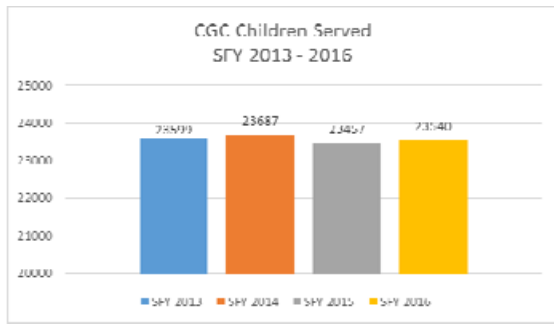


Child Guidance Clinics for Children Program Report Card: SFY 2016 (7/1/15 – 6/30/16)

Quality of Life Result: Child Guidance Clinics for Children offer an array of individual and family based community-based behavioral health services in a clinic-based setting for children and youth, ages 4 to 18 who present with a range of emotional and behavioral health issues. Services include: psychosocial assessment; psychiatric evaluations/medication management; and individual/family/group treatment. These are delivered by psychiatrists, APRNs, psychologists, licensed masters' level clinicians and interns. Services are designed to maintain children in their communities by promoting health, improving functioning in children, youth and families and by decreasing the prevalence of behavioral health issues.

DCF Funding SFY 2016	\$11,923,208
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How Much Did We Do?



Story behind the baseline:

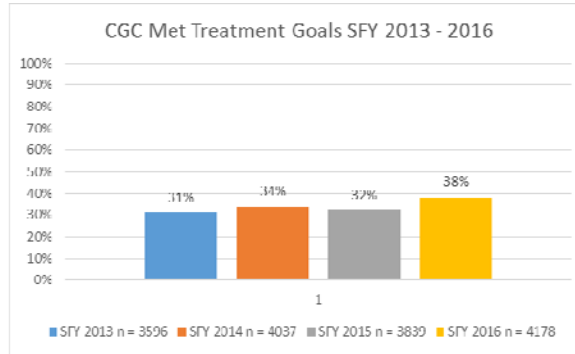
The number of children and families served in CGC's between 2013 through 2016 has remained relatively stable.

For SFY16, the flow of children through CGC's was as follows:

- In Care at Period Start: 12,695
- Admissions: 11,394
- Discharges: 10,030
- Remaining in Care Period End: 14,329
- Distinct Clients: 23,540
- Average LOS: 6.8 months
- DCF Children Served: 4,582

Trend ↔

How Well Did We Do It?



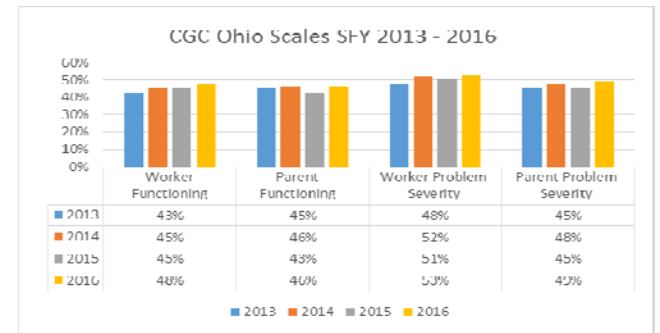
Story behind the baseline:

The percentage of children who met treatment goals has shown an upward trend since 2015. Work has been done over the last year by provider agencies to more consistently apply the definition of "met treatment goals" by increasing their supervision of data entry and quality improvement activities as well increased application of EBP's across the service system.

DCF children met their treatment goals in CGC's at a rate of 36% for SFY 2016, which is fairly consistent with the overall statewide average for all children served.

Trend ↑

Is Anyone Better Off?



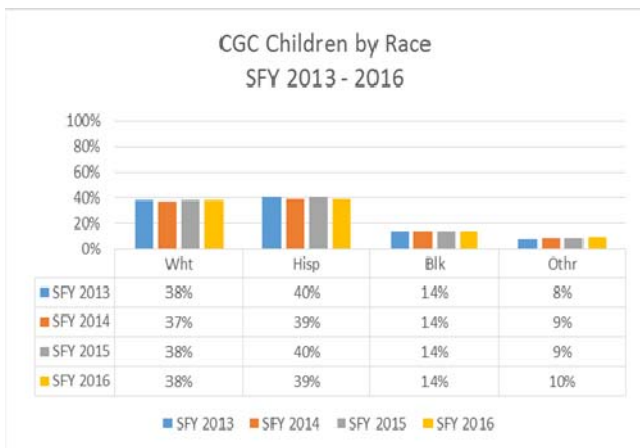
Story behind the baseline:

Much discussion has occurred within the CGCs to improve the frequency and consistency of the Ohio Scales ratings. In June 2016, all CGS's participated in training from the Ohio Scales model developer, Dr. Benjamin Ogles, who trained providers how to use the Ohio Scales for better treatment planning, supervision and outcomes. There has been a steady increase of the completion and performance on the Ohio Scales over the last four state fiscal years at a rate of 5% for workers, and 7% for parents.

Trend ↑

Child Guidance Clinics for Children Program Report Card: SFY 2016 (7/1/15 – 6/30/16)

Is Anyone Better Off?

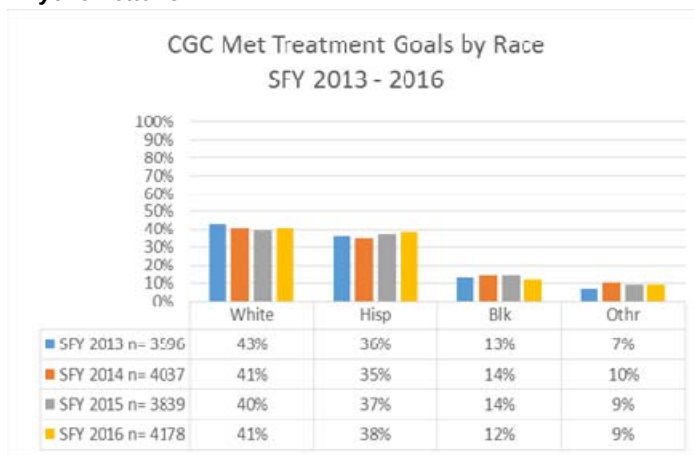


Story behind the baseline:

The racial breakdown of children in CGCs statewide mirrors the race of DCF children in treatment. Agencies continue to report difficulty in the recruitment and retention of bilingual and bicultural clinicians, but continue to make this a priority.

Trend ↔

Is Anyone Better Off?



Story behind the baseline:

Aggregate data across the CGC's show that for the past four fiscal years, treatment outcomes by race have remained stable. When comparing treatment outcomes between all children versus DCF children, DCF children do not fair as well. Treatment outcomes for DCF children by race has been variable over the past four fiscal years. DCF children who are Hispanic have better treatment outcomes than their white counterparts for the last two fiscal years. The majority of children served in CGC's are Medicaid clients. CGC managers report that most commercially insured families are unable to meet high deductibles and do not have access to mental health treatment. In SFY16, percentage of DCF children served in OPCC was 19%, or 4581 children. In past years, DCF children have consistently comprised of about 20% of all children being served in OPCC.

Trend ↔

Proposed Actions to Turn the Curve and Data Development:

- A scope of service workgroup has commenced to clarify the language in the scope of service. RBA language is being added.
- A data development workgroup has commenced to clarify PIE definitions to ensure more consistent interpretation of how data is evaluated and entered into PIE across provider agencies.
- The application of the TIER system is in progress for CGCs.
- Modify and clarify PIE data elements for met treatment goals and other discharge reasons.
- Continued exploration of why families discontinue treatment.