Striving for Clinical Excellence: The Use of Data in Supervision

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November 14, 2017

Supervision Community of Practice
Moderators: Diane & Jonathan
Panelists: Linda, Elizabeth, Michelle & Marjory

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Supervision Community of Practice

Initiated in 2016, we created a loosely constructed organic learning space using four platforms:

1. List serve - hosted by CMHO
2. Interactive Webinars - hosted by CCA
3. Supervision resource hub – hosted by Ontario Centre of Excellence in Children & Youth Mental Health
4. Annual Presentation at CMHO Conference
With respect to the use of data in supervision, what is your greatest success or failure?
Questions for Panelists

1. What data system do you use and what is available to supervisors?
2. Do you have benchmarks or performance indicators you measure using data?
3. How do you use data to support supervision within the supervisory process?
4. What are your successes?
5. What is one tricky or challenging situation that you face in your use of data?
Implementing EMHware in Peel

- EMHware is a web-based clinical information system that has data collection, workflow management, appointment scheduling, and reporting functions.

- In 2015-2016, the four community-based Core Service Providers in the Peel Service Area made the decision to move to a single EMHware database for Peel.

- EMHware went live across the four agencies in January, 2017.
Using EMHware in Supervision

• Client Level:
  • Demographic information, risk factors;
  • Program history, contacts, case notes, case data (forms).

• Program/Agency/System Level:
  • Client lists (current and historical): waiting lists, active clients, discharge reports, presenting issues, etc...
  • Data quality lists, contact lists, case note lists, referral reports, custom reports.
Using EMHware in Supervision

• Performance indicators:
  • Fiscal targets at program and core service level;
  • MCYS Key Performance Indicators (n = 13)
  • Wait lists: number of clients and time to service.

• Benchmarks for direct and indirect clinical hours.

• Peel’s EMHware implementation journey
  • Emphasis on the clinical record:
    • Accurate and complete client data;
    • Uploading documents vs. using case data forms (e.g., Assessment summaries and treatment plans).
Implementing interRAI in Peel

• interRAI suite of assessment instruments covers the full lifespan and can be used across health and mental health sectors.

• In 2015-2016, the six Core Service Providers in the Peel Service Area made the decision to adopt the *Child and Youth Mental Health Assessment* tool (the “ChYMH”) and the *Child and Youth Mental Health Screener* (the “Screener”).

• Both tools went live in June, 2016.
Implementing interRAI in Peel

• The Screener is used at intake to support triage and decision-making for the purpose of disposition.

• Will be adopting Screener+, which produces a report that captures case complexity, urgency, risk, and trauma indicators.

• The ChYMH comprehensively assesses the psychiatric, social, environmental and medical needs of those clients aged 4 and older who have been dispositioned to programs mapped to Counselling & Therapy Services and Intensive Treatment Services.
The ChYMH Clinical Profile

CLINICAL PROFILE

- Client Profile
- Completed Assessment
- Collaborative Action Plans
- Scales
The ChYMH Clinical Profile

1. **Client Profile**: a one-page summary that provides:
   - Basic demographic information;
   - Current strengths and goals;
   - List of currently triggered *Collaborative Actions Plans*, any changes in the *Collaborative Action Plans*;
   - *Scale* results;
   - Notes from current assessment;
   - List of all completed assessments.

2. **Completed ChYMH assessment.**
The ChYMH Clinical Profile

3. *Collaborative Action Plans (CAPs)*:
   - Upon completing the ChYMH, one or more CAPs may be triggered.
   - Evidence-informed guidelines for intervention that indicate the *presence* of an issue.
   - Areas of risk that may trigger a CAP include attachment, trauma, caregiver distress, education, social/peer relationships, substance use (30 in total).
4. **Scales:**

- Provide information about the _severity_ or _frequency_ of an issue, with higher scores indicating greater severity or frequency.

- Used to measure and monitor change over time and evaluate treatment outcomes by comparing scale scores over time.

- Scales include aggressive behaviour, anxiety, distractibility/hyperactivity, family functioning, school disruption (27 in total).
Using ChYMH Data in Supervision

• The *Clinical Profile* is reviewed during supervision and in clinical meetings to inform treatment planning/goal setting, clinical decision-making, and to measure change over time.

• Peel’s ChYMH implementation journey:
  • Staff training and training team;
  • Implementation team and Communities of Practice;
  • Embedding the ChYMH into clinical practice;
  • Measuring client outcomes.
Case flow

• At Chatham Kent Children’s Services we use Caseworks.
  • Developed by Coyote
  • Implemented in 2008
  • Customizable

• Supervisors have access to all workers (including those on other teams for coverage purposes)
  • Organized by worker
  • Toggle down into assigned cases
  • All electronic documents within case
  • Quality Assurance reports (ie. service events)
  • Reports on demand (ie. worker caseload)
Case flow

- Current benchmarks:
  - Ministry quarterly reporting
    - Targets
  - Agency Strategic Plan
    - Positive Outcomes
  - Comparative Board Report for service levels
    - Individuals served
  - Service event times
    - Agency target of 50% Direct Service
Data to support supervision

• Monthly report on service event (time spent) by worker
  • Allows supervisors to see if workers are entering their time spent appropriately and in a timely manner

• Worker Workload Report (Weekly)
  • Allows supervisors to see the total number of cases assigned to each worker

• Worker Milestone Report (On Demand – ran by supervisor)
  • Allows supervisors to see upcoming or overdue recording requirements
  • Help workers make plan for paperwork completion
  • Monitor staff that are having difficulty
<table>
<thead>
<tr>
<th>File Name/Number</th>
<th>Open Date</th>
<th>Case Type</th>
<th>Next Recording</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8/10/2016 (456)</td>
<td>EJM - Long Term</td>
<td>11/19/2017 - Treatment - 3 Month</td>
</tr>
<tr>
<td></td>
<td>2/24/2017 (258)</td>
<td>CFI1 - Casework Long</td>
<td>11/4/2017 - Indiv. Treatment Plan</td>
</tr>
<tr>
<td></td>
<td>1/6/2017 (307)</td>
<td>CFI1 - Casework Long</td>
<td>11/20/2017 - Treatment - 3 Month</td>
</tr>
<tr>
<td></td>
<td>2/24/2017 (258)</td>
<td>CW - Community</td>
<td>11/15/2017 - Indiv. Treatment Plan</td>
</tr>
<tr>
<td></td>
<td>9/19/2017 (51)</td>
<td>YCJ1 - Casework Long</td>
<td>10/25/2017 - Indiv. Treatment Plan</td>
</tr>
</tbody>
</table>

- Worker Name
- Client Name
- Date Opened (Count of Days)
- Program Name
- Next Recording Due (Bold if overdue)

*Also have “to do tasks” for BCFPI Questionnaire - not included on this report but seen by workers on their dashboard*
• Most challenging situation:
  • Going paperless
    • Finalizing data elements in forms/recordings
      • Meeting agency needs as well as accreditation and reporting needs
  • Worker buy in
    • Process Changes
    • Training
    • Knowledge building
Case flow

• Successes:
  • All recently opened files are 100% paperless
  • Automation of reports
  • Streamlined Processes
  • Quicker data entry for workers
  • Access to additional data elements allows for increased reporting opportunities.
Case flow
Productivity by Core Element

MAY PRODUCTIVITY DASHBOARD

Workload calculations in CYMH:
- 52 weeks - Annual leave, sick leave, and special leave = 42 weeks a year for a full-time staff
- 42 weeks divided by 12 months = 3.5 weeks in a month
- 7 hours a day x 5 days in a week = 35 hours a week
- 35 hours x 3.5 weeks in a month = 122.5 hours of client services a month
- 40% Direct Treatment = 122.5 x .40 = 49 hours of direct treatment available each month or 7 days

Direct Treatment per week available = 49 divided by 3.5 weeks = 14 hours a week (21 hours of other Client Activities)

CAUTION: CYMH TG does not work in the Dashboard. You will need to look at the pivot report and select the CYMH staff and click on their data. This will produce an output sheet of their clients in group. This Report will need to be seen in context of the total caseload (New Referrals; active cases; Closure rate; Complexity of clients, etc.) of a CYMH worker and their FTE in CYMH services. These reports are being
Ministry requirements

A - Description of CYMH SERVICES in 2015-2016

- Estimate of the number of CYMH Clients in 2015-2016: 1,568
- Estimate of number of times Clients were opened to CYMH in 2015-2016: 1,697 (1085 are new Cases to 2015-2016)
- Estimate of the total number of CYMH services provided in 2015-2016: 2,430
Aligning CQI to Ministry Requirements

Days Open to Service by Service/Core Element: using results to direct CQI
What CAN we do? ....the MATH

## Capacity Formulation - Number of FTEs Required

<table>
<thead>
<tr>
<th>Clients Type</th>
<th>Percent Total of Pop.</th>
<th># of Clients Est.</th>
<th># of Sessions</th>
<th>FTEs Needed:</th>
<th>Numbers that can be modified =</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Need</td>
<td>0.3</td>
<td>509.1</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate Need</td>
<td>0.5</td>
<td>848.5</td>
<td>8</td>
<td>36.1</td>
<td></td>
</tr>
<tr>
<td>High Need</td>
<td>0.2</td>
<td>339.4</td>
<td>28</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of Clients in 2015/2016</td>
<td>1697</td>
<td></td>
<td>480</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Capacity Formula:

**Assumptions #1:** 1 FTE CFT can maintain 480 appointments in a year
- 40 weeks* 12 sessions in a week (14 scheduled appointments).

**Assumption #2:** Given their level of severity the expected sessions are as follow
1. Low need= 1-3 sessions (average of 2 sessions)
2. Moderate need= 6-10 sessions (average of 8 sessions)
3. High need= 28 sessions (average 28=7 months only)

**Assumption #3:** Proportionally the client population will have the following profile –
- 30% low needs,
- 50% moderate,
- 20% high needs (Based on actual CAFAS scores, though these have been under-rated following QI review)

**Assumption #4:** We would need to know the total number of clients served in a year

Formula: 

\[
\frac{[\text{.3*# clients served}(2)] + [\text{.50* total # clients served}(8)] + [\text{.2*total # clients served}(28)]}{480}
\]
What CAN we do?...if we reduced report writing time

Capacity Formulation - Number of FTEs Required

<table>
<thead>
<tr>
<th>Clients Type</th>
<th>Percent</th>
<th># of Clients</th>
<th># of Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Need</td>
<td>0.3</td>
<td>509.1</td>
<td>2</td>
</tr>
<tr>
<td>Moderate Need</td>
<td>0.5</td>
<td>848.5</td>
<td>8</td>
</tr>
<tr>
<td>High Need</td>
<td>0.2</td>
<td>339.4</td>
<td>28</td>
</tr>
</tbody>
</table>

FTEs Needed: 28.8

# of Clients in 2015/2016: 1697

Number of Appointments: 600

Capacity Formula:

Assumptions #1: 1 FTE CFT can maintain 600 appointments in a year
- 40 weeks * 15 sessions in a week (16 scheduled appointments).

Assumption #2: Given their level of severity the expected sessions are as follow
1. Low need = 1-3 sessions (average of 2 sessions)
2. Moderate need = 6-10 sessions (average of 8 sessions)
3. High need = 28 sessions (average 28=7 months only)

Assumption #3: Proportionally the client population will have the following profile –
- 30% low needs,
- 50% moderate,
- 20% high needs (Based on actual CAFAS scores, though these have been under-rated following QI review)

Assumption #4: We would need to know the total number of clients served in a year

Formula: \[ \frac{(0.3 \times \text{Total # clients served}) \times 2 + (0.5 \times \text{Total # clients served}) \times 8 + (0.2 \times \text{Total # clients served}) \times 28}{600} \]
What CAN we do?...if we see clients for more sessions

Capacity Formulation - Number of FTEs Required

<table>
<thead>
<tr>
<th>Clients Type</th>
<th>Percent of Total of Pop.</th>
<th># of Clients</th>
<th># of Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Need</td>
<td>0.3</td>
<td>509.1</td>
<td>4</td>
</tr>
<tr>
<td>Moderate Need</td>
<td>0.5</td>
<td>848.5</td>
<td>10</td>
</tr>
<tr>
<td>High Need</td>
<td>0.2</td>
<td>339.4</td>
<td>40</td>
</tr>
</tbody>
</table>

FTEs Needed: **40.2**

Numbers that can be modified =
Answer (Cannot be modified)=

Capacity Formula:

Assumptions #1: 1 FTE CFT can maintain 600 appointments in a year
• 40 weeks* 15 sessions in a week (16 scheduled appointments).

Assumption #2: Given their level of severity the expected sessions are as follow
1. Low need= 1-3 sessions (average of 2 sessions)
2. Moderate need= 6-10 sessions (average of 8 sessions)
3. High need= 28 sessions (average 28=7 months only)

Assumption #3: Proportionally the client population will have the following profile –
• 30% low needs,
• 50% moderate,
• 20% high needs (Based on actual CAFAS scores, though these have been under-rated following QI review)

Assumption #4: We would need to know the total number of clients served in a year

Formula: \[(0.3\times \text{total # clients served})/(2)] + [(0.50\times \text{total # clients served})/(8)] + [(0.2\times \text{total # clients served})/(28)]/600
Child Development Institute

1. Data System: CYSIS

2. Benchmarks or Indicators for Supervisors:

   Monthly service target reports
   - # Direct Service Hours (target of 12-15 hours/week)
   - Caseload size (varies across programs and services)
Using Data to Ensure Fidelity

Need for Supervision of Program Fidelity

• Training alone doesn’t ensure effective implementation of a model or program

• Highest fidelity & best outcomes when supervision was added to in-person training and/or manualized training (Kelly et al., 2000; Fine et al., 2003)
Using Data to Ensure Fidelity

Two types of fidelity measures:

• Practitioner level fidelity measures
• Organizational level fidelity measures

Need to measure:

• Adherence or Compliance to the model (Was the program delivered as intended?)
• Competence (How well was the program delivered?)
Using Data to Ensure Fidelity

Challenge:

• Easiest method is to use self-report measures of fidelity

• However, low correlation with observer reports (MI, Martion et al., 2008; Miller et al., 2004; CBT, Brosan et al., 2008)

• Therapists tend to over-estimate their competency when compared to trained observers.
Stop Now and Plan SNAP®

**Adherence Checklist** *(independent rater: % score)*
- Room set up (including equipment and visuals)
- Preparation of group leaders
- Elements of the group program

**Competency Checklist**

**Supervisory Competency Goal Setting Sheet**
- Group leader sets weekly goals for specific skills development
- Both supervisor and group leader complete checklists
<table>
<thead>
<tr>
<th>SNAP® Supervisor Competency Goal Setting Sheet</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I – Knowledge</strong></td>
</tr>
<tr>
<td>(1= low level, 3= average level, 5= high level)</td>
</tr>
<tr>
<td>SNAP Model, research-base and underlying theories (Systems, Social Interactional Learning, Cognitive Behavioral Therapy, Attachment and Feminist theories)</td>
</tr>
<tr>
<td>Assessment, case planning, intervention, evaluation for children with behavior problems &amp; their families; school and community systems</td>
</tr>
<tr>
<td>CS structure (i.e. supervision contracting, staff assessment, evaluation)</td>
</tr>
<tr>
<td><strong>II – Skills</strong></td>
</tr>
<tr>
<td>Relationship skills (building supervisory relationship, communication)</td>
</tr>
<tr>
<td>Assessing: competencies, learning style and needs, development level of supervisee</td>
</tr>
<tr>
<td>Teaching and didactic skills</td>
</tr>
<tr>
<td>Promoting growth and self-assessment in the supervisee</td>
</tr>
</tbody>
</table>
Additional Fidelity Examples from CDI

• Integra MMA™ & Integra YW™: fidelity checklists
  • Supervision includes a review of the therapist’s self-evaluation
  • Starting to incorporate competency ratings for both therapist and supervisor

• Mothers in Mind®: videotaping pre-brief & debrief
Next steps for the Supervision Community of Practice

Webinars
List-Serve
Sharing Resources
Potential Topics for Webinars

Structure and Format of Supervision
• Formatting a supervision session (using a template)
• Using “live” supervision
• Use of technology in supervision
• Using data in supervision

Performance Management
• Defining Core Competencies in Supervision
• Performance goals in relation to supervision needs

Supervision in Organizational Contexts
• Role of Supervision in Change Management
• Supervision Policies – sharing and strengthening
• Connecting organizational goals to individual goals
If you are interested in joining the Supervision Community of Practice, please contact

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