# Dallas System of Care Needs Assessment

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# Executive Summary

This needs assessment was conducted to obtain a better understanding of the current state of the Dallas County child serving system and to inform the strategic planning for the Dallas system of care. Using a participatory process, the Texas System of Care (TxSOC) team collaborated with the Dallas System of Care core team to identify the goals of the project and to create interview and survey questions. Data were then collected through key stakeholder interviews and a survey of caregivers.

As determined by the participatory process, the goals of the needs assessment were to:
1. Identify the strengths of the community,
2. Identify areas where interagency collaboration could improve the provision of children's mental health services,
3. Find the unique role for the system of care within a community that offers other interagency collaboratives,
4. Identify the current alignment of the Dallas system of care with the established system of care values of youth and family voice, cultural and linguistic competence, and community based services, and
5. Based on the findings, develop suggestions for advancing the system of care and suggest priority areas for improvement.

Findings from key stakeholder interviews with 23 providers and 5 caregivers indicate:
- Dallas is resource rich, but services are not well-organized;
- Providers have a history of competing more than collaborating;
- Families are unsure how to access help; and
- There are many existing initiatives in Dallas.

Eighty-two caregivers participated in the caregiver survey, yielding findings which indicated:
- Families encounter barriers to accessing care, especially struggling to find services to help their child;
- Families feel overwhelmingly positive about their providers once they are in services; and
- Families are more trusting of providers of voluntary services (compared to mandated services).

Based upon these findings, Dallas families and providers can benefit through the Dallas System of Care providing strong ongoing leadership to encourage shared ownership of the children and youth served and promote accountability of quality services.

# Introduction to Study

Recently, key child serving organizations came together in Dallas County, Texas to increase collaboration between local organizations using the System of Care framework. System of Care is defined as "A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life" (Stroul, Blau & Freidman, 2010, p. 6).

The System of Care framework is grounded in three core values:
1. Family driven and youth guided, with the strengths and needs of the child and family determining the types and mix of services and supports provided;
2. Community based, with the locus of services as well as system management resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level; and
3. Culturally and linguistically competent, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services and supports and to eliminate disparities in care (Stroul, Blau & Freidman, 2010, p. 6).

The overall goal of a system of care is to develop a community collaborative that better meets the needs of youth. The focus is on keeping youth in the home, out of psychiatric or juvenile justice facilities, and on a trajectory toward productive adulthood. Much of this collaboration occurs within community boards and committees, and is separate from the day-to-day business of direct practice. The purpose of these boards are to:
- Coordinate child serving systems to make obtaining help easier for families;
- Identify and partner on opportunities to develop services and supports that are effective and meaningful to families;
- Leverage system resources by increasing collaboration;
- Streamline service delivery by reducing duplication of services from multiple service providers and by increasing collaboration and cooperation among all child-, youth-, and family-serving partners.

In order to better understand the current context of the community, a needs assessment was conducted to provide a starting point for the Dallas County System of Care (Dallas SOC). The goal of the study was to gather and critically examine various perspectives on the purpose of the Dallas SOC, along with Dallas SOC's long-term goals. The needs assessment will further serve as an investigation into certain attributes of Dallas' unique service population and will be a valuable resource for strategic planning.

# Aims of the Current Study

The overall goal of this study was to obtain a better understanding of the current state of the Dallas County child serving system, which will inform the Dallas system of care strategic planning process.  The aims of the needs assessment was to:

1. Identify the strengths of the community;
2. Identify areas where interagency collaboration could improve the provision of children's mental health services;
3. Find the unique role for the system of care within a community that has other interagency collaboratives;
4. Identify the current alignment of the Dallas System of Care with the established system of care values of youth and family voice, cultural and linguistic competence, and community based services; and
Based on the findings, develop suggestions for advancing the system of care and suggest priority areas for improvement.

# Methodology

Dallas System of Care is supported in their development by Texas System of Care (TxSOC), as an expansion site within the current state expansion efforts. Staff with TxSOC provide training, consultation, and evaluation support to the Dallas SOC, as needed to support community goals. Using a participatory process, the Texas System of Care (TxSOC) team collaborated with the Dallas System of Care core team to develop the goals of the project and determine strategies for collecting data through stakeholder interviews and a survey of parents/caregivers. The teams collaborated on stakeholder interview and survey questions that and reviewed multiple iterations. Youth and family representatives identified areas of improvement to help ensure questions would be understood and result meaningful information.

Key Stakeholder Interviews
The key stakeholder sample was collected based on input from the attendance at the initial Dallas SOC meetings. First, participants were asked to identify and provide the TxSOC lead evaluator with the contact information for the key leadership in the Dallas child-serving community. Then, the Dallas SOC core committee and Texas TxSOC team examined the list to ensure all major child serving organizations, systems, and local official offices were represented. The final stakeholders list included system and agency leaders, elected officials, family members of youth served by the system, and community members who were involved in the children's social services system (i.e. those individuals best able to comment on both the current children's social services arena and its future directions within the framework of a SOC model). A list of forty-one individuals was created and individual email invitations were sent to each person directly by the Dallas SOC Coordinator, including the contact information of the TxSOC Lead Evaluator. Follow-up emails and phone calls were provided to any individual who did not respond to the initial email, and interviews were scheduled directly by the designated interviewer within the TxSOC team.  There were a number

of reasons for non-participation in the interviews. Inability to participate in the full interview is not an indictment of lack of interest in the initiative.

| Participating organizations | Additional organizations contacted |
|---|---|
| • Children's Health | • Child & Family Guidance Center |
| • Commissioners Court Judge | • Commissioners Court |
| • Community Partners of Dallas | • Dallas Children's Advocacy Center |
| • Covenant Kids | • Dallas County Juvenile Detention |
| • Dallas County Child Welfare Board | • Grant Halliburton Foundation |
| • Dallas County Child Protective Services | • Green Oaks Hospital |
| • Dallas CASA | • Juvenile Justice Public Defender |
| • Dallas ISD | • Multiple Associate Judges |
| • Dallas County Juvenile Probation | • Multiple District Judges |
| • Dallas County Juvenile Justice | • NAMI Dallas |
| • District Judge | • The Family Place |
| • Friends of Wednesday's Children | |
| • Mental Health Court | |
| • Metrocare Services | |
| • Momentous Institute | |
| • North Texas Behavioral Health Authority | |
| • Region 10 Education Service Center | |
| • Timberlawn | |

The final sample included twenty-seven providers and five caregivers. The semi-structured interviews were conducted using a script, and interviewers were encouraged to ask for clarification and elaboration throughout the interview. Interviews were audio-recorded and transcribed. Transcripts were cleaned for coding by eliminating as much identifying information as possible, without changing meaning.

Caregiver Surveys
Caregiver surveys were created to increase family member contribution to the needs assessment. During the key stakeholder interview collection, the Dallas SOC and TxSOC teams sought to obtain equal provider and family voice to inform the needs assessment. Due to the desire of many family members to remain anonymous, the team decided surveys would provide a parallel means to collect information. Using the key stakeholder interview script as a model, a series of categorical questions were asked of caregivers. The survey was offered in paper and electronic form to make it as accessible as possible to all caregivers. The survey was distributed in the waiting rooms at Metrocare, Dallas County Juvenile Department, and Dallas County Child Protective Services. The surveys were distributed from November through December 2015.

# Key Stakeholder Interview Analysis

Narrative information, such as that collected in interviews, can be summarized by looking at themes that emerge across participants. To capture the themes, codes are created that help a reviewer categorize the information. Codes were developed prior to the review by using the goals of the project to guide categorization. The codes were separated into two broad categories: information related to the Dallas community and information specific to the Dallas SOC. The information in the Dallas Community section was intended to understand the current Dallas system, while the Dallas SOC section provided insight into the participants' perspectives on the direction and purpose of the System of Care.

Stakeholder responses were categorized according to the following coding structure.

<u>Dallas Community</u>
- Population
  - Who are the children and families being served by the different agencies within the system?
  - Do they share similar demographic, sociocultural attributes?
  - Are they coming through a specific entry point? (e.g. child welfare, juvenile justice, the schools)
- Strengths
  - What are the positive aspects unique to the system?
  - How are these aspects representative of the system's culture and how can it aid us in achieving our goals?
- Needs
  - What is missing from the system that could help it function better?
- Barriers to Collaboration
  - What is preventing the system from effectively working together?

- Family and Youth Voice
  - Viewpoints and experiences of the family members and youth involved in the system's services.
  - Provider views on inclusion of youth and family voice in system change.
- Current Initiatives
  - Present or upcoming strategies that will assist in accomplishing our goals.
  - How can Dallas SOC align with other initiatives?

<u>Dallas SOC</u>
- Purpose
  - What should be the focus of the system of care?
  - What role should the SOC play in the community?
- Structure
  - How should the Dallas SOC governance board be structured (i.e. committees, sub-committee of another initiative, etc.)?

- Awareness of System of Care Values and Philosophy
  - What is the general level of knowledge around System of Care?
- Participant Suggestions for Dallas System of Care initiatives
  - The viewpoints of interview participants regarding the strategies needed to implement a system of care.

Two independent coders manually coded the interviews, and inter-rater reliability checks were conducted throughout the process.  A third reader reviewed the codes, and complied results by theme.

# Key Stakeholder Results

**Dallas Community**

Population
The population of youth accessing mental health services is heterogeneous. No specific demographic or sociocultural pattern was discovered for those accessing care. However, one common thread was found in several interviews; the need to identify children before they hit the point of crisis, resulting in entrance into a psychiatric hospital or the juvenile justice system.

Strengths
Several individuals stated that the Dallas community has a multitude of resources, especially in comparison to other areas of the state.  Additionally, respondents noted a variety of local funders and donors who have shown an interest in supporting similar initiatives and may be leveraged for funding. Furthermore, community stakeholders are aware that more collaboration is needed, and the climate is suitable for the implementation of SOC values.

*Selected Quotes*
> *"In North Texas we are loaded with resources. The economy is doing well right now and I think we are able to solve this problem."*

> *"I think the community engagement in Dallas is pretty high."*

> *"Biggest strength right now is recognizing there's an issue and trying to address it."*

> *"…folks have become more collaborative…it's a small community even though it's a huge city."*

Needs
While Dallas is rich in resources, the child serving delivery system is fragmented and there is a heightened focus on crisis care, hospitalization, and criminal justice involvement, as opposed to prevention.  Repeatedly providers and caregivers reported that no one knows where to turn for help for their children. Unless the families are persistent and willing to contact multiple providers and re-tell their stories, the

likelihood of obtaining appropriate, elective, community-based services is rare. Other substantial needs include a call for increased provider education/training, an ability to gauge the quality of services, the need for trauma-informed services, a desire for schools to play a larger role, and a solution to address the recent closing of a local psychiatric hospital.

*Selected Quotes*

*"Early intervention…that is a pressing need"*

*"No one knows where to go… lack of information in the community about who they see for what."*

*"I think there are some good organizations … providing good work. I think it would be better if they were a little more unified"*

*"We are constantly just trying to put a band-aid on stuff."*

*"…We need more appropriate services in our schools."*

*"With Timberlawn closing we keep asking ourselves where those kids are going to go when crisis arises."*

Barriers to Collaboration

Due to the structure of the Dallas child/family-serving systems, many of the child serving agencies are competitors, which has impeded collaboration. Furthermore, the recent changes to the NorthStar Medicaid carve out, and its effect on future funding, are making organizations more cautious about collaboration. Many providers noted great uncertainty and confusion as a result of the current changes in the region.

*Selected Quotes*

*"Find a way to get everyone working together."*

*"There's always a little bit of a challenge of how do you get competitors to get in a room and help each other."*

*"Turf guarding…Territorial."*

*"A lot of times people are going after the same pots of money and a lot of times people are guarding their missions and their priorities so much that it prevents them from opening up and doing true collaboration and collective impact."*

*"There is confusion about who is providing the services now or where they can get care that maybe that they got implemented before."*

<u>Family and Youth Voice</u>
Appreciating the importance of family and youth voice is a current challenge in Dallas. While there were a handful of respondents that stated caregivers should be valued and have a place at the table, a majority of respondents seemed to be unaware of the importance in involving caregivers and youth or stated they bewildered how to better include them. The involvement of caregivers provides an opportunity for further cross collaboration and offers the perspective of the consumers receiving the services.

*Selected Quotes*
> *"It is tremendously helpful because they (families) are living it. They can give a perspective of their struggles, of their needs that will help us not to reinvent the wheel…think it is very important to involve them because it is about them and their children. We tell them they are important. Bring them in. If you are not going to do it, it is like a politician that never meets with the people he serves."*

> *"It seems to me that the people that services are being planned for should have a voice in the process. But where you are going to find those people or which ones are you going to listen to?"*

> *"Families don't seem to be valued as understanding their children's needs and are patronized."*

> *"To make services better, more families need to be involved in informing the providers what works for us."*

<u>Current Initiatives</u>
There are many overlapping initiatives occurring in Dallas. It is essential to consider all of these in the development of the SOC and in determining how the governance board can build upon existing work and partner to promote positive changes. To see additional information on the initiatives indicated in the interviews, please see Appendix 1.

**Dallas County System of Care**

<u>Purpose</u>
Dallas SOC needs to fill a void in the community instead of "reinventing the wheel." There are many pre-existing collaborations within the region, but no single group has specifically targeted the need to better coordinate the multiple systems that may be involved in a child's life.

<u>Structure</u>
Feedback from respondents indicate it would be useful if a child-focused committee were established under one of the larger collaboratives, such as the Behavioral Health Leadership team (BHLT) or North Texas Behavioral Health Association (NTBHA). There were a number of respondents who expressed concerns about duplication of effort

and wanted to ensure Dallas SOC builds off of existing infrastructure instead of tackling the challenges on its own. This will provide an avenue for developing a cohesive sense of ownership around the Dallas SOC initiatives, and offer a direct partnership with key decision makers in the community.

*Selected Quotes*
> *"I think just having an agreed upon communication pathway to give updates on kid's progress, eventually having a shared database of resources and communication, that would be ideal if we could do that."*

> *"By having a systems of care, we will have a true network to look at where strengths are right now and where the weaknesses are."*

> *"If we could have a single point of access for families that would be huge… Or at least a place where they could access to services instead of going from building to building and location to location"*

Awareness of System of Care Values and Philosophy
In general, respondents were unsure what the term "system of care" really means. Based upon the interview responses, there is a need to educate community leaders on system of care as an organizational and philosophical approach of working together across agencies to pool resources and coordinate efforts while infusing system of care values (community-based, youth and family guided, culturally and linguistically informed, and outcome driven) throughout all individual and collaborative work to achieve a shared vision for Dallas' youth and families.

Participant Suggestions for Dallas System of Care initiatives
Respondents were asked to identify ways of improving the Dallas system of care initiative. Results included the following:
- Need for a "no wrong door" or single point of entry. Children and families are able to access assistance from a Dallas agency, regardless of whether it is the "correct" one for their specific needs.
- Reduce retelling of a family's story through the implementation of a common assessment and coordinated treatment plan.
- Coordinated release of information across agencies.
- Create active partnerships with schools as a method for creating more preventive services and reaching children in need of services quicker.
- Increase access to high fidelity wraparound as an alternative to psychiatric hospitalization.
- Electronic referral system to share information between providers.
- A clearinghouse of agencies and programs in Dallas that reports program outcomes.
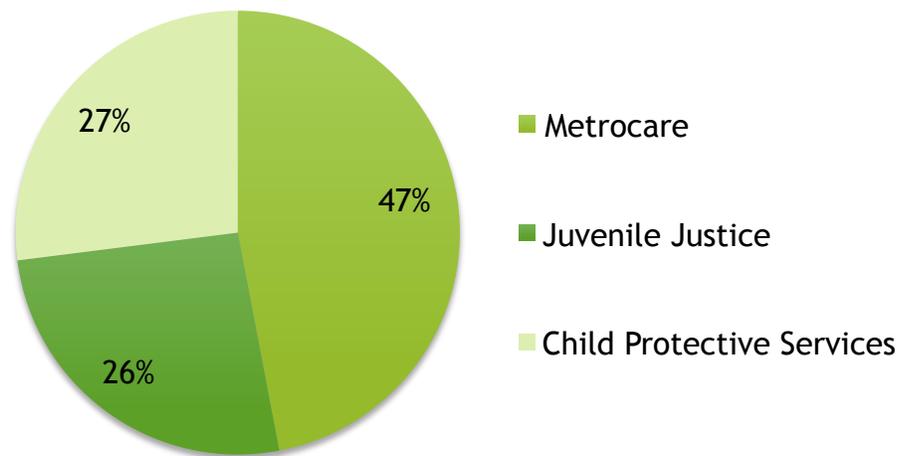
# Caregiver Survey Results

<u>Respondents</u>

A four-question survey was provided at the reception area of three child-serving agencies within the Dallas region. Eighty-two individuals completed the survey representing Dallas County Protective Services (*n*=22), Metrocare (*n*=39), and Dallas County Juvenile Justice (*n*=21).

The survey probes the perspectives of caregivers accessing voluntary services for their children (Dallas Metrocare), as well as the perspectives of caregivers of children who are mandated into treatment (Dallas County Juvenile Department and Dallas County Protective Services).

While the number of survey participants represents a small sample of those served in these organizations and many other organizations in Dallas were not sampled, this sample provides a snapshot of some important aspects of the Dallas child serving system (voluntary, mandatory, community-based, and crisis-oriented).

Chart 1. Survey Respondents



- Just under one-half of the caregiver survey respondents represented caregivers of children who received voluntary services through the Dallas child/youth behavioral health provider.
- Fifty-three percent of participants were caregivers of children mandated to receive services through either the child protective or juvenile justice systems.

Question 1: What have you struggled with or what problems did you and your family encounter in trying to get assistance for your child?

Chart 2. Barriers to care access
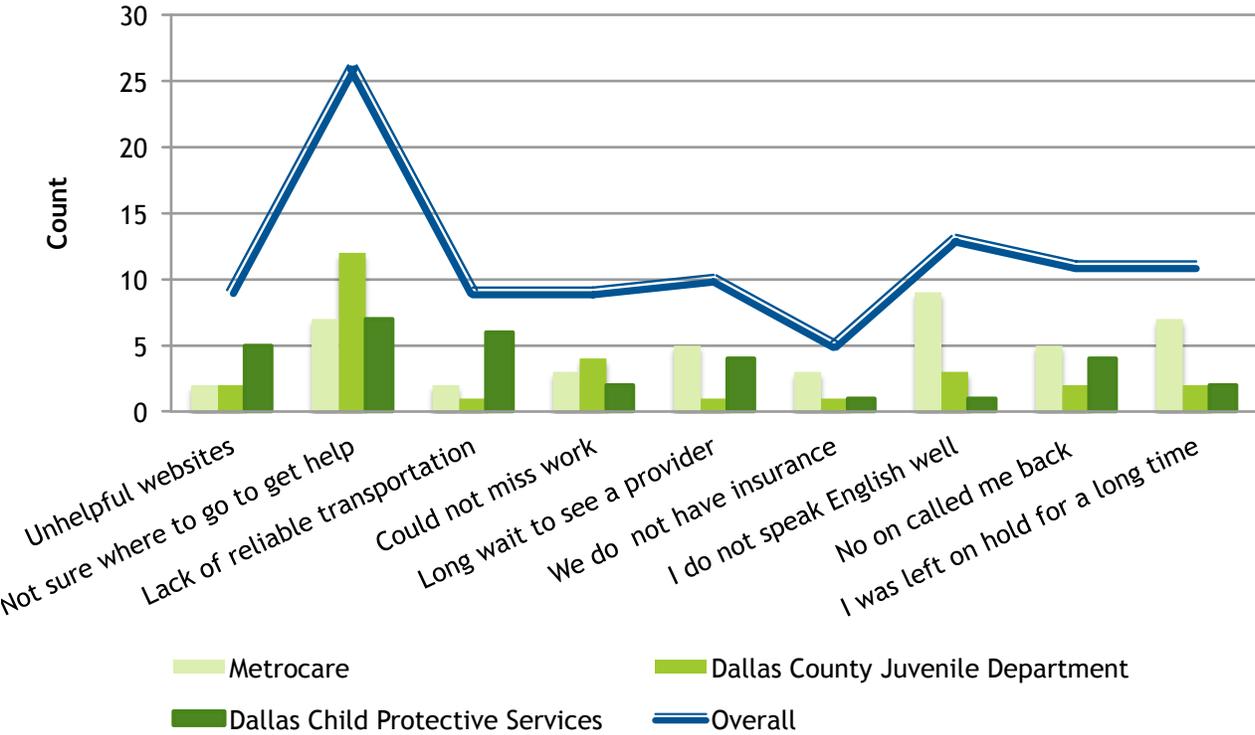


- The most significant issue across sites is general confusion of where to go to get help (*n*=26, 21%), which is consistent with key stakeholder interviews.
- Other barriers to care were: language of providers, long wait times, and being left on hold.

Questions 2: If your child or children are receiving help, what would you say has been the biggest struggle or has been less than useful as a family?
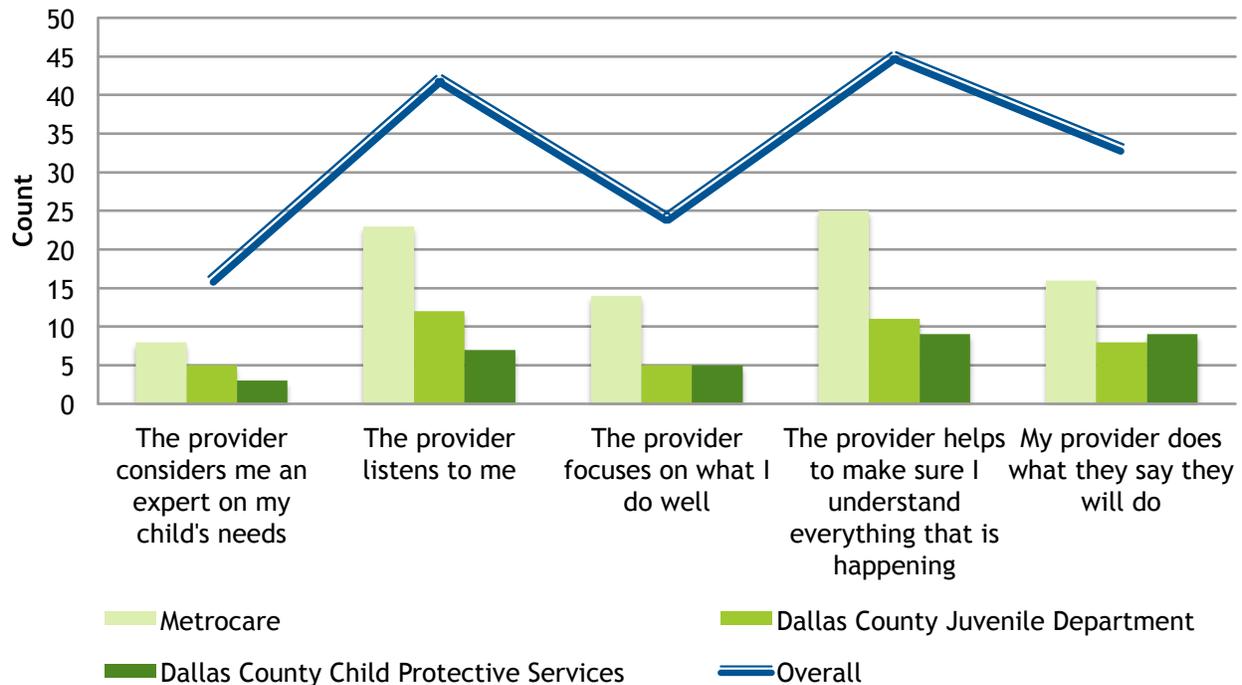
Chart 3. Biggest struggle
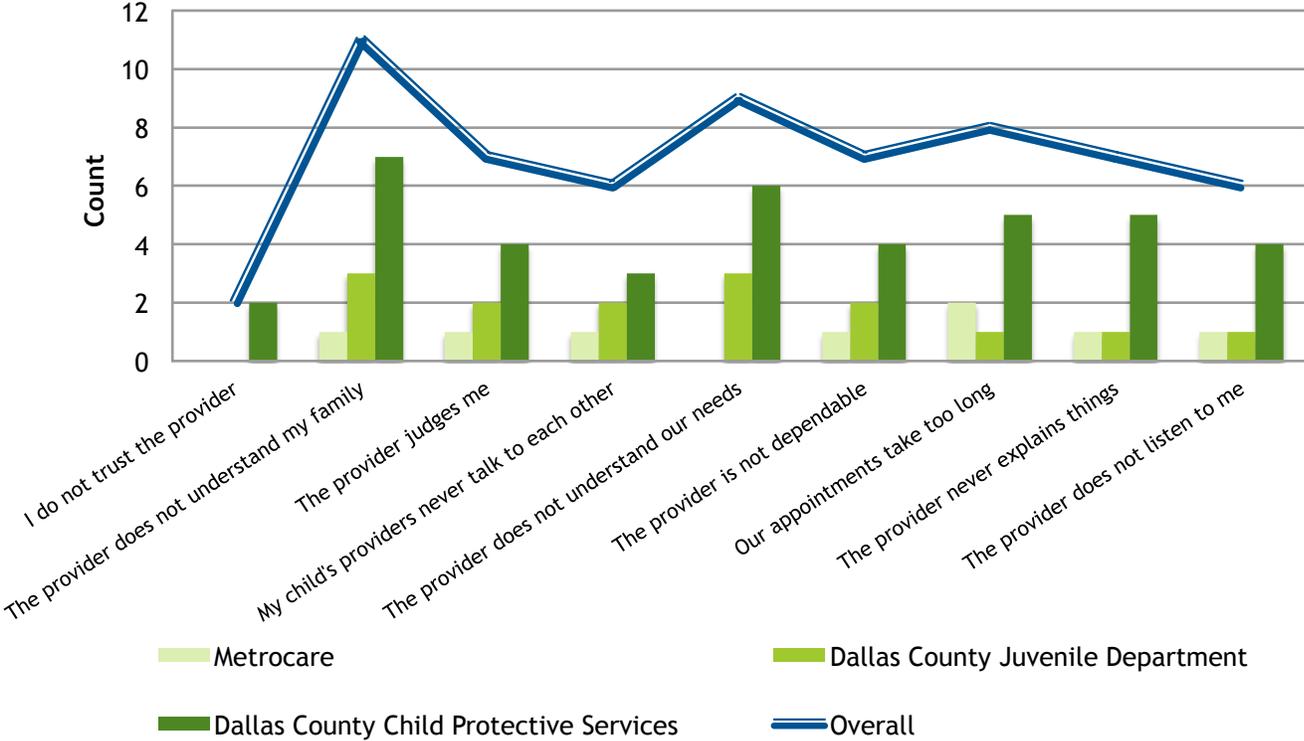


- Overall respondents indicated a greater number of positive experiences over negative experiences. Seventy-four percent of the sample noted a positive experience compared to 33% indicating a negative experience while in care.
- The general themes of negative experiences are the families' perceived perspective of how the provider views them.
    - This was seen in the interviews of caregivers, some of whom mentioned feeling "devalued" and that "no one listens to us".

Chart 4. Best Experience



- According to the surveys, a substantial strength in the community is that families feel supported.
    - A majority of respondents stated "the provider listens to me" (*n*=42, 51%) and "the provider helps to make sure I understand everything that is happening" (*n*=45, 54%).
    - Again, the differences in agency results may be partly due to Metrocare being a voluntary service versus a mandated one, which is also reflected in the similar agreement rates across questions for Dallas Juvenile Department and Child Protective Services.

What do you think would make your experiences with receiving services in your community better?

General themes of the survey's qualitative section were: greater support services for parent and community education/involvement, more communication between provider and parent, and more resources and access to providers. These themes connect closely to the results identified in the key stakeholder interviews. Responses mentioned a need to help parents understand the needs of their children, and better communication between the community, the families served, and the providers.

Selected Responses

*"More guidance on how to help the child."*

*"Take time out to visit the people in the community."*

*"What would make my experience with getting services better would be better communication between parents and provider. The lack of communication is a big issue that I have."*

# Conclusion

This needs assessment provides insight into the current environment of Dallas' child serving agencies. While there are barriers in implementing the system of care philosophy, Dallas possesses a myriad of strengths. The most significant strength is rich in resources and has many individuals at the table working on a number of initiatives.

Finding 1: Families do not know where to turn for help
Many caregivers feel lost and do not know where to start to find help for their children. Overall results from the needs assessment indicate that Dallas System of Care would be improved by taking steps necessary to increase the awareness and accessibility of services for children and families.

Recommendation 1: Promote hope and easier access to voluntary care
Families need to be able to easily find and access high quality, appropriate care before and while their children are in crisis. This can only be accomplished if families are aware of the services, if services are easily accessible, and if the family feels valued and that the provider listens to them. If the family feels they have a leadership role in their child's care and that the provider understands the unique dynamics of their family, this will positively impact how they view the quality of their provider and service. A crucial component of the system of care philosophy is that services should be youth and family driven. Based upon the responses from the caregiver interviews and surveys, Dallas providers, especially of voluntary services, are doing a good job listening to the family and ensuring families understand all aspects of their child's care. The next level of engaging youth and families is to

ensure that families and youth have a leadership role in developing and driving the services they receive. In keeping with this result, strategies should focus on making services easy to identify, provide families clear information, and create smooth referral processes.

Finding 2: Dallas providers are focused on competition
It was very apparent from the interviews, and the initial correspondence with potential interviewees, that the providers and elected/appointed officials in Dallas care deeply about the well-being of all of the families served throughout the child serving system.  Unfortunately, as a result of funding structures in Dallas, many of these providers have been pitted against one another instead of having the opportunity to work in partnership. A widespread theme articulated by many respondents was the perception that Dallas providers are more focused on being competitors instead of focusing on meeting the needs of children and families.  This appears to be a structural challenge of the region, and something that the Dallas SOC needs to consider as they move forward.

Recommendation 2: Community organization and shared ownership
Given the uncertain nature of the structure of public behavioral health services in the region, Dallas SOC will need to make a concerted effort to build shared ownership across systems. By viewing each child as part of a larger system (as opposed to the sole concern of one specific agency), divergent agencies may come together on behalf of the child. To help define common ground, it may be useful for the Dallas System of Care to promote the community-wide implementation of the collective impact model. This framework focuses on the five main elements of: common agenda (vision), common progress measures, mutually reinforcing activities, communications, and backbone organization. These elements aid to unify multiple organizations toward creating a common agenda and successfully implementing goals (Kania & Kramer, 2011).

Finding 3: Unknown quality of services
Building upon findings 1 and 2, transparent accountability is needed to promote a culture and expectation of high quality services.

Recommendation 3: Balance choice with accountability
By sharing information and defining common ground, Dallas SOC can be equipped to provide information to the community about accessibility, availability, and quality of services in the community.  Through participation in the system of care, community organizations can agree to adopt and infuse the system of care values and measure common outcomes on all of the youth served.

# Citations

Stroul, B., Blau, G., & Friedman, R. (2010). *Updating the system of care concept and philosophy*. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health.

Kania, J., & Kramer, M. (2011, Winter) Collective impact. Stanford Social Innovation Review.

## Appendix 1. Current Initiatives

| Name | Description |
| --- | --- |
| **Behavioral Health Leadership Team (BHLT)** | Specifically focused on serving as a sole point for accountability, planning, oversight, and funding coordination for all Dallas County behavioral health services and funding streams. |
| **Community Resource Coordination Group (CRCG)** | An interagency group encompassing private and public providers who collaborate in developing individual service plans of youth and adults involved in multiple services. |
| **Consumer Family Advisory Committee** | Comprised of volunteers who have previously or are currently receiving services, and their family members. The committee serves as an excellent venue for involving youth and family voices. |
| **Crossover Youth Practice Model** | Created by the Center for Juvenile Justice Reform, this model centers on reducing the number of youth being involved in both the child welfare and juvenile justice system. These "crossover" youth have specific needs that require focused interventions, such as decreasing the amount of youth placed in residential care. |
| **Grant Haliburton Foundation** | The foundation offers educational training programs for students, parents, and educators. These programs serve to increase awareness around recognizing the signs of distress or suicidal ideations in youth and how to aid them. Providing parents, teachers, and peers greater education and awareness around youth crisis will serve in prevention efforts and helping youth access needed services quicker. |
| **Mental Health & Juvenile Justice Courts** | These specialty courts focus on coordinating services for specific populations and utilize a problem-solving approach to court proceedings. They are a valuable resource to the Dallas child serving community and an example of effective interagency collaboration. |
| **North Texas Behavioral Health Authority** | The North Texas Behavioral Health Authority (NTBHA) is the Local Behavioral Health Authority for Collin, Dallas, Ellis, Hunt, Kaufman, Navarro and Rockwall Counties. The North Texas Behavioral Health Authority (NTBHA) seeks to develop a collaborative system of care for individuals experiencing mental illness and/or a substance use disorder. Collaborative Responsibility is the belief that the public healthcare system, which serves a community, is the responsibility of that community. |

| Name | Description |
|---|---|
| **Region 10: Education Service Center** | This regional service provides support to the Dallas County schools district though providing instruction and operations services, and serving as a resource for parents and the community regarding a variety of issues, including coordination for students with disabilities. Their annual brown bag lunch event offer an opportunity for various community stakeholders, and parents come together to learn more about a topic related to school-aged youth. A recent example is their *"Kids in Crisis Series"* that covered the intersection of mental health issues and school safety. This brown bag lunch series serves as an excellent opportunity for fostering collaboration across child serving services. |
| **Rees-Jones Center for Foster Care Excellence** | Located within the Children's Medical Center of Dallas, the foster care clinic is comprised of foster care experts from pediatrics, research, and child welfare. Along with primary care, the clinic offers behavioral and developmental support, care coordination, and specialty referrals aimed at addressing each child's unique needs. The clinic serves as an excellent resource for the Dallas community, along with exemplifying the unparalleled benefits of employing cross-collaboration and expertise. |
| **Texas Healthcare Transformation and Quality Improvement Program (1115 Medicaid Waiver)** | This waiver allows expansion of Medicaid managed care and provides incentive payment for health care improvements. The 1115 waiver focuses on providing innovative health care improvements and improving access to quality behavioral health services. |
| **Youth Empowerment Services (1915 C Waiver)** | This Medicaid waiver provides youth with serious emotional disturbances flexibility in regards to treatment options. The focus is on keeping youth in the community and out of residential services. |