



MERCED COUNTY
C A L I F O R N I A

Behavioral Health & Recovery Services

Quality Improvement Work Plan

FY 2016/2017

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OVERVIEW

The Quality Improvement Work Plan serves as the foundation of the Merced County Behavioral Health & Recovery Services (MCBHRS) to continuously improve the quality of treatment and services provided to our beneficiaries. The programs provided through MCBHRS are based on our Mission Statement, Vision Statement, and our Core Values.

MISSION STATEMENT

We provide quality Behavioral Health & Recovery Services using all available resources to empower independence, hope and resilience in a welcoming and culturally competent environment.

VISION STATEMENT

Inspiring hope and recovery for those we serve as the premier provider for quality whole person care.

CORE VALUES

We, the employees of Merced County Behavioral Health & Recovery Services, value:

- Accountability
 - Teamwork
 - Respect
 - Humor
 - Commitment
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REQUIRED ELEMENTS FOR THE QUALITY MANAGEMENT PROGRAM

According to the California State Department of Health Care Services (DHCS), the Quality Management (QM) Program clearly defines the MCBHRS QM Program's structure and elements, assigns responsibility to appropriate individuals, and adopts or establishes quantitative measures to assess performance and to identify and prioritize area(s) for improvement. The QM Program shall be evaluated annually and updated as necessary per Title 9, CCR, Section 1810.440(a)(6) and Title 42, CFR, Section 438.240(e).

QUALITY MANAGEMENT PROGRAM DESCRIPTION

The QI Program shall be accountable to the Behavioral Health and Recovery Services Director as described in Title 9 CCR, Section 1810.440(a) (1). Operation of the QI program shall include substantial involvement by a licensed mental health staff person, as described in Title 9 CCR, Section 1810.440(a)(4). The QI Program shall include active participation by practitioners and providers, as well as beneficiaries and family members in the planning, design and execution of the QI Program, as described in Title 9 CCR, Section 1810.440(a)(2)(A-C).

There shall be a minimum of two active Performance Improvement Projects (PIPs) that meet the criteria in Title 42, CFR, Section 438.240(b)(1) and (d). Each performance improvement project shall focus on a clinical area, as well as one non-clinical area.

The QM Program shall;

- Conduct performance monitoring activities throughout its operations.
- Activities shall include but not be limited to;
 - Service Satisfaction
 - Safety and Effectiveness of Medication Practices
 - Coordination of Care
 - Quality of Care
 - Service Capacity
 - Timeliness of Services
 - Training of staff
- Ensure continuity and coordination of care with physical health care providers.
- Coordinate with other human services agencies used by its beneficiaries.
- Assess the effectiveness of our MOU with the Central California Alliance for Health (CAAH), a physical health care plan, to ensure the highest quality of services for both physical and mental health.
- Have mechanisms to detect both underutilization and overutilization of services, as required by Title 42, CCR, Section 438.240(b)(3).
- Implement mechanisms to assess beneficiary/family satisfaction. The MHP shall assess beneficiary/family satisfaction by:
 - Surveying beneficiary/family satisfaction with the MHP's services at least annually;
 - Evaluating beneficiary grievances, appeals and fair hearings at least annually; and
 - Evaluating requests to change persons providing services at least annually; and
 - Inform providers of the results of beneficiary/family satisfaction activities.
- Implement mechanisms to monitor the safety and effectiveness of medication practices.
 - The monitoring mechanism shall be under the supervision of a person licensed to prescribe or dispense prescription drugs.

- Monitoring shall occur at least annually.
- Implement mechanisms to address meaningful clinical issues affecting beneficiaries system-wide.
 - Monitor appropriate and timely intervention of occurrences that raise quality of care concerns.
 - Take appropriate follow-up action when such an occurrence is identified.
 - Results of the intervention shall be evaluated by the Contractor at least annually.

QUALITY MANAGEMENT WORK PLAN

MCBHRS has a QM Work Plan covering the current contract cycle with documented annual evaluations and documented revisions as needed. The QM Work Plan receives input and feedback by the Quality Improvement Committee and is reviewed and approved by the Executive Team.

The QM Work Plan includes the following:

- Evidence of the monitoring activities including, but not limited to,
 - Review of beneficiary grievances, appeals, expedited appeals, fair hearings, expedited fair hearings, provider appeals, and clinical records review as required by Title 9, CCR, Section 1810.440(a)(5) and Title 42, CFR, section 438.416;
 - Evidence that QM activities, including performance improvement projects, have contributed to meaningful improvement in clinical care and beneficiary service;
- A description of completed and in-process QM activities, including performance improvement projects. The description shall include:
 - Monitoring efforts for previously identified issues, including tracking issues over time;
 - Objectives, scope, and planned QM activities for each year; and,
 - Targeted areas of improvement or change in service delivery or program design.
- A description of mechanisms that has been implemented to assess the accessibility of services within its service delivery area. This shall include;
 - Goals for responsiveness for the MHP’s 24-hour toll-free telephone number,
 - Timeliness for scheduling of routine appointments,
 - Timeliness of services for urgent conditions, and
 - Access to after-hours care.
- Evidence of compliance with the requirements for cultural competence and linguistic competence specified in Title 9, CCR, Section 1810.410.

EVALUATION

- Annual evaluations are completed at the end of each fiscal year. The annual evaluation is conducted by Quality Improvement Program.

The evaluation summarizes the following;

- The goals and objectives of the programs/service’s Quality Improvement Plan,
- The quality improvement activities conducted during the past year, including the targeted process.
- The performance indicators utilized,
- The findings of the measurement, data aggregation, assessment and analysis processes, and
- The quality improvement initiatives taken in response to the findings.
- The progress towards meeting the Department’s Annual Objectives.
 - For each of the objectives; a brief summary of progress including progress in relation to the objective(s).
 - A brief summary of the findings for each of the indicators used during the year. These summaries include both the outcomes of the measurement process and the conclusions and actions taken in response to these outcomes.
 - A summary of the progress toward the objectives.
- Recommendations: Based upon the evaluation, the actions deemed necessary to improve the effectiveness of the Department’s program services.

CONTINUOUS QUALITY IMPROVEMENT ACTIVITIES

QI activities to improve outcomes of existing services and/or to design new services shall include:

- Collecting and analyzing data to measure against the goals stated in the QI/QM annual work plan, which prioritized areas of improvement that have been identified;
- Identifying opportunities for improvement and deciding which opportunities to pursue;
- Identifying relevant committees internal or external to ensure appropriate exchange of information with the QI Committee;
- Obtaining input from providers, beneficiaries and family members in identifying barriers to delivery of clinical care and administrative services;
- Ensuring practice guideline are adhered to;
- Designing and implementing interventions for improving performance;
- Measuring effectiveness of the interventions;
- Monitor the inclusion of cultural competency concerns;
- Incorporating successful interventions into the MCBHRS operations as appropriate

- Reviewing beneficiary grievances, appeals, expedited appeals, fair hearings, expedited fair hearings, provider appeals, and clinical records review as required by title 9, CCR, Section 1810.440(a)(5).

QUALITY IMPROVEMENT COMMITTEE

The Quality Improvement (QI) Committee shall monitor the service delivery system with the aim of improving the processes of providing care and better meeting the needs of its clients. The QI Committee shall;

- Review the quality of specialty mental health services provided to beneficiaries.
- Recommend policy decisions;
- Review and evaluate the results of QI activities, including;
 - Performance improvement projects;
 - Institute needed QI actions;
 - Ensure follow-up of QI processes; and
 - Document QI Committee meeting minutes regarding decisions and actions taken.

QIC meeting agendas may include, but are not limited to, the following agenda items:

- Grievances, appeals, state fair hearings
- Expedited appeals and state fair hearings
- Requests for change of provider
- Notice of actions
- Contract Provider services
- Recidivism
- Appointments after Discharge
- Consumer Satisfaction Questionnaire Survey results
- Utilization Review of documentation results
- Timeliness to services outcomes
- Service delivery capacity, trends, quality and outcomes
- Policies and procedures
- Performance Improvement Projects
- Utilization of Specialty Mental Health Services
- Verification of services
- Cultural and Linguistic Competence needs and services
- Automation Services report
- Training updates

The QIC meets at least monthly and consists of the following individuals:

- BHRS Director
- BHRS Assistant Director
- BHRS Assistant Director-Administration
- BHRS Division Directors
- Compliance Officer
- Quality & Performance Management Director
- Quality Improvement/Assurance/UM Manager
- Medical Director
- BHRS Program Manager
- MHSA Coordinator
- UM Staff
- QI/QA staff
- Beneficiaries/Stakeholders
- Behavioral Health Board Members
- Community Service Providers
- Automation Services Staff
- Wellness Center Consumer Advisory Board Members
- Patients' Rights Advocate
- Other BHRS leadership and direct provider staff

DEPARTMENT COMMUNICATION OF QUALITY IMPROVEMENT ACTIVITIES

The Department supports QI activities through the planned coordination and communication of the results of measurement of QI Initiatives. The overall efforts are to continually improve the quality of care provided to our beneficiaries. The planned communication may take place through the following methods:

- Recipients participating in the QIC report back to recipient groups
- Emails
- Presentations to the Mental Health Board
- Posters, brochures, notices and surveys displayed in common areas
- Sharing of the Department's annual QI Work Plan
- Distribution of meeting minutes

OTHER DEPARTMENT QUALITY IMPROVEMENT COMMITTEES

The Department has the following standing committees where QI/UM activities occur:

- Performance Improvement Projects (PIP) Committee
- Data Committee
- Compliance Committee
- Forms/Policy Committee
- Psychological Autopsy Committee
- High Cost User Committee
- Behavioral Health Integration, Training and Staff Development Committee
- Cultural Competency Committee
- Inter-Disciplinary Treatment (IDT) Team Committee
- Institute for Mental Diseases (IMD) Placement Committee
- Community Partner Committee
- Medication Management Review
- Utilization Review
- Interagency Primary Care and BHRS Meeting
- Employee Training Program- Documentation Training
- Safety Committee
- ACCESS Log Meeting

QUALITY ASSURANCE (QA)

MCBHRS shall set standards and implement processes that will support understanding of, and compliance with, documentation standards set forth in the DHCS contract and any standards set by MCBHRS. QA activities may include monitoring performance so that the documentation of care provided will satisfy the requirements set forth in the State Department of Health Care Service's contract. The documentation standards for client care are minimum standards to support claims for the delivery of specialty mental health services. All standards shall be addressed in the client record.

UTILIZATION MANAGEMENT (UM) PROGRAM

The Utilization Management Program shall;

- Be responsible for assuring that beneficiaries have appropriate access to specialty mental health services as required in Title 9, CCR, Section 1810.440(b)(1-3).

- Evaluate medical necessity, appropriateness and efficiency of services provided to Medi-Cal beneficiaries prospectively or retrospectively.
- Implement mechanisms to assess the capacity of service delivery for its beneficiaries. This includes monitoring the number, type, and geographic distribution of mental health services within the Department’s delivery system.
- Implement mechanisms to assess the accessibility of services within its service delivery area. This shall include the assessment of responsiveness of the Contractor’s 24 hour toll-free telephone number, timeliness of scheduling routine appointments, timeliness of services for urgent conditions, and access to after-hours care.
- Implement mechanisms to assure authorization decision standards are met. Authorization of services shall include all of the following:
 - Pursuant to Title 42, CFR, Section 438.210(b)(1), the Contractor and its subcontractors must have in place, and follow, written policies and procedures for processing requests for initial and continuing authorizations of services.
 - Pursuant to Title 42, CFR, Section 438.210(b)(2), the Contractor shall have in effect mechanisms to ensure consistent application of review criteria for authorization decisions, and shall consult with the requesting provider when appropriate.
 - Pursuant to Title 42, CFR, Section 438.210(b)(3), any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested shall be made by a health care professional who has appropriate clinical expertise in treating the beneficiary’s condition or disease.
 - Decisions must be made within the timeframes outlined for service authorizations in Title 42, CFR Section 438.210(d), and notices of action related to such decisions must be provided within the timeframes set forth in Title 42, CFR, Section 438.404.(c).

PERFORMANCE IMPROVEMENT PROJECTS (PIPs)

The MCBHRS has following Performance Improvement Projects (PIPs). These include the following:

HISPANIC PENETRATION – CLINICAL

The MCBHRS began a Hispanic Penetration PIP during FY 2014/2015, ending in 2015/2016, to determine if we are adequately meeting the needs of the Hispanic population in Merced County in providing Specialty Mental Health Services (SMHS). Historically, the MCBHRS has always had a lower than average Hispanic penetration rate compared to similar counties in California based on EQRO claims data. In fact, the last three years of claims data shows the penetration rate dropping in relation to an increase in Medi-Cal eligible beneficiaries for the region.

EQRO Claims Data	Merced County	Medium Counties	Statewide
FY 2011	1.91%	3.17%	3.68%
FY 2012	2.03%	3.18%	3.81%
FY 2013	1.98%	3.22%	3.92%
FY 2014	1.77%	2.90%	3.64%

The MCBHRS also looked at the average number of eligible beneficiaries and changes per average number of Hispanic clients:

EQRO Claims Data		Difference	Average # monthly change
FY 2012	57,805	1,472	123
FY 2013	61,444	3,639	303
FY 2014	70,489	9,045	754

In order to identify a cause of the penetration analysis, data collected included monthly penetration rates for all Hispanic beneficiaries to make comparisons in any changes and determine if there was any correlation to an intervention. The intervention used was performed by our Mental Health Services Act (MHSA) outreach program. During the PIP, targeted Hispanic outreach events were held to encourage Hispanic beneficiaries to seek SMHS. Overall, the intervention did not achieve any notable results nor any correlations could be identified based on an outreach event.

In fact, the findings did indicate that when the MHP did increase in actual Hispanic consumers, this was directly related to the number of Medi-Cal enrollments in the County.

So the next step in the PIP was to identify that if the MHP is providing targeted outreach with no direct change in penetration to the Hispanic population, where are Hispanic beneficiaries seeking mental health services?

Merced County is unique in its community clinics. In Merced County, there are six (6) organizations that provide psychiatry based services in addition to its primary care physician services. These include Castle Family Health Centers (1 site), Golden Valley Health Centers (4 sites), Hilmar Community Health Center (1 site), Horizons Unlimited (4 sites), and Livingston Community Health Center (1 site).

The finalized results will be presented at the next annual EQRO audit in January 2017.

CENTRALIZED INTAKE / CONTINUED SERVICES – NON-CLINICAL

In July 2014, the MCBHRS centralized its intake services in order to hopefully reduce wait times from initial contact to receiving services. The QI Program used this intervention to track overall Point-of-Entry wait times to determine if a centralized intake would reduce wait times for beneficiaries. Prior to July 2014, the MCBHRS provided initial assessments in multiple points of entry, Adult and Youth, Livingston and Los Banos. Staffing was redundant in assigning an intake clinician and also having a “Clinician of the Day”. Scheduling was also an issue due to locations and staff availability. Though the majority of appointments went through the ACCESS staff, certain youth bypassed the ACCESS staff and were scheduled through the Program Manager for the Children System of Care (CSOC), such as school based referrals, Katie A referrals, and youth hospital discharge appointments.

Results of implementing centralized intake services included increased assessments, decreased wait times and a reduction of redundancies of overall processes. From January to June, Urgent Appointments went from average of six (6) days (32% compliance) to one (1) day (83% compliance), and Non-Urgent Routine Assessments went from 14 days (72% compliance) to 12 days (82% compliance). For FY 2015/2016, compliance increased to 95% compliance with wait times reducing even further to eight (8) days for Non-Urgent Routine Assessments, and to zero (0) for Urgent Appointments (93% compliance). From FY 14/15 to FY 15/16, point-of-entry appointments increased 1,250, from 1,432 to 2,682. This is an 187% increase in services.

The next step identified from the last annual EQRO audit January 2016 is that MCBHRS has a disparity in overall one time services which are almost twice the rate of the statewide average with the MCBHRS having a 16.59% of clients only being seen once while statewide is 9.67%. The MCBHRS will monitor intakes to continued services with an intervention implemented to determine if the MCBHRS can increase its beneficiary retention.

The finalized results will be presented at the next annual EQRO audit in January 2017.

PSYCHIATRIC SERVICES - CLINICAL

As with many counties in California, Merced County has long experienced a shortage of psychiatric staff for our clients due to our rural region. This is a national problem, but it is exacerbated in our region by a number of obstacles including better opportunities, higher salaries, and more competitive markets in Sacramento and Bay Area. The MHP has found it difficult to hire and retain psychiatrists in order to provide sufficient psychiatric services to clients within satisfactory timeframes because of this shortage.

In FY 2015/2016, to alleviate some of the burden of the current psychiatry staff and to hopefully reduce wait times to see a psychiatrist, the MCBHRS implemented a pilot telehealth program at its Los Banos clinic (to fully implement as equipment and telehealth contracts are approved). The MCBHRS implemented a Psychiatry Services PIP to monitor this pilot program to determine if telehealth works for our clients in reducing wait times and improve overall satisfaction in psychiatric services provided by the MCBHRS. The MCBHRS will monitor data in relation to wait times between psychiatric referrals, average wait times between psychiatry visits, and cumulate data from surveys provided to our telehealth beneficiaries.

A draft report with preliminary data and findings will be presented to the next annual EQRO in January 2017.

PERFORMANCE INDICATORS

A performance indicator is a type of quantifiable measurement that provides information regarding a program/services process, functions or outcomes. Selection of a Performance Indicator for services within MCBHRS is based on the following considerations:

- Relevance to the Department’s mission.
- Required monitoring item by DHCS and or EQRO.
- Clinical importance - whether it addresses a clinically important process that is:
 - High volume
 - High risk
 - Measuring client satisfaction
 - Assess the cultural competency of services, linguistics, etc.

Once the performance of a selected process has been measured, assessed and analyzed, the information gathered by the above performance indicator(s) is used to identify a continuous quality improvement initiative to be undertaken. The decision to undertake the initiative is based upon program/service priorities. The purpose of an initiative is to improve the performance of existing services or to design new ones.

ACTIVITIES FOR FY 2016/2017

Indicator	Goal	Planned Activity	Responsible Party	Monitoring/ Review Process
OBJECTIVE 1: SERVICE SATISFACTION				
<p>A. Surveys</p> <p>Assess, evaluate, and report beneficiary / family satisfaction with the MHP at least annually. Review cultural and linguistic results for barriers in conducting surveys.</p>	<p>The MHP’s goal is 75% satisfaction for all areas.</p> <p><u>2014/2015</u> Access – 89% Quality of Care – 96% Outcomes – 68% Overall Satisfaction – 84%</p> <p><u>2015/2016</u> Access – 88% Quality of Care – 93% Outcomes – 61% Overall Satisfaction – 88%</p> <p>Evaluation: Three of the four areas met the goal with the exception of Outcomes</p> <p>For 16/17, bring to QIC for Work Group Discussion and stakeholder input to why Outcomes are not meeting their satisfaction goals.</p>	<p>The MHP conducts the following surveys:</p> <ol style="list-style-type: none"> 1. DHCS Performance Outcome Quality Improvement Surveys semi-annually. 2. The MHP also conducts an internal Consumer Satisfaction Survey semi-annually using the same process as DHCS. 3. Report results for review and evaluation to QIC including Contract Providers. 	<p>Q&P Mgt Director QI Program Manager QA Staff</p>	<p>Quarterly / Annual</p>

Indicator	Goal	Planned Activity	Responsible Party	Monitoring/ Review Process
<i>Objective 1: Service Satisfaction</i>				
<p>B. Grievances, Appeals, and Fair Hearings</p> <p>Monitor, evaluate, and report beneficiary grievances, appeals, and fair hearing at least annually.</p>	<p>The MHP’s goal is to complete 100% of all grievances and appeals within timeframes, and to ensure services are continued during State Fair Hearings.</p> <p>14/15 – 87% 15/16 – 96%</p> <p>Evaluation: Grievance, appeals processing for both fiscal years did not meet the goal; however, increased 9% over FY 14/15.</p> <p>For 16/17 the grievance process accountability role was moved to a single QI staff member. Appeals & fair hearings will be overseen by the Q&P Mgt Director to ensure 100% compliance.</p>	<ol style="list-style-type: none"> 1. Log grievances, appeals within one (1) calendar day of receipt. 2. Notify beneficiary and/or representative within three (3) calendar days upon of receipt of grievance. 3. Make determination within regulatory standards of 60 calendar days. 4. Notify beneficiary and provider of the grievance and outcome. 5. Standard Appeals will be resolved according to regulatory standards of 45 calendar days. 6. Ensure services are continued during a State Fair Hearing. 7. Report results for review and evaluation to QIC including Providers. 	<p>Q&P Mgt Director QI Program Manager QI Staff</p>	<p>Quarterly / Annual</p>

Indicator	Goal	Planned Activity	Responsible Party	Monitoring/ Review Process
<i>Objective 1: Service Satisfaction</i>				
<p>C. Change of Provider</p> <p>Monitor, evaluate, and report beneficiary requests to change persons providing services at least annually.</p>	<p>The MHP's goal is to complete 100% of all change of provider requests within 60 days.</p> <p>14/15 – 100% 15/16 – 100%</p> <p>Evaluation: Processing of Change of Provider requests met the goals for both fiscal years.</p> <p>For 16/17 is to continue processing all Change of Provider requests within 60 days.</p>	<ol style="list-style-type: none"> 1. Make determination of all Change of Provider requests within regulatory standards of 60 calendar days. 2. Inform beneficiaries of decision upon resolution. 3. Report results for review and evaluation to QIC including Providers. 	<p>Q&P Mgt Director QI Program Manager QI Staff</p>	<p>Quarterly / Annual</p>

Indicator	Goal	Planned Activity	Responsible Party	Monitoring/ Review Process
<i>OBJECTIVE 2: SAFETY AND EFFECTIVENESS OF MEDICATION PRACTICES</i>				
<p>A: Safety and Effectiveness of Medication Practices</p> <p>Monitor and evaluate the safety and effectiveness of medication practices at least annually.</p>	<p>The MHP’s goal is to review 10% of all open beneficiaries and review all deficiencies above 5%.</p> <p>14/15 – 7/31 indicators above 5% for deficiencies. 15/16 – 7/31 indicators above 5% for deficiencies.</p> <p>Evaluation: Consistently for the last two fiscal years, 7 of the 31 indicators were out of compliance.</p> <p>For 16/17, review with Medical Director the indicators out of compliance and determine any barriers or breakdowns in the process.</p>	<ol style="list-style-type: none"> 1. Identify and make recommendations regarding clinical areas that need improvement. 2. Implement appropriate interventions/changes when individual occurrences of poor quality are identified. 3. Complete site reviews and evaluate the safety of the facility and the storage and dispensing of medication in compliance with current laws and regulations. 4. Report results for review and evaluation to QIC including Providers 	<p>Q&P Mgt Director QI Manager QI Staff Managed Care Staff QI/UR/MMR Committees Medical Director Medical Staff Compliance Officer PHF Manager Safety Committee Pharmacist Contract Review</p>	<p>Annually</p>

Indicator	Goal	Planned Activity	Responsible Party	Monitoring/ Review Process
<i>OBJECTIVE 3: COORDINATION OF CARE</i>				
<p>A: Physical Healthcare Coordination</p> <p>Coordinate services with physical health care and other agencies utilized by MHP beneficiaries.</p>	<p>The MHP’s goal is to ensure 100% of all coordination of services with Primary Care Physicians are done in a timely manner and review all deficiencies above 5%.</p> <p>14/15 – 45/248 – 18% 15/16 – 64/229 – 28%</p> <p>Evaluation: Both fiscal years above the 5% deficiency rate. In fact, 15/16 increased 10% above 14/15.</p> <p>For 16/17 – Review with Medical Director the procedure on coordination of care to identify any barriers or breakdowns in the process.</p>	<ol style="list-style-type: none"> 1. Evaluate coordination with physical health care providers through the UR and MMR process. 2. Evaluate referral process for appropriateness and timeliness of exchange of information. 3. Evaluate disposition/referral when an individual does not meet medical necessity/service criteria. 4. Report results for review and evaluation to QIC including Providers 	<p>Q&P Mgt Director QI Manager QI Staff Managed Care Staff QI/UR/MMR Committees Medical Director Medical Staff Compliance Officer PHF Manager Safety Committee Pharmacist Contract Review</p>	<p>Quarterly / Annually</p>

Indicator	Goal	Planned Activity	Responsible Party	Monitoring/ Review Process
OBJECTIVE 4: QUALITY OF CARE				
<p>A: Utilization Review</p> <p>Conduct utilization review on beneficiary medical records to ensure compliance of all standards.</p>	<p>The MHP’s goal is to ensure a 10% sample of unbilled Medi-Cal claims from the current month will be reviewed to determine if claims meet documentation, medical necessity, and other documentation requirements for claim submission and review all deficiencies above 5%.</p> <p>14/15 – 373 charts 788 services 27% disallowance</p> <p>15/16 – 294 charts 621 services 10% disallowance</p> <p>Evaluation: The MHP’s disallowance rate decreased 17% from 14/15 to 15/16.</p> <p>For 16/17, continue to educate staff on proper documentation procedures and identify any barriers or breakdowns in process.</p>	<ol style="list-style-type: none"> 1. Evaluate coordination with physical health care providers through the UR and MMR process. 2. Evaluate referral process for appropriateness and timeliness of exchange of information. 3. Evaluate disposition/referral when an individual does not meet medical necessity/service criteria. 4. Evaluate that services are conducted in preferred language. 5. Report results for review and evaluation to QIC including Providers 	<p>Q&P Mgt Director QI Manager QI Staff MMR Committee UR Committee Medical Director Contract Providers BHRS Leadership</p>	<p>Quarterly / Annually</p>

Indicator	Goal	Planned Activity	Responsible Party	Monitoring/ Review Process
<i>OBJECTIVE 5: SERVICE CAPACITY</i>				
<p>A: Beneficiary Penetration</p> <p>Prepare and analyze beneficiary penetration reports to identify needed areas of expansion or reduction of services.</p>	<p>The MHP’s goal is to ensure all Medi-Cal beneficiaries are provided with adequate clinic locations to ensure continued wellbeing and recovery.</p> <p>Enrollment Penetration 14/15 – 4.03% - 3,762 15/16 – 4.12% - 4,331</p> <p>Hispanic Penetration 14/15 – 1.73% - 1,620 15/16 – 1.88 – 1,970</p> <p>Evaluation: The MHP’s enrollment penetration rates increased 9% from 14/15 to 15/16. Hispanic penetration increased even more with a 15% increase from 14/15 to 15/16.</p> <p>For 16/17, the MHP will continue to monitor rates for any deviations to gains.</p>	<ol style="list-style-type: none"> Evaluate and analyze beneficiary penetration reports for trends related to services and beneficiaries based on geographic region. Report results for review and evaluation to QIC including Providers 	<p>Q&P Mgt Director QI Manager QI Staff</p>	<p>Quarterly / Annually</p>

Indicator	Goal	Planned Activity	Responsible Party	Monitoring/ Review Process
OBJECTIVE 5: SERVICE CAPACITY				
<p>B: Service Utilization</p> <p>Prepare and analyze service utilization reports to identify needed areas of expansion or reduction of services.</p>	<p>The MHP’s goal is to ensure all Medi-Cal beneficiaries are provided with adequate services to ensure continued wellbeing and recovery.</p> <p>14/15 – 53,787 services 3,762 clients / 14.3 services</p> <p>15/16 – 57,315 services 4,331 clients / 13.2 services</p> <p>Evaluation: Analysis of the data shows although the number of services increased by 3,528, the number of services decreased per client by 1.1 services.</p> <p>For FY 16/17, The MHP will continue to evaluate and monitor the number of services per client to determine any barriers or breakdowns in receiving services. A PIP on retention of services is active.</p>	<ol style="list-style-type: none"> 1. Evaluate and analyze service utilization reports for trends related to services and beneficiaries based on geographic region. 2. Report results for review and evaluation to QIC including Providers 	<p>Q&P Mgt Director QI Manager QI Staff</p>	<p>Quarterly / Annually</p>

Indicator	Goal	Planned Activity	Responsible Party	Monitoring/ Review Process
<i>Objective 5: Service Capacity</i>				
<p>C: Retention</p> <p>Monitor and evaluate retention of beneficiaries.</p>	<p>The MHP’s goal is to improve retention rates of beneficiaries to ensure that beneficiaries seeking services with the MHP, continuing receiving services for their wellbeing and recovery.</p> <p>14/15 20.26% seen only one time</p> <p>15/16 – 20.59% seen only one time</p> <p>Evaluation: In order to improve retention rates, a PIP intervention is being developed to reduce barriers to services after assessment.</p> <p>For 16/17, implement intervention to increase retention of beneficiaries.</p>	<p>1. Develop intervention through PIP activities.</p> <p>Evaluate retention rates monthly to identify any barriers to services.</p> <p>2. Report results for review and evaluation to QIC including Providers</p>	<p>Q&P Mgt Director QI Manager QI Staff BHRS Div. Director BHRS Prog. Manager</p>	<p>Monthly / Quarterly / Annually</p>

Indicator	Goal	Planned Activity	Responsible Party	Monitoring/ Review Process
<i>OBJECTIVE 6: TIMELINESS OF SERVICES</i>				
<p>A: Initial Routine Assessments</p> <p>Monitor and evaluate initial routine assessments to ensure they are scheduled within the MHP goal.</p>	<p>The MHP’s goal is to ensure 95% of all Medi-Cal beneficiaries are provided a scheduled initial assessment within 14 working days from initial contact.</p> <p>14/15 – 72% 15/16 – 95%</p> <p>Evaluation: In order to improve wait times from 14/15, a PIP intervention was implemented – centralizing intake services. Due to the intervention, the goal was met in 15/16 with an increase of 23%. Wait times were also reduced to an average of eight (8) days.</p> <p>For 16/17, continue to monitor timeliness of assessments.</p>	<p>1. Track and trend timeliness of initial routine assessments to identify any barriers to services.</p> <p>2. Report results for review and evaluation to QIC including Providers</p>	<p>Q&P Mgt Director QI Manager QI Staff</p>	<p>Monthly / Quarterly / Annually</p>

Indicator	Goal	Planned Activity	Responsible Party	Monitoring/ Review Process
OBJECTIVE 6: TIMELINESS OF SERVICES				
<p>B: Urgent Appointments</p> <p>Monitor and evaluate urgent Appointments to ensure they are scheduled within the MHP goal.</p>	<p>The MHP’s goal is to ensure 95% of all Medi-Cal beneficiaries are provided a scheduled urgent appointment within 3 working days from initial contact.</p> <p>14/15 – 42% 15/16 – 93%</p> <p>Evaluation: In order to improve wait times from 14/15, a PIP intervention was implemented – centralizing intake services. Due to the intervention, the goal was almost met in 15/16 with an increase of 51% to 93%. Wait times were also reduced to zero (0) days.</p> <p>For 16/17, continue to monitor timeliness of assessments to meet 95% goal.</p>	<p>1. Track and trend timeliness of urgent assessments to identify any barriers to services.</p> <p>2. Report results for review and evaluation to QIC including Providers</p>	<p>Q&P Mgt Director QI Manager QI Staff</p>	<p>Monthly / Quarterly / Annually</p>

Indicator	Goal	Planned Activity	Responsible Party	Monitoring/ Review Process
<i>Objective 6: Timeliness of Services</i>				
<p>C: 24/7 Test Calls</p> <p>Perform test calls during business and after-hours to monitor staff for 24-7 toll-free number responsiveness and providing access to after-hours care.</p>	<p>The MHP’s goal is ensure 100% of all calls are answered beneficiaries are provided with the appropriate SMHS information and services.</p> <p>14/15 – 27% 15/16 – 46%</p> <p>Evaluation: From 14/15 to 15/16, test calls improved 19%. While still way below the goal, the MHP is working diligently with current and new staff in training to improve adherence to call standards of DHCS.</p> <p>For 16/17, the MHP will continue to monitor and educate staff so that they are following the DHCS guidelines to ensure 100% compliance.</p>	<p>1. Perform monthly test calls divided between business and after-hours and a sample are also performed in a language other than English.</p> <p>2. Report results for review and evaluation to QIC including Providers</p>	<p>Q&P Mgt Director QI Manager QI Staff BHRS Division Director</p>	<p>Monthly / Quarterly / Annually</p>

Indicator	Goal	Planned Activity	Responsible Party	Monitoring/ Review Process
Objective 6: Timeliness of Services				
<p>D: Appointments after Hospital Discharge</p> <p>Monitor and evaluate appointments following a hospital discharge to ensure they are scheduled within the MHP goal.</p>	<p>The MHP’s goal is to ensure 75% of all Medi-Cal beneficiaries are provided an appointment within 7 days from a hospital discharge.</p> <p>14/15 – 12% 15/16 – 44%</p> <p>Evaluation: Analysis of the data indicates that when <i>current</i> beneficiaries are discharged from a hospital, staff normally does not schedule an additional appointment after discharge due to conflicts with already scheduled appointments for clinical and medication monitoring.</p> <p>For 16/17, the MHP will re-evaluate the hospital discharge process and make changes as appropriate to increase compliance of appointments after discharge.</p>	<p>1. Track and trend timeliness of appointments following a hospital discharge to identify any barriers to services.</p> <p>2. Report results for review and evaluation to QIC including Providers</p>	<p>Q&P Mgt Director QI Manager QI Staff</p>	<p>Monthly / Quarterly / Annually</p>

Indicator	Goal	Planned Activity	Responsible Party	Monitoring/ Review Process
<i>Objective 6: Timeliness of Services</i>				
<p>E: Appointments for Psychiatric Referral</p> <p>Monitor and evaluate psychiatric referrals to ensure they are scheduled within the MHP goal.</p>	<p>The MHP’s goal is to ensure 75% of all Medi-Cal beneficiaries are provided an appointment within 30 days when referred to a psychiatrist.</p> <p>14/15 – n/a 15/16 – 29% Average wait time – 55 days</p> <p>Adult – 53 days Youth – 56 days Older Adult – 43 days</p> <p>Evaluation: The MHP started tracking data in 15/16. A PIP has been started with an intervention of telehealth services.</p> <p>For 16/17, the MHP will continue to monitor psychiatric referrals to track reduction in wait times and identify any barriers or breakdowns in receiving services.</p>	<p>1. Track and trend timeliness of appointments for psychiatric referrals to identify any barriers to services.</p> <p>2. Report results for review and evaluation to QIC including Providers</p>	<p>Q&P Mgt Director QI Manager QI Staff</p>	<p>Monthly / Quarterly / Annually</p>

Indicator	Goal	Planned Activity	Responsible Party	Monitoring/ Review Process
Objective 6: Timeliness of Services				
<p>F: No Shows (Failed to Keep Appointment / FKA)</p> <p>Monitor and evaluate No Show (FKA) appointments to identify trends.</p>	<p>The MHP’s goal is to ensure less than 10% of all appointments are canceled or No Show.</p> <p>Non-Psychiatrist 14/15 – 11% 15/16 – 11%</p> <p>Psychiatrist 14/15 – 13% 15/16 – 13%</p> <p>Evaluation: The MHP did not meet the goals both fiscal years.</p> <p>For 16/17, monitor the no show rates to identify any specific barrier or breakdown to services that could be resolved to lower no show rates.</p>	<p>1. Track and trend No Show appointments to identify any barriers to services.</p> <p>2. Report results for review and evaluation to QIC including Providers</p>	<p>Q&P Mgt Director QI Manager QI Staff</p>	<p>Monthly / Quarterly / Annually</p>

Indicator	Goal	Planned Activity	Responsible Party	Monitoring/ Review Process
<i>Objective 6: Timeliness of Services</i>				
<p>G: Readmission after Hospital Discharge</p> <p>Monitor Readmission following a hospital discharge to ensure they are scheduled within the MHP goal.</p>	<p>The MHP’s goal is to ensure less than 9% readmission rate within 7 days from hospital discharge and less than 15% readmission rate within 30 days from hospital discharge.</p> <p>7 days readmission 14/15 – 6% 15/16 – 3%</p> <p>30 days readmission 14/15 – 12% 15/16 – 8%</p> <p>Evaluation: The MHP met the goals for both fiscal years.</p> <p>For 16/17, the MHP will continue to monitor readmissions for any increases.</p>	<p>1. Track and trend readmissions following a hospital discharge to identify any barriers to services.</p> <p>2. Report results for review and evaluation to QIC including Providers</p>	<p>Q&P Mgt Director QI Manager QI Staff</p>	<p>Monthly / Quarterly / Annually</p>

Indicator	Goal	Planned Activity	Responsible Party	Monitoring/ Review Process
Objective 6: Timeliness of Services				
<p>H: Contract Provider Referrals</p> <p>Monitor Contract Referrals to ensure beneficiaries are being seen within the contract requirements and that the contract providers are meeting the MHP’s goal.</p>	<p>The MHP’s goal is to ensure 100% of all contract provider referrals are seen within the specified timeframes of the contract.</p> <p>Adult 14/15 – 95% 15/16 – 94%</p> <p>Youth 14/15 – 100% 15/16 – 98%</p> <p>Evaluation: The MHP’s Contract Providers met the goal for youth in 14/15, slightly dipping to 98% in 15/16. Adult contract providers were lower with 95% for 14/15 and 94% in 15/16. Note: our Adult contract provider does see our hard to reach clients.</p> <p>For 16/17, the MHP will continue to monitor contract providers to ensure compliance with their contracts.</p>	<ol style="list-style-type: none"> Track and trend contract providers to ensure compliance with contracts. Continue to meet with Contract Providers to identify any barriers to the referral process to improve compliance. Report results for review and evaluation to QIC including Providers 	<p>Q&P Mgt Director QI Manager QI Staff</p>	<p>Monthly / Quarterly / Annually</p>

Indicator	Goal	Planned Activity	Responsible Party	Monitoring/ Review Process
<i>Objective 6: Timeliness of Services</i>				
<p>I: Treatment Authorization Requests and Service Authorization Requests</p> <p>Monitor all Managed care authorizations to ensure they are meeting the MHP's goal.</p>	<p>The MHP's goal is to ensure 100% all managed care authorizations are meeting the timeframes set by DHCS.</p> <p>TARs 14/15 – 98% 15/16 – 99%</p> <p>SARs 14/15 – 86% 15/16 – 95%</p> <p>Evaluation: The MHP's TAR process nearly achieved the goal of 100% in both 14/15 and 15/16.</p> <p>The SAR process was re-evaluated in 15/16 and resulted in an increase of 9% from 14/15.</p> <p>For 16/17, the MHP will continue to monitor TARs and SARs to ensure 100% compliance in the MHP goal.</p>	<p>1. Track and trend TARS and SARS to ensure they are completed within the required timeframes.</p> <p>2. Report results for review and evaluation to QIC including Providers</p>	<p>Q&P Mgt Director QI Manager QI Staff</p>	<p>Monthly / Quarterly / Annually</p>