

Behavioral Health Inpatient Reduction Objective Report

January 2008-December 2008

Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program Quality Council/ Plan Development

- The Lackawanna-Susquehanna Counties Mental Health /Mental Retardation Program's Quality Management Plan is a reflection of the entities overall commitment to quality in all its organizational activities and high priority to individual care.
- The Quality Management Plan contains goals, objectives, and action steps that address quality outcomes for Mental Health Services, Mental Retardation Services and Early Intervention Services.
- The Quality Management Plan is developed through the efforts of the Lackawanna-Susquehanna Counties Mental Health /Mental Retardation Program's Quality Council which meets approximately every six weeks.

Lackawanna-Susquehanna Counties
Mental Health/Mental Retardation Program
Quality Management Plan

State Hospital Lengths of Stay

Goal: Individuals, who receive Behavioral Health Services, will have access to Community Supports that focus on reintegrating individuals who are being discharged and are at risk for relapse.

Outcome: Individuals, who have been in a State Mental Hospital longer than two consecutive years, will experience a successful transition into the Community .

Baseline: 65.2% of the total patient population at Clarks Summit State Hospital from the L-S Joinder in Program FY 2006-2007 have been at the hospital for more than two consecutive years.

Lackawanna-Susquehanna Counties
Mental Health/Mental Retardation Program
Quality Management Plan

State Hospital Lengths of Stay

Target Objective: Increase and/or improve Community Supports that focus on reintegrating individuals who are being discharged and are at risk for relapse.

- 1. Activity-** Continue the use of a structured communication system among Clarks Summit State Hospital, The Advocacy Alliance (CST Provider), The County Office, The Community Support Program, and the Base Service Unit that clearly identifies and communicates discharge date, treatment recommendations, housing arrangements, and medication follow-up.

Lackawanna-Susquehanna Counties
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State Hospital Lengths of Stay

- 2. Activity-** Continue to facilitate a consistently used consumer-to-consumer connection program, via the WARM line, prior to discharge from the State Hospital.
- 3. Activity-** Continue to distribute a welcome basket that identifies formal and informal community supports that are available for individuals with a mental illness.
- 4. Activity-** Continue to participate in the Consumer Support Plan (CSP) process which focuses on assessment and planning for individuals residing in a state hospital longer than two years.

Lackawanna-Susquehanna Counties
Mental Health/Mental Retardation Program
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Benchmark:

There will be a 5% decrease in the number of individuals who have been in a State Mental Hospital longer than two consecutive years.

Data Source:

Annual Clarks Summit State Hospital Utilization Review
Report

Target Completion Date: December 2008

Lackawanna-Susquehanna Counties
Mental Health/Mental Retardation Program
Quality Management Plan

State Hospital Diversions

Goal: Increase and/or improve Community Supports directed at diverting individuals who are at risk for State Hospital placement.

Outcome: The number of individuals who are diverted from admission to a State Hospital will be increased.

Baseline : The rate of diversion from a state hospital admission During the 2007 calendar year was 29.3%.

Lackawanna-Susquehanna Counties
Mental Health/Mental Retardation Program
Quality Management Plan

State Hospital Diversions

Target Objectives: Collect and analyze data on community hospitalization utilization and state hospital diversion rates.

- 1. Activity-** Continue to track the number of individuals who were diverted from a state hospital and the community services being used as an alternative to state hospital admission.
- 2. Activity-** Track the number of individuals who are placed voluntarily and involuntarily in a community hospital on a monthly basis to identify any trends in community hospitalization
- 3. Activity-** Track the names of individuals who are readmitted to a community inpatient hospital to identify those individuals who are at risk for a State Hospital placement.

Lackawanna-Susquehanna Counties
Mental Health/Mental Retardation Program
Quality Management Plan

State Hospital Diversions

Benchmark:

Increase the rate of diversion from a state Hospital admission by 5%

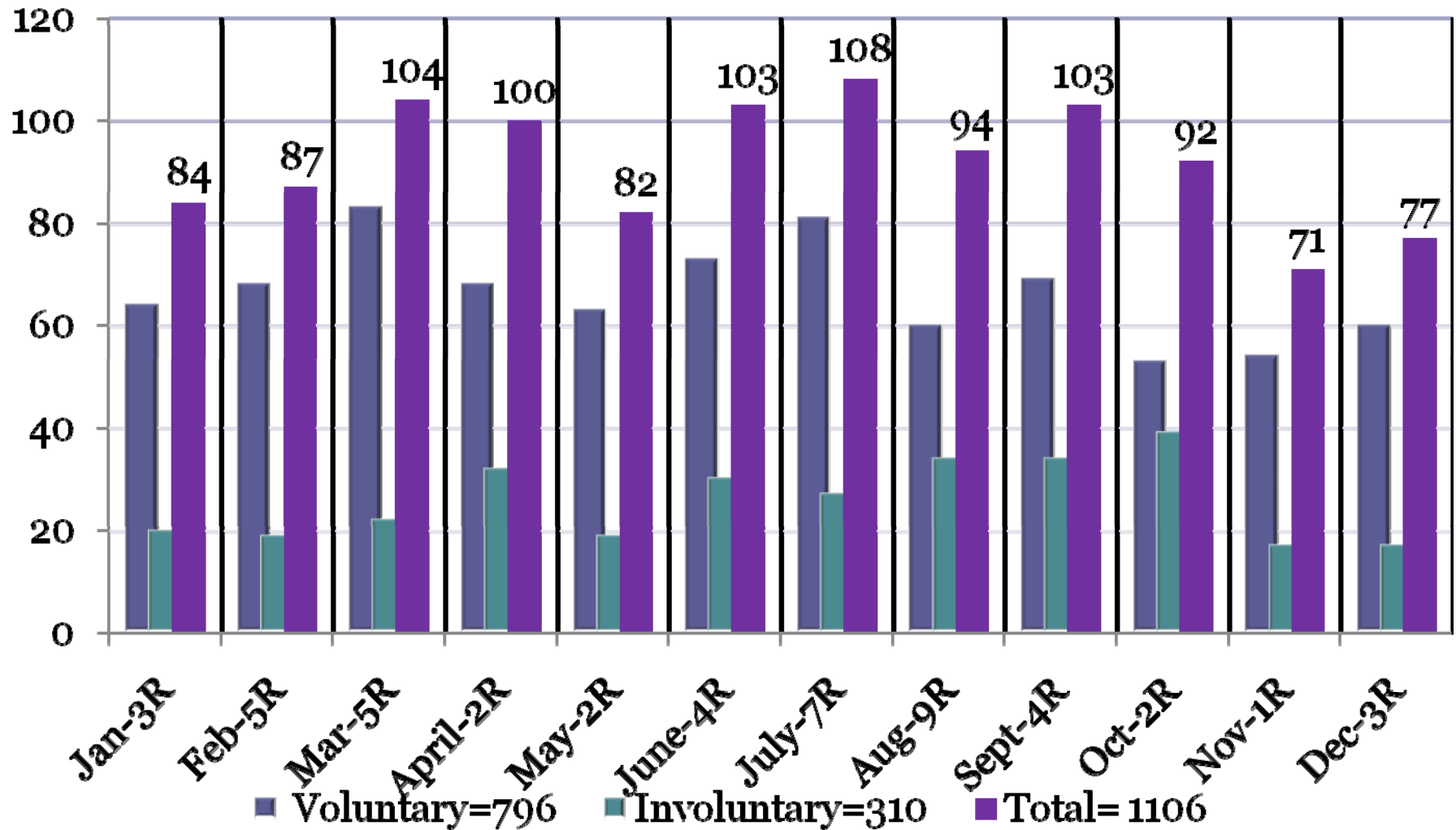
Data Source:

OMHSAS monthly Reporting form,
BSU report on voluntary/involuntary placements in
community hospitals.

Target Completion Date: December 2008

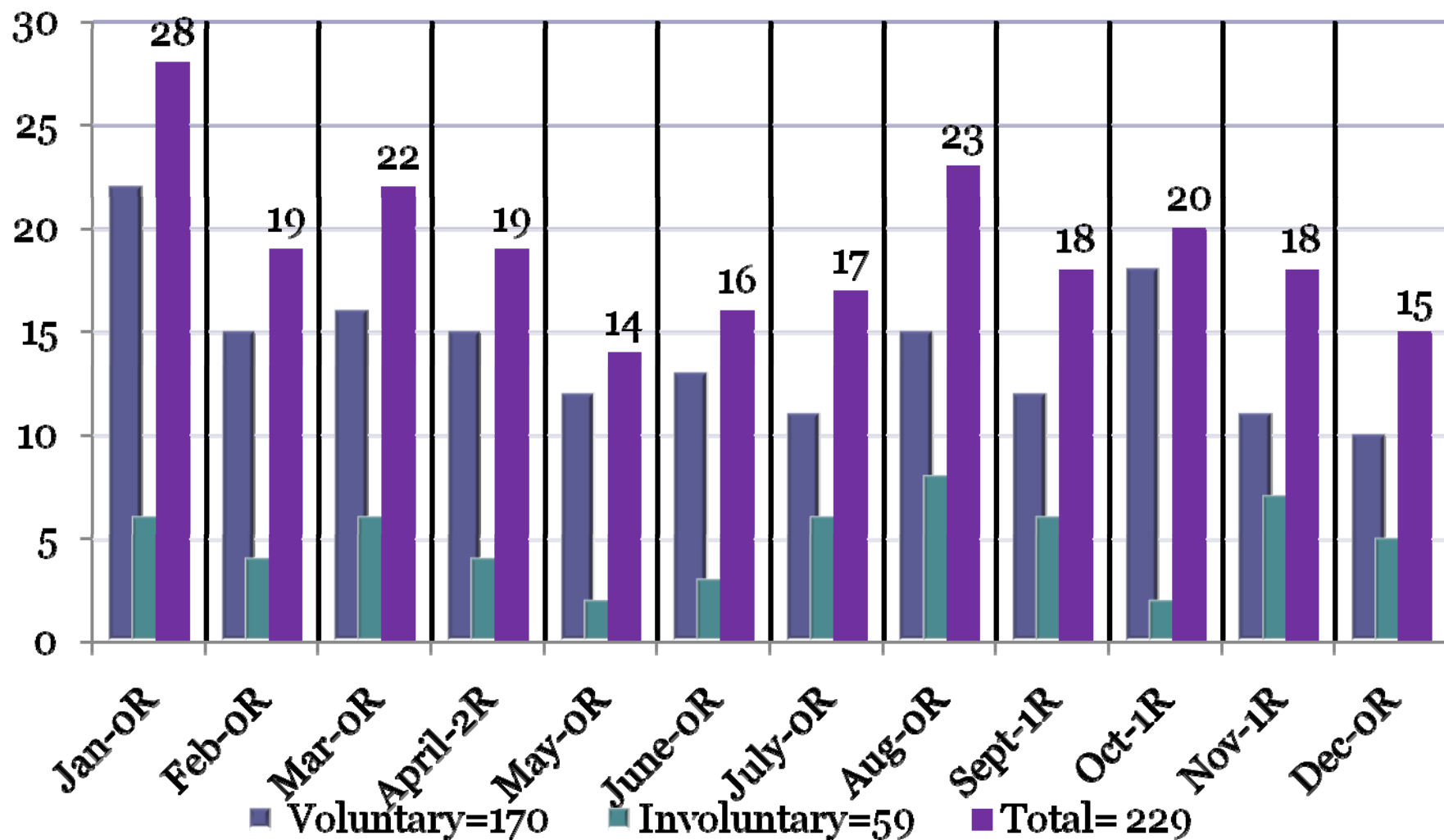
BSU I

Adult Psychiatric Inpatient Admissions



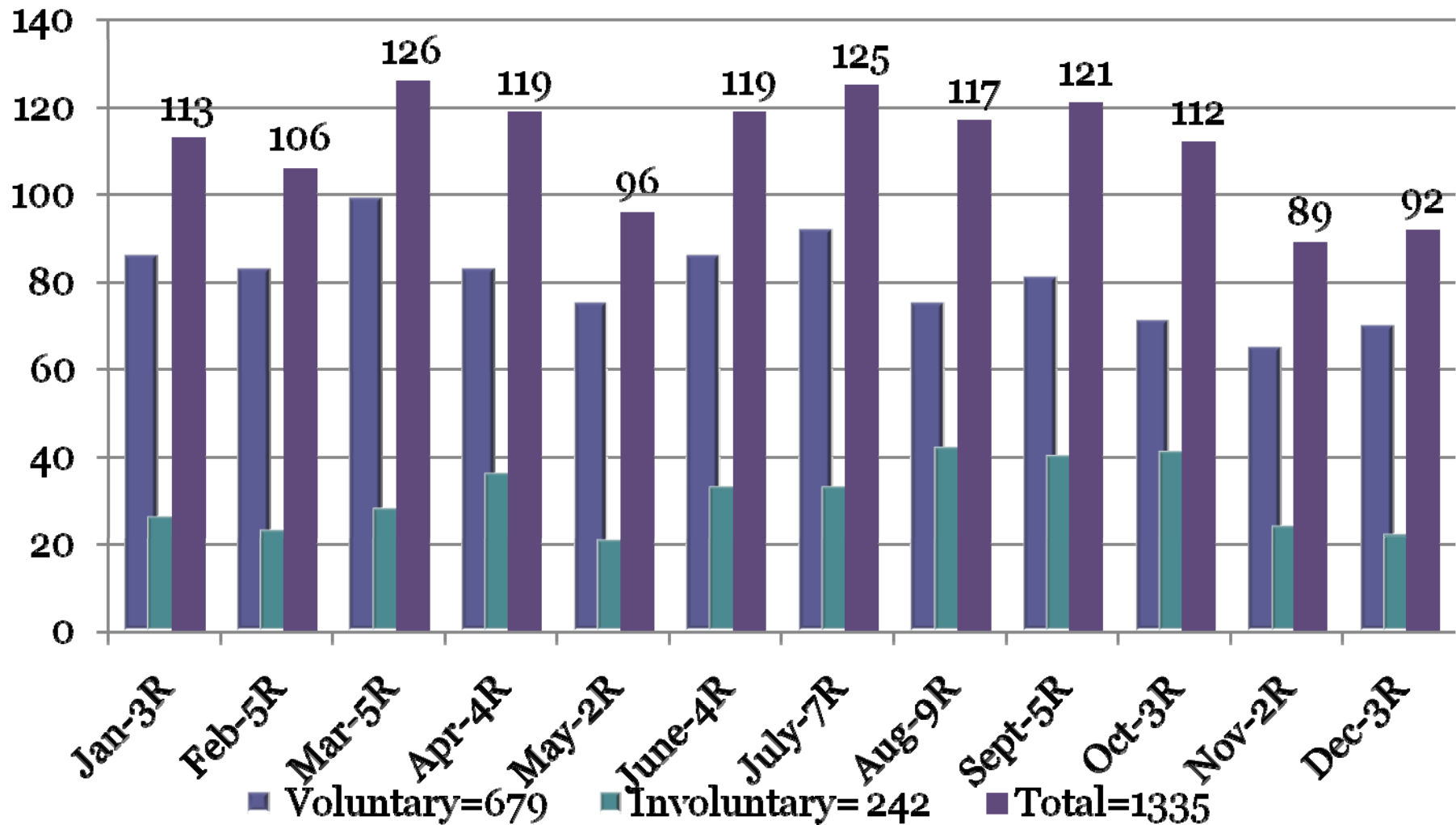
BSU II

Adult Psychiatric Inpatient Admissions

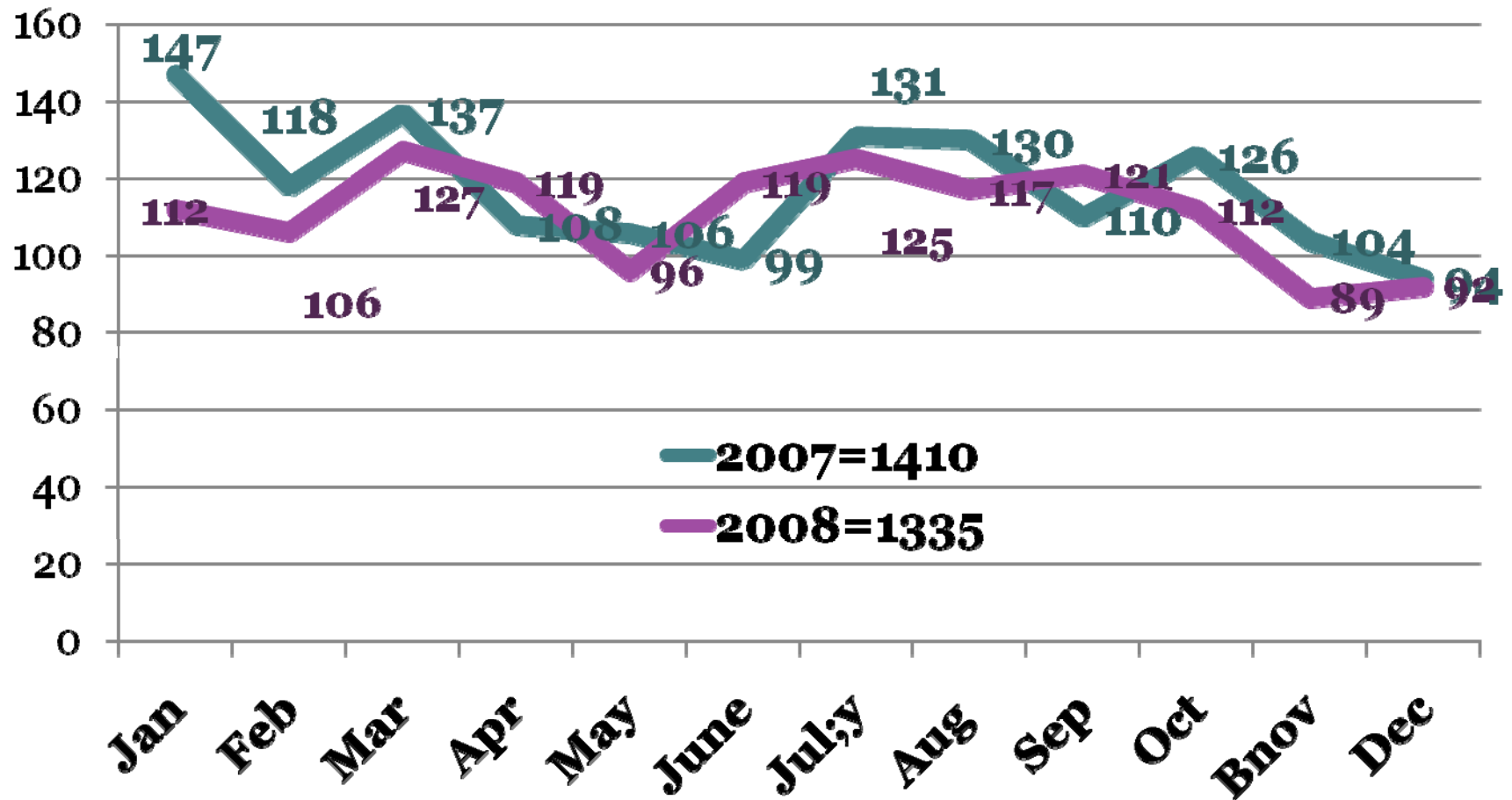


Joinder

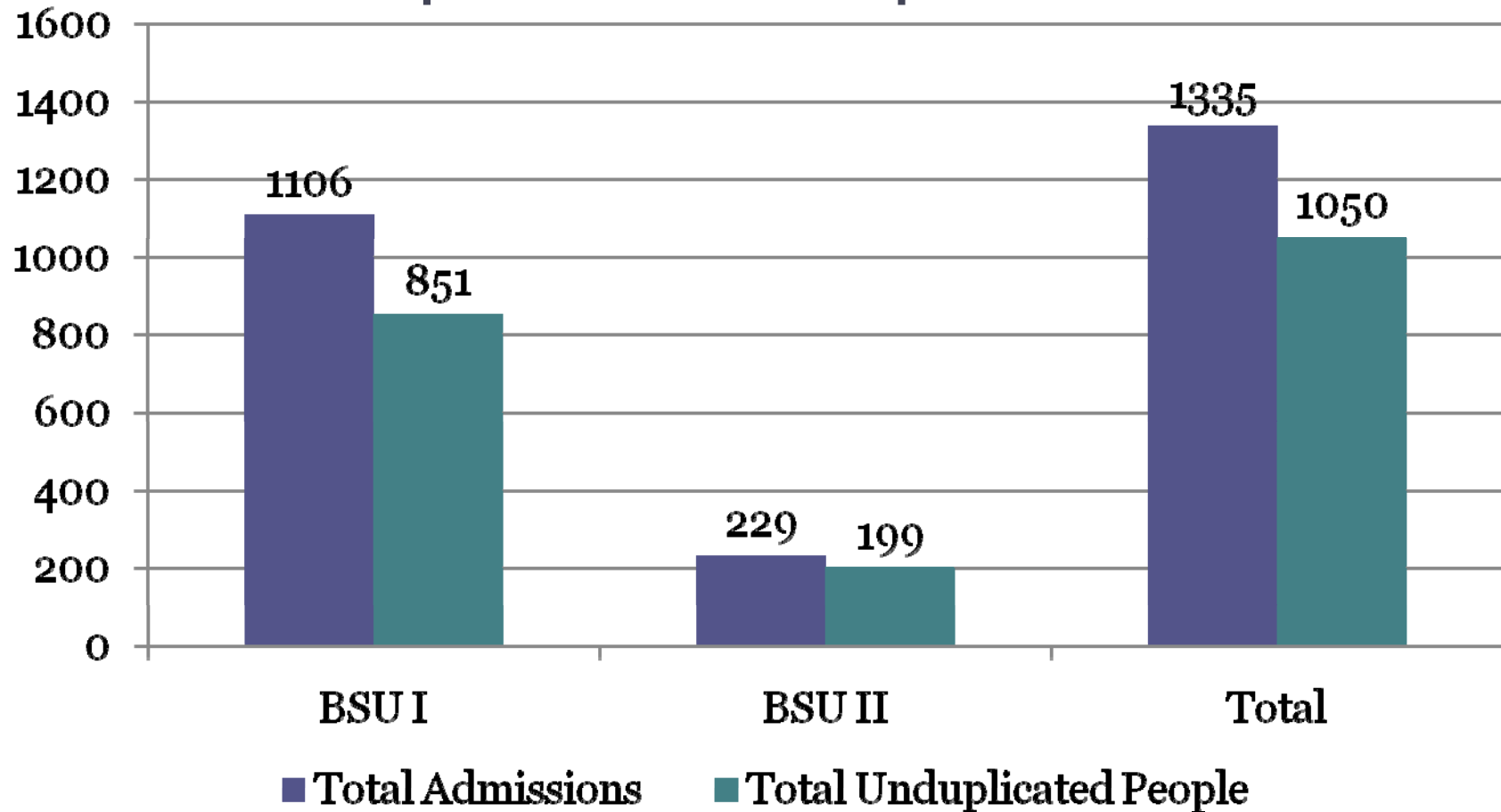
Adult Psychiatric Inpatient Admissions



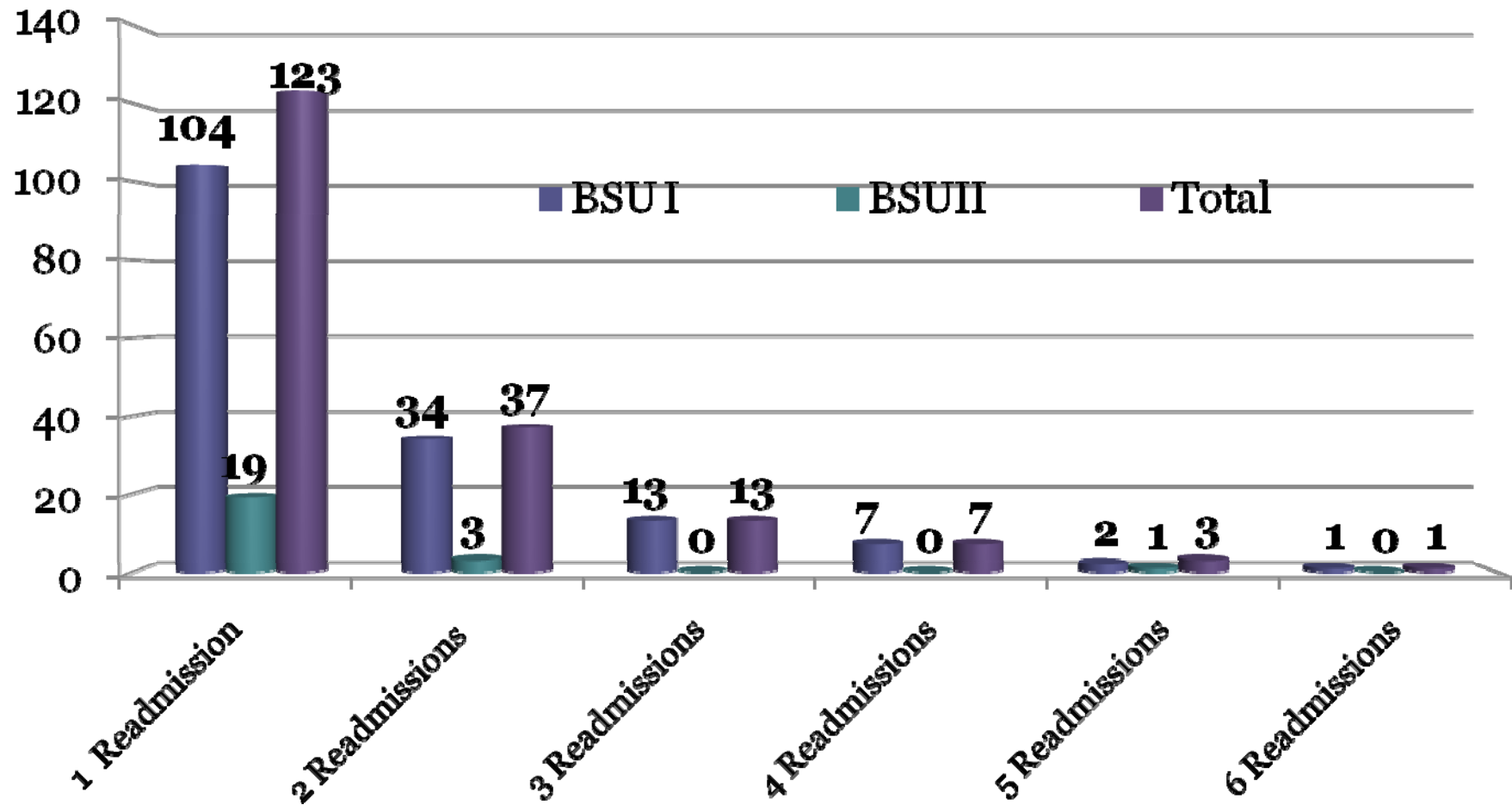
Annual Comparison Total Admissions By Month



Total Admissions/ Total Unduplicated People



Readmissions



Planning

- A recently initiated process was put in place to utilize data on readmissions to identify potential areas for individual and systemic planning.
- The Base Service Unit Centers are being asked to provide additional quarterly data on individuals who were identified as having readmissions during the report period.

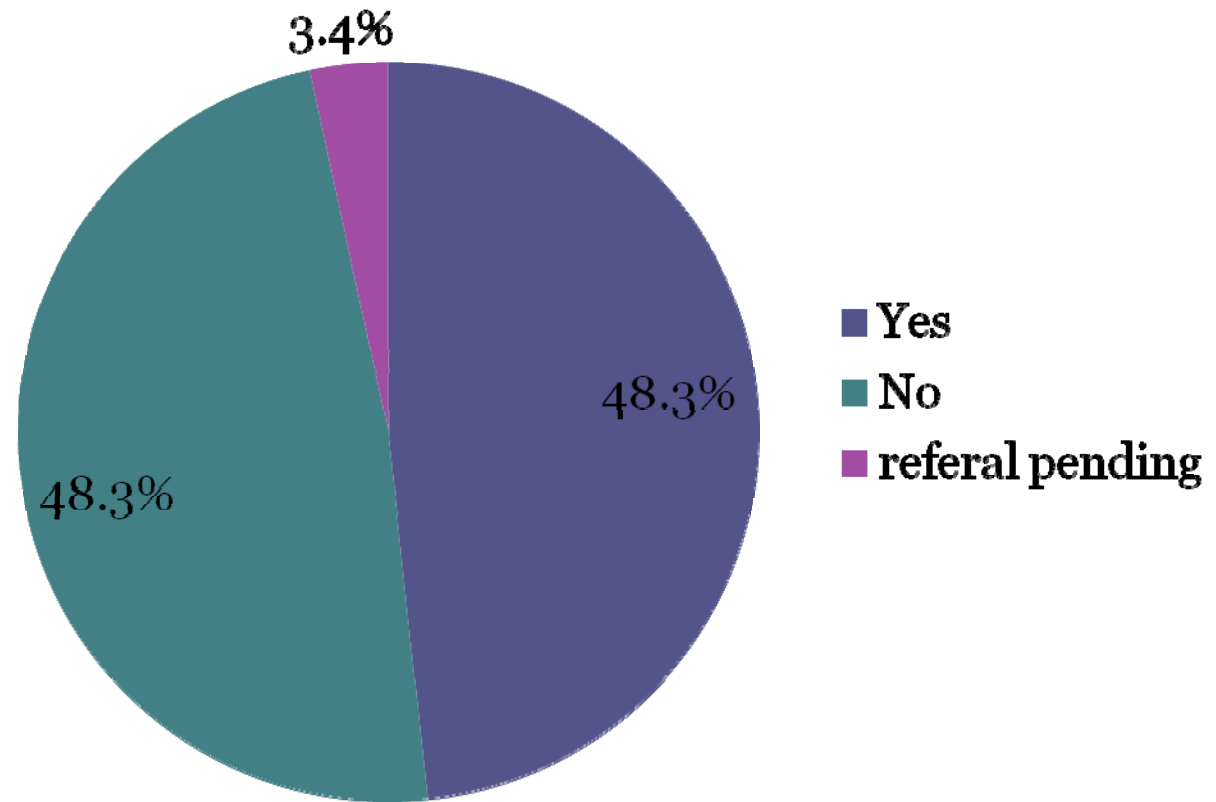
Readmission Data follow-up Survey-

Referral Reasons

■ Noncompliant with Therapy.....	19
■ Noncompliant with Medication.....	13
■ Drug and Alcohol History.....	8
■ Does not acknowledge a need for treatment.....	4
■ Suicidal Ideation.....	3
■ Religious Preoccupation.....	2
■ Aggression.....	2
■ Threatening Behavior.....	1
■ Alcohol Abuse.....	1
■ Alzheimer's Symptoms (aggressive).....	1
■ Sexual Abuse Victim.....	1
■ Grief over Death of a Family Member.....	1
■ Anxiety with Family disagreements.....	1
■ Doesn't listen to family.....	1

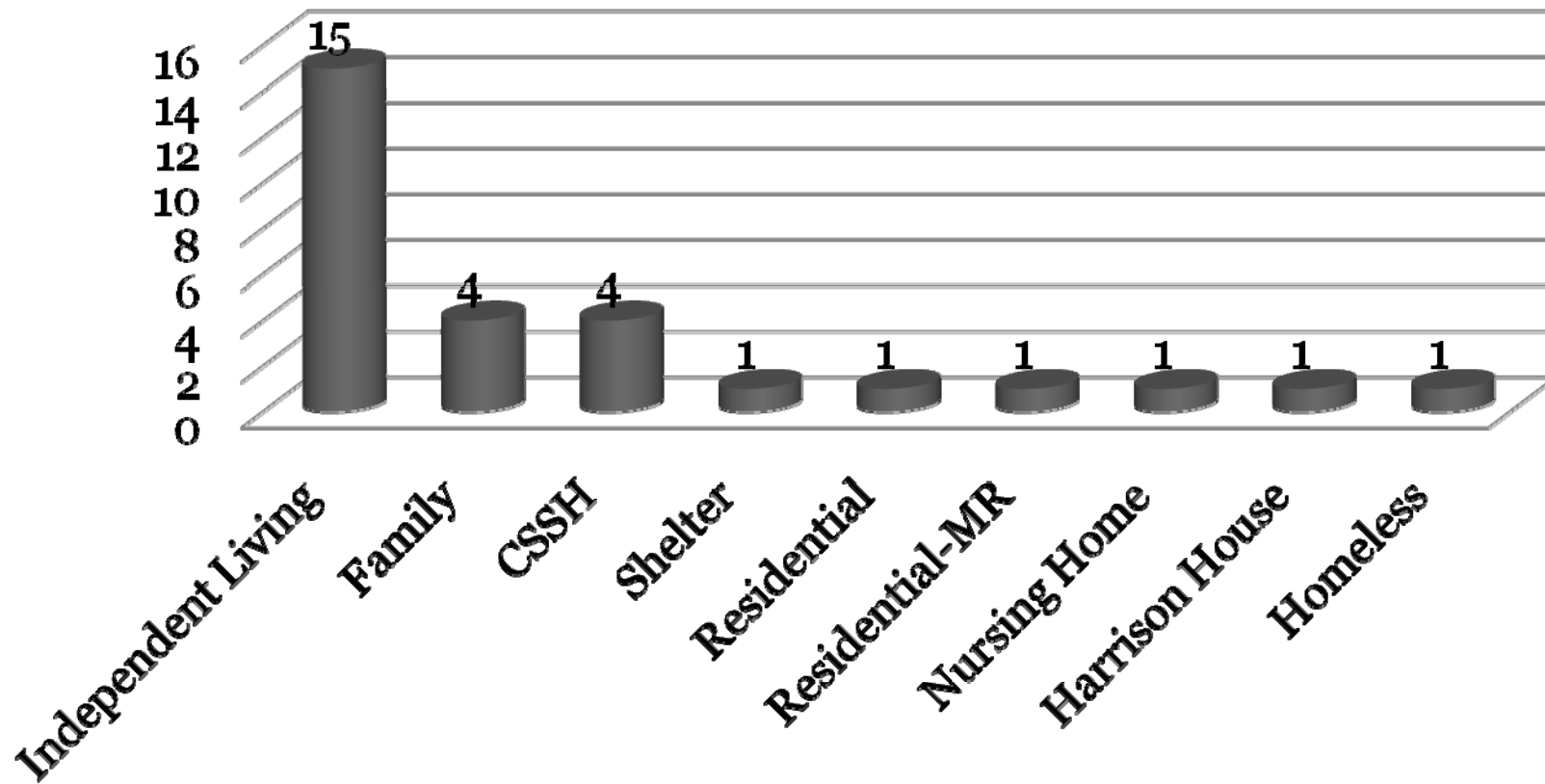
Readmission Data follow-up Survey

Case Management Services

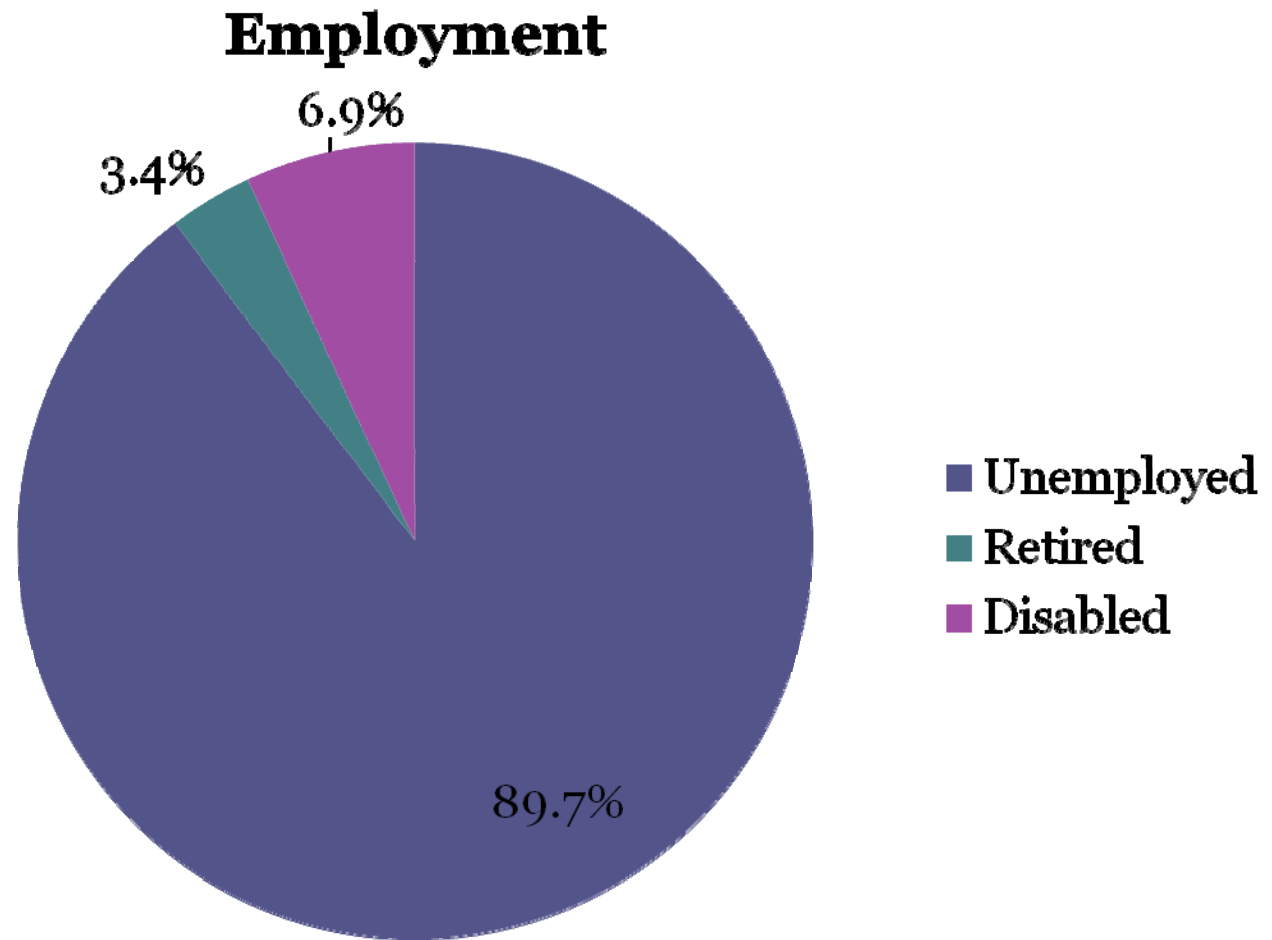


Readmission Data follow-up Survey

Living Situation



Readmission Data follow-up Survey



Diversions From CSSH

