

El Dorado County Health & Human Services Agency, Behavioral Health Division
Annual Quality Improvement (QI) Work Plan
Fiscal Year 2020-21

Measurable Goals in Red

Changes from previous year's QI Work Plan are reflected in blue, underlined text.

The content and structure of this QI Work Plan is taken from the MHP's contract with the State Department of Health Care Services (DHCS).

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1. Quality Improvement

QI Directive	Goal	Responsible parties	Auditing Tool	Goal Assessment Date
a. MHP will evaluate effectiveness of QI program annually	Complete QI Year-End Report for FY 18-19	<ul style="list-style-type: none"> •QI Program Managers •QI Committee Members 	<ul style="list-style-type: none"> •QI Committee Minutes •Avatar Reports 	Nov. 2021
b. 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 Program Managers •QI Committee Members •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 2021
c. QI Activities shall include collaboration & exchange of information with MHSA stakeholders and BH Commission	Ensure QI representation at MHSA stakeholders' and BH Commission meetings; report progress to QI Committee	<ul style="list-style-type: none"> •BH Director •Assistant Director of Adult Services •Deputy Director of Behavioral Health •QI Program Manager •MHSA Coordinator 	<ul style="list-style-type: none"> •QI Committee Minutes •Avatar Reports •BH Dashboard 	Ongoing through June 2021

2. Performance Improvement Projects (PIPs)

QI Directive	Goal	Responsible parties	Auditing Tool	Goal Assessment Date
a. Two QI activities shall meet the criteria for Performance Improvement Projects (PIP), one clinical and one non-clinical	<p>PIP #1 GOAL (non-clinical): Scheduling new clients' first appointment with a Clinician immediately after eligibility for services is determined.</p> <p>PIP #2 Goal (clinical): Establishing a safety plan upon starting services and verify monthly whether the client has utilized the safety plan.</p>	<ul style="list-style-type: none"> •QI Program Managers •Access Supervisor •Access Clinicians •Outpatient Clinicians 	<ul style="list-style-type: none"> •EQRO Auditing Tool and "Road Maps to a PIP" 	<p>PIP #1 December 2021</p> <p>PIP #2 December 2021</p>

3. Service Delivery and Capacity

QI Directive	Goal	Responsible parties	Auditing Tool	Goal Assessment Date
a. MHP will describe and monitor data to ensure capacity	BHD 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 Managers •Access Supervisor •Sr. IT Analyst •MHP Leadership Team 	<ul style="list-style-type: none"> •AVATAR Reports •Leadership Team meeting minutes 	Ongoing through June 2021
b. Ensure capacity and timeliness for consumers with urgent conditions	Consumers presenting in person or on the telephone with urgent BH 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 •Access Clinicians •Access Coordinator •QI Program Managers 	<ul style="list-style-type: none"> •AVATAR “Request for Service” report 	Ongoing through June 2021
c. Ensure capacity and timeliness	Individuals requesting service will be provided an appointment within 10 business days of request	<ul style="list-style-type: none"> •Front Desk Staff •Worker of the Day Staff •Access Clinicians •Access Coordinator •QI Program Managers 	<ul style="list-style-type: none"> •AVATAR “Request for Service” reports 	Ongoing through June 2021
d. Ensure capacity and timeliness	Consumers requesting a psychiatric evaluation appointment will be seen by a psychiatrist within 15 business days of request	<ul style="list-style-type: none"> •BH Medical Director & Staff Psychiatrists •Management Team •Front Desk Staff •Worker of the Day Staff •Access Clinicians •Access Coordinator •QI Program Managers 	<ul style="list-style-type: none"> •AVATAR reports 	Ongoing through June 2021
e. 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 2021

QI Directive	Goal	Responsible parties	Auditing Tool	Goal Assessment Date
f. Clinical staff productivity	Track and trend provider productivity. Productivity level expectations are identified in Attachment A.	<ul style="list-style-type: none"> •MH Program Coordinators •MH Managers •QI Program Manager •BH Analyst 	•AVATAR Report	Ongoing through June 2021

4. Accessibility of Services

QI Directive	Goal	Responsible parties	Auditing Tool	Goal Assessment Date
a. 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 2021
b. Ensure the accessibility to medically necessary after-hours care	Beneficiaries will have access to after-hours care via telephone 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 •Contract Providers 	<ul style="list-style-type: none"> •AVATAR report •Contractor reports 	Ongoing through June 2021
c. Ensure time and distance standards are met	<ul style="list-style-type: none"> • For psychiatry, travel time and distance shall not exceed 45 miles or 75 minutes • For other outpatient Specialty Mental Health Services, travel time and distance shall not exceed 45 miles or 75 minutes 	<ul style="list-style-type: none"> •UR Coordinator •QI/UR Staff 	<ul style="list-style-type: none"> •AVATAR report •Geographic mapping program (e.g., ArcGIS) 	Ongoing through June 2021

5. Program Integrity

QI Directive	Goal	Responsible parties	Auditing Tool	Goal Assessment Date
a. 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 	•Service Verification Log	Ongoing through June 2021
b. MHP shall monitor the no-show rate for psychiatry and outpatient services, including services provided by its contracted providers.	For psychiatry, the no-show rate goal is 10%. For clinicians, the no-show rate goal is 15%.	<ul style="list-style-type: none"> •UR Coordinator •QI/UR Staff •Clinic/Admin Support Staff •QI Manager 	•AVATAR Report	Ongoing through June 2021

6. Cultural and Linguistic Competency

QI Directive	Goal	Responsible parties	Auditing Tool	Goal Assessment Date
a. MHP shall ensure services are provided in culturally and linguistically competent manner	BHD 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 	•Training Attendance Log & Outlines/Handouts	Ongoing through June 2021
b. 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	•EDC Personnel Unit	•HR report	Ongoing through June 2021

QI Directive	Goal	Responsible parties	Auditing Tool	Goal Assessment Date
c. 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 	December 2020

7. Beneficiary Satisfaction

QI Directive	Goal	Responsible parties	Auditing Tool	Goal Assessment Date
a. MHP shall monitor and Evaluate Beneficiary Satisfaction	BHD 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 2020 / May 2021, or per the timeline set by the State.
b. MHP shall inform service providers of the results of beneficiary/family satisfaction activities	BHD will report results of Consumer Perception Surveys to BHD 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

QI Directive	Goal	Responsible parties	Auditing Tool	Goal Assessment Date
c. MHP shall evaluate beneficiary Grievances, Appeals, Expedited Appeals, State Hearings, Expedited State Hearings, and change of provider requests	BHD will track and trend programmatic or staffing issues identified in Grievances, Appeals, Expedited Appeals, State Hearings, Expedited State Hearings, 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 •Behavioral Health Commission minutes 	Ongoing through June 2021
d. MHP shall evaluate MHSA disputes (Issue Resolution)	MHP will track and trend MHSA Issue Resolutions, identifying and correcting any indications of program changes.	<ul style="list-style-type: none"> •MHSA Coordinator •BH Analyst •MHSA Manager 	<ul style="list-style-type: none"> •Tracking logs •QIC Minutes 	Ongoing through June 2021

8. Service Delivery System and Clinical Issues Affecting Consumers

QI Directive	Goal	Responsible parties	Auditing Tool	Goal Assessment Date
a. MHP shall implement mechanisms to monitor safety and effectiveness of medication practices	BHD 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"> •BH 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 2021
b. MHP shall conduct performance outcome monitoring activities.	BHD 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 2021

QI Directive	Goal	Responsible parties	Auditing Tool	Goal Assessment Date
c. MHP shall ensure that progress notes are timely.	BHD’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 	•AVATAR timeliness report	Ongoing through June 2021
d. MHP shall monitor clinical issues affecting consumers	Continue to develop AB 109 program, targeting BH consumers involved in the criminal justice system. GOAL: Improvement in BH recovery and decrease in criminal justice system recidivism	<ul style="list-style-type: none"> •AB 109 Manager, Program Coordinator and Clinical Staff 	•QIC meeting minutes	Ongoing through June 2021
e. MHP shall monitor client services for over- and under-utilization of services.	100% of all children’s charts shall be monitored upon service reauthorization requests (every six (6) months). Outcomes shall be reported back to the contracted provider. 100% of all adult charts shall be monitored once per year. Outcomes shall be reported back to each practitioner’s Supervisor and Manager.	<ul style="list-style-type: none"> •QI Program Manager •UR Coordinator •Access Team Clinicians 	•Avatar Utilization Report	Ongoing through June 2021

9. Interface with Physical Health Care

QI Directive	Goal	Responsible Parties	Auditing Tool	Goal Assessment Date
a. MHP shall make clinical consultation and training available to beneficiaries’ primary care providers (PCP)	BHD will provide training to PCPs at the FQHC on an as requested basis. BHD will also develop a protocol for standardizing and tracking psychiatric/PCP consultation.	<ul style="list-style-type: none"> •BH Medical Director •Assistant Director of Health Services •FQHC Medical Director •QI Program Manager •UR Coordinator 	•Training sign-in sheet and outline/handouts	Ongoing through June 2021

10. Utilization Management

QI Directive	Goal	Responsible Parties	Auditing Tool	Goal Assessment Date
<p>a. MHP shall evaluate inpatient medical necessity appropriateness and efficiency of services provided to beneficiaries prospectively and retrospectively</p>	<p>100% of all out-of-county Hospital Treatment Authorization Requests (TAR) shall be completed within 14 days of receipt of request.</p>	<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 	<p>Ongoing through June 2021</p>
<p>b. MHP shall evaluate medical necessity appropriateness and efficiency of outpatient services provided to beneficiaries prospectively and retrospectively.</p>	<p>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 Mental Health services. At the time of annual Treatment Plan renewal, the BHD will assure medical necessity is established in BHD-served consumers 100% of the time before approving the Treatment Plan.</p>	<ul style="list-style-type: none"> •UR Clinical Staff •QI Program Manager •BH Program Coordinators •UR Coordinator •Avatar System Specialist 	<ul style="list-style-type: none"> •Avatar reports; assessment reviews; service authorization requests 	<p>Ongoing through June 2021</p>

QI Directive	Goal	Responsible Parties	Auditing Tool	Goal Assessment Date
c. 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 3 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 BHD 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 2021

11. Provider Relations

QI Directive	Goal	Responsible parties	Auditing Tool	Goal Assessment Date
a. MHP has ongoing monitoring system in place that ensures contracted providers sites are certified and recertified as per Title 9 regulations	BHD 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 2021

QI Directive	Goal	Responsible parties	Auditing Tool	Goal Assessment Date
b. Monitor Provider Satisfaction	BHD will conduct as-needed meetings of BHD senior management and Contract Provider Management.	<ul style="list-style-type: none"> •BH Director •Assistant Director of Health Services •QI Program Manager •UR Coordinator 	<ul style="list-style-type: none"> •CBO meeting minutes 	Ongoing through June 2021
c. 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 2021
d. Monitor Provider Appeals	BHD will track and trend issues identified in Provider Appeals.	<ul style="list-style-type: none"> •UR Coordinator •MHSA Coordinator •Management Team 	<ul style="list-style-type: none"> •Tracking Logs •QIC Minutes •Meeting Minutes 	Ongoing through June 2021

As appropriate, the MHP will track and trend outcomes over time to determine any ongoing needs and provide those trends to the QIC. The QIC will review actions taken for previously identified issues, targeted areas of improvement, or changes in service delivery.

Attachment A

Billable Productivity Standards and Overall Productivity Standard for MH Staff

Position	Medication Support Team	Community-Based Team	Clinic-Based Team	Psychiatric Emergency Services Team	Access Team
Medical Director	Billable: 38% Overall: 40%	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Psychiatrists	Billable: 65% Overall: 72%	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Physician Assistants	Billable: 65% Overall: 72%	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Nurse Practitioners	Billable: 65% Overall: 72%	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Registered Nurses	Billable: 65% Overall: 72%	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Psychiatric Technicians	Billable: 65% Overall: 72%	Billable: 65% Overall: 72%	Billable: 65% Overall: 72%	Billable: 65% Overall: 72%	Billable: 0% Overall: 72%
Mental Health Clinicians	NOT APPLICABLE	Billable: 65% Overall: 72%	Billable: 65% Overall: 72%	Billable: 65% Overall: 72%	Billable: 0% Overall: 72%
Mental Health Workers	NOT APPLICABLE	Billable: 65% Overall: 72%	Billable: 65% Overall: 72%	Billable: 65% Overall: 72%	Billable: 0% Overall: 72%
Mental Health Aides	NOT APPLICABLE	Billable: 65% Overall: 72%	Billable: 65% Overall: 72%	Billable: 65% Overall: 72%	Billable: 0% Overall: 72%