



## *In-Depth*

### **Executive Summary of a CT Health Evaluation**

April 2008

#### **CHILD SPECIFIC TEAM PROJECT CROSS-SITE REPORT**

##### *Final Evaluation Report*

*Summary of the full report prepared by the Consultation Center, a cooperative endeavor of: The Department of Psychiatry of Yale University School of Medicine, the Connecticut Mental Health Center, and The Consultation Center, Inc.*

#### **OVERVIEW**

How well are the needs of a child who is diagnosed with a serious emotional disturbance (SED) being met by the Child Specific Team (CST) process adopted by the Lower Naugatuck Valley, Southeastern Connecticut and Waterbury system of care collaboratives? That is the focus of an evaluation funded by the Connecticut Health Foundation (CT Health) in September 2005.

The CST is a selected group of professionals, family members and natural “supports” (e.g. friends, community groups) involved in creating a plan to meet the needs of children diagnosed with an SED and their families.

The goal: Use the resources of all involved members, including the child, to improve his/her mental health.

The evaluation includes the Checklist of Indicators for the Process and Planning (ChIPP) instrument (Walker, Korloff & Schutte, 2003). ChIPP identifies strengths and areas for modification in the CST process to ensure comprehensive planning, monitoring and evaluation of “family-driven” and strength-based care for children with severe emotional health issues.

This will lead to improved:

- Plan compliance
- Mental health outcomes

*The Child Specific Team process goal is to use the resources of all involved members, including the child, to improve the child's mental health*

## ABOUT ChIPP

ChIPP is a checklist with 34 indicators of effective research-based teamwork practices. Members of each collaborative were trained by the evaluation team to use ChIPP for observational scoring during a CST meeting.

To provide meaningful summaries for analysis, ChIPP data was submitted to the evaluation team by each site after it collected data from at least 10 observations. The evaluation team then provided each site with:

- A summary analysis of ChIPP scores
- Recommendations for addressing lower indicator scores

Evaluation reports were intended to:

- Help each collaborative understand its CST process
- Identify areas for improvement

## FOUR CONTENT AREAS

Analysis of ChIPP results describes the frequency of observing each indicator in four content areas:

- **Practice Model:** Types of knowledge and skills necessary to align a CST with the principles of wraparound (family, community and service systems working together) while promoting team cohesiveness and high-quality planning
- **Collaboration/Partnerships:** Assessment of whether the appropriate representatives are on the team, and are prepared to attend meetings, participate collaboratively, and make decisions and commitments
- **Acquiring Services/Supports:** Awareness of services and supports; ability to identify/develop natural supports, tailor services to expressed family needs
- **Accountability:** Documentation of goals, action steps and progress indicators of CST meetings

## RESULTS

Cross-site results of the CST process indicate that the sites were able to use ChIPP data to identify process improvement areas. Across sites, it was determined that the structural aspects within the Practice Model would be good first steps in addressing the low indicator scores.

Sites were able to:

- Formalize their processes for inviting participants
- Create awareness of the CST process through promotional materials

- Support care coordination staff with guidance and strategies to help with time management during CST meetings

Lack of data on follow-up points for two of the three sites makes it impossible to determine if scores slipped over time or if employing these structural strategies could have indirectly affected other indicator scores.

## LESSONS LEARNED

Sites implemented the following strategies, which yielded positive results in related ChIPP scores from baseline to follow-up:

- A formal written invitation was created and is distributed to all invited members well in advance of the meeting.
- A formal written agenda is now used to encourage better time management at the meetings, to honor the time of the members at the table by ensuring that meetings begin and end on time, and to provide the team with a clear view of the meeting's purpose.
- A practice of discussing the role and purpose of the team, primarily at the first CST meeting, was created.
- Plans were more formally written and discussed, with clear roles and responsibilities assigned for all members of the CST session.
- The family's mission is now displayed at every CST meeting to help members stay on task.
- The child/youth is now always invited to attend the CST meeting. The sites decided that the decision about whether or not the child/youth should attend is the family's decision, not a provider's decision.
- A practice of ensuring that the youth/caregiver story is stated first at the CST meetings was created to ensure that the CST focus is family-driven.

## RECOMMENDATIONS

- **Continue assessments:** The Department of Children and Families should consider implementing ChIPP or a related tool measuring wraparound fidelity. Results from the cross summary and site-specific reports indicate that collecting data on the CST process helps provide structure to care coordinators facilitating meetings, as well as key information to help improve the CST process.
- **Materials:** The state should review some of the materials created by the sites, like the CST parent brochure, and consider using them statewide to help families and providers better understand the CST process.

*(continued on page 3)*

## CROSS-SITE STRATEGIES AND INDICATOR SCORES OVER TIME

INDICATOR	STRATEGY ASSOCIATED WITH INDICATOR	Aggregate Baseline Score (A Level)	Aggregate Follow-up Score (A Level)
Attendance	A formal written invitation was created and is distributed to all invited members well in advance of the meeting.	58.3%	84.8%
Agenda	A formal written agenda is now used to encourage better time management at the meetings, to honor the time of the members at the table by ensuring that meetings begin and end on time, and to provide the team with a clear view of the purpose of the meeting.	19.4%	97.0%
Meeting Structure	A formal written agenda is now used to encourage better time management at the meetings, to honor the time of the members at the table by ensuring that meetings begin and end on time, and to provide the team with a clear view of the purpose of the meeting. A practice of discussing the role and purpose of the team, primarily at the first CST meeting, was created. Plans were more formally written and discussed with clear roles and responsibilities assigned for all members of the CST session.	38.9%	97.0%
Mission	The family's mission is now displayed at every CST meeting to help members stay on task.	41.7%	93.9%
Plan	Plans were more formally written and discussed with clear roles and responsibilities assigned for all members of the CST session	63.9%	93.9%
Youth Voice	A practice of ensuring that the youth story is stated first at the CST meetings was created to ensure that the CST focus is family-driven. The child/youth is now always invited to attend the CST meeting. The sites decided that the decision about whether or not the child/youth should attend should be the family's decision and not a provider's decision.	5.6%	51.5%
Youth Story	The child/youth is now always invited to attend the CST meeting. The sites decided that the decision about whether or not the child/youth should attend should be the family's decision and not a provider's decision.	5.6%	75.8%
Caregiver Voice	A practice of ensuring that the caregiver story is stated first at the CST meetings was created to ensure that the CST focus is family-driven.	41.7%	87.9%
Caregiver Story	A practice of ensuring that the caregiver story is stated first at the CST meetings was created to ensure that the CST focus is family-driven.	63.9%	93.9%

## REFLECTIONS

To begin laying groundwork for ChIPP data collection, several factors were noted to enhance success of the collection process:

- **Establishing buy-in:** Buy-in from the clinical director proved essential for moving the data collection process forward. The director must be a champion for this process to reduce the care coordination team's anxiety about being observed during a CST meeting, as well as to support data collection efforts.

Once data is collected and analyzed, the director is instrumental in supporting the care coordinators by helping create strategies to implement ChIPP findings.

- **Using data:** In collecting ChIPP data, the collaboratives realized the importance of providing care coordinators with the support needed to conduct a CST meeting. Support was offered in various ways:
  - One site is providing a note-taker at CST meetings to allow the care coordinator to focus on meeting facilitation.
  - Some sites also have noted the importance of meeting facilitations skills and have sent care coordinators for additional training to enhance their skills in this area.

- All sites are now aware that providers and families lack an understanding of the CST role and have created materials (i.e. brochures) to help inform participants.

- **Data collection:** ChIPP measures the CST process as it unfolds over several meetings. Therefore, to understand the CST process for any site, observations must be collected from a wide range of meetings and across care coordinators.

Once sites have data and implement strategies, it is equally important to understand how these strategies impact the CST process over time. Therefore, future data collection should involve at least two follow-up points to capture how strategies are affecting the process.

Evaluations like this one reflect CT Health's commitment to collecting and disseminating knowledge, and ensuring that the foundation continues to pursue the most effective course in achieving its mission of improving the health of Connecticut's residents.

For a copy of the complete report, email: [info@cthealth.org](mailto:info@cthealth.org).