



# Annotated Bibliography

A Choices, Inc. Publication

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## Presentations by Choices Staff

Manteuffel, B., Bruns, E., Pullmann, M., Rotto, K., Effland, V., & Friedman, R. (discussant). (2010). *Researchers, evaluators and practitioners: Using data to develop and strengthen systems of care*. Symposium presentation at the 23rd Annual Children's Mental Health Research & Policy Conference, March 7-10, 2010.

Effland and Rotto of Choices describe the importance of integrating local evaluation data such as that generated by Choices, Inc. with research and evaluation results from the national evaluation of 144 system of care communities to help sustain systems of care managed by Choices in three states and Washington, DC.

Effland, V., Walton, B., McIntyre, J., & Duda, M. (discussant). (2010). *Wraparound implementation in Indiana: Essential components and results*. Symposium presentation at the 23rd Annual Children's Mental Health Research & Policy Conference, March 7-10, 2010.

Effland and McIntyre of Choices and Walton of the Indiana Division of Mental Health and Addiction and Indiana University describe Indiana's essential system of care implementation components which utilize a strength-based site assessment developed by Effland, the Child and Adolescent Needs and Strengths (CANS) assessment, and the Wraparound Fidelity Index (WFI) to measure outcomes and provide evaluation for the statewide implementation of systems of care.

Effland, V., Klein, A. & Rotto, K. (2010). *What it takes to succeed: Care components and results across multiple systems of care*. Symposium presentation at the 23rd Annual Children's Mental Health Research & Policy Conference, March 7-10, 2010.

Effland, Klein and Rotto, all of Choices, Inc., describe the challenges in developing and sustaining systems of care in four different jurisdictions across the country. They describe core components of Choices' program model and how outcomes data within sites is used to address local system needs and improve practice, enhance training and ensure fidelity to the model.

Armstrong, M., Pires, S., Stroul, B., Rotto, K., & VanDeman, S. (2010). *Financing strategies that support effective systems of care: Study findings and a case study*. Symposium Presentation at the 23rd Annual Children's Mental Health Research & Policy Conference, March 7-10, 2010.

Rotto and VanDeman explain how Choices uses financing strategies such as managed care technologies, blended funding across several systems, individualized and flexible services, intensive care management, and the use of electronic clinical records and data on service utilizations, costs and outcomes to guide program development and improvement across several jurisdictions.

Effland, V., Rotto, K., VanDeman, S, Klein, A., & Tekle, R. (2009). *Structure and role of information management in systems of care*. In C. Newman, C.J. Liberton, K. Kutash, & R.M. Friedman (Eds). The 22nd Annual Research Conference Proceedings: A System of Care for Children's Mental Health: Expanding the Research Base (pp. 48-51). Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, Research and Training Center for Children's Mental Health. (Symposium)

Choices' outcomes and evaluation team and financial risk manager describe the components of the information management strategy, including technology, human resources and a supportive organizational culture. Next they illustrate how this structure allows Choices to meet unique funding and reporting requirements in three states. Finally, the presentation covers the use of information to make internal decisions such as resource management and quality improvement.

Hodges, S., Ferreira, K., Alfreds, M., & Rotto, K. (2009). *Rapid ethnography as community-based participatory research: Real research for real world settings*. In C. Newman, C.J. Liberton, K. Kutash, & R.M. Friedman (Eds). The 22nd Annual Research Conference Proceedings: A System of Care for Children's Mental Health: Expanding the Research Base (p. 148). Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, Research and Training Center for Children's Mental Health. (Topical discussion)

Rotto (Choices) and Alfreds (Westchester County, NY) describe their participation in community-based participatory research efforts led by the other two (USF) presenters. This type of research is a collaborative effort where community stakeholders are engaged as part of the research team.

Walton, B., Groves, I., Lyons, J., Efland, V., McIntyre, J. (February 2008). *Using data to transform Indiana's behavioral health system*. In C. Newman, C.J. Liberton, K. Kutash, & R.M. Friedman (Eds). The 20th Annual Research Conference Proceedings: A System of Care for Children's Mental Health: Expanding the Research Base (pp. 103-116). Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, Research and Training Center for Children's Mental Health. (Symposium)

The symposium focuses on Indiana's effort to transform the behavioral health system by using quality data to inform decision making. Efland and McIntyre (Co-Directors of Choices TA Center) examined fidelity to the system of care framework for a sample of 386 children served in developing systems of care in Indiana. Other papers in the symposium include the implementation of Consumer Services Reviews in Indiana (Efland helped create the protocol and Choices TA Center staff served as reviewers), adoption of the CANS as a common assessment and treatment planning tool across the behavioral health system, and the use of the WFI to measure fidelity to the wraparound process at the clinical level (initial interviews were completed by TA Center staff).

Efland, V., McIntyre, J. & VanDeman, S. (2007). *Using change theories to assess system of care development*. In C. Newman, K. Kutash, & R.M. Friedman (Eds). The 19th Annual Conference: A System of Care for Children's Mental Health: Expanding the Research Base (pp. 19-22). Tampa: University of South Florida, Louis de la Parte Florida Mental Health Institute, Research and Training Center for Children's Mental Health.

Choices TA Center staff used the Strengths Based Site Assessment created by Efland to measure the level of development of local systems of care in Indiana. Results reflected a significant level of development at both the system and service delivery levels in the three years of SOC implementation. The assessments aided the TA Center in developing plans for ongoing training, coaching and support throughout the state.

VanDeman, S., Rotto, K., & Efland, V. (2007). *Managing risks and costs using data-based decision making*. In C. Newman, K. Kutash, & R.M. Friedman (Eds). The 19th Annual Conference: A System of Care for Children's Mental Health: Expanding the Research Base (pp. 397-400). Tampa: University of South Florida, Louis de la Parte Florida Mental Health Institute, Research and Training Center for Children's Mental Health.

This study hypothesized that managed care methods to manage costs and risk could be employed at the Dawn Project, managed by Choices in Indiana, and that employing such risk management methods would not adversely affect outcomes for youth. This risk management methodology states you must know: how many youth will use services, how many units of services each youth will use, and how much one unit of service costs. Choices used this information known about Dawn clients to understand and manage the costs of residential treatment for Dawn youth. Results were significantly reduced costs for residential treatment and no adverse outcomes for the youth as measured by the CAFAS.

Papp, J. (2007). *Matching service expenditures with clinical outcomes in a system of care: Preliminary findings*. In C. Newman, K. Kutash, & R.M. Friedman (Eds). The 19th Annual Conference: A System of Care for Children's Mental Health: Expanding the Research Base (pp. 401-405). Tampa: University of South Florida, Louis de la Parte Florida Mental Health Institute, Research and Training Center for Children's Mental Health.

This study examines youth functioning over time in relation to service expenditures during the same period to determine if the wraparound process could evidence both improved youth functioning and reduced average expenditure at Hamilton Choices in Cincinnati, Ohio. The research yielded positive results on both counts.

VanDeman, S., Rotto, K., & Efland, V. (2006). *Four clinical pathways to success in systems of care*. In C. Newman, K. Kutash, & R.M. Friedman (Eds). The 18th Annual Conference: A System of Care for Children's Mental Health: Expanding the Research Base (pp. 329-334). Tampa: University of South Florida, Louis de la Parte Florida Mental Health Institute, Research and Training Center for Children's Mental Health.

The study by Choices outcomes staff determined that the identification of four clinical pathways for Dawn Project youth has both clinical and fiscal implications. The study looked at the presence/absence and timing of placements in residential treatment of 452 youth enrolled in the Dawn Project between its inception in 1997 and April 30, 2003 and disenrolled by July 31, 2004. Youth referred before residential placement (with similar characteristics to youth already in placement when referred, youth placed by Dawn, or those referred in placement but transitioned out within 90 days) had significantly better outcomes and significantly lower costs than those in the other groups.

Effland, V., VanDeman, S., & Rotto, K. (2006). *Cost savings with early intervention: Impacting child welfare and justice outcomes*. In C. Newman, K. Kutash, & R.M. Friedman (Eds). The 18th Annual Conference: A System of Care for Children's Mental Health: Expanding the Research Base (pp. 341-344). Tampa: University of South Florida, Louis de la Parte Florida Mental Health Institute, Research and Training Center for Children's Mental Health.

The study compared results for youth enrolled in an early intervention pilot with youth referred by child welfare (CW) and juvenile justice (JJ) with those who had more intense needs at enrollment. Findings included: early intervention youth from both CW and JJ had shorter lengths of stay in the Dawn Project than intensive youth and avoided costly out-of-home care; JJ youth had higher CAFAS scores at enrollment; CW youth in both intensive and early intervention more likely to show clinically significant improvement than JJ youth.

Papp, J. (2006). *The financial impact of decreased residential treatment utilization in a newly managed system of care*. In C. Newman, K. Kutash, & R.M. Friedman (Eds). The 18th Annual Conference: A System of Care for Children's Mental Health: Expanding the Research Base (pp. 379-384). Tampa: University of South Florida, Louis de la Parte Florida Mental Health Institute, Research and Training Center for Children's Mental Health.

Findings suggest that Hamilton (County, Ohio) Choices' Mosaic Project demonstrated downward trends in utilization of costly and restrictive residential services. A concomitant reduction in fee for service expenses coupled with positive clinical outcomes resulted in a contract extension for Hamilton Choices.

Effland, V., Walton, B., & McIntyre, J. (2005). *Using change theories to assess system of care development*. In C. Liberton, C. Newman, K. Kutash, & R. Friedman (Eds.). The 17th Annual Research Conference, A System of Care for Children's Mental Health: Expanding the Research Base (pp. 15-18). Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute, Research and Training Center for Children's Mental Health.

This study examined results of strengths-based site assessments in Indiana's developing systems of care in 16 sites the first year and 14 in the second year. The study applied theories of change (Rogers, 1995 and Prochaska, et al., 1994) to system of care and wraparound development in the counties that were studied. Each county was assigned a stage of change rating (1-5) by Choices TA Center coaches each year and most counties advanced one or more ratings between time one and time two measurements.

Wright, E., Kooreman, H., Anderson, J., & Rotto, K. (discussant). (2005). *Service utilization, expenditures, and success in the Dawn Project*. In C. Liberton, C. Newman, K. Kutash, & R. Friedman (Eds.). The 17th Annual Research Conference, A System of Care for Children's Mental Health: Expanding the Research Base (pp 68-73). Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute, Research and Training Center for Children's Mental Health.

Study examined whether Choices' use of managed care technologies negatively impacted the quality and outcomes of care in the Dawn Project by looking at the relationship among patterns of service utilization, expenditures, and the likelihood that youth and their families successfully met the clinical objectives set out at enrollment. Overall conclusion suggests that a managed care approach can be used effectively without compromising care.

Anderson, J., & Effland, V. (2004). *Examining factors that predict improvement in a system of care over time*. In C. Liberton, C. Newman, K. Kutash, & R. Friedman (Eds.). The 16th Annual Research Conference, A System of Care for Children's Mental Health: Expanding the Research Base (pp. 75-78). Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute, Research and Training Center for Children's Mental Health.

This study examined what distinguished successful completers of Dawn from those whose functioning remained the same or decreased over time as measured by the CAFAS. While about 70% completed successfully, 30% did not. The younger the child at enrollment the more likely he/she was to improve over time, making a strong case for early intervention with children with serious emotional difficulties.

Anderson, J., Ziska, D., & Rotto, K. (2004). *Expenditures in a system of care: Relationship between services and outcomes*. In C. Liberton, C. Newman, K. Kutash, & R. Friedman (Eds.). *The 17th Annual Research Conference, A System of Care for Children's Mental Health: Expanding the Research Base* (pp. 79-82). Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute, Research and Training Center for Children's Mental Health.

The purpose of the study was to describe the funding structure of the Dawn Project, examine how dollars are spent over time in a system of care, and ascertain whether certain configurations of spending predict improvement over time. Of 156 youth, the mean CAFAS score improved from 95.4 to 64.62. Costs for placement decreased over time, while mentoring, behavioral health and respite costs increased over the average 15 month enrollment. None of the service categories predicted functional change over time.

## Publications by Choices Staff

Rotto, K., & McIntyre, J., (2010). *Evolutionary drift in systems of care development*. *Evaluation and Program Planning*, 33(1), 21-23.

This special journal issue entitled "Systems of Care" was edited by Sharon Hodges and Kathleen Ferreira of the University of South Florida. They solicited articles from more than 15 experts in the field to respond to their proposal to revise and update the definition of a "system of care." Rotto and McIntyre address the need to expand the population served by systems of care to all children and youth with mental health needs.

Effland, V. & McIntyre, J. (2009). *Identifying what makes systems of care work*. In C. Newman, C.J. Liberton, K. Kutash, & R.M. Friedman (Eds). *The 22nd Annual Research Conference Proceedings: A System of Care for Children's Mental Health: Expanding the Research Base* (p. 151). Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, Research and Training Center for Children's Mental Health. (Paper)

Effland and McIntyre of Choices describe how the Choices TA Center uses annual strength-based site assessments to measure the degree to which communities in Indiana are progressing in the development of the collaborative individualized service planning process. After identifying the most successful sites, system of care leaders were interviewed to provide insight into the key factors in their success.

Rotto, K., McIntyre, J., & Serkin, C. (2008). *Strengths based, individualized services*. in Beth Stroul and Gary Blau (Eds.) *The System of Care Handbook* (pp. 401-435). Baltimore: Paul Brookes Publishing Company.

Rotto, McIntyre and Serkin were asked to write the chapter on strengths-based, individualized services in this comprehensive handbook. Chapter 15 details the elements of Choices' program model: the wraparound process, braided funding, broad provider network, quality improvement and outcome measurement, and the development of community partnerships and trust. A look at the Handbook's Index reveals that at least three other chapters in the handbook also cite Choices.

Dixit, K., Bajwa, A., Anthony, B., & Effland, V. (2008). *No wrong door: Implementation plan for Montgomery County, Maryland*. In C. Newman, C.J. Liberton, K. Kutash, & R.M. Friedman (Eds). *The 21st Annual Research Conference Proceedings: A System of Care for Children's Mental Health: Expanding the Research Base* (p. 156). Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, Research and Training Center for Children's Mental Health. (Paper)

When the state of Maryland contracted with Choices to provide care coordination in Montgomery County (Rockville) Maryland, two important strengths were already in place: the wraparound process was well-known and there was a strong family support network. Building on these strengths, Choices' outcomes team used the WFI and the CANS to evaluate progress of youth and families enrolled in Maryland Choices.

## Publications About Choices

Hodges, S., Ferreira, K., Israel, N., Mazza, J., & Kukla-Acevedo, S. (2009). *Leveraging change in the Marion County, Indiana system of care: The Dawn Project*. Tampa, FL: Louis De La Parte Florida Mental Health Institute, University of South Florida.

In 2007, the Dawn Project in Indianapolis, managed since its inception in 1997 by Choices, participated in a national study of system of care implementation conducted by USF. Dawn was chosen for inclusion in the study because it was developed through the establishment of a non-profit care management corporation (i.e., Choices). The findings, published by USF's Research and Training Center for Children's Mental Health, highlight successes achieved and examine implementation factors that influenced this success.

Stroul, B., Pires, S., Armstrong, M., McCarthy, J., Pizzigati, K., Wood, G., McNeish, R., & Echo-Hawk, H. (2009). *Effective financing strategies for systems of care: Examples from the field—A resource compendium for financing systems of care: Second edition (RTC study 3: Financing structures and strategies to support effective systems of care, FMHI pub. # 235-03)*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute (FMHI), Research and Training Center for Children's Mental Health.

Choices was chosen along with six states and six other regional/local areas to participate in this study between 2006 and 2008. The goal was to better understand the critical financing strategies that support successful systems of care, how the strategies operate separately and collectively, and to promote policy change through dissemination of findings. Researchers made a site visit as well as phone interviews to glean the information necessary to complete the Choices part of the study.

Houser, J., Anderson, J., Howland, A., & Burkhart, D. (February 2008). *Evaluation of the Full Purpose Partnership Program*. In C. Newman, C.J. Liberton, K. Kutash, & R.M. Friedman (Eds). *The 20th Annual Research Conference Proceedings: A System of Care for Children's Mental Health: Expanding the Research Base* (pp. 185-188). Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, Research and Training Center for Children's Mental Health.

Full Purpose Partnership (FPP) Schools are a collaborative effort between Choices and Indianapolis Public Schools. It is a school-wide process designed to integrate the system of care philosophy with the techniques of Positive Behavioral Supports. Choices employs Student Family Care Coordinators who are based in individual elementary schools. This study is a process evaluation of four of the schools, conducted by interviewing 35 members of various stakeholder groups.

Wright, E., Anderson, J., Kooreman, H., & Wright, D. (2006). *The structure of service coordination teams: An empirical study*. In C. Newman, K. Kutash, & R.M. Friedman (Eds). *The 18th Annual Conference: A System of Care for Children's Mental Health: Expanding the Research Base* (pp. 153-157). Tampa: University of South Florida, Louis de la Parte Florida Mental Health Institute, Research and Training Center for Children's Mental Health.

The study examines the demographic, clinical and team composition of a sample of 299 youth discharged from the Dawn Project in order to better understand if the team makeup had an impact on client outcomes. Using cluster analysis, preliminary results suggested that teams of moderate size and complexity yielded more consistently positive results as opposed to very large or very small teams.

Russell, L., Kooreman, H., Wright, E., Anderson, J., Wright, D., & Walker, J. (Discussant). (2006). *Service coordination team composition and child outcomes: An exploratory analysis*. In C. Newman, K. Kutash, & R.M. Friedman (Eds). *The 18th Annual Conference: A System of Care for Children's Mental Health: Expanding the Research Base* (pp. 158-164). Tampa: University of South Florida, Louis de la Parte Florida Mental Health Institute, Research and Training Center for Children's Mental Health.

In this study the research team examined demographic, behavioral symptoms at enrollment and team composition (roles of team members) on a sample of 230 youth disenrolled from the Dawn Project. Team success appeared to be predicted by the presence of father-type figures and the absence of juvenile justice staff or mentors. Interventions targeting the actual team composition may impact client success.

Wright, E., Kooreman, H., & Anderson, J. (2005) *Predicting success in a system of care*. In C. Liberton, C. Newman, K. Kutash, & R. Friedman (Eds.). The 17th Annual Research Conference, A System of Care for Children's Mental Health: Expanding the Research Base (pp. 61-65). Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute, Research and Training Center for Children's Mental Health.

Overall, the majority of youth leave the Dawn Project managed by Choices with successful completion of the child and family team's treatment goals. Age, referral source, and diagnosis significantly predicted this success.

Anderson, J. & Wright, E. (2005). *Exploring how systems of care influence a community's children's social services*. In C. Liberton, C. Newman, K. Kutash, & R. Friedman (Eds.). The 17th Annual Research Conference, A System of Care for Children's Mental Health: Expanding the Research Base (pp. 65-68). Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute, Research and Training Center for Children's Mental Health.

The Dawn Project, managed by Choices has had varied and multiple impacts on the children's social services in Marion County, Indiana. Semi-structured interviews were held with key stakeholders with the following themes identified in the findings: increased collaboration and service coordination; importance of family involvement; enhancing strengths approaches; and loosening fiscal constraints. Challenges and limitations of the study are also discussed in the paper.

Armstrong, M. (2005). Health care reform tracking project (HCRTP): *Promising approaches for behavioral health services to children and adolescents and their families in managed care systems—7: Care management in public sector managed care systems*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute (FMHI), Research and Training Center for Children's Mental Health. (FMHI pub. # 211-7)

This is the most recent (of 5) of the "Promising Approaches" series published by USF that featured the Dawn Project, managed by Choices, as a promising approach. Pages 21-28 of this issue describes the Dawn Project's background, key components, eligibility criteria, family involvement, staffing, caseload size, discharge criteria, positive impacts, challenges and problems and fiscal arrangements.

Stroul, B. (2003). *Health care reform tracking project (HCRTP): Promising approaches for behavioral health services to children and adolescents and their families in managed care systems—5: Serving youth with serious and complex behavioral health needs in managed care systems*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute (FMHI), Research and Training Center for Children's Mental Health. (FMHI pub. #211-5).

Pages 32-42 of this issue of "Promising Practices" describes the Dawn Project managed by Choices along with Wraparound Milwaukee and a child welfare driven system of care in Missouri as a "Special System of Care Carve Out for Youth with Serious Disorders." It covers Choices care management organization, access to care, service coordination, child and family team strengths discovery process, service principles, service array and delivery, referral process, financing and evaluation.

Armstrong, M. (2003). *Health care reform tracking project (HCRTP): Promising approaches for behavioral health services to children and adolescents and their families in managed care systems—4: Accountability and quality assurance in managed care systems*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute (FMHI), Research and Training Center for Children's Mental Health. (FMHI pub. #211-4).

This issue of Promising Practices (pp. 14-16) describes the Dawn Project's approaches to measurement of clinical and functional outcomes. The article describes the project's outcomes at the time on Table 6.

Hepburn, K., & McCarthy, J. (2003). Health care reform tracking project (HCRTP): *Promising approaches for behavioral health services to children and adolescents and their families in managed care systems—3: Making interagency initiatives work for children and families in the child welfare system*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute (FMHI), Research and Training Center for Children’s Mental Health. (FMHI pub. #211-3).

Pages 38-49 feature the Dawn Project and its collaborative relationship with child welfare. The section emphasizes the importance of combining goals, values and philosophies of the different systems, accommodating child welfare mandates and policies, partnerships with families, services integration and coordination of care, information sharing, evaluation and the impact on practice in the child welfare system in Marion County (Indianapolis) Indiana.

Pires, S. (2002). Health care reform tracking project (HCRTP): *Promising approaches for behavioral health services to children and adolescents and their families in managed care systems—1: Managed care design & financing*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute (FMHI), Research and Training Center for Children’s Mental Health. (FMHI pub. # 211-1).

This initial volume of the Promising Practices Approaches series discusses the Dawn Project (pp. 32-35) and covers the key design and financing features of Dawn, including governance, family partnership, service coordination and clinical management, extensive provider network, training, case rate financing, outcomes monitoring and the management information system.



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