ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES

QUALITY IMPROVEMENT PROGRAM AND WORK PLAN

Fiscal Year 2014/2015

(July 1, 2014 – June 30, 2015)

EQRO Item 1a

Alameda County Behavioral Health Care Services Mission Statement:
Our mission is to maximize the recovery, resilience and wellness of all eligible Alameda County residents who are developing or experiencing serious mental health, alcohol or drug concerns.

INTRODUCTION

Quality Improvement Programs/Work Plans are used by Executive Teams to manage (i) conformance with federal and state requirements for quality improvement and (ii) behavioral health system's priorities for quality improvement and quality management. With this in mind, ACBHCS developed its **FY 14/15 Quality Improvement Program and Work Plan** to meet California Department of Health Care Services (DHCS) requirements in Title 9, Section 1810.440.

The contents of this *Quality Improvement Program and Work Plan* were vetted by the ACBHCS Executive Team to ensure alignment with the ACBHCS mission and values. Our mission and values were formalized in FY 2010 and reflect the experience of over two decades of leadership (including eight years of Mental Health Services Act funding). Our ACBHCS ***mission***, stated in blue, above, has anchored the behavioral health system's shift from maintenance and stabilization towards integrating wellness and recovery practices into the culture and operations of services. "Recovery, wellness and resilience" acknowledges that each beneficiary has innate strengths - and that self-efficacy and ultimately, client outcomes, will improve when services are culturally resonant and experienced as safe, collaborative and empowering.

Our ACBHCS ***values***, stated below are used by ACBHCS staff to implement our mission:

- **A**ccess
- **C**onsumer & Family Empowerment
- **B**est Practices
- **H**ealth & Wellness
- **C**ulturally Responsive
- **S**ocially Inclusive

This Quality Improvement Program and Workplan provides a vehicle for ACBHCS management to (i) meet quality improvement requirements specified in our Mental Health Plan contract with the State Department of Health Care Services (DHCS) for the expenditure of Medi-Cal (Medicaid) dollars and (ii) address and solve issues raised in the tri-annual DHCS Audits and annual EQRO Site Reviews.

With this in mind, the ACBHCS QI Program and Workplan was designed to:

- implement quality improvement activities across ACBHCS;
- increase the capacity of the Behavioral Health Director's Office to track key indicators addressing beneficiary outcomes, program development and system change;
- support decision-making based on performance improvement measures and
- increase quality improvement capability in programs operating across the continuum of care

A note about the scope of this Quality Improvement Program and Workplan: The California Department of Health Care Services requires quality improvement efforts to focus on how Medi-Cal dollars are spent to improve mental health outcomes for beneficiaries. With this in mind, this QI Program/Workplan addresses services funded through the Mental Health Services Act or Drug Medi-

Cal dollars only when they are used as 'investment capital' to improve our "core" mental health system that is funded by Medi-Cal.

CONTENT AND ORGANIZATION OF THE FY 14/15 QI WORKPLAN & PROGRAM

Introduction - QI Workplan and Results Based Accountability (RBA) : QI Workplan Goals invite us to understand, in concrete terms, how our services "make a difference" in the lives of beneficiaries and family members:

- The QI Workplan gives us the opportunity to be accountable to the right of beneficiaries and family members to receive publically funded services that are easily accessible, "do no harm" (at a minimum) and improve the quality of their lives (when everything goes well).
- The QI Workplan gives us the opportunity to frame issues using data. We use qualitative and quantitative data to construct a baseline, develop an intervention, and measure outcomes to see "what worked" and if we reached our goal.
- The QI Program gives us the opportunity to engage stakeholders throughout the system to in the developing and implementing solutions. When the QI process works, it decentralizes decision-making – making bureaucratic culture more "modern" and less hierarchical.
- Finally, the QI Workplan encourages us to ask "Did the intervention make a difference?" And so the Workplan aligns with the principles of Results Based Accountability and population-based behavioral health management.
    - Before constructing a Workplan goal, we look at baseline data and identify a trend that we want to impact.
    - Interventions are then designed to "move the curve" towards better outcomes for large cohorts of clients.

Our FY 14/15 QI Workplan & Program includes 12 goal domains that

- address all requirements from Sections 22,23,24 from the MHP Contract with DHCS (Quality Improvement/ Quality Management/ Utilization Management (see bulleted paragraph below)
- are organized as they appear in the FY 14/15 DHCS Site Review Protocol (Requirements for Quality Improvement)
- address the FY 13/14 EQRO Timeliness Self-Assessment Metrics and Site Review Recommendations

This year's plan adds the following sections from the MHP Contract that were not previously included in our QI Workplan:

- **Coordination of Care with Physical Health Providers.** The Contractor shall ensure continuity and coordination of care with physical health care providers. The Contractor shall coordinate with other human services agencies used by its beneficiaries. The Contractor shall assess the effectiveness of any MOU with a physical health care plan. (MHP Section #22D)
- **Utilization Management.** The Contractor shall have mechanisms to detect both underutilization of services and overutilization of services, as required by Title 42, CCR, Section 438.240(b)(3). (MHP Section #23E)
- **Address clinical issues system-wide.** The Contractor shall implement mechanisms to address meaningful clinical issues affecting beneficiaries system-wide. (MHP Section #22H)
- **Cultural and Linguistic Competence**. Evidence of compliance with the requirements for cultural competence and linguistic competence specified in Title 9, CCR, Section 1810.410. (MHP Section 22J5)

Table of Contents: FY 14/15 QI Workplan Goals

Section	GOAL DOMAIN	Page Number
I	**Monitoring the Service Capacity of the MHP** A. Number and types of mental health services by geographic region	p.5
II	**Monitoring the Timeliness of Mental Health Services for Routine and Urgent Conditions** A. Average length of time from initial contact to first appointment B. Average length of time from initial contact to first psychiatry appointment C. Mechanisms regarding no show rates for psychiatrists and non-psychiatrist clinicians D. Average length of time for follow up appointments after hospitalization E. Readmission following hospitalization F. Timeliness of Services for Urgent Conditions G. Access to After Hours Care H. Responsiveness of the 24/7 Toll Free Number	p.6
III	**Monitoring Beneficiary and Family Satisfaction.** A. Beneficiary/Family Survey B. Grievance/Appeals/Fair Hearings C. Change of Provider	p.14
IV	**Monitoring for the Safety & Effectiveness of Medications**	p.18
V	**Monitoring Appropriate And Timely Interventions When Occurrences Raise Quality Of Care Concerns** A. Implement Mechanisms Addressing Clinical Issues Affecting Beneficiaries System-Wide: Adult and Children's Inpatient Care B. Implement Mechanisms Addressing Clinical Issues Affecting Beneficiaries System-Wide: Adult and Children's Outpatient Care C. Performance Improvement Project (PIP) (Non-Clinical)	p.19
VI	**Strengthen the MHP's Quality Improvement Program Infrastructure** A. QI Committee: Consumers, Providers, Family Members Active In the Planning, Design and Execution of QI Program B. Increase QI Unit Capacity C. Increase QI Program Capacity	p.22
VII	**Provider Appeals** (per title 9 regs)	p.25
VIII	**Monitoring Clinical Documentation**	p.26
IX	**Monitoring Coordination of Care Between the MHP and Physical Healthcare Agencies**	p.27
X	**Monitoring Requirements For Cultural Competence and Linguistic Competence as Specified In Title9 CCR 1810.410**	p.28
XI	**Monitoring Mechanisms To Detect Underutilization And Overutilization Of Services**	p.29
XII	**Monitoring to Evaluate and Improve 5150 Guidelines (FY 13/14 EQRO Recommendation)**	p.30

SECTION I: Monitoring the Service Capacity of the MHP

GOAL 1A	Support system planning by increasing BHCS capability to trend service provision to Medi-Cal beneficiaries by number and types of services within geographic regions. Identify areas where disparities in service provision occur by MHSA region.
BASELINE	Evaluated regional capacity data on a contract-by-contract basis.
ACTION STEPS	• Complete maps (with accompanying data tables), by MHSA region, describing the type and number of specialty mental health services within Alameda County (also broken out by age and ethnic group). • Domain workgroup will review maps and bring recommendations to QIC. • The Network Office, in collaboration with the SOC Directors, takes action to change the composition of the provider network in each region.
MONITORING METHOD/ TIMEFRAME	EMANIO Dashboard, Semi-Annual review to QIC.
RESPONSIBLE PARTNERS	*SOC Directors; Network Office Director; QM Division;* *Lead Partner: Deputy Director*

- *DHCS Site Review Protocol Section: #4*
- *MHP Contract Element: Monitor and Set Goals for the Current Number, Types and Geographic Distribution of Mental Health Services within the Delivery System (Sections 22 & 24)*

SECTION II: Monitoring the Timeliness of Mental Health Services for Routine and Urgent Conditions

GOAL II.A. ***EQRO Timeliness Self-Report Metric:*** ***Average length of time from initial contact to first appointment***	To ensure that **first request for routine mental health services results in a clinical assessment** within 14 business days of initial contact with the BHCS 1-800-ACCESS unit. • ALL: X % of clients are seen within 14 days • Children: X % of clients are seen within 14 days
BASELINE	<table><tr><th>Year</th><th>All (1)</th><th>Adult (2)</th><th>Children (3)</th></tr><tr><td>FY 13/14</td><td>23 days</td><td>12 days</td><td>25 days</td></tr></table> . 1. ACCESS to all outpatient services 2. ACCESS to Crisis Response Program (Adults) 3. ACCESS to Level III Children's Outpatient .
ACTION STEPS	*(example) EMANIO Dashboard, Pilot site-specific improvement projects aimed at increasing timeliness at four regional programs*
MONITORING METHOD/ TIMEFRAME	*(example) ACCESS Log of Initial Contacts; test calls; documentation of compliance to standard through mystery shoppers; Consumer Satisfaction Survey results.*
RESPONSIBLE PARTNERS	*ACCESS Children's and Adults Manager; ASOC and CSOC Data Analyst; QM Division; Provider Partners* *Lead Partner:Deputy Director*

- *DHCS Site Review Protocol Section: #4*
- *MHP Contract Element: Goals are Set and Mechanisms Established to Monitor Timeliness of Routine Mental Health Appointments (Sections 22 & 24)*

SECTION II continued: Monitoring the Timeliness of Mental Health Services for Routine and Urgent Conditions

<table>
<tr><td>GOAL II.B.

EQRO Timeliness Self-Report Metric:
Average length of time from initial contact to first psychiatry appointment</td><td>Ensure that first request for psychiatry appointment services result in a clinical assessment within 21 business days of initial contact with the BHCS 1-800-ACCESS unit.
ALL: X % of clients are seen within 21 days
Adults: X % of clients are seen within 21 days
Children: X % of clients are seen within 21 days</td></tr>
<tr><td>BASELINE</td><td><table><tr><th>Year</th><th>All (1)</th><th>Adult (2)</th><th>Children (3)</th></tr><tr><td>FY 13/14</td><td>34 days</td><td>34 days</td><td>34 days</td></tr></table>.
1. ACCESS to Level III All Outpatient Services
2. ACCESS to Level III Adult Outpatient
3. ACCESS to Level III Children’s Outpatient
.</td></tr>
<tr><td>ACTION STEPS</td><td>Complete first data gathering/trending in the BHCS Performance Improvement Project addressing Adult System of Care.</td></tr>
<tr><td>MONITORING METHOD/ TIMEFRAME</td><td>EMANIO Dashboard, Implement brief assessment model with contractor (Pathways to Wellness). Monthly reports from Emanio/Decision Support will be reviewed by Exec Committee of the PIP team.</td></tr>
<tr><td>RESPONSIBLE PARTNERS</td><td>Pathways Director; Pathways Psychiatrist; QM Division,
<u>Lead Partner</u>: Medical Director</td></tr>
</table>

- *DHCS Site Review Protocol Section: #4*
- *MHP Contract Element: Goals are Set and Mechanisms Established to Monitor Timeliness of Routine Mental Health Appointments (Sections 22 & 24)*

SECTION II continued: Monitoring the Timeliness of Mental Health Services for Routine and Urgent Conditions

GOAL II.C. ***EQRO Timeliness Self-Report Metric:*** *Mechanisms regarding 'no-show' rates to psychiatrists and non-psychiatrist clinicians*	Pilot a data-collection mechanism that captures **"no-show" rates** for psychiatrist and non-psychiatrist clinicians across the continuum of care.
BASELINE	The MHP currently has no method of tracking or trending "no-shows."
ACTION STEPS	• Establish a workgroup to complete a descriptive study that of 'best practices' used by the set of MHP providers that currently use "no-show" statistics to increase access to psychiatrist and non-psychiatrist clinicians. • Use results of the pilot to develop a toolkit that offers operational solutions for "how to" allow access to "no-show" slots by clients needing same-day services. Beta-test the toolkit with a sample of provider organizations representing the continuum of care by age and ethnic group. • The QM Unit will work with the Information Systems Department, Decision Support and the Alameda County Council of Community Mental Health Agencies (ACCMHA) to build a prototype system that can be used to capture and report this data. The system will be tested in a small sample of contract and county programs. • QM Workgroup will review results of beta test and recommend a no-show policy to the QIC
MONITORING METHOD/ TIMEFRAME	Quarterly monitoring of pilot results.
RESPONSIBLE PARTNERS	*Quality Management; Network Office; Information Systems, ASOC, CSOC; Alameda County Council of Community Mental Health Agencies(ACCMHA)* *Lead Partner: Deputy Director*

- *DHCS Site Review Protocol Section: #4*
- *MHP Contract Element: Goals are Set and Mechanisms Established to Monitor Timeliness of Routine Mental Health Appointments (Sections 22 & 24)*

SECTION II continued: Monitoring the Timeliness of Mental Health Services for Routine and Urgent Conditions

GOAL II.D. ***EQRO Timeliness Self-Report Metric:*** *Average length of time for follow up appointments after hospitalization*	Ensure that clients discharged from (name the hospital or set of hospitals) receive an outpatient appointment within 7 days. *(HEDIS measure is 7 days post-hospitalization)*
BASELINE	<table><tr><th></th><th>All</th><th>Adult</th><th>Children</th></tr><tr><td>FY 13/14</td><td>5.58</td><td>5.79</td><td>5.33</td></tr></table>
ACTION STEPS	Review data describing hospitals and outpatient programs where metric was met for a cohort of clients. Talk with hospital/program staff to identify business processes that contributed to outpatient services being received *within* 7 days post discharge. Develop a *process improvement project* with a cohort of hospitals and outpatient programs serving clients who experienced outpatient services *over* 7 days post-hospitalization. • What circumstances impact a client's ability to "make it" to appointments.
MONITORING METHOD/ TIMEFRAME	EMANIO Dashboard, Quarterly Report to QIC
RESPONSIBLE PARTNERS	*ASOC, CSOC, QM Division, MHP Medical Director, Critical Care Manager, Alameda County Council of Community Mental Health Agencies(ACCMHA), Partner Hospitals* *Lead Partner: Deputy Director*

- *DHCS Site Review Protocol Section: #4*
- *MHP Contract Element: Goals are Set and Mechanisms Established to Monitor Timeliness of Routine Mental Health Appointments (Sections 22 & 24)*

SECTION II continued: Monitoring the Timeliness of Mental Health Services for Routine and Urgent Conditions

<table>
<tr><td>GOAL II.E.

EQRO Timeliness Self-Report Metric:
Readmission 30 days following hospitalization.</td><td>Reduce 30 day readmission rate by 5% for the following cohorts of clients XX served at the following hospitals XX.</td></tr>
<tr><td>BASELINE</td><td><table><tr><th></th><th>All</th><th>Adult</th><th>Children</th></tr><tr><td>FY13/14</td><td>18.33%</td><td>18.12%</td><td>19.00%</td></tr></table></td></tr>
<tr><td>ACTION STEPS</td><td>Complete “walk through” and identify connection between discharge planning processes and outpatient service engagement rates for clients discharged from John George Psychiatric Pavilion and Children’s Hospital.
Review experience of a sample of hospital patients with recidivism histories.
Identify resources that might be developed to serve hospital discharges and promote stability and wellness.
Complete analysis
Evaluate options, including a peer-assisted “linkage program” for consumers discharged from hospitals to BHCS programs.</td></tr>
<tr><td>MONITORING METHOD/ TIMEFRAME</td><td>EMANIO Dashboard, Interviews with clients and hospital personnel and “destination” outpatient programs</td></tr>
<tr><td>RESPONSIBLE PARTNERS</td><td>Adult and Children’s System of Care Directors, John George Psychiatric Pavilion Administrator, BHCS Critical Care Manager; Children’s Hospital Administrator, other Partner Hospitals, Quality Management Division, Medical Director
<u>Lead Partner</u>: Deputy Director</td></tr>
</table>

- *DHCS Site Review Protocol Section: #4*
- *MHP Contract Element: Goals are Set and Mechanisms Established to Monitor Timeliness of Routine Mental Health Appointments (Sections 22 & 24)*

SECTION II continued: Monitoring the Timeliness of Mental Health Services for Routine and Urgent Conditions

<table>
<tr><td>GOAL II.F.

EQRO Timeliness Self-Report Metric:
Timeliness of Services for Urgent Conditions</td><td>Ensure that all requests for urgent mental health services are responded to with an available clinical assessment appointment within 24-hours and a face to face evaluation within 3 days. Include timely access for clients leaving phone messages on a 24/7 ‘after hours’ line, that are not immediately referred to a service

Develop metrics and a data-gathering system that will measure timeliness of urgent mental health services.</td></tr>
<tr><td>BASELINE</td><td>The MHP currently has protocols that establish timeliness standards for access to urgent care services:
<table>
<tr><th></th><th>All</th><th>Adult</th><th>Children</th></tr>
<tr><td>Standard</td><td>Clinical Assessment within 24 hrs</td><td>24 hrs</td><td>23 hrs</td></tr>
<tr><td></td><td>Face to face clinical evaluation within 3 days based on initial CRP assessment</td><td>3 days based on Initial assessment at Crisis Response Program</td><td>3 days based on initial assessment</td></tr>
</table>
However the MHP has no method of tracking or trending timeliness of access to Urgent Mental Health Services; no method of requiring contractors to support the MHP standard</td></tr>
<tr><td>ACTION STEPS</td><td>▪ Using current protocols for access to Urgent Care Services, confirm a set of timeliness metrics and a method to collect data.
▪ Retrospectively establish a numeric baseline for FY 14/15.
▪ Complete an assessment which : identifies opportunities and barriers that impact the ability of clients to access Urgent Care Services; Identify what prevent programs from meeting the standard (i.e., lack of staff, overscheduled, incorrect data entry, and misunderstanding of requirements).
▪ Update ACCESS policies
– Regarding ‘timeliness’ in contacting consumers who have an urgent need and call the after hours ACCESS line.
– Screening Policies and Procedures to emphasize how to assist consumers who need urgent services. Share procedure with BHCS urgent care portals.</td></tr>
<tr><td>MONITORING METHOD/ TIMEFRAME</td><td>ACCESS Initial Contact Log; test calls; documentation of compliance to standard through mystery shoppers and Consumer Satisfaction Survey results.</td></tr>
<tr><td>RESPONSIBLE PARTNERS</td><td>ASOC and CSOC, Quality Management, ACCESS, ACCMHA; John George Psychiatric Pavilion; Critical Care Manager; Crisis Response Program;
<u>Lead Partner</u>: Deputy Director</td></tr>
</table>

- *DHCS Site Review Protocol Section: #4*
- *MHP Contract Element: Goals are Set and Mechanisms Established to Monitor Timeliness of Routine Mental Health Appointments (Sections 22 & 24)*

SECTION II continued: Monitoring the Timeliness of Mental Health Services for Routine and Urgent Conditions

GOAL II.G. ***EQRO Timeliness Self-Report Metric:*** *Access to After-Hours Care*	Establish a standard for access to after hours care. Ensure that MHP programs have after-hours telephone messages (or answering services) which provide information in threshold languages on how to access emergency and routine mental health services.
BASELINE	The MHP currently has no method of tracking or trending access to after- hours care. Programs that offer after hours care include: Older Adults and Adults ▪ *John George Pavilion/Psych Emergency Services (24/7)* ▪ *Sausal Creek* ▪ *FSP clinician "on-call".* TAY, Children and Youth • Willow Rock • Mobile Response (Seneca Center) • FSP clinician "on-call" Crisis stabilization (Seneca Center)
ACTION STEPS	Convene a workgroup to: identify and summarize procedures currently used by programs offering after hours care; describe demographics and clinical profile for cohorts of clients receiving after hours care; ask a sample of providers about their perception of the needs of their clients for after hours care. Develop a procedure and beta-test in a sample of providers.
MONITORING METHOD/ TIMEFRAME	Workgroup Report Updated goal in QI Workplan
RESPONSIBLE PARTNERS	*JJPP; Sausal Creek; Seneca Center; ASOC and CSOC; QM Division; ACCMHA, Partner programs where QI Process Improvement Project is being implemented* *Lead Partner: Deputy Director*

- *DHCS Site Review Protocol Section: #4*
- *Goals are Set and Mechanisms Established to Monitor Access to After Hours Care(Sections 22 & 24)*

SECTION II continued: Monitoring the Timeliness of Mental Health Services for Routine and Urgent Conditions

GOAL II.H. ***EQRO Timeliness Self-Report Metric:*** *Responsiveness of the 24/7 Toll Free Number*	Ensure responsiveness of BHCS ACCESS to provide accessible, appropriate services via the 24-hour toll free number.
BASELINE	24/7 number sometimes offers inconsistent and incomplete information regarding on how to access specialty mental health services
ACTION STEPS	Measure the responsiveness of the MHP's 24-hour, toll free number through internal audits, phones calls and mystery shoppers. Training for access staff on issues identified by a process improvement process. Change 24/7 policy to ensure ACCESS and the 24/7 vendor ask the name of each caller who uses the 24/7 line and can document that the caller was contacted.
MONITORING METHOD/ TIMEFRAME	Test calls will be made during the FY at specified intervals throughout the day with test callers presenting a myriad of problems varying in complexity, scope and required response. Call details and success of callers in being advised on access to services.
RESPONSIBLE PARTNERS	Quality Management, Quality Assurance Lead Partner: ACCESS Manager

- *DHCS Site Review Protocol Section: #4*
- *MHP Contract Element: Goals are Set and Mechanisms Established to Monitor Responsiveness of the 24/7 Toll Free Number (Sections 22 & 24)*

SECTION III: Monitoring Beneficiary and Client Satisfaction

GOAL III.A.	Add a **beneficiary/family satisfaction survey** that is administered on a regular basis across the continuum of care; will inform providers and ACBHCS administration of the results of the survey; will complement the annual administration of the MHSIP survey. Work with DHCS/CIBHS to download answers to the MHSIP into a usable format, create reports, distribute reports and raw data to providers and ACBHCS Administration.
BASELINE	During FY 12/13, each MHP System of Care Director identified one program, within their continuum of care, that had successfully administered a beneficiary satisfaction survey. (No family satisfaction surveys were identified)
ACTION STEPS	Develop a beneficiary/family satisfaction survey designed for use across our continuum-of-care, and provides timely and usable results back to providers and administration. The survey will be beta tested in a sample of providers located across the continuum of care. QM staff will work with senior operational managers and beneficiary/family leaders to develop the survey questions. This survey will give providers immediate feedback on a small and useful set of indicators. Results will be trended by provider and by continuum of care "sector" and reported back to the Goal's Workgroup. In areas where satisfaction is low, providers will be asked to complete process improvement studies to develop practices that impact satisfaction. The Workgroup will use results to make recommendations to the QIC. Ground rules for the survey design: ▪ Clients and family members will receive separate surveys. ▪ The survey instrument will be short (one page), easy to understand, easy to complete, and easily translated into ACBHCS threshold languages ▪ This survey will be designed to motivate providers to take action on survey results. The survey will provide feedback to providers on two domains that have been clinically shown to define 'satisfaction' as it relates to quality of care: (i) did services help; (ii) beneficiaries' comfort and safety with the provider. (Lambert 1999 "Common Factors Meta-Analysis" and Fallot "Outreach, Engagement and Outcomes" 2013 SAMHSA"). ▪ The survey will include sociometrically evaluated questions that have been translated into ACBHCS threshold languages and are set up for data input using ACBHCS teleform equipment (i.e California MHSIP). ▪ The survey and its administration will be beta-tested with beneficiaries and family members from across age and ethnic cohorts who are currently receiving mental health services. ▪ The project will include a protocol explaining the crosswalk between questions and domains; data aggregation and data analysis plan; a provider dissemination plan and a QIC reporting plan.

MONITORING METHOD/ TIMEFRAME	TBD
RESPONSIBLE PARTNERS	*Consumer Relations Team; Family Relations Manager; FERC; ACNMHC; PEERS; Family Partners; Patient Advocate;ASOC; CSOC; QM Division;* *Lead Partner:* Deputy Director

- *DHCS Site Review Protocol Section: #5*
- *MHP Contract Element: The Contractor shall implement **mechanisms** to assess beneficiary/family satisfaction by: surveying beneficiary/family satisfaction annually; evaluating beneficiary grievances, appeals and fair hearings at least annually, evaluating requests to change persons providing services at least annually (Sections 22 & 23)*

SECTION III continued: Monitoring Beneficiary and Client Satisfaction

GOAL III.B.	Plan and implement changes to the **Consumer Complaint and Grievance Process.** Develop a beneficiary problem resolution process that meets Title 9 and Title 42 regulatory requirements for each of the following an expedited appeal process: the written notice of the appeal resolution includes the following: (a) The results of the resolution process and the date it was completed. (b) For appeals, if beneficiary is dissatisfied with the decision, the beneficiary has the right to request a State fair hearing, and how to do so.
BASELINE	▪ Upon request of the Mental Health Board, the MHP completed an analysis of the beneficiary grievance and appeal process. ▪ MHP policies regarding expedited appeals are unevenly implemented; appeal resolution documentation did not consistently meet contractual requirements; information about state fair hearings was not consistently communicated to clients.
ACTION STEPS	▪ Review and implement relevant results of the "Consumer Complaint and Grievance Process Review ▪ Make corrections to the log/database. Train the Mental Health Association Grievance Phone ▪ Train line worker to correctly identify and categorize calls and to use the corrected Excel database. Correct all forms and letters to include the information on State Fair Hearings and to meet all pertinent regulations. ▪ Complete a manual that will explain this process and clearly define grievances and appeals. Redesigning the letters to bring them into compliance. ▪ Develop a database with letter merge and reporting capability. ▪ Update the Grievance Poster and Consumer materials including translations into all four threshold languages. ▪ Bring the Consumer Grievance Phone Line 'in house' to be directly supervised by the Quality Assurance Office and staffed by a licensed LPHA with background in mental health consumer services
MONITORING METHOD/ TIMEFRAME	TBD
RESPONSIBLE PARTNERS	*Consumer Relations Team; Family Relations Manager; FERC; ACNMHC; PEERS; Patient Advocate; Family Partners; ASOC; CSOC; QM Division; <u>Lead Partner</u>: Deputy Director*

- *DHCS Site Review Protocol Section: #5*
- *MHP Contract Element: The Contractor shall implement **mechanisms** to assess beneficiary/family satisfaction by: surveying beneficiary/family satisfaction annually; evaluating beneficiary grievances, appeals and fair hearings at least annually, evaluating requests to change persons providing services at least annually (Sections 22 & 23)*

SECTION III continued: Monitoring Beneficiary and Client Satisfaction

GOAL III.C.	Analyze "State Report" and apply results to improve "requests to change providers."
BASELINE	In FY 12/13, ACBHCS received 447 requests to change persons providing services (in FY11/12 the number of requests was 24). The number is explained by shifts, made by the QA Unit, that improved the accuracy of how grievances and appeals were classified into the "state" categories. This shift brought out new trends that increased the number of persons requesting a change of provider.
ACTION STEPS	ACBHCS Quality Assurance and ACCESS units will conduct a secondary analysis of *Requests To Change Provider* data to identify trends that might suggest an intervention (geography, ethnic or age group, service delivery sector, program).
MONITORING METHOD/ TIMEFRAME	TBD
RESPONSIBLE PARTNERS	*QM Division, Quality Assurance; Consumer Relations Team; Patient Advocate, ACCMHA* *Lead Partner:* QM Director

- *DHCS Site Review Protocol Section: #5*
- *MHP Contract Element: The Contractor shall implement **mechanisms** to assess beneficiary/family satisfaction by: surveying beneficiary/family satisfaction annually; evaluating beneficiary grievances, appeals and fair hearings at least annually, evaluating requests to change persons providing services at least annually (Section 22)*

SECTION IV: Monitoring for the Safety & Effectiveness of Medications

<table>
<tr><td>GOAL</td><td>Improve monitoring of the safety and effectiveness of Medication Practices</td></tr>
<tr><td>BASELINE</td><td>TBD based on FY 13/14 results</td></tr>
<tr><td>ACTION STEPS</td><td>Pharmacy Unit will focus on a project that addresses safety and effectiveness of medication practices for adults and children within the mental health system. This quality improvement effort is called the <u>Medication Monitoring Project.</u>

Table I, below, lists the adult and children’s providers that are included in this project. The protocol is to review 15% of each psychiatrist’s charts during the course of a year. This review is completed in quarterly increments. Guidelines for psychotropic medication practices are applied to psychiatrist’s documentation and prescribing practices.

<table>
<tr><td>Adult System of Care</td><td>• Level I Service Teams
• Santa Rita Jail
• Full Service Partnerships serving adults
• Wellness Centers</td></tr>
<tr><td>Children’s/TAY System of Care</td><td>• Level I Adult Service Team providers who also provide services to children
• Child Guidance Clinic
• Full Service Partnerships serving children
• County Providers serving children</td></tr>
</table>
</td></tr>
<tr><td>MONITORING METHOD/ TIMEFRAME</td><td>Twice yearly reports on physician peer review activities; quarterly reports on actions of the Medication Monitoring Committee with 90% compliance in chart reviews.</td></tr>
<tr><td>RESPONSIBLE PARTNERS</td><td>Pharmacy Director, Medical Director, ASOC, CSOC
<u>Lead Partner</u>: Pharmacy Director</td></tr>
</table>

- *DHCS Site Review Protocol Section: #6*
- *MHP Contract Element: implement **mechanisms** to monitor safety and effectiveness of medication practices (Section 22)*

SECTION V: Monitoring Appropriate and Timely Interventions when Occurrences Raise Quality of Care Concerns

GOAL V.A.	Implement Mechanisms Addressing Clinical Issues Affecting Beneficiaries System-Wide ▪ Review safety and effectiveness in the adult and children's system of care (Inpatient).
BASELINE	The MHP addresses safety and effectiveness of inpatient care on a case-by-case basis within its "Acute Care Management (bed control)" committee.
ACTION STEPS	Quarterly monitoring of each Inpatient facility to trend Patient's Rights and quality of care issues in a consistent and timely manner, communicating policy issues to the QIC for policy consideration.
MONITORING METHOD/ TIMEFRAME	Work group minutes, QMAC meeting minutes review, chart and on-site monitoring report summaries.
RESPONSIBLE PARTNERS	Bed Control, Critical Care Coordinator, ASOC, CSOC, Patients Rights. ACCCMHA Lead Partner: Deputy Director

- *DHCS Site Review Protocol Section: #7*
- *MHP Contract Element: implement mechanisms to address meaningful clinical issues affecting beneficiaries system-wide.(Section 22)*

SECTION V continued: Monitoring Appropriate and Timely Interventions when Occurrences Raise Quality of Care Concerns

GOAL V.B.	Implement Mechanisms Addressing Clinical Issues Affecting Beneficiaries System-Wide ▪ Review trends in the safety and effectiveness of services in the adult and children's outpatient system of care. ▪ Identify issues which may affect the quality of care provided to beneficiaries and implement appropriate corrective measures.
BASELINE	The MHP addresses sentinel events on a case-by-case basis.
ACTION STEPS	The QA Associate Administrator will ▪ Partner with the QM Unit to (i) track and trend sentinel events and formalized case reviews. (ii) analyze results and (iii) develop proposals for systemic interventions ▪ bring quality of care concerns to the Quality of Care Workgroup
MONITORING METHOD/ TIMEFRAME	TBD
RESPONSIBLE PARTNERS	*ASOC; CSOC; QM/QA; ACCMHA;* *Lead Partner:* Deputy Director

- *DHCS Site Review Protocol Section: #7*
- *MHP Contract Element: implement mechanisms to address meaningful clinical issues affecting beneficiaries system-wide.(Section 22)*

SECTION V continued: Monitoring Appropriate and Timely Interventions when Occurrences Raise Quality of Care Concerns

GOAL V.C.	Complete protocols for one Non-Clinical Performance Improvement Project (PIP).
BASELINE	Average length of time from initial contact to first psychiatry appointment: 34 Days
ACTION STEPS	Complete a PIP on the topic of Timeliness to first Psych Visit: Implementation of a Brief Assessment Model with Clients referred to Pathways to Wellness
MONITORING METHOD/ TIMEFRAME	Non-Clinical PIP process; EMANIO Dashboard
RESPONSIBLE PARTNERS	Medical Director; QM/Decision Support; Pathways to Wellness Lead Partner: QM Manager

- *DHCS Site Review Protocol Section: #7*
- *MHP Contract Element: implement mechanisms to address meaningful clinical issues affecting beneficiaries system-wide.(Section 22)*

SECTION VI: Strengthen the MHP's Quality Improvement Program Infrastructure

GOAL VI. A.	Consumers, Providers, Family Members Are Active In the Planning, Design and Execution of QI Program
BASELINE	In FY13/14, the BHCS Quality Improvement Committee (QIC) met, on average, every two months and heard oral reports from staff responsible for implementing activities designed to address QI Plan goals. QIC membership consisted of 1 family member (representing the Mental Health Board), 1 consumer (representing the Alameda County Network of Mental Health Clients), 1 provider (representing the Alameda Council of Community Mental Health Agencies) and 9 representatives from BHCS administration. The QIC designed and approved a member recruitment process and application in April 2013.
ACTION STEPS	Increase ratio of Consumers, Providers and Family Members to BHCS Staff on the QIC. QM Manager and BHCS Director will identify the new ratio of beneficiaries, family members and providers to BHCS staff. The QM Manager and BHCS Director will consider the recommendation to use operational workgroups to implement Workplan Goals and circulate findings to the QIC. Workgroups will act as subcommittees of the QIC and consisting of providers, consumers, family members and BHCS Staff.
MONITORING METHOD/ TIMEFRAME	TBD
RESPONSIBLE PARTNERS	QM Division; QIC Partners; Behavioral Health Director Lead Partner: QM Director

- *DHCS Site Review Protocol Section: #8*
- *MHP Contract Element: The QI Program shall include active participation by the contractor's practitioners and providers as well as consumers 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 (Section 23E)*

SECTION VI continued: Strengthen the MHP's Quality Improvement Program Infrastructure

GOAL VI. B.	Increase QI Unit Capacity
BASELINE	In FY 13/14, the QI function was staffed by of 1 FTE Senior Manager (Project Management, Research and Analytical tasks) and 1 FTE Administrative Assistant position. During FY 12/13, the ACBHCS Quality Improvement Director was promoted to the position of ACBHCS Deputy Director. The QI Director continued to manage the Quality Improvement Workplan Goals while in both roles.
ACTION STEPS	1. Hire a new Quality Management Director (December 2014) 2. Add 1 FTE to the Quality Improvement analytical team 3. Formalize linkage between the Quality Improvement Unit and three BHCS departments/functions that are integral to the Quality Improvement Program: Decision Support, Quality Assurance and Utilization Management. ▪ The Quality Improvement Unit and designated BHCS staff from Quality Assurance, Decision Support and Utilization Management will work together to manage the QI Workplan reporting cycle, work with QI Workgroups and track the implementation of mechanisms that monitor and assess quality improvement.
MONITORING METHOD/ TIMEFRAME	TBD
RESPONSIBLE PARTNERS	QM Division; Behavioral Health Director Lead Partner: Quality Management Director

- *DHCS Site Review Protocol Section: #8*
- *MHP Cont**ract Element**: The QI Program shall be accountable to the Contractor's Director as described in Title 9 CCR, Section 1810.440(a)(1). (**Section 23C**) 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). **(Section 23 D)***

SECTION VI continued: Strengthen the MHP's Quality Improvement Program Infrastructure

GOAL VI. C.	Increase QIC Capacity by developing a QI Workgroup structure to oversee and implement of QI Workplan goals and their activities, institute needed QI actions and ensure follow-up of QI processes.
BASELINE	In October 2014, four Working Committees of the QIC Program were approved by the QI Director. Each working committee had several subgroups that were assigned a Workplan Goal. In June 2014 this plan was discussed at the BHCS OPS Committee. This plan, to ensure that QI goals and their interventions were completed and managed, was not viably put into action.
ACTION STEPS	1. Review and evaluate proposed QI Working Committee Structure and tasks. 2. Approve the proposal or an alternate version. 3. Hire a new Quality Management Director (December 2014) 4. Add 1 FTE to the Quality Improvement analytical team 5. Formalize linkage between the Quality Improvement Unit and three BHCS departments/functions that are integral to supporting the analytical work of the Quality Improvement Program: Decision Support, Quality Assurance and Utilization Management.
MONITORING METHOD/ TIMEFRAME	TBD
RESPONSIBLE PARTNERS	QM Division; Behavioral Health Director Lead Partner: Quality Management Director

- *DHCS Site Review Protocol Section: #8*
- *MHP Contract Element: The QI Program shall be accountable to the Contractor's Director as described in Title 9 CCR, Section 1810.440(a)(1). (**Section 23C**) The QI Program shall include active participation by the contractor's practitioners and providers as well as consumers 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 (Section 23E) 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). **(Section 23 D)***

SECTION VII: Provider Appeals (per title 9 regs)

GOAL	Monitoring provider appeals per Title 9 regulations. Implement an effective means of identifying, resolving and preventing the recurrence of provider problems with the MHP's authorization and other processes.
BASELINE	TBD after review with Interim Quality Assurance Associate Administrator
ACTION STEPS	The MHP will develop a provider appeal process.
MONITORING METHOD/ TIMEFRAME	Provider appeal log, provider appeal summaries and provider follow-up calls. Completion date of January 2015
RESPONSIBLE PARTNERS	*Authorizations; Quality Management; ACCMHA* *Lead Partner: Provider Relations*

- *DHCS Site Review Protocol Section: #9*
- *MHP Contract Element: 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 (Sections 22 & 23)*

SECTION VIII: Monitoring Clinical Documentation

GOAL	Review all current chart documents for ease of use and appropriateness to Title 9, Medi-Cal, Managed Care and Federal requirements. Enhance department quality management practices, infrastructure and QI plan fidelity.
BASELINE	TBD by Interim Quality Assurance Associate Administrator
ACTION STEPS	Complete a full review of all chart documents for mental health services and complete draft revisions of core clinical forms within the fiscal year and investigate the use of an electronic chart note. Review Clinical Assessment and Psychiatric Evaluation and identify repetitive elements. Complete a literature review and executive summary of industry standard quality management practices by October 2013.
MONITORING METHOD/ TIMEFRAME	Completed draft forms, committee findings, and minutes, Quality Management Systems Assessment Report.
RESPONSIBLE PARTNERS	*Quality Management;* *Lead Partner:* Interim Quality Assurance Associate Administrator

- *DHCS Site Review Protocol Section: #*
- *MHP Contract Element: The Contractor shall set standards and implement processes that will support understanding of, and compliance with, documentation standards set forth in this section and any standards set by the Contractor. The Contractor may monitor performance so that the documentation of care provided will satisfy the requirements set forth below. The documentation standards for beneficiary care are minimum standards to support claims for the delivery of specialty mental health services. All standards shall be addressed in the beneficiary record; however, there is no requirement that the records have a specific document or section addressing these topics. (Section 11)*

SECTION IX: Monitoring Coordination of Care Between the MHP and Physical Healthcare Agencies

GOAL	Increase the coordination of care between the MHP and Physical Healthcare agencies.
BASELINE	The MHP currently ▪ Holds MOUS with FQHCs that address data sharing, care coordination and referral. ▪ Has three SAMHSA PBHCI sites (one county and two contract) and has documented a number of best practices. ▪ Has a designated staff member who manages collaborations with FQHCs
ACTION STEPS	Identify best practices in data sharing procedures and EHR systems used by current Behavioral Health/Primary Care collaboration projects. Consult with the CIBHS Care Coordination Collaborative. Develop a training plan and resources to implement a workshop series and collaborative focused on process improvement/ Coordination of Care.
MONITORING METHOD/ TIMEFRAME	TBD
RESPONSIBLE PARTNERS	*BHCS Training Officer; QM Division; IntegrationWorkgroup* *Lead Partner: BHCS Behavioral Health Primary Care Manager*

- *DHCS Site Review Protocol Section: #*
- *MHP Contract Element: **ensure continuity and coordination of care** with physical health care providers. The Contractor shall coordinate with other human services agencies used by its beneficiaries. The Contractor shall assess the effectiveness of any MOU with a physical health care plan. Goals are Set and Mechanisms Established to Monitor Timeliness of Routine Mental Health Appointments (Section 22D)*

SECTION X: Monitoring Requirements for Cultural Competence and Linguistic Competence as specified in Title 9 CCR 1810.410

GOAL **See DHCS POC** Section A#2b, G4 Section A #1.3	**Identify access barriers among specified ethnic/cultural groups that are currently underserved**
BASELINE	MHP Cultural Competence Plan and Strategies.
ACTION STEPS	TBD
MONITORING METHOD/ TIMEFRAME	TBD
RESPONSIBLE PARTNERS	MHP Ethnic Services manager, QM Division, Decision Support, MHP Cultural Responsiveness Committee Lead Partner: Behavioral Health Director

- *DHCS Site Review Protocol Section: #*
- *MHP Contract Element:Evidence of compliance with the requirements for cultural cumptetence and linguistic competence specified Title 9, CCR, Section 1810.410. Section 22 J5)*

SECTION XI: Monitoring Mechanisms to Detect Underutilization and Overutilization of Services

GOAL XI.A.	Establish a workgroup tor review the MHP baseline and recommend a utilization management procedure.
BASELINE	TBD by the new Quality Management Director
ACTION STEPS	TBD
MONITORING METHOD/ TIMEFRAME	TBD
RESPONSIBLE PARTNERS	TBD Lead partner: Quality Management Director

- *DHCS Site Review Protocol Section: #*
- *MHP Contract Element: Utilization Management (Section 24)*

(*A*) ***Purpose.*** *The UM program shall be responsible for assuring that beneficiaries have appropriate access to special mental health services as required in Title 9 CCR Section 1810.44(b)(1-3)*

(B) ***Tasks of UM Program.*** *The Utilization Management (UM) Program shall evaluate medical necessity, appropriateness and efficiency of services provided to Medi-Cal beneficiaries prospectively or retrospectively.*

(C) ***Service Delivery Capacity.*** *The Contractor shall 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 Contractor's delivery system.*

(D) ***Accessibility of Services: Timeliness and Authorizations****. The Contractor shall 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.*

SECTION XII: Monitoring to Evaluate and Improve 5150 Guidelines

GOAL ***FY 13/14 EQRO Site Review Recommendation***	Improve the design of the current "5150 system" for 72 hour evaluation and treatment.
BASELINE	CAEQRO (FY 13/14 Draft Report) addressed the role of community police in the current involuntary detention (5150) for 72-hour evaluation and treatment. Although the BHCS Crisis Response Program works closely with local police, the majority of 5150 police calls do not involve clinical support. When 5150 procedures place clinical decision making in the hands of non-clinicians, the results may include multiple iatrogenic effects, including long wait times for police response, counter-therapeutic interactions during crisis situations, disruption of community settings, and diversion of police officers from other needed duties. Providers report delays in police response to 5150 calls which impact beneficiary outcomes.
ACTION STEPS	Convene a BHCS workgroup to design a descriptive analysis of 5150 current system, focusing on entry into involuntary treatment. Workgroup members will include people with experience as providers, beneficiaries and family members who have 'lived experience' with the 5150 process. – Examine the system impact of current 5150 policies on the MHP and its consumers; compare with 5150 practices of similar large urban counties. – Consider methods to improve MHP policies regarding entry to involuntary acute treatment, including offering involuntary detention training and privileges to an expanded cohort of licensed mental health professionals. – Review current Policies& Procedures and current communication of P&Ps to providers and other stakeholders involved in the 5150 process. – Review current efforts to improve 5150 process through education and training.
MONITORING METHOD/ TIMEFRAME	Research will be completed by the QI Unit in collaboration with BHCS operations staff. Results will be used to recommend improvements in current 5150 system to BHCS Executive Team.
RESPONSIBLE PARTNERS	*QM Division; Medical Director; Critical Care Coordinator; Crisis Response Program; Seneca Mobile Crisis;* *Lead Partner:*

- *FY 13/14 EQRO Recommendation*