Final
Revised November 17, 2006

ILLINOIS DIVISION OF MENTAL HEALTH
SYSTEM RESTRUCTURING INITIATIVE
ACCESS AND ELIGIBILITY

STANDARDS OF CARE AND INDICATORS FOR ACCESS TO CARE

The Standard of Care Matrix is a format for performance improvement for the Mental Health System and does not establish contractual obligation to providers. The Matrix builds on the Definition of Access and provides suggested standards and performance indicators to address criteria specified under the Definition of Access**.** The matrix intentionally does not list the specific target or value for the proposed indicator. It is proposed that baseline information be collected for the proposed performance indicator prior to officially adopting the indicator and establishing a specific target value.

Principles

1. The Standards contained in the Matrix apply to all age groups.
2. The Standards contained in the Matrix should be consistent with Evidenced Based Practice Standards. As the Division of Mental Health provides for Evidenced-based Practices, the standards will require update and revision.

Note: The Matrix identifies some standards as priorities in attempt to aid the implementation or roll out of the Standards – These are standards that are recommended to be prioritized in the implementation of data collection for the purposes of ensuring standards of care. It is recognized that not all providers may have the capacity to track the information without additional resources provided to them. Many of these standards were identified as "priority standards **" based on the fact that data is already being tracked and can be readily reviewed and determined whether the standard is reasonable.

DEFINITIONS

Standards, Indicators and Targets
The standards listed in the attached grid include recommended definitions that provide the reader with specific illustrations of the standard. Proposed indicators represents a means by which the standard can be measured. Targets (which generally are not included) represent the specific goals to be attained and are represented by specific numeric values.

Access to care
Good access to mental health care reflects ready availability of treatment centers and practitioners; the ability to schedule timely appointments and to receive urgent and emergent care; and the provision of culturally appropriate services for all segments of the enrollee population. The working definition of Access is attached.

Emergent/Urgent, non-life threatening Cases
Definition - the presence of psychiatric symptoms of sufficient severity such that a prudent layperson could reasonably expect that the absence of clinical or medical attention could result in physical harm to person or others. Services provided for a person that, if not provided, would likely result in the need for crisis intervention or for hospital evaluation due to concerns of potential danger to self, others, or grave disability. Standard response time is recommended at 6 hours or less. Emergency, life threatening cases are immediately directed to Emergency response (911).

Urgent Cases
Definition: Urgent condition means a behavioral health situation, which is not an emergency/life threatening but is severe enough to cause a prudent layperson, possessing the average knowledge of medicine, to believe that his or her condition requires medical treatment evaluation or treatment within 48 hours to prevent serious deterioration of the person's condition or health. Standard response is recommended at 48 hours from the point of referral.

Routine Cases - (Routine cases are those that are "non-emergent or urgent")
The expectation is that the person is seen within 10 business days of the referral recognizing that individuals may elect not to accept "available" appointments.

Culture
The thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religion, gender identity or social groups. (Katz, Michael. Personal communication, November 1998 ; and National Standards for Culturally and Linguistically Appropriate Services in Health Care). The grid assumes that culture includes heritage, ethnicity, sexual preference or gender identity.

Linguistic / Language includes “deaf” as a linguistic category.

Standards of Care Matrix

Standard	Specific Standard	Priority Standard Recommended	Source	Proposed Indicator
Access to Care	<u>Emergency Care.</u> Mental Health Care Providers must have procedures to ensure consumers w/ an emergency can reach a mental health professional as described in Rule 132 within 15 minutes, 24 hours a day, seven days a week. (see definition for emergent care) <u>Urgent Cases</u> Individuals should be seen within 48 hours of the referral. <u>Routine Cases</u> Individuals will be seen within 10 business days of the referral recognizing that individuals may elect not to accept "available" appointments. <u>Inpatient Psychiatric Care</u> Consumers will be pre-screened for inpatient hospitalization within one hour if residing in an urban area; within ninety minutes if residing in a rural area; and fifteen minutes to respond by phone in emergencies. Completion of all prescreening within three hours. Treatment (beyond the assessment) should be initiated within ten business days. **(Note: Standards of care for specialized, intensive services such as ACT, PSR and Residential will be based on standards for levels of care which relates to clinical need.)**	** ** ** Reserved to data already collected for the purposes of Continuity of Care, SASS or CHIPS Contract requirements. **		Percent of requests for emergency services provided by a mental health professional w/in 15 minutes, 24 hours, 7 days a week. Percent of emergent non life threatening cases seen by a mental health professional w/in 6 hours of referral Percent of urgent cases seen by a mental health professional w/in 48 hours of referral Percent of routine cases seen by a mental health professional w/in 10 business days of the referral Percent of consumers that receive a pre-screening for psychiatric inpatient care for whom the disposition was completed within 3 hours Percent of consumers that receive treatment following the initial assessment within ten business days.

Quick and Convenient Access to Care	Services should be available to consumers within 30 minutes or within 30 miles of their residence. In rural areas, services should be available within 90 miles or 90 minutes of residence. Federal definition of Rural applies.			Percent of consumers served w/in 30 minutes of contact Percent of consumers with services available within 30 miles of their residence (rural – 90 minutes/90 miles)
	Appointment times should be available evenings and weekends in addition to regular "day time" hours.			Percent of service hours provided outside of regular “daytime” hours per week.
	Telephone calls initiated by consumers should be returned by mental health care providers within 24 hours.			Percent of phone calls returned w/n 24 hours of contact.
Service Availability (range of services available)	A full range of core mental health services as described in DMH Rule 132 are available in geographical areas across the state. **Core Services include the following:** Crisis (emergency services, crisis residential beds); Outpatient (assessment, treatment planning, monitoring, counseling, therapy, psychiatric services, pre-admission screening); Specialty Children's Services (SASS, Wraparound, ICG/MI); Rehab and Support (PSR, Peer Support, etc); Care Management (Linkage case management, case management, client transitional subsidy, transition to adults services; Residential (Supported, Supervised) (Note: Need review/revision based on new service definitions)	**		Percent of core MH services provided directly or subcontracted in accordance w/ Rule 132.
Quick and Convenient for Consumer’s Entry Into Services	Consumers should be satisfied with their ability to access care	**		Percentage of consumers who agree that services are accessible (perception of care measure)

Cultural and Linguistic Access to Care - Staffing	Mental Health care organizations should implement strategies to: • recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area; • ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery; and	Cultural Competence Service Standards		Note: Baseline data should be captured before establishing targets (i.e., Percents). Percent of staff of different ethnicity at all levels of the organization. Percent of staff meeting bilingual proficiency requirements for cultural competence across services levels, during all hours of operation.
Cultural and Linguistic Access to Care Linguistic Access/Staffing	Mental Health Care providers must offer and provide language assistance services including: • bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency (LEP) at all points of contact, in a timely manner during all hours of operation; • verbal offers and written notices informing them of their right to receive language assistance services; • patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area; and • ensure the competence of language assistance provided to LEP consumers by interpreters and bilingual staff. (Note: Family and friends should not be used to provide interpretation services except on request by the patient/consumer).	Cultural Competence Staffing Standards **		Percent of staff meeting bilingual proficiency requirements for cultural competence across services levels, during all hours of operation. Percent of service hours provided by bi-lingual staff to consumers requiring service in a language other than English. Percent of commonly encountered populations representing the service area that receive consumer related written materials in their language. Presence of culturally inclusive materials posted in the facility, written in the language(s) of the population served. Percentage of consumers receiving service provided in their preferred language**,** by interpreters and bi-lingual staff and/ or having access to a language "line" interpreter.

Cultural and Linguistic Access to Care - Culture	Consumers have access to: • a primary mental health provider who meets their needs in terms of ethnicity, language, sexual orientation, culture, age, and disability. Access to services shall be individual and family-oriented (including consumer-defined family) in the context of racial/ethnic cultural values; and • consumer populations served by the Mental Health Care Organization should reflect the cultural makeup of the service community • ensure that services shall be provided irrespective of immigration status, and language. Providers must: • have procedures to ensure comparability of access and receipt of benefits across populations; Consumers should be satisfied with providers' sensitivity to their ethnic, gender, sexual orientation (G,L,TG), culture, LEP, age and disability needs Providers must • ensure that gate-keeping, service authorization, and critical service junctures for consumers is performed by or under the supervision of culturally competent mental health professionals; and • provide prior cultural consultation before making restrictive placements, e.g., inpatient and residential	Cultural Competence Staffing Standards ** ** **		Percent of primary MH providers of the same 1) ethnicity, 2) language, 3) gender; 4) culture, 5) age, and 6) disability and 7) sexual orientation of consumers represented in the service area who can address the needs of these populations Percent of consumers by ethnicity receiving service compared to the percentage of individuals by ethnicity living in the geographic service area Percent of persons who are undocu-mented or who have limited English proficiency (LEP) accessing MH servs. Percent of primary providers available during hours of operation to meet the needs of ethnic, sexual orientation culture, LEP, aged, and disabled consumers of mental health services. Percent of consumers who agree that providers are sensitive to their ethnic, gender sexual orientation, culture, LEP, age and disability needs when providing treatment (Perception of care measure). Percent of culturally competent mental health professionals in supervisory positions overseeing intake and placement staff processes. Percent of restrictive placements made with prior cultural consultation.

Financial Access	A consumer's inability to pay for care should not impede or limit access to needed mental health services. Services shall be provided irrespective of insurance coverage. Note: As DMH moves toward fee-for-services, services shall be provided irrespective of payment source (e.g. Medicaid, Non-Medicaid, indigent)	** ** 		Percent of consumers at or below the 200% poverty level receiving MH services. Percent of consumers who are uninsured, non-Medicaid receiving MH services. Percent of consumers who are Medicaid eligible receiving MH services.

Recovery Resiliency Orientation of the System Leading to Access - Proposed Indicators

- Number of consumers delivering services
- Number of consumer run services
- Presence of a consumer advisory council

Suggested Items for Inclusion

- Track the pathways/time from assessment to disposition of care (e.g. time-frame from point of assessment to the hospital to transfer to impatient bed or state-operated facility bed)