

**Tehama County Health Services Agency
Mental Health Division
Quality Improvement Program**

The Mental Health Plan (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 Tehama County Health Services Agency (TCHSA) MHP QI Program

The MHP 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
- Grievances and Appeals
- Beneficiary and Provider Satisfaction
- Performance Improvement
- Beneficiary and System Outcomes
- Utilization Management and Clinical Reviews

The MHP 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 Mental Health Director, Mental Health Assistant Director, Quality Assurance Manager (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. 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 grievances 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, annual reviews by an external quality review organization (EQRO) contracted by the State, 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 MHP. The QAM chairs the QIC, prepares standard reports, coordinates annual consumer satisfaction surveys, manages all grievances 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 Adult Outpatient, Crisis, Medication Support, Case Management, Adult Drop-In Center, Transitional Age Youth, 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 Health Services Agency
Mental Health Division
QI Annual Work Plan
FY 17-18

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 MHP 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
 - Grievances and appeals
 - Updates on performance improvement projects
 - Results of internal peer chart reviews
- Bi-annual consumer satisfaction surveys will be conducted by the MHP and its contracted providers. The results will be presented and evaluated at the QIC and the results will be compared with the previous survey results.
- 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

The MHP 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. Sustaining Improvement

The MHP is committed to sustaining improved gained through Quality Improvement projects. In order to assess for sustained improvement, the MHP will continue to track quality-related quantitative and qualitative reports listed above, as well as any established by Quality Improvement projects.

IV. QI Objectives

a. Monitoring the service delivery capacity of the MHP.

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

The MHP continues to have a lower penetration rate for the county's threshold population (Latino/Hispanic) compared to other small counties. (CY15 3.11% versus 3.97% respectively) (BHC, CalEQRO Report FY16-17).

ii. *Planning and initiation of activities for sustaining improvement.*

The MHP 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 MHP 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 MHP employs eleven bilingual staff members in the following positions: office assistant (including front desk staff), clinician, case resource specialist, and psych aide.

- *The MHP shall implement mechanisms to assure the capacity of service delivery within the MHP.* The MHP 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 also offer our Nurturing Parenting program in Los Molinos. We have contracts with organizational 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 MHP'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 Tehama County Jail, Tehama County Juvenile Detention Facility and Tehama County Day Reporting Center.

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

The MHP will continue to monitor service delivery capacity through data collection and consumer and provider feedback. The MHP 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 MHP's goal for timeliness to first appointment and timeliness to first psychiatry appointment is 14 days. In order to meet these benchmarks without a full staff, we have implemented walk-in

appointments which are available twice per day. Because of this, we are able to provide an assessment for a new client on a same day/next day basis. We are currently meeting our no show rate goal is 10% and continue to monitor it as we finish our year-long Non-Clinical PIP

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
- 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.
- Fit-In medication support appointments will be maintained.
- We will continue to track and monitor appointment 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:

- The MHP has an ongoing PIP in order to ensure no show rates for psychiatry appointments will continue to meet the MHP's objective of 10% during the 2017 calendar year.
- 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 MHP 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 grievances and fair hearings at least annually.*

Beneficiary grievances, appeals, and state fair hearings are recorded in a log per DHCS requirement. The number, type, and area of grievances are tracked and reported at the QIC quarterly and annually. Timeliness of MHP's response to complainant and resolution of grievance is also tracked. Based on grievance 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 MHP's goal to improve grievance 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 2017-2018 fiscal year:
- The grievance tracking log contains additional subject categories to gain more specific insight into grievance 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.
 - Due to the opening of RestPADD in Red Bluff, we will implement an MOU with a Patients' Rights Advocate (PRA) to provide additional support and staffing. The PRA will attend monthly QIC meetings to provide insight on trending, engage in creating objectives, and assist in quality improvement projects related to patients' rights issues.

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.*** MHP 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 infosciber (electronic prescribing) system for licensed prescribing staff
 - Consistent documentation of allergies in the medical records

In the 2017-2018 fiscal year the QAM will finalize implementation an appropriate database for medication prescribers to consistently use to research medications, medication prescribing, and associated lab or other tests. In addition, the electronic health record (EHR), MyAvatar, will include a revised medication service plan that includes measurable medication-related goals and outcomes for clients.

The MHP 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 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 chosen charts and tracks: currency of medication treatment plans and consents; consents filed in

charts; laboratory tests being ordered per accepted standards; and the DSM diagnoses documented appropriately. Medication monitoring results are reported quarterly 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 inter-agency urgent referral process for MHP 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 MHP and other TCHSA divisions, as well as with outside providers is integral to providing the best care for clients. The agency will integrate services by co-locating all TCHSA divisions (Mental Health, Drug/Alcohol, Public Health, and Health Clinic). The physical integration includes performing all new assessments at the new site as well as full integration of TCHSA rural health clinic and TCHSA Mental Health medical support staff. The MHP will also continue providing outpatient mental health services, including assessments, counseling, and Moral Reconciliation Therapy at the Tehama County Jail and Day Reporting Center. The MHP also provides assessments at the Department of Social Services for both Katie A and CalWORKS consumers.

The MHP will continue to meet quarterly with Tehama County Jail and Tehama County 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, the Licensed Clinical Supervisor overseeing Mental Health Division forensic teams, 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 MHP, and inter-agency referral form has been created. The referral policy outlines the process for referrals among TCHSA divisions and between TCHSA 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, grievances, and charting compliance. Quality improvement initiatives and staff training needs will be identified and evaluated continuously. The MHP will continue regular Day Reporting Center meetings. The Juvenile Detention Facility (JDF) Quality Assurance (QA) Committee and the Jail QA Committee will continue to meet quarterly to ensure ongoing and comprehensive communication about coordination of care. MHP 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.*

The MHP has MOUs with both MCPs operating in Tehama County. Currently, these are monitored by the mental health director or designee.

The MHP is also working with other TCHSA divisions to integrate services. TCHSA houses Public Health, Mental Health, Drug and Alcohol services, and an outpatient Clinic. All of these services will be accessible under a single point of entry to better integrate all aspects of health services.

f. *Monitoring provider appeals.*

i. *Monitoring of previously identified issues, including tracking of issues over time.*

The QAM will review and log all provider grievances and appeals and will report this data, including any trends, monthly at QIC meetings. QIC will then have the opportunity to discuss and initiate preventive or corrective measures as necessary.

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 MHP does not delegate any QI activities.