

**DEPARTMENT OF MENTAL HEALTH
TULARE COUNTY HEALTH & HUMAN SERVICES AGENCY
TULARE COUNTY QUALITY IMPROVEMENT EVALUATION
PROGRAM YEAR 2021/2022**

The Quality Improvement (QI) Evaluation for Fiscal Year 2021/2022 is divided into categories to align with the QI Work Plan and QI Matrix. Each year the QI Work Plan is reviewed and updated to include key indicators required by the Department of Health Care Services (DHCS) and additional indicators identified by the Quality Improvement Committee (QIC) and QI Workgroup. During FY 21/22, the QI Program has continued to work collaboratively with consumer and family members, community stakeholders, agency partners, and staff and management to promote accessible, timely, quality services that are culturally competent, wellness and recovery oriented, and produce measurable outcomes.

Committees such as the Quality Improvement Committee (QIC), Mental Health Cultural Competence Committee (MH CCC), Wellness & Recovery Committee, Adult and Children's System Improvement Councils, and Older Adult and Transitional Age Youth System of Care Subcommittee provide the Mental Health Plan (MHP) with valuable opportunities to listen to stakeholder feedback on service quality and delivery and make improvements accordingly. These committees and associated subcommittees drive efforts for the MHP. Consumers enrolled in the MHP-contracted volunteer program operated by Community Services Employment Training (CSET), a community-based employment connections entity, were able to request stipends for committee participation.

Regulatory Oversight

The FY 21/22 QI Work Plan and Matrix were used to ensure project timeliness and the collection of necessary data. The QI Matrix encompasses 46 measures that assist in presenting a well-rounded picture of the accessibility, timeliness, quality, and outcomes of the MHP. Quality Improvement Committee (QIC) meetings were held monthly with data reporting months occurring each quarter.

The Managed Care Division continues to work with Human Resources (HR) to monitor all MHP staff licenses/certifications prior to expiration to allow for timely renewal. All outliers are reported to the MHP Provider Clinic Managers, the Compliance Officer, and HR. All expired licensures are reported to the Director of Mental Health and the Division Manager of Managed Care. In FY 21/22 there were a total of 188 licensures requested for renewal. The Managed Care Department is also responsible for performing MHP provider site certification/re-certifications every three (3) years in alignment with State Protocol. During FY 21/22 a total of sixteen (16) site certification were performed.

The Compliance Committee meets quarterly to discuss updated information, reporting of incidents of non-compliance and oversight. The Title 42/Compliance Workgroup meets monthly to work on creating and revising policies and procedures to ensure compliance with HIPAA,

Title 42, W&I Code 5328, CA Civil Code 56.10, and California Medical Information Act (CMIA) mandates.

Service Delivery Capacity/Accessibility

The Tulare County MHP prepares a report of all consumers who receive specialty mental health services (SMHS). The report details gender, age, language, and ethnicity (GALE), and is reviewed quarterly at the QIC meeting. The tracking of demographic information provides the MHP with a better understanding of who is accessing the system, and the manner in which services are provided (language/culture) to ensure no disparities exist. The MHP also tracks requests for language-specific services to determine how services were or are being provided for Tulare County beneficiaries and family members. The MHP served 13,015 consumers in FY 21/22, an increase 1,039 consumers served over the previous fiscal year. Of those served:

- 53% were children 0 to 17 years of age, 12% were transitional-age youth 18 to 24 years of age, 33% were adults 25 to 59 years of age, 5% were older adults 60 years of age and older, 48% were male and 52% were female;
- English was the preferred language spoken among consumers (85%) and Spanish was the second highest (10%); and
- 63% of consumers were Hispanic/Latino, 27% were Caucasian, 3% were African American, 2% were Asian/Pacific Islander, 1% were Native American, and 4% were of other race and ethnicities.

These demographics are closely similar to that of the demographics of the County of Tulare.

Due to the vast geographical size of Tulare County, transportation and accessibility to those in rural communities is a key priority. As such, Tulare County has the Mobile Services Program in the North and South County regions wherein the primary goal is for clinical services to occur in the field, primarily in the consumer's home or other preferred natural community setting, whenever possible, in addition to the program assisting consumers with transportation when needing to transport to group therapy locations or in accessing psychiatry services. During FY 21/22, the Mobile Services Programs served 530 consumers. Additionally, the Mobile Services Programs participated in numerous community outreach events to spread awareness about mental illness and services.

While the Mobile Services Programs are targeted services for those in the rural communities, transportation is a key issue among all those served by the MHP, and as such the MHP encourages services be provided in the most accessible format possible for the consumer, when feasible. In FY 21/22, on average, approximately 28% of all services were provided outside the clinic setting.

In March 2018, the MHP submitted its first Network Adequacy Certification Tool (NACT) and associated documents per DHCS Information Notice #18-011, and on September 19, 2018, the MHP received notification from DHCS that it passed the network certification requirement for FY 17/18 placing the MHP in compliance with the Federal network adequacy requirements (CFR, Title 42, Section 438.207). The MHP will continue to submit the NACT and associated documents annually as stipulated within the information notice. Since then, Tulare County has

submitted four more fiscal years of NACT and has been put on Corrective Action Plans for each. The QI department monitors the CAP and responses to DHCS with action plans for compliance of the CAP. Currently the County is clear of all Corrective Action Plans related to Network Adequacy. DHCS is in the process of transitioning away from the NACT to the 274 Expansion model with a required production date of September 2022. Tulare County was authorized to begin submitting production files for the 274 Expansion Tool on September 30, 2022.

Timeliness of Services

The MHP tracks timely access using the External Quality Review Organization (EQRO) Timeliness Self-Assessment template. This template is completed quarterly for presentation and discussion at the quarterly reporting month of the Quality Improvement Committee, as well as annually for the annual EQRO audit. For FY 21/22, timeliness was as follows:

- Request for services to first offered clinical appointment: 63% of all new consumers were offered their first appointment within the target of no more than ten (10) business days from first request
- Request for psychiatric services to first offered psychiatry appointment: 60% of consumers requesting psychiatric services for their first time were offered their first psychiatric appointment within the target of no more than fifteen (15) business days from first request
- Post-psychiatric hospitalization: 54% of all who were psychiatrically hospitalized were seen within the target of no more than seven (7) days post-hospitalization
- Urgent Conditions that did not require prior authorization for follow-up: 86% of all who received a crisis service were provided a follow-up service that did not require prior authorization within the target of no more than (48) hours post receiving a crisis service
- Urgent Conditions requiring prior authorization: 72% of who received a crisis service were provided a follow-up service that required prior authorization within the target of no more than (96) hours post receiving a crisis service

With the implementation of the NACT, the MHP worked within the Quality Improvement Committee and System of Care Councils throughout FY 21/22 to review and revise practices, tools, and reports to abide by the timeliness standards stipulated:

- Urgent care appointment for services that do not require prior authorization –within 48 hours of a request
- Urgent appointment for services that do require prior authorization –within 96 hours of a request
- Non-urgent appointment with a non-physician mental health care provider –within 10 business days of request
- Non-urgent appointment with a psychiatrist –within 15 business days of request

Quality and Outcome of Services/Beneficiary and Provider Satisfaction

Tulare County's MHP administered one (1) Consumer Perception Survey (CPS) in FY 21/22; June 2022. The four (4) age specific CPS survey tools for Youth Services for Family – Parents/Caregivers of youth ages 0-12 years; Youth Services for Youth ages 13-17 years; Adults Survey, with Quality of Life (QOL), ages 18-59 years; and Older Adult Survey, with QOL, ages 60+ years, were provided by the State Department of Health Care Services (DHCS) for use during both survey periods. The CPS was administered at all twelve (12) MHP outpatient

provider sites. Per the County Level Report 61.6% of all surveys administered were completed in their entirety. The areas of opportunity by domain are as follows: outcomes for families (3.8), functioning for families (3.8), outcomes for youth (3.8), and functioning for youth (3.9).

Tulare County's MHP reviewed the County Level Report provided by UCLA at a Quality Improvement Committee meeting. Additionally, Tulare County's Quality Improvement (QI) Unit met with UCLA staff to review and discuss discrepancies between the County's raw CPS data provided and the code books provided. Tulare County's QI Unit used the newly updated code books it acquired to reproduce elements of the County Level Report at a site level. Once completed, sites were sent their individual results.

Tulare County's MHP conducted a Provider Satisfaction Survey during February of 2021. The data revealed that most providers operating within the MHP are satisfied with their current working conditions. (Every question scored over an 87% agree rating). Two areas of opportunity were identified; 1. Offering sufficient opportunities to participate in training (86%) 2. Familiarity with the MHP's grievance and appeal process (88%).

The Quality Improvement Department monitors psychiatric hospitalizations as an indicator revealing the engagement of consumers in the most appropriate level of care to meet their mental health need and wellness goals therein reducing crisis and potential hospitalization or rehospitalization. In FY 21/22, the MHP had a total hospitalization rate for all ages of 13.0% (1,681 consumers hospitalized of 13,015 served), and a 17.6% rehospitalization rate (298 consumers re-hospitalized of the 1,689 hospitalized). Children ages 0 to 17 years of age had a hospitalization rate of 3.6% (248 hospitalizations among the 6,925 children served) and a rehospitalization rate of 11.3% (28 of the 248 were re-hospitalized). Adults ages 18 and older had a hospitalization rate of 22.8% (1,441 hospitalized of the 6,328 served) and a rehospitalization rate of 18.7% (270 of the 1,441 were re-hospitalized).

Coordination and Integration of Care

Unrepresented medically indigent consumers who are seen within the MHP are evaluated at intake for eligibility for all State and County programs. Tulare County's MHP works collaboratively with Tulare County Human Services, Tulare Works, so that consumers who are unrepresented can be referred to on-site Self Sufficiency Counselors, where available, who initiate the application process, and respond to requests for application assistance in home and/or community settings. Wherein on-site services are not available, consumers are linked with State and County programs such as Tulare Works either online or by way of one of the Tulare Works sites. Unrepresented individuals complete financial paperwork using the Uniform Method of Determining Ability to Pay (UMDAP) which determines their yearly share of cost. In FY 21/22, 9.5% (1,564) of consumers utilized UMDAP services.

Tulare County's MHP also works in collaboration with community health providers and County health care clinics. MHP and Primary Care Providers submit completed PCP/MH referral forms to the QI Managed Care Department for tracking and reporting purposes. During FY 13/14 the Visalia Adult Integrated Clinic (VAIC) and Visalia Health Care Center (VHCC) implemented a

pilot project to integrate health and mental health services. A psychologist from VAIC was placed in the new mental health pod at the VHCC. Services available at VHCC include; referrals to mental health, communication with mental health providers, diagnostic clarification, psychotropic medications, psychiatric evaluations, and Older Adult Depression Screening (OADS). This project continues, and the providers at VHCC and VAIC meet monthly, alternating between the two sites to discuss successes and issues pertaining to integration of services. In FY 15/16 Family Healthcare Network (FHCN) also began attending the monthly collaboration meetings.

Cultural Competency and Linguistic Standards

The MHP promotes and fosters cultural and linguistic competence in administrative, clinical, and case management practices through the Agency's Equity and Inclusion Council and the Mental Health Cultural Competence Plan (CCP) and Committee. The following items illustrate the cultural competency and linguistic standards of the Tulare County MHP:

Quarterly reports from the Managed Care Department detail the number and location of bilingual staff located throughout the MHP to assess recruitment and retention trends. The MHP Provider Directory includes cultural and linguistic proficiencies for each clinic. In FY 21/22, on average, 46% of providers were bilingual primarily in but not exclusive to English and Spanish.

Consumers who request language or culturally specific services are directed to the appropriate provider. Clinical and support staff can also utilize interpreting services such as AT&T Language Line and Fox American Sign Language (ASL) Interpreting to ensure that appropriate language services are provided to consumers and family members. In FY 21/22, the AT&T Language Line was used 1,139 times and our Insight Interpreter (live via iPad) was utilized 48 times.

The annual goals and objectives of the Mental Health Cultural Competence Committee (MH CCC) are aligned with the QI Work Plan. Specifically, the MH CCC plans, implements, and evaluates education, training, and engagement activities among staff and community. The committee, in collaboration with the QI Managed Care Department, reviews and evaluates clinical and system issues that may be identified. The training activities and events that were completed in FY 21/22 include:

- Motivational Interviewing (MI) training is available to all staff and contract providers via the Relias online learning system. The training covered methods whereby staff can effectively communicate and interact with diverse cultures during the provision of services. In FY 21/22, this training was completed by 60 staff and contract providers
- Various cultural competency trainings are available to the MHP via the Relias online learning system. In FY 21/22, these trainings were completed by 347 staff and contract providers.
- Interpreter training for interpreters as well as those who utilize interpreter services. In FY 21/22, these trainings were completed by 250 staff.

Tulare County Mental Health has been successful in continuing to achieve many of the objectives as outlined in the Cultural Competence Plan and the QI Work Plan such as:

- Proper translation of Mental Health Informing Materials, forms, brochures, and clinical documents as well as clear and accurate information made available to consumers in English and Spanish.
- Monitor interpreter service invoices to track utilization by MHP Providers.
- Train mental health staff on cultural competence-related topics to increase cultural competence and sensitivity of staff.
- Engage relevant racial, ethnic, and cultural groups in all aspects of system development and enhancement (e.g., Cultural Competency Committee Members and Wellness and Recovery Committee Members).
- Define target populations based upon comprehensive demographic data, as well as, monitor system reports (e.g. Timely Access Self-Assessment for Non-English Speakers, Consumer Perception Survey, etc.) to assess cultural competence through access, timeliness, quality, and outcomes throughout the MHP.
- Develop outreach approaches that increase access to and retention in services (outreach to un/underserved communities in natural community settings and events to educate and motivate community members to access mental health programs and services).

Beneficiary Protection

Tulare County Mental Health addresses grievances, appeals, and expedited appeals to assure that concerns are processed in a sensitive and timely manner in compliance with Department of Health Care Services (DHCS) regulations. The Problem Resolution Coordinator (PRC) intercepts grievances or appeals either from the toll-free (800) access line, in written format, or from Grievance or Appeals Forms. Grievance and Appeals forms are distributed throughout Tulare County – forms are located in all out-patient clinics, board and care facilities, and MHP contractors. During FY 21/22, there were thirty (30) appeals, no expedited appeals, and seventeen (17) grievances. Resolution to grievances occurred within the sixty (60) day Department of Health Care Services (DHCS) mandate. All appeals were addressed within the forty-five (45) day Department of Healthcare Services (DHCS) mandate.

Tulare County's MHP also ensures all MHP sites and providers are trained on and equipped with Notice of Adverse Benefit Determination (NOABD). Beneficiaries receive a written NOABD when the MHP takes any action related to the issuance of a NOABD, giving the beneficiary timely and adequate notice of an adverse benefit determination in writing, consistent with CFR, Title 42, Section 438.10. In FY 21/22, there were 2,710 NOABDs issued.

Wellness and Recovery

The Tulare County MHP embraces the values and principles of wellness, recovery, and resiliency. The MHP recognizes that to be successful in accomplishing this goal, the county must forge strong community partnerships. Tulare County Mental Health Department continued its collaboration with multiple community partners to increase awareness of mental health in an effort to develop anti-stigma reduction strategies. The collaborations include, but are not limited to:

- Visalia Arts Consortium to operate the My Voice Media Center,
- Community Services Employment Training (CSET), a local non-profit, to continue their supported employment and volunteer program, and

- Kings View Behavioral Health to operate the South County Mobile Services program which provides community outreach in rural Tulare County
- Turning Point of Central California to operate the North County Mobile Services program which provides community outreach in rural Tulare County

Additionally, the following activities continue:

- Peer Support Specialist classifications and peer-delivered services throughout MHP which include consumer orientation support, WRAP (Wellness and Recovery Action Plan) groups, and transition support
- Consumers and family members to the Tulare County Mental Health Board
- Inclusion of peers and family members in various trainings and among various system of care committees
- Peer attendance at the NAMI National and California conference, and at the California Association of Social Rehabilitation Agencies (CASRA) Conferences
- Addressing community stigma and discrimination through community integration and education opportunities such as Tulare County No Stigma Speakers Bureau speaking engagements, Walk with NAMI Tulare County event, and a proactive media plan that includes articles, press releases, op-eds, and PSAs, and social media messages

Utilization Review

The Utilization Coordinator monitors compliance of all MHP consumer charts and reviews special cases identified for trend analysis and training purposes. The UR Coordinator reports findings to the QI Committee. In FY 21/22, the URC reviewed a total of 87 charts.

Medication Monitoring

The prescribing practices of physicians are monitored to ensure compliance standards are enforced as outlined in the guidelines established in the Medication Monitoring Plan. During FY 21/22, 414 charts were reviewed of which 68.60% (284 charts) were in compliance. Consents had a compliance rate of 98.07% (406 charts). Constructive feedback was given to the psychiatrists who are responsible for reporting back to the Managed Care Department on all out-of-compliance issues identified during the reviews. The compliance data is measured from outcomes of the monthly chart reviews. The results are presented quarterly to the QIC and are provided to MHP Providers.

Policy and Procedure

The Policy and Procedure (P&P) Committee meets monthly to review new and revised P&Ps, forms, and informing material. All MHP Providers are responsible to have an updated P&P binder at their respective clinic for staff availability. In FY 21/22, 20 P&Ps and nine (9) forms were created or revised, two (2) forms used by consumers were translated into Spanish. All P&Ps and forms were distributed to Tulare County MHP Providers electronically.