



Tuolumne  
County  
Behavioral  
Health

Quality Assessment  
& Performance  
Improvement  
(QAPI) Work Plan

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*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.*

FY 2018-2019

## **Executive Overview: QM Work Plan and Components FY 2017-2018**

### **Quality Assessment and Performance Improvement Program (QAPI) Overview:**

QAPI 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.

QAPI 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, network adequacy, timeliness, quality, clinical outcomes, utilization and clinical records review, monitoring and resolution of beneficiary grievances, and fair hearings and appeals. Reports shall include both TCBH and contractor data where applicable.

QAPI 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. The QAPI team shall consist of key participants from each TCBH team such as Clinical, Quality Improvement, Electronic Health Record, Compliance, Administrative persons, and contractors as applicable. Feedback is also sought through various venues as listed below.

### **Annual QAPI Work Plan Evaluation:**

The QAPI team utilizes the work plan as a living project list which is ongoing and updated throughout the year and progress and completion of such progress are evaluated annually. There is an annual evaluation of the overall effectiveness which 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 QAPI Work Plan which is updated as areas of concern are identified, or removed after corrective action plans have proven consistently successful. Goals and objectives are integrated from various audits and QAPI team input. The following list provides a high level overview of QAPI initiatives:

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### Work Plan Components:

- I. Monitoring Access to Care
- II. Monitoring Service Delivery Capacity
- III. Monitoring Beneficiary Rights (Grievances, Appeals, Fair Hearings, and Change of Providers)
- IV. Monitoring Beneficiary Satisfaction (Consumer Perception Survey/POQI)
- V. Monitoring Quality of Care (Utilization Review & Medication Monitoring)
- VI. Continuity and Coordination of Care with Primary Care Providers and Community Resources
- VII. Performance Improvement Projects
- VIII. Monitoring Measureable Clinical and Functional Outcomes

### QAPI 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 interventions
5. Reports on information collected to key stakeholders

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### **The TCBH QAPI 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 trainings, customer service excellence, inform staff about local resources and contractor projects, and works in concert with the in-service calendar as needed to assure any additional mandatory trainings are completed (Beneficiary Rights, Compliance, HIPAA, Safety, Mandated Reporter, etc.). Goals and objectives are tracked through Quality Management, the Cultural Competency Work Plan, as well as the Workforce Education and Training Work Plan. All-Staff Meetings are held the 2<sup>nd</sup> Wednesday of each month for 75 minutes.

Training Documents: <S:\Public Files\BH STAFF LIBRARY\STAFF TRAININGS>

#### **Business Administrative Meeting**

Business Administrative Meetings (BAM) are held the first Tuesday of each month and chaired by the Medical Records Supervisor. Topics include, but are not limited to, E.H.R. documentation, policies, procedures, implementation of new procedures, and updating of existing procedures. Meeting minutes are distributed to all TCBH staff.

Agendas/Meeting Minutes: <S:\Public Files\BH STAFF LIBRARY\MINUTES\Business Admin Meeting Minutes>

#### **Clinical Supervisor Meeting**

Ad-hoc meetings are held Tuesday afternoons and are attended by all Clinical Supervisors, the Clinical Manager, and BH Director as needed.

#### **Community Cultural Collaborative Committee**

Community Cultural Collaborative participants review local cultural events, share special presentations, review training opportunities, and discuss broader trends within the community and agency. The CCC and QI teams collaborate to review beneficiary access through “penetration rates” of medical eligible persons into the mental health system and compare demographic information such as race, ethnicity, age, and primary language to assure that persons being served by mental health closely match the make-up of the local population. Such reviews assure the needs of beneficiaries are

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being appropriately met either through the agency or other local partners. The CCC invites a variety of community members (i.e. from local tribes, community agencies, etc.), peers, and staff to attend and meets quarterly.

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

### **In-Service Trainings**

In-service trainings offer a mix of both the mandated annual trainings and also special topics that have been identified as target areas by QI and Management. In-services are offered three (3) times a month to allow for flexibility around staff schedules both day and night: 3pm the second Friday, 8am the third Thursday, or 4pm the fourth Wednesday.

Training Documents: <S:\Public Files\BH STAFF LIBRARY\STAFF TRAININGS>

### **5<sup>th</sup> Wednesday**

5<sup>th</sup> Wednesdays are utilized on an ad-hoc basis for special training or meeting opportunities.

Agendas/Meeting Minutes: <S:\Public Files\BH STAFF LIBRARY\STAFF TRAININGS>

### **Management Meetings**

The Management Meetings are chaired by the Behavioral Health Director and attended by all Supervisors and Managers on Wednesday mornings. Special topics are discussed per request and standing items such as Staffing, Committees, Compliance, Safety, Caseloads, and Policy/Procedure review are ongoing.

Agendas are available: <S:\Public Files\BH STAFF LIBRARY\MINUTES>

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### **Mental Health Advisory Board**

This meeting is chaired by the TCBH Advisory Board Chairperson, or in their stead, the TCBH Advisory Board Vice-Chairperson. Meetings are attended by the TCBH Director, a Board of Supervisors Representative, Community stakeholders, and clients and/or client representatives and are open to the public. The TCBH Advisory Board reviews and evaluates the community's mental health needs, services, facilities and special problems. The Advisory Board also reviews and comments on the county's performance outcome data and communicates its findings to the CA Mental Health Planning Council. Advisory Board meetings take place the first Wednesday of the month from 4:00 pm - 5:00 pm in the TCBH Community Conference Room. All members of the public are welcome to attend.

### **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, clients, 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 QAPI Work Plan activities. The QIC meets the first Wednesday of the month at 3:00 p.m. in the Behavioral Health 2<sup>nd</sup> floor Community Conference Room. This meeting is immediately before the Mental Health Advisory Board Meeting. All members of the public are welcome to attend.

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

### **Quality Management Committee (QM)**

QM Committee is responsible for the overall quality review and ongoing monitoring of the QAPI program and TCBH services. 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. Quality Improvement 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. Reports may be previewed at appropriate venues for stakeholder feedback and then finalized at QM Committee, or vice versa. QM may recommend policy or procedure updates; review and evaluate the results of QI activities; institute needed QI actions; and ensures the follow-up of QI processes. On an annual basis QM reviews the QAPI and assesses its effectiveness as well as pursues opportunities to improve. The results of this

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review are communicated to the Behavioral Health Director as soon after the close of the fiscal year as possible, with consideration to results which may be pending for audits, regulations, etc. Further planning may take place at an annual Supervisory retreat.

QM is composed of the following staff: Behavioral Health Director, Clinical Manager, Behavioral Health Program Supervisors, Compliance Manager, Quality Improvement Coordinator, Medical Records Supervisor, MHSA Coordinator, and Staff Analyst. If the MHP elects to delegate any services and/or QI activity to a separate entity, the MHP will describe via a contract or MOU how the relationship meets DHCS standards. QM Committee meets on the fourth Thursday of each month.

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

### **Staff Improvement Collaborative**

The Staff Improvement Collaborative provides an opportunity for line-staff to provide cross-team insights and suggestions and raise business process questions and recommendations in a venue without direct supervisors being present. The forum is less formal and leaves the agenda open for staff to drive, although it is facilitated by QI staff and tracked to provide feedback loops and monitor progress on various QAPI projects. Hot topics are distributed in summary form via email on a quarterly basis. If staff are interested in holding a meeting, a meeting is scheduled on the 3<sup>rd</sup> Wednesday of each month at 8:00a.m. and is facilitated by the QI Staff Analyst with occasional guest-facilitators to share leadership opportunities. Any identified areas for improvement and action are brought forward to the Management Team meetings, QIC, or QM Committee as appropriate.

Agendas/Meeting Minutes: <S:\Public Files\BH STAFF LIBRARY\MINUTES\Staff Improvement Collaborative Minutes>

### **Utilization Review Committee**

Utilization Review Committee is responsible for monitoring the utilization and quality of treatment services provided by the TCBH. URC reviews client records and makes recommendations for actions when patterns of over, under, or mis-utilization might have occurred. Client charts are audited against agency documentation standards in a consistent way to assure inter-rater reliability. The Committee is intended to assure the most efficient and effective use of the TCBH

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clinical care resources are provided. The Quality Management and Utilization Review Committees review process and formulate recommendations as necessary. Utilization Review Committee is composed of the following: Clinical Manager, Planned Services Supervisor, CAIP Crisis / Walk-In Supervisor, CAIP FSP / Access Supervisor, Psychiatric Tech or representative, Rotational Basis: Clinical Providers from Children's, Adult, CAIP Crisis / Walk-In, CAIP FSP / Access, and the Director as needed. Quality Improvement and Medical Records support the operation of URC by providing randomized charts and URC tools that assure 5% of clients are reviewed on an annual basis. 5% of charts will include medication, FSP, and children's services and a mix of ethnic, racial, and linguistic components.

Agendas/Meeting Minutes: <S:\Public Files\Utilization Review Committee>



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### Work Plan Tasks and Status:

Items will be tracked in various meeting forums and meeting minutes until the end of year review.

**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	<ol style="list-style-type: none"> <li>1. Service Capacity</li> <li>2. Caseload Management</li> <li>3. Penetration Rates</li> <li>4. Demographic Distributions (Age, Race, Geographic, etc.)</li> <li>5. Cultural Competence Monitoring &amp; Reporting</li> <li>6. Network Adequacy</li> <li>7. No-Show Rates</li> </ol>	Task 1 – Complete Task 2 – Complete Task 3 – Complete Task 4 – Complete Task 5 – Complete Task 6 - Complete Task 7 - Complete
II. Monitoring Access to Care Standards	<ol style="list-style-type: none"> <li>1. 24/7 Access Line Test Calls</li> <li>2. Timeliness                             <ol style="list-style-type: none"> <li>a. Initial Contact to First Assessment</li> <li>b. Initial Contact to first Specialty Mental Health appointment and/or first Psychiatry appointment</li> <li>c. Initial Assessment to first Specialty Mental Health appointment and/or first Psychiatry appointment</li> <li>d. Follow-up to Urgent Conditions</li> <li>e. Follow-up Post Hospitalization</li> <li>f. Response to Crisis (Phone, Walk-in, E.R.)</li> </ol> </li> <li>3. Out of Network Provider Request</li> <li>4. Track/Trend No Shows</li> <li>5. Underserved Populations</li> <li>6. High Cost Beneficiaries</li> <li>7. Concurrent Authorizations</li> </ol>	Task 1 – Complete Task 2 – Complete  Task 3 – In Progress Task 4 – Complete Task 5 – Complete Task 6 – Complete Task 7 - Complete
III. Monitoring Beneficiary Protection, Appeals, and Satisfaction	<ol style="list-style-type: none"> <li>1. Beneficiary Satisfaction Survey(s) &amp; Reporting</li> <li>2. Grievance, Appeals, State Fair Hearings</li> <li>3. Change Providers</li> <li>4. Notices of Adverse Benefit Determinations (NOABDs)</li> </ol>	Task 1 – Complete Task 2 – Complete Task 3 – Complete Task 4 – Complete
IV. Monitoring Quality of Care Standards	<ol style="list-style-type: none"> <li>1. Clinical &amp; Functional Outcome Measures</li> <li>2. Utilization Review Trends &amp; Reporting</li> <li>3. Medication Monitoring &amp; Medication Utilization</li> <li>4. Data Informed Clinical Decisions</li> <li>5. Hospitalization</li> <li>6. Re-Hospitalization</li> <li>7. Contractor Performance</li> <li>8. Policy / Procedure Review &amp; Development</li> </ol>	Task 1 – In Progress Task 2 – Complete Task 3 – In Progress Task 4 – Complete Task 5 – Complete Task 6 – Complete Task 7 – Complete Task 8 – Complete

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Section Title	Description of Task	Status	
V.	Coordination with Primary Care Providers, Managed Care, and Community Resources	<ol style="list-style-type: none"> <li>1. Continuity of Care</li> <li>2. Referral Process with Managed Care</li> <li>3. Monitoring Community Contracts</li> <li>4. Consumer run/driven programs to enhance wellness</li> </ol>	Task 1 – Complete Task 2 – In Progress Task 3 – Complete Task 4 – Complete
VI.	Performance Improvement Projects	<ol style="list-style-type: none"> <li>1. Clinical PIP</li> <li>2. Non-Clinical PIP</li> </ol>	Task 1 – Complete Task 2 – Complete
VII.	Dedication to Overall Quality Services	<ol style="list-style-type: none"> <li>1. Annual Evaluation of QAPI Program Effectiveness</li> <li>2. Training Calendar</li> </ol>	Task 1 – Complete Task 2 - Complete
VIII.	Monitoring of Measureable Outcomes	<ol style="list-style-type: none"> <li>1. Key Performance Metric Reports / Dashboards</li> <li>2. MHSA Program Evaluations</li> <li>3. SUD Outcomes</li> <li>4. Contractor Evaluations</li> <li>5. Grant Evaluations</li> <li>6. Community Project Evaluations</li> </ol>	Task 1 – In Progress Task 2 – Complete Task 3 – Complete Task 4 – Complete Task 5 – Complete Task 6 – Complete