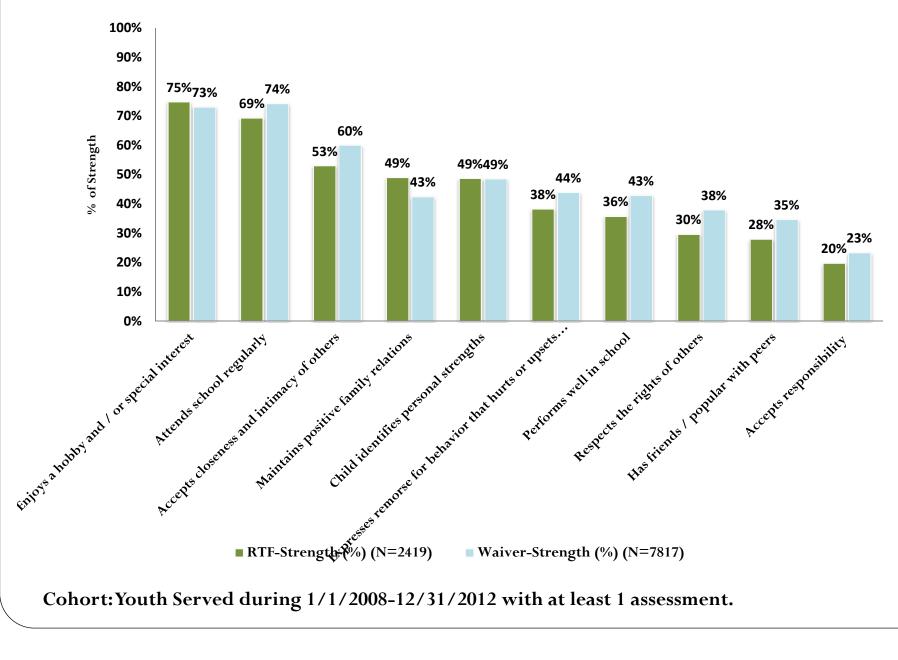
Has friends / is popular with peers

Performs well in school

CAIRS: Child Strength Domains

Child Strengths (Select one response) Scale: 1 - Not at all like the child	2 -	Not	muc	h lik	e the child	3 - Like the child 4 - Very much like the ch	ild	U-	Unki	nowi	n
	1	2	3	4	U		1	2	3	4	U
Child identifies personal strengths	\odot	\circ	0	0	0	Respects the rights of others	0	0	\circ	0	\odot
Maintains positive family relations	0	\odot	0	0	0	Accepts responsibility for own actions	0	\circ	\circ	\odot	0
Uses anger management skills	0	0	•	0	0	Enjoys a hobby and / or special interest	0	0	\odot	0	0
Expresses remorse for behavior that hurts or upsets others	0	0	0	•	0	Has friends / is popular with peers					
Considers consequences of own behavior	\circ	0	\circ	\odot	0	Performs well in school					
Accepts closeness and intimacy of others	0	0	0	•	0	Other, please specify	0	0	0	0	0
Attends school regularly	0	0	0	0	0						<u>^</u>
						Reset Other					

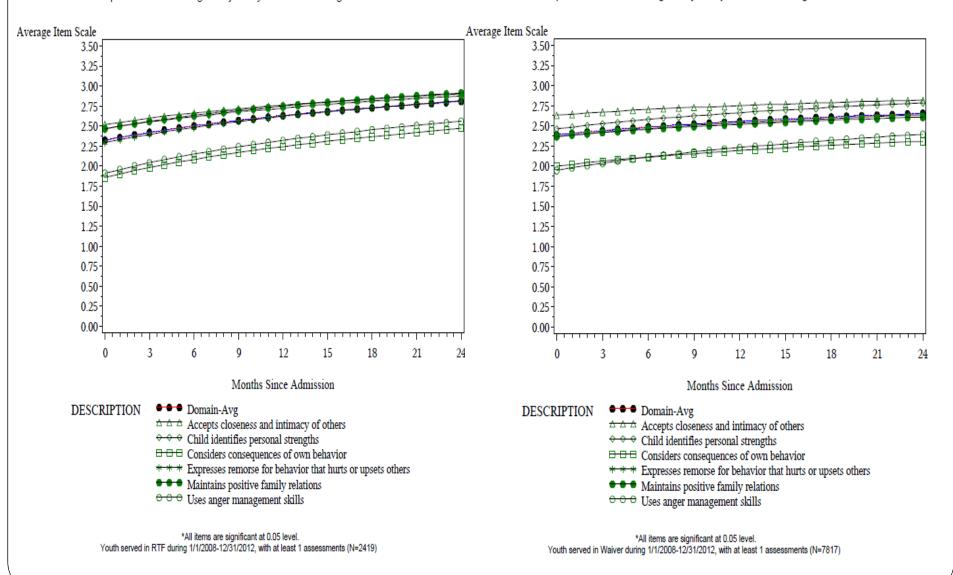




RTF vs HCBS-Waiver: Change Trajectory on Child Strength Domain

Graph4.1: RTF-Change Trajectory on Child Strength Domain*

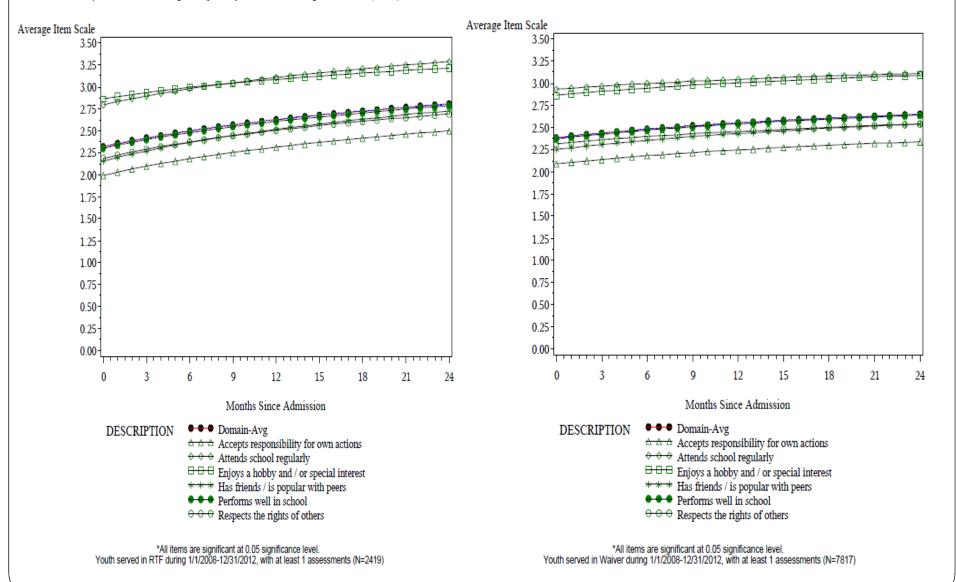
Graph4.1: Waiver-Change Trajectory on Child Strength Domain*



RTF vs HCBS-Waiver: Change Trajectory on Child Strength Domain

Graph4.1: RTF-Change Trajectory on Child Strength Domain (Con.)*

Graph4.1: Waiver-Change Trajectory on Child Strength Domain (Con.)*



Family Strength

Primary caregiver provides food, clothing, shelter

Primary caregiver provides age-appropriate supervision

Primary caregiver is able to give medications as ordered

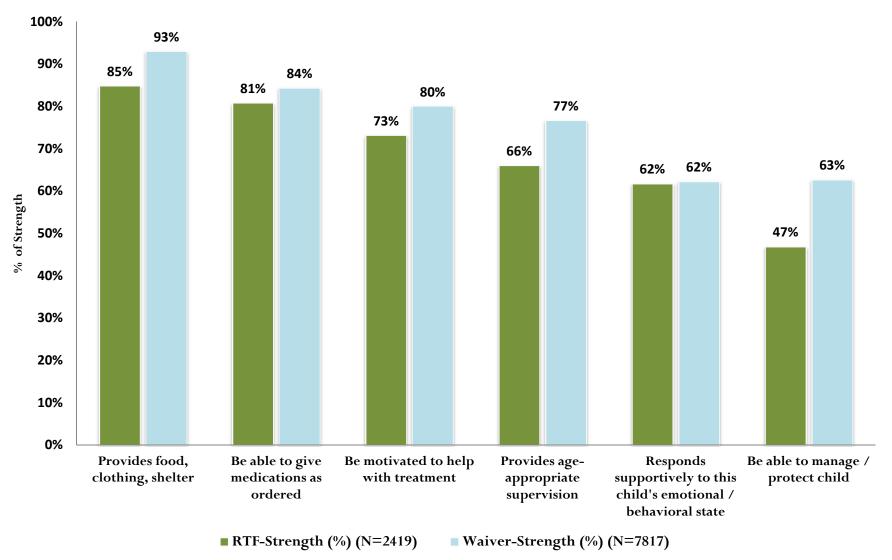
Primary caregiver responds supportively to this child's emotion

Primary caregiver is able to manage / protect child

Primary caregiver is motivated to help with treatment

Family	Strength:	s (Select one respons	se)										
		ngths of the person(s) the child's primary livi				rrently i	nac	omn	nun	ity re	esid	entia	I program, refe
	Scale:	0 - Not at all true	1 - A little true	2 - Somewha	t true 3 - Usually tr	ue 4 -	Ver	y true	!				
		NA - Not applicable	U - Unknown										
							_	1		_	_		_
			Primary	caregiver prov	ides food, clothing, s	helter	⊙	0	0	0	\circ	0	0
			Primary caregi	ver provides ag	je-appropriate super	vision	0	0	0	0	\circ	\circ	0
			Primary caregiv	er is able to giv	ve medications as or	dered	0	0	0	0	\circ	0	0
	Prir	nary caregiver respon	ds supportively t	to this child's e	motional / behaviora	l state	0	•	0	0	\circ	0	0
			Primary o	caregiver is abl	e to manage / protec	t child	0	0	•	0	\circ	0	0
			Primary car	regiver is motiv	ated to help with trea	tment	0	0	•	0	0	0	0





RTF vs HCBS-Waiver: Change Trajectory on Family Strength Domain

Average Item Scale

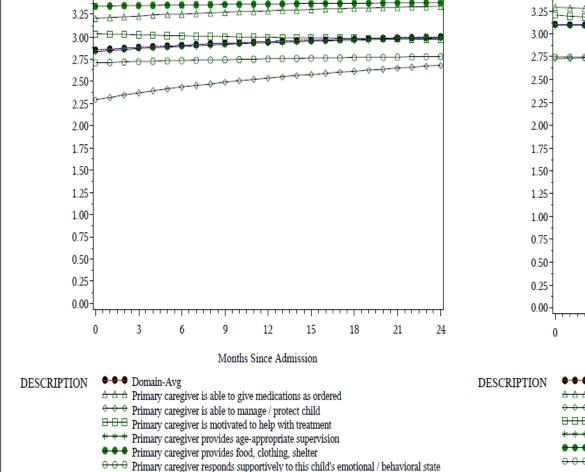
3.50

Graph5.1: RTF-Change Trajectory on Family Strength Domain*

Average Item Scale

3.50

Graph5.1: Waiver-Change Trajectory on Family Strength Domain*



1.00 - 0.75 - 0.50 - 0.25 - 0.00 - 0 3 6 9 12 15 18 21 24

Months Since Admission

CRIPTION

Months Since Admission

CRIPTION

Domain-Avg

A A Primary caregiver is able to give medications as ordered
Primary caregiver is able to manage / protect child
Primary caregiver is motivated to help with treatment
Primary caregiver provides age-appropriate supervision
Primary caregiver provides food, clothing, shelter
Primary caregiver responds supportively to this child's emotional / behavioral state

*All items are significant at 0.05 level except Primary caregiver responds supportively to this child's emotion. Youth served in Waiver during 1/1/2008-12/31/2012, with at least 1 assessments (N=7817)

*All items are significant at 0.05 level except Primary caregiver provides food, clothing, shelter, and Primary caregiver is motivated to help with treatment; and Primary caregiver responds supportively to this child's emotion. Youth served in RTF during 1/1/2008-12/31/2012, with at least 1 assessments (N=2419)

Conclusion & Discussion

- Youth served in RTF had significantly higher scores (more severe) in symptoms, risk behaviors and functional impairment when admitted compared with youth served in HCBS-Waiver.
- In terms of youth & family strengths, youth served in RTF had significantly lower scores (more need) when admitted compared youth served in HCBS-Waiver.
- Change trajectory analysis showed statistically significant improvement in all symptoms, risk behaviors and functioning items for youth served in either RTF or HCBS-Waiver programs.
- Notable were significant improvements in symptoms/behavior found with peer interactions, impulsive, verbally aggressive, anxiety, social relationships/function and self-direction which each had an average admission score of 2+ (moderate/marginal severity).

Conclusion & Discussion (continued)

- Among child strength items, on 'uses anger management skills' and 'considers consequences of own behavior' had the most noticeable improvements with a change of 0.32, 0.31 for RTF youth in 9 months and 0.22, 0.16 for Waiver youth.
- The overall Family Strength level had improved significantly for youth in RTF, however, it declined slightly for youth in Waiver.
- In all the five selected domains, youth served in RTF had greater improvement in level of indicators within 9 months of admission compared to Waiver youth, which can be visualized by the steeper slops of scale trajectories.
- The slope of trajectory becomes flatter over time, implying more effective treatment during the beginning stage. The scales of change in each item were more noticeable during the first-year of services.

Limitations/Future Study

- Youth served in either RTF or HCBS-waiver had positive change trajectories over time in care in terms of symptoms, risk behaviors, functioning and strengths. Differences in the psychiatric profiles of children served in RTF and Waiver were also noted which may help in the future to determine children's effective placement in the mental health system.
- The effects of demographics, custody status, primary diagnosis and family characteristics on change trajectories will be examined in future analysis.
- Proc Mixed procedure is used for predicting the continuous outcome change, but the dependent variable "scale" is discrete.
- The Glimmix procedure may be utilized to fit generalized linear mixed models with discrete outcomes.