

IV: Narrative Plan

F. Quality Improvement Reporting

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Narrative Question:

SAMHSA expects States to base their administrative operations and service delivery on principles of Continuous Quality Improvement/Total Quality Management (CQI/TQM). These CQI processes should identify and track critical outcomes and performance measures that will describe the health of the mental health and addiction systems. These measures should be based on valid and reliable data. The CQI processes should continuously measure the effectiveness of services and supports and ensure that services, to the extent possible, reflect their evidence of effectiveness. The State's CQI process should also track programmatic improvements; and garner and use stakeholder input, including individuals in recovery and their families. In addition, the CQI plan should include a description of the process for responding to critical incidents, complaints and grievances. In an attachment, please submit your State's current CQI plan.

Footnotes:

F. Quality Improvement Reporting:

Children's Behavioral Health Services (CBHS) Continuous Quality Improvement (CQI) efforts include the following:

- § A stakeholder group comprised of youth, parents, providers and staff is developing a CQI process to be used across service areas. The group has established six Key Quality Areas: Accessible; Effective, Integrated and Related to the Whole Person; Participant Driven; Physically and Emotional Safe; and Strength-Focused. Work is continuing to review and improve performance measures and indicators. Prior to the work, CBHS staff worked with the youth and family members to gain a common understanding of Continuous Quality Improvement terms, including definitions of quality, performance measures, indicators, data sources, and methods, including Plan, Do, Study, Act; Lean Management; Rapid CQI; and Star-SI. The group is also looking at data sources and will work to develop indicators and performance measures that are meaningful and do not require any undue reporting or data collection burdens.
- § Assessment tool efficiencies have been achieved and effectiveness increased by transitioning from paper to web based administrations and from face to face training to web-based training that is accessible any time. \$50,000 from the FY 10 Block Grant assisted in achieving this outcome.
- § Lean Management Principles are increasingly being used to develop new processes and to improve existing ones. For example, CBHS is implementing its first home and community based waiver. Over a two-month period, a trained Lean facilitator led a group of staff and managers in developing forms and procedures for implementing operating the waiver. The Lean process focuses on mapping out the operational steps and reducing any redundancy or waste.
- § During 2010-11, CBHS contracted providers have been required to administer a Trauma Informed System of Care Agency Assessment and a Co-Occurring Substance Abuse and Mental Health self assessment. Contracts with over 130 providers required that they develop agency specific Continuous Quality Improvement Plans based upon the results of the assessments which were then reviewed by CBHS. Feedback was provided by CBHS and Thrive, Maine's Trauma Informed System of Care Initiative. There will be regular readministrations of the assessments and ongoing review of progress on plans.
- § Data produced by APS Healthcare, the state's administrative services organization, is shared with agencies on a quarterly basis and is reviewed by CBHS staff. In addition, CBHS staff perform chart reviews at agencies and interview family and youth in services. This information is reviewed and there are annual or more frequent meetings with agencies regarding the results. Agencies are expected to engaged in corrective actions with measurable outcomes in areas where there are deficiencies. CBHS district staff monitor progress and provide regular feedback to the agencies.

Children's Behavioral Health Services (CBHS) has continued to expand its role in ensuring quality of services delivered by contracted providers. These QI activities include:

- The development and use of a quality improvement tool for assessing intensive temporary residential treatment facilities, when there are clinical concerns raised during routine licensing or contract site visits. Reports are discussed and shared with provider organizations along with recommendations and standards for improvements.

- Training Home and Community Treatment Providers in the use of the Youth Outcome Questionnaire. The Youth Outcome Questionnaire (Y-OQ) is the most well developed and tested rapid clinical feedback system available. Outcome Measures, Inc., the developer of the Y-OQ, used a rigorous development process to select the questions with the greatest sensitivity to clinical change possible. The Y-OQ has been shown, in studies described in peer reviewed articles, to be able to predict poor treatment outcome on the basis of the trajectory of Y-OQ scores. This “early warning system” allows the clinical team (youth, parent, clinician, and supervisor) to reassess and reorient to maximize the possibility of a positive outcome.
- CBHS staff will also oversee the further development and maintenance of quality of Evidence Based Practices throughout the state, including Multisystemic Therapy, Functional Family Therapy, Trauma Focused Cognitive Behavioral Therapy and Multidimensional Treatment Foster Care. Residential treatment facilities will be the ongoing subject of intensive quality reviews, focusing on facilities, staffing and in particular on clinical interventions and adherence to Evidence Based and Best Practice Parameters.

Included in all of these efforts is ongoing work to ensure that there is no duplication of effort with other quality oversight entities and that data is shared among these entities. CBHS will be collaborating with the DHHS Division of Licensing; Public Service Management; APS Healthcare (the current Administrative Service Organization in Maine); the Office of MaineCare Services and Molina (Administrator of the New Health Management Information System).

Office of Adult Mental Health Services

The Office of Adult Mental Health Services in collaboration with the Office of Quality Improvement Services (OQIS) is designing and implementing a system for Measuring mental health outcomes for individuals who are receiving community Integration services. Over the past 36 months, the two offices have worked with representatives of Office of Child and Family Services, Office of Substance Abuse, and the Office of Information Technology. The Outcome Monitoring System will involve the use of several consumer self-assessment tools including: the Outcome Questionnaire (OQ) Measures, the Recovery Assessment Scale and the Data Infrastructure Grant (DIG) Mental Health & Well-Being Survey. Additional data and information from the LOCUS and ANSA tools are also analyzed and help inform these systems.

OAMHS also obtains data from a quarterly reports drawn from the OAMHS Enterprise Information System (EIS). Providers are required to enter the information electronically upon enrollment of a client in Community Support Services and update the information from their clients' Individual Service Plans (ISPs) every 90 days via an RDS (Resource Data Summary) entered as a component of prior authorization and continuing stay requests made to APS Healthcare via their online system, CareConnections. Provider documentation that unmet needs data and information is used in planning for resource development and preparing budget requests.

Unmet needs reports are posted on the OAMHS website on a quarterly basis in order to inform discussions and recommendations to the Department for meeting unmet needs. Budget submissions to the Governor and the Legislature are in part built on data regarding unmet needs.

The State of Maine has developed a Maine Department of Health and Human Services' Performance Metrics Dashboard. The Dashboard initiative promotes information sharing for DHHS managers, staff, stakeholders and customers. It provides information on the work DHHS performs for the people of the State as well as access to many different types of measurement – from community level health indicators that are tracked for public health improvement purposes, to measures of service provision and quality across all DHHS Offices. The tool is designed to assist in understanding the work of DHHS, monitoring performance, communicating results, identifying areas for increased focus, and supporting a culture of accountability and responsibility throughout the Department. This tool will continue to change overtime as measures are refined and improved, and as strategy changes based on program continuous improvement plans. Our dashboard can be found at <http://gateway.maine.gov/dhhs-apps/das-hboard/>

The collection and reporting of the SAMHSA selected client-level Mental Health National Outcome Measures serve as the primary measures for gauging effectiveness of services and supports for Maine's publicly funded mental health services. Maine's DHHS Office of Continuous Quality Improvement Services is committed to developing and strengthening data collection and reporting structures and processes that are inclusive

to a wide range of stakeholder and enhance the transparency and timeliness of the NOM reporting. The State Mental Health Block Grant Planning Committee collaborates with state mental health agencies, community mental health agencies, consumers, families and policymakers to monitor activities for NOM reporting and promotes actionable activities based on data reports to improve the effectiveness of services.

OAMHS also reports on a quarterly basis to the Court Master and other parties compliance with 34 specific performance and quality improvement standards (many are multi-part) required by the Consent Decree October 2006 Plan. Reporting includes the baseline, current level, performance standard, and compliance standard for each, including graphs.

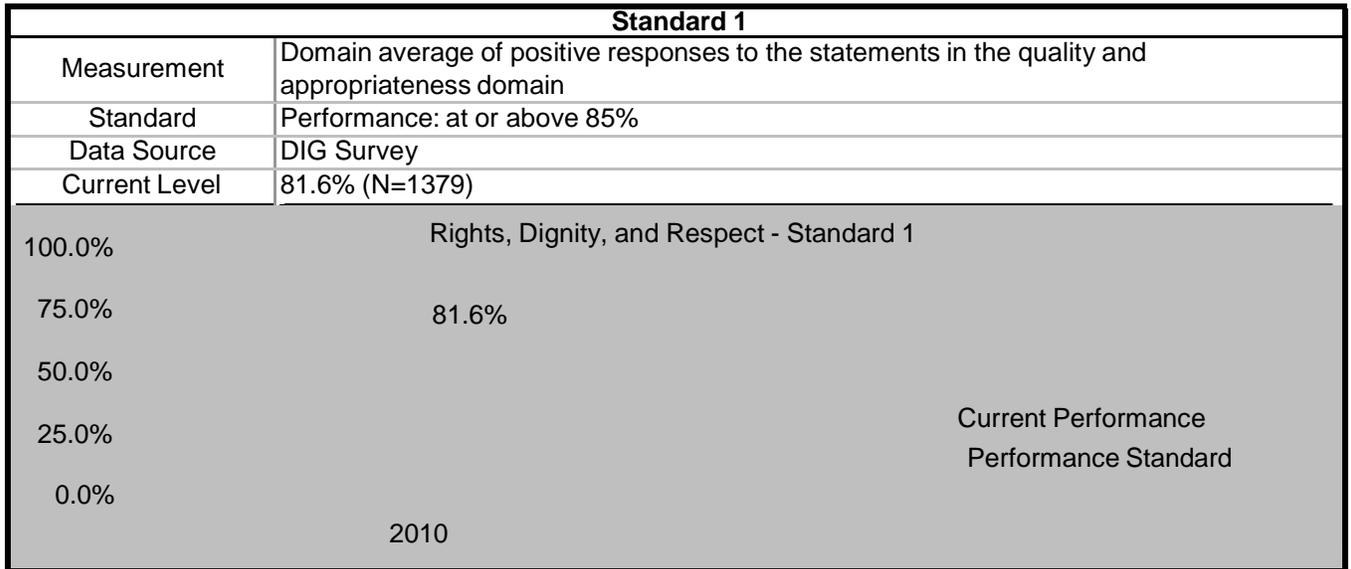
OAMHS has a well-developed and thoroughly vetted grievance process which encourages grievance to be worked and resolved at the local level first. When this is not possible, there are clear steps a consumer and/or his representative may take to have their grievance addressed. This includes a formal hearing and commissioner review.

The Data Tracking System contains grievances and rights violations for consumers in Adult Mental Health Services. The Grievance Tracking Data includes the following:
Data Type/Method: Information pertaining to Level II and Level III Grievances.
Target Population: Consumers receiving any community based mental health service licensed, contracted or funded by DHHS and consumers who are patients at Riverview Psychiatric Center or Dorothea Dix Psychiatric Center.

**Source of Attachments: DHHS /Office of Adult Mental Health Consent Decree
Performance and Quality Improvement Standards: July 2011 / Compliance and
Performance Standards April 2011-June 2011**

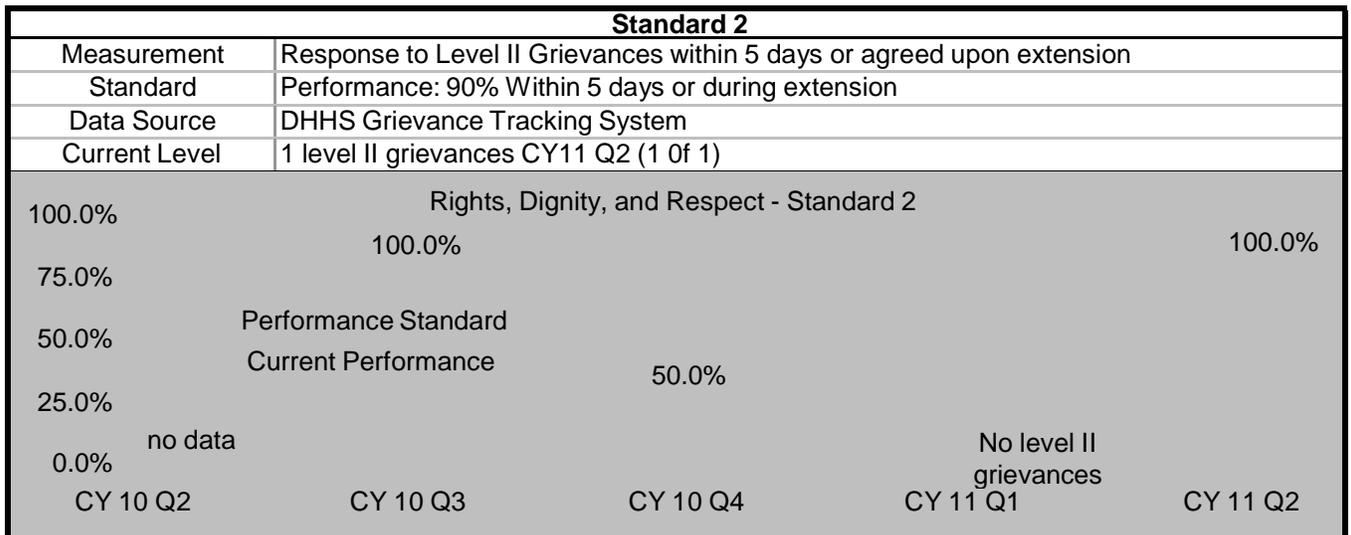
Standard I: Treated with respect for their individuality

Average of positive responses in the DIG Survey Quality and Appropriateness domain



Standard 2: Grievances are addressed in a timely manner

Response to Level II Grievances within 5 days



Standard 4: Rights Dignity and Respect

2. Consumers given information about their rights

Standard 4.2	
Measurement	Percent of consumers reporting they were given information about their rights.
Standard	Performance: 90% Compliance: See explanation below.
Data Source	Data Infrastructure Grant Survey, Q22
Current Level	88.6% (N=1337)

Rights, Dignity, and Respect - Standard 4.2				
100.0%				
75.0%	90.5%	87.9%	87.1%	88.6%
50.0%				
25.0%	Current Performance			
0.0%	Performance Standard			
	2007	2008	2009	2010

The Quality Management Division will be focusing on the Services Quality Management Plan to review current applications to shape policy and service changes.

The DHHS/Office of Adult Mental Health Services developed a CQI Plan, “Services Quality Management Plan” (see attached) which strives to on an ongoing basis:

- Improve overall quality and integrity of services provided to its customers
- Ensure programs and services are responsive to consumer needs
- Comply with the terms of the Bates v. DHHS Consent Decree

The purpose of the Office of Adult Mental Health Services Quality Management Plan is to describe its office-wide quality management initiatives that will support ongoing learning within the system, data-based decision making and rapid identification and resolution of quality problems; and ensure that:

- New processes are well designed
- Data is systematically collected, and
- Data is used for ongoing monitoring and improvement activities.

This plan presents the framework for the quality management processes for services that OAMHS provides to adults who are eligible for mental health services supported by the state in the following service areas:

- peer services;

- crisis services (including crisis stabilization units);
- community support services (currently includes community integration, assertive community treatment, daily living skills, skills development and day support services);
- outpatient services
- medication management services;
- vocational services;
- inpatient services (community based);
- residential treatment services; and
- housing.

Quality Management in these areas focuses on access to services, continuity of care, treatment planning processes, consumer rights and systems monitoring. Quality management includes both quality assurance and performance improvement activities. Quality assurance is a monitoring activity that reviews pertinent data against standards designed to promote quality care, with a frequency that assures sufficient confidence in the ongoing delivery of quality care. Performance improvement is the process that defines problems identified through the quality assurance process, analyzes data in greater depth, and evaluates and improves processes and systems of care to improve quality. To be effective, performance improvement activities need to include a process to assure that the performance improvement is maintained.