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# FY15 Quality Review

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Department of Behavioral Health  
Office of Accountability

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## **Introduction**

The Department of Behavioral Health (DBH), Office of Accountability (OA) monitors compliance and evaluates the quality of community mental health services within our system of care. Through a comprehensive review of the consumer clinical record, the Quality Review (QR) assesses documentation of provider adherence to 22 DCMR A34, Mental Health Rehabilitation Services (MHRS) Provider Certification Standards and DBH policy requirements in addition to evidence of community mental health best practices carried out by MHRS Core Services Agencies (CSAs), sub providers and specialty providers (e.g. ACT and CBI programs) in the District of Columbia. The results of these reviews will be factored into the published Provider Scorecard.

The sections that comprise the review this year are: Essential Information, Assessment, Crisis & Relapse Planning & Responsiveness, Treatment Planning, Service Provision, Teaming and Care Management. There are a total of 16 indicators for the FY15 Quality Review.

## **Data Collection and Process Overview**

In order to gather data for this review, a team of reviewers from DBH will look at documentation from a sample of consumer clinical records. Points will be awarded for each standard met, for a total of 90 points. Providers serving both adult and youth populations will receive a separate sample and score for each population. Likewise, providers serving both CSA and specialty populations will receive a separate sample and score for each population.

The QR team consists of DBH employees with relevant clinical and administrative backgrounds that allow them to make sound and reliable judgments about documentation compliance and quality against the established review criteria. On the day of the review, the QR team will meet with provider staff upon arrival in order to ask questions about the clinical record layout and become oriented to the sections of the record that will provide the necessary evidence for each quality indicator.

When reviewing on-site or remotely, the QR team will formally alert providers regarding unseen documentation so that providers have an opportunity to respond before the conclusion of the visit. *It is recommended that providers have a dedicated staff member available to assist the QR team in locating missing documentation.* Following the review, the QR team will briefly meet with staff to provide initial feedback on observations from the data gathering process. For reviews conducted remotely, telephone and email liaison will take place between the QR team lead and the provider representative to achieve the same standard of support and understanding.

In a change to previous years, there will not be a second chance submission following preliminary results.

**CSA Sampling Methodology:**

A random sample is generated for each provider from the roster of active consumers<sup>1</sup> and based proportionally on the size of the active consumer population at each provider. If adult and youth are both served by the same provider, a separate proportional sample will be reviewed for each.

Active Consumer Roster Size	QR Sample Size
0 to 500	15
501 to 1000	20
1001 to 2500	25
2501+	30

**Review Period**

Indicator	Indicator	Review Period
1-5	Essential Information	Open
6 - 7	Assessment & Crisis Planning	FY15
8	Assessment Areas Addressed in Treatment Plan	January 1, 2015-June 30, 2015
9 - 10	Treatment Planning	January 1, 2015-June 30, 2015
11	Treatment Plan Implementation	January 1, 2015-June 30, 2015
12 - 13	Encounter Notes	January 1, 2015-June 30, 2015
14	Monthly Progress Notes	FY15
15	Teaming & Care Coordination	January 1, 2015-June 30, 2015
16	Relevant Screenings/Labs	FY15

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<sup>1</sup> A consumer meets the criteria for QR ('active') if they have received at least one service in each quarter for all four quarters of F15.

## **Scoring Quality Review Indicators**

Where a standard is met, points are awarded according to the specific scoring rubric for that indicator. Indicator details can be found in the 'Explanation of Quality Indicators' section.

## **Calculating the Overall Quality Review Score**

Below is a step-by-step explanation of how DBH calculates the overall Quality Review score for each provider. For the CSA and sub-providers a total of 90 points are possible from the 16 indicators, ACT and CBI reviews can total 100 points.

1. The mean average score for each indicator is calculated across the provider sample. (i.e., points are totaled for each indicator and the average is calculated by dividing by the sample size.)
2. These average points for each indicator are then summed, to establish the total points for the review sample.

For example, the average points summed for all indicators = 80 overall points.

3. The raw score is then calculated. So, 80/90, or 89% (CSA) or 80/100, or 80% (specialty)
4. The calculated success rate is then used along with the QR raw score as the basis for the quality score section of the Provider Scorecard.

## **Explanation of Quality Review Indicators & Quality Standards**

### **Section 1: Essential Information**

This section reviews the presence of the most basic requirements of any consumer record, including the names and contact details of the consumer and those of external collateral, evidence of informed consents, details of current staff involved in the consumers' treatment and the presence of a clear list of prescribed medications (where necessary).

*Total Points Available = 10*

The following were seen in the consumer record, or an obvious attempt was made to gather this information

1. Consumer name, date of birth, address, telephone number and emergency contact info. (2 pts)

**Standard of Quality:** Clear, concise and centrally located within the clinical record

- A. Listing of pertinent family, advocate or external collateral information (pilot indicator 0 pts)

**Definition:** Listing of consumer's external supports whether familial or social service-related who are sanctioned members of the consumer's treatment team

**Standard of Quality:** Centrally located within the clinical record; documents the team member's relationship to the consumer and a contact number. If the consumer has goals related to external/collateral team members their name must be documented, if the consumer does not have external collateral supports or does not wish to have external members participate in their treatment, there should be documentation verifying the consumer's wishes

2. One or both of the current informed consent for treatment and informed consent for psychiatric medications (where applicable) or an explanation for their absence (2 pts)

**Definition:** The required DBH Informed Consent to Mental Health Treatment and Consent to Psychiatric Medications (where applicable) is present and signed by the consumer or the consumer's parent or guardian.

**Standard of Quality:** Presence of informed consent or an explanation of its absence (e.g. consumer's refusal to sign). Consent to Psychiatric Medication(s) should specify the medication prescribed

3. Names and roles of current CSA/CBI/Sub provider/Specialty provider staff (2 pts)

**Definition:** The name(s) and role(s) for all internal workers associated with the consumer's care (ACT Teams are exempt from this indicator as the ACT team assignment denotes the identified workers).

**Standard of Quality:** Clear, concise and centrally located within the clinical record. Identification by name and title of the staff persons responsible for providing MHRS services

4. Primary care physician details (2 pts)

**Definition:** The name and contact details for the consumer's primary care physician.

**Standard of Quality:** Clear, concise and centrally located within the clinical record; especially for consumer with identified co-occurring medical conditions. Points were not awarded for the mere presence of the primary care physician's name or the name of hospital or medical facility without a contact number or address.

5. If indicated for treatment, a clear list of all prescribed psychiatric and/or somatic medications (2 pts)

**Definition:** A list of all prescribed medications within the clinical record. This includes medical and psychiatric medications, and may include over-the-counter medications.

**Standard of Quality:** A comprehensive, and easy to locate list of medications for the consumer. If consumer is not prescribed medication it should be clearly reflected within the clinical record.

## Section 2: Diagnostic Assessment

This section reviews a diagnostic assessment report completed at least once per year, and the presence of a substance use screening that should be completed every 180 days. CBI, sub providers and specialty providers: The assessment may be provided by the referring CSA/clinical home.

*Total Points Available = 16*

6. The following components were seen in a single diagnostic assessment report updated/completed in FY15 (Sub and Specialty providers: Full point will be awarded for D&As from the referring CSA within the consumer record)

**Definition:** 3415.1 A Diagnostic/Assessment (D&A) is an intensive clinical and functional evaluation of a consumer's mental health condition by the Diagnostic/Assessment team that results in the issuance of a Diagnostic Assessment report with recommendations for service delivery that provides the basis for the development of an IRP/IPC.

- A. The diagnostic assessment report contains a chronological behavioral health history (4 pts)

**Definition:** 3415.5 (a) A chronological behavioral health history of the consumer's symptoms, treatment, treatment response, and attitudes about treatment over time, emphasizing factors that have contributed to or inhibited previous recovery efforts; (b) For youth and adults, the chronological behavioral health history includes both psychiatric history and substance abuse history, treatment history for either or both diagnoses and the consumer's perception of the outcome; (c) Biological, psychological, familial, social, and environmental dimensions and identified strengths and weaknesses in each area.

**Standard of Quality:** A narrative report detailing the consumer's behavioral health history, signed by an AQP in FY15

- B. The diagnostic assessment report contains a clinical case formulation/interpretive summary (pilot indicator 0 pts)

**Definition:** A hypothesis about the cause and nature of the presenting problems. In clinical practice, formulations are used to communicate a hypothesis/understanding and provide a framework for developing the most suitable treatment approach.

**Standard of Quality:** A hypothesis about the cause and nature of the presenting problems, in addition to a holistic understanding of who is this individual, including strengths, stage of change, culture, co-occurring conditions. In clinical practice, formulations are used to communicate a hypothesis/understanding and provide a framework for developing the most suitable treatment approach.

C. Clear clinical recommendations/clinical rationale for treatment (4 pts)

**Definition:** 3415.1 "...the issuance of a Diagnostic Assessment report with recommendations for service delivery that provides the basis for the development of an IRP/IPC."

**Standard of Quality:** Recommendations for treatment should be individualized, detailed/specific to the consumer, explicitly stated and based on the findings from the diagnostic assessment report. Points are not awarded when the recommendations for treatment merely listed clinical services (e.g. Community Support, Medication Management, Individual Counseling etc.)

D. Strengths-based language integrated throughout the diagnostic assessment report (4 pts)

Or Strengths summary/strengths list (1 pts)

**Definition:** 3415.5 the diagnostic assessment shall contain the following elements: (e) both a strengths summary....which addresses the following: (1) risk of harm, (2) functional status (3) co-morbidity (4) recovery environment (5) treatment and recovery history

**Standard of Quality:** Full points are awarded when strengths-based language is integrated throughout the diagnostic assessment report. One point is awarded when strengths-based language is confined into a single section such as a summary/strengths list.

E. Substance use screen (in any format) completed in FY15 (4 pts)

**Definition:** 3415.5 (g) A review of the consumer's alcohol and substance abuse history and presenting problem(s), including an assessment of substances used and intensity of use, the likelihood and severity of withdrawal, and the medical and behavioral risk secondary to intoxication. This review either identifies or excludes substance abuse or dependence as a co-occurring treatment need

**Standard of Quality:** Formal or informal screening of the consumer's past/present substance use, completed or updated in FY15

### **Section 3: Crisis and Relapse Planning**

This section reviews the process that goes into maintaining crisis and relapse planning and preventions, which should be updated at least once each year.

*Total Points Available = 6 (ACT and CBI = 16)*

7. The following information was seen in a crisis and relapse plan completed/updated in FY15

**Definition:** Procedures for handling routine, urgent, and emergency situations

A. Consumer triggers, signs and symptoms of behavioral crisis (3 pts)

**Definition:** A clinical inventory of the warning signs or indications of pending or current crisis, often in the



words/language of the consumer.

**Standard of Quality:** A clinical inventory that represents the triggers, signs, and symptoms identified by the consumer as well as attempts by the assessor to assist the consumer with its identification

B. Individualized actions or strategies (i.e. specific to the consumer) for reducing the impact of a crisis (3 pts)

**Definition:** Documented strategies the consumer can use to cope with crises, persons among the consumer's support network that should be notified, and how the consumer would like to be supported by the CSA during, and after a crisis.

**Standard of Quality:** Actions/strategies that are individualized, specific to the consumer, explicitly stated and based on the identified triggers, signs and symptoms. Points are not awarded when the actions/strategies were template in nature or merely listed 911 or clinical services (e.g. call CSW, take medication, attend individual therapy etc.). Actions/strategies should represent a concerted effort by the consumer and clinician to identify coping and/or de-escalation strategies.

B1. ACT and CBI Providers: Please indicate the role(s) you will play with the consumer during a crisis or relapse separate from other providers (5 pts)

**Definition:** Identification of the interventions, supportive and/or therapeutic role the ACT/CBI worker will provide to the consumer in the event of a crisis

**Standard of Quality:** Documentation of the actions and/or strategies of the ACT Team or CBI worker to prevent and/or intervene in the event of a crisis

B2. ACT and CBI Providers: Support provided by the ACT or CBI Team in the last 90 days of FY15. Phone and direct support separated for ACT. Additionally, crisis support can include collaboration with a consumer's caregivers or other collateral supports. If the consumer did not experience a crisis in the review period, points will be awarded. (5 pts)

**Definition:** Documented efforts (i.e. actions and/or strategies) of the ACT Team or CBI worker when intervening in a consumer-related crisis.

**Standard of Quality:** Documentation that describes the specific efforts and/or interventions provided by the ACT Team or CBI worker when responding to consumer crisis. If the consumer had no crises within the review period (last 90 days of the FY15), the indicator was scored as N/A and points were awarded.

#### **Section 4: Treatment Planning**

This section reviews the components of an effective treatment plan. Emphasis will be placed on goals and objectives and their relationship between the assessment recommendations. For this indicator, the treatment plan that covers (or substantially covers) 1/01/15-06/30/15 is used. Logically the assessment should precede the treatment plan. ACT and CBI providers: If the CSA's assessment of the consumer was used, then the treatment plan should be based on that assessment.

*Total Points Available = 30*

- 8. 80-100% of assessed needs are seen in the treatment plan (10 pts)  
40-79% of assessed needs are seen in the treatment plan (5 pts)  
1-39% of assessed needs are seen in the treatment plan or No comprehensive assessment in the past two years or No treatment plan for the period covering January 1, 2015-June 30, 2015 (0 pts)

**Definition:** Whether the treatment plan addresses the consumer's needs via the clinical recommendations identified a diagnostic assessment report completed within the last two fiscal years.

**Standard of Quality:** The degree of alignment between the clinical recommendations identified within the diagnostic assessment report and a valid treatment plan covering January 1, 2015-June 30, 2015 (Quarters 2&3).

- 9. Coordination of substance use treatment for the period covering January 1, 2015-June 30, 2015 (5 pts)

**Definition:** Assessments (e.g. D&A, GAIN-SS, MIDAS, consumer self-report) completed within FY15 that yield active substance use were followed up with a referral for substance use treatment or substance use goals/objectives are included on the consumer's treatment plan

**Standard of Quality:** Active substance use is addressed via consumer treatment plan or referral. If the consumer refuses substance use treatment there should be clear, centrally located documentation of the consumer's refusal

- 10. The following components were seen in a valid treatment plan that covers (or substantially covers) the period of 1/01/15-06/30/15 (Quarters 2 and 3) of FY15.

- A. The goal(s) on the treatment plan are person-centered in nature (pilot indicator 0 pts)

**Definition:** Goals listed on the treatment plan that are specific to consumer, long-term, global and broadly stated.

**Standard of Quality:** Goal(s) expressed in the language of the consumer and reflect the consumer's wishes/hopes/desires. Consistent with the desire for self-determination

- B. 80% of the Treatment Plan objectives are **specific** to the consumer (3 pts)

**Definition:** Near-term changes (often behavioral) to meet the long-term goals. The objectives identified in the treatment plan are individualized (i.e. specific to the consumer) and divide larger goals into manageable units of completion

**Standard of Quality:** Objectives are clinically relevant/appropriate, individualized (i.e. non-template in nature) to address that near-term steps to meet the long-term goals identified

C. 80% of the Treatment Plan objectives are **measurable (3 pts)**

**Definition:** Concrete criteria for measuring progress.

**Standard of Quality:** Indicators of consumer progress (e.g. behavioral/mental status changes, homework/workbooks, consumer/family report, assessment scales/scores etc.). If an objective is not measurable it is not possible to know whether the team is making progress toward successful completion.

D. 80% of the Treatment Plan objectives are **attainable/achievable (3 pts)**

**Definition:** Treatment plan goals that are neither out of reach nor below standard performance

**Standard of Quality:** Objectives are attainable during the treatment life-span of the treatment plan, focus on improve functioning, are goal-related and are revised as necessary

E. 80% of the Treatment Plan objectives are **realistic (3 pts)**

**Definition:** Objectives can be achieved given the consumer environment, supports, diagnosis and level of functioning

**Standard of Quality:** Consumer can realistically complete the objectives given the environment, supports, diagnosis and level of functioning

F. 80% of the Treatment Plan objectives are **time-limited (3 pts)**

**Definition:** Grounding objectives within a time-frame/target date within the life span of the treatment plan

**Standard of Quality:** A commitment to a deadline or established deadline that helps focus efforts toward completion of the goal on or before the due date. Not all objectives have the same time period for completion

### **Section 5: Service Provision**

This section assesses whether the services prescribed in the treatment plan are being addressed; it assesses the presence of monthly progress notes that synthesize progress towards treatment goals and objectives; and it measures whether encounter notes provide sufficient information to generally explain the service or intervention being provided as well as the consumer's response to that service/intervention.

*Total Points Available = 18*

11. From January 1, 2015-June 30, 2015, 60-100% of planned services are being provided (6 pts)  
From January 1, 2015-June 30, 2015, 1-59% of planned services are being provided (2 pts)

**Definition:** The extent to which the provision of clinical services provided align with the goals, objectives and interventions specified in a valid treatment plan covering the period under review (January 1, 2015 through June 30, 2015); determined from reading encounter notes, monthly progress notes and outreach and/or informational notes.

**Standard of Quality:** Encounter notes must reflect the services prescribed in a valid treatment plan covering quarters 2 and 3 of FY15. Specifically, the content of the notes must document services/interventions that link directly to the treatment plan. Documentation of why services are not provided or barriers to service provision should be documented within an informational note or monthly progress note.

12. From January 1, 2015-June 30, 2015, at least 80% of all encounter notes detailed the service provided and the consumer response. (4 pts)

**Definition:** Of the encounter notes in the record, covering the review period, a minimum of 80% of the notes should document the services/interventions provided and contain the consumer's response to the services/interventions. Both elements must be present in each note. Consumer response includes documentation of the choices and perceptions of the consumer regarding services provided

**Standard of Quality:** The note must have a detailed description of the services/interventions provided to the consumer during the encounter with the service provider. If encounters did not occur, documentation must indicate attempts made and/or reasons for not meeting. If 1/3 of the encounter notes are suspicious in nature (e.g. duplicate content/notes, notes taken from treatment manuals, template notes etc.) points will not be awarded for this indicator.

13. From January 1, 2015-June 30, 2015, at least 80% of all medication somatic encounter notes detailed the service provided and the consumers' response. (4 pts)

**Definition:** Of the medication somatic encounter notes in the record, covering the review period, a minimum of 80% of the notes should document the services/interventions provided and contain the consumer's response to the services/interventions. Both elements must be present in each note. Consumer response includes documentation of the choices and perceptions of the consumer regarding services provided

**Standard of Quality:** Medication somatic encounter notes should be legible and provide a detailed description of the services/interventions provided. The consumer response should relate to the service/intervention provided. If encounters did not occur, documentation must indicate attempts made and/or reasons for not meeting.

14. In FY15, 8-12 monthly progress notes are seen, synthesize progress on goals/objectives and signed by a QP within 30 days of the period covered by the note. CBI Providers: 4 out of the 6 monthly notes required (4 pts)

**Definition:** All of the following must be met for this indicator: 8-12 monthly notes must be seen in the consumer record, signed by a QP by the end of the following month the note is documented, and the monthly progress note should clearly synthesize monthly activities as it relates to treatment plan goal/objective completion.

**Standard of Quality:** All three criteria must be met to award points. The notes must address Treatment Plan goals/objectives via a summary of the services and interventions provided during the month, any significant events and/or changes in consumer status, or outreach attempts.

### **Section 6: Teaming and Care Management**

This section measures the level of coordination with collateral team members serving the treatment interests of the consumer; it reviews the presence of relevant screenings (where necessary).

*Total Points Available = 10*

15. Teaming & Care Coordination efforts for the period covering January 1, 2015-June 30, 2015 (5 pts)

**Definition:** Documented efforts of teaming and care coordination via external/collateral supports; or attempts to engage, in order to meet treatment goals and/or objectives. If it is documented that collateral supports do not exist, the provider is not penalized.

**Standard of Quality:** Clear and concise documentation (e.g. encounter notes, informational notes or monthly progress notes) that indicate care coordination, engagement or attempts to engage collateral supports in order to meet treatment goals/objectives.

16. CSA/ACT/CBI Providers: In FY15 there is evidence that relevant labs/screens are being conducted (where necessary) (5 pts)

**Definition:** Documentation/evidence that relevant labs/screens are being conducted for consumers prescribed atypical antipsychotic medication(s), or documentation of attempts

**Standard of Quality:** Labs/screens or documentation of attempts (e.g. informational notes or monthly progress notes)