



MONO COUNTY BEHAVIORAL HEALTH DEPARTMENT

COUNTY OF MONO

QI Work Plan 2017

1. Monitoring activities

- a. **OBJECTIVE:** Have a functioning process for grievances and appeals which all staff understand how to use and can direct consumers to.
 - i. **Goal:** Have 100% of beneficiary grievances/appeals/expedited appeals/fair hearings/ etc., processed according to appropriate timeframes.
 - ii. **Planned Steps and Activities to reach goal:**
 1. QA Coordinator has created a grievance checklist to assist with the progression of steps to take should a beneficiary have a grievance/appeal/expedited appeal/fair hearing, etc., and this checklist will be utilized for the stages throughout the grievances/appeals/expedited appeals/fair hearings process.
 2. QA Coordinator was trained on the new ABGAR form per DHCS requirement and will do training for office staff regarding the grievance process and the procedure for utilizing the new ABGAR form.
 3. Front office and QA Coordinator will log all grievances into the new ABGAR form.
 4. QA Coordinator will review log and grievance material access on a monthly basis and will report to Committee meeting and staff meeting.
 5. QA Coordinator will analyze data from grievance and hearing log on a monthly basis.
- b. **OBJECTIVE:** Ensure that all charts are up to date, have informing materials, contain active treatment plans, and contain services which build off the medical necessity and milestones.
 - i. **Goal:** Monitor 35% of Medi-Cal charts.
 - ii. **Planned Steps and Activities to reach goal:**
 1. Train staff quarterly on how to write effective progress notes, milestones, and keep charts in working order.
 2. Continue improving review system, run PDSA's to determine effectiveness.
 3. QA Coordinator and clinical supervisor will review charts with Chart review tool, provide feedback, and correct any chart problems.
 4. Reviewed charts will be documented in Chart Review log, with any uncorrectable errors.



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5. Any disallowances found will be submitted to fiscal department for correction
- c. **OBJECTIVE:** Protect consumers and MHP from fraudulent billing.
 - i. **Goal:** Verify 10% of delivered service a month.
 - ii. **Planned Steps and Activities to reach goal:**
 1. QA Coordinator and Committee will continue with current system for monitoring delivered services.
 2. Monitoring will occur on monthly basis.
 3. Analyze instances of services being recorded in an erroneous manner.
 4. Committee will evaluate any discrepancies found in billing and client verification.

2. Evidence of QI activities

- a. **Clinical PIP - OBJECTIVE:** Please refer to **Addendum A** for Objectives, Goals, and Planned Steps and Activities to reach goal.
- b. **Non Clinical - OBJECTIVE:** Please refer to **Addendum B** for Objectives, Goals, and Planned Steps and Activities to reach goal.
- c. **Trainings**
 - i. **OBJECTIVE:** Maintain current level of training for all staff for evidence based Planned Steps and Activities to reach goal and best practice. Additionally, plan for new training and education opportunities.
 1. **Goal:** 70% of all staff receives monthly training regarding evidence based treatments, use of assessment tools, DSM-5, current treatment modalities for Co-occurring disorders, ethics, legal implications for MHS, HIPPA, or treatment planning.
 2. **Planned Steps and Activities to reach goal:**
 - a. Tracking of monthly staff training attendance.
 - b. Present staff with opportunity to travel out of county for trainings.
 - c. Create calendar of trainings for the year.
 - d. Poll staff regarding training needs.
 - e. Query other county departments about inviting MHP staff to trainings that will benefit the MHP and enhance collaborative services.
- d. **Data Collection:**



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i. **OBJECTIVE:** Monitor client satisfaction of services to monitor for any perceived changes in level of services delivered to consumers.

1. **Goal:** Survey 50% of consumers regarding satisfaction with services.

2. **Planned Steps and Activities to reach goal:**

- a. Front office will administer surveys for three month period.
- b. Forty clients will be surveyed each month (120 total administered, with projection of receiving 100 surveys back).
- c. QA Coordinator will process data received and report data to Committee and staff.
- d. Possible PDSAs will be considered by committee if satisfaction problems arise.

3. Accessibility of services

a. **OBJECTIVE:** Ensure client access to County 24/7 line.

i. **Goal:** Have functioning 24/7 toll free line which connects 100% of the time

ii. **Planned Steps and Activities to reach goal:**

1. Continued training for staff on implementation of access line guidelines for 24/7 line.
2. QA Coordinator will make test calls monthly to 24/7 County line as well as testing staff during the 8am-5pm shift to ensure functioning.
3. Any errors found will be reviewed with the access line operators.
4. QA Coordinator will continue training staff in effective 24/7 guidelines.
5. QA Coordinator will make quarterly test calls that engage operators in a language other than English.

b. **OBJECTIVE:** Maintain timely access to services for all new clients.

i. **Goal:** All clients seen within 10 days of registration.

ii. **Planned Steps and Activities to reach goal:**

1. Front office staff enter all new registrations and intake appointments to intake log.
2. QA Coordinator will review intake log on monthly basis.
3. QA Coordinator will analyze instances of services lapsing more than 10 days, and bring these instances to Committee meetings.
4. Committee will identify any system improvements to make.
5. Committee will create PDSA and implement system changes to keep appointment time at 10 days or less.



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- c. **OBJECTIVE:** Urgent or crisis conditions be responded to on an immediate basis to ensure urgent clients receive appropriate intervention, and other agencies receive the support necessary.
 - i. **Goal:** 90% of Crisis calls which necessitate an in person response will result in response time of 60 minutes or less.
 - ii. **Planned Steps and Activities to reach goal:**
 - 1. QA Coordinator will retrain staff on using the crisis log.
 - 2. QA Coordinator will implement log checks after each crisis is reported out.
 - 3. Analyze crisis log on monthly basis.
 - 4. Analyze instances of response time lapsing more than 30 minutes.
 - 5. Committee will identify any system improvements to make.
 - 6. Committee will create PSA and implement system changes to keep response time at 60 minutes or less.
 - 7. When there are difficult crisis cases, on a weekly basis, the Director reviews the crisis circumstances and networks with any agencies needed to provide back-up and support to crisis staff.
 - d. **OBJECTIVE:** Serve remote populations of county with transportation barriers, and deliver county standard services.
 - i. **Goal:** Maintain one full day of therapy services a week in outlying area of Benton.
 - ii. **Planned Steps and Activities to reach goal:**
 - 1. Analyze caseloads of therapist who serve this area.
 - 2. Allocate staff time so that full day in outlying area is possible.
 - e. **OBJECTIVE:** Serve remote populations of county with transportation barriers, and deliver county standard services.
 - i. **Goal:** Maintain two full days of therapeutic services in outlying areas of Bridgeport/Walker/Coleville.
 - ii. **Planned Steps and Activities to reach goal:**
 - 1. Use designated therapist for the Bridgeport/Walker/Coleville areas 80% of time.
 - 2. Clinical Supervisor will allocate caseloads according to region to maximize and staff travel time.
 - 3. QA Coordinator will track services and bring any barriers to Committee meetings for possible PDSA system change development.
4. Cultural competence
- a. **OBJECTIVE:** Have working CCP for FY2016-2017.



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- i. **Goal:** Continue improving our Cultural Competency plan which can be utilized throughout the fiscal year to direct services, trainings, and system activities.
 - ii. **Planned Steps and Activities to reach goal:**
 - 1. Committee will expand upon goals and planned activities, giving feedback as needed.
 - 2. Use Cultural Outreach Committee to facilitate process of change from “cultural competence” to “cultural humility.”
 - 3. CCP will be presented at staff meeting for feedback from all staff members.
 - 4. CCP will be approved by director.
- b. **OBJECTIVE:** A population assessment and an organizational and service provider assessment focusing on issues of cultural competence and linguistic capability.
- i. **Goal:** Penetration rate - 3.8 Hispanic penetration.
 - ii. **Planned Steps and Activities to reach goal:**
 - 1. Director will go to Hispanic Advisory Commission meetings on monthly basis to increase knowledge of Hispanic community.
 - 2. Prioritize caseload of Spanish speaking therapist and caseworker with Medi-Cal clients, and then private pay or cash pay clients after.
 - 3. Case Managers will refer, and help connect Hispanic clients without Medi-Cal who are potential new beneficiaries.
 - 4. Promote services that are more “cultural specific” as requested by consumers and/or through direction of the Cultural Outreach Committee.
 - 5. Continue to provide outreach in local and outlying areas in Spanish.
 - 6. Director and other staff attend the quarterly “Hispanic Advisory Town Hall Meetings” for visibility and to reduce stigma.
- c. **OBJECTIVE:** Ensure services are provided which meet cultural needs present in Mono County.
- i. **Goal:** Maintain a listing of specialty mental health services and other MHP services available for beneficiaries in their primary language by location of the services, which includes at least one Spanish speaking provider for individual services, and at least one group service.
 - ii. **Planned Steps and Activities to reach goal:**
 - 1. QA Coordinator will update list quarterly to reflect any changes in services or languages services are available in.
 - 2. QA Coordinator will consult with bicultural and bilingual staff regarding unmet cultural needs of the community.



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3. Clinical supervisor will work with staff to develop any needed cultural programs or services.
- d. **OBJECTIVE:** Have all staff trained annual in cultural competence.
- i. **Goal:** 100% of therapists, case managers, office staff, and administrative staff receive one four hour training about cultural competency annually.
 - ii. **Planned Steps and Activities to reach goal:**
 1. Engage/hire/contract with trainers for cultural competency.
 2. Close office during trainings so all staff can attend.
 3. Advertise trainings to other departments/agencies.