AMADOR COUNTY BEHAVIORAL HEALTH

QUALITY IMPROVEMENT PROGRAM
2022-2023 WORK PLAN

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Goal: Complete Regulatory Reviews	
Objective	**Indicator; Goal**
Review and evaluate progress of Work Plan Quarterly and Annually.	QIC Reports, reported to stakeholders and QIC Committee. Annual review of the Work Plan to be complete in July 2023.
Track all Notices of Adverse Benefit Determinations (NOABD) and distribute Appeals Notice with all NOABDs submitted (CCR 1820.205)	UM Meeting Minutes; 100% tracking of all NOABDs sent, to be reviewed Quarterly.
Approve/deny all Treatment Authorization Requests (CCR 1810.365, 1820.225, 1830.215 – 220) while ensuring inpatient services meet Title 9 Medical Necessity Criteria and must adequately and timely cover services, coordinate authorization and payment (CFR 438.206 and CCR 1830.220)	UM Meeting Minutes; 100% of TARS to be approved or denied within 14 days by an LMFT or LCSW; to be reviewed monthly.
Annual review of Authorization Forms for both Inpatient (Concurrent Review) and Outpatient (BH-IN 22-016 and 017)	Annual review
Approve/deny services for out of county children who have been adopted from Amador County or are under Kin Gap (CCR 1810.215)	UM Meeting Minutes; 100% of SARS to be approved or denied by an LMFT or LCSW; to be reviewed Quarterly.
UR to review 100% of all assessments and annual assessments.	All assessments to have UR Staff signature as proof that review was completed within 5 days.
Review and update UM Program Description and activities, monitor for under/over utilization (CFR 438.240), monitor providers for timely access (CCR 1830.205 – 210, 1810.440, CFR 438.206)	UM Meeting Minutes
Compliance Reviews: 1. Annual Review of the Beneficiary Handbook 2. Monthly Review of Provider Directory (42 CFR 438.10(g) and (h))	QIC Meeting Minutes

Goal: Improve Client Access to Services	
Objective	**Indicator; Goal**
Measure length of time from initial contact to first offered appointment (CCR 1810.345, 1810.405, CFR 438.210)	EHR Report, 10 business days/14 Calendar Days
Begin annually tracking the number of foster youth referred for a first appointment.	EHR Report, Excel spreadsheet

Track the timeline of the first kept appointment. Although there is no MHP goal for this data, aim to maintain at least 85% seen within 10 business days.	EHR Report (CSI Assessment Report)
Track and trend access data for timely appointments for urgent conditions (CCR 1810.253)	Access Tracking Spreadsheet; Same day goal (24 hours or less)
Track and trend after-hour urgent condition response time to ensure a timely response.	Crisis Tracking Spreadsheet; 1 hour goal for 5150 Evaluations
Track and trend data to assure timely access to follow-up appointments after hospitalization, with the goal to have 85% of all hospitalized clients meet the 7 day goal.	Crisis Tracking Spreadsheet; The goal is to have follow up within 7 days or less. Review Quarterly
Monitor length of time from referral to psychiatric appointments	EHR Report, Goal of 15 business
Increase compliance of 1st offered Psychiatric Appointment by 10% both for Kids and Adults (from last year 65%-kids and 74%-adults)	EHR Report, Goal of 15 business
Complete at least 10 Test Calls per year to evaluate the responsiveness of the 24-Hour Toll Free phone number. 1. Language Capability in all languages spoken by beneficiaries of the county. 2. Information about how to access specialty mental health services 3. Information about services needed to treat a beneficiary's urgent condition 4. Information about how to use the beneficiary problem resolution and fair hearing process 5. The written log included the beneficiary's name, date of request, and initial disposition of the request.	Test call forms; goal that 85% of all calls pass both informative sections and written log annually

Goal: Monitor and Ensure Cultural Competent Services	
Objective	**Indicator; Goal**
Clients will receive services in the language they request	Review of Consumer Perception Surveys, Grievances, and clinical documentation; Utilize Latino Engagement data pulled and analyzed by MHSA Coordinator. Goal of 95% of the time this is met
Review satisfaction surveys to assure respondents had access to	Review of Consumer Perception Surveys; Utilize Latino

written information in their primary language	Engagement data pulled and analyzed by MHSA Coordinator. Goal of 95% of the time this is met
Test calls in Spanish to meet standards	Test call forms; at least 3 calls annually with a 90% passing rate
Track and Trend cultural competency trainings provided to staff and contracted providers	QIC Meeting Minutes; Track and trend Annually
Ensure completion of Cultural Plan and Annual Updates are completed	QIC Meeting Minutes; Track and trend Annually

Goal: Access and Report on Beneficiary Satisfaction	
Objective	**Indicator; Goal**
Review and report results of satisfaction surveys, including the surveys distributed bi-annually from contracted provider, Sierra Child and Family	All Staff Meeting Minutes and stakeholder meeting minutes; Track and trend Annually
Annual evaluation of grievances, appeals, expedited appeals, fair hearings, and expedited fair hearings. Analyze data for any type of cultural impact or trends.	QIC Meeting Minutes; Goal is to resolve 90% of grievances and appeals within regulatory standards Annual Review with as needed reports to QI.
Annually review change of provider requests and second opinions (CCR 1830.225 and 1810.405)	Compliance/Leadership Meeting Minutes; annually
Report to consumers, family members and other stakeholders the updates and outcomes of QI measures in order to obtain feedback and ensure that providers, beneficiaries and family members evaluate data to identify barriers to improvement	Quarterly

Goal: Improve Clinical Care	
Objective	**Indicator; Goal**
Track and trend Medication Monitoring for safety and effectiveness of medication practices. Ensure follow-up is completed for any outstanding items or items that need corrections.	Compliance Meeting Minutes; goal of 16 charts per year
Complete clinical peer chart reviews.	Completion of audit forms by clinicians; Goal of 4 per quarter
Track and trend data regarding re-hospitalizations, including number of admissions and number of readmission within 30 days.	QIC Meeting Minutes; Goal of less than 10% re-admitted within 30 days.
Goal to improve the # of clients re-hospitalized within 7 days by 2% (last year's readmission rate was 6%).	QIC Meeting Minutes; Goal of less than 5% re-admitted within 7 days.

Goal to improve the # of clients re-hospitalized within 30 days by 9% (last year's readmission rate was 19%).	
Begin Tracking the number of mobile contact follow-ups by days (Mobile tracking spreadsheet that indicates # of clients they are attempting to make contact with and within # of days).	Track this Fiscal Year to establish a goal.
Track and trend time from 5150 to admission to psychiatric hospital.	Annual Review
Two Performance Improvement Projects (PIPs) are confirmed active.	2 Active PIPs
Continue Monitoring the State Plan Drug Medi-Cal Program.	Monthly DMC Meeting
Increase number of MORS completed by 10%	Goal to increase clients with a MORS score by 10% (last year 38% of eligible adult clients had MORS).
Track by month the number of adult clients seen and # of MORS completed.	EHR Reports
Continue Completion Children's level of care tools. Including: 1. CANS 2. PSC-35	To be monitored monthly
Coordinate with physical health care to share information and decrease duplication of services (CFR 45 Parts 160 and 164).	Annually; goal is to increase clients with a Primary Care ROI submitted within that fiscal year; having more than 50% of clients having one on file (last fiscal year it was at 49%)
Track and trend number of clients with co-occurring diagnoses.	Annually
Track the number of SUD clients that were enrolled in the year. Including the reasons for discharge.	Reviewed Quarterly

Goal: Monitor Service Capacity	
Objective	**Indicator; Goal**
Track and trend the number of unduplicated clients served, and compare it to previous fiscal year.	EHR Report; annually
Track and trend the Penetration Rate, and compare it to previous fiscal year.	EHR Report; annually
Track and trend geographic distribution of services: Baseline data indicates that 50% of all mental health services are provided to residents in Ione (16%) and Jackson (25%).	Annually; goal is to increase to outlying areas by 5%
Track and trend No-show data with a goal to decrease Psychiatric	UM Meeting Minutes; goal for Psychiatry- 15% (FY 21-22, 12%),

rate by 2% and the Clinical rate by 5% *Last year we were within range for Psychiatric services, but the MHP acknowledges that is our most costly provider and we would benefit from lowering that No-show rate.	Clinical- 10% (FY 21-22, 15%)
Monitor and reduce the total Not Seen percentages for both clinical and psychiatric staff	FY 21-22 the total not seen (No show, client cancelled, staff cancelled) was 28%- Psy and 31%-clinical Goal is to decrease both by 5%
Track and trend the types of mental health services provided to clients	Annually
Track and trend the number of clients who have received less than four services.	UM Meeting Minutes; Monthly
Track, trend, and compare annually the types of services provided (i.e. Outpatient, Psychiatric, and Alcohol and Drug).	Annually
Track and trend services by age, gender, and ethnicity	Annually

Goal: Monitor Contracted and Network Providers	
Objective	**Indicator; Goal**
Track and trend the number of appeals by contracted providers	UM Meeting Minutes
Complete provider satisfaction surveys, for both Contracted and Network Providers, at least every two years	Needs completion in FY 22-23

Monitor For Network Provider (Sierra Child and Family):
  1. Hours of operation not less than hours of operation to non Medi-Cal beneficiaries
  2. Compliance with Documentation Standards
  3. Whether they are accepting Medi-Cal beneficiaries
  4. Ability to communicate with limited English Proficient Beneficiaries in their preferred language.
  5. Accessible equipment for beneficiaries with physical or mental disabilities.
	Annually