

MID-VALLEY BEHAVIORAL CARE NETWORK

2016 QUALITY IMPROVEMENT PLAN* draft

DOMAIN: IMPROVEMENTS IN CLINICAL CARE				
Responsibility of Clinical Quality Committee, with Adult Services and Youth & Family Work Groups				
OBJECTIVE	INTERVENTION	MEASUREMENT	DATA RESPONSIBILITIES	TIMELINE
Comply with standards for monitoring metabolic syndrome risks when we prescribe antipsychotic medication <i>MH</i>	Committee continues to review agency results every 6 months to ensure that data shows compliance with protocols	Bi-annual report of agency data	Agencies report; BCN compiles for Clinical Quality Committee review	Aug 1 and Feb. 1
Improve shared decision making about use of psychotropic medication <i>MH</i>	Develop and disseminate materials and supports for individuals wishing to reduce use of psychotropic medication	Description of progress in program implementation	BCN	Quarterly
Assist individuals to learn to cope with suicidal thoughts and feelings <i>MH</i>	Implement Collaborative Assessment and Management of Suicidality (CAMS) across the continuum of care for adolescents and adults	Sites at which this EBP is part of standard care Impact on # of visits by WVCH patients flagged for suicidality at Salem Hospital ED	BCN report of CAMS sessions by agency from PHTech data. Salem Hospital: Compare to 7/2014-6/2015 baseline: 1.18% of ED visits, .30% of ED users flagged more than once	Quarterly July 2016
Ensure outpatient services within 7 days of discharge from psychiatric hospital	Case management and peer support for transitions of care; monitor performance, and research and address gaps in care	OHA incentive metrics reports <u>Target 2015: 70%</u>	BCN tracks in real time; matches with OHA data set as it becomes available	On-going
Reduce frequency of readmission to psychiatric hospital care	Case management and peer support for transitions of care; improve High MH+High CD COD services; increase utilization of ACT	% of individuals discharged from acute psychiatric hospital care readmitted within 30 and 90 days	BCN Establish baseline for discharges Jan-June 2016	4 th quarter 2016

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

OBJECTIVE	INTERVENTION	MEASUREMENT	DATA RESPONSIBILITIES	TIMELINE
Improve cultural competence in serving LGBTQ individuals	Provide all staff training for each contracted agency	# agencies which have hosted training by Bridge 13	BCN	All by end of 2016
Improve care for individuals with high MH +CD needs	Increase access to care in Dual Diagnosis Enhanced programs by providing technical assistance & blended funding mechanisms	DDE fidelity progress for identified programs; # individuals provided DDE services	BCN	Quarterly
Improve services to consumers impacted by trauma	Review of Network strengths and gaps using a Trauma Informed Care assessment tool. BCN provides training and other technical assistance to address identified gaps. <u>2013 results</u> _ <u>consider</u> <u>inform</u> MH Adult 89% 77% MH Parent 95% 91% CD 84% 77%	Results of fidelity self-assessment; BCN follow-up work plan and progress reports	BCN to collect, compile and report	Quarterly report
		Trauma questions on annual consumer satisfaction survey <u>Targets: considered inform</u> MH Adult 90% 80% MH Parent maintain or improve 2013 scores CD 85% 80%	Ray reports from survey data	2015 report in Feb. 2016; next survey fall 2016
AMHI: Ensure that Community Integration Services are person-driven <i>MH</i>	Complete Person-Centered Plans for all individuals enrolled in AMHI	% enrollees with person-centered plans, % engaged with peers in early stages of plan development	County AMHI teams enter data, Ray runs reports, AMHI staff in each county validate accuracy Target: 5% increase each qtr	Reports run on 5 th day of month, returned to BCN by 15 th .
Assist people to live in the least restrictive environment that meets their needs by providing housing placement and support (<i>MH; AMHI Community Integration</i>)	Ensure rapid discharge from Oregon State Hospital Identify appropriate community placements; review transition plans; create array of supports and services.	# individuals waiting 30 days or more for OSH discharge after being determined Reach To Transition # of AMH Qualifying Events <u>QE Target:</u> 140, for July 1, 2015- June 30, 2016	OHA data reports County AMHI teams enter data, Suzanne and Ray validate and report	Monthly reports to counties

OBJECTIVE	INTERVENTION	MEASUREMENT	DATA RESPONSIBILITIES	TIMELINE
Increase support to help individuals live successfully in the community <i>MH</i>	Maintain fidelity Assertive Community Treatment and Supported Employment programs for WVCH Members	# people served Fidelity scores	BCN report from claims data OCEACT/OSECE fidelity reviews	15 days from end of quarter Quarterly update of score changes
Increase independent living opportunities in good housing for people with mental illness <i>MH</i>	Offer rental assistance and peer support to 60 individuals through OHA grant (Marion, Polk, Yamhill)	# of rental 'slots' filled at end of each quarter	Counties report to Suzanne	County data due 30 days from end of quarter;

DOMAIN: CONTRACT COMPLIANCE
Responsibility of Delivery System Management Group and BCN

OBJECTIVE	INTERVENTION	MEASUREMENT	DATA RESPONSIBILITIES	TIMELINE
Provide requested mental health services within contractually required timelines <i>MH</i>	BCN and agencies collaborate to increase capacity and improve access;	CIM based access reports <u>Target:</u> 95% of requests for service meet requirements in CCO contract. Increase by 2% # of people offered care from 2015	Agencies enter calls and appointments offered; Christina compiles report	Monthly Annual
Increase percentage of WVCH Members accessing MH services <i>MH</i>	Continue to expand outpatient services provider panel; collaborate with WVP to increase success of PCP referrals	% of Members receiving services each quarter by age group	BCN Establish baseline for services Jan-June 2016	4 th quarter 2016
Meet requirements for timely authorizations of care	BCN staff establish and monitor workflows to ensure timely response and documentation	% of service authorizations completed within contractual timelines	WVCH audit reports	Monthly
Ensure mental health, dental and physical health assessments for foster children <i>MH</i>	Collaborate with WVP and DHS to ensure timely MH assessments	% of children receiving all within 60 days of placement <u>Targets</u> 2014 2015 WVCH 34.2% tbd	Marion County and WVP maintain real time tracking systems	As OHA data becomes available

DOMAIN: QUALITY ASSURANCE MONITORING

THIS SECTION OF THE PLAN INCORPORATES PROJECTS FOR WHICH IMPROVEMENT GOALS HAVE BEEN MET, AND WHICH NEED CONTINUED MONITORING

OBJECTIVE	INTERVENTION	MEASUREMENT	DATA RESPONSIBILITIES	TIMELINE																												
<p>Improve skills for engaging clients around co-occurring MH and CD disorders</p>	<p>BCN provides an array of clinical training to support both basic and advanced clinical skill building:</p>	<p>COD questions on annual consumer satisfaction survey</p> <p>Target: Maintain 2010 levels</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>2010</u></th> <th style="text-align: center;"><u>2011</u></th> <th style="text-align: center;"><u>2012</u></th> <th style="text-align: center;"><u>2013</u></th> <th style="text-align: center;"><u>2014</u></th> <th style="text-align: center;"><u>2015</u></th> </tr> </thead> <tbody> <tr> <td>MH Adult:</td> <td style="text-align: center;">36%</td> <td style="text-align: center;">34%</td> <td style="text-align: center;">36%</td> <td style="text-align: center;">36%</td> <td style="text-align: center;">46%</td> <td></td> </tr> <tr> <td>MH Parent:</td> <td style="text-align: center;">15%</td> <td style="text-align: center;">13%</td> <td style="text-align: center;">14%</td> <td style="text-align: center;">12%</td> <td style="text-align: center;">21%</td> <td></td> </tr> <tr> <td>CD Adult:</td> <td style="text-align: center;">63%</td> <td style="text-align: center;">59%</td> <td style="text-align: center;">58%</td> <td style="text-align: center;">64%</td> <td style="text-align: center;">81%</td> <td></td> </tr> </tbody> </table>		<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	MH Adult:	36%	34%	36%	36%	46%		MH Parent:	15%	13%	14%	12%	21%		CD Adult:	63%	59%	58%	64%	81%		<p>Ray reports from survey data</p>	<p>2015 report in Feb. 2016; next survey fall 2016</p>
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	<p>Agency self-audit using 4 items from Dual Disorders Fidelity Scale.</p> <p><u>Target: agency score of 4 on each item</u></p> <p>Agencies with low scores to increase supervision/training and to consider including topic on agency quality plan</p>	<p>Agency self-audit scores:</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>Agency supervisors report audit results to Kathy</p>	<p>Spring 2016</p>																												

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Maintain access to MH and CD services for Spanish speaking and Hispanic enrollees	Monitor capacity for Spanish speaking receptionist services at BCN agencies <u>Target: 100% able to respond to Spanish-speakers</u>	Annual phone audit by Spanish speaker, using checklist to score adequacy of listening and speaking skills # no Spanish # able to respond in Spanish	WVP conducts calls	Spring 2016
Increase access to peer to peer services for adults	Improve partnering between provider agencies and Consumer-Run Organizations, and encourage referrals to CROs Support development of Peer Services Specialists within BCN MH and A&D provider agencies	# of BCN members involved in consumer to consumer services each quarter Number of agencies with Peer Support Specialists	CROS report to Patricia BCN runs reports of PSS encounters for adults (H0038) Kathy collects from agencies	Quarterly
Support the System of Care and provide high fidelity wraparound services for children with intensive mental and/or physical health needs	Monitor satisfaction and fidelity through surveys of participants in Child and Family Teams	Team results from abbreviated version of Wrap Around Fidelity Index <u>Target:</u> exceed national norms	Wrap around teams complete instrument on-line; Wrap Around Coach downloads reports and uses to inform training and supervision	Twice a year
	Collaborate with child welfare to increase placement stability for children with challenging behaviors	% of engaged children with permanent placement at discharge	Ray runs report from data entered by wrap teams into Children's Program Review System	Twice a year
	Expand wrap around to additional populations Total target: 160 children	Target # children served: all with mild-moderate Axis I :+ 15 complex medical needs 15 Juvenile Dept involved 15 rural school special ed	BCN maintains enrollment list	Quarterly summary

<p>Make systems improvements based on what is learned through Critical Incident Reviews</p>	<p>BCN reviews agency process, identifies regional issues, disseminates all systems change recommendations to agencies</p> <p><u>Target: 100% of critical incidents reviewed</u></p>	<p>Quarterly summary of critical incidents;</p> <p>Annual report to Clinical Quality Committee</p>	<p>Agencies report to Kathy</p> <p>Kathy summarizes reviews for Clinical Quality Committee</p>	<p>As completed</p> <p>Quarterly</p> <p>When all reviews for calendar year are complete</p>																																																			
<p>Maintain consumer satisfaction with services</p>	<p>Administer and analyze results of network-wide consumer satisfaction survey annually; for low scoring agencies, QMC may request inclusion in agency QIP</p> <p><u>Target: Increase from baseline</u></p>	<p>Results from Fall survey</p> <p>2010 baseline with changed scoring:</p> <p>MH: 92.6% positive CD: 92.7% positive</p>	<p>Ray organizes, agencies conduct, BCN enters and Ray analyzes data</p>	<p>2014 report in March 2015; next survey fall 2015</p>																																																			
<p>Assure ‘complaints-welcoming’ culture within BCN and its agencies</p> <p style="text-align: right;">MH CD</p>	<p>Monitor % of consumers who ‘felt free to complain’</p> <p><u>Target: Increase each year</u></p>	<p>Annual consumer satisfaction survey #11</p> <p><i>New language & scoring in 2010 & 2011& 2013: “I feel safe to complain here”</i></p> <p><i>2015 language: I feel free to complain or give feedback here.</i></p>	<p>Ray organizes, agencies conduct, BCN enters and Ray analyzes data</p>	<p>2014 report in March 2015; next survey fall 2015</p>																																																			
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