

# MCI Quality Sustainability Framework

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MassHealth Office of Behavioral Health

This document provides a brief overview of how MassHealth's Office of Behavioral Health (OBH) manages quality in Mobile Crisis Intervention (MCI). The attached appendices provide additional details and examples of the quality management activities described herein. Additionally, Appendix 4 describes the recommendations on MCI services from national expert on behavioral health crisis services, Kappy Madenwald, and describes MassHealth's response to those recommendations.

While this framework reflects MassHealth's current quality management practices, our management practices will evolve, as necessary, to meet emerging needs.

## I. Brief description of MCI service

Mobile Crisis Intervention is a short-term, mobile, on-site, and face-to-face therapeutic service provided for members under 21 experiencing a behavioral health crisis for the purpose of identifying, assessing, treating, and stabilizing the situation and reducing the immediate risk of danger to the youth or others consistent with the youth's risk management/safety plan, if any. MCI services are available 24 hours a day, 7 days a week.

MCI is a component of MassHealth's Emergency Service Programs (ESPs), which operate across the state. All ESPs can be reached through calling a single statewide phone number. ESPs are managed on behalf of MassHealth by MassHealth's behavioral health vendor, the Massachusetts Behavioral Health Partnership (MBHP).<sup>1</sup>

## II. MCI Performance Standards

MCI standards are defined in the *MCI Performance Specifications* (Appendix 1). These specifications describe the components and processes of the MCI service, including standards for service components, staffing, linkage to other services and community supports, quality management and process specifications. The specifications can also be accessed online at <http://www.mass.gov/eohhs/docs/masshealth/cbhi/ps-mobile-crisis-intervention.pdf>.

MBHP, as the state-wide manager for MassHealth's ESP programs, has additional requirements governing ESP programs, including the *ESP Performance Specifications* attached as Appendix 2. MCI, as a component of the ESP service, is also governed by these standards. As set forth in MBHP's *ESP Performance Specifications*, program staffing must include the following positions (among others): ESP Director, ESP Medical Director, ESP Quality Director, MCI Manager, Clinical Supervisor, Triage Clinician, and consulting psychopharmacologist. The ESP Performance Specifications and the MCI Performance

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<sup>1</sup> DMH currently operates the ESPs located in the Southeast Region of the state. The DMH locations in the Southeast Region participate in the data collection and quality measurement activities as described below.

Specifications are the established standards to which all MCI programs are held, and all programs are regularly examined for their adherence to these standards through the oversight activities described below.

As additional requirements are developed or new information becomes available, MBHP communicates new information to the ESP network through Provider Alerts and other electronic notices. MBHP also reviews these Provider Alerts and other notices during regular meetings with ESP and MCI managers as described below.

### **III. MCI Quality Management (QM) Structure**

#### **A. OBH Program Manager for Acute System of Care**

Within OBH, ESP and MCI are overseen by a Program Manager for Acute System of Care, a newly created position effective August 15, 2016. The Program Manager is a behavioral health clinician with program management and quality management experience who will oversee emergency and twenty-four hour levels of care. The creation of this position substantially increases the management capacity of OBH and allows for greater implementation of real time interventions as well as for strategic planning. The Program Manager reports to the OBH Director with dotted-line accountability for MCI to the Children's Behavioral Health Initiative (CBHI) Director. The Program Manager meets at least monthly with the CBHI Director to monitor MCI performance.

The Program Manager is engaged in a number of initiatives that target enhancements to system coordination, minimizing emergency department boarding, and reducing administratively necessary days in inpatient settings. For youth with complex systemic needs, the Program Manager regularly engages with all parties involved, including state agency liaisons, to assess needs and resolve barriers. The Program Manager, along with other MassHealth personnel, is developing educational materials for hospital emergency department personnel, ESP/MCI teams, psychiatric facilities, referral sources and others regarding best practices for coordinating care for youth.

The Program Manager also meets on a bimonthly basis with ESP managers at MBHP to monitor quality in the acute care system, including ESP and MCI. During these meetings, standard reports are reviewed along with quantitative and qualitative data received through other sources, such as feedback from families, stakeholders and other parties, including any complaints, Massachusetts Practice Reviews (MPRs), statewide or regional ESP meetings, and network management meetings. Standard reports include a data package (called the "Cognos packet") generated by MBHP for each ESP, as described below, as well as statewide data. As funder for ESP/MCI services for uninsured individuals and individuals with Medicare only, DMH also participates in this meeting.

#### **B. Data Reports & Quality Management Indicators**

MBHP holds ESP and MCI providers to all of the requirements in the respective Performance Specifications for each service. Compliance with these requirements is determined through regular review of both quantitative and qualitative indicators. Key quantitative indicators appear in the Cognos

packet which is shared with each ESP program on a monthly basis. The monthly Cognos packet is based on encounter forms submitted by ESPs to MBHP every month. MBHP regularly reconciles submission of encounter forms with billing data as a check on data integrity. The Cognos packet includes a rolling twelve-months of data with trendlines on measures including:

- volume,
- location of encounter (i.e., home, the ESP Community Based Location, or hospital emergency department (ED)),
- disposition of encounter (e.g., returning home with community based services; admission to a community-based acute treatment (CBAT) program, admission to an inpatient level of care), and
- response time (both in minutes and in percent of encounters with response times below the 60 minute standard).

Trends on these indicators, as shown in the reports, are monitored by MBHP and OBH on a monthly basis to determine whether and when to intervene with an individual provider or with the larger system.

In addition to the monthly Cognos packets that are shared with ESPs and OBH, MBHP also disseminates Length of Episode (LOE) data to each ESP/MCI provider on a quarterly basis. This data is reviewed during the individual provider meetings and reflects the average MCI LOE by ESP/MCI provider. Reviewing this data on a regular basis provides an opportunity to discuss any shifts in LOE, as well as explore the factors that correlate with shorter or longer LOE.

### **C. Network Management Meetings**

Active management of MCI also occurs through a series of regular meetings as follows:

1. **ESP Statewide Meetings:** The MBHP ESP Director and Assistant Director chair a bimonthly meeting of all ESP programs. MassHealth managed care entities (MCEs) and OBH attend this meeting. The agenda includes ongoing discussion of statewide quality issues and sharing of best practices.
2. **ESP Regional Meetings:** Because ESPs operate in close collaboration with other agencies and services in their communities, MBHP also convenes ESPs regionally every other month. The MBHP Regional Directors chair these regional meetings. Regional meetings provide an opportunity to work on regional quality issues.
3. **Individual Provider Meetings:** MBHP meets with each ESP / MCI provider every one to three months, depending on the performance of the provider. This meeting is chaired by MBHP's Regional Network Manager. The ESP's performance based on its data is discussed at this meeting. A sample agenda for this meeting is attached as Appendix 3.
4. **Integrated System Meetings:** The MBHP Regional Director also convenes regional meetings involving various behavioral health services, including ESP, as well as other stakeholders on

a quarterly basis, to address systemic issues that impact youth across systems and levels of care and improve integration of care.

5. **Targeted System Interventions:** In addition to regularly scheduled integrated system meetings, MBHP Regional Directors convene meetings on an as needed basis to address specific issues among providers, state agencies, and other stakeholders and community partners. These meetings serve to improve communication, strengthen partnerships, resolve concerns and increase effectiveness of the service delivery system.

#### **D. Quality Improvement Plans (QIP)**

OBH and MBHP examine trends as well as levels for important indicators, such as response time and location of visit. Providers whose indicators are below performance specification and providers whose indicators are trending downward would be asked to describe their plans to manage performance. MBHP maintains a Quality Improvement Plan (QIP) for every ESP/MCI provider. Each provider's QIP is reviewed during the individual provider meeting and then updated to reflect progress following each meeting. QIPs are utilized to monitor progress made on any concerns as well as on areas of strength for further development. Any concerning trends related to any quantitative or qualitative Quality Management Indicators are addressed in the QIP and measurable goals are identified for addressing these trends. The QIP includes documentation of the date a goal was initiated, a description of the specific and measurable goal, what data or other information will be used to measure progress, the initial measurement of the goal, date of the last meeting and what progress was made as of that meeting, as well as what next steps the ESP/MCI provider will take. Any barriers to progress are also noted. Providers with consistent underperformance are placed on formal corrective action plans requiring significant effort and frequent monitoring.

#### **E. ESP / MCI Internal Oversight**

##### **1. Data and Reporting**

Every provider organization is required to have internal Quality Management structures and processes that enable the organization to continually assess trends in their service delivery, identify both successes and areas for improvement, and foresee quality problems so that prompt interventions can be developed. In addition to utilizing the MBHP Cognos data, providers collect and review internal quantitative and qualitative data in order to monitor and improve service delivery. Regional and individual ESP meetings provide an opportunity for MBHP to assist providers in using their own data, as well as MBHP data, to improve practice.

##### **2. Training**

Every ESP/MCI provider invests substantial resources into staff training, and conducts ongoing training of staff for skill development and enhancement. Typical topics include crisis intervention and solution-focused treatment models, de-escalation techniques, family therapy models and behavior management. ESP/MCI providers ensure that all staff complete the annual trainings on various other topics required by the ESP and MCI Performance Specifications. In addition to the trainings required by the performance

specifications, many provider organizations also require additional relevant trainings of staff providing ESP/MCI services.

### **3. Community Outreach**

In order to enhance effectiveness of the MCI delivery, each ESP/MCI provider engages with the community in their catchment area through direct community outreach efforts. These efforts include targeted outreach to specific providers and groups such as schools, pediatricians, residential facilities, state agency offices, and many others. Direct collaboration with these partners allows for increased awareness and education, improved communication, and enhancement of service delivery.

## **IV. Systematic and long-term oversight of MCI**

In addition to the ongoing quality management activities described above, OBH also monitors and engages in long-term planning regarding environmental and system trends that may impact quality.

For example, OBH understands that MCI is a waypoint for children in crisis. Many are already involved in community based services, and the robustness of those services affects the frequency with which members require MCI and the way they arrive at MCI (e.g. with a crisis plan in place and with readiness to provide post-MCI supports). Similarly, MCI often calls on downstream resources such as Community Based Acute Treatment (CBAT) and Inpatient care, as well as referral to community based services and supports, including those provided by state agencies. Therefore, MassHealth and its MCEs monitor the entire behavioral health system and work to ensure that services are integrated into a well-functioning system.

**Appendices:**

1. MCI Performance Specifications
2. ESP Performance Specifications
3. Sample agenda for MBHP management meeting with an MCI / ESP provider
4. Recommendations from MCI Consultant, Kappy Madenwald, with MassHealth implementation comments.

Appendix 1

MCI Performance Specifications

*[to insert]*

Appendix 2

ESP Performance Specifications

*[to insert]*



Appendix 3

Sample agenda for MBHP management meeting with an MCI / ESP provider

<h1>MBHP</h1> <h2>ESP/MCI MEETING AGENDA</h2>
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**I. Introductions**

**II. Updates**

- MBHP
  - Alert 162 – Transition to ICD-10
- ESP
  - Staffing and Directory Changes
- Initiatives

**III. Data Review and Discussion**

- ESP/MCI COGNOS Packet
  - Quality indicators
  - Referral to ED data
- Expedited authorization
- Length of MCI episode
- CCS data
  - MABHA compliance data
- Encounter form submissions
- Drill down data as needed

**IV. Quality Improvement Plan**

- Review QIP from previous meeting
- Identify areas of progress and challenges

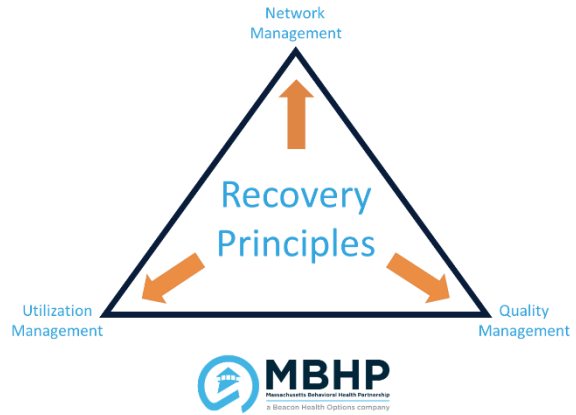
**V. Other Priorities**

- Claims vs. Encounters
- Safety Planning
- Safety funding projects
- Members awaiting placement
  - Access line updates
- Runaway Assistance Program (RAP)
- Staffing
  - Retention and recruitment

- Family Partners
- Certified Peer Specialist Utilization
- Community Outreach
  - CBHI LOC, First Responders, Schools, PCC, etc.
- Initiatives
- Quality Issues or Concerns
  - Incident Reporting

## VI. Going Forward / Next Steps

- Action Items
- Next Meeting



## Appendix 4

### Recommendations from MCI Consultant, Kappy Madenwald, with MassHealth implementation comments

The following list is abstracted from Ms. Madenwald's report of March, 2015. As noted below, many of the recommendations are not directed to one-time implementation, but instead provide long-term guidance for thinking about quality improvement and for informing policy changes.

Recommendation 1: I suggest that EOHHS/MBHP (in collaboration with ESP agencies) lead in the development and introduce to MCI/ESP teams, a package of change around data (including the type of data that is produced and the way in which it is disseminated) that promotes timely and nuanced access to and use of data to guide day to day practice, crisis systems of care development and enhances network management.

MassHealth Implementation: *Further discussion with Ms. Madenwald and MBHP led to the conclusion that changes in type of data were not feasible given current systems. Reliance on encounter forms, in particular, introduces an unavoidable time lag that affects real-time usability for prediction. In addition, privacy concerns and data system limitations create barriers to integration of encounter form data with claims data from other behavioral health systems.*

Recommendation 2: Maximize data transparency and ability of teams to query the data. It is very helpful for a team to see how other teams are performing. It promotes self-evaluation and leads to inquiries: "how are you doing that?"

MassHealth Implementation: *As a result of this recommendation, since 2015, individual MCI provider performance on response time and location of encounter is now shared across providers. Teams can see where everyone ranks.*

Recommendation 3: Explore placement of ESP Statewide 800 number (then enter your zip code) on back of MassHealth card.

MassHealth Implementation: *This was explored and found to be infeasible due to regulations regarding information on the MassHealth card.*

Recommendation 4: Introduce package of change to data to MCI/ESP teams to promote performance improvement and to foster greater understanding of who is going to EDs and why.

MassHealth Implementation: *Discussion with ESPs at statewide meeting indicated that local factors affect ED use and that ongoing quality initiatives should be explored through the quarterly regional meetings as well as individual provider meetings. These meetings are used to explore this type of quality initiative. See also MassHealth comments on recommendation 1.*

Recommendation 5: Broader dissemination of crisis data across the system of care to increase awareness and prompt system-specific (schools, DCF, PCPs), upstream action.

MassHealth Implementation: *This is a long-term multipart recommendation. For example, in FY 2016, Ms. Madenwald undertook a training initiative with School Based Health Centers under*

*the auspices of the Department of Public Health (DPH) with funding from the Children's Behavioral Health Knowledge Center at DMH. An issue brief on that work will be publically available soon.*

**Recommendation 6:** Develop sector-specific resources for teams that get to the “what” of the service (resolution) and the “why” of the location and include examples of best practices in the sector.

**MassHealth Implementation:** *MCI Directors felt materials produced and branded by MassHealth would help them with outreach efforts. In addition, they suggested that a public service campaign would also help them in this work. MassHealth's work plan for FY17 includes preparation of sector-specific materials (e.g. for foster parents, for pediatricians, for school personnel). Also in FY17, MBHP will be initiating a public information campaign, including public service advertising.*

**Recommendation 7:** Promote development and use of concurrent and prospective analytics. Some teams are routinely reviewing stats or doing chart reviews but for most, data is largely retrospective.

**MassHealth Implementation:** *Further discussion with Ms. Madenwald revealed that prospective analytics require a more rapid data cycle than is currently possible from encounter forms sent to MBHP. See also MassHealth comments on recommendation 1 above regarding data sharing across MCEs. ESP teams have immediate access to their own data but generally lack the sophisticated technology and trained personnel to use the data for prospective analytics. This is a goal MassHealth will keep in mind for the future.*

**Recommendation 8:** Consider initiatives that focus on “most likely to be stuck/be harmed by ED and/or inpatient treatment.”

**MassHealth Implementation:** *MassHealth is beginning work on development of profiles of individuals who are more likely to become “stuck” in EDs with the goal of creating educational materials to guide ESPs, ED staff, hospitals and others and to shorten length of time boarding and/or divert from inpatient care.*

**Recommendation 9:** Recommend improving the level of detail in MCE data, specifically by beginning to disseminate the 2-7 day data detail. Teams do not routinely see this data and this is a first step in helping them see their patterns and those of other teams that are building out this service in a family-centered way.

**MassHealth Implementation:** *MBHP disseminates the 2-7 day data detail on a quarterly basis. MBHP meetings with individual providers use the report to examine how the provider is using the extended time period for MCI involvement.*

**Recommendation 10:** Disseminate summary data from encounter forms at team and system level. Very little of this information is fed back to teams.

**MassHealth Implementation:** *These data are now shared at the team and system level on a monthly basis as described above.*

Recommendation 11: Suggest EOHHS look at how ESPs are managing the MCI and adult crisis team services in tandem—how they are disparate and how they are similar; and how each service influences performance of the other. The health of all ESP systems are tied to each other so the better the overall health of the ESP system—the better the health of the MCI team.

MassHealth Implementation: *This is a “thinking about quality” recommendation that addresses how ESPs work as a whole, and that MassHealth endorses. As discussed above, MassHealth monitors ESPs and the behavioral health system as a whole for quality improvement opportunities.*

Recommendation 12: I have made note of broader themes and team-specific opportunities and will focus on these during regional trainings and team coaching sessions in the spring.

MassHealth Implementation: *These trainings have been completed.*

Recommendation 13: Work with MCEs to promote and educate MCI teams to facilitate linkage to services most acceptable to young adults who may be turned off by traditional therapies. Example: Adult CSP model that uses paraprofessionals who engage individuals in identifying/pursuing a range of whole health priorities.

MassHealth Implementation: *This is a recommendation about future policy that informs MBHP’s ongoing quality work with ESP providers. Successful work with young adults must involve both CBHI services and adult services. MassHealth and DMH are together involved in initiatives (such as the STAY initiative funded by SAMHSA, which has been working with Community Service Agencies) to engage young adults more successfully in CBHI services.*