Inyo County Health & Human Services –Behavioral Health
Quality Improvement Work Plan 20-21

OBJECTIVE	ACTIVITY	PERSON(S) RESPONSIBLE OR PROGRAM	AUDITING TOOL	TIMELINES/ COMPLETION DATE
Goal #1: Monitor and Ensure Service Delivery Capacity				
Objective A: Location of clients receiving services by zip code Demographics of clients receiving services (Adult, Children, Foster) Types of services clients are receiving	Monitor data collected on Medi-Cal beneficiaries Data to be analyzed by QIC and Leadership to determine areas of deficiencies	QA Staff Analyst QA Supervisor QIC Leadership	Client roster report Client diagnosis report Client services report Anasazi Dashboards NACT	Quarterly
Objective B: Monitor Productivity in accordance with predetermined staff-specific productivity measures	Staff will enter all services into Kingsview Staff productivity will be evaluated by utilizing productivity reports based on the client services report Supervisors will monitor reports	QA Analyst Leadership Staff	Anasazi Reports and Dashboards Productivity spreadsheet	Monthly
Objective C: Track previously identified QI activities over time	Analyst Team will track QI activities over time to include objectives, scope, and planned activities with targeted areas of improvement	QA Analyst Leadership QIC	QI Work Plan QIC Agendas QIC Minutes	Ongoing tracking system Report quality of care concerns quarterly at QIC

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Goal #2: Ensure Accessibility to Services				
Objective A: Monitor timeliness of routine initial mental health assessment to ensure compliance with the 10 business day standard Monitor timeliness of psychiatry appointments to ensure compliance with the 15 business day standard	Assign to PIP to explore options Provide training to staff on the CFR 42 requirements for time and distance Timeliness of assessments will be tracked from date of request to first offered appointment Staff will further delineate the data into Adult, Children's, and foster children	QA Analyst QA Supervisor	NACT Assessment Measures Report Anasazi Dashboards CANS	Quarterly
Objective B: Monitor timeliness of response to urgent and emergent calls during clinic hours to ensure 75% are made within one hour Monitor timeliness of response to urgent and emergent calls after hours to ensure 75% are made within one hour	Staff will utilize the on-call logs Data to be analyzed by QIC and Leadership to determine areas of deficiencies	QA Analyst Leadership Staff	Access Line Log On-Call logs	Quarterly
Objective C:	Urgent conditions will be	QA Analyst	Access Line Log	Quarterly

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Track utilization of urgent appointment provision within 7 days	included in quarterly timeliness report	Supervisors	On-Call logs	
Objective D: Monitor post hospitalization follow up appointments being offered within 7 days. Develop a P&P	Follow up appointments will be tracked according to discharge date Identify clients for increased outreach efforts	Hospital Liaison (?) Assistant to the Deputy Director, BH	Post hospitalization follow up sheets Hospitalizations Spreadsheet	Quarterly
Objective E: Monitor the responsiveness of the 24 hour, toll-free telephone number with all calls being provided appropriate information and logged	Test Calls will be conducted at a rate of no less than four per quarter • 2 calls will be in English • 2 calls will be in Spanish Calls will be evaluated on the following information: • How to access specialty mental health services • Information for urgent conditions • How to use the beneficiary problem resolution and fair hearing process • 24/7 Access training (including interpreter access) will be offered	QA Staff QIC	Test Call Worksheet Test Call scripts Test call data will be reported quarterly to DHCS and reviewed at QIC Language Line dashboard	Quarterly

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	to all staff bi-annually			
Objective F: Ensure the provision of culturally and linguistically appropriate services by developing a mental health-focused interpreter training curriculum	Culturally relevant trainings will be planned annually in accordance with the Cultural Competency Plan Linguistic access training will be offered to staff	QIC CRC	Sign in sheets Training flyers Pre/Post tests	Annual Training Reassessed every October QIC for the CCP in Dec.
Objective G: Monitor no show rates and cancellation rates for clinicians and psychiatrists	Monitor no show and cancellation rates with a goal of 90% of appointments being kept Tracked quarterly and sorted by Adult, children, and foster care services and further delineated by MHP initiated, and client initiated cancellations	QA Staff Analyst Leadership	Survey results reported to staff Survey Results Report to QIC Email	Quarterly
Objective H: Treatment Authorization Requests (TAR) will be reviewed for medical necessity and authorized or reauthorized as appropriate	TARs will be reviewed and decisions will be documented within 14 days of receipt Monitor this indicator	QA Supervisor Medical Director Deputy Director	TAR Log Authorization Audits reported semi-annually to QIC	Semi-Annually

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within 14 calendar days	monthly 100% will meet this timeline			
Objective I: Continue implementation of the CANS (ages 6-20) and PSC-35 (ages 3-18) for all new clients. Timing and administration – CANS and PSC-35 are due: 1. At initial intake (within 60 days) 2. Ongoing every 6 months while case is open 3. At discharge.	Children's Team will work with Child Welfare to develop policies and procedures related to implementation, to include roles and responsibilities (DHCS Notice 17-052, DHCS Notice 18-007, DHCS Notice 18-029) Develop a P&P for training new employees who are responsible for administering the assessments	Children's Program Chief Children's Team Child Welfare Services CPS Supervisor QA Staff Case Reviewers	Kingsview Report Anasazi Dashboards CFSR Case Reviews	Quarterly Reporting
GOAL # 3: Beneficiary Satisfaction				
Objective A: Assess beneficiary and/or family member satisfaction Goal is to increase number of completed surveys Goal is to increase overall satisfaction by 3%.	Develop services survey Train office staff in requesting surveys Utilize peer support for client assistance Survey beneficiary and/or	Staff QIC	QIC POQI annually Meeting Minutes Consumer Satisfaction Survey	Quarterly After each State Survey and Satisfaction Survey

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Assess knowledge and requests for services	family member for satisfaction		Consumer Question of the Month	
Objective B: Communicate the results of surveys to all stakeholders	Discuss the results at the community QIC meeting following results	QA Staff Leadership	Survey results Meeting minutes Sign-in sheet	Quarterly, as applicable
GOAL #4: Monitor Safety and Effectiveness of Medication Practices				
Objective A: Monitor safety and effectiveness of medication practices Identify Quality of Care Concerns regarding Psychotropic Medication	Conduct chart reviews Update medication consents to adhere to state regulations Medication monitoring Run reports on the types of medications prescribed Develop a P&P regarding actions to address these concerns Report to QIC	Nurse supervisor QA Staff QIC	Medication Chart Reviews QIC Agenda/Minutes	Monthly Quarterly
GOAL #5: Coordination and Quality of Care				
Objective A: Coordinate services with Primary Care Provider (PCP) and other agencies	Evaluate coordination with Primary Care Providers Meet with managed care	QA Staff Contract Providers	Screening tool Timeliness Reports	

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	partners Outreach to PCP and offer case management support for continuity of care Formalize a referral system between agencies	Staff PCP's	Anasazi Dashboards NOABD Review Referral form Policy and procedure Training	
Objective B: Monitor Medi-Cal billing and documentation compliance	Conduct Chart reviews Provide training if necessary Track billing errors to determine if further training is necessary Review compliance log	QA Staff Compliance Officer Leadership	Compliance Log Chart Audits	Quarterly
Objective C: Monitor Drug Medi-Cal billing and documentation compliance in accordance with Title 22 regulations	Develop a SUD chart audit tool with Title 22 compliance Conduct chart audits at a rate of 5% per year	SUD supervisor SUD staff QA analyst Compliance officer	SUD chart tool Chart audit log	Quarterly
Objective D: Monitor Beneficiary grievances, change of	Monitor change of provider requests, including the reason given	QA Staff Compliance Officer	Grievance submissions	On-going

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providers, and appeals Grievances will be resolved within regulatory standards of 90 calendar days Standard Appeals will be resolved according to regulatory standards of 30 calendar days Expedited appeals will be processed within 72 hours	by consumers and Notice of Adverse Benefit Determination (NOABDs) Monitor Grievance/Appeal log Educate staff in the CFR 42 requirements	Leadership	Grievance reports Report to QIC quarterly NOABD log Change of Provider Requests Change of Provider Reports Report to QIC quarterly	
Objective E: Performance Improvement Project Non Clinical PIP: post hospitalization and coordination of care Clinical PIP: client-selected appointment modality and increase group participation/referrals	Develop P&P for on-call staff coordination of care for hospitalized clients Develop surveys to adjust location of appointments Identify needed therapy groups, and encourage participation in existing groups	QIC/ PIP committee QA Staff Clinical Staff Supervisors Front Office Staff	Hospitalization Log EHR (progress notes, ROIs, and referrals) CANS Data Surveys Group Sign in Sheets	Pre work: November-February Phased implementation from March - April Evaluation: Starting in April 2021 and ongoing quarterly