Missouri Department of Mental Health
Division of Behavioral Health

FY 2016 – FY 2017 Continuous Quality Improvement (CQI) Plan

Draft
5/22/2015

Introduction

The following Quality Improvement Plan serves as the foundation of the commitment of this agency to continuously improve the quality of treatment and services it provides.

Quality: Quality services are services that are provided in a safe, effective, person-centered, timely, equitable, and recovery-oriented manner.

The Missouri Division of Behavioral Health is committed to the ongoing improvement of the quality of care its consumers receive, as evidenced by the outcomes of that care. The organization continuously strives to ensure that:

- Consumer safety is a priority in the state-operated and contracted community programs.
- Consumers have a voice in system design, individualized service planning, and evaluation.
- Behavioral health treatment, medical treatment, and recovery supports are integrated and intensive care management services are targeted for high-risk consumers with co-occurring conditions.
- The Division effectively uses data to guide its program design and evaluation.
- The Division establishes and maintains strong partnerships with providers and referral sources to give consumers earlier access to individualized services that achieve desired consumer outcomes.
- Development of a highly skilled behavioral health workforce and leadership pool is supported.

Quality Improvement Principles: Quality improvement is a systematic approach to assessing services and improving them on a priority basis. The Division of Behavioral Health's approach to quality improvement is based on the following principles:

- **Customer Focus**. High quality organizations focus on their internal and external customers and on meeting or exceeding needs and expectations.
- **Leadership Involvement**. Strong leadership, direction, and support of quality improvement activities are key to performance improvement. This involvement of organizational leadership assures that quality improvement initiatives are consistent with the mission, vision, and strategic plan.
- **Data Informed Practice**. Successful quality improvement processes create feedback loops, using data to inform practice and measure results.
- **Prevention Over Correction**. Continuous Quality Improvement entities seek to design good processes to achieve excellent outcomes rather than fix processes after the fact.

Continuous Quality Improvement Activities: Quality improvement activities emerge from a systematic and organized framework for improvement. This framework, adopted by the leadership, is understood, accepted, and utilized throughout the organization, as a result of continuous education and involvement of staff at all levels in performance improvement. Quality improvement involves two primary activities:

- Measuring and assessing the performance of services through the collection and analysis of data.
- Conducting quality improvement initiatives and taking action where indicated.

Leadership and Organization

Leadership: The key to the success of the Continuous Quality Improvement process is leadership. The following describes how the leaders of the Division of Behavioral Health provide support to quality improvement activities.

The **Division of Behavioral Health Leadership Committee** provides ongoing operational leadership of continuous quality improvement activities at the agency. The responsibilities of the Committee include:

- As part of the Plan, establishing measurable objectives based upon priorities identified through the use of established criteria for improving the quality and safety of services.
- Developing indicators of quality on a priority basis.
- Periodically assessing information based on the indicators, taking action as evidenced through quality improvement initiatives to solve problems and pursue opportunities to improve quality.
- Establishing and supporting specific quality improvement initiatives.

The **State Advisory Councils** also provide leadership for the Quality Improvement process as follows:

- Providing guidance on the implementation of quality improvement activities at the agency.
- Reviewing, evaluating, and approving the Quality Improvement Plan.

The Leaders support quality improvement activities through the planned coordination and communication of the results of measurement activities and overall efforts to continually improve the quality of care provided. Leaders, through a planned and shared communication approach, ensure the State Advisory Councils, consumers, and family members have knowledge of and input into ongoing quality improvement initiatives as a means of continually improving performance.

This planned communication may take place through the following methods:

- Director or section unit briefings during State Advisory Council meetings.
- Sharing of the Division's annual Quality Improvement Plan evaluation
- Presentations, reports, or handouts on specific programs and/or initiatives

Response to Emergencies, Critical Incidents, Complaints and Grievances

Emergencies: The Missouri Department of Mental Health - Office of Disaster Services is responsible for behavioral health emergency planning and continuity of operations planning. The Department's All-Hazards Disaster Mental Health Plan for behavioral health response represents the structure, communications, and resource utilization plants for the Department to perform its public mental health authority role to meet the mental health-related needs of Missourians affected by natural or human-caused disasters. The plan can be found at: http://dmh.mo.gov/docs/diroffice/disaster/ahp3.3.2011final.pdf.

Critical Incidents, Complaints and Grievances: The code of state regulations prescribes procedures for reporting and investigating complaints of abuse, neglect, and misuse of funds/property in an agency that is licensed, certified, accredited, in possession of deemed status, and/or funded by the Department of Mental Health. The regulations also set forth due process procedures for persons who have been accused of abuse, neglect, and/or misuse of funds/property. In addition, certification standards require community programs to establish policies, procedures, and practices to ensure a prompt, responsive, impartial review of any grievance or alleged violation of rights (http://www.sos.mo.gov/adrules/csr/current/9csr/9csr.asp#9-10). The Missouri Department of Mental Health – Office of Constituent Services is responsible for ensuring that constituent rights are not being violated; reviewing reports of abuse or neglect; and providing useful information to constituents and family members about behavioral health issues.

Goal 1: Promote the most effective prevention, treatment, and recovery practices for behavioral health disorders (NBHQF Goal 1).

Objective 1: Increase utilization of medication assisted treatment (MAT) in the treatment of alcohol and opioid use disorders.

Significance: MAT is a National Quality Forum recommendation. MAT is use of medications approved by the FDA for treatment of substance use disorders in combination with counseling and behavioral therapies.

Performance Measure: Number of Adult Consumers with alcohol and/or opioid use disorders who receive FDA-approved MAT medications

Baseline: 3,753 (FY 2014)

Objective 2: Continue support of Individualized Placement Support (IPS) Supported Employment programs.

Significance: IPS-Supported Employment is based on the principle that people with behavioral health disorders can work in competitive employment. In addition, they have better outcomes.

Performance Measure: Number of IPS Supported Employment programs

Baseline: 11 (FY 2014)

Objective 3: Continue support of Assertive Community Treatment (ACT) programs for individuals with serious mental illness

Significance: ACT is a team-based model that has been shown to reduce hospitalizations.

Performance Measure: Number served in ACT

Baseline: 654 (FY 2014)

Objective 4: Promote use of peer support services

Significance: Research has shown that peer services tend to generate better outcomes in engaging the "difficult-to-engage" clients, reducing hospitalizations for clients, and in decreasing substance use among co-occurring clients.

Performance Measure 1: Number of Consumer-Operated Service Programs (e.g. Drop-In Centers and Peer Support Warm Lines)

Baseline: 10 (FY 2014)

Performance Measure 2: Number of consumers receiving peer support services while engaged in substance use treatment and/or recovery supports

Baseline: N/A (FY 2014)

Note: Peer support is a new service established on the treatment menu in FY 2015. Recovery support services funded through the Access to Recovery IV grant will begin in FY 2015.

Objective 5: Continue to provide Integrated Treatment for Co-Occurring Disorders (ITCOD) services

Significance: The ITCOD model is an evidence-based practice that improves the quality of life for people with co-occurring serious mental illness and substance use disorders.

Performance Measure 1: Number served in ITCOD

Baseline: 1,750 (FY 2014)

Objective 6: Continue evidence-based prevention programming in the School-Based Prevention Intervention and Resource Initiative (SPIRIT) program.

Significance: Prevention programming with proven success is used to delay the onset of substance use and decrease the use of substances, improve overall school performance, and reduce the incidents of violence.

Performance Measure 1: Number of students participating in SPIRIT

Baseline: 7,801 (FY 2014)

Objective 7: Promote policies and practices that keep consumers engaged in substance use treatment

Significance: Research indicates that most individuals with substance use disorders need at least three months in treatment to significantly reduce or stop their drug use and that the best outcomes occur with longer durations of treatment (NIDA).

Performance Measure 1: Average length of engagement in substance use treatment

Baseline: 83 days (FY 2014)

Goal 2: Assure behavioral health care is person, family, and community centered (NBHQF Goal 2).

Objective 1: Promote community-based mental health services that meet or exceed consumer's expectations.

Significance: MAT is a National Quality Forum recommendation. MAT is use of medications approved by the FDA for treatment of substance use disorders in combination with counseling and behavioral therapies.

Performance Measure 1: Percent of adult consumers satisfied with their services

Baseline: 90.7% (FY 2014)

Performance Measure 2: Percent of youth consumers satisfied with their services

Baseline: 86.7% (FY 2014)

Objective 2: Further train Family Support Specialists in providing one-on-one supports and services to the parents or caregivers of children, youth, and young adults with mental illness

Significance: Family Support is a peer support service designed to help the family better understand what is happening with their child

Performance Measure 1: Number of trainings using the enhanced curriculum for Family Support Specialists per fiscal year

Baseline: N/A

Objective 3: Expand access to Treatment Family Homes, Professional Parent Homes, and Family Support Providers to children, youth and their families receiving services through the Adolescent CSTAR program.

Significance: Children with behavioral health issues face challenges in many aspects of their daily lives. Missouri supports the systems of care approach that recognizes the importance of family, school, and community and in which services are provided through a comprehensive, seamless system.

Performance Measure 1: Revision of MO State Plan and training of service providers

Baseline: N/A

Goal 3: Encourage effective coordination within behavioral health care, and between behavioral health care and community-based primary care providers, and other health care, recovery, and social support services (NBHQF Goal 3).

Objective 1: Continue to coordinate preventive and primary care for Health Home participants

Significance: Individuals with serious mental illness die 11 to 32 years prematurely from preventable chronic health conditions such as heart disease, diabetes, cancer, pulmonary disease, and stroke (National Institute on Mental Health, 2012).The Health Home is customized to meet the specific needs of individuals with serious mental illness who have other co-occurring chronic illness.

Performance Measure 1: Number of participants in Health Homes per fiscal year

Baseline: 25,278 (FY 2014)

Performance Measure 2: Implementation of Kid's Health Home program

Baseline: pilot in progress (FY 2014)

Performance Measure 3: Percent of Health Home participants who received follow-up after hospitalization

Baseline: 72.9% (FY 2014)

Objective 2: Engage in behavioral health treatment Medicaid-enrolled adults who 1) have substance use disorders and/or serious mental health, 2) have high medical costs, and 3) are not currently engaged in behavioral health treatment.

Significance: In collaboration with the state Medicaid agency, the Disease Management (DM) programs provide outreach to Medicaid-enrolled adults with a behavioral health diagnosis and who have high medical costs.

Performance Measure 1: Number of participants in DM 3700 program (for individuals with serious mental illness) per fiscal year

Baseline: 2,584 (FY 2014)

Performance Measure 2: Number of participants in ADA DM program (for individuals with substance use disorders) per fiscal year

Baseline: 187 (FY 2014)

Objective 3: Provide coordination of care between detox and substance use treatment

Significance: "Detox alone with no follow-up is not treatment (NIDA). Transitioning from detox to treatment is key to reducing recidivism and ending the "revolving door" phenomenon.

Performance Measure 1: Percent transitioning from detox to substance use treatment

Baseline: 38% (FY 2014)

Goal 4: Assist communities to utilize best practices to enable healthy living (NBHQF Goal 4).

Objective 1: Ensure the provision of tobacco enforcement of youth access laws and merchant education

Significance: Research has shown that higher merchant compliance with tobacco control laws predicts lower levels of youth smoking (DiFanza, Savageau, & Fletcher, 2009)

Performance Measure 1: Number of tobacco retailers provided with education materials per fiscal year

Baseline: 5,447 (FY 2014)

Performance Measure 2: Annual Synar noncompliance rate less than 20 percent

Baseline: yes (7.2 percent) (FY 2014)

Objective 2: Continue to foster community coalition work to address alcohol, tobacco and other drug issues in their communities

Significance: Social policy is often shaped by grassroots, local efforts.

Performance Measure 1: Number of community coalitions as of the end of the fiscal year

Baseline: 156 (FY 2014)

Objective 3: Continue the education initiative in Eastern Missouri to address heroin and other opioid drug use

Significance: The heroin overdose death rate in Eastern Missouri is three times that for the state.

Performance Measure 1: 80 (FY 2014)

Baseline: 156 (FY 2014)

Objective 4: Train the general public to identify, understand, and respond to signs of mental illnesses and substance use disorders

Significance: Mental Health First Aid (MHFA) is on the National Registry of Evidence-based Programs and Practices (NREPP).

Performance Measure 1: Number of persons trained in MHFA by the Regional Support Centers per fiscal year

Baseline: 1,519 (FY 2014)

Objective 5: Promote policies and practices to ensure that individuals with driving-under-the-influence offenses get the appropriate level of care to prevent future offenses

Significance: Driving under the influence continues to be a serious public health concern. Missouri's Substance Abuse Traffic Offender Program (SATOP) is a statewide network of community-based education and treatment options for consumers arrested in Missouri for alcohol- and drug-related driving offenses.

Performance Measure 1: Percent of consumers screened who did not have a screening within the past 5 years

Baseline: 88.7% (FY 2014)

Goal 5: Make behavioral health care safer by reducing harm caused in the delivery of care (NBHQF Goal 5).

Objective 1: Prevent medication errors occurring for individuals in community mental health treatment

Significance: This is to prevent medication errors that result in the need for treatment and/or intervention beyond monitoring and observation (i.e. moderate to serious designation).

Performance Measure 1: Rate of medication errors in community-based treatment per 100,000 consumer-months

Baseline: 3.34 per 100,000 consumer-months (FY 2014)

Note: There were 5 moderate to serious medication errors in FY 2014.

Goal 6: Foster affordable high-quality behavioral health care for individuals, families, employers, and governments by developing and advancing new and recovery-oriented delivery models (NBHQF Goal 6).

Objective 1: Implement the Access to Recovery (ATR) IV program

Significance: Missouri has received a SAMHSA-funded ATR IV grant to fund recovery support services for individuals with substance use disorders. Recovery-oriented systems of care will be implemented in northwest, southwest, and southeast Missouri to provide an array of support services to support recovery.

Performance Measure 1: Number of participants served in ATR IV

Baseline: N/A (FY 2014)

Objective 2: Provide behavioral health expertise to law enforcement and court personnel in order to more effectively respond to behavioral health crises

Significance: Community Mental Health Liaisons provide consultation, education, training, and assistance in locating and accessing needed treatments and supports. The goals are to reduce unnecessary jail, prison, and hospital stays and to improve outcomes for individuals with behavioral health issues.

Performance Measure 1: Number of referrals to the Community Mental Health Liaisons per fiscal year

Baseline: 3,696 (FY 2014)

Objective 3: Provide immediate person-centered interventions to individuals in mental health crisis and facilitate timely access to services and supports

Significance: Individuals experiencing a crisis due to a behavioral health condition often seek help at the emergency room.

Performance Measure 1: Number of served in the Emergency Room Enhancement project per fiscal year

Baseline: 852 (FY 2014)

Objective 4: Monitor and target technical assistance to Probation and Parole Officers and treatment providers on the prioritization process for offenders needing behavioral healthcare

Significance: The Missouri Department of Corrections (DOC) is a major referral source. The provision of behavioral health services to the DOC supervised population is important in halting the cycling in and out of correctional institutions.

Performance Measure 1: Number of High Priority referrals for substance use treatment per fiscal year

Baseline: 1,560 (FY 2014)

Performance Measure 2: Number served in the Community Mental Health Treatment (CMHT) and MH4 programs

Baseline: 2,214 (FY 2014)