

# DMHAS-EQMI



## MONTHLY PROVIDER DATA QUALITY NEWSLETTER

MAY 2021

### Co-occurring Screening Submission

DMHAS' Evaluation, Quality Management and Improvement (EQMI) Department routinely sends out Monthly Provider Data Quality Newsletters to inform providers of important data quality issues that have been identified and that will need providers immediate attention to review and correct.

This newsletter addresses a data quality issue as it relates to the submission of Co-Occurring Screenings. DMHAS has focused on ensuring that all clients are screened for mental health and substance use problems using DMHAS' approved screening tools. Some providers are not routinely screening all clients upon admission.

When these screenings are not performed, client care may be negatively impacted because clients may not be comprehensively evaluated for the presence of both mental health and substance use problems. The Co-Occurring screening is required to be completed upon admission.

The Provider Quarterly Quality Dashboards reflect the compliance rate of the Co-Occurring screenings.

Co-occurring		Actual	State Avg
MH Screen Complete		42%	60%
SA Screen Complete		40%	61%

There are three reasons that a client's admission may result in a non-compliant co-occurring screening score:

- 1) The Co-Occurring Screening was not completed for the Mental Health and/or Substance Abuse Screen.
- 2) In the Co-Occurring Screening field of DDaP, the provider selected "**Declined**" under the Mental Health and/or Substance Abuse Screening sections.
- 3) In the Co-Occurring Screening field of DDaP, the provider selected "**Medically or Clinically Inappropriate**" under the Mental Health and/or Substance Abuse Screening sections.

Providers can check their Co-Occurring Screening compliance rates in DMHAS' Enterprise Data Warehouse (EDW). In the **Data Quality** folder of the EDW, there are two reports to select from:

- 1) Co-Occurring – MH Screen Complete
- 2) Co-Occurring – SA Screen Complete

These reports pull the full client roster for the identified program within the date range selected, and use the number of valid assessment scores divided by the total number of clients in the program roster.

For any questions, please contact Karolina Wytrykowska at [Karolina.Wytrykowska@ct.gov](mailto:Karolina.Wytrykowska@ct.gov)