2007 Report on Children and Youth

Served by the
District of Columbia
Department of Mental Health

June 2007

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.

The results for the 2005 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 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%.

2007 Dixon Court Monitoring Children's Review

The design of the 2007 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. 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 2007 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 Individual Resiliency Plan (IRP). The expectation is that there will be a consistent level of performance across core service agencies and all providers. The expectation is that they all deliver quality services according to the practice principles of Dixon exit criteria.

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. There has been a number of new providers added to the system over the last several years that present both opportunities and challenges. There continues to be the need to work with providers and child-serving agencies to improve timeliness and responsiveness of access to services and to increase adherence to practice in accordance with System of Care principles across all providers and child-serving agencies. At the present time, providers are being paid on a more timely basis and there is more effective communication with the various stakeholder groups.

The Sample for Children and Youth

A stratified random sample of 162 registered youth was drawn from the DMH ECURA data system for youth receiving services between July 1 and December 31, 2006. 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 served population during the specified time period was reported to be 1870 children.

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 gender. A stratified sample of 54 children was obtained from the larger sample of 162 registered youth.

Provider Agency

According to the information supplied to HSO by the DMH ECURA system, there were a total of 1870 children who had received a billed-for service between July 1 and December 31, 2006, from 16 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 agency serving more than 10% of the sample. The number of children selected for review from each agency was proportional to the percentage of youth in the total sample served by the agency. The table below illustrates the sampling breakdown by agency.

NOTE: 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 Receiving a Billed Service
Between July 1 and December 31, 2006,
According to the ECURA Data System

Provider Agency	# in Served Population	% of Sample	Final Sample	Triple Sample
First Home Care	442	25	13	39
DCCSA	450	24	13	39
Community Connections	237	13	11	33
Scruples Corp.	178	9	5	15
MDDC	72	4	1	3
Universal Health Care	166	9	5	15
Center for Therapeutic Concepts	52	3	1	3
Planned Parenthood	36	2	1	3
Kidd International	111	6	2	6
Youth Villages	37	2	1	3
Other Small Agencies- (Latin American Youth Services)	89 (27)	2 (<2)	1 (1)	3 (3)
Total	1870	99%	54	162

The small agencies were comprised of six agencies that served less than 1% of the children in the sample. One agency from this group was chosen at random to represent 2% of the review sample. These small agencies and their number of youth served are as follows: Family Preservation-26, Latin American Youth Services-27, Affordable Behavioral Consultant-21,

Finhankra-6, Mary's Center for Maternal and Child Care-8, and Neighbor's Consejo-1. These agencies were grouped together and three youth from one agency were chosen at random. These three youth were from Latin American Youth Services.

Age of Youth

When drawing the triple sample for the 2007 review, there was no predetermined percentage or number of youth by age. The pre-survey information sheets were used to prescreen for these factors. The following diagram illustrates the breakdown of youth in the triple sample by age.

Display 2
Age of Youth in the Triple Sample in 2007

Provider Agency	0-9 Years of Age	10-13 Years of Age	14+ Years of Age	Triple Sample
First Home Care	7	12	20	39
DCCSA	13	13	13	39
Community Connections	7	15	11	33
Scruples Corp.	4	5	6	15
MDDC	1	1	1	3
Universal Health Care	3	7	5	15
Center for Therapeutic Concepts	2	0	1	3
Planned Parenthood	0	0	3	3
Kidd International	2	1	3	6
Youth Villages	0	0	3	3
Other Small Agencies- Latin American Youth Services	0	1	2	3
Total	39	55	68	162

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 then 50)

The majority of children were receiving services in the medium level of need range. Very few children in the triple 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 3 provides the final sampling frame for the 2007 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. 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
Final Sampling Frame by Agency and Age Range

Provider Agency	Ages 0-9	Ages 10-13	Ages 14+	Total
Community Connections	3	5	2	10
Center for Therapeutic Concepts	1	0	0	1
DCCSA	3	4	7	14
First Home Care	3	3	7	13
Kidd International	1	0	1	2
Latin American Youth Services	0	0	1	1
Maryland Family Resources	0	1	0	1
Planned Parenthood	0	0	1	1
Scruples Corp.	3	1	1	5
Universal Health Care	0	4	1	5
Youth Villages	0	0	1	1
Totals	14	18	22	54

Children and Families Included in the Review

Display 4 provides the distribution of child reviews completed during the year-five review. As this table indicates, a total of 52 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 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, 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 4
Breakdown of Review 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
Community Connections	2	5	2	9
Center for Therapeutic Concepts	1	0	0	1
DCCSA	3	4	7	14
First Home Care	3	3	6	12
Kidd International	1	0	1	2
Latin American Youth Services	0	0	1	1
Maryland Family Resources	0	1	0	1
Planned Parenthood	0	0	1	1
Scruples Corp.	3	1	1	5
Universal Health Care	0	4	1	5
Youth Villages	0	0	1	1
Totals	13	18	21	52

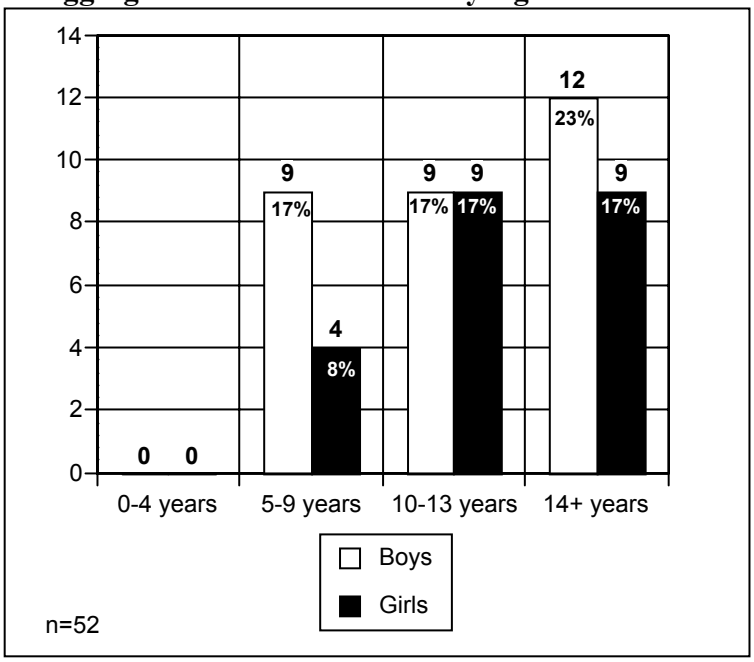
Description of the Children and Youth in the Sample

A total of 52 child and family reviews were completed during March 2007. The reviews were completed over a two-week period of time. The child reviews were completed by reviewers trained to standard by HSO trainers. About half the reviews were conducted by trained staff of DMH and half were conducted by reviewers not affiliated with DMH. Presented in this section are displays that detail the characteristics of the children and youth in the fifth-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 4** (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 5)** presents the aggregate sample of 52 children and youth distributed by both age and gender. As shown in this display, boys comprised 57% of the sample and girls comprised 43%. 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 25% of the sample (13 youth). Eighteen children (34%) ages 10-13 were included in the sample. Twenty-one teenagers (40%) were included in the review.

Display 5
Aggregate of Reviewed Cases by Age and Gender

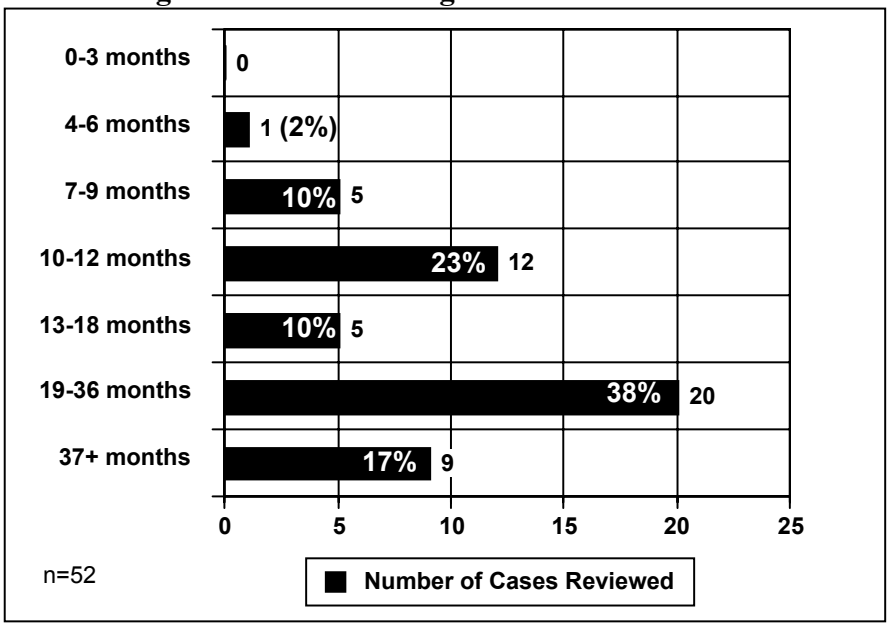


Source: DC Children's Review
March 2007

Length of Mental Health Services

Display 6 presents the amount of time the children's cases had been open during their current, or most recent, admission for services. As can be seen in this display, 18 (35%) of the children's cases have been open for 12 months or less, 25 (48%) were open for 13 to 36 months, and nine (17%) were open for more than three years.

Display 6
Length of Time Receiving Mental Health Services



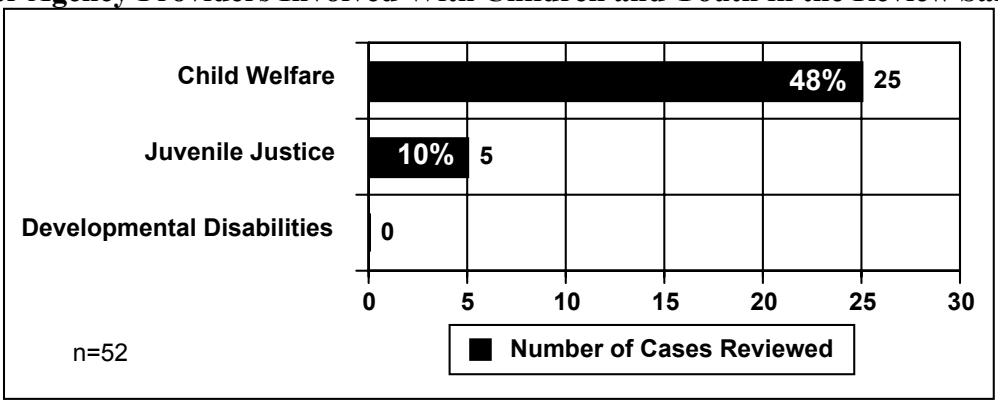
Source: DC Children's Review March 2007

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 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, 25 children and youth (48%) in the review sample were involved with the child welfare system. For comparative purposes, 47% of the 2004 review sample, 23% of the 2005 review sample, and 29% of the children in the 2006 review were receiving services from the child welfare system. There were five children (10%) who were involved with the juvenile justice system. In comparison, in 2006, there were four children (8%) involved with the juvenile justice system.

This year, a total of 23 active child welfare cases (44%) were reviewed and two cases were recently closed. Because child welfare services greatly impact system performance, the two recently closed cases are included in the data analysis as child welfare cases.

Display 7
Other Agency Providers Involved With Children and Youth in the Review Sample

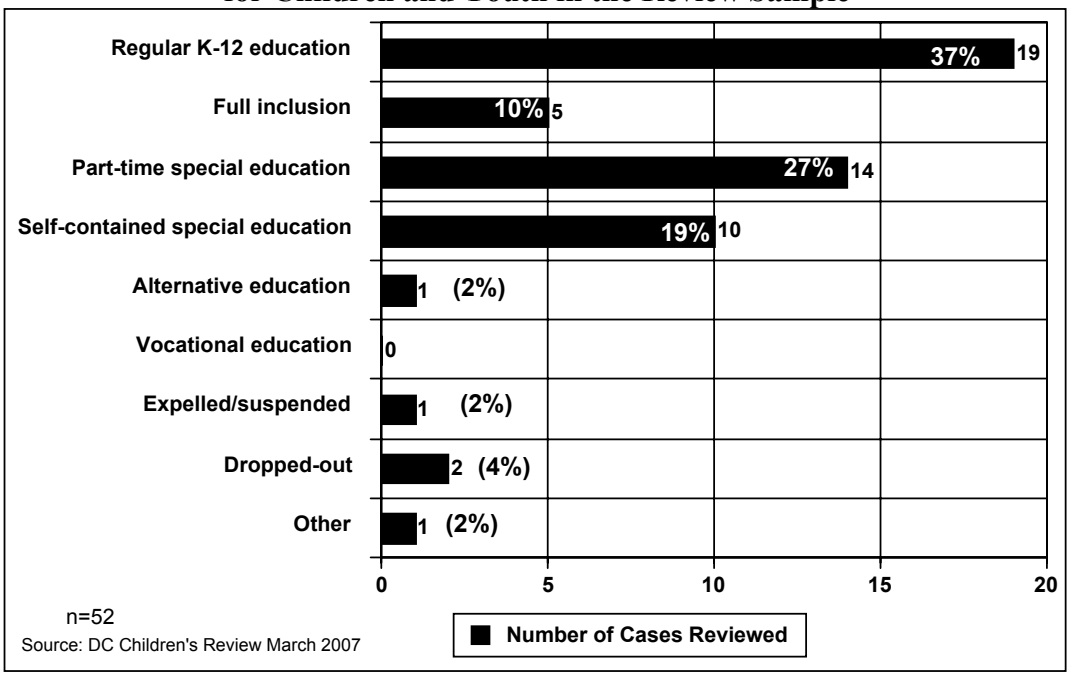


Source: DC Children's Review March 2007

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. Nineteen (37%) were found to be participants in a regular K-12 educational program. Twenty-nine (56%) were receiving special educational services, with ten of those children receiving educational services in a fully self-contained program, 14 in a part-time contained program, and five fully mainstreamed. One child was either expelled or suspended, one was in an alternative education setting, two had dropped out of school at the time of the review, and one child in the other category is attending a charter school. These children are not included in the breakdown of those in regular or special education settings.

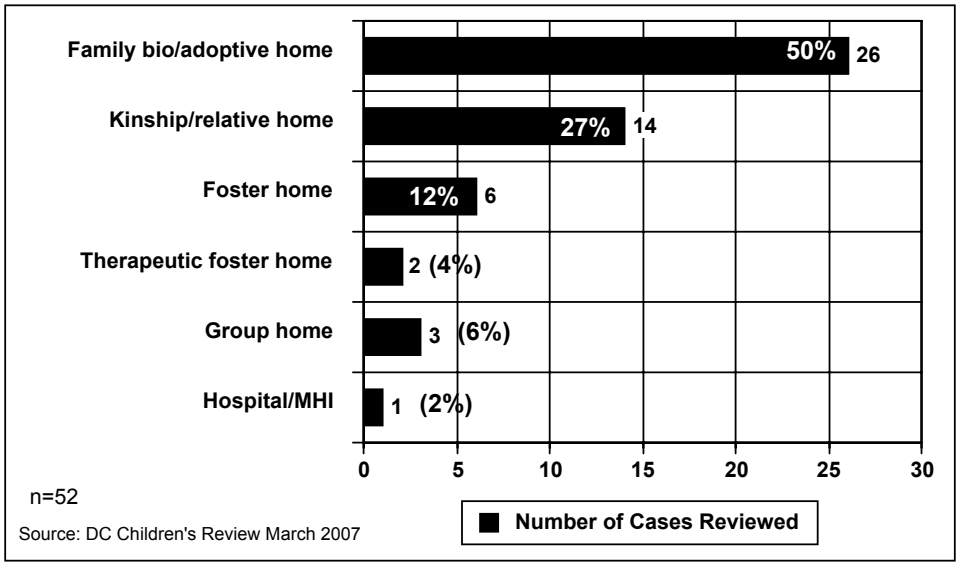
Display 8
Types of Educational Services/Placements or Educational Status for Children and Youth in the Review Sample



Living Setting

Children and youth in the review sample were found to be living in a number of different home settings. **Display 9** shows the distribution of sample members according to their residences at the time of the review. Twenty-six (50%) of the sample members were living in their family homes while 14 (27%) were living with relatives. Eight children (16%) were living in either foster homes or therapeutic foster homes, and four children (8%) were residing in congregate settings. Of those four children, three were living in group homes and one was in a hospital setting.

Display 9
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 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). Twenty-four children (46%) had experienced no disruption in placement, whereas 15 (29%) had experienced one or two changes, seven (13%) had experienced 3-5 changes in placement, and six (12%) had experienced six or more changes in placement.

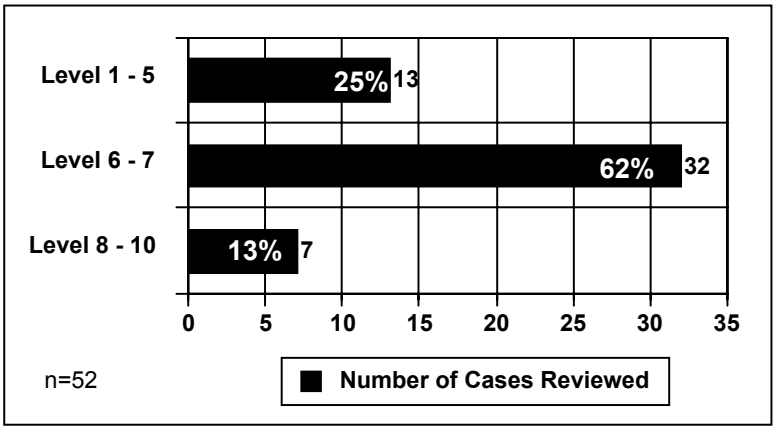
Display 10
Total Number of Placement Changes for Children and Youth in the Review Sample

Placement Changes	Frequency in Sample	Percentage of
No placement changes	24 children in final sample	46%
1-2 placement changes	15 children in final sample	29%
3-5 placement changes	7 children in final sample	13%
6-9 placement changes	5 children in final sample	10%
10 or more placement changes	1 child in final sample	2%

Functional Status

Display 11 provides the distribution of the review sample across functioning levels for the 52 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 based on and similar to the Child Global Assessment of Functioning Scale. Ratings at the time of the review are assessed by the reviewer based on the 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 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 11
Functional Status of Children and Youth in the Review Sample



Source: DC Children's Review March 2007

Thirteen or 25% of children in the review sample had level of functioning scores in the lowest range. The majority of the children reviewed had scores in the mid-range—32 youth or 62%. There were seven children (13%) in the highest level of functioning range.

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, 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 in the 10-13 year old age range.

Display 12
Level of Functioning Ratings for Children and Youth in the Review Sample

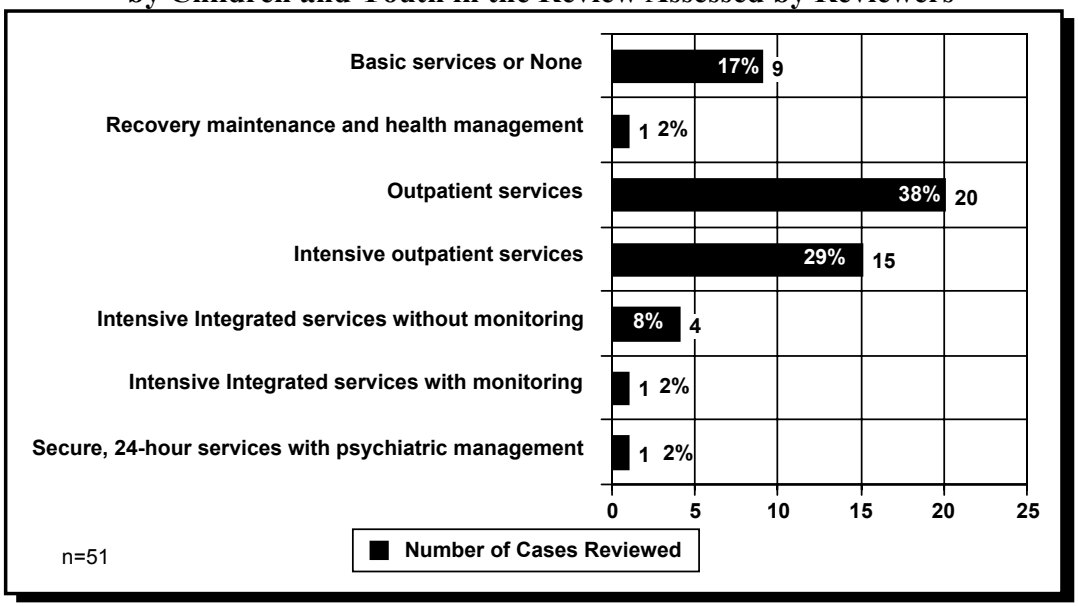
Age Ranges	Low Level of Functioning	Moderate Level of Functioning	High Level of Functioning	Totals
0-9 Years Old	3 of 13 (23%)	9 of 13 (69%)	1 of 13 (8%)	Thirteen 0-9 year olds in final sample
10-13 Years Old	5 of 18 (28%)	9 of 18 (50%)	4 of 18 (22%)	Eighteen 10-13 year olds in final sample
14 Years or Older	5 of 21 (24%)	14 of 21 (67%)	2 of 21 (10%)	Twenty-one 14 or older in final sample
Totals	13 total children in low range	32 total children in moderate range	7 total children in high range	52 youth reviewed

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 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 13 presents the distribution of children according to their level of care. The CALOCUS rating was reported for 51 of the children and youth reviewed. Nine children (17%) were receiving basic/preventive services and one youth (2%) was receiving recovery maintenance and health management services. Twenty (38%) were receiving outpatient services and 15 (29%) were receiving intensive outpatient services. Four children (8%) were receiving intensive, integrated services without psychiatric monitoring while one (2%) child was 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.

Display 13
CALOCUS for Range of Services Received by Children and Youth in the Review Assessed by Reviewers

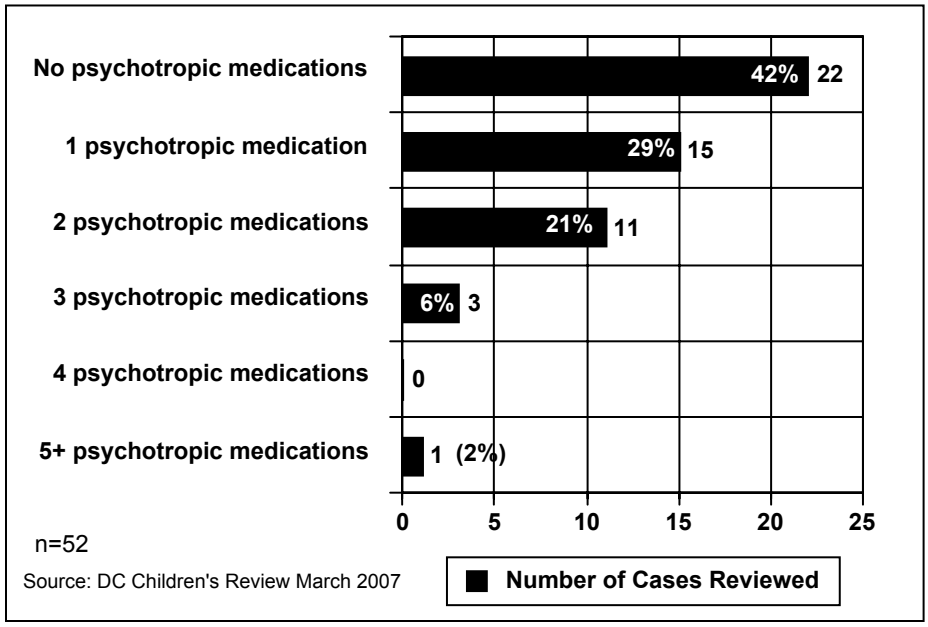


Source: DC Children's Review March 2007

Medications

The number of psychotropic medications taken by children and youth in the review sample were counted and reported by reviewers. **Display 14** presents the frequency count on medications taken by sample members. Twenty-two (42%) children and youth in the sample were not prescribed psychotropic medications at the time of the review, which is comparable to the 40% not receiving psychotropic medications in the 2006 review. Fifteen children (29%) were taking only one medication, 11 (21%) children were taking two medications, three children (6%) were taking three medications, and one youth (2%) was taking five or more medications.

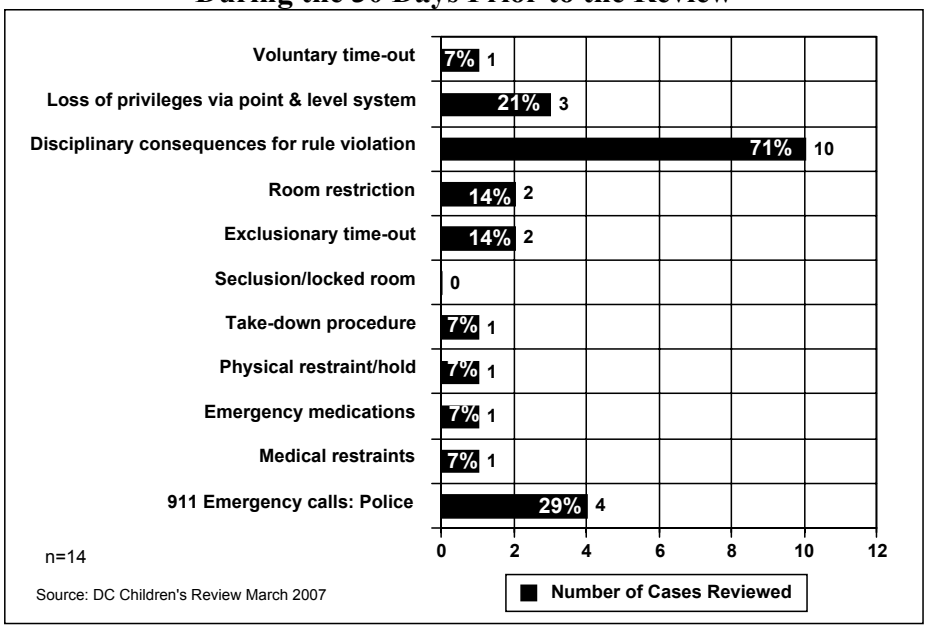
Display 14
Number of Psychotropic Medications Taken by Children and Youth at the Time of the Review



Special Procedures

Special procedures are used in certain situations to prevent harm but are not a form of therapy or treatment. **Display 15** shows the number of sample members who had one of ten 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 (n=14) who would often have more than one special procedure used in order to prevent harm.

Display 15
Special Procedures Experienced by Children and Youth in the Review Sample During the 30 Days Prior to the Review



Child Review Findings

Overview of the Child Review Process

Child reviews were conducted for 52 children and youth in March 2007, using the *Community Services Review (CSR) Protocol*, a case-based review tool developed for this purpose. This tool was based on a resiliency-based service delivery model within 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 are 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 contains 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 child's situation, 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 applied to this 6-point rating scale, i.e., 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.

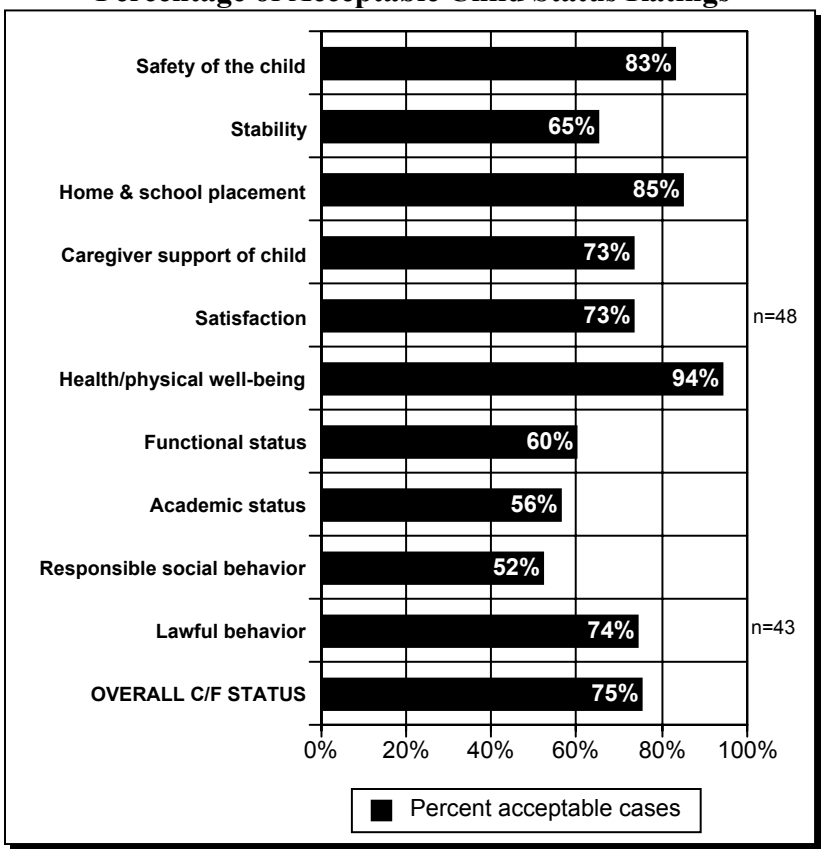
Interviews

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 279 persons were interviewed for these 52 children and youth. The number of interviews ranged from a low of two persons in one case to a high of 11 persons in another case. The average number of interviews was 5.4 (mean=5.4; median=6.5; and mode=6).

Child Status Results

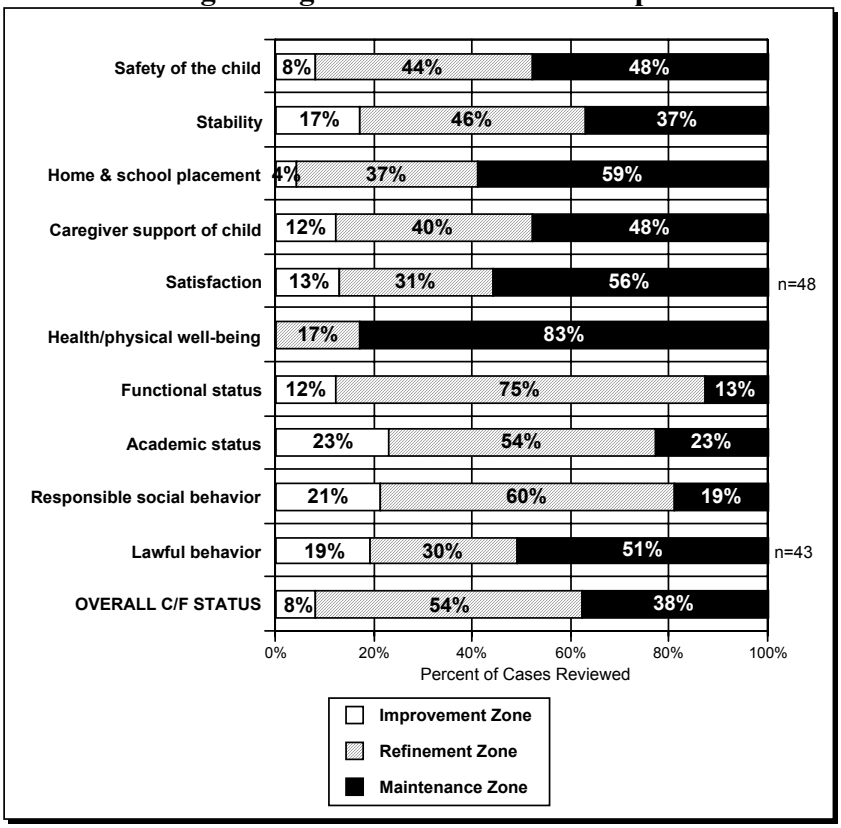
Ten indicators related to the current status of the child or youth were contained in the CSR Protocol used by reviewers. Readers are directed to **Appendix A** for a detailed description of these ten areas examined by the reviewers. The next two displays present findings for each of the ten indicators. **Display 16** uses a "percent acceptable" format to report the proportion of the sample members for whom the item was determined applicable and acceptable. **Display 17** 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 16
Percentage of Acceptable Child Status Ratings



Source: DC Children's Review March 2007, n=52

Display 17
Child Status Ratings Using the Three-Tiered Interpretive Framework



Source: DC Children's Review March 2007, n=52

Safety. Sample members were generally safe from imminent risk of physical harm in their daily environment with 83% rated as having overall acceptable physical safety at the time of the review. Forty-eight percent (48%) of the children had their safety status in the maintenance zone, 44% in the refinement zone, and 8% were rated as needing improvement. These findings are different from the 2006 review in which 85% of the youth were rated with acceptable safety and 71% were rated in the maintenance zone. A larger percentage of youth with acceptable safety are in the refinement zone this year than in 2006.

Stability. Sixty-five percent (65%) of the children had overall acceptable stability ratings, with 37% in the maintenance or green zone during this year's review. This is a decrease in percentage from the 2006 review in which 73% of the sample were considered to have overall acceptable levels of stability at the time of the review and 40% had stability ratings in the maintenance zone.

Placement Appropriateness. A substantial majority (85%) of the children and youth in the sample had home and school placement ratings in the acceptable range, with 59% in the maintenance or green zone. These findings are a decrease of 7% and 8%, respectively, in comparison to the 2006 review results in which 92% were rated acceptable or better and 67% were considered to be in the maintenance zone.

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 73% of the youth reviewed. Forty-eight percent (48%) were considered to be in the maintenance zone, 40% in the refinement zone, and 12% in the improvement zone, indicating that current caregivers were not able to consistently meet the day-to-day needs of the children.

Satisfaction. Satisfaction levels were rated applicable for 48 children and youth. Seventy-three percent (73%) expressed acceptable levels of satisfaction, with 56% rated in the maintenance zone. Thirty-one percent (31%) were rated in the refinement zone and 13% were rated in the improvement zone. There is no notable difference in these ratings from the 2006 review where 75% (n=44) were rated acceptable for level of satisfaction.

Health/Physical Well-Being. Children and youth included in the review were consistently having their physical needs met and were considered to be healthy. Physical health was acceptable for 94% of children and youth in the sample, with 83% in the maintenance or green zone and 17% in the refinement or yellow zone. This is an improvement from the 2006 results in which 79% were in the maintenance zone, 19% in the refinement zone, and 2% in the improvement zone. There were no children this year rated in the improvement or red zone.

Functional Status. Functional status, or emotional/behavioral well-being, was acceptable for 60% of the children reviewed, with 13% in the maintenance or green zone, 75% in the refinement or yellow zone, and 12% in the improvement or red zone. This is a decline from the 2006 data in which 75% of the youth reviewed were rated acceptable and 25% were in the maintenance zone.

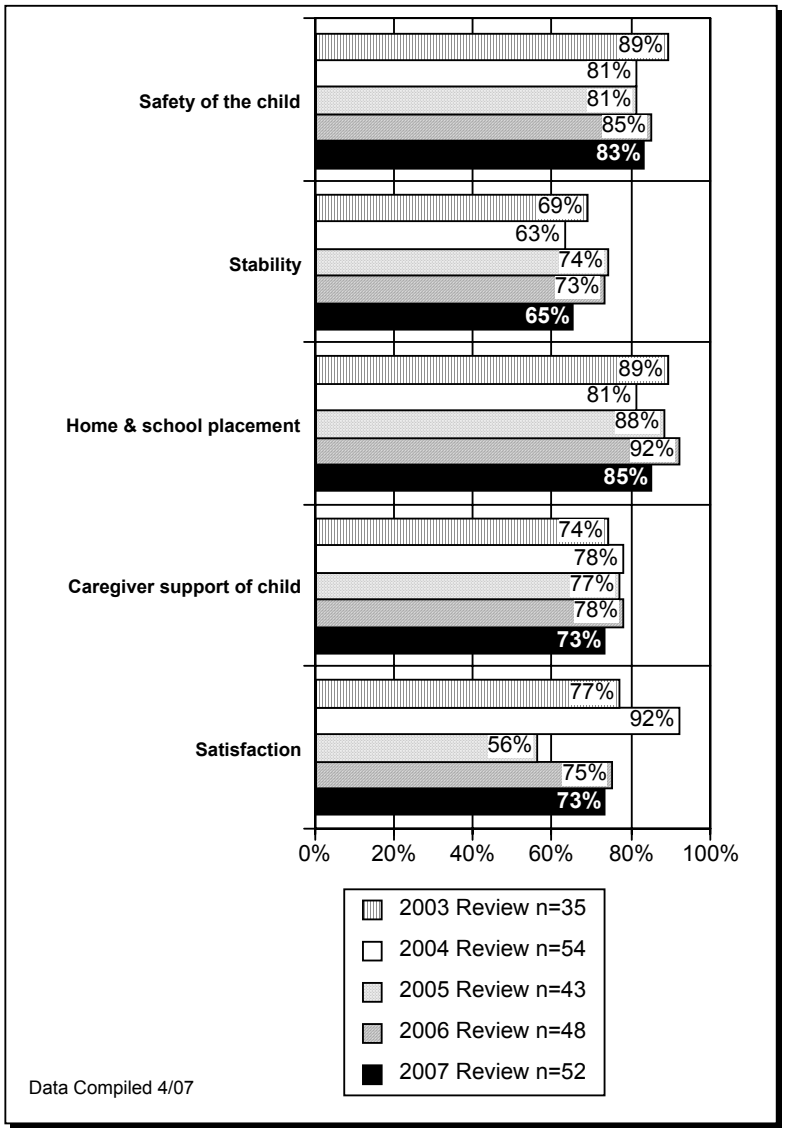
Academic Status. Academic status was acceptable for 56% of the children and youth included in the review. Twenty-three percent (23%) were in the maintenance zone, 54% in the refinement zone, and 23% in the improvement zone.

Responsible Social Behavior. Responsible social behavior was found acceptable for 52% of the children and youth in the review, with 19% in the maintenance or green zone, 60% in the refinement or yellow zone, and 21% in the needing immediate improvement or red zone. The most notable difference from the 2006 data for this indicator is the distribution of the acceptable ratings. In 2006, 58% were acceptable, with 31% in the maintenance zone.

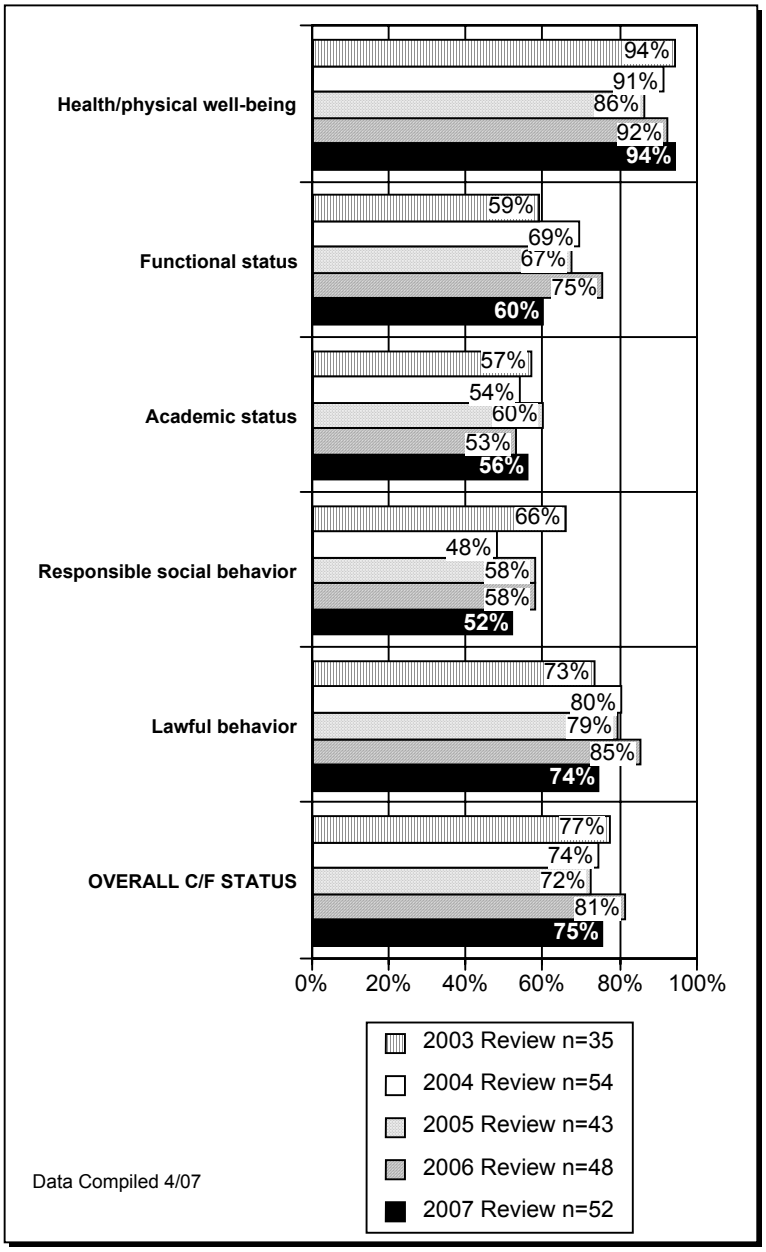
Lawful Behavior. Children and youth should behave lawfully at home, at school, and in the community. If involved with the juvenile justice system, youth should comply with the court plan and avoid reoffending, while developing appropriate friendship and activity patterns. The lawful behavior indicator applied to 43 of the youth reviewed this year. Seventy-four percent (74%) had acceptable lawful behavior ratings. This is an 11% decrease from 2006 in which 85% of the youth reviewed were found to have acceptable ratings for this indicator. Fifty-one percent (51%) this year, compared with 69% in 2006, were in the maintenance zone. Thirty percent (30%) were in the refinement zone and 19% were needing immediate improvement (21% and 10%, respectively, in 2006).

Overall Child Status. The protocol provides a scoring rubric for combining rating values across the items deemed applicable to the child or youth being reviewed to produce an "overall child status rating." Applying this rubric resulted in the determination of 75% having acceptable overall child status, with 38% in the maintenance zone, 54% in the refinement zone, and 8% needing immediate improvement. These ratings show an overall decline in youth status when compared with the 2006 data of 81% acceptable overall status, with 48% in the maintenance zone, 46% in the refinement zone, and 6% in the improvement zone. **Display 18** shows the overall child status results for all five reviews. Overall child status ratings have been stable for all five years, with the highest results achieved during the 2006 review in which 81% of the youth reviewed were rated acceptable for overall status.

Display 18
Overall Child Status Results for All Five Reviews



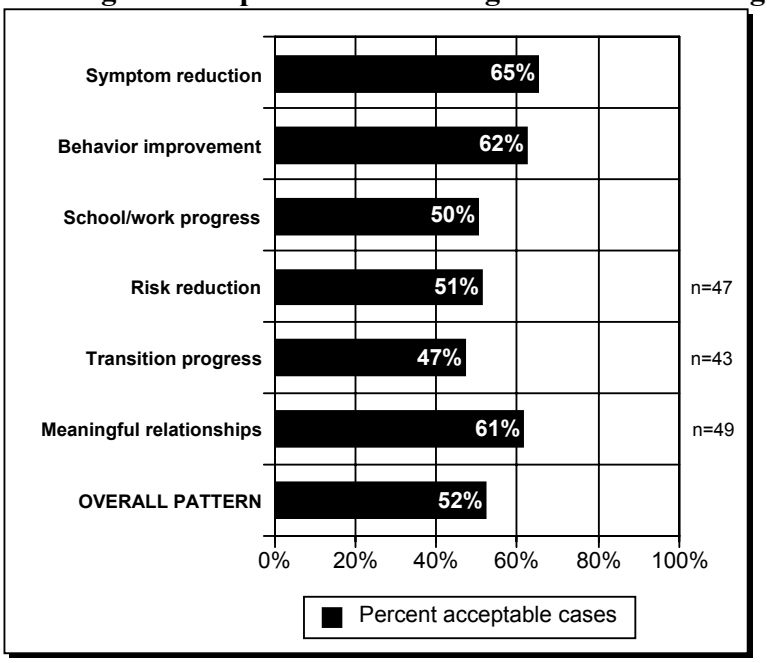
Display 18 (continued)
Overall Child Status Results for All Five Reviews



Recent Progress Patterns Showing Change Over Time

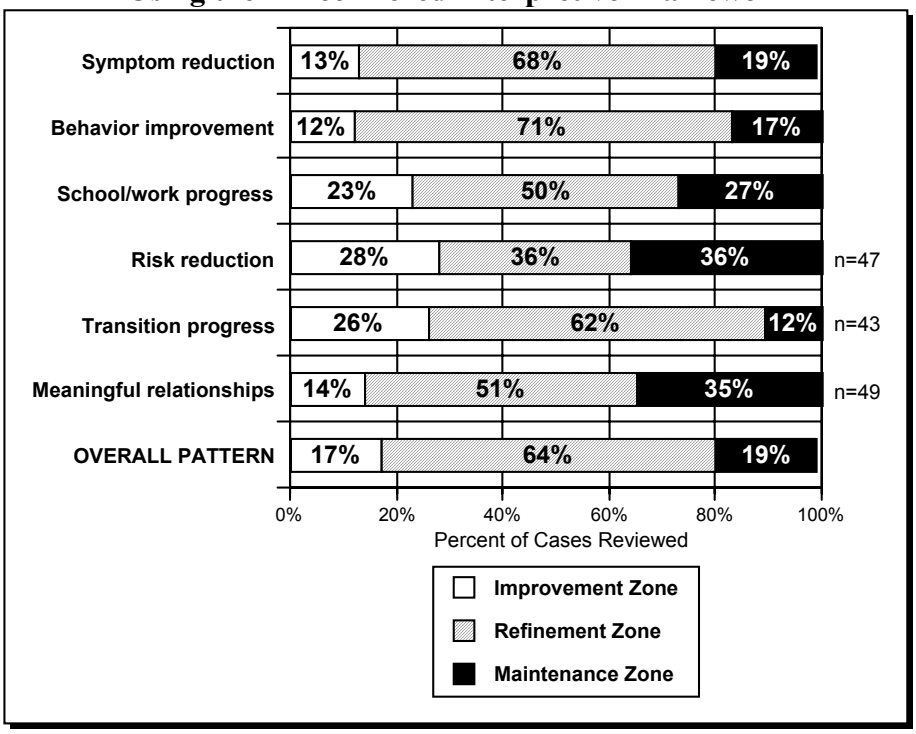
The CSR Protocol provided six indicators that enabled reviewers to examine recent progress on specific areas of treatment focus that was noted for the sample members during the review. The timeframe for noting recent progress was within the last six months or since admission to mental health services (if less than six months). Descriptions of these six indicators can be found in **Appendix A**. **Displays 19 and 20** present the findings for the progress indicators for the review sample.

Display 19
Percentage of Acceptable Recent Progress Pattern Ratings



Source: DC Children's Review March 2007, n=52

Display 20
Recent Progress Pattern Ratings
Using the Three-Tiered Interpretive Framework



Source: DC Children's Review March 2007, n=52

Symptom Reduction. Recent progress in symptom reduction was found to be at least minimally adequate for 65% of the children and youth reviewed. This is a 5% increase in acceptable status from 2006. Nineteen percent (19%) were in the maintenance zone (29% in 2006), 68% in the refinement zone (56% in 2006), and 13% needing immediate improvement (15% in 2006).

Behavior Improvement. As symptoms diminish, daily functioning should improve. Specific behaviors associated with daily functioning are often targeted for improvement in the treatment process. Behavior improvement was acceptable for 62% of the children and youth included in the review, with 17% in the maintenance zone, 71% in the refinement zone, and 12% in the needing immediate improvement zone. This presents a 4% improvement in acceptable ratings; however, there is a noticeable difference in the distribution across the zones, with 19% more youth in the refinement zone than last year.

School/Work Progress. Children and youth are expected to be making progress along planned academic, vocational, or employment pathways. Such progress is critical to their success in life.

School and work progress was acceptable for half of the youth reviewed this year, compared with 64% in 2006. Twenty-seven percent (27%) were in the maintenance zone, 50% in the refinement zone, and 23% needing immediate improvement.

Progress in Risk Reduction. The reduction of known risks was determined to be acceptable for 51% (n=47) of the children and youth reviewed this year—36% each in the maintenance and refinement zones and 28% in the improvement zone.

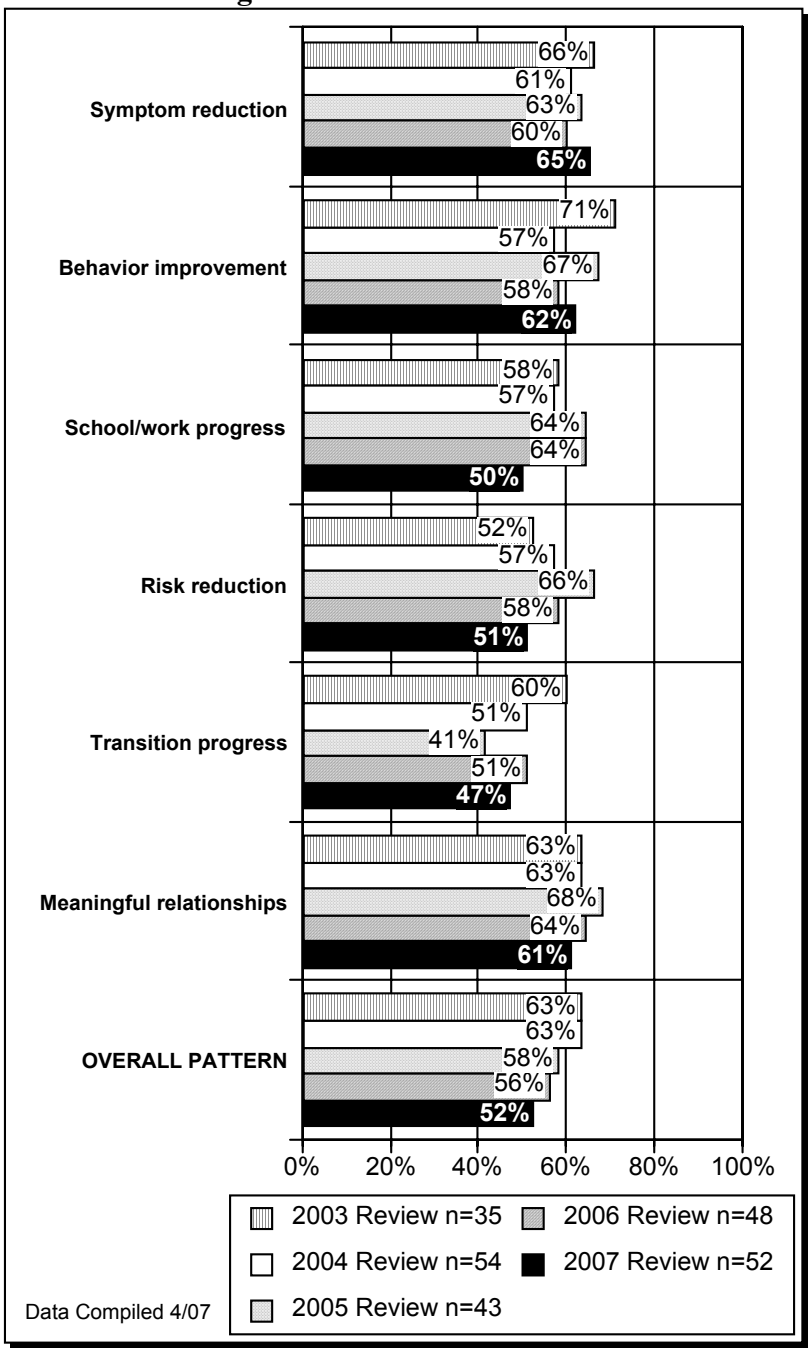
Progress toward Transition Goals. Transitions were identified for 43 children and youth in the 2007 review sample. If the child had not experienced any transitions within the previous three months, or there were no known transitions in the near future, then this indicator was marked as not applicable. Progress toward smooth and successful transitions was acceptable for 47% of the children and youth included in the review, down slightly from 51% last year. The percentage of youth in the maintenance zone also decreased from 29% to 12%. More youth (62%) were in the refinement zone than in 2006 (37%) and fewer were in the improvement zone (26% this year versus 34% last year).

Progress in Meaningful Relationships. Progress in meaningful relationships was acceptable for 61% (n=49) of the review sample, with more youth (35%) in the maintenance zone than last year (28%). Fifty-one percent (51%) were in the refinement zone and 14% needed immediate improvement.

Overall Progress Pattern. Reviewers determined an overall progress pattern for each sample member based on an assessment of the general patterns of progress across each of the applicable indicators. Based on this process, the overall progress pattern for sample members was acceptable for 52% of the children and youth, comparable to 56% acceptable in the 2006 review. Nineteen percent were in the maintenance zone (25% in 2006), 64% in the refinement zone (58% in 2006), and 17% again this year were found needing immediate improvement.

Display 21 shows the data for all five reviews on progress indicators. Overall, the results are comparable, with a possibly slight downward trend in progress. It is unlikely that this would be a significant trend.

Display 21
Overall Child Progress Pattern Results for All Five Reviews

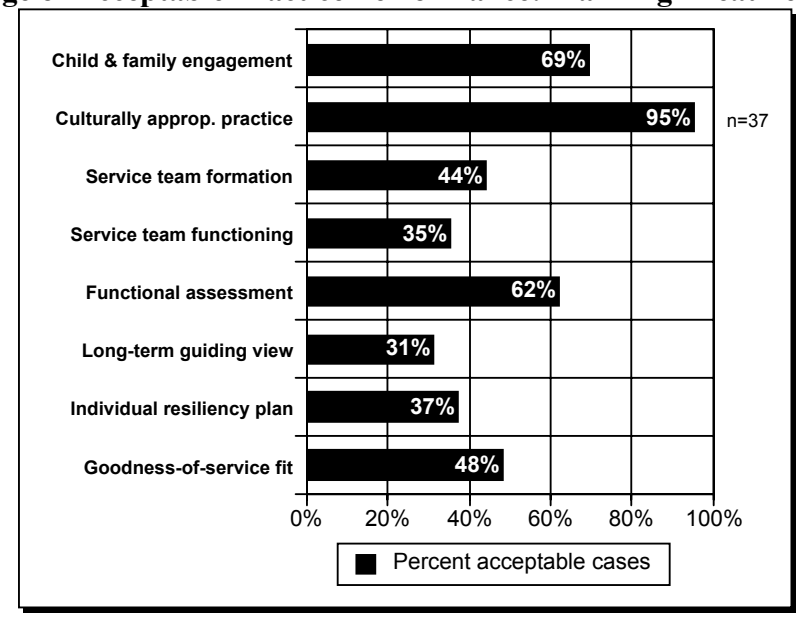


Child-Specific Performance of Practice Functions

The CSR Protocol contains 16 indicators of practice performance that are applied to the service situations observed for members of the review sample. See **Appendix A** for further information about the questions probed through these indicators. For organizational purposes, the 16 indicators are divided into two sets, which are provided in the following series of displays. The first set, focusing on planning treatment, contains eight indicators. Areas of inquiry for these indicators include engaging families, understanding or assessing the current situation, setting directions or establishing a long-term view, organizing appropriate recovery plans, and organizing a good mix and array of services. The second set, focusing on providing and managing treatment, also contains eight indicators. Areas of inquiry for these indicators include availability of resources, implementation of plans, utilization of any special procedures and supports, coordinating services, and tracking and adjustment of services.

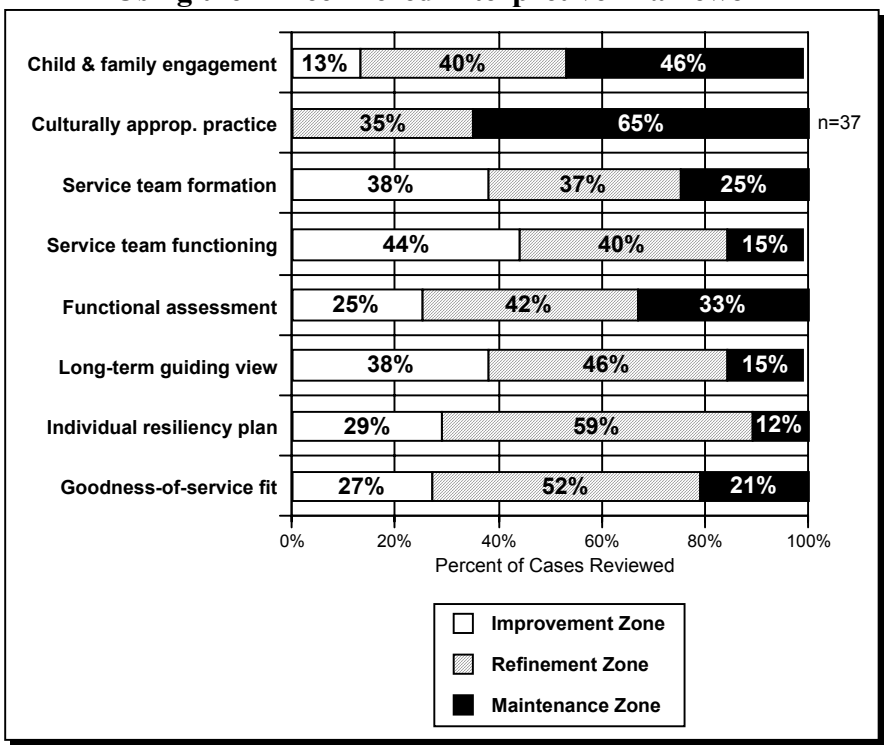
Findings for the first set of indicators are presented in **Displays 22 and 23** and summarized below.

Display 22
Percentage of Acceptable Practice Performance: Planning Treatment Ratings



Source: DC Children's Review March 2007, n=52

Display 23
Practice Performance: Planning Treatment Ratings
Using the Three-Tiered Interpretive Framework



Source: DC Children's Review March 2007, n=52

Child and Family Engagement. Child and family engagement acceptable ratings declined this year. Sixty-nine percent (69%) were acceptable, compared with 83% acceptable engagement in 2006. Forty-six percent (46%) were in the maintenance zone (40% in 2006), 40% in the refinement zone (50% in 2006), and 13% in the improvement zone (10% in 2006).

Culturally Appropriate Practice. Significant cultural issues should be recognized and addressed in practice through special accommodations and supports used to adapt or augment basic functions of practice (e.g., engagement, assessment, and planning). This expectation is applicable when there are cultural differences between the persons providing and receiving services. This indicator was deemed applicable for 37 of the 52 children and youth in the 2007 review. Culturally appropriate practice was acceptable for 95% of the children and youth in the review, with 65% in the maintenance zone and 35% in the refinement zone. Although there is no notable difference in the overall rating from 2006 (94% acceptable), the distribution of ratings across the zones is improved in one area as there were no children found to need immediate improvement

or in the red zone. However, fewer youth were in the maintenance zone (74%) and more in the refinement zone (23%) than in last year's review.

Service Team Formation. The basic practice expectation is that the child and family's individual service team be comprised of those directly providing mental health services, others that are actively planning and impacting services for the child and family, and the child and family themselves. Frequently, service providers include a child welfare worker, special educator, advocate, Guardian ad Litem, or juvenile court officer. Families are also encouraged to invite other persons they see as supportive, such as extended family, church members, close friends or neighbors, or other informal supports. There is no prescription for formation of a youth or family service team; however, it should include those actively or potentially providing supports.

Service team formation was acceptable for 44% of the children and youth included in the review, a decrease of 8% from 2006 (52% acceptable). Twenty-five percent (25%) were in the maintenance zone, 37% in the refinement zone, and 38% needing improvement, compared with 25%, 44%, and 31% in 2006, respectively.

Service Team Functioning. Service team functioning was found acceptable for 35% of the children and youth in the 2007 review, with 15% in the maintenance zone, 40% in the refinement zone, and 44% needing improvement. This is a 5% decrease in acceptable ratings, with more youth in the maintenance (8%) and improvement zones (38%) and less youth needing refinements (54%) than in 2006.

Functional Assessment. Functional assessment was acceptable for 62% of the review sample, with 33% in the maintenance zone, 42% in the refinement zone, and 25% needing improvement. The overall percentage of acceptable functional assessment is down from 79% in the 2006 review. Distribution among the three zones last year was very different, with 19% in the maintenance zone, 71% in the refinement zone, and 10% in the improvement zone.

Long-Term Guiding View. The long-term guiding view was acceptable for 31% of the children and youth reviewed (40% in 2006), with 15% in the maintenance zone (8% in 2006), 46% in the refinement zone (59% in 2006), and 38% needing improvement (33% in 2006).

Individual Resiliency Plan. IRPs were acceptable for 37% of the children and youth reviewed, down 9% from last year (46%), however, and a higher percentage was in the maintenance zone. Twelve percent, compared with 8% in 2006, were in the maintenance zone; 59%, compared with 67%, were in the refinement zone; and 29%, versus 25%, were found needing improvement.

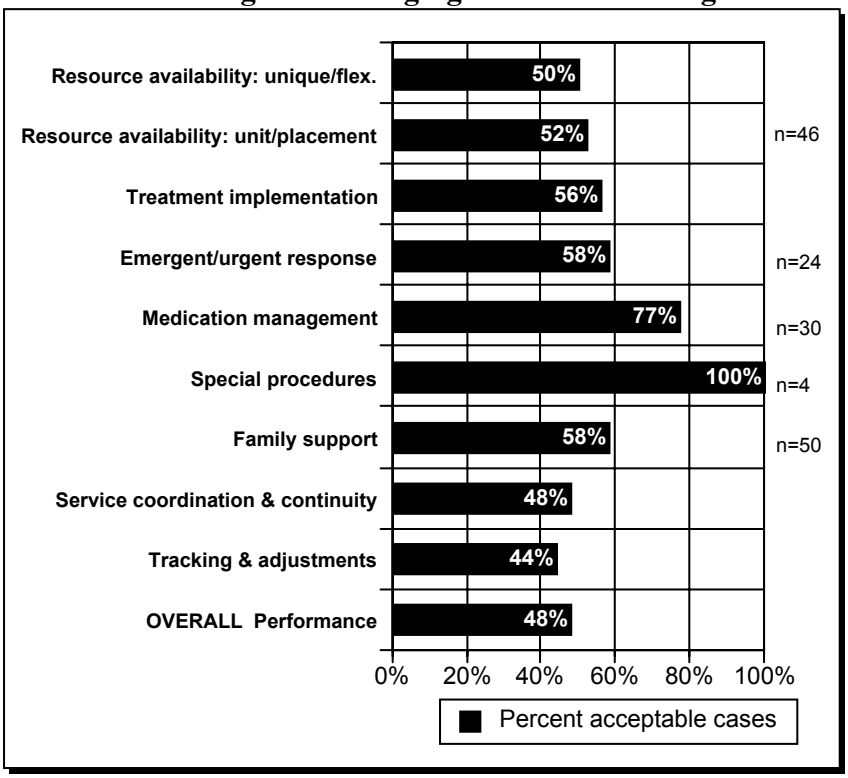
Goodness-of-Service Fit. Goodness-of-service fit was acceptable for 48% of the children and youth included in the review, with 21% in the maintenance zone, 52% in the refinement zone, and 27% needing improvement.

Findings across the practice performance: planning treatment indicators indicate that there are continued issues with forming complete teams that function with the coordination and communication necessary to provide child and family-focused services within a System of Care model. Respondents seem to lack full understanding of "teaming" outside of the immediate agency or institution (i.e., education, child welfare, justice, mental health). The development of individualized, comprehensive plans also continues to be challenging. There is variability in the system's ability to provide well-thought-out IRPs developed by a team of appropriate and necessary persons based on an in-depth common understanding of the child and his/her family. Significant weaknesses continue in coordinated planning and team participation when children are involved in more than one child-serving agency and when children are receiving services from more than one provider.

Practice Performance: Providing and Managing Treatment

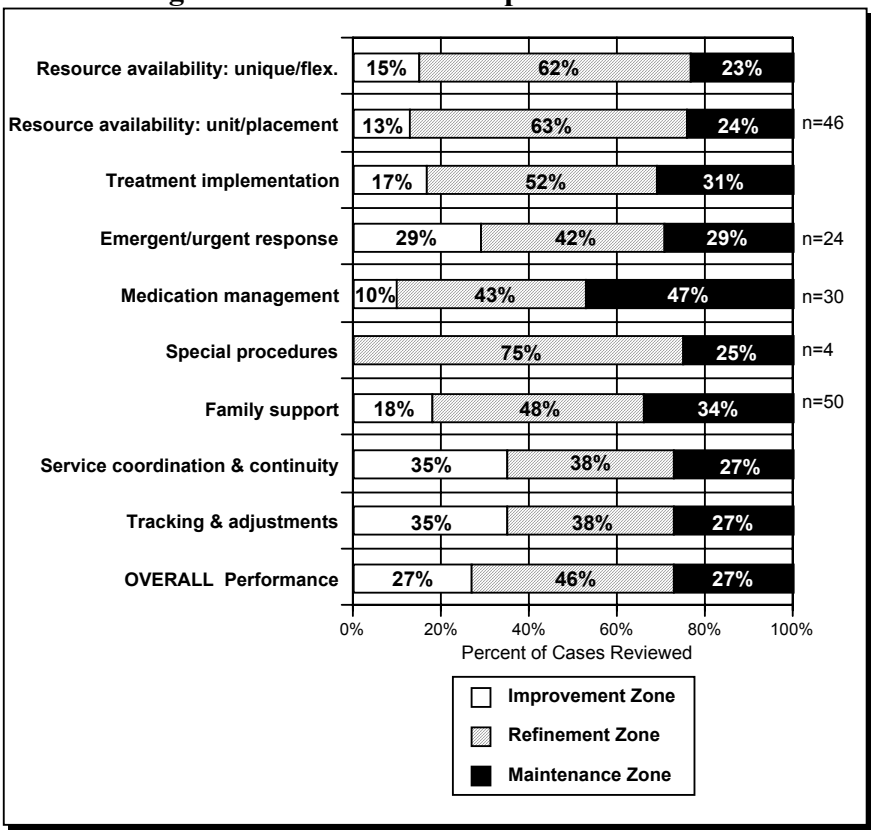
The second set of performance indicators covers important functions related to the provision and management of treatment and support services to children and families. Findings for these indicators are presented in **Displays 24 and 25** and summarized concurrently below.

Display 24
Percentage of Acceptable Practice Performance:
Providing and Managing Treatment Ratings



Source: DC Children's Review March 2007, n=52

Display 25
Practice Performance: Providing and Managing Treatment Ratings
Using the Three-Tiered Interpretive Framework



Source: DC Children's Review March 2007, n=52

Resource Availability: Unique Arrangements and Flexible Resources. This indicator focuses on the flexible supports and unique service arrangements (sometimes referred to as "wraparound services") that may be necessary to meet the needs of the child without the child having to change homes or schools to get needed services. Resource availability: unique and flexible resources was applicable if the child or youth was either receiving unique or flexible services or, if such services were needed, the child or youth was not receiving them. Resource availability: unique arrangements and flexible resources was acceptable for half of the children, with 23% in the maintenance zone, 62% in the refinement zone, and 15% in the improvement zone. This is a 10% decrease in acceptable ratings from the 2006 review.

Resource Availability: Unit-Based and Placement-Based Resources. This indicator focuses on the resources that are delivered through more traditional mental health services, such as those

that are "on hand" or program-based resource options that are dispensed as "service units." These resources also include the typical "placement slots" for a child to receive services through a center-based service program, necessary for increasing the variety and/or intensity of services provided to a child, youth, or family. This indicator was applicable to 46 children and youth, i.e., these children were either receiving such services or such services were needed, but the child, youth, or family was not receiving them. Unit-based and placement-based resource availability was acceptable for 52% of the children and youth, with 24% in the maintenance zone, 63% in the refinement zone, and 13% in the improvement zone. This is also a 10% decrease in acceptable ratings for this indicator, compared with last year.

Treatment Implementation. Treatment implementation was acceptable for 56% of the children and youth included in the review, with 31% in the maintenance zone, 52% in the refinement zone, and 17% needing improvement.

Emergent/Urgent Response. The emergent or urgent response indicator was applicable if services to stabilize or resolve emergent or episodic problems of an urgent nature were needed and/or accessed within the previous 90 days. As such, this rating applied to 24 children and youth in the sample. Acceptable ratings for this indicator (58%) were similar to last year in which 57% of the children and youth to which this indicator applied were found acceptable. Distribution among the zones is different with 29% (14% in 2006) in the maintenance zone, 42% (57% in 2006) in the refinement zone, and 29% again this year in the improvement zone.

Medication Management. Thirty of the 52 children and youth in the review sample were taking psychotropic medications. Medication management practice was found acceptable for 77%, an increase of 8% from 2006 (69%). Distribution of scores also improved in the refinement (34%-2006; 43%-2007) and improvement (17%-2006; 10%-2007) zones. There is very little difference in the percentage of youth in the maintenance zone (48%-2006; 47%-2007).

Special Procedures. The special procedures indicator was applicable if emergency seclusion or restraint was used for the child or youth within 90 days prior to the review, and was found applicable for only four youth. All four youth were found to have acceptable procedures this

year, with 25% in the maintenance zone and 75% in the refinement zone. This is a notable increase from last year where 67% of the youth (n=6) experienced acceptable procedures.

Family Support. The family support indicator applied if caregivers were provided practice assistance, training, and supports necessary to perform essential parenting and caregiving functions for the child or youth, including supports or strategies for meeting the emotional or behavioral needs of the child or youth. This indicator was deemed applicable when either family supports were being provided or family supports were needed, and applied to 50 of the 52 children and youth in the review sample. Family support was acceptable for 58% of the children and youth to which this indicator applied, with 34% in the maintenance zone, 48% in the refinement zone, and 18% needing improvement.

Service Coordination and Continuity. Service coordination was acceptable for 48% of the children and youth included in the review, down 6% from 2006 (54%). Twenty-seven percent (27%) were in the maintenance zone (21% in 2006), 38% in the refinement zone (52% in 2006), and 35% in the improvement zone (27% in 2006).

Tracking and Adjustments. Tracking and adjustments of treatment plans and interventions was acceptable for 44% of the children and youth included in this year's review, with 27% in the maintenance zone, 38% in the refinement zone, and 35% needing improvement.

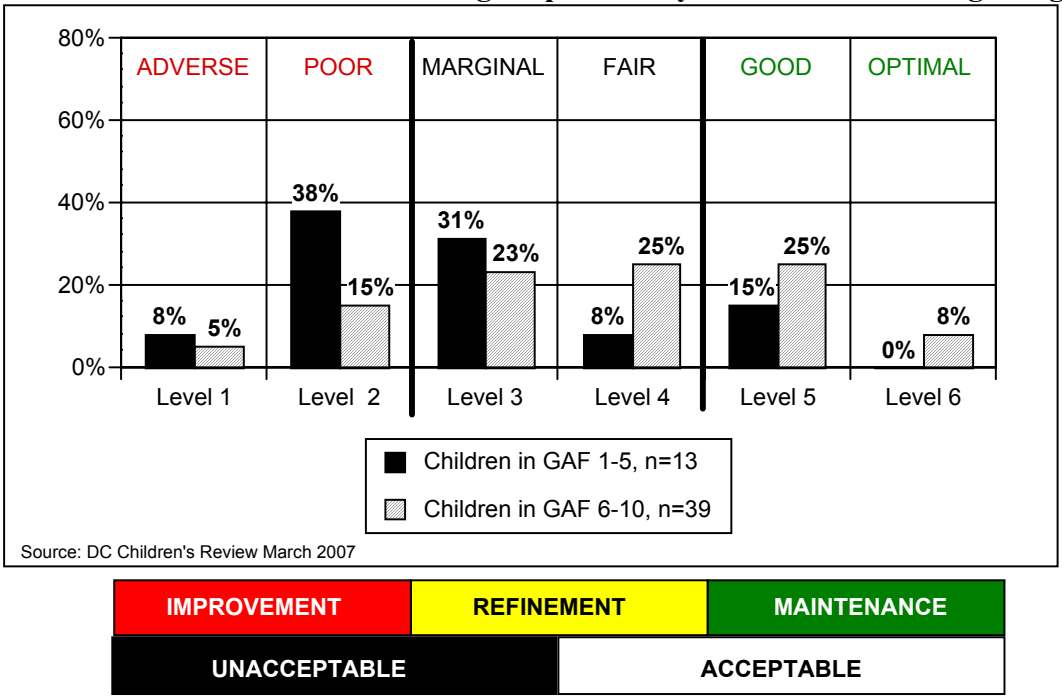
Overall Practice Performance. The protocol provides a scoring rubric for combining rating values across the items deemed applicable to the child or youth being reviewed to produce an "overall practice performance rating." Applying this rubric resulted in the determination that overall practice performance was rated as adequate (rating levels 4, 5, and 6) in 48% of the children and youth included in the review (54%-2006), with 27% (19%-2006) in the maintenance zone, 46% (62%-2006) in the refinement zone, and 27% (19%-2006) needing improvement.

In **Appendix C** of this report are agency-by-agency results for the children and families reviewed. **This agency-by-agency comparison should be interpreted with caution, since sample sizes for some of the provider agencies are extremely small**. **Generalizations**

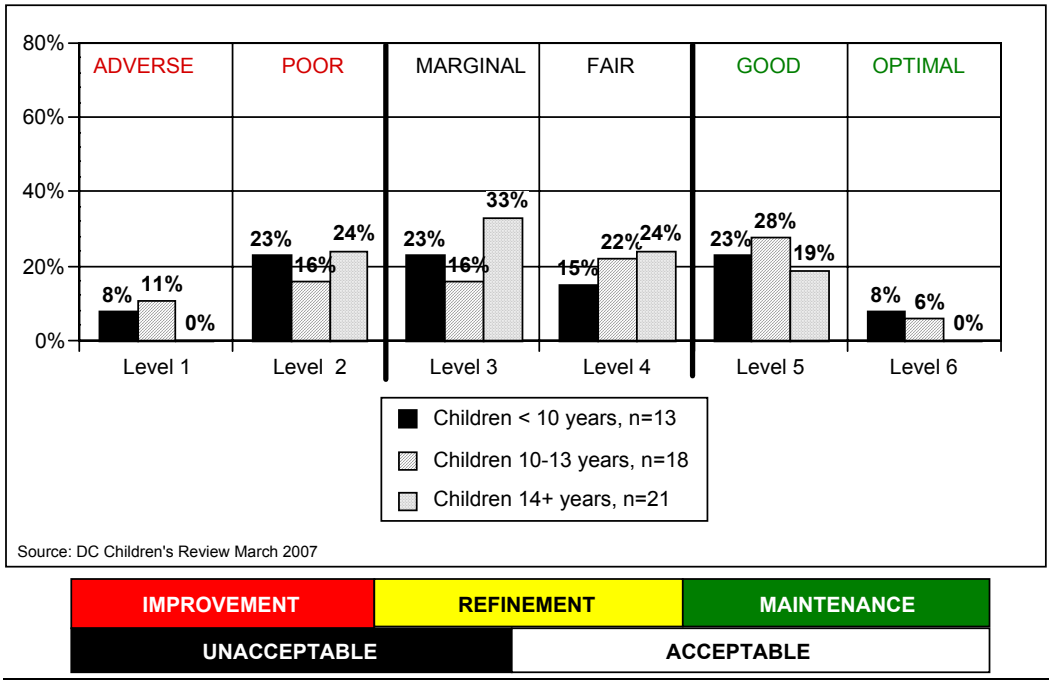
regarding specific agency practice should not be made based on the individual case review results due to the small sample sizes for the agency-specific findings, rather the small samples of children and youth are illustrative of system performance for each of those randomly selected children from subsequent participating agencies and in the context of the larger mental health system. The combined or aggregate findings from the review can be considered indicative of trends and patterns for children, youth, and families receiving services across the district.

The following two displays provide additional methods of interpreting the fifth-year review results. **Display 26** provides the overall practice performance ratings separated by the child's general level of functioning. **Display 27** provides the overall practice performance ratings separated by age range.

Display 26
Overall Practice Performance Ratings Separated by Level of Functioning Range



Display 27
Overall Practice Performance Ratings Separated by Age Range



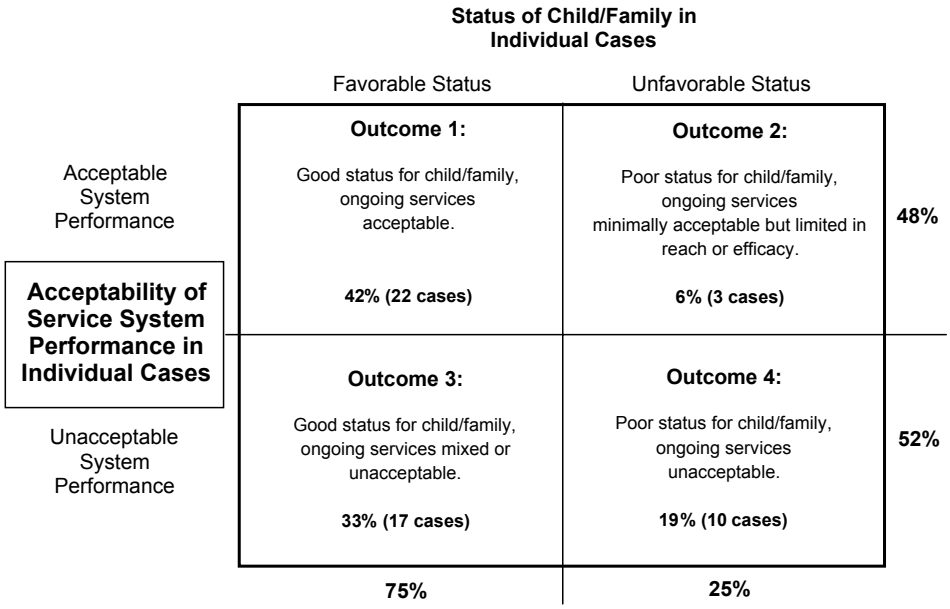
Case Review Outcome Categories

Members of the case review sample can be classified and assigned to one of four categories that summarize review outcomes. Children and youth having overall status ratings in the 4, 5, and 6 levels are considered to have "favorable status." Likewise, those having overall practice performance ratings of 4, 5, and 6 are considered to have "acceptable system performance" at the time of the review. Those having overall status ratings less than 4 had "unfavorable status" and those having overall practice performance ratings less than 4 had "unacceptable system performance." These categories are used to create the following two-fold table.

As **Display 28** indicates, 22 of the 52 cases or 42% fell into outcome category 1. Outcome 1 is the desired situation for all children and families receiving services. There were three (6%) children and youth in outcome category 2. This category represents children whose needs are so great or complex that despite the best practice efforts and diligent system performance of the service system, the overall status of the child or youth is still unacceptable. Seventeen (33%) children and youth were in outcome category 3. Outcome 3 contains those sample members whose status was favorable but experienced less than acceptable service system performance. Some children are resilient and may have excellent supports provided by family, friends, school

personnel, or some other key person in their life whose efforts are significantly contributing to the child's favorable status. But, current service system performance may be limited, inconsistent, or inadequate at this time. This year, ten youth or 19% of the review sample fell into outcome category 4, compared with six children last year. Outcome 4 is the most unfavorable combination because the child's status is unfavorable and system performance is inadequate.

Display 28
Case Review Outcome Categories



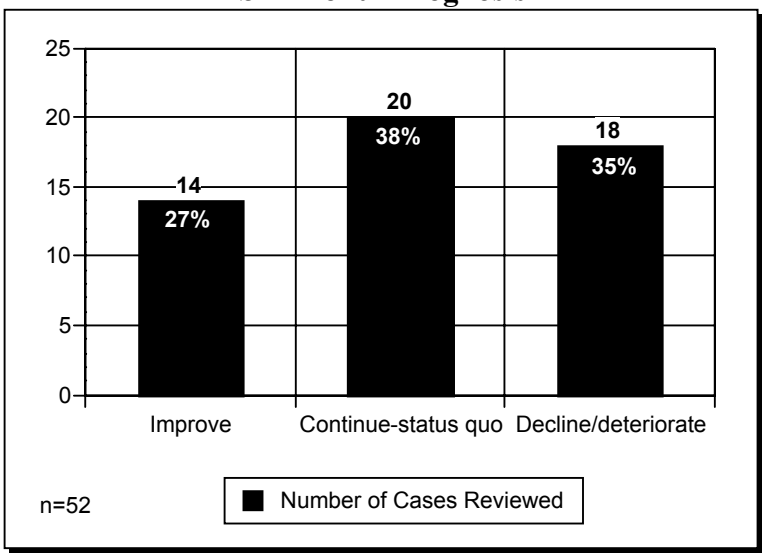
Source: DC Children's Review March 2007, n=52

Six-Month Prognosis

Reviewers provide a six-month prognosis for each member of the sample based on an overall impression of the current status and trajectory of the child or youth, how the system is performing for that individual child or youth, and any known upcoming transitions or changes. The following display presents the six-month prognosis offered by reviewers for all children and youth in the review. As the display indicates, 14 youth (27%) were expected to improve, 20 (38%) were expected to remain about the same, and 18 (35%) were expected to decline or experience deterioration of circumstances over the next six months. Twice as many youth were

expected to improve compared with the 2006 data findings—seven (15%) improve, 25 (52%) continue-status quo, 16 (33%) decline.

Display 29
Six-Month Prognosis



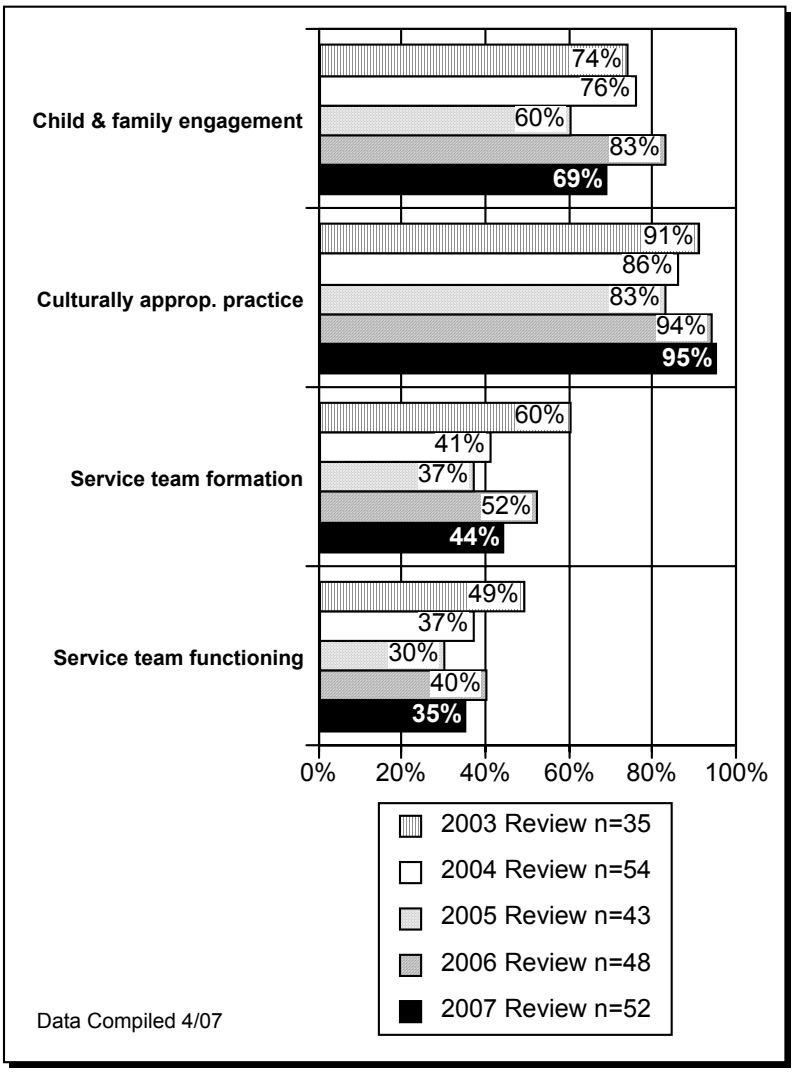
Source: DC Children's Review March 2007

Overall, the results of the 2007 CSR data show a decline in the percentage of children who are provided services with the quality, coordination, consistency, and diligence necessary to achieve progress and improvements in children. The expectations to provide services in accordance with the principles of care agreed to in the Dixon consent decree and exit criteria are not being consistently met for less than five out of ten children.

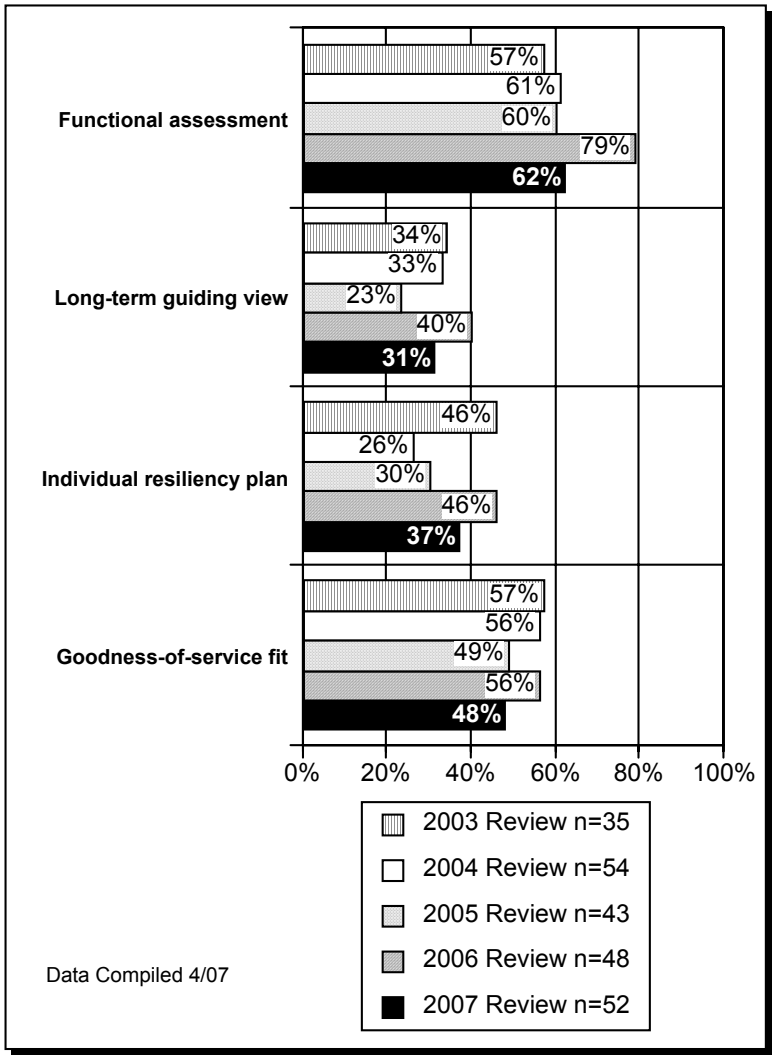
Display 30 shows the results for practice performance for all five years in which CSRs have been conducted. The trends are generally in a positive direction; however, substantial variability exists in the consistent implementation of quality services. Challenges continue to be found in service team functioning, long-term guiding view, individual plan development, coordination of services, matching of services to need, and tracking and making adjustments in intervention intensity or strategies/modalities, with the overall quality of practice of the system showing little consistent improvement in the past five years.

Display 30

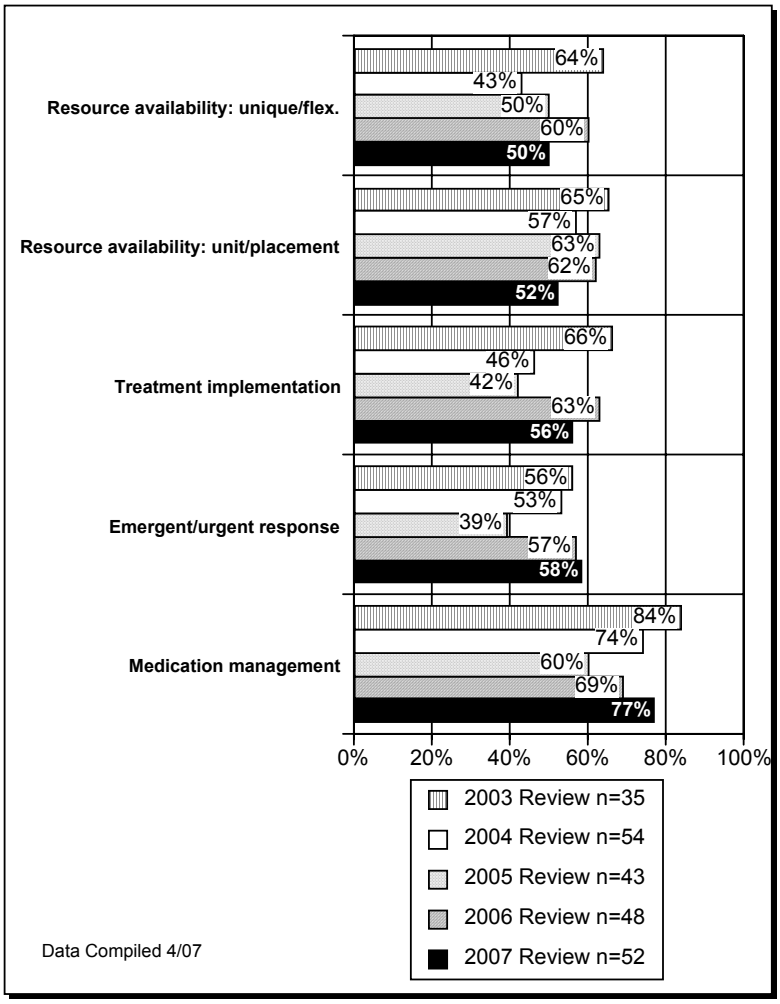
Overall Child Practice Performance Results for All Five Reviews



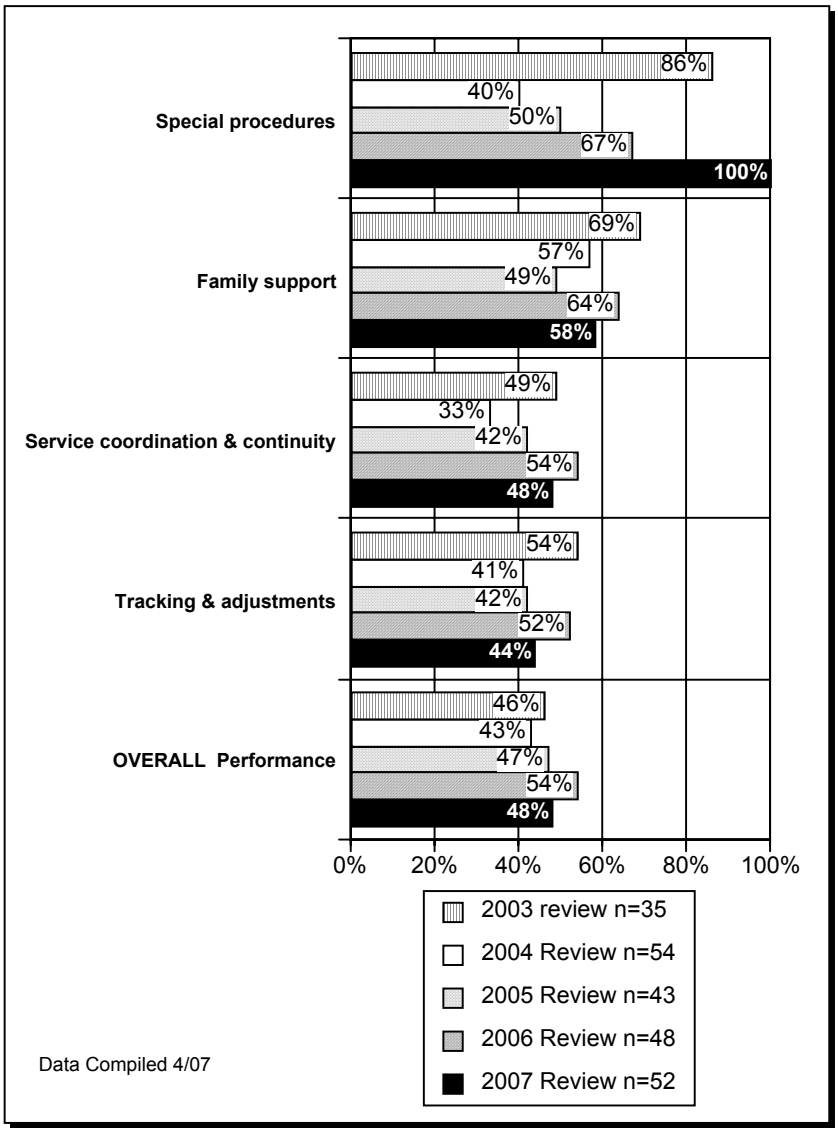
Display 30 (continued)
Overall Child Practice Performance Results for All Five Reviews



Display 30 (continued)
Overall Child Practice Performance Results for All Five Reviews



Display 30 (continued)
Overall Child Practice Performance Results for All Five Reviews



These findings are further reflected in the thematic issues identified in the debriefing of the service strengths, barriers, and patterns found in the 52 children and families who were reviewed. Further support for these themes was also found in the input received from the stakeholder focus groups. The input from the debriefing and stakeholder interviews is summarized below.

Qualitative Summary of Child Review Findings:
Themes and Patterns Noted in the Individual Reviews

Individual child reviews completed during the CSR were debriefed with other team members in order to more readily recognize themes and patterns emerging out of the sample. Following are a list and general discussion of systemic themes and patterns noted from the child reviews. Again this year, the lowest ratings were in the adequacy of team formation and functioning, Individual Resiliency Plan adequacy, goodness-of-service fit, long-term guiding view, service coordination, and tracking and adjustment. Essentially, while examples of high quality practice were observed, the overall practice pattern is one in which core practice functions required for the provision of quality and effective services are not being delivered with quality and consistency for over half the children served. Overall, the themes and patterns identified by the reviewers reflected these weaknesses in the planning and delivery of services.

- There continues to be evidence that children who begin to receive services, as confirmed by having received a service within the last six months, do receive at least some intervention and medication management. Reviewers still had concerns regarding the need for adequate current assessments. More attention must be given to clearly identifying the underlying needs that have to be resolved to support the child to successfully reside at home and in the community. Frequently, the assessments do not adequately consider the parent or other members of the family, and as a result, there is not a complete understanding of the full context in which the child lives and what must be done to support success.

- As occurred last year, another area of concern identified by the reviewers was that the match of services to an individual child's intervention needs was affected by insufficient intensity of services. Another issue was the lack of skillful delivery that reflected more needs for skill development in intervention strategies and techniques. Turnover of frontline therapists and case managers continues to present significant challenges. These themes were identified in the individual cases and were consistently identified by the stakeholder focus groups, including both child-serving partner agencies and core service agencies.

- As discussed last year, there is still a need to keep families better informed and to consider the range of family members in developing greater support for the children. This included not keeping families fully informed, not providing the necessary supports, and not building on the strengths of family members.

- Coordination issues continue to be major challenges. There are difficulties in coordinating services across provider agencies, particularly in accessing the needed services that have the necessary quality on a timely basis. The more intensive the service or the more therapeutic expertise is required, the harder it is to get timely access and delivery of the service.

- For children served by child welfare, the data show that there are major challenges to providing quality, well-coordinated services at the individual child and family level. There is improved collaboration between the agencies at the management level, but at the child level, there are still many missed opportunities and frequently poor to no communication. There is also frequently weak coordination with juvenile justice. There are still very few functional teams working with individual children that have representatives and full participation of all the necessary child-serving providers and agencies. Unfortunately, it is the children who are served by multiple child-serving agencies that frequently have the greatest needs and require the highest level of therapeutic skill and interagency coordination.

- A number of children (29 or 52% of the sample in 2007) included in the review were receiving special education services. There is much variability in the quality of educational services that these children were receiving. The coordination between mental health, the home, and the school is also highly variable. There were some excellent examples of quality services and coordination and also less than adequate coordination and services. In some instances, educational advocacy was needed, which could include participating in the child's individual educational planning team meeting. Opportunities to increase the teamwork and coordination of services between education and mental health providers were noted in the case review findings.

- Fifty percent of the children and families in the 2007 sample of children were involved with the Child and Family Services Administration (CFSA, the district child welfare agency). For these children, teamwork and coordination of services across the mental health providers and CFSA is inconsistent and, often, does not occur. In some instances, it was not clear who was responsible for the single point of case coordination among the child and family's service team members and across child-serving agencies. Many children (60%) did not have functioning individualized service teams. Frequently, there was not a common understanding of the goals that were to be achieved by the individual members of the team.

- As was stated last year, the greatest opportunity for improving the outcomes of the Community Services Review will be continued emphasis on forming appropriate individualized service teams, to include formal or informal providers other than staff within the mental health agency, and then ensuring that implementation and coordination of services within this team is done in a timely and sufficient manner. The emphasis of adequate "teaming" can be achieved through ongoing training and effective supervision (to include mentoring, modeling, and coaching of quality practice, according to the practice model contemplated in the exit criteria of the Dixon consent decree) of frontline staff. It is also critical that the frontline case coordinators, caseworkers, probation officers, and educational counselors all receive the highest priority of emphasis on team participation and coordination.

Stakeholder Interview Comments

The Dixon court monitoring review team facilitated a series of stakeholder interviews and focus groups. A series of focus groups with seven different groups was held. The focus groups included family advocates, DMH staff, core service agencies staff, CFSA, juvenile justice staff, and the family court judge.

The most positive input received this year is that payments for services rendered are being made on a more timely and consistent basis and there was more discussion about program improvement and refinement.

- Many, but not all, stakeholders were knowledgeable about the practice expectations they were expected to meet, but identified a number of barriers to achieving consistent implementation. These issues included staff turnover, communication and coordination across child-serving agencies, difficulties in accessing more intensive services, and lack of therapeutic expertise in areas such as severe trauma histories, sexual abuse, and intensive family therapy. They also noted that there continued to be conflicts between the practice model and the business model and the processes that made it difficult to meet the practice expectations. An example that was cited is the confusion and response cost of participating in a team meeting if billable hour goals must be met or absorbing the costs of participating in team meetings. Providers continued to report that they ended up providing significant pro bono services to existing clients because of eligibility and authorization issues or lack of non-Medicaid dollars. Other examples of barriers to implementing a full System of Care model include travel time to deliver community-based services and "no shows" in community locations after spending the time in transportation. A significant increase in paperwork was also reported. In addition, some providers are part of a larger agency that has been willing to provide some subsidy for necessary services that are being provided and not reimbursed. Other providers belong to larger organizations and are told to operate within the budget (in the black) or else.

- Access to acute care services, community-based interventions (CBI), and substance abuse treatment for children was again identified as a major problem. Access was reported as a particular problem for parents involved with DCCSA that frequently had problems navigating the system and lack enough motivation/capacity to advocate effectively for themselves and their children. Examples were provided of meetings being scheduled without regard for the parent's context and time demands and of the parent then being reported for neglect. If services were authorized, there were delays in the services actually starting. Family therapy was reported as virtually non-existent. Turnover in therapists and the skill levels of therapists were also identified as significant barriers to accessing quality appropriate services. Core service agencies all reported difficulties in accessing specialty services unless they operated them. Many case managers reported that they have clients they would refer for more intensive or specialized services if they thought they could get the child into the

service. A service capacity need that was identified is the ability to provide wraparound services prior to a child and family reaching a level of need that would qualify them for CBI. There was general consensus that kids are not getting the services they need on a timely basis and that the service array is missing mid-level intensity of services.

- Case managers and therapists in core service agencies reported that they wanted to practice in accordance with the System of Care principles, and some reported that they were encouraged to err on the side of meeting children's service needs. They all identified the need for better communication and coordination with the other child-serving agencies. Each child-serving agency reported that participation at the child's team level was highly variable across workers in all agencies. Case managers reported that they were dealing more with paperwork than children. Targeted services to children who are served by CFSA were identified as a positive, but they were also identified as needing better coordination.

Recommendations and Conclusion

Recommendations

The following recommendations are essentially the same as they were last year.

The basic components of supports necessary for implementing an effective System of Care for children are in place but are in need of considerable refinement. The core issue is that there is not sufficient and timely communication and team work across all child-serving providers and agencies involved with a child to achieve more positive outcomes. There are still not sufficient quality assurance mechanisms in place that are focused on practice improvement and supportive of the effective delivery of services. As a result, there are few performance feedback loops to help frontline staff and supervisors to improve the quality and consistency of practice. The DCCSA has made the most progress in developing the CSR process at the local level and, as a result, has more feedback and has made documented improvements. It is important that increased emphasis and priority be given to quality improvement measurement and systematic measurement of outcomes and results achieved.

- It is again recommended that strategies be implemented to support more flexibility in the crafting of services, particularly mid-range in-home services or other individualized and flexible approaches for working with families and foster families. The system must support varying levels of need of children, youth, or families and individualizing services to allow for more than what the basic community support model can provide.

- As indicated last year, good progress has been made in developing working relationships at the system and leadership level across child-serving agencies. It is critical this coming year that strategies be developed and implemented that will increase the consistency of coordination and teamwork around each child and family. Management and frontline supervisors must make full implementation of the practice model a key expectation for all frontline caseload-carrying staff. The data show that the children who present the greatest challenge are the children that have fewer functional skills and capacities and those that are involved in multiple child-serving agencies. Frequently, the most difficult children are those that meet both criteria. These children must be explicitly identified and more intensive teamwork, coordination, and services be provided on an "urgent" basis. Quality practice and teamwork must be done with urgency until clear progress and a clear developmental/ therapeutic, programmatic path for a child have been achieved.

- Specifically, strategies must be adopted collectively across child-serving agencies that reinforce better communication and team participation and document whether it is improving or not. Without priority and measurement, teamwork is not likely to increase.

Conclusion

Many of the stakeholders, the DMH Director, and the management team recognize and agree that the issues identified here must be resolved if further progress is to be made. There is currently the development of a strategic work plan to address the development and improvement of key practice issues this coming year. Priority must be given to achieving one major goal this year. That goal is to increase the quality of team work and communication for each child served across

all the necessary providers, family members, and agencies. Achieving this one goal will make dramatic improvement in the progress and outcomes achieved for children.

HSO would like to thank the court monitor, Denny Jones, for the opportunity to facilitate and provide support to the Community Services Review process. Similarly, HSO would like to thank DMH, Consumer Action Network, all participating core service agencies' staff, and the children, youth, and families who participated in this year's review for their roles in completing this comprehensive review of practice.

Appendix A

Community Services Review For a Child and Family

Questions to be Answered

The Community Services Review is a process for learning how well children and families served are doing and how services are working for them.

Produced for Use by the Dixon Court Monitor

by
Human Systems and Outcomes, Inc.

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Questions Concerning the Status of the Child and Family

Presented below is a set of common sense questions used to determine the current status of the child and family. Persons using this list of questions are directed to the **Community Services Review Protocol** for further explanation of these questions and matters to consider when applying these questions to a child and family receiving supports and services. Training, certification, and supervision are required for persons conducting case review activities using the Community Services Review (CSR) protocol.

Community Living

1. **SAFETY:** • Is the child safe from injury caused by him/herself or others in his/her daily living, learning, and recreational environments? • Are others safe from the child? • Is the child free of abuse, neglect, and sexual exploitation in his/her place of residence?

2. **STABILITY:** • Are the child's daily learning, living, and work arrangements stable and free from risk of disruption? • If not, are known risks being substantially reduced by services provided to achieve stability and reduce the probability of disruption?

3. **HOME AND SCHOOL PLACEMENT:** Is the child in the most appropriate residential and school placement, consistent with the child's needs, age, ability, and peer group and consistent with the child's language and culture?

4a. **PARENT SUPPORT OF THE CHILD:** • Are the parents or foster caregivers with whom the child is currently residing willing and able to provide the child with the assistance, supervision, and support necessary for daily living? • If added supports are required in the home to meet the needs of the child and assist the caregiver, are these supports meeting the needs?

4b. **GROUP CAREGIVER SUPPORT OF THE CHILD:** Are the child's primary caregivers in the group home or facility supporting the education and development of the child adequately on a consistent daily basis?

5. **SATISFACTION WITH SERVICES/RESULTS:** To what extent are the child/youth and primary caregiver satisfied with the supports, services, and service results they presently are experiencing?

Health & Well-being

6. **HEALTH/PHYSICAL WELL-BEING:** • Is the child in good health? • Are the child's basic physical needs being met? • Does the child have health care services, as needed?

7. **FUNCTIONAL STATUS:** • To what degree is the child symptom free of anxiety, mood, thought, or behavioral disorders that interfere with his/her capacity to participate in and benefit from his/her education? • What is the child's current level of functioning in the child's daily settings and activities?

Development of Life Skills

8. **ACADEMIC STATUS:** Is the child [according to age and ability]: (1) regularly attending school; (2) in a grade level consistent with age; (3) actively engaged in instructional activities; (4) reading at grade level; and (5) meeting requirements for promotion, course completion or graduation, and transition to employment or post-secondary education?

9a. **RESPONSIBLE BEHAVIOR** (age 8 and older): • Does the child behave in socially responsible ways at school, at home, and/or in other daily settings (as appropriate to age and developmental level)? • Is the child/youth actively avoiding harmful activities that could lead to addiction, injury, or arrest?

9b. **RESPONSIBLE BEHAVIOR** (under age 8): • Does the child engage in age-appropriate social interaction, self-regulation, i.e., calm him/herself when upset, wait a short time for something he/she wants? • Does the child follow simple directions, generally behave similarly to other children the same age in different settings such as at home, in a grocery store, in a library? • Does the child generally accept and facilitate daily routines such as eating, dressing, getting into the car (as appropriate to age and developmental delay)? • If not, is the child's pattern of interaction and behavior currently improving?

10. **LAWFUL BEHAVIOR:** • Does the child/youth behave in legally responsible ways at school, at home, and/or in daily community settings (as appropriate to age and developmental level)? • If involved with the juvenile justice system, is the child/youth complying with the court plan, avoiding reoffending, and developing appropriate friendships and activity patterns?

11. **OVERALL CHILD/FAMILY STATUS:** • Based on the Community Services Review findings determined for the Child Status Exams 1–10, how well is this child and family presently doing? Overall child and family status is considered acceptable when specified combinations and levels of examination findings are present. A special scoring procedure is used to determine Overall Child/Family Status using a six-point rating scale.

Questions Concerning Progress

Presented below is a set of questions used to determine the progress of a child or youth receiving services. A primary focus is placed on the pattern of changes recently occurring for the child. Progress should be associated with treatment goals and services provided to the child and family.

1. **SYMPTOM REDUCTION:** To what extent are the psychiatric symptoms, which resulted in diagnosis and treatment, being reduced?

2. **BEHAVIORAL IMPROVEMENT (RESILIENCY):** • To what extent is the child/youth making adequate behavioral progress, consistent with the student's age and ability, in presenting appropriate daily behavior patterns in school and home activities? • To what degree is the child/youth demonstrating increased resiliency in meeting daily life challenges?

3. **SCHOOL/WORK PROGRESS:** To what extent is the child/youth presently making adequate progress, consistent with the child's age and ability, in his/her assigned academic or vocational curriculum or work situation?

4. **RISK REDUCTION:** To what extent is adequate progress, consistent with the child/youth's life circumstances and functional abilities, being made in reduction of specific risks identified for this child/youth?

5. **TRANSITION PROGRESS:** To what extent is the child/youth presently making adequate progress, consistent with an appropriate timeline, toward achievement of transition goals in the IRP, IEP, and/or other long-term transition goals?

6. **MEANINGFUL RELATIONSHIPS:** To what degree is this child/youth making progress in developing meaningful relationships with family members, non-disabled age peers, and adults [at home, school, and in the community]?

7. **OVERALL PROGRESS PATTERN:** Taking into account the relative degree of progress observed for the child on the above six progress indicators, what is the overall pattern of progress for this child: optimal, good, fair, marginal, poor, or adverse? Overall progress is considered acceptable when the overall pattern is deemed to be fair or better.

Questions Concerning Performance of Key Service Delivery Systems

Presented below is a set of questions used to determine the performance of essential system functions for the child in a Community Services Review. These questions focus on support and service functions rather than formal service system procedures.

Planning Treatment & Support

1. **CHILD AND FAMILY ENGAGEMENT:** • Are family members (parents, grandparents, step-parents) or substitute caregivers active participants in the process by which service decisions are made about the child and family? • Are parents/caregivers partners in planning, providing, and monitoring supports and services for the child? • Is the child actively participating in decisions made about his/her future? • If family members are resistant to participation, are reasonable efforts being made to engage them and to support their participation?

2. **CULTURAL ACCOMMODATIONS:** • Are any significant cultural issues of the child and family being identified and addressed in practice? • Are the behavioral health services provided being made culturally appropriate via special accommodations in the family engagement, assessment, planning, and service delivery processes being used with this child and family?

3. **SERVICE TEAM FORMATION:** • Do the persons who compose the service team of the child and family collectively possess the technical skills, knowledge of the family, authority, and access to the resources necessary to organize effective services for a child and family of this complexity and cultural background?

4. **SERVICE TEAM FUNCTIONING:** • Do members of the service team for this child and family collectively function as a unified team in planning services and evaluating results? • Do the actions of the service team reflect a coherent pattern of effective teamwork and collaborative problem solving that benefits the child and family in a manner consistent with the guiding system of care principles?

5. **FUNCTIONAL ASSESSMENT:** • Are the child's current symptoms and diagnoses known by key interveners? • Is the relationship between treatment diagnoses and the child's bio/psycho/social functioning in daily activities understood? • Does the team have a working understanding of family strengths/needs and underlying issues that must change for the child to function in normal daily settings and for the family to support the child successfully at home?

6. **LONG-TERM VIEW:** Is there a guiding view for service planning that includes strategic goals for this child that will lead to his/her functioning successfully in his/her home, school, and community including the child's next major developmental or expected placement transition?

7. **INDIVIDUALIZED RESILIENCY PLAN (IRP):** • Is there an IRP for the child and family that integrates strategies and services across providers and funders? • Is the IRP built on identified strengths, needs, and preferences of the child and family? • Is the IRP coherent in the assembly of strategies, supports, and services? • Does the IRP specify interventions and supports necessary for the child's primary caregiver(s) and teacher(s)? • If properly implemented, will the IRP help the child to function adequately at home and school?

8. **GOODNESS-OF-SERVICE FIT:** • Are therapeutic, educational, and support services assembled into a holistic and coherent mix of services uniquely matched to the child/family's situation and preferences? • Does the combination of supports and services fit the child and family situation so as to maximize potential results and benefits while minimizing conflicting strategies and inconveniences?

Providing Treatment & Support

9. **RESOURCE AVAILABILITY:** • Are the supports, services, and resources (both informal and formal) necessary to meet the identified needs in the IRP available for use by the child and family? • Are the flexible supports and unique service arrangements (both informal and formal) necessary to meet individual needs in the child's plans available for use by the child and family on a timely, adequate, and convenient local basis? • Are the unit-based and placement-based resources necessary to meet goals in the child's plans available for use by the child and family on a timely and adequate basis? • Are any unavailable but necessary resources identified?

10. **TREATMENT IMPLEMENTATION:** • Are the intervention strategies, techniques, and supports specified in the child's planned treatment services (IRP) being implemented with sufficient intensity and consistency to achieve expected results? • Is implementation timely and competent? • Are treatment providers receiving the support and supervision necessary for adequate role performance?

11. **EMERGENT/URGENT RESPONSE CAPABILITY:** Is there timely access to and provision of effective services to stabilize or resolve emergent or episodic problems of an urgent nature?

12. **MEDICATION MANAGEMENT:** • Is the use of psychotropic medications for this child necessary, safe, and effective? • Does the person have a voice in medication decisions and management? • Is the child routinely screened for medication side effects and treated when side effects are detected? • Have new atypical/current generation drugs been tried, used, and/or appropriately ruled out? • Is the use of medication coordinated with other treatment modalities and with any treatment for any co-occurring conditions (e.g., seizures, diabetes, asthma, HIV)?

13. **SPECIAL PROCEDURES:** • If emergency seclusionor restraint has been used for this child, was each use: (1) Done only in an emergency? (2) Done after less restrictive alternatives were found insufficient or impractical? (3) Ordered by a trained, authorized child? (4) Accomplished with proper techniques that were safely and respectfully performed by qualified staff? (5) Effective in preventing harm? and (6) Properly supervised during use and evaluated afterwards?

14. **FAMILY SUPPORT:** • Are the caregivers in the child's home receiving the training, assistance, and supports necessary for them to perform essential parenting or caregiving functions reliably for this child? • Is the array of in-home supports provided adequate in variety, intensity, dependability, and cultural compatibility to provide for caregiver choices and to enable caregivers to meet the challenging needs of the child while maintaining the stability of the home?

Managing Treatment & Support

15. **SERVICE COORDINATION AND CONTINUITY:** • Is there a single point of coordination, accountability, and continuity in the organization, delivery, and results of treatment and support services for this child and family? • Are IRP-specified treatment and support services well coordinated across providers, funding agencies, and levels of care for this child and family?

16. **TRACKING AND ADJUSTMENTS:** • Is the service coordinator and service team tracking the child's treatment progress, family conditions and supports, and results for the child and family? • Does the team meet frequently to discuss treatment fidelity, barriers, and progress? • Are services adjusted in response to progress made, changing needs, and knowledge gained to create a self-correcting treatment process?

17. **OVERALL PRACTICE PERFORMANCE:** Based on the Community Services Review findings determined for Practice Performance exams 1-16, how well is the service system functioning for this child and family now? Overall system performance is considered acceptable when specified combinations and levels of examination findings are present. A special scoring procedure is used to determine Overall Practice Performance for a child.

Appendix B

CSR Interpretative Guide for Child Status

Maintenance Zone: 5-6

Status is favorable. Efforts should be made to maintain and build upon a positive situation.

6 = **OPTIMAL STATUS**. The best or most favorable status presently attainable for this child in this area [taking age and ability into account]. The child is doing great! Confidence is high that long-term goals or expectations will be met in this area.

5 = **GOOD STATUS**. Substantially and dependably positive status for the child in this area, with an ongoing positive pattern. This status level is consistent with attainment of long-term goals in this area. Child status is "looking good" and likely to continue.

Acceptable Range: 4-6

Refinement Zone: 3-4

Status is minimal or marginal, maybe unstable. Further efforts are necessary to refine the situation.

4 = **FAIR STATUS**. Status is minimally or temporarily adequate for the child to meet short-term objectives in this area. Status is minimally acceptable at this point in time, but due to changing circumstances, may be temporary or unstable.

3 = **BORDERLINE STATUS**. Status is marginal/mixed, not quite adequate to meet the child's short-term objectives now in this area. Not quite enough for the child to be successful. Risks may be uncertain.

Improvement Zone: 1-2

Status is now problematic or risky. Quick action should be taken to improve the situation.

2 = **POOR STATUS**. Status has been and continues to be poor and unacceptable. The child seems to be "stuck" or "lost" and is not improving. Risks may be mild to moderate.

1 = **ADVERSE STATUS**. Child status in this area is poor and getting worse. Risks of harm, restriction, exclusion, regression, and/or other adverse outcomes may be substantial and increasing.

Unacceptable Range: 1-3

CSR Interpretative Guide for Practice Performance

Maintenance Zone: 5-6

Performance is effective. Efforts should be made to maintain and build upon a positive practice situation.

6 = **OPTIMAL PERFORMANCE**. Excellent, consistent, effective practice for this student in this function area. This level of performance is indicative of exemplary practice and good results for the child. ["Optimal" does not imply "perfection."]

5 = **GOOD PERFORMANCE**. At this level of performance, system practice is working dependably for this child, under changing conditions and over time. Effectiveness level is consistent with meeting long-term goals for the child. [Keep this going for good results.]

Acceptable Range: 4-6

Refinement Zone: 3-4

Performance is minimal or marginal and may be changing. Further efforts are necessary to refine the practice situation.

4 = **FAIR PERFORMANCE**. This level of performance is minimally or temporarily sufficient for the child to meet short-term objectives. Performance may be time limited or require adjustment soon due to changing or uncertain circumstances. [Some refinement is indicated.]

3 = **BORDERLINE PERFORMANCE**. Practice at this level is underpowered, inconsistent, or not well matched to need. Performance is insufficient for the child to meet short-term objectives. [With refinement, this case could become acceptable in the near future.]

Improvement Zone: 1-2

Performance is inadequate. Quick action should be taken to improve practice now.

2 = **POOR PERFORMANCE**. Practice at this level is fragmented, inconsistent, lacking in intensity, or off target. Elements of practice may be noted, but are incomplete/not operative on a consistent basis.

1 = **ADVERSE PERFORMANCE**. Practice is either absent or wrong and possibly harmful. Performance may be missing (not done). Or, practices being used may be inappropriate, contraindicated, performed inappropriately, or harmfully.

Unacceptable Range: 1-3

Appendix C

Appendix C

This agency-by-agency comparison should be interpreted with caution, since sample sizes for some of the provider agencies are extremely small. **Generalizations regarding specific agency practice should not be made based on the individual case review results due to the small sample sizes for the agency-specific findings**, rather the small samples of children and youth are illustrative of system performance for each of those randomly selected children from subsequent participating agencies.

*Note: Blanks on the following pages denote items that are not applicable.

Appendix C

This agency-by-agency comparison should be interpreted with caution, since sample sizes for some of the provider agencies are extremely small. **Generalizations regarding specific agency practice should not be made based on the individual case review results due to the small sample sizes for the agency-specific findings**, rather the small samples of children and youth are illustrative of system performance for each of those randomly selected children from subsequent participating agencies.

*Note: Blanks on the following pages denote items that are not applicable.

CSR/Child Status and Performance Profile

Community Connections n= 9 DC Children's Review March 2007

Child & Family Status	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety of the child	9	100%	0%	44%	56%
Stability	9	78%	0%	44%	56%
Home & school placement	9	100%	0%	11%	89%
Caregiver support of child	9	89%	11%	11%	78%
Satisfaction	9	89%	0%	22%	78%
Health/Phy well-being	9	100%	0%	0%	100%
Functional status	9	78%	0%	67%	33%
Academic status	9	89%	0%	56%	44%
Responsible social behavior	9	89%	0%	56%	44%
Lawful behavior	9	100%	0%	11%	89%
Overall C & F Status	9	100%	0%	22%	78%

Recent Progress	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Symptom reduction	9	89%	0%	56%	44%
Behavior improvement	9	89%	0%	67%	33%
School/work progress	9	89%	11%	33%	56%
Risk reduction	9	89%	11%	11%	78%
Transition progress	8	88%	0%	75%	25%
Meaningful relationships	9	89%	11%	22%	67%
Overall Progress	9	89%	0%	56%	44%

CSR/Child Status and Performance Profile

Community Connections n= 9 DC Children's Review March 2007

Current Practice Performance	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Child & family engagement	9	89%	0%	22%	78%
Culturally appropriate practice	9	89%	0%	33%	67%
Service team formation	9	56%	11%	44%	44%
Service team functioning	9	78%	11%	56%	33%
Functional assessment	9	78%	11%	22%	67%
Long-term guiding view	9	89%	0%	56%	44%
IRP	9	78%	0%	78%	22%
Goodness-of-service fit	9	78%	11%	33%	56%
Resource avail.: unique/flex.	9	78%	0%	56%	44%
Resource availability: unit/place.	8	75%	0%	50%	50%
Treatment implementation	9	89%	0%	22%	78%
Emergent/urgent response	2	50%	50%	0%	50%
Medication management	3	100%	0%	33%	67%
Special procedures	1	100%	0%	0%	100%
Family support	9	78%	11%	22%	67%
Service coord. & continuity	9	100%	0%	44%	56%
Tracking & adjustment	9	89%	11%	33%	56%
Overall Practice Performance	9	78%	0%	33%	67%

CSR/Child Status and Performance Profile

CTC n= 1 DC Children's Review March 2007

Child & Family Status	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety of the child	1	0%	100%	0%	0%
Stability	1	0%	100%	0%	0%
Home & school placement	1	0%	0%	100%	0%
Caregiver support of child	1	100%	0%	100%	0%
Satisfaction	1	100%	0%	0%	100%
Health/Phy well-being	1	0%	0%	100%	0%
Functional status	1	0%	100%	0%	0%
Academic status	1	0%	0%	100%	0%
Responsible social behavior	1	0%	100%	0%	0%
Lawful behavior	1	0%	0%	100%	0%
Overall C & F Status	1	0%	100%	0%	0%

Recent Progress	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Symptom reduction	1	0%	100%	0%	0%
Behavior improvement	1	0%	0%	100%	0%
School/work progress	1	0%	0%	100%	0%
Risk reduction	1	0%	0%	100%	0%
Transition progress	1	0%	0%	100%	0%
Meaningful relationships	1	0%	0%	100%	0%
Overall Progress	1	0%	0%	100%	0%

CSR/Child Status and Performance Profile

CTC n= 1 DC Children's Review March 2007

Current Practice Performance	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Child & family engagement	1	0%	0%	100%	0%
Culturally appropriate practice	1	100%	0%	100%	0%
Service team formation	1	0%	100%	0%	0%
Service team functioning	1	0%	100%	0%	0%
Functional assessment	1	100%	0%	100%	0%
Long-term guiding view	1	0%	100%	0%	0%
IRP	1	0%	0%	100%	0%
Goodness-of-service fit	1	0%	0%	100%	0%
Resource avail.: unique/flex.	1	0%	0%	100%	0%
Resource availability: unit/place.	1	0%	0%	100%	0%
Treatment implementation	1	100%	0%	100%	0%
Emergent/urgent response	1	100%	0%	0%	100%
Medication management	1	0%	0%	100%	0%
Special procedures	1	100%	0%	100%	0%
Family support	1	0%	0%	100%	0%
Service coord. & continuity	1	0%	0%	100%	0%
Tracking & adjustment	1	0%	0%	100%	0%
Overall Practice Performance	1	0%	0%	100%	0%

CSR/Child Status and Performance Profile

DCCSA n= 14 DC Children's Review March 2007

Child & Family Status	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety of the child	14	93%	0%	43%	57%
Stability	14	71%	7%	50%	43%
Home & school placement	14	100%	0%	29%	71%
Caregiver support of child	14	71%	7%	36%	57%
Satisfaction	12	83%	8%	17%	75%
Health/Phy well-being	14	93%	0%	36%	64%
Functional status	14	71%	14%	71%	14%
Academic status	14	43%	36%	43%	21%
Responsible social behavior	14	64%	21%	57%	21%
Lawful behavior	13	85%	15%	23%	62%
Overall C & F Status	14	79%	0%	57%	43%

Recent Progress	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Symptom reduction	14	71%	21%	64%	14%
Behavior improvement	14	50%	21%	64%	14%
School/work progress	14	36%	29%	50%	21%
Risk reduction	12	50%	33%	42%	25%
Transition progress	12	42%	25%	67%	8%
Meaningful relationships	13	69%	8%	62%	31%
Overall Progress	14	43%	21%	71%	7%

CSR/Child Status and Performance Profile

DCCSA n= 14 DC Children's Review March 2007

Current Practice Performance	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Child & family engagement	14	79%	7%	29%	64%
Culturally appropriate practice	10	100%	0%	20%	80%
Service team formation	14	71%	21%	29%	50%
Service team functioning	14	50%	36%	36%	29%
Functional assessment	14	71%	21%	36%	43%
Long-term guiding view	14	29%	29%	57%	14%
IRP	14	57%	21%	64%	14%
Goodness-of-service fit	14	64%	21%	50%	29%
Resource avail.: unique/flex.	14	64%	7%	71%	21%
Resource availability: unit/place.	14	71%	7%	64%	29%
Treatment implementation	14	57%	14%	50%	36%
Emergent/urgent response	5	60%	40%	40%	20%
Medication management	9	89%	11%	22%	67%
Special procedures	1	100%	0%	100%	0%
Family support	13	62%	8%	54%	38%
Service coord. & continuity	14	57%	29%	36%	36%
Tracking & adjustment	14	43%	36%	21%	43%
Overall Practice Performance	14	64%	14%	50%	36%

CSR/Child Status and Performance Profile

First Home Care n= 12 DC Children's Review March 2007

Child & Family Status	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety of the child	12	75%	25%	25%	50%
Stability	12	42%	42%	33%	25%
Home & school placement	12	50%	17%	58%	25%
Caregiver support of child	12	67%	25%	50%	25%
Satisfaction	12	50%	25%	50%	25%
Health/Phy well-being	12	100%	0%	8%	92%
Functional status	12	50%	8%	92%	0%
Academic status	12	50%	25%	67%	8%
Responsible social behavior	12	33%	25%	75%	0%
Lawful behavior	10	70%	20%	50%	30%
Overall C & F Status	12	58%	25%	58%	17%

Recent Progress	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Symptom reduction	12	75%	8%	83%	8%
Behavior improvement	12	83%	8%	83%	8%
School/work progress	12	58%	25%	67%	8%
Risk reduction	11	45%	36%	45%	18%
Transition progress	10	40%	50%	40%	10%
Meaningful relationships	11	55%	27%	45%	27%
Overall Progress	12	50%	25%	58%	17%

CSR/Child Status and Performance Profile

First Home Care n= 12 DC Children's Review March 2007

Current Practice Performance	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Child & family engagement	12	50%	25%	50%	25%
Culturally appropriate practice	7	100%	0%	43%	57%
Service team formation	12	25%	58%	42%	0%
Service team functioning	12	17%	58%	42%	0%
Functional assessment	12	42%	42%	50%	8%
Long-term guiding view	12	17%	50%	50%	0%
IRP	12	17%	33%	58%	8%
Goodness-of-service fit	12	33%	42%	50%	8%
Resource avail.: unique/flex.	12	50%	8%	67%	25%
Resource availability: unit/place.	9	44%	22%	56%	22%
Treatment implementation	12	50%	17%	58%	25%
Emergent/urgent response	7	57%	29%	43%	29%
Medication management	6	83%	0%	67%	33%
Special procedures					
Familty support	12	42%	33%	42%	25%
Service coord. & continuity	12	42%	50%	42%	8%
Tracking & adjustment	12	33%	33%	58%	8%
Overall Practice Performance	12	33%	50%	33%	17%

CSR/Child Status and Performance Profile

Latin American Youth Services n= 1 DC Children's Review March 2007

Current Practice Performance	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Child & family engagement	1	100%	0%	0%	100%
Culturally appropriate practice					
Service team formation	1	0%	100%	0%	0%
Service team functioning	1	0%	0%	100%	0%
Functional assessment	1	100%	0%	0%	100%
Long-term guiding view	1	0%	0%	100%	0%
IRP	1	0%	0%	100%	0%
Goodness-of-service fit	1	100%	0%	100%	0%
Resource avail.: unique/flex.	1	0%	0%	100%	0%
Resource availability: unit/place.	1	0%	0%	100%	0%
Treatment implementation	1	100%	0%	100%	0%
Emergent/urgent response					
Medication management	1	0%	100%	0%	0%
Special procedures					
Family support	1	100%	0%	100%	0%
Service coord. & continuity	1	0%	100%	0%	0%
Tracking & adjustment	1	0%	100%	0%	0%
Overall Practice Performance	1	0%	0%	100%	0%

CSR/Child Status and Performance Profile

Maryland Family Resources n= 1 DC Children's Review March 2007

Child & Family Status	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety of the child	1	100%	0%	0%	100%
Stability	1	100%	0%	0%	100%
Home & school placement	1	100%	0%	0%	100%
Caregiver support of child	1	100%	0%	0%	100%
Satisfaction	1	100%	0%	0%	100%
Health/Phy well-being	1	100%	0%	0%	100%
Functional status	1	100%	0%	100%	0%
Academic status	1	100%	0%	0%	100%
Responsible social behavior	1	100%	0%	100%	0%
Lawful behavior	1	100%	0%	100%	0%
Overall C & F Status	1	100%	0%	0%	100%

Recent Progress	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Symptom reduction	1	100%	0%	100%	0%
Behavior improvement	1	100%	0%	100%	0%
School/work progress	1	100%	0%	0%	100%
Risk reduction	1	100%	0%	0%	100%
Transition progress	1	100%	0%	100%	0%
Meaningful relationships	1	100%	0%	0%	100%
Overall Progress	1	100%	0%	100%	0%

CSR/Child Status and Performance Profile

Maryland Family Resources n= 1 DC Children's Review March 2007

Current Practice Performance	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Child & family engagement	1	0%	100%	0%	0%
Culturally appropriate practice	1	0%	0%	100%	0%
Service team formation	1	0%	0%	100%	0%
Service team functioning	1	0%	100%	0%	0%
Functional assessment	1	0%	0%	100%	0%
Long-term guiding view	1	0%	100%	0%	0%
IRP	1	0%	100%	0%	0%
Goodness-of-service fit	1	0%	100%	0%	0%
Resource avail.: unique/flex.	1	0%	100%	0%	0%
Resource availability: unit/place.	1	0%	0%	100%	0%
Treatment implementation	1	0%	100%	0%	0%
Emergent/urgent response	1	0%	0%	100%	0%
Medication management	1	100%	0%	0%	100%
Special procedures					
Family support	1	100%	0%	100%	0%
Service coord. & continuity	1	0%	100%	0%	0%
Tracking & adjustment	1	0%	100%	0%	0%
Overall Practice Performance	1	0%	100%	0%	0%

CSR/Child Status and Performance Profile

Planned Parenthood n= 1 DC Children's Review March 2007

Child & Family Status	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety of the child	1	100%	0%	100%	0%
Stability	1	100%	0%	100%	0%
Home & school placement	1	100%	0%	0%	100%
Caregiver support of child	1	100%	0%	0%	100%
Satisfaction	1	100%	0%	0%	100%
Health/Phy well-being	1	100%	0%	0%	100%
Functional status	1	100%	0%	100%	0%
Academic status	1	0%	0%	100%	0%
Responsible social behavior	1	100%	0%	100%	0%
Lawful behavior	1	0%	0%	100%	0%
Overall C & F Status	1	100%	0%	100%	0%

Recent Progress	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Symptom reduction	1	100%	0%	100%	0%
Behavior improvement	1	100%	0%	0%	100%
School/work progress	1	0%	0%	100%	0%
Risk reduction	1	100%	0%	0%	100%
Transition progress	1	100%	0%	100%	0%
Meaningful relationships	1	100%	0%	0%	100%
Overall Progress	1	100%	0%	100%	0%

CSR/Child Status and Performance Profile

Planned Parenthood n= 1 DC Children's Review March 2007

Current Practice Performance	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Child & family engagement	1	100%	0%	0%	100%
Culturally appropriate practice	1	100%	0%	0%	100%
Service team formation	1	100%	0%	0%	100%
Service team functioning	1	100%	0%	0%	100%
Functional assessment	1	100%	0%	0%	100%
Long-term guiding view	1	100%	0%	0%	100%
IRP	1	100%	0%	0%	100%
Goodness-of-service fit	1	100%	0%	0%	100%
Resource avail.: unique/flex.	1	100%	0%	0%	100%
Resource availability: unit/place.	1	100%	0%	0%	100%
Treatment implementation	1	100%	0%	0%	100%
Emergent/urgent response	1	100%	0%	0%	100%
Medication management	1	100%	0%	0%	100%
Special procedures					
Familty support	1	100%	0%	0%	100%
Service coord. & continuity	1	100%	0%	0%	100%
Tracking & adjustment	1	100%	0%	0%	100%
Overall Practice Performance	1	100%	0%	0%	100%

CSR/Child Status and Performance Profile

Scruples Corporation n= 5 DC Children's Review March 2007

Child & Family Status	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety of the child	5	80%	0%	60%	40%
Stability	5	80%	0%	80%	20%
Home & school placement	5	100%	0%	40%	60%
Caregiver support of child	5	80%	20%	20%	60%
Satisfaction	3	100%	0%	33%	67%
Health/Phy well-being	5	100%	0%	0%	100%
Functional status	5	40%	40%	60%	0%
Academic status	5	60%	0%	80%	20%
Responsible social behavior	5	20%	0%	80%	20%
Lawful behavior	1	100%	0%	100%	0%
Overall C & F Status	5	80%	0%	80%	20%

Recent Progress	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Symptom reduction	5	40%	0%	100%	0%
Behavior improvement	5	40%	0%	100%	0%
School/work progress	5	40%	20%	60%	20%
Risk reduction	4	25%	0%	75%	25%
Transition progress	3	0%	0%	100%	0%
Meaningful relationships	5	60%	0%	60%	40%
Overall Progress	5	40%	0%	100%	0%

CSR/Child Status and Performance Profile

Scruples Corporation n= 5 DC Children's Review March 2007

Current Practice Performance	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Child & family engagement	5	80%	20%	20%	60%
Culturally appropriate practice	3	100%	0%	33%	67%
Service team formation	5	20%	40%	40%	20%
Service team functioning	5	20%	40%	60%	0%
Functional assessment	5	60%	20%	80%	0%
Long-term guiding view	5	0%	60%	40%	0%
IRP	5	20%	60%	40%	0%
Goodness-of-service fit	5	40%	40%	60%	0%
Resource avail.: unique/flex.	5	40%	40%	40%	20%
Resource availability: unit/place.	4	50%	25%	75%	0%
Treatment implementation	5	20%	40%	60%	0%
Emergent/urgent response	2	50%	0%	100%	0%
Medication management	4	75%	0%	75%	25%
Special procedures					
Familty support	5	60%	40%	20%	40%
Service coord. & continuity	5	20%	40%	40%	20%
Tracking & adjustment	5	20%	40%	40%	20%
Overall Practice Performance	5	40%	40%	60%	0%

CSR/Child Status and Performance Profile

Universal Health Care n= 5 DC Children's Review March 2007

Child & Family Status	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety of the child	5	80%	0%	60%	40%
Stability	5	60%	40%	20%	40%
Home & school placement	5	100%	0%	40%	60%
Caregiver support of child	5	60%	0%	80%	20%
Satisfaction	5	60%	40%	40%	20%
Health/Phy well-being	5	80%	0%	20%	80%
Functional status	5	40%	0%	80%	20%
Academic status	5	60%	40%	20%	40%
Responsible social behavior	5	40%	20%	60%	20%
Lawful behavior	4	50%	50%	0%	50%
Overall C & F Status	5	60%	0%	60%	40%

Recent Progress	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Symptom reduction	5	40%	40%	20%	40%
Behavior improvement	5	40%	40%	40%	20%
School/work progress	5	40%	20%	40%	40%
Risk reduction	4	25%	50%	25%	25%
Transition progress	4	25%	50%	50%	0%
Meaningful relationships	4	0%	50%	50%	0%
Overall Progress	5	40%	40%	20%	40%

CSR/Child Status and Performance Profile

Universal Health Care n= 5 DC Children's Review March 2007

Current Practice Performance	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Child & family engagement	5	40%	20%	80%	0%
Culturally appropriate practice	3	100%	0%	0%	100%
Service team formation	5	40%	60%	40%	0%
Service team functioning	5	0%	80%	20%	0%
Functional assessment	5	60%	20%	40%	40%
Long-term guiding view	5	20%	60%	20%	20%
IRP	5	0%	80%	20%	0%
Goodness-of-service fit	5	20%	40%	60%	0%
Resource avail.: unique/flex.	5	20%	40%	60%	0%
Resource availability: unit/place.	4	0%	50%	50%	0%
Treatment implementation	5	40%	40%	60%	0%
Emergent/urgent response	4	50%	50%	25%	25%
Medication management	3	33%	33%	33%	33%
Special procedures	1	100%	0%	100%	0%
Family support	4	50%	25%	75%	0%
Service coord. & continuity	5	20%	60%	20%	20%
Tracking & adjustment	5	20%	60%	40%	0%
Overall Practice Performance	5	20%	40%	60%	0%

CSR/Child Status and Performance Profile

Youth Villages n= 1 DC Children's Review March 2007

Child & Family Status	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety of the child	1	0%	0%	100%	0%
Stability	1	0%	0%	100%	0%
Home & school placement	1	100%	0%	100%	0%
Caregiver support of child	1	0%	0%	100%	0%
Satisfaction	1	0%	0%	100%	0%
Health/Phy well-being	1	100%	0%	0%	100%
Functional status	1	0%	0%	100%	0%
Academic status	1	0%	100%	0%	0%
Responsible social behavior	1	0%	100%	0%	0%
Lawful behavior	1	0%	100%	0%	0%
Overall C & F Status	1	0%	0%	100%	0%

Recent Progress	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Symptom reduction	1	0%	0%	100%	0%
Behavior improvement	1	0%	0%	100%	0%
School/work progress	1	0%	100%	0%	0%
Risk reduction	1	0%	0%	100%	0%
Transition progress	1	0%	0%	100%	0%
Meaningful relationships	1	0%	0%	100%	0%
Overall Progress	1	0%	0%	100%	0%

CSR/Child Status and Performance Profile

Youth Villages n= 1 DC Children's Review March 2007

Current Practice Performance	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Child & family engagement	1	100%	0%	100%	0%
Culturally appropriate practice	1	100%	0%	100%	0%
Service team formation	1	0%	100%	0%	0%
Service team functioning	1	0%	0%	100%	0%
Functional assessment	1	100%	0%	100%	0%
Long-term guiding view	1	0%	0%	100%	0%
IRP	1	0%	0%	100%	0%
Goodness-of-service fit	1	0%	0%	100%	0%
Resource avail.: unique/flex.	1	0%	0%	100%	0%
Resource availability: unit/place.	1	100%	0%	100%	0%
Treatment implementation	1	100%	0%	100%	0%
Emergent/urgent response	1	100%	0%	100%	0%
Medication management	1	100%	0%	100%	0%
Special procedures					
Familty support	1	0%	0%	100%	0%
Service coord. & continuity	1	0%	0%	100%	0%
Tracking & adjustment	1	100%	0%	100%	0%
Overall Practice Performance	1	100%	0%	100%	0%