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.

2016-2017

Executive Overview: Work Plan and QM Components 2016-2017

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 Management Work Plan 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 QM Program that examines 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 Management 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 Management Work Plan.

Executive Overview: Work Plan and QM Components 2016-2017

Work Plan Components:

I. Monitoring The Service Delivery Capacity

II. Monitoring Access to Care Standards

III. Monitoring Beneficiary Protection, Appeals, and Satisfaction

IV. Monitoring Quality of Care Standards

V. Continuity and Coordination of Care with Primary Care Providers and Community Resources

VI. Performance Improvement Projects

VII. Dedication to Overall Quality Services

VIII. Monitoring Measureable Clinical and Functional Outcomes

IX. Utilization Review

QM Steps

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

Executive Overview: Work Plan and QM Components 2016-2017

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

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.

Business 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

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:

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 quarterly.

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

Data Committee

Facilitated by the QI Coordinator or Staff Analyst with regular attendance from QA/Compliance Officer, Medial Records Supervisor, Medical Records staff, various Clinical Supervisors, 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/Compliance Officer, QI, and key staff depending on current requests, inquiries, or ongoing projects.

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

In-Service Trainings & Workgroup

Training needs which are identified in the various staff and management meetings are requested and developed in this workgroup. Co-Chaired by the Medical Records Supervisor and Quality Improvement Coordinator with quarterly workgroups attended by Clinical Program Supervisors, Clinical Manager, and guests as needed per relevant topics. This group coordinates with the WET Program Specialist to identify efficiencies in training collaboration as well as gaps in training topics.

Agendas/Meeting Minutes:

Joint Staff-Management Meeting

The Joint Staff-Management meeting is a gathering of all MHP staff to address issues previously identified in QIC, Staff 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 and facilitated by QI or Supervisor most relevant to the topic.

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

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

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 Management 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 the Behavioral Health 2nd floor Community Conference Room.

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

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.

Executive Overview: Work Plan and QM Components 2016-2017

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

Staff Improvement Collaborative

The Staff 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. A new staff member has the opportunity to facilitate each quarter to participate in the QI process. 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

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

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. Utilization of Data to demonstrate effectiveness of Cultural Competency trainings 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 7. Medication Monitoring – Transition to KingsView Contractor	Task 1 – Task 2 – Task 3 – Task 4 – Task 5 – Task 6 – Task 7 – In Progress
II.	Monitoring Access to Care Standards	1. Timeliness from Initial Contact to First Assessment 2. Timeliness from First Assessment to first Specialty Mental Health appointment and/or first Psychiatry appointment 3. Timeliness for follow-up to Urgent Conditions 4. Timeliness for follow-up Post Hospitalization 5. Capacity Management 6. Track/Trend No Shows 7. Underserved Populations	Task 1 – Task 2 – Task 3 – Task 4 – Task 5 – Task 6 – Task 7

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Section Title		Description of Task	Status
III.	Monitoring Beneficiary Protection, Appeals, and Satisfaction	1. POQI Survey & Reporting 2. Grievance, Appeals, State Fair Hearings 3. Change Provider 4. NOA Monitoring	Task 1 – Task 2 – Task 3 – Task 4 –
IV.	Monitoring Quality of Care Standards	1. Clinical & Functional Outcome Measures WHODAS Implementation HART 2. Utilization Review 3. Monitoring Barriers 4. Data Informed Clinical Decisions 5. Re-Hospitalization Monitoring 6. Policy / Procedure Review	Task 1 – Task 2 – Task 3 – Task 4 – Task 5 – Task 6 –
V.	Continuity and Coordination of Care with Primary Care Providers and Community Resources	1. Coordinate with Primary Care Providers 2. Referral Process and Monitoring 3. Consumer run/driven programs to enhance wellness	Task 1 –
VI.	Performance Improvement Projects	1. Clinical PIP 2. Non-Clinical PIP	Task 1 – Task 2 –
VII.	Dedication to Overall Quality Services	1. Annual Evaluation of QM Program Effectiveness 2. Improving Training Content and On-the-Job Transfer 3. Communication Planning	Task 1 – Task 2 – Task 3 –
VIII.	Monitoring of Measureable Outcomes	1. Clinical and Functional Outcomes 2. Dashboard Reports 3. CSS Non-FSP Partner Program Evaluations 4. FSP Outcomes 5. PEI Evidenced Base Practice Outcomes 6. Evaluation Process for Innovation Project 7. SB82 Outcomes	Task 1 – Task 2 – Task 3 – Task 4 – Task 5 – Task 6 – Task 7 – Task 8 –
IX.	Utilization Review	1. Monitor results of quarterly UR Reports 2. UR Automation	Task 1 – Task 2 –