Mental Health Care for Developmental Disabilities

Quality Indicator Checklist

The Los Angeles Mental Health and Developmental Disabilities Tools for Assessing Quality of Services Project: Developing Quality Indicators for Individuals with Dual Diagnosis.

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Mental health conditions, which dramatically affect quality and length of life, are experienced at least at an equal rate in people with developmental disabilities as the general population. Some estimates are that up to 30-35% of people with developmental disabilities have mental health conditions also called "dual diagnosis", due to a variety of vulnerabilities, including social ostracization, limited coping mechanisms, and lack of supports. The most common mental health diagnoses include anxiety and mood disorders and psychosis in adults and ADHD, anxiety and conduct disorders in children. Efforts to improve access to mental health care have resulted in some gains in assessment and treatment for this population but more collaboration across systems is needed. More recently, there has been recognition that when people with developmental disabilities and mental health conditions are able to get care, the quality of mental health care is variable. Standards for what constitutes appropriate mental health care for people with dual diagnosis are lacking. When the quality of care cannot be measured, it cannot be improved. As a result, these quality indicators were developed. Evidence is mounting as to what constitutes assessments and treatments that result in improved mental health outcomes and quality of life. But that evidence is not yet sufficient to in itself provide clear indications of quality that a system could use for improvements. Thus, we have used the UCLA/RAND modified Delphi method to create a checklist tool that can be used to abstract information in the aggregate on quality of mental health care for those with developmental disabilities. This involved compiling available evidence, convening a group of experts and stakeholders (including those with dual diagnosis) to review the evidence and confidentially rate a draft set of quality indicators. Then, the group met to discuss and again confidentially rate the quality indicators. Three domains of care were included as most pressing: access, assessment and treatment. Following is the set of quality indicators that passed, informed by both the evidence and the expert and stakeholder panelists. Their intended use is to allow measurement of quality of mental health care for those with dual diagnosis, based on available evidence, in order to move systems toward improved outcomes. This is not an audit checklist tool. It also has not yet been tested to determine whether use of the checklist improves outcomes. Because evidence is always improving and measurement is always imprecise, this checklist will also require updating and editing. It is a first step, and we invite you to consider using this checklist for individual providers, groups, institutions or systems as part of an evaluation of the quality of mental health care for people with developmental disabilities.

For any questions or assistance with projects to use the checklist tool, please contact the Project Director:

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Section I: Access refers to ease and timeliness of patient/client access to mental health services. Please check mark the box if the following items are documented in the patient/client charts.

☐ Documentation of a referral to a primary care physician or mental health professional for an evaluation within 30 days of the index visit.

☐ If documentation of referral, contact for an evaluation by a primary care provider or special mental health professional was made **within 30 days** of the index referral date.

Section II: Intake and Assessment refers to items that should be addressed during intake of the index mental health visit. Please check the box if the following items are documented in the patient/client charts:

Historical information:

a. ☐ Patient's/client's means of communication.
b. ☐ Difficulties in functioning.
c. ☐ Strengths in functioning.
d. ☐ Stressors that may trigger an unwanted reaction.
e. ☐ Impact of the mental health symptom on life functioning.
f. ☐ Environmental changes
g. ☐ Prior history of mental health care.
h. ☐ Prior strategies or approaches to help patient/client deal with the mental and behavioral problems.
i. ☐ History of prior speech, occupational or physical therapy.
j. ☐ Prior psychotropic medications.
k. ☐ Current medications.
l. ☐ Developmental history.
m. ☐ Medical history.
n. ☐ Family history.
o. The presence or absence of a history of the following:
    a. ☐ physical abuse?
    b. ☐ sexual abuse?
    c. ☐ physical aggression?
    d. ☐ self-injurious behavior?
    e. ☐ risk assessment for suicide?

Within the first 90 days of evaluation of the index mental health visit the following items should be documented

p. ☐ At least one well-established standardized measure for use with children or adults with developmental disabilities administered during the evaluation of the mental health symptom(s).
q. ☐ a mental status examination (MSE)

*And **one** of the following items was performed:*

r. ☐ A physical exam **OR**
s. ☐ Patient/client or caregiver report that a physical exam was done and request by the mental health professional for a copy **OR**
t. ☐ Referral to a primary care physician for a physical exam **OR**
u. ☐ Clinical rationale for not conducting a physical exam

Section III: Assessment Goals/Follow-up refers to items that address goals and follow-up. Please check the box.

During the index (first) mental health visit or within the first 90 days of the intake evaluation are the following items documented?

a. ☐ A plan for follow-up or disposition
b. ☐ At least one treatment goal
c. ☐ Client's progress in meeting that goal

Section IV: Treatment refers to items on treatment strategies and goals. Please check the box if the following are documented.

During the index (first) mental health visit or within the first 90 days of the intake evaluation is the following item documented?

a. ☐ At least 2 considered treatment modalities

Prior to starting any new psychotropic medication

a. ☐ Informed consent for medication treatment is documented

When a new psychotropic medication is prescribed,

a. ☐ At least one target symptom that medication treatment is anticipated to address is documented.
b. ☐ Client education about reason for medication and possible side effects
c. ☐ Clinical rationale for selection or for use of antipsychotic medication

When a new atypical antipsychotic medication is prescribed,

a. ☐ Baseline height and weight or BMI
b. ☐ Baseline laboratory tests to screen for metabolic abnormalities are ordered or results are recorded
c. ☐ Baseline assessment for extrapyramidal symptoms

☐ ***For adults,*** if **2 or more** antipsychotic medications are **concurrently** prescribed, the clinical rationale use is documented.

Section V: Medication Follow-up refers to items that meet patient/client follow-up. Please check the box.

If a client is regularly prescribed atypical antipsychotic medication, during a 6 month treatment period:

a. ☐ Height/weight or BMI is documented at least once.
b. ☐ Laboratory tests to screen for metabolic abnormalities are ordered or results recorded.
c. ☐ Monitoring of at least 1 extrapyramidal sign/symptom

During every follow-up visit during which any psychotropic medication is:

Monitored

a. ☐ The name, frequency, dosing, presence or absence of side effects and follow-up plan (i.e., change, continue, stop for each medication) is documented.

Discontinued

a. ☐ The rationale for discontinuing the medication is documented