

DMHAS
Provider Quality Reports and DDAP Update
Forum
December 8, 2010

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Addiction Services



Goals for the Meeting:

1. Provide Quality Report Overview
2. Identify planned version changes
3. Discuss Implementation Timeline
4. DDaP recent changes and other updates

Influences on Quality Reports

- ▶ Results-Based Accountability (RBA)
 - Emphasis on Value, Effectiveness, and Efficiency
- ▶ National Outcome Measures (NOMs) from SAMHSA
- ▶ MHSIP Consumer Satisfaction
- ▶ Institute of Medicine (IOM)

Targets for Measuring Performance

- ▶ Consumer or individual level
- ▶ Agency and program level
- ▶ System level



Questions To Address



- ▶ Do your consumers value/like the services you provide? Do they find them useful?
- ▶ How many services have you provided? Is the program being well utilized?
- ▶ Are people getting better as a result of the services you offer?
- ▶ What is the quality of the data you are submitting? Is it complete?

DMHAS Approach to Quality Reports

► QI System

- Measure performance against contracts
- ID Monitoring Targets
- Benchmark Performance
- ID exceptional performance – study and look at how to generalize to system
- ID poor performance and set QI goals
- Foundation for stratified outcomes – race, ethnicity, gender, dx
- Measure system performance, gaps,

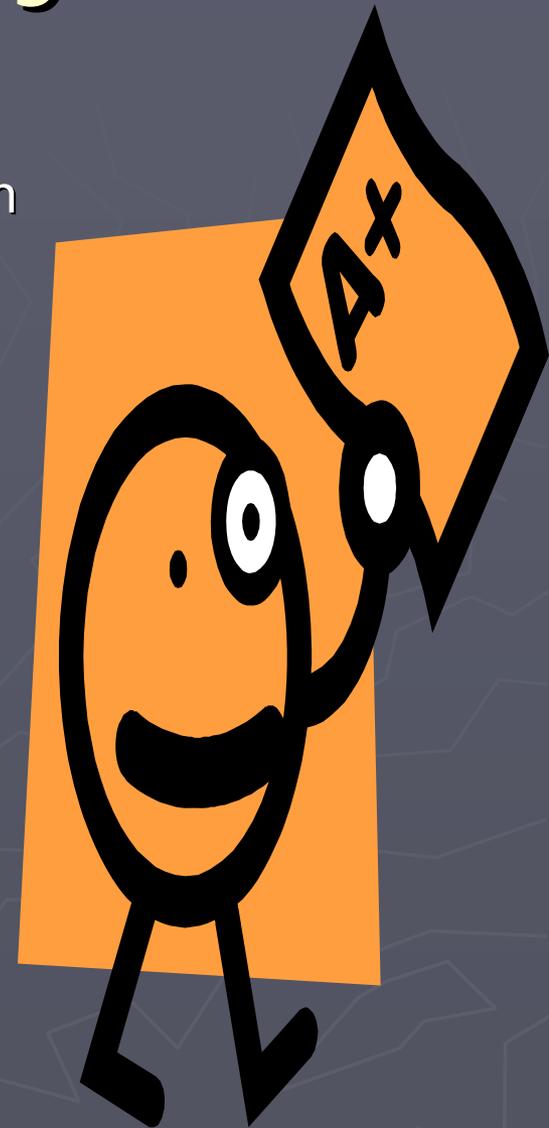
Current Report Layout

Agency Information (Agency Address):

1. Overall Agency Basic Utilization Information
2. Agency Consumer Satisfaction Survey Information
3. Agency MHISP Satisfaction Survey Information
4. List of DMHAS Funded Services Offered
5. Demographics

Individual Program Information:

1. Basic Program Data
2. Basic Program Utilization
3. Program Utilization Measures
4. National Outcome Measures (NOMs)
5. Consumer Outcomes
6. Data Submission
7. System Outcomes



Feedback Over the Past Year

- ▶ Objections to “Report Card” name
- ▶ Unfair to compare to state averages
- ▶ Comparisons should be to established DMHAS performance measures
- ▶ Not consumer friendly
- ▶ Limited utility for certain program types such as Soc Rehab, Crisis, Jail Diversion
- ▶ Too much information

Planned Version Changes

- ▶ Phase I – Current Quality Report
- ▶ Phase II – Comparison to established DMHAS benchmarks (February 11)
- ▶ Phase III – Consumer friendliest version (August 11)
- ▶ Phase IV – Will include program specific measures (November 11)

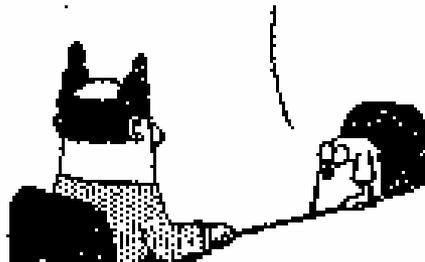
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WILL THE
DATA BE
ACCURATE?



OKAY,
LET'S
PRETEND
THAT
MATTERS



Current Quality Report Format



Report Generated 8/10/2010

Basic Utilization

	SFY 2010
Total Unduplicated Consumers	3353
Total Direct Service Hours (Client)	30309
Total Direct Service Hours (Provider)	0
Total Days	33406

Consumer Demographics

	SFY 2010					
	Provider		Regional Comparison		State Comparison	
	Count	%	Count	%	Count	%
<i>Gender</i>						
Female	987	29.4%	11067	41.5%	40286	41.8%
Male	2365	70.5%	15560	58.4%	56138	58.2%
Unspecified	1	0.0%	13	0.0%	48	0.0%
<i>Gender Total</i>	3353		26640		96472	
<i>Race</i>						
American Indian/Alaskan Native	11	0.3%	76	0.3%	329	0.3%
Asian	7	0.2%	177	0.7%	567	0.6%
Black	712	21.2%	4529	17.0%	16864	17.5%
Native Hawaiian/Other Pacific Islander	6	0.2%	45	0.2%	754	0.8%
Other	757	22.6%	5685	21.3%	16204	16.8%
Unspecified	7	0.2%	486	1.8%	1994	2.1%
White	1853	55.3%	15642	58.7%	59760	61.9%
<i>Race Total</i>	3353		26640		96472	
<i>Ethnicity</i>						
Hispanic: Cuban	2	0.1%	32	0.1%	165	0.2%
Hispanic: Mexican	7	0.2%	45	0.2%	361	0.4%
Hispanic: Other	479	14.3%	2810	10.5%	9175	9.5%
Hispanic: Puerto Rican	404	12.0%	3523	13.2%	9385	9.7%
Non-Hispanic	2414	72.0%	19276	72.4%	73071	75.7%
Unspecified	47	1.4%	954	3.6%	4315	4.5%
<i>Ethnicity Total</i>	3353		26640		96472	
<i>Age Range</i>						
0-17	0	0.0%	39	0.1%	1156	1.2%
18-25	438	13.1%	3660	13.7%	14480	15.0%
26-34	775	23.1%	5430	20.4%	18932	19.6%
35-44	977	29.1%	6279	23.6%	21518	22.3%
45-54	913	27.2%	7236	27.2%	24776	25.7%
55-64	226	6.7%	3206	12.0%	11594	12.0%
65+	24	0.7%	790	3.0%	4016	4.2%
<i>Age Range Total</i>	3353		26640		96472	

*Data Submission*

	SFY 2010								
	Provider			Regional Comparison			State Comparison		
	Percent	Num.	Den.	Percent	Num.	Den.	Percent	Num.	Den.
Targeted Case Management		0	0	36.48%	3341	9159	43.27%	14105	32596

Consumer Satisfaction

	SFY 2009								
	Provider			Regional Comparison			State Comparison		
	Provider	Num.	Den.	Provider	Num.	Den.	Provider	Num.	Den.
Overall Satisfaction	88.57%	124	140	90.81%	5799	6386	89.53%	21250	23736
General Satisfaction Domain Satisfaction	85.71%	120	140	91.41%	5802	6347	89.68%	21166	23602
Access Domain Satisfaction	81.62%	111	136	87.89%	5523	6284	85.19%	19833	23282
Participation in Treatment Domain Satisfaction	89.78%	123	137	91.71%	5749	6269	90.84%	21088	23215
Quality and Appropriateness Domain Satisfaction	87.14%	122	140	91.78%	5703	6214	90.54%	20953	23142
Respect Domain Satisfaction	87.61%	99	113	89.50%	5028	5618	88.45%	18334	20727
Outcome Domain Satisfaction	81.60%	102	125	80.93%	4896	6050	81.10%	18257	22511
Recovery Domain Satisfaction	79.69%	102	128	77.56%	4721	6087	76.68%	17369	22651

Institute of Medicine Domain Outcomes Based on MHSIP Satisfaction Survey

	SFY 2009								
	Provider			Regional Comparison			State Comparison		
	Avg. Score	Num.	Den.	Avg. Score	Num.	Den.	Avg. Score	Num.	Den.
Consumer Access to Services ¹	1.82		121	1.67		5761	1.73		21504
Care Is Client-Centered ¹	1.73		134	1.68		5694	1.72		20973

¹ Scores < 2.5 indicate satisfaction; scores between 2.5 and 3.5 indicate neutrality; scores > 3.5 indicate dissatisfaction.

Alcohol & Drug Recovery Center-ADRC offers the following types of DMHAS-funded services:

- SA Outpatient

- SA Intake/Evaluation

- SA Case Management

- SA Inpatient Detox

- SA Intensive Residential

- SA Vocational Services

Report Card - Basic Program Data, Basic Utilization, Utilization Measures, NOMs

Tools Window Help

2 / 10 85% Find

Report Generated 2/16/2010

Basic Program Data

	1H FY10
Capacity	8

Basic Utilization

	1H FY10
Admissions	0
Discharges	3
Total Unduplicated Consumers	8
Total Direct Service Hours	12
Total Days	1403

Utilization Measures

	1H FY10								
	Provider			Regional Comparison			State Comparison		
	Percent	Num.	Den.	Percent	Num.	Den.	Percent	Num.	Den.
Unduplicated Consumers w. Services	100%	8	8	37.27%	60	161	71.89%	353	491
Day Utilization Rate	95.31%	1403	1472	85.67%	13211	15421	94.58%	55982	59187

Consumer Outcomes: National Outcome Measures (NOMs)¹

	1H FY10								
	Provider			Regional Comparison			State Comparison		
	Percent	Num.	Den.	Percent	Num.	Den.	Percent	Num.	Den.
Improved Employment Status ²	100%	1	1	5%	1	20	3.95%	3	76
Maintained Employment Status ²	0%	0	1	10%	2	20	5.26%	4	76
Imp. or Maint. Employment Status ²	100%	1	1	15%	3	20	9.21%	7	76
Improved Living Situation	33.33%	1	3	19.05%	4	21	13.83%	13	94
Maintained Living Situation	66.67%	2	3	52.38%	11	21	74.47%	70	94
Imp. or Maint. Living Situation	100%	3	3	71.43%	15	21	88.30%	83	94
Not Arrested Before Adm. or Dis.			<N/A>			<N/A>			<N/A>
Reduced Number of Arrests			<N/A>			<N/A>			<N/A>
Abstinent from Alcohol at Adm. and Dis. ³			<N/A>			<N/A>			<N/A>
Used Alcohol at Adm.; Abstinent at Dis. ³			<N/A>			<N/A>			<N/A>
Used Alcohol at Adm.; Reduced Use at Dis. ³			<N/A>			<N/A>			<N/A>

Report Card – Consumer Outcomes, Data Submission, System Outcomes

File Edit View Document Tools Window Help

2 / 10 100% Find

Abstinence from Drugs of Abuse and Alcohol	<N/A>	<N/A>
Increased Strength of Relationships	<N/A>	<N/A>
Improved Quality of Life	<N/A>	<N/A>
Engagement in Treatment and Services	<N/A>	<N/A>
Life-Sustaining Treatment Engagement	<N/A>	<N/A>

Consumer Outcomes: Other¹

	1H FY10					
	Provider			Regional Comparison		
	Percent	Num.	Den.	Percent	Num.	Den.
Treatment Completed	100%	3	3	88.12%	89	101
Increased GAF Score		0	0	0%	0	8
Maintained GAF Score		0	0	87.50%	7	8

Data Submission

	1H FY10					
	Provider			Regional Comparison		
	Percent	Num.	Den.	Percent	Num.	Den.
SATIS Admission			<N/A>			<N/A>
SATIS Discharge			<N/A>			<N/A>
Open Admissions with Services	100%	8	8	29.61%	61	206
Co-Occurring Screening: Mental Health		0	0	11.76%	12	102
Co-Occurring Screening: Substance Abuse		0	0	11.76%	12	102
Targeted Case Management	100%	8	8	47.48%	66	139

System Outcomes

	1Q FY10					
	Provider			Regional Comparison		
	Percent	Num.	Den.	Percent	Num.	Den.
Continuity of Care: 30 Days Post-Discharge			<N/A>	22.92%	11	48
Continuity of Care: 90 Days Post-Discharge			<N/A>	22.92%	11	48
Readmission Rate: 30 Days Post-Discharge			<N/A>	27.08%	13	48
Readmission Rate: 90 Days Post-Discharge			<N/A>	31.25%	15	48

Phase II Quality Report Format



Data Submission

	SFY 2010		DMHAS Benchmark <i>90% of eligible consumers receive a TCM service</i>
	Provider	State Comparison	
	Percent	Percent	
Targeted Case Management		43.27%	

Consumer Satisfaction

	SFY 2009		DMHAS Benchmark
	Provider	State Comparison	
	Provider	Provider	
Overall Satisfaction	88.57%	89.53%	<N/A>
General Satisfaction Domain Satisfaction	85.71%	89.68%	<i>80% satisfaction within domain</i>
Access Domain Satisfaction	81.62%	85.19%	<i>80% satisfaction within domain</i>
Participation in Treatment Domain Satisfaction	89.78%	90.84%	<i>80% satisfaction within domain</i>
Quality and Appropriateness Domain Satisfaction	87.14%	90.54%	<i>80% satisfaction within domain</i>
Respect Domain Satisfaction	87.61%	88.45%	<i>80% satisfaction within domain</i>
Outcome Domain Satisfaction	81.60%	81.10%	<i>80% satisfaction within domain</i>
Recovery Domain Satisfaction	79.69%	76.68%	<i>80% satisfaction within domain</i>

Institute of Medicine Domain Outcomes Based on MHSIP Satisfaction Survey

	SFY 2009		DMHAS Benchmark
	Provider	State Comparison	
	Avg. Score	Avg. Score	
Consumer Access to Services ¹	1.82	1.73	<N/A>
Care Is Client-Centered ¹	1.73	1.72	<N/A>

¹ Scores < 2.5 indicate satisfaction; scores between 2.5 and 3.5 indicate neutrality; scores > 3.5 indicate dissatisfaction.

Process for Posting Reports to Web

- ▶ Quality reports released to providers quarterly (mid November, February, May and August)
- ▶ One month review and comment period
- ▶ Posted to web on following schedule (mid December, March, June, September) one month after release to providers

<Provider Name>
 <Program Name>
 <Program City>
 <Program Level of Care>
 <Program Region>

Report Generated 8/10/2010

Basic Program Data

	SFY 2010
Capacity	150

Basic Utilization

	SFY 2010
Admissions	235
Transfers In	0
Transfers Out	0
Discharges	239
Total Unduplicated Consumers	264
Total Direct Service Hours (Client)	7328
Total Direct Service Hours (Provider)	<N/A>
Total Days	<N/A>

Utilization Measures

	SFY 2010		DMHAS Benchmark
	Provider	State Comparison	
	Percent	Percent	
Unduplicated Consumers w. Services	87.12%	73.23%	90% of active consumers have a service
Day Utilization Rate			<N/A>

Consumer Outcomes: National Outcome Measures (NOMs)¹

	SFY 2010		DMHAS Benchmark
	Provider	State Comparison	
	Percent	Percent	
Imp. or Maint. Employment Status ²	45.63%	53.11%	50% of consumers improve/maintain employment
Imp. or Maint. Living Situation	90.31%	96.01%	80% of consumers improve/maintain housing
Not Arrested Before Discharge	92.89%	89.86%	95% of consumers not arrested before discharge
Abstinent from Alcohol at Discharge ³	82.82%	47.23%	80% of consumers abstinent from alcohol
Abstinent from Drugs at Discharge ⁴	67.89%	54.36%	80% of consumers abstinent from drugs
Social Support at Discharge	51.56%	15.53%	75% of consumers socially-supported at discharge

¹ Includes Discharges in which outcome-related data elements are not missing or coded as 'Unknown'.

² Includes only Consumers who were in the labor force at both Admission and Discharge.

³ Includes only Consumers who reported Alcohol as a drug type at Admission and Discharge.

⁴ Includes only Consumers who reported a drug other than Alcohol at Admission and Discharge.

Consumer Outcomes: Other¹

	SFY 2010		DMHAS Benchmark
	Provider	State Comparison	
	Percent	Percent	
Treatment Completed	30.25%	51.48%	50% of discharges complete treatment
Imp. or Maint. GAF Score	84%	89.86%	75% of consumers increase/maintain GAF score

Data Submission

	SFY 2010		DMHAS Benchmark
	Provider	State Comparison	
	Percent	Percent	
Admission Assessments	90.64%	89.11%	100% of required assessments completed
Update Assessments	99.58%	90.69%	100% of required assessments completed
Discharge Assessments	83.68%		100% of required assessments completed
Open Admissions with Services	84.90%	73.09%	90% of open admissions have a service
Co-Occurring Screening: Mental Health	90.21%	80.38%	95% of admissions screened
Co-Occurring Screening: Substance Abuse	90.21%	80.38%	95% of admissions screened

System Outcomes

	7/1/09-3/31/10		DMHAS Benchmark
	Provider	State Comparison	
	Percent	Percent	
Continuity of Care: 30 Days Post-Discharge			<N/A>
Continuity of Care: 90 Days Post-Discharge			<N/A>
Readmission Rate: 30 Days Post-Discharge			<N/A>
Readmission Rate: 90 Days Post-Discharge			<N/A>

Phase III Quality Report Format





SAMPLE Program Quality Report

Level of Care: Outpatient Clinical
Provider Name: ABC123 Clinic
Program Name: Main St. OP

Provider ID: 42
Program ID: L123456789210

Average Daily Enrollment: 245
Admissions: 245
Discharges: 147
Unique (Unduplicated) Clients Served: 596

Contracted Capacity: 70
Transfers In: 0
Transfers Out: 0
Total Direct Service Hours: 3413

Consumer Satisfaction	Program		CT State Average for this LOC	
	Score (%)	Rating	Score (%)	Rating
Consumers satisfied with svcs.	84	★★★★★	74	★★★
Services are consumer-directed	70	★★★★★	56	★★★
Services are accessible	90	★★★★★	80	★★★★★

Utilization Measures	Program		CT State Average for this LOC	
	Score (%)	Rating	Score (%)	Rating
Meets expected utilization rate	84	★★★★	74	★★★
Meets expected service hours	70	★★★★★	56	★★★★★
Consumers w/services	90	★★★★★	80	★★★★★

National Outcomes Measures	Program		CT State Average for this LOC	
	Score (%)	Rating	Score (%)	Rating
Improve or maintain work status	74	★★★★	74	★★★★★
Improve or maintain living sit.	63	★★★★★	49	★★★
Increase social support	84	★★★★★	74	★★★★★
Reduction in use/abstinence	70	★★★★★	56	★★★★★
Improve functioning	90	★★★★★	80	★★★★★

Continuity of Care	Program		CT State Average for this LOC	
	Score (%)	Rating	Score (%)	Rating
Links to follow-up care in 30 days	84	★★★★	74	★★★
Readmission in 30 days	10	★★★★★	15	★★★★★

Data Quality	Program		CT State Average for this LOC	
	Score (%)	Rating	Score (%)	Rating
Timely submission of PA's	84	★★★★	74	★★★
Timely submission of services	70	★★★★★	56	★★★★★
TCM Submission	70	★★★★★	56	★★★★★
COC Screenings	90	★★★★★	80	★★★★★

Rating: 1-5 Stars. 5 Stars is Highest Performing. 3 Stars indicate programs meets DMHAS benchmark.

Report Card Release Schedule

- ▶ 1st quarter FY 11 RC – early January 11
- ▶ 2nd quarter FY 11 RC – mid February 11
- ▶ Web posting – mid March 11

- ▶ In preparation for web posting providers should confirm:
 - programs and capacities listed in 1st Q report cards
 - Accuracy of reports (utilization, clients, admits, and discharges)
 - Provide feedback to Mark McAndrew

Improving the Quality Reports

- ▶ Tracking Log of questions and comments
- ▶ Weekly meetings to discuss log items
- ▶ Feedback is incorporated into revised report cards
- ▶ Repeat as necessary



▶ BREAK TIME



DDaP Recent Changes and Other updates

- ▶ Service Requirement Changes for Some Residential Programs
- ▶ Services ONLY File
- ▶ Mid-Dec DDaP Release
- ▶ Reports
- ▶ EQMI Web Page – helpful hints
- ▶ Provider Feedback – what's working?



DDaP Services Requirement Changes for some residential programs

- ▶ **Changes To DDaP Residential Hourly Services and Other Services Requirements:**
- ▶ November 1st, DMHAS has exempt residential programs from submitting hourly service data, with one exception: Targeted Case Management
- ▶ **Substance Use:**
Medically Managed and Monitored Detoxification, Intensive, Intermediate, Long-Term Residential, Long-term Care and Transitional Halfway House, and Recovery Houses.
- ▶ **Mental Health:**
Group Homes and Supervised Apartment Programs
- ➔ **Please take note:** Mental Health Supported and Supportive Housing programs must continue to provide hourly service data. This includes Corporation for Supportive Housing funded programs.

Services ONLY Interface File

- ▶ In November, a New DDaP Release, DMHAS introduced the functionality of a services only file.
- ▶ Allows providers the option to send services separately for consumers that are active and or recently discharged.
- ▶ Service ONLY File Submission tab added to DDaP System

Mid-December DDaP Release

- ▶ **Services Batching**: Similar to DPAS, DDaP will now have this functionality for all on-line and interface users
- ▶ Specifically, for Non-Tx Programs only – you can now Batch individual client hourly and daily services using a date range and aggregating the number of units.
- ▶ However, For TCM – still need to send individual TCM service, date of service and DX.
- ▶ **D/C Periodic Assessments** – assessment date must correspond with the program discharge date.
- ▶ Drug ranking – primary, secondary and tertiary.

DDaP Reports

- ▶ Client Search Report
 - ▶ Program Roster Report
 - ▶ Service Summary and Detail Report
 - ▶ Services Only File Admission Extract Report
 - ▶ Client List for Agency/Programs
 - ▶ Client List for Provider (client F+L name; SSN, DOB) – export
-
- ▶ Coming Soon:
 - ▶ Periodic Assessment Tickler Report
 - ▶ CSP/RP Report
 - ▶ Agency and Program Codes, LOC, Capacity



Feedback – What is working and what is not?

- ▶ Provider feedback on RC and DDaP implementation and recent changes



Questions?

- ▶ Call or email Jim @ (860) 418-6810 or james.siemianowski@po.state.ct.us
- ▶ Or you can call or e-mail Mark @ (860) 418-6843 or mark.mcandrew@po.state.ct.us

