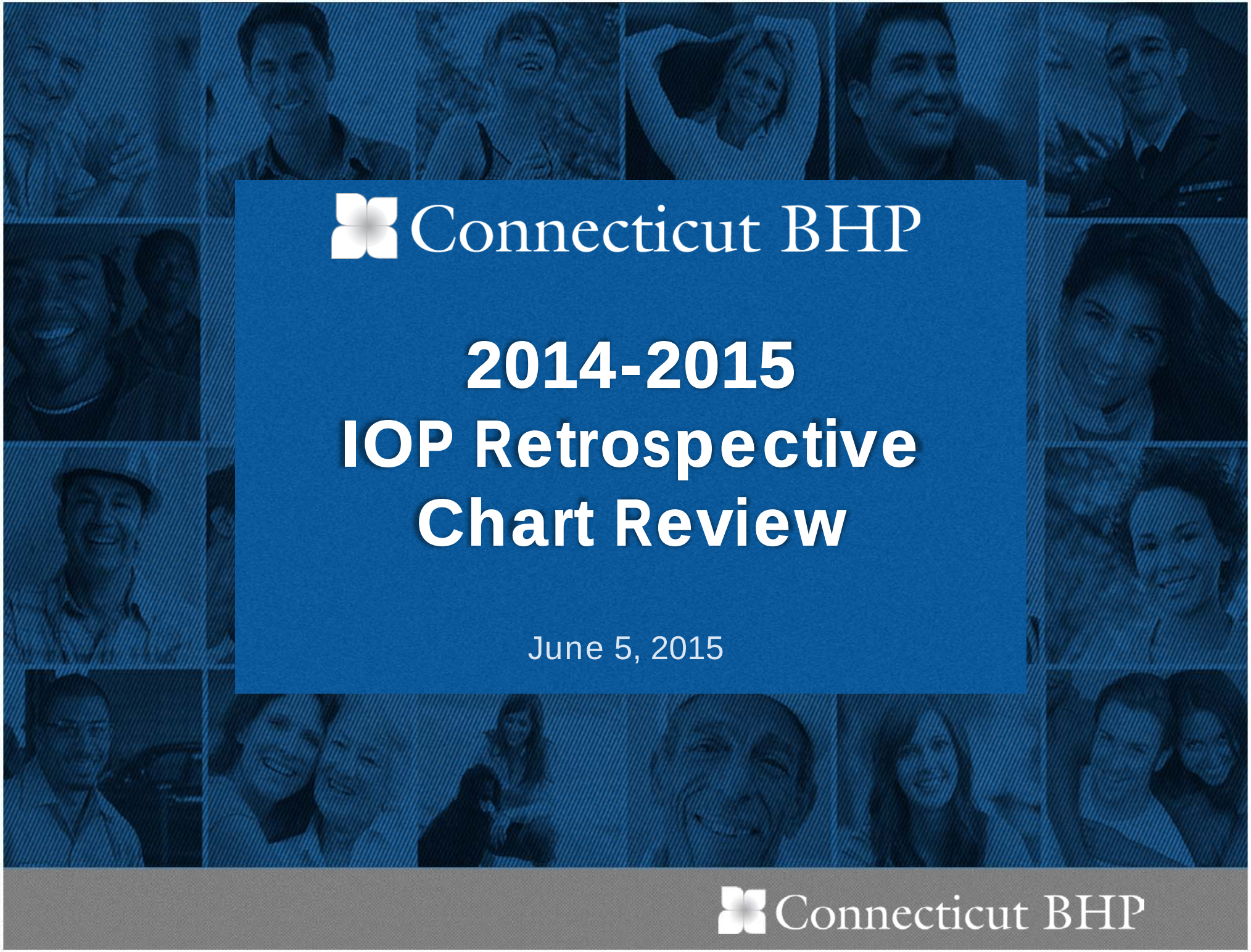

Connecticut BHP
2014-2015
IOP Retrospective
Chart Review
June 5, 2015
Connecticut BHP

IOP Retrospective Chart Reviews

- Retrospective chart reviews were completed for Intensive Outpatient (IOP) level of care in 2014/2015 per ValueOptions-CT's contract with the Department of Social Services, Department of Mental Health and Addiction Services and Department of Children and Families to oversee the quality of treatment that network providers are delivering to HUSKY members.

Purpose

- Better understand the level of care
- Assess the quality of treatment
- Identify strengths/potential best practices
- Identify possible areas for improvement

On Site IOP Record Reviews

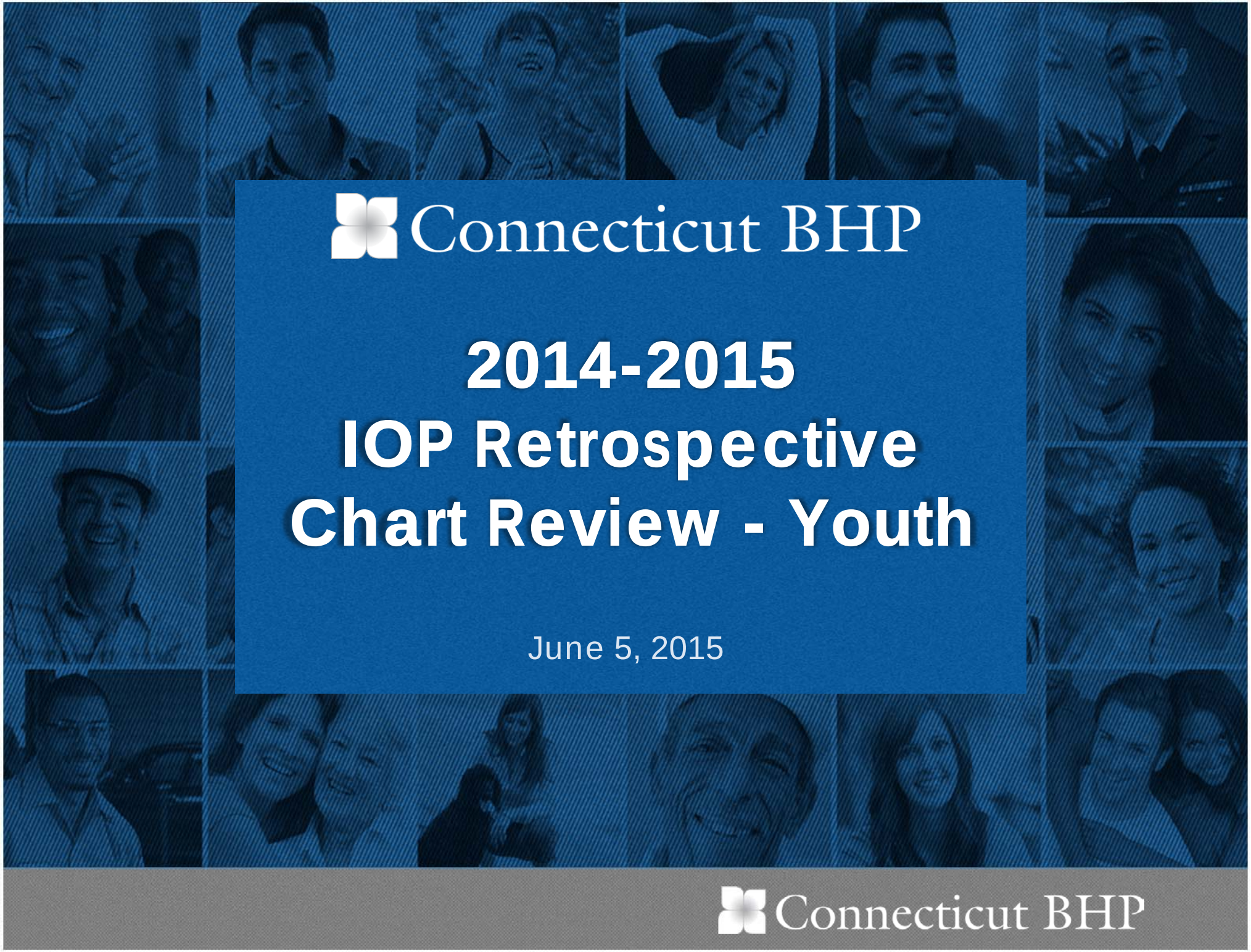
- Ten Charts Reviewed at Each Program
  - Five (5) charts selected by the IOP provider
  - Five (5) charts selected by CTBHP
    - Engaged (high utilization of units) vs. potentially not engaged (lower utilization of units)

IOP Treatment Documentation Reviewed

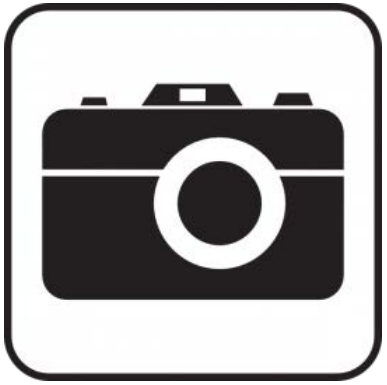
- Treatment Assessment and Screening
- Evaluations and Consultations with Treatment Physicians
- Collaboration and Coordination Efforts with Other Providers/Agencies/Supports
- Treatment Planning and Evidence of Member Progress
- Monitoring of Risk Factors and/or Substance Use
- Discharge Planning

IOP Chart Review Documentation Evaluation Tool

- Developed Utilizing:
  - Medicaid Level of Care Guidelines
  - ValueOptions National documentation audit guidelines
  - Enhanced Care Clinics (ECC) evaluation measures for outpatient care


Connecticut BHP
2014-2015
IOP Retrospective
Chart Review - Youth
June 5, 2015
Connecticut BHP

IOP Retrospective Chart Reviews



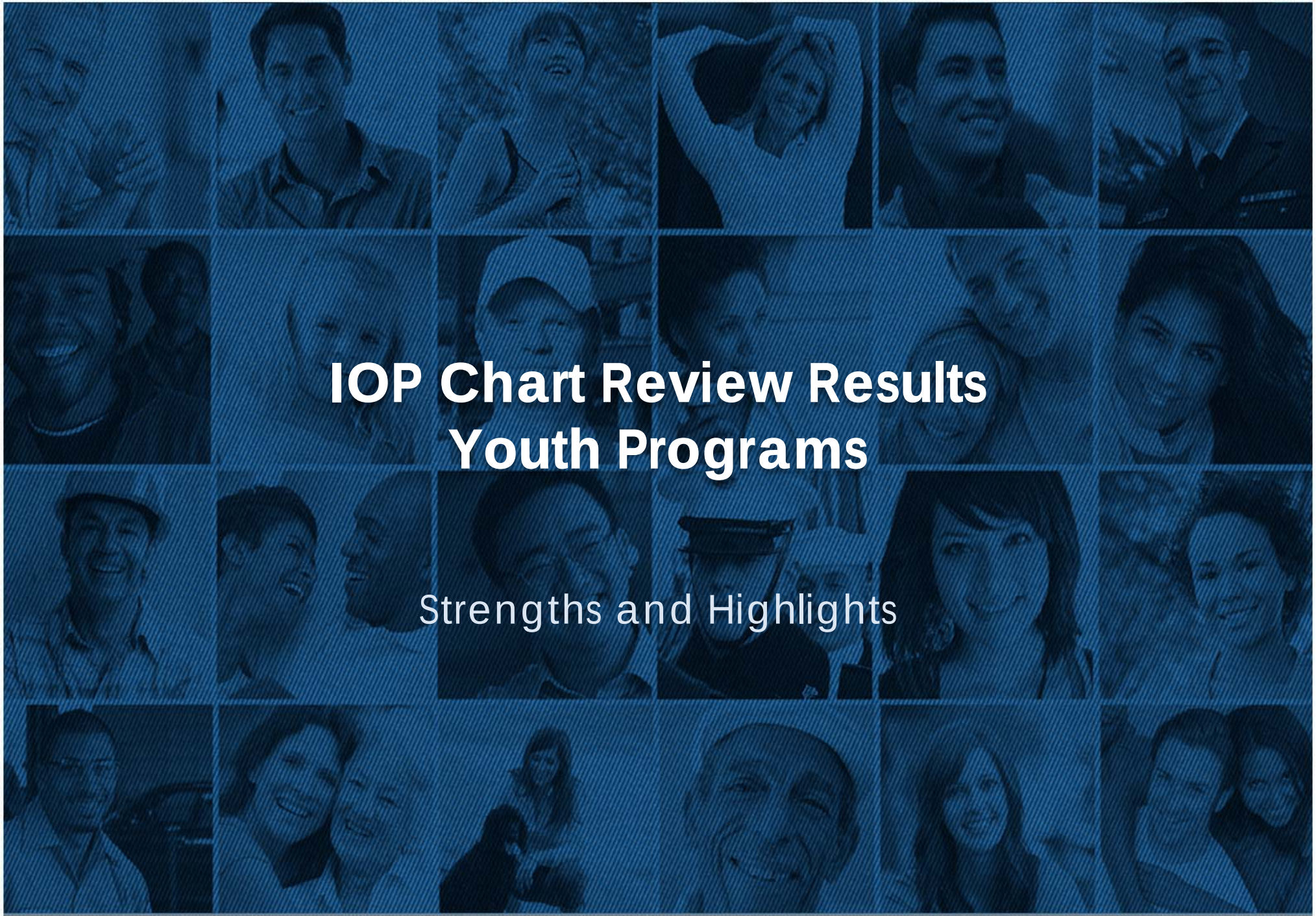
This is a review of results from 15 Connecticut Youth Mental Health Intensive Outpatient Program retrospective chart reviews, completed from October 2014 to February 2015.

- 12 Agencies
  - 15 Child and Adolescent Mental Health IOP Programs
- 150 IOP Records

Selection of IOP Programs

- 15 out of 27 Youth IOP Programs with authorizations from CTBHP in 2013 were selected
- Top 56% with highest volume of authorizations

*Some changes were made to identified provider list due to reported program closures/ineligibility for chart review



IOP Chart Review Results
Youth Programs

Strengths and Highlights

Connecticut BHP

Overall Strengths

Areas where youth IOP programs scored 80% or higher

- Best or Preferred Practices: Observed practices indicating strong quality treatment or documentation methods

Comprehensive Assessments and Diagnoses

- Over 93% of the 150 youth IOP charts reviewed met expectation of having a comprehensive bio-psychosocial (BPS) assessment and DSM diagnoses consistent with presenting treatment issues

Comprehensive Assessments and Diagnoses

- Examples of Best or Preferred Practices:
  - Incorporation of standardized screening instruments in the BPS
  - Collaborative intake assessments with clinicians and physicians
  - Assessments including medical screenings/nursing assessments

Assessment Completed on Admission for Physician Evaluation

- 99% of all charts reviewed met expectation of having completed an assessment upon admission for the need for a psychiatric evaluation by MD

Assessment Completed on Admission for Physician Evaluation

- Examples of Best or Preferred Practices:
  - Intake assessment documentation indicates risk factors and current indicators for urgency of a consult with a physician
  - Documentation includes appointment times offered for psychiatric consult/evaluation and member response
  - Initial assessment into treatment includes an evaluation by an MD

Physician Evaluations and Follow up

- 96% of youth program charts met expectation of having completed a timely psychiatric consultation
- 95% of youth program charts met expectation of having completed timely follow up consultations and medication adjustments when indicated.

Collateral Contact and Coordination of Care

- 93% of youth program charts met the expectation of documenting collateral contact with **former/on-going providers, primary care physicians and school**
- 96% of youth program charts met the expectation of coordination of care with other **behavioral health providers**
- 93% of youth program charts met the expectation of coordination of care with **medical practitioners**

Collateral Contact and Coordination of Care

- Examples of Best or Preferred Practices:
  - Letters are routinely sent to pediatricians, schools and/or current treatment providers notifying of start of treatment, requesting records and collaboration
  - Dedicated staff to obtaining collateral information from previous/concurrent providers

Family Involvement in Treatment

- 92% of youth program charts met the expectation for family involvement in treatment

Family Involvement in Treatment

- Examples of Best or Preferred Practices :
  - Creativity and flexibility to involve family and supports
    - Multi-Family Group Therapy (Evening)
    - Phone Sessions
    - Highlighting the positives of family/external supports involvement to members and families

Assessment of High Risk Behaviors

- 90% of youth program charts met the expectation of on-going assessment of identified high risk behaviors (fire setting, elopement, inappropriate sexual behaviors, arrest) and acute at-risk behaviors (suicidal, homicidal, psychosis, self-injurious behaviors)

- Utilization of safety assessments to monitor and track high risk behaviors
- Incorporation of risk behavior assessment in daily group notes with follow up documentation

Progress Monitored

- 93% of youth program charts met the expectation of monitoring progress towards goals in order to effectuate a successful and timely discharge

Weekly treatment team meetings documented updates on member progress and plans for addressing identified barriers

Discharge Planning

- 92% of youth program charts met the expectation for discharge planning including discharge criteria identified and anticipated discharge date noted

Documentation found in family session notes, treatment team and progress notes regarding readiness for discharge and aftercare planning

Discharge Documentation

- 92% completed discharge summaries within 30 days
- 98% included a summary of progress relative to treatment goals
- 98% of discharge summaries included a discharge date and 92% included a signature of licensed clinician

IOP Chart Review Results
Youth Programs

Opportunities for Improvement and Enhancement

Connecticut BHP

Opportunities for Improvement for Youth Programs

Standardized Assessments

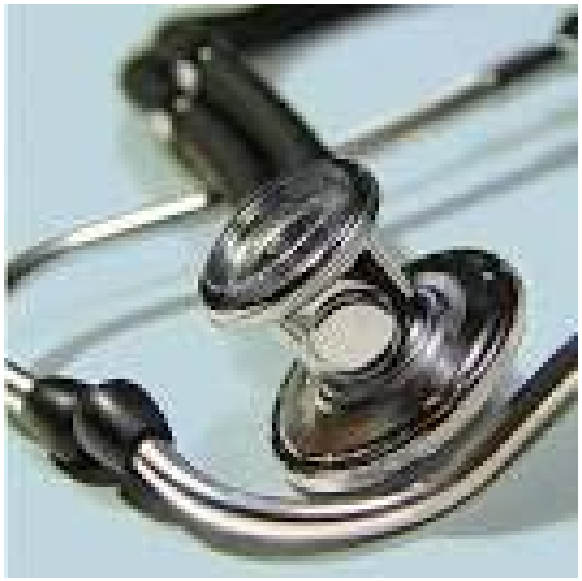
- 61% of all Youth IOP charts met expectation of using standardized mental health and substance use screening instruments for routine screening for psychiatric, substance use and trauma

Standardized Assessments

- Examples of Best or Preferred Practices :
  - Mental health and substance abuse screenings are integrated in the bio-psychosocial.
  - If separate standardized assessments are utilized, they are consistently administered, scored, and implemented into treatment planning.

Evidence of Physician Oversight of IOP Admission

- 62% of youth IOP charts reviewed met expectation of having physician sign off on IOP admission.



Evidence of Physician Oversight of IOP Admission

- Examples of Best or Preferred Practices:
  - For members who start in PHP, documentation of MD agreement that member is ready step down to IOP
  - Documented evidence that MD has reviewed assessment and agrees with IOP level of care
  - Documented evidence that MD had reviewed and agrees to ending of IOP level of care

Evidence of Treatment Plans with measurable goals and timeframes

- 77% of Youth IOP charts met expectation of having treatment plans consistent with diagnoses and having both measureable objectives and goals. Treatment plans also had estimated timeframes for goal attainment.

Evidence of Treatment Plans

- Examples of Best or Preferred Practices:
  - Goals connected to presenting problem
  - Measurable objectives with realistic target dates
  - Inclusion of baseline in order to measure progress
  - Goal/objective related to family needs
  - Inclusion of intervention list/treatment modalities with frequency and duration

Evidence of Treatment Addressing Focal Issues

- 73% of Youth IOP charts met expectation of having evidence that the treatment provided and interventions addressed the identified focal issues.

Evidence of Treatment Addressing Focal Issues

- Examples of Best or Preferred Practices:
  - Utilization of EHR to pull treatment plan goals into daily group notes
  - Daily group note documentation includes an assessment of mental status, risk factors, relapse risk
  - Focus of the group session: interventions provided, skills taught, and therapeutic purpose
  - Individualized progress made by the member including mental status, member response to interventions, and progress made towards goals during session

Treatment Plan Updates

- 58% of youth IOP charts met expectation of having treatment plans updated to reflect changes in approaches or interventions when goals have not been met.

Treatment Plan Updates

Examples of Best or Preferred Practices:

- Documentation in the treatment plan includes member specific progress made towards goals
- Rationale for why goals are met or unmet and what changes to the treatment are needed
- Include estimated, realistic dates of completion of goals and update during course of treatment

Evidence of Peer Supports

- Of reviewed charts with members with an identified substance abuse issue:
  - 31% of Youth IOP charts met the expectation of having evidence that peer supports were offered

Evidence of Peer Supports

Examples of Best or Preferred Practices:

- Age appropriate peer support services are identified within community
- Aftercare substance abuse peer support groups are offered by IOP provider

Additional Discharge Summary Suggestions

- Include current mental status and diagnosis at discharge
- Document the behavioral health needs that remain to be met in the next level of care
- Document the aftercare services in place including date and time of appointment and/or a list of recommendations and referrals made

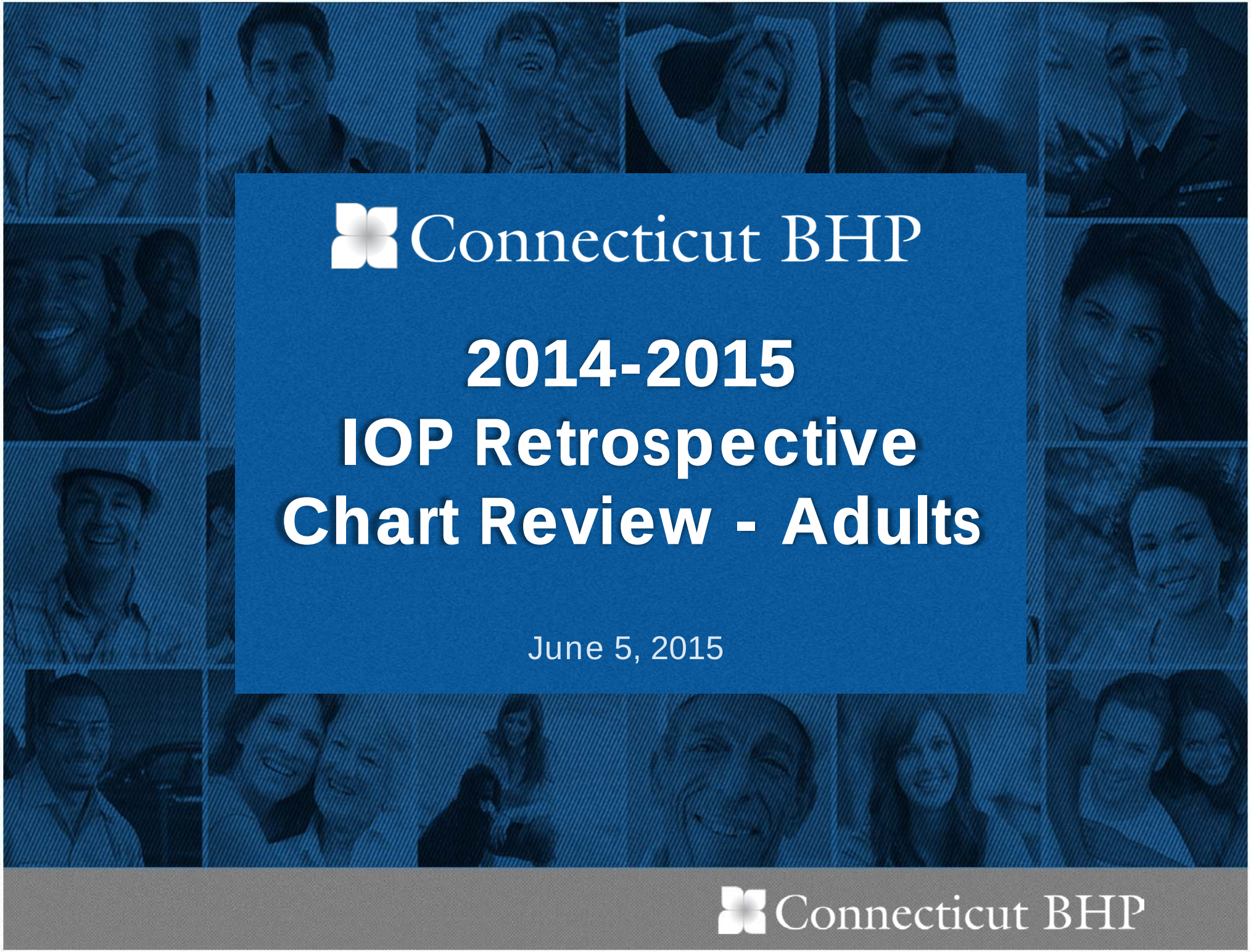
Final Results

- One (1) of the 12 Youth IOP programs - required to complete a quality improvement plan and received a follow up visit.
- Three (3) of the 12 Youth IOP programs - asked to provide feedback as to how the program would be addressing the documentation concern identified.

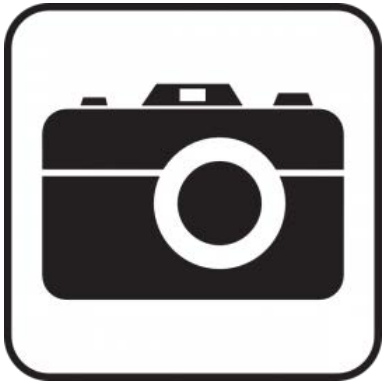
Thank You

Thank you to all the Youth IOP Providers who participated in this valuable process.

- Bridgeport Hospital
- Charlotte Hungerford Hospital
- Clifford Beers Guidance Clinic
- Community Child Guidance Clinic
- Hartford Hospital
- Lower Naugatuck Valley
- Manchester Memorial Hospital
- Natchaug Hospital
- Rushford Center
- St. Vincent's Medical Center
- Waterbury Hospital
- Yale New Haven Hospital


Connecticut BHP
2014-2015
IOP Retrospective
Chart Review - Adults
June 5, 2015
Connecticut BHP

IOP Retrospective Chart Reviews



This is a review of results from 21 Connecticut Adult Intensive Outpatient Program retrospective chart reviews, completed from October 2014 to February 2015.

- 20 Agencies
  - 12 Adult Mental Health/Dual IOP Programs
  - 9 Adult Substance Abuse IOP Programs
- 210 IOP Records

Selection of IOP Programs

- 21 out of 97 Adult IOP Programs with authorizations from CTBHP in 2013 were selected
- 22% with highest volume of authorizations

*Some changes were made to identified provider list due to reported program closures/ineligibility for chart review

IOP Chart Review Results
Adults

Strengths and Highlights

Connecticut BHP

Overall Strengths

Areas where **all** adult programs scored 80% or higher

- Best or Preferred Practices: Observed practices indicating strong quality treatment or documentation methods

Comprehensive Assessments and Diagnoses

- Over 96% of the adult MH/Dual charts and over 93% of the adult SA charts reviewed met expectation of having a comprehensive bio-psychosocial (BPS) assessment and DSM diagnoses consistent with presenting treatment issues

Comprehensive Assessments and Diagnoses

- Examples of Observed Best or Preferred Practices:
  - Incorporation of standardized screening instruments in the BPS
  - Collaborative intake assessments with clinicians and physicians
  - Assessments including medical screenings/nursing assessments

Assessment Completed on Admission for Physician Evaluation

- 97% of all adult MH/Dual charts and 90% of all adult SA charts reviewed met expectation of having completed an assessment upon admission for the need for a psychiatric evaluation by MD

Assessment Completed on Admission for Physician Evaluation

- Best or Preferred Practices:
  - Intake assessment documentation indicates risk factors and current indicators for urgency of a consult with a physician
  - Documentation includes appointment times offered for psychiatric consult/eval and member response
  - Initial assessment into treatment includes an evaluation by an MD

Discharge Documentation

- Over 80% completed discharge summaries within 30 days
- Over 83% included a summary of progress relative to treatment goals
- Over 91% of discharge summaries included a discharge date and signature of licensed clinician

Unique Strengths of the Adult MH/Dual IOP Programs

Connecticut BHP

Physician Evaluations

- 98% of adult MH/Dual IOP program charts met expectation of having completed a timely psychiatric consultation

- MD appointments are scheduled the same day as need identified with a process/form utilized for scheduling
- MD reviews the bio-psychosocial and able to support urgency of need for consultation

Assessment of High Risk Behaviors

- 90% of adult MH/Dual IOP charts met the expectation of completing on-going assessments of high risk behaviors and acute at-risk behaviors (suicidal, homicidal, psychosis, self injurious behaviors)

Utilization of safety assessments to monitor and track high risk behaviors

Incorporation of risk behavior assessment in daily group notes with follow up documentation

Coordination of Care

- 81% of adult MH/Dual program charts met the expectation of coordination of care with other **behavioral health providers**

Meeting Client Needs

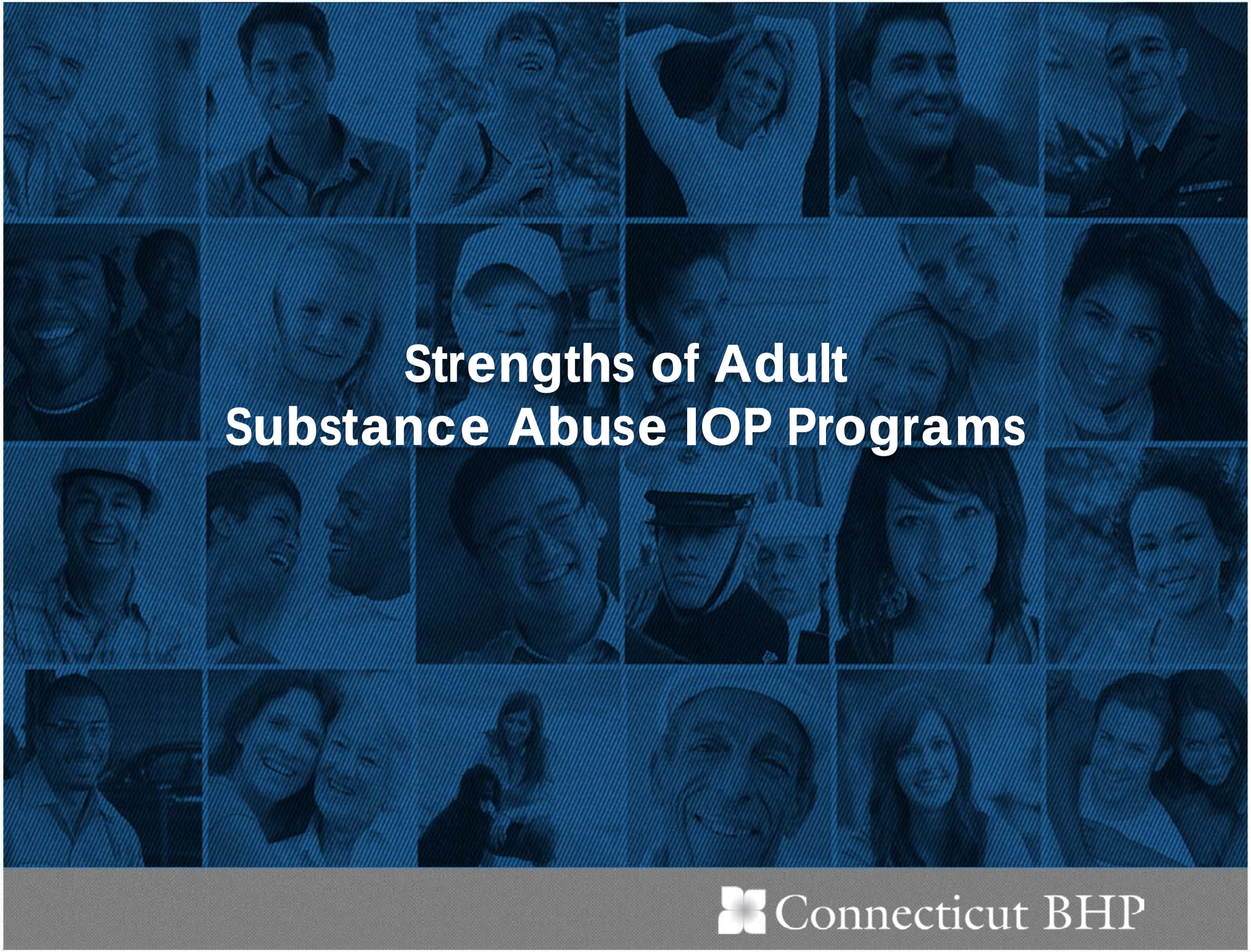
- Time of day options
  - Evening, Afternoon, Morning IOP
- Specialized tracks:
  - Age: Young adult, Older adult
  - Diagnosis/Presenting issue: DBT, Schizophrenia, LGBTQ, Substance abuse, Dual diagnosis, Mental Health, Suboxone treatment
  - Gender specific
  - Language: Spanish and English

Meeting Client Needs

- Specialized groups:
  - Pre-contemplative groups
  - Multi family groups
  - Alumni groups

- Collaboration with external agencies
  - Family Resource Center
  - Choices: Assistance with job seeking
  - CCAR

Recovery Training Center



Strengths of Adult Substance Abuse IOP Programs

Connecticut BHP

Meeting Client Needs

- Time of day options
  - Evening, Afternoon, Morning IOP
- Access
  - Open access clinics
  - Walk-in intake appointments
  - Member driven scheduling
- Specialized tracks:
  - Gender specific
  - Diagnosis/Presenting issue: Dual diagnosis, alcohol specific
  - Suboxone treatment

Meeting Client Needs

- Models:
  - Matrix Model
  - Seeking Safety
  - South Florida Curriculum for Co-Occurring Disorders
- Collaboration with external agencies
  - Contracts with; Department of Corrections, Court Support Services Division, Criminal Justice Diversion, Department of Children and Families
  - CCAR
  - SAMSHA (recovery coaches)

Meeting Client Needs

- Fluid connection to needed services
  - Detox, rehab or recovery housing
- Additional Services:
  - Offer housing or affiliate with housing services/shelter
  - Wellness groups: Acupuncture, yoga, relaxation
  - Case management: assistance with basic needs, housing, employment, etc
  - Medical services

IOP Chart Review Results
Adults

Opportunities for Improvement and Enhancement

Connecticut BHP

Opportunities for Improvement Across All Adult Programs

Standardized Assessments

- 47% of adult MH/Dual charts and 71% of adult SA charts reviewed met expectation of using standardized mental health and substance use screening instruments for routine screening for psychiatric, substance use and trauma

Standardized Assessments

- Examples of Best or Preferred Practices:
  - Mental health and substance abuse screenings are integrated in the bio-psychosocial.
  - If separate standardized assessments are utilized, they are consistently administered, scored, and implemented into treatment planning.

Collateral Contact and Coordination of Care

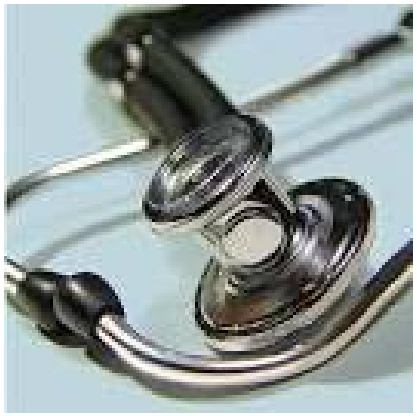
- 77% of adult MH/Dual charts and 63% of adult SA charts reviewed met the expectation of documenting collateral contact with **former/on-going providers and primary care physicians**

Collateral Contact and Coordination of Care

- Examples of Best or Preferred Practices:
  - Letters are routinely sent to primary care physicians and external treatment providers notifying of start of treatment, requesting records and collaboration
  - Dedicated staff to obtaining collateral information from previous/concurrent providers

Evidence of Physician Oversight of IOP Admission

- 78% of adult MH/Dual charts and 59% of adult SA charts reviewed met expectation of having physician sign off on IOP admission.



Evidence of Physician Oversight of IOP Admission

- Examples of Best or Preferred Practices:
  - Documented evidence that MD has reviewed assessment and agrees with IOP level of care
  - Documented evidence that MD had reviewed and agrees to ending of IOP level of care
  - For members who start in PHP, documentation of MD agreement that a member is ready to step down to IOP

Evidence of Treatment Plans with measurable goals and timeframes

- 61% of adult MH/Dual IOP charts and 65% of adult SA IOP charts reviewed met expectation of having treatment plans consistent with diagnoses and having both measureable objectives and goals. Treatment plans had estimated timeframes for goal attainment.

Evidence of Treatment Plans

- Examples of Best or Preferred Practices
  - Goals connected to presenting problem
  - Measurable objectives with realistic target dates
  - Inclusion of baseline in order to measure progress
  - Goal/objective related to family, as appropriate
  - Inclusion of intervention list/treatment modalities with frequency and duration

Evidence of Treatment Addressing Focal Issues

- 60% of adult MH/Dual IOP charts and 30% of adult SA IOP charts reviewed met expectation of having evidence that the treatment provided and interventions supported the identified focal issues.

Evidence of Treatment Addressing Focal Issues

- Examples of Best or Preferred Practices
  - Utilization of EHR to pull treatment plan goals into daily group notes
  - Daily group note documentation includes an assessment of mental status, risk factors, relapse risk
  - Focus of the group session: interventions provided, skills taught, and therapeutic purpose
  - Individualized progress made by the member including mental status, member response to interventions, and progress made towards goals during session

Evidence of Peer Supports

- Of reviewed charts with members with an identified substance abuse issue:
  - 71% of Adult MH/Dual IOP charts met expectation
  - 78% of Adult SA IOP charts met expectation

Evidence of Peer Supports

Examples of Best or Preferred Practices:

- Goal within treatment plan – developing external supports via attendance of peer lead support groups
- Documentation of attendance of AA/NA or if contraindicate what alternative supports are recommended
- Collaboration with agencies such as CCAR to offer peer support services

Psychiatric Follow up

- 76% of the adult MH/Dual IOP charts and 72% of the adult SA IOP charts reviewed met expectation of having completed timely follow up consultations and medication adjustments when indicated.

Psychiatric Follow Up

Examples of Best or Preferred Practices:

- Symptoms, risk behaviors and effects of medication are monitored and escalated to an MD when appropriate
- Clear follow up dates or date of next MD appointment offered are documented after a consult with MD
- Documentation includes evidence of member informed consent for medication

Progress Monitored

- 63% of adult MH/Dual and 67% of adult SA IOP charts met the expectation of monitoring progress towards goals in order to effectuate a successful and timely discharge

Weekly treatment team meetings documented updates on member progress and plans for addressing identified barriers

Treatment Plan Updates

- 43% of adult MH/Dual IOP charts and 57% of adult SA IOP charts reviewed met expectation of having treatment plans updated to reflect changes in approaches or interventions when goals have not been met.

Treatment Plan Updates

Examples of Best or Preferred Practices:

- Documentation in the treatment plan includes member specific progress made towards goals
- Rationale for why goals are met or unmet and what changes to the treatment are needed
- Include estimated, realistic dates of completion of goals and update during course of treatment

Coordination of Care

- Documentation of collateral contact with former/ongoing behavioral health providers
  - 68% of adult SA IOP charts met expectations
- Treatment record evidences care coordination with medical practitioners
  - 66% of adult MH/Dual IOP charts met expectations
  - 51% of adult SA IOP charts met expectations

Family Involvement in Treatment

Evidence of active involvement of family in assessment and treatment

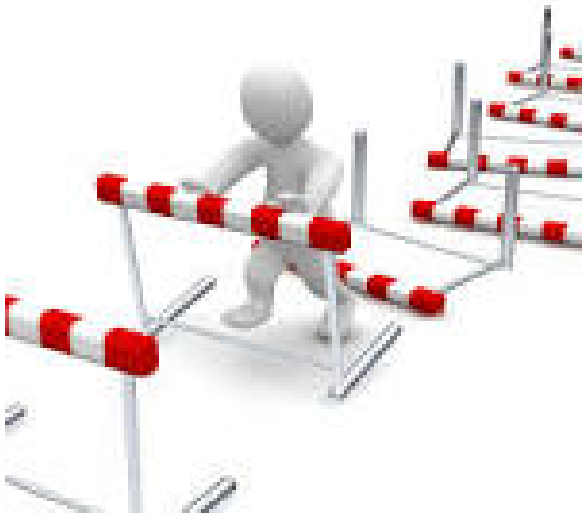
- 24% of adult MH/Dual IOP charts met expectations
- 4% of adult SA IOP charts met expectations

Family Engagement: Successful Practices

- Assessment of external supports throughout treatment
- Encouragement of family sessions or sessions with positive external support
- Provide education on the benefits of family involvement
- Prepare member and family/support for family sessions

Potential Engagement Barriers

- Stage of Change
- Relapse
- Employment/Childcare/Other Responsibilities
- Transportation



Ways to Address Barriers

- Stage of Change:
  - Offer Orientation Groups
  - Motivational Interviewing assessment upon admission
  - Offer specialized groups such as a “pre-contemplative” IOP track
- Relapse:
  - Engagement with peer support programs
  - Involvement of family or external supports
  - Ongoing discussions with members and assistance to higher levels of care such as detox or residential rehab when needed
- Other Responsibilities
  - Daytime and evening IOP schedules
  - Flexibility in daily or weekly scheduling of groups

Ways to Address Barriers cont.

- Transportation
  - Staff assigned to oversee transportation and follow up on issues as they arise
  - Programs have a van that picks up members in the local area
  - Creative collaboration with community options
  - Reporting barriers to ASO

Additional Discharge Summary Suggestions

- Include current mental status and diagnosis at discharge
- Document the behavioral health needs that remain to be met in the next level of care
- Document the aftercare services in place including date and time of appointment and/or a list of recommendations and referrals made

Final Results

- 3 of the 9 Adult SA and 3 of the 12 Adult MH/Dual IOP programs - required to complete a quality improvement plan and will receive a follow up visit.
- 2 of the 9 Adult SA and 4 of the 12 Adult MH/Dual IOP programs - asked to provide feedback as to how the program would be addressing the documentation concern identified.

Thank You

Thank you to all the IOP Providers who participated in this valuable process.

- APT Foundation
- Bridgeport Hospital
- Bristol Hospital*
- Community Renewal Team
- Connecticut Renaissance
- Cornell Scott Hill Health Corp
- Hartford Hospital
- Hospital of Central Connecticut
- Intercommunity Recovery Center
- Manchester Memorial Hospital
- Middlesex Hospital
- MCCA*
- Natchaug Hospital*
- Recovery Network of Programs*
- Rushford Center
- St. Mary's Hospital
- St. Vincent's Medical Center
- Stonington Behavioral Health
- Wellmore Behavioral Health*
- Yale New Haven Hospital

*DMHAS Funded IOP Providers