

**BEHAVIORAL HEALTH & SERVICE
INTEGRATION ADMINISTRATION
BH Quality Management Team**



Request	FY16	FY17	15-17
FTE	3.0	6.0	6.0
GF-State	\$221,000	\$406,000	\$627,000
Total	\$368,000	\$676,000	\$1,044,000

DECISION PACKAGE SUMMARY

The Behavioral Health and Service Integration Administration (BHSIA), Division of Behavioral Health and Recovery (DBHR) requests 6.0 FTEs to comprise a Quality Management Team to support achieving performance goals outlined in federal and state statutes, class action lawsuit settlement agreements, and performance measures designed to improve the quality of care provided to Washington State residents.

PROBLEM STATEMENT

DBHR is required by state and federal law and by the *TR vs. Quigley & Teeter* Settlement Agreement to develop and maintain a robust quality management program. Currently, the department is out of compliance with the Centers for Medicare and Medicaid Services (CMS) requirements for follow-up on corrective actions with identified Regional Support Networks (RSN) performance gaps as well as the requirement to have a combined Health Care Authority (HCA)/ Department of Social and Health Services (DSHS) Quality Strategy. The one DBHR staff person specifically dedicated to managing quality initiatives retired in 2013. The Decision Support and Evaluation (DSE) Office Chief established the DBHR Quality Improvement Committee (QIC) and delegated various quality functions either within DSE or to contract management staff. Previous state budget cuts have reduced staff dedicated to monitoring contracts, which decreased the amount of oversight staff could provide. Many compliance review activities are outsourced to the External Quality Review Organization (EQRO) which has resulted in fragmented, inconsistent feedback to RSNs and little follow-up by DBHR in response to identified gaps in performance. DBHR quality monitoring activities will continue to be limited if this request is not funded.

PROPOSED SOLUTION

Form a quality team within DBHR whose functions would include:

- Managing the EQRO contract and monitoring related federal requirements including Performance Improvement Plans (PIP), grievances, and Quality Assurance and Performance Management (QAPI) functions;
- Finalizing with Health Care Authority a joint HCA/DSHS Quality Strategy;
- Updating the DBHR Quality Management plan in alignment with the Quality Strategy and other federal requirements; and
- Implementing the quality strategy and quality management plan.

These are minimal requirements to fill a large gap in performance monitoring and non-compliance with statutory and regulatory requirements. The plan would be implemented as soon as funding was available and positions were filled.



DSHS VISION
People are healthy • People are safe • People are supported • Taxpayer resources are guarded

DSHS MISSION
To transform lives

DSHS VALUES
Honesty and Integrity • Pursuit of Excellence • Open Communication • Diversity and Inclusion • Commitment to Service

By funding this request, DBHR will have the capacity to meet federal requirements for a combined HCA/DSHS Quality Strategy and accurately monitor performance during significant system integration efforts such as the transition to Behavioral Health Organizations (BHO). Performance monitoring capacity is minimal within the division; there is insufficient capacity to meet federal requirements and achieve substantial improvements.

EXPECTED RESULTS

A Quality Management Team will support achieving performance goals outlined in federal and state statutes, class action lawsuit settlement agreements, and BHSIA performance measures. A Quality Management team will allow for the completion of a joint HCA/DSHS Quality Strategy, which is a CMS requirement.

This workforce will be comprised of staff that can competently identify, implement and evaluate performance improvement projects/initiatives, and allow for efficient use of resources with an enhanced capacity to identify and act on improvement opportunities within DBHR and across the department. Quality improvement communication channels and feedback loops work more robustly because they are an integral part of the work of DBHR and not contracted out. A robust and responsive quality structure supports system improvements and assures that system performance does not suffer during significant transitions to BHO.

DBHR will meet public expectations for transparent, meaningful use of data. The department will not only collect data but also use it to improve client outcomes.

Cross-system alignment on improvement efforts for various populations will reduce rework and align the other divisions within the department toward common goals. This work began with the Measures of Statewide Performance for Children's Behavioral Health and is continuing with the development and implementation of Adult Performance Measures.

There would be increased capacity to support transition planning for full behavioral/physical health integration in 2020.

STAKEHOLDER IMPACT

The DBHR QIC endorses this proposal as they have a clear understanding of system performance gaps and very limited resources currently available to address them. Members of the QIC have to pick up some of this work.

The RSNs have been asking for a Quality Strategy upon which they could base their quality strategy as required in their PIHP contract. Staff would be available to provide timely guidance and technical assistance to BHOs.