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AUTHORED BY:	Megan Freeman, PhD, Licensed Psychologist I Katherine Mayhew, LMFT, Clinical Program Planner III Kathryn Martin, Clinical Program Planner I
REVIEWED BY:	Olayinka Harding, MD, FAPA, MPH DCFS SNCAS Medical Director
DATE:	August 30, 2019
REVIEWED BY:	Daryl McClintock, MD DCFS NNCAS Medical Director
DATE:	August 27, 2019
REVIEWED BY:	Children’s Mental Health Management Team
DATE:	August 23, 2019
APPROVED BY:	Kathryn Roose
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	<p>RELATED POLICY AND RESEARCH DOCUMENTS, CURRENT AT TIME OF REVISION</p> <p>DCFS CMH A-3 Supervision Policy DCFS SP-5 Targeted Case Management Policy DCFS CRR-1 Seclusion and Restraint of Clients Policy DCFS SP-3 Incident Reporting and Management Policy DCFS SP-4 Documentation Policy DCFS SP-5 Targeted Case Management Policy DCFS CRR-3 Clients Rights and Responsibilities Policy</p> <p>JOINT COMMISSION ACCREDITATION STANDARD</p> <p>The Joint Commission Comprehensive Accreditation Manual for Behavioral Health Care (CAMBHC) Performance Improvement (PI) Standards</p> <p>DCFS GLOSSARY OF TERMS: http://dcfs.nv.gov/Policies/CMH/CMH_Policies_and_Procedures/</p>
ATTACHMENTS:	None

I. POLICY

It is the policy of the Division of Child and Family Services (DCFS) to provide a standard of excellence in programs and service delivery for all youth and their families. In support of quality programming and superior outcomes, the DCFS Planning and Evaluation Unit (PEU) is responsible for a comprehensive performance and quality assurance system for children’s mental health, including continuous quality improvement and related technical assistance.

The DCFS Performance and Quality Improvement Program is intended to serve three major purposes. These are:

1. To provide leadership in and functional support of quality assurance activities and the implementation of performance and quality improvement initiatives for children’s mental health programs and services; and,
2. To improve accountability in service delivery and programming for children’s mental health.
3. To provide technical assistance with the aim of building capacity for continuous quality improvement throughout the Division.

II. PURPOSE

This policy describes the purpose and goals of quality assurance and continuous quality improvement activities in the DCFS children’s mental health programs, including programs offered through DCFS contractors. This description includes:

1. Providing a definition of performance and quality improvement;
2. Identifying the basic components of a performance and quality improvement program and the steps necessary to implement such a program;
3. Identifying the roles and responsibilities of staff;
4. Providing examples of performance and quality improvement methods; and
5. Explaining the purpose of technical assistance provided by PEU.

This policy also underscores the critical success factors required to secure improved child and family outcomes in the children’s mental health system

III. PROCEDURES

A. Core Quality Assurance Activities

To ensure the delivery of quality children’s mental health services, PEU provides services around three core quality assurance activities: Defining quality, measuring quality, and improving quality. Improving client outcomes and supporting staff with adequate data, tools, systems, and policies to make informed decisions improves system-wide results. The following activities work together to ensure quality services and improved client outcomes in DCFS’ children’s mental health programs.

1. **Defining quality** means developing “standards of care” or “standards of practice” as well as designing systems to produce quality services. The role of PEU is to consult with staff, providers and stakeholders to define standards for quality that reflect national best practices.
2. **Measuring quality** consists of documenting the current level of performance or compliance with expected practice standards, including family satisfaction. It involves defining outcome or performance indicators, developing or adapting information systems to provide data on performance related indicators, and analysis and interpretation of results.
3. **Improving quality** is the application of quality improvement methods and tools to close the gap between current levels of quality and those national standards or benchmark levels of quality by understanding and addressing system deficiencies and enhancing strengths in order to improve, or in some cases re-design processes.

B. Goals and Approach

PEU develops and maintains meaningful collaborations with a variety of internal and external stakeholders to successfully execute Performance and Quality Improvement

planning and operations. These stakeholders currently include: Parent and youth partners; DCFS staff from Community Services, Residential Services, Quality & Oversight, Fiscal, Human Resources, and Administration; Clark County and Washoe County child-serving agencies; community-based behavioral health providers; specialized foster care providers; the Nevada Legislature; other state agencies within the Department of Health and Human Services; as well as the three regional Children's Mental Health Consortia, the State Children's Mental Health Consortium and the Commission on Behavioral Health.

The goals of the DCFS Performance and Quality Improvement program include:

1. Improve outcomes for youth and families served by DCFS and its contractors through the use of quality assurance evaluations that provide data to support local practice reviews and program improvement as appropriate and needed;
2. Provide a permanent structure for on-going objective evaluations of the quality of services and outcomes for youth and families; and,
3. Increase the capacity of DCFS to deliver improved services through the use of quality assurance evaluations and technical assistance.

The approach the Performance and Quality Improvement system uses in working toward these goals includes the following features:

1. Report outcomes experienced by youth and families who receive services from DCFS and its contractors;
2. Review major systemic factors that affect the capacity of DCFS to deliver appropriate and satisfactory services to youth and families;
3. Review programs for consistency with applicable Federal, State, and Division policies, regulations, contractual obligations, and standards of care;
4. Review for the strengths of the service delivery system and the barriers to more effective performance; and
5. Recommend actions that improve standards of care, service delivery, and outcomes.

In striving for the goals noted above, the Performance and Quality Improvement system gathers and uses several types of information:

1. Quantitative and factual data are used to describe activities, service capacity, and other relevant measurable factors and are used to establish baselines and benchmarks, track progress over time, and monitor trends.
2. Qualitative and outcome information is used to evaluate the functioning of youth and families in light of services delivered.

3. Information obtained from community stakeholder interviews and other data collection activities is used to evaluate the capacity of the service array, including community resources and the Division, to meet the needs of youth and families.
4. Information related to compliance with applicable standards, regulations, policies and laws is used to review Division's functions in order to determine conformity with Federal, State and Division program requirements.

The roles of DCFS PEU are to:

1. Collaboratively develop, direct, monitor and evaluate children's mental health quality assurance activities and program improvement initiatives;
2. Provide logistical and staff support for quality assurance activities and program improvement initiatives;
3. Routinely collect and evaluate information concerning outcomes for youth and families and the children's mental health system's capacity to deliver services consistent with the goals and mission of the Division and the needs of those served;
4. Identify and recommend areas for change and performance improvement; explore strategies and needed resources to affect the needed change and implement the changes within available resources or seek out and/or advocate for additional resources;
5. Share results, strategies for change, and performance improvement experience with all stakeholders in order to maximize learning and program improvement implementation across all children's behavioral health programs; and
6. Issue periodic reports on the functioning of the system of care to internal and external stakeholders as needed.

C. Quality Assurance/Quality Improvement Methods and Tools

DCFS PEU and its stakeholders use several methods to achieve a systematic approach for collecting and analyzing data for Performance and Quality Improvement activities. Performance, quality assurance, and quality improvement are monitored with respect to quality of services and outcomes; family and youth satisfaction; systemic factors related to program or Division functioning; and special projects.

1. Outcomes, Performance Measures, and Long-Term Trend Analysis: The primary source of information is quantitative data. PEU obtains much of the data needed to examine practice and outcomes from administrative data available in DCFS' data information systems myAvatar and UNITY. These data are input directly by service providers and contractors. This information is used to measure progress against goals over time and to target areas where more intensive review may be needed. Identified trends or areas of concern may result in corrective action or program improvement plans. Specific

reviews and audits conducted pursuant to legislative or other mandated requirements include, but are not limited to:

- a. *DCFS as a Behavioral Health Community Network*: Quality assurance reviews of documentation per Medicaid Services Manual Chapter 400;
- b. *Specialized Foster Care*: Pursuant to NRS 424.041-424.043, annual reporting on services and outcomes for youth living in specialized foster care homes in Nevada;
- c. *Performance Measures*: Annual reporting on percentage of youth showing improvement in symptoms and outcomes as a requirement of federal Mental Health Block Grant funding;
- d. *Mobile Crisis Response Team*: Monthly reporting of benchmarks such as hotline calls received, assessments completed, and hospital diversion rate for northern, southern, and rural mobile response teams.

2. Family and Youth Satisfaction Surveys: Satisfaction surveys are conducted regarding family and youth perception of services in order to evaluate and improve the quality of service provision and outcomes. Surveys are conducted after 30 days in services, annually, and at discharge. Both parents and youth are offered the opportunity to complete a survey. Satisfaction survey items are drawn from national outcome measures. Areas of low satisfaction reveal opportunities for improvement in programming. The following factors are assessed regarding family perceptions of service delivery and outcomes:

- a. *General Satisfaction*: Families and youth liked the services; would recommend the agency to a friend or family member.
- b. *Access to Services*: Calls are returned promptly; families and youth can be seen at times that are convenient; families and youth are able to get the services they need.
- c. *Functioning*: Families and youth are better able to take care of their needs and do the things they want to do.
- d. *Social Connectedness*: Families and youth are happy with friendships they have; have someone to call in a crisis; feel they belong in their community.
- e. *Treatment Participation*: Families and youth feel comfortable asking questions; decide their own treatment goals.
- f. *Treatment Outcomes*: Families and youth are better able to deal with crisis; get along better in relationships; do better in school and/or work; experience relief from symptoms.
- g. *Appropriateness and Quality of Services*: Staff were sensitive to cultural background during treatment; family's and youth's wishes were respected.

3. Systemic Factors: As a part of the data review process, the Performance and Quality Improvement system identifies systems issues or Division-wide factors that may impact the Division's capacity to deliver effective services that promote positive outcomes. Root causes are identified and addressed with corrective action plans or program improvement plans.

4. Special Projects Special projects are an important component of Performance and Quality Improvement efforts in that they permit the system to pursue issues of particular concern that might not otherwise be examined through routine audits or routine review of core systemic issues. There are no specific requirements for the design or focus of special projects. In some situations, there may be a need for greater detail or explanation about a particular issue or outcome that is routinely reviewed and reported. At other times, the need may be for information on issues or outcomes not routinely reviewed. DCFS leadership and/or stakeholders may request that PEU undertake a special project any time there is a need for information about the children's mental health system which cannot be met through routine review and reporting functions. In deciding to initiate a special study, the following guidance is suggested:
 - a. The relevance of the issue to be explored in relation to the mission and purview of the Division or the Performance and Quality Improvement system; studies should not be initiated on issues that do not ordinarily fall within the scope of the agency's jurisdiction; and
 - b. The extent to which the issue proposed for study affects the Division's ability to review and report on the issues within its jurisdiction. While there may be any number of issues of general interest to internal or external stakeholders, special projects should be initiated for those issues clearly related to fulfilling the agency's fundamental mission.

Special projects may cover any number of issues, including the following:

- a. Effects of contracting or purchase of services, case review processes, review of staffing patterns and utilization;
- b. Procedural issues within a service area, e.g., intake processes, case transfers within units, effectiveness of specialized units or services, case opening/closure criteria and procedures;
- c. Review of outcomes for specific populations, e.g., racial/ethnic groups, age groups, diagnostic groups or geographic groups;
- d. High-cost cases, e.g., factors associated with providing services to youth and families who consume large amounts of costly services and fiscal resources;
- e. Multi-needs youth, e.g., the capacity and effectiveness of the service delivery system in a service area to provide services to youth who have

co-occurring needs such as developmental disabilities or substance abuse;

- f. Review of cases which represent certain attributes that most challenge DCFS and/or its contractors and for whom positive outcomes are the most difficult to obtain;
- g. Review of cases where a particular evidence-based practice is used to achieve outcomes; for example, fidelity to the model may be assessed, or outcomes in the evidence-based treatment group may be compared to those of another group.

D. Continuous Quality Improvement

The fundamental reason for having a Performance and Quality Improvement system is to provide information that will be used to validate effective practice and to improve services and outcomes for youth and families served by the Division and its contractors. In order to facilitate the change and quality improvement process, PEU will issue a verbal and/or written report of all Performance and Quality Improvement reviews and activities. Information gathered and reported in these written and verbal findings reports are to be disseminated to administrators, supervisors and staff. In some instances, Performance and Quality Improvement findings are also provided in face-to face meetings with participants. Reports and meetings are to be used to help participants, partners, and stakeholders determine areas where technical assistance, resource development, and program modifications are needed in order to improve service delivery and outcomes. PEU can provide technical assistance as necessary in support of this process (see below).

E. Planning and Evaluation Unit Technical Assistance

Technical assistance is available to all DCFS staff, programs, stakeholders, and partners for the purpose of continuous quality improvement to support the mission of DCFS:

A. Assistance in Establishing and Maintaining QA Activities

PEU is available to assist partners and stakeholders in the following areas:

- 1. Assisting in designing special studies, projects, and investigations;
- 2. Assisting with stakeholder specific needs, such as organizational issues, sampling procedures, use of data, case review or stakeholder interview issues, establishing effective communication or implementation plans and protocols;
- 3. Assisting stakeholders and partners in preparing for internal and external QA reviews; and
- 4. Informing the Division's Administration and all necessary program areas within DCFS of priority areas identified during quality assurance reviews, and coordinating with them in assisting stakeholders and partners to improve therapeutic practices and/or strengthen systemic performance.

B. Assistance in Improving Practice

In addition to individual assistance to partners and stakeholders, PEU is available to sponsor meetings for the purpose of providing technical assistance in areas common to all partners and stakeholders. Examples of the technical assistance that might be provided in this manner include:

1. Instruction in data analysis and interpretation;
2. Guidance in organizing and initiating internal Performance and Quality Improvement operations;
3. Establishing internal tracking systems or dashboards;
4. Assistance in the individualized treatment planning process for youth and families;
5. Assistance in developing local resources and enhancing the service array;
6. Assistance in community collaboration activities, such as:
 - a. Nevada Children's Behavioral Health Consortium;
 - b. Regional Consortia and their workgroups;
 - c. Nevada Commission on Behavioral Health;
7. Assistance in identifying the need for and securing training related to specific practice issues and evidence-based practice models.