



**CONTRACT PERFORMANCE
INDICATORS REPORT**

October 31, 2009

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Executive Summary

Hamilton Choices offers the following annual report in order to provide information on Choices' activities in the past year. This report meets Choices' contractual obligation to track and report on performance metrics.

The Multi-County Systems Agency (MCSA) has defined six outcomes – broad goals directed towards improving the lives of the children and families Choices serves. Within these broad goals, there are 27 specific benchmarks each of which are addressed individually in the main report. In FY 2009, Hamilton Choices was able to meet the established goal in 89% of these areas (N=24). The following narrative broadly outlines the overall indicators and the progress towards accomplishing the set benchmarks in each area.

- **Improved Child Functioning:** This outcome focuses primarily on the improvements that youth enrolled in Hamilton Choices evidence in life domain functioning and in reducing problem behaviors. Data used comes primarily from the Ohio Youth Scales and shows that over 80% of youth with activity in FY 2009 had improvement in either functioning or problem severity. Other benchmarks in this area relate to the reduction of substance use and juvenile justice involvement by enrolled youth. Hamilton Choices was successfully able to meet all established benchmarks under this outcome.
- **Improved Family Functioning:** Because the work of Hamilton Choices is all done within the context of Child and Family Teams, this outcome focuses on the success of the project in improving family functioning, maintaining satisfaction and improving the ability of families to function successfully outside of the public service system. In this area, benchmarks included the ability of Choices to successfully link families to natural supports, help parents maintain custody and prevent incidences of abuse and neglect. These benchmarks are measured using the Child and Adolescent Needs and Strengths Assessment (CANS) and were all met at the established levels. A benchmark measuring youth and family satisfaction was measured using data from the Ohio Youth Scales and was also met at the established level.
- **Appropriate Living Arrangements:** There are multiple benchmarks within this goal that relate to stability and permanence of living arrangements as well as an increase use of community rather than institutional living situations. Hamilton Choices is committed to helping youth remain in the community and with their families whenever possible. In this area, Choices met five out of the six identified benchmarks. Benchmarks accomplished include reducing restrictiveness of living environments, reducing episodes of hospital and residential placements both during and after enrollment in Choices, and the placement of youth in stable loving situations. Choices did not meet an internally established benchmark limiting residential days to 15% of all enrollment days. While this benchmark is an internal one, the reduction of residential placements continues to be a major goal for Hamilton Choices.

- **Serving Youth in our Community:** Hamilton Choices met one of three benchmarks in this area. We were successful in growing our provider network by 21% during the year, and 86% of those new providers report that they use Evidence-Based Practices in the provision of services. The two indicators not met both relate to the percentage of services purchased outside of Hamilton County. This area has declined during the fiscal year and we are currently using more out of county providers than in FY 2008. This continues to be an area of development and we are currently partnering with several agencies to develop new, needed services and supports within Hamilton County to address system gaps. Our goal is to have several new providers and community agencies offering group home, respite, mentoring, and dual-diagnosis services in FY 2010.
- **Satisfaction with Services:** Choices continues to request and utilize feedback from our partners in order to improve services. This indicator was met at the established level using data from a survey that is distributed to our system partners and providers each year. All comments from the survey are reviewed by the Executive Team at Hamilton Choices and, whenever possible, suggestions for the improvement of services are implemented.
- **Services are Cost-Effective:** Per our contract, the MCSA receives regular financial statements detailing our financial status. Financial information included in this report is meant only to serve as a broad summary of our success in providing services at a cost that can be maintained by the current case rate.

Report Summary (Exhibit A)

Outcome	Core Measures	Benchmark	Reporting Requirement	Results	Indicator Met
Improved Child Functioning	Conduct individualized, multi-disciplinary assessments	Evidence of individualized, multi-disciplinary assessments	Report on use of assessments	Over 98% of all youth active in FY 2009 received multi-disciplinary assessments.	Yes
	Assure linkage to EBPs	Evidence of development and linkage to EBPs	Report on use of EBPs	Over 500 authorizations were made to providers who use EBPs	Yes
	Assure timely access and interventions at and after enrollment	Assign care coordinator within 24 hours. Meet face-to-face with youth and family within two weeks.	Report on access measures	All CCs were assigned within 24 hours and the average number of days for a face to face meeting was 11.93	Yes
	Improve child functioning and skills	50% improvement in functioning or reduction of problem severity related to the measures.	CANS, Ohio Scales	80.20% of youth improved in either functioning or problem severity	Yes
		Evidence of improved home and community integration for enrolled youth.	CANS, Ohio Scales	67.01% of youth had improvements in functioning	Yes
	Reduce negative behaviors	Reduction in psychiatric symptoms and negative behaviors	Ohio Scales	73.60% of youth had a reduction in psychiatric symptoms	Yes
		Identify and address drug and alcohol problems and abstinence in planning and treatment	Report on AOD planning and treatment	64.71% of youth had decreased severity of substance use/abuse	Yes
		50% of Juvenile Court referred youth show decreased involvement w/juvenile justice system during their involvement with Choices.	Juvenile justice data	73.33% of youth had decreased juvenile justice involvement	Yes
		50% of Juvenile Court involved youth show decreased severity of behaviors requiring action	CANS Data	82.95% of youth had decreased severity of criminal behaviors	Yes
	Improved family functioning	Improve family involvement/satisfaction	Family satisfaction (75% of families rate in the top 2 favorable categories)	Ohio Scales	76.03% Satisfaction w/Mental Health Services 80.31% Satisfaction w/inclusion in treatment planning 80.31% Satisfaction w/listening and valuing 77.57% Satisfaction w/ including ideas
Improve family functioning		Maintain or restore custody	Clinical data	61.17% of youth maintained or were restored to parental custody.	Yes
		26.4% of youth demonstrate an improvement in family functioning from enrollment to discharge	CANS- Caregiver Needs and Strengths Dimension (Reliable Change Index)	39.17% of youth demonstrated an improvement in family functioning from enrollment to discharge	Yes
		Absence of substantiated reports of abuse and neglect for 95% of families within previous 12 months	Child Welfare/SACWIS data	96% of families had an absence of abuse/neglect reports	Yes
Improve independence from the service system		Evidence of development and linkage to natural supports	Report on use of natural supports	73% of youth had natural supports on their team and 87.6% had natural supports that assisted with youth development	Yes
		Evidence of promotion of permanency goals	Clinical data	80.91% of youth were in a placement consistent with their permanency plan.	Yes

Report Summary (continued)

Outcome	Core Measures	Benchmark	Reporting Requirement	Results	Indicator Met
Appropriate Living Arrangements	Stability of living arrangement (during program)	Improved ROLES from enrollment to discharge	ROLES-Ohio Scales	60% of youth remain in or move to a less restrictive environment	Yes
	Stability of living arrangement (after disenrollment)	85% of youth remain in a stable living arrangement for 6 months post discharge from Choices	Individual system queries 6 months after disenrollment (JFS-SACWIS)	87.27% of youth remain in a stable living arrangement for 6 months post discharge	Yes
	Achieving Permanency	Of enrolled youth with reunification as part of their treatment plan, 80% achieve stable reunification (remained reunified for at least 6 months)	SACWIS Data	100% of reunified youth remain reunified for at least six months.	Yes
	Reduced reliance on institutional living	Reduced reliance on residential placements as measured by ratio of paid residential enrollment days to total enrollment days. Internally established benchmark of 15%	TCM/Cost Data	Ratio of residential days to total days is 17.94%	No
	Reducing recurrence of residential treatment	80% of enrolled youth remain out of RT/Psychiatric Hosp. for 6 months after discharge from Choices	Post Discharge Data	82.05% of youth remained out of the hospital post discharge	Yes
	Reduce lengths of stay in institutional living environments	The average number of hosp/RT placements will decrease during the enrollment period at Choices	TCM/Cost Data	Youth had an average decrease of 118 RT/hospital days in the second half of their enrollment	Yes
Serving Youth in our Community	Increase utilization of placement services in region	Monthly percentage of paid days for placement services shall not exceed 20% for out of region placements (defined as Hamilton, Clermont, Warren and Butler)	Clinical and cost data	38.30% of paid days were out of the region	No
	Increase utilization of local providers	At least 80% of monthly placement services shall go to providers who are based in or located in Hamilton County	Clinical and cost data	61.70% of placement services went to providers in Hamilton County	No
	Development of new and Evidence-Based providers	New and EBP providers shall be developed based on assessed needs of the youth	Provider network development data	The provider network increased by 21% in FY 2009	Yes
Providers and consortium members are satisfied with care coordination	Satisfaction with services	80% of responses are in the top two favorable categories (strongly agree) and (agree).	Provider/Consortium Member Satisfaction Survey	80% of respondents were satisfied with services provided by Hamilton Choices	Yes
Services are cost effective	Medicaid usage	Aggregate FFP for direct care and care coordination/case management meet projected targets	TCM & MACSIS	Medicaid expenditures are at 92% of the targeted amount to date	Yes
	Spending meets established targets	Monthly spending does not exceed case rates-budgeted to actual monthly costs and revenue for Direct Services	TCM	See Report	Yes

FY 2009: Highlights

- **Improved Mental Health Status/Functioning:** Hamilton Choices continues to measure outcomes in mental health status and functioning using the Ohio Consumer Outcomes (OCO). Hamilton Choices continues to administer all three OCO assessments at the same frequency previously mandated by the Ohio Department of Mental Health. In the analysis conducted for this report, over 80% of youth enrolled in Hamilton Choices for at least 12 months show improvements in functioning or mental health problems during their enrollment period. In a similar study conducted by the Hamilton County Mental Health and Recovery Services Board (HCMHR SB), Hamilton Choices had the highest percentage of clients showing improvement in one of these areas among all county agencies currently submitting OCO data to the Board. Hamilton Choices also continues to rank very highly among agencies in the production of OCO data with over 95% of expected data being submitted.
- **Post-Discharge Follow-Up:** During FY 2009, Hamilton Choices instituted procedures for the systematic collection of post-discharge follow-up information. This process is designed to assist Hamilton Choices and its funding partners in capturing outcomes for youth and families once they have been discharged from services. While the response rate from families after discharge is currently only about 29%, that group reported that over 82% of youth had remained out of the hospital after discharge. Additionally, 70% had no encounters with law enforcement and 70% reported that Hamilton Choices had a positive impact on their family overall. In FY 2010 efforts will be made to improve the response rate of families after discharge as well as to work more closely with individual system partners to collect post-discharge data that is most useful to them.
- **Provider Partnerships:** Hamilton Choices continues to actively seek opportunities to address gaps in the service system and increase the types of services available to youth and their families in Hamilton County. During the year, Hamilton Choices wrote an implementation grant for a therapeutic respite program for youth with co-occurring mental health issues and developmental disabilities. This grant was awarded to a local provider agency that has been actively engaged with Hamilton Choices in the development of these services. Hamilton Choices has also begun partnering with agencies around the development of provider report cards. We have begun a process of looking at several outcome indicators for residential providers and hope to expand the areas we are evaluating in FY 2010. The provider network continues to grow and over 14 new providers were added in FY 2009. Currently over 70% of the providers in our network report the use of Evidence-Based Practices and approximately 500 referrals were made to those programs in FY 2009.
- **Resource Guide:** During this fiscal year, Hamilton Choices has developed an extensive, electronic resource guide of available community services and natural supports. This resource guide covers many types of community services from

foodbanks to recreational programs and can be used by Child and Family Teams to develop sustainable service plans. In conjunction with our FY 2010 goal of increasing and better reporting the types of low/no cost services used by youth and families, this resource guide will continue to be enhanced and expanded.

FY 2010: Goals and Opportunities

In addition to the indicators outlined in the contract, Hamilton Choices is looking ahead to a number of additional goals for the upcoming fiscal year.

- **Improved Outcome Reporting:** Choices continues to actively work with the MCSA to define the outcome indicators that best capture and measure the work of Hamilton Choices. Choices is committed to providing outcomes data that is helpful to our system partners, easy to understand and useful in the decision making process for our partners and for the internal quality improvement processes within Hamilton Choices.
- **Fidelity to the Model:** Choices is committed to providing services within the framework of High-Fidelity Wraparound (HFWA). During FY 2010, our goal is to use the Wraparound Fidelity Index (WFI) to measure our success in implementing HFWA. Choices is exploring options for conducting this evaluation and developing an on-going plan for fidelity measurement. The goal is to have a baseline fidelity score in time for the FY 2010 report.
- **Increasing Low/No Cost Services:** In an effort to ensure that youth and families succeed in the community, Hamilton Choices actively seeks on-going services and natural supports that can be utilized by youth and families after they are discharged from formal services. A major goal for FY 2010 is to better capture the types and amounts of no/low cost services used by families. Choices is currently working on adapting our information management system to support this goal. Once operational, data will be available on what services are being used in the community.
- **On-Line Billing:** A final goal for FY 2010 is the implementation of on-line billing for our providers. This service will enable providers to electronically submit invoices and reconcile differences in authorizations. This process will streamline the payment process and increase the efficiency of financial operations within Hamilton Choices.

**Contract Performance Indicators:
July 1, 2008 – June 30, 2009**

The data presented in this report includes clients with activity in Fiscal Year 2009.

A complete discussion of the methodology used to analyze and report performance data will be available in a separate methodology section of this report available on-line at www.ChoicesTeam.org.

Date range for source data

Active Case Status:	July 1, 2008 – June 30, 2009 (FY 2009)
Remain Open:	Open Case status as of June 30, 2009
Disenrolled:	Open on 7/1/2008 and closed as of 6/30/2009
Financial:	Paid Claims for services provided between 3/1/2008 – 2/28/2009
	<ul style="list-style-type: none"> • <i>Previous report ended at February 2008. This allows for the use of only paid claims.</i>

Client Demographics

Table 1 - FY 2009 Race		
Race	FY 2009	
	N	% of Total
African American	206	63.00%
Caucasian	106	32.42%
Asian	1	0.31%
Hispanic	1	0.31%
Other	13	3.98%
TOTAL	327	100.00%

Table 2 - FY 2009 Gender		
Gender	FY 2009	
	N	% of Total
Male	207	63.30%
Female	120	36.70%
TOTAL	327	100.00%

Table 3 - Race Comparison						
Race	FY 2009		FY 2008		FY 2007	
	N	% of Total	N	% of Total	N	% of Total
African Amer.	206	63.00%	234	61.58%	263	62.92%
Caucasian	106	32.42%	131	34.47%	139	33.25%
Other	15	4.59%	15	3.95%	16	3.83%
TOTAL	327	100.00%	380	100%	418	100%

FY 2006		FY 2005		FY 2004		11/1/2002 to 6/30/2003	
N	% of Total	N	% of Total	N	% of Total	N	% of Total
258	57.72%	237	58.23%	215	60.56%	174	56.86%
172	38.48%	158	38.82%	126	35.49%	117	38.24%
17	3.80%	12	2.95%	14	3.95%	15	4.90%
447	100%	407	100%	355	100%	306	100%

Table 4 - Age at Enrollment Comparison						
Age at Enrollment	FY 2009		FY 2008		FY 2007	
	N	% of Total	N	% of Total	N	% of Total
0-6	8	2.45%	4	1.05%	4	0.96%
7-10	53	16.21%	50	13.16%	57	13.64%
11-13	102	31.19%	120	31.58%	136	32.54%
14-16	154	47.09%	189	49.74%	204	48.80%
17-18	10	3.06%	17	4.47%	17	4.07%
Over 18	0	0.00%	0	0.00%	0	0.00%
TOTAL	327	100.00%	380	100%	418	100%

FY 2006		FY 2005		FY 2004		11/1/2002 to 6/30/2003	
N	% of Total	N	% of Total	N	% of Total	N	% of Total
9	2.01%	7	1.72%	8	2.25%	3	0.98%
67	14.99%	54	13.27%	37	10.42%	20	6.54%
146	32.66%	111	27.27%	89	25.07%	70	22.88%
207	46.31%	202	49.63%	171	48.17%	142	46.41%
18	4.03%	30	7.37%	44	12.40%	62	20.26%
0	0.00%	3	0.74%	6	1.69%	9	2.94%
447	100%	407	100%	355	100%	306	100%

Table 5 - Referral Source		
Referral Source	FY 2009	
	N	% of Total
JFS	167	51.07%
MHR SB-MH	105	32.11%
MHR SB-AOD	1	0.31%
JC	29	8.87%
MRDD	25	7.65%
Total	327	100.00%

System Eligibility

Using rules developed by the MCSA listed below, Care Supervisors reviewed the 191 open cases that met the following criteria.

- Active during FY 2009
- Open at least 60 days
- Open on June 30, 2009

System Eligibility Criteria

	AOD	JFS	Juvenile Court	Mental Health	MRDD
Eligible	Completed substance abuse assessment indicates need	Open case status- case management only	Delinquency Court involvement within the last two years	Completed mental health assessment indicates need	OEDI/COEDI- Yes
Not Eligible	Completed substance abuse assessment indicates no need	No or closed case status	No contact in last two years	Completed mental health assessment indicates no need	OEDI/COEDI- No

Because the indicator is measured at a specific point in time rather than for the entire period of activity, this data is for a subset of youth served who meet the above criteria. N = 191 youth.

Table 6 - System Eligibility Comparison						
System Eligibility	FY 2009		FY 2008		FY 2007	
	N	% of Total	N	% of Total	N	% of Total
JFS	113	59.16%	126	61.46%	112	57.14%
MHR SB-MH	191	100.00%	205	100.00%	196	100.00%
MRDD	37	19.37%	46	22.44%	49	25.00%
JC	102	53.40%	103	50.24%	123	62.76%
MHR SB-AOD	17	8.90%	17	8.29%	34	17.35%

FY 2006		FY 2005		FY 2004	
N	% of Total	N	% of Total	N	% of Total
123	56.68%	113	50.45%	113	52.56%
217	100.00%	224	100.00%	185	86.05%
51	23.50%	79	35.27%	79	36.74%
130	59.91%	104	46.43%	90	41.86%
27	12.44%	31	13.84%	13	6.05%

Table 7 - System Complexity Comparison						
System Complexity	FY 2009		FY 2008		FY 2007	
	N	% of Total	N	% of Total	N	% of Total
Eligible for 1 System	13	6.81%	13	6.34%	6	3.06%
Eligible for 2 Systems	104	54.45%	108	52.68%	87	44.39%
Eligible for 3 Systems	58	30.37%	69	33.66%	80	40.82%
Eligible for 4 Systems	15	7.85%	14	6.83%	21	10.71%
Eligible for 5 Systems	1	0.52%	1	0.49%	2	1.02%
TOTAL	191	100%	205	100%	196	100%

FY 2006		FY 2005		FY 2004	
N	% of Total	N	% of Total	N	% of Total
6	2.76%	12	5.36%	32	14.88%
104	47.93%	118	52.68%	113	52.56%
95	43.78%	73	32.59%	58	26.98%
11	5.07%	21	9.38%	12	5.58%
1	0.46%	0	0.00%	0	0.00%
217	100%	224	100%	215	100%

Table 6 represents all supervisor ratings using the business rules for system eligibility for youth who had been open at least two months and had an open case status as of June 30, 2009. The percent (%) of total is calculated by taking the number of kids eligible for each system and dividing by 191 (the total number of youth rated). The degree to which each system is represented by rated youth can be seen from this table.

Table 7 uses the same eligibility data and further quantifies the complexity of the youth served by Hamilton Choices. The percent (%) of total in Table 7 is calculated by taking the number of youth eligible in multiple systems and dividing by the total number of youth rated. When interpreting this data, it is important to note that eligibility criteria were applied as of June 30, 2009. Youth may have had prior or subsequent involvement with other systems. Likewise, children involved in multiple systems at the time of enrollment may, as a result of changes in legal or other status, have eligibility in only one system at the time of the report. This would account for the percent of children eligible for only one system (6.81%) in Table 6.

Outcome 1: Improved Child Functioning

Core Measure: Use of Individualized, Multi-disciplinary Assessments

Hamilton Choices uses several comprehensive assessment tools to form the basis of all treatment interventions. These assessments fall into two major categories. The first is a clinical diagnostic assessment that starts with the initial diagnostic assessment which is completed by the Clinical Director prior to opening the case. This initial assessment is based upon the information received from the MCSA and ends with the comprehensive clinical diagnostic assessment. This assessment is conducted by an independently licensed clinician and looks at the child holistically, by way of a bio-psycho-social assessment which stresses these factors and the impact they have on the client's mental health, level of functioning and needs. The assessment includes interviews with the child and family, other treatment providers and incorporates information from other services systems in which the child is involved including the referral packet received from the MCSA. This information includes court reports, abuse and neglect reports, past treatment summaries, Public School Evaluation Team Reports with included testing, and previous diagnostic assessments. The treatment recommendations that are formulated as a result of this assessment form the basis for the individualized service plan and drive all future treatment interventions. The diagnostic assessment is conducted on all children enrolling in Hamilton Choices. Beginning in FY 2009, diagnostic assessments are updated yearly in order to reassess and make any needed changes or updates. This allows for the inclusion of the knowledge that the care coordinator and the Child and Family Team are able to bring to the table after working intensively with the Child and Family Team. Additionally, the diagnostic assessments are also reviewed and updated earlier as needed if the diagnostic picture changes. The most common reasons for updating earlier than one year are changes in mental status or significant changes in behavior.

For all youth with activity in FY 2009, all but one had an assessment completed (N=326). One youth was discharged after only 4 days and no assessment was completed. Of these youth, 92.02% (N=300) had an initial assessment completed within their first 3 days of enrollment. 95.09% had an initial assessment completed within the first 5 days of enrollment.

The second major type of multi-disciplinary assessment used at Hamilton Choices is the Child and Adolescent Needs and Strengths Assessment (CANS). This assessment is primarily a measure of functioning and symptom distress in domains across the child's life. This assessment is conducted within 30 days of enrollment, every 90 days in conjunction with the individualized service plan, and at discharge. The CANS is designed to capture strengths and treatment needs in all life domains as well as specialized needs associated with drug and alcohol use, juvenile delinquency, intellectual disabilities, abuse and neglect, and behavior such as fire setting or sexual aggression. These specific needs are captured in modules which are added on to the base CANS as indicated.

Table 8 shows the number of youth identified as having needs in the specific areas addressed using the CANS.

Table 8 - Multi-Disciplinary Assessment Areas		
Assessment Area	Total Youth=327	
	N	% of Total
Base CANS (mental health)	322	98.47%
Trauma (abuse & neglect)	212	64.83%
Developmental Disabilities	169	51.68%
Substance Abuse	106	32.42%
Sexual Aggression	85	25.99%
Juvenile Justice	188	57.49%
Fire Setting	71	21.71%
Self Sufficiency (transition to adulthood)	108	33.03%

Core Measure: Development and Linkage to Evidence-Based Practices

Hamilton Choices is pleased to have a provider network that offers a diverse range of services to meet the needs of the youth and families we serve. In FY 2009, our provider network consisted of over 80 unique community providers. Within this network, many providers offer multiple programs for a total of over 100 different programmatic options available to youth and families. As the use of Evidence-Based Practices (EBPs) has become more wide-spread throughout the provider community, Hamilton Choices has been increasingly able to link youth and families to these services. In FY 2009, approximately 500 authorizations were made to providers using evidence-based and clinical best practices. Table 9 shows the providers utilized in FY 2009 and the number of authorizations made to the EBPs and clinical best practices offered by each of those providers.

Table 9 - Current Use of Evidence-Based and Clinical Best Practices		
Provider	Evidence-Based Practices Offered	Number of Cases Authorized for Services
Adriel	Cognitive Behavioral Therapy; Teaching Family Model	7
Applied Behavioral Services	Applied Behavioral Analysis	37
The Bair Foundation	Relational Healing Model	3
Aware-Dr. S. Bassman	Cognitive Behavioral Therapy; Corrective Thinking	6
Beech Acres	Parent Child Interaction Therapy; Cognitive Behavioral Therapy	5
Beech Brook	Parent Child Interaction Therapy; Cognitive Behavioral Therapy	5
Belmont Pines	Cognitive Behavioral Therapy; Trauma Informed Care	2

Gary Boyle, MA, PCC	Cognitive Behavioral Therapy; Solution Focused Therapy	4
Dr. James Brush	Cognitive Behavioral Therapy	2
Buckeye Ranch	Multi-Systemic Therapy; Parent Child Interactional Therapy	27
Camelot Community Care	Multi-Dimensional Family Therapy; Cognitive Behavioral Therapy	39
Carrie Mason-Sears, PhD	Behavioral Analysis; Play Therapy	9
Centerpoint	Cognitive Behavioral Therapy; Solution Focused Brief Therapy	10
Chris Chatfield, LISW	Cognitive Behavioral Therapy	2
Children's Home of Cincinnati	Teaching Family Model; Trauma Focused CBT; PCIT; Play Therapy	43
Chileda	Applied Behavioral Analysis	1
Cincinnati Children's Hospital Medical Center	Collaborative Problem Solving; Trauma Focused CBT; Horticulture Therapy; Other experiential therapies	29
Cornell Abraxas	Cognitive Behavioral Therapy, Corrective Thinking	1
Damar	Applied Behavioral Analysis	4
Declare	Cognitive Behavioral Therapy; Trauma Focused Therapy; Solution Focused Therapy; Corrective Thinking	2
Ena, Inc	Cognitive Behavioral Therapy	2
Foundations For Living	Cognitive Behavioral Therapy	1
Gibault	Cognitive Behavioral Therapy; Corrective Thinking	2
Indiana Developmental Treatment Center	Dialectical Behavior Therapy; Applied Behavioral Analysis	1
Kelly Youth Services	Cognitive Behavioral Therapy; Solution Focused Therapy	1
James Kelly, PhD	Cognitive Behavioral Therapy; Solution Focused Therapy	16
Lighthouse Youth Services	Trauma Focused CBT; Solution Focused Therapy; Functional Family Therapy	85
Shawn Masters, MA, PCC	Trauma Focused CBT; Solution Focused Therapy; Functional Family Therapy	13
Oesterlen	Corrective Thinking; Applied Behavioral Analysis; Cognitive Behavioral Therapy	5
Ohio Hospital for Psychiatry	Collaborative Problem Solving	2

Pressley Ridge	Parent Child Interaction Therapy; Cognitive Behavioral Therapy	22
Resident Home Corporation	Applied Behavioral Analysis; Parent Child Interactional Therapy; Cognitive Behavioral Therapy	7
Saint Aloysius	Multi-Systemic Therapy; Family Teaching Model,	18
Saint Joseph Orphanage	Parent Child Interaction Therapy; Cognitive Behavioral Therapy	66
Specialized Counseling Services	Applied Behavioral Analysis; Behavioral Therapy	1
Starr Commonwealth	Cognitive Behavioral Therapy, Corrective Thinking	5
Talbert House	7 Challenges Model; Cognitive Behavioral Therapy	11
ViaQuest	Casey Life Skills	2
YWCA Amend Adolescent Program	Cognitive Behavioral Therapy; Corrective Thinking;	2
Total Referred		500

Core Measure: Timely Access to Services

Table 10 – Access to Service after Referral N=100			
Criteria	Expected	Achieved	Indicator Met
Assign Care Coordinator	> 24 hours	100%	Yes
Meet face to face with youth & family/guardian	> 14 Days	11.93 Days	Yes

New cases received from the MCSA Oversight Committee are enrolled within 24 hours of Hamilton Choices receipt of the case. The Care Coordinator (CC) assignments are made by the Clinical Director. All historical and referral information is reviewed by the Clinical Director and an initial diagnostic assessment and recommendations are developed. Copies of the intake referral information and the initial diagnostic assessment are distributed to the Care Coordinator, Care Supervisor, Director of Operations, and the Clinical Manager.

The CC is expected to make initial telephone contact with the guardian and the referral source within 48 hours of receiving the case, and to coordinate a face-to-face meeting with the family and/or guardian within five business days of opening the case whenever possible. At the first meeting with parents/guardians, intake

paperwork is completed and development of an initial treatment plan (ISP) and crisis plan begins. Within two weeks of enrollment, the CC will begin to assemble the Child and Family Team, administer the Child and Adolescent Needs Assessment (CANS) with the family and identified team members, and begin development of a comprehensive ISP and crisis plan. Providers involved with the family as well as natural supports and family members are included in the development of these plans. A full team meeting must be held and the full ISP must be developed and reviewed by the entire Child and Family Team within 30 days of enrollment with Hamilton Choices.

When a child is enrolled in a state of acute crisis, the timeline expectations are expedited to help ensure that crisis needs are met as quickly and thoroughly as possible. The Care Coordinator will still make every attempt to meet with the family and gather other team members together, but some crisis planning may begin before the first full team meeting as needs dictate. If immediate action is required to ensure the safety of the child or maintain the integrity of the family, action can begin immediately. This may include development of a refined and detailed crisis plan, immediate access to crisis service and exploration of out-of-home placement options if the needs indicate that level of care. In an effort to expedite the processes, Hamilton Choices' Care Coordinators will meet with families at a time and place most convenient for them. This can include times before or after regular office hours and locations such as schools, family homes or hospital or detention settings as needed.

When asked specifically about the accessibility of services provided by Hamilton Choices for families, over 96% of team members completing the provider survey agreed that services were accessible and that Hamilton Choices' Care Coordinators were willing to meet with families at times and locations convenient for those families.

Table 11 - Accessibility of Services N=54					
Criteria	Numerator	Denominator	Expected	Achieved	Indicator Met
Services provided by Hamilton Choices are accessible to families	52	54	Not Defined	96.30%	Yes

**Core Measure: Improve Child Functioning and Skills and
Core Measure: Reduce Negative Behaviors- Psychiatric Symptoms**

During FY 2009 the use of Ohio Consumer Outcomes by publicly funded mental health agencies in Ohio became optional at the state level. However, the Hamilton County Mental Health and Recovery Services Board as well as the MCSA have maintained their commitment to the use of these scales as a measure of both functioning and problem severity for youth receiving mental health services. Hamilton Choices has continued to administer the Ohio Scales to all youth and their caregivers at the same frequency as previously mandated by the Ohio Department of Mental Health.

Results from the Ohio Scales show that over 80% of youth enrolled in Hamilton choices for at least 12 months showed improvement in either functioning or problem severity. The change observed is a statistically significant decrease in the severity of problems experienced by youth enrolled in Choices for at least 12 months and a corresponding improvement in the level of functioning for these same youth. Data is based on parent/guardian/caregiver ratings and reflects their perspective of the degree of change for their child. This analysis includes youth enrolled during FY 2009 with a length of stay greater than 12 months and at least two administrations of the Ohio Scales. Four youth had missing data, so this analysis accounts for 98% of the total universe.

For this report, improvements in functioning and problem severity were captured in two ways. Table 12 looks at the percentage of youth enrolled greater than 12 months who improved in either area. While not specifically required, this is further broken down to show the percentage of youth who improved in each subscale and the percentage of youth who improved in both.

Table 13 shows the average change in mean scores for each subscale using the earliest and most recent assessment for all youth in the analysis.

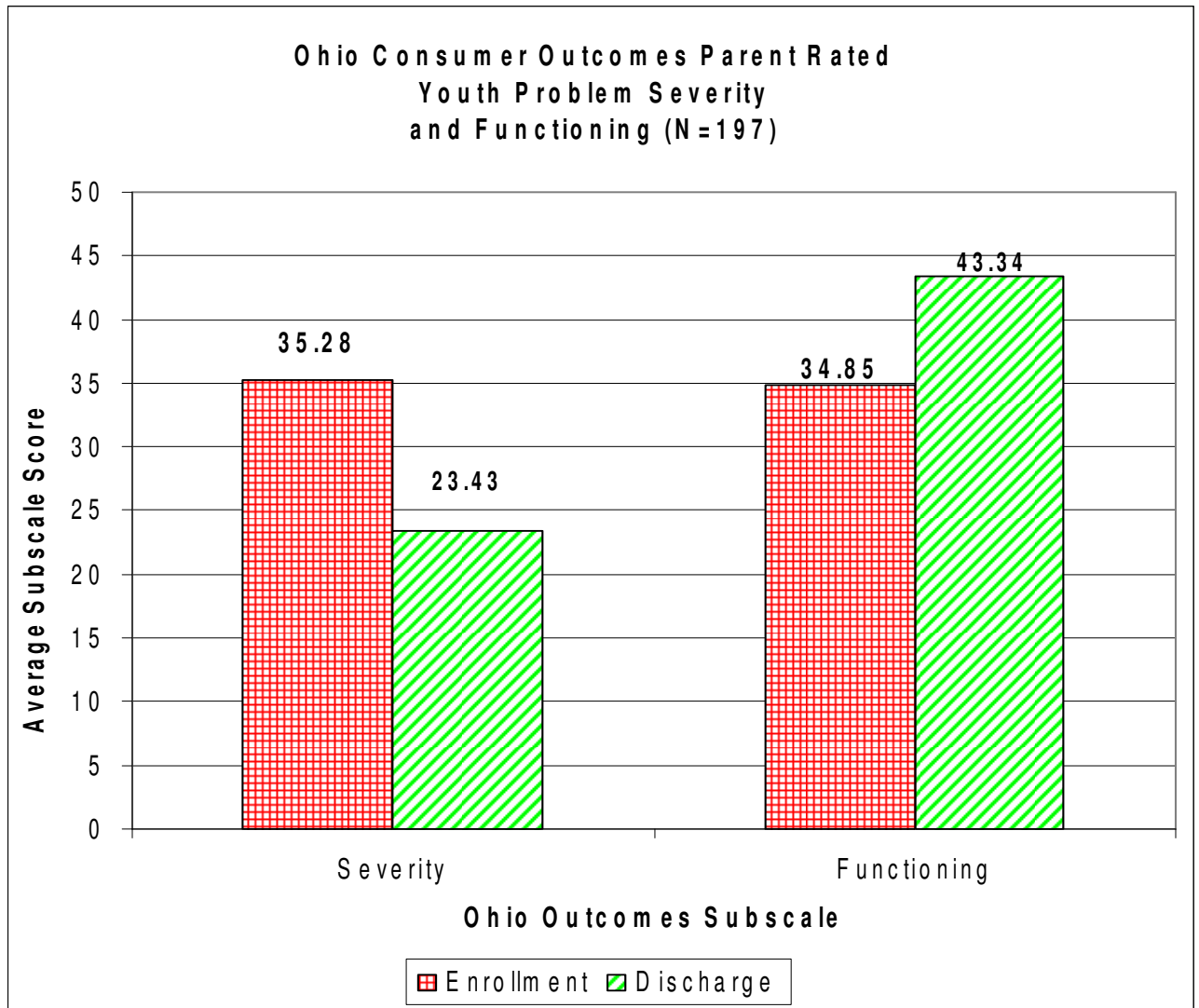
Table 12 - Ohio Scales: Parent Rated Youth Functioning and Problem Severity N=197			
Criteria	Expected	Achieved	Indicator Met
Youth with improvement in either functioning or problem severity	50%	80.20%	Yes
Youth with improved functioning	Not defined	67.01%	N/A
Youth with decreased psychiatric symptoms	Not defined	73.60%	N/A
Youth with improvement in both functioning and problem severity	Not defined	60.41%	N/A

Table 13 - Ohio Scales: Parent Rated Youth Functioning and Problem Severity N=197			
Criteria	Expected	Achieved	Indicator Met
Average increase of 2.4 or greater on Functioning Subscale	2.4 (defined in previous contract)	8.49	Yes
Average decrease of 5.4 or greater on Problem Severity Subscale	5.4 (defined in previous contract)	11.85	Yes

Table 14 - Statistical Analysis for Parent-Rated Functioning		
Criteria	Mean	SD
First rating	34.85	15.69
Most recent rating	43.34	16.66
Change	Increase of 8.49	
Statistical Test	p<.000, t (196) =-6.021	

Table 15 - Statistical Analysis for Parent-Rated Problem Severity		
Criteria	Mean	SD
First rating	35.28	16.80
Most recent rating	23.43	16.51
Change	Decrease of 11.85	
Statistical Test	p<.000, t (196) =9.053	

Figure 1: Change in Parent Rated Problem Severity and Functioning



For these Ohio Outcomes subscales, lower average problem severity and higher average functioning denote positive change.

Core Measure: Reduce Negative Behaviors- Drug and Alcohol Use

One aspect of the individualized assessment process is to help determine treatment needs in the area of substance use/abuse.

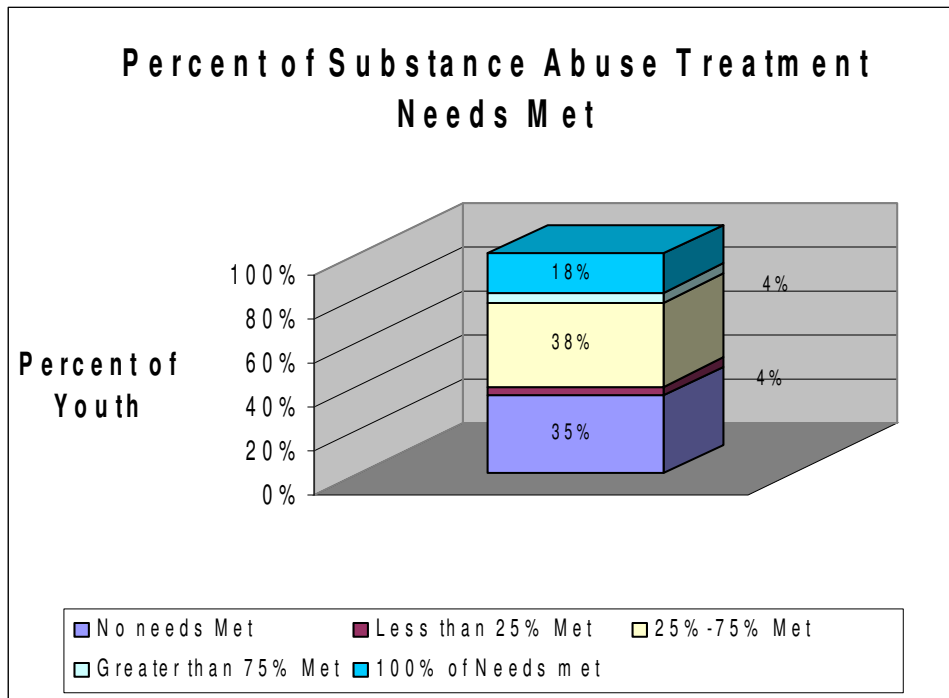
This analysis looked at all substance abuse related CANS items that were rated as actionable (2 or 3) to determine whether or not those scores decreased to a non-actionable level (0 or 1) during enrollment in Hamilton Choices. The analysis used the earliest CANS assessment in which a substance abuse module had been completed and the most recent assessment including that module. The universe for this analysis includes currently open youth as well as those youth discharged during the report period with a length of stay greater than 3 months. While the short amount of time between some assessments may make change more difficult to measure, we chose to use a shorter time span in order to maximize the number of youth available for the analysis. The items used for the analysis were:

- Substance Use
- Severity of Use
- Duration of Use
- Stage of recovery
- Peer Influences
- Parental Influences
- Environmental Influences

Results show that 68 out of the 84 youth analyzed (80.95%) had at least one actionable need evidenced on the first assessment, and of these 64.71% (N=44) had at least one of their actionable needs addressed on the most recent CANS assessment. While there was no established benchmark for this indicator, we chose 50% as an internal benchmark. This is consistent with the benchmark established by the MCSA for decreasing negative behaviors associated with delinquency or juvenile justice involvement. Since the number of actionable needs differs for each youth, Figure 2 below further quantifies the percentage of actionable needs met for each youth.

Table 16 – Substance Use/Abuse -CANS					
Criteria	Numerator (Youth with items rated 0 or 1 at Time 2)	Denominator (Youth with items rated 2 or 3 at Time 1)	Expected	Achieved	Indicator Met
Decreased severity of substance use/abuse	44	68	50%	64.71%	Yes

Figure 2: Substance Abuse Treatment Needs Met



When a child is enrolled with Hamilton Choices and substance abuse is indicated from either referral information, the DAF or the CANS, there are several options for more in-depth assessment and ongoing treatment. When the case is active with JFS and substance abuse is indicated, an IMPACT assessment and recommendations are often available to the Care Coordinator. If a comprehensive Alcohol and Other Drug (AoD) assessment was not done before referral, it can be requested through JFS even after the case is open with Hamilton Choices. Hamilton Choices also maintains an active agreement with CCAT House for urine drug screening, as well as active contracts with Talbert House and other AoD providers for assessment and both residential and out-patient drug and alcohol focused treatment.

Core Measure: Reduce Negative Behaviors- Juvenile Justice Involvement

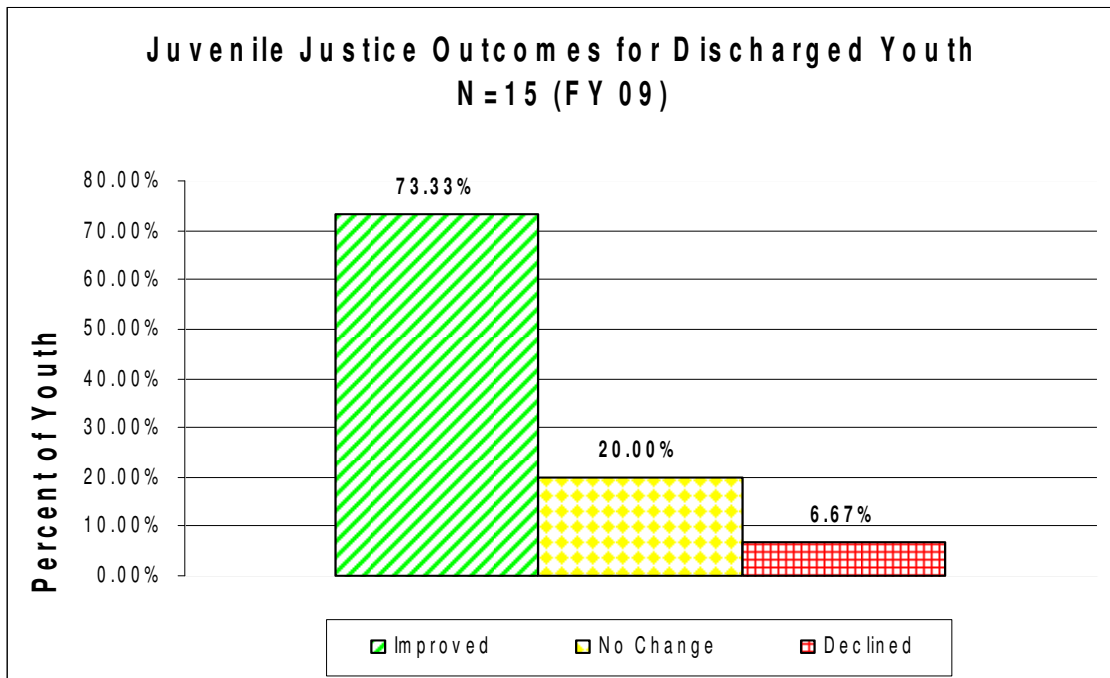
Using the approach developed collaboratively by Juvenile Court staff, the MCSA and Hamilton Choices, Hamilton Choices has been able to show decreased juvenile justice involvement as measured by the type and frequency of adjudicated court charges.

Figure 3 shows that over 73% of youth referred by Juvenile Court and served by Hamilton Choices evidenced improvement or decreased involvement with the juvenile justice system at the time of their discharge from Choices. This indicator uses business rules developed by Juvenile Court personnel to rate youth as improved, no change, or declined based on the number and severity of

adjudicated court charges that occurred during their enrollment in Choices. Because this analysis relies on data provided to Hamilton Choices by the Juvenile Court system, the scope of the analysis is limited to those youth referred and tracked by that system.

Table 17 - Juvenile Justice Involvement					
Criteria	Numerator (Improved Youth)	Denominator (All Juvenile Court Referred Youth)	Expected	Achieved	Indicator Met
Decreased juvenile justice involvement (FY 2009 discharged youth)	11	15	50%	73.33%	Yes

Figure 3: Juvenile Justice Involvement for Discharged Youth



A second analysis looks at all youth with needs related to juvenile justice involvement as determined by the CANS. In this analysis all youth with a length of stay greater than 6 months and at least two completed juvenile justice modules were included. The analysis looked at selected juvenile justice related CANS items that were rated as actionable (2 or 3) to determine whether or not those scores decreased to a non-actionable level (0 or 1) during enrollment in Hamilton Choices. The analysis used the earliest CANS assessment in which a juvenile justice module had been completed and the most recent assessment including that module. The universe for this analysis includes currently open

youth as well as those youth discharged during the report period with a length of stay greater than 6 months. The items used for the analysis were:

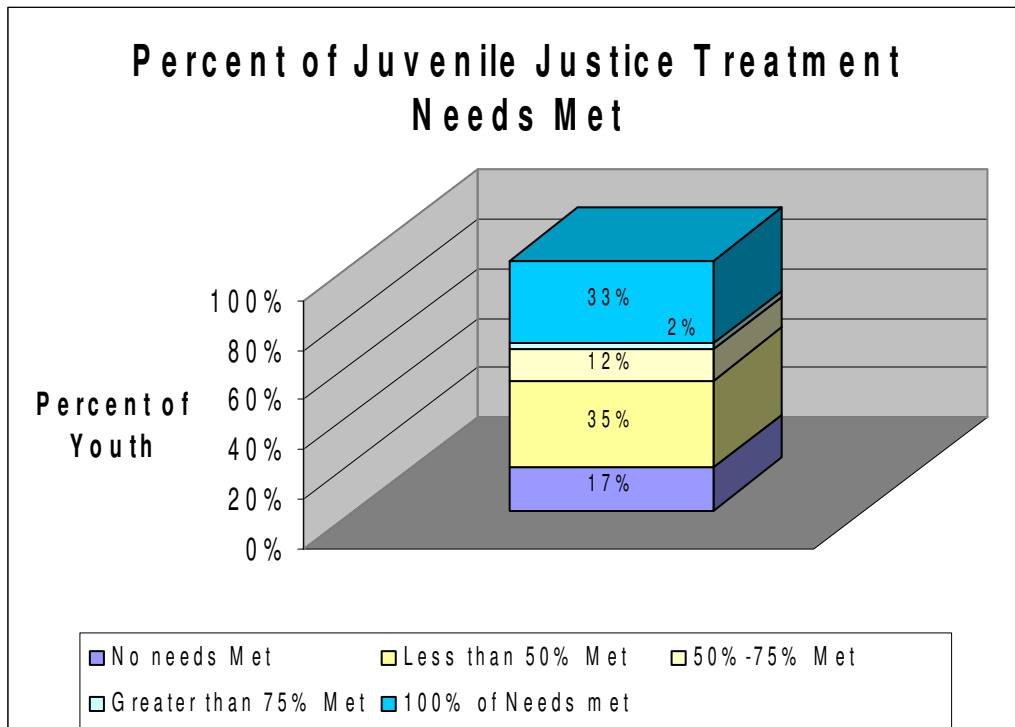
- Legal Involvement
- Delinquency
- Criminal Thinking- JJ Module
- Community Safety- JJ Module
- Environmental Influence- JJ Module
- Peer Influence-JJ Module
- Victim and Community Accountability- JJ Module
- Seriousness-JJ Module
- Planning-JJ Module
- Antisocial Behavior- JJ Module

Items on the juvenile justice module relating to history and parental criminal behavior are static indicators and were not included in the analysis.

Results show that 129 out of the 141 youth analyzed (91.5%) had at least one actionable need evidenced on the first assessment, and of these 129, 82.95% (N=107) had at least one of their actionable needs addressed on the most recent CANS assessment. Since the number of actionable needs differs for each youth, Figure 4 below further quantifies this by indicating the percentage of actionable needs that were met for each youth.

Table 18 - Juvenile Justice Involvement - CANS					
Criteria	Numerator (Youth with items rated 0 or 1 at Time 2)	Denominator (Youth with items rated 2 or 3 at Time 1)	Expected	Achieved	Indicator Met
Decreased severity of criminal behavior	107	129	50%	82.95%	Yes

Figure 4: Juvenile Justice Treatment Needs Met



A statistical analysis on the number of items rated a 2 or 3 at Time 1 and the number rated a 2 or 3 at Time 2 also shows a statistically significant decrease in criminal behavior during the course of enrollment for these youth.

Table 19 - Statistical Analysis for CANS Scores N=141		
Criteria	Mean	SD
First Assessment	3.51	2.56
Most Recent Assessment	2.91	2.60
Change	Decrease of .60	
Statistical Test	p<.010, t (140) =-2.629	

Outcome 2: Improved Family Functioning

Core Measure: Family Involvement/Satisfaction

Hamilton Choices is committed to the principles of wraparound, which include the involvement of youth and their families in treatment. Outcomes in this area are critical to the mission of Choices. Questions around satisfaction and involvement are asked as part of the Ohio Scales Assessment. Table 20 shows results of these questions for both youth and parents enrolled in Hamilton Choices for at

least 6 months. In the parent sample, 4 parents were excluded due to a length of stay less than 6 months. The data below (N=323) represents 100% of the available sample. For the youth, 40 youth were excluded due to length of stay or an age of less than 12 years old. In this analysis, 26 youth had missing data or were unable or unwilling to complete the survey. Thus the universe of 261 youth represents 91% of the available sample. Table 20 shows the combined results for both youth and parents and the following graphs show the results for each satisfaction related question.

Table 20 - Family Involvement/Satisfaction					
Criteria	Numerator	Denominator	Expected	Achieved	Indicator Met
Satisfaction with Mental Health Services	444	584	75%	76.03%	Yes
Satisfaction with the Degree of Inclusion in the Treatment Planning Process	469	584	75%	80.31%	Yes
Mental Health Workers Involved in my Case Listen to me and Value my Ideas about Treatment Planning	469	584	75%	80.31%	Yes
To what Extent does Treatment Plan Include your Ideas about Treatment Needs	453	584	75%	77.57%	Yes

Figure 5: Satisfaction with Services - Youth & Parents/Guardians

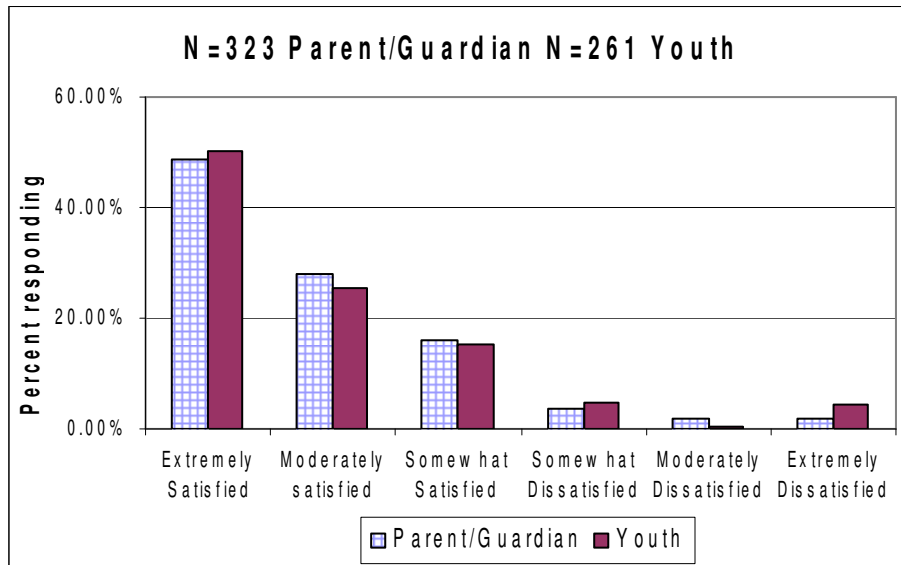


Figure 6: Satisfaction with the Degree of Inclusion in the Treatment Planning Process

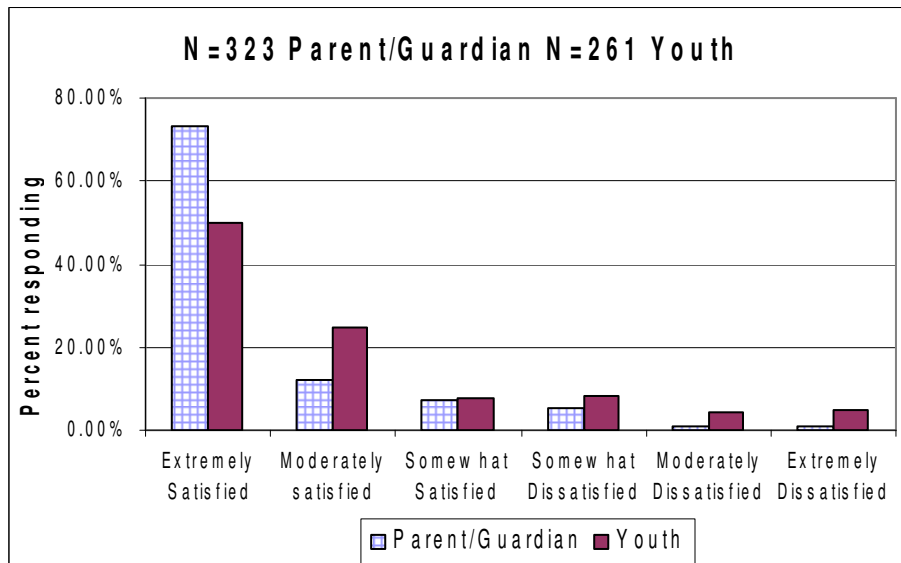


Figure 7: Mental Health Workers Involved in My Case Listen to Me and Value My Ideas About Treatment Planning

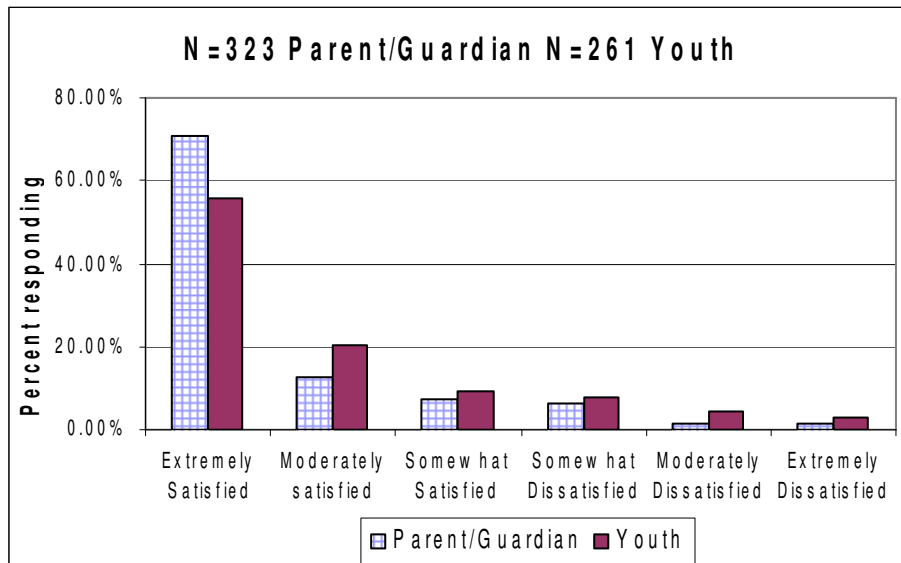
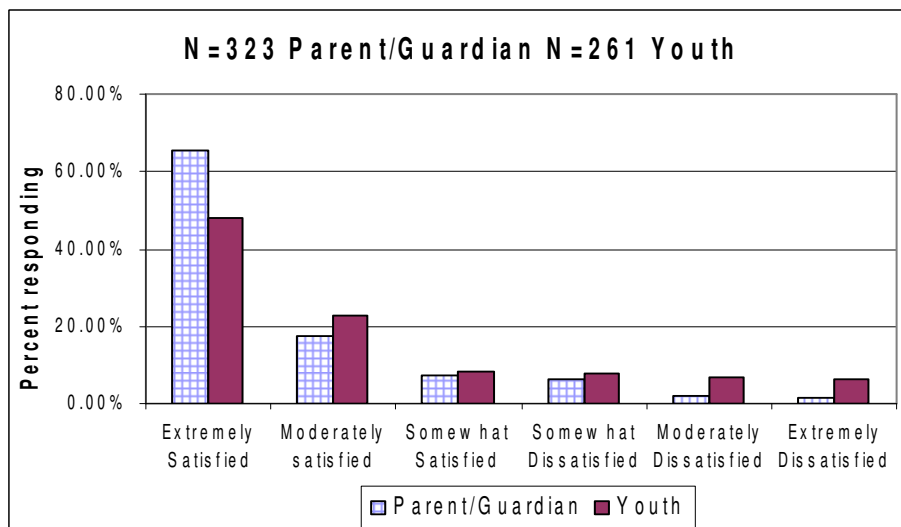


Figure 8: To What Extent Does Treatment Plan Include Your Ideas About Treatment Needs



Core Measure: Family Functioning- Maintain or Restore Custody

The promotion of permanency and restoration of custody is of primary importance and a focus of attention for all youth referred to Hamilton Choices. In many cases, the threat of out-of-home placement or the need for family reunification is one of the primary reasons for referral to Hamilton Choices. In all cases, parents/guardians are the primary drivers of the assessment and treatment/service planning process. Parents are included in all decisions and team meetings unless expressly forbidden by the courts or the parents decline to participate.

Services offered by Hamilton Choices are designed to be comprehensive in meeting both the needs of the youth and also their families. Services such as family counseling, in-home therapy and family preservation are made available to help preserve family units whenever possible. When children are in out-of-home placements, inclusion of biological parents continues to be an essential component of all team meetings and reunification of the family serves as a primary goal. During placement, coordinators also facilitate home passes with family and work to facilitate the transition home. In the event an out-of-state placement is required, parental participation in all aspects of service delivery and treatment remains an expectation and is strongly supported by all Hamilton Choices' Care Coordinators.

For youth active in FY 2009, 83.18% (N=272) did not experience a change in custody during their enrollment in Hamilton Choices, an additional 4% (N=13) had custody restored to a parent or guardian during enrollment in Choices, and 12.89% (N=42) moved from parental/relative custody to JFS custody during enrollment. Of the youth with no custody changes, almost 69% (N=187) were able to stay in the custody of their parents or relatives throughout the enrollment period. The remaining youth with no changes in custody (N=85) were in the custody of JFS at the time of referral and remained in JFS custody throughout enrollment. However, several additional youth were reunified with family after discharge from Hamilton Choices (see section on permanency). Figure 9 shows the overall custody changes for all youth, and Figure 10 shows the extent to which youth maintained their current custody status.

Table 21 – Maintained or Restored Parental/Relative Custody					
Criteria	Numerator	Denominator	Expected	Achieved	Indicator Met
Youth Remaining in Parental/Relative Custody	187	327	Not established	57.19%	Yes
Youth Restored to Parental/Relative Custody	13	327	Not established	3.98%	Yes
Youth Remaining in JFS Custody	85	327	Not established	25.99%	Yes
Youth Moving to JFS Custody	42	327	Not established	12.84%	Yes

Figure 9: Overall Custody Status

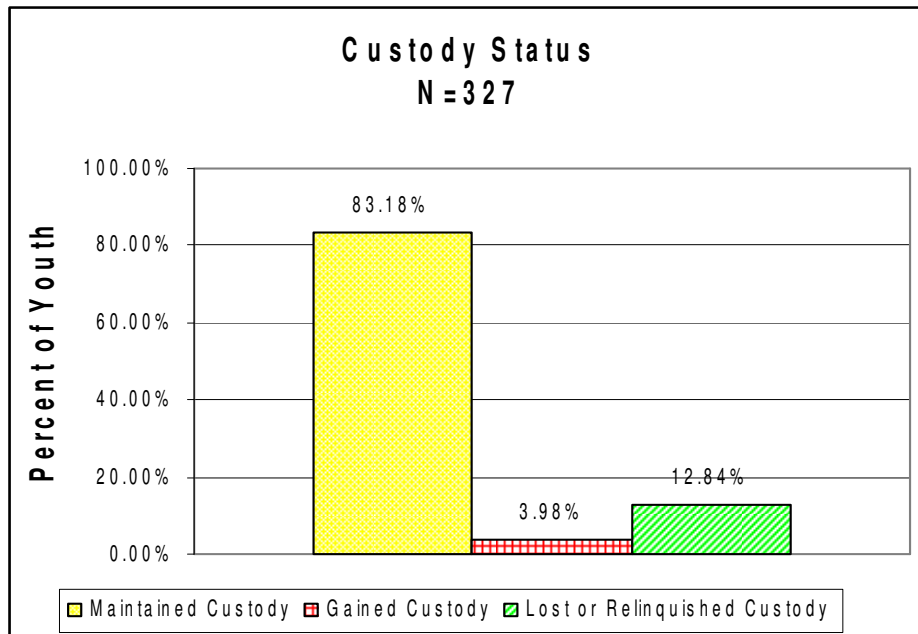
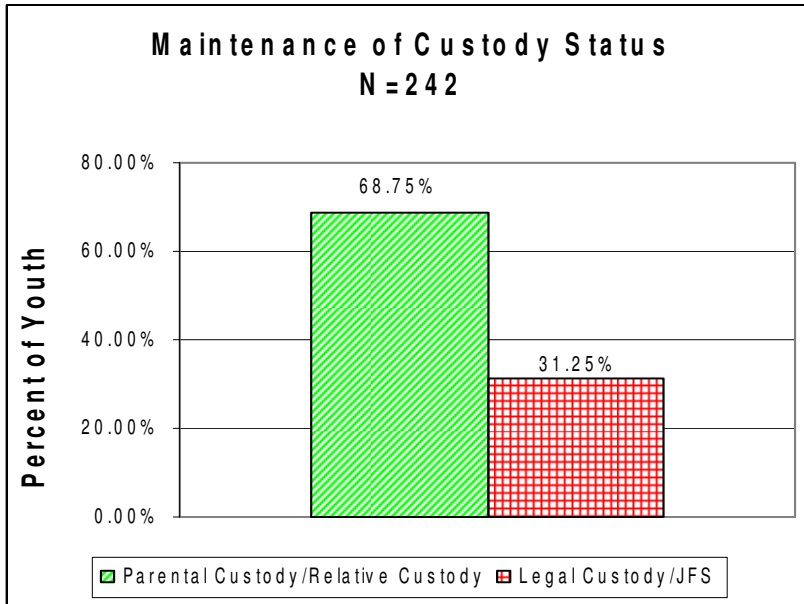


Figure 10: Maintenance of Custody Status



Core Measure: Family Functioning- Reliable Change

Results for this indicator are based on data from the caregiver needs and strengths section of the CANS. Caregiver needs were compared at intake and discharge to determine whether or not reliable change had occurred. The formula used to calculate reliable change comes from the work of John Lyons, PhD and the benchmark of 26.4% was established from results of his work. The formula used is:

$$1.28 \times \text{Standard Deviation} \times \text{SQRT} (1-\text{reliability})$$

The reliability estimate we used in our analyses was .75 as recommended by Dr. Lyons during consultation with Choices.

After the Reliable Change Index (RCI) is computed for each dimension, youth who have a change from intake or discharge that is greater than or equal to the RCI are identified and divided by the number of youth in the sample. This results in the percent of youth with reliable change in this dimension.

For this analysis the following CANS items relating to caregiver skills were used to measure improvement in family functioning:

- Residential Stability
- Family Relationships
- Supervision
- Safety
- Involvement
- Social Resources

Knowledge
Organization

Items in the caregiver needs and strengths section which deal with caregiver capacity are static indicators and were not included in the analysis. These items are the mental, physical and developmental health of the caregiver as well as their substance use history.

This analysis includes all youth discharged during the fiscal year with a length of stay of at least 6 months.

Table 22 - Family Functioning - CANS					
Criteria	Numerator (Youth with reliable improvement in the caregiver needs section of the CANS)	Denominator (All discharged youth with LOS >6 months)	Expected	Achieved	Indicator Met
Reliable change in caregiver needs as defined by Dr. Lyons	47	120	26.4%	39.17%	Yes

Table 12 shows the change in mean scores for the same caregiver items analyzed above.

Table 23 - Statistical Analysis for Caregiver Functioning Scores N=120		
Criteria	Mean	SD
Intake	.767	.58
Discharge	.500	.51
Change	Decrease of .267	
Statistical Test	p<.000, t (119) =4.794	

Core Measure: Family Functioning- Incidence of Abuse and Neglect

Results for this indicator are based on data provided by JFS, and are calculated by dividing the number of youth with no allegations occurring during the report period by the number of youth active during that same period. That result is 96%. During this report period, 1 youth had multiple allegations. If the number of incidents is used in the numerator (N=312) rather than the number of youth, the result is 95.41%, which still exceeds the benchmark.

Table 24 - Allegations for All Choices Involved Families					
Criteria	Numerator	Denominator	Expected	Achieved	Indicator Met
Families with no substantiated abuse and/or neglect allegations	314	327	95%	96%	YES

Table 25 - Types of Allegations	
Disposition	Count
Physical Abuse Subst.	5
Neglect Subst.	4
Sexual Abuse Subst.	6

Core Measure: Independence from the Service System- Development of Natural Supports

This indicator looks at the degree to which youth discharged from Hamilton Choices are linked to natural supports that assist in their healthy development as well as the percentage of natural supports that make up their individual Child and Family Teams and with whom they will have continued interaction after discharge. Data for this analysis was obtained from two CANS items that look at the percentage of natural supports on the team as well as the presence of positive natural supports that aid in positive youth and family development. The sample is all youth discharged during FY 2009. There were five youth who were disenrolled almost immediately after intake at the request of a parent/guardian. These youth were not given the CANS assessment and are not included in the sample.

Figure 11 looks specifically at the percentage of natural supports (outside of immediate family) who are present on the team, while Figure 12 looks at the degree to which these supports are actively assisting in the support of the youth and family.

In FY 2010, Hamilton Choices will seek to capture not only the presence of natural supports on Child and Family Teams as reported above, but also the use of low or no cost community supports to help meet the needs of youth and families enrolled in Hamilton Choices. We will be piloting a project to capture this data through our authorization process and plan to have some results on the use of natural supports and services in the community for next year's report.

Figure 11: Team Composition

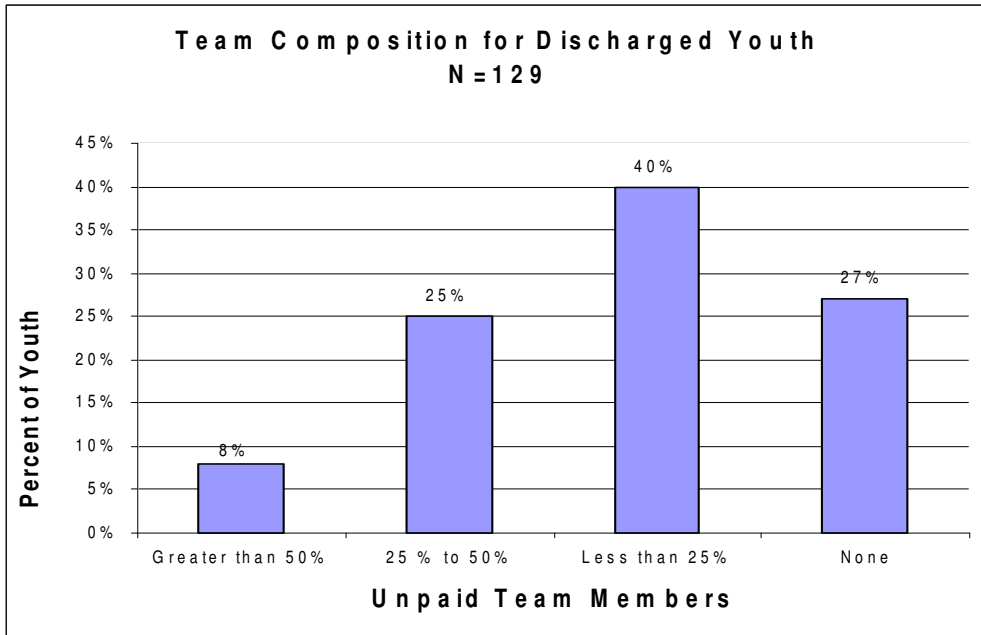
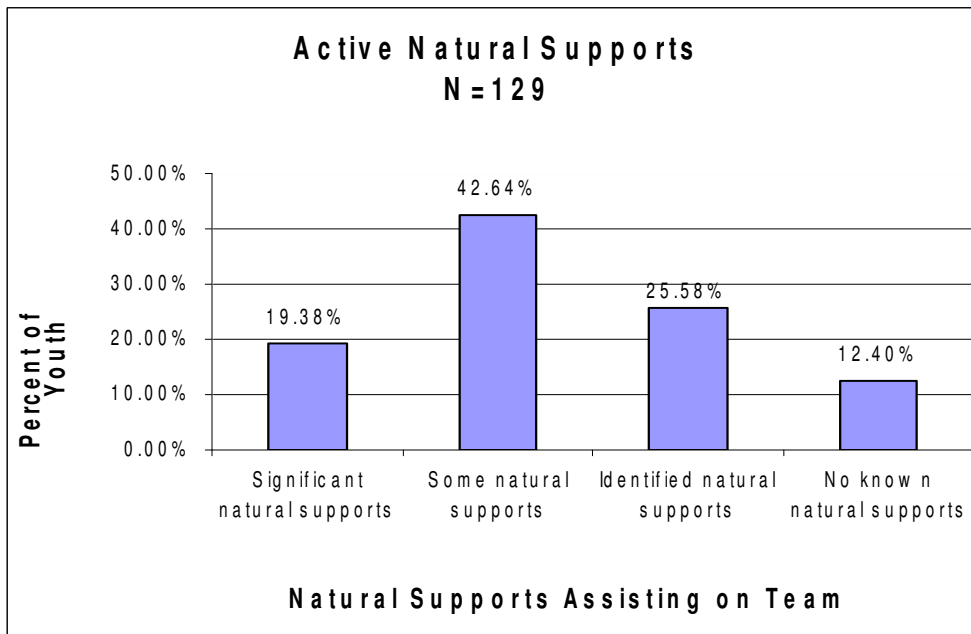


Figure 12: Natural Supports Actively Assisting on Team



Natural supports can include extended family, neighbors, church communities, unpaid mentors, and no or low-cost providers of a wide array of services and supports to families and children. In each case, the type and degree of natural supports varies and changes with the changing needs of the family. Families and teams are encouraged to think creatively about the resources available in their communities and about the kinds of support that would be helpful to their

unique situations. Sources of natural support are invited to join the team, encouraged to actively participate in the growth and development of the skills and supports needed to maximize attainment of identified goals.

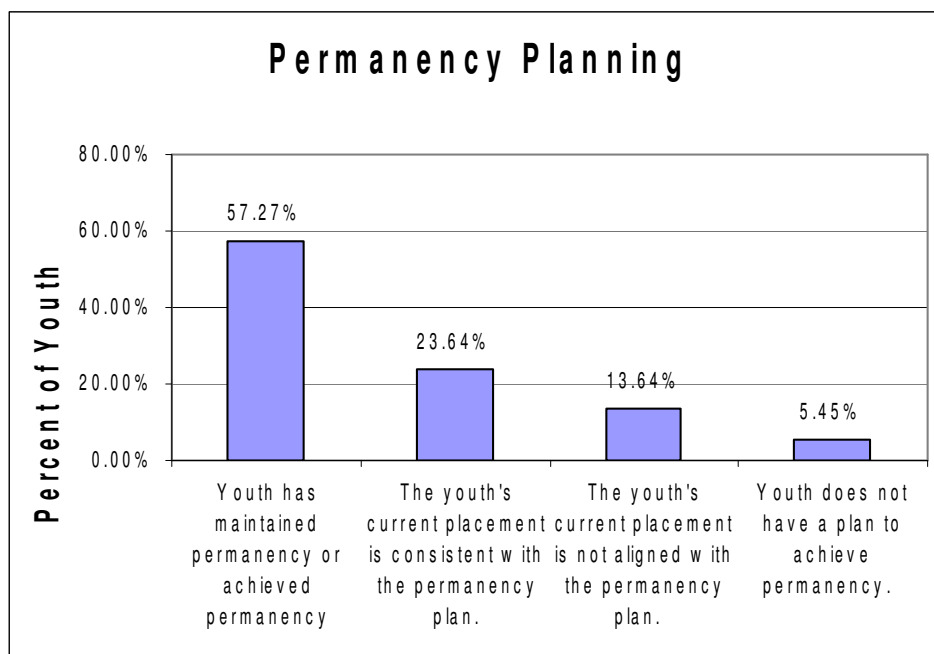
Families are also given information about and encouraged to use established support and psycho-educational opportunities, including NAMI meetings, Hand-to-Hand training opportunities, and/or the workshops and educational opportunities offered in the community.

Core Measure: Independence from the Service System-Promotion of Permanency Goals

In early FY 2009, Hamilton Choices added several items to the CANS in an effort to capture more data related to the ability of families to function outside of the service system post discharge from Choices. One item looked specifically at the development of plans to maintain or achieve a permanent placement or living situation. This item captures the degree to which youth are currently in permanent placements or working towards that goal.

This analysis shows that over 80% of youth discharged from Hamilton Choices have achieved permanency or are in a setting that is consistent with their permanency plan. Because this item was added to the CANS after the start of the fiscal year, data is not available on all discharged youth. The data below represents 85.27% of the available sample.

Figure 13: Permanency Planning



Outcome 3: Appropriate Living Arrangements

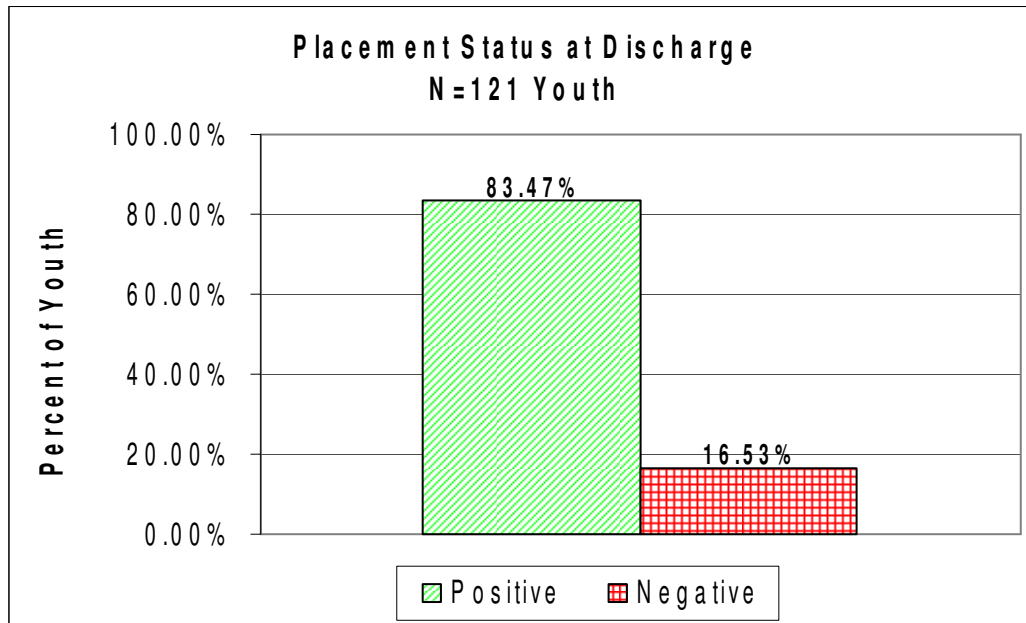
Core Measure: Stability in Living Arrangement (During Program)

This indicator looks at the restrictiveness of living arrangements for youth at intake and discharge using the Restrictiveness of Living Environment Scale (ROLES) from the Ohio Consumer Outcomes. While no benchmark was established for this indicator, ROLES data for 120 youth discharged during the report period showed that 38.33% experienced a decrease in the restrictiveness of their living environment during their enrollment in Choices and an additional 21.67% were able to maintain a positive community placement.

Figure 14 shows the discharge status of youth discharged during the report period. As in previous indicator reports, youth who left Choices in a community placement (home, foster home or group home) were considered as successful, while youth who discharged in an institutional setting (residential treatment, detention or hospital) were not regarded as successful. 14 youth discharged from Choices in an AWOL status and were not included in this analysis. For youth who have been discharged from Choices, 83.47% of them were discharged in a positive placement, one that is either the same or less restrictive than at intake.

Table 26 - Change in ROLES Score					
Criteria	Numerator	Denominator	Expected	Achieved	Indicator Met
Changes in placement are to a less restrictive setting	46	120	Not Established	38.33%	Yes
Youth remain in the community	26	120	Not Established	21.67%	Yes
Youth remain in or move to a less restrictive environment as measured by the ROLES	72	120	Not Established	60.00%	Yes

Figure 14: Discharge Placement Status



Core Measure: Stability in Living Arrangement (After Disenrollment)

This indicator uses data provided to Hamilton Choices by JFS. In this analysis, all JFS involved youth (N=55) discharged from Choices between 7/1/2008 and 1/31/2009 were looked at to determine the stability of their discharge placements. Youth discharged after 1/31/2009 were not included in this analysis, since there was not six months of post-discharge data at the time of this report. The numerator (N=48) was all youth for whom there was no JFS data indicating a change in placement for at least 6 months following their discharge from Choices. It also includes 3 youth who reunified with their family after discharge, since this is considered a permanent move. Youth who changed placements or entered placement for the first time within 6 months of their discharge from Choices (N=7) were not considered to be stable.

Table 27 - Stability of Placement					
Criteria	Numerator	Denominator	Expected	Achieved	Indicator Met
Number of youth who remain in a stable living arrangement for 6 months post discharge.	48	55	85%	87.27%	Yes

Core Measure: Achieve Permanency

Hamilton Choices continues to focus attention on the need to keep children in stable and permanent environments that meet their needs. For many children, this goal involves reunification with family. Using data provided to Choices by JFS, this indicator looked at 12 youth who were in JFS custody during their enrollment period in Choices and who achieved reunification either during or after their enrollment. Of those 12 youth, all 12 (100%) have maintained their reunified status for at least six months.

In order to further explore the extent to which youth enrolled in Choices achieve reunification, the same data set was used to look at youth active during the report period who were in JFS custody during their enrollment in Choices and had reunification as part of their treatment plan at JFS, N=16. Of these youth, 12 (75%) have been reunified and remain reunified. The remaining 4 youth (25%) were discharged from Choices and remain in JFS custody.

One highlight over the past year that is not easily captured is the number of youth who have successfully transitioned into adoptive placements. This frequently happens shortly after discharge from Hamilton Choices, but these placements were established and supported during the enrollment period. These adoptive placements often involve youth who traditionally are difficult to place into adoptive homes because of their age or their mental health or behavioral needs.

Table 28 - Achieving Permanency					
Criteria	Numerator	Denominator	Expected	Achieved	Indicator Met
Number of youth remaining reunified for at least six months.	12	12	80%	100%	Yes
Number of youth achieving stable reunification.	12	16	Not defined	75%	Yes

Core Measure: Reduced Reliance on Institutional Living

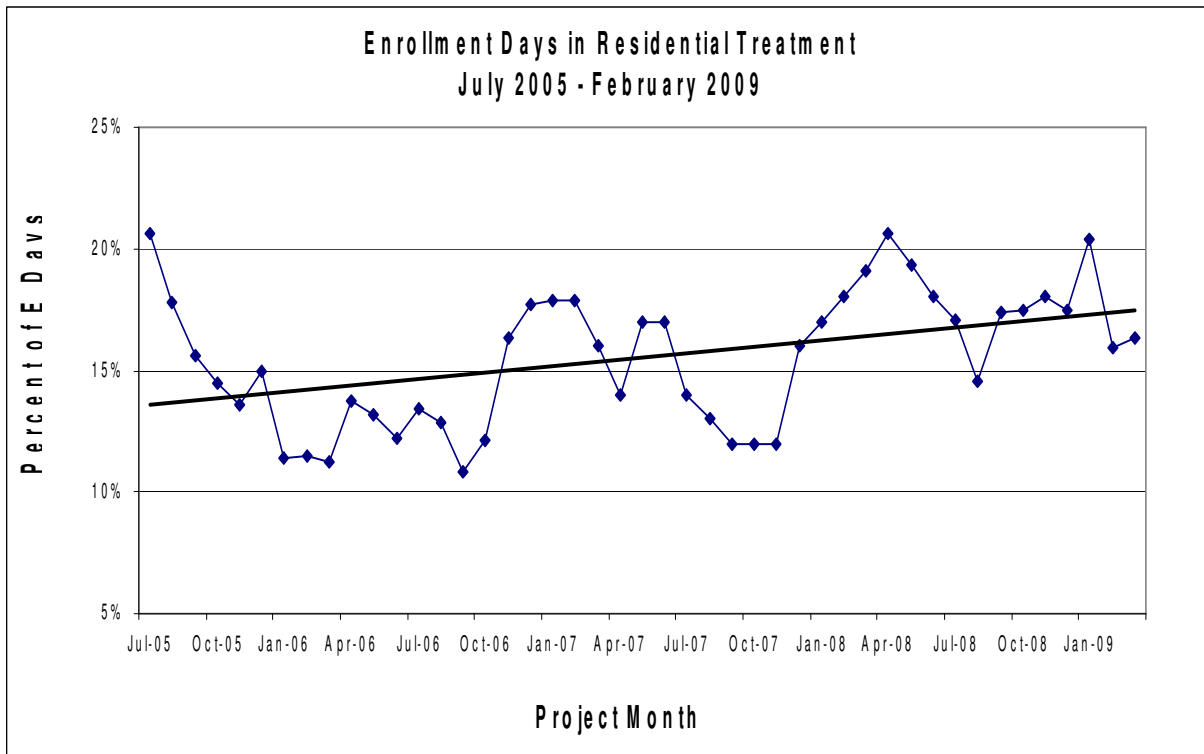
During the period of review, residential treatment utilization has fluctuated between relatively low utilization (about 12%) in the fall of 2007 to over 17% in January and February 2008. While the benchmark for this indicator is not specifically defined, Hamilton Choices has used cost modeling to set an internal benchmark of 15% average usage for this ratio. Using this internally established benchmark, this indicator was not met. The high reliance on residential

treatment has been an area of concern throughout FY 2009, and several internal measures have been implemented to begin reversing this trend.

The first measure is a review of all residential stays over 90 days by the Clinical Director. This review is designed to ensure that treatment goals are being implemented and that the child is benefitting from the residential treatment environment. The second measure is a collaborative process with residential providers to establish benchmarks around program completion rates, expected lengths of stay and discharge criteria. In a pilot project using defined benchmarks in these areas, the provider was able to reduce lengths of stay and still meet program completion rates. While this work is still on-going, preliminary data for the Spring of 2009 (not included in this report) shows an overall downward trend in the number of residential days being used.

Table 29 - Utilization of Residential Treatment			
Criteria	Expected	Achieved	Indicator Met
Reduced reliance on residential treatment placements	Not established, but internally set at an average of 15%	17.94%	No

Figure 15: Enrollment Days in Residential Treatment



Core Measure: Reduced Recurrence of Residential Treatment

This indicator uses post discharge data to determine the percentage of youth able to remain out of the hospital or residential treatment following their discharge from Hamilton Choices. This is the first year that Hamilton Choices has systematically collected post discharge data. Data was collected using a brief telephone interview format that asked parents/guardians to report on changes in living situation as well as hospitalizations or juvenile justice encounters that occurred in the months following discharge. While the collection design calls for interviews at 90 and 180 days post discharge, we have been largely unsuccessful at collecting any data at 180 days (6 months). At the 90 day mark, we had a response rate of 28.89% or 39 respondents out of the 135 discharges for the fiscal year. The majority of the missing data is the result of invalid contact information such as wrong numbers or numbers that have been changed. Because this process is still very new, we are looking at ways to improve the response rate, so that the data presented is more representative of the entire discharged population.

Using the data available, Table 29 shows the percentage of children who remained out of the hospital for at least 3 months. *Because there was so little data available at the six month mark, the majority of the data represented below was collected 3-5 months post discharge. All data is per parent/guardian report.

Table 30 - Reduced Recurrence of Residential Treatment/Hospitalization					
Criteria	Numerator	Denominator	Expected	Achieved	Indicator Met
Number of youth remaining out of RT/Hosp for at least three* months post discharge from Choices.	32	39	80%	82.05%	Yes

Core Measure: Reduced Lengths of Stay in Institutional Living Environments

This indicator looks at the degree to which psychiatric or residential placements decreased over the course of enrollment in Hamilton Choices. The universe includes all youth who were discharged from Hamilton Choices in any placement except residential during FY 2009. Youth discharged in residential placement could not be included in this analysis, since there was no end date for their residential treatment episode.

In order to determine the degree to which the average number of residential/hospital days decreased during enrollment, the number of paid residential days was tabulated for the first half and the second half of each enrollment. The date of the placement was used to determine whether or not the episode began in the first half or the second half of each completed enrollment in Hamilton Choices. Once each episode was assigned to the first or second half of the enrollment period, the total number of days spent in hosp/RT was simply calculated and divided by the number of youth in the analysis (N=89). For episodes beginning in the first half of the enrollments, the average number of days spent in hosp/RT was 157. For episodes that began during the second half of the enrollment period, the average number of days spent in hosp/RT was 39. This is a decrease of 118 days for episodes beginning later in treatment.

There were 23 youth (16.53%) who were discharged from Hamilton Choices in a residential placement. For these youth, many of the placements were long term and began early in treatment. The average number of days for episodes beginning in the first half of treatment for these youth was 312. The average number of days for episodes beginning in the second half of treatment and ending at the date of discharge was 165. However, because many of these youth were discharged in long-term residential settings, that number would likely increase substantially over time.

In a further attempt to quantify this indicator, a further analysis looked at all youth active during the reporting period who experienced an episode of residential treatment or psychiatric hospitalization at any time during their enrollment period.

For this analysis, multiple episodes that were less than 30 days apart were counted as a single episode. Of the 327 youth with activity during the report period 128 (39.14%) did not experience a residential or hospital placement. This is significant, since youth referred to Hamilton Choices are at risk for out-of-home placement and many are referred already in placement. The remaining 199 youth experienced 371 separate episodes of residential or hospital care or about 1.9 per youth.

Table 31 - Reduced Residential Treatment/Hospitalization					
Criteria	Average Days in First Half	Average Days in Second Half	Expected	Achieved	Indicator Met
The average number of hosp/RT placements will decrease during enrollment.	157	39	Decrease	118 day decrease	Yes

Outcome 4: Serving Youth in our Community

Core Measure: Increase Utilization of Placement Services in Region

Hamilton Choices continues to work toward decreasing the number of youth served outside of Hamilton County. This indicator was not met at the 20% level. This indicator is designed to differ from the one below by differentiating between Hamilton County specific placements and regional placements which include Hamilton, Butler, Clermont and Warren Counties. However, the out-of-county providers used by Hamilton Choices are all out of the local region as well, so there is no difference between these two indicators. They are merely an inverse of one another.

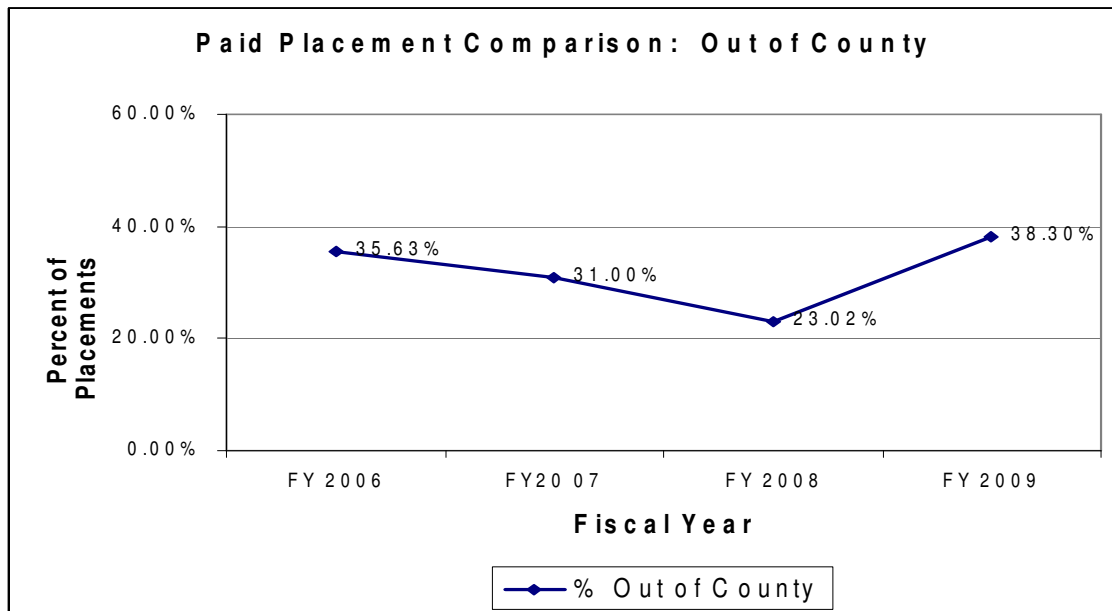
Utilization of out-of-county providers increased during the reporting period. This trend reflects some on-going capacity issues within Hamilton County to successfully serve specific populations of youth such as sex offenders, youth with drug and alcohol issues and youth with co-occurring mental health and developmental disabilities. During FY 2009, approximately 5% of youth referred to Hamilton Choices were already in placements outside the region. Finally, during the reporting period, Hamilton Choices has seen a decrease in the number of residential beds offered locally as some providers cut back their programs, and we continue to see a number of youth being served in foster homes outside Hamilton County.

Table 32 - Out of Region Placement Utilization					
Criteria	Numerator	Denominator	Expected	Achieved	Indicator Met
Monthly percentage of paid out of region days shall not exceed 20%.	14,688	38,353	20%	38.30%	No

Core Measure: Increase Utilization of Local Providers

Table 33 - Utilization of Local Providers					
Criteria	Numerator	Denominator	Expected	Achieved	Indicator Met
At least 80% of monthly placement services shall go to providers who are based or located in Hamilton County.	23,665	38,353	80%	61.70%	No

Figure 16: Out of County Placements



Core Measure: Development of New and Evidence-Based Providers

Hamilton Choices is committed to bringing new and expanded services to our provider network. We have a continual process of evaluating service providers against the needs of the youth being served and we use this information to identify gaps in the current service system. Once gaps are identified, the Community Development Manager actively seeks new providers to better meet those identified needs. During FY 2009, Hamilton Choices added 14 new providers to our provider network. These additions represent about a 21% increase to our network overall. The use of Evidence-Based Practices among providers contracting with Hamilton Choices also increased. Of the 14 new providers added, 86% report the use of Evidence-Based Practices in their services. During FY 2009, Hamilton Choices contracted with about 80 different providers and used over 100 programs offered within that network. Within the provider network overall, 70% of our providers report that they use Evidence-Based Practices as part of their service packages.

Table 34 - Development of New and Evidence-Based Providers					
Criteria	New Providers added in FY 2009	Total Providers Used in FY 2009	Expected	Achieved	Indicator Met
New and Evidence-Based Providers shall be developed	14	80	Increase	21% Increase	Yes

Outcome 5: Satisfaction with Care Coordination

Core Measure: Satisfaction with Services

The FY 2009 provider and funder satisfaction survey once again shows a high degree of overall satisfaction with services provided by Hamilton Choices. The overall satisfaction rating for FY 2009 was exactly 80.00%, which meets the established benchmark.

Although the survey was distributed in the same manner as in previous years, the response rate was lower this year with only 60 individuals completing the survey. Substantial efforts were made to increase the response rate this year including asking members of the Oversight Committee to assist in distributing the survey, and we do not have an explanation of the decrease number of responses. As in previous years, the majority of survey responses (60.7%) came from community providers, while funders and other stakeholders made up the remaining respondents.

Hamilton Choices continues to use the results of this survey to make improvements in our responsiveness to providers and to our overall customer service. In the past year, new procedures have been implemented around transition and discharge planning and the way other providers are notified when services from Choices are discontinued. Upcoming changes in our billing process and in the way meeting minutes and referral packets are distributed are also due in part to on-going feedback from our community partners.

Positive comments on this year’s survey include the degree to which care coordinators are professional and understand the needs of youth and families. Areas of concern focused mainly on the lack of knowledge of some of the newer staff particularly about community resources and the need for more prompt communication by care coordinators.

Table 35 - Provider and Funder Satisfaction					
Criteria	Numerator	Denominator	Expected	Achieved	Indicator Met
Percentage survey respondents who are satisfied with services	48	59	80%	80.00%	Yes

Table 36 - Overall Satisfaction Results

Overall, I am satisfied with the services provided by Hamilton Choices		
	FY 2009	
	N	Response %
Strongly Agree	12	20.00%
Agree	36	60.00%
Disagree	11	18.33%
Strongly Disagree	1	1.67
TOTAL	60	100.00%

Table 37 - Rating of Services Provided by Choices

Overall, I would rate the services provided by Hamilton Choices as:		
	FY 2009	
	N	Response %
Excellent	10	16.95%
Very Good	16	27.12%
Good	17	28.81%
Fair	12	20.34%
Poor	4	6.78%
TOTAL	59	100.00%

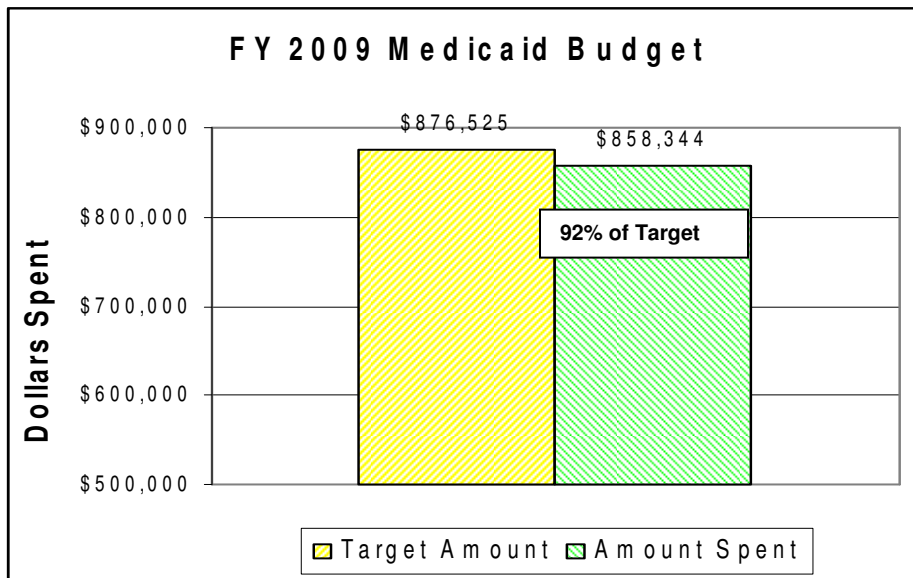
Outcome 6: Services Are Cost Effective

Financial reports are submitted to the MCSA on a regular basis, per the contract. Financial indicators reported here are included only as examples of the overall effort by Hamilton Choices to manage service costs effectively and within the established case rate. Data included in these indicators is preliminary and has not yet been independently audited.

Core Measure: Medicaid Usage

During FY 2009, Hamilton Choices was successfully able to manage Medicaid services within budget. To date, Hamilton Choices has realized \$858,344 of Medicaid services or 97.93% of the budgeted amount of \$876,525. Medicaid services include both internally billed CPST and assessment services as well as all other Medicaid services billed by outside providers for enrolled youth. One challenge in this area is ensuring that all Medicaid services provided are mutually agreed upon and authorized through the Child and Family Team process. Because Medicaid services can be billed up to one year past the date of service, the graph below represents FY 2009 Medicaid billing to date. However, based on authorizations for services, this number is unlikely to change significantly.

Figure 17: Medicaid Usage



Core Measure: Spending within Established Targets

Figure 18 depicts the ability of Hamilton Choices to manage service costs within the established case rate. This graph shows the variance between monthly service revenue and service expenditures. Revenue is calculated as all dollars allocated for direct service exclusive of Medicaid dollars. During the 12 month period between February 2008 and February 2009, Hamilton Choices had expenses above service revenue. This trend led to significant changes in the oversight of residential placements. All residential placements are reviewed every 90 days by the clinical director to ensure that the placement is effective in meeting the established treatment goals of the youth. In addition, clinical staff are now monitoring authorizations for non-sustainable services more closely to ensure that these services are being replaced by sustainable services and natural supports that can be maintained by the family following discharge from Hamilton Choices. As a direct result of these internal changes, expenditures in the later part of the report period have decreased and are expected to fall below revenue in early FY 2010.

Figure 18: Service Revenue to Service Expenditures

