

# FISCAL OFFICER TRAINING MANUAL

## Child and Adult Integrated Reporting System (CAIRS)

### Business Process: (what is it?)

In developing its performance management system, OMH has utilized technology to replace outmoded, cumbersome, labor-intensive, and costly paper-based reporting systems with electronic Web-based alternatives. Among these is the Child and Adult Integrated Reporting System (CAIRS). CAIRS is a Web-based information system developed to replace a paper-based outcomes reporting process in which locally-operated children's specialty service providers completed paper admission, follow-up, and discharge assessments and submitted them to OMH. Providers were included in the design of CAIRS, and are now users of this Web-based system. With CAIRS, OMH, local mental health departments, and provider agencies have instant access to data, which includes the ability to view and print numerous performance indicator reports as well as downloading data for additional analysis.

### Brief Description of Process: (how does it work?)

The CAIRS system became operational in the children's sector, and was so successful that it is was expanded to replace and consolidate similar adult outpatient service reporting systems into one electronic system. As a result of CAIRS, OMH staff will be able to spend more time on analysis and reporting, and less time on data management and processing of paper and manual follow-ups with providers. Time lags between the receipt of data and their availability for analysis will be eliminated, and incomplete data rates drastically reduced.

### Frequency:

OMH first developed its model for performance management during the late 1990s. In the OMH model, performance management is an ongoing set of processes for identifying critical performance areas and indicators in order to measure and analyze actual performance and improve services and outcomes. These processes include, but are not limited to:

- gathering input from stakeholders (service recipients, their families, mental health providers, etc.) on relevant areas of performance
- collecting and analyzing data
- reporting performance results
- refining programs and services based on user feedback.

Together, these processes form a continuous quality improvement cycle.

### Instructions:

#### **Data Collection Method**

- The New York State Office of Mental Health (NYS OMH) Child and Adult Integrated Reporting System (CAIRS) is a secure and confidential HIPAA compliant information system developed and utilized by OMH to record, facilitate, monitor, and evaluate mental health services provided to children and adults with mental health needs in NYS. Youth and family service agencies providing community support and treatment services are included in the CAIRS indicators section of this portal.

#### **Programs Included**

- *Community Support Services*
  - Case Management (Blended, Intensive and Supportive)
  - Community Residence-Children and Youth
  - Crisis Residence
  - Family Based Treatment
  - HCBS Waiver Individualized Care Coordination
  - Home Based Crisis Intervention
- *Treatment Services*

- Residential Treatment Facility-Children and Youth

## **CAIRS Indicator Reports**

- The Kids Portal CAIRS indicator reports are presented by program type and the program unit where services are provided. No individual client level data are available in this portal. Data for children who were admitted to the select programs from 2002 to the current period are included. Data in the reports are updated regularly and include the current calendar year.
- The Kids Portal CAIRS indicator reports are derived from data submitted by the above service providers when a child is admitted and discharged from care. These indicators include symptoms/behaviors, areas of functional impairment, high risk behaviors, family stressors, child strengths and family strengths on admission. Outcomes in terms of change in level of indicators from admission to discharge and lengths of stay are also shown.

## **Specific Reports**

### ***Youth symptoms/behaviors, functional impairments and high risk behaviors at admission:***

#### **Reports**

- Rate of Occurrence: Percent of youth admitted with mild to severe interference with daily activities and/or major role requirements as a result of the symptom/behavior or functional impairment or who have engaged in high risk behaviors in the past 18 months (rarely to always levels).
- Rank: Rank ordering of percent of youth admitted with severe symptoms/behaviors (marginally severe and severe levels), severe functional impairments (marginally severe and severe levels) and high frequency of high risk behaviors (often and always).
- Distribution: Frequency distribution of levels of severity of symptoms/behaviors and functional impairments and levels of occurrence of high risk behaviors on admission to this program.
- Outcomes: Individual changes in levels of severity of symptoms/behaviors and functional impairments and levels of occurrence of high risk behaviors from admission to discharge.

### ***Youth Strengths and Family Strengths:***

#### **Reports**

- Distribution: Frequency distribution of levels of child strengths and family strengths on admission to this program.
- Outcomes: Individual changes in levels of child strengths and family strengths from admission to discharge.

### ***Family Stressors:***

#### **Reports**

- Distribution: Frequency distribution of the extent to which family/environmental stressors interfere with the child's receipt of services on admission to this program.

### ***Length of Stay:***

#### **Reports**

- Average Length of Stay: Average length of stay in days by admission year.
- Length of Stay by Time Intervals: Length of stay in days grouped by time intervals (e.g., 0-3 months, 4-6 months etc.) by admission year.

## **The Children, Teens and Families Indicators Portal**

CAIRS data can be obtained in the *Children, Teens and Families Indicators Portal* located on the OMH website by visiting the following link: <http://www.omh.ny.gov/omhweb/statistics/>

### **Background**

The Children's Plan of New York State is a blueprint for how we can improve the social and emotional well-being of New York's children and their families (Children's Plan). The Children's Plan represents a fundamental reform effort in services for children. The Plan articulates a blueprint for moving from intensive and expensive services for a few, toward early intervention, collaboration and improved outcomes for youth and families. One theme emerging from the Plan is the call for data-driven measures that can be used to better understand and improve the quality of services and services outcomes for youth and families.

The Children, Teens and Families Indicators Portal Project is a multi-phased effort to expand the availability of data-driven measures on youth and family services in New York State.

### **Phase I of the Children, Teens and Families Indicators Portal**

The first phase (Phase I) of the Children, Teens and Families Indicators Portal project was released in March 2009. Phase I includes dynamic reports on youth behavior/symptoms, functioning, youth and family strengths, family characteristics, and lengths of stay. These reports are derived from the NYS Office of Mental Health (OMH) Child and Adult Integrated Reporting System (CAIRS). Reports display information by program type and provider for the admission and discharge segments of care and include information over time from 2002 to the present.

Phase I also included static reports from the NYS OMH Youth Assessment of Care (YACS) and Family Assessment of Care (FACS) surveys conducted from 2006 - 2008. These reports displayed statewide survey response rates, youth demographics, and youth and family satisfaction on survey domains. Standard administrative summary reports on youth and family survey results (statewide, regional and agency specific) are also posted in the Archive section of the portal.

### **Phase II of the Children, Teens and Families Indicators Portal**

The second phase (Phase II) of the Children, Teens and Families Indicators Portal project was released in the summer of 2010. Phase II adds a set of CAIRS derived reports that display Child and Adolescent Needs and Strengths-Mental Health (CANS-MH) assessment data. CANS-MH reports include youth strengths and needs at admission and discharge from programs or when deemed eligible for Single Point of Access (SPOA) level of care services.

In addition, the NYS OMH Youth and Family Assessment of Care surveys section of the portal was significantly enhanced. The static statewide reports were replaced with dynamic reports which show youth and family satisfaction by agency, program, program type, and geographic region (statewide, region and county) and by youth demographic characteristics (age, gender and race/ethnicity). Standard administrative summary reports of youth and family survey results (statewide, regional and agency specific) from 2006 to the present time continue to be posted in the Archived Reports section of the portal.

A new section on the health status of youth in NYS OMH operated children's day treatment programs and outpatient clinics was included Youth Health Indicators. All youth outpatients in these programs have physical activity level, body mass percentile, smoking and substance use status monitored on a regular basis. Quarterly reports of the health status of youth in these programs are produced and available in the 'Kids Indicators' Portal.

### **Resources:**

1. <http://www.omh.ny.gov/omhweb/Statewideplan/2004/5070408Chapter08.htm>

2. <http://bi.omh.state.ny.us/kids/index?p=indicators>
3. <http://bi.omh.ny.gov/kids/index>
4. <http://www.omh.ny.gov/omhweb/statistics/>

**Date:**

**OMH Review:**