

MID-VALLEY BEHAVIORAL CARE NETWORK

2010 QUALITY IMPROVEMENT PLAN*

DOMAIN: ACCESS

CONSUMERS WILL FIND SERVICES ACCESSIBLE AND TIMELY

OBJECTIVE	INTERVENTION	MEASUREMENT	Data Responsibilities	Timelines
Improve access to behavioral health screening and services, and integrated care for physical health concerns	Mental health staff will be co-located in primary care and pediatric clinics	# of participating clinics; # hours/week staff outstationed Number of BCN Members receiving PEO, MH, A&D, and health and behavior services in primary care settings Measures of physician and patient satisfaction	BCN with CAPS & PHTech	Quarterly reports

DOMAIN: EDUCATION, OUTREACH, PREVENTION

MVBCN WILL USE EVIDENCE-BASED INTERVENTIONS TO REDUCE THE RISK OF MENTAL HEALTH DISORDERS

OBJECTIVE	INTERVENTION	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) <u>Target: 59 group series, minimum of 388 parents to be served during 2009-10 school year</u>	Attendance logs and pre & post tests as determined for each curriculum	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

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

OBJECTIVE	INTERVENTION	MEASUREMENT	Data Responsibilities	Timelines
Decrease level of depression in post-partum women	Provide Post-partum cognitive behavioral classes in Spanish for Latinas who show depression at screening; offer English class in Salem to assess feasibility	# counties in which each intervention is available # referred to project # participating in class # engaged with any services Average change in CES-D from first to last measure	Post-partum project staff reports data BCN analyzes	Monthly 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	INTERVENTION	MEASUREMENT	Data Responsibilities	Timelines
Improve treatment for persons with co-occurring MH and CD disorders	BCN provides an array of clinical training to support both basic and advanced clinical skill building: COD 101 (2 x per year) MI 101 (2 x per year) Advanced MI Integrated Treatment Planning (2 x per year)	COD questions on annual consumer satisfaction survey <u>2005 baseline</u> <u>CD</u> <u>MH</u> Talking about both with counselor: Q17 55% 20% % who self-identify as having both problems: Q18 33% 13% <u>2008 levels</u> <u>CD</u> <u>MH</u> Talking about both with counselor: Q17 59% 30% % who self-identify as having both problems: Q18 33% 14%	BCN organizes and reports survey, agencies conduct <u>2009 results</u> <u>CD</u> <u>MH</u> Talking about both with counselor Q17 61% 28% % who self-identify as having both problems: 45% 13% <u>Target: Maintain 2008 levels on Question 17</u>	October 2010 survey

OBJECTIVE	INTERVENTION	MEASUREMENT	Data Responsibilities	Timelines
<p>Improve treatment for persons with co-occurring MH and CD Disorders (continued)</p>	<p>COD training, above</p>	<p>Agency self-audit scores on 4 items from Dual Disorders Fidelity Scale.</p> <ol style="list-style-type: none"> 1. Both disorders assessed with specificity and integration; points to initial treatment strategies 4/09: Average 3.8, range 2.6-4.7 2. Treatment plans address both disorders with good specificity and integration 4/09: Ave. 3.0, range 1.61- 4.4 3. Records note ≥80% of interventions consistent with motivational stage 4/09: Ave. 3.5, range 1.9-4.8 4. Staff routinely implement strategies to help clients limit their substance use and reduce its negative impact on their lives 4/09: Ave. 3.8, range 2.6-4.9 	<p>BCN distributes audit materials and compiles results; agencies audit 10 COD clinical files</p> <p><u>Target: agency score of 4 on each item</u></p>	<p>Re-audit Spring 2010 to direct BCN's planning for technical assistance and training</p>
<p>Improve health status of individuals with both diabetes and serious mental illness PERFORMANCE IMPROVEMENT PROJECT (non-clinical)</p>	<p>Implement collaborative care management support in partnership with IHN to improve access to appropriate medical and self-care interventions (Linn County Mental Health)</p>	<p>HEDIS measures for diabetes</p>	<p>IHN care management system for data support to clinicians; IHN and their vendor for HEDIS measures</p>	<p>HEDIS outcomes as available August</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	INTERVENTION	MEASUREMENT	Data Responsibilities	Timelines
<p>Improve the quality of life for individuals with chronic pain and accompanying mental health and substance use issues</p> <p>PERFORMANCE IMPROVEMENT PROJECT (clinical)</p>	<p>Implement a clinic in partnership with MVIPA, to provide an integrated stabilization/consultation service for individuals with unsuccessfully managed chronic pain. Create appropriate follow-up behavioral care services (Marion and Polk Counties)</p>	<ol style="list-style-type: none"> 1. Clinical outcomes: score changes on Pain Self-Efficacy Questionnaire, Stanford Chronic Disease Efficacy questions. 2. Comparison of pre and post clinic medical costs 3. % of patients referred to follow-up behavioral health services who receive 4 or more services 	<p>BCN, pain clinic staff and MVIPA</p>	<p>April 2010</p>
<p>Increase attention to physical well-being in outpatient treatment settings</p>	<p>Measure capacity to monitor health indicators, and identify resource gaps</p>	<p>Survey of agency practice</p>	<p>QMC develops survey for agencies to complete</p>	<p>Baseline January 2010; remeasure November 2010</p>
<p>Offer support to BCN members who wish to become tobacco-free</p>	<ol style="list-style-type: none"> 1. Provide training for MH clinicians on the impact of tobacco and on brief motivational interventions 2. Launch groups in MH clinics using tobacco awareness curriculum. 3. Integrate material into CD group curricula focusing on tobacco as an addictive substance 	<ol style="list-style-type: none"> 1. % of MH clinicians treating adults who are trained on brief interventions <u>Target: 70%</u> 2. # of counties in which groups are offered for adult MH clients <u>Target: 5</u> 3. To be established following January 29 training 	<p>MH agencies report training participation to BCN (DVD Chapters 3,5)</p> <p>BCN surveys staff who are trained to provide groups</p> <p>To be determined</p>	<p>Quarterly</p>

DOMAIN: QUALITY IMPROVEMENT

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

OBJECTIVE	INTERVENTION	MEASUREMENT	Data Responsibilities	Timelines
Make building natural support systems a part of all treatment	Each agency will select one or more strategies and indicators to include in their quality plan	Annual consumer satisfaction survey # 11 and 12 <u>Target: 80% positive MH</u> 85% positive CD	BCN Agencies report on local measures in their quality plan report	Fall survey <u>Required goal in agency plan</u> Included in 6 month quality plan report
Consumer advocate input has significant influence on policy, processes and practices within BCN agencies	Develop a youth advisory group which will create vehicles for influencing the BCN and its agencies	Minutes of youth advisory group	BCN	Quarterly report to QMC and Council; other BCN groups as appropriate
Improve services to consumers impacted by trauma	BCN provides on-going training to support trauma-sensitive treatment <u>2008 results</u> <u>CD</u> <u>MH</u> Trauma impact on 56% 79% MH or CD Trauma considered 80% 85% in care	Trauma questions on annual consumer satisfaction survey <u>2009 results</u> <u>CD</u> <u>MH</u> Trauma impact on 64% 79% MH or CD Trauma considered 78% 83% in care	BCN organizes training Agencies conduct survey, BCN analyses and reports <u>Target: Maintain 2008 levels</u>	Quarterly report on trainings October 2010 survey
Promote peer to peer services	Improve partnering between each provider agency and Consumer-Run Organizations, and encourage referrals to CROs	Number of BCN members participating in consumer to consumer services each month Target: increase Baseline: 2009 monthly average 230	CROs report PEO data to BCN monthly.	

DOMAIN: QUALITY IMPROVEMENT (Continued)

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

OBJECTIVE	INTERVENTION	MEASUREMENT	Data Responsibilities	Timelines
Increase capacity to serve children with intensive mental health needs at home and in the community	New Solutions will provide an expanded array of community-based services to reduce the need for residential care.	Percentage of New Solutions children served through community-based vs. day tx or residential facility-based care <u>Target: 65%</u>	BCN calculates based on intensive service authorizations	Calculate twice per year with reporting for each quarter
Provide high fidelity wraparound services for children with intensive mental health needs	Maintain practice fidelity by credentialed Wraparound facilitators <u>Target: 80% of reviewed tasks 'pass'; 100% of reviews are followed by a work plan</u>	The % of reviewed tasks which meet fidelity; the completion of a supervisory work plan within 30 days addressing identified needs	Wraparound regional coach, agency supervisors	Monitor fidelity twice per year for each credentialed staff
	Monitor caregiver and team member satisfaction through telephone surveys with participants in Child and Family Teams	Wraparound Fidelity Index, 3 families per care coordinator <u>Target: 83% = fidelity</u>	Wraparound coach conducts telephone interviews	1st quarter of 2010
	Strengthen advocate member participation on local Care Coordination Committees Baseline:	# advocates at each meeting <u>Target: minimum of 3</u> (not all to be county employees/FSPs)	Attendance logs or notes provided to BCN by county leads	Quarterly

DOMAIN: OUTCOMES

MVBCN WILL PROVIDE SERVICES WHICH DEMONSTRATE MEASURABLE RESULTS FOR CONSUMERS

OBJECTIVE	INTERVENTION	MEASUREMENT	Data Responsibilities	Timelines
Assure that all children's mental health services are individualized and based on family choice.	<p>Assess parental perception of children's outpatient mental health system responsiveness <u>Target: Scores on all items at or above state average</u></p> <p>Increase participation by New Solutions parents in BCN consumer satisfaction survey <u>Target: 50% of NS families</u></p>	<p>Youth Services Survey (F), questions #2, 12, 25, 26, 27, 29</p> <p>BCN survey results for New Solutions parents</p>	<p>Acumentra report</p> <p>BCN Consumer Survey</p>	<p>Annual report, late 2010</p> <p>Annual report, Late 2010</p>

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	INTERVENTION	MEASUREMENT	Data Responsibilities	Timelines
Provide requested services within contractually required timelines (MH) ACCESS	BCN monitors timeliness of access for initial appointments <u>Target: 95% of requests for service met within requirements</u> (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
Maintain access to MH and CD services for Spanish speaking and Hispanic enrollees DOMAIN: ACCESS	Monitor capacity for Spanish speaking receptionist services at BCN agencies <u>Target: 100% at intermediate level or better</u>	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	April 2010 QMC to determine follow-up based on results
Make systems improvements based on what is learned through Critical Incident Reviews DOMAIN: QUALITY	BCN reviews agency process, identifies regional issues, disseminates all systems change recommendations to agencies <u>Target: 100% of critical incidents reviewed</u>	Quarterly summary of critical incidents Annual report of results at Quality Colloquium Follow-up monitoring in recredentialing review	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 after each review and annually MH recredentialing in Spring 2010
Assist providers in utilizing meaningful quality management mechanisms DOMAIN: QUALITY	Provider compliance with MVBCN Quality Management Standard <u>Target: 100% of plans approved</u>	QMC and/or Membership Committee 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	2010-11 plan due July 1, 2010 6 month progress report due February 1, 2011

OBJECTIVE	INTERVENTION	MEASUREMENT	Data Responsibilities	Timelines
Maintain consumer satisfaction with services DOMAIN: QUALITY	Administer and analyze results of network-wide consumer satisfaction survey annually <u>Target: Increase from baseline</u>	Modifications of survey process for Fall 2009 Results from Fall survey <u>2009 Baseline on revised survey-Q1-12, % positive</u> MH: 86% CD: 85%	QMC decides changes; BCN organizes, agencies administer, BCN analyzes data and reports	QMC work in summer Survey in fall 2010 results in December
Assure 'complaints-welcoming' culture within BCN and its agencies DOMAIN: QUALITY	Monitor compliance with policy and measure use of formal complaints process <u>Target: 100% meet required timeline</u>	# 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>Target: Increase from previous year</u> MH: 80% CD: 64%	Annual consumer satisfaction survey #11 <u>98</u> <u>99</u> <u>00</u> <u>01</u> <u>02</u> <u>03</u> <u>04</u> <u>05</u> <u>06</u> <u>07</u> <u>08</u> 86% 86% 85% 87% 85% 86% 86% 85% 87% 85% 83% 81% 86% 83% 81%	BCN <u>09</u> 86% 80%	End of calendar year survey report