



Lassen County Quality  
Improvement Work Plan  
2018-2019

# Lassen County Quality Improvement Work Plan

## **BACKGROUND**

### Purpose and Intent of Work Plan

The purpose of the Work Plan is to comply with the requirements California State Department of Health Care Services and the Medi-Cal Managed Care Plan, the Lassen County Behavioral Health (LCBH) annually prepares a Quality Management Work Plan which describes the quality improvement activities, goals and objectives. The purpose of the Quality Management Work Plan is to provide up-to-date and useful information that can be used by internal stakeholders as a resource and practical tool for informed decision making and planning.

Specifically, Lassen County Behavioral Health (LCBH) provides an Annual Quality Improvement Work Plan to improve the quality and outcomes of care for Medi-Cal beneficiaries by performing the following activities and initiatives throughout FY2017/18 and continuing in FY2018/19:

- Assess and evaluate the capacity and capacity utilization of the MHP service delivery system to ensure timely access to and utilization of mandated and optional MHS/DMC services for beneficiaries;
- Survey beneficiaries and families to evaluate their satisfaction with the MHS/DMC service
- Monitor and evaluate the safety and effectiveness of medication practices and intervene when issues of care are identified
- Collect and analyze data to measure against the goals, objectives, and prioritized areas of improvement that have been identified
- Conduct two Performance Improvement Projects (PIP's) to comply with the requirements of 42 CFR, 438.240 to improve quality of care, system performance and outcomes
- Identify and establish relevant committees internal and/or external to the MHP/DMCP to ensure transparency and ensure appropriate exchange of information across systems of care and the Quality Improvement Committee (QIC)
- Establish mechanisms and obtain input from staff, providers, beneficiaries, families, and stakeholders in identifying barriers to delivery of clinical care and administrative services
- Design and implement interventions to improve performance, quality and outcomes of care rendered
- Measure and report the effectiveness of interventions and initiatives
- Incorporate and imbed successful interventions and initiatives into the MHP/DMCP operations as appropriate
- Review and analyze beneficiary grievances, appeals, and expedited appeals, fair hearings, and expedited fair hearings, provider appeals, and clinical records review as required by CCR, Title-9, Section 1810.440(a)(5)

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The following Sections describe the strategies, goals, objectives, interventions, activities and, the data and measures for evaluating the work plan's achievement of the goals and objectives identified herein. It is the goal of the Quality Improvement Committee (QIC) to build a structure that ensures the overall quality of services, including detecting both underutilization of services and overutilization of services. This is accomplished by realistic and effective quality improvement activities and data-driven decision making; collaboration amongst staff, including consumer/family member participants; utilization of technology for data analysis. Executive management and program leadership must be present to ensure that analytical findings are used to establish and maintain the overall quality of the service delivery system and organizational operations.

The QIC meets weekly to monitor the status of the above items and make recommendations for improvement. Meeting reminders, information, and minutes are sent in advance and available on the LCBH share drive reflecting all activities, reports, and decisions made by the QIC. The QIC ensures that client confidentiality is protected during meetings, in minutes, and all other communications related to QIC activities.

Each participant is responsible for communicating QIC activities, decisions, and policy or procedural changes to their program areas and reporting back to the QIC on action items, questions, and/or areas of concern. To ensure that ongoing communication and progress is made to improve service quality, the QIC defines goals and objectives on an annual basis that may be directed toward improvement in any area of operation providing specialty mental health services.

The QM Work Plan is evaluated and updated annually by the Analyst, QIC, and Management Team. The analyst is responsible for finalization and submission of the QM Work Plan but will rely on the input and subject matter expertise of program and other work groups as needed to ensure an appropriate plan is written. In addition, QIC will collaborate with other stakeholders, work groups, and committees including but not limited to:

- Cultural Competency Committee
- Compliance Committee
- Medical Services Staff Meetings
- Lassen County Behavioral health Boards

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<b>Service Delivery – Capacity and Timeliness</b>	
<b>Goal 1</b>	The MHP will maintain adequate capacity for delivery of medically necessary specialty mental health services based on geographic area, that are appropriate in number and type of service.
<b>Objective 1.a.</b>	Monitor the number and type of service by geographic area and race/ethnicity, gender, and age and evaluate for appropriate level of service and penetration rates. Adjust service delivery when appropriate.
<b>Action Steps:</b> 1. Gather and evaluate data on numbers and types of services by: a. Geographic area (Geo-maps): Susanville/Westwood/Big Valley Area/Fort Sage region b. Number of Services c. Service type d. Gender e. Race/Ethnicity f. Age  2. Adjust capacity and/or service delivery if need is determined.	
<b>Monitoring Method</b>	1. Client zip code and service type will be gathered from Echo system. 2. Medi-Cal penetration rate data.
<b>Reporting Frequency</b>	Quarterly
<b>Responsible Partners</b>	Analyst & QI Committee
<b>Reference</b>	DHCS Contract, Exhibit A Attachment 1; 1. Provision of Services, 2. Availability and Accessibility of Services

<b>Service Delivery – Capacity and Timeliness</b>	
<b>Goal 2</b>	The MHP will maintain adequate capacity for timely delivery of routine and urgent specialty mental health services.
<b>Objective 2.a.</b>	To ensure that 80% of the scheduled appointments for initial non-urgent and non-psychiatry appointments are scheduled within 14 business days from the date of request by the beneficiary assessment appointment.
<b>Action Steps:</b> 1. Gather and evaluate data on when adult clients receive their first psychiatric appointment based on EHR scheduling data. 2. Share data analysis results with Program. 3. If goal is not met, Adult Outpatient will plan and implement actions to achieve the goal.	
<b>Monitoring Method</b>	1. Initial assessment data from EHR. 2. Initial psychiatric appointments from EHR Scheduler. 3. Scheduler data on availability of organizational provider initial appointments.
<b>Reporting Frequency</b>	Monthly
<b>Responsible Partners</b>	Analyst & QI Committee
<b>Reference</b>	DHCS Contract, Exhibit A Attachment 1; 1. Provision of Services, 2. Availability and Accessibility of Services

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<b>Service Delivery – Capacity and Timeliness</b>	
<b>Goal 3</b>	All beneficiaries presenting with an urgent condition will be seen within 60 minutes from initial call.
<b>Objective 3.a.</b>	To ensure that 80% of urgent conditions are seen within 60 minutes at both clinics, jail/JV Hall and at the ER.
<b>Action Steps:</b> 1. Collect data on indicators/measures and evaluate for timeliness. 2. If current goal is met, maintain goal of all requests for services to address urgent condition will be seen within 3 days. 3. If current goal is not met, establish baseline and improvement goal.	
<b>Monitoring Method</b>	1. Initial urgent condition data from EHR.
<b>Reporting Frequency</b>	Quarterly
<b>Responsible Partners</b>	Analyst & QI Committee
<b>Reference</b>	DHCS Contract, Exhibit A Attachment 1; 1. Provision of Services, 2. Availability and Accessibility of Services

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<b>Service Delivery – Capacity and Timeliness</b>	
<b>Goal 4</b>	To Reduce the no-show rates for assessment appointments by 30% during the fiscal year.
<b>Objective 4.a.</b>	Compare client attendance status of assessments to current baselines while implementing the interventions described below.
<b>Action Steps:</b> 1. Collect data from EHR. 2. Establish a workgroup (providers and beneficiaries) to complete a study of best practices to increase access to BH services. 3. Develop interventions using best practices and data collected from workgroup	
<b>Monitoring Method</b>	1. Survey beneficiaries and staff to determine factors and barriers to showing up for scheduled appointments
<b>Reporting Frequency</b>	Quarterly
<b>Responsible Partners</b>	Analyst & QI Committee
<b>Reference</b>	DHCS Contract, Exhibit A Attachment 1; 1. Provision of Services, 2. Availability and Accessibility of Services

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<b>Service Delivery – Capacity and Timeliness</b>	
<b>Goal 5</b>	Evaluate crisis prevention and discharge planning activities for clients at risk of hospitalization or that have been hospitalized in the previous 12 months. This is to reduce the inappropriate utilization of emergency, crisis and inpatient services, including psychiatric hospitalization bed days.
<b>Objective 5.a.</b>	Maintain percentage of Lassen County adult/youth beneficiaries who receive a follow-up appointment within 3 days of discharge from a psychiatric inpatient facility. (Data will not reflect those individuals who receive psychiatric care from providers other than Lassen County Mental Health.)
<b>Action Steps:</b> 1. Gather and evaluate data from EHR Scheduler. 2. Verify clients are seen within 3 days post crisis. 3. Share data analysis results with Program. 4. Program will engage in continuous quality improvement process until goal is reached and ongoing to maintain the goal.	
<b>Monitoring Method</b>	Monitor using EHR system and TARS.
<b>Reporting Frequency</b>	Quarterly
<b>Responsible Partners</b>	Analyst & QI Committee
<b>Reference</b>	DHCS Contract, Exhibit A Attachment 1; 1. Provision of Services, 2. Availability and Accessibility of Services

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<b>Service Delivery – Capacity and Timeliness</b>	
<b>Goal 6</b>	To reduce 30-day readmission rates at acute psychiatric hospitals by utilizing intensive case management.
<b>Objective 6.a.</b>	Intensive case management will keep beneficiaries from inappropriate utilization of emergency, crisis and inpatient services.
<b>Action Steps:</b> 1. Gather and evaluate data from EHR Scheduler. 2. Review experience of a sample of hospital patients with recidivism histories. 3. Identify resources that might be developed to serve hospital discharges and promote stability and wellness. 4. Program will engage in continuous quality improvement process until goal is reached and ongoing to maintain the goal.	
<b>Monitoring Method</b>	Monitor using EHR system, interview with clients and staff.
<b>Reporting Frequency</b>	Quarterly
<b>Responsible Partners</b>	Analyst & QI Committee
<b>Reference</b>	DHCS Contract, Exhibit A Attachment 1; 1. Provision of Services, 2. Availability and Accessibility of Services

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<b>Service Delivery – Capacity and Timeliness</b>	
<b>Goal 7</b>	Ensure access to after-hours care and the effectiveness of the 24/7 toll-free number.
<b>Objective 7.a.</b>	95% of test calls will be answered and all necessary elements logged on log sheet or in EHR system.
<b>Action Steps:</b> 1. Quarterly training of staff who answers the 24/7 line on required elements and correct logging of information. 2. Two (2) total test calls will be performed monthly in English or in Spanish testing specific knowledge elements. 3. Gather and evaluate data. 4. If goal not reached, plan and implement actions to achieve goal.	
<b>Monitoring Method</b>	1. EHR system 2. Test Call Log
<b>Reporting Frequency</b>	Quarterly
<b>Responsible Partners</b>	Analyst & QI Committee
<b>Reference</b>	DHCS Contract, Exhibit A Attachment 1; 1. Provision of Services, 2. Availability and Accessibility of Services

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<b>Service Delivery – Capacity and Timeliness</b>	
<b>Goal 8</b>	95% of test calls requiring an interpreter will be completed successfully. Success is defined as: Correct language interpreter successfully engages with the caller.
<b>Objective 8.a.</b>	95% of test calls will be answered and all necessary elements logged on log sheet or in EHR system.
<b>Action Steps:</b> 1. Quarterly training of staff who answer the 24/7 line on required elements and correct logging of information. 2. One (1) Spanish language test call performed quarterly. 3. Gather data and monitor staff performance and language line performance. 4. If goal not reached, plan and implement actions to achieve goal.	
<b>Monitoring Method</b>	1. EHR system 2. Test Call Log
<b>Reporting Frequency</b>	Quarterly
<b>Responsible Partners</b>	Analyst & QI Committee
<b>Reference</b>	DHCS Contract, Exhibit A Attachment 1; 1. Provision of Services, 2. Availability and Accessibility of Services

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<b>Service Delivery – Capacity and Timeliness</b>	
<b>Goal 9</b>	100% of calls to the 24/7 Access line will be answered by a live person.
<b>Objective 9.a.</b>	100% of the calls will be answered and will not go to the answering machine.
<b>Action Steps:</b> 1. Answer log will be kept by access line staff. 2. Rate of calls answered will be monitored and reported by staff supervisor and reported to QIC. 3. Supervisor and staff will implement strategies to meet goal. 4. After-hours contract staff will keep log of calls answered. 5. Rate of calls answered will be monitored and reported by contract monitor and reported to QIC. 6. If goal is not met, contract monitor and contract employees will implement strategies to meet goal.	
<b>Monitoring Method</b>	1. EHR system and after hour crisis contract 2. Test Call Log
<b>Reporting Frequency</b>	Quarterly
<b>Responsible Partners</b>	Analyst & QI Committee
<b>Reference</b>	DHCS Contract, Exhibit A Attachment 1; 1. Provision of Services, 2. Availability and Accessibility of Services

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<b>Beneficiary/Family Satisfaction</b>	
<b>Goal 1</b>	Conduct client satisfaction surveys (POQI) annually or semi-annually as required by DHCS
<b>Objective 1.a.</b>	Beneficiary/family participation and response to Client Satisfaction Survey (POQI) will increase by 10% from the baseline of 2017.
<b>Action Steps:</b> 1. Provide a quiet area for beneficiaries/families to complete the survey. 2. Provide volunteer support for beneficiaries/families to complete the survey. 3. Explore ideas for incentives for beneficiaries/families to complete the survey. 4. Evaluate survey completion data. 5. Share data with Programs and Organizational Providers. 6. Plan and implement actions to increase beneficiary/family participation.	
<b>Monitoring Method</b>	1. Data on survey completion rates. 2. Data analysis from DHCS.
<b>Reporting Frequency</b>	Semi-Annually, or as results are received from DHCS.
<b>Responsible Partners</b>	Analyst & QI Committee
<b>Reference</b>	DHCS Contract, Exhibit A Attachment 1; 22. Quality Management Program, 23. Quality Improvement Program Title 9, Section 1810.440

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<b>Beneficiary/Family Satisfaction</b>	
<b>Goal 2</b>	Evaluate beneficiary grievances, appeals, fair hearings and change of provider requests for quality of care issues.
<b>Objective 2.a.</b>	Grievance, Appeal, Expedited Appeal and Change of Provider Request issues and resolutions will be reported to QI Committee semi-annually and QI Committee will evaluate for quality of care issues.
<b>Action Steps:</b> <ol style="list-style-type: none"> <li>1. Review grievances and change of provider requests quarterly.</li> <li>2. Identify possible quality of care issues.</li> <li>3. Share issues with concerned staff/programs.</li> <li>4. Collaborate with staff/programs to address issues.</li> <li>5. Analyst will prepare and present a report quarterly to the QI Committee documenting issues and trends of grievances and change of provider requests.</li> <li>6. QI Committee will review report and evaluate for quality of care issues.</li> <li>7. Any issues deemed appropriate for follow up will be addressed and outcomes will be tracked.</li> </ol>	
<b>Monitoring Method</b>	<ol style="list-style-type: none"> <li>1. Managed Care grievance and change of provider logs</li> <li>2. QI Committee meeting minutes</li> <li>3. Quality of Care Items for follow up on QI Agendas</li> <li>4. Development of a recording process for issues identified, actions taken, and resolution.</li> </ol>
<b>Reporting Frequency</b>	Semi-Annually
<b>Responsible Partners</b>	Analyst & QI Committee Programs and staff
<b>Reference</b>	DHCS Contract, Exhibit A Attachment 1; 22. Quality Management Program, 23. Quality Improvement Program Title 9, Section 1810.440

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<b>Beneficiary/Family Satisfaction</b>	
<b>Goal 3</b>	The Analyst and QI Program will monitor appeals.
<b>Objective 3.a.</b>	100% of appeals will be resolved within the timeframes specified by state and federal regulating agencies.
<b>Action Steps:</b> 1. Analyst will prepare and present a report quarterly to the QI Committee on appeal issues, trends, and resolutions.	
<b>Monitoring Method</b>	1. Managed Care appeal log
<b>Reporting Frequency</b>	Semi-Annually
<b>Responsible Partners</b>	Analyst QI Committee
<b>Reference</b>	DHCS Contract, Exhibit A Attachment 1; 22. Quality Management Program, 23. Quality Improvement Program Title 9, Section 1810.440

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<b>QI Program and QI Committee</b>	
<b>Goal 1</b>	Strengthen the infrastructure and improve the practices and effectiveness of the Quality Improvement Program.
<b>Objective 1.a.</b>	The Analyst and QI Committee will develop a method for identifying, addressing, tracking, and evaluating quality of care issues.
<b>Action Steps:</b> 1. Analyst will delegate a subcommittee. 2. The analyst and subcommittee will meet and put together recommendations for how to effectively: <ul style="list-style-type: none"> <li>a) identify quality of care issues,</li> <li>b) monitor actions taken,</li> <li>c) track issues and actions taken over time, and</li> <li>d) evaluate and report on effectiveness of actions taken.</li> </ul> 3. Analyst and subcommittee will report recommendations to QIC. 4. QIC will adopt a method to achieve the goal, test it, and evaluate for effectiveness.	
<b>Monitoring Method</b>	1. QIC will evaluate on an ongoing basis the tools and methods for improving the effectiveness of the QI Program. 2. Sign-in sheets for meetings. 3. Program/Organizational Provider reports of QI activities.
<b>Reporting Frequency</b>	Identifying, tracking QI issues and assure participation of staff in QI activities – Quarterly Increase beneficiary and family member involvement – Semi-Annually Report of Cultural Competency Coordinator - Annually
<b>Responsible Partners</b>	Analyst QI Committee
<b>Reference</b>	DHCS Contract, Exhibit A Attachment 1; 22. Quality Management Program, 23. Quality Improvement Program Title 9, Section 1810.440

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<b>QI Program and QI Committee</b>	
<b>Goal 2</b>	The QI Committee will increase beneficiary and family member involvement in the QI Committee activities, decisions, and oversight.
<b>Objective 2.a.</b>	To encourage beneficiary and family member participation.
<b>Action Steps:</b> 1. Analyst and QI Committee will create a plan for engaging in various activities to seek out and involve beneficiary and family members. This may include, but is not limited to, surveys, subgroups, reach out to organizations, hire consumer/family members. 2. Create action items with responsible parties and due dates. 3. Report back to QI Committee. 4. QI Committee will evaluate effectiveness.	
<b>Monitoring Method</b>	1. QIC will evaluate on an ongoing basis the tools and methods for improving the effectiveness of the QI Program. 2. Sign-in sheets for meetings. 3. Program/Organizational Provider reports of QI activities.
<b>Reporting Frequency</b>	Identifying, tracking QI issues and assure participation of staff in QI activities – Quarterly Increase beneficiary and family member involvement – Semi-Annually Report of Cultural Competency Coordinator - Annually
<b>Responsible Partners</b>	Analyst QI Committee
<b>Reference</b>	DHCS Contract, Exhibit A Attachment 1; 22. Quality Management Program, 23. Quality Improvement Program Title 9, Section 1810.440

<b>Medi-Cal/Drug Medi-Cal Documentation and Standards of Clinical Practice</b>	
<b>Goal 1</b>	To improve clinical documentation practices to reduce audit disallowances and denied services.
<b>Objective 1.a.</b>	To conduct chart reviews/audits quarterly to reduce disallowance rates and loss revenues regarding productivity.
<b>Action Steps:</b> 1. Analyst and QI Committee will complete a review of charts documentations for LCBH quarterly using a random selected number of charts. The annual target is 5% of behavioral health charts. 2. Produce audit reports, plans of correction and technical assistance to improve audit results. 3. Conduct trainings and technical assistance for staff to improve their knowledge and skills relevant to clinical documentation.	
<b>Monitoring Method</b>	1. Audit reports, committee findings and minutes, quality management systems assessment reports.
<b>Reporting Frequency</b>	Quarterly
<b>Responsible Partners</b>	Analyst QI Committee
<b>Reference</b>	DHCS Contract, Exhibit A Attachment 1; 22. Quality Management Program, 23. Quality Improvement Program Title 9, Section 1810.440

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<b>Coordination of Care</b>	
<b>Goal 1</b>	Improve the coordination of care between LCBH, physical health care agencies and Indian Health Care.
<b>Objective 1.a.</b>	To improve the coordination of care between LCBH and physical health care agencies by establishing an MOU to formalize relationships roles and responsibilities.
<b>Action Steps:</b> 1. Identify best practices in data sharing providers and EHR systems used by current Behavioral Health/Primary Care collaboration projects. 2. Participate in the whole person model. 3. Develop an MOU among primary care agencies.	
<b>Monitoring Method</b>	Develop an MOU
<b>Reporting Frequency</b>	Quarterly
<b>Responsible Partners</b>	Analyst QI Committee