# Update on Certification, Outcome, Data and Quality Initiatives

Wendy Harrold,
Deputy Director, Provider Quality and Performance
and
Erin Quiring,
Assistant Deputy Director for Quality Improvement

# Certification Updates

- Working on new addiction treatment rule that will define each level of care
- List of staff and their credentialing as part of reapplying to be an Addiction Treatment Provider, Regular Certification
- Transitioning TRS (transitional residential facility) to Supervised Group Home, Subacute Stabilization Facility or Recovery Residence

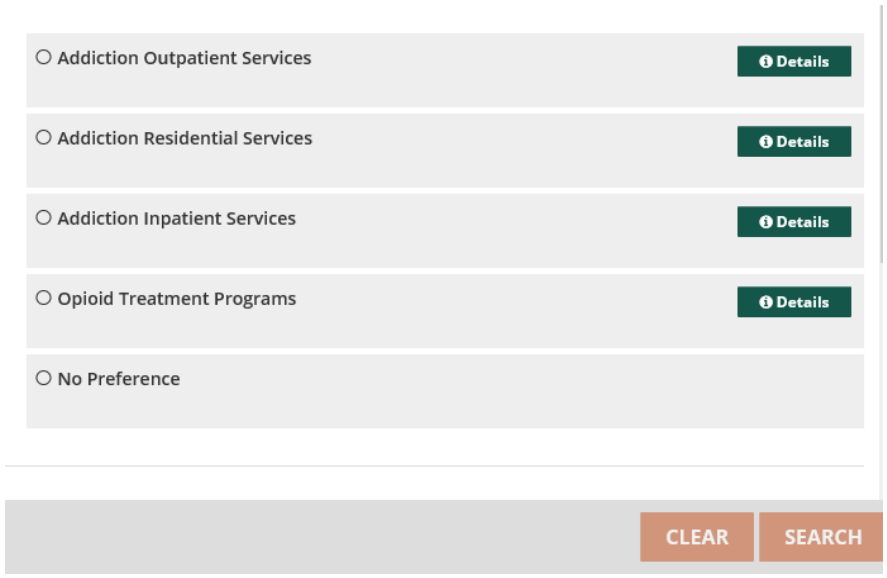
# ASAM Designation Process

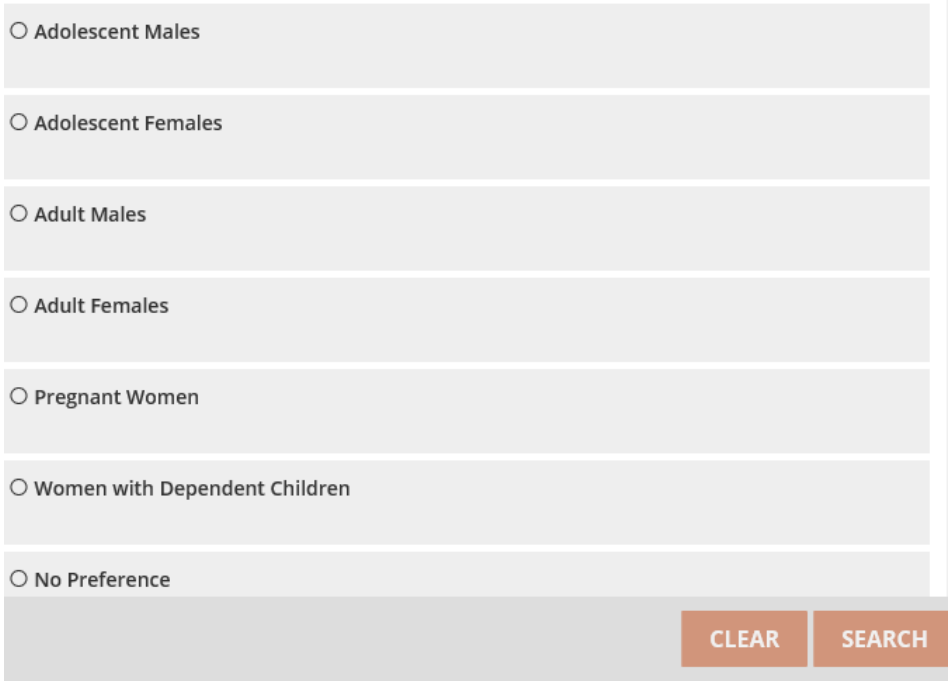
- DMHA started ASAM designating 3.1 and 3.5 residential in March of 2018.
- Now, we have 34 ASAM designated addiction residential treatment facilities which represents over 700 beds. Most of these facilities did not exist before last year.

# Substance Use Disorder Treatment Options on the web

https://secure.in.gov/apps/fssa/providersearch/home/category/as

# SUD Treatment Search Options



# Mapping CMHC locations

- Looking at locations in the counties
- Using this information to see gaps and compare with other data that shows need
  - Serving youth and/or adults
  - Providing SUD treatment and/or mental health treatment

# County Reports

- Per Indiana Code 12-29-2-16
- Will be released this summer
- Will be by CMHC and not county
- For outcomes, DMHA decided to use the consumer satisfaction surveys, specifically the outcomes of services
  - Mental Health Statistics Improvement Program (MHSIP) survey
  - Youth Services Survey for Families (YSS-F)

# Indiana's Assessment Tools

- CANS – Child and Adolescent Needs and Strengths –
  - CANS Birth to 5 years
  - CANS 5 – 17 * Can be used up to 22 years old if developmentally appropriate
- ANSA – Adult Needs and Strengths Assessment
  - For 18 year olds and older

# Purpose for the CANS & ANSA

The CANS and ANSA are holistic assessment tools designed to support individual treatment plans, to monitor progress and to evaluate and improve services.

Its simple rating system was creating so people from different fields (child welfare, behavioral health, families, clients, etc.) could speak the “same language.”

# Indiana's Users

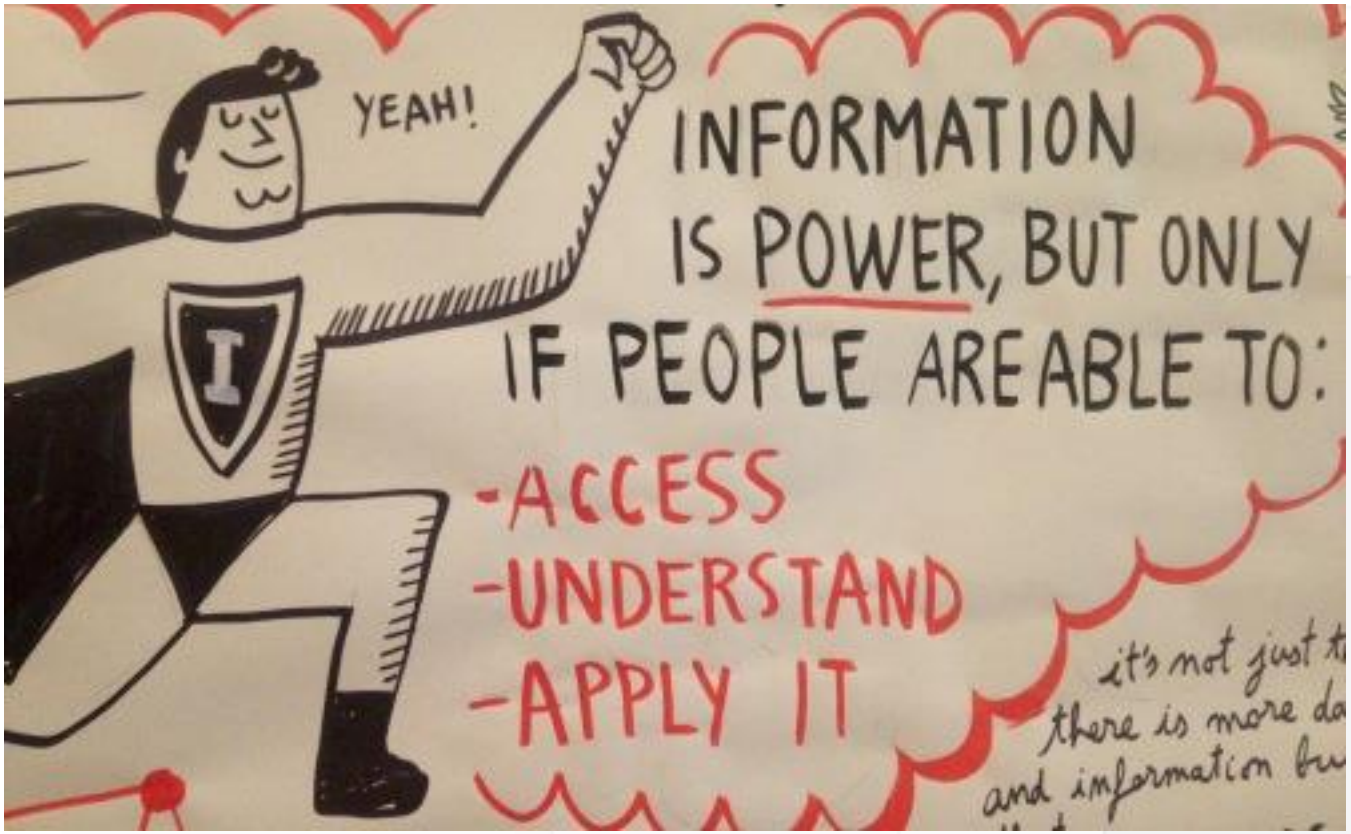
- Indiana has **9,645** actively certified CANS individuals and **6,622** actively certified ANSA individuals.

- The Tools are used by:
  - Division of Mental Health and Addiction (DMHA) providers
  - Department of Child Services (DCS) and providers that work with DCS, such as residential providers

# Using Data to Inform Decisions…

In SFY 2018, DARMHA processed

**408,636** CANS and ANSA assessments!



# Outcome Management Reports


## CANS and ANSA Outcome Reports

*In order to run report, please select from following required fields: Tool ID, Agreeement Type, Date Option. Other dropdown and checkbox fields are optional filters.*

| | |
|---|---|
| Report: | Resolved Actionable Needs (Young Children) |
| Select Provider: | - STATEWIDE - |
| *(Required)* Tool ID: | < Select > |
| *(Required)* Agreement Type: | < Select > |
| *(Required)* Date Option: | < Select > |
| Reporting Field 1: | < Select > |
| Reporting Field 2: | < Select > |
| Gender: | < Select > |
| DMHA Supported Consumer: | < Select > |
| Episode Status: | < Select > |
| T2 Date Range: | < Select > |
| Age Group: | < Select > |
| County: | < Select > |
| EBP Question: | < Select > |
| Display Option: | ◉ Chart ○ Chart with Summary Data ○ Raw Data |

Race:

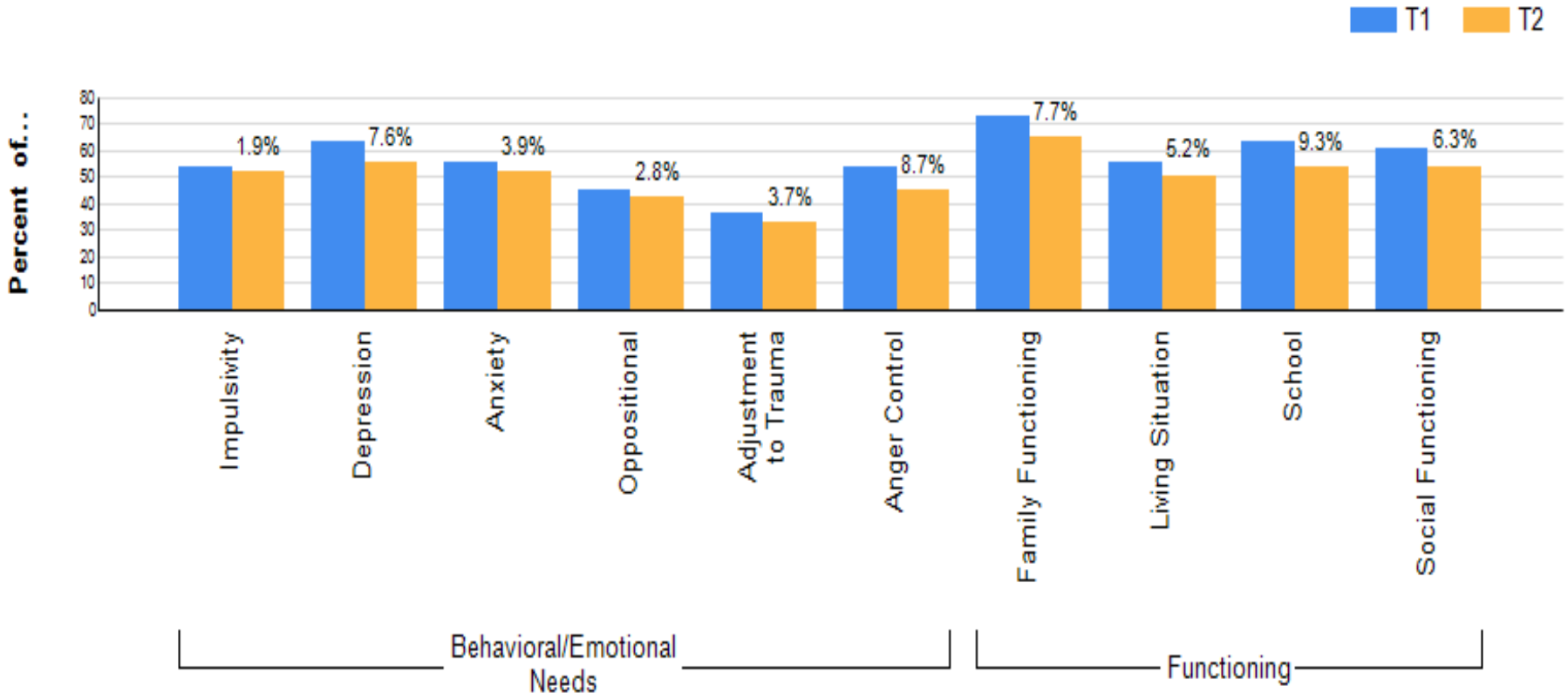
- ☐ African-American
- ☐ American Indian
- ☐ Asian
- ☐ Caucasian
- ☐ Nat Hawaiian/Pacific Isl
- ☐ Other Single Race

Ethnicity:

- ☐ Not Hispanic/Latino
- ☐ Mexican
- ☐ Other Hispanic/Latino
- ☐ Cuban
- ☐ Puerto Rican
- ☐ Latino, Unknown Origin

# Key Interventions over Time for Youth, 13-17

## Statewide, n = 8,568, e = 8,787 as of 09/20/2018




Selected Filters: Statewide, T1=Baseline, T2=Latest, State Fiscal Year 2018, Age 13 to 17 years, SED, Closed Episodes; Graph presents data from 07/02/2007 to 06/30/2018.

# Individual Assessment Summary

**Date:** 10/31/2016
**Type:** CANS 5-17

**Assessor:** Blue Moon
**DARMHA** 23232312
**Internal ID:** 11111111

## Usable or Buildable Strengths

Spiritual/Religious
Community Life
Natural Supports

Family Strengths
Relationship Permanence
Youth Involvement with Care


Interpersonal
Optimism
Educational
Talents/Interests

## Actionable Needs


Family Functioning
Living Situation
School
Recreation
Communication
Impulsivity/Hyperactivity
Anger Control
Intentional Misbehavior (Social Behavior)

Judgment
Family Stress (Caregiver)

This report lists usable or buildable strengths (rated 0, 1 or 2) and actionable needs (rated 2 or 3) identified from a CANS or ANSA assessment for the specified individual on the indicated date. n = number of individuals; e = number of episodes.

For more information about CANS & ANSA and this report, visit https://dmha.fssa.in.gov/DARMHA/mainDocuments.

Indiana Family & Social Services Administration, Division of Mental Health & Addiction, DARMHA

# Current Performance Measures

DMHA's measures are divided into three populations (SED, SMI, CA)

- Number of people served
- Reassessments completed on time – both NOMS and CANS/ANSA
- Outcome measured by CANS/ANSA
  - Improvement in One Domain
  - Improvement in One Domain for Closed Episodes of Care
  - Strength Development
  - Community Integration (14 items from the ANSA that indications of an individual's recovery through integration in the community)

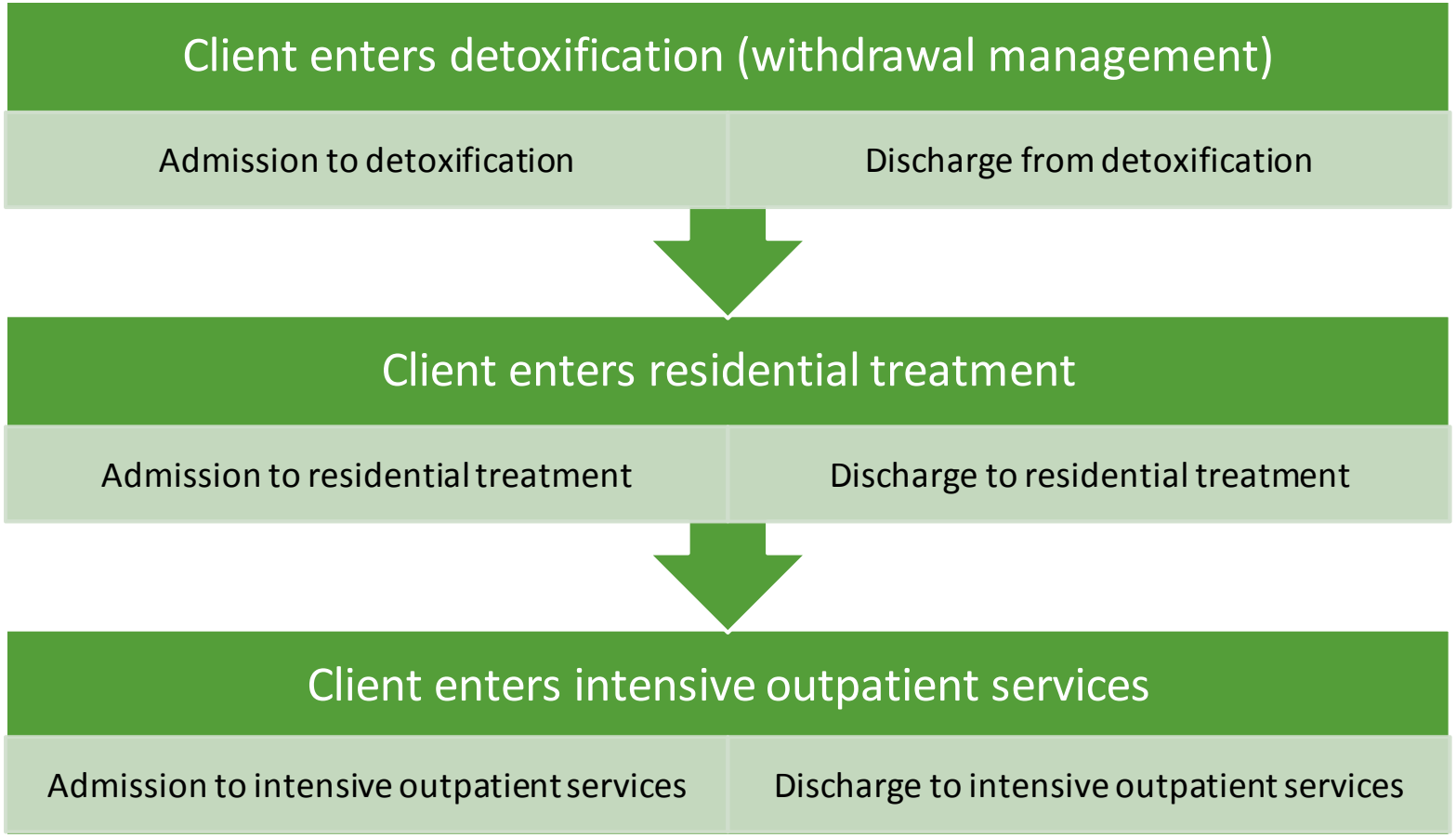
# Monthly Scorecard and Raw Data

- Every month at the beginning of the month, the monthly Scorecard and raw data that makes up the Scorecard numbers are available to download.
- Staff can contact me if you have any questions.

# Why does DMHA need data?

- Grant Reporting
  - Substance Abuse Prevention and Treatment Block Grant
  - Mental Health Block Grant
- Performance Measures
- To inform decision making and track progress
- Consumer Outcomes

# Sample Sequence of a Substance Use Disorder Treatment Episode



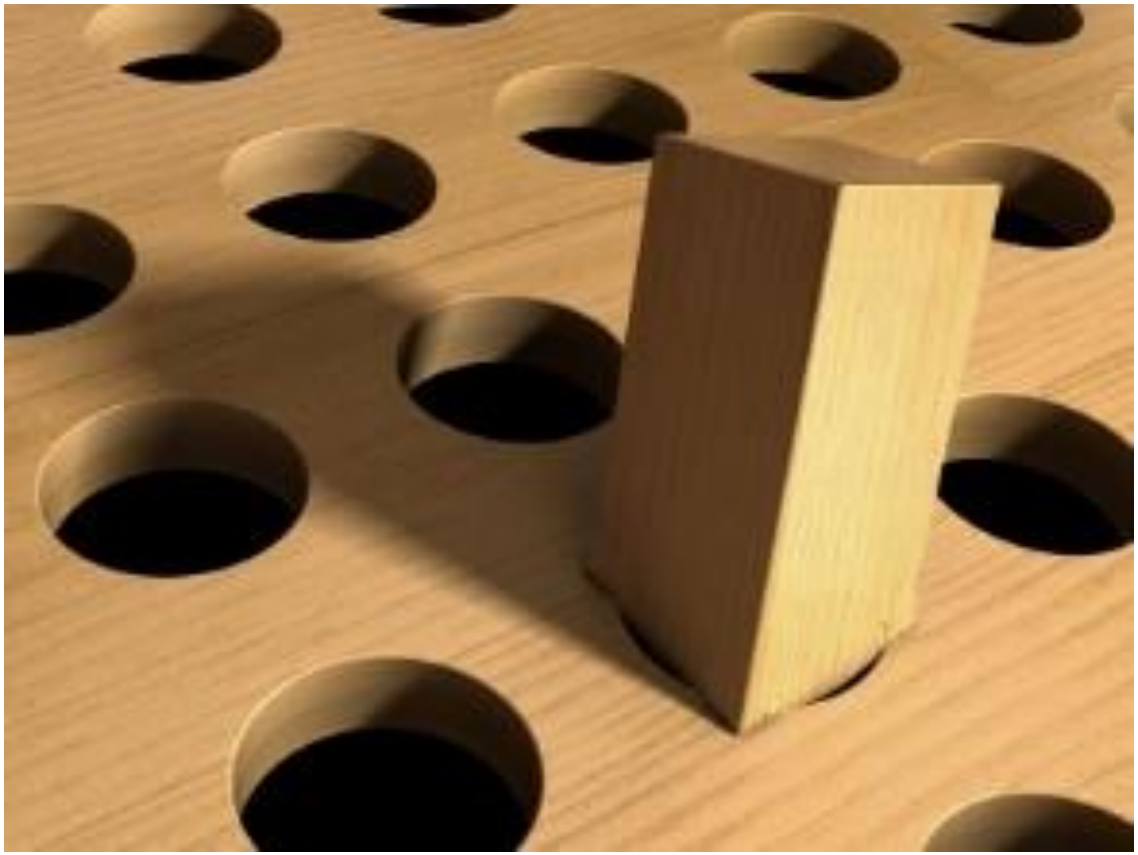
# Level of Treatment

| Code | Description |
|---|---|
| 1 | **Detoxification, 24-Hour Service, Inpatient or Withdrawal Management Unit** |
| 2 | **Detoxification, 24-Hour Service, Withdrawal Management in a Residential Facility** |
| 3 | **Hospital Inpatient (other than detoxification)** |
| 4 | **Residential Treatment -** ASAM Level 3.5 |
| 5 | **Residential Treatment -** ASAM Level 3.1 |
| 6 | **Intensive Outpatient Services and Partial Hospitalization** |
| 7 | **Outpatient Services** |
| 8 | **Ambulatory Detoxification** |

# Issues with Data for CA

- We have had difficulty using the encounters to determine level of treatment
- This is especially challenging because our federal reporting requires we provide an admission and discharge record for each level of treatment

# Square Peg in a Round Hole



# Issues with Data for CA

Because the diagnosis and NOMs records are not together, we have…

- Consumers with CA agreement with no substance of use
- Consumers with a SUD disorder but the substance is not listed in the three substances used

# Solution to CA Data Issues

- Combine the Diagnosis and NOMs record information into one record
- Have providers submit an admission and discharge record for each level of treatment.

# A New Approach

- Instead of coding individuals CA because their primary diagnosis is an SUD. Providers will send data about those individuals when they are “enrolled” in SUD treatment.
- Skills Training and Case Management are not treatment; they are supportive services.

# More time to implement the SUD treatment admission/discharges

- The SFY changes will be deployed July 1st.
- Providers will have a choice from July 1st - Sept. 30th to send CA agreement data the way they do now or the new way
- By Oct. 1st, providers will need to submit the SUD treatment admissions/discharges

# Quality Improvement

Erin Quiring
Assistant Deputy Director for Quality Improvement

# Overview

- QI Team
- What We Do
  - Routine visits
  - Findings
  - Complaint/incident review
- DMHA Incident Review Committee
- Looking at SFY20

# QI Team

| Clinical Quality Reviewers | CANS/ANSA Reviewers | Compliance Reviewers |
| --- | --- | --- |
| • Judy Bannister, LCSW, LCAC, MAC, SAP<br>• Colleen Caito, MS, LMHC, MAC<br>• Dottie Plummer, RN, BSN | • Dominique McCall<br>• Amanda Phifer | • Danielle McClain, MSW, LCSW<br>• Kate Heger |

# What We Do - Routine Visits

- Annual visits to CMHCs, contracted ASRs, licensed inpatient hospitals/units based on:
  - Indiana Administrative Code, Mental Health Block Grant, Substance Abuse Block Grant, and contract requirements
  - Previous years' visits and areas of identified need
  - SAMHSA's feedback/TA through 2018
  - Quality measures (best practice, NAHQ, accrediting bodies, etc.)

- Timing
  - Previous visit
  - Staffing
  - Other DMHA visits/program area needs

# Routine Visit Process

- Notification/request for information ~2.5 weeks
  - Policies/procedures
  - CANS/ANSA documentation
- Documents/pre-survey due ~1 week
- Agenda/full requested file list provided ~1 week
- On-site
  - Potential follow up on any missing items
  - File review – clinical, CANS/ANSA
  - Employee file review
  - Inpatient units: tour/document request/file review

# Post-Visit

- Report based on findings in roughly 10 business days
- Structure
  - Strengths
  - Items Requiring a Corrective Action Plan
  - Additional Items

- Corrective Action Plans
  - Due back within 10 business days
  - Should address each item – identify who is responsible and a timeline
  - Documentation should be kept to validate actions

# SFY18 Findings - Compliance

**Items with Highest Compliance**

- Medication evaluation includes review of all drugs used
- Consumers are screened at assessment for co-occurring mental health and/or substance use disorders

Inpatient

- When indicated, RD documented assessment/interventions
- Timely H&P

**Item with Lowest Compliance**

- Consumer is involved in treatment planning as evidenced by his/her signature (or refusal is documented)

- Inpatient
  - Precautions are consistently noted throughout the record
  - Corrections
  - Signatures

# SFY18 Findings – SABG (TB & Health)

| Item | % Compliance |
|---|---|
| Health education info is provided to consumer. | 69 |
| Health & high risk assessment is on file. | 67 |
| Referral & results of TB testing is available on file. | 67 |
| Agency will refer consumers who are not able to receive treatment, due to their TB status, to a provider of tuberculosis services . | 69 |

# SFY18 Findings – SABG (PW/WWDC)

| Item | % Compliance |
|---|---|
| Medical care for mother and/or prenatal care | 80 |
| Child care while mother participates in treatment | 91 |
| Pediatric medical care – including immunizations | 88 |
| Therapeutic interventions for children in their mother's care which addresses any abuse, neglect, developmental, and clinical needs | 88 |
| Transportation to ensure access to services | 84 |
| Gender specific treatment activities | 73 |

# SFY18 Findings - CANS/ANSA

## Highest percentage

- CANS/ANSA is rated with the involvement of the individual
  - CANS is rated with the involvement of family
- Progress is monitored and reflected in reassessment
- Assessments/reassessments are completed timely

## Lowest percentage

- Identified needs and strengths are reflected in the treatment plan.
- Inter-rater reliability falls within certification standards.
- Individualized documentation of strengths is in the record (ANSA)
- Treatment plans change based on progress and needs

# SFY18 Findings - Quality

## Highest percentage

- Consumers are screened at assessment for SI/HI
- Consumers are screened for trauma

- Inpatient
  - Nurse created an initial plan of care

## Lowest percentage

- Chart reflects agencies attempts to re-engage consumers in treatment
- Written discharge plans address possible future, individualized consumer needs

- Inpatient:
  - Nursing assessment includes a comprehensive skin assessment

# SFY19 Findings – Desk Audit

## Lowest percentage

- Publicizing preference in admissions

- Interim Services (within 48 hours)
  - Counseling and education about HIV and TB, the risks of needle-sharing, the risks of transmission to sexual partners and infants, and steps that can be taken to ensure that HIV and TB transmission does not occur
  - Referral for HIV or TB treatment services, if necessary
  - Counseling pregnant women on the effects of alcohol and other drug use on the fetus and referrals for prenatal care for pregnant women
  - Can include federally approved interim methadone maintenance

# SFY19 Findings – Desk Audit (cont.)

- Outreach Services
  - The program carries out activities to encourage individuals in need of treatment services for intravenous drug abuse to undergo such treatment by using scientifically sound outreach models.
- Training for Staff
  - Recent trends in substance use disorders in the State
  - Improved methods and evidence-based practices for providing substance use disorder treatment services
  - Performance-based accountability
  - Data collection and reporting requirements
  - Cultural competency
  - Trauma-informed care

# SFY19 Findings – File Reviews

## Lowest percentage

- CANS/ANSA results are very similar, are on CAPs this year
- Treatment plan signatures, including SED consumers
- Family involvement – assessed and encouraged
- Coordinating health services
- Complete and accurate releases of information
- Re-engagement attempts are documented (quality)
- Discharge planning involves the individual and addresses future needs (quality)

# SFY 19 Findings – File Reviews (SABG)

**Lowest percentage**

- TB Services
  - Health education is provided
- PW/WWDC
  - Medical care and/or prenatal care
  - Child care and/or Head Start
  - Pediatric medical care, including immunizations
  - Therapeutic interventions for kids
  - Transportation
  - Gender-specific substance use services

# What We Do - Complaint/Incident Review

- Complaint and incident review
- Consumer Service Line, incident reporting portal, other State agencies, direct communication from consumers/families
  - Liaisons:
    - Kevin Vail
    - Alyse Tillis
- File/desk review of policies and procedures, site visits as needed

# DMHA Incident Review Committee (IRC)

- Criteria
  - Mortalities in persons age 40 and younger
  - Suicide/overdose
- Review Process
  - Assessments/treatment plans
  - ANSA/CANS
  - Progress notes (therapy, case mgmt., physician, etc.)
  - Medication list
  - Coroner's Report/Autopsy Report/Toxicology Report

# IRC Continued

- Goals
  - Understand causes of premature deaths
  - Decrease premature deaths
  - Improve quality of consumer services
- Initial findings presented April 2017
- Committee has been reviewing by provider
  - Meetings directly with providers reviewing specific cases
  - Require plan for improvement based on findings

# Findings – From April 2017

- Provide appropriate intervention for high risk patients at the time of intake
- Assertive outreach strategies to unstable patients who “drop out,” particularly those meeting commitment criteria
- **Develop evidence based treatment programming, including MAT, and offer to relevant clients**
- **Include drug screening and review INSPECT, initially and periodically throughout treatment, for all clients given high rates of co-occurring SUD**
- **Consider policy to limit benzodiazepine use**
- Consider internal review of cases involving polypharmacy
- CANS/ANSA reflects client situation
- Individualize documentation

# Additional Findings

- Diagnoses
  - Missing certain diagnoses, documentation not allowing for justification of diagnoses
- Treatment
  - Not receiving services commensurate with assessment/immediate situation
  - Skills training and/or case management as only services
  - Template treatment plans/no updates based on current situation
  - Coordination/communication with other providers (PCPs, inpatient, etc.)
- Commitment
  - Lack of understanding of appropriate use

# SFY20

- CAP Follow Up
- Expanding capacity to provide TA for CANS/ANSA
- Continued/further review of SABG requirements
- Providing further guidance on SABG requirements