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# **2008 Report on Children and Youth**

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

**May 2008**

**Presented to the Dixon Court Monitor**

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

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# Table of Contents

	<b>Page</b>
<b>Background and History</b>	<b>1</b>
<b>2008 Dixon Court Monitoring Children's Review</b>	<b>2</b>
Context for the 2008 Review	3
Overview of the Child Review Process	3
Changes to the Review Process	4
<b>The Sample for Children and Youth</b>	<b>5</b>
Core Service Agencies	6
Age of Youth	7
Child's Level of Need	8
Children and Families Included in the Review	8
<b>Description of the Children and Youth in the Sample</b>	<b>9</b>
Age, Gender, and Ethnicity of Youth	10
Length of Mental Health Services	11
Services by Other Agencies (not including education)	12
Educational Program Placement	12
Living Setting	13
Placement Changes	14
Functional Status	15
Level of Care	16
Medications	18
Special Procedures	18
<b>Child Review Findings</b>	<b>19</b>
Interviews	20
Child Status Results	21
Recent Progress Patterns Showing Change Over Time	26
Child-Specific Performance of Practice Functions	31
Case Review Outcome Categories	41
Six-Month Prognosis	49
<b>Qualitative Summary of Child Review Findings:</b>	
<b>Themes and Patterns Noted in the Individual Reviews</b>	<b>55</b>
<b>Conclusions and Recommendations</b>	<b>60</b>
<b>Appendix A</b>	
<b>Appendix B</b>	
<b>Appendix C</b>	
<b>Appendix D</b>	

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## Background and History

The Final Court-Ordered Plan for Dixon, et al v. Fenty, et al [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 home and school activities, 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 with an 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.

The results for the 2005 Dixon Court Monitoring Children's Review of 43 children served were completed in April 2005. The findings were overall acceptable child status ratings for 72% of the children and overall acceptable system performance of 47%.

The sample for the 2006 Dixon Court Monitoring Children's Review consisted of 54 children served. The results for the 2006 children's review were completed in April 2006. The findings were overall acceptable child status ratings for 81% of the children and overall acceptable system performance of 54%.

Fifty-two youth were reviewed in March 2007, with the overall child status rating acceptable for 75% of the youth. The system performance was found acceptable, overall, for 48% of the youth reviewed.

### **2008 Dixon Court Monitoring Children's Review**

The design of the 2008 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 in numerous states across the country. HSO was contracted by the Dixon Court Monitor and worked as staff to the monitor in conducting the reviews. Logistical preparation and organization of the on-site case review activities was 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 child reviews.

### Context for the 2008 Review

A major system change process is and has been occurring in the District of Columbia for children's mental health services. The goal of the change process is to develop a system that will collaborate with children and families and the other child-serving agencies to deliver individually determined, appropriately matched, well-coordinated services to each child and family consistent with an Individualized Resiliency Plan (IRP). The expectation is that there will be a consistent level of performance across core service agencies, providers, and community partners. The expectation is that they all deliver quality services according to the practice principles of the Dixon exit criteria and a System of Care model.

A new director of the D.C. Department of Mental Health (DMH) was appointed in March 2006. During 2006, the priority issues for DMH focused on ensuring timely payments of providers and developing increased responsiveness to children involved in other child-serving agencies and the family court. This issue was largely resolved during 2006 and 2007.

Following the 2007 review, DMH focused on supporting the formation and process of teaming, both within agencies and across community partners. There is an ongoing need to support collaborative teaming, as a process, across those who service children and families. The formation and functioning of an effective team is a core aspect of System of Care principles. In order to support the formation of multi-agency teams and the use of teaming as a continuous process, DMH initiated a billing code to be used by providers. This billing code was implemented to offset the cost of non-reimbursable time of key team members in order to facilitate ongoing multi-agency collaboration as a part of treatment implementation. However, the data indicate that this billing code has not been used extensively.

### Overview of the Child Review Process

The monitor's review of services for children, youth, and families is conducted by way of a qualitative review process. This process also yields quantitative data on identified indicators of



child status and system functioning. The review process is a case-based inquiry of services received by individual children, youth, and families. This process is based heavily on the face-to-face interviewing of all services providers and persons involved with a youth. Those interviewed include the child, parents or guardian, and key team members, such as a case manager, community support worker, therapist, psychiatrist, wrap-worker, teachers, juvenile justice, advocates, Individualized Education Plan (IEP) coordinator, group home staff, and foster parents. Other adults who are prevalent or who provide support to the youth or family are also interviewed. These adults can include other family members, community members, coaches, pastor and church members, and babysitters or respite/caregivers.

Reviews were completed over a two-week period of time. The child reviews were completed by reviewers trained to standard by HSO trainers. Fifty-three reviews were conducted by HSO affiliated personnel and 20 reviews were completed by staff of DMH.

#### Changes to the Review Process

There were a few alterations to the review process in 2008, as agreed to by the District and the Court Monitor. In addition to the increase in the sample size as noted earlier, two other changes were made: assignment of a case judge, and the process of providing individual case feedback directly to agency staff. In addition, CFSA proposed to co-review cases in which youth and families were involved with DMH and CFSA.

The case judge met with all DMH reviewers following their reviews to provide individual mentoring and support and to assure that reviewers had the information and facts to support their ratings. Reviewers provided a case description and discussed each rating with the case judge. This session was completed for all DMH reviewers and many of the HSO reviewers. Case judging was in addition to the group debriefing sessions with the team leader. Case judging this year was conducted by Dr. Ray Foster of HSO.

As is the case so far in every year of review, the 2008 Community Services Review (CSR) contained a large number of youth who are involved with the child welfare system. Sixty-two

percent (62%) of the cases reviewed in 2008 were involved with child welfare. Representatives from DMH and HSO met with staff from the Child and Family Services Administration (CFSA). The result was the decision to pair CFSA reviewers on reviews where the youth and family were currently involved with child welfare. These co-reviewed youth provided data on both the CFSA and the DMH protocols. CFSA was able to use the data as part of their ongoing monthly quality assurance practice. A total of 17 youth and families were co-reviewed. CFSA was able to collect viable data for all 17 youth.

The issue of providing direct feedback to service providers has been discussed at length. For the past two years, core service agencies (CSAs) have requested that feedback and recommendations be given for the cases reviewed. Providing feedback on individual cases takes scheduling and logistical preparation, specific training of reviewers, and preparation of staff and CSAs to receive the input. Feedback sessions are a dialogue about the individual practice issues pertaining specifically to the youth being reviewed. Feedback includes suggestions for next steps and problem solving around barriers and challenges. Feedback sessions do not serve as employee job performance evaluations. Follow-up from DMH occurs in rare instances that require a mandatory report due to safety or threat of harm or is requested by the team leader. Feedback is generally provided to staff and team members working directly with the youth and families, and includes supervisors as deemed appropriate by the CSA. For the 2008 review, the Court Monitor decided to give feedback sessions a trial run. Feedback was attempted for all cases reviewed, with 29 cases receiving direct, case-specific feedback. In instances where feedback was not given, scheduling issues prevailed.

### **The Sample for Children and Youth**

A larger number of youth were selected this year to strengthen the statistical significance of the data. The target number to review was determined to be 86. A stratified random sample of 90 youth, plus replacement names, was drawn from the DMH eCURA data system for youth receiving services between April 1 and October 31, 2007. The random sample of 90 was used to account for sampling attrition that occurs during scheduling and the review weeks (i.e., one of the youth reviewed was hospitalized the day prior to the CSR and the guardian declined

participation on the review day). Twenty-seven youth were replaced in the original sample to make up the final sample of 86. Schedules were completed for 77 reviews, and ultimately, reviews were completed on 73 youth. Three of the youth who dropped out during the review weeks did so due to decompensation; two of these three were hospitalized during this time. The other youth had a mother with mental illness who was symptomatic at the time and rescinded participation. The fourth youth had a parent who did not respond to multiple phone contacts and missed two scheduled appointments. School staff for this youth also did not respond to multiple attempts to make appointments to interview them and the youth. Seventy-seven of the 86 schedules were completed successfully. The remaining nine youth either refused to participate or consent from the legal guardian was not able to be secured (i.e., parent not able to be located and youth was in a foster home and parental right still intact; some families were in the process of Termination of Parental Rights and CFSA was not able to sign the consent). Youth selected for the review received at least one form of billable mental health service from a provider agency during the noted timeframe. The total population served during this time period was reported to be 1475 children, a decrease of 395 youth from the previous year.

#### Core Service Agencies

According to the information supplied to HSO by the DMH eCURA system, there were a total of 1475 children who received a billed-for service between April 1 and October 31, 2007, from 15 different provider agencies. These provider agencies differ substantially in the total number of children they serve. Approximately 62% of all youth receiving services are receiving them from three agencies, with no other individual agency serving more than 8% of the sample. The number of children selected for review from each agency was proportionate to the percentage of youth in the total sample served by the agency. Fifteen core service agencies were identified as providing a billable service during the identified timeframe with 11 CSAs represented in the review sample. An additional CSA was reviewed due to a youth changing providers between the end of the billing period (October 31, 2007) and the beginning of the review (March 3, 2008). This addition brings the total number of CSAs to 16, 11 of which had youth who were reviewed.

The number of children reviewed from each agency is slightly different from the number originally selected. This is due to sampling and review attrition factors, such as refusal to participate, placement or relocation out of the District of Columbia and immediate area, transition from one CSA to another, and a youth discharged from services and not receiving services from another CSA. As noted above, an additional agency was reviewed due to attrition factors. The table below illustrates the sampling breakdown by agency.

**Display 1**  
**Number of Children Receiving a Billed Service**  
**Between April 1 and October 31, 2007,**  
**According to the eCURA Data System**

<b>Core Service Agency</b>	<b># in Population</b>	<b>% of Population</b>	<b># in Sample</b>	<b># Reviewed</b>	<b>% of Review Sample</b>
First Home Care	375	25%	22	24	33%
DCCSA	308	21%	19	13	18%
Community Connections	232	16%	15	14	19%
Scruples	123	8%	7	6	8%
Kidd International	98	7%	6	4	6%
MDDC	93	6%	5	3	4%
Affordable Behavioral Consultants	78	5%	5	1	1%
Universal Healthcare	68	5%	4	3	4%
Center for Therapeutic Concepts	46	3%	2	2	3%
Youth Villages	18	1.2%	1	0	0%
Family Preservation	17	1.2%	1	0	0%
Latin American Youth	9	.6%	2	2	3%
Fihankra	5	.4%	1	0	0%
Mary's Center	4	.4%	0	0	0%
Washington Hospital Center	0	0%	0	1	1%
CPEP	1	0%	0	0	0%
<b>Totals</b>	<b>1475</b>	<b>99.8%</b>	<b>90</b>	<b>73</b>	<b>100%</b>

### Age of Youth

When selecting the sample for the 2008 review, there was no predetermined percentage or number of youth by age. A brief survey form was sent out for providers to complete for each of the initially randomly selected children. This instrument was used to gain some background information and updated contact information so that the sample could be stratified across the following points: (1) provider agency, (2) age of child, and (3) child's gender. **Display 2** shows the distribution of the eCURA population, random sample, and review sample, by age group.

**Display 2**  
**Age of Youth in the Population, Random Sample, and Review Sample in 2008**

Age of Youth	# in Population	% of Population	# Sample	# in Review	% of Review Sample
Birth to 4 years	12	1%	1	1	1%
5 to 9 years	344	23%	26	19	26%
10 to 13 years	491	33%	26	22	30%
14 and older	628	43%	37	31	43%
Totals	1475	100%	90	73	100%

### Child's Level of Need

The child's level of need was separated into three categories—low, medium, and high. The survey completed by the provider agencies was used to collect specific information, such as the current array of services a youth was receiving. Other level of care indicators, such as the current Global Assessment of Functioning Scale (GAF) score and the Child and Adolescent Level of Care System (CALOCUS) score, were also gathered as possible. 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 random sample were currently in a residential, or more restrictive, placement or had recently experienced a residential, or more restrictive, placement. None of the youth in the 2008 review were in residential or more restrictive settings. Attempts were made to ensure that the distribution of children's level of need included in the random sample were reflective of the actual distribution of children's level of need noted through the background survey results.

### Children and Families Included in the Review

Although the originally specified target of reviewing 86 children was not met (73 children were reviewed), 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 District's mental health system. The

primary reasons for not meeting the target of 86 children, despite selecting 90 youth and replacing 27 youth, were 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, difficulty accessing parents and youth during the review, parents rescinding consent, change in placement or living situation, and inability of reviewers to collect enough information to complete the review. An additional factor impacting the need to replace youth initially selected is the sampling timeframe used to select children and families for the review. Some of the initial youth were no longer receiving services at any CSA during the time of the review. **Display 3** shows the general reasons for replacement and the number of youth replaced.

**Display 3**  
**Reason for Youth Replacement in Review Sample**

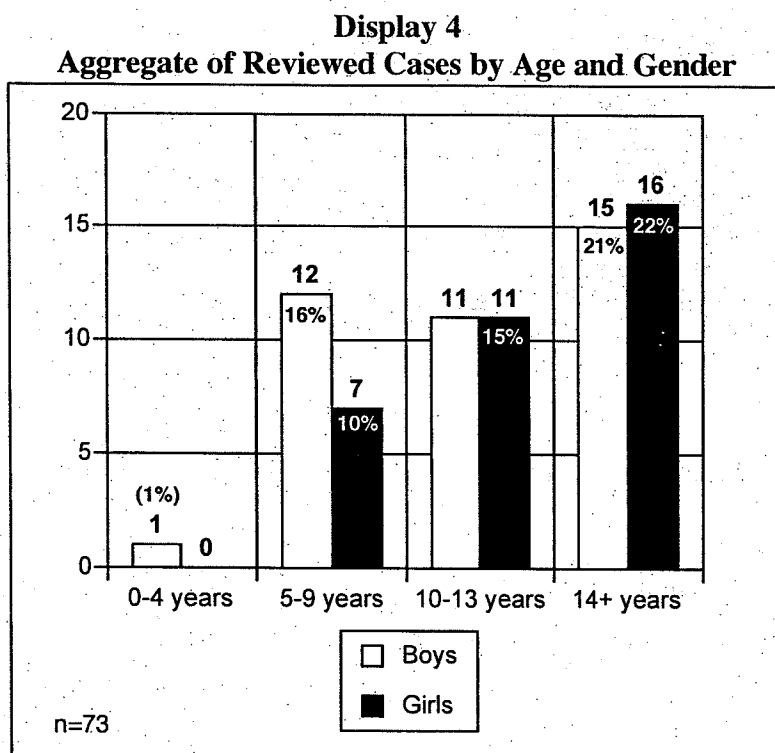
Reason for Replacement	Number of Youth Replaced
Discharged from services	21
Unable to contact	2
Not receiving services in D.C.	1
Removed from services	1
Refused to participate	1
Not receiving services within time period	1
Total	27

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

A total of 73 child and family reviews were completed during March 2008. Presented in this section are displays that detail the characteristics of the children and youth in the sixth-year sample.

### Age, Gender, and Ethnicity of Youth

The review sample was composed of boys and girls drawn across the age spectrum served by DMH. The following display (**Display 4**) presents the aggregate sample of 73 children and youth distributed by both age and gender. As shown in this display, boys make up 53% of the review sample and girls make up 47% of the review sample. It is not uncommon for more boys to be receiving services within the active population. Children under age ten comprised 27% of the sample (20 youth). Twenty-two children, or nearly a third of the review sample (30%) fell in the 10-13 year old age group. Thirty-one teenagers age 14 and older (43%) were included in the review. Ninety-three percent (93%) of the youth reviewed were of African American ethnicity and 7% were of Latino-American descent.

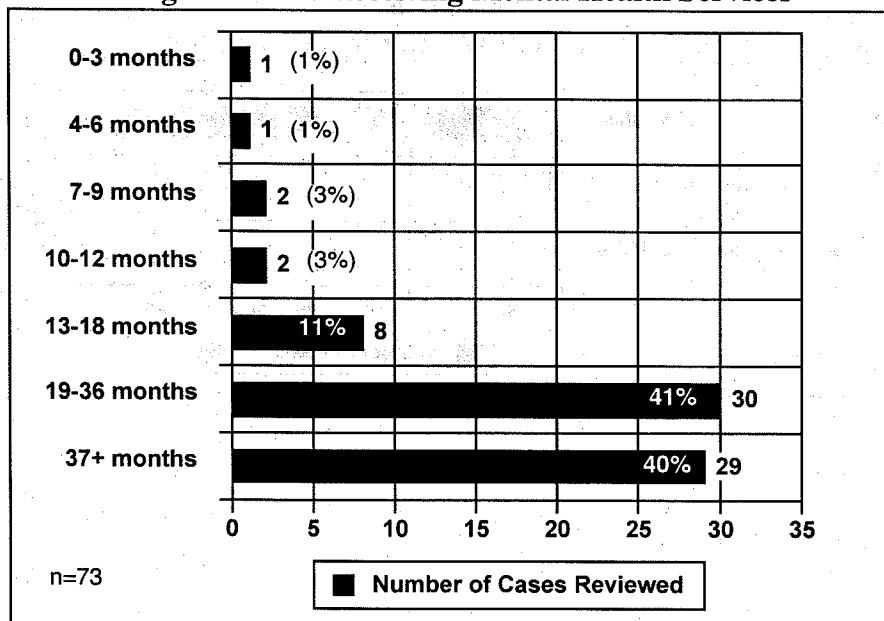


Source: DC Children's Review  
March 2008

Length of Mental Health Services

**Display 5** presents the amount of time the children’s cases had been open during their current, or most recent, admission for services. As described below, the majority of the youth had been receiving services for longer than 19 months (81%; 59 youth) and 8% had been receiving services for less than one year. There are 53% more youth reviewed who were receiving services for more than 19 months than in the 2007 review. The most notable difference when compared with the 2007 data is in regards to the number of youth receiving services for more than three years. In the 2007 review, 17% of the sample fell into this timeframe; a difference of 23%.

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



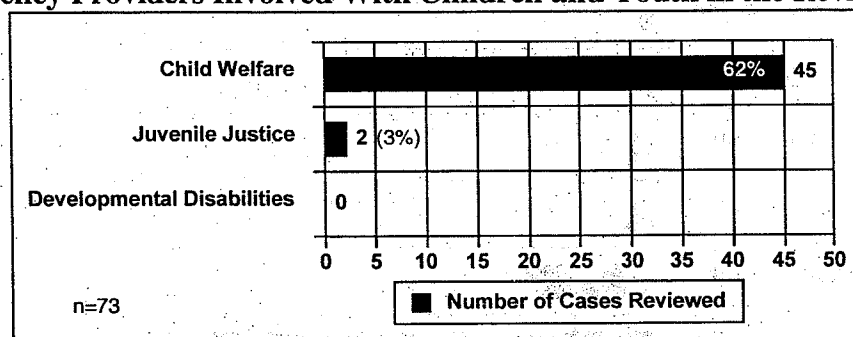
Source: DC Children's Review March 2008



### Services by Other Agencies (not including education)

Some children and youth in the review sample were also receiving services from other major child-serving agencies. **Display 6** presents the number of youth identified as being served by other key agencies: child welfare, juvenile justice, and developmental disabilities. More than half of youth (62%) were involved with CFSA. For comparative purposes, 47% in the 2004 review sample, 23% in 2005, 29% in 2006, and 48% in 2007 were involved with CFSA. This year, only two youth (3%) of the review sample were involved with the Department of Youth Rehabilitation Services (DYRS). In the past two reviews (2007 and 2006), there were five and four children respectively, or close to 10% of the youth reviewed.

**Display 6**  
**Other Agency Providers Involved With Children and Youth in the Review Sample**



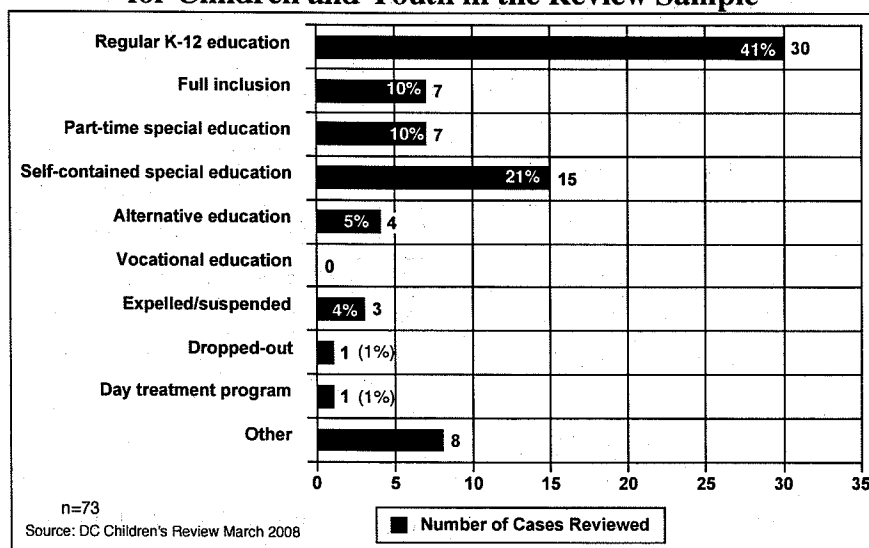
Source: DC Children's Review March 2008

### Educational Program Placement

Reviewers look to see that the educational setting of a youth meets instructional and behavioral needs and provides an environment that is conducive for learning. Reviewers learn about social interactions and peer relationships, a student's ability to manage stress and frustration, and transition processes, in addition to information regarding learning style, processing, and academic achievement. The graph displayed below illustrates the educational status/placement for the children and youth in the review sample. Forty-one youth, or 30%, were in regular K-12 educational settings. Twenty-nine youth (35%) were receiving some type of special educational service, either full inclusion (10%; seven youth), part-time special education services (10%; seven youth), or in a self-contained special education setting (21%; 15 youth). Three children

were expelled or suspended, one dropped out, one was in a day treatment setting, and four were in an alternative education program. Eight of the youth reviewed were in other educational settings, which include special school for behavior disorders, regular education with a 504 plan, referral to special education, private special education school, college, or youth who are currently not enrolled and are planning to re-enroll.

**Display 7**  
**Types of Educational Services/Placements or Educational Status**  
**for Children and Youth in the Review Sample**



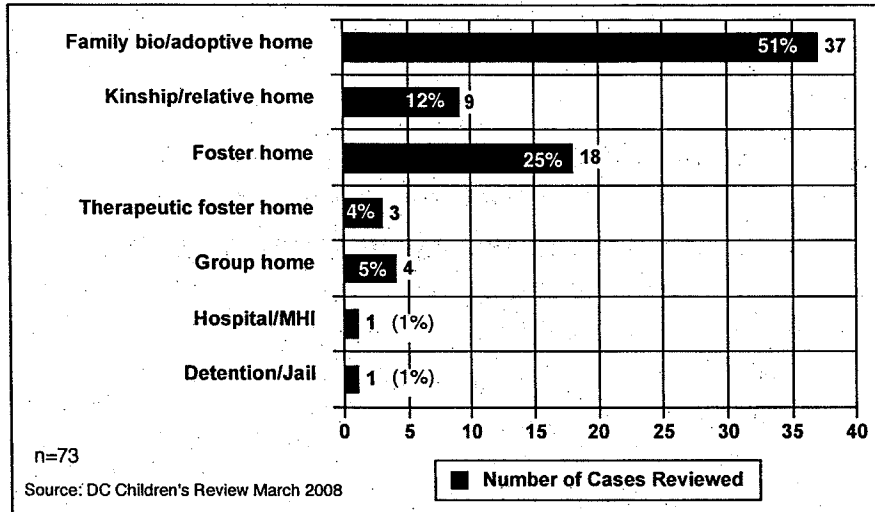
Living Setting

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. Fifty-percent of youth in the review sample were living with their birth or adoptive family; an additional nine youth (12%) were living with relatives. The remaining youth were living outside of the family/kinship home. Twenty-nine percent, or 21 youth, were living in a foster home and 4% (three youth) were living in a therapeutically-supported setting.

The most notable difference in place of residence for youth this year versus in the 2006 review is the number of youth living in traditional foster homes. In 2007, 12% of the review sample were in non-therapeutic foster homes while twice the percentage (25%) were in the same living

situation in 2008. Additionally, 27% were living in kinship or relative homes in 2007, while 12% were living with relatives in 2008.

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



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 review of records and/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). Sixty-three percent (63%) of the youth in the 2008 review had a placement change in their lifetime. The majority of youth (56%) had from one to five placements.

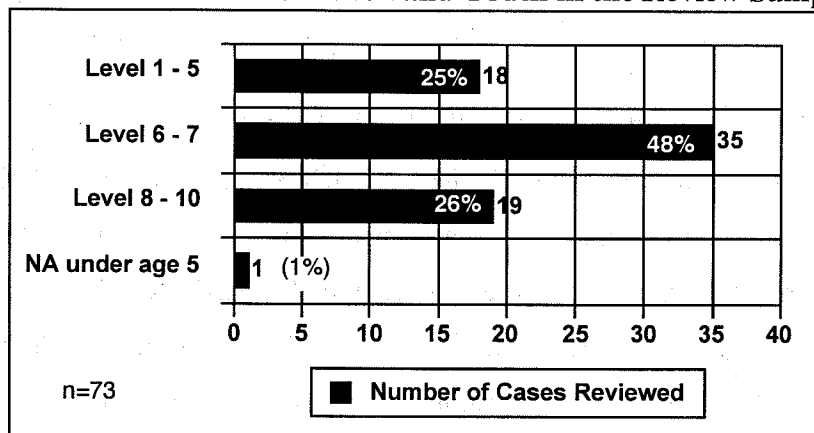
**Display 9**  
**Total Number of Placement Changes for Children and Youth in the Review Sample**

Placement Changes	Frequency in Sample	Percentage of Sample
No placement changes	26 children in final sample	36%
1-2 placement changes	25 children in final sample	34%
3-5 placement changes	16 children in final sample	22%
6-9 placement changes	3 children in final sample	4%
10 or more placement changes	2 children in final sample	3%

## Functional Status

**Display 10** provides the distribution of the review sample across functioning levels for the 72 children and youth age five and older. These are general level of functioning ranges assigned by the reviewer at the time of the review. Reviewers use information gathered from case records, past assessments and evaluations, interviews, and specific criteria in the Dixon monitoring protocol to determine youth level of functioning. The scale is based on and similar to the Child Global Assessment of Functioning Scale. 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 8-10 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 10**  
**Functional Status of Children and Youth in the Review Sample**



Source: DC Children's Review March 2008

Eighteen youth in the review sample had level of functioning scores in the lowest range (25% of the review sample). This range captures youth requiring many supports and, oftentimes, involving multiple agencies. Children in the 2008 review appear to be functioning slightly better

than those in the 2007 review, as noted by the 13% increase in the number of youth in the Level 8-10 range (13% of youth in the 2007 review were in this level; 26% for 2008). The majority of the children (48%) reviewed continue to be in the mid-range, although this is lower than in 2007.

The following table separates level of functioning ratings by age range (level of functioning is collected for youth over age five). When separating level of functioning by age range, there were no differences in the likelihood of level of functioning. All of the youth reviewed were more likely to be at the moderate level of functioning. Youth with the highest level of need in this year's review were more likely to be 14 years or older.

**Display 11**  
**Level of Functioning Ratings for Children and Youth in the Review Sample**

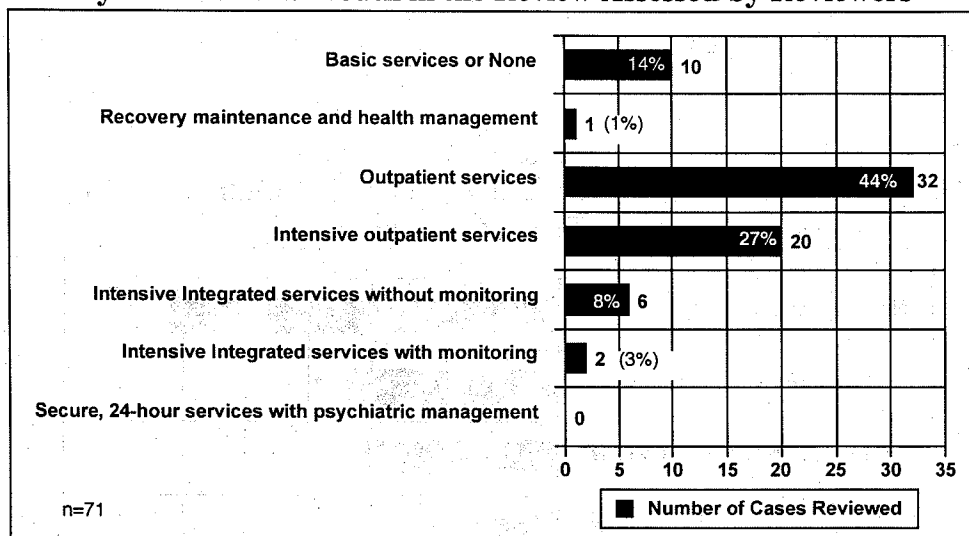
Age Ranges	Low Level of Functioning	Moderate Level of Functioning	High Level of Functioning	Totals
0-9 Years Old	5 of 19 (26%)	9 of 19 (47%)	5 of 19 (26%)	Nineteen 0-9 year olds in final sample
10-13 Years Old	4 of 22 (18%)	11 of 22 (50%)	7 of 22 (32%)	Twenty-two 10-13 year olds in final sample
14 Years or Older	9 of 31 (29%)	15 of 31 (48%)	7 of 31 (23%)	Thirty-one 14 or older in final sample
Totals	18 total children in low range	35 total children in moderate range	19 total children in high range	73 youth reviewed

### Level of Care

The 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 understanding 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 12** represents the distribution of children according to their level of care. The CALOCUS rating was reported for 71 of the youth reviewed this year. CALOCUS ratings were similar to the ratings in 2007, with slightly more youth receiving outpatient services (44% in 2008 versus 38% in 2007) and slightly less youth receiving basic/none services than last year (14% in 2008; 17% in 2007).

**Display 12**  
**CALOCUS for Range of Services Received**  
**by Children and Youth in the Review Assessed by Reviewers**



Source: DC Children's Review March 2008