

# USING DATA FOR CONTINUOUS QUALITY IMPROVEMENT IN AN INTEGRATED SETTING

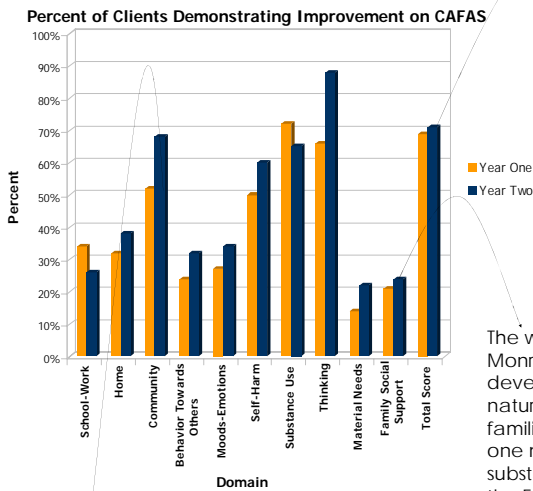
Jody Levison-Johnson, LMSW



The **Monroe County Youth and Family Partnership (YFP)** is an innovative cross-systems County initiative that serves families with youth who have a DSM-IV mental health diagnosis and have been adjudicated a Person In Need of Supervision (PINS) or Juvenile Delinquent (JD) with a likely disposition of out of home placement. The YFP employs a family driven and cross-system approach to service planning whereby Care Coordinators provide the essential functions of a Mental Health Case Manager, a Probation Officer and a Child Welfare Case Worker.

Using data, the YFP has successfully demonstrated its value and effectiveness to County Lawmakers. Evaluation data have also provided important information for quality improvement to program administrators and staff.

The Child and Adolescent Functional Assessment Scale (CAFAS) reflected significant improvements for enrolled families. It also identified areas for growth and development.

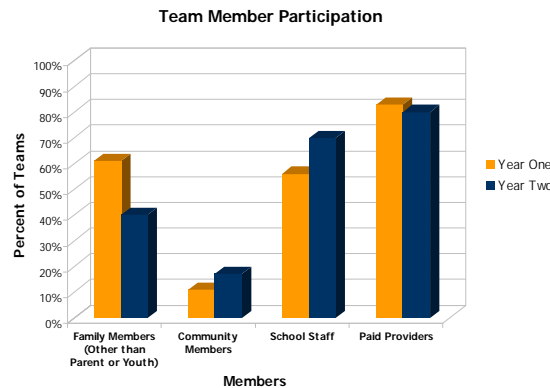


Total score improvements were noted in over two-thirds of all enrollees in Years One and Two.

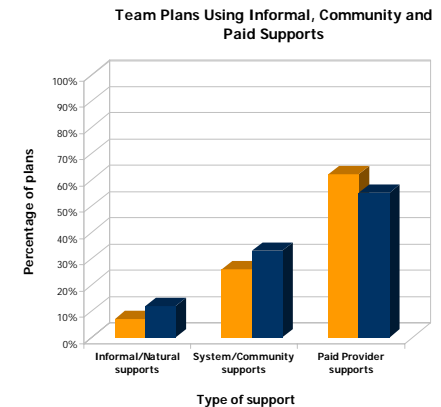
The wraparound model used in Monroe County supports the development of informal and natural resources to support families over time. As a result, one might expect more substantial increase in scores in the Family Social Support domain. This is an area of focus for the YFP in Year Three.

Community improvements were noted in only 52% of enrollees in Year One. As all YFP participants are on Probation and community functioning is critical, this was an area of focus in Year Two resulting in an increase in improvement in this domain for 68% of enrollees.

This model of practice would also suggest that Child and Family Teams have a higher proportion of participation by family and community members. The YFP data revealed the need to focus on involvement of both community and family members on teams.



Further, Team Plans reflected high use of paid supports and minimal use of informal and community supports in Year One. Efforts made to focus on this area in Year Two yielded slight increases. A more concrete plan to address this is in place for Year Three which includes hiring an employee whose main focus will be on community development.



Financial information for both Years One and Two reflected substantial savings to Monroe County. These savings, coupled with demonstrated family functioning improvements have led the County to double the program in Year Two and again double it as we move into Year Three.

Reduction in Costs Per Person Served				
	Year One		Year Two	
	Annual	Per Month	Annual	Per Month
Residential	\$ 81,396	\$ 6,783	\$ 81,396	\$ 6,783
YFP	\$ 43,122	\$ 3,594	\$ 35,645	\$ 2,970
Savings	\$ 38,274	\$ 3,189	\$ 45,751	\$ 3,813



## Using Data for Continuous Quality Improvement in an Integrated Setting

Jody Levison-Johnson, LMSW

**Abstract:** In system of care initiatives, the need for data review and quality improvement processes is critical as adherence to the values base for the model is what has typically assured successful outcomes from both a quality and financial perspective. Using the evaluation experience of one non-federally funded innovative system of care initiative in Monroe County, NY, a quality improvement process that demonstrates both positive clinical outcomes and sizable cost savings and resulted in significant program expansion, is illustrated.

The need for explicit data review and defined quality improvement processes has often been overlooked in the human service field. In system of care initiatives, this need is even greater as adherence to the principles and values base of the model is what has typically assured successful outcomes from both a quality and financial perspective. In Monroe County, NY, a non-federally funded system of care initiative engaged in a quality improvement process that demonstrated both positive clinical outcomes and sizable cost savings and resulted in significant program expansion. In addition, the data has revealed that despite challenges with fidelity, positive outcomes can be achieved.

The Monroe County Youth and Family Partnership (YFP) in Rochester, NY is an innovative integrated cross-system approach whereby each Care Coordinator serves as a Mental Health Case Manager, a Probation Officer and a Child Welfare Case Worker for enrolled youth and their families. This integration of functions represents a novel approach to reduce the number of people with whom families need to interact in order to get their needs met. The initiative began as a 25 youth pilot project in 2002. From the outset, the project's leadership asserted the need to demonstrate successful outcomes, both clinically and fiscally, for continuation. In 2004, as a result of demonstrated cost savings and improvements in functioning, the project doubled to serve 50 families. In 2005, at a time when service reductions and budget cuts have been the norm in Monroe County, the project was approved for expansion to serve 100 families. This is wholly attributable to the project's ability to demonstrate compelling cost savings to Monroe County while also providing a more effective intervention that supports families in developing their own skills and abilities to meet their needs.

From inception, Coordinated Care Services, Inc. has provided a comprehensive evaluation of the YFP project. This evaluation has included computation of the overall and local cost-savings of the initiative, assessment of fidelity to the wraparound model, consumer satisfaction, review of clinical and functional improvements using the Child and Adolescent Functional Assessment Scale (CAFAS) and impact on overall County out-of-home placement rates.

The YFP uses the CareManager® information system, which provides comprehensive data in several of the evaluation focus areas. Using the financial module of the system, actual client and family costs are able to be computed and compared to local residential care costs. To assess fidelity to the project's model, several indicators were created including child and family team composition, frequency of team meetings, and the use of informal and community supports to meet family needs, all of which are captured in the information system. To assess functional improvements, intake CAFAS scores were compared to the most recent scores within the evaluation timeframe.

Results from this evaluation have been startling. In Year One, cost-savings to Monroe County averaged approximately \$38,274 per youth, conservatively estimated at over a half-million dollars in savings. For Year Two, savings per enrollee is averaged at \$45,751 or a total of nearly a million dollars. The table below illustrates the per person savings on a monthly and annual basis.

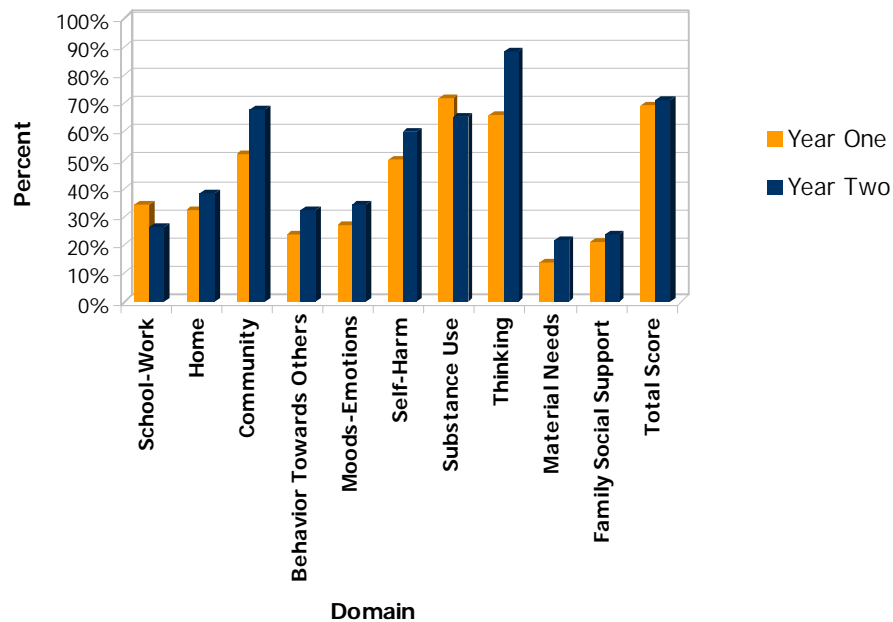
Reduction in Costs Per Person Served				
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The CAFAS has reflected significant improvements for enrolled families. In Year One, 69% of children and families evidenced functional improvements in total CAFAS scores. In Year Two, total CAFAS scores improved for 71% of enrollees. In addition, many other critical domains reflected sizable improvements.

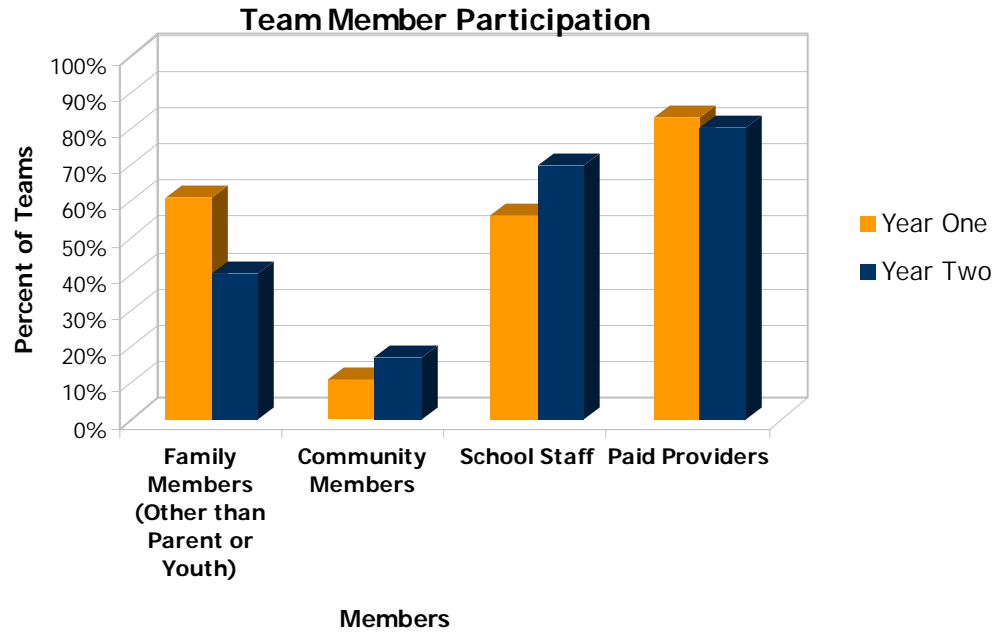
The CAFAS data also provided unique insights into areas for growth and development. Specifically, community improvements were noted in only 52% of enrollees in Year One. As all YFP participants are on Probation and functioning in the community is critical, this was an area of focus in Year Two. Focused attention resulted in an increase in improvement in this domain to 68% of enrollees.

The wraparound model used in Monroe County assists families with the development of informal and natural resources to support families. This building of a family’s community team supports the family more effectively and also reduces reliance on the formalized service system over time. From this philosophical underpinning, more substantial increases in scores in the Family Social Support domain were anticipated. As this has not been substantiated, it has become a concerted area of focus for the YFP in Year Three. Efforts include a broader social marketing and awareness campaign regarding system of care values and principals.

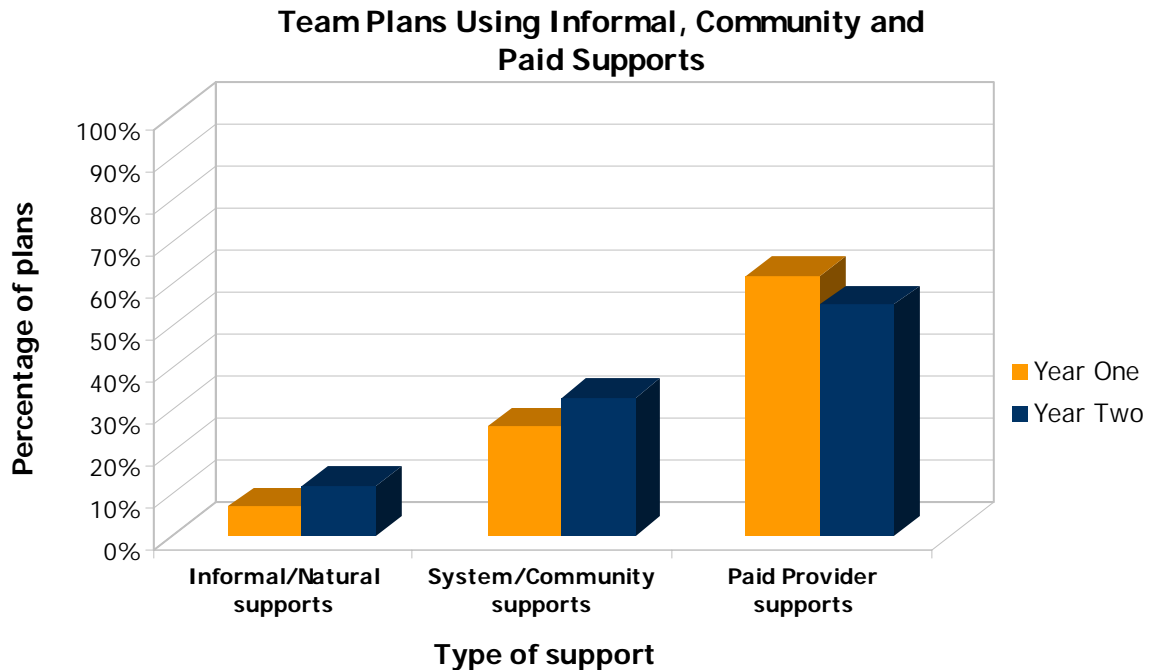
**Percent of Clients Demonstrating Improvement on CAFAS**



Consistent with the values base, this model of practice would also suggest that Child and Family Teams have a higher proportion of participation by family and community members. The YFP data revealed the need to develop the involvement of both community and family members on Teams.



Further, Team Plans reflected high use of paid supports and minimal use of informal and community supports in Year One. Efforts made to focus on this area in Year Two yielded slight increases. A more concrete plan to address this is in place for Year Three which includes hiring an employee whose main focus will be on community development.



The results from this evaluation have demonstrated the ability to affect positive outcomes both clinically and fiscally despite apparent challenges with fidelity. Further study of the innovative approach used by Monroe County, where the roles of three child-serving systems (mental health, child welfare and juvenile justice) are blended, is warranted. In addition, the evaluation suggests many areas for growth and development and offers myriad recommendations to assure that the project enhances its ability to deliver high quality, cost effective and culturally competent services.

This has culminated in a larger scale quality improvement initiative for the project that involves the project's leadership from the key child-serving systems (mental health, juvenile justice and social services), project administrators and supervisors and the project staff. Several steps have been taken to build upon the project's strengths and enhance areas of perceived weakness including fidelity and specific areas on the CAFAS, such as the Family Social Support and Community domains. This Q.I. process has included a focused effort to revisit the model's parameters and values, a review of the integration of the functions of the Care Coordinators, planning a response to the Care Coordinators identified needs through modified staffing structures, as well as a plan to conduct more real-time data review and analysis for immediate feedback to program administrators, supervisors and staff.

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