



**DEPARTMENT OF MENTAL HEALTH
TULARE COUNTY HEALTH & HUMAN SERVICES AGENCY**

**QUALITY IMPROVEMENT WORK PLAN
FY 2016/2017**

Tulare County Mental Health Plan Quality Improvement Program & Work Plan FY 2016/2017

The Tulare County Mental Health Plan (TCMHP) is committed to providing quality improvement throughout the mental health system of care. This plan is a framework for ongoing system improvement. TCMHP strives to provide a culturally competent; consumer and family member guided community-based system of care for children/youth and their family/care providers, transitional age youth, adults, and older adults. Collaboration and service coordination will also be maintained with Tulare County Adult and Juvenile Probation Departments, the Tulare County Office of Education, the Child Welfare System (CWS), Alcohol and Other Drug (AOD) Programs, and other agencies. The TCMHP serves a number of populations within the County of Tulare including, eligible Medi-Cal and Medicare beneficiaries, as well as the unserved/underserved in rural locations, and the unsponsored and indigent population.

The TCMHP provides services within a system of care framework. It functions as one component of a coordinated, comprehensive multi-dimensional network of social, educational, vocational, recreational, housing, and health services. Specialty mental health services are provided utilizing a coordinated wellness and recovery team approach specifically designed to support improved access to specialty mental health services, increased accountability, reduce barriers to treatment, and the provision of treatment in the least restrictive setting.

The goal of the TCMHP Quality Improvement (QI) Program is to develop a systemic method of identifying and addressing problem areas within the system of care. More specifically, Tulare County is concerned with areas that limit access to services, quality of care, and consumer satisfaction.

I. INTRODUCTION AND STATEMENT OF PURPOSE

The purpose of the QI Program is to establish a written description by which the specific structure, process, scope and role of the plan is articulated. The TCMHP QI Program was created to improve the overall performance in the following areas:

- Regulatory Oversight
- Service Delivery Capacity
- Accessibility of Services
- Beneficiary Satisfaction
- Coordination of Care
- Cultural Competency and Linguistic Standards
- Provider Grievances and Appeals
- Wellness and Recovery
- Utilization Review
- Medication Monitoring
- Mental Health Information Management (MHIM)
- Policy & Procedures

The QI Program will be evaluated annually and updated whenever necessary. The QI program will be directly accountable to the Division Manager of Managed Care and the Director of Mental Health. The QI Unit Manager will be responsible for implementation of the QI Program and QI Work Plan. The TCMHP will actively recruit practitioners, providers, consumers and family members in the planning, design and implementation of the QI Program and QI Work Plan. The goal of the QI Program is to provide oversight for the continued improvement of services by:

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- A. Establishing a QI Committee (QIC) that specifies its role, structure, function, frequency of meetings and other committees (subcommittees) in order to:
 - 1. Oversee QI activities, including Performance Improvement Projects (PIPs).
 - 2. Recommend policy decisions.
 - 3. Institute appropriate QI actions and ensure follow up on any QI processes.
 - 4. Ensure that all QI Committee meeting minutes are dated, signed, and accurately reflect all recommendations and decisions made and actions taken.
- B. Coordinating performance reviews of MHP activities by:
 - 1. Analyzing consumer-based and program-based outcomes.
 - 2. Conducting utilization and clinical records reviews.
 - 3. Assessing beneficiary and provider satisfaction.
 - 4. Monitoring staff licensing and credentialing.
 - 5. Monitoring and resolving beneficiary grievances, fair hearings, and provider appeals.
- C. Ensuring that all MHP Providers are in compliance with the QI Program and that access to relevant clinical records is provided to the MHP to the extent permitted by State and Federal laws.
- D. Monitoring the use of resources within the MHP and providing oversight for ensuring that access to specialty mental health services and service delivery of beneficiary-centered services are culturally appropriate and consistent with best practices.

II. STRUCTURE OF THE QUALITY IMPROVEMENT PROGRAM

The Quality Improvement Program consists of the following components:

A. The Quality Improvement Committee (QIC)

The QIC, under the authority of the Tulare County Mental Health Director, is responsible for maintaining oversight of planning, designing, measuring, assessing, monitoring and improving beneficiary care and services provided by the MHP. Under the authority of the Mental Health Director, the Chair of the QIC will be the QI Unit Manager or designee. The QI Unit Manager or designee initiates quality improvement activities and is accountable for the QIC process. The QIC shall conduct meetings on a monthly basis.

Documentation of all QIC and Quality Management meetings shall be accomplished through written minutes. The minutes shall address aspects of care, actions and/or recommendations of the QIC, reports from the various subcommittees, and follow-up to determine resolution of any identified issues or trends. Minutes shall contain the following information:

- Name of the committee,
- Location and date of the QIC meeting,
- Names and titles of the members present,
- Names and titles of the members absent,
- Agenda topics and description of the discussion,

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- Recommendations and actions of the committee, and
- Name of the individual(s) responsible for follow-up.

The date, signature, and title of the QIC Chairperson will be included on the minutes, as well as, the date, signature, and title of the individual who prepared the minutes. Members of the QIC may be composed of the following:

B. The Quality Improvement Subcommittees

Under the direction of the QIC, subcommittees serve as primary support to the QIC. They gather information regarding directives, requirements and regulations in order to perform the specific tasks of the QI Work Plan. The subcommittees are responsible for reporting to the QIC the activities, studies, data collection, and status of QI Work Plan objectives for QIC action and/or additional direction. The subcommittees may recommend to the QIC additional QI activities, issues, plans for corrective action or new studies. Documentation of all QIC subcommittee meetings shall be accomplished through written minutes.

Quality Improvement Subcommittees will include, but not be limited to the following:

1. Policy and Procedures
2. Cultural Competence
3. Medication Monitoring
4. HIPAA Compliance/ Title 42 Accreditation
5. Adult System Improvement Council (ASIC)
6. Children's System Improvement Council (CSIC)
7. Wellness & Recovery Committee
8. Utilization Review

C. The Quality Improvement Work Group

Under the direction of Mental Health Executive Management and QI Unit Manager, the QI Work Group will maintain responsibility for implementation of the specific objectives and activities of the QI Work Plan for the fiscal year. The QI Work Group shall perform data collection, analysis and report writing with respect to Work Plan components unless otherwise specified. Such analysis shall be disseminated to the QIC and to relevant community partners. It is also the responsibility of the QI Work Group to provide the reports and feedback from the QIC to the relevant participants of the MHP system of care.

The QI Work Group includes the following members:

1. HIPAA Compliance Officer
2. QI Unit Manager
3. Cultural Competence Coordinator
4. Problem Resolution Coordinator
5. Children's Services Unit Manager
6. MHSa Program Manager

III. COORDINATION: THE QI PROGRAM AND OTHER MANAGEMENT ACTIVITIES

Performance management and oversight of activities with specific focus on quality and cultural competency are linked to the QI process through the QIC. The QI

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responsibilities for each activity are specified in the QI Work Plan. The QI Program coordinates performance monitoring throughout the organization and includes, but is not limited to the following:

1. Beneficiary and system outcomes
2. Utilization management
3. Credentialing and licensures
4. Monitoring and resolution of beneficiary grievances, appeals, and State Fair Hearings
5. Provider grievances and appeals
6. Assessment of beneficiary and provider satisfaction
7. Utilization and clinical records review
8. Monitoring to ensure that services are culturally relevant and competent
9. Monitoring to ensure that services meet the linguistic needs of our consumers
10. Monitoring of penetration and retention rates across age, ethnic groups and geographic location, with a special emphasis on Latino access and retention
11. Confidentiality
12. Special studies that involve issues of quality improvement
13. MHP Provider site certification and re-certification
14. Primary Care Provider (PCP) Collaboration

IV. QUALITY IMPROVEMENT WORK PLAN COMPONENTS

The activities outlined within the Quality Improvement (QI) Work Plan and QI Matrix enable the MHP to monitor and evaluate the appropriateness and quality of services provided to consumers, to create opportunities to improve mental health services, to resolve identified problems, and to initiate two performance improvement projects (PIPs) that will contribute to meaningful improvement in clinical care and beneficiary satisfaction. The effectiveness of the QI Program will be measured by defined QI indicators, goals and objectives, activities, performance measures, and departmental responsibilities as outlined in the QI Work Plan/Matrix. The QI Matrix will contain established targets for specific performance indicators and will report results as "Met and or Not Met."

The QI Work Plan, QI Matrix, and QI expectations shall include:

1. An Annual QI Evaluation including an overview of all QI activities including two Performance Improvement Projects (PIPs), demonstrating outcomes in clinical care and beneficiary satisfaction.
2. Quarterly outcome data for previously identified QI indicators.
3. Planning and initiation of QI activities for sustaining improvement and monitoring performance of service delivery and quality of care.
4. Quarterly reports to QIC and Executive Management on the status of the QI Work Plan and QI Matrix objectives and activities.
5. QI activities as required by the Centers of Medicare and Medicaid Services in accordance with Title 42, Code of Federal Regulations (CFR), Section 438.240(a)(2) and shall meet the criteria identified in Title 42, CFR, Section 438.240(d).

The QI Plan/QI Matrix for FY 16/17 outlines specific target areas that will be monitored and tracked over time. The QI Matrix is a working document, which allows for updated data to be entered quarterly (report is attached) and is outlined as follows:

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- A. Regulatory Oversight: The QI program will provide consistent oversight of all existing MHP programs to monitor and evaluate the quality, appropriateness and utilization of services. Action plans will be developed to monitor trends and/or problems specific to particular programs, providers and services. Consumer and family members will continue to be recruited for participation in QI committees and sub-committees. Consistent with State regulatory requirements, TCMHP will ensure that the proper licensure/credentialing of all MHP clinical staff is monitored, and that all MHP county and contract provider sites are certified/re-certified following Department of Health Care Services (DHCS) protocol.
- B. Service Delivery Capacity: The QI program will ensure mental health services are delivered to and properly distributed among all eligible consumers, especially un/underserved and traditionally underrepresented consumers. Access to services will be improved for underserved populations, specifically the Hispanic and monolingual Spanish speaking consumers. Medi-Cal, Medicare, and Cover California sponsorship rates will be increased by screening and enrolling consumers in a plan at their first point of entry into the Mental Health System. Penetration rates for all Medi-Cal beneficiaries, specifically the Hispanic population, will be increased. Mental health services will be provided in each consumer's primary language by culturally competent mental health staff. The QI Managed Care Department will work collaboratively with the Tulare County Contract Coordinator to ensure MHP contracts are better monitored for clinical outcome measurements.
- C. Accessibility of Services: The MHP will provide open access to mental health services for all consumers as clinically appropriate. Services will be made available in un/underserved, rural and urban areas of Tulare County. Timely access to follow-up appointments after an acute psychiatric hospitalization will be a top priority. The distribution of Notice of Action's (NOA's) and Informing Materials provided to consumers across all MHP Providers will be monitored quarterly. The QI Unit Manager will monitor Access Logs and Test Call results for MHP Providers on a monthly basis and address out-of-compliance issues as needed.
- D. Beneficiary Satisfaction: Consumer satisfaction will be monitored through biannual MHP Consumer Satisfaction Surveys and annual State Performance Outcome Quality Improvement Survey (POQI) Surveys. Provider Satisfaction Surveys will be conducted once every two years for all MHP county and contract providers. All survey results are reported to the QIC and MHP Providers.
- E. Coordination of Care: The MHP will ensure that there is proper coordination of care between Mental Health (MH) and Primary Care Providers (PCP). MH/PCP Provider training will be conducted, and MH/PCP Resource and Referral Guides and MH/PCP Referral forms will be distributed as needed to MHP county and contract providers and community partners. Collaborative care will be increased between health and mental health providers for mental health consumers with chronic physical health issues and consumers transitioning from mental health services to primary care for ongoing mental health medication management services.

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- F. Cultural Competency and Linguistic Standards: The Cultural Competency Committee (CCC) will meet monthly to discuss cultural issues that impact the MHP, and will develop action plans to address these issues. The MHP's Cultural Competence Plan will be evaluated annually to ensure that regulatory oversight for the provision of culturally competent services for all consumers. The QI Program will provide monthly tracking of demographic information (e.g., gender, age, language, and ethnicity), by MHP provider location, to ensure that culturally and linguistically appropriate services are delivered to consumers and family members. The MHP will provide trainings (e.g., Motivational Interviewing, Interpreter Training, and other trainings as outlined in the Cultural Competency Plan) to enhance staff skills, and ensure consumers are able to receive services in their preferred language. Usage of the AT&T language Line, Orchid Interpreting, and Fox Interpreting services will be monitored on a quarterly basis and training will be provided to MHP providers with regards to how to properly access these resources.
- G. Provider Grievances and Appeals: Beneficiary grievances, appeals and State Fair Hearings will be monitored for all MHP System of Care Providers. Quarterly findings are reported to the QIC and Mental Health Board.
- H. Wellness and Recovery: The QI Program will support the sustainability of the completed Wellness & Recovery (W&R) Committee strategic initiatives as outlined in the FY 16/17 QI Data Matrix. Additionally, the QI Program will monitor the MHP's utilization of evidence-based, W&R-focused measurement tool(s) to track consumer functioning over time. The MHP currently utilizes the Level of Care Utilization System (LOCUS) assessment tool for adults and child/adolescents (CALOCUS), and will be reviewing additional tools to determine if the MHP should implement a different state-recognized measurement tool.
- I. Utilization Review: The Utilization Review Committee (URC) will meet monthly to perform chart reviews for all MHP Providers for trend analysis. Quarterly reviews will be conducted for Inpatient Treatment Authorization Requests (TARs) to monitor quality of discharge planning and subsequent follow-up with outpatient services. All findings are presented to the QIC and MHP Providers. The URC will also conduct special case reviews and trend analyses for MHP programs. The UR Coordinator and QI Manager will facilitate training for MHP Providers pertaining to documentation standards. The QI Manager will monitor timely access to outpatient specialty mental health services for consumers who are discharged from an inpatient setting.
- J. Medication Monitoring – The Medication Monitoring contract pharmacist will conduct chart reviews for all MHP Provider charts for quality assurance of clinical issues. The prescribing practices of physicians will be monitored to ensure compliance standards are met as outlined in the Medication Monitoring Plan (MMP) and Guidelines. The Medication Monitoring Committee will meet monthly to monitor the MHP service delivery system and address any issues that may affect beneficiary safety and/or the effectiveness of medication practices. Medication Consents will be monitored for compliance across all MHP Provider sites. The QI Manager will report findings to the QIC quarterly. The MMP will be revised to include separate adult and children's plans to more effectively address consumer needs. The Mental Health Medical Director will

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create and implement a Mental Health Formulary for use throughout the MHP.

- K. Policy and Procedure & Mental Health Information Management (MHIM): The Policy & Procedure Committee will meet monthly to implement new/revise existing MHP policies and mental health forms. Policies and forms will be distributed to all MHP Providers and a tracking log will be kept within the QI Managed Care Department. Memos will be submitted electronically to all MHP Providers listing new and revised policies and forms. All Policy and procedure and/or form updates are reported at the QIC and the Mental Health Manager Meeting on a monthly basis.

V. METHODS FOR QUALITY IMPROVEMENT

The QI Workgroup assures continuous quality improvement for all QI activities. The following processes shall be followed for each QI Work Plan activity that is not part of a Performance Improvement Project:

- A. Data will be collected, analyzed, and measured against established goals.
- B. Opportunities for improvement will be identified and pursued as appropriate.
- C. Interventions to improve performance will be designed, implemented, and measured over time.
- D. Successful interventions will be incorporated into the entire system of care as appropriate.
- E. Policies and procedures will be implemented to ensure that quality services are delivered timely, appropriately and with fidelity.

VI. CONFIDENTIALITY

Documents created within the QI Program, for the purposes of continuous quality improvement, are confidential in nature and are maintained in compliance with legal requirements and the TCMHP's Confidentiality Policy.

VII. ANNUAL REVIEW

The MHP will conduct an Annual QI Evaluation of the overall effectiveness of the MHP System of Care. This review will include an overview of identified QI Indicators of Interest, tracking of problematic areas as determined by the QIC, demonstrated improvements in service quality and delivery, and recommendations for QI program improvement.

**TULARE COUNTY MENTAL HEALTH
QUALITY IMPROVEMENT (QI) WORKPLAN (WORKING DOCUMENT)
FY 2016/2017**



INDICATORS	GOALS	OBJECTIVES	ACTIVITIES	PERFORMANCE MEASURES	RESPONSIBLE DEPARTMENT/ COMMITTEE	EXPECTED DATE OF COMPLETION
Regulatory Oversight						
1.1 Quality Improvement (QI) Program	The QI Program will be evaluated to ensure that regulatory oversight for all Mental Health Plan (MHP) Adult and Children's System of Care programs is maintained.	Evaluate and update the QI work plan annually.	The QI Program will provide consistent oversight of all existing MHP programs to monitor and evaluate the quality, appropriateness, and utilization of services.	The QI Unit Manager will prepare the FY 16/17 QI Work Plan and will present copy of the QI Work Plan draft to the Executive Management Team for final approval.	QI Unit Manager/QI Work Group	Annually
1.2 Quality Improvement (QI) Program	Ensure accessibility and coordination of culturally competent mental health services for eligible Tulare County consumers.	Develop action plans to monitor trends and/or problems specific to particular programs, providers, and services.	The QI Program has developed action plans related to Adult and Children's System of Care programs as outlined in this working matrix.	The approved FY 16/17 QI Work Plan will be submitted to the QI Committee for approval.	QI Unit Manager/QI Work Group	Annually
1.3 Quality Improvement (QI) Program	The QI Program will promote consumer and family member participation in MHP activities. Target: Attendance by consumer and family member at all MHP committees.	Recruit consumer/family member participation in QI Committees and sub-committees.	Engage consumer and family members through letters, flyers, Peer-to-Peer Support Groups, MHP events/trainings, and Community Based Organizations.	The number of consumers and family members that attend: <ul style="list-style-type: none"> • QI Committee • Cultural Competence Committee • Mental Health Board • Adult System Improvement Committee • Children's System Improvement Committee • Wellness & Recovery Committee • Wellness & Recovery Champions 	Committee Chairs	Annually

INDICATORS	GOALS	OBJECTIVES	ACTIVITIES	PERFORMANCE MEASURES	RESPONSIBLE DEPARTMENT/ COMMITTEE	EXPECTED DATE OF COMPLETION
1.4 Quality Improvement Committee (QIC)	The QIC will monitor quality of care for all Tulare County MHP Adult and Children's System of Care Providers.	The QIC will meet monthly and review analyses of Adult and Children's system reports, surveys, and other quality of care issues that detail: penetration and retention rates, service locations, gender, age, language and ethnicity.	<p>The QIC will analyze a summary of key indicators for each program (quarterly) to determine if established goals are met or if problems have developed.</p> <p>QI Sub-Committees will report findings to the QIC monthly.</p> <p>The QIC will develop action plans to reduce problem identified by QI Sub-Committees.</p>	<p>Sub-Committee reports are presented to the QIC monthly from:</p> <ul style="list-style-type: none"> Children's System Improvement Counsel (CSIC) Adult System Improvement Counsel (ASIC) Wellness & Recovery Mental Health Information Management (MHIM) Policy & Procedure Title 42- HIPAA Cultural Competence Patient's Rights Medication Monitoring MHSA Manager AOD Manager Criminal Justice Manager Problem Resolution Coordinator 	QI Manager and Sub-Committee/ Manager Representative(s)	Monthly and Quarterly
1.5 License verification of all licensed MHP Professionals	Consistent with State regulatory and Title 42 compliance. Tulare County will ensure the proper licensure/ credentialing of all MHP System of Care clinical staff.	<p>Conduct an annual verification of the licenses and credentials of all mental health clinical staff</p> <p>Coordinate with HR to reduce redundancy of tracking and notification.</p>	<p>Managed Care Department will continue to track licensures monthly and inform Clinic Managers and HR if licensures have lapsed via the medical professional websites.</p> <p>Timely notice is given to clinical staff for the proper renewal of licensure.</p>	<p>Number of licensures requested for renewal:</p> <p>FY 13/14: <u>215</u> FY 14/15: <u>221</u> FY 15/16: <u>227</u> FY 16/17:</p> <p>Q1: Q2: Q3: Q4:</p>	QI Department/ Managed Care	Ongoing-monthly
1.6 Certification/ recertification of MHP County and Contract Providers.	Ensure all MHP Contractor Provider Sites are certified following State DMH Protocol and Title 42 Regulations.	Ensure compliance of all MHP providers per DMH Protocols, Title 42, and established policy and procedures.	Conduct certifications and re-certifications of MHP County and Contract Providers every three years or sooner if the provider reports a change in services or location.	<p>MHP county and contract providers certified/re-certified:</p> <p>FY 13/14: <u>9</u> FY 14/15: <u>9</u> FY 15/16: <u>12</u> FY 16/17:</p> <p>Q1: Q2: Q3: Q4:</p>	QI Managed Care/Problem Resolution Coordinator	Certification/ Recertification is completed every three years.

INDICATORS	GOALS	OBJECTIVES	ACTIVITIES	PERFORMANCE MEASURES	RESPONSIBLE DEPARTMENT/ COMMITTEE	EXPECTED DATE OF COMPLETION
Service Delivery Capacity						
2.1 Monitor mental health services for MHP System of Care Providers.	<p>Ensure mental health services are delivered to and properly distributed among all eligible consumers, reducing disparities among unserved and under-served populations in rural areas.</p> <p>Target: Increase number of mental health services to unserved /under-served populations in rural areas by 5%.</p>	Collect and analyze data on the number of active consumers, and geographic distribution of mental health services delivered to rural areas in Tulare County.	<p>Increase service delivery to the unserved / under-served consumers residing in rural areas in Tulare County.</p> <p>Provide outreach and engagement for Mental Health service delivery utilizing mobile units in the North and South rural areas.</p>	<p>Total number of consumers served (unduplicated): FY 13/14: <u>10,660</u> FY 14/15: <u>11,395</u> FY 15/16: <u>10,155</u> FY 16/17:</p> <p>Q1: Q2: Q3: Q4:</p> <p>Number of consumers receiving services from mobile units in rural areas of the county:</p> <p>FY 13/14: <u>411</u>(4.23%) FY 14/15: <u>382</u> (3.81%) FY 15/16: <u>368</u> (3.62%) FY 16/17:</p> <p>Target FY 16/17 Met/Not Met</p>	<p>QI Managed Care/ Managed Care Staff Services Analyst</p> <p>QI Workgroup</p>	Quarterly Reports to QIC
2.2 Penetration Rates	<p>Increase penetration rates for all Medi-Cal beneficiaries, specifically the Hispanic population.</p> <p>Target: Increase penetration Rates by .05% for Tulare County Medi-Cal beneficiaries and Hispanic population.</p>	Maintain and improve penetration rates.	Review and compare CY Medi-Cal approved claims data, penetration rates, based on the most recent data made available by APS HealthCare.	<p>Penetration Rates: Medi-Cal Approved Claims Data</p> <p>CY 12 Overall: 4.26% CY 13 Overall: 4.13% CY 14 Overall: (prelim: 4.18%) CY 15 Overall: ____% CY 16 Overall: ____%</p> <p>CY 12 Hispanic: 3.22% CY 13 Hispanic: 3.37% CY 14 Hispanic: (prelim: 3.36%) CY 15 Hispanic: ____% CY 16 Hispanic: ____%</p> <p>Target FY 16/17 Met/Not Met</p>	QI Managed Care Unit Manager	Annually/ Calendar Year

INDICATORS	GOALS	OBJECTIVES	ACTIVITIES	PERFORMANCE MEASURES	RESPONSIBLE DEPARTMENT/ COMMITTEE	EXPECTED DATE OF COMPLETION
2.3 Penetration Rates – Services for un/underserved consumers	Ensure un/underserved and traditionally underrepresented consumers are engaged in mental health services. Target: Increase number of un/underserved consumers enrolled in an FSP type program by 5%.	Increase service delivery via FSP-type services to the unserved / under-served consumers experiencing engagement barriers.	Compile service report data to determine the number of consumers enrolled in a Full Service Partnership (FSP)	Number of consumers enrolled in an FSP program: FY 13/14: <u>891</u> FY 14/15: <u>1,278</u> FY 15/16: ____ Q1: <u>692</u> Q2: <u>630</u> Q3: <u>647</u> Q4: ____ Target FY 16/17 Met/Not Met	QI Managed Care / Mental Health Services Act (MHSA) Providers.	Ongoing/Monthly
2.4 Penetration Rates – Medi-Cal Sponsorship	Increase enrollment of mental health consumers into a State sponsored program (ie: Medi-Cal, Medicare, SSI) at point of entry into the mental health system. Target: All uninsured or unrepresented consumers will be screened and referred to TulareWorks Self Sufficiency Counselors (SSCs).	Increase access to mental health services for consumers who are uninsured or unrepresented. Collaboration with TulareWorks Self Sufficiency Counselors (SSCs).	Conduct screening of all consumers identified as uninsured or unrepresented at VAIC and PAC utilizing the Uniform Method to Determine Ability to Pay (UMDAP) process. Consumers will be referred to TulareWorks SSC in clinic locations or to an out station SSC work site.	UMDAP Clients served: FY 13/14: <u>1,528</u> UMDAP with Fee (1,359) UMDAP/HMO Ins with Fee (10) UMDAP/Ins with Fee (159) FY 14/15: <u>1,063</u> UMDAP with Fee (870) UMDAP/HMO Ins with Fee (19) UMDAP/Ins with Fee (174) FY 15/16: <u>382</u> UMDAP with Fee (344) UMDAP/HMO Ins with Fee (3) UMDAP/Ins with Fee (35) FY 16/17: UMDAP with Fee UMDAP/HMO Ins with Fee UMDAP/Ins with Fee	QI Managed Care Staff/Clinic Managers/ TulareWORKS – Self Sufficiency Counselors	Ongoing – monthly and Annually
2.5 Monitor Mental Health Services for	Ensure mental health services are provided in the consumer's primary language by	Collect bilingual language proficiencies for staff in the MHP Clinic	Maintain Tulare County MHP Provider Directories and distribute bi-annually to all MHP provider sites.	Percentage of MHP provider staff proficient in Spanish: FY 12/13 Avg.: <u>48.5%</u> FY 13/14 Avg.: <u>43.5%</u>	QI / Managed Care Staff Analyst/QI	Quarterly

INDICATORS	GOALS	OBJECTIVES	ACTIVITIES	PERFORMANCE MEASURES	RESPONSIBLE DEPARTMENT/ COMMITTEE	EXPECTED DATE OF COMPLETION
Tulare County consumers in the threshold language; Spanish.	culturally competent MHP provider staff. Target: 25% of all MHP Provider staff will provide bilingual interpreting services in Spanish. If staff are unavailable, other outside interpreting services are utilized; AT&T Language Line; Orchid Interpreting; and/or Hands-On Communication.	Provider List. Maintain a Tulare County Beneficiary Provider List in English and Spanish.	MHP will utilize other interpreter services such as; AT&T Language Line, Orchid Interpreting and/or Hands-On Communication Interpreting when MHP staff are unavailable.	FY 14/15 Avg.: <u>46.5%</u> FY 15/16 Avg.: <u>50.75%</u> FY 16/17 Avg.: Q1: Q2: Q3: Q4:	Workgroup	
2.6 Ensure access to Co-Occurring Disorder (COD) services for consumers.	Provide access to COD services for consumers as needed.	Monitor the prevalence of COD throughout the MHP. Ensure that an evidence-based COD treatment program is available to consumers.	Collect data on the percentage of consumers diagnosed with a COD, by age group. Monitor the utilization of COD beds. There are 6 male and 9 female beds available. Collaborate at least quarterly with AOD Division and CVRS to determine COD available placements and/or services.	Consumers identified with COD: Q1: Children/Youth (0-12): Children/Youth (13-17): TAY (18-25): Adults (26-59): Older Adults (60+): Q2: Children/Youth (0-12): Children/Youth (13-17): TAY (18-25): Adults (26-59): Older Adults (60+): Q3: Children/Youth (0-12): Children/Youth (13-17): TAY (18-25): Adults (26-59): Older Adults (60+): Q4: Children/Youth (0-12): Children/Youth (13-17): TAY (18-25): Adults (26-59): Older Adults (60+): Number of consumers utilizing COD beds:	QI Managed Care/AOD Unit Manager/M HSA Manager	Ongoing – Quarterly

INDICATORS	GOALS	OBJECTIVES	ACTIVITIES	PERFORMANCE MEASURES	RESPONSIBLE DEPARTMENT/ COMMITTEE	EXPECTED DATE OF COMPLETION
				Q1: Male: Female: Q2: Male: Female: Q3: Male: Female: Q4: Male: Female:		
Accessibility of Services						
3.1 Access to Services	<p>Monitor the length of time from initial contact to first appointment.</p> <p>Target I: Ensure that all consumers are seen for an intake assessment within 3-days.</p> <p>Target II: Ensure that consumers are seen for a psychiatric evaluation within 30-days.</p>	<p>All consumers will be scheduled for an intake assessment by the mental health clinicians at each clinic. Consumers will also receive a psychiatric assessment as needed. This is inclusive of consumers with URGENT conditions.</p>	<p>Monitor "open access" model and document all instances when client cannot be seen within 3-days of request for an initial intake or 30-days of request for a psychiatric evaluation.</p> <p>Additional Timely Access Reports will be shared with the QIC.</p> <p>Reference MHP Self-Assessment of Timely Access</p>	<p>Percentages for Access to First Clinical Assessment:</p> <p>Target I: First Clinical Appointment All Services: FY 12/13 Avg.: <u>90%</u> FY 13/14 Avg.: <u>88%</u> FY 14/15 Avg.: <u>93%</u> FY 15/16 Avg.: <u>94%</u> FY 16/17 Avg.: Q1: Q2: Q3: Q4</p> <p>FY 16/17 Target Met/Not Met</p> <p>Target II: First Psychiatry Appointment: FY 12/13 Avg.: <u>31%</u> FY 13/14 Avg.: <u>48%</u> FY 14/15 Avg.: <u>63%</u> FY 15/16 Avg.: <u>81%</u> FY 16/17 Avg.: Q1: Q2: Q3: Q4</p> <p>FY 16/17 Target Met/Not Met</p>	<p>QI / Managed Care Unit/ Managed Care Staff Services Analyst/ Mental Health Clinicians</p>	Quarterly

INDICATORS	GOALS	OBJECTIVES	ACTIVITIES	PERFORMANCE MEASURES	RESPONSIBLE DEPARTMENT/ COMMITTEE	EXPECTED DATE OF COMPLETION
3.2 Appointment Attendance	<p>Monitor the number of appointments that are attended/not attended (clinician vs. psychiatrist).</p> <p>Target I: Establish an accurate baseline for comparison and ensure that a majority of appointments are attended by consumers.</p>	<p>Run quarterly reports for all appointments scheduled and the outcome.</p> <p>Develop interventions that promote appointment attendance.</p>	<p>Report quarterly to the QIC.</p> <p>Analyze data and develop interventions to increase appointment attendance.</p>	<p>Appointments Kept</p> <p>Clinicians: FY 12/13: Indicator not yet established FY 13/14 Avg.: <u>96%</u> FY 14/15 Avg.: <u>98%</u> FY 15/16 Avg.: <u>96%</u> FY 16/17 Avg.: Q1: Q2: Q3: Q4:</p> <p>Psychiatrists: FY 12/13: Indicator not yet established FY 13/14 Avg.: <u>73%</u> FY 14/15 Avg.: <u>90%</u> FY 15/16 Avg.: <u>89%</u> FY 16/17 Avg.: Q1: Q2: Q3: Q4:</p> <p>FY 16/17 Target Met/Not Met</p>	QI / Managed Care Unit/ Managed Care Staff Services Analyst/ MHP Providers	Quarterly
3.3 Access to Children's services – Katie A. Subclass	<p>All qualifying Katie A. Subclass members will receive in-home services, as needed.</p> <p>Target: Monitor and track Katie A. Subclass members who will receive In-Home Behavioral Services (IHBS) and Intensive Care Coordination (ICC).</p>	Collaborate with CWS and MHP Providers track mental health treatment Katie A. Subclass members.	<p>Work with Child Welfare Services (CWS) and MHP providers in utilization of the new screening tool that will determine a child's need for mental health services and whether or not they will meet medical necessity criteria.</p> <p>Work with MHP providers to provide services (e.g., IHBS, and ICC) to Katie A. Subclass members.</p>	Bi-annual progress report per state requirements	QI Managed Care/MHP Providers/C WS/Mental Health Clinicians	Ongoing

INDICATORS	GOALS	OBJECTIVES	ACTIVITIES	PERFORMANCE MEASURES	RESPONSIBLE DEPARTMENT/ COMMITTEE	EXPECTED DATE OF COMPLETION
3.4 Access to Children's services – out of clinic	<p>Mental health services shall be accessible to children residing in un/underserved, rural and urban areas of Tulare County.</p> <p>Target: 50% of children's services shall be provided out of the clinic.</p>	Provide a majority of children's services in the home, school or community.	Run quarterly AVATAR reports for all children's services based on location.	<p>Out of clinic service percentage: FY 13/14 Avg.: 33.6% TYSB: <u>19%</u> PYS: <u>14%</u> DCS: <u>37%</u> VYS: <u>34%</u> SYS: <u>64%</u></p> <p>FY 14/15 Avg.: 33.8% TYSB: <u>35%</u> PYS: <u>8%</u> DCS: <u>28%</u> VYS: <u>30%</u> VYS-S: <u>37%</u> SYS: <u>65%</u></p> <p>FY 15/16 Avg.: 31.5% TYSB: <u>44.5%</u> PYS: <u>17.75%</u> DCS: <u>20.25%</u> VYS: <u>23.75%</u> VYS-S: <u>32.5%</u> SYS: <u>50.25%</u> FY 16/17 Avg.: TYSB: % Q1: % Q2: % Q3: % Q4: %</p> <p>PYS: 17.75% Q1: % Q2: % Q3: % Q4: %</p> <p>DCS: 20.25% Q1: % Q2: % Q3: % Q4: %</p> <p>VYS:23.75% Q1: % Q2: % Q3: % Q4: %</p> <p>SYS:50.25% Q1: % Q2: % Q3: % Q4: %</p> <p>VYS-S:32.5% Q1: % Q2: % Q3: % Q4: %</p> <p>FY 16/17 Target Met/Not Met</p>	QI Managed Care/Mental Health Clinicians	Ongoing

INDICATORS	GOALS	OBJECTIVES	ACTIVITIES	PERFORMANCE MEASURES	RESPONSIBLE DEPARTMENT/ COMMITTEE	EXPECTED DATE OF COMPLETION
3.5 In-Patient Consumers	<p>Ensure timely access to follow-up appointments after acute psychiatric hospitalization for all MHP consumers.</p> <p>Target: Adult and Child MHP consumers will be seen by Mental Health Professional within 7 days post-discharge. (All services)</p>	Monitor consumers discharged from acute psychiatric hospital to ensure access to outpatient specialty mental health services.	Inpatient case managers will assist consumers in scheduling timely appointments with MHP psychiatrists.	<p>FY 12/13 Avg.: <u>55%</u> FY 13/14 Avg.: <u>87%</u> FY 14/15 Avg.: <u>79%</u> FY 15/16 Avg.: <u>91%</u> FY 16/17 Avg.: Q1: Q2: Q3: Q4:</p> <p>FY 16/17 Target Met/Not Met</p>	QI Managed Care/Inpatient Unit Manager/ Authorization Unit	Ongoing – weekly.
3.6 Re-Hospitalizations	<p>Reduce the number of consumers who are re-hospitalized within 30 days.</p> <p>Target: Reduce 30 day re-admission rates by 5%.</p>	Engage consumers in outpatient treatment who are at-risk for re-hospitalization.	<p>Monitor the number of hospital admissions and readmissions.</p> <p>Report quarterly to the QIC.</p>	<p>30 day readmission rates: FY 12/13 Avg.: <u>16%</u> FY 13/14 Avg.: <u>19%</u> FY 14/15 Avg.: <u>14%</u> FY 15/16 Avg.: <u>10%</u> FY 16/17 Avg.: Q1: Q2: Q3: Q4:</p> <p>FY 16/17 Target Met/Not Met</p>	QI Managed Care/Inpatient Unit Manager/ Authorization Unit	Quarterly
3.7 Notice of Actions	All consumers who receive a Notice of Action (NOA) will be informed of the decision and receive a copy of the NOA.	Issue a Notice of Action (NOA) for consumers who do not meet medical necessity.	Log and track NOA's for all MHP providers.	<p>Number of NOA's logged quarterly: FY 12/13: <u>908</u> FY 13/14: <u>585</u> FY 14/15: <u>407</u> FY 15/16: <u>838</u> FY 16/17: Q1: Q2: Q3: Q4:</p>	Mental Health Clinicians/ Managed Care Staff	Ongoing
3.8 Access Logs	Ensure consumers have access to accurate information	Conduct test calls for all MHP sites.	Monitor access logs in AVATAR for compliance.	<p>Test calls made: FY 12/13 Avg.: <u>48%</u> FY 13/14 Avg.: <u>65%</u></p>	QI/ Managed Care	Ongoing - quarterly

INDICATORS	GOALS	OBJECTIVES	ACTIVITIES	PERFORMANCE MEASURES	RESPONSIBLE DEPARTMENT/ COMMITTEE	EXPECTED DATE OF COMPLETION
	<p>regarding the availability of mental health services.</p> <p>Target: 100% Compliance</p>	<p><i>EFFECTIVE: OCTOBER 2014</i> – Managed Care will conduct Test Calls of respective clinics, to include ABC Communications; 24/7 After Hours Contract Provider. At minimum fourteen (14) Test Calls will be conducted monthly.</p>	<p>Managed Care will provide “Test Call” training, and distribute the “Quick Reference Guide” for Test Calls with updated phone numbers to MHP Providers.</p> <p>QI Indicator #1 - Access Test Calls. Follow-up reporting to QIC and MHP Providers.</p> <p>Corrective action plan: QI Department will assume management of Test Calls. The policy and procedure will be revised.</p>	<p>FY 14/15 Avg.: <u>66%</u> FY 15/16 Avg.: Logged Calls: <u>54%</u> Compliance: <u>71%</u></p> <p>FY 16/17 Avg.: Q1: Calls completed: Calls logged: Compliance: Q2: Calls completed: Calls logged: Compliance: Q3: Calls completed: Calls logged: Compliance: Q4: Calls completed: Calls logged: Compliance:</p> <p>FY 16/17 Target Met/Not Met.</p>	Staff/MHP Providers	
3.9 Informing Materials	<p>Ensure all consumers are given a copy of the Guide to Informing Materials in their preferred language or alternate format.</p> <p>Target I: Ensure that all consumers receive informing materials.</p> <p>Target II: 100% of sites visited will have informing materials available for consumers in all formats.</p>	<p>MHPs will provide informing materials in: English, Spanish, Large Print, CD, and Audio/CD format.</p> <p>Ensure the Guide to Informing Materials, accurately describes the mental health services provided to Tulare County consumers. Ensure that all MHPs provide informing materials.</p>	<p>Distribute informing materials in all formats to MHP provider staff.</p> <p>MHP providers will fax/mail verification of the issuance of informing materials monthly.</p> <p>Managed Care staff will log MHP informing materials verifications for consumers monthly.</p> <p>Managed Care will conduct site visits of MHP providers.</p>	<p>Total # of informing material verifications received by QI for new consumers.</p> <p>FY 13/14: <u>2,622</u> FY 14/15: <u>2,853</u> FY 15/16: <u>3,445</u> FY 16/17: Q1: Q2: Q3: Q4: * Informing materials study available</p> <p>FY 16/17 Target I: Met/Not Met</p> <p>Number of site visits performed: Clinics in compliance with MHP informing materials standards:</p> <p>FY 16/17 Target II: Met/Not Met</p>	QI/ Managed Care / Problem Resolution Coordinator	Ongoing

INDICATORS	GOALS	OBJECTIVES	ACTIVITIES	PERFORMANCE MEASURES	RESPONSIBLE DEPARTMENT/ COMMITTEE	EXPECTED DATE OF COMPLETION
3.10 Electronic Health Records - Avatar	To improve the standard of care of mental health service delivery for consumers.	Electronic Health Record (EHR) Avatar software to improve the decision-making process for clinical staff.	Train County and contract provider staff who use the Netsmart Avatar EHR software Implement Perceptive Document Management System by Oct 2015	CWS (dates available) Number of staff trained to use Clinical Work Station (CWS): CalPM (dates available) Number of staff trained to use: Cal-PM: Supplemental trainings: ICD-10 Diagnosis: Access Log: Financial: Scheduling Calendar:	EHR Manager	
Beneficiary Satisfaction						
4.1 DHCS Consumer Satisfaction – Consumer Perception Survey (CPS)	Monitor consumer satisfaction by provider. Track results of each MHP Provider site biannually and submit findings to the QIC. Target: Increase CPS/CSS participation by 10%.	Survey beneficiary and/or family member for satisfaction at all MHP Provider sites as directed by the state	MHP providers will distribute surveys to all beneficiaries/ family members (in English or Spanish) who receive services during the appropriate survey time periods. Providers will enter survey data in Survey Monkey. Managed Care Dept. will compile data and Submit results to DHCS, the QIC Committee and Clinic Managers.	DHCS mandated, Consumer Perception Surveys (CPS) were administered: FY 13/14 total completed: <u>2,011</u> FY 14/15 total completed: <u>2,406</u> FY 15/16 total completed: <u>2,055</u> FY 16/17 total completed: November 2016 Surveys completed: May 2017 Surveys completed: FY 16/17 Target Met/Not Met *FY16/17 compare to kept appointments	QI Managed Care/MHP Providers	Every Nov & May *Results are available upon request
4.2 Provider Satisfaction Surveys (MHP Contract Providers: children's mental health and Inpatient providers)	Conduct provider satisfaction surveys for MHP Contract Providers. Target: Survey all MHP Contract Providers	Survey MHP Contract Providers once very two years. Three contractor categories: 1. Children's MH Providers 2. Inpatient Facilities 3. MHP Contract Providers	Compile data on effectiveness of service delivery and quality for consumers every two years. Survey Tool: Survey Monkey. QIC Committee will review results.	Provider Satisfaction Survey Date: 7/18/16-7/22/16 (FY16/17)	QI Manager/ Managed Care Dept.	Every two years/Sep. 2015 *Results are available upon request.

INDICATORS	GOALS	OBJECTIVES	ACTIVITIES	PERFORMANCE MEASURES	RESPONSIBLE DEPARTMENT/ COMMITTEE	EXPECTED DATE OF COMPLETION
Coordination of Care						
5.1 Mental Health (MH) and Primary Care Provider (PCP) Collaboration	Ensure proper coordination and continuity of care between Mental Health (MH) Providers with Primary Care Providers (PCP). Target: Increase PCP/MH Referrals by 5%.	Ensure MH and PCP Referrals forms are properly utilized and are provided in the consumer's preferred language.	MHP Clinic Managers will submit MH/PCP referral forms to the QI Unit. Track all MH/PCP referrals. Distribute MH/PCP Provider manuals and referral forms to MHP and community providers in English and Spanish.	Number of MH/PCP referrals submitted to Managed Care: FY 13/14: <u>74</u> FY 14/15: <u>88</u> FY 15/16: <u>145</u> FY 16/17: Q1: Q2: Q3: Q4: FY 16/17 Target Met/Not Met	QI Unit Manager/ Managed Care Dept/Mental Health Medical Director	Ongoing
5.2 Health and Mental Health Integration	Increase collaborative care between Health and Mental Health providers for mental health consumers with chronic physical health issues, and those transitioning from mental health services to primary care.	Continue to develop and implementing of the Mental Health Services Act (MHSA) Innovation Component Plan, Integrated Health/Mental Health Clinic Integration with Pharmaceutical Case Management Project. Provide integrated services to include; brief assessment, collaborative treatment planning, and warm linkage between the health and mental health systems. Provide consultation to Primary Care Physicians (PCP)	Co-locate mental health and health staff in two locations: Visalia Adult Integrated Clinic (VAIC), and Visalia Health Care Center (VHCC). Provide training to staff regarding their roles in each setting. Provide training to VHCC staff regarding referrals submitted to Mental Health.	Collaborative Provider meetings with Visalia Health Care Center, Family Healthcare Network, and Visalia Adult Integrated Clinic were held: _____	Mental Health Medical Director/MH SA Manager/ MH Integration Manager	Quarterly

INDICATORS	GOALS	OBJECTIVES	ACTIVITIES	PERFORMANCE MEASURES	RESPONSIBLE DEPARTMENT/ COMMITTEE	EXPECTED DATE OF COMPLETION
		regarding psychopharmacologic medications.				
5.3 Mental Health (MH) and Primary Care Provider (PCP) training	Provide training for MH and PCP providers regarding coordination of care once every two years as mandated in the Memorandum of Understanding (MOU) with Anthem Blue Cross.	Ensure all Mental Health and Primary Care Providers are aware of the MH/PCP Resource and Referral Guide, referral form and referral process.	<p>Conduct training for MH/PCP Providers, Anthem Blue Cross, Family Health Care Network. Distribute MH/PCP Resource and Referral Guides/referral forms to all providers.</p> <p>MHP training was conducted for the medical teams to review the PCP/MH process.</p>	<p>PCP/MH Training: _____</p> <p>County Behavioral Health/Health Plan MOU Coordination of Care Collaboration Meetings:</p>	QI Manager – Anthem Blue Cross	Ongoing and once every two years (2014 and 2016)
Cultural Competency and Linguistic Standards						
6.1 Cultural Competence Committee (CCC)	Ensure consumers and family members are able to access culturally and linguistically appropriate services.	Hold collaborative meetings to discuss cultural issues that impact the MHP and develop action plans to address these issues. Monitor consumer data to ascertain the number of culturally represented beneficiaries in the mental health system.	<p>Conduct monthly meetings for members of the CCC.</p> <p>Attend the state Cultural Competency Summit.</p> <p>Compile AVATAR data (e.g., gender, age, primary language, ethnicity, (GALE)) for all active consumers.</p> <p>Provide data to the QIC quarterly.</p>	<p>State Cultural Competency Summit: Location: N/A Date(s): Tulare County Attendee(s):</p> <p>NAMI Multicultural Symposium: Location: Date(s): Tulare County Attendee(s):</p> <p>Bright Future, Big Careers Location: Date(s): Total Attendees:</p> <p>Compiled and presented GALE to MH CCC: QIC: Quarterly reporting meetings</p>	Cultural Competence Coordinator/ Cultural Competence Committee/ QI Workgroup	Ongoing/ Monthly

INDICATORS	GOALS	OBJECTIVES	ACTIVITIES	PERFORMANCE MEASURES	RESPONSIBLE DEPARTMENT/ COMMITTEE	EXPECTED DATE OF COMPLETION
6.2 Culturally Competent Services - Training	<p>Ensure MHP providers have the necessary training to better meet the needs of the various cultural populations in Tulare County.</p> <p>Target: All MHP providers</p>	<p>Determine the cultural deficiencies of MHP staff and provide training to enhance staff skills in specific areas.</p> <p>Provide online training to all County MHP staff. (Projected: 2015 MHP Contractors eLearning implementation)</p>	<p>Provide Motivational Interviewing Training for MHP providers.</p> <p>Coordinate Brown Bag trainings for all MHP providers.</p>	<p>Training: Motivational Interviewing (Relias) Q1: Q2: Q3: Q4:</p> <p>Cultural Competence Trainings for FY 16/17:</p> <p>1. Brown Bag Series: Total participants Q1: Q2: Q3: Q4:</p> <p>2. Cultural Diversity Online (Relias) Q1: Q2: Q3: Q4:</p>	Managed Care/QI Manager/ Cultural Competence Coordinator	Ongoing/ monthly
6.3 Culturally Competent Language Services	<p>Provide services to consumers in their preferred language.</p> <p>Target I: Monitor AT&T Language Line, Hands-On Interpreting (ASL contractor), and Orchid Interpreting invoices monthly for quarterly tracking.</p> <p>Target II: Language Line Training/Customer Service Training with MHP providers, AOD, and after hours contract provider.</p>	<p>Ensure all consumers are linked to a skilled interpreter who can provide services in the consumer's primary language.</p> <p>Utilize appropriate on-site MHP staff interpreters during business hours, and interpreter contract providers as needed: AT&T Language Line, Orchid Interpreting or Hands-On Interpreting.</p> <p>Increase staff awareness in</p>	<p>Managed Care Dept. will monitor the invoices to track utilization for MHP providers.</p> <p>Provide information regarding staff specializing in certain cultures / languages.</p> <p>Provide Language Line training on an as needed basis to all MHP providers.</p>	<p>AT&T Language Line utilization</p> <p>Q1: Q2: Q3: Q4:</p> <p>Orchid Interpreting utilization</p> <p>Q1: Q2: Q3: Q4:</p> <p>Hands-On Interpreting Service</p> <p>Q1: 106 Q2: 84 Q3: 83 Q4:</p> <p>FY 16/17 Target I: Met/Not Met</p> <p>Interpreter training: _____</p> <p>Language Line iPad Pilot: Training:</p>	QI Managed Care/ Cultural Competence Coordinator	Monthly

INDICATORS	GOALS	OBJECTIVES	ACTIVITIES	PERFORMANCE MEASURES	RESPONSIBLE DEPARTMENT/ COMMITTEE	EXPECTED DATE OF COMPLETION
	Target III: Interpreter Training	accessing interpreter resources as well as providing excellent customer service to consumers.	Provide Interpreter Training to eligible staff.	Total staff trained: Usage: FY 16/17 Target III: Met/Not Met		
6.4 Cultural Competence Plan (CCP)	The CCP will be evaluated to ensure that regulatory oversight for the provision of culturally competent services for all Mental Health Plan (MHP) Adult and Children's System of Care is provided.	Update CCP Cultural Competence (CC) Plan Implement CC Plan training schedule. A copy of the training schedule is attached to the CCP.	Review CC Plan and update based on State requirements Coordinate trainings for all MHP staff.	Cultural Competence Plan Update for FY/16/17 is completed and will be submitted upon request. CC Training: Reference 6.2	Cultural Competence Coordinator / Wellness & Recovery Manager	C.C. Plan submission to State DMH/OMS. Ongoing *Addendum available for reference
Provider Grievances and Appeals						
7.1 Grievances and Appeals	Monitor beneficiary grievances and appeals for the MHP System of Care.	Analyze grievances, appeals, and change of provider requests for trends/issues.	Record and resolve all grievances, appeals, change of provider requests and State Fair Hearings within regulatory standards. Compile and analyze results of grievances, appeals, change of provider requests and State Fair Hearings and report to QIC.	The Problem Resolution Coordinator (PRC) received a total of Quarterly reports sent to the QIC on: FY 12/13: Appeals <u>7</u> Grievances <u>15</u> FY 13/14: Appeals <u>4</u> Grievances <u>7</u> FY 14/15: Appeals <u>13</u> Grievances <u>13</u> FY 15/16: Appeals <u>53</u> Grievances <u>17</u> FY 16/17: Appeals Grievances Q1: Appeals Grievances Q2: Appeals Grievances Q3: Appeals Grievances Q4: Appeals Grievances	Problem Resolution Coordinator / QI Workgroup	Report to QIC quarterly
Wellness and Recovery						

INDICATORS	GOALS	OBJECTIVES	ACTIVITIES	PERFORMANCE MEASURES	RESPONSIBLE DEPARTMENT/ COMMITTEE	EXPECTED DATE OF COMPLETION
8.1 Wellness and Recovery (W & R) Education, Training, and Employment	Provide supported employment services for consumers to re-enter the workforce as part of recovery	Maintain a volunteer and supported employment program for consumers, in collaboration with the Consumer Family Employment Workgroup (CFEW),	Maintain a supported employment and training program	<p>The CSET supported employment and volunteer program commenced July 1, 2014</p> <p>Supportive Employment</p> <p>FY 15/16: Total enrolled (undup): 301 Total newly enrolled (undup) : 138 Total placed in employment: 108</p> <p>FY 16/17: Q1: Total enrolled (undup): Total newly enrolled (undup) : Total placed in employment:</p> <p>Q2: Total enrolled (undup): Total newly enrolled (undup): Total placed in employment:</p> <p>Q3: Total enrolled (undup): Total newly enrolled (undup): Total placed in employment:</p> <p>Q4: Total enrolled (undup): Total newly enrolled (undup): Total placed in employment:</p> <p>Volunteer Program:</p> <p>FY 15/16: Total enrolled (undup): 856 Total newly enrolled (undup) : 138 Total stipends : 887 Total paid in stipends: \$72,200</p> <p>FY 16/17: Q1: Total enrolled (undup): Total newly enrolled (undup) : Total stipends : Total paid in stipends:</p> <p>Q2: Total enrolled (undup): Total newly enrolled (undup) : Total stipends: Total paid in stipends:</p>	W&R Strategic Plan Sub-Committee/ CFEW/ MHSA WET Coordinator	Quarterly and Annually

INDICATORS	GOALS	OBJECTIVES	ACTIVITIES	PERFORMANCE MEASURES	RESPONSIBLE DEPARTMENT/ COMMITTEE	EXPECTED DATE OF COMPLETION
				<p>Q3: Total enrolled (undup): Total newly enrolled (undup) : Total stipends: Total paid in stipends:</p> <p>Q4: Total enrolled (undup): Total newly enrolled (undup) : Total stipends: Total paid in stipends:</p> <p>Mental Health First Aide (MHFA): FY15/16: 135 FY 16/17: Q1: Q2: Q3: Q4:</p> <p>ASIST Training: FY15/16: 98 FY 16/17: Q1: Q2: Q3: Q4:</p>		
8.2 Wellness and Recovery (W & R) Peer Support	Provide Peer Supports through MHP System of Care	Provide peer-delivered services at all adult and transitional-age youth (TAY) provider sites	<p>Develop and disseminate list of peer-delivered services (i.e. pamphlet, flyers, etc.)</p> <p>Provide monthly activities for peers via the Wellness & Recovery Champions Social Activities League</p> <p>Disseminate information throughout the county for purposes of engaging and empowering consumers and family members</p>	<p>Peer-delivered Services: Groups/Number of consumers served</p> <p>VAIC: PAC: South One-Stop: _____ Central One-Stop: _____ North One-Stop: _____ South Mobile Unit: _____ North Mobile Unit: _____</p> <p>Social Activities League activities:</p> <p>Trestle: ____hardcopy issues distributed and ____ issued electronically. Distribution is by season (i.e. Fall edition, etc)</p>	W&R Strategic Plan Sub-Committee/ W&R Manager	Ongoing

INDICATORS	GOALS	OBJECTIVES	ACTIVITIES	PERFORMANCE MEASURES	RESPONSIBLE DEPARTMENT/ COMMITTEE	EXPECTED DATE OF COMPLETION
8.3 Wellness and Recovery (W & R) Resiliency Activities	Develop activities that will promote the development and use of resiliency skills among consumers	Monitor and support: <ul style="list-style-type: none"> - Wellness Recovery Action Plan (WRAP) groups and trainings - Passages transition group - My Voice Media Center - Wellness and Recovery Centers 	Ensure WRAP groups are available on an ongoing basis to active and former consumers for WRAP develop and also for WRAP ongoing use and revision Ensure staff are discussing Passages with consumers as they near discharge and are enrolling as applicable Monitor and support the ongoing development of community supports for active and former consumers to include the My Voice Media Center and Wellness & Recovery Centers	FY 16/17: Number of WRAP groups: _____ Number attended: ____/____ (total A/OA/TAY clients served) _____% Number of Passages groups: Number attended: Number of days & hours My Voice Media Center was open: Number undup attended: <u>1</u> Number of days & hours W&R Center was open:	W&R Strategic Plan Sub-Committee/ W&R Manager	Monthly and Annually
Utilization Review						
9.1 Utilization Review of all MHP Providers	The Utilization Review Committee (URC) will monitor compliance of all consumer charts. Target: Review MHP provider charts. Report findings to the QIC.	Utilization Review will result in a baseline analysis of the number of reviewed charts needing improvement in the areas of: Clinical Documentation, Quality of Care and Unauthorized Services and Disallowances.	Review MHP provider charts. Review special cases for trend analysis and training purposes. Log and track all Disallowance Claims, report disallowed claims to ITWS, send invoices to Fiscal Accountant. Conduct URC meetings monthly for	Number of charts reviewed: FY 12/13: <u>545</u> FY 13/14: <u>357</u> FY 14/15: <u>291</u> FY 15/16: <u>266 (52% POC)</u> FY 16/17: Number of Charts Reviewed: (266) Q1: Q2: Q3: Q4: Number of POC: (140) Q1: Q2: Q3: Q4: Percentage of POC: Q1: % Q2: % Q3: % Q4: % *Number of POC returned within 14	URC Coordinator/Q I Manager	Ongoing – Monthly

INDICATORS	GOALS	OBJECTIVES	ACTIVITIES	PERFORMANCE MEASURES	RESPONSIBLE DEPARTMENT/ COMMITTEE	EXPECTED DATE OF COMPLETION
			all MHP Provider and contract providers.	days *Reducing the percentage of POCs *Will begin tracking FY 16/17		
9.2 In-Patient Utilization Review	Monitor In-Patient hospitalizations and discharge planning. Target: Review 15 inpatient charts quarterly, and all inpatient TARs.	Monitor inpatient hospitalizations and discharge planning via In-PT TAR's.	Review 15 inpatient charts and all inpatient TARs quarterly at the URC Meetings. Report findings to the QIC.	Adult/Children's Inpatient Chart reviews are conducted quarterly: Q1: (/) charts in compliance Q2: (/) charts in compliance Q3: (/) charts in compliance Q4: (/) charts in compliance FY 16/17 Target Met/Not Met Total TARs reviewed	QI/Inpatient Unit/Problem Resolution Coordinator	Quarterly URC reviews
9.3 Progress Note	Monitor progress notes on a quarterly basis	Monitor progress notes to ensure providers are in compliance with policy	Review progress note report for trend analysis and report findings to the QIC.	QI Indicator #3 – Progress Notes: Follow-up reporting to QIC and MHP Providers.		
Medication Monitoring						
10.1 Medication Compliance Chart Reviews	Monitor the MHP service delivery system to identify meaningful clinical issues and individual occurrences of potential poor quality of care. Target: Review MHP provider charts. Report findings to the QIC.	Review prescribing practices and provide feedback to staff psychiatrists for their consideration and response.	Review MHP provider charts. Provide chart review outcomes monthly at the MMC meetings.	FY 14/15 unduplicated (n=) FY 12/13: <u>345</u> FY 13/14: <u>432</u> FY 14/15: <u>347</u> FY 15/16: <u>283</u> FY 16/17: Total Number charts reviewed by contract pharmacist: Q1: Q2: Q3: Q4:	Mental Health Medical Director/ QI Manager/ Pharmacist	Ongoing – Monthly Meetings
10.2 Medication Consent Monitoring	Monitor the MHP service delivery system and address any issues that may affect beneficiary safety and/or the effectiveness of medication practices.	Ensure all consumers who are prescribed psychotropic medications have a current, signed medication consent on-file for each medication	Compile compliance rate data for medication consents on a monthly basis through utilization review. Provide chart review	<ul style="list-style-type: none"> QI Indicator #2 - Medication Consents: follow-up reporting to QIC and MHP Providers FY 16/17 Goal 100% Q1: (/) charts in compliance Q2: (/) charts in compliance Q3: (/) charts in compliance	Mental Health Medical Director/QI Manager/ Pharmacist	Monthly, reported quarterly

INDICATORS	GOALS	OBJECTIVES	ACTIVITIES	PERFORMANCE MEASURES	RESPONSIBLE DEPARTMENT/ COMMITTEE	EXPECTED DATE OF COMPLETION
	Target: 100% Compliance	prescribed.	outcomes monthly at the MMC meetings.	Q4: (/) charts in compliance * (Charts in compliance/Total w/meds) FY 16/17 Target Met/Not Met		
10.3 Medication Guidelines and Plans	Revise and enforce guidelines for MHP Medication Services for all MHP providers.	Ensure the Medication Monitoring Plan (MMP), Guidelines for Physicians and Mid-Levels are followed.	Revise the MMP (separate children and adult guidelines) and Guidelines for MD's and Mid-Levels. Provide training to MHP provider staff bi-annually. Monitor ongoing implementation of the Mental Health Formulary.	MMP revised: 10/1/2016 Training Date: 12/1/2016 Topic: MHP Medication Monitoring Supplemental Trainings:	Mental Health Medical Director/ QI Manager/ Pharmacist	October 31, 2016
Mental Health Information Management (MHIM)						
11.1 Mental Health Information Management (MHIM) – Forms Committee	Ensure that all MHP Providers utilize approved mental health clinical and administrative approved forms. Integration of paper/hardcopy forms to electronic record system. (MHIM/EHR) Target: MHIM committee will review all MHP form revision requests received.	Standardize all MHIM forms. Increase accessibility of all MHIM forms.	Continue to update and MHIM forms as needed. Assign MHIM numbers to all new forms. Store all forms on the Tulare County HHSA Website for access by all MHP County Providers.	Number of_MHIM forms revised: FY 16/17:	MIHM Committee/ QI Manager	Monthly meetings

INDICATORS	GOALS	OBJECTIVES	ACTIVITIES	PERFORMANCE MEASURES	RESPONSIBLE DEPARTMENT/ COMMITTEE	EXPECTED DATE OF COMPLETION
11.2 MHIM – Forms Informing Materials – Brochures – MH Forms	Standardization of Informing Materials, forms, brochures and clinical documentation in English and Spanish. Target: Forms and brochures will be translated in threshold language; Spanish.	MH Informing Materials, forms, brochures, and clinical documents provide clear and accurate information in English and Spanish for consumers.	Review and revise all MH Program brochures for accuracy and clarity. Translate information in Spanish. Distribute informing materials to MHP providers via Emails, Memos & CDs.	MHIM forms were translated into Spanish.	QI Managed Care/ Committee	Ongoing
Policy & Procedure						
12.1 Policy and Procedures (P&P's)	Ensure all MHP providers have received copies of new/revised policy and procedures. Target: Ensure all staff receive policy Memos and P&P's	Ensure all MHP Providers have updated policy and procedure binders' onsite.	Distribute Memos to MHP providers regarding new/revised P&P's. Staff shall acknowledge P&P's and respond to the Managed Care Dept.	_Memo(s) and _ policies and procedures were distributed to MHP providers as of 06/2017.	QI Workgroup/ Policy & Procedures Committee MHP Clinic Managers/ Staff	Ongoing – as needed