



Placer County Systems of Care

QUALITY IMPROVEMENT PROGRAM

I. GOAL

The goal of the Placer County Systems of Care Quality Improvement Program is to systematically evaluate our service delivery system to ensure that individuals and families receive appropriate, effective and efficient services. The Quality Improvement (QI) Program emphasizes Family-centered and community-based services, promotes best practices, and supports culturally relevant services. It confirms that minimum standards of care are met, which are consistent with State and Federal requirements. It relies on processes of continuous Client/Consumer, Provider and Organizational review to identify and resolve problems and improve services.

In order to achieve this goal; the QI Program Teams and Committees coordinate with performance measurement-related activities (*Child and Adult Outcome Screens*, Level of Care screenings LOCUS/ASAM and Child and Family Needs and Strengths Assessments CANS); credentialing and oversight of Network Private Providers and Organizational Providers; problem resolution processes for Client and Provider formal complaints, appeals and fair hearings; assessment of Client and Provider satisfaction; and written and electronic documentation.

II. QUALITY IMPROVEMENT PROGRAM STRUCTURE

The QI Program consists of Teams, Committees and Subcommittees. These groups are all interrelated by oversight and reporting responsibilities so that the entire range of QI considerations is addressed systematically with accountability to an appropriate authority.

Minutes document the activities, decisions and actions of all groups, which are signed and dated by the respective Chairpersons or Team Leaders.

QUALITY IMPROVEMENT COMMITTEE

Purpose

To support integration of the Placer County Systems of Care, and family and community-centered practice; including a strengths-based approach to working with clients and families to provide full-scope services in order to attain comprehensive desired outcomes. To oversee activities required for compliance with regulatory authorities and to review administrative and other organizational processes to promote their effectiveness and efficiency. The Quality Improvement Committee (QIC) serves as the hub of our QI Program and links with the Systems of Care (SOC) Leadership Team, the Department of Health and Human Services (HHS) Policy Team, the Systems Management and Resource Team (SMART), Policy Board and Committees, Subcommittees and Teams, which comprise the QI Program structure.

Function

The QIC oversees all SOC QI activities; reviews and evaluates the results of QI activities; ensures follow-up of QI processes; institutes needed QI actions; and recommends policy decisions. This is achieved through utilization of both standing and open agenda items. Standing meeting agenda items include reports from the Chairs of the primary leaders identified by the Team. Agenda items can be *information only, for discussion, or for decision*.

The QIC approves the membership of other QI Committees and Teams, but attempts to include anyone who desires to participate. Appointments can be made provisionally by the QI Steering Committee, subject to approval of the QIC at the first opportunity.

Membership

The QIC is composed of stakeholders in SOC services. The QIC includes the Adult System of Care (ASOC) Director (the ASOC Director is also the Mental Health Plan Director), the Children's System of Care (CSOC) Director, the Sierra County HHS Director or designee, the Chief Psychiatrist, the CSOC Mental Health Program Manager, the CSOC Child Welfare System Improvement Program Manager,, the SOC QI Manager, the Chairpersons of the QI Committees, the SOC Accounting Administrative Services Officer (ASO), the SOC Patient's Rights Advocate, a Member of the Mental Health Alcohol and Drug Advisory Board, a Family Advocate, a Youth Advocate, a Client representative, a Navigator, a Network Private Provider and/or Organizational representative, an Information Technology representative and any community member who chooses to come.

Roles

Team Chair: To lead the Committee at each meeting to assure orderly, collaborative, sequential, and timely accomplishment of the Committee's work.

Team Member: To take responsibility for staying current on Team business, including the activities missed due to absences from meetings; to identify areas of study for the Team to undertake as necessary for achieving our purposes; to provide full participation, input, and decision making.

When unable to attend a meeting, Members should advise the Team Chair in advance and arrange for an alternate representative.

Decision Making

Decisions on actions and recommendations are to be made by consensus among those in attendance. When unable to reach consensus on a matter, the Team shall determine the appropriate processes for handling disagreements on a case by case basis. Possible resolutions might include requesting assistance from a mediator to facilitate reaching consensus, a 2/3 vote or a majority vote.

Constraints

Members are to represent the Team's decisions and recommendations.

Resources

Team Members will utilize Placer County System of Care resources for preparatory and follow-up work, to assure the timely and complete accomplishment of the Committee's goals. Other System of Care staff may be consulted for technical information and assistance as available and appropriate.

If the Team determines that occasional County office support is needed, reasonable requests will be made for assistance, utilizing established supervisory and/or management approval methods.

Team Meetings

Meetings will alternate locations and will take place at either the Adult System of Care or Children's System of Care Conference Room on the third Wednesday of every quarter (January, April, July, October) or other venues and times as may be agreed upon. All meetings will begin promptly at 10:30 a.m. and end prior to or promptly at 12:00 p.m. The Committee Chair will prepare meeting agendas and action tracking materials in advance, and will provide sufficient copies at the beginning of the meeting. If documents are to be discussed, the Committee

member with access to the document will be responsible for providing sufficient copies.

A review of and corrections to the written meeting materials will be the first item on each meeting's agenda, although these will also be distributed for such correction prior to the meeting.

COMMITTEES AND SUBCOMMITTEES

QUALITY IMPROVEMENT STEERING COMMITTEE

Purpose

To support QI processes which require longer term project work and those which require relatively quick responses and actions by SOC management.

Function

The Steering Committee decides on formal complaints and appeals as part of the Client and Provider problem resolution process when they cannot be resolved at lower organizational levels within SOC. It also provisionally approves appointments to QI Committees and Subcommittees. It works on longer term projects such as Performance Improvement Projects, and gathers all documentation for compliance actions such as billings to be disallowed from audit findings.

Membership

The Steering Committee includes the ASOC and CSOC Assistant Directors; the QI Coordinator and others depending on the nature of the formal complaint or appeal, or project. A Client representative, for example, would participate in a meeting on a Client-related formal complaint or appeal; and a Private Provider representative would participate for a Private Provider-related formal complaint or appeal.

Roles

Committee Chair: To coordinate meetings as needed ad hoc. To lead discussion at each meeting to assure orderly, collaborative, sequential, and timely accomplishment of the Committee's work.

SOC Directors: To exercise executive authority as necessary for SOC to respond appropriately, effectively and efficiently to the needs of Clients, Private and Organizational Providers, SOC Staff and our organization.

Stakeholder Representatives: To advocate for their respective constituency in a manner consistent with the parameters and concerns of SOC as a whole.

Decision Making

Decisions on actions and recommendations are to be made by consensus among those in attendance. When unable to reach consensus on a matter, the Committee shall determine the appropriate processes for handling disagreements on a *case by case* basis.

Constraints

Members are to represent the Committee's decisions and recommendations; the confidentiality of Clients and Providers is to be maintained.

Resources

Committee Members will utilize SOC resources to assure that it is effectively serve its functions.

Committee Meetings

On a *case-by-case* basis; meetings can be face-to-face, by phone or by email consistent with the need to respond relatively quickly.

PLACER READI: RACE, EQUITY, ACCESS, DIVERSITY, INCLUSION (FORMERLY CULTURAL LINGUISTIC COMPETENCY) SUBCOMMITTEE

Function

Develops and monitors the implementation of the SOC Cultural Linguistic Competency Plan; ensures that relevant materials are available for providers and clients in client understandable and threshold languages, writes required reports, focuses on Client concerns including access to services, Client outcomes, Client satisfaction, and other issues. It reviews documentation of actions taken on Client-related complaints and appeals. It submits reports on its activities, findings and recommendations to the QIC.

Function

The CLC reviews aggregate statistical data and information on access to services; implements Client Sensitivity Training; develops and/or reviews client informational materials and monitors their distribution; develops and monitors Consumer satisfaction surveys; reviews documentation submitted to it on Client-related problem resolution activities, monitors culturally relevant and supportive services, discusses disparities, provides input on policies, reviews trainings for inclusion of cultural relevance, reviews activities of the Native Services Team, Latino Workgroup, Consumer activities, Transition Aged Youth activities, and ensure all have a voice in system advancement.

Composition:

The Cultural Competency Subcommittee includes members of the SOC Management teams; Service Providers and Partners representing Native, Latino, TAY, Employment, Housing, College and other service sectors; the Patient's Rights Advocate; the CWS Ombudsman; and representatives for both children and adults receiving mental health, substance abuse, child welfare and other SOC services such as Clients, former clients, Consumer Employees, Family and Peer Advocates; Youth Advocates; Navigators; and their Family or community representatives including United Advocates for Children and Families, National Alliance for the Mentally Ill, and/or Mental Health Alcohol and other Drug Board Advisory Members.

An SOC Staff person co-chairs the Cultural Competency Subcommittee with a community member.

Frequency of Meetings

As often as necessary, and at least every other month.

NETWORK PROVIDER/ORGANIZATIONAL RELATIONS COMMITTEE

Purpose

To strengthen and support the collaborative partnership between the Placer County System of Care and the Provider community; to ensure that positive and active communication takes place between the County and all interested Providers serving System of Care families and clients; and to participate in the County's continuous process for quality improvement including training, monitoring and auditing.

Function

This committee serves as a continuous link between the Systems of Care and the Provider community. It contributes to development of community resources by focusing on reviewing, training, credentialing and supporting Private and Organizational Providers. It reviews results of actions and processes taken on Provider-related complaints and appeals. It discusses trends and community issues, new regulations, and ensures providers are aware of training and monitoring processes. It submits reports on its activities, findings and recommendations to the Quality Improvement Team

Membership

Membership is open to all behavioral health credentialed Network and Organizational Providers and identified County Staff.

Roles

Committee Chair: To lead the Committee at each meeting to assure orderly, collaborative, sequential, and timely accomplishment of the Committee's work. To provide a management link with the Quality Improvement Team, assuring communication and information exchange.

Decision Making

Decisions on recommended actions, products and formats are to be made by consensus among those in attendance. If a disagreement occurs, decisions will be made based upon a vote.

Constraints

The products and accomplishments of the Committee must be based upon the discussions and agreements made in the Committee's meetings.

Resources

Committee members will utilize Placer County System of Care resources for preparatory and follow-on work, to assure the timely and complete accomplishment of the Committee's goals. Other System of Care staff may be consulted for technical information and assistance as available and appropriate.

If the Committee determines that occasional County office support is needed, reasonable requests will be made for assistance, utilizing established supervisory and/or management approval methods.

Committee Meetings

Meetings alternate between the Auburn and Roseville CSOC on the second Wednesday of every other month or quarterly as needs arise. All meetings will begin promptly at 10:30 a.m. and end prior to or promptly at 12:00 p.m. The Committee Chair will prepare meeting agendas and action tracking materials in advance, and will provide sufficient copies at the beginning of the meeting. If documents are to be discussed, the Committee Member with access to the document will be responsible for providing sufficient copies.

A review of and corrections to the written meeting materials will be the first item on each meeting's agenda.

ADVERSE INCIDENT COMMITTEE

Function

The Adverse Incident Committee reviews adverse incidents following the SOC *Adverse Incident Policy and Procedure*. Adverse incidents include client deaths; serious injury that is the result of client aggression toward self or others; and/or use of physical containment or restraint. The Committee Chair reports on committee activities to the QI Team at least every six months.

Composition

The Adverse Incident Subcommittee includes the SOC Chief Psychiatrist, and service-delivery staff from ASOC and CSOC.

The QI Manager chairs the Adverse Incident Subcommittee.

Frequency of Meetings

The Adverse Incident Subcommittee meets as often as necessary to review adverse incidents, at least quarterly.

COMPLIANCE COMMITTEE

Function

The Compliance Committee performs, leads, and directs activities necessary to ensure compliance with regulations applicable to SOC activities. This includes internal and external documentation review activities, credentialing and re-credentialing, site certification, LEIE/OIG and license verification, service verification activities, billing and auditing oversight and disallowances, and all other integrity and compliance related activities. It ensures that knowledge of regulations is held by a number of staff, rather than by just one or two individuals. It promotes compliance with regulations in a manner that is not restrictively categorical in nature, which still promotes Family-Centered, community-based, and culturally relevant work consistent with our SOC approach.

Composition

The Compliance Committee includes quality improvement staff, Analysts, IT staff, training staff, Mental Health Program Managers, the Compliance Officer, and the Quality Improvement Manager. Other SOC Staff and Private Providers may participate in task-specific activities to provide input from specific programs.

The Compliance Officer chairs the Compliance Committee.

Frequency of Meetings

The Compliance Committee meets every other week.

FORMS COMMITTEE

Function

The Forms Committee reviews forms to ensure that there is consistency and that State and Federal regulatory standards are met throughout SOC; assigns form numbers for tracking; and oversees form distribution processes. This committee provides an annual report to the QIC.

Composition

The Forms Committee includes a staff person from the SOC Quality Improvement, a clerical support staff person and service delivery staff from both ASOC and CSOC.

An SOC QI Supervisor person chairs the Forms Committee.

Frequency of Meetings

The Forms Committee meets as often as necessary and at least quarterly.

MEDICATION REVIEW COMMITTEE

Function

Reviews medication practices to ensure appropriate use of psychotropic and other medication service delivery. The SOC Chief Psychiatrist provides a semi-annual report on committee activities to the QI Team.

Composition

The Medication Review Committee includes all SOC psychiatrists and SOC Supervising Nurses.

The SOC Chief Psychiatrist chairs the Medication Review Committee.

Frequency of Meetings

The Medication Review Committee meets as often as necessary and at least monthly.

TEAMS

SYSTEMS MANAGEMENT AND ADVOCACY RESOURCE TEAM (SMART) POLICY TEAM

Function

SMART establishes policy for implementing its objectives; supports departmental representatives on FRCC; resolves interdepartmental case management problems not resolved by FRCC.

Composition

The SMART Policy Team is composed of the Chief and Assistant Chief Probation Officer of Placer County, the Director of the Department of Health and Human Services (HHS), the Placer County Juvenile Court Judge, the Placer County Superintendent of Schools or designee, the Chief Medical Officer of Placer County or designee, the CSOC Director and Assistant Director, a Family Advocate, and other members as required at various meetings.

Frequency of Meetings

Meetings are every other week.

**Family Resource Community Collaborative (FRCC)
(formerly SMART MANAGEMENT TEAM (SMT))**

Function

FRCC is a brain storming and recommending body that brings together families, children and youth, SOC managers, agency representatives, and others to review and authorizes system access when jurisdiction is unclear; review and authorize out-of-state children and youth placement; review and brainstorm cases resulting from a lack of consensus by Family Teams; conduct formal follow-up conferences as determined necessary by Management Teams; review cases as directed by SMART Policy Team; authorize necessary services; identifies areas for system improvement; and develops change/improvement plans for implementation. FRCC Members are delegated the authority of their respective department heads and agencies to commit their agency resources to provide services to clients and families.

Composition

FRCC is facilitated by a Family Advocate. It is composed of the CSOC Program Manager/s representing mental health and child welfare, a Probation representative; a Community Health representative; a CALWORKS/Eligibility representative; an Education or SELPA representative, Parents, Family Advocates, Youth Advocates, Interpreter, an Administrative Clerk, and culturally specific providers as relevant to particular families.

The Family Advocate Director facilitates FRCC.

Frequency of Meetings:

FRCC meetings are weekly or every other week depending on need.

FISCAL, I.T., TREATMENT TEAM (FIT3)

Function

FIT3 serves as a collaborative environment for all teams involved in the creation, maintenance, and application of health information systems to enhance workflow and Electronic Health Record (EHR) functionality, as well as implement and comply with new regulatory requirements. The team addresses billing/claiming concerns, technology needs, EHR program access set up and design as well as state reporting requirements.

Composition

The FIT3 team is facilitated by the QI leadership team. It is comprised of the QM leadership team, the fiscal billing team, the Information Technology (I.T.) team, and leadership (supervisors, managers, and directors) from both Adults System of Care (ASOC) and Children System of Care (CSOC) client services and clerical programs.

Frequency of Meetings

Meetings are monthly.