OVERVIEW:

This document presents the comprehensive and systematic plan for the operation of the quality assurance program of Scioto Paint Valley Mental Health Center. The Quality Assurance Plan shall be the standard that guides business function and service delivery and applies to all programming and services at the Agency. The Scioto Paint Valley Mental Health Center is a not-for-profit behavioral health care treatment provider offering outpatient and residential mental health and substance abuse services for children, adolescents, and adults. The Agency’s Board of Trustees has adopted the philosophy of continuous quality improvement to ensure organization-wide ongoing quality assurance. Scioto Paint Valley Mental Health Center understands the need to strategically monitor and assess its performance as defined by the Agency’s Performance Indicators. These indicators are clearly defined in this Performance Management and Measurement Plan that is reviewed by Leadership and approved by the Executive Director with guidance provided by the Board of Trustees regularly. In accordance with the Agency Quality Assurance Plan, the Performance Management and Measurement Plan will give guidance on how data is collected and reviewed and how this data is used to conduct performance improvement on overall service delivery and business function.

The Quality Assurance Plan will serve as the foundation for Performance Improvement. This comprehensive approach to Quality Assurance will define the Performance Indicators. The Performance Management and Measurement Plan will guide the Agency on how the Performance Indicators will be managed and measured and a review of the findings will result in a Performance Improvement Plan if expectations for a targeted goal and/or program are not met. The Performance Improvement Plan will be shared with Agency Leadership, the Board of Trustees as well as the Paint Valley ADAMHS Board to ensure thorough review and impartial feedback.

HISTORY:

Scioto Paint Valley Mental Health Center was founded in 1965 by volunteers who responded to the needs of the community for quality mental health services which were accessible to the residents of Fayette, Highland, Pickaway, Pike and Ross Counties. The Center’s founding missions to meet the mental health needs of the people of our five county community endures today. Effective, efficient and quality services were envisioned by our founders and are the essence of the Center. The purpose of this Quality Assurance Plan is to assure the Center keeps the commitment to the community to provide quality mental health and substance abuse services.

OBJECTIVES:

1. Identify problem trends and gaps related to service delivery.
2. Provide information about service needs to persons in the organization responsible for planning.
3. Develop corrective action plans that address problems at the appropriate level of the organization.
4. Promote opportunities to improve service delivery through a process of case review, and the study of consumer satisfaction along with their overall level of functioning.
5. Ensure that staff, clients served, and The Board of Trustees have active participation in the development of the Quality Assurance Plan as well as the components of Quality Assurance planning and evaluation.

**QUALITY ASSURANCE MODEL:**

The Quality Assurance Plan is a systematic, ongoing process that is designed to assess and evaluate the quality and appropriateness of services, to resolve identified problems, to identify gaps in service, to promote opportunities to improve business practices and service delivery and overall organizational performance.

**THE QUALITY ASSURANCE MODEL**

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<th>STUDY</th>
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1. **Study** the system or process where improvement is needed. Evaluate the available information and describe what the information is telling you. Are there particular problems and what are the causes?
2. **Act** and decide what change is needed. Will this be a large-scale or small-scale change?
3. **Plan** on how the data will be collected. When will the progress be reviewed? Who will do the work?
4. **Do** the work according to the plan that was created.
5. **Study** the gathered information and determine whether the desired outcome was achieved or not?
6. **Act** by deciding if any further action is needed to bring improvement to noted area.

**SCOPE OF SERVICE:**

The Agency is a comprehensive provider of mental health and substance abuse services to a five (5) county service area that includes Ross, Pike, Pickaway, Highland and Fayette. Services provided include: outpatient, day treatment, diagnostic assessment, pharmacological management, forensic evaluation, crisis intervention services including pre-hospitalization services, consultation, prevention, education, community psychiatric supportive treatment and residential care services.

The Agency’s structure is based on a decentralized model and operates clinics in each county of the service area. The satellite clinic in each of the five counties provides a full range of mental health and substance abuse services (excluding residential). Services that form the basis for identifying aspects of care (to be monitored/evaluated) have been chosen due to high volume, potential problems, and the wide range of needs
that the service is required to meet. Please note that the services that are underlined are CARF accredited programs. CARF is an international accrediting body that seeks to promote strong values and quality care to organizations that provide services to consumers. CARF further demonstrates this desire to high quality services by ensuring that accredited agencies accredited by their organization have strong Quality Assurance mechanisms in place. The Agency offers the following mental health and substance abuse services:

1. Diagnostic Assessment
2. Community Psychiatric Supportive Treatment (CPST)
3. Crisis Intervention (Specifically Pre-Hospitalization Screening)
4. Day Treatment
   a. (The Agency refers to this as Partial Hospitalization; ODMH refers to the “Day Treatment” Service we provide as Partial Hospitalization. We accredited the program under CARF which describes Partial Hospitalization as “Day Treatment”)
5. Outpatient Treatment
6. Pharmacological Management
7. Residential
8. Vocational Services
9. Prevention, Education, Consultation

*Underlined Services denote CARF accreditation* *Descriptions of services are in the Agency Service Plan*

PERFORMANCE INDICATORS

Service Delivery Indicators:

1. 85% of clients completing treatment will evidence improvement in functioning
2. 85% of clients will receive an initial appointment within 30 days
3. Staff will demonstrate 100% productivity standard

Business Function Indicators:

1. 85% of charts will conform to Agency documentation standards
2. No more than 25% “no shows” for appointments without prior notice
3. 85% actual to expected budget performance

Targeted Program Indicators:

1. Diagnostic Assessment:
   i. 85% of cases reviewed will be in compliance with service indicators
2. Outpatient Counseling
   i. 85% of cases reviewed will be in compliance with service indicators
3. Pharmacological Management
   i. 85% of cases reviewed will be in compliance with service indicators
4. Day Treatment
   i. 85% of cases reviewed will be in compliance with service indicators
5. Crisis Intervention (Specifically Pre-Hospitalization Screening)
   i. 85% of cases reviewed will be in compliance with service indicators

6. Community Psychiatric Supportive Treatment (CPST)
   i. 85% of cases reviewed will be in compliance with service indicators

Customer Service Indicators:

1. 85% of representative sample will report satisfaction with services

IMPORTANT ORGANIZATIONAL FUNCTIONS AND DIMENSIONS OF QUALITY ASSURANCE:

The framework and process of the Quality Assurance Plan complies with applicable standards of CARF, the Ohio Department of Mental Health and the Ohio Department of Alcohol and Drug Addiction Services. Quality Assurance Activities focus on improvements in functions and processes in the areas of direct client care, governance, management operations and support functions.

AGENCY DELEGATION OF QUALITY ASSURANCE RESPONSIBILITIES:

Quality Assurance monitoring and evaluating activities are performed and controlled through the use of a committee structure in the organization. Committee membership is designed to assure appropriate representation of all functional areas of the Agency.

1. Board of Directors: The Board of Directors maintains ultimate responsibility for the Quality Assurance Plan. The Executive Director and Quality Assurance Committee, assume quality assurance responsibilities for the Agency.

2. Quality Assurance Committee: This committee is chaired by the Corporate Compliance Officer and convenes on a monthly basis to meet with Clinic Directors as well as the Associate Directors. The QA Committee is responsible for implementing, revising, and monitoring adherence to Agency Quality Assurance Indicators and Performance Goals and delineating these findings to the Board of Directors and the Agency leadership and staff.

3. Directors: The Directors play a vital role in ensuring that their staff work toward the stated performance goals in this Quality Assurance Plan. This is accomplished through guidance, supervision, relaying information in meetings, and upholding Agency standards for Quality Assurance on a daily basis.

4. Agency Staff: Quality Assurance is the collective responsibility of every employee. Quality Assurance is guided by the Quality Assurance Plan as well as the Agency Policy and Procedure Manual, and is maintained by adherence to this plan and by ensuring that all work is done in an ethical and proper manner.

_____________________________  ____________________________
Executive Director                Date