



# DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

<b>SUBJECT</b> <b>QUALITY IMPROVEMENT PROGRAM POLICY</b>	<b>POLICY NO.</b> <b>105.1</b>	<b>EFFECTIVE DATE</b> <b>02/15/06</b>	<b>PAGE</b> <b>1 of 4</b>
<b>APPROVED BY:</b>  <div style="text-align: right;">Director</div>	<b>SUPERSEDES</b>	<b>ORIGINAL ISSUE DATE</b>	<b>DISTRIBUTION LEVEL(S)</b> <b>2</b>

## **PURPOSE**

- 1.1 To ensure that the quality and appropriateness of care delivered to clients of the mental health system meets or exceeds the established local, State, and Federal service standards.
- 1.2 To define the structure and process of the Quality Improvement (QI) Program within the Department of Mental Health (DMH).
- 1.3 To comply with standards set by the State Department of Mental Health through the Medi-Cal Performance Contract.

## **DEFINITION**

- 2.1 Quality Improvement is a customer focused program involving leadership, management, and clinic staff to create and sustain a culture of continuous improvement and total involvement.
- 2.2 The DMH QI Program has a shared responsibility with its contract providers. It has a commitment to maintain and improve the quality of its service and delivery infrastructure. The QI Program shall support this commitment by establishing processes for continuous improvement of services. This includes processes for resolving service and system issues through systematic evaluation and the implementation of feedback loops, matched to available resources.

## **POLICY**

### **3.1 Management Responsibilities**

- 3.1.1 The QI Program shall be accountable to the Director of the Department.
- 3.1.2 The QI Program shall be under the general auspices of the Director of the Program Support Bureau, who shall direct program responsibility and ensure compliance with Departmental QI practices. This includes, but is not limited to, compliance with all mandated QI programs, as well as Departmental policies and procedures which impact the quality of care.



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## PROCEDURE

### 4.1 The Departmental QI Program shall:

- 4.1.1 Be administered by a licensed mental health professional.
- 4.1.2 Coordinate with the Bureaus/Units who conduct performance monitoring activities throughout the Department including, but not limited to, client and system outcomes, fair hearings, resolution of beneficiary grievances, clinical issues, provider appeals, assessment of beneficiary and provider satisfaction, and clinical record review.
- 4.1.3 Have overall responsibility for such additional activities as:
  - Liaison to the Quality and Productivity Commission;
  - Policy Review and Forms Committees; and
  - Employee Recognition.
- 4.1.4 Develop an annual QI Work Plan that includes the following:
  - An evaluation of the overall effectiveness of the QI Program, demonstrating that QI activities have contributed to meaningful improvement in clinical care and client services;
  - A description of completed and in-process QI activities, including performance improvement projects;
  - Monitoring of previously identified issues;
  - Planning and initiating activities for sustaining improvement; and
  - Developing goals and monitoring planned activities in the following six (6) areas:
    - ◆ service delivery capacity and organization;
    - ◆ service accessibility;
    - ◆ beneficiary satisfaction;
    - ◆ the service delivery system and meaningful clinical issues affecting beneficiaries;
    - ◆ continuity and coordination with other human service agencies; and
    - ◆ provider appeals.
- 4.1.5 Identify and implement at least two performance improvement projects annually, one clinical and one non-clinical, in accordance with Title 42, Code of Federal Regulations (CFR), Section 438.240(a)(2).
- 4.1.6 Support local Service Area/Countywide Quality Improvement Committee (QIC) structure and processes. Staff assigned to the QI Program shall:



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- participate in local Service Area and Countywide (QIC) meetings;
- review and respond to issues and/or recommendations raised by the local QICs;
- assist local QICs in determining and developing performance improvement projects relevant to local issues; and
- provide information and support to local Service Area and Countywide QIC chairs on problem/issue resolution.

4.1.7 Disseminate information that will enable service providers throughout the system to be in compliance with quality of care requirements.

4.1.8 Distribute the QI Work Plan to all Short-Doyle/Medi-Cal Organizational Providers (directly operated and contract). All inpatient programs shall develop their own quality improvement plan, which must comply with relevant State and local requirements.

4.1.9 Provide appropriate recommendations, via a feedback loop, to the DMH Planning Division and Service Area planners.

#### 4.2 Departmental Quality Improvement Committee

4.2.1 The Department's QIC shall be known as the Performance Excellence Quality Improvement Council (PEQIC). PEQIC shall:

- oversee and be involved in QI activities, including performance improvement projects;
- recommend policies;
- review and evaluate the results of QI activities, including the performance improvement projects;
- institute needed QI actions;
- ensure follow-up on QI processes; and
- review the Department's QI Work Plan.

4.2.2 PEQIC shall meet at least quarterly and the minutes shall reflect all decisions and actions. Signed and dated minutes shall be maintained for a minimum of three (3) years.

4.2.3 PEQIC shall consist of practitioners, consumers, and family members who shall have an active role in the planning, design, and execution of QI activities.

#### 4.3 Service Area/Countywide QICs



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4.3.1 Local Service Area QICs shall be composed of at least one (1) staff from every organizational provider within the Service Area, as well as family members and clients. Since Countywide QICs represent specific groups, such as children, the composition shall be appropriate to the represented body.

- 4.3.2 Local Service Area QICs and Countywide QICs shall:
- meet at least quarterly;
  - select a chair/co-chair;
  - discuss pertinent issues related to areas identified in Section 4.1.4 of this policy;
  - develop and implement feedback loops to organizational provider staff regarding quality of care issues and problem resolutions discussed at the QIC; and
  - maintain minutes that reflect all decisions and actions. The minutes shall be signed and dated and be maintained for a minimum of three (3) years.

#### 4.4 Organizational Provider QIC

4.4.1 All organizational providers, directly operated and contracted shall have a QIC.

4.4.2 The QIC shall meet at least quarterly, or more frequently based on agency need.

4.4.3 The QIC shall maintain minutes that reflect all decisions and actions. The minutes shall be signed and dated and be maintained for a minimum of three (3) years.

- 4.4.4 The QIC shall monitor the following areas to ensure quality of care:
- service accessibility;
  - beneficiary satisfaction;
  - the service delivery system and meaningful clinical issues affecting beneficiaries;
  - coordination of care with other human service agencies; and
  - beneficiary grievances.

#### 4.5 Utilization Review

4.5.1 Each organizational provider shall establish a Utilization Review (UR) process within the agency.

4.5.2 Utilization Review shall be part of the organizational provider's quality improvement program and under the umbrella of the Quality Improvement Committee.

**REVIEW DATE**      This policy shall be reviewed on or before February 2011.