YOLO COUNTY QUALITY MANAGEMENT

WORK PLAN

Fiscal Year 2016-2017

Yolo County Health & Human Services Agency

Quality Management Program

Revised December 2016

Quality Management Program

The Yolo County Health and Human Services Agency (HHSA) Mental Health Plan (MHP) is committed to providing high quality, culturally competent services and supports that enhance recovery from serious mental illness (SMI), substance use disorders (SUD), and serious emotional disturbance (SED). The Quality Management (QM) Program is accountable to the Mental Health Director. Our function is to ensure equity, value – clinical health outcomes per dollar spent – and efficiency of the service delivery system. The QM Program's activities are guided by the relevant sections of Federal and California State regulations, including the Code of Federal Regulations Title 42, the California Code of Regulations Title 9, Welfare and Institutions Codes (WIC), as well as the MHP's performance contract with the State Department of Health Care Services (DHCS).

Quality Improvement Committee (QIC)

The QIC is responsible for the overall quality review of all mental health services provided in Yolo County. Our goal is to review and evaluate the quality and appropriateness of services to beneficiaries and the results of QM activities, identify and pursue opportunities for improvement, and resolve identified problems. On an annual basis, the QIC is responsible for reviewing the QM Program, assessing its effectiveness, and pursuing opportunities to improve the Quality Management Work Plan (QMWP). The QIC is comprised of representatives from the following stakeholder groups: consumers, family members, Patients' Rights Advocate, Local Mental Health Board, QM Program staff, provider and MHP staff, supervisors and managers, and the Mental Health Director. The QIC meets quarterly, while the frequency of meetings of QIC subcommittees and workgroups vary depending upon identified need. QIC subcommittees and workgroups report back to stakeholders at QIC meetings. Current active subcommittees and work groups and those we plan to resume include:

1. Performance/Outcome Data Workgroup
2. Utilization Review Workgroup
3. Clinical Documentation Workgroup
4. Psychiatric Care Committee
5. Medication Monitoring Committee
6. Clinical Information Systems Workgroup
7. Drug Medi-Cal Organized Delivery System

Quality Management Work Plan (QMWP)

The annual QMWP is developed and monitored by the QM Program with input from the MHP Leadership Team. Its purpose is to organize and provide structure for QM activities throughout the Yolo County MHP and to systematically ensure adherence to the MHP Contract with the California DHCS and regulations set forth by the Centers for Medicare and Medicaid Services (CMS). The FY16-17 QMWP identifies objectives and planned activities designed to monitor service delivery, analyze data, recommend policy, evaluate performance, and report findings.

Yolo County Quality Management Work Plan FY 16-17

	Goal	Objective / Activities	Evaluation / Status
I.	**Quality: Develop and maintain a system that allows providers, beneficiaries, and the public to access updated information about Yolo County HHSA's QM / QI activities.**	1) Review and update QM Program written description by June 30, 2017. 2) Brainstorm elements to include on internal and external QM website and required dashboards and discuss implementation strategies. 3) Identify four key indicators to regularly report out on QM website by June 30, 2017. 4) Identify strategies to improve active provider participation at QIC meetings.	**Annual Goal Items Met:** **Met**: Item # ___ **Partially Met**: Item # ___ **Not Met**: Item # ___ **Continued**: Item # ___ **Status:** 1-3) In progress 4) To do
II.	**Quality: Involve stakeholders in QI activities related to improving service delivery and clinical care.**	1) Invite stakeholders (e.g., beneficiaries, front line service staff, program supervisors and managers, administrators) to QIC meeting to discuss different perspectives on ongoing issues and barriers in order to inform solutions.	**Annual Goal Items Met:** **Met**: Item # ___ **Partially Met**: Item # ___ **Not Met**: Item # ___ **Continued**: Item # ___ **Status:** 1) To do
III.	**Outcomes: Improve clinical data collection and reporting to better align with evidence based practices.**	1) Identify elements to include in draft of Policies and Procedures (P&P) and discuss implementation strategies. 2) Track usage of the following measures to identify improvement opportunities: a) Adult Needs and Strengths Assessment (ANSA) b) Child and Adolescent Needs and Strengths (CANS) c) Level of Care Utilization System (LOCUS) d) Other outcome measures	**Annual Goal Items Met:** **Met**: Item # ___ **Partially Met**: Item # ___ **Not Met**: Item # ___ **Continued**: Item # ___ **Status:** 1) To do 2) In progress
IV.	**Outcomes: Monitor and improve beneficiary satisfaction with services.**	1) Administer Consumer Perception (CP) surveys twice per fiscal year. 2) Analyze results. 3) Inform providers of results. 4) Compare CIBHS results to HHSA results to identify improvement opportunities for survey completion.	**Annual Goal Items Met:** **Met**: Item # ___ **Partially Met**: Item # ___ **Not Met**: Item # ___ **Continued**: Item # ___ **Status:** 1) In progress; administered CP surveys in Fall 2016 2-4) To do
V.	**Beneficiary Protection: Respond to grievances in a timely manner.**	1) Ensure 90% of grievances are logged and responded to within required timeframes. 2) Track and trend grievances to identify quality improvement opportunities.	**Annual Goal Items Met:** **Met**: Item # ___ **Partially Met**: Item # ___ **Not Met**: Item # ___ **Continued**: Item # ___

Goal		Objective / Activities	Evaluation / Status
		3) Brainstorm ways to improve efficiency and effectiveness of tracking grievances. 4) Report grievance trends to QIC and management. 5) Brainstorm strategies to improve tracking of Change of Provider requests.	**Status:** 1) Completed, ongoing 2) In progress 3-5) To do
VI.	**Consistent monitoring of Notice of Action (NOA)**	1) Update NOA P&P by September 30, 2017. 2) Update tracking methodology. 3) Brainstorm ways to improve tracking of timeliness for issuing NOAs. 4) Analyze data. 5) Provide results to QIC.	**Annual Goal Items Met:** **Met**: Item # ___ **Partially Met**: Item # ___ **Not Met**: Item # ___ **Continued**: Item # ___
			Status: 1-2) In progress 3-5) To do
VII.	**Engage in ongoing performance improvement efforts.**	1) Establish one clinical Performance Improvement Project (PIP). 2) Establish one non-clinical PIP. 3) Evaluate PIP results.	**Annual Goal Items Met:** **Met**: Item # ___ **Partially Met**: Item # ___ **Not Met**: Item # ___ **Continued**: Item # ___
			Status: 1) Completed 2) Completed 3) In progress
VIII.	**Treatment Authorization Requests (TARs): Ensure processing within required timeframes.**	1) Continue processing 100% of all TARs within mandated timeframe. 2) Develop a mechanism to capture TARs within Avatar.	**Annual Goal Items Met:** **Met**: Item # ___ **Partially Met**: Item # ___ **Not Met**: Item # ___ **Continued**: Item # ___
			Status: 1) Completed, ongoing 2) In progress
IX.	**Clinical Documentation: Improve quality of clinical documentation and reduce disallowances.**	1) Develop Authorization & Access Committee (AAC), whose overall goal is to help improve the quality of clinical documentation so that it adheres to state standards / mandates. 2) Continue internal peer review process at least quarterly. 3) Develop Utilization Review Committee (URC) comprised of community providers and HHSA providers by June 30, 2017. 4) Draft URC P&P by June 30, 2017.	**Annual Goal Items Met:** **Met**: Item # ___ **Partially Met**: Item # ___ **Not Met**: Item # ___ **Continued**: Item # ___
			Status: 1) Completed; AAC meets weekly. 2) In progress 3-4) To do

	Goal	Objective / Activities	Evaluation / Status
X.	**Access: Improve quality and utilization of the 24/7 Access Line.**	1) Review Access log to identify a baseline for follow-up on service requests (after hours). 2) Develop plan to improve data collection for business hours. 3) Complete at least 6 Access Line test calls per quarter (Baseline FY15-16: completed 2 quarters, 5 per quarter, 20% in language other than English). 4) Maintain 90% or higher test call logging for after hours (Baseline FY15-16: 100%) 5) Increase test call logging for business hours by 50% by September 30, 2017 (Baseline FY15-16: 0%)	**Annual Goal Items Met:** **Met**: Item # ___ **Partially Met**: Item # ___ **Not Met**: Item # ___ **Continued**: Item # ___ **Status:** 1) To do 2-5) In progress
XI.	**Access: Linguistic Capacity – Ensure services and written correspondence are provided in the beneficiary's preferred language.**	1) Track and trend documentation of beneficiaries' language preference in Avatar. 2) Ensure availability of updated treatment / informational documents for beneficiaries printed in threshold languages (Spanish and Russian). 3) Add service language data element to UR process.	**Annual Goal Items Met:** **Met**: Item # ___ **Partially Met**: Item # ___ **Not Met**: Item # ___ **Continued**: Item # ___ **Status:** 1) To do 2) Completed, ongoing 3) Completed; added cultural considerations element (including service language preference) to UR form (see Intake Assessment and Progress Notes).
XII.	**Access: Cultural Competency / Health Equity – Identify and decrease access disparities by age and race / ethnicity.**	1) Track and trend documentation of beneficiaries' race / ethnicity in Avatar. 2) Review penetration rates by age and race/ethnicity on an annual basis 3) Improve methodologies for examining and tracking penetration rates for target populations.	**Annual Goal Items Met:** **Met**: Item # ___ **Partially Met**: Item # ___ **Not Met**: Item # ___ **Continued**: Item # ___ **Status:** 1-3) To do
XIII.	**Timeliness to Services: Monitor and improve timely access to services.**	1) Continue tracking timeliness measures specified by EQRO. 2) Track and trend wait times to the following data points: a) Initial request for services to first available appointment	**Annual Goal Items Met:** **Met**: Item # ___ **Partially Met**: Item # ___ **Not Met**: Item # ___ **Continued**: Item # ___

Goal		Objective / Activities	Evaluation / Status
		b) initial request for services to first available psychiatry appointment c) Develop tracking mechanism for urgent appointments. 3) Analyze no-show rates and identify strategies to improve ameliorate findings,	**Status:** 1-2a) In progress 2b-3) To do
XIV.	**Compliance: Hire a full time person whose primary duty will be that of the compliance officer.**	1) Submit request to leadership to hire this person. 2) Hire this person.	**Annual Goal Items Met:** **Met**: Item # ___ **Partially Met**: Item # ___ **Not Met**: Item # ___ **Continued**: Item # ___
			Status: 1) Completed, the position has posted. 2) To do