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)
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4+ Inpatient/ER – Med</td>
<td>High Utilization of Medical Inpatient / Emergency Room</td>
</tr>
<tr>
<td>Prevent Hosp Asthma</td>
<td>Preventable Hospitalizations - Adult Asthma</td>
</tr>
<tr>
<td>Prevent Hosp Diabetes</td>
<td>Preventable Hospitalizations - Adult Diabetes</td>
</tr>
<tr>
<td>Prevent Hosp Dehydration</td>
<td>Preventable Hospitalizations - Adult Dehydration</td>
</tr>
<tr>
<td>No Diabetes Screening-On Antipsychotic</td>
<td>No Diabetes Screening for Individuals on Antipsychotics</td>
</tr>
<tr>
<td>Diabetes Monitoring- No HbA1c &gt; 1 Yr</td>
<td>No Diabetes Monitoring for Individuals with Diabetes</td>
</tr>
<tr>
<td>No Outpatient Medical Visit &gt;1 Yr</td>
<td>No Outpatient Medical Visit in Past Year</td>
</tr>
</tbody>
</table>
## Behavioral Health Care Coordination

### PSYCKES Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4+ Inpatient/ER – BH</td>
<td>High Utilization of Behavioral Health Inpatient / ER</td>
</tr>
<tr>
<td>3+ Inpatient – BH</td>
<td>High Utilization of Behavioral Health Inpatient Services</td>
</tr>
<tr>
<td>3+ ER – BH</td>
<td>High Utilization of Behavioral Health ER</td>
</tr>
<tr>
<td>Readmission - All BH 45 day</td>
<td>Behavioral Health Rehospitalization within 45 Days</td>
</tr>
<tr>
<td>Adherence – Antipsychotic (Schz)</td>
<td>Adherence to Antipsychotic Medications for Individuals with Schizophrenia</td>
</tr>
<tr>
<td>Adherence Mood Stabilizer (Bipolar)</td>
<td>Adherence to Mood Stabilizer Medications for Individuals with Bipolar Disorder</td>
</tr>
<tr>
<td>Antidepressant &lt; 12 weeks (Depression)</td>
<td>Antidepressant Trial of less than 12 weeks for Individuals with Depression</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Indicator Set</th>
<th>Population</th>
<th>On Any</th>
<th>N</th>
<th>%</th>
<th>Regional %</th>
<th>Statewide %</th>
</tr>
</thead>
<tbody>
<tr>
<td>BH Care Coordination</td>
<td>All</td>
<td>7,590</td>
<td>530</td>
<td>6.98</td>
<td>6.68</td>
<td>6.57</td>
</tr>
<tr>
<td>Cardiometabolic</td>
<td>All</td>
<td>1,098</td>
<td>482</td>
<td>43.90</td>
<td>42.63</td>
<td>43.43</td>
</tr>
<tr>
<td>Dose</td>
<td>All</td>
<td>4,041</td>
<td>207</td>
<td>5.12</td>
<td>5.22</td>
<td>5.80</td>
</tr>
<tr>
<td>Health Promotion and Coordination</td>
<td>All</td>
<td>7,595</td>
<td>1,798</td>
<td>23.67</td>
<td>22.82</td>
<td>25.40</td>
</tr>
<tr>
<td>High Need - Ineffectively Engaged</td>
<td>All</td>
<td>0</td>
<td>41</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>
### Analyze: Review Variation

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

<table>
<thead>
<tr>
<th>Recipient</th>
<th>Medicaid ID</th>
<th>DOB</th>
<th>Quality Flags</th>
<th>Medications (BH; excludes enhanced PHI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aaaaafq Dede Yhdc</td>
<td>JeCdije Afedhaf</td>
<td>12/31/9999</td>
<td>No Outpt Med</td>
<td>RISPERIDONE</td>
</tr>
<tr>
<td>Aabahff Ffdecaq</td>
<td>Ebjagec Fieihj</td>
<td>12/31/9999</td>
<td>No DM Screen-AP</td>
<td>ARIPIPRAZOLE, CITALOPRAM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>HYDROBROMIDE, ZOLPIDEM TARTRATE</td>
</tr>
<tr>
<td>Aabqih Gqacaca</td>
<td>Ejffbhb Bedafca</td>
<td>12/31/9999</td>
<td>3+ ER-BH, 4+ Inpt/ER-All, No Outpt Med</td>
<td>METHYLPHENIDATE HCL, QUETIAPINE</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>FUMARATE, PAROXETINE HCL</td>
</tr>
<tr>
<td>Aabjicc Dcfbheb</td>
<td>Icajffee Dfedfbb</td>
<td>12/31/9999</td>
<td>3PP(Y), No DM Screen-AP, No Outpt Med</td>
<td></td>
</tr>
<tr>
<td>Aabiiea Ajabfcd</td>
<td>Edhccfe Egccgde</td>
<td>12/31/9999</td>
<td>3+ Inpatient - BH, 4+ Inpt/ER-All, 4+ Inpt/ER-BH, No Outpt Med</td>
<td></td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Clinical Report Date: 12/14/2012</th>
<th>Last 3 months</th>
<th>Last 6 months</th>
<th>Last Year</th>
<th>Last 2 Years</th>
<th>All Available (up to 5 years)</th>
</tr>
</thead>
</table>

This report contains all available clinical data.

**Name:** Ecjdif Ifeihd  
**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

<table>
<thead>
<tr>
<th>Indicator Set</th>
<th>Quality Flag Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>BH Care Coordination</td>
<td>Discontinuation - Antidepressant &lt;12 weeks (MDE)</td>
</tr>
<tr>
<td>Hospital ER Utilization</td>
<td>4+ Inpt/ER-All, 4+ Inpt/ER-Med</td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Provider</th>
<th>Admission</th>
<th>Discharge Date/Last Date Billed</th>
<th>Length of Stay</th>
<th>Most Recent Diagnosis</th>
<th>Procedure(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient BH</td>
<td>AREBA CASRIEL INSTITUTE</td>
<td>3/2/2012</td>
<td>4/2/2012</td>
<td>31</td>
<td>Substance Abuse</td>
<td></td>
</tr>
<tr>
<td>Inpatient BH</td>
<td>BELLEVUE HOSPITAL CENTER</td>
<td>2/22/2012</td>
<td>2/23/2012</td>
<td>1</td>
<td>Schizoaffective Disorder</td>
<td></td>
</tr>
<tr>
<td>Inpatient BH</td>
<td>ST BARNABAS HOSPITAL</td>
<td>12/3/2011</td>
<td>12/21/2011</td>
<td>18</td>
<td>Major Depressive Disorder</td>
<td></td>
</tr>
<tr>
<td>ER BH</td>
<td>JAMAICA HOSPITAL MED CTR</td>
<td>10/2/2011</td>
<td>10/4/2011</td>
<td>1</td>
<td>Mental Illness</td>
<td>Ther/Proph/Proph Inj Sc/Im</td>
</tr>
<tr>
<td>Inpatient BH</td>
<td>NY HOSPITAL</td>
<td>9/2/2011</td>
<td>9/30/2011</td>
<td>28</td>
<td>Substance Abuse</td>
<td></td>
</tr>
</tbody>
</table>
# Labs and Other Data

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

## Dental and Vision

No Medicaid claims for this data type in the past 5 years

## Living Support/Residential Treatment

No Medicaid claims for this data type in the past 5 years

## Lab & X-Ray

<table>
<thead>
<tr>
<th>Program/Type</th>
<th>Test Name</th>
<th>Date Billed</th>
<th>Provider</th>
<th>See Test Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAB</td>
<td>Complete Cbc Automated</td>
<td>5/8/2012</td>
<td>ADEYANJU OLUFUNMILAYO OLAJUMOKE MD</td>
<td></td>
</tr>
<tr>
<td>LAB</td>
<td>Comprehen Metabolic Panel</td>
<td>5/8/2012</td>
<td>ADEYANJU OLUFUNMILAYO OLAJUMOKE MD</td>
<td></td>
</tr>
<tr>
<td>LAB</td>
<td>Lipid Panel</td>
<td>5/8/2012</td>
<td>ADEYANJU OLUFUNMILAYO OLAJUMOKE MD</td>
<td></td>
</tr>
<tr>
<td>LAB</td>
<td>Comprehen Metabolic Panel</td>
<td>5/7/2012</td>
<td>QUEST DIAGNOSTICS INC</td>
<td></td>
</tr>
<tr>
<td>LAB</td>
<td>Lipid Panel</td>
<td>5/7/2012</td>
<td>QUEST DIAGNOSTICS INC</td>
<td></td>
</tr>
</tbody>
</table>

## Transportation

<table>
<thead>
<tr>
<th>Type</th>
<th>Provider Name</th>
<th>First Date of Service (last 5 years)</th>
<th>Last Date Billed</th>
<th>Number of Visits</th>
<th>See Provider Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAXI</td>
<td>WOODHULL MED &amp; MNTL HLTH CTR</td>
<td>4/17/2011</td>
<td>7/21/2012</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>
USING THE PSYCKES CONSENT MODULE
<table>
<thead>
<tr>
<th>Access Type</th>
<th>Includes Data with Special Protections? (SUD, HIV, Family Planning, Genetic)</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provided service in past 9 months</td>
<td>No, get client name only</td>
<td>Up to 9 months after last service</td>
</tr>
<tr>
<td>Quality Flag</td>
<td>No, but get all other data</td>
<td>As long as flag is active; up to 9 months after last service</td>
</tr>
<tr>
<td>Clinical Emergency</td>
<td>Yes, all data</td>
<td>72 hours</td>
</tr>
<tr>
<td>Consent</td>
<td>Yes, all data</td>
<td>3 years after last service</td>
</tr>
</tbody>
</table>
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
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

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.
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)
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 Staff Transcript

### User Profile

<table>
<thead>
<tr>
<th>Title</th>
<th>Due Date</th>
<th>Status</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT IDOT Learning Collaborative - Dec 2012-13 Online Meeting</td>
<td>None</td>
<td>Registered</td>
<td>Remove</td>
</tr>
<tr>
<td>ACT IDOT Learning Collaborative 2012-2013</td>
<td>None</td>
<td>In Progress</td>
<td>Remove</td>
</tr>
<tr>
<td>ACT: Engaging Consumers in Assertive Community Treatment ©2011 RFMH</td>
<td>None</td>
<td>In Progress</td>
<td>Remove</td>
</tr>
<tr>
<td>ACT: Promoting Recovery through a Mobile, Team-based Approach ©2010 RFMH</td>
<td>None</td>
<td>In Progress</td>
<td>Remove</td>
</tr>
<tr>
<td>FIT Clinic PIN (Practice Improvement Network)</td>
<td>None</td>
<td>No Show</td>
<td>None</td>
</tr>
<tr>
<td>FIT IDOT PROS Learning Collaborative</td>
<td>None</td>
<td>In Progress</td>
<td>Remove</td>
</tr>
<tr>
<td>FIT Module 01: Introduction ©2009 RFMH</td>
<td>None</td>
<td>In Progress</td>
<td>Remove</td>
</tr>
<tr>
<td>FIT Module 02: Implementing Co-Occurring Disorders (COD) Treatment ©2010 RFMH</td>
<td>None</td>
<td>In Progress</td>
<td>Remove</td>
</tr>
<tr>
<td>FIT Module 03: Screening for Substance Use ©2009 RFMH</td>
<td>None</td>
<td>In Progress</td>
<td>Remove</td>
</tr>
<tr>
<td>FIT Module 04: Screening for Psychiatric Disorders ©2009 RFMH</td>
<td>None</td>
<td>In Progress</td>
<td>Remove</td>
</tr>
</tbody>
</table>
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 клиник 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?ticket=xQqhJk5hql8%3d&tabid=186](http://practiceinnovations.org/LinkClick.aspx?ticket=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 CPIs 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
  - 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

- Contact Us Page – PSYCKES Website