

OBJECTIVE 7: Quality Management, Improvement, and Accountability (QMIA) —

The agencies develop and implement a QMIA plan to establish and maintain a collaborative QMIA system that includes monitoring, measuring, assessing, and reporting on Class Member outcomes, system performance, and progress on implementation and completion of this Agreement. The collaborative QMIA system will increase system-wide capabilities for quality improvement at the clinical, program and system levels associated with increasing effectiveness of services and improving access to services. The parties jointly develop a Quality Review process to be used to objectively assess and improve clinical practice and program effectiveness system-wide.

Expected Results of Accomplishing Objective 7: The agencies sustainably operate a QMIA System that monitors, measures, assesses, and reports on Class Member outcomes, system performance and implementation of the Agreement, and improves quality at the clinical, program and system levels over time. The agencies routinely measure, analyze, and publicly report on regional and statewide QMIA indicators and data. The agencies have conducted and publicly reported the results of at least one Quality Review. Over time, cost-effectiveness is increased and access to care is improved.

Strategies to accomplish Objective 7

- A. Develop and implement a QMIA plan establishing the elements of a performance monitoring and clinical improvement system for Idaho’s child-serving SoC by March 31, 2016. The QMIA plan will describe a plan of action for developing a collaborative, cross-system, practice, performance monitoring, and clinical improvement system that is capable of achieving the criteria described in the , Agreement, paragraph 53.
 - 1. The QMIA workgroup, established in response to the Agreement, will develop the QMIA plan.
 - a. Develop a QMIA workgroup, to include:
 - i. workgroup membership;
 - ii. responsibilities;
 - iii. objectives; and
 - iv. deliverables.
 - 2. Complete development of the QMIA plan by March 31, 2016.
 - 3. Begin implementation of the QMIA plan no later than the end of the month following approval of the Idaho Implementation Plan by the District Court.
 - 4. Periodically review and, if needed, adapt the QMIA plan. Revisions of the QMIA plan will be consistent with the Agreement and the Idaho Implementation Plan, as amended, during the pendency of this case.

- B. Adapt and enhance existing quality assurance infrastructure and activities relating to Idaho's children's SoC beginning June 1, 2016.
 - 1. Develop an enhanced, effective and collaborative quality assurance (QA) infrastructure to support the development of a coordinated practice, performance monitoring and clinical improvement system consistent with the PoC and PM.
 - a. By August 30, 2016, establish the QMIA Council, an interagency committee responsible for reviewing management and monitoring reports at the program data and system level and for making recommendations for system performance to the IGT.
 - b. Beginning in September 2016, establish QA subcommittees and advisory groups based on needs identified by the QMIA Council to address specific aspects of quality improvement within the child serving SoC and guided by the QMIA plan.
 - 2. Evaluate the agencies' existing quality assurance and improvement processes. Assess current capabilities for achieving criteria defined in the Agreement, paragraph 53, and consistent with the PoC and PM.
 - a. Define baseline of current QA infrastructure and activities for children's mental health services for each agency.
 - b. Develop consistent definitions and terms across child-serving systems of care. Clarify existing measures and indicators.
 - c. Perform self-assessment to evaluate the strengths and needs of management in meeting the Agreement requirements and establishing a continuous quality improvement agency culture.
- C. Monitor, assess, report, and adjust system performance using performance metrics beginning June 1, 2016.
 - 1. Develop metrics as indicators of system performance, known as "Key Quality Performance Management Indicators", in the following areas:
 - a. Process: Interactions between children, youth, and families and providers, including diagnosis, treatment, and the quality of care delivered: indicators will assess quality factors related to planned changes in children's mental health services processes.
 - b. Client outcomes: Effects of mental health care on children, youth, and families: indicators will assess if clients and families are engaged in care, getting better as a result of care, how they are getting better, and what issues need continued efforts to improve the quality of care.
 - c. System impact: The context in which care is delivered: indicators will assess the development of core system and cross-system management and competencies and evaluate system and

- infrastructure strengths and needs. Information gathered will assist in identifying and prioritizing actions necessary to improve the system.
2. Submit “Key Quality Performance Management Indicators” to IGT for approval and adoption by agencies.
 3. By July 1, 2017, develop and begin implementing methodology for prioritizing data collection of QMIA performance metrics. Periodically review and, if needed, revise prioritization methodology.
 4. Throughout the implementation period and the sustained performance period, prepare and deliver quarterly and annual QMIA reports using performance metrics.
- D. Develop a Continuous Quality Improvement culture within the Children’s SoC beginning June 1, 2016.
1. Provide quality and performance information in as close to real time as possible to decision-makers at every level of the system. Develop and employ system-wide methodology to support decision-makers to use this information in making service planning and delivery decisions. Create opportunities for high performing individuals or programs to share or model proven or promising practices.
 2. Incorporate Performance Improvement Projects into agencies’ QA activities.
 - a. Establish performance planning with goals and objectives.
 - b. Describe performance measurement.
 - c. Identify and execute continuous quality projects relevant to the goals of the Agreement, the goals of the agencies, and the goals of Class Members and their families.
 - d. Link the strategies listed in the Implementation Plan, the agencies’ efforts to accomplish those strategies, and the performance of the SoC.
 - e. Develop conclusions emanating from the continuous quality project outcomes into recommendations to the QMIA Council for action as needed.
 3. Develop and implement process for initiating quality improvement projects when findings that result from monitoring indicate needed system performance improvement.
 4. Develop and utilize a Quality Review process to objectively assess and improve clinical practice and program effectiveness system wide, consistent with the requirements in the Agreement.
 - a. By end of the first year of the implementation period, develop a Quality Review action plan jointly with Plaintiffs’ counsel.

5. Before end of the implementation period, complete at least one Quality Review process. Evaluate the utility and cost-benefit of integrating the Quality Review technique or process into the QMIA system for regular use.
- E. Provide accountability by monitoring Idaho's progress toward completion of Outcomes and Exit Criteria required by the Agreement beginning June 1, 2016.
1. Develop and implement methodologies to assess and report on:
 - a. The availability of services and supports to determine if existing capacity is sufficient to meet the needs of Class Members;
 - b. The provision of services, supports, and the SoC to determine if it is consistent with the PoC and PM, and the Access Model;
 - c. The impact of the Workforce Development plan;
 - d. The implementation of due process procedures and use of related information for the purposes of system improvement; and
 - e. The development of Idaho's Children's SoC through interagency collaboration and coordination.