

Rosie D. Community Services Review Southeastern Massachusetts

**December 2012
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?

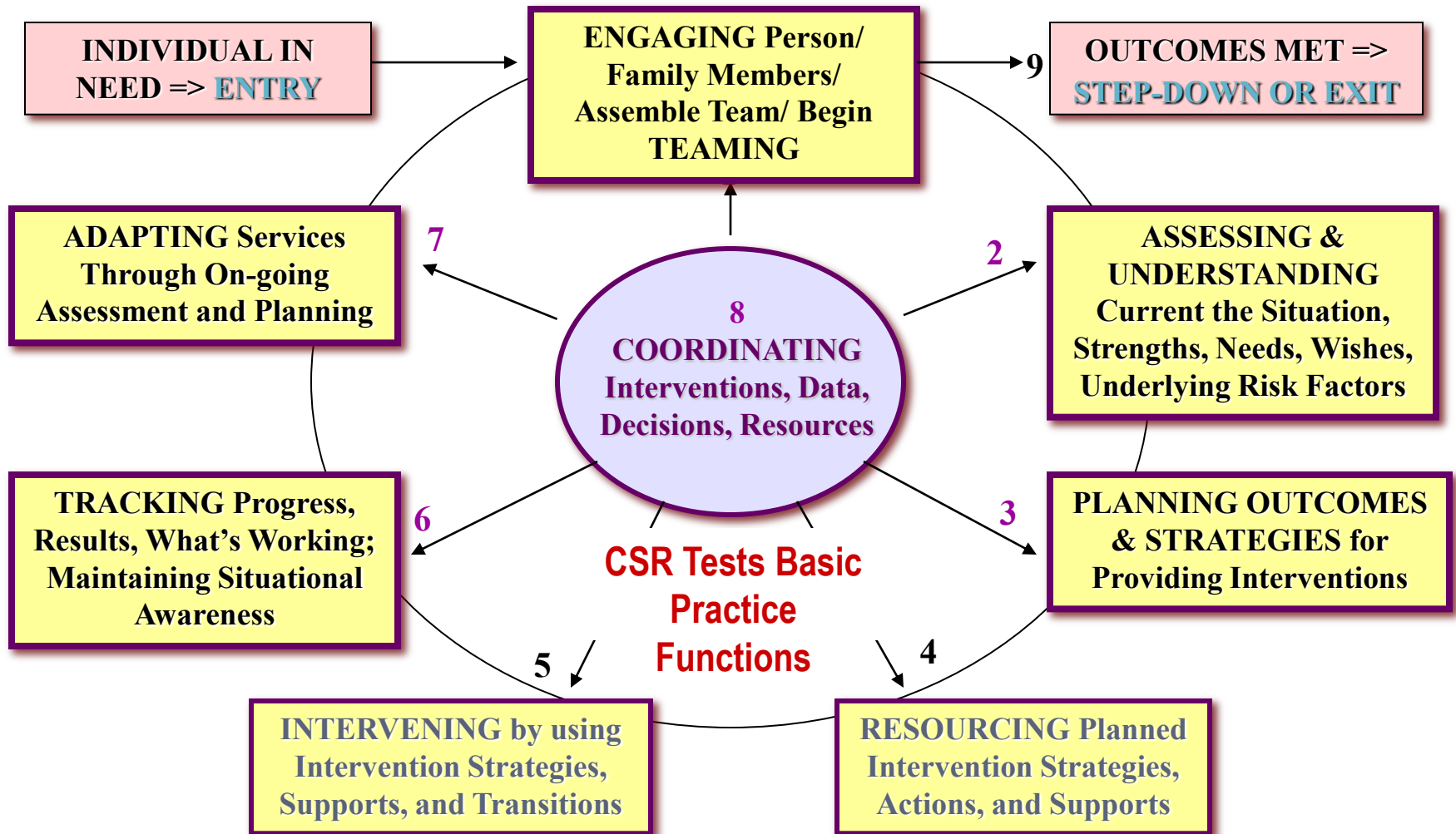
CSR “Learning Products”

- 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 & SUCCESSSES
- Identification of CHALLENGES & OPPORTUNITES
- NEW LEARNING for NEXT STEP ACTIONS



Core Functions in Practice

Key Functions in a Practice Model



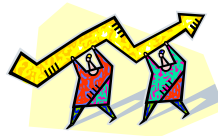
Areas for CSR Status Review

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

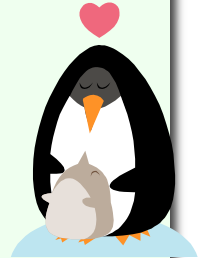


OVERALL CHILD/YOUTH STATUS



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

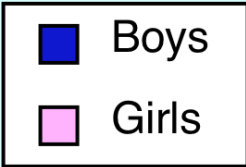
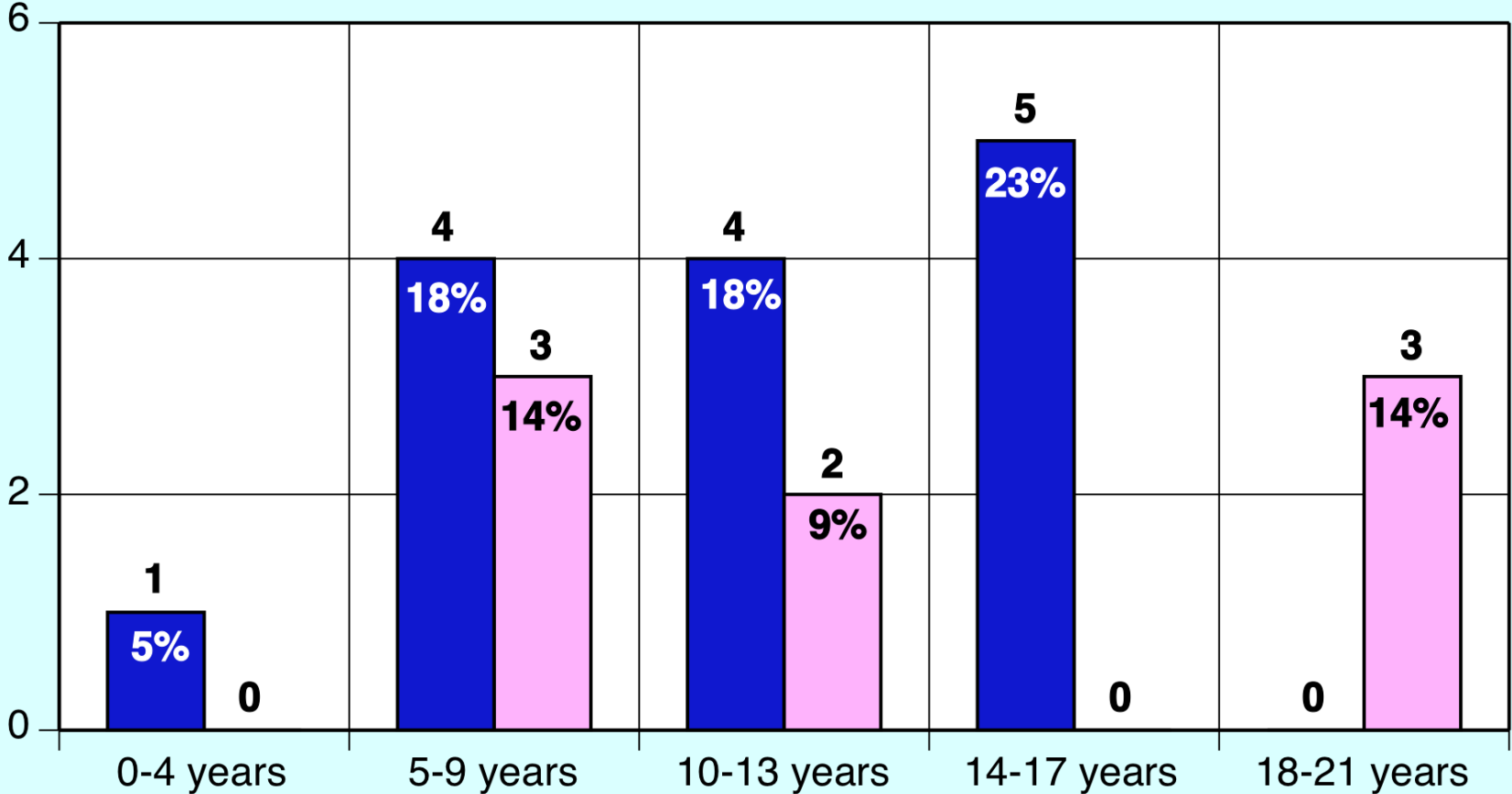
Number of cases: 22

MA Southeast Review Dec 2011

Number of Interviews

Total number of interviews	157
Average number of interviews	7.1
Minimum number of interviews	2
Maximum number of interviews	11

Age and Gender



CSR Review, n=22
Southeast MA Dec. 2011

Sample Distribution: ICC/IHT

Child Status and Performance Profile - Case Type Frequency

Number of cases: 22

Case Type	Number	Percent
ICC	15	68%
IHT	7	32%
<hr/>		
	22	100%

Placement at time of review

Child Status and Performance Profile - Current Placement Frequency

Number of cases: 22

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Type of Current Placement	Number	Percent
Family bio./adopt. home	18	82%
Kinship/relative home	4	18%
<hr/>		
	22	100%

Placement Changes Over the Last Year

Child Status and Performance Profile - Placement Changes Frequency

Number of cases: 22

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Placement Changes (past 12 months)	Number	Percent
None	14	64%
1-2 placements	6	27%
3-5 placements	1	5%
6-9 placements	1	5%
<hr/>		
	22	100%

Youths' Ethnicity

Child Status and Performance Profile - Ethnicity Frequency

Number of cases: 22

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Ethnicity	Number	Percent
Euro-American	14	64%
African-American	1	5%
Latino-American	4	18%
Biracial	2	9%
Puerto Rican	1	5%
<hr/>		
	22	100%

Language spoken at home

Child Status and Performance Profile - Language Spoken Frequency

Number of cases: 22

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Primary Language Spoken at Home	Number	Percent
English	20	91%
Spanish	2	9%
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	22	100%

Co-occurring conditions

Child Status and Performance Profile - Co-Occurring Condition Frequency

Number of cases: 22

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Co-Occurring Condition	Number	Percent
Mood Disorder	15	68%
Anxiety Disorder	11	50%
PTSD/Adjustment to Trauma	7	32%
Thought Disorder/Psychosis	0	0%
ADD/ADHD	12	55%
Anger Control	8	36%
Substance Abuse/Dependence	0	0%
Learning Disorder	5	23%
Communication Disorder	1	5%
Autism	2	9%
Disruptive Behavior Disorder (CD, ODD)	5	23%
Mental Retardation	1	5%
Medical Problem	5	23%
Other Disability/Disorder	3	14%
Other	0	0%

Legal Permanency Status

Child Status and Performance Profile - Legal Permanency Frequency

Number of cases: 22

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Legal Permanency Status	Number	Percent
Birth family	16	73%
Adopted family	2	9%
Permanent guardianship	3	14%
Youth over age 18.	1	5%
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	22	100%

Referral Sources

Child Status and Performance Profile - Referral Source

Number of cases: 22

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Referral Source	Number	Percent
Hospital	1	5%
Crisis Services	2	9%
School	2	9%
Family	5	23%
DCF	5	23%
Crisis team	1	5%
Daycare	1	5%
ICC	1	5%
IHT	2	9%
Police	1	5%
Therapist	1	5%
	22	100%

Educational Placement

Child Status and Performance Profile - Educational Placement Frequency

Number of cases: 22

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Educational Placement or Life Situation	Number	Percent
Regular K-12 Ed.	8	36%
Full inclusion	2	9%
Part-time Sp. Ed.	1	5%
Self-cont. Sp. Ed.	6	27%
Parenting teen	0	0%
Adult basic/GED	0	0%
Alternative Ed.	2	9%
Vocational Ed.	0	0%
Expelled/Suspended	0	0%
Home hospital	0	0%
Day treatment program	2	9%
Work	1	5%
Completed/graduated	2	9%
Dropped-out	0	0%
Other	2	9%

Agencies Involved

Child Status and Performance Profile - Agencies Involved Frequency

Number of cases: 22

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Agencies Involved	Number	Percent
DCF	9	41%
DMH	1	5%
Special Ed	11	50%
Early intervention	0	0%
Developmental disabilities	0	0%
DYS	0	0%
Probation	1	5%
Vocational Rehabilitation	0	0%
Substance abuse	0	0%
Other	0	0%

Psychotropic Medications

Child Status and Performance Profile - Psy Meds Frequency

Number of cases: 22

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Number of Psy Meds	Number	Percent
No psy meds	6	27%
1 psy med	3	14%
2 psy meds	5	23%
3 psy meds	4	18%
4 psy meds	2	9%
5+ psy meds	2	9%
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	22	100%

Current Mental Health Assessment

Child Status and Performance Profile - Mental Health Assessment

Number of cases: 22

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MH assessment performed	Number	Percent
Yes	15	68%
No	7	32%
<hr/>		
	22	100%

Who received the assessment

Child Status and Performance Profile - Received Mental Health Assessments

Number of cases: 22

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Received MH Assessments	Number	Percent
Parent	9	41%
Education	2	9%
Court	0	0%
Child Welfare	1	5%
DOC	0	0%
Not applicable	7	32%
Not Distributed	4	18%
Other	3	14%

Used Crisis Services in the Past 30 Days

Child Status and Performance Profile - Crisis Services Used Frequency

Number of cases: 22

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Crisis Services Used Past 30 Days	Number	Percent
Mobile crisis	1	5%
911 Emergency call: EMS	0	0%
911 Emergency call: Police	1	5%
Emergency department	0	0%
Other	0	0%
None	20	91%

Length of time case open

Child Status and Performance Profile - Case Open Frequency

Number of cases: 22

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Length of Time Case Open	Number	Percent
4 - 6 mos.	7	32%
7 - 9 mos.	6	27%
10 - 12 mos.	4	18%
13 - 18 mos.	4	18%
19 - 36 mos.	1	5%
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	22	100%

Length of time the Case Manager was assigned to the youth

Child Status and Performance Profile - Length of Time CM Assigned

Number of cases: 22

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Length of Time CM Assigned to Child/Youth	Number	Percent
<1 month	1	5%
1-3 months	1	5%
4-6 months	7	32%
7-12 months	10	45%
13-24 months	3	14%
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	22	100%

Caregiver Challenges

Child Status and Performance Profile - Caregiver Challenges Frequency

Number of cases: 22

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Challenges in the Child's Birth Family or Adoptive Family	Number	Percent
Limited cognitive abilities	1	5%
Serious mental illness	7	32%
Substance abuse impairment or serious addiction w/ frequent relapses	2	9%
Domestic violence	2	9%
Serious physical illness or disabling physical condition	6	27%
Unlawful behavior or is incarcerated	0	0%
Adverse effects of poverty	6	27%
Extraordinary care burdens	3	14%
Cultural/language barriers	1	5%
Undocumented	1	5%
Teen parent	0	0%
Recent life disruption/homelessness due to a natural disaster	0	0%
Other	2	9%

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	3	14%
9-10 cases	8	36%
11-12 cases	7	32%
13-14 cases	4	18%
<hr/>		
	22	100%

Barriers affecting service provision

Child Status and Performance Profile - Barriers Affecting Case or Services

Number of cases: 22

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Barriers Affecting Case Management or Services	Number	Percent
Caseload size	4	18%
Eligibility/access denied	2	9%
Inadequate parent support	3	14%
Inadequate team member participation	3	14%
Family disruptions	3	14%
Billing requirements/limits	6	27%
Case complexity	4	18%
Treatment compliance	4	18%
Team member follow-thru	5	23%
Acute care needs	3	14%
Driving time to services	3	14%
Culture/language barriers	3	14%
Refusal of treatment	2	9%
Family instability/moves	4	18%
Arrest/detention of child/youth	2	9%
Other	12	55%

Other Barriers

Child Status and Performance Profile - Barriers Affecting CM - Other

Number of cases: 22

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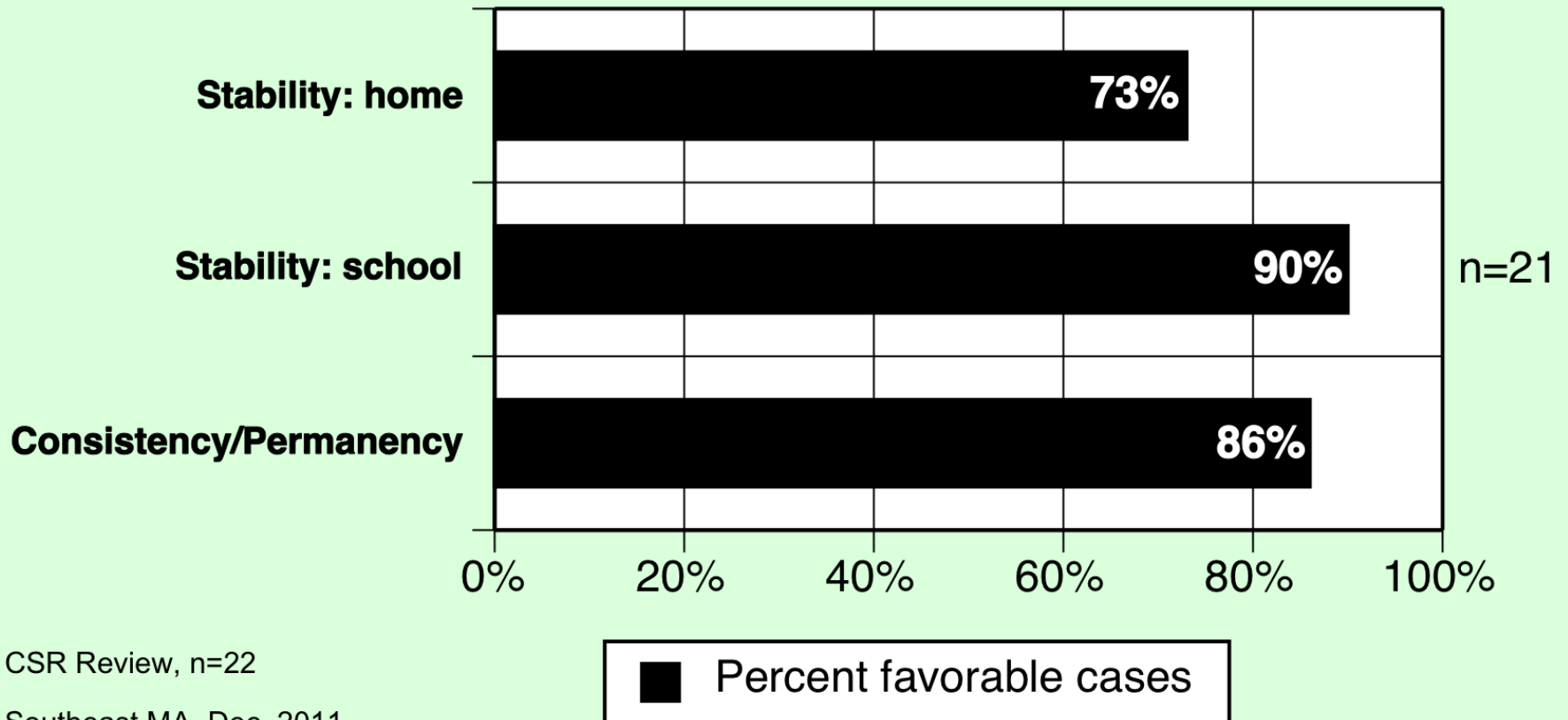
Other - Barriers Affecting Case Management or Services

1. Working on fee-for-service basis, not salaried
2. Wait list for therapist/psychiatry, lack of groups, in litigation.
3. Transportation, access to services for youth.
4. Parental mental illness - challenges access to services to address basic needs (housing, heat, food, etc.)
5. Paperwork requirements
6. Paperwork demands, maintaining records vs providing direct services
7. Needs of undocumented, poor families..., transportation, preschool, food stamps, housing costs.
8. Multi-generational issues
9. Menial paperwork takes a lot of time.
10. Lack of school cooperation
11. Insurance ends abruptly.
12. Divorced families

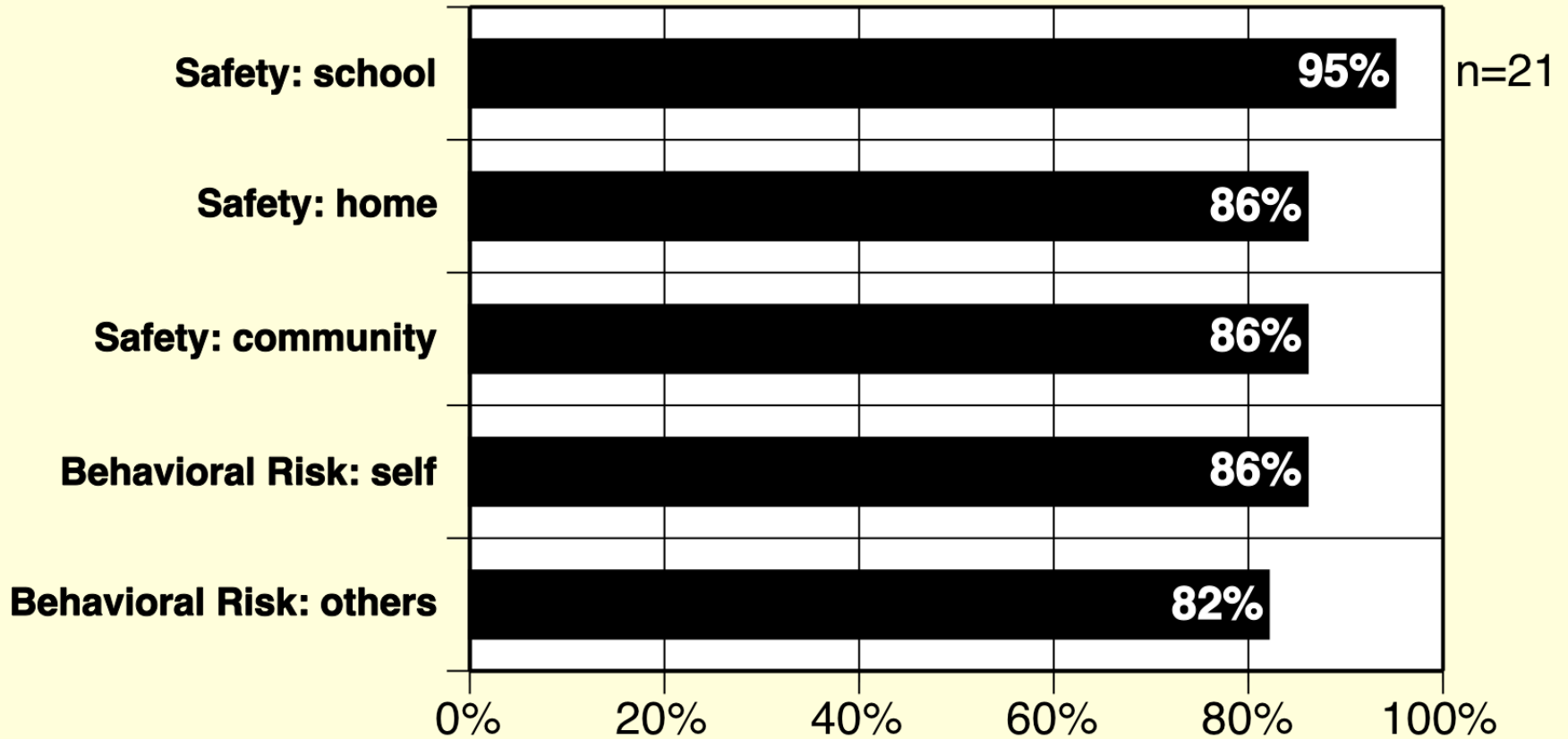
Youth Status

N=22

Child/Youth Status Stability and Consistency/Permanency



Child/Youth Status Safety and Risk



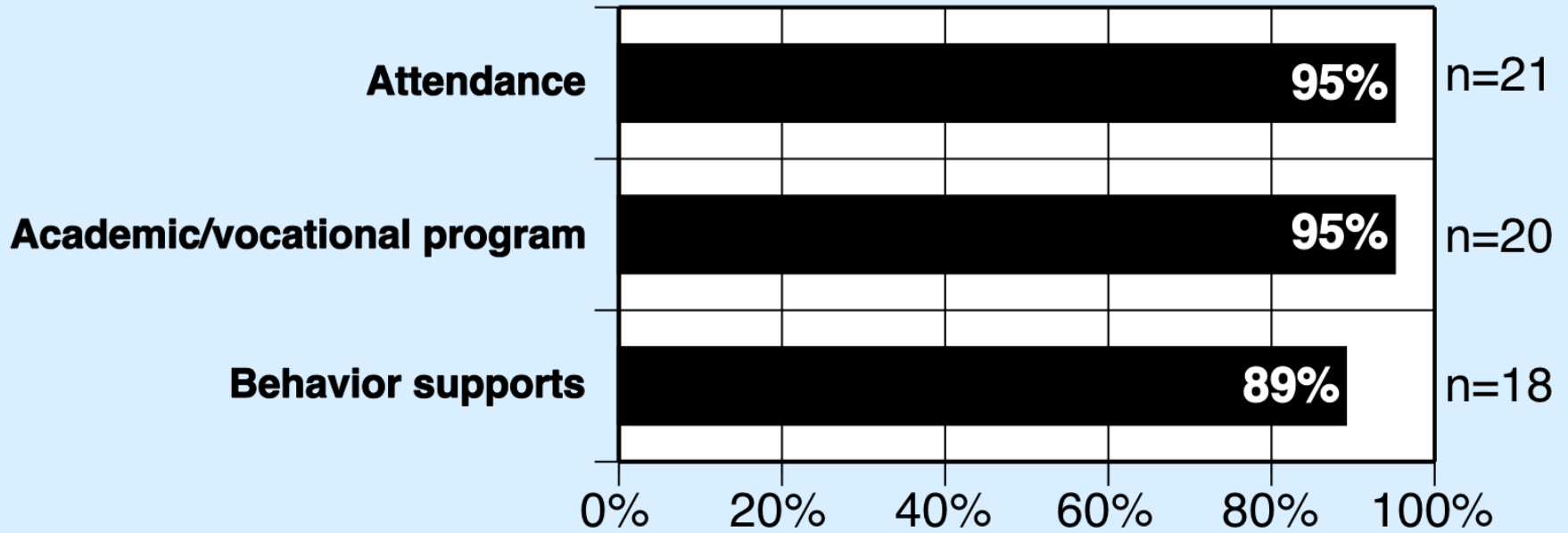
CSR Review, n=22

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■ Percent favorable cases

Child/Youth Status

Educational Status

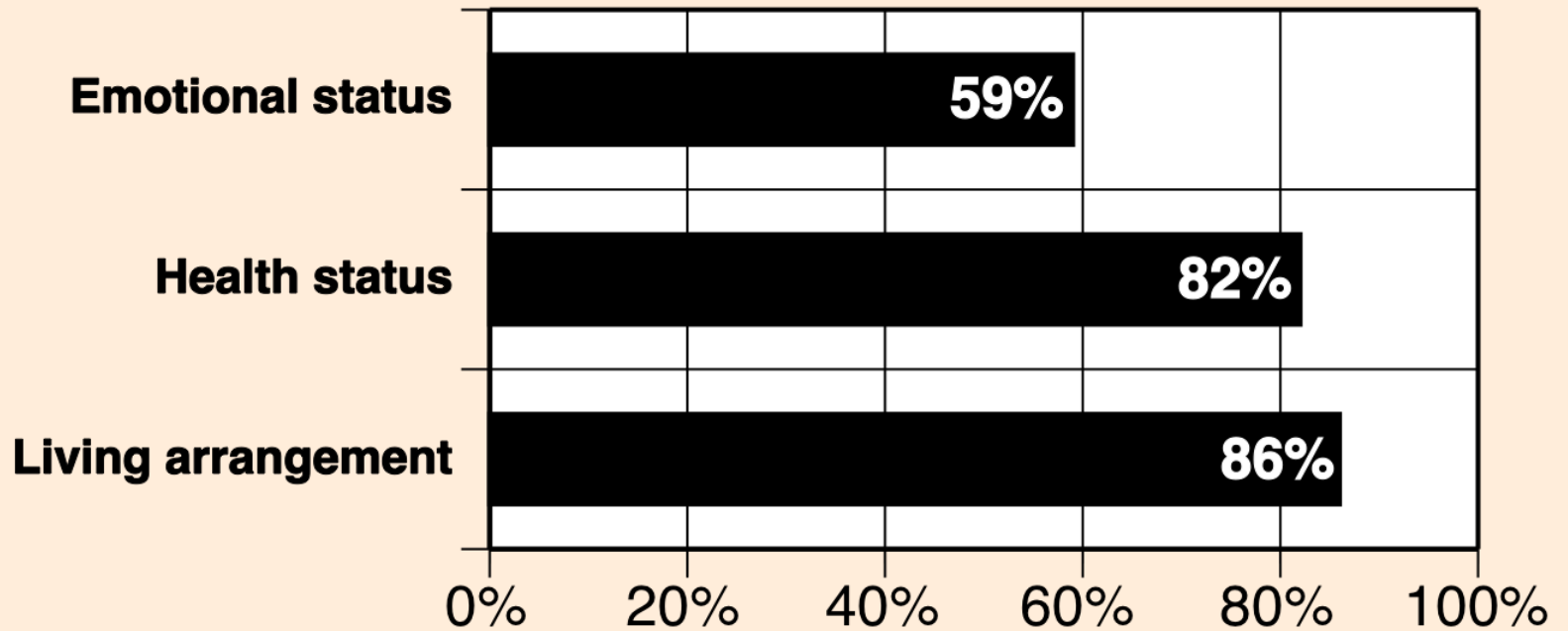


CSR Review, n=22

Southeast MA Dec. 2011

■ Percent favorable cases

Child/Youth Status Well-being

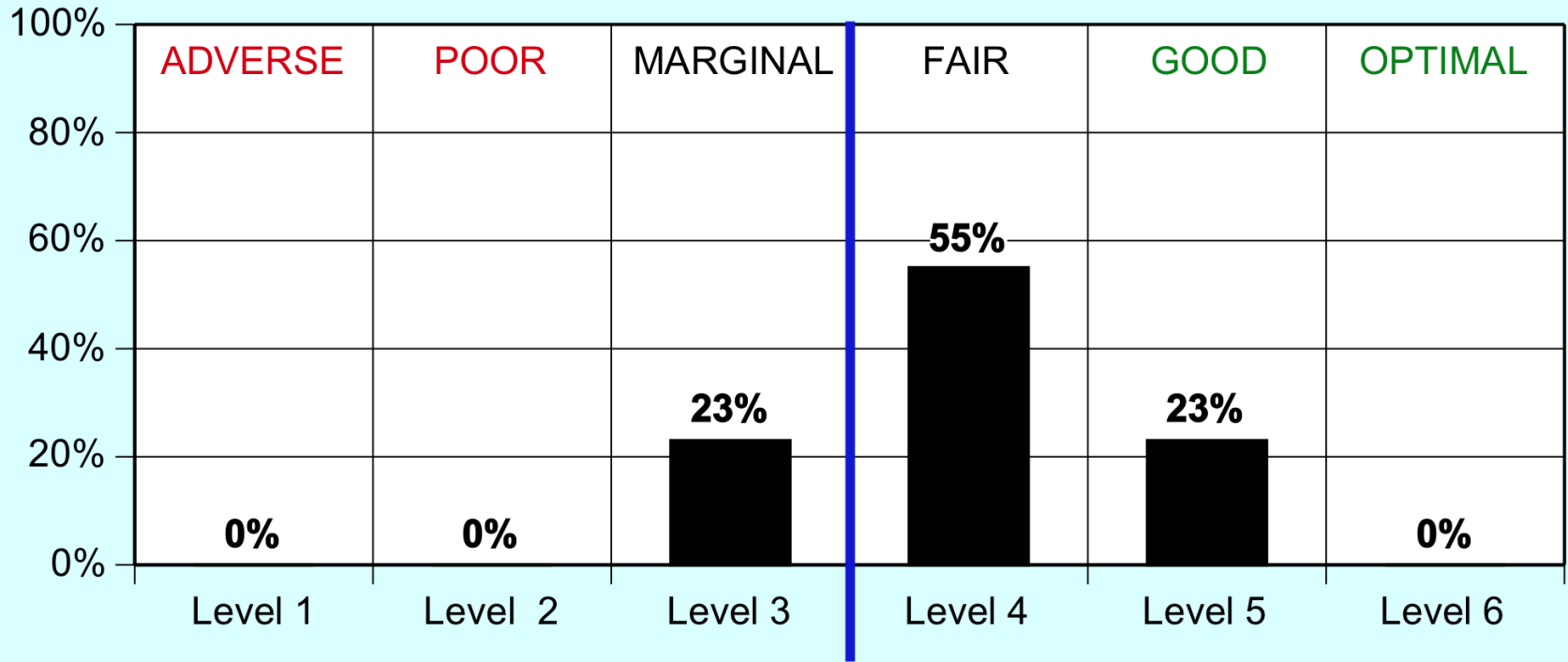


■ Percent favorable cases

CSR Review, n=22

Southeast MA Dec. 2011

Overall Child/Youth Status



CSR Review, n=22

Southeast MA Dec. 2011

■ Percent of cases

IMPROVEMENT

REFINEMENT

MAINTENANCE

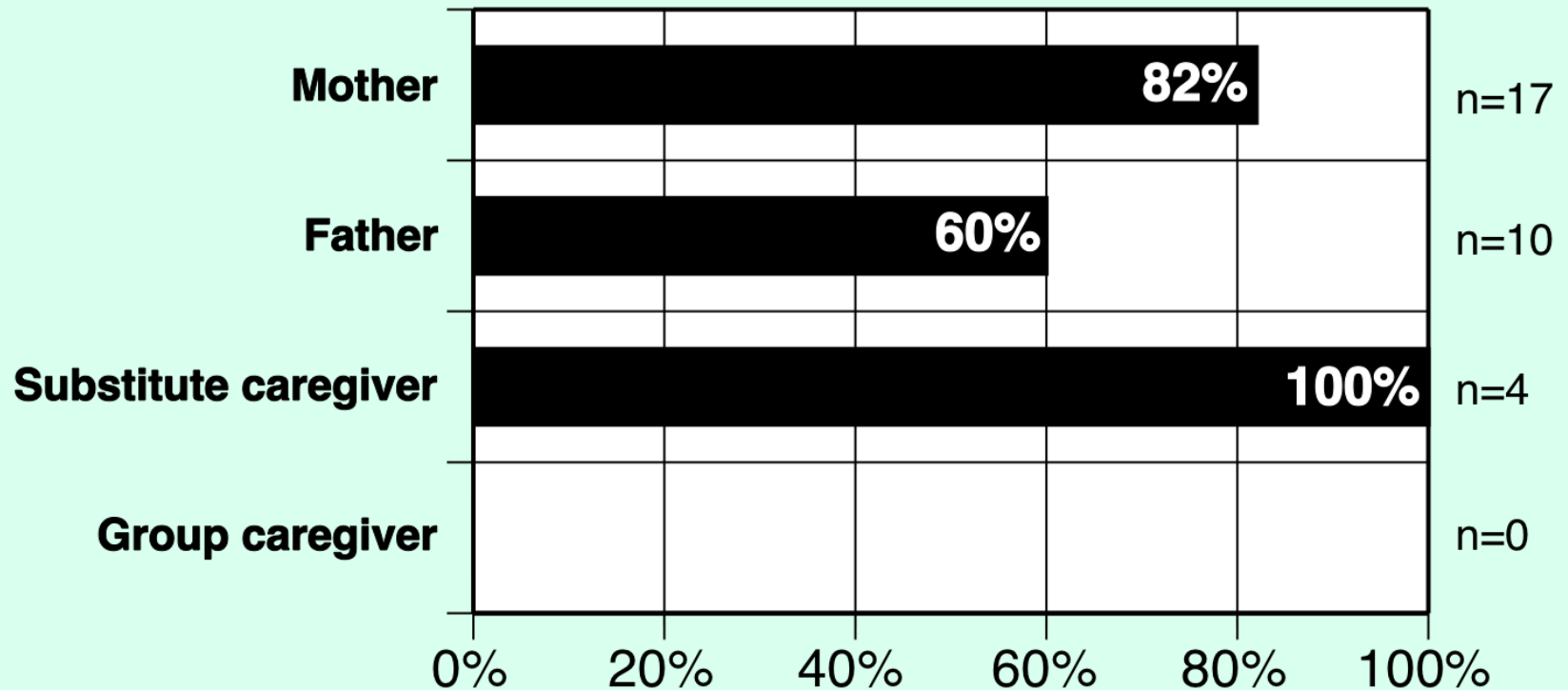
UNFAVORABLE

FAVORABLE

Family Status

Family Status

Caregiver Support of the Child/Youth

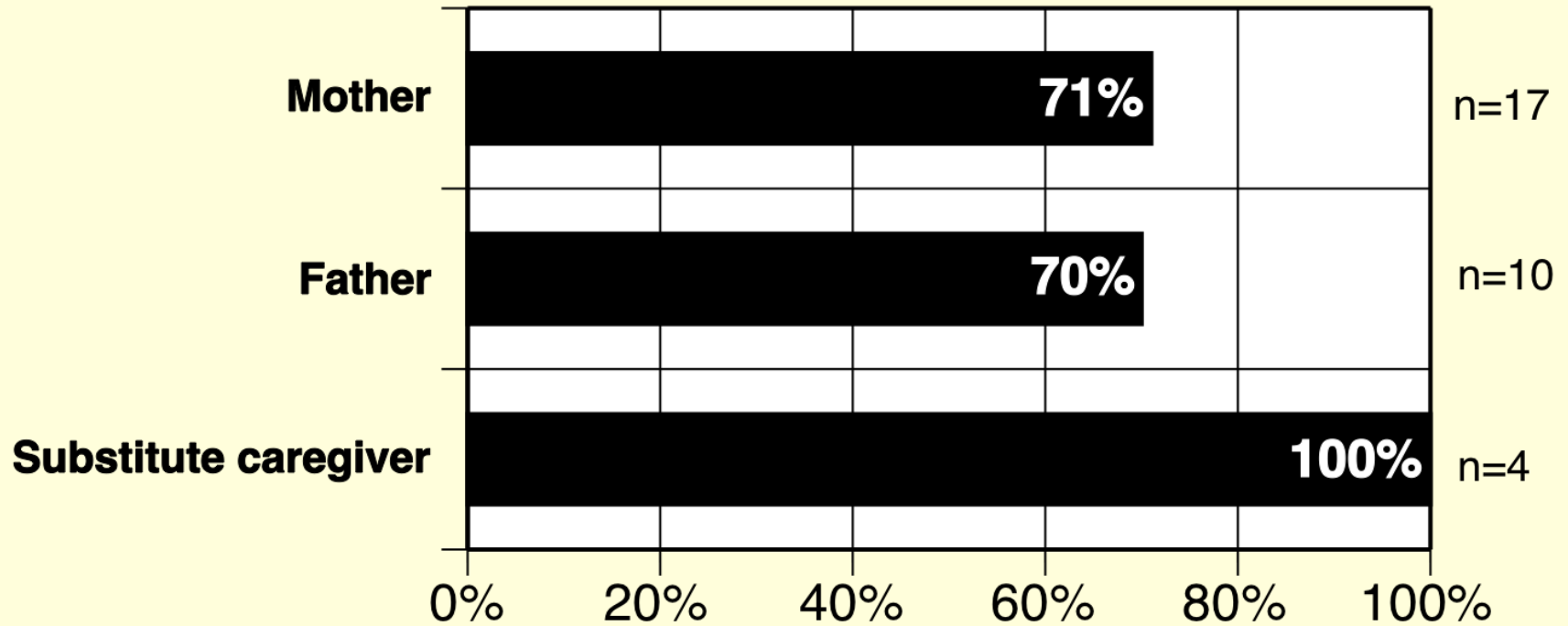


CSR Review, n=22

Southeast MA Dec. 2011

■ Percent favorable cases

Family Status Challenges



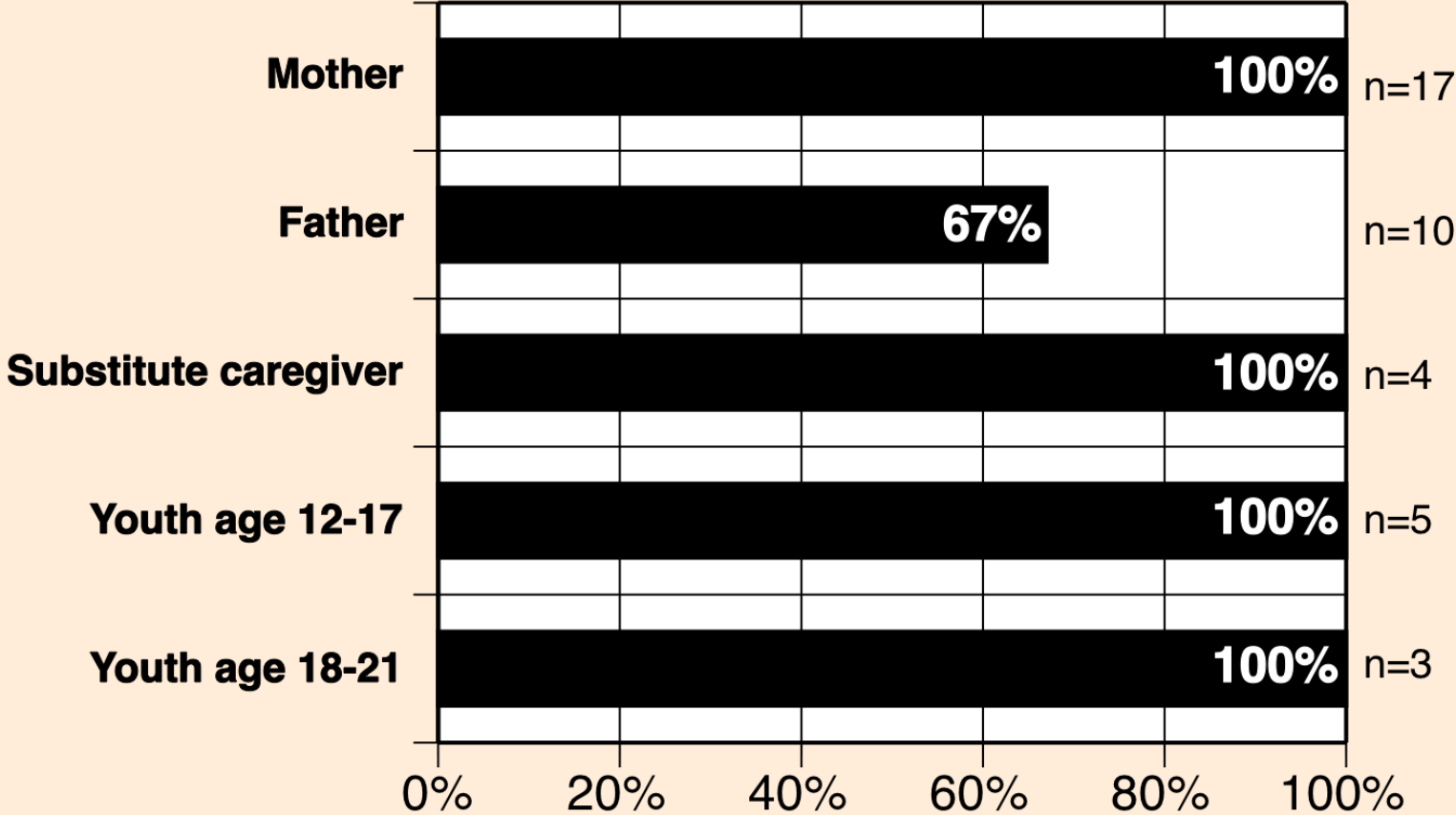
CSR Review, n=22

Southeast MA Dec. 2011

■ Percent favorable cases

Family Status

Voice and Choice



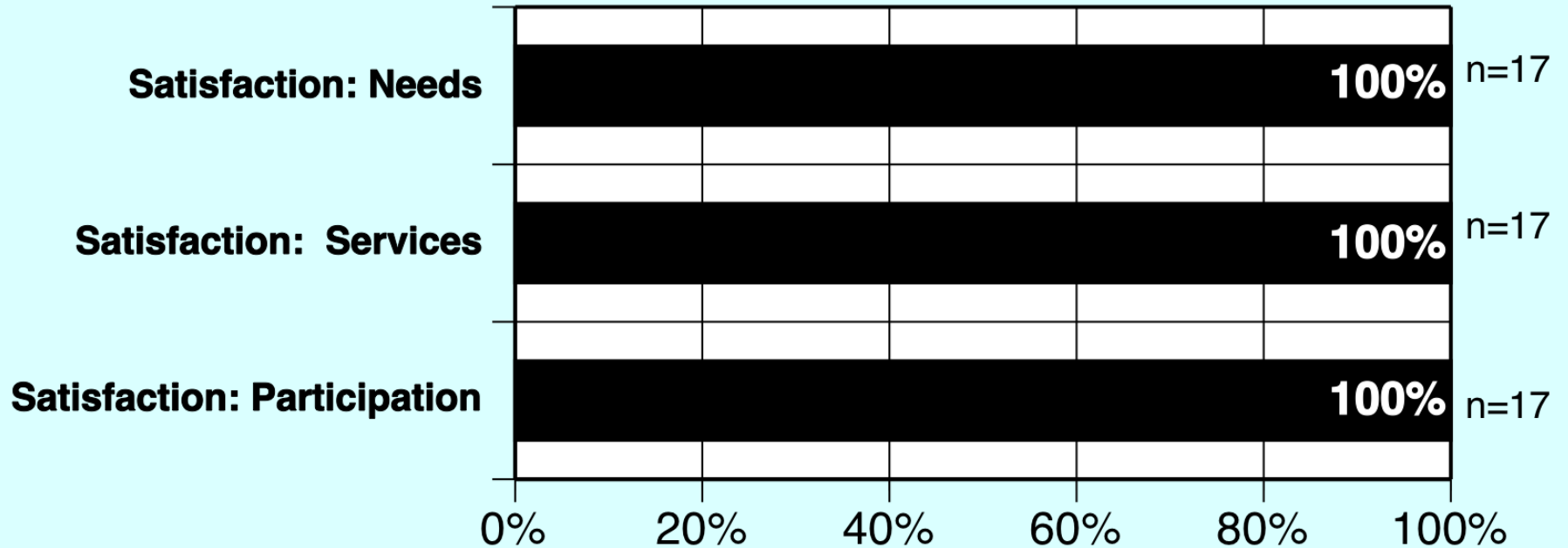
CSR Review, n=22

Southeast MA Dec. 2011

■ Percent favorable cases

Family Status

Satisfaction: Mother

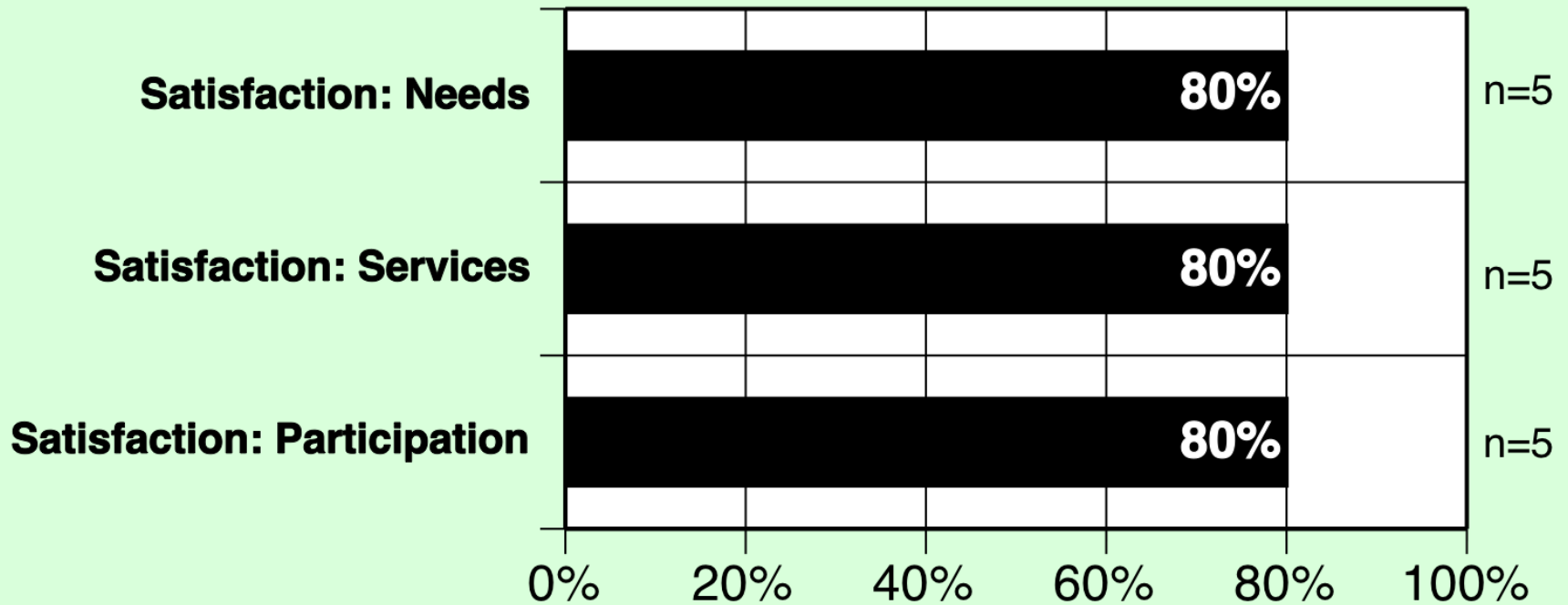


CSR Review, n=22

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Family Status

Satisfaction: Father



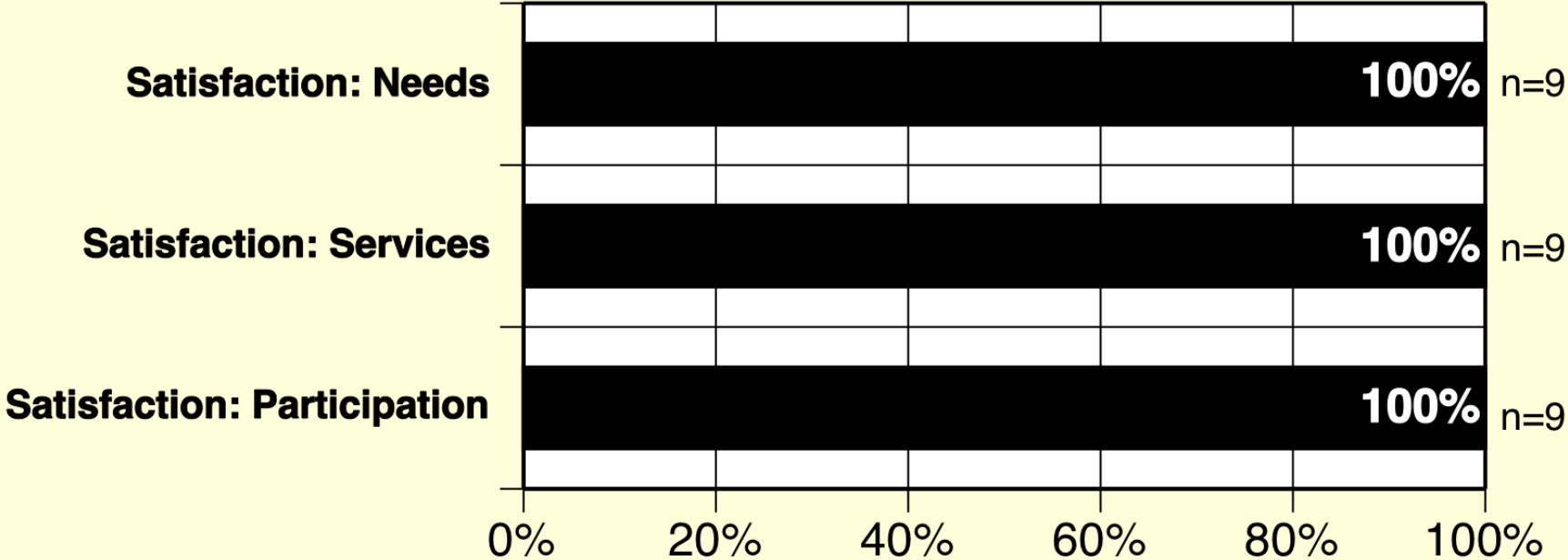
CSR Review, n=22

Southeast MA Dec. 2011

■ Percent favorable cases

Family Status

Satisfaction: Youth



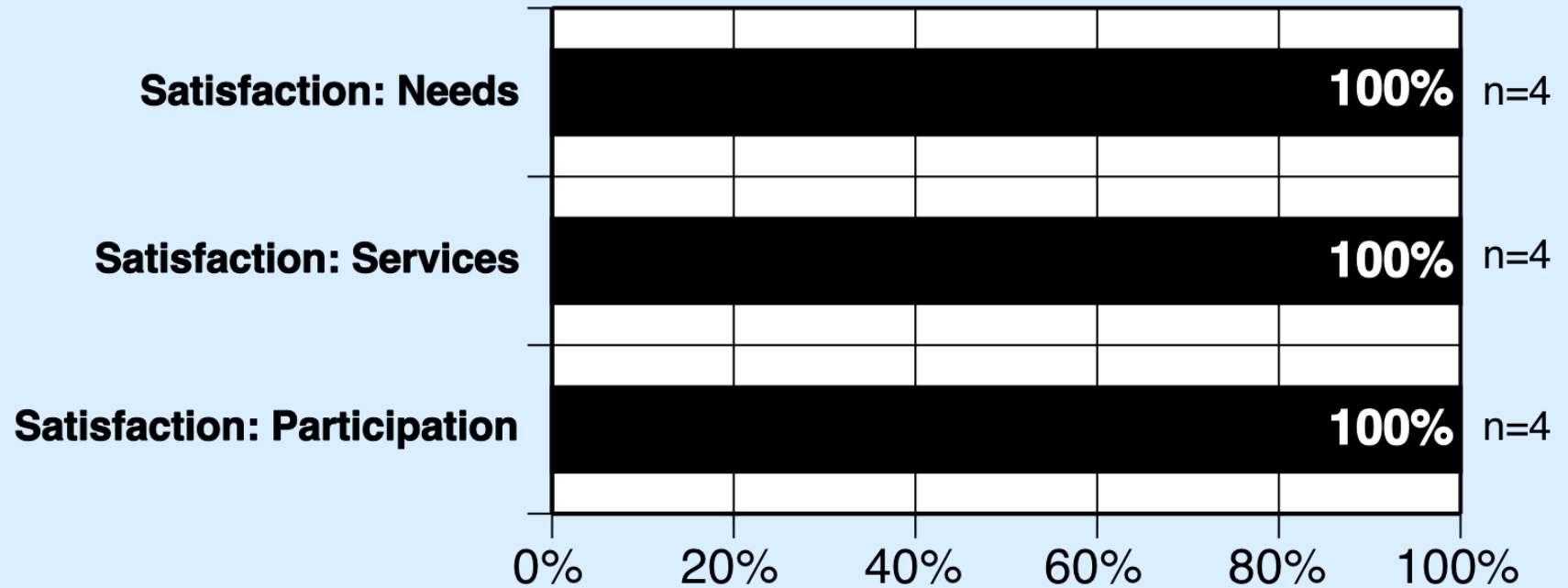
CSR Review, n=22

Southeast MA Dec. 2011

■ Percent favorable cases

Family Status

Satisfaction: Substitute Caregiver



CSR Review, n=22

Southeast MA Dec. 2011

■ Percent favorable cases

Youth Progress

N=22

Child/Youth Progress

Reduction: psych/beh symptoms

68%

Reduction: substance use

100%

n=1

Improved coping/self-mgt.

82%

School progress

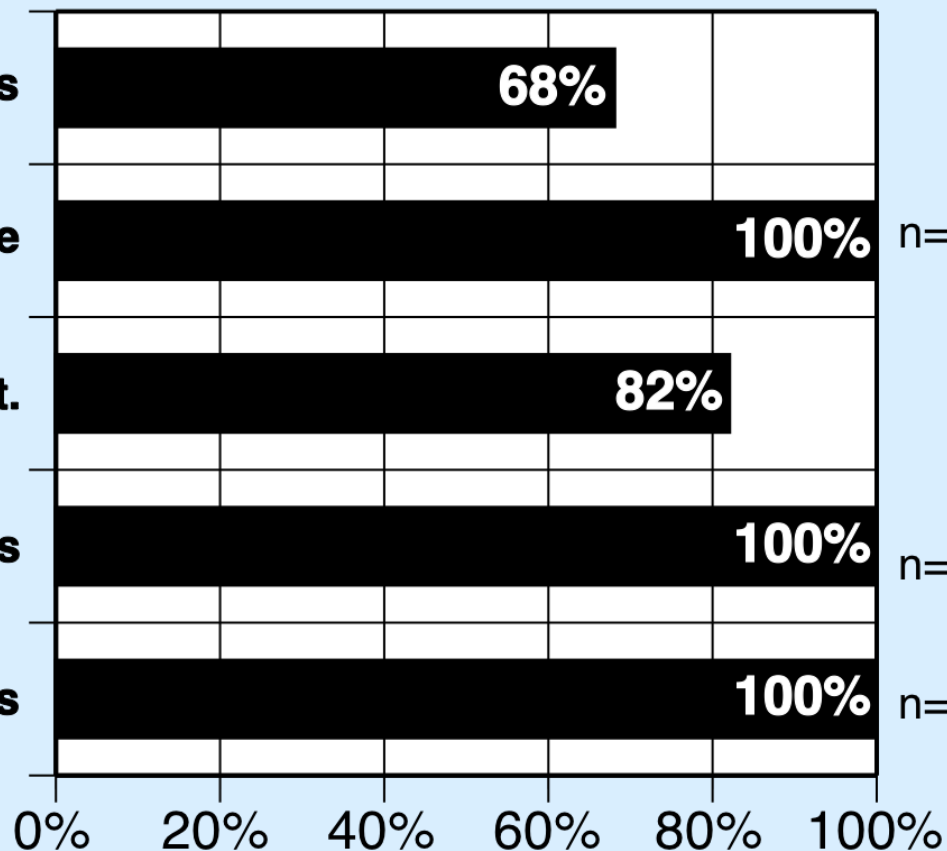
100%

n=21

Work progress

100%

n=2

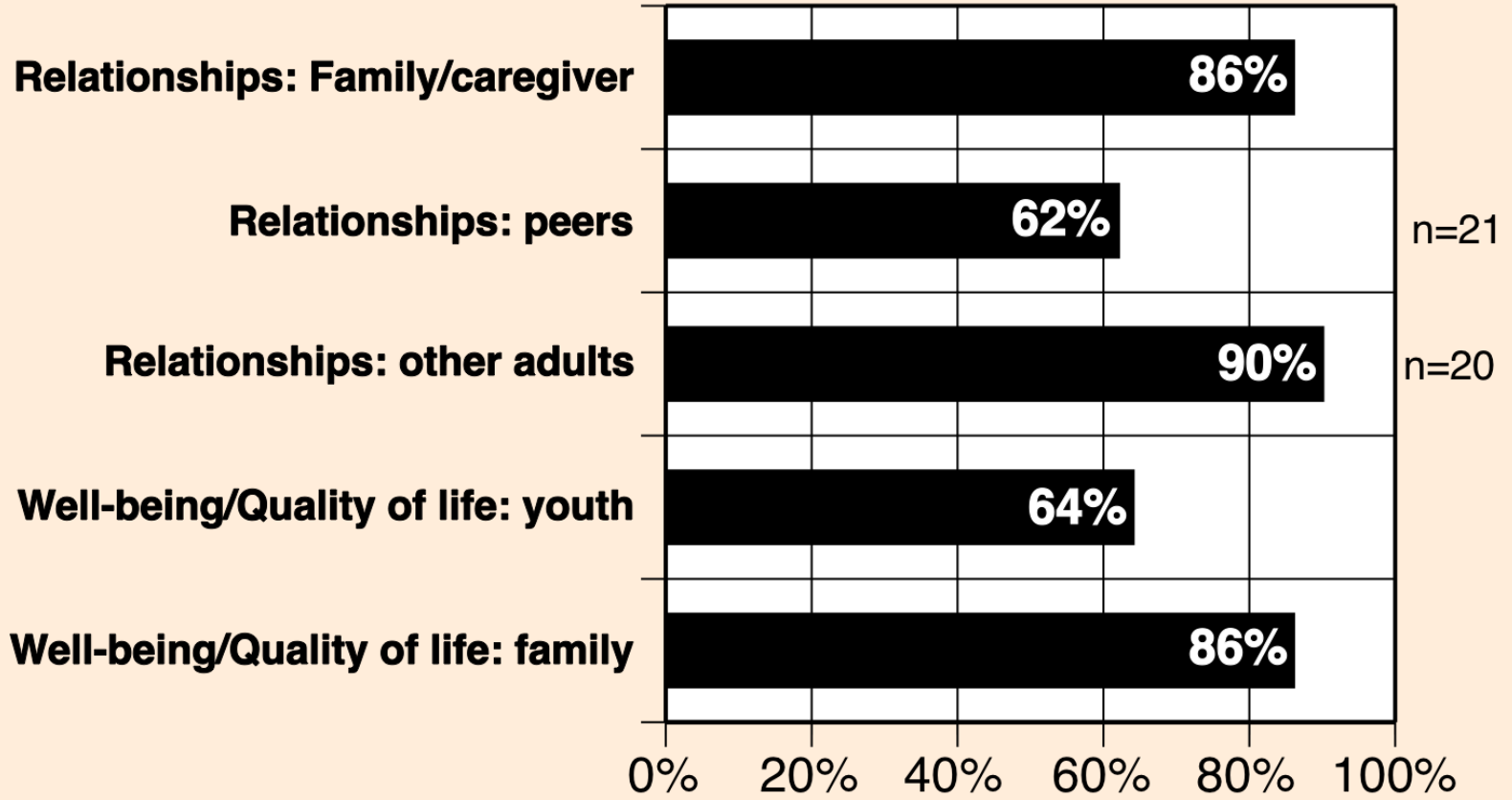


■ Percent favorable cases

CSR Review, n=22

Southeast MA Dec. 2011

Child/Youth Progress Relationships/Well-being

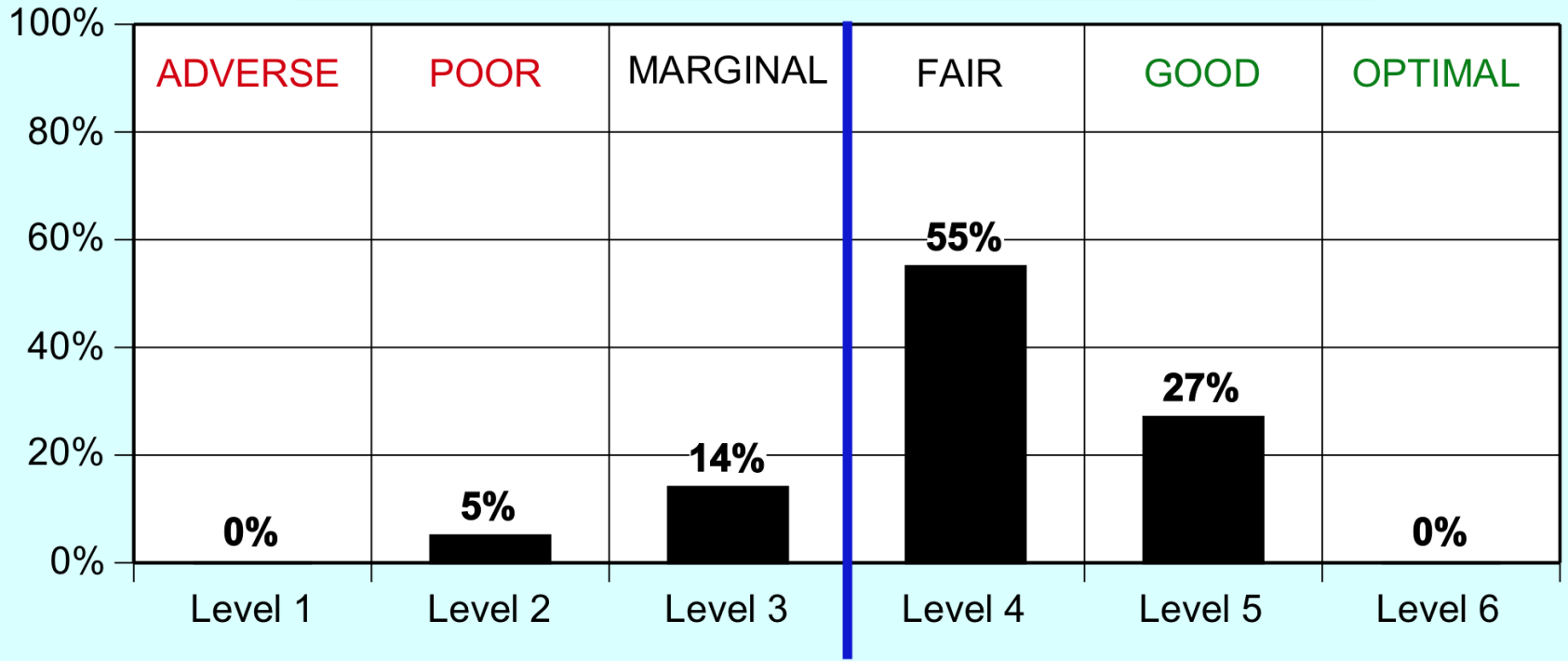


CSR Review, n=22

Southeast MA Dec. 2011

■ Percent favorable cases

Overall Child/Youth Progress



CSR Review, n=22

Southeast MA Dec. 2011

■ Percent of cases

IMPROVEMENT

REFINEMENT

MAINTENANCE

UNFAVORABLE

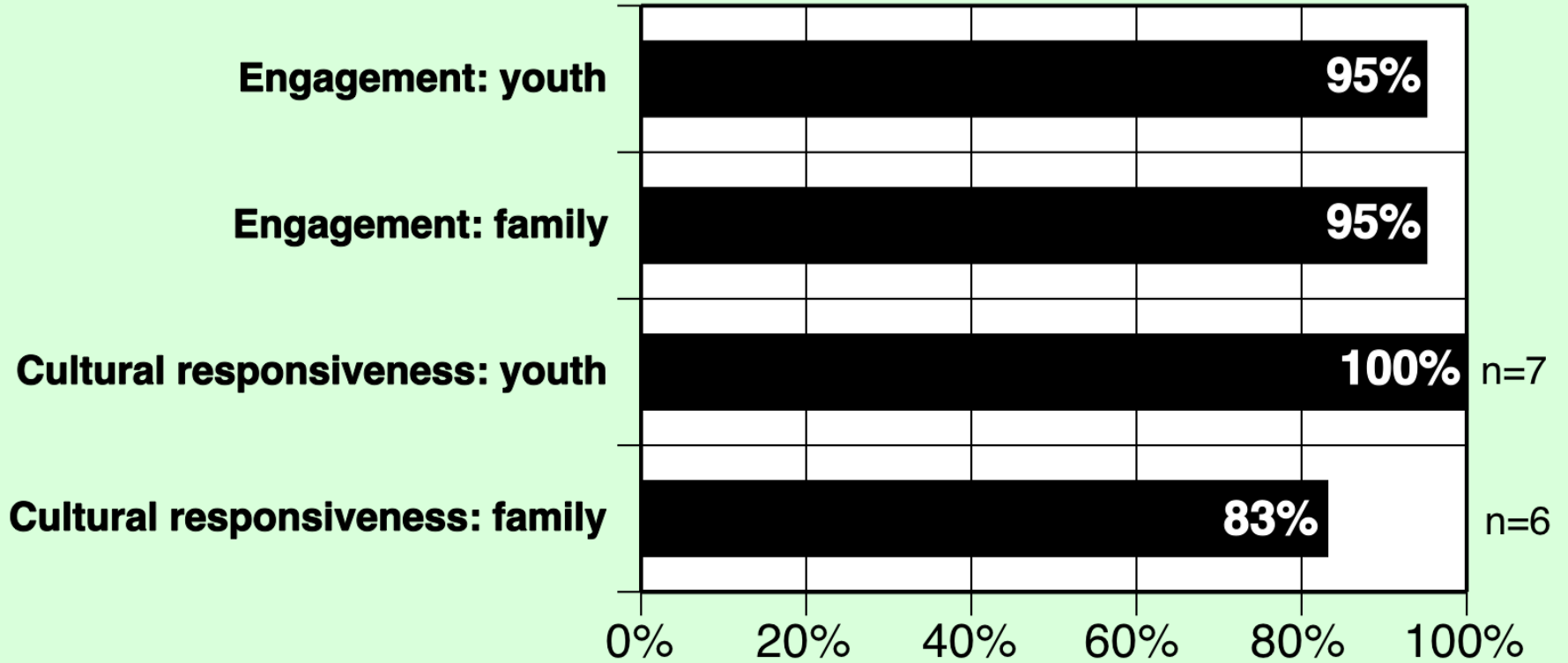
FAVORABLE

System/Practice Performance

N=22

Practice Performance

Engagement & Culture



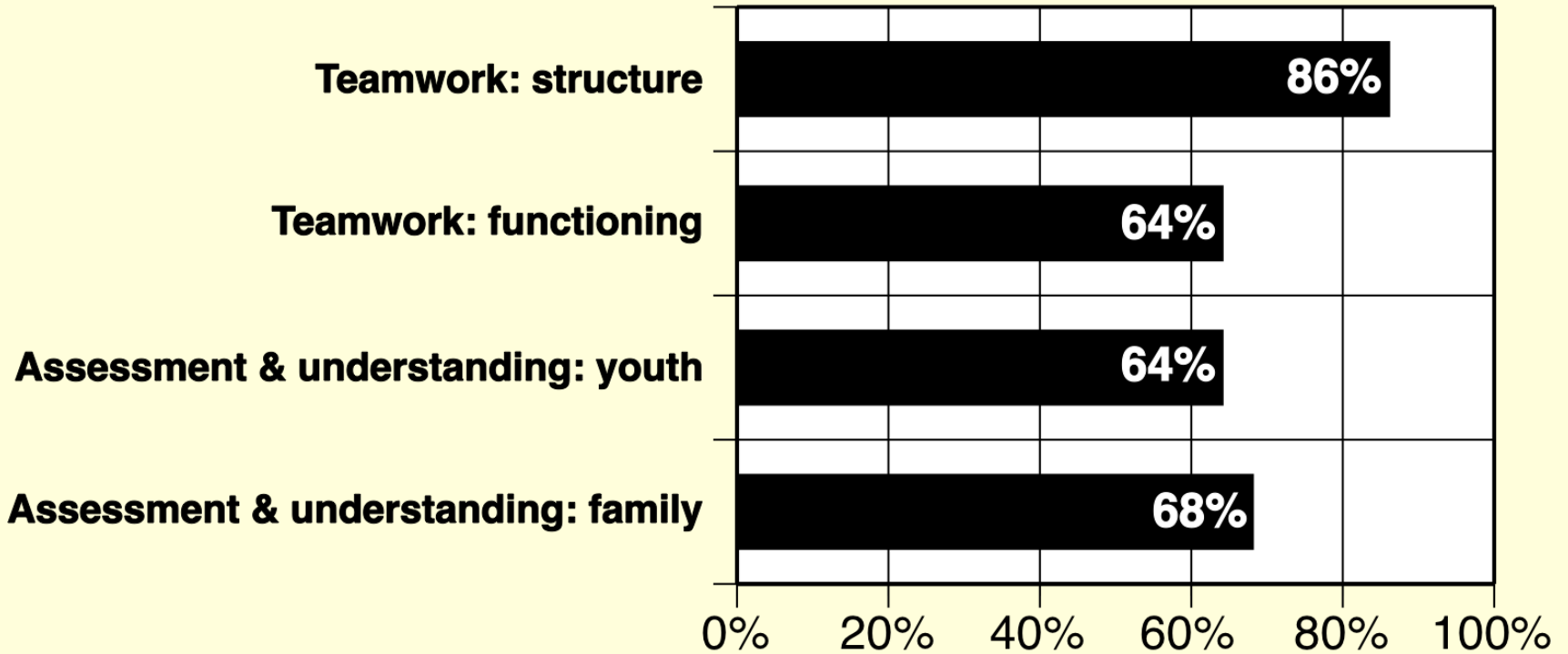
CSR Review, n=22

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■ Percent acceptable cases

Practice Performance

Teamwork & Assessment



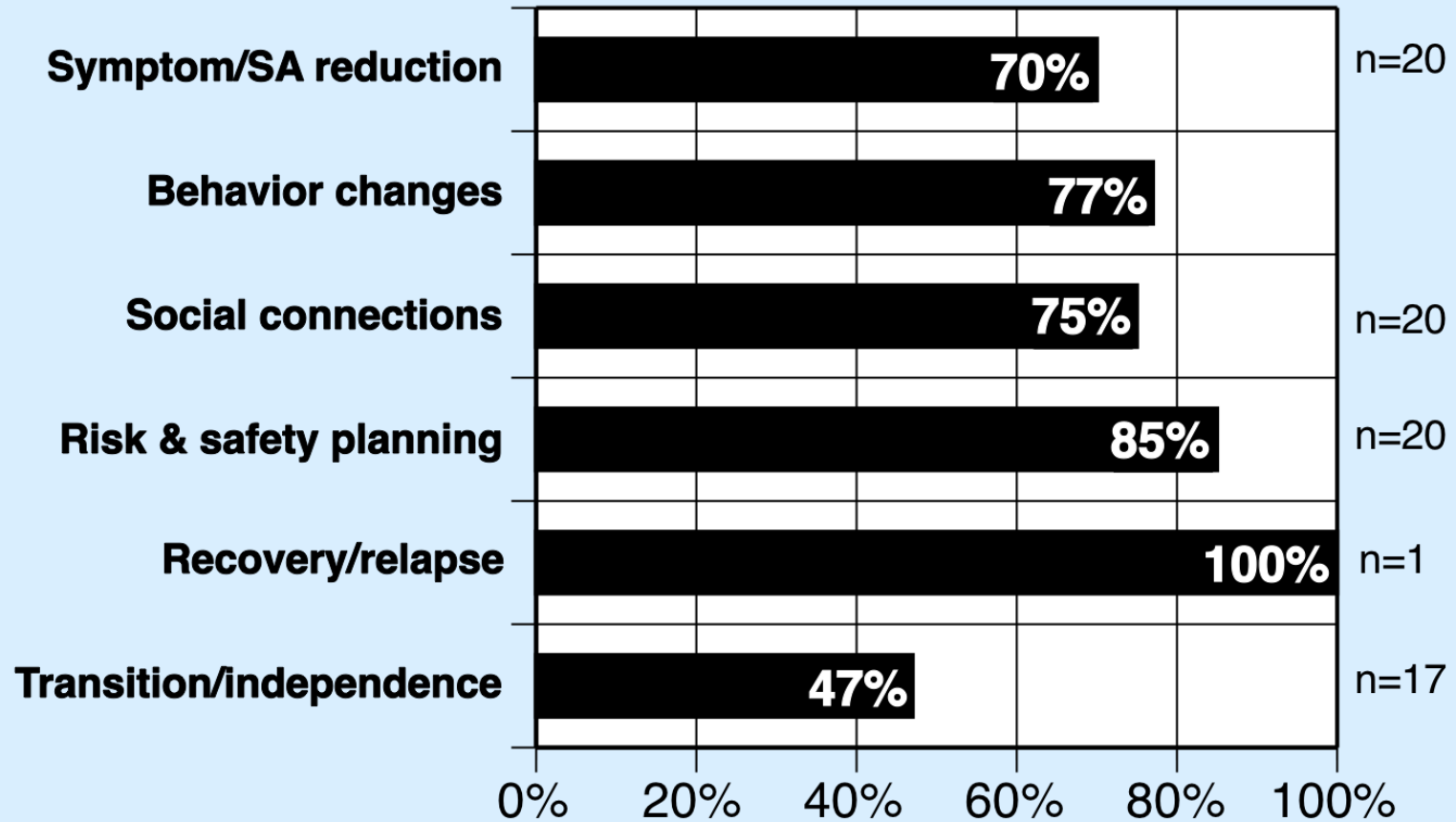
CSR Review, n=22

Southeast MA Dec. 2011

■ Percent acceptable cases

Practice Performance

Intervention Planning

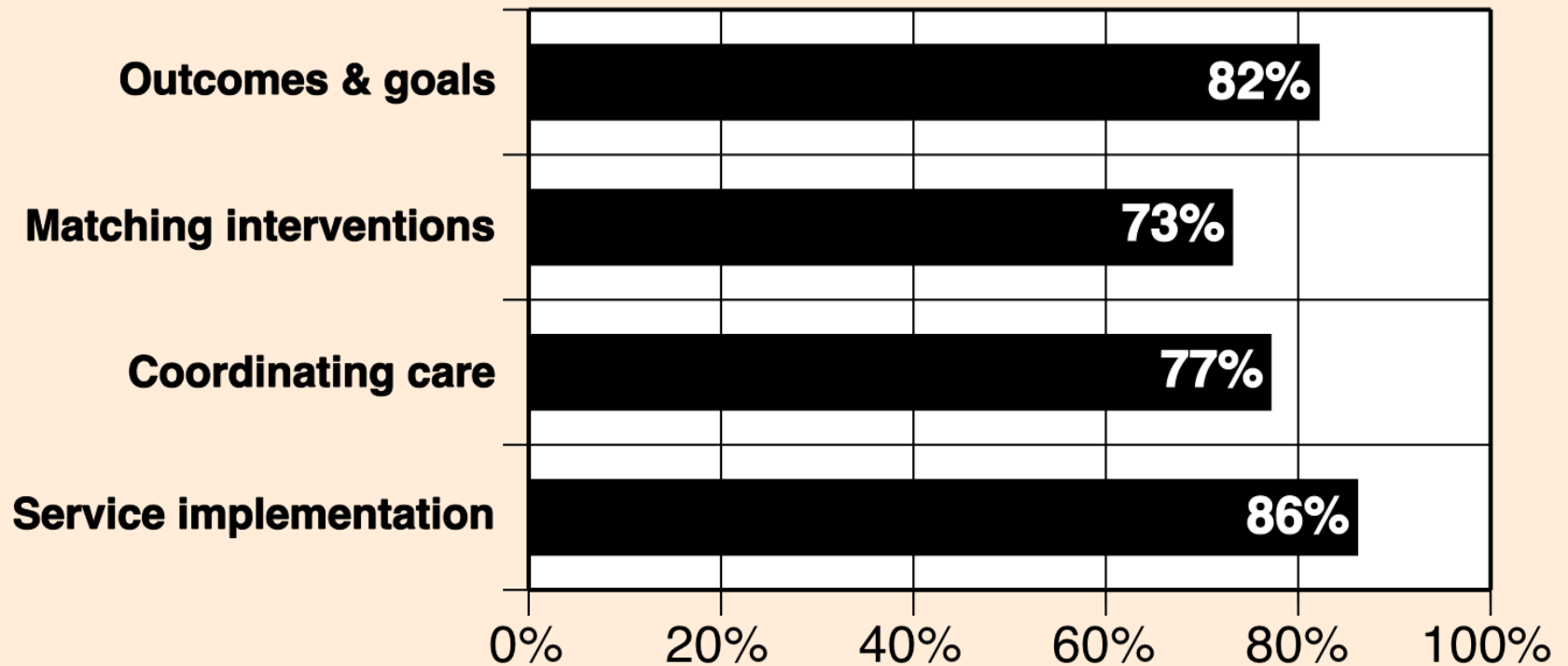


CSR Review, n=22

Southeast MA Dec. 2011

■ Percent acceptable cases

Practice Performance Outcomes & Implementation



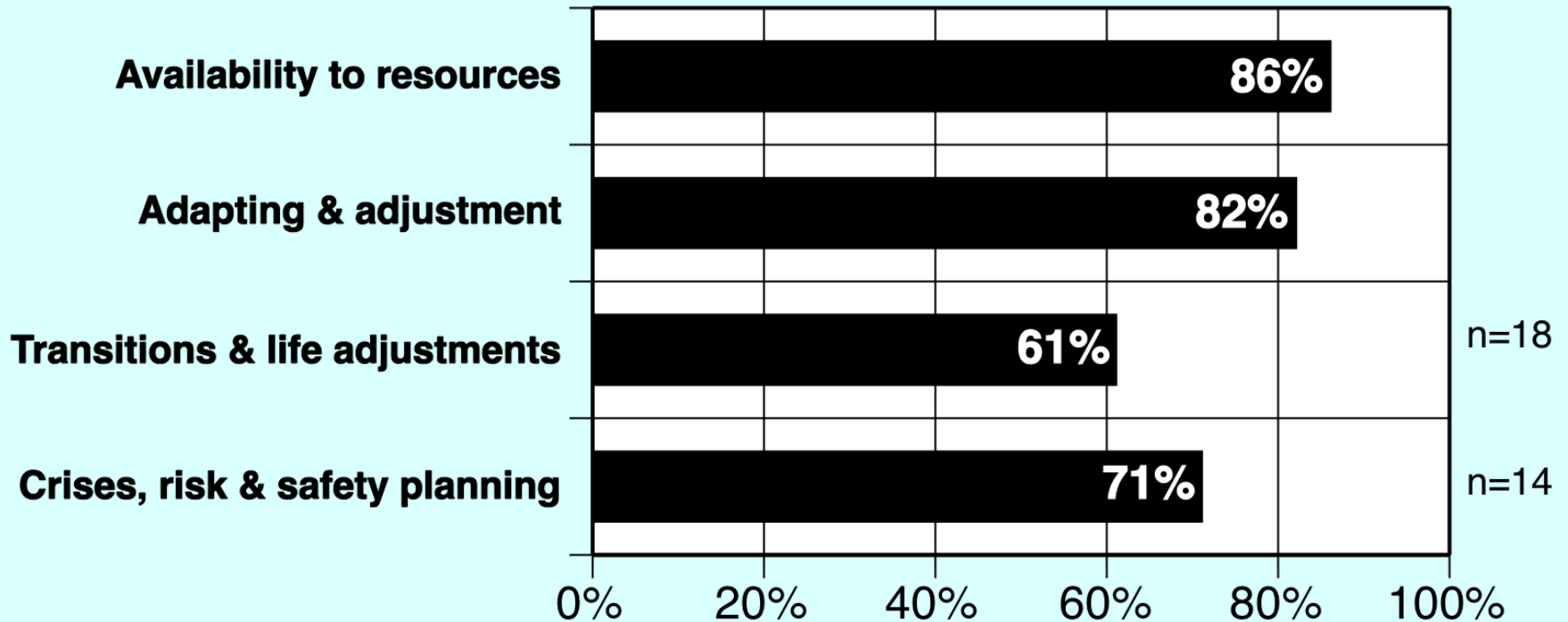
CSR Review, n=22

Southeast MA Dec. 2011

■ Percent acceptable cases

Practice Performance

Resources & Life Adjustment

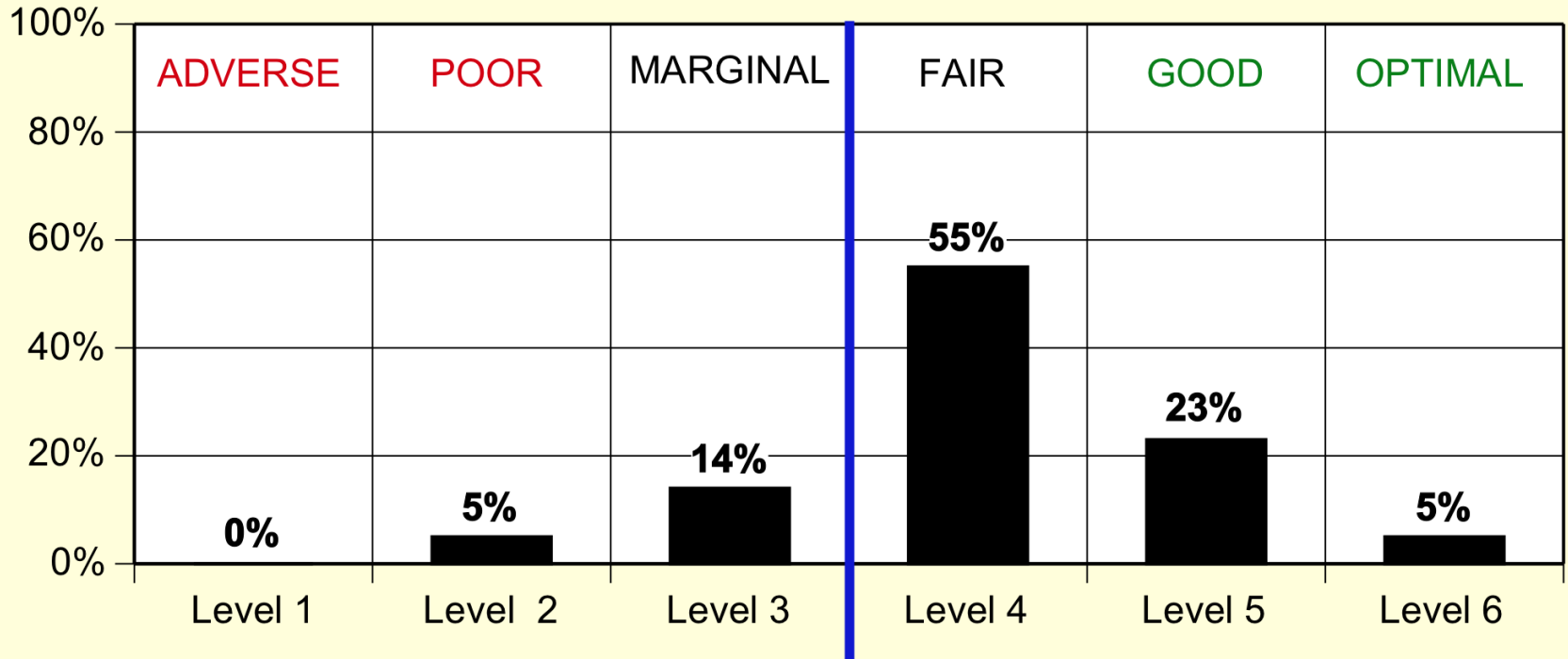


CSR Review, n=22

Southeast MA Dec. 2011

■ Percent acceptable cases

Overall Practice Performance



CSR Review, n=22

Southeast MA Dec. 2011

■ Percent of cases

IMPROVEMENT

REFINEMENT

MAINTENANCE

UNACCEPTABLE

ACCEPTABLE

CSR Outcome Categories

Status of Child/Youth/Family

Favorable Status

Unfavorable Status

Acceptable
System
Performance

Outcome 1:

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

73% (16 youth)

Outcome 2:

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

9% (2 youth)

82%

Acceptability of Service System Performance by Individual Youth

Outcome 3:

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

5% (1 youth)

Outcome 4:

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

14% (3 youth)

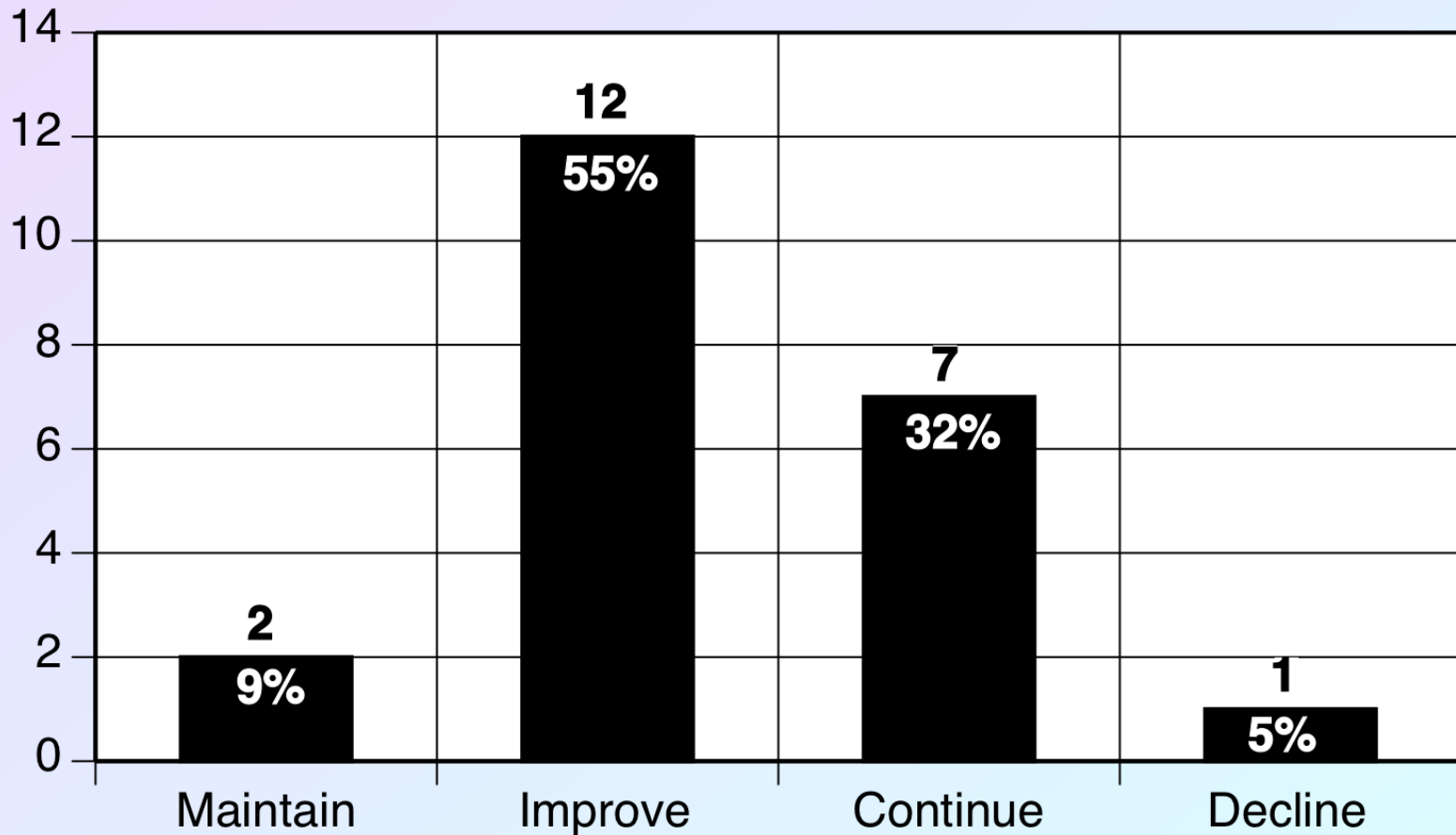
19%

Unacceptable
System
Performance

78%

23%

Six-Month Forecast



CSR Review, n=22

Southeast MA Dec. 2011

■ Number of Youth Reviewed

Strengths, Challenges and Opportunities for Improvement

Strengths

- The training, supervision, background and quality of Therapeutic Mentors was evident; many were using effective strategies in their work with youth.
- Many of the youth reviewed were noted to be making progress on treatment goals and had improved functioning. Most of the parents felt their children were benefiting from services.

Strengths

- More staff than in the last CSR could describe interventions with more specificity, and more teams had a better overall understanding of strengths and needs of youth and families.
- Families often felt the planning process was protracted, but once they began receiving services, the services they needed were readily available.
- School staff for many of the youth were invested and involved in teams, and team meetings were often occurring at schools.

Strengths

- Family partners are experienced and skilled. There were a number of bi-lingual Family partners- which was helpful to families.
- Teams were observed to have “community-based” orientations, connecting youth to community resources. There was noticeable advocacy for the youth by care coordinators and teams.
- New staff in many of the agencies were well-oriented to the requirements of their positions.

Challenges

- Parents expressed that too much time was spent when they come into services on planning; they would rather have quicker access to services and active help.
- Some parents felt understanding and addressing their child's underlying issues came slowly.
- Engaging the medical community is difficult but important, especially in assessing and treating medical issues which may be underlying children's problems. PCPs need more education about CBHI.

Challenges

- Stigma of youth with mental health issues is a pervasive issue in communities and schools. Bullying is present in certain schools.
- There are few support groups for youth and parents, including for younger children.
- Referrals to ICC/IHT or other options are often not considered by outpatient providers that have been treating youth, even when youth are not making progress or have escalating problems.

Challenges

- Transitions need more concrete proactive planning and active support.
- Parents identify the most important needs are providing social and support groups for families, funding for basic needs, education for providers, adoption supports, and providing timely services.
- More younger children need services; services for young children are difficult to access.

Challenges

- Outpatient providers are often reluctant to fulfill the role of being a “hub” for services. It is difficult to connect Family Partners to an outpatient hub.
- A concern for many youth is lack of goal continuity when youth transition to outpatient services.
- Outpatient therapy is generally not authorized at the level needed to support treatment needs of families. The understanding is that families are allowed 24 visits a year; at the intensity needed, appointments are generally exhausted in 2-3 months.

Challenges

- Youth often wait 2-3 months for a medication evaluation.
- Accessing a psychiatrist through an outpatient therapist is problematic for many youth especially when agencies require a “trial” of OP therapy of 4-6 sessions before access to the M.D. is allowed.
- Therapeutic mentors are often the preferred service for youth, but are difficult to access. Many youth would rather have a mentor than a therapist. This challenge may relate to limitations of outpatient therapy or IHT.

Challenges

- Some of the CSAs think that the requirement to have a consulting psychiatrist has been “dropped.”
- The role of residential services in the system of care needs development to assure it is congruent with the broader system, especially in the area of engagement of parents, schools and teams.
- Some youth are being discharged from services before goals are met.

Challenges

- IHT is seen as a “6-month service” and rarely goes beyond 8 months. Many youth are returning to services as a result of continued needs being unaddressed.
- Youth with intellectual disabilities and co-occurring mental health issues have difficulty accessing services.

Opportunities for Improvement

- Assess ways to improve the role of outpatient services, continuity of care, OP “hub” functions and access to psychiatry.
- 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.
- Consider current progress and improvements when assessing if youth should be discharged from any service.

Opportunities for Improvement

- Provide education to community physicians and schools about children's mental health and CBHI services.
- Consider ways to provide support groups and social events for youth and families.
- Provide opportunities for youth leadership, and support youth participation in System of Care Committees or other venues where their voice can collectively help improve services.

Opportunities for Improvement

- Strengthen the skills of care coordinators and their supervisors so the work consistently moves beyond a “service brokerage” model, and is helping teams to craft strategies that work and responds at the depth needed by youth and families.
- Assure all youth have a current quality mental health assessment that informs team planning.

Opportunities for Improvement

- Consider that some youth may need quicker access to direct services that may need to be provided concurrent to the assessment and planning process.
- Assure youth that are receiving multiple medications, off-label prescriptions, medications for behavioral control or more than one medication for a single diagnosis are carefully monitored and reviewed.

Opportunities for Improvement

- Improve meaningful coordination with psychiatrists and medical providers.
- Identify structural and systemic solutions to improve outpatient providers' capacity to perform the functions that support a child and family to continue to make gains and progress achieved in more intensive services.
- Explore modalities of IHT and outpatient service provision that families and youth find beneficial and that youth are receptive to.