
2022 Transformation and Quality Strategy (TQS): Serious and Persistent Mental Illness

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Presented by:

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Housekeeping

- Please keep yourself on mute when you're not speaking.
- Type questions into the chat at any time.
- This webinar is being recorded. The slides and recording will be available on the Transformation Center TQS TA webpage.

Agenda

- TQS overview
- Define Serious and Persistent Mental Illness (SPMI)
- Describe key expectations for SPMI in the TQS
- Examples
- Opportunities for strengthening SPMI projects
- Q&A

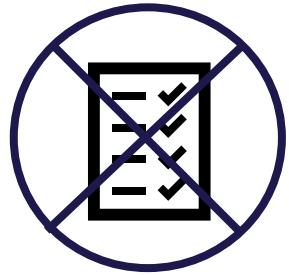
TQS background

TQS foundational principles

The TQS addresses three key principles:

1. Meet relevant CFR, OAR, 1115 waiver and CCO contractual requirements
2. Pushes health transformation through alignment with quality and innovation
3. Decrease administrative burden
 - ✓ Supports OHA's use of information to monitor CCOs' progress to benchmarks.
 - ✓ Incorporates narrative style and specific/measurement methods.
 - ✓ Combines two annual deliverables from prior years 2012-2017.

Why do the work



Efficiency

is doing things right;

Effectiveness

is doing the *right* things.

– Peter Drucker

2022 TQS components

Project needs to meet the requirements for each component assigned to it.

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 (SDOH-E)
6	Grievance and Appeal System	14	Special Health Care Needs (SHCN): Full Benefit Dual Eligible Population*
7	Health Equity: Data	15	Special Health Care Needs (SHCN): Non-duals Medicaid Population*
8	Health Equity: Cultural Responsiveness	16	Utilization Review

**New for 2022: SCHN is now two components*

SPMI definitions and purpose

Overview of SPMI definitions

Definition references

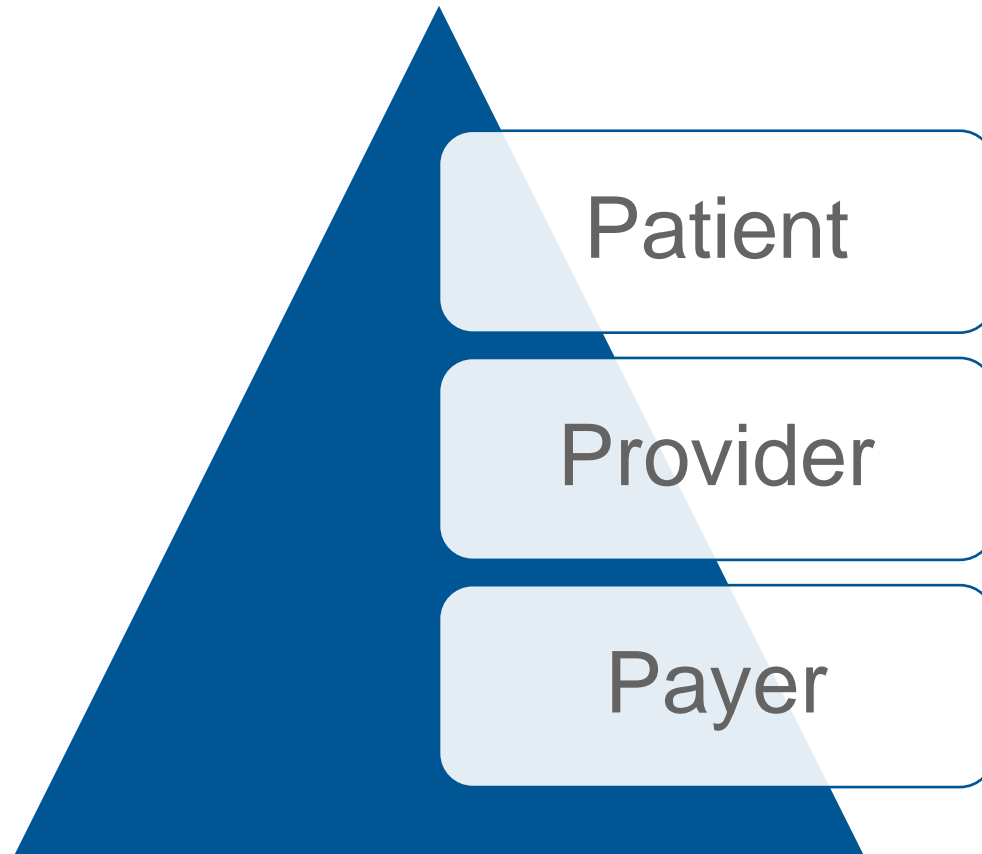
- Behavioral Health Quality and Performance Improvement Plan (BHQPIP) with is the continuing version of the Oregon Performance Plan
- Choice Model Contract
- OAR 309-019-0225(24)

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?

Behavioral Health Quality and Performance Improvement Plan (BHQPIP)

- Continuation of the Oregon Performance Plan and OHA's agreement with the United States Department of Justice (USDOJ)
- Identifies the rights of individuals with SPMI to live as integrated as possible within the community

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 expectations

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
“Levels of Care” is a system-centric reference that needs to change to a client-centric reference of “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

Behavioral Health Quality and Performance Improvement Plan (BHQPIP)

- <https://www.oregon.gov/oha/HSD/BHP/Pages/BHQPIP.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
 - With and without ACT
 - 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

Examples

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

Opportunities: SPMI topics

Feedback from 2021 TQS review of SPMI population interventions

Setting and services

✓ Over utilization

1. Emergency department, post ED visit follow-up, care coordination

✓ Under utilization

1. Direct access to care, such as PCP and specialty care, ACT
2. Physical health such as diabetic care and other specialized needs
3. Quality housing access
4. Supported Employment strengthening

✓ Processes

1. Health care integration, regional care teams, communications
2. Care coordination from one level of care to another (Warm Handoff)
 - Choice Model ENCC and CCO ICC working together
3. Use of THW with community integrated risk reduction
4. Building out behavioral health capability within medical home

Opportunities: SPMI measurements

Feedback from 2021 TQS review of SPMI population interventions:

1. Largely a measurement from baseline for direct change, such as

- ✓ Reduction of ED utilization
- ✓ Increase physical health

2. Some middle goals for stair-step changes

- ✓ Numbers of engagements from care coordination
 - A goal number was generally selected
 - Baselines still seem fuzzy if sited at all which makes improvement difficult to identify
 - Statistical difference of $p < 0.05$ still not being used, only a difference of numbers which could or could not be statistically significant

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

Tips for strong SPMI projects (cont.)

Refine services

- SPMI is more than merely having a listed diagnosis
 - Serious and persistent spectrum in the listed categories
- Aid and Assist population is not only forensic but also CCO members
 - Could need same services as other SPMI groups, such as Civil & PSRB
- Care coordination between settings
 - Especially transitions from hospital settings to community settings when there is a mix of physical and behavioral health
 - Collaboration between CCO ICCs and Choice ENCCs

Key SPMI resources

Choice Model

- <https://www.oregon.gov/oha/HSD/AMH/Pages/Choice-Model.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>

2022 TQS technical assistance

Guidance documents: www.oregon.gov/oha/HPA/dsi-tc/Pages/Transformation-Quality-Strategy-Tech-Assist.aspx

Webinar series (October–November)

- ✓ **Purpose:** Provides technical assistance to CCOs for developing next year's TQS submission.
- ✓ 5-part webinar series that covers general and component-specific lessons learned and changes for the coming year. Webinars include time for CCOs to ask OHA SMEs questions.

Office hours (November–March)

- ✓ **Purpose:** Allows CCO to ask questions as the CCO is developing and finalizing the TQS submission.
- ✓ Offered monthly until submission

Written and oral feedback for each CCO (early summer)

- ✓ **Purpose:** Provides CCOs feedback on strengths and weaknesses in documentation or structure of CCO health transformation and quality work.
- ✓ Written assessment with scores; optional 60-minute call with OHA.



Q & A

Resources

OHA TQS SME for SPMI: Michael Oyster, Health Systems Division:
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OHA TQS Leads:

- ✓ Lisa Bui: Lisa.T.Bui@dhsoha.state.or.us
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All TQS resources, including the templates, guidance document, 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 templates and guidance document are also cross-posted on the **CCO Contract Forms page**: www.oregon.gov/oha/HSD/OHP/Pages/CCO-Contract-Forms.aspx

Thank You

The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, serif font positioned above the word "Health". The word "Health" is in a larger, blue, serif font. Below "Health", the word "Authority" is written in a smaller, orange, serif font. A thin blue horizontal line is positioned just above the "Authority" text, extending from the left side of the "H" in "Health" to the right side of the "y" in "Authority".

Oregon
Health
Authority