



## QI Work Plan 2016 – End of Year Reconciliation and Evaluation

### 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 Annual Medi-Cal Beneficiary Grievance and Appeal Report (ABGAR) form per Department of Health Care Services (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.
  - iii. **End of year evaluation – Goal was met.** This was made possible by our QA Coordinator creating a grievance checklist with a progression of logical steps, in sequence, of the grievance process. Checklist form includes categories of information selected directly from the DHCS Annual Medi-Cal Beneficiary Grievance and Appeal Report (ABGAR) category descriptions. Checklist incorporates brief explanations of the problem resolution processes and has areas of yellow highlight to draw attention to specific dates and to guide the user of the form exactly where to find the corresponding follow-up documentation needed for resolving the grievance and/or appeal on our shared computer drive. (Printed out grievance information is also located in our lobby) QA Coordinator received training on the new ABGAR form and subsequently provided training for staff regarding the grievance process and the procedure for utilizing the new ABGAR form. A 3-ring binder titled “Grievances &/or Appeals was made and placed in the Front Office. In addition to a copy of the training that was presented, the binder



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contains hard-copy documentation items pertaining to grievances. QA Coordinator reviews the log and grievance materials on a monthly basis and reports to Committee meetings. No grievances have been filed for this year, however should a grievance occur QA Coordinator will analyze data from grievance and hearing log.

- 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 (Plan-Do-Study-Act) 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.
    5. Any disallowances found will be submitted to fiscal department for correction.
  - iii. **End of year evaluation** – Goal was partially met. Clinical Supervisor conducted quarterly trainings for staff and QA Coordinator on chart reviews, treatment plans, writing effective progress notes, milestones, etc., and keeping charts in working order along with reviewing and monitoring charts. QA Coordinator had revised chart review tool, however understands that modifications and adjustment still need to occur in order to make tool more user-friendly and simpler. QA Coordinator will obtain training on disallowance process from fiscal department. QA Coordinator and Clinical Supervisor continue to review processes for improvement and with Clinical Supervisor's assistance have been ramping up these systems, trainings and reviews in 2017 on a regular basis. Clinical Supervisor recently, in 2017, has also been meeting one-on-one with select clinicians in order to continue improving in these areas. This objective will continue to be a priority goal of the QI Plan for 2017.
- c. **OBJECTIVE:** Protect consumers and Mental Health Plan (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.



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- 4. Committee will evaluate any discrepancies found in billing and client verification.
- iii. **End of year evaluation** – Goal was not met and will be a priority objective in the 2017 Work Plan.

2. Evidence of QI activities

- a. **Clinical PIP (Performance Improvement Project) - OBJECTIVE:** Please refer to **Addendum A** for Objectives, Goals, and Planned Steps and Activities to reach goal.
- b. **Non Clinical PIP - 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, HIPAA, 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.
    - 3. **End of year evaluation** – Goal was met. Monthly staff trainings in which 70% of staff participated did occur. QA Coordinator tracks all staff training attendance, staff have traveled out of the county for trainings, staff is asked in weekly staff meetings about either upcoming trainings, or trainings recently attended, and there has been regular, continued progress with county departments collaborating together on trainings. QA Coordinator is currently in the process of creating a FY 17/18 calendar of trainings. In the first part of the Fiscal Year (FY), Mono County Behavioral Health (MCBH) held monthly “In-Service” trainings, however as of January 2017 has increased those trainings to every week.
      - a. Some of MCBH’s trainings:

1/21/2016	Team Building
2/4/2016	Grief/Sadness/Depression



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2/18/2016	Chart Review
2/29/2016	Crisis Training
3/24/2016	Crisis Team
4/7/2016	Creating an Agency Vision and Mission Statement
5/5/2016	Grievance and Appeal Reporting Training
5/23/2016	WRAP Around Training (Ready to WRAP Basics) – <i>Full Day; collaboration with other agencies/departments</i>
6/2/2016	Annual Compliance, Fraud, Waste, and Abuse
6/2/2016	Treatment Plan Training
6/9/2016	Team Building
7/6/2016	Collaboration Meeting/Discussion - Mammoth Hospital Family Medicine Clinic and Mono County Behavioral Health (Improvement of Referral Process)
7/7/2016	WRAP Around - Collaboration & Integration between Services/Departments (CPS, MCBH, Juvenile Probation); Presentations, Ice Breakers, Proposed Vision – <i>Full Day; collaboration with other agencies/departments</i>
7/19/2016	Crisis Team & 5150
7/21/2016	Treatment Plan Training
7/21/2016	New Referral Tracking System
7/26/2016	Lack of Career Exposure ( <i>changing the way we inform, educate, train clients...</i> ) – <i>Collaboration with other agencies/departments</i>
8/4/2016	Build a Tower, Build a Team
8/9/2016	WRAP Around - The Wraparound Journey: Community Readiness ( <i>UC Davis Extension, Center for Human Services</i> ) – <i>Full Day; collaboration with other agencies/departments</i>
8/10/2016	R.E.D. Meeting - Collaboration Workshop on Youth Diversion – <i>Full Day; collaboration with other agencies/departments</i>
8/18/2016	Cultural Competence Training - Working with Native Americans – <i>Full Day; collaboration with other agencies/departments</i>
8/24/2016	WRAP Around Resurgence and Renewal – <i>Full Day; collaboration with other agencies/departments</i>
9/1/2016	Civility in the Workplace – <i>Collaboration with other agencies/departments</i>



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9/14/2016	Legal Training: HIPAA, 5150 Law and EMTALA, LPS and Probate Conservatorships, Updates on Jail Mental Health including Restoring Competency, Questions & Round Table Discussion – <i>Collaboration with other agencies/departments</i>
9/28/2016	The Power of Team – <i>Collaboration with other agencies/departments</i>
10/6/2016	First 5 Presentation. Programs offered: Welcome Baby!, Parenting Partners, Peapod, Breastfeeding Support, \$2K Grant to assist Behavioral Health (from tobacco taxes)
11/3/2016	How to Make Stress Your Friend
11/10/2016	FBI Active Shooter Awareness Training – <i>Collaboration with other agencies/departments</i>
12/1/2016	Inspiration + Mission/Vision Statement
12/8/2016	Child & Family Team Meeting
12/22/2016	The Power of Listening

d. **Data Collection:**

- 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 PDSA's will be considered by committee if satisfaction problems arise.
  - 3. **End of year evaluation** – Goal was not met although MCBH did administer two POQI surveys, each for a time period of one week. The Spring 2016 survey had a total of 36 responses and the Fall 2016 survey had a total of 45 responses. This objective will be continued to the 2017 plan and will readdress and reevaluate new goals with the Quality Improvement Committee.

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:**



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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.
- iii. **End of year evaluation** – Goal was mostly met. QA Coordinator has trained on 24/7 access line guidelines and has created 3-ring binder with written instructions. QA Coordinator has made - or made arrangements with test callers - for monthly test calls to 24/7 County line as well as testing staff during the 8am-5pm shift to ensure proper functioning. If a person other than the QA Coordinator has made the test call, QA Coordinator always obtains detailed information about the process the caller went through with MCBH office. If errors are made, QA Coordinator reviews with the access line operator that handled call. QA Coordinator is currently in the process of revamping the 24/7 written instructions to make the instructions more user-friendly. QA Coordinator does need to reach quarterly goal of engaging 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.
  - iii. **End of year evaluation** – Goal was partially met. QA Coordinator reviews and monitors intake log for timely access. 99% of Adult Services and 91% of Children’s Services, with an average percentage of 95% met the 10 day time frame. This objective will continue to be a priority goal of the QI Plan for 2017.
- 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.



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- 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.
- iii. **End of year evaluation – Goal was met.** QA Coordinator has retrained staff on using the crisis log and at times, meets individually with staff to input crisis calls in the log. QA Coordinator implements log checks after each crisis is reported out and analyzes log on a monthly basis. While crisis log system is meeting MCBH needs sufficiently, MCBH staff consisting of Director, Clinical Supervisor, QA Coordinator, and MHA Coordinator are currently considering ideas of system improvements to make the data part of the crisis logging process simpler. Regarding difficult crisis cases, on a weekly basis and originally in staff meetings, now in group supervision meetings, staff have the opportunity to discuss crisis situations that have occurred with MCBH clients. When there are difficult crisis cases 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.
  - iii. **End of year evaluation – Goal was not met and will be on 2017 QI Plan.** MCBH has continued to make a full day of services available and has continued to maintain presence in the Benton area. Although the number of consumers has reduced, we feel this population is already remote and lacking resources so are committed to meeting the mental health and community wellness needs of Benton.
- 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.





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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.
  - iii. **End of year evaluation** – Goal was partially met. A North County clinician was hired in July 2015 and is providing services in our Walker office one day a week for the Northern cities in Mono County. MCBH understands that there continues to be a consistent need for psychiatry, therapy, and case management so we will continue to provide services in Bridgeport and Walker/Coleville.
4. Cultural competence
- a. **OBJECTIVE:** Have working CCP for FY2015-2016.
    - 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.
    - iii. **End of year evaluation** – Goal was met. MCBH has a working CCP to guide planning and continual implementation of cultural humility. MCBH Cultural Outreach Committee listed a goal in the plan of providing one to two “Latino/Hispanic Forums” (titled “Foro Latino”) in the Community, however presented three forums: 4/27/16, 6/21/16, and 11/2/16. The Foro Latino is held entirely in Spanish and has had a strong community attendance turn-out. Intent and purpose of the forums is a safe, comfortable place for the community to discuss matters such as positive discipline, domestic violence, stress/daily stressors, parenting, quality time vs. quantity time, community support (a place where people can share), acculturation, local resources, breaking the stereotype of our department (Mono County Behavioral Health), etc. Outside agencies such as Mono County Social Services/Child Protective Services, Wild Iris Family Counseling and Crisis Center, Mono County Community Development, Mono County Sheriff, etc. have participated and presented information at these forums.
  - 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:**





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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.
- iii. **End of year evaluation** – Goal was partially met. The Hispanic Advisory Commission still holds meetings and MCBH Director attends these meetings, however they are no longer held on a monthly basis. Mono County Behavioral Health has maintained a presence at the Hispanic Advisory Commission meetings to increase knowledge of our Hispanic community and to prioritize the caseload of our Spanish speaking therapist and caseworker with Medi-Cal clients, so they have had immediate openings for new clients and meeting the needs of our Spanish speaking consumers. In addition, both of our Case Managers have worked with consumers on connecting them with eligibility workers when there are problems with their coverage or consumers are unfamiliar with their benefit options. Also, the Director and other staff attend the “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.
    3. Clinical supervisor will work with staff to develop any needed cultural programs or services.
  - iii. **End of year evaluation** – Goal was met. QA Coordinator has kept provider and service lists updated and translated to Spanish. Lists are available in all MCBH lobbies. Clinical Supervisor works with regularly with staff on developing programs and services. QA Coordinator consults with bicultural and bilingual staff regarding unmet cultural needs



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of the community and is also a contributing member on the Cultural Outreach Committee.

- 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.
  - iii. **End of year evaluation – Goal was met.** On 8/18/2016, Arlene Brown, Social Services Director, Bishop Paiute Tribe, facilitated a 4-hour Cultural Competence Training, Working with Native Americans. 100% of staff participated in this training. The QA Coordinator also invited other agencies/departments in the County to participate and the training had a good attendance turn-out from other agencies. MCBH did reach out to Jerry Tello ([www.jerrytello.com](http://www.jerrytello.com)) for a training, however it was determined that it was financially unfeasible for MCBH for Mr. Tello to present a training in our County. Additionally, on 8/25/2016 through 8/26/2016, four staff members attended the “Strengthening the Roots, Central Valley Latino Conference”, Visalia CA. MCBH will continue cultural competence/humility training annually.