TUOLUMNE COUNTY
BEHAVIORAL HEALTH DEPARTMENT

Quality Assurance Performance Improvement (QAPI)
Annual Update FY 22-23

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1. **Tuolumne County Behavioral Health Mission**
   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.

2. **County Profile and Demographics**
   Tuolumne County is located in the central Sierra Nevada, with major rivers to the north and south. The Sierra Nevada range forms the border on the east, with the county flowing into the great central valley in the west. The diverse terrain includes the Columbia and Railtown 1897 State Historic Parks, Bureau of Land Management lands, American Indian Rancherias and much of the Stanislaus National Forest and Yosemite National Park. According to the U.S. Census Bureau, the county has a total area of 2,274 square miles (5,891 km²), of which 2,235 square miles (5,790 km²) is land and 39 square miles (101 km²), or 1.71%, is water. The elevation ranges from 300 feet to more than 12,000 feet. Federal, state, and local governments own most of the land (77%) in Tuolumne.

   Tuolumne County has a population of 54,478. According to the US Census, demographics for Tuolumne County have shifted only slightly from 2016 to 2019. Tuolumne County is predominately Caucasian representing 80% of its population. The second highest reported ethnicity for Tuolumne is Hispanic at 13%. Tuolumne County has a large older adult population with 26% of the population being 65 or older, the state of California is at 14% for this age group as seen in the table below.

	Tuolumne County CY 2019	California CY 2019	Tuolumne County CY 2021	California CY 2021
White	79.8%	36.8%	89.8%	71.1%
Hispanic	12.7%	39.3%	13.7%	40.2%
Two or more races	3.6%	3.9%	3.7%	4.2%
Black	2.0%	6.5%	2.4%	6.5%
American Indian	2.3%	1.6%	2.2%	1.7%
Asian	1.4%	15.3%	1.6%	15.9%
Pacific Islander	0.3%	0.5%	0.3%	0.5%
Over 65 Years Old	26.2%	14.3%	27.2%	15.2%
Veterans	11.04%	4.8%	9.6%	38.9%
Live below Poverty line	12.5%	12.8%	12.1%	11.5%
Per Capita Income	$31,570	$31,570	$60,509	$78,672

3. **Quality Assurance Meetings**

Tuolumne County Behavioral Health (TCBH) holds several Quality Assurance meetings that are essential in executing the QAPI.

- All-Staff Meeting
  - This meeting is used to communicate general program updates to all TCBH staff and is chaired by the Director. The meeting addresses an array of topics from cultural competence trainings, informing staff about local resources and contractor projects, audit findings and current quality improvement initiatives. Goals and objectives are ongoing agendas and meeting minutes. All-Staff Meetings are held the 3rd Wednesday of each month for 75 minutes.

- Business Administrative Meeting
  - Business Administrative Meetings (BAM) is held every other Thursday, here agenda items are presented. This results often in BAM being an ad-hoc meeting that is chaired by the Business and Operations Staff Analyst. Topics include, but are not limited to, E.H.R. documentation, policies, procedures, implementation of new procedures, updating of existing procedures, and form updates. Meeting minutes are distributed to all TCBH staff.

- Clinical Supervisors Meeting
  - Meetings are held once a week and are attended by all Clinical Supervisors, the Clinical Deputy Director, and other managers as needed. Goals of the meeting are to address current and ongoing clinical concerns and quality assurance issues. Agendas and sign-in sheets are kept for this meeting.

- Community Cultural Collaborative
  - Community Cultural Collaborative (CCC) is once a month where participants review local cultural events, share special presentations, review training opportunities, and discuss broader trends within the community and agency. The CCC and Quality Improvement (QI) teams collaborate to review beneficiary access through "penetration rates" of Medi-Cal 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 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.

- Management Meeting

  - The Management meeting is held every Wednesday and chaired by the Behavioral Health Director and attended by the Behavioral Health Management and Supervisor team. Quality Management is a standing agenda item for this meeting where weekly updates are given to the team. Several quality assurance initiatives are tracked through this meeting. Ongoing reports regarding compliance, caseloads, staffing, policies, etc. are discussed in this meeting.

- Quality Management Committee
  - Quality Management Committee (QM) meets once a month and 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. QI is responsible for gathering data and with the Clinical Manager 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. QM is composed of the following staff: the full Management team, Quality Improvement Analysts, Business and Operations Analysts, Ethnic Services Coordinator, and additional staff as needed. 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.

- Quality Improvement Committee
  - The Quality Improvement Council (QIC) provides a structured forum for the exchange of QI-related information between Behavioral Health staff, the QI team, Community Liaisons, clients, family members, community members, and other stakeholders. QIC's goal is to improve the processes of providing care and better meeting client needs. Members of the committee help to identify opportunities for improvement and give feedback on current QI initiatives. Items that are regularly reviewed for feedback by the committee are audit findings, the Quality Improvement Work Plan, Performance Improvement Projects, and ongoing Behavioral Health system reports. Agendas and meeting minutes are kept for this monthly meeting.

- Utilization Review Committee
  - Utilization Review Committee (URC) is responsible for monitoring the utilization and quality of treatment services provided by 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 and Department of Health Care services 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 clinical care resources are provided. QI and Medical Records support the operation of URC by providing randomized charts for review and URC tools that assure that at least 5% of clinical charts are reviewed on an annual basis.

- Case Administration Team
  - Case Administration Team (CAT) meets each morning and reviews clinical assessments and plans of care, initial and annuals, in addition to any other relevant information to determine medical necessity. They determine medical necessity for referred clients for mental health services, medication services, targeted case management and other offered Specialty Mental Health Services (SMHS). After a review, CAT will assign clinical/treatment and/or case management/staff support, as appropriate and necessary. During CAT meetings reviews are conducted of the clinical documentation to ensure that clients receive medically necessary services in the amount, duration, and scope that is appropriate to meet their needs.

- Data Coordination
  - This team meets weekly and includes the full Quality Improvement team. This meeting is dedicated to new or ongoing data requests, policy and procedure review, EHR updates or changes, administrative system changes, system monitoring, reports, and new and ongoing contract obligations not limited to information notice review. This team develops and implements new initiatives for administrative needs and others as necessary. This team reports out to all other committees and standing meetings as necessary.

4. QAPI / Quality Management

QAPI

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.

Quality Management (QM)
QM is committed to assessing services and system processes to ensure quality of care to all clients. QM is responsible for monitoring current Quality Assurance issues. These issues can be uncovered through regular reports, ongoing monitoring, or any of the continuous Quality Assurance meetings.

QM is responsible for the annual evaluation of the QAPI. QM evaluates the effectiveness of the QAPI, the progress associated with each goal and objective within the plan, and any initiatives or actions taken to improve the system. QM is responsible for making any necessary revisions that may be a result of the evaluation. Areas that are reviewed are as followed but not limited to:

- Collection and analysis of data – data will be used to measure against goals and prioritize areas of improvement that have been identified
- Obtaining Input – ongoing feedback received by ongoing Quality Assurance meetings
- The design and implementation of interventions – identifying areas of success and areas for improvement
- Measuring the effectiveness of initiatives and interventions
- Consumer satisfaction – reviewing ongoing consumer reports (i.e., change of provider reports, grievance reports, consumer surveys, etc.)
- Audit findings – evaluated audit recommendations in correlation with current efforts and interventions
- Reporting of information to key stakeholders

Each year during the evaluation, current and potential new goals will be reviewed and selected for the upcoming year.

5. Quality Management Initiatives and Current Monitoring

- Substance Use and Mental Health Integration
  In 2020 an effort began to integrate MH and SUD services as part of the mandated CalAIMS initiative. TCBH was dedicated to removing barriers and creating integration for both mental health (MH) and substance abuse disorders (SUD) services.

Several steps were taken in 2020 to begin this process, one was having a mental health clinician be part of the substance abuse team to assist with assessments.

During this time TCBH also began working on creating a new integrated assessment. The assessment would encompass both MH and SUD assessment criteria. Originally the process for receiving both MH and SUD services was separate and extensive. Previously, clients came in for a MH assessment that would take around two hours and if the client needed SUD services, they would then be scheduled a two-hour SUD assessment. This process could be overwhelming for clients and make accessing each service more time consuming.

The work continued in 2021 and in order to launch the assessment MH clinicians needed to be trained on the ASAM, CalOMS data and more. In January 2022 the assessment was launched. This means that all clients would only receive one assessment completed by a clinician. This reduces the clients need to participate in two separate assessments and referrals could be made to either MH or SUD services with just one assessment.

Additional changes were made in 2021 to remove access barriers for clients. Formerly MH and SUD services were separated physically. MH services took place on the first floor while SUD services took place on the second. This not only meant that services were on separate floors but there were two different entrances for each service which created even more divide for clients who are dually diagnosed. In 2021 a large shift was made, and all services became located on the first floor. This meant TCBH undertook a mass move for not only SUD staff, but also for administration and MH staff.

These moves took months of planning for the full management team to ensure that all service providers could be accommodated on the first floor. After months of planning the final moves took place in October 2021 and included moving over fifteen different staff offices. In collaboration with the moves, reception areas and staff were shifted from two different reception and lobby areas to one. Now all services are completed on the first floor and a single entrance is used for all services and assessments. This means one door, one reception window, one access point for all client needs.

Once SUD staff were moved the mission to cross train on SUD and MH began. Each SUD counselor was assigned to a different MH program to attend their weekly meetings. The purpose of this was to have a more open dialogue between the teams for both education and treatment team purposes.

Lastly a move was made to integrate the administrative pieces of SUD with MH. Previously most of the administrative pieces for SUD such as monitoring, policies, audits and corrective action plans were overseen by the SUD Supervisor. For MH these functions were overseen by both the Business and Operations program and Quality Improvement. In October 2021 this slowly

began to shift and by November a full move was made to integrate these administrative pieces in SUD to mirror how they function in MH. This change will continue to develop as teams learn DMC and SABG regulations.

- Change Agent Meeting
  In April 2021 all Behavioral Health staff received a stay interview performed by an outside contractor. The interviews focused on job satisfaction, department culture, and potential improvements that could be made. Once the interviews were complete a full report on the staff's feedback was created and distributed to the TCBH leadership team. Based on the interviews the Health and Human Services Director created a weekly meeting titled Change Agent. All staff were welcome to participate, and the meeting discussion focused on current concerns, success, or ideas for change. The TCBH leadership team supported this meeting as they felt as though the staff needed an avenue to discuss issues without their supervisor present. The meeting brought together staff from every program at TCBH and was used as an avenue to discuss cross team communication, bring ideas forward that effect multiple teams and give feedback on current initiatives.

  The meeting not only opened a space for team building and change, but it was also productive in making a difference at TCBH. As a result of this meeting several initiatives were made based on what the staff discussed. One initiative was to bring in Strength Finders training for the full team. This was suggested as both a team building exercise but also a way for supervisors and coworkers to learn more about each other. The training was approved, and a board was made in the hallway where everyone could identify their strengths.

  Entire department change came out of the meeting and created a safe space for staff to express themselves. The meeting ran throughout 2021 and came to a sunset once the new Director was hired.

- Mental Health Diversion
  In September 2021 TCBH began developing a local Mental Health Diversion Program. Half day trainings for the lead supervisors began on September 29, 2021. This initial training was followed by five additional half day trainings that were attended by TCBH, Law Enforcement and other community agencies that interact with Mental Health Diversion. Through these trainings each agency was able to identify their role and responsibilities.

  Throughout the months of October and November plans were set on how to introduce the program into Behavioral Health. Some immediate changes were made to the EHR to ensure that coding and data collection was enabled within the system. In addition to these changes there were changes made to the Access to Care Database. This database logs every request for care and new specifiers were added to include those requesting services for Mental Health Diversion.

The progress on this program was captured through the weekly Managers Meeting Minutes. The Mental Health Diversion program would include an initial assessment to confirm that the individual met medical necessity and then they would be entered into the EHR as a diversion client through a client category. This would allow for ongoing reports and tracking of this special population. The program will be case management intensive and include receiving ongoing therapy and any needed medication services.

TCBH Deputy Directors developed a process on how communication with the court system would happen. Ongoing reports on all participants from TCBH will be made available for the court system, at this time a Deputy Director or Clinical Supervisor will create the reports. Procedures were developed and vetted through the Business Administration Meeting (BAM), which allowed for both clinical and administrative input.

The first two referrals were received in October 2021 and by November the program referrals were coming in regularly. This new program demands ongoing collaboration with the court system, probation, and law enforcement.

- Appointment Scheduling Line

  Several initiatives have been made by TCBH over the years to enhance client experiences. One area that was a focus of FY 2020-2021 was streamlining scheduling. A few years ago, TCBH went from clients calling and reaching reception who would route calls, to having a menu where the caller could choose to be connected directly where they wanted to. This has allowed clients to skip going through reception to be connected to other staff within TCBH. Callers can connect with the Medications Line, Grievance Line and more through the call-in menu.

  This year an additional item was added in hopes of streamlining clients back to reception for specific needs. What was found that many times after clients were connected, they needed to make an appointment and because of this, calls would then have to be sent back to reception to be routed appropriately. In March 2021 the issue was addressed by the Business and Operations program. In an effort to assure streamlining of requests for client appointments, a new extension 1103, was created for ease of transferring clients to the extension for appointment scheduling.

  The extension alleviates staff from having to call back the reception line extensions directly and now rings to all staff available for scheduling so whomever is free can take the call and immediately schedule. This allows for calls to not have to be placed on hold or rerouted to staff who is available.

- Secured New E.H.R

Tuolumne County is dedicated to ensuring compliance with state and federal EHR standards for securing the use, maintenance, and on-going functionality of an electronic health record and billing system that meets state data reporting and claiming requirements necessary to preserve the department's eligibility to receive federal revenue and remain in compliance with contractual obligations set forth in the contract between TCBH and the DHCS.

Beginning FY 20/21 it became apparent that the current TCBH EHR, Cerner, would not be able to deliver the specific capabilities to accommodate the new laws and regulations associated to the Final Rule driving requirements for client's access to records through a patient portal, ultra-sensitive exchange, nor the securities needed for protected health information while in transport through a health information exchange this resulted in TCBH needing an updated EHR.

The process of vetting new EHR's started in 2020. The management team went to several demonstrations and met with several vendors. In 2021 a system was chosen, Credible, that is being vended through TCBHs current vendor Kings View Professional Services. The process of contracting for the new system was conducted as a contract renewal.

On November 9, 2021, Tuolumne County Board of Supervisors approved a new contract with Kings View Professional Services, securing a new EHR that will continue to place Tuolumne in compliance with all state and federal mandates, including mandates around the Final Rule and CalAIMS initiatives.

- CSOC Level of Care Assessment Tool

  Tuolumne County Behavioral Health (TCBH) began the development of a Children's System of Care (CSOC) Screening tool in July of 2021. This tool was developed to ensure proper assessment and level of care authorization for children. With the recognition of several different types of services and levels of care for children a tool was developed to ensure that each child assessed was referred to services appropriately. It was important that the tool was developed for interrater reliability within TCBH when referring children for services.

  The screening tool began development with the Clinical Supervisors, which also included the Intensive Care Coordinator (ICC)/Intensive Home-Based Services (IHBS) coordinator. The tool was developed so that regardless of whether a child was in foster care or not, all services were considered during the time of the child's assessment. The tool would be used at both time of initial assessment and at the time of the child's annual assessment.

  The first draft of the tool came out in September of 2021 and by October a finalized version was presented to the full management team. This tool was also submitted to DHCS for review. DHCS was included in the final review to guarantee

that the tool was in compliance with all eligible children's services. Once approval was received by DHCS a training was launched for the tool.

In October 2021 a full training on the tool was completed with the clinical staff. This training was inclusive of both the Deputy Director and Clinical Supervisors. The training reviewed why the tool was being launched, how to complete it and how authorization for the referred services is done. The staff learned that the tool is to be completed with the assessment and turned into the Case Administration Team (CAT) for review. CAT meets daily to review all new and annual assessments for medical necessity. This tool is to be submitted with the assessment and CAT will sign off on the tool stating whether the services referred by the assessing clinician are appropriate.

This tool was launched on November 1, 2021. This tool now allows a more adequate internal review process for children's services. It also ensures that all services are being considered during each child's assessment. CAT is able to review both the assessment and screening tool at the same time to authorize the correct services and level of care for each child.

- CSOC MOU

  TCBH continues to strive towards improving children's services and the relationship with our children's serving agencies. Last year Children Welfare Services (CWS) and TCBH worked together to build a Memorandum of Understanding (MOU) to better coordinate care in Tuolumne County. It is a multi-agency MOU with not only TCBH and CWS, but also with Probation, Public Health, County School of Superintendents, Juvenile Court, and others.

  The MOU drafting started in March 2021. There was a goal to have a larger county wide system of care dedicated to children and their families. Thus, the Child, Youth and Family System of Care (CSOC) in Tuolumne County was established through the MOU. Tuolumne CSOC promotes and facilitates inter-departmental and interagency cooperation and collaboration in the establishment and enhancement of a community based, comprehensive System of Care, which seeks to ensure that all children, adults and families will be self-sufficient in keeping themselves, their children and their families safe, healthy, at home, in school/employed, out of trouble and economically stable, regardless of the agency door by which children and families enter.

  CSOC partner agencies are each individually responsible for the provision of oversight and accountability for certain state and federally funded programs and services.

  A goal of this MOU is to address systemic barriers to the traditional provision of interagency services. It is the intent of the agency partners to create a uniform service approach and maintain an administrative team with collaborative authority over the interrelated child welfare, juvenile probation, education, regional center and mental health children's services. Another goal is

to promote and provide services, which are outcome-focused, family-centered, strength-based, culturally proficient, comprehensive, and integrated to the extent possible by a single service plan, and which encourages families to use their own resources to resolve problems.

Through several meeting between March and June of 2021, an outline of each agency's role and a MOU was drafted. In July 2021 a final draft was agreed upon by all parties and it was presented to the Tuolumne County Board of Supervisors for approval.

- School MOU, MHSSA

  Beginning in 2019, TCBH and Tuolumne County Superintendent of Schools (TCSOS) began working on a Mental Health Student Services Act (MHSSA) grant overseen by the Mental Health Service Oversight & Accountability Commission (MHSOAC). The grant proposal was submitted in early 2020 and MHSOAC chose to not fund it at that time. The unprecedented California State Budget, the focus on children, education, and the well-being of youth led the MHSOAC to revisit the MHSSA submissions by counties that did not receive funding. On June 30, 2021 County Superintendent was alerted that the grant would be funded in the amount of $2,494,962.00 effective October 1, 2021 through September 30, 2025.

  TCBH and TCSOS quickly began working together on an MOU to put a plan in place for the funding. There was a need to formalize the goals of the program and understand how the partnership would take place. The goals were to improve access to identified services and focus on whole child wellness that includes a robust mental health component. The plan was to be able to identify factors that increase resiliency and the improved outcomes such as increased attendance, positive school climate, and braid and leverage funding across agencies.

  The program funded by this grant aims to prevent mental illnesses from becoming severe and disabling and improving timely access to services for underserved populations. The program aims to provide outreach to families, employers, primary care health care providers, and others to recognize the early signs of potentially severe and disabling mental illnesses. Additionally, it is to reduce the stigma associated with the diagnosis of a mental illness or seeking mental health services. Finally, to increase services provided in schools to address mental health needs and address facilitating linkages and access to ongoing and sustained services.

  The MOU outlined the partnership for the purpose of providing mental health services and supports to school aged children in Tuolumne County through district services; training for school personnel; and the creation of TCBH and school-based partnerships around mental health services. This would place a counselor on every school site within Tuolumne County. The MOU was finalized and approved by the Tuolumne County Board of Supervisors on September 7, 2021.

- Family Urgent Response System (FURS)
  The purpose of FURS is to build upon the Continuum of Care Reform and provide current and former foster youth and their caregivers with immediate trauma-informed support when needed. FURS intends to prevent placement disruptions and preserve the relationship between the child or youth and their caregiver. It also strives to reduce the number of 911 calls or law enforcement involvement in foster youth situations. In order to reach these goals a statewide 24/7 hotline was developed to respond to caregiver or youth during situations of instability. From there a county-based mobile response and stabilization team was created to be available 24/7.

  Once the local FURS hotline is contacted, Behavioral Health works collectively with either CWS or Probation to respond to the call. In the beginning of 2021 TCBH and CWS began regular planning meetings be able to institute a mobile response team for FURS. Since this is a team-based approach to caring for foster youth, the development of all procedures for a roll out response was done collectively.

  The first step for TCBH was to identify which staff would be part of the FURS roll outs. Staff were able to volunteer to be on call each night for FURS. During the day the FURS response would roll out through the TCBH Crisis and Assessment Intervention Program (CAIP). Once participating staff were identified they received several hours of training. The trainings totaled 40 hours and were done together with CWS and Probation. These trainings were completed through the summer of 2021.

  By August a full FURS protocol was developed and implemented. This included the development of monthly calendars that would identify when individual staff would be on call. These calendars are shared with the state call center that reaches out to the local response team. In addition, updates were made with service codes to the Electronic Health Records to have accurate data to represent staff time. Go bags were built and deployed to the on-call staff at the start of each evening shift. These bags were developed with CWS to ensure that a staff would have all the technology, papers, and reporting requirements available to them if they were called to respond.

  TCBH now has a full FURS system implemented within their programs. This system currently runs and has allowed for not only an enhanced relationship with Probation and CWS but allows for a more direct response to foster youth and families.

Current Monitoring Activities

Tabled below are all the current ongoing monitoring activities that are reported in various meeting forums and monitored through QM.

Section Title	Description of Task
I. Monitoring Service Delivery Capacity	1. Penetration Rates a. Penetration b. MMEF Eligible c. Served (CSI) d. Received at least on service e. Engaged (Received 5 or more services) 2. Demographic Distributions (Served vs. Eligible) a. Gender b. Race 3. Cultural Competence Monitoring & Reporting 4. Network Adequacy a. Time and Distance Standards b. NACT Submissions 5. Capacity Monitoring a. Full Time Equivalent Licensed b. Full Time Licensed Equivalent Eligible c. Other Qualified Providers
II. Monitoring Access to Care Standards	1. 24/7 Access Line Test Calls 2. Timeliness a. Initial Request to first offered appointments b. Crisis to Follow Up c. Follow up Post Hospitalization d. Response to Crisis (Phone, Walk-In, E.R) 3. Track/Trend No Show Rates

Section Title		Description of Task
		4. Out of Network Provider Request 5. Continuity of Care Request 6. Underserved Populations 7. High-Cost beneficiaries 8. Caseload Management
III.	Monitoring Beneficiary Protection, Appeals, and Satisfaction	1. Beneficiary Satisfaction Survey(s) & Reporting 2. Grievance, Appeals, State Fair Hearings 3. Change Providers 4. Notices of Adverse Benefit Determinations (NOABDs)
IV.	Monitoring Quality of Care Standards	1. Clinical & Functional Outcome Measures 2. Utilization Review Trends & Reporting 3. Medication Monitoring & Medication Utilization 4. Data Informed Clinical Decisions 5. Hospitalization 6. Re-Hospitalization 7. Contractor Performance 8. Policy / Procedure Review & Development
V.	Coordination with Primary Care Providers, Managed Care, and Community Resources	1. Continuity of Care 2. Referral Process with Managed Care 3. Consumer run/driven programs to enhance wellness
VI.	Performance Improvement Projects	1. Clinical PIP 2. Non-Clinical PIP
VII.	Dedication to Overall Quality Services	1. Annual Evaluation of QAPI Program Effectiveness 2. Key Performance Indicators

Section Title	Description of Task
VIII. Monitoring of Measurable Outcomes	1. Key Performance Metric Reports / Dashboards 2. SUD Outcomes 3. Grant Evaluations 4. Community Project Evaluations

6. Quality Assurance Performance Improvement Work Plan Goals

Area of Concern	Goal	Intervention	Monitoring	Measurables
Outcomes	Utilize LOCUS/CANS in a once-a-month review to understand current scores and directly relate them to current levels of care for clients and utilize them for system recommendations/changes.	1. Develop CANS dashboard and revamp current LOCUS dashboard. 2. Bring these dashboards once a month to the Clinical Supervisors Meeting for review. 3. Have an Administrative Technician available to assists in bringing the dashboards and recording meeting minutes for follow ups.	1. Meeting minutes from Clinical Supervisors will be sent out to all Managers for ongoing review and understanding of how outcomes will affect client and system change. 2. The results of the review for system change will be brought to either the Weekly Managers meeting or the Quality Management meeting.	Baseline Measurement: No Levels of Care associated with Outcome Measures Remeasurement: Mid-Year Final Measurement: End of FY 22-23
Quality	Monitor Foster Care youth referrals, assessments, and clinical efforts to increase penetration rates to 15% for 0-5.	1. Begin sharing Foster Youth client lists between BH and CWS to understand current county penetration rates. 2. Quarterly have Foster Youth assessment timeliness and referrals reported out for both Quality Management and	1. Quarterly monitoring and obtaining of Foster Youth to be completed through the Children's Supervisor. Will report out to Clinical Supervisors Meeting. Meeting minutes will track current efforts. 2. Reports will be discussed in Quality	Baseline Measurement: EQRO Provided Data 9.76% Remeasurement: CY 2023

		Quality Improvement Council.	Improvement Council and Quality Management.	
Timeliness (Carry Over from FY 21-22)	By end of fiscal year 2022-2023 improve first offered SMH appointments to an average of 15 days.	1. All case managers will meet with their supervisor on identifying their specialty and preferences. Their supervisor will sit in on the CAT sessions each day to ensure clients are assigned to the most appropriate case manager. 2. All clients will be assigned a Case Managers and will be notified by CAT of the new assignment. The Case Manager will then be responsible for rendering the first offered appointment within 2 days. (See PIP) Reception will be responsible for scheduling first offered appointments rather than the Case Managers. CAT will notify not only the Case Managers of new	1. A weekly meeting will be held with all case managers and their direct supervisor to review weekly schedules. This will ensure ongoing availability in case managers schedules for the first offered appointment. 2. Business and Operations team will track every first offered SMH appointment through the current CSI tracking method. This tracking will be completed daily. In addition to weekly monitoring timeliness for first offered SMH appointments will be reported out quarterly to full management team.	Baseline Measurement: FY 21-22 14 days with 69% compliance Remeasurement: Mid-Year Final Measurement: End FY 22-23

		assignments, but also reception simultaneously. This will ensure that the client is contacted about their first appointment the same day as the assignment.		

7. Data Analysis informing each goal selection.

1. Outcomes
    a. Last fiscal year it was a goal to establish ongoing completion of the outcome tools. Tuolumne was able to successfully come into compliance with this. Through ongoing monitoring by the Medical Records team and diligent efforts by clinicians and case managers all LOCUS and CANS outcome tools are being completed timely for all clients. The Quality Management Committee continued to discuss the outcome measures and their value to the Mental Health Plan. It was decided that an aggregate or dashboard needed to be developed for CANs and the old LOCUS dashboard needed revamping. Once these dashboards were completed it was then discussed that the Clinical Supervisors needed time with the dashboards to understand the best was for these outcomes to inform the Mental Health Plan and individual client's levels of care. It was decided that the discussion would begin in Clinical Supervisors meeting. In addition, a new Administrative Technician position was approved for the new FY. One of the tasks for this new position will be to support the Clinical Supervisors meeting with agendas, minutes, and follow up tasks that come out of that meeting. This will help support the clinical supervisors in tracking efforts and reporting out to other committees. For this goal they will be reporting out the Quality Management team and the weekly Managers on discussions, decisions and needed input that surrounds the outcome tools.

2. Quality
    a. TCBH had received feedback for several years from the EQRO audit around Foster Youth Penetration rates. In Quality Management it was discussed that out of the around 100 Foster Youth in the county there were less than ten of those youth currently enrolled in the system. During CY 2019 Tuolumne has a comparable rate of 6.80% youth

served to statewide averages at 6.88%. In CY 2020 that rate exceeded statewide average of 6.41% verse 6.22%. Since youth penetration rates were at a higher rate, foster youth rates were then looks at closely. In CY 2019 Foster Youth penetration rates for Tuolumne County were at 62.32% for those 6 and older, which exceeded the 53.18% statewide average. In CY 2020 Tuolumne exceeded the statewide average again in this age group. For Foster Youth 0-5 Tuolumne was at 11.11% in CY 2019 which was dramatically lower than the statewide average of 48.62%. In CY 2020 the percent for that age group decreased to 9.76%.

During the meeting the desired penetration rates was discussed and it was unanimously concluded that the rated needed to increase. It was discussed that though there have been many new efforts made to better collaborate with CWS, rates were still not increasing for this age group. A percent increase was discussed. It was decided to reach for 15% since we were still currently sitting at only around 10%. This goal was set because it will take more ongoing collaboration with CWS to ensure that the proper referrals are being made and Foster Youth timeliness for assessments are in compliance for families.

3. Timeliness (Carry Over Goal from FY 21-22)
    a. Over the years different strategies were put in place to reduce timeliness for accessing SMHS. In 2017 the average time for first offered specialty mental health was 50 days and in 2018 it was reduced to 42. In 2019 reception slowly began taking over all scheduling for all clinicians to help further reduce wait times. By the end of the year the wait time had been reduced to 24 days but is was very far from both the mandate and ensuring quality of care. It has become an increasingly large concern for the QM team around how long it was taking clients to get into services. To achieve the goal of better timeliness for first offered SMHS a delivery system shift will take place. After a client is authorized for SMHS the client will then be assigned a case manager. Reception will be notified of the assignment and call the client the same day to schedule their first appointment. This is a shift from the previous model where the first SMHS was offered by the clinician. To help foster client engagement and meet our mandated timelines interventions will be put in place over the next year to decrease our average timeliness for first offered SMHS appointment to 15 days.