OPCC/EBP Data Requirements & Guidelines

For OPCC Providers

Effective as of FY 2026

Updated 1/22/2026

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General Data Requirements

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

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

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

PIE includes multiple required data elements, such as activity data collection and model-specific data (e.g. for TF-CBT, the percentage of total session time spent with the caregiver, etc.). These items must be entered into PIE to meet episode requirements. Although some data elements may not appear in PIE as hard required fields, staff should be aware of and adhere to the data collection expectations for each case episode.

OHIO SCALES ADMINISTRATION AND GUIDANCE

Ohio Scales Versions

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

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

Ohio Scales and Age

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

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

Timeframe for Completion

Item level Ohio Scales for problem severity and functioning should be collected and entered into PIE at **intake**, **90 days post intake,** and at **discharge**. Examples of Ohio completion timelines can be found in Appendix A on page 11.

! Ohios should not be administered less than 30 days apart

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

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

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

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

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

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

ADDITIONAL OPCC/EBP DATA REQUIREMENTS

OPCC Activity Data

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

Youth Satisfaction Survey- Youth (YSSF)

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

Clinical Global Impressions (CGI) Scale

Beginning March 1, 2021, the CGI is required at *intake and discharge* for all OPCC episodes and at the start and end of an EBP episode. At intake/treatment start, there is one item on the severity of the child's condition. At discharge/treatment end, the item on severity is rated again in addition to an item on the level of improvement. Providers should also use the CGI improvement item to determine whether a child has met their outpatient treatment goals (see Appendix D page 14).

Fiscal Year End Reports

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

EBP Snapshot Face Sheets

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

EBP Baseline Measures

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

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

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

See Appendix E on page 12 for more detailed information on the OPCC and EBP data schedules.

Data Entry Assistance

PDF instructions and individual instructional videos are available for download for OPCC/EBP data entry and are located in PIE under Training Info > OPCC-EBP-specific. The YouTube link in that section will also bring you to instructional videos that can be viewed individually, or all at once as a single training.

For assistance with batching, log in to PIE and navigate to Help Docs & Forms > Batch Support. Here you will find all FAQs and information related to batching.

PIE and EBP Data Entry Timelines

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

OPCC data is required to be entered quarterly. OPCC reports are based on quarterly performance and adhere to the following schedule:

OPCC Data Entry Schedule

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

Note: Data pulls on January 21st and July 21st are also used for sustainability funding calculations.

OPCC Data Indicators & Benchmarks Used Beginning in FY20

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

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

See Appendix C on page 13 for more detailed information on OPCC data definitions and benchmarks.

EBP DATA AND REPORT INFORMATION

EBP Penetration Rates in OPCC Reporting

EBP penetration rates on OPCC reports are calculated from potentially eligible outpatient episodes that were open within the specified quarter period and include having at least one EBP session ever, at any point during the open outpatient episode. The eligibility criteria consists of only what is available in PIE. Penetration rates are calculated both overall and by race/ethnicity (race/ethnicity is pulled from the outpatient episode).

EBP penetration rates are calculated as follows:

- **Overall %** = number receiving at least one EBP session during the open outpatient episode/number potentially eligible OPCC episodes
- **Race/Ethnicity %** = number in race or ethnicity category receiving at least one EBP session during the open outpatient episode/number of potentially eligible OPCC episodes in race or ethnicity category

TF-CBT Eligibility Criteria

- Age 3-18
- Presenting problem of trauma or trauma exposure (excluding those with only disrupted attachment or "other" trauma types
- Exclusion: Evaluation Only episodes

MATCH Eligibility Criteria

- Age 6-15
- Anxiety, depression, trauma, or disruptive behavior (14 or under) as the primary or secondary problem
- Exclusion: Evaluation Only episodes, having only ADHD, thought disorder, eating disorder, or substance use disorder

EBP episodes are counted as "received" starting the quarter that the EBP intake occurs and up through the quarter that the outpatient episode is discharged. See the table below for an example:

	FY25Q1	FY25Q2	FY25Q3	FY25Q4	FY26Q1	FY26Q2	FY26Q3	FY26Q4
OPCC	OPCC Intake	Open	Open	Open	Open	Open	OPCC Discharge	closed
EBP	--	--	--	EBP Intake	EBP Open	EBP Discharge	closed	closed
Total Ever Received Count	Not Counted	Not Counted	Not Counted	Counted	Counted	Counted	Counted	Not Counted

Sustainability Funding – for SFY26

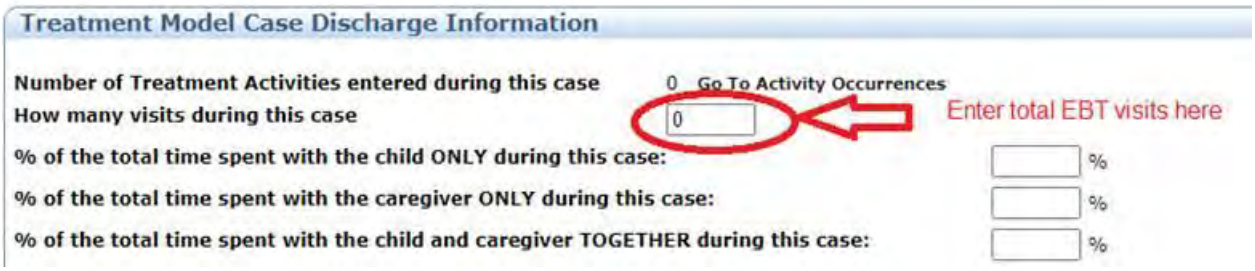
Sustainability funding data is pulled two times per year by CHDI; on January 21st for episodes that closed between July and December (PP1) and on July 21st for episodes that closed between January and June (PP2). Sustainability funding is calculated for CBITS/BB, MATCH, TF-CBT, ARC, and OPCC (OPCC is for agencies that do MATCH only).

To be included in the funding allocation, cases need to meet the following criteria:

- Discharge date falls between July 1st – December 31st (for PP1 calculations) or January 1st – June 30th (for PP2 calculations). For EBT cases, the EBT discharge date is used
- All data needs to be input into either PIE or EBP Tracker before January 21st (for PP1 calculations) or before July 21st (for PP2 calculations)
- Meet visit criteria:
    - CBITS/BB – we total group attendance (attended or make-up), child sessions, and caregiver sessions. If there's at least one session the case counts.
    - MATCH-ADTC & TF-CBT – we look across the 'yes, visit in the month' on the monthly dashboard, the number of visits reported on the EBT discharge form, and the number of EBT activities from the OPCC activity data. The greatest of the three is used, and if that is greater than one then the case counts. **Providers with delayed OPCC activity data entry/batching are encouraged to make sure the number of visits entered on the EBT discharge form (see**

screenshot below) is accurate and timely so that their cases count towards sustainability funding.

- MATCH-ADTC sustainability funds include a portion for OPCC cases. There is no visit criteria (cases count if they have outcome data/have Improvement on child- and caregiver-report Ohios). Providers must provide MATCH-ADTC to receive OPCC sustainability funding.
- For MATCH-ADTC and TF-CBT cases CHDI strongly suggests providers enter the total number of EBT visits on the EBT discharge form here:



Clinician Intake Sustainability Funding Category Reminder (New SFY26) - ARC, MATCH-ADTC, TF-CBT

Starting in FY26, MATCH-ADTC, and ARC/TF-CBT teams will receive $100 per clinician with an intake and at least one session in the treatment model during the 6-month performance period.

Bilingual Clinician Sustainability Funding Category Reminder

There is an additional sustainability funding flat rate category for bilingual clinicians. This criterion applies to the CBITS/BB, MATCH-ADTC, TF-CBT, and ARC treatment models. Teams will receive a flat ($500) stipend for the 6-month performance period if they have at least one bilingual clinician (clinician who speaks two or more languages [including ASL]) who has implemented at least one session of the EBT (regardless of language) in the period. Clinician language data is pulled from the EBP enrollment forms. **If you would like to update any records for staff language you can email the helpdesk (ebptrackerhelpdesk@chdi.org) with the your provider name, staff name(s), and their language(s) before January 21st (for PP1) or before July 21st (for PP2) and CHDI will update the records.**

See Appendix E on page 19 for the EBP/OPCC Sustainability Funding Data Guide.

EBP Credentialing/Certification

This is a Connecticut credential/certification for behavioral health clinicians that demonstrates competency in evidence-based treatment models (e.g. TF-CBT, MATCH-ADTC, CBITS, BB, and ARC). The credential is awarded upon successful completion

of model-specific training, required consultation, and documented case application.

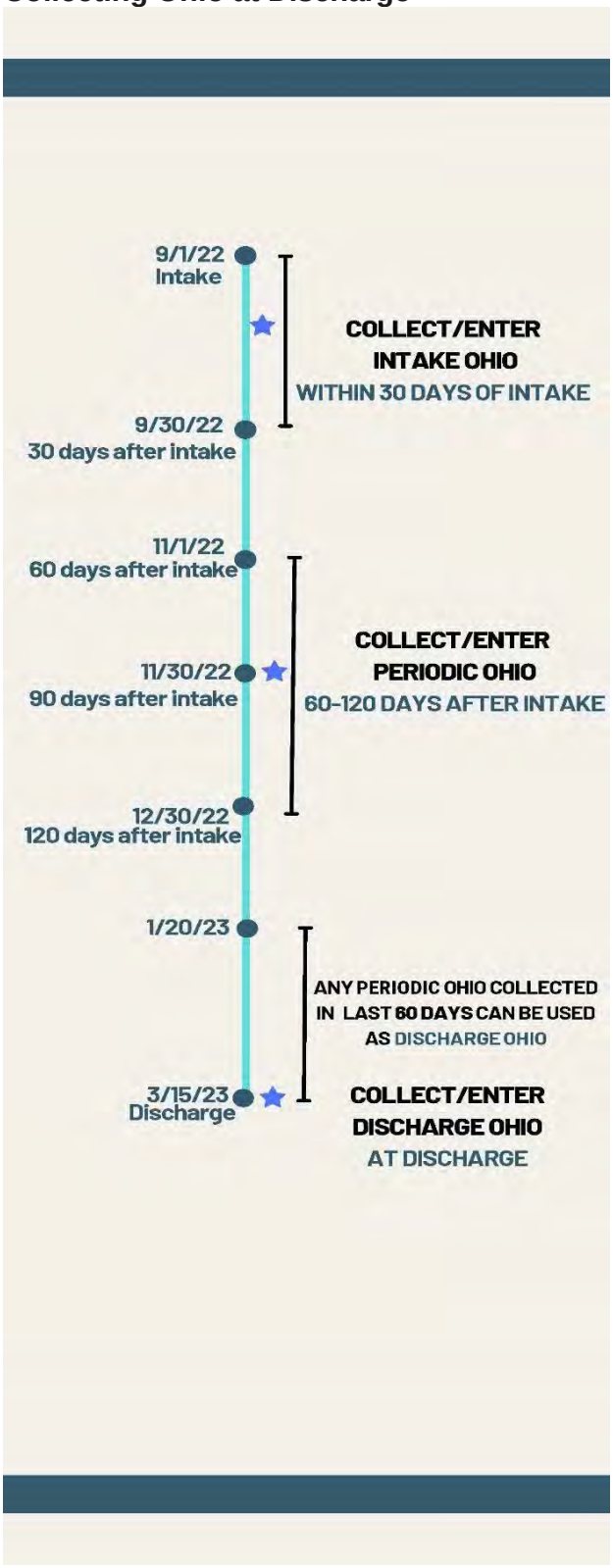
Opportunities to obtain the credential/certification are offered twice annually through an application process. Eligible EBP providers receive notification and may review model specific case requirements before submitting an application. Applications are reviewed by CHDI, which conducts a formal case review to determine successful completion. All required case data must be entered into the PIE or EBP Tracker database. In addition, consultation provided by the agency's designated MATCH Associate Consultants or ARC Trainers must be fully documented, and all consultation records must be submitted to CHDI prior to application submission. Completed MATCH consultation records should be submitted to CHDI prior to application submission. Completed MATCH consultation records should be submitted to Senior Project Coordinator Arielle Wagoner at awagoner@chdi.org. Completed ARC consultation records should be submitted to Senior Associate Tiffany Franceschetti at tfranceschetti@chdi.org.

If a clinician wishes to apply for certification in more than one evidence-based practice (EBP) model, a separate application must be submitted for each additional model. If a clinician does not achieve EBP credentialing/certification following application submission and CHDI review, they may reapply during future opportunities once all credentialing criteria have been successfully met. Once a clinician has already met the requirements and received credential/certification for a specific EBP, they do not need to re-apply.

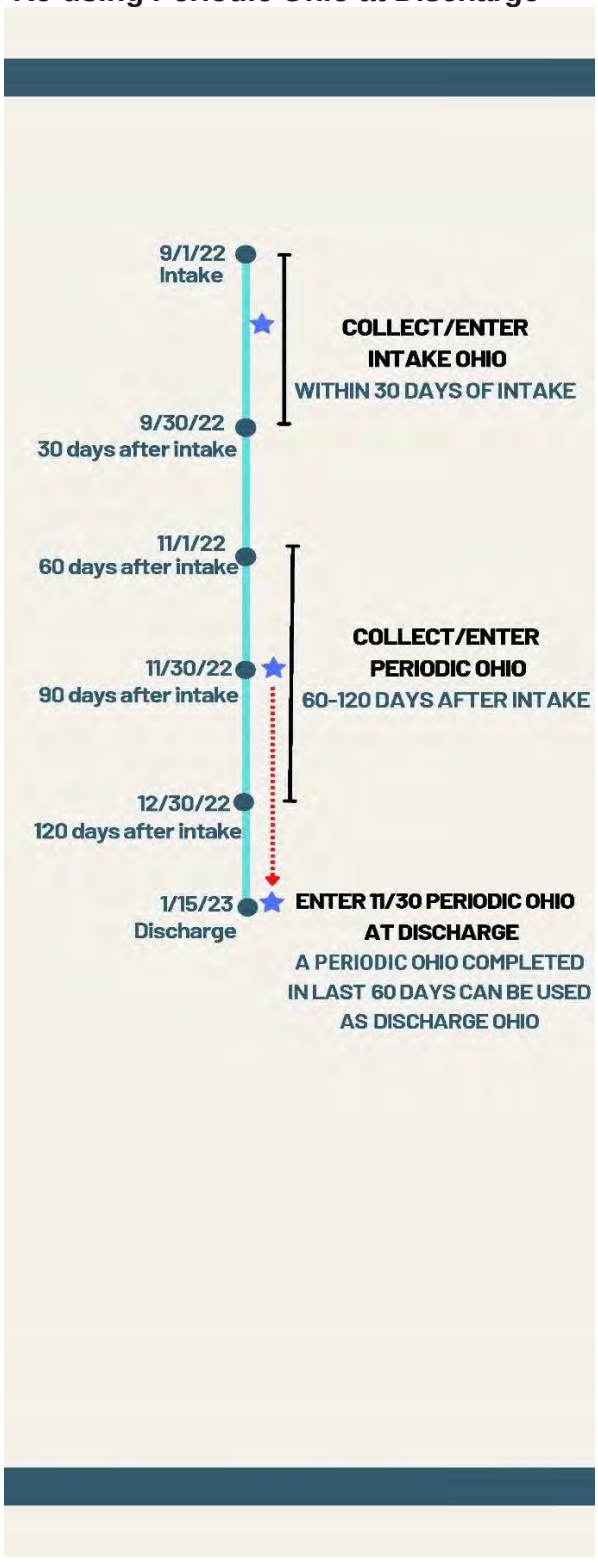
See Appendix F on page 25 for the Clinician Credentialing/Certification Requirements.

Appendix A: Ohio Completion Timeline Examples

Collecting Ohio at Discharge



Re-using Periodic Ohio at Discharge



Appendix B: OPCC and EBT Data Schedules

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

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

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

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

Appendix D: Using the Clinical Global Impressions Scale in Outpatient Treatment

Child Health and Development Institute of Connecticut, Inc.

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

DCF CONNECTICUT

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

Where do I find the CGI?

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

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

What is the CGI?

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

CGI-Severity (CGI-S):

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

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

CGI-Improvement (CGI-I):

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

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

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

How is the CGI rated?

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

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

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

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

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

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

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

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

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

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

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

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

CGI-S Scoring Examples

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

   Suggested CGI-S Score = 4-Moderately Severe

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

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

   Suggested CGI-S Score = 6-Very Severe

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

CGI-I Scoring and Met Treatment Goals Examples

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

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

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

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

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

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

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

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

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

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

Appendix E. EBP/OPCC Sustainability Funding Data Guide

The following document is intended to serve as a data guide for OPCC and EBP quality indicators and sustainability funding. This guide includes data timelines, definitions, and data fields of interest.

Data Timelines
Data are pulled from the PIE and EBP Tracker databases on the following dates:

SFY Quarter	Quarterly Report Period	Sustainability Funding Period	Date Pulled
SFY Q1	Jul 1st-Sep 30th	-	October 21st*
SFY Q2	Oct 1st – Dec 31st	Jul 1st – Dec 31st	January 21st*
SFY Q3	Jan 1st – Mar 31st	-	April 21st*
SFY Q4	Apr 1st – Jun 30th	Jan 1st – Jun 30th	July 21st*

*or next available business day (M-F)

Depending on state servers, the data may take a few hours to update in the database exports. It is recommended to have all data in the database at the end of the day, on the day before the data pull.

In EBP Tracker, all user accounts with coordinator, senior leader, or data entry access have the ability to pull data exports from the system on the Data Exports page.

Child episode data for ARC, BounceBack, CPP, and CBITS are stored in EBP Tracker. Episode data for MATCH-ADTC and TF-CBT are stored in PIE. Workforce data for all models are stored in EBP Tracker.

EBP Quality Indicator and Sustainability Funding Definitions

EBP episode Quality Indicator Definitions are below. Indicators highlighted below are used for sustainability funding calculations.

QI Indicators	Benchmark	QI Description
Episodes Closed	-	Treatment episodes discharged in QI period with at least one clinical session during entire length of stay (LOS).
Engaged	85% of closed episodes	Percentage of closed episodes with four or more clinical sessions attended.
Measures	70% of closed and engaged episodes	Percentage of closed and engaged treatment episodes with at least one measure available at two different time points for any measure of child or caregiver symptoms.
Improved Outcomes	75% of closed and engaged episodes with measures available	Percentage of closed and engaged treatment episodes with measures available with at least partial reliable change (symptom improvement only) on any measure. Includes any measure of child or caregiver symptoms.
Consistent Care	65% of closed and engaged episodes	Percentage of closed and engaged treatment episodes with an average of two or more treatment episodes per month. Calculated by dividing the LOS by number of visits.
Model Completion	30% of closed and engaged episodes	Percentage of closed and engaged treatment episodes that fully complete the model. Model completion definitions are:

		- BounceBack!: child attends 8 or more group sessions (attended or make-up) - CBITS: child attends 8 or more group sessions (attended or make-up) - TF-CBT: completion of all required child treatment components and 8 or more sessions Indicator does not apply to ARC and MATCH-ADTC treatment models.

EBP training and workforce sustainability funding definitions are below. All training and workforce data are managed by CHDI in the EBP Tracker database. Changes to workforce data (new clinicians, clinician close-outs, demographic data updates, etc. should go through your agency's CHDI project coordinator).

Workforce Indicators	Description
Training Hours	Number of training hours completed in the treatment model in the period.
Active Bilingual Clinician	Team needs at least one clinician that speaks two or more languages (any languages, includes ASL) who implemented at least one session of the treatment model in the period.

Additional EBT sustainability funding categories

Indicators	Description
Monthly Session Form Completion (ARC, TF-CBT, MATCH-ADTC only)	90% or more of monthly sessions completed on-time in the period. To be completed on-time, the session form needs to be completed within 21 days after the session form month.
Screening (CBITS/BB only)	Number of trauma screens completed in period. Screening data are pulled from the CBITS/BB monthly screen Alchemer survey.
New Clinicians Implementing (CBITS/BB only)	Clinician's first episode discharge (ever) falls within the period. Episode needs at least one visit.
New intakes in a treatment model (TF-CBT, ARC, MATCH-ADTC only)	Clinician had a new intake (including first session) in the treatment model during the performance period. Credit is received for having either a TF-CBT or ARC intake under the TF-CBT contract – it is not counted twice if a clinician has an intake in both of those models.

EBP Data Fields & Criteria/Logic for Sustainability Funding

QI Indicators	Fields	Criteria/Logic
Episodes Closed	DateDischarge MOVisitInMonth (PIE) NumVisitsDuringCase (PIE) NumTreatmentActivites* (PIE) MOTotalVisits (ARC & CPP) Session_1_ChildAttendance TO Session_10_ChildAttendance (CBITS/BB) Session_1_Date TO Session_3_Date – Child and Caregiver Session Export (CBITS/BB)	EBTSessionCount = Max(SUM(MoVisitInMonth), NumVisitsDuringCase, ActivityOccurrences, SUM(MOTotalVisits), SUM(CBITS/BB Sessions)) Closed: DateDischarge in period AND EBTSessionCount >= 1 Engaged: DateDischarge in period AND EBTSessionCount >= 4
Engaged		
Measures	(see Engaged above) AND Completed measure at 2 or more time points (any of the following): SMFQ_1 TO SMFQ_13 CPSSV_1 TO CPSSV_20 CESD_CG_1 TO CESD_CG_20 OHIO_1 TO OHIO_20 (Problem Severity) OHIO_21 TO OHIO_40 (Functioning) YCPC_1 TO YCPC_30 PSS_1 TO PSS_18 PCL5_1 TO PCL5_25 PPSC_1 TO PPSC_18 PROMIS_1 TO PROMIS_8	(see Engaged above) AND 90% or more items completed at 2 timepoints for the same measure AND Change Score = LAST(measure) – FIRST (measure) Change score meets Reliable Change Index threshold (see EBP Measures guide for details)
Improved Outcomes		

* PIE only - Activity Occurrences in OPCC data (date needs to fall within EBT episode dates and have treatment type match EBT, telehealth included)

Indicators	Fields	Criteria/Logic
Training Hours	TrainingHoursAttended TrainingTreatmentModel TrainingType	SUM(TrainingHoursAttended)
Active Bilingual Clinician	MOVisitInMonth (MATCH & TF-CBT) MOTotalVisits (ARC) Group_Session_1_Date TO Group_Session_10_Date (CBITS/BB) Session_1_Date TO Session_3_Date – Child and Caregiver Session Export (CBITS/BB)	Clinician role is "Clinician" OR "Clinician Intern" AND role is within period AND Clinician selects 2 or more languages on EBP enrollment form AND MOVisitInMonth = "Yes" AND is within period (MATCH & TF-CBT) OR MOTotalVisits >= 1 AND is within period (ARC) OR ANY Group, Caregiver, or Child Session date is within period (CBITS/BB)
Monthly Session Form Completion	MOPeriodSessionDate SessionEnterDate (system generated)	MOPeriodSessionDate is within period AND Date Difference between MOPeriodSessionDate And SessionEnterDate <= 52.
OPCC Measures–Cases OPCC Improved Outcomes **(for OPCC providers doing MATCH only)**	Ohio Scales total scores (**system-calculated based on Ohio Scales item responses**): OhioScalesProblemSeverityYouthIntake OhioScalesFunctioningYouthIntake OhioScalesProblemSeverityParentIntake OhioScalesFunctioningParentIntake OhioScalesProblemSeverityYouthPeriodic OhioScalesFunctioningYouthPeriodic OhioScalesProblemSeverityParentPeriodic OhioScalesFunctioningParentPeriodic OhioScalesProblemSeverityYouthDischarge OhioScalesFunctioningYouthDischarge OhioScalesProblemSeverityParentDischarge OhioScalesFunctioningParentDischarge	Youth **or** Parent Ohio Scales is completed at two time points (either Problem Severity OR Functioning) For episodes with Ohio Scales completed at two time points: Has 5 point improvement on either the Youth **or** Parent Ohio Scales (either Problem Severity OR Functioning)

PIE-EBP Priority Field Lists

The field lists below include critical fields used for QI/Sustainability funding calculations, and other fields utilized in standard reporting. These lists are provided to assist with prioritizing data quality assurance efforts and are not meant to imply that other fields are not used in consultation.

Fields for Sustainability Funding/ QI	Other Fields of Interest
TxModelIntakeDate DateDischarge MOVisitInMonth NumVisitsDuringCase NumTreatmentActivites* Same measure completed (90% or more items) completed at two timepoints (any of the following): SMFQ_1 TO SMFQ_13 CPSSV_1 TO CPSSV_20 CESD_CG_1 TO CESD_CG_20 OHIO_1 TO OHIO_20 (Problem Severity) OHIO_21 TO OHIO_40 (Functioning) YCPC_1 TO YCPC_30 PSS_1 TO PSS_18 PCL5_1 TO PCL5_25 PPSC_1 TO PPSC_18 PROMIS_1 TO PROMIS_8 MOPsychoed MOCogCop MORelax MOTNComp MOCaseMan MOAffExp MOConJoint MOParenting MOTN MOEnhance OhioScalesProblemSeverityYouthIntake OhioScalesFunctioningYouthIntake OhioScalesProblemSeverityParentIntake OhioScalesFunctioningParentIntake OhioScalesProblemSeverityYouthPeriodic OhioScalesFunctioningYouthPeriodic OhioScalesProblemSeverityParentPeriodic OhioScalesFunctioningParentPeriodic OhioScalesProblemSeverityYouthDischarge OhioScalesFunctioningYouthDischarge OhioScalesProblemSeverityParentDischarge OhioScalesFunctioningParentDischarge	ClientRaceIDs ClientHispanicOriginIDs DOB ChildCity ChildZipCode Sex DCFStatusSnapshotID JJYesNo PreferredLangAdultID PrimaryAdultSpeakENG PreferredLangChildID TimeSpentWithChildPercentage TimeSpentWithCaregiverPercentage TimeSpentWithChildAndCaregiverPercentage ClosedReasonDischargeID CGISeverityIntakeID CGISeverityDischargeID CGIImprovementID MatchPrimaryProblemAreaID ChildTopProblem1 ChildTopProblem2 ChildTopProblem3 CaregiverTopProblem1 CaregiverTopProblem2 CaregiverTopProblem3 CGISeverityIntake (OPCC) CGISeverityDischarge (OPCC) CGIImprovement (OPCC) DCFStatusIntake (OPCC) CareReferral1 to CareReferral12 (OPCC) TraumaticHistory1 to TraumaticHistory7 (OPCC) Diagnosis1Intake to Diagnosis5Intake (OPCC) PresentingProblemPrimary (OPCC) PresentingProblemSecondary (OPCC) Activity Description (OPCC) Date of Session (OPCC) Type of Treatment (OPCC)

*Activity Occurrences in OPCC data (date needs to fall within EBT episode dates and have treatment type match EBT, telehealth included)

Appendix F. Clinician Credentialing/Certification Requirements

CLINICIAN CREDENTIALING/ CERTIFICATION REQUIREMENTS

Training Requirements (All models)

☐ Completed New Clinician Training

☐ Completed Clinical Consultation hours (telephone call group or internal agency consultation with an approved consultant). **PLEASE ENSURE CONSULTATION RECORDS (ARC/MATCH) HAVE BEEN SUBMITTED TO CHDI PRIOR TO SUBMITTING APPLICATION**.

*See detailed model-specific requirements

TF-CBT ☐ **Completion of 2 cases with RCI**	• Cases must be entered in EBP Tracker/ EBP- PIE o Successfully completed TF-CBT model requirements (no more treatment needed or continue with other treatment) • Minimum of 8 TF-CBT sessions documented in EBP Tracker/ EBP- PIE • The 2 cases must meet partial or full RCI on at least one assessment • Completion of all TF-CBT components in the database- exceptions are that in vivo sessions are not required. No parent or conjoint sessions are required for case without caregiver participation. • Of the 2 completed cases, verify that at least one has caregiver participation in 33% of the sessions and completion of the assessments as documented in the database • Child baseline assessment and at least one periodic/ discharge assessment must be completed or caregiver baseline and periodic/ discharge assessments for child that is too young to complete the assessments • Each measure must have 90% of the items completed

MATCH-ADTC ☐ **Completion of 4 cases with RCI**	• Cases must be entered in EBP Tracker/ EBP- PIE o Successfully completed MATCH-ADTC model requirements (no more treatment needed or continue with other treatment) o Use of at least 2 of 4 protocols (ADTC) o Child baseline assessment and at least one periodic/ discharge assessment must be completed or caregiver baseline and periodic/ discharge assessments for child that is too young to complete the assessments o Each case must meet partial or full RCI on at least one assessment

ARC ☐ **Completion of 3 cases with RCI**	**ARC** • Cases must be entered in EBP Tracker o Successfully completed ARC model requirements (no more treatment needed or continue with other treatment) o Participation in at least 24 ARC sessions o All of the 3 cases must meet partial or full RCI on at least 1 measure

Reliable Change Index (RCI) Improvement Scores

Assessment	Partial Improvement	Full Improvement
CPSS-IV (Child)	6	11
CPSS-IV (Caregiver)	5	10
CPSS-V (Child & Caregiver)	8	15
SMFQ (Child)	4	7
SMFQ (Caregiver)	3	6
OHIO-Functioning	4	8
OHIO-Problem Severity	5	10
YCPC	9	18
CESD-R (caregiver)	5	9
PSS (caregiver)	6	11
PROMIS (child & caregiver)	3	6