

Oregon Health Authority  
Behavioral Health Quality and Performance Improvement Plan

**I. Purpose of Behavioral Health Quality and Performance Improvement Plan (BHQPIP)**

The purpose of this BHQPIP is to establish the process whereby the Oregon Health Authority (OHA) will monitor, evaluate and improve key performance activities related to behavioral health services.

Initially the BHQPIP will focus on key performance activities related to Oregon's Performance Plan (OPP) for Mental Health Services for Adults with Serious and Persistent Mental Illness (SPMI), which was in effect from July 1, 2016 through June 30, 2019. The OPP was developed to increase services to better provide adults with SPMI in Oregon with community services that will assist them to live in the most integrated setting appropriate to their needs, achieve positive outcomes, and prevent their unnecessary institutionalization. Contained within the OPP are several performance measures that inform indicators of performance improvement.

This BHQPIP is a component of OHA's overall Quality Improvement System which is the framework by which OHA will seek to ensure compliance with these outcome measures and will seek to ensure that the community-based services for civilly committed individuals with SPMI described in this BHQPIP are offered in accordance with the requirements of the Quality Improvement System.

In future years the BHQPIP will be expanded to include other domains of behavioral health services administered by OHA.

BHQPIP goals were initially established before the COVID-19 pandemic began in Oregon. Those goals are no longer realistic. As a result, the BHQPIP time period has been extended by one year, from two to three years. Additionally, goals for year one, ending June 30, 2020, are simply to seek to maintain levels attained as of June 30, 2019. Given the ongoing uncertainties resulting from the pandemic, OHA may seek to adjust these goals should that be necessary.

Oregon Health Authority  
Behavioral Health Quality and Performance Improvement Plan

II. **OHA Behavioral Health Quality and Performance Improvement Plan Structure**

The BHQPIP is established initially to address outcomes related to the OPP for civilly committed persons with SPMI.

A. **OHA Behavioral Health Quality and Performance Improvement Plan Committee**

The OHA BHQPIP Committee's charge is to establish oversight of data and outcomes for the BHQPIP.

The BHQPIP Committee will be chaired by the Medicaid, Policy & Analytics Manager and staffed by the Behavioral Health Quality and Performance Improvement Coordinator (BHQPIC), and composed of the following OHA staff: Behavioral Health Operations Director, Consumer Activities Director, Adult Mental Health & Addictions Director, Intensive Services, Housing and SDOH Manager, Adult Mental Health Program Manager, Health Analytics Manager, Governance and Compliance Manager, CCO Contract Compliance Manager, Acute Care Coordinator, Assertive Community Treatment (ACT) Coordinator, Housing Coordinator, Forensic Diversion Coordinator, OSH Director of Social Work, OSH Assistant Director of Social Work, and OHA Quality Improvement Director. The BHQPIP Committee will meet at least quarterly. The BHQPIP Committee will collect and utilize consistent, reliable data regarding services for civilly committed individuals with SPMI in order to:

1. Identify trends, patterns, strengths, successes, and problems at the individual, service-delivery, and systemic levels, including, but not limited to, quality of services, service gaps, accessibility of services, and the success and obstacles to serving civilly committed individuals with SPMI.
2. Develop preventative, corrective, and improvement measures to address identified problems and build on successes; and

Oregon Health Authority  
Behavioral Health Quality and Performance Improvement Plan

3. Track the efficacy of preventative, corrective, and improvement measures and make recommendations to the Behavioral Health Director for revision to these measures as appropriate.

B. Advisory Process:

OHA will incorporate ongoing feedback in its BHQPIP activities through the following advisory team:

Olmstead Stakeholder Advisory Team: membership will be composed of a cross section of diverse stakeholders to include the following: Addictions and Mental Health Planning and Advisory Council, Coordinated Care Organizations, Community Mental Health Programs, Oregon Consumer Advisory Council (OCAC), Disability Rights Oregon (DRO), and NAMI Oregon. The Advisory Team will include a minimum of 20% adults with mental health lived experience. The Advisory Team will review and comment on the progress towards and performance of the BHQPIP and the strategies being employed.

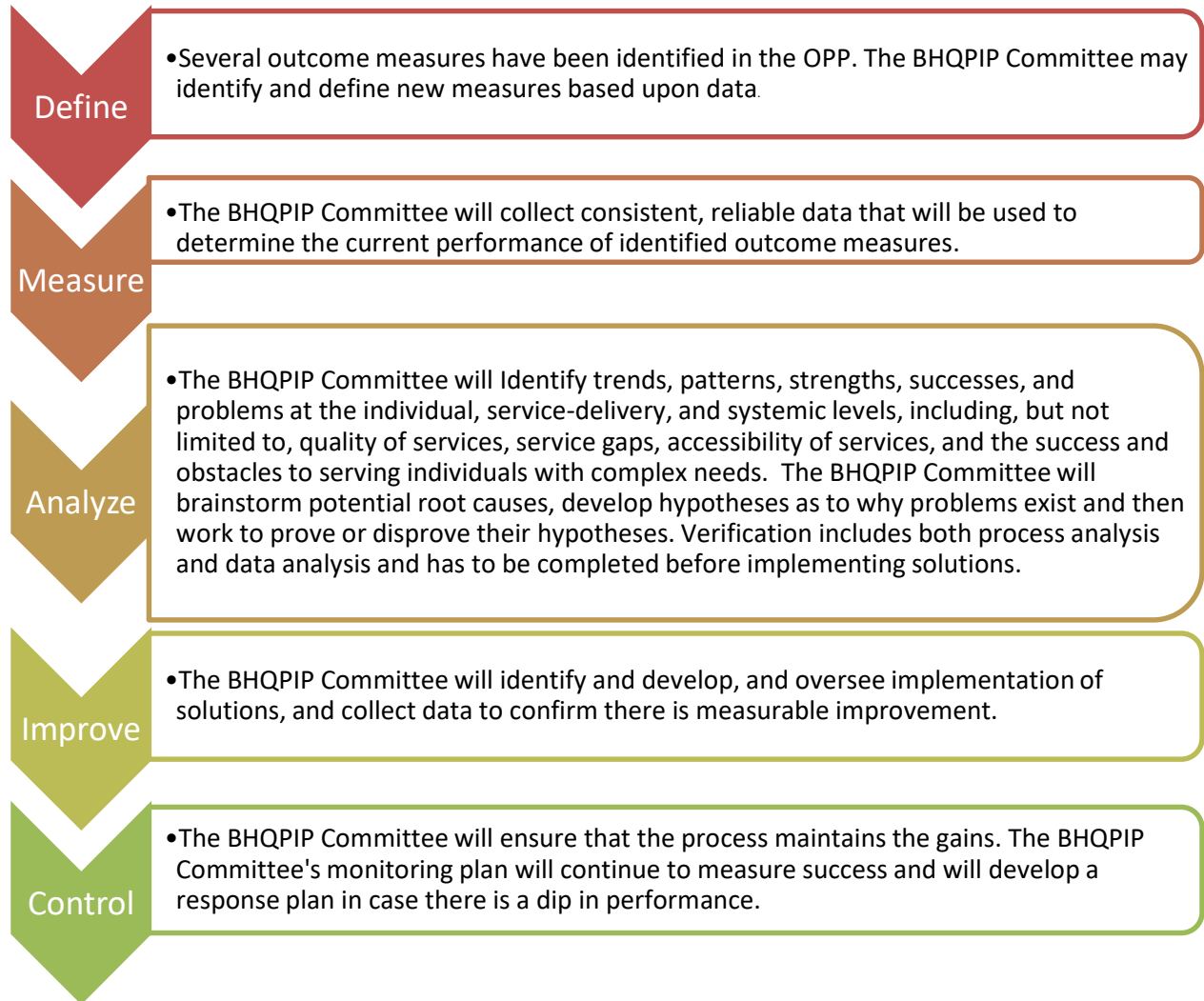
OHA and the BHQPIP Committee may engage in additional communication with these stakeholders to solicit feedback on performance and to further inform the performance improvement process for BHQPIP.

III. **Behavioral Health Quality and Performance Improvement Plan Process**

A. Approach to Behavioral Health Quality and Performance Improvement

The BHQPIP Committee will use the five core tasks in the Six Sigma methodology to assess and improve performance for each of the activities identified in the BHQPIP. These tasks include:

Oregon Health Authority  
Behavioral Health Quality and Performance Improvement Plan



**B. Outcomes**

The BHQPIP Committee will monitor and establish metrics with achievable goals. The BHQPIP Committee may modify, add, or remove performance measures over time, and will utilize data and progress on performance measures to inform decision making. The following establishes the measures that will initially be used to measure performance improvement related to the OPP. A brief description of how these measures will be reported and monitored is also provided. Other measures will be established for other behavioral health domains as the BHQPIP expands.

Oregon Health Authority  
Behavioral Health Quality and Performance Improvement Plan

1. OPP Measures

The BHQPIP Committee will monitor the following selected performance outcome areas identified in the OPP. Metrics and goals in the OPP for these areas were established by OHA in coordination with the U.S. Department of Justice. The OPP time period is now complete. The BHQPIP has been developed pursuant to OPP section E, and the Independent Consultant (IC) has participated in OPP's efforts under that section to develop a quality and performance improvement system. The BHQPIP is part of that system. Goals for the first three years of the BHQPIP are established by OHA in coordination with the OPP Independent Consultant (IC) as had been contemplated by Subsection A.8, related to the following:

- Assertive Community Treatment Services
- Supported Housing
- Oregon State Hospital
- Acute Psychiatric Care
- Emergency Departments
- Secure Residential Treatment Facilities
- Criminal Justice Involvement

Metrics and goals may be adjusted as part of this process, as discussed below.

2. Metrics Dashboard

OHA will establish a dashboard that highlights key BHQPIP metrics. The dashboard will provide statewide data and benchmarks as well as data broken out by county, region or CCO. The dashboard will be produced semi-annually and posted on the OHA website. The dashboard will be presented to the CCO

Oregon Health Authority  
Behavioral Health Quality and Performance Improvement Plan

Behavioral Health Directors' meetings and the Association of Oregon Community Mental Health Programs meetings.

C. BHQPIP Committee Annual Work Plan

Annually, the BHQPIP Committee will review existing metrics and consider whether to develop and implement additional metrics as part of this quality and performance improvement plan. The BHQPIP Committee will produce an annual planning document. The annual planning document will identify goals for identified metrics and the plan to achieve the goals. The first plan covers three years from July 1, 2019 through June 30, 2022. Appendix A describes the OPP related metrics and goals for this time period.

IV. Reports

To further system transparency, OHA will post on its website semiannual reports regarding its BHQPIP efforts, starting January 31, 2021. Minutes and data will be posted semi-annually.

Oregon Health Authority  
Behavioral Health Quality and Performance Improvement Plan

Appendix A

Note: The Independent Consultant requested that OHA consider BHQPIP goals that are realistic and achievable even though they may be lower than the OPP goals. The goals should demonstrate expected progress over three years and may be adjusted as progress is achieved.

July 1, 2019 through June 30, 2022

#	Domain	Goals	FY1 2019- 2020	FY 2 2020 – 2021	FY 3 2021 – 2022
1	Assertive Community Treatment (ACT)	Increase the number of adults with SPMI receiving ACT services	1325	1400	1750
2	Supported Housing	Increase adults with SPMI residing in supported housing	1903	1925	2000
3.1	Oregon State Hospital	Increase the percentage of civilly committed adults with SPMI discharging within 30 days of Ready to Transition determination.	61%	65%	75%
3.2	Oregon State Hospital	Increase the percentage of discharges of civilly committed adults with SPMI within 120 days of admission.	61.4%	65%	70%
4.1	Acute Psychiatric Care	Increase the percentage of adults with SPMI receiving a warm handoff prior to discharge from an acute psychiatric care facility (ACPF).	43.3%	50%	60%
4.2	Acute Psychiatric Care	Lower percentage of readmissions within 30 days.	10.7%	10%	9%
		Lower percentage of readmissions within 180 days.	22.5%	21.3%	20.5%

Oregon Health Authority  
Behavioral Health Quality and Performance Improvement Plan

5.1	Emergency Department	Decrease the rate of ED visits for mental health reasons by adults with a SPMI.	1.88 per 1,000 Medicaid Member Months	1.80 per 1,000 Medicaid Member Months	1.60 per 1,000 Medicaid Member Months
5.2	Emergency Department	Collect data regarding psychiatric boarding in order to develop strategies to address individuals with SPMI who present to the ED for mental health reasons who are in the ED for longer than 23 hours.	Collect Data	Collect and Analyze Data	Utilize Data to develop and evaluate strategies to reduce stays over 23 hours
6	Secure Residential Treatment Facilities	Decrease the average length of stay for civilly committed adults in SRTFs	517	491	467
7	Criminal Justice Involvement	Decrease the number of arrests for adults with SPMI enrolled in services	Collect and Analyze Data	Collect and Analyze Data	Collect and Analyze Data and Develop Strategies

**Limitations**

This Plan is subject to Oregon law. Nothing in this Plan will be construed as permitting any violation of Article XI, Section 7 of the Oregon Constitution or any other law regulating liabilities or monetary obligations of the State of Oregon. This Plan shall not be construed as an admission on any issue by the State of Oregon. This Plan does not create any enforceable rights.