

Quality Management and Outcomes Team

MEETING SUMMARY

AUGUST 23, 2012
12:30 PM – 4:00 PM

MEETING CALLED BY	Hope Barrett	
TYPE OF MEETING	Quarterly Informational, Planning and Implementing Meeting	
FACILITATOR	Hope Barrett	
NOTE TAKER	David Smith	
ATTENDEES	<p>KDBHDID:</p> <p>Behavioral Health: Lou Kurtz (Acting Director) Tom Beatty Michele Blevins Janice Johnston Janie Oliver Jan Ulrich</p> <p>Developmental & Intellectual Disabilities: Cathy Lerza Barbara Rosell</p> <p>Administration & Financial Management: Hope Barrett Sandy Davis Linda McAuliffe David Smith Susan Walker</p>	<p>Regional MH/MR Boards</p> <p>1. Four Rivers: Hank Cecil 2. Pennyroyal: ----- 3. River Valley: Lionel Phelps 4. Lifeskills: ----- 5. Communicare: Missy Brown 6. Seven Counties: Tish Geftos 7. NorthKey: Nan Genter 8. Comprehend: Donna Riggs 9. /10. Pathways: ----- 11. Mountain: Dorian Moe (phone) 12. Kentucky River ----- 13. Cumberland River Kathy Tremaine Linda Moyers 14. Adanta: ----- 15. Bluegrass: David Hanna Cindy Faulkner</p> <p>KARP ----- UK-Center on Drug & Alcohol Research Erin Stevenson (phone)</p> <p>UK- Institute for Pharmaceutical Outcomes and Policy (IPOP) Diane Daugherty Amy Lovell</p>

Agenda topics

WELCOME & INTRODUCTIONS **HOPE BARRETT**

1. TRAINING / DISCUSSION

• **CONSUMER DIRECTED OUTCOMES INITIATIVE (CDOI)** **DAVID HANNA**

DISCUSSION	<p>Dr. David Hanna (Bluegrass' Chief Clinical Officer) presented an overview of their Consumer Directed Outcomes Initiative (CDOI) and Partners for Change Outcome Management System (PCOMS) (see first handout). Its focus is not only on appropriate treatment (including the start of treatment), but it is also valuable outcome data. It is dependent mostly on the individual therapist. It will aid therapy not only by feedback to the client, but additionally, if it is actually discussed with the client. It can even help with impasses. The feedback portion is what is evidenced-based. PCOMS uses the Session Rating Scale (SRS V.3.0) and the Outcome Rating Scale (ORS) (see second handout). It can also be used in clinical supervision (see third handout: <i>'When I'm good, I'm very good...'</i>). It has found that if a client does not make progress in 5-7 sessions with the same therapist, there will likely be no progress unless there is a change in therapist. However, the key to what make it so valuable is that because it is a part of the treatment, the client values it. Dr. Hanna stated that Dr. Barry Duncan believes that this is the first tool which is person-centered. It will soon be a part of SAMHSA's EBTs. More can be found at www.heartandsoulofchange.com, including the participation of two local researches, Jeff Reece at UK, and Jessie Owens at UofL.</p>
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ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Continued agenda format of asking input from members especially CMHCs prior to the meeting.	Hope Barrett	October 25, 2012

● **PERCEPTION OF CARE SURVEYS – ADULT MHSIP & YSS-F**

● **UPDATE FROM MHSIP PILOT STUDY**

CINDY FAULKNER

DISCUSSION	Cindy Faulkner (Bluegrass) gave an update on the MHSIP Pilot Study (see handout). The Outcome questions have been put into a postcard format with 4,623 surveys returned (10.8% return rate). Some consumers are getting fatigued over taking so surveys. 818 have completed the survey multiple times ($\bar{x}=2.9$ surveys) with $\frac{1}{3}$ improving, $\frac{1}{3}$ same and $\frac{1}{3}$ worsening, with plateauing at 3-years.		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE	
Continued updates to QMOT.	Cindy Faulkner	October 25, 2012	

● **UPDATE FROM SUBGROUP**

CINDY FAULKNER

DISCUSSION	<p>The subgroup found that the MHSIP was good at measuring the organization as a whole, or even specific programs, but not individual treatment outcomes. Hope Barrett had asked at the last Federal Block Grant Meeting regarding doing something else; the following are criteria must be met:</p> <ul style="list-style-type: none"> • A recommendation to conduct the statewide surveys in two parts will be considered; not guaranteed. Our officers at CMHS will have to receive approval before giving approval. • Any recommendation of change must come from a buy-in of all 14 regions. That is, all 14 regions must conduct the survey in the same way (e.g. whole or split) for validity in statewide reporting. • Within the recommendation, if a domain is to be surveyed separately, all questions within each domain must remain together. • The same integrity checks must still be run on every survey; i.e. each domain must have a certain number of questions completed in order for the survey to be counted in the results as “complete” for that domain. <p>The subgroup is considering surveying individual domains at different times of the year to reduce fatigue.</p>		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE	
Continued updates to QMOT.	Cindy Faulkner	October 25, 2012	

2. DATA REVIEW

● **NEW CLIENT SELF-REPORT SUBSTANCE ABUSE ASSESSMENT & ASAM RECOMMENDATION REPORT**

ERIN STEVENSON

DISCUSSION	Erin Stevenson (UK-CDAR) reported by phone on the KTOS Client Information System, American Society of Addiction Medicine (ASAM) Level of Care Assignments Protocol for Kentucky's Substance Abuse Treatment Programs (see three handouts). Tish Gefetos (Seven Counties Services) brought up an issue that questioned the usability of this report with individuals who might report no substance use for the past 30 days due to incarceration.		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE	
Continued updates to QMOT.	Erin Stevenson	October 25, 2012	

● **REGIONAL QUALITY IMPROVEMENT UPDATES**

REGIONAL ROUND-ROBIN

DISCUSSION	<ul style="list-style-type: none"> • Lou Kurtz (Central Office) gave a report about how Buffalo Trace Distillery has purchased the building back, but it is unclear if, when or where the Central Office would have to move. • Hank Cecil (Four Rivers) said that they will start Quality Reviews in the fall, as well as Staff Surveys. • Cindy Faulkner (Bluegrass) passed since there had already reported. • Tish Gefetos (Seven Counties Services) stated that they just had the Trauma Informed Care (TIC) Forum, and are awaiting word on a Managed Care Organization to be named for the region. • Kathy Tremaine (Cumberland River) reported that they also had a TIC Forum. In addition, she reported on their “My Outcomes” project, and Supportive Employment. • Donna Riggs (Comprehend) described their NIATx Change Team Project regarding the enhancement of their psychosocial assessment. • Nan Genter (NorthKey) informed the group about their electronic medical record (EMR) called “Credible”, as well as getting ready for the tri-annual Joint Commission survey, and their frustration with Medicaid Managed Care. • Diane Daugherty (IPOP) voiced how Seven Counties Services’ spreadsheet was finished, and the rest would be in a week or so. • Missy Brown (Communicare) discussed their NIATx Change Team Project regarding claims denials. 		
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	<p>They are also working on a Client (SMI) Screen coordinated with Case Management needs in Supportive Employment.</p> <ul style="list-style-type: none"> • Dr. Lionel Phelps (River Valley) talked about their use of the Columbia Suicidality Rating Tool for emergency walk-ins. They also hosted one of the TIC Forums. They are also adding trauma screening into their psychosocial assessment, as well as including TIC into their Crisis Intervention Team (CIT) training to local police. 	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Continued updates to QMOT.	Regions	October 25, 2012

3. UPDATES

SEE BELOW

DISCUSSION	<ul style="list-style-type: none"> ✓ <u>Statewide Suicide Prevention Survey of Behavioral Work Force</u>: Jan Ulrich (DBH) described the survey methodology, i.e., giving the 20-question survey to CMHC CEOs and then to all their employees. She explained how suicide should be a “never event”, just like wrong-site surgeries. She is using Georgia, Texas and Arizona as comparisons (see handout). ✓ <u>Trauma-Informed Care Grant</u>: Janice Johnston (DBH) presented an update on the grant. There were multiple forums in July and August including over 50-agencies and over 400-participants with a 99% approval of the training (see distributed training packet). (Lou Kurtz mentioned that the division is also looking into Smoking Cessation, Health Homes and Safety Net.) ✓ <u>Transformation Academy</u>: Linda McAuliffe (OTEB) presented the status of the second Transformation Academy. With the ability of webinars through the purchasing of Adobe Connect (see handout), the second annual training will now be called the Transformation Academy 2012-13 Webinar Series. Built on last year’s Leadership focus, Implementation Science and group work, monthly webinars will be the first this fall starting with a follow-up with Ellen B. Kagen, MSW (Georgetown Leadership Program). They will continue with practice specific programs. ✓ <u>Community Belonging Initiative</u>: Barbara Rosell (DID) described a new initiative to all SCL providers (see handout). Dr. Angela Amado, of the University of Minnesota’s Institute on Community Integration, will give two one-day training, i.e., one in western Kentucky and one in eastern Kentucky, with follow-up trainings every 3-4 months on a regional basis, in connecting individuals to their communities. ✓ <u>DBH/AOC/DJJ Policy Academy</u>: Since Beth Jordan (DBH) could not attend, Michele Blevins (DBH) distributed the handout. ✓ <u>Behavioral Health Fidelity Tools Review</u>: Lou Kurtz (DBH) explained that in contract funding, if Department funds are used, there must be the use of fidelity tools for any EBPs. In connection with the Transformation Academy Webinar Series, there will be webinars for each EBP with the optimal goal of creating a Center of Excellence. 	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Continued updates to QMOT.	Regions	October 25, 2012

4. EVIDENCE BASED PRACTICES & OUTCOMES

LOU KURTZ

DISCUSSION	<p>Lou Kurtz (DBH) gave an overview of Supportive Employment. The goal is to have all 14-regions participating (already halfway there). (Roughly 10% of adults with SMI are employed in KY, while in MD it is 25%.) There are interim fidelity reviews every 6-months, then yearly after good fidelity is reached. Each program is to submit quarterly reports to Dartmouth. Comprehend has integrated employment by incorporating a specialist on the treatment team. There will be a two-day meeting at Barron River State Resort Park on October 10-11, 2012.</p>	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Continued edification to QMOT.	EBP Representatives	October 25, 2012

NEXT
MEETING
DATE

DATE: **October 25, 2012**
TIME: **12:30 p.m. – 4:00 p.m. EST**
LOCATION:

- Option A) in person** – KBHDID, 100 Fair Oaks Lane 4th floor, Frankfort, KY “Small Conference Room”
Option B) video conferencing - Meeting Room #: 1801365
Option C) teleconference (audio only)
1. Dial (502) 875-9991 with a voice prompt asking to enter the conference ID followed by the # sign.
 2. Enter "1801365#".
 3. Joining into the conference, will be automatically.

The Quarterly schedule remaining for 2012 is:

- ✓ February 28, 2013
- ✓ May 23, 2013
- ✓ August 22, 2013
- ✓ October 24 or November 14 , 2013