

Attachment I

CAMHD

Quality Assurance and Improvement Program

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Purpose of the CAMHD Quality Assurance and Improvement Program

The mission of the Child and Adolescent Mental Health Division (CAMHD) is to provide timely and effective mental health services to children and youth with emotional and behavioral challenges, and their families. These services are provided within a system of care that integrates Hawaii's Child and Adolescent Service System Program (CASSP) principles, evidence based services, and continuous monitoring.

In implementing a mission that allows children and families to lead full and productive lives, CAMHD delivers effective and efficient services that are located in communities throughout the State of Hawaii. Services are provided in accordance with evidence-based practices, and address the individual needs of each child, youth and family served. Each child or youth's services are coordinated across all agencies and individuals involved. Engagement of the child, youth and family as active participants in the service delivery process is central to CAMHD's mission.

CAMHD's mission is supported through its commitment to continuous performance monitoring, evaluation and improvement at all levels of its service system. This provides a base for accomplishing its mission through open acceptance of accountability for results and achieving efficiencies at all levels of the organization.

The CAMHD Quality Assurance and Improvement Program (QAIP) is a statewide system and addresses all services and service delivery sites. Local-level implementation of the QAIP may consider local context while continuing to reflect a consistent statewide program for quality assurance and improvement. The CAMHD QAIP encompasses its Utilization Management Program. CAMHD's Utilization Management Program reviews utilization at all levels of care and for all aspects of utilization including availability, accessibility, coordination and continuity of care. The purpose of utilization review is to assure that children and youth receive the most appropriate level of service in the least restrictive environment possible. Utilization review data is used for continuous quality improvement.

The overall purpose of the CAMHD Quality Assurance and Improvement Program is to assure eligible youth and families receive the best possible and most appropriate care through highly qualified staff and providers. The program is conducted to ensure positive functional outcomes for youth. The QAIP includes comprehensive monitoring of all types of services provided by CAMHD, clinical quality investigations, maintenance of clinical records, assurance that youth are served in the least restrictive environment possible, and wherever possible in their own home and community. The QAIP program assures that care for youth is continuous and coordinated with all members of the child and family team. Accountability and participation in continuous quality improvement occurs at all levels of the CAMHD service system and includes active involvement of families and service providers.



Goals and Objectives of the Quality Assurance and Improvement Program (QAIP)

The overall system goals of CAMHD are exemplified in its current Strategic Plan, which was submitted in 2010 to the Hawaii State Legislature as statutorily required. It is a document that guides the direction of CAMHD for the four-year period 2010-2014.

Quality improvement in CAMHD occurs systematically and continuously at all levels of clinical service delivery, service infrastructure, and administrative services related to quality of care. The Quality Assurance and Improvement Program is comprehensive and addresses all services provided by CAMHD in all service settings. These services include emergency mental health services, mental health and psychosexual assessments, intensive home and community based interventions, multisystemic therapy, therapeutic residential services, and hospital-based programs.

The QAIP supports the CAMHD service system statewide, including its provider network, in assuring coordinated, timely and appropriate care for all registered youth. Quality improvement focuses on the demographic and epidemiological features of the CAMHD population, which includes youth who are enrolled in QUEST and youth who are not.

The goals of the CAMHD Quality Assurance and Improvement Program, and its Work Plan Activities, support CAMHD in achieving its goals related to quality assurance and improvement. The goals of the CAMHD QAIP are designed to maintain a system of continuous quality improvement so that care and services for children and families contribute to positive life outcomes. The goals are achieved through planned, accountable and systematic performance improvement activities.

The status and results of the QAIP are communicated to staff at all levels through committee reports, presentations at the Quality Steering Committee, and Executive Management team. The quarterly Integrated Performance Monitoring Report is posted on the CAMHD website bi-annually

Objectives of the QAIP are achieved through the implementation of the annual QAIP Work Plan. The Work Plan identifies specific QI activities for each objective, including the individual position and committee that is accountable and timelines for data collection and completion of activities. The QAIP Work Plan for July 2011 to June 2012 (FY2012) is attached to this document.

The goals and objectives of the QAIP are:

1. Ensure that services are provided by Qualified Practitioners.
 - a. Ensure that all Qualified Mental Health, Mental Health, and Para professional providers of CAMHD services are actively credentialed.
 - b. Ensure CAMHD re-credentialing of providers.



- c. Ensure CAMHD contracted providers meet Credentialing Standards, practices, and processes through annual monitoring visits.
2. Ensure that CAMHD youth receive services in a timely and effective manner through an effective Utilization Management Program.
 - a. Ensure eligible youth are provided access to services.
 - b. Ensure that services are made available to eligible youth.
 - c. Monitor the overutilization of overly restrictive levels of care (i.e., Hospital-based Residential, Mainland placement).
 - d. Identify and address areas of underutilization and overutilization of services.
 - e. Monitor actual length of stay in services versus CAMHD standards
 - f. Monitor access to urgent and emergent care.
 - g. Monitor the utilization and outcomes of Evidence-based service contracts.
 - h. Gather and analyze utilization data, communicate findings and make appropriate recommendations through accepted records data.
3. Ensure that CAMHD youth are provided quality services that promote positive outcomes and demonstrate treatment progress.
 - a. Monitor Sentinel Events to ensure that youth are safe.
 - b. Track longitudinal CAFAS, MTPS, and Ohio Functioning Scales for CAMHD youth.
 - c. Conduct annual monitoring of all contracted provider agencies for quality of service provision.
 - d. Review and revise on an annual basis performance standards and practice guidelines and internal CAMHD policies and procedures.
 - e. Support quality care coordination through the monitoring of caseload ratio and Coordinated Service Plan (CSP) timeliness and quality.
4. Monitor consumer and provider satisfaction.
 - a. Monitor consumer satisfaction through grievances and appeals.
 - b. Monitor consumer satisfaction survey results.
 - c. Monitor provider satisfaction survey results.
5. Ensure that CAMHD has processes in place to reduce the risk of fraud and abuse.
 - a. Minimize fraud and abuse through a comprehensive Compliance Plan and Fraud and Abuse Program.
6. Monitor the implementation of CAMHD Strategic Plan Activities (2010-2014).
 - a. Monitor the implementation of activities outlined in the CAMHD Strategic Plan (2010-2014).
7. Be informed of the activities of the Evidence-based Services Committee.
 - a. Be informed on an annual basis on the activities of the Evidence-Based Services Committee.



Methods used to Systematically Monitor Care and Services

Quality Monitoring Methods

Priorities for quality monitoring are identified through the review of available epidemiological, demographic, and performance reporting information. Monitoring occurs for each of the objectives established for the QAIP, and across demographic groups and service settings.

Quality is systematically reviewed through monitoring of performance activities established in the QAIP Work Plan. Methodologies for monitoring are established in the form of written guidelines. Frequency of monitoring is established at a level that can detect the need for any programmatic changes. Quality of clinical care and utilization management is monitored against the Integrated Performance Standards and Practice Guidelines.

CAMHD acknowledges the interdependence of components of systems, and the role they collectively play in impacting performance and outcomes. Performance data are reviewed from a multi-disciplinary, cross-team perspective in order to understand issues and identify opportunities for improvement.

CAMHD follows a basic continuous quality improvement cycle that includes the following components:

1. A plan to improve services
2. Data collection
3. Data analysis
4. Actions and interventions
5. Data collection to determine if the actions had the desired results
6. If the desired result was not achieved, return to the plan stage.

How Issues are Identified

Opportunities for quality improvement are identified through ongoing review of clinical, quality and utilization management data. Data are systematically reviewed through the monitoring of performance data, and reports from specific committees to the Quality Steering Committee. The QSC and its subcommittees, as well as any organizational unit of CAMHD can identify and recommend areas that provide opportunities for improvement.

Criteria for selecting areas for quality improvement include, but are not limited to:

1. Areas that represent a high-risk or high-volume issue for the CAMHD population.
2. Areas that have a high probability of improving care and mental health outcomes for the population served by CAMHD.



3. Areas that there are objective criteria for assessment of improvement.
4. Adequate resources are available to implement the quality improvement and the benefits of the improvement exceed its costs.
5. Areas that support CAMHD achieving its organizational mission.

Documentation of Performance Improvement Activities

Performance improvement activities are systematically implemented, and continuously monitored and tracked. Activities are documented through the following methods:

1. Reporting to the QSC according to the the QSC calendar of reporting requirements specific to each committee and the schedule designated in the annual QAIP Work Plan.
2. Documentation is in the format identified in the QSC Report Cover Page (see attached). Reports include the following: Performance Measures, Data Trends, Analysis of Findings, Recommendations (internal to the specific committee and referrals to the QSC and EMT).
3. Tracking occurs for issues that are identified as opportunities for improvement, or remedial actions in need of correction. The QAIP maintains policies and procedures for taking remedial action including tracking and documentation of actions.

Stakeholder Involvement in Performance Improvement

Involvement of stakeholders in the performance improvement process is integral to assuring joint ownership and participation in quality improvement. Communication and training are conducted for staff, providers and families as described below:

1. Staff

Upon hire, all CAMHD employees are oriented to the QAIP and the QAIP Work Plan, including the function of performance improvement and utilization management in CAMHD. Updates are disseminated through standing committees at least annually. Staff members also receive feedback about performance improvement activities periodically.

2. Provider Agencies

Provider agencies and contractors are informed about contractual obligations related to the CAMHD QAIP, CAMHD performance standards and practice guidelines, and their own quality assurance and utilization management activities through their contracts. All updates to standards and guidelines are communicated to provider agencies and contractors. All provider agencies receive a Provider Manual and all updates as they occur. Further feedback and updates about the CAMHD program, including performance improvement is distributed through a provider newsletter. Meetings with representatives from the provider agencies occur at least quarterly.



Involvement in performance improvement further occurs through participation by representatives of provider agencies on the QSC and various standing committees including the Policies and Procedures Committee, the Safety and Risk Management Committee, and the Training Committee.

3. Families

Families are involved in performance improvement and receive education about the CAMHD program in a number of ways including through the Consumer Handbook, distribution of information through family organizations, and the CAMHD website. Family members receive education through the treatment process. There is family member representation on the QSC and select standing committees: including Grievance and Appeals, Evidence-Based Services, Utilization Management, and various quality-related task forces and focus groups as they occur. The Performance Manager assures orientation is provided for all family member representatives on the CAMHD quality improvement processes including on confidentiality.

4. Providers of Delegated Activities

For providers that are delegated quality management activities, ongoing training and communications are continuously available and systematically provided. Any updates or changes to quality expectations that impact the delegated activity are disseminated in a timely manner. All providers of delegated activities are monitored according to CAMHD policies and procedures for delegation on an annual basis. Findings of the monitoring audits are provided to the delegated provider.



Quality Assurance and Improvement Work Plan

How Priorities are Set

CAMHD establishes a range of areas for working on performance improvement, and establishes priorities as not all areas can be implemented simultaneously. The QAIP Work Plan, based on a fiscal year unless otherwise designated by EMT, guides the performance improvement implementation process. Priorities can be changed through acceptance of THE QSC and approval of EMT based on the identification of opportunities for quality improvement during the year.

Revision of the Work Plan occurs through identification and review of issues by THE QSC or its standing committees, evaluation of revisions by EMT, and approval of EMT. Any revisions to the Work Plan require oversight by THE QSC who assigns accountability for development and monitoring of improvements.

Standards and Criteria

The standards and criteria that guide the QAIP are based wherever possible on monitoring of trends based on CAMHD goal setting, and use the knowledge and experience of experts in the field of children's mental health and the evidence-based literature. The QAIP is further guided by the CAMHD Practice Guidelines and any updates to the Practice Guidelines based on the research of the Evidence-based Services Committee. Standards applied by other similar health plans, children's mental health systems, and industry standards may be used to guide the QAIP, with attention paid to criteria that are objective, measurable and current. Regular review of available sources within CAMHD and its provider network, are used for periodic adjustment to priorities and standards and criteria.

Collection and Analysis of Data

Data required for each activity of the QAIP Work Plan are pre-determined and reflect indicators that allow for evaluation of the effects and findings of interventions. The frequency of data collection varies and is reflective of the nature of the activity. The sources of data include, but are not limited to encounter data, surveys, grievance data, state databases, qualitative data, clinical quality-related referrals, and utilization data.

Delegation Program

CAMHD maintains a delegation program to provide oversight for any areas of quality management that are delegated to another entity. CAMHD may delegate a quality function, but follows its policies and procedures for delegation, and retains ultimate responsibility and accountability of the function, including the right to terminate any delegation agreement. The responsibilities and requirements of CAMHD and the delegated entity are documented in each delegation agreement.



Components of the QAIP Work Plan

The QAIP Work Plan includes the following components:

1. A statement of the purpose
2. Scope
3. Population Demographics
4. Systematic Monitoring
5. Goals and Strategies
6. Activities



Overall Program Administration and Oversight of the QAIP

Governing Body: Authority, Responsibility, and Implementation

The governing body of CAMHD is its Executive Management Team (EMT). The EMT assigns responsibility of its Quality Assurance and Improvement Program to the CAMHD Quality Steering Committee (THE QSC). The voting members of the EMT are the Administrator, the Medical Director, the Performance Manager, the Public Health Administrative Officer, all Branch Chiefs, the Provider Relations Specialist, the Chief Executive Officer of a family organization, a representative from the CAMHD Research and Evaluation Office, and a Psychologist appointed from the Clinical Services Office.

The QSC reports directly to the EMT. The QSC submits the QAIP description, and QAIP Work Plan to the full EMT on an annual basis to the EMT for formal approval. The QSC monitors the overall effectiveness of the QAIP through the Annual The QSC Final Report Evaluation, which is also reviewed and approved by EMT. Periodic updates to the EMT are received through committee reports and updates from the Performance Manager.

The EMT meets at least once monthly. When written reports or issues are received from The QSC, upon review of the reports or issues EMT may:

- Accept the report and findings with confirmation of acceptance;
- Ask for clarification of findings or reassessment of results;
- Direct that the QAIP or QAIP Work Plan be assessed for modification to accommodate the findings or issues of concern; or
- Direct and follow up on the necessary actions pertaining to quality of the CAMHD program.

The CAMHD Administrator is the senior executive responsible for directing, maintaining and supporting an effective system for mental health service delivery for eligible youth and their families. The Administrator is the chair of EMT and a member of the QSC. The Administrator assigns the responsibility of the CAMHD quality improvement program to the Performance Manager and the responsibility of the utilization management program to the Medical Director.

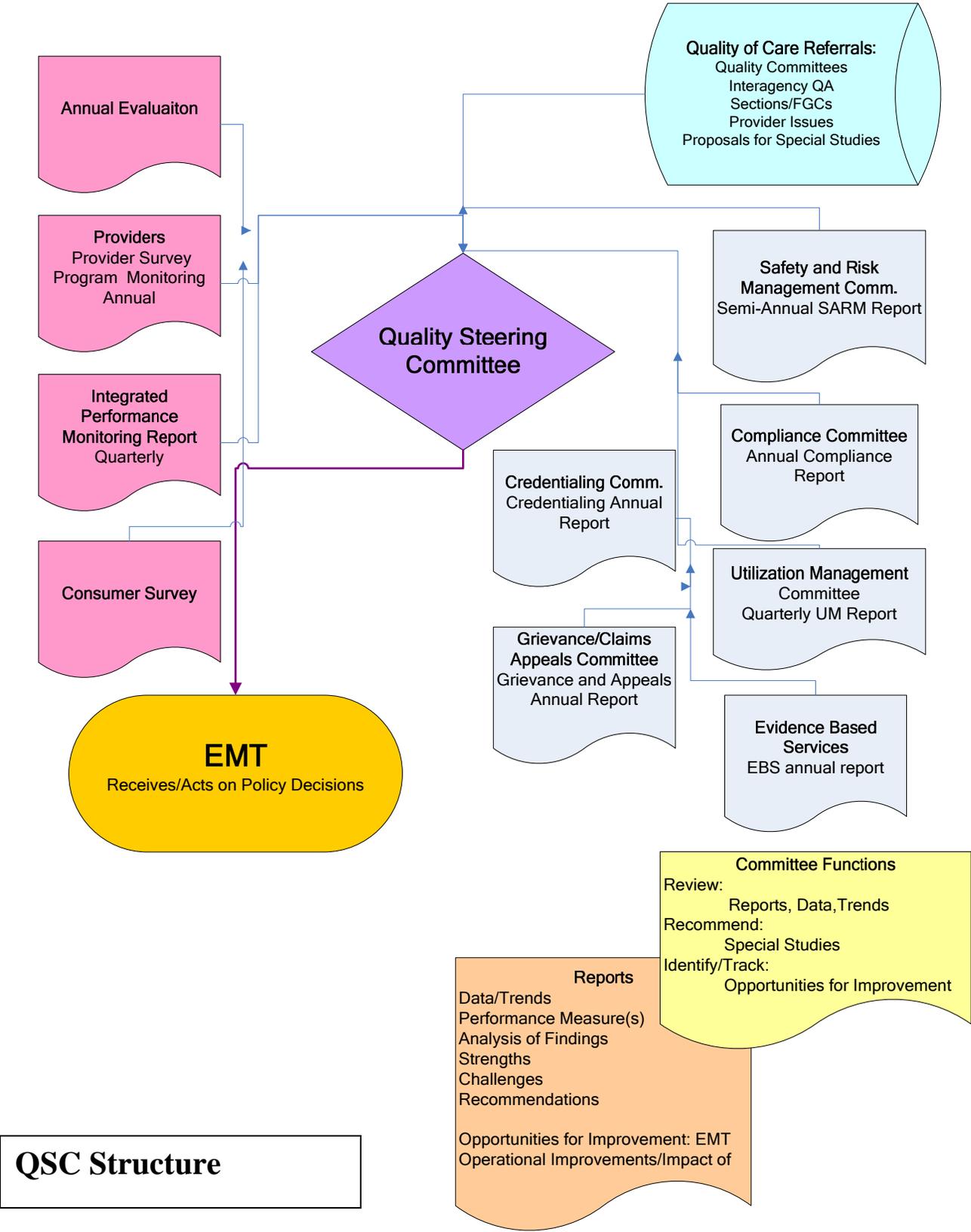
The Administrator further assigns the responsibility of overall oversight of the clinical and medical components of the program to the Medical Director. The Medical Director is, chairperson of the Safety and Risk Management Committee, co-chairperson of the Evidence-based Services Committee, chair of the Utilization Management Committee, a standing member of the Compliance Committee, and is an *ex-officio* member of the Credentialing Committee and Professional Activities Review Committee (PARC).



Organizational and Committee Structure

The CAMHD Executive Management Team has final responsibility for approval and oversight of the management and direction of the Quality Assurance and Improvement Program. The EMT designates the Performance Manager to develop and manage the QAIP and to provide reports on quality management activities, findings and actions to the EMT when actions require policy and procedure change, the actions impact the structure of the system, or as needed. The Quality Steering Committee designates the chair of each committee, shown below, to provide reports on quality management activities related to the respective committee's responsibility. The organizational committee structure is shown below.





CAMHD Committee Descriptions and Functions

I. Quality Steering Committee (QSC)

Description: The Quality Steering Committee (QSC) oversees the activities of the CAMHD Quality Assurance and Improvement Program (QAIP). The Performance Manager chairs the QSC. The QSC is composed of chairpersons of CAMHD standing committees (as identified above and described below), the Administrator, Medical Director, a representative of the Branch Chiefs, representative from the Research and Evaluation Office, representatives from agencies in the CAMHD provider network, a representative from an organization representing family members, and Chief Psychologist. Standing committees review client care and service delivery for opportunities for improvement that support CAMHD's systems and processes. All standing committees are comprised of members representing various functional disciplines throughout CAMHD. All applicable committees' membership includes provider and family representatives.

Functions: The functions of the Quality Steering Committee include:

1. Identify opportunities for improvement within the CAMHD system from a variety of data collecting sources.
2. Track and/or take actions to address opportunities for improvement in the CAMHD system.
3. Track and evaluate how well the implemented actions worked both at the committee and the QSC level.
4. Develop a QAIP that identifies the reporting requirements for each committee, special or other reports to the QSC, and task groups.
5. Assure the QAIP is comprehensive, systematically implemented, and reviews aspects of care that include availability, accessibility, coordination, appropriateness, quality and outcomes of care.
6. Maintain a process and methodologies for empirically detecting opportunities for improvement and adherence to standards of service delivery and care.
7. Review and discuss areas that have resulted in poor performance or service to consumers with focus on causes of issues.
8. Recommend appropriate improvement strategies and corrective actions.
9. Track issues and quality activities to assure resolution and implementation.
10. Maintain policies and procedures for the QSC including for all standing committees and the QSC functions.
11. Promote systematic distribution of quality information to relevant stakeholders including providers, staff, and EMT.



12. Assure the contents of written reports to EMT provide appropriate information that allows for oversight, actions or recommendations.
13. Review and recommend approval of the annual QAIP description, Utilization Management Program description, QAIP Work Plan, and QAIP Evaluation.
14. Assure that confidentiality is kept and HIPAA requirements are maintained in reporting and meetings.

Reports and Report Summaries: Reports submitted to the QSC are documented in sufficient detail to allow for thorough discussion and formulation of recommendations regarding quality issues. A report summary, in a format approved by the QSC, is attached as a cover to each report. The report summary identifies the type of report, author(s) of the report, and time period covered by the report. The cover sheet also includes recommendations to be approved by the QSC and recommendations to be referred to EMT. The QSC further documents its recommendations before submittal to EMT. The reports attached to the cover sheet include performance measures (if applicable), data trends, an analysis of findings that includes identified strengths and opportunities for improvement, recommendations for the committee report (planned actions/activities, implemented actions/activities, and an update on previously implemented actions/activities), and recommendations to the QSC and subsequently referrals to EMT. The cover sheet is provided as an attachment to the QAIP description.

Referrals to EMT or to other CAMHD Committees: Referrals of issues from Standing Committees to other committees or to the C should be documented in writing. Referrals from the QSC to EMT should be documented in writing, and include sufficient information and recommendations for action. Referral document provided as an attachment to the QAIP description. The CAMHD quality review committees that report to the the QSC consist of the Compliance, Credentialing, Evidence-Based Services, Grievance and Appeals, Policy and Procedure, Safety and Risk Management, and Utilization Management Committees. A description of each committee with respective purpose and reporting requirements to the QSC are described below.

II. Compliance Committee – Annual Report

Description: The purpose of the Compliance Committee is to provide a means for reviewing potential issues, and make recommendations for the CAMHD Compliance Plan. It promotes the prevention, detection and resolution of instances of conduct that do not conform to Federal and State law and Federal health care requirements in respect to fraud and abuse, as well as CAMHD's ethical and business policies. The Public Health Administrative Officer who is the Compliance Officer chairs the committee. It meets no less than quarterly.

Functions: The functions of the Compliance Committee include:

1. Review all CAMHD and provider issues of fraud and abuse.



2. Analyze the CAMHD's regulatory environment, the legal requirements with which it must comply and identify specific risk areas.
3. Work with appropriate CAMHD sections, as well as affiliated providers, to develop standards of conduct and policies and procedures that promote allegiance to CAMHD's Compliance Plan.
4. Recommend and monitor the development of internal systems and controls to carry out CAMHD's Compliance Plan
5. Determine the appropriate strategy to promote compliance with the program and detect any potential violations.
6. Develop a system to solicit, evaluate, and respond to complaints and problems.
7. Monitor internal and external audits and investigations to identify troublesome issues and deficient areas experienced within CAMHD and implement corrective and preventive actions.
8. Revise and update the Compliance Plan and Fraud and Abuse Program to meet updated federal requirements.
9. Review and recommend approval for the Annual Compliance Report to the QSC.

Reports: The Compliance Committee submits an annual report the QSC.

III. Credentialing Committee – Annual Report

Description: The process of credentialing direct service staff is significantly applicable to Qualified Mental Health Professionals (QMHP) serving CAMHD youths and families since such licensed professionals serve as clinical supervisors of direct service staff. However, because of health, safety, and risk factors involved in serving CAMHD youth, unlicensed Mental Health Professionals as well as Paraprofessionals are also credentialed. As such, in the CAMHD contracted agency network, all providers of direct services to youth are credentialed. This serves as the primary purpose of the Credentialing Committee.

The Credentialing Supervisor chairs the committee. Membership is comprised of cross disciplines representing various CAMHD sections. Provider agencies are not represented because the predominance of applicants credentialed is from CAMHD's contracted agencies. CAMHD's Medical Director is an *ex-officio* member. Frequency of formal meetings are once monthly; however, to accommodate the high rate of agency-submitted documents for credentialing approval, weekly voting of screened and cleared applicants are conducted via e-mail.

Peer review is conducted through the Credentialing Committee, and through a Professional Activities Review Committee (PARC) chaired by a senior Family Guidance Center Clinical Director or Clinical Psychologist with multi-disciplinary membership



comprised of clinicians from the CAMHD Central Offices and Family Guidance Centers. The Credentialing Committee reviews performance data collected through quality monitoring and makes determinations about credentialing and recredentialing practitioners. The PARC reviews both internal and network practices. The Medical Director is an *ex-officio* member of the PARC and maintains guidelines for peer review.

Functions: The functions of the CAMHD Credentialing Committee include:

1. Review and approval of the credentials of all CAMHD and contract agency direct service staff and their supervisors who provide direct services.
2. Oversight over registration of individual providers into CAMHD's billing system - VISTA.
3. Establish protocols relative to clinician credentialing suspensions and terminations and makes decisions based on parameters established.
4. Establish protocols, procedures, and activities designed to achieve progressive credentialing goals such as levels of privileging.
5. Oversee credentialing data, areas of priority focus, and reports. Determine performance measures and indicators that are measures of Committee's progress and achievements.

Reports: The Credentialing Committee submits an annual report to the QSC.

III. Evidence Based Services Committee (EBS) – Annual Report

Description: The EBS Committee has shifted its major focus from knowledge accumulation to dissemination and implementation of evidence-based practices. The committee is comprised of several smaller work groups spearheading four separate, but related, service initiatives: Increasing stakeholder coordination for EBP implementation efforts; Creating EBP intensive learning opportunities for therapist supervisor; Supervising youth EBP training initiatives in graduate programs of study within Hawaii; and, Increasing consumer and parent knowledge and demand for youth EBPs. The committee meets once monthly and is co-chaired by the Medical Director and a University of Hawaii Professor of Clinical Psychology.

Functions: The functions of the committee are:

- 1.

Reports: The EBS Committee submits an annual report to the QSC.



IV. Grievance and Appeals Committee (GAC) – Annual Report

Description: The purpose of the Grievance and Appeals Committee is to hear and act upon consumer and provider issues forwarded as a result of oral or written requests of appeals to decisions made by any area of CAMHD operations. The Performance Manager chairs the Committee. Membership is comprised of staff represented by various sections, including the Public Health Administrative Officer, a FGC Clinical Director, Branch Chief, Provider Relations Specialist, Clinical Services Office representative, and a parent representative. The committee meets at least quarterly.

Functions: The functions of GAC include:

1. Reviewing and rendering decisions following reviews of compilation of documents relating to all factors addressed, investigated, and resolved by the Grievance Office, Clinical Services Office, Fiscal Section staff, or Credentialing Office.
2. Reviewing and endorsing CAMHD yearly reports and work plan activity data related to grievances with action recommendations forwarded to the for review.

Reports: The GAC submits an annual report to the QSC.

V. Policy and Procedures Committee – Annual Report

Description: The purpose of Policy and Procedure Committee is to coordinate and review the development of policies. Membership is comprised of representatives from various CAMHD sections or offices, a provider agency and consumer representative. The Provider Relations Specialist chairs the Policy and Procedure Committee. The committee meets at least quarterly.

Functions: The functions of the committee include:

1. Oversight and coordination of the development and revision of all CAMHD policies and procedures (P&P).
2. Assure policies and procedures are written in standard format.
3. Determining necessary actions to take in processing policies to completion.
4. Processing formal review of final drafts of policy and procedures prior to forwarding for EMT review and Chief's approval and execution.
5. Publish and distribute all official policy and procedure statements to all organizational sections of CAMHD, the Behavioral Health Administration and the Administrative Services Office of the Department of Health, and the Children's Community Council Office.



Reports: The committee submits an annual report to the QSC.

VI. Safety and Risk Management Committee – Bi-Annual Report

Description: This Committee’s purpose is to assure staff, visitors and consumers experience a high level of safety in the work place and treatment settings and to identify opportunities for improvement through an on-going effort of risk identification, evaluation, mitigation, resolution, or monitoring. The Medical Director chairs the committee, and vice-chair is a Family Guidance Center Branch Chief. The committee meets at least quarterly.

Functions: The Safety and Risk Management Committee has oversight of quality trends and issues for the following areas:

1. Specific disaster/emergent situations
2. Security (including HIPAA security issues)
3. Preventive maintenance and safety inspections
4. General health issues
5. Safety and well being of clients in CAMHD-contracted facilities/programs
6. Sentinel events and incidents
7. Safety/risk training & education
8. Policies and procedures for safety and risk management issues

Reports: The SARM Committee submits a bi-annual report to the QSC.

VIII. Utilization Management Committee – Quarterly Report

Description: The purpose of the UM Committee is to review all UM data and make recommendations for change in UM guidelines or strategies. The reports reviewed by the committee include a variety of reports designed to look at underutilization or over utilization of services; access to emergency, urgent and routine care; availability of care; least restrictive environment; network adequacy; provider practice patterns; coordination of care and provider satisfaction with the CAMHD utilization management program. The committee meets at least every other month. The UM Committee is chaired by the Medical Director. The UM Committee participants are the CAMHD Medical Director, a representative from the provider network, a Family Guidance Center Branch Chief, a Family Guidance Center Clinical Director, and representatives from the Clinical Services Office, Performance Management Office, and Administrative Office of CAMHD.

Functions: The functions of the UM committee include:

1. Oversee utilization data review strategies and areas of focus.



2. Review and analyze all UM reports to identify opportunities for improvement in the delivery, availability, or access of services and to identify UM achievements.
3. Propose solutions to problems and concerns identified by utilization review activities.
4. Establish procedures designed to achieve the goals and objectives of the UM program.
5. Conduct or recommend specialized studies.
6. Maintain awareness of confidentiality in utilization management activities, decisions, and recommendations.

Reports: The UM committee submits a quarterly report to the QSC.



Additional Reports to the QSC

As noted in the QSC calendar, additional reports are submitted to the QSC. Below is an explanation for each report.

1. **Strategic Plan Reports:** On a quarterly basis, the CAMHD planner will present to the QSC updates on the activities developed to meet CAMHD's Strategic Plan Goals for FY2010 – 2014.
2. **Interagency and Performance Monitoring Report:** On a bi-annual basis, the CAMHD Performance Manager will present to the QSC performance highlights identified from the IPMR. If applicable, activities will be developed and implemented to address concerns in performance.
3. **Program Monitoring Report:** On an annual basis, the CAMHD Program Monitoring Supervisor will present to the QSC cumulative data for the previous fiscal year's case-based reviews, which occur through the annual review of provider agencies. If applicable, activities will be developed and implemented to address concerns in performance.
4. **Annual CAMHD Factbook Presentation:** On an annual basis, the CAMHD Research and Evaluation Office will present to the QSC data for the previous fiscal year. This meeting will be open to all CAMHD employees and contracted providers. If applicable, activities will be developed and implemented to address concerns in performance.
5. **Consumer Survey:** On an annual basis, the CAMHD Research and Evaluation Office will present to the QSC the results from the annual consumer survey. If applicable, activities will be developed and implemented to address concerns in performance.
6. **Provider Survey:** On an annual basis, the CAMHD Provider Relations Liaison will present to the QSC the results from the annual provider survey. If applicable, activities will be developed and implemented to address concerns in performance.



Appendix

Appendix One: Quality Assurance and Improvement Program Work Plan for Fiscal Year 2012

Appendix Two: QSC Cover Page for Reports

