Expanded Consultation and Technical Assistance (ECTA) Initial Report to Quality Improvement Committee

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ECTA

Expanded Consultation & Technical Assistance (ECTA)

- Introductions of QI Specialist Supervisors
- Overview of ECTA
- Barriers
  - Related to licensing regulations
  - Related to QSR Data Element
- Productivity Report
- ECTA Experience Survey Data

ECTA Cont.

- Based on the success that the Office of Community Quality Improvement (OCQI) Team 1 achieved providing Consultation/Technical Assistance specific to regulation 620.C.2 *(QI Plans have measurable goals and objectives)*, OCQI added a second team to expand CTA to include all the QI/RM regulations.

- Expanded Consultation/Technical Assistance
  - ✓Focus on licensing regulations 450, 620.A-E, and 520.A-F
  - ✓Element from the Provider Quality Reviews: *Providers' use of performance data for QI/RM (Starting in September)*

ECTA – What, Where

What is being offered?

✓QI Specialists provide individualized consultation and technical assistance, tailored to the organization in the form of one-to-one sessions specific to:

- The focus regulation(s) 620/520/450 as noted in the OL approved CAP, and/or
- The HSAG approved QSR QIP for the subject data element: *"Does the provider collect and track performance data, including serious incidents and other risk information?"*
- *"We meet providers where they're at…"*

WHERE is ECTA offered?

✓Sessions are offered via a combination of in-person and virtual meetings.

ECTA - Who

WHO is eligible

1. Any licensed DD provider that has received a citation during their CY24 unannounced licensing review **and** has an **approved CAP** from the Office of Licensing specific to regulations 450, 620.A-E, 520.A-F, and/or
2. Has an approved QIP for the QSR Data Element(s)

Note: CSBs/providers ***must*** complete the **ECTA Readiness Assessment(s)*** and provide additional information requested by the QI Specialist on/before the due date noted by the QI Specialist. *ECTA will not start without the Readiness Assessment(s).*

**If a provider has both an OL-approved CAP and a HSAG-approved QIP, two Readiness Assessments are sent for completion. Both must be completed.*

ECTA - Notes

NOTES

- ECTA announcements are made via Constant Contact, followed by direct invitations to a provider's Main Authorized Contact (MAC) shown in CONNECT and/or HSAG Main Provider Contact.
- The ECTA Team does not represent the Office of Licensing or HSAG, nor does the Team issue citations, "QIP Indicated" comments, or make judgements on compliance.
- Participation in ECTA is not mandatory.
- There is no guarantee that providers participating in ECTA will be found compliant with the focus regulations or the data element at their next licensing or HSAG review, respectively.
  - However, based on our CTA experience, participation can be helpful to organizations seeking to make improvements in their quality improvement and risk management efforts.

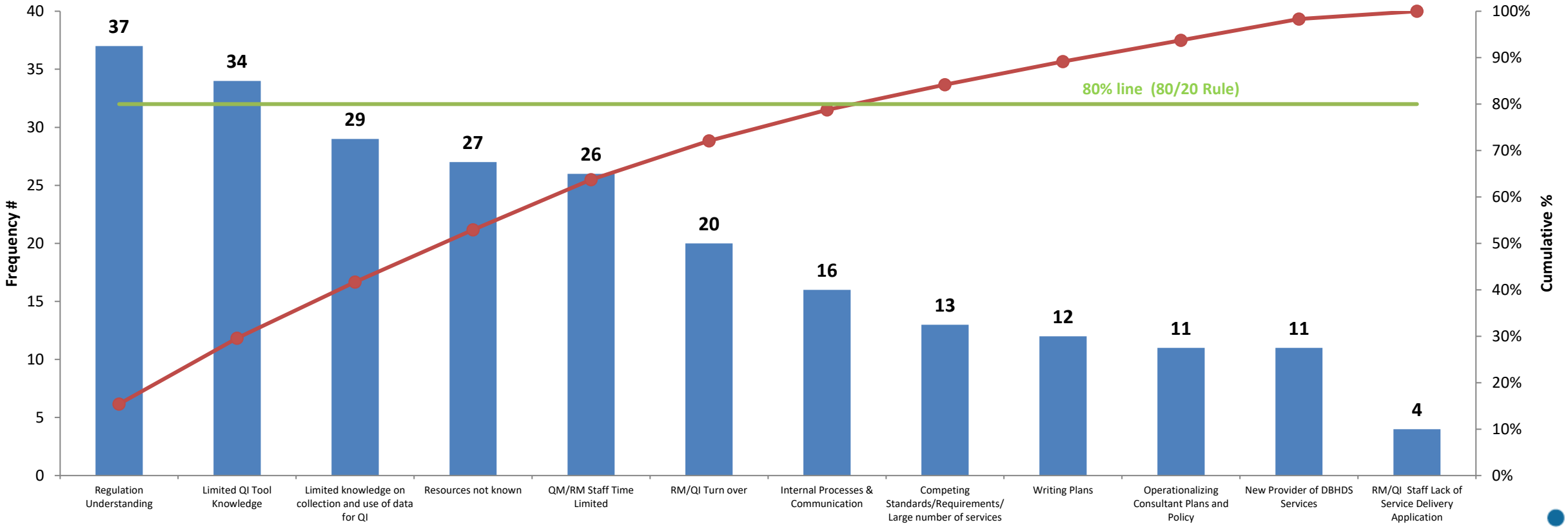
- ECTA will be stopped to allow the team to work with other providers having expressed an interest in ECTA if any of the following occur:
  - No response to QI Specialist after 3 attempts to engage the provider
  - If three (3) ECTA sessions are canceled by the provider, including no call/no shows
  - Not submitting requested information to the QI Specialist by the due date

Barriers Being Discovered

DBHDS ECTA Provider Barriers (self-reported or observed) Table

Barriers Identified	#	Cumulative Total	Cumulative %	80% (80/20 rule)
Regulation Understanding	37	37	15%	80%
Limited QI Tool Knowledge	34	71	30%	80%
Limited knowledge on collection and use of data for QI	29	100	42%	80%
Resources not known	27	127	53%	80%
QM/RM Staff Time Limited	26	153	64%	80%
RM/QI Turn over	20	173	72%	80%
Internal Processes & Communication	16	189	79%	80%
Competing Standards/Requirements/ Large number of services	13	202	84%	80%
Writing Plans	12	214	89%	80%
Operationalizing Consultant Plans and Policy	11	225	94%	80%
New Provider of DBHDS Services	11	236	98%	80%
RM/QI Staff Lack of Service Delivery Application	4	240	100%	80%
Total	**240**			

ECTA Provider Barriers (self-reported or observed) Chart



ECTA: QSR Data

QSR Data Element: *"Does the provider collect and track performance data, including serious incidents and other risk information?"*

- 179 providers identified
- 34 providers had both an approved OL Corrective Action Plan (CAP) and a HSAG-approved Quality Improvement Plan (QIP)
- 145 providers had only a QIP and did not have an approved OL CAP for 520/620
- 21 providers engaged in ECTA

Range of months in business

- 1 – 18 months

General Barriers

- Needing foundational knowledge of QI/RM
- Data literacy
- Collecting data
  - *Not realizing the data they have in-house is more than just for reporting to DBHDS*

DBHDS QSR Data Element Barriers (self-reported or observed)

- Providers struggle seeing "**the bigger picture**" concerning data in their agency (i.e., understanding that data provides a check on the *health of the organization*).
- Providers **do not** have a comprehensive understanding about data (i.e., reasons for collecting data, interpreting data, and which data to collect per **QA standard** to enhance **QI efforts)**.
- Providers **do not** have their data in a centralized location, or they may not realize what data they have.
- Disconnect between upper management and QI/RM personnel access to and interpretation of data for operational/programmatic functions.
- **Many providers are new to DBHDS and its processes.**
- Providers ask about other areas of concern outside of the ECTA scope (e.g., Code or Health & Safety concerns (e.g., fire extinguishers, staff training concerns)).

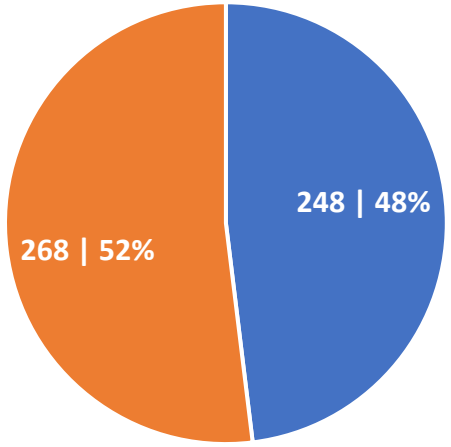
ECTA Productivity

ECTA Acceptance Response and Status Summary

Productivity

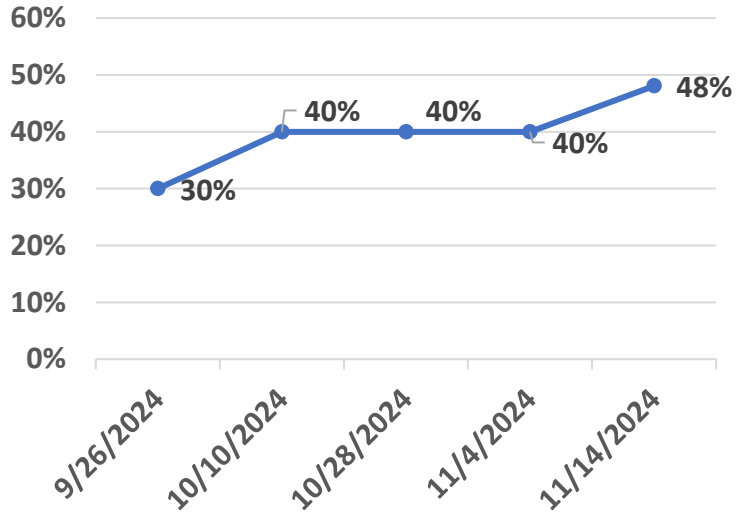
516 Providers have met criteria for ECTA

ECTA Invitation Acceptance (as of 11/14/24)

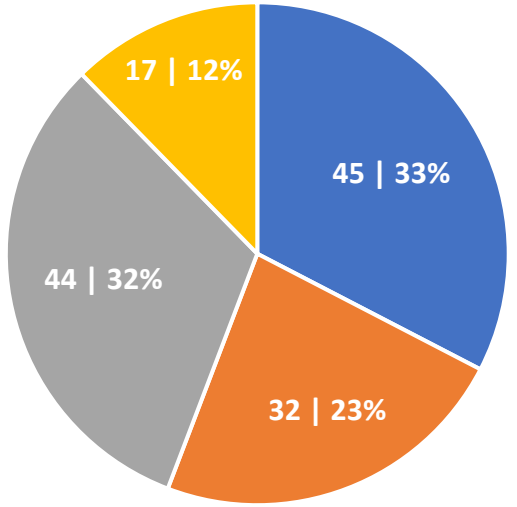


- Providers who have responded, accepting ECTA (4 rounds to date)
- Providers who did not accept invitation

Cumulative % of Provider Acceptance of ECTA Invitations

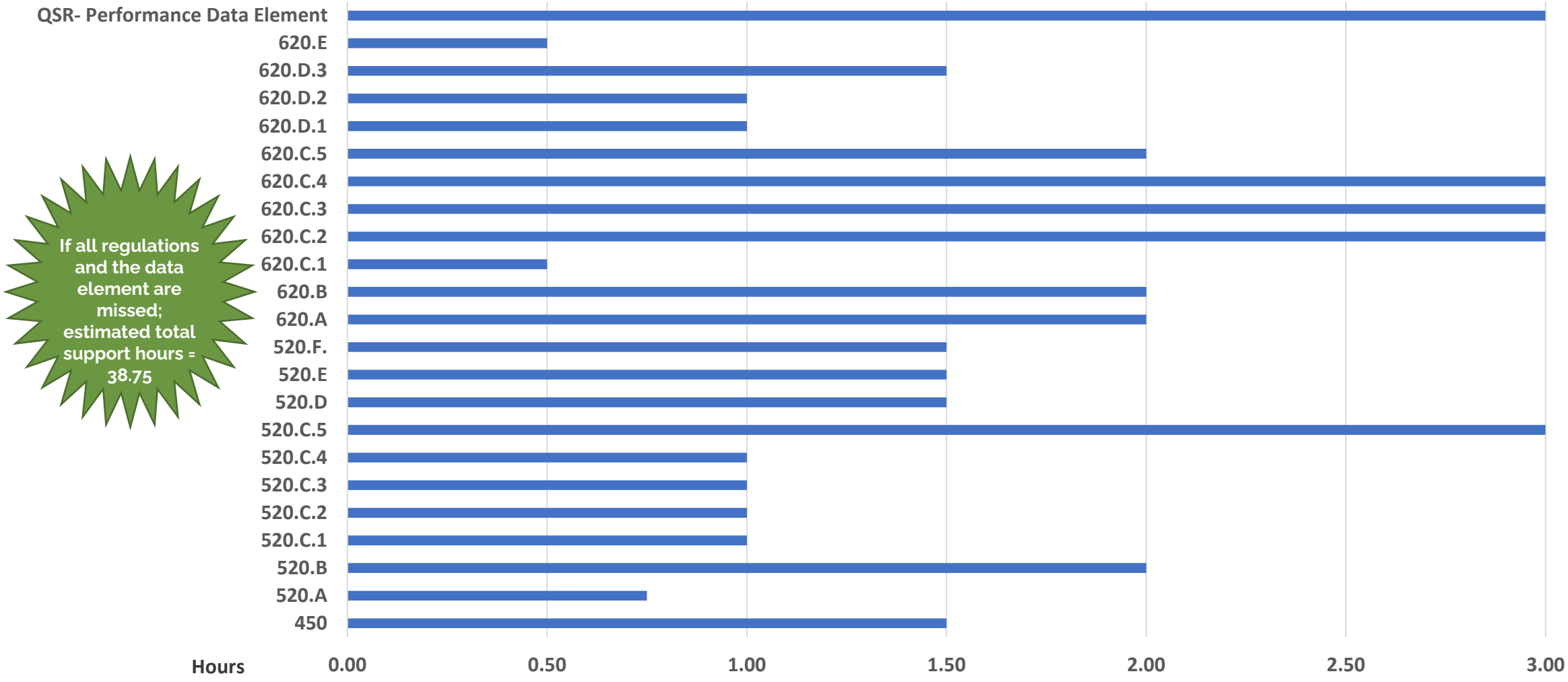


Breakdown of Provider Participation in ECTA (who have been assigned a QIS as of 11/25/24)



- Providers who have completed ECTA
- Providers who did not complete ECTA
- Providers who have ECTA in progress
- Providers who are in initial stage

Initial ECTA Time Estimates Per Regulation or Standard



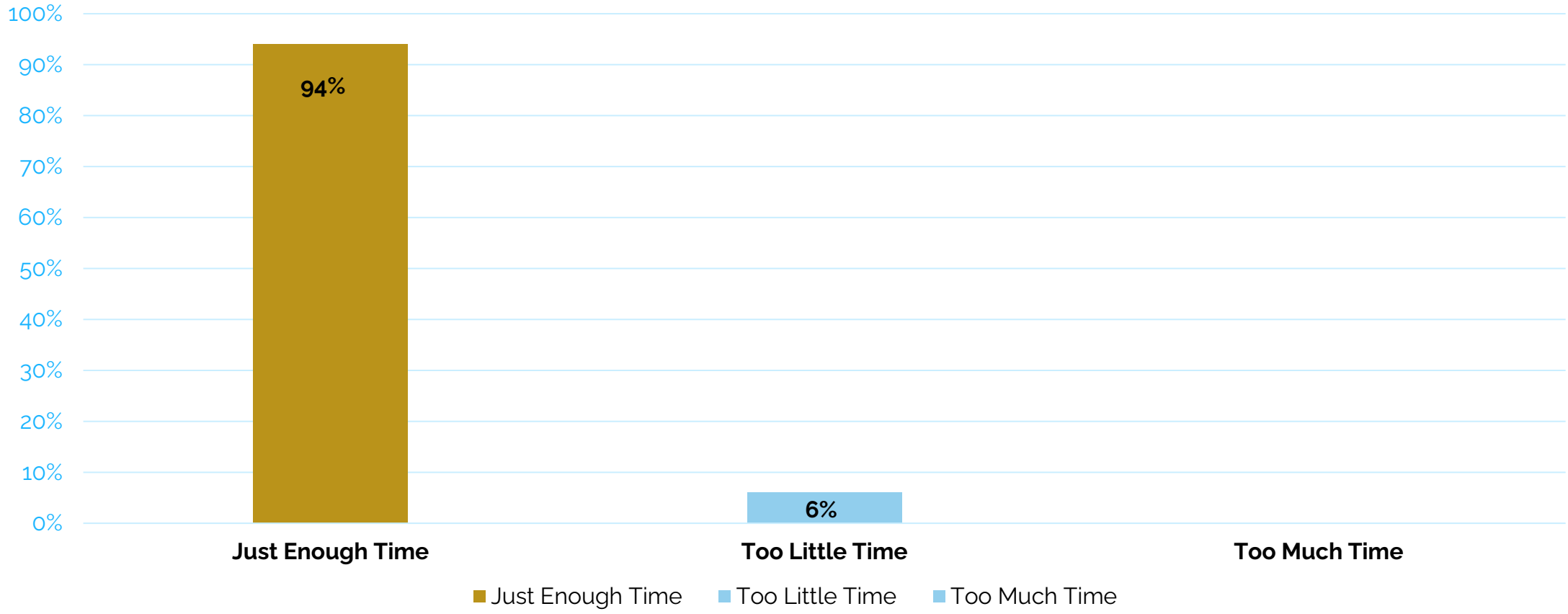
If all regulations and the data element are missed; estimated total support hours = 38.75

ECTA Experience Survey Results

Early Results - ECTA Experience Survey

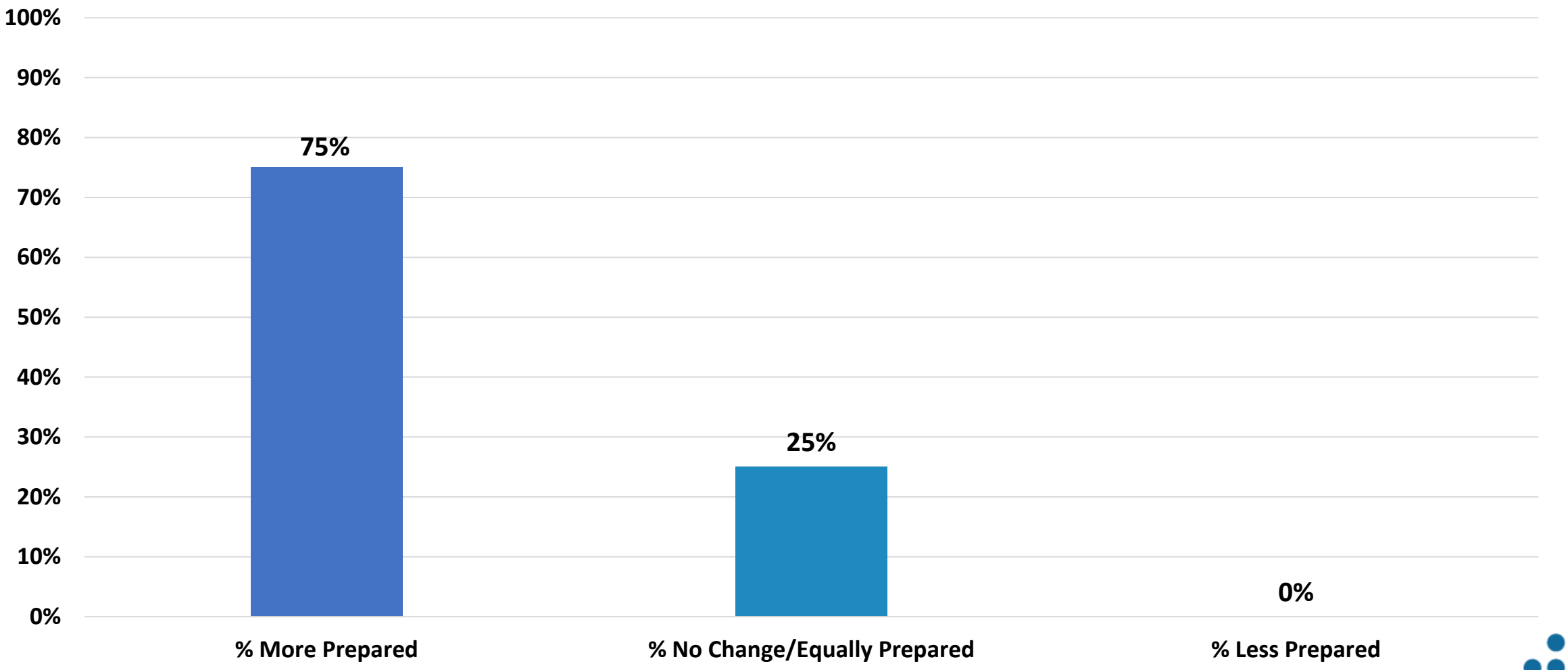
Q25: Was this [number of sessions received] enough time?

Amount of Time Spent In ECTA (N=47)



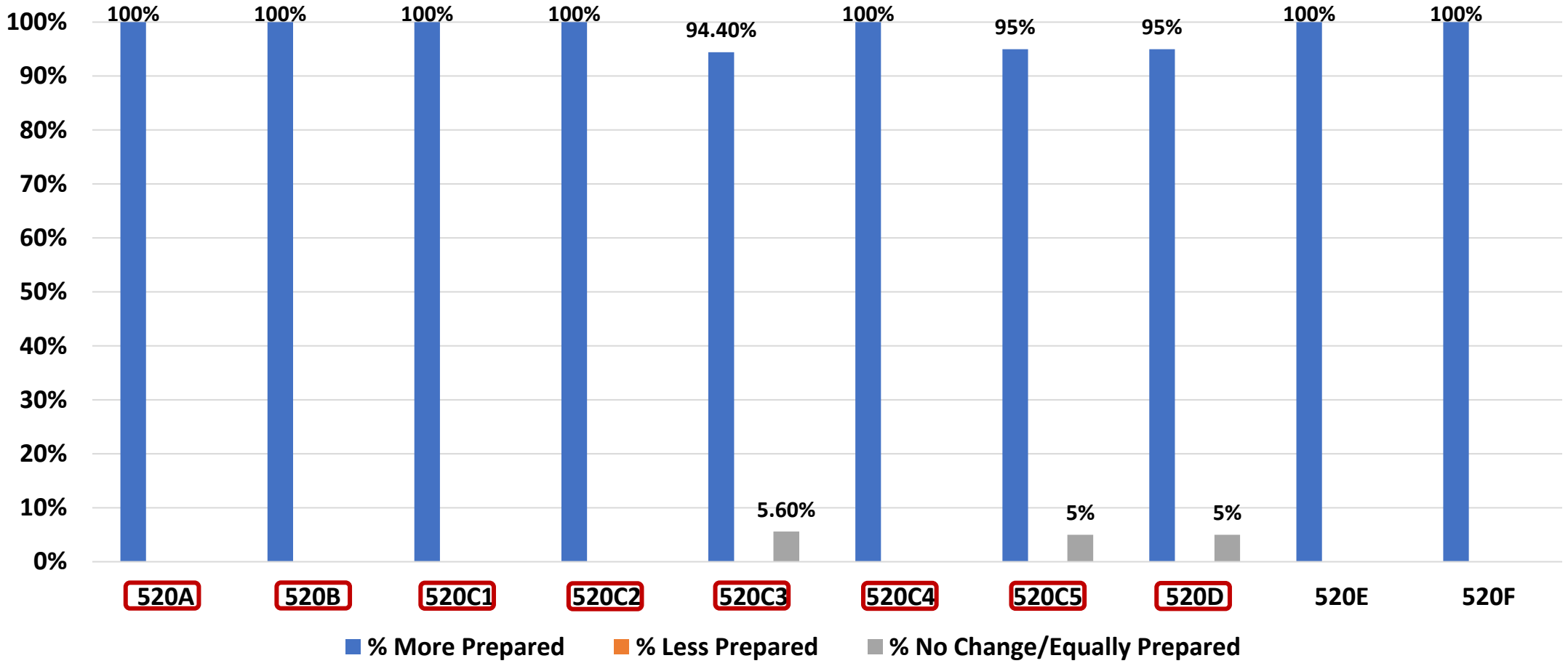
Early Results - ECTA Experience Survey (12/2/24)

Q10: Provider Self-Reported Preparedness for compliance with regulation 450 After ECTA



DBHDS *Early Results* - ECTA Experience Survey (12/2/24) Cont.

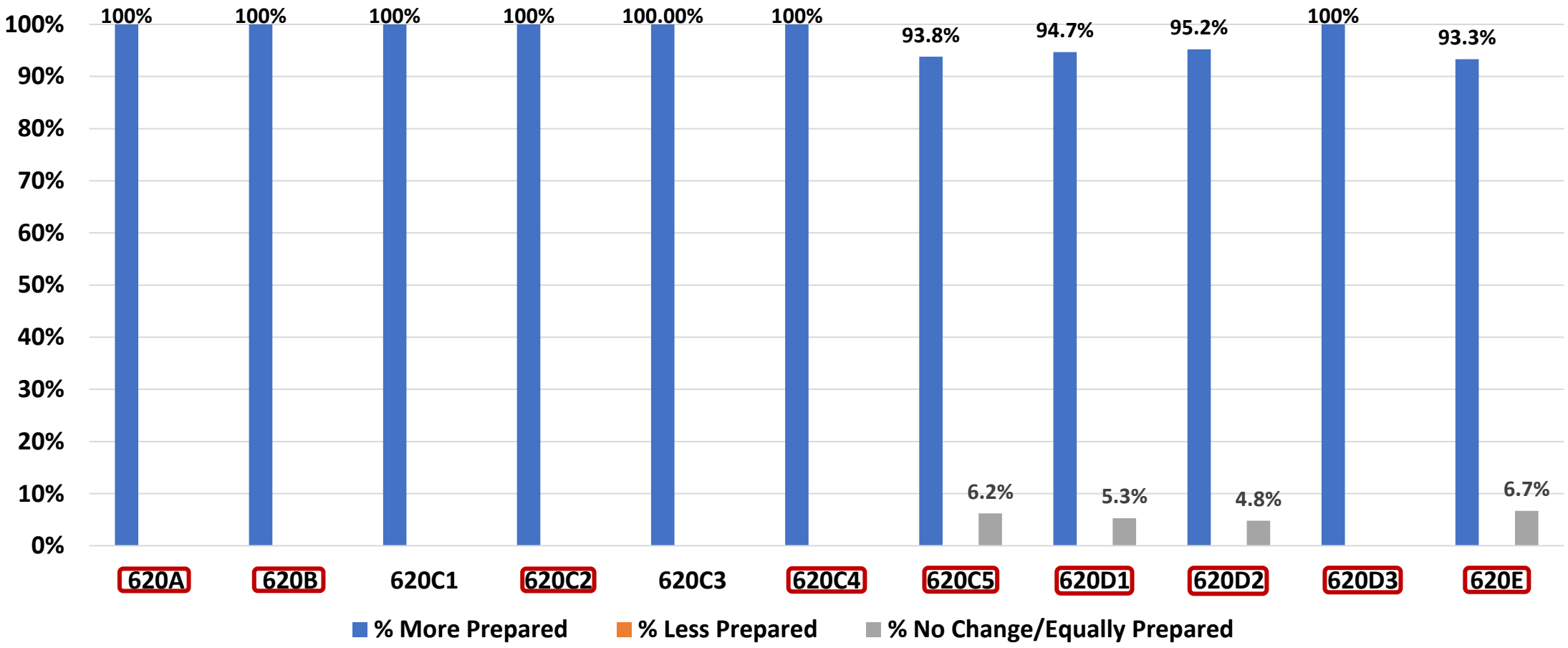
Q6: Provider Self-Reported Preparedness for compliance with 520 regulations After ECTA



* Denotes regulations that are below the 86% benchmark

DBHDS *Early Results* - ECTA Experience Survey (12/2/24) Cont. 3

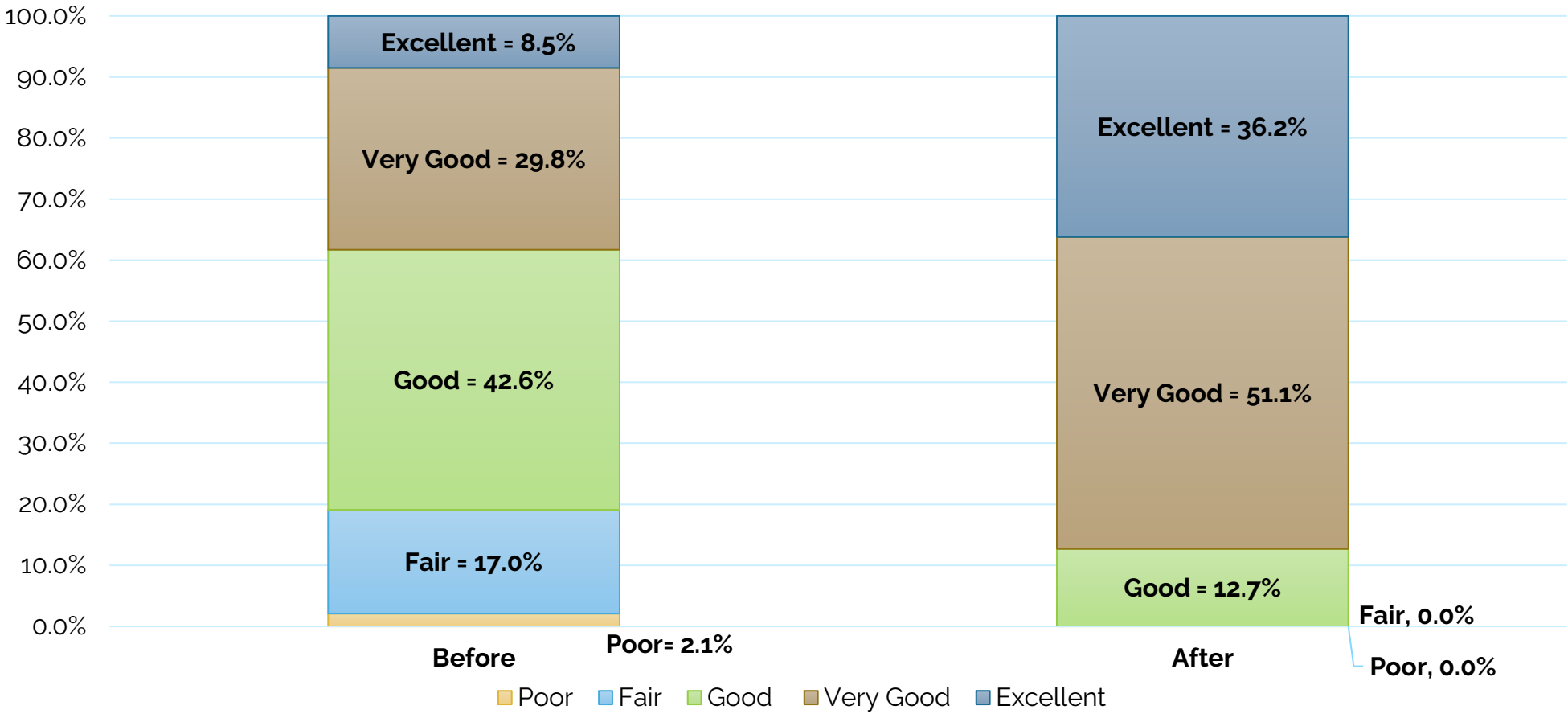
Q8: Provider Self-Reported Preparedness for compliance with 620 regulations After ECTA



* Denotes regulations that are below the 86% benchmark

Q12: Provider understanding of the difference between QI & QA before/after ECTA

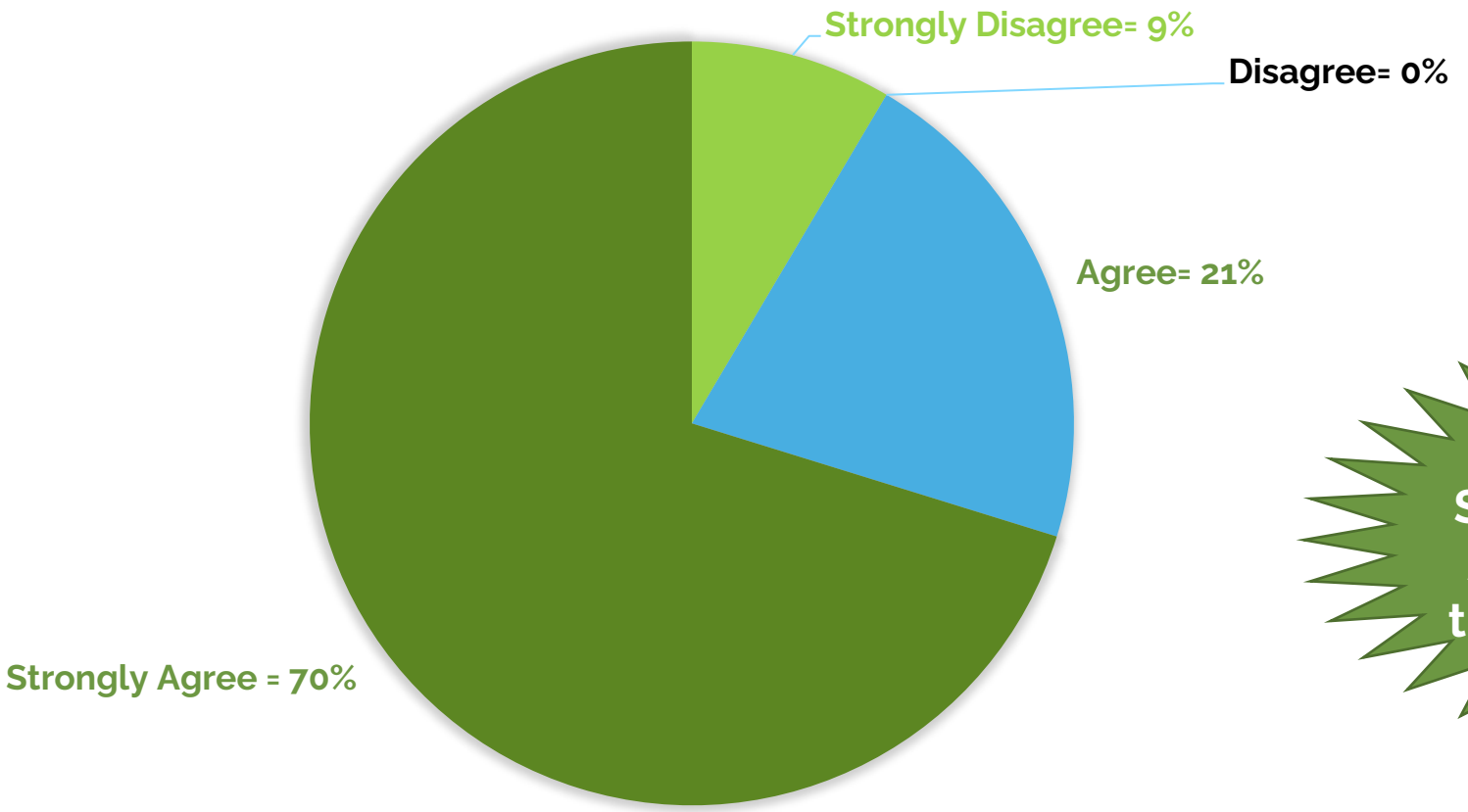
N=47



Very Early Results - ECTA Experience Survey

Q26: How much do you agree with: *The consultation/technical assistance met my expectations.*

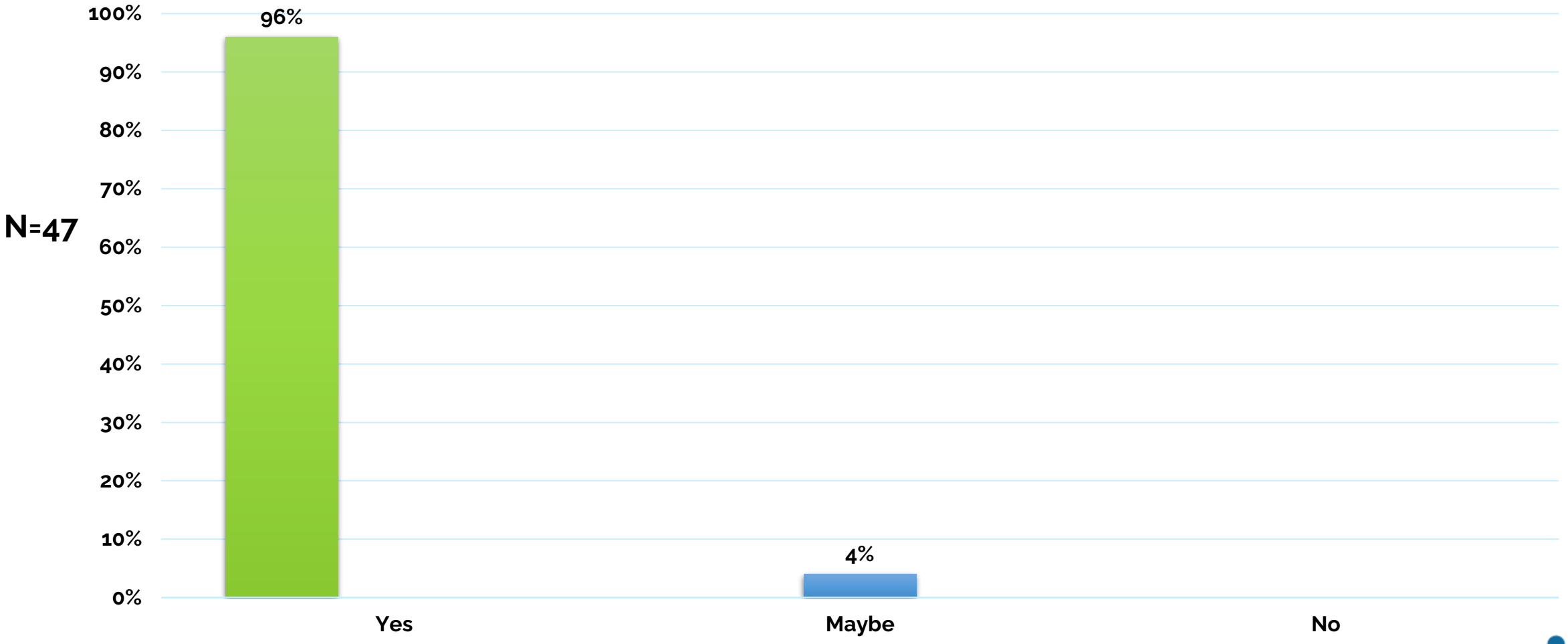
N=47



91% Strongly Agree or Agree ECTA met their expectations

DBHDS *Very Early Results* - ECTA Experience Survey Cont.

Q30: Would you recommend this consultation to other providers?



What Providers are saying about ECTA!

"Myself and our team are better equipped to track data that is easy to analyze. I now can take the tools provided and integrate them within our current systems to better track our current risks."

"This experience was helpful as it proactively assisted our agency in identifying tools we could use to improve our Quality versus the usual process of the agency reacting to a citation. Very helpful."

"(My QIS) had great active listening skills and provided a lot of supportive feedback."

"There is so much within the regs and (my QIS) took the time to break everything down and showed us how each resources and tool provided related back to the reg."

"(This) helped me have a better understanding of how to take steps in improving our Quality department."

"It was a very positive experience. There were items that were valuable to review and new tools I learned."

"(My QIS) was a good listener. I appreciate her skills and the materials she presented that I learned was very relevant."

"I was able to understand the regulation better as well as the appropriate tools."

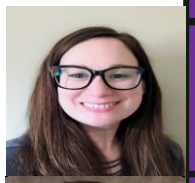
"The QIS did a great job listening to the compliance related barriers."

"The resources, guidance and feedback from the consultant was extremely helpful in understanding 520 regulations."

"The QIS did an excellent job and were very professional and knowledgeable."

"I believe that the eagerness and level of engagement of the provider is what really sets the tone for this experience. I had a wonderful experience that was flexible, adaptable, and tailored to my needs, questions, and what I felt I needed to focus on to improve our plans and address the citations."

Expanded CTA Team

Western Territory		Eastern Territory	
Kara Clemons, QIS Supervisor Western Territory		Teena Harris, QIS Supervisor Eastern Territory	
Leanna Craig, QIS Southwest Region		Lisette Bennett, QIS Coastal Region	
Jordan Hyde, QIS Southwest Region		Lauren Gibson, QIS Coastal Region	
David Crews, QIS Western Region		Sophia Dunn, QIS Central Region	
McKinley Harris, QIS Western Region		Irvin Goode, QIS Central Region	
Vacant, QIS Western Region		Andrew Williams, QIS NOVA Region	

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Questions?