

**SIERRA COUNTY ANNUAL QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT (QAPI)  
WORK PLAN  
FISCAL YEAR 23-24**

**Quality Management Program Description**

The Sierra County Behavioral Health Quality Management (QM) program is responsible for implementing an ongoing comprehensive Quality Assessment and Performance Improvement (QAPI) program for Mental Health Plan (MHP) services. The QM program provides support to all areas of county behavioral health operations by conducting performance monitoring activities which include but are not limited to: performance measurement of beneficiary and system outcomes, performance improvement projects (PIPs), utilization management, utilization review, provider appeals, credentialing and monitoring, beneficiary / family satisfaction, safety / effectiveness of medication practices, and resolution of beneficiary grievances and appeals. The QM program's activities are guided by the relevant sections of Federal and California State regulations as well as the MHP's contract with the Department of Health Care Services (DHCS). The QM program is accountable to the agency director and includes substantial involvement by a licensed mental health professional.

**Quality Assessment and Performance Improvement Work Plan**

The QAPI Work Plan, also called the Quality Improvement (QI) Work Plan, is used to evaluate the QM/QAPI program's effectiveness. The purpose of the Work Plan is to (1) create systems whereby data relevant to the performance of the MHP is available in an easily interpretable and actionable form, and (2) provide a foundation for the work of improving the tracking, analysis and use of data to support contractual compliance, performance management, and decision making among organizational leadership. Activities focus on improving provider network adequacy and accessibility, as well as timeliness, quality, and outcomes of services – these efforts serve to enhance the MHP's daily work of supporting the recovery and resiliency of the consumers and family members in the Sierra community. The Work Plan is informed by the Sierra MHP contract with DHCS and feedback from the California External Quality Review Organization (EQRO). Work Plan goals are updated annually and designed to be measurable and time-bound to facilitate ongoing monitoring and year-end progress evaluation.

**Quality Improvement Committee**

The Quality Improvement Committee (QIC) is a combined mental health (MH) and substance use services (SU) committee, and is comprised of a diverse group of stakeholders, including representatives from MH and SU administration and clinical programs, the local Behavioral Health Board, peers/family members, the Patient Rights Advocate, Cultural Competence Coordinator, and contract providers/community partners from both MH and SU agencies. QM staff are responsible for facilitating a quarterly, at minimum, QIC meeting to review findings from a range of compliance and quality improvement activities. The QIC is responsible for providing oversight and input on QM/QAPI program activities; recommending policy decisions to agency leadership; reviewing and evaluating the results of QI activities; instituting needed QI actions; ensuring follow-up of QI processes; and documenting QIC meeting minutes regarding decisions and actions taken.

## **1. Focus Area: Access**

**Goal 1: Ensure that the MHP's 24/7 Access Line is responsive to beneficiary requests and needs.**

Objectives:

- 1) Conduct at least 3 test calls per quarter using scripts/worksheets that capture all required elements.
- 2) Ensure that at least 3 calls annually are conducted in a language other than English.
- 3) Ensure that test calls are placed both during and after regular business hours.
- 4) Ensure adherence to all test call requirements and provide feedback to Access Line and any relevant programs.
- 5) Test calls will be logged by the Access Line 100% of the time.

**Goal 2: Ensure services are provided in the beneficiary's preferred language by utilizing bilingual staff and/or qualified interpreters.**

Objectives:

- 1) Ensure that when preferred by the beneficiary, interpretation or bilingual staff is utilized to provide services in the beneficiary's preferred language (or if they declined offer of interpretation/service in preferred language). Ensure this is documented in the medical record 100% of the time.
- 2) Develop a mechanism to track the percentage of encounters rendered in beneficiary's preferred language to establish a baseline.

**Goal 3: Maintain and monitor a network of providers that is sufficient to provide adequate access to specialty mental health services.**

Objectives:

- 1) MHP will update Provider Directory monthly per DHCS requirements.

**Goal 4: Ensure that all staff receive appropriate annual training specifically focused on improving cultural humility and sensitivity within the delivery system and increasing awareness of disparities for populations based on race/ethnicity, sexual orientation, gender identity, age, and socioeconomic status.**

Objectives:

- 1) 100% of Sierra MHP providers will complete a minimum of 8 hours of cultural competency training annually.
- 2) Monitor quarterly to ensure that all providers are in compliance with training requirements.

**Goal 5: Increase utilization of the Wellness Center.**

Objectives:

- 1) Establish a baseline for Wellness Center utilization to inform improvement opportunities.

- 2) Establish a process to ensure each beneficiary will be provided information on accessing services and supports at the Wellness Center at the time of completion of their intake packet and scheduling their appointment for services.
- 3) Providers will be trained on making appropriate referrals to Wellness Center as an adjunct to on-going treatment.
- 4) Survey both users and non-users of the Wellness Center to inform programmatic offerings, schedules, hours of operation, barriers to use, etc.

## **2. Focus Area: Timeliness**

### **Goal 1: Reduce no-show rates for beneficiaries.**

#### Objectives:

- 1) Develop system to monitor no-show rates for psychiatry and non-psychiatry clinical staff appointments.
- 2) Evaluate no-show data and identify barriers to appointment attendance.
- 3) Develop appropriate plans/protocols to address barriers.

### **Goal 2: Monitor timeliness to services and achieve compliance with statewide standards for adult, children/youth, and foster youth beneficiaries.**

#### Objectives:

- 1) Monitor timeliness from initial service request and first appointment and to ensure at minimum 80% of service requests result in offered appointments/services within the timeframes below:
  - a) Initial request to first offered assessment appointment – 10 business days
  - b) Initial request (completed assessment) to first psychiatry appointment – 15 business days
  - c) Service request for urgent appointment to actual encounter – 48 hours (no prior authorization required), 96 hours (prior authorization required)

## **3. Focus Area: Quality**

### **Goal 1: Implement a robust quality monitoring system to measure beneficiary outcomes and system performance and improve clinical and non-clinical aspects of care delivery.**

#### Objectives:

- 1) Develop a plan/structure for review and analysis of available data.
- 2) Develop a plan for annual QI activities and Performance Improvement Projects (PIPs) in alignment with identified areas for improvement.
- 3) Establish procedures that will allow the MHP to report and analyze core mental health accountability measures set forth by DHCS per Information Notice 24-004.

### **Goal 2: Ensure that feedback is obtained from beneficiaries regarding their satisfaction with services to guide QI efforts, staff development, program design, etc.**

#### Objectives:

- 1) Establish a process for surveying beneficiary satisfaction annually, at minimum.
- 2) Establish a baseline rate for survey completion to inform improvement opportunities.
- 3) Analyze survey data and share with programs, Senior Management, and QIC annually.

**Goal 3: Ensure timely intervention of occurrences that raise quality of care concerns and will manage a system to monitor and address beneficiary grievances, change of provider requests, appeals, and State Fair hearings.**

Objectives:

- 1) Ensure 100% grievances, appeals, change of provider requests, and hearings are processed within mandated timeframes.
- 2) Track and analyze beneficiary protection data, report results to Senior Management, and review results at the Quality Improvement Committee (QIC) at minimum annually to inform targeted areas of improvement or changes in service delivery / program design.

**Goal 4: Improve the quality of clinical documentation.**

Objectives:

- 1) Develop a process for the review of clinical documentation.
- 2) Ensure 100% of MHP staff who provide clinical services complete clinical documentation training within 3 months after hire.

**Goal 5: Monitor the safety and effectiveness of medication practices.**

Objectives:

- 1) Develop/define expectations for prescribing practices.
- 2) Develop a process for the analysis and review of medication prescribing practices.