2004 Report on Children and Youth

Served by the District of Columbia Department of Mental Health

May 2004

Presented to the Dixon Court Monitor

by

Human Systems and Outcomes, Inc.

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Purpose and Scope of the Review

The Final Court-Ordered Plan for Dixon, et al v. Williams [March 28, 2001] required that performance measures be developed and used within a methodology for measuring service system performance. The court-ordered Exit Criteria and Method [September 21, 2001] set forth further detail for measurement requirements attendant to consumers, including children and youth:

- Consumer service reviews will be conducted using stratified samples.
- Annual reviews will be conducted by independent teams.
- Annual data collection on individuals will include consumer and family interviews, record reviews, staff interviews, caregiver interviews, and analysis of data.
- The independent teams will cover key areas of review for each consumer. For children and youth, these key areas include community living, life skills, health and development, treatment planning, treatment, family supports, specialized services, coordination of care, and emergent/urgent response to needs.

To begin the process of meeting these requirements, a child review protocol was developed, tested, revised, and then used to create a baseline for subsequent measurement of progress. The initial review was completed during the week of March 24-28, 2003, using measurements taken on a sample of 35 children and youth randomly selected for this purpose. The results of the initial review were provided to the Court Monitor in a report dated March 2003. Findings from the initial review were generally mixed, with approximately 75% of the children in the sample being considered to have an overall acceptable status. The appraisal of the service system for these children was considered overall acceptable in slightly less than half of the children and families

reviewed. Due to some methodological limitations during the initial sample selection process, there was some concern on the part of the review team and the Department of Mental Health (DMH) that the actual children and families reviewed might represent only the families that were most actively engaged in the system. It was concluded that the review results likely provided a more positive status of children receiving mental health services and the overall responsiveness of the service system in addressing their needs than would be reflected in a more fully representative sample of children and families and the range of practices.

As a result, a larger sample was drawn for the second-year review and the logistical preparation was facilitated by the Dixon Court Monitor's staff with support from Human Systems and Outcomes, Inc. (HSO), as well as with major strategic support from DMH staff. Review activities for the second-year review were completed during March 2004. This review should be primarily considered an extension of the baseline review using a more refined sampling process. This report contains the results of the individual child reviews completed during the year-two review activities. Findings pertain to the final 54 children included in the review.

The design of the 2004 sampling process, training of reviewers, supervision of data collection, and analysis of data were conducted by HSO, an organization with extensive experience in qualitative child service review processes used in monitoring services in class action litigation situations. HSO was contracted by the Dixon Court Monitor and worked as staff to the monitor in conducting the review.

In reading this report, the reader must recognize that a large systemic change process is occurring in the Department of Mental Health that is going to take multiple years to bring individualized, highly coordinated services to each child and family served to a highly consistent and fully functional level of performance. To date, a tremendous amount of energy and effort has been expended to create the infrastructure and foundational capacities necessary to support a consistently performing, high quality service delivery system. In the stakeholder interviews this year, some provider agencies were just beginning to reach a stage of development in which practice issues and the barriers to good practice could be discussed. In other agencies, there is still a struggle to just get the foundational infrastructure and basic understanding in place. A

major difference from the first-year review is that core service agency staff and other providers are much more aware of the conceptual framework for the delivery of services and practice expectations. The challenges identified this year are involved with how to operationally achieve both the business model and practice model in specific actions and detail implementation for most of the consumers most of the time. From HSO's perspective, considerable progress continues to be made and the system is just now beginning to reach the point that more focus and effort can be put into the actual development and implementation of more consistent high quality practice.

The Sample for Children and Youth

A stratified random sample of 162 registered clients was drawn from the registered children on the Department of Mental Health ECURA data system. From that number, a stratified sample of 54 children was obtained from the larger sample when it was determined that the child was or had recently been an active case and the parents were willing to provide informed consent. The criteria for inclusion in the sample were that the case is currently active (as defined by receiving services within three months of the time of the review) and is receiving a minimum of one type of service (i.e., case management, counseling, medication management, etc.). Three variables were identified as differentiating points for a stratified random sample that was drawn the week of January 26, 2004: (1) provider agency, (2) age of child, and (3) child's level of need.

In this section, considerable detail is provided about the sampling selection and the logistical issues encountered in setting up the final sample of children and families that were ultimately reviewed. This information is provided because the challenges and issues that were encountered are instructive in regard to both the current status of infrastructure development and of the implementation of the System of Care practice model. They also reflect how complex a service delivery system is and how many details and components have to work in sync in order to achieve the best results for children and families.

Provider Agency

The DMH data system shows there are a total of 2,781 children enrolled in DMH who either requested referral for services through the Access Help-Line or received services either now or in the past from one or more of 15 different provider agencies. These provider agencies differ substantially in the total number of children they serve. Ninety-eight percent of the children enrolled in a core service agency are receiving services from one of the seven largest agencies. These agencies are: the Public Core Service Agencies; Center for Mental Health, Inc; First Home Care; Hillcrest Children's Center; Community Connections, Inc.; Optimum Care; and Universal Health Care Management. **Display 1** provides the number of children currently enrolled in all of the provider agencies, as identified through the ECURA system.

Display 1

Total Number of Children Receiving Services by Provider Agency		
Agency	Total Children	% of Children Receiving Services
1. Public Core Service Agency	1,053	38%
2. Center for Mental Health, Inc.	878	31%
3. First Home Care (First Home Care CBI-1)	327	12%
4. Hillcrest Children's Center (Hillcrest Crisis/Emergency - 1)	175	7%
5. Community Connections, Inc.	145	5%
6. Optimum Care	108	4%
7. Universal Health Care Management	60	2%
8. Fihankra Place	19	2%
9. Anchor Mental Health Association	4	<.01%
10. Washington Hospital Center	4	<.01%
11. Green Door	2	<.01%
12. Psychotherapeutic Outreach Services	2	<.01%
13. Woodley House	2	<.01%
14. Lutheran Social Services	1	<.01%
15. Psychiatric Center Chartered	1	<.01%

Age of Child

The number of children receiving services at each site varies by the ages of the children. Three pre-determined age ranges (0-9, 10-13, 14+) were specified as points to stratify the sample. There is a reasonably proportionate number of children within each of the three age ranges, with

the largest proportion of children receiving services in the 14+ age range. It should be noted that within the 0-9 age range, the majority of the children are ages five and older. **Display 2** provides the number of children being provided services in the seven largest provider agencies and the number in each of the age ranges. The sampling frame slightly over-sampled middle school and teenage children so that the final results would be most representative of the population of children receiving services.

Display 2

Number of Children Being Served Separated by Provider Agency and Age Range				
Agency	**Ages 0-9**	**Ages 10-13**	**Ages 14+**	**Total**
Public Core Service Agency	304 40%	341 38%	408 40%	1,053
Center for Mental Health, Inc.	322 42%	339 37%	217 21%	878
First Home Care	43 6%	76 8%	208 20%	327
Hillcrest Children's Center	24 3%	67 7%	83 8%	174
Community Connections, Inc.	32 4%	53 6%	60 6%	145
Optimum Care	31 4%	27 3%	50 5%	108
Total	756	903	1,026	**∑=2,685** (96.54% of 2,781)[1]
Note: There are 96 (3.46%) children being provided services in remaining provider agencies. Thus, one "at large" child is being sampled from the 96 to allow for an equal chance of being selected for inclusion in the review.				

Child's Level of Need

The child's level of need was separated into three categories (low, medium, high). There was a brief survey completed by the provider agency for each of the children included in the random sample. This survey was used to collect information such as the child's current level of service (type of service or Global Assessment of Functioning Scale/GAF score). The breakdown for level of need is as follows:

Low Need:	Basic outpatient services: GAF > 7
Medium Need:	Intensive outpatient or wraparound services: GAF 6-7
High Need:	Residential or partial hospitalization placement: GAF < 6

[1] The total number of children receiving services as indicated on the master list provided by the D.C. DMH on January 5, 2004, is 2,781.

Sampling Frame

Display 3 provides the final sampling frame for the 2004 children's review. This table indicates the number of children randomly selected from each agency separated by age ranges for inclusion in the review activities. It should be noted that this table also lists the triple sample selected from the agency from which the final participants were identified. The rationale for drawing a triple sample was to allow for participants refusing to consent to be included in the review activities, to allow for sample attrition, and to ensure that there was an adequate mix of the level of need of participants.

Display 3

Target Sampling Frame Stratified by Agency and Age Ranges				
Agency	**Ages 0-9**	**Ages 10-13**	**Ages 14+**	**Total**
Public Core Service Agency	6 (18)	7 (21)	8 (24)	21 (63)
Center for Mental Health, Inc.	6 (18)	7 (21)	4 (12)	17 (51)
First Home Care	1 (3)	1 (3)	4 (12)	6 (18)
Hillcrest Children's Center	1(3)	1 (3)	2 (6)	4 (12)
Community Connections, Inc.		1 (3)	2 (6)	4 (12)
Optimum Care	1(3)	1 (3)		2 (6)
Universal Health Care Management			1 (3)	1 (3)
Total (triple sample noted in parentheses)	15 (45)	18 (54)	21 (63)	**∑=54 (162)**

The intent of the proposed sampling methodology was to collect a random sample of c that is proportional to the actual age, level of need, and breakdown of children receiving in each provider agency. The sample size was determined using a binomial distribution table that would yield an estimated range of the underlying distribution of acceptabl acceptable performance at a 95% confidence level. This strategy for determining sar has been determined to be an effective means of establishing an overall service-level l other states that use similar case review methodologies as a measure for monitori decree compliance.

Children and Families Included in the Review

Display 4 provides the distribution of child reviews completed during the year-two review. As this table indicates, there were minor variations from the sampling specification. There were slightly larger numbers of children ages 0-9 and ages 10-13 included in the review than what were originally specified. In order to include a small number of children currently receiving mental health services in more restrictive residential settings (RTCs), the active caseload for one of the two area RTCs was provided and three children were selected from the 20 currently receiving services to be included in the review.

Display 4

Final Sample of Cases Included in the Review				
Agency	**Ages 0-9**	**Ages 10-13**	**Ages 14+**	**Total**
Public Core Service Agency	5	9	4	18
Center for Mental Health, Inc.	9	5	3	17
First Home Care	1	1	4	6
Hillcrest Children's Center	1	2	1	4
Community Connections, Inc.		2	1	3
Optimum Care	2			2
Universal Health Care Management			1	1
Hurt Home		3		3
Totals	18	22	14	**54**

Issues Encountered During Review Setup

Difficulties encountered during the review preparation included: (1) multiple data management systems tracking the status of consumers; (2) inconsistent understanding or application of current discharge policies; and (3) variability in the application of the basic case management model impacting the extent to which consumers were engaged with services provided by case managers and other core service agency staff.

(1) Multiple data systems: A listing of all children receiving mental health services was taken from the ECURA system in January 2004 and provided to HSO. The triple sample of cases

was randomly selected the week of January 26, 2004, and core service agencies were provided the lists of children targeted for inclusion in the review activities on January 29, 2004. Core service agencies were initially asked to complete a basic one-page survey for selected consumers in order to verify the child's age, list the providers working with that child, and provide some indication of the child's level of need. Core service agencies also indicated if the child was unknown to the agency, had been previously discharged from services, or had never been enrolled for services. Some form of response was provided for 161 out of the 162 initial triple sample. The following is a breakdown of the 162 randomly selected names:

- Fifty-eight out of the 162 (38%) were active cases.

Of the 104 that were not receiving services at the time of selection:

- Thirty-five were unknown to the core service agency or never received any services.
- Sixty-nine were not active as of the time the cases were selected in January 2004.

Due to the fact that the target sample for the review was 54 children, each of the 58 children noted to be an active case at the time of selection became a possible candidate for inclusion in the review. However, due to both the Center for Mental Health (CMH) and the Public Core Service Agency having the greatest proportion of either non-active or unknown cases and, subsequently, exhausting all candidates from the initial triple sample from each, 18 additional children (nine from the Public Core and nine from CMH) were selected. From that list of 18, there were three included in the review. Similarly, although the intent was to define currently receiving services as of three months prior to the date of selection, this was expanded to six months, resulting in another six children becoming eligible to be included. Of these six, one was included in the review. It is important to note that adding additional names to the sample and expanding the definition of active (or recently active) cases was done in order to increase the number of possible participants so that the stratified sampling frame could be met.

(2) Inconsistent understanding of current discharge policies: Stakeholders suggested during the review activities that children may continue to be listed on the ECURA system as active cases, although the provider agency is not actively providing services to that child. This was attributed to ambiguity regarding current discharge policies, in that, there was lack of clarity regarding the timeframes when providers must list a child as active when they are no longer receiving services. It was also suggested that children and families may be referred to a core service agency after contacting the Access Help-Line, but either a family no longer wanting to receive services or limited follow-up by a provider agency results in children not being actively served, even though the child was enrolled on the ECURA system by the Access Help-Line.

(3) Inconsistent application of a basic case management model: Some providers do not appear to be consistently engaging children and families in their own homes and schools. Rather, services may be offered in more of a "drop-in" clinic setting. As it related to review preparation, in some instances, case management staff may not have been routinely engaged with children on their caseload, and despite the case being listed as open and active on the caseload information systems, providers were not, in fact, providing any direct services to the child and family. An additional effect was that in some cases, case management staff was unaware of other formal service providers working with the child and family. This also caused some difficulty in ensuring that all relevant persons were included in the list of interview participants for the case review. Similarly, in several instances with more than one provider, case management staff did not identify their personal professional role in the child and family's life as a case manager or service coordinator, rather, their professional role was defined as the child's therapist or counselor. As such, basic case management services may not have, in fact, been provided for several children and families when such services might have been deemed necessary.

Description of the Children and Youth in the Sample

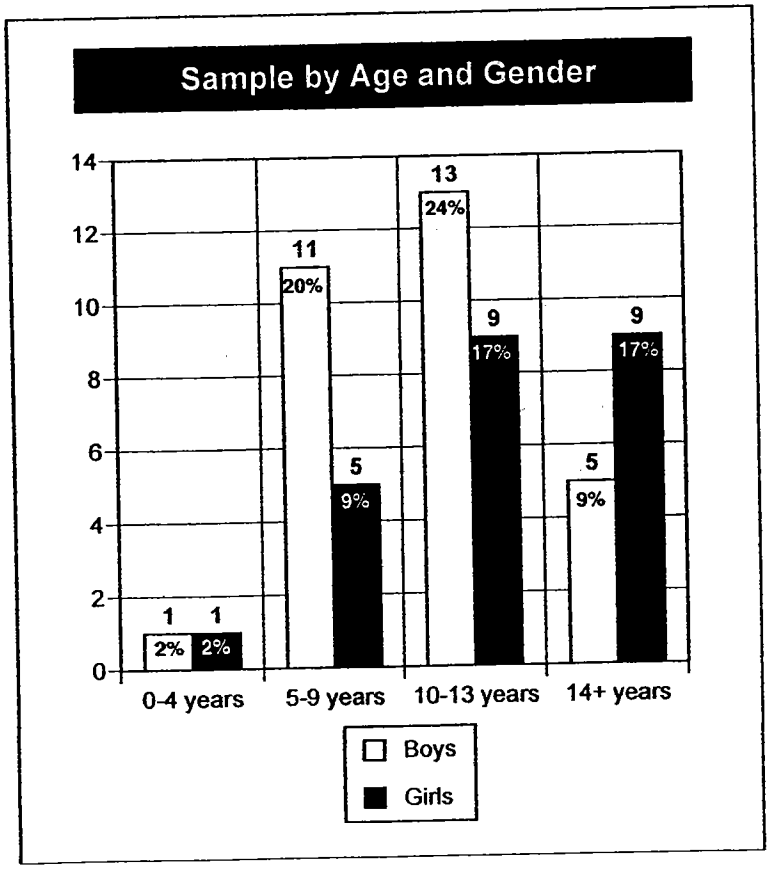
A total of 54 case reviews were completed during March 2004. These case reviews were completed over a three-week timeframe with half of the reviews completed by external reviewers

and half completed by Department of Mental Health staff trained to standard by HSO. Presented in this section are displays that detail the characteristics of the children and youth in the second-year sample.

Age and Gender

The review sample was composed of boys and girls drawn across the age spectrum served by the Department of Mental Health. **Display 5** presents the sample of 54 children and youth distributed by age and gender. As shown in this display, boys comprised 55% of the sample while girls comprised 45%. It is not uncommon for more boys to be receiving services from a System of Care within the active population. The sample had two children age four and younger and another 16 in the 5-9-year age range. Children under age ten comprised 33% of the sample, and this is comparable to the percentage of children age ten or younger receiving services (28%).

Display 5

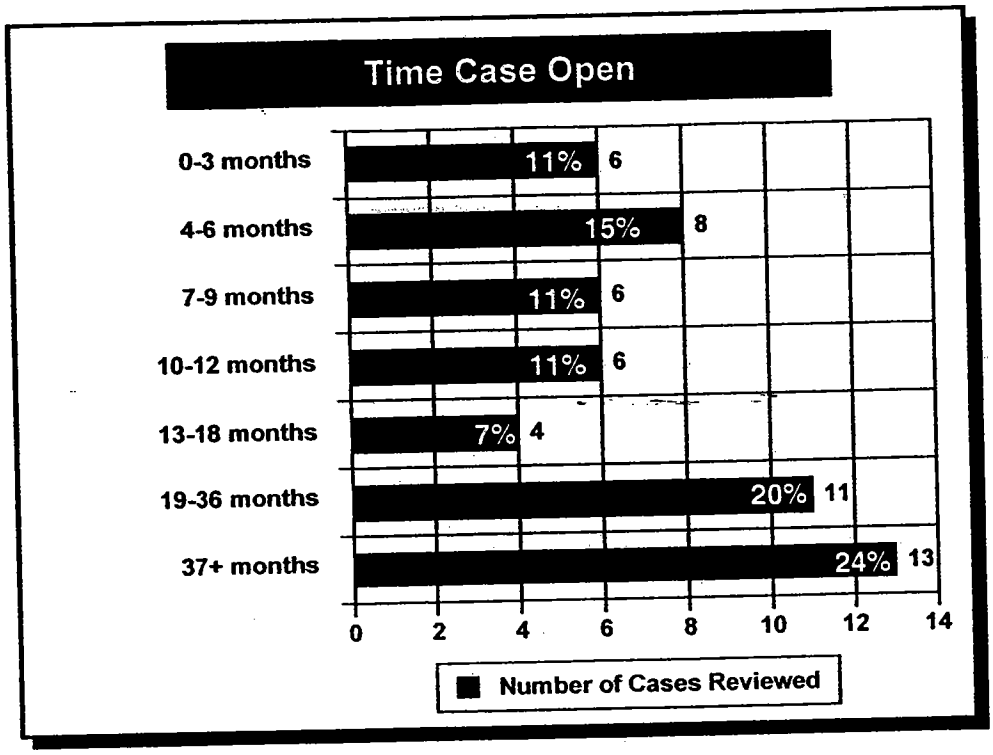


Twenty-two children (41%) ages 10-13 were included in the sample. This is somewhat greater than the total proportion of children ages 10-13 receiving mental health services (34%). Fourteen teenagers (26%) were included in the review. This is somewhat less than the total proportion of teenagers enrolled for services (38%). The lower number of teenagers in the sample is attributed to children ages 14 and older having a lesser likelihood of actively receiving services, despite their case status being listed as active on data management systems.

Length of Mental Health Services

All but one child in the review sample were receiving, or had received, services within three months of the time of review. The one additional child had received services within the previous six months. **Display 6** presents the amount of time their cases had been open with DMH during their current, most recent admission for services. As can be seen in this display, 48% of the sample had cases open for 12 months or less, 27% were open for 13 to 36 months, and 24% were open for more than three years. In comparison to last year's baseline results, this year's sample had been receiving services for a more extended period of time. For example, in last year's review, there were 51% of children receiving services for less than 12 months, 40% receiving services for 13-36 months, and 6% receiving services for greater than 36 months.

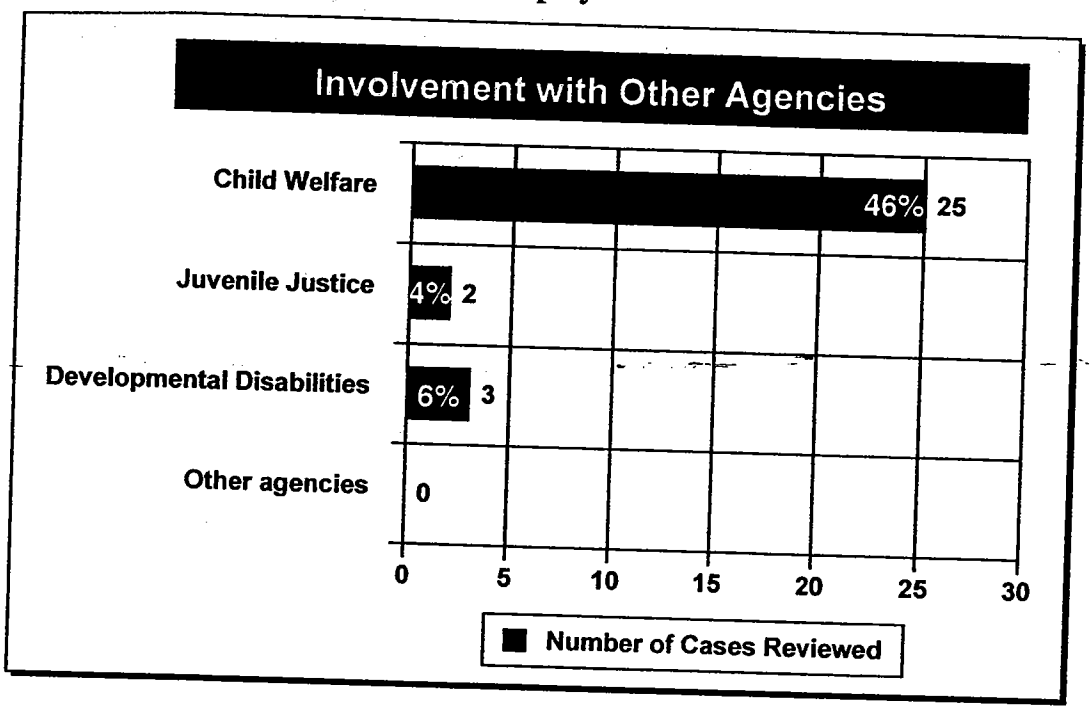
Display 6



Services by Other Agencies

Some children and youth in the review sample were also receiving services from other major agencies. **Display 7** presents the number who were identified as being served by other key agencies: child welfare, juvenile justice, and developmental disabilities. As the display indicates almost one half (46%) of the review sample of children and youth were involved with the child welfare system. This is considerably greater than the 23% receiving services from child welfare in last year's review. Only two children (4%) were noted as being involved with the juvenile justice system and three children (6%) were receiving services from developmental disabilities It is highly likely that more children in the review may, in fact, could have qualified for developmental disabilities services based on individual case review findings.

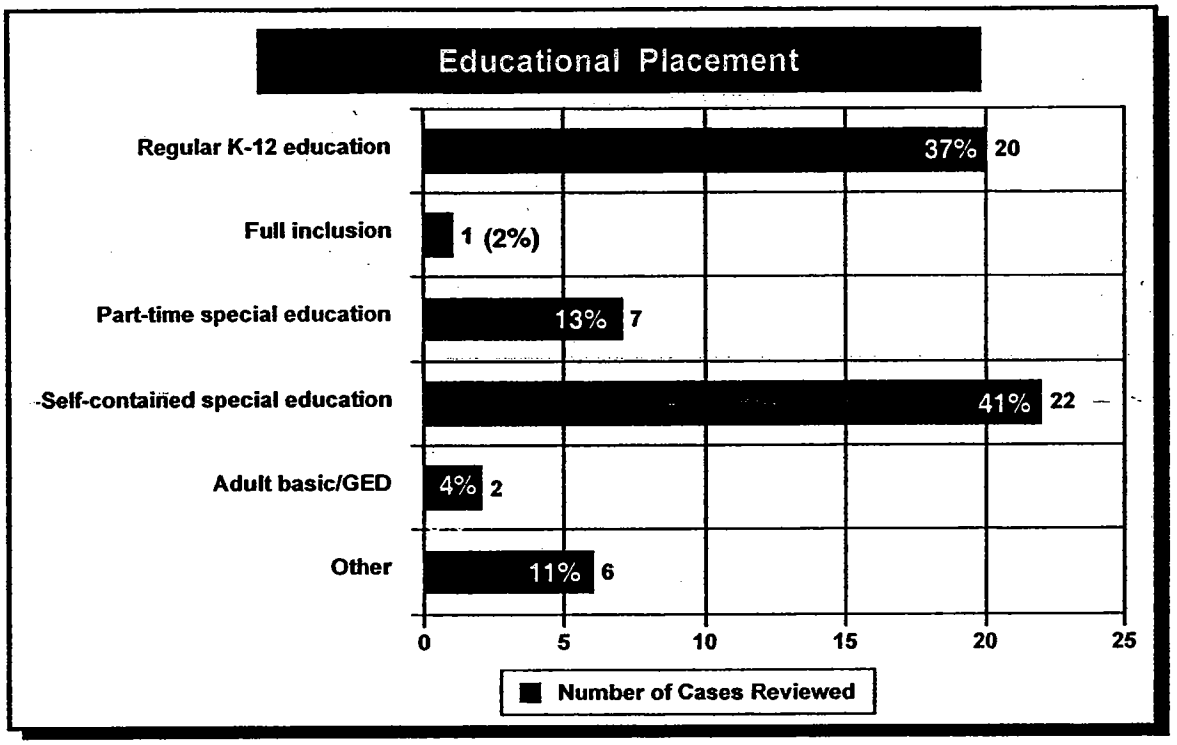
Display 7



Educational Program Placement

Getting an education and preparing for employment are major societal expectations for children and youth. **Display 8** describes the educational status/placement for the children and youth in the review sample. Less than one half (37%) were found to be participants in a regular K-12 educational program. Slightly more than half (54%) were receiving educational services from a special education program, with 2% receiving educational services in a fully self-contained program. Two teenagers were receiving adult educational/GED services, while the remaining six children classified as "other" includes children who had dropped out or were not attending school (2), were receiving homebound school services (2), were in Head Start (1), or were in college (1).

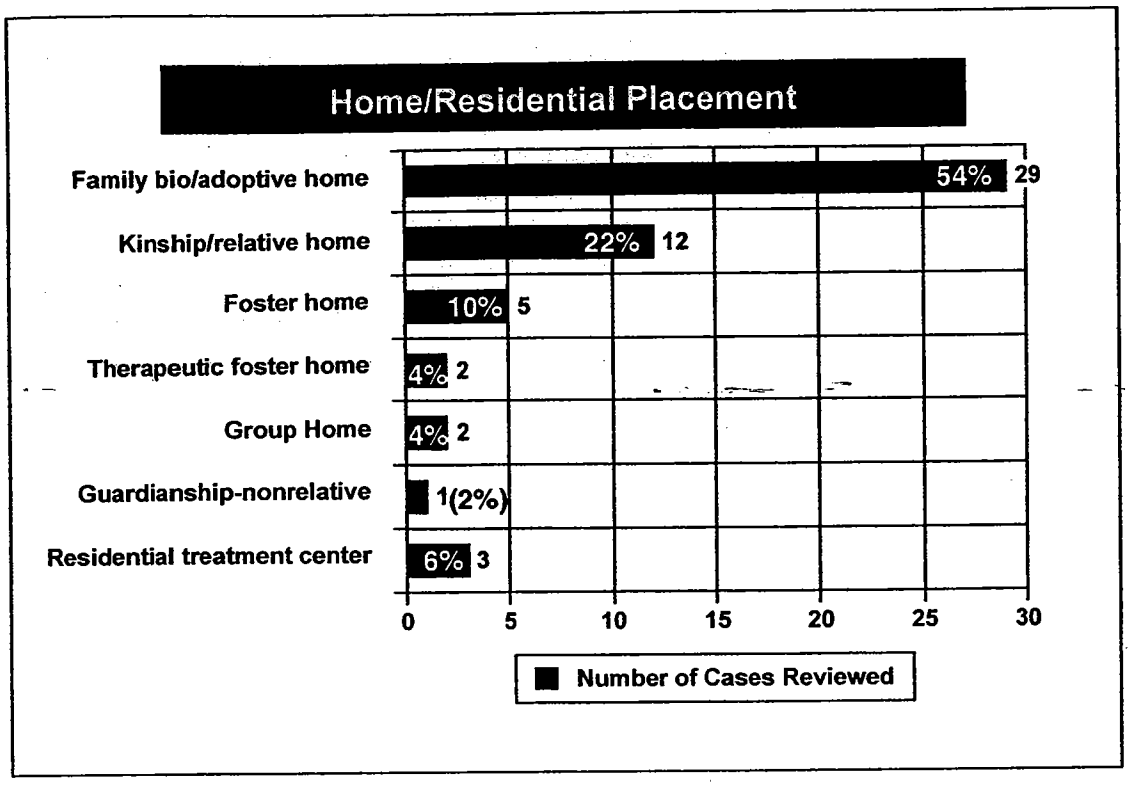
Display 8



Living Setting

Children and youth in the review sample were found to be living in six different home settings. **Display 9** shows the distribution of sample members according to their residences at the time of the review. Approximately half (54%) of sample members were living in their family homes while approximately one-fourth (22%) were living with relatives. Seven (14%) were living in foster homes or therapeutic foster homes and five children (10%) were residing in congregate settings (group homes and RTCs), however, it should be noted that three children were purposively selected from an area RTC to be included in the review. One child (2%) was residing with a non-relative (family setting).

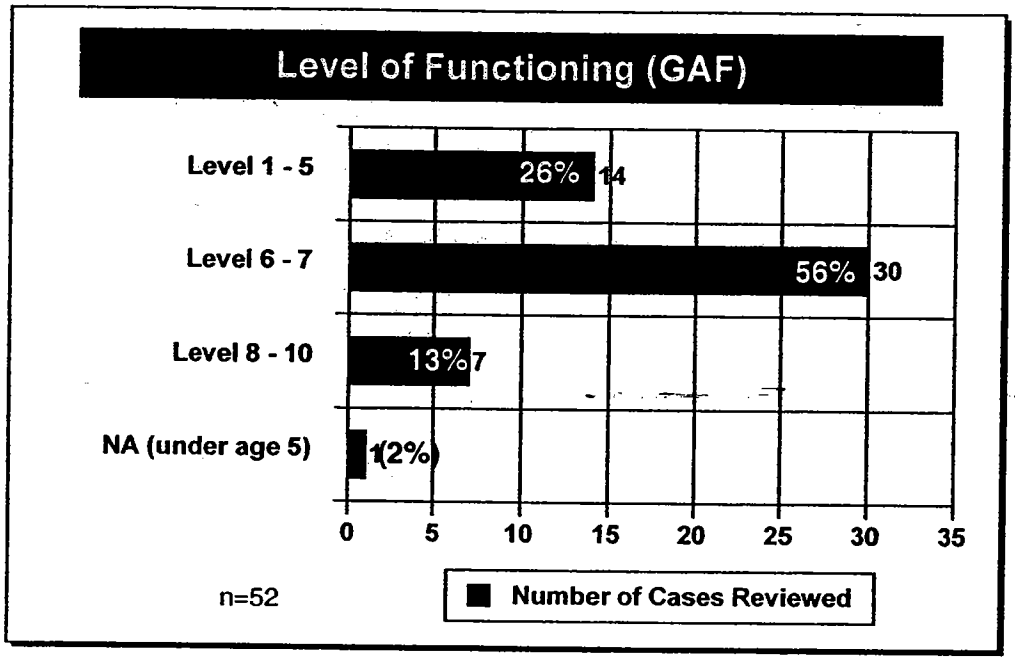
Display 9



Functional Status

The functional status of children and youth in the review sample was assessed on a 10-point scale adapted from the GAF Scale (DSM-IV, Axis V). On this scale, a child or youth in the low 1-5 range would be considered to be seriously emotionally disturbed (SED), having substantial problems in daily functioning in normal settings, and requiring a high level of support and/or temporary treatment in alternative settings. A child in the mid-range of 6-7 would have some difficulties or symptoms in some areas but could get by with simple or occasional support in most settings. A child or youth in the high range of 8-10 had no more than a slight impairment of functioning but could be functioning well in normal daily settings.

Display 10



Display 10 provides the distribution of the review sample across functioning levels for the 52 children and youth age five and older. Twenty-six percent of the review sample had GAF scores in the 1-5 range, indicating these children are seriously emotionally disturbed. The majority of children reviewed (56%) had GAF scores in the 6-7 range, indicating they have impairment in one or more areas. There were seven children (13%) with GAF scores in the 8-10 range, indicating only minor functional impairment for these children. In comparison to the year-one results, in which 31% of the sample were in the level 8-10 range, there were considerably fewer children in the higher functioning range. Stakeholders reported that the level of functioning ranges captured in the second-year results are more indicative of the typical child consumers receiving services from the core service agencies. Last, it should be noted that a disproportionate share of those in the sample falling into the low functional range were youth age 14 years and older or children ages ten or younger.

Level of Care

The Child and Adolescent Level of Care System (CALOCUS) scale was used to identify the level of mental health care the child should be receiving according to evaluative criteria in the