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

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¹ 19th Annual Research Conference: A System of Care for Children’s Mental Health: Expanding the Research Base
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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

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<th>Age</th>
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Note: Participants may have indicated more than one race

- Sample: Nearly 3,000 children served in FY03

19th Annual RTC Conference
Presented in Tampa, February 2006
Clinical Characteristics

- Diagnosis
  - Adjustment 23
  - Anxiety 13
  - Attention 5
  - Developmental 7
  - Mood 42
  - Psychosis 1
  - Personality 1
  - Substance Use 5
  - Missing 10

- Functioning - CGAS
  - 10-30 2
  - 31-40 11
  - 41-50 35
  - 51-60 40
  - 61-100 11
  - Missing 11

Note: Participants may have indicated more than one diagnosis.

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

- Age
  - 0-2 2
  - 3-5 12
  - 6-11 20
  - 12-17 44
  - 18+ 12
- Gender
  - Males 57
  - Females 43
- Race/Ethnicity
  - African American 9
  - American Indian 2
  - Asian/Pacific Island 1
  - Caucasian 54
  - Hispanic 13
  - Other 4
  - Biracial/Multiracial 13
  - Missing 4

Note: Participants may have indicated more than one race.
Clinical Diagnoses by Disorder Type
Total Population Served (N = 2006)

Axis IV Psychosocial Problems
New Admissions (N = 2006)

CIS Level at Admission
Total Population Served (N = 2006)

Ohio Scales Admission Scores

Admission CAFAS Results
(Age ≥ 7; N = 1000)

Service Utilization Data
What did Children in CIS Receive for Treatment?
Service Hrs/Wk by CIS Level
April 2004 - March 2005

Average Service Mix for Children
April 2004 - March 2005

Discharge Data
Who exited CIS this year?

Admission to Discharge Changes

CAFAS at Discharge (N = 492)
(Age ≥ 7 yrs; in CIS 90 days or more)

Admission to Discharge Changes
CAFAS Total Score (N = 398)
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**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

**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

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