

SANTA CLARA COUNTY MENTAL HEALTH SERVICES

PERFORMANCE & QUALITY IMPROVEMENT CHARTER

as of May 24, 2013

INTRODUCTION & BACKGROUND: The Substance Abuse and Mental Health Services Administration (SAMHSA) has defined recovery as "A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential" (2011). This definition is reflected in the mission and vision of Santa Clara County Mental Health Services:

COUNTY MENTAL HEALTH DEPARTMENT MISSION STATEMENT

To assist individuals in our community affected by mental illness and serious emotional disturbance in achieving their hopes, dreams and quality of life goals. To accomplish this, services must be delivered in the least restrictive, non-stigmatizing, most accessible environment within a coordinated system of community and self-care, respectful of a person's family and loved ones, language, culture, ethnicity, gender and sexual identity.

Our Vision is to foster a mental health system that is successful in helping to ensure that Santa Clara County residents in need of public mental health services are:

- ❖ Physically and emotionally healthy, happy and thriving
- ❖ In a safe and permanent living situation
- ❖ Part of a loving and supporting social network
- ❖ Involved in meaningful school, work, and daily activities
- ❖ Free from trouble or causing harm to others
- ❖ Safe from harm from the environment or others

PROBLEM STATEMENT: While the belief in recovery and wellness has grown and evolved in recent years, there is still much to be done in terms of improving the quality of the system in order to ensure the wellness and recovery of all clients served and to guarantee that their goals, aspirations and desires are the primary drivers of every aspect of service delivery – in other words, to assure the routine achievement of the agency's stated mission for each and every client, and ultimate realization of this overarching vision.

This need is underscored by the changes associated with emerging health reform. Two critical aspects of reform drive how the agency must work to achieve its mission: Santa Clara County Mental Health Services must demonstrate greater accountability for use of resources and results achieved, as well as enhanced ability to work within the larger system of health care within which it operates and that supports the whole health of individuals and the community. Data and measurement of actual performance will also drive these changes and inform the continuous quality improvement that is implicit in achieving these reforms.

PQIC AIM: The Santa Clara County Mental Health System Quality Improvement (QI) Program is designed and carried out to support this essential work. This QI Program, directed by the Mental Health Director and governed by the County's Executive Management Team, convenes the "Performance & Quality Improvement Committee" to support data driven change, including:

- Monitoring the current quality of services.
- Identifying priority areas for improvement.
- Guiding and supporting the conduct of improvement activities that advance the achievement of the agency's mission.

With this general charge, the aim of the Performance & Quality Improvement Committee (PQIC) is as follows:

GUIDANCE: The PQIC will be conducted with the following guiding principles and

PQIC AIM STATEMENT

Use knowledge gained from routine monitoring of performance to identify opportunities for advancement of the agency mission and guide data-driven changes that:

- Increase the percentage of clients served who achieve their self-defined hopes, dreams and life goals.
- Assure culturally, ethnically and linguistically appropriate services are provided.
- Optimize the rate/duration in which clients' achieve these goals.
- Reduce the volume of services that are ineffective (e.g. do not advance clients' progress) and resources that are lost (e.g. no shows) – and therefore minimize any waste and maximize efficiency of the system.

PQIC GOALS:

- Increase consumer satisfaction
- Increase efficiencies in administrative processes
- Reduced rates of incidents, grievances and other negative client outcomes
- Reduced rates of hospitalization and 24 hour services, and use of emergency and urgent care services,

PQIC OBJECTIVES (FY 11/12 & 12/13 ANNUAL QI WORK PLAN):

- Increase use of person-centered treatment planning (TCP Work Group)
- Increase monitoring of F&C system outcomes (CANS Work Group)
- Advance value and use of performance measures dashboard
-other per PQIC direction

considerations:

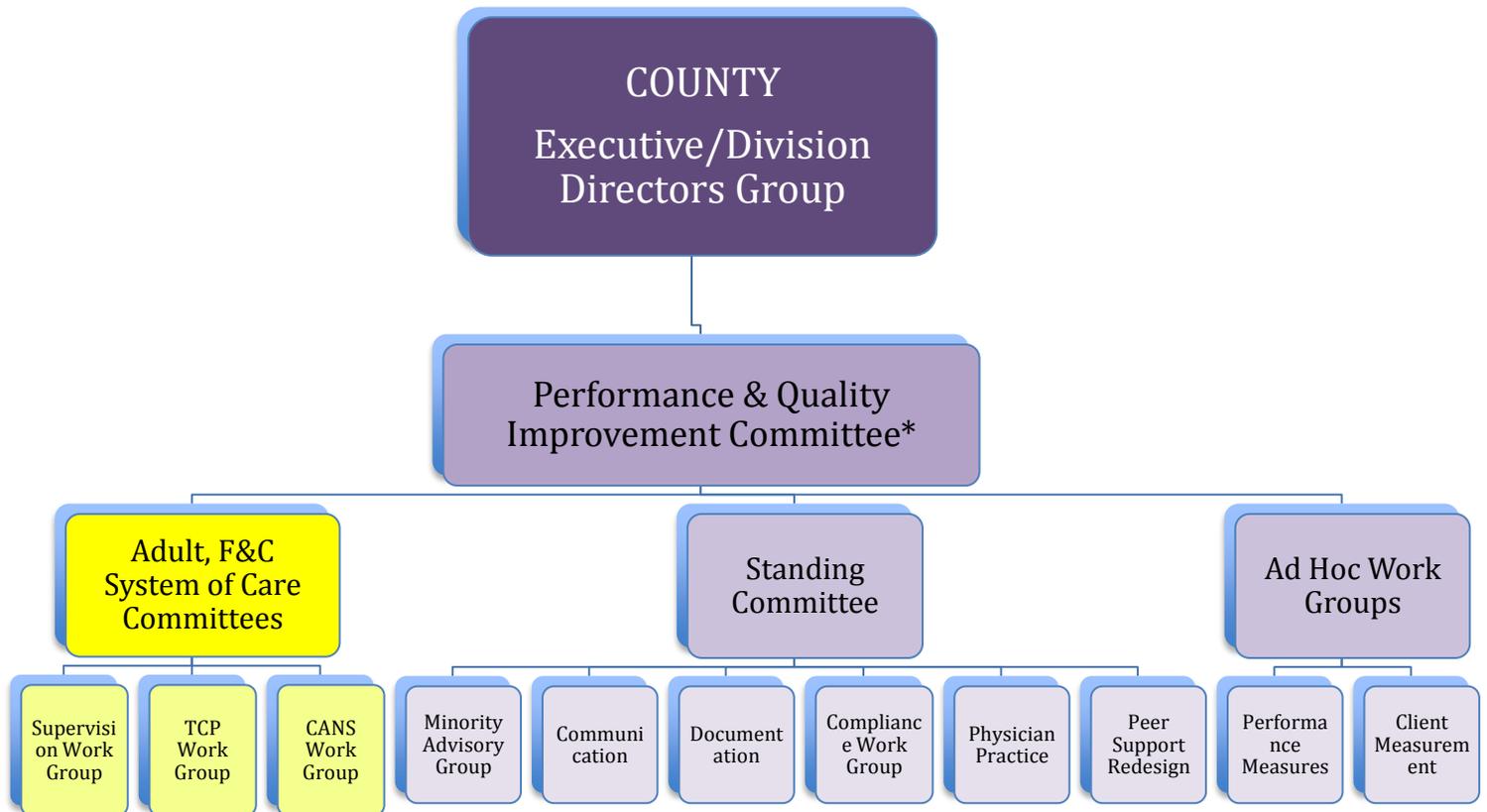
- Use of data to drive recommendations to County Executive Management regarding policies, strategic direction and focused improvement efforts
- Increased partnership between County leadership and provider agencies to support quality improvement and system change supported by open exchange of ideas, considerations and recommendations
- Increased communication between County leadership and the PQIC
- Expedient testing and implementation of approved policies, strategies and other changes for improvement
- Increased clarity of scope of decision making by the PQIC, in terms of communication of delegated decision making
- Increased leadership of and attention to specific quality improvement initiatives
- Increased focus on actual changes that lead to desired improvement, to broaden the the historic focus of the QRC, which has largely been monitoring and measurement of state-mandated topics
- Increased frequency of monitoring key performance areas, from annual to monthly, using data that is plotted over time.
- Increased use of small work groups to identify, test, and when ready, implement changes that achieve the desired improvement throughout the system (Work Groups consist of representatives with the requisite knowledge, experience, and availability to undertake the assigned topic(s))
- Increased and routine use of the Model for Improvement to accelerate improvement.

To carry out this aim and apply the changes to the PQIC methodology, it will be conducted as follows:

STRUCTURE:

- **Chair:** Deputy Director, Santa Clara County Mental Health Services
- **Members:** Agency leadership (e.g. decision-makers), Mental Health Board representative, Consumer Affairs representative(s)
- **Ad Hoc Members:** Additional individuals with specific expertise as needed
- **Staff Support:** Decision Support, Quality Improvement and Quality Assurance/ Compliance Staff from the Learning Partnership
- **Meeting Frequency:** Bi-Monthly (2 hrs)
- **Decision-Making & Roles/Responsibilities:** All decisions or other outcomes associated with each topic will be clearly documented in minutes. The PQIC and each work group and standing committee will have clear decision-making parameters.
- **Measurement:** All work of the PQIC is guided by measurement.
- **Work Groups:** Ongoing and Time-limited (ad hoc) with regular reporting to the PQIC
 - **Work Groups Charters:** Each work group will develop its own charter, including integrating the client voice, and then submitted to the PQIC for approval. This will include scope, outcomes and parameters.
 - **Specific Work Groups:** The PQIC will appoint time-limited work groups with very

- specific assignments that, when completed, mean the group will be disbanded.
- **Standing Committees:** Any 'work group' that meets on a permanent, ongoing basis will be considered a "Standing Committee"
- **Work Group Membership:** Work Group members will be assigned in a variety of ways, depending on whether the group already exists, already exists but the scope of responsibility/charter is changing, is new and does not yet have a charter.
- **Work Group Processes:** PQIC staff and Work Group/Committee leads will promote real-time interaction amongst work groups. PQIC will empower those groups to develop and proceed with execution detail that is not at the policy level.
- **Work Group/Standing Committee Reporting:** Work Groups and Standing Committees will have a template for reporting their progress and presenting recommendations to the PQIC.
- **Meeting Records, Minutes & Working Materials:**
 - **Agendas:** Based on review of State-mandated topics, the Annual QI Work Plan and direction for the County Executive Management Team All topics presented have a stated objective or outcome for the discussion.
 - **Decisions:** Decisions made and decisions pending will be clearly noted.
 - **Outstanding Agenda Items:** Agenda items not addressed will be noted as topics for a future meeting.
 - **Communication:** Work groups will routinely share their materials, meeting notes and other key references as they progress through work to support the PQIC's awareness of their work and readiness for PQIC decisions.
 - **Notice:** Minimum of two week distribution of PQIC materials and agendas is the standard requirement to enable members to have time to review them in advance of meetings.



*Regular Communication with Association of Mental Health Contractor Agencies (AMHCA) and other Contract Agencies

PQIC TOPICS:

- Work Group Topics (per Objectives of Annual Work Plan)
- Service Delivery Capacity
- Accessibility of Services
- Beneficiary Satisfaction
- Continuity and Coordination of Care with Physical Health Care Providers and Other Human Services Agencies
- Service Delivery System and Meaningful Clinical Issues Affecting Beneficiaries
- Provider Appeals
- Consumer Affairs

WORK GROUPS:

<u>Group</u>	<u>Proposed Objective(s)</u>	<u>Schedule (2012) & Status</u>	<u>County Lead</u>	<u>Members/ Distribution</u>
County Executive/ Division Directors Group		Underway/ ongoing	Nancy Pena	
PQIC	<ul style="list-style-type: none"> • Develop, carry out annual QI Work Plan • Establish, monitor performance targets • Reconcile practice standards and regulatory requirements 	1st Thursday, bimonthly (Feb, Apr, Jun, Aug, Oct, Dec) – 9:00-11:00 Underway	Bruce Copley	Agency Leadership
Performance Measures	<ul style="list-style-type: none"> • Advance Phase I Dashboard • Develop Phase II Dashboard • Develop additional measures and reports as needed, per QI Work Plan • Support development of operational processes to gather new data as needed 	3 rd Thursdays, 10:00-11:30 AM Underway	Deane Wiley/ Hung Nguyen	Agency Data Analysts (Comm. Sol, Momentum, Rebekah)
Peer Support Design Work Group			Jennifer Jones	J. Jones to provide
Practice Standards Workgroup	<ul style="list-style-type: none"> • Revise documentation elements and forms to support improvement efforts • Incorporate documentation requirements into practice standards 	1 st Wednesdays, 2:30-4:00 2 nd standing time pending (April call: 4/17, 3:00-4:30)	Larry Powell	Distribution list is developed
Psychiatric Practices & System of Care Medical Directors Committee	<ul style="list-style-type: none"> • Identify/develop medical practice standards • Identify and facilitate operational changes to support medical practice standards • Develop/select and support training and skill development activities to implement medical practice standards 	1 st Fridays, 3:00-5:00	Tiffany Ho	Distribution list is developed
Compliance Work Group	<ul style="list-style-type: none"> • Ensure that practice standards continue to meet regulatory standards 		David Guerrero	pending
Minority Advisory Committee	<ul style="list-style-type: none"> • Ensures that unserved and underserved populations are receiving appropriate services 	3 rd Tuesdays, 12:00-2:00 PM	Deane Wiley	Distribution list is developed

<u>Group</u>	<u>Proposed Objective(s)</u>	<u>Schedule (2012) & Status</u>	<u>County Lead</u>	<u>Members/ Distribution</u>
	<ul style="list-style-type: none"> Inform the implementation the Cultural Competency Plan 			(open to public)
Workgroup Leads	<ul style="list-style-type: none"> Develop methods to communicate to the system 		Deane Wiley	Workgroup leads
Client Measurement (CIOM vs ORS/SRS vs RSA, etc.)	<ul style="list-style-type: none"> Develop recommendations to bring a client centered measurement technique to the system. Recommend a training program to implement the measurement 		Hung Nguyen (Victor Ibado)	Distribution list is developed
The "Take Away Work Group"	<ul style="list-style-type: none"> Make recommendations aimed at reducing duplication or finding more efficiencies in the system 	Tasks are being assigned to other groups		pending
System of Care Committees				
F&C System of Care	<ul style="list-style-type: none"> Develop & Monitor F&C System Standards Review and implement clinical decision making framework and evidenced based practice recommendations Review and pilot quality improvement evaluation framework 	1st Thursday, bimonthly (Jan, Mar, May, Jul, Sep, Nov) – 9:00-11:00	Sherri Terao	Distribution list is developed
Adult/Older Adult System of Care	<ul style="list-style-type: none"> Develop & Monitor F&C System Standards Review and implement clinical decision making framework and evidenced based practice recommendations Review and pilot quality improvement evaluation framework Making recommendations for improvements to the adult 	1st Thursday, bimonthly (Jan, Mar, May, Jul, Sep, Nov) – 2:00-4:00	Gabby Olivarez	Distribution list is developed
Transformational Care Planning	<ul style="list-style-type: none"> Training Program Development Trainer Development Phase I Training Continued Support of Pilot Teams & QI 		Zelia Faria Costa	Distribution list is developed

<u>Group</u>	<u>Proposed Objective(s)</u>	<u>Schedule (2012) & Status</u>	<u>County Lead</u>	<u>Members/ Distribution</u>
CANS	<ul style="list-style-type: none"> • Develop specifications by age group • Prepare technology to capture and upload measures • Support training and skill development with administration, use • Identify and facilitate operational changes to support CANS 		Maretta Juarez	Distribution list is developed
Supervisors Standards	<ul style="list-style-type: none"> • Identify/develop standards • Identify and facilitate operational changes to support standards • Develop/select and support training and skill development activities to implement standards 		Pending	Pending
Service Standard Differentiation	<ul style="list-style-type: none"> • Develop standards and guidelines for the differentiation of services for individuals at different levels of care • Provide guidance and training plans to assist individuals in skill development 		Pending	Pending
Mental Health Board and Committees				
Mental Health Board		2 nd Monday, 12:00-2:00, monthly		
Mental Health Board – System Planning and Fiscal		1 st Thursday, 2:00-4:00 PM, bimonthly		
Mental Health Board – Older Adult	Open to the public Informational updates on various resources and programs relevant to older adults mental health services in Santa Clara County	2 nd Monday, 9:00-10:30 AM, monthly		
Mental Health Board –Adult	Open to the public Informational updates on various resources and programs relevant to adult mental health services in Santa Clara County	3 rd Thursday, 9:00-11:00 AM, bimonthly (Jan, Mar, May, Jul, Sep, Nov)		
Mental Health Board – Family, Adolescent and Children’s Committee	Open to the public Informational updates on various resources and programs relevant to children and family mental health services in Santa Clara County	2 nd Thursday, 3:00-4:30 bimonthly (Jan, Mar, May, Jul, Sep, Nov)		