

Rosie D. Community Services Review Western Massachusetts

**September 2011
Preliminary Results**

Welcome!!

- Brief Overview of the Purpose of the CSR
- 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?

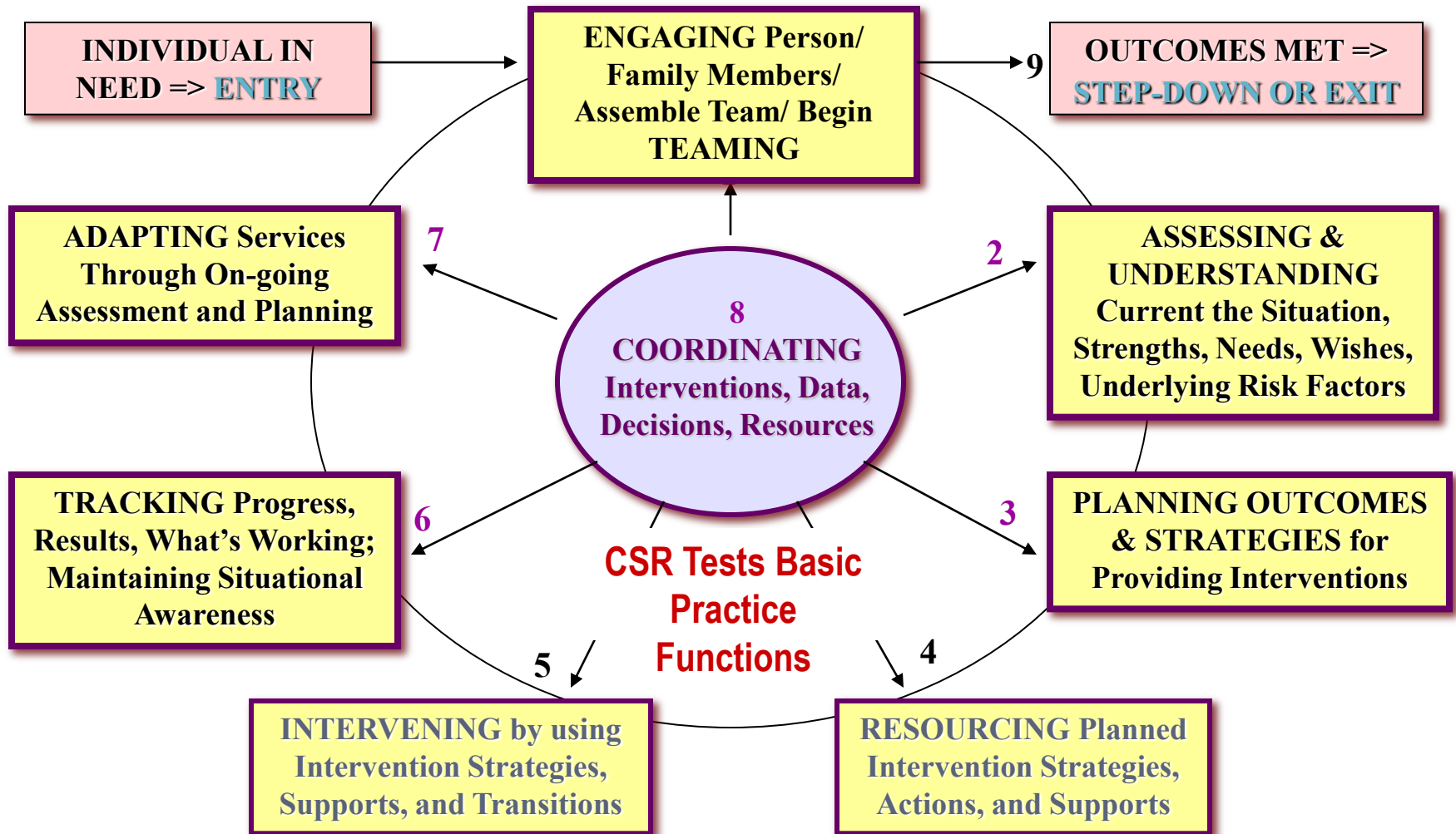
CSR “Learning Products”

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



Core Functions in Practice

Key Functions in a Practice Model



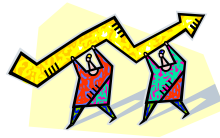
Areas for CSR Status Review

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

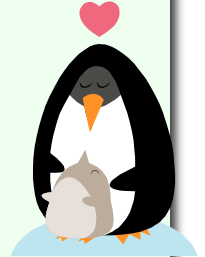


OVERALL CHILD/YOUTH STATUS



Family Status- 30 days

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



OVERALL CAREGIVER STATUS

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 favorable 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 long-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 ongoing positive pattern. 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 minimally or temporarily sufficient for the person to meet short-term needs or objectives in this area. Status has been no less than minimally adequate 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 mixed, limited, or inconsistent and not quite sufficient to meet the person’s short-term needs or objectives 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.

Unfavorable
Range: 1-3

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 poor and unacceptable. The person may seem to be “stuck” or “lost” with status not improving. Any risks may be mild to serious.

1 = ADVERSE STATUS. The person’s status in this area is poor and worsening. Any risks of harm, restriction, separation, disruption, regression, and/or other poor outcomes may be substantial and increasing.

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**



Numbers Interviewed

Child Status and Performance Profile - Number of Interviews

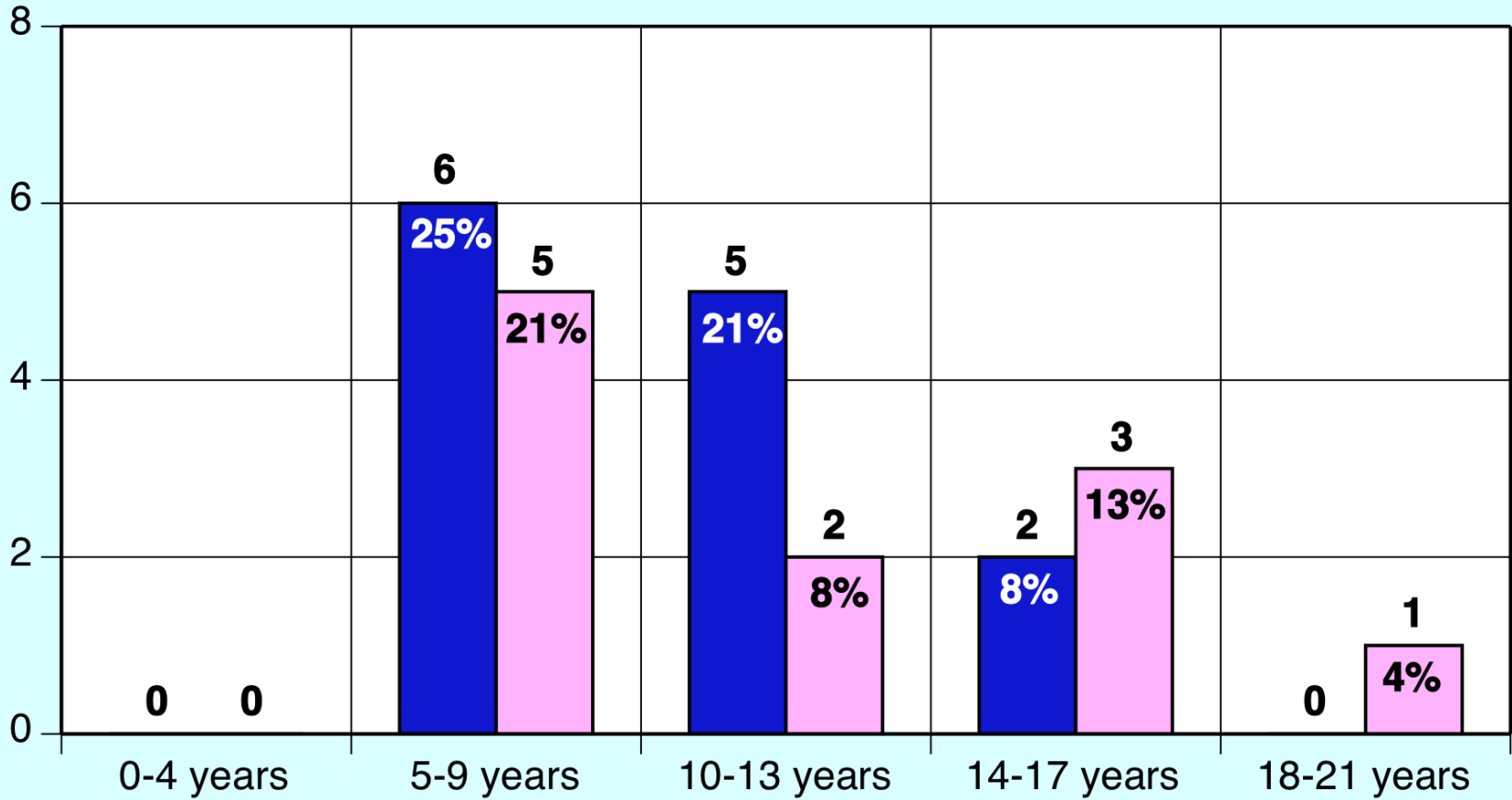
Number of cases: 24

MA Western Review Sept 2011

Number of Interviews

Total number of interviews	153
Average number of interviews	6.7
Minimum number of interviews	3
Maximum number of interviews	9

Age and Gender



CSR Review, n=24

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Sample Distribution: ICC/IHT

Child Status and Performance Profile - Case Type Frequency

Number of cases: 24

Case Type	Number	Percent
ICC	16	67%
IHT	8	33%
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	24	100%

Placement at time of review

Child Status and Performance Profile - Current Placement Frequency

Number of cases: 24

MA Western Review Sept 2011

Type of Current Placement	Number	Percent
Family bio./adopt. home	20	83%
Kinship/relative home	1	4%
Foster home	1	4%
Therapeutic foster home	1	4%
MHI	1	4%
<hr/>		
	24	100%

Placement Changes Over the Last Year

Child Status and Performance Profile - Placement Changes Frequency

Number of cases: 24

MA Western Review Sept 2011

Placement Changes (past 12 months)	Number	Percent
None	19	79%
1-2 placements	4	17%
6-9 placements	1	4%
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	24	100%

Youths' Ethnicity

Number of cases: 24

MA Western Review Sept 2011

Ethnicity	Number	Percent
Euro-American	8	33%
African-American	2	8%
Latino-American	12	50%
Biracial	2	8%
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	24	100%

Language spoken at home

Number of cases: 24

MA Western Review Sept 2011

Primary Language Spoken at Home	Number	Percent
English	17	71%
Spanish	6	25%
English & Spanish	1	4%
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	24	100%

Co-occurring conditions

Number of cases: 24

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Co-Occurring Condition	Number	Percent
Mood Disorder	10	42%
Anxiety Disorder	5	21%
PTSD/Adjustment to Trauma	5	21%
Thought Disorder/Psychosis	2	8%
ADD/ADHD	17	71%
Anger Control	6	25%
Substance Abuse/Dependence	2	8%
Learning Disorder	4	17%
Communication Disorder	1	4%
Autism	3	13%
Disruptive Behavior Disorder (CD, ODD)	8	33%
Mental Retardation	1	4%
Medical Problem	9	38%
Other Disability/Disorder	3	13%
Other	1	4%

Legal Permanency Status

Number of cases: 24

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Legal Permanency Status	Number	Percent
Birth family	17	71%
Adopted family	4	17%
Foster care	2	8%
Permanent guardianship	1	4%
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	24	100%

Referral Sources

Number of cases: 24

Referral Source	Number	Percent
DMH	1	4%
Hospital	1	4%
Crisis Services	3	13%
Family	4	17%
DCF	5	21%
Outpatient	3	13%
Child development center preschool	1	4%
Former CSA in another area of the state	1	4%
Foster care agency	1	4%
ICC	2	8%
IHT	1	4%
Partial hospital program	1	4%
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	24	100%

Educational Placement

Number of cases: 24

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Educational Placement or Life Situation	Number	Percent
Regular K-12 Ed.	9	38%
Full inclusion	3	13%
Part-time Sp. Ed.	4	17%
Self-cont. Sp. Ed.	1	4%
Parenting teen	0	0%
Adult basic/GED	0	0%
Alternative Ed.	3	13%
Vocational Ed.	0	0%
Expelled/Suspended	1	4%
Home hospital	0	0%
Day treatment program	0	0%
Work	0	0%
Completed/graduated	1	4%
Dropped-out	0	0%
Other	3	13%

Agencies Involved

Number of cases: 24

MA Western Review Sept 2011

Agencies Involved	Number	Percent
DCF	11	46%
DMH	0	0%
Special Ed	12	50%
Early intervention	0	0%
Developmental disabilities	1	4%
DYS	0	0%
Probation	1	4%
Vocational Rehabilitation	1	4%
Substance abuse	0	0%
Other	7	29%

Psychotropic Medications

Child Status and Performance Profile - Psy Meds Frequency

Number of cases: 24

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Number of Psy Meds	Number	Percent
No psy meds	9	38%
1 psy med	3	13%
2 psy meds	7	29%
3 psy meds	3	13%
4 psy meds	2	8%
<hr/>		
	24	100%

Current Mental Health Assessment

Child Status and Performance Profile - Mental Health Assessment

Number of cases: 24

MA Western Review Sept 2011

MH assessment performed	Number	Percent
Yes	13	54%
No	11	46%
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	24	100%

Who received the assessment

Child Status and Performance Profile - Received Mental Health Assessments

Number of cases: 24

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Received MH Assessments	Number	Percent
Parent	2	8%
Education	1	4%
Court	0	0%
Child Welfare	0	0%
DOC	0	0%
Not applicable	11	46%
Not Distributed	6	25%
Other	5	21%

Used Crisis Services in the Past 30 Days

Child Status and Performance Profile - Crisis Services Used Frequency

Number of cases: 24

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Crisis Services Used Past 30 Days	Number	Percent
Mobile crisis	4	17%
911 Emergency call: EMS	0	0%
911 Emergency call: Police	3	13%
Emergency department	2	8%
Other	0	0%
None	18	75%

Length of time case open

Child Status and Performance Profile - Case Open Frequency

Number of cases: 24

MA Western Review Sept 2011

Length of Time Case Open	Number	Percent
0 - 3 mos.	4	17%
4 - 6 mos.	9	38%
7 - 9 mos.	2	8%
10 - 12 mos.	6	25%
13 - 18 mos.	2	8%
19 - 36 mos.	1	4%
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	24	100%

Caregiver Challenges

Child Status and Performance Profile - Caregiver Challenges Frequency

Number of cases: 24

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Challenges in the Child's Birth Family or Adoptive Family	Number	Percent
Limited cognitive abilities	5	21%
Serious mental illness	11	46%
Substance abuse impairment or serious addiction w/ frequent relapses	0	0%
Domestic violence	1	4%
Serious physical illness or disabling physical condition	4	17%
Unlawful behavior or is incarcerated	1	4%
Adverse effects of poverty	7	29%
Extraordinary care burdens	9	38%
Cultural/language barriers	4	17%
Undocumented	0	0%
Teen parent	0	0%
Recent life disruption/homelessness due to a natural disaster	1	4%
Other	5	21%

Caseloads

Child Status and Performance Profile - CM Current Caseload Frequency

Number of cases: 22

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CM Current Caseload Size	Number	Percent
<8 cases	5	23%
9-10 cases	6	27%
11-12 cases	1	5%
13-14 cases	6	27%
15-16 cases	3	14%
17-18 cases	1	5%
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	22	100%

Barriers affecting service provision

Number of cases: 24

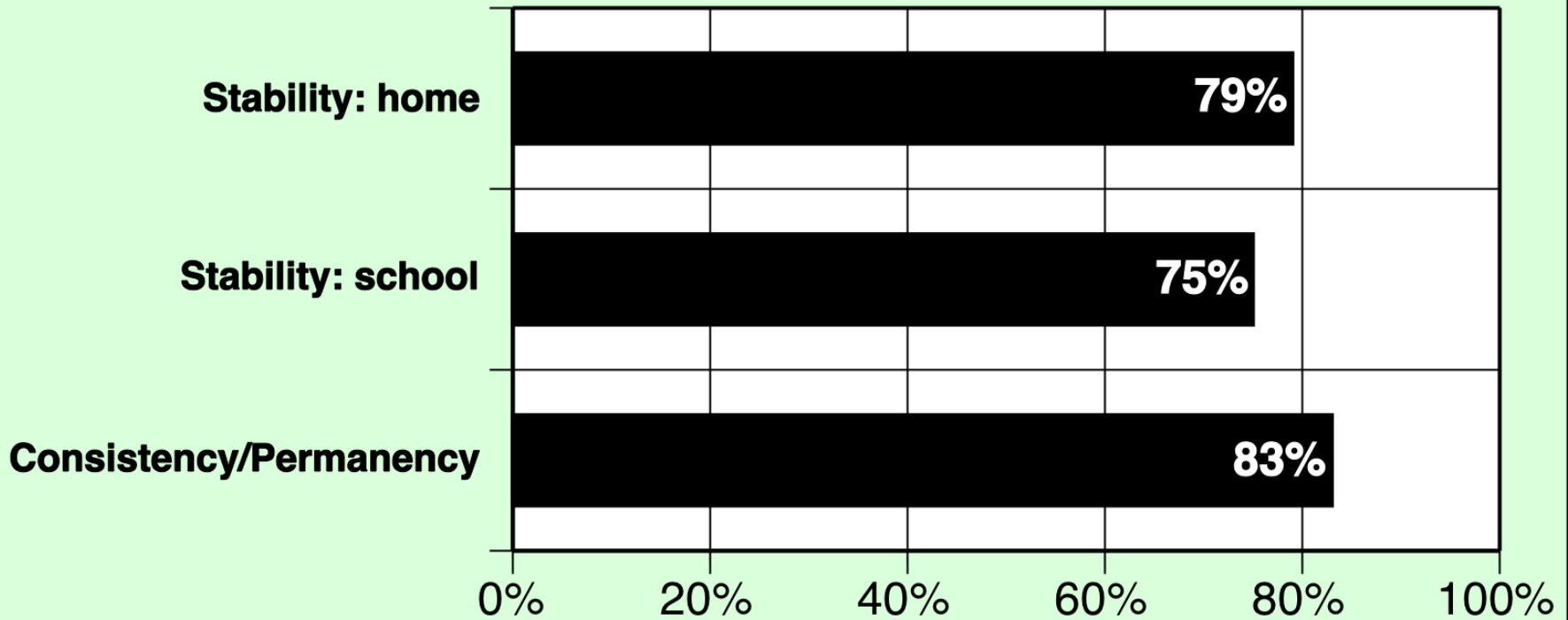
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Barriers Affecting Case Management or Services	Number	Percent
Caseload size	3	13%
Eligibility/access denied	1	4%
Inadequate parent support	4	17%
Inadequate team member participation	7	29%
Family disruptions	4	17%
Billing requirements/limits	6	25%
Case complexity	6	25%
Treatment compliance	6	25%
Team member follow-thru	5	21%
Acute care needs	4	17%
Driving time to services	4	17%
Culture/language barriers	6	25%
Refusal of treatment	8	33%
Family instability/moves	3	13%
Arrest/detention of child/youth	0	0%
Other	10	42%

Youth Status

N=24

Child/Youth Status Stability and Consistency/Permanency

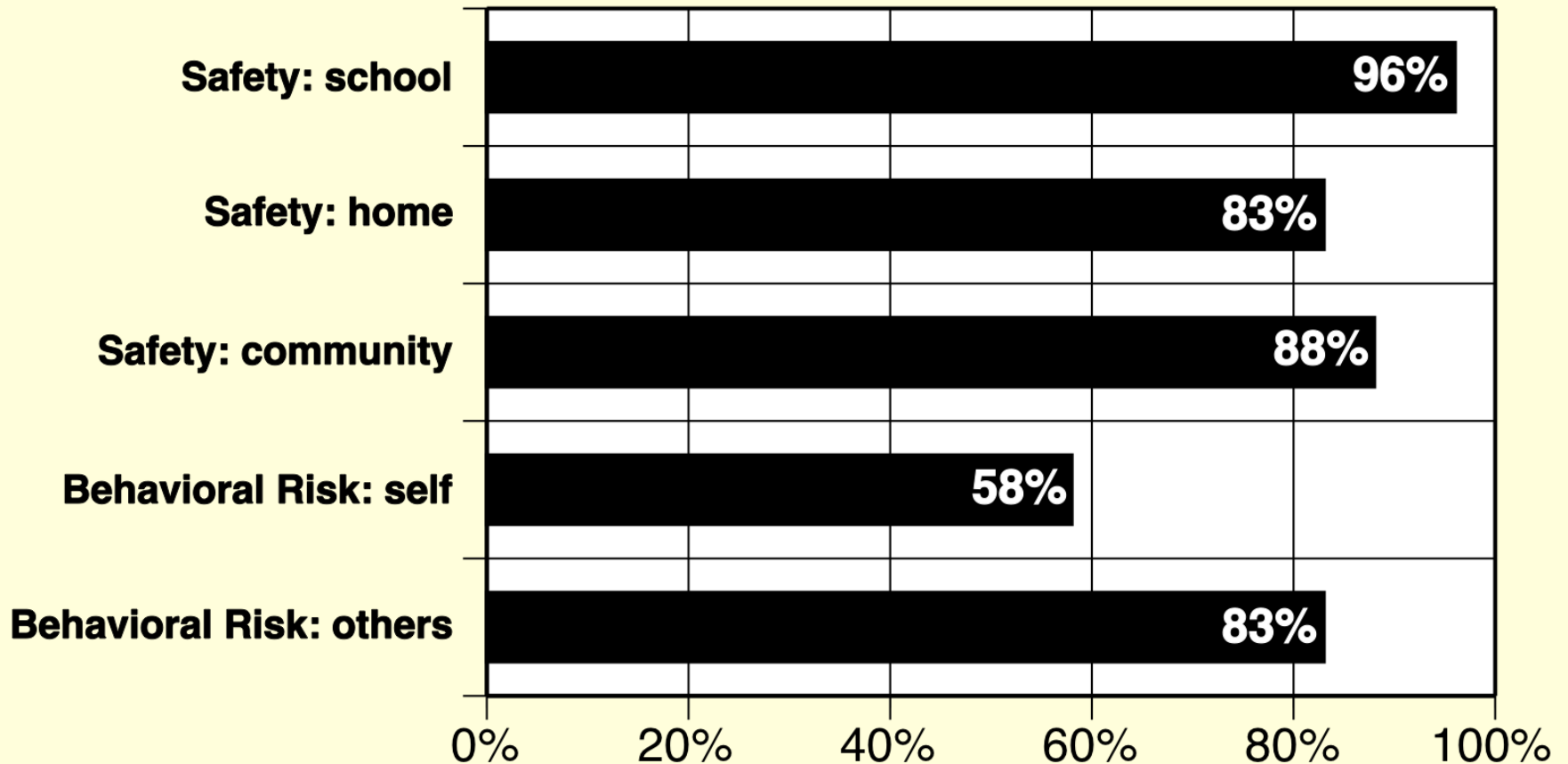


CSR Review, n=24

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■ Percent favorable cases

Child/Youth Status Safety and Risk



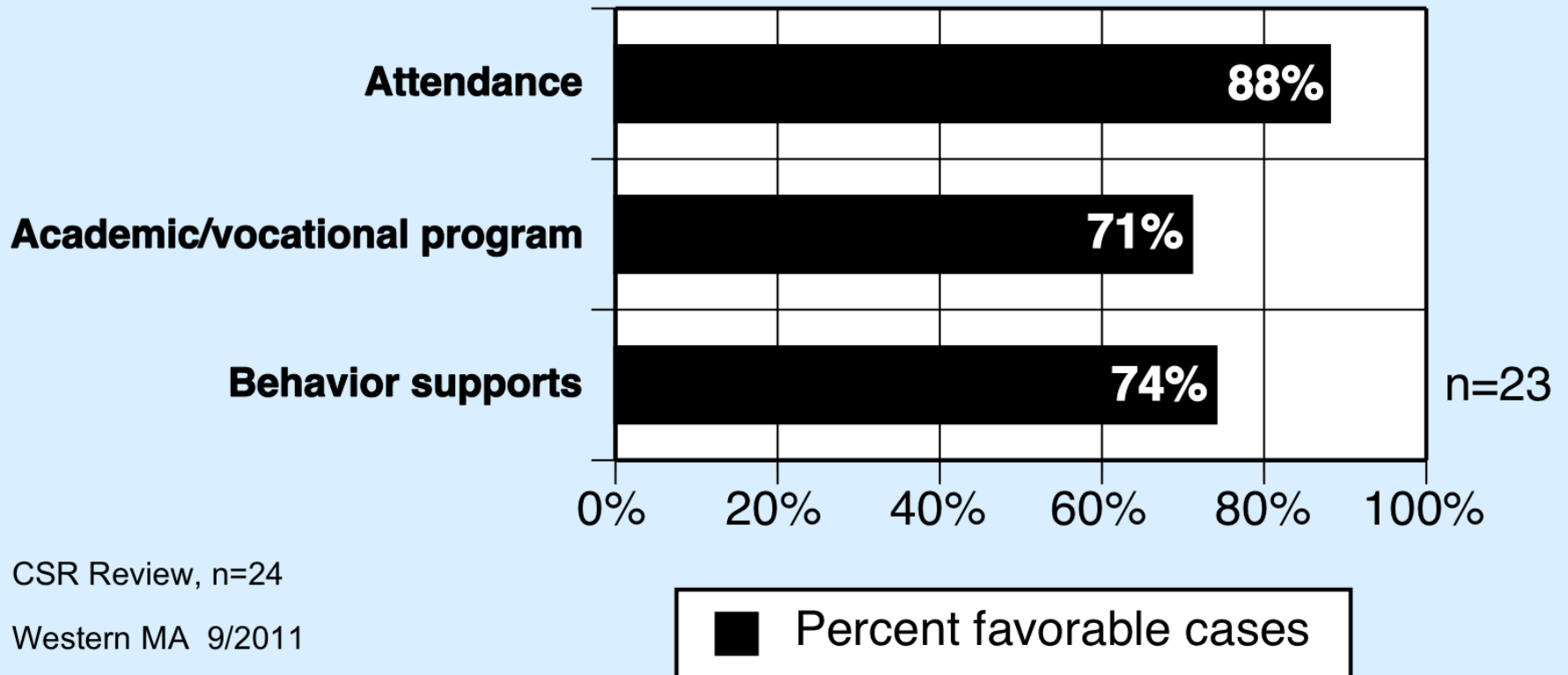
CSR Review, n=24

Western MA 9/2011

■ Percent favorable cases

Child/Youth Status

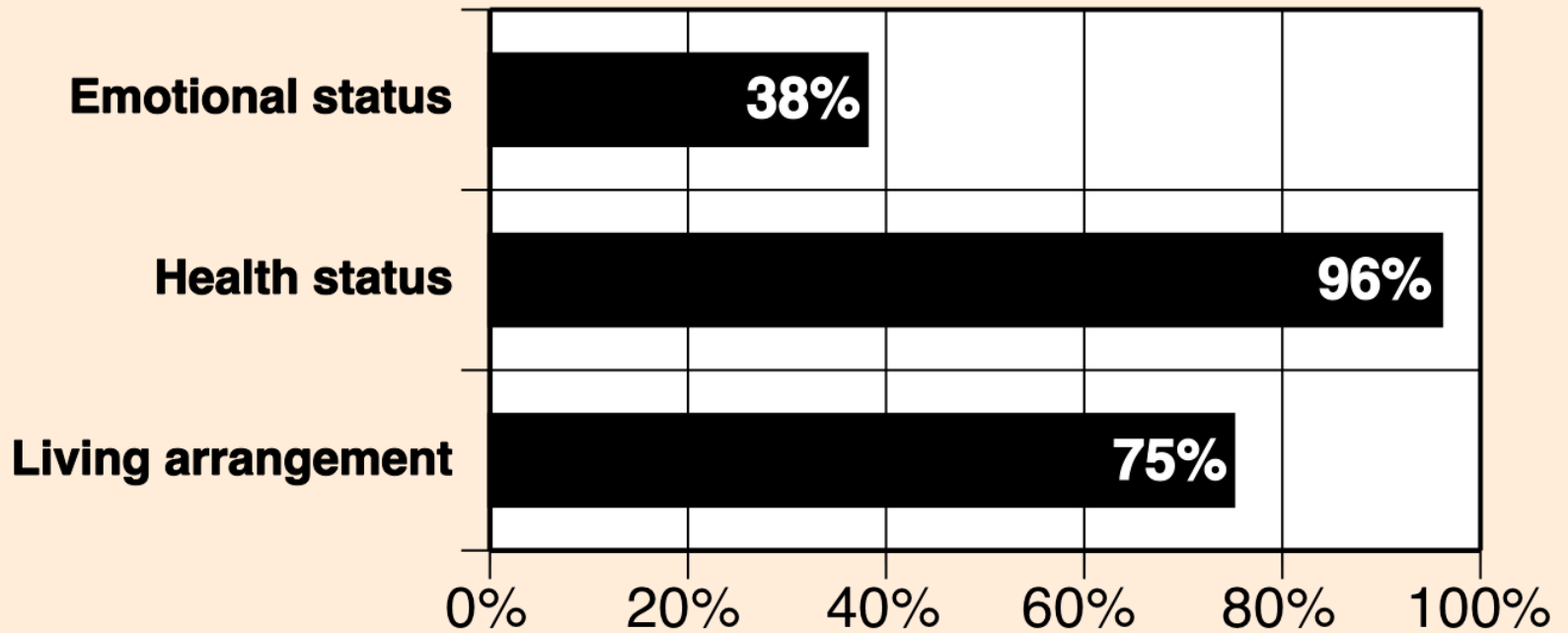
Educational Status



CSR Review, n=24

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Child/Youth Status Well-being

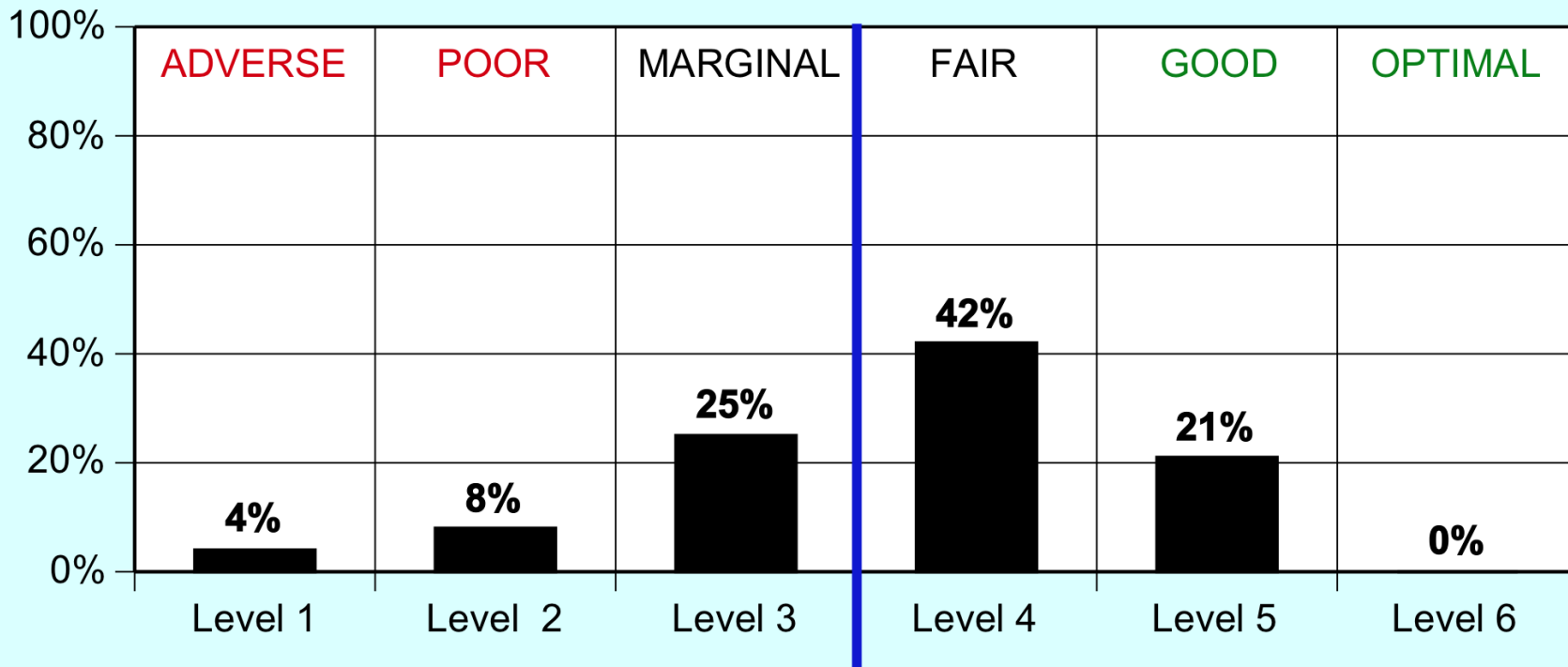


■ Percent favorable cases

CSR Review, n=24

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Overall Child/Youth Status



CSR Review, n=24

Western MA 9/2011

■ Percent of cases

IMPROVEMENT

REFINEMENT

MAINTENANCE

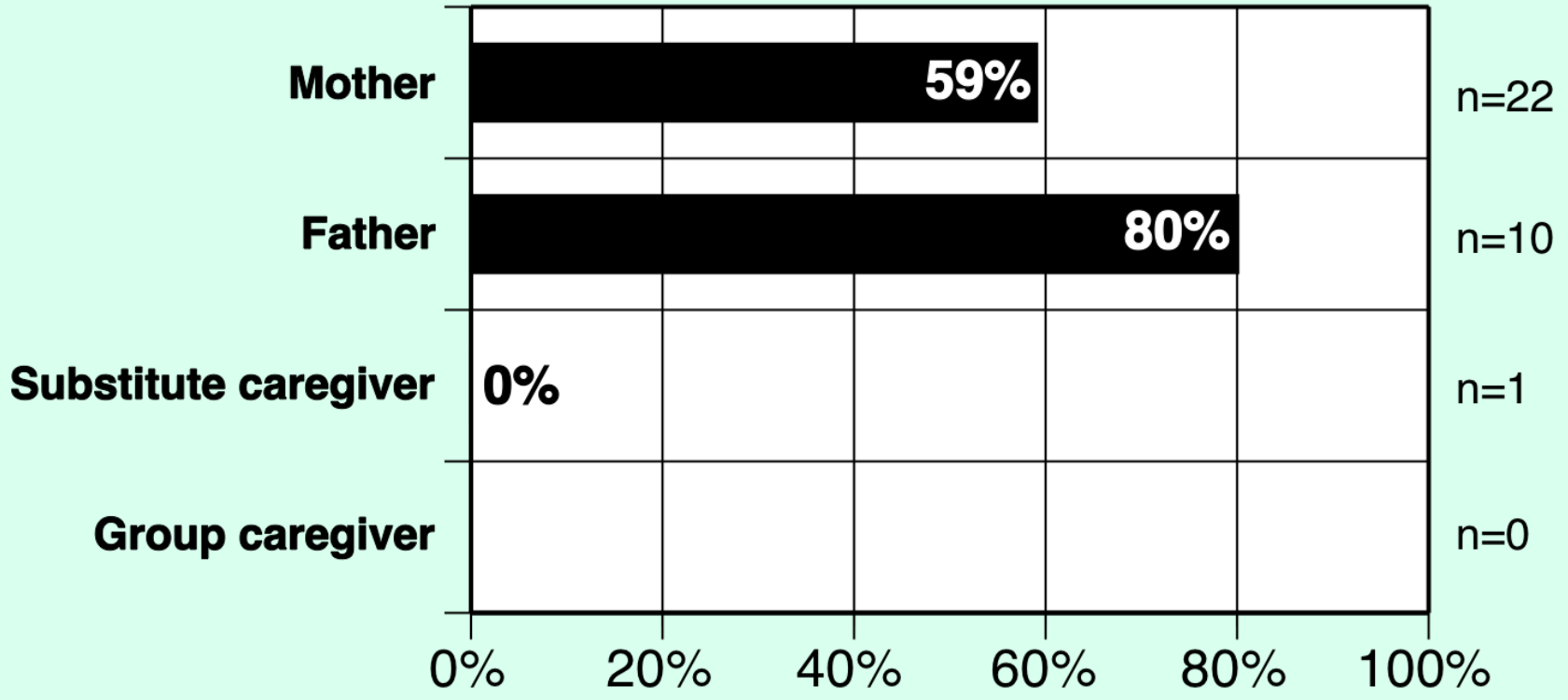
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FAVORABLE

Family Status

Family Status

Caregiver Support of the Child/Youth

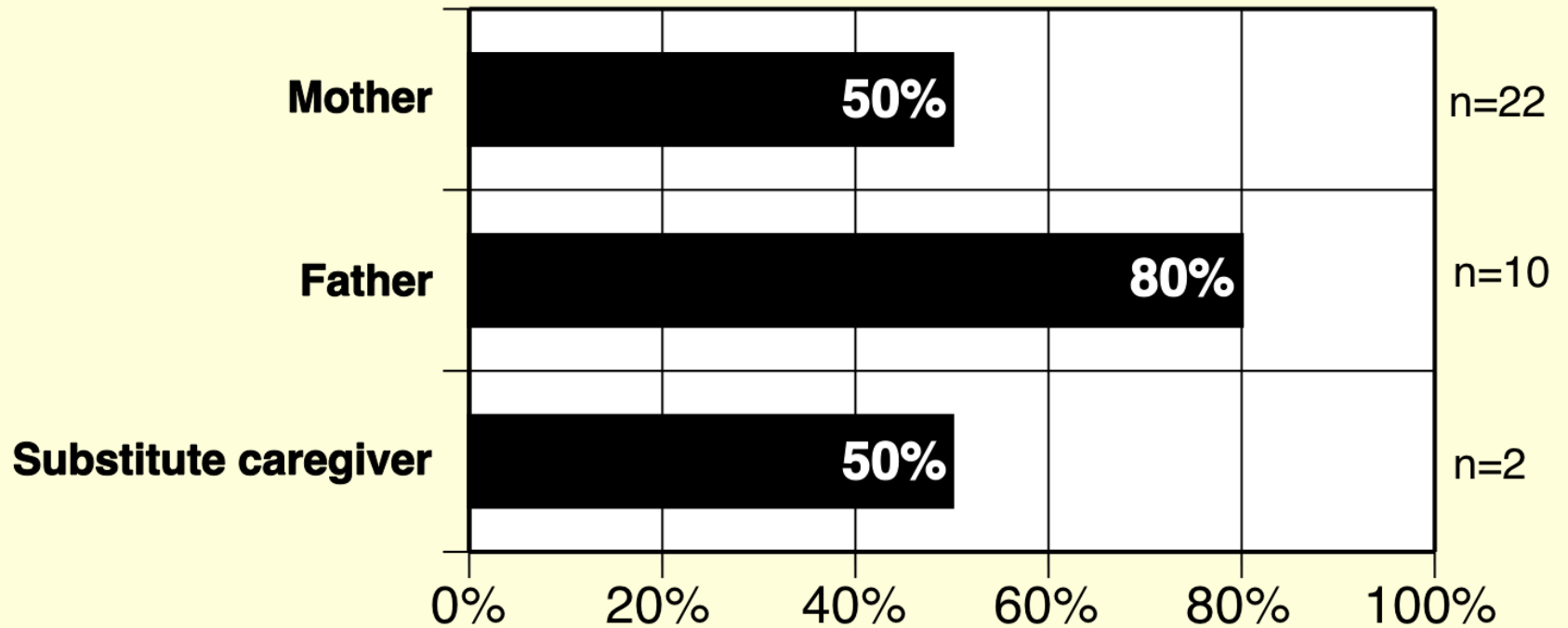


CSR Review, n=24

Western MA 9/2011

■ Percent favorable cases

Family Status Challenges



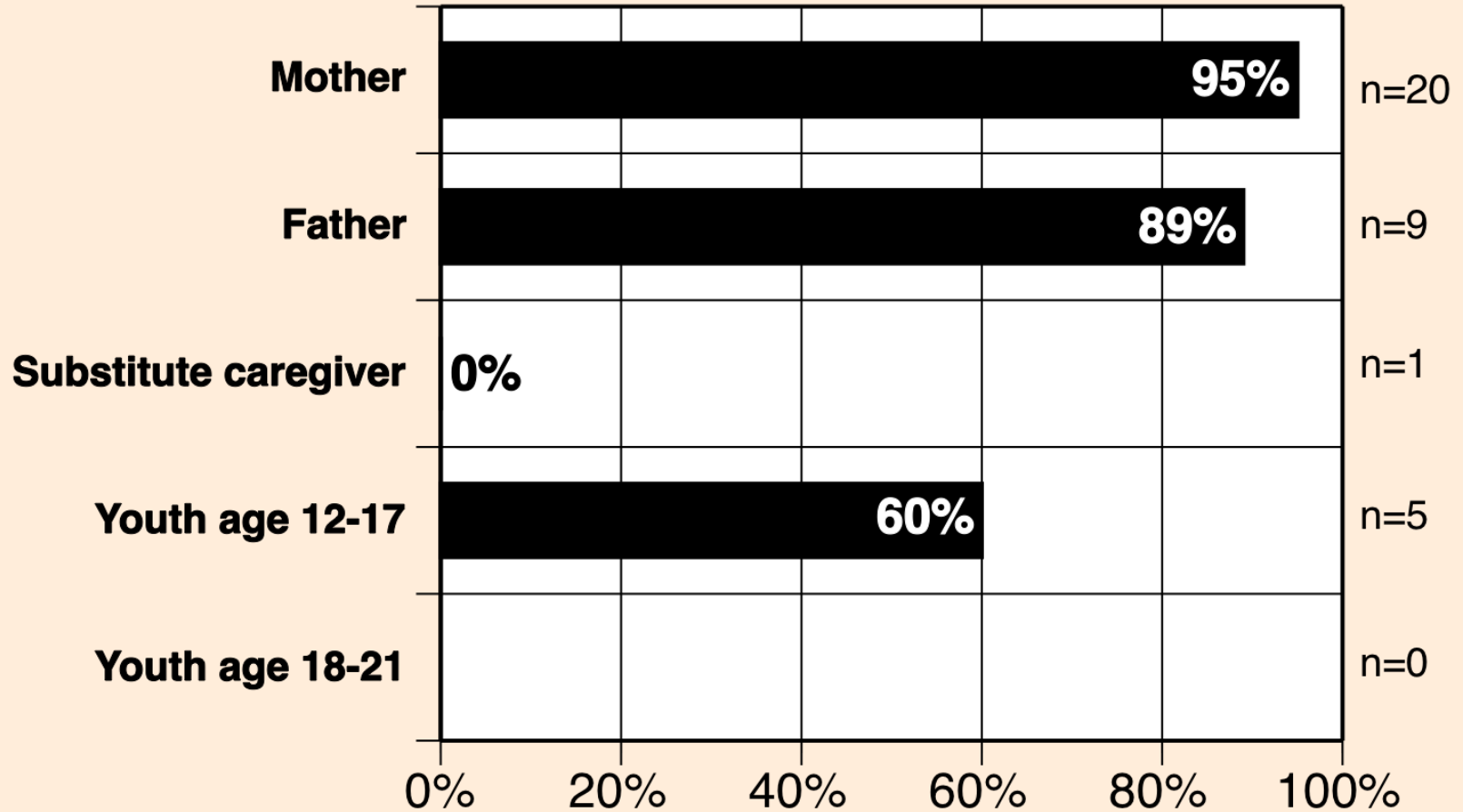
CSR Review, n=24

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■ Percent favorable cases

Family Status

Voice and Choice



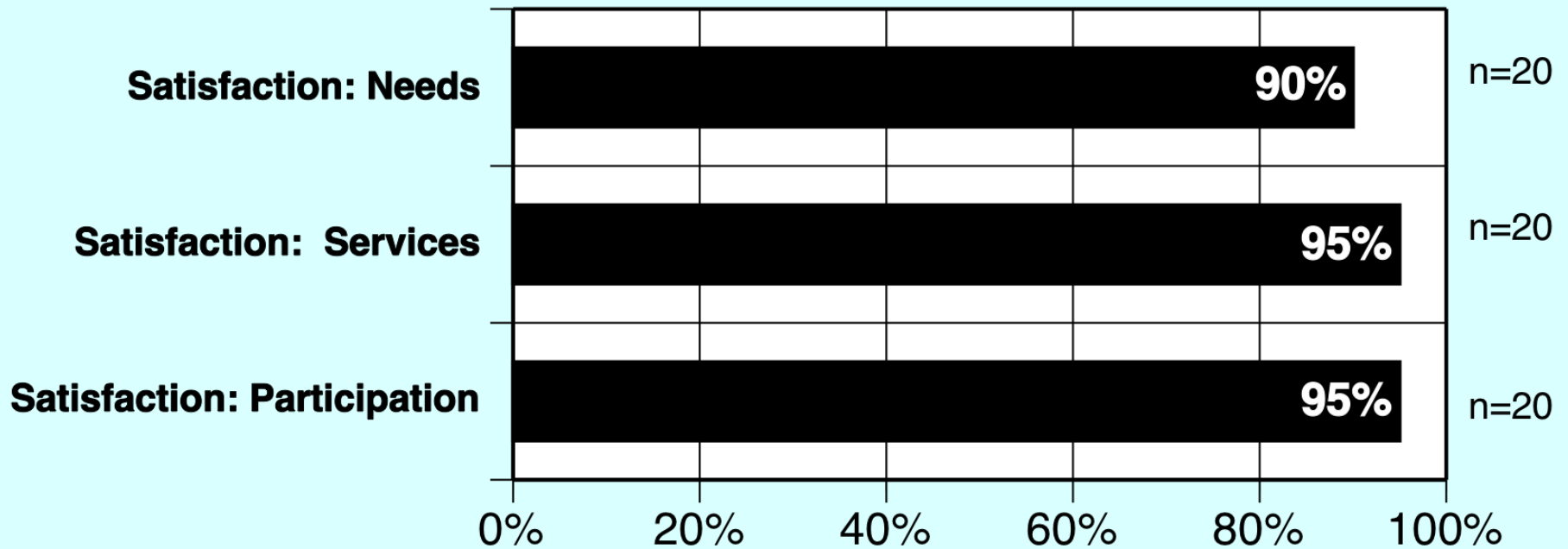
CSR Review, n=24

Western MA 9/2011

■ Percent favorable cases

Family Status

Satisfaction: Mother



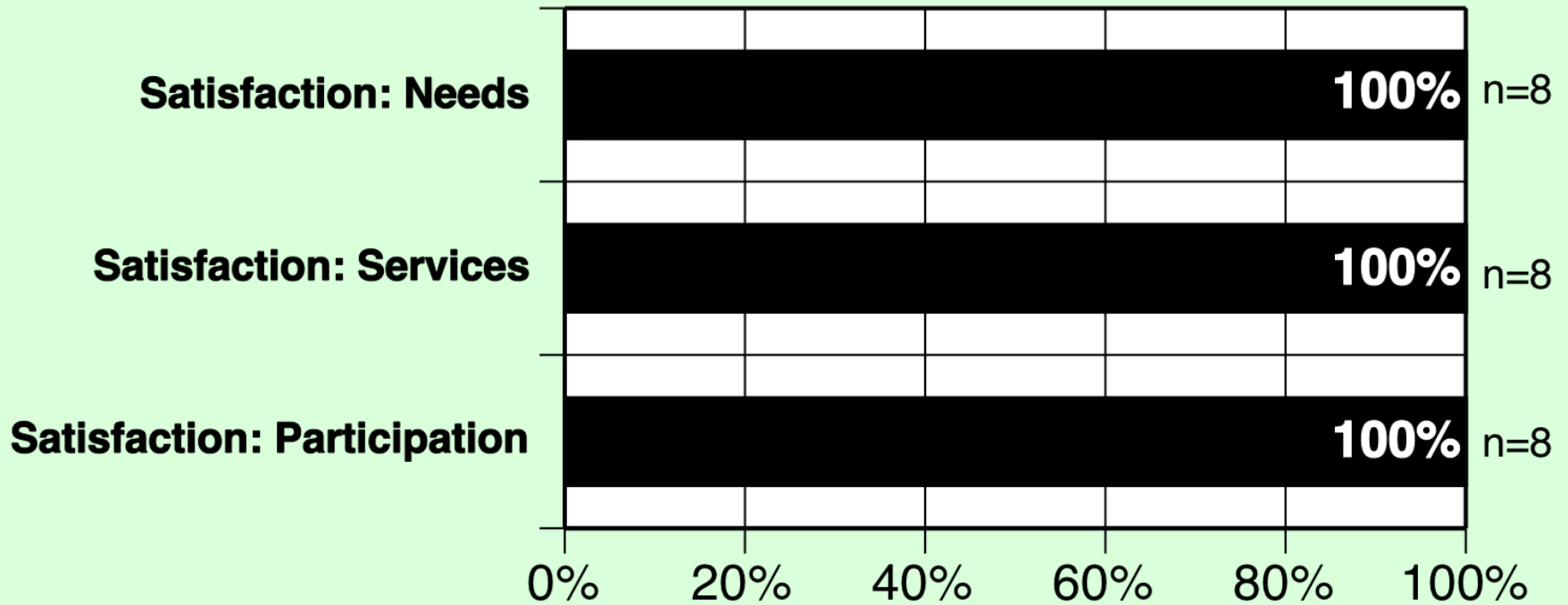
CSR Review, n=24

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■ Percent favorable cases

Family Status

Satisfaction: Father

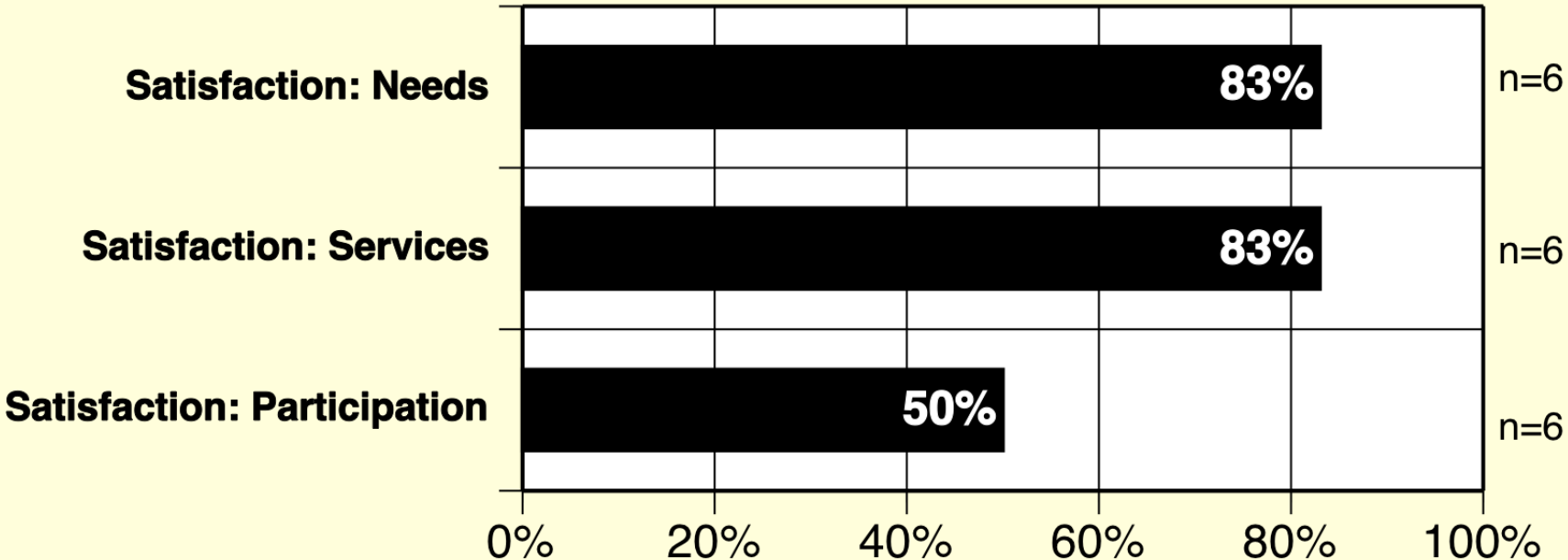


CSR Review, n=24

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Family Status

Satisfaction: Youth



CSR Review, n=24

Western MA 9/2011

■ Percent favorable cases

Youth Progress

Child/Youth Progress

Reduction: psych/beh symptoms

48%

n=23

Reduction: substance use

0%

n=3

Improved coping/self-mgt.

43%

n=23

School progress

67%

Work progress

0%

n=1

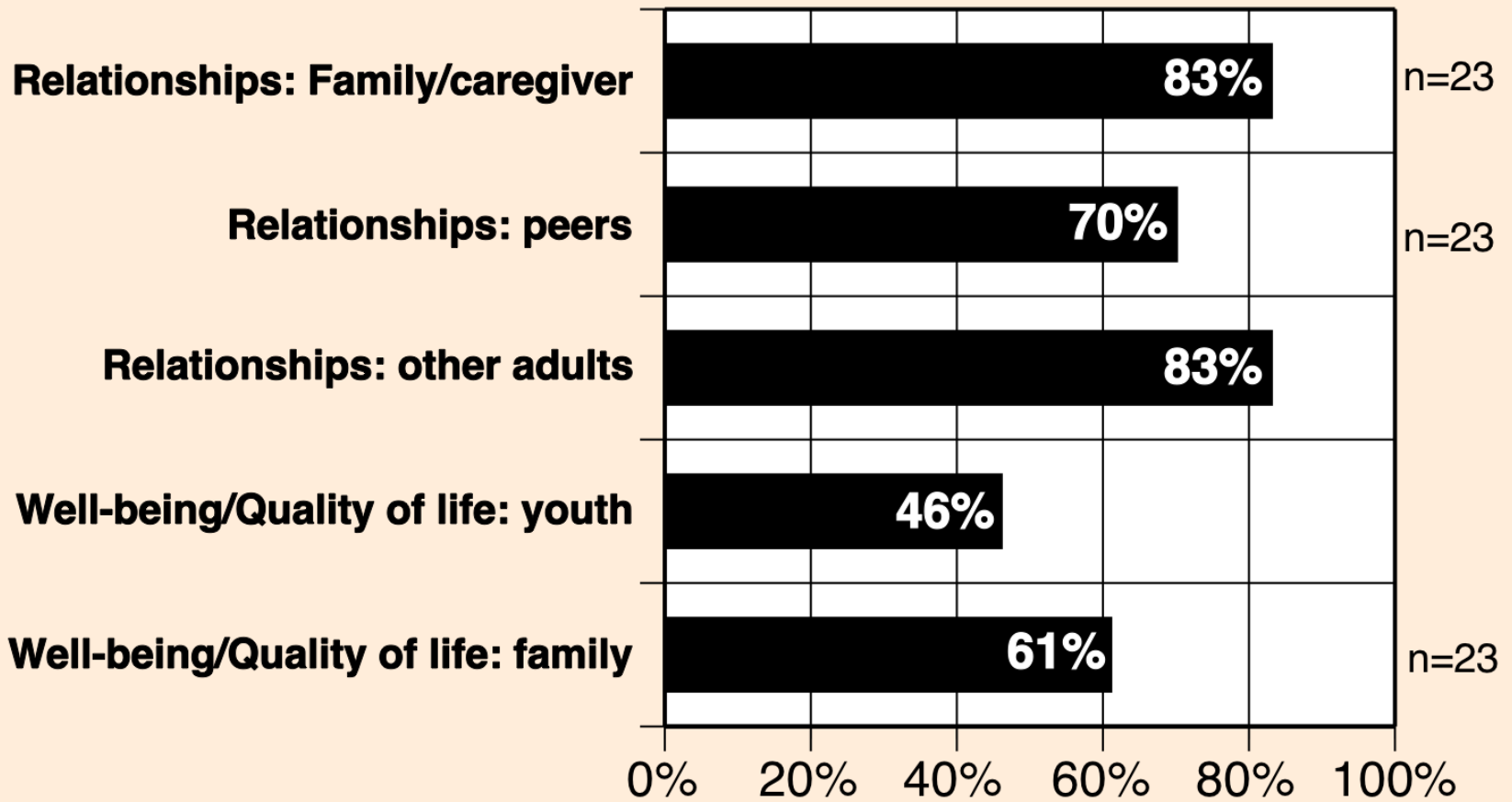
0% 20% 40% 60% 80% 100%

■ Percent favorable cases

CSR Review, n=24

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Child/Youth Progress Relationships/Well-being

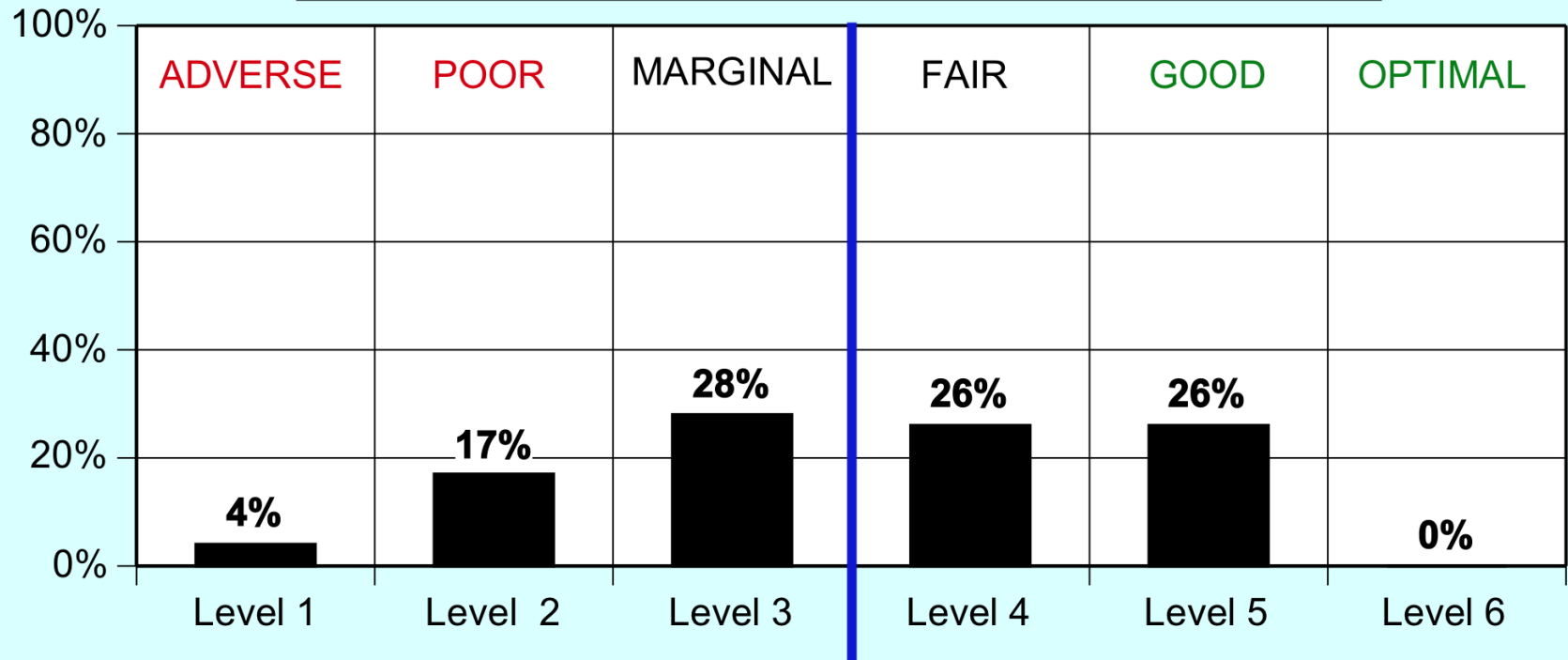


CSR Review, n=24

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■ Percent favorable cases

Overall Child/Youth Progress



CSR Review, n=24

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■ Percent of cases, n=23

IMPROVEMENT

REFINEMENT

MAINTENANCE

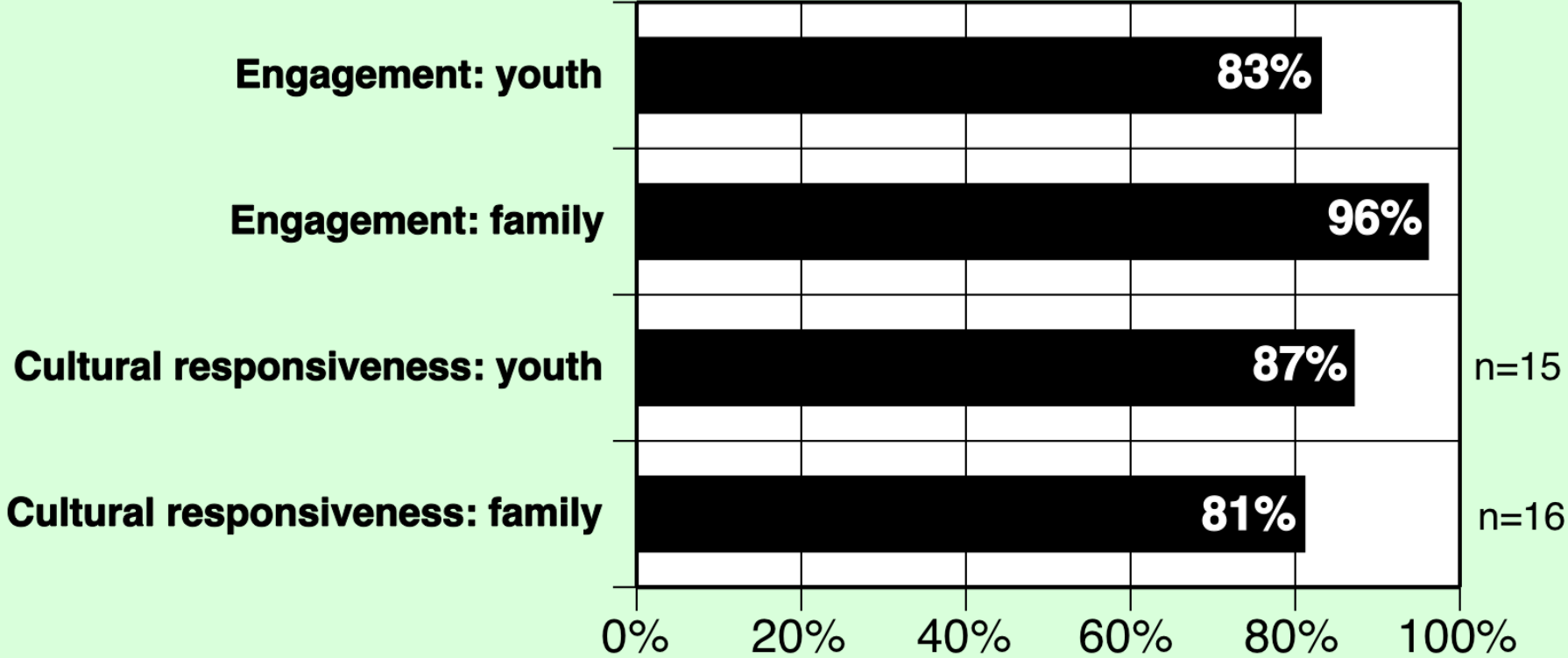
UNFAVORABLE

FAVORABLE

System/Practice Performance

Practice Performance

Engagement & Culture



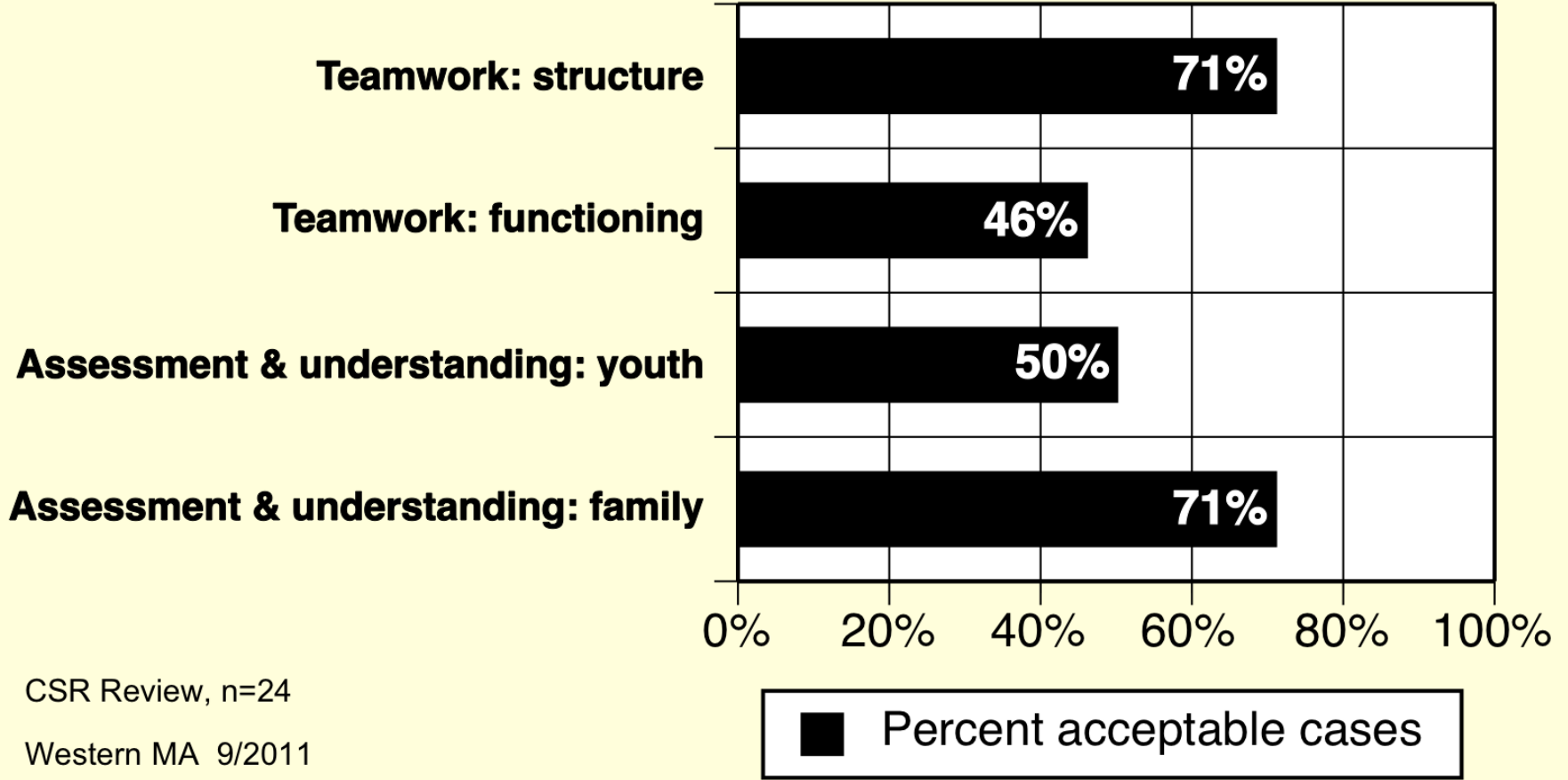
CSR Review, n=24

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■ Percent acceptable cases

Practice Performance

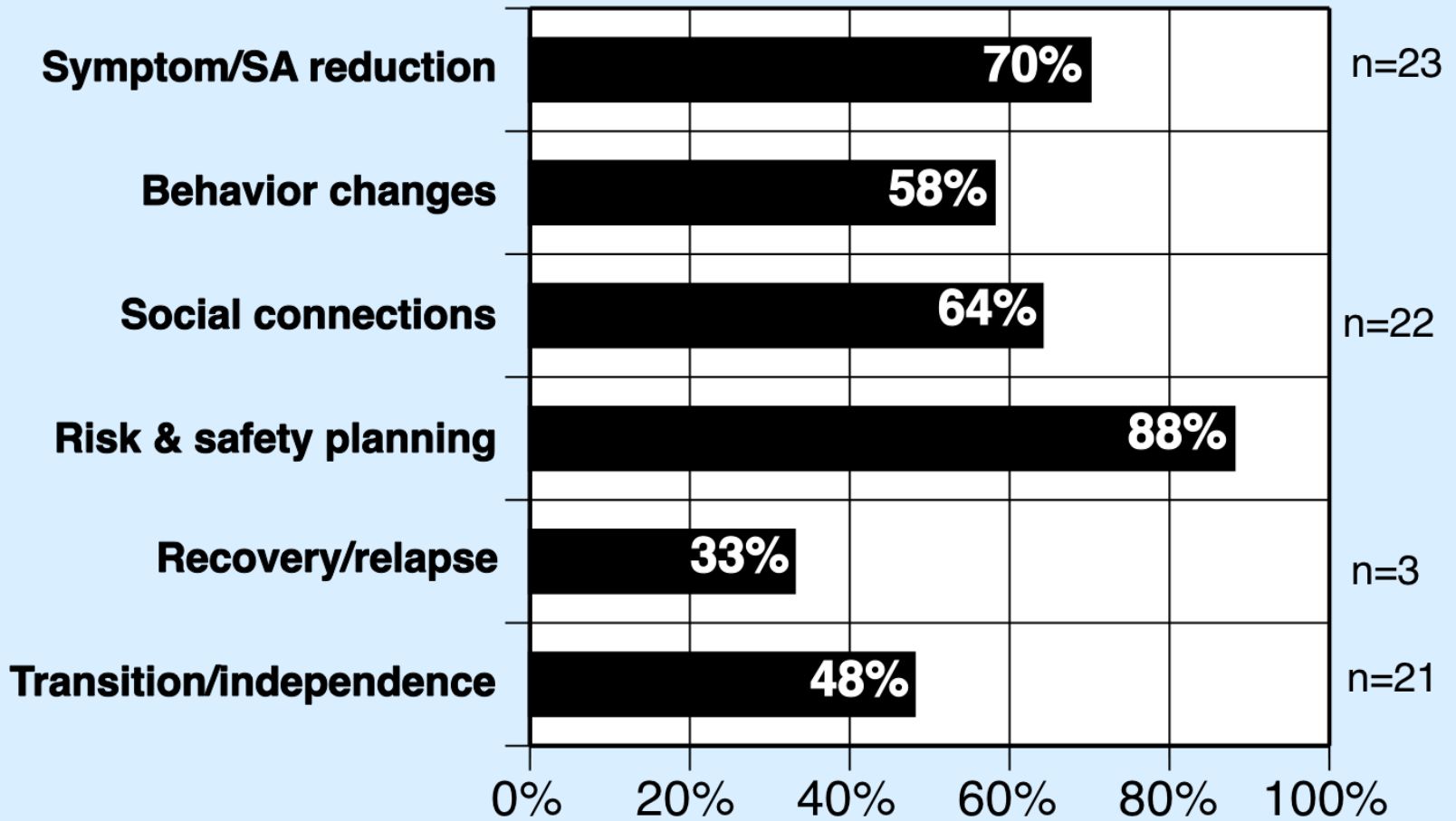
Teamwork & Assessment



CSR Review, n=24

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Practice Performance Intervention Planning

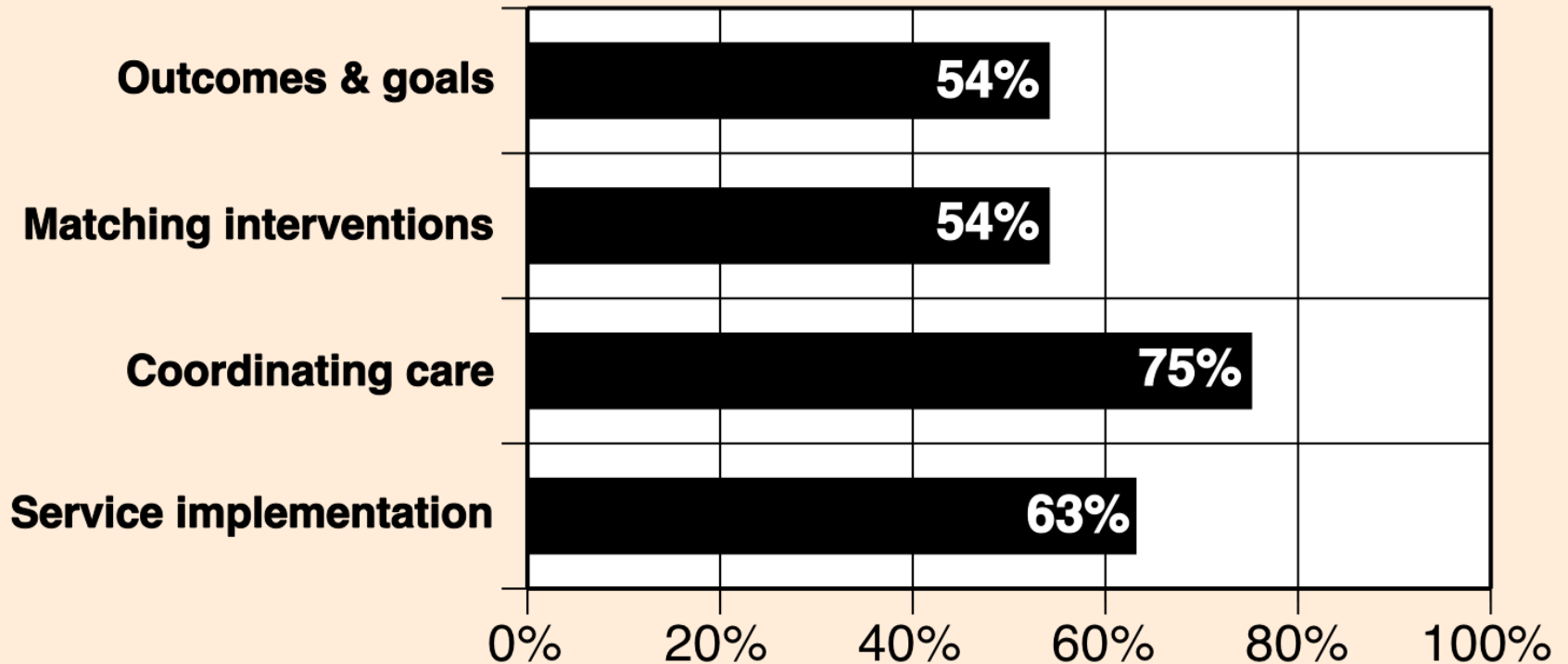


CSR Review, n=24

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■ Percent acceptable cases

Practice Performance Outcomes & Implementation



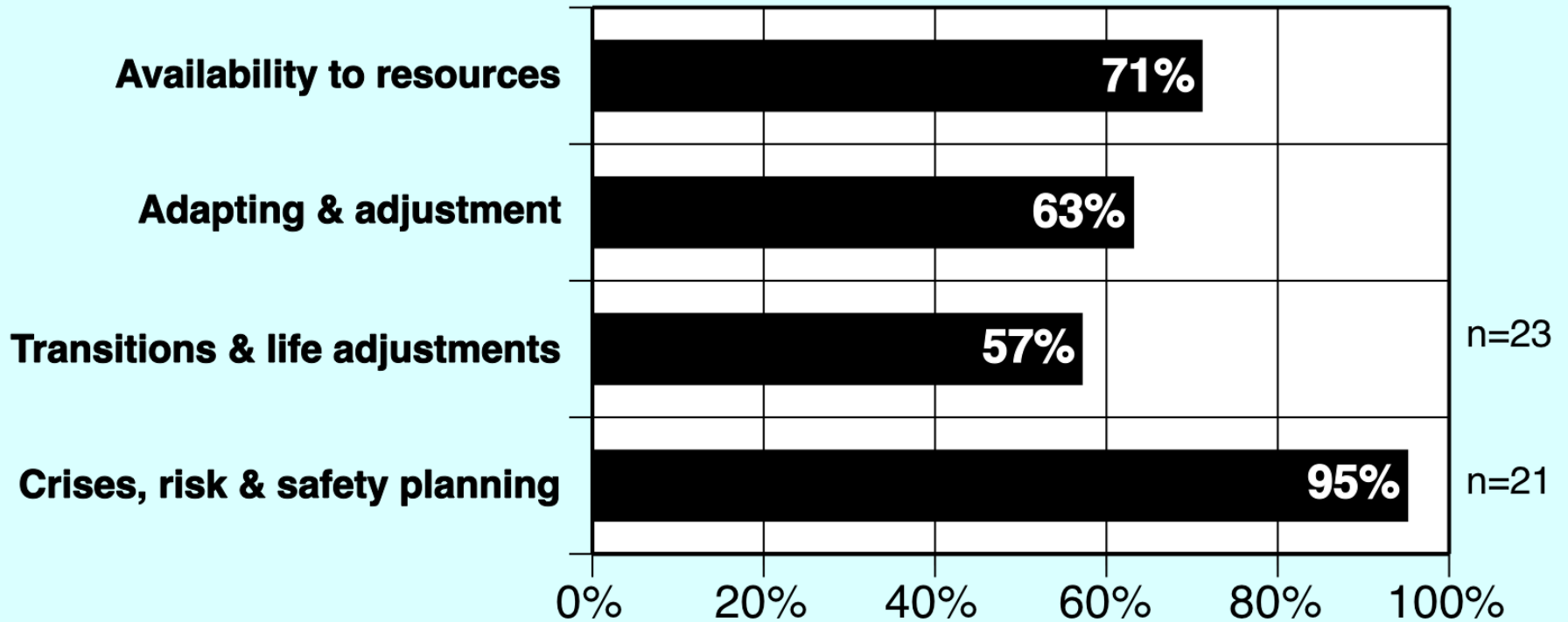
CSR Review, n=24

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■ Percent acceptable cases

Practice Performance

Resources & Life Adjustment

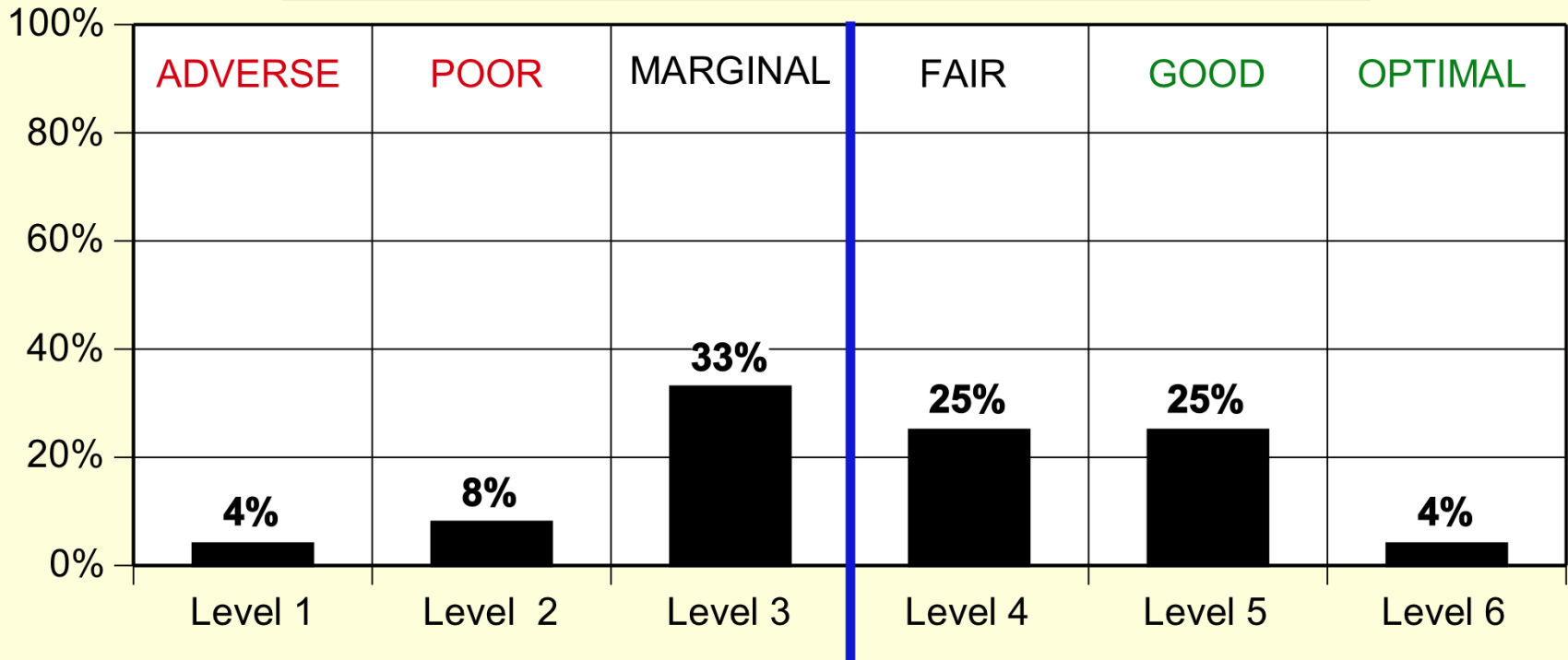


CSR Review, n=24

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■ Percent acceptable cases

Overall Practice Performance



CSR Review, n=24

Western MA 9/2011

■ Percent of cases

IMPROVEMENT

REFINEMENT

MAINTENANCE

UNACCEPTABLE

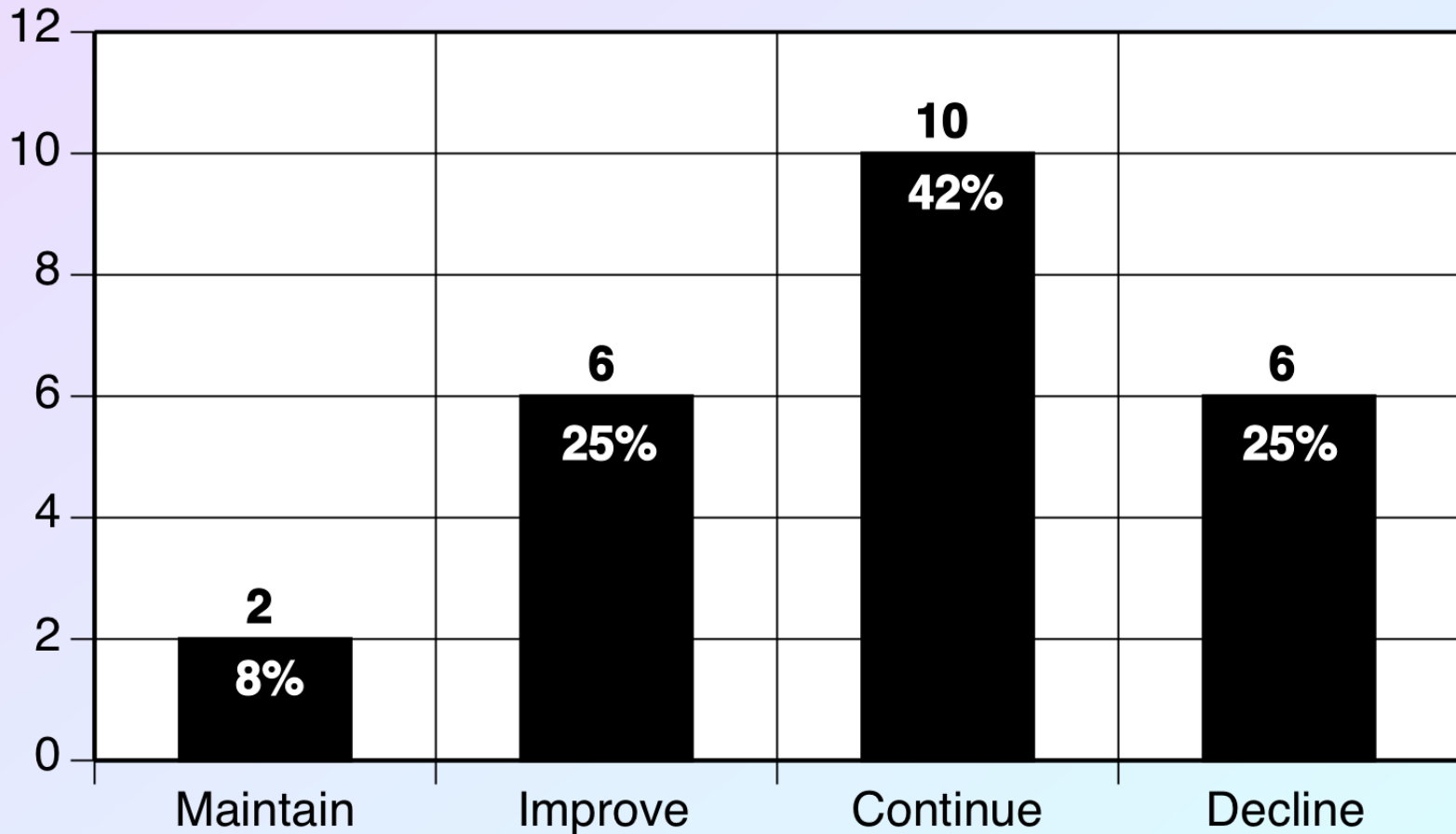
ACCEPTABLE

CSR Outcome Categories

Status of Child/Youth/Family

		Favorable Status	Unfavorable Status	
Acceptability of Service System Performance by Individual Youth	Acceptable System Performance	Outcome 1: Good status for child/youth/family, ongoing services acceptable. 50% (12 youth)	Outcome 2: Poor status for child/youth/family, ongoing services minimally acceptable but limited in reach or efficacy. 4% (1 youth)	54%
	Unacceptable System Performance	Outcome 3: Good status for child/youth/family, ongoing services mixed or unacceptable. 13% (3 youth)	Outcome 4: Poor status for child/youth/family, ongoing services unacceptable. 33% (8 youth)	46%
		63%	37%	

Six-Month Forecast



CSR Review, n=24

Western MA 9/2011



Number of Youth Reviewed

Strengths, Challenges and Opportunities for Improvement

Strengths

- Many teams engaged schools in the team-based process.
- Example of a program sharing building space with other providers including clinical and medical, which is facilitating collaboration and team building.
- A number of System of Care committees are successfully approaching problem-solving through a community-building approach

Strengths

- Many Family Partners were successfully engaging families and developing trusting relationships.
- Most of the parents and youth reviewed felt respected and that the care planning team was their “ally.”
- Many more youth have crisis plans as a component of their care plans.

Challenges

- CANS are being used in place of conducting a comprehensive assessment.
- Documentation of efforts were not consistently maximized in the client record
- Staff turnover in a number of agencies is limiting team building capacity and impacting continuity of care.
- Wait times for ICC services were excessive.
- A number of youth reviewed were impacted by waitlists for services. In particular, psychiatric services were difficult to access.
- There were delays for a number of youth between intake and their first receipt of services.

Challenges

- Lack of in-depth understanding of clinical/mental status of clients and integration of clinical/mental status on planning and service planning/ implementation
- Formulation of services are often misaligned due to lack of team understanding and/or integration of accurate, comprehensive clinical/mental status of clients
- As a result individualized goal setting is often simplistic and superficial given the issues of youth.
- Teaming and the ability of teams to work together to plan coordinate implementation of services, and manage transitions was weak for a number of the youth reviewed.

Challenges

- Teams may not know when to consider using IHBT services. In at least one case, it was stated that IHT services needed to be tried first before IHBT could be used.
- Teams sometimes did not fully have or understand the diagnostic picture, or what interventions to implement for youth with co-occurring PDD, serious cognitive impairments or other neurological dysfunctions.

Challenges

- TS staff on some of the IHT teams had a weak understanding of youth's mental health issues and lacked skills in therapeutic interventions.
- Outpatient providers were not consistently well-integrated into team based processes, or were not part of transition planning resulting in fragmented care.

Opportunities for Improvement

- Improve documentation to better ensure that client records reflect the depth and breadth of service provision and, equally importantly, collaboration of team and providers.
- Assure team meetings include as many providers and natural supports as possible as opposed to including only agency staff.
- Provide ongoing/recurrent education/training relative to the appropriate use of the CANS tool and data vs. a comprehensive clinical assessment

Opportunities for Improvement

- Train TS staff on IHT teams to better understand and recognize signs and symptoms of various childhood psychiatric disorders as well as concrete tools to utilize on common issues like setting limits and promoting follow through for parents.
- Better integrate outpatient and other clinical providers into teams and the CBHI processes. Assure when youth transition from ICC or IHT to outpatient therapists that there is adequate joint planning and transfer of information.

Opportunities for Improvement

- Assure each child has a current comprehensive assessment, and that the team understands and uses the information in combination with the CANS and the SNCD to inform their planning with the family.
- Assure the CANS and the SNCD are administered correctly.
- Revisit training for the various requirements for assessment, team planning, and coordination-continuously adjusting services as needed and assuring key elements of the practice model are being implemented with fidelity for each youth and family.

Opportunities for Improvement

- Better utilize the CSA psychiatrist for direct consultation to teams when teams are struggling to understand or plan interventions, especially for youth that are not progressing or are in crisis.
- Conduct discussions at the system management level to address staff turnover and staffing shortages across services (including ICC, IHT, IHBT, and psychiatry).