

# **Greene County Educational Service Center Mental Health Services**

## **PERFORMANCE IMPROVEMENT PLAN 2015-2016**

Approved by GCESC Governing Board: 3/24/16

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### **Greene ESC Mental Health Services Vision**

*GCESC-MHS envisions a community in which the mental illnesses that impact our children, teens and families are prevented and cured.*

### **Greene ESC Mental Health Services Mission**

*Our mission is to support youth and families in maximizing their potential and enhancing their wellness in the natural environments of school, family, and community through advocacy, mental health services, and education.*

### **Greene ESC Mental Health Services 2016 Strategic Goals**

1. Actively Promote Health, Well-being and Dignity in our Community
2. Enhance Clinical Effectiveness
3. Develop Sustainable Business Practices
4. Ensure a Healthy & Safe Environment for all Stakeholders

### **Purpose of the Performance Measurement, Management & Improvement System**

Mental Health Services of the Greene County ESC fulfills its mission and stays on target with strategic goals by continuously monitoring, analyzing and enhancing performance. The Greene ESC has a written Performance Improvement Plan that describes the systematic and ongoing performance improvement activities that are designed for:

- gathering and analyzing reliable, valid, accurate and complete data;
- evaluating the quality and appropriateness of services;
- continuously improving quality and effectiveness;
- identifying and resolving problems;
- maintaining sustainable business practices;
- ensuring a healthy and safe environment for all stakeholders; and
- identifying, monitoring and preventing risk.

Four key areas of performance improvement include: Effectiveness, Efficiency, Access, and Stakeholder Satisfaction.

### **Goals and Objectives of the Performance Improvement Plan**

The overall goal of the Performance Improvement Plan is to monitor, support and improve clinical service delivery, and business practices. Specific objectives are driven by the agency's beliefs and program objectives. These include:

- Delivering data-driven, evidenced-based and strengths-based prevention and intervention strategies.
- Providing interventions within the context of the youth's environment that enhance the learning and practice of life skills.
- Ensuring that services are anchored to a written individualized service plan that includes specific goals, objectives and interventions.
- Striving for inter-agency collaboration throughout all prevention and intervention activities.
- Maintaining system markers that identify and track positive and negative outcomes.
- Providing increased accessibility within schools, homes, neighborhoods, and the community.
- Striving for an increased level of positive youth involvement in the community.
- Continuously monitoring and maintaining sustainable business practices.
- Monitoring and ensuring a healthy and safe environment for all stakeholders.
- Identifying, reducing and preventing risk to stakeholders and agency.

### **Programs and Services**

Greene ESC Mental Health Services programs and services covered under the Performance Improvement Plan include Day Treatment (The Greene County Learning Center), Outpatient Services (School-Based Program), Case Management/Service Coordination and Crisis Intervention Services.

### **Scope of Practice**

The scope of the agency's practice involves providing comprehensive and continuous school-based mental health services to children and their families within Greene County Public Schools. These services are made available and provided in every public school building in Greene County, as well as in the Greene County Learning Center.

### **Personnel Responsibilities**

All Greene ESC Mental Health Services Staff share in the responsibilities associated with performance measurement, management and improvement activities, including completing data collection and outcome tools, collecting data, analyzing results and implementing program enhancements. The Director of Mental Health Service is responsible for overseeing the performance improvement activities, chairing Quality Assurance/Performance Improvement (QA/PI) Committee, summarizing performance reports/plans, and coordinating the implementation of enhancements.

### **QA/PI Committee**

The QA/PI committee is the primary vehicle for implementing performance improvement activities. QA/PI committee consists of the Director of Mental Health Services as the committee chair, Program Supervisor, the QA/PI Coordinator, Records Control Officer, Billing Manager, and four mental health staff who rotate membership on annual basis. For 2015-16, the ESC plans to have a person served on the committee. The committee meets minimally on a quarterly basis, however performance improvement activities are ongoing and continuous. Meeting minutes will reflect the ongoing performance activities. Reports on findings are completed at quarterly and annual intervals.

### **Data Collection**

Relevant data is collected and used by QA/PI Committee to manage and improve service delivery and business practices. The data reflects the needs of persons served, needs of other stakeholders, and business needs of the Greene ESC Mental Health Services program. The Greene ESC strives to gather data that is reliable, valid, complete, and accurate:

- Reliability: the Greene ESC ensures reliability through staff training, consistency in Policy/Procedure/Forms, establishing QA/PI Coordinator as gatekeeper, and use of scientifically significant sample sizes.
- Validity: The Greene ESC employs indicators and tools that measure what they intent to measure.
- Completeness: All data from every program is included in the analysis process; no data is excluded. Cross checks and spot checks of data by QA/PI Coordinator ensures completeness.
- Accuracy: The Greene ESC ensures accuracy through spot checks, and double checks by the QA/PI Coordinator, Leadership, and Records Control Officer.

Clinical Services data is collected at the beginning of treatment, at regular intervals, at the end of services, and following services. Data is collected on characteristics of persons served include age, gender, ethnicity, linguistic needs, locations, and severity of disability/disorder. Financial, Health & Safety, and Utilization Review data is collected on an ongoing basis, and minimally reviewed monthly by Leadership, and quarterly by QA/PI Committee. Business function indicators are collected for each program/service, including effectiveness & efficiency of services, service access, and satisfaction with services (persons served and other stakeholders). Specific effectiveness measures include but are not limited to reduction in symptoms, improved school functioning, increased self-regulation, reduction in hospitalizations, and reduction in juvenile court involvement. Other data collected includes data used for strategic planning, such as environmental scan results and stakeholder feedback.

### **Data Collection Tools**

Clinical Services measurement tools include, but are not limited to the following:

- Individualized Service Plan and ongoing reviews/updates
- “Feedback Informed Treatment”/ “My Outcomes” clinical outcome measures

- Student Satisfaction Surveys
- Parent Satisfaction Surveys
- Follow-up Surveys
- Teacher/Educator Satisfaction Surveys
- Other Stakeholder Satisfaction Surveys
- Mental Health Services Staff Surveys
- Suggestion Boxes
- Case Record Reviews

Utilization Review data include, but are not limited to the following:

- Length of Stay (LOS)
- Frequency of Services
- Referrals in and out
- Transitions from different levels of care
- Waitlists
- Allocation of staff resources
- Closures and follow-ups
- Case Record Reviews
- Access issues/problems

Financial performance is measured by the following methods:

- Monthly productive reports
- Late progress and diagnostic assessment monitored for potential pay-back
- Monthly submitted billing to MHRB
- Financial and compliance audits
- State, Federal, and local changes in funding
- Assessment of competitive environment

Health and Safety performance is measured by the following:

- Major Unusual and Critical Incidents
- Safety drills and emergency tests data
- Evacuation drills data
- Inspection data
- Facility safety reports
- Infection Control and Hazardous Material data
- Transportation safety data
- Non-violent practices data
- Legal and ethical data
- Staff training logs

### **Performance Improvement Reports**

The QA/PI Committee chair gathers performance improvement data from the above mentioned data collection tools, and presents the information to QA/PI Committee for analysis and recommendations. The data is clustered into the following quarterly Performance Improvement/Risk Management reports:

- Financial

- Major Unusual and Critical Incidents
- Health and Safety
- Case Record Review
- Legal and Ethical Concerns
- Staffing and Human Resources
- Utilization Review

### **Compliance**

Compliance with the Performance Improvement Plan is documented through the various review processes and evaluation forms completed. Problems with compliance are reported to Mental Health Leadership, the Quality Assurance/Performance Improvement (QA/PI) Committee, and direct supervisors of the clinicians or areas found to be out of compliance. Clinicians shall make corrections, if necessary, to their case records in a timely manner. Immediate supervisors monitor corrections.

All staff members sign a confidentiality statement to follow respective ethical codes and follow regulations as prescribed by the Health Insurance Portability and Accountability Act. To avoid conflict of interest issues, staff/clinicians do not conduct Performance Improvement Activities for their own program areas. Confidentiality of the data collected through Performance Improvement Activities and of the minutes from the QA/PI Committee meetings is of great importance to the agency. Hard copies of the data collected are kept in a locked file cabinet in the Record's Control Officer's area. Computer-generated data are kept in the files of the agency's network server and are password protected. Hard copies of the meeting minutes are also secured in the offices of the Program Supervisor and Records Control Officer.

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