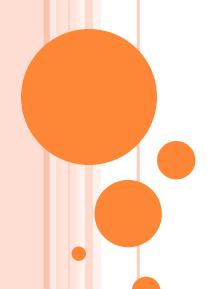
## ROSIE D. MONITORING-COMMUNITY SERVICES REVIEW



# Boston/Metro-Boston 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?

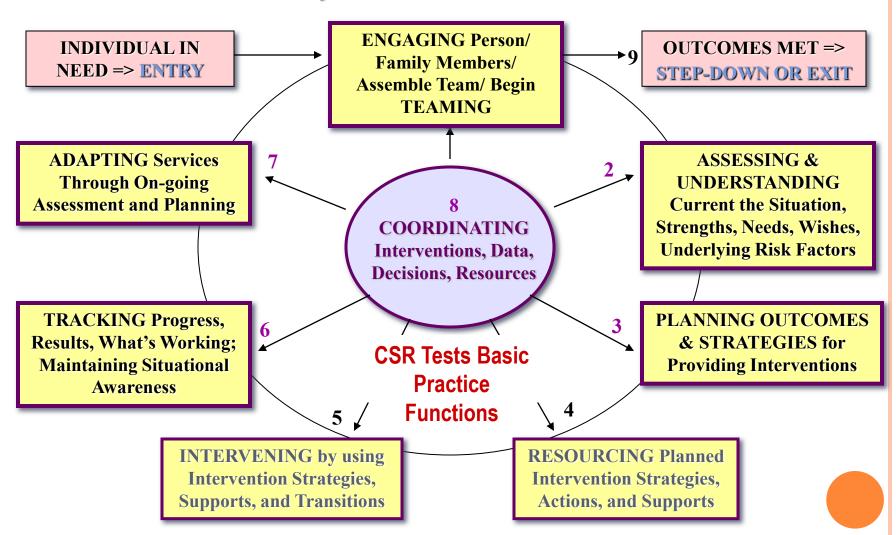
## CSR "Learning Products"

- 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

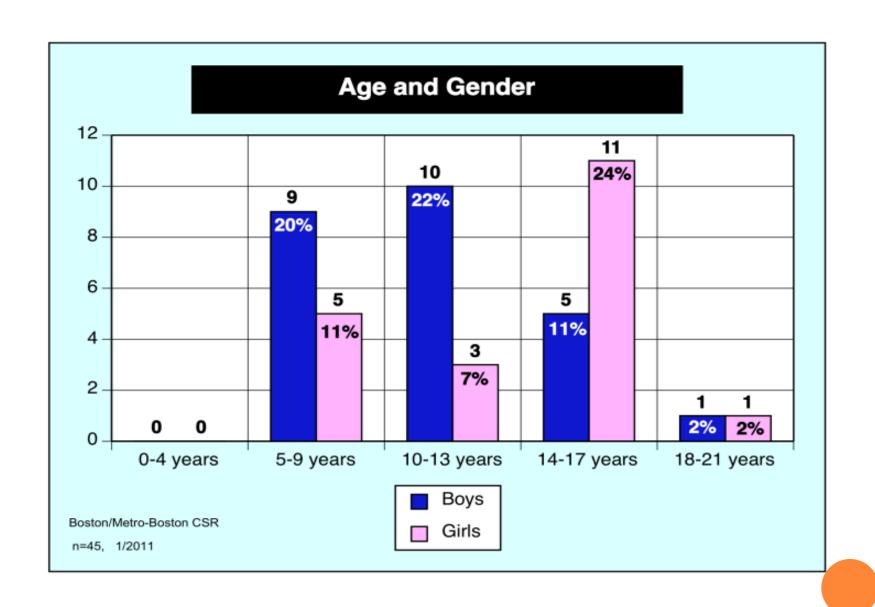
For 45 CSR reviews conducted January 24-February 1, 2011

#### **Child Status and Performance Profile - Number of Interviews**

Number of cases: 45 Boston/Metro-Boston 1/2011

#### **Number of Interviews**

Total number of interviews	274
Average number of interviews	6.1
Minimum number of interviews	3
Maximum number of interviews	18



#### **Child Status and Performance Profile - Current Placement Frequency**

Type of Current Placement	Number	Percent
Family bio./adopt. home	36	80%
Kinship/relative home	3	7%
Therapeutic foster home	1	2%
Group home	1	2%
CBAT	1	2%
Independent living	1	2%
Family shelter homeless	1	2%
Group family home	1	2%
	45	100%

#### **Child Status and Performance Profile - Ethnicity Frequency**

Ethnicity	Number	Percent
Euro-American	15	33%
African-American	13	29%
Latino-American	12	27%
Pacific Is. American	1	2%
Bengali	1	2%
Biracial	3	7%
	45	100%

#### **Child Status and Performance Profile - Co-Occurring Condition Frequency**

Co-Occurring Condition	Number	Percent
Mood Disorder	22	49%
Anxiety Disorder	16	36%
PTSD/Adjustment to Trauma	10	22%
Thought Disorder/Psychosis	2	4%
ADD/ADHD	18	40%
Anger Control	10	22%
Substance Abuse/Dependence	1	2%
Learning Disorder	8	18%
Communication Disorder	2	4%
Autsim	9	20%
Disruptive Behavior Disorder (CD, ODD)	4	9%
Mental Retardation	2	4%
Medical Problem	15	33%
Other Disability/Disorder	5	11%
Other	0	0%

#### **Child Status and Performance Profile - Case Open Frequency**

Number of cases: 45

Boston/Metro-Boston 1/2011

Length of Time Case Open	Number	Percent
4 - 6 mos.	14	31%
7 - 9 mos.	8	18%
10 - 12 mos.	5	11%
13 - 18 mos.	7	16%
19 - 36 mos.	5	11%
0 - 3 mos.	6	13%
	45	100%

#### **Child Status and Performance Profile - Referral Source**

Number of cases: 45

Boston/Metro-Boston 1/2011

Referral Source	Number	Percent
DCF	12	27%
School	2	4%
Family	10	22%
Primary care physician	3	7%
Afterschool program	1	2%
Crisis Team	1	2%
DCF & Hospital	1	2%
DDS	1	2%
FST	2	4%
Hospital	3	7%
IHT	3	7%
Outpatient therapist	4	9%
Provider agency	1	2%
Residential program	1	2%
	45	100%

#### **Child Status and Performance Profile - Agencies Involved Frequency**

<b>Agencies Involved</b>	Number	Percent
DCF	21	47%
DMH	7	16%
Special Ed	25	56%
Early intervention	0	0%
Developmental disabilities	5	11%
DYS	0	0%
Probation	1	2%
Vocational Rehabilitation	0	0%
Substance abuse	0	0%
Other	8	18%

#### **Child Status and Performance Profile - Legal Permanency Frequency**

Legal Permanency Status	Number	Percent
Birth family	38	84%
Adopted family	3	7%
Foster care	3	7%
Permanent guardianship	1	2%
	45	100%

#### **Child Status and Performance Profile - Educational Placement Frequency**

Educational Placement or Life Situation	Number	Percent
Regular K-12 Ed.	13	29%
Full inclusion	7	16%
Part-time Sp. Ed.	5	11%
Self-cont. Sp. Ed.	11	24%
Parenting teen	0	0%
Adult basic/GED	1	2%
Alternative Ed.	2	4%
Vocational Ed.	0	0%
Expelled/Suspended	0	0%
Home hospital	0	0%
Day treatment program	0	0%
Work	0	0%
Completed/graduated	1	2%
Dropped-out	1	2%
Other	5	11%

#### **Child Status and Performance Profile - Psy Meds Frequency**

Number of cases: 45

Boston/Metro-Boston 1/2011

Number of Psy Meds	Number	Percent	
No psy meds	20	44%	
1 psy med	9	20%	
2 psy meds	8	18%	
3 psy meds	6	13%	
4 psy meds	1	2%	
5+ psy meds	1	2%	
	45	100%	

#### **Child Status and Performance Profile - Special Procedures Frequency**

Number of cases: 45

Boston/Metro-Boston 1/2011

Special Procedures Used Past 30 Days	Number	Percent
Voluntary time-out	8	18%
Loss of privileges via point & level system	2	4%
Disciplinary consequences for rule violation	7	16%
Room restriction	0	0%
Exclusionary time out	2	4%
Seclusion/Locked room	0	0%
Take-down procedure	0	0%
Physical restraint (hold, 4-point, cuffs)	2	4%
Emergency medications	0	0%
Medical restraints	0	0%
None:	28	62%
Other:	1	2%

#### **Child Status and Performance Profile - Crisis Services Used Frequency**

Crisis Services Used Past 30 Days	Number	Percent
Mobile crisis	2	4%
911 Emergency call: EMS	0	0%
911 Emergency call: Police	1	2%
Emergency department	0	0%
Other	0	0%
None	42	93%

#### **Child Status and Performance Profile - Caregiver Challenges Frequency**

Number of cases: 45

Boston/Metro-Boston 1/2011

Challenges in the Child's Birth Family or Adoptive Family	Number	Percent
Limited cognitive abilities	1	2%
Serious mental illness	14	31%
Substance abuse impairment or serious addiction w/ frequent relapses	6	13%
Domestic violence	6	13%
Serious physical illness or disabling physical condition	2	4%
Unlawful behavior or is incarcerated	0	0%
Adverse effects of poverty	22	49%
Extraordinary care burdens	17	38%
Cultural/language barriers	4	9%
Undocumented	1	2%
Teen parent	2	4%
Recent life disruption/homelessness due to a natural disaster	0	0%
Other	5	11%

#### **Child Status and Performance Profile - Barriers Affecting Case or Services**

<b>Barriers Affecting Ca</b>	ecting Case Management				
	or Services	Number	Per		
	Caseload size	5	11		

	or Services	Number	Percent
	Caseload size	5	11%
	Eligibility/access denied	0	0%
	Inadequate parent support	6	13%
Inadeo	quate team member participation	3	7%
	Family disruptions	2	4%
	Billing requirements/limits	7	16%
	Case complexity	9	20%
	Treatment compliance	6	13%
	Team member follow-thru	2	4%
	Acute care needs	1	2%
	Driving time to services	6	13%
	Culture/language barriers	2	4%
	Refusal of treatment	0	0%
	Family instability/moves	0	0%
	Arrest/detention of child/youth	1	2%
	Other	18	40%

#### Child Status and Performance Profile - Barriers Affecting CM - Other

Number of cases: 45 Boston/Metro-Boston 1/2011

#### Other - Barriers Affecting Case Management or Services

- Wait list for therapeutic mentor and fro in-home therapist, family requires access to transportation and requires a lot of time, poor resources for transportation.
- Turnover of team members
- Time lines for paperwork
- Team turnover
- Scheduling team meetings, communication with team, lack of psychiatry
- Paperwork, not enough support from DCF and Courts
- making productivity
- Longtime providers don't understand wraparound
- Legal consultation
- ICC left agency
- Frequent cancellations and no shows
- Family refused, other agencies don't understand wraparound.
- 13. Community/environmental influences gang violence/culture
- Community understanding of role of IHT vs ICC
- 15. Communication with DCF or psychiatry
- 16. Changes in insurance, DCF using FST contract
- Availability of appropriate, linguistically accessible resources
- Availability of appropriate resources

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

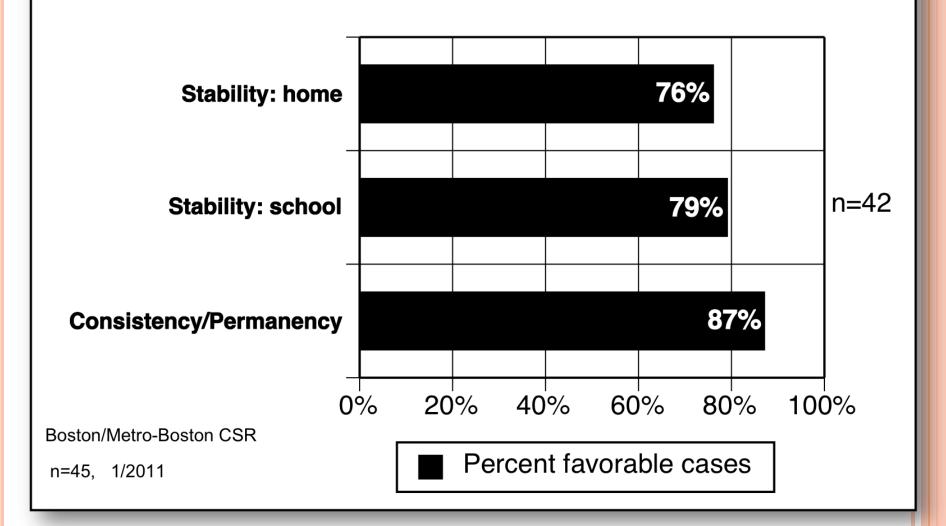
**OVERALL CHILD/YOUTH STATUS** 



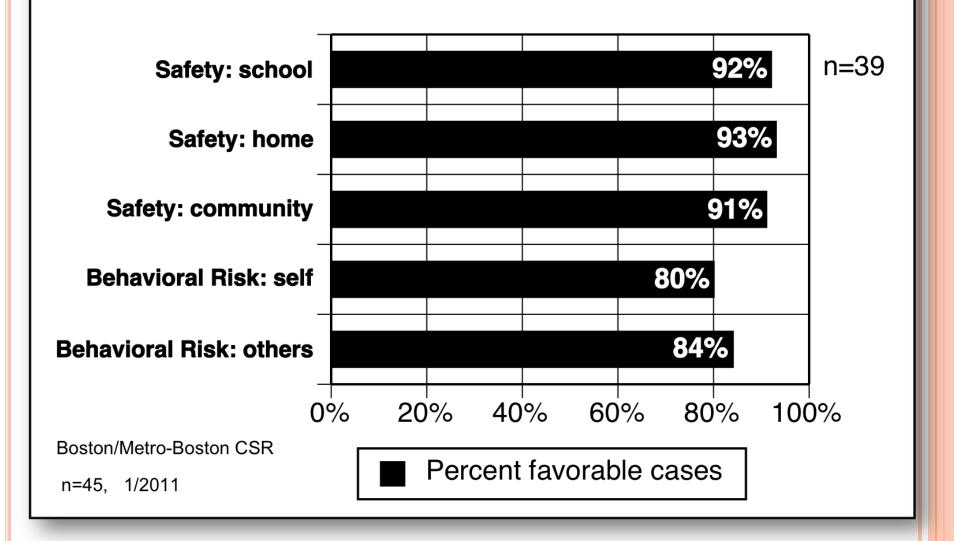
#### YOUTH STATUS

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

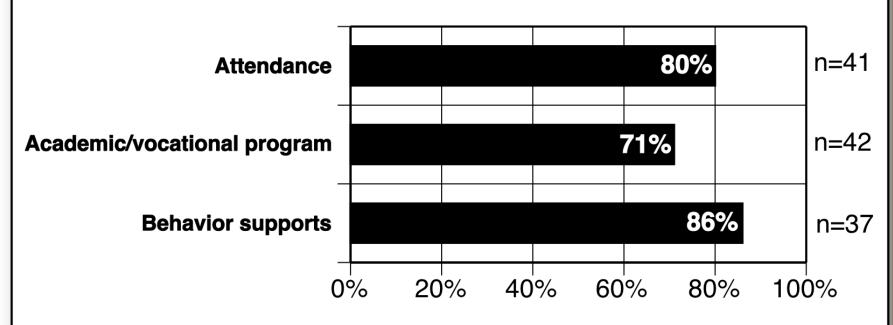
## Child/Youth Status Stability and Consistency/Permanency



## Child/Youth Status Safety and Risk



## Child/Youth Status Educational Status

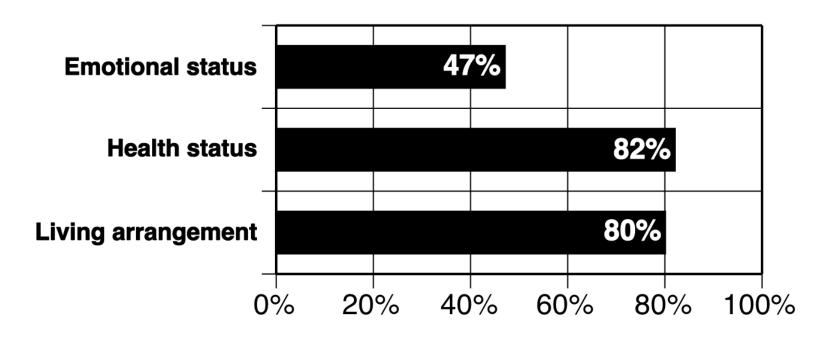


Boston/Metro-Boston CSR

n=45, 1/2011

Percent favorable cases

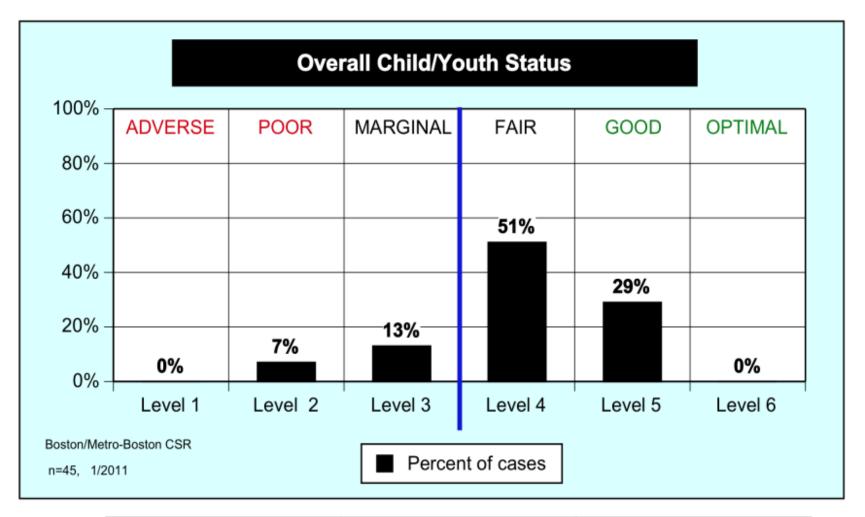
## Child/Youth Status Well-being



Boston/Metro-Boston CSR

n=45, 1/2011





IMPROVEMENT	REFINEMENT		MAINTENANCE
UNFAVORABLE	UNFAVORABLE		FAVORABLE

1. Support of Child/Youth

2. Group Caregiving

3. Special Challenges

4. Voice and Choice

5. Satisfaction

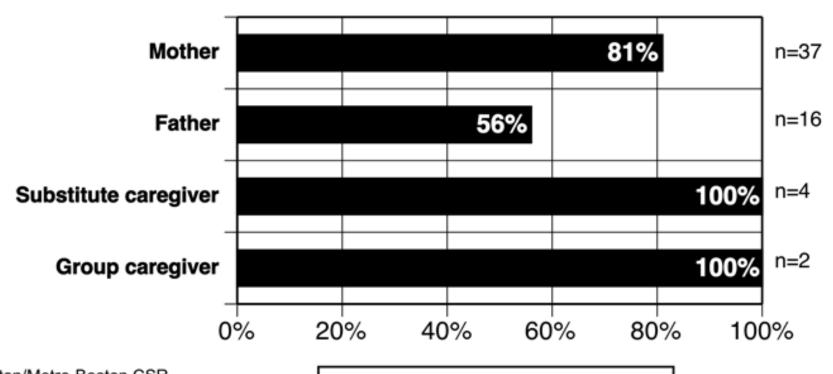
**OVERALL FAMILY STATUS** 

### FAMILY STATUS

Over the last 30 days





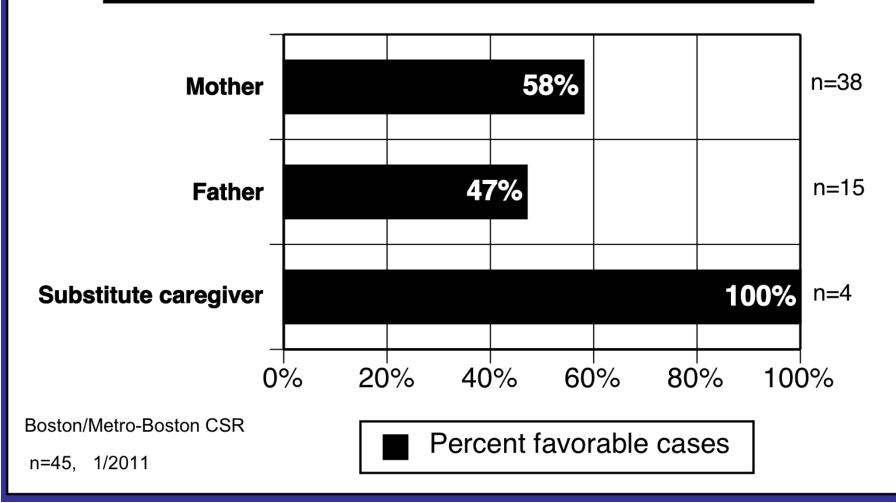


Boston/Metro-Boston CSR

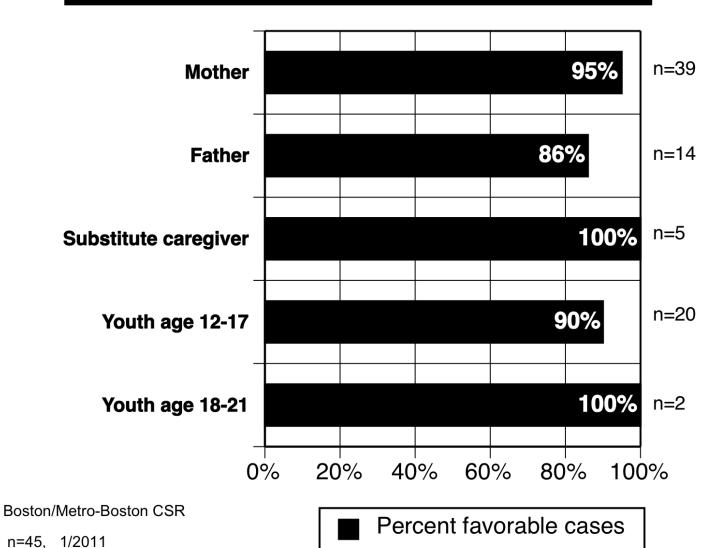
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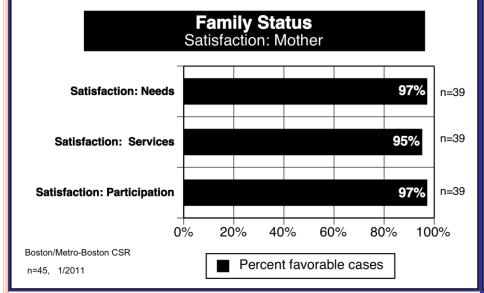
Percent favorable cases

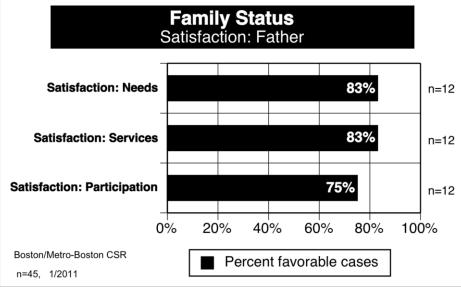


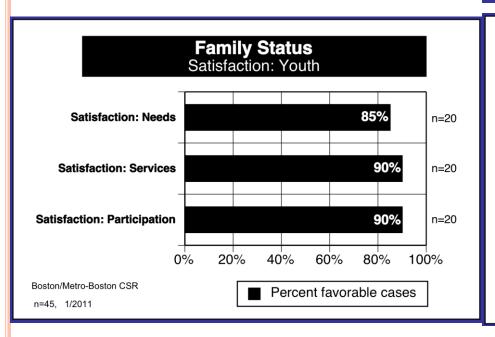


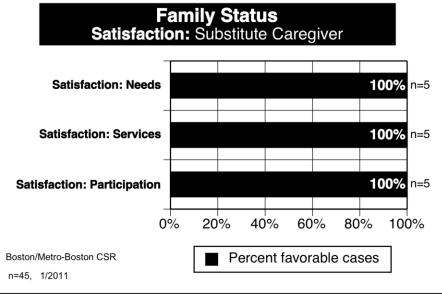












1. Reduction of Problems

2. Improved Coping and Self-Management

3. School/work progress

4. Meaningful relationships

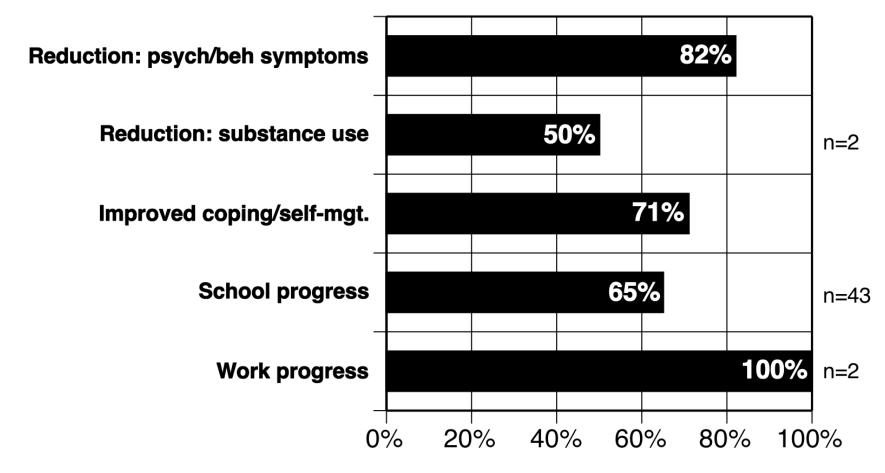
5. Well-being and Quality of Life

**OVERALL CHILD PROGRESS** 

#### YOUTH PROGRESS

Over the last 180 Days

#### **Child/Youth Progress**

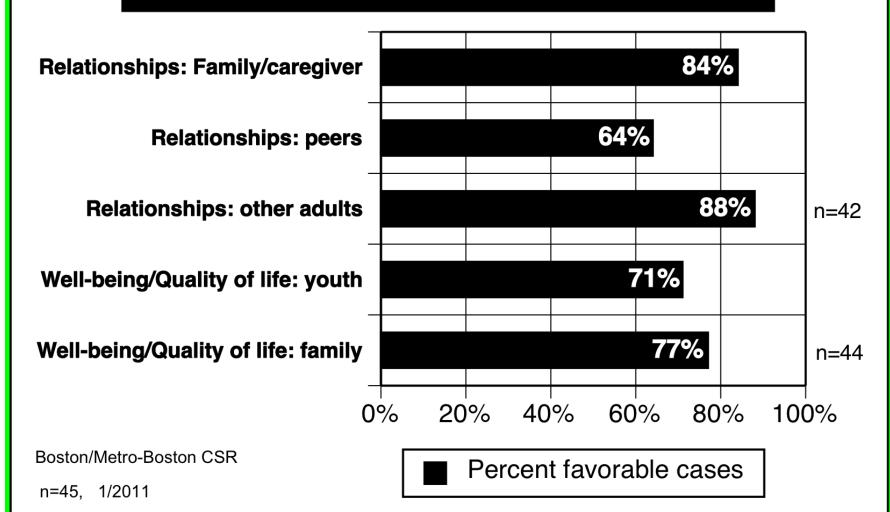


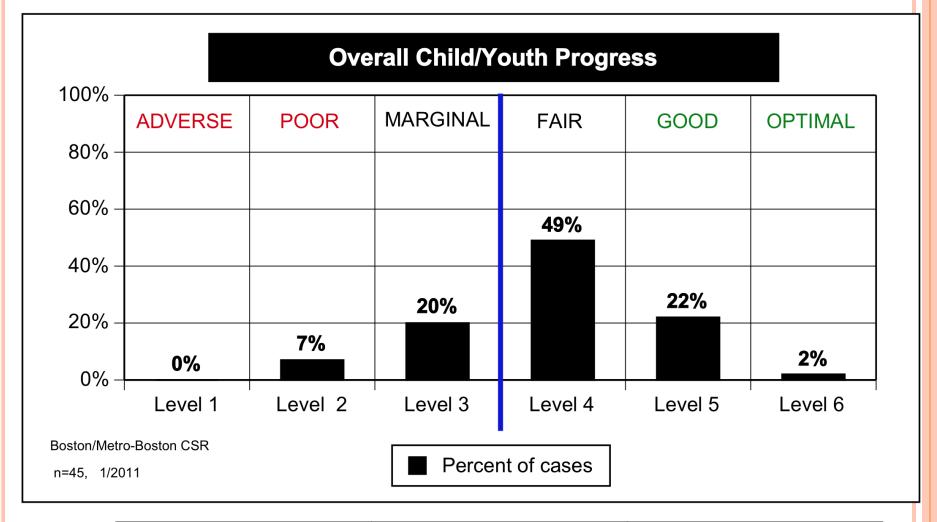
Boston/Metro-Boston CSR

n=45, 1/2011

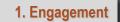
Percent favorable cases

# Child/Youth Progress Relationships/Well-being









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

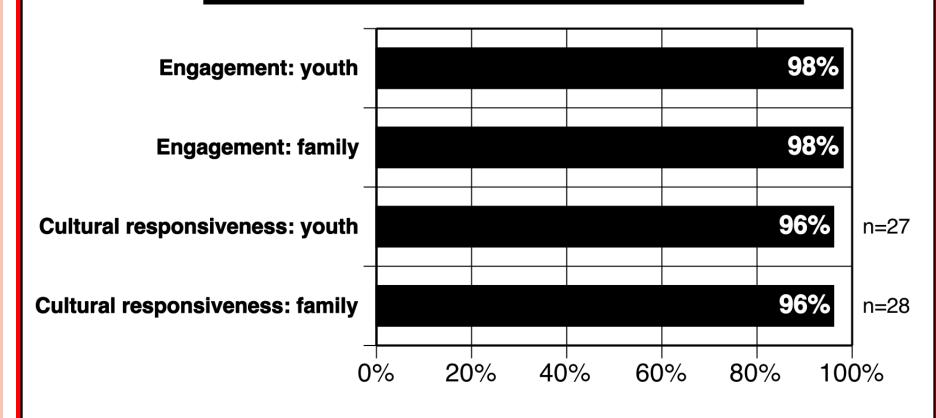
**OVERALL PRACTICE PERFORMANCE** 



#### SYSTEM/PRACTICE PERFORMANCE

Over the last 90 days for the 45 youth reviewed

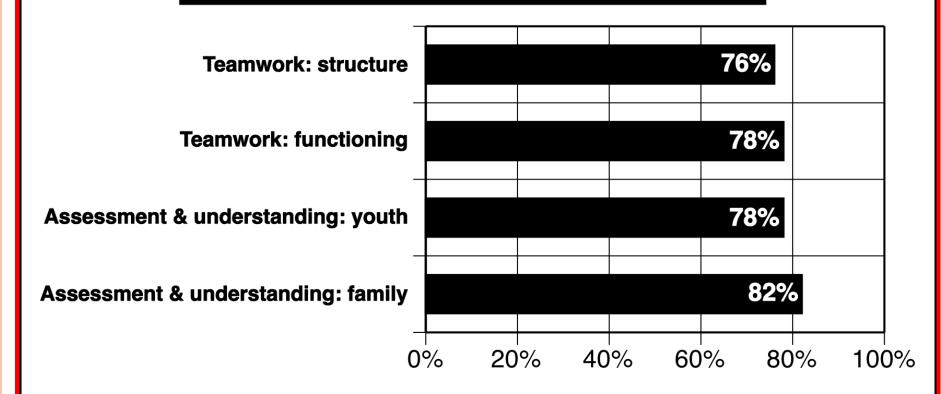
#### Practice Performance Engagement & Culture



Boston/Metro-Boston CSR n=45, 1/2011

Percent acceptable cases

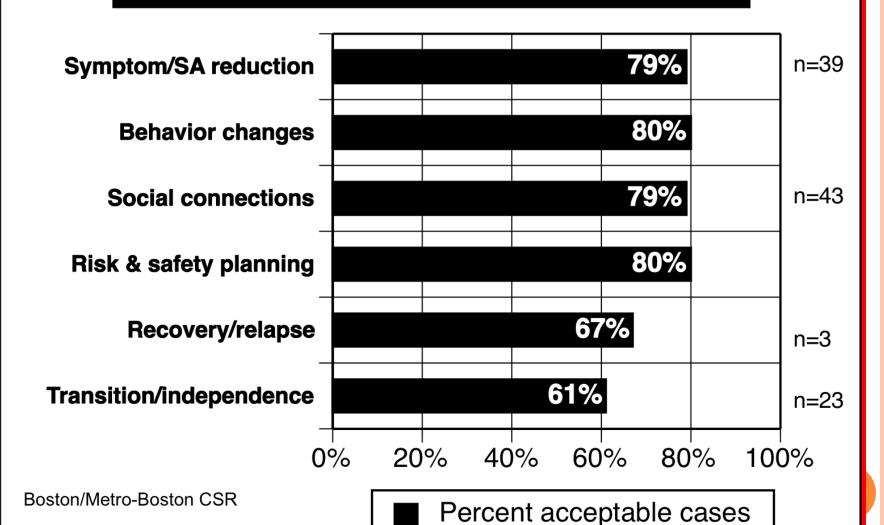
### Practice Performance Teamwork & Assessment



Boston/Metro-Boston CSR n=45, 1/2011

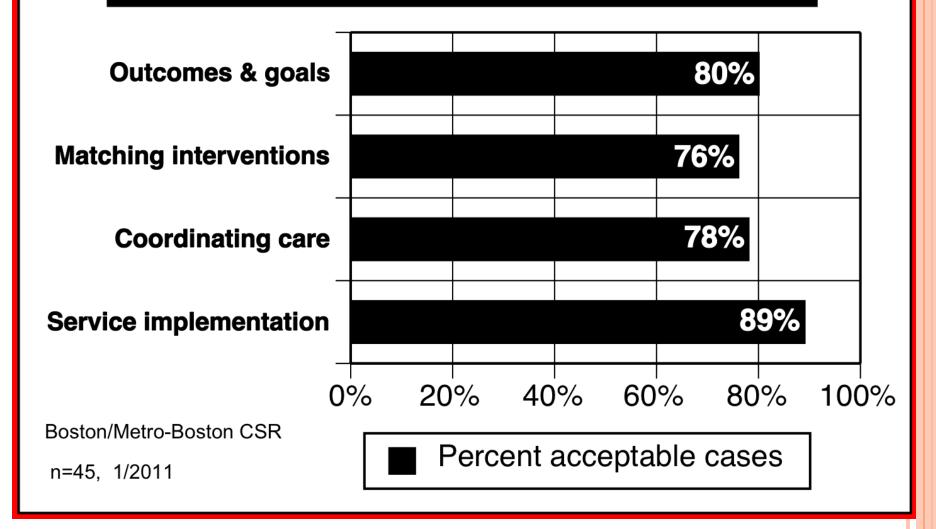
Percent acceptable cases

## Practice Performance Intervention Planning

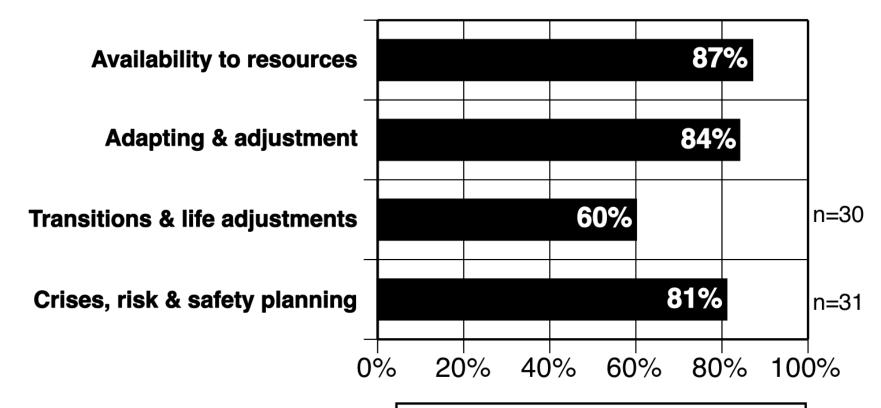


n=45, 1/2011

# Practice Performance Outcomes & Implementation

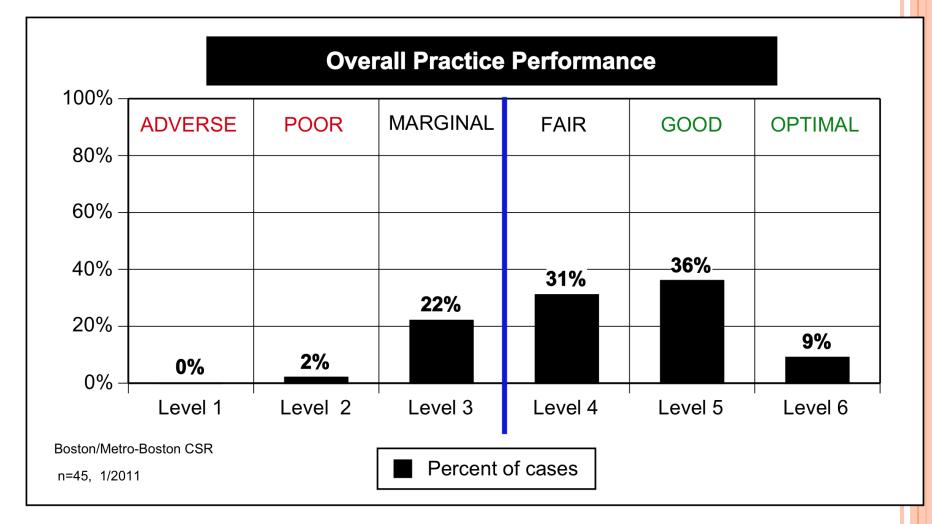


# Practice Performance Resources & Life Adjustment



Boston/Metro-Boston CSR n=45, 1/2011

Percent acceptable cases



IMPROVEMENT	REFINEMENT		MAINTENANCE
UNACCEPTABLE		ACCEPTABLE	

#### **CSR Outcome Categories**

#### Status of Child/Youth/Family

<b>Favora</b>	ble	Stat	us
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Outcome 1:

#### Unfavorable Status

Outcome 2:

Acceptable System Performance

Acceptability of Service System Performance by Individual Youth

> Unacceptable System Performance

Boston/Metro-Boston CSR n=45, 1/2011

Good status for child/youth/family, Poor status for child/youth/family, ongoing services ongoing services acceptable. minimally acceptable but limited in reach or efficacy. 67% (30 youth) 9% (4 youth) Outcome 3:

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

13% (6 youth)

80%

Outcome 4:

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

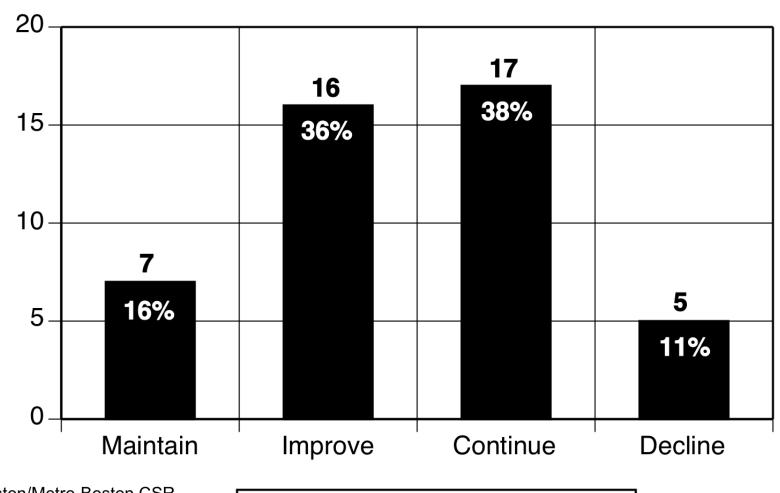
11% (5 youth)

20%

24%

76%





Boston/Metro-Boston CSR

n=45, 1/2011

Number of Youth Reviewed

# STRENGTHS, CHALLENGES AND OPPORTUNITIES FOR IMPROVEMENT

#### FINDINGS: STRENGTHS

- Respect for family voice is growing as a system of care value.
- Families appreciate team work and services
- System of Care Committees are starting to actively problem solve
- Staff, including those in other child-serving systems, are very enthusiastic about working in the new practice model
- There is evidence the practice model is being implemented
- There is a recognition that the system is still emerging and adapting, and there has been a tremendous amount of good will among stakeholders.

#### More Strengths

- The review team found examples of exceptional practice:
  - Care Coordination
    - Excellent engagement with families and youth.
    - Strong practice by ICC for youth who are hearing-impaired
  - Teamwork
    - A functional working relationship created with a family previously seen as "difficult to work with"
    - Team ownership for outcomes
  - Family Partners and Therapeutic Mentors
    - Staff whose interventions and supports are therapeutic
  - In-home therapy
    - Skilled clinicians going the "extra mile"

#### CHALLENGES-

- A greater depth/scope of understanding of core issues of youth and families was needed for a number of families resulting in underpowered plans and interventions.
- Many of the youth in the sample had serious health issues impacting their status; in a number of the reviews, there were weak linkages to healthcare.
- A number of the agencies reviewed did not have a developed supervision structure that supports the practice model.

#### CHALLENGES

- Team and care coordinator turnovers resulted in disruption in relationships and/or service delivery causing youth and families to lose ground.
- There were examples of teams and coordinators not able to address "system issues," and not having an establish pathway to raise interagency issues to senior management.
- Therapeutic mentors were seen to be a clear asset however there was little support, specialized training, or strategic use of the TM's beyond broad goals (e.g.: "work on socialization skills.").

#### CHALLENGES-

- For youth with autism spectrum disorders, lack of knowledge about the unique needs and strategies that work for the population.
- Difficult to find accessible resources for deaf youth.
- Under-identification and use of natural supports.
- Coordination role of IHT needed better definition including when to refer to ICC.

#### CHALLENGES-

- There is a struggle with developing comprehensive individualized plans that truly reflect the needs of the youth and family.
- Some teams met regularly, but did not team in between meetings.
- Bilingual staff are sometimes overburdened.
- Mobile crisis teams don't uniformly respond to a crises when the youth is aggressive.

#### CHALLENGES

- Productivity and billing demands sometimes drive decision-making instead of the best planning of the team.
- Documentation requirements are onerous.
- Outpatient providers often provide services through a "private practice" model and do not join with teams
- Inpatient treatment often does not work closely with teams and community providers creating issues with medication changes, recommendations that do not reflect the ongoing process with youth and family and less than effective transitions.
- Although improving- continued challenges of real collaboration among child-serving agencies.

#### OPPORTUNITIES FOR IMPROVEMENT

- Assure teams gather and synthesize all available information about the youth and family in order to inform functional, well-formulated plans.
- When youth need a comprehensive mental health evaluation, assure they receive a quality assessment that will help the team:
  - Know what has worked and hasn't in the past
  - Identify unmet needs and develop viable interventions and supports
  - Seek assistance when they need help understanding the assessment
- Provide more training to IHT about their role in coordinating care

#### OPPORTUNITIES FOR IMPROVEMENT

- Assure plans/interventions are individualized and at the intensity/scope needed to address needs and achieve results.
- Provide greater emphasis in care plans for short-term achievable goals versus only 3-6 month goals.
- Strengthen supervision to fully support the practice model.
- Assure staff have a way to seek support from senior management when interagency challenges threaten to impact child well-being and/or progress.

#### OPPORTUNITIES FOR IMPROVEMENT

- Consider effective strategies for ongoing wraparound and practice training and coaching
- Develop a inter-system protocol for systematic coordination with:
  - Primary care when a youth has medical issues impacting their overall well-being
  - Psychiatrists
  - Inpatient and residential providers

# QUESTIONS?