Rosie D. Community Services Review Northeastern Massachusetts

October 2011
Preliminary Results

Agenda

- 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:

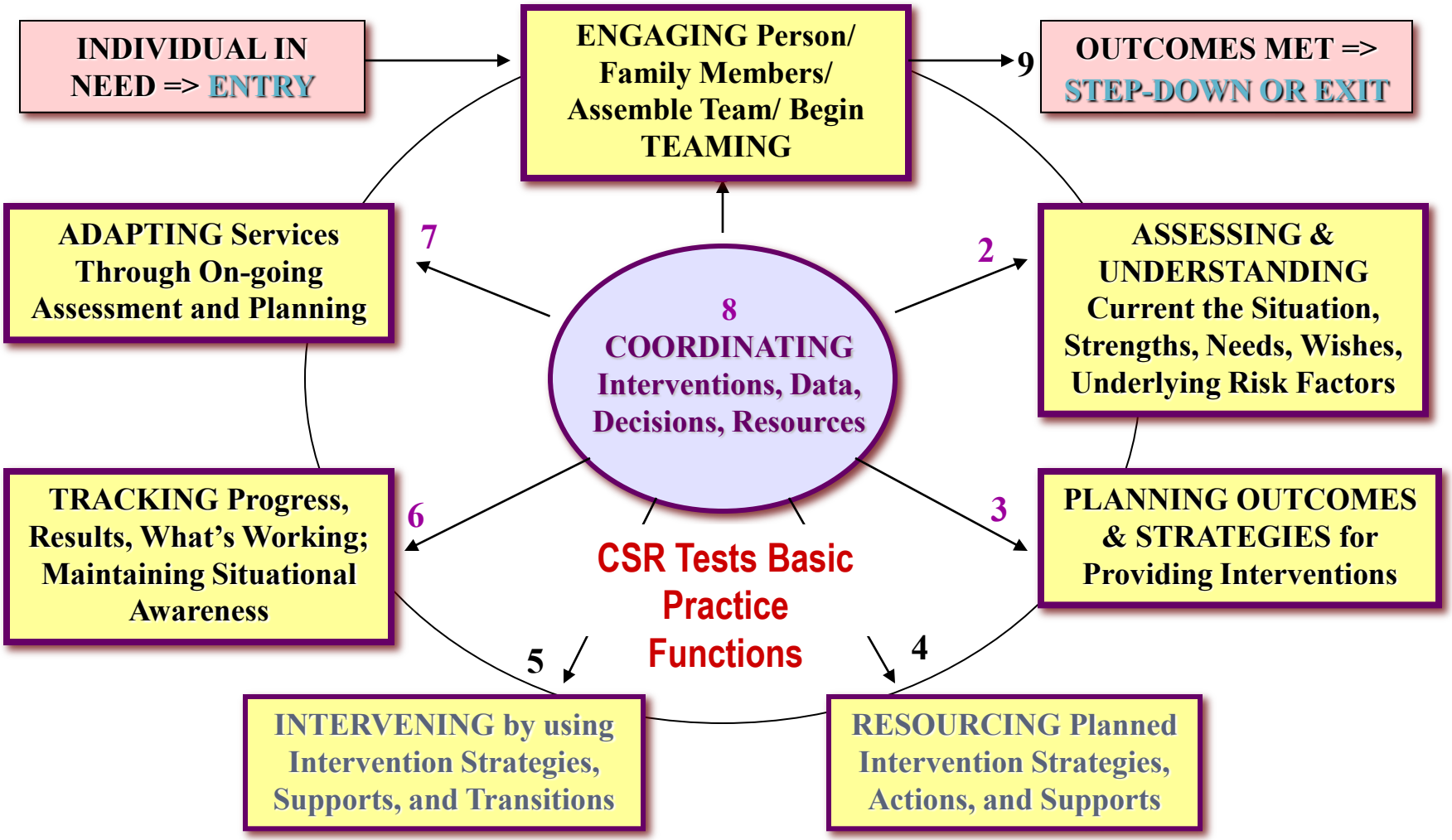
- How well is the system of services and practices for children and families performing?
- Are children and families benefiting from our efforts?

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 & SUCCESSES
- 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

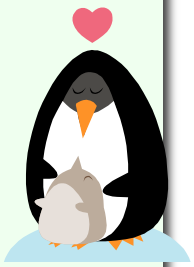
Child Status Indicators - 30 days

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

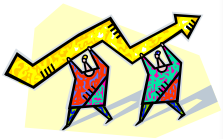
Family Status- 30 days

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.

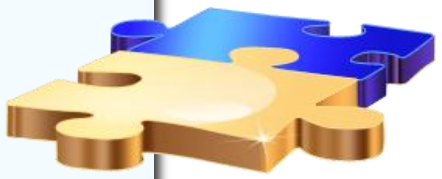
2 = **POOR STATUS** Status is now and may continue to be poor and unacceptable. The person may seem to be "stuck" or "lost" with status not improving. Any risks may be mild to serious.

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.

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

Numbers Interviewed

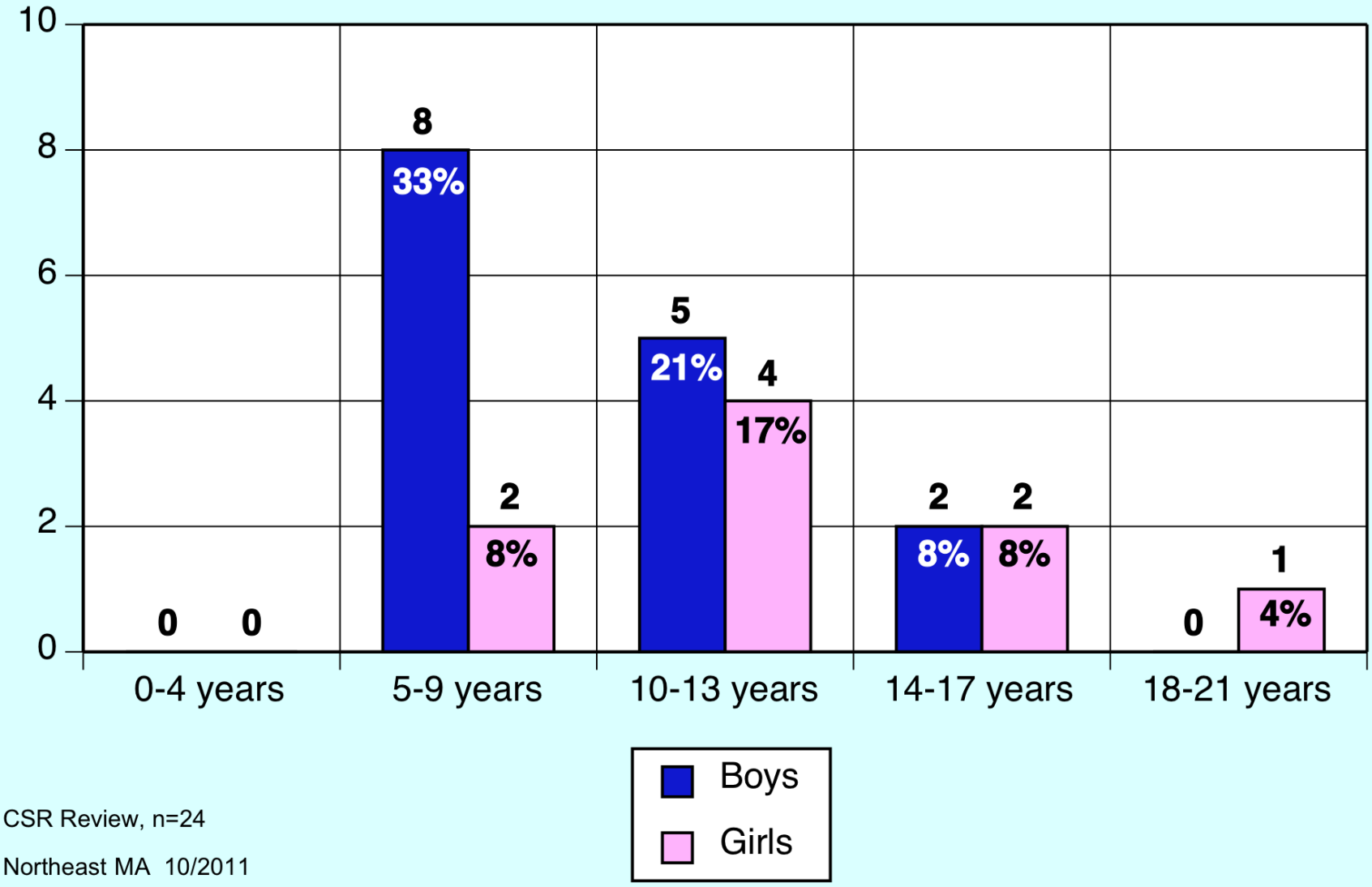
Child Status and Performance Profile - Number of Interviews

Number of cases: 24 MA Northeast Review Oct 2011

Number of Interviews

Total number of interviews	176
Average number of interviews	7.3
Minimum number of interviews	3
Maximum number of interviews	12

Age and Gender



CSR Review, n=24

Northeast MA 10/2011

Sample Distribution: ICC/IHT

Child Status and Performance Profile - Case Type Frequency

Number of cases: 24

Case Type	Number	Percent
ICC	15	63%
IHT	9	38%
	24	100%

Placement at time of review

Child Status and Performance Profile - Current Placement Frequency

Number of cases: 24 MA Northeast Review Oct 2011

Type of Current Placement	Number	Percent
Family bio./adopt. home	19	79%
Kinship/relative home	2	8%
Foster home	1	4%
CBAT	1	4%
Pre-independent	1	4%
	24	100%

Placement Changes Over the Last Year

Child Status and Performance Profile - Placement Changes Frequency

Number of cases: 24 MA Northeast Review Oct 2011

Placement Changes (past 12 months)	**Number**	**Percent**
None	14	58%
1-2 placements	6	25%
3-5 placements	4	17%
	24	100%

Youths' Ethnicity

Child Status and Performance Profile - Ethnicity Frequency

Number of cases: 24 MA Northeast Review Oct 2011

Ethnicity	Number	Percent
Euro-American	14	58%
African-American	1	4%
Latino-American	6	25%
Biracial	1	4%
Haitian	2	8%
	24	100%

Language spoken at home

Child Status and Performance Profile - Language Spoken Frequency

Number of cases: 24 MA Northeast Review Oct 2011

Primary Language Spoken at Home	Number	Percent
English	22	92%
English & Port.	1	4%
English & Spanish	1	4%
	24	100%

Co-occurring conditions

Child Status and Performance Profile - Co-Occurring Condition Frequency

Number of cases: 24 MA Northeast Review Oct 2011

Co-Occurring Condition	Number	Percent
Mood Disorder	15	63%
Anxiety Disorder	4	17%
PTSD/Adjustment to Trauma	8	33%
Thought Disorder/Psychosis	2	8%
ADD/ADHD	16	67%
Anger Control	16	67%
Substance Abuse/Dependence	1	4%
Learning Disorder	8	33%
Communication Disorder	5	21%
Autism	0	0%
Disruptive Behavior Disorder (CD, ODD)	4	17%
Mental Retardation	2	8%
Medical Problem	6	25%
Other Disability/Disorder	1	4%
Other	0	0%

Legal Permanency Status

Child Status and Performance Profile - Legal Permanency Frequency

Number of cases: 24 MA Northeast Review Oct 2011

Legal Permanency Status	Number	Percent
Birth family	19	79%
Adopted family	1	4%
Foster care	1	4%
Permanent guardianship	1	4%
Permanent guardianship split with DCF	1	4%
Self	1	4%
	24	100%

Referral Sources

Child Status and Performance Profile - Referral Source

Number of cases: 24 MA Northeast Review Oct 2011

Referral Source	Number	Percent
Hospital	2	8%
Crisis Services	1	4%
School	3	13%
Family	4	17%
DCF	4	17%
Outpatient	5	21%
CBAT/Italian home	1	4%
CSA	1	4%
Head Start	1	4%
ICC	1	4%
In-home Therapist	1	4%
	24	100%

Educational Placement

Child Status and Performance Profile - Educational Placement Frequency

Number of cases: 24 MA Northeast Review Oct 2011

Educational Placement or Life Situation	Number	Percent
Regular K-12 Ed.	5	21%
Full inclusion	3	13%
Part-time Sp. Ed.	0	0%
Self-cont. Sp. Ed.	10	42%
Parenting teen	0	0%
Adult basic/GED	1	4%
Alternative Ed.	4	17%
Vocational Ed.	0	0%
Expelled/Suspended	0	0%
Home hospital	0	0%
Day treatment program	0	0%
Work	0	0%
Completed/graduated	1	4%
Dropped-out	0	0%
Other	4	17%

Agencies Involved

Child Status and Performance Profile - Agencies Involved Frequency

Number of cases: 24 MA Northeast Review Oct 2011

Agencies Involved	Number	Percent
DCF	8	33%
DMH	1	4%
Special Ed	14	58%
Early intervention	0	0%
Developmental disabilities	1	4%
DYS	0	0%
Probation	3	13%
Vocational Rehabilitation	0	0%
Substance abuse	0	0%
Other	3	13%

Psychotropic Medications

Child Status and Performance Profile - Psy Meds Frequency

Number of cases: 24 MA Northeast Review Oct 2011

Number of Psy Meds	Number	Percent
No psy meds	8	33%
1 psy med	4	17%
2 psy meds	5	21%
3 psy meds	4	17%
4 psy meds	3	13%
	24	100%

Current Mental Health Assessment

Child Status and Performance Profile - Mental Health Assessment

Number of cases: 24 MA Northeast Review Oct 2011

MH assessment performed	Number	Percent
Yes	17	71%
No	7	29%
	24	100%

Who received the assessment

Child Status and Performance Profile - Received Mental Health Assessments

Number of cases: 24 MA Northeast Review Oct 2011

Received MH Assessments	Number	Percent
Parent	5	21%
Education	0	0%
Court	0	0%
Child Welfare	1	4%
DOC	0	0%
Not applicable	7	29%
Not Distributed	10	42%
Other	4	17%

Used Crisis Services in the Past 30 Days

Child Status and Performance Profile - Crisis Services Used Frequency

Number of cases: 24 MA Northeast Review Oct 2011

Crisis Services Used Past 30 Days	Number	Percent
Mobile crisis	2	8%
911 Emergency call: EMS	0	0%
911 Emergency call: Police	0	0%
Emergency department	1	4%
Other	0	0%
None	22	92%

Length of time case open

Child Status and Performance Profile - Case Open Frequency

Number of cases: 24 MA Northeast Review Oct 2011

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

Caregiver Challenges

Child Status and Performance Profile - Caregiver Challenges Frequency

Number of cases: 24 MA Northeast Review Oct 2011

Challenges in the Child's Birth Family or Adoptive Family	Number	Percent
Limited cognitive abilities	3	13%
Serious mental illness	7	29%
Substance abuse impairment or serious addiction w/ frequent relapses	3	13%
Domestic violence	2	8%
Serious physical illness or disabling physical condition	5	21%
Unlawful behavior or is incarcerated	1	4%
Adverse effects of poverty	12	50%
Extraordinary care burdens	7	29%
Cultural/language barriers	1	4%
Undocumented	0	0%
Teen parent	0	0%
Recent life disruption/homelessness due to a natural disaster	0	0%
Other	5	21%

Caseloads

Child Status and Performance Profile - CM Current Caseload Frequency

Number of cases: 23 MA Northeast Review Oct 2011

CM Current Caseload Size	Number	Percent
<8 cases	4	17%
9-10 cases	5	22%
11-12 cases	3	13%
13-14 cases	5	22%
15-16 cases	3	13%
17-18 cases	2	9%
>18 cases	1	4%
	23	100%

Barriers affecting service provision

Child Status and Performance Profile - Barriers Affecting Case or Services

Number of cases: 24 MA Northeast Review Oct 2011

Barriers Affecting Case Management or Services	Number	Percent
Caseload size	4	17%
Eligibility/access denied	2	8%
Inadequate parent support	4	17%
Inadequate team member participation	6	25%
Family disruptions	3	13%
Billing requirements/limits	10	42%
Case complexity	7	29%
Treatment compliance	4	17%
Team member follow-thru	4	17%
Acute care needs	4	17%
Driving time to services	4	17%
Culture/language barriers	4	17%
Refusal of treatment	3	13%
Family instability/moves	7	29%
Arrest/detention of child/youth	1	4%
Other	4	17%

Other Barriers

Child Status and Performance Profile - Barriers Affecting CM - Other

Number of cases: 24 MA Northeast Review Oct 2011

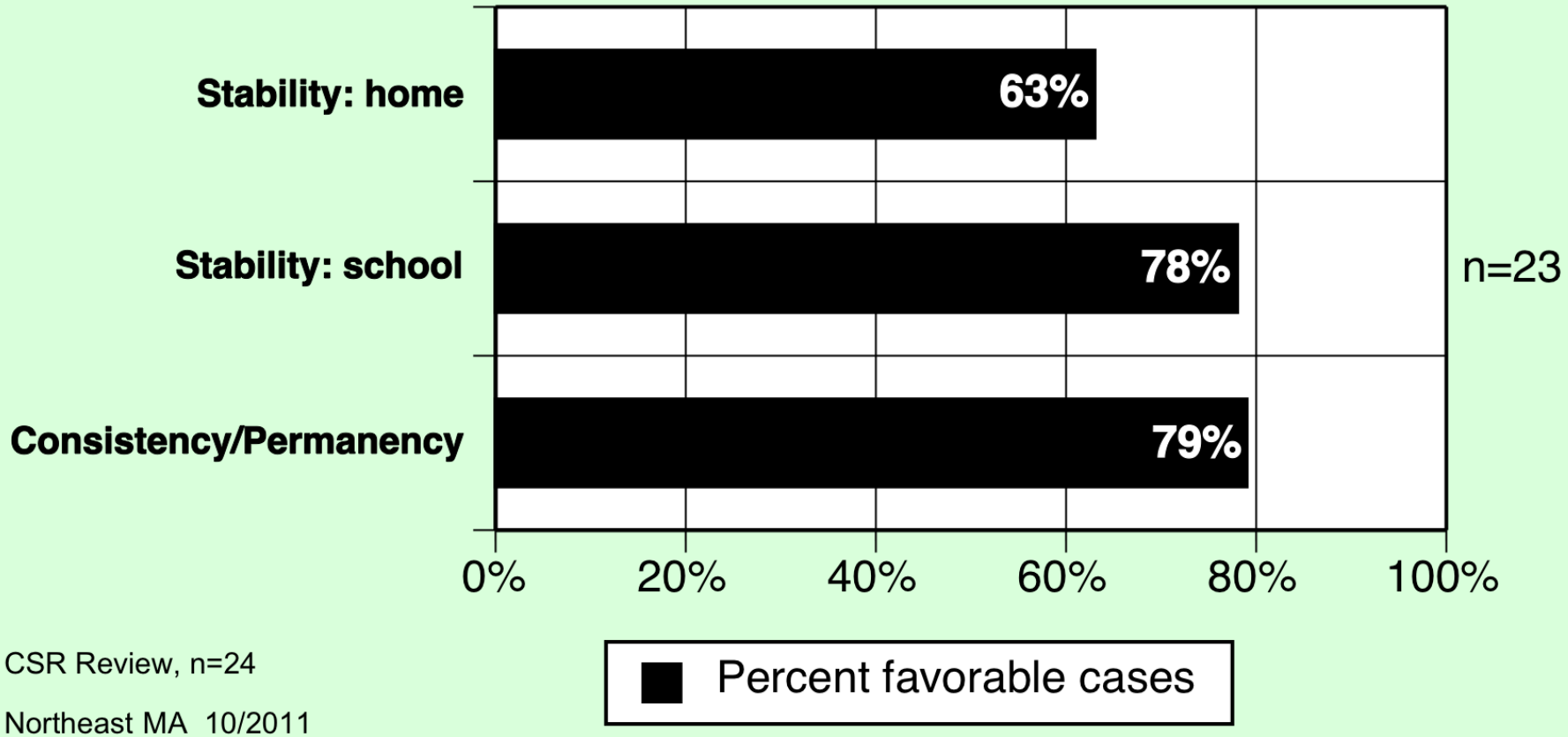
Other - Barriers Affecting Case Management or Services

1. Team members not given specific tasks.
2. Provider instability/turnover
3. Productivity, wait list for services
4. No shows

Youth Status

N=24

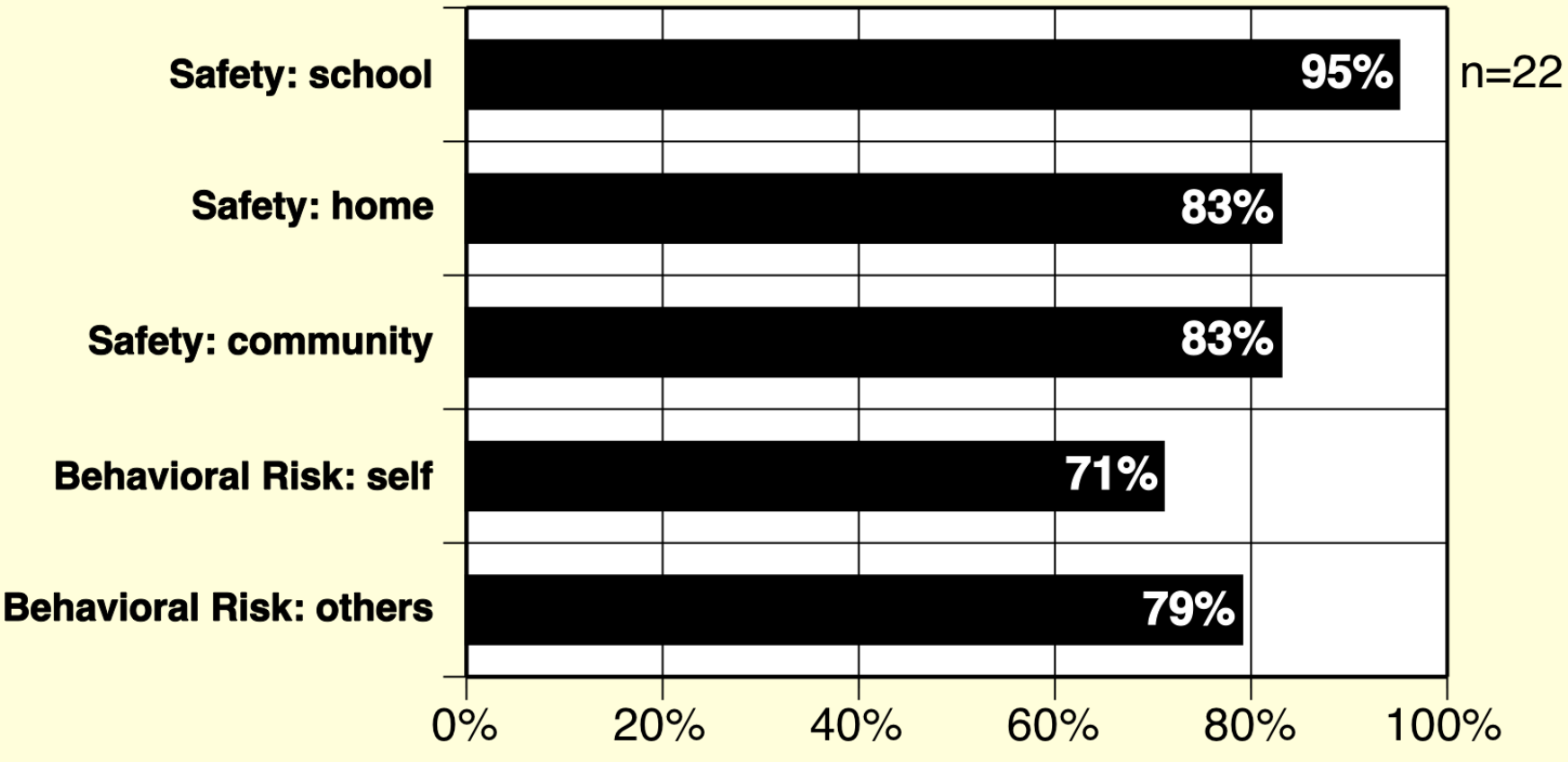
Child/Youth Status
Stability and Consistency/Permanency



CSR Review, n=24

Northeast MA 10/2011

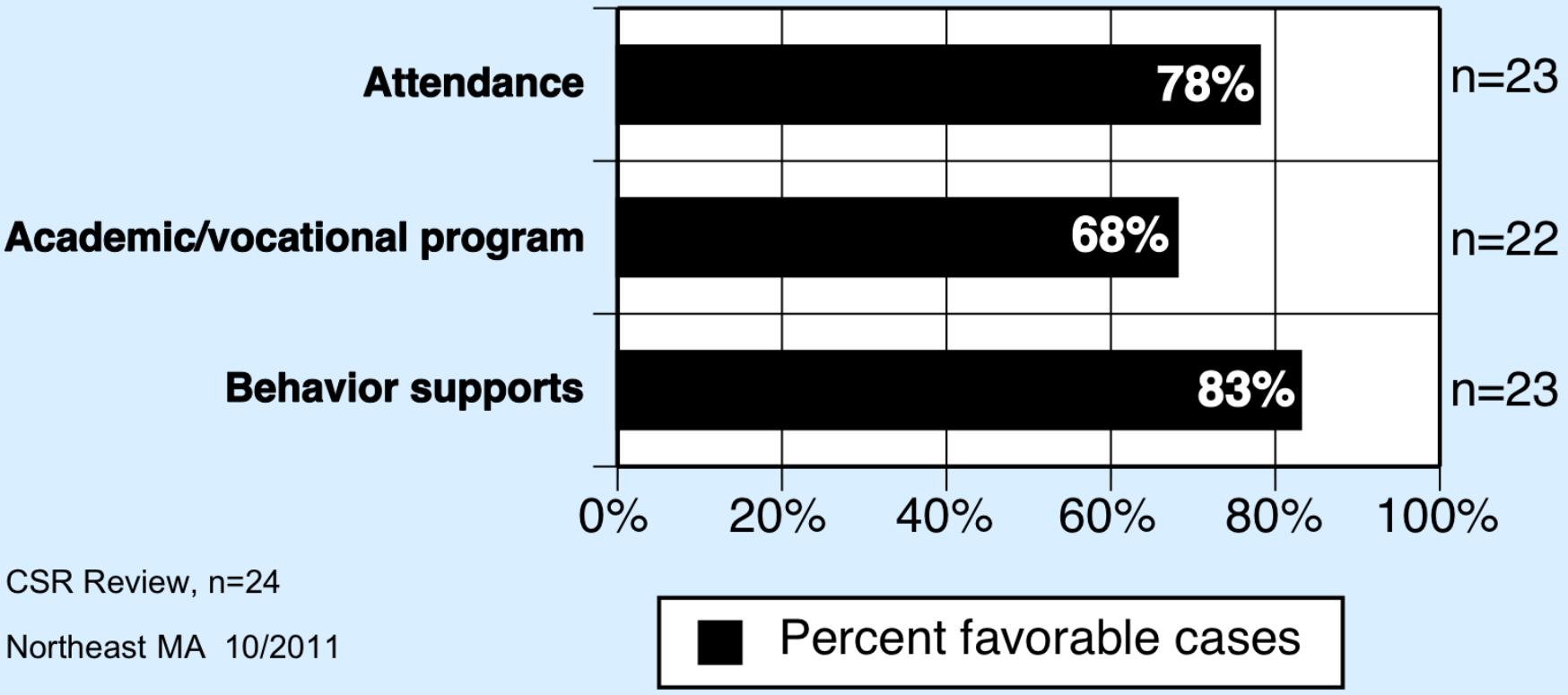
Child/Youth Status
Safety and Risk



CSR Review, n=24

Northeast MA 10/2011

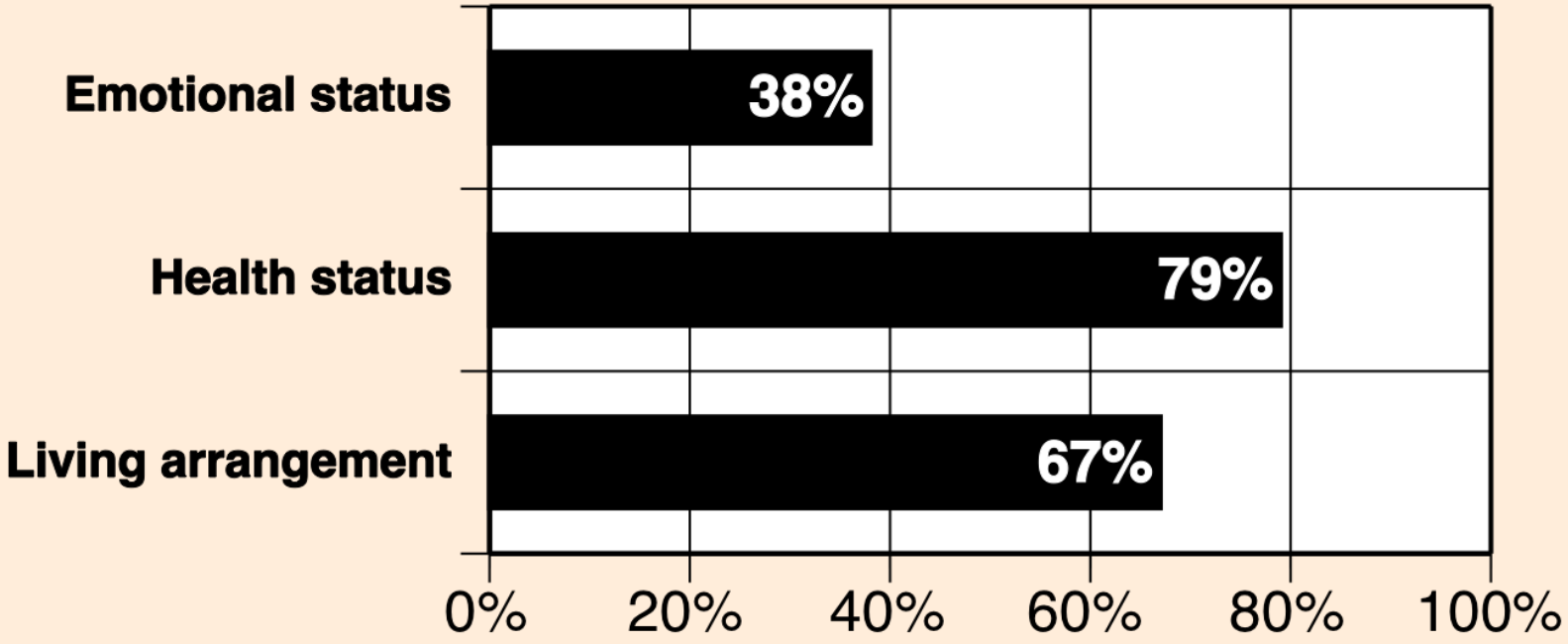
Child/Youth Status
Educational Status



CSR Review, n=24

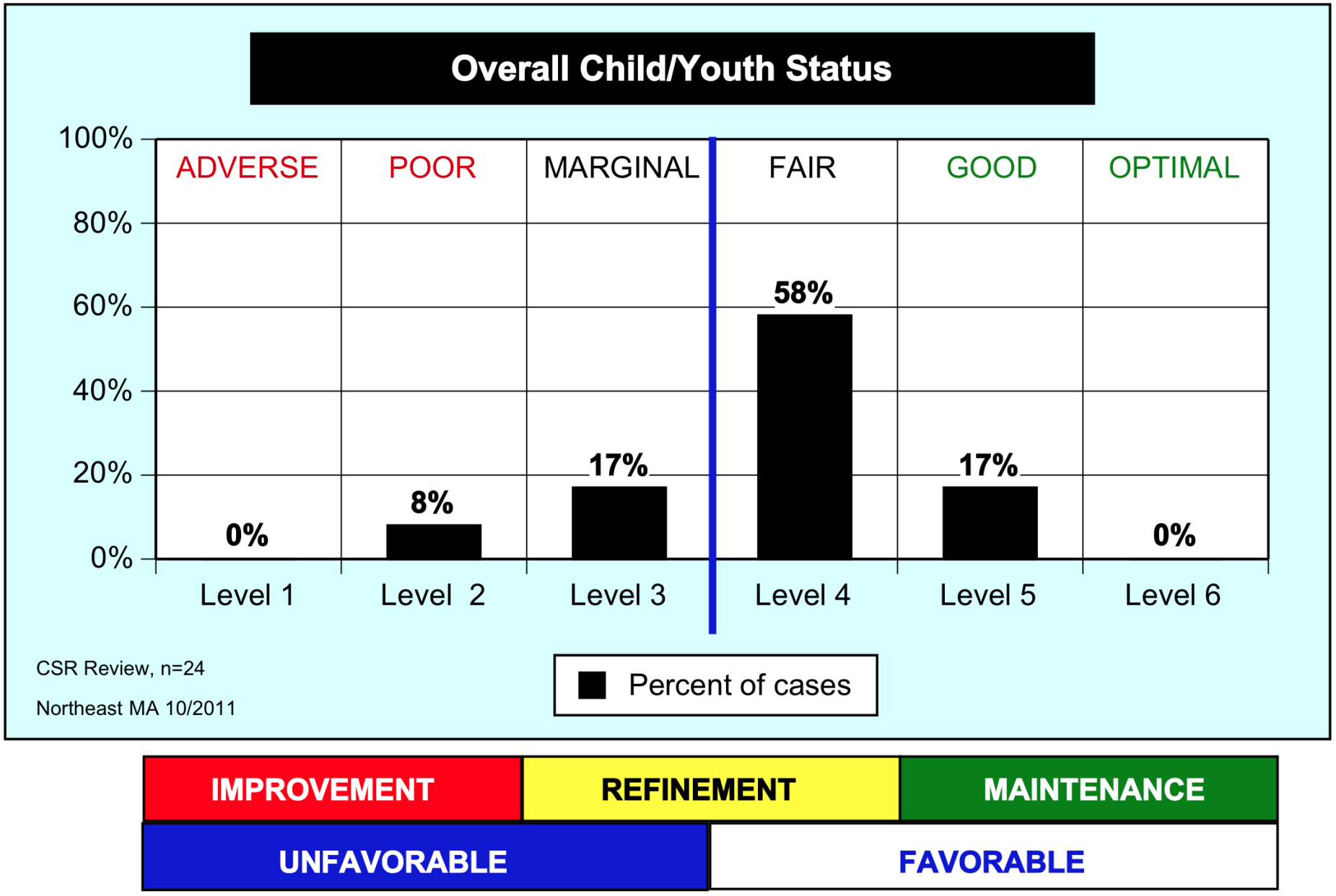
Northeast MA 10/2011

Child/Youth Status
Well-being



CSR Review, n=24

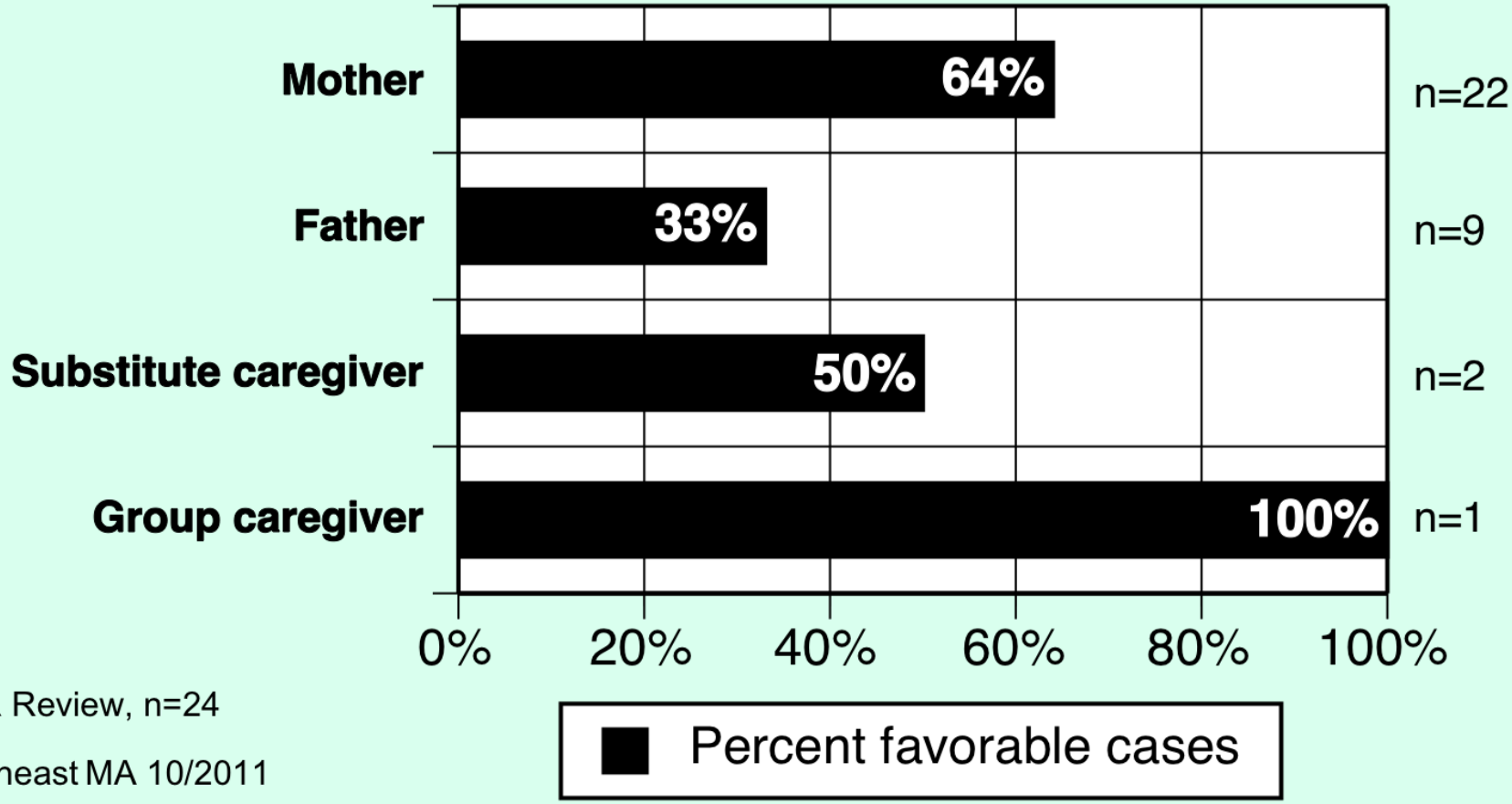
Northeast MA 10/2011


Overall Child/Youth Status
100%
80%
60%
40%
20%
0%
ADVERSE
POOR
MARGINAL
FAIR
GOOD
OPTIMAL
0%
8%
17%
58%
17%
0%
Level 1
Level 2
Level 3
Level 4
Level 5
Level 6
CSR Review, n=24
Northeast MA 10/2011
Percent of cases

IMPROVEMENT
REFINEMENT
MAINTENANCE
UNFAVORABLE
FAVORABLE

Family Status

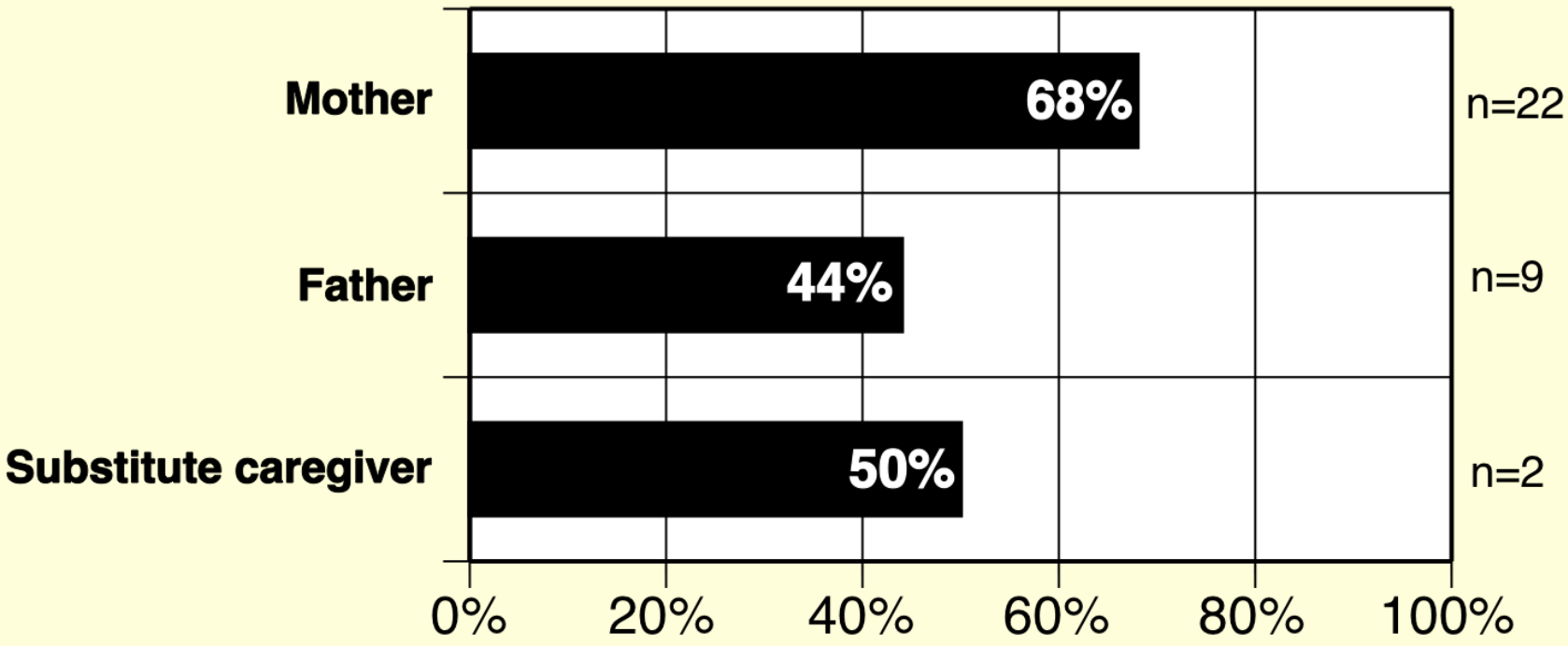
Family Status
Caregiver Support of the Child/Youth



CSR Review, n=24

Northeast MA 10/2011

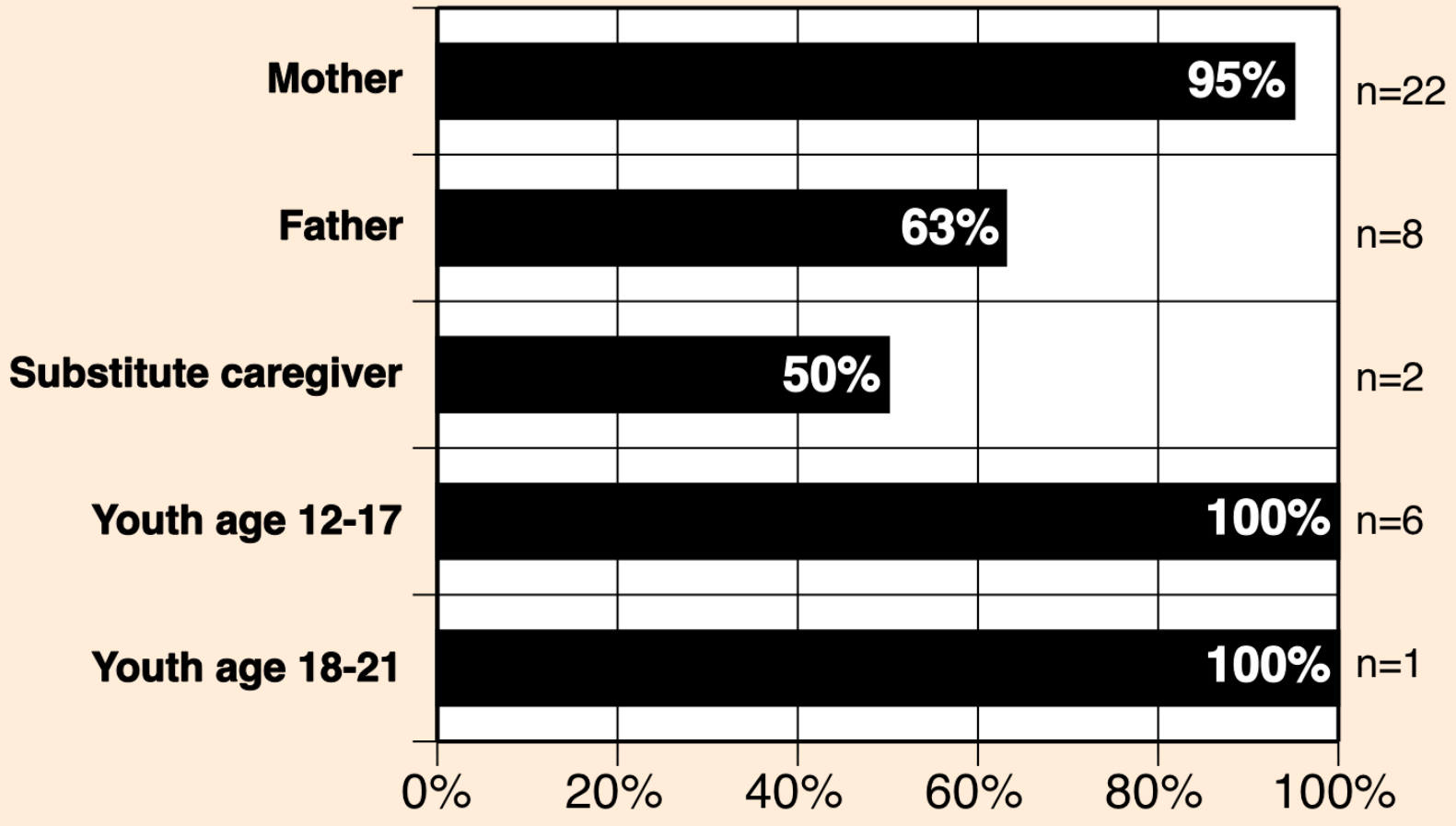
Family Status
Challenges



CSR Review, n=24

Northeast MA 10/2011

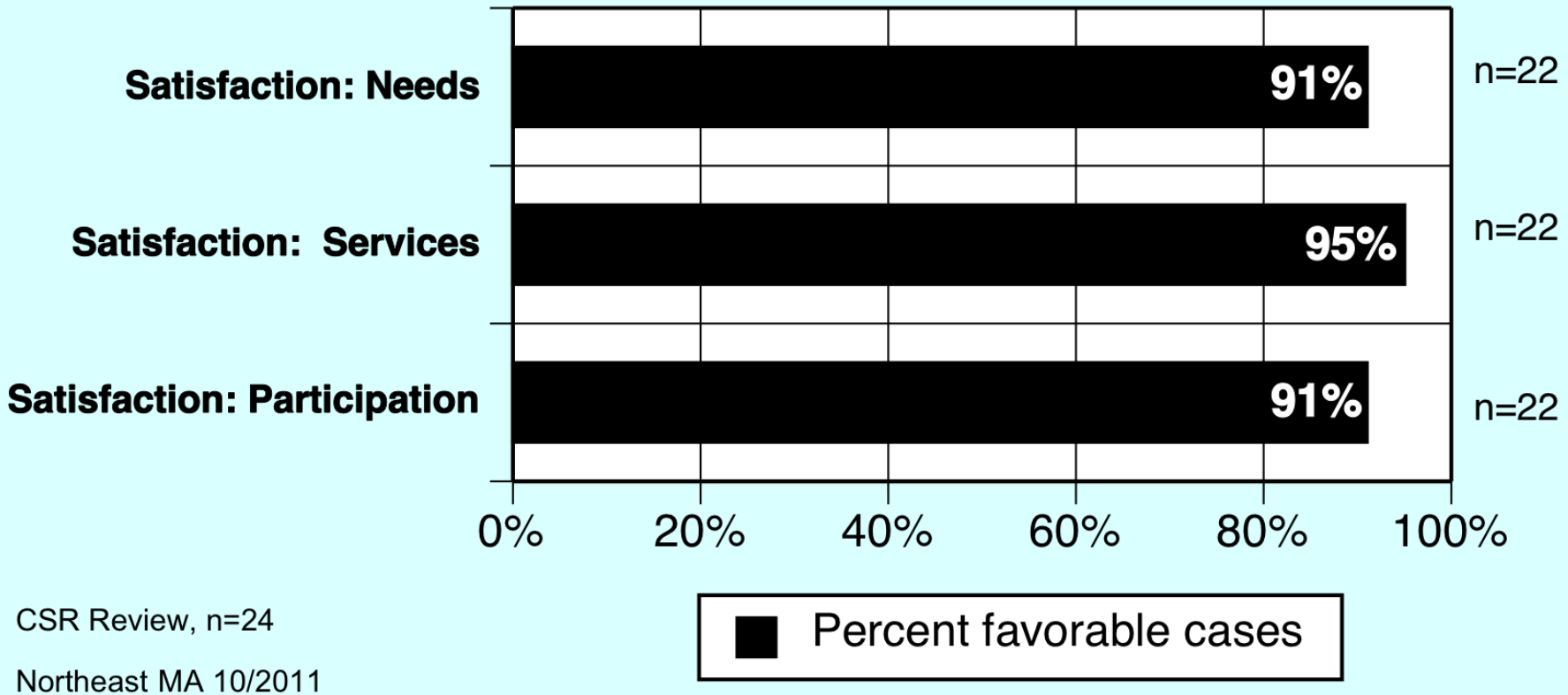
Family Status
Voice and Choice



CSR Review, n=24

Northeast MA 10/2011

Family Status
Satisfaction: Mother



CSR Review, n=24

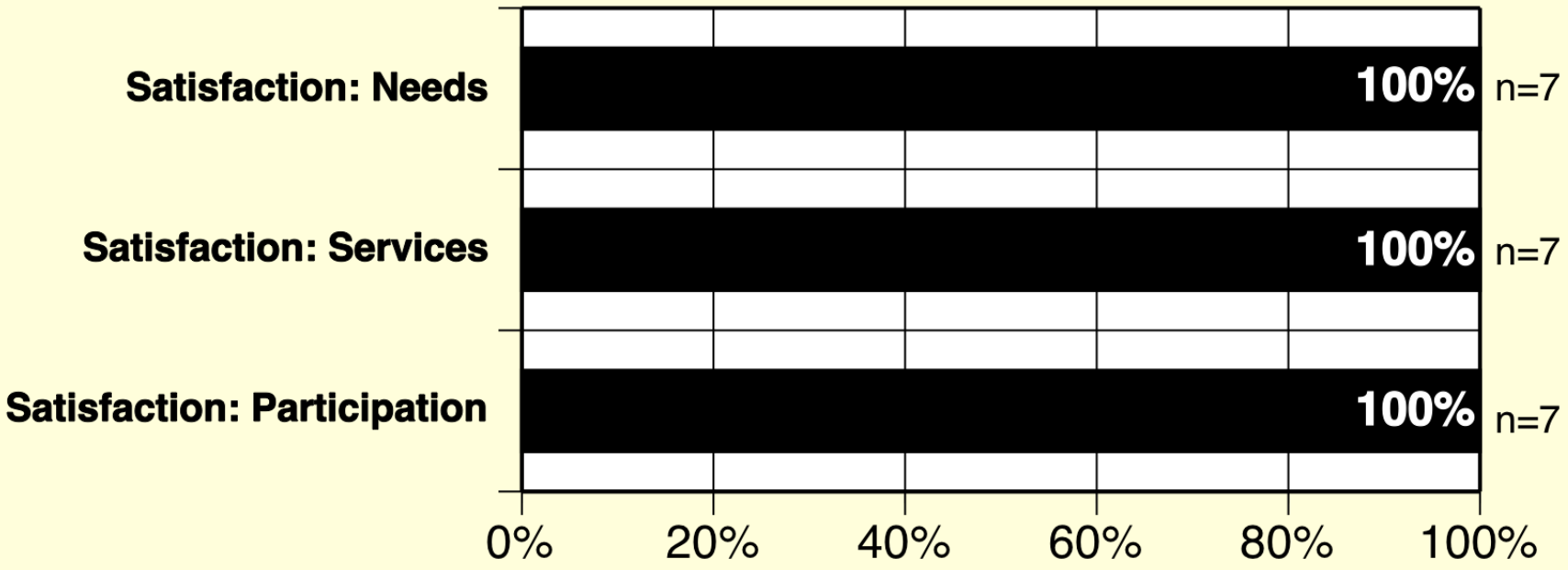
Northeast MA 10/2011

Family Status
Satisfaction: Father

CSR Review, n=24

Northeast MA 10/2011

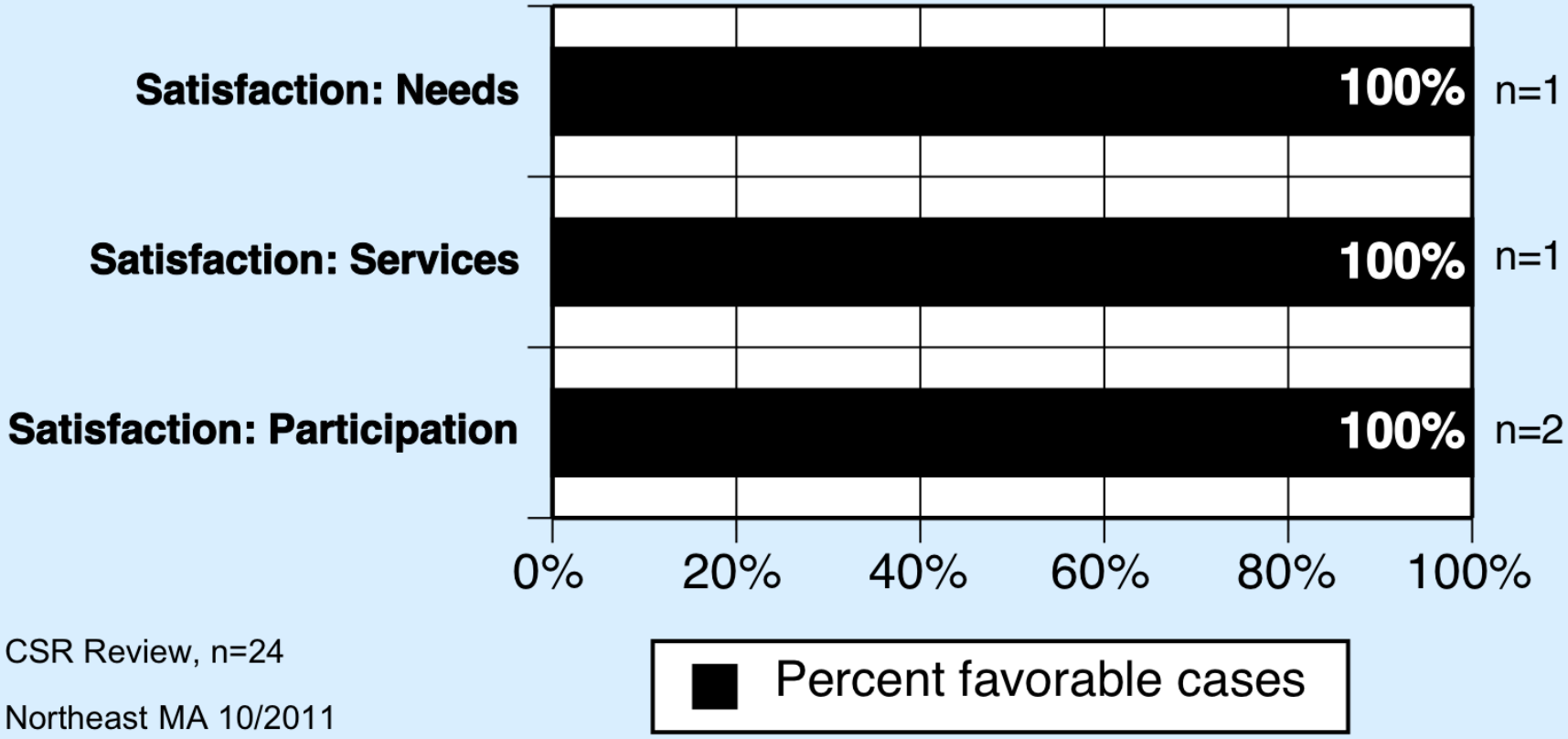
Family Status
Satisfaction: Youth



CSR Review, n=24

Northeast MA 10/2011

Family Status
Satisfaction: Substitute Caregiver

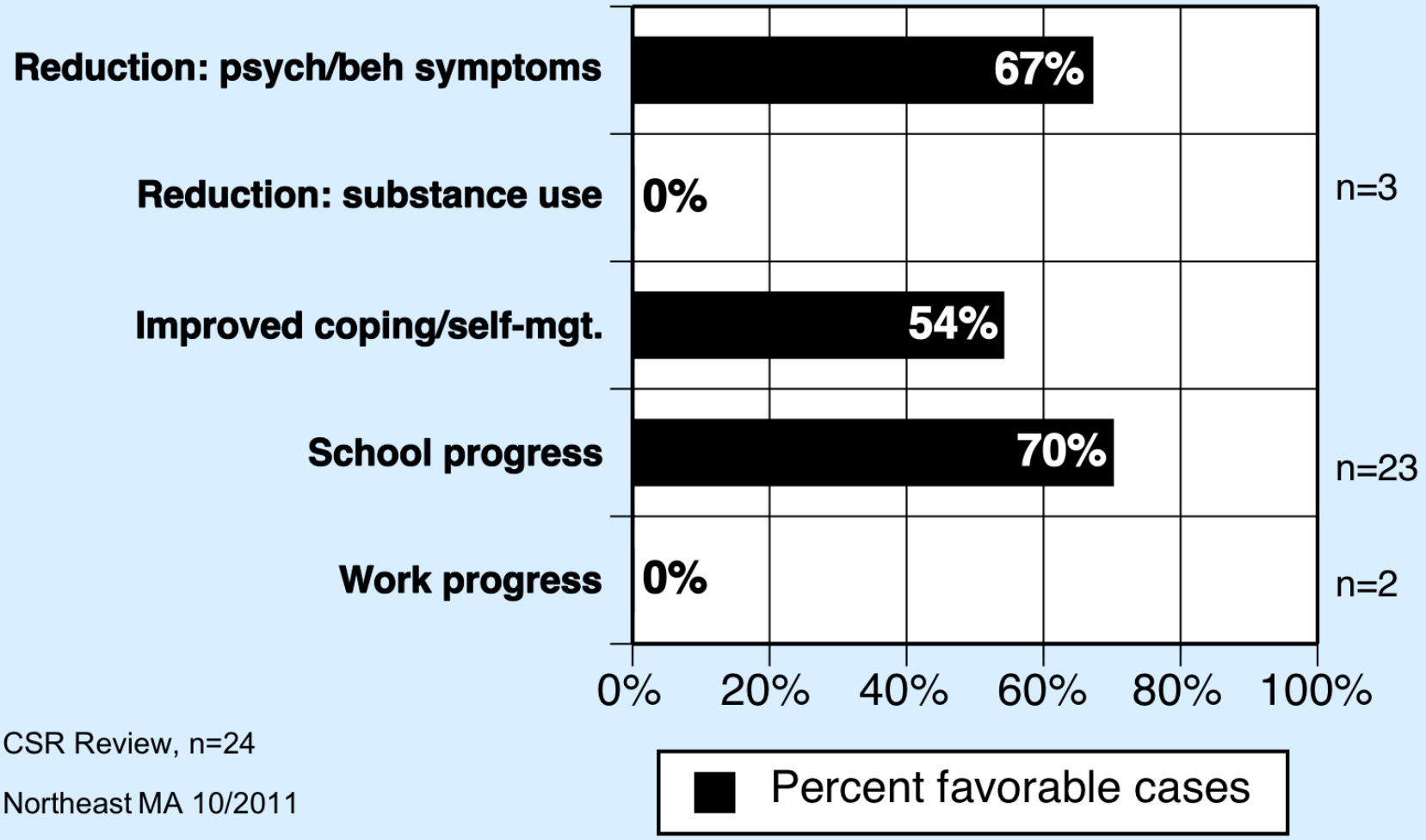


CSR Review, n=24

Northeast MA 10/2011

Youth Progress

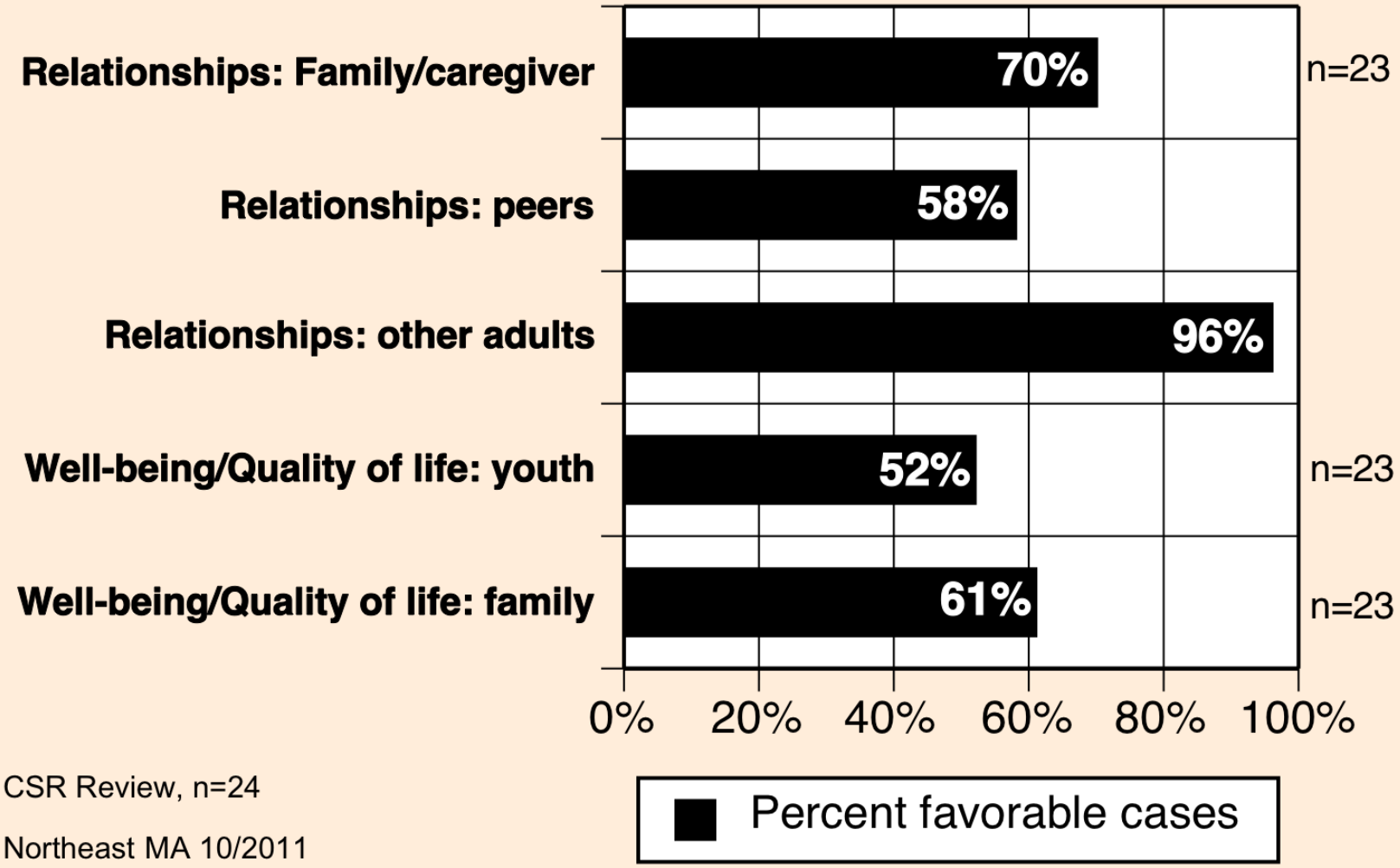
Child/Youth Progress



CSR Review, n=24

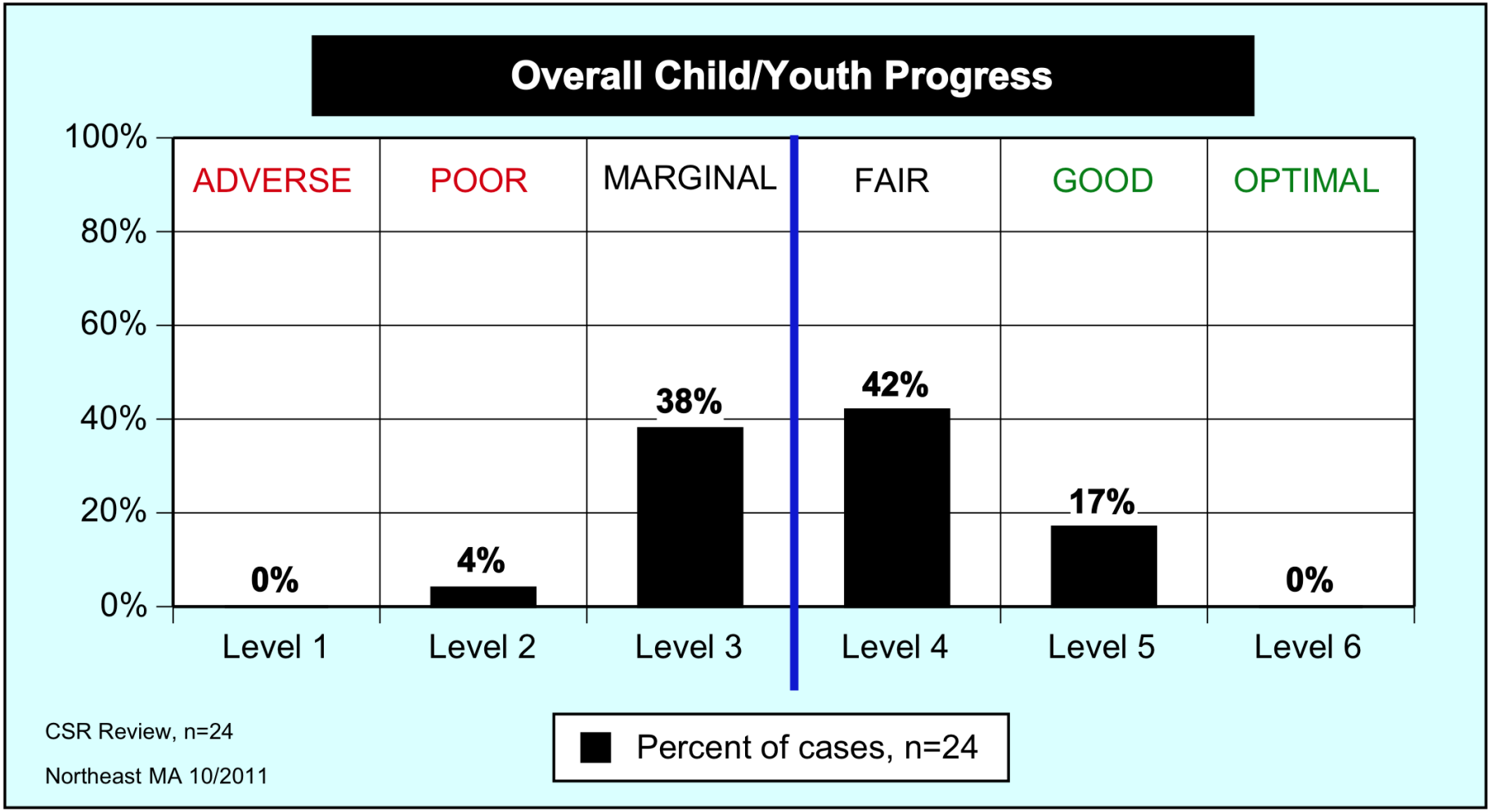
Northeast MA 10/2011

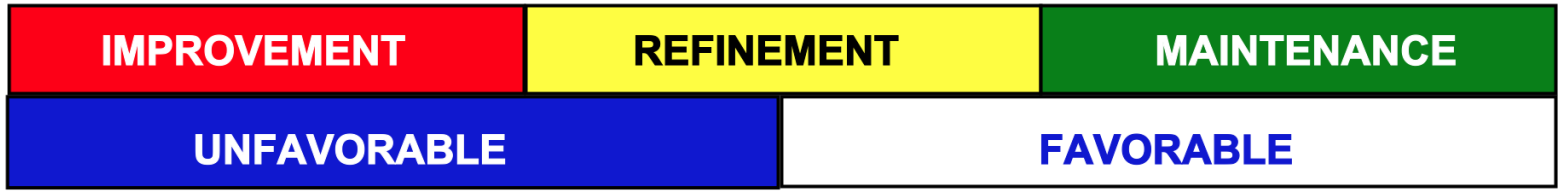
Child/Youth Progress
Relationships/Well-being



CSR Review, n=24

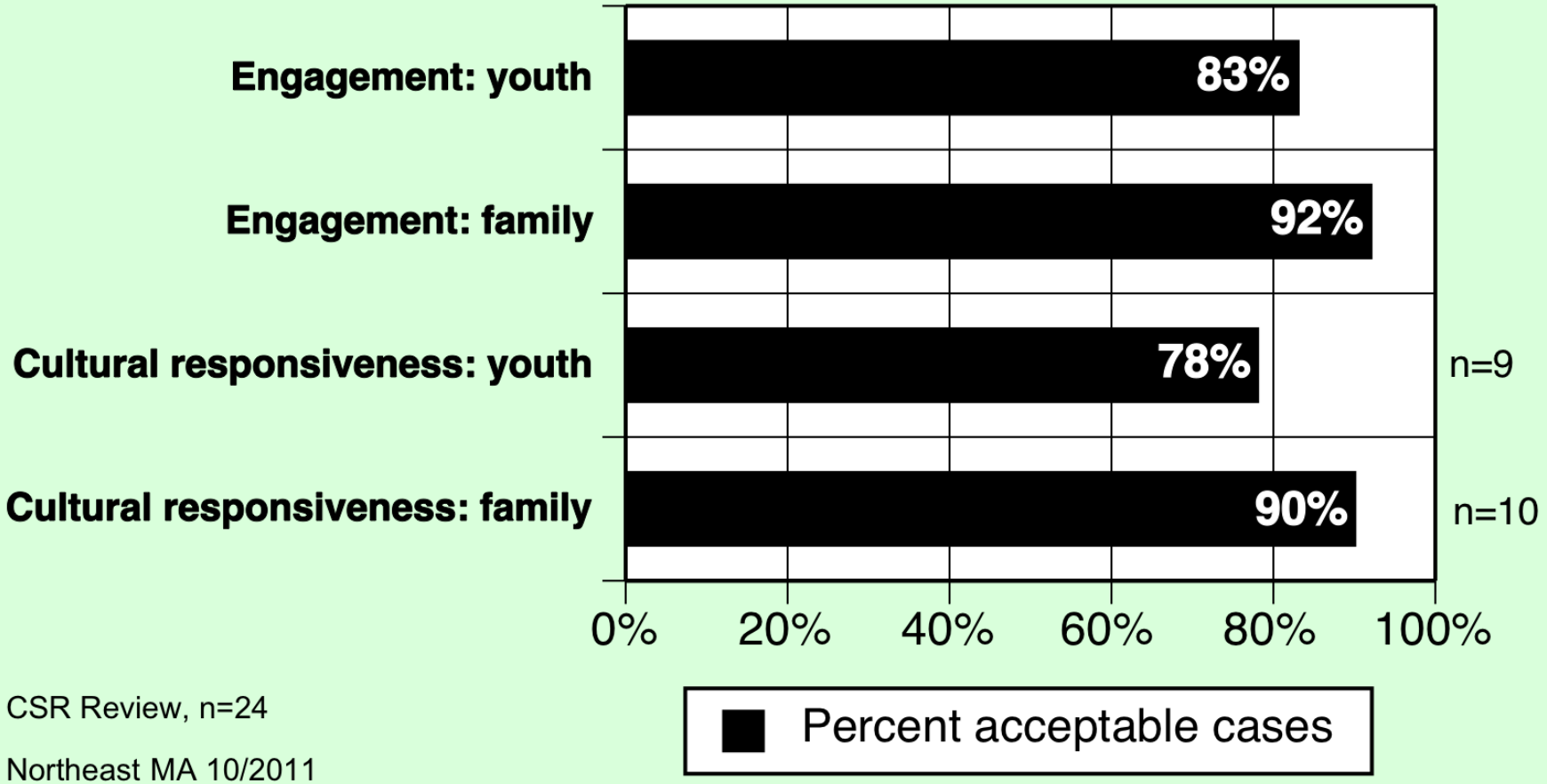
Northeast MA 10/2011


Overall Child/Youth Progress
100%
80%
60%
40%
20%
0%
ADVERSE
POOR
MARGINAL
FAIR
GOOD
OPTIMAL
0%
4%
38%
42%
17%
0%
Level 1
Level 2
Level 3
Level 4
Level 5
Level 6
CSR Review, n=24
Northeast MA 10/2011
Percent of cases, n=24


IMPROVEMENT
REFINEMENT
MAINTENANCE
UNFAVORABLE
FAVORABLE

System/Practice Performance

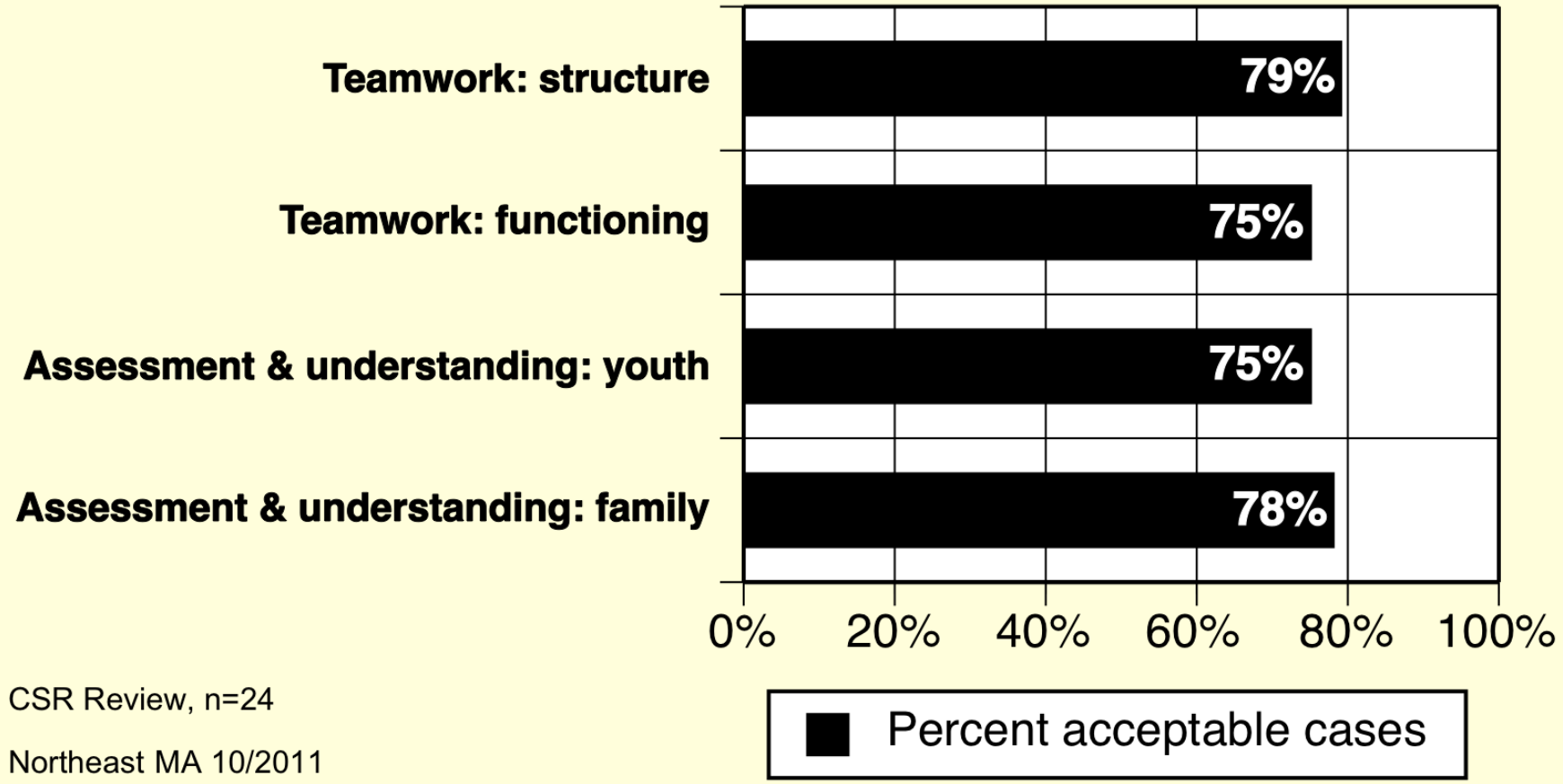
Practice Performance
Engagement & Culture



CSR Review, n=24

Northeast MA 10/2011

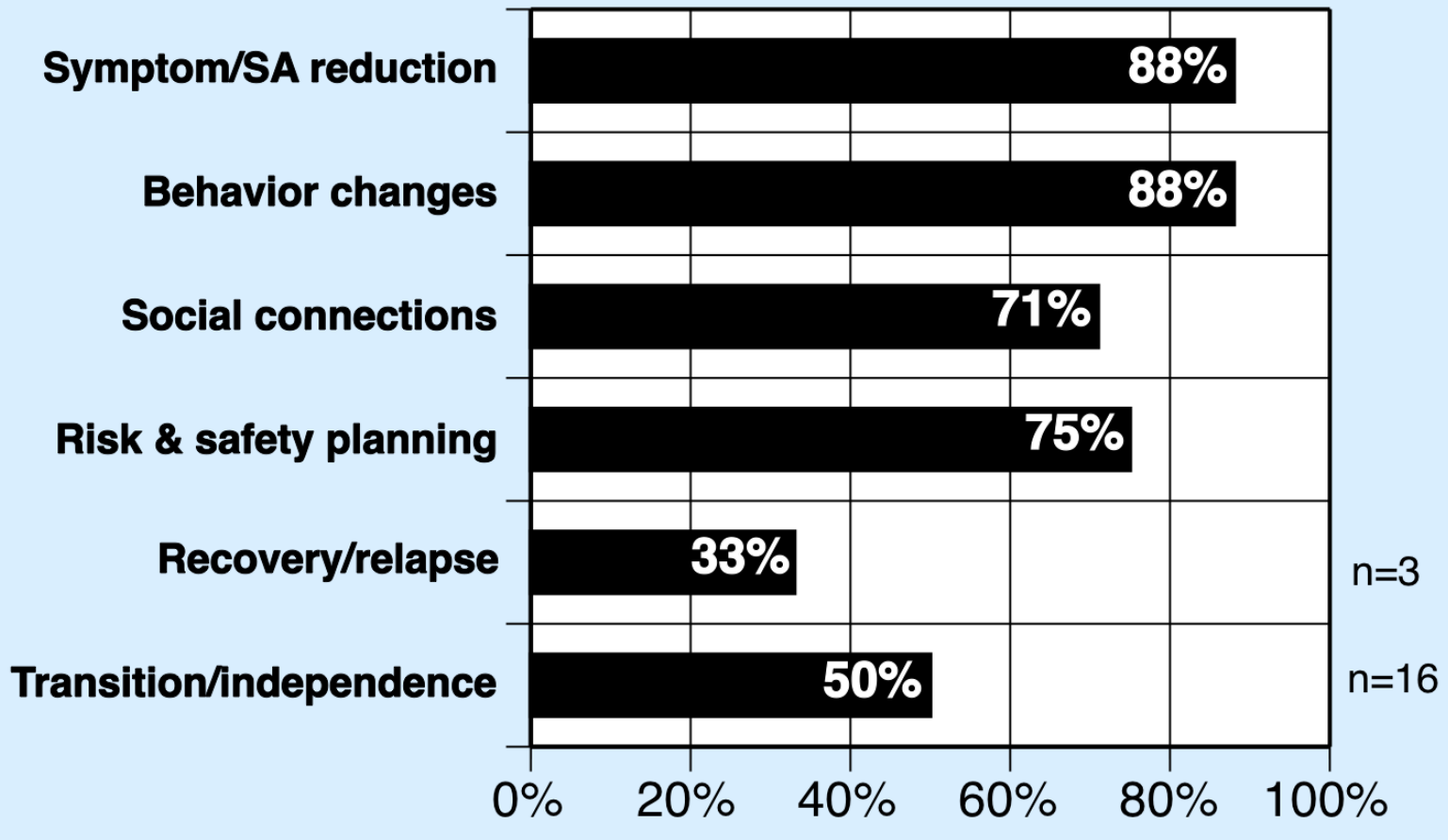
Practice Performance
Teamwork & Assessment



CSR Review, n=24

Northeast MA 10/2011

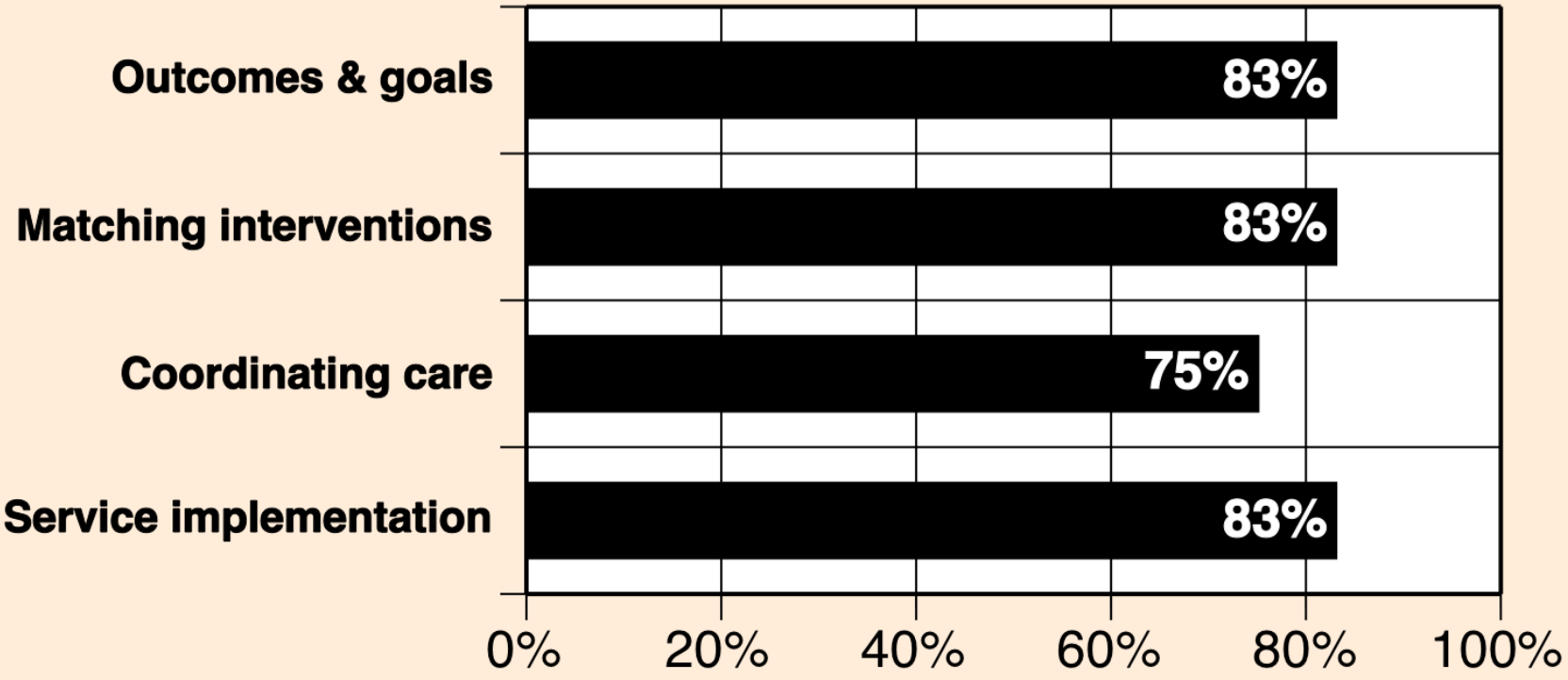
Practice Performance
Intervention Planning



CSR Review, n=24

Northeast MA 10/2011

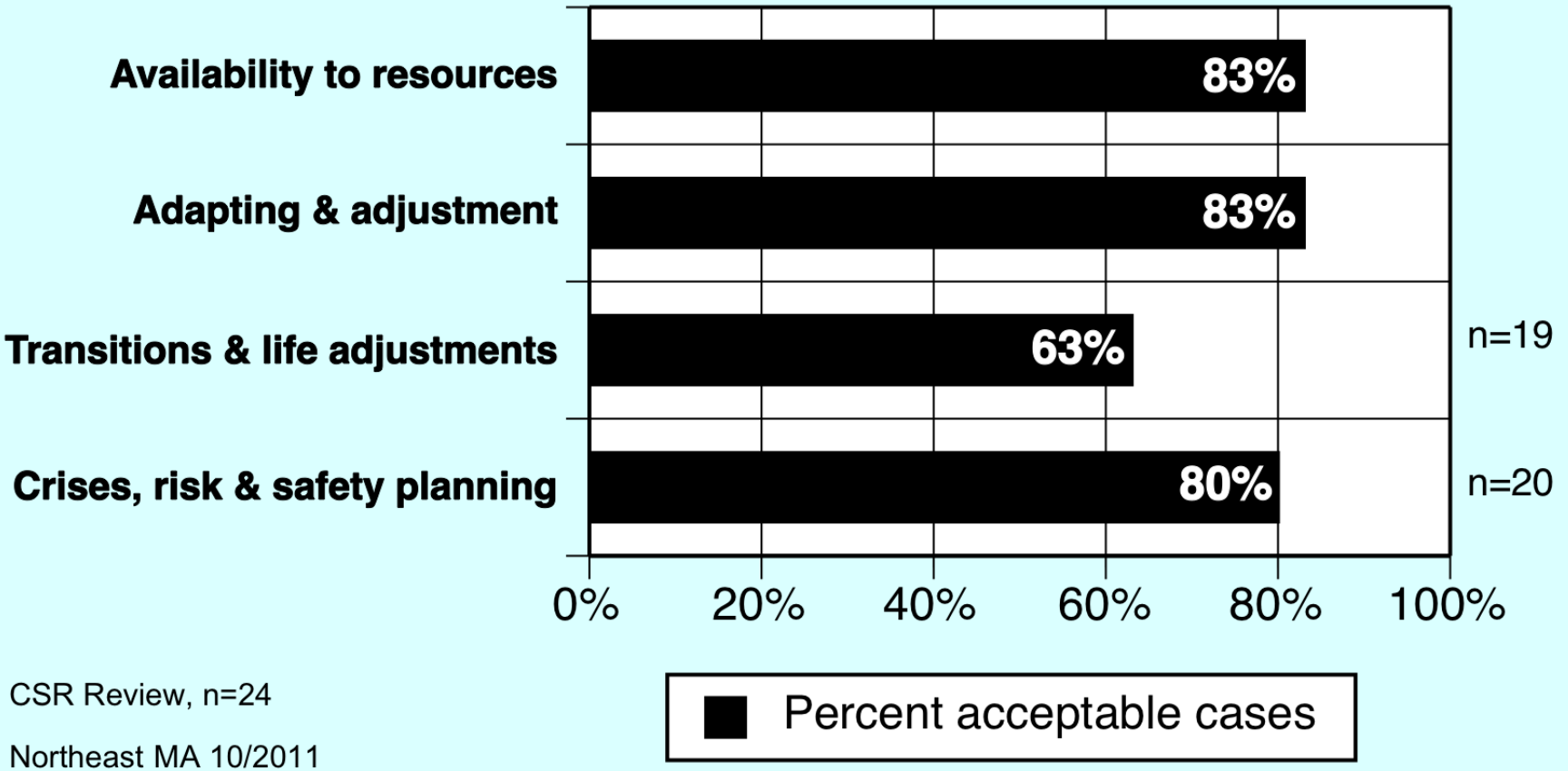
Practice Performance
Outcomes & Implementation



CSR Review, n=24

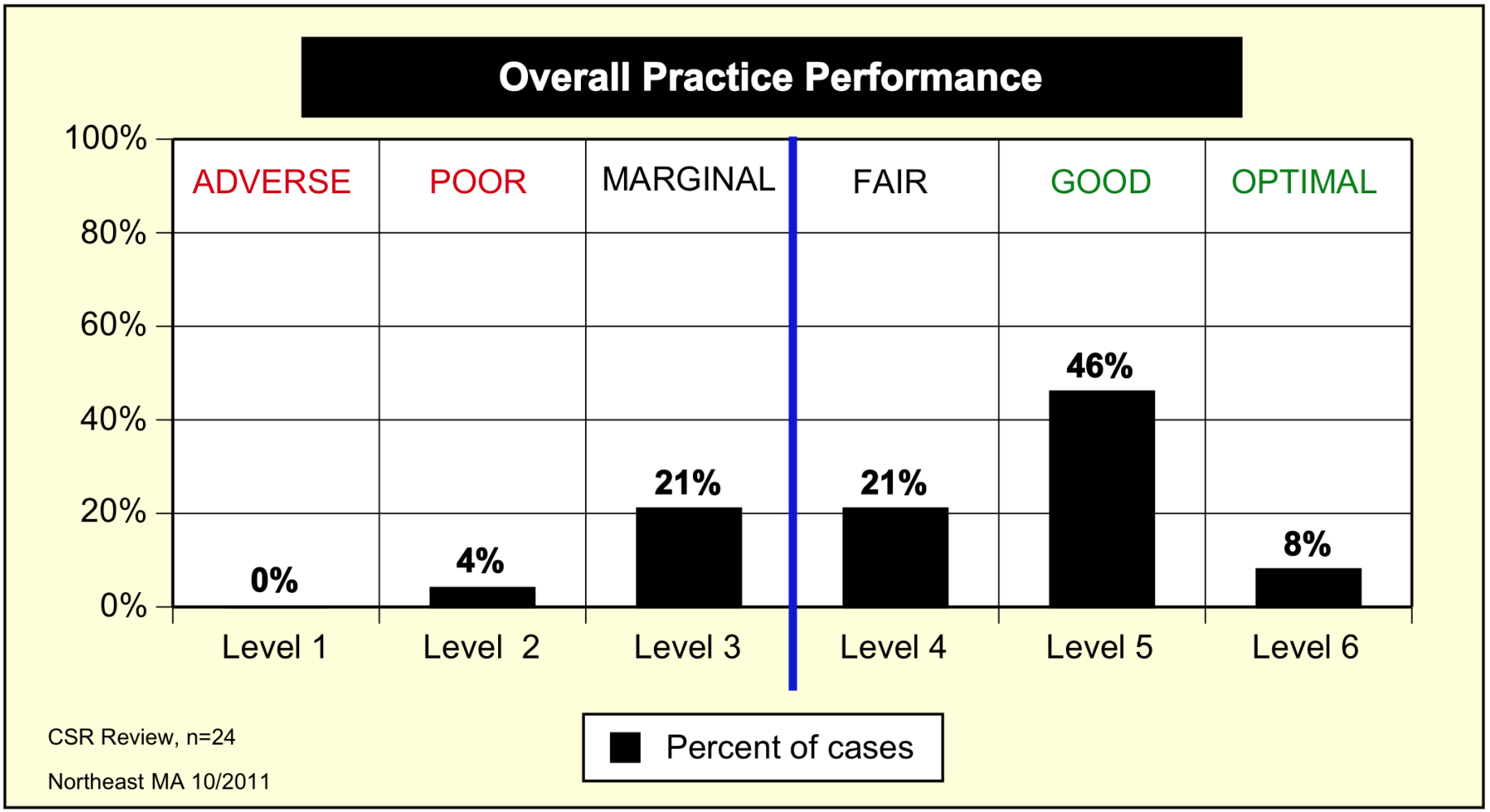
Northeast MA 10/2011

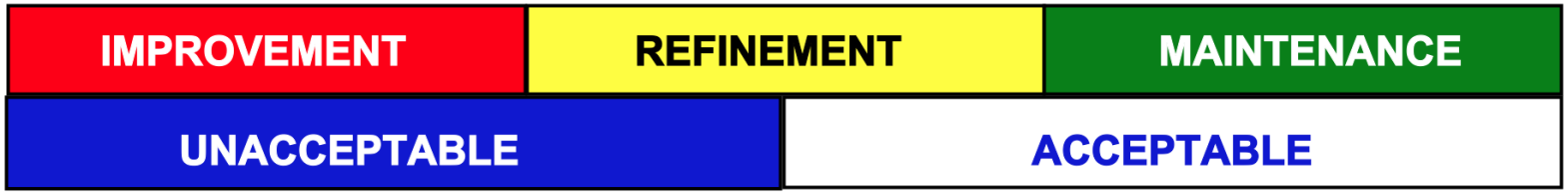
Practice Performance
Resources & Life Adjustment



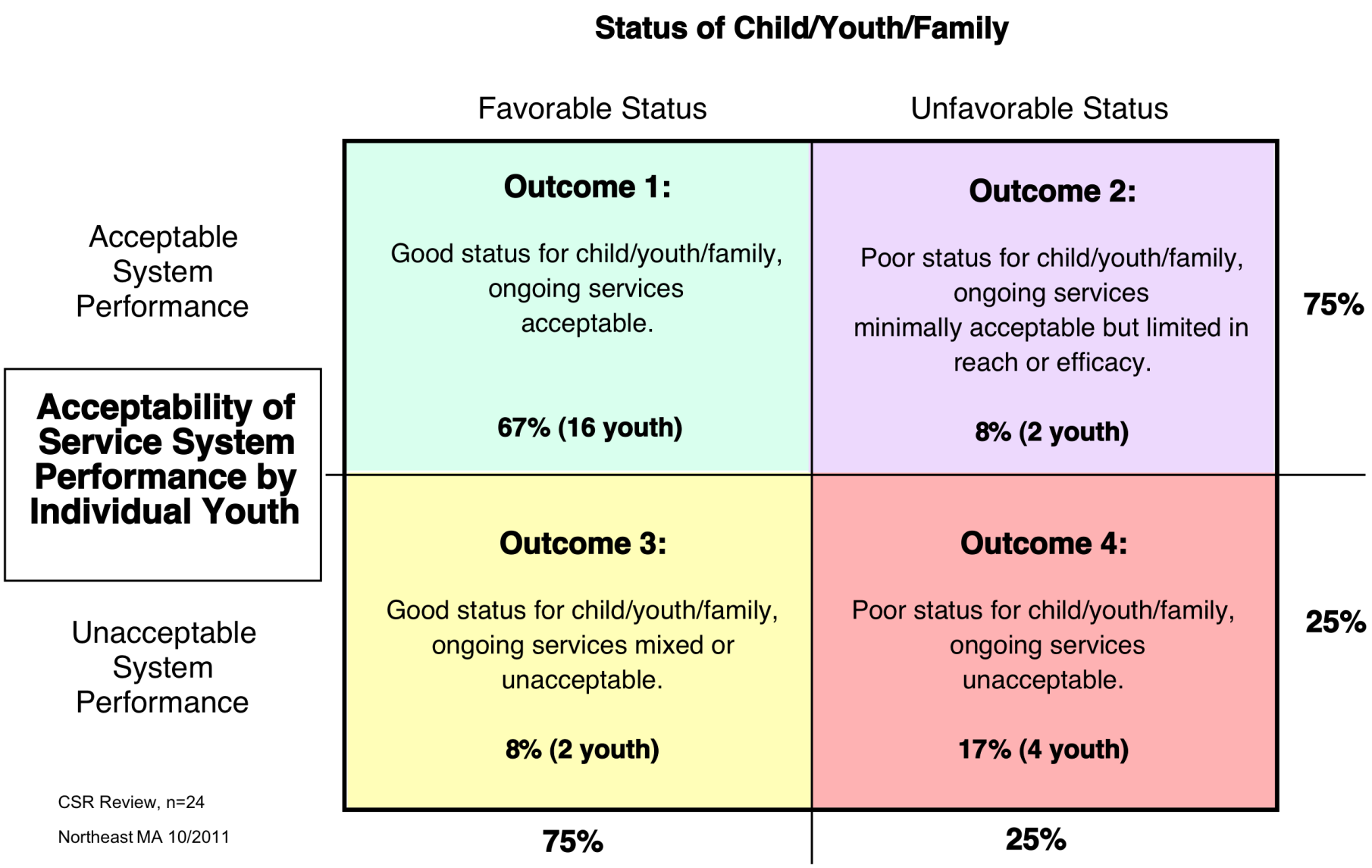
CSR Review, n=24

Northeast MA 10/2011


Overall Practice Performance
100%
80%
60%
40%
20%
0%
ADVERSE
POOR
MARGINAL
FAIR
GOOD
OPTIMAL
0%
4%
21%
21%
46%
8%
Level 1
Level 2
Level 3
Level 4
Level 5
Level 6
Percent of cases
CSR Review, n=24
Northeast MA 10/2011


IMPROVEMENT
REFINEMENT
MAINTENANCE
UNACCEPTABLE
ACCEPTABLE

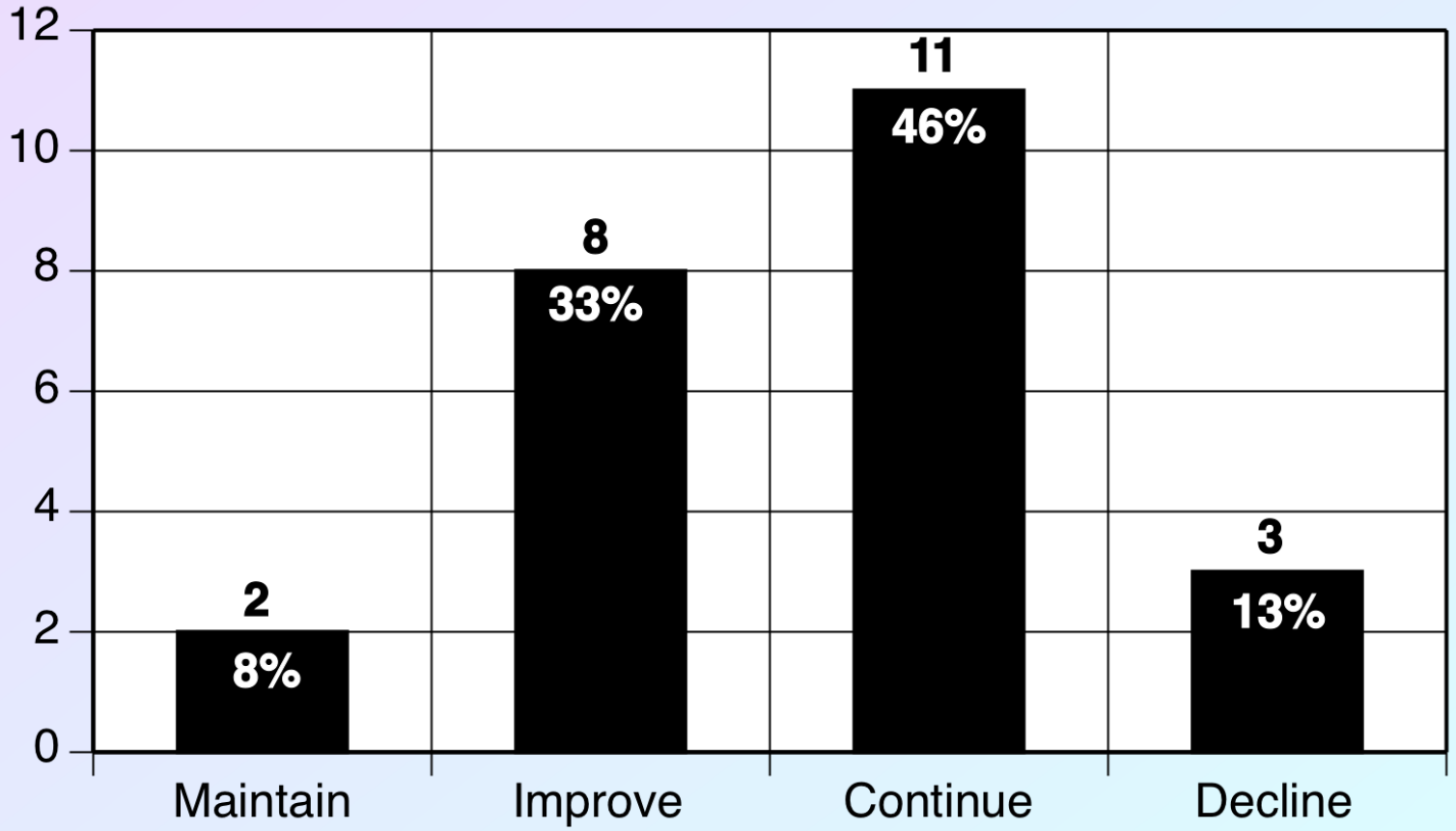
CSR Outcome Categories



CSR Review, n=24

Northeast MA 10/2011

Six-Month Forecast



CSR Review, n=24

Northeast MA 10/2011

Strengths, Challenges and Opportunities for Improvement

Strengths

- IHT teams were noted to be helping families coordinate the various services they were receiving. This helped families to have a sense of control, avoid duplication of services, and decide who really needs to be involved.
- Teams are aware of the need for integration of psychiatry and other treatments.
- Examples of well-functioning teams achieving results for youth/families with complex issues

Strengths

- Stakeholders value MCI services and the model, although many saw performance of the MCI teams as variable.
- Coordination was especially helpful for families of children with intellectual disabilities.

Strengths

- More youth have risk management/ safety plans as components of their care plans than were found in last year's CSR.
- One team developed a comprehensive risk management safety plan that was updated at every meeting.
- Exemplary practice was noted where a Family Partner worked with the family to help meet basic needs, and helped the mother to become an advocate for her children.

Challenges

- Often youth must wait to get into outpatient services including psychiatric services; the average wait time appears to be 4-12 weeks. This especially impacts youth after residential or inpatient treatment. There is especially a need for psychiatry.
- Transportation to clinics is an issue for families in the area, as is the need for more capacity for providers who speak different languages.

Challenges

- Crisis services remain inconsistent in their responsiveness. People generally see MCI as a good model, but due to availability, youth still continue to have high ER usage.
- Agencies providing behavioral health services are increasingly seeing youth with protective issues, and their referrals to child welfare are not accepted. Agencies feel they are open to liability as a result.

Challenges

- The role of the IHT in coordinating care is not consistently implemented at the level and/or intensity needed including managing transitions and determining when youth may need ICC.
- Assuring development of comprehensive assessments, including collecting information from previous agencies and learning the history of interventions that were tried, continues to be an issue.

Challenges

- There appears to be a shortage of qualified staff to conduct comprehensive clinical assessments.
- Attempts to engage team participants was not consistent or planful resulting in critical members not participating. Schools were often not engaged.
- While more youth had crisis plans, many were generic and not specific enough to be helpful.

Challenges

- Youth coming out of residential care are not systematically connected to community-based services, including psychiatric services.
- Youth that need psychiatric evaluations or medication management must use outpatient therapy whether it is needed or not, even when it is the same agency that provides ICC or IHT.
- There were instances of cases being closed before there was evidence of sustained progress.

Opportunities for Improvement

- Reassess and strengthen the role of outpatient services in the system of care.
- Assure each youth has a current, quality comprehensive clinical assessment that informs team planning and services.
- Develop the qualified workforce to provide assessments.
- Consider having more team meetings with and at schools.
- Help teams that are struggling to engage key team members including natural supports.

Opportunities for Improvement

- Assure IHT is fully implementing the level of care coordination and teaming the youth and family needs when there is no ICC.
- When a youth/family is discharged from services, assure that the discharge is warranted, and all team members are part of the decision.

Opportunities for Improvement

- Strengthen supervision and supports for teams that need help in better understanding the reasons for youth's challenging behaviors, or when youth are not progressing.
- Help teams in developing and training on risk management and safety plans that will help families, schools and others to be able to effectively support the youth in the event of a crisis. Assure plans are reviewed often and updated as needed. Include any transportation issues when developing the plans.

Opportunities for Improvement

- Improve access to psychiatric services.
- When a youth has psychiatric services, assure the psychiatrist is fully involved in planning, evaluating progress, and other activities of the care planning team.