



THE
DURHAM CENTER
Managing Behavioral Health & Disability Services

Quality Management & Program Development (QMPD)

QMPD Areas of Responsibility

- Report/Trends
- Outcomes/Evaluation
- Data Analysis
- NC TOPPS/NC SNAP
- Strategic Planning
- Results Based Accountability
- Best Practices
- Training & Technical Assistance
- Budget Development
- Grants Management
- First Responder
- Incident Reporting

What is Quality Management?

Quality Assurance:

Data>Information>Knowledge>Wisdom

Indicators

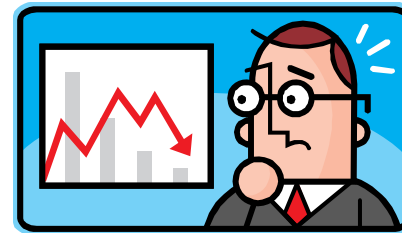
Knowing where you are

Status reports

Planning

What - long term, strategies

How - short term, action oriented



Quality Improvement:

Changes to improve performance

Proactive (good to better)

QI Projects

Expanding success

Reactive (bad to good)

Corrective Action (internal)

Plan of Correction (external)

You must have a QM Plan

- A QM Plan that meets DHHS requirements integrates QA and QI and includes the following:
 1. composition and activities of a quality assurance and quality improvement committee
 2. written quality assurance and quality improvement plan
 3. methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services
 4. professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service
 5. strategies for improving client care
 6. review of staff qualifications and a determination made to grant treatment/ habilitation privileges
 7. review of all fatalities of active clients who were being served in residential programs at the time of death
 8. adoption of standards that assure operational and programmatic performance meeting applicable standards of practice
 9. Review of incidents and complaints
- 3 QI Projects at the end of each Fiscal Year (June 30th) – IPRS/local funding ONLY.

NC-TOPPS

(North Carolina Treatment Outcomes and Program Performance System)

- **QPs** providing “clinical home” services are responsible for completing NC-TOPPS: ACTT, CSS, CST, II-H, MST, Day Treatment, Opioid Treatment, SAIOP, SACOT, Level II/III Residential, TFC, SA CRT, PRTF, and for state funded SA consumers only OPT and Med Management.
- Initial interview during first or second appointment, 3-month, 6-month, 12-month updates and every 6 months after that. Episode Completion
- Each provider must have a Superuser
- Online functions: user enrollment, interview submission, Superuser access, reports and snapshots, outcomes at a glance, individual reports, training materials
<http://www.ncdhhs.gov/mhddsas/nc-topps/index.htm>

For questions regarding NC-TOPPS call
Monica Portugal 560-7370 or Jennifer Meade 560-7201.

Incident Reporting

Reporting Requirements:

- Report level II and III within 72 hours to Host LME using form QM02
- Report level III verbally immediately
- Accurate and complete forms
- Submit missing or new information by the end of next business day

Response Requirements:

- Attend to health and safety needs
- Determine the cause of the incident (not description)
- Develop corrective and preventative measures
- Assign persons responsible for such measures
- Notify correct authorities and persons required by law (DMH/DD/SAS, DHSR, HCPR, DSS, Law Enforcement, Parent/Guardian, Service Plan Team, etc)

For questions or to report a level III, please call Monica Portugal 560-7370 or Trang Nguyen 560-7110. Fax incidents to 560-7250.

Provider Quarterly Incidents Report

- All Category A and B providers
- One report per facility/site
- Submit even if there were no incidents
- Submit to the Host LME only (The Durham Center)
- Due by the 10th of the month following the end of the quarter
 - 1st qtr due Oct 10th
 - 2nd qtr due Jan 10th
 - 3rd qtr due Apr 10th
 - 4th qtr due July 10th
- Use form QM11
- Submit to Trang Nguyen at fax 560-7250 or by email trang@durham.co.nc.us
- You will find all QM related forms on TDC website:
<http://www.durhamcenter.org/index.php/provider/docs/quality>

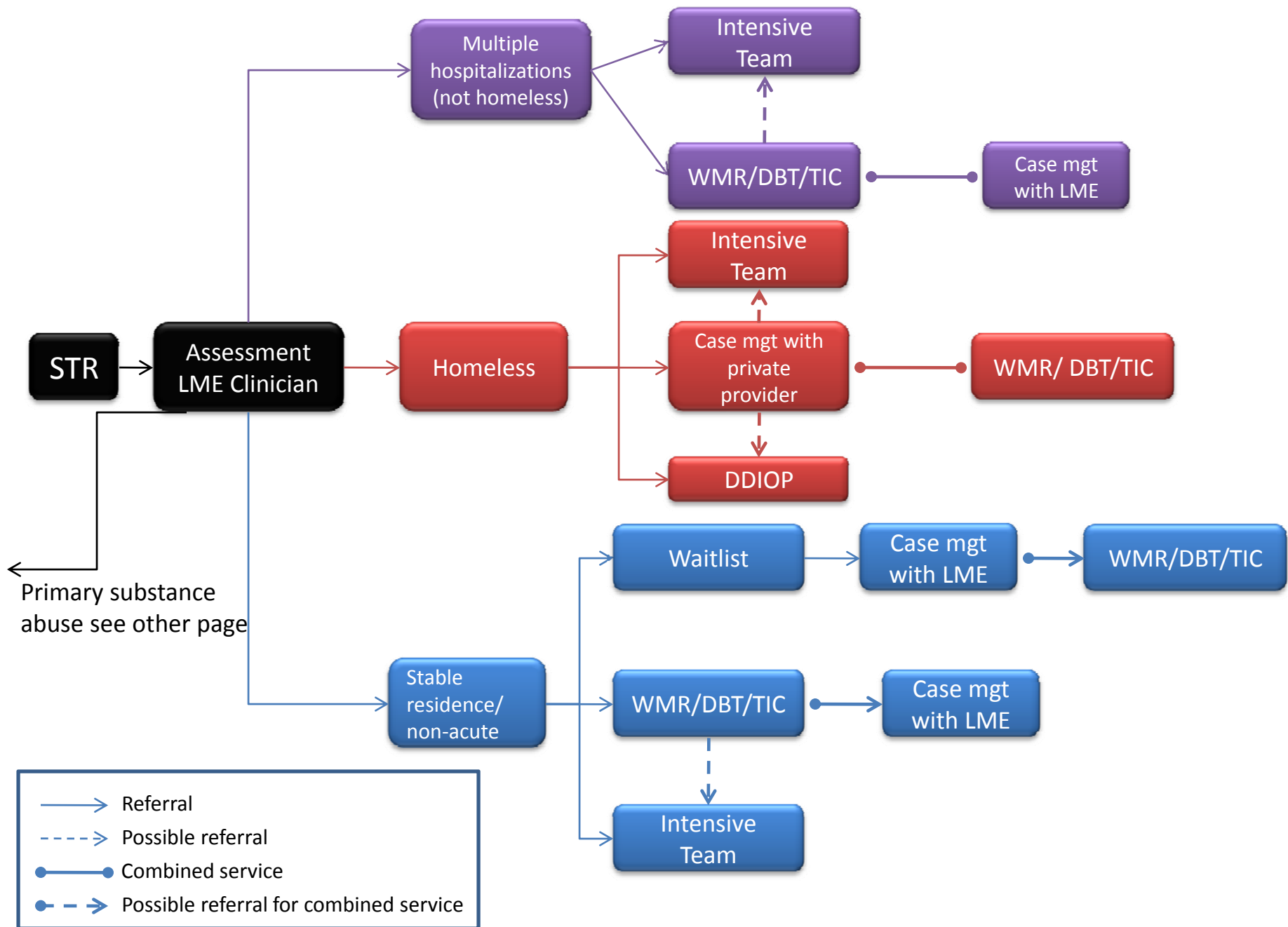
Program Development System of Care Values

- A Broad and Flexible Array of Services and Supports
- Child and Family Teams through Wraparound Approaches
- Collaborative Management, Support and Accountability

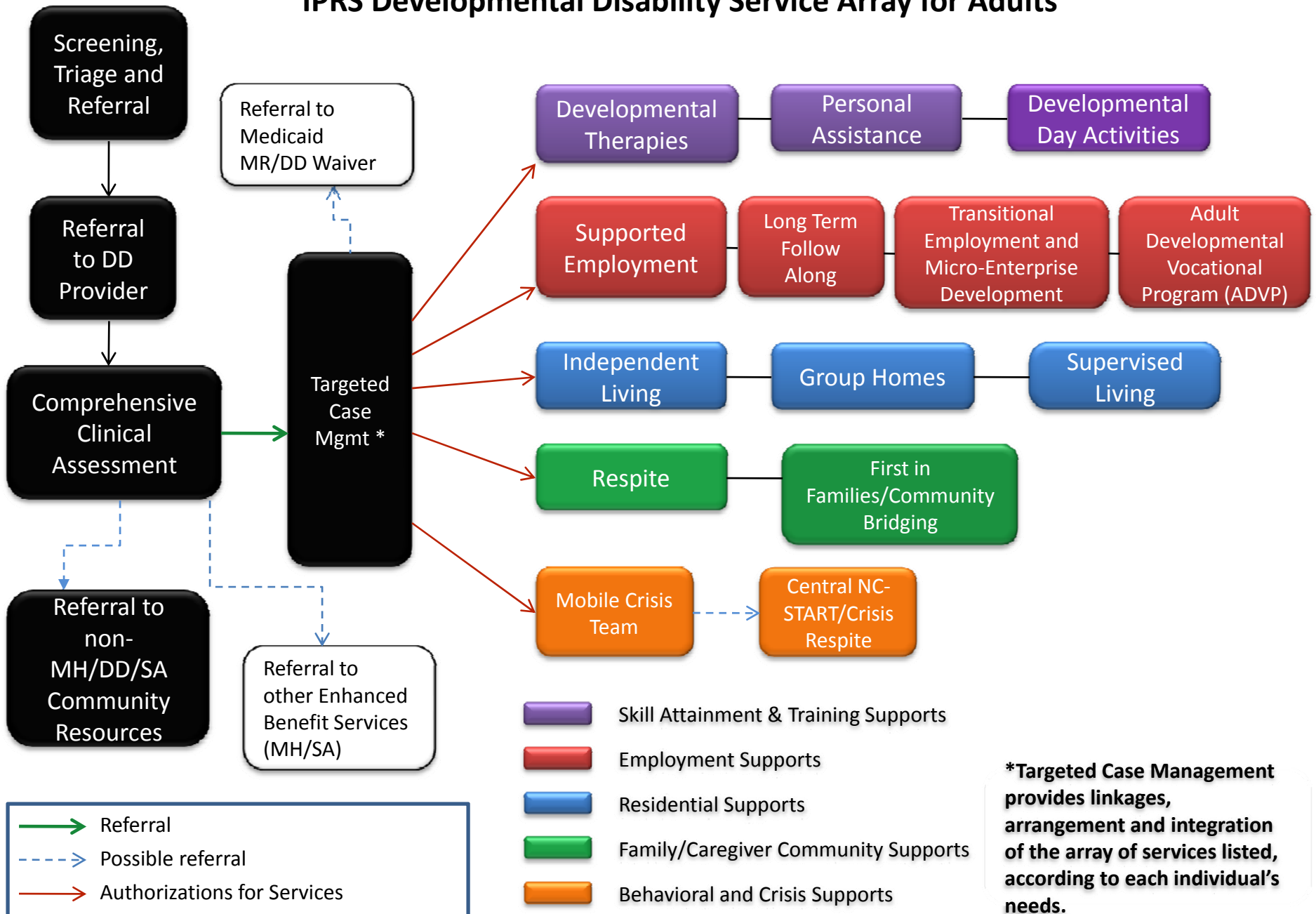
System of Care Principles

- Families have Voice and Choice
- People work together in Collaborative Teams
- Neighborhoods and the Community are Involved
- Community Life is Valued
- People are Respected as Individuals
- Strengths are promoted
- Teams don't give up
- Real-Life Outcomes Drive Plans

IPRS Mental Health Service Array for Adults

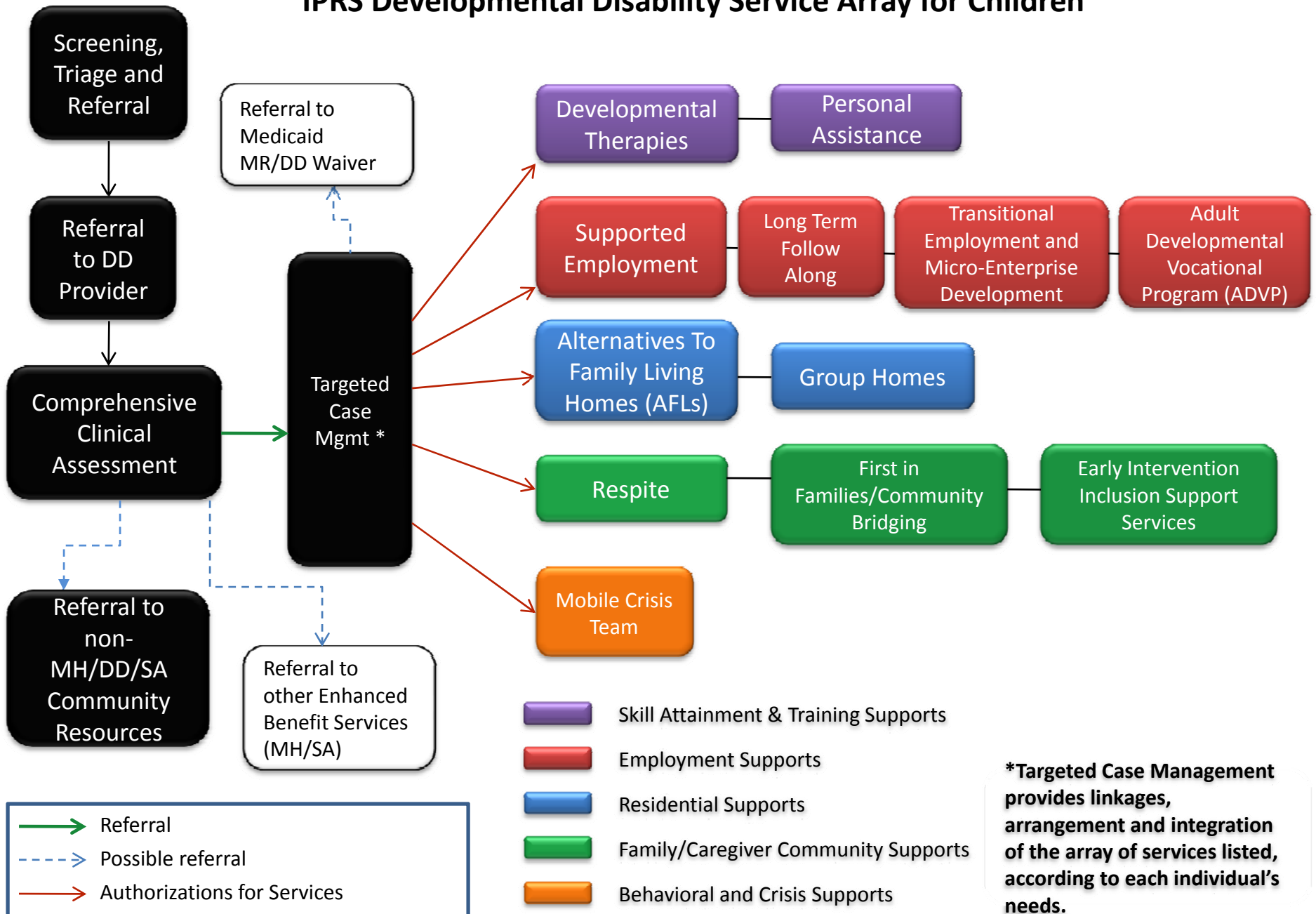


IPRS Developmental Disability Service Array for Adults

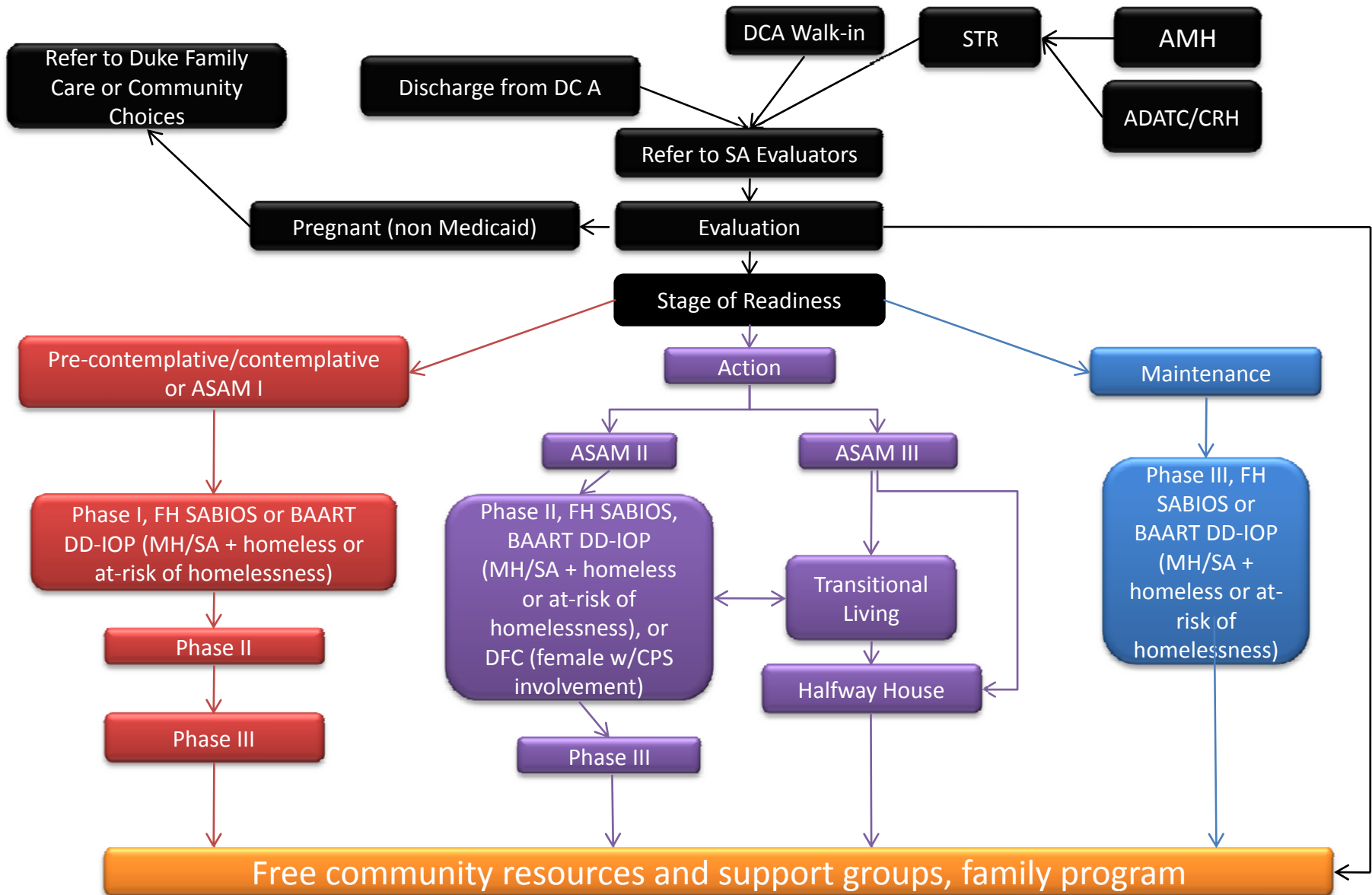


***Targeted Case Management provides linkages, arrangement and integration of the array of services listed, according to each individual's needs.**

IPRS Developmental Disability Service Array for Children



Substance Abuse Referral Process for Individuals Without Medicaid (if SA is primary, individual is not in crisis)



IPRS Substance Abuse/Co-Occurring Disorders Service Array for Youth

