VACSB Data Management Committee New CCS 3 Admission and Discharge Paradigm

1. The VACSB Data Management Committee (DMC) and Consumer Service Record Work Group (Work Group) have developed this new paradigm as a framework for their work, including development of the next version of the CCS and revisions of Core Services Taxonomy 7.

2. The Partnership Information System Vision and Values, the Performance Contract Partnership Agreement, and State Board Policies 1030, 1036, and 1037 have guided the work of these two groups. State Board Policy 1036 articulates a vision to guide the development and operations of the public mental health, mental retardation, and substance abuse services system; it promotes the self-determination, empowerment, recovery, resilience, and health of consumers and the highest possible level of their participation in all aspects of community life, including work, school, family, and other meaningful relationships.

3. The DMC and Work Group identified the following **objectives for this new CCS 3 paradigm**.

   a. Meet consumers where they are; that is, do not create artificial barriers to consumers accessing services by requiring them to provide large amounts of data before it is needed. Streamline and minimize data collected at a consumer's first encounter with the CSB.

   b. Ensure only clinically relevant data is collected and reported.

   c. Improve the quality of CSB data.

   d. Integrate and link CCS data collection and the development of the consumer service record.

   e. Track and report outcomes, including the federal NOMs outcome measures, more efficiently, completely, consistently, and accurately.

   f. Provide sufficient flexibility in the design of the next version of the CCS to accommodate the variety of CSB organizational structures, service management processes, and information system platforms.

   g. Produce efficiencies in the collection and reporting of data.

   h. Address recommendations in the Center for Substance Abuse Treatment (CSAT) consultants' report on the Department's ability to meet federal reporting requirements.

4. The two groups identified **two key concepts** for the consumer service record and new CCS 3:

   a. Collecting information only at the point at which it is needed clinically; and

   b. Collecting information, assessing the consumer and the consumer's needs, and developing the consumer's individualized services plan (ISP) are ongoing, additive, and iterative processes. Assessment and the development of an ISP are not activities that happen only at one point in time.

5. The most obvious change in the new paradigm, compared to the current CCS 2, is the elimination of enrollments in and releases from every category or subcategory of core services. This change will substantially reduce the workload for many CSBs. It will eliminate reporting enrollments and releases and collecting and reporting the data associated with those events.

6. The **current CCS 2 paradigm** is: admission to the CSB, enrollment in and release from every service in every program area (all mental health, mental retardation, or substance abuse services), and discharge from the CSB after the last release from the last service. **The new CCS 3 paradigm** replaces enrollments and releases to every service with admission to and discharge from each of the three program areas (all MH, SA, or MR services).

7. In the current CCS 2 paradigm, an **episode of care** starts with admission to the CSB and ends with discharge from the CSB; it includes services provided in all three program areas. Thus, a

consumer with co-occurring disorders could be admitted to the CSB and enrolled in one or more mental health services. Later, the consumer could be enrolled in and then released from one or more substance abuse services, while still being enrolled in mental health services. Several years later, the consumer could be released from all mental health services and discharged from the CSB. This episode of care would be several years long and would end long after the consumer's last release from a substance abuse service. This has caused significant problems in federal substance abuse reporting, as noted in the CSAT consultants' report. In the new paradigm, an episode of care starts with admission to a program area (all MH, SA, or MR services) and ends with discharge from that program area. Thus, there could be up to three separate but concurrent episodes of care if a consumer were admitted to all three program areas.

8. **Admission to a program area** (all MH, SA, or MR services) admits a consumer to any of the services (e.g., various inpatient, outpatient, day support, and residential services and case management) in that program area. The Department licenses providers that deliver most of these services. Program area is defined in Core Services Taxonomy 7.1 as the general classification of service activities for one of the following defined conditions: a mental illness, mental retardation, or a substance use disorder. The three program areas in the public services system are mental health, mental retardation, and substance abuse services.

9. The **flow of a person through this new paradigm** and the **current CCS data elements** collected at each point in this process are portrayed in the attached narrative table, the two color diagrams (one for the consumer service record and one for CCS 3), and list of data elements. The data elements include two new elements associated with the new paradigm: consumer first name and last name, which will be used to construct a statewide consumer index. Several current CCS data elements are eliminated: Transaction Activity Code (1), Service Enrollment Date (6), Service Release Date (9), and Date of Last Direct SA Service (51). The current Medicaid Status (50) is changed to Medicaid Number (57).

10. **Substance abuse prevention services** are not included in this new CCS 3 paradigm because CSBs report substance abuse prevention information through the KIT Prevention System.

11. **IDEA Part C** infants and toddlers and their services also are not included in this new paradigm, although they could be added at a later point. Information about Part C consumers and services is now collected through the iTOTS system, a separate information system.

12. Thus, the new CCS 3 paradigm will promote **enhanced accessibility** of services for consumers, **significantly greater efficiency** for CSBs and the Department, and **increased data accuracy**, by not collecting data before it is needed and by generating less data clutter, for CSBs and the Department.

13. One area that will be addressed is identifying and collecting and reporting information about consumers with **co-occurring disorders**. It may be easier and more efficient for CSBs to collect the same CCS data elements about all consumers admitted to the mental health or substance program area, rather than the current practice of collecting some elements but not others, depending on the program area to which the consumer is admitted. The attached diagram reflects this need by showing the boundaries between the program areas in the Admission To block with broken lines, indicating the permeability of those boundaries.

14. Another area that will addressed is developing **business rules** to describe the collection and reporting of CCS 3 data (e.g., specifying specific points in time or frequency when data elements are collected). These rules will be included in the Community Services Performance Contract, which will make it easier for CSBs to insist that their IT vendors conform to these rules.

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Flow of Person Through the Process of Accessing and Receiving CSB Services		
Function	**Description**	
Determination	A person seeks or is referred to a CSB for services. The CSB determines if it can serve the person, based on the person's needs and the availability of CSB services. If the CSB cannot serve the person, the person may be referred to other service providers or resources. If indicated, the person may enter emergency services directly, bypassing case opening.	**Emergency Services** Depending on the person's circumstances, he or she may enter emergency services directly, without going through determination, case opening, or admission to a services area. However, the CCS data elements shown on the attached list for case opening are collected at whatever point the person enters emergency services.
Case Opening (CSB opens a case for the person)	If the CSB determines that it can serve the person, the CSB opens a case for the person. Staff conducts a brief initial triage assessment to identify the person's chief needs and mental status. Depending on those needs, the consumer may receive emergency, motivational treatment, consumer monitoring, assessment and evaluation, or early intervention services. The consumer also may participate in consumer-run services. Only minimum CCS data elements (see the attached list) are collected. CCS data collected at case opening carry over to admission. The process of developing an ISP is initiated. The person may enter emergency services directly, bypassing admission to a program area. Some consumers may need only these services or emergency services and never be admitted to a program area.	
Admission To MH, SA, or MR Program Area	If a consumer needs other services beyond those at case opening, he or she is admitted to a program area (all MH, SA, or MR services). Depending on his or her needs, a consumer may be admitted to two or even three program areas. The ISP, initiated at case opening, continues to be expanded as services are provided. For consumers admitted to more than one program area, the date for annual ISP reviews is the date of admission to the first program area. Within each program area, the consumer receives the categories or subcategories of core services identified in his or her ISP. A consumer may be admitted directly, bypassing case opening, but the CCS data for case opening must still be collected. Even though a consumer has been admitted to a program area, he or she may still receive the services listed under case opening.	
Discharge From MH, SA, or MR Program Area	When the consumer receives all of the available services and achieves the goals in his or her ISP for a program area, the consumer is discharged from that program area. This completes the episode of care for the consumer in that program area. Outcomes are measured at this point for the program area. If the consumer remains in services for more than one year, CCS data elements are updated at least annually in the ISP review.	
Case Closing (CSB closes the case)	When the consumer is discharged from all program areas to which he or she has been admitted, the CSB may close the case for the person or may leave the case open (local option).	