



COMMUNITY
MENTAL HEALTH
FUND

Supporting equitable and quality mental health care in Jackson County.

Revised Site Review Report Format

DATE: MARCH 20, 2024

Agenda

Introduction to new format

New Report sections

- Quality Pillars
 - Compliance Measures
- Value Based Project
- Overall Findings

Revised Questionnaire





Report Sections - Existing

Review Date:
Service Description:
Contract Amount: \$

Category/Provider:
Current Spending:

Chart Review	
Time Period:	
# Charts Reviewed:	
Services Reviewed:	

Statutory Requirements	yes	no	Improvement Needed
Documented service units same as reported (billed)			
Staff meet State requirements for licensure and supervision			
Jackson County residence documented for all clients served			

If no, explanation:

New Report Sections

Quality Pillars

- Clinically Sound Practice
- Clinical / Functional Outcomes
- Quality Assurance and Improvement Practices





Quality Pillars

Clinically Sound Practice

- Assessment, treatment planning and service documentation are congruent.
- Documentation flow/format is structured, timely and consistent across providers.
- Diagnosis, if applicable, is supported by assessment.
- Evidence-based practice/modality is applicable and appropriate to population.
- Evidence of person-centered; trauma-informed approach



Quality Pillars

Clinical and Functional Outcomes

Valid and reliable methods/assessment tools used to measure clinical and /or functional change in response to treatment/service.

Methods/tools are congruent with service/population.

Formal procedure for the administration of assessment tools and data collection; use of data to inform programs and services.

Quality Pillars

Quality Assurance and Improvement



Planned and systematic process used to measure fidelity to practice philosophy and service delivery.

Means to communicate evidence/assurance of quality indicators.

- Internal / External

Use of data to inform process, program, services in areas such as, but not limited to:

- service access and delivery,
- client outcomes,
- utilization management,
- client perception/satisfaction,
- staff perception/value, and retention.



Quality Pillars

Measures of Compliance

Quality Pillars	Consistently Evident	Emerging	Improvement Needed
Clinically Sound Practice			
<i>(1-2 sentence comment regarding feedback/TA Provided)</i>			
Clinical / Functional Outcomes			
<i>(1-2 sentence comment regarding feedback/TA Provided)</i>			
Quality Assurance Improvement Practices			
<i>(1-2 sentence comment regarding feedback/TA Provided)</i>			



Quality Pillars

Measures of Compliance

Consistently Evident: Majority of indicators are met in at least 2 consecutive reviews.

Emerging: Evidence of progress is observed, practice is not evident in some or key indicators in at least 2 consecutive reviews, suggested improvement is documented.

Improvement Needed: Practice is not observed for the majority of indicators in at least 2 consecutive reviews, follow-up plan to address issues are documented in the report.



Quality Pillars

Clinically Sound Practice

- Assessment, treatment planning and service documentation are congruent.
- Documentation flow/format is structured, timely and consistent across providers.
- Diagnosis, if applicable, is supported by assessment.
- Evidence-based practice/modality is applicable and appropriate to population.
- Evidence of person-centered; trauma-informed approach



New Report Sections

Value Based Project

Value Based Pay Status: Active _____ In Training _____ Not in Program _____

	Yes	no
Current on Values and Task reporting		
KPI values review match report		
Evidence of Rapid Cycle/Quality Improvement activity		
Comments:		



Report Sections

Overall Findings

OVERALL FINDINGS:

_____ In Compliance

_____ Follow Up Needed

Follow Up Plan (if applicable):

In Compliance

- Consistently Evident or Emerging in all Statutory Requirements
- Consistently Evident or Emerging in all Quality Pillars

Follow-up Needed

- Improvement Needed in one or more Quality Pillars and/or Statutory Requirements.



Report Sections

Overall Findings - Follow-up Needed

- “Improvement Needed” in one or more Quality Pillars and/or Statutory Requirements.

Statutory Requirements	yes	no	Improvement Needed
Documented service units same as reported (billed)			✓
Staff meet State requirements for licensure and supervision			
Jackson County residence documented for all clients served			

If no, explanation:

Quality Pillars	Consistently Evident	Emerging	Improvement Needed
Clinically Sound Practice <i>(1-2 sentence comment regarding feedback/TA Provided)</i>	✓		
Clinical / Functional Outcomes <i>(1-2 sentence comment regarding feedback/TA Provided)</i>			✓
Quality Assurance Improvement Practices <i>(1-2 sentence comment regarding feedback/TA Provided)</i>			✓

Follow Up Plan: Agreed upon steps to address areas of concern with timeline and responsible persons.

Site Review Process

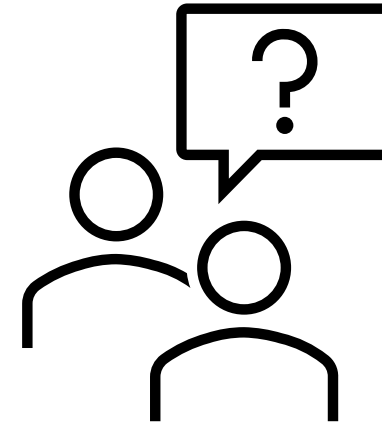
- Bi-Annual
- Chart Review w/ list in advance
- VBP

- **Questionnaire**
 - Significant changes
 - Client Engagement Efforts
 - DEI/CC Committee
 - Client Survey, Application of Data
 - QA/I Review, Application of Data
 - Support Needed from Liaison?





New Format effective for upcoming Children and Families and Safety Net reviews – April 2024



Questions.....



Contact your Liaison for additional follow up:

Susan Jones, Senior Program Liaison
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Rochelle DePriest, Program Liaison
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Recording and PowerPoint will be posted on website; link will be emailed

Follow up....