

 <p style="text-align: center;">County of Sacramento Department of Health Services Division of Behavioral Health Policy and Procedure</p>	Policy Issuer (Unit/Program)	QM
	Policy Number	QM-09-02
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	Revision Date	01/01/2019
Title: Quality Assessment and Performance Improvement Program	Functional Area: Quality Improvement Program	
Approved By: (Signature on File) Signed version available upon request		
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Background/Context:

California Department of Health Care Services requires County Mental Health Plans (MHP), per MHP Contract, Ex. A., Att. 5 and CCR § 18140.440 (a), to establish a Quality Assessment and Performance Improvement (QAPI) Program for the services it furnishes to Sacramento County beneficiaries. The QAPI shall establish quantitative measures to assess performance and to identify and prioritize areas for improvement. The QAPI will consist of the Quality Improvement Work Plan, Quality Improvement Committee, and Performance Improvement Projects.

Definitions:

MHP Implementation Plan: The purpose of the Phase II Implementation Plan was to describe the procedures to be followed in establishing the Sacramento County Mental Health Plan (MHP) for psychiatric inpatient hospital services and outpatient specialty mental health services (SMHS), and in transitioning from a State-administered Medi-Cal system to a system which is coordinated by the County.

MHP Beneficiary: A Medi-Cal recipient who is currently receiving services from the MHP

Quality Improvement Work Plan: The Quality Improvement Work Plan encompasses quality improvement and evaluation activities designed to advance access and delivery of quality Specialty Mental Health Services.

Purpose:

To establish uniform guidelines for implementing an ongoing QAPI plan for the Sacramento County MHP that are consistent with state and federal requirements.

Details:

A. **Work Plan:** The MHP will develop a QAPI Work Plan covering the current contract cycle with documented annual evaluations and documented revisions as needed. The goal of the QAPI Program is to improve established outcomes through structural and operational processes and activities that are consistent with current standards of practice.

The Work Plan shall include:

- a. A description of completed and in-process QAPI activities, including:
 - i. Monitoring efforts for previously identified issues, including tracking issues over time.
 - ii. Standards, Benchmarks, Goals, and planned QAPI activities for each year.
- b. A description of mechanisms the MHP has implemented to assess the accessibility of services within its service delivery area, including goals for:
 - i. Retention and Service Utilization across all cultures
 - ii. Penetration rates across all cultures
 - iii. Geographically diverse provider services
 - iv. Availability of the crisis continuum services
 - v. Responsiveness for the MHP 24-hour toll-free telephone number;
 - vi. Access to after-hours care;
- c. Mechanisms to track trends for timeliness to services for routine appointments and urgent conditions.
- d. Quality of care monitoring that includes:
 - i. Evidence of compliance with the requirements for a diverse workforce, cultural, and linguistic competence.
 - ii. Evidence of the monitoring problem resolution concerns including, but not limited to, review of beneficiary grievances, appeals, expedited appeals, fair hearings, expedited fair hearings, and provider appeals
 - iii. Utilization and clinical records review for documentation and compliance adherence.
 - iv. Implementing mechanisms to monitor the safety and effectiveness of medication practices.
- e. Mechanisms to assess consumer outcomes that includes:
 - i. Beneficiary/family satisfaction by surveying beneficiary/family satisfaction at least annually (MHP Contract, Ex. A, Att. 5), including informing providers of beneficiary/family satisfaction activities. (MHP Contract, Ex. A, Att. 5)
 - ii. Identifying and implementing beneficiary outcome tools that will demonstrate improvement over time at the beneficiary, program, and system level.

B. **Quality Improvement Committee:** The MHP shall establish a Quality Improvement Committee to routinely meet and review the quality of MHP services provided beneficiaries. The QI Committee shall:

- a. Recommend policy decisions;

- b. Review and evaluate the results of QI activities, including performance improvement projects;
- c. Institute needed QI actions;
- d. Ensure follow-up of QI processes; and
- e. Document QI Committee meeting minutes regarding decisions and actions taken.

As part of an effective QIC, the MHP shall:

- a. Include active participation by the MHP's practitioners, providers, beneficiaries and family members, in the planning, design and execution of the QI program. (MHP Contract, Ex. A, Att. 5) ;
- b. Obtain input from providers, beneficiaries and family members in identifying barriers to delivery of clinical care and administrative services
- c. Obtain input / reports from the Cultural Competence Committee (CCR title 9, §1810.410);
- d. Monitor the MHP's service delivery system with the aim of improving the processes of providing care and better meeting the needs of its beneficiaries;
- e. Be accountable to the MHP's Director as described in CCR title. 9, § 1810.440(a)(1);
- f. Facilitation of the QIC include substantial involvement by a licensed mental health professional. (CCR. title. 9, § 1810.440(a)(4).)

C. Performance Improvement Projects (PIP): The Administrator shall conduct the required number of PIPs as specified by DHCS or CMS and shall focus on a clinical area and a non-clinical area. (42 C.F.R. § 438.330(b)(1) and (d)(1).)

Each PIP shall:

- a. Be designed to achieve significant improvement, sustained over time, in health outcomes and beneficiary satisfaction;
- b. Include measurement of performance using objective quality indicators;
- c. Include implementation of interventions to achieve improvement in the access to and quality of care;
- d. Include an evaluation of the effectiveness of the interventions based on the performance measures collected as part of the PIP; and,
- e. Include planning and initiation of activities for increasing or sustaining improvement. (42 C.F.R. § 438.330(d)(2).)
- f. The Administrator shall report the status and results of each performance improvement project to DHCS as requested, but not less than once per year. (42 C.F.R. § 438.330(d)(3).

D. Implementation Plan: The Sacramento County Implementation Plan will be revisited on a two-year cycle and updated as service provisions change or Federal, State, or local regulations require. Any changes that are made will be approved through MHP Leadership, QIC, and the Mental Health Board.

Reference(s)/Attachments:

- MHP Contract, Ex. A., Att. 5
- CCR § 18140.440 (a)
- CCR title 9, section 1810.410
- 42 C.F.R. § 438.330

Related Policies:

N/A

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