

FY 21.22

QUALITY ASSURANCE & PERFORMANCE IMPROVEMENT WORK PLAN

EVALUATION



Behavioral Health Services (BHS)

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July 1, 2021 – June 30, 2022

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MADERA COUNTY BEHAVIORAL HEALTH SERVICES

QUALITY IMPROVEMENT WORK PLAN OVERVIEW JULY 2021 – JUNE 2022

The programs covered in this Quality Assurance & Performance Improvement Work Plan (QAPI) are provided through Madera County Behavioral Health Services in accordance with our Mission Statement, Vision Statement, and our Core Values.

MISSION STATEMENT

To promote the prevention of and recovery from mental illness and substance abuse for the individuals, families, and communities we serve by providing accessible, caring, and culturally competent services.

VISION STATEMENT

We envision a world where all persons with addictions and mental illness can achieve recovery and can live with dignity and respect as valued members of their families and communities.

CORE VALUES

We, the employees of Madera County Behavioral Health Services, value the:

- Promotion of mental health and recovery from mental illness disability.
 - Integrity of individual and organizational actions.
 - Dignity, worth, and diversity of all people.
 - Importance of human relationships.
 - Contribution of each employee, clients and families.
-

QUALITY MANAGEMENT PROGRAM STATE MANDATE

According to the State Department of Health Care Services, the Quality Management (QM) Program clearly defines the 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 (QM) Program

The QM Program shall;

- Conduct performance monitoring activities throughout its operations.
- Activities shall include but not be limited to;
 - Client and system outcomes,
 - Utilization management,
 - Utilization review,
 - Provider appeals,
 - Credentialing and monitoring, and
 - Resolution of beneficiary grievances.
- 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 any MOU with a physical health care plan.
- Have mechanisms to detect both underutilization of services and overutilization of services, as required by Title 42, CCR, Section 438.240(b)(3).
- Implement mechanisms to assess beneficiary/family satisfaction. The Contractor shall assess beneficiary/family satisfaction by:
 - Surveying beneficiary/family satisfaction with the Contractor'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.
 - 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 the 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 (QMWP)

MCBHS shall have a QM Work Plan covering the current contract cycle with documented annual evaluations and documented revisions as needed. The QM Work Plan shall include:

- 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 Contractor has implemented to assess the accessibility of services within its service delivery area. This shall include;
 - Goals for responsiveness for the Contractor'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.

Quality Improvement (QI) Program

The QI Program shall be accountable to the Behavioral Health 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 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).

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 projects shall focus on a clinical area, as well as one non-clinical area.

QI Activities

QI activities 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, consumers and family members in identifying barriers to delivery of clinical care and administrative services;
- Designing and implementing interventions for improving performance;
- Measuring effectiveness of the interventions;
- Incorporating successful interventions into the BHS Department 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).

QI Program Committee (MCBHS Quality Management Committee)

The QI program 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 Program 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 that were taken.

Quality Assurance (QA)

MCBHS shall set standards and implement processes that will support understanding of, and compliance with, documentation standards set forth in the State Department of Health Care Services contract and any standards set by MCBHS. 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).

Madera County Behavioral Health Services (MCBHS) Programs

This section of the Work Plan covers Madera County Behavioral Health Services (MCBHS) department programs and activities with the primary goal of providing the highest quality behavioral health services we can with the resources available.

Programs/Services within MCBHS include:

7TH STREET CENTER

The target population is Medi-Cal eligible Madera County adult/older adult residents that are severely mentally ill and seriously emotionally disturbed children and youth that meet the diagnostic criteria as set forth by the State of California for Medi-Cal eligibility. Specific mental health and substance use programs housed at the 7th Street Center include;

Children's Outpatient Services

- Serves the mental health needs of Madera County resident children and their families through a variety of services.
- Referrals are largely from parents, schools and other community organizations
- Services Provided with respect to Trauma Informed Practices
 - Comprehensive Clinical Assessment
 - Individual therapy
 - Individual Rehab
 - Group Rehab
 - Case Management
 - Collateral
 - Plan Development
 - Intensive Care Coordination
 - Intensive Home-Based Services
 - Therapeutic Behavioral Services
 - Parent Orientation Groups
 - Parenting Classes

Health Beginnings/Infant Mental Health Program

- Specialized Mental Health services provided to families with children 0-5 years of age
- Focus on improving parent-child interaction and bonding as it pertains to related mental health impairments
- Services Provided with respect to Trauma Informed Practices
 - Comprehensive Clinical Assessment, specific 0-5 age group
 - Ages and Stages Questionnaires
 - Developmental Assessment
 - Individual therapy
 - Individual Rehab
 - Group Rehab
 - Case Management
 - Collateral
 - Plan Development
 - Intensive Care Coordination
 - Intensive Home-Based Services
 - Therapeutic Behavioral Services
 - Parent Orientation Groups
 - Parenting Classes

Juvenile Justice Services

- Collaborative with Madera County Probation, Juvenile Division
- Serves families whose youth have been adjudged or at risk of being adjudged a ward of the Court
 - Includes youth involved with Court Day School, Correctional Academy and Juvenile Hall
- Pathways
 - Specialized treatment for those youth of been adjudicated for identified sexual offense
- Services Provided with respect to Trauma Informed Practices
 - Comprehensive Clinical Assessment
 - Individual therapy
 - Individual Rehab
 - Group Rehab
 - Case Management
 - Collateral

- Plan Development
- Intensive Care Coordination
- Intensive Home-Based Services
- Therapeutic Behavioral Services
- Parent Orientation Groups
- Parenting Classes

Madera Access Point (MAP)

- The purpose of Madera Access Point (MAP) is to provide services to CalWORKs recipients who have identified Mental Health, Substance Use, or Domestic Violence Issues.
- The goal of the program is for participants to achieve:
 - Self-Sufficiency through decreased dependence on cash assistance (TANF)
 - Personal growth
 - Reduction in MH/SUD related impairments that are identified as barriers to employment
- Services Provided with respect to Trauma Informed Practices
 - Comprehensive Clinical Assessment
 - Individual therapy
 - Individual Rehab
 - Group Rehab
 - Case Management
 - Collateral
 - Plan Development
 - Mental Health First Aid Classes
 - Safe-Talk Classes
 - Total Health Plan
- **MENTAL HEALTH PLAN (MHP) OR MANAGED CARE**--Provides the gate-keeping service for MCBHS. Staff provides a review for TARs from inpatient psychiatric hospitalizations, SARs for SB 785 services, as well as payment processing for all mental health related services and placements. It also handles site certifications and recertification, contracted provider credentialing, STRTP Presumptive Transfer related referrals and invoicing via CALMHSA portal, data analytics reporting for state and agency purposes, documentation reviews, Performance Improvement Projects, Cultural Competence Plan assessment, development and implementation, in-house training and CEU's, etc.

- **QUALITY MANAGEMENT'S (QM)**--The purpose is to ensure that BHS provides high quality services and is a collaborative, accessible, responsive, efficient, and effective mental health system that is recovery oriented, culturally competent, client and family oriented and age appropriate. Provides QI reviews at the jail, juvenile hall and substance use providers.

CHOWCHILLA RECOVERY CENTER (CRC)

Offers mental health and substance use disorder services to residents of Chowchilla and surrounding communities including Fair mead. The FSP services offers supported independent living in Chowchilla.

OAKHURST COUNSELING CENTER (OCC)

Provides a comprehensive, culturally and linguistically appropriate outpatient and community-based specialty mental health, substance abuse services, wellness and recovery services to the mountain communities of Madera County. These services also include a peer directed wellness and recovery center.

PINE RECOVERY CENTER (PRC)

Pine Recovery opened in September 2015. It houses the Full-Service Partnership (FSP) services for Adult/Older Adult, Youth/TAY services along with the FSP services offered through a contract with SERI for individuals coming from the Madera County Department of Corrections through the Mentally Ill Offender (MIOCR) grant. Supported Independent Living services are also offered through this Center in Madera.

MENTAL HEALTH SERVICES ACT (MHSA) SERVICES

These services represent a comprehensive effort to further the development of community-based mental health services and supports for the residents of Madera. The MHSA services address a broad continuum of mental health services ranging from prevention and early intervention to intensive outpatient services and provide infrastructure, technology and training elements that support the local mental health system.

The five components are:

Community Services and Supports which includes Full-Service Partnerships (FSP's)

- ***The Adult and Older Adult FSP*** targets population is Madera County residents who are severely mentally ill (SMI) adults 25 or older with multiple hospitalizations, at risk of homelessness, at risk of residential treatment and LPS Conservatorship, and those reentering the community from residential placement or justice systems.
- ***The Children and Transition Age Youth FSP*** targets child and youth populations in Madera County who are seriously emotionally disturbed (SED) who need intensive services to remain in their home or in placement.
- ***Supported Independent Living*** services are also offered with housing units available in Chowchilla, Madera and in partnership with Turning Point, in Oakhurst.

Workforce Education and Training's (WET)

Workforce Education and Training's (WET)'s focus is to advance the knowledge and skills of BHS employees and encourage mental health clients, family members, and high school and college students to participate in training and college certificate programs to increase the number of people who pursue a career in public mental health.

Capital Facilities and Technology (Cap/Tech)

Capital Facilities and Technology (Cap/Tech) funds provide money for infrastructure such as buildings to house MHSAs programs or computer technology, such as electronic medical records for mental health programs.

Prevention and Early Intervention (PEI)

Prevention and Early Intervention (PEI) programs are designed to promote mental health and prevent mental illnesses from becoming severe and disabling. Prevention services emphasize improving timely access to prevention services for underserved populations, and treatment services when people are experiencing early onset of serious mental illness (e.g. first break). These programs include the following components:

- Outreach to families, employers, primary care health care providers, and others to promote the mental health protective factors, reduce mental illness risk factors and, when indicated, to recognize and treat the early signs of potentially severe and disabling mental illnesses.
- Access and linkage to medically necessary care provided by county mental health programs for children with severe mental illness, as defined in Welfare and Institutions Code (W and I) Section 5600.3, and for adults and seniors with severe mental illness, as defined in W and I Section 5600.3, as early in the onset of these conditions as practicable.
- Reduction of the social stigma associated with either being diagnosed with a mental illness or seeking mental health services to reduce social isolation and increase social protective factors.
- Reduction in discrimination against people with mental illness, which can lead to traumatic experiences.
- **Peer services** are offered in Madera through Turning Point. **Hope House** is located next to the Pine Recovery Center. **The Mountain Wellness Center** is located in Oakhurst, next to the Oakhurst Counseling Center.

Innovation Services

Innovation Services are to pilot new and untried services which focus on learning if the proposed services improve service delivery.

DEPARTMENTAL QUALITY COMMITTEES

The **Quality Improvement Committee (QIC)** provides ongoing operational leadership of continuous quality improvement activities in the department. It meets quarterly and consists of the following individuals:

Name	Title/Department
Connie Moreno-Peraza, LCSW	Director, Behavioral Health Services
Julie Morgan, LCSW	Assistant Director, Behavioral Health Services
Herbert Cruz, M.D.	Medical Director, Behavioral Health Services
Art Galindo, LCSW	Children's System of Care Division Manager, Behavioral Health Services
Nick Avila-Montes, LMFT	Adult/FSP System of Care Division Manager, Behavioral Health Services
Maria F. Torres	Substance Use Disorder Supervisor, Behavioral Health Services
Eva H. Weikel	Quality, Compliance, and Administrative Services Division Manager, Behavioral Health Services
Kimberlee Hernandez	MHP Administrative Analyst, Behavioral Health Services
Say Yang	MHP Administrative Analyst, Behavioral Health Services
Allison Medley	MHP Administrative Assistant, Behavioral Health Services
Janaye Jackson	Program Assistant, Behavioral Health Services
Shawn Jenkins	Chief Operating Officer, Westcare
Mary Ann Knoy	Director of Special Projects, Westcare
Michelle Allen	Director of Contract Compliance, Westcare
Terry Walker	Quality Assurance Assistant, Westcare
Edward Crossman, LMFT	Clinical Director, Westcare
Jana Todd, LCSW	Owner, JDT Consultants, Inc.
Andrea Evans	CEO, Valley Teen Ranch

Kim Gerhardt	Counselor, Valley Teen Ranch
Arlene Vargas	Director of Residential Programs, Promesa Behavioral Health
Angela Williams	Homeless Outreach Worker, Community Action Partnership
Maria Moreno	Case Worker, Community Action Plan
Michael McKinney	MHP, Peer Support
Alyssa Morris-Dunstan	Administrative Analyst, Behavioral Health Services

Other Department QI Activities/Committees

The Department has other standing committees where QI/UM activities occur. These include the Performance Improvement Project (PIP) committees, Medication Monitoring Committee, Quality Improvement Committee (QIC), etc. Other committees are created as necessary to examine and resolve quality improvement issues.

Department Communication of QI Activities

The Department supports QI activities through the planned coordination and communication of the results of measurement of QI initiatives. There are overall efforts to continually improve the quality of care provided. Through planned and shared communication, the Mental Health Board, staff, clients and family members, stakeholders, etc., have knowledge of ongoing QI initiatives as a means of continually improving overall program performance.

This planned communication may take place through the following methods;

- *Posters and brochures displayed in common areas*
- *Recipients participating in QI Committee reporting back to recipient groups*
- *Sharing of the Department's annual QI Plan evaluation*
- *Emails*
- *The BUZZ our staff newsletter*
- *Department Initiatives posted on Public Share (Intranet – PS) and the MCBHS website and Facebook*
- *Presentations to the Mental Health Board*
- *Weekly WebEx Conference with Director*

GOALS AND OBJECTIVES

The Quality Improvement Committee and other committees that deal with quality issues such as the QIC committee, program planning committees, etc., identify and define goals and specific objectives to be accomplished each year. Progress in meeting these goals and objectives is an important part of the annual evaluation of quality improvement activities.

The following are the ongoing long-term goals for the Department's QI Program and the specific objectives for accomplishing these goals for FY 2020-21.

- To implement quantitative measurement to assess key processes or outcomes;
- To bring managers, clinicians, and staff together to review quantitative data and major clinical adverse occurrences and to identify problems;
- To carefully prioritize identified problems and set goals for their resolution;
- To achieve measurable improvement in the highest priority areas;
- To meet internal and external reporting requirements;
- To provide education and training to managers, clinicians, and staff.
- To develop or adopt necessary tools, such as practice guidelines, assessment tools, consumer and staff surveys, and quality indicators.

Performance Measurement

Performance Measurement is the process of regularly assessing the results produced by a program/service. It involves:

- Identifying processes, systems, and outcomes that are integral to the performance of service delivery,
- Selecting indicators of these processes or outcomes,
- Analyzing information related to these indicators on a regular basis,
- Taking action as needed based on data analysis and the opportunities to improve performance as identified.

The ***purpose*** of measurement and assessment is to:

- Assess the stability of processes or outcomes to determine whether there is an undesirable degree of variation or a failure to perform at an expected level.
- Identify problems and opportunities to improve the performance of processes.
- Assess the outcome of the care provided.
- Assess whether a new or improved process meets performance expectations.

This involves the:

- Selection of a process or outcome to be measured
- Identification and/or development of performance indicators for the selected process or outcome to be measured.
- Aggregating data so that it is summarized and quantified to measure a process or outcome.
- Assessment of performance with regard to these indicators at planned and regular intervals.
- Taking action to address performance discrepancies when indicators indicate that a process is not stable, not performing at an expected level or represents an opportunity for quality improvement.
- Reporting on findings, conclusions, and actions taken as a result of performance assessment.

Selection of a Performance Indicator

A performance indicator is a quantifiable behavior change that, when measured, provides information about the performance of a program/services process, functions or outcomes. Selection of a Performance Indicator for each of the services within MCBHS is based on the following considerations:

- Relevance to the Department's mission.
- Clinical importance - whether it addresses a clinically important process that is:
 - high volume
 - problem prone
 - high risk
 - client satisfaction with services
 - Cultural competency of services, etc.

The Performance Indicators Selected for the Department Program's Quality Improvement Plan.

For purposes of this plan, an indicator(s) comprises the following *key elements*: name, goals, objectives, activities, responsible person, and data to be collected, the frequency of analysis or assessment, and preliminary ideas for improvement.

Evaluation is accomplished by comparing actual performance on an indicator with:

- *Describing the progress in achieving the Target*
 - *Activity toward achieving the target, number of people served,*
 - *What was done? Who participated? How many clients were involved?*
 - *What indicators (concrete, observable things) were looked at to see whether or not progress was being made toward the goal?*
 - *What was used to measure the desired result?*

- *Describe how the desired result was measured and what indicators were used to measure*
- *Describing relevant evaluation data (results compared with standards, including statistics and qualitative information)*
 - *Any stories used to illustrate the statistics or qualitative information?*
- *Comparing results of the evaluation with the target. Results compared with standards?*
- *Exploring ideas for improvement or any next steps*

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.

The model in use at MCBHS is the Logic Model. This model was mandated by the State Department of Health Care Services (DHCS) and the Mental Health Services Oversight and Accountability Commission (MHSOAC) for the development, measurement, and monitoring of the MHA programs. The Logic Model in use by MCBHS was developed by the United Way. It consists of the following;

- What is the mission or overall singular purpose or desired result?
- What are the inputs?
 - Resources dedicated to or consumed by the program, e.g., money, staff, time volunteers, equipment, supplies, etc.
 - What are the constraints on the program, e.g., laws regulations, funding requirements, etc?
 - SWOT—strengths and weaknesses, opportunities and threats
- Establish goals—SMARTER
 - Specific
 - Measurable
 - Acceptable
 - Realistic
 - Time frame
 - Extending—stretch the performer’s capabilities
 - Rewards/recognition when goal/outcome is achieved
- Build in accountability (regularly review who’s doing what and by when)
- Note deviations from the plan and re-plan accordingly
- Evaluate the planning process and plan

This method was used with clients/family members and other stakeholders in the development of the Department's MHSA Prevention, Early Intervention Programs, and the MHSA Innovation plan. Clients/family members and stakeholders were used for the setting of goals/objectives for the program.

Evaluation

An evaluation is completed at the end of each fiscal year. The annual evaluation is conducted by the MHP and kept on file, along with the Quality Improvement Plan. These documents will be reviewed by the Quality Management Committee and others as appropriate.

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, systems, and outcomes;
- 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 Initiatives/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 Quality Initiative(s)?
- Recommendations: Based upon the evaluation, the actions deemed necessary to improve the effectiveness of the Department's/program services.

ANNUAL QI WORK PLAN EVALUATION FOR ALL PROGRAMS AND QI ACTIVITIES.

To be completed at the end of the fiscal year.



**Madera County Department of Behavioral Health
2021-2022 Quality Improvement Work Plan**

SERVICE CAPACITY

Timeline: July 2021 – June 2022				(*) = new goal
Objective	Indicator/Measurement	Responsible Entity	Planned Steps/Intervention	
Goal: Expand data reporting piece to improve client services				
1. Expand the data reporting piece to provide a wider and clearer understanding of our system. a. Retention Rates b. Language	Quarterly Reports	Managed Care Designee QI Systems Analyst	<ul style="list-style-type: none"> EHR Insync Reports will be ran on a quarterly basis and presented at QIC. Data trending process will be completed. 	
*Goal: Patient Portal & Electronic Service Notifications				
2. Make use of new EHR's Patient Portal to a. Communicate with beneficiaries and potentially streamline documentation exchange and completion. b. Communicate with beneficiaries through their preferred means of communication.	EHR Reports	Managed Care Designee QI Systems Analyst	<ul style="list-style-type: none"> Understand the capabilities of our new EHR Determine how we can make use of the patient portal and different means of communication Inform stakeholders of any plan for implementation Report updates to QMC bi-annually 	



Madera County Department of Behavioral Health 2021-2022 Quality Improvement Work Plan

Evaluation:

1. Goal was not met. The MHP continues to move forward with our new Electronic Health Record (EHR)-InSync Healthcare Solutions. The MHP was successful in utilizing new report functionality with the ability to create reports tailored to state requirements. New reports include but are not limited to: Penetration rates, 15-day late note, MH & SUD Assessments, clients not seen in 30.60.90 days, Hospitalization admissions, Crisis admissions, Caseload Report, Concurrent review, Demographics, 24/7 Access line use, Call log, Encounters, and Access to services. Data trending and reporting are reported in the monthly Quality Improvement Committee meetings as a standing agenda item. We will retain this goal for FY22.23.
2. Goal was not met. Due to various other requirements being developed within our EHR, this goal will not be retained in the coming year. This will continue to be a project we implement in the coming years.

Goal for FY 22-23:

1. Expand data reports in the following areas and prepare quarterly reports no later than the 3rd fiscal quarter
 - a. Retention rates: trend data on a quarterly basis for overall retention after the first service
 - b. Language: quarterly clients served by language
 - c. Penetration rates: trend data on a quarterly basis to better understand declining overall and Latino/Hispanic penetration rates
2. Ensure network adequacy by:
 - a. Continuing recruitment efforts for key direct service positions
 - b. At least 3 bilingual clinicians will be hired by 12/31/22



**Madera County Department of Behavioral Health
2021-2022 Quality Improvement Work Plan**

BENEFICIARY/FAMILY SATISFACTION

Timeline: July 2021 – June 2022				(*) = new goal
Objective	Indicator/Measurement	Responsible Entity	Planned Steps/Intervention	
Goal: Improve Client Satisfaction in Specified Areas				
1. Collect more POQI feedback from Spanish speakers to better understand the impact of our services. Goal: Increase total FY collection to 48 or more. a. POQI Results will show year over year comparisons.	POQI Results	Managed Care Designee Managed Care Analyst Ethnic Services Manager	<ul style="list-style-type: none"> Continue administering POQI twice a year in the Spring and Fall Tracking and trend results from both Analyze results Design steps to improve numbers to meet the objective. 	
Goal: Audits of Reception Areas				
2. The MHP will complete 1 un-scheduled audit of BHS' reception areas and 1 scheduled site certification check/audit.	Tracking log and forms system	QI Coordinator Managed Care Analyst	<ul style="list-style-type: none"> Complete audits at all BHS reception areas Complete forms Prepare report Present findings to QIC annually. 	
*Goal: Seek Ongoing Beneficiary Feedback				
3. Have satisfactions surveys and suggestion boxes available in our lobbies for beneficiary feedback.	Submitted satisfaction survey Submitted suggestion forms	Managed Care Designee QI Coordinator	<ul style="list-style-type: none"> Establish a clear process. Communicate changes agency wide. Work with reception area staff to ensure understanding and collection process. Create tracking tools and monitoring process. Report collected data to QMC bi-yearly. 	



Madera County Department of Behavioral Health 2021-2022 Quality Improvement Work Plan

Evaluation:

- Goal was not met. Due to ongoing COVID restrictions we have not yet seen a return to pre-COVID in-person services which has made this goal unattainable at this time. This goal will not be retained, we will continue to strive for feedback from our Spanish mono-lingual population regarding our services.
FY 20.21 – 16 surveys collected from Spanish speakers
FY21.22 – 18 surveys collected from Spanish speakers
- Goal was met. Our efforts to audit our agency sites have proven successful in maintaining the most current and up to date informational material and postings in all our clinics and ensuring safety and access. Our scheduled audit found some deficiencies in some of our sites which was then followed by an unscheduled visit which showed improvement in those sites.

Scheduled	Oakhurst Counseling Center 02/25/2022	Pine Recovery Center 03/02/2022	Chowchilla Recovery Center 03/04/2022	7th Street 02/24/2022
Brochures - Informing Materials	3	4	3	4
Flyers - Informing Materials	1	1	1	1
Flyers - Anthem & CalViva Info Materials	1	1	1	1
Accessibility - Safety & ADA Compliance	1	1	1	1
Accessibility - General Operation Procedures	1	1	1	1
Accessibility - Provided upon request	1	1	1	1
Total Score out of 9 =	8	9	8	9
Percentage =	89.00%	100.00%	89.00%	100.00%

Unscheduled	Oakhurst Counseling Center 05/27/2022	Pine Recovery Center 06/13/2022	Chowchilla Recovery Center 06/21/2022	7th Street 06/08/2022
Brochures - Informing Materials	4	4	4	4
Flyers - Informing Materials	1	1	1	1
Flyers - Anthem & CalViva Info Materials	1	1	1	1
Accessibility - Safety & ADA Compliance	1	1	1	1
Accessibility - General Operation Procedures	1	1	1	1
Accessibility - Provided upon request	1	1	1	1
Total Score out of 9 =	9	9	9	9
Percentage =	100.00%	100.00%	100.00%	100.00%

3. Goal was not met. MCDBHS presented some potential surveys with the Quality Improvement Committee (QIC) and one was identified as the most feasible for our needs due to its value and brevity. This goal will be retained for further action in the coming year.

Goal for FY 22-23:

1. Develop a Quality Improvement Committee (QIC) brochure to create client and family member interest by 01/01/2023.
 - a. Brochure will be posted in our lobbies
 - b. Brochure will be shared with partner agencies
2. Finalize a brief client survey to make available in our lobbies and on County website to gather ongoing feedback regarding our services from the community we serve to determine areas of improvement by 01/01/2023.
 - a. Prepare reports for management on a bi-annually basis.



**Madera County Department of Behavioral Health
2021-2022 Quality Improvement Work Plan**

SERVICE DELIVERY SYSTEM/CLINICAL ISSUES

Timeline: July 2021 – June 2022				(*) = new goal
Objective	Indicator/Measurement	Responsible Entity	Planned Steps/Intervention	
*Goal: Inter-Rater Reliability Chart Reviews				
Objective	Indicator/Measurement	Responsible Entity	Planned Steps/Intervention	
1. Complete 10 inter-rater reliability chart reviews per year.	Inter-rater chart review forms	Managed Care Designee QI Coordinator	<ul style="list-style-type: none"> Randomly select previously reviewed charts. Complete this process 10 months out of the year. 	



Madera County Department of Behavioral Health 2021-2022 Quality Improvement Work Plan

Evaluation:

1. Goal was not met. MCDBH worked on moving this process into our EHR audit manager module, however, the focus shifted to first establish the chart review process. Goal will be retained for the coming year with modification to match current policy.

Goal for FY 22-23:

1. Establish the outpatient chart review process by 03/31/23.
 - a. A minimum of three randomly selected charts per clinician per year will be reviewed and a plan of correction will be completed as per policy with a minimum of 80% compliance.
2. Review and respond to grievances, change of provider, appeals, fair hearings and related expediated requests within the policy guidelines and state regulation
 - a. 100% of grievances, change of providers, appeals and expediated requests will received timely response.
 - b. Identify system improvement issues.



**Madera County Department of Behavioral Health
2021-2022 Quality Improvement Work Plan**

MONITOR SAFETY AND EFFECTIVENESS OF MEDICATION PRACTICES

Timeline: July 2021 – June 2022				(*) = new goal
Objective	Indicator/Measurement	Responsible Entity	Planned Steps/Intervention	
Goal: Monitor Medication Practices Will Focus on the Most Deficient Points from Last FY				
1. Promote safe medication prescribing practices and evaluate their effectiveness a) Medication consent will be present: goal no less than 61% b) Vitals were obtained quarterly: no less than 33%	Monthly medication monitoring meetings Client Charts	Managed Care Designee Contracted Pharmacist Med Monitoring Minutes	<ul style="list-style-type: none"> • Compile data • Analyze data from log. • Pharmacist will continue to check for medication consents and evaluate MD prescription • Information will be presented on an annual basis to med monitoring committee. 	
*Goal: Make the Medication Monitoring Process Electronic				
2. Establish a process to allow for completion of medication monitoring form within the electronic health record.	Medication Monitoring Forms	Managed Care Designee QI Coordinator Pharmacist	<ul style="list-style-type: none"> • Meet with contracted pharmacist to review the current medication monitoring form and find ways to make it more efficient. • Create a form in the EHR • Create a report in the EHR to monitor and export data collected. • Report to medication monitoring committee monthly upon process completion. 	



**Madera County Department of Behavioral Health
2021-2022 Quality Improvement Work Plan**

Evaluation:

- 1. Goal was met. We took our two most deficient areas from last FY to monitor improvement in medication practice. Interventions were to add the medication consent to our EHR and the medication prescription workflow to ensure their completion. We also made changes to our weight/vitals taking process by having these taken once the client is in the telemed room to allow for the telemed assistant to complete instead. This made a difference in that more than one person is now responsible for completing these tasks, rather than a single person trying to complete these duties for all clients who came in. These process modifications proved successful with a 17% point improvement for item “a” and 36% point improvement in item “b”.

Medication Practice	Goal	FY %	Improvement
a) Consent for the psychotropic medication prescribed & present in client chart	61%	78%	17%
b) Current weight/vitals obtained at least quarterly	33%	69%	36%

- 2. Goal was not met. Competing projects played a role in the delay of this piece. MCDBH will retain this goal for the coming year.

Goal for FY 22-23:

- 1. Medication monitoring process will be electronic as part of our EHR by 03/31/23.
 - a. 100% of med monitoring forms will be completed within the EHR and placed in a folder with limited permissions in the document manager side of our EHR.
 - b. Reporting component will be developed to extract raw data from completed forms.



**Madera County Department of Behavioral Health
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CONTINUITY AND COORDINATION OF CARE WITH PHYSICAL HEALTH PROVIDERS

Timeline: July 2021 – June 2022				(*) = new goal
Objective	Indicator/Measurement	Responsible Entity	Planned Steps/Intervention	
Goal: Transition Credentialing Documentation to Electronic Fillable.				
1. The MHP will begin working on transitioning the credentialing paperwork component from hard copies to electronic fillable forms and determine the feasibility of having this component on the agency website for easy access to all interested providers by end of FY.	Credentialing Fillable Forms	Managed Care Designee Managed Care Analyst	<ul style="list-style-type: none"> Adapt the credentialing packet(s) to electronically fillable forms. Present to QMC/QIC Add credentialing 	
*Goal: Pre-Screening Prior to Medication Appointment.				
2. Prior to scheduled medication appointment nursing staff will call each client and contact their PCP if they answer “yes” to either of the following questions: a. Have there been any changes in medication since last appointment b. Have labs been completed since last appointment	EHR Notes	Nursing Staff QI Coordinator	<ul style="list-style-type: none"> Nursing staff will run a list of scheduled appointments days in advance Nurse will call client to obtain information and follow up with client’s PCP as needed Nurse will make any documentation from PCP available to the psychiatrist for review prior to scheduled appointment 	



Madera County Department of Behavioral Health 2021-2022 Quality Improvement Work Plan

Evaluation:

1. Goal was met. Credentialing process was updated, and forms were revamped to be downloaded from our website and completed on paper or electronic form. Procedure and forms were presented at QIC and shared with providers. Forms were also posted on our website and can be found here: [Credentialing and Re-credentialing | Madera County](#).
2. Goal was not met. This item was determined not feasible as it was based on a process established during early COVID and temporary. We do however contact clients' PCP to gather labs and coordinate care at time of intake and thereafter prior to medication appointments.

Goal for FY 22-23:

1. Meet with managed care plans on a quarterly basis to:
 - a. Establish data-sharing agreements to align with BHQIP requirements by 09/30/22
 - b. Produce a data-sharing transaction log displaying activity to and from MCP and BHS by 03/01/23



**Madera County Department of Behavioral Health
2021-2022 Quality Improvement Work Plan**

MEANINGFUL CLINICAL ISSUES/OTHER SYSTEM ISSUES

Timeline: July 2021 – June 2022			
Objective	Indicator/Measurement	Responsible Entity	Planned Steps/Intervention
(*) = new goal			
Goal: Extract EHR Data Into A Meaningful Format With New EHR InSync System			
1. Continue to expand our quarterly reporting process. a. Begin looking into reasons for outliers	Data Reports EHR reports	Managed Care Designee Managed Care Analyst	<ul style="list-style-type: none"> Continue to identify meaningful data reports Identify outliers and work to understand why they look the way they do and determine what the best course of action is to minimize their presence.
*Goal: Establish a Reporting Process from new EHR			
2. Establish the compiling and exporting of timeliness and service data with new EHR. a. Establish timeliness reports by the end of the second fiscal quarter.	EHR Data Reports	Managed Care Designee Managed Care Analyst	<ul style="list-style-type: none"> Work with Insync to determine how to efficiently compile all reporting metrics. Determine if/how dynamic forms and/or dynamic reports can be leveraged to complete this process. Run and present reports to QMC quarterly once process is established.



Madera County Department of Behavioral Health 2021-2022 Quality Improvement Work Plan

Evaluation:

1. Goal was not met. MCDBH was able to develop and produce various reports, however, additional fine tuning is needed before potential outliers can be investigated. This goal will not be retained.
2. Goal was not met. MCDBH wasn't able to meet this goal by the second fiscal quarter but was able to launch "access to services" in the fourth fiscal quarter. Access to services will allow us to collect timeliness data and export data for analysis and reporting purposes.

Goal for FY 22-23:

1. Launch new CalAIM compliant MH assessment form by 07/01/22.
 - a. 100% of MH assessments will be completed using the new CalAIM compliant assessment form
2. Work with EHR vendor to ensure the system calculations in the background calculated claim duration when groups are facilitated by one and by two providers by 01/01/23.
 - a. The EHR will be able to calculate group service duration 100% accurately by the end of the second FY quarter.
3. Work with EHR vendor to ensure a tracking and alert mechanism for annual Clinical/Treatment Plan reviews is in place by 01/01/23.
 - a. Tracking and alert mechanism
 - i. Work with EHR vendor to ensure tracking and alert mechanisms are accurate in accordance with initial intake dates
 - ii. Once tracking/alert mechanisms are developed and applied, run reports, and verify at least 80% of reviews are timely



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PERFORMANCE IMPROVEMENT PROJECTS (PIP) (WORK IN PROGRESS AND MAY CHANGE)

Timeline: July 2021 – June 2022				(*) = new goal
Objective	Indicator/Measurement	Responsible Entity	Planned Steps/Intervention	
Goal: Clinical PIP – Reducing Psychiatric Re-Hospitalizations				
1. Monitor, update, and report status of Clinical PIP to QMC/QIC. Perform data analysis at each of the three re-measurements to ensure consistency and fidelity to meet Clinical PIP goals.	Research TAR Log her data Data analysis reports	Managed Care Designee Managed Care Analyst	<ul style="list-style-type: none"> • Gather statistics from EHR • Analyze data • Use new PIP tool to present results 	
*Goal: Non-Clinical PIP – Decrease No-Show Rates to Initial Assessment Appointment				
2. Develop access to services form and dynamic report to track timeliness data and utilize information to decrease initial MH assessment no-shows.	Research EHR data Data analysis reports	Managed Care Designee Managed Care Analyst	<ul style="list-style-type: none"> • Gather statistics from EHR • Analyze data • Use the PIP tool to present results 	



Madera County Department of Behavioral Health 2021-2022 Quality Improvement Work Plan

Evaluation:

1. Since starting the Clinical PIP on July 1, 2020, the MHP have completed two remeasurements of the study. The first remeasurement period is from July 1, 2020, thru June 30, 2021. The results of this remeasurement suggest the two categories the MHP is tracking: 1) the 30-day recidivism percentage rate has decreased to a percentage no greater than 15% and 2) the percentage rate of three or more hospitalization episodes within six months has also decreased to a percentage no greater than 6%. The study of the first remeasurement showed promise that the MHP's intervention process is working. During the second remeasurement period from July 1, 2021, thru December 30, 2021. The results of the second remeasurement suggest the two categories the MHP is tracking: 1) the 30-day recidivism percentage rate has remained within the MHP's targeted goal of no greater than 15%, and 2) the percentage rate of three or more hospitalization episodes within six months has increased from 4.92% to 7.05%. After reviewing the data reports and the HSCW's intervention processes, the MHP concluded there were no disproportionate increases from previous months and no apparent deviation from the HSCW's intervention processes. The MHP's conclusion is that the sharp decrease from the first FY20-21 Q1 measurement contributed significantly to the lower first re-measurement percentage rate of three or more hospitalization episodes within six months. Since the second remeasurement, the MHP's continual monthly data reports indicate that the second category the MHP is tracking is slowly decreasing as more data are gathered. The Final Re-measurement will be conducted in mid-July of 2022 to allow for all June pending data to close and the MHP will submit an updated Clinical PIP before the August meeting with EQRO.
2. New PIP. Access to services tool has been developed through various meetings with key staff over the course of a few months. Tool was rolled out mid-May with a few changes made after discussing issues staff identified. The tool is managed by designated staff and a weekly report is prepared for management. We hope data trending will give us a clearer picture regarding no-show rates so we can find the best way to address them.

Goal for FY 22-23:

1. Establish new Clinical PIP for FY22.24 once current PIP is finalized and no later than 10/31/22.
2. Move forward with Non-Clinical PIP and reach out for TA no later than 10/31/22.



**Madera County Department of Behavioral Health
2021-2022 Quality Improvement Work Plan**

ACCESSIBILITY OF SERVICES

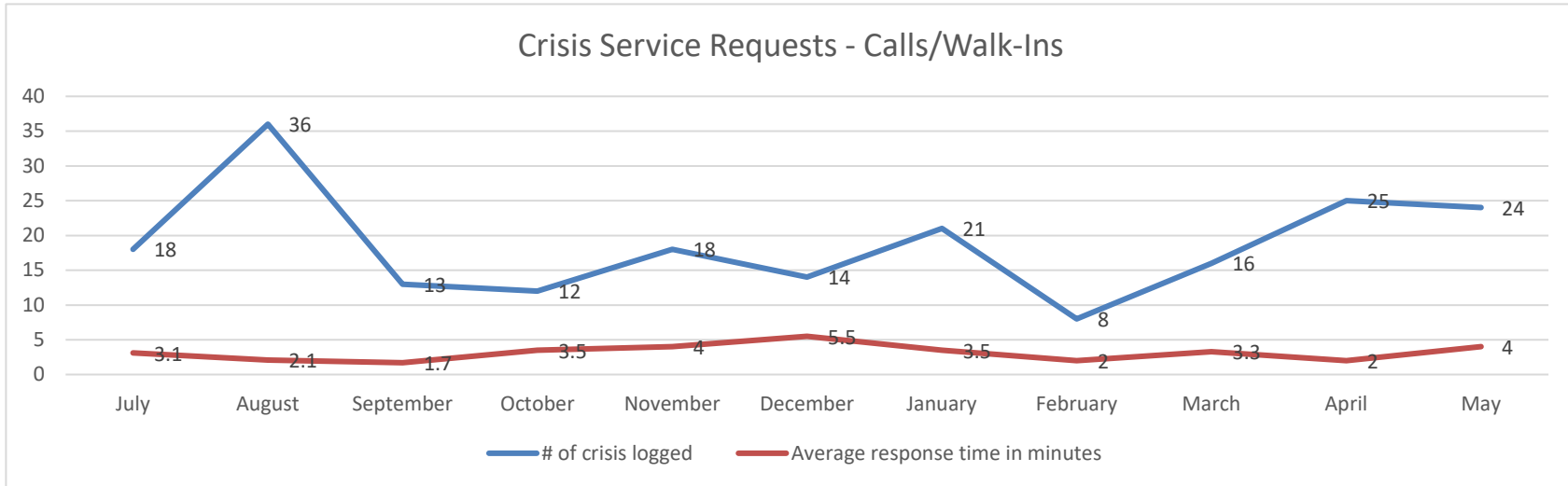
Timeline: July 2021 – June 2022			(*) = new goal
Objective	Indicator/Measurement	Responsible Entity	Planned Steps/Intervention
*Goal: Monitor Crisis Walk-Ins and Phone Calls			
1. Establish a process for the collection of crisis walk-ins and phone calls at all our clinics by end of first fiscal quarter.	Collection and Tracking Tools	QI Coordinator Managed Care Designee Front Desk Staff	<ul style="list-style-type: none"> • Communicate and educate agency staff on new process • Create collection and tracking tools • Prepare and present reports to QMC quarterly.



**Madera County Department of Behavioral Health
2021-2022 Quality Improvement Work Plan**

Evaluation:

1. Goal was met. A tool was created to track crisis related calls and walk-ins. The tool also tracks how long it takes for the crises to be addressed/linked to provider and quarterly reports are shared with management and issues addressed directly with staff who may not make themselves available to respond to crisis needs.



Goal for FY 22-23:

1. Beneficiaries will have timely access to services.
 - a. Clients requesting non-urgent mental health services are offered an initial assessment appointment within 10 business days 95% of the time.
 - b. Clients requesting initial non-urgent mental health services are offered psychiatry appointments within 15 business days 95% of the time.
2. Improve Access Line triaging and referral process starting in 07/01/2022
 - a. Ensure designated test callers are completing their 4 assigned calls per month
 - b. A minimum of 2 calls will be made in each Hmong and Spanish for a total of 4 calls per month
 - c. A minimum of 8 calls per month will be made during business hours
 - d. A minimum of 8 calls per month will be made during after hours
 - e. Train front desk staff on a quarterly basis on the type of information they must be able to provide to callers to include but not limited to, how to access SMHS, how to file a grievance, change of provider, where to locate informational material. First training to take place no later than 10/31/2022.



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COMPLIANCE WITH REQUIREMENT FOR CULTURAL COMPETENCE AND LINGUISTIC COMPETENCE

Timeline: July 2021 – June 2022				(*) = new goal
Objective	Indicator/Measurement	Responsible Entity	Planned Steps/Intervention	
*Goal: Cultural Competence Information Dissemination.				
1. Make a monthly Cultural Competence Calendar available to promote diversity, equity, and inclusion.	Agency Wide Newsletter: The Buzz issues	Cultural Competency Coordinator	<ul style="list-style-type: none"> • Monthly calendar with culturally relevant events and information 	
*Goal: Expanding Cultural Competence efforts				
2. Create a Cultural Competence Committee to refine our approach in promoting cultural competence.	Formation of Cultural Competence Committee	Cultural Competency Coordinator	<ul style="list-style-type: none"> • Partner with community members and other County leaders to establish committee • Determine committee logistics • Set up committee values and expectations. 	



Madera County Department of Behavioral Health 2021-2022 Quality Improvement Work Plan

Evaluation:

1. Goal was not met. Due to staffing shortages in this area, a calendar was not developed, however, cultural relevant emails have been sent out to staff to bring attention to Asian American and Pacific Islander Heritage Month, Pride and Juneteenth Month, Women's History Month, and Black History Month and others. Goal will be retained.
2. Goal was not met. Due to staffing shortages in this area, MCDBH was unable to implement a Cultural Competence committee this FY. A cultural competence standing item was added to the QIC meeting in an effort to share information with community partners and providers. Goal will be retained.

Goal for FY 22-23:

1. Establish a cultural competence calendar no later than 10/31/22 and continue cultural relevant monthly communications
2. Establish a cultural competence committee no later than 01/01/23
3. Interpreter training will be provided to those who provide said services no later than 01/01/23

ABBREVIATION KEY

BHS	Behavioral Health Services	OCC	Oakhurst Counseling Center
CIMH	California Institute of Mental Health	PDSA	Plan – Do – Study – Act
CCC	Cultural Competency Committee	PIP	Performance Improvement Project
CRC	Chowchilla Recovery Center	POQI	Performance Outcome Quality Improvement
CSL	Community Service Liaison	PS	Public Share
DMH	Department of Mental Health	QCM	Quality Control Management
FSP	Full-Service Partner	QI	Quality Improvement
IQIC	Interagency Quality Improvement Committee	QIC	Quality Improvement Committee
IT	Information Technology	QIC-CR	Quality Improvement Committee Chart Review
LSC	Lake Street Center	QM	Quality Management
MCC	Madera Counseling Center	QMC	Quality Management Committee
Med Rec	Medical Records	S&D	Screening and Disposition
MHFA	Mental Health First Aid	SED	Severely and Emotionally Disturbed
MHP	Mental Health Plan	SCERP	Small County Emergency Relief Plan
MMC	Medication Monitoring Committee	SMI	Severely and Mentally Ill