

## Community Service Agency Monthly Report

### Explanation of Report

This report provides information on all youth who are members of any of the six MassHealth Managed Care Entities and served by a community service agency.

Data is self reported by the community service agencies and may be slightly different than reports based on billed services.

All data is reported as of the end of the month for each month.

#### **General Acronyms:**

**CSA:** Community Service Agency  
**ICC:** Intensive Care Coordination  
**FP:** Family Partner  
**FTE:** Full Time Equivalent  
**YTD:** Year to Date  
**LOS:** Length of Stay  
**MCE:** Managed Care Entities

**Referrals:** Referrals are defined as calls to the CSA requesting ICC services on behalf of a youth, where the referral source (if not the family/youth themselves) has spoken with the family and believes the member is appropriate for and interested in the ICC service. Referrals exclude calls regarding people who are out of the age range for the service, or who do not have MassHealth Standard or MassHealth CommonHealth. Date for referral is considered date referral made, even if just a message.

#### **Keys to Referral Sources:**

**Family/Youth:** This is a self referral by family or youth  
**DCF:** Department of Children and Families  
**DMH:** Department of Mental Health  
**DYS:** Department of Youth Services

**Probation:**

**DDS:** Department of Developmental Services

**School:** Includes pre-school or Headstart

**MCI:** Mobile Crisis Intervention Services

**In-Home:** In-Home Therapy Services

**Outpatient:** Includes any outpatient behavioral health provider

**PCP:** Primary Care Provider

**Hospital:** Only psychiatric hospitals

**TCU/CBAT:** Transitional Care Units and Community Based Acute Treatment facilities

**Referral Status** (Based on status at end of month):

**Service Started:** Youth/family has provided written consent to participate and has met with a care coordinator, not a family partner.

**Initial Appointment Offered:** Youth for whom an appointment has been offered but the care coordinator, or family partner has not yet met face to face with the family, or the family has not yet accepted the offered appointment time.

**Family Not Yet Reached:** Youth for whom a referral has been made, but CSA staff are still attempting to reach the youth/family.

**Not MassHealth Eligible:** Youth who is no longer eligible for MassHealth Standard or CommonHealth.

**Referred to Other Service:** Youth/family who are referred to more clinically appropriate service, such as MCI, IHT, or outpatient, and who are not interested in ICC at this provider at this time. This includes youth who choose to go to another ICC provider, or another service and who are not added to the wait list for ICC.

**Family Declines Service:** Youth/family indicates that they are not interested in ICC services at this time, either verbally or in writing to the CSA, OR by not responding to outreach attempts.

**Waiting for Preferred Staff:** Youth/family who choose to wait to schedule a first appointment in order to work with a particular family partner or care coordinator, or person with particular characteristic (e.g. gender, etc.).

**Waiting to Schedule 1st Appointment:** Youth/family is waiting for future appointment that is not yet scheduled, due to CSA capacity.

### Discharge Reasons

**Goals Met:** Youth who no longer meets medical necessity criteria because goals have been met and continued services are not required in preventing worsening of behavioral health condition.

**Consent withdrawn:** Youth/family who indicate they no longer want services, either by formally withdrawing consent, or by no longer engaging in or participating in services.

**Not SED:** Youth who no longer meets medical necessity criteria due to SED criteria no longer being met.

**Family Moved:** Includes youth/family who move too far away for the current CSA or move out of the CSA area because of a change in caregiver.

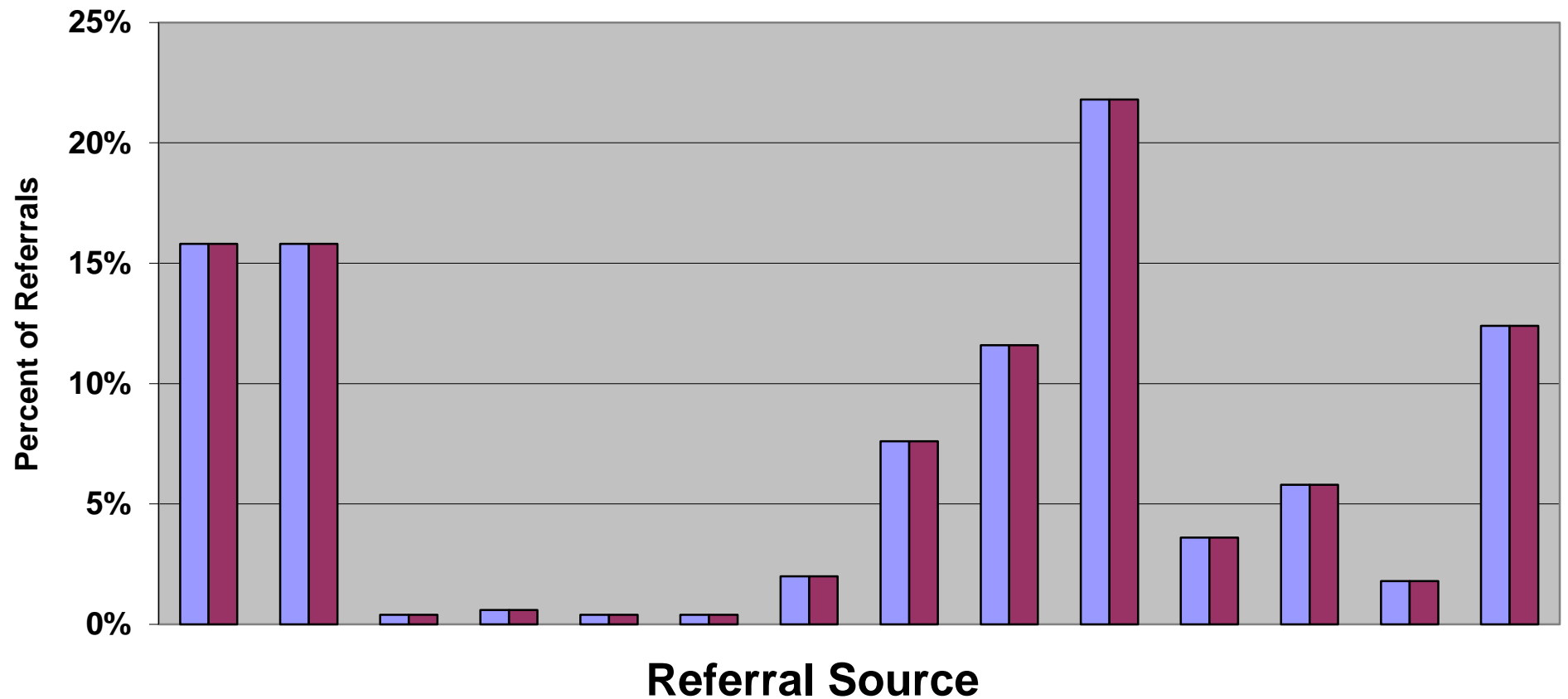
**Disenrolled MH:** Includes youth disenrolled from MassHealth and youth still enrolled in MassHealth but disenrolled from an ICC eligible benefit category. Does not include youth changing to a different MCE.

**Out of home:** Includes youth who are placed out of home and unable to return to community even with ICC supports.

**Youth 21:** Youth who has aged out because he/she is now 21.

# CSA Monthly Report for July 2016, Report 1

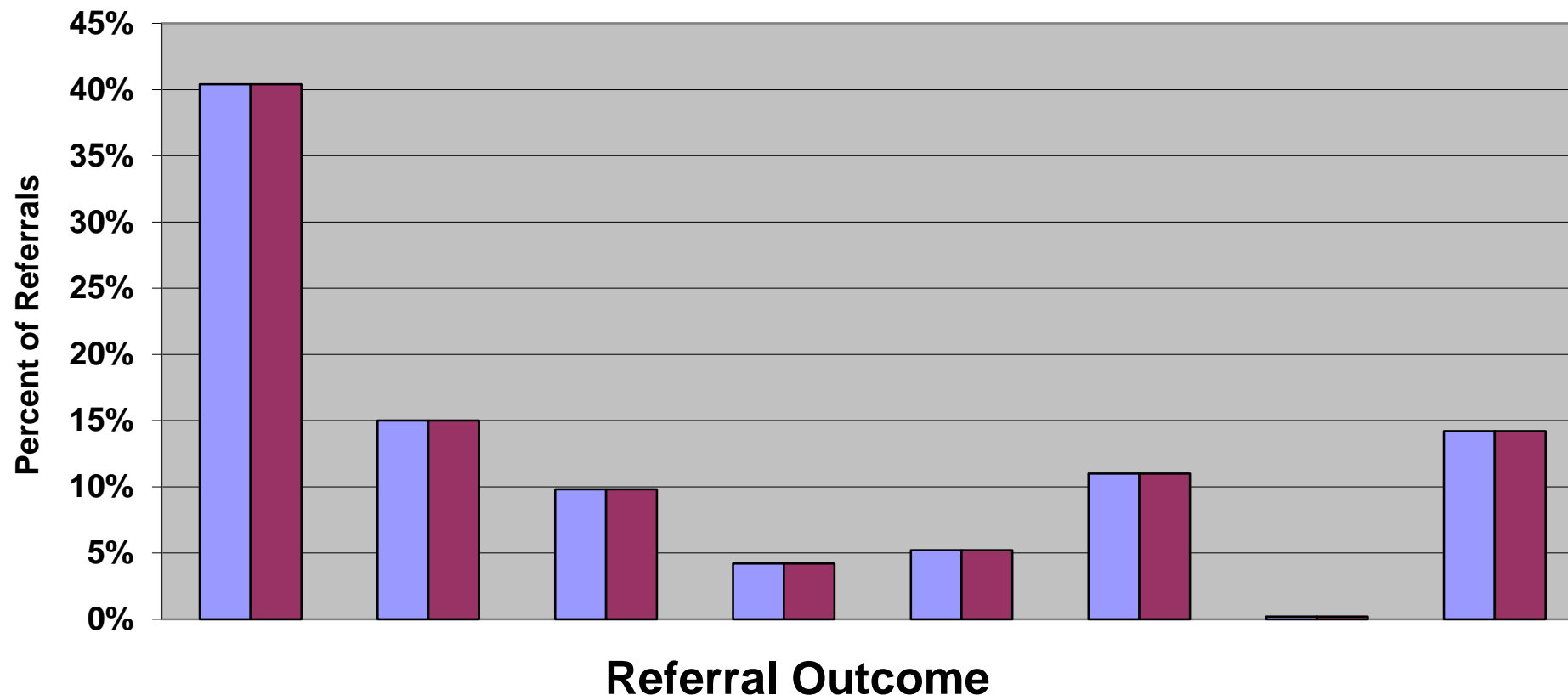
## Sources of All Referrals to ICC for Current Month and Fiscal Year 2017



	Family/ Youth	DCF	DMH	DYS	Probation	DDS	School	MCI	In-Home	Out- patient	PCP	Hospital	TCU/ CBAT	Other	
Jul-16 (%)	16%	16%	0%	1%	0%	0%	2%	8%	12%	22%	4%	6%	2%	12%	
YTD (%)	16%	16%	0%	1%	0%	0%	2%	8%	12%	22%	4%	6%	2%	12%	Total
Youth	79	79	2	3	2	2	10	38	58	109	18	29	9	62	500
YTD (N)	79	79	2	3	2	2	10	38	58	109	18	29	9	62	500

# CSA Monthly Report for July 2016, Report 2

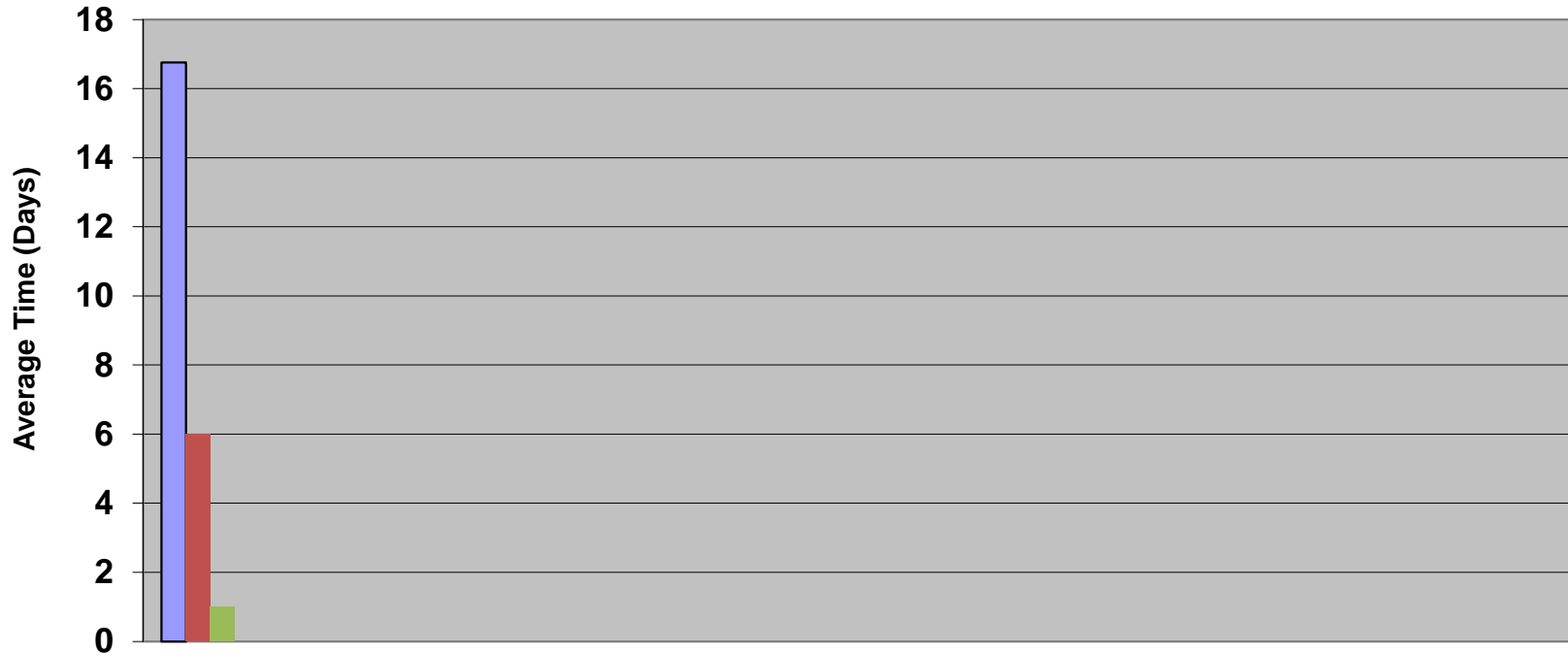
## Outcome of Referrals to ICC for Current Month and Fiscal Year 2017



	Service Started	Initial Appt Offered	Family Not Yet Reached	Not MH Eligible	Referred to Other Service	Family Declines Service	Waiting for Preferred Staff	Waiting to Schedule 1st Appt	
Jul-16 (%)	40%	15%	10%	4%	5%	11%	0%	14%	
YTD (%)	40%	15%	10%	4%	5%	11%	0%	14%	Total
Youth	202	75	49	21	26	55	1	71	500
YTD (N)	202	75	49	21	26	55	1	71	500

# CSA Monthly Report for July 2016, Report 3

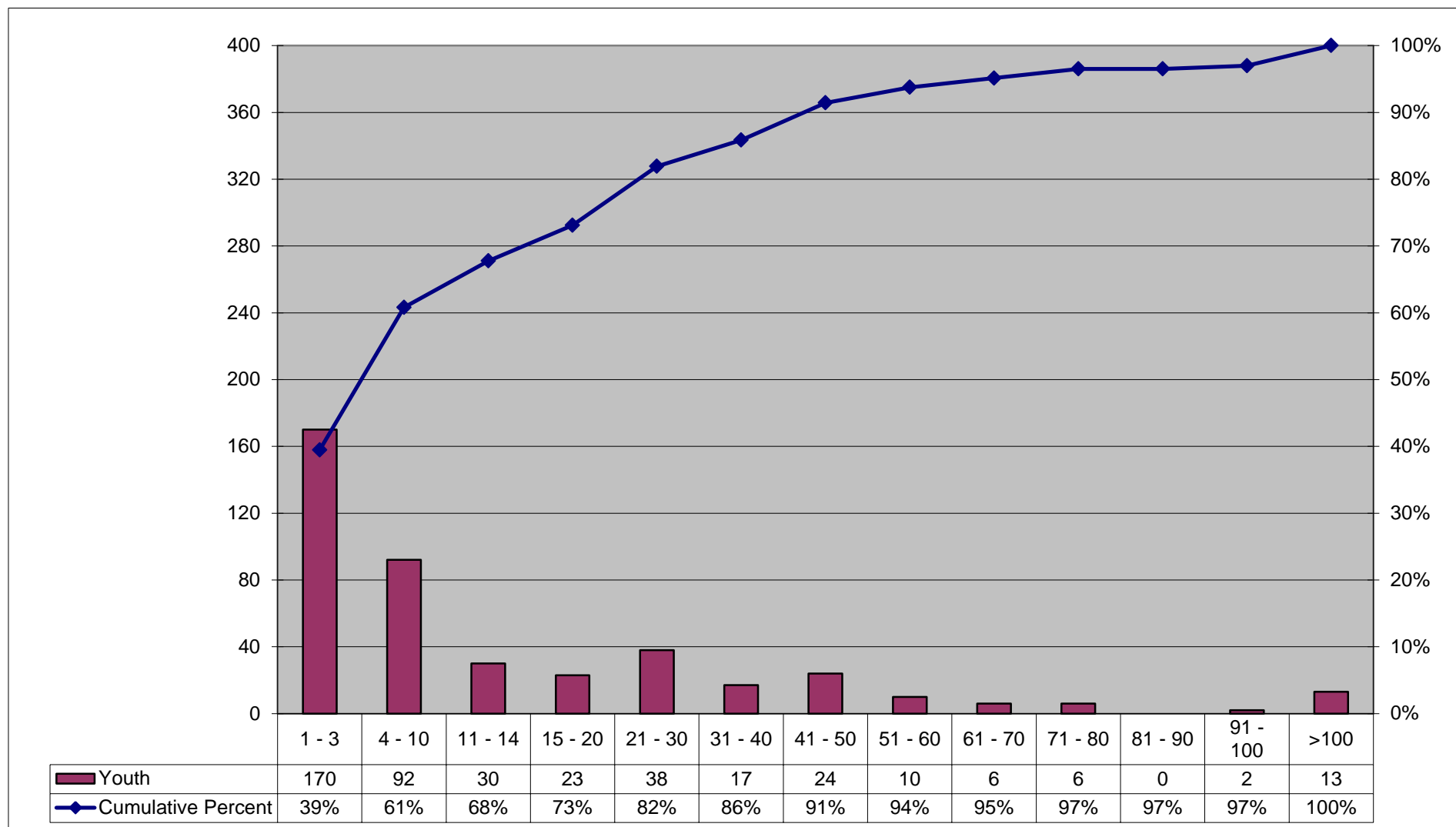
## Time from Family Request to Date Offered for Initial Appointment to Occur for Youth Starting Service in Fiscal Year 2017



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Average Time (Days)	16.8											
Median Time (Days)	6.0											
Mode Time (Days)	1											
Youth	431											

# CSA Monthly Report for July 2016, Report 4

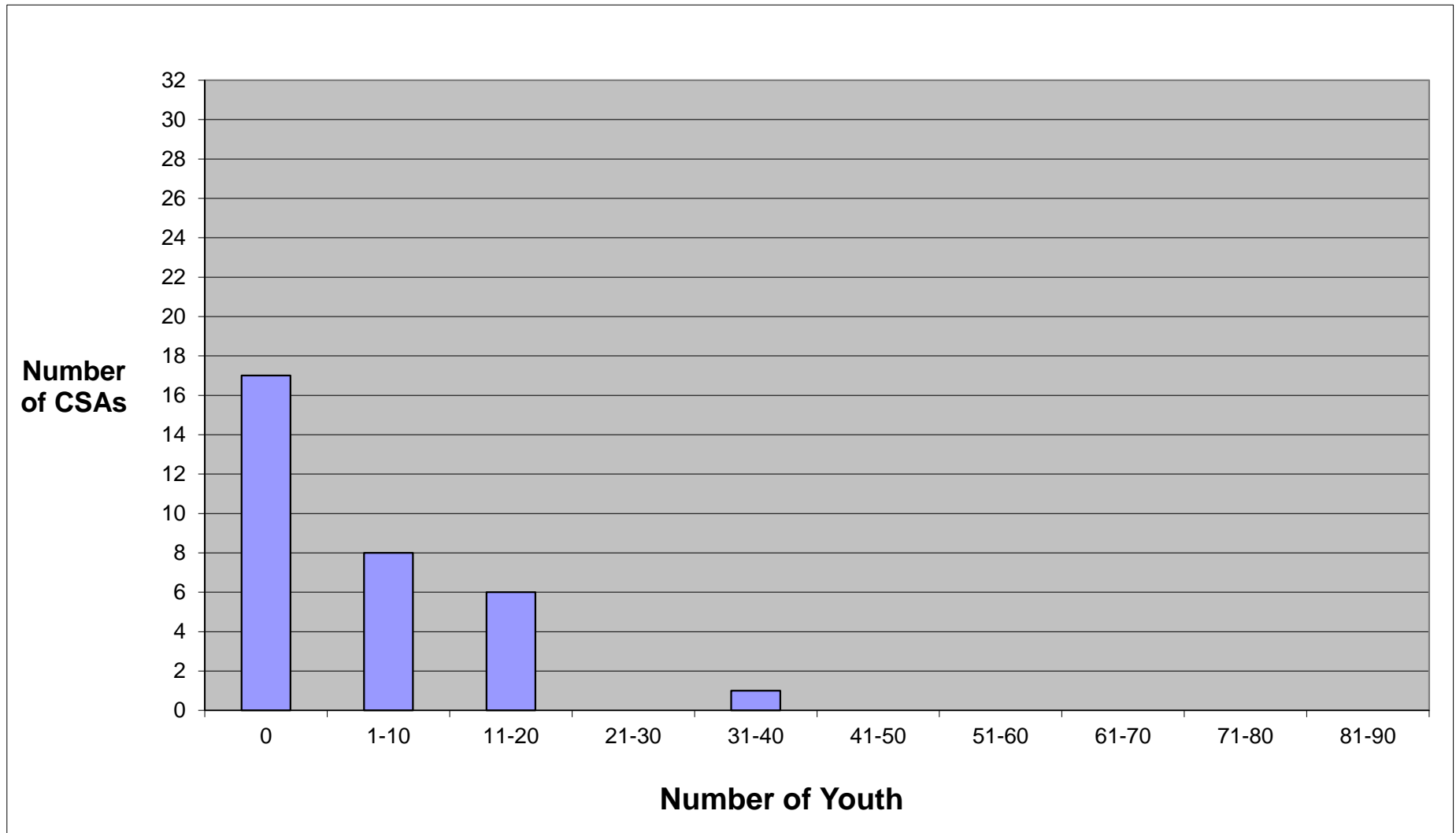
## Distribution of Time from Family Request to Date Offered for Initial Appointment to Occur for Youth Starting Service in Current Month



Total youth starting services at end of current month: 431

# CSA Monthly Report for July 2016, Report 5

## Distribution of Youth Waiting at End of Month by CSA



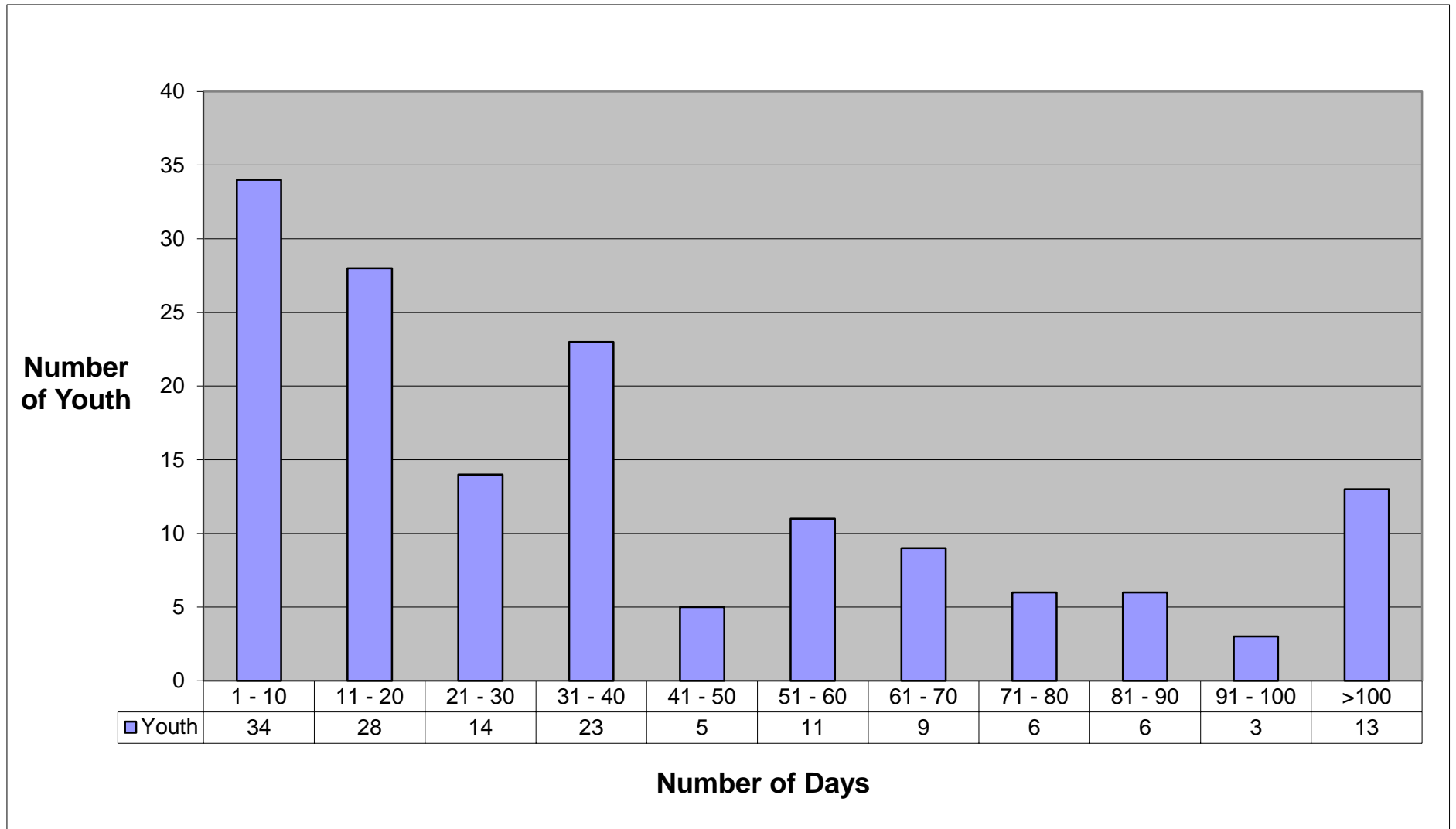
Total youth waiting at end of current month: 152

Prepared by the Massachusetts Behavioral Health Partnership on 8/31/2016.



# CSA Monthly Report for July 2016, Report 6

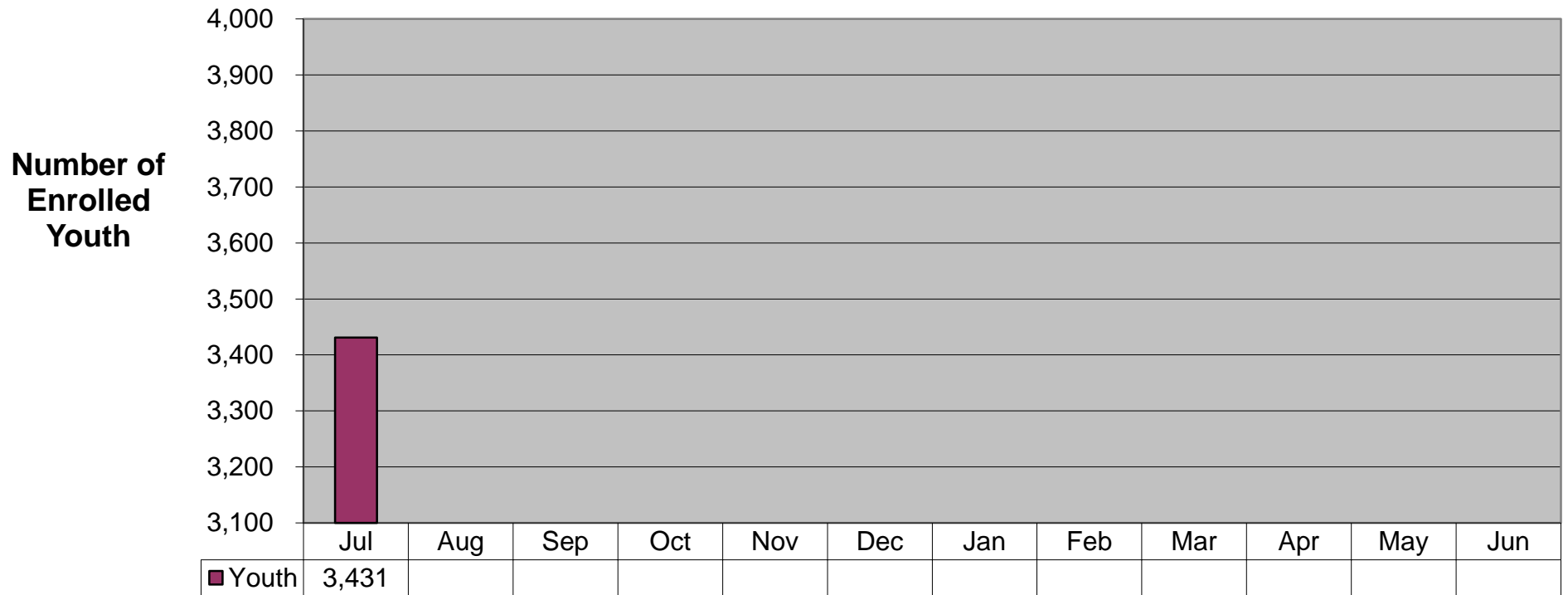
## Distribution of Youth Waiting by Days Waiting for Current Month



Total youth waiting at end of current month: 152

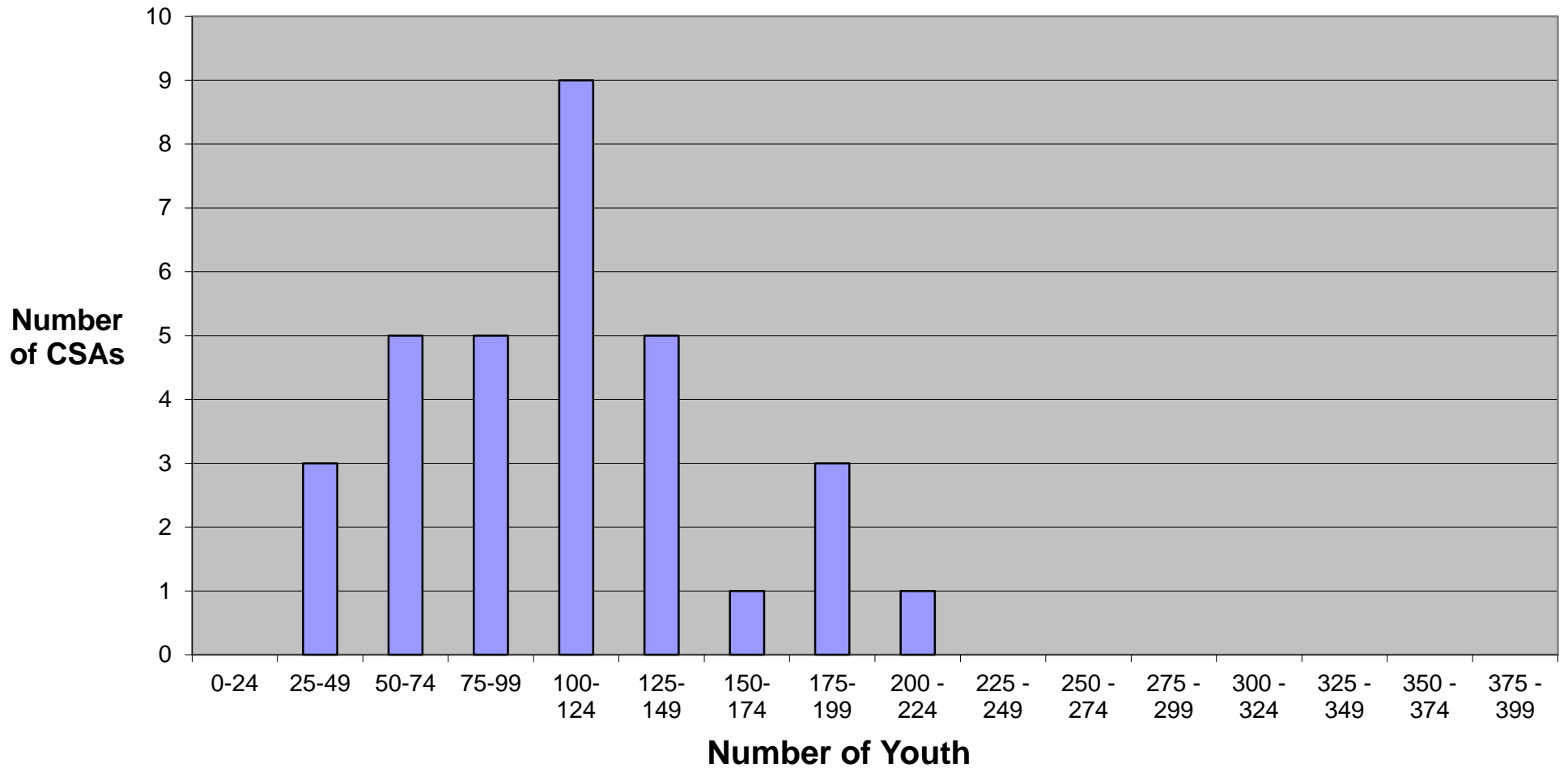
# CSA Monthly Report for July 2016, Report 7

## Number of Youth Enrolled in ICC at End of Month for Fiscal Year 2017



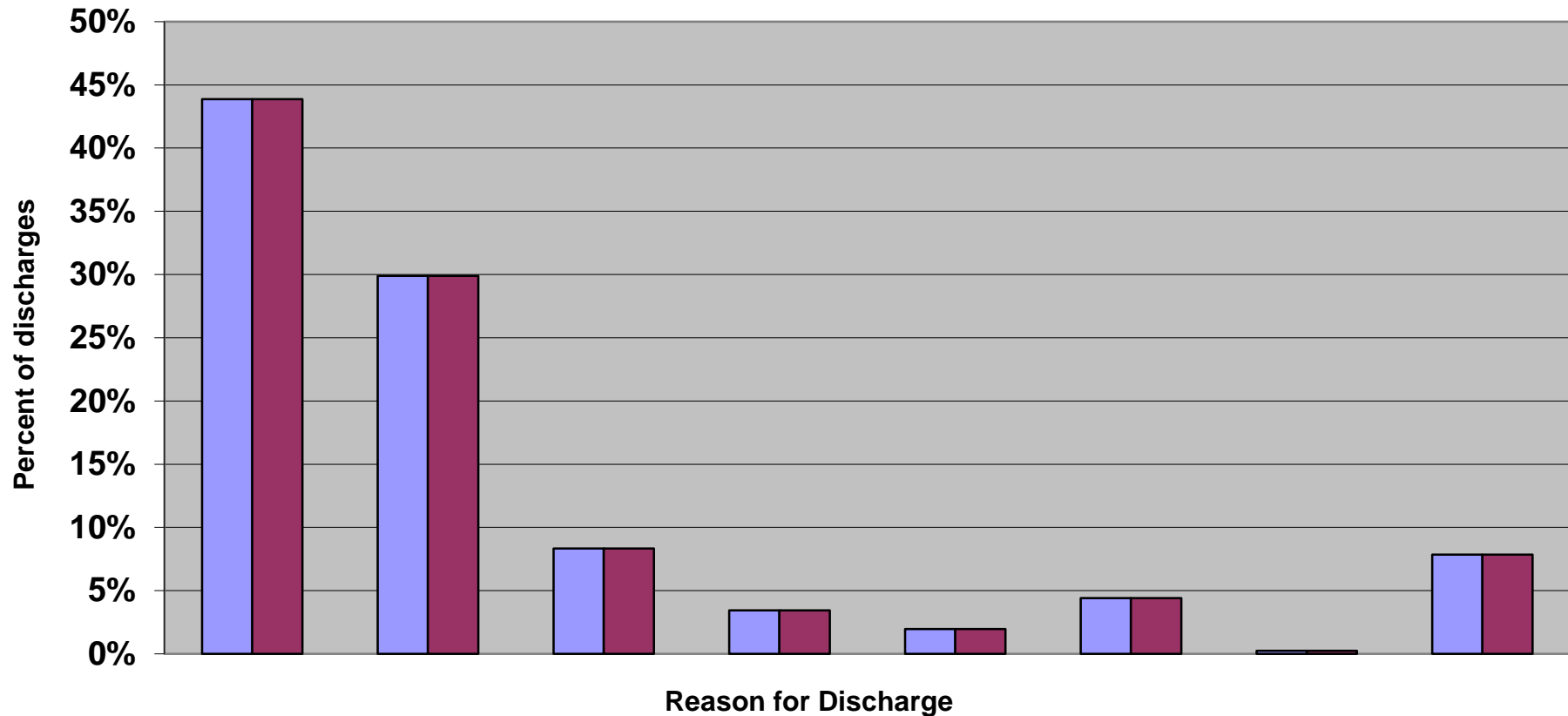
# CSA Monthly Report for July 2016, Report 8

## Distribution of ICC Youth At End of Month by CSA for Current Month



# CSA Monthly Report for July 2016, Report 9

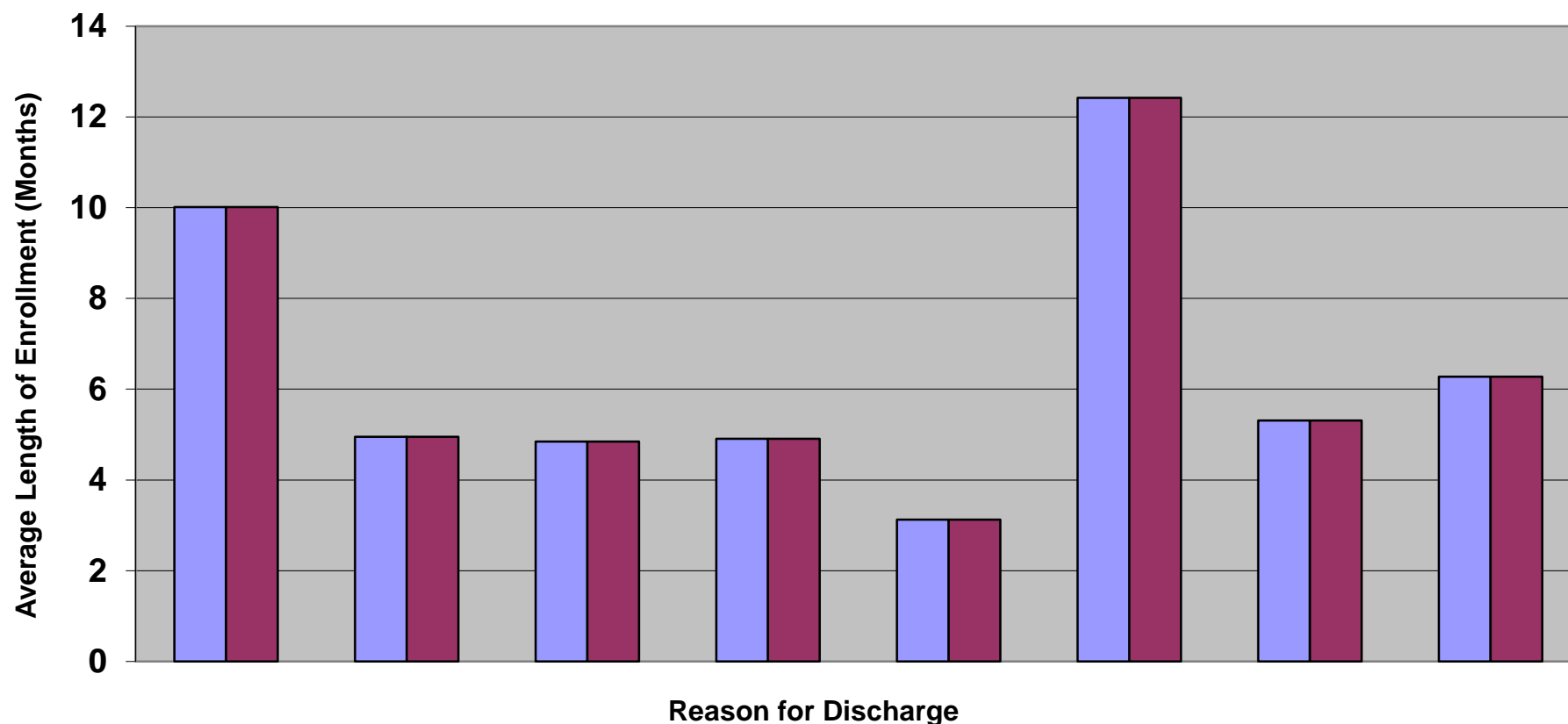
## Discharge Reasons for Current Month and Fiscal Year 2017



	Goals Met	Consent Withdrawn	Not SED	Family Moved	Disenrolled MH	Out of Home	Youth 21	Other	
Jul-16 (%)	44%	30%	8%	3%	2%	4%	0%	8%	
YTD (%)	44%	30%	8%	3%	2%	4%	0%	8%	Total
Youth	179	122	34	14	8	18	1	32	408
YTD (N)	179	122	34	14	8	18	1	32	408

# CSA Monthly Report for July 2016, Report 10

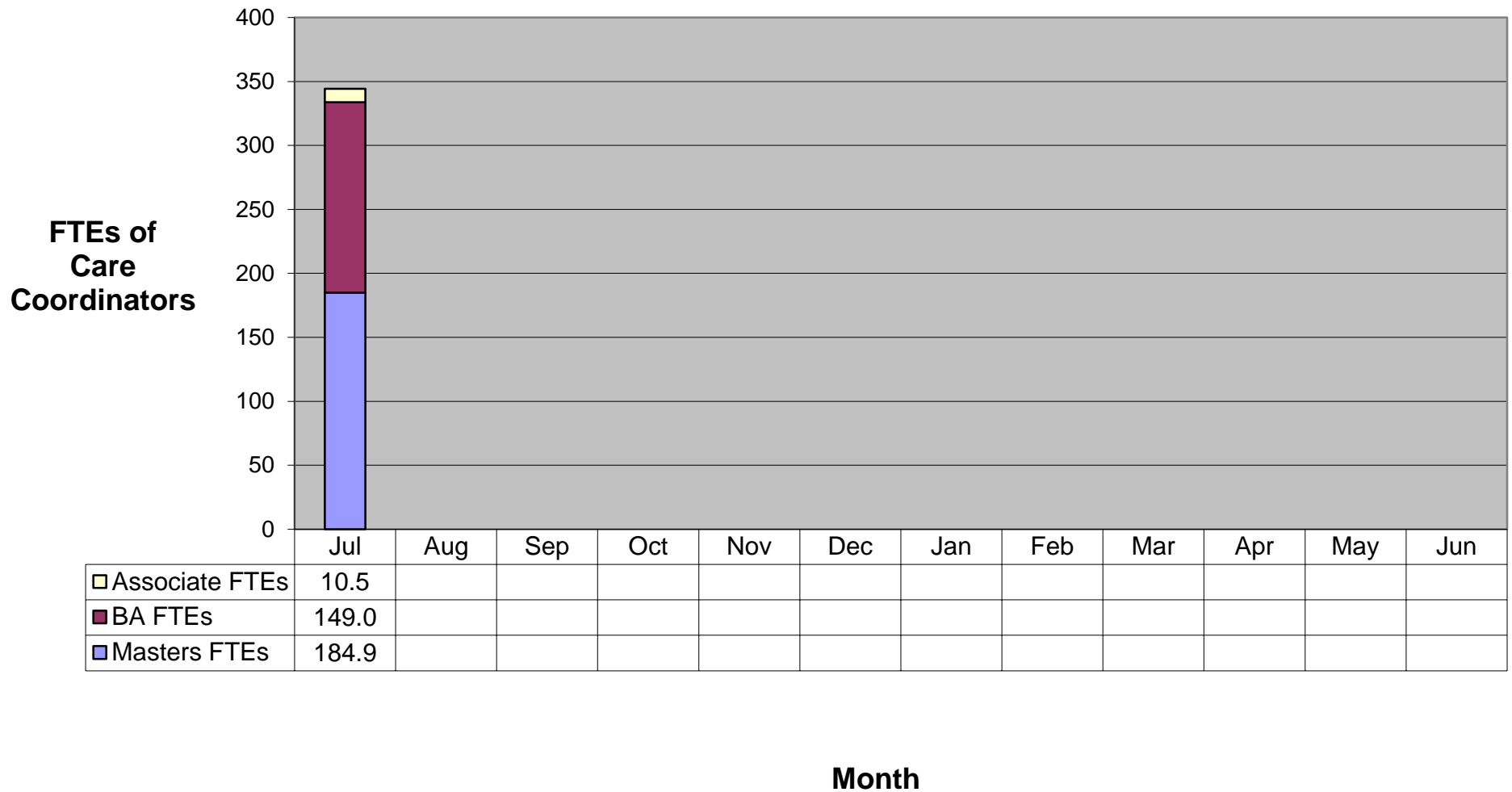
## Average Length of Enrollment by Discharge Reason Fiscal Year 2017



	Goals Met	Consent Withdrawn	Not SED	Family Moved	Disenrolled MH	Out of Home	Youth 21	Other	
Jul-16 (LOS)	10.0	5.0	4.8	4.9	3.1	12.4	5.3	6.3	
YTD (LOS)	10.0	5.0	4.8	4.9	3.1	12.4	5.3	6.3	Total
Youth	179	122	34	14	8	18	1	32	408
YTD (N)	179	122	34	14	8	18	1	32	408

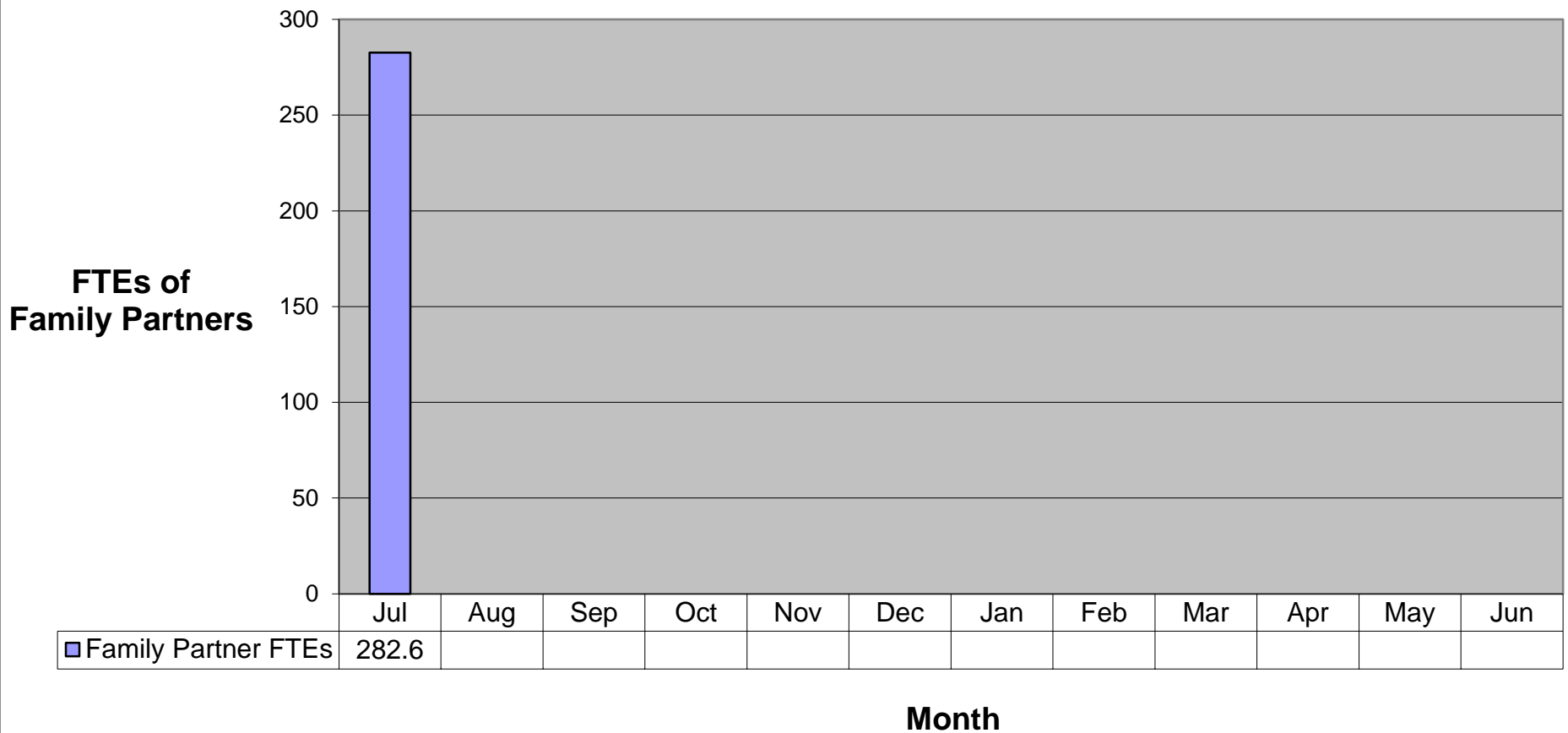
# CSA Monthly Report for July 2016, Report 11

## YTD Care Coordinator FTEs by Training for Fiscal 2016



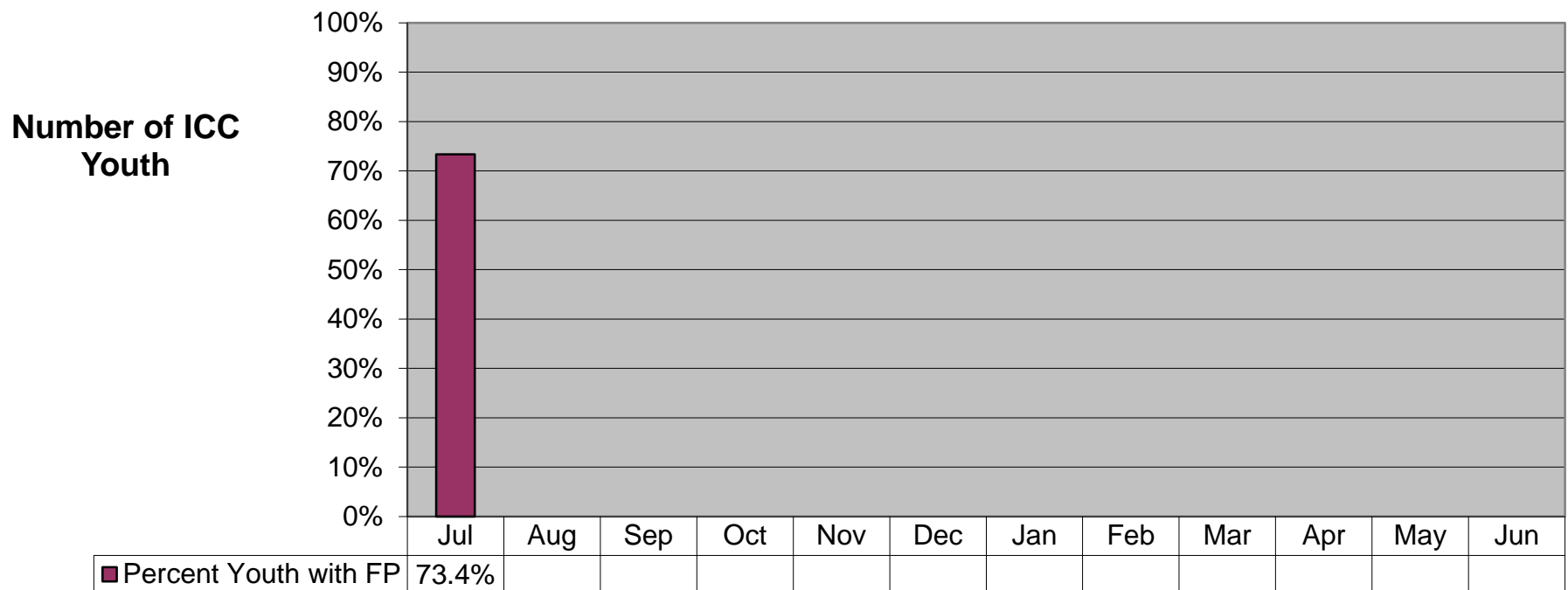
# CSA Monthly Report for July 2016, Report 12

## YTD Family Partner FTEs for Fiscal Year 2017



# CSA Monthly Report for July 2016, Report 13

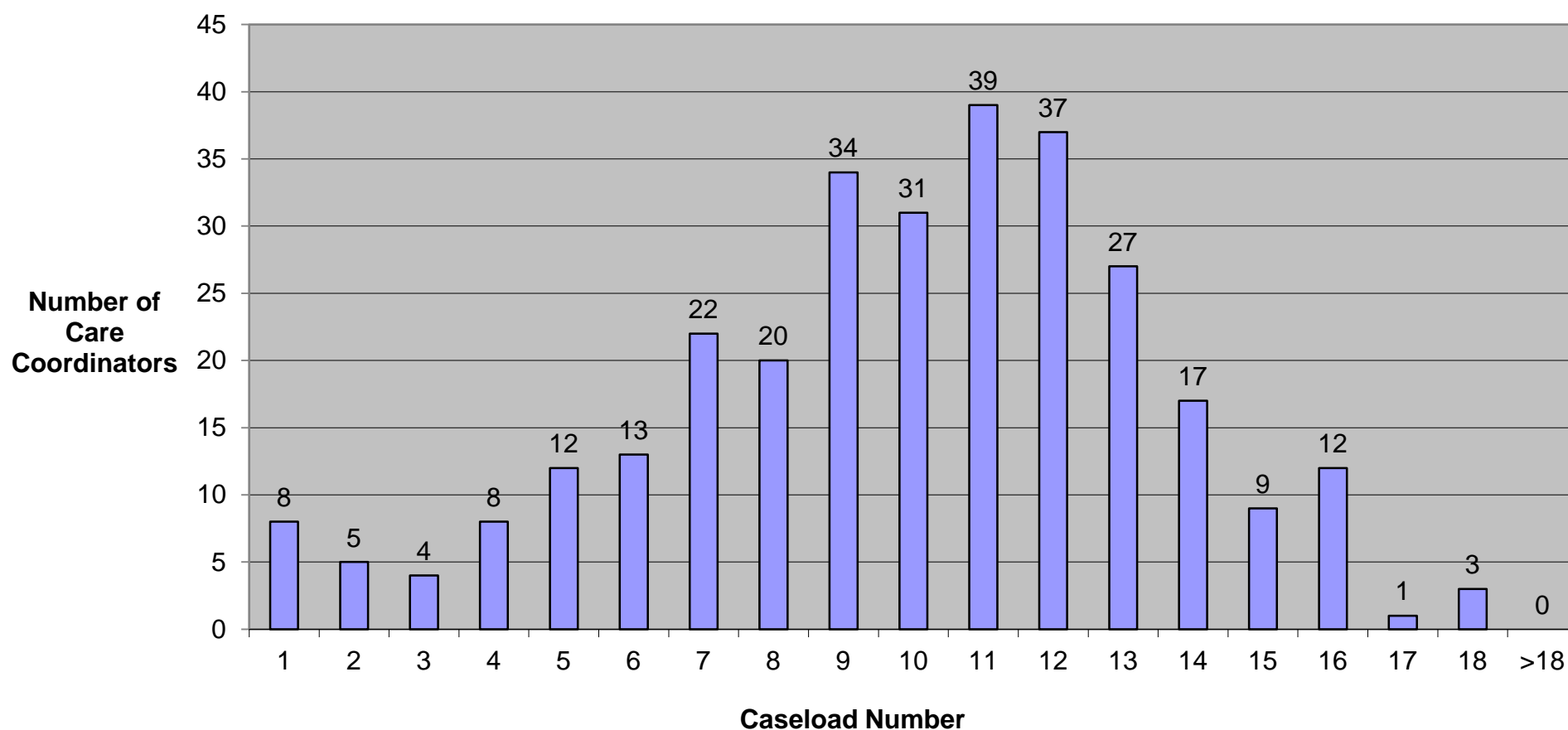
## Percent of Youth Enrolled in ICC with a Family Partner for Fiscal Year 2017





# CSA Monthly Report for July 2016, Report 14

## ICC Caseload Distribution For Full Time Care Coordinators



**Average Caseload (All FTEs) = 9.6**

Based on caseload per FTE rounded to nearest whole number.

Does not include Senior Care Coordinator caseloads.

Full Time = >.7 FTE. Graph shows 87% of youth enrolled.

Prepared by the Massachusetts Behavioral Health Partnership on 8/31/2016.