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ATTACHMENTS:	

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 children's mental health clients and their families. To that end, the DCFS Planning and Evaluation Unit is assigned the responsibility for facilitating the development and implementation of a comprehensive system for determining performance and client outcomes in children's mental health.

The DCFS Performance and Quality Improvement Program is intended to serve two 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.

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; and,

4. Providing some examples of performance and quality improvement methods.

This policy also underscores the critical success factors required (i.e., leadership champions, collaborative relationships, resources, transparency, and bi-directional communication) to secure improved child and family outcomes in the children's mental health system.

III. DEFINITIONS

Baseline: Information about past performance used as a point of reference or comparison to assess future performance

Benchmark: The process by which organizations evaluate various aspects of their processes and practices in relation to the best practice, usually within their own sector

Child and Family Team (CFT): A family-driven, child-centered, collaborative service team, focusing on the strengths and needs of the child and family. The team consists of the child recipient (as developmentally appropriate), parents, and service professionals and may also consist of family members, care providers, and other individuals identified as being integral to the child's environment of mental health rehabilitation.

Critical Success Factor: An element that is necessary for an organization or system to achieve its mission. It is a critical factor or activity required for ensuring the success of an organization, system, or program.

DCFS or Division: The Division of Child and Family Services

DCFS Staff: A mental health counselor, clinical social worker, licensed psychologist, psychiatric caseworker, psychiatric nurse, treatment home provider, mental health technician, psychiatrist, developmental specialist or public service intern who assesses, plans, implements, coordinates, monitors and evaluates options to meet an individual's behavioral and mental health needs.

Goal: An expected result to be achieved through the use of the recommended treatment and services prescribed on the Treatment Plan/Care Coordination Plan. Goals are designed to direct care in order to ameliorate or stabilize mental health needs for improved functioning. (Source: MSM Chapter 400).

Input: An entrance or changes which are inserted into an organization, system or program which activate or modify a process

Mission: A statement that helps an agency or system focus on its goals

Objective: Written statement of an expected result or condition that is related to the treatment goal; An objective is time specific and stated in measurable terms.

Outcome: An event, occurrence, or condition after services have been provided

Outcome Indicator/Performance Indicator: Statements that identify, with numerical values, progress toward desired results

Outcome Measurement: The regular, systematic tracking of the extent to which participants in a program experience benefits or make the intended change

Performance and Quality Improvement: The complete process of identifying, describing and analyzing strengths and problems and then testing, implementing, learning from and revising solutions. Performance and Quality Improvement is not a time limited project or initiative. It is the ongoing process by which a system makes decisions, evaluates its progress and implements program improvement.

Process Measure: Measures whether a specific process change has been accomplished. For example, a process measure could be availability of crisis intervention services for families at the time of a crisis or the participation of all members of a Child and Family Team in designing a care coordination plan.

Quality: A measure of whether services increase the likelihood of desired mental health outcomes and are consistent with current evidence-based practice.

Quality Assurance: A structured internal system for monitoring and evaluating aspects of a service or facility to ensure a standard of quality is being met. Quality assurance involves the identification of quality of care criteria, which establishes the indicators for program measurement and needed improvements.

Quantitative Data: Data that can be measured with numbers such as height, weight, age, cost, etc. Quantitative data can be used for statistical analysis.

Qualitative Data: Information that is described in terms of some quality or categorization that may be informal (i.e., a person's opinion or description of individual experience) or may use relatively ill-defined characteristics such as warmth and flavor; Qualitative data is obtained primarily through interviews, observations and written documents.

Standard of Care: (AKA Standards of Quality or Standards of Practice) Standards are statements of expected performance that define what constitutes quality services.

IV.   **PROCEDURES AND PRACTICE GUIDELINES**

   A. Core Quality Assurance Activities
   At the heart of our effort to institutionalize the delivery of quality children's mental health services are three core quality assurance activities: defining quality, measuring quality and improving quality. These core activities are integral parts of our children's mental health system's day-to-day functioning. To be successful, quality assurance must be part of all that we do, with a specific focus at the individual case level for direct service DCFS staff and supervisors. Improving client outcomes and supporting staff with adequate data, tools, systems, and policies to make informed decisions will improve system-wide results.

   1. Defining quality means developing expectations or standards of quality (also referred to as "standards of care" or "standards of practice"), as well as designing systems to produce quality services. Standards can be developed for inputs and/or processes and/or outcomes. They can be clinical or administrative and they can be applied at any level of a system, from an individual employee or contractor to the entire agency or children's mental health system statewide. The

role of the Planning and Evaluation Unit is to consult with staff, providers and stakeholders to define standards for quality in concert with national standards or benchmarks of best practice. Once standards are established, the quality assurance system will focus on measurement and improvement of quality.

2. <u>Measuring quality</u> consists of documenting the current level of performance or compliance with expected practice standards, including client 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. <u>Improving quality</u> 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. This core quality assurance activity leads to improved performance according to defined standards of quality.

These three sets of activities (i.e., defining quality, measuring quality, and improving quality) ultimately work together to ensure quality services and improved client outcomes in DCFS' children's mental health programs. No core activity alone is sufficient to improve and maintain quality; it is the interaction and synergy of all three that will sustain high quality services across the system and allow us to continue to learn how to achieve and deliver better results for the children and families we serve.

Schematic of Performance and Quality Improvement at DCFS

B. Goals and Approach

Performance and Quality Improvement is for and about people…the people who work in the system, the people who work on the system and the people who are served by the system. One of the primary attributes of Performance and Quality Improvement is a focus on processes in order to produce better outcomes for all those people. It is the role of the Planning and Evaluation Unit to work with internal and external stakeholders in order to blend Performance and Quality Improvement into the existing children's mental health service system and operational practices. It is important to recognize that implementing and maintaining Performance and Quality Improvements a process in and of itself. DCFS leadership recognizes and supports the work of Performance and Quality Improvement as a long-term change process that requires all involved at every level to develop partnerships and new skills. DCFS leadership also acknowledges that resources must be provided to support these partnerships and skill-building activities.

The DCFS Planning and Evaluation Unit recognizes as a critical success factor the need to develop and maintain meaningful collaborations with a variety of internal and external stakeholders to successfully execute its Performance and Quality Improvement planning and operations. These stakeholders currently include: parent and youth partners, DCFS children's mental health staff, DCFS fiscal staff, DCFS child welfare staff, DCFS juvenile justice staff, DCFS formal leaders and program champions, the Nevada Youth Care Providers, DCFS specialized foster care contractors, community providers, the Nevada Legislature, State of Nevada sister agencies such as the Division of Mental Health and Developmental Services, the Division of Health Care Financing and Policy (AKA Nevada Medicaid), the Health Division, the Division of Welfare and Supportive Services, the two urban counties' child serving agencies (i.e., Clark County Departments of Family Services and of Juvenile Justice Services and Washoe County Departments of Social Services and of Juvenile Services), the three regional Children's Mental Health Consortia as well as the Nevada Children's Behavioral Health Consortium.

1. The goals of the DCFS Performance and Quality Improvement program include:
   a. Improve outcomes for children 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;
   b. Provide a permanent structure for on-going objective evaluations of the quality of services and outcomes for children and families; and,
   c. Increase the capacity of the DCFS to deliver improved services through the use of quality assurance evaluations
2. The approach the Performance and Quality Improvement system uses in working toward these goals includes the following features:
   a. Review for the outcomes experienced by children and families who receive DCFS' and its contractors' services;
   b. Review for the adequacy of major systemic factors that affect DCFS' capacity to deliver services that can lead to improved outcomes for children and families;
   c. Review programs for consistency with applicable Federal, State and Division policies/regulations/contractual obligations and standards of care;
   d. Review for the strengths of the service delivery system and the barriers to more effective performance; and
   e. Recommend actions that improve standards of care, service delivery, and results
3. In striving for the goals noted above, the Performance and Quality Improvement system gathers and uses several types of information:
   a. Quantitative and factual data are used to describe activities, service capacity, and other relevant measurable factors. These data enable the Division to address questions such as, "How many?" How often?" and, "At what level?" The answers to these questions enable the Division to establish baselines and benchmarks, track progress over time and monitor trends
   b. Qualitative and outcome information is used to evaluate the functioning of children and families in light of services delivered. This information enables the department to address questions such as, "How well?" "How comprehensive?" and, "What are the needs?"
   c. Information obtained from community stakeholder interviews and other data collection activities is used primarily to evaluate systemic issues regarding collaboration with community resources and the Division's capacity to provide services that can lead to desirable outcomes for children and families.
   d. 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.
4. The roles of the DCFS Planning and Evaluation Unit are to:
   a. Collaboratively develop, direct, monitor and evaluate the children's mental health quality assurance activities and program improvement initiatives;

b. Provide logistical and staff support for quality assurance activities and program improvement initiatives;

c. Routinely collect and evaluate information concerning the outcomes for children 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;

d. Identify and recommend areas for change and performance improvement; Identify strategies and needed resources to affect the needed change; Implement the changes within available resources or seek out and/or advocate for additional resources;

e. Share results, strategies for change and performance improvement experience with all stakeholders in order to maximize the Performance and Quality Improvement learning and program improvement implementation across all children's behavioral health programs; and

f. 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

The DCFS Planning and Evaluation Unit and its stakeholders use several methods to achieve a systematic approach for collecting and analyzing data for Performance and Quality Improvement activities.

Quality assurance will track performance statewide in the areas of systemic factors, compliance status, present performance and recent results related to the primary outcome domains of safety, stability, child and family well-being, child social and emotional functioning and academic performance.

1. Long-term trends. The primary source of information is quantitative data. The Planning and Evaluation Unit obtains much of the data needed to examine practice and outcomes, formatted from administrative data available in DCFS' data information systems (i.e., AVATAR and UNITY) as well as data provided by service providers and contractors. This information is not only used to measure progress against goals over time, but to target areas where more intense review may be needed. Examples of this quality assurance activity are the monthly collection and analysis of risk measures submitted by specialized foster care providers. Such risk measures may include data collection and analysis for suicide attempts, runaways/absent without leave (AWOL), medication errors and restraint. These data are then analyzed monthly and annually to follow trends and identify areas of concern which may require corrective action and program improvement implementation.

2. Quality of services and outcomes. The primary means of evaluating the quality of services delivered, the processes in delivering services and the results or outcomes of services is through supervisory checklist reviews and other case review activities as well as quality of care interviews which are targeted toward specific service components such as treatment planning or Child and Family Teams.

   Case reviews assure we monitor practice and identify strengths and opportunities to improve, as well as serve as a training ground for experienced staff to develop broader perspectives in clinical skills working on cases for which they are not immediately responsible or involved. On a statewide basis, the case reviews provide a means of assessing and reporting on the status of children and families and performance indicators across counties, service areas, and for the state as a whole.

   While DCFS program staff are allowed some flexibility to conduct case reviews beyond the minimum requirements for Performance and Quality Improvement purposes, it is required that each program supervisor and manager perform a minimum number of case reviews monthly

using standard instruments and reporting formats. The standard instrument designed for this purpose is the Supervisory Checklist.

3. <u>Satisfaction Surveys</u>. Satisfaction surveys will be conducted to assess consumer perceptions of services, which can be used to evaluate and improve the quality of service provision and outcomes. A wide range of customers will be included. Customers are typically categorized as either internal or external to the organization. The largest group of external customers is the children, youth and families receiving services from DCFS. Other external customers include the public child welfare and juvenile justice agencies, school districts, contracted community providers and other community-based mental health agencies. Internal customers include the staff of DCFS. The Division will work with appropriate stakeholders and partners for their support in collecting satisfaction survey information. The following types of factors may be assessed regarding customers perceptions of service delivery and outcomes:

   a. Technical Quality – Consumer perceptions of the expertise involved in service delivery; For example, was the use of certain tests or services fully explained and were educational materials useful?

   b. Competence – Consumer perceptions of providers' skills and abilities; For example, whether the consumer thought the therapist was skillful and adequately trained

   c. Interpersonal Qualities – Consumer perceptions of interactions with DCFS staff; For example: Was the consumer made to feel welcome and comfortable? Was the consumer treated with dignity and respect? Did the consumer feel that staff was helpful and interested? Did the services and supports they have received address the specific issues and needs the family identified? Do the child and family feel the worker has engaged them in the planning process, in the assessment and identification of their strengths and needs and in evaluating the effectiveness of services? Do they feel that their input is genuinely valued?

   d. Access – Consumer perceptions of the ease in which services can be obtained; For example: Is there ample parking? Is there public transportation? How long is the wait to be seen or assigned to a DCFS staff person? Responsiveness: Are their calls returned promptly? Are their questions answered completely and adequately?

   e. Availability and Choice – Consumer perceptions of involvement in the treatment process; For example, was the consumer involved in developing the family plan/treatment plan or care plan and was the consumer offered a choice of services?

   f. Duration of Services – Consumer perceptions that treatment was provided for a suitable amount of time for the consumer to benefit; For example, does the consumer feel that group and individual therapy sessions were of adequate duration or that the number of treatment sessions was sufficient to make progress?

   g. Benefit/Value – Consumer perceptions that services produced a satisfactory result; For example, did problems decrease and has there been an improvement in areas of functioning that were the focus of services?

   Consumer/customer satisfaction is a process measure, which can help to identify areas in need of improvement.

4. <u>Systemic issues</u>. As a part of the data review process, the Performance and Quality Improvement system will look for any identifiable systemic issues that may be impacting the Division's capacity to deliver services that promote successful outcomes. A primary source of information related to systemic issues is data gathered as a part of quality services reviews combined with interviews with staff, community stakeholders and consumers who have knowledge of the children's behavioral health delivery system, as well as satisfaction survey data from clients, providers and staff, and data reports from other organizations, such as the DCFS contractors, regional mental health consortia, partner public agencies, etc.

5. <u>Special Studies</u>. Special studies 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 case readings or review of core systemic

issues. While there are no specific requirements for special studies, developing the capacity of the Planning and Evaluation Unit and its stakeholders to perform this function is necessary in order to provide for a full range of quality assurance functions in support of quality and effective children's behavioral health services.

a. DCFS leadership and stakeholders may request a special study 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 some situations, the need for information may be a need for greater detail or explanation about a particular issue(s) or outcome that is routinely reviewed and reported. At other times, the need may be for information on issues or outcomes not routinely reviewed. In deciding to initiate a special study, the following guidance is suggested:

   i. 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

   ii. 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 studies should be initiated for those issues clearly related to fulfilling the agency's fundamental mission.

b. Sample Topics of Special Studies

Special studies may cover any number of issues, including the following examples of topics:

   i. Effects of contracting or purchase of services, case review processes, review of staffing patterns and utilization;

   ii. 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;

   iii. Review of outcomes for specific populations, e.g., racial/ethnic groups, age groups, diagnostic groups or geographic groups;

   iv. High-cost cases, e.g., factors associated with providing services to children and families who consume large amounts of costly services and fiscal resources;

   v. Multi-needs children, e.g., the capacity and effectiveness of the service delivery system in a service area to provide services to children who have co-occurring needs such as developmental disabilities or substance abuse;

   vi. Review of cases which represent certain attributes that most challenge DCFS and/or its contractors and are the most difficult to obtain positive outcomes; or

   vii. Review of cases where a particular evidence-based practice is used to determine outcomes achieved

c. Design of Special Studies

There is no standard design or approach to conducting special studies. They may be designed in whatever manner will address the review questions in the most effective and efficient manner. Listed below are some examples of the types of special studies that may be conducted:

   i. Surveys. Simple questionnaires may be used to address questions posed to staff, service providers, consumers, foster parents or others, including the completion of satisfaction surveys. Some surveys may often be conducted with stakeholders and/or partners.

   ii. Limited case reviews. Certain questions, either from the approved case review protocol or developed independently, may be explored with a sample of cases to pursue a particular issue. These may involve record reviews only or interviews in addition to the record reviews.

   iii. Full case reviews. In reviewing for outcomes, a sample of cases from a particular population group may be selected for full reviews.

iv. Trend analysis. Rather than collecting a mixture of quantitative and qualitative information, selected indicators based on quantitative data alone for some period of time may be reviewed.

v. Long-term studies. A sample of cases may be followed over an extended period of time, or an initial review in a particular area may be periodically updated using any of the methods described above.

vi. Program evaluation. Procedural or systemic issues may be examined through a combination of collecting data, interviewing individuals, reviewing cases, site visits to facilities or service providers or other methods.

6. <u>Performance and Quality Improvement Findings</u> The fundamental reasons for having a Performance and Quality Improvement system are to provide information that will be used to validate effective practice and to improve services and outcomes for children and families served by the Division and its contractors.

   a. A follow-up process related to the completion of Performance and Quality Improvement findings and activities has been established in order to facilitate the change and program quality improvement process. The Planning and Evaluation Unit will issue a written report of all Performance and Quality Improvement reviews and activities. In some instances, Performance and Quality Improvement findings are also provided in face-to face meetings with participants.

   b. Performance and Quality Improvement findings are to be used to help participants, partners and stakeholders determine areas where technical assistance, resource development and program improvements are needed in order to improve the outcomes of services to children and families. The findings will be used to inform the community, providers and others about the status of children's mental services, including best practices, and to inform the Division and other units of State government, the community and stakeholders about the status of children's mental services statewide.

   c. Information gathered and reported in these written and verbal findings reports are to be disseminated to administrators, supervisors and staff so that best practices can be identified and replicated, while areas needing improvement are targeted for attention and action planning.

D. Planning and Evaluation Unit Technical Assistance

As program resources allow, technical assistance is available to Planning and Evaluation Unit stakeholders and partners in two areas:

Assistance in establishing, maintaining, and operating quality assurance activities; and,

Assistance in improving practice where QA identified areas is in need of improvement.

1. <u>Assistance in Establishing/Maintaining QA Activities</u>
   The Planning and Evaluation Unit is available to assist partners and stakeholders in the following areas:
   a. Training in data collection functions;
   b. Providing training in the use of the data collection and survey tools;
   c. Assisting in designing special studies;
   d. Assisting with stakeholder specific needs, such as organizational issues, sampling procedures, use of data, case review or stakeholder interview issues, establishing effective communications/protocols, and so forth;
   e. Assisting stakeholders and partners in preparing for internal and external QA reviews; and
   f. 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.

2. Assistance in Improving Practice

In addition to individual assistance to partners and stakeholders, the Planning and Evaluation Unit 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:

a. Instruction in data analysis and interpretation
b. Guidance in organizing and initiating internal Performance and Quality Improvement operations
c. Internal tracking systems, etc.
d. Assistance in the individualized treatment planning process for children and families
e. Assistance in developing local resources and enhancing the service array
f. Assistance in community collaboration activities
g. Assistance in identifying the need for and securing training related to specific practice issues, e.g., child and family teams, safety holds, etc.