

**Division of Child and Family Services  
Children's Mental Health Planning and Evaluation Unit**

**Quality Assurance and Improvement with Providers**

The Division of Child and Family Services (DCFS) is the mental health authority for children's mental health in Nevada. DCFS is responsible for quality assurance reviews with treatment home providers under its authority as outlined in the Nevada Revised Statute 432.011. The statute describes the purpose and duties of the Division, which is "to provide a comprehensive state system for the coordination and provision of services to children and families who need assistance relating to juvenile justices and the care, welfare and mental health of children." In its role as the children's mental health authority, it is the intent of DCFS to provide quality assurance recommendations to treatment home providers, while adhering to client rights, client confidentiality, HIPAA regulations, and all other state and federal laws.

Although DCFS is no longer involved in contracting with community providers for mental health services it is responsible for oversight of services provided to children and to promote the continuous improvement of client care and treatment. To meet this goal, DCFS will be conducting ongoing reviews of community provider services to ensure a quality standard of care.

This paper reports on the first phase of the quality assurance initiative with treatment home providers.

Phase I

DCFS conducted a quality assurance review of treatment home providers in December 2006. This quality assurance review is a first step toward learning more about treatment home providers and how to collaborate effectively to improve services and outcomes. The initial phase of the quality assurance review had the following components:

- File review that focused on the service process
- Satisfaction survey with youth receiving services

**Method**

Fifty-nine children receiving services in treatment homes were randomly selected from the list of treatment home recipients in the Division of Health Care Financing and Policy's (DHCFP) Management Information System billing records. The sample of 59 children represents approximately 10% of treatment home recipients funded by Nevada Medicaid fee for service.

A letter from DCFS describing the quality assurance review process was sent to treatment home providers along with a copy of the Client Record Quality Assurance tool. The Client Record Quality Assurance tool was developed to examine service documentation in the following areas: service level of care determination supported by standardized assessment; assessment and diagnosis of the child; treatment plan/plan of care; child and family teams; progress notes; 90 day reviews and transition and discharge summaries.

Providers were then contacted to schedule a date and time for the quality assurance review. Providers also received the child(dren)'s Medicaid numbers to identify files for review. In addition, providers were asked if a time could be arranged to meet with youth (age 11 and older) in the treatment home to conduct a satisfaction survey. A DCFS staff member administered the satisfaction surveys. The Youth Satisfaction Survey was developed for youth in residential services. This instrument is based on the Youth Services Survey developed by Molly Brunk (1999) and the Family Satisfaction Survey used by the federal Comprehensive Community Mental Health Services for Children and Their Families agency. Survey questions use a five point rating scale ranging from Strongly Agree to Strongly Disagree.

## **Results**

### **Treatment Home Provider File Review**

Fifty-nine treatment home files representing 18 treatment homes were reviewed by the DCFS Planning and Evaluation Unit. Half of the files (n=30) were from the Southern Region treatment homes and the other half represented treatment homes in the Northern and Rural Regions (n=29).

The Client Record Quality Assurance tool has a total of 31 items. The tool has seven discharge items that are only used when a child has been discharged from a treatment home. Only 13 of 59 files reviewed had cases where a child had been discharged. Twenty-four of the 31 items were completed on all 59 files.

The following is a breakdown of the findings by category on the Client Record Quality Assurance tool.

**A. Service Level of Care Determination at 90 day intervals:**

1. 95% of the treatment home files had documentation regarding service type consistent with CASII scores.
2. 76% of the treatment home files had documentation that highlighted level of care determination by CASII at 90 day reviews.

**B. Assessment and Diagnosis: 97% of the treatment home files had documentation regarding services which are consistent with diagnosis and treatment goals of the child.**

1. 93% of the treatment home files maintained assessment documents in the files.
2. 71% of the assessments noted the strengths, needs, abilities and cultural and ethnicity unique to the child.

**C. Treatment Plan and Child and Family Teams: 98% of the treatment home files had individualized treatment plans/plans of care.**

1. 93% of the treatment plans included presenting problems and assessment of identified needs.
2. 95% of the treatment plans included the justification for specific treatment, services and/or interventions that included the amount scope and duration of services.

3. 97% of the treatment plans included measurable goals/objectives that are stated in terms of specific observable changes in behavior.
4. 86% of the treatment plan goals and objectives are derived from the assessments.
5. 71% of the treatment plans specified individualized care that reflects the child's age, gender ethnic background, life experience and cultural heritage.
6. 71% of the treatment plans included transition/discharge criteria
7. 59% of the treatment plans included the involvement of the child in the plan
8. 48% of the treatment plans included the anticipated duration of services
9. 42% of the files reflected documented participation in Child and Family Teams
10. 36% of the treatment plans included required aftercare/transition services
11. 24% of the treatment plan goals were expressed in the words of the child

D. 90 Day Reviews: 86% of the files had 90 day reviews.

1. 88% of the 90 day reviews included adjustment to treatment home and to staff members as well as to peers and group; school community and curriculum and progress made.
2. 86% of the reviews included an explanation of the treatment plan, goals, objectives, anticipated time of goal achievement and progress.
3. 88% of the files had maintained written progress of child development, behavior, treatment interventions and progress made.

E. Progress Notes: 95% of the files had the child's progress notes.

1. 92% of the progress notes reflect the progress towards treatment plan goals and objectives.
2. 88% of the files had documented contact between child and other family members.

F. Transition/Discharge Summaries: 22% of the files had transition/discharge summaries.

1. 77% included reason for transition/discharge in the summary.
2. 69% included summary of effectiveness of treatment/progress or lack of progress in the summary.
3. 69% included the child's current level of functioning in the summary.
4. 46% included recommendations for further treatment.
5. 38% included diagnosis of the child at admission and at discharge.
6. 38% included the date of last service contact.

The Client Record Quality Assurance tool findings were sorted into three categories, (1) areas of strengths, (2) satisfactory areas and (3) areas for improvement. To be placed in the *areas of strengths* 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% were categorized as *areas for improvement*.

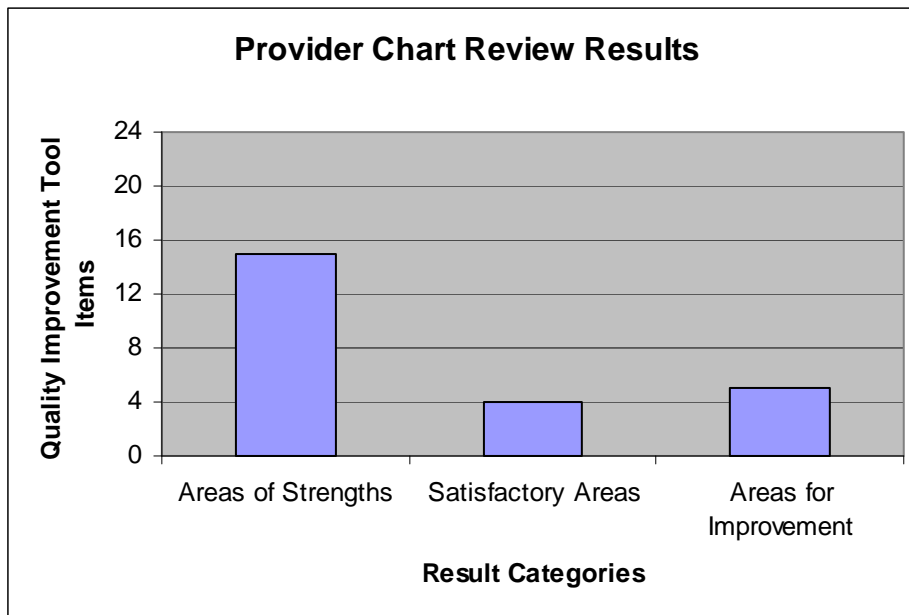
Fifteen of 24 items (63%) had met the criteria for areas of strengths (see attachment A for a complete list of the specific items in this group.) The strongest items in the areas of strengths were:

- that children have individualized treatment plans/plans of care
- that treatment plans/plans of care respond to presenting problems and assessment of identified needs
- that children are receiving services that are appropriate for the diagnosis and treatment goals
- that treatment plans/plans of care provide measurable goals and objectives that are stated in terms of specific observable changes in behavior, skills, attitudes or circumstances and have monitored outcomes

Four of 24 items (17%) had met the criteria for satisfactory area. Seventy-five percent of the files reviewed had a CASII (a level of care determination tool) completed every 90 days. Seventy-one percent of the files had assessments that noted the strengths, needs, abilities and preferences of the child. Approximately 71% of the files had treatment plans that were sensitive to the child’s age, gender, ethnic background, life experience and culture, and about 70% of the cases had established transition or discharge criteria.

Five of 24 items were placed in the area for improvement. The weakest area having only 24% compliance indicated that treatment goals are not being expressed in the words of the child. Required aftercare and transition services are not being documented in about 2 out of 3 cases, and Child and Family Team meetings are not being documented in about 6 out of every 10 cases. In less than half of the files, attempts to anticipate the duration of the overall services were documented, and 4 in 10 cases showed no documented evidence that the child was involved in designing the treatment plan.

Below is a graph that shows the breakdown of the result categories in relation to the quality improvement tool items.



Seven items on the survey are discharge items. Thirteen of the 59 cases surveyed had been discharged. The results of this small sample are being presented for review. Attachment B contains the complete list of specific items for the discharged cases.

In the majority of discharged cases, a transition/discharge summary was included in the file for each child including the reason for and implementation steps toward transition/discharge. Also included were a description of the level of functioning at discharge and a summary of the effectiveness of treatment, progress (or lack thereof) toward treatment goals and objectives as documented in the treatment plan/plan of care.

Less than half of the discharged case files included recommendations for further treatment and how the child has been transitioned to further services. Most files did not contain the last date of service contact and the diagnosis at admission and transition/discharge.

### **Youth Satisfaction Survey**

The DCFS Youth Satisfaction Survey is a youth self report to assess satisfaction with services as a whole, perception of his/her progress in treatment, the family-focused nature of services, and the cultural competence and individualization of services received.

One hundred twenty-two youth age 11 and older from 16 treatment homes responded to the satisfaction survey held in each youth’s treatment home. The following table summarizes the characteristics of youth who completed the satisfaction survey.

<u>Youth Characteristics</u>	<u>Percentage</u>
<u>Gender</u>	
male	69%
female	31%
<u>Race</u>	
Caucasian	68%
African American	27%
American Indian/Alaskan Native	6%
<u>Ethnicity</u>	
Hispanic	27%
Non-Hispanic	73%
<u>Ages of respondents</u>	
11-14 years old	30%
15-16 years old	50%
17-19 years old	20%
<u>Length of stay</u>	
0-6 months	51%
6-12 months	23%
12 months or more	26%

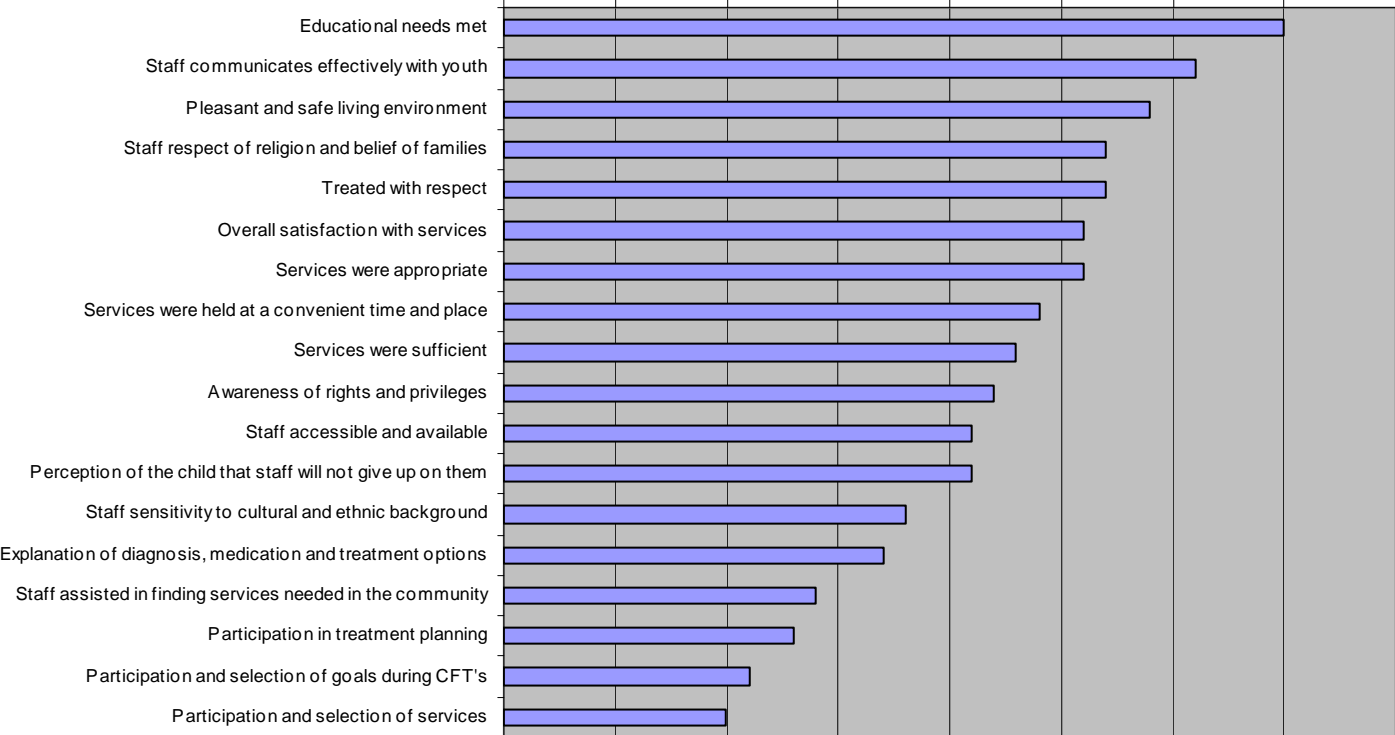
The following graph summarizes results from items that youth rated as agree or strongly agree on the Youth Satisfaction Survey. The results illustrate that overall the youth were very satisfied with the treatment homes and their staff. They reported having a safe and pleasant living environment where they have been informed of their rights and privileges and being treated with respect. They were very satisfied with staff accessibility and availability, and in the effective communication from the staff. Youth reported that staff respects their religion and beliefs and that staff is committed and will not give up on them. They also reported a high level of satisfaction with their educational needs being met. Youth indicated a strong satisfaction with services being appropriate and sufficient in addition to receiving services at convenient times.

# Youth Satisfaction Survey Results

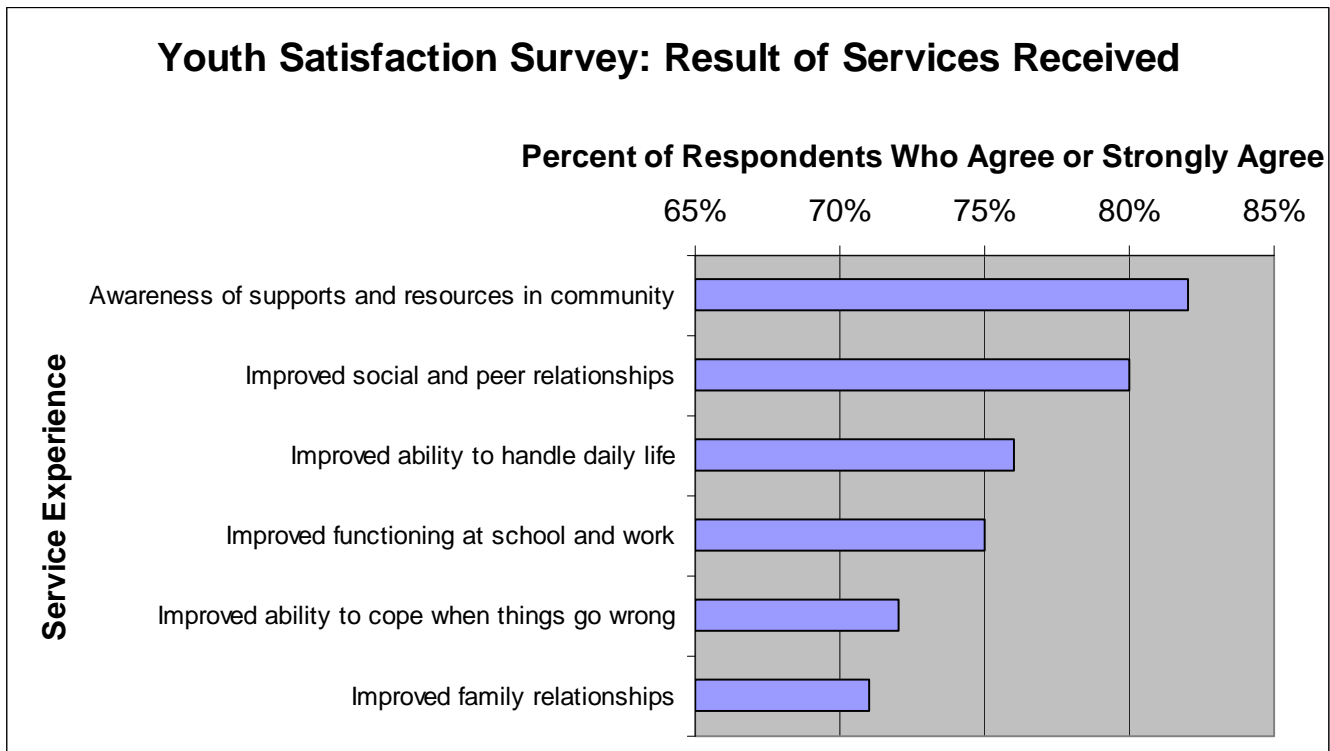
## Percent of Respondents Who Agree Or Strongly Agree

50% 55% 60% 65% 70% 75% 80% 85% 90%

Service Experience



The following graph summarizes youth satisfaction as a result of services received. Youth were very satisfied with their awareness of community supports and services that could be used to help them. They indicated improvement in getting along better with friends and other people. They also indicated that they were better at coping with daily life and they saw themselves doing better at school.



Youth reported similar experiences in the following areas regardless of length of stay or age group:

- Participation and selection of services in treatment planning
- Participation in the selection of goals and objectives in Child and Family Team meetings

The frequency of youth participation in these treatment processes above appears to be consistent with the findings in the file reviews. In the file review, areas for improvement included involvement of the child in treatment planning, the child’s participation in Child and Family Team meetings, and using the child’s words in setting treatment goals.

## Summary

First, credit goes to all the providers who made themselves, their files and the youth available during the month of December. Without their support and cooperation, DCFS would have been unable to gather the information for this study. With their cooperation and information, DCFS has been able to complete Phase I of the quality assurance initiative.

It is wise to put this in the context of being the first quality assurance review conducted since the implementation of Chapter 400 of the Nevada Medicaid Services Manual which represented a transformation of children's mental health services in Nevada. The transformation which took effect on January 1, 2006 brought changes in authorization, billing and documentation. Many providers reported needing to learn the complex changes in authorization and billing during the first half of the year. A few still experience problems but most report that it has been mastered.

Late in the year and with the advent of the DCFS quality assurance review, more attention has been focused on the clinical aspects and documentation of the mental health service delivery process. With this as the background, it is important to note that of the 31 items in the file review, 15 items were rated across providers in the 85% or above category which puts those items in the strengths category. From those of us who conducted the review, these findings reflect what we also observed about the strengths of the contract provider community – skill in treating youth and a strong passion and commitment for doing the best job possible.

Four of the 31 items were in the satisfactory area and would be items that could be easily targeted for bringing up into the strengths category of 85% or better. The items that fell below 70% fall into two categories: all of the documentation newly required around a discharge summary and a new focus in the Medicaid charting requirements that reflects system of care principles. These are training issues for providers and DCFS to address.

The Youth Satisfaction Survey was an independent demonstration of similar findings as service satisfaction was mostly rated in the 70 % and above category. Similarly, items that reflect system of care principles consistently matched the file review and fell in the 70% and below category and are identified as areas for improvement.

It is recommended that DCFS, DHCFP, treatment home providers and other system partners review the results of this quality assurance report and work together to set forth a quality improvement plan for addressing the following compliance and training issues:

- System of Care training to address integration of the child and family voice, Child and Family Team decision making, and strengths-based, culturally competent and individualized services
- Documentation training around transition/discharge requirements

The conclusion of the first phase of DCFS' quality assurance initiative provides an opportunity for implementation of the above improvement plan. Concurrently, DCFS will meet with the collaborating agencies to set performance benchmarks and refine measurement tools. The next step will be to develop a framework for second phase reviews by defining roles, responsibilities and timelines for implementation.

## Attachment A – Summary of Areas of Strengths, Satisfactory Areas and Areas for Improvement

Areas of Strengths	
Percentage	Item Description
98%	Each child has an individualized treatment plan/plan of care.
	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.
	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.
	Specific treatment, services and/or interventions that include the amount, scope, duration and provider of services.
	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.
	Adjustment to treatment home, staff members, peer group/community; school curriculum and progress, health, parental/relative contact and progress made in counseling with family.
	Maintain written progress of child's development, behavior, treatment interventions and progress in targeted areas.
86%	Goals/objectives clearly derived from assessment.
	90 Day written review for each child.
	Report explains treatment plan, goals, objectives, anticipated time of goal achievement/progress, and discharge/transition plan.

Satisfactory Areas	
Percentage	Item Description
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

Areas for Improvement	
Percentage	Item Description
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.

### Attachment B – Transition/Discharge Summary on Closed Cases

Results	Item Description
10 out of 13 (77%)	A transition/discharge summary for each child.
	Reason for and implementation steps toward transition/discharge.
9 out of 13 (69%)	Current level of functioning.
	Summary of effectiveness of treatment, progress or lack of progress toward treatment goals and objectives as documented in the treatment plan/plan of care.
6 out of 13 (46%)	Recommendations for further treatment and how child has been transitioned to further services.
5 out of 13 (38%)	Last service contact.
	Diagnosis at admission and transition/discharge.