

# SOQIC

## NEWS FLASH FOR OCTOBER 2007

A PUBLICATION OF THE OHIO DEPARTMENT OF MENTAL HEALTH OFFICE OF CLINICAL BEST PRACTICES

### WE NEED YOUR FEEDBACK!

- What do you think of the SOQIC survey results?
- What information or articles would you like to see in the next issue of the SOQIC newsletter?

Please contact Dana Harlow at [harlowd@mh.state.oh.us](mailto:harlowd@mh.state.oh.us) or 614-728-4673 to share your feedback and ideas.

### WANTED! Committee members to improve SOQIC documentation process

It is critical that ODMH receive assistance from the field to improve and update the SOQIC form set. Results from the recent SOQIC survey indicated the forms need to be evaluated for changes to maintain compliance with accreditation and regulatory standards and to enhance the forms clinically by integrating information with a focus on wellness, integrated physical/mental health care, best practices, recovery, cultural competence and outcomes.

ODMH is searching for individuals from agencies and ADAMHS/MH/ADAS Boards who have experience with SOQIC and would be interested in participating in a committee to advise ODMH about changes needed to improve the SOQIC form set. The committee will meet monthly from January to June 2008 in Columbus from 10am-3pm. Contact Dana Harlow at [harlowd@mh.state.oh.us](mailto:harlowd@mh.state.oh.us) or 614-728-4673 to participate and indicate what your area of interest is and what time you can commit to participating on the committee.

### IN THIS EDITION...

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## SOQIC 2007 SURVEY RESULTS

In February 2007 the Office of Clinical Best Practices e-mailed a survey to the field in order to collect information about the utilization of SOQIC standardized documentation forms and guide our planning to improve the SOQIC process. A total of 98 agencies responded to an electronic survey. Respondents included agencies providing mental health and alcohol/drug addiction services to adults, adolescents and children across all five ODMH regions in Ohio. In addition to the surveys, telephone interviews were conducted with administrators at the ADAMHS/CMH/ ADAS Boards throughout the state to assess the utilization of SOQIC forms.

### Who is utilizing the SOQIC forms?

Based upon data from the surveys and interviews it was estimated that 141 agencies in Ohio utilize the SOQIC form set. These 141 agencies account for approximately 47% of expenditures and 55% of the clients tracked by MACSIS in SFY 2006. Forty-one ADAMHS/CMH/ADAS Boards have agencies using SOQIC forms.

### What type of SOQIC forms are agencies using?

Most agencies are utilizing a combination of paper SOQIC forms and e-forms (44%) or paper forms (49%) provided by ODMH. About one-third of the agencies indicated making changes to the SOQIC forms to meet other needs such as regulatory requirements or to more effectively respond to the clinical needs of clients. Only 12% of the agencies surveyed reported using an electronic form vendor.

### What has been most useful about the forms?

Survey participants were asked to report "what has been most useful about the forms for their agencies." The majority of agencies (57%) reported that the most useful benefit was assistance in meeting accreditation, state, Medicaid and medical necessity documentation requirements. Thirty one percent (31%) of agencies reported that the most useful benefit was that the forms supported uniformity, consistency and/or standardization of documentation in the clinical record and 20% indicated that the most useful benefit was improved treatment planning process and/or continuity of client care.

### Does SOQIC increase an agency's efficiency?

Forty-eight percent of the agencies indicated the SOQIC forms increased their agency's efficiency. The most common explanations included:

- standardization across agency sites
- consistency and uniformity among staff
- forms structured and well organized
- more efficient documentation
- concurrent documentation
- saved time with supervision and training
- improved legibility

Twenty-two percent of the participants indicated that the forms did not increase their agency's efficiency. Comments included:

- increased time to complete forms
- documentation process/questions repetitive and do not flow well
- increased training and supervision time to implement forms

### What does it cost to implement SOQIC forms?

Participants were asked to approximate the cost (financial, HR or other) or savings incurred by implementing SOQIC forms. Most agencies could not determine the cost of implementation and other agencies reported costs ranging from \$0 to \$105,000.

### What changes to the SOQIC forms are needed?

Survey respondents identified which SOQIC forms needed to be revised or updated. Agencies reported the following forms were most in need of revision: Diagnostic Assessment (shorten, reduce number of pages; AoD history inadequate; flow of form needs to be improved), Individualized Service Plan (confusing/unclear; not user friendly; difficult to use; cumbersome; reduce elements), E-Forms (need simplified Word template; make forms accessible to Mac computer users; link to data base to be able to automatically populate fields; be able to change to meet agency needs) and Individualized Service Plan Review (too complicated; confusing; redundant).

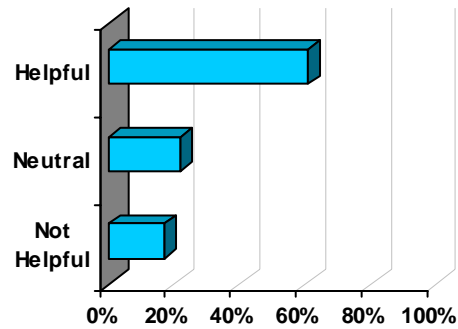
### How much of a problem do SOQIC forms create for agencies?

Only 3% of agencies indicated that implementation of SOQIC forms created a large problem. The majority of agencies reported that implementation of SOQIC forms created a small problem (42%) or moderate problem (35%). Twenty percent of the agencies indicated that the forms were not a problem. These proportions are comparable to findings based on the evaluation of other best practice implementation efforts in Ohio (e.g., ODMH Innovation Diffusion and Adoption Research Project, 2005).

### Is the SOQIC initiative meeting it's initial goals?

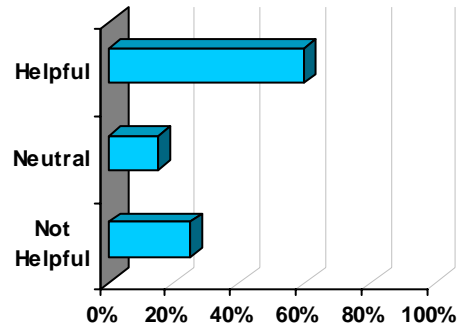
Participants were asked to rate the extent to which the SOQIC process was helpful with regard to the following goals:

### 1. *Helpful for promoting the recovery process* through active engagement of clients in the treatment process.



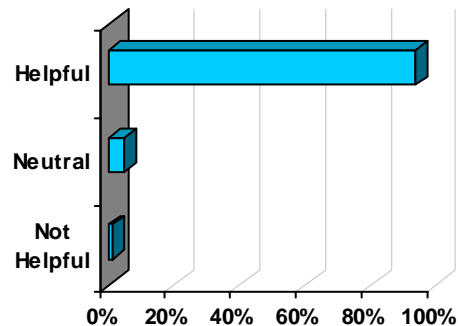
- 25% indicated that the forms were very helpful
- 36% indicated that the forms were somewhat helpful
- 22% indicated that the forms were neutral
- 16% indicated that the forms were not helpful
- 1% indicated that the forms created problems

### 2. *Helpful for simplifying documentation.*



- 20% indicated that the forms were very helpful
- 40% indicated that the forms were somewhat helpful
- 15% indicated that the forms were neutral
- 23% indicated that the forms were not helpful
- 2% indicated that the forms created problems

### 3. *Helpful for ensuring compliance* with all regulations and accreditation standards.



- 74% indicated that the forms were very helpful
- 20% indicated that the forms were somewhat helpful
- 5% indicated that the forms were neutral
- 1% indicated that the forms were not helpful
- 0% indicated that the forms created problems



For more information on SOQIC, please visit the SOQIC section on the Ohio Department of Mental Health web site at [www.mh.state.oh.us/cmtymh/soqic/soqic.index.html](http://www.mh.state.oh.us/cmtymh/soqic/soqic.index.html) or email Dana Harlow at [harlowd@mh.state.oh.us](mailto:harlowd@mh.state.oh.us).



# BREAKING NEWS!

## TRAINING RESOURCE: ONLINE COURSES

The Office of Clinical Best Practices is collaborating with the eBasedAcademy to develop online courses to assist SOQIC users to improve their skill and knowledge base in the utilization of the SOQIC form set.

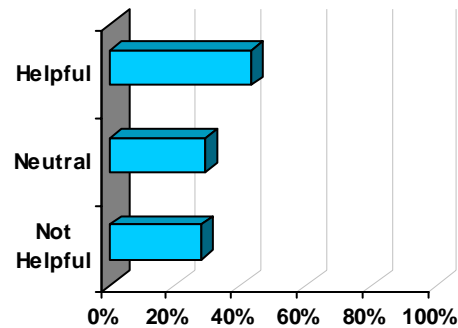
eBasedAcademy is an online academy for health professionals to obtain continuing education units in prevention, treatment, social work, education and general health and is maintained by the Ohio Resource Network for Safe and Drug Free Schools and Communities in collaboration with the University of Cincinnati College of Education. The instructor for the online courses will be David Lloyd, President of MTM Services, who has a wealth of experience in developing and implementing the SOQIC project in Ohio. The courses will support the SOQIC documentation model and focus on the following areas:

- Overview of how to complete all SOQIC forms
- Enhanced quality and compliance supported by SOQIC documentation process
- Specific strategies and hints for developing concise assessments and treatment/service plans that support medical necessity
- How to save time through concurrent documentation model
- Effective strategies to implement SOQIC process agency-wide

All of the courses will be offered at no cost to anyone in the state and continuing education units can be earned by social workers, counselors and chemical dependency counselors. Check out the eBasedAcademy at [www.ebasedacademy.org](http://www.ebasedacademy.org).



**4. Helpful for saving time** by reducing documentation processes and promoting more timely completion of documentation.



- 14% indicated that the forms were very helpful
- 29% indicated that the forms were somewhat helpful
- 29% indicated that the forms were neutral
- 23% indicated that the forms were not helpful
- 5% indicated that the forms created problems

### Summary

- The forms are widely used by agencies in all regions of the state.
- There is movement toward electronic records as indicated by agencies utilizing a combination of paper and e-forms.
- Primary benefit identified by agencies seems to be ensuring compliance with accreditation and documentation requirements, but other benefits were also identified, including saving time and promoting recovery.
- There is a continued need to update and revise the forms to ensure compliance and clinical relevance.

### Next Steps

- Based upon the numerous comments suggesting changes to the SOQIC forms (Diagnostic Assessment, ISP, ISP Review) a committee will be convened this winter to update the forms. Revisions will be aimed at ensuring compliance with all regulations and accreditation standards and enhancing the SOQIC forms clinically with a focus on wellness (e.g., integrated physical/mental health care) best practices (e.g., IDDT, supported employment), recovery, resiliency, cultural competence and Consumer Outcomes.
- Agencies surveyed indicated a need for ongoing training to implement and utilize the SOQIC forms. Web-based training was identified as the preferred method of instruction. In response, ODMH is collaborating with the Ohio eBasedAcademy.org (Ohio Resource Network/University of Cincinnati's College of Education) and MTM Services to develop a series of online courses that will be available as of March 2008. These SOQIC specific courses will provide training related to forms completion, documentation strategies to support medical necessity, regulatory compliance and agency wide implementation. These courses will be available at no cost to clinicians and administrators and provide continuing education units.
- Explore the role of the SOQIC initiative to increase the mental health systems readiness to utilize electronic health record technology that integrates mental health and health information. This involves participation in various committees (Medicaid MEPAM, ODMH EHR and Health Data Exchange) engaged in monitoring and evaluating electronic health record implementation.