

**Jasper Mountain**  
**QUALITY ASSURANCE POLICIES**

**Excerpt of Agency Policies & Procedures Manual**

**2. Programs and Services Policies & Procedures**

**I. QUALITY ASSURANCE PROGRAM**

**1. Mission**

**2. Systemic Quality Improvement Plan & Design**

- a. Staff & Board Involvement in Quality Improvement*
- b. Consumer Involvement in Quality Improvement*
  - *Client Input*
  - *Stakeholder Input*
  - *Contractor Input*
- c. Operationalizing the Quality Improvement Process*

**3. Employee Utilization**

- a. Staff Development*
- b. Personnel Retention*

**4. Strategic Planning Process**

- a. Overview*
- b. Long Term Planning Process*
- c. Short Term (annual) Planning Process*
- d. Data Collection (See also sections J & K, below)*
  - *Consumer Input*
  - *Staff Input*
  - *Volunteer Input*
  - *Outcome Data*
  - *Follow Up Data*
  - *Quarterly Review of Clinical Progress & Documentation*
- e. Dissemination of Strategic Plan*

**J. OUTCOMES AND FOLLOW UP DATA PROCEDURE**

- 1. Outcomes of Treatment**
- 2. Outcomes of Measures**
- 3. Follow Up**

**K. UTILIZATION REVIEW PROCEDURE**

- 1. Case Documentation**
- 2. Retention of Records**
- 3. Quality of Treatment Plan**

## **2. I. QUALITY ASSURANCE**

In a commitment to excellence, Jasper Mountain has established the following procedures to ensure quality care to all consumers. These procedure fall into several categories but all are initiated to insure quality, improve every aspect of service delivery and correct all deficiencies in every aspect of the Agency and its services. Quality assurance encompasses three primary headings: Systemic Quality Improvement, Strategic Planning Process, and Employment Utilization. While these areas have distinct aspects assisting in quality improvement, they also have fundamental overlap as well.

To accomplish the Agency's expansive mission, steps must be taken to improve the quality of the organization and its staff on a continual basis. The framework of this process will be outlined here. It is critical to mention that quality is not a black or white concept. Quality is an ever-expanding commitment to excellence and a concept with no finish line. It is clear that the moment a program asserts that their program has met the threshold for excellence and the Board, management and staff reduce their efforts to make further improvement, they have lost excellence. Neither is quality a concept that is associated with some but not all of an organization. Every individual, every team and committee, and every program must be reviewed and held up against the standard established by the mission of the organization. The move in the direction of excellence is a continual commitment to action, evaluation and redirection.

### **2. I. 1. Mission**

The mission of the Agency is to bring hope and healing to traumatized children and their families and to enhance the physical, emotional and spiritual health of its consumers and staff. This mission is unobtainable internally despite an organization of the highest standards of excellence. The Mission can only be accomplished with a community partnership, a family partnership and an organizational partnership. Therefore each of these partnerships must be involved in systemic quality improvement. The overall organization must be not only open to input from clients and the community at large, it must seek such input and make maximum use of it. Therefore the perspective of quality must be a shared perspective of all stakeholders.

Community-----Systems-----Policies-----Board-----Management-----Staff-----Program

### **2. I. 2. Systemic Quality Improvement Plan and Design**

The Systemic Quality Improvement process was established to support improved consumer outcomes by identifying continuing education and training opportunities for personnel and targeting areas in which improvement is needed by reviewing results,

performance indicators, consumer feedback, and the overall plan for continuous improvement of performance.

The improvement process design must address key questions concerning the organization and its services: 1) Does the organization stay true to its mission with everything it does? 2) Is the organization consumer based taking advantage of consumer input? 3) Are services evaluated by performance and outcome data? and 4) Does the organization have a continuous and organized review process? Each of these issues addresses indicators of quality.

Quality improvement is not a top down concept. It is not the function of management to dictate excellence to anyone other than to management. Quality is all about the culture of an organization, a commitment from everyone. Therefore the process must be comprehensive and facilitate involvement. Jasper Mountain's quality improvement plan necessitates input from multiple perspectives. Input must be obtained that is critical, evaluative and expansive. The Agency's process shall include input in the following forms:

- Staff
- Board evaluations of the organization
- Management evaluations
- Committee and team evaluations
- Client evaluations
- Stakeholder evaluations
- Contractor evaluations

### **2.I.2.a. Staff & Board Involvement in Quality Assurance**

The Board of Directors evaluates the executive director on an annual basis as well as the management, the staff, the programs and the overall efficiency of the organization. The Board is charged with reviewing each of the Agency's programs on a rotational basis on a twenty-four month timetable.

The Management Team conducts routine reviews of all aspects of the Agency's services and overall functioning during biweekly meetings. The team provides the Board with emerging concerns and issues as well as data concerning specific aspects of all Agency services. The team obtains input from other Agency committees regarding all internal functions of the organization including services, access, utilization, consumer feedback, Agency strengths and weaknesses, outcome and follow up processes, barriers, and use of Agency resources including staff. The Management Team reviews all

recommendations from other committees for adjustments and reports areas of focus to the Board of Directors. The team is also charged with obtaining staff input on a variety of issues which are passed on to the Board along with recommendations to improve the effectiveness and overall climate of the organization.

Staff and client input is specifically obtained within teams and committees which are established with an organizational role. These committees and teams include:

■ **Management Team:** charged with supervision of overall operations of the Agency, such as:

- supervision of all employees;
- development and implementation of an annual budget;
- all personnel matters;
- insure access to services using Agency performance measures;
- reviews clinical outcomes in aggregate form from outcome and follow-up data;
- program development;
- risk management;
- reviewing behavior management and special treatment procedures policies annually;
- liaison with the Board and the community.

■ **Leadership Teams:** charged with implementation of program operations and other functions as delegated by the Management Team, such as:

- monitoring implementation of treatment objectives and methods;
- monitoring critical incidents and incident reports;
- collecting daily tracking information on individual children;
- monitoring the effectiveness and the morale of treatment staff;
- insuring an atmosphere of structure and safety for residents and staff.

■ **Quality Assurance Committee:** shall be composed of clinical staff, program director, a staff trainer, a treatment team staff member, representative of an external Agency, Agency psychiatrist participation through input, Agency Consumer Consultant, and one or more consumers. Membership on the committee will be reviewed by the Management Team annually for adequate Agency-wide representation (including consumer representation) on the committee. Representatives on the QA committee will serve on an annual basis. If a member decides to no longer sit on the committee, it will be the responsibility of the QA coordinator in conjunction the Management Team to find another appropriate representative to fulfill the position. The committee is to meet monthly and keep minutes and is authorized to implement and track the Agency quality assurance plan and procedures, such as:

- monitoring the progress of each child through input from Agency psychiatrist;

- monitoring quality of care to each child and family;
- monitoring and evaluating access to, and delivery of, children's intensive mental health treatment services;
- monitoring Agency's activities in providing culturally responsive services;
- identifying and resolving problems in access of delivery of services;
- tracking length of stay in each program, individually and collectively;
- reviewing concerns coming from all other teams and committees;
- monitoring the use of special treatment procedures on an aggregate and individual basis;
- reviewing grievances, incident reports and accidents;
- recommending adjustments based on client and staff input;
- considering research implementation, and any experimental practices in order to insure that such practices have been approved by the Board and where necessary, the State regulatory Agency;
- reviewing removal of children from the milieu for over two hours at one time or five hours over five days;
- reviewing any problems associated with administration or prescription of medications with input from the Agency psychiatrist;
- reviewing special treatment procedures to consider reductions in use, appropriate use, and consideration of alternatives to improve the quality of care for residents;
- reviewing all cases where a child is a significant danger to self or others;

■ **Safety Committee:** charged with reviewing all aspects of Agency operations for safety for clients and staff, such as:

- developing an Agency safety policy;
- monitoring the implementation of the safety policy;
- monitoring of campus grounds for hazards and unsafe environmental conditions;
- reporting to the Management Team on a quarterly basis with recommendations and evaluating implementation of action steps;
- receiving concerns from any source within the Agency and making recommendations to the Management Team.

■ **Clinical Team:** charged with reviewing, planning and implementing treatment interventions with each of the programs, such as:

- monitoring the clinical treatment plans of all clients;
- developing transition plans and monitoring readiness of clients;
- reviewing and working with systems that interact with children and families;
- collecting pre and post data and outcome evaluation data;
- reviewing daily treatment data on clients including critical incidents.

Representatives of the clinical team are involved in all aspects of treatment including: admission decisions, the need for additional physical and mental status

examinations, the appropriate level of care, treatment planning, termination of care. The clinical team includes the clinical supervisor, residential director, executive director, agency psychiatrists, and the child and family therapists.

■ ***Support Services Team:*** charged with providing the means for all support services to be efficiently provided for clients and staff including material needs such as food and clothing for residents, transportation, scheduling appointments for children, and other duties which support the treatment components of the programs, including:

- insure the basic needs of each clients are unconditionally provided;
- maintain the children in appropriate and presentable clothing;
- plan and implement celebrations for children and list their personal interests;
- maintain a schedule of off-site appointments and transport when possible;
- maintain a menu plan with balanced, healthy and interesting meals.

■ ***Clinical Review Teams:*** charged with the development and evaluation of intensive treatment plans for clients and their families, such as:

- reviews data on each client;
- recommends adjustments in treatment plans;
- collects input from everyone involved in the child's life;
- reviews the treatment progress of each client;
- approves transition plans.

■ ***Administrative Support Team:*** charged with all office duties that enable programs to function smoothly, such as:

- reception and communication;
- office support;
- payroll and accounts payable and receivable;
- contracts, insurance, reporting;
- bookkeeping.

■ ***Multidisciplinary Teams:*** charged with specific educational duties as outlined by Oregon educational law, such as:

- insuring the educational needs of each client are met;
- developing individual educational plans and IFSPs;
- monitors the balance of treatment and academic goals;
- responsible for meeting state educational regulations.

■ ***Maintenance Team:*** charged with implementing and tracking the organizations preventative maintenance plan for all facilities, such as:

- completes and submits a monthly maintenance checklist;
- responsible for daily checks on critical functions within facilities;
- implements action steps coming from the safety committee;
- implements the Agency's policy and procedures on preventative maintenance.

- **Psychiatric Review Team:** charged with the review and modification of the treatment plans for all children including:
  - monthly review of treatment plans;
  - reviewing the effects of medications on the child;
  - integrating school, residence and community data;
  - assisting in transition planning.

Each of these teams and committees has implementation and oversight responsibility for various aspects of Agency services and operations. It is their function to monitor and anticipate and correct any emerging concerns and to report to the Management Team the present status of all aspects of the organization along with recommendations for improvement. Each committee develops measurable objectives for organizational performance, providing one source of data for analysis. Minutes of meetings are to be kept and placed in the committee binders. The committees will be the first level of follow up for Agency improvement plans. The second level of follow up will be the Quality Assurance Committee. The next two levels will be the Management Team and finally the Board of Directors.

Within the data assessment process several questions must be addressed:

- What is the current level of functioning?
- What aspects of the Agency need remedial action?
- Have improvement efforts been effective?
- Are committee/program/employee objectives being met?

Individual staff shall address personal performance goals in their review process with their immediate supervisor. This shall include performance goals and a plan for improvement through training opportunities.

### **2.I.2.b. Consumer Involvement in Quality Assurance**

Fundamental to the mission of the organization is the involvement of those who receive the services of the Agency. The perspective of service recipients is therefore critical to evaluating their quality. Confidentiality of client information is to be provided consistent with section 2.G.

**Client Input:** Client input will be obtained from a variety of sources:

- The Board will endeavor to maintain a member who is or has received services from the Agency

- Client involvement in the quality assurance committee will be expected
- Formal and informal client satisfaction with services will be obtained during and at the conclusion of services
- Clients will be involved with each specific treatment plan
- Client involvement will be obtained in the multidisciplinary teams

**Stakeholder Input:** Stakeholders in the organization are members of the community at large. They include government agencies, private agencies, the media, community organizations, advocacy groups, universities, public and private schools, service organizations and individuals and families in the community. Input from the larger community will be obtained directly from the Board of Directors and also from a variety of community networking forums. Community needs will be reviewed as will the ongoing role played by the Agency in responding to emerging and changing community needs.

**Contractor Input:** The high intensity focus of the Agency's programs necessitates involvement of state and local contracting agencies. The input of each of the contracting units is formal by contract. This includes the review of regular evaluative material required by contract as well as periodic program reviews by the contractor. An ongoing process of recommendations and dialogue will be maintained with all contract sources. A record of input and evaluative recommendations will be provided to the Board and maintained in files open to review from internal and external interests. Contractor evaluations shall include external review of both process and outcome measurement of services as well as follow up data.

### **2.I.2.c. Operationalizing the Quality Assurance Process**

Conditions within the community and within the Agency are ever changing. Therefore any improvement plan must be specific and take into account the immediate issues as well as long term goals. The specifics of the quality improvement plan will be developed by each of the teams and committees. Input will be obtained from each group on at least a quarterly basis by the Management Team which will report the information to the Board of Directors. The adjustments and improvements made by the Management Team to any and all Agency operations will be reported to the Board in the annual report and during the evaluation of the strategic planning process during budgeting.

**Process:** The overall quality improvement process follows the IDEA model:

- Identify parameters of improvement efforts
- Develop action steps to enhance quality

- Evaluate data to determine performance and outcome enhancement
- Analyze process and efforts to begin the next cycle

If any aspect of the Systemic Quality Improvement Process identifies areas of the Agency in need of improvement, a plan shall be developed to address this area. This process is seen as way to improve efficiency and effectiveness of processes and activities throughout the organization. Annual goals are to identify: 1) areas in need of improvement that need to be addressed, 2) strong areas that need to stay strong or 3) new areas the Agency wants to develop. The overall responsibility for this process of the IDEA model is the Management Team with reports to the Board of Directors. Corrective action is an ongoing process throughout.

### **2. I. 3. Employee Utilization**

Connected to the strategic planning process, the Management Team is responsible for an Agency-wide assessment of personnel requirements and needs in order for the Agency to accomplish its mission, goals and objectives. This personnel planning process is to take into account: a) required staffing levels (both types of staff and number of staff) to comply with contractual obligations, b) necessary staffing levels to insure safe programs and support services for the programs and c) optimal staffing level needs to maintain excellence throughout the organization.

On an annual basis at the beginning of each calendar year, the Management Team is responsible for conducting an annual utilization analysis of its employment patterns. It will be the responsibility of the Management Team to review data, including the following:

- any changes in job classifications and workload requirements;
- current service volume and anticipated demands for the coming year;
- results from the staff feedback and client feedback aspects of the quality improvement process impacting staffing levels or positions;
- current standards of Human Resource administration and best practices;
- staff demographics and turnover statistics;
- education and experience requirements (qualifications/credentials, etc) for each position, as they are related to the level of competence required for each job task and the services each position provides;
- availability of persons with required qualifications;
- the composition of the organization's defined service population, and the need for culturally responsive and competent practitioners.

The results of this analysis will be included in Agency data for the systemic quality improvement process. If the result of this analysis is that the organization's employment practices do not reflect the composition of the community, a report that

outlines a plan with time lines to promote equal opportunity will be provided to the Board of Directors which includes: recruitment, employment, and promotion. The plan will identifies action steps, timelines, responsible parties and a periodic review schedule to monitor progress.

### **2.I.3.a. Staff Development**

Jasper Mountain as an organization fulfills many functions, one of which is an extended treatment family. Family values of fairness, support, cooperation and teamwork are to be the guiding principles of the efforts of all staff. Specific attention is to be given on an ongoing basis to multiple issues of quality management of the Agency's human resources.

**Employee Performance and Evaluation:** Continuous attention is to be given all employees through direct supervision to optimize the effective use of the skills and ideas of personnel and to maintain job satisfaction. Annual formal performance reviews are to be conducted with all staff.

**Employee Recognition:** the Agency is to continuously and publicly acknowledge innovation, knowledge, creativity and performance excellence. Supervisors are to provide constructive criticism as well as recognition for positive performance of job duties. A group employee recognition process will be supported by obtaining an ongoing list of nominations for employees to receive recognition from their peers. The Board of Directors provides a monetary recognition in the budget where the managers can recognize outstanding performance with a cash bonus.

**Promotions:** Advancement in the organization should be an opportunity for current staff to increase and broaden job responsibilities through promotion where this is possible. When a position becomes available, internal staff who have the required credentials, experience and aptitude should be given full consideration. When promotions are not available, staff are encouraged to increase and broaden their responsibilities as they show the necessary aptitude.

**Compensation:** The Agency pay and benefit policy is considered in the strategic planning process when developing an annual budget. Effective communication should be given to all staff concerning the way compensation and benefits are established. Information is to be provided to the Board of Directors on Agency progress in maintaining the pay policy.

#### **The Staff Development Plan:**

- promotes cooperation among personnel;

- continuously and publicly rewards knowledge, innovation, creativity, and excellence;
- provides opportunities whenever possible to increase or broaden responsibilities; and
- includes an education and training program which provides opportunities for learning and skill enhancement.

### **2.I.3.b. Personnel Retention**

The Agency is committed to retaining staff when possible. The majority of staff who have left the Agency have either returned for advanced schooling or taken positions out of the area. Special consideration is given to staff turnover when personal advancement is not the reason. Data are to be maintained on the retention of staff as an aggregate and for specific positions. Data are reviewed on an annual basis as a part of the Systemic Quality Improvement process is to be considered in the development of goals and objectives in the annual strategic planning process.

The personnel planning process will involve consideration of each of the Agency's programs in consultation with staff in these programs, review of support services throughout the Agency, review of administrative personnel needs, and consideration of volunteer resources and how best to utilize them. Consideration of emerging and changing community and Agency needs is to be included in the analysis of human resources necessary to accomplish the agencies strategic plan. The Management Team will determine the minimal staffing pattern as well as recommend optimal staffing when feasible. This process will be included in the overall budget process.

## **2. I. 4. Strategic Planning Process**

Jasper Mountain has an expansive mission to bring hope and healing to traumatized children and their families, and to enhance the physical, emotional and spiritual health of its clients and staff. This mission statement is appropriately general and forms the basis of all efforts carried out by the organization. In order for this mission to be optimally operationalized specific goals, objectives and action plans must be continually identified, implemented and evaluated. To accomplish this, the Agency has a strategic planning process.

### **2.I.4.a. Overview of the Process**

Planning is a continuous effort involving the assessment of needs, the organizations response to these needs, identification of goals, specific objectives and actions plans and an ongoing evaluation. These general steps are broken into two time frames: long term

planning and short term or annual planning. There are three principle purposes of the strategic planning process:

1. Evaluating the performance of the organization's services and overall operations,
2. Institute steps to improve services and operations, and
3. Monitor emerging and changing community needs the Agency's services are designed to address.

The Agency values and expects an atmosphere of honest and direct input, collaborative teamwork and mutual problem identification and problem solving on the part of all members of the organization and interested stakeholders. The planning process is one of the primary ways that multiple evaluative components can be directly translated into organizational improvement.

#### **2.I.4.b. Long Term Planning Process**

The purpose of long term goals is to move the organization in directions that require substantial effort and a greater amount of resources and time than can be accomplished in an immediate or short range time table. Long term planning enables the organization to look into the future and set its sights on a direction and a general timetable. The long term goals are meant to directly address the organization's mission statement. The long term planning process is participatory but somewhat different than the annual planning process. Long term direction setting is best done by components of the organization that have the most complete information, community trends, knowledge of the capacities of the organization, and the experience of multiple other planning processes. In this regard, input is received from multiple areas and is primarily analyzed and goals developed by the organization's management and Board of Directors.

Long term planning is a three year cycle. Every three years the organization undergoes steps to review the previous three year planning cycle, evaluate the appropriateness of the goals and time frames and effectiveness of the results. Based on multiple sources of data, the new long term goals are established. In the next two years the long term goals are reviewed as well as progress toward accomplishing the goals. Long term goals are the basis for developing short term or annual goals prior to the budget process.

During the long term planning process every three years the following steps are taken:

- the mission statement is reviewed for its continuing relevance in light of emerging community needs and a changing internal and external climate.
- an evaluation is conducted of previous goals and objectives.
- an assessment is conducted of the strengths and weaknesses of organization's staff, programs, facilities, and political climate.

- review of internal and external data indicating emerging trends and needs both of the community and of the Agency to accomplish its mission. This includes a review of gaps in service or any duplication of service.
- the development of new or revised long term goals based on all information coming into the process.

Responsibility for the long term planning process is held by the Board of Directors. It is the responsibility of the management of the Agency to provide sufficient data and information outlined in the process for the Board to make maximum use of it. It is also the responsibility of management to fully inform the Board of the overall strengths and weakness of the internal components of the Agency needed to accomplish long term goals. Information concerning internal Agency functioning as well as emerging demographic, cultural, and political elements of the climate the Agency is operating in, is supplied by management for the use of the Board. Management will also recommend specific long term plans deemed appropriate based upon all reviewed information. The Board of Directors will develop and approve all long term goals.

#### **2.I.4.c. Short Term or Annual Planning Process**

Annual goals must be developed to operationalize not only the mission of the Agency but also the long term goals. Conceptually the mission of the Agency determines the long term goals and they in turn determine the annual goals. It is the annual goals that form the foundation for the action steps and allocation of Agency resources through the annual budget process.

The annual planning process is more directly participatory than the long term process. The process includes the following steps:

- review progress toward meeting long term goals
- reviewing progress toward meeting last year's annual goals
- collection and analysis of multiple sources of data
- review of financial and personnel resources to accomplish goals
- identification of annual goals, and measurable action plans
- outlining corrective action for sub-par programs

#### **2.I.4.d. Data Collection**

Planning cannot occur in a vacuum and must be a participatory process with consumers, staff and community stakeholders in involved in the process along with the management of the organization and Board of Directors. Multiple sources of

information are included through the form of data collection. The following data is collected and analyzed in this annual process: a) community needs assessments from external sources such as United Way, b) consumer input on multiple questions, c) gaps in services or duplication of services provided by the Agency in respect to other service providers d) changing demographics of consumers in the service areas, e) underutilized services with regard to an appropriate plan to address this issue, f) Agency outcome data, g) Agency follow up data, and h) internal and contractor input on performance levels of Agency programs and services, and i) staff and volunteer input.

**Consumer Input:** The response of consumers to Agency services is a critical factor in evaluating the relevance and quality of interventions. Consumer response is obtained from direct and indirect means. Consumers are asked initially and during service delivery of their needs and how the Agency can assist. They are also provided with consumer satisfaction surveys during and at the conclusion of treatment. The Agency Consumer Consultant regularly contacts consumers to obtain feedback regarding how service delivery could be improved and how the organization could further meet their needs. Additional information is obtained from tracking the response of consumers to the measurable treatment objectives and standardized benchmarks such as the CAFAS scores and other outcome information sources.

The methods of consumer data collection are reviewed as a part of the annual planning process to maximize the integrity of consumer input, to eliminate problems with data collection, and to collect data in a form as to be optimally useful to improve service delivery.

**Staff Input:** All staff from management to support services have an opportunity to contribute to the planning process. Staff will be asked their view of program effectiveness as well as overall Agency operations. Specific program staff will have a role in program and case evaluations. The staff will be expected to share the Agency goal to continually improve all aspects of the Agency's services and operations. They will be expected to communicate by words and actions the values of the organization as well as a belief in the importance of the Agency's mission and goals. The staff will assist by honestly critiquing Agency programs in relation to operational expectations. The staff are encouraged to become active in the planning and implementation of Agency goals and action plans and to assist the Board in pursuing excellence in all aspects of the organization. Staff will also provide the Board with cost information, sources and allocation of Agency funds, and progress toward achieving budgetary objectives.

**Volunteer Input:** In addition to feedback that the Agency receives from the community and volunteer Board of Directors, input from persons who volunteer at the Agency is also sought. The Volunteer Coordinator is responsible to gather ideas and input from the volunteers and communicate these to management as needed, and particularly during the strategic planning process.

**Outcome Data:** One important source of data in the evaluation and planning process is outcome data. The Agency collects outcome data of a pre and post nature for all cases open six months or more. This information is combined with information from consumers, from staff and added to progress on treatment plans to provide a picture of consumer's progress toward achieving service goals. Outcome data are a combination of subjective/qualitative information and objective/standardized/quantifiable information. Qualitative information comes from direct consumer responses to services when they are initiated and during the process. These data are added to consumer satisfaction data at the conclusion of services. Quantitative data includes progress toward measurable treatment objectives (stabilization of behavior and conduct and reduction of danger to self and others), reduction in symptom acuity through the level 5 criteria, standardized instruments including the Vineland (new adaptive skills), the Personal Inventory of Kid's Optimal Capacities, CAFAS, LaneCare Clinical Evaluation Instrument (level of functioning). All data will be collected in aggregate form and reviewed in the annual planning process.

**Follow Up Data:** Consumers who were involved in the services of the Agency for a minimum of six months will be tracked using a comprehensive form at intervals of 6, 12, 24 and 60 months. The tracking form will review five levels of functioning to determine how consumers are performing on critical areas at tracking intervals. Data will be collected in aggregate form and reviewed in the annual planning process.

**Quarterly Review of Clinical Progress and Documentation:** Every ninety days a utilization review is conducted with all open intensive services cases. This review has several components. The therapist reviews treatment objectives and submits a report to the psychiatrist and managed health organization. A review team composed of at least one external clinician discusses each case. Residential cases have a clinical review team meet to discuss all aspects of clinical process. This team is composed of the parents, caseworkers, therapist, teacher, management staff and other interested parties such as attorney's or Court Appointed Special Advocates. The psychiatrist makes recommendations as well as the clinical supervisor and the clinical review team. Documentation is also reviewed for completeness and quality on a quarterly basis.

#### **2.I.4.e. Dissemination of the Strategic Plan**

Following the above steps in the process, the long term and annual strategic plan is put in final form for approval by the Board of Directors. This plan is then used to build an annual budget to allocate resources to accomplish the plan. The plan is made available to interested staff and contractors. Interested consumers, volunteers or members of the public can also review the plan, which is posted on the Agency website. Outcome and follow up data are provided to any interested individuals and are available for review on the Agency website.

## **2. J. OUTCOME AND FOLLOW-UP DATA PROCEDURE**

### **2. J. 1. Outcomes of Treatment**

To determine if treatment interventions have been effective, Jasper Mountain is committed to implementing the current industry standard in outcome data collection. Past measures such as the child remaining in the community, in their family and/or in their school are important question but have been insufficient to determine if the mission of the Agency has been fostered which is to promote the physical, emotional and spiritual health of children. More sophisticated measures are needed to determine the overall improvement in the health and functioning of children in addition to knowing if the child has avoided further need of out-of-home care.

### **2. J. 2. Outcome Measures**

To develop the most in-depth outcome measures for the Agency, a comprehensive review of all available standardized instruments was completed. Of the literally thousands of instruments reviewed, five were chosen as Agency measures: The Vineland Adaptive Behavior Scales, The Child and Adolescent Functional Assessment Scale, and the State of Oregon Assessment Tool for Level 5 Criteria, LaneCare Clinical Evaluation Instrument, and the Personal Inventory of Kids Optimal Capacities. The level 5 Criteria is used only in the residential program.

In addition to these external measurement tools, the Agency rates clinical progress through the use of the manageable objectives in the treatment plan. The PIKOC is a unique tool and is the product of three years of development and two years of research resulting in a one of a kind instrument to monitor the health of children in eleven areas. Children in the program assisted in the development of the instrument and it was psychometrically tested with children in public schools in Lane County. The research demonstrated the validity and reliability of the instrument.

The combination of these instruments give the Agency the most sophisticated outcome measurement of any program we are aware of. The data include measures for:

- Communication skills (two measures)
- Socialization skills (two measures)
- Daily living skills
- School performance
- Home performance

- Community performance
- Behavior toward others
- Moods/emotions (two measures)
- Self harmful behavior
- Substance use
- Thinking (two measures)
- Caregiver resources
- Family/social support system
- Responsibility
- Work skills
- Spiritual health
- Self care
- Love and relationships
- Imagination

In addition to the above, the outcome data provides very specific treatment objectives written just for the individual child. The result of these data provides a detailed picture not just of treatment progress, or whether the child has met the standards for a transition plan and change in clinical status. These data will indicate in a comprehensive way the level of overall health of the child at the beginning of treatment and again at the end including the child's functional ability in a variety of settings. These measures will help indicate that a child is able to leave treatment, but will indicate a precise level of global health that can help predict deeper levels of success and positive functioning in all social situations

In addition to data for individual children, aggregate data are to be obtained relating to an overall reduction in symptoms from treatment objectives, the ability of children to remain in family settings, improvement in communication with family members, improvement in mood and affective concerns, and overall assessments of personal safety, health and overall welfare. Aggregate data will help determine the ways treatment has impacted consumers and potentially where more focus may be needed in the program.

## **2. J. 3. Follow Up**

The second important aspect of outcome data is to take a snap shot of the child not only at the beginning of treatment and again at the end, but also following the child to see what skills and successes remain over time. To obtain these data, a follow up protocol has been established. Follow up data needs to provide information about short term and long term gains from treatment. To do this, four time periods have been chosen at which time data are collected. These time periods are chosen to examine short term benefits after six months and twelve months for both residential and day treatment, and longer term benefits at thirty-six and again at sixty months for residential treatment. These time periods also allow young children to demonstrate retention of treatment gains over more than one developmental period.

Follow up data are obtained in five areas:

- 1) Personal independence and daily living skills.
- 2) Social skills and career pursuits.
- 3) Communication skills.
- 4) Problem behaviors.
- 5) Data from the child.

The first four items provide data from adults caring for the child and the last item includes six areas of information from the child. The Agency uses follow up forms that are age appropriate for children twelve and older and for children eleven and under at the time of the follow up. Overall the follow up provides twenty-six areas of information. Taken as a whole, the outcome data and follow up data provide a comprehensive picture of the functioning of the child and the level of impact of the treatment interventions.

## **2. K. UTILIZATION REVIEW PROCEDURE**

To improve ongoing psychological care, all cases will be subject to routine review. This will include review of the quality of the treatment plan and approach as well as the completeness of case documentation. In order to thoroughly address quality assurance, a variety of meetings will be held to cover all provisions of Agency services:

- The Quality Assurance Committee will meet monthly, reviewing length of placement for open cases. This committee will include the Executive Director, Director of Operations, Residential Program Directors, Clinical Supervisor, Chief Financial Officer, Medical Records Specialist, Quality Assurance Coordinator, the Agency Psychiatrist, and various coordinators and trainers in the Agency. In addition, the committee will include at least one family representative.
- Clinical reviews will occur on a monthly basis for JMC and SAFE residents, and on a quarterly basis for Day Treatment, Treatment Foster Care, Village (ICTS), or Outpatient cases. These reviews shall include the consulting psychiatrist, the caseworker, the child's therapist, a family member, the Agency nurse, and a representative from the child's academic treatment setting.
- Designated clerical staff will regularly review the completeness of files, monitor reporting timelines, track required documentation, and report any documentation concerns to the program directors as appropriate. Files are reviewed to insure that all documentation is present including intake information, assessments, treatment plans, consents, progress reports, daily reports, discharge planning, and termination documents all with appropriate signatures. Each quarter all of the Agency's open cases shall be reviewed for completeness of documentation. An aggregate report of the file completeness data obtained through the case record review process will be generated. The Management Team will review this data each quarter and make recommendations for improvements as needed.
- SAFE Center case reviews will be held twice a month and will include the SAFE Director, therapists and representatives from LCMH and DHS.
- The Psychiatric Residential program uses an external review process to assess quality of treatment files and services. Acumentra reviews files on a monthly basis that fall within the State Mental Health (AMH) purview. Acumentra reviews diagnoses with appropriate documentation, treatment plans that adequately address diagnosis, measurable objectives, length of treatment, discharge planning and all other quality indicators. LaneCare provides an external review for cases that fall within LaneCare purview. For any cases not falling within the above, the Agency has internal staff reviewers who report to the Management Team regarding the completeness and quality of case files. Staff who are directly involved in the cases do not review the files for quality. Clinical files are also reviewed externally for quality of care by the care team for each child on case-by-case basis.

## **2. K. 1. Case Documentation**

A separate file containing all documentation and treatment information is to be maintained for each individual child and family. Information in the file shall be clearly written in standard clinical language that is understandable to the families of children in the program. Entries into case files must be specific, factual and pertinent to the services provided and the needs of the persons served. Files must be legible, orderly and kept current from intake through termination (the first contact entry must be made within 24 hours of the Agency's first service contact with the client.)

### **2.K.1.a. Case Record Content**

Case files are to be uniform in following the Agency outline of where information is to be found in the file. All files are to be complete containing the information outlined in these policies and required by Agency contracts. The following clinical documents shall meet Federal and State mental health requirements and shall be included in each case file:

- Intake form including names, addresses, and other identifying and contact information with the family and principal parties to the case, as well as emergency contact information.
- Pre admission information including information from referral source
- CPMS enrollment form as well as MHO or third party enrollment form as applicable
- Fee for service agreement if applicable
- Consent to participate in program, treat and to use special treatment procedures
- Acknowledgment of receipt of the Agency's Notice of Privacy Practices and consent to have the client served in the context of these policies
- Consent to administer medications and provide medical care, as applicable
- Record of any refusal of services
- Authorizations to release information
- Mental health assessment with current diagnosis
- Initial plan of care
- Comprehensive mental health assessment to be updated annually and including a completed medical history and current medications and emergency medical and dental resources and primary physician.
- Medication service record of all medications administered
- Treatment plan developed by the clinical team including family/guardian

- Discharge plan with criteria
- Individual behavior management plan
- Progress notes indicating child's response to treatments, activities and interventions
- Incident reports (required content is outlined in Policy Manual Section 2.A.)
- Academic services provided
- Coordination of academic services within and outside the Agency
- Monthly (or quarterly, depending upon the case type) report reviewed by the clinical review team containing the progress of treatment, services are medically necessary for the level of care the child is receiving, and revisions of treatment plan based on the clinical team have been made.
- Termination summary (when the case is closed)
- Written discharge summary and instructions

The treatment plan is to identify the following:

- The needs of the child and family
- Strengths of the child and family
- How to improve the parent-child relationship where appropriate
- How to enhance or resume parental responsibility where possible
- Coordination of treatment with academic services as well as monthly revision of the clinical review team.
- Transition planning including return home, step down service, or adoption planning.

### **2.K.1.b. Case Record Authorship, Authenticity and Corrections**

Only authorized personnel are to make entries into case records, and progress notes are to be completed, signed and dated by the person who provided the services. The staff person who authors reports or treatment logs shall authenticate the entry with a signature. If more than one signature is on a report, the author is to be clearly indicated. After a signature has been affixed to a document, no changes can be made to the original. Any corrections in computerized reports will be made by an addendum rather than changing the original as specified in OAR 309-032-1160(3). Psychiatric assessments will be authored and signed by the psychiatrist.

Any factual errors in the clinical files are to be corrected by crossing out the inaccurate information and adding the correction. The date and initials of the person making the correction are to be included. All documentation generated by Agency staff shall have a signature of the author of the entry, the professional degree and date of entry. Dictated reports shall also indicate the date of dictation.

Consumers may at their discretion add to their file personal statements that express their point of view concerning their family, their situation, and any information related to the services they receive from their point of view. At the request of any client, the Agency will inform them of when evaluative material is added to their file.

All case documentation shall be secured and safeguarded in accordance with laws and administrative rules of the State of Oregon. (See Section 2G: Confidentiality.)

## **2. K. 2. Case Record Review & Quality of Treatment Plan**

As summarized in policy 2.K. above, the Agency reviews the treatment plans on a monthly or quarterly basis (dependent on the case type), both for completeness and for progress toward meeting the goals pertaining to full social inclusion and social success. Any alterations or needed modification are made as well as developing new accommodations to assist the child. These reports are reviewed by the clinical review team and are provided to internal and external parties involved. Treatment plans are to be frequently reviewed in several ways:

- Therapists reviewing treatment plans with the clinical supervisor in weekly supervision meetings
- Plans are to be discussed in biweekly clinical team meetings
- Clinical reviews are to be held monthly (or quarterly, dependent upon case type) and the appropriateness of the treatment plans and progress are discussed with all principle interests.
- The psychiatrist meets directly with the child at least once per month or per quarter depending upon the program the child is in.
- Every quarter 100% of residential treatment cases under AMH are to be reviewed by an outside evaluator for the appropriateness of care. Non AMH cases are reviewed by LaneCare or by internal Agency review on a timetable dependent upon the program the child is in.

The result of frequent reviews of the treatment plans is to be the refining and adjustment of interventions to better meet the needs of the child and family being served. The family, and where developmentally appropriate, the child, is to be a part of

the process of reviewing and adjusting treatment. The content of these reviews is to include the following:

- Initially meeting specific Agency guidelines for admission
- Documentation of sufficient information to design the plan
- Clarity of approach used
- Treatment goals
- Information to show that the therapeutic direction the best approach for this case
- Supplemental referrals made, and their appropriateness
- Any medical consultation
- Effectiveness of services provided
- Measurable criteria for any change in the intensity of treatment
- Necessity and cost-effectiveness of continued service
- Progress notes indicating the progression of therapy

All significant corrective action arising out of the review is to be put in writing and given to the primary therapist and the Quality Assurance Committee.

Every effort is to be made to insure the Agency standard of maintaining confidentiality during review of case files. All utilization review activities are to be conducted so that no individual participates in a manner that there is a conflict of interest. If there is a perceived conflict, any participant in the process can declare the concern of a conflict. It will be the responsibility of any individual who perceives a direct or indirect conflict of interest to remove themselves from the issue after declaring a perceived conflict.

All clinical disciplines are to be involved in ways to add input to the utilization review process. All clients of the Agency are to be reviewed in the utilization process regardless of the how the services are paid for in order to determine if the level of treatment should be adjusted to be more or less intense or whether a referral to another service is indicated. Some services may be required to have additional review by a funding source, but all Agency cases will be reviewed.

## **2. K. 3. Retention of Records**

The Agency is to follow state law in the retention and destruction of client records. The Department of Education requires that a permanent educational record be maintained with material that outlines the child's educational experience in the Agency's school.

Federal and State mental health guidelines require the retention of pertinent clinical records be maintained for at least seven years following termination of an active case.

At termination, the Medical Records Specialist or designee reviews files and in consultation with the client's therapist, removes any materials that are extraneous or unnecessary to the file. After the case termination, the Agency maintains progress note records for seven years after the case termination, and permanent case records are retained until the child reaches the age of majority. After the child reaches the age of majority, the Agency may destroy the record if it is deemed appropriate to do so. If the Agency should dissolve, case records will be stored in a secure location until all clients reach the age of majority. The agent/Agency that will store, provide authorized access to, and finally destroy the case files will be chosen by the Jasper Mountain Board of Directors in the dissolution process.