



Quality Improvement and Assurance Subcommittee Meeting

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Health and
Human Services

Agenda

- ▶ HHS Updates
- ▶ Quality Metrics for Services
- ▶ Discussion
- ▶ Public Comment

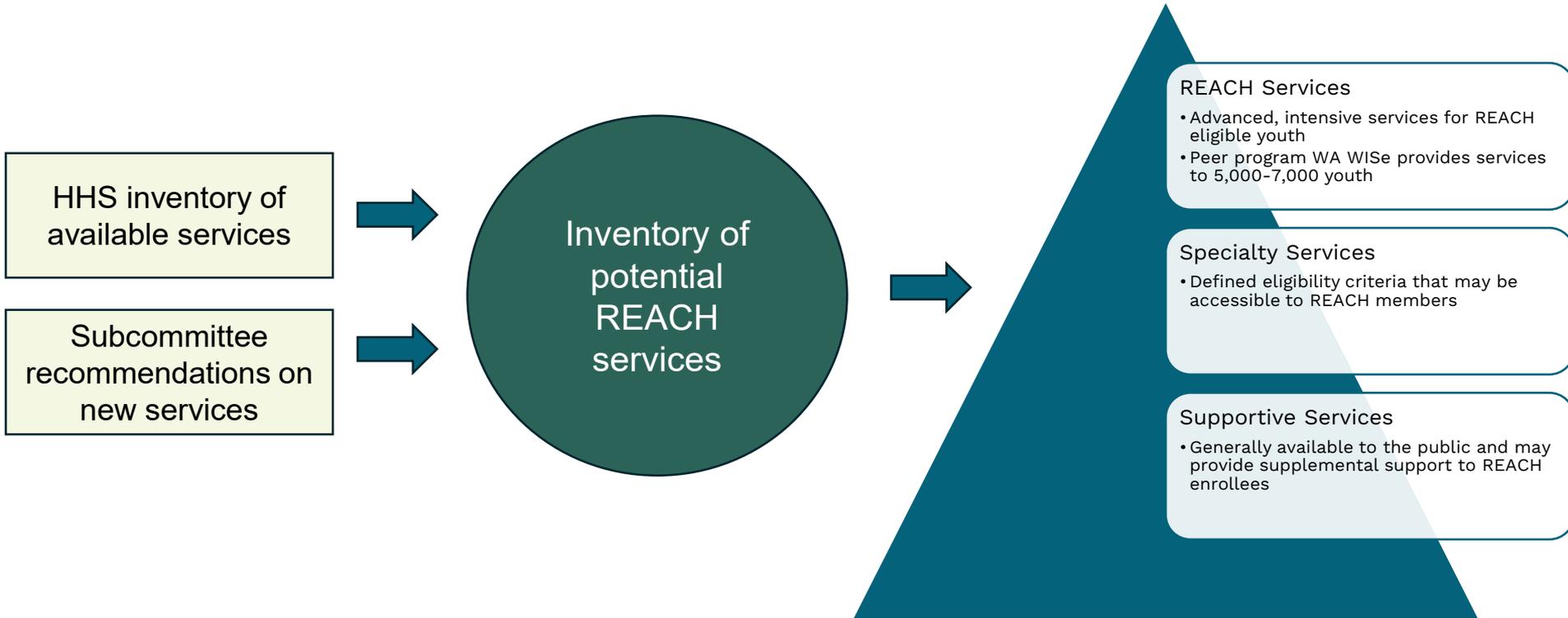
HHS Updates

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- ▶ Over the last two months, HHS has reviewed Subcommittee recommendation memos and shared them with the Plaintiffs Council

- ▶ HHS has held several internal meetings to move forward on:
 - Cross-agencies workplans for REACH implementation
 - Incorporating wraparound principles into REACH
 - Refining the REACH Communications Plan
 - Defining REACH services

Service Definitions Findings



Service Definitions Findings

- ▶ Through this process, we reviewed current services to help develop a REACH service array
 - 13 behavioral health services were included
- ▶ The state also identified multiple community supports and other generally available services that may support REACH members

Services Reviewed for the REACH Service Array

REACH Services

Provision of REACH services is contingent on funding and provider availability.

Family Education and Training

- **Family Education and Training**
- **BHIS Family Training (Enhanced)**
- Family peer support
- **Specialized respite training for natural supports**

Behavioral Management

- Applied Behavior Analysis (ABA)
- Occupational Therapy (OT)
- BHIS Skill Training and Development
- **BHIS Behavior Intervention (Enhanced)**

Supportive and Therapeutic Services

- In-Home Family Therapy
- Multisystemic Therapy (MST)
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Functional Family Therapy (FFT)
- Specialized Respite

Intensive Care Coordination

- Assessment
- Person-Centered Care Planning
- Crisis Planning
- Referral, Monitoring, and Adjustment
- Transition Planning

Mobile Crisis Services

*Bolded services will need to be built or significantly enhanced for REACH

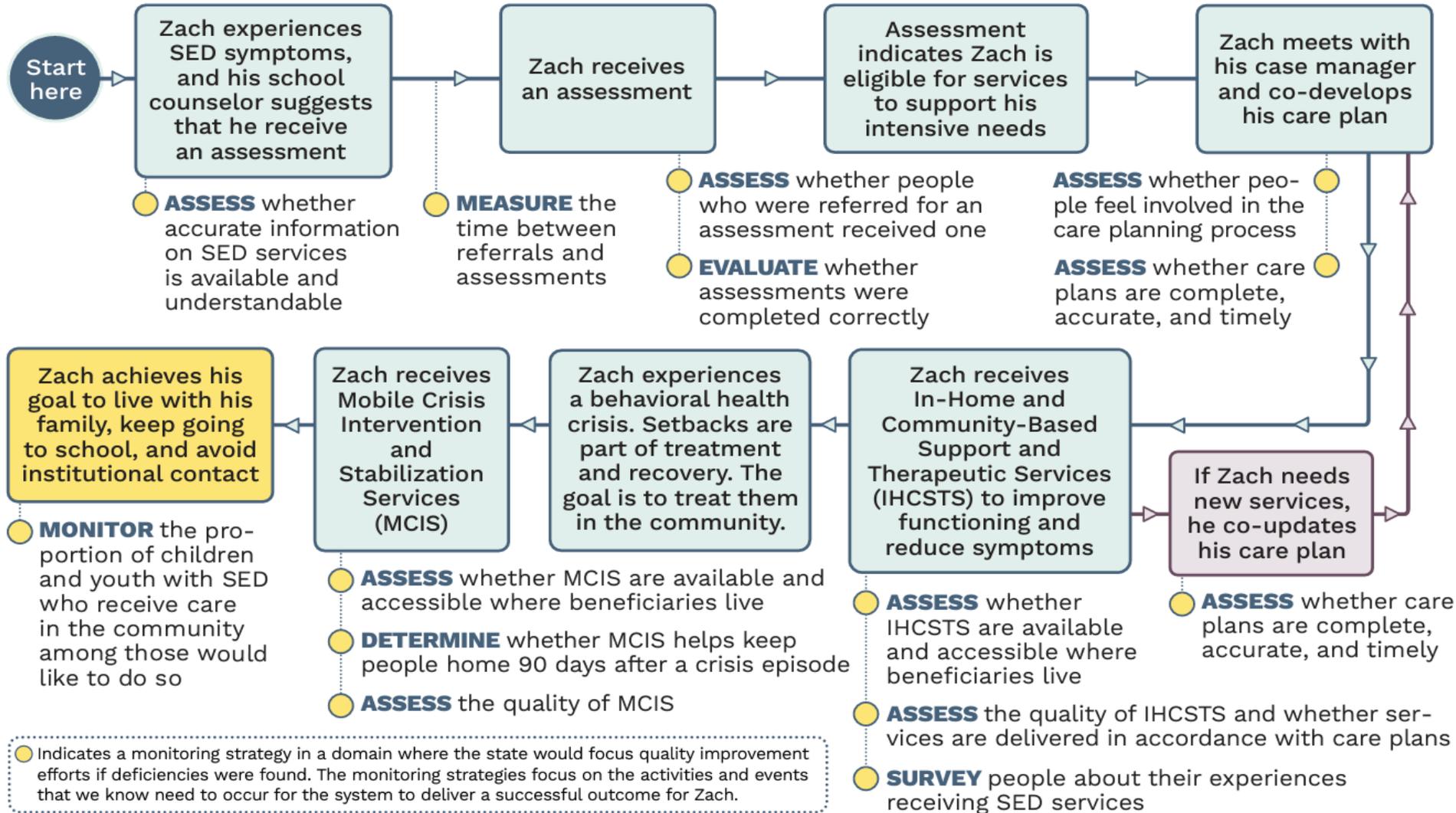
Quality Metrics for Services

Introduction

- ▶ HHS is preparing for the formal launch of the Quality Improvement and Assurance (QIA) Plan
- ▶ As part of this work, we are
 - Defining key performance metrics
 - Improving data quality and processes for analyzing key metrics
- ▶ As we define our services, we are ready to start defining key metrics for quality care delivery in these services

Example Journey

Zach's journey



Potential Quality Measures: Access to Care

Performance Indicator	Measure
*Timeliness of receiving each service	1. Number of days from referral to receipt of services
*Availability of services in least restrictive settings	1. Number of providers delivering home and community-based care, in-office care, and institutional care 2. Percent of members receiving a majority of their care in a place aligned with their assessed level of need
*Locations where children receive services	1. Average number of hours per service month in outpatient, home, school, residential, or other settings

*Item is required by the Settlement Agreement

Potential Quality Measures: Utilization

Performance Indicator	Measure
*Specific behavioral health services received *How much of each service children receive	1. Average number of hours per service month by service
*Average monthly service utilization per child	1. Average number of hours members spend in REACH services per month
*Scope and intensity of each service	1. Average number of hours per service across service recipient 2. Average length of time members receive each service
Completion of a service program (e.g. MST)	1. Percent of members whose number of encounters meet or exceed the expected number of visits in the care plan per month
Number of appointment cancellations and no-shows	1. Percent of scheduled appointments not held by member

Discussion

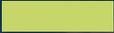
- ▶ Do these quality measures seem effective for measuring access to these services?
- ▶ What challenges may we face in measuring access and utilization of REACH services?
- ▶ Are any key performance indicators or measures related to service access missing?

Potential Data Sources

Data Source	Performance Indicators
Claims and encounter data	<ul style="list-style-type: none">• Timeliness of receiving each service• Number of service hours• Number of visits and length of service
Assessment data	<ul style="list-style-type: none">• Access to care aligned with assessed need (care in less restrictive settings)
Network access data	<ul style="list-style-type: none">• Number of providers
Provider-reported data	<ul style="list-style-type: none">• Number of cancellations and no-shows

Discussion

- ▶ We know that providers are concerned about increased burden from quality reporting. In your experience, are any of these data sources easier for providers to report into?
- ▶ In your experience, are there any barriers that may make any of these data sources less reliable for REACH quality reporting?
- ▶ Are there any changes that could be made to make these data sources more reliable/easier to use and report on?



Public Comment



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