



MODOC COUNTY BEHAVIORAL HEALTH

Quality Improvement Work Plan Fiscal Year 2015-2016

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I. INTRODUCTION AND PROGRAM CHARACTERISTICS

The Annual Work Plan for Quality Improvement activities of the Modoc County Behavioral Health (MCBH) provides the blueprint for the quality management functions designed to improve both client access and quality of care. This Plan is evaluated annually and updated as necessary. The QI program is accountable to Edward P. Richert, MD, Medical Director of Modoc County Health Services and Karen Stockton, Ph.D., Behavioral Health Director, who has substantial involvement in the implementation of the Quality Improvement Program.

This Quality Improvement Plan ensures the opportunity for input and active involvement of consumers, family members, providers, and other interested stakeholders in the Quality Improvement Program. The QI members participate in the planning, design, and execution of the QI Program, including policy setting and program planning. The Plan activities also serve to fulfill the requirements set forth by the California State Department of Health Care Services and County Specialty Mental Health Services Contract requirements, as related to the contract's Annual Quality Improvement Program description. The Plan addresses quality assurance/improvement factors as related to the delivery of culturally-competent specialty mental health services.

Quality Improvement Committee

The Quality Improvement Committee is responsible for the key functions of the MCBH Quality Improvement Program. This Committee is involved in the following functions:

1. The Quality Improvement Coordinator will facilitate the implementation of the QI Work Plan and the QI activities. Sufficient time to engage in quality improvement activities will be allocated (i.e. chart review, coordination of PIPs, facilitating committee activities, monitoring plan implementation).
2. Quality Improvement Committee (QIC) functions include implementing the specific and detailed review and evaluation activities of the agency. On a quarterly basis, the QIC collects, reviews, evaluates, and analyzes information and implements actions that frequently involve the handling of information that is of a sensitive and confidential nature. The QIC also provides oversight to QI activities, including the development and implementation of the Performance Improvement Projects (PIPs). The QIC recommends policy decisions; reviews and evaluates the results of QI activities; and monitors the progress of the PIPs. The QIC institutes needed QI actions and ensures follow-up of QI processes. The QIC documents all activities through dated and approved minutes to reflect all QIC decisions and actions.

The QIC provides oversight and is involved in Quality Improvement activities. The QIC conducts an annual evaluation of the overall effectiveness of the QI program. This helps to demonstrate that QI activities, including Performance Improvement Projects, contribute to meaningful improvement in clinical care and consumer services.

The QIC assures that QI activities are completed and utilize a continuous feedback loop to evaluate ongoing quality improvement activities, including the Performance Improvement Projects. This feedback loop helps to monitor previously identified issues and provides an opportunity to track issues over time. The QIC continuously conducts planning and initiates new activities for sustaining improvement.

Members include the Health Services Director, MCBH Deputy Director, Medical Director, Clinical Supervisor, QI Coordinator, designated clinical staff, designated case management staff, designated administrative staff, and community members, including consumers and family members.

Each quarterly meeting of the QIC shall include a verbal summary of significant QIC findings, decisions, actions, and recommendations. In addition, written information may also include data summaries, as available.

3. Performance Improvement Project (PIP) Workgroup will generate ideas for two new PIP studies; gather baseline data; identify interventions; and analyze outcomes over the coming year. This workgroup will also access technical assistance from Behavioral Health Concepts, Inc during the PIP selection and development process.

The QIC is accountable to the MCBH Director and Medical Director. The QI program coordinates performance monitoring activities throughout the program and includes client and system level outcomes, implementation and review of the utilization review process, credentialing of licensed staff, monitoring and resolution of beneficiary grievances, fair hearings, and provider appeals, periodically assessing consumer, youth, and family satisfaction, and reviewing clinical records.

MCBH contracts with a part-time psychiatric services for outpatient care, and hospitals in the region and state for inpatient services. In addition, MCBH has contract with Lassen County to provide outpatient services to Modoc County clients who are living near the county border. As a component of the contracts, these entities are required to cooperate with the QI program and allow access to relevant clinical records to the extent permitted by State and Federal laws.

II. PROGRAM COMPONENTS

A. Evaluation of Overall Effectiveness

Evaluation of the overall effectiveness of the QI program shall be accomplished routinely, as well as annually, to demonstrate that:

- QI activities have contributed to improvement in clinical care;

- QI activities have contributed to improvement in client services;
- QI activities have been completed or are in process; and
- QI activities have incorporated relevant cultural competence and linguistic standards to match clients' cultural and linguistic needs with appropriate providers and services.

B. Specific QI Evaluation Activities

1. Quality Improvement Committee (QIC)

The quarterly QIC meetings may include, but are not limited to, the following agenda items:

- Review data from Access Logs to help identify trends in client care, in timeliness of service plan submission, and trends related to the utilization review and authorization functions;
- Assess client and provider satisfaction surveys for assuring access, quality, and outcomes;
- Review and evaluate results of QI activities, including progress on the development and implementation of the two (2) required Performance Improvement Projects (PIPs);
- Review QI actions and follow-up on any action plans;
- Review client- and system-level Performance Outcome Measures for adults and children to focus on any significant findings and trends, including hospitalizations and re-hospitalizations;
- Review medication monitoring processes to assure appropriateness of care, appropriateness of reviewer comments, any plans of correction following initial review, and any significant trends of concern;
- Review new Notices of Action, focusing on their appropriateness and any significant trends;
- Review any grievances or appeals submitted. The QIC reviews the appropriateness of the MCBH response and significant trends that may influence policy- or program-level actions, including personnel actions;
- Review any provider appeals;
- Review any requests for State Fair Hearings, as well as review of any results of such hearings;

- Monitor that EPSDT/TBS brochures are distributed when applicable;
- Review other clinical- and system-level issues of concern that may affect the quality of service delivery. The information reviewed also allows the QIC to evaluate trends that may be related to culturally-sensitive issues and may require prescriptive action;
- Review potential or required changes in policy;
- Maintain an annual credentialing process to assure that all licensed staff are in compliance with their licensing requirements; and
- Ensure that both the Office of Inspector General’s Exclusion List and the Medi-Cal List of Suspended or Ineligible Providers lists are checked for all licensed staff, at least every six months;
- Ensure that Medi-Cal services are routinely verified and tracked as actually provided to beneficiaries, and appropriate actions are taken upon discovery that services reimbursed were not actually furnished to the recipients;
- Review and discuss any issues emerging from the weekly CT/UR Committee related to the following:
 - Review and discuss all new clients, Treatment Plans, and any urgent and unusual events at the weekly Clinician’s Meeting. This helps to coordinate services and address urgent situations in a timely manner:
 - Feedback from direct services staff regarding proposed policy and procedures.
 - Conduct a minimum six (6) peer chart reviews (utilizing the chart review checklist) every quarter during staff team meetings and identify and report identified issues and trends.
- Monitor issues over time and make certain that recommended activities are implemented, completing the Quality Improvement feedback loop.

2. Monitoring Previously Identified Issues and Tracking over Time

The minutes of all QIC meetings shall include the following information:

- Identification of action items;
- Follow-up on action items to monitor if they have been completed;
- Assignments (by persons responsible);
- Due dates; and
- Completion dates.

To assure a complete feedback loop, completed and incomplete action items shall be identified on the agenda for review at the next meeting. Chart reviews pending further action to implement plans of correction shall be identified for follow-up and reporting. MCBH has developed a “meeting minutes” template to ensure that all relevant and required components are addressed in each set of minutes. Meeting minutes will also be utilized to track action items and completion dates.

C. Inclusion of Cultural Competency Concerns in All QI Activities

On a regular basis, the QIC shall review collected information, data, and trends relevant to standards of cultural competence and linguistic preferences.

III. Objectives, Scope, and Planned Activities for the Coming Year

Quality Improvement activities for FY 2014/15 include the following objectives:

A. Ensure MCBH Service Delivery Capacity

The MCBH QI program shall, on an annual basis, monitor services in this small, frontier county to assure service delivery capacity in the following areas:

1. **Utilization of Services** – Review and analyze reports from the Anasazi program and utilization of data from the CA DHCS Client Services Information system (CSI), as available. The data will include the current number of clients served each fiscal year and the types and geographic distribution of mental health services delivered within the delivery system. Data will be analyzed by age, gender, ethnicity, and diagnosis; it will be compared to the goals set by the QIC for service utilization.
2. **Service Capacity** – Staff productivity will be evaluated via productivity reports generated by the Anasazi program. Supervisors and managers will receive periodic reports to assure service capacity.

These issues will also be evaluated to ensure that the cultural and linguistic needs of consumers are met.

B. Monitor Accessibility of Services

The MCBH QI program shall monitor accessibility of services in accordance with statewide standards and the following local goals:

1. **Timeliness of routine mental health appointments** – The goal for routine appointments is no more than thirty (30) calendar days between

the initial request and the intake appointment, 75% of the time. Data will be maintained in the Anasazi system and reviewed and analyzed at least quarterly.

2. **Timeliness of services for urgent or emergent conditions during regular clinic hours** – The goal for urgent or emergent conditions is no more than one (1) elapsed hour from the initial request until an actual staff response is provided, at least 75% of the time. This indicator will be measured by for all requests for services maintained in the Walk-In Log and/or our Anasazi system. This data will be reviewed quarterly.
3. **Access to after-hours services** – The goal for access to after-hours care is no more than two (2) elapsed hours between the request for service and the actual face-to-face evaluation/intervention contact for emergency situations.

Requests for authorization for urgent specialty mental health services will receive an authorization decision within one (1) hour.

This indicator will be measured by analyzing all after hours requests for services from the Crisis Log and/or the Access Log, as well as faxed reports of calls received from the answering service. Data will be reviewed quarterly.

4. **Responsiveness of the 24-hour, toll-free telephone number** – During business hours, staff will answer the line immediately, screen the call, and link the client as appropriate. After-hours, the answering service will answer the crisis line immediately and link urgent and/or emergent calls to the on-call mental health staff person. If required, an interpreter and/or the Universal Language Line will be utilized. Calls must be logged to the Access Log. This indicator will be measured by conducting random calls to the toll-free number. At a minimum, ten (10) test calls will be made to the access line each year, approximately five (5) calls every 6 months. Calls in both English and Spanish will be conducted. This data will be reviewed after the test calls have been conducted.
5. **Provision of culturally and linguistically appropriate services** – MCBH strives to ensure that the cultural and linguistic needs of consumers are met in all client contact situations. This indicator will be measured monitored through data obtain from the Access Log, Crisis Log and/or Anasazi, as well as the results of test calls. The focus of these reviews is to determine if a successful and appropriate response was provided which adequately addressed the consumer's cultural and linguistic needs. In addition, requests for the need for interpreters will be reviewed (via the Access Log/Anasazi) to assure that staff are aware of the need for an interpreter and that clients received services in their preferred

language, whenever feasible. This information will be reviewed quarterly.

6. **Increasing client access** – MCBH will continue to endeavor to improve client access to mental health services through the following goals:
 - Increase the number of clients age 60+ that are receiving services at Modoc County Behavioral Health by five percent (5%) each year.

C. Monitor Client Satisfaction

The QI program shall monitor consumer satisfaction via the following modes of review:

1. **Client Survey** – Using a client survey instrument in English and Spanish, clients and family members will be surveyed at least annually to determine their perception of services. This indicator will be measured by annual review and analysis of at least a one-week sample. This data will be reviewed each fiscal year.
2. **Youth and/or family satisfaction according to statewide standards** – Utilization of the DHCS Youth Services Survey (YSS) and Youth Services Survey for Families (YSS-F) measurement instruments assures the use of instruments that are accepted statewide as the basis for satisfaction surveys. The YSS and YSS-F will be collected from youth ages 12 and older and the children’s families. This data will be reviewed each fiscal year.
3. **Beneficiary grievances, appeals, and fair hearings** – All processed beneficiary grievances, expedited appeals, standard appeals, and fair hearings will be reviewed at QIC meetings. Monitoring shall be accomplished by ongoing review of the Complaint/Grievance Log for adherence to timelines for response. In addition, the nature of complaints and resolutions will be reviewed to determine if significant trends occur that may influence the need for policy changes or other system-level issues. This review will include an analysis of any trends in cultural issues addressed by our clients. This information will be reviewed quarterly, as available.
4. **Requests to change providers** – Quarterly, patterns of client requests to change providers will be reviewed by the QIC. Measurement will be accomplished by review of QIC minutes and through review of the Change of Provider Request forms and log.
5. **Informing providers of satisfaction survey results** – The results of client and family satisfaction surveys are routinely shared with staff, providers, the Behavioral Health Advisory Board, and other interested stakeholders. This information is distributed on an annual basis and in the form of cumulative summaries to protect the confidentiality of consumers

and their families. This process will be reviewed annually. Monitoring will be accomplished by review of the results of the surveys as related to consumers who have received services from contract specialty mental health service providers.

- 6. Cultural sensitivity** – In conducting review in the above areas, analysis will occur to determine if cultural issues may have influenced results. Surveys will be provided in both English and Spanish. It is our goal in FY 2014/15 to provide survey results in Spanish, as well as English. This process will be reviewed annually.

D. Monitor the Service Delivery System

The QI program shall monitor the MCBH service delivery system to accomplish the following:

- 1. Safety and Effectiveness of Medication Practices** – Annually, meaningful issues for assessment and evaluation, including safety and effectiveness of medication practices, are identified. Medication monitoring activities will be accomplished via review of at least ten percent (10%) of cases involving prescribed medications. These reviews will be conducted by a person licensed to prescribe or dispense medications. In addition, peer review of cases receiving clinical and case management services will occur at CT/UR meetings. An analysis of the peer reviews will occur to identify significant clinical issues and trends.
- 2. Identify Meaningful Clinical Issues** – The Clinical Supervisor and QI Coordinator will identify and monitor meaningful clinical issues. The Clinical Supervisor will implement appropriate interventions when a risk of poor quality care is identified and will report actions and any changes in procedures to the QI Committee. Monitoring will be accomplished via review of QIC minutes for satisfactory resolutions in the areas of grievances, medication monitoring, and peer chart review cases where plans of correction are requested. Re-occurring quality of care issues are discussed in staff meetings and at the QIC to address concerns in a timely manner.
- 3. Implement and Maintain Efficient Work Flow Standards** – Office work flow standards will be implemented and maintained to efficiently and consistently serve clients from first contact through discharge. Work flow processes will be implemented through policies and procedures. Monitoring will be conducted through annual review of work flow processes and procedures.
- 4. Assess Performance** – Quantitative measures will be identified to assess performance and identify areas for improvement, including the PIPs and other QI activities. For example, the appropriate staff reviews data on review loss

reports; productivity reports; and late treatment plan reports. These areas will be measured through the quarterly review of the timeliness of assessments and treatment plans, completeness of charts, consumer surveys, and productivity reports. The results of these reviews will dictate areas to prioritize for improvement.

- 5. Support Stakeholder Involvement** – Staff, providers, consumers, and family members review the evaluation data to help identify barriers to improvement. This ongoing analysis provides important information for identifying barriers and successes toward improving administrative and clinical services. In addition, staff and integrated stakeholder groups (e.g., Prevention Collaborative; Healthy Beginnings; Treatment Courts) provide input on access and barriers to services. Measurement will be accomplished via review of QIC minutes and will occur annually.
- 6. Conduct Frequent Peer Reviews** – MCBH will evaluate the quality of the service delivery by conducting minimum of six (6) peer chart reviews every quarter. Reviews will be conducted by staff during staff meetings using the chart review checklist. Issues and trends found during these reviews will be documented and forwarded to be addressed at the next QIC meeting.

The activities and processes outlined above will maintain sensitivity to the identification of cultural and linguistic issues.

E. Monitor Continuity and Coordination of Care with Physical Health Care Providers

- 1. Exchange Information** – When appropriate, information will be exchanged in an effective and timely manner with health care providers used by clients. Measurement will be accomplished during ongoing review of the clinical assessments and discharge summaries. These reviews will identify referrals to alternative resources for treatment or other services whenever requested, or when it has been determined that an individual may benefit from referral to other health care providers. In addition, the Access Log includes tracking requests for psychiatric consults with physical healthcare providers. Appropriateness of exchange of information is measured during peer chart review by assuring the presence of a signed consent form. This information will be reviewed annually.

When Memoranda of Understanding (MOUs) are developed with a physical health care plan/provider, a method will be developed to coordinate care.

- 2. Monitor Provider Appeals** – Provider appeals and complaints are reviewed as received by the QIC. A recommendation for resolution will be made to the MCBH Director. The resolution and date of response shall be recorded in the QIC meeting minutes. The QIC will review the provider appeals and

complaints annually for any trends and addresses these issues.

IV. Steps in the Review Process

MCBH shall incorporate the following steps for each of the above QI activities:

1. Identify goals and objectives.
2. Collect and analyze data to measure against the goals, or prioritized areas of improvement, that have been identified.
3. Identify opportunities for improvement and decide which opportunities to pursue.
4. Design, implement, and evaluate effectiveness of interventions to improve performance utilizing the PDSA process.
5. Ensure follow-up of the PDSA processes through the QI feedback loop to incorporate successful interventions in the mental health service system.

V. Data Collection

A. Data Collection

Data collection sources and types shall include, but not be limited to:

1. Utilization of services by type of service, age, gender, ethnicity, and primary language via CSI, CalOMS, and the Anasazi program, Access Log (Initial Contact Log).
2. Utilization Review Authorization Log
3. Crisis Log
4. Medication Monitoring Forms and Logs
5. Peer Chart Review Forms and Logs
6. Inpatient Census Log
7. Client Complaint Log
8. Special Reports from DHCS or studies in response to contract requirements
9. Change of Provider request forms from beneficiaries; corresponding Log

B. Data Analysis and Interventions

1. QI coordinator and assigned staff shall perform preliminary analysis of data. If the subject matter is appropriate, clinical staff shall be asked to implement plans of correction. Policy changes may also be implemented, if required. Subsequent review shall be performed by the QIC.
2. The design of interventions shall receive input from individual staff, from committee meetings (including representatives of external agencies and consumers), and from management.
3. Interventions shall have the approval of the Behavioral Health Director or Deputy Director or their designees prior to implementation.
4. Effectiveness of interventions will be evaluated by the QIC. Input from

the committees will be documented in the minutes. These minutes document the activity, person responsible, and timeframe for completion. Each activity and the status for follow up are discussed at the beginning of each meeting.

VI. Delegated Activities

At the present time, MCBH does not delegate any review activities. Should delegation take place in the future, this Plan will be amended accordingly.