Quality Improvement and Assurance Subcommittee Meeting

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IOWA Health and Human Services

Agenda

- Key Performance Metrics
- Ensuring Continuous Improvement and Accountability
- Discussion
- Public Comment

Key Performance Metrics

Required Performance Metrics

The Settlement Agreement requires performance metrics including:

1. The characteristics of children screened/assessed and determined eligible for Relevant Services
2. The specific behavioral health services children are receiving
3. How much of each service they are receiving
4. Who is receiving these services (e.g., child welfare involved children, et al.)
5. The timeliness with which children receive each service
6. The locations in which children receive behavioral health services

Required Performance Metrics (cont.)

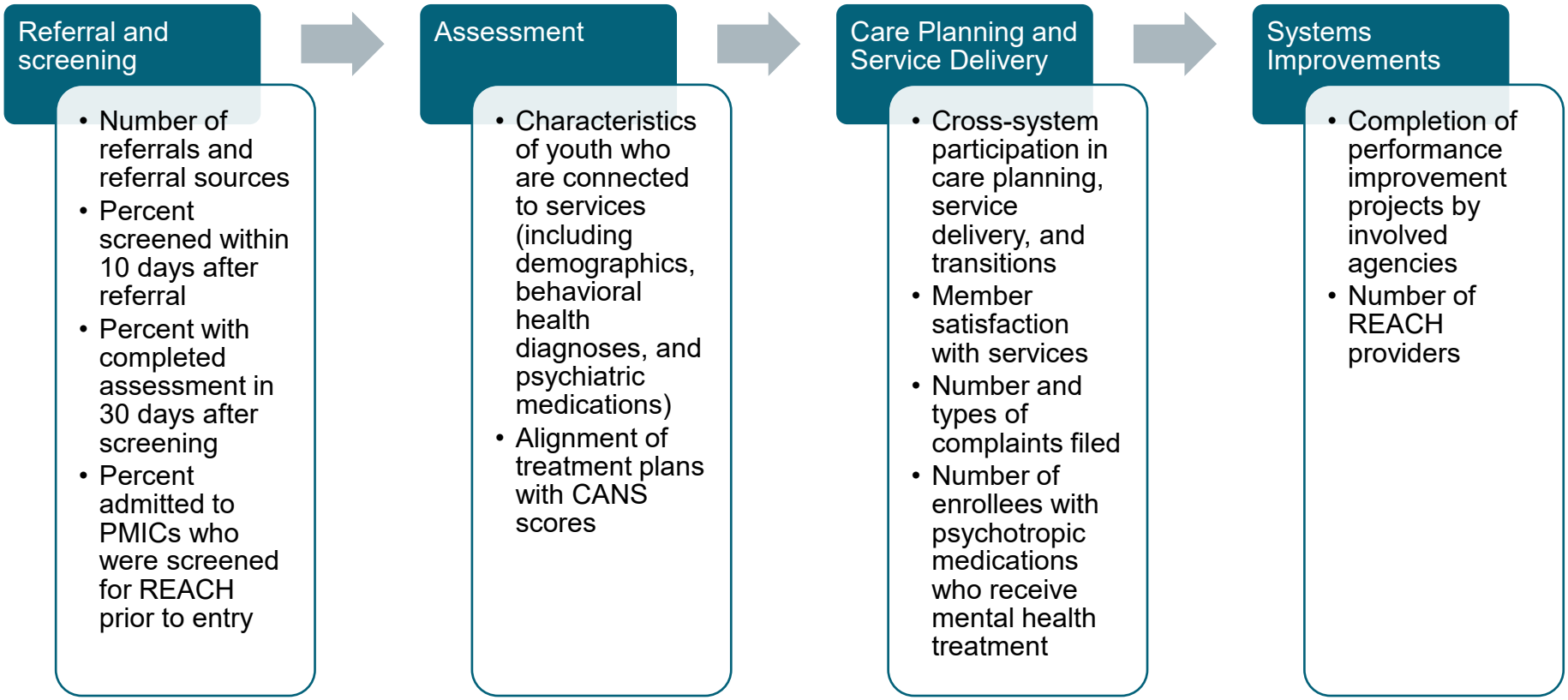
The Settlement Agreement requires performance metrics including:

1. The availability of behavioral health services in the least restrictive setting
2. Appropriate to children's needs, the scope and intensity (e.g., how many hours per month and how long) of each of the services
3. The outcomes for children and families
4. Average monthly cost per child
5. Average monthly service utilization per child

Performance Metrics Raised by the Quality Subcommittee

- The Subcommittee has expressed an interest in focusing on measures related to outcomes for families and children, and avoiding measures related to systems and procedures
- The Subcommittee has also raised potential additional measures, including:
  - Time from referral to assessment
  - The number of visits an enrollee has under a service type and whether they complete their service plan
  - Readmittance
  - School-related functioning

Other Metrics to Consider From WA WISe and ID YES



Discussion

- Do any of the metrics from other states seem useful for quality measurement in REACH?

- Is there anything else the state should track to ensure high-quality care delivery?
  - Consider how we will know if REACH is working at the member, provider, and systems levels

Ensuring Continuous Improvement and Accountability

QIA Implementation

- The Settlement Agreement requires that HHS "work collaboratively with child-serving agencies, state agencies, counties and providers to prepare for the formal launch of the QIA Plan on July 1, 2026“

- From 2027 onward, the state will "annually review and update the QIA Plan to align the key performance indicators for strengthened and improved services as they are implemented“

- The Subcommittee has discussed the patient journey map as a useful framework for continued refinement of the QIA Plan

QIA Governance

- Members expressed interest in a unified QIA council who can review reports, monitor progress, report on outcomes, and set improvement goals for REACH

- Members suggested the HHS Quality Improvement Council may be able to guide this effort

- This group uses a Plan-Do-Check-Act model to improve processes and outcomes

Other Aspects of Quality from Idaho YES

- Quality Review process, which may include:
  - Interviews with involved families
  - Evaluation of a representative sampling of cases
  - **This is not required by Iowa's Settlement Agreement**
- Quality Management Improvement Projects, which work with child serving agencies to use the results of QMIA monitoring to support system improvements
- QA Subcommittees who work with the QMIA Council to create reports and strengthen interagency collaboration

Discussion

- How can we use existing infrastructure in Iowa to accomplish quality goals? In what ways would this infrastructure need to change to be more effective?

- We are aware that Iowa has…
  - A quality reporting dashboard
  - A Quality Improvement Council
  - District Advisory Councils

Discussion

- Are there any other continuous improvement and accountability structures the state should create?
- What “best practices” can the state implement to ensure accountability to the suggested metrics?
- Which entities should the state collaborate with to prepare for the formal launch of the QIA Plan?

Discussion

Discussion

- The subcommittee has suggested scorecards or financial incentives to ensure providers are invested in data collection and reporting.

- At the same time, other subcommittees have noted that these structures may incentivize providers to deliver care in a way that centers assessment scores instead of the family's self-reported goals and needs, harming trust and collaboration.

- How can we mitigate this potential conflict?

Public Comment

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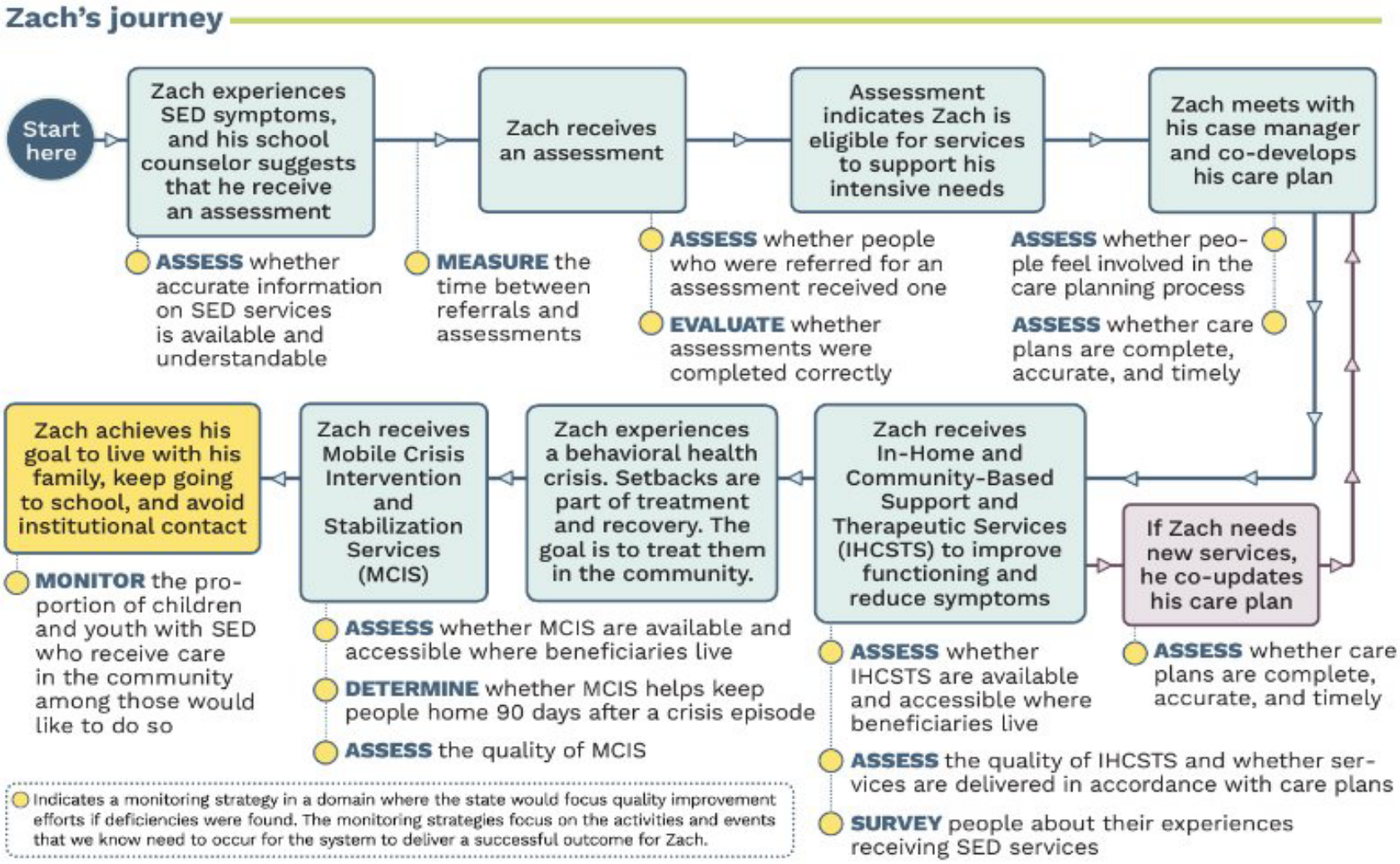
Supplemental Slides

Example Patient Journey



Example Decision Points Model

	Access	Engagement	Service Appropriateness	Service Effectiveness	Linkages
Youth / Family Level	Determine child / youth's fit for system services	Determine appropriate type and intensity of services in a timely fashion	Match needs and strengths to individualized supports	Monitor and adjust supports to maximize goal attainment	Provide internal and external supports to maintain and build on goals attained
Caseload Level	Ensure screening is timely and consistent with protocol	Ensure clients experience assessment as timely, collaborative and accurate	Match client to clinician based on caseload capacity and clinician strengths	Identify clinician treatment competencies and training needs	Develop relationships with internal and external stakeholders for frequently needed linkages
Program Level	Train on access protocols and monitor for appropriate use and access rates	Use client feedback to identify and train on core engagement practices	Match clients to program based on program's service intensity and effectiveness at addressing specific needs	Identify locally effective intervention practices used to treat specific needs	Use client strength and need data to identify needed linkages and develop internal and external resources to meet needs and develop strengths
System Level	Create access protocols which map to client needs and strengths; monitor and adjust protocols as populations change	Identify core engagement practices in assessment and treatment; provide consistent, automated feedback on practice use	Purchase services sufficient to address client intensity and types of needs	Create and enact infrastructure for effective practice identification and spread (uptake)	Enact cross-system linkage and funding protocols which allow children and families to access supports sufficient to meet and maintain goals; track child and family post-treatment needs and strengths
Ultimate Goals	**Population experiences timely access to system services**	**Clients experience system services as useful and empowering**	**Clients experience services as specific to their intensity and types of needs**	**System is increasingly effective and efficient at supporting clients in meeting goals**	**Treatment gains maintained post-treatment**