

## Using Evaluation to Promote and Monitor System Change within Children's Intensive Services

Christian M. Connell<sup>1</sup>, Christopher Coughlin<sup>2</sup>,  
 Janet Anderson<sup>2</sup>, and Hillary J. Heinze<sup>1</sup>

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<sup>1</sup>Yale University School of Medicine  
<sup>2</sup>Rhode Island Department of Children, Youth, & Families

## Overview of Presentation

- Describe the Children's Intensive Service (CIS) program
- Present results from initial evaluation and describe revision of CIS Certification Standards
- Present results from ongoing CIS evaluation examining first 12-months under revised standards
- Describe role of evaluation in guiding program development and implementation
- Conclusion & Wrap-up

## History of Children's Intensive Services

- Rhode Island lacked an appropriate treatment alternative to bridge the gap between outpatient therapy and residential treatment or hospitalization
- History of CIS program development within State context
- Integrates principles consistent with the Child and Adolescent Service System Project (CASSP)

## What is CIS?

- Intensive community & home-based mental and behavioral health program for children with SED
- Intended to fit within the broader "continuum of care" for medically necessary services
- Designed to address needs of the child within his/her environmental context

## State Context leading to Evaluation

- Annually expanding budget with little or no effectiveness/outcome data
- Family concerns:
  - lack of access
  - dissatisfaction with services
- Initial evaluation was conducted to establish baseline with an eye toward program reform

## Demographic Characteristics

■ Age	%	■ Race/Ethnicity	%
■ 0-2	0	■ African American	11
■ 3-5	10	■ American Indian	2
■ 6-11	37	■ Asian/Pac. Island	1
■ 12-17	51	■ Caucasian	69
■ 18+	2	■ Hispanic	16
		■ Other	9
■ Gender	%	■ Missing	6
■ Males	59		
■ Females	40		

Note: Participants may have indicated more than one race

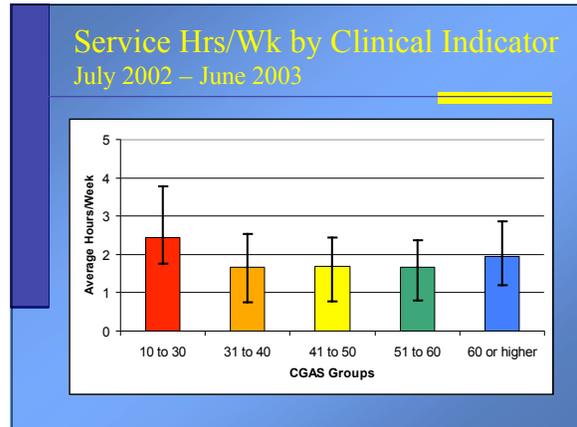
■ Sample: Nearly 3,000 children served in FY03

### Clinical Characteristics

■ <b>Diagnosis</b>	%	■ <b>Functioning-CGAS</b>	%
■ Adjustment	23	■ 10-30	2
■ Anxiety	13	■ 31-40	11
■ <b>Behavior</b>	<b>57</b>	■ 41-50	35
■ Develop/LD	7	■ 51-60	40
■ <b>Mood</b>	<b>12</b>	■ 61-100	11
■ Psychosis	1	■ Missing	11
■ Personality	1		
■ Substance Use	3		
■ Missing	10		

Note: Participants may have more than one diagnosis

Note: Lower scores indicate poorer functioning



### Revision of CIS Program Standards

- All providers required to be re-certified
- Program introduced levels of care to specify service delivery standards
- Family Service Coordinator is required on CIS team
- Ongoing evaluation and monitoring required of certified providers

### CIS Levels of Care

- **Level 1: Crisis Intervention**
  - M-CGAS: 10-30
  - 6-14 hrs of direct clinical service/week
- **Level 2: Standard Care**
  - M-CGAS: 31-40
  - 2-10 hrs of direct clinical service/week
- **Level 3: Intermediate Care**
  - M-CGAS: 41-50
  - 2-5 hrs of direct clinical service/week
- **Level 4: Maintenance Care**
  - M-CGAS: 51-60
  - .5-1 hr of direct clinical service/week
  - 2 hrs case management/month

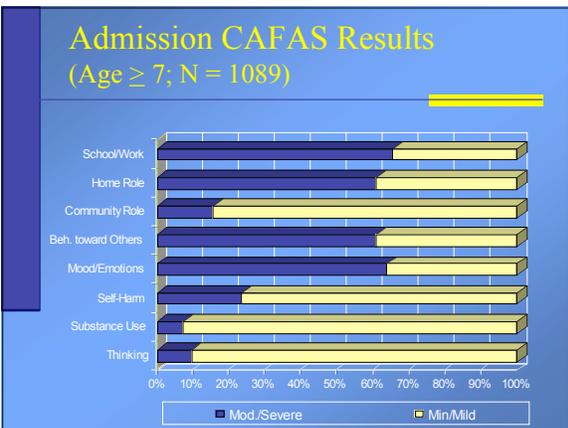
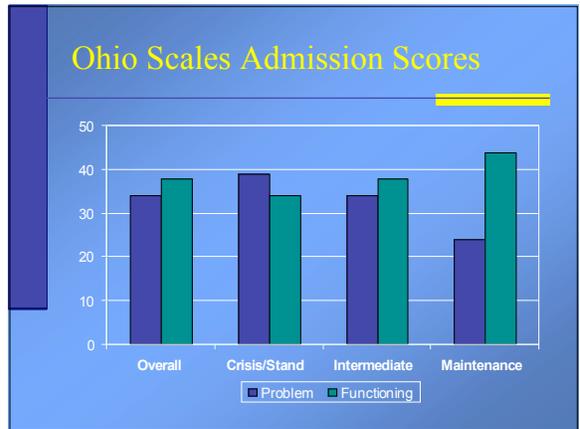
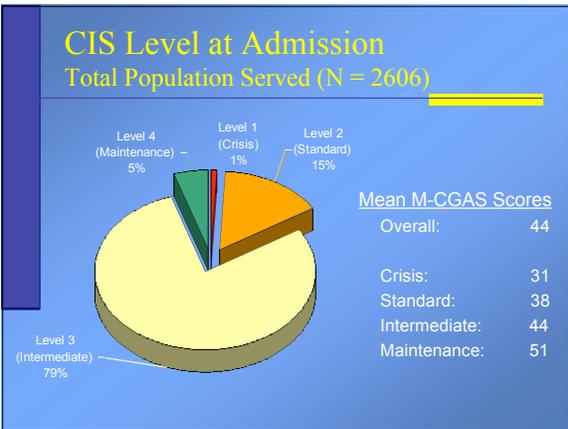
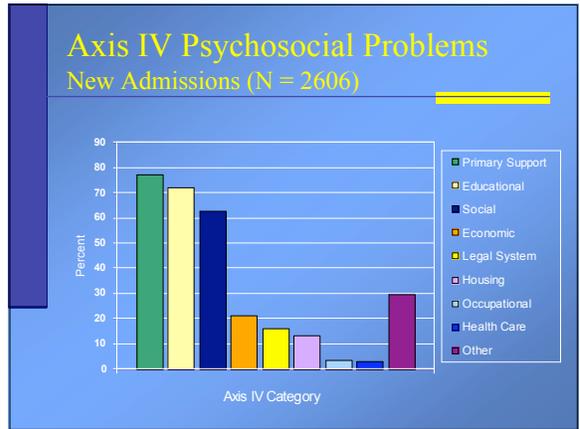
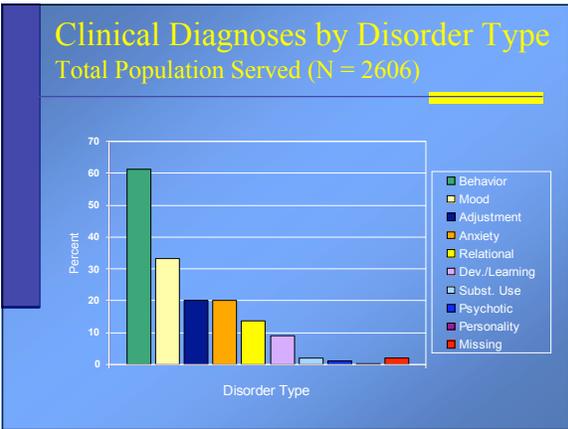
### Current Evaluation Phase – Implementation Performance

- Methodology:
  - Monthly MIS data extraction
  - New admissions demographic/clinical data
  - Monthly client updates
  - Service data
  - Discharge data

### Demographic Characteristics

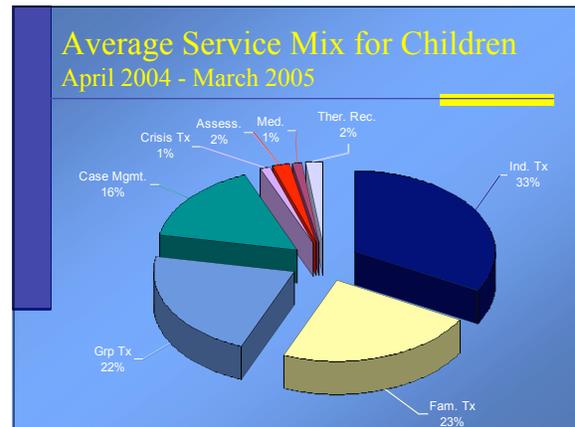
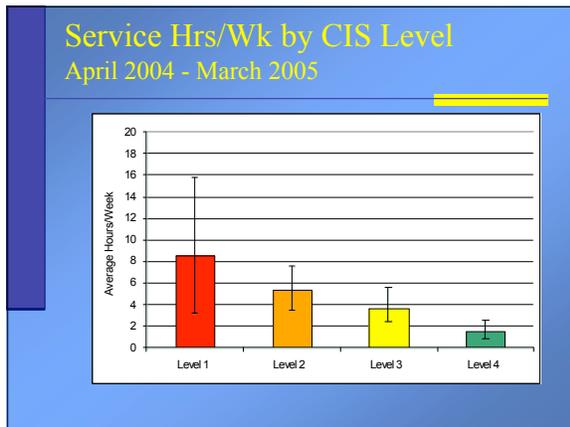
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■ 3-5	12	■ American Indian	2
■ <b>6-11</b>	<b>29</b>	■ Asian/Pac. Island	1
■ <b>12-17</b>	<b>45</b>	■ Caucasian	54
■ 18+	12	■ Hispanic	13
■ <b>Gender</b>	%	■ Other	4
■ Males	57	■ Bi/Multiracial	13
■ Females	43	■ Missing	4

Note: Participants may have indicated more than one race



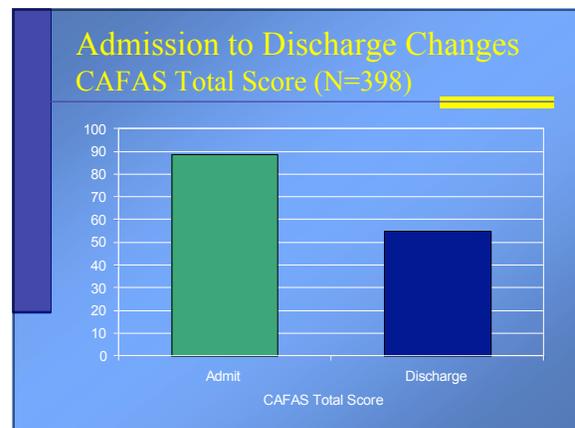
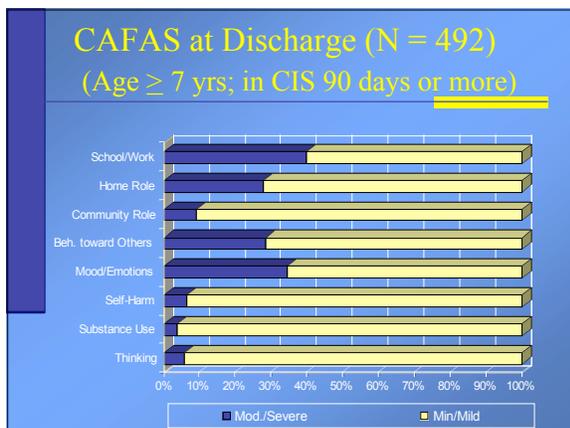
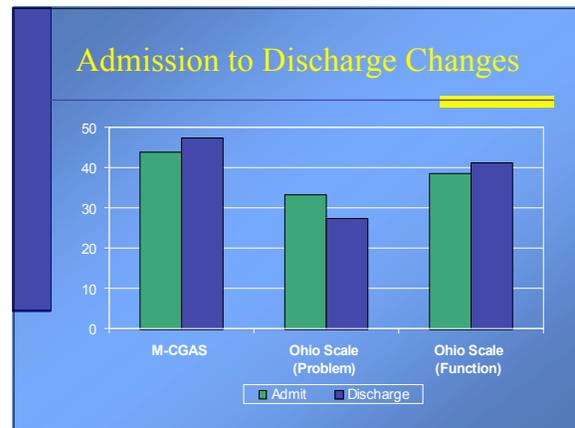
### Service Utilization Data

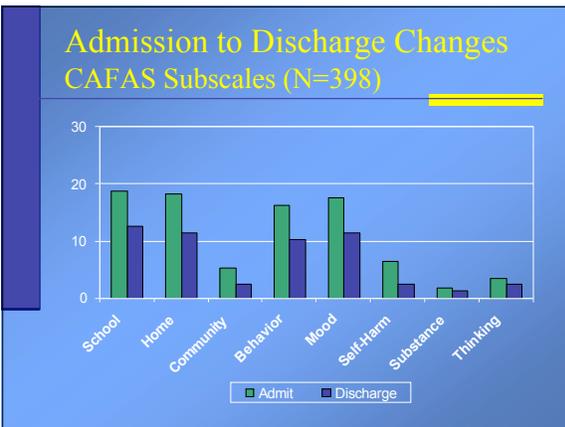
What did Children in CIS Receive for Treatment?



### Discharge Data

Who exited CIS  
 this year?





- ### Take Home Message (Phase II Eval): Meeting Program Goals
- CIS is serving children and adolescents with significant mental health care needs
    - Diagnostic information
    - Clinician ratings on M-CGAS, Ohio Scales, and CAFAS
    - Referrals from inpatient psychiatric facilities or children with recent hospitalizations

- ### Take Home Message (Phase II Eval): Meeting Program Goals
- Service delivery model has improved under revised program standards
    - Overall client contact has increased since pre-standards evaluation
    - Service contact and mix are linked to levels of care
    - Service delivery involves a range of staff and team members
    - Service delivery is primarily community- and home-based

- ### Take Home Message (Phase II Eval): Meeting Program Goals
- Average Length of Stay is 5.4 months
  - Activity at higher levels of care is shorter (4.8 months)
  - Participants improve on various indicators of clinical functioning
    - M-CGAS
    - Ohio Scale
    - CAFAS

- ### Communicating results to Stakeholders
- Provider and statewide reports are generated on a quarterly basis to disseminate information on:
    - who is being served by CIS
    - the type and amount of services being received
    - program outcomes as children exit CIS
  - Reports are available to providers and to DCYF Utilization Review (UR) Team
    - UR Team works with providers to ensure that each agency is performing according to program standards.

- ### Communicating results to Stakeholders
- Quarterly data presentations are organized to discuss evaluation results and implications for clinical practice among providers
  - Developed 2-page CIS Brief Series to summarize results from program monitoring and evaluation:
    - Who is served by CIS?
    - What are the clinical needs of CIS clients?
    - What services are children in CIS receiving?
    - What are the clinical outcomes of children leaving CIS?

### Using Results to Improve Service Delivery

- Working with provider network (as a whole) and individual providers to reduce gaps in service delivery
  - Access to care
  - Evaluation compliance and data collection
  - Family treatment
- Engaged in a Continuous Quality Improvement (CQI) process
- Using multiple sources of data (e.g., evaluation data, authorization data, chart reviews, and claims data)

### Conclusions: Impact for State

- State using data to manage program with outside assistance for evaluation
- Utilization Review Team uses evaluation reports in their work with providers
- State and providers have identified training needs
- Data being used by providers as a management and supervision tool
- Program can now report on outcomes

### Contact Information

- Janet Anderson, RI DCYF  
[janet.anderson@dcyf.ri.gov](mailto:janet.anderson@dcyf.ri.gov)
- Christian M. Connell, Yale School of Medicine  
[christian.connell@yale.edu](mailto:christian.connell@yale.edu)