Evaluation

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.

Theories of Change from a Continuous Quality Improvement Perspective:

Central Massachusetts Communities of Care Logic Model

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.

Overview of Central Massachusetts Communities of Care

- Need to enhance capacity, coordination & sustainability of state & community system partners
- Need for developing and delivering Best Evidence Practices (EBP) and effective practices for the juvenile justice system.
- Need for identifying most effective practices for youth & families involved with the courts & to reduce the seriousness and duration of juvenile justice involvement.
- Need for developing linkages & access to & range of therapeutic services available to youth & families.
- Youth with Serious Emotional Disturbance (SED) are overly represented in the general population.
- Youth with SED are more involved with the courts and system than in the general population.
- There is a dual need to prevent youth with SED from entering the court system and to decrease their involvement.
- Families are seeking increased capacity, coordination & sustainability of their family organizations that serve the target population.
- 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.
Presented in Tampa, March 2007

20th Annual RTC Conference

Stakeholders/Partners
- Youth with SED involved with or at risk of involvement in courts and their families
- State Agencies: EOHHS, DSS, DYS, DMH, DPR, DPY, DOE
- Court System
- Family & Youth Organizations
- Community Organizations (YMCA, Boys & Girls Clubs)
- Schools
- CMCC
- Community Child Provider Agencies
- Pediatric Health Providers
- Religious Organizations
- Law Enforcement

Target Population
Youth ages 10-18 years with SED involved with or at risk of involvement in the courts, and their families.

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

Values/Assumptions/Theory of Change
Better outcomes are achieved when:
- Families are empowered to effectively navigate service systems on their child’s behalf
- There is a family-professional partnership model of service delivery
- There is access to both formal services and informal supports that are culturally competent
- Services incorporate the President’s New Freedom Commission principles of family-driven, youth-guided, culturally competent, individualized, strength-based, coordinated, and outcome-based care
- There is cross-agency communication and collaboration
- There is access to Evidence-Based Practices for needs for which typical interventions are not effective

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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
- Reduction in DSSdetention
- Reduction in CHINS placement
- Reduction of inappropriate court involvement of youth of color
- Increased Service Delivery
- 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 counties, 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
- Increased systems recognition of the importance of family organizations
- Increased effectiveness of redirecting 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

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**Core Study Components of the National Evaluation**

- **Cross-Sectional Descriptive Study.** The core question driving this component is: "Who are the children and families served by this 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 these services?"

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**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 were 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?

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**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?
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Cultural Competence and Service Provision

- Behavioral & Emotional Rating Scale-Parent Rating Scale: Assesses difficulties, strains, and other negative effects related to caring for a child with SED.
- Columbia Impairment Scale (CIS): Evaluates four basic areas of children's functioning (interpersonal relations, psychopathology, schoolwork, and leisure).
- Living Situations Questionnaire: Assesses child's functioning in school, work, and use of leisure time.
- Language Situations Questionnaire: Assesses the setting in which a child lived during the past 6 months, and with whom Cultural Competence and Service Provision (CCSP).

Youth Self-Report Instruments Ages 11 to 22

- Delinquency Survey – Revised (DS – R): Gather information on delinquent behavior and contact with law enforcement.
- Revised Children’s Manifest Anxiety Scale (RCMAS): Assesses level and nature of anxiety.
- Youth Information Questionnaire (YIQ): Measures perceptions of service across 5 domains: Access, Participation in Treatment, Cultural Sensitivity, Satisfaction, and Outcomes.

Measures Added as Part of the Local Evaluation

- 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.

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.

Youth and Family Outcomes

(as measured by individual youth & family level data)

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- Youth's successful transition to adulthood (successful completion of high school, work engagement, stable housing).
Out-of-School Suspensions
(n=29)

Caregiver Strain Subscale Scores
over Time (N=43)

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