TUOLUMNE COUNTY
BEHAVIORAL HEALTH DEPARTMENT

Quality Assurance Performance Improvement (QAPI)
Annual Update FY 23-24

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Quality Improvement (QI) Program Description 2024-2025

Overview

This Quality Improvement (QI) Program applies to the range of quality improvement activities of Tuolumne County Behavioral Health (TCBH). The focus is on the structure, processes and outcomes applicable to all quality improvement activities of TCBH including Medi-Cal Specialty Mental Health Services. The QI and its activities flow from the overall Vision, Mission and Values developed and adopted by TCBH, the Core Treatment Model (CTM), which was developed using the Results-Based Accountability (RBA) framework, and the Mental Health Services Act (MHSA) essential elements. There is an overall Quality Management (QM) Team, which monitors the activities of the various quality improvement efforts within TCBH to ensure adherence to appropriate care standards.

This QI is designed to ensure that quality of care issues are identified and monitored and that appropriate corrective actions are taken. The QI is designed to pursue continuous quality improvement and to ensure that behavioral health services provided to members meet established quality of care standards.

Quality will be evaluated in the areas of access, satisfaction, continuity of care and quality of care. Each area of TCBH has specific expectations for the delivery of behavioral health services, which will be identified and monitored through a continuous quality improvement work plan.

The QI is multi-disciplinary. Peers, consumers, family members and TCBH staff with direct responsibilities for care management, quality assurance and administration are involved. Consumer and family members, representing our diverse community and participating at all levels of the organization, are instrumental in helping us achieve our quality goals.

Tuolumne County Behavioral Health Mission

Our Mission is to provide respectful, culturally sensitive and strength based behavioral health services which provide wellness, self-sufficiency and recovery from mental illness and/or addiction.

Quality Improvement Program Structure

1. Behavioral Health Director

   The Behavioral Health Director (Director) ensures the implementation of the TCBH Strategic Plan and the continuous process improvement principles within TCBH. The Director instructs the management team to demonstrate the adoption and utilization of these principles in all activities and work products of the various divisions. The Director is instrumental in assuring that the feedback loop is closed.

2. Quality Management Deputy Director

   The Quality Management Deputy Director is responsible for the overall operations of TCBH QI functions and supervises the QI team.

3. Quality Improvement (QI) Team

   QI has overall responsibility for implementation of TCBH quality improvement functions as. QI assists the Quality Management Deputy Director in supervising TCBH quality improvement activities. In addition, QI provides consultation, coordination, staff support and documentation to the QM, QICs, process improvement projects (PIPs) work groups, Medication Monitoring and other quality improvement functions. QI tracks the status of all PIPs. QI maintains all data reporting in TCBH including quarterly and ad hoc reporting.

4. Quality Management Committee (QM) Committee

   QM meets once a month and is responsible for the overall quality review and ongoing monitoring of the QAPI program and TCBH services. This committee's goal is to monitor and evaluate the quality and appropriateness of services to beneficiaries, pursue opportunities to improve services, and resolve identified problems. QI is responsible for gathering data and with the Clinical Manager making presentations to staff, supervisors, and managers on beneficiary and system outcomes as well as beneficiary and provider satisfaction. Reports may be previewed at appropriate venues for stakeholder feedback and then finalized at QM Committee, or vice versa. QM may recommend policy or procedure updates; review and evaluate the results of QI activities; institute needed QI actions; and ensures the follow-up of QI processes. On an annual basis QM reviews the QAPI and assesses its effectiveness as well as pursues opportunities to improve. QM is composed of the following staff: the full Management team, Quality Improvement Analysts, Business and Operations Analysts, Ethnic Services Coordinator, and additional staff as needed. If the MHP elects to delegate any services and/or QI activity to a separate entity, the MHP will describe via a contract or MOU how the relationship meets DHCS standards.

5. Quality Improvement Councils (QIC)

   QIC provides a structured forum for the exchange of QI-related information between Behavioral Health staff, the QI team, Community Liaisons, clients, family members, community members, and other stakeholders. QIC's goal is to improve the processes of providing care and better meeting client needs. Members of the committee help to identify opportunities for improvement and give feedback on current QI initiatives. Items that are regularly reviewed for feedback by the committee are audit findings, the Quality Improvement Work Plan, Performance Improvement Projects, and ongoing Behavioral Health system reports. Agendas and meeting minutes are kept for this monthly meeting.

6. Utilization Review Committee (URC)

   URC is responsible for monitoring the utilization and quality of treatment services provided by TCBH. URC reviews client records and makes recommendations for actions when patterns of over, under, or mis-utilization might have occurred. Client charts are audited against agency and Department of Health Care services documentation standards in a consistent way to assure inter-rater reliability. The Committee is intended to assure the most efficient and effective use of the TCBH clinical care resources are provided. QI and Medical Records support the operation of URC by providing randomized charts for review and URC tools that assure that at least 5% of clinical charts are reviewed on an annual basis.

7. Case Administration Team

   Case Administration Team (CAT) meets each morning and reviews clinical assessments and plans of care, initial and annuals, in addition to any other relevant information to determine medical necessity. They determine medical necessity for referred clients for mental health services, medication services, targeted case management and other offered Specialty Mental Health Services (SMHS). After a review, CAT will assign clinical/treatment and/or case management/staff support, as appropriate and necessary. During CAT meetings reviews are conducted of the clinical documentation to ensure that clients receive medically necessary services in the amount, duration, and scope that is appropriate to meet their needs.

8. Clinical Supervisors Meeting

   Meetings are held once a week and are attended by all Clinical Supervisors, the Clinical Deputy Director, and other managers as needed. Goals of the meeting are to address current and ongoing clinical concerns and quality assurance issues. Agendas and sign-in sheets are kept for this meeting.

9. Community Cultural Collaborative

   Community Cultural Collaborative (CCC) is once a month where participants review local cultural events, share special presentations, review training opportunities, and discuss broader trends within the community and agency. The CCC and Quality Improvement (QI) teams collaborate to review beneficiary access through "penetration rates" of Medi-Cal eligible persons into the mental health system and compare demographic information such as race, ethnicity, age, and primary language to assure that persons being served by mental health closely match the make-up of the local population. Such reviews assure the needs of beneficiaries are being appropriately met either through the agency or other local partners. The CCC invites a variety of community members (i.e. from local tribes, community agencies, etc.), peers, and staff to attend.

10. All-Staff Meeting

    This meeting is used to communicate general program updates to all TCBH staff and is chaired by the Director. The meeting addresses an array of topics from cultural competence trainings, informing staff about local resources and contractor projects, audit findings and current quality improvement initiatives. Goals and objectives are ongoing agendas and meeting minutes. All-Staff Meetings are held the 3rd Wednesday of each month for 75 minutes.

11. Business Administrative Meeting

    Business Administrative Meetings (BAM) is held every other Thursday, here agenda items are presented. This results often in BAM being an ad-hoc meeting that is chaired by the Business and Operations Staff Analyst. Topics include, but are not limited to, E.H.R. documentation, policies, procedures, implementation of new procedures, updating of existing procedures, and form updates. Meeting minutes are distributed to all TCBH staff.

Process

1. Quality Improvement Plan (QAPI)

   QAPI is responsible for monitoring MHP effectiveness through the upkeep and implementation of performance monitoring activities in all levels of the organization, including but not limited to: beneficiary and system access, network adequacy, timeliness, quality, clinical outcomes, utilization and clinical records review, monitoring and resolution of beneficiary grievances, and fair hearings and appeals. Reports shall include both TCBH and contractor data where applicable.

   QAPI is accountable for upholding and monitoring the requirements of the Mental Health Plan contract with the State Department of Health Care Services (DHCS) for the expenditure of Medi-Cal dollars and to the DHCS Audits and annual EQRO On-Site Reviews.

2. Quality Management (QM)

   QM is committed to assessing services and system processes to ensure quality of care to all clients. QM is responsible for monitoring current Quality Assurance issues. These issues can be uncovered through regular reports, ongoing monitoring, or any of the continuous Quality Assurance meetings.

   QM is responsible for the annual evaluation of the QAPI. QM evaluates the effectiveness of the QAPI, the progress associated with each goal and objective within the plan, and any initiatives or actions taken to improve the system. QM is responsible for making any necessary revisions that may be a result of the evaluation. Areas that are reviewed are as followed but not limited to:

   - Collection and analysis of data – data will be used to measure against goals and prioritize areas of improvement that have been identified
   - Obtaining Input – ongoing feedback received by ongoing Quality Assurance meetings
   - The design and implementation of interventions – identifying areas of success and areas for improvement
   - Measuring the effectiveness of initiatives and interventions
   - Consumer satisfaction – reviewing ongoing consumer reports (i.e., change of provider reports, grievance reports, consumer surveys, etc.)
   - Audit findings – evaluated audit recommendations in correlation with current efforts and interventions
   - Reporting of information to key stakeholders

Performance Outcomes

The annual BHRS QI work plan will establish methods of monitoring and measuring the following expected outcomes for beneficiaries. Results of these monitoring and measuring activities will be reported to stakeholders, QMT, QICs and process improvement work groups to be utilized in process improvement activities. Performance outcome measures established by other regulatory agencies will also be monitored and measured, and data will be collected, reported and used in a similar manner to improve performance.

Quality Improvement (QI) Work Plan

Overview

The scope of this work plan is the overarching Quality Improvement aspects of the Tuolumne County Behavioral Health (TCBH) for the fiscal years (FY) 2023-2024 and 2024-2025. The QI Work Plans outlined in this document involves a department-wide focus on quality initiatives. In addition, each system of care and division will develop an action plan that is more specific to the functions of the respective systems. TCBH is committed to providing high quality care and services to all its customers.

Mental Health Services Act (MHSA) programs are fully implemented. TCBH continues efforts to integrate the essential elements of MHSA into every facet of the organization. These elements are community collaboration, cultural competence, client/family-driven systems and services, wellness for recovery and resilience, and an integrated services experience. TCBH believes our Quality Improvement Work Plan supports the ongoing transformation of the department.

Consumer and family member involvement in quality improvement process continues to be very important to the organization. Consumers and family members have participated in the various Quality Improvement Committee (QIC) meetings held during the year. Consumers and family members will continue to participate in work groups and stakeholder meetings in which consumers and family members provide valuable feedback and assistance to the department.

This work plan is formatted as follows. The following section summarizes the QI Work Plan goals and objectives for FY 2023-2024 *(pg.9-30)* and the current FY 2024-2025 *(pg.31-42)*.

Quality Improvement (QI) Work Plan FY 2023-2024: Objectives, Goals, and Evaluation

1: MONITORING THE SERVICE CAPACITY AND SERVICE DISTRIBUTION OF THE MHP	
• Conducts performance monitoring activities that evaluate beneficiary and system outcomes and indicators of wellbeing. • Describes and provides information regarding the current type, number and geographic distribution of Mental Health Services in the system. • Evaluates and monitors the capacity of the MHP. • Makes program recommendations based on capacity indicators. • Participates in the county planning process which identifies expanded service populations. • Monitors the number of Medi-Cal beneficiaries receiving services and works with Performance Measurements to distribute information to Program Managers and the Quality Management Team (QMT).	
Objective 1	To describe the current type, number, and geographic distribution of Mental Health Services in the MHP System of Care to ensure appropriate allocation of MHP resources in providing adequate behavioral health access to all beneficiaries.
Goal 1	To identify service provision to Children, Youth, and Adult Medi-Cal/Uninsured beneficiaries by types of services and service locations by geographic regions. To track service provision against service demand and ensure resources are appropriately allocated to provide for access.
Responsible Partners	Kings View, QI
Evaluation Methods/Tool(s)	Mechanisms for monitoring services and activities include a Penetration Rate EHR Dashboard Report and a MH Penetration vs Engaged Report.
FY 2023/2024 Evaluation	During the FY 23-24, 100% of beneficiaries were located within 30 miles or 60 minutes of a mental health provider. Of the 1,048 unduplicated clients served 68% were served from 0 to 5 miles, 10% served from 6-10 miles, 2% served from 11 to 20 miles, 14% served from over 20 miles, and 6% served from unknown. See data table below.

		Living Location	**Total Number**	**Total Percentage**	
		0-5 Miles	716	68%	
		6 to 10 Miles	102	10%	
		11 to 20 Miles	24	2%	
		20 plus Miles	150	14%	
		Unknown	56	6%	
		Total	1048	100%	
Recommendations	TCBH will continue to serve beneficiaries and meet time and distance standards.				

<table>
<tr><th colspan="2">2: MONITORING TIMELY ACCESS FOR ROUTINE AND URGENT SERVICE NEEDS</th></tr>
<tr><td colspan="2">• Conducts and coordinates performance monitoring activities to test timeliness and access to services within the MHP.
• Tests the ability of the appointment system through the mechanisms of test calls and internal audits of contact logs.
• Reports findings and suggested solutions for systems issues which negatively impact access.
• Tests and evaluates the ability of the system to respond to calls to 24/7 Toll Free Phone Number.
• Reviews timeliness to service for all appointment types within the system including routine appointments and services for urgent conditions.</td></tr>
<tr><td>Objective 2.1</td><td>To conduct performance monitoring activities that gauge the system’s effectiveness at providing timely access to routine specialty mental health appointments.</td></tr>
<tr><td>Goal 2.1A</td><td>To ensure that all beneficiaries requesting a comprehensive assessment are offered an appointment within 10 business days.</td></tr>
<tr><td>Responsible Partners</td><td>QI and Clinical Managers</td></tr>
<tr><td>Evaluation Methods/Tool(s)</td><td>Mechanisms for monitoring services and activities include test calls and a Timeliness Report.</td></tr>
<tr><td>FY 2023/2024 Evaluation</td><td>During FY 23/24, TCBH tracked and monitored offered assessment appointments in addition to scheduled and kept appointments. Below is the data for offered, scheduled, and kept assessment appointments.
<table>
<tr><th colspan="4">Average Length of Time from Initial Request to First Offered Assessment by Age FY 23-24</th></tr>
<tr><td></td><td>All Services
FY 23-24</td><td>Adult
FY 23-24</td><td>Child
FY 23-24</td></tr>
<tr><td>Number of Clients</td><td>599</td><td>465</td><td>134</td></tr>
<tr><td>Average Length</td><td>5 Days</td><td>5 Days</td><td>6 Days</td></tr>
<tr><td>Range</td><td>1 to 28</td><td>1 to 23</td><td>1 to 28</td></tr>
<tr><td>Compliance</td><td>95%</td><td>95%</td><td>94%</td></tr>
</table></td></tr>
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<table>
<tr><td></td><td></td><td>
<table>
<tr><td colspan="2">Average Length of Time from Initial Request to First Accepted Assessment FY 23-24</td></tr>
<tr><td></td><td>FY 23-24</td></tr>
<tr><td>Number of Clients</td><td>595</td></tr>
<tr><td>Average Length</td><td>8 Days</td></tr>
<tr><td>Range</td><td>1 to 61</td></tr>
</table>
</td><td>
<table>
<tr><td colspan="2">Average Length of Time from Initial Request to First Kept Assessment FY 23-24</td></tr>
<tr><td></td><td>FY 23-24</td></tr>
<tr><td>Number of Clients</td><td>481</td></tr>
<tr><td>Average Length</td><td>8 Days</td></tr>
<tr><td>Range</td><td>1 to 62</td></tr>
</table>
</td></tr>
<tr><td>Recommendations</td><td colspan="2">During the FY 24/25, TCBH will continue to track and monitor the offered, scheduled, and kept assessment appointments. To better monitor and track these areas the recommendation continues to be to update the Contact Log, and staff will be (re-) trained to ensure these areas are monitored appropriately. The plan will work towards ensuring timely services are offered and scheduled to beneficiaries.</td></tr>
<tr><td>Goal 2.1B</td><td colspan="2">To ensure beneficiaries discharging from psychiatric hospitalization receive follow up within 2 business days of discharge.</td></tr>
<tr><td>Responsible Partners</td><td colspan="2">QI</td></tr>
<tr><td>Evaluation Methods/Tool(s)</td><td colspan="2">Mechanisms for monitoring services and activities include a Hospitalization Report.</td></tr>
<tr><td>FY 2023/2024 Evaluation</td><td colspan="2">TCBH’s standard is to follow up with a beneficiary discharged from a hospital with 48 hours. TCBH is tracking hospitalizations and follow ups. See data table below.</td></tr>
</table>

	Hospitalization to Follow Up Services FY 2023-2024

	All Follow Ups	Adult	Children
Total Number of hospital admissions that received a follow up	112	83	29
Total Number of Hospital Discharges that received a follow up in FY 2022-2023	141	98	43
Average length of time for a follow up appointment after hospital discharge	120 hours	144 hours	72 hours
MHP standard or goal	48 hours	48 hours	48 hours
Percent of appointment that meet this standard	67%	64%	76%

Recommendations	During the FY 24/25, TCBH will continue to track and monitor hospitalization discharge follow ups and will deploy quality initiatives to bring the compliance percentage into standard.

<table>
<tr><td>Objective 2.2</td><td>To conduct performance monitoring activities that gauge the system’s effectiveness at providing timely access to services for urgent conditions.</td></tr>
<tr><td>Goal 2.2</td><td>To ensure that all requests for urgent mental health services are responded to within 48 hours for services that do not require an authorization and within 96 hours for services that do require an authorization.</td></tr>
<tr><td>Responsible Partners</td><td>QI and Clinical Managers</td></tr>
<tr><td>Evaluation Methods/Tool(s)</td><td>Mechanism for monitoring services and activities is the Crisis and Urgent Services Report.</td></tr>
<tr><td>FY 2023/2024 Evaluation</td><td>TCBH standard is to meet the 48-hour timeframe whether the urgent service requires prior authorization or not (48 hours vs 96 hours). TCBH tracks urgent appointments that required prior authorization separately.
See data table below.
<table>
<tr><th colspan="5">Service Request for Urgent Appointment to Encounter <u>for Services that do Not Require Prior Authorization</u> Compliance Percentages FY 2023-2024</th></tr>
<tr><td></td><td>All Services</td><td>Adult</td><td>Children</td><td>Katie A</td></tr>
<tr><td>Average Length of Time</td><td>2 Hours</td><td>2 Hours</td><td>2 Hours</td><td>5 Hours</td></tr>
<tr><td>State Standard</td><td>48 Hours</td><td>48 Hours</td><td>48 Hours</td><td>48 Hours</td></tr>
<tr><td>Percent that meet this standard</td><td>100%</td><td>100%</td><td>100%</td><td>100%</td></tr>
<tr><td>Range</td><td>0 to 15 Hours</td><td>0 to 13 Hours</td><td>0 to 15 hours</td><td>1 Hour to 9 Hours</td></tr>
</table></td></tr>
<tr><td>Recommendations</td><td>TCBH will continue to ensure that all requests for urgent mental health services are responded to within 48 hours for services that do not require an authorization and within 96 hours for services that do require an authorization.</td></tr>
<tr><td>Objective 2.3</td><td>To ensure that beneficiaries are provided with information on how to access specialty mental health services.</td></tr>
<tr><td>Goal 2.3</td><td>To confirm that beneficiaries can call the MHP and receive information in the language of their choice on how to access emergency and routine mental health services.</td></tr>
<tr><td>Responsible Partners</td><td>QI</td></tr>
<tr><td>Evaluation Methods/Tool(s)</td><td>Mechanisms for monitoring services and activities include monthly test calls made throughout various times of the day and night with test callers following a script and presenting a myriad of problems varying in complexity, scope and requiring a response. Call details are logged, and the success of test calls is determined by the callers’ ability to be directed to the appropriate services. Mechanisms for monitoring services and activities are a Test Call</td></tr>
</table>

<table>
<tr><td></td><td>Report.</td></tr>
<tr><td>FY 2023/2024 Evaluation</td><td>One method TCBH utilized to monitor this area was by conducting after-hour test calls to our access line. It was identified that this is an area for improvement. TCBH staff are provided feedback on test call results in order to improve outcomes.
<table>
<tr><th colspan="4">Test Call Report FY 2023-2024</th></tr>
<tr><th></th><th>Business Hour (8am-5pm)</th><th>TCBH After Hours (5pm-7pm)</th><th>CVSPH (7pm-8am)</th></tr>
<tr><td>Count of Test Calls</td><td>35</td><td>1</td><td>5</td></tr>
<tr><td>Count that Met Standards</td><td>17</td><td>1</td><td>2</td></tr>
<tr><td>Percent in Compliance</td><td>49%</td><td>100%</td><td>40%</td></tr>
</table></td></tr>
<tr><td>Recommendations</td><td>TCBH will continue to ensure that beneficiaries are provided with information on how to access specialty mental health services during and outside of business hours, including weekends and holidays. TCBH has worked with staff to have a stronger understanding of the MHP system and services and logging calls.</td></tr>
<tr><td>Objective 2.4</td><td>To provide a Toll-Free Telephone Line that operates 24/7 and meets all required elements of the MHP contract after business hours, including weekends and holidays.</td></tr>
<tr><td>Goal 2.4</td><td>To ensure that the 24/7 Telephone Line provides information, in beneficiary’s language of choice, on how to access specialty mental health services, beneficiary resolution process and responds to urgent conditions.</td></tr>
<tr><td>Responsible Partners</td><td>QI, CAIP and Reception</td></tr>
<tr><td>Evaluation Methods/Tool(s)</td><td>Mechanisms for monitoring services and activities include ongoing after-hours test calls and documentation of compliance to standards outlined in the Test Call Report.</td></tr>
<tr><td>FY 2023/2024 Evaluation</td><td>TCBH conducts monthly test calls throughout various times of the day and night to ensure that the 24/7 Telephone Line provides information, in beneficiary’s language of choice, on how to access specialty mental health services, beneficiary resolution process and urgent services.</td></tr>
</table>

		Test Call Report FY 2023-2024			
			Business Hour (8am-5pm)	**TCBH After Hours (5pm-7pm)**	**CVSPH (7pm-8am)**
		Count of Test Calls	35	1	5
		Count that Met Standards	17	1	2
		Percent in Compliance	49%	100%	40%
Recommendations	Continue to be contracted with Central Valley Suicide Prevention Hotline (CVSPH). Continue conducting regular quality review calls with CVSPH. Continue providing TCBH staff feedback on test call results in order to improve outcomes.				

3: MONITORING BENEFICIARY SATISFACTION	
• Conducts and evaluates findings from satisfaction surveys. • Identifies areas of improvement as identified by beneficiary feedback and provides long term and short-term solution planning. • Conducts and evaluates findings from grievances/appeals/State Fair Hearings.	
Objective 3.1	To conduct performance monitoring activities using mechanisms that assess beneficiary satisfaction with behavioral health services provided as an indicator of beneficiary and system outcomes.
Goal 3.1	To ensure beneficiaries are receiving excellence in behavioral healthcare services as indicated by satisfaction surveys. To continue to use this information to identify and prioritize areas for improving the processes of providing care and better meeting beneficiary needs.
Responsible Partners	QI
Evaluation Methods/Tool(s)	Mechanisms for monitoring services and activities include the Consumer Perception Survey (youth, families of youth, adult, and older adult versions).
FY 2023/2024 Evaluation	TCBH has mechanisms to assess beneficiary/family satisfaction by surveying beneficiary/family satisfaction at least annually. TCBH conducted the Consumer Perception Survey once during FY 2023/2024 from May 20th–24th, 2024. The data for this Consumer Perception Survey was submitted to UCLA timely so they could complete the analysis. Once TCBH received the analyzed data from UCLA it was internally aggregated and presented to Quality Improvement Council, a public meeting attended by MHP staff and stakeholders.
Recommendations	Continue to conduct the Consumer Perception Surveys annually and obtain data from UCLA. TCBH will continue to discuss and aggregate data internally.
Objective 3.2	To conduct performance monitoring activities using mechanisms that assess the number of grievances (and their resolution), appeals and requests for State Fair Hearings. To analyze the nature of the causes for concern as an indicator of beneficiary and system outcomes.
Goal 3.2	To ensure that beneficiary grievances, appeals, and requests for State Fair Hearings are being resolved expeditiously and appropriately within the MHP. To continue to use this information to identify and prioritize areas for improving the processes of providing care and better meeting beneficiary needs.
Responsible Partners	QI
Evaluation Methods/Tool(s)	Mechanisms for monitoring services and activities include the Grievance Analysis Report.
FY 2023/2024 Evaluation	TCBH has processed 100% of grievances, appeals, and state fair hearings timely for FY 23-24. TCBH has also reported out on grievances, appeals, and state fair hearings at the Quality Management (QM) and Quality Improvement Council (QIC) meetings as well as annually to DHCS. There were zero (0) Appeals, zero (0) State

Fair Hearing, and zero (0) Expedited Appeals for FY 23/24. There was a total of 27 Medi-Cal Grievances for FY 23/24. The following is the grievance data for FY 23/24:

Grievance Breakdown FY 2023-2024							
	Treatment Issues of Concerns	Staff Behavior Concerns	Patients' Rights	Cultural Appropriateness	Medication Concern	Operational	Other Grievance
CAIP		5					
FSP	1						1
Planned Services							
Psych Services	3	1			3		
CVSPH							
Business Operations		3					
Other	1	1					8

Recommendations	TCBH will continue to ensure that beneficiary grievances, appeals, and requests for State Fair Hearings are being resolved expeditiously and appropriately within the MHP and continue to use this information to identify and prioritize areas for improving the processes of providing care and better meeting beneficiary needs.

4: MONITORING THE SERVICE DELIVERY SYSTEM FOR MEANINGFUL CLINICAL & ETHICAL ISSUES	
• Monitors, anticipates and evaluates clinical aspects and implications of departmental policies, procedures, and actions. • Reviews clinical issues, quality of care, utilization and utilization management issues that surface as a result of chart review and program review. • Considers the ethical implications of departmental and staff activities. • Prepares reports of findings and recommendations for submission to the Quality Management (QM) Team.	
Objective 4.1	To conduct performance monitoring activities of the service delivery system related to hospitalizations.
Goal 4.1	To identify and address issues affecting quality of care through the review of hospitalization and rehospitalization data. To continue to use this information to identify and prioritize areas for improving the processes of providing care and better meeting beneficiary needs.
Responsible Partners	QI, QM
Evaluation Methods/Tool(s)	Mechanisms for monitoring services and activities include QM meeting minutes and the Hospitalization Report and Dashboard.
FY 2023/2024 Evaluation	TCBH reviewed Hospitalization Reports twice in QM during FY 23/24. On November 30, 2023, QM reviewed and discussed hospital placement and 5150 data. On February 22, 2024, QM reviewed and discussed hospitalization to follow up reports for FY 2022-2023. TCBH's Utilization Management program has a process set up to review inpatient documentation on a concurrent basis. This process will be utilized until DHCS provides further guidance. Hospitals are asked to fax inpatient documentation for review and authorization Monday through Friday. The UM reviewers provide daily feedback to assist with meeting documentation standards for medical necessity of the services provided to decrease the amount of denied days for hospitals stays. Quality of care issues are addressed with the hospital's utilization review departments designee by the Clinical Deputy Director.
Recommendations	TCBH will continue to review Hospitalization Reports ongoingly and use the data to make informed quality of care decisions. TCBH will continue to review inpatient documentation on a concurrent review basis according to our pilot process until DHCS provides further guidance. TCBH will continue to provide support to hospitals with regard to documentation standards set forth by Title 9 and Informational Notice 19-026.
Objective 4.2	To conduct performance monitoring activities of the mechanisms responsible for the safety and effectiveness in the Outpatient system of care.
Goal 4.2	To identify and address issues which may affect the quality of care provided to beneficiaries, underutilization of

<table>
<tr><td></td><td>services, overutilization of services and utilization management. To implement corrective measures as appropriate. To continue to use this information to identify and prioritize areas for improving the processes of providing care and better meeting consumer needs.</td></tr>
<tr><td>Responsible Partners</td><td>QM, Clinical Supervisors, Utilization Management</td></tr>
<tr><td>Evaluation Methods/Tool(s)</td><td>Mechanisms for monitoring services and activities include QM meeting minutes, Clinical Supervisors meeting minutes, URC Completion Report, High Utilization Report, and QA Memos.</td></tr>
<tr><td>FY 2023/2024 Evaluation</td><td>For FY 23/24 TCBH reviewed monthly, totaling 50 charts. TCBH audited a total of four programs. All MH programs were reviewed to ensure appropriateness to Title 9, Medi-Cal, Managed Care and Federal requirements. Additionally, the audits monitored and reviewed documentation standards, assessments, progress notes, and treatment plans for medical necessity criteria. If it is identified during the review that documentation standards are not met, disallowance and staff feedback forms are utilized as a form of corrective action, requiring programs to address the areas of concern. See table for the compliance scores for different age populations audited in the FY23/24 MH Peer Review.
<table>
<tr><th colspan="4">Percent Charts Completed FY 2023-2024</th></tr>
<tr><th></th><th>Total Completed</th><th>% of Total Charts Completed</th><th>% of Admitted</th></tr>
<tr><td>Children (0 to 15)</td><td>1</td><td>2%</td><td>>1%</td></tr>
<tr><td>TAY (16 to 25)</td><td>6</td><td>12%</td><td>3%</td></tr>
<tr><td>Adult (26 to 59)</td><td>35</td><td>70%</td><td>5%</td></tr>
<tr><td>Other Adult (60+)</td><td>8</td><td>16%</td><td>5%</td></tr>
</table></td></tr>
<tr><td>Recommendations</td><td>TCBH will continue to focus on this area and Peer Review results will be reported out at QM.</td></tr>
</table>

<table>
<tr><th colspan="2">5: MONITORING THE MHP SERVICE DELIVERY SYSTEM FOR THE SAFETY & EFFECTIVENESS OF MEDICATION PRACTICES</th></tr>
<tr><td colspan="2">• Under the supervision of a person licensed to prescribe or dispense prescription drugs, evaluates and monitors the safety and effectiveness of medication practices.
• Reviews cases involving medication issues and tracks medication issues over time.
• Recommends and institutes needed actions involving medication procedures and policies.
• Conducts Peer Reviews regarding medication practices.</td></tr>
<tr><td>Objective 5</td><td>To conduct performance monitoring activities of the mechanisms responsible for the safety and effectiveness of medication practices.</td></tr>
<tr><td>Goal 5</td><td>To obtain information regarding the safety and effectiveness of medication practices. To continue to use this information to identify and prioritize areas for improving the processes of providing care and better meeting consumer needs.</td></tr>
<tr><td>Responsible Partners</td><td>Kings View, QM and Business and Operations</td></tr>
<tr><td>Evaluation Methods/Tool(s)</td><td>Mechanisms to monitor the safety and effectiveness of medication practices at least annually which include chart review summaries and reports that are inclusive of medications prescribed to adults and youth and are under the supervision of a person licensed to prescribe or dispense prescription drugs.</td></tr>
<tr><td>FY 2023/2024 Evaluation</td><td>TCBH monitors the safety and effectiveness of medication practices ongoingly.

Medication monitoring data for FY 2023/2024 is below:
<table>
<tr><th colspan="4">Medication Monitoring FY 2023/2024</th></tr>
<tr><th>Total Number of Charts</th><th>Items Compliant</th><th>Items Non-Compliant</th><th>Percent Compliance</th></tr>
<tr><td>125</td><td>842</td><td>75</td><td>89%</td></tr>
</table></td></tr>
<tr><td>Recommendations</td><td>TCBH will continue to conduct MD/RN chart reviews at least annually to collect and analyze data for the medication monitoring process.</td></tr>
</table>

6: MONITORING COORDINATION OF CARE BETWEEN THE MHP AND MANAGED CARE PLANS	
• Manages the continuity and coordination of care between managed care plans and the MHP across the department. • Develops department-wide processes to link physical health care into ongoing operating procedures. • Assesses the effectiveness and facilitates the improvement of MOUs with physical health care plans.	
Objective 6	To conduct performance monitoring activities of the mechanisms responsible for enhancing continuity and increasing the coordination of care between the MHP and Managed Care Plans as an indicator of beneficiary and system outcomes.
Goal 6	Update MOUs with managed care plans in order to create a mechanism for exchange of information between TCBH and primary care with regards to individual client care. To enhance any additional continuity and coordination of care activities. To assess effectiveness of MOU with physical health care providers and revise as appropriate to improve the processes of providing care and better meeting consumer needs.
Responsible Partners	QI, Medical Records
Evaluation Methods/Tool(s)	Mechanisms to monitor the safety and effectiveness of coordination of care through referral tracking.
FY 2023/2024 Evaluation	A MHP and a DMC MOU were both drafted during FY 23/24 with both MCPs, Anthem and Health Net. At the close of FY each MOU was being routed for signature.
Recommendations	TCBH will follow up and finalize each MOU during FY 2024/2025.

<table>
<tr><th colspan="2">7: MONITORING PROVIDER APPEALS</th></tr>
<tr><td colspan="2">• Reviews provider appeals submitted to the utilization management department.
• Evaluates the provider appeals process for efficiency and effectiveness.
• Makes recommendations based on group findings and review of provider appeals that ensures equity and fairness in due process.</td></tr>
<tr><td>Objective 7</td><td>To conduct performance monitoring activities which review provider appeals and concerns on an ongoing basis as an indicator of the effectiveness of the provider appeal resolution process.</td></tr>
<tr><td>Goal 7</td><td>To provide an effective means of identifying, resolving and preventing the recurrence of change of provider requests with the MHP’s authorization and other processes. To continue to use this information to identify and prioritize areas for improving the processes of providing care.</td></tr>
<tr><td>Responsible Partners</td><td>QI</td></tr>
<tr><td>Evaluation Methods/Tool(s)</td><td>Mechanisms for monitoring services and activities include Change of Provider Request Log and Change of Provider Request Report.</td></tr>
<tr><td>FY 2023/2024 Evaluation</td><td>Appeals are processed and tracked within the regulatory timeframes. There was a total number of 75 requests processed for FY 23-24. For FY 23/24 59 requests were approved and 16 were denied. When an appeal is denied the reason for the denial is included in the notification letter. The following is the change of provider reason data for FY 23/24:
<table>
<tr><th colspan="2">Reason for Change of Provider Request FY 2023-2024</th></tr>
<tr><td>Reason</td><td>Count</td></tr>
<tr><td>Professionalism</td><td>7</td></tr>
<tr><td>Medication</td><td>7</td></tr>
<tr><td>Treatment/Communication Issue</td><td>35</td></tr>
<tr><td>In Person Doctor/Provider Availability</td><td>11</td></tr>
<tr><td>Cultural</td><td>10</td></tr>
<tr><td>Other</td><td>5</td></tr>
</table></td></tr>
<tr><td>Recommendations</td><td>TCBH will continue to conduct performance monitoring activities which review provider appeals and concerns on an ongoing basis as an indicator of the effectiveness of the provider appeal resolution process.</td></tr>
</table>

8: MONITORING MENTAL HEALTH NEEDS IN SPECIFIC CULTURAL GROUPS	
• Assumes responsibility for ensuring trainings designed to enhance cultural competence are being offered. • Conducts outreach activities to unserved, underserved, inappropriately served, and minority populations. • Monitors the implementation of cultural competence plan goals. • Participates as necessary in other committee activities.	
Objective 8	To conduct performance monitoring activities of the mechanisms used to identify access barriers among specified ethnic/cultural groups that are currently unserved, underserved or inappropriately served.
Goal 8	To evaluate the effectiveness of current outreach activities in engaging diverse cultural groups into mental health treatment. To review and monitor the provision of cultural competency trainings to providers. To continue using this information to identify and prioritize areas for improving the processes of providing care and better meeting beneficiary needs.
Responsible Partners	Ethnics Services Manager, QM, MHSA, Cultural Competency Committee (CCC), Prevention and Early Intervention (PEI) contractors
Evaluation Methods/Tool(s)	Mechanisms for monitoring services and activities include training reports, CCC meeting minutes, and PEI contractors reports and referrals.
FY 2023/2024 Evaluation	TCBH is committed to strategies that embrace cultural diversity, inclusion and to provide welcoming behavioral health and compassionate recovery services that are effective, equitable, and responsive to individuals' cultural health beliefs & practices. The Cultural Competency Committee (CCC) works to improve the quality of services and eliminate inequities and barriers to behavioral health care for marginalized cultural and ethnic communities. Based on established best practices, such as the CLAS standards, CCC developed recommendations on strategies to provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. The CCC will also support the Department in the implementation of strategies that are responsive to the Mental Health Services Act (MHSA) stakeholder priority that consumers access and receive behavioral health services and peer/community support in ways that are reflective and responsive to their cultures, languages, and worldviews. The CCC set three goals: to offer more culturally competent clinical services by offering youth, TAY and LGBTQ+ cultural humility, sensitivity, and competency training to TCBH providers; to increase enrollment of targeted demographics to specific substance use disorder (SUD) and Dual Diagnosis programming; and, to increase the number and percent of veterans who serve on stakeholder meetings for Behavioral Health to begin to identify needed supports or gaps in service for this population.

The Department has also nurtured partnerships with diverse community stakeholders through the development of cultural collaborative partnerships with Catholic Charities, Infant/Child Enrichment Services (ICES), First Five, Tuolumne County Superintendent of Schools, Amador Tuolumne Community Action Agency (ATCAA). Smile Keepers, Tuolumne Mi Wuk Indian Health Center, and other diverse communities. These partnerships, supported by Prevention and Early Intervention (PEI), have continually provided community feedback to the Department on the further development of the local behavioral health system to meet the needs of Tuolumne County's diverse communities, and the goal of integrating community practices into current treatment programs.

The percentage of total clients served (unduplicated)for FY 23/24 related to different cultural groups:

Mental Health Total Penetration Counts (At least 1 Service)					
Total	1048	% Of Total	Total	1048	% Of Total
Female	550	53%	Under 18	172	16%
Male	487	46%	18 and over	876	84%
Other	-	-	Unknown	0	0%
Total	1048	% Of Total	Total	1048	% Of Total
Native American	46	4%	0-5 Miles	716	68%
Hispanic / Latino	106	10%	6 to 10 Miles	102	10%
White	584	56 %	11 to 20 Miles	24	2%
Other	61	6%	20 plus Miles	150	14%
Unknown	251	24%	Unknown	56	6%

Recommendations	To Be Determined

9: PERFORMANCE IMPROVEMENT PROJECTS (PIP)	
• Facilitates clinical and administrative PIP activities. • Uses data as a foundation for the PIP Implementation and Submission Tool. • Evaluates progress on PIP stages and reviews final reports. • Shares information about PIP activities with QM that may be used in policy making.	
Objective 9	To maintain two (2) active Performance Improvement Projects (PIPs); one (1) clinical and one (1) administrative, per fiscal year.
Goal 9	To complete the appropriate steps in the CAEQRO PIP Validation Tool for each PIP.
Responsible Partners	QM, QIC
Evaluation Methods/Tool(s)	Mechanisms for monitoring services and activities include CAEQRO PIP summary reports and Implementation and Submission Tool.
FY 2023/2024 Evaluation	TCBH had two active PIPs during FY 2023/2024. Clinical PIP: TCBHs clinical PIP sought to answer the question, will addressing housing processes and hiring a housing support staff decrease tenant issues and improve their living situation by 50% and by increase supporting housing services to offer intense living skills increase the number of clients who move into independent permanent housing by 30%? Nonclinical PIP: The goal of the PIP is to increase data communication with the hospital to improve the support and stabilization after crisis service for adults 18 and older by 10% over the next two fiscal years. To decrease the amount of ongoing crisis to the highest user age group, Tuolumne County Behavioral Health is increasing data exchange with the hospital to better follow up and stabilize crisis clients.
Recommendations	TCBH will continue to make ensure PIPs are active through FY 2024/2025.

<table>
<tr><th colspan="2">10: MONITORING QUALITY IMPROVEMENT AND DOCUMENTATION REVIEW</th></tr>
<tr><td colspan="2">• Reviews new regulations which may affect documentation issues.
• Works to build standardized procedures for new legislation when implemented in MHP.
• Serves as a review body for audit results which go to appeal after the first plan of correction.</td></tr>
<tr><td>Objective 10</td><td>To conduct performance monitoring activities using mechanisms that assess if all chart documentation and audit review findings are in congruence with State and Federal regulations.</td></tr>
<tr><td>Goal 10</td><td>To review all current chart documents for ease of use and to ensure appropriateness to Title 9, Medi-Cal, Managed Care and Federal requirements; make revisions based on new legislation and State guidance as needed. To enhance department quality improvement practices, infrastructure and QI work plan fidelity. To continue to use this information to identify and prioritize areas for improving the process of providing care and better meeting consumer needs.</td></tr>
<tr><td>Responsible Partners</td><td>QM, QI, Utilization Management</td></tr>
<tr><td>Evaluation Methods/Tool(s)</td><td>Mechanisms for monitoring services and activities include chart audits (peer review), treatment plan authorization review, and disallowance reports and/or suspended services for outpatient services and denied days for inpatient and the URC Completion Report.</td></tr>
<tr><td>FY 2023/2024 Evaluation</td><td>A total of 50 charts were audited not in relation to medication monitoring. All MH programs were reviewed to ensure appropriateness to Title 9, Medi-Cal, Managed Care and Federal requirements. Additionally, the audits monitored and reviewed documentation standards, assessments, progress notes, and treatment plans for medical necessity criteria. If it is identified during the review that documentation standards are not met, immediate corrective actions are set requiring programs to address the areas of concern.

UR data for FY 2023/2024 is below:
<table>
<tr><th colspan="3">Percent Charts Completed FY 2023-2024</th></tr>
<tr><th>Total Open Admitted for Ongoing SMH Service</th><th>Charts Completed</th><th>% of Completed</th></tr>
<tr><td>1258</td><td>50</td><td>4%</td></tr>
</table>
[Goal: 5%]</td></tr>
<tr><td>Recommendations</td><td>TCBH will continue to facilitate MH program peer reviews and MD/RN peer reviews to assure accuracy in documentation. TCBH UM staff will continue to collaborate with QM to review possibilities of making any changes to enhance the monitoring process.</td></tr>
</table>

	However, this will continue to be a recommendation and UM will work on this project as TCBH plans to integrate MH and SUD monitoring processes. TCBH UM will also continue to provide support around treatment plans and authorizations

11: CREDENTIALING AND MONITORING OF PROVIDERS	
• Completes database checks of all providers. • Monitors providers at required intervals and follows guidelines for any negative reports for providers. • Follows appeal process for any corrective action taken against providers.	
Objective 11.1	To conduct database checks in congruence with State and Federal regulations as an indicator of adherence to credentialing and monitoring standards.
Goal 11.1	To review all required databases for all providers at time of application/hire and at required intervals to identify any providers who are identified as not appropriate for providing care to beneficiaries. To monitor provider quality of treatment at appropriate intervals to identify any quality-of-care issues in order to ensure appropriateness for continued treatment of beneficiaries.
Responsible Partners	Compliance and Human Resources
Evaluation Methods/Tool(s)	Mechanisms for monitoring include the Death Master File (DMF), Office of Inspector General (OIG), Medi-Cal Suspended and Ineligible Provider List, Licensing board websites, chart audits (peer review), treatment plan authorization review, and disallowance reports and/or suspended services for outpatient services and denied days for inpatient services, reports, and dashboards.
FY 2023/2024 Evaluation	For the FY 2023/2024 evaluation, TCBH continues to follow all requirements. For new hires, OIG, DMF, and Licensure status are checked prior to hire as part of the background process, which is documented internally. DMF is monitored by our Compliance team. NPI numbers are verified at time of hire, and if not obtained the billing team works directly with provider staff to register for an NPI number utilizing NPPES. Monthly verification is completed through end of month billing processes. Once verified the information is input in to the EHR and/or managed accordingly.in the staff's record. Any violation, meaning if the employee is found to be on any exclusion list and/or registration/licensure status has been deemed invalid/cancelled, will immediately result in the employee being restricted from claiming, deactivated from the Electronic Health Record (EHR), and investigated for any appropriate corrective action and/or disciplinary action. Managed Care checks monthly on Medi-Cal Suspend and Ineligible Provider List on the Medi-Cal DHCS web site when the provider submits Fee-For-Service (FFS) claims to Managed Care for processing of payment to ensure that the provider is not on the Suspend list. If a provider is found to be on the Suspend list, claims will not

	be processed for payment and a letter is sent to the provider for denial of payment. When Credentialing or Re-Credentialing a provider, MD license is checked on the CA Breeze web site to ensure that the MD is current before any claims are processed for payment.
Recommendations	To continue the processes in place that monitor, track, and address "missing credentials."
Objective 11.2	To review the PAVE portal for all applicable licensed providers at time of application/hire and upon licensing of current unlicensed providers who will be or are for providing care to beneficiaries.
Goal 11.2	To ensure all applicable licensed staff are enrolled in the DHCS Provider Application and Validation for Enrollment (PAVE) portal.
Responsible Partners	Compliance and Human Resources
Evaluation Methods/Tool(s)	Mechanisms for monitoring include the PAVE open data portal on the DHCS website, screenshots of provider portals showing completion of applications, and copies of the DHCS approval letters.
FY 2023/2024 Evaluation	TCBH ensured compliance and new requirements were met for the new Provider Application and Validation Enrollment (PAVE) process from Department of Health Care Services (DHCS) as specified on Behavioral Health Information Notice No: 20-071. The Compliance Officer implemented this new process by ensuring that all Specialty Mental Health Services (SMHS) practitioners in TCBH within the specific licensed disciplines (LCSW, LMFT, LPCC, MD) were enrolled in the DHCS PAVE portal. TCBH has established access to PAVE. The process includes verification of registry of licensed staff, sending notification to candidate/employee to register, or provide copy of confirmation letter that registry was complete. Evidence of registry included printed verification from the PAVE website or copy of confirmation letter received by employee.
Recommendations	TCBH will continue to monitor this area to ensure compliance.

Quality Improvement (QI) Work Plan FY 2023-2024: Objectives, Goals, and Evaluation

1: MONITORING THE SERVICE CAPACITY AND SERVICE DISTRIBUTION OF THE MHP	
• Conducts performance monitoring activities that evaluate beneficiary and system outcomes and indicators of wellbeing. • Describes and provides information regarding the current type, number and geographic distribution of Mental Health Services in the system. • Evaluates and monitors the capacity of the MHP. • Makes program recommendations based on capacity indicators. • Participates in the county planning process which identifies expanded service populations. • Monitors the number of Medi-Cal beneficiaries receiving services and works with Performance Measurements to distribute information to Program Managers and the Quality Management Team (QMT).	
Objective 1	To describe the current type, number, and geographic distribution of Mental Health Services in the MHP System of Care to ensure appropriate allocation of MHP resources in providing adequate behavioral health access to all beneficiaries.
Goal 1	To identify service provision to Children, Youth, and Adult Medi-Cal/Uninsured beneficiaries by types of services and service locations by geographic regions. To track service provision against service demand and ensure resources are appropriately allocated to provide for access.
Responsible Partners	Kings View, QI
Evaluation Methods/Tool(s)	Mechanisms for monitoring services and activities include a Penetration Rate EHR Dashboard Report and a MH Penetration vs Engaged Report.
FY 2024/2025 Evaluation	In Progress
Recommendations	To Be Determined

2: MONITORING TIMELY ACCESS FOR ROUTINE AND URGENT SERVICE NEEDS	
• Conducts and coordinates performance monitoring activities to test timeliness and access to services within the MHP. • Tests the ability of the appointment system through the mechanisms of test calls and internal audits of contact logs. • Reports findings and suggested solutions for systems issues which negatively impact access. • Tests and evaluates the ability of the system to respond to calls to 24/7 Toll Free Phone Number. • Reviews timeliness to service for all appointment types within the system including routine appointments and services for urgent conditions.	
Objective 2.1	To conduct performance monitoring activities that gauge the system's effectiveness at providing timely access to routine specialty mental health appointments.
Goal 2.1A	To ensure that all beneficiaries requesting a comprehensive assessment are offered an appointment within 10 business days.
Responsible Partners	QI and Clinical Managers
Evaluation Methods/Tool(s)	Mechanisms for monitoring services and activities include test calls and a Timeliness Report.
FY 2024/2025 Evaluation	In Progress
Recommendations	To Be Determined
Goal 2.1B	To ensure beneficiaries discharging from psychiatric hospitalization receive follow up within 2 business days of discharge.
Responsible Partners	QI
Evaluation Methods/Tool(s)	Mechanisms for monitoring services and activities include a Hospitalization Report.
FY 2024/2025 Evaluation	In Progress
Recommendations	To Be Determined

Objective 2.2	To conduct performance monitoring activities that gauge the system's effectiveness at providing timely access to services for urgent conditions.
Goal 2.2	To ensure that all requests for urgent mental health services are responded to within 48 hours for services that do not require an authorization and within 96 hours for services that do require an authorization.
Responsible Partners	QI and Clinical Managers

Evaluation Methods/Tool(s)	Mechanism for monitoring services and activities is the Crisis and Urgent Services Report.
FY 2024/2025 Evaluation	In Progress
Recommendations	To Be Determined
Objective 2.3	To ensure that beneficiaries are provided with information on how to access specialty mental health services after business hours, including weekends and holidays.
Goal 2.3	To confirm that all MHP providers have after-hours telephone message systems that provides information in English and Threshold language(s) on how to access emergency and routine mental health services for TCBH.
Responsible Partners	QI
Evaluation Methods/Tool(s)	Mechanisms for monitoring services and activities include monthly test calls made throughout various times of the day and night with test callers following a script and presenting a myriad of problems varying in complexity, scope and requiring a response. Call details are logged, and the success of test calls is determined by the callers' ability to be directed to the appropriate services. Mechanisms for monitoring services and activities are a Test Call Report.
FY 2024/2025 Evaluation	In Progress
Recommendations	To Be Determined
Objective 2.4	To provide a Toll-Free Telephone Line that operates 24/7 and meets all required elements of the MHP contract after business hours, including weekends and holidays.
Goal 2.4	To ensure that the 24/7 Telephone Line provides information, in beneficiary's language of choice, on how to access specialty mental health services, beneficiary resolution process and responds to urgent conditions.
Responsible Partners	QI, CAIP and Reception
Evaluation Methods/Tool(s)	Mechanisms for monitoring services and activities include monthly test calls made throughout various times of the day and night with test callers following a script and presenting a myriad of problems varying in complexity, scope and requiring a response. Call details are logged, and the success of test calls is determined by the callers' ability to be directed to the appropriate services. Mechanisms for monitoring services and activities are a Test Call Report.
FY 2024/2025 Evaluation	In Progress
Recommendations	To Be Determined

3: MONITORING BENEFICIARY SATISFACTION	
• Conducts and evaluates findings from satisfaction surveys. • Identifies areas of improvement as identified by beneficiary feedback and provides long term and short-term solution planning. • Conducts and evaluates findings from grievances/appeals/State Fair Hearings.	
Objective 3.1	To conduct performance monitoring activities using mechanisms that assess beneficiary satisfaction with behavioral health services provided as an indicator of beneficiary and system outcomes.
Goal 3.1	To ensure beneficiaries are receiving excellence in behavioral healthcare services as indicated by satisfaction surveys. To continue to use this information to identify and prioritize areas for improving the processes of providing care and better meeting beneficiary needs.
Responsible Partners	QI
Evaluation Methods/Tool(s)	Mechanisms for monitoring services and activities include the Consumer Perception Survey (youth, families of youth, adult, and older adult versions), dashboards, and survey results reports.
FY 2024/2025 Evaluation	In Progress
Recommendations	To Be Determined
Objective 3.2	To conduct performance monitoring activities using mechanisms that assess the number of grievances (and their resolution), appeals and requests for State Fair Hearings. To analyze the nature of the causes for concern as an indicator of beneficiary and system outcomes.
Goal 3.2	To ensure that beneficiary grievances, appeals, and requests for State Fair Hearings are being resolved expeditiously and appropriately within the MHP. To continue to use this information to identify and prioritize areas for improving the processes of providing care and better meeting beneficiary needs.
Responsible Partners	QI
Evaluation Methods/Tool(s)	Mechanisms for monitoring services and activities include the Grievance Analysis Report.
FY 2024/2025 Evaluation	In Progress
Recommendations	To Be Determined

4: MONITORING THE SERVICE DELIVERY SYSTEM FOR MEANINGFUL CLINICAL & ETHICAL ISSUES	
• Monitors, anticipates and evaluates clinical aspects and implications of departmental policies, procedures, and actions. • Reviews clinical issues, quality of care, utilization and utilization management issues that surface as a result of chart review and program review. • Considers the ethical implications of departmental and staff activities. • Prepares reports of findings and recommendations for submission to the Quality Management (QM) Team.	
Objective 4.1	To conduct performance monitoring activities of the service delivery system related to hospitalizations.
Goal 4.1	To identify and address issues affecting quality of care through the review of hospitalization and rehospitalization data. To continue to use this information to identify and prioritize areas for improving the processes of providing care and better meeting beneficiary needs.
Responsible Partners	QI, QM
Evaluation Methods/Tool(s)	Mechanisms for monitoring services and activities include QM meeting minutes and the Hospitalization Report and Dashboard.
FY 2024/2025 Evaluation	In Progress
Recommendations	To Be Determined
Objective 4.2	To conduct performance monitoring activities of the mechanisms responsible for the safety and effectiveness in the Outpatient system of care.
Goal 4.2	To identify and address issues which may affect the quality of care provided to beneficiaries, underutilization of services, overutilization of services and utilization management. To implement corrective measures as appropriate. To continue to use this information to identify and prioritize areas for improving the processes of providing care and better meeting consumer needs.
Responsible Partners	QM, Clinical Supervisors, Utilization Management
Evaluation Methods/Tool(s)	Mechanisms for monitoring services and activities include QM meeting minutes, Clinical Supervisors meeting minutes, URC Completion Report, High Utilization Report, and QA Memos.
FY 2024/2025 Evaluation	In Progress
Recommendations	To Be Determined

5: MONITORING THE MHP SERVICE DELIVERY SYSTEM FOR THE SAFETY & EFFECTIVENESS OF MEDICATION PRACTICES	
• Under the supervision of a person licensed to prescribe or dispense prescription drugs, evaluates and monitors the safety and effectiveness of medication practices. • Reviews cases involving medication issues and tracks medication issues over time. • Recommends and institutes needed actions involving medication procedures and policies. • Conducts Peer Reviews regarding medication practices.	
Objective 5	To conduct performance monitoring activities of the mechanisms responsible for the safety and effectiveness of medication practices**.**
Goal 5	To obtain information regarding the safety and effectiveness of medication practices. To continue to use this information to identify and prioritize areas for improving the processes of providing care and better meeting consumer needs.
Responsible Partners	Kings View, QM and Business and Operations
Evaluation Methods/Tool(s)	Mechanisms to monitor the safety and effectiveness of medication practices at least annually which include chart review summaries and reports that are inclusive of medications prescribed to adults and youth and are under the supervision of a person licensed to prescribe or dispense prescription drugs.
FY 2024/2025 Evaluation	In Progress
Recommendations	To Be Determined

6: MONITORING COORDINATION OF CARE BETWEEN THE MHP AND MANAGED CARE PLANS	
• Manages the continuity and coordination of care between managed care plans and the MHP across the department. • Develops department-wide processes to link physical health care into ongoing operating procedures. • Assesses the effectiveness and facilitates the improvement of MOUs with physical health care plans.	
Objective 6	To conduct performance monitoring activities of the mechanisms responsible for enhancing continuity and increasing the coordination of care between the MHP and Managed Care Plans as an indicator of beneficiary and system outcomes.
Goal 6	Update MOUs with managed care plans in order to create a mechanism for exchange of information between TCBH and primary care with regards to individual client care. To enhance any additional continuity and coordination of care activities. To assess effectiveness of MOU with physical health care providers and revise as appropriate to improve the processes of providing care and better meeting consumer needs.
Responsible Partners	QI, Medical Records
Evaluation Methods/Tool(s)	Mechanisms to monitor the safety and effectiveness of coordination of care through referral tracking.
FY 2024/2025 Evaluation	In Progress
Recommendations	To Be Determined

7: MONITORING PROVIDER APPEALS	
• Reviews provider appeals submitted to the utilization management department. • Evaluates the provider appeals process for efficiency and effectiveness. • Makes recommendations based on group findings and review of provider appeals that ensures equity and fairness in due process.	
Objective 7	To conduct performance monitoring activities which review provider appeals and concerns on an ongoing basis as an indicator of the effectiveness of the provider appeal resolution process.
Goal 7	To provide an effective means of identifying, resolving, and preventing the recurrence of change of provider requests with the MHP's authorization and other processes. To continue to use this information to identify and prioritize areas for improving the processes of providing care.
Responsible Partners	QI
Evaluation Methods/Tool(s)	Mechanisms for monitoring services and activities include Change of Provider Request Log and Change of Provider Request Report.
FY 2024/2025 Evaluation	In Progress
Recommendations	To Be Determined

8: MONITORING MENTAL HEALTH NEEDS IN SPECIFIC CULTURAL GROUPS	
• Assumes responsibility for ensuring trainings designed to enhance cultural competence are being offered. • Conducts outreach activities to unserved, underserved, inappropriately served, and minority populations. • Monitors the implementation of cultural competence plan goals. • Participates as necessary in other committee activities.	
Objective 8	To conduct performance monitoring activities of the mechanisms used to identify access barriers among specified ethnic/cultural groups that are currently unserved, underserved or inappropriately served.
Goal 8	To evaluate the effectiveness of current outreach activities in engaging diverse cultural groups into mental health treatment. To review and monitor the provision of cultural competency trainings to providers. To continue using this information to identify and prioritize areas for improving the processes of providing care and better meeting beneficiary needs.
Responsible Partners	Ethnics Services Manager, QM, MHSA, Cultural Competency Committee (CCC), Prevention and Early Intervention (PEI) contractors
Evaluation Methods/Tool(s)	Mechanisms for monitoring services and activities include training reports, CCC meeting minutes, and PEI contractors reports and referrals.
FY 2024/2025 Evaluation	In Progress
Recommendations	To Be Determined

9: PERFORMANCE IMPROVEMENT PROJECTS (PIP)	
• Facilitates clinical and administrative PIP activities. • Uses data as a foundation for the PIP Implementation and Submission Tool. • Evaluates progress on PIP stages and reviews final reports. • Shares information about PIP activities with QM that may be used in policy making.	
Objective 9	To maintain two (2) active Performance Improvement Projects (PIPs); one (1) clinical and one (1) administrative, per fiscal year.
Goal 9	To complete the appropriate steps in the CAEQRO PIP Validation Tool for each PIP.
Responsible Partners	QM, QIC
Evaluation Methods/Tool(s)	Mechanisms for monitoring services and activities include CAEQRO PIP summary reports and Implementation and Submission Tool.
FY 2024/2025 Evaluation	In Progress
Recommendations	To Be Determined

10: MONITORING QUALITY IMPROVEMENT AND DOCUMENTATION REVIEW	
• Reviews new regulations which may affect documentation issues. • Works to build standardized procedures for new legislation when implemented in MHP. • Serves as a review body for audit results which go to appeal after the first plan of correction.	
Objective 10	To conduct performance monitoring activities using mechanisms that assess if all chart documentation and audit review findings are in congruence with State and Federal regulations.
Goal 10	To review all current chart documents for ease of use and to ensure appropriateness to Title 9, Medi-Cal, Managed Care and Federal requirements; make revisions based on new legislation and State guidance as needed. To enhance department quality improvement practices, infrastructure, and QI work plan fidelity. To continue to use this information to identify and prioritize areas for improving the process of providing care and better meeting consumer needs.
Responsible Partners	QM, QI, Utilization Management
Evaluation Methods/Tool(s)	Mechanisms for monitoring services and activities include chart audits (peer review), treatment plan authorization review, and disallowance reports and/or suspended services for outpatient services and denied days for inpatient and the URC Completion Report.
FY 2024/2025 Evaluation	In Progress
Recommendations	To Be Determined

11: CREDENTIALING AND MONITORING OF PROVIDERS	
• Completes database checks of all providers. • Monitors providers at required intervals and follows guidelines for any negative reports for providers. • Follows appeal process for any corrective action taken against providers.	
Objective 11.1	To conduct database checks in congruence with State and Federal regulations as an indicator of adherence to credentialing and monitoring standards.
Goal 11.1	To review all required databases for all providers at time of application/hire and at required intervals to identify any providers who are identified as not appropriate for providing care to beneficiaries. To monitor provider quality of treatment at appropriate intervals to identify any quality-of-care issues in order to ensure appropriateness for continued treatment of beneficiaries.
Responsible Partners	Compliance and Human Resources
Evaluation Methods/Tool(s)	Mechanisms for monitoring include the Death Master File (DMF), Office of Inspector General (OIG), Medi-Cal Suspended and Ineligible Provider List, Licensing board websites, chart audits (peer review), treatment plan authorization review, and disallowance reports and/or suspended services for outpatient services and denied days for inpatient services, reports, and dashboards.
FY 2024/2025 Evaluation	In Progress
Recommendations	To Be Determined
Objective 11.2	To review the PAVE portal for all applicable licensed providers at time of application/hire and upon licensing of current unlicensed providers who will be or are for providing care to beneficiaries.
Goal 11.2	To ensure all applicable licensed staff are enrolled in the DHCS Provider Application and Validation for Enrollment (PAVE) portal.
Responsible Partners	Compliance and Human Resources
Evaluation Methods/Tool(s)	Mechanisms for monitoring include the PAVE open data portal on the DHCS website, screenshots of provider portals showing completion of applications, and copies of the DHCS approval letters.
FY 2024/2025 Evaluation	In Progress
Recommendations	To Be Determined