



# Office of Mental Health Continuous Quality Improvement Initiative for Health Promotion and Care Coordination: 2013 Project Activities and Expectations

March 2013

# Overview

- Welcome
- 2013 CQI Project Options
- Implementing a CQI project
- Using PSYCKES
- Center for Practice Innovations
- Project Expectations
- Next Steps

# Orientation to Training

- Three kickoff training webinars
  - Quality Concerns: Health Promotion and Coordination/Behavioral Health Care Coordination
  - Project Activities and Expectations
  - Project Planning Form (optional)
- Ongoing project training
  - Using PSYCKES
    - Consent Module
    - Using PSYCKES for QI
    - Using PSYCKES for Clinicians
  - CPI modules and other supports
    - Resource library
    - Webinar series (live and archived)
  - Webinars on special topics, based on clinic interest and request

# 2013 OMH CQI Projects

- New indicators/projects are aligned with new directions in health care
  - Health Promotion and Coordination
  - Behavioral Health (BH) Care Coordination
- Center for Practice Innovations support for CQI Initiative
  - On-line learning modules to support direct care staff engaged in these projects
- Enhanced Medicaid funding for eligible clinics
- Moving from PDCA to DMAIC (Six Sigma)

# Health Promotion and Coordination

## PSYCKES Indicators

4+ Inpatient/ER – Med	<b>High Utilization of Medical Inpatient / Emergency Room</b>
Prevent Hosp Asthma	<b>Preventable Hospitalizations - Adult Asthma</b>
Prevent Hosp Diabetes	<b>Preventable Hospitalizations - Adult Diabetes</b>
Prevent Hosp Dehydration	<b>Preventable Hospitalizations - Adult Dehydration</b>
No Diabetes Screening-On Antipsychotic	<b>No Diabetes Screening for Individuals on Antipsychotics</b>
Diabetes Monitoring-No HbA1c > 1 Yr	<b>No Diabetes Monitoring for Individuals with Diabetes</b>
No Outpatient Medical Visit >1 Yr	<b>No Outpatient Medical Visit in Past Year</b>

# Behavioral Health Care Coordination

## PSYCKES Indicators

4+ Inpatient/ER – BH	High Utilization of Behavioral Health Inpatient / ER
3+ Inpatient – BH	High Utilization of Behavioral Health Inpatient Services
3+ ER – BH	High Utilization of Behavioral Health ER
Readmission - All BH 45 day	Behavioral Health Rehospitalization within 45 Days
Adherence – Antipsychotic (Schz)	Adherence to Antipsychotic Medications for Individuals with Schizophrenia
Adherence Mood Stabilizer (Bipolar)	Adherence to Mood Stabilizer Medications for Individuals with Bipolar Disorder
Antidepressant < 12 weeks (Depression)	Antidepressant Trial of less than 12 weeks for Individuals with Depression

# IMPLEMENTING CQI

# Implementing a CQI Project Using DMAIC Model

- Six Sigma model highly data-driven:  
focuses on measuring and improving quality
  - Healthcare examples: service level, service cost, customer satisfaction, clinical excellence
- DMAIC (Define-Measure-Analyze-Improve-Control)
  - Inspired by PDCA
  - Often organizations will begin with a “Recognize” step

# Recognize

- Review training materials with CQI team
- Review prevalence of **all** indicators in the indicator sets
  - PSYCKES QI Report; compare agency/region/ state
- Opportunity to improve - select a project based on:
  - Baseline performance in PSYCKES
  - “High risk, high volume, problem prone”
  - Input from staff; alignment with clinic priorities
  - Experience gained in Phase I/II

# Define

- Establish team based on project requirements
- Identify overarching goal for project
- Evaluate organizational resources and supports
- Review organizational processes
- Determine timeline

# Measure

- Identify key project metrics
- Develop detailed process maps
- Establish baseline data and develop data collection plan (What, How, Who)
  - Who needs lab work, when referrals are made, when lab results are put in chart
  - Who is at high risk of admission, clinical evaluation to determine appropriate intervention(s), intervention(s) delivered
- Plan for communicating data to staff and leadership

# Analyze

- Review data to identify sources of variation
- Identify value/non-value added steps
- Identify critical factors driving performance
- Identify gaps between current performance and desired goal

# Improve

- Identify/select processes and strategies to achieve goal
  - Clinical interventions - focus on specific clinical interventions that you want to increase capacity to deliver in your clinic
  - Workflow redesign - define how clinic will change workflow processes to insure that clients are identified, reviewed and receive an intervention
- Develop an action plan with measurable steps to achieve goal
  - Staff responsible
  - Resources required
  - Timeframe for completion
  - Definition of success/completion

# Capacity Building Clinical Interventions

## (Reviewed in Quality Concerns Webinar)

- Medication related approaches (e.g., increase long-acting injectables)
- Psychosocial Interventions, for example:
  - Integrated treatment for substance use disorder
  - Motivational Interviewing
  - Behavioral tailoring or cue-dose training
  - Wellness self management
- Developing additional support, for example:
  - Peer support
  - Family involvement
  - Health Home Care Management and support services
  - Referral/linkage to health educator/primary care physician
  - Assisted Outpatient Treatment (AOT)
- Integrated mental and physical health
  - OMH optional clinic services - Health Physicals and Health Monitor Services

# Referrals and Organizational Interventions

- Health Home referral: work through SPOA or directly with Health Home
- Home attendant referral
- AOT: work with OMH field office/LGU
- Health physicals: obtain operating certificate to provide optional services
  - Complete Part 599 Clinic Regulation Survey on Mental Health Provider Data Exchange to revise operating certificate
  - *NYS OMH 14 NYCRR Part 599, "Clinic Treatment Programs," Interpretive/Implementation Guidance, 01-04-2012*

# Optional Clinic Services

## Health Physicals and Health Monitoring

- Health Physical: evaluation of an individual, including an age/gender appropriate history, exam, and the ordering of laboratory/diagnostic procedures
  - Provided by: MD, NP, PA
- Health Monitoring: Continued measuring of specific health indicators associated with increased risk of medical illness and early death
  - Adults: blood pressure, body mass index (BMI), substance use and smoking cessation.
  - Children: BMI percentile, activity/exercise level, and smoking status
  - Provided by: MD, NP, RN, LPN, PA

# Control

- Review performance to
  - Sustain improvement
  - Establish corrective plans as needed
  - Translate and transfer learning
- Monthly meetings of QI team to review data at client, prescriber, and clinic level; progress towards goals; and barriers to change
- Regular meetings with staff and leadership to review progress and outcomes

# USING PSYCKES

# Define and Measure: Review Prevalence of Indicators

Quality Indicator Overview As Of 10/01/2012

Agency: **Main Street Clinic**

Modify Filter

Site:ALL, Attending:ALL, Program Type:MHClinic - Free Standing, Age:ALL, Popul

Select Indicator Set for Details

Indicator Set

Indicator Set ▲	Population	On Any	N	%	Regional %	Statewide %
<a href="#">BH Care Coordination</a>	All	7,590	530	6.98	6.68	6.57
<a href="#">Cardiometabolic</a>	All	1,098	482	43.90	42.63	43.43
<a href="#">Dose</a>	All	4,041	207	5.12	5.22	5.80
<a href="#">Health Promotion and Coordination</a>	All	7,595	1,798	23.67	22.82	25.40
<a href="#">High Need - Ineffectively Engaged</a>	All	0	41	0.00	0.00	0.00

# Analyze: Review Variation

Indicator Set

Indicator

Indicator	Population	On Any	N	%	Regional %	Statewide %
<u>Diabetes Monitoring-No HbA1c &gt;1 Yr</u>	All	857	222	25.90	21.52	24.38
<u>No Outpatient Medical Visit &gt;1 Yr</u>	All	7,595	990	13.03	12.94	14.27
<u>No Diabetes Screening-On Antipsychotic</u>	All	1,641	467	28.46	24.86	29.87
<u>4+ Inpatient/ER - Med</u>	All	7,590	335	4.41	4.66	5.63
<u>Prevent Hosp Asthma</u>	Adult	6,567	44	0.67	0.84	0.58
<u>Prevent Hosp Diabetes</u>	Adult	6,567	42	0.64	0.67	0.52
<u>Prevent Hosp Dehydration</u>	Adult	6,567	8	0.12	0.11	0.11
<b><u>Summary</u></b>	<b>All</b>	<b>7,595</b>	<b>1,798</b>	<b>23.67</b>	<b>22.82</b>	<b>25.40</b>

# Improve: Define Target Population

Indicator Set: Health Promotion and Coordination, Indicator: Summary

Indicator Set | Indicator | Site | Unduplicated Attending | **Unduplicated Recipients** | New QI Flag | Dropped QI Flag

Recipient ▲	Medicaid ID	DOB	Quality Flags	Medications (BH; excludes enhanced PHI)
<a href="#">Aaahcfq Dedddhc</a>	Jbcdjde Afehdaf	12/31/9999	No Outpt Med	RISPERIDONE
<a href="#">Aabadff Ffdecaq</a>	Ebjagec Fieihfj	12/31/9999	No DM Screen-AP	ARIPIPRAZOLE, CITALOPRAM HYDROBROMIDE, ZOLPIDEM TARTRATE
<a href="#">Aabqih Gqacaca</a>	Ejffbhb Bedafca	12/31/9999	3+ ER-BH, 4+ Inpt/ER-All, No Outpt Med	
<a href="#">Aabdjcc Dcfbehb</a>	Icajfee Dfedbfb	12/31/9999	3PP(Y), No DM Screen-AP, No Outpt Med	METHYLPHENIDATE HCL, QUETIAPINE FUMARATE, PAROXETINE HCL
<a href="#">Aabiiea Ajabfcd</a>	Edhccfe Egcgnde	12/31/9999	3+ Inpatient - BH, 4+ Inpt/ER-All, 4+ Inpt/ER-BH, No Outpt Med	

# Clinical Summary Supports Client Assessment

- Diagnoses
  - Comorbid medical/substance use/mental health conditions
- Service utilization patterns
  - Integrated Graph shows gaps in services and/or medication
  - Engagement in primary care
  - Use of ER/inpatient services
- Monitoring
  - Medication orders show gaps between pick-ups
  - Review laboratory services, test names, dates and providers

# Clinical Summary

Client demographics, quality flag, diagnoses  
Select time frame, note level of access

**Clinical Summary** Common Ground Return to Quality Indicator Results Export to PDF Excel

OMH PHI **Please choose summary period** Last 3 months Last 6 months Last Year Last 2 Years All Available (up to 5 years)

Clinical Report Date: 12/14/2012 (This report contains all available clinical data.) Enhanced PHI  Show  Hide

Name: [Eecjdif Iifeidh](#) Medicaid ID: FCDBEAA BEBDCJG DOB: 12/31/9999 Age: 19

Medicaid Eligibility: SAFETY NET W/O DEPRIV Managed Care Plan: METROPLUS HEALTH PLAN INC Medicare: No

Indicator Set	Quality Flag Evidence
BH Care Coordination	Discontinuation - Antidepressant <12 weeks (MDE)   Adherence - Mood Stabilizer (Bipolar)   3+ Inpatient - BH
Hospital ER Utilization	4+ Inpt/ER-All, 4+ Inpt/ER-Med

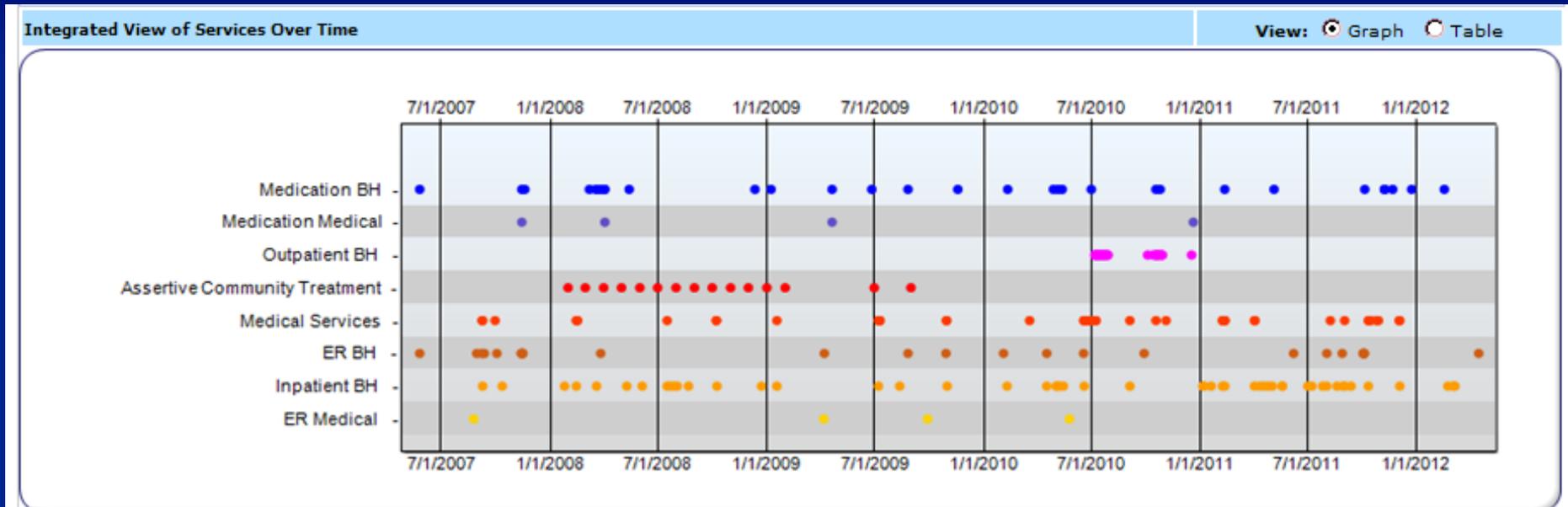
**Behavioral Health Diagnoses - Primary and Secondary Dx (Most Recent Shows First)**

Bipolar Disorder | Other Psychotic Disorder | Major Depressive Disorder , Substance Abuse

**Medical Diagnoses - Primary and Secondary Dx (Most Recent Shows First)**

Symptoms, Signs, and Ill-Defined Conditions	Residual codes; unclassified
The Digestive System	Noninfectious gastroenteritis
The Musculoskeletal System And Connective Tissue	Spondylosis; intervertebral disc disorders; other back problems
The Respiratory System	Asthma

# Clinical Summary: Integrated View as Graph



All services displayed in graphic form to allow ready identification of utilization patterns, including medication adherence and outpatient, inpatient and ER services.

Note "Inpatient BH" – scattered dots

# Hospital/ER Services: Integrated Behavioral/Medical

Service type, provider, diagnosis, admission/discharge dates, length of stay, procedures

Hospital/ER Services

[See All Data](#)

Service Type	Provider	Admission	Discharge Date/Last Date Billed	Length of Stay	Most Recent Diagnosis	Procedure(s)	See Provider Detail
Inpatient BH	<a href="#">AREBA CASRIEL INSTITUTE</a>	3/2/2012	4/2/2012	31	Substance Abuse		
Inpatient BH	<a href="#">BELLEVUE HOSPITAL CENTER</a>	2/22/2012	2/23/2012	1	Schizoaffective Disorder		 
Inpatient BH	<a href="#">ST BARNABAS HOSPITAL</a>	12/3/2011	12/21/2011	18	Major Depressive Disorder		
Inpatient BH	<a href="#">INTERFAITH MEDICAL CENTER</a>	10/11/2011	11/2/2011	22	Schizoaffective Disorder		
ER BH	<a href="#">JAMAICA HOSPITAL MED CTR</a>	10/2/2011	10/4/2011	1	Mental Illness	- Ther/Proph/Diag Inj Sc/Im	
CPEP	<a href="#">BETH ISRAEL MEDICAL CENTER PSYCH</a>	10/4/2011	10/4/2011	1	Mental Illness	- Drug Screen, Single	
Inpatient BH	<a href="#">NY HOSPITAL</a>	9/2/2011	9/30/2011	28	Substance Abuse		

# Labs and Other Data

Dental, Vision, Labs, X-Ray, Living Support, Transportation

Dental and Vision		<a href="#">See All Data</a>		OMH PHI	
 No Medicaid claims for this data type in the past 5 years					
Living Support/Residential Treatment		<a href="#">See All Data</a>		OMH PHI	
 No Medicaid claims for this data type in the past 5 years					
Lab & X-Ray		<a href="#">See All Data</a>		OMH PHI	
Program/Type	Test Name	Date Billed	Provider	See Test Detail	
LAB	Complete Cbc Automated	5/8/2012	<a href="#">ADEYANJU OLUFUNMILAYO OLAJUMOKE MD</a>		
LAB	Comprehen Metabolic Panel	5/8/2012	<a href="#">ADEYANJU OLUFUNMILAYO OLAJUMOKE MD</a>		
LAB	Lipid Panel	5/8/2012	<a href="#">ADEYANJU OLUFUNMILAYO OLAJUMOKE MD</a>		
LAB	Comprehen Metabolic Panel	5/7/2012	<a href="#">QUEST DIAGNOSTICS INC</a>		
LAB	Lipid Panel	5/7/2012	<a href="#">QUEST DIAGNOSTICS INC</a>		
Transportation		<a href="#">See All Data</a>		OMH PHI	
Type	Provider Name	First Date of Service (last 5 years)	Last Date Billed	Number of Visits	See Provider Detail
TAXI	<a href="#">WOODHULL MED &amp; MNTL HLTH CTR</a>	4/17/2011	7/21/2012	3	

# **USING THE PSYCKES CONSENT MODULE**

# Client Information in PSYCKES: Comparison

Access Type	Includes Data with Special Protections? (SUD, HIV, Family Planning, Genetic)	Duration
Provided service in past 9 months	No, get client name only	Up to 9 months after last service
Quality Flag	No, but get all other data	As long as flag is active; up to 9 months after last service
Clinical Emergency	Yes, all data	72 hours
<b>Consent</b>	<b>Yes, all data</b>	<b>3 years after last service</b>

# PSYCKES Consent Process Overview

- Only staff with “PSYCKES-Registrar” role can use Consent Module.
  - Clinic decides which staff should have Registrar role: Security Manager designates using SMS
- Client is asked to sign PSYCKES Consent Form
  - Must use form available in PSYCKES (English and Spanish)
- Registrar uses Consent Module to attest
  - Signed consent, or
  - Clinical emergency
- Any PSYCKES user (Registrar or not) within the agency can then access client data.

# Three Steps for Consent

- Find client (Medicaid ID or SSN)
- Attest to rationale for access
- Attest to client identity
  
- Trainings available:
  - Consent module webinar
  - Using PSYCKES for Clinicians

# **CENTER FOR PRACTICE INNOVATIONS (CPI)**

# Who CPI is and How We Support the CQI initiative

- The Center for Practice Innovations (CPI) supports the New York State Office of Mental Health's mission to promote the widespread availability of evidence-based practices to improve mental health services, ensure accountability, and promote recovery-oriented outcomes for consumers and families.
- For phase III of this CQI initiative, CPI will provide free training and implementation supports to help clinics transform their care.

# Health Promotion and Coordination - Adult Online Training Modules Required

1. Integrating Medical, Psychiatric, and Addiction Treatment Services
2. Wellness Self-Management
3. Stage-wise Treatment
4. Motivational Interviewing I
5. Motivational Interviewing II
6. Motivational Interviewing III
7. Motivational Interviewing and Harm Reduction
8. Practitioner Tools for Treating Tobacco Dependence
9. Understanding the Use of Medications to Treat Tobacco Dependence
10. Implementing Tobacco Dependence Treatment

# Health Promotion and Coordination - Youth Online Training Modules Required

1. Co-occurring Disorders in Adolescents
2. Integrating Medical, Psychiatric, and Addiction Treatment Services
3. Stage-wise Treatment
4. Motivational Interviewing I
5. Motivational Interviewing II
6. Motivational Interviewing III
7. Motivational Interviewing and Harm Reduction
8. Practitioner Tools for Treating Tobacco Dependence
9. Understanding the Use of Medications to Treat Tobacco Dependence
10. Implementing Tobacco Dependence Treatment

# Behavioral Health Care Coordination - Adult Online Training Modules Required

1. Engaging Consumers
2. Stage-wise Treatment
3. Early Stages of Change
4. Motivational Interviewing I
5. Motivational Interviewing II
6. Motivational Interviewing III
7. Motivational Interviewing and Harm Reduction
8. Individual Interventions
9. Generating the Collaborative Treatment Plan
10. Persuasion Groups

# Behavioral Health Care Coordination - Youth Online Training Modules Required

1. Co-occurring Disorders in Adolescents
2. Engaging Consumers
3. Stage-wise Treatment
4. Early Stages of Change
5. Motivational Interviewing I
6. Motivational Interviewing II
7. Motivational Interviewing III
8. Motivational Interviewing and Harm Reduction
9. Individual Interventions
10. Generating the Collaborative Treatment Plan

# CPI's Online Training Modules

- Developed according to the principles of adult learning theory
- Received awards for excellence in online training
- Features
  - Interactive learning activities and knowledge checks
  - Video clips of consumers and practitioners
  - Video clips of skill demonstrations and panel discussions
  - Links to resources
  - Text version for every page
  - 10 item exam to demonstrate knowledge learned

## Motivational Interviewing I

Exit

Menu

### Roll with Resistance

Change is hard, and clients may resist it with arguing, negative talk or hostility. If practitioners oppose this resistance, clients usually become more opposed to the change.

Use the **Forward** and **Back** buttons to learn more.



#### Coming Alongside

- Instead of opposing resistance, agree with what the client says.
- Especially useful with resistant clients.
- May restore balance to client's perspective.

#### Example

**Client:** I can't quit using. All of my friends use!

**Practitioner:** And it may very well be that when we're through, you'll decide that it's worth it to keep on drinking as you have been.

**Client:** Okay.

Back

Forward

 Text Version Resources Pause Replay Audio Back Page 10 of 20 Next

# Additional Modules Available

CPI has a growing library of online training modules; topics include:

- Clinical Supervision
- Individual Placement and Support (IPS) model of supported employment.
- Screening/assessment for co-occurring mental health and substance use disorders
- Stage-wise treatment groups
- Cognitive-behavioral therapy
- Helping people consider clozapine (in production)
- Suicide prevention (in production)

# Live and Archived Webinars

- Regularly scheduled live webinar series and special webinars for supervisors and for practitioners.
- Archived webinars; examples include:
  - Differential diagnosis for people with mental health symptoms and substance use (Dr. Michael First)
  - Motivational Interviewing – 3 part series for supervisors and for practitioners (Rusty Foster)
  - Engaging hard to engage clients – 2 part series (multiple presenters)
  - Cognitive-behavioral therapy – 3 part series (Rusty Foster)
  - Street Drugs 101 (Dr. Petros Levounis)
  - Clinical Supervision and Field Mentoring (Deborah Myers)
  - Using the Group Supervision Process (Rusty Foster)

# Resource Library

Browser window showing the URL: <https://rfmh.csod.com/LMS/KB/KBMain.aspx?topicID=09489d13-2a00-4b6d-9be3-3a> and the page title: Empowering People: Rfmh

Navigation menu: File Edit View Favorites Tools Help

Search bar: Search

Utility icons: Safe Do Not Track Weather Facebook Speedtest

Taskbar: Weat... Seed... Sugg... Comc... NYTi... BBC Out... Spar... Adobe CPI LMS LMS ... LMS ...

For assistance, please contact the Help Desk at [cpihelp@nyspi.columbia.edu](mailto:cpihelp@nyspi.columbia.edu) or 212-543-5127

Search:  Search [Advanced Search](#)

[Create New Discussion](#) [Ask New Question](#) [Add Online Resource](#) [Upload Document](#)

Sort By  Title  Date Posted  Type « Previous 1-16 of 16 Next »

## Search Results

- Cognitive-Behavioral Therapy (10)**  
Click here for resources related to cognitive-behavioral therapy.
- Collaborative Treatment (3)**  
Click here for resources on collaborative treatment and collaborative treatment planning
- Drug and Alcohol Information (3)**  
Click here to learn more about commonly misused drugs and alcohol, including symptoms of intoxication and withdrawal.
- FIT Module Transcripts (1)**  
This document is a pdf of the FIT module transcripts and resources
- Implementing Integrated Treatment for COD (19)**  
Click here to access exercises to help programs implement integrated treatment for co-occurring mental health and substance use disorders
- Measuring Program Capability and Fidelity to Providing Integrated Treatment for COD (1)**  
Click here for resources related to capacity (e.g., DDCAT/DDCMHT) and fidelity (IDDT) to integrated treatment for COD
- Medication/Medical (5)**  
Click here for links and resources related to psychiatric and substance use medications and other medical care issues
- Motivational Interviewing (20)**  
Click here to access resources for Motivational Interviewing
- Peer Recovery/Family and Other Natural Supports (7)**  
Click here to access links and resources for 12-step and other peer recovery support services
- Screening, Assessment and Diagnosis of COD (8)**  
Click here for links and resources related to screening, assessment, and diagnosis of COD
- Social Skills Training (2)**  
Click here for links and resources related to social skills training
- Stage-Wise Treatment (including Groups) (8)**  
Click here for resources related to stage-wise treatment and stage-wise treatment groups.
- Supervision (13)**  
Click here for resources related to supervision.
- Tobacco (1)**  
Click here for resources related to tobacco cessation
- Trauma-related Resources (1)**  
Click here to access trauma-related resources.
- Webinar - Archived Powerpoints**  
Click here to access archived FIT webinar powerpoints

Windows taskbar showing system tray icons (volume, network, power) and the system clock: 9:44 AM 1/4/2013

# Tracking Tools

- Supervisors have the ability to assign and track training in the online system.
- This includes the ability to pull summary reports and to view progress for any given individual.
- Each supervisor has, on their learning transcript, a short video describing how to assign training and view what people have done.

# Example Summary Report

Browser: <https://rfmh.csod.com/reports/trackemployee/EmployeeTrainingProgress.aspx>

File Edit View Favorites Tools Help

AVG Search Safe Do Not Track Weather Facebook Speedtest

Training Type:  Online Class  Event  Quick Course  Curriculum  Test  Session  External Training  Library  Material  Posting  Video

Training Title: FIT Module 08: Motivational Interviewing ©2009 RFMH

Options:  Hide Archived Training  Include Indirect Subordinates

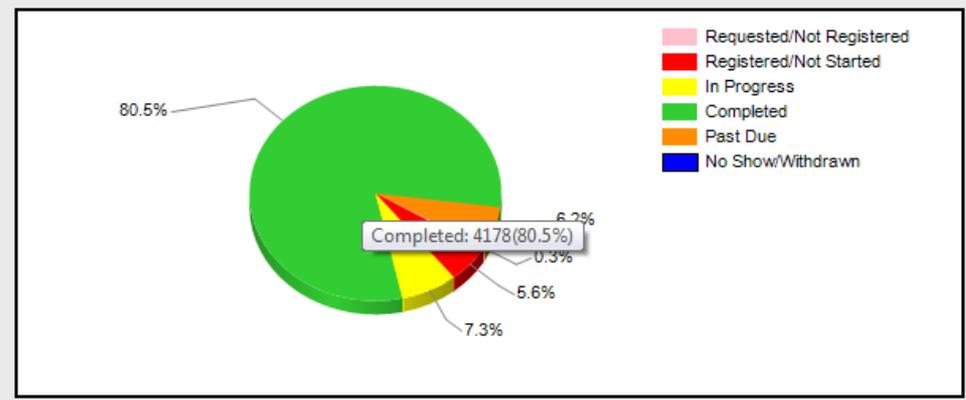
Display:  All Training  Assigned Training

Equivalent Training:  Include users who have completed equivalent courses in the report.

Include Removed Training:  Include training that was removed from user transcript

User Status:  Include inactive users

## Employee Progress Summary



[View Details](#)



# Example Staff Transcript

https://rfmh.csod.com/MyTeam/MyTeam.aspx?tab\_page\_id=-20000509

File Edit View Favorites Tools Help

AVG Search Safe Do Not Track Weather Facebook Speedtest

Weat... Seed... Sugg... Comc... NYTi... BBC Out... Spar... Adobe CPI LMS LMS ... LMS ...

01 - 02

Nancy Hertzog  
Learner

Paul Margolies  
Learner

Activities Profile Performance Calendar Comments

Transcript | User Profile | Certification | Resume | Peers

Actions View:  Active  Completed  Archived  Removed

Title	Due Date	Status	Options
ACT IDDT Learning Collaborative - Dec 2012-13_Online Meeting	None	Registered	Remove
ACT IDDT Learning Collaborative 2012-2013	None	In Progress	Remove
ACT: Engaging Consumers in Assertive Community Treatment ©2011 RFMH	None	In Progress	Remove
ACT: Promoting Recovery through a Mobile, Team-based Approach ©2010 RFMH	None	In Progress	Remove
FIT Clinic PIN (Practice Improvement Network)	None	No Show	None
FIT IDDT PROS Learning Collaborative	None	In Progress	Remove
FIT Module 01: Introduction ©2009 RFMH	None	In Progress	Remove
FIT Module 02: Implementing Co-Occurring Disorders (COD) Treatment ©2010 RFMH	None	In Progress	Remove
FIT Module 03: Screening for Substance Use ©2009 RFMH	None	In Progress	Remove
FIT Module 04: Screening for Psychiatric Disorders ©2009 RFMH	None	In Progress	Remove

100% 9:52 1/4

# Strategies From the Field:

## Helping Staff Find Time to Complete Modules

- Watch modules together as a group during a regularly scheduled staff meeting
- Raffle inexpensive (or free) prizes monthly (each module completed gives you one ticket in the raffle) – examples have included fun seasonal baskets, books, employee of the month parking spot, extra dress down day.
- Allow interested staff to cover some days or shifts that are typically less busy.
- Provide lunch once a month for staff who agree to use their personal lunch (or other) time to complete the training.

# PROJECT EXPECTATIONS

# Project Activities and Expectations

- Complete OMH Documentation
  - Participating Clinic Contact Form (was due 12/14/12)
  - Project Planning Form (due 3/15/2013)
  - Interim report (future)
- Webinar trainings: 2 staff from each clinic
  - Quality Concerns
  - Project Activities and Expectations
  - Project Planning Form (optional)
- Monthly on-line data reporting
- Direct care staff complete CPI modules
- Participation in conference calls/site visits to review project
- Use DMAIC Model (or other robust CQI methodology) to support project implementation

# Next Steps

# Next Steps

- Check that 2 staff from each clinic attended training
  - Quality Concerns
  - Project Activities and Expectations
  - Project Planning Form (optional)
- Develop CQI team
- Define project
  - Select project and interventions
  - Develop action plan
- Complete Project Planning Form
- Register for CPI modules
- Designate PSYCKES registrars; clinic security manager enrolls registrars in OMH security management system

# Project Planning Form (PPF)

- Due March 15
- PPF purpose:
  - Updates agency/clinic demographic data
  - Helps clinics select and document a new project
  - Asks for information about workflow processes and clinical interventions
- PPF Webinar
  - Held 3 live webinars in February
  - Recorded version posted on website

# Monthly Reporting

- Clinics will no longer report on medication projects
  - Final data submission was December (reporting on November)
  - If clinic owes OMH previous reporting data, contact PSYCKES-Help to submit previous months' data
- Monthly reporting will focus on project implementation milestones, for example
  - PSYCKES registrar is enrolled
  - All staff have completed CPI training
- Reporting to begin in late Spring

# CPI Next Steps

- Clinic director clicks <http://practiceinnovations.org/LinkClick.aspx?fileticket=xQqhJk5hql8%3d&tabid=186> to complete a brief registration form.
- Approximately one week after CPI receives the brief registration form, CPI will send to the clinic director a link for staff to register in CPI's learning community.
- Clinic director informs direct care staff about the project purpose and goals and the relevant CPI training modules.

# CPI Next Steps (con't)

- Clinic director forwards link to all direct care staff.
- Direct care staff click on link to create usernames and passwords.
- Once registered, CPI will assign the required modules to staff and send them detailed instructions for accessing the training.
- If the program is already registered in CPI's learning community, CPI will also assign the required modules to staff members who already have logins and send them detailed instructions for accessing the training.

# RESOURCES

# PSYCKES Resources

- Ongoing trainings via webinar
  - See Calendar on website for registration
  - Using PSYCKES, topics of special interest
- [www.psyckes.org](http://www.psyckes.org)
  - PSYCKES Users' Guide
  - Frequently Asked Questions
  - Recorded Webinars
  - Project Tools
  - Technical Specifications

# Contact Information

- PSYCKES-Help - PSYCKES-help@omh.ny.gov
  - PSYCKES Application
- OMH Help Desk  
800-HELP-NYS (800-435-7697)
  - Access and token issues
  - Security Management System support
- CPI helpdesk
  - 212-543-5127 [cpihelp@nyspi.columbia.edu](mailto:cpihelp@nyspi.columbia.edu),
- Contact Us Page – PSYCKES Website