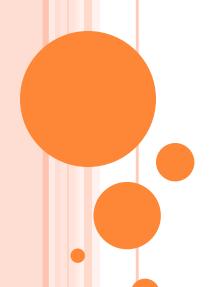
ROSIE D. MONITORING-COMMUNITY SERVICES REVIEW



Southeastern Massachusetts CSR Results Meeting

Reviewing & Strengthening Practice for Children and Families

March 11, 2011

WELCOME!!

- Introductions
- Brief Overview of the Purpose of the CSR
- Two "Illustrative Stories"
- Data Results
- Themes and Patterns Based on Data and Feedback from Stakeholders
- Opportunities for Improvement

WHAT HAPPENS IN A CSR?

CSR checks performance at the "Practice Points" where a child/family in need interacts with those who serve them.

CSR provides a way to know what is working/not working in practice, for which persons served, and why.

CSR guides actions for practice development and capacity building, leading to better results.

HOW WILL WE KNOW:

- How well is the system of services and practices for children and families performing?
- Are children and families benefiting from our efforts?

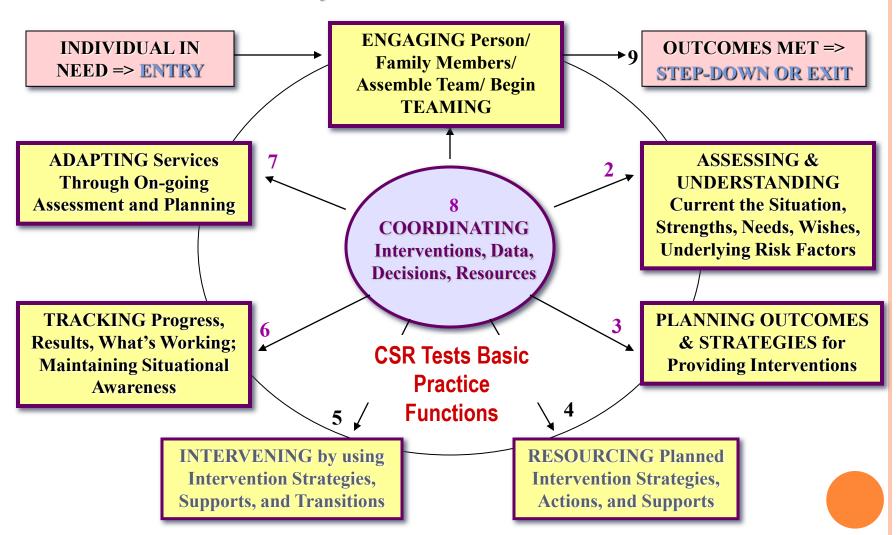
CSR "Learning Products"

- STORIES of practice and results with persons served
- Recurrent <u>PATTERNS</u> observed across the review sample
- Understanding of how contextual factors are affecting <u>CONDITIONS</u> of frontline practice and current results
- <u>DATA DISPLAYS</u> of the persons' status and practice performance results, based on key measures
- Noteworthy <u>ACCOMPLISHMENTS</u> & <u>SUCCESSES</u>
- Identification of <u>CHALLENGES</u> & <u>OPPORTUNITES</u>
- <u>NEW LEARNING</u> for <u>NEXT STEP ACTIONS</u>



Core Functions in Practice

Key Functions in a Practice Model



Areas for CSR Status Review

Child Status Indicators - 30 days

- 1. Community, School/Work & Living Stability
- 2. Safety
- 3. Behavioral Risks
- 4. Consistency & Permanency
- 5. Emotional and Behavioral Well-being
- 6. Educational Status
- 7. Living Arrangements
- 8. Health and Physical Well being

OVERALL CHILD/YOUTH STATUS

Family Status- 30 days

- 1. Support of Child/Youth
- 2. Group Caregiving
- 3. Special Challenges
- 4. Voice and Choice
- 5. Satisfaction





Progress Indicators - 180 days

- 1. Reduction of Problems
- 2. Improved Coping and Self-Management
- 3. School/work progress
- 4. Meaningful relationships
- 5. Well-being and Quality of Life

OVERALL CHILD PROGRESS



CSR Interpretative Guide for Person Status Indicator Ratings

Maintenance Zone: 5-6

Status is favorable. Efforts should be made to maintain and build upon a positive situation.

- 6 = **OPTIMAL & ENDURING STATUS** The best or most fav orable status presently attainable for this person in this area [taking age and ability into account]. The person is continuing to do great in this area. Confidence is high that I ong-term needs or outcomes will be or are being met in this area.
- **5 = GOOD & CONTINUING STATUS** Substantially and dependably positive status for the person in this area with an <u>ongoing positive pattern</u>. This status level is generally consistent with attainment of long-term needs or outcomes in area. Status is "looking good" and likely to continue.

Favorable Range: 4-6

Refinement Zone: 3-4

Status is minimum or marginal, may be unstable. Further efforts are necessary to refine the situation.

- **4 = FAIR STATUS** Status is at least <u>minimally or temporarily sufficient</u> for the person to <u>meet short-term needs or objectives</u> in this area. Status has been no less than <u>minimally adequate</u> at any time in the past 30 days, but may be short-term due to changing circumstances, requiring change soon.
- **3 = MARGINALLY INADEQUATE STATUS** Status is <u>mixed</u>, <u>limited</u>, <u>or inconsistent</u> and <u>not quite sufficient to meet the person's short-term needs or objective</u> s now in this area. Status in this area has been somewhat inadequate at points in time or in some aspects over the past 30 days. Any risks may be minimal.

Improvement Zone: 1-2

Status is problematic or risky. Quick action should be taken to improve the situation.

- **2 = POOR STATUS** Status is now and may continue to be <u>poor and unacceptable</u>. The person may seem to be <u>"stuck" or "lost" with status not improving</u>. Any risks may be mild to serious.
- 1 = ADVERSE STATUS. The person's status in this area is <u>poor and worsening</u>. Any risks of harm, restriction, separation, disruption, regression, and/or other poor outcomes <u>may be substantial and increasing</u>.

Unfavorable Range: 1-3

CSR/Practice Overview • © Human Systems & Outcomes, Inc., 2010

Areas for CSR Practice Review

System/Practice Performance Indicators - 90 days

- 1. Engagement
- 2. Cultural Responsiveness
- 3. Teamwork
- 3. Assessment & Understanding
- 4. Intervention Planning
- 6. Outcomes and Goals
- 7. Matching Interventions and Needs
- 8. Coordinating Care
- 9. Service Implementation
- 10. Availability and Access to Resources
- 11. Adapting and Adjusting
- 12. Transitions and Life Adjustments
- 13. Responding to Crises & Risk/Safety Planning
- OVERALL PRACTICE PERFORMANCE



ILLUSTRATIVE STORIES

Of two youth and families reviewed

PRELIMINARY DATA RESULTS

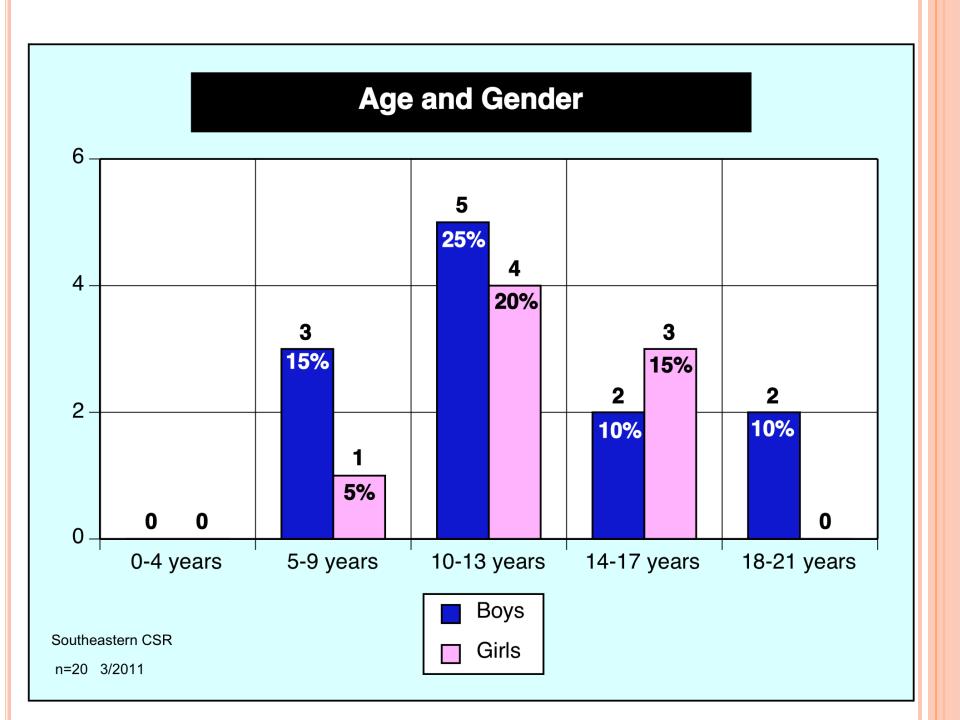
For 20 of 23 CSR reviews conducted March 7-10 , 2011

Child Status and Performance Profile - Number of Interviews

Number of cases: 20 Southeastern Review 3/2011

Number of Interviews

Total number of interviews	154
Average number of interviews	8.1
Minimum number of interviews	4
Maximum number of interviews	11



Child Status and Performance Profile - Current Placement Frequency

Type of Current Placement	Number	Percent
Family bio./adopt. home	15	75%
Kinship/relative home	1	5%
Foster home	1	5%
CBAT	1	5%
Hospital/MHI	1	5%
Missing	1	5%
	20	100%

Child Status and Performance Profile - Ethnicity Frequency

Ethnicity	Number	Percent
Euro-American	13	65%
African-American	1	5%
Latino-American	5	25%
Haitian	1	5%
	20	100%

Child Status and Performance Profile - Co-Occurring Condition Frequency

Co-Occurring Condition	Number	Percent
Mood Disorder	13	65%
Anxiety Disorder	4	20%
PTSD/Adjustment to Trauma	6	30%
Thought Disorder/Psychosis	2	10%
ADD/ADHD	9	45%
Anger Control	6	30%
Substance Abuse/Dependence	1	5%
Learning Disorder	5	25%
Communication Disorder	1	5%
Autsim	4	20%
Disruptive Behavior Disorder (CD, ODD)	5	25%
Mental Retardation	2	10%
Medical Problem	3	15%
Other Disability/Disorder	1	5%
Other	0	0%

Child Status and Performance Profile - Referral Source

Referral Source	Number	Percent
DCF	6	30%
DMH	1	5%
School	1	5%
Family	2	10%
Primary care physician	1	5%
	1	0%
CBAT	1	5%
Crisis Services	3	15%
DCF-CSA	1	5%
Hospital	2	10%
IHT	1	5%
	20	95%

Child Status and Performance Profile - Agencies Involved Frequency

Agencies Involved	Number	Percent
DCF	6	30%
DMH	1	5%
Special Ed	14	70%
Early intervention	0	0%
Developmental disabilities	2	10%
DYS	0	0%
Probation	1	5%
Vocational Rehabilitation	2	10%
Substance abuse	0	0%
Other	1	5%

Child Status and Performance Profile - Legal Permanency Frequency

Legal Permanency Status	Numbe	er Percent
Birth family	14	70%
Adopted family	2	10%
Foster care	1	5%
Permanent guardianship	2	10%
None	1	5%
	20	100%

Child Status and Performance Profile - Educational Placement Frequency

Educational	Placeme	nt or

Life Situation	Number	Percent
Regular K-12 Ed.	5	25%
Full inclusion	0	0%
Part-time Sp. Ed.	3	15%
Self-cont. Sp. Ed.	9	45%
Parenting teen	0	0%
Adult basic/GED	0	0%
Alternative Ed.	0	0%
Vocational Ed.	0	0%
Expelled/Suspended	0	0%
Home hospital	0	0%
Day treatment program	0	0%
Work	0	0%
Completed/graduated	1	5%
Dropped-out	0	0%
Other	2	10%

Child Status and Performance Profile - Psy Meds Frequency

Number of Psy Meds	Number	Percent	
No psy meds	1	5%	
1 psy med	7	35%	
2 psy meds	6	30%	
3 psy meds	3	15%	
4 psy meds	1	5%	
5+ psy meds	2	10%	
	20	100%	

Child Status and Performance Profile - Caregiver Challenges Frequency

Challenges in the Child's Birth Family or Adoptive Family	Number	Percent	
Limited cognitive abilities	0	0%	
Serious mental illness	2	10%	
Substance abuse impairment or serious addiction w/ frequent relapses	1	5%	
Domestic violence	1	5%	
Serious physical illness or disabling physical condition	6	30%	
Unlawful behavior or is incarcerated	0	0%	
Adverse effects of poverty	5	25%	
Extraordinary care burdens	7	35%	
Cultural/language barriers	4	20%	
Undocumented	0	0%	
Teen parent	0	0%	
Recent life disruption/homelessness due to a natural disaster	0	0%	
Other	4	20%	

Child Status and Performance Profile - Barriers Affecting Case or Services

Barriers Affecting Case Management or Services	Number	Percent
Caseload size	1	5%
Eligibility/access denied	1	5%
Inadequate parent support	1	5%
Inadequate team member participation	1	5%
Family disruptions	1	5%
Billing requirements/limits	4	20%
Case complexity	4	20%
Treatment compliance	2	10%
Team member follow-thru	1	5%
Acute care needs	1	5%
Driving time to services	0	0%
Culture/language barriers	2	10%
Refusal of treatment	2	10%
Family instability/moves	2	10%
Arrest/detention of child/youth	0	0%
Other	9	45%

Child Status and Performance Profile - Barriers Affecting CM - Other

Number of cases: 20 Southeastern Review 3/2011

Other - Barriers Affecting Case Management or Services

- 1. Wait listed for services
- 2. Paperwork continues to grow, there is a lot of paperwork to be done.
- Not enough time with family partners can't bill
- 4. Need for residential placement
- 5. Loss of health insurance
- 6. Insurance
- 7. Community resources, access to DMH resources, MCE interpretation of medical nesessity
- 8. Community resources and transportation needs
- Availability and timing of response to: 1) referral, resource availability, 2) poorly designed paperwork, 3) some families are slow to engage and cannot meet timelines for paperwork, 4) can process be individualized and not driven by insurance?

1. Community, School/Work & Living Stability
2. Safety

3. Behavioral Risks

4. Consistency & Permanency

5. Emotional and Behavioral Well-being

6. Educational Status

7. Living Arrangements

8. Health and Physical Well being

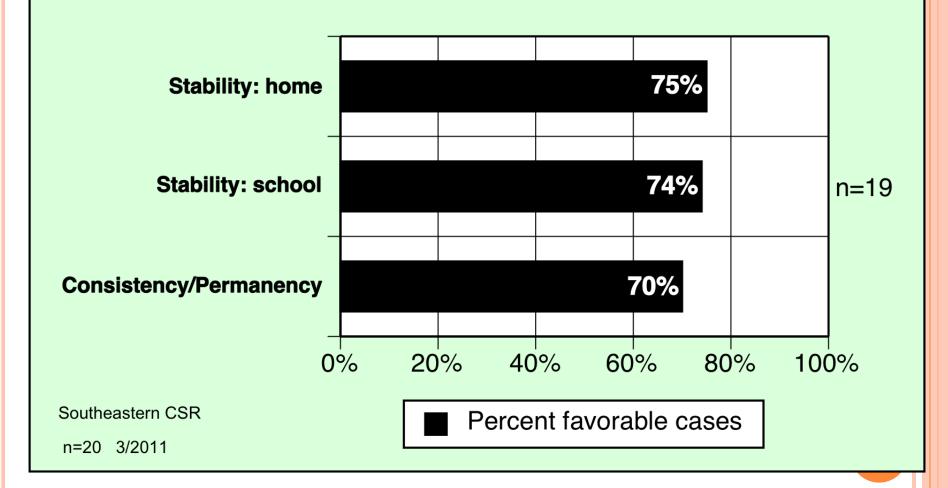
OVERALL CHILD/YOUTH STATUS



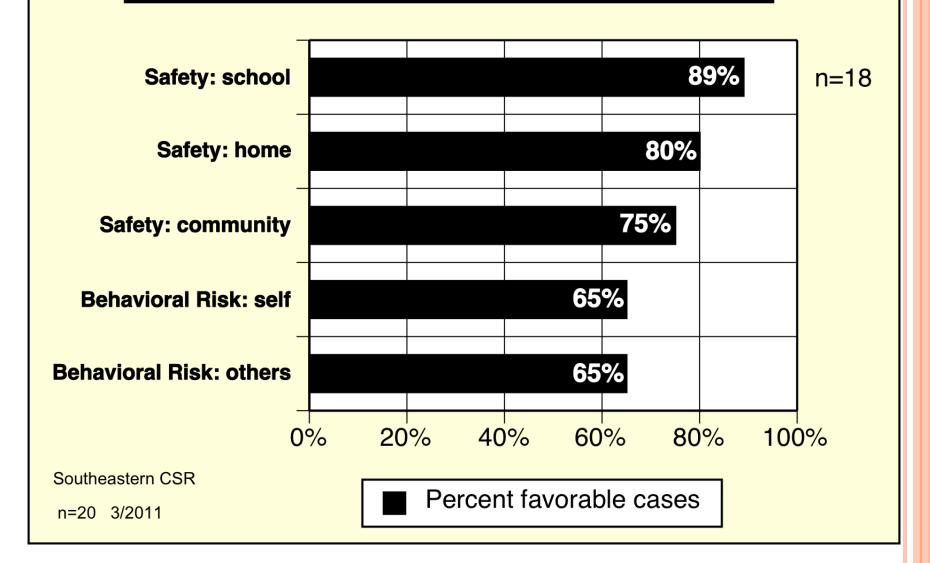
YOUTH STATUS

Across key indicators of child well-being over the last 30 days

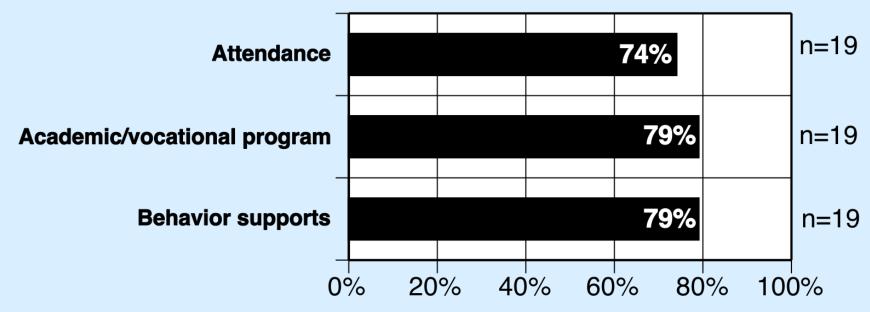










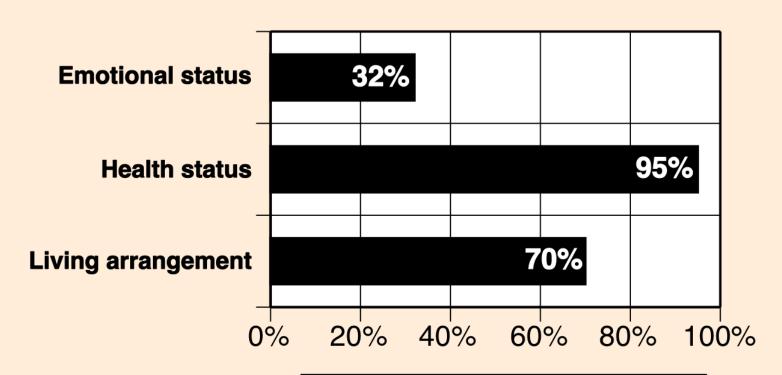


Southeastern CSR

n=20 3/2011

Percent favorable cases

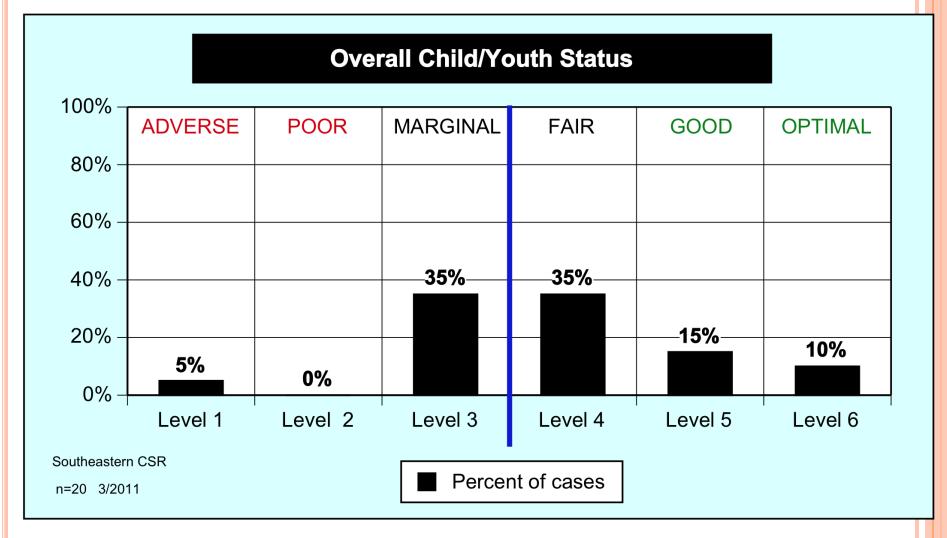
Child/Youth Status Well-being



Southeastern CSR

n=20 3/2011

Percent favorable cases





1. Support of Child/Youth

2. Group Caregiving

3. Special Challenges

4. Voice and Choice

5. Satisfaction

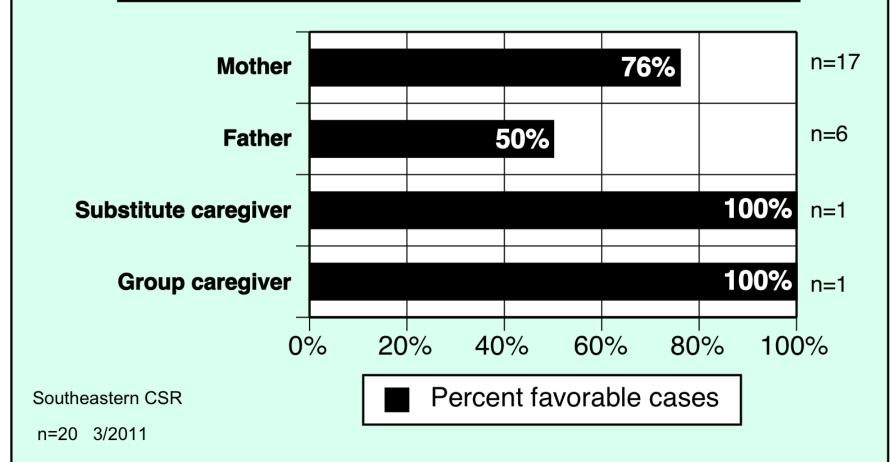
OVERALL FAMILY STATUS

FAMILY STATUS

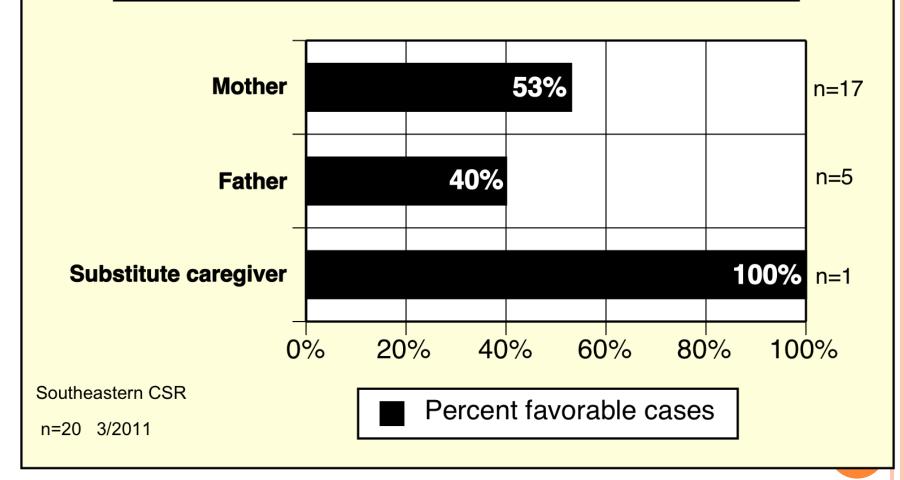
Over the last 30 days

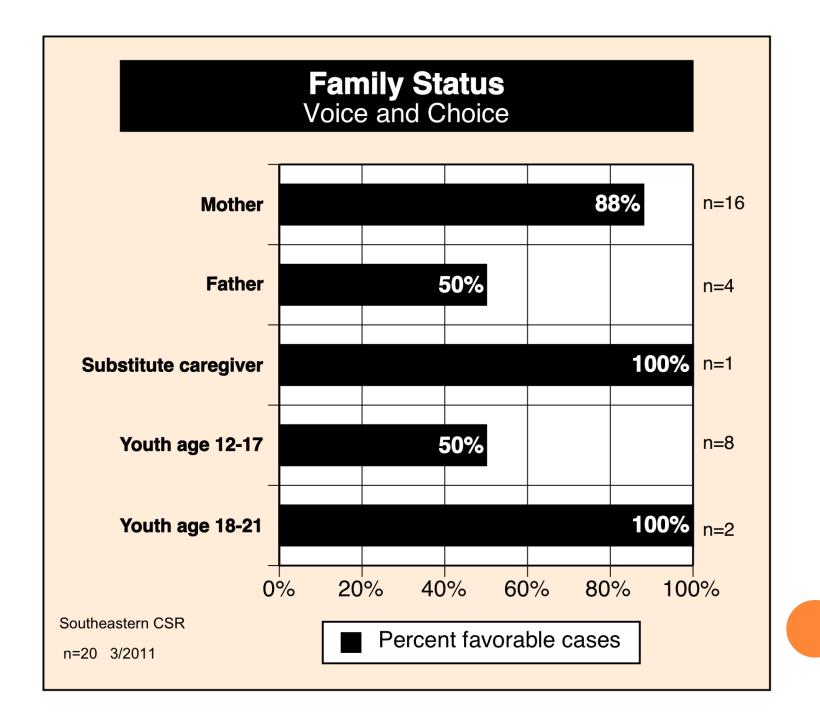


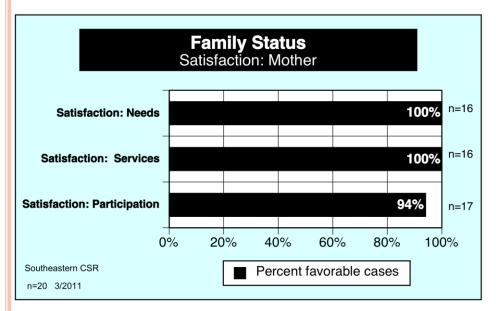


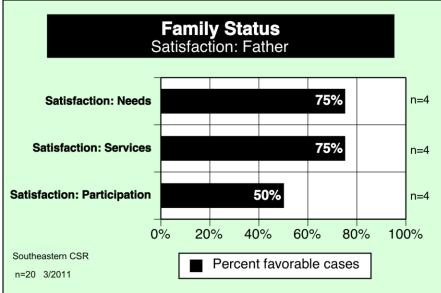


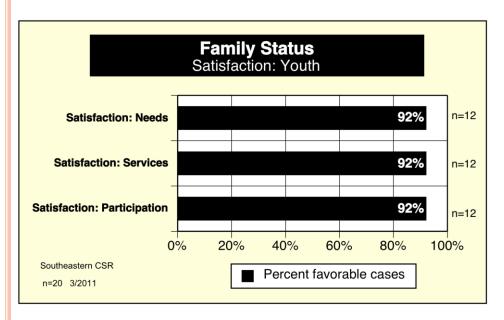


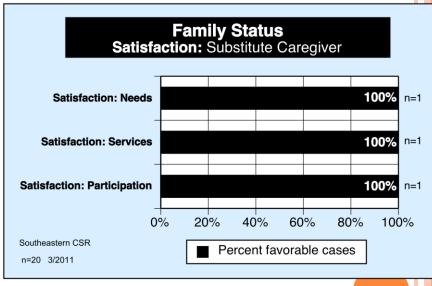












1. Reduction of Problems

2. Improved Coping and Self-Management

3. School/work progress

4. Meaningful relationships

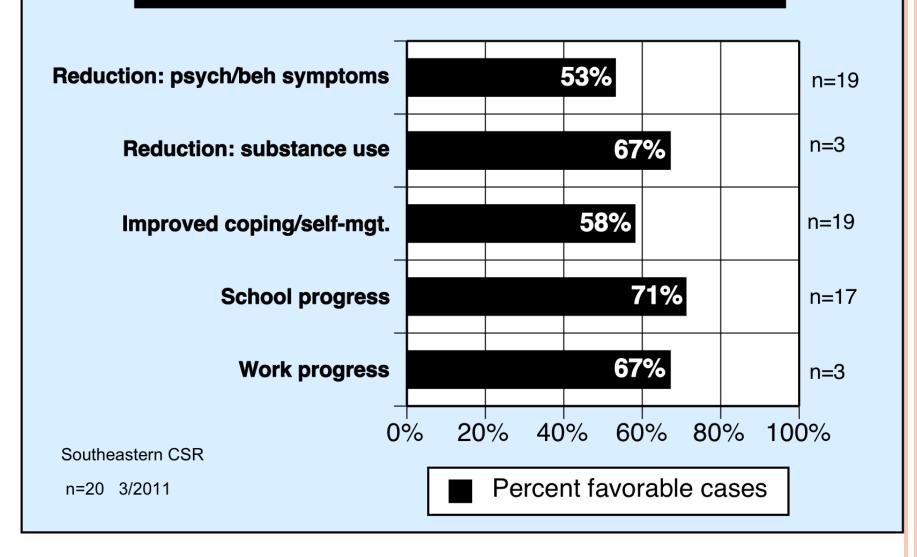
5. Well-being and Quality of Life

OVERALL CHILD PROGRESS

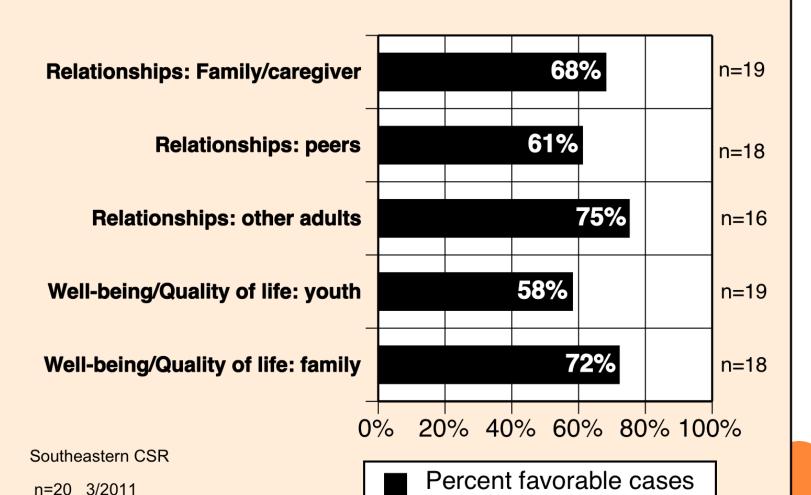
YOUTH PROGRESS

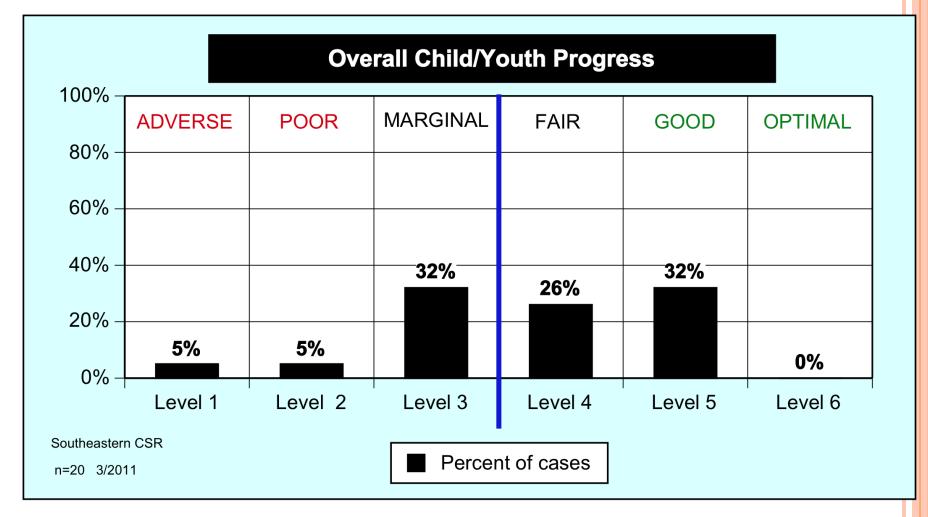
Over the last 180 Days

Child/Youth Progress

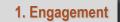


Child/Youth Progress Relationships/Well-being





IMPROVEMENT	REFINEMENT		MAINTENANCE
UNFAVORABLE		FAVORABLE	



2. Cultural Responsiveness

3. Teamwork

3. Assessment & Understanding

4. Intervention Planning

6. Outcomes and Goals

7. Matching Interventions and Needs

8. Coordinating Care

9. Service Implementation

10. Availability and Access to Resources

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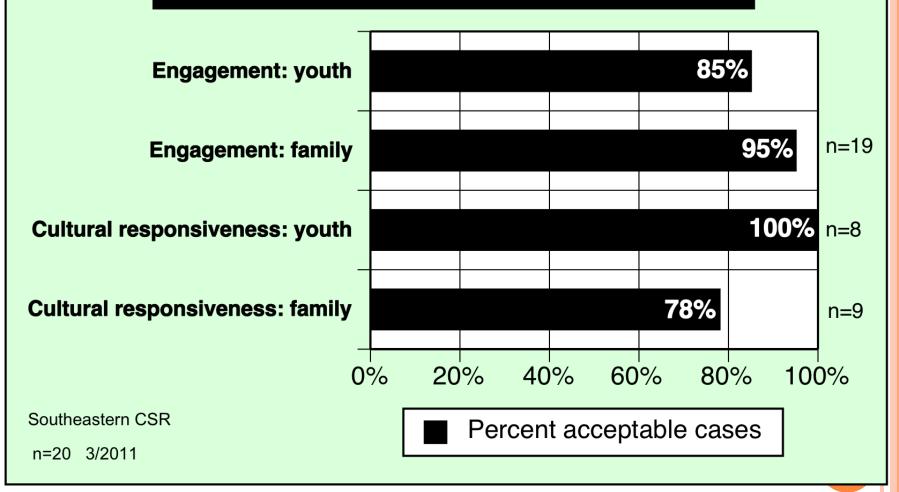
OVERALL PRACTICE PERFORMANCE



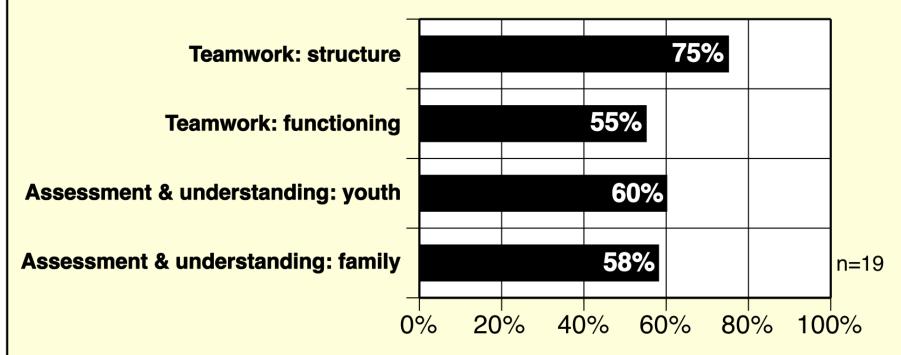
SYSTEM/PRACTICE PERFORMANCE

Over the last 90 days for the 45 youth reviewed





Practice PerformanceTeamwork & Assessment

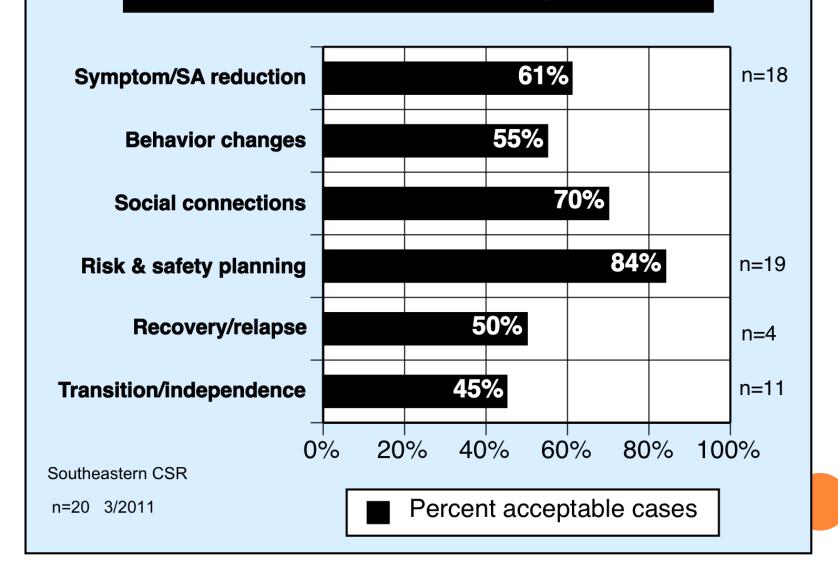


Southeastern CSR

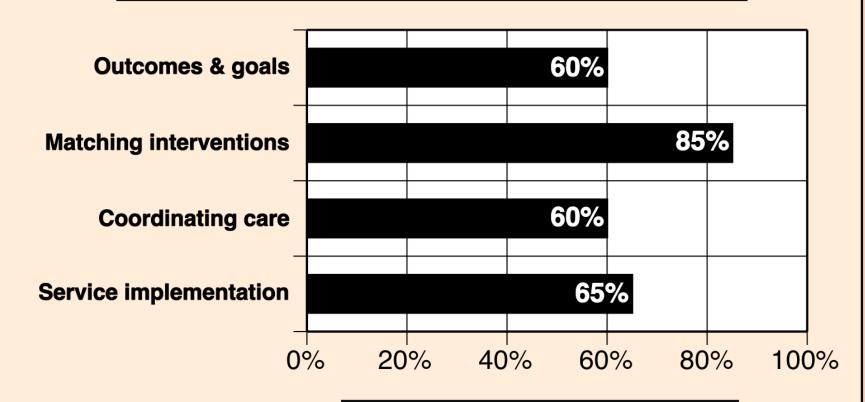
n=20 3/2011

Percent acceptable cases

Practice Performance Intervention Planning



Practice Performance Outcomes & Implementation

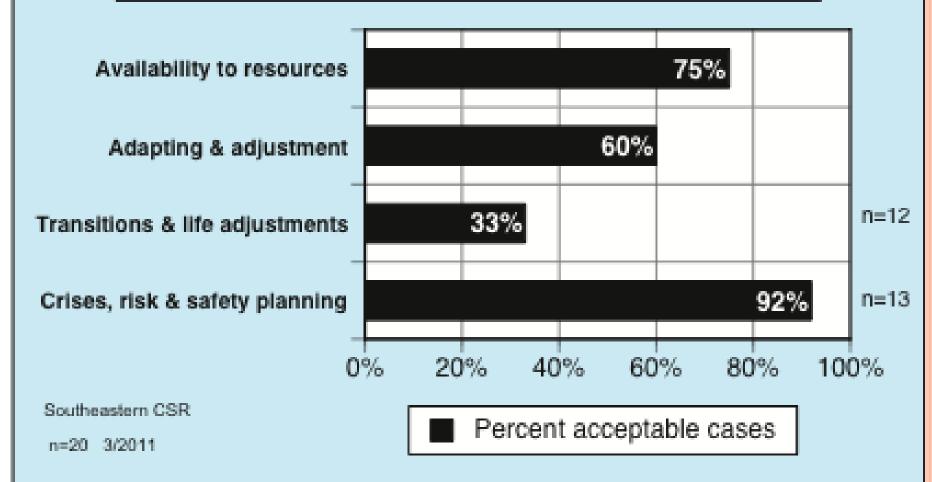


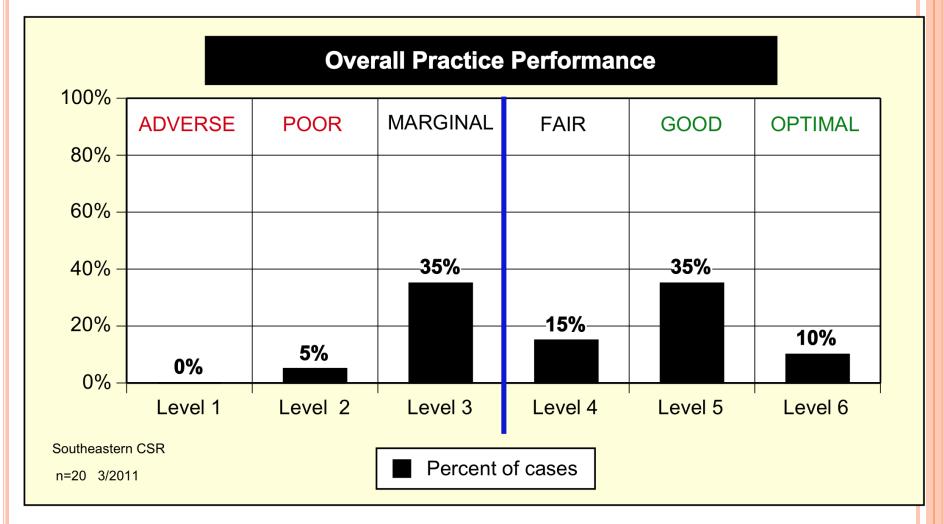
Southeastern CSR

n=20 3/2011

Percent acceptable cases









CSR Outcome Categories

Status of Child/Youth/Family

Favorable Status

Unfavorable Status

Acceptable System Performance

Acceptability of Service System Performance by Individual Youth

> Unacceptable System Performance

Southeastern CSR n=20 3/2011

Outcome 1:

Good status for child/youth/family, ongoing services acceptable.

40% (8 youth)

Outcome 3:

Good status for child/youth/family, ongoing services mixed or unacceptable.

20% (4 youth)

60%

Outcome 2:

Poor status for child/youth/family, ongoing services minimally acceptable but limited in reach or efficacy.

60%

40%

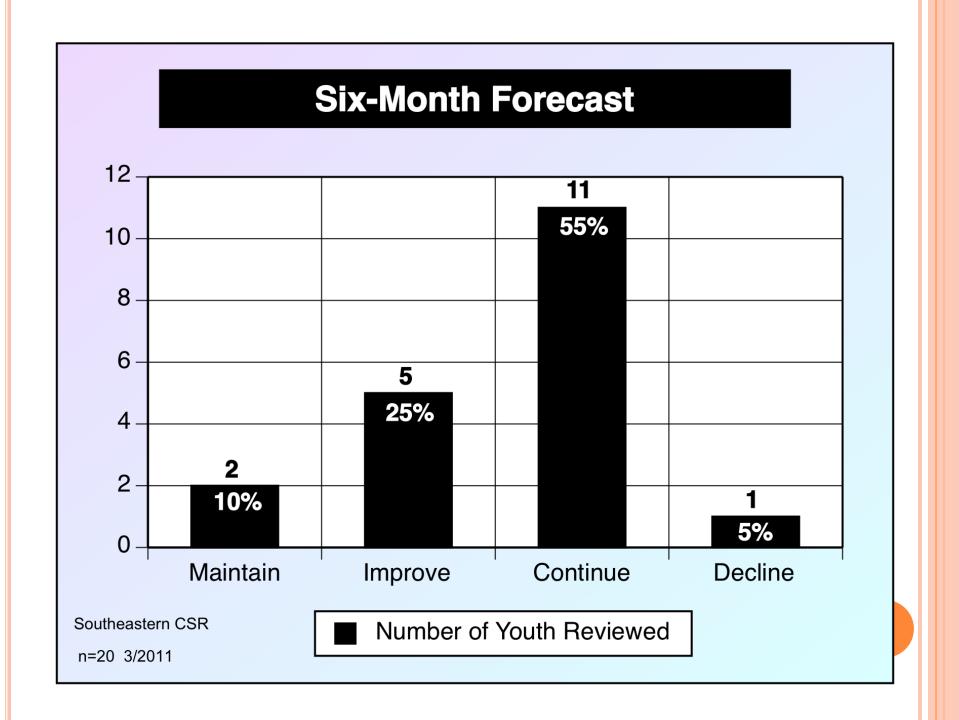
20% (4 youth)

Outcome 4:

Poor status for child/youth/family, ongoing services unacceptable.

20% (4 youth)

40%



STRENGTHS, CHALLENGES AND OPPORTUNITIES FOR IMPROVEMENT

FINDINGS: STRENGTHS

- Family satisfaction was strong.
- Many examples of good family engagement and cultural competency. Engagement was meaningful to families.
- System of Care Committees are starting to actively problem solve.
- Crisis services were an asset in many situations, joining with teams and staying involved
- Staff are enthusiastic and committed to the practice model.

More Strengths

- The review team found examples of exceptional practice:
 - Care Coordination
 - Bringing in natural supports
 - Teamwork
 - Thoughtful trauma-informed fully integrated and dynamic teaming
 - Full teaming
 - Family Partners and Therapeutic Mentors
 - Skilled staff using therapeutic approaches
 - In-home therapy
 - Thoughtful assessments
 - In-home behavioral
 - Good FBA and ensuing plan

CHALLENGES-

- A number of families experienced a process that seemed "underpowered" and lacked urgency in implementing planning and services.
- A greater depth/scope of understanding of core issues of youth and families was needed for a number of families. Without this their plans and interventions sometimes did not fully address their needs.
- Few current comprehensive psychosocial assessments that contained a good understanding, formulation or information that would be valuable for informing plans.
- Lack of individualization of the process; non-dynamic; frequency/intensity of services not matched to need.

CHALLENGES

- Tendency for diagnostic acceptance without verification through an adequate assessment leading that leads to and promotes team understanding of case complexity.
- Families and staff are under the assumption that ICC/IHT has specific time limits; some families feel they are being moved to discharge when they have not seen improvements in their child's behaviors.
- A lot of emphasis on ending services at "12 months" with a waning family voice in this phase.
- Productivity and billing demands sometimes drive decision-making instead of the best planning of the team.

CHALLENGES

- Many youth with clinical complexity and/or autism with a lack of specialized skills and knowledge in the system.
- Outpatient therapists in general are not familiar with the new practice model, and do not participate in teams.
- Practice is variable, without consistent quality practice across teams.
- True teaming was less frequent than using team meetings to merely go over the plan, or give updates. More need to move from collaboration to integration.
- Agencies did not uniformly have a developed supervision structure that supports the practice model.
- Weak integration and teaming with schools and psychiatry.

OPPORTUNITIES FOR IMPROVEMENT

- Assure teams gather and synthesize all available information about the youth and family in order to inform functional, well-formulated plans.
- Provide more training to IHT about their role in coordinating care.
- Develop better understanding and strategies to address of unmet needs- plan beyond behaviors.
- Assure plans/interventions are individualized, clear, attainable and at the intensity/scope needed to address needs and achieve results.

OPPORTUNITIES FOR IMPROVEMENT

- Explore ways to provide:
 - Respite services for parents.
 - Opportunities for families and youth to connect with each other and build a "sense of community"
 - Informal interventions and supports
- Coaching and support supervisors to be able to play a pivotal role in assuring the practice model is implemented at a consistently quality level.
- Work with all stakeholders to create opportunities for "cross-fertilization" and dissemination of best practices.

QUESTIONS?