Quality Directors' Meeting Agenda

Tuesday, October 28th at 3PM
Via Teams link

Thursday, October 30th at 9AM
Via Teams link

EQMI Data Quality
- Meetings will be recorded for minutes, then deleted
- Functional Assessments – DLA-20 trainings- reach out to Elizabeth.Feder@ct.gov Standing item for staff needing DLA 20 basic training reach out to Liz Feder or Meagan McGuire. If staff is interested in the train-the-trainer series, they need to have this basic DLA training first. Offered monthly rotating between Monday, Wednesday and Friday. If you have a large group at your agency, EQMI can do an individualized training in person or virtually.
  - Only staff who have successfully completed the training can administer DLA
    - Must use anchors, not just EHR descriptions Described that updated materials (2024) can be sent to agencies. All staff who complete/perform the DLAS 20 must receive a Certificate of Completion for each agency. Must use anchors each time they are performing the assessment rather than simplified descriptions often associated with EHR variation.
  - Updated materials available – reach out to Liz or Meagan There were no new materials added but they were updated.
  - Individual agency training – 10 or more folx virtually or in person and would consider fewer than 10, especially if current month's training is booked.
  - Train the Trainer-interest? We continue to look for interest in a train the trainer series. Please let Liz Feder know if you have staff that would like to participate so that you can have a distinct trainer(s) at your agency.
- *Data Corrections – EQMI:*
  - Wei (A-K) – Wei.Wei@ct.gov
  - Jordon (L-Z) – Jordon.Vassell@ct.gov
    - Correct duplicates!
      Jordon and Wei reach out to correct the origin of the problem – Wei

DDaP will create a duplicate for client admissions if there is any discrepancy in client profiles. The primary identifier of client would be SSN, date of birth, and full names. Any discrepancyof those 3 identifiers will read that as a completely new client and create a new admission for the client. We have an ongoing process of locating them and cleaning them. We do want to make sure that all services and assessments are kept intact under one admission and then we can remove the other one. So if your agencies have duplicated missions Jordon or Wei will reach out with the instructions on how to remove them in cases where we notice differences between the admissions. For example, different sets of services or assessments or different discharge status, we'll have to ask you to verify the accuracy of that admission data 1st and then move or RE upload services and assessments if necessary. Most importantly, we need you to update your client profile in your record to remove the root cause of what created the duplicates in the first place. Duplicates are potentially skewing all of your program performance metrics and inflating your roster as well.

- - - Methadone Maintenance discharges – Jordon

Methadone Maintenance discharges need to be completed in a timely manner so that admissions can happen to another MM program. If you unable to admit a client into a MM program because of another active MM admission, let me know so that we can work with the other provider to complete

the discharge. I regularly review the outstanding discharges needed for another admission and will continue to reach out to the originating provider to complete discharge.Provider Alert: Flex beds

Consumer Satisfaction Reviewed Consumer Satisfaction report posting and preparation for FY26 reporting
- [FY25 Consumer Satisfaction Survey Annual Report](#) posted to EQMI Website
  - Contact Tricia.Lang@ct.gov for questions or more information on annual report
  - Contact Kristen.Miller@ct.gov for questions regarding individual agency reports
    - These will be sent out by next week
- Working on packet for FY26 guidance documents that will be posted to EQMI website

Quarterly Quality Dashboards
- Data due by 15th of the following month (ex. May 15th for April data)

- **Annual Dashboard report finals [posted to the EQMI website](#)**
  - Contact Meagan McGuire with any questions or concerns

- Metrics Review: Provider Activity Reviewed metric including Quality Dashboard Guide; answered questions.
  - [Quality Dashboard Review Guide](#) Reviewed location(s) to Review Guide and oriented to content. EQMI is actively working to update the Guide.
    - Update in progress
- Metrics Reports: Data Quality folder → Programs with No Data report Reviewed EDW report; answered questions

File Upload
- New E.H.R./other issues- reach out to Meagan.McGuire@ct.gov If you have a new EHR or one in the works and concerns about file uploads or other data quality concerns, let us know and we can work with you all to troubleshoot file uploads and/or direct data entry to DDaP

Critical Incident Reporting
- EDW: Critical Incident Overdue report Closures are due within 60 days of submission to DDaP. There is an Overdue Critical Incident EDW report that measures the 60 days from reported entry in DDaP rather than the reported incident date. Coordinate with SO LMHA or OOC contact to report, submit and close CI.
  - Wei and Jordon will be reaching out
  - Closures due in 60 days from report
  - Need to have fiscal year 25 closed by 8/30/2025

****

Monthly Quality Directors Calls Schedule:

Tuesdays at 3:00 PM	Thursdays at 9:00 AM
November and December CANCELED	November and December CANCELED
January 27th, 2026	January 29th, 2026

Monthly Training Schedule:

October 31, 2025	9:30 – 11 a.m. Direct Data Entry	11–1 p.m. EDW Reports	2–3 p.m. CI
November 21, 2025	9:30 – 11 a.m. Direct Data Entry	11–1 p.m. EDW Reports	2–3 p.m. CI

Monthly DLA-20 Training Schedule:

November 10, 2025	Monday 8:30am-12:30pm	Liz Feder
December 17, 2025	Wednesday 8:30am-12:30pm	Meagan McGuire

Click here to access our website: EQMI - Home Page (ct.gov)

Click here to access EQMI training calendar: EQMI FY 2026 Training Calendar