

## Attachment J

### Child and Adolescent Mental Health Division

### Quality Assurance and Improvement Plan

The Quality Assurance and Improvement Program – FY 2006 and the Quality Assurance and Improvement Work Plan – FY 2006 and subsequent updates are located on the Department of Health, CAMHD Website **Resource Library webpage** under ***Guiding Documents*** at:

<http://www.hawaii.gov/health/mental-health/camhd/resources/index.html>

Direct links to the downloadable documents are:

<http://www.hawaii.gov/health/mental-health/camhd/library/pdf/qaip-5.pdf>

and

<http://www.hawaii.gov/health/mental-health/camhd/library/pdf/qaip-6.pdf>

**CHILD AND ADOLESCENT MENTAL HEALTH DIVISION  
POLICY AND PROCEDURE MANUAL**

<b>SUBJECT: Quality Assurance and Improvement Plan</b>	<b>Number:</b>	<b>80.503</b>
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<b>REFERENCE:</b> Centers for Medicare and Medicaid Services; Standards for Internal Quality Assurance Programs of HMOs, HIOs, and PHPs Contracting with Medicaid.	<b>APPROVED:</b>	
	<i>Signature on File</i>	12/30/04
	Chief	Eff. Date

**PURPOSE**

The overall purpose of the Child and Adolescent Mental Health Division (CAMHD) Quality Assurance and Improvement Program (QAIP) is to assure that youth and families receive quality and appropriate care through qualified staff and providers. The QAIP is conducted to ensure positive functional outcomes. It includes comprehensive monitoring of all service types, clinical quality investigations, maintenance of clinical records, and assurance that youth are served in the least restrictive environment possible.

**DEFINITIONS**

*Quality Assurance and Improvement Program (QAIP):* Document that defines the purpose, goals and objectives, and administration of the QAIP and includes an organized system of information collection for the purpose of continuous quality improvement and results for youth served. The QAIP encompasses CAMHD’s utilization management program.

*QAIP Work Plan:* A working plan that guides the systematic implementation of CAMHD’s performance improvement process.

*Performance Improvement Steering Committee (PISC):* A CAMHD committee chaired by the Division Performance Manager and whose vice-chair is the Division’s Medical Director; comprised of chairpersons or their delegates from each CAMHD standing committee, contract provider representative, a Family Guidance Center (FGC) Branch Chief representative, and a family organization representatives. All CAMHD units and sections identify and track measurable performance outcomes on a regular basis and establish benchmarks that are reported through

*Executive Management Team (EMT):* The CAMHD’s Governing Body, comprised of the Chief, Medical Director, Performance Manager, Public Health Administrative Officer, a Psychologist from the Clinical Services Office, the Provider Relations Liaison, and a Family Resource Representative. The Family Organization Representative may attend meetings of the EMT where decision-making on issues referred to PISC are decided.

**POLICY**

1. The EMT shall have ultimate responsibility to approve the CAMHD QAIP, ensure its implementation, and review the QAIP description and Work Plan minimally on an annual basis. The CAMHD’s Performance Manager is formally designated to provide oversight of the CAMHD QAIP.

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2. The QAIP shall be included in all contractual agreements for intensive mental health services to assure that youth and families receive quality and appropriate care through qualified staff and providers and to ensure positive functional outcomes.
3. The QAIP or the QAIP Work Plan shall describe the following through the participation of the CAMHD’s major organizational sections and input from contracted provider agencies:
  - A. The goals and objectives of the QAIP: Detailed goals and objectives, developed annually, and including timetables for implementation and accomplishment.
  - B. The scope of the QAIP: Comprehensive scope with evidence that the quality of clinical care and quality of non-clinical aspects of services in the realm of availability, accessibility, coordination and continuity of care are addressed.
  - C. The QAIP description: Clear definition of its scope and content, oversight and program administration, methods used to monitor care and services, how performance improvement activities are documented, stakeholder involvement, the delegation program and establishment of the annual QAIP Work Plan.
  - D. The QAIP methodology: Methodology assuring that the entire range of care provided by the CAMHD is reviewed, including all care settings and demographic groups. Methodology will study health outcomes.
  - E. The QAIP Work Plan: Description of the quality of care and other activities that will be undertaken during the fiscal year including methodologies and organizational arrangements that will be used to accomplish studies/activities, with responsible appropriate individuals clearly identified.
  - F. Quality Activities: Activities shall be continuously performed and tracked over time.
  - G. Peer review: Peer review shall be assigned to the Medical Director who will assure that physicians and other health professionals review treatment processes aligned with Evidence-based Best Practices.
  - H. Feedback: The QAIP will give feedback to health professionals and the CAMHD staff regarding performance and client results.

**PROCEDURE**

1. The CAMHD will inform staff division-wide and contracted provider agencies about the need to adhere to the implementation of the CAMHD’s Quality Assessment and Improvement Plan.
2. CAMHD shall coordinate and integrate all common-goal processes division-wide.

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3. Specific mechanisms fostering communications and staff awareness of current status, events, or issues of concern shall be identified and implemented on a regular basis within and among Sections, Branches, and Offices.
4. The PISC shall receive regular reports on the implementation of the QAIP Work Plan.
5. The Executive Management Team shall review and evaluate the effectiveness of the Quality Assessment and Improvement Plan on an annual basis. Analyses will cover the scope of prescribed activities and monitoring efficiency and effectiveness and will be submitted by the Performance Manager through PISC.

**ATTACHMENTS: None**

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REVISION HISTORY: February 4, 2003  
Initial Effective Date: January 25, 1996  
Biannual Review Date:  
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File Ref:  
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