

## **Division of Child and Family Services Children's Mental Health**

### **PERFORMANCE AND QUALITY IMPROVEMENT**

#### **2006 Report**

The short term plan outlined in the Performance and Quality Assurance Plan was to meet the Chapter 400 requirements for Calendar Year 2006. The plan included:

- Chart Audit
- Satisfaction Survey
- Performance Measures

This report will provide a brief description of the methods that were used in collecting the information, a summary of the results, and recommendations for next steps.

#### **Method**

A chart audit was conducted statewide for the following community-based programs:

##### **Northern Nevada Child and Adolescent Services (NNCAS)**

- Early Childhood Mental Health Services (ECMHS)
- Outpatient Children's Mental Health Services
- Wraparound in Nevada for Children and Their Families (WIN-N)

##### **Southern Nevada Child and Adolescent Services (SNCAS)**

- Children's Clinical Services (CCS)
- Wraparound in Nevada for Children and Their Families (WIN-S)

##### **Rural Child Welfare Services**

- Wraparound in Nevada for Children and Their Families (WIN-R)  
(Elko)

The chart audit tool (see attachment A) consisted of 17 items that are based on Nevada Medicaid Chapter 400 requirements and best practice principles. One item relating to billing codes was not rated but was included in anticipation of using it in future audits. The chart audit tool was piloted on a total of 58 charts. Charts were selected by program managers and supervisors for review.

A satisfaction survey was conducted in June-July 2006 using the Community Mental Health Services (CMHS) Block Grant Satisfaction Survey template. The CMHS Block Grant survey was modified to better fit the needs of DCFS youth and families. The satisfaction survey was used by all community-based programs. The satisfaction survey has two versions, one for youth and one for caregivers. The survey was made available to youth and caregivers at all DCFS locations. Locked boxes were hung at all locations for clients to complete and return the survey. Home-based program staff handed surveys to

clients along with a self-addressed stamped envelope. The survey could then be completed and placed in the envelope for mailing therefore ensuring confidentiality.

Performance indicators for all children's mental health programs were identified to produce a monthly "report card" (see attachment B). Information Management System (IMS) staff developed the report integrating data from Avatar and UNITY. The initial Monthly Report Card was reviewed by program managers. Feedback was solicited to ensure that the data is relevant and useful.

## Results

### *Chart Audit*

The Chart Audit tool findings can be sorted into three categories, (1) areas of strength, (2) satisfactory areas and (3) areas for improvement. To be placed in the *areas of strength* category, an item must have 85% compliance or higher. To be placed in the *satisfactory area category*, an item must have 70-84% compliance. Items with compliance less than 70% are categorized as *areas for improvement*. Using this categorization feedback is provided by program area. The complete results of the chart audit can be found in the chart audit tables (see attachment C).

ECMHS at NNCAS had a total of 7 charts reviewed. Six items were found to be in the area of strength and 3 items were found to be in the satisfactory area. It should also be noted that ECMHS at NNCAS did not use the NECSET at the time of this review and only uses the CASII when the child is older or for verification of a clinical assessment. This item should not be interpreted in the overall results. ECMHS did very well with items detailed under Medical Necessity. There were 7 items identified as areas for improvement which center on treatment monitoring items, documentation of child and family teams, description of specific treatment, and discharge criteria.

Outpatient Services at NNCAS had a total of 11 charts reviewed. Seven items were found to be in the area of strength and 2 items were found to be in the satisfactory area. Eight items were found to be in the area for improvement. The necessary chart components were found in Outpatient Services' charts. Areas for improvement for documentation are the need to include strengths and needs, a full evaluation, child and family team meeting information, signed HIPAA statements, discharge criteria, progress notes related to treatment goals, and standardized progress notes.

WIN at NNCAS had a total of 6 charts reviewed. Seven items were found to be in the area of strength and 4 items were found to be in the satisfactory area. Overall, WIN-N did well in the chart audit. Areas for improvement center on documentation of full evaluations, signed informed consents, discharge criteria, progress notes relating to treatment goals, and standardized progress notes.

CCS at SNCAS had a total of 14 charts reviewed. Three items were found to be in the area of strength and 5 items were found to be in the satisfactory area. There were nine

items in the area for improvement. Documentation of treatment plans is a definite focus for quality improvement. Several items were scored in the sixtieth percentile which can easily be brought into a satisfactory area.

WIN at SNCAS had a total of 16 charts reviewed. Six items were found to be in the area of strength and 4 items were found to be in the satisfactory area. Items under Medical Necessity, Child and Family Involvement, and Client Rights were mostly in the strength or satisfactory area. Areas for improvement are primarily under Treatment Plan and Monitoring of Treatment.

WIN in Elko had a total of 4 charts reviewed. Six items were found to be in the area of strength and 3 items were found to be in the satisfactory area. WIN Elko had at least a satisfactory rating for all items under Medical Necessity. There were 8 items in the area for improvement. Treatment plans should be a focus of improvement and although progress notes were found consistently they need to be related to the treatment goals and need to follow a standardized format. Documentation of child and family teams could also be a focus for improvement.

Missing from the chart review was ECMHS at SNCAS. ECMH will be included in future reviews. Also, WIN-R charts were only reviewed in Elko. Future audits will have a more representative sample of files to include residential services.

Trends were found across all programs statewide and by region. Care coordination was consistently documented across all programs. Statewide all children's mental health programs need to include transition/discharge criteria in the treatment plan. Chapter 400 stipulates that treatment plans/plans of care should have transition/discharge criteria, required aftercare/transition services, and the anticipated duration of the overall services. Across all programs progress notes were generally found but more work needs to be done to ensure that progress notes relate to the treatment plan and reflect the progress that is being made. In addition, the results clearly show the need for a standardized progress note format.

Regionally patterns were found. At NNCAS with ECMHS and Outpatient Services it is apparent that child and family teams have not yet been initiated to the fullest extent. Whereas at SNCAS, child and family team documentation was found to be at least in the satisfactory area. WIN-N and WIN-R are consistent with HIPAA acknowledgements but also need to have signed consent for treatment. SNCAS programs need to focus on improving all treatment planning items.

### *Satisfaction Survey*

Eighty-six satisfaction surveys were completed by caregivers and 49 were completed by youth. The following tables describe the number of surveys returned by location and the percent of response by survey item.

### Satisfaction Survey – Parent/Caregiver

Survey Site	Number of Surveys Received
Central NFSC	5
East NFSC	7
North NFSC	17
South NFSC	5
West NFSC	1
Home Based Services – Las Vegas	0
Enterprise Road	34
Mill Street	17
Home Based Services - Reno	0
Total	86
General Service Questions	Percent of Positive Responders*
1. Overall, I am satisfied with the services my child received.	98.8
2. I helped to choose my child’s services.	90.8
3. I helped to choose my child’ treatment goals.	94.0
4. The people helping my child stuck with us no matter what.	96.4
5. I felt my child had someone to talk to when he/she was troubled	94.4
6. I participated in my child’s treatment.	98.8
7. The services my child and/or family received were right for us.	94.0
8. The location of services was convenient for us.	89.4
9. Services were available at times that were convenient.	90.6
10. My family got the help we wanted for my child.	85.9
11. My family got as much help as we needed for my child.	84.3
12. Staff treated me with respect.	100.0
13. Staff respected my family’s religious/spiritual beliefs.	92.9
14. Staff spoke with me in away that I understood.	98.8
15. Staff were sensitive to my cultural/ethnic background.	89.7
Other than my child’s service provider questions	
16. I know people who will listen and understand me when I need to talk.	93.0
17. In a crisis, I would have the support I need from family or friends.	90.7
18. I have people that I am comfortable talking with about my child’s problems.	94.1
19. My child is better at handling daily life.	77.1
20. My child is better able to do the things he/she wants to do.	79.3
21. My child gets along better with family members.	74.7
22. My child gets along better with friends and other people.	78.3
23. My child is doing better in school and/or work.	67.6

24. My child is better able to cope when things go wrong.	71.6
25. I am satisfied with our family life right now.	63.4
<b>Questions to let us know how your child is doing</b>	<b>Percent of Responders</b>
How long did your child receive services from this center?	
More than 1 year	41.0
6 months to 1 year	18.1
1-5 months	37.3
Less than 1 month	3.6
Is your child still getting services from this Center	
Yes	98.9
No	1.2
Is your child currently living with you?	
Yes	93.0
No	7.0
Has your child lived in any of the following places in the last 6 months?	
With one of both parents	51.3
Foster home	34.2
With Another family member	13.2
Therapeutic foster home	9.2
Residential treatment center	6.6
Group home	3.9
In the last year did your child see a medical doctor (or nurse) for a health check up of because he/she was sick?	
Yes	75.0
No	19.0
Yes, but only in a hospital emergency room	6.0
Child's Race	
White (Caucasian)	73.5
Black (African American)	28.9
American Indian/Alaskan Native	4.8
Native Hawaiian/Pacific Islander	1.2
Other/Unknown	14.3
Is either of the child's parents of Spanish/Hispanic origin?	
Yes	22.5
No	77.5
Child's Age	
2-4 years	15.3
4-6 years	20.0
6-8 years	8.2
8-10 years	11.8
10-12 years	9.4
12-14 years	15.3
14-16 years	8.2
16-18 years	10.6

Child's Gender	
Male	70.6
Female	29.4
Does your child have Medicaid insurance?	
Yes	78.8
No	17.6
Uncertain	3.5

\*positive responders are those that indicated Strongly Agree or Agree

### Satisfaction Survey – Youth

Survey Site	Number of Surveys
Central NFSC	4
East NFSC	1
North NFSC	4
South NFSC	0
West NFSC	0
Home Based Services – Las Vegas	0
Enterprise Road	11
Mill Street	29
Home Based Services - Reno	0
Total	49
General Service Questions	Percent of Positive Responders*
1. Overall, I am satisfied with the services I received.	93.9
2. I helped to choose my services.	61.9
3. I helped to choose my treatment goals.	89.1
4. The people helping me stuck with me no matter what.	89.1
5. I felt I had someone to talk to when I was troubled.	85.4
6. I participated in my own treatment.	79.2
7. I received services that were right for me.	87.2
8. The location of services was convenient.	85.4
9. Services were available at times that were convenient.	87.5
10. I got the help I wanted.	87.2
11. I got as much help as I needed.	79.2
12. Staff treated me with respect.	93.6
13. Staff respected my family's religious/spiritual beliefs.	88.4
14. Staff spoke with me in a way that I understood.	95.7
15. Staff were sensitive to my cultural/ethnic background.	92.9
Other than my service provider questions	
16. I know people who will listen and understand me when I need to talk.	97.9
17. In a crisis, I would have the support I need from family or friends.	95.8

18. I have people that I am comfortable talking with about my problems.	95.8
19. I have people that I am comfortable talking with about private things.	89.6
20. I have more than one friend.	89.6
21. I am happy with the friendship I have.	93.6
22. I have people with whom I can do enjoyable things.	93.5
<b>As a result of services</b>	
23. I am better at handling daily life.	69.6
24. I am better able to do the things I want to do.	75.6
25. I get along better with family members.	80.0
26. I get along better with friends and other people.	84.4
27. I am doing better in school and/or work.	65.1
28. I am better able to cope when things go wrong.	63.6
29. I am satisfied with my family life right now.	69.6

\*positive responders are those that indicated Strongly Agree or Agree

### *Performance Measures*

Performance measures were refined by mental health managers. Managers will receive performance indicators monthly to guide them in practice and documentation improvement. Performance indicators are intended to provide a “report card” on how programs and staff are doing. It is intended as a feedback mechanism to provide information about where things are going well and areas needing improvement.

### Summary

The chart audit was initiated as a pilot to test a chart review tool and for preliminary feedback for quality improvement. Results indicate that a comprehensive plan is needed for improving documentation and adherence to regulatory standards. The satisfaction survey was the first conducted for all DCFS children’s mental health services statewide. The number of surveys returned was low but results were generally positive. The method of administration of the satisfaction survey will be reviewed and improved upon. There needs to be increased access to the survey for caregivers and youth to increase response rate. Caregivers and youth will need to be given the survey with the opportunity to complete it and to easily return it. Performance indicators are fluid and will be reviewed at least every 6 months to determine their utility.

These three quality assurance methods are meant to lead to quality improvement steps to improve practice. An integrated approach would assist administration, managers and supervisors as well as direct line staff in having an accurate picture of how they are doing. The following recommendations are suggested as a first step:

- Form a statewide workgroup for Performance and Quality Improvement

- Develop a plan with short and long term goals and objectives that addresses areas that need improvement
- Develop a coordinated plan with medical oversight
- Finalize a report for submission to Nevada Medicaid for 2006

Approved by:

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**Attachment A**  
**Chart Audit Tool**

# Nevada Division of Child and Family Services

Name of Service Provider: \_\_\_\_\_ Review Date: \_\_\_\_\_

Chart #: \_\_\_\_\_ Program: \_\_\_\_\_

CHART REQUIREMENTS FROM NEVADA MEDICAID SERVICES MANUAL, CHAPTER 400

#	Standard	Met Yes/No			Comments
	<b>Medical Necessity</b>	<b>Y</b>	<b>N</b>	<b>NA</b>	
1.	5 Axis diagnoses (within the year and annually)	<b>Y</b>	<b>N</b>	<b>NA</b>	
2.	Treatment recommended by physician or practitioner of the healing arts	<b>Y</b>	<b>N</b>	<b>NA</b>	
	<b>Assessment</b>				
3.	Level of functioning (CAFAS/PECFAS) completed every 90 days or upon substantial change in status (Age range for the CAFAS is 6-17 and for the PECFAS is 3-7)	<b>Y</b>	<b>N</b>	<b>NA</b>	
4.	Intensity of Service Need (CASII/NECSET) completed every 90 days or upon substantial change in status/if under 6, some description of service need. (Age range for the CASII is 6-17 and for the NECSET is birth-5)	<b>Y</b>	<b>N</b>	<b>NA</b>	
5.	Includes strengths & needs of recipient and family (strengths, needs and culture assessment)	<b>Y</b>	<b>N</b>	<b>NA</b>	
6.	Full evaluation of client's history and functioning	<b>Y</b>	<b>N</b>	<b>NA</b>	
	<b>Child and Family Involvement</b>				
7.	Documentation of Child and Family Team meetings	<b>Y</b>	<b>N</b>	<b>NA</b>	
	<b>Client Rights/Privacy</b>				
8.	Informed Consent	<b>Y</b>	<b>N</b>	<b>NA</b>	
9.	HIPAA Acknowledgement	<b>Y</b>	<b>N</b>	<b>NA</b>	
	<b>Treatment Plan</b>				
10.	Measurable goals and objectives	<b>Y</b>	<b>N</b>	<b>NA</b>	
11.	Specific treatment, services and/or interventions including amount, scope, duration and provider of the services	<b>Y</b>	<b>N</b>	<b>NA</b>	
12.	Reviewed and updated every 90 days or upon substantial change in status	<b>Y</b>	<b>N</b>	<b>NA</b>	
13.	Discharge criteria for each treatment goal	<b>Y</b>	<b>N</b>	<b>NA</b>	
	<b>Monitoring of Treatment</b>				
14.	Progress notes that document progress in treatment (at least every 30 days)	<b>Y</b>	<b>N</b>	<b>NA</b>	
15.	Progress notes relate to treatment goals	<b>Y</b>	<b>N</b>	<b>NA</b>	
16.	Follows standardized format (DAP)	<b>Y</b>	<b>N</b>	<b>NA</b>	
17.	Billing code is consistent with progress note and type of service delivered	<b>Y</b>	<b>N</b>	<b>NA</b>	
	<b>Care Coordination</b>				
18.	Care coordination is documented	<b>Y</b>	<b>N</b>	<b>NA</b>	
<b>Total</b>		<b># Y</b>	<b>#N</b>		
<b>Percent</b>					

Notes:

Audit Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Attachment B**

**Monthly Performance Indicators**

### Children's Mental Health Services - Monthly Performance Indicators

WAITLIST INFORMATION	ECS	CCS/Outpt	DWTC	TX Homes	WIN	ECS-S	ECS-N	CCS-S	Outpt-N	ATC	DW-Res	DW-Acute	Oasis	Lrn Home	WIN-S	WIN-N	WIN-R
Number of Children on Waitlist I at the End of the Rpt Prd																	
Number of Children on Waitlist II at the End of the Rpt Prd																	

Notes: Clients waiting to enter the WIN Program are rarely, if ever, entered on a waitlist.

CLIENT INTAKE / ADMISSION DATA	ECS	CCS/Outpt	DWTC	TX Homes	WIN	ECS-S	ECS-N	CCS-S	Outpt-N	ATC	DW-Res	DW-Acute	Oasis	Lrn Home	WIN-S	WIN-N	WIN-R
Total Number of Intakes/Admissions During the Rpt Period																	
Number of Readmissions (w/n 45 Days)																	

Average Length of Time (days) from waiting list to program admission

Waitlist I																	
Waitlist II																	
Number of Admissions that were Not on Either Waitlist																	

Legal Status at Intake/Admission - Number of clients with a legal status of:

Child Welfare																	
Juvenile Justice																	
Parental																	
Other																	

Clinical Factors at Intake/Admission:

Number Found to be Homeless																	
Average CASII/NECSET Score																	
% of Intakes with a CASII or NECSET Intake Assessment																	
Average CAFAS Score																	
Average PECFAS Score																	
Number in Special Education																	
% of Clients Admitted During the Rpt Prd Who had a Plan Completed Within 30 Days																	

<b>ACTIVE CLIENT INFORMATION</b>	ECS	CCS/Outpt	DWTC	TX Homes	WIN	ECS-S	ECS-N	CCS-S	Outpt-N	ATC	DW-Res	DW-Acute	Oasis	Lrn Home	WIN-S	WIN-N	WIN-R
Total Number of Active Clients During the Rpt Period																	

Demographics

Percent of Total Active Clients by Race

	ECS	CCS/Outpt	DWTC	TX Homes	WIN	ECS-S	ECS-N	CCS-S	Outpt-N	ATC	DW-Res	DW-Acute	Oasis	Lrn Home	WIN-S	WIN-N	WIN-R
White																	
Black / African American																	
American Indian / Alaskan Native																	
Asian																	
Native Hawaiian / Other Pacific Islander																	
More than one race reported																	
Race Not available																	

Percent of Total Active Clients by Ethnicity

	ECS	CCS/Outpt	DWTC	TX Homes	WIN	ECS-S	ECS-N	CCS-S	Outpt-N	ATC	DW-Res	DW-Acute	Oasis	Lrn Home	WIN-S	WIN-N	WIN-R
Hispanic																	
Non-Hispanic																	
Ethnicity Unknown																	

Percent of Total Active Clients by Gender

	ECS	CCS/Outpt	DWTC	TX Homes	WIN	ECS-S	ECS-N	CCS-S	Outpt-N	ATC	DW-Res	DW-Acute	Oasis	Lrn Home	WIN-S	WIN-N	WIN-R
Female																	
Male																	

30 Day CFT Compliance: (The population for this row is all clients active at any time during the report period who were admitted more than 30 days before the end of the report period and, if discharged, were discharged after the first CFT in the report period was due.)

	ECS	CCS/Outpt	DWTC	TX Homes	WIN	ECS-S	ECS-N	CCS-S	Outpt-N	ATC	DW-Res	DW-Acute	Oasis	Lrn Home	WIN-S	WIN-N	WIN-R
Percentage of population who had a Child/Family Team Meeting at least once every 30 days during the report period.																	

**DISCHARGE DATA**

	ECS	CCS/Outpt	DWTC	TX Homes	WIN	ECS-S	ECS-N	CCS-S	Outpt-N	ATC	DW-Res	DW-Acute	Oasis	Lrn Home	WIN-S	WIN-N	WIN-R
Total Number of Discharges During the Rpt Period																	
Number of discharged clients for whom any goals set during the episode were achieved before discharge																	
Percent of treatment goals set during the episode that were achieved before discharge																	
Average discharge CAFAS score																	
Average improvement in children's functioning at discharge as measured by the CAFAS score (discharge minus intake)																	
Average discharge PECFAS score																	
Average improvement in children's functioning at discharge as measured by the PECFAS score (discharge minus intake)																	

<b>CLINICAL ONGOING INFORMATION</b>	ECS	CCS/Outpt	DWTC	TX Homes	WIN	ECS-S	ECS-N	CCS-S	Outpt-N	ATC	DW-Res	DW-Acute	Oasis	Lrn Home	WIN-S	WIN-N	WIN-R
Average number of days from admission to first child/family team meeting																	
Number of child/family team meetings																	

<b>PRODUCTIVITY DATA</b>	ECS	CCS/Outpt	DWTC	TX Homes	WIN	ECS-S	ECS-N	CCS-S	Outpt-N	ATC	DW-Res	DW-Acute	Oasis	Lrn Home	WIN-S	WIN-N	WIN-R
Average Number of billable hours per clinician																	
Number of clinicians with billable hours																	

<b>Children's Mental Health Services Performance Indicators</b>																	
<b>Clinical Ongoing Information</b>																	

	ECS	CCS/Outpt	DWTC	TX Homes	WIN	ECS-S	ECS-N	CCS-S	Outpt-N	ATC	DW-Res	DW-Acute	Oasis	Lrn Home	WIN-S	WIN-N	WIN-R
Average number of days from admission to first child/family team meeting																	
Number of child/family team meetings																	

**Attachment C**  
**Chart Audit Tables**

## Chart Audit Tables

<b>Areas of Strengths</b>	
<b>Percentage</b>	<b>Item Description</b>
98%	Each child has an individualized treatment plan/plan of care.
98%	Plan to respond to presenting problems and assessment of identified needs.
97%	Child is receiving services that are appropriate for the diagnosis and for treatment goals.
97%	Measurable goals/objectives that are stated in terms of specific observable changes in behavior, skills, attitudes or circumstances and have monitored outcomes.
95%	CASII level of care determination is consistent with services or an explanation of exception is provided.
95%	Specific treatment, services and/or interventions that include the amount, scope, duration and provider of services.
95%	Progress notes present in each child's file.
93%	Assessment document present in file.
92%	Progress notes that reflect the progress toward treatment plan/plan of care goals and objectives.
88%	Documented contact between child and family members and other individuals identified as important in the treatment plan.
88%	Adjustment to treatment home, staff members, peer group/community; school curriculum and progress, health, parental/relative contact and progress made in counseling with family.
88%	Maintain written progress of child's development, behavior, treatment interventions and progress in targeted areas.
86%	Goals/objectives clearly derived from assessment.
86%	90 Day written review for each child.
86%	Report explains treatment plan, goals, objectives, anticipated time of goal achievement/progress, and discharge/transition plan.

<b>Satisfactory Areas</b>	
<b>Percentage</b>	<b>Item Description</b>
76%	CASII scoring completed every 90 days.
71%	Assessment notes strengths, needs, abilities and preferences.
	Treatment plan/plan of care is individualized to reflect the child's age, gender, ethnic background, life experience, culture, etc.
	Transition/discharge criteria

<b>Areas for Improvement</b>	
<b>Percentage</b>	<b>Item Description</b>
59%	Involvement of child is included in treatment plan.
48%	Anticipated duration of the overall services.
42%	Documented participation in Child and Family Team meetings.
36%	Required aftercare/transition services.
24%	Treatment goals that are expressed in the words of the child.