Tuolumne County Behavioral Health

Work Plan

Our Mission is to provide respectful, culturally sensitive and strength based behavioral health services which provide wellness, self-sufficiency and recovery from mental illness and/or addiction

2015-2016

Executive Overview: Work Plan and QM Components 2015-2016

Quality Management Program Overview:

The Quality Management (QM) Program is designed to address quality improvement and quality management topics to assure to all stakeholders that the processes for obtaining services are fair, efficient, cost-effective, and produce results consistent with the belief that people with mental illness may recover. Tuolumne County Behavioral Health's (TCBH) overall mission is to provide respectful, culturally sensitive and strength based behavioral health services which provide wellness, self-sufficiency and recovery from mental illness and/or addiction.

QM is responsible for monitoring MHP effectiveness through the upkeep and implementation of performance monitoring activities in all levels of the organization, including but not limited to: beneficiary and system access, timeliness, quality, clinical outcomes, utilization and clinical records review, monitoring and resolution of beneficiary grievances, and fair hearings and provider appeals.

The QM Program is accountable for upholding and monitoring the requirements of the Mental Health Plan contract with the State Department of Health Care Services (DHCS) for the expenditure of Medi-Cal dollars and to the DHCS Audits and annual EQRO On-Site Reviews.

Annual Quality Improvement Work Plan:

The Quality Improvement Coordinator completes an annual Quality Improvement review and utilizes a work plan as a living project list which is ongoing and updated throughout the year. There is an annual evaluation of the overall effectiveness of the QI Program that examines QI activities and whether they have contributed to meaningful improvement in the clinical care and quality of service of those served by the MHP. Objectives and planned activities for evaluation of the MHP are contained in a Quality Improvement Work Plan that is updated as areas of concern are identified, or removed after corrective action plans have proven consistently successful. The following areas are included in the current Quality Improvement Work Plan.

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Work Plan Components:

I. Monitoring the service delivery capacity of the MHP

II. Monitoring the accessibility of services

III. Monitoring beneficiary protection, appeals, and satisfaction

IV. Monitoring the MHP's service delivery system and meaningful clinical issues affecting the beneficiaries, including the safety and effectiveness of medication practices

V. Monitoring continuity and coordination of care with physical health care providers and other human service

VI. Performance Improvement Projects

VII. Dedication to Overall Quality Services

VIII. Monitoring Measureable Outcomes for Beneficiaries and the Service Delivery System

IX. Utilization Review

QI Steps

The MHP follows these steps for each of the QI activities:

1. Collects and analyzes data to measure against the goals or prioritized areas of improvement
2. Identifies opportunities for improvement and decides which opportunities to pursue
3. Designs and implements interventions to improve its performance
4. Measures the effectiveness of the interventions
5. Reports on information collected to key stakeholders

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The TCBH work plan is executed through the coordination of the following Committees, Councils, and Regular Meetings:

Quality Management Committee (QMC)

The QMC is responsible for the overall quality review of all Short-Doyle/Medi-Cal and MHP mental health services provided in the County of Tuolumne. QMC meets on the fourth Tuesday of each month. The second Tuesday of each month is used for ongoing work groups and ad-hoc QMC Meetings. This committee's goal is to monitor and evaluate the quality and appropriateness of services to beneficiaries, pursue opportunities to improve services, and resolve identified problems. QMC is responsible for gathering data and making presentations to staff, supervisors, and managers on beneficiary and system outcomes as well as beneficiary and provider satisfaction. Data and reporting presented in the forums listed below are approved first in QM Committee before being communicated more broadly.

The QMC may recommend policy positions to managers and other decision-makers; review and evaluate the results of QI activities; institute needed QI actions; and ensures the follow-up of QI processes. Dated and signed minutes reflect all QMC decisions and actions. On an annual basis the QMC reviews the QI Program instituted by the MHP and assess its effectiveness as well as pursue opportunities to improve the plan. The results of this review are communicated to the Behavioral Health Director as soon after the close of the fiscal year as is practicable.

When fully staffed, the QMC is composed of the following staff: Behavioral Health Director, Mental Health Patient's Rights Advocate, Behavioral Health Program Supervisors, Clinical Manager, Quality Assurance and Compliance Manager, Quality Improvement Coordinator, Medical Records Supervisor, MHSA Coordinator, and Staff Analyst.

If the MHP elects to delegate any QI activity to a separate entity, the MHP will describe how the relationship meets DHCS-MHSD standards. Tuolumne County MHP anticipates the need to contract a few QI activities, in particular parts of the Process Improvement Projects. Currently the MHP is utilizing an in-house Staff Services Analyst II part time for additional support.

Agendas/Meeting Minutes: S:\Admin\Administration\QM Program\QM\QM Committee\QM Minutes

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Utilization Review Committee

Utilization Review Committee is responsible for administratively monitoring the utilization of all treatment services provided by the TCMHP. The URC develops, implements, evaluates, and improves utilization review processes, reviews reports of service utilization and makes recommendations for actions when patterns of over or under utilization, barriers to service access and service delivery, and qualitative customer service concerns have not been resolved at the program level. The Committee is intended to ensure the most efficient and effective use of the TCMHP clinical care resources. The Quality Management and Utilization Review Committees collaborate to integrate current utilization data into the Quality Management Committee's review process and formulation of recommendations. When fully staffed, the Utilization Review Committee is composed of the following: Behavioral Health Director, Behavioral Health Clinical Manager, Planned Services Supervisor, CAIP Crisis / Walk-In Supervisor, CAIP FSP / Access Supervisor, Psychiatric Tech, Rotational Basis: Clinical Providers from Children's, Adult, CAIP Crisis / Walk-In, CAIP FSP / Access.

Agendas/Meeting Minutes: S:\Admin\Administration\QM Program\URC

Community Cultural Collaborative Committee

Community Cultural Collaborative meets to plan, review, and recommend areas of growth. It also evaluates MHP penetration rates to assure the cultural, ethnic, racial, and linguistic needs of its eligible are being appropriately met. The CCC invites a variety of community members to attend and meets the first Wednesday of every other month at 10:00 a.m.

Agendas/Meeting Minutes: S:\Admin\Administration\Cultural Competency\Community Cultural Collaborative

Quality Improvement Council

The Quality Improvement Council (QIC) provides a structured forum for the exchange of QI-related information between Behavioral Health staff, the Quality Improvement team, Community Liaisons, consumers, family members, community members, and other stakeholders. It is an opportunity for the community to provide feedback as well as to hear about the latest progress in implementation of the Quality Improvement Work Plan, the activities of the Quality

Management Committee, and general activities of Tuolumne County Behavioral Health. The QIC meets the first Wednesday of the month at 3:00 p.m.

In addition to attendance at the Quality Improvement Council (QIC), beneficiaries, family members, and community members are encouraged to actively participate in the discussions of the Mental Health Advisory Board (which meets immediately after QIC), the outreach activities of the MHP, and in self-help education. All these efforts assist in the planning, design, and execution of the QM Program and Work Plan.

Agendas/Meeting Minutes: S:\Public Files\Staff QI Meetings\QI Council

Improvement Collaborative

The Improvement Collaborative meetings provide an opportunity for line-staff to provide cross-team insights and suggestions and raise business process questions in a venue without direct supervisors present. The forum is less formal and leaves the agenda open for staff to drive, although it is managed by QI staff and tracked to provide feedback loops and monitor progress. Identified areas for improvement and action can be submitted to the Management Team meetings, QIC, or QM Committee as appropriate. This meeting is held on the 3rd Wednesday of each month at 8:00a.m.

Agendas/Meeting Minutes: S:\Public Files\Staff QI Meetings\Third Wednesday Improvement Collaboratives

Joint Staff-Management Meeting

The Joint Staff-Management meeting is a gathering of all MHP staff to address issues previously identified in QIC, Improvement Collaborative, or Staff meetings for the broader discussion with supervisors and the Director. This meeting is held on each occurrence where a month contains a 5th Wednesday.

Agendas/Meeting Minutes: S:\Public Files\Staff QI Meetings\Fifth Wednesday Joint Management-Staff Meetings

Data Committee

QI Staff Analyst Facilitator with regular QI Coordinator, QA, Medial Records, and line-staff involvement as needed for various ongoing and ad-hoc projects. Meetings are held on the third Tuesday of each month. Weekly Wednesday meetings are held with the QA, QI, and key staff depending on current requests, inquiries, or ongoing projects.

Agendas/Meeting Minutes: S:\Admin\Administration\Data Committee

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In-Service Training Workgroup

Training needs which are identified in the various staff and management meetings are requested and developed in this workgroup. Chaired by the Medical Records Supervisor and regularly attended by Clinical Program Supervisors, Clinical Manager, and QI. This group coordinates with the WET Program Specialist to identify efficiencies in training collaboration as well as gaps in training topics.

Agendas/Meeting Minutes:

Management Meetings

The Management Meetings are chaired by the Behavioral Health Director, attended by all Supervisors and Managers: Clinical Manager, Planned Services Supervisor, CAIP Supervisor, FSP Supervisor, Quality Assurance and Compliance Manager, Medical Records Supervisor, Quality Improvement Coordinator, MHSA Coordinator, and Fiscal Supervisor every Wednesday morning.

Agendas/Meeting Minutes: S:\Admin\Administration\Staff\Staff Meeting and Trainings\Managers Meetings\Manager's Meeting 2016

Clinical Supervisor Meeting

Every other Tuesday, chaired by the Clinical Manager and attended by the Planned Services Supervisor, CAIP Supervisor, and FSP Supervisor with Director attendance as needed.

Agendas/Meeting Minutes:

QI Meetings

Meetings are held Mondays with the Director and every other Friday with the Director and Clinical Manager.

Administrative Meeting

Administrative meetings are held the first Tuesday of each month, chaired by the Medical Records Supervisor. Topics addressed include but are not limited to E.H.R. documentation, updates, processes, and quality monitoring.

Agendas/Meeting Minutes: S:\Admin\Administration\Manager Minutes\2016 Admin Team Agendas_Minutes

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All-Staff

This meeting is used to communicate general program updates, complete cultural competence, compliance, and beneficiary rights trainings, with presentations from community resources, the Enrichment Center, QM, and team building trainings interspersed. All-Staff Meetings are held the 2nd and 4th Wednesday of each month.

Quality Improvement Work Plan Tasks and Status:

In Progress – Initiatives, Policies, or Procedures have been identified and are in development

Complete – Initiatives, Policies, or Procedures are effectively in place and ongoing

Section Title		Description of Task	Status
I.	Monitoring Service Delivery Capacity	1. Cultural/Ethnic Penetration Rate 2. Geographic Distribution 3. System Service Capacity Analysis and Pilot Testing 4. Cultural Competency Principle Reflected in service accessibility 5. Report information to Community Cultural Collaborative for review and recommendations 6. Provide Feedback to Staff regarding Status of Penetration Rates through appropriate communication venues	Task 1 – Complete Task 2 – Complete Task 3 – Complete Task 4 – In Progress Task 5 – Complete Task 6 – Complete
II.	Monitoring the Accessibility of Services	1. Timeliness-Assessment & Appointments 2. Access to Medication Services 3. Timeliness-Urgent Conditions 4. Access to After Hours Care 5. Timeliness-Appointments after Hospitalization 6. Track/Trend No Shows 7. Expand Foster Care Registry 8. SB82 9. Underserved Populations	Task 1 – Complete Task 2 – Complete Task 3 – Complete Task 4 – Complete Task 5 – Complete Task 6 – Complete Task 7 – Complete Task 8 – Complete Task 9 – Complete
III.	Monitoring Beneficiary Protection, Appeals, and Satisfaction	1. POQI Survey & Reporting 2. Grievance, Appeals, State Fair Hearings 3. Change Provider 4. NOA Process and Tracking	Task 1 – Completed Task 2 – Completed Task 3 – Completed Task 4 – Complete
IV.	Monitoring MH Plans Service Delivery System & Clinical Issues Affecting Beneficiaries	1. Medication Practices-Medication Monitoring, UR 2. Barriers to Quality of Care 3. Data Informed Clinical Decisions 4. Level of Care/Services to Reduce Symptoms & Minimize Re-Hosp.	Task 1 – In Progress Task 2 – Complete Task 3 – In Progress Task 4 – In Progress Task 5 – In Progress

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Section Title		Description of Task	Status
		5. Manage/Adapt Capacity – Beneficiary Service Needs 6. Policy / Procedure Review	Task 6 – In Progress
V.	Monitoring Continuity and Coordination of Care with Physical Health Care Providers & Other Human Service Agencies	1. Coordinate MH and Physical HC (HART Innovation Project)	Task 1 – In Progress
VI.	PIPs	1. Clinical PIP 2. Non-Clinical PIP	Task 1 – In Progress Task 2 – Complete
VII.	Dedication to Overall Quality Services	1. Annual Evaluation of QI Program Effectiveness 2. Increase Structured Training Opportunities	Task 1 – Complete Task 2 – Complete
VIII.	Monitoring of Measureable Outcomes for Beneficiaries and the Service Delivery System	1. Clinical/Functional Outcomes 2. Clinical PIP Development 3. Non-Clinical PIP Development 4. CSS Non-FSP Partner Program Evaluations 5. FSP Outcomes 6. PEI Evidenced Base Practice Outcomes 7. Evaluation Process for Innovation Project 8. SB82 Outcomes	Task 1 – In Progress Task 2 – In Progress Task 3 – Complete Task 4 – Complete Task 5 – In Progress Task 6 – In Progress Task 7 – In Progress Task 8 – Complete
IX.	Utilization Review	1. Monitor results of quarterly UR Reports 2. UR Automation	Task 1 – Complete Task 2 – In Progress