OPCC Data Requirements: Effective for FY 2023

Each OPCC Provider is required to submit individual client level data for *all* children served to the Department's Provider Information Exchange (PIE), or other system as required by the Department. The Provider will ensure that the data submitted to PIE, or other system, is in conformance with the applicable data specifications and picklists. Furthermore, the data must use the conventions and logic as determined by the Department to ensure accurate, unduplicated client counts. This data will, as set forth by DCF, be sent to the Department and/or the Department's designated vendor(s) at an interval specified by DCF.

Client identified data will include referral information, demographics, psychosocial assessment, diagnosis and current functioning and problem severity based on the Ohio Scales. Data will also include date-based session data for all children receiving services.

For EBPs, client identified demographic information and clinical assessments will be entered into the PIE system for TF-CBT and MATCH for fidelity purposes and to receive incentive dollars for children who successfully complete treatment.

Ohio Scales Administration and Guidance

Ohio Scales Versions

The **Problem Severity** and **Functioning** scales should be completed and entered **at the item level** into PIE for all **three reporters**.

! Responses from one reporter should not be re-used for another reporter (for example, using responses from the parent version for the worker version)

Ohio Scales and Age

- **Children *under 5 years old* at intake**: Ohio Scales are not expected at discharge
- **Children who turn *12 years old* after starting a treatment episode:** Youth version of Ohio is not expected to be entered into PIE, but can be administered and used clinically

	Youth	Parent	Worker
Age range	12 and older	5 and older	5 and older
Completion details	Child completes themselves	Parent completes based on own impressions	Clinician completes based on own impressions

Timeframe for Completion

Item level Ohio Scales for problem severity and functioning should be collected and entered into PIE at **intake**, **90 days post intake,** and at **discharge**. Examples of Ohio completion timelines can be found in Appendix A.

! Ohios should not be administered less than 30 days apart

Assessment Time	Timeframe for Completion
Intake	Within 30 days of intake
Periodic	90 days after intake (can range from 60-120 days after)
Discharge	At discharge (can use a periodic Ohio collected within last 60 days – must re-enter into PIE)

! Intake Ohios should not be duplicated and re-used as discharge Ohios. Only periodic Ohios that are collected within the last 60 days may be used as a discharge Ohio

Note on *intake* Ohios: As a best practice, it is ideal for intake Ohios to be administered closer to the 30 day mark after the intake. This gives clinicians a chance to meet with the client/family and have time to engage with them, which in turn can result in more honest, useful responses.

Note on *periodic* Ohios: Older episodes that are still open will continue to prompt for periodic Ohios every three months in PIE; while they may be entered for these episodes, *periodic Ohios are only required one time at 90 days post-intake*.

Note on *discharge* Ohios: A new discharge Ohio *can* be administered if the last Ohio was more than 30 days ago, and this may be appropriate especially if there has been significant improvement or change since the last Ohio.

! If batching, and the intake/discharge Ohio is completed in the month after the intake/discharge, the intake/discharge file will need to be re-batched in the following month with the respective intake/discharge Ohio. If the Ohio is batched separately from the intake/discharge file, PIE will not recognize the Ohio as an intake or discharge Ohio.

OPCC Activity Data

Provider agencies will provide date-based session data in PIE under OPCC Activity Occurrence for *all* children with intake dates on or after July 1, 2018. Activity data includes the date(s) of service and type of treatment (i.e. treatment as usual or an evidence-based practice) for the duration of their episode of care. Beginning January 1, 2021, agencies will also report on the format of the session (in-person vs. telehealth) as part of the activity form. Activity data needs to be entered into PIE quarterly. For

agencies that are batch-uploading files to PIE, this will automatically be generated into PIE monthly.

Youth Satisfaction Survey- Youth (YSSF)
At discharge, providers will submit results from consumer satisfaction reports to DCF using the Youth Satisfaction Survey – Youth (YSSF) for each client's episode of care. The Provider will determine the data collection method that yields the highest percentage return while preserving the voluntary nature of participation by consumers.

Clinical Global Impressions (CGI) Scale
Beginning March 1, 2021, the CGI is required at intake and discharge for all OPCC episodes and at the start and end of an EBP episode. At intake/treatment start, there is one item on the severity of the child's condition. At discharge/treatment end, the item on severity is rated again in addition to an item on the level of improvement. Providers should also use the CGI improvement item to determine whether a child has met their outpatient treatment goals (see Appendix D).

Fiscal Year End Reports
On an annual basis, all active clients served between July 1st-July 31st will be reported on individually via a Fiscal Year End (FYE) Report to DCF via the Provider Information Exchange. FYE reports are due in PIE no later than August 20th following the end of a state fiscal year.

EBP Snapshot Face Sheets: *Demographic and other information is collected at the start and end of an EBP episode. Whenever possible, this information pushes over from the relevant PIE forms for TF-CBT and MATCH-ADTC episodes.*

EBP Baseline Measures: *At the start of an EBP episode, children should receive an assessment of their trauma history, their trauma symptoms, and behavior and functioning. Whenever possible, it is best to get both child and caregiver reports. There are additional measures available to match the treatment targets (for example, a child depression measure can be administered or a caregiver symptom measure can be added). The behavior and functioning measure is typically the Ohios unless the child is under 5 years old. When the dates of an EBP intake line up with an Ohio being administered as part of the outpatient episode, it does not need to be re-administered but needs to be re-entered for the EBP episode.*

EBP Assessment Periodic to Discharge: *After an EBP baseline assessment, clinicians select the measure that best matches the treatment targets. This measure continues to be administered every 90 days and at discharge. Additionally, they complete the 2-item Ohio Satisfaction questions.*

EBP Monthly Session: *Each month clinicians complete a model-specific monthly session form that indicates if the child was seen, which components were used, questions about fidelity, and level of improvement.*

PIE and EBP Data Entry Timelines:

All information collected should be entered monthly. This includes intake and demographic information, activity-level data, assessments, EBP monthly forms, and discharge information. Data should be entered by the 10th of the month. There is then a 10-day grace period to make any changes or updates. The data is then pulled on the 21st day of the following month (or the next business day if the 21st is a holiday or weekend) for EBP reports. OPCC reports are based on quarterly performance and adhere to the following schedule:

Date Period in Which Case Closed	Date Due	Revision Period	Date Pulled
Jan 1-March 31	April 10	April 11-20	April 21
April 1-June 30	July 10	July 11-20	July 21
July 1-September 30	October 10	October 11-20	October 21
October 1-December 31	January 10	January 11-20	January 21

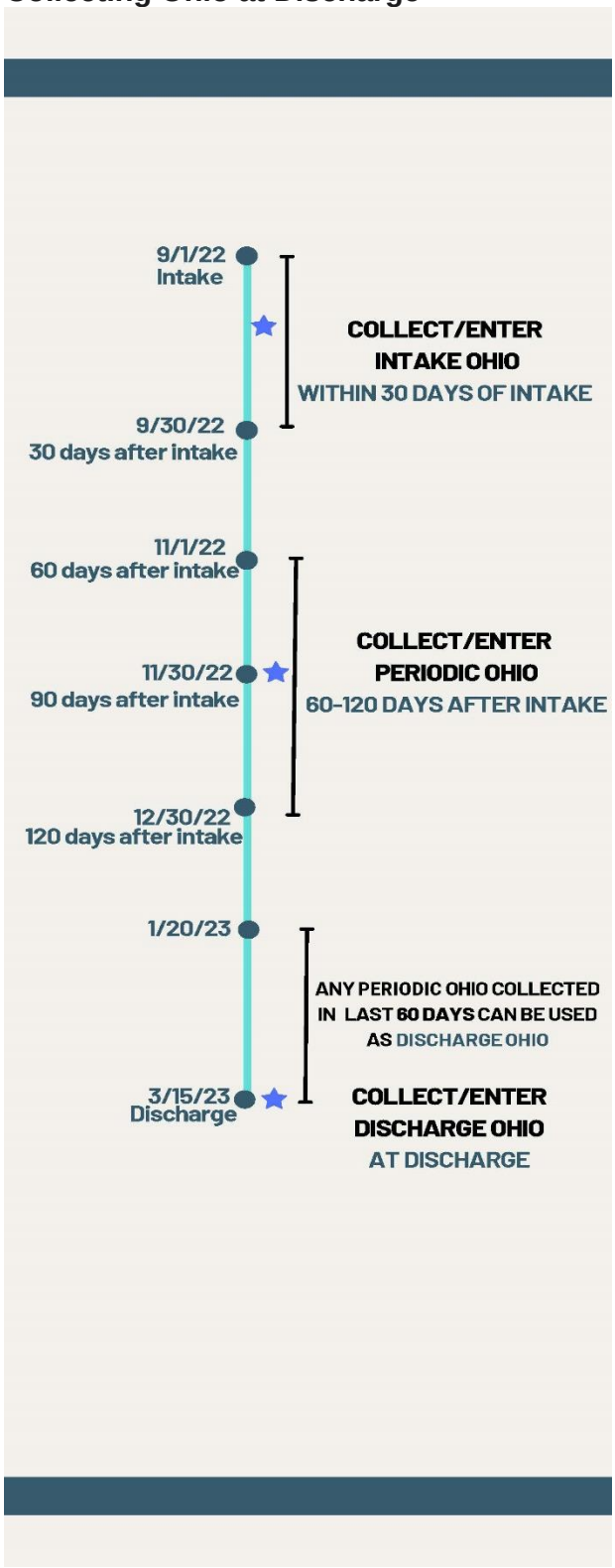
OPCC Data Indicators & Benchmarks Used Beginning in FY20

Indicators are calculated on closed cases. One exception is that beginning in FY20, all intakes in a period will be used for the Baseline Ohio Data indicator.

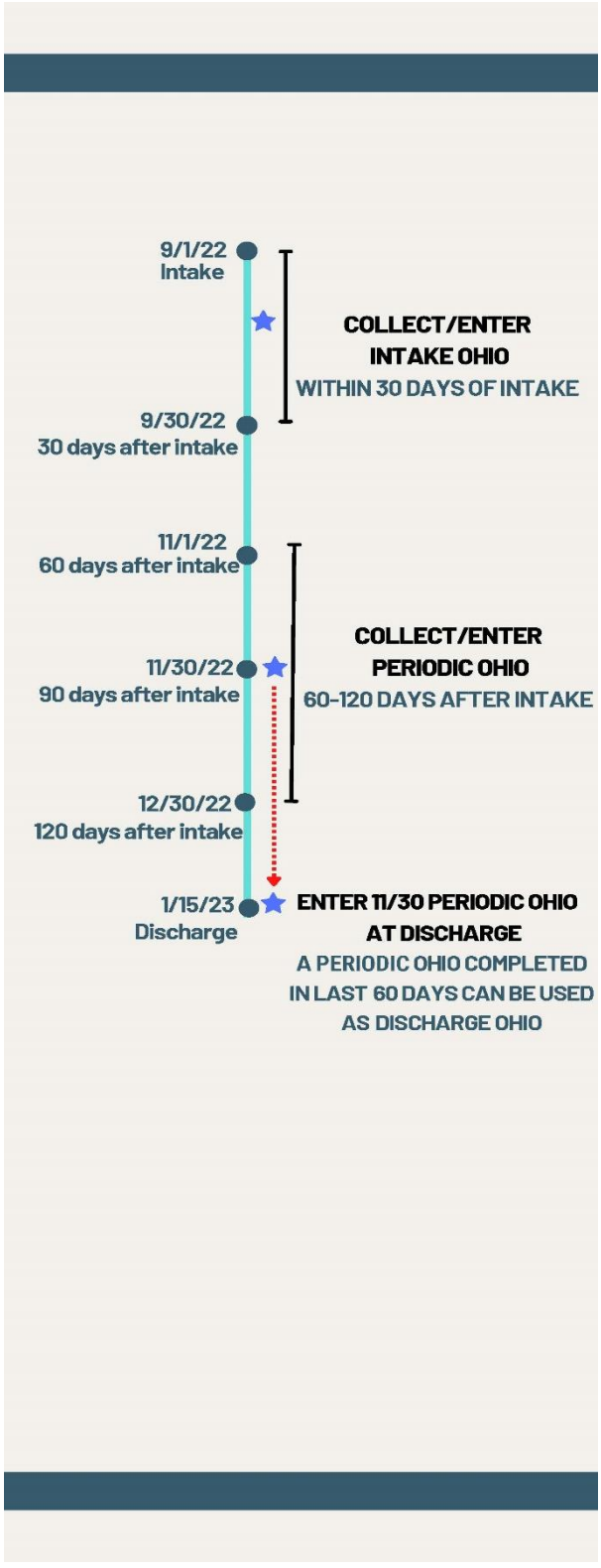
- Beginning in FY20, only cases that had an intake date on or after July 1, 2018 will be used in indicator calculations
- Any case that is indicated as “Evaluation Only” in the system, which is intended to be used when a child was seen for **fewer than four sessions (including the intake session)**, are excluded from all analyses on the indicators. Discharge Ohios are not expected for Evaluation Only cases
- Ohio Scales data is expected to be entered item-level
- Records indicating a youth was older than 19 at intake are excluded from all analyses

Appendix A: Ohio Completion Timeline Examples

Collecting Ohio at Discharge



Re-using Periodic Ohio at Discharge



Appendix B: OPCC and EBT Data Schedules

OPCC Episode			
	Time		
Assessments	Intake	90 days	Discharge
Facesheet	x		x
OHIOs	x	x	x
YSSF			x
Activity Data	x	**Quarterly**	
During treatment, an EBP may become appropriate. If child is referred to an EBP, these are the following data requirements:			

EBP Episode			
Assessments	Time		
	Start of EBP	Periodic	Discharge
Facesheet	x		x
Trauma History	x		
Trauma Symptoms	x		
OHIOs (Behav. & Func.)	x	x, Every 90 days	x
Selected Target Measures (if any)	x	x, Every 90 days	x
Monthly Tx Info	**Monthly**		
OHIO Satisfaction			x

Appendix C: Table of OPCC Data Definitions and Benchmarks Starting in FY20

Indicator		Benchmark	Definition
Baseline Ohio Data	Youth Report Parent Report Worker Report	90% 90% 90%	The percentage of cases opening in the period that had a complete Ohio at the time of their intake
Having Outcome Ohio Data	Youth Report Parent Report Worker Report	50% 50% 90%	The percentage of cases closing in the period, *that had intake dates on or after July 1, 2018,* that had sufficient Ohio data (at least 2 time points) to calculate change
Improved Outcomes on Ohio Scale	Youth Report Parent Report Worker Report	50% 50% 50%	The percentage of cases closing in the period, *that had intake dates on or after July 1, 2018,* that demonstrate a 5-point improvement on the Ohio out of those who had data at 2 time points
Met Treatment Goals	Determined by clinician at discharge	60%	The percentage of cases closing in the period, *that had intake dates on or after July 1, 2018,* that were reported to have met treatment goals

Child Health and Development Institute of Connecticut, Inc.

Using the Clinical Global Impressions Scale[1] in Outpatient Treatment

DCF CONNECTICUT

As of March 1, 2021 the Clinical Global Impressions scale (CGI) is required at intake and discharge of all OPCC episodes and at the start and end of an EBP episode. At intake/treatment start, there is one item on the severity (CGI-S) of the child's condition. At discharge/treatment end, the item on severity (CGI-S) is rated again as well as an item on the level of improvement. The level of improvement (CGI-I) is as used to determine whether the client satisfied the Met Treatment Goals criteria in PIE.

Where do I find the CGI?

The CGI-S question is in the intake forms for OPCC agencies, and the CGI-S and CGI-I is in the discharge forms. The exact location may vary depending on the EHR. The locations in PIE and for EBTs are below.

- For an OPCC intake in the **PIE** system, the CGI-S is the last item under "**Client History: Medical**". For an OPCC discharge, the CGI-S and CGI-I are the last items under "**Client During Care: Medical**".
- For an intake in **EBP Tracker**, the CGI-S is the last item under **"Treatment Information**". For an EBP Tracker discharge, the CGI-S and CGI-I are the last items under "**Discharge Information**".
- For an **EBT episode**, the CGI-S can be found on the **Intake Facesheet**, and the CGI-S and CGI-I are located on the **Discharge Facesheet**.

What is the CGI?

The CGI consists of one question on severity of symptoms (CGI-S), and one question on degree of improvement (CGI-I), both on a 7 point response scale. The CGI is intended to provide an overall, big picture assessment of the client based on the clinician's clinical judgment. The clinician should review all of the information that is available to them when making the assessment, including history, symptoms, and behavior.

CGI-Severity (CGI-S):

Considering your experience, how severe are the child's emotional, behavioral, and/or cognitive concerns at the time of intake?

1 = normal
2 = slightly severe
3 = mildly severe
4 = moderately severe
5 = markedly severe
6 = very severe
7 = among the most severe symptoms that any child may experience

CGI-Improvement (CGI-I):

Compared to the child's condition at intake, this child's condition is:

1 = very much improved
2 = much improved
3 = minimally improved
4 = no change
5 = minimally worse
6 = much worse
7 = very much worse

[1] Guy W (ed). ECDEU Assessment Manual for Psychopharmacology. Rockville, MD: US Department of Health, Education, and Welfare Public Health Service Alcohol, Drug Abuse, and Mental Health Administration, 1976.

How is the CGI rated?

The CGI-S is rated based on observed/reported behavior and function in the last seven days, and the CGI-I is rated based on a comparison of the client's condition at baseline and their condition over the last seven days. It is important to note that scoring is only a guideline; clinicians should use their clinical judgment and use the rating scale as a suggestion. Additionally, the rating should not incorporate side effects from medications. *Examples for scoring the CGI-S and CGI-I can be found on pages 3-5 of this document.*

CGI-S Guidelines
1 = Normal-not at all severe, symptoms of concern not present in past seven days
2 = Slightly severe-subtle or suspected symptoms of concern
3 = Mildly severe-clearly established symptoms with minimal, if any, distress or difficulty in social, academic, and occupational function
4 = Moderately severe-overt symptoms causing noticeable, but modest, functional impairment or distress
5 = Markedly severe-intrusive symptoms that distinctly impair social/academic/occupational function or cause intrusive levels of distress
6 = Very severe-disruptive emotion, behavior, and function that are frequently influenced by symptoms
7 = Among the most severe symptoms that any child may experience
Adapted from Kay SR. Positive and negative symptoms in schizophrenia: Assessment and research. *Clin Exp Psychiatry* Monograph No 5. Brunner/Mazel, 1991.

CGI-I Guidelines
1 = Very much improved-nearly all better, good level of functioning; minimal symptoms; represents a very substantial change
2 = Much improved-notably better with significant reduction of symptoms; increase in the level of functioning but some symptoms remain
3 = Minimally improved-slightly better with little or no clinically meaningful reduction in symptoms. Represents very little change in basic clinical status, level of care, or functional capacity
4 = No change-symptoms remain essentially unchanged
5 = Minimally worse-slightly worse but may not be clinically meaningful; may represent very little change in basic clinical status or functional capacity
6 = Much worse-clinically significant increase in symptoms and diminished functioning
7 = Very much worse-severe exacerbation of symptoms and loss of functioning
Adapted from Spearing MK, Post, RM. Leverich GS, et al Modification of the Clinical Global Impressions (CGI) Scale for use in bipolar illness (BP): the CGI-BP. *Psychiatry Res 1997*; 73(3): 159-71.

How will CHDI/DCF use the CGI for EBP and outpatient treatment?

The CGI will be used at the start and end of any EBP or outpatient episode. For outpatient episodes, it will be factored into the "met treatment goals" definition. For EBPs, the CGI will provide a fairer way of measuring EBP performance across EBPs since the definition of "successful discharge" varies depending on the EBP and its fidelity requirements.

How do I factor in the CGI into the "Met Treatment Goals" Definition for Treatment Episodes?

The definition of "Met Treatment Goals" during an outpatient episode has varied across providers and teams and has been a consistent topic of discussion over the last few years. After several conversations with providers, it was determined that a more concrete definition was necessary in order to maintain consistency across treatment episodes. The addition and use of the CGI provides a more direct way of answering whether or not a child has met their OPCC treatment goals.

The guidance to answer this data element for OPCC episodes is as follows:

- For **most children**, "Met Treatment Goals" is defined as **improvement since admission** as measured by the CGI scale. "Met Treatment Goals" should be endorsed as "yes" when CGI-Improvement (CGI-I)

ratings are 1 (very much improved), 2 (much improved), and 3 (minimally improved), and otherwise coded as "no".

- However, there is an **exception** for children whose symptom severity, functioning, and treatment goals indicate **a higher level of care than outpatient is needed**, and a primary goal of the current outpatient episode is to **maintain that child's functioning** until a higher level of care is available. In this case, a CGI-Improvement (CGI-I) score 4 (no change) as well as 1, 2, or 3 (improvement) should be coded as "yes" for "Met Treatment Goals".

- *In cases where a higher level of care is more appropriate, a good rule of thumb is to consider whether the children's symptoms or functioning would have been much worse if not for the treatment provided in outpatient care.*

CGI-S Scoring Examples

1. An 11-year-old, female reports crying multiple times over the past week, but cannot identify a reason. This child was referred to therapy by her mother after talking to mom about her tearfulness, lack of appetite, feelings of sadness, and her loss of interest in playing soccer and seeing her friends over the past month. She appears well-groomed and attends school daily, but is often holding back tears and believes her academic performance may be declining. Her teachers have not observed this, but she is concerned that her mood is worsening and may result in a significant impact on her grades. She denies suicidal ideation. She has no previous treatment history.

   Suggested CGI-S Score = 4-Moderately Severe

   Rationale: This child demonstrates symptoms that are consistent with depression and are beginning to impact her functioning. Her presenting problem and overall disposition suggests a score no less than a 4 (moderately severe). There has been a decrease in the child's functioning at this time; others have not noticed these changes and her reportedly declining performance does not appear severe. She also continues to attend her regularly scheduled activities. While the child indicates distress, this has not caused an evident impairment in her functioning that would increase the suggested score.

2. A 16-year-old, male was referred to therapy because he has been demonstrating verbal aggression toward his caregivers and peers at school, become increasingly threatening and difficult to manage. In the past week, he responded with sudden physical aggression toward his classmate and has been missing many days of school. He appears disheveled, guarded and his caregiver reports that he has not showered in several days. He reportedly acts suspicious of others and has stopped participating in medication management. This child has participated in treatment in the past.

   Suggested CGI-S Score = 6-Very Severe

   Rationale: This child's symptoms are affecting his daily functioning to the extent that he is demonstrating poor hygiene, not attending school regularly and has discontinued his medication. His behavior is also a physical risk to others. He did willingly attend the treatment session with his caregiver and actively engaged in arrangements for medication management, suggesting a CGI score of 6.

CGI-I Scoring and Met Treatment Goals Examples

1. A client has been in treatment for 6 months and has reported being able to sleep better at night, receiving a full night rest with no nightmares. The father also reports that this daughter has been less distracted and able to concentrate better in school and home, exhibiting a more positive mood and having only 1-2 verbal outbursts a month. This illustrates a significant change from baseline, at which the child spent many nights waking up crying throughout the night causing sleep problems. The child also reported having many worry thoughts and spending several hours of the day engaging in these thoughts distracting her from completing tasks. When others tried to redirect her to the task at hand, she would become verbally aggressive; multiple times a week. She is now able to complete tasks in a timely manner with minimal disruption.

   Suggested CGI-I score = 2- Much Improved **Met Treatment Goals**=Yes

   Rationale: This child is demonstrating a reduction in symptoms and exhibiting significant improvement in sleep, less time ruminating and completing tasks on time with a significant decrease in verbal outbursts. These improvements in distress level, symptom severity, and functioning suggest an improvement score of 2 because of her clinical improvement and increased functioning. She still exhibits some symptoms with verbal outbursts which is why a suggested CGI-I score is 2. Given that "Met Treatment Goals" is defined as improvement since admission as measured by the Clinical Global Impressions (CGI) scale, this child's suggested CGI-I score of 2 aligns with meeting her treatment goals.

2. A client has been refusing to attend scheduled therapy sessions over the last six weeks and has missed an excessive amount of school. His grandmother reports that the minimal time he does spend in school, he arrives late and often does not change his clothes from the night before. He frequently reports feeling tired, complains of headaches and has withdrawn from family and friends. Grandma reports that she has never seen him like this. He spends most of his day in his bedroom and last week when his grandmother tried to invite him to play a game during family night, he became tearful and told her to "leave me alone" and said, "I wish I wasn't here anymore". His grandmother immediately brought him to the hospital where a psychiatric evaluation was performed and resulted in his admission due to suicide ideation. This is a significant change since baseline, at which the child was attending school and therapy regularly and while he displayed some withdrawn behavior he was spending some time with family. At baseline, he also reported some sleep disturbance but appeared well-groomed and engaged. He also had no history of SI or inpatient treatment.

   Suggested CGI-I score = 7- Very Much Worse **Met Treatment Goals**=No

   Rationale: This child's symptoms have worsened since his start of outpatient treatment. At baseline he demonstrated some withdrawn behavior to now rarely leaving his bedroom. He has stopped attending therapy and school and his hygiene declined significantly with excessive sleep disturbance resulting in feeling tired consistently with frequent headaches. This child's symptoms are affecting his daily functioning to the extent he is experiencing significant distress such as suicide ideation. These exacerbation of symptoms with a severe decline in functioning suggests a CGI-I score of 7. This score also indicates that the child did not meet his treatment goals.

3. A behavioral health crisis led a new client in outpatient care to be referred to the emergency department at the nearby hospital to complete a psychiatric evaluation. Upon completion of the evaluation, the hospital recommended that the child participate in a higher level of care to meet her mental health needs and was placed on a waitlist for intensive home based services. The hospital's discharge plan was for the child and family to continue outpatient treatment until the home based services could be successfully secured. The primary goal of the outpatient episode was to maintain the child's functioning until this higher level of care became available.

During treatment, the child continued to demonstrate severe symptoms and after four months, the clinician and family were able to successfully transition the child to the home based services identified.

Suggested CGI-I score = 4 - No Change **Met Treatment Goals**=Yes

Rationale: For this child, her symptom severity, functioning, and treatment goals indicated a higher level of care at the start of outpatient treatment. Given her baseline condition, the primary goal of her outpatient treatment was to maintain the child's functioning until a higher level of care was available. Since the child's condition at discharge did not worsen or improve, the suggested CGI-Improvement score is a 4 (no change). This score also indicates that the child "met treatment goals".