USING DATA TO IMPROVE DECISION-MAKING SURROUNDING EBP IMPLEMENTATION ACROSS ORGANIZATIONAL LEVELS
Today

Creating a Feasible and Sustainable Vision

Reducing Agency Risk

Improving Service Delivery
Today

Creating a Feasible and Sustainable Vision

Reducing Agency Risk

Improving Service Delivery
Shift to EBPs – Our Journey (please don’t judge us...)
Strategic Planning: Agency Level

- Chief Administrative Officer
- Chief Program Officer
- Chief Financial Officer
- Chief Advancement Officer
- Chief Executive Officer
- Chief Clinical Officer

Quality Care
Strategic Planning: Departmental Level

• EBP Selection

Race/Ethnicity
- Hispanic: 62%
- African American: 17%
- Caucasian: 11%
- Other: 2%
- Unknown: 1%
- Asian: 7%

Primary Diagnoses
- Disruptive: 39%
- Depression: 25%
- Trauma: 22%
- Anxiety: 8%
- Other: 6%

Age
- 0-5: 1%
- 6-12: 5%
- 13-17: 28%
- 18-21: 16%
- 22+: 50%
Strategic Planning: Departmental Supports

**Quality Assurance**
- Hired clinically trained QA staff
- Monitoring of fidelity to EBP models

**Information Technology**
- Moved into Clinical Services Division
- Developing dashboards that track and summarize clinical processes

**RESEARCH & EVAL**
- Bolster and maintain EBP Training
- Improve sustainability of EBPs
- Improve outcome data collection
- Improve data utilization in every day decision making across all agency levels
- Evaluate effectiveness of service delivery

**RESEARCH & CLINICAL TRAINING DEPARTMENT**
- Improve outcome data collection & utilization in clinical work
PHC Summary Dashboard

Demographics Analysis of Selected Data Set

**Client Status**
- Active: 35
- Pending - In Process: 1

**Location by Client Status**
- Baldwin Park - Active: 2
- Downey - Active: 11
- LA - Active: 4
- Riverside - Active: 2
- South Bay - Active: 2
- South Bay - Pending - In Process: 1
- West LA - Active: 25

**Gender**
- F: 22
- M: 14

**Race**
- African American: 23
- Other: 10
- Hispanic: 3

**Age**
- 06-12: 11
- 13-18: 3
- 19-21: 1
- ???: 21
Today

Reducing Agency Risk

Creating a Feasible and Sustainable Vision

Improving Service Delivery
History of Internal Audits

- Non-clinical administrative audits by QA
- Programs trained providers on documentation and audit at their own discretion
- No agency-wide standardized clinical audit tool
Current Clinical Department Functions

- Clinical Loop training series
  - DMH documentation
  - Funding buckets
  - EBP note writing
  - Auditing basics

- Clinical Audit Tool

- Revised Administrative Audit Tool

- Monthly internal audits conducted by clinical QA and program staff in Peer Review
  - Quarterly Meetings with Programs
Clinical Audit Tool Reports

• Based on quarterly audits from QA and Program

• Reviewed Quarterly in Clinical Meeting with all Directors and Supervisors
  – Agency-wide trends from past quarter
  – Comparison to prior quarter and year

• Accessible to all Program staff based on roles
Clinical Audit Tool Reports

• Types of reports
  – Division Director
  – Supervisor
  – Provider

• Types of Charts
  – Pre – documentation compliance at the time of the audit (prior to correction)
  – Post – documentation compliance after corrections (current chart status)
  – QA findings vs. Peer findings
  – Top Questions
Clinical Audit Tool Report – Directors

*Pre Rates*

**Pre CAT Compliance Rates, (n = 40)**

- Medical Necessity: 94%
- Clinical Loop: 96%
- Evidence Based Practice (EEP): 96%
- Timeliness/Completeness: 91%
Clinical Audit Tool Report – Directors

*Pre and Post Rates*

![Pre vs Post CAT Compliance Rates图表图像](chart.png)

图表显示了不同类别在干预前后的合规率。

- **Medical Necessity**: 前期94%，后期97%。
- **Clinical Loop**: 前期95%，后期99%。
- **Evidence Based Practice (EBP)**: 前期96%，后期97%。
- **Timeliness/Completeness**: 前期91%，后期96%。

所有类别都超过了目标值。
Clinical Audit Tool Report – Directors

Supervisor Pre Rates

Pre CAT Compliance Rates by Supervisor, (n = 40)

- Supervisor A: 90%, (n=14)
- Supervisor B: 95%
- Supervisor C: 97%
Clinical Audit Tool Report – Directors

Therapist Pre Rates

Pre CAT Compliance Rates By Therapist, (n = 40)

Therapist A: 76% (n=2)
Clinical Audit Tool Report – Directors

*Therapist and QA Audit Comparison*

**Pre CAT Compliance Rates, Peer (n = 28) vs QA (n = 12)**

- **Medical Necessity**: Peer 95%, QA 92%
- **Clinical Loop**: Peer 97%, QA 90%
- **Evidence Based Practice (EBP)**: Peer 96%, QA 95%
- **Timeliness/Completeness**: Peer 93%, QA 83%

CAT Category

- **Peer**
- **QA**
- **Target**
Clinical Audit Tool Report – Supervisors

*Pre and Post Rates*

**Supervisor A**

<table>
<thead>
<tr>
<th></th>
<th>% Pre</th>
<th>% Post</th>
<th># of CAT’s</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>90%</td>
<td>94%</td>
</tr>
</tbody>
</table>

**Pre CAT Compliance Rates, (n = 14)**

<table>
<thead>
<tr>
<th>CAT Category</th>
<th>% Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Necessity</td>
<td>91%</td>
</tr>
<tr>
<td>Clinical Loop</td>
<td>92%</td>
</tr>
<tr>
<td>Evidence Based Practice (EBP)</td>
<td>100%</td>
</tr>
<tr>
<td>Timeliness/Completeness</td>
<td>83%</td>
</tr>
<tr>
<td></td>
<td>93%</td>
</tr>
</tbody>
</table>

Legend:
- Pre
- Target
- Post Score
Clinical Audit Tool Report – Supervisors

Top Questions Pre Rate
Clinical Audit Tool Report – Supervisors

Therapist Pre Rates

Pre CAT Compliance Rates By Therapist, (n = 14)

[Bar chart showing compliance rates for different therapists, with one note: Therapist A: 76% (n=2)]
Clinical Audit Tool Report – Providers

CAT Compliance Report for Providers

Therapist A

% Compliance | 76% | # of CAT's | 2

Pre CAT Compliance Rates, (n = 2)

<table>
<thead>
<tr>
<th>CAT Category</th>
<th>Pre</th>
<th>Target</th>
<th>Post Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Necessity</td>
<td>78%</td>
<td>87%</td>
<td>77%</td>
</tr>
<tr>
<td>Clinical Loop</td>
<td>85%</td>
<td>100%</td>
<td>60%</td>
</tr>
<tr>
<td>Evidence Based Practice (EBP)</td>
<td>100%</td>
<td>100%</td>
<td>80%</td>
</tr>
<tr>
<td>Timeliness/Completeness</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

five acres.

promoting safety, well-being and permanency
Clinical Audit Tool Report – Providers

*Pre and Post Rates*

**Therapist A**

<table>
<thead>
<tr>
<th>% Compliance</th>
<th># of CAT's</th>
</tr>
</thead>
<tbody>
<tr>
<td>76%</td>
<td>2</td>
</tr>
</tbody>
</table>

**Pre CAT Compliance Rates, (n = 2)**

- Medical Necessity: Pre 78%, Target 87%, Post 100%
- Clinical Loop: Pre 77%, Target 85%, Post 100%
- Evidence Based Practice (EBP): Pre 60%, Target 80%, Post 100%
- Timeliness/Completeness: Pre 80%

CAT Category

- Pre
- Target
- Post Score
Clinical Audit Tool Report – Providers

Top Questions Pre Rate

Pre CAT Compliance, Top Questions, (n = 2)

Was signature in place by the assessment due date?
## Clinical Audit Tool Details – Reviewer A

### CAT Compliance Report for Providers

#### Therapist Details

<table>
<thead>
<tr>
<th>Therapist</th>
<th>Supervisor</th>
<th>Program</th>
<th>Client</th>
<th>DMH Program A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapist A</td>
<td>Supervisor A</td>
<td>Client 1 (WELLID: 1111111)</td>
<td>Review Period: 11/21/2016 (FY1617/Q2)</td>
<td></td>
</tr>
</tbody>
</table>

#### % Compliance

- **71%**

#### Questions Answered

- **66**

### Section Details

<table>
<thead>
<tr>
<th>#</th>
<th>Section</th>
<th>Category</th>
<th>Subcategory</th>
<th>Question</th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Timeliness/Completeness</td>
<td>Assessment</td>
<td>Timeliness/Completeness Compliance</td>
<td>Is an Assessment corresponding to the review period?</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>Timeliness/Completeness</td>
<td>Assessment</td>
<td>Signature</td>
<td>Is clinician signature with discipline and license?</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>3</td>
<td>Timeliness/Completeness</td>
<td>Assessment</td>
<td>Signature</td>
<td>Was signature in place by the assessment due date?</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>4</td>
<td>Timeliness/Completeness</td>
<td>Assessment</td>
<td>Timeliness/Completeness Compliance</td>
<td>If non-English, were services provided in client’s preferred language?</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>
Clinical Audit Tool Report – Providers

Audit Tool Details – Reviewer B

![Document Map](image)

### CAT Compliance Report for Providers

<table>
<thead>
<tr>
<th>Section</th>
<th>Category</th>
<th>Subcategory</th>
<th>Question</th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Timeliness/Completeness</td>
<td>Assessment</td>
<td>Timeliness/Completeness Compliance</td>
<td>Is an Assessment corresponding to the review period?</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>2 Timeliness/Completeness</td>
<td>Assessment</td>
<td>Signature</td>
<td>Is clinician signature with discipline and license?</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>3 Timeliness/Completeness</td>
<td>Assessment</td>
<td>Signature</td>
<td>Was signature in place by the assessment due date?</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>4 Timeliness/Completeness</td>
<td>Assessment</td>
<td>Timeliness/Completeness Compliance</td>
<td>If non-English, were services provided in client’s language?</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>5 Medical Necessity</td>
<td>Assessment</td>
<td>Timeliness/Completeness Compliance</td>
<td>If cultural or special service needs were identified</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>
Clinical Audit Tool Reports

- Inform Administrators, Directors, Supervisors, and Providers areas of strengths, needs, and current chart status

- Identify documentation or auditing training needs in specific questions or categories

- Identify supervisors or providers who may require additional support

- Prompt evaluation and possible update of current training content and/or delivery as well as audit tool

- Lead to re-training or clarification for therapist, program, division, or agency by Supervisor and/or QA
Today

- Improving Service Delivery
- Reducing Agency Risk
- Creating a Feasible and Sustainable Vision
Initial Survey of the Agency

I need some data from an unreachable guy named Ed. What should I do?

Just make up a bunch of data like everyone else does.

Everyone else does that?

Are you doubting my data?
How prepared do you feel in implementing each EBP?

<table>
<thead>
<tr>
<th>EBP</th>
<th>Average Score</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>ART</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>BSFT</td>
<td>5.00</td>
<td>Extremely</td>
</tr>
<tr>
<td>MAP</td>
<td>4.30</td>
<td>Very</td>
</tr>
<tr>
<td>PCIT</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>SS</td>
<td>4.75</td>
<td>Extremely</td>
</tr>
<tr>
<td>TF-CBT</td>
<td>4.45</td>
<td>Very</td>
</tr>
<tr>
<td>Triple P</td>
<td>4.50</td>
<td>Very</td>
</tr>
</tbody>
</table>
How HELPFUL do you find each EBP?

<table>
<thead>
<tr>
<th>EBP</th>
<th>Average Score</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>ART</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>BSFT</td>
<td>5.00</td>
<td>Extremely</td>
</tr>
<tr>
<td>MAP</td>
<td>3.19</td>
<td>Somewhat</td>
</tr>
<tr>
<td>PCIT</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>SS</td>
<td>3.60</td>
<td>Very</td>
</tr>
<tr>
<td>TF-CBT</td>
<td>4.27</td>
<td>Very</td>
</tr>
<tr>
<td>Triple P</td>
<td>3.25</td>
<td>Somewhat</td>
</tr>
</tbody>
</table>
“Most seasoned clinicians find MAP to be an exercise in busywork, that must be completed as a requirement to providing treatment. Convince me it's more than busy work, and I will use it more effectively.”
Outcome Measure Data Usage

“I need some data for my dashboards, where do I find the scores?”

“There are a lot of numbers on the form... which numbers do I use?”
Data Literacy Trainings

• MAP Embracing Diversity Practice Guide

• In depth case conceptualizations focused on individualization of care
  – Focus on dashboard and how to utilize data to guide Practice Element implementation

• Vignettes of common COWS
Outcome Measure Data Usage

Data Literacy Trainings

DATA → KNOWLEDGE → ACTION

Dashboards
Tracking Measures

<table>
<thead>
<tr>
<th></th>
<th>Intake</th>
<th>4 Months</th>
<th>6 Months</th>
<th>12 Months</th>
<th>Discharge</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete</td>
<td>7</td>
<td>1</td>
<td>13</td>
<td>9</td>
<td>27</td>
<td>57</td>
<td>69%</td>
</tr>
<tr>
<td>Incomplete</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Missing</td>
<td>13</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>12</td>
<td>25</td>
<td>30%</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>1</td>
<td>13</td>
<td>9</td>
<td>40</td>
<td>83</td>
<td></td>
</tr>
</tbody>
</table>
Dashboard: Reminders

<table>
<thead>
<tr>
<th>CLIENT DASHBOARD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Client Name:</strong> Sadness</td>
</tr>
<tr>
<td><strong>Treatment:</strong> MAP Depression</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DOCUMENTATION REMINDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Full assessment</strong></td>
</tr>
<tr>
<td><strong>Re-Assessment</strong></td>
</tr>
<tr>
<td><strong>CTP Update</strong></td>
</tr>
<tr>
<td><strong>Y-OQ</strong></td>
</tr>
<tr>
<td><strong>Y-OQ SR</strong></td>
</tr>
<tr>
<td><strong>PHQ-9</strong></td>
</tr>
</tbody>
</table>
Dashboard: Outcome Measure Data

YOQ Total Score

- YOQ Score
- Cutoff

Timepoints: PRE, 6 MO, 12MO, POST
Outcome Measure Data

YOQ Subscales

- Intrapersonal Distress
- Somatic
- Interpersonal Relations
- Social Problems
- Behavioral Dysfunction
- Critical Items

Clinical Cutoffs
YOQ Scores
Outcome Measure Data

**Outcome Measure Data**

- **Mild**
- **Moderate**
- **Moderate-Severe**

**Data Table**

<table>
<thead>
<tr>
<th>Date</th>
<th>PHQ-9 Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/16</td>
<td></td>
</tr>
<tr>
<td>8/2/16</td>
<td></td>
</tr>
<tr>
<td>9/10/16</td>
<td></td>
</tr>
<tr>
<td>10/3/16</td>
<td></td>
</tr>
</tbody>
</table>
Agency-Wide Measure

*Child and Adolescent Needs and Strengths*

- Data can be used to examine treatment effectiveness at various levels of care (e.g., individual, program, agency)
- 59 core items assess for dimensions relevant to service planning/monitoring and treatment decision-making
- Provider perspective – Communication Tool
# CANS – Coding

## Needs

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No Action Needed</td>
</tr>
<tr>
<td>1</td>
<td>Monitor/Preventive measures</td>
</tr>
<tr>
<td>2</td>
<td>Action needed</td>
</tr>
<tr>
<td>3</td>
<td>Immediate or intensive action needed</td>
</tr>
</tbody>
</table>

## Strengths

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Clear strengths in this domain</td>
</tr>
<tr>
<td>1</td>
<td>Some strengths in this domain</td>
</tr>
<tr>
<td>2</td>
<td>Potential strengths in this domain</td>
</tr>
<tr>
<td>3</td>
<td>No strengths in this domain</td>
</tr>
</tbody>
</table>
## Sadness’ CANS Profile

<table>
<thead>
<tr>
<th>Provider</th>
<th>Assessment Period</th>
<th><em>DMH</em> FIVE ACRES PROGRAMS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Intake</td>
<td>6 month update</td>
</tr>
<tr>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Assessment Date</th>
<th>1/3/2014</th>
<th>7/16/2014</th>
</tr>
</thead>
</table>

### 01. Life Functioning Domain

#### Living Situation
- 0
- 0

#### Family
- 0
- 0

#### Recreational
- 0
- 0

#### Developmental
- 0
- 0

#### Legal
- 0
- 0

#### Medical
- 0
- 0

#### Physical
- 1
- 0

#### Sexuality
- 0
- 0

#### Sleep
- 1
- 2

#### School Behavior
- 0
- 0

#### School Achievement
- 2
- 2

#### School Attendance
- 0
- 1

#### Social Functioning
- 3
- 3

### 02. Youth Strengths

#### Resiliency
- 0
- 0

#### Resourcefulness
- 0
- 0

#### Relationship Permanence
- 2
- 1

#### Community Life
- U
- U

#### Talents / Interest
- 0
- 0
CANS – Supervisor/Client Level Data

CANS Subscales Over Time (% Actionable Items)

- Life Functioning Domain: Intake 79%, 6 mo 60%, Discharge 50%
- Youth Strengths: Intake 40%, 6 mo 35%, Discharge 40%
- Acculturation: Intake 20%, 6 mo 15%, Discharge 7%
- Caregiver Needs & Strengths: Intake 25%, 6 mo 30%, Discharge 34%
- Youth Behavior/Emotional Needs: Intake 50%, 6 mo 35%, Discharge 30%
- Youth Risk Behaviors: Intake 42%, 6 mo 27%, Discharge 15%

Legend:
- Green: Intake
- Orange: 6 mo
- Blue: Discharge
### CANS – Program/Supervisor/Caseload Level

<table>
<thead>
<tr>
<th>Problematic at Intake</th>
<th>Problematic at Discharge</th>
<th>Most Improvement</th>
<th>Least Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>LFD: Family</td>
<td>LFD: Family</td>
<td>LFD: Family</td>
<td>Involvement</td>
</tr>
<tr>
<td>49%</td>
<td>22%</td>
<td>19%</td>
<td>0%</td>
</tr>
<tr>
<td>Supervision</td>
<td>Substance Use</td>
<td>Oppositional</td>
<td>Organization</td>
</tr>
<tr>
<td>30%</td>
<td>16%</td>
<td>20%</td>
<td>2%</td>
</tr>
<tr>
<td>Knowledge</td>
<td>Involvement</td>
<td>Optimism</td>
<td>CG Physical</td>
</tr>
<tr>
<td>22%</td>
<td>14%</td>
<td>17%</td>
<td>5%</td>
</tr>
<tr>
<td>Organization</td>
<td>Organization</td>
<td>Supervision</td>
<td>Substance use</td>
</tr>
<tr>
<td>22%</td>
<td>13%</td>
<td>16%</td>
<td>5%</td>
</tr>
<tr>
<td>Social Resources</td>
<td>Discrimination</td>
<td>Knowledge</td>
<td>CG Mental Health</td>
</tr>
<tr>
<td>20%</td>
<td>12%</td>
<td>10%</td>
<td>6%</td>
</tr>
</tbody>
</table>
### SMART Goals ➔ Idiographic Measures

<table>
<thead>
<tr>
<th>Goal</th>
<th>Progress Measure Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client will eliminate the number of times he hits his siblings from 4x's/week to 0x's/week.</td>
<td># x hit sib/wk (P)</td>
</tr>
<tr>
<td>Client will increase the number of days that he attends school from 1x/week to 4x’s/week.</td>
<td>#days/wk attend school (P)</td>
</tr>
</tbody>
</table>
Challenges

- Change in policies at state and county level
- Internal re-organization and procedural changes
- Reliance on IT department resources and time
  - Un-integrated EHR system
- Staff attitudes and behaviors
- Staff data illiteracy