Tehama County Mental Health
Quality Improvement Program

The MHP shall have a written Quality Improvement (QI) Program Description in which structure and processes are clearly defined with responsibility assigned to appropriate individuals.

The TCMHP QI Program

The Tehama County MHP (TCMHP) QI Program is designed to develop, implement, Coordinate, monitor and evaluate performance activities throughout the MHP. The primary concerns of the QI Program include, but are not limited to:

- Beneficiary Access to services and authorization for services
- Program Integrity and Compliance
- Complaints and Appeals
- Beneficiary and Provider Satisfaction
- Performance Improvement
- Beneficiary and System Outcomes
- Utilization Management and Clinical Reviews

The TCMHP QI program is comprised of the Quality Improvement Committee (QIC), Quality Assurance Manager (QAM), and service teams. The QI program is accountable to the Mental Health Director and will be evaluated and updated annually.

Quality Improvement Committee (QIC)

The purpose of the (QIC) is to improve the quality of mental health care and services provided by Tehama County Health Services Agency (TCHSA). It is the aim of TCHSA to provide accessible, timely, culturally competent, and cost-effective services to the community. The QIC monitors and evaluates quality and appropriateness of services at the beneficiary, provider and system levels. The QIC is responsible for recognizing inefficient processes, assessing barriers to quality of care, identifying solutions with measurable objectives and goals, taking actions to meet these objectives and goals, and evaluating the subsequent outcomes. Integral to the QIC's success in improving TCHSA services and quality of care is the continued integration of health services among agency divisions and between agency divisions and community health care providers, especially primary care providers. Collaboration among clinicians, supervisors, outside providers, consumers, patients' rights advocates, and community partners is essential to improve the integration of health care services. The QIC membership is composed of the TCMHP Director, Psychiatrist, QAM (Licensed), Tehama County Mental Health Board Member, Contract Providers, Business Operations Supervisor, Licensed Mental Health Supervisor, Clinician, Cultural Competency Committee representative, Medical Support staff, Case Recourse Specialist, Patients' Rights Advocate, and Consumers (adult and transition age youth). The QIC functions include (but are not limited to):

- Review new or pending laws, regulations, or policies in mental health.
- Review issues, challenges, improvements, and successes related to quality of care.
- Review and evaluate the results of QI activities including Performance Improvement Projects.
- Initiate necessary QI actions and follow-up of QI processes.
- Review of Complaints and Appeals to determine appropriate actions.
- Monitor and evaluate the quality and appropriateness of services at the beneficiary, provider and system levels and recommend solutions to identified issues.

- Review and evaluate the results of QI activities (internal and external) such as medication monitoring, audits of local outside providers, internal audits, External Quality Review Organization (EQRO) Annual audits by State Contracted Agency and triennial review by the State.
- Review critical unusual occurrences (suicides/homicides), reports of sub-standard or unethical behavior/treatment by therapists, psychiatrists and other clinical staff.
- Recommend policies, procedures and system changes to improve beneficiary care and outcomes as a result of QI activities or QIC actions.
- Review and evaluate data to identify strengths, common trends and areas for improvement.
- Document all activities through dated and signed minutes of committee meetings that reflect QIC decisions and actions.
- Standard report evaluations quarterly with an annual review.

Quality Assurance Manager (QAM)
The QAM is responsible for coordinating, managing and reporting on all aspects of the QI/Management processes of the TCMHP. The QAM chairs the QIC, prepares standard reports, coordinates annual consumer satisfaction surveys, manages all complaints and appeals, provides liaison services with the Department of Health Care Services personnel, verifies the credentials of licensed staff, audits contracted providers (both individual and organizational), oversees contracting with outside providers, performs site certification reviews for private and organizational providers, and develops Performance Improvement Projects in cooperation with Systems of Care.

Service Teams
The Service teams consist of representatives from the Adult Outpatient Team, Crisis Team, Medication Support, Case Management, Adult Drop-In Center, Transitional Age Youth Team, and Mental Health Services Act. The teams work on QI from a clinical perspective in conjunction with and at the direction of the QAM and the QIC.

Tehama County Mental Health
QI Annual Work Plan
FY 15-16

The QI Program shall have an annual QI work plan including the following:

I. Evaluation of QI Program Efficacy

An annual evaluation of the overall effectiveness of the QI program, demonstrating that QI activities have contributed to meaningful improvement in clinical care and beneficiary service, and describing completed and in process QI activities, including performance improvement projects.

The TCMHP evaluates the overall effectiveness of the QI program through the following activities:

- A standing list of quantitative and qualitative QI reports are presented at the QIC monthly or quarterly. Report findings are compared with the previous quarter, trends identified, objectives for improvement determined, QI actions taken, and progress examined at the following quarter. To examine the QIC's annual progress on these QI report improvement activities, an annual report evaluation will occur before June 30th of each year. Standing QIC reports include:
  - Timeliness and access to services
  - Change of provider requests
  - No shows
  - Tracking of authorization timeliness
  - Seven day inpatient hospitalization follow up
  - Treatment authorization requests
  - Medication compliance
  - Crisis line test calls
  - Complaints and appeals
  - Updates on performance improvement projects
  - Results of internal peer chart reviews
- Bi-annual consumer satisfaction surveys will be conducted. The results will be presented and evaluated at the QIC and the results will be compared with the previous quarter's survey results.
- A bi-annual contract provider satisfaction survey will be collected from all contracted providers. The results will be presented and evaluated during a QIC meeting.
- A monthly discussion of system updates, clinical updates, and consumer updates.
- Report of Medi-Cal penetration rates and rates of services per fiscal year

II. Monitoring and Tracking and III. Sustaining Improvement

The TCMHP collects data for the quality related quantitative and qualitative reports listed above. Data is analyzed and evaluated at QIC meetings to identify quality issues, establish improvement initiatives, set goals, and document progress toward these quality improvement initiatives quarterly and annually.

III. QI Objectives

a. Monitoring the service delivery capacity of the MHP.

i. Previously identified issues and tracking of issues over time.

The TCMHP continues to have a lower penetration rate for the county's threshold population (Latino/Hispanic) compared to other small counties (3.14 versus 3.87% respectively) (APS, 2013).

ii. Planning and initiation of activities for sustaining improvement.

The TCMHP continues to identify and implement strategies aimed at improving its threshold population penetration rate. To improve the Latino/Hispanic community's knowledge of, and access to, services the TCMHP conducts outreach activities at community events including: the Children's Fair, the St. Elizabeth Community Hospital Health Spree, the Tehama County Health Fair, Cinco de Mayo, Project Homeless, Tehama County Fair and Feria de Salud. The TCMHP employs seven bilingual staff members in the following positions: office assistant (including front desk staff), social worker, clinical supervisor, case resource specialist, and health educator.

- *The MHP shall implement mechanisms to assure the capacity of service delivery within the MHP*. The TCMHP will continue to monitor penetration rates annually, evaluate current strategies, and identify and implement new strategies as appropriate.
- *The MHP will describe the current number, types, and geographic distribution of mental health services within its delivery system.* The need for local mental health services extends from Red Bluff, south to Corning, north to Cottonwood, west to Rancho Tehama Rancheria and east to Gerber, Los Molinos, Paynes Creek and portions of Manton. Our mental health diagnostic and treatment services are offered at three sites in Red Bluff and a single site in Corning. Case Management services are offered through two Red Bluff sites and Medication Support services through one of our Red Bluff sites. We have contracts with organizational and individual providers enabling us to expand our service delivery area.
- *The MHP sets goals for the number, type, and geographic distribution of mental health services.* The TCMHP's goal is to deliver the appropriate service, in the appropriate intensity, to the appropriate client, at the appropriate time, and in the appropriate location. In addition to the "formal" sites for provision of services, we also encourage and provide mental health specialty services and case management services in clients' homes. Services are additionally, offered at the Tehama County jail, juvenile detention facility and day reporting center.

iii. Objectives, scope and planned activities for the coming year.

The TCMHP will continue to monitor service delivery capacity through data collection and consumer and provider feedback. The TCMHP will continue to monitor penetration rates annually, evaluate current strategies, and identify and implement new strategies as appropriate.

b. Monitoring the accessibility of services

i. ***Previously identified issues and tracking over time.*** The TCMHP's goal for timeliness to first appointment and timeliness to first psychiatry appointment is 14 days. The timeliness to first appointment standard was met 100% and timeliness to first psychiatry appointment 57.6% of the time in the 2015-2016 fiscal year. Additionally, no show rates for Clinicians/Non-Psychiatrist are 10% and no show rates for Psychiatrist are 14%. TCMHP's no show rate goal is 10%. We will continue to focus on no show rates by implementing our Non-Clinical PIP to improve client engagement of services after first initial appointment as well as create a standby method for Psychiatry appointments.

ii. ***Planning and initiation of activities for sustaining improvement.***
Initiatives for improving timeliness of access to first appointment and first psychiatry appointment:

- We will continue to offer walk-in assessments appointments twice daily (8am and 1pm).
- The TCMHP will discuss the feasibility of providing access to a Psychiatrist at the Corning site one day a week.
- Clients will be scheduled for updated clinical assessments and other services (case management, rehabilitation) prior to the date of hospital discharge
- Crisis slot appointments for psychiatrists will be maintained.
- We will start tracking appt. timeliness for Spanish speaking clients.

iii. Objectives, scope and planned activities for the coming year.
Objectives for improving timeliness of access to first appointment and first psychiatry appointment, and decreasing no show rates:

- Timeliness of access additional services after the intake assessment appt. will increase from 17.4 days to 14 days.
- No show rates for psychiatry appointments will decrease to meet the TCMHP's objective of 10% by the end of the 2016-2017 fiscal year.
- Timeliness data and no show rates will continue to be tracked and analyzed with results presented quarterly at QIC meetings.
- QIC members will report on the initiatives undertaken to improve timeliness of access. After reviewing timeliness and no show data quarterly, initiatives will be evaluated, improved, and reevaluated as progress is made toward the TCMHP's goals.
- Outcomes for timeliness to access data and improvement activities will be evaluated at year's end for efficacy and outcomes.

c. Monitoring beneficiary satisfaction.

i. ***Surveying beneficiary/family satisfaction with the MHP's services at least annually.*** A consumer satisfaction survey is completed annually at all TCMHP service sites. Survey data is collected and analyzed, the results of the survey are presented and discussed at the QIC, and initiatives for improvement are identified. Survey results will also be shared with providers at general mental health staff meetings, and posted in public waiting areas.

ii. **Evaluating beneficiary complaints and fair hearings at least annually.** Beneficiary complaints, appeals, and state fair hearings are recorded in a log per DHCS requirement. The number, type, and area of complaints are tracked and reported at the QIC quarterly and annually. Timeliness of TCMHP's response to complainant and resolution of complaint is also tracked. Based on complaint report findings, QI activities are identified, initiated, and routinely monitored at QIC meetings.

iii. **Evaluating requests to change persons providing services at least annually.** Beneficiary requests for change of provider are analyzed quarterly and presented at the QIC. Trends are discussed, potential solutions are identified if appropriate, objectives established, improvement activities carried out, and outcomes evaluated at the end of the following quarter.

iv. **Planning and initiation of activities for sustaining improvement.** It is TCMHP's goal to improve complaint and change of provider request tracking and data collection to better understand trends or patterns and address the root causes. The following initiatives will continue in the 2016-2017 fiscal year:

- The complaint tracking log contains additional subject categories to gain more specific insight into complaint trends and patterns. This captured data will be presented quarterly at QIC meetings to identify and implement QI initiatives.
- The change of provider request form requires a written explanation of requests marked "other" in the reason for request category. Results will be presented quarterly at QIC meetings and QI initiatives identified if appropriate.

d. Monitoring the MHP's service delivery system and meaningful clinical issues affecting beneficiaries, including safety and effectiveness of medication practices.

i. ***Annually the MHP identifies meaningful clinical issues that are relevant to its beneficiaries for assessment and evaluation.*** TCMHP will evaluate the medication practices annually under the direction of the Mental Health Director. The following areas will be evaluated:

- Informed consent for all psychotropic medication prescriptions
- Timely updating of medication service plans
- Obtaining labs as required by pre-determined parameters
- Method for providers to change the diagnosis of record.
- Initiation of the E-prescribe (electronic Prescribing) system for licensed prescribing staff
- Consistent documentation of allergies in the medical records
- Medication samples tracking process
- Laboratory protocol policy implemented in 2012.

In the 2016-2017 fiscal year the QAM will finalize the TCMHP medication policy and protocol to identify an appropriate database for medication

prescribers to consistently use to research medications, medication prescribing, and associated lab or other tests. In addition, the ERM (Avatar) will include a revised medication service plan that includes measurable medication-related goals and outcomes for clients.

The TCMHP will continue to use the medication support program to assist beneficiaries in medication compliance, as well as to provide education on medication use and safety, symptom management, and healthy lifestyle choices. The outpatient RN completes a nursing health assessment on all clients new to medication support, including blood pressure, weight, BMI, and vital signs. The outpatient RN also assists in client compliance with completing monthly and quarterly diagnostic tests.

ii. ***These clinical issues will include a review of the safety and effectiveness of medication practices. The review shall be under the supervision of a person licensed to prescribe and dispense prescription drugs.*** Monthly medication monitoring by a psychiatrist audits fourteen or more randomly chose charts and tracks: currency of medication treatment plans and consents; consents filed in charts; laboratory tests being ordered per accepted standards; and the five axis diagnoses documented appropriately. Medication monitoring results are reported monthly at QIC meetings and initiatives for improvement discussed.

iii. ***In addition to medication practices, other clinical issues will be identified by the MHP.*** A new referral policy and protocol for TCMHP has been created and is finalized. The referral policy outlines a standardized process for referrals among Agency divisions and between the Agency and outside providers. The referral policy will be reviewed by mental health providers prior to approval.

e. Monitoring continuity and coordination of care with physical health care providers and other human service agencies.

i. **The MHP is working to ensure that services are coordinated with physical health care and other agencies used by its beneficiaries.** Collaboration between TCMHP and other Agency divisions, as well as with outside providers is integral to providing the best care for clients. The agency will integrate services by co-locating with Drug Alcohol Division and the Health Clinic. After the physical integration of services, TCMHP will assign a clinician to provide counseling services for those referred from the health clinic. The TCMHP will also continue providing outpatient mental health services, including assessments, counseling, and Moral Reconation Therapy at the Red Bluff Day Reporting Center.

The TCMHP will continue to meet quarterly with the jail and juvenile detention facility. The Juvenile Detention Facility Quality Assurance Committee and the Jail Quality Assurance Committee are comprised of jail or

juvenile detention facility staff, the QAM, and representatives from the health clinic, drug and alcohol division, and public health division.

ii. ***When appropriate, the MHP shall exchange information in an effective and timely manner with other agencies used by its beneficiaries.*** To ensure that a standardized approach is used for collaboration of care, a new referral policy and protocol for TCMHP, and inter-agency referral form has been created. The referral policy outlines the process for referrals among Agency divisions and between the Agency and outside providers. The referral policy will be reviewed by mental health providers prior to approval.

Routine meetings with community providers will continue to evaluate care processes, complaints, and charting compliance. Quality improvement initiatives and staff training needs will be identified and evaluated continuously. The TCMHP will continue regular Day Reporting Center meetings. The Juvenile Detention Facility Quality Assurance Committee will continue to meet quarterly, as well as the Jail Quality Assurance Committee to ensure ongoing and comprehensive communication about coordination of care. TCMHP Registered Nurses will continue to rotating shifts at the jail.

iii. ***The MHP shall monitor the effectiveness of its MOU with Physical Health Care Plans.*** Currently there is no MOU in place with Physical Health Care Providers.

f. Monitoring provider appeals.

i. ***Monitoring of previously identified issues, including tracking of issues over time.*** The QAM will review and log all provider appeals for tracking purposes. Any significant trends will be reported and discussed at QIC meetings to initiate preventive measures and resolve the problem. There were no provider appeals in the 2015-2016 fiscal year.

ii. ***The following process will be followed for each of the QI work plan activities #1-6 identified above that are not conducted as performance improvement projects, to ensure the MHP monitoring the implementation of the QI Program.*** The following activities will be reported and discussed at QIC meetings:

- Collect and analyze data if applicable to track progress toward quality improvement objectives.
- Monitor and evaluate quality improvement activities and refine as needed.
- Identify new quality issues as they arise, establish improvement initiatives, set goals, and document progress toward these quality improvement initiatives quarterly and annually.

iii. ***If the MHP delegates any QI activities, there will be evidence of oversight of the delegated activity by the MHP.***
The TCMHP does not delegate any QI activities.

TEHAMA COUNTY MENTAL HEALTH PLAN
Quality Improvement Work Plan and Evaluation
FY 2015-2016

#	DESCRIPTION	PLANNED ACTIVITIES AND MONITORING	LEAD STAFF	RESULTS
I	**SECTION I SERVICE DELIVERY CAPACITY: Monitoring the service delivery capacity of the MHP by staff**			
1.1	The MHP will continue to track by the number, types and geographic distribution of Mental Health services and network providers.	Continue to track mental health services and network providers.	Quality Assurance Manager (QAM)	CMHC report by location
1.2	Goals are set for the number, type, and geographic distribution of mental health services 1.2 Goal: Increase services for Spanish-speaking clients in Corning and Red Bluff by establishing at least two mental health groups for Spanish-speaking clients.	Establish weekly Seeking Safety and Moral Recognition Therapy groups for Spanish-speaking clients in January 2015.	Mental Health Director, Clinician III	TCHSA-MH Division provided a Spanish language WRAP Group for in Corning in the Spring of 2016. TCHSA-MH-Division has established a Spanish Language Nurturing Parenting Group in Los Molinos. Additionally, we have increased our Spanish Language outreach by training two bi-lingual staff as trainers for Mental Health First Aid Training. We had MHFA training in Spanish in the Fall of 2015.
1.3	Goal: Increase outreach with Hispanic/Latino community leaders. With input from Latino Outreach identify and implement at least one prevention and early intervention goal to help improve service access for the Hispanic/Latino populations.	Bilingual Health Educator will attend meetings for "Latino Outreach" in Red Bluff to gather input.	Bilingual Health Educator, Clinician III	The Bilingual Health Educator attended monthly Latina Outreach meetings to gather input regarding increasing outreach to improve services.
1.4	Cultural Competency. Goal: As a result of staff cultural competency training, the June 2015 cultural competency survey will show a 25% increase in staff's reported use of cultural strengths and resources when planning services.	Results of FY14-15 cultural competency survey will be analyzed using Survey Monkey. Results will be presented at QIC and to Cultural Competency Committee.	QAM	
1.5	Increase comfort of Spanish-speaking callers to Community Crisis Response Unit (CCRU) telephone line by training CCRU staff with a Spanish-language script that explains to callers they are being transferred to language line.	Establish script and system of training for Community Crisis Response Unit (CCRU) staff to read to Spanish speaking callers to the toll free crisis line when they need to transfer them to the language line.	Community Crisis Response Unit (CCRU) Supervisors	A Spanish speaking language line card was created and staff were trained regarding out to utilize the script to inform callers that they are being transferred.
1.6	Goal: Develop Clinician and Non-Clinical PIP	Create concept state PIP's to be Active by the end of 2016.	QAM, Mental Health Director	The new QAM was hired and begin evaluating needs and strengths regarding programs and services. Non-Clinical PIP was developed regarding Access of timely services after initial appointment to address timeliness. Clinical PIP was developed regarding quality of crises response services provided via 24/7 Access Line to improve consumer satisfaction and reduce Crisis Stabilization services.
1.7	Goal: Continue increasing Katie A. related services.	Designate two clinicians for all Katie A. related services.	Licensed Clinical Supervisor of TAY services	The YES Center Staff was increased by 2 FTE Clinician and 2FTE Case Resource Specialist in anticipation of Katie A.
II	**SECTION II SERVICE ACCESSIBILITY: Monitoring the accessibility of services will be done throughout Mental Health**			
2.1				

TEHAMA COUNTY MENTAL HEALTH PLAN
Quality Improvement Work Plan and Evaluation
FY 2015-2016

#	DESCRIPTION	PLANNED ACTIVITIES AND MONITORING	LEAD STAFF	RESULTS
2.2	Goal: Improve timeliness to first appointment to meet the TCMHP's standard of 14 days 95% of the time by the end of the 2015-2016 fiscal year.	Continue availability of walk-in assessments twice every week day. Incorporate walk-in assessments to timeliness data tracking with new EHR implementation, including break down for children and Spanish-speaking clients.	Information Technology (IT) staff	First appointments are available via walk-in assessments each weekday at 8am and 1pm. This has provided 0 wait time for clients and has improved our timeliness outcomes. Data will be tracked after HER implementation, including children and adults as well as Spanish speaking clients.
2.3	Goal: Improve timeliness to first psychiatry appointment to meet the TCMHP's standard of 14 days 95% of the time by the end of the 2015-2016 fiscal year.	Hire full-time medication support mid-level practitioner (such as Nurse Practitioner or Physician Assistant). Medication support RNs will start assessing clients before they are seen by psychiatrist/NP to gather some of the information required for the medication support service plan. Incorporate track for timeliness of initial contact to first psychiatry appointment in new EHR, including break down for children and Spanish-speaking clients.	Medication Support staff	During FY 15 -16 TCHSA hired one mid level practitioners and contracted with a locum service for another. Additionally, we are increasing our Tele psychiatry options to keep up with the need for med support services. We have met the standard for adults. We continue to work towards meeting TCMHP's standard of 14 days for first psychiatry appointments for children, due to our children's psychiatry services are only available via tele psychiatry by appointment only. Child psychiatrist continue to be a hard to fill position which creates a barrier for the County to meet this standard for the 0-18-year-old population
2.4	Goal: Decrease no show rates to meet the meet the TCMHP's no-show standard of 10% by the end of FY15-16 fiscal year.	Medication Management groups will continue, to reduce medication support no-shows. Hire full-time medication support mid-level practitioner (such as Nurse Practitioner or Physician Assistant) to improve continuity of care for clients.	QAM, Medication Support staff	We have met the no show standard of 10% for non-psychaitrist appts. We continue to work towards meeting the standard for psychiatry appts. We hired a full time mid-level practitioner. We continued to coduct Medication Management Groups to reduce the rate of no shows. We have discussed other interventions to address the high no show rate for Psychiatry services, including creating a standby list, in which a set number of walk-in appointment slots would be available each day for clients who no-showed their last appointment.
2.5	Goal: 95% of test calls to the 24-hour toll free crisis telephone line will be logged.	At least 1-2 test calls performed monthly using test-call protocol. Results reviewed with Community Crisis Response Unit (CCRU) Supervisor and with QIC. Bi-annual trainings conducted for CCRU staff.	QAM, Community Crisis Response Unit (CCRU) Supervisors	We conducted an average of 1 call per month using our test-call protocoll. The CCRU supervisor reviews the results from the test calls with staff and offers ongoing 1:1 training. The test-call quaterly reports indicate a logged rate of 50%. We have created a Clinical PIP to address the quality of our 24/7 Access Line. A component of the intervention for this PIP will include training and oversite of staff regarding logging calls.

TEHAMA COUNTY MENTAL HEALTH PLAN
Quality Improvement Work Plan and Evaluation
FY 2015-2016

#	DESCRIPTION	PLANNED ACTIVITIES AND MONITORING	LEAD STAFF	RESULTS
2.7	Goal: 95% of test call results to the 24-hour toll free crisis telephone line will show test-callers received information about how to access specialty mental health services including specialty mental health service required to assess whether medical necessity criteria are met, service needed to treat a beneficiary's urgent condition, and how to use the beneficiary problem resolution process and fair hearing process.	At least 2 test calls performed monthly using test-call protocol. Results reviewed with Community Crisis Response Unit (CCRU) Supervisor and with QIC. Bi-annual trainings conducted by QAM for CCRU staff.	QAM, CCRU Supervisors	We conducted an average of 1 call per month using our test-call protocoll. The CCRU supervisor reviews the results from the test calls with staff and offers ongoing 1:1 training. The test-call quaterly reports indicate a compliance rate regarding this goal of 60%. We have created a Clinical PIP to address the quality of our 24/7 Access Line. A component of the intervention for this PIP will include training and oversite of staff regarding providing information about how to access specialty mental health services including specialty mental health service required to assess whether medical necessity criteria are met, service needed to treat a beneficiary's urgent condition, and how to use the beneficiary problem resolution process and fair hearing process.
2.8	Goal: 95% of test calls results to the 24-hour toll free crisis telephone line will show test-callers received information in the language they requested.	At least 2 test calls performed monthly using test-call protocol. Results reviewed with Community Crisis Response Unit (CCRU) Supervisor and with QIC. Bi-annual trainings conducted by QAM for CCRU staff.	QAM, CCRU Supervisors	We conducted an average of 1 call per month using our test-call protocoll. The CCRU supervisor reviews the results from the test calls with staff and offers ongoing 1:1 training. The test-call quaterly reports indicate a compliance rate regarding this goal of 57%. We have created a Clinical PIP to address the quality of our 24/7 Access Line. A component of the intervention for this PIP will include training and oversite of staff regarding providing information in the language they requested.
III	**SECTION III BENEFICIARY SATISFACTION: Monitoring beneficiary satisfaction**			
3.1	Goal: Implement new client satisfaction survey quarterly at all TCHSA-MH outpatient sites.	Implement new client satisfaction survey quarterly. Install wood survey boxes for clients to deposit surveys. Survey results will be entered into Survey Monkey and presented quarterly at the QIC.	QAM	We have installed the boxes at each site. With the QAM positoin not filled until May of 2016, the results were not entered into survey monkey.
3.2	Goal: After completion of the client satisfaction survey in June 2015, at least one area for improvement will be identified and remedial interventions will be implemented.	Discuss results of FY14-15 client satisfaction survey with QIC. Agree on at least one initiative to improve services as a result of survey.	Quality Improvement Committee (QIC)	This was to be coordinated and implemented by QAM and was not completed.
3.3	Goal: Evaluate beneficiary complaints and fair hearings at least annually	Continue to log client complaints and fair hearings and report at QIC quarterly. Discuss and implement changes to improve services as a result of complaints as needed.	QAM	TCHSA Compliance Officer has responded to complaints and kept documentation of complaints. With the QAM vacancy this process has not been as systematic as we would like it to be.
3.4	Goal: Evaluating requests to change persons providing services at least annually	Continue to track client change of provider requests and report at QIC quarterly. Discuss and implement changes to improve services as a result of complaints as needed.	Office Assistant IIIs, QAM	Have discussed and reviewed in ongoing manner in QIC meetings. Will review in Supervisors Meeting and Clinical Meeting in October 2016.

TEHAMA COUNTY MENTAL HEALTH PLAN
Quality Improvement Work Plan and Evaluation
FY 2015-2016

#	DESCRIPTION	PLANNED ACTIVITIES AND MONITORING	LEAD STAFF	RESULTS
3.5	Goal: 95% of client grievances will be decided upon and communicated back to the client within 60 days of receiving the grievance.	Continue to log client complaints and ensure complaints are "closed" (i.e. the client is informed of the result) within 60 days of receiving the grievance.	QAM	TCHSA Compliance Officer has responded to complaints and kept documentation of complaints. With the QAM vacancy this process has not been as systematic as we would like it to be.
3.6	Goal: Implement standardized outcome measures.	Implement standardized outcome measures as determined by County Behavioral Health Directors Association (CBHDA). If CBHDA outcome measures are not identified in a timely manner implement FIT.	Mental Health Director, QAM	The MHP has been monitoring statewide outcome measurement trends and requirements. The outcome measures contained with MOQA, EQRO, and the Triennial are at the forefront of priorities as TCHSA develops and implements MY AVATAR. As planning advances these outcome measurements will be imbedded in the MY AVATAR system.
3.7	Goal: Recruit at least one Patients' Rights Advocate	Recruit Patients' Rights Advocates, including bilingual if possible through Tehama County Mental Health Board, Latino Outreach, and other avenues.	Mental Health Director, QAM	Tehama County Department of Social Services (DSS) has agreed to an MOU that is waiting final approval. Once approved Patient's Rights Advocates staff will be trained.
IV	**SECTION IV CLINICAL ISSUES: Monitoring Clinical Issues**			
4.1	Goal: Monitor use and timeliness of new medication support service plans.	Use Authorized Service Request (ASR) report in CMHC (mental health information system) to track medication support service plan timeliness. Implement new peer review database to track use of medication support service plan. Continue to review medication support service plans in triage.	Business Operations Supervisor Mental Health, QAM, Medication Support Staff, Triage Team	The Peer Review Checklist has been revised to include new details so that medication support staff files could be a part of the peer review process. Timeliness of medication support service plans is tracked in our QIC Reports document.
4.2	Goal: Monitoring of medication support services - 95% of a sample of charts of clients who receive medication support services will show adherence to applicable standards of safety and effectiveness of medication practices.	Monthly medication support service monitoring by a psychiatrist who audits fourteen or more randomly chosen charts and tracks: currency of medication treatment plans and consents; consents filed in charts; laboratory tests being ordered per accepted standards; and five axis diagnoses documented appropriately. Results are reported at QIC.	Medication Support Staff	MHP met this goal and the results indicate a 95% complaince rate of all charts audited.
V	**SECTION V PHYSICAL HEALTH CARE & OTHER AGENCIES**			
5.1	Goal: Approve and implement new referral process between agency divisions	Approve new inter-division referral process in Compliance Support Committee and implement across agency.	Compliance Support Committee	The policy is waiting approval from the compliance committee.

TEHAMA COUNTY MENTAL HEALTH PLAN
Quality Improvement Work Plan and Evaluation
FY 2015-2016

#	DESCRIPTION	PLANNED ACTIVITIES AND MONITORING	LEAD STAFF	RESULTS
5.2	Goal: Continue to provide mental health services at TCHSA clinic.	Continue to designate one mental health clinician to be available at scheduled times weekly at TCHSA clinic.	Licensed Clinical Supervisor Mental Health Outpatient	TCHSA- MH Division provided MH services at the TCHSA Clinic until May of 2015. At that time both TCHSA - MH Division and TCHSA Clinic were experiencing some staff shortages which caused a decrease in referrals from TCHSA-Clinic, and made it difficult for TCHSA -MH Division to provide staffing. As soon as TCHSA has no more Clinician vacancies MH services will resume at the clinic. Once we are co-located, this will also improve coordination of services between Mental Health and the TCHSA clinic.
5.3	Continue to provide opportunity for consultation between physical health care providers and mental health care providers.	Continue to schedule weekly meetings between clinic MD and MHOP Psychiatrist for consultations.	Licensed Clinical Nurse Supervisor	This consultation occurred on a regular basis until the retirement of our clinic staff shortages began. We will resume this opportunity when the new clinic physician arrives.
VI	**SECTION VI PROVIDER APPEALS AND SATISFACTION**			
6.1	Goal: Evaluate provider satisfaction with MHP's referral and service authorization process. An annual contract provider satisfaction survey will be collected from contracted providers.	Survey data will be analyzed via Survey Monkey. The results of the survey will be presented and discussed at the QIC, and initiatives for improvement are identified as needed.	QAM	This goal was directly assigned to the QAM. We did not have staff resources to purse this with the QAM vacancy.
6.2	Goal: After evaluation of the provider satisfaction survey given to all providers in June 2015 at least one issue will be identified and changes will be implemented in FY 15-16.	Discuss results of FY14-15 provider satisfaction survey with QIC. Agree on at least one initiative to improve services as a result of survey.	QIC	This goal was directly assigned to the QAM. We did not have staff resources to purse this with the QAM vacancy.