

TO: Karen Snyder  
FROM: Emily Sherwood  
CC: Nancy Savoie  
RE: Comments on the Revised CSR  
DATE: August 3, 2010

---

Thank you for the opportunity to review and comment on your revision of the Community Service Review, and for your efforts to address our concerns about the appropriateness of the CSR to assess the implementation of the remedy services in *Rosie D. v. Patrick*.

We have general, overall comments and then specific comments by section, with examples. We have not prepared a line-by-line edit of the document.

### Overall

Thank you for adding references to the Child and Adolescent Needs and Strengths (CANS) tool, the Wraparound Strengths, Needs and Culture Discovery process and the Risk Management and Safety Plan, to align the language of the tool more closely to the concepts and practices used in the remedy services. Unfortunately, we continue to have serious concerns about the appropriateness of the tool to assess implementation of the remedy services pursuant to the judgment in *Rosie D. v. Patrick*. Specifically:

- 1) The CSR Scoring is partly based on Youth and Caregiver Status. An evaluation of the remedy services may require acknowledgement of Youth and Caregiver Status, but should not score the system on the acuity of the challenges faced by the youth and caregiver.

Throughout the CSR, and especially in the section evaluating the youth's and caregiver's status, there seems to be a presumption that *status* is directly determined by the quality of the Intensive Care Coordination (ICC) or In Home Therapy (IHT) case practice. Even in areas such as the youth's stability in school programs and living situations, or the parent's/caregiver's ability to provide "assistance, support and supervision" to the youth. These areas of life are impacted by a wide range of factors, most of which are not under the control of the service provider: the severity of the child's mental health condition or disability; the social, educational, health, cognitive and financial resources of the child's family; the social, educational, recreational and financial resources of the child and family's community, to name just a few.

- 2) Through the Youth and Caregiver Status and Youth Progress Indicators, the CSR measures the performance of service systems other than MassHealth, including local education authorities, the Department of Children and Families, the Juvenile Courts, the Office of Probation and the Department of Youth Services. This reflects the CSR's intended purpose to evaluate all aspects of a "system of care" for children and youth with mental health needs. The MassHealth remedy services are only one portion of that System of Care. Although the core service, ICC, has the role of coordinating services throughout the System of Care, neither the ICC Care Coordinator, provider agency, MassHealth health plan or MassHealth itself, has any ability - or legal obligation - to compel other elements of the service delivery system to participate in ICC or to provide specific services or supports to the youth or family. The CSR, if it is to be used to

evaluate the remedy services must be revised to recognize this reality and focus *solely* on whether MassHealth has implemented the remedy services as required in the Order.

- 3) The CSR was not developed to evaluate Wraparound. We're concerned that the paradigm of case practice on which the CSR is based is not Wraparound, as defined by the National Wraparound Initiative. Specifically, the language and expectations embedded in the CSR overlap with, but are not entirely consonant with, the model of case practice the ICC providers have been required to use, trained to use and are being evaluated on, using the Wraparound Fidelity suite of assessment tools. We are concerned that 1) the language of the CSR may be confusing to practitioners who are trained to use Wraparound terminology; 2) not all CSR reviewers are trained in or familiar with Wraparound and the subtle ways it differs from certain other mental health practices, and therefore may not assess Care Coordinator performance accurately; and 3) some of the CSR Practice Performance Indicators don't sufficiently acknowledge the role of family/caregiver/youth choice, and the effect of those choices on the ICC process. We are particularly concerned about the effect of 1) and 2) on the reviewers' assessment of Care Coordinator practice.
- 4) The CSR is focused on the quality of frontline practice.
  - a) While the CSR generates very specific practitioner-level feedback that may benefit frontline Intensive Care Coordination (ICC) and In Home Therapy (IHT) staff, and their supervisors. It is less clear to us how that information will be useful to MassHealth and its health plans to understand and address issues at the systems level. Obviously, some broad themes may emerge that will indicate particular needs for skill building or training, but it is not clear to us that the systems-level information generated by the CSR will be equal or exceed the information we are gathering through the Wraparound Fidelity suite of tools, the Vroon Vandenberg coaching and the health plan's Technical Assistance, Network Management and Clinical Review staff.
  - b) We are concerned about the generalizability of the information generated by the CSR. As currently structured, the CSR process is likely to gather a wide variety of information on a large number of cases, all different in nature. We think a more useful approach would be to use case reviews to examine a more focused selection of cases, for example by looking at outliers on the Wraparound Fidelity Index or by identifying a particular problem to be investigated and selecting cases in which this problem is present.
  - c) You have emphasized to us and to providers that your goal in using the CSR is to promote *learning* among provider staff, MassHealth's staff and staff of MassHealth's contracted health plans. Similarly, in an October, 2005 presentation about the CSR in Indiana, by developer Ivor Groves, he writes: "Results are used to decide what to do next! NOT just to say 'good' or 'bad' or 'pass/fail'. A key purpose is learning and change." Yet, the CSR gives an "acceptable/unacceptable" *score* not only to all elements of frontline practice, but to indicators of youth and caregiver *status* and to youth progress.

In addition to these overarching and significant concerns about the use of the CSR, to follow are more specific comments by CSR section.

## YOUTH STATUS INDICATORS

The measures in this section are used to evaluate the remedy services on the basis of the youth's status in eight different domains. We oppose the use of these measures to generate ratings of "acceptable" and "unacceptable" youth status and ratings indicating that practice needs "improvement, refinement or maintenance" because:

- The areas measured by the Status Indicators are not exclusively impacted by the practice measured by the Practice Performance Indicators in Section 5. For example, under Youth Status Review 1: Stability, the Focus Measure includes "To what degree are the youth's daily living, learning and work arrangements stable and free from risk of disruption?" Numerous factors beyond the control of MassHealth, its contracted health plans and service providers impact stability in these areas, including school disciplinary policies, family employment and the performance of other entities in the state service delivery system.
- The Youth Status Indicators still measure the performance of systems external to MassHealth. In the Youth Status Review 6: Education Status, while the language in this measure has been considerably narrowed, it is still true that the child's success in the area of education will not be completely determined by the quality of the Intensive Care Coordination or In Home Therapy service, but will depend on appropriate educational settings and strategies. Also, under "Behavioral Support", #3, the item reads "Has the youth received multiple suspensions amounting to 10 or fewer day during the school year? Has an IEP meeting been scheduled or occurred to discuss the adequacy of the school's current placement or academic support plan?" Finally, the ratings themselves explicitly rate the "appropriateness" of the educational program and the "efforts of school personnel".
- We recognize that you have tried to address these concerns by adding language to each of the Youth Status Indicators to focus more on the work of the ICC and IHT staff and move away from evaluating the performance of other systems. However, the new language then seems misplaced in this "Youth Status" section as it asks questions about the work of the Care Coordinator/ IHT clinician to address these status issues – questions better placed in Section 5: Practice Performance Indicators. For example, in Youth Status Review 7: Living Arrangement, the Focus Measure includes "To what degree is the youth in the most appropriate/least restrictive living arrangement, consistent with needs for family relationships, social connections, emotional support, age, ability, special needs, educational support and positive peer group affiliation?" Under the probe questions, the language moves away from categorical, objective questions such as "Is the placement conducive to maintaining family connections, if appropriate, and is the out-of-home caregiver supportive of these activities?" to "Does the youth report to members of the team....feeling safe and well cared for in the current living arrangement? If not, did the team meet to discuss and plan for an assessment of the youth's concerns and possible interventions?" This seems to conflate the purposes of Sections 1 and 5 of the CSR.

Therefore, we request that either:

- 1) You use the CANS to gather information on Youth Status and strike Section 1 from the CSR; or
- 2) You use Section 1 to gather information on Youth Status only, remove the added language, and not score the information.

## CAREGIVER STATUS REVIEW

Again, by scoring the information gathered in this section the CSR, in effect, holds MassHealth accountable for outcomes it cannot control through the remedy services. These outcomes include: “the degree to which parents....are willing, able and providing youth with the assistance, supervision, and support necessary for daily living and development”; “the degree to which parents...play a significant role, have a voice and influence decisions made about the youth’s needs, care plan, and support services.”

Therefore, we request that either:

- 1) You use the CANS to gather information on Caregiver Status and strike Section 2 from the CSR. In addition, you could review CSA-specific Wraparound Fidelity Index data to learn about provider adherence to Wraparound principles of family and youth “voice and choice”; or
- 2) You use Section 2 to gather information on Caregiver status only, and not score the information.

## YOUTH PROGRESS INDICATORS

The questions are the appropriate questions: nevertheless, the ratings include no acknowledgement that a youth’s progress is not entirely due to the quality of the clinical practice. It seems appropriate to evaluate providers on whether they are tracking youth progress and using this data in care and treatment planning, which is part of the Practice Review in Section 5.

Therefore, we request that either:

- 3) You look at multiple administrations of the CANS over the youth’s time in ICC or IHT to assess Child Progress and strike Section 3 from the CSR; or
- 4) You use Section 3 to gather information on Youth Progress only, and not score the information.

## PRACTICE PERFORMANCE INDICATORS – General Comments

1. Throughout this section, the language of the Focus Measures, Core Concepts, probe questions and Descriptions and Ratings of Practice Performance focus on the performance of ALL team members, not just team members who provide MassHealth remedy services. Team members who are employees of service systems external to MassHealth, such as school staff and Probation officers, are not under the control of MassHealth, its health plans or providers, and should not be evaluated as part of CSR.
2. In some of the language in this section there is a conflation of “effort” and “outcomes”. In Practice Review 3: Teamwork, the Focus Measure asks “Does the team have the skills, family knowledge, and abilities necessary to organize effective services at convenient times for this youth and family, given the complexity of their situation?” A better question would be, “If the team lacks necessary skills, family knowledge and abilities...has the Care Coordinator taken appropriate steps to strengthen the team?” In the Ratings for this section, the measure describes the performance of the team, not the effort and skill of the Care Coordinator to promote high team performance.

### Practice Review 1: Engagement

In the Focus Measure, the language reads “How effectively are the care coordinator and the care planning team developing and maintaining a respectful, trust-based working relationship and partnership with the youth and family?” Better language would be: “How effectively is the care coordinator developing and maintaining a respectful, trust-based working relationship and partnership with the youth and family? How effectively is the care coordinator helping the care planning team to develop and maintain a respectful, trust-based working relationship and partnership with the youth and family?” A similar change should be made to the last sentence of the Focus Measure.

Core Concepts – should be limited to assessing the Care Coordinator and MassHealth providers only.

Probe #3 should read something like “Does the Care Coordinator make appropriate efforts to help and encourage team members to identify, acknowledge and support the use of family strengths?”

Ratings - The headings refer to “effort”, as in “Optimal Engagement Efforts”. However, the descriptive language accompanying the rating says “The care coordinator and team have been extremely effective in developing and maintaining a respectful, trust-based relationship and partnership with the youth and family”, which is the hoped-for outcome of the effort...and an outcome not completely under the control of the Care Coordinator.

### Practice Review 2: Cultural Responsiveness

It should be clear in the Focus Measure that what is being measured is ICC and/or IHT care coordination and providers of other MassHealth services, only.

The probe questions should be narrowed to assess the ICC and/or IHT providers, and providers of other MassHealth services, only.

The ratings should be narrowed to assess the ICC and/or IHT providers, and providers of other MassHealth services, only.

### Practice Review 3: Teamwork

This section is written in a way that assesses all members of the Team, consistent with the CSR design as a tool to assess the performance on an entire System of Care. The scope needs to be narrowed to assess ICC and IHT staff, and providers of other MassHealth services only. Some specific comments:

Focus Measure – see suggestion in Practice Performance Indicators - General Comments, #2, above.

Probe #3 – should read something like “has the Care Coordinator helped and encouraged team members to understand the youth’s and family’s strengths and needs?”

Probe #4 – this probe needs to be limited to providers of MassHealth services

Probe #5 – this needs to focus on the role of the Care Coordinator. The question as written assesses the performance of systems outside of MassHealth.

Ratings – assess the outcome: “an excellent care planning team...has formed”. Should assess the work of the Care Coordinator to, with the family, form an appropriate team, and lead the team through the four phases of the Wraparound process, adhering to the ten principles of Wraparound.

### Practice Review 4: Assessment and Understanding

The language in this section needs to be focused on the performance of the Care Coordinator, and other involved MassHealth providers, not on the performance of all team members.

### Practice Review 5: Planning Interventions

At the end of the first paragraph of Core Concepts, the last sentence reads “When multiple agencies are involved with the youth and family, there must be integration across plans.” Consistent with the Order, we request that the word “integration” be replaced with “coordination”. Paragraph 20 of the Order establishes that the role of the Care Manager is to coordinate multiple services that are delivered in a therapeutic manner.... Additionally, the Care Manager is responsible for *promoting* integrated services, with links between child-serving agencies and programs and mechanisms for planning, developing and coordinating services. *[Emphasis supplied.]* MassHealth cannot compel other state agencies to “integrate” care planning with ICC, but we CAN require ICC to ensure that the ICC care plan reflects and coordinates with other care/service plans that exist for the youth.

The language in Core Concepts that describes the “core issues that frequently require consideration and attention” helpfully emphasizes efforts to address these dimensions, and not outcomes of the efforts.

In the probe questions, #2 “Which agencies should be involved with each of the intervention strategies?” This question needs to acknowledge the role of youth/family choice in deciding who to work with, and not penalize the ICC provider for decisions that may lie entirely within the control of the youth and family.

#### Practice Review 6: Outcomes and Goals

In the probe questions, #2, the question goes beyond the scope of the remedy when it asks whether the “interveners (?)” have “resolved outstanding legal requirements or constraints and any other conditions for achieving family independence?” In question #3, the sentence beginning “Conversely...” should be struck and replaced with something like “Has the Care Coordinator appropriately worked with the DCF representative on the Care Planning Team to try to ensure that s/he understands the mental health treatments that must be provided and supported to achieve improved functions and outcomes?”

#### Practice Review 7: Matching Interventions to Needs

The Focus Measure, Core Concepts, probes and Ratings all assess whether “all planned elements of therapy, assistance and support for the youth and family fit together into a sensible combination and sequence that is individualized to match their identified needs and preferences.” (Core Concepts) The language asserts: “Behavioral health services should be integrated with services through schools and other child-serving systems to form a cohesive fit for the family.”

This section reflects the CSR’s design as a tool to measure case practice in a System of Care. As stated previously, neither the ICC Care Coordinator, provider agency, MassHealth health plan or MassHealth itself, has any ability, legal authority or obligation to compel other elements of the service delivery system to participate in ICC or to provide specific services or supports to the youth or family. Practice Review 7 is too broad.

#### Practice Review 8: Coordinating Care

The language of this section appears to be aligned with Wraparound, with one exception. The language overstates the authority of the Care Coordinator across providers and service delivery systems. The second sentence in “Core Concepts” states: “A single point of coordination, integration and leadership is necessary to plan, implement, monitor, modify/adjust, and evaluate essential service functions and results for the family, regardless of the number of agencies involved.” The third sentence is more accurate, referring to the Care Coordinator as providing a “coordinating function.” The rest of the language under “Core Concepts” is a good summary of the Care Coordinator’s role.

Probe questions 1, 2, 10 confuse effort with outcomes:

# 1 – “Do all involved in the service process, including family members, have a common understanding of the plan?” Better question would be: “Has Care Coordinator made appropriate efforts to ensure that all involved....”

# 2 – Should focus on effort of Care Coordinator to achieve coordination, not on actions of all team members, providers and service systems to perform according to the Care Plan.

#10 – “Do...all participants in the youth/family change process collectively share a sense of accountability for achieving desired results for this youth/family’s goals for independence?” This is not a measure of the Care Coordinator/IHT clinician...this is a measure of all actors in the system – beyond the scope of this review.

In probe question #9 – the issue here is not “ability” to “press accountable parties to meet requirements and commitments of the service provision responsibilities”, but authority to do so. Mass Health’s health plans, have the authority to enforce provider agreements in order to ensure that medically-necessary services are provided according to specifications. The Care Coordinator, MassHealth’s health plans and MassHealth have no legal authority with which to “press” certain “accountable parties”, such as local education authorities, probation or juvenile or adults courts.

Ratings – assess the Care Coordinator’s ability to achieve the outcome of integrated care, which is dependent on other actors, rather than the Care Coordinator’s effort and skill applied to achieve that goal.

#### Practice Review 9: Service Implementation

In all areas of this Practice Review, the language needs to acknowledge that the Care Coordinator, IHT clinician, MassHealth’s health plans and MassHealth do not have control over all of the entities involved in implementing services pursuant to the care plan or treatment plan. The scope needs to be narrowed to assess the implementation of MassHealth services only.

#### Practice Review 10: Availability and Access to Resources

In all areas of this Practice Review, the language needs to acknowledge that the Care Coordinator, IHT clinician, MassHealth’s health plans and MassHealth do not have control over all of the entities involved in providing services and supports. The scope needs to be narrowed to assess the implementation of informal, natural supports and MassHealth services, only.

#### Practice Review 11: Adapting and Adjustment

The language in this section is good, however, in a few places it evaluates actions by ALL team members, which as previously stated, is not under the control of the remedy service provider, MassHealth’s health plans or MassHealth.

### Practice Review 12: Transitions and Life Adjustments

This section evaluates performance of systems beyond MassHealth (probe questions 3 and 4). Language of the Focus Measure should clarify that the Practice Review is limited to the work of the Care Coordinator or IHT clinician to appropriately anticipate and lead a planning process to address transition needs. Delivery of necessary transitional services is beyond the proper scope of this review, unless it involves MassHealth providers only.

In the ratings, it appears that the second sentence focuses on care coordination activities: planning and arranging for services, not on the provision of services by other systems (such as adult disability agencies or schools). The last sentence however, appears to assess services outside of MassHealth.

### Practice Review 13: Responding to Crises and Safety Planning

The language in this section needs to make clear to reviewers that they are only assessing providers of MassHealth services in this Practice Review.

In the rating descriptions, outcomes are conflated with efforts. The Care Coordinator or IHT clinician should be assessed on the quality of the crisis and safety plan and his/her efforts to communicate necessary information about the plan with all relevant people in the youth's life. They should not be assessed on whether "all appropriate people" in the youth's life "are fully prepared to recognize early indicators of the onset of a crisis...etc."