| Outcomes: Systems Level and CSoC-Specific | | | | | | | | | |
|---|---|---|---|---|--------|--------------------|--------------------|--|--|
| | | | | Report 10/1/20- 1/1/21-12/31/20 3/31/21 | | 4/1/21- 6/30/21 | 7/1/21- 9/30/21 | | |
| Outcome | Report | Goal of Monitoring | Specific Metrics | | | | | | |
| Reduce OOH Placements | CSoC Youth: Children in Restrictive Settings (CSoC report QM3) | Monitor over time for functioning of CSoC, stable or reduced numbers | Percent of <u>CSoC members</u> (under 22) who were served in a psychiatric hospital during the quarter | 4.94% | 5.61% | 5.78% | 5.01% | | |
| | CSoC Youth: ALOS for children in restrictive settings (CSoC report QM3) | Monitor over time for functioning of CSoC, stable or reduced numbers | Average Length of Stay (ALOS) for <u>CSoC members</u> (under 22) in psychiatric hospitalization, in days | 5.97 | 6.77 | 7.01 | 7.53 | | |
| | QM09) | Direct measure of the ability of CSoC to maintain youth in the home and community and avoid out of home placement | Percent of youth whose living situation at discharge from CSoC is a family home | 93.96% | 94.46% | 91.36% | 93.43% | | |
| Improve Outcomes | CSoC Youth: CANS Outcomes (CSoC report QM8) | Direct measure of the ability of CSoC to improve youths' clinical functioning | Average decrease (intake to discharge) on standardized tool measuring clinical functioning (CANS) | -17.01 | -16.46 | -16.25 | -16.07 | | |
| | | | Percent of youth showing improved clinical functioning (from intake to discharge) on standardized tool (CANS) | 74.07% | 73.01% | 69.45% | 72.24% | | |
| | | | Compliance Percentage (% youth with intake and discharge CANS so improvement can be calculated) | 96.43% | 97.51% | 96.66% | 98.23% | | |
| | CSoC Youth: Improved School Functioning (CSoC report QM10) | Direct measure of the ability of CSoC to improve youths' school functioning | Percent of youth showing improved school functioning (intake to discharge) on standardized tool (CANS: School Module) | 71.09% | 69.00% | 64.09% | 60.00% | | |

Please note: Data from previous reporting periods available upon request.

Coordinated System of Care (CSoC) Dashboard Quality Assurance Committee - 11/22/2021

| Process Indicator | Report | | | Reporting period | | | |
|------------------------------------|--|---|--|----------------------|--------------------|--------------------|--------------------|
| | | Goal of Monitoring | | 10/1/20- 12/31/20 | 1/1/21- 3/31/21 | 4/1/21- 6/30/21 | 7/1/21- 9/30/21 |
| Increase Utilization of HCBS | CSoC Youth: Access to Wraparound (CSoC report QM12) | Ensure that Wraparound is accessible and responsive to immediate needs. | Percent of CSoC members for whom: Timely referral standard was met | 91.45% | 91.65% | 90.47% | 97.49% |
| | | | Timely first contact standard was met Timely face-to-face contact was met | 95.81% 75.14% | 97.75% 78.00% | 97.28% 78.77% | 96.35% 74.45% |
| | CSoC Youth: Enrollment and Agency Involvement (CSoC report QM6) | Monitor number of youth in CSoC and agency involvement. | Total number of CSoC Enrollees | 2,659 | 2,650 | 2,655 | 2,498 |
| | | | Number of CSoC Enrollees involved with Juvenile Justice | 245 (9.21%) | 241 (9.09%) | 250 (9.42%) | 239 (9.57%) |
| | | | | 305 (11.47%) | 281 (10.60%) | 307 (11.56%) | 283 (11.33% |
| | CSoC Youth: Utilization of Natural Supports (CSoC report QM13) | Ensure Wraparound is helping families build sustainable teams with natural supports. | Percent of fully enrolled CSoC members with at least one natural/informal support person on their Plan of Care (POC) | 90.7% | 91.9% | 91.8% | 90.2% |
| | CSoC Youth: Youth receiving services in sufficient amount, frequency, and duration (CSoC report POC 6) | Ensure that CSoC members are able to access the services that their CFT determined they need. | Percent of members receiving services in sufficent amount, frequency, and duration. Month 1 of reporting period | 07.700/ | 07.000/ | 07.500/ | 04.270/ |
| | | | | 97.70% 97.90% | 97.09% 97.91% | 97.50% 94.03% | 94.27% |
| | | | | 98.12% | 97.12% | 94.15% | 93.66% |

Please note: Data from previous reporting periods available upon request.

| Outcome | Process Indicator | Report | Goal of Monitoring | Specific Metric | Reporting Period 2019 (Reported Annually) | | | |
|-----------------------|---|---|---|--|---|------------------|--|---------------------------------|
| | | | | | | Caregiver | Youth | |
| | High-Fidelity | Fidelity to Practice | Ensure high-quality | Overall Fidelity: | Louisiana | 0.77 | 0.74 | |
| | Wraparound | (QM15-annual) | Wraparound care coordination | Total Fidelity Score | National | 0.72 | 0.69 | |
| | Youth and Family | Fidelity to Practice | Ensure high-quality | Overall satisfaction: | Louisiana | 1.5 | 1.5 | |
| | Satisfaction | (QM15-annual) | Wraparound care | "I am satisfied with the | National | 1.41 | 1.18 | |
| | | | coordination | wraparound process in which my family and I have participated." | | | | |
| | Process Indicator | Report | Goal of Monitoring | Specific Metric | Baseline 1/1/18-12/31/18 | | Interim Period 1/1/20-12/31/20 | Final Period 1/1/21-12/31/21 |
| Reduce OOH Placements | 7-Day Follow-Up | Performance | Increase the | The percent of acute | Numerator: | | Numerator: | |
| Manage Costs | Hospitalization (FUH) | Improvement | percentage of youth | inpatient psychiatric | 213 | 199 | 176 | |
| Improve | Rate | Project (PIP): | attending follow-up | hospitalization discharges | Denominator: 405 | Denominator: 398 | Denominator: 380 | |
| Outcomes | | Measuring Hospitalization Follow Up Practices | hospitalization appointments within seven days of discharge to 70% | with a valid FUH service within 1 to 7 days of the acute inpatient discharge | Rate = 52.59% | | Rate = 46.32% | |
| | 30-Day Follow-Up Hospitalization (FUH) Rate | Performance Improvement Project (PIP): Measuring | Increase the percentage of youth attending follow-up hospitalization | The percent of acute inpatient psychiatric hospitalization discharges with a valid FUH service | Numerator: 294 Denominator: 405 | 277 | Numerator: 242 Denominator: 380 | |
| | | Hospitalization Follow Up Practices | appointments within 30 days of discharge to 90% | within 1 to 30 days of the acute inpatient discharge | Rate = 72.59% | Rate = 69.60% | Rate = 63.68% | |

Please note: Data from previous reporting periods available upon request.