

**REPORT OF THE
DEPARTMENT OF HEALTH AND
MENTAL RETARDATION ON**

Development Of An Integrated Quality Assurance System

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**



Senate Document No. 14

**COMMONWEALTH OF VIRGINIA
RICHMOND
1987**

**DEVELOPMENT OF AN INTEGRATED
QUALITY ASSURANCE SYSTEM**

**RESPONSE TO 1986 SENATE JOINT
RESOLUTION 46**

**DEPARTMENT OF MENTAL HEALTH AND
MENTAL RETARDATION**

JANUARY, 1987



COMMONWEALTH of VIRGINIA

Department of

Mental Health and Mental Retardation

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December 31, 1986

Members
General Assembly of Virginia
State Capitol
Richmond, Virginia 23219

Dear Members:

The following is a status report on the Department of Mental Health and Mental Retardation's development of and implementation of a plan to monitor the service and administrative management of all locally based community services board programs (CSBs) and activities as requested in 1986 Senate Joint Resolution 46.

The report outlines the progress the Department has made in its development of a comprehensive quality assurance system which includes both licensure and evaluation components for the CSBs, their contract agencies, and private sector providers.

I am pleased with the progress we have made. The CSBs and facilities will be actively involved with us as we implement the system. Plans call for full implementation of the new system by July, 1987.

I shall be happy to answer any questions you might have about the status of the plan development and implementation.

Sincerely,

A handwritten signature in cursive script that reads "Howard M. Cullum".

Howard M. Cullum
Commissioner

cc: The Honorable Gerald L. Baliles
The Honorable Eva S. Teig

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SENATE JOINT RESOLUTION NO. 46

Requesting the Department of Mental Health and Mental Retardation to develop a plan to monitor service and fiscal management by community services boards.

Agreed to by the Senate, February 11, 1986

Agreed to by the House of Delegates, February 27, 1986

WHEREAS, the Commonwealth currently operates two systems of care which serve many of the same mentally disabled clients; and

WHEREAS, these systems, hospitals and community services boards, frequently overlap or leave service gaps, are financially inefficient and ultimately limit accountability; and

WHEREAS, recent data has shown that a comprehensive community support system may be more cost effective than hospital treatment, and, while community services boards are given the responsibility for the care and treatment of all mentally disabled persons in the Commonwealth, analyses indicate that they do not have sufficient authority or resources to meet these responsibilities; and

WHEREAS, the Commission on Deinstitutionalization (SJR 42, 1984) recently recommended that the community services board be responsible for service provision to all clients, regardless of site of service, and that all candidates for hospitalization and other appropriate community services be committed to a community services board; and

WHEREAS, the Department of Mental Health and Mental Retardation is being requested to modify client management guidelines to establish standards to reflect community services board accountability and forecast their resulting staffing needs; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the Department of Mental Health and Mental Retardation is requested to develop and implement a statewide plan to monitor the service and fiscal management of all locally based community services board programs and activities. Such a monitoring program should be state administered and should provide, but not be exclusively limited to, on-site review and a sampling or review of case records. The Department shall report its progress to the General Assembly prior to January 1, 1987; and, be it

RESOLVED FINALLY, That the Clerk of the Senate prepare a copy of this resolution for presentation to the Commissioner of the Department of Mental Health and Mental Retardation.

**DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
DEVELOPMENT OF AN INTEGRATED QUALITY ASSURANCE SYSTEMS**

Over the past year, in response to legislative (SJR 46) and State Board directives, the Department of Mental Health and Mental Retardation (DMH/MR) has been enhancing its oversight capabilities. The following is a status report of work completed in developing and testing an integrated quality assurance system for Community Service Boards (CSB's) and an agenda for implementing the system.

BACKGROUND

In early 1985, DMH/MR initiated planning for a state-wide evaluation system as a key process for assisting in the management of mental health, mental retardation, and substance abuse services across Virginia. Subsequently, in August, 1985, the Joint Legislative Audit and Review Commission recommended that DMH/MR enhance its oversight capabilities of CSB's through evaluation. This concept was supported by the Virginia Association of Community Service Boards, in January, 1986.

PURPOSE

SENATE JOINT RESOLUTION 46, passed in February, 1986, directs the Department to develop and implement a state-wide plan for monitoring the service and fiscal management of all locally based Community Services Board (CSB) programs and activities (see page ii).

In November, 1986, the State Board of Mental Health and Mental Retardation summarized the purposes of the evaluation system in policy:

"To develop and implement an ongoing evaluation system which (1) enhances the Department's monitoring of community services, (2) serves as a vehicle for targeting and enhancing technical assistance to CSBs, and (3) provides valid data about service needs and services currently delivered through CSBs...the system will compare programmatic goals with existing program operations...assist the CSBs in developing strategies for using available resources more effectively toward those goals." (Appendix A).

This goal has been further articulated by the Commissioner. His mandate is for an evaluation system which demonstrates the effectiveness of State Board policies in assuring a quality community-based system of care, thus, addressing the "accountability" issues of concern to the General Assembly and DMH/MR. To meet the goals of the General Assembly and the State Board, the Commissioner has identified the development of an integrated quality assurance system as one of his high priorities.

INTEGRATED QUALITY ASSURANCE SYSTEM

The Code requires the Department to monitor the health, safety and programmatic quality of all public and private treatment facilities. To meet this mandate, the Department currently implements licensure and certification processes.

In order to meet SJR 46's directive for the development and implementation of a statewide plan to monitor the management of all locally based CSB programs and activities, an evaluation process is being developed by DMH/MR. In addition, revisions in the Department's current licensure and certification processes are being developed.

The new Integrated Quality Assurance System is being planned to consist of two components: licensure and evaluation. Appropriate elements from DMH/MR's current certification process will be incorporated into the licensure and evaluation components of the new system.

LICENSURE: DEFINITION AND GOALS

Licensure is a regulation process which ensures a high level of safety and a basic level of quality in public and private treatment facilities and programs. Licensure standards are written to allow the Department to objectively ensure that a program meets health, safety and programmatic requirements. Current licensure standards are being revised, and new standards written, to enable the Department to effectively regulate private and public programs across the state.

EVALUATION: DEFINITION AND GOALS

Evaluation is a quality-enhancement process which is intended to promote superior quality in CSB programs. Evaluation is based on the concept that there are a number of good ways to accomplish a single programmatic goal, but that some ways are generally more effective or efficient. A primary goal of DMH/MR is to implement an evaluation system which assists the CSBs in identifying more efficient or effective ways of meeting State and local policies, enhancing community programs and ensuring accountability in the provision of publicly funded services.

The Department intends to evaluate CSB programs and key administrative functions. (See Appendix C for list of program areas to be evaluated). Evaluation "teams", made up of Central Office and CSB staff specialists, will collaborate to conduct these reviews.

LICENSURE AND EVALUATION OUTCOMES

The outcome of licensure is the legal authority to operate a program in Virginia. Programs which do not meet essential standards risk losing public funds and can be closed by the Commissioner after due process. Programs can continue to operate

if they achieve "substantial compliance". However, "deficient" programs must make immediate improvements with oversight offered by the Central Office.

There are two written outcomes of each evaluation: a final report and a program enhancement plan. The report includes an assessment of the CSB system and its programs, including those provided by contractual service providers. The report is approved by the Commissioner and forwarded to the Board Chairmen and the Executive Director.

Areas for further program enhancement are identified in a program enhancement plan which is developed by DMHMR and CSB staff. Priority actions and outcomes specified in the plan will be included in the CSB's performance contract (the performance contract is the formal mechanism for articulating agreements between CSBs and the Department and is a basis for financial sanctions). The Commissioner, through his staff, reviews the progress made in implementing the plan and offers technical assistance as necessary.

QUALITY ASSURANCE SYSTEM IMPLEMENTATION

Each CSB will be licensed and evaluated on alternate years; that is, staff from the Office of Quality Assurance of DMH/MR will apply licensing standards on one year, and staff from the Program Support Division of DMH/MR and other offices, will apply evaluation indicators the next year. This will ensure that the Central Office regularly monitors the quality of the community system.

Among the Central Office divisions a structured system of coordination will be developed. The purpose is twofold: to share information between the offices; and to allow systematic monitoring of CSB responses to licensure and evaluation visits.

LICENSURE COMPONENT

Work is progressing on the development of five sets of licensure regulations (see Appendix B). Implementation of the licensure standards will be consistent with traditional regulatory efforts by State agencies. Licensure teams will do on-site reviews of the programs operated or contracted by the CSBs and private sector programs.

Over the next three months, the draft licensure regulations will be forwarded to community service providers for initial comment. In March, 1987, it is scheduled that the State Board will approve the proposed regulations for continuation through the development process. Following the guidelines of the Administrative Process Act, further public input will be solicited. For example, there will be a two month review and comment period, as well as two public hearings. The standards are expected to become effective in Fall, 1987, with full implementation accomplished by January, 1988.

EVALUATION COMPONENT

The evaluation component represents an innovative initiative by the Department, and much of the work of development has been completed. Final field testing and revision is planned to occur between April and June, 1987, with full implementation to begin in July, 1987.

Evaluation includes the assessment of selected quantitative and qualitative data by Department and CSB "peer" reviewers. The goal is to make judgments on the overall performance of the CSB by clearly identifying priority program strengths and limitations.

Modules are the evaluation instruments. Central Office staff, with ongoing CSB participation, have developed twenty-two evaluation modules to assess key programs and functions of the CSBs. The content of the modules provides a structure to guide the evaluation team.

Within each module are 10 to 20 performance indicators which specify short and long-term program goals. The performance indicators indicate what the evaluation team will look at within each program. For each indicator there is a corresponding measure. The purpose of the measure is to identify how to look at each indicator to assess the extent to which the program is meeting the performance goals or expectations. The measures ensure that the same evaluation method is used in CSBs across the State.

An example of an indicator and measure follow:

Indicator: Placement into the specific service or program shall be based on an objective measurement tool, and clients shall be placed in programs consistent with their skill level.

Measure: Evaluator will interview staff to determine knowledge of assessment tools. At least five client records will be reviewed to ensure that each includes the results of an objective assessment tool(s) such as a skills test. These results will be viewed in relation to the program's admission criteria to determine that each client is appropriate for the program.

In addition to the qualitative approach illustrated above, quantitative performance indicators are included in some of the measures. A base of quantitative data will provide a "benchmark" of where a program stands in relation to State and local goals and to monitor change over time. In general, quantitative indicators assess: (1) speed with which services are delivered; (2) financial and staff resources utilized for each service or client; (3) service utilization; (4) program outcomes in the aggregate; and (5) client movement in the system (e.g., movement

to greater autonomy in terms of lesser restrictive or more appropriate placements).

CSB AND HOSPITAL STAFF PARTICIPATION

The Department intends to include CSB and State facility staff on the evaluation teams to provide a "peer review" system. The inclusion of staff outside the Department will provide a broad range of expertise, will assure full participation in the on-site visits and will promote communication between individuals in different parts of the mental health, mental retardation and substance abuse systems.

The licensure component represents the statutory responsibility of the State. Department staff assisted by qualified State facility staff will implement the licensure regulations.

STEPS TO PROJECT COMPLETION

Central Office and CSB staff have recently pilot-tested selected modules at over 20 CSBs, and have tried different methods in applying the modules and writing reports. Central Office and CSB staff have identified a number of positive features within the evaluation system, as well as areas which need revision. Listed below are the tasks which will be completed prior to full implementation of the quality assurance system.

1. Schedule for Evaluation and Licensure

A quarterly schedule will be developed for a two year period beginning in July 1987 which will specify the times that each CSB will be licensed and evaluated. This schedule will ensure continuous oversight by the Central Office and will be developed with respect to the scheduling constraints facing each CSB.

2. Procedures Manual for Conducting Evaluations

This manual will provide an overview of how to do evaluations, in terms of preparing, implementing and completing the on-site visits. The manual will be a resource to allow Central Office and CSB staff to maintain a consistent framework for understanding procedures and expectations associate with evaluation.

3. Modules: Protocols and Interviews

Protocols and interview questions will be developed for each module. A protocol will indicate: (1) the material to be submitted by the CSB prior to the evaluation, (2) the steps to be followed on-site when applying the module, and (3) guidelines for interpreting specific aspects of the modules. For all indicators that require staff interviews, a list of questions

will be prepared to ensure comparability across the evaluations of each CSB.

STAFF TRAINING

The need for skilled evaluators cannot be understated. All persons who participate in on-site review activities will be required to attend a Departmental training session. This training activity is currently being developed.

SUMMARY

DMH/MR has constructed a framework for a comprehensive community services board evaluation system which meets the intent of Senate Joint Resolution 46 and the policy of the State Mental Health and Mental Retardation Board. The system includes a structured licensure component and a qualitative and quantitative evaluation component.

Implementing the system to monitor the service and fiscal management of the CSBs throughout the state will be the primary responsibility of the DMH/MR Central Office with cooperation from the CSB and state facility system. The system should provide the Administration, the General Assembly, the Department and interested citizens the assurances of quality programming and administration which they seek in Virginia's mental health, mental retardation and substance abuse programming.

POLICY MANUAL
STATE MENTAL HEALTH AND MENTAL RETARDATION BOARD
DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION

POLICY 86-18

SUBJECT: Evaluation of Community Services Board Administration and Programs

AUTHORITY: Board Minutes Dated October 22, 1986
 Effective Date November 19, 1986
 Approved by Board Chairman *James C. Wilson*

REFERENCES: Report of Commission on Deinstitutionalization, 1986
 Senate Joint Resolution 46, March 1986
 Senate Joint Resolution 53, March 1986
 Sections 37.1-179, 37.1-182 and 37.1-183.1, Code of Virginia (1950),
 as Amended
 State Board Policy on Client Management (Draft)

BACKGROUND: The referenced Commission Report recommended that the Department modify client management guidelines to establish standards reflecting the accountability of Community Services Boards (CSBs) for service provision. Further the report recommended that the Department develop a state-administered quality assurance mechanism (page 60).

Senate Joint Resolution 46 requested the Department to implement a statewide plan to monitor the service and fiscal management of all CSB programs and activities. Senate Joint Resolution 53 noted that the referenced Commission recommended realigning service responsibility so that both community and institutional services would be managed through the CSBs.

Section 37.1-182 of the Code requires the Department to inspect all licensed facilities and institutions. This requirement applies to all CSB programs, direct and contractual, given the definitions in Section 37.1-179 and the requirement in Section 37.1-183.1 of the Code.

Finally, the Board, through the referenced policy, has established the CSBs' responsibility for the management of all clients.

PURPOSE: To develop and implement an ongoing State-administered evaluation system which (1) enhances the Department's monitoring of community services, (2) serves as a vehicle for targeting and enhancing technical assistance to CSBs, and (3) provides valid data about service needs and services currently delivered through CSBs.

POLICY: It is the policy of the State Mental Health and Mental Retardation Board that the Department develop and implement an evaluation system which fulfills three functions: monitoring CSB fiscal and service management, identifying technical assistance needs, and collecting data about clients, services, costs and service needs.

The CSB evaluation system will compare programmatic goals with existing program operations. The evaluation system will assist CSBs in developing strategies for using available resources more effectively to move toward those goals. The system will be based on a peer review process in which representatives from other CSBs, as well as Department staff, will employ a structured quantitative and qualitative evaluation mechanism for identifying strengths and limitations.

Monitoring Function: The system shall ensure that all CSB programs, direct and contractual, receive appropriate programmatic and fiscal oversight from the Department. This system shall be complementary to Departmental licensure activities. The evaluation system shall replace the current certification process once the revised licensure regulations are in place and the evaluation system is approved, after sufficient piloting and CSB input have occurred.

Technical Assistance Function: The system shall assist CSBs in planning and goal-setting activities and recommend strategies for improvement. This function of the system will identify technical assistance needs and resources for the evaluated CSB.

Accountability for Service Delivery: The system shall examine the ability of CSBs to provide quality services to clients through the statewide collection of valid data which includes review of quantitative "performance" indicators. The system will highlight the strengths of community services to relevant audiences and identify resource limitations affecting the delivery system. The system will also include mechanisms for following up on the implementation of evaluation recommendations.

SCOPE OF LICENSURE

As currently planned Licensure will include five books of regulations. Each book will be applicable to appropriate programs for mentally retarded, mentally ill and substance abusing clients.

The books are:

Book I: Residential Programs: 24 Hour Supervision
--e.g., group homes, intensive treatment/training, primary care, detoxification, therapeutic community.

Book II: Supported Residential Programs
--e.g., supervised apartments, supported living, sponsored placements, supported living, domiciliary care, residential respite.

Book III: Day Support Programs
--e.g., day treatment, partial hospitalization, psychosocial rehabilitation, work activity, developmental day.

Book IV: Outpatient Services
--e.g., counseling, psychotherapy, behavior management, chemotherapy, ambulatory detoxification.

Book V: Private Psychiatric Hospitals
--e.g., medically directed institutions

SCOPE OF EVALUATION
Evaluation Modules

Substance Abuse

- Outpatient
- Detoxification
- Residential

Mental Health

- Outpatient
- Day Support
- Residential

Mental Retardation

- Day Support
- Early Intervention
- Residential
- Case Management

Special Populations

- Forensics
- Geriatrics
- Prevention
- Emergency Service

Administration

- Patient Management
- Board Functions
- Personnel
- Financial Management
- Quality Assurance
- Planning
- Training
- Human Rights

