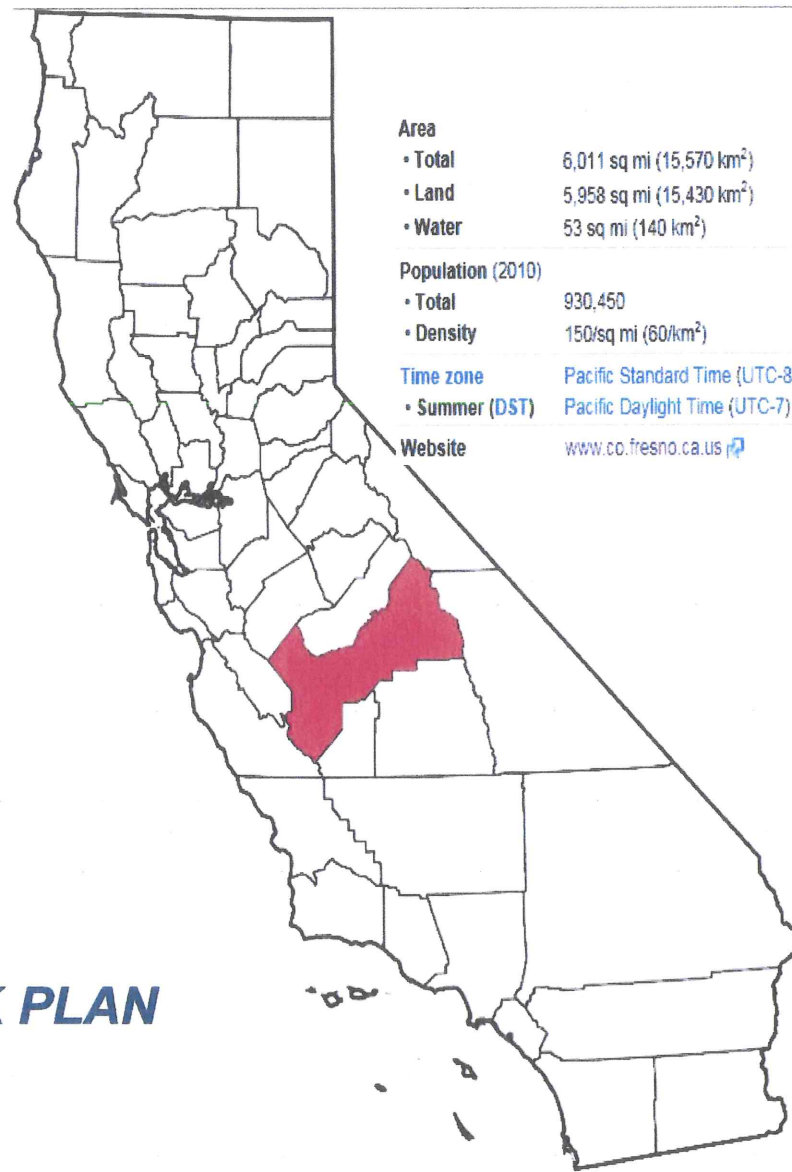




**FRESNO COUNTY
MENTAL HEALTH PLAN
QUALITY IMPROVEMENT WORK PLAN
FISCAL YEAR 2015-16**



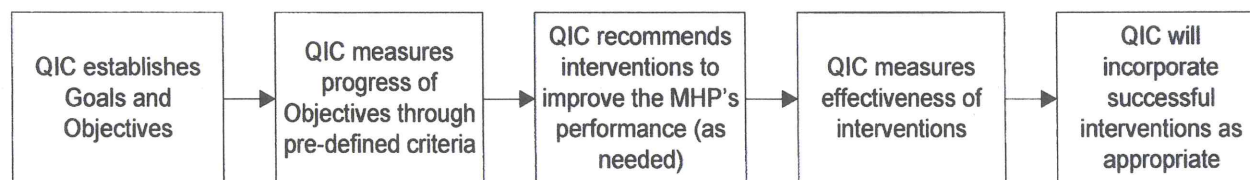
INTRODUCTION

The Fresno County Mental Health Plan (MHP) is operated through the Department of Behavioral Health and its network of contract providers, community partners, clients, family members and stakeholders. The MHP has a commitment toward quality improvement that spans throughout the system of care. The MHP has developed a Quality Management Program in response to the state and federal regulations outlined in the MHP contract. This Quality Management Program is directly accountable to the Mental Health Director. The Quality Improvement Coordinator is tasked to oversee the activities and execution of the Quality Management Program.

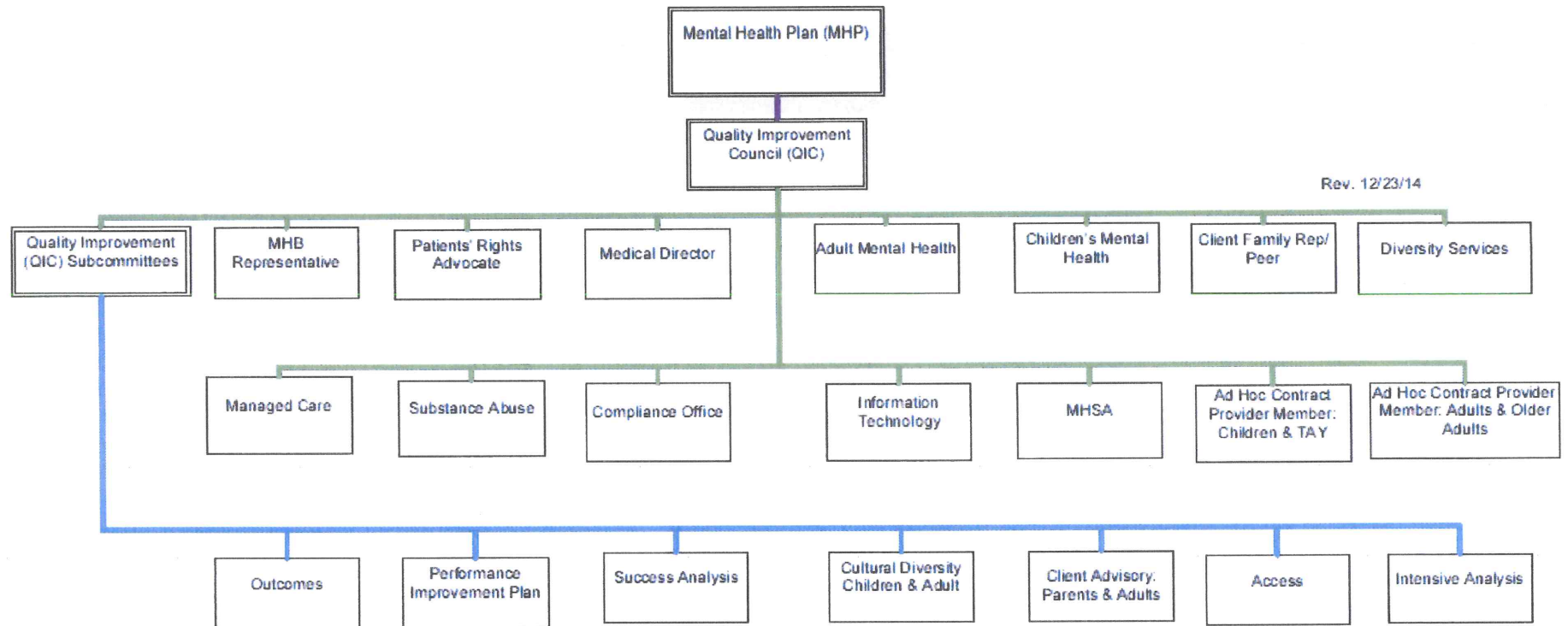
The Quality Improvement Committee (QIC) is responsible for the planning, design and execution of the Quality Improvement (QI) Work Plan. The QI Work Plan provides a roadmap to outline how the MHP is to review the quality of specialty mental health services under its umbrella. The goals and objectives of this QI Work Plan are to guide the QIC and its subcommittees to meet its goals. The QI Work Plan will be reviewed annually and made available to Department of Behavioral Health.

The structure of the QIC is designed to include participation from the Department of Behavioral Health, providers, clients and family members/legal representatives of anyone that has accessed services from the MHP. In addition, the QI Work Plan incorporates input and suggested feedback from External Quality Review Organization (EQRO) and most recently the State Department of Health Care Services (DHCS) Medi-Cal Audit. The QIC is committed to honest dialogue; therefore, the MHP ensures that all individuals participating in the QIC will not be subject to discrimination or any other penalty in their other relationships with the MHP as a result of their roles in representing themselves and their constituencies. The QI Work Plan activities derive from a number of sources of information about quality of care and service issues which include client and family feedback, Department, and State and Federal requirements and initiatives.

The QIC is adhered to the following steps to measure and initiate action within the MHP. Since data are one of the only objective methods of measuring quality improvement, the QIC works closely with Information Technology team to develop a data feedback structure on a timely basis.



Quality Improvement Work Plan Components



QI Work Plan includes:

- A. **Access To Care:** *Improve Timeliness of Services, On Demand Provider List, Access Line, Service Delivery Capacity, and Treatment Authorization,*
- B. **Safety and Quality of Care Concern:** *Hospitalization Discharge and Hospital Re-Admission, and Intensive Analysis Committee,*
- C. **Client Satisfaction:** *Client Satisfaction Survey and Evaluation of Beneficiary Grievances/Appeals/Expedited Appeals,*
- D. **Quality Assurance:** *Client Chart Audits and timeliness of Progress Notes,*
- E. **Staff Engagement and Development:** *Staff Engagement Survey and Workforce Education and Training,*
- F. **Transparency:** *Publication and Department Website, and*
- G. **Performance and Improvement Projects (PIP's):** *Non-Clinical and Clinical Performance Improvement Projects*

DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN (QIWP) FY2015-2016

#	Based on:	Goal:	Indicator/Measure:	Method for Data Collection:	Proposed Interventions:
A. QIWP Target Area: Access to care					
1	State Required MC Oversight; 4c (1-4) 1915(b) Waiver TAR: Title 9, Section 1820.220 requires the MHP to approve or deny a Treatment Authorization Request (TAR) within 14 calendar days.	Improve Timeliness of Service/Care	<p>Number of 1st Request</p> <p>-1st Service/Assessment Within 7 days: Within 30 days:</p> <p>-Number of Referrals to 1st Psych. (Med) Appt. -1st Service/Assessment Within 7 days: Within 30 days:</p> <p>-Number of 1st post- hospital discharge appointments -1st Service/Assessment Within 3 days: Within 30 days:</p>	<p>Avatar and Other Access Data reports.</p> <p>Resource: 1st 3 reports: Avatar & ISDS Team</p> <p>Inpatient TAR: Managed Care</p> <p>Urgent & afterhours: QI, Contracts Div., Contractors</p>	<p>Regularly evaluate trends, conduct trend analysis, and present at QIC quarterly</p> <p>Communicate and monitor any interventions implemented by clinical operations and other operations for improvement.</p> <p>Ensure timeliness of hospital census data entry</p>
			Number of inpatient TAR Adjudicated within 14 days	Inpatient TAR: Managed Care	
			<p>Number of Urgent conditions</p> <p>Number of afterhours care</p>		

DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN (QIWP) FY2015-2016

#	Based on:	Goal:	Indicator/Measure:	Method for Data Collection:	Proposed Interventions:
2	<p>State Required</p> <p>CCR Title 9, section 1810.435(d)(e) requires MHPs to certify and recertify Medical providers within established timeframes</p>	<p>On demand provider list</p> <p>Department to develop and implement QIWP with at Minimum Six (6) Target Areas with Goals and multiple indicators.</p> <p>QIWP to be transparent to DBH Staff, Leadership via staff and committee meetings</p>	<p>On demand provider list report available in Avatar and posted at the DBH's website</p>	<p>State (providers' profile) and Avatar (programs' profile)</p> <p>The provider list in Avatar will track names, credentialing dates, licensure, location, telephone number, non-English languages spoken and options for cultural/linguistic services, and other relevant specialties</p> <p>Resource: Managed Care, ISDS</p>	<p>Implement a tracking, alert, and collaboration method</p> <p>Monitor timeliness of certification and re-certification.</p> <p>Determine overdue re-certification.</p> <p>Report the overdue re-certification at QIC</p> <p>Make the current providers list available for staff and public accessible through DBH's website</p>

DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN (QIWP) FY2015-2016

#	Based on:	Goal:	Indicator/Measure:	Method for Data Collection:	Proposed Interventions:												
3	State Required DHCS also recommended that test calls are incorporated in the QIWP.	Monitor the 24-hour Access Line	Ensure the accuracy and quality of the responses at 100% through monthly test calls	Access Line Database (all calls should be logged) https://www.fcmlhpaccessline.com Resource: QI, PESC (Contractor), and ISDS as needed	Perform minimum of 7 test calls per month (84 calls per year) during and after business hours, in these three threshold languages (2 Hmong, 3 Spanish, 2 English) and other types of test calls such as: requests for service, grievances, literature requests, and recording of those not leaving a full name. Reflective of cultures such as, but not limited to: client, Veteran, LGBTQ, homeless cultures. Validate the written Access log to ensure that the date of call, name, and disposition of the call were recorded. Document findings, collaborate with PESC (Contractor) to resolve findings, and present to QIC and to the Access Committee on a monthly basis for recommendations, and quarterly to DHCS as a mandated submission.												
4	MC Oversight 1915(b) Waiver EQRO	Service delivery capacity	Monitor the Service delivery capacity through Penetration Rate of clients served	Avatar Resource: ISDS – report Subject Matter Experts (SMEs) from CDC, QI , Epidemiologist for the criteria <table><tr><td><u>CY</u></td><td><u>Large</u></td><td><u>Fresno</u></td></tr><tr><td>2008</td><td>6.63%</td><td>4.37%</td></tr><tr><td>2009</td><td>6.25%</td><td>4.01%</td></tr><tr><td>2010</td><td>5.92%</td><td>3.60%</td></tr></table>	<u>CY</u>	<u>Large</u>	<u>Fresno</u>	2008	6.63%	4.37%	2009	6.25%	4.01%	2010	5.92%	3.60%	Review an internal Penetration Rate report to monitor overall MHP’s penetration. Monitor each category (overall number of unique clients served, age, ethnicity, geographical location, language, type of service). Monitor the effects of system of care redesign and programmatic changes on penetration rates and the number
<u>CY</u>	<u>Large</u>	<u>Fresno</u>															
2008	6.63%	4.37%															
2009	6.25%	4.01%															
2010	5.92%	3.60%															

DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN (QIWP) FY2015-2016

#	Based on:	Goal:	Indicator/Measure:	Method for Data Collection:	Proposed Interventions:
				2011 5.76% 3.44% 2012 5.77% 3.59% 2013 5.44% 3.74% 2014 _____ Source: EQRO	served over time. Report to QIC and CDC quarterly with progress on Penetration Rates. Review PR through simultaneous comparison of age, ethnicity and geography to uncover gaps and report on change over time.
5	MC Oversight: evidence of MHP reviewing Utilization Management activities	Review of a treatment authorization for day treatment and out of county services	Continue to implement mechanisms to ensure 100% consistent application of review criteria for authorization decisions through consistency monitoring of authorizations for day treatment and out of county services.	Access database (managed by Managed Care) Resource: Managed Care ISDS – modification of the database as needed	Conduct consistency monitoring for the authorization of specialty mental health services out of county providers and day treatment intensive with 100% consistency achieved. Make recommendations and changes when consistency monitoring is less than 100% or when a treatment authorization is not completed within the designated timeframe. Maintain the appropriate documentation to show the consistency percentage achieved and recommended actions. Report finding's at the QIC semi-annually
B. QIWP Target Area: Safety and Quality of Care Concern					
6	1915(b) Waiver Healthcare Effectiveness Data and Information Set	Monitor the post discharge follow up and hospital readmission rates	Monitor the post discharge follow up and hospital readmission within 30 days	Resource: Clinical Operations – clinical intervention and oversight ISDS – reports generation.	Review the post-discharge follow up within 7 days and 30 days, readmissions within 30 days. Regularly evaluate trends, conduct trend analysis, and communicate

DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN (QIWP) FY2015-2016

#	Based on:	Goal:	Indicator/Measure:	Method for Data Collection:	Proposed Interventions:
	(HEDIS)				with Clinical Operations. Make reports available at QIC quarterly
7	M/C Protocol, Section I, 3a.	Implement a medication monitoring system that includes safety and effectiveness of medication practices	<ol style="list-style-type: none"> 1. Monitor Psychotropic medication monitoring for children/youth 2. Monitor polypharmacy medication 	Resource: Medical Team – oversight and report criteria ISDS – prepare report.	Establish a medication monitoring review tool that has both compliance and quality metrics. Monitoring to continue throughout the year. Document action(s) taken related to the identified outlier on the psychotropic medication use report. Make the reports and findings available to QIC annually.
8	Intensive Analysis Committee: Monitor, track and evaluate all deaths or serious client safety incidents that occur while in the care of the Department	<ol style="list-style-type: none"> 1. Continue to conduct intensive analyses to evaluate all deaths or serious client safety incidents that occur while in the care of the Department. 2. The Intensive Analysis Chair will 		The Committee will meet with staff and provide feedback to the MHP on issues that have raised potential quality of care concerns The Committee to submit reports to the QIC semi-annually	

DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN (QIWP) FY2015-2016

#	Based on:	Goal:	Indicator/Measure:	Method for Data Collection:	Proposed Interventions:
		<p>report twice per year on findings and make necessary recommendations.</p> <p>3. The Medical Director to present twice a year to QIC 2015-16</p>			
C. QIWP Target Area: Client Satisfaction					
9	MC Oversight EQRO	Improve client self-reported satisfaction	Client satisfaction through the Consumer Perception Survey	<p>Consumer Perception Survey</p> <p>Resource: Clinical Operations of the MHP (In-House and Contractors) – survey administration QI – Facilitation, data entry, and report preparation</p>	<p>Distribution of the POQI in November and May.</p> <p>Input surveyed data in the database by program, and analyze the data for improvement.</p> <p>Make analysis available to Access Committee, Cultural Diversity Committee, QIC, MHP, contractors, and public.</p>
10	<p>MC Oversight</p> <p>MC Protocol: 4a, 4b, 4c, 5a.</p> <p>CA. Code Regs., tit. 9, § 1810.440(a)(5).</p>	Evaluation of beneficiary grievances, appeals, expedited appeals process and timeliness	Tracking of the grievances, appeals, State Fair Hearings and Change of Provider requests	<p>Access database (managed by Managed Care)</p> <p>Resource: Managed Care and PP&SS – share use of the same tracking. In addition, Patient' Rights Advocate (PRA).</p> <p>ISDS – modification of the database as needed</p>	<p>Integrate MHSA Resolution Process in the grievance process.</p> <p>Continue to record and resolve all grievances, appeals, Change of Provider requests and State Fair Hearings.</p> <p>Monitor the wait time and follow up time. PRA to report to DBH Director on a monthly basis.</p> <p>Make analysis/finding available to Access Committee, QIC, MHP, contractors, and public.</p>

DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN (QIWP) FY2015-2016

#	Based on:	Goal:	Indicator/Measure:	Method for Data Collection:	Proposed Interventions:
---	-----------	-------	--------------------	-----------------------------	-------------------------

D. QIWP Target Area: Quality Assurance

11	State required Medi-Cal Oversight	Continue to conduct outpatient chart audits throughout the MHP to ensure medical necessity criteria are met and documentation of services is appropriate	Findings of reviewed charts	Charts reviewed by Utilization Review Specialist Resource: Managed Care	Conduct outpatient chart audits throughout the MHP. Make the findings available to the Compliance Office regularly. Compliance Office makes the summarized findings available to QIC semi-annually. QIC to recommend training needs and MHP-wide standards when necessary
12	State required MC Oversight	Timeliness of clinical documentation	Findings of Progress Notes timeliness monitoring	Avatar Resource: QI	Prepare reports on timeliness every month, and analyze the trend. Make a report available to QIC and Leadership on a quarterly basis and to Clinical Supervisors monthly.

E. QIWP Target Area: Staff Engagement and Development

13	DBH Work Plan: Infrastructure and Support	Administer the Staff Engagement Survey and provide feedback to promote ongoing staff support, training and engagement as indicated	Staff Engagement Survey	<div>Surveys</div> <div>Resource: QI Team February 2013 survey, average score, 5 being highest possible point:</div> <table><tr><th>Item:</th><th>DBH Avg.</th><th>Others</th></tr><tr><td>Materials and equipment to do my work right</td><td>3.46</td><td>3.95</td></tr><tr><td>In the last 7 days, received recognition or praise</td><td>3.43</td><td>3.64</td></tr></table>	Item:	DBH Avg.	Others	Materials and equipment to do my work right	3.46	3.95	In the last 7 days, received recognition or praise	3.43	3.64	<div>Solicit participation from MHP and organizational providers in the Staff Engagement Survey.</div> <div>Use Gallop survey. Work with Gallop to analyze results of survey and distribute to all agencies that participated.</div> <div>Make survey results available to QIC and employees.</div>
Item:	DBH Avg.	Others												
Materials and equipment to do my work right	3.46	3.95												
In the last 7 days, received recognition or praise	3.43	3.64												

DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN (QIWP) FY2015-2016

#	Based on:	Goal:	Indicator/Measure:	Method for Data Collection:	Proposed Interventions:
				<div> The mission/ purpose makes me feel my job is important </div> <div> 3.78 </div> <div> 4.16 </div>	
				<div> In the last 6 mo's, someone has talked to me about my progress </div> <div> 3.64 </div> <div> 3.99 </div>	
14		1. Increase Workface Education and Training staff participation 2. Identify Department and Staff needs	Workforce Shortages Assessment (WET)	Workface Education and Training Coordinator	Mandatory that at least 75% of DBH staff members shall attend Cultural Competence Training. Create comprehensive training curriculum tied to core competencies and mandated trainings. WET lead workforce shortages assessment and provide information for MHSA Annual Update.
F. QIWP Target Area: Transparency					
15	1915(b) Waiver EQRO DBH Work Plan: Infrastructure and Support	Create transparency through publication on the Department's Website	New Department Websites up/Go-Live July 2016	New website Resource: PP&SS – lead the content component Subject Matter Experts from various areas	Participate in the DBH-IT sub- committee to collaborate on content Individual areas publish the information once available Make status available to QIC

DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN (QIWP) FY2015-2016

#	Based on:	Goal:	Indicator/Measure:	Method for Data Collection:	Proposed Interventions:
G. QIWP Target Area: Performance Improvement Project (PIP)					
16	State Required MHP Contract with DCHS	Conduct one Non-Clinical PIP and one Clinical PIP	<u>Non-Clinical PIP:</u> <ul style="list-style-type: none"> Grievances, Process and Division Integration <u>Clinical PIP</u> Hospital Discharge Follow-up Timeliness- Children's Mental Health	Avatar and non-Avatar Resource: Subject Matter Experts from various areas	Review improvement needed in areas of MHP operations. Select areas of improvement for PIP for Clinical and Non-Clinical. Report status update Quarterly to QIC and other committees. Use the PIP Template provided by EQRO. Make status available to QIC