

## SECTION F. QUALITY IMPROVEMENT REPORTING

The Division of Behavioral Health and Recovery (DBHR) has a strong commitment to continuous quality improvement in services to clients. Some of DBHR's quality improvement objectives are called out in the State's mental health Medicaid Quality Strategy (see attached Medicaid Quality Strategy Draft 07-28-2011); however, DBHR conducts numerous other quality improvement activities that are not yet formalized into a written plan. It is the intent of DBHR to consolidate these activities into a formal Quality Improvement Plan by August 2012. These activities include the following:

- DBHR is improving the validity and reliability of the State's mental health encounter data on seven measures. In 2009, DBHR added a contract requirement that requires the Regional Support Networks to conduct annual encounter data validation. The accuracy and completeness of data has improved significantly; and this improvement effort will remain until all RSNs have consistently achieved no less than 95% accuracy and completeness on all measures. An External Quality Review Organization oversees this process.
- DBHR has an incident reporting policy and on-line reporting system that is designed to ensure that mental health and chemical dependency providers report serious and emergent incidents involving DBHR clients. The process has been in place since 2008 for mental health incidents and the system allows for regular trend reports. The process is overseen by a DBHR incident manager and CQI reviews are done every 3 years (one was done in 2008; the latest is currently underway). DBHR is cooperating with state consumer protection and advocacy organizations to evaluate services gaps and safety risks in our service delivery system.
- DBHR has a new (2011) complaint reporting system that captures complaints from chemical dependency patients and some mental health consumers. The chemical dependency complaint process is closely linked to the provider certification process. A behavioral health complaint policy is currently in draft, and there are plans for a workgroup to address mental health reporting issues. A complaint manager oversees the process.
- DBHR collects and reports required National Outcome Measures (NOMs) for the mental health and chemical dependency/substance abuse prevention and treatment programs. The chemical dependency treatment NOMs address key patient characteristics at the point of discharge from treatment. This includes the substance problem (including the primary, secondary and tertiary substance of abuse), frequency of substance use, living arrangement, employment status (including the level of employment or the non-employment related activity type), arrests within the 30 days prior to discharge, and the frequency of attendance at self-help programs (e.g., Alcoholics Anonymous) in the 30 days prior to discharge. Substance abuse prevention NOMs report information related to program implementation by population served as well as statewide outcomes. The mental health NOMs address outcomes such as employment, Medicaid status, social connectedness and functioning, living situation, involvement with criminal justice and school attendance.
- DBHR participates in the Government Management Accountability and Performance (GMAP) system, which is the tool that helps Washington state agencies measure and

improve their performance. The performance-based report focuses on results in priority areas. The report is reviewed in an open forum by the Governor, her leadership team, and by the Washington Department of Social and Health Services (DSHS) Secretary and her leadership.

- DBHR submits both mental health and chemical dependency measures quarterly into the Results through Performance Management System (RPM) system. RPM is an Enterprise system operated by the Washington State Office of Financial Management (OFM) and contains agency performance measures, descriptions, and tracking information. OFM assesses the performance of state agencies, provides tools and technical assistance to help improve performance, and manages the Priorities of Government (POG) budget process.
- The DSHS Performance-Based Core Metrics report is a tool to illustrate agency accountability for results. Measures within the report show the agency's performance in its business and management practices. DBHR provides quarterly updates and analysis of both mental health and chemical dependency measures for this report.
- DBHR supports consumers participating in a peer review of chemical dependency and a consumer-led quality review program for mental health programs. DBHR also conducts a chemical dependency Peer Review process, using the former Citizens Advisory Council on Alcoholism and Drug Addictions (CAC), which was established under state law. Members are volunteer advocates who advise and make recommendations to DBHR regarding rules, policies, and programs that benefit individuals and their families with alcoholism/addictions, families and individuals in high-risk environments, and the larger community. The peer review process ensures a full array of quality prevention, intervention, treatment, and aftercare services are available to address alcohol and drug abuse and addiction, and problem gambling. Because the peer review process must be independent and separate from DBHR, the group volunteered to facilitate and oversee the process. This included both recruitment of peer reviewers and providers, and the evaluation of outcomes. Review teams examine Admission criteria; assessment process; treatment planning; discharge and continuing care planning; and, indications of treatment outcomes. The former CAC prepared a report, based on the compilation of outcomes, that describes the strengths and weaknesses in the treatment system; as well as, recommendation to consider for improvement.
- One concern that will need to be taken into consideration is how to separate the assessment/ verification of quality standards from those providing the services. DBHR will continue to work with stakeholders, tribes, providers, and consumers to ensure that the quality assessment is independent and transparent.

DBHR is ready to focus our quality improvement approach to reflect those strategies and priorities outlined in SAMHSA's draft National Behavioral Health Quality Framework. We intend to promote the most effective interventions, to promote effective coordination of care, to enhance cross-system communication, and to ensure that behavioral healthcare is consumer and family centered.