

**LEGISLATIVE REPORT:
COSTS, BENEFITS, AND CLINICAL RATIONALE FOR
THE YOUTH OUTCOMES QUESTIONNAIRE**

DEPARTMENT OF HUMAN SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES

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YOUTH OUTCOME QUESTIONNAIRE IN ARKANSAS

In the summer of 2006, Arkansas embarked upon a journey to develop a more effective and accountable system of care for children suffering from mental illnesses. National expert, Cliff Davis from the Human Services Collaborative, provided an assessment of the Arkansas System of Care and made recommendations to the Arkansas Legislature. The work of advocates, families, clinical experts, providers, collaborators, system partners, and Department of Human Services (DHS) staff, the Arkansas General Assembly passed legislation (ACT 1593 of 2007) to establish a process for improving the children's mental health system.

Additionally, the Arkansas Children's Behavioral Health Care Commission was formed and First Lady Ginger Beebe led a listening tour throughout the state to gain valuable insights from the experiences of parents. ACT 1593 encourages family-driven, child-centered, youth-guided services and systems. The act also mandated the implementation of an assessment tool to guide service decisions and outcomes, and authorized an outcomes-based data system to support tracking, accountability, and decision-making.

In order to fulfill the mandate of ACT 1593 the Children's Behavioral Health Care Commission established an Outcomes/Assessment Work Group to search for a reliable and valid assessment instrument for tracking treatment outcomes. Prior to selecting an instrument, the work group identified several essential areas to assess including living situation, successes in school, healthy life styles, court involvement, behavioral health symptoms and positive functioning. The work group examined over 70 instruments and narrowed the list to seven. The stakeholders then voted on these seven instruments and the top four instruments—the Youth Outcome Questionnaire (Y-OQ®), the Child and Adolescent Needs and Strengths assessment (CANS), Child adolescent Functional Assessment Scale (CAFAS) and the Adolescent Treatment Outcome Module (ATOM)—were selected for further examination. The Work Group brought in the developers of each instrument and had them answer a detailed series of questions prepared by the Work Group.

The Y-OQ® was selected because it allows the families and youths to have a voice in treatment through the Y-OQ® and they are able to express concerns and report symptoms in a standardized way. Communication between the consumer and clinician is streamlined. Consumers that may have difficulty expressing themselves in a structured therapy setting may be able to answer questions regarding symptoms prior to meeting with the clinician.

The work group also selected the Y-OQ® based on its reliability, validity, ease of administration and scoring, and its ability to support other instruments in the software platform. In addition, the OQ®-Analyst, the software system used to deliver Y-OQ® feedback to clinicians, has also been proven to increase rates of consumer improvement and reduce rates of consumer deterioration in nine randomized clinical trials. Moreover, the Y-OQ® was selected because it allows the families and youths to have a voice throughout their treatment as they are able to express concerns and report symptoms using the Y-OQ®.

The Y-OQ® is supported by OQ Measures LLC. OQ Measures utilizes a computerized feedback and database system called OQ®-Analyst for administration and scoring of the Y-OQ®. This system enables clinicians to get immediate computerized feedback on how consumers are doing each time the Y-OQ® is administered. In addition, it also provides a database of consumer progress throughout treatment that can be examined at an aggregate level. Along with the Y-OQ®, OQ Measures also supports an outcome instrument for adults called the Outcome Questionnaire 45 (OQ®-45.2) that can be used for consumers in the 18-21 year age range.

The OQ® tools (Youth Outcome Questionnaire for Self and Caregiver, and Outcomes Questionnaire) selected for use by the State of Arkansas along with the brief Arkansas Indicators instrument used to guide clinical decisions and track outcomes that determine the effectiveness of treatment as dictated by ACT 1593. The Arkansas Indicator is a four question self-report outcome assessment tool designed to engage parents and families. It focuses on the following areas: school, family, legal, and community and is best used as a repeated measure of client treatment progress.

HOUSE BILL 1129

On February 2, 2014, an amendment was introduced to House Bill 1129 requiring the Department of Human Services (DHS) to:

- 1) Complete and submit by May 31, 2014, a report to the House Committee on Public Health, Welfare, and Labor and to the Senate Committee on Public Health, Welfare, and Labor providing facts and information regarding:
 - (A) The cost to the state and to the affected providers of requiring the administration of the outcomes-based system mandated by Arkansas Code § 20-47-705, commonly referred to as the “Youth Outcome Questionnaire”;
 - (B) The benefits realized as a result of requiring the administration of the Youth Outcome Questionnaire; and
 - (C) The clinical rationale for requiring the Youth Outcome Questionnaire for all clients receiving behavioral health services;
- 2) Require all behavioral health providers that are required to complete the Youth Outcome Questionnaire to additionally submit the cost data for program administration by April 1, 2014; and
- 3) Make recommendations concerning continued implementation of the Youth Outcome Questionnaire to the House Committee on Public Health, Welfare, and Labor and to the Senate Committee on Public Health, Welfare, and Labor based on communication with the behavioral health providers and other interested parties.

CLINICAL BACKGROUND

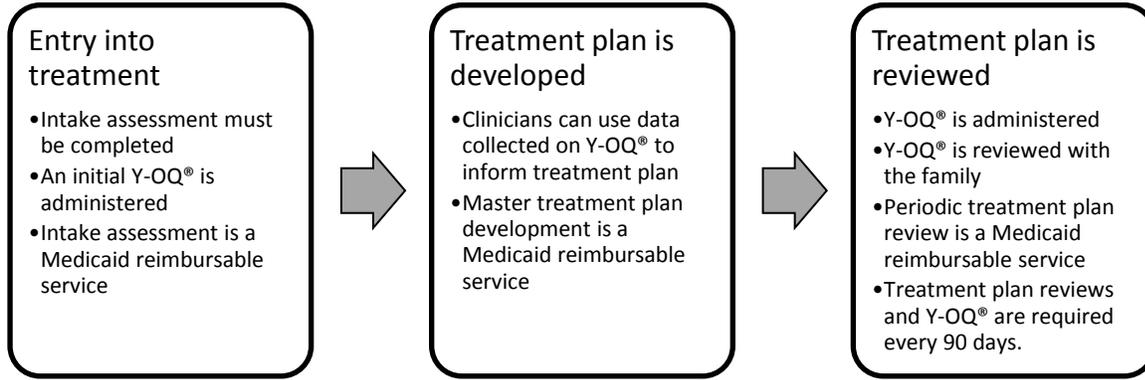
The feedback provided by the OQ[®]-A software has been shown in nine randomized clinical trials in North America to have beneficial results on beneficiary outcomes. These trials show that when clinicians’ awareness of the mental health vital signs is increased by simply reviewing the OQ[®]-A report. Roughly 50-66% of those beneficiaries who otherwise leave treatment without receiving therapeutic benefits will stay in treatment. This information is particularly helpful where the beneficiary has not self-identified challenges to recovery and where such barriers have not become evident via the therapeutic relationship.

Clinical trials have also established that providing beneficiaries with objective feedback about their outcomes assessments actually helps to improve their progress during services/treatment, compared to beneficiaries who don’t receive such feedback.

Finally, the OQ[®]-A is recognized as an evidenced based practice in the federal government’s (SAMHSA) registry of evidence-based practice. However, what is not commonly known is that it is one of the most cost efficient evidence-based practices to implement when compared to being trained in a particular evidence-based practice.

ADMINISTRATION PROCESS

While every client’s journey through treatment is unique, there are common milestones for all clients. Multiple milestones are required by Medicaid policy and when incorporated appropriately the Y-OQ® is an important tool in the treatment process. Once the Y-OQ® is self-administered, the majority of time spent utilizing the data could be considered Medicaid reimbursable services as detailed below.



The chart below illustrates the reimbursable services and provider self-reported cost related to Y-OQ® administration for a single client of a one year period.

Medicaid Reimbursable Services and Provider Self-Reported Cost

Medicaid Reimbursable Services				Provider Self-Reported Average Cost per Y-OQ®			
Reimbursable Service	Annual Units	Rate	Annualized		Average Number of Annual Administrations	Average Self-Reported Cost per Administration	Self-Reported Annualized Cost
Intake Assessment	4	\$28.80	\$115.20	Y-OQ® Administration	4	\$19.58	\$78.32
Individual Psychotherapy	4	\$27.30	\$109.20				
Marital/Family Psychotherapy	4	\$27.30	\$109.20				
Master Treatment Plan	8	\$28.80	\$230.40				
Periodic Review of Master Treatment Plan	10	\$28.80	\$288.00				
Total Medicaid Reimbursable Services			\$852.00	Total Provider Self-Reported Cost			\$78.32

*Table does not include other costs incurred by providers to provide Medicaid reimbursable services, such as staffing.

COSTS

To meet the mandates of the amendment to HB1129, the cost to administer the Y-OQ® is divided into two categories: Cost to the State and Cost to the Providers.

SELF-REPORTED COSTS TO ARKANSAS PROVIDERS FOR Y-OQ® ADMINISTRATION

The Y-OQ® does not require special equipment or staff in order for the instrument to be completed; therefore, providers' may have included costs which were indirectly associated with the completion of the tool. The instrument was designed to be self-administered by either the youth or the parent and can be completed outside of or prior to treatment. In response to the requirements of the Legislative Special Language to provide information on the cost to administer a Y-OQ® instrument to a RSPMI client, the DHS Division of Behavioral Health Services (DBHS) requested the RSPMI providers to submit cost data on Y-OQ® administration. In order to collect the cost data in a uniform manner, DBHS developed a Y-OQ® administration cost data collection tool which was e-mailed to the 45 providers using the Y-OQ® for clients. All 45 providers responded to the request. Information gleaned and compiled from the submitted cost data was used to calculate the average cost of administering a Y-OQ® instrument to a client and the estimated annual dollars spent by the participating providers on Y-OQ® administration.

Data submitted by the providers varied widely in terms of the methodology used to calculate the cost of completing a Y-OQ® per client. Some providers used only the time it took for a Mental Health Professional (MHP), Mental Health Paraprofessional (MHPP), or an administrative staff to hand out a paper copy of the Y-OQ® instrument to a parent or youth and the time it took an administrative staff to key in the responses into the OQ Measures system. While other providers included not only the direct cost, but also the indirect administration cost and some also included opportunity-cost (i.e., lost opportunity for productivity by professionals who would otherwise have been engaged in revenue producing activities) to calculate the cost per Y-OQ® administration.

Any anomaly or submissions needing clarification, DBHS staff personally contacted the providers. More than half of the providers were called and after reviewing the data with them, mutually agreed on revisions were made.

These costs are included in the following charts on page 6.

The average cost per administration of the Y-OQ® across 45 providers was calculated by adding the cost per Y-OQ® for each provider and dividing by 45.

Provider Reported Cost per Y-OQ® Administration**	
Estimated Average Cost per Administration	\$19.58
Reported Cost Range	\$0 to \$80.97
Median Cost	\$15.16
25th Percentile	\$9.80
90th Percentile	\$42.48
Total Annual Provider Estimated Cost Range	\$2,391,679 to \$3,148,483
Estimated Annual Count of Administrations	139,524 to 166,560

*Detailed information provided in Appendix A and B.

**The providers' self-reported data is not verified by the state or OQ Measures.

Based on provider feedback the below chart was included. In the chart below, the average cost per administration was calculated after removing the three highest values (\$45.30, \$68.50, \$80.97) and the three lowest values (\$0.00, \$0.00, \$0.74).

Provider Reported Cost per Y-OQ® Administration**	
To calculate Average Cost per Administration the three highest values (\$45.30, \$68.50, \$80.97) and the three lowest values (\$0.00, \$0.00, \$0.74) were removed from the sample to calculate the average cost per administration.	
Estimated Average Cost per Administration with Outliers Removed	\$17.57
Reported Cost Range	\$2.47 to \$44.81
Median Cost	\$15.16
25th Percentile	\$10.22
90th Percentile	\$37.89
Total Annual Provider Estimated Cost Range	\$1,775,623 to \$2,419,051
Estimated Annual Count of Administrations	125,172 to 150,324

*Detailed information provided in Appendix A and B.

**The providers' self-reported data is not verified by the state or OQ Measures.

COST TO THE STATE

At the state level, multiple entities are involved in the administration of the Y-OQ[®]. Each of these functions and roles represent a specific cost to the state. In order to calculate the total Y-OQ[®] cost to the state, cost data and qualitative information was utilized from multiple sources. The estimated annual average Y-OQ[®] cost to the state is \$551,213. From start-up through state fiscal year (SFY) 2014, HP costs varied due to training needs, reporting, and staffing. For example, in SFY 2011, reporting had not begun and initial training had ended. In SFY 2012, new staff was hired and reporting began.

Entity	Role	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	Total
		Start Up	Build Up	Reporting Begins	Additional Staff Hired	Maintenance	
Hewlett Packard (HP)	HP manages data, provides technical support.	694,230	199,815	392,951	593,123	411,896*	\$2,292,015
DHS**	DHS staff conducts clinical calls, prepare reports, answers inquiries from providers.	36,765	37,322	37,880	38,437	40,283	\$190,687
Northrop Grumman (NG)	NG provides support for extraction, querying, and reporting data.	n/a	n/a	49,455	49,455	49,455	\$148,365
DBHS	DBHS SGR supports to cover non-Medicaid clients	25,000	25,000	25,000	25,000	25,000	\$125,000
TOTALS		\$755,995	\$262,137	\$505,286	\$706,015	\$526,634	\$2,756,067

*SFY2014 total for HP represents costs thru March 2014

**DHS Staff time was based on 5% of 10 DHS staff salary and fringe benefits

NATIONAL COST REPORTS

Dr. Bruce Wampold at the University of Wisconsin, an expert in the field of evidence-based treatments has compared the OQ[®]-A with training individual clinicians in an evidence-based treatment method using a commonly deployed method of workshop with follow-up supervision. His conclusions using 20 therapists with a case load of 600 patients were that the total cost was \$1 per OQ[®]-A administration when compared to training (OQ Clinician Manual, 2013).

In addition to, OQ-A estimates that the initial start-up cost for the hosted system averages about \$3 per administration, which includes software and hardware. The yearly cost thereafter is under \$1 per administration per year (OQ-A, 2014).

BENEFITS

There are numerous benefits to the implementation of the Y-OQ[®] statewide, including, but not limited to:

ABILITY TO COLLECT STATE LEVEL DATA

The Y-OQ[®] allows for the collection of state level aggregate data showing the change scores for all children and youth receiving behavioral health services. In 2011, Arkansas Medicaid reimbursed providers for behavioral health treatment for approximately 80,000 children and youth. Prior to the implementation of the Y-OQ[®], the state was not able to determine the results of these services as there was no standardized method for collecting data. The state now has two years of Y-OQ[®] state level outcomes data showing the progress of the children and youth

receiving behavioral health interventions. Now that DHS has established this data collection system and has baseline data in place, DHS has the ability to begin using variables from Arkansas Indicators and claims data in order to answer questions about specific populations of our youth and to assist behavioral health providers. Arkansas Indicators are detailed in Appendix C and D.

For the benefit of the RSPMI providers and other stakeholders, the DBHS is now able to annually perform an outcomes analysis using the Y-OQ® scores. The analysis involves calculating the average overall last and initial scores of clients to measure treatment progress.

Using 2013 Y-OQ® scores of inactive (“discharged”) clients, DBHS calculated the average last and initial scores. For the Parent Y-OQ® the average initial score was 65.99 while the average last score was 58.07. A 7.92 points decrease from initial score. A similar decrease in scores was observed for Youth Y-OQ® where the average initial score was 59.81 and the average last score was 50.41, a decrease of 9.4 points. Since lower scores are better, results of these analyses indicate that on average the Y-OQ® outcomes of clients served by the RSPMI providers are positive.

As indicated earlier, the DBHS also calculated the reliable change scores analysis of clients with Parent Y-OQ® (administered by parents to children and adolescents 4-17 years old), and Youth Y-OQ® SR (completed by youth 12-18 years old). For the Parent Y-OQ® the reliable change index/score (RCI) of 13 points or more is considered a clinically significant change while 18 or more change score on Youth Y-OQ® is considered clinically significant change. For easier interpretation, the resulting change scores are categorized as recovered, improved, stable, or deteriorated.

According to the results of this analysis, 77.7% of the children and youth with parent Y-OQ® were either stable (35.9%), improved (19%), or recovered (22.8%) while the condition had deteriorated for 22.3%. Even slightly better outcomes results were observed for youth who took the Youth Y-OQ®. More than 79% of the youth were either stable (35.7%), improved (15.6%), or recovered (28.1%) while the condition had deteriorated for 20.7%. See Appendix G for more information.

PROVIDER LEVEL DATA

Provider level data can be collected for each behavioral health agency and be used for quality improvement activities including enabling clinical supervisors to use data to guide supervision of clinicians or make decisions about needed training.

FAMILY AND YOUTH VOICE

Families and youth have a voice in treatment through the Y-OQ® and are able to express concerns and report symptoms in a standardized way. Communication between the consumer and clinician is streamlined. Consumers that may have difficulty expressing themselves in a structured therapy setting may be able to answer questions regarding symptoms prior to meeting with the clinician. One provider reported early in the implementation of the Y-OQ® that a youth they had been treating for several years had never reported a history of sexual abuse until he was given the Y-OQ® and felt comfortable checking it off.

STANDARDIZED CLINICAL INFORMATION

Clinicians are receiving critical clinical information in a standardized way to measure progress or regression towards goals. This assists the clinician in a number of ways as follows:

CASE CONCEPTUALIZATION

The initial Y-OQ® 2.01 and OQ®-45.2 scores, both total and subscale, can give service providers a good picture of their beneficiary’s “mental health vital signs.” Early indicators like these scores are useful when determining the appropriate type, duration, and intensity of services. They can also focus clinical efforts on a beneficiary’s most salient areas of concern. In today’s world of healthcare where beneficiaries are not always able (or willing) to commit to months of therapy, any reliable information that allows service providers to conceptualize a case faster allows for more efficient use of precious clinical resources.

Through Y-OQ[®] training, providers are taught how to use the Y-OQ[®] to complete their required master plan and develop measurable goals using the Y-OQ[®].

SETTING AND TRACKING SPECIFIC TREATMENT GOALS

Service providers should explain the purpose of the Y-OQ[®] to their beneficiaries during the first contact. As service providers go over Y-OQ[®] scores with their beneficiaries in subsequent contacts, total score elevations, specific scale elevations, and even answers to specific items can provide a concrete basis upon which to set focused treatment goals. Service providers and beneficiaries should have open discussions regarding whether treatment is producing the desired results in terms of these goals. Having a common metric with which beneficiaries can track their progress can engender confidence that they are improving and create motivation. Of course, each individual case is different and service providers are encouraged to use their own knowledge of the beneficiary in addition to clinical judgment to determine when it is most appropriate to share Y-OQ[®].

ATTENDING TO CRITICAL ITEMS

Beneficiary responses to particular items can draw the provider's attention to areas that need investigation during the current course of treatment. The beneficiary's responses to the critical items should be given the highest priority in this regard. Sometimes beneficiaries are not forthcoming about their drug/alcohol abuse, psychotic ideation, or suicidal ideation when speaking to service providers face-to-face. Some of these beneficiaries will perceive the Y-OQ[®] as a less threatening method of disclosing such sensitive information.

CHALLENGES

While the benefits of implementing a standardized outcomes tool are notable, providers have reported challenges administering the Y-OQ[®]. Some of the more frequently reported challenges are listed below.

FAMILY INVOLVEMENT

As noted, the administrative process for the Y-OQ[®] was designed to be completed independently by the parent or guardian (or the youth). Family involvement is necessary for the Y-OQ[®] to be effective and beneficial to the clinical process. Providers have noted that it is difficult to engage parents and guardians in ongoing treatment which includes treatment planning and Y-OQ[®] administration. One reason it is difficult to engage parents is due to parent work schedules and obligations. Family involvement is specifically a challenge for providers located in rural areas of the state.

LITERACY

The Y-OQ[®] has been written at a fifth grade level. It has been noted by providers that parents or guardians at times do not have the reading and comprehension skills to read and answer the questions on the Y-OQ[®]. Therefore, provider's staff must read the questions to the parents.

INTERNET CONNECTIVITY

Certain areas of the state lack consistent internet connectivity for providers to enter Y-OQ[®] data into OQ Measures using a laptop or tablet. Therefore, families complete the Y-OQ[®] on paper and then providers manually enter the completed paper assessments from a location with consistent internet connectivity. This adds extra cost and time for the providers.

INSTRUMENT LENGTH AND FREQUENCY

The Y-OQ[®] is 64 questions and is required to be administered to the client and parents every 90 days. It has also been noted that the Y-OQ[®] is time consuming for clients and their parents. Providers reported that parents often complain about completing the same 64 questions so often.

CLINICAL RATIONALE

The practice of checking vital signs is common practice in health care. Heart rate, blood pressure, and temperature are good examples. Information gleaned from these simple tests provides physicians with important information quickly—information that influences clinical decision-making. The tracking of *mental health* vital signs using standardized outcome instruments can support the mental health services that a behavioral health agency provides.

The standardized outcome instruments the Y-OQ[®] 2.01, the Y-OQ[®] SR, and the OQ[®]-45.2, have been through rigorous scientific testing to ensure that it meets standards of validity and reliability. Once researchers determine an instrument meets these standards, it can be trusted to provide valuable information about changes in symptoms, disruptive or dangerous behaviors, and other important domains of functioning relevant to the services offered in service delivery settings.

Using standardized instruments to inform clinical practice is called “practice-based evidence.” This approach is independent of diagnostic or theoretical orientation. Instead, service providers inform treatment and service delivery based on information gathered directly from beneficiaries. This information also allows service providers to systematically track change in beneficiary functioning over time. Quite literally, the clinicians “practice” becomes “based” on the “evidence” you receive from beneficiaries through standardized outcome measures.

Information about a beneficiary’s mental health vital signs has diverse utility. It can be useful to clinicians, case managers, administrators, and any other service provider involved in helping beneficiaries progress toward recovery.

There are several reasons for employing standardized outcome instruments to measure change in mental health functioning:

- To provide objective and quantitative feedback about a person’s current status or, in other words, their mental health vital signs. This information can be used to supplement clinical impressions of progress.
- Since the results are quantified, the OQ[®]-Analyst software compares each person's progress against the progress of other children and adolescents who began services/treatment with similar levels of symptomatic distress. They are most useful as adjuncts to service provider assessment and beneficiary self-report that corroborate other evidence and agreements between the service provider and beneficiaries.
- To streamline communication between the beneficiary, clinician and all other team members involved in a person’s care. When all team members, as well as the beneficiary, are looking at the same standardized set of results, you have a shared point of reference. This way communication can become simplified and more concise.
- Purchasers of mental health services (individual beneficiaries, families, employers, and governments) are more frequently requiring objective and quantitative evidence of the effectiveness of services/treatment delivery. There are at least three major trends that are converging to increase purchasers' demands for this kind of accountability from mental health care companies and providers:
 - The first trend is the tightening of financial resources available for mental health services/treatment.
 - The second is the increasing societal awareness of the potential effectiveness of mental health services/treatment, when delivered appropriately.
 - The third trend is that beneficiaries are asking for and expecting services that assist them in their recovery and in achieving the goals in their person-centered plan (OQ Clinician Manual, 2013)

RECOMMENDATIONS

DBHS fully supports the continued implementation of a statewide standardized outcomes measurement system to guide policymaking and purchasing decisions to ensure high quality behavioral health services for the children of Arkansas as set forth in A.C.A. § 20-47-706.

DBHS will continue to work with providers to evaluate the cost of the implementation of the Y-OQ to both providers and the state. It is difficult to accurately determine actual cost to provider due to the large variance in data self-reported to DBHS.

LENGTH OF Y-OQ®

As mentioned earlier, both the parent and youth version of the Y-OQ® have 64 questions. It has been noted that the length of the instrument can be time consuming. It has been determined that a short version of the Y-OQ® is available consisting of 30 items and would therefore take a considerably less time to complete. If this recommendation is adopted previously collected data would not be fully comparable due to survey types differing; however, DBHS is willing to explore the cost and feasibility of this change.

FREQUENCY OF ADMINISTRATIONS

In addition to the length of the Y-OQ®, the frequency of the administration of the Y-OQ® has been highlighted as administratively cumbersome for providers, clients, and parents. OQ Measure initially recommended that Medicaid require providers to administer the Y-OQ® at every visit. Currently, the Y-OQ® is required every 90 days. Providers have recommended that Medicaid policy be amended to reduce the frequency of required Y-OQ® administrations. However, DBHS does not support this recommendation as it does not align with the treatment plan review to drive clinical care.

UTILIZE METRICS IN NEW BEHAVIORAL HEALTH SYSTEM

The new behavioral health system is on track to be implemented in January 2015. Within a year of implementation of the new behavioral health system, the included outcome and process metrics, along with the standardized independent assessment, could potentially replace the Y-OQ®. These metrics would include quality measures such as inpatient psychiatric hospital admissions and rate of utilization of antipsychotic medications.

DHS continues to work diligently to improve the healthcare delivery system in the state through the Arkansas Payment Improvement Initiative (APII). Our vision is to create a comprehensive, person-centered delivery system that improves the health of the population, enhances the patient experience of care, and rewards providers for high quality efficient care. The Behavioral Health Transformation includes the introduction of home and community based services, care coordination through behavioral health homes, and recovery oriented services.

A critical piece of the new behavioral health system is the introduction of outcome and process metrics to measure the quality, effectiveness, and efficiency of the delivery of behavioral health services. These metrics will provide the Division with the necessary information to make service and policy decisions to improve behavioral health service delivery across the state. The newly introduced Patient Centered Medical Home (PCMH) model is also implementing metrics to ensure high quality care coordination and guide payment incentives for Primary Care Physicians. In addition to the introduction of outcome and process metrics, the behavioral health system transformation includes a standardized independent assessment for children and adults requiring higher levels of behavioral health services.

REPORT AND RECOMMENDATION METHODOLOGY

On May 21, 2014, DBHS convened a group of behavioral health providers to share a draft version of this report and gain feedback.

On May 28, 2014, the group convened a second time to review the edited and final version of the report and to gain consensus on recommendations concerning continued implementation of the Y-OQ®.

REFERENCES

OQ® Clinician Manual customized for the State of Arkansas, May 2013.

OQ-Analyst. Intervention summary retrieved on May 20, 2014, from the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices, <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=22>.

APPENDICES

APPENDIX A: SUMMARY OF PROVIDER REPORTED COST DATA

Provider	Provider Reported Avg. Monthly Count (COL B)	OQ Measure Avg. Monthly Cnt (Valid & Invalid) (COL C)	Diff.-Provider rprtd vs OQ Measures database (COL B - COL C)	Percent Difference (%)	Est. total clients w/ valid admins per month (Compliance Report, 2013) (COL F)	Diff.-Provider rprtd vs DBHS Compliance Rprt (COL B - COL F)	Percent client Difference (%)	Provider Reported Cost per YOQ (\$)	Provider reported monthly admin times cost per YOQ (\$)	OQ Measures data times cost per YOQ (\$)
1	253	1059	-806	-318.58	883	-630	-249.01	\$44.81	\$11,337	\$47,454
2	72	126	-54	-75.00	80	-8	-11.11	\$33.60	\$2,419	\$4,234
3	200	316	-116	-58.00	215	-15	-7.50	\$68.50	\$13,700	\$21,646
4	108	108	0	0.00	26	82	75.93	\$25.94	\$2,802	\$2,802
5	213	298	-85	-39.91	219	-6	-2.82	\$37.89	\$8,071	\$11,291
6	33	38	-5	-15.15	33	0	0.00	\$5.04	\$166	\$192
7	20	32	-12	-60.00	20	0	0.00	\$17.52	\$350	\$561
8	181	242	-61	-33.70	181	0	0.00	\$26.84	\$4,858	\$6,495
9	27	211	-184	-681.48	113	-86	-318.52	\$14.20	\$383	\$2,996
10	15	24	-9	-60.00	15	0	0.00	\$21.33	\$320	\$512
11	4	15	-11	-275.00	5	-1	-25.00	\$0.00	\$0	\$0
12	148	196	-48	-32.43	148	0	0.00	\$11.54	\$1,708	\$2,262
13	95	110	-15	-15.79	95	0	0.00	\$0.74	\$70	\$81
14	151	240	-89	-58.94	151	0	0.00	\$15.86	\$2,395	\$3,806
15	731	780	-49	-6.70	645	86	11.76	\$45.30	\$33,114	\$35,334
16	215	183	32	14.88	119	96	44.65	\$23.67	\$5,089	\$4,332
17	45	36	9	20.00	30	15	33.33	\$19.38	\$872	\$698
18	60	68	-8	-13.33	51	9	15.00	\$39.25	\$2,355	\$2,669
19	184	219	-35	-19.02	132	52	28.26	\$14.18	\$2,609	\$3,105
20	293	416	-123	-41.98	293	0	0.00	\$13.50	\$3,956	\$5,616
21	179	224	-45	-25.14	140	39	21.79	\$19.24	\$3,444	\$4,310
22	402	403	-1	-0.25	250	152	37.81	\$9.99	\$4,016	\$4,026
23	55	46	9	16.36	42	13	23.64	\$80.97	\$4,453	\$3,725
24	10	24	-14	-140.00	10	0	0.00	\$20.92	\$209	\$502
25	873	1310	-437	-50.06	812	61	6.99	\$8.93	\$7,796	\$11,698
26	111	86	25	22.52	70	41	36.94	\$0.00	\$0	\$0
27	730	686	44	6.03	529	201	27.53	\$12.30	\$8,979	\$8,438
28	369	283	86	23.31	239	130	35.23	\$4.36	\$1,609	\$1,234
29	1048	1443	-395	-37.69	478	570	54.39	\$7.00	\$7,336	\$10,101
30	237	199	38	16.03	135	102	43.04	\$40.93	\$9,700	\$8,145
31	200	175	25	12.50	113	87	43.50	\$13.00	\$2,600	\$2,275
32	459	459	0	0.00	306	153	33.33	\$14.97	\$6,871	\$6,871
33	75	196	-121	-161.33	75	0	0.00	\$18.77	\$1,408	\$3,679
34	175	167	8	4.57	138	37	21.14	\$15.16	\$2,653	\$2,532
35	150	150	0	0.00	124	26	17.33	\$21.25	\$3,188	\$3,188
36	368	322	46	12.50	218	150	40.76	\$5.55	\$2,042	\$1,787
37	94	176	-82	-87.23	94	0	0.00	\$17.25	\$1,622	\$3,036
38	762	617	145	19.03	455	307	40.29	\$4.44	\$3,383	\$2,739
39	411	343	68	16.55	229	182	44.28	\$20.00	\$8,220	\$6,860
40	10	21	-11	-110.00	10	0	0.00	\$9.61	\$96	\$202
41	991	1002	-11	-1.11	426	565	57.01	\$11.22	\$11,119	\$11,242
42	333	218	115	34.53	166	167	50.15	\$18.90	\$6,294	\$4,120
43	281	253	28	9.96	181	100	35.59	\$14.40	\$4,046	\$3,643
44	125	225	-100	-80.00	125	0	0.00	\$2.47	\$309	\$556
45	131	135	-4	-3.05	75	56	42.75	\$10.22	\$1,339	\$1,380
SUM	11627	13880			8894				\$199,307	\$262,374
AVERAGES	258	308			198			\$19.58	\$2,391,679	\$3,148,483
MINIMUM	4				5			\$0.00		
MAXIMUM	1048				883			\$80.97		
MEDIAN								\$15.16		
90th PERCENTILE								\$42.48		
25th PERCENTILE								\$9.80		
AVG AFTER TRIMMING								\$17.57		

APPENDIX B: SUMMARY OF SELF-REPORTED PROVIDER COSTS PER Y-OQ® ADMINISTRATION*

- The average cost per Y-OQ® administration across 45 providers is \$19.58.
- The average cost per Y-OQ® administration across 45 providers after trimming of the three highest and lowest values is \$17.57
- The cost per provider varied from 0 (or no cost as reported by two providers) to a high of \$80.97.
- The median cost is \$15.16; indicating that 50 percent of the provider per Y-OQ® cost is less than \$16.
- The 25th and 90th percentiles per Y-OQ® cost are \$9.80 and \$42.48 respectively.
- The estimated total annual cost to the providers ranges between \$2,391,679 and \$3,148,483. This range is based on the average per Y-OQ® cost times the annual total number of Y-OQ® clients reported by the providers; and the average per Y-OQ® cost times the annual total number of Y-OQs administered as recorded in the OQ Measures database.
- Twenty-six providers reported an annual total of \$116,233 in equipment and indirect cost. Providers used 15-20% HHS allowable rate as a “reasonable expectation of indirect costs.” Equipment and other expenses include printer/scanner/copier, computer supplies, tablets, computers, PDAs, EMR, EHR, network cards, Internet, mailing, training, travel, and lost opportunities.

*The providers’ self-reported data from Y-OQ® is not verified by the state and/or OQ Measures.

APPENDIX C: YOUTH OUTCOME QUESTIONNAIRE 2.01-SELF

Youth Outcome Questionnaire (Y-OQ® 2.01)

Name _____ Date _____

Never or Almost Never Rarely Sometimes Frequently Almost Always or Always

PURPOSE: The Y-OQ® 2.01 is designed to describe a wide range of troublesome situations, behaviors, and moods that are common to adolescents. You may discover that some of the items do not apply to your current situation. If so, please do not leave these items blank but check the "Never or almost never" category. When you begin to complete the Y-OQ® 2.01 you will see that you can easily make yourself look as healthy or unhealthy as you wish. Please do not do that. If you are as accurate as possible it is more likely that you will be able to receive the help that you are seeking.

DIRECTIONS:

- Read each statement carefully
- Decide how true this statement is during the past 7 days.
- Completely fill the circle that most accurately describes the past week.
- Fill in only one answer for each statement and erase unwanted marks clearly.

Developed by
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- | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. I want to be alone more than other children of the same age..... | <input type="radio"/> |
| 2. I have headaches or feel dizzy..... | <input type="radio"/> |
| 3. I don't participate in activities that used to be fun..... | <input type="radio"/> |
| 4. I argue or speak rudely to others..... | <input type="radio"/> |
| 5. I have more fears than other my age..... | <input type="radio"/> |
| 6. I cut classes or skip school altogether..... | <input type="radio"/> |
| 7. I cooperate with rules and expectations of adults..... | <input type="radio"/> |
| 8. I have a hard time finishing assignments, or I do them carelessly..... | <input type="radio"/> |
| 9. I complain about things that are unfair..... | <input type="radio"/> |
| 10. I have trouble with constipation or diarrhea..... | <input type="radio"/> |
| 11. I have physical fights (hitting, kicking, biting, or scratching) with my family or others my age..... | <input type="radio"/> |
| 12. I worry and can't get thoughts out of my mind..... | <input type="radio"/> |
| 13. I steal or lie..... | <input type="radio"/> |
| 14. I have a hard time sitting still (or I have too much energy)..... | <input type="radio"/> |
| 15. I feel anxious or nervous..... | <input type="radio"/> |
| 16. I talk with others in a friendly way..... | <input type="radio"/> |
| 17. I am tense and easily startled (jumpy)..... | <input type="radio"/> |
| 18. I have trouble with wetting or messing my pants or bed..... | <input type="radio"/> |
| 19. I physically fight with adults..... | <input type="radio"/> |
| 20. I see, hear, or believe in things that are not real..... | <input type="radio"/> |
| 21. I have hurt myself on purpose (for example cut, scratched, or attempted suicide)..... | <input type="radio"/> |
| 22. I use alcohol or drugs..... | <input type="radio"/> |
| 23. I am disorganized (or I can't seem to get organized)..... | <input type="radio"/> |
| 24. I enjoy my relationships with family and friends..... | <input type="radio"/> |
| 25. I am sad or unhappy..... | <input type="radio"/> |
| 26. I have pain or weakness in muscles or joints..... | <input type="radio"/> |
| 27. I have a hard time trusting friends, family members, or other adults..... | <input type="radio"/> |
| 28. I think that others are trying to hurt me even when they are not..... | <input type="radio"/> |
| 29. I have threatened to, or have run away from home..... | <input type="radio"/> |
| 30. My emotions are strong and change quickly..... | <input type="radio"/> |

Youth Outcome Questionnaire (Y-OQ® 2.01)

Name _____	Date _____	Never or Almost Never	Rarely	Sometimes	Frequently	Almost Always or Always
<p>PURPOSE: The Y-OQ® 2.01 is designed to describe a wide range of troublesome situations, behaviors, and moods that are common to adolescents. You may discover that some of the items do not apply to your current situation. If so, please do not leave these items blank but check the "Never or almost never" category. When you begin to complete the Y-OQ® 2.01 you will see that you can easily make yourself look as healthy or unhealthy as you wish. Please do not do that. If you are as accurate as possible it is more likely that you will be able to receive the help that you are seeking.</p> <p>DIRECTIONS:</p> <ul style="list-style-type: none"> ▪ Read each statement carefully ▪ Decide <u>how true</u> this statement is during the past 7 days. ▪ Completely fill the circle that most accurately describes the past week. ▪ Fill in only one answer for each statement and erase unwanted marks clearly. 	31. I break rules, laws, or don't meet others' expectations on purpose.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	32. I am happy with myself.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	33. I pout, cry, or feel sorry for myself more than others my age.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	34. I withdraw from my family and friends.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	35. My stomach hurts or I feel sick more..... than others my age.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	36. I don't have friends or keep friends very long.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	37. My parents or guardians don't approve of my friends.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	38. I think I can hear other people's thoughts..... or they can hear mine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	39. I am involved in sexual behavior that my family..... would not approve of	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	40. I have a hard time waiting for my turn in activities or conversations.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	41. I think about suicide or feel..... I would be better off dead	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	42. I have nightmares, trouble getting to sleep..... oversleeping, or waking up from sleep too early	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	43. I complain about or question rules, expectations..... or responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	44. I have times of unusual happiness or excessive energy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	45. I'm generally okay with frustration or boredom.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	46. I am afraid I am going crazy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	47. I feel guilty when I do something wrong.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	48. I demand a lot from others or I am pushy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	49. I feel irritated.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	50. I throw-up or feel sick to my stomach more than others my age.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. I get angry enough to threaten others.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
52. I get into trouble when bored.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
53. I'm hopeful and optimistic.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
54. Muscles in my face, arms..... or body twitch or jerk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
55. I destroy property on purpose.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
56. I have a hard time concentrating, thinking clearly, or..... sticking to tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
57. I get down on myself and blame myself for things that go wrong.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
58. I have lost a lot of weight without being sick.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
59. I act without thinking and don't worry about what will happen.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
60. I am calm.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
61. I don't forgive myself for things I've done wrong.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
62. I don't have much energy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
63. I feel like I don't have any friends, or that..... no one likes me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
64. I get frustrated or upset easily and give up.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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APPENDIX D: YOUTH OUTCOME QUESTIONNAIRE 2.01-PARENT

Youth Outcome Questionnaire (Y-OQ® 2.01)

Name _____ Date _____

Never or
Almost
Never Rarely Sometimes Frequently Almost
Always
or Always

PURPOSE: The Y-OQ® 2.01 is designed to describe a wide range of troublesome situations, behaviors, and moods that are common in children and adolescents. You may discover that some of the items do not apply to your child's current situation. If so, please do not leave these items blank but check the "Never or almost never" category. When you begin to complete the Y-OQ® 2.01 you will see that you can easily make your child look as healthy or unhealthy as you wish. Please do not do that. If you are as accurate as possible it is more likely that you will be able to receive the help that you are seeking for your child.

DIRECTIONS:

- Read each statement carefully
- Decide how true this statement is for your child during the past 7 days.
- Completely fill the circle that most accurately describes your child during the past week.
- Fill in only one answer for each statement and erase unwanted marks clearly.

Developed by
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FAX: 1-801-434-9730

1. My child wants to be alone more than other children of the same age	<input type="radio"/>				
2. My child complains of dizziness or headaches.....	<input type="radio"/>				
3. My child doesn't participate in activities that were previously enjoyable	<input type="radio"/>				
4. My child argues or is verbally disrespectful.....	<input type="radio"/>				
5. My child is more fearful than other children of the same age.....	<input type="radio"/>				
6. My child cuts school or is truant.....	<input type="radio"/>				
7. My child cooperates with rules and expectations.....	<input type="radio"/>				
8. My child has difficulty completing assignments, or completes them carelessly	<input type="radio"/>				
9. My child complains or whines about things being unfair	<input type="radio"/>				
10. My child experiences trouble with her/his bowels, such as constipation or diarrhea	<input type="radio"/>				
11. My child gets into physical fights with peers or family members.....	<input type="radio"/>				
12. My child worries and can't get certain ideas off his/her mind.....	<input type="radio"/>				
13. My child steals or lies.....	<input type="radio"/>				
14. My child is fidgety, restless, or hyperactive.....	<input type="radio"/>				
15. My child seems anxious or nervous.....	<input type="radio"/>				
16. My child communicates in a pleasant and appropriate manner.....	<input type="radio"/>				
17. My child seems tense, easily startled.....	<input type="radio"/>				
18. My child soils or wets self.....	<input type="radio"/>				
19. My child is aggressive toward adults.....	<input type="radio"/>				
20. My child sees, hears, or believes things that are not real.....	<input type="radio"/>				
21. My child has participated in self-harm (e.g. cutting or scratching self, ... attempting suicide)	<input type="radio"/>				
22. My child uses alcohol or drugs.....	<input type="radio"/>				
23. My child seems unable to get organized.....	<input type="radio"/>				
24. My child enjoys relationships with family and friends.....	<input type="radio"/>				
25. My child appears sad or unhappy.....	<input type="radio"/>				
26. My child experiences pain or weakness in muscles or joints.....	<input type="radio"/>				
27. My child has a negative, distrustful attitude toward friends, family members, or other adults.	<input type="radio"/>				
28. My child believes that others are trying to hurt him/her even when they are not	<input type="radio"/>				
29. My child threatens to, or has run away from home.....	<input type="radio"/>				
30. My child experiences rapidly changing and strong emotions.....	<input type="radio"/>				

Youth Outcome Questionnaire (Y-OQ® 2.01)

Name _____	Date _____	Never or Almost Never	Rarely	Sometimes	Frequently	Almost Always or Always
<p>PURPOSE: The Y-OQ® 2.01 is designed to describe a wide range of troublesome situations, behaviors, and moods that are common in children and adolescents. You may discover that some of the items do not apply to your child's current situation. If so, <u>please do not leave these items blank</u> but check the "Never or almost never" category. When you begin to complete the Y-OQ® 2.01 you will see that you can easily make your child look as healthy or unhealthy as you wish. <u>Please do not do that.</u> If you are as accurate as possible it is more likely that you will be able to receive the help that you are seeking for your child.</p> <p>DIRECTIONS:</p> <ul style="list-style-type: none"> ▪ Read each statement carefully ▪ Decide how true this statement is for your child during the past 7 days. ▪ Completely fill the circle that most accurately describes your child during the past week. ▪ Check only one answer for each statement and erase unwanted marks clearly. 	31. My child deliberately breaks rules, laws, or expectations.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	32. My child appears happy with her/himself.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	33. My child sulks, pouts, or cries more than other children of the same age.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	34. My child pulls away from family or friends.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	35. My child complains of stomach pain or feeling sick more..... than other children of the same age.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	36. My child doesn't have or keep friends.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	37. My child has friends of whom I don't approve.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	38. My child believes that others can hear her/his thoughts..... or that s/he can hear the thoughts of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	39. My child engages in inappropriate sexual behavior (e.g. sexually active, exhibits self, sexual abuse towards family members or others)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	40. My child has difficulty waiting his/her turn in activities or conversations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	41. My child thinks about suicide, says s/he would be better off if s/he were dead	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	42. My child complains of nightmares, difficulty getting to sleep, oversleeping, or waking up from sleep too early	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	43. My child complains about or challenges rules, expectations..... or responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	44. My child has times of unusual happiness or excessive energy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	45. My child handles frustration or boredom appropriately.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	46. My child has fears of going crazy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	47. My child feels appropriate guilt for wrongdoing.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	48. My child is unusually demanding.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	49. My child is irritable.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	50. My child vomits or is nauseous more that other children of the same age.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	51. My child becomes angry enough to be threatening to others.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	52. My child seems to stir up trouble when bored.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	53. My child is appropriately hopeful and optimistic.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	54. My child experiences twitching muscles or jerking movement..... in face, arms, or body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	55. My child has deliberately destroyed property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	56. My child has difficulty concentrating, thinking clearly, or attending..... to tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	57. My child talks negatively, as though bad things were all his/her fault.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	58. My child has lost significant amounts of weight without medical reason.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	59. My child acts impulsively, without thinking of the consequences.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	60. My child is usually calm.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	61. My child will not forgive her/himself for past mistakes.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	62. My child lacks energy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	63. My child feels that he/she doesn't have any friends, or that..... no one likes him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	64. My child gets frustrated and gives up, or gets upset easily.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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APPENDIX E: ARKANSAS Y-OQ® OUTCOMES REPORT

Y-OQ® Outcomes Report

April 22, 2014
DBHS

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Reporting Period: July 2010 – June 2013

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Objectives

- ▶ To report on Y-OQ® Outcomes results from Parent, Youth, Adult Y-OQ®, (and Combined)
- ▶ To report on the quarterly and annual compliance¹ rates for 2012 and 2013
- ▶ Outcomes Reporting period July 1, 2010 to June 30, 2013
- ▶ Population reported on:
 - RSPMI clients for whom Y-OQ® (Parent, Youth, and Adult) outcomes scores are available

¹Compliance Rate—RSPMI providers are required to complete at least one Y-OQ® instrument every 90 days for at least 50% of the clients. DBHS reports quarterly compliance rates for all RSPMI providers.

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What is Y-OQ®?

- ▶ Youth Outcome Questionnaires(Y-OQ®) are parent/self-report questionnaires designed to measure total distress in a child's/adolescent's life. It helps Mental Health professionals to understand the youth's sense of well-being and monitoring symptom distress in 6 areas thought to be crucial factors related to the myriad of problems adolescents struggle with:

- ▶ **Intra-personal Distress (ID):** anxiety, depression, fearfulness, etc.
- ▶ **Somatic (S):** headache, stomachache, dizziness, etc.
- ▶ **Interpersonal Relations (IR):** attitude, communication and interaction with parents, adults, and peers
- ▶ **Social Problems (SP):** delinquent or aggressive behaviors, breaking social mores
- ▶ **Behavioral Dysfunction (BD):** organize and complete tasks, handle frustration, impulsivity, inattention, etc.
- ▶ **Critical Items (CI):** paranoid ideation, suicide, hallucinatory, delusions, etc.

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What is Y-OQ®?

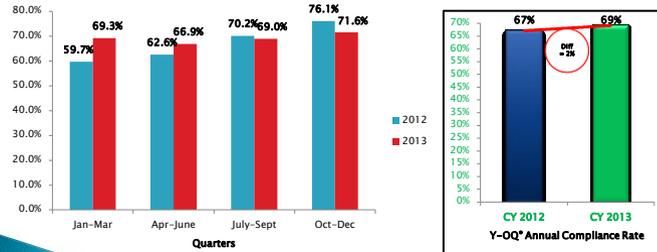
- ▶ There are 3 age-specific Y-OQ®s:
 - Age 4–17 uses the (Y-OQ® 2.0*) which consists of 64 items (**Parent**) and is completed by the parent or caregiver.
 - Age 12–18 uses (Y-OQ® 2.0-SR*) which consists of 64 items (**Youth – Self**) and is completed by the youth.
 - Age 18–21 uses (OQ®-45.2.2) which consists of 45 items (**Adult –Self**) and is completed by the young adult.
- * For youths over 12, both the Y-OQ® and Y-OQ® SR can be used so the Mental Health Professional received information from both caregivers and youth
- ▶ It is easy to administer and complete (takes about 10 minutes to complete).
- ▶ The Y-OQ® helps Mental Health professionals increase overall treatment effectiveness by providing valid, reliable outcome measures. It is utilized to give additional feedback to incorporate in an ongoing clinical treatment.

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Compliance Rates for Y-OQ[®] by 2012 and 2013 quarters

- Compliance Rates were calculated by comparing the number of clients with a valid Y-OQ[®] with the number of clients with RSPMI claims
- The average annual compliance rates for 2012 and 2013 were 67% and 69% respectively
- The average annual rate of compliance in 2013 was slightly higher than 2012



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Population

- 60,547 clients had at least one valid Parent, Youth or Adult Y-OQ[®] instrument administered
- 35,827* clients had two or more valid Parent, Youth or Adult Y-OQ[®]; of which
 - 24,799 were Parent
 - 10,546 were Youth
 - 424 were Adult
- 12,195 (34% of 35,827) clients were in Treatment (Active)
- 23,632 (66% of 35,827) clients were Inactive ("Discharged")

*Contains duplicated clients with more than one treatment period (clients who had a 120 day break in services were counted more than once).

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Demographics

- Gender:** Of the 60,547 clients with one valid Y-OQ[®], 58.1% were Male, 41.9% were Female
- Race & Ethnicity:** 22.7% were African American, 54.3% Caucasian, 4.7% Hispanic, 0.3% Asian, 0.9% Native American, 17% Other (includes clients reporting multiple races, Native Hawaiian or Pacific Islander, no race selected)
- Age:** 55.5% were less than or equal to 12 years, 44.5% were 13 to 21 years*
 - Mean Age: 11.3 years

*Clients beginning Y-OQ[®] before 18 can continue until 21

Reporting Period: July 2010 – June 2013

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Reliable Change

- Change* was defined as an increase or decrease in total Y-OQ[®] scores and is calculated by subtracting the last Y-OQ[®] total score from the initial Y-OQ[®] total score
- The *change* difference between the two total scores were classified into categories employing Jacobson and Truax's (1991)* methodology known as the Reliable Change Index (RCI). Jacobson and Truax classified clients into one of four categories. These categories are labeled Recovered, Improved, Stable, or Deteriorated.
- For the Y-OQ[®] (Parent or Caregiver version), an increase or reduction in the score by 13 points (one RCI) or more is considered a clinically significant change.
- For the Y-OQ[®] SR (Youth version), an increase or reduction in the score by 18 points (one RCI) is considered a clinically significant change.
- For the OQ[®]-45.2 (Adult version) an increase or reduction in the score by 14 points (one RCI) is considered a clinically significant change.

*Jacobson N S, Truax P, 1991 "Clinical significance: a statistical approach to defining meaningful change in psychotherapy-research" *Journal of Consulting and Clinical Psychology* 59 12-19

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Four Outcome Categories

- **Recovered:** Reduction of total score by one or more RCI from the initial total score and the last total score similar to children who are not receiving behavioral health treatment
- **Improved:** Reduction in the last total score by one RCI from the initial total score. This is considered clinically significant improvement
- **Stable:** Last total score differed by less than one RCI from the initial total score. May have some improvement but not clinically significant
- **Deteriorated:** Last total score was one RCI worse than the first total score

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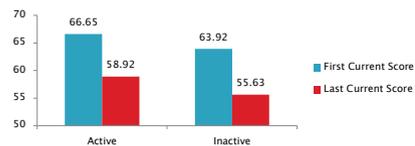
Y-OQ[®] Parent, Youth & Adult Combined

N= 35,827

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- The mean Last Current Score compared to the mean First Current Score is significantly lower for both Active and Inactive clients; lower scores indicate fewer problems

Y-OQ[®] First and Last Score by Active and Inactive Clients (Combined)



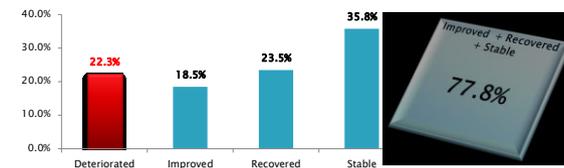
N= 35,827

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- A majority of the 35,827 clients had a stable outcome followed by 24% who had a recovered status
- More than one-fifth of the clients had a deteriorated outcome

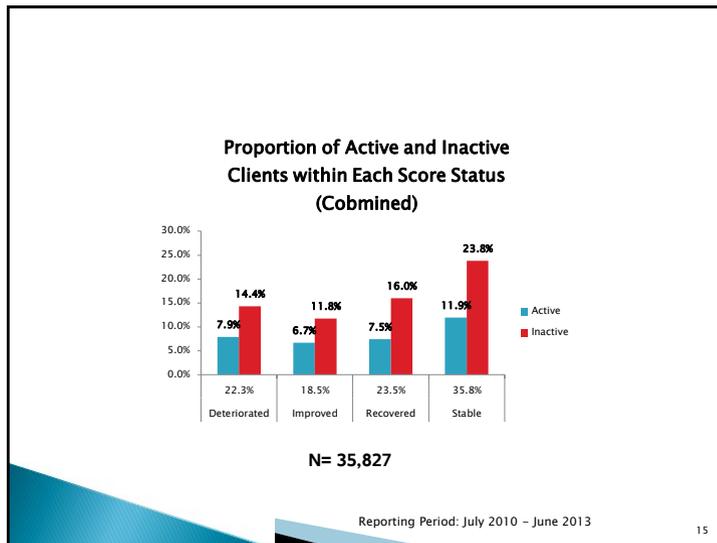
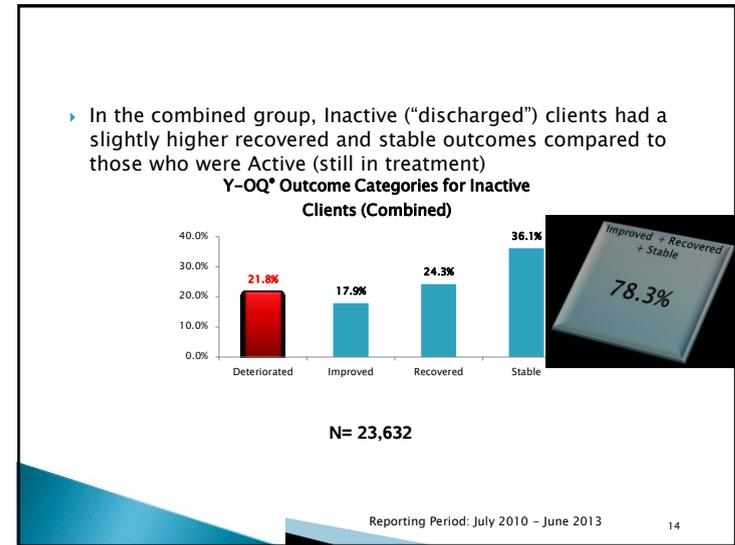
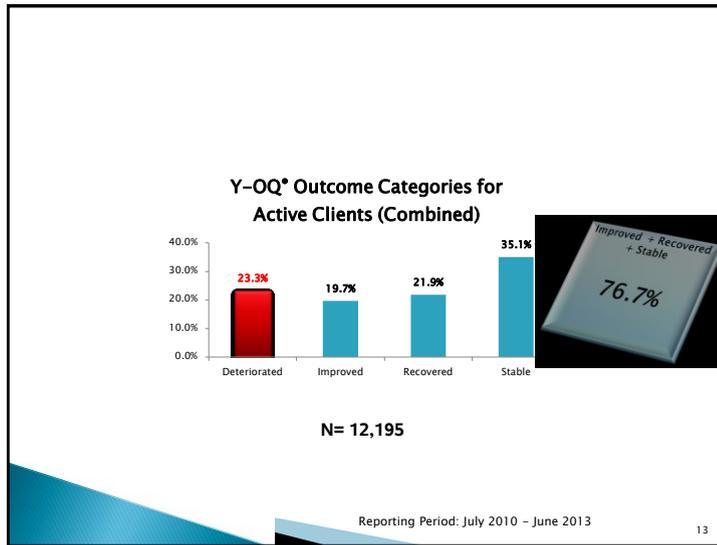
Y-OQ[®] Score Status (Combined)



N= 35,827

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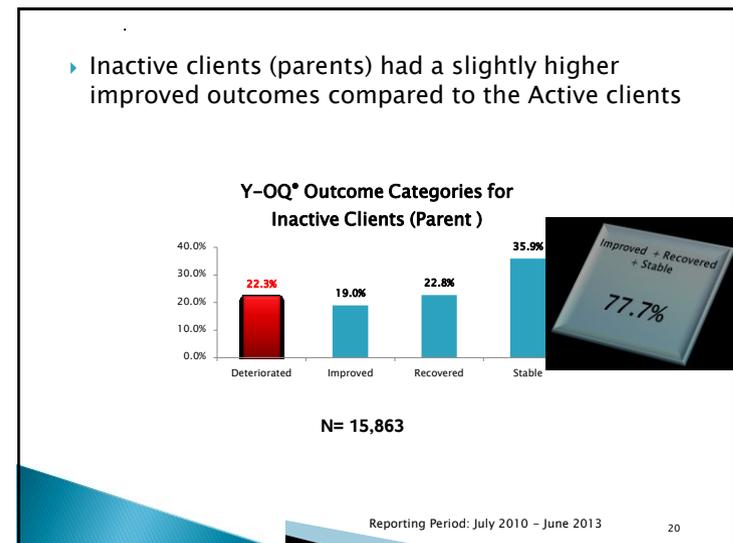
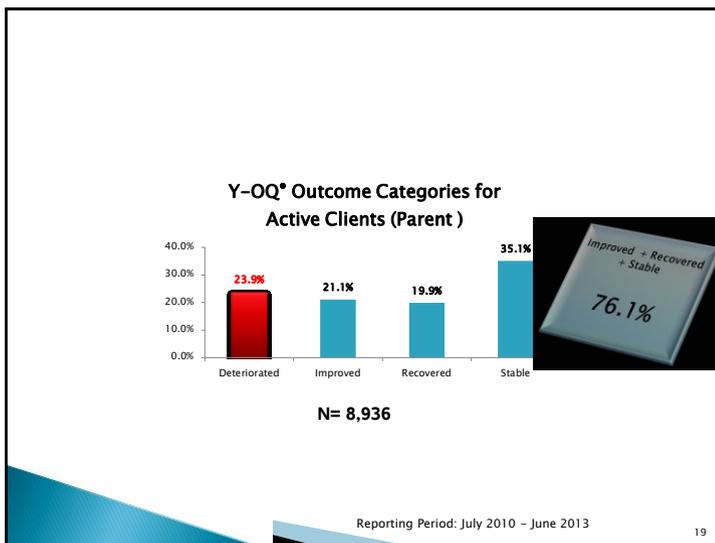
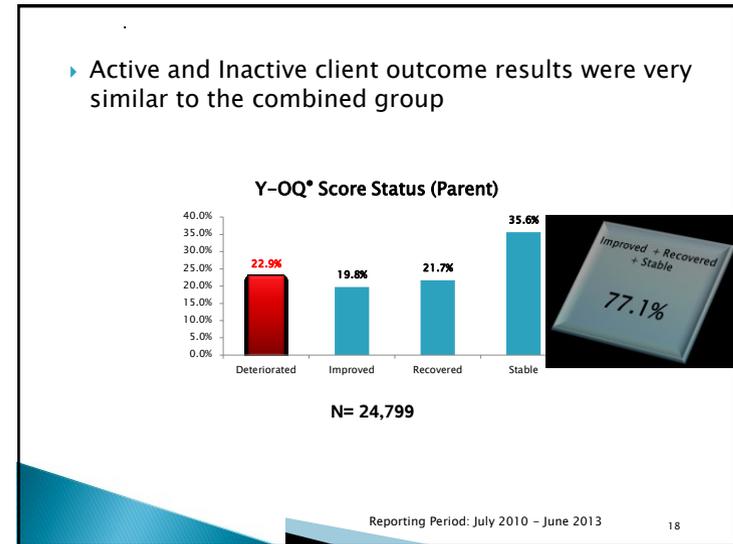
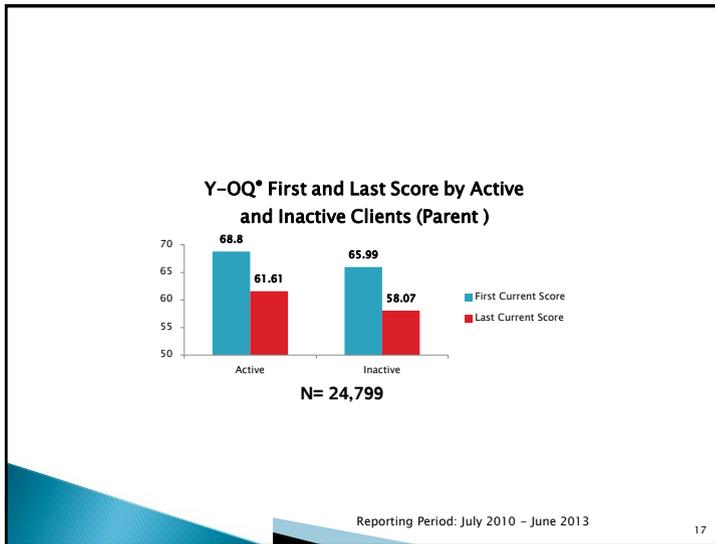


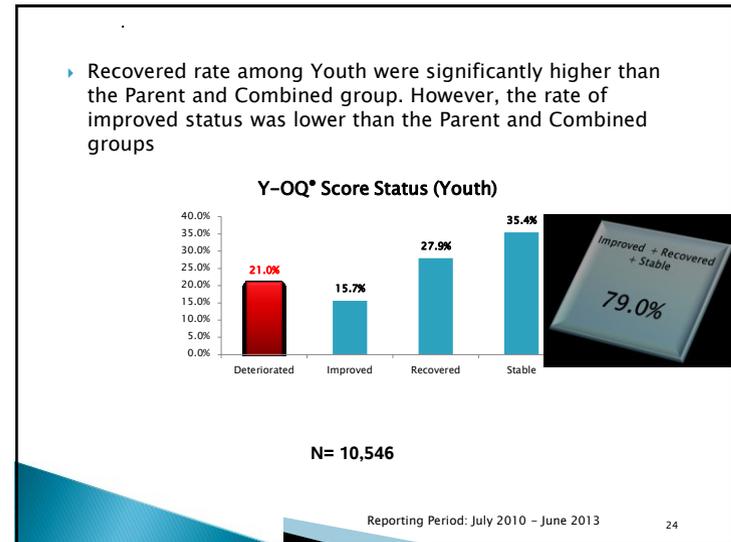
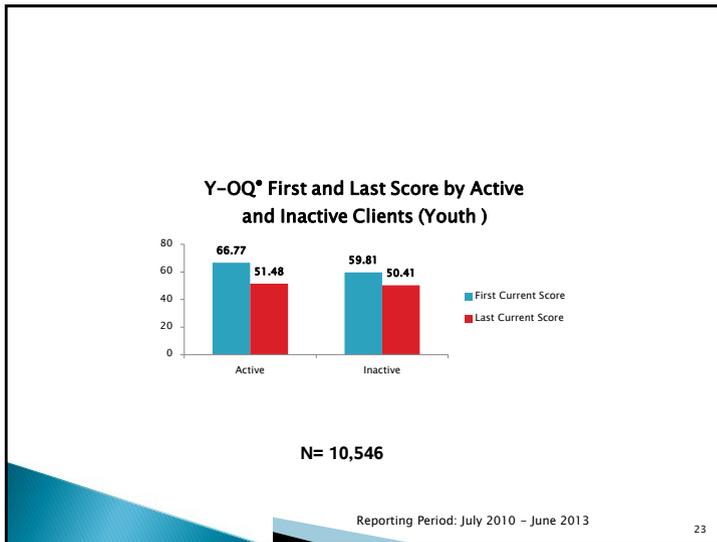
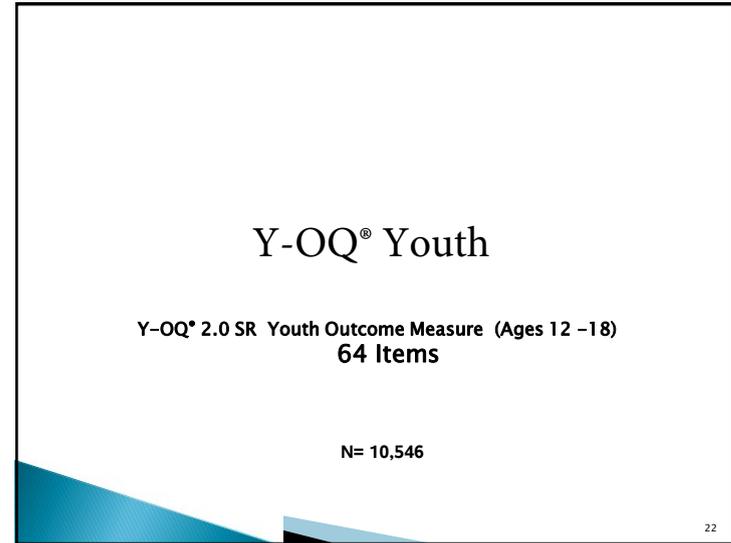
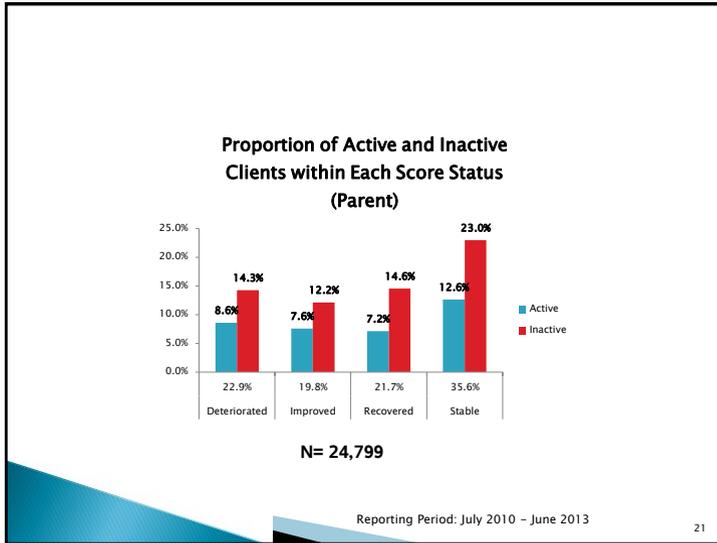
Y-OQ[®] Parent

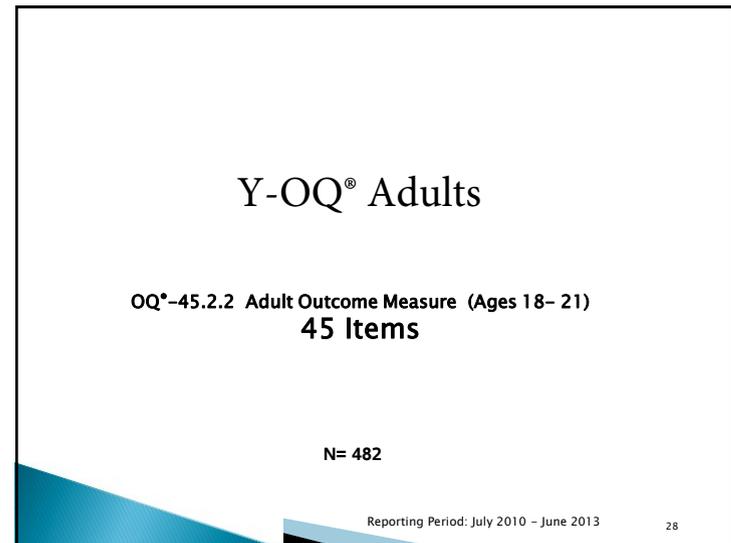
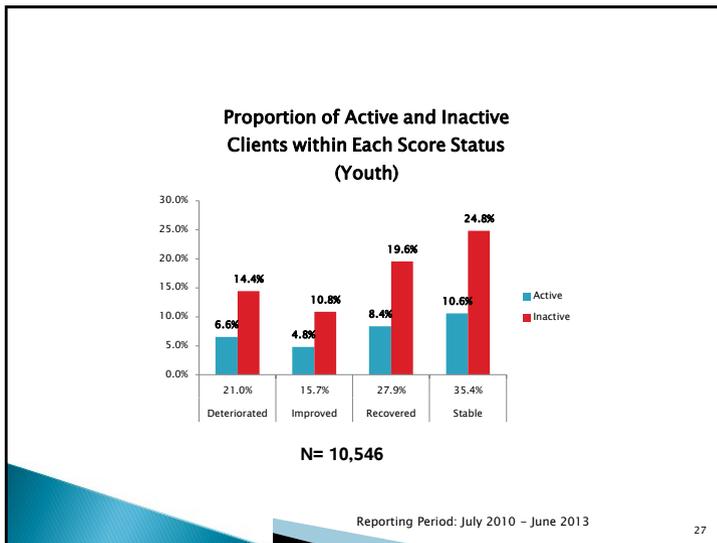
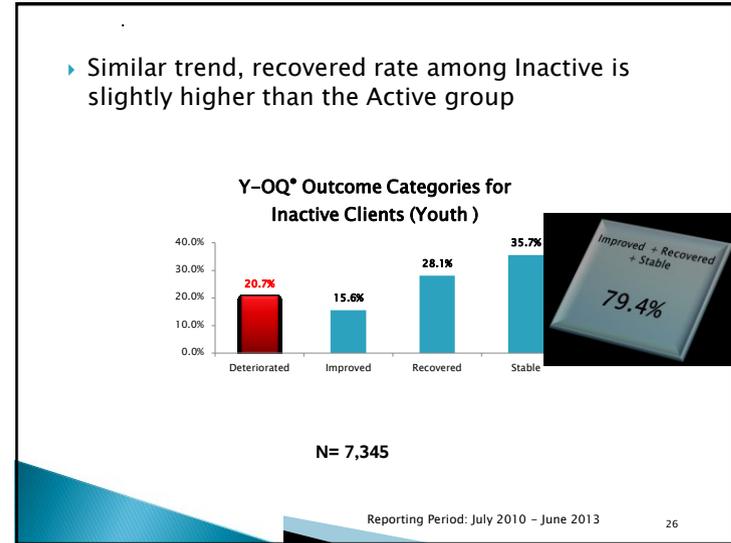
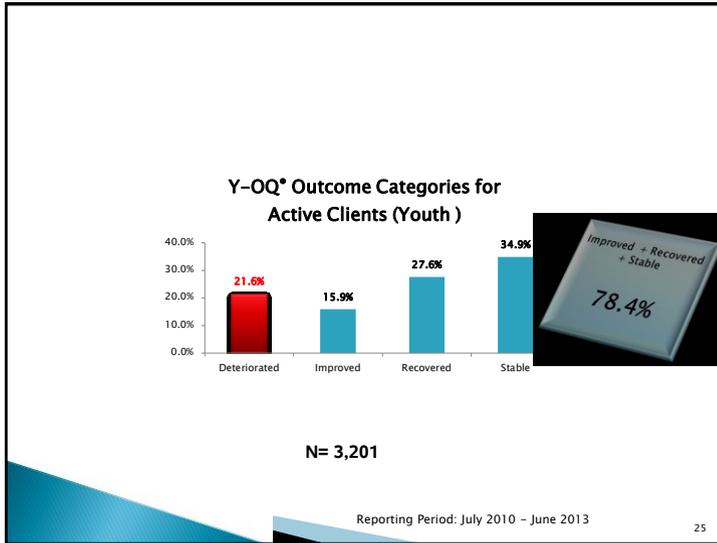
Y-OQ[®] 2.01 Youth Outcome Measure (Ages 4-17)
64 Items

N= 24,799

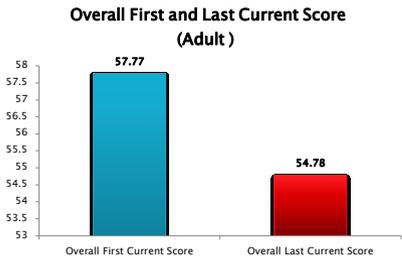
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- ▶ Similar to Parent and Youth YOQ, Adult YOQ also showed overall score improvement between first and last scores

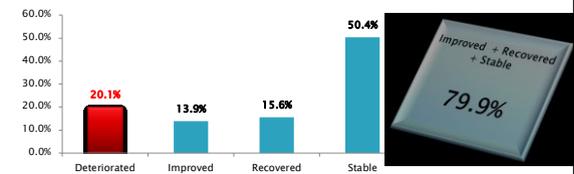


N= 482

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Y-OQ* Score Status (Adult)

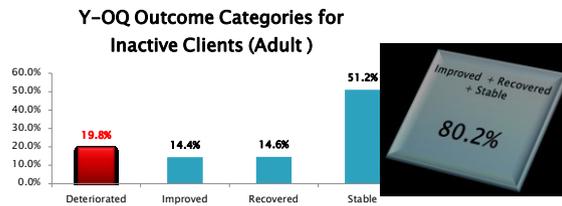


N= 482

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- ▶ Outcome results among Adult were comparatively different from the Parent and Youth. The rate of recovered were lowest among Adults while the rate of stable is more than 15 percentage point higher than the Parent and Youth

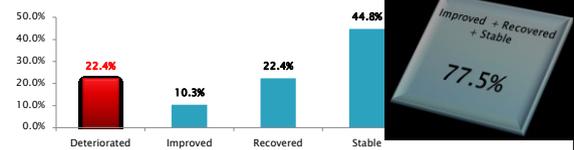


N= 424

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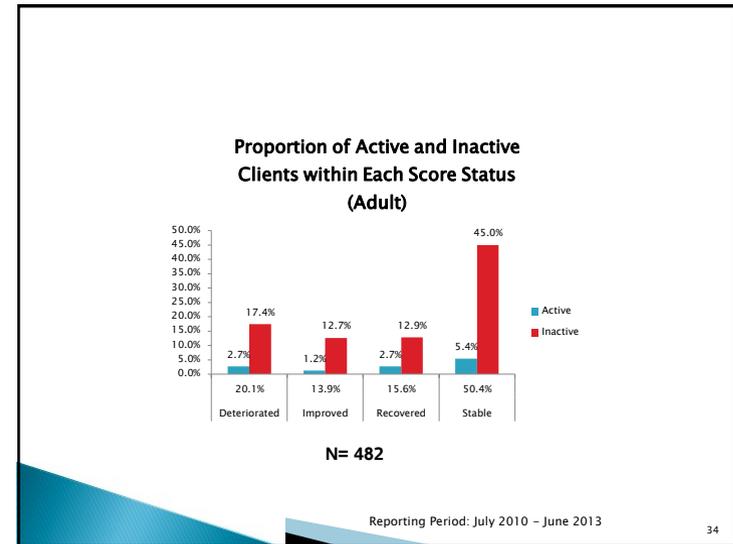
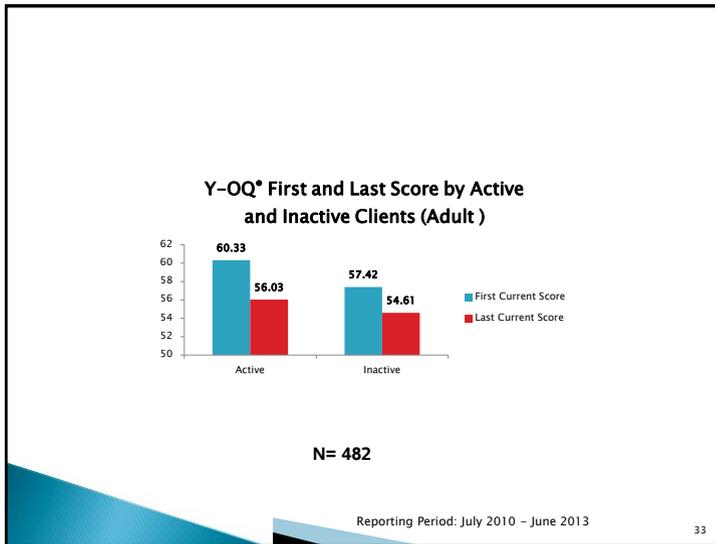
Y-OQ* Outcome Categories for Active Clients (Adult)



N= 58

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Summary

- ▶ Outcomes were analyzed for clients with valid Parent, Youth, and Adult (and combined) Y-OQ[®]s
 - Separate analyses were performed on the Parent, Youth, Adult Y-OQ[®]s, and the Combined group
 - In all groups the rate of stable outcome was significantly higher than any of the other outcome categories
 - Recovered rate was the highest among Youth Y-OQ[®]
 - Adult Y-OQ[®] had the highest rate of stable client outcome
 - Inactive Client outcomes were better in general compared to the Active clients

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