



Mendocino County

Health & Human Services Agency

Behavioral Health & Recovery Services

Quality Assurance & Performance Improvement
Annual Work Plan Evaluation

Fiscal Year 2019/2020

Introduction and Overview

The Mendocino County Mental Health Plan (MHP) is unique in that Mendocino County Behavioral Health and Recovery Services (BHRS) contracts most of its mental health services to an Administrative Service Organization (ASO), Redwood Quality Management Company (RQMC), who in turn subcontracts out the adult and children's services to a network of community provider organizations. BHRS has retained outreach services and most substance use disorder treatment services.

The BHRS Quality Assessment and Performance Improvement (QAPI) is responsible for monitoring the quality management of this business model. The QAPI Program is accountable to the Behavioral Health Director, Behavioral Health Advisory Board, and Board of Supervisors.

The goal of the QAPI Program is to improve access to and delivery of mental health and substance use disorders 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 improve 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, timeliness and access, beneficiary and system outcomes, utilization management, clinical records review, monitoring of beneficiary and provider satisfaction, responsiveness of the 24-hour toll-free telephone line, and resolution of beneficiary and provider grievances/appeals.

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, Compliance Committee and Administrative Service Organization Care Coordination. These entities inform and provide feedback to the QIC.

The MHP contract requires that the MHPs establish and maintain a QAPI program and QM Work Plan, also referred to as a Quality Improvement (QI) Work Plan. The QI Work Plan supports the strategic initiatives and the Goals and Objectives of BHRS in providing the highest quality of services to beneficiaries in the most responsive and effective means possible. The goals and objectives are analyzed and evaluated to identify the effectiveness of programs and areas for improvement. The BHRS leadership, MHP Providers, Quality Improvement Committee, and its subcommittees formulate these Goals and Objectives and evaluate their effectiveness.

The QI Work Plan has identified seven goals to work towards this past year. Within the seven goals are specific measurable objectives. These goals support the mission, vision, and operating principles of Mendocino County Health and Human Services, as well as the strategic goals of BHRS. The majority of this report is devoted to reviewing the achievement towards these goals.

Goals, Objectives, and Planned Activities for FY 2019-20 Evaluation

Quality Improvement Work Plan for FY 2020-2021 includes goals, objectives, and timelines. The MCBHRS QAPI and ASO, will monitor services to assure service delivery capacity in the following areas:

Goal #1: Ensure MCBHRS Service Delivery Capacity

Goal #1: Ensure MCBHRS Service Delivery Capacity		
Objective A: Monitor utilization of services		
<i>Activities/Strategies</i>	<i>Goal Status</i>	<i>Results</i>
<p>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.</p> <p>Monitor the number of services, type of services, population types, and geographical locations to ensure accessibility for all. Compare against previous year.</p> <p>Locations: Coast, South Coast, Inland, and North County</p> <p>Review and analyze reports from the Electronic Medical Records (EMR) and utilization of data from Client Services Information system (CSI), as available.</p> <p>Data will be analyzed by age, gender, ethnicity, and diagnosis in comparison to previous years.</p>	RQMC YTD Data	

Goal #1: Ensure MCBHRS Service Delivery Capacity		
Objective B: Monitor service capacity		
<i>Activities/Strategies</i>	<i>Goal Status</i>	<i>Results</i>
<p>Staff productivity will be evaluated via productivity reports generated by the MHP Providers. Clinical Staff will bill an average of 60% per month.</p> <p>Supervisors and managers will receive reports to assess service capacity and cultural and linguistic service capacity.</p>	RQMC Data	

Goal #2: Ensure Accessibility to MCBHRS Services

Goal #2: Ensure Accessibility to MCBHRS Services		
Objective A: Monitor timeliness from request for service to first clinical assessment		
<i>Activities/Strategies</i>	<i>Goal Status</i>	<i>Results</i>
<p>The goal is to provide a first assessment appointment within ten (10) business days from the date of first request for service.</p> <p>95% will meet the timeline.</p> <p>Trends and comparisons to previous year will be monitored.</p>	RQMC YTD Data	

Goal #2: Ensure Accessibility to MCBHRS Services		
Objective B: Monitor timeliness of routine (initial) mental health appointments from the date of first request to the date of first billable clinical assessment		
<i>Activities/Strategies</i>	<i>Goal Status</i>	<i>Results</i>
<p>Goal is to provide first billable clinical assessment (BPSA) within 10 business days.</p> <p>A minimum of 90% will meet the timeline.</p> <p>Trends and comparisons to previous year will be monitored.</p>	RQMC YTD Data	

Goal #2: Ensure Accessibility to MCBHRS Services		
Objective C: Monitor timeliness of routine (initial) medication appointments / psychiatric appointments		
<i>Activities/Strategies</i>	<i>Goal Status</i>	<i>Results</i>
<p>The goal is to provide medical appointment / psychiatric appointments within fifteen (15) business days from the date of first request.</p> <p>A minimum of 90% will meet the timeline.</p> <p>Trends and comparisons to previous year will be monitored.</p>	RQMC YTD Data	

Goal #2: Ensure Accessibility to MCBHRS Services		
Objective D: Monitor timeliness of services for urgent conditions during regular clinic hours		
<i>Activities/Strategies</i>	<i>Goal Status</i>	<i>Results</i>
<p>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.</p> <p>A minimum of 95% will meet the timeline</p> <p>Trends and comparisons to previous year will be monitored.</p>	RQMC YTD Data	

Goal #2: Ensure Accessibility to MCBHRS Services		
Objective E: Monitor access to after-hours care		
<i>Activities/Strategies</i>	<i>Goal Status</i>	<i>Results</i>
<p>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.</p> <p>A minimum of 95% will meet the timeline.</p> <p>Trends and comparisons to previous year will be monitored.</p>	RQMC YTD Data	

Goal #2: Ensure Accessibility to MCBHRS Services		
Objective F: Monitor timeliness for a follow-up appointment after a psychiatric hospital discharge		
<i>Activities/Strategies</i>	<i>Goal Status</i>	<i>Results</i>
<p>The goal is to provide a follow-up appointment within seven (7) days from the date of discharge from a psychiatric hospital.</p> <p>95% will meet the timeline.</p> <p>Trends and comparisons to previous year will be monitored.</p>	RQMC YTD Data	

Goal #2: Ensure Accessibility to MCBHRS Services		
Objective G: Monitor inpatient readmission rates within thirty (30) days		
<i>Activities/Strategies</i>	<i>Goal Status</i>	<i>Results</i>
<p>MHP will monitor the number of psychiatric hospital readmissions within date of discharge from last psychiatric hospitalization.</p> <p>The goal is that no more than 10% of clients discharged from the hospital will be readmitted within 30 days.</p> <p>Trends and comparisons to previous year will be monitored.</p>	RQMC YTD Data	

Goal #2: Ensure Accessibility to MCBHRS Services		
Objective H: Monitor client no-show rates for scheduled psychiatrist and clinician appointments		
<i>Activities/Strategies</i>	<i>Goal Status</i>	<i>Results</i>
<p>MHP will monitor the rate of client no shows for scheduled psychiatrist and clinician appointments.</p> <p>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%.</p> <p>Trends and comparisons to previous year will be monitored.</p>	RQMC YTD Data	

Goal #2: Ensure Accessibility to MCBHRS Services		
Objective I: Monitor responsiveness of the 24-hour, toll-free telephone number		
<i>Activities/Strategies</i>	<i>Goal Status</i>	<i>Results</i>
<p>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.</p> <p>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.</p>	<p>At least six (6) test calls will be made each month in English and in one other language.</p> <p>Results of these monthly test calls will be reviewed at MCBHRS.</p>	

Goal #2: Ensure Accessibility to MCBHRS Services		
Objective J: Ensure provision of culturally and linguistically appropriate services		
<i>Activities/Strategies</i>	<i>Goal Status</i>	<i>Results</i>
<p>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.</p> <p>95% of progress notes in audited charts will indicate the language services were provided in (if applicable - who provided the interpretation).</p> <p>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.</p> <p>In addition, requests for the need for interpreters will be analyzed to assure that client's received services in their preferred language.</p>	Met	<p>100% of all progress notes audited indicated the language in which the service was provided.</p> <p>MCBHRS also has 4 staff approved to provide translation in our threshold language: Spanish.</p> <p>MCBHRS also contracts with Language Line for translations services.</p>

Goal #2: Ensure Accessibility to MCBHRS Services		
Objective K: Monitor timeliness to authorization		
<i>Activities/Strategies</i>	<i>Goal Status</i>	<i>Results</i>
<p>Treatment Authorization Requests (TAR) will be reviewed for medical necessity and authorized or reauthorized as appropriate within 14 calendar days by ASO POA and/or MC-POA.</p> <p>A minimum of 100% will meet the timeline ASO POA and MC POA will authorize expedited TARs as needed.</p>	Not Met	<p>Year to date is 99.1% of TARs met standard.</p> <p>5 out of 556 total hospitalization TARs fell outside of the 14 day range, with 4 of these occurring during the Covid-19 pandemic.</p>

Goal #3: Monitor Client Satisfaction and Protections

Goal #3: Monitor Client Satisfaction and Protections		
Objective A: Conduct State Consumer Perception Survey		
<i>Activities/Strategies</i>	<i>Goal Status</i>	<i>Results</i>
<p>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.</p> <p>Goal is to increase the participation of the number of surveys received.</p> <p>Survey administration methodology will meet the requirements outlined by the CA DHCS.</p>	Unknown	Consumer Survey results for Fall 2019, and Spring 2020 are not available for review.

Goal #3: Monitor Client Satisfaction and Protections		
Objective B: Conduct beneficiary and/or family satisfaction survey		
<i>Activities/Strategies</i>	<i>Goal Status</i>	<i>Results</i>
<p>Utilization of MC-Beneficiary Satisfaction Surveys at least annually to measure overall satisfaction, access to services, treatment plan development, informing materials/rights, grievance.</p> <p>Goal is to increase the participation of the number of surveys received.</p>	RQMC	

Goal #3: Monitor Client Satisfaction and Protections		
Objective C: Measure self-perception and service satisfaction		
<i>Activities/Strategies</i>	<i>Goal Status</i>	<i>Results</i>
<p>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.</p> <p>Trends and comparisons to previous year will be monitored.</p>	Partially Met	<p>Consumer Survey results for Fall 2019, and Spring 2020 are not available for review.</p> <p>However the Beneficiary Survey Results were presented to MHP, discussed and reviewed in the QIC meeting.</p>

Goal #3: Monitor Client Satisfaction and Protections		
Objective D: Informing providers of the results of the beneficiary and/or family satisfaction activities		
<i>Activities/Strategies</i>	<i>Goal Status</i>	<i>Results</i>
<p>The results of client and family satisfaction surveys are shared with providers.</p> <p>Survey results will be shared with staff, providers, local Behavioral Health Advisory Board and QIC.</p> <p>This information is distributed on an annual basis and in the form of cumulative summaries to protect the confidentiality of beneficiaries and their families.</p>	Met	Results presented to MHP, posted on website, and QIC meeting.

Goal #3: Monitor Client Satisfaction and Protections		
Objective E: Review beneficiary grievances, appeals, expedited appeals, fair hearings, and expedited fair hearings		
<i>Activities/Strategies</i>	<i>Goal Status</i>	<i>Results</i>
<p>MCBHRS will log, process and evaluate beneficiary grievances, appeals, expedited appeals, state fair hearings, and expedited state fair hearings within the State required timeframe.</p> <p>100% will meet the timeline.</p> <p>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.</p>	Met	<p>All beneficiary grievances, appeals, and expedited appeals were logged, processed and evaluated.</p> <p>There were 33 grievances this fiscal year. Timeliness: All 33 grievances were responded to within 60 calendar days. This is 7 more grievances than fiscal year 18-19.</p> <p>Mendocino County had 1 Beneficiary Appeal in fiscal year 19-20, which was resolved the same day.</p> <p>Mendocino County did not have any State Fair Hearings in fiscal year 19-20.</p>

Goal #3: Monitor Client Satisfaction and Protections		
Objective F: Review beneficiary Change of Provider Requests and Second Opinion Requests		
<i>Activities/Strategies</i>	<i>Goal Status</i>	<i>Results</i>
<p>MCBHRS will log, process and evaluate beneficiary Change of Provider Requests and Second Opinion Requests, ensuring they are processed timely and accurately.</p> <p>100% will meet the MHP standard of being processed within 10 business days.</p> <p>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.</p>	Partially Met	<p>All beneficiary Change of Provider Requests and Second Opinion Requests were logged, processed and evaluated.</p> <p>There were 29 Change of Provider Requests this fiscal year. Timeliness: 28 Change of Provider Requests were responded to within 10 calendar days at 96.5%</p> <p>Mendocino County had no Second Opinion Requests this fiscal year.</p>

Goal #4: Monitor the Service Delivery System

Goal #4: Monitor the Service Delivery System		
Objective A: Monitor safety and effectiveness of medication practices		
<i>Activities/Strategies</i>	<i>Goal Status</i>	<i>Results</i>
<p>Providing safe and effective medication practices.</p> <p>Medication monitoring will be accomplished during quarterly independent chart reviews, via review of 80 cases (60 adult, 20 youth) involving prescribed medications.</p> <p>These reviews will be conducted by a person licensed to prescribe or dispense medications.</p>	Met	<p>Quarterly medication audits with 20 charts were conducted by an independent licensed pharmacist who made recommendations.</p> <p>MCBHRS had a change in our chart auditor, which increased our ability to complete the targeted number of reviews. In fiscal year 19-20 we have contracted with a licensed pharmacist to complete audits on 80 charts, at 20 per quarter (15 adults/5 youth).</p>

Goal #4: Monitor the Service Delivery System		
Objective B: Identify meaningful clinical issues		
<i>Activities/Strategies</i>	<i>Goal Status</i>	<i>Results</i>
<p>Meaningful issues for assessment and evaluation, including safety and effectiveness of medication practices, will be identified and evaluated.</p> <p>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.</p>	Met	<p>The results of our Outpatient, Crisis, SUDT, and Medication Audits are shared with the responsible services providers, including recommendations and suggested areas of improvement.</p> <p>MCBHRS issues Corrective Action Plans and Response Needed Letters to the services providers whenever a risk of poor quality care, or delinquent timeliness is identified.</p>

Goal #4: Monitor the Service Delivery System		
Objective C: Review request for change of provider		
<i>Activities/Strategies</i>	<i>Goal Status</i>	<i>Results</i>
<p>MCBHRS will log, process and evaluate all change of provider request.</p> <p>95% will meet the timeline.</p> <p>All requests will be evaluated to determine if there are trends or areas needing quality improvement.</p>	Met	<p>Request for change of provider forms are made available at the reception area of all outpatient mental health service sites. Request for Change of Provider are recorded in a log and reported monthly to the QIC committee.</p> <p>There were 29 Requests for a Change of Provider submitted this fiscal year. This is 5 fewer requests than fiscal year 18-19.</p> <p>Timeliness: 28 out of 29 were responded to within 10 business days, at 96.5%</p>

Goal #4: Monitor the Service Delivery System		
Objective D: Assess performance and identify areas for improvement		
<i>Activities/Strategies</i>	<i>Goal Status</i>	<i>Results</i>
<p>Quantitative measures will be identified to assess performance and identify areas for improvement, including the Performance Improvement Projects and other QA activities.</p> <p>These areas will be measured through the review of the timeliness of assessments and service plans, completeness of charts, consumer surveys, and productivity reports.</p> <p>The results of these reviews will dictate areas to prioritize for improvement. Trainings will be provided as necessary.</p>	Met	<p>Timeliness data was presented monthly and demonstrated trends across the year.</p> <p>Geographical, population, and service reports were also presented monthly. The data was reviewed for trends and network adequacy. Outreach data was also reviewed to look at access, trends, and network adequacy.</p> <p>Areas identified for improvement:</p> <ul style="list-style-type: none"> • Psychiatric Inpatient Readmission Rates • Medication Chart Fidelity <p>Trends demonstrated continuous improvement in all other areas of timeliness and no-show rates.</p> <p>Our areas for identified improvement in 19-20:</p> <ul style="list-style-type: none"> • Timely access to psychiatry • No Show rates • Medication Chart Auditing <p>Have all shown marked improvements as well, as evidenced in the Timeliness Assessment and this document.</p>

Goal #4: Monitor the Service Delivery System		
Objective E: Monitor stakeholder involvement		
<i>Activities/Strategies</i>	<i>Goal Status</i>	<i>Results</i>
<p>Staff, providers, consumers, and family members review the evaluation data to help identify barriers to improvement.</p> <p>This ongoing analysis provides important information for identifying barriers and successes toward improving administrative and clinical services.</p> <p>This will be measured by the number of consumers attending and participating in the QIC meeting and the resulting improvements made to beneficiary services.</p> <p>QIC meetings will be held in different locations throughout the county to provide more option for stakeholder involvement.</p>	Met	<p>Feedback from stakeholders indicated that the best location for meetings is to continue at the wellness centers. Successful consumer turnout was also found in joining QIC-MHSA meetings. Further refinement of meeting process was addressed that included PowerPoints to display required data sharing. Continued efforts to increase meeting attendance were made with the addition of videoconferencing equipment and software. MCBH focused on increasing consumer interaction at meetings this past year. Feedback from stakeholders regarding the best time of the meeting (different times work for different groups of stakeholders) was good, however with the current pandemic and looking forward to 20/21 we are expecting to have to continue with tele-conferenced meetings.</p>

Goal #4: Monitor the Service Delivery System		
Objective F: Monitor clinical records and chart audits		
<i>Activities/Strategies</i>	<i>Goal Status</i>	<i>Results</i>
<p>ASO continues to monitor service delivery standards of provider organizations. MHP QA will evaluate the quality of the service delivery by conducting chart audits.</p> <p>A total of 5% of client's charts for each provider will be audited by MCBHRS per year. The charts selected will be clients who have received services during the period being audited.</p>	Met	<p>BHRS QA/QI conducted an audit of 6% all MHP charts this past year.</p> <p>RQMC conducted a 2% review of progress notes and 100% review of primary documents for charts.</p> <p>The audit and review findings and recommendations are reported to providers in person and in writing. The charts were audited to insure they met medical necessity, as well as, clinical and state documentation standards.</p>

Goal #4: Monitor the Service Delivery System		
Objective G: Monitor authorized services to verify claimed/billed services were actually provided		
<i>Activities/Strategies</i>	<i>Goal Status</i>	<i>Results</i>
MHP Fiscal will send verification of services letters to a random 5% of beneficiaries receiving services at least three (3) times per year.	FISCAL	

Goal #5: Monitor Continuity and Coordination of Care With Psychiatric Medical Providers

Goal #5: Monitor Continuity and Coordination of Care With Psychiatric Medical Providers		
Objective A: Monitor continuity and coordination of care with medical providers		
<i>Activities/Strategies</i>	<i>Goal Status</i>	<i>Results</i>
<p>When appropriate, information will be exchanged in an effective and timely manner with health care providers used by clients.</p> <p>Measurement will be accomplished during ongoing chart review, as well as Referral to Physical Health Care forms.</p> <p>90% of charts reviewed will have a signed release of information for the beneficiary's health care provider(s).</p>	Met	ROIs: We reviewed Releases of Information in 80 charts. 100% had ROIs that included a Primary Care Physician.

Goal #6: Monitor Provider Appeals

Goal #6: Monitor Provider Appeals		
Objective A: Monitor provider appeals		
<i>Activities/Strategies</i>	<i>Goal Status</i>	<i>Results</i>
<p>Provider appeals will be recorded in a Provider Appeal Log and will be reviewed by UM and reported to QIC.</p> <p>100% of appeals will be followed up within state recommended timeframe.</p> <p>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.</p>	Met	<p>All provider appeals are recorded in a Provider Complaint Log and reviewed at QIC. There was only one provider appeal filed with the Mental Health Plan. The Provider Appeal was from an Inpatient Psychiatric Facility regarding a payment denial. The appeals were reviewed by and responded to in writing within 60 days.</p>

Goal #6: Monitor Provider Appeals		
Objective B: Review provider suggestions for improvement		
<i>Activities/Strategies</i>	<i>Goal Status</i>	<i>Results</i>
<p>Provider suggestions for improvement will be considered and implemented, when appropriate.</p> <p>100% of provider suggestions will be reviewed monthly at QI/QM work group and responded to as needed.</p> <p>Review will be conducted on a monthly basis, if suggestions are received.</p>	Met	<p>All provider suggestions are discussed and reviewed monthly in the QA/QI work group meetings with BHRS and ASO staff.</p>

Goal #7: Monitor SUDT Services

Goal #7: Monitor SUDT Services		
Objective A: Monitor clinical records and chart audits		
<i>Activities/Strategies</i>	<i>Goal Status</i>	<i>Results</i>
<p>MCBHRS will evaluate the quality of the service delivery by conducting SUDT chart audits.</p> <p>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.</p>	Met	<p>BHRS QA/QI conducted a 6% audit of all SUDT charts this past year.</p> <p>The audit and review findings and recommendations are reported to providers in person and in writing. The charts were audited to insure they met medical necessity, as well as, clinical and state documentation standards.</p>

Goal #7: Monitor SUDT Services		
Objective B: Monitor timeliness of service delivery		
<i>Activities/Strategies</i>	<i>Goal Status</i>	<i>Results</i>
Timeliness of the following will be monitored: <ul style="list-style-type: none"> • 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 BHRS SUDT's EHR.	SUDT Data	

Goal #7: Monitor SUDT Services		
Objective C: Substance Use Disorder Treatment clients will complete 2 customer surveys a year.		
<i>Activities/Strategies</i>	<i>Goal Status</i>	<i>Results</i>
Review consumer surveys and present the results.	Not Met	While SUDT completed the consumer surveys, the results were not presented.