

# BUTLER COUNTY MENTAL HEALTH BOARD

## QUALITY IMPROVEMENT PROGRAM

### I. PREFACE

In February 2008, the Butler County Mental Health Board began the process of updating the design, development and implementation of the Butler County Mental Health Board's Quality Improvement Program. The Quality Improvement Program reflects the system's ongoing commitment to the development and implementation of meaningful performance measures and thresholds, the ongoing monitoring and evaluation of provider results and the effective communication of results to all consumers, family members, and community stakeholders.

### II. OVERVIEW

The intent of the QI Program is to measure the performance of the Butler County Service System toward enhancing the quality of life of the Butler County residents served and promoting recovery and resiliency. The Butler County Mental Health Board has adopted the philosophy of Quality Improvement to ensure continuous improvements to the system. The Quality Improvement Plan:

Requires system-wide changes in policy, procedure, or activity when indicated by the results of evaluation activities.

Uses solution-focused problem solving methods for the identification, assessment, resolution, evaluation, and documentation of improvements within the system. Uses Butler County and external databases/comparative data and statistical analysis as required.

Maintains scheduled meetings for the purpose of mutual evaluation, problem identification, resolution, and follow-up.

Forwards copies of its quality and appropriateness criteria (thresholds) and key indicators and QI results to the Butler County Mental Health Board of Directors, Butler County Mental Health Board Executive Director, and the QI Committee membership.

On an annual basis, evaluates the effectiveness of the Butler County Quality Improvement Program.

### III. PURPOSE/GOALS/VALUES

The purpose of the Quality Improvement Program is to improve consumer outcomes by ensuring that high quality and mental health services are accessible and provided system-wide in an effective and cost efficient manner. The QI program will insure the quality and appropriateness of services by resolving identified systemic problems (opportunities for improvement), comparing provider performance, ensuring positive consumer outcomes and improving consumers' quality of life. Butler County Mental Health Board (BCMHB) system-wide values include:

- Consumer Access
- Multicultural Awareness
- High Productivity

- Quality Outcomes
- Appropriate Care
- Public education/prevention
- Unified treatment plans
- Communication / coordination between providers (Team Treatment)
- Meeting the needs of special populations
- Consumer accessibility to treatment
- Full Continuum of Care available to consumers
- Affordability of services
- Quality of life / consumer centered care
- Professional / educational development (workforce)
- Information/data driven / (accurate/timely “real time”)
- Strategic Planning
- Increase use of Evidence-Based practices

#### Goals

- Assess and evaluate the quality and appropriateness of the system of care and the services being provided and enhance consumer outcomes.
- Maximize the quality and appropriateness of all areas of the mental health system.
- Efficiently manage costs and control risk.
- Achieve maximum effectiveness and promote opportunities to improve system performance.
- Ensure optimum communications necessary between system providers and the Butler County Mental Health Board.
- Identify gaps in the system services and opportunities for system-wide improvements.
- Identify, quantify and prioritize the purchase of mental health services by developing performance-based contracting and compensation.
- Enhance the number of mental health services to minority consumers

#### IV. SCOPE OF CARE

The Butler County Mental Health Board service delivery system provides a range of mental health services in Butler County. Levels of care include outpatient and residential. Providers include Butler Behavioral Health Services, Transitional Living, Forensic & Mental Health Services, Community Behavioral Health Services, St. Aloysius’s Orphanage, Comprehensive Counseling Services, St. Joseph’s Orphanage CARE Program, Talbert House – North Star Program, Children’s Diagnostic Center, Catholic Social Services, Lifespan, Community Counseling & Crisis Center, YWCA & The Counseling Source.

## V. QI FRAMEWORK

The Butler County Mental Health Board insures structure, oversight and quality performance improvement functions/activities through the involvement of its Board of Directors, Board staff and the Butler County QI committee. The Butler County Board of Directors empowers the Executive Director of the Butler County Mental Health Board to implement, monitor and follow up with QI activities and functions within the system of care. The Butler County QI Committee manages and reports QI results to the Executive Director who will then report QI findings to the Board of Directors.

Important aspects of care will be identified by the Board and QI Committee to form the basis of QI system-wide practices and evaluation/monitoring activities. For each important function, dimensions of performance will be identified and measured.

### Core Values / Domains

The Core Values, Domains and Performance measures provide the essential framework from which the QI Program identifies organizational performance and opportunities for improvement.

The BCMHB and Quality Improvement Program provide a mechanism to monitor and evaluate system-wide practices and performance. All QI Committee members provide input concerning which System Practices and Aspects of Care require special emphasis as part of the QI process.

### Monitoring and Evaluation

The monitoring and evaluating process addresses system values as related to System Practices and Care.

*Measurable Indicators* for each identified Value/Domain area will be developed and objective, measurable, reflect current knowledge and practice, agreed upon by the members of the Quality Improvement Committee and receive Board approval. Thresholds are established for each Indicator to measure performance and identify at which point a more intensive or focused evaluation is triggered. (Attachment C: Sample Format)

### Focus Studies

Actions taken to resolve or reduce identified problems may include *Focus Reviews* addressing system issues. All corrective actions are documented and reported to the QI Committee (Attachment B – Focus Study Format).

## VI. ORGANIZATION AND DELINEATION OF QUALITY IMPROVEMENT COMMITTEE RESPONSIBILITIES

The Board of Directors maintains ultimate responsibility for the Butler County Quality Improvement Program. The Board of Directors, Board Executive Director, Board Associate Executive Director of Evaluations & Quality Assurance assume Quality Improvement responsibilities for the system.

A. *Accountability*

The Associate Executive Director of Evaluations & Quality Assurance is accountable directly to the Executive Director for facilitating QI activities that contribute to the continuous improvement of quality, effectiveness of care, operational efficiency, and practices of the system.

B. *Membership*

Membership includes representatives from each subsidy & non-subsidy providers, system providers and other Board staff, if assigned.

C. *Meetings*

Meets monthly at a regularly scheduled date and time. The Butler County Quality Improvement Committee may meet more frequently if determined necessary by the BCMHB Executive Director, and/or Quality Improvement Committee.

D. *Documentation, Reporting and Dissemination*

Results of all QI activities shall be reviewed by the QI Committee. Records of the Quality Improvement Program, its activities and documentation of the impact on systems care and performance are maintained to protect confidentiality. Conclusions from these reviews and recommendations are incorporated in the QI minutes. QI results are reported to the Board of Directors on at least a monthly basis and Executive Directors on a monthly basis. Documentation of all QI activities is maintained in the QI Manual at the Board office.

All meeting minutes of QI activities shall include but not be limited to the names of those attending, a description of the purpose and methodology of the review, results, conclusions, analysis of the review and recommendation for corrective actions and follow-up for the effectiveness of the corrective action.

## VII. QUALITY IMPROVEMENT MONITORING/EVALUATION ACTIVITIES

A. The purpose of the QI Monitoring/Evaluation is to ensure that high quality consumer care is provided through the effective and efficient utilization of the program resources and services and appropriateness of services delivered. QI Clinical Evaluation and Monitoring will include elements of Peer Review, Audits, Medical Necessity Evaluations, Productivity & Outcome Reports, consumer/family satisfaction surveys and fidelity to evidence-based practices, including but not limited to the following:

- Appropriateness of consumer admissions and discharge
- Capacity, accessibility and availability of services
- Assessments relative to treatment plans
- Appropriateness of services

- Appropriateness of involuntary terminations
- Consumer/family perceptions and satisfaction
- Appropriateness of referrals to other providers/services
- Review of program fidelity of Evidence-Based Practices
- Consumer outcomes

\* Sample sizes will be determined by the BCMHB QI Committee.

B. QI shall study at least annually the system's effectiveness in ensuring the following areas:

- Accessibility
- Availability
- Appropriateness
- Acceptability of outcomes

Attachment C: Sample Performance Measure/format

#### VIII. PROFESSIONAL GROWTH AND DEVELOPMENT

The results of Quality Improvement activities will be used by the Board in an ongoing system-wide staff development program and other educational opportunities within the system. The QI Committee will identify and recommend those educational needs identified by the QI process to the Board.

#### IX. ANNUAL QI EVALUATION

The effectiveness of the Quality Improvement Program is evaluated annually by the Board of Directors, Board Executive Director and QI Committee. The Committee will evaluate the role of the Quality Improvement activities findings, recommendations, and action within the system. The Board Executive Director's annual report will address the results of the evaluation.

#### X. CONFIDENTIALITY

The QI Program and process will observe consumer confidentiality and protect the rights of the individual at all times (i.e. all files and reviews at the agency level). All QI information is maintained in the QI Program Manual. Access to QI data should be treated as confidential.

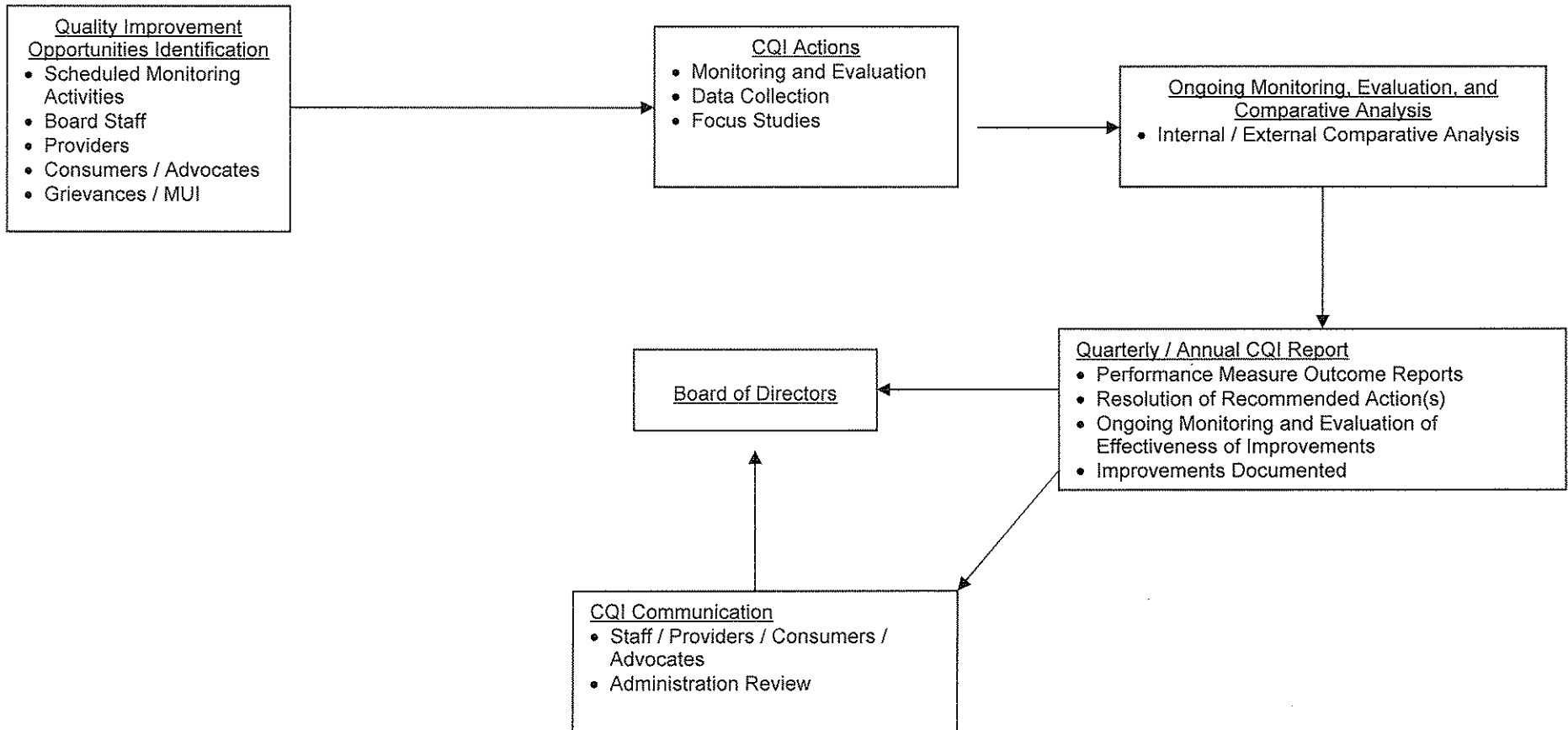
#### XI. QUALITY IMPROVEMENT AMENDMENTS/REVISIONS

The Quality Improvement Program Plan may be revised or amended at any time if the Quality Improvement Committee with the approval of the Board Executive Director determines it. Any amendments/revisions will require the approval of the Board of Directors before being put into effect.

**XII. ATTACHMENTS**

**Butler County Quality Improvement**

QI FLOW CHART



### FOCUS STUDIES

Identified problems *result in actions taken* to resolve or reduce them. These actions may include *Focus Reviews* addressing systems-wide issues. All corrective actions are documented and reported by the QI Committee and included in quarterly/ annual reports. All focus studies will include the following process to complete each study:

1. Assigned project team
2. Establishes priorities/opportunities for study
3. Identifies expectation of systemic process
4. Identifies reference standard for comparison
5. Identifies data collection process
6. Identifies comparison process and statistical analysis used
7. Identifies frequency of comparison over time
8. Identifies action for improvement
9. Identifies re-evaluation date and follow-up activities

The conclusions of the monitoring and evaluation activities and Focus Studies are also documented and reported. The effectiveness of outcome monitoring and problem resolution is evaluated as part of the annual review of the QI Plan and included in the evaluation of performance. Components may include:

## FOCUS STUDY

HISTORY OF PROBLEM (Description and how identified):

COMMITTEE BRAINSTORMING (Corrective actions):

IDEAL OUTCOME DESIRED:

PLAN:

ASSIGNED PROJECT TEAM:

IDENTIFY INTERNAL DATA COLLECTION AND SOURCES:

IDENTIFY EXTERNAL DATA COLLECTION AND SOURCES:

EVALUATION / ANALYSIS RESULTS:

RECOMMENDATION(S):

*(Attach graphs depicting results of data collection - i.e. histogram, process flow charts, etc.)*

Attachment C

Sample Format  
QI Program  
Performance Measure

<b>CORE VALUE #1: Consumers have access to the services they need when they need them.</b>					
<b>Domain: Access</b>					
<b>Measure</b>	<b>Data Base</b>	<b>Type of Data</b>	<b>Baseline Data FY08</b>	<b>Threshold</b>	<b>Results Reported</b>