

Assessments and Other Measures

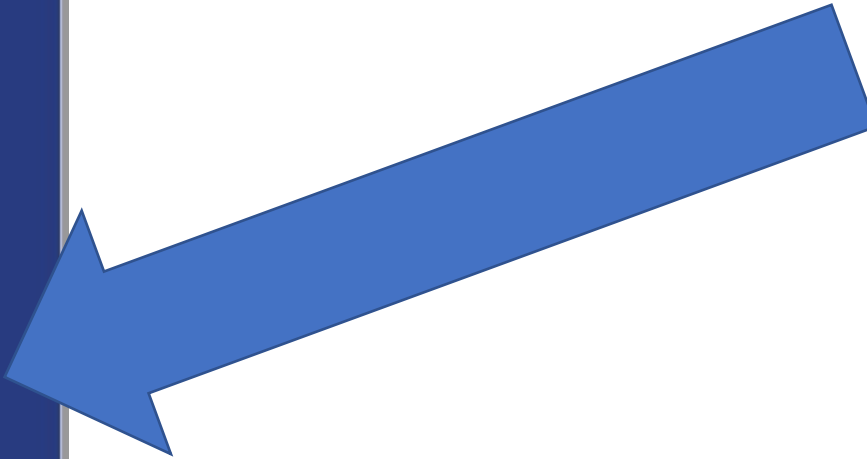
Multi-County EHR Session 3



Attend our EHR Sessions

- 01** EHR Workgroup Orientation
May 19, 2021 12:00 PM – Zoom Link [Here](#)
- 02** Pre-Admission Activities: Client
Contact/Screening/Referral
May 26, 2021 12:00 PM – Zoom Link [Here](#)
- 03** Assessments and other
Measures/Questionnaires
Jun 2, 2021 12:00 PM – Zoom Link [Here](#)
- 04** Authorization Processes: Prior,
Concurrent and Retrospective
Jun 9, 2021 12:00 PM – Zoom Link [Here](#)
- 05** Caseload Management
Jun 16, 2021 12:00 PM – Zoom Link [Here](#)
- 06** Consent Management
Jun 23, 2021 12:00 PM – Zoom Link [Here](#)
- 07** Progress Notes
Jun 30, 2021 12:00 PM – Zoom Link [Here](#)

You are here



Phase 1 Evaluation



- ◆ Evaluate Analogous JPAs
- ◆ Confirmation of Interest by County BHOs
- ◆ Outline of Requirements to be Addressed via EHR

Phase 2 RFP Creation



- ◆ Formalize Commitment w County Partners
- ◆ Define Scenario-Based CA Requirements
- ◆ Release RFP

Phase 3 Vendor Selection



- ◆ Vendor Response Evaluations
- ◆ Coordinate Vendor Demonstrations
- ◆ Vendor Selection and Contracting

Phase 4 Implementation



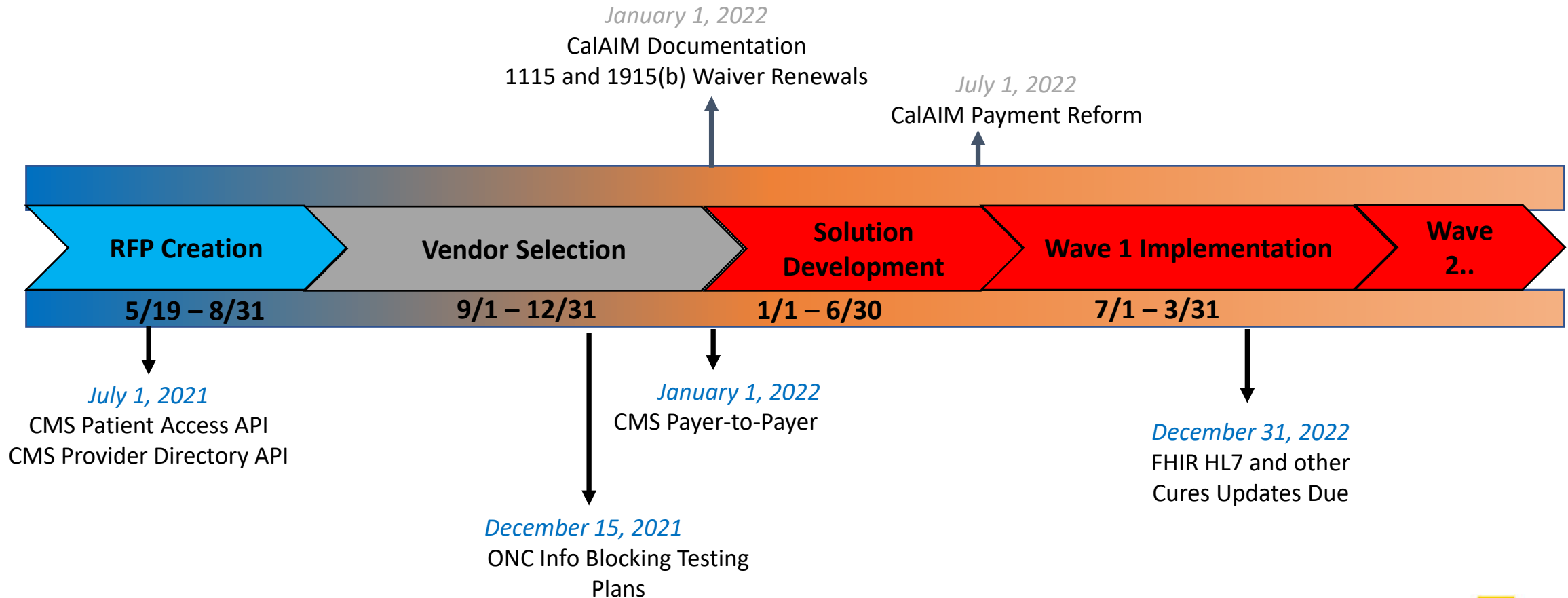
- ◆ Project Management
- ◆ Subject Matter Expertise
- ◆ Application/Technical Configuration

Phase 5 On-Going Support



- ◆ Centralized Application Administration
- ◆ Shared Technical Resources
- ◆ Standardized Training and End-User Support

CaMHSA's EHR Project – Timeline



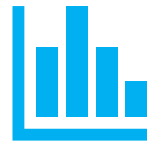
Strategic Outcomes

In the next phase of the project – Phase 2 we are bringing in strategic partners to support collecting outcomes in a native way.

Four Core Project Aims



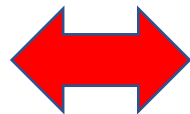
- Dynamic - Role Based User Interface
 - Rational Data Collection/One Time Right Place



- Data – Optimal Accessibility
 - Consistent "Joins" Between Tables
 - Data Meta-Tagging



- Developed for Complex CA Needs Beyond Medi-Cal



- Designed for - Interoperability

Recap: Big Ideas

- BH Enterprise Health Record – more than billing/medical
- Master Person Index
- Contact – activity or staff, not always client
- Real Time Eligibility
- Referral Feedback Loops and Reporting

Old School to New School



Current Plan:

- All required assessments will be in the Multi-County EHR
- Assessments will be well structured so all data will be useable and transmitted to the State as required
- Provide opportunity to push items to Problem List based upon Assessment Scoring

Vision

We will all benefit from standardizing measures used so we can;

1. Develop robust reporting
2. Compare outcomes between each other to facilitate cross county learning
3. Develop a lean system that is client and clinician friendly.

Vision - Calculates

- The system will have the capability to calculate totals and make that a useable part of the data

Adult Medi-Cal Mental Health Screening Tool

Managed Care Plans and Mental Health Plan will follow Medical Necessity Criteria for Medi-Cal Specialty Mental Health Services described in Title 9 CCR & County Policy

Element	Severe (3)	Moderate (2)	Mild (1)	Score
Risk (suicidal/violent, high risk behavior, criminogenic behavior, impulsivity)	<input type="checkbox"/> <u>Suicidal/Homicidal Ideation:</u> Recent or current active ideation, intent, or plan <input type="checkbox"/> <u>Danger to Self/Danger to Others:</u> Recent or current attempts or threats w/in past 6 months	<input type="checkbox"/> <u>Suicidal/Homicidal Ideation:</u> Active without intent <input type="checkbox"/> <u>Danger to Self/Danger to Others:</u> No threats or attempts w/in past 6 months	<input type="checkbox"/> <u>Suicidal/Homicidal Ideation:</u> Passive <input type="checkbox"/> <u>Danger to Self/Danger to Others:</u> None	
Clinical Complexity (serious & persistent mental illness vs situational/reactive, recovery status, functional impairment, treatment engagement, medication complexity, psychiatric hospitalizations)	<input type="checkbox"/> <u>Depression:</u> Severe (per current DSM) <input type="checkbox"/> <u>Mental Health History:</u> Schizophrenia or other included Dx with recent instability or worsening function. Hx of severe impairment with poor response to Tx <input type="checkbox"/> <u>Psychiatric Hospitalizations:</u> 1+ within past 6 months <input type="checkbox"/> <u>Psychotropic Medication Stability:</u> Not yet stable to stable for less than 6 months	<input type="checkbox"/> <u>Depression:</u> Moderate (per current DSM) <input type="checkbox"/> <u>Mental Health History:</u> Schizophrenia, major mood, or other included Dx with uncomplicated management or sustained recovery. Hx of severe impairment with effective response to Tx <input type="checkbox"/> <u>Psychiatric Hospitalizations:</u> None within past 6 months <input type="checkbox"/> <u>Psychotropic medication Stability:</u> Stable for 6 months	<input type="checkbox"/> <u>Depression:</u> Mild (per current DSM) <input type="checkbox"/> <u>Mental Health History:</u> Adjustment reaction, grief, job loss, marital distress, relationship difficulty No Hx of severe impairment <input type="checkbox"/> <u>Psychiatric Hospitalizations:</u> None within past year <input type="checkbox"/> <u>Psychotropic Medication Stability:</u> Stable for over a year	
Life Circumstances (biopsychosocial assessment, availability of resources, environmental stressors, family/social/faith-based support)	<input type="checkbox"/> <u>Emotional Distress:</u> Persistent as a manifestation of chronic mental health symptoms <input type="checkbox"/> <u>Relationships/Supports:</u> Relies on behavioral health system for resources & support	<input type="checkbox"/> <u>Emotional Distress:</u> Intermittent as a manifestation of a mental health symptoms which is worsened by life stressors <input type="checkbox"/> <u>Relationships/Supports:</u> Limited resources & support	<input type="checkbox"/> <u>Emotional Distress:</u> Arising in the course of normal life stresses <input type="checkbox"/> <u>Relationships/Supports:</u> Adequately resourced & supported	
Co-Occurring (Clients with co-occurring physical, substance, and mental health disorders)	<input type="checkbox"/> <u>Alcohol & Other Drug Use:</u> Current and chronic abuse or dependence <input type="checkbox"/> <u>Medical:</u> Conditions exist which are clearly made worse by a Mental Health Disorder and/or medical condition (s) impair ability to recover from a co-existing Mental Health Disorder	<input type="checkbox"/> <u>Alcohol & Other Drug Use:</u> History of abuse/dependence and/or occasional misuse <input type="checkbox"/> <u>Medical:</u> Conditions exist, which may negatively affect and/or be affected by a Mental Health Disorder	<input type="checkbox"/> <u>Alcohol & Other Drug Use:</u> None to Occasional Misuse <input type="checkbox"/> <u>Medical:</u> Conditions may exist, with no impact on Mental Health Disorder	
TOTAL SCORE:				

Alignment with CalAIM Requirements

- CalMHSA and CBHDA are working with the State to Develop a Domain-Based Universal Assessment
- Requirements are still being defined

Required Measures

- **Pediatric Symptom Checklist (PSC-35)**
- **Child and Adolescent Needs and Strengths (CANS-50)**
- **Full Service Partnership Measures:**
 - **Partnership Assessment Form (PAF)**
 - **Key Event Tracking (KET)**
 - **Quarterly Reports (3M)**
- **American Society of Addiction Medicine (ASAM)**

**Add Modules
around;**

- **Trauma**
- **Education**
- **Any Others?**

Suggested Measures

Category	Measure
Suicide Risk Assessment	<ul style="list-style-type: none">• Columbia Suicide Risk Screening• Ask Suicide Screening Questions (ASQ)
Symptom Inventories	<ul style="list-style-type: none">• Patient Health Questionnaire (PHQ-9)• General Anxiety Disorder (GAD-7)
Disability Impact/Quality of Life	<ul style="list-style-type: none">• Daily Living Activities-20 (DLA-20)
Level of Care	<ul style="list-style-type: none">• Level of Care Utilization System (LOCUS/CALOCUS)• Milestones of Recovery Scale (MORS)• ANSA/CANS
Homelessness	Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT)

Suggested Measures

Category	Measure
Satisfaction	
Evidence-Based Practice -Specific Measures	

Suggested Measures


Category	Measure
Satisfaction	
Evidence-Based Practice -Specific Measures	
Recovery Measures	<ul style="list-style-type: none">• Patient-Reported Outcomes Measurement System (PROMIS)• Creating Healthy Outcomes: Integrated Self-Assessment (CHOIS)• Recovery Markers Questionnaire (RMQ)• Illness Management and Recovery (IMR)

Data Model

- Requirements in RFP will include:
 - All Assessment Records will be reportable (i.e. Can Produce Reports)
 - Any/All Calculated fields (Scoring) within Assessments will be stored as discrete data elements
 - Each Assessment record will be assigned a unique identifier
 - Subsequent records that are fed by Assessment Records will be passed the Unique ID of source Assessment Record
- Intention is to provide a “thread” throughout all clinical documentation that will allow reporting of all inter-related clinical documentation
 - We are writing a Progress Note, against a Problem, that was identified as a by-product of this Assessment....



County Specific Needs

- Within the Enterprise Health Record we will be delivering the discussed/agree “core” assessments.
 - All “core” assessments will support identified data model (thread)
 - RFP will also identify that solutions need to provide mechanisms for custom data input forms to be designed
 - Participating Counties will be allowed to create their own Assessments using these tools or working with selected vendor
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Thank You!

- All materials posted to our website
- Feel free to reach out, share ideas:
 - info@calmhsa.org
 - Next session (6/9) is on Authorization Processes