

PLACER/SIERRA COUNTY(S) MENTAL HEALTH MANAGED CARE

11512 B. Avenue

Auburn, CA 95603



Quality Improvement Work Plan

FY2020-2021

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PLACER/SIERRA MENTAL HEALTH PLAN BACKGROUND

Between 1995 and 1998, the State consolidated fee-for-services and Short Doyle/Medi-Cal programs into one specialty mental health managed care program, and under the system of all Medi-Cal specialty mental health services were “carved out” of Medi-Cal and became the Counties’ responsibility. Medi-Cal beneficiary access to mental health services became available through the county Mental Health Plan (MHP). Placer County’s MHP was implemented on November 1, 1997. Sierra County became part of Placer County’s MHP on April 1, 1998.

PLACER OVERVIEW

Placer County encompasses 1,506 square miles (including 82 square miles of water) or 964,140 acres (including 52,780 acres of water) and is located 80 miles northeast of San Francisco, California. It is bordered by Nevada County to the north, the State of Nevada to the east, El Dorado and Sacramento Counties to the south, and Sutter and Yuba Counties to the west. The County is part of the Sacramento Region, which also includes the Counties of El Dorado, Sacramento, Sutter, Yolo, and Yuba. The government center of Placer County, the City of Auburn, is located 30 miles northeast of the state capitol, Sacramento.

SIERRA OVERVIEW

Sierra County encompasses a total area of 962 square miles, including 9.0 square miles of water and is the second least populous county in California. Sierra County is located in the Sierra Nevada, northeast of Sacramento on the boarder of the State of Nevada. It is bordered by Plumas and Lassen Counties to the north, the State of Nevada to the east, Nevada County to the south and Yuba County to the west. The County is part of North-Central Sierra Nevada Region, which also includes the counties of Tehama, Butte, and Plumas. The county seat, Downieville, is located on Highway 49 at the fork of the North Yuba and Downieville River with the second most populous municipality, Loyalton, being the only incorporated city in the County.

MISSION AND VISION

PLACER COUNTY BEHAVIORAL HEALTH VISION

Placer County’s Health and Human Services is a multi-division agency focused in the health and social services fields. Our services are available throughout the county. We provide a unified system of quality services to safeguard the health and well-being of the people and animals in our communities. To realize our mission, we strive to keep all children, adults, and families Healthy, Safe, At home, In school or work, Out of trouble, and Self-sufficient

PLACER COUNTY BEHAVIORAL HEALTH MISSION STATEMENT

The ASOC partners with agencies in Placer County to assist adults and older adults achieve their optimal level of self-sufficiency and independence by providing mental health services, substance abuse treatment, and in-home support services. Older and dependent adults are protected through investigations, case management, and the conservatorship process, as necessary. For CSOC, the SMART Policy Team shall ensure that all public programs for children and families will provide services in a culturally responsive, comprehensive and integrated manner, regardless of the agency door by which families enter.

SIERRA COUNTY MENTAL HEALTH VISION

Individuals of all ages will have access to care that is provided through responsive services that are easily accessible; person and family centered strength-based, recovery and wellness oriented, culturally competent and cost effective.

SIERRA COUNTY MENTAL HEALTH MISSION STATEMENT

To provide high quality, cost effective, and culturally proficient mental health care to all Medi-Cal beneficiaries who require specialty mental health services.

QUALITY IMPROVEMENT PROGRAM

Goal

The goal of Quality Management is to objectively and systematically evaluate the quality and appropriateness of services to individuals and families, create opportunities to improve services and to resolve identified system problems. The Quality Management System examines the use of resources within the System of Care and ensures compliance with minimum standards of care. The Quality Improvement Program (QIP) emphasizes Family-centered and community-based services, promotes best practices, and supports culturally relevant services. It confirms that minimum standards of care are met, which are consistent with State and Federal requirements.

In order to achieve this goal; the QI Program Teams and Committees coordinate with performance measurement-related activities, and system review for continuous feedback to programs and staff for improved performance at all levels. These activities include developing and monitoring appropriate clinical indicators including our *Child and Adult Outcome Screens*, *Child Adolescent Needs and Strengths (CANS)* and *The Level of Care Utilization System (LOCUS)* data collection, to identify issues or areas to service delivery and structures proactive procedures to enhance effectiveness, quality of services and timeliness; SMART Management Team (SMT); credentialing and oversight of Network Private Providers and Organizational Providers; problem resolution

processes for Client and Provider formal complaints, appeals and fair hearings; assessment of Client and Provider satisfaction; and written and electronic documentation.

Structure

The QI Program consists of Teams, Committees and Subcommittees. These groups are all interrelated by oversight and reporting responsibilities so that the entire range of QI considerations is addressed systematically with accountability to an appropriate authority.

Minutes document the activities, decisions, and actions of all groups, which are approved by the respective Chairpersons or Team Leaders.

QUALITY IMPROVEMENT COMMITTEE

Purpose

To support integration of the Placer County Systems of Care, and family and community-centered practice; including a strengths-based approach to working with clients and families to provide full-scope services in order to attain comprehensive desired outcomes. To oversee activities required for compliance with regulatory authorities and to review administrative and other organizational processes to promote their effectiveness and efficiency. The Quality Improvement Committee (QIC) serves as the hub of our QI Program and links with the Systems of Care (SOC) Leadership Team, the Department of Health and Human Services (HHS) Policy Team, the Systems Management and Resource Team (SMART), Policy Board and Committees, Subcommittees and Teams, which comprise the QI Program structure.

Function

The QIC oversees all SOC QI activities; reviews and evaluates the results of QI activities; ensures follow-up of QI processes; institutes needed QI actions; and recommends policy decisions. This is achieved through utilization of both standing and open agenda items. Standing meeting agenda items include reports from the Chairs of the primary leaders identified by the Team. Agenda items can be information only, for discussion, or for decision.

The QIC approves the membership of other QI Committees and Teams but attempts to include anyone who desires to participate. Appointments can be made provisionally by the QI Steering Committee, subject to approval of the QIC at the first opportunity.

Membership

The QIC is composed of stakeholders in SOC services. The QIC includes the Adult System of Care (ASOC) Director (the ASOC Director is also the Mental Health Plan Director), the Children’s System of Care (CSOC) Director, the Sierra County HHS Director or designee, the Chief Psychiatrist, the SOC QI Manager/Coordinator, the CSOC Child Welfare System Improvement Program Manager, SOC Program Managers, Cultural Competency Chairperson, the SOC Administration fiscal representative, the SOC Patient’s Rights Advocate, a Member of the Mental Health Alcohol and Drug Advisory Board, a Family Advocate, a Youth Advocate, a Client representative, a Navigator, a Network Private Provider and/or Organizational representative, an Information Technology representative and any community member who chooses to come. Licensed mental health professionals will have substantial involvement in Quality Improvement implementation.



Roles

Team Chair: To lead the Committee at each meeting to assure orderly, collaborative, sequential, and timely accomplishment of the Committee’s work.

Team Member: To take responsibility for staying current on Team business, including the activities missed due to absences from meetings; to identify areas of study for the Team to undertake as necessary for achieving our purposes; to provide full participation, input, and decision making.

Decision Making

Decisions on actions and recommendations are to be made by consensus among those in attendance. When unable to reach consensus on a matter, the Team shall determine the appropriate processes for handling disagreements on a case-by-case basis. Possible resolutions might include requesting assistance from a mediator to facilitate reaching consensus, a 2/3 vote or a majority vote.

Constraints

Members are to represent the Team’s decisions and recommendations.

Resources

Team Members will utilize Placer County System of Care resources for preparatory and follow-up work, to assure the timely and complete accomplishment of the Committee's goals. Other System of Care staff may be consulted for technical information and assistance as available and appropriate.

If the Team determines that occasional County office support is needed, reasonable requests will be made for assistance, utilizing established supervisory and/or management approval methods.

Team Meetings

Meeting locations will be held at the venue most able to accommodate the committee size and situation and may be held in person or virtual platforms. Meetings will be held on the third Wednesday of every quarter (January, April, July, October). All meetings will begin promptly at 10:30 a.m. and end prior to or promptly at 12:30 p.m. The Committee Chair will prepare meeting agendas and action tracking materials in advance and will provide sufficient copies at the beginning of the meeting. If documents are to be discussed, the Committee member with access to the document will be responsible for providing sufficient copies.

Relevant subcommittees and teams:

Composition: Each subcommittee includes at least one MHP Quality Improvement staff member. Stakeholders are strongly encouraged to participate in subcommittees. Subcommittees will meet as needed and report back to the Quality Improvement Committee. Quality Improvement subcommittees include but are not limited to:

Family Resource Community Collaborative (FRCC)- Brings together families, children and youth, SOC managers, agency representatives, and others to review and authorizes system access when jurisdiction is unclear; review and authorize out-of-state children and youth placement.

Systems management and Advocacy Resource Team (SMART) Policy Team- SMART establishes policy for implementing its objectives; supports departmental representatives on Family Resource Community Collaborative FRCC; resolves interdepartmental case management problems not resolved by FRCC.

Compliance Committee- The Compliance Committee performs, leads, and directs activities necessary to ensure compliance with regulations applicable to SOC activities.

Adverse Incident Committee- Reviews potential or actual incidents of serious harm. Reports on the activities of the Health and Human Services Critical Incident Stress Management Team.

Medication Monitoring- Systematically monitors appropriate use of psychotropic and other medications.

Placer READI (Formerly Cultural and Linguistic Competency-CLC)- Improves knowledge of, sensitivity to, and services for special populations.

Beneficiary Relations- Conducts consumer satisfaction surveys, monitors consumer grievance and appeals, monitors performance outcome data collection, advises clients on eligibility issues, identifies Patients Rights' issues, publishes and updates the Member Handbook.

Provider Relations- Conducts provider satisfaction surveys, monitors provider grievances and appeals for service denials, publishes and updates the Provider Handbook, and will be responsible for contracts and credentialing.

Utilization Management- Monitors the authorization process.

Provider Problem Resolution- Reviews and make recommendations for provider appeals for service denials and claims payment.

Beneficiary Problem Resolution- Reviews and make recommendations for beneficiary complaints, grievances, and fair hearings.

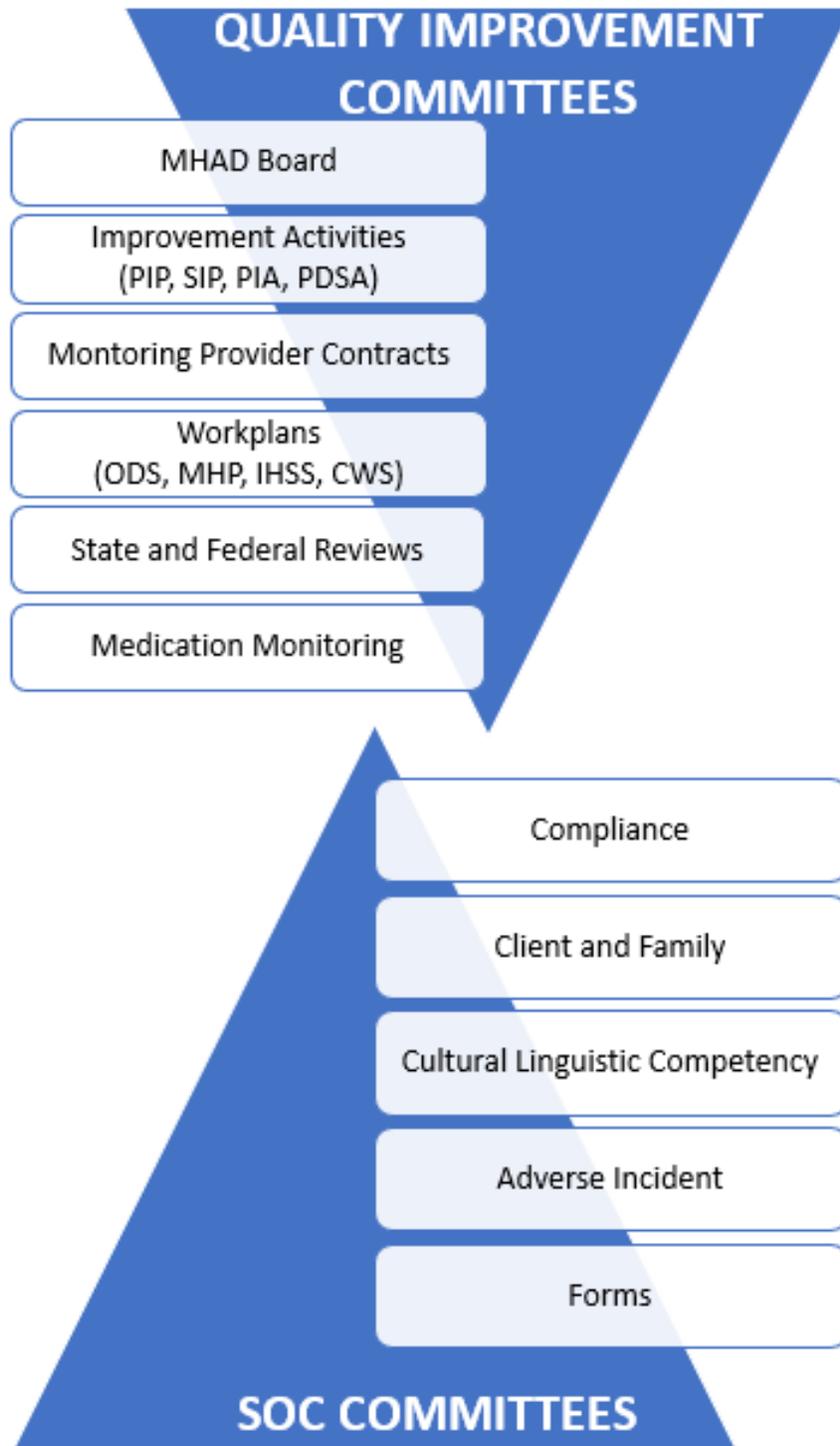
Documentation Standards- Systematically monitors the quality of the client record and adherence to standards set by the State and federal governments.

Safety Committee- Reviews and make recommendations for personnel safety procedures, fire and assault response drills, disaster planning and pharmaceutical errors.

In addition to these subcommittees, the SOC, County and contract providers facilitate their own Quality Improvement Committees and submit reports to the QIC. Such committees include oversight responsibility for the Psychiatric Health Facility and the Crisis Residential Center. Examples of the SOC subcommittees include: Peer review and clinical case concerns.

The subcommittee's responsibility is to ensure adequacy of care by continuously assessing clinical standards, practice guideline compliance, consumer, and provider satisfaction, monitoring outcomes and authorization process. Some of the crucial quality indicators include: Access and Timeliness to Services, Cultural Competence, and level of care determination. The subcommittees report to the QIC throughout the year on findings and progress on special studies and reports or

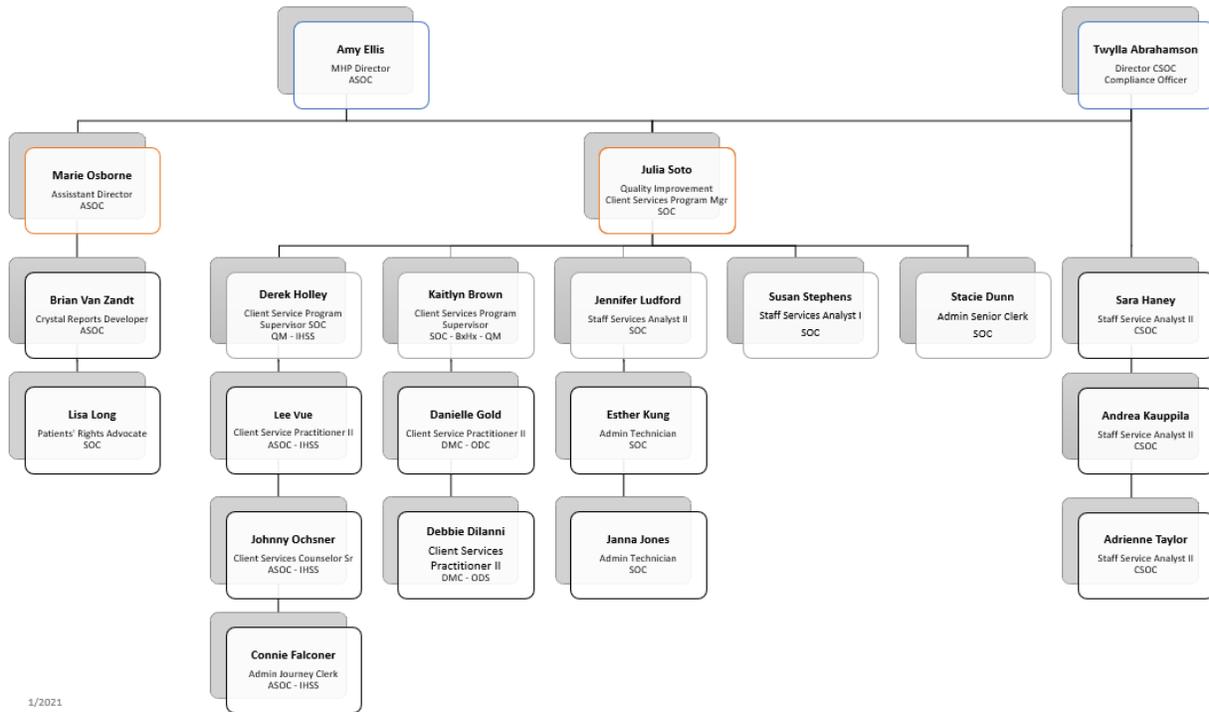
activities. Full details can be obtained in the [Quality Improvement Program Update](#), which is available upon request.



PLACER COUNTY QUALITY MANAGEMENT ORGANIZATION CHART



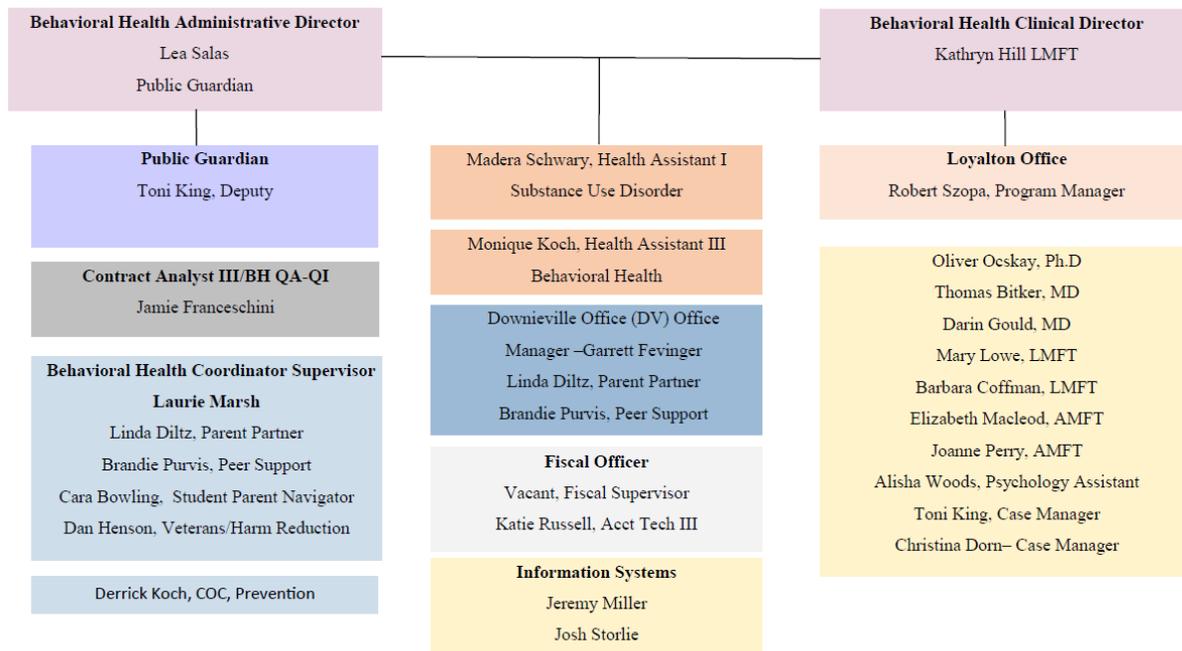
COUNTY OF PLACER
DEPARTMENT OF HEALTH & HUMAN SERVICES
SYSTEM OF CARE- QUALITY MANAGEMENT TEAM



1/2021

SIERRA COUNTY QUALITY MANAGEMENT ORGANIZATION CHART

Sierra County Behavioral Health



PLACER COUNTY ANNUAL QUALITY IMPROVEMENT WORK PLAN

The QIC is responsible for the annual MHP and SOC work plans and annual work plan effectiveness reports. The MHP reviews the work plan with key stakeholders and members of the QI subcommittee of the Mental Health, Alcohol and Drug Advisory Board. QIC reviews the annual work plan and its effectiveness annually during the External Quality Review Organization review and every three years during the Department of Health Care Services Triennial review. The QIC will submit the annual plan and effectiveness reports to Department of Health Care services on an annual basis. The QIC will submit the annual plan and effectiveness reports to Department of Health Care services on an annual basis and are available on the Placer County Website at [Newsletters, Meeting Minutes, Work Plans, & COMPLIANCE PLAN | Placer County, CA](#).

Population Assessment and Utilization Data

Goal 1: Improve documentation of calls received by the 24/7 Access Lines logged in the EHR.

Objectives:

1. Maintain a minimum of 36 test calls annually (8 non-English, including TTY) (MHP)
2. Improve documentation/logging for all calls received to 100% (MHP/ODS)
3. Improve documentation of logging elements (Name, Date, Time, Purpose/Resolution) to a minimum of 80% for all calls received. (MHP/ODS)
4. Maintain a minimum of 12 test calls annually (4 non-English, including TTY) (ODS)

Goal 2: Improve completion of Cultural Competence Training

Objective: Ensure that each staff member (all levels) participates in a training inclusive of CLC components within the year at a 90% target. (MHP)

Goal 3: Improve coordination and completion of WRAP workshops.

Objective: Conduct a minimum of six (6) WRAP workshops open to active SOC clients and community during the fiscal year. (MHP)

Human Resources and Training

Goal 4: Increase Consumer/Family Participation on Interview Panels for Eligible Interviews.

Objectives:

1. Offer participation to consumer/family members on interview panels for all eligible interviews. (MHP)
2. Maintain a combined minimum of consumer/family participation on 25 interview panels or 50% of eligible interviews. (MHP)

Goal 5: Continue to Integrate Native American/American Indian and Latino services Team into CSOC.

Objectives:

1. Maintain a minimum 90% of appropriate referrals ending up on the correct service team. (MHP)
2. Develop a standardized methodology to measure appropriate linkages. (MHP)

Goal 6: Ensure 100% of SUD providers complete required trainings including DMC-ODS documentation training, ASAM e-modules and evidence-based practice trainings.

Objectives:

1. Establish a system to monitor each training requirement. (ODS)
2. Review monitoring reports with stakeholders at regular intervals to ensure completion of all required trainings. (ODS)

Service Delivery and Care Coordination

Goal 7: Review data for 5150 hold tracking and appropriate response times.

Objectives:

1. Increase overall accuracy of data entered into the EHR from 5150 crisis packets. (MHP)
2. Review 5150 hospital data for Sutter Hospital MOU for appropriate response times for Hospital Request for Evaluation to Evaluation Start. (MHP)

Goal 8: Increase number of adult consumers who have received a LOCUS rating/evaluation.

Objectives:

1. Increase number of Adult Consumers who have received a LOCUS rating/evaluation within 90 days of treatment planning from 57.53% to 60% by end of FY. (MHP)
2. Increase the number of Adult Consumers who had a LOCUS completed within 90 days of planned discharge. (MHP)

Goal 9: Chart Review will indicate compliance with 90% of all chart review indicators for both ASOC and CSOC.

Objective: Increase the overall compliance indicators to a minimum of 90% for both ASOC and CSOC (MHP)

Goal 10: Ensure coordination of care for clients discharging from Residential treatment by providing follow up services in order to increase participation in outpatient and/or recovery services by 25%.

Objectives:

1. Work with stakeholders to implement a performance improvement project to establish a baseline and determine interventions.
2. Assign a SOC liaison to work with providers to implement interventions and address care coordination issues.
3. Provide monthly oversight by reviewing data reports with stakeholders and leadership.

Goal 11: Accurately identify the clients seeking substance use treatment that also have mental health needs and increase the number of those clients who are linked to mental health services by 20%.

Objectives:

1. Work with stakeholders to implement a performance improvement project to establish a baseline and determine interventions.
2. Implement a standardized mental health screening tool for the identification of clients with mental health needs.
3. Establish a procedure to ensure clients are linked with a mental health provider.
4. Provide monthly oversight by reviewing data reports with stakeholders and leadership.

Access and Timeliness

Goal 12: Improve access and timeliness measurements for all indicators.

Objectives:

1. Decrease number of acute admission episodes that are followed by a readmission within 30 days during a one-year period in a FY period. (MHP)
2. Improve percentage of acute [psych inpatient and Psychiatric Health Facility (PHF)] discharges that receive follow-up outpatient contact (face to face, telephone, or field-base) or IMD admission within 7 days of discharge by 5%. (MHP)
3. Improve the percentage of non-urgent mental health service appointments completed within 10 business days of request of the initial request for an appointment by 10%. (MHP)
4. Improve the percentage of non-urgent medication support appointments offered (or completed) within 15 business days of the request for an appointment. (MHP)
5. Ensure 100% clients screened to a Residential level of care begin treatment within 72 hours for urgent needs or 7 days for non-urgent needs. (ODS)

Satisfaction

Goal 13: Improve the documentation of calls logged into the EHR for grievances.

Objectives:

1. Test the Call Centers for knowledge of the Beneficiary Grievance and Appeals Process at a minimum of 12 test calls per fiscal year. (MHP)

2. Increase documentation of logging elements (Name, Date, Time, Purpose/Resolution) to a minimum of 60% for all calls received. (MHP)

Goal 14: Increase the number of providers (ORG or INP) who attend provider meetings.

Objectives:

1. Extend and create opportunities for Providers to provide input to through meeting agendas and satisfaction survey. (MHP/ODS)
2. Facilitate an annual satisfaction survey for input (MHP/ODS)

Goal 15: Increase completion of Client Perception Surveys administered as required by DHCS semi-annually.

Objectives:

1. Utilize peer staff or front desk staff to administer and assist with completing Consumer Perception Surveys with clients. (MHP)
2. Decrease number of Consumer Perception Surveys left blank to a maximum of 25%. (MHP)

Mental Health Service Act (MHSA)

Goal 16: Increase access to unserved/underserved populations as defined by Campaign for Community Wellness (MHSA Community Planning process) and service capacity study indicated needs for Tahoe and South County.

Objectives:

1. Increase access for unserved/underserved populations such as Transition Aged Youth (TAY), Native American, Latino, Older Adults, and LGBTQI.
2. Continue to address negative outcomes such as Suicide, Incarcerations, School, failure or dropout, Unemployment, Prolonged suffering, Homelessness, Removal of children from their homes.
3. Monitor the number of individuals who are post-5150 or not admitted who receive follow up services.

In-Home Supportive Services

Goal 17: Ensure IHSS rules and regulations are being adhered to and to ensure IHSS recipients receive services according to the guidelines set forth in CDSS IHSS policies.

Objective: Conduct one (1) targeted review.

Child Welfare Services

Goal 18: Reduce the rate of maltreatment in foster care.

Goal 19: Reduce the rate of re-entry into foster care.

Goal 20: Reduce the number of placements moves for children and youth in foster care.

Goal 21: Monitor the timeliness of caseworker visits to children and youth in out-of-home placements.

Goal 22: Monitor the implementation of Child & Family Team Meetings and Child & Adolescent Needs and Strengths assessments for children and youth in out-of-home placements.

Goal 23: Monitor compliance with safety and risk assessments and usage of signed safety plans.

Goal 24: Monitor the quality of child welfare casework.

Objective: Increase the number of assigned cases reviewed by 10% over last year.

SIERRA COUNTY ANNUAL QUALITY IMPROVEMENT WORK PLAN

Population Assessment and Utilization Data

Goal 1: Ensure Access to Services telephone lines are providing linguistically appropriate services to callers. Provide training as needed.

Objectives:

1. Maintain a minimum of 12 test calls annually to ensure staff provides linguistically appropriate services to callers and are utilizing the Tele-language Translation line service.
2. Maintain a minimum of 4 non-English test calls on an annual basis.

Human Resources and Training

Goal 2: Track staff participation in trainings and presentations.

Objectives:

1. Ensure 100% of the Clinical Team will receive training by DHCS Triennial Auditor to ensure documentation practices are contemporary with Medi-Cal billable services.
2. Participation in trainings by Behavioral Health team members will be recorded and tracked. Focus will be on training supporting Quality Improvement related to services, cultural competence, and professional development. There will be monthly assignments to participate in trainings.

Service Delivery and Care Coordination

Goal 3: Implement Medi-Cal billing for Specialty Mental Health Services to benefit of Sierra County financial stability of the Behavioral Health Department thus insuring future capacity for well-being of community.

Objective: Work with Placer County partners to establish protocols which permit the implementation of Medi-Cal billing for SMHS eligible beneficiaries.

Access and Timeliness

Goal 4: Improve access and timeliness of services.

Objectives:

1. Review, modify, and track timeliness to services to bring Sierra County Behavioral Health in alignment with the CMS Final Rule requirements.
2. Improve percentage of Foster Care non-urgent mental health appointments offered within 10 business days of the initial request for an appointment by 10%.
3. Improve percentage of Foster Care psychiatric appointments offered within 15 business days of the initial request for an appointment by 10%.