

Monitoring the Quality of Your Mental Health Component



Why is it important to measure quality?

As the leader responsible for your CAC, it is not enough to “check off the box” and say you have a mental health program. We have learned just how devastating the long term consequences of serious maltreatment are, and we must ensure that the mental health services we offer are as effective as possible. It is a great shame if we squander the opportunity to help a child heal and better his or her life trajectory by wasting the child’s time with ineffective interventions. Even CAC Directors without a mental health background can establish a system to monitor the quality of services delivered in the name of the CAC.

What are the ways we can measure quality?

The Quality of the Mental Health services can be measured in several different ways. First, you must ensure the basic components of a quality mental health program are consistently in place. These include hiring practices, consistent ongoing training, reasonable caseloads, consistent and ongoing supervision, and so forth. Second, the most direct way to monitor quality, whether delivered directly by the CAC or through MOU with community mental health provider, is to measure clinical outcomes. To do so, the mental health provider must effectively incorporate standardized clinical measures into their practice establishing a clinical base line and then repeat selected measures at preselected intervals to gage clinical progress. Also, the CAC director can establish a “Utilization and Review” system with a well-trained clinical supervisor or consultant who can review a sample of cases against predetermined quality criteria. Lastly, the CAC directors can work with clinical staff to agree on key metrics that are critical elements of quality and track those on all cases. The data then needs to be compiled for management monitoring.

How can a CAC use metrics to monitor quality?

There are a number of metrics that are relevant to monitoring quality. While few metrics can guarantee quality as well as outcome measures, they are critical variables that a quality program must have to be effective. Examples of this approach would be to focus on metrics related to client engagement and satisfaction with services. These includes the percent of children who attend the first session, number of sessions attended, no/show or cancellation rates, treatment completion, customer satisfaction, and stakeholder satisfaction.

How can a CAC use conversation to monitor quality?

The CAC director can monitor key quality indicators through routine conversations with clinical leaders and therapists. These conversations can be guided by opening questions focusing on how we assess children and families and match their needs to specific therapeutic interventions. Look for how the therapist integrates the results of the individualized assessment and the child and families perceptions in establishing measurable goals suited to the child's unique circumstances. We have to pay attention to the therapeutic models we employ and look for empirically-validated models. Evidence-based practices often are structured and directive and focused on specific goals for each session. You should expect active parent or caregiver involvement in a quality mental health program, although the specific participation will vary depending on the age of the child and presenting concerns. It is also important to assess the role that psychotropic medications play in therapy and who is providing them. Lastly, any time there is more than one therapist on the team, we must look for consistency among providers.