



Quality Incentive Program for Maryland OMS Providers for Children and Adolescents

“QUIP for KIDS”

Goal: To increase OMHC consumer engagement leading to improved outcomes and increased community tenure thereby decreasing need for more restrictive levels of care.

Possible Quality Standards for Outpatient Mental Health Centers

- ❖ Availability of urgent appointments for existing members
- ❖ Availability of after-hours phone coverage for emergencies for existing members
- ❖ Availability of appointment with psychiatrist within 7 - 14 days of hospital discharge
- ❖ Increase consumer engagement (consumers seen in OMHC do not switch to another OMHC within one year of initial evaluation)
- ❖ Availability of case management services (within OMHC or through partnership) to assist with high level psychosocial (i.e. housing, entitlements) and educational (IEP) needs of families

Possible Strategies to Successfully Achieve Quality Goal

General

- Therapeutic Mentoring
- Assign sibling groups to same therapist(s) and psychiatrist when possible
- Expand use of tele-psychiatry and behavioral health trained nurse practitioners and pediatricians in underserved regions
- Use Resilience Oriented Treatment Model – ask youth and families to help define their own goals for treatment rather than having the goal be compliance with the plan outlined by the therapist/psychiatrist.
- Educate families about other available supports (Coalition of Maryland Families, IEP advocates, Waiver and other community based services) and give contact information (phone numbers)
- Call CSA for additional information on other available supports/levels of care available in youth’s county
- Refer families to NAMI- give specific information on when groups meet in the family’s area
- Multi-family group therapy

Improve Crisis Prevention/Intervention

- Prepare and distribute to patient and families an “urgent care plan” clearly instructing families about who and when to call OMHC when escalation of behaviors or other concerns arise. Develop “warning signs” list to distribute to families.
- Develop and distribute to patient and families patient specific “crisis plans,” with highly detailed courses of action in conjunction with therapeutic work, to include multiple specific de-escalation strategies, families and youth can implement.
- Have trained Intake Worker take clinical information from calls for requests for same day appointments and triage for urgency in relaying messages to youth’s therapist and /or psychiatrist.
- Schedule one clinician each day as back-up for urgent calls in the event the youth’s own therapist/psychiatrist is not available.
- For truly urgent cases, have receptionist check with psychiatrist which consumers scheduled for routine visits might be able to have their appointment rescheduled without ill effects.
- Make sure all calls to after-hours covering clinicians are reported to the youth’s own therapist and follow-up calls are made by the OMHC the next day.

Medication

- For consumers needing refill requests due to having missed appointment with psychiatrist, hold a parent education “medication management groups” which youth and/or parents must attend in order to get prescription refill with enough medication only to last until the next available appointment with their psychiatrist.
- For consumers who either do not want or do not need ongoing therapy, schedule therapy appointments only every 6 months in order to review and update ITP; treatment plan can be that consumer will call for appointment as needed if relapse symptoms or behavioral difficulties occur and will continue to keep medication management appointments with their psychiatrist.
- When stable, space out medication management appointments to every 3 months when clinically appropriate to allow psychiatrist openings for urgent cases and new evaluations.
- For routine stable, stimulant ADHD meds, consider monthly medication groups
- Avoid sending consumers to ED for medications or because they missed an appointment.

Decreasing No Show Rate

- For youth (families) who have more than an occasional “no-show,” schedule them only for Group Therapy appointments for group focused on consumer’s responsibility in treatment which they must attend regularly for a certain number of sessions before being able to schedule individual appointments again.
- For youth needing treatment who misses appointments, use outreach strategies; do not send termination letters. Follow-up with families who frequently miss appointments to identify barriers to compliance – maybe another location would be provide easier access, or alternative options for transportation, evening/weekend appointments.