
2021 CCO Transformation and Quality Strategy: Serious and Persistent Mental Illness

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Webinar agenda

1. TQS overview
2. Define Serious and Persistent Mental Illness (SPMI)
3. Describe key expectations for SPMI in the TQS
4. Examples
5. Opportunities for strengthening SPMI projects
6. Q&A

Why we do this work...



2021 components

1	Access: Quality and Adequacy of Services	9	Oral Health Integration
2	Access: Cultural Considerations	10	Patient-Centered Primary Care Home (PCPCH): Member Enrollment
3	Access: Timely	11	PCPCH: Tier Advancement
4	Behavioral Health Integration	12	Serious and Persistent Mental Illness (SPMI)
5	CLAS Standards	13	Social Determinants of Health & Equity
6	Grievance and Appeal System	14	Special Health Care Needs (SHCN)
7	Health Equity: Data	15	Utilization Review
8	Health Equity: Cultural Responsiveness		

Overview of SPMI definitions

Definition references

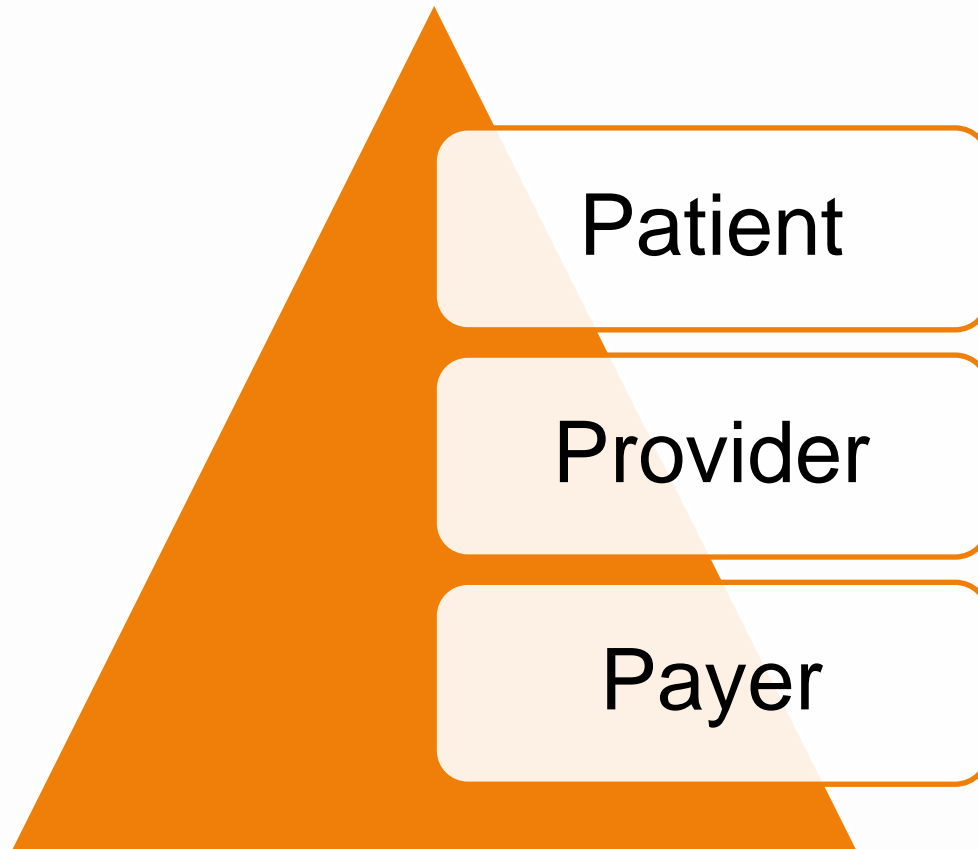
- Oregon Performance Plan
- Choice Model Contract
- OAR 309-019-0225(24)

Diagnoses on the more serious and persistent spectrum

- Schizophrenia
- Major depressive disorder
- Bipolar disorder
- Anxiety, limited to
 - Obsessive compulsive disorder (OCD)
 - Post traumatic stress disorder (PTSD)
- Schizotypal personality disorder
- Borderline personality disorder

Purpose of focusing on SPMI in TQS

Bolstering care coordination between these elements to impact **patient outcomes**



Why SPMI in the TQS?

Oregon Performance Plan (OPP)

- Based on an agreement between Oregon Health Authority (OHA) and United States Department of Justice (USDOJ)
- Identifies the rights of individuals with SPMI to live as integrated as possible within the community
- Is continuing as the Behavioral Health Quality and Performance Improvement Plan (BHQPIP)
- **Services needs to be active with this population**
 - Passive responses to the SPMI population leads to recurring destabilizations and higher costs
 - Responsibility for civil rights

SPMI projects must do all of the following:

1. Improve an aspect of care coordination demonstrating a thorough understanding of effects of SPMI on:
 - Individual functioning
 - Access to care
 - Utilization of services
2. Support self-determination and be person-centered
3. Demonstrate commitment to providing services in the most integrated setting
4. Include a report of aggregate data indicating:
 - The number of members identified
 - Methods used
5. Be informed by social determinants of health
6. Focus on improving patient outcomes

References for developing SPMI projects

- The Oregon Performance Plan
 - www.oregon.gov/oha/HSD/BHP/Pages/Oregon-Performance-Plan.aspx
- Your own policies and procedures for behavioral health
 - Care coordination and case management
 - Home and community-based services
 - Supported employment using the Individual Placement and Support (IPS) model
 - Development of an Individual Service and Support Plan
 - Interventions for those with two or more readmissions to either emergency departments or acute care psychiatric facilities within a 6-month period

2020 CCO contract references

- Prioritized Populations (p. 39)
 - SPMI populations along with children 0-5 at risk of maltreatment, etc.
- Serious and Persistent Mental Illness (SPMI) definition and OAR references (p. 42)
 - OAR 309-019-0225(24)
- Supported Housing (p. 44)
 - No more than 25% of units in the building may be used to provide housing for SPMI individuals referred by OHA

2020 CCO contract references

- Exhibit M
 - Have access to Assertive Community Treatment (ACT) (p. 286)
 - Providing access and service
 - Creating additional capacity
 - Ensuring all denials are based on medical necessity and are recorded to report these decisions for appropriateness
 - Follow Notice of Adverse Benefit Determination
 - Oregon State Hospital (p. 289)
 - Coordinate with subcontractors as needed for all SPMI discharges
 - Provide an evidence-based alternative for SPMI discharged who refused ACT services
 - Emergency Department Utilization (p. 289-290)
 - Ensure SPMI members have connection to community-based services after leaving ED services
 - Intensive Care Coordinator (ICC) or relevant provider follow-up contact within 3 days

Example SPMI topics

Service settings

- Emergency departments
- Acute psychiatric hospitals
- Physical health hospitals
- Mental health residential treatment
 - Facilities (up to 16 beds)
 - Homes (up to 5 beds)
 - Secured and unsecured
 - Respite
- Adult foster homes (AFH)
- Supported housing
- Independent housing

Service types and methods

- Assertive community treatment (ACT)
- Dialectic behavioral therapy (DBT)
- Care coordination
 - Intensive care coordination (ICC) from the CCO
 - Exceptional need care coordination (ENCC) indicates Choice Model services
- Community integration
 - Peer delivered services

Opportunities: SPMI topics

Feedback from 2019 TQS review of SPMI population interventions

1. Setting and services

- ✓ Over utilization
 1. Emergency department
 2. Acute hospitalization
- ✓ Under utilization
 1. Substance use disorders (SUD)
 2. Oral health
 3. Physical health
- ✓ Processes
 1. Access to services
 2. Care coordination from one level of care to another
 1. Choice Model ENCC
 2. Mental health specialty navigator
 3. Chart scrubbing to identify unmet needs
 4. Clinic workflows to coordinate with ED for engagement

Opportunities: SPMI measurements

Feedback from 2019 TQS review of SPMI population interventions:

1. Largely a measurement from baseline for direct change, such as
 - ✓ Reduction of ED utilization or acute hospital readmissions
 - ✓ Increase of oral or physical health
2. Some middle goals for stair-step changes
 - ✓ Numbers of engagements from care coordination
 - A goal number was selected
 - I was unsure of a baseline

Be sure to have both long-term and intermediate goals

Tips for strong SPMI projects

- Measure smaller steps of progress that are still significant
 - Identify a statistical change of $p < 0.05$
 - Monitor related indicators as others are reduced or increased
 - Explore how this is done through your analytics team members
 - Recommend
 - Sensitive dashboard measurements to identify significance
 - Developing large change through confirmed stair-stepped processes
- Refine services
 - SPMI is more than merely having a listed diagnosis
 - Serious and persistent spectrum in the listed categories
 - Case management, peer navigation
 - Care coordination between settings
 - Especially transitions from hospital settings to community settings, such as residential treatment and foster home environments

Key SPMI resources

- Choice Model
 - <https://www.oregon.gov/oha/HSD/AMH/Pages/Choice-Model.aspx>
- Oregon Performance Plan
 - <https://www.oregon.gov/OHA/hsd/bhp/Pages/Oregon-Performance-Plan.aspx>
- Behavioral Health Quality and Performance Improvement Plan (BHQPIP)
 - <https://www.oregon.gov/oha/HSD/BHP/Pages/BHQPIP.aspx>
- Oregon State Hospital
 - <https://www.oregon.gov/oha/OSH/Pages/index.aspx>

- Please unmute yourself to ask a question or type your questions into the “Chat” box on your GoToMeeting control panel.
- We will update our Frequently Asked Questions as needed after each webinar in this series.



For more information:

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- All TQS resources, including the template, guidance document, scoring criteria, and technical assistance schedule are available on the **Transformation Center website**: www.oregon.gov/oha/HPA/dsi-tc/Pages/Transformation-Quality-Strategy-Tech-Assist.aspx
- The template and guidance document are also cross-posted on the **CCO Contract Forms page**: www.oregon.gov/oha/HSD/OHP/Pages/CCO-Contract-Forms.aspx