

*State of Hawaii
Department of Health
Child and Adolescent Mental Health Division
3627 Kilauea Avenue
Honolulu, Hawaii, 96816*

***CHILD AND ADOLESCENT MENTAL HEALTH DIVISION
QUALITY ASSURANCE AND IMPROVEMENT PROGRAM WORK PLAN
FISCAL YEAR 2008
(JULY 1, 2007 - JUNE 30, 2008)***

Child and Adolescent Mental Health Division
QUALITY ASSURANCE AND IMPROVEMENT PROGRAM WORK PLAN
FISCAL YEAR 2008

I. PURPOSE

The purpose of the Quality Assurance and Improvement Program Work Plan is to support the program goals and objectives and describe an organized schedule of quality improvement (QI) activities during fiscal year 2008.

II. SCOPE

The scope of the Work Plan includes Child and Adolescent Mental Health Division (CAMHD) activities related to emergency services care, outpatient, intensive home and community-based and residential services, acute inpatient, hospital-based and administrative support services. The program addresses both QUEST and Non-QUEST youth. This includes activities designated by the State of Hawaii and other stakeholders as appropriate.

III. POPULATION DEMOGRAPHICS

The demographic and epidemiological data are the basis for selection of the workplan activities and studies. As the population fluctuates and new information becomes available, the Work Plan will be updated to facilitate the behavioral health care needs of our clients. Additionally, the demographic and epidemiological data will be analyzed respective to the following variables: age, gender, ethnicity, diagnostic grouping, and service (i.e., level of care). The following represents current knowledge as of June 30, 2007.

IV. SYSTEMATIC MONITORING

Each of the areas listed for systematic monitoring will not be addressed simultaneously. Areas of priority will be selected based upon the population served, the most recent monitoring findings and at the direction of the State and the stakeholders.

V. Statewide Demographic Summary of Quest and Non-Quest Agency Involvement For the Period of July 1, 2006 to June 30, 2007 As of June 30, 2007

Registered QUEST Youth

Gender	N	% of Available
Females	321	39%
Males	510	61%

National Origin (Unduplicated)	N	% of Available
Not Hispanic	272	63.8%
Hispanic or Latino/a	154	36.2%
Not Available (% of Total)	405	48.8%

Race (Unduplicated)	N	% of Available
American Indian or Alaska Native	2	0.3%
Asian	46	7.4%
Black or African-American	6	0.9%
Native Hawaiian or Pacific Islander	70	11.2%
White	88	14.1%
Other Race	5	0.8%
Multiracial	406	65.2%
Based on Observation	58	9.4%
Not Available (% of Total)	209	25.1%

Registered Non-QUEST Youth

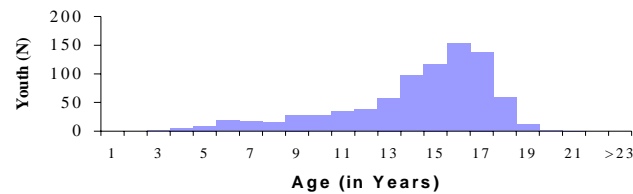
Gender	N	% of Available
Females	330	29%
Males	793	71%

National Origin (Unduplicated)	N	% of Available
Not Hispanic	224	72.6%
Hispanic or Latino/a	84	27.4%
Not Available (% of Total)	815	72.6%

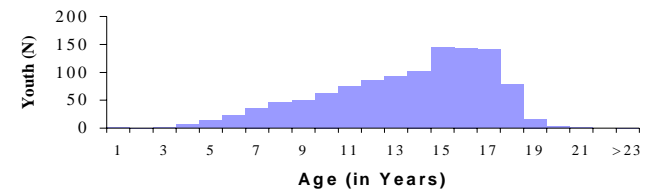
Race (Unduplicated)	N	% of Available
American Indian or Alaska Native	3	0.7%
Asian	47	10.3%
Black or African-American	13	2.8%
Native Hawaiian or Pacific Islander	39	8.6%
White	78	17.2%
Other Race	5	1.2%
Multiracial	269	59.4%
Based on Observation	52	11.4%
Not Available (% of Total)	670	59.7%

Note: The large amount of missing race and national origin data reflect CAMHD's conversion of these data fields to align with federal guidelines during fiscal year 2005.

Age at End of Period	Mean	SD
Years	14.7	3.3



Age at End of Period	Mean	SD
Years	13.9	3.5



Registered QUEST Youth

Primary Diagnosis of	N	% of Available
None Recorded	2	0.2%
Deferred	1	0.1%
Adjustment	61	7.6%
Anxiety	86	10.9%
Attentional	118	14.9%
Disruptive Behavior	269	34.0%
Mental Retardation	0	0.0%
Miscellaneous	52	6.5%
Mood	166	20.9%
Pervasive Developmental	5	0.7%
Substance-Related	34	4.2%
Not Available (% of Total)	40	4.8%

Any Diagnosis of	N	% of Available
Adjustment	94	11.8%
Anxiety	166	21.0%
Attentional	256	32.3%
Disruptive Behavior	446	56.3%
Mental Retardation	12	1.5%
Miscellaneous	233	29.4%
Mood	276	34.9%
Pervasive Developmental	8	0.9%
Substance-Related	175	22.1%
Multiple Diagnoses	609	77.0%
Ave. Number of Diagnoses	2.2	

Registered Non-QUEST Youth

Primary Diagnosis of	N	% of Available
None Recorded	2	0.3%
Deferred	1	0.1%
Adjustment	58	6.5%
Anxiety	80	9.0%
Attentional	272	30.5%
Disruptive Behavior	217	24.3%
Mental Retardation	1	0.1%
Miscellaneous	48	5.4%
Mood	165	18.5%
Pervasive Developmental	29	3.3%
Substance-Related	19	2.1%
Not Available (% of Total)	233	20.7%

Any Diagnosis of	N	% of Available
Adjustment	86	9.6%
Anxiety	160	17.9%
Attentional	422	47.4%
Disruptive Behavior	402	45.2%
Mental Retardation	24	2.7%
Miscellaneous	199	22.3%
Mood	266	29.8%
Pervasive Developmental	35	3.9%
Substance-Related	113	12.7%
Multiple Diagnoses	589	66.2%
Ave. Number of Diagnoses	1.6	

Registered QUEST Youth Any Authorization of Services	Monthly Average	Total N	%of Registered	%of Served
Out-of-Home	224	263	31.6%	43.0%
Out-of-State	1	1	0.1%	0.1%
Acute Hospitalization or Detoxification	0	0	0.0%	0.0%
Hospital Residential	13	20	2.3%	3.2%
Community High Risk	6	7	0.8%	1.1%
Community Residential	66	88	10.6%	14.4%
Therapeutic Group Home	38	49	5.9%	8.1%
<i>Therapeutic Group Home</i>	34	44	5.2%	7.1%
<i>Community Mental Health Shelter</i>	4	7	0.9%	1.2%
Therapeutic Foster Home	109	128	15.3%	20.9%
<i>Multidimensional Treatment Foster Care</i>	5	7	0.8%	1.1%
<i>Therapeutic Foster Home</i>	104	122	14.7%	19.9%
Intensive Home & Community	297	363	43.7%	59.5%
Partial Hospitalization	0	1	0.1%	0.1%
Multisystemic Therapy	65	88	10.5%	14.3%
Intensive In-Home	234	283	34.0%	46.2%
Intensive Outpatient	0	1	0.1%	0.2%
Outpatient	54	112	13.5%	18.3%
Treatment	9	16	1.9%	2.5%
<i>Medication Management</i>	3	6	0.7%	0.9%
<i>Functional Family Therapy</i>	1	3	0.3%	0.4%
<i>Outpatient Therapy</i>	5	8	0.9%	1.3%
<i>Parent Skills Training</i>	0	0	0.0%	0.0%
Consultation	38	79	9.4%	12.8%
Assessment	8	24	2.9%	3.9%
Supportive Services	87	133	16.0%	21.7%
Respite Home	0	0	0.0%	0.0%
Respite Support	23	27	3.3%	4.5%
Peer Support	0	0	0.0%	0.0%
Ancillary Service	64	107	12.9%	17.5%
Crisis Stabilization	0	1	0.1%	0.1%
Unduplicated Total	528	611	73.5%	

Registered Non-QUEST Youth Any Authorization of Services	Monthly Average	Total N	%of Registered	%of Served
Out-of-Home	97	118	10.5%	29.8%
Out-of-State	7	7	0.6%	1.8%
Acute Hospitalization or Detoxification	0	0	0.0%	0.0%
Hospital Residential	11	16	1.4%	4.0%
Community High Risk	4	5	0.4%	1.1%
Community Residential	25	34	3.0%	8.5%
Therapeutic Group Home	18	24	2.2%	6.1%
<i>Therapeutic Group Home</i>	16	21	1.9%	5.3%
<i>Community Mental Health Shelter</i>	3	4	0.4%	1.1%
Therapeutic Foster Home	35	43	3.8%	10.8%
<i>Multidimensional Treatment Foster Care</i>	0	1	0.1%	0.3%
<i>Therapeutic Foster Home</i>	35	42	3.7%	10.5%
Intensive Home & Community	216	266	23.7%	67.3%
Partial Hospitalization	0	0	0.0%	0.0%
Multisystemic Therapy	43	61	5.4%	15.4%
Intensive In-Home	174	211	18.7%	53.2%
Intensive Outpatient	0	0	0.0%	0.0%
Outpatient	40	83	7.4%	21.0%
Treatment	3	6	0.5%	1.5%
<i>Medication Management</i>	1	3	0.3%	0.8%
<i>Functional Family Therapy</i>	0	1	0.0%	0.1%
<i>Outpatient Therapy</i>	2	2	0.2%	0.6%
<i>Parent Skills Training</i>	0	0	0.0%	0.0%
Consultation	31	58	5.2%	14.7%
Assessment	7	21	1.9%	5.3%
Supportive Services	42	68	6.0%	17.1%
Respite Home	0	0	0.0%	0.0%
Respite Support	12	15	1.3%	3.7%
Peer Support	0	0	0.0%	0.0%
Ancillary Service	31	54	4.8%	13.7%
Crisis Stabilization	1	2	0.1%	0.4%
Unduplicated Total	322	396	35.2%	

VI. GOALS AND STRATEGIES

Specific goals and tactics to achieve the goals and objectives for 2007-2008 include the following:

A. Provision of services by qualified practitioners

- a. Ensure all licensed and paraprofessional providers of CAMHD services are actively credentialed
- b. Ensure CAMHD recredentialing of providers
- c. Establish service contracts for all levels of care except Multisystemic Therapy

B. Utilization Program

- a. Ensure access and availability to services of eligible youth
- b. Ensure adequacy of service availability
- c. Minimize inappropriate use of overly restrictive levels of care
- d. Identify and address underutilization and overutilization
- e. Support coordination of care
- f. Enhance provider satisfaction with UM program
- g. Gather and analyze utilization data, communicate findings and make appropriate recommendations for positive change.

C. Quality of Care and Service Provision

- a. Monitor sentinel events to assure youth are safe
- b. Conduct quality of care studies
- c. Track CAFAS scores for CAMHD youth
- d. Track school performance through CAFAS sub-scale for CAMHD youth
- e. Conduct monitoring of all contracted Provider Agencies for quality of service provision
- f. Engage in business practices that support CAMHD processes
- g. Review and revise performance standards and practice guidelines

D. Consumer Satisfaction

- a. Monitor consumer satisfaction through grievance and appeals
- b. Monitor consumer satisfaction survey results

E. Delegation Oversight

- a. Conduct delegation oversight for credentialing

F. Compliance Program

- a. Minimize fraud and abuse

**PERFORMANCE MEASURES
Conducted by CAMHD**

A. Provision of Services by Qualified Practitioners

Topic	Rationale	Study Population	Type	Methodology	Measurable Objective	Contract Years	Accountability	Jul 2007	Aug 2007	Sept 2007	Oct 2007	Nov 2007	Dec 2007	Jan 2008	Feb 2008	Mar 2008	Apr 2008	May 2008	Jun 2008
Provider Credentialing	Network Adequacy	FS	C/S	Monthly Indicator	100% prior to providing services	2007-2008	PM Credentialing Specialist	X	X/ R4Q ('07)	X	X	X/ R1Q ('08)	X	X	X/ R2Q ('08)	X	X	X/ R3Q ('08)	X
Provider Recredentialing (Licensed)	Network Adequacy	FS	C/S	Monthly Indicator	100% prior to expiration	2007-2008	PM Credentialing Specialist	X	X/ R4Q ('07)	X	X	X/ R1Q ('08)	X	X	X/ R2Q ('08)	X	X	X/ R3Q ('08)	X
Provider Recredentialing (Unlicensed)	Network Adequacy	FS	C/S	Monthly Indicator	100% prior to expiration	2007-2008	PM Credentialing Specialist	X	X/ R4Q ('07)	X	X	X/ R1Q ('08)	X	X	X/ R2Q ('08)	X	X	X/ R3Q ('08)	X
Comprehensive Service Procurement	Network Adequacy	FS	S	Contract Records	100% of contracts executed for all levels of care except for MST and MTFC	2007-2008	Administration Contract Section	R4Q ('07)			R1Q ('08)			R2Q ('08)			R3Q ('08)		

B. Utilization Program

Topic	Rationale	Study Population	Type	Methodology	Measurable Objective	Contract Years	Accountability	Jul 2007	Aug 2007	Sept 2007	Oct 2007	Nov 2007	Dec 2007	Jan 2008	Feb 2008	Mar 2008	Apr 2008	May 2008	Jun 2008
Service Gaps	Availability of Care/ Network Adequacy	P	C	Monthly Indicator	98% of consumers receive service within 30 days of request	2007-2008	Branch Chiefs/CSO Resource Management	R	X	X	R	X	X	R	X	X	R	X	X
Service Mismatches	Availability of Care/ Network Adequacy	P	C	Monthly Indicator	95% of consumers receive specific services in CSP within 30 days	2007-2008	Branch Chiefs/CSO Resource Management	R	X	X	R	X	X	R	X	X	R	X	X
Bed Availability	Availability of Care	P*	C	Provider Census Database	≥3% bed vacancy rate system-wide	2007-2008	CSO Resource Management	X	X	X	X	X	R	X	X	X	X	X	R
Registration Date to 1 st Receipt of Services	Access to Routine Care	P	C	Annual CAMHMIS/ FGC Branches	84.70% of youth will receive services in ≤ 60 days of registration	2007-2008	PM Program Monitoring	X	X	X	X	X	X	X	X	X			R
Time from Mobile Outreach Referral to Mobile Outreach Arrival	Access to Urgent Care	FS	C	Provider Records	85% on-site response within 45 minutes or usual transport time	2007-2008	PM Program Monitoring					R4Q ('07)			R1Q ('08)			R2Q ('08)	
Time from Mobile Outreach Referral to Mobile Outreach Arrival	Access to Emergent Care	FS	C	Provider Records	85% on-site response within 45 minutes or usual transport time	2007-2008	PM Program Monitoring					R4Q ('07)			R1Q ('08)			R2Q ('08)	
Appointments After Discharge (e.g., services within 30 days of HBR discharge)	↑ Risk Under-Utilization Follow-Up Services	P	C	CAMHMIS/ FGC Branches	80% of Youth Date of 1 st Accepted Record or date of OOS service within 30 days of HBR discharge date or last HBR Accepted Record	2007-2008	CSO Resource Management	X	X	X	X	X	R	X	X	X	X	X	R
Utilization of Substance Abuse Services	↑ Risk Under-Utilization	P	C	CAMHMIS	60% of youth with Substance-Related Diagnosis with Substance Use endorsed as target on Provider Monthly Summary	2007-2008	CSO Resource Management/ MIS	X	X	X	X	X	R	X	X	X	X	X	R

Topic	Rationale	Study Population	Type	Methodology	Measurable Objective	Contract Years	Accountability	Jul 2007	Aug 2007	Sept 2007	Oct 2007	Nov 2007	Dec 2007	Jan 2008	Feb 2008	Mar 2008	Apr 2008	May 2008	Jun 2008
Intensive Home and Community Based Services Length of Services	Over-Utilization	P	C	CAMHMIS	≥ 60% of consumers receiving IHH Services have Length of Stay within IPSPG Standards	2007-2008	CSO Resource Management				X	X	X				R		
Length of Stay	Over-Utilization	P*	C	CSO Provider Database	≥ 50% of consumers in HBR, CBR and TGH LOC will have LOS within IPSPG Standards	2007-2008	CSO Resource Management	X	X	X	R (FY '07)	X	X	X	X	X	X	X	X
Youth Served in HBR	Over-Utilization	P	C	CSO Provider Database	< 1.5% of consumers will receive services in HBR	2007-2008	CSO Resource Management	R	X	X	R	X	X	R	X	X	R	X	X
HBR Length of Stay	Over-Utilization	P	C	CSO Provider Database	< 50% of consumers have HBR Length of Stay > 60 days	2007-2008	CSO Resource Management	R	X	X	R	X	X	R	X	X	R	X	X
% of Consumers Linked to Physical Health Services	↑ Risk Coordination of Care	FS	C	Document Review	90% of QUEST-eligible youth have quarterly PCP form submitted to PCP		Branch Chiefs/ PM		R (FY '07)										
Care Coordination Quality	↑ Risk Coordination of Care	FS	C	Internal Review	≥ 85% of Reviewed Cases with Acceptable Care Coordination Rating		PM Program Monitoring		X	X	X	X	R	X	X	X			R
Coordinated Service Plan (CSP) Timeliness	Timely Planning Coordination of Care	P	C	Record Review	85% of Consumers with CSP Updated Semi-Annually		PM Program Monitoring	R4Q ('07)			R1Q ('08)			R2Q ('08)				R3Q ('08)	
Provider Satisfaction with UM Services	Provider Satisfaction	FS	S	Survey	80% of providers report satisfaction with UM Services		Provider Relations Specialist	R (FY '07)									X	X	X
CBR/TGH/TFH Provider Practice Patterns	Network Adequacy/ Provider Practice Patterns	FS	C	Provider Census Database	Complete an analysis of beds used and LOS for all CBR, TGH, and TFH providers with capped contracted beds	2007-2008	CSO Resource Management							R CBR (CY '07)		R TGH (CY '07)		R TFH (CY '07)	

Topic	Rationale	Study Population	Type	Methodology	Measurable Objective	Contract Years	Accountability	Jul 2007	Aug 2007	Sept 2007	Oct 2007	Nov 2007	Dec 2007	Jan 2008	Feb 2008	Mar 2008	Apr 2008	May 2008	Jun 2008
Acute Services Length of Stay	Over-utilization	P	C	CSO Acute Services Database	90% of consumers will have LOS < 14 days. Baseline	2007-2008	CSO Resource Management			X	R		X	R		X	R		X
Readmission to Acute within 30 days	Risk and Under-utilization	P	C	CSO Acute Services Database	<10% of consumers will be re-admitted within 30 days. Baseline	2007-2008	CSO Resource Management			X	R		X	R		X	R		X
Global Assessment of Functioning Scores (GAF) on Admission and Discharge	Child Status	P	C	Discharge GAF minus Admission GAF from CSO Acute Services Database	90% of consumers will show an improvement in GAF scores. Baseline	2007-2008	CSO Resource Management			X	R		X	R		X	R		X
CAFAS Change from Outpatient Treatment	Child Status	P	C	CAMHMIS For Specific Outpatient Service: Discharge CAFAS after	90% of consumers will show an improvement in CAFAS scores with specific outpatient service. Baseline	2007-2008	CSO Resource Management			X	R		X	R		X	R		X

C. Quality of Care and Service Provision

Topic	Rationale	Study Population	Type	Methodology	Measurable Objective	Contract Years	Accountability	Jul 2007	Aug 2007	Sept 2007	Oct 2007	Nov 2007	Dec 2007	Jan 2008	Feb 2008	Mar 2008	Apr 2008	May 2008	Jun 2008
Sentinel Events/1000	Safety	P	C	Quarterly Indicator	≤ Quest: 600/1000 ≤ Non-Quest: 250/1000 ≤ Total Pop: 400/1000	2007-2008	PM Sentinel Events				R4Q ('07)			R1Q ('08)			R2Q ('08)		
Quality of Care Study #1	Access to Care	P	S	Performance Improvement Project	Increased Access to Care	2007-2008	PM/RES		X					X		R Final			
Quality of Care Study #2	Clinical Practices	P	C	Performance Improvement Project	Congruence between CSPs and Treatment Plans	2007-2008	PM/RES						X	X		R Final			
CAFAS 8-Scale Total Score	↑ Risk Child Status	P	C	Annual CAMHMIS	≥ 0.5 Standard Deviation Unit Difference between New Admission and Average Scores	2007-2008	Branch Chiefs/RES/PM	X	X	X	X	X	R	X	X	X	X	X	X
CAFAS School Role Performance Scale	↑ Risk Child Status	P	C	Annual CAMHMIS	≥ 0.5 Standard Deviation Unit Difference between New Admission and Average Scores	2007-2008	Branch Chiefs/RES/PM	X	X	X	X	X	R	X	X	X	X	X	X
Provider Monitoring Reviews	Clinical and Administrative Practices	FS	C/S	Annual Indicator	100% of Provider Agencies Reviewed Annually	2007-2008	PM Program Monitoring Supervisor	R (FY '07)	X	X	X	X	X	X	X	X	X	X	X
Business Practices	Staff Education	FS	S	Quarterly Indicator	85% of new employees receiving orientation to health plan within 60 days (2% Gap; ↑ Goal: 83%)	2007-2008	Administration Personnel Section	R4Q ('07)			R1Q ('08)			R2Q ('08)			R3Q ('08)		
Update Practice Guidelines	Clinical and Administrative Practices	P	C	Document Review: IPSPG & Section 3 of the "Purple Book"	Practice guidelines are reviewed, and an updated version of the "Blue Menu" Summary of Evidence-Based Services is posted on the CAMHD web page every quarter.	2007-2008	CSO Practice Development	R4Q (FY '07)			R1Q (FY '08)			R2Q (FY '08)			R3Q (FY '08)		

D. Consumer Satisfaction

Topic	Rationale	Study Population	Type	Methodology	Measurable Objective	Contract Years	Accountability	Jul 2007	Aug 2007	Sept 2007	Oct 2007	Nov 2007	Dec 2007	Jan 2008	Feb 2008	Mar 2008	Apr 2008	May 2008	Jun 2008	
Grievance Rate	Care and Service Satisfaction	P	C	Grievances	≤ 10 grievances per 1,000 youth for Quest, Non-Quest, and Total Population	2007-2008	PM Grievance Office			RQ4			RQ1			RQ2				RQ3
Grievance Turnaround Time	Member Perception of Service	P	S	Grievances	80% of grievances resolved in ≤ 30 days for Quest, Non-Quest, and Total Population (10% Gap; ↑ Goal: 60%)	2007-2008	PM Grievance Office			RQ4			RQ1			RQ2				RQ3
Dissatisfaction with Access to Care	Consumer Perception of Access to Care	P	S	Grievances	≤ 10 access to care grievances per 1,000 youth for Quest, Non-Quest, and Total Population	2007-2008	PM Grievance Office			RQ4			RQ1			RQ2				RQ3
Satisfaction with Access to Care	Consumer Perception of Access to Care	P	S	Consumer Survey: Access to Care (> 3 of 5)	80%	2007-2008	RES							X	X	X				R
Consumer Perception of Participation in Treatment	Consumer Satisfaction	P	S	Consumer Survey: Treatment Participation Scale (> 3 of 5)	80%	2007-2008	RES							X	X	X				R
Consumer Perception of General Satisfaction	Consumer Satisfaction	P	S	Consumer Survey General Satisfaction Scale (> 3 of 5)	80% Baseline	2007-2008	RES							X	X	X				R

E. Delegation Oversight

Topic	Rationale	Study Population	Type	Methodology	Measurable Objective	Contract Years	Accountability	Jul 2007	Aug 2007	Sept 2007	Oct 2007	Nov 2007	Dec 2007	Jan 2008	Feb 2008	Mar 2008	Apr 2008	May 2008	Jun 2008	
Credentialing Delegation Oversight	Network Adequacy	FS	DO	On-site	100% of sites reviewed annually	2007-2008	PM Credentialing PM Facility Certification Specialist Program Reviewers	X	X	X	X	X	X	X	X	X	X	X	X	R

F. Compliance Program

Topic	Rationale	Study Population	Type	Methodology	Measurable Objective	Contract Years	Accountability	Jul 2007	Aug 2007	Sept 2007	Oct 2007	Nov 2007	Dec 2007	Jan 2008	Feb 2008	Mar 2008	Apr 2008	May 2008	Jun 2008
Compliance Program	↓ Fraud and Abuse	R	S	Quarterly Indicator	90% of fraud and abuse issues are determined within 90 days	2007-2008	Compliance Committee Chair	R	X	X	R	X	X	R	X	X	R	X	X

ABBREVIATIONS:

ASO	= Department of Health Administrative Services Office
C	= Clinical Study regarding clinical aspects of service provision
C/S	= Clinical/Service Study
CAMHMIS	= Child and Adolescent Mental Health Management Information System
CHR	= Community High-Risk Services or high levels of residential care for high risk populations
CSO	= Clinical Services Office
CSP	= Coordinated Service Plan
DO	= Delegation Oversight
FS	= Focused Study on Select Members
HBR	= Hospital-Based Residential Services
IH	= Intensive In-Home Services
IP	= Intervention Period or the period of time an intervention is applied
IPSPG	= Interagency Performance Standards and Practice Guidelines
LOC	= Level of Care
LOS	= Length of Stay
LRE	= Least Restrictive Environment
MIS	= Management Information Systems Office
OOH	= Out-of-Home Services
OOS	= Out-of-System Services
P	= Population Measurement (measure based on the population of consumers or a subset of)
P*	= Population Measurement, but only able to report for Total Population
PIP	= Performance Improvement Project or quality of care study
PM	= Performance Management Section
R	= Report –reporting of data results
R (CBR)	= Report (Community-Based Residential)
R (TFH)	= Report (Therapeutic Foster Home)
R (TGH)	= Report (Therapeutic Group Home)
R1Q	= Report First Quarter
R2Q	= Report Second Quarter
R3Q	= Report Third Quarter
R4Q	= Report Fourth Quarter
RES	= Research Evaluation Specialist
S	= Service Study- Study of aspects related to non-clinical aspects of consumer service needs
TBD	= To Be Determined
UM	= Utilization Management
X	= Data Collection Period which is when data is collected on a measure

VI. OVERSIGHT AND DIRECTION

- A. The Performance Improvement Steering Committee (PISC) is the body in which responsibility for the overall Work Plan resides.
- B. The PISC monthly meeting is held and exercises oversight through a standing agenda item of the Work Plan.
- C. The Executive Management Team provides overall accountability and approval of the QAIP Work Plan

VII. REVIEW AND APPROVAL

The Executive Management Team exercises oversight by reviewing and approving the QAIP Work Plan.

Performance Improvement Steering Committee Review and Recommendation for Approval

Mary Brog
Chair

Date of Review

10-15-07

Executive Management Team Review and Approval

Mary Brog
Chief

Date of Approval

10-15-07