Mendocino County Behavioral Health and Recovery Services

Annual Quality Improvement Work Plan FY 2018/2019

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I. Quality Assessment and Performance Improvement Program

The Mendocino County Behavioral Health and Recovery Services (MCBHRS) Quality Assessment and Performance Improvement (QAPI) Program is responsible for providing support services to the Mental Health Plan (MHP), Substance Use Disorder Treatment (SUDT) program, beneficiaries, and family members. The QAPI Program is accountable to the Mental Health Director, Mental Health Board, Health and Human Services Agency Director, and Board of Supervisors.

The goal of the QAPI Program is to improve access to and delivery of mental health and substance abuse treatment services, while assuring that services are community based, beneficiary directed age appropriate, culturally competent, and process and outcome focused. The QAPI Program monitors, evaluates, and works to improves client's access to services and the quality of services. The program coordinates with performance monitoring activities throughout the MHP and SUDT, including, but not limited to, beneficiary and system outcomes, utilization management, clinical records review, monitoring of beneficiary and provider satisfaction, and resolution of beneficiary and provider grievances/appeals.

The Quality Assessment and Performance Improvement Program supports the strategic initiatives and the Goals and Objections of MCBHRS. The goals and objectives are analyzed and evaluated to identify the effectiveness of programs and areas for improvement. The MCBHRS leadership, MHP Providers, and quality improvement committee formulate these Goals and Objectives and evaluate their effectiveness.

The Quality Improvement Work Plan ensures the opportunity for input and active involvement of beneficiaries, family members, MHP providers, Substance Use Disorder staff and other interested stakeholders in the Quality Improvement (QAPI) Program.

Redwood Quality Management Company (RQMC) arranges for the provision of specialty mental health services on behalf of Mendocino County. RQMC contracts with providers to provide specialist mental health services to beneficiaries. Services are segregated as follows: ages 0-24 for children and youth, and 25 and older for adults. MCBHRS provides substance use disorder treatment, LPS conservatorship placement and oversight, AB109, Mobile Outreach and Prevention, and CalWORKS services.

II. Quality Improvement Committees/Groups

The QAPI Program's principle workgroup is the Quality Improvement Committee (QIC). The QIC is comprised of MHP staff, providers, beneficiaries, family members, and other community stakeholders concerned about the quality of the behavioral health service delivery system. The committee has several subcommittees carrying out quality improvement and evaluation activities.

These subcommittees include Quality Management/Quality Improvement, Utilization Management, a Clinical Performance Improvement Project, and a Non-Clinical Performance Improvement Project.

Additional quality management committees and workgroups include the Cultural Diversity Committee, Behavioral Health Leadership Team, Behavioral Health Executive Team, and the Compliance Committee. These entities inform and provide feedback to the QIC.

A. Quality Improvement Committee

The Quality Improvement Committee (QIC) recommends policy decisions, reviews and evaluates the results of QI activities, institutes needed QI actions, and ensures follow-up of QI processes. QIC also coordinates performance monitoring activities by reviewing reports from committees such as: Utilization Management, Quality Improvement/Quality Management, Cultural Diversity, and Compliance.

Standing members of the QIC are: MCBHRS Director, MCBHRS Deputy Director, MCBHRS Compliance Officer, QAPI Manager/Supervisor, SUDT Manager/Supervisor, Ethnic Services Representative, MCBHRS Fiscal Supervisor, RQMC Compliance Officer, clinical staff, beneficiaries, family members, Patient Rights Advocate, and community service providers.
Ad Hoc Member: Chief Psychiatrist.

The QIC meetings are held bi-monthly at different locations throughout the county allowing the public and beneficiaries to attend, ask questions, report on their experience receiving Specialty Mental Health Services and Substance Use Disorders Treatment, and provide recommendations for improvement. In order to entice stakeholder involvement by attending meetings, the QIC and MHSA meetings have been combined.

All departmental personnel, MHP providers, and committee members may contribute to the agenda items. QIC meeting agendas may include, but are not limited to, the following agenda items:

- Grievances, appeals, expedited appeals, and state fair hearings
- Requests for change of provider
- Request for second opinions
- Notice of Adverse Benefit Determinations (NOABD)
- Consumer Satisfaction Questionnaire Survey results
- Accessibility of Services
- Timeliness to Access Reports
- Provider Appeals
- In-patient Hospitalizations Reports
- Utilization of Specialty Mental Health

- Access Line Test Calls Report
- Service delivery capacity, trends, quality, and outcomes
- Cultural competency and linguistic services
- Policies and Procedures
- Performance Improvement Projects (PIP)
- Outcome Measures: Child and Adolescent Needs and Strengths (CANS) and Adult Needs Strengths Assessment (ANSA)
- Verification of Services

Data collected is reviewed bi-monthly, semi-annually and annually to determine the overall effectiveness of the QI program.

B. Cultural Diversity Committee

The Cultural Diversity Committee (CDC) provides oversight of cultural competency and linguistic services provided by the MHP providers and SUDT providers. They monitor, review, evaluate, and make policy recommendations to develop strategies to address disparities. The CDC notifies MHP providers, SUDT providers, and community partners of available trainings, workshops, and cultural events to increase knowledge and raise awareness about cultural diversity issues. Local tribal representatives and Latino providers are invited to attend CDC to report on cultural services and provide recommendations for improvement.

Members of the Cultural Diversity Committee include: MCBHRS Director, MCBHRS Deputy Director, MCBHRS Quality Assurance/Quality Improvement Manager/Supervisor, MCBHRS SUDT Manager/Supervisor
Ethnic Services Representative, Redwood Quality Management Company, clinical staff, beneficiaries, family members, Patient Rights Advocate, community service providers, and Mental Health Advisory Board Liaison.
Ad Hoc Member: Medical Director and BHRS Fiscal staff.

C. Behavioral Health Leadership Team

The Behavioral Health Leadership Team (BHLT) is integrated into the QIC Program through involvement in a general oversight and evaluation capacity. The BHLT reviews and evaluates MHP and SUDT programs and make recommendations on policy changes and areas of improvement. This includes, but is not limited to, trends, quality of care, service delivery, performance improvement projects, QIC and CDC findings, actions, and recommendations.

Members of the BHLT include: MCBHRS Director, MCBHRS Deputy Directors, MCBHRS Chief Psychiatrist, MCBHRS Quality Assurance/Quality Improvement Manager, MCBHRS Fiscal Manager, MCBHRS Program Managers, MCBHRS Compliance Manager, and MCBHRS Supervisors.

D. Quality Improvement/Quality Management Work Group

The Quality Improvement /Quality Management Work Group (QI/QM Work Group) is a collaboration of MCBHRS and the Administrative Service Organization (ASO) staff. QI/QM provides quality improvement and collaboration across the MHP. The QI/QM Work Group includes, but is not limited to, client satisfaction, access line test calls, reviewing reports, policies and procedures review and recommendations, and survey outcomes.

Members of the QI/QM Work Group include: MCBHRS Deputy Director, MCBHRS Quality Assessment and Performance Improvement staff, MCBHRS fiscal staff, MCBHRS Compliance Manager, and applicable Redwood Quality Management Company staff.
Ad Hoc Member: MCBHRS Director and Chief Psychiatrist.

E. Mental Health Administrative Leadership

The Mental Health Administrative Leadership (MHAL) brings MCBHRS and ASO management together to strategize, plan, and collaborate on specialty mental health services being provided to Mendocino County beneficiaries.

Members of the MHAL include: MCBHRS Director, MCBHRS Deputy Director, MCBHRS Fiscal Manager, MCBHRS Compliance Officer and applicable Redwood Quality Management Company administrative staff.

F. Compliance Committee

The Compliance Committee is responsible for analyzing and understanding the regulatory environment and legal requirements, monitoring internal and external audits and investigations, and identifying risk areas. The committee develops, in conjunction with the Quality Improvement Committee, standards of conduct and policies and procedures that promote alliance to the Compliance Program. The committee also reviews and updates the Compliance Work Plan annually.

Members of the Compliance Committee include: MCBHRS Compliance Officer, MCBHRS Deputy Director, MCBHRS Fiscal Manager, MCBHRS Quality Assessment and Performance Improvement Manager/Supervisor, Ethnic Services Manager and Redwood Quality Management Company Compliance Officer.
Ad Hoc Member: MCBHRS Director, Chief Psychiatrist, County Counsel and Provider Organization Executives.

G. Utilization Management Committee

The Utilization Management Committee (UM) assures that beneficiaries have timely access to services, populations served, outreach efforts, accessibility of services, ongoing capacity of service delivery, and chart audit results including medical necessity, appropriateness and efficiency of services.

Members of the Utilization Management Committee include: MCBHRS Deputy Director, MCBHRS Quality Assessment and Performance Improvement Manager/Supervisor, MCBHRS SUDT Manager/Supervisor, MCBHRS Fiscal staff, MCBHRS MHSA Program Manager, and applicable Redwood Quality Management Company staff.
Ad Hoc Member: MCBHRS Director and Chief Psychiatrist.

H. Awareness Activities Group

The Awareness Activities Group plans and develops community awareness activities throughout the year to provide education, training, and de-stigmatization activities for the Mendocino County communities.

Members of the Awareness Activities Group include: MCBHRS Mental Health and Substance Use Disorders Treatment Staff.
Ad Hoc Member: MCBHRS Director, MCBHRS Deputy Director, and Chief Psychiatrist.

III. MCBHRS Strategic Initiatives FY 2018-2019

Children and Families

- Shorten the time between assessment and treatment
- Measure client satisfaction at 6 month intervals and discharge
- Concurrent review of CANS and PSC-35 scores at 6 month intervals and discharge
- Monitor outreach and service engagement to increase linkage and reduce hospital readmissions

Transitional Age Youth (TAY)

- Concurrent review of CANS and PSC-35 scores (prior to age 22) and ANSA scores (after age 22) at 6 month intervals and discharge
- Examine clinical progress, ANSA score to determine when clients are entering and exiting the system
- Measure client satisfaction at 6 month intervals and discharge
- Improve Full Service Partnership access, coordination of care, and psychiatric support
- Monitor outreach and service engagement to increase linkage and reduce hospital readmissions

Adults

- Continued data collection on treatment outcomes, including ANSA scores at 6 month intervals
- Provide Full service Partnerships to clients within their communities
- Reduce psychiatric hospitalization readmissions through immediate follow-up
- Continued focus on meeting the needs of clients that transitioned from higher level of care or from other service networks

- Monitor outreach and service engagement to increase linkage and reduce hospital readmissions

Older Adults

- Continued data collection on treatment outcomes, including ANSA scores at 6 month intervals
- Increase the number of Full Service Partnerships
- Continued focus on meeting the needs of clients that transitioned from higher level of care or from other service networks
- Monitor outreach and service engagement to increase linkage and reduce hospital readmissions

Community

- Continue building linkage with community resources across lifespan
- Continue to expand Mental Health Services in North County, South Coast and Fort Bragg
- Continue community outreach for suicide prevention and de-stigmatization
- Continue to provide consumer outreach events/forums for feedback and recommendation for improvement

IV. Performance Improvement Projects (PIP)

- Clinical PIP

  The Clinical PIP for FY 2018-19 is year two of the BHRS clinical PIP focusing on improving the quality of co-occurring services. The study question is: As Mendocino County trains authorized staff to accurately assess, refer, and treat clients with co-occurring disorders:

  1) Will diagnosis rates for co-occurring disorders approach epidemiological standards (At least 40% is goal), and

  2) Will treatment outcomes and quality of life indicators for these clients improve, as evidenced by improved:

     a) ANSA scores, and

     b) EXYM participation record

- Non-Clinical PIP

  The intent of the FY 2018-19 Non-Clinical PIP is to examine how the MHP can increase service delivery to the homeless population in Mendocino County.

V. Objectives, Scope, and Planned Activities for the Coming Year

Quality Improvement Work Plan for FY 2018/2019 includes goals, objectives, and timelines. The MCBHRS and ASO, will monitor services to assure service delivery capacity in the following areas:

Goal #1: Ensure MCBHRS service delivery capacity		**Date Completed:**		
Objective	***Activities/Strategies***	***As Evidenced By***	***Reporting Timelines – Staff Responsible***	***Date Completed Anticipated Completion dates***
Objective A: Monitor utilization of services	Monitor the current number of clients served, types and geographic distribution of mental health services within the MHP delivery system in comparison to previous years. Monitor the number of services, type of services, population types, and geographical locations to ensure accessibility for all. Compare against previous year. Locations: Coast, South Coast, Inland, and North County Review and analyze reports from the Electronic Medical Records (EMR) and utilization of data from Client Services Information system (CSI), as available. Data will be analyzed by age, gender, ethnicity, and diagnosis in comparison to previous years.	Client Population Reports Reports provided by BHRS Fiscal and ASO Data Analysis by UM work group	Bi-monthly Reports to QIC provided by BHRS Fiscal and ASO Semi-annual Reports to QIC provided by Utilization Management Committee (Due 1/19 & 8/19) Semi-annual Reports to QIC & QI/QM provided by MC Fiscal (Due 1/19 & 8/19)	July 2018 – June 2019

Goal #1: *continued...* Ensure MCBHRS service delivery capacity		**Date Completed:**		
Objective	***Activities/Strategies***	***As Evidenced By***	***Reporting Timelines – Staff Responsible***	***Date Completed Anticipated Completion dates***
Objective B: Monitor service capacity	Staff productivity will be evaluated via productivity reports generated by the MHP Providers. Clinical Staff will bill an average of 60% per month. Supervisors and managers will receive reports to assess service capacity and cultural and linguistic service capacity.	Reports provided by BHRS Fiscal and ASO Number of provider staff by ethnicity Number of bilingual provider staff Number of bilingual services provided Comparison of wait times by ethnicity	Semi-annual Report to QIC provided by MC Fiscal and ASO (Due 9/18, 1/19, & 8/19)	July 2018 – June 2019

Goal #2: Ensure accessibility to MCBHRS services		**Date Completed:**		
Objective	***Activities/Strategies***	***As Evidenced By***	***Reporting Timelines – Staff Responsible***	***Date Completed Anticipated Completion dates***
Objective A: Monitor timeliness from request for service to first clinical assessment	The goal is to provide a first assessment appointment within ten (10) business days from the date of first request for service. 95% will meet the timeline. Trends and comparisons to previous year will be monitored.	Timeliness Report	Reports to QIC bi-monthly provided by County & ASO Reports to UM monthly provided by County & ASO	July 2018 – June 2019
Objective B: Monitor timeliness of routine (initial) mental health appointments from the date of first request to the date of first billable clinical assessment	Goal is to provide first billable clinical assessment (BPSA) within 10 business days. A minimum of 90 % will meet the timeline. Trends and comparisons to previous year will be monitored.	Timeliness of Access report	Reports to QIC bi-monthly provided by ASO Reports to UM monthly provided by ASO	July 2018 – June 2019
Objective C: Monitor timeliness of routine (initial) medication appointments / psychiatric appointments	The goal is to provide medical appointment / psychiatric appointments within fifteen (15) business days from the date of first request. A minimum of 90% will meet the timeline. Trends and comparisons to previous year will be monitored.	Timeliness of Routine Medication Appointment Report	Reports to QIC bi-monthly provided by County & ASO Reports to UM monthly provided by County & ASO	July 2018 – June 2019

Goal #2: *continued...* Ensure accessibility to MCBHRS services		**Date Completed:**		
Objective	***Activities/Strategies***	***As Evidenced By***	***Reporting Timelines - Staff Responsible***	***Date Completed Anticipated Completion dates***
Objective D: Monitor timeliness of services for urgent conditions during regular clinic hours	The goal for urgent or emergent conditions is no more than one (1) elapsed hour from the request for service and face-to-face evaluation. A minimum of 95% will meet the timeline Trends and comparisons to previous year will be monitored.	Review of Crisis Logs. Review age groups 0-24 & 25 up	Reports to QIC bi-monthly provided by ASO Reports to UM monthly provided by ASO	July 2018 – June 2019
Objective E: Monitor access to after-hours care	The goal for access to after-hours care is no more than two (2) elapsed hours between the request for service and the face-to-face evaluation/intervention contact for emergency situations. A minimum of 95% will meet the timeline. Trends and comparisons to previous year will be monitored.	Review of Crisis Log. Review age groups 0-24 & 25 up	Reports to QIC bi-monthly provided by ASO Reports to UM monthly provided by ASO	July 2018 – June 2019
Objective F: Monitor timeliness for a follow-up appointment after a psychiatric hospital discharge	The goal is to provide a follow-up appointment within seven (7) days from the date of discharge from a psychiatric hospital. 95% will meet the timeline. Trends and comparisons to previous year will be monitored.	Timeliness Report	Reports to QIC bi-monthly provided by County & ASO Reports to UM monthly provided by County & ASO	July 2018 – June 2019

Goal #2: *continued...* **Ensure accessibility to MCBHRS services**		**Date Completed:**		
Objective	***Activities/Strategies***	***As Evidenced By***	***Reporting Timelines - Staff Responsible***	***Date Completed Anticipated Completion dates***
Objective G: Monitor inpatient readmission rates within thirty (30) days	MHP will monitor the number of psychiatric hospital readmissions within date of discharge from last psychiatric hospitalization. The goal is that no more than 10% of clients discharged from the hospital will be readmitted within 30 days. Trends and comparisons to previous year will be monitored.	Timeliness Report	Reports to QIC bi-monthly provided by County & ASO Reports to UM monthly provided by County & ASO	July 2018 – June 2019
Objective H: Monitor client no-show rates for scheduled psychiatrist and clinician appointments.	MHP will monitor the rate of client no shows for scheduled psychiatrist and clinician appointments. The no-show rate goal for psychiatrist appointments is no higher than 10%. The no-show rate goal for clinician (other than psychiatrists) appointments is no higher than 10%. Trends and comparisons to previous year will be monitored.	Timeliness Report	Reports to QIC bi-monthly provided by County & ASO Reports to UM monthly provided by County & ASO	July 2018 – June 2019
Objective I: Monitor responsiveness of the 24-hour, toll-free telephone number	County Mental Health will answer the 800 Access line immediately and provide information on how to access services, provide information on how to process a problem resolution or state fair hearing and link urgent and/or emergent calls. If required, an interpreter and/or Language Line will be utilized. 95% of all access line calls will provide beneficiaries with the information they need regarding how to access specialty mental health services, information on urgent conditions, and information on beneficiary problem resolution and fair hearing process. 100% of all calls will be logged.	At least six (6) test calls will be made each month in English and in one other language. Results of these monthly test calls will be reviewed at QI/QM.	Reports to QIC bi-monthly provided by County & ASO Reports to UM monthly provided by County & ASO	July 2018 – June 2019

Goal #2: *continued...* Ensure accessibility to MCBHRS services		**Date Completed:**		
Objective	***Activities/Strategies***	***As Evidenced By***	***Reporting Timelines - Staff Responsible***	***Date Completed Anticipated Completion dates***
Objective J: Ensure provision of culturally and linguistically appropriate services	This indicator will be measured by audits of the Access Log, Crisis Log and/or chart audits, as well as the results of test calls. 95% of progress notes in audited charts will indicate the language services were provided in (if applicable - who provided the interpretation). The focus of these reviews is to determine if a successful and appropriate response was provided which adequately addressed the beneficiaries cultural and linguistic needs. In addition, requests for the need for interpreters will be analyzed to assure that client's received services in their preferred language.	Documentation in Progress Notes Documented on Access or Crisis Log All forms provided to clients are to be in threshold language.	Semi-Annual Reports to QIC provided by MCBHRS QI and ASO (Due 11/18 & 5/19)	July 2018 – June 2019
Objective K: Monitor timeliness to authorization	Treatment Authorization Requests (TAR) will be reviewed for medical necessity and authorized or reauthorized as appropriate within 14 calendar days by RQMC POA and/or MC-POA. A minimum of 100% will meet the timeline RQMC POA and MC POA will authorize expedited TARs as needed.	Authorization Log and Authorization Audits	Reports to QIC bi-monthly provided by MCBHRS QI and ASO Reports to UM monthly provided by MCBHRS QI and ASO	July 2018 – June 2019

Goal #3: Monitor Client Satisfaction and Protections		**Date Completed:**		
Objective	***Activities/Strategies***	***As Evidenced By***	***Reporting Timelines – Staff Responsible***	***Date Completed Anticipated Completion dates***
Objective A: Conduct State Consumer Perception Survey	Using the DHCS Consumer Perception Survey instruments, in threshold languages, clients and family members will be surveyed to determine their perception of services twice a year. Goal is to increase the participation of the number of surveys received. Survey administration methodology will meet the requirements outlined by the CA DHCS.	5% increase in the number of surveys completed	Semi-annual reports to QIC provided by MCBHRS- QI (Due 1/19 & 7/19)	Survey implemented dates to be determined by DHCS July 2018 – June 2019
Objective B: Conduct beneficiary and/or family satisfaction survey	Utilization of MC-Beneficiary Satisfaction Surveys at least annually to measure overall satisfaction, access to services, treatment plan development, informing materials/rights, grievance. Goal is to increase the participation of the number of surveys received.	5% increase in the number of surveys completed	Bi-annual Reports to QIC provided by MCBHRS QI and ASO (Due 1/19 & 7/19)	July 2018 – June 2019
Objective C: Measure self-perception and service satisfaction.	Results from Consumer Perception and Beneficiary Satisfaction Surveys will demonstrate a majority of beneficiaries believe that have improved in their functioning and are satisfied with services. Trends and comparisons to previous year will be monitored.	80% of respondents stated they either agree or strongly agree they are satisfied with services and improvement.	Bi-annual Reports to QIC provided by MCBHRS QI and ASO (Due 1/19 & 7/19)	July 2018 – June 2019

Goal #3: *continued*..... **Monitor Client Satisfaction and Protections**		**Date Completed:**		
Objective	***Activities/Strategies***	***As Evidenced By***	***Reporting Timelines – Staff Responsible***	***Date Completed Anticipated Completion dates***
Objective D: Informing providers of the results of the beneficiary and/or family satisfaction activities	The results of client and family satisfaction surveys are shared with providers. Survey results will be shared with staff, providers, local Mental Health Board and QIC. This information is distributed on an annual basis and in the form of cumulative summaries to protect the confidentiality of beneficiaries and their families.	Survey Results	Report to QIC bi-annually and post to county Website ASO and MCBHRS QI (Due 1/19 & 7/19)	July 2018 – June 2019
Objective E: Review beneficiary grievances, appeals, expedited appeals, fair hearings, and expedited fair hearings	MC QI will log, process and evaluate beneficiary grievances, appeals, expedited appeals, state fair hearings, and expedited state fair hearings within the State required timeframe. 100 % will meet the timeline. The nature of complaints and resolutions will be reviewed to determine if significant trends occur that may influence the need for policy changes or other system-level issues.	Grievance and Appeal logs	Reports to QIC bi-monthly provided by MCBHRS- QI	July 2018 – June 2019
Objective F: Review beneficiary Change of Provider Requests and Second Opinion Requests	MC QI will log, process and evaluate beneficiary Change of Provider Requests and Second Opinion Requests, ensuring they are processed timely and accurately. 100% will meet the MHP standard of being processed within 10 business days. The nature of the requests will be reviewed to determine if significant trends occur that may influence the need for policy changes or other system-level issues.	Change of Provider Requests and Second Opinion Requests logs	Reports to QIC bi-monthly provided by MCBHRS- QI	July 2018 – June 2019

Goal #4: Monitor the service delivery system		**Date Completed:**		
Objective	***Activities/Strategies***	***As Evidenced By***	***Reporting Timelines – Staff Responsible***	***Date Completed Anticipated Completion dates***
Objective A: Monitor safety and effectiveness of medication practices	Providing safe and effective medication practices. Medication monitoring activities will be accomplished via review of at least 50 cases (40 adult, 10 youth) involving prescribed medications. These reviews will be conducted by a person licensed to prescribe or dispense medications.	Policy and Procedures Chart Audits	Annual Report to QIC provided by County & ASO (Due 7/19)	July 2018 – June 2019
Objective B: Identify meaningful clinical issues	Meaningful issues for assessment and evaluation, including safety and effectiveness of medication practices, will be identified and evaluated. An analysis of the clinical reviews will occur to identify significant clinical issues and trends. Appropriate interventions will be implemented when a risk of poor quality care is identified.	Policy and Procedures Chart Audits	Annual Report to QIC by ASO (Due 7/19)	July 2018 – June 2019
Objective C: Review request for change of provider	MCBHRS QI will log, process and evaluate all change of provider request. 95 % will meet the timeline. All requests will be evaluated to determine if there are trends or areas needing quality improvement.	Change of Provider Log	Reports to QIC bi-monthly provided by MCBHRS- QI	July 2018 – June 2019

Goal #4: *continued...* **Monitor the service delivery system**		**Date Completed:**		
Objective	***Activities/Strategies***	***As Evidenced By***	***Reporting Timelines – Staff Responsible***	***Date Completed Anticipated Completion dates***
Objective D: Assess performance and identify areas for improvement	Quantitative measures will be identified to assess performance and identify areas for improvement, including the Performance Improvement Projects and other QI activities. These areas will be measured through the review of the timeliness of assessments and service plans, completeness of charts, consumer surveys, and productivity reports. The results of these reviews will dictate areas to prioritize for improvement. Trainings will be provided as necessary.	Review of 5% of consumer charts. Training calendar provided by ASO QI and MCBHRS QI Review of trends and processes PIP Reports	Semi-annual chart audit results to QIC reported by MCBHRS QI and ASO (Due 1/19 & 7/19	July 2018 – June 2019
Objective E: Monitor stakeholder involvement	Staff, providers, consumers, and family members review the evaluation data to help identify barriers to improvement. This ongoing analysis provides important information for identifying barriers and successes toward improving administrative and clinical services. This will be measured by the number of consumers attending and participating in the QIC meeting and the resulting improvements made to beneficiary services. QIC meetings will be held in different locations throughout the county to provide more option for stakeholder involvement.	QIC Meeting Sign-in sheets QIC Meeting Minutes	Reported by MCBHRS-QI to QI/QM and follow up to QIC	July 2018 – June 2019

Goal #4: *continued...* **Monitor the service delivery system**		**Date Completed:**		
Objective	***Activities/Strategies***	***As Evidenced By***	***Reporting Timelines – Staff Responsible***	***Date Completed Anticipated Completion dates***
Objective F: Monitor clinical records and chart audits	ASO continues to monitor service delivery standards of provider organizations. MHP QI will evaluate the quality of the service delivery by conducting chart audits. A total of 5% of clients charts for each provider will be audited by BHRS QAPI per year. The charts selected will be clients who have received services during the period being audited.	Chart Audits Improvement in services and documentation	Semi-annual reports to QIC by MCBHRS QI and ASO (Due 1/18 & 7/18) Implementation of trainings that address trends	July 2018 – June 2019
Objective G: Monitor authorized services to verify claimed/billed services were actually provided	MHP Fiscal will send verification of services letters to a random 5% of beneficiaries receiving services at least three (3) times per year.	Verification of service Logs	Bi-Annual reports to QIC by BHRS Fiscal (Due 11/18 & 3/19)	July 2018 – June 2019

Goal #5: Monitor continuity and coordination of care with non-psychiatric medical providers		**Date Completed:**		
Objective	***Activities/Strategies***	***As Evidenced By***	***Reporting Timelines – Staff Responsible***	***Date Completed Anticipated Completion dates***
Objective A: Monitor continuity and coordination of care with medical providers	When appropriate, information will be exchanged in an effective and timely manner with health care providers used by clients. Measurement will be accomplished during ongoing chart review, as well as Referral to Physical Health Care forms. 90 % of charts reviewed will have a signed release of information for the beneficiary's health care provider(s).	Release of Information to be reviewed during chart audit	Semi-annual report to QIC Provided by ASO (Due 11/19& 5/19)	July 2018 – June 2019

Goal #6: Monitor provider appeals		**Date Completed:**		
Objective	***Activities/Strategies***	***As Evidenced By***	***Reporting Timelines – Staff Responsible***	***Date Completed Anticipated Completion dates***
Objective A: Monitor provider appeals	Provider appeals will be recorded in a Provider Appeal Log and will be reviewed by UM and reported to QIC. 100 % of appeals will be followed up within state recommended timeframe. A recommendation for resolution will be made to the Mental Health Director. The resolution and date of response shall be recorded in the Log, which is reviewed by UM for any trends. Any trend will be reported to QIC.	Provider Appeal Log	Semi-annual reports to QIC by BHRS- QI (Due 1/19 & 7/19)	July 2018 – June 2019

Goal #6: *continued…* Monitor provider appeals		**Date Completed:**		
Objective	***Activities/Strategies***	***As Evidenced By***	***Reporting Timelines – Staff Responsible***	***Date Completed Anticipated Completion dates***
Objective B: Review provider suggestions for improvement	Provider suggestions for improvement will be considered and implemented, when appropriate. 100% of provider suggestions will be reviewed monthly at QI/QM work group and responded to as needed. Review will be conducted on a monthly basis, if suggestions are received.	QI/QM meeting minutes	Ongoing As reported by BHRS QI and ASO	July 2018 – June 2019

Goal #7: Monitor SUDT Services		**Date Completed:**		
Objective	***Activities/Strategies***	***As Evidenced By***	***Reporting Timelines – Staff Responsible***	***Date Completed Anticipated Completion dates***
Objective A: Monitor clinical records and chart audits	QAPI will evaluate the quality of the service delivery by conducting chart audits. A total of 5% of clients charted will be audited per year. The charts selected will be clients who have received services during the period being audited.	Chart Audits Improvement in services and documentation	Semi-annual reports to QIC by MCBHRS QI (Due 1/18 & 7/18) Implementation of trainings that address trends	July 2018 – June 2019
Objective B: Monitor timeliness of service delivery	Timeliness of the following will be monitored: • Treatment Plans (Goal: 30 days and 90 days thereafter) • Stay Reviews (Goal: every 6 months) • Completion of progress notes (Goal: 5 days) A minimum of 90 % will meet the timeline Review and analyze data from WITS.	SUDT Reports from WITS	Reports to QIC bi-monthly by MCBHRS QI	July 2018 – June 2019
Objective C: Substance Use Disorder Treatment clients will complete 2 customer surveys a year.	Review consumer surveys and present the results.	SUDT Survey Reports	Bi-Annual reports to QIC by BHRS-QI (Due 1/19 & 7/19)	July 2018 – June 2019