# Mental Health Services Of Catawba County

Draft Local Business Plan

January 2, 2003
(April 1, 2003 revision)

## Section VI. Service Monitoring & Oversight – Quality Management

Contact Person:
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# Local Business Plan: Strategic Plan Matrix

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| **Area Program(s)/County Program** | Mental Health Services of Catawba County |
| **Contact** | John M. Hardy, Area Director, (828)695-5900, fax (828)695-5949, johnh@catawbacountync.gov |
| **Submission Date** | 04/01/03 (revised from 01/02/03) |

**Item: VI. Service Monitoring and Oversight: Quality Management 1**

**Goal: The Local Business plan describes a quality management process to meet the State Plan requirements, including how the LME will address the necessary elements as outlined. (See page 21 of State Plan 2002 – Local Business Plan – hard copy)**.

**Effective Date: 04/04**

| Steps Taken | Steps Planned | Barriers |
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| Mental Health Services of Catawba County has a operational, multi-level, integrated Quality Management system in place:<br><br>- Quality Management Teams formed to enhance total Continuous Quality Improvement process<br>- Consumer & Family Advisory Committee formed and by-laws written<br>- Management Information System/Data Processing system equipped and in place | Determine cost and infrastructure needed to adequately support Quality Management system<br><br>Define specific roles and responsibilities for consumers and families<br><br>Create mechanisms for consumer and family involvement (i.e. Consumer & Family Advisory Committee participation in service monitoring and oversight functions ).<br><br>Develop Provider Report Cards including performance indicators | No financial data or cost modeling information available to begin the cost determination |

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| Management formed an ongoing Service Monitoring and Oversight committee to assess the state plan requirements for Section VI – Quality Management<br><br>The Service Monitoring and Oversight committee developed a draft Quality Assurance/Quality Improvement plan to reflect the local business plan requirements and to include Consumer & Family Advisory Committee participation and Qualified Provider Network (Attachment A)<br><br>The Service Monitoring and Oversight committee reviewed the Consumer and Family Participation in System Management document created by NAMI-NC and shared this document with Consumer & Family Advisory Committee for future information as the Local Managing Entity further defines/develops its Quality Management process<br><br>The Service Monitoring and Oversight committee reviewed information related to best practice from the Treatment Improvement Exchange. Chapters included: Quality Management, Consumer Protections and Outcome and Process Measures of Quality. From these documents the committee discussed national "report card" models and how the Local Managing Entity would go about implementing this process with the Qualified Provider Network<br><br>The Service Monitoring and Oversight committee reviewed the Best Practices document created by NAMI-NC and drafted a Best Practices policy for the Local Managing Entity. Best practices identified by NAMI-NC were:<br>Assertive Community Treatment Team, Supported Employment, Family Psycho-education, Social Skills | Generate reports from database and incorporate results into Continuous Quality Improvement; develop additional databases as needed to analyze data and trends<br><br>Form a new LME CQI sub-committee which will include LME, QPN and consumers / families to develop a collaborative QA/QI Plan. This QA/QI Plan will address all required elements related to Sections VI and VII of the State Plan, state or federal requirements | Lack of statewide standardized outcome measures for systems and consumers |

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| Training, Illness Self Management, Peer Services, Supported Housing, Crisis Services, Integrated Dual Disorder Treatment, Consumer Services and Jail Diversion | | |
| The Service Monitoring and Oversight committee reviewed the draft staff competencies document from the state plan and discussed the changes this would involve, given the current privileging process. The committee discussed need in providing Technical Assistance for the Qualified Provider Network and standardizing the process with the Qualified Provider Network | Develop / implement trainings with the QPN on privileging / credentialing / staff core competencies. Develop / implement a standardized privileging form / supervision contract and supervision logs with QPN per new temporary rules | |
| The Service Monitoring and Oversight committee reviewed information from the SAMHSA website related to NC substance abuse admission data. The committee noted the lack of available discharge data from SAMHSA | | |
| The Service Monitoring and Oversight committee reviewed the minimum data set requirements within sections VI and VII (Quality Management and Evaluation) of the state plan and developed a list of the 17 elements, responsible staff, and product / process within the agency. | LME will specify QPN reporting requirements in contracts / MOA | |
| Presented the Service Monitoring and Oversight Matrix to Consumer & Family Advisory Committee for review, input and approval | | |
| Developed and distributed a Provider Questionnaire regarding QA/ QI and Client Rights activities to establish baseline knowledge on the amount of compliance and/or technical assistance needed within the current QPN (Attachment B) | | |

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| Client Rights Committee developed 2003 goals (Attachment C) | | |
| - Incident/Accident and Death reporting procedures in place | Standardize consumer Incident / Accident form with Qualified Provider Network. Train QPN staff on required reporting form. Specify requirement in contract / MOA. Develop LME database for analysis of Consumer Incident/Accident and Death data trends for reporting to all stakeholders | Provider Direct Enrollment; Qualified Provider Network reporting compliance; lack of statewide standardized outcome measures for systems and consumers |
| - Restrictive Intervention policy and procedures in place<br>- Non-violent Crisis Intervention and North Carolina Intervention training in place<br>- Clients Rights Committee in place<br>- Database in place for trend analysis of restrictive interventions | Standardize restrictive intervention techniques for in-house and Qualified Provider Network providers and standardize reporting form with QPN. Train QPN staff on required reporting form. Specify reporting form in contract / MOA. Maintain LME database for trends analysis for review by Client Rights Committee and for reporting to all stakeholders | Provider Direct Enrollment; Qualified Provider Network reporting compliance<br><br>Cost of training and availability of training resources in North Carolina Intervention |
| - Privileging, credentialing and core competencies in place | Standardize privileging, credentialing and core competencies with Qualified Provider Network and specify requirement in contract / MOA | Provider Direct Enrollment; Qualified Provider Network reporting compliance; lack of statewide standardized outcome measures for systems and consumers |
| - Monitoring process with written feedback mechanism in place for Qualified Provider Network | Local Managing Entity to monitor and oversee compliance; technical assistance and training for Qualified Provider Network as needed or requested: develop a system / process to have consumer / family participation in monitoring QPN | |

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| - State satisfaction survey conducted annually; some service specific satisfaction surveys conducted as result of national accreditation process | Maintain / increase current consumer satisfaction data collection. Develop Qualified Provider Network satisfaction surveys. Specify requirement in QPN contract / MOA. Develop process to have consumers and families assist in collecting satisfaction data | |
| - Client Rights Committee in place to assure advocacy and quality of care and linked with Consumer & Family Advisory Committee by cross representation of members on the committees | Require Qualified Provider Network to have Client Rights Committees in place or reporting to LME committee. Specify in Qualified Provider Network contracts / MOA | Provider Direct Enrollment, Qualified Provider Network reporting compliance; Funding scheme for Client Rights Committee |
| - Staff orientation process includes: client rights, reporting abuse and neglect and confidentiality | Maintain orientation process for Local Managing Entity staff; monitor Qualified Provider Network orientation / staff training process for compliance | |
| - Medical Records Management process in place to assure confidentiality; HIPAA compliance in process | Specify HIPAA compliance in Qualified Provider Network contract / MOA | Provider Direct Enrollment, Funding scheme related to HIPAA requirements |
| - Complaint/Grievance process in place which includes investigating and reporting in a timely manner<br>- Formal grievances heard by Clients Rights Committee | Develop comprehensive policy and procedure for reporting consumers' complaint/grievances to appropriate regulatory agency regarding QPN. Specify policy / procedure in QPN contract / MOA | Current Quality Management infrastructure lacks personnel resources to complete LME requirements |

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| - Utilization Management process and provider profiling process in place | Enhance Utilization Management process to assure timeliness and effectiveness of service authorization and assure competent, qualified providers for continuity and quality of care | |
| - Area Program provides provider Technical Assistance as needed or requested | Maintain / Increase provider forums and in-service trainings | Lack of current infrastructure to support Utilization Management process |
| - Integrated system of access in place<br>- All service encounters documented in common database for all points of access | Develop monitoring tool for improving timeliness of access to services. Develop a process for consumers / families to conduct random test with accessing services | No financial data or cost modeling information available to begin the cost determination |
| - Consumer & Family Advisory Committee established (Attachment D) | Continue training for Consumer & Family Advisory Committee related to Quality Management Process | |

| **Reviewers Comments:** |
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**Attachment A – Draft QA/QI Plan**
**Attachment B – Provider Questionnaire**
**Attachment C -- 2003 Client Rights Committee Goals**
**Attachment D – Consumer and Family Advisory Committee Policy**

DRAFT
Mental Health Services of Catawba County
2003-2005 Quality Assurance & Quality Improvement Plan

2003-2005 OBJECTIVES

1. Mental Health Services of Catawba County (MHSCC) will develop a consumer incident / accident report database by January 1, 2004 and generate quarterly trend reports associated with consumer safety, risk and quality of care issues starting April 1, 2004.
2. MHSCC will develop a consumer death report database by July 1, 2004 and generate a bi-annual trend report related to consumer cause of death starting December 1, 2004.
3. MHSCC will continue to maintain its restrictive intervention database and continue to generate a quarterly report related to physical restraints and isolated time-out incidents. – Ongoing
4. MHSCC will continue to assess the need for guardianship on consumers, based on consumer's individual outcomes and health and safety issues. – Ongoing
5. MHSCC staff will continue to monitor all qualified providers in our network for quality of care issues. Quality of care issues will be identified in writing as well as out of compliance issues or concerns that need to be corrected within a specific timeframe. Technical assistance / training will be offered if needed in the written notification. Non-compliance, possible fraud, abuse and neglect or exploitation will be reported either to DFS, DMA or DSS as applicable. – Ongoing

**NOTE:** The Division is working to standardize this process. MHSCC will implement any tool that the Division mandates.

6. MHSCC will continue to conduct the annual state satisfaction survey; in addition the agency will develop processes to collect state and qualified provider outcome data to demonstrate accountability of public funds by July 1, 2004.
7. MHSCC's Client Rights Committee will continue to ensure the rights, health, safety and welfare of its consumers as outlined in APSM 95-2. – Ongoing
8. MHSCC will continue to maintain its consumer complaint/grievance process and address consumer and family concerns in a timely manner. – Ongoing
9. MHSCC will develop and/or revise policies and procedures on coordinating with/reporting to other regulatory agencies (DFS, DSS, DMA & Division) in regard to consumer quality of care issues / abuse, neglect or exploitation allegations by July 1, 2004.
10. MHSCC will maintain a process for utilization management and qualified provider profiling to verify medical necessity of consumers' treatment needs. – Ongoing
11. MHSCC will maintain and revise its CQI process related to quality assurance and quality improvement via its subcommittees and QMT structure. – Ongoing
12. MHSCC will continue to maintain its integrated process to track and monitor timely access to services data, and analyze this information on a quarterly basis for QI purposes. – Ongoing
13. MHSCC will develop and provide the CFAC with various reports that will assist in developing / revising the agency's local business plan and practices on an ongoing basis, starting no later than January 1, 2003. Training will be provided to the CFAC at any member's request or on an ongoing basis.
14. MHSCC will implement policies and procedures regarding best practice models of service for all MH/DD/SAS programs by July 1, 2004. Policies will be revised as needed, based on models of best practice that produce positive outcomes for consumers.
15. MHSCC will develop a policy and procedure related to individual outcomes by 07/01/04
16. MHSCC will continue to maintain its database/provider files of all qualified providers and the services he/she/they are qualified to provide via contract, MOA or direct enrollment. – Ongoing
17. MHSCC's MIS/DP Department will continue to maintain data on consumer referrals, length of engagement and discharge prior to completion of treatment for statistical reporting purposes. – Ongoing

18. MHSCC's MIS/DP Department will continue to maintain data on consumer registration and characteristics, as well as target population data for statistical reporting purposes. – Ongoing
19. MHSCC will continue to maintain data on all managed care participation, as well as to develop additional consumer choice in the provision of services. – Ongoing
20. MHSCC will continue to maintain effective scheduling, documentation and billing processes as it relates to our business practices. – Ongoing
21. MHSCC will continue to maintain an effective medical record management process to comply with APSM 45-1, APSM 45-2 and HIPAA. – Ongoing
22. MHSCC will develop and implement policies and procedures regarding person-centered planning with MH/DD/SAS consumers by January 1, 2004.
23. MHSCC clinical staff will continue to document all consumer service encounters. – Ongoing
24. MHSCC clinical staff will continue to document consumer status and outcomes. – Ongoing
25. MHSCC will continue to maintain data/paperwork on all consumer grievances and/or appeals and implement changes as they reflect the response to those grievances. – Ongoing
26. MHSCC will continue to maintain data/paperwork on any Medicaid service denial, reduction, suspension or termination and/or appeals. – Ongoing
27. MHSCC, in addition to maintaining its restrictive intervention database, will continue to submit client rights reports to all advisory boards on an annual basis. – Ongoing
28. MHSCC will develop a procedure in which UM will process ALL service reductions, suspensions, terminations or denials and key data into a database to generate reports for QA purposes by January 1, 2004.
29. MHSCC will develop mechanisms to access consumer satisfaction periodically and incorporate findings into the CQI process by January 1, 2004.
30. MHSCC will develop a "report card" to assess all qualified network providers annually and share this information with all involved stakeholders by July 1, 2004.

**NOTE:** The Division is working on standardizing this process. MHSCC will implement any tool the Division may mandate.

31. MHSCC will revise its standards checklist for compliance-monitoring purposes and related to rule changes, and implement the tool by evaluating all qualified service providers on an annual basis by July 1, 2004.
32. MHSCC will continue to report SAMSHA data through CDW as required by the state. – Ongoing
33. MHSCC will continue to administer and assess all targeted populations using necessary assessment tools and maintain/transfer data to the Division of MH/DD/SAS for statistical reporting purposes at periodic intervals. – Ongoing
34. MHSCC will continue to maintain its national COA accreditation status through September 30, 2005. – Ongoing
35. MHSCC will continue to research other accrediting bodies (NCQA) as the agency transitions into the LME role, divesting of its services. – Ongoing
36. MHSCC will seek consumer and family involvement / participation in its local business planning and develop opportunities that allow for meaningful involvement of consumers and families into the QM process. -Ongoing
37. MHSCC will request / collect consumer input on improving its service provision via various program surveys. – Ongoing
38. MHSCC will develop and review quarterly trend analysis reports in the following areas to improve its services. - Ongoing
    a. Access (penetration rate)
    b. Quality of care (engagement/retention in treatment)
    c. Administrative processes (collaboration, QI, training)
    d. Consumer outcomes (i.e., CIP, COI, GAF, CAFAS, NCTOPPS, etc.)

39. MHSCC will conduct the NCTOPPS on ALL SA consumers and report data to the state as required. – July 1, 2003
40. MHSCC will capture CSAP data through IPRS and report to the state as required by July 1, 2003.

41. MHSCC will continue to comply with all Single Portal requirements. – Ongoing
42. MHSCC will monitor and evaluate effectiveness and efficiency of services and planning through data analysis and share the results with all stakeholders. – July 1, 2004.

This QA/QI Plan shall be reviewed and revised as needed by QMT, the Area Board and the CFAC. This plan was adopted by:

_____

QA/QI Manager Date

_____

Area Director Date

_____

Area Board Chairperson Date

_____

CFAC Chairperson Date

# Provider Questionnaire
## Regarding Quality Improvement and Consumer Rights
## From Mental Health Services of Catawba County

Please take a few moments to complete this important questionnaire. This questionnaire is being sent to each of you to assist Mental Health Services of Catawba County with its Local Business Planning efforts, specifically with the Service Monitoring & Oversight and Evaluation section requirements. Please be honest in answering each of the questions. Remember that no agency is perfect, that's why we all have a continuous quality improvement process. Please keep in mind that there are no right or wrong answers. Thank you for your cooperation. Please return this survey to Doug Gallion, QA/QI & Risk Manager at Mental Health Services of Catawba County.

Does your agency monitor all risk management, health and safety issues through formal review of incident and death reports by compiling and analyzing the data for meaningful use into quality improvement?

1. Yes, consistently
2. No, rarely
3. Sometimes, process needs improvement

Does your agency ensure the safety of persons being served, while limiting the use of coercive or restrictive interventions that may abridge the individual's rights as a citizen?

1. Yes, consistently
2. No, rarely
3. Sometimes, process needs improvement

Does your agency monitor compliance with privileging / credentialing and staff core competencies?

1. Yes, consistently
2. No, rarely
3. Sometimes, process needs improvement

Does your agency have an on-going system for collecting consumer satisfaction and individual outcomes data?

1. Yes, consistently
2. No, rarely
3. Sometimes, process needs improvement

Does your agency have an effective consumer rights committee that protects rights, health, safety and welfare of consumers? This includes regularly scheduled meetings and minutes from the meetings.

1. Yes, consistently
2. No, rarely
3. Sometimes, process needs improvement

Does your agency have an objective consumer complaint / grievance process, that addresses the consumer's or their families' issues in a timely manner?

1. Yes consistently
2. No, rarely
3. Sometimes, process needs improvement

Does your agency maintain an active waiting list for services?

1. Yes, consistently
2. No, rarely
3. Sometimes, process needs improvement

Does your agency have any consumers or families that are currently serving on any of your agency's established committees?

1. Yes, consistently
2. No, rarely
3. Sometimes, process needs improvement

Does your agency provide a "best practice model of service?" If so, what is this model? _____

1. Yes
2. No

Does your agency use person-centered-planning in addressing consumer treatment needs?

1. Yes, consistently
2. No, rarely
3. Sometimes, process needs improvement

Does your agency maintain documented summaries of consumer grievances or appeals?

1. Yes, consistently
2. No, rarely
3. Sometimes, process needs improvement

Does your agency maintain documented restrictive interventions and other required consumer rights reports?

1. Yes, consistently
2. No, rarely
3. Sometimes, process needs improvement

Does your agency address cultural diversity issues in consumer treatment needs?

1. Yes, consistently
2. No, rarely
3. Sometimes, process needs improvement

Could your agency benefit from additional training opportunities in the areas of mental health, developmental disabilities or substance abuse?

1. Yes
2. No
3. If yes, list some topic areas:
   _____
   _____
   _____
   _____
   _____

Is your agency currently nationally accredited?

1. Yes
2. No
3. If so, by which national accrediting body: _____

Does your agency have a Quality Improvement Plan?

1. Yes
2. No
3. If yes, please return a copy of your QI Plan with this completed survey.

Does your agency maintain Medical Records and ensure consumers' confidentiality?

1. Yes, consistently
2. No, rarely
3. Sometimes, process needs improvement

Does your agency understand HIPAA and are you working on becoming HIPAA compliant?

1. Yes
2. No

Thank you for taking the time to complete our questionnaire. Please return the completed questionnaire and a copy of your agency's QI Plan in the self-addressed stamped envelope by November 20, 2002. Mental Health Services of Catawba County thanks each of our providers for ensuring quality services to its consumers.

**Mental Health Services of Catawba County**
**2003 Client Rights Committee Goals**

1) Client Rights Committee (CRC) members will continue to increase their knowledge base through ongoing training.

2) The CRC will maintain its membership of nine representatives by filling the Substance Abuse representative vacancy.

3) The CRC will work in collaboration with the Consumer and Family Advisory Committee (CFAC) related to the Local Business Plan and Mental Health Reform.

4) The CRC will assess staff's knowledge (including contract providers) of consumer rights through surveys / questionnaires and provide training / technical assistance as needed.

5) The CRC will ensure that appropriate client behavior-modification / restrictive intervention techniques are utilized with consumers as warranted and are addressed in treatment / behavior plans as needed. An LPA will develop all behavior plans under the supervision of a Licensed Psychologist. Peer review from another LPA will occur prior to CRC approval.

6) The CRC will continue to promote awareness and understanding of consumer rights by:
   - Co-hosting a consumer forum in conjunction with CFAC
   - Utilizing County website to inform and update consumers on issues regarding their rights
   - Continuing to educate the public through the media

7) The CRC will be encouraged to tour MH sites and to have dinner with at least one (1) of the group homes during the calendar year.

8) The CRC will continue to advocate for translating written materials to meet the needs of our non-English speaking consumers as needed.

9) The CRC will continue to monitor and recommend revisions to any agency client right policy and procedure on an ongoing basis to insure compliance with state standards.

10) The CRC will meet monthly or as needed to address any consumer issue.

11) The CRC will review its goals for 2003 and develop new goals for 2004 by December 2003.

12) CRC members will attend at least one (1) CFAC meeting for educational purposes during the calendar year.

Client Rights Committee Chairperson Date

Client Rights Coordinator Date

Attachment D – Consumer and Family Advisory Committee Policy – Service Monitoring and Oversight

Mental Health Services of Catawba County

**POLICIES AND PROCEDURES**

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ACTIVITY: GENERAL ADMINISTRATION

SUBJECT: CONSUMER AND FAMILY ADVISORY COMMITTEE

Number: 1.053
Effective Date: 08/15/02
Amended Effective:
Board Approved: 08/15/02
QMT Approved: 08/09/02

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POLICY:

The Mental Health Services of Catawba County (MHSCC) Board establishes a Consumer and Family Advisory Committee (CFAC) as required by House Bill 381 and as outlined in North Carolina's State Plan for Reform of Mental Health, Developmental Disabilities, and Substance Abuse Services. The CFAC will provide advice and recommendations to the Area Board and staff regarding the local business planning effort including submission of required Division reports and on-going consumer input into the operation of the Local Managing Entity (LME).

PROCEDURE:

A. Method

1. The Area Director will select an employee of the Area Program to be the liaison between the CFAC and the Area Program. The CFAC Liaison will:
   - Obtain consumer and family input from the community
   - Carry forward recommendations of the CFAC for implementation
   - Serve as the liaison to the state advisory committee and other local agencies, organizations and associations
   - Recruit the initial CFAC members in collaboration with local consumers and consumer groups

2. The CFAC will have a membership composed as follows:
   - 100 percent consumer and family membership
   - Equal representation of all disability groups
   - Race and ethnicity membership representative of the community
   - Representatives from each disability group including a man, a woman and a youth.
   - Family members may represent children
   - A parent may represent the needs of parents of adult consumers
   - CFAC liaison will serve as an ex-officio, non-voting member
   - Maximum of 15 voting members

B. Training and Orientation

1. Each CFAC member will receive training and orientation regarding the role and responsibility of the CFAC. All applicable statutes, codes, and local policies will be available to committee members.

Mental Health Services of Catawba County

**POLICIES AND PROCEDURES**

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ACTIVITY: GENERAL ADMINISTRATION SUBJECT: CONSUMER AND FAMILY ADVISORY COMMITTEE

EFFECTIVE: 08/15/02 AMENDED: NUMBER

C. Meeting/Voting

1. The CFAC will meet monthly and more often if needed.
2. Quorums, voting, and business conducted shall follow Robert's Rules of Order.

D. Terms and Appointment

1. The initial committee members will serve one year with the option of being reappointed by the Area Board for a 2-year term. They will have the option of serving one additional term. The initial term of office will be from August 2002 – July 2003.
2. New members will be recruited to maintain required committee representation.
3. The CFAC committee will select and forward potential member names to Area Board for committee appointment.

E. Attendance

1. If a member misses three consecutive meetings without notification, they may be removed from the committee. Removal of a member for non-attendance will be made official by a majority vote of the committee and approval of the Area Board.

F. Officers

1. The Committee will elect a Chairperson and annually elect a Vice–Chairperson. Officers will serve a one-year term unless they are filling the remainder of an un-expired term.
2. Elections will be held in June. Officers will take office in July.
3. The Vice-Chairperson will serve in place of the Chairperson if the Chairperson is unavailable or unable to serve. If the Vice-Chairperson completes the unfilled term of the Chairperson the Vice-Chairperson will also be eligible to serve one additional year as Chairperson.
4. The Vice-Chairperson will serve as the Chairperson at the end of the Chairperson's term.

G. Confidentiality

1. CFAC members will strictly guard the confidentiality of all clients and will be required to sign an Assurance of Confidentiality form upon formation of the committee and then on an annual basis as required by the agency's national accreditation.

Attachment D – Consumer and Family Advisory Committee Policy – Service Monitoring and Oversight

Mental Health Services of Catawba County

**POLICIES AND PROCEDURES**

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ACTIVITY: GENERAL ADMINISTRATION SUBJECT: CONSUMER AND FAMILY ADVISORY COMMITTEE

EFFECTIVE: 08/15/02 AMENDED: NUMBER H.

Roles and Responsibilities

1. Advise and comment on the Area Program's business plan
2. Make recommendations on areas of service eligibility and service array, including identification of service gaps
3. Assist in the identification of under-served populations
4. Provide advice and consultation regarding the development of additional services and new models of service
5. Participate in monitoring service development and delivery
6. Review and comment on the local service budget
7. Observe and report on the implementation of state and local business plans
8. Participate in all quality improvement projects at both the provider and LME levels
9. Ensure consumer and family participation in all quality improvement projects at both the provider and LME levels

I. CFAC Recommendations

1. CFAC minutes and any recommendations related to the local business planning process will be forwarded to the Area Program State Planning Committee in a timely manner.

J. CFAC Reports

1. The CFAC will review the local business plan and make a separate report to the Division.
2. The CFAC will review and report to the Division on the following planning areas:
   - Service Management – strengths and weaknesses of the management plan for oversight and operation of core service functions
   - Access to Care – documented review of exceptions to 30-mile/minute provision
   - Collaboration – letter of endorsement or report of concern related to plan for community collaboration efforts

K. CFAC Support System

1. The Area Program/LME will consider reasonable supports to eliminate barriers in an effort to ensure consumer/family participation and viability of the CFAC.

HISTORY NOTE: New policy developed for MH System Reform. Approved by the Quality Management Team **on 08/09/02**. Approved by the Consumer and Family Advisory Committee on 8/21/02. Approved by the Mental Health Board on 08/15/02.

# Local Business Plan: Strategic Plan Matrix

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| **Area Program(s)/County Program** | Mental Health Services of Catawba County |
| **Contact** | John M. Hardy, Area Director, (828)695-5900, fax (828)695-5949, johnh@catawbacountync.gov |
| **Submission Date** | 04/01/03 (revised from 01/02/03) |

**Item: VI. Service Monitoring and Oversight: Quality Management 2**

**Goal: The local business plan contains a policy that adopts state identified best practices for each target population and individual outcome-based goals.**

**Effective Date: 04/04**

| Steps Taken | Steps Planned | Barriers |
|---|---|---|
| Clinical Best Practices Policy approved by Quality Management Team and Area Board (Attachment E) | Implement Best Practices Policy and explore service models to achieve outcomes for MH/DD/SA targeted populations | Lack of consensus on best practice models |

**Reviewers Comments:**

**Attachment E – Clinical Best Practices Policy**

Mental Health Services of Catawba County

**POLICIES AND PROCEDURES**

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|---|---|---|
| ACTIVITY: CLINICAL SERVICES | Number: | 3.002(a) 7 |
| | Effective Date: | 09/19/02 |
| SUBJECT: CLINICAL BEST PRACTICES | Amended Date: | |
| | Board Approved: | 09/19/02 |
| | QMT Approved: | 09/13/02 |

POLICY:

It shall be the policy of Mental Health Services of Catawba County (MHSCC) to adopt nationally recognized evidence-based models of clinical best practices to meet the needs of our consumers.

PURPOSE:

By adopting clinical best practice models MHSCC will attempt to demonstrate which services work for our consumers and which services do not.

BEST PRACTICES DEFINITION:

Interventions, treatments, services or actions that have been shown to generate the best outcomes or results. The terms “evidence-based” or “research-based” may also be used.

PROCEDURE:

The Clinical Director, Program Managers will review service delivery needs and individual outcomes related to consumers on an on-going basis. The Clinical Director and Program Managers will determine the service delivery models to be implemented according to consumer needs. All clinical staff will educate themselves with models of best practice and work with providers to implement best practice models. Training and technical assistance will be given on an on-going basis to clinical staff and providers as best practice information is or becomes available. Models of best practice that are identified to produce results will be embraced and used for our consumers and models that are identified as not producing positive consumer outcomes will not be supported and used.

HISTORY NOTE: Approved by QMT 0n 09/13/02. Approved by the Mental Health Board on 9/19/02 and effective on 9/19/02.

# Local Business Plan: Strategic Plan Matrix

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| **Area Program(s)/County Program** | Mental Health Services of Catawba County |
| **Contact** | John M. Hardy, Area Director, (828)695-5900, fax (828)695-5949, johnh@catawbacountync.gov |
| **Submission Date** | 04/01/03 (revised from 01/02/03) |

**Item: VI. Service Monitoring and Oversight: Quality Management 3**

**Goal: The local business plan describes management information system (MIS) capabilities sufficient to meet State Plan requirements including the ability to effectively track service events, track outcome data related to public funding and generate performance indicators.**

**Effective Date: 04/04**

| Steps Taken | Steps Planned | Barriers |
|---|---|---|
| QPN database developed and posted on "Hotline" (Internal intranet for staff informational purposes) | Continue to revise and update database as we expand Qualified Provider Network and divest of services | |
| MIS system and database in place to track service data from access through completion of treatment including referral, length of engagement and discharge prior to completion of treatment | Monitor data, develop reports for analysis and incorporation into Continuous Quality Improvement planning process | Current Utilization Management infrastructure |
| Identified target populations per state criteria | Utilize database to identify target population by consumer registration and characteristics and start to refer non-targeted populations out by January 2003; ongoing process | |

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| Track on managed care participation and maintain insurance panel information for licensed personnel enrolled | Develop Qualified Provider Network; Divest of services | |
| Centralized scheduling process in place. Service activity log process in place, coded and keyed by Data Processing department. Reimbursement bills all available funding sources | Maintain billing processes; Maintain reimbursement-tracking reports; Comply with IPRS | Current Quality Management Infrastructure |
| Medical Records Management process well established. Maintain security and confidentiality of medical records information. Peer Review process in place. Working toward HIPAA compliance | Maintain Medical Records Management; Explore electronic records technology; Become HIPAA compliant. Specify HIPAA compliance in QPN contract / MOA | |
| Needs assessment process in place | Maintain needs assessment process for targeted populations | |
| Use person-centered planning with all DD consumers | Implement and train Person-Centered-Process process across all MH/DD/SAS units as it relates to disability. Provide TA to QPN as needed. Specify in contract / MOA | Cost of training |
| Document all consumer service encounters for treatment and billing purposes | Continue service documentation for treatment and billing purposes. Develop event tracking system as related to Integrated Payment Reimbursement System | |
| Collect data related to GAF, CAFAS, NCSNAP, NCTOPPS scores and termination summaries as it applies to outcomes. | Survey QPN regarding computer abilities. Specify reporting requirements in contract / MOA. Develop reports related to outcomes and effective treatment based on data collection | Length of assessment for SA consumers will increase with NCTOPPS having to be included. Unclear role of TASC, it's unfounded and understaffed, and will be a barrier in establishing IPRS target-population eligibility |

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| Consumer complaint / grievance procedure in place for due process | Maintain consumer complaint / grievance procedure. Specify in QPN contract / MOA | |
| Medicaid appeals process in place | Develop revised process in which Utilization Management would process ALL service reductions, suspensions, terminations or denials and key data into database to generate report | Current Quality Management infrastructure |
| Restrictive intervention reporting process and database in place for trend analysis; Client Rights Committee reviews all restrictive interventions | Maintain LME restrictive intervention reporting process and database for trend analysis. Standardize reporting form with QPN. Specify in QPN contract / MOA | Provider Direct Enrollment; Qualified Provider Network reporting compliance |
| Access unit keys intake data and maintains referral information | Develop and implement access tracking system; generate access to service report. Develop QPN list for consumer use | |
| State Satisfaction Survey conducted annually; some units periodically conduct satisfaction surveys | Develop satisfaction tools for all MH/DD/SAS services to be conducted periodically and incorporate results into Continuous Quality Improvement process. Specify in QPN contract / MOA | Lack of statewide standardized outcome measures/performance indicators for systems and consumers |
| Provider accreditation documentation on file | Develop framework for QPN report card to measure provider performance; Publish report card to all stakeholders | Lack of centralized, user-friendly website database for all licensed and accredited providers |
| Provider monitoring documentation on file | Develop monitoring checklist to assist Local Managing Entity in assuring quality of care. Develop process to include consumers and families in monitoring | |
| Specific target populations data maintained in database | Develop specific target populations reports and incorporate into CQI process; i.e. minority disparities | |

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| Client Rights Committee and CFAC established | Develop opportunity that allows for meaningful involvement of consumers and families in Quality Management process | |

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| **Reviewers Comments:** |

# Local Business Plan: Strategic Plan Matrix

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| **Area Program(s)/County Program** | Mental Health Services of Catawba County |
| **Contact** | John M. Hardy, Area Director, (828)695-5900, fax (828)695-5949, johnh@catawbacountync.gov |
| **Submission Date** | 01/02/03 |

**Item: VI. Service Monitoring and Oversight: Quality Management 4**

**Goal: The Local Managing Entity will provide the state with timely and accurate data as required.**

**Effective Date: 04/04**

| Steps Taken | Steps Planned | Barriers |
|---|---|---|
| NCTOPPS conducted on Work First SA consumers; Data being reported to state | Local Managing Entity will conduct NCTOPPS on ALL SA consumers and report data to the state as required; Train and privilege all SA clinicians who will be completing the NCTOPPS. Specify in contracts / MOA as needed | Current Quality Management infrastructure; Length of assessment time for SA consumers will increase with NCTOPPS having to be included |
| SAMSHA admission / discharge data reported through CDW | Continue to report SAMSHA admission / discharge data through Consumer Data Warehouse | |
| CSP data reported for prevention programs | Continue to report CSP data for prevention programs | |
| Single Portal Process in place; database maintained and data reported as required | Continue Single Portal Process requirements as required by state | |

**Reviewers Comments:**