

SECTION VII.

EVALUATION

**CUMBERLAND COUNTY
MH/DD/SAS**

April 1, 2003

Local Business Plan: Strategic Plan Matrix

Area Program(s)/County Program	Cumberland County Mental Health, Developmental Disabilities and Substance Abuse
Contact	Hank Debnam, Phone 910-323-0601, Fax 910-323-0096, adirector@mail.cccnc.org
Submission Date	January 2, 2003

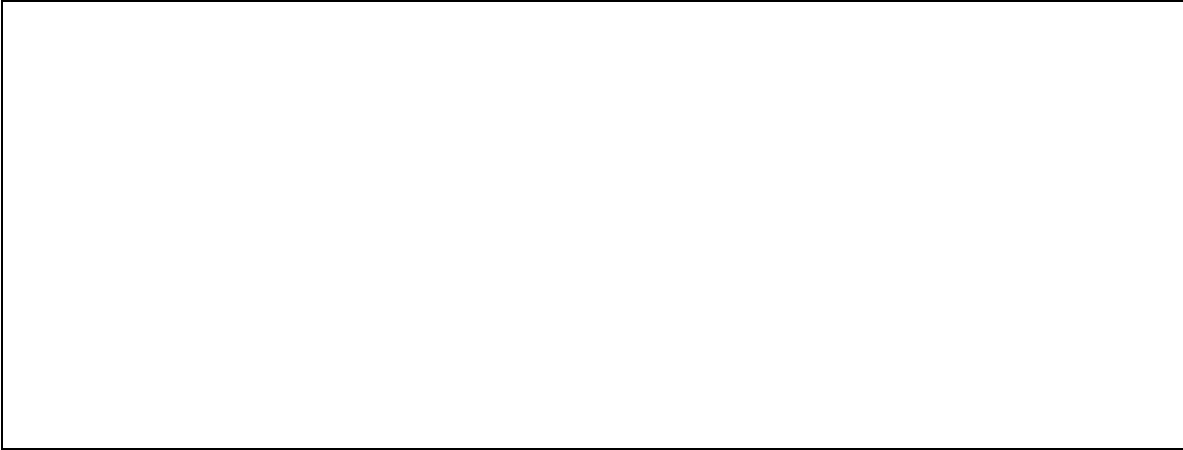
Item: VII. Evaluation

Goal: 1. The Local Business Plan provides for external accreditation or certifications consistent with state standards (non weighted)

Effective Date: December 2002 – July 2007

Steps Taken	Steps Planned	
<p>The Area Authority received COA accreditation in 1999 and is participating in a self study process for re-accreditation in the year 2003. The Generic Standards for COA relate to the overall management and operation of the Agency, with many mirroring requirements to be met by the Area Authority as the transition into an LME occurs.</p> <p>Accreditation time table established by Council on Accreditation available upon request</p>	<p>COA self study will be submitted in April 2003 with a site visit planned for July 2003. The Agency will continue to meet Generic Standards as outlined when transition to an LME occurs. For those areas in which we are approved to continue service provision, direct services accreditation standards will be maintained.</p> <p>The Area Authority will comply with any state identified accreditation when this is decided. The Area Authority will also consult with other area programs who are considering NCQA and other accreditations relating specifically to management standards.</p>	<p>Being t accredi mainten service over tin some s Plan. F their C transiti State d Board o (whatev COA re the dev</p>

Reviewers Comments:



Local Business Plan: Strategic Plan Matrix

Area Program(s)/County Program	Cumberland County MH/DD/SAS
Contact	Hank Debnam, Phone 910-323-0601, Fax 910-323-0096, adirector@mail.cc
Submission Date	April 1, 2003

Item: VII. Evaluation

Goal 2: The Local Business Plan is consistent with State Plan requirements for managing a continuous quality improvement process. (non-weighted)

Effective Date: July 2003 – June 2007

Steps Taken	Steps Planned
<p>2A.</p> <p>(a) The County has requested that we continue as a single county program at this time.</p> <p>(b) CARF accreditation received in 2000 for crisis services and detox services.</p> <p>(c) COA self study being completed at this time for re accreditation. Generic standards mirror many of the requirements for operating as an LME. The COA re-accreditation will cover the agency for national accreditation as the agency is transitioning into an LME and the State is deciding on the State required national accreditation. <i>(Timeline for COA accreditation is available upon request; CARF accreditation certificate is available upon request)</i></p> <p>(d) CQI Committee of the agency has been addressing requirements in the LBP</p>	<p>Maintain accreditation of crisis services and expand to all agency crisis services, which will be provided as a core service when we become an LME.</p> <p>COA self study to be submitted in April 2003. COA site visit scheduled for July 2003. CARF re-accreditation site visit scheduled for July 2003.</p>

<p>related to quality management.</p> <p>(e) CQI committee and LBP committees are reviewing QI plans and protocols used by local providers, other human services agencies, the Partnership for Children, the hospital as well as other stakeholders to determine strengths and weaknesses.</p> <p>2B.</p> <p>(a) The agency completed a Time and Motion Study to determine strengths and weaknesses in our access to care. Review of information in State Satisfaction Surveys as well as feedback from consumers, family members, other stakeholders and staff indicated that some of our procedures involving utilization of staff, routing of consumers through the system, and procedures related to “paper trail” were perceived to need improvements.</p> <p>(b) Study consisted of questionnaires being completed, interviews, observations of the procedures, analysis of the data and comparison to other standards.</p> <p>(c) Report has been completed and submitted for administrative review.</p> <p>(d) Changes have occurred and will continue to ensure a more consumer friendly system and a system that makes best utilization of all staff.</p> <p>(e) A Total Service Delivery Committee has been established as a subcommittee of CQI to address certain access issues at our Bradford Avenue location.</p> <p>(f) <i>CFAC and LBP committees have identified difficulty with comprehensive assessments for consumers across all disabilities due to organizational structure.</i></p> <p>(g) <i>Access Subcommittee has addressed issues and made recommendations for single points of access for child and adult assessments.</i></p>	<p>Committee structure and composition are changing. Recommendations on how to include more community stakeholders at various levels in the process are being discussed.</p> <p>Based on review and analysis of data, overall CQI plan proposed for the LME will be enhanced/modified. Organizational changes (that best meet consumer needs and system needs as an LME) will be recommended based on completion of the COA self study and adoption of an overall LME Evaluation Plan.</p> <p>All suggested modifications from this study will continue to be reviewed and changes made accordingly.</p> <p>Changes in staff duties and organizational structure are being reviewed with changes proposed for implementation no later than July 2003.</p> <p><i>All children will receive comprehensive, cross-disability assessments at 711 Executive Place. All adults will receive comprehensive cross-disability assessments at 109 Bradford Avenue. Information on strengths and weaknesses will</i></p>
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<p>(h) Termination data for all services across disabilities is being analyzed to determine reasons for successful and unsuccessful terminations from services.</p> <p>(i) Changes in GAF and CAFAS scores for the past year are being analyzed to determine trends in consumer progress based on type of service that is being provided.</p> <p>(j) Consumer satisfaction has been reviewed with state approved instruments in addition to program and service specific instruments. The same has occurred with consumer outcomes and some systems outcome measures. Process is being modified to encompass entire agency and providers.</p> <p>(k) CQI Committee has been and continues analyzing some performance indicators within the agency. These include use of restrictive interventions, consumer grievances and complaints, client rights reports and substantiations, responses to consumer emergencies (medical, psychiatric, behavioral), employee turn over, staff complaints (EEOC, harassment etc. both those made at exit interviews and those from established staff), among other items, to determine strengths and weaknesses within the agency and service delivery system. The agency already tracks and reports denials and appeals in conjunction with the State. Providers have been given the same format for documenting information and are starting to collect information.</p> <p>See Attachment VII. 2(b): Time and Motion Study Synopsis- full report is available upon request</p> <p>2C.</p> <p>(a) Protocols currently established for obtaining data sets outlined by the State</p>	<p>be incorporated into Access to Care Plan for the Local Business Plan.</p> <p>Reports on analysis of terminations from services as well as changes in consumer's level of functioning will be prepared and discussed through the QI process to determine changes needed. Information will also be processed through the CFAC for input prior to implementing changes.</p> <p>Reports to be processed through CFAC and QI Committee to look at trends, strengths and weaknesses and for recommendations to be included in the overall Evaluation Plan and QI Process</p>
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<p>are being reviewed.</p> <p>(b) MIS staff are analyzing capabilities related to data sets necessary to generate performance indicators.</p> <p>(c) Providers in the “Hub” are starting to submit data for review re: performance indicators. Providers are reporting they recognize the need to pool their technology resources.</p> <p>(d) Incorporate all data sets into overall quality improvement process adopted by the LME. Area Board, CFAC, community collaborative and other stakeholders will be involved in the development of the CQI process and will document the important role of consumers and families</p>	<p>Protocols will continue to be reviewed and changed as needed.</p> <p>Consult with Unicare as software changes are indicated to generate performance indicators.</p> <p>Obtain more information from providers on data sets identified and provide training and technical assistance to ensure all provider information is accessible to LME. In areas that are not currently being tracked or summarized by providers, develop protocols for getting data and assist providers in mobilizing resources for reporting data as outlined.</p> <p>A documented process of involving consumers and family members in the design, monitoring and oversight of the CQI process will be developed and approved by all stakeholders.</p>	<p>There c particip with oth own inf with the Cumbe no inter Cumbe continu Other p see the bill dire</p>
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Reviewers Comments:

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Submission Date	April 1, 2003

Item: VII. Evaluation

Goal: 3. The Local Business Plan meet State requirements (per State section on quality management) for evaluating system performance (non-weighted)

Effective Date: July 2004

Steps Taken	Steps Planned
<p>3A:</p> <p>(a) Information on system performance indicators has been discussed in agency staff meetings, with Area Board members, with County management staff and with CFAC members. Included has been information on access, quality of care, administrative processes and consumer outcomes.</p> <p>(b) Training and consultation has occurred with providers on system performance indicators.</p> <p>(c) All information is being included in discussions in agency CQI meetings to develop strategies for evaluation.</p> <p>(d) MIS staff have reviewed current collection of data for performance indicators.</p> <p>(e) LME has been meeting state requirements for Core Indicators Project (CIP) and Client Outcomes Inventory (COI) and will</p>	<p>The Evaluation Committee is developing a comprehensive evaluation plan for the LME. All continuous quality improvement and quality management information will be included in the evaluation plan.</p> <p>Committees will need to determine acceptable compliance rates to performance indicators noting strengths and weaknesses in the system for the LME as well as the providers.</p> <p>Strategies will be proposed in concert with CFAC for addressing deficiencies in meeting performance indicators.</p> <p>Performance indicator reports will be reviewed on a quarterly basis again focusing on strengths and weaknesses.</p> <p>Data from the State will be incorporated into the overall CQI process for the LME.</p>

<p>continue to do this in accordance with State guidelines.</p> <p>(f) <i>Process for developing a comprehensive evaluation plan has started with the CFAC and other consumers and family members meeting together to analyze the current system, what works and what does not, what would an ideal system look like, why evaluation is important, etc. The group is receiving information on the State's guidelines on defining access, quality of care, administrative processes, etc. in order to develop a strong consumer component that includes their perspective of success. The consumer and family subcommittees have plans to continue meeting over the next three months.</i></p> <p>(g) <i>During meetings the family members and consumers have identified the following best practices for the evaluation plan:</i></p> <ul style="list-style-type: none"> • <i>Diverse partnerships in the formation of the evaluation plan</i> • <i>Identification of the right tools to collect the data</i> • <i>Strong initial and on-going training on the usefulness of evaluation information</i> • <i>Involvement of family members and consumers in the development, dissemination and interpretation of evaluation findings</i> • <i>Production of timely data reports that are distributed to all stakeholders</i> • <i>Discussion of the evaluation program in multiple settings</i> • <i>Use of cost and outcome data for advocacy, policy development and funding decisions</i> <p><i>Consumers and family members have started to prioritize data sets to be evaluated in a comprehensive manner for the first year. Categories that they are rating include</i></p>	<p><i>Focus groups will be conducted along with individual interviews with consumers and family members to obtain more information to augment data from Core Indicators Project and Consumer Outcomes Inventory.</i></p> <p><i>Evaluation Plan will include access to care reports, quality of care reports, administrative processes that incorporate collaboration in planning, effectiveness of system of quality improvement processes, activities and training.</i></p> <p><i>Staff will aggregate other consumer and family outcomes data (including CIP and COI and any other consumer outcomes data) into a semi-annual report.</i></p> <p><i>Reponses from provider evaluation plan developments meetings will be included in overall evaluation plan that is written.</i></p> <p><i>Comprehensive evaluation plan will be written by the Evaluation Subcommittee and be approved by July 2003.</i></p>
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assessment of therapy services, Area Program organizational structure and procedures, care coordination (access, referrals, continuity of care, transition), services to multiply-diagnosed consumers, prevention, education and other outreach activities, medication management including costs feasibility, sufficiency of levels of care, adjunct activities (case management, housing, vocational services), residential services, person centered and family focused aspects of the system of care and cultural competency.

(h) Meetings have been held with providers to determine knowledge base on evaluation, why it is important, what mental health reform means to them, current abilities to report data on system performance indicators, and perceptions on relationships with the area program. These meetings will continue with data being incorporated into an overall evaluation plan.

3B:

- (a) MIS staff are analyzing capacity to collect and analyze data to be utilized for planning and decision support.
- (b) MIS has purchased SPSS software to assist with outcomes and data analysis requirements.
- (c) MIS staff are collaborating with the County and other agencies to share software and data for geographic mapping and data analysis. All consumers have been entered into a data base through Map Marker. Provider information has been entered into a data base and is being analyzed with Map Info. Providers are also having their MIS staff participate in evaluation meetings to determine role of providers in the evaluation process, particularly as it relates to data sets and performance indicators.

An integrated plan that includes all objectives outlined will be developed and will fully demonstrate that the LME does have the capacity to collect and analyze data for utilization in planning and decision support.

Complete geographic mapping of consumers and providers and analyze accessibility, gaps in services in the community and use data for planning purposes.

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Reviewers Comments: