

FY 14-15

Yolo County Health & Human Services Agency Work Plan Evaluation

EVALUATION OF FY 14-15 WORK PLAN GOALS AND OBJECTIVES PERTAINING TO
SPECIALTY MENTAL HEALTH/ SUBSTANCE USE DISORDER SERVICE DELIVERY

QUALITY MANAGEMENT CLINICIAN | JENNIFER A. GRIGORIOU, PSY.D.

Quality Management Department Description

The Quality Management (QM) department ensures oversight of the Department of Healthcare Services (DHCS) contract requirements. The QM Manager coordinates performance monitoring activities throughout the Mental Health System and is ultimately accountable to the Mental Health Director. The assessment of beneficiary and provider satisfaction and client and system outcomes is a collaborative effort between the Mental Health Director, QM Department Manager, employees of the QM department, clinical program managers, provider work group stakeholders, beneficiaries of Yolo County mental health and substance use recovery services, and other community stakeholders. The QM department is charged with: (a) developing, implementing, evaluating, and improving mental health (MH) and substance use recovery (SUD) policies and procedures; (b) reviewing and evaluating the effectiveness of MHP service delivery internally and through agency sub-contractors; (c) instituting, reviewing and evaluating the results of QI activities; (d) developing, implementing, evaluating, and improving utilization review processes; (e) reviewing reports of service utilization and making recommendations regarding under/over utilization patterns; and (f) identifying service and resource gaps within Yolo County's continuum of mental health care and substance use recovery services. One of the key improvements to the overall quality management focus of the Mental Health Plan (MHP) was the integration of the MHP Information Systems staff into the Quality Management department.

Quality Improvement Committee Description

The QM department supports the Quality Improvement Committee (QIC) that is charged with reviewing and evaluating the results of QI activities; recommending QI actions; and integrating utilization data updates into the QIC's review process to formulate recommendations. QIC discussions are memorialized by dated minutes which are disseminated to committee members. A 12-page report was shared with the QIC members regarding aggregate trends for FY 14-15 Consumer Perception survey administration periods. The QM department also has a website that can be accessed by anyone in Yolo County. The site houses QIC meeting minutes, QA- forms, and QI reports. The structure of the QM department and the QI committee continues to evolve as the MHP works to integrate seven newly formed work groups (i.e., Outcome Measurement; Internal Utilization Review; Clinical Documentation; Psychiatric Care; Medication Monitoring; Clinical Information Systems; and Drug Medi-Cal Organized Delivery System). It is expected that the work groups will perform detailed reviews of MHP service activities (that relate to the current Quality Improvement Work Plan in effect) and report back to QIC.

FY 14-15 Quality Improvement Work Plan Goals and Objectives

Work Plan goals were structured according to the following quality improvement domains:

1. Monitoring Service Delivery Capacity
2. Monitoring Accessibility and Utilization of Medi-Cal SMHS/ SUD Services
3. Monitoring Beneficiary Satisfaction

4. Monitoring Service Delivery System
5. Monitoring Continuity and Coordination of Care with Non-Psychiatric Providers
6. Monitoring Provider Appeals
7. Monitor and Reduce Wait Times for Medical/ Psychiatric Appointments
8. Improve Audit Results by Reducing Disallowances
9. Expand Access to and Utilization of Avatar by contract providers

Monitoring Service Delivery Capacity goals are designed to assess the implementation of mechanisms to ensure the capacity of service delivery within Yolo County, including the description of the current number, types, and geographic distribution of mental health services within its delivery system. Yolo County has placed great emphasis on strategically utilizing its Medi-Cal eligibility and admissions data to determine penetration rate goals. Cultural and ethnic penetration rates are monitored annually using the CA EQRO *Medi-Cal Approved Claims Data*.

Monitoring Accessibility of Service goals are designed to assess timelines of routine mental health appointments, timeliness of services for urgent conditions, access to after-hours care, and responsiveness of MHP's 24-hour, toll free telephone number. Timeliness of routine mental health appointments of children, transition age youth (TAY), and adults are reviewed by the QM Manager and Clinical Program Manager and reported monthly to the executive management team. Timeliness of access to medication services (including the timeliness from initial clinical assessment kept to first psychiatry appointment kept) and the average number of days from inpatient hospital discharge to psychiatry appointment is reviewed by the QM Manager, Clinical Program Manager, QM Nurse, and Medical Director on a weekly basis during the Psychiatric Care work group, which reports back to QIC (on a quarterly basis).

Goals for Monitoring Beneficiary Satisfaction address the degree to which beneficiary or family feedback has been incorporated into the overall monitoring and execution of Quality Improvement work plans and performance projects. Yolo County routinely assesses beneficiary and/or family satisfaction by: (a) administering and analyzing bi-annual consumer satisfaction surveys, (b) evaluating beneficiary grievances and fair hearings, (c) evaluating requests to change service providers, and (d) conducting sub-contractor site monitoring visits (including the review of participant questionnaires, DHCS certifications/re-certifications, complaints from the general public, etc.). Yolo County informs providers, stakeholders, and QIC members of the results of these activities on a quarterly basis at QIC.

Monitoring Clinical Care Services addresses several clinical issues that have been identified in order to better support the wellness and recovery of our beneficiaries. This area has proven to be a significant focus of Yolo County's service delivery system as a result of a few key changes in leadership and the examination of data sources used by the MHP. During FY 14-15, Yolo County initiated the psychiatric committee specifically to monitor high acuity beneficiaries or frequent utilizers of inpatient facilities and hospitals. The PCC invites the county's psychiatric facilities (i.e., Dignity Health, Yolo County Continuum of Care, Turning Point) to determine discharge planning; placement and service needs; conservatorship and other levels of care on a weekly basis. In addition, Yolo County implements appropriate interventions when individual complaints are reported. The MHP provides ongoing evaluation and analysis to identify

barriers related to clinical practice and/or administrative aspects of the delivery system. Finally, Yolo County monitors the effectiveness and safety of medication practices. The MHP has implemented a review team of medics, nurses, and pharmacists to review medication practices and prescriptions for approximately 20-30 beneficiaries each quarter.

Monitoring Continuity of Care ensures that services are coordinated with physical health care and other agencies utilized by Yolo County beneficiaries. When appropriate, Yolo County exchanges information in an ethical, effective and timely manner with other agencies. In FY 14-15, the county took steps to certify its electronic health record technology under the Centers for Medicare and Medicaid Services (CMS) Meaningful Use Initiative. As such, the county procured CareConnect software to enhance AVATAR’s current capabilities. The MHP has brought together a team of IT specialists, IT consultants, QM clinicians, QM Analysts, and clinical program managers to review the implementation and execution of Meaningful Use in the Clinical Information System work group. These professionals review and analyze each step of procurement, documentation, record keeping and utilization every other week and report back to QIC on a quarterly basis.

Evaluation of FY 14-15 Quality Improvement Work Plan Goals and Objectives

Monitor Beneficiary Utilization of Services

Objective A: Monitor beneficiary utilization of services by conducting ongoing analysis to track the number of beneficiaries served each fiscal year by age, gender, ethnicity and geographic distribution.

Goal #1:	Produce system reports identifying number of beneficiaries enrolled in services (i.e., EPSDT, day treatment, day rehabilitation, acute inpatient, psychiatric health facility, crisis residential, adult residential, IMD’s rehabilitation centers, skilled nursing facilities, board and care homes, and state hospital beds).
Goal #2:	Produce reports that identifies the County’s penetration rate for groups and sub-groups of Medi-Cal eligible mental health beneficiaries.
Goal #3:	Produce data and analyze supporting the effectiveness of the Assertive Community Program (administered by Turning Point Community Programs).

Goal 1 Rating: Partially Met

During FY 14-15, Yolo County allocated resources to expand current data collection and retention capabilities. The County acquired Enlighten Analytics software to enhance its ability to monitor beneficiary demographic data (including primary language spoken), service utilization rates, service cost, medications, outcomes and geographic distribution of services. As such, the MHP has the capability to produce improved census reports identifying the number of beneficiaries enrolled in varying levels of SMHS/ SUD services. These census reports include the following treatment modalities: EPSDT, day treatment, day rehabilitation, acute inpatient, psychiatric health facilities, crisis residential, adult residential, IMD’s, rehabilitation centers and skilled nursing facilities. The MHP is in the process of developing reports to track beneficiaries in care homes and state hospitals.

Goal 2 Rating: **Partially Met**

Penetration rates establish information on the number of individuals who receive (utilize) mental health related services relative to the general population. These rates of utilization can be compared to state, regional, and national figures. They allow a rough analysis of patterns of utilization across various key demographics. EQRO data taken on Medi-Cal beneficiaries served during the 2013 calendar year reported Yolo County’s Hispanic penetration rate as being 2.95%. During FY 14-15, Yolo County made concerted efforts to increase penetration rates of all sub-populations. The MHP required its SUD providers to complete a survey (i.e., self-report) in order to capture demographic information on the ethnicity of Medi-Cal beneficiaries utilizing SUD services. Survey information is currently being collected and analyzed for efficacy, generalizability and validity. Yolo County looks forward to incorporating the results of this survey into next year’s work plan.

Goal 3 Rating: **Partially Met**

During FY 14-15, Yolo County contracted with Resource Development Associates—a consulting firm with mental health planning expertise —to conduct a fidelity assessment of the Turning Point Assertive Community Program. The assessment will be completed by December 2015 and a report will follow soon thereafter.

Objective B: Partner with employees to improve morale, employee satisfaction, retention and the effectiveness of service delivery.

Goal #1:	Provide training opportunities and strengths-based peer reviews.
Goal #2:	Deliver documentation training.
Goal #3:	Update clinical guide to include productivity tips and progress note completion.

Objective C: Increase clinical staff’s rate of billable hours per week.

Goal #1:	Provide staff trainings on appropriate coding and billing of direct services.
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Goal 1 Rating: **Fully Met**

During FY 14-15, Yolo County provided several staff training opportunities (refer to RELIAS training schedule) and All-Staff meetings that engaged employees through the Coworker Appreciation Recognition and Empowerment (C.A.R.E.) team. C.A.R.E. team members were charged with strategizing and finding ways to support all levels of clinical staff, as well as increasing employee engagement and recognition in All-Staff meetings. Furthermore, the C.A.R.E. team devised ways of increasing communication and access to Executive Managers by means of instituting 3 email inboxes (i.e., Health Services Human Resources, Health Services Information and Health Services Training) as a central place for staff to send inquiries. Lastly, the C.A.R.E. team sent out a survey to all Yolo County mental health staff to query their level of satisfaction and sense of morale through the C.A.R.E. team. The survey was activated from March 5th, 2015 to March 31st, 2015 and returned a 30% response rate (55 out of 176 employees).

Goal B2/ C1 Ratings: Fully Met

During FY 14-15, Yolo County planned the facilitation of utilization review (UR), documentation and productivity trainings starting in July, 2015. Monthly UR trainings commenced in July and were anticipated to last throughout December 2015. ICD-10 training was scheduled to occur over a period of two days in September 2015 (just prior to the October 1, 2015 conversion date). Monthly documentation trainings for approximately 20-30 staff were scheduled to begin in October throughout December, 2015. All of the trainings mentioned incorporated aspects pertaining to accurate coding and billing services.

Goal 3 Rating Partially Met

Updates on the clinical documentation guide are in progress. Completion of the first draft of the guide is scheduled for December 2015. Trainings on productivity were scheduled for November and December 2015. Progress note reviews occur in individual sessions between QI Clinicians and clinical staff.

Objective D: Increase the Medi-Cal penetration rate from of FY '13-14 to 5% or more, particularly for beneficiaries under the age of 21.

Goal #1a:	Increase the number of Medi-Cal beneficiaries receiving an assessment by 10%.
Goal #1b:	Facilitate concurrent discussions with acute hospitals to identify beneficiaries in need.
Goal #1c:	Identify Medi-Cal eligible beneficiaries under 21 in need of EPSDT mental health services.

Goal 1 a/c Rating: Fully Met

In calendar year 2013, Yolo County obtained a penetration rate of (a) 2.94% for the Hispanic population, (b) 8.38% for the African-American population; (c) 3.17% for the Asian population, (d) 6.31% for the Native American/ Alaskan population, (e) 4.51% for those who marked "other" as their ethnicity. Penetration data is collected on an annual basis (at minimum). During FY 14-15, Yolo County focused on increasing its Hispanic penetration rates throughout the region by implementing a new Community Outreach and Rural Engagement program (CORE/ CREO) through our partnership with CommuniCare Health Center. The CORE outreach team provides Integrated Behavioral Health services to (1) decrease the cost for uninsured individuals; (2) reduce mental health systems and hospitalizations for patients receiving services; (3) increase the quality of life and independence for patients with health, mental health, and substance use issues; and (4) expand consumer input on programmatic structure, outreach activities, and treatment activities. The target population for CORE is Yolo County Latino/Hispanic residents with health issues, and/or mental health and/or substance use illnesses. The county relies heavily on its partnership with CommuniCare Health Center (Salud Clinic in West Sacramento and rural outreach program *Promotores de Salud*) to fill other gaps. Additionally, the County has continued to partner with R.I.S.E. Inc. as the sole provider of the Rural Resiliency Program (RRP). The RRP administers evidence-based services to at-risk children and youth outside of typical service setting. Bilingual/ bicultural staff outreach to children and youth experiencing emotional difficulty and at-risk behaviors. In FY 13-14, 208 youth were reached between the ages of (0-15). It is expected that Hispanic and youth penetration rates will increase substantially due to these programs. FY14-15 data from R.I.S.E. Inc. is forthcoming.

Goal 1 b Rating: **Fully Met**

During FY 14-15, Yolo County initiated the Psychiatric Care Committee (PCC) on a weekly basis to identify beneficiaries in need with acute care hospitals and facilities. One byproduct of weekly PCC was the re-establishment of a contract with Heritage Oaks Hospital. In rebuilding this relationship with the hospital, Yolo County improved communication around identifying the needs of beneficiaries that utilized this hospital. Lastly, the QM department manager, QM nurse and clinical program manager have all reached out to Yolo County hospitals with low to moderate success. The QM nurse maintains frequent contact with hospitals and facilities and is poised to provide ongoing technical assistance by phone during the week.

Ensure Accessibility to Mental Health and Substance Use Disorder Services

Objective A: Monitor timeliness of routine mental health appointments.

Goal #1:	Continued development of an accurate average time-line between first contact and intake assessment.
Goal #2:	Reduce the appointment wait-time for the most urgent mental health beneficiaries and expedite both psychiatric and intake assessments.
Goal #3:	Improving the “Front Door” and restructure access including, daily orientation and screening.
Goal #4:	Implement Re-hospitalization Performance Improvement Project (PIP) 14-15

Goal 1 Rating: **Fully Met**

The MHP has been successful in tracking the average time-line between first contact and intake assessment. During FY 14-15, the MHP was able to meet the timeliness standard (within 14 days) for an average of 42.85% of all first contacts.

Timeliness to First Assessment Appointment													
	7/14	8/14	9/14	10/14	11/14	12/14	1/15	2/15	3/15	4/15	5/15	6/15	FY Total
1st Assessment ≤14 days	3	6	4	15	10	7	4	9	9	11	6	3	87
% of 1st Assessment ≤14 days	25%	22%	20%	94%	100%	47%	21%	41%	45%	55%	24%	23%	40%
1st Assessment > 14 days	9	21	16	1	0	8	15	13	11	9	19	10	132
% of 1st Assessment > 14 days	75%	78%	80%	6%	0%	53%	79%	59%	55%	45%	76%	77%	60%

Goal 2 – 3 Ratings: Partially Met

The MHP has been successful in establishing a baseline for reducing the appointment wait-time for the most urgent mental health beneficiaries and expediting both psychiatric and intake assessments. During FY 14-15, the MHP scheduled first psychiatric services for beneficiaries on an average of 53 days following the request. First psychiatric appointments were scheduled within 30 days for an average of 30.69% of our beneficiaries requesting the appointment.

Timeliness to First Psychiatric Appointment													
FY 14-15	7/14	8/14	9/14	10/14	11/14	12/14	1/15	2/15	3/15	4/15	5/15	6/15	FY Total
1st Service ≤ 30 days	2	5	3	2	3	4	5	2	4	3	4	0	37
% of 1st Service ≤ 30 days	50%	33%	18%	17%	50%	44%	42%	18%	36%	30%	31%	0%	30%
1st Service > 30 days	2	10	14	10	3	5	7	9	7	7	9	4	87
% of 1st Service > 30 days	50%	67%	82%	83%	50%	56%	58%	82%	64%	70%	69%	100%	70%

Procedures for reducing appointment wait times (“Front Door”) were also initiated in FY 14-15 such that a beneficiary waiting for an assessment/ psychiatric appointment was first set up with a triage appointment or screening. This restructuring of “Front Door” access (with an additional triage, screening, or orientation appointments) is unavailable for FY14-15 due to inoperative service codes.

Goal 4 Rating: Partially Met

Preliminary data analysis begun for identifying whether re-hospitalization remains a needed PIP topic. Data reviewed includes: TAR log, follow-up post hospitalization, and readmission rates. Determination made to restart a PIP on hospital utilization. PIP sub-committee to be developed.

Objective B: Monitor responsiveness of the 24-hour, toll-free telephone number.

Goal #1:	Monitor contract provider during non-business hours to see if the caller is linked to appropriate resources/referrals.
Goal #2:	Conduct quarterly meetings with vendor to address issues related to the 24/7 access line.
Goal #3:	Monitor the responsiveness of the after-hours crisis system’s language and communication capabilities.
Goal #4:	Develop 24/7 phone script.

Goal 1-4 Ratings: Fully Met

The MHP has been successful in developing a process for monitoring the responsiveness of the 24-hour, toll-free telephone number. A bilingual QI Clinician is charged with calling the access line (during and outside of business hours) to see if the caller is linked to appropriate resources/referrals. The QI Clinician performs the calls in English and Spanish according to the script and records all communications onto a newly instituted test call form. The MHP has also been successful in developing and sharing the newly developed 24/7 phone script, access call log, and test call log with the vendor at regularly scheduled quarterly meetings. Ongoing discussions and technical assistance also takes place with the vendor outside of quarterly meetings.

Objective C: Ensure provision of culturally and linguistically appropriate services.

Goal #1:	Conduct monthly chart reviews to address the consistency of documentation of beneficiaries' linguistic and cultural needs.
Goal #2:	Provide ongoing staff Cultural Competency trainings.
Goal #3:	Provide annual training to interpreters and clinical staff.
Goal #4:	Maintain ongoing dialogue with consumer groups (i.e., community forums and/or trainings) designed to identify community needs and address potential barriers to service.
Goal #5:	Re-introduce practices that emphasize hiring bilingual clinicians (speaking threshold languages) for specific programs.
Goal #6:	Contracted services to a language line vendor.
Goal #7:	Monitor consumer grievances and identify cultural issues leading to said grievance.
Goal #8:	Ongoing translation of all mental health Forms into threshold languages.
Goal #9:	Increase the Latino Penetration rate by 3% - Performance Improvement Project 14-15.
Goal #10:	Increase the primary language Russian and Ukrainian group penetration by 3%.

Goal 1 Rating: Fully Met

During FY 14-15, Yolo County planned to conduct monthly documentation trainings starting in October, 2015. Monthly reviews have addressed the consistency of documentation of beneficiaries' linguistic and cultural needs. AVATAR forms have been revised to reflect primary language, preferred language and other cultural data points. All of the forms drafted are in the process of being finalized.

Goal 2-5 Ratings: Fully Met

Goals 2-4 fall largely under the Mental Health Services Act (MHSA) department, which shares the responsibility for ensuring the provision of culturally and linguistically appropriate services with QM. In FY 14-15, Yolo County experienced substantial increases in bilingual/ bicultural staff (44 total new hires) dedicated to ensuring that linguistic and cultural competence remained at the forefront of service provision. The Cultural Competency Committee (CCC) reconvened in FY 14-15; their accomplishments include: (a) proposing policy changes to outdated cultural competency standards; (b) designing and implementing a sustainable 3-year cultural competency plan; (c) assuming the responsibility of delivering cultural competency trainings; and (d) initiating community engagement activities. In FY 14-15, Yolo County held community engagement activities from May through July 2015, specifically designed to identify community needs and address potential barriers to service. Community meetings, stakeholder

workgroup meetings, and focus groups with targeted populations provided a forum for beneficiaries and stakeholders to share their experiences with the current system of service and provide key findings for improving Yolo County community mental health programs and services (please refer to August 10, 2015 RDA report for more details).

Goal 6 Rating: Fully Met

The MHP contracts with Language Line Services as its sole language line vendor.

Goal 7 Rating: Fully Met

As with UR/ documentation/ productivity, and progress note reviews, consumer grievances are monitored on an ongoing basis in order to identify if cultural issues lead to beneficiary complaints or grievances. QI Clinicians monitor grievances on a case-by-case basis and provide recommendations to executive management.

Goal 8 Rating: Not Met

During FY 14-15, Yolo County planned to translate all mental health forms into threshold languages. This goal was not met but has been rolled over to FY 15-16.

Goal 9-10 Ratings: Not Met

During FY 14-15, Yolo County planned on increasing Latino penetration rates by 3% by formally developing a PIP for that objective. The PIP was delayed in FY 14-15 due to the shortage of seasoned QM staff capable of leading such a project. As far as the goal of increasing Russian and Ukrainian group penetration rates by 3%, not enough Russian/ Ukrainian outreach staff had been hired to engage this community or facilitate discussions regarding gaps in service. It is anticipated that this will improve next year.

Monitor Beneficiary Satisfaction

Objective A: Review and monitor beneficiary survey results.

Goal #1:	Administer beneficiary surveys.
Goal #2:	Tabulate results of beneficiary surveys.
Goal #3:	Utilize survey results in decision making and planning.

Goal 1 – 3 Ratings: Fully Met

The MHP was successful in developing a process for administering and collecting beneficiary surveys at a rate exceeding previous years. QM established a baseline representative survey results over the course of one year (May 2014 – May 2015). Results indicated that 3 consumers groups (adult, youth, and youth families) were satisfied with county and contract provider services during the review period. Overall, 2014 and 2015 adult respondents supplied the largest data set and points for comparison. Across all populations, the majority of perceptions and satisfaction ratings fell into the “Satisfied with Services” category (4 out of 5). Details of these results are contained in the FY 14-15 Consumer Perception Survey Report that was disseminated at QIC on July 23, 2015.

Objective B: Monitor requests to change practitioners or providers.

Goal #1:	Conduct a monthly review and analysis of identifiable trends with “Change of Provider Request” forms.
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Goal 1 Rating: **Fully Met**

As with consumer grievances, Change of Provider Request Forms are monitored on an ongoing basis in order to identify trends leading to beneficiary complaints of MHP service providers. QI Clinicians monitor Change of Provider Request Forms on a case-by-case basis and provide recommendations to executive management.

Objective C: Monitor beneficiary grievances, appeals, expedited appeals, state fair hearings and expedited state fair hearings.

Goal #1:	Analyze all processed beneficiary grievances, appeals, expedited appeals, state fair hearings and expedited state fair hearings.
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Goal 1 Rating: **Fully Met**

As with Change of Provider Requests, beneficiary grievances, appeals, expedited appeals, state fair hearings and expedited state fair hearings are monitored on an ongoing basis in order to identify trends leading to beneficiary dissatisfaction. QI Clinicians monitor beneficiary grievances, appeals, expedited appeals, state fair hearings and expedited state fair hearings on a case-by-case basis and provide recommendations to executive management.

Monitor the Service Delivery System

Objective A: Review of operating systems and procedures.

Goal #1:	Obtain accurate and dependable data through a more complete integration of practice management and EHR system.
Goal #2:	Reduce confusion, eliminate redundancy and streamline coding, billing and tracking processes of EHR.
Goal #3:	Update informing materials.
Goal #4:	Update authorization requests.
Goal #5:	Update provider guide.

Goal 1-2 Ratings: **Partially Met**

During FY 14-15, Yolo County allocated resources to expand current data collection and retention capabilities. The County also provided technical assistance to clinical staff on entering data into beneficiary electronic health records (EHR). The MHP is in the process of updating diagnostic, evaluation, assessment, intake, crisis evaluation and progress note forms in order to reduce confusion, eliminate redundancy, streamline coding, billing and tracking processes.

Goal 3, 4 & 5 Ratings: **Not Met**

During FY 14-15, QM experienced significant changes with staffing and leadership. As a result, the QM staff was unable to identify previous documentation or outlines that had been planned in AVATAR pertaining to informing materials, authorization requests, and a provider guide.

Objective B: Monitor clinical practices.

Goal #1:	Provide ongoing development and refinement of Evidence-Based methods to provide effective clinical treatment (i.e., ACT, TFCBT, Functional Family Therapy, etc.).
Goal #2:	Deliver documentation training (addressed on page 4; Objective B – Goal #2)
Goal #3:	Improve and convert “Clinical Survival Guide” into Documentation Manual.
Goal #4:	Provide Targeted Case Management training to providers and staff.

Goal 1 and 4 Ratings: **Partially Met**

During FY 14-15, the MHP reviewed and developed plan for an external review of ACT programs. This is to be completed by the end of December 2015. QM has improved tracking and reporting of TF-CBT data. With respect to goal 4, QM staff will attend a documentation training (hosted by DHCS) in August. QM will use this training to provide instruction to MHP staff.

Goal 3 Rating: **Not Met**

During FY 14-15, the MHP was unable to address this goal.

Objective C: Monitor safety and effectiveness of medication practices.

Goal #1:	Conduct quarterly Medication Monitoring Committee (MMC) meetings to review issues for assessment and evaluation, including safety and effectiveness of medication practices.
Goal #2:	Conduct ongoing pharmacological audit (by an outside contractor) 5 times per year to review documentation and medication practices.
Goal #3:	Develop a corrective action process and disallowance.
Goal #4:	Continue administrating the Patient Assistance Program (PAP) under the oversight the Medical Director.

Goal 1 & 3 Ratings: **Not Met**

During FY 14-15, Yolo County was unable to initiate the Medication Monitoring Committee (MMC) meetings or fully develop a corrective action process and disallowance due to a number of competing initiatives and staff changes. Yolo County has temporarily put this goal on hold and will roll it over to FY 15-16 in order to develop meaningful medication plan corrective action plans, disallowance procedures, a method for correcting deficient charts, and routine presentation of those findings at QIC.

Goal 2 Rating: **Fully Met**

During FY 14-15, Yolo County hired outside pharmacists to conduct quarterly audits of 5% of all cases. Pharmacological audits occur every other month; 20 charts are reviewed each audit.

Goal 4 Rating **Fully Met**

The PAP is a program run under the oversight the Medical Director, and supervision of the Mental Health Services Act department. The program’s day-to-day activities are being executed by MHSA staff who assist beneficiaries with filling out paperwork; enroll beneficiaries into the program; get orders from the MD; and coordinate medication appointments with nursing staff who also provide medication safety training.

Objective D: Assess performance and identify areas for improvement.

Goal #1:	Participate in QI On-TAP training.
Goal #2:	Integrate with health department.
Goal #3:	Develop logic model for PIP projects.
Goal #4:	Prioritize strategic initiatives for FY 2011/12 based on data and system reports.

Goals 1 and 3 Ratings: **Fully Met**

During FY 14-15, QM participated in the QI-on-Tap trainings offered by the Health Department. Part of the training included the development of logic models to be incorporated into the PIPs in the coming fiscal year.

Goal 2 Rating: **Fully Met**

During FY 14-15, Yolo County ADMH integrated with Public Health to become the Health Department. Effective July 1, 2015, the Health Department and the Department of Employment and Social Services shall integrate into the Health and Human Services Agency (HSSA).

Goal 4 Rating **Fully Met**

During FY 14-15, the Yolo County MHP developed a clear strategic plan. For the coming fiscal year, each branch of HSSA will develop its own; within Adult and Aging, each department will develop its own. The strategic planning process is connected with the Board of Supervisors’ County Plan.

Objective E: Monitor clinical documentation and chart review by supervisors and clinical staff.

Goal #1:	Conduct peer review of chart reviews and audit documentation of clinical staff within their individual clinics.
Goal #2:	Clinical supervisors review of additional charts when completing annual staff evaluations.
Goal #3:	Establish Peer Review Feedback sessions.

Goal 1 – 3 Ratings: **Partially Met**

The MHP required that program managers and supervisors meet with clinical staff on a weekly basis. The MHP continues to require that program managers review additional clinical charts in order to make determinations on annual staff evaluations. Feedback and programmatic peer review process sessions were put on hold with the change of QI staff, with a plan to create a more clinically focused utilization review process that will encompass all levels of clinical staff.

Monitor Continuity and Coordination of Care with Non-Psychiatric Medical Providers

Objective A: Monitor coordination and continuity of care with physical healthcare providers.

Goal #1:	Standardize protocol to identify referrals to healthcare providers.
Goal #2:	Increase the amount of collaboration between Yolo County and outside healthcare organizations providing primary care.

Goal 1-2 Ratings: Partially Met

During FY 14-15, Yolo County did not develop a protocol to identify referrals to healthcare providers. Instead, the MHP created a Clinical Manager position to assist with that process. It was anticipated that the Clinical Manager would assist with improving referrals and increasing collaboration between HHS and other healthcare organizations.

Monitor Provider Appeals

Objective A: Monitor provider appeals.

Goal #1:	Record provider appeals in a Provider Appeal log.
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Goal A1 Rating: Not Met

During FY 14-15, former QM staff/ QM management did not leave a record of provider appeals for FY 14-15. It is unclear to current QM staff whether or not provider appeals were made or directed to the QM department.

Objective B: Review provider suggestions for improvement.

Goal #1:	Review provider suggestions for improvement.
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Goal B1 Rating: Fully Met

In FY 14-15, Yolo County held many provider stakeholder sessions, specifically designed to address SMHS/SUD providers' suggestions for improvement. Providers are also queried by the MHP's Contracts department (annually through surveys) and QM department (quarterly through the QIC). Provider stakeholder workgroup meetings provide a forum for stakeholders to share their experiences with the current system of service and offer suggestions for improvement.