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**2005 Report on Children and Youth**

**Served by the  
District of Columbia  
Department of Mental Health**

**June 2005**

**Presented to the Dixon Court Monitor**

**by  
Human Systems and Outcomes, Inc.**

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## Background and History

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 2003 review had 77% of the children having overall child status ratings in the acceptable range. Likewise, overall system performance was acceptable for 46% of the children in the 2003 review.

The 2004 Dixon Court Monitoring Children's Review had a larger sample (n=54). Review activities for the 2004 children's review were completed in March 2004. The results for the 2004 children's review had 74% of the children in the review having overall acceptable child status ratings and 43% of the children having overall acceptable system performance ratings.

### **2005 Dixon Court Monitoring Children's Review**

The design of the 2005 sampling process, training of reviewers, supervision of data collection, and analysis of data were conducted by Human Systems and Outcomes, Inc. (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. Logistical preparation and set up of the on-site case review activities were completed by Consumer Action Network (CAN). HSO expresses their deep thanks to CAN for completing the arduous task of setting up a large number of individual case reviews.

In reading this report, the reader must recognize that a large systemic change process is occurring in the District of Columbia for children's mental health services that is going to take multiple years to bring individualized, highly coordinated services to each child and family served to a consistent and fully functional level of performance across all provider agencies. Considering the large number of core service provider agencies offering children's mental health services, there is going to be some variability in the consistency of providing services commensurate with the expectations of the practice principles of Dixon. Similarly, such variability will also exist within the large number of staff working with children having mental health needs across the district. Although the 2005 findings are consistent with the review findings from the previous two on-site reviews, information learned throughout set-up activities, stakeholder interviews, and interviews of staff during the individual case reviews indicate that understanding, knowledge, awareness, and implementation of the Dixon-specified practice principles and model of practice have continued to grow across the district. Considerable progress continues to be made, and although this growth may not be entirely reflective in the data from the individual case review findings,

the system has reached the point in which more focus and effort are being put into providing services at the high level of practice specified by the Dixon Consent Decree.

### **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 (DMH) ECURA data system. In order to be eligible for inclusion in the review, the child must have received at least one form of a billable mental health service from a provider agency since June 1, 2004. This strategy was taken due to the experiences in previous reviews in which a proportion of children had no contact with, or were unknown to, providers (e.g., the child and family had been referred to the provider from the Access Help-Line, but there was no contact between the provider and the child and family, or the child and family refused services after referral), despite being listed in the ECURA data system. This strategy successfully reduced the number of no contact, or unknown, children and families (e.g., in 2004, there were 2,675 children listed on the ECURA system, but it was a proportion of these children that had not had contact with a core service agency and, thus, had not received services).

A stratified sample of 54 children was obtained from the larger sample of 162. The sample size was determined using a binomial distribution sampling table that would yield an estimated range of the underlying distribution of acceptable or non-acceptable performance at a 95% confidence level. This strategy for determining sample sizes has been determined to be an effective means of establishing an overall service-level baseline in other states that use similar case review methodologies as a measure for monitoring Consent decree compliance.

A brief survey instrument was sent out for providers to complete for each of the initially randomly selected children in order to gain some background information about the children so that the sample could be stratified across the following points: (1) provider agency, (2) age of child, and (3) child's level of need.

Provider Agency

According to the information supplied to HSO by the D.C. Department of Mental Health, there were a total of 2,013 children who had received a billed-for service since June 2004 from 15 different provider agencies. These data were taken from the ECURA system. These provider agencies differ substantially in the total number of children they serve. Approximately 97% of all children/youth receiving services are receiving them from the seven largest providers within the district. As such, the sample of children included in the review was proportionally selected based on size of agency from these largest core service agency providers for children and youth. Listed, these agencies are: (1) Community Connections, Inc.; (2) The District of Columbia Core Service Agency (DCCSA); (3) The Center for Mental Health, Inc.; (4) Fihankra Place; (5) First Home Care; (6) Universal Health Care; and (7) Scruples Corporation. Display 1 provides a breakdown of the number of children receiving services across these seven agencies, separated by age ranges. **However, in order to ensure that all children currently receiving services had the opportunity for inclusion in the review, one additional child was selected for the review from the remaining 3% of children receiving services from the smallest provider agencies for children and youth.**

**Display 1**  
**Number of Children Who Had Received a Billed Service Since June 2004,**  
**According to ECURA**

| <b>Provider Agency</b>         | <b>Ages 0-9</b> | <b>Ages 10-13</b> | <b>Ages 14+</b> | <b>Total</b>                     |
|--------------------------------|-----------------|-------------------|-----------------|----------------------------------|
| Center for Mental Health, Inc. | 236             | 165               | 55              | 456                              |
| DCCSA                          | 135             | 170               | 118             | 423                              |
| First Home Care                | 68              | 104               | 193             | 365                              |
| Fihankra Place                 | 59              | 76                | 84              | 219                              |
| Scruples Corp.                 | 53              | 68                | 68              | 189                              |
| Community Connections          | 48              | 59                | 57              | 164                              |
| Universal Health Care          | 31              | 60                | 38              | 129                              |
| Other Provider Agencies        |                 |                   |                 | 68                               |
| <b>Totals</b>                  | <b>630</b>      | <b>702</b>        | <b>613</b>      | <b><math>\Sigma=2,013</math></b> |

Note - There are 68 (~3%) children being provided services in the remaining provider agencies. Thus, one "at large" child was sampled from the remaining smaller provider agencies to allow for an equal chance of being selected for inclusion in the review.

### Age of Child

The number of children receiving services at each site varies by the ages of the children. Three predetermined age ranges (0-9, 10-13, 14+) were specified as points to stratify the sample. The largest age range of children who had received a service since June 2004 was the 10-13 age range. It should also be noted that within the 0-9 age range, the majority of the children are ages five and older. There were 17 children selected for review from the 0-9 range, 20 children selected from the 10-13 range, and 17 children selected from the 14 or older range.

### 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 mix of services that they were receiving. Other level of care indicators, such as the current Global Assessment of Functioning Scale score and the CALOCUS score were also obtained. The breakdown for level of need is as follows:

|              |   |
|--------------|---|
| Low Need:    | Basic outpatient services (GAF 70 or higher)                        |
| Medium Need: | Intensive outpatient or wraparound services (GAF 50-69)             |
| High Need:   | Residential or partial hospitalization placement (GAF less than 50) |

The majority of children were receiving services in the medium level of need range. Very few children in the original sample of 162 were either currently in a residential, or more restrictive, placement or had recently experienced a residential, or more restrictive, placement. Attempts were made during the set-up activities to ensure that the distribution of children's level of need included in the final sampling frame was reflective of the actual distribution of children's level of need noted through the background survey results.

### Sampling Frame

**Display 2** provides the final sampling frame for the 2005 children's review. This table indicates the number of children randomly selected from each agency separated by age range 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 2**

**Final Sampling Frame by Agency and Age Range (parentheses note triple sample)**

| <b>Provider Agency</b>         | <b>Ages 0-9</b> | <b>Ages 10-13</b> | <b>Ages 14+</b> | <b>Total</b>    |
|--------------------------------|-----------------|-------------------|-----------------|-----------------|
| Center for Mental Health, Inc. | 6 (18)          | 5 (15)            | 1 (3)           | 12 (36)         |
| DCCSA                          | 4 (12)          | 5 (15)            | 3 (9)           | 12 (36)         |
| First Home Care                | 2 (6)           | 3 (9)             | 5 (15)          | 10 (30)         |
| Fhankra Place                  | 1 (3)           | 2 (6)             | 3 (9)           | 6 (18)          |
| Scruples Corp.                 | 2 (6)           | 2 (6)             | 2 (6)           | 6 (18)          |
| Community Connections          | 1 (3)           | 2 (6)             | 1 (3)           | 4 (12)          |
| Universal Health Care          | 1 (3)           | 1 (3)             | 1 (3)           | 3 (9)           |
| Hillcrest                      | -               | -                 | 1 (3)           | 1 (3)           |
| <b>Totals</b>                  | <b>17</b>       | <b>20</b>         | <b>17</b>       | <b>54 (162)</b> |

Children and Families Included in the Review

**Display 3** provides the distribution of child reviews completed during the year-two review. As this table indicates, a total of 43 children were reviewed. Although the originally specified target of reviewing 54 children was not met, the review results are reflective of district-wide trends in the children's mental health system and the data are believed to be robust in their ability to make system-wide generalizations regarding the quality and consistency of practice across the D.C. mental health system. The primary reasons for not meeting the target of 54 children being included in the review was due to parents or legal guardians choosing not to allow the children to participate in the review (participation in the D.C. monitoring review is voluntary), difficulty locating the parents/legal guardians in order to gain consent to participate in the review, and the short timeframe (one month) given for the set-up activities. The short timeframe for set up is considered necessary in order for the review to be an accurate appraisal of the actual status of the child and the performance of the service system, since there exists the possibility of changes in the array of services and performance of the system as a result of being selected.



**Display 3**  
**Breakdown of Final Sample of Children Included in the Review**  
**Separated by Provider Agency and Age Range**

| Provider Agency                | Ages 0-9 | Ages 10-13 | Ages 14+ | Total |
|--------------------------------|----------|------------|----------|-------|
| Center for Mental Health, Inc. | 4        | 6          |          | 10    |
| DCCSA                          | 3        | 3          | 3        | 9     |
| First Home Care                | 1        | 4          | 4        | 9     |
| Fihankra Place                 |          |            | 2        | 2     |
| Scruples Corp.                 | 2        | 2          | 2        | 6     |
| Community Connections          | 1        | 2          |          | 3     |
| Universal Health Care          | 1        | 1          | 1        | 3     |
| Hillcrest                      | -        | -          | 1        | 1     |
| Totals                         | 12       | 18         | 13       | 43    |

### Description of the Children and Youth in the Sample

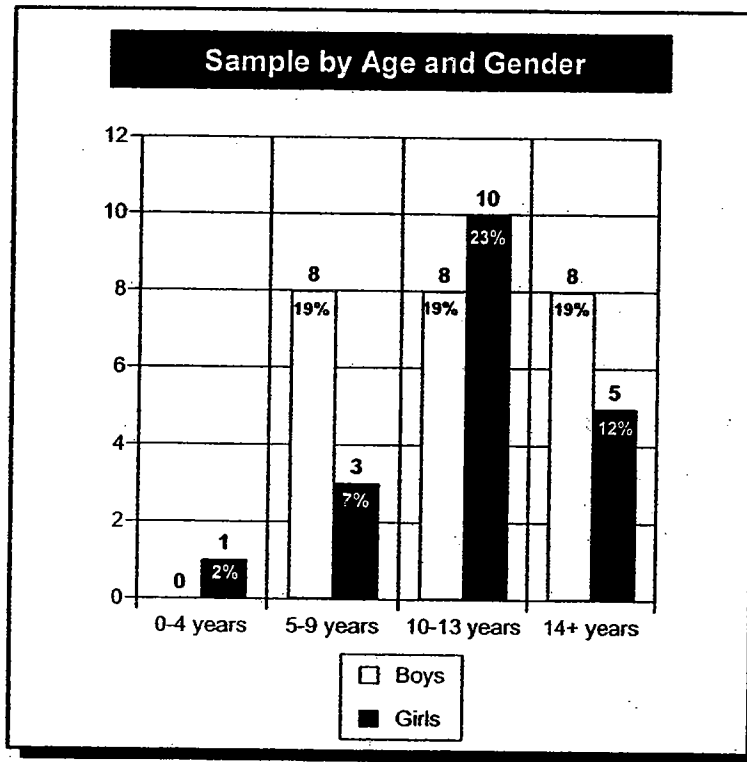
A total of 43 case reviews were completed during March 2005. These case reviews were completed over a two-week timeframe with the case reviews completed by reviewers trained to standard by HSO. Reviewers included both staff of DMH as well as external reviewers brought to D.C. to participate in the review activities. 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 3** (previous display) provides a breakdown of the final sample by core service agency, separated by age range, for the children and youth included in the review. The following display (**Display 4**) presents the aggregate sample of 43 children and youth distributed by both age and gender. As shown in this display, boys comprised 57% of the sample while girls comprised 44%. It is not uncommon for more boys to be receiving services from a System of Care within the active population. Children under age ten comprised 28% of the sample, and this is slightly less than the percentage of children age ten or younger receiving services (32%). Eighteen children (42%) 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 (36%). Thirteen teenagers (30%) were included in the review. This is comparable to the

total proportion of teenagers enrolled for services (31%). The age ranges of children included in the review are sufficiently comparable to the actual mix of age ranges of children who had received a service since June 2004, and the minor variations can be attributed to the final sample not meeting the target of 54 participants.

**Display 4**  
**Aggregate Sample Separated by Age and Gender**

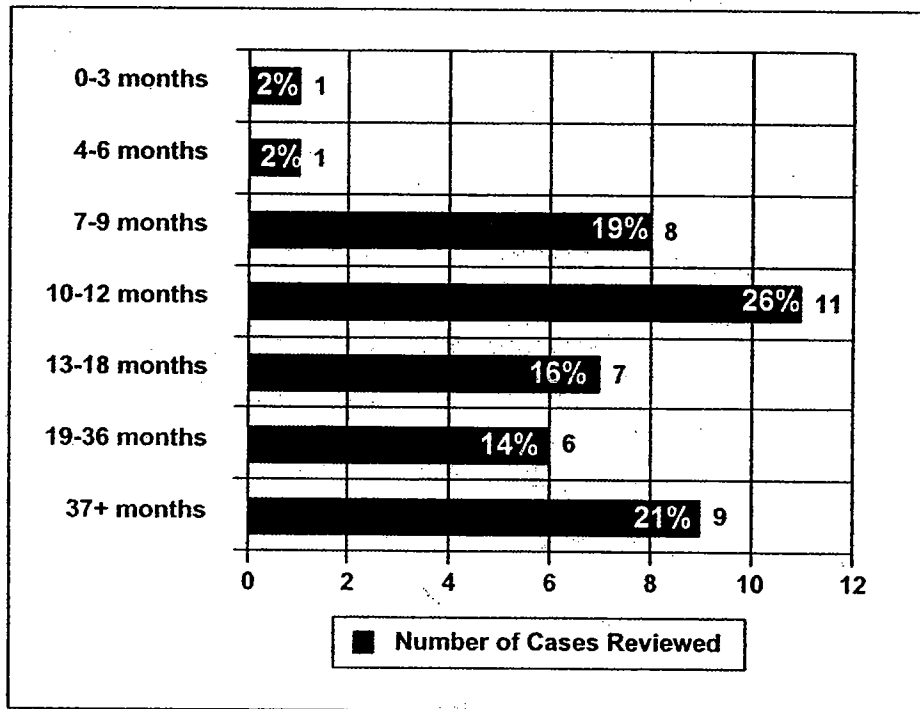


Source: DC Children's Review updated 5.4.05

Length of Mental Health Services

**Display 5** presents the amount of time their cases had been open during their current, or most recent, admission for services. As can be seen in this display, 21 (49%) of the children's cases have been open for 12 months or less, 13 (30%) were open for 13 to 36 months, and nine (21%) were open for more than three years.

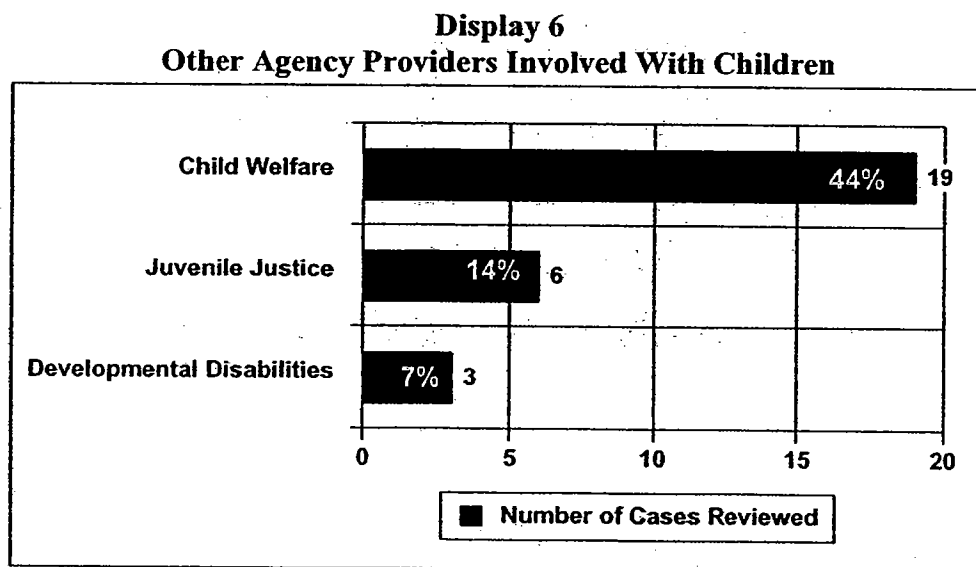
**Display 5**  
**Length of Time Receiving Mental Health Services**



Source: DC Children's Review updated 5.4.05

Services by Other Agencies (not including education)

Some children and youth in the review sample were also receiving services from other major agencies. **Display 6** presents the number who were identified as being served by other key agencies: child welfare, juvenile justice, and developmental disabilities. As the display indicates, 19 children and youth (44%) in the review sample were involved with the child welfare system. For comparative purposes, 47% of the 2004 review sample and 23% of the 2003 review sample were receiving services from the child welfare system. There were six children (14%) who were involved with the juvenile justice system. In comparison to 2004 results, there were two children (4%) involved with the juvenile justice system. There were three children (7%) receiving services from developmental disabilities, which is comparable to 2004 results.

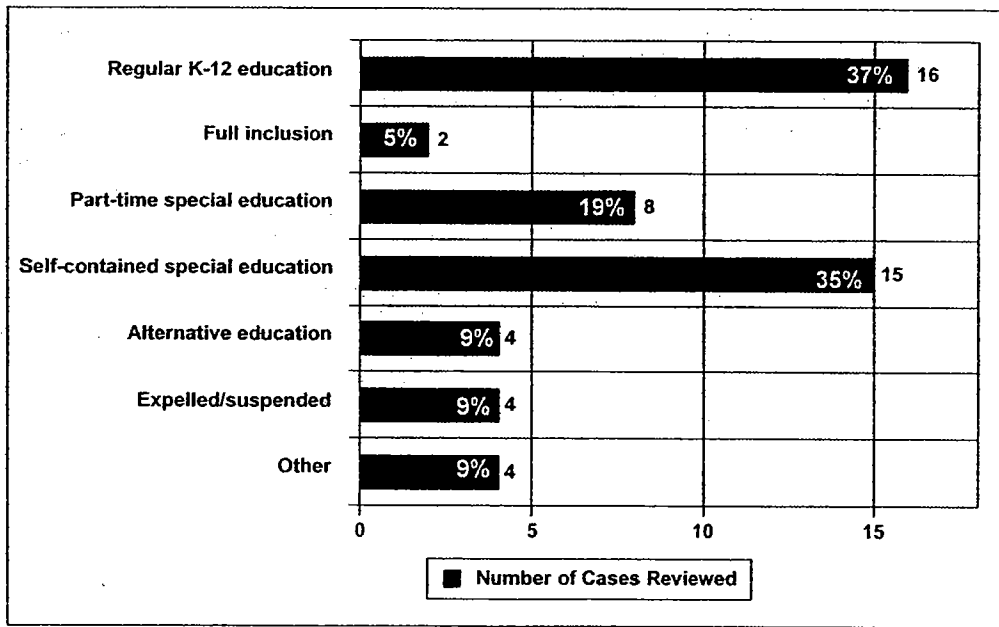


Source: DC Children's Review updated 5.4.05

Educational Program Placement

Getting an education and preparing for employment are major societal expectations for children and youth. **Display 7** describes the educational status/placement for the children and youth in the review sample. Sixteen (37%) were found to be participants in a regular K-12 educational program. Twenty-five (59%) were receiving special educational services, with 15 of those children receiving educational services in a fully self-contained program, eight in a part-time contained program, and two fully mainstreamed. Four children were either expelled or suspended at the time of the review. These children are not included in the breakdown of those in regular or special education settings. Two children or youth were in vocational programs, four in alternative education settings, one in an early intervention program (four or less years of age), and one child or youth in a boot camp academy, in which they were working on completion of their GED.

**Display 7**  
**Types of Educational Services/Placements or Educational Status For Children**

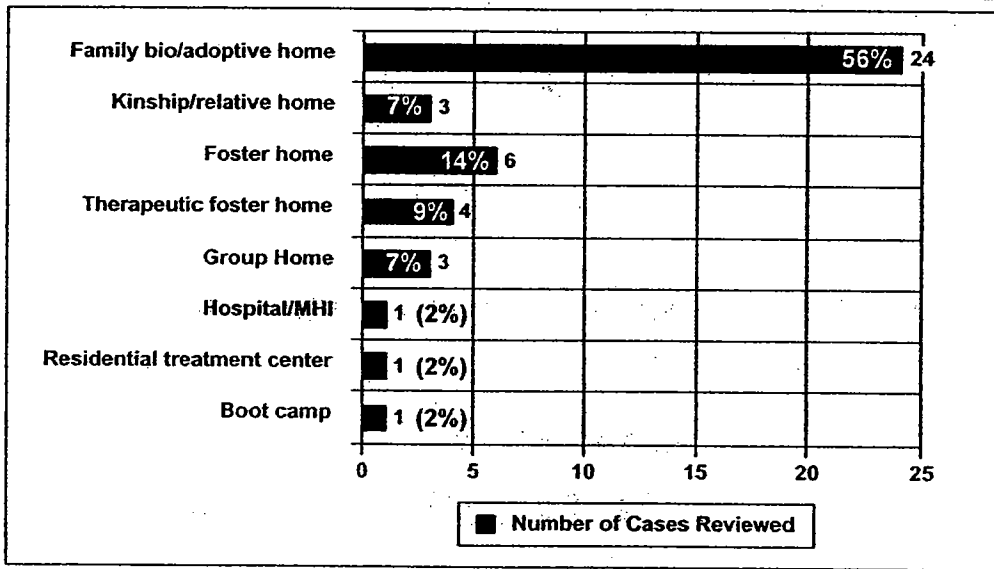


Source: DC Children's Review updated 5.4.05

Living Setting

Children and youth in the review sample were found to be living in a number of different home settings. **Display 8** shows the distribution of sample members according to their residences at the time of the review. Twenty-four (56%) of the sample members were living in their family homes while three (7%) were living with relatives. Ten children or youth (23%) were living in either foster homes or therapeutic foster homes, and six children (13%) were residing in congregate settings. Of those six children, three were living in group homes, one in a psychiatric hospitalization placement, one in a residential treatment center, and one in a boot camp setting.

**Display 8**  
**Current Placements/Places of Residence for Children or Youth in the Sample**



Source: DC Children's Review updated 5.4.05

Placement Changes

The following table lists the total number of placement changes the child has experienced based on information learned during the review. The placement change history was assessed through either review of the record, or through interview findings, and is across the life of the child. Placement changes are defined as a change in the primary caregiver for the child as a result of agency intervention (including child welfare involvement). Nineteen children (44%) had experienced no disruption in placement, whereas 16 (37%) had experienced one or two changes;

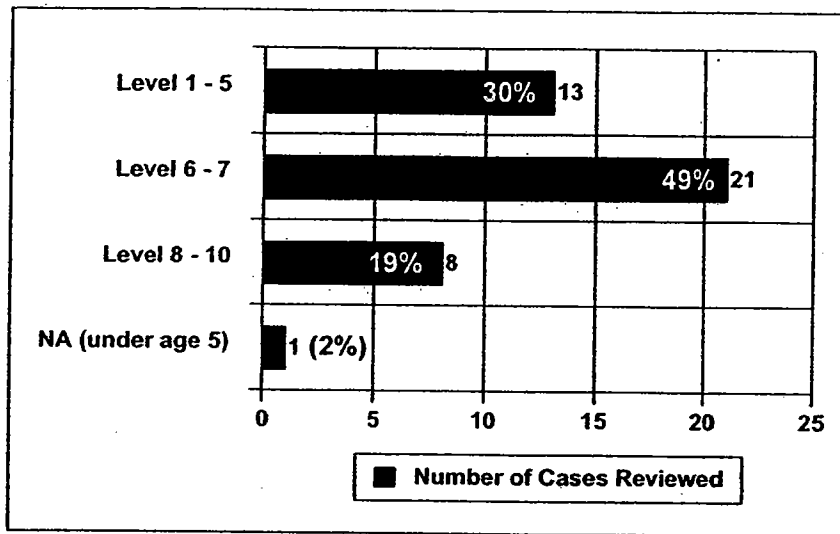
six (14%) had experienced 3-5 changes in placement, and two (5%) had experienced 6-9 changes in placement.

| Placement Changes     | Frequency in sample         | Percentage of sample |
|-----------------------|-----------------------------|----------------------|
| No placement changes  | 19 children in final sample | 44%                  |
| 1-2 placement changes | 16 children in final sample | 37%                  |
| 3-5 placement changes | 6 children in final sample  | 14%                  |
| 6-9 placement changes | 2 children in final sample  | 5%                   |

### Functional Status

**Display 9** provides the distribution of the review sample across functioning levels for the 43 children and youth age five and older. These are general level of functioning ranges, assigned by the reviewer at the time of the review according to criteria specified in the Dixon monitoring protocol. The scale is constructed somewhat like the Global Assessment of Functioning Scale. Ratings at the time of the review are assessed by the reviewer based on their impression of information learned throughout the review activities. On this scale, a child or youth in the low 1-5 range would be experiencing substantial problems in daily functioning in normal settings, and usually requiring a high level of support through intensive in-home or “wraparound” services. Often, children receiving scores from 1-5 on the functional status scale may be receiving services in a temporary treatment or alternative setting (or recently received services in one of these settings). A child receiving scores of 6-7 would have some difficulties or symptoms in several areas and are often receiving intensive outpatient or other in-home supports in most settings. A child or youth receiving scores of 7-10 had no more than a slight impairment of functioning but could be functioning well in normal daily settings, with only a minimal amount of supports.

**Display 9**  
**Functional Status of Children or Youth**



Source: DC Children's Review updated 5.4.05

Thirteen (30%) in the review sample had level of functioning scores in the lowest range. The majority, or 21, (49%) of the children reviewed had scores in the mid-range. There were eight children (19%) in the highest level of functioning range. There was one not applicable, due to the child being less than five years of age.

The following table separates level of functioning ratings assigned by the reviewers sorted by the three previously set age ranges. When separating level of functioning by age range, 5-9 year olds and 10-13 year olds were most likely to be in the moderate level of functioning range, whereas, youth 14 or older were most likely to be in the lowest level of functioning range.

| Age Ranges  | Low Level of Functioning       | Moderate Level of Functioning       | High Level of Functioning      | Totals                                   |
|-------------|--------------------------------|-------------------------------------|--------------------------------|--|
| 5-9         | 1 of 11 (9%)                   | 7 of 11 (63%)                       | 3 of 11 (27%)                  | Eleven 5-9 year olds in final sample     |
| 10-13       | 5 of 18 (28%)                  | 11 of 18 (61%)                      | 2 of 18 (11%)                  | Eighteen 10-13 year olds in final sample |
| 14 or older | 7 of 13 (54%)                  | 3 of 13 (23%)                       | 3 of 13 (23%)                  | Thirteen 14 or older in final sample     |
| Totals      | 13 total children in low range | 21 total children in moderate range | 8 total children in high range |  |

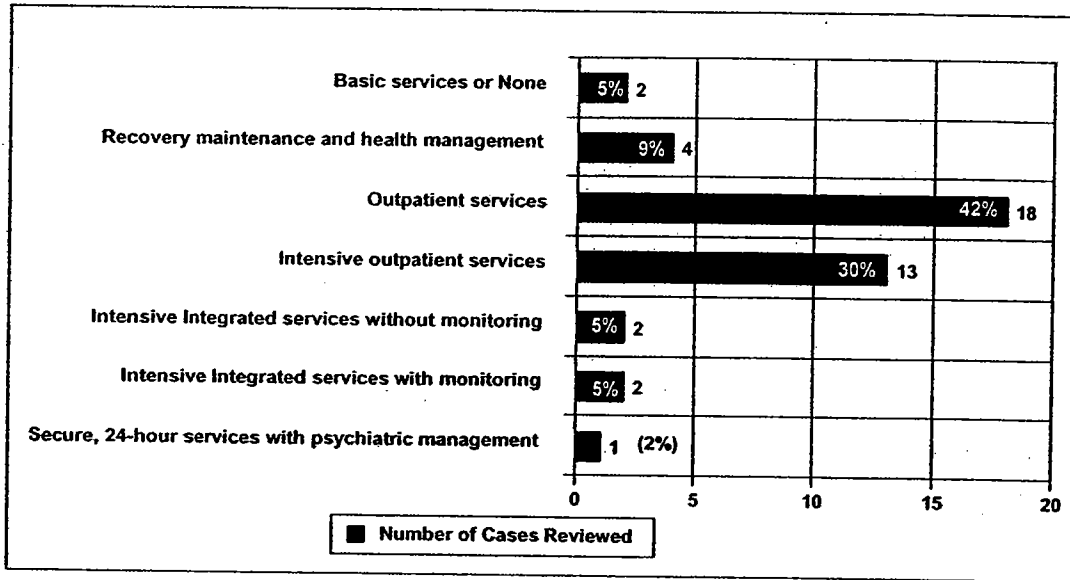


### Level of Care

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 CALOCUS decision matrix. This scale provides seven different levels of care ranging from basic or preventive-level services to secure, 24-hour care with psychiatric management. Reviewers provided a CALOCUS rating based on their impression of the mix of services children were receiving at the time of the review using the decision matrix in the CALOCUS instrument. Reviewers were not intending to use the CALOCUS rating to specify whether a child should be receiving a different level of care other than what services were currently in place. The intent of using the CALOCUS was measuring what array of service levels children were receiving at the point in time that they were reviewed.

**Display 10** presents the distribution of children according to their level of care. Two children (5%) were receiving basic/preventive services and four children (9%) were receiving recovery maintenance and health management services. Eighteen (42%) were receiving outpatient services and 13 (30%) were receiving intensive outpatient services. Two children (5%) were receiving intensive, integrated services without psychiatric monitoring while two (5%) children were receiving intensive, non-secure 24-hour integrated services with psychiatric monitoring. One child (2%) included in the review was receiving secure, 24-hour intensive services with psychiatric monitoring (pertaining to the one child in a psychiatric hospitalization placement at the time of the review).

**Display 10**  
**CALOCUS for Range of Services Received**  
**by Children or Youth in the Review Assessed by Reviewers**

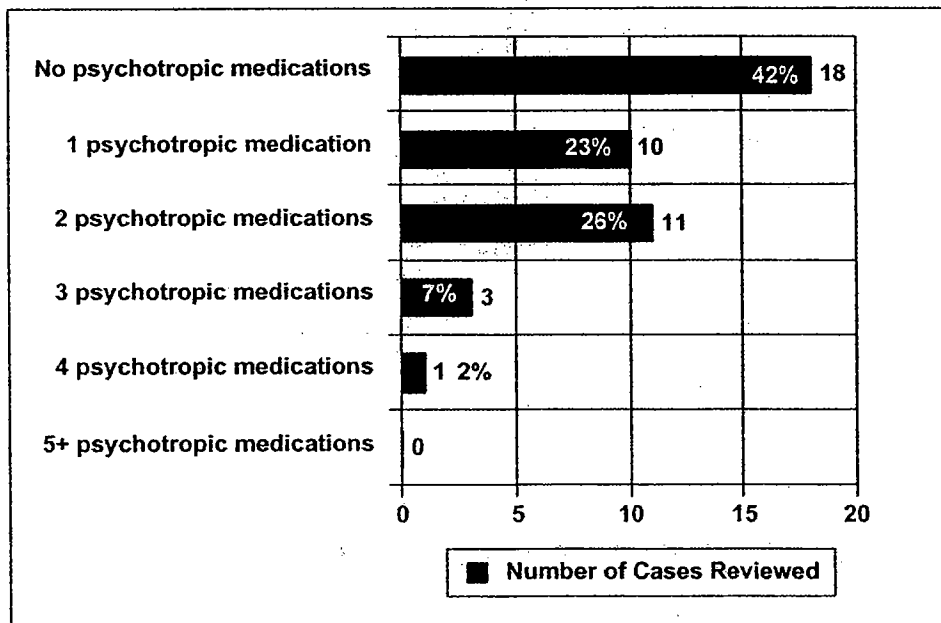


Source: DC Children's Review updated 5.4.05

Medications

The number of psychotropic medications taken by children and youth in the review sample were counted and reported by reviewers. **Display 11** presents the frequency count on medications taken by sample members. Eighteen (42%) children and youth in the sample were not prescribed psychotropic medications at the time of the review, which is comparable to the 43% not receiving psychotropic medications in the 2004 review. Ten children (23%) were taking only one medication, 11 (26%) children were taking two medications, three children (7%) were taking three medications, and one child (2%) was taking four medications. No child or youth was taking more than four medications, with a substantial majority of the children or youth either not taking any psychotropic medications, or taking one or two medications.

**Display 11**  
**Number of Psychotropic Medications Taken by Children or Youth**  
**at the Time of the Review**

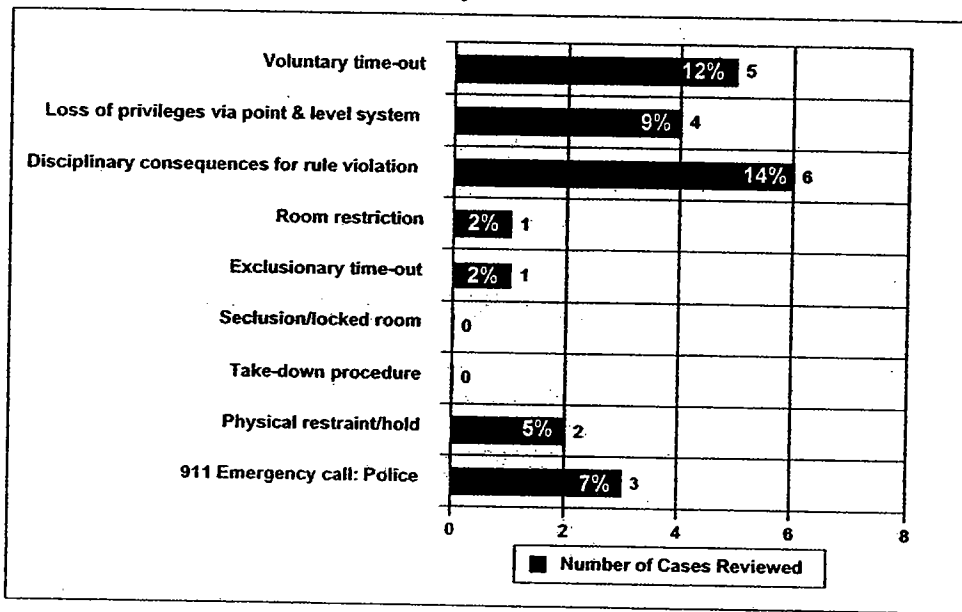


Source: DC Children's Review updated 5.4.05

Special Procedures

Special procedures are used in extreme situations to prevent harm, but are not a form of therapy or treatment. **Display 12** shows the number of sample members who had one of seven types of special procedures used within the 30-day period preceding the review. It should be noted that a majority of these special procedures can be attributed to a relatively small number of children who would often have more than one special procedure used in order to prevent harm.

**Display 12**  
**Special Procedures Experienced by Children or Youth in the Sample**  
**During the 30 Days Prior to the Review**



Source: DC Children's Review updated 5.4.05

**Quantitative Case Review Findings**

Overview of the Case Review Process

Case reviews were conducted for 43 children and youth during the week of March 14-18, 2005, using the *Community Services Review (CSR) Protocol*, a case-based review tool developed for this purpose. This tool was based on a resiliency philosophy, a System of Care approach to

service provision, and the Exit criteria for Dixon. The general review questions addressed in the protocol are summarized in **Appendix A**.

Review questions were organized into three major domains. The first domain pertains to questions concerning the current status of the child (e.g., safety or academic status). The second domain pertains to recently experienced progress or changes made (e.g., symptom reduction) as they may relate toward achieving treatment goals. The third domain contained questions that focus on the performance of practice functions (e.g., engagement, teamwork, or assessment) for provided services in a recovery-oriented System of Care practice model. For each question deemed applicable in a case, the finding was rated on a 6-point scale, with a rating of 5 or 6 in the “maintenance” zone, meaning the current status or performance is at a high level and should be maintained; a rating of 3 or 4 in the “refinement” zone, meaning the status is at a more cautionary level; and a rating of 1 or 2 in the “improvement” zone, meaning the status or performance needs immediate improvement. Oftentimes, this three-tiered rating system is described as having case review findings in the “red, yellow, or green zone.” A second interpretive framework can be applied to this 6-point rating scale, in that, ratings of 1-3 are considered “unacceptable” and ratings of 4-6 are considered “acceptable.” A more detailed description of each level in the 6-point rating scale can be located in **Appendix B**. It should be noted that the protocol provides item-appropriate details for rating each of the individual status and progress performance indicators also. Both the three-tiered action zone and the acceptable vs. unacceptable interpretive frameworks will be used for the following presentations of aggregate data.

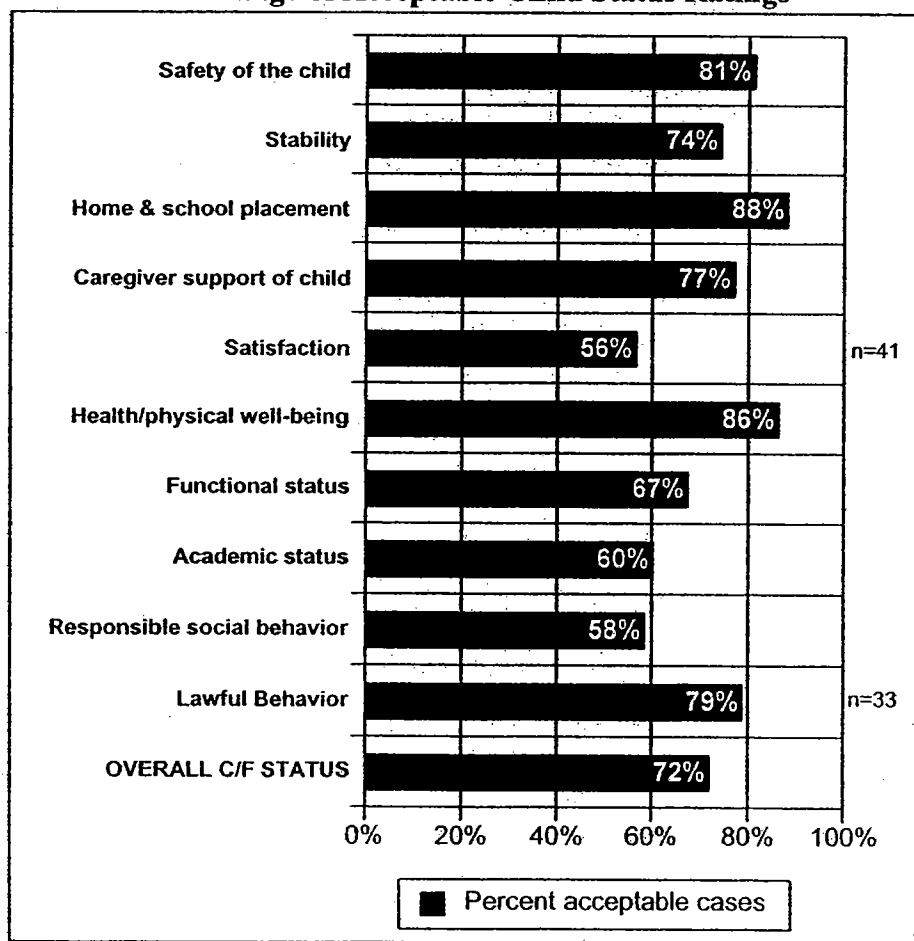
### Interviews

Review activities in each case included a review of plans and records as well as interviews with the child, caregiver, and others involved in providing services and supports. A total of 233 persons were interviewed for these 43 children and youth. The number of interviews ranged from a low of two persons in one case to a high of 16 persons in another case. The average number of interviews was five (mean=5.5; median=5; and mode=5).

## Child Status Results

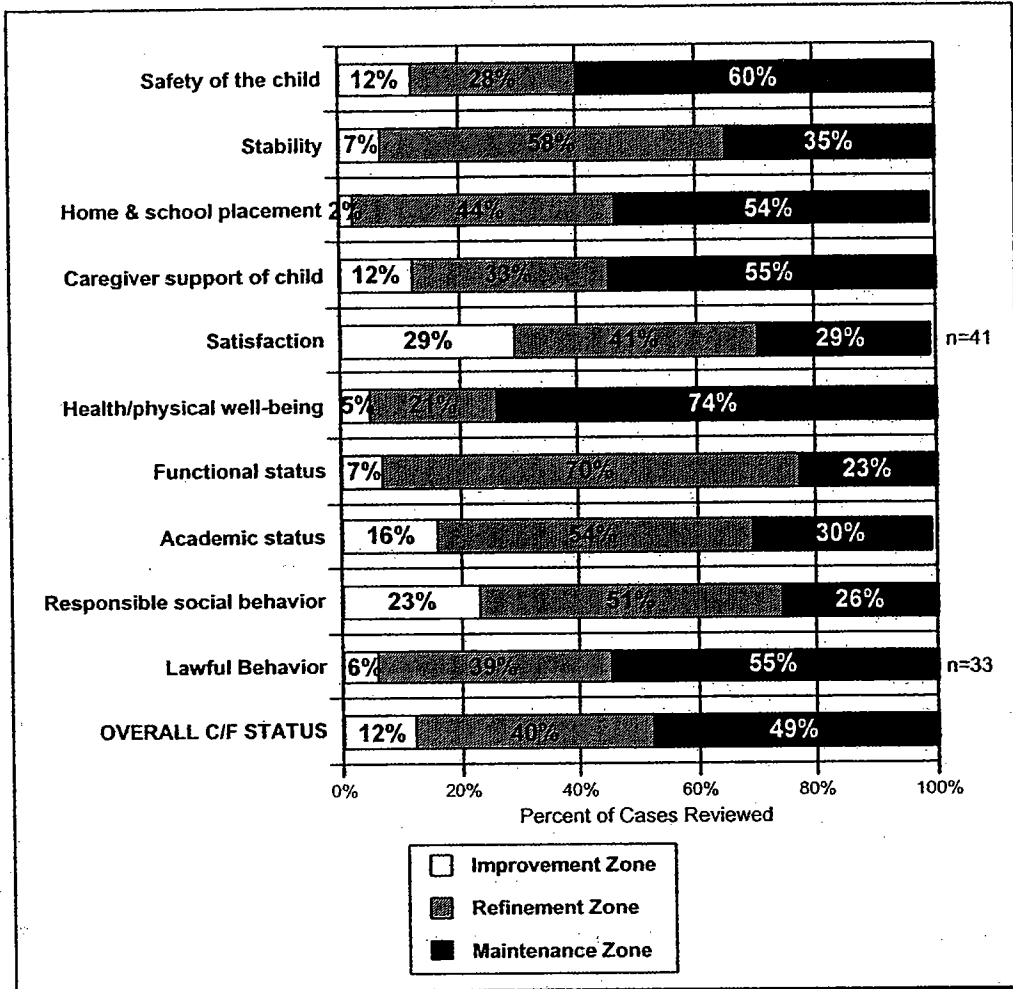
Ten indicators related to the current status of the child or youth were contained in the CSR Protocol used by reviewers. Readers are directed to **Appendix A** for a detailed description of these ten areas examined by the reviewers. The next two displays present findings for each of the ten indicators. **Display 13** uses a “percent acceptable” format to report the proportion of the sample members for whom the item was determined applicable and acceptable. **Display 14** uses the “action zone” framework that divides the 6-point rating scale into three segments corresponding to the maintenance, refinement, and improvement zones. Findings on both displays are presented concurrently below. While these two different displays are useful in presenting findings to different audiences, it should be remembered that both displays are derived from the same database of findings.

**Display 13**  
**Percentage of Acceptable Child Status Ratings**



Source: DC Children's Review updated 5.4.05

**Display 14**  
**Child Status Ratings According to Three-Tiered Interpretive Framework**



Source: DC Children's Review updated 5.4.05

Safety. Sample members were generally safe from imminent risk of physical harm in their daily environment. Eighty-one percent (81%) were rated as having overall acceptable physical safety at the time of the review and 60% of the children have their safety status in the maintenance zone. These findings are comparable to the 2004 review results, in which 81% of the children had acceptable safety ratings and 63% had safety ratings in the maintenance or green zone.

Eight children were considered to have an unacceptable safety status at the time of the review, and of those eight children, five had safety ratings in the area needing immediate improvement.

Stability. There was improvement in the findings for stability for the children and youth included in the sample during the 2005 review, when compared to last year's review results. Seventy-four percent (74%) of the children had overall acceptable stability ratings, and 35% were in the maintenance or green zone during this year's review. In comparison, in last year's review, 64% of the sample were considered to have overall acceptable levels of stability at the time of the review, however, there were only 39% of children considered to have stability ratings in the maintenance zone. When rating for child and youth stability, reviewers assessed both home and school settings. Approximately half (58%) of the children included in the 2005 review had stability ratings in the refinement zone, indicating that each of these children had experienced an unplanned move in either a classroom or home setting during the previous calendar year. Seven percent (7%) had overall stability needing immediate improvement, indicating that one or more placement changes had occurred in the recent past and that at the time of the review, additional disruptions were imminent.

Placement Appropriateness. A substantial majority (88%) of children or youth in the sample had home and school placement ratings in the acceptable range, with 54% in the maintenance or green zone. These findings are comparable to the 2004 review results, in which 81% were rated acceptable or better and 55% of those were considered to be in the maintenance zone. During the 2005 review, 7% had current placements considered to need immediate improvement. During the 2005 review, 27 children (63%) were residing in either their own homes or with family members, and an additional ten children (24%) were residing in either foster homes or therapeutic foster homes. There were six children (13%) or youth in the review in non-family-like, congregate settings, with three in a group home, one in a boot camp, one in a residential treatment program, and one in a psychiatric hospitalization placement.

Caregiver Support of the Child. Children and youth require adequate and consistent levels of care and supervision to grow normally and develop successfully into adults. The level of caregiver support for children and youth in the sample was found to be acceptable in 77% of the cases reviewed, and of those children, 55% were considered to be in the maintenance zone. Twelve percent (12%) of the children or youth were found to be in the improvement zone, indicating that current caregivers were not able to consistently meet the day-to-day needs of the



children, and 33% of the children in the review had support provided by their caregivers needing some refinement. In comparison to the 2004 review, findings were generally consistent, in that, 77% had acceptable levels of support, with 50% of children in the maintenance zone, 43% in the refinement zone, and 7% in the improvement zone.

Satisfaction. Satisfaction levels were rated acceptable in 56% of the children or youth reviewed, with 29% in the maintenance or green zone, 41% in the refinement or yellow zone, and 29% in the improvement or red zone. This is a decrease from 2004 review results, in which 92% of the children or youth had acceptable ratings, with 60% of children and families' indicated current levels of satisfaction in the maintenance or green zone, 6% in the refinement or yellow zone, and 2% in the improvement or red zone.

Health/Physical Well-Being. Children or youth included in the review were consistently having their physical needs met and were considered to be healthy. Physical health was acceptable for 86% of children or youth in the sample, with 74% in the maintenance or green zone, 21% in the refinement or yellow zone, and 5% in the improvement or red zone. The ratings are comparable to 2004 review results for physical health, in which 91% of sample members were acceptable in this area, with 79% of the children and youth rated in the maintenance zone, 19% in the refinement zone, and 2% in the improvement zone.

Functional Status. Functional status, or emotional/behavioral well-being, was acceptable for 67% of the children reviewed, with 23% in the maintenance or green zone, 70% in the refinement or yellow zone, and 7% in the improvement or red zone. These ratings are comparable to 2004 review results, in which 69% had acceptable functional status, with 15% in the maintenance zone, 76% in the refinement zone, and 9% in the needing immediate improvement zone.

Academic Status. Academic status was acceptable for 60% of the children or youth included in the review, with 30% in the maintenance or green zone, 54% in the refinement or yellow zone, and 16% in the needing improvement or red zone. There was some improvement for academic status when compared to the 2004 results, in which 54% had acceptable academic status ratings,

