**ABC Behavioral Health Agency Sample Quality Plan**

**Objective:** *All staff will receive clinical supervision and training as necessary and appropriate to each individual’s level of experience and expertise.*

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| **Strategy/Action** | **Key Performance Measures/Milestones** |
| *Describe the strategies you will utilize to meet the objective* | *List the performance measures you will use* |
| **EXAMPLES** | **EXAMPLES** |
| A clinical supervision policy will be developed and implemented to ensure that staff receive clinical supervision that is consistent with their experience and job duties | Percentage of staff person who have a documented clinical supervision plan |
| Review current training schedule and revise as needed to ensure that new WAC requirements are being met | Percentage of staff with an annual training plan that addresses their job description, their level of education and experience, and development of clinical competency, as defined in WAC 388-877-0200 |
| Create a tracking system to ensure that all supervision and training activities are documented and available for review upon request | Tracking system is in place and used by Quality Management personnel to track supervision and training activities |

**Objective:** *ABC agency is continuously in compliance with the WAC and other state and federal rules and statutes regarding licensing and certification requirements.*

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| **Strategy/Action** | **Key Performance Measures/Milestones** |
| *Describe the strategies you will utilize to meet the objective* | *List the performance measures you will use* |
| **EXAMPLES** | **EXAMPLES** |
| Quality Management staff will sign up on the DBHR list serve and attend training on the new Behavioral Health Rules | Percentage of Quality Management staff who have been trained |
| Quality Management Staff will develop a communication plan to include newsletters to inform staff of new standards | Number of newsletters issued to staff |
| Deficiencies will be identified and corrected during quarterly file reviews | Percentage or number of clinical files reviewed per clinician on a quarterly basis |

**Objective:** *Quality of care is continuously improved through the agency’s development and utilization of cultural competency.*

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| **Strategy/Action** | **Key Performance Measures/Milestones** |
| *Describe the strategies you will utilize to meet the objective* | *List the performance measures you will use* |
| **EXAMPLES** | **EXAMPLES** |
| Use data available from DBHR to identify underserved populations | Number of underserved populations identified |
| Included Cultural competency in each staff person’s training and development plan. | Personnel records include documentation that each staff providing clinical services has had training in cultural competency |
| Utilize Specialists, informal cultural liaisons and other resources as needed to meet the cultural needs of clients | Percentage of clinical records that demonstrate that culturally competent care is being provided |

**Objective:** *Quality of care is continuously improved through the use of evidence based and promising practices.*

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| **Strategy/Action** | **Key Performance Measures/Milestones** |
| *Describe the strategies you will utilize to meet the objective.* | *List the performance measures you will use* |
| **EXAMPLES** | **EXAMPLES** |
| Explore which evidence based practices are appropriate for our treatment model | List of selected practices |
| Provide training to clinical staff on selected evidence based practices | Percentage of staff whose personnel records and training plans include documented training on the specific evidence based practices |
| Design and implement a process to evaluate fidelity to the chosen practices | Number of internal reviews and other activities to ensure fidelity to each evidence based practice |

**Objective:** *Quality of care is continuously improved through our response to critical incidents, complaints, and/or grievances.*

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| **Strategy/Action** | **Key Performance Measures/Milestones** |
| *Describe the strategies you will utilize to meet the objective* | *List the performance measures you will use* |
| **EXAMPLES** | **EXAMPLES** |
| Established process to receive, process, and resolve complaints and/or grievances | Staff can describes the process used to address complaints and/or grievances and provide specific examples |
| Information gathered from critical incidents is tracked and analyzed as a component of the overall quality management strategy | Percentage of critical incidents reviewed during quality management meetings that resulted in a corrective action plan |