

Behavioral Health Care Coordination Project
Monthly Data Reporting Questions
New York State OMH CQI Initiative for Health Promotion and Care Coordination

Note: These questions are for information purposes only. Monthly reporting is via an on-line survey. **Your clinic will answer these questions on the survey that will open on August 5.**

Questions 1 to 3 ask about the CQI team, staff awareness of the CQI project, and the Center for Practice Innovations training requirement.

1. The clinic established a **CQI team** and has met at least once in the past month to support project activities for this CQI initiative.

Select:

Team not yet established

Team established, but did not meet in the past month

Team established, and met this past month

2. **All clinic staff have been made aware** of the clinic's project selection, project goals, strategies to achieve the goals, and their roles and expectations to support the project and promote its success.

Select:

Not yet started

Some staff are aware

All staff are aware

3. **Training Requirement** - Center for Practice Innovations (CPI) On-line Training:

- a. How many direct care staff work 20 or more hours per week at your clinic? _____

- b. What is your CPI training target? _____

That is, how many staff will **complete the 10 required CPI modules?** (Note: this target must be at least 25% of the number in the question above.)

- c. December 31, 2013 is the deadline for completion of the 10 on-line CPI modules associated with the project selected by the clinic.

How many of your clinic staff **completed the 10 required CPI modules?** _____

(Note: Supervisors can obtain this number by using the CPI on-line tracking system.)

Questions 4 through 6 ask about procedures for routinely identifying clients with a quality flag, for ensuring that clinical staff are aware of identified clients and have a copy of the PSYCKES Clinical Summary to support their clients' reviews, and for maintaining data on project activities.

4. The QI team
- used PSYCKES (and other sources, if applicable) to **create a master list** of clients identified with the Behavioral Health Care Coordination quality flags, and
 - updated the list in the past month** using the PSYCKES "New QI Flag" tab (and other sources, if applicable).

(See Project Planning Form, Section 4B, Questions #1 and 2)

Select:

Master list not yet created

Master list in process of being created

Master list completed, but was not updated this past month

Master list completed, and was updated this past month

5. The clinic has established procedures to ensure that **during the appointment for any client identified with quality flags**, clinical staff:
- are aware of quality concerns to be addressed (e.g. high utilization, adherence) and
 - have a copy of the PSYCKES Clinical Summary to support their review.
- (See PPF, Section 4B, Questions #3 and 6).

Select:

Not yet started

In process of establishing procedures

Established procedures, but not routinely implemented this past month

Established procedures, and routinely implemented this past month

6. The clinic has established procedures to ensure that the QI team maintains data on project activities (e.g. clients who have or have not received clinical evaluation, interventions delivered, other outcomes of interest) to assess project status and inform decisions about any needed changes to QI strategies.

Select:

Not yet started

In process of establishing tracking and outcome monitoring procedures

Established tracking and outcome monitoring procedures, but not routinely implemented this past month

Established tracking and outcome monitoring procedures, and routinely implemented this past month

Questions 7 through 9 ask about procedures for evaluating a client's reasons and risk factors associated with quality flags, and for delivering specific interventions to ensure that the quality flags are addressed or risks minimized.

7. For clients who are **high utilizers of behavioral health inpatient/ER services** and/or have been discharged from the hospital within 45 days, the clinic has established procedures to ensure that clinical staff:
- evaluate clients' risk factors for readmission and/or ongoing high utilization
 - develop a treatment plan
 - deliver one or more interventions.
- (See PPF, Section 4B, Questions #4 and 7)

Select:

Not yet started

In process of establishing procedures

Established procedures, but not routinely implemented this past month

Established procedures, and routinely implemented this past month

8. For clients who have **low medication adherence or have discontinued medication**, the clinic has established procedures to ensure that clinical staff:
- evaluate clients' risk factors
 - develop a treatment plan
 - deliver one or more interventions.
- (See PPF, Section 4B, Questions #5 and 8)

Select:

Not yet started

In process of establishing procedures

Established procedures, but not routinely implemented this past month

Established procedures, and routinely implemented this past month

9. For clients who have **substance use issues**, the clinic has established procedures to ensure that clinical staff:
- evaluate clients' risk factors
 - develop a treatment plan
 - deliver one or more interventions.
- (See PPF, Section 4B, Question #9)

Select:

Not yet started

In process of establishing procedures

Established procedures, but not routinely implemented this past month

Established procedures, and routinely implemented this past month