

Work Plan and Local Evaluation Design for Strategy 2: Developing new and strengthening existing services/supports and integrating policies and procedures that are outcome-driven

Goals addressed by Strategy 2:

- Families will receive seamless, integrated treatment and a comprehensive array of community-based and culturally and linguistically appropriate interventions from a variety of service agencies, based upon the services needed by each family.
- Every child, regardless of ethnicity, religion, or background, will live with his/her family at the best level of functioning capable for that child.

Activities	Indicators	Measures	Findings
System Level			
Short-term			
1. System partners conduct outreach to families and youth with serious emotional disturbance.	1. a. Families enrolled. 1. b. Clients referred from different system partners.	1.a.i. Number of families enrolled by quarter and by year. Target is 100 families in year 1 (Enrollment and Demographic Information Form [EDIF] and national evaluation data tracking system). 1.b.i. Proportion of clients referred by source (EDIF referral question).	
Long-term			
2. System partners (courts, DHS, CMH) share process and outcome data to improve integration of treatment interventions.	2.a. SOC staff access to data they need to deliver quality interventions.	2.a.i. Level of access to process and outcome data by each system partner (Child and Family Team Quarterly Report).	

Activities	Indicators	Measures	Findings
Service Delivery Level			
Short-term			
3. Diagnostic assessments will be conducted in a timely manner by master's level home-based mental health therapists, using a bio-psycho-social assessment process, including CAFAS.	3. a. Appropriate and timely assessments.	3.a.i. Proportion of families receiving assessments within 14 days of initial contact, by appropriate staff and including CAFAS (Child and Family Team Quarterly Report and CMH state performance indicators).	
4. Comprehensive assessment of the child's and family's specific care management needs will occur shortly after intake by the Child and Family Team. The Child and Family Team will be guided by the Child and Family Team Facilitator.	4.a. Comprehensive assessments.	4.a.i. Proportion of plans that include needs of family and youth. (SOC Community Team checklist).	
5. Needed services are identified by the entire family and therapist will be community-based; services take place in a variety of community settings such as homes, schools, clinical offices, etc., based on individual family needs.	<p>5.a. Content of plans: Individual family needs. Child and Family Care Team captures needs of family and youth and these are incorporated into the Individualized Family Centered Plan.</p> <p>5.b. Content of plans: Services identified by families.</p> <p>5. c. Staff report:</p> <ol style="list-style-type: none"> 1. They feel knowledgeable about different types of interventions. 2. They can use different 	<p>5.a.i. & 4.b.i. Review of individualized care plans to determine proportion that includes interventions, written objectives, and action steps and ensure plans reflect individual family needs (SOC Community Team checklist; Youth Services Survey (YSS) & Youth Services Survey for Families (YSS-F) 1–15, Child and Family Team Satisfaction Survey).</p> <p>5.c.i. Change in reported knowledge and use of different types of interventions (staff surveys, interviews, and focus groups to be developed by evaluation staff and administered/analyzed by SOC staff).</p>	

Activities	Indicators	Measures	Findings
interventions.			
5.d. Services are community-based.			
5.d.i. Proportion of services that are community-based (Multi-Sector Services Contacts (MSSC)-Revised, questions 10–34; YSS-F, question 8; YSS, question 8; SOC Community Team checklist).			
6. Interventions will be:	6.a. & 6.b.	Use of outcome- and evidence-based interventions reflected in individualized care plans.	6.a.i. Evidence of the inclusion of outcome- and evidence-based interventions in individualized care plans (Document review).
a. Evidence- and best practice-based, to provide effective interventions to meet the needs of diverse youth and families.			
b. Practice-based, outcome-informed and integrated into system of care Individualized Service Plans (ISPs) and wraparound processes through written objectives and action steps.			
Long-term			
7. Services identified by the entire family and therapist will be community-based and will take place in a variety of community settings such as homes, schools, clinical offices, etc., based on individual family needs.	7.a. Services delivered.	7.a.i. Proportion of services in individualized plans that were delivered to clients (Child and Family Team Quarterly Report).	
	7.b. Services meet needs of youth and families.	7.b.i. YSS & YSS-F 1–15; MSSC 10–34, Child and Family Team Satisfaction Survey.	

Activities	Indicators	Measures	Findings
	<p>7. c. Youth served in the community.</p> <p>7.d. Residential care length of stay.</p>	<p>7.c.i. Total number of youth in residential care (EDIF question 7, Living Situations Questionnaire, CIUF question 7, Child Status Report).</p> <p>7.d.i. Number of community-based placements, annually. Target is a decrease each year in the total number of youth in residential care or a slowing in the rate of growth. (Child Status Report).</p> <p>7.d.ii. Average length of stay in residential care. (Living Situations Questionnaire, local evaluation data, Child Status Report).</p>	
<p>8. The use of evidence-based practice, practice-based evidence, and promising practices will be used to provide effective interventions to meet the needs of diverse youth and families.</p>	<p>8.a. Stability of community-based (as defined by the family) placements.</p> <p>8. b. Disparity in satisfaction with services or outcomes, independent of cultural and linguistic differences.</p>	<p>8.a.i. Proportion of kids kept in the same community-based placements (Living Situations Questionnaire, CIQ question 11, local evaluation data, Child Status Report).</p> <p>8.b.i. Proportion of families, by race, reporting satisfaction with services. (MSSC-Revised, questions 10–34, Cultural Competence and Service Provision survey questions 6–16, YSS-F questions 1–15, YSS questions 1–15).</p>	

Activities	Indicators	Measures	Findings
9. Practice-based and outcome-informed interventions will be integrated into system of care ISPs and wraparound processes through written objectives and action steps.	9.a. Effectiveness of ISPs as tools for determining and addressing needs of youth and families.	9.a.i. Proportion of staff reporting effectiveness of ISPs (wraparound staff survey, Child and Family Team Satisfaction Survey). 9.a.ii. Proportion of youth and families reporting effectiveness of ISPs (YSS & YSS-F 1–15, focus groups, family council, youth Speak Your Mind, Child and Family Team Satisfaction Survey).	
Youth and Family Level			
Short-term			
10. Families scheduled for assessment will receive it within specified timeframe.	10.a. Timeliness of scheduled assessment.	10.a.i. Percentage of families reporting that they received services in a timely manner. Target: 90% of families so reporting. (Potential method: CMH PIINI2ND report).	
11. SOC staff will conduct follow-up interviews with randomly selected families that were declined SOC services.	11.a. Families incorrectly declined for SOC services	11.a.i. Percentage of families declined for services that were incorrectly declined. Target is less than 5% (review of Assess Log).	
Long-term			
12. Services identified by the entire family and therapist will be community-based and will take place in a variety of community settings such as homes, schools, clinical offices, etc., based on individual family needs.	12.a. Level of community-based services increases.	12.a.i. Proportion of community-based services. Target is a per-year increase. Data available through the Longitudinal Outcome Study (MSSC 10–34, Child Status Report).	

Activities	Indicators	Measures	Findings
<p>13. Evidence-based practice, practice-based evidence, and promising practices will be used to provide effective interventions to meet the needs of diverse youth and families.</p>	<p>13.a.& 13.b. Effectiveness of services received by youth.</p>	<p>13.a.i. & 13.b.i. Youth report that the services they receive are effective with respect to helping them function at their best level. Families report that the services they receive are effective with respect to helping their child function at the best level. Youth- and family-related data available through the Longitudinal Outcome Study (YSS & YSS-F 16–21, Child Status Report, CAFAS).</p>	
	<p>13.c. Parenting ability.</p>	<p>13.c.i. CGSQ.</p>	
	<p>13.d. Family functioning.</p>	<p>13.d.i. FLQ, YSS-F 21 & 17, CIQ 13d.</p>	
	<p>13.e. Youth functioning.</p>	<p>13.e.i. Improved youth functioning (RCMAS-entire, CIS-entire, BERS-2 and 2Y-entire, YSS questions 16–21, RADS-entire, CBCU ½ to 5 and 6–18-entire, Child Status Report, CAFAS).</p>	