

Quality Management and Outcomes Team

MEETING SUMMARY

MAY 28, 2015
12:30 PM – 4:00 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: Commissioner's Office: Vestena "Tena" Robbins</p> <p>Behavioral Health: Hope Barrett Michele Blevins Sue Fisher Megan Kissel David U. Smith Kate Wagoner</p> <p>Developmental & Intellectual Disabilities: Cheryl Bogarty (host) Claudia Johnson</p> <p>Administration & Financial Management: -----</p> <p>Program Integrity: -----</p>	<p>Regional MH/MR Boards</p> <p>1. Four Rivers: Hank Cecil 2. Pennyroyal: Jami Ivey (webinar/conference-call) 3. River Valley: Dr. Lionel Phelps (webinar/conference-call) 4. Lifeskills: Doug Bradley 5. Communicare: Missy Brown 6. Seven Counties: Caroline Fink & Benita Arnold (webinar/call) 7. NorthKey: Nan Genter 8. Comprehend: Janice Records & Goldie Williams (webinar/call) 9. /10. Pathways: Betsy Jackson (webinar/conference-call) 11. Mountain: ----- 12. Kentucky River Sarah Prokopchuk (webinar/conference-call) 13. Cumberland River Jill West & Linda Moyers (webinar/call) 14. Adanta: Kim Dykes (webinar/conference-call) 15. Bluegrass: Joachim Knuf</p> <p>KARP Steve Shannon (webinar/conference-call)</p> <p>UK- Institute for Pharmaceutical Outcomes and Policy (IPOP) Diane Daugherty</p>

Agenda topics

12:42 – 12:50 PM

1. WELCOME & INTRODUCTIONS

David U. Smith

12:50 – 1:25 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 included:</p> <ul style="list-style-type: none"> Region 1 – May is Peer Review Month. Since 2009, there has been no failing chart reviews (only improvements in documentation). Next year will add a grammar element. Also, the region is doing Content Review using the World Health Organization Disability Assessment Schedule (WHODAS) in rating the Global Assessment of Functioning (GAF) for transition to the ICD-10. Region 2 – No major update. Would like to compare Pennyroyal with other CMHCs in Event Data especially the four (4) agenda example questions (see agenda). Also, the region is confused regarding whether the contract deliverable allows the choice of using ASAM or LOCUS, or must it be ASAM. Apparently, one of the MCOs is requiring the CASII for MH Children, ASAM for Substance Use, and LOCUS for MH Adults. Clarification is asked from the Department (Action Item #1). Region 3 – Just had CARF International survey last week, and went well. Region 4 – Implementation of "The Four Disciplines of Execution" (or 4DX) continues (see last meeting's summary for detail). Goal is to have Outcomes for all services; 80% already have. Partners for Change Outcome Management System (PCOMS) is being used in the majority of Outpatient Services. Region 5 – Communicare's Admission Assessment includes LOCUS, CASII, or ASAM for level of care (depending on client). Also, reviewing closely the "State data" since it is different from the region's data. QMOT wonders if there is confusion on what a MH service is and what is a SA service. The Department will bring back to QMOT the definition of SUD Client after the June 10, 2015 SUD Directors' Meeting (Action Item #2). Region 6 – No update since Tish Gefetos, Director of Quality Improvement, is no longer with SCS, and both representatives are new. Welcome was given by QMOT.
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	<ul style="list-style-type: none"> Region 7 – Looking at the use of Attestation with the new EHR. Also, working on electronic lab results. Lastly, NorthKey has seen dramatic decrease in “No-Shows” since implementing the QI steps of 1.) Reminder calls and 2.) Recompense initiative. Region 8 – Requiring all providers to be trained in Person-Centered Recovery Planning. Comprehend is also working on CARF International accreditation. Should have all the core requirements. By July 1, 2015, will transition to DSM-5 (ICD-10). Region 9/10 – Pathways is also working on CARF International accreditation, and has hired a consultant. The region is having problems with current EHR software. Looking at Credible Behavioral Health, Inc. (“Credible”), a leading provider of EHR. Some other regions have already installed Credible, and are satisfied, i.e., Communicare, Four Rivers, and NorthKey. Region 11 – No Report Region 12 – Kentucky River is also pursuing CARF International accreditation. Also, Person-Centered Recovery Planning training has been given to all staff. Working on updating EHR to use ICD-10 and DSM-5 by 7/1/15. Region 13 – With the retired Kathy Tremaine, Jill West, her replacement, has been meeting with all programs every two (2) weeks. Working on the First Episode Psychosis Grant. Also, working on Cumberland River’s EHR. Region has all staff trained in Person-Centered Recovery Planning. Region 14 – Started their EHR over one (1) month ago. 2-3 months before reports can be generated from it. It will allow the tracking of many things, among them - medication patterns. Region 15 – Netsmart, EHR Software, will “go-live” on July 6, 2015. PolicyStat’s, a policy and procedure management software, is allowing Bluegrass to transfer all the region’s policies to an electronic format. Likewise, iContracts, a contract management software, is doing the same thing for the region’s contracts. The region is also in the middle of The Joint Commission’s Intracycle Monitoring (ICM), a process that helps with their continuous standards compliance efforts. Person-Centered Recovery Planning will also “go-live” on July 1, 2015. Bluegrass is collaborating with UK Hospital on Patient-Centered Specialty Practice. Lastly, the region is working on a QI project on a productivity study with billable services.
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3. TRAINING / DISCUSSION

1:25 – 1:57 PM • **Lean Strategic Planning and Deployment: A Learning System** **Joachim Knuf, Bluegrass**

DISCUSSION	<p>Joachim Knuf, Region 15, presented an introductory training on <u>Lean Strategic Planning and Deployment: A Learning System</u>. It included:</p> <ul style="list-style-type: none"> That Lean Transformation implies substantial enterprise-wide changes in thinking, behavior, and work systems. When undertaken, it is admitting not easily accomplished, especially when it comes to culture change. (see handout)
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1:57 – 2:08 PM **BREAK**

2:08 – 2:20 PM • **Protection & Advocacy Interim Settlement Agreement: Individuals with Severe Mental Illness in Personal Care Homes** **Sue Fisher**

DISCUSSION	<p>Sue Fisher, DBH Adult Mental Health & Recovery Services Branch Manager, presented an update on the P & A’s ISA, including:</p> <ul style="list-style-type: none"> Summary of the April 30, 2015 Report: <ul style="list-style-type: none"> 12-Measurements (CMHC can run reports and can export to Excel.) <ul style="list-style-type: none"> 181 Transitions from 650 Referrals <ul style="list-style-type: none"> By Oct 2105 must be 300 Transitions Personal Care Home (PCH) Tracking System <ul style="list-style-type: none"> Many Referrals, and from date of referral, the CMHC has: <ul style="list-style-type: none"> 2-days to acknowledge the referral 14-days to do an In-Reach Contact 30-days for assessments and treatment plan 120-days for transition There have been many trainings: <ul style="list-style-type: none"> Integrated Dual Disorders Treatment (IDDT) Supportive Housing Person-Centered Recovery Planning Assertive Community Treatment (ACT) & Fidelity Reviews Peer Support 2016 Performance Indicators <ul style="list-style-type: none"> 2 for ISA <ul style="list-style-type: none"> 5% Increase of Transitions from previous year 90% of In-Reach must be within 14-days of referral date
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2:20 – 2:34 PM • **Needs Assessment Required for Mental Health** **Michele Blevins**

Block Grant (MHBG)

DISCUSSION	<p>Michele Blevins, DBH Assistant Director, lead an initial discussion on the Needs Assessment required for Mental Health Block Grant (MHBG), including:</p> <ul style="list-style-type: none">• \$26 million in Block Grants Annually (Non-Competition Expense Funds):<ul style="list-style-type: none">○ \$20 million for Substance Abuse○ \$6 million for Mental Health<ul style="list-style-type: none">▪ By September 1, 2015, must submit for SFY 16-17<ul style="list-style-type: none">• Need CMHC to send detailed lists of all types of surveys so the Department can make a composite list.<ul style="list-style-type: none">○ Some useful information may be found in Section A of any SAMHSA Grants that CMHCs have submitted recently<ul style="list-style-type: none">▪ Email Michelle with data sources
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4. OUTCOMES

2:34 – 3:16 PM

• Review of SFY2016 CMHC-Contract Performance Measures

Hope Barrett

DISCUSSION	<p>Hope Barrett, presented an update on the Performance Indicators (PI) for the SFY-2016 CMHC Contract, including:</p> <ul style="list-style-type: none">• The following bullets were formed to represent comments, concerns and follow-up:<ul style="list-style-type: none">○ Now Attachment to the Contract○ Available on Department website under Plan & Budget section○ The nine (9) PI areas were presented and discussed at the last meeting:<ul style="list-style-type: none">▪ Two (2) have been modified based in part from the last meeting's discussion<ul style="list-style-type: none">• SMI: Hospital Readmissions for CMHC Referrals – 30 Days<ul style="list-style-type: none">○ The measure has not changed, but benchmark has. Wendy Morris, Deputy Commissioner, held "Bridging the Gap" – The Summit Meeting last week with CMHC and state hospital representatives to aid in continuity of care.○ There were several concerns by QMOT, i.e., new benchmarks; clients changing their outpatient choices, and; accurate tracking and compared to national norms. These have been documented and will be discussed with Wendy.○ Hope will bring back the PI Testing of the Readmission Model (which CMHCs would pass or not) for both SMI indicator, as well as with the DID indicator. (Action Item #3)• SED – New Indicators<ul style="list-style-type: none">○ Children who receive Targeted Case Management that also are marked SED - 80%○ Child Population with SED who receive Targeted Case Management - 8%• QMOT members have also asked that the one (1) PI Indicator to be eliminated, still be reported, but marked "For Information Only" since CMHCs find this valuable.<ul style="list-style-type: none">○ Reports will still be posted on the CMHC's secure log-in• QMOT members have asked that the process of the financial connection to the PIs be described in writing. (Action Item #4)
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3:16 – 3:27 PM

5. BHDID PROGRAM UPDATES & ANNOUNCEMENTS

SEE BELOW

• D/ID and SCL Waiver Update

Claudia Johnson

DISCUSSION	<p>Claudia Johnson, DDID Assistant Director, stated that the SCL Waiver update is finished and should be to CMS soon. There was only a handful of public comments/questions.</p>
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• Consumer Satisfaction Survey Status

Diane Daugherty

DISCUSSION	<p>Diane Daugherty, IPOP, gave an update on the status of Consumer Satisfaction Survey. There were some issues which had caused it to be late, i.e., system change on producing reports. And, will be back on its time schedule soon.</p>
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• Certified Community BH Demonstration

Tena Robbins

DISCUSSION	<p>Tena Robbins, Department's Policy Advisor, presented how there has been meetings with DMS and DPH regarding whether the Department should pursue the SAMHSA Planning Grant for Certified Community BH Clinics with up to twenty-five (25) Planning Grants and eight (8) Demonstration Grants to be awarded.</p>
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NEXT MEETING DATES	<p>DATE: August 27, 2015 TIME: 12:30 p.m. - 4:00 p.m. EST LOCATION:<ul style="list-style-type: none">• Option A) in person - KBHDID, 275 Main Street 4th floor, Frankfort, KY</p>
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	<ul style="list-style-type: none"> 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"> 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"> Enter "2119371775#" 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"> <input checked="" type="checkbox"/> March 12 <input checked="" type="checkbox"/> May 28 <input type="checkbox"/> Aug 27 <input type="checkbox"/> Nov 19 (1-week early due to Thanksgiving Day)
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3:27 PM

ADJOURNMENT

Hope Barrett

ACTION ITEMS	<ol style="list-style-type: none"> Department clarification regarding whether the contract deliverable allows the choice of using ASAM or LOCUS, or must it be ASAM. The Department will bring back to QMOT the definition of SUD Client after the June 10, 2015 SUD Directors' Meeting. The Department will bring back the PI Testing of the Readmission Model for the SMI indicator, as well as the DID indicator. The Department will bring back a written process of the financial connection to the PIs.
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