

MID-VALLEY BEHAVIORAL CARE NETWORK

2007 QUALITY IMPROVEMENT PLAN*

DOMAIN: ACCESS																																																																																														
CONSUMERS WILL FIND SERVICES ACCESSIBLE AND TIMELY																																																																																														
OBJECTIVE	PERFORMANCE INDICATOR	MEASUREMENT	Data Responsibilities	Timelines																																																																																										
Increase access to MH and CD services for Spanish speaking and Hispanic enrollees Baseline:	Increase number of bilingual outpatient MH/CD staff from baseline <table border="0"> <tr> <td><u>MH</u></td> <td><u>2000</u></td> <td><u>2001</u></td> <td><u>2002</u></td> <td><u>2003</u></td> <td><u>2004</u></td> <td><u>2005</u></td> <td><u>2007</u></td> <td><u>% change/yr</u></td> </tr> <tr> <td>Prescriber hrs/wk</td> <td>0</td> <td>26</td> <td>34</td> <td>33</td> <td>52.8</td> <td>74</td> <td>90</td> <td>+22%</td> </tr> <tr> <td>QMHP hrs/wk</td> <td>302</td> <td>761</td> <td>804</td> <td>771</td> <td>779</td> <td>832</td> <td>775</td> <td>-7%</td> </tr> <tr> <td>QMHA hrs/wk</td> <td>83</td> <td>141</td> <td>282</td> <td>315</td> <td>462</td> <td>362</td> <td>212</td> <td>-42%</td> </tr> <tr> <td>Paraprof hrs/wk</td> <td>183</td> <td>60</td> <td>17</td> <td>23</td> <td>30</td> <td>12</td> <td>0</td> <td>-100%</td> </tr> </table> <p><i>MH Includes only hours devoted to OHP services</i> <i>Categories in 00 were MA, BA, AA, non-degree.</i></p> <table border="0"> <tr> <td></td> <td><u>CD</u></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2001</td> <td>340 hrs/wk</td> <td>all tx staff</td> <td></td> <td></td> <td>2003</td> <td>449</td> <td>all treatment staff</td> <td></td> </tr> <tr> <td>2002</td> <td>269</td> <td>OHP services only</td> <td></td> <td></td> <td>2004</td> <td>371</td> <td>all txt staff</td> <td>-17%</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>2005</td> <td>370</td> <td>all tx staff</td> <td>-1 hr</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>2007</td> <td>208</td> <td>all tx staff</td> <td>-162 hrs.</td> </tr> </table>	<u>MH</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2007</u>	<u>% change/yr</u>	Prescriber hrs/wk	0	26	34	33	52.8	74	90	+22%	QMHP hrs/wk	302	761	804	771	779	832	775	-7%	QMHA hrs/wk	83	141	282	315	462	362	212	-42%	Paraprof hrs/wk	183	60	17	23	30	12	0	-100%		<u>CD</u>								2001	340 hrs/wk	all tx staff			2003	449	all treatment staff		2002	269	OHP services only			2004	371	all txt staff	-17%						2005	370	all tx staff	-1 hr						2007	208	all tx staff	-162 hrs.	Annual practitioner report data on bi-lingual staff (MH and CD)	BCN solicits practitioner reports from each provider agency	February 2008
	<u>MH</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2007</u>	<u>% change/yr</u>																																																																																					
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	Increase percent of Hispanic and/or Spanish speaking OHP members using MH services	Percent MH Utilization by Hispanic and/or Spanish speaking enrollees Baseline: 1/02: 1.7%	Data from IPA, BCN compiles report	Quarterly																																																																																										
Increase the range of outpatient treatment options available to children and families in our region PERFORMANCE IMPROVEMENT PROJECT (non-clinical)	Increase the percentage of: <ul style="list-style-type: none"> a. Treatment interventions beyond traditional therapies b. Consultation and coordination of care b. Services provided outside of clinics 	Analysis of encounter data: Numerator lists specific codes for each measure, Denominator is all outpatient services delivered to children < 18 Baseline: 1/1/05-6/30/05 a. 24.5% b. 24.5% c. 16.8%	BCN analyzes based on encounter data received from outpatient providers	Analyze twice per year, report results by quarter																																																																																										

*Unless otherwise specified, all objectives pertain to both mental health and chemical dependency programs

DOMAIN: EDUCATION, OUTREACH, PREVENTION
MVBCN WILL USE EVIDENCE-BASED INTERVENTIONS TO REDUCE THE RISK OF MENTAL HEALTH DISORDERS

OBJECTIVE	PERFORMANCE INDICATOR	MEASUREMENT	Data Responsibilities	Timelines
Increase parenting skills to prevent development of conduct disorder and other mental health or addiction problems in at risk children	Offer groups to deliver training to parents of at risk children (not current MH clients); demonstrate improved behavior, parent report of helpfulness of classes <i>Target number of groups and parents to be served to be set in FY 07-08 Prevention Planning budgeting decisions</i>	Attendance logs; pre- post Eyberg Child Behavioral Inventory scores, responses to Parent Group Survey; or pre-post responses on <i>Parenting Stress Index</i>	Group leaders collect, return to BCN BCN enters and analyses data, reports to agencies, Prevention Planning and QMC	At end of each group Group report to agency ASAP Summary report at end of school year
Decrease level of depression in post-partum women	Provide community-based screening and cognitive behavioral intervention with at risk women	# communities in which intervention is available # referred to project # engaged with any services # participating in class Ave. change in CES-D	Post-partum project staff reports data BCN analyses	Monthly Semi-annually

DOMAIN: INTEGRATION AND COORDINATION

MVBCN WILL PROMOTE INTEGRATION AND COORDINATION AMONG CHEMICAL DEPENDENCY, MENTAL HEALTH, PHYSICAL HEALTH AND SOCIAL SERVICES TO BENEFIT THE OVERALL HEALTH OF THE INDIVIDUAL

OBJECTIVE	PERFORMANCE INDICATOR	MEASUREMENT	Data Responsibilities	Timelines
<p>Improve treatment for persons with co-occurring MH and CD disorders</p>	<p>Clinicians demonstrate competency in assessment and treatment of persons with COD</p> <ul style="list-style-type: none"> ▪ Both disorders assessed with specificity and integration; points to initial treatment strategies ▪ Treatment plans address both disorders with good specificity and integration ▪ Records note $\geq 80\%$ of interventions consistent with motivational stage ▪ Staff routinely implement strategies to help clients limit their substance use and reduce its negative impact on their lives 	<p>Agency self-audit scores on:</p> <p>Item # 2, Dual Disorders Fidelity Scale (DDFS) 3/06: Average 3.5, range 1.1-4.7</p> <p>Item #5, DDFS 3/06: Ave. 3.1, range 1- 4.5</p> <p>Item #19 modified, DDFS 3/06: Ave. 3.3, range 0-4.6</p> <p>Item #20 modified, DDFS 3/06: Ave. 3.8, range 2.1-4.7</p> <p>Target: agency score of 4 on each item</p>	<p>BCN distributes audit materials and compiles results; agencies audit 10 COD clinical files</p>	<p>Re-audit Spring 2007 to direct BCN's planning and training</p>
	<p>Ensure COD competency of all BCN prescribers</p>	<p>Implementation of consultation support when substance use is seen as a counter-indication to prescription of psychotropic medication</p>	<p>BCN development of systems in each agency to identify situations requiring consultation, and access to expert consultant</p>	<p>Pilot as soon as consultant is available, then implement across the region</p>

DOMAIN: INTEGRATION AND COORDINATION (Continued)

MVBCN WILL PROMOTE INTEGRATION AND COORDINATION AMONG CHEMICAL DEPENDENCY, MENTAL HEALTH, PHYSICAL HEALTH AND SOCIAL SERVICES TO BENEFIT THE OVERALL HEALTH OF THE INDIVIDUAL

OBJECTIVE	PERFORMANCE INDICATOR	MEASUREMENT	Data Responsibilities	Timelines
Improve treatment for persons with co-occurring MH and CD disorders (continued)	Monitor consumer satisfaction with access to and experience of treatment for COD	COD questions on annual consumer satisfaction survey <u>2005 baseline</u> <u>CD</u> <u>MH</u> Talking about both with counselor (all) 55% 20% Receiving services in both programs (all) 22% 7% Identify self as having both problems 33% 14% Talking about both 83% 89% Receiving service in both programs 53% 49% Got all MH & CD services needed 76% 83% Staff skilled and willing for dual tx 78% 87% Both services well coordinated 71% 80%	BCN organizes and reports survey, agencies conduct	October 2007 survey
Improve the quality of life for individuals with chronic pain and accompanying mental health and substance use issues PERFORMANCE IMPROVEMENT PROJECT (clinical)	Implementation of clinic in partnership with MVIPA, to provide integrated care and a medical home/consultation service for individuals with unsuccessfully managed chronic pain (Marion and Polk Counties)	To be developed as part of collaborative Performance Improvement Project	BCN, CAPS and MVIPA	PIP steps 1-3 due July 1; date for launching of clinic to be determined with MVIPA

DOMAIN: QUALITY IMPROVEMENT

MVBCN WILL HAVE A PLANNED, SYSTEMATIC AND ON-GOING PROCESS FOR MONITORING, EVALUATING AND IMPROVING THE QUALITY OF SERVICES

OBJECTIVE	PERFORMANCE INDICATOR	MEASUREMENT	Data Responsibilities	Timelines
Make building natural support systems a part of all treatment	Each agency to select one or more strategies and indicators to include in their quality plan	Number of plans incorporating this goal	BCN provides material at Colloquium, t.a. & staff training. Agencies to put on quality plan & report	<u>Required goal in agency plan</u> QIP due 7/1/07, 6 month report due 1/31/08
Consumer advocate input has significant influence on policy, processes and practices within BCN agencies	Agencies establish measurable goals with identified steps to strengthen consumer influence CAMC and QMC consult regularly to direct and provide feedback on technical assistance which is responsive to the varied needs of advocates and agencies	Specific changes resulting from advocate input as described in agency self-evaluation update reports Advocate perception of the meaningfulness of their participation	Agencies submit self-evaluation update, which is developed with input from involved advocates; quality plans, and progress reports; QMC reviews. Included as element in recredentialing reviews Agencies distribute surveys for return to BCN for analysis	<u>Required goal in agency plan</u> Self-assessment reports Apr. 1, and Oct. 1, 2007 QIP due 7/1/07, 6 month report due 1/31/08 April, 2007
Improve services to consumers severely impacted by trauma	Assess service satisfaction among trauma survivors	Add questions to BCN Consumer Survey	BCN staff in consultation with QMC and TSP Admin Oversight Group	Summer work on survey changes Fall Survey
	Conduct consumer/staff dialogue in agencies to identify ways to make processes more trauma sensitive	Report of prioritized plans for change resulting from each conversation	BCN provides technical assistance to agency trauma lead TSP Admin Oversight reviews progress	On-going April 2007

DOMAIN: QUALITY IMPROVEMENT (Continued)

MVBCN WILL HAVE A PLANNED, SYSTEMATIC AND ON-GOING PROCESS FOR MONITORING, EVALUATING AND IMPROVING THE QUALITY OF SERVICES

OBJECTIVE	PERFORMANCE INDICATOR	MEASUREMENT	Data Responsibilities	Timelines
Promote recovery through consumer to consumer services	BCN (Council and CAMC) will have a process for awarding and funding contracts that promote recovery through consumer to consumer services	Implementation of process through awarding of new contracts	BCN staff	Recommendations to Council in late Spring 2007; contracts awarded as existing ones expire
Provide wraparound services for children with intensive mental health needs	Train and credential Wraparound facilitators in each county to implement high fidelity Wrap-around services	The % of credentialing criteria met by Wrap-around facilitators	Wraparound regional trainer and coach, agency supervisors	Credential new staff ASAP; Monitor fidelity twice per year for each credentialed staff
	Provide adequate infrastructure support to ensure the success of Wraparound teams	Infrastructure Assessment	Local Care Coordination Committees	April and October, 2007
Increase capacity to serve children with intensive mental health needs at home and in the community	Increase the proportion of home and community-based services provided through New Solutions	Percentage of New Solutions children served through community-based vs. day tx or residential facility-based care	BCN calculates based on intensive service authorizations and payments	Quarterly

DOMAIN: OUTCOMES

MVBCN WILL PROVIDE SERVICES WHICH DEMONSTRATE MEASURABLE RESULTS FOR CONSUMERS

OBJECTIVE	PERFORMANCE INDICATOR	MEASUREMENT	Data Responsibilities	Timelines
Improve outcomes of care for youth needing intensive MH services	Monitor change from baseline for youth served by New Solutions	Data collection on hold pending state-level selection of instrument		
Assure that all children's mental health services are individualized and based on family choice.	Assess parental perception of mental health system responsiveness	Youth Services Survey (F), questions #2, 3, 4, 6, 8, 9, 10, 12	Acumentra report	Annual report, late 2007
		BCN survey results for New Solutions parents	BCN Consumer Survey	Annual report, Fall 2007
		Wraparound Fidelity Index, 3 parents per care coordinator	Wraparound coach conducts telephone interviews	Twice per year for each facilitator

DOMAIN: QUALITY ASSURANCE MONITORING

This section of the Plan incorporates projects for which improvement goals have been met, and for which QMC wants to continue monitoring results through regular data or other reports.

OBJECTIVE	PERFORMANCE INDICATOR	MEASUREMENT	Data Responsibilities	Timelines
Provide requested services within contractually required timelines (MH)	Providers report 95% requests for service met within requirements (MH: as per MHO contract)	Quarterly summary of monthly access reports	MH providers report to BCN monthly; BCN compiles	Due 10 th of each month for previous month

OBJECTIVE	PERFORMANCE INDICATOR	MEASUREMENT	Data Responsibilities	Timelines
Maintain access to MH and CD services for Spanish speaking and Hispanic enrollees	Measure capacity for Spanish speaking receptionist services at BCN agencies Target: 100% at intermediate level or better	Phone audit by Spanish speaker, using checklist to score adequacy of listening and speaking skills # no Spanish # basic # intermediate # fluent	BCN conducts phone audit, summarizes for QMC, sends records of each call to agencies	March 2007 QMC to determine follow-up based on results
Substantive agency review of critical incidents; identification and dissemination of system change needs	100% of Critical Incidents reviewed at both levels; Recommendations disseminated to agencies	Quarterly summary of critical incidents Quality Colloquium participation	Agencies review incidents, submit form following review; participate in regional review meeting; report follow-up as part of recredentialing	Reports due 90 days following incident BCN summaries quarterly and annually MH recredentialing in February, 2008
Assist providers in utilizing meaningful quality management mechanisms	100% provider compliance with MVBCN Quality Management Standard	QMC review and approval of provider QI plans and 6 month progress reports	Agencies develop plans and 6 month progress reports, submit to BCN; QMC reviews	2007-08 plan due July 1, 2007 6 month progress report due January 31, 2008
Maintain consumer satisfaction with services	Administer and analyze results of network-wide consumer satisfaction survey annually	Modifications of survey process for Fall 2007 Results from Fall survey	QMC decides changes; BCN organizes, agencies administer, BCN analyses data and reports	QMC work in summer Survey in fall 2007 results in December
Assure 'complaints-welcoming' culture within BCN and its agencies	Measure use of formal complaints process	# formal complaints reported by each agency per quarter	BCN compiles based on agency submission of formal complaints	Quarterly
	Monitor % of consumers who 'felt free to complain' <u>98</u> <u>99</u> <u>00</u> <u>01</u> <u>02</u> <u>03</u> 74.5%; 79%; 80% 80% 84% 84%	Annual consumer satisfaction survey #11 <u>04</u> <u>05</u> <u>06</u> 85% 85% 85.5%	BCN	End of calendar year survey report

