Behavioral Health Partnership Oversight Council

ADULT Quality Management & Access Committee-

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Co-Chairs: Elizabeth Collins & Howard Drescher

Meeting Summary: April 1, 2011

Next Meeting: Tuesday May 3, 2011 2 2:30 – 4 PM at VO/Rocky Hill *(Forward agenda items to the Chairs by the April 20th)*

Attendees:

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DMHAS Quality Initiatives: Jim Siemianowski (DMHAS) (*click icon below to view 2 of the handouts)*

DMHAS Quality Meas 4-1-11.pdf

DMHAS discussed three quality initiatives:

- Consumer survey: 25 items from the National MH Statistical Improvement Project plus 5 recovery items added by DMHAS. Most recent number of responses was 27,000 with an overall consumer satisfaction rate of 85%. The Agency reviews the responses for trends in specific domains (i.e. adequate information on medications) and gives this information to providers to consider how this area can be improved. The survey is administered as a written report in the service wait room or by survey monkey at the provider site.
- Quality of Life questionnaire from the World Health Organization (WHO) reflects different domains of a client's life. Providers are not required to obtain this questionnaire. There are about 500 respondents to this questionnaire.
- DMHAS Program Quality Report for grant funded agencies looks at quality indicators overall for the Agency programs as well as at the provider level. DMHAS expect to put this on their website in the fall to inform members about service/provider choice.
- DMHAS is also tracking provider submitted 'critical incidents' such as assaults, suicide attempts. Mr. Siemianowski noted that over 50% of DMHAS client deaths are in the 40-55 year old range. DMHAS and a provider work group are looking at interventions that address early deaths of agency clients. Initiatives that address co-morbidities include:

- ValueOptions, the adult MH manager has subcontracted with McKesson to identify and manage clients with medical and MH co-morbidities.
- The CTBHP is considering implementing a provider level "health homes' model that more fully integrates medical, mental health and substance use services with care coordination at the provider level.
- DMHAS noted MA policy requires a client physical exam within 60 days of entry into the adult MH system.
- Federal survey "point-in-time" looks at service capacity and wait lists for substance abuse treatment: does not include the MH service parameters at this time.
- Legislative Results –Based Accountability (RBA) State agency reports look at quantity and effectiveness of services (i.e. timely access, wait list, provider training in evidenced-based practices and impact of treatment (client's progress).

Committee comments included the following:

✓ Dr. Herrick (Danbury Hospital) commented that the hospital is setting up 2 primary care centers for this population. DMHAS noted several sites have a medical MD onsite in an effort to initiate coordination of medical and MH/SA needs.

✓ Committee suggested program quality reportsn that include:

- Quantifying quality outcomes by race, ethnicity (and age)
- Develop a process to work with "outlier" providers to apply what providers have learned from those achieving certain performance standards.

✓ Howard Drescher requested DMHAS look at the performance standard of post-hospital discharge follow up care: 30 days vs. 7 days. Mr. Drescher stated that from his experience, a 30 day connection to follow up treatment is too long for a fragile client and we need to affirm that a client has connected to community-based services after discharge in a timely manner.

Intermediate Acute Care Beds:

There are two facilities that provide this "sub-acute' ongoing inpatient treatment (for ~ 45 days) for clients discharged from acute settings that need further structured treatment:

- St. Vincent Hospital is contracted with DMHAS for a total of 16 intermediate beds as of 2-21-11. To date 3 beds have been filled: DMHAS and LMHAs are working with the hospital on operational issues to fully implement the contract.
- Natchaug has DMHAS grant-based' beds. The BHP OC Provider Advisory Committee will be reviewing Level of Care guidelines for this service at the April 20th meeting (1:30 at VO, rocky Hill). Further discussion included:

✓ Non-compliant clients may not be accepted back into community-based care. The strength of the local continuum of care varies by area.

✓ Of the 2 hospitals providing the intermediate inpatient care, are these voluntary admissions as well as probated admissions? Follow up at PAG meeting.

Ms. Collins said the goal of this Adult Quality Committee is to identify where level of care gaps exist and look at what type of services are needed to meet the identified needs of clients. Mr. Drescher would like to have actionable steps identified for two issues raised today: Follow up care standard for Adult MH/SA services and meeting the needs of 'challenging' clients that may not be accepted back into community care.