Ways to Measure Quality:

The Quality of the Mental Health services can be measured in several different ways.

1) Ensuring Basic Components of a Quality Mental Health Program are consistently in place: While having adequately trained and supervised staff is no guarantee of a quality program, the CAC must start by monitoring the continuing presence of key elements of the mental health programs that are necessary, but not by themselves suffice, to have a quality mental health program. Starting with key issues such as:
    a. Hiring practices that provide you with the best opportunity to have a stable qualified learning staff. This includes the qualifications of therapists the CAC or community mental health partners hire, including their level of education, status of professional license (licensed vs newer graduate working toward license), prior experience with children and families, prior training in trauma related interventions, attitudes toward evidence-based practice, and degree by which the staff members reflect the community. This includes language fluency, cultural background, and understanding of the cultures served.
    b. Consistent onboarding, orientation, and training for new hires and new trainees.
    c. Reasonable caseloads and productivity measures. Productivity expectations should account for time spent in face-to-face therapy, work with families, completing the assessment process and accompanying documentation, performing case management activities, as well as time needed for supervision, training, MDT interactions, and peer support.
    d. Ongoing training and consultation in clinical assessment, strategically selected evidence-based practices, and overall clinical skills.
    e. Ongoing and Consistent clinical supervision and consultation, in addition to necessary administrative supervision. Clinical supervisors should have training and experience in assessment, treating child trauma survivors, and supporting clinical staff who are experiencing secondary traumatic stress.
    f. Organizational and peer support for your therapists to better equip them in managing organizational stress, such as secondary traumatic stress that may occur when serving victims of trauma.
    g. Access to a Board Certified Child and Adolescent Psychiatrist with training and experience in assessing and treating child trauma to provide medication support, when needed.
    h. Annual performance review that measures progress against agreed upon clinical competencies.
2) Outcome monitoring: 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 standardize clinical measures into their practice establishing a clinical base line and then repeat selected measures at preselected intervals to gage clinical progress. To be effective

as a system monitoring strategy the outcome data comparing baseline to periodic measure must be compiled in a summary form and not merely held within individual case records.

3) Clinical Review: The CAC director can establish a "Utilization and Review" system if they have access to a well-trained clinical supervisor or consultant (see Section 8) who can review a sample of cases against predetermined quality criteria. This can include a record review, listening to tapes of selected of clinical sessions, joining the therapist in the session, or use of practice checklists (common with some evidence-based practices). To be effective as a system monitoring strategy the results of the reviews must be complied into a summary for the director.
4) Key Quality Metrics: The CAC directors can work with clinical staff to agree upon key metrics that are critical elements of quality and track those on all cases. The data then needs to be complied for management monitoring.

Metrics Used to Monitor Quality:

There are a number of metrics that are relevant to monitoring quality. While few metrics cannot guarantee quality the way outcome measures can, 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, including:

1. *Percent of children who attend first session*: The CAC can measure what percent of clients who schedule an appointment for mental health services actually attend the first appointment. This can tell you about how clients perceive the services offered on a range of issues including how the value of mental health was explained during the initial contacts with the family, how welcome they feel, how accessible the site is, and what messages about the value of your mental health services key stakeholders may be sharing with the family.

2. *Number of sessions attended*: Measuring the total number of sessions completed is an important element of a monitoring program. If families leave therapy at high rates before adequate dosage then the program cannot achieve the result it seeks. On the other hand, if the number of sessions completed extends into many months or even years it may suggest the treatment provided is not focused and not achieving desired outcomes.

3. *No-show/cancellation rates:* No show and cancellation rates in mental health, especially with children and adolescents, are typically high. Problems in transportation, competing demands from school and family, and the chaotic nature of the lives of many families who the CAC serves may make it hard for the family to routinely attend a scheduled session. As a result a no show rate of 10-20% is common. Tracking no show rates for each therapist may, however, reveal a pattern of unusually high no show rates for specific therapist that raises questions about how the families value the therapy they are receiving.

4. *Treatment Completion*: Therapists and families should agree on clinical goals for their service and measuring what percent of cases close having achieved their goals vs those who ended therapy prematurely. This will give the director a sense of what they are accomplishing.

5. *Customer satisfaction*: An important measure of quality in any service is the impressions of the customers of the service. In this case that would be adolescents and parents or caregivers.

6. *Stakeholder satisfaction*: CAC exist is as part of community collaboration. One measure of quality is to gather impressions of performance from referring parties, especially MDT members like child welfare services.

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