

**COUNTY OF SISKIYOU
BEHAVIORAL HEALTH DIVISION**



**2015
Quality Management Plan**

I. Siskiyou County Health and Human Services, Behavioral Health Division

County of Siskiyou Behavioral Health Division (BHD) is an integrated mental health and substance abuse treatment department. BHD serves more than 1,000 clients each year across all ages.

The mission of the Behavioral Health Division is to promote the prevention of and recovery from mental illness and substance abuse for the individuals, families and communities we serve by providing accessible, caring and culturally competent services.

Our core values include:

- We believe that all individuals with their unique contributions are valued, should be treated with respect and encouraged to fulfill their potential. Specifically, we value the intrinsic worth of our clients as human beings who are to be treated with respect, courtesy, and care at all times.
- We value ourselves and one another, as employees, co-workers and professionals. We will strive as one to promote: positive teamwork which focuses on the mission of the department, while supporting open, honest communication amongst its members; recognition and appreciation of individual staff contributions; quality and integrity of work and service delivery; and a work environment where creativity is encouraged and mistakes are seen as learning opportunities.
- We as an agency, value our community, fellow agencies and those with whom we share the opportunity and responsibility to better our community, by creating an environment in which all persons can thrive and grow.

Our mental health services program is comprised of Children's Services (serving clients ages 3-18) and Adult Services (serving clients ages 18 and older) throughout Siskiyou County. Services are delivered in the community, via contracted providers, Family Resource Centers and at two clinics located in north and south Siskiyou County. The Children's program utilizes Early and Periodic Screening, Diagnosis and Treatment Medi-Cal services to provide a variety of options for the treatment of children and adolescents such as: assessment; individual, group, and collateral therapies; rehabilitation; case management; and mental health treatment for co-occurring disorders. In addition, more intensive services such as therapeutic behavioral services and wraparound services are available through contracted service providers. For urgent and acute problems, crisis services are available 24 hours per day, 7 days per week via phone, walk-in and at two hospital emergency rooms. Adult clients are assessed and wellness and recovery-oriented individual and group therapy, rehabilitation and case management services are available. In addition, both clients of all ages can benefit from psychiatric evaluation and medication services if needed.

Operation of the Quality Management Program includes substantial involvement by a licensed mental health staff person. The Quality Improvement Committee (QIC) is currently comprised of mental health consumers, Mental Health Director, Quality Improvement Coordinator, Mental Health Board member, LPHAs, Health Assistants, Health Information Assistants, and members of the organizational provider network. The County is actively recruiting family members of consumers to participate on the QIC.

II. Quality Management Program

Mission Statement: Under the direction of the BHD Director, the Quality Management (QM) program shall monitor the service delivery system with the aim of improving services and meeting the needs of our beneficiaries. In order to provide system-wide quality care, every individual within our organization is responsible to ensure that the consumer's mental health needs are met and are accountable for providing individualized services that are of high quality, culturally relevant, language appropriate, cost efficient, and tailored to meet the unique needs of each consumer. The QM Program will accomplish its mission through a coordinated team approach which includes specialized committees of staff, consumers and community members and a managed care program that ensures quality of care with the most appropriate use of resources.

Goal: The goal of the QM Program is the on-going development of a system that provides quality design, continuous improvement of services and efficient use of resources. This is accomplished by: establishing mechanisms that effectively improve quality; assuring service delivery integration and interagency collaboration through intra and interagency systems of care; examining the use of resources within the systems of care; and delivering consumer-centered, culturally appropriate services that are consistent with the a high standard of care.

The functions of the QM Program include:

- Establish and maintain a systematic process for monitoring and tracking key indicators for client care and administrative support functions;
- Support organizational decision-making; implement and evaluate on-going quality improvement activities across BHD;
- Develop communication strategies to share information with providers and other appropriate stakeholders; and
- Create quality improvement capability across programs and services.

The Quality Improvement Annual Work Plan for 2015 identifies targeted goals within the following six areas:

- A. Monitoring service delivery capacity
- B. Monitoring accessibility of services
- C. Monitoring client satisfaction
- D. Monitoring the Mental Health Plan service delivery system and clinical issues affecting beneficiaries
- E. Monitoring continuity and coordination of care with physical health providers and other human service agencies
- F. Monitoring provider appeals

In accordance with the DHCS-MHP contract, the following areas of Quality Management may be reviewed and evaluated within the QIC or through the Quality Assurance Manager's and Compliance Officer's keeping of logs and reviews:

Consumer input
 Annual QI work plan goals
 Performance Improvement Projects (PIP): clinical and non-clinical
 Routine data e.g., Anasazi data reports; at risk youth report; inpatient utilization and crisis evaluation data; IMD utilization; Board and Care utilization; timeliness of services
 Fiscal reports
 FSP/MHSA updates
 HIPAA breeches log
 Beneficiary grievances, appeals, expedited appeals, fair hearings, expedited fair hearings, provider appeals log
 Notice of action form log
 Change of provider request log
 Language Line testing log
 Training log
 Service verification log
 Incident reports log
 Morbidity and mortality log
 Medication monitoring log
 Utilization and peer review logs
 Cultural competence plan and minutes
 Compliance committee plan and minutes
 Quality of care concerns log
 Drug Medi-Cal
 Behavioral Health Advisory Board minutes and reports
 Agency recruitment activities
 Katie A. statistics and procedures
 Collect and analyze data to measure areas for improvement identified by the management team.
 Identify opportunities for improvement and decide which opportunities to pursue.
 Client satisfaction survey data
 Design and implement interventions to improve performance and measure the effectiveness of the interventions (PDSA).
 Recommend changes to and creation of policies and practices, as appropriate

Siskiyou County does not delegate or contract out any Quality management activities; the Quality Assurance Manager is responsible for managing all related activities. All planned QM, QI and UM activities are in compliance with the DHCS-MHP Contract, Title 9 Regulations, and 42 CFR. Compliance is achieved through continuous oversight, monitoring, tracking and training; a feedback loop that includes providers, managers, organizational providers and stakeholders; and ongoing communication.

III. Quality Improvement Committee

The Quality Improvement Committee (QIC) meetings are held at least quarterly to review, discuss, and make recommendations that impact the delivery of services and administrative processes. QI subcommittee's are created for complex projects such as PIPs.

The Quality Improvement Committee (QIC) is currently comprised of mental health consumers, Mental Health Director, Quality Improvement Coordinator, Behavioral Health Board member, LPHAs, Health Assistants, Health Information Assistants, and members of the organizational provider network. The County is actively recruiting family members of consumers to participate on the QIC.

The activities of the QIC include, but are not limited to, the following:

- Recommending policy decisions;
- Reviewing and evaluating the results of QM activities;
- Performance Improvement Projects (PIPs);
- Instituting needed QI actions;
- Ensuring follow-up of QI processes;
- Documenting QI Committee meeting minutes regarding decisions and actions taken.