



## **Introduction**

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As required by the California State Department of Health Care Services and the Medi-Cal Managed Care Plan, the Shasta County Health and Human Services Agency through its Mental Health Plan (MHP) annually prepares a Quality Management Work Plan which describes the quality improvement activities, goals and objectives for the MHP.

The purpose of the Quality Management Work Plan is to provide up-to-date and useful information that can be used by internal stakeholders as a resource and practical tool for informed decision making and planning. Below is a Quality Management Program Description.

## **Quality Management Program Description**

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The Quality Improvement Coordinator is responsible for facilitating Quality Improvement Committee (QIC) meetings and ensuring participants receive up-to-date information.

The QIC is responsible for monitoring MHP effectiveness. This involves review and evaluation of QM and QI activities, auditing, tracking and monitoring, communication of findings, implementation of needed actions, ensuring follow-up for Quality Management (QM) Program processes, and recommending policy or procedural changes related to these activities.

The QIC monitors:

- 24/7 Crisis Line Response
- Accessibility to Services
- Assessments of Beneficiary and Provider Satisfaction
- Clinical Documentation and Chart Review
- Credentialing Process/Monitoring
- Cultural Competency Activities
- Notices of Action
- Performance Improvement Projects
- Practice Guidelines
- Resolution of Grievances, Appeals, and Fair Hearings
- Resolution of Provider Appeals
- Training
- Utilization Management/Review



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The QIC is comprised of representatives from Adult and Children's Services, Access Team, Crisis Services, Medical Services, Mental Health Services Act (MHSA), Managed Care, Compliance, Fiscal, Business Office, Outcomes, Planning & Evaluation (OPE), electronic health records (EHR), contracted providers, Patient Rights, and client/family members.

It is the goal of the QIC to build a structure that ensures the overall quality of services, including detecting both underutilization of services and overutilization of services. This is accomplished by realistic and effective quality improvement activities and data-driven decision making; collaboration amongst staff, including consumer/family member participants; utilization of technology for data analysis. Executive management and program leadership must be present to ensure that analytical findings are used to establish and maintain the overall quality of the service delivery system and organizational operations.

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

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

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

- Mental Health Performance Measures Committee
- MHP Cultural Competency Committee
- Compliance Committee
- Medical Services Staff Meetings
- Mental Health Alcohol and Drug Programs Board



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- MHP Community Education Committee
- MHP & Public Guardian Placement Meetings
- MHP Clinical Care Meetings
- MHP Electronic Health Records
- MHP Management Team
- MHSA Advisory Committee
- Organizational Provider Meetings
- Performance Improvement Process Committees
- Shasta County Homeless Continuum of Care
- Suicide Prevention Workgroup
- Utilization Review Committee

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## **2016-2017 Goals and Objectives**

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The following goals and objectives are based upon the DHCS Managed Care contract requirements for quality improvement work plans and Title 9 requirements in the following areas:

### **Service Delivery - Capacity and Timeliness**

The MHP is responsible for the monitoring of service delivery capacity and accessibility of services. The MHP will evaluate the distribution of mental health services by type of service and geography of client within its delivery system and set goals for service delivery. The MHP will set goals and monitor for timeliness of routine mental health appointments and urgent conditions, access to afterhours care, and responsiveness of the 24/7 toll-free line.

### **Beneficiary/Family Satisfaction**

The MHP is responsible for monitoring beneficiary satisfaction and ensuring that beneficiaries are informed of their rights and the problem resolution process. The MHP may use various methods for evaluating beneficiary satisfaction including: surveys, outreach, education, focus groups, and other related activities. The MHP must evaluate at least annually, beneficiary grievances, appeals, fair hearings and requests for change of providers. The MHP is also responsible for monitoring provider appeals.

### **Safety and Effectiveness of Medication and Clinical Practices**

The MHP is responsible for monitoring and evaluating its medication and clinical practices for safety and effectiveness. (Issues: monitoring standards and protocol, medication consents)



**Quality Improvement Committee Infrastructure and Activities**

The QIC is required to have a membership of practitioners and providers, as well as beneficiaries who have accessed specialty mental health services through the MHP and family members. Committee members should have active participation in the planning, design, and execution of the QI Program. The Committee should be involved or oversee QI activities including: recommending policy decisions, reviewing and evaluating results of QI activities, instituting needed QI actions, and ensuring follow-up of QI processes. The QI Committee must evaluate the effectiveness of the QI program and Work Plan and show how QI activities have contributed to improvement in clinical care and beneficiary service. The work plan must monitor previously identified issues, including tracking issues over time and provide evidence of appropriate follow-up activities.

<b><u>Service Delivery – Capacity and Timeliness</u></b>	
<b>Goal 1</b>	<b>The MHP will maintain adequate capacity for delivery of medically necessary specialty mental health services based on geographic area, that are appropriate in number and type of service.</b>
<b>Objective 1.a.</b>	<b>Monitor the number and type of service by geographic area and race/ethnicity, gender, and age and evaluate for appropriate level of service and penetration rates. Adjust service delivery when appropriate.</b>
	<b>Action Steps:</b> 1. Gather and evaluate data on numbers and types of services by: <ol style="list-style-type: none"> <li>a. Geographic area</li> <li>b. Number of Services</li> <li>c. Service type</li> <li>d. Gender</li> <li>e. Race/Ethnicity</li> <li>f. Age</li> </ol> 2. Adjust capacity and/or service delivery if need is determined.
<b>Monitoring Method</b>	1. Client zip code and service type will be gathered from Cerner billing system. 2. Medi-Cal penetration rate data.
<b>Reporting Frequency</b>	Annually



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<b>Responsible Partners</b>	<ul style="list-style-type: none"> <li>• QI Committee</li> <li>• Outcomes, Planning and Evaluation Unit</li> <li>• Program Directors and Managers</li> </ul>
<b>Reference</b>	<ol style="list-style-type: none"> <li>1. DHCS Annual Review Protocol FY16-17, Section A, 2a-d</li> <li>2. DHCS Contract, Exhibit A Attachment 1; 1. Provision of Services, 2. Availability and Accessibility of Services</li> </ol>

<b><u>Service Delivery – Capacity and Timeliness</u></b>	
<b>Goal 2</b>	<b>The MHP will maintain adequate capacity for timely delivery of routine and urgent specialty mental health services.</b>
<b>Objective 2.a.</b>	<b>Increase the number of Youth clients who receive first clinical assessment within 20 business days from the first request for services from 81.7% to 83.5%. (10% improvement from FY 15-16 baseline)</b>
	<b>Action Steps:</b> <ol style="list-style-type: none"> <li>1. Gather and evaluate data on when clients receive their first clinical assessment based on EHR assessment billing data (or scheduler if applicable).</li> <li>2. Share data analysis results with Program.</li> <li>3. If goal is not met, Program will plan and implement actions to achieve the goal.</li> </ol>
<b>Objective 2.b.</b>	<b>Increase the number of Adult clients who receive first clinical assessment within 20 business days from the first request for services from 77.1% to 79.4%. (10% improvement from FY 15-16 baseline)</b>
	<b>Action Steps:</b> <ol style="list-style-type: none"> <li>1. Gather and evaluate data on when clients receive their first clinical assessment based on EHR assessment billing data (or scheduler if applicable).</li> <li>2. Share data analysis results with Program.</li> <li>3. If goal is not met, Program will plan and implement actions to achieve the goal.</li> </ol>
<b>Objective 2.c.</b>	<b>Increase the number of Adult clients who receive first psychiatric appointment within 30 days of first request for services from 53.3% to 58.0%. (10% improvement over FY 15-16)</b>



<b><u>Service Delivery – Capacity and Timeliness</u></b>	
	<p><b>Action Steps:</b></p> <ol style="list-style-type: none"> <li>1. Gather and evaluate data on when adult clients receive their first psychiatric appointment based on EHR scheduling data.</li> <li>2. Share data analysis results with Program.</li> <li>3. If goal is not met, Adult Outpatient will plan and implement actions to achieve the goal.</li> </ol>
<b>Objective 2.d.</b>	<p><b>Increase percentage of Youth clients referred to Organizational Providers who are scheduled for an appointment within 10 business days of first request for services by 10%. (NVCSS from 94.6% to 95.1%; Remi Vista from 91.7% to 92.5%; VCSS from 77.2% to 79.5%)</b></p>
	<p><b>Action Steps:</b></p> <ol style="list-style-type: none"> <li>1. Gather and evaluate data from the EHR scheduler program on availability of Organizational Provider appointments. Include evaluation of reasons for below average numbers.</li> <li>2. Establish baseline of current percentage of clients who receive an appointment within 10 days of request for services.</li> <li>3. Establish target based on baseline.</li> <li>4. Share data analysis results with Program.</li> <li>5. If goal is not met, Children’s Access in conjunction with Organizational Providers will plan and implement actions to achieve the goal.</li> </ol>
<b>Objective 2.e.</b>	<p><b>All beneficiaries presenting with an urgent condition, as defined in Title 9, Subsection 1810.253, will be seen within 1 day.</b></p>
	<p><b>Action Steps:</b></p> <ol style="list-style-type: none"> <li>1. Urgent Care workgroup will set parameters for indicators/measures.</li> <li>2. Collect data on indicators/measures and evaluate for timeliness.</li> <li>3. If current goal is met, maintain goal of all requests for services to address urgent condition will be seen within 24 hours.</li> <li>4. If current goal is not met, establish baseline and improvement goal.</li> </ol>
<b>Monitoring Method</b>	<ol style="list-style-type: none"> <li>1. Initial assessment data from EHR.</li> <li>2. Initial psychiatric appointments from EHR Scheduler.</li> <li>3. Scheduler data on availability of organizational provider initial appointments.</li> </ol>



<b><u>Service Delivery – Capacity and Timeliness</u></b>	
<b>Reporting Frequency</b>	Quarterly
<b>Responsible Partners</b>	<ul style="list-style-type: none"> <li>• QI Committee</li> <li>• Outcomes, Planning and Evaluation Unit</li> <li>• Program Directors and Managers</li> <li>• Organizational Providers</li> <li>• Managed Care/QI Unit</li> </ul>
<b>Reference</b>	<ul style="list-style-type: none"> <li>• <b>DHCS Annual Review Protocol FY16-17, Section A, 2e; Section B, 9a, 3; Section I, 6e. 2, 3; Section I, 11b</b></li> <li>• DHCS Contract, Exhibit A Attachment 1; 1. Provision of Services, 2. Availability and Accessibility of Services</li> </ul>

<b><u>Service Delivery – Capacity and Timeliness</u></b>	
<b>Goal 3</b>	<b>Evaluate crisis prevention and discharge planning activities for clients at risk of hospitalization or that have been hospitalized in the previous 12 months.</b>
<b>Objective 3.a.</b>	<b>Maintain percentage of Shasta County adult beneficiaries who receive a follow-up psychiatric appointment within 7 days of discharge from a psychiatric inpatient facility at the FY1415 baseline of 76.9% (Data will not reflect those individuals who receive psychiatric care from providers other than Shasta County Mental Health.)</b>
	<b>Action Steps:</b> <ol style="list-style-type: none"> <li>1. Gather and evaluate data from EHR Scheduler.</li> <li>2. Share data analysis results with Program.</li> <li>3. Program will engage in continuous quality improvement process until goal is reached and ongoing to maintain the goal.</li> </ol>
<b>Objective 3.b.</b>	<b>95% of Shasta County youth beneficiaries will receive follow up contact within 7 days of discharge from psychiatric inpatient facility.</b>



<b><u>Service Delivery – Capacity and Timeliness</u></b>	
	(Data will not reflect those individuals who receive psychiatric care from providers other than Shasta County Mental Health and its contracted organizational providers.)
	<b>Action Steps:</b> <ol style="list-style-type: none"> <li>1. Gather and evaluate data from EHR Scheduler.</li> <li>2. Share data analysis results with Program.</li> <li>3. Program will engage in continuous quality improvement process until goal is reached and ongoing to maintain the goal.</li> </ol>
<b>Objective 3.c.</b>	<b>75% of Shasta County youth beneficiaries who are prescribed psychotropic medications will be offered a follow up appointment with a prescriber within 14 days of discharge from a psychiatric inpatient facility.</b>  (Data will not reflect those individuals who receive psychiatric care from providers other than Shasta County Mental Health and its contracted organizational providers.)
	<b>Action Steps:</b> <ol style="list-style-type: none"> <li>1. Gather and evaluate data from the EHR and Scheduler</li> <li>2. Share data analysis results with Program and Organizational Providers.</li> <li>3. Program and Organizational Providers will engage in continuous quality improvement process until goal is reached and ongoing to maintain the goal.</li> </ol>
<b>Objective 3.d.</b>	<b>Maintain psychiatric inpatient re-hospitalization within 30 days at 13% or less.</b>
	<b>Action Steps:</b> <ol style="list-style-type: none"> <li>1. Gather and evaluate data from the EHR and Urgent Care Database.</li> <li>2. Share data analysis results with Program.</li> <li>3. If goal is not met, Program will plan and implement actions to achieve the goal.</li> </ol>
<b>Monitoring Method</b>	<ol style="list-style-type: none"> <li>1. For Adult, EHR Scheduling Data for psychiatric appointments.</li> <li>2. Data from Urgent Care database for discharge date.</li> </ol>



<b><u>Service Delivery – Capacity and Timeliness</u></b>	
	3. For Children’s, data gathered from EHR on SAI appointment with client.
<b>Reporting Frequency</b>	Quarterly
<b>Responsible Partners</b>	<ul style="list-style-type: none"> <li>• QI Committee</li> <li>• Outcomes, Planning and Evaluation Unit</li> <li>• Program Directors and Managers</li> <li>• Organizational Providers</li> </ul>
<b>Reference</b>	<ul style="list-style-type: none"> <li>• <b>DHCS Annual Review Protocol FY16-17, Section I, 6e. 3</b></li> <li>• DHCS Contract, Exhibit A Attachment 1, 2. Availability and Accessibility of Services</li> </ul>

<b><u>Service Delivery – Capacity and Timeliness</u></b>	
<b>Goal 4</b>	<b>Ensure access to after-hours care and the effectiveness of the 24/7 toll-free number.</b>
<b>Objective 4.a.</b>	<b>95% of test calls will be answered and all necessary elements logged on IRSMHS log sheet or in IRSMHS database.</b>
	<p><b>Action Steps:</b></p> <ol style="list-style-type: none"> <li>1. Quarterly training of staff who answer the 24/7 line on required elements and correct logging of information. (OPE and Managed Care)</li> <li>2. Two (2) total test calls will be performed monthly in English testing specific knowledge elements.</li> <li>3. Gather and evaluate data.</li> <li>4. If goal not reached, plan and implement actions to achieve goal.</li> </ol>
<b>Objective 4.b.</b>	<b>95% of test calls requiring an interpreter will be completed successfully. Success is defined as: Correct language interpreter successfully engages with the caller.</b>



<b><u>Service Delivery – Capacity and Timeliness</u></b>	
	<p><b>Action Steps:</b></p> <ol style="list-style-type: none"> <li>1. Quarterly training of staff who answer the 24/7 line on required elements and correct logging of information. (OPE and Managed Care)</li> <li>2. One (1) Spanish language test call performed monthly.</li> <li>3. One (1) Mien language test calls performed monthly.</li> <li>4. Gather data and monitor staff performance and language line performance.</li> <li>5. If goal not reached, plan and implement actions to achieve goal.</li> </ol>
<b>Monitoring Method</b>	<ol style="list-style-type: none"> <li>1. IRSMHS database</li> <li>2. Test Call Log</li> </ol>
<b>Objective 4.c.</b>	<b>100% of calls to the 24/7 Access line will be answered by a live person.</b>
	<p><b>Action Steps:</b></p> <ol style="list-style-type: none"> <li>1. Answer log will be kept by access line staff.</li> <li>2. Rate of calls answered will be monitored and reported by staff supervisor and reported to QIC.</li> <li>3. Supervisor and staff will implement strategies to meet goal.</li> <li>4. After-hours contract staff will keep log of calls answered.</li> <li>5. Rate of calls answered will be monitored and reported by contract monitor and reported to QIC.</li> <li>6. If goal is not met, contract monitor and contract employees will implement strategies to meet goal.</li> </ol>
<b>Objective 4.d.</b>	<b>100% of the time, beneficiaries will have access to after-hours care.</b>
	<p><b>Action Steps:</b></p> <ol style="list-style-type: none"> <li>1. After-hours contract staff will keep log of calls answered.</li> <li>2. Rate of calls answered will be monitored and reported by contract monitor and reported to QIC.</li> <li>3. If goal is not met, contract monitor and contract employees will implement strategies to meet goal.</li> <li>4. MHP will monitor urgent condition/crisis calls received after hours that are transferred to ensure that all urgent condition/crisis calls are successfully transferred to a live mental health worker.</li> <li>5. If goal is not met, the MHP will implement strategies to meet goal.</li> </ol>
<b>Reporting Frequency</b>	Quarterly
<b>Responsible Partners</b>	<ul style="list-style-type: none"> <li>• QI Committee</li> <li>• Outcomes, Evaluation and Planning Unit</li> </ul>



<b><u>Service Delivery – Capacity and Timeliness</u></b>	
	<ul style="list-style-type: none"> <li>• Managed Care</li> <li>• Front Office</li> <li>• Answering Service Contractor</li> </ul>
<b>Reference</b>	<ul style="list-style-type: none"> <li>• <b>DHCS Annual Review Protocol FY16-17, Section A, 2e; Section B, 9a, 1-4; Section B, 10a-10b, 1-3</b></li> <li>• DHCS Contract, Exhibit A Attachment 1, 1. Provision of Services, 2. Availability and Accessibility of Services</li> </ul>

<b><u>Beneficiary/Family Satisfaction</u></b>	
<b>Goal 5</b>	<b>Conduct client satisfaction surveys (POQI) annually or semi-annually as required by DHCS.</b>
<b>Objective 5.a.</b>	<p><b>Improve client satisfaction by a 10% increase (from 2014 baseline) of Agree or Strongly Agree in the following areas:</b></p> <p>Adult</p> <ol style="list-style-type: none"> <li>1. I like the services that I received here.</li> <li>2. I was able to get all the services I thought I needed.</li> </ol> <p>Youth</p> <ol style="list-style-type: none"> <li>1. Overall, I am satisfied with the services I received.</li> <li>2. I got as much help as I needed.</li> </ol> <p>Youth Caregiver</p> <ol style="list-style-type: none"> <li>1. My family got as much help as we needed for my child.</li> </ol>
	<p><b>Action Steps:</b></p> <ol style="list-style-type: none"> <li>1. MHP and contracted Organizational Providers will provide surveys to beneficiaries/families and submit results to DHCS.</li> <li>2. Upon receipt of data from DHCS, QI Committee will evaluate data.</li> <li>3. Share data analysis with Programs and Organizational Providers.</li> <li>4. Continue to plan and implement actions to increase beneficiary/family satisfaction.</li> </ol>



<b>Beneficiary/Family Satisfaction</b>	
<b>Objective 5.b.</b>	<b>Beneficiary/family participation and response to Client Satisfaction Survey (POQI) will increase by 10% from the baseline of 2014.</b>
	<p><b>Action Steps:</b></p> <ol style="list-style-type: none"> <li>1. Provide a quiet area for beneficiaries/families to complete the survey.</li> <li>2. Provide volunteer support for beneficiaries/families to complete the survey.</li> <li>3. Explore ideas for incentives for beneficiaries/families to complete the survey.</li> <li>4. Evaluate survey completion data.</li> <li>5. Share data with Programs and Organizational Providers.</li> <li>6. Plan and implement actions to increase beneficiary/family participation.</li> </ol>
<b>Monitoring Method</b>	<ol style="list-style-type: none"> <li>1. Data on survey completion rates.</li> <li>2. Data analysis from DHCS.</li> </ol>
<b>Reporting Frequency</b>	Semi-Annually, or as results are received from DHCS.
<b>Responsible Partners</b>	<ul style="list-style-type: none"> <li>• QI Committee</li> <li>• Outcomes, Evaluation and Planning Unit</li> <li>• Front Office</li> <li>• Organizational Providers</li> <li>• Managed Care</li> </ul>
<b>Reference</b>	<ul style="list-style-type: none"> <li>• <b>DHCS Annual Review Protocol FY16-17, Section I, 2, 2a</b></li> <li>• DHCS Contract, Exhibit A Attachment 1; 22. Quality Management Program, 23. Quality Improvement Program</li> <li>• Title 9, Section 1810.440</li> </ul>

<b>Beneficiary/Family Satisfaction</b>	
<b>Goal 6</b>	<b>Conduct activities to assess beneficiary/family satisfaction.</b>



<b>Beneficiary/Family Satisfaction</b>	
<b>Objective 6.a.</b>	<b>Upon implementation of MORS, 90% of adult clients will receive a MORS assessment at least quarterly.</b>
	<p><b>Action Steps:</b></p> <ol style="list-style-type: none"> <li>1. Implement MORS throughout Adult Services as a recovery measurement tool.</li> <li>2. Analyze MORS implementation from EHR data.</li> <li>3. Share data analysis with Program.</li> <li>4. If goal is not met, Program will plan and implement actions to achieve goal.</li> </ol>
<b>Objective 6.b.</b>	<b>Develop and implement a method(s) for assessing beneficiary/family satisfaction and set goals for assessment activity and satisfaction ratings. Activities may include (but not limited to) develop an effective survey, outreach, education, and/or focus groups. The committee will obtain participation from consumers, family members, organizational providers, and Shasta County direct care, supervisory, and management staff.</b>
	<p><b>Action Steps:</b></p> <ol style="list-style-type: none"> <li>1. Conduct pilot of mailing Shasta County Service Satisfaction Survey to beneficiaries who discharge or are otherwise closed to services.</li> <li>2. Evaluate effectiveness of pilot.</li> <li>3. Explore ways to offer Shasta County Service Satisfaction Survey to beneficiaries such as via survey monkey through web link and on internet webpage, tablets provided at access points, and via follow up phone calls.</li> <li>4. Work with Privacy Officer on offering survey in Survey Monkey.</li> <li>5. Create survey in Survey Monkey.</li> <li>6. Price tablets.</li> <li>7. Team with Access points on offering survey via tablets.</li> <li>8. Work with Privacy Officer on HIPAA compliant procedure for satisfaction survey follow up calls.</li> </ol>
<b>Monitoring Method</b>	<ol style="list-style-type: none"> <li>1. Data on surveys completed from database.</li> <li>2. MORS completion data from EHR.</li> <li>3. Report to QI Committee from Children's and Organizational Providers.</li> </ol>
<b>Reporting Frequency</b>	Semi-Annually



<b>Beneficiary/Family Satisfaction</b>	
<b>Responsible Partners</b>	<ul style="list-style-type: none"> <li>• Adult and Children’s Programs</li> <li>• Outcomes, Planning and Evaluation Unit</li> <li>• Organizational Providers</li> <li>• QI Committee</li> </ul>
<b>Reference</b>	<ul style="list-style-type: none"> <li>• <b>DHCS Annual Review Protocol FY16-17, Section I, 2, 2a</b></li> <li>• DHCS Contract, Exhibit A Attachment 1; 22. Quality Management Program, 23. Quality Improvement Program</li> <li>• Title 9, Section 1810.440</li> </ul>

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



<b>Beneficiary/Family Satisfaction</b>	
<b>Reporting Frequency</b>	Semi-Annually
<b>Responsible Partners</b>	<ul style="list-style-type: none"> <li>• Managed Care</li> <li>• QI Committee</li> <li>• Programs and staff</li> </ul>
<b>Reference</b>	<ul style="list-style-type: none"> <li>• <b>DHCS Annual Review Protocol FY16-17, Section I, 2b, 2c, 6b,</b></li> <li>• DHCS Contract, Exhibit A Attachment 1; 22. Quality Management Program, 23. Quality Improvement Program</li> <li>• Title 9, Section 1810.440</li> </ul>

<b>Beneficiary/Family Satisfaction</b>	
<b>Goal 8</b>	<b>The QI Program will monitor appeals.</b>
<b>Objective 8.a.</b>	<b>100% of appeals will be resolved within the timeframes specified by state and federal regulating agencies.</b>
	<b>Action Steps:</b> <ol style="list-style-type: none"> <li>1. Managed Care will prepare and present a report quarterly to the QI Committee on appeal issues, trends, and resolutions.</li> </ol>
<b>Monitoring Method</b>	1. Managed Care appeal log
<b>Reporting Frequency</b>	Semi-Annually
<b>Responsible Partners</b>	<ul style="list-style-type: none"> <li>• Managed Care</li> <li>• QI Committee</li> </ul>
<b>Reference</b>	<ul style="list-style-type: none"> <li>• <b>DHCS Annual Review Protocol FY16-17, Section I, 6b</b></li> <li>• DHCS Contract, Exhibit A Attachment 1; 22. Quality Management Program, 23. Quality Improvement Program</li> <li>• Title 9, Section 1810.440</li> </ul>



<b>Safety and Effectiveness of Medical and Clinical Practices</b>	
<b>Goal 9</b>	<b>Ensure that clinical practices are safe, effective, and support wellness and recovery.</b>
<b>Objective 9.a.</b>	<b>All newly hired staff, in job specifications that require it, will receive the clinical practice and documentation training within 90 days of hire. (Children’s, Adult, and Medication Support Staff)</b>
	<b>Action Steps:</b> <ol style="list-style-type: none"> <li>1. Programs will provide the clinical practice and documentation training and track who attends.</li> <li>2. Programs will provide data on training attendance to Managed Care.</li> <li>3. Programs will provide refresher trainings as needed.</li> </ol>
<b>Objective 9.b.</b>	<b>Review medication practices for safety and effectiveness.</b>
	<b>Action Steps:</b> <ol style="list-style-type: none"> <li>1. Define the medication practices that will be evaluated for safety and effectiveness.</li> <li>2. Develop data measures and collection methodologies to monitor medication practices.</li> <li>3. Conduct audit of medication practices.</li> <li>4. Evaluate data and report results to QI Committee.</li> <li>5. MHP will take action if any safety or effectiveness issues are identified.</li> </ol>
<b>Monitoring Method</b>	<ol style="list-style-type: none"> <li>1. Sign-in sheets for trainings.</li> <li>2. EHR data on staff population who need training.</li> <li>3. Medication practices monitoring tools.</li> <li>4. Medication practices audit results.</li> </ol>
<b>Reporting Frequency</b>	Documentation Training – Annually Medication Monitoring – Semi-Annually
<b>Responsible Partners</b>	<ul style="list-style-type: none"> <li>• Outpatient Medication Support Services</li> <li>• Adult and Children’s Services Branches</li> <li>• QI Committee</li> <li>• Managed Care</li> </ul>
<b>Reference</b>	<ul style="list-style-type: none"> <li>• <b>DHCS Annual Review Protocol FY16-17, Section I, 3a</b></li> <li>• DHCS Contract, Exhibit A Attachment 1; 22. Quality Management Program, 23. Quality Improvement Program, 25. Practice Guidelines</li> </ul>



<b>QI Program and QI Committee</b>	
<b>Goal 10</b>	<b>Strengthen the infrastructure and improve the practices and effectiveness of the Quality Improvement Program.</b>
<b>Objective 10.a.</b>	<b>The QI Committee will develop a method for identifying, addressing, tracking, and evaluating quality of care issues.</b>
	<p><b>Action Steps:</b></p> <ol style="list-style-type: none"> <li>1. Delegate a subcommittee.</li> <li>2. The subcommittee will meet and put together recommendations for how to effectively:               <ol style="list-style-type: none"> <li>a) identify quality of care issues,</li> <li>b) monitor actions taken,</li> <li>c) track issues and actions taken over time, and</li> <li>d) evaluate and report on effectiveness of actions taken.</li> </ol> </li> <li>3. Subcommittee will report recommendations to QIC.</li> <li>4. QIC will adopt a method to achieve the goal, test it, and evaluate for effectiveness.</li> </ol>
<b>Objective 10.b.</b>	<b>The QI Committee will increase beneficiary and family member involvement in the QI Committee activities, decisions, and oversight.</b>
	<p><b>Action Steps:</b></p> <ol style="list-style-type: none"> <li>1. QI Committee will create a plan for engaging in various activities to seek out and involve beneficiary and family members. This may include, but is not limited to, surveys, subgroups, reach out to organizations, hire consumer/family members.</li> <li>2. Create action items with responsible parties and due dates.</li> <li>3. Report back to QI Committee.</li> <li>4. QI Committee will evaluate effectiveness.</li> </ol>
<b>Objective 10.c.</b>	<b>The QI Committee will assure participation of direct care staff in quality improvement (QI) activities, by having Program and Organizational Provider leads and Cultural Competency Coordinator report to the QI Committee with QI activities their staff/agencies are currently engaged in, and what programs and efforts are having a positive impact.</b>
	<p><b>Action Steps:</b></p> <ol style="list-style-type: none"> <li>1. Program reports to QI Committee.</li> <li>2. QI Committee will review for effectiveness.</li> </ol>



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QI Program and QI Committee	
<b>Monitoring Method</b>	<ol style="list-style-type: none"> <li>1. QIC will evaluate on an ongoing basis the tools and methods for improving the effectiveness of the QI Program.</li> <li>2. Sign-in sheets for meetings.</li> <li>3. Program/Organizational Provider reports of QI activities.</li> </ol>
<b>Reporting Frequency</b>	<p>Identifying, tracking QI issues and assure participation of staff in QI activities – Quarterly            Increase beneficiary and family member involvement – Semi-Annually            Report of Cultural Competency Coordinator - Annually</p>
<b>Responsible Partners</b>	<ul style="list-style-type: none"> <li>• Children’s Services</li> <li>• Adult Services</li> <li>• Medication Support Services</li> <li>• Organizational Providers</li> <li>• QI Committee</li> <li>• QI Program</li> </ul>
<b>Reference</b>	<ul style="list-style-type: none"> <li>• <b>DHCS Annual Review Protocol FY16-17, Section I, 5, 6d, 7a, 7b,</b></li> <li>• DHCS Contract, Exhibit A Attachment 1; 22. Quality Management Program, 23. Quality Improvement Program</li> <li>• Title 9, Section 1810.440</li> </ul>