

El Dorado County Health & Human Services Agency, Mental Health Division
Annual Quality Improvement Work Plan
Fiscal Year 2017-18
Measurable Goals in Red

The content and structure of this QI Work Plan is taken from the MHP's 2013-2018 contract with the State Department of Health Care Services (DHCS).
The specifics can be found in contract Exhibit A, Attachment 1, pages 52 through 56.

1. Quality Improvement

QI Directive	Goal	Responsible parties	Auditing Tool	Goal Assessment Date
MHP will evaluate effectiveness of QI program annually	Complete QI Year-End Report for FY 16-17	<ul style="list-style-type: none"> •MH Director •Assistant Director of Adult Services •Deputy Director of Behavioral Health •QI Committee Members •QI Program Manager •UR Coordinator 	<ul style="list-style-type: none"> •QI Committee Minutes 	Nov. 2017
Consumers and family member shall have substantial involvement in QI activities and MHSA planning	Ensure that the QI Committee includes at least one consumer and one family member.	<ul style="list-style-type: none"> •QI Committee Members •QI Program Manager •UR Coordinator •MHSA Coordinator 	<ul style="list-style-type: none"> •QI Committee Sign-In Sheets and Minutes •MHSA Sign-In Sheets, Comment Forms, and Minutes 	Ongoing through June 2018
QI Activities shall include collaboration & exchange of information with MHSA stakeholders and MH Commission	Ensure QI representation at MHSA stakeholders' and MH Commission meetings; report progress to QI Committee	<ul style="list-style-type: none"> •MH Director •Assistant Director of Adult Services •Deputy Director of Behavioral Health QI Program Manager •UR Coordinator •MHSA Coordinator •QI/UR Staff •MHSA Staff 	<ul style="list-style-type: none"> •QI Committee Minutes 	Ongoing through June 2018

2. Performance Improvement Projects (PIPs)

QI Directive	Goal	Responsible parties	Auditing Tool	Goal Assessment Date
Two QI activities shall meet the criteria for Performance Improvement Projects (PIP), one clinical and one non clinical	<p>PIP #1 GOAL: Identify barriers to meeting target goals for access to services (within 10 business days) and establish processes to ensure the target is met 100% of the time.</p> <p>PIP #2 Goal: Develop a Brief Model of Care program for adults that encourages clients to develop the skills needed to live independently in the community without developing a reliance upon the support of the MHP.</p>	<ul style="list-style-type: none"> •QI Program Manager •UR Coordinator •QI/UR Staff •Appointed PIP Committees •Outpatient Managers •Outpatient Teams for implementation 	<ul style="list-style-type: none"> •EQRO Auditing Tool and “Road Maps to a PIP” 	December 2018

3. Service Delivery and Capacity

QI Directive	Goal	Responsible parties	Auditing Tool	Goal Assessment Date
MHP will describe and monitor data to ensure capacity	MHD will use AVATAR reports to monitor crisis and access trends. Management Team to review data regularly to ensure adequate resource allocations.	<ul style="list-style-type: none"> •QI Program Manager •UR Coordinator •MHP Leadership Team 	<ul style="list-style-type: none"> •AVATAR Reports •Leadership Team meeting minutes 	Ongoing through June 2018
Ensure capacity and timeliness for consumers with urgent conditions	Consumers presenting in person or on the telephone with urgent MH conditions will be served within 24 business hours of request (excludes Psychiatric Emergency Services).	<ul style="list-style-type: none"> •Front Desk Staff •Worker of the Day Staff •UR Clinicians •UR Coordinator •QI Program Manager 	<ul style="list-style-type: none"> •AVATAR “Request for Service” report 	Ongoing through June 2018

QI Directive	Goal	Responsible parties	Auditing Tool	Goal Assessment Date
Ensure capacity and timeliness	A triage assessment with consumers requesting MH services will be conducted within 10 business days of request.	<ul style="list-style-type: none"> •UR Clinicians •Front Desk Staff •UR Coordinator •QI Program Manager 	•AVATAR “Request for Service” report	Ongoing through June 2018
Ensure capacity and timeliness	Consumers requesting a psychiatric evaluation appointment will be seen by a psychiatrist within 20 business days of request (28 calendar days not considering holidays)	<ul style="list-style-type: none"> •MH Medical Director & Staff Psychiatrists •Management Team •UR Clinicians •UR Coordinator •QI Program Manager 	•AVATAR report	Ongoing through June 2018
Ensure capacity and timeliness	Beneficiaries will have access to after-hours care via telephone, clinic and/or at the hospital emergency department 100% of the time (after hours defined as outside 8:00 am to 5:00 pm, Monday through Friday).	<ul style="list-style-type: none"> •PES Managers •PES Clinicians •ICM Teams •UR Clinicians •UR Coordinator •QI Program Manager 	<ul style="list-style-type: none"> •AVATAR report •Contractor reports 	Ongoing through June 2018

4. Accessibility of Services

QI Directive	Goal	Responsible parties	Auditing Tool	Goal Assessment Date
Ensure access lines answered by front-desk staff are providing linguistically appropriate services to callers	Outcome of Test Calls will demonstrate 100% success in accessing a bilingual staff or “Language People” for non-English speaking callers	<ul style="list-style-type: none"> •UR Coordinator •QI/UR Staff 	•Test Calls with outcomes logged	Ongoing through June 2018

5. Program Integrity

QI Directive	Goal	Responsible parties	Auditing Tool	Goal Assessment Date
MHP shall have a process to verify services reimbursed by Medi-Cal were actually furnished to beneficiaries	The service verification tool was implemented July 2013. 100% of services verified were confirmed by client. Corrective action will be taken with staff 100% of the time if indicated.	<ul style="list-style-type: none"> •UR Coordinator •Admin Support Staff •QI Program Manager •Management Team 	<ul style="list-style-type: none"> •Service Verification Log 	Ongoing through June 2018

6. Cultural and Linguistic Competency

QI Directive	Goal	Responsible parties	Auditing Tool	Goal Assessment Date
MHP shall ensure services are provided in culturally and linguistically competent manner	MHD will provide at least four trainings annually to build cultural competence; at least one will address client culture and family member perspectives	<ul style="list-style-type: none"> •Management Team •Cultural Competency Manager 	<ul style="list-style-type: none"> •Training Attendance Log & Outlines/Handouts 	Ongoing through June 2018
MHP shall ensure services are provided in culturally and linguistically competent manner	HHSa will certify bilingual and cultural competence of all staff receiving bilingual compensation	<ul style="list-style-type: none"> •EDC Personnel Unit 	<ul style="list-style-type: none"> •HR report 	Ongoing through June 2018
MHP shall update the Cultural Competence Plan (CCP) and submit these updates to DHCS for review and approval annually	CCP shall be updated in compliance with State issued requirements.	<ul style="list-style-type: none"> •MHSA Coordinator 	<ul style="list-style-type: none"> •CCP •DHCS Notices 	Within the deadlines set forth by the State in the forthcoming updated requirements.

7. Beneficiary Satisfaction

QI Directive	Goal	Responsible parties	Auditing Tool	Goal Assessment Date
MHP shall monitor and Evaluate Beneficiary Satisfaction	MHD shall administer the Consumer Perception Surveys at least twice annually or at other intervals specified by the State.	<ul style="list-style-type: none"> •Admin Support Staff •Front Desk Staff •Consumers / Family of Consumers (for children) •Organizational Providers •UR Coordinator 	<ul style="list-style-type: none"> •Consumer Perception Survey issued by DHCS, supported by CIBHS or other contracted vendor 	November 2017 / May 2018, or per the timeline set by the State.
MHP shall inform service providers of the results of beneficiary/family satisfaction activities	MHD will report results of Consumer Perception Surveys to MHD staff and contracted organizational providers	<ul style="list-style-type: none"> •Admin Support Staff •UR Coordinator •QI Program Manager 	<ul style="list-style-type: none"> •All-Staff meeting minutes •CBO meeting minutes •Emails 	Generally twice per year, after the data from the previous Consumer Perception Survey becomes available and is analyzed
MHP shall evaluate beneficiary grievances, appeals and change of provider requests	MHD will track and trend programmatic or staffing issues identified in Grievances, Appeals, and Requests for Change of Provider, identifying and correcting any indications of poor quality of care.	<ul style="list-style-type: none"> •UR Coordinator •Patients’ Rights Advocate •MHSA Coordinator •Management Team 	<ul style="list-style-type: none"> •Tracking logs •QIC Minutes •Management Team minutes •Mental Health Commission minutes 	Ongoing through June 2018

8. Service Delivery System and Clinical Issues Affecting Consumers

QI Directive	Goal	Responsible parties	Auditing Tool	Goal Assessment Date
MHP shall implement mechanisms to monitor safety and effectiveness of medication practices	MHD will develop a Med Monitoring Committee which will be charged with oversight of the safety and effectiveness of outpatient medication practices	<ul style="list-style-type: none"> •MH Medical Director •Assistant Director of Health Services •Community Public Health Nursing Division Manager •QI Program Manager •UR Coordinator 	<ul style="list-style-type: none"> •Med Monitoring Committee minutes 	Ongoing (quarterly meetings) through June 2018
MHP shall conduct performance outcome monitoring activities.	MHD has selected the CANS and ANSA as the instruments to measure treatment outcomes. Use will begin when the tool have been built into AVATAR.	<ul style="list-style-type: none"> •UR Coordinator •Avatar System Specialist •QI Program Manager •MHP Leadership Team 	<ul style="list-style-type: none"> •AVATAR report comparing baseline data to data collected at regular intervals 	Ongoing through June 2018
MHP shall ensure that progress notes are timely.	MHD’s standard for note completion: by end of business, the day following delivery of the service. GOAL: standard will be met 80% of the time.	<ul style="list-style-type: none"> •UR Coordinator •Avatar System Specialist •QI Program Manager •MHP Leadership Team 	<ul style="list-style-type: none"> •AVATAR timeliness report 	Ongoing through June 2018
MHP shall monitor clinical issues affecting consumers	Continue to develop AB 109 program, targeting MH consumers involved in the criminal justice system. GOAL: Improvement in MH recovery and decrease in criminal justice system recidivism	<ul style="list-style-type: none"> •AB 109 Manager, Program Coordinator and Clinical Staff 	<ul style="list-style-type: none"> •QIC meeting minutes 	Ongoing through June 2018

9. Interface with Physical Health Care

QI Directive	Goal	Responsible Parties	Auditing Tool	Goal Assessment Date
MHP shall make clinical consultation and training available to beneficiaries' primary care providers (PCP)	MHD will provide training to PCPs at the FQHC on an as requested basis. MHD will also develop a protocol for standardizing and tracking psychiatric/PCP consultation.	<ul style="list-style-type: none"> •MH Medical Director •Assistant Director of Health Services •FQHC Medical Director •QI Program Manager •UR Coordinator 	<ul style="list-style-type: none"> •Training sign-in sheet and outline/handouts 	June 2018

10. Utilization Management

QI Directive	Goal	Responsible Parties	Auditing Tool	Goal Assessment Date
MHP shall evaluate <u>inpatient</u> medical necessity appropriateness and efficiency of services provided to beneficiaries prospectively and retrospectively	100% of all out-of-county Hospital Treatment Authorization Requests (TAR) shall be completed within 14 days of receipt of request.	<ul style="list-style-type: none"> •UR Coordinator •Admin Support Staff •QI Program Manager •Crisis Clinicians 	<ul style="list-style-type: none"> •TAR Log •Crisis Assessment Report 	Ongoing through June 2018
MHP shall evaluate medical necessity appropriateness and efficiency of outpatient services provided to beneficiaries prospectively and retrospectively.	At the time of authorization or re-authorization of services with <u>contracted organizational providers</u> , the MHP will assure medical necessity is established 100% of the time for Specialty MH services. At the time of annual Treatment Plan renewal, the MHD will assure medical necessity is established in MHD-served consumers 100% of the time before approving the Treatment Plan.	<ul style="list-style-type: none"> •UR Clinical Staff •QI Program Manager •MH Program Coordinators •UR Coordinator •Avatar System Specialist 	<ul style="list-style-type: none"> •Avatar reports; assessment reviews; service authorization requests 	Ongoing through June 2018

QI Directive	Goal	Responsible Parties	Auditing Tool	Goal Assessment Date
MHP shall comply with timeliness when processing of submitting authorization requests for children in foster care or Kin-Gap living outside county of origin	100% of authorizations for Out-of-County children shall be completed within 14 calendar days from the receipt of the original Service Authorization Request (SAR). If complete additional information is requested and not received within 14 days from the date of receipt of the original SAR, the MHD shall complete the SAR within 3 business days from the date the complete additional requested information is received.	<ul style="list-style-type: none"> •UR Clinical Staff •QI Program Manager •UR Coordinator 	<ul style="list-style-type: none"> •Managed Care Authorization Binder 	Ongoing through June 2018

11. Provider Relations

QI Directive	Goal	Responsible parties	Auditing Tool	Goal Assessment Date
MHP has ongoing monitoring system in place that ensures contracted providers sites are certified and recertified as per Title 9 regulations	MHD will certify and re-certify all contracted provider sites meeting 100% compliance in the following manner: <ul style="list-style-type: none"> •Within state required time frames of a new contracted provider or if current contracted provider changes/adds locations, certifications will be performed as needed to maintain compliance with current state requirements. •Re-certify every 3 years thereafter. 	<ul style="list-style-type: none"> •Fiscal Staff 	<ul style="list-style-type: none"> •Certification Protocol from DHCS 	Ongoing through June 2018

QI Directive	Goal	Responsible parties	Auditing Tool	Goal Assessment Date
Monitor Provider Satisfaction	MHD will conduct as-needed meetings of MHD senior management and Contract Provider Management.	<ul style="list-style-type: none"> •MH Director •Assistant Director of Health Services •QI Program Manager •UR Coordinator 	<ul style="list-style-type: none"> •CBO meeting minutes 	Ongoing through June 2018
Monitor FSP Reporting	100% reported timely.	<ul style="list-style-type: none"> •FSP Report Monitors •UR Coordinator 	<ul style="list-style-type: none"> •State website •Tracking document 	Ongoing through June 2018