

OBJECTIVE G: Quality Management, Improvement, and Accountability (QMIA)

IDHW will further develop and implement the QMIA System, to include three tracts: (1) an amended QMIA Plan that includes monitoring, measuring, assessing, and reporting on Class Member access to care and treatment outcomes, system performance, work force development, and progress on implementation and completion of the Agreement; (2) a Quality Review (QR) process, jointly developed by the parties, and used to objectively assess and improve clinical practice and program effectiveness systemwide; and (3) a Jeff D. Implementation Compliance Task Force to gather compliance information, operationalize outcome and exit criteria measures and to assess and report on progress toward full implementation and exit under the Settlement Agreement and this Plan.

The 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.

Expected Results of Accomplishing Objective G: The Defendant 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 Defendant Agencies routinely measure, analyze, and publicly report on regional and statewide QMIA indicators and data. Over time, cost-effectiveness is increased and access to care is improved.

Strategies to accomplish Objective G:

1. IDHW will update the existing QMIA Plan and deliver it to the IWG by August 31, 2022. IDHW will consult with the IWG, subject to procurement restrictions, as IDHW amends the QMIA Plan. The Amended QMIA Plan will at minimum, do the following:
 - a. Establish with specificity the format, data, quality and performance indicators, reporting periods, geographic scope, and the tables, and charts to be included in each quarterly and annual QMIA public report. Information reported must include, at a minimum, number of youths served; scope, intensity, and duration of services; and type of service(s) received. These data will be stratified by region, demographics, need, provider, and other Key Quality Performance Management Indicators (including process, client outcomes, and system impact) that are deemed necessary to measure and report on compliance with the Agreement and this Implementation Assurances Plan, as determined by the parties. IDHW will publish a listing of the reports or tables to be routinely included in the QMIA editions on the YES website or in the QMIA amended plan.
 - b. Finalize data collection and reporting protocols for CANS and provide a quality assessment report biannually. The CANS data system will be implemented as a real-time platform. With the assistance of Praed's CANS experts, consulting with the State, the parties will agree on the definition or parameters of "real-time" no later than March 31, 2022.

- c. Develop data collection and reporting protocols for CFT in order to enable assessment of whether these services are delivered in compliance with the YES Authoritative Documents, including assessment of and reporting on YES system treatment capacity, and utilization data, to determine service gaps and system strengths. This assessment will be included in the QMIA reports and timely provided to the Jeff D. Implementation Compliance Task Force.
 - d. Detail responsibilities and procedures, including production and delivery timelines and formats, for collecting the necessary information set forth above from every YES Provider that delivers YES services and supports to YES Class Members. No later than June 30, 2023 determine which Defendant Agency or Agencies shall have ultimate fiscal and programmatic responsibility for producing data and reports necessary for publishing the QMIA. Ensure that the responsible agency has adequate resources and authority to accomplish the publication of the QMIA completely and on time.
 - e. Amend the Quality Assurance infrastructure to improve accountability for gathering, collating, aggregating, analyzing, and reporting data. Clarify, and streamline, if necessary, the responsibilities and authority of the Quality Assurance Council and its Committees.
 - f. Include a process for the QMIA Council to develop and prioritize quality improvement and system performance recommendations that will be made to the Defendant's Work Group and the IGT.
 - g. Establish criteria for a feedback loop for Defendant Agencies to propose and implement quality improvement and system performance remedial steps and for assessment of remedial actions.
 - h. Clarify the QMIA Council's membership, responsibilities, authority, and its relationship to the IGT and its committees.
2. The IWG will design and describe the Jeff D. Implementation Compliance Task Force in an appendix to the QMIA Plan by August 31, 2023.
- a. The IWG will determine appropriate Task Force membership, that will include plaintiffs' counsel.
 - b. The Task force will be responsible for assessing and reporting on progress towards full implementation under the Settlement Agreement and this Plan. The Task Force will:
 - i. Operationalize the Implementation compliance measures, including the Outcomes and Exit Criteria stated in the Settlement Agreement and the measures described in Objective B.3.
 - ii. Meet quarterly to evaluate compliance with agreed upon performance measures.

3. IDHW will develop and use enforceable data sharing agreement(s) among its contractors and every YES Provider necessary to accomplish the above QMIA data collection requirements. Data sharing agreements will comply with state and federal law relating to privacy, confidentiality, and consent.
4. IDHW will complete the development of the YES QR process jointly with Plaintiffs as required by the Settlement Agreement, Paragraphs 56 and 57, no later than June 30, 2022.
5. The QMIA System will complete development and implementation of a continuous quality improvement culture within the SoC during the Implementation period to:
 - a. 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; and create opportunities for high performing individuals or programs to share or model proven or promising practices.
 - b. Incorporate Performance Improvement Projects (PIP) into YES Provider QA activities by:
 - i. Establish performance planning with goals and objectives.
 - ii. Describe performance measurement.
 - iii. Identify and execute continuous quality projects relevant to the goals of the Agreement, the goals of the Defendant Agencies, and the goals of Class Members and their families.
 - iv. Link the projects to strategies listed in the Implementation Assurances Plan, the Defendant Agencies' efforts to accomplish those strategies, and the performance of the SoC.
 - c. Develop conclusions emanating from the continuous quality project outcomes into recommendations to YES Defendant Agencies for action as needed.
 - d. Prepare a report on the results of YES Performance Improvement Projects and present the results to the IGT no less than bi-annually.