

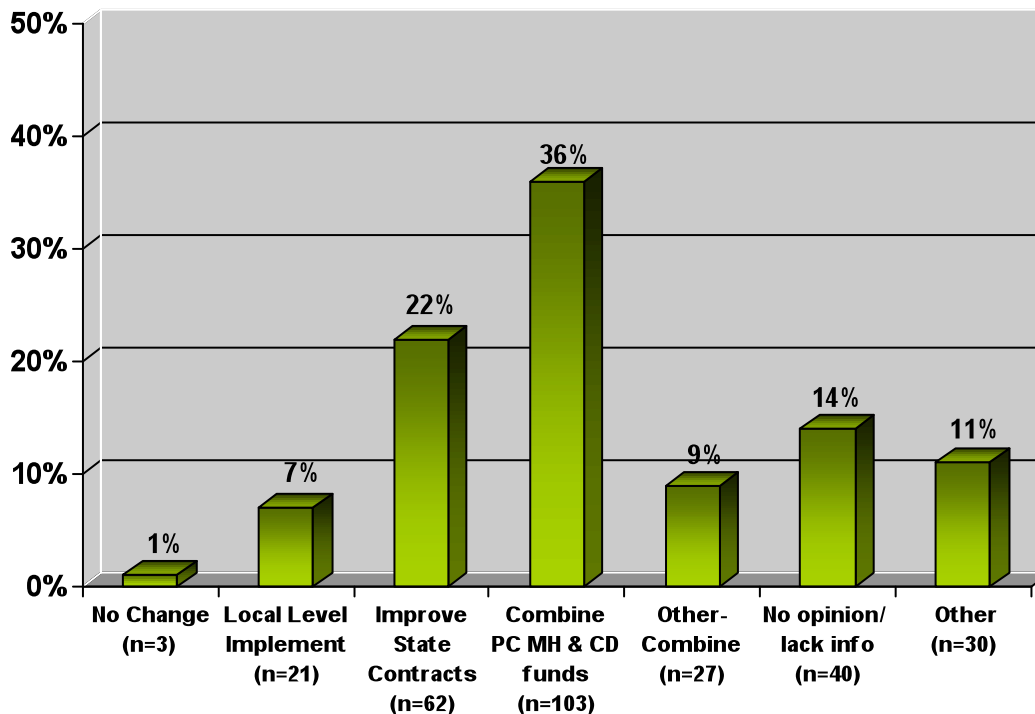
Appendix Six

Additional Detail from Regional Meetings – Integration of Children’s Services

Question 2: “Children’s Services Integration – Choose the one option that you believe will move us toward the goal of integrated and effective children’s services.”

Participants were presented with several different potential options for integrating children’s services. **The most popular option was to combine funding** for children’s primary care, chemical dependency and mental health services (n=103; 36%). Improving state contracting requirements to support integrated care was the next most popular approach.

Figure 26. Percentages of participants indicating preferences for various approaches to integrating children’s services



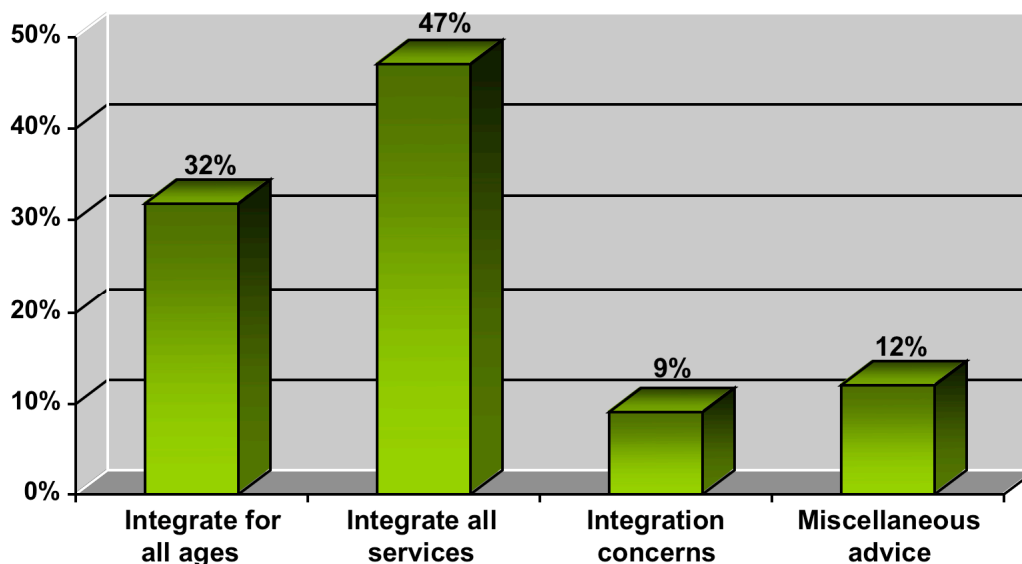
(Note: The No Change Needed category will not be included in break-out analyses below, due to the very low numbers of respondents selecting that option.)



A substantial number of participants in the “Other” category endorsed an approach not specifically listed, or took the opportunity to expand on one of the main response options:

- Of the 57 participants choosing “Other,” 34 (60%) expounded on their choice.
- Of the 34 respondents who explained their selection of “Other”:
 - Seventy-nine percent (79%) wanted either to expand the age ranges included when combining funding (n=11; 32%), or integrate funding and services for all children’s services (n=16; 47%). A few respondents (included in the 79%) indicated the desirability of both of these approaches. Several respondents included above specifically indicated family services needed to be integrated with children’s services.
 - Nine percent (9%) expressed concerns about integration, including the need for a mechanism to protect vulnerable sub-groups, the need to have more information about how money will flow, and potential problems for integrating care for youth in transition.
 - Twelve percent (12%) offered miscellaneous advice.

Figure 27. Explanations participants gave when selecting the “Other” option in relationship to promoting integrated and effective children’s services (n=34)



If we:

- (1) assume that the proportions expressed by those who documented their “Other” response apply to all those in the “Other” category,
- (2) combine all responses expressing support for integration of funding streams, and
- (3) exclude those without an opinion . . .

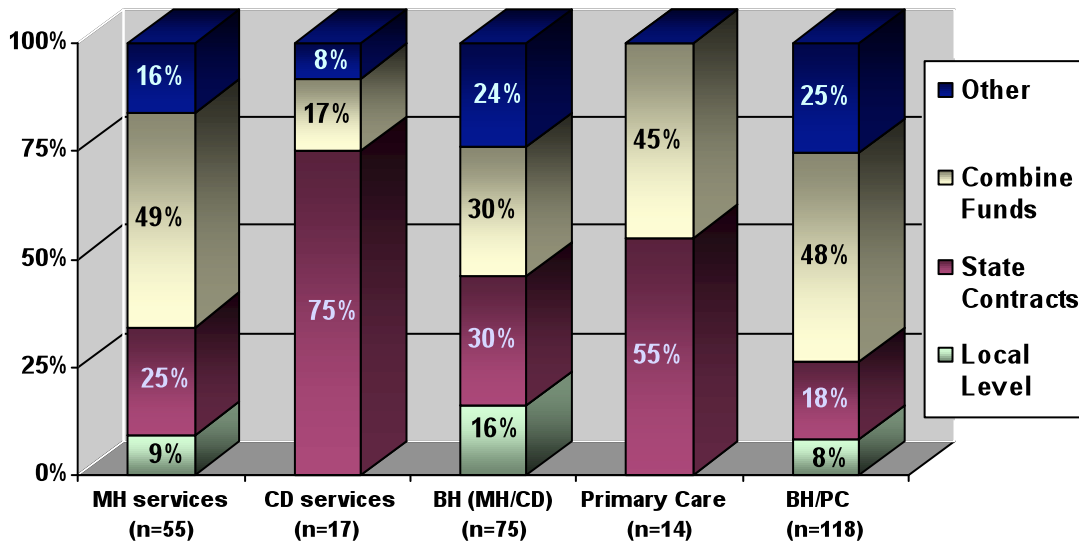
. . . then a majority of nearly two-thirds (64%) of respondents support integration of funding streams.



Please note that, in the charts below, the “Other” category contains a significant percentage of respondents who wanted to expand the combining funds approach.

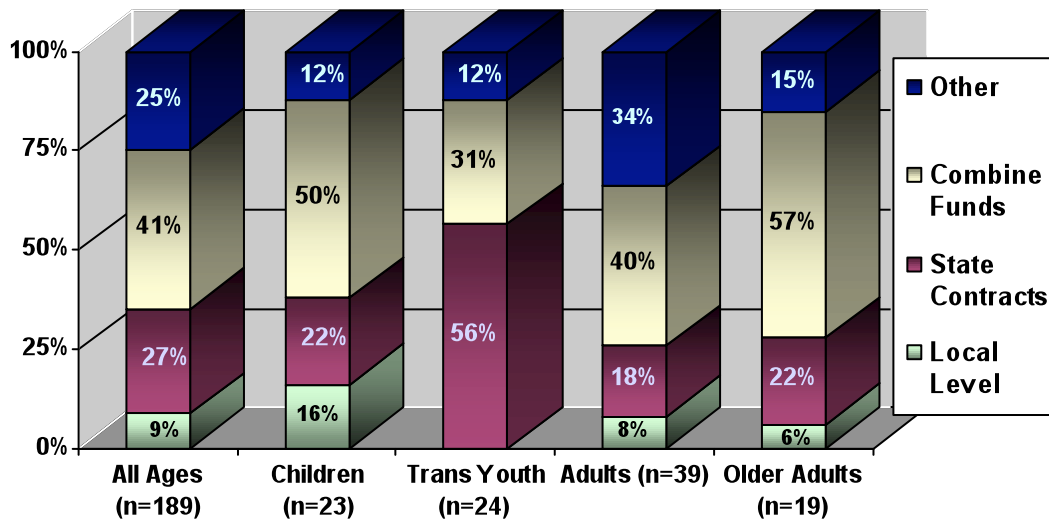
Responses of Participants by Health Services of Primary Interest

Figure 28. Percentages of participants who selected various options for moving towards integrated/effective children’s services, by health services of primary interest



Responses of Participants by Populations of Interest

Figure 29. Percentages of participants who selected various options for moving towards integrated/effective children’s services, by populations of primary interest



Responses of Participants by Race/Ethnicity

Figure 30. Percentages of participants who selected various options for moving towards integrated/effective children’s services, by race/ethnicity

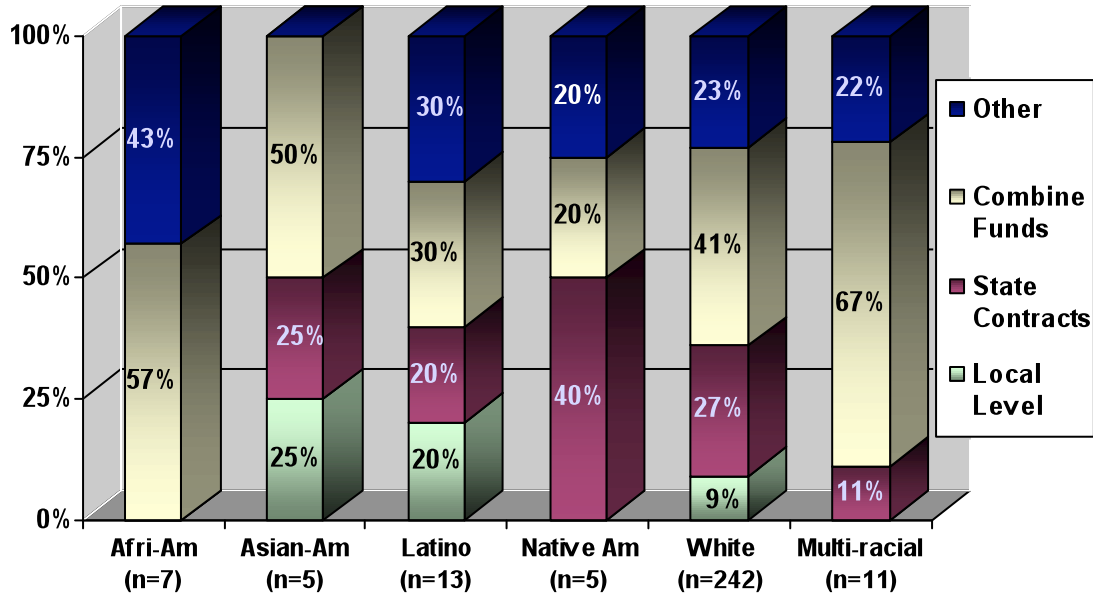
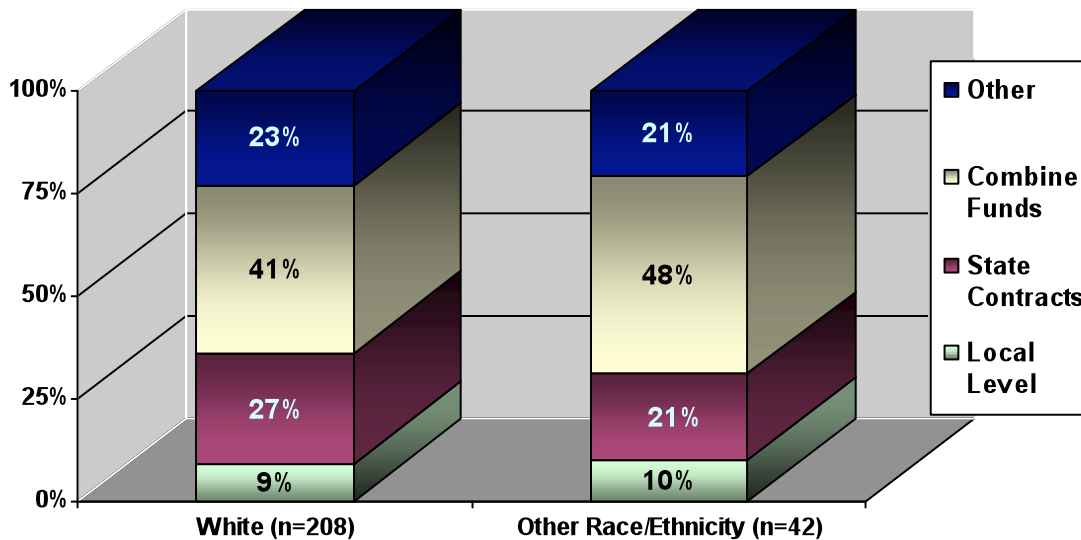


Figure 31. Percentages of White participants and participants of Other Races/Ethnicities who selected various options for moving towards integrated/effective children’s services (n’s are the specific numbers of people responding in the four categories used here)



Responses of Participants by Place of Residence

Figure 32. Percentages of participants who selected various options for moving towards integrated/effective children’s services, by region of Washington in which they live

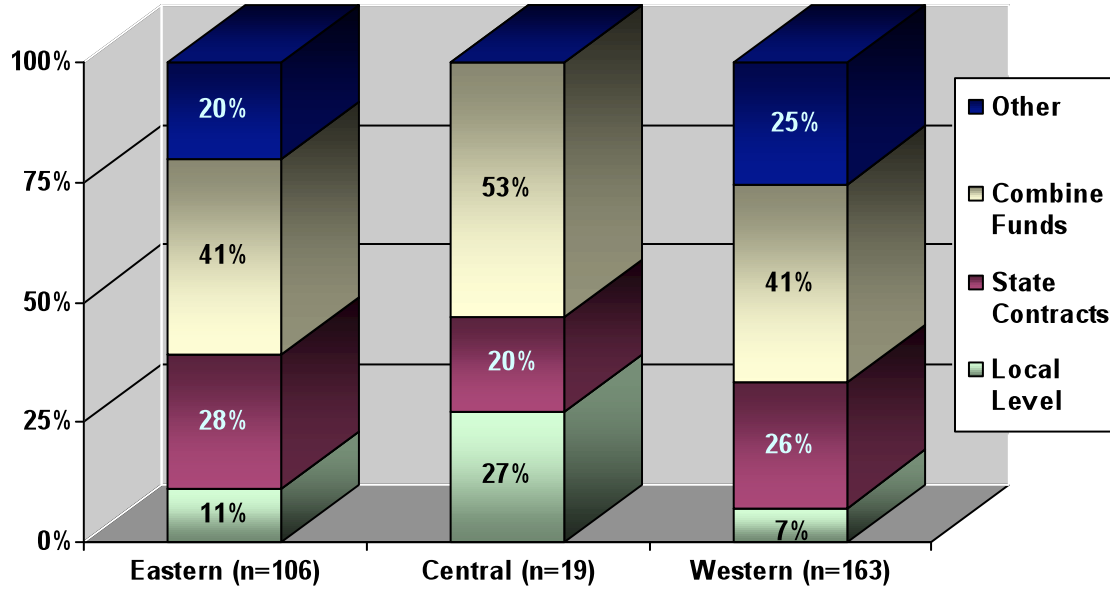


Figure 33. Percentages of participants who selected various options for moving towards integrated/effective children’s services—Western Washington vs. Eastern/Central Washington combined (n’s are the specific numbers of people responding in the four categories used here)

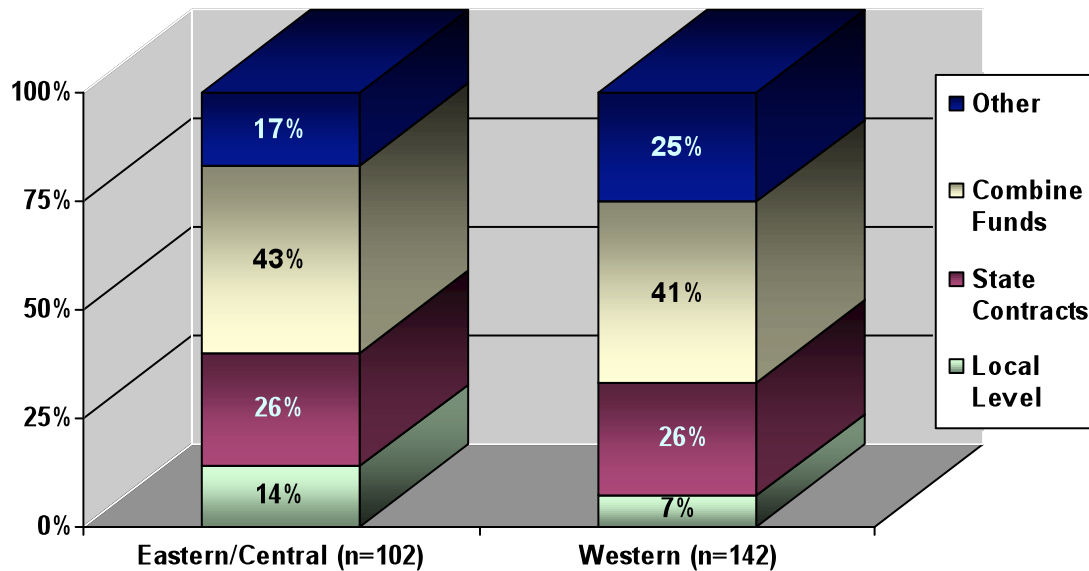
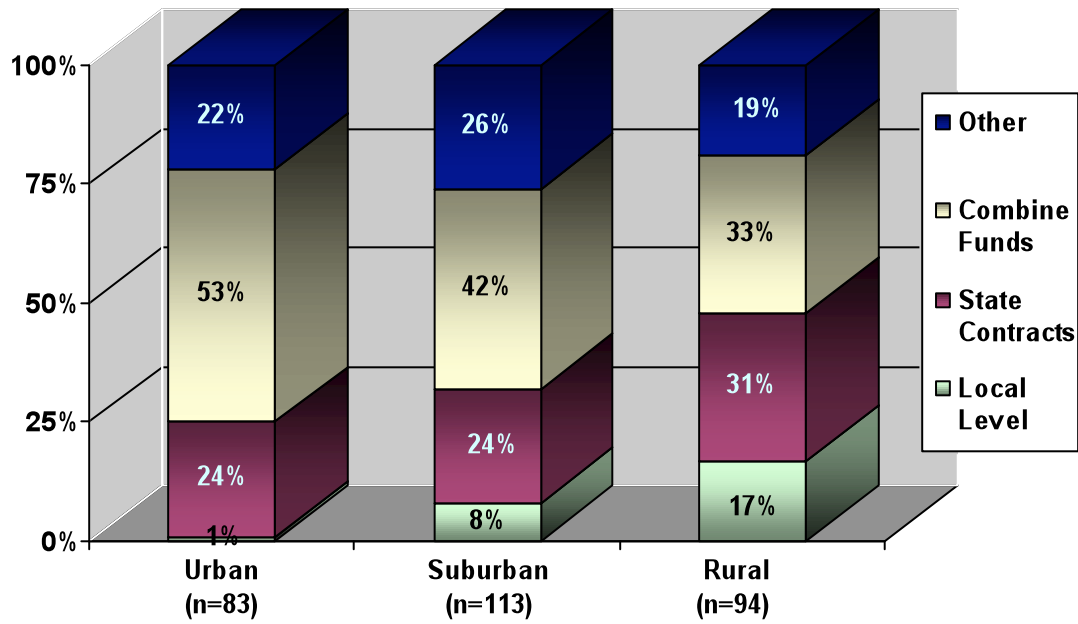
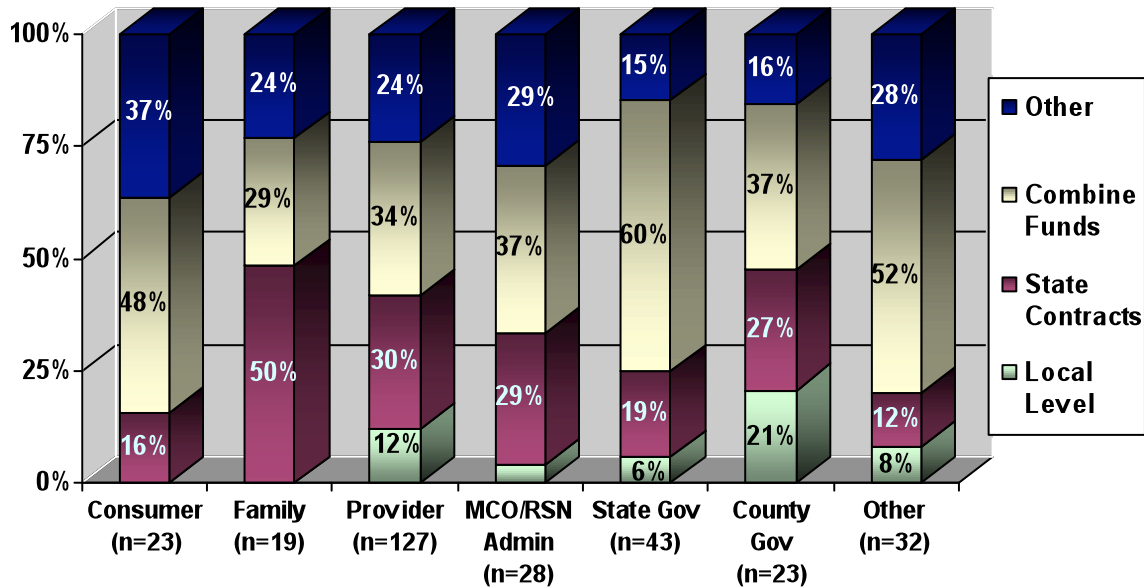


Figure 34. Percentages of participants who selected various options for moving towards integrated/effective children’s services, by rural-suburban-urban place of residence



Response by Primary Affiliations

Figure 35. Percentages of participants who selected various options for moving towards integrated/effective children’s services, by primary affiliation*



We conducted further analysis within the Family Member respondent group in order to examine any possible differences between family members who were interested in Children and Youth in Transition, and other family member respondents who indicated an interest in Adults, Older Adults, or populations of All Ages.

Among the six (6) family members who were primarily interested in Children and Youth in Transition, two indicated a preference for improving state contracting requirements, one answered “Other” but indicated a desire to combine all funding for all ages and across all systems, one person indicated a lack of information, and two people left the item blank.

Among the 13 family members who indicated a primary interest in Adults, Older Adults, or All ages, five indicated a preference for improving state contracts, five preferred integrating / combining funding for children’s services , one person had no opinion, one person answered “Other” but provided no explanation, and one person left the item blank.

Of those 13 who had identifiable preferences on this item, roughly half preferred state contacts (7) and half preferred combining funds (6). Two of the seven family members who preferred improving state contracts were primarily interested in Child or Youth in Transition populations, while the remaining five were primarily interested in Adult populations or All Ages.



Figure 36. Participant groups with the highest percentages of respondents who selected Local Level Implementation

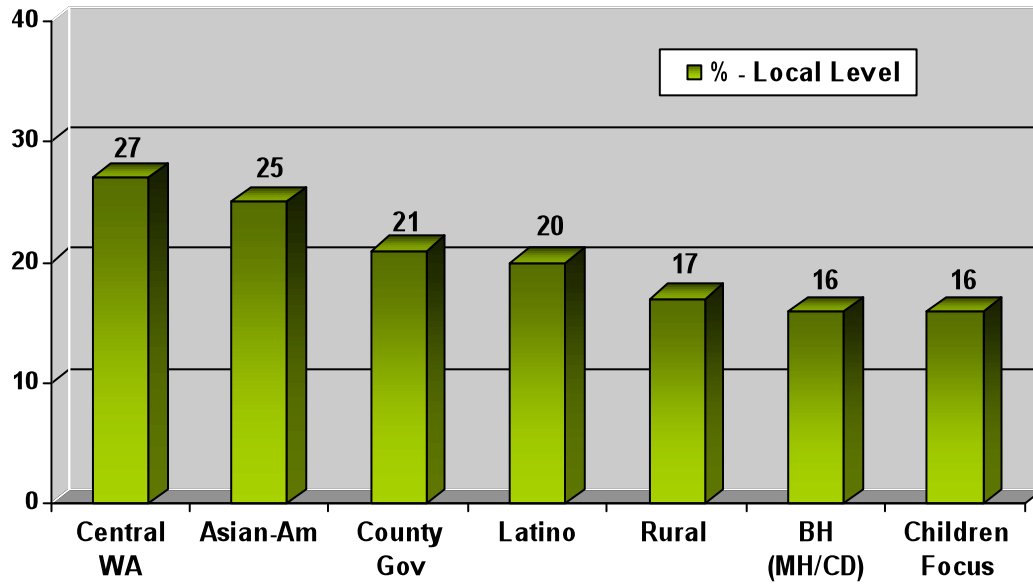


Figure 37. Participant groups with the highest percentages of respondents who selected Improving State Contracts

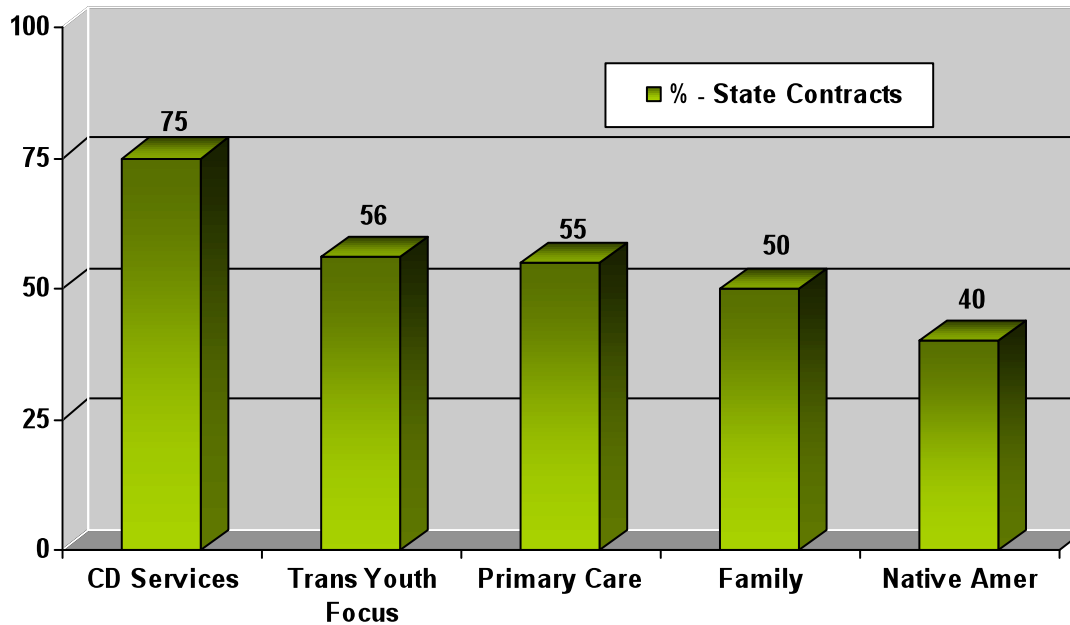


Figure 38. Participant groups with the highest percentages of respondents who selected Combining Funds

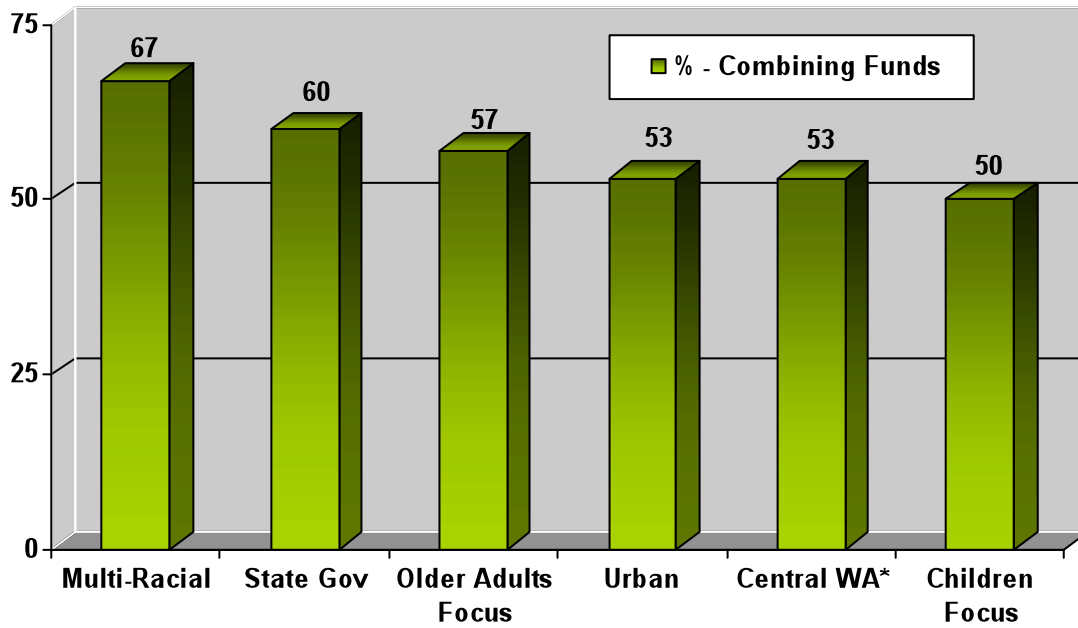
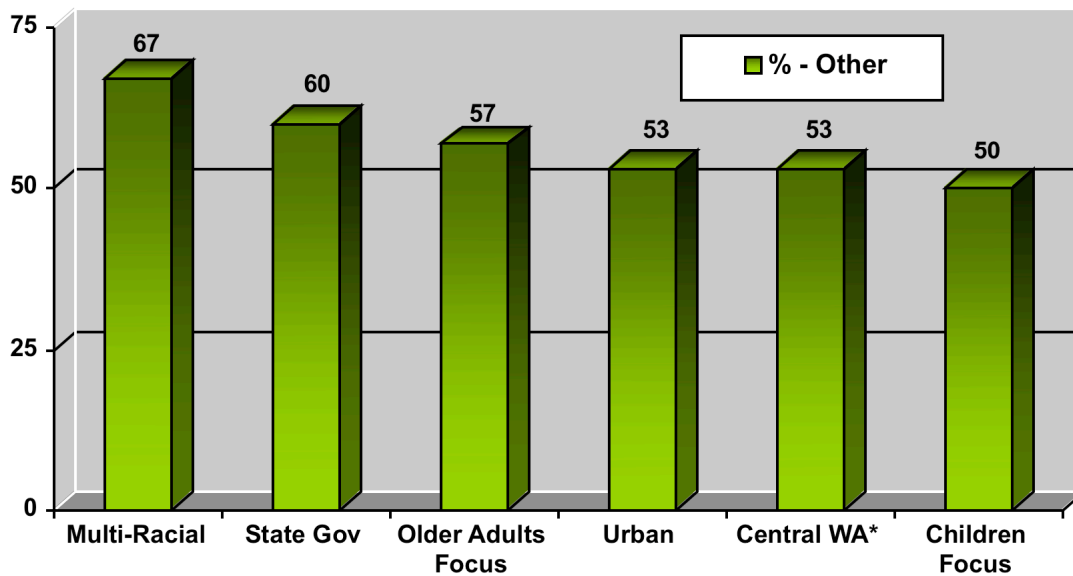


Figure 39. Participant groups with the highest percentages of respondents who selected the Other category



* NOTE: The “Other” option was not emphasized as much at the initial forum in Central WA



Participant Comments (Qualitative Data)

Several themes were evident in participants’ discussions of Promoting the Integration and Effectiveness of Children’s Services.

Table 2. Themes from participant discussions of the Person-Centered Health Home

<u>Discussion Themes</u>	<u>Key Issues Raised - <i>Examples</i></u>
Benefits/Good Things That May Arise as a Result of this Change	<ul style="list-style-type: none"> ▪ Decreased administrative costs; increased efficiency ▪ May lead to earlier identification of issues, better overall integration of care, consultation across disciplines ▪ Opportunity to implement System of Care values and approaches; take wraparound statewide; school could be hub ▪ Decreased burden on family and child – don’t have to tell story over and over; no more aging out of services; prevention services with family
Concerns About the Model	<ul style="list-style-type: none"> ▪ Integration may be cumbersome and may increase unhealthy competition ▪ Skepticism that integration can work, in general ▪ Vulnerable populations (DD, CD, ethnic minorities) may lose funding ▪ Confidentiality may be a problem ▪ Important services, such as prevention and alternative methods of care, may suffer
Procedural Concern: How will this new system work?	<ul style="list-style-type: none"> ▪ How will families fit into the new system? (e.g., “where are the parents served?) ▪ Coordination and competition issues – e.g., how will provider conflicts be resolved; who will coordinate care? ▪ How will issues with transitioning youth and foster children be dealt with? ▪ Will this approach increase prevention funding?

