



Mono County Behavioral Health Services

Quality Improvement Work Plan

2018

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I. QUALITY IMPROVEMENT (QI) PROGRAM OVERVIEW

A. Quality Improvement Program Characteristics

Mono County Behavioral Health (MCBH) has implemented a Quality Improvement (QI) Program in accordance with state regulation for evaluating the appropriateness and quality of services, including over-utilization and under-utilization of services. The QI Program meets these requirements through the following process:

1. Collecting and analyzing data to measure against the goals or prioritized areas of improvement that have been identified;
2. Identifying opportunities for improvement and deciding which opportunities to pursue;
3. Designing and implementing interventions to improve performance;
4. Measuring the effectiveness of the interventions; and
5. Incorporating successful interventions in the system, as appropriate.

It is the goal of MCBH to build a structure that ensures the overall quality of services. This goal is accomplished by realistic and effective quality improvement activities and data-driven decision making; collaboration amongst staff, including consumer/family member staff; and utilization of technology for data analysis. Through data collection and analysis, significant trends are identified; and policy and system-level changes are implemented, when appropriate.

Executive management and program leadership is crucial to ensure that findings are used to establish and maintain the overall quality of the service delivery system and organizational operations. The QI program is accountable to the MCBH Director.

B. Annual Work Plan Components

The Annual Work Plan for Quality Improvement activities of MCBH provides the blueprint for the quality management functions designed to improve both client access and quality of care. This Plan is evaluated annually and updated as necessary.

The MCBH annual QI Work Plan includes the following components:

1. An annual evaluation of the overall effectiveness of the QI Program;
2. Objectives and goals for the coming year;
3. Previously identified issues, including tracking issues over time; and
4. Activities for sustaining improvement.

The MCBH Quality Assurance/Quality Improvement (QA/QI) Coordinator facilitates the implementation of the QI Work Plan and the QI activities. Sufficient time to engage in QI activities will be allocated to this position (e.g., facilitating the committee, monitoring activities, conducting chart reviews). The MCBH Mental Health Services Act (MHSA) Coordinator contributes to the facilitation with the implementation and coordination of the Performance Improvement Projects (PIPs).

This Quality Improvement Plan ensures the opportunity for input and active involvement of clients, family members, licensed and paraprofessional staff, providers, and other interested stakeholders in

the Quality Improvement Program. The QI members participate in the planning, design, and implementation of the QI Program, including policy setting and program planning. The Plan activities also serve to fulfill the requirements set forth by the California Department of Health Care Services (DHCS) and Specialty Mental Health Services Mental Health Plan (MHP) requirements, as related to the MHP-DHCS contract Annual Quality Improvement Program description. The MCBH QI Work Plan addresses quality assurance/improvement factors as related to the delivery of timely, effective, and culturally-competent specialty mental health services.

The QI Work Plan is posted on the MCBH website and is available upon request. It is provided to the External Quality Review Organization (EQRO) during its annual review of the MCBH system. The QI Work Plan is also available to auditors during the triennial Medi-Cal review.

C. Quality Management Committee

- **Quality Improvement Committee (QIC)**

The Quality Improvement Committee (QIC) is responsible for the key functions of the MCBH Quality Improvement Program. This committee is involved in the following functions:

1. Implement the specific and detailed review and evaluation activities of the agency. On a quarterly/bi-monthly basis, the QIC collects, reviews, evaluates, and analyzes data, implements actions, and provides oversight to QI activities, including the development and implementation of the Performance Improvement Projects (PIPs).
2. Recommend policy decisions; reviews and evaluates the results of QI activities; and monitors the progress of the PIPs. The QIC institutes needed actions and ensures follow-up of QI processes.
3. Assure that QI activities are completed and utilizes a continuous feedback loop to evaluate ongoing quality improvement activities, including the PIPs. This feedback loop helps to monitor previously identified issues and provides an opportunity to track issues over time. The QIC continuously conducts planning and initiates new activities for sustaining improvement.
4. Specific responsibilities of the QIC include, but are not limited to, the following:
 - Consumer survey results;
 - Consumer and family voice;
 - Performance Outcome Measures;
 - Access and quality of care;
 - Utilization of outpatient services;
 - Utilization of inpatient and IMD services;
 - Grievances and appeals;
 - Primary and Behavioral Health Care integration;
 - HIPAA and compliance;

- Cultural and linguistic competency, including trends regarding cases of cultural concern presented in the Clinical Team meetings;
 - Notice of Actions and State Fair Hearings;
 - Brochure distribution;
 - Psychiatrist/Physician access;
 - Medication review;
 - Review out of county mental health authorizations;
 - PIP's and EQRO review;
 - Staff and supervisor annual credentialing process (including private provider network);
 - OIG Exclusions & Suspended Medi-Cal Providers;
 - Medi-Cal verification (integrity) activities;
 - 24/7 toll free line monitoring report;
 - Drug Medi-Cal requirements;
 - Change of provider request review;
 - Peer chart review;
- **Quality Improvement Committee (QIC) Membership**
The QIC is accountable to the MCBH Director. Designated members of the QIC include the MCBH Director, Fiscal & Administrative Services Officer, Clinical Supervisor, Quality Assurance/Quality Improvement Coordinator, Mental Health Services Act Coordinator, Fiscal & Technical Specialist III. Additionally, MCBH always strives for QIC membership with community members, including consumers and family members as well as MHSA and AOD funded agencies
- **Quality Improvement Committee (QIC) Meeting Documentation**
The MCBH QIC maintains a standing meeting agenda to ensure that all required QI components are addressed at each QIC meeting. Additional items, and incomplete action items, may be identified on the agenda for review at the next meeting. The QIC documents all activities through dated minutes to reflect all decisions and actions.

II. QUALITY IMPROVEMENT PROGRAM COMPONENTS

A. Evaluation of Overall Program Effectiveness

Evaluation of the overall effectiveness of the QI program is accomplished routinely, as well as annually, to demonstrate that:

- QI activities have contributed to improvement in clinical services;
- QI activities have contributed to improvement in access to services, including timeliness;
- QI activities have been completed or are in process; and
- QI activities have incorporated relevant cultural competence and linguistic standards to match clients' cultural and linguistic needs with appropriate providers and services.

B. Specific QI Evaluation Activities (for both Behavioral Health and Substance Use Disorder Services)

1. Quality Improvement Committee (QIC)

The monthly QIC meetings may include, but are not limited to, the following agenda items:

- Review reports to help identify trends in client care, in timeliness of treatment plan submissions, and trends related to the utilization review and authorization functions;
- Review client and provider satisfaction surveys, and client change of provider requests to assure access, quality, and outcomes;
- Review the responsiveness of the 24-hour, toll-free telephone line;
- Review and evaluate results of QI activities, including progress on the development and implementation of the PIPs;
- Review QI actions and follow-up on any action plans;
- Review client- and system-level Performance Outcome Measures for adults and children to focus on any significant findings and trends;
- Review medication monitoring processes to assure appropriateness of care, appropriateness of reviewer comments, any plans of correction following initial review, and any significant trends of concern;
- Review any new Notice of Adverse Benefit Determination (NOABD), focusing on their appropriateness and any significant trends;
- Review any grievances or appeals submitted. The QIC reviews the appropriateness of the MCBH response and significant trends that may influence policy or program-level actions, including personnel actions;
- Review provider satisfaction surveys (annually) and any provider appeals;
- Review any requests for State Fair Hearings, as well as review of any results of such hearings;
- Monitor the distribution of EPSDT/TBS brochures;
- Review other clinical and system level issues of concern that may affect the quality of service delivery. The information reviewed also allows the QIC to evaluate trends that may be related to culturally-sensitive issues and may require prescriptive action;
- Review potential or required changes in policy;

- Review issues related to the Compliance Program, including compliance issues such as fraud or inappropriate billing; staff licensure; status and exclusions lists; and other program integrity items; and
- Monitor issues over time and make certain that recommended activities are implemented, completing the Quality Improvement feedback loop.

2. Monitoring Previously Identified Issues and Tracking over Time

Minutes of all QIC meetings include information regarding:

- An identification of action items;
- Follow-up on action items to monitor if they have been resolved;
- Assignments (by persons responsible);
- Due date; and
- Completion date.

To ensure a complete feedback loop, completed and incomplete action items shall be identified on the agenda for review at the next meeting. MCBH has developed a meeting minute template to ensure that all relevant and required components are addressed in each set of minutes. Meeting minutes are also utilized to track action items and completion dates.

C. Inclusion of Cultural Competency Concerns in QI Activities

On a regular basis, the QIC reviews collected information, data, and trends relevant to standards of cultural and linguistic competency.

III. DATA COLLECTION – SOURCES AND ANALYSIS

A. Data Collection Sources and Types

Data sources and types may include, but not are limited to, the following:

1. Utilization of services by type of service, age, gender, race, ethnicity, primary language, veterans, and LGBTQ
2. Access Log (initial contact log)
3. Crisis Log
4. Test call logs
5. Utilization Review documentation
6. Notice of Adverse Benefit Determination (NOABD) forms and logs (as available)
7. Second Opinion requests and outcomes
8. SharePoint or Echo Electronic Health Record Reports
9. Medication Monitoring forms and logs
10. Treatment Authorization Requests (TAR) and Inpatient logs

11. Clinical Review QI Checklists (and plans of correction)
12. Peer Chart Review Checklists (and plans of correction)
13. Client Grievance/Appeal Logs; State Fair Hearing Logs
14. Change of Provider forms and logs
15. Compliance logs
16. EQRO and Medi-Cal Audit results
17. Special Reports from DHCS or other required studies

B. Data Analysis and Interventions

1. The QA Coordinator performs preliminary analysis of data to review for accuracy and completion. If there are areas of concern, the QIC discusses the information. Clinical staff may be asked to implement plans of correction, as needed. Policy changes may also be implemented, if required. Subsequent review is performed by the QIC.
2. The changes to programs and/or interventions are discussed with individual staff, QIC members (including consumers and family members), Behavioral Health Advisory Board members, and management.
3. Program changes have the approval of the Behavioral Health Director or the Clinical Supervisor prior to implementation.
4. Effectiveness of program changes are evaluated by the QIC. Input from committee is documented in the minutes. These minutes document the activity, person responsible, and timeframe for completion. Each activity and the status for follow-up are discussed at the beginning of each meeting.

IV. QUALITY IMPROVEMENT ACTIVITIES, GOALS, AND DATA

A. Access to Care

1. Objective: Increase capacity to offer services to outlying areas in Mono County by hiring a full-time provider.
 - a. Goal: By hiring a full-time provider, it is MCBH's goal to increase client contact in outlying areas by two percent in FY 2017-2018 as measured by caseload summaries and sign-in sheets.
 - b. Planned Steps and Activities to reach goal:
 - i. Advertise job employment description.
 - ii. Upon hire of provider, measure goal of increased client contact with caseload summaries and sign-in sheets.
 - iii. In FY 2017-2018, hire an on-site psychiatry provider to offer face-to-face services throughout Mono County, including in our jail (Mono County Jail Facility in Bridgeport CA).
2. Objective: Develop Housing Projects to address state requirements and needs for those with mental illness who have housing insecurity.
 - a. Goal: It is MCBH's goal to have a comprehensive county housing plan for clients with mental illness by November 15, 2019.

- b. Planned Steps and Activities to reach goal:
 - i. Collaborate on steps needed.
 - ii. Obtain architectural report.
 - iii. Meet with Public Works.
 - iv. Get educated about relevant rules and regulations.
 - v. Discuss next steps on building political will, further research, opportunities for collaboration.
 - vi. Outreach to other Counties to learn more about their supportive housing programs.
 - vii. Contact various County entities, such as: Mammoth Lakes Fire Department, Board of Supervisors, County Counsel, etc.
 - viii. Create presentation outline for Mono County Administrative Officer, Board of Supervisors, and general public.
 - ix. Build rapport and political will; answer questions and listen to concerns.
 - x. Review scope of work/contract with housing project manager.
 - xi. Discuss structural vision and challenges.
 - xii. Meet with Behavioral Health Advisory Board (BHAB) for input, vision, and possible “Not In My Backyard” (NIMBY) discussions/concerns.

- 3. Objective: Through Drug-Medi-Cal, the state mandates that Mono County Behavioral Health will provide and/or facilitate points of access for residents needed Medically Assisted Treatment (Methadone, Suboxone, Vivitrol).
 - a. Goal: It is MCBH’s goal to continue to promote this best practice and attempt to find providers who are licensed to provide MAT throughout FY 2017-2018.
 - b. Planned Steps and Activities to reach goal:
 - i. MCBH will coordinate with the waived provider in Coleville to provide MAT to clients in the northern part of the county.
 - ii. Research through outreach and collaborative efforts.
 - iii. Research possibilities through Project ECHO.

B. Quality of Care

- 1. Objective: Begin Regional Innovation Project with Inyo and Alpine Counties.
 - a. Goal: The Eastern Sierra Strengths Model Learning Collaborative is a two-year program for those working with people who are engaged with any one of the following programs: Behavioral Health, Public Health, Child Welfare, Probation, Law Enforcement, Wild Iris, Hospital/Medical Services, Schools. This innovation program will provide monthly training, with trainers coming to the region. It will teach providers to use the strengths assessment and personal recovery planning tools. The aim of these tools is to improve outcomes such as housing, employment, social involvement, and education through adherence to treatment services that promote hope, wellbeing, and purpose for our most vulnerable residents. At the conclusion of the Collaborative, it is MCBH’s goal to:
 - i. Achieve “high fidelity” to the Strengths Model as measured by the Strengths Model Fidelity Scale developed by University of Kansas researchers.

- ii. Among clients who receive the Strengths Model intervention, increase rates of employment by 15%, increase rates of education by 10%, and increase rates of independent living by 15% by October 2019, as measured by quarterly outcome data collection and analysis completed by the California Institute for Behavioral Health Solutions.
 - b. Planned Steps and Activities to reach goal:
 - i. Schedule a Fidelity Baseline Review in the 4th Quarter of 2017
 - ii. Participate in Learning Sessions as follows:
 - 1. Learning Session 1 – January 24-25, 2018
 - 2. Learning Session 2 – March 28-29, 2018
 - 3. Learning Session 3 – July 11-12, 2018
 - 4. Learning Session 4 – September 26-27, 2018
 - 5. Learning Session 5 – February 6-7, 2019
2. Objective: Create an “Intensive Outpatient Service” delivery system as defined by the State of California Substance Use Program.
- a. Goal: It is MCBH’s goal to train all staff in treatment modalities that enhance and expand the “abstinence only” methods by June 30, 2018.
 - b. Planned Steps and Activities to reach goal:
 - i. Staff training at MCBH.
3. Objective: Create and implement tools to facilitate communication and collaboration for the Wraparound program, Student Attendance Review Board (SARB), and other collaborative Family Team approaches to treatment.
- a. Goal: It is MCBH’s goal to launch a Wraparound SharePoint internal website by August 15, 2017.
 - b. Goal: It is MCBH’s goal to conduct a needs assessment with other collaborative family teams (i.e., the Multi-Disciplinary Team) to learn more about their needs for communication and collaboration tools by June 15, 2018.
 - c. Planned Steps and Activities to reach goal:
 - i. Development of system for wants/needs of above programs.
 - ii. Creating and designing website in collaboration with the Information Technology Department.
4. Objective: Outreach to community members, consumers, family members, other agencies, non-profits, etc., for membership in the QIC meetings.
- a. Goal: Continually improving upon consumer outcomes, access to care and quality of care and increasing membership of the QIC by December 2018.
 - b. Planned Steps and Activities to reach goal:
 - i. Staff reaching out to consumers at the end of sessions.
 - ii. Flyers on the counter at the Front Office window that consumers may take with them.
 - iii. Postings on our website/Facebook pages.
 - iv. Flyer postings:
 - 1. In our lobby.
 - 2. Wellness Centers.
 - 3. Community locations that currently allow postings.
 - v. Outreach to collaborating agencies (posting in their lobbies, etc.)
 - vi. Email out to those currently on our Wellness Calendar email list.

- vii. Provide information at Focus Groups.
- viii. Outreach to non-profits (e.g. Wild Iris and other area non-profit agencies)
- ix. “Feet on the ground” outreach (walking into agencies/businesses)
- x. Address at the Board of Supervisors Meetings when doing a presentation and/or during the public open-session portion of the meeting.

C. Consumer Outcomes

1. Objective: Facilitate three (3) Wellness Forums in June Lake area to address area mental health and substance use treatment needs, as well as promote stigma reduction. These forums will ask community members to identify stressors that they are dealing with and how they cope.
 - a. Goal: It is MCBH’s goal to have twelve (12) community members at each session and to follow-up with the community by September 1, 2018, with proposals for programs and services that will meet the identified needs.
 - b. Planned Steps and Activities to reach goal:
 - i. Development of questions/tools, etc., for Wellness Forums.
 - ii. Presentations and discussions at Forums.

2. Objective: Implement Wraparound program evaluation, including CANS assessment, Family Empowerment Scale, and Wrap Principle Fidelity Surveys for all new families entering Wrap.
 - a. Goal: Higher level of care for consumers.
 - b. Planned Steps and Activities to reach goal:
 - i. Evaluation and implementation of program.

3. Objective: Working in conjunction with the Special Project Coordinator of the Community Corrections Partnership (AB109 Realignment), MCBH will create a comprehensive response to address opiate and other narcotic use in Mono County as it relates to treatment, prevention, and enforcement.
 - a. Goal: It is MCBH’s goal to actively collaborate with agencies such as Mammoth Hospital, Mono County District Attorney, Law Enforcement agencies, and other county departments to establish a full spectrum response for those struggling with opiate/narcotic addiction. This collaboration will result in a structured prevention, enforcement, and treatment plan to be implemented by June 30, 2018.
 - b. Planned Steps and Activities to reach goal:
 - i. Evaluation and implementation.
 - ii. Collaboration with various agencies.

4. Objective: Continue to advance the use of our Electronic Health Record system through Echo Corporation, including increased data completeness, improved timeliness of notes, and more specific coding mechanisms for time/productivity studies
 - a. Goal: It is MCBH’s goal to continually strive for improved consumer outcomes.
 - b. Planned Steps and Activities to reach goal:
 - i. Continue with Echo Corporation training.
 - ii. Continue with MCBH staff training.

D. Evidence of QI activities

- **Clinical PIP**

1. Objective: Please refer to **Addendum A** for Objectives, Goals, and Planned Steps and Activities to reach goal.

- **Non-Clinical PIP**

1. Objective: Please refer to **Addendum B** for Objectives, Goals, and Planned Steps and Activities to reach goal.

- Data Collection

E. Monitoring activities

1. 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.
 - a. Goal: Monitor 35% of Medi-Cal charts.
 - b. Planned Steps and Activities to reach goal:
 - i. Train staff quarterly on how to write effective progress notes, milestones, and keep charts in working order.
 - ii. Continue improving review system, run PDSA's to determine effectiveness.
 - iii. QA Coordinator and Clinical Supervisor will review charts with Chart review tool, provide feedback, and correct any chart problems.
 - iv. Reviewed charts will be documented in Chart Review log, with any uncorrectable errors.
 - v. Any disallowances found will be submitted to fiscal department for correction.
2. Objective: Protect consumers and MHP from fraudulent billing.
 - a. Goal: Verify 10% of delivered service a month.
 - b. Planned Steps and Activities to reach goal:
 - i. QA Coordinator and Committee will continue with current system for monitoring delivered services.
 - ii. Monitoring will occur on monthly basis.
 - iii. Analyze instances of services being recorded in an erroneous manner.
 - iv. Committee will evaluate any discrepancies found in billing and client verification.
 - v. QA Coordinator recognizes the need for further training and will schedule upcoming trainings with Fiscal & Technical Specialist III and/or Fiscal & Administrative Services Officer.

F. Accessibility of Services

1. Objective: Maintain timely access to services for all new clients.
 - a. Goal: All clients seen within 10 days of registration.
 - b. Planned Steps and Activities to reach goal:
 - i. Front office staff enter all new registrations and intake appointments to intake log.
 - ii. QA Coordinator will review intake log on monthly basis.
 - iii. QA Coordinator will analyze instances of services lapsing more than 10 days and bring these instances to Committee meetings.
 - iv. Committee will identify any system improvements to make.
 - v. Committee will create PDSA and implement system changes to keep appointment time at 10 days or less.

G. Cultural Competence

1. Objective: Have all staff trained annual in cultural competence.
 - a. Goal: 100% of therapists, case managers, office staff, and administrative staff receive one four-hour training about cultural competency annually.
 - b. Planned Steps and Activities to reach goal:
 - i. Engage/hire/contract with trainers for cultural competency.
 - ii. Close office during trainings so all staff can attend.
 - iii. Advertise trainings to other departments/agencies.

V. DELEGATED ACTIVITIES STATEMENT

MCBH does not delegate any review activities. Should delegation take place in the future, this Plan will be amended accordingly.