

Theories of Change from a Continuous Quality Improvement Perspective:

Central Massachusetts Communities of Care Logic Model

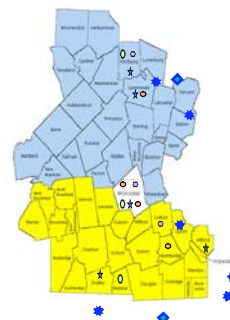


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Central Massachusetts Communities of Care (CMCC)
Catchment Area and Stakeholders

- Key:
- ◆ CMCC Family Center
 - ◆ EBP Provider Agency
 - DMH Area Office
 - DSS Area Office
 - DYS Reentry Center
 - ★ Juvenile Court

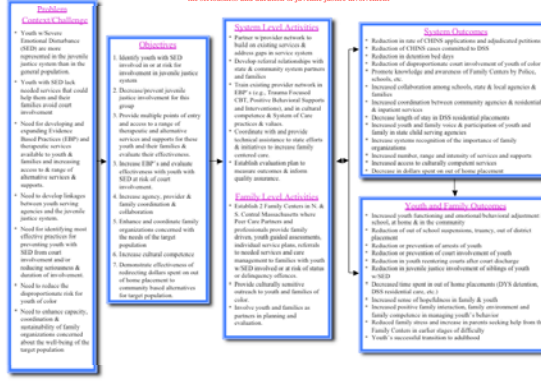


Overview of Central Massachusetts Communities of Care

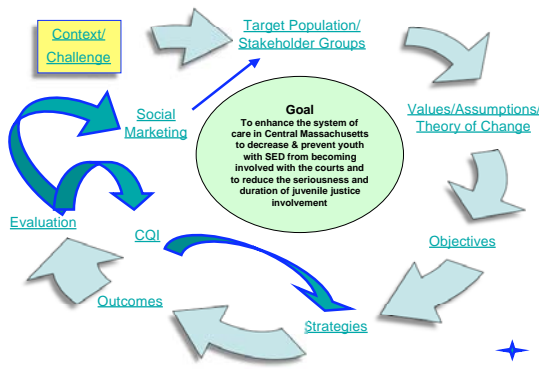
- A System of Care (SOC) grant funded by the Comprehensive Community Mental Health Services for Children and Their Families Program in 2005
- Awarded to the Massachusetts Department of Mental Health, but administered through the University of Massachusetts Medical School and Commonwealth Medicine.
- This is the 2nd SOC grant to Massachusetts—the 1st, Worcester Communities of Care, focused on the City of Worcester.
- We took lessons learned from the first grant and spent 18 months collaborating with state agencies, provider agencies, community partners, family organizations, schools, and the courts to identify the goals, objectives, strategies, and outcomes that became the proposal for the current grant.
- Once funded, the ideas generated during the 18 months of proposal development were formalized into a logic model to guide implementation. This logic model was then vetted back to stakeholders for feedback & revision.

Central Massachusetts Communities of Care: Summary Logic Model

Goal: To enhance the system of care in central Massachusetts to decrease & prevent youth with SED from becoming involved with the courts and to reduce the seriousness and duration of juvenile justice involvement

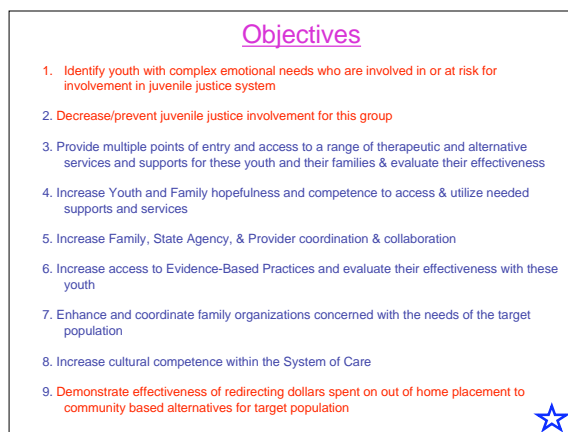
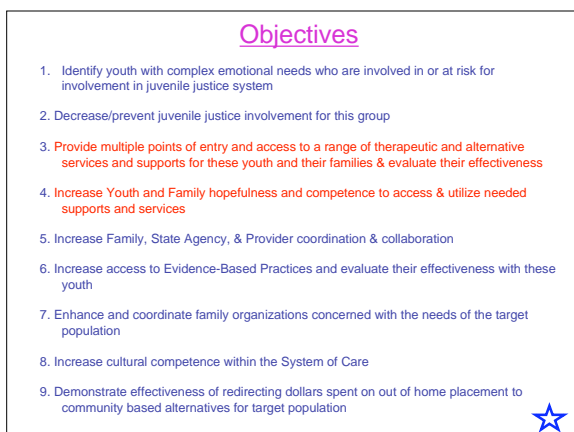
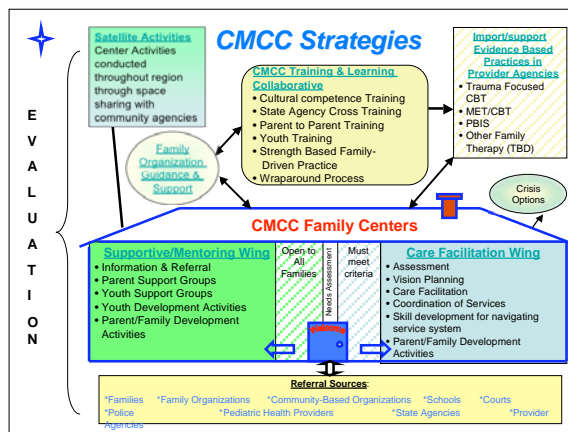
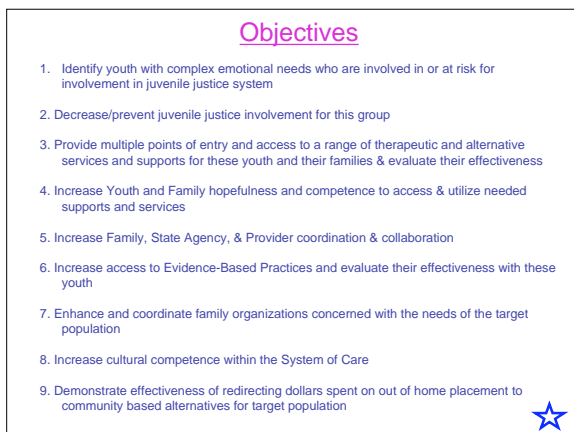
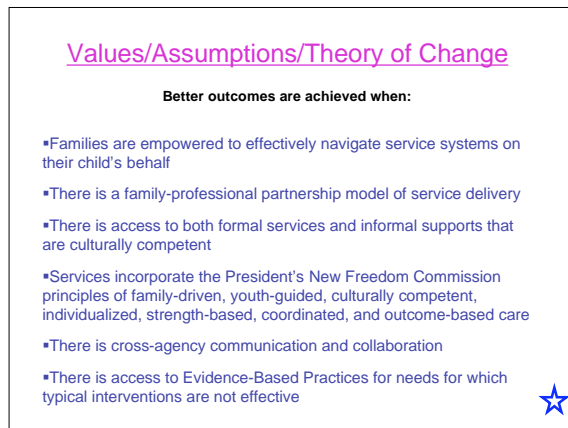


Central Massachusetts Communities of Care Logic Model




Context and Challenges

- Youth with Serious Emotional Disturbance (SED) are overly represented in the juvenile justice system in comparison to the general population.
- Of this juvenile justice population there is a disproportionate risk for youth of color.
- Families not currently enrolled in State sponsored services and those living in rural areas often lack access to coordinated, culturally competent, and effective services to meet the needs of their youth with SED and their families.
- Families with complex needs, especially those with youth with SED, often find it difficult to engage in services, resulting in missed appointments and inconsistency in services.
- Families are seeking increased capacity, coordination & sustainability of their family organizations that serve the target population.
- There is a dual need to prevent youth with SED from entering the court system as well as coordinating services for those youth with SED already involved with the court system to decrease their involvement.




Objectives

1. Identify youth with complex emotional needs who are involved in or at risk for involvement in juvenile justice system
2. Decrease/prevent juvenile justice involvement for this group
3. Provide multiple points of entry and access to a range of therapeutic and alternative services and supports for these youth and their families & evaluate their effectiveness
4. Increase Youth and Family hopefulness and competence to access & utilize needed supports and services
5. **Increase Family, State Agency, & Provider coordination & collaboration**
6. Increase access to Evidence-Based Practices and evaluate their effectiveness with these youth
7. Enhance and coordinate family organizations concerned with the needs of the target population
8. **Increase cultural competence within the System of Care**
9. Demonstrate effectiveness of redirecting dollars spent on out of home placement to community based alternatives for target population




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CMCC OUTCOMES



System Outcomes
(as measured by aggregate system level data)

Reduced DSS/DYS/Court Cases:

- Reduction of CHINS cases referred to DSS
- Reduction in DYS detention adjudications
- Reduction in rate of CHINS applications and adjudicated petitions (long term)
- Reduction in recidivism of DSS referrals & DYS adjudications
- Decrease length of stay in DSS residential placements (long term)
- Reduction of disproportionate court involvement of youth of color

Increased Service Outcomes:

- Increased number and range of formal services and informal supports
- Increased access to culturally competent services & supports
- Increased awareness of and referral to Family Centers by Police, schools, etc.

Increased Coordination & Collaboration

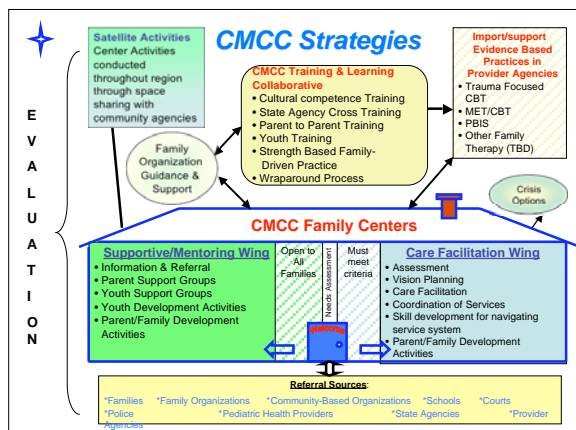
- Increased collaboration among schools, state & local agencies & families
- Increased coordination between community agencies & residential & inpatient services

Increased Youth & Family Voice

- Increased youth and family voice & participation of youth and family in state child serving agencies
- Increase systems recognition of the importance of family organizations

Cost Effectiveness

- Decrease in dollars spent on out of home placement, DSS, & DYS detention



Youth and Family Outcomes

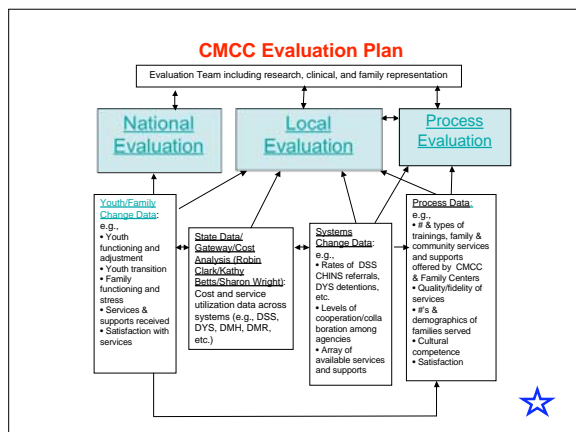
(as measured by individual youth & family level data)

Youth

- Increased youth functioning and emotional/behavioral adjustment in school, at home & in the community
- Reduction or prevention of arrests & court involvement of youth
- Reduction in youth reentering courts after court discharge
- Reduction of out of school suspensions, truancy, out of district placement
- Decreased time spent in out of home placements (DYS detention, DSS residential care, etc.)
- Youth's successful transition to adulthood (successful completion of high school, work engagement, stable housing)

Family

- Reduction in juvenile court involvement of siblings of youth with complex emotional needs
- Increased sense of hopefulness in family & youth
- Increased positive family interaction, family support and family competence in managing youth's behavior
- Reduced family strain and increase in parents seeking help from the Family Centers in earlier stages of difficulty



Core Study Components of the National Evaluation

- Cross-Sectional Descriptive Study.** The core question this component is, *'Who are the children and families served by the system of care and what are their characteristics?'*
- Child and Family Outcome Study.** The core question driving this component is, *'To what extent do child and family outcomes improve over time?'*
- Service Experience Study.** The core question driving this component is: *'To what extent are system-of-care principles experienced by families?'*
- Services and Cost Study.** The core question driving this component is: *'What services do youth and families receive and what are the service costs and utilization patterns associated with those services?'*

Local Evaluation Questions

- What works best and for whom? Do different CMCC components or combinations of components differentially effect:**
 - Different Ethnic groups
 - Youth with Different Family/Youth Risk Factors
 - Different Diagnosis
 - Boys vs. Girls
 - Different Age Groups
- Impact of different CMCC components on:**
 - Family Functioning, Caregiver Strain, Hopefulness, & Empowerment
 - Youth Symptoms and Functioning in the Home, School, and Community
 - Youth and Family Satisfaction with Services
- Impact of CMCC on existing system**
 - How many and what types of services and supports were added or augmented through CMCC?
 - To what extent are CMCC services and supports culturally competent?
 - To what extent are agencies collaborating with each other and with the families they jointly serve?
- Cost-effectiveness of CMCC model**
 - Does CMCC reduce costs for DSS & DYS service systems?

Process Questions

- What services are implemented?
- How are they being implemented?
- At what level of fidelity and intensity?
- How satisfied are stakeholders?
- Are we reaching the intended youth and families, including minority groups?

Caregiver and Staff-as-Caregiver Instruments:

Caregiver Information Questionnaire (CIQ)
Questions that describe the child and family

Caregiver Strain Questionnaire (CGSQ)
Assesses difficulties, strains, and other negative effects related to caring for a child with SED

Family Life Questionnaire (FLQ)
Assesses aspects of family life that may change as a result of the family's SOC experience.

Behavioral & Emotional Rating Scale-Parent Rating Scale (BERS-2C)
Identifies emotional and behavioral strengths of children

Child Behavior Checklist 6 – 18 (CBCL 6 – 18)
Standardized measure of children's symptomatology

Columbia Impairment Scale (CIS)
Evaluates four basic areas of child's functioning (interpersonal relations, psychopathology, school/work, & use of leisure time)

Education Questionnaire – Revised (EQ – R)
Assesses child's functioning in school

Living Situations Questionnaire (LSQ)
Documents the settings in which a child lived during the past 6 months, and with whom

Cultural Competence and Service Provision (CCSP)
Assesses importance of culture in the lives of the respondent & caregiver's perspective on provider's consideration of family's beliefs, traditions, and practices when providing services

Multi-Sector Services Contacts – Revised: Caregiver (MSSC – R)
Report of child & family service use (Services used, service locations and convenience, quantity of services received, satisfaction with services, payments for services)

Youth Services Survey for Families (YSS – F)
Measures perceptions of service across 5 domains: Access, Participation in treatment, Cultural sensitivity, Satisfaction, & Outcomes

Youth Self-Report Instruments Ages 11 to 22

- **Behavioral and Emotional Rating Scale Youth Rating Scale (BERS – 2Y)**
Identifies youth's emotional and behavioral strengths
- **Delinquency Survey – Revised (DS – R)**
Gathers information on delinquent behavior and contact with law enforcement
Assesses destructive and violent behavior toward others in the community
- **GAIN Quick – Substance Dependence Scale (GAIN)**
Assesses use, abuse and dependence of alcohol, marijuana or other drugs
- **Substance Use Survey – Revised (SUS – R)**
- **Revised Children's Manifest Anxiety Scale (RCMAS)**
Assesses level and nature of anxiety
- **Reynold's Adolescent Depression Scale (RADS-2)**
Evaluates 4 domains of depression
- **Youth Information Questionnaire (YIQ)**
Covers multiple facets of youth's life: Acculturation, Employment, Peer relationships, Presenting problems, Coercion in receiving services, Suicidality, Neighborhood safety
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Measures Added as Part of the Local Evaluation

System Level Data:

- **MIS data from DSS, DYS, Court & Probation data**
In process of assessing what is available and accessible within each system.
- **MIS data on costs (Medicaid)**
In process of assessing what is available and accessible.
- **Interagency Collaboration Scale**
Measures levels of collaboration between different agencies.
- **SOC-Practice Review-Agency Self-Report**
Measures agency personnel perceptions of delivery of services.

Youth & Family Data

- **Children's Hope Scale (Youth self report)**
Measures youth hopefulness and perceived ability to handle challenges
- **Adult State Hope Scale (Caregiver self report)**
Measures caregiver hopefulness and perceived ability to handle challenges
- **UCLA PTSD Index (Family & Youth involved in Trauma Focused CBT)**
Measures Symptoms of Post Traumatic Stress
- **The Practice Checklist (For Clinicians Delivering Trauma Focused CBT)**
Measures Fidelity to Trauma Focused CBT model in the delivery of this treatment.
- **Family Empowerment Scale: Family subscale**
Measures caregiver's perceived ability to manage family challenges
- **Family & Youth Perceived Social Support**
Measure of supports available to the family

Continuous Quality Improvement

- Specific reports to CMCC components:
 - **Family Centers** (who served, activities/services provided, satisfaction, link between services/activities and outcomes)
 - **Training & Learning Collaborative** (Trainings conducted, satisfaction, levels of collaboration among agencies, cultural competence, practice of SOC principles across agencies)
 - **EBP provider Agencies** (who served, fidelity to model, outcomes, link between fidelity and outcomes)

Social Marketing

- Uploading of Logic Model to Website
- Linking web-based Logic Model to updated reports of outcomes & evaluation findings
- Providing Newsletters and Briefs to State Agencies, Community Agencies, Schools, the Courts, Youth and Families, and Legislators on activities and evaluation findings.

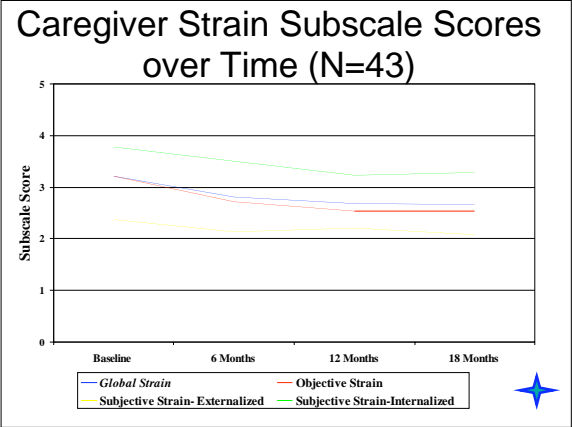
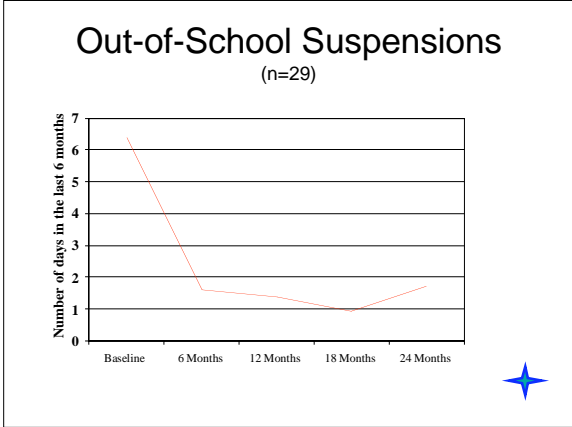
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- ### Key CMCC Personnel
- Suzanne Hannigan, Project Director
 - Eugene Thompson, Assistant Project Director
 - Anthony Irsfeld, Clinical Director
 - Toni Dubrino, Director of Family Involvement
 - Peter Metz, M.D., Medical Director, Co-PI
 - Linda Foss, Evaluation Coordinator
 - Nicole Walker, Family Center Director (South)
 - Christine Kroell, Asst. Family Center Director (South)
 - Tina Mercado, Youth Coordinator (South)
 - Shirley Williams, Cultural Competence Coordinator