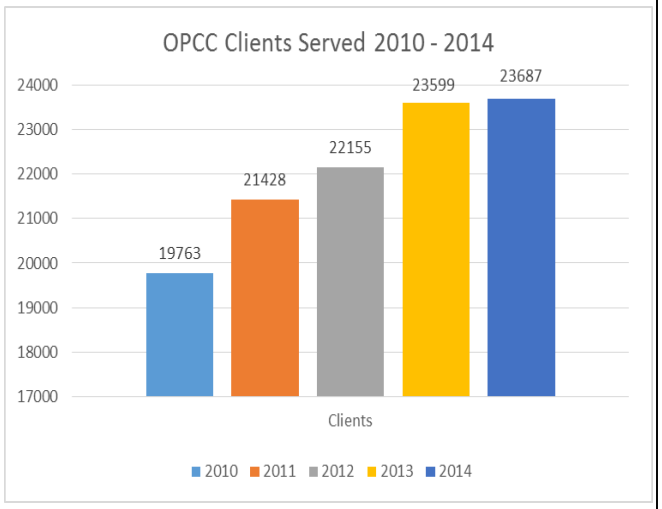
2014 Program Report Card: Outpatient Psychiatric Clinics, DCF

Contribution to the Result: Outpatient Psychiatric Clinics for Children offer an array of individual and family based community-based mental health services in a clinic-based setting for children and youth, ages 4 to 17 who present with a range of emotional and behavioral disturbances. Services include: psychosocial assessment; psychiatric evaluations/medication management; and individual/family/group psychotherapies. These are delivered by a multidisciplinary team of psychiatrists, APRNs, psychologists, licensed doctoral and masters' level clinicians and interns. Services are designed to maintain children in their communities by promoting mental health and improving functioning in children, youth and families and by decreasing the prevalence of and incidence of mental illness, emotional disturbance and social dysfunction.

Program Expenditures	State Funding	Total Funding
Actual SFY 13	11,864,182	11,863,182
Actual SFY 14	11,923,208	11,923,182

Partners: Families, outpatient providers, DCF, local systems of care, care coordinators, emergency mobile psychiatric services, general and psychiatric hospitals, residential treatment providers and other referral sources such as schools, pediatricians, and courts, CCEP/CHDI, and various evidence-based treatment developers.

How Much Did We Do?

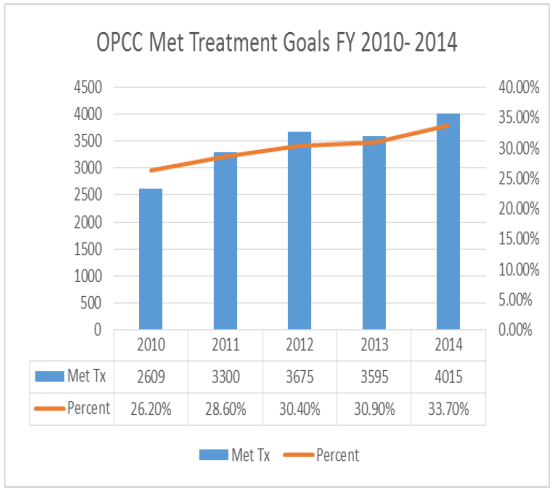


S

Story behind the baseline:

The OPCC provider agencies have seen a steady increase of 9 percent of clients per year between 2010 and 2013, with only a 1 percent increase in 2014. Providers report that aside from the increase in client numbers over the past five years, the acuity level of children they are seeing in their communities is higher than in the past. They feel that the trend to keep children in their own communities is key to treatment success, but presents challenges for a small number of children too acute for community treatment.

How Well Did We Do It?

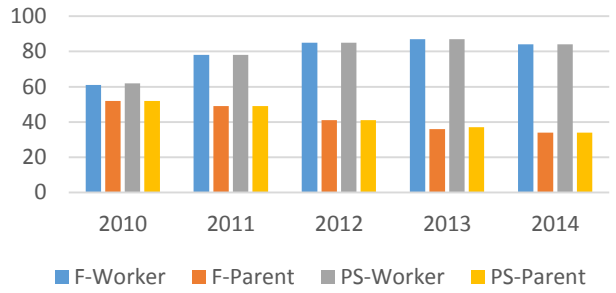


Story behind the baseline:

DCF funded OPCC's mirror the performance seen nationwide in outpatient children's mental health clinics for met treatment goals of clients. In Connecticut across the country, OPCC's have a discontinue rate of about 50%, and of those that remain and complete treatment, the number and percent of met treatment goals is reflected above. Value Options, DCF, DSS, and DMHAS are looking for ways to redesign the outpatient mental health system to show better outcomes for children and families.

How Well Did We Do It?

Percent of workers and parents who complete the Ohio Scales for Level of Functioning and Problem Severity at Discharge



Story behind the baseline:

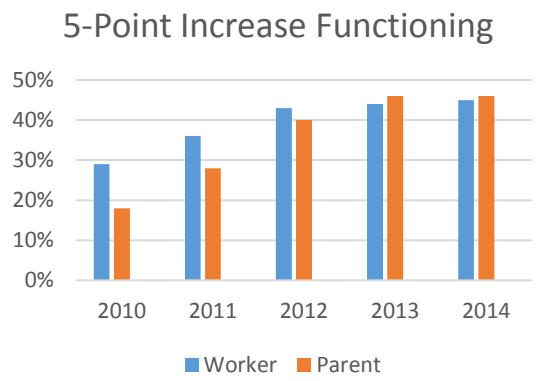
There has been a general trend upward trend of completion rates of the Ohio Scales for worker and parent. In 2010, workers completed 7.2% of Ohio Scales for children at discharge, while in 2014, workers completed 27%. During this same time period, there has been a decrease in completion rates for Ohio Scales for parents. Providers report that this number is heavily impacted when families abruptly discontinue treatment, which is 50% of families. Other proxy's to determine "how well did we do it" could include collecting treatment dosage data, data regarding the parent's participation in treatment plan meetings and ongoing therapy with their child. Currently these measures are not in PIE for OPCC.

2014 Program Report Card: Outpatient Psychiatric Clinics, DCF

Is Anyone Better Off?

Percent of discharged cases demonstrating a 5-point increase in Ohio Scales-Level of Functioning Worker and Parent Scales and decrease in Problem Severity (note: 5% change is partial improvement).

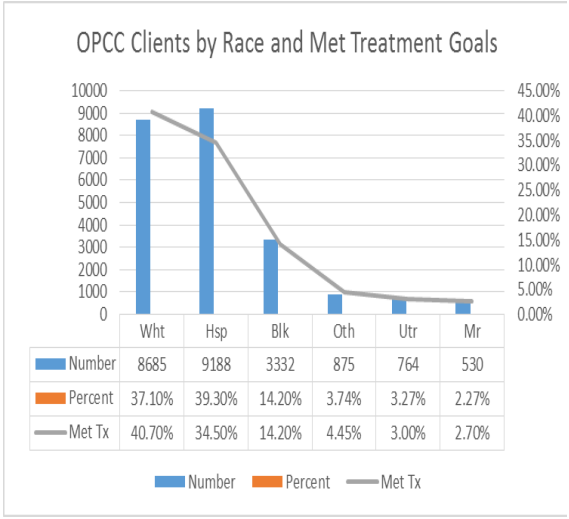
SFY	5-Point Decrease Problem Severity	
	Worker	**Parent**
2010	29%	18%
2011	40%	33%
2012	46%	42%
2013	48%	45%
2014	52%	48%

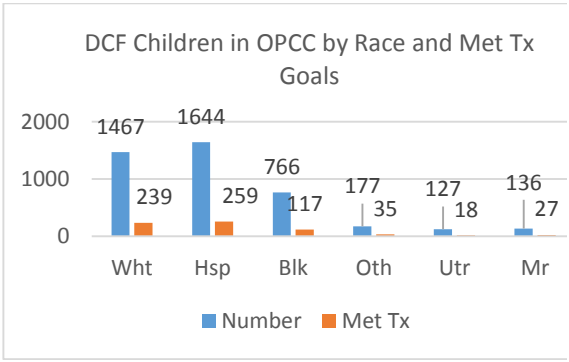


Story behind the baseline:

The Ohio Scales data shows there have been improvements in client functioning and decreases in client problem severity as reported over the last five reporting years. There is increased consensus between worker and parent reports on the Ohio Scales, with only a 1% difference for FY 2014. This finding is consistent with a recent study of Ohio Scales conducted by Dr. Christian Connell of Yale which showed that parents and clinicians were not far off in their assessment of a child's functioning. The study also found that nearly 50% of children score in the non-clinical range for Ohio Scales at intake. PIE does not currently collect clinical and non-clinical score ranges for the Ohio Scales.

Who is Better Off?





Story behind the baseline:

The above graphs show the racial breakdown of clients in OPCC's statewide and DCF children who access this service. Despite the largest client population in OPCC's being those of Hispanic origin, providers indicate they have significant difficulty in hiring and retaining bicultural and bilingual staff. Smaller provider agencies report they cannot compete with salaries that are offered by larger agencies, and feel that the utilization of translation services for therapy is not optimal. The data shows that DCF children are a small percentage of the OPCC population that have a low rate of treatment success.

This could be low due to the increasing availability of in-home services.

Proposed Actions to Turn the Curve:

- Select new measures for "how well did we do," such as adding the Hope and Satisfaction sections of the Ohio Scales in PIE, develop proxy measures for family involvement in clinical services and measure dosage of treatment (number of sessions).
- A recent study of the Ohio Scales by Dr. Christian Connell shows that PIE does not differentiate between those children with and without clinical significance on the Ohio Scales at intake. This lack of differentiation impacts change measurement outcomes.
- Ohio Scales for youth over age 12 are completed only 16% of the time at OPCCs. This low level of response compromises looking at the service through an RBA lens to see if children are better off as a result of treatment.
- Better exploration of why families discontinue treatment should be addressed system wide by race and ethnicity.
- Continue to find ways to disseminate effective evidence-based treatment such as MATCH-ADTC, which incorporate measured based care outcomes.
- Modify PIE reports to separate "Met treatment goals" from other discharge reasons. This will be done by KJMB in 9/15.
- Create standardized user friendly assessments to be measured periodically to show children are better off.
- Further examine disproportionality and treatment success rates of DCF children by race, work with providers to understand their agency needs and service improvements for children of color.
- Explore ways to tease out different outcomes based on the use of treatment interventions.