

Quality Management and Outcomes Team

MEETING SUMMARY

NOVEMBER 13, 2014
12:30 PM – 3:00 PM (EST)

MEETING CALLED	Hope Barrett	
TYPE OF MEETING	Quarterly Informational, Planning and Implementing Meeting	
FACILITATOR	Hope Barrett Hope.Barrett@ky.gov 502-782-6147	
NOTE TAKER	David U. Smith	
ATTENDEES	<p>KDBHDID:</p> <p>Commissioner's Office Wendy Morris Vestena Robbins</p> <p>Behavioral Health: Hope Barrett Tom Beatty Michele Blevins Chris Duckworth Lisa Jagnow Sue Fisher Janice Johnston Christie Penn PK Sims (host) David U. Smith</p> <p>Developmental & Intellectual Disabilities: Ericka Jenkins Cathy Lerza</p> <p>Administration & Financial Management: Sarah McCoun</p> <p>Program Support (OTEB) Branch: Marlene Helm Lea Taylor</p>	<p>Regional MH/MR Boards</p> <p>1. Four Rivers: Hank Cecil 2. Pennyroyal: Jami Nichols (phone) 3. River Valley: Dr. Lionel Phelps (not present) 4. Lifeskills: Doug Bradley 5. Communicare: Missy Brown 6. Seven Counties: Whitney Powell, Robert Daniels (for Tish Gefetos) 7. NorthKey: Nan Genter (phone) 8. Comprehend: Janice Records, (phone) 9. /10. Pathways: Todd Tromber (for Betsey Jackson) 11. Mountain: Dorian Moe (webinar/call) 12. Kentucky River Vicky Hardin (not present) 13. Cumberland River Linda Moyers & Kathy Tremaine (not present) 14. Adanta: Dr. D. Luchtefeld (webinar/call) 15. Bluegrass: Joachim Knuf</p> <p>KARP -----</p> <p>UK- Institute for Pharmaceutical Outcomes and Policy (IPOP) Diane Daugherty</p>

Agenda topics

12:45 – 12:55 PM

1. WELCOME & INTRODUCTIONS

BHDID STAFF FACILITATOR (Hope Barrett)

12:55 – 1:30 PM

2. REGIONAL QUALITY IMPROVEMENT UPDATES

REGIONAL REPRESENTATIVES

DISCUSSION	<p>There was a round-robin sharing by each present Regional MH/MR Boards giving up an update on at least one QI activity, e.g., tool, strategy, technique, etc. on which they are currently working.</p> <p>Highlights include:</p> <ul style="list-style-type: none"> • Many Regions at different stages in the installation of Electronic Medical Records (EMRs) Likewise, they are tying performance indicators and outcomes to this data resource. • Also upgrading systems to capture DSM-5 and ICD-10. • Several regions completing staff satisfaction surveys. • Several Regions continue training of staff, clinical and non-clinical, in Trauma Informed Care. • Region 4, Lifeskills, discussed their implementation of "The Four Disciplines of Execution" (or 4DX) by Sean Covey. It includes: <ul style="list-style-type: none"> ○ Focusing on the Wildly Important Goals (WIGs) ○ Acting on Lead Measures ○ Keeping a Compelling Scoreboard
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	<ul style="list-style-type: none"> o Creating a Cadence of Accountability • The following bullets were formed to represent comments, concerns and follow-up: <ul style="list-style-type: none"> o Region 4, Lifeskills, has agreed to give a presentation on 4DX at the next meeting in March. o Region 6, Seven Counties Services, has agreed to present their 12-minute video on Trauma Informed Care at the next meeting in March.
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1:30 – 3:05 PM **3. TRAINING / DISCUSSION**

1:30 – 2:20 PM **●PracticeWise** **SCS Staff (Robert Daniels)**

DISCUSSION	Robert Daniels, Seven Counties Services, presented PracticeWise (https://www.practicewise.com/), a series of innovative tools and services to help clinicians and organizations improve the quality of care for children and adolescents. It strives to bring science and evidence seamlessly into the process of clinical care, through child-specific dynamic summaries of the best available research studies, clinical dashboards for visualization of clinical progress and history, and clinical protocols and summaries representing the most common components of evidence-based practices. (see handout)
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2:20 – 3:05 PM **●Trauma-Informed data** **SCS Staff (Whitney Powell)**

DISCUSSION	Whitney Powell, Seven Counties Services, presented trauma-related data (see handout); including how there are four (4) data-related elements, and the necessity data collection. She will bring back how the data are used at the March meeting.
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3:05 – 3:25 PM **5. BHDID PROGRAM UPDATES & ANNOUNCEMENTS** **SEE BELOW**

DISCUSSION	<ul style="list-style-type: none"> • <u>Office of Attorney General Pharmaceutical Settlement Agreement</u> <ul style="list-style-type: none"> o Tena Robbins, Commissioner’s Office, presented that as part of the Pharmaceutical Settlement Agreement by the Office of Attorney General: <ul style="list-style-type: none"> ▪ Chrysalis House in Lexington and Independence House in Corbin will have received \$1 million to support substance abuse treatment for pregnant women. ▪ \$1 million in partnership with Kentucky Department of Education for School-based Behavioral Health Screening Initiative in six (6) demonstration districts using the Global Appraisal of Individual Needs Short Screener (GAIN-SS), a five-minute 23-item screening tool used primarily to intervene with at-risk children before judicial or social services systems involvement. It is planned to expand after the first of the year. ▪ \$1.5 million in partnership with UK Psychiatry, and at the “heart” is the development of best practices for adolescent substance abuse treatment providers. ▪ About \$19 million has been distributed to Kentucky Kids Recovery grantees across the state with the express purpose of expanding treatment beds at existing facilities across Kentucky and creating new juvenile treatment programs. ▪ \$250,000 to create a database to evaluate outcomes of adolescent treatment. DBHDID has contracted with the University of Kentucky, Center on Drug and Alcohol Research (CDAR) to monitor outcomes of the Kentucky Kids Recovery grantees through the Adolescent Kentucky Treatment Outcome Study (AKTOS) outcome monitoring system. • <u>BHDID Monitoring Program</u> <ul style="list-style-type: none"> o Lea Taylor, Program Support Branch (formerly OTEB), presented the progress in DBHDID monitoring of Department contracts. The monitoring will be both desk-reviews, as well as, on-site. It will be primarily the monitoring of CMHC Contracts’ Section 2: Scope of Work – Deliverables by the Division of Behavioral Health, and the Division of Developmental and Intellectual Disabilities. There will also be Fiscal Monitors by the divisions. In addition, Program Support Monitors will be completed by the Program Support Branch. On-site visits will occur annually, while desk-reviews are monthly to quarterly related to the contract necessity. Contract monitoring started October 2014. There will still be Contract Managers. o The following bullets were formed to represent comments, concerns and follow-up: <ul style="list-style-type: none"> ▪ Nan Genter, NorthKey, asked a question regarding psychiatric hospital admissions and discharges accountability. Lea replied that this, as well as any other deliverables will be monitored for compliance. ▪ Lea will give an update at the next meeting.
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3:25 – 3:35 PM **4. OUTCOMES**

● Review of CMHC-Contract Performance Indicators **BHDID STAFF (Hope Barrett)**

DISCUSSION	Hope Barrett opened a discussion, along with BHDID Staff, on the performance measures as they are listed in the 2015 CMHC Contract. Reference material included the 14-page operational dictionary for these performance measures (see handout); this is the same dictionary being used to build the indicators into a Tableau dashboard.
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	<ul style="list-style-type: none"> • The following bullets were formed to represent comments, concerns and follow-up: <ul style="list-style-type: none"> ○ Dan Luchtefeld, Adanta, asked how to find the performance measures on the department's website. ○ Once the performance measures are complete and approved, they will be distributed by the Program Support Branch. Until then, any changes will be disseminated as draft. ○ There was an offer to have the Performance Measures Team come to QMOT and explain in more detail, or conference-call, etc.
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3:35 – 4:00 PM

5. BHDID PROGRAM UPDATES & ANNOUNCEMENTS, continued

SEE BELOW

DISCUSSION	<ul style="list-style-type: none"> • <u>Consumer Satisfaction Survey status</u> <ul style="list-style-type: none"> ○ Diane Daugherty, IPOP, stated that all the surveys have been distributed. Almost all national indicators of Mental Health Statistics Improvement Program (MHSIP) Adult Consumer Survey have decreased. ○ The following bullets were formed to represent comments, concerns and follow-up: <ul style="list-style-type: none"> ▪ Christie Penn, DBH, asked if an electronic-version could be developed. Pros and cons were discussed. ▪ Diane will bring the results back to the next QMOT meeting. • <u>Protection & Advocacy Interim Settlement Agreement</u> <ul style="list-style-type: none"> ○ DBH Adult Services Branch staff gave an update on the project. <ul style="list-style-type: none"> ▪ Looking at Person-Centered Recovery Planning protocols; ▪ LOCUS Levels' definitions are in the process of updating; ▪ Number of individuals who have transitioned from Personal Care Homes to community based supported housing: <ul style="list-style-type: none"> • 19 in October alone, and; • 75 since February (total), and; ▪ On-line web app is in development with IPOP: <ul style="list-style-type: none"> • Reports will be regional specific, and; • Hope will present a demo at the next ISA Webinar on December 12 with projected Go-Live for January 16, 2015.
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NEXT MEETING DATES	<p>DATE: March 12, 2015 TIME: 12:30 p.m. - 4:00 p.m. EST LOCATION:</p> <ul style="list-style-type: none"> • Option A) in person - KBHDID, 275 Main Street 4th floor, Frankfort, KY • Option B) Webinar Conferencing - To join the QMOT Webinar, please click the link below and enter as a guest: http://chfs.adobeconnect.com/qmotmeeting/. In order to participate in the Webinar, you may need to update your Adobe Flash Player. To test your computer, please click this link: http://admin.adobeconnect.com/common/help/en/support/meeting_test.htm • Option C) teleconference (audio only) <ol style="list-style-type: none"> 1. Dial 866-754-7476 <p>You will hear a voice prompt asking you to enter a passcode followed by the # sign.</p> <ol style="list-style-type: none"> 2. Enter "2119371775#" 3. You will be automatically joined into the conference. <p>The Quarterly schedule for 2015 is: (quarterly on the 4th Thursday at 12:30-4:00 EST).</p> <ul style="list-style-type: none"> ✓ March 12 ✓ May 28 ✓ Aug 27 ✓ Nov 19 (1-week early due to Thanksgiving Day)
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Training Opportunity

What is PracticeWise?

PracticeWise offers innovative tools and services to support individuals working with children and adolescents with behavioral health challenges to be more informed and better prepared. Through a process of meta-analysis, PracticeWise methodology is one of matching practical guidelines for clinical work to the right populations.

Kentucky's statewide umbrella license gives providers access to decision support tools to facilitate implementation of evidence-based practices. Using established knowledge management strategies and resources, providers have greater efficiency and effectiveness by promoting evidence-based decision making in over 11 problem areas with over 40 corresponding practice guidelines. These services have shown dramatic increases in service outcomes, while also cutting costs of treatment in multiple countries, states, and communities.

Tier 1	Webinar	2-hour online webinar. Overview of core principles and applications of PracticeWise including a demonstration of the web-based system.	The cost of this training is \$50 per person. Includes one year subscription to PracticeWise with log-in ID giving access to PWEBS and Practitioner Guides.
Tier 2	Face-to-Face	8 hour session. Focus on skill building and implementing Practitioner Guides into practice. Includes opportunities to rehearse the use of Distillation and Matching.	The cost of this training is \$75 per person. <i>*Group rates are available.</i> Includes one year subscription to PracticeWise with log-in ID giving access to PWEBS and Practitioner Guides as well as access to a Clinical Dashboard.

Designed for behavioral health practitioners and administrators, this training is intended to give access and instruction on use of:

PWEBS— The PracticeWise database includes hundreds of randomized clinical trials of treatments for children's behavioral health problems, making it the most comprehensive dynamic decision-support tool available for reviewing the evidence base in children's behavioral health.

Practitioner Guides—PracticeWise has developed treatment materials describing the most common elements of evidence-based treatments for children and youth. Each practice and process is summarized in a convenient handout format to guide therapists in performing the main steps.

Clinical Dashboard—The Clinical Dashboard is a Microsoft Excel-based tool that presents a convenient visual summary of individual client progress along with the history of clinical practices delivered. Professionals can configure this tool to track up to five measures of client progress at a time, using any measures of their choice. Access to one dashboard is granted with completion of Tier 2 training; purchasing of other dashboards must be made through PracticeWise directly.

If interested, please contact:

Robert Daniels

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Sponsored by:

Seven Counties Services, Inc. and

**The KY Department for Behavioral Health,
Developmental and Intellectual Disabilities**



*The PracticeWise subscription is funded in part from SAMHSA Grant # 1U79SM061222.

Current data elements:

- Victim of Rape/Sexual Assault/Sexual Abuse
- Victim of Domestic Abuse
- Perpetrator of Rape/Sexual Assault/Sexual Abuse
- Perpetrator of Domestic Abuse
- No, Yes tx status unknown, Yes not seeking tx, Yes currently seeking tx

What's missing:

- Physical abuse outside of domestic violence
- Neglect or emotional abuse
- War/war related violence
- Accidents
- Natural disasters
- Medical interventions
- Traumatic grief and loss
- Witness to trauma
- Clinician decision to treat or not to treat

What's the data relevance re: perpetrators? If perpetrator data is relevant, is it not relevant for perpetration of other types of trauma?

Performance Indicators in the 2015 CMHC Contract

Funding Pool	Performance Indicator	Incentive Amount
Crisis	<p>The DBHDID shall assess the utilization of crisis services for adults (Clients/1,000 Census – Adult) and for children (Clients/1,000 Census – Children). The performance indicator is defined as the number of adult or child clients at each center who received a crisis service (Residential Crisis Stabilization – MH Adult, MH Child, MH Non-Residential Crisis Response, or I/DD Crisis Prevention) during the quarter. The client count is divided by the regions’ total adult or child population (per 2010 U.S. Census). That result is then multiplied by 1,000 to show clients per 1,000 people. Goal is to increase emergency response and crisis services over the previous fiscal year by 5%.</p> <p>Goal is to increase access to crisis services</p>	1% of allocated crisis funding
DIVERTS	<p>DBHDID shall count the number of persons in each region who previously resided in Personal Care Homes and who have received in-reach, developed Person Centered Plans and have successfully transitioned into integrated affordable housing. The number of persons previously living in Personal Care Homes who have successfully transitioned into affordable housing during SFY 2015 shall be 5% greater than the number of persons who have previously resided in Personal Care Homes who have successfully transitioned into affordable housing during SFY 2014. This shall be consistent with the terms of the Interim Settlement Agreement.</p> <p>Goal: Increase community integration</p>	1% of allocated DIVERTS funding
SMI	<p>The DBHDID shall assess the percentage of individuals discharged from state owned or state operated psychiatric hospitals with a referral for treatment to the CMHC as a provider of community behavioral health services that were subsequently readmitted to any Kentucky state owned or state operated psychiatric hospital within thirty (30) days of the previous discharge date. The percentage of thirty (30) day readmissions for SFY 2015 must be 5% less than the thirty (30) day readmission rate for SFY 2014, for each respective center. This measure will be listed as a report under each respective CMHC secure login page.</p> <p>Goal: Decrease the Regional re-admission rate</p>	1% of allocated SMI funding
SED	<p>2.--DBHDID shall assess the percentage of all children entered into the IMPACT Outcomes System and who have a Service Coordinator Checklist and age specific Baseline entered in the system within 60 days of admission in the IMPACT Program, and also have a required Follow-Up Interview completed and entered into the IMPACT Outcomes System or an Exit Form completed and entered into the system if the child has been formally exited from the IMPACT Program. The standard of performance is 80% for SFY 2015</p> <p>Goal: Ensure that follow-up occurs for children in the IMPACT Program</p>	1% of allocated SED funding

Performance Indicators in the 2015 CMHC Contract

SA Prevention	No performance indicator identified.	NA
SA Treatment	<p>1. The DBHDID shall assess regional performance for achieving or exceeding established SUD benchmarks for access and retention. (Reference: Substance Abuse Access & Retention Report available <u>under the CMHC secure login page.</u>) Benchmarks include:</p> <p>Goal: to increase penetration rate a.--Seven percent (7%) penetration rate for access</p> <p>Goal: to increase engagement rate b.--Three (3) services in the first 30 days post admission for engagement</p> <p>Goal: to increase retention c.--Seven (7) services per client and 50% of clients with treatment episodes of greater than 30 days for retention.</p>	½ % of allocated SA Treatment funding (for attainment of at least one of the three access and retention goals (a., b. or c.).
	<p>2. The DBHDID shall assess the number of substance abuse admissions for both adults and children. The indicator is defined as the number of TEDS Substance Abuse Admissions during the quarter as a percent of the number of TEDS Substance Abuse Admissions during the same quarter of the prior year. The number of admissions must be at least 5% greater in SFY 15 than in SFY 14 (based on at least two quarters where the number of admissions had increased by 5% compared to the same quarter in the previous year). This indicator is aligned with the DBHDID Commissioner’s Dashboard.</p> <p>Goal is to increase TEDS admissions.</p>	½ % of allocated SA Treatment funding.
Driving Under the Influence (DUI) Services	No performance indicator identified.	NA
Alcohol Intoxication Services (AI)	No performance indicator identified.	NA
Developmental and/or Intellectual Disabilities (DID)	<p>The DBHDID shall assess the number of individuals with an Intellectual or Developmental Disability who experience repeated (two or more times in 6 months) psychiatric hospitalizations. The number of individuals who experience repeated hospitalizations in SFY 15 must be less than the number in SFY14.</p> <p>Goal: to reduce the number of individuals who experience psychiatric hospital re-admissions</p>	1% of allocated I/DD funding

Performance Indicators in the 2015 CMHC Contract

	<p>Numerator: DBHDID Facilities data; (the number of those in the denominator who had two (2) or more admissions to any state owned or state operated psychiatric hospital in a 6 months period).</p> <p>Denominator: DBHDID Client file; (the number of clients who have an Intellectual Disabilities diagnosis coded in the diagnosis fields in the client data set or have Developmental Disabilities\Developmental Delay coded in field #46 "Developmental Disability\Developmental Delay" in the client file according to the BHDID Data Implementation Guide. NOTE: this definition is based solely on Client data set information and NOT on services provided.)</p>	
Pre-Admission Screening and Resident Review (PASRR) Services	No performance indicator identified.	NA
Projects for Assistance in Transition from Homelessness (PATH) Services	No performance indicator identified.	NA
Deaf or Hard of Hearing Services	No performance indicator identified.	NA
Other Services – Medication Access and Quality Coordinator (MAQC)	No performance indicator identified.	NA
Other Services – Suicide Prevention Efforts for Adolescents in Kentucky (SPEAK)	No performance indicator identified.	NA
Other Services – Kentucky Adolescent Treatment Education Grant (KAT-ED)	No performance indicator identified.	NA
Administrative Services	No performance indicator identified.	NA

Performance Indicators in the 2015 CMHC Contract

SECTION 2.01–KENTUCKY EMERGENCY RESPONSE AND CRISIS PREVENTION SYSTEM (CRISIS)

Risk: 1% of crisis funding

Measure Name: Crisis Service Utilization by Adults and Children

The DBHDID shall assess the utilization of crisis services for adults (Clients/1,000 Census – Adult) and for children (Clients/1,000 Census – Children). The performance indicator is defined as the number of adult or child clients at each center who received a crisis service (Residential Crisis Stabilization – MH Adult, MH Child, MH Non-Residential Crisis Response, or I/DD Crisis Prevention) during the quarter. The client count is divided by the regions’ total adult or child population (per 2010 U.S. Census). That result is then multiplied by 1,000 to show clients per 1,000 people. Goal is to increase emergency response and crisis services over the previous fiscal year by 5%.

Goal: Increase access to crisis services

Numerator: the unduplicated count of adult or child clients at each center who received any of the following services:

Service Name	2015 Service Code as entered in event file field NTE02 (DMHMRS_Modifier_1) “BHDID Service Code”	2014 Service Code as entered in event file field NTE02 (DMHMRS_Modifier_1) “BHDID Service Code”
Residential Crisis Stabilization	138 (MH Adult)	038 (MH Adult)
	139 (MH Child)	039 (MH Child)
MH Non-Residential Crisis Response	176	076
I/DD Crisis Prevention	191	091
Crisis Intervention	200	n/a

The client counts for each of these services are displayed in report “M-1D: CMHC Service Mix/Utilization” which is posted to the CMHC Secure login page for each CMHC.

Denominator: the CMHC regions’ total adult or child population (per 2010 U.S. Census)

Total Population Census 2010

Source: (<http://ksdc.louisville.edu/index.php/component/content/article/123-2010-census-quick-tables/220-state-and-counties>)

CMHC Region	2010 Census
01	205,912
02	209,786
03	213,472
04	284,195
05	269,117
06	959,091
07	438,647
08	56,478
10	219,536
11	154,093
12	114,762
13	236,618
14	207,256
15	770,404

Performance Indicators in the 2015 CMHC Contract

The calculated number using the numerator and denominator is then multiplied by 1,000 to show clients per 1,000 people.

Benchmark: The percent calculated during state fiscal year 2015 will be an increase of 5% from the same three emergency response and crisis services which were delivered during state fiscal year 2014 according to report "M-1D: CMHC Service Mix/Utilization" which is posted to the CMHC Secure login page for each CMHC.

Data Sources:

Numerator Source: Client & Event Data; report "M-1D: CMHC Service Mix/Utilization" which is posted to the CMHC Secure login page for each CMHC.

Denominator Source: 2010 Census – adult and child population per county according to the Kentucky Data Center, University of Louisville, 2011. (<http://ksdc.louisville.edu/index.php/component/content/article/123-2010-census-quick-tables/220-state-and-counties>)

Performance Indicators in the 2015 CMHC Contract

SECTION 2.02–DIRECT INTERVENTION: VITAL EARLY RESPONSIVE TREATMENT SYSTEM (DIVERTS)

Risk: 1% of DIVERTS funding

Measure Name: Direct Intervention for Persons Living In Personal Care Homes

The DBHDID shall count the number of persons in each region who previously resided in Personal Care Homes and who have received in-reach, developed Person Centered Plans and have successfully transitioned into integrated affordable housing. The number of persons previously living in Personal Care Homes who have successfully transitioned into affordable housing during SFY 2015 shall be 5% greater than the number of persons who have previously resided in Personal Care Homes who have successfully transitioned into affordable housing during SFY 2014. This shall be consistent with the terms of the Interim Settlement Agreement.

Goal: Increase community integration

This measure is determined by comparing two numbers: the number of persons transitioned out of personal care homes and into affordable housing within the CMHC's region during baseline) SFY2014 and T1) SFY2015.

T1. The current measurement period: the number of persons assigned to the CMHC from the interim settlement agreement list as of April 1, 2014 who previously resided in Personal Care Homes and who have received in-reach, developed Person Centered Plans and have successfully transitioned into integrated affordable housing according to the transition date that has been entered in the settlement database.

Benchmark: The number of persons previously living in Personal Care Homes who have successfully transitioned into affordable housing during SFY 2015 shall be 5% greater than the number of persons who have previously resided in Personal Care Homes who have successfully transitioned into affordable housing during SFY 2014.

If no assignments from the interim settlement agreement are made to a CMHC as of April 1, the measure does not apply to that CMHC.

Data Sources: During SFY2014, a database reporting process was developed to collect current and accurate data on the persons from the interim settlement agreement assigned to the CMHC for transition. The database contains for each person, a date field which should be accurately completed by the CMHC when the person has successfully transition out of a personal care home and into affordable housing. Transition Dates accurately entered in the settlement database during this data collection process will be used to determine the number of persons successfully transitioned.

Performance Indicators in the 2015 CMHC Contract

SECTION 2.03--SERVICES FOR ADULTS WITH A SERIOUS MENTAL ILLNESS (SMI)

Risk: 1% of SMI funding

Measure Name: Hospital Readmissions for CMHC Referrals – 30 Days

The DBHDID shall assess the percentage of individuals discharged from state owned or state-operated psychiatric hospitals with a referral for treatment to the CMHC as a provider of community behavioral health services that were subsequently readmitted to any Kentucky state-owned or state operated psychiatric hospital within thirty (30) days of the previous discharge date. The percentage of thirty (30) day readmissions for SFY 2015 must be 5% less than the thirty (30) day readmission rate for SFY 2014, for each respective center. This measure will be listed as a report under each respective CMHC secure login page.

Goal: Decrease the regional re-admission rate

Numerator: The count of individuals discharged from state owned or state-operated psychiatric hospitals with a referral for treatment to the CMHC as a provider of community behavioral health services that were subsequently readmitted to any Kentucky state-owned or state operated psychiatric hospital within thirty (30) days of the previous discharge date.

Denominator: The count of individuals discharged from state owned or state-operated psychiatric hospitals with a referral for treatment with the CMHC as a provider of community behavioral health services

Benchmark: The percentage of thirty (30) day readmissions for SFY 2015 must be 5% less than the thirty (30) day readmission rate for SFY 2014, for each respective center.

Data Sources:

This measure can be monitored through a report which will be posted to the CMHC Secure login page for each CMHC. The data source for this report is facility admission and discharge data.

Numerator Source: Facility (psychiatric hospital) admission data

Denominator Source: Facility (psychiatric hospital) discharge data which have a treatment for referral to a CMHC.

Performance Indicators in the 2015 CMHC Contract

SECTION 2.04—BEHAVIORAL HEALTH SERVICES FOR CHILDREN/YOUTH AND FAMILIES

1. Measure Name: IMPACT Clients Entered into IMPACT Outcomes Management System

DBHDID shall assess the percentage of all children with an SED/IMPACT marker who are entered into the IMPACT Outcomes Management System (IMPACT Outcomes) within thirty (30) days of RIAC approval for admission to the KY IMPACT Program. The standard of performance is 80% in SFY15. The SED/IMPACT marker is defined as field #41 "Severe Emotional Disability (SED)" in the client file as submitted monthly to the BHDID according to the BHDID Data Implementation Guide. This measure excludes any SED/IMPACT clients who are in the IMPACT Outcomes Management System and whose RIAC approval date is prior to the beginning of the State Fiscal Year.

Goal: Increase the percentage of children entered into the IMPACT Outcomes System

Risk: 1 – 0% of SED funding

Numerator: The count of children with an SED/IMPACT marker in field #41 in the client file as submitted according to the BHDID Data Implementation Guide and who have valid identifying information in the IMPACT Outcomes Management System (IMPACT Outcomes) within thirty (30) days of the date which RIAC approved the client admission to the KY IMPACT Program.

Denominator: The count of children/youth who are marked SED/IMPACT in field #41 in the client file as submitted according to the BHDID Data Implementation Guide.

Benchmark: The standard of performance is 80% in SFY15.

Data Sources:

This measure can be monitored through a Report which will be posted to the CMHC Secure login page for each CMHC.

Numerator Source: client data (field #41, answer option 2) and Ky IMPACT Outcomes Management System data

Denominator Source: client data (field #41, answer option 2). This number is also monitored on report SED Clients by Program on the Department's public webpage

<http://dbhdid.ky.gov/DBHDIDReports/cmhcdataareports.aspx>

2. Measure Name: IMPACT Surveys Completed

DBHDID shall assess the percentage of all children entered into the IMPACT Outcomes Management System and who have a Service Coordinator Checklist and age specific Baseline entered in the system within 60 days of the RIAC approval for admission in the IMPACT Program, and also have a required Follow-Up Interview completed and entered into the IMPACT Outcomes System or an Exit Form completed and entered into the system if the child has been formally exited from the IMPACT Program. The standard of performance is 80% for SFY 2015.

Goal: Ensure that follow-up occurs for children in the IMPACT Program

Risk: 1% of SED funding

Numerator: The count of children ages six (6) or older who have a RIAC date of approval for admission in the IMPACT Program and who have identifying information in the IMPACT Outcomes Management System (IMPACT Outcomes) and who had a Baseline Service Coordinator Checklist (SCC), an age specific Baseline Survey (two baselines if client is an adolescent) entered into IMPACT Outcomes within 60 days of the RIAC approval date for admission into the IMPACT Program, and a Follow-Up interview/survey (two baselines if client is an adolescent)

Performance Indicators in the 2015 CMHC Contract

completed and entered into IMPACT Outcomes within the appropriate time window. Clients for whom a Baseline SCC and Baseline Survey(s) were completed but who exited the IMPACT Program prior to the due date of the Follow-Up Survey(s) are included in the numerator.

Denominator: The count of children ages six (6) or older who have a RIAC date of approval for admission in the IMPACT Program and who have identifying information in the IMPACT Outcomes Management System. This measure excludes clients who exited the IMPACT Program during ninety (90) days following the date which RIAC approved the client admission to the KY IMPACT Program as evidenced by a completed Exit Form entered into IMPACT Outcomes.

Benchmark: The standard of performance is 80% for SFY15.

Data Sources:

This measure can be monitored through a report which will be posted to the Ky IMPACT Outcomes Management System Secure login page for each CMHC.

Numerator Source: Ky IMPACT Outcomes Management System data

Denominator Source: Ky IMPACT Outcomes Management System data

Performance Indicators in the 2015 CMHC Contract

SECTION 2.06–SUBSTANCE ABUSE TREATMENT

Risk: 1 (a, b, c1, c2) is 1/2% of SA funding

Risk: 2 is 1/2% of SA funding

1. Measure Name: TEDS Substance Abuse Admissions

The DBHDID shall assess regional performance for achieving or exceeding established SUD benchmarks for access and retention. (Reference: Substance Abuse Access & Retention Report available under the CMHC secure login page) Benchmarks include:

Risk: #1 (a, b, c1, c2) – 1/2% of SA funding

1a. Percent of Census Population Served

This measure calculates the percentage of the census population served who are estimated in need of treatment.

Goal: Increase penetration rate

Numerator: the count of clients age 12+ receiving outpatient SA treatment services

Denominator: the percentage of persons age 12+ in the region estimated to need treatment as determined by the National Survey on Drug and Health (NSDUH)) multiplied by (the region's 2010 census population of ages 12+

Benchmark: While the funding source for Kentucky's SAPT Block Grant has a goal of 10% of the at risk population, Kentucky's benchmark penetration rate is 7%.

Data Sources:

Numerator Source: Client & Event data

Denominator Source: NSDUH and the region's 2010 county census population of ages 12 or older

1b. Number of Services per Treatment Episode

This measure calculates the average number of outpatient services provided for Treatment Episodes Data Set (TEDS) episodes which lasted for thirty (30) days or longer.

Goal: Increase engagement rate

Numerator: the count of mental health and substance abuse outpatient services provided between admission and discharge.

Denominator: the count of outpatient Treatment Episodes Data Set (TEDS) episodes which lasted thirty (30) days or longer where the discharge date is during the current reporting period.

Benchmark: at minimum, an average of seven (7) services during the first thirty days of post admission for engagement

Data Sources:

Numerator Source: Client and Event data, TEDS

Denominator Source: Client and Event data, TEDS

Performance Indicators in the 2015 CMHC Contract

1c-1 Percent of Treatment Episodes Lasting Thirty (30) Days or Longer

This measure calculates the percent of outpatient TEDS Episodes which lasted thirty (30) days or longer.

Goal: Increase treatment retention

Numerator: the count of outpatient Treatment Episodes Data Set (TEDS) episodes which lasted thirty (30) days or longer.

Denominator: the count of outpatient Treatment Episodes Data Set (TEDS) episodes where the discharge date is during the current reporting period

Benchmark: at minimum, an average of 50% of all outpatient substance abuse treatment episodes will last more than thirty days.

Data Sources:

Numerator Source: Client & Event data, TEDS

Denominator Source: Client & Event data, TEDS

1c-2. Number of Services in the First Thirty (30) Days

This measure calculates the number of outpatient services provided during the first thirty (30) days post admission.

Goal: Increase treatment retention

Numerator: the count of mental health and substance abuse outpatient services provided during the first thirty (30) days of the Treatment Episode Data Set (TEDS) episode.

Denominator: the count of outpatient Treatment Episodes Data Set (TEDS) episodes where the discharge date is during the current reporting period

Benchmark: at minimum, an average of three (3) outpatient services will be provided during the first thirty (30) days of a Treatment Episode Data Set (TEDS) episode.

Data Sources:

Numerator Source: TEDS Admissions data; Client & Event data

Denominator Source: TEDS Admissions data; Client & Event data

2.—Treatment Episodes Data Set (TEDS) Substance Abuse Admissions

The DBHDID shall assess the number of substance abuse admissions for both adults and children. The indicator is defined as the number of TEDS Substance Abuse Admissions during the quarter as a percent of the number of TEDS Substance Abuse Admissions during the same quarter of the prior year. The number of admissions must be at least 5% greater in SFY 15 than in SFY 14 (based on at least two quarters where the number of admissions had increased by 5% compared to the same quarter in the previous year). This indicator is aligned with the DBHDID Commissioner's Dashboard.

Goal: Increase TEDS admissions

Risk: 1/2% of SA funding

Performance Indicators in the 2015 CMHC Contract

Current Year Number: the count of TEDS Substance Abuse Admissions during the quarter

Previous Year Number: the count of TEDS Substance Abuse Admissions during the same quarter of the prior year

Benchmark: For at least two quarters during the current state fiscal year, the number of admissions must be at least 5% greater in SFY 15 than in SFY 14.

Data Sources:

Current Year Number: TEDS Admissions data; Client & Event data

Previous Year Number: TEDS Admissions data; Client & Event data

Performance Indicators in the 2015 CMHC Contract

SECTION 2.09—DEVELOPMENTAL AND OTHER INTELLECTUAL DISABILITIES (DID)

Risk: 1 – 1% of DID funding

Risk: 2 – 0% of DID funding

1. DDID Clients with Multiple Hospital Admissions

The DBHDID shall assess the number of individuals with an Intellectual or other Developmental Disability who experience repeated (two or more times in 6 months) hospitalizations at a state-owned or operated psychiatric hospital. The number of individuals who experience repeated hospitalizations in SFY 15 must be less than the number in SFY14.

Goal: Reduce the number of individuals who experience psychiatric hospital re-admissions

Risk: 1% of DID funding

Numerator: the count of those in the denominator who had 2 or more admissions to any state-owned or operated psychiatric hospital within any 180 day period during the state fiscal year.

Denominator: the count of clients who have an Intellectual Disabilities diagnosis coded in the diagnosis fields in the client data set or have Developmental Disabilities\Developmental Delay coded in field #46 "Developmental Disability\Developmental Delay" in the client file according to the DBHDID Data Implementation Guide. NOTE: this definition is based solely on Client data set information and NOT on services provided.)

Benchmark: The number of individuals who experience 2 or more hospitalizations within a 180 day period during SFY15 must be less than the number of individuals who experience 2 or more hospitalizations for the CMHC in SFY14.

Data Sources:

Numerator Source: Facilities (psychiatric hospital) admissions data

Denominator Source: Client & Event data, and Facilities (psychiatric hospital) admissions data

2. Data Accuracy

The DBHDID shall review the submission of Form 140-I/DD Financial Implementation Report. The standard for performance is that the report form shall be submitted unaltered, complete and accurate with no more than 5% inaccuracies found. Distinct clients and units provided will match the data reported to the IPOP client and event data sets.

Goal: Improve data quality

Risk: 0% of DID funding

This measure is determined by reviewing form 140 as submitted by the CMHC in comparison to the electronic Client & Event data submitted by the CMHC for the same time period. An inaccuracy is determined by reporting no data (blanks) in a field where data is expected and when the number reported on form 140 does not match the number reported in the client and event data set. The latter can be monitored through Report "CMHC_D73 - ID Clients & Events - ID Program by Code/Payer DBHDID" which is posted to the Department's public webpage <http://dbhdid.ky.gov/DBHDIDReports/cmhcdatareports.aspx>.

Performance Indicators in the 2015 CMHC Contract

Report D73 number: The number of items on client/event web-based report #D73 which do not match the distinct client counts and units of service reported on form 140.

Form 140 number: The sixty six (66) items requiring data on form 140. (There are 33 rows which each require an accurate report of distinct client count and unit of service for a total of 66 items.) Specifically, the annual numbers will be used for this measure which are reported on the fourth quarter Form 140.

Benchmark: The standard for performance is that the form 140 shall be submitted on time, unaltered, complete and accurate. Regarding accuracy, there will be four (4) or less items having significant differences found between reports D73 and the fourth quarter report Form 140.

Data Sources:

Report D73 number: Client & Event data, specifically "CMHC_D73 - ID Clients & Events - ID Program by Code/Payer DBHDID" which is posted to the Department's public webpage <http://dbhdid.ky.gov/DBHDIDReports/cmhcdatareports.aspx>.

Form 140 number: Plan & Budget form 140 as submitted for the year in the fourth quarter