



SANTA BARBARA COUNTY  
DEPARTMENT OF

# Behavioral Wellness

A System of Care and Recovery

## **QI Work Plan Evaluation**

Fiscal Year 2017-2018

**Goal #1: Improve client service experience and satisfaction**

**Intended Outcome:**

- Communicate with clients about results of satisfaction surveys
- Improve administration of the CPS survey including client participation/response rate
- Increase clinic participation (compared to county contracted providers)
- Make system improvements as a result/in response to CPS/ client satisfaction data
- Increase client engagement
- Collection of data on client satisfaction, which can be used to steer system operations. The Behavioral Health Commission and The Department of Behavioral Wellness Leadership Teams will be informed of client satisfaction data on a regular basis

**Objectives:**

- Improve outreach to clients and families to gain increased participation in the measurement of member satisfaction with outpatient services
- Review client satisfaction data in QIC to formulate relevant consumer and family member satisfaction quality improvement goals
- Ensure that all grievances and appeals are reported monthly in QIC and are logged and include name, date and nature of problem
- Implement routine DHCS client and family member perception surveys
- Formulate system recommendations and monitor improvement activities
- Conduct provider service recipient survey to assess the value of services received through contracted providers
- Identify and implement brief client satisfaction survey tools to be pilot-tested and then utilized throughout the system
- Modify the clinic-based suggestion box feedback form to obtain greater specificity in questions for targeted feedback as well as retain a comment field for general feedback
- Implement a method for demonstrating action taken for suggestion box feedback at each clinic site
- Ensure that all grievances and appeals are reported monthly in QIC and are logged and include name, date and nature of problem

**Measurement:**

- Client perception survey. Ensure that 100 % of clients are offered the opportunity to participate
- Improve response rate
- Demonstrate utilization during the survey period, complete a client perception survey and demonstrations of utilization of survey results by administrators for decision-making purposes.
  - ✓ The measurement for utilization will be demonstrated by agendas and minutes reflecting discussion and recommendations/decisions made based on the findings presented.

- Continuous implementation of clinic-based satisfaction feedback/suggestion boxes and method for demonstrating action taken
- Improved client & family member satisfaction with services
  - ✓ Data collection from client perception surveys, above noted pilot and ongoing client satisfaction surveys, will be used to establish goals used as measurement metrics
- Provider service recipient survey implemented
- Provider satisfaction survey data presented to QIC for the development of system improvement activity recommendations
- 100% of grievances are logged and responded to according to the Problem Resolution process (responding to the beneficiary)
- The MHP will review and respond to grievances at a system level to evaluate and make necessary changes and improvements in clinical practices. received will be logged and responded to appropriately
- Reduce no shows

#### **Key Work Groups:**

- Consumer and Family Advisory Committee
- Clinical Operations
- Office of Quality and Strategy Management

## **Goal #2: Improve Access to Care**

#### **Intended Outcomes:**

- Utilizing data collected through the Access Contact Sheet and centralized Access screeners, strengthen the system to track timeliness of access across the Mental Health Plan and utilize data for system improvement
- Increase completion of Health History Questionnaire and increase the completion of the identification of client Primary Care Provider (located within the Health History Questionnaire) to allow improved access to healthcare (i.e. number of individuals who have access to their Primary Health Care Physician)
- Establish a reasonable minimum standard for access to treatment including length of time between initial contact and first substance use disorder treatment and first Medication Assisted Treatment (MAT) appointment for those with opioid and alcohol disorders

#### **Objectives:**

- Conduct routine test calls to 24/7 Access line to ensure language capability, ability to provide information on accessing specialty mental health services, quality control monitoring and feedback, as well as information on the MHP problem resolution and state fair hearing process
- Utilize data from test calls for improvement of Access line
  - ✓ Minimum of 4 test calls will be documented per month
- Strengthen system to track timeliness of access across the MHP and ODS systems. Utilization of data for system improvement.
- Improve identification of individuals with co-occurring mental health and substance use disorders who are served by the MHP.
  - ✓ Documentation of training for system staff on identification of co-occurring disorders

- ✓ Documentation of substance use disorders evidenced in system electronic health record
- Train all providers on utilization of the Access Contact Sheet and requirement of data submission
  - Provider utilization of Access Contact Sheet for entry of calls and walk-ins
- Improve retention rates of children's clinic clients attending annual assessment appointments
  - ✓ Implement children's system orientation groups for clients and family members that will occur at least monthly at outpatient sites in each region of the county (English and Spanish)
- Develop a policy which states the standard for time between initial contact to first appointment for substance use disorder treatment, initial contact to first MAT appointment and initial contact to detox

**Measurement:**

- Number of test calls completed and logged each month
- Number of urgent calls received and logged each month
- Number of routine calls received
- Number of crisis calls received
- Definitions specified for timeliness of access to service (routine, urgent, crisis/emergency)
- Definitions specified for measurement of wait times to see an outpatient psychiatrist or ODS provider
- Behavioral Wellness MIS/IT modifications to Clinician's Gateway or ShareCare to track access and wait time more accurately
- Implementation of centralized scheduler in outpatient clinics
- 50% of clients will have completed Health History Questionnaires which include a designated PCP
- Continued training for staff regarding identifying clients with co-occurring conditions and documenting the substance abuse problem in the EHR.
  - ✓ Co-occurring disorders trainings will occur quarterly for MHP staff
  - ✓ Prepare for implementation of the ODS plan
- Develop a policy to measure system changes to track timelines to MAT/SUD services
- Assess system MIS/IT needs and make modifications necessary to track timeliness to MAT/SUD services
- Track time between first contact to first assessment within the children's outpatient system

**Key Work Groups:**

- Access & Transitions Workgroup
- Consumer and Family Advisory Committee
- Cultural Competency Action Team
- Collaborative Contract Provider meeting
- Crisis and Acute Care Daily Triage Team
- Clinical Leads

## Goal #3: Improve Chart Documentation

### Intended Outcomes:

- Improve amount of system charts that have current assessments
- Improve the amount of system charts that have current treatment plans
- Improve the amount of treatment plans that are completed within 60 days
- Increase the timeliness and quality of reviewed charts within the Department of Behavioral Wellness
- Increase the timeliness and quality of reviewed charts within the contracted community based organizations.
- Increase the number of departmental staff who complete corrective action plans following chart review feedback
- Increase the number of community based organizational provider staff who complete corrective action plans following chart review feedback
- Ensure the availability of a high quality documentation manual, including current regulatory changes or interpretations, to ensure best clinical practice and documentation
- Improve adherence to the team based care protocol and documentation of team based care planning

### Objectives:

- Provide a minimum of monthly (12 per year) documentation trainings system wide, to improve frequency and quality of documentation
- QCM will update the documentation manual and maintain updates on a monthly basis

### Measurement:

- Evidence of team-based care (communication and coordination of care) as evidenced by a common diagnostic reference
  - ✓ MD, case manager, and ShareCare
  - ✓ In chart review, will check for team based care planning through documentation
    - Treating Psychiatrist, case manager and ShareCare all reflect the same diagnoses
    - Evidence in clinical notes of work toward same treatment goals
- Reviewed charts will have 90% of assessments and treatment plans in compliance from a baseline of 35%
- Staff will complete plans of correction 90% of the time from a baseline of 35%
- Community based organizational provider staff will complete plans of correction 90% of the time from a baseline of 26%

### Key Work Groups:

- Assessment and Treatment Plan Work Group
- Access & Transitions Workgroup
- Clinical Leads

## Goal #4: Enhance Innovation, Collaboration and Integration

### Intended Outcomes:

- Increase effectiveness of communication from the MHP administration
- Increase department and stakeholder knowledge of system updates through improved communication
- Improve how language, ethnicity/race and sexual orientation/gender identity data is captured within the electronic health record, including client assessments, treatment plans, and progress notes
- Investigate and address disparities in referrals, diagnosis and treatment for youth of color in the juvenile justice system by:
  1. Conduct surveys and focus groups with clients and families receiving services in the Behavioral Wellness outpatient system
  2. Provide education to referral sources
  3. Study guidelines for investigating neurological and trauma etiologies for behavioral symptoms when children enter the system with a diagnosis of disruptive behavioral disorder, conduct disorder or oppositional defiant disorder
  4. Provide training for outpatient clinic based staff on implicit bias specifically related to assessment and report writing related to clinical diagnosis
- Establish a system for 24/7 toll free access, with prevalent languages, for prospective ADP clients to call to access DMC ODS services
- Expand Access Screener staff, if determined necessary, to accommodate ADP calls and assure screeners are bilingual and experienced with substance abuse screening Advance the integration of alcohol, drug and mental health and primary care services

### Objectives:

- Survey system staff to determine strategies for increasing effectiveness of communication from the MHP administration
- Develop plan for implementation of strategies to increase effectiveness of communication from the MHP administration
- Change Clinicians Gateway templates to improve how language, ethnicity/race and sexual orientation/gender identity data is captured
- Survey/focus group results, referral agency training/feedback tracking, diagnosis protocols for children, implicit bias training with a focus on assessment
- Substance abuse screening tool (ASAM) will be created.
- All ADP community based organizational provider staff will have access to the new Access Contact sheet in Clinician's Gateway
- Provide training for ADP Community Based Organizational provider staff on the Access line
- Routine Access Line test calls will incorporate assessment of ADP related items

### Measurement:

- Create survey regarding effective communication by MHP administration with system staff
- Administer survey on communication throughout system
- Analyze and disseminate results of survey on effective communication Modify/Improve fields in CG client assessments that capture: language,
  - and/or - % of charts that have completed these fields
- Modify/Improve fields in CG treatment plans that capture: ethnicity/race
  - and/or - % of charts that have completed these fields

- Modify/Improve fields in CG progress notes that capture: sexual orientation/gender identity
  - and/or - % of charts that have completed these fields
- Report survey findings on disparities
- Track the number of trainings and educational session on implicit bias
- Develop measurement for tracking of AOD related access calls
- Measure number of clinics that are co-certified for specialty mental health services and alcohol and drug service provision

### **Key Work Groups:**

- Access and Transitions Work Group
- Clinical Leads
- Cultural Competency and Ethnic Services Action Team

## **Goal #5: Ensure Quality of Contracted MHP Service Providers**

### **Intended Outcome:**

- Organizational providers who operate medication rooms are reviewed quarterly
- Ensure individuals served by service providers are receiving high quality specialty mental health services throughout the MHP
- All MHP providers will maintain active certification status for specialty mental health service delivery and therefore adhere to all quality of care and service delivery standards
- Ensure compliance of contracted providers through the contract monitoring process, to ensure performance standards are achieved

### **Objectives:**

- Evidence of monthly site visits for all in-county contract providers to assure MHP regulatory requirements are met for MHP providers
- Quarterly meetings with contract providers to assure adherence to medication room policy and procedures
- Routine review of contracted providers to ensure qualifications to provide specialty mental health services
  - ✓ Organizational providers receive re-certification every three years
  - ✓ Individual Network Providers receive re-certification every two years
  - ✓ Organizational providers who operate medication rooms are reviewed quarterly

### **Measurement:**

- Metric log, maintained by designated QCM team member for staff certifications, to track certification and recertification of MHP contracted providers
- 100% of all contracted providers will be certified/recertified to provide specialty mental health services
- Evidence of adherence to practice that contracted providers who lapse in qualifications to provide specialty mental health services will not be allowed to continue delivery of service to the MHP
- Regular meetings with contract providers to review program requirements as specified in their contracts

- All contracted providers will have required mental health plan materials present in their office location
- Chart review of documentation of services
- Medication rooms regularly reviewed by QCM to assure regulatory MHP compliance

**Key Work Groups:**

- Compliance Committee

<b>Goal 1: Improve Client Service Experience and Satisfaction</b>	
<b>Objective</b>	<b>Indicator</b>
Implement DHCS client and family member consumer perception surveys (CPS); share results.	Compliance with DHCS CPS; ensure 100% offered opportunity to participate.  Improve response rates and clinic participation  Documentation – presentation of CPS results
Improve client and family member satisfaction with services	Analysis - Improved CPS results
Formulate system recommendations and monitor improvement activities	Demonstrations of data presentations at various committees; utilization of data/results by administrators for decision-making purposes
Suggestion Box 1. Continuous implementation 2. Method for demonstrating action taken 3. Modification of form	1. Monthly reports to QIC 2. Monthly reports to QIC 3. New form in English and Spanish created, shared at QIC and distributed to clinics
Conduct Network Provider and Recipient surveys to assess the value of services received through contracted providers	Demonstrated by agendas and minutes reflecting discussion and recommendations/ decisions made based on results
Identify and implement brief client satisfaction survey tools to be pilot-tested and then utilized throughout the system	Instrument(s) selected or created; data collected and reviewed

Ensure that all grievances and appeals are logged and include name, date and nature of problem	Grievance documentation; 100% of grievances received will be logged and responded to appropriately
--	--

<b>Goal 2: Improve Access to Care</b>	
<b>Objective</b>	<b>Indicator</b>
Track timeliness of access across the Mental Health Plan	Monthly QIC tracking; Quarterly QIC reports
Increase completion of Health History Questionnaire (to 50%) and PCP	Monthly QIC tracking; Quarterly QIC reports
Establish standards for access to SUD treatment	<ol style="list-style-type: none"> <li>1. Contact to assessment</li> <li>2. Contact to MAT</li> <li>3. Contact to detox</li> </ol>
Conduct routine test calls to 24/7 Access line (4 per month)	Documentation of test calls Monthly QIC tracking; Quarterly QIC reports
Utilize data from test calls for improvement of Access line	Test call information shared with managers/supervisors as indicated/appropriate
Timeliness of access across the MHP and ODS systems; Tracking and utilization of data for system improvement.	Definitions specified for measurement of wait times to see an outpatient psychiatrist or ODS provider
Improve attendance - children's assessment appointments	<ol style="list-style-type: none"> <li>1. Track time between first contact to first assessment</li> <li>2. Track no show rate</li> </ol>
Assess MIS/IT and make modifications necessary to track timeliness to SUD services	Changes made to MIS/IT

Provider utilization of Access Contact Sheet for entry of calls and walk-ins	<ol style="list-style-type: none"> <li>1. Train Providers</li> <li>2. Monitor utilization</li> </ol>
Improve identification of individuals with co-occurring mental health and substance use disorders who are served by the MHP	<ol style="list-style-type: none"> <li>1. Documentation of quarterly training on co-occurring disorders</li> <li>2. Documentation of SUD in EHR</li> </ol>

<b>Goal 3: Improve Chart Documentation</b>	
<b>Objective</b>	<b>Indicator</b>
Improve % charts that have current: <ol style="list-style-type: none"> <li>1. Assessments</li> <li>2. Treatment plans</li> </ol> (Goal=90%)	<ol style="list-style-type: none"> <li>1. % current (from MIS report)</li> <li>2. % current (from MIS report)</li> </ol>
Provide monthly documentation trainings to improve frequency and quality of documentation	Provision and documentation of training
Increase the timeliness and quality of reviewed charts <ol style="list-style-type: none"> <li>1. within the Department</li> <li>2. with CBO's</li> </ol>	QCM report (monthly audit)
Increase % of completed corrective action plans, following chart review feedback <ol style="list-style-type: none"> <li>1. within the Department</li> <li>2. with CBO's</li> </ol> (Goal=90%)	QCM report
Ensure the availability of a high quality documentation manual	Updated monthly; posted on line
Improve adherence to the team based care protocol and documentation of team based care planning	<ol style="list-style-type: none"> <li>1. common diagnosis</li> <li>2. work towards same Tx goals</li> </ol>

<b>Goal 4: Enhance Innovation, Collaboration and Integration</b>	
<b>Objective</b>	<b>Indicator</b>
Increase effectiveness of communication from the MHP administration	<ol style="list-style-type: none"> <li>1. Survey staff</li> <li>2. Implement new strategies, methods</li> </ol>
Increase department and stakeholder knowledge of system updates through improved communication	Develop plan for implementation of strategies to increase effectiveness of communication
Improve how diversity data are captured within the EHR	Review and modify, as indicated, in CG: <ol style="list-style-type: none"> <li>1. Language</li> <li>2. Ethnicity/race</li> <li>3. Sexual orientation/gender identity</li> </ol>
Investigate and address disparities in referrals, diagnosis and treatment for youth of color in the juvenile justice system	<ol style="list-style-type: none"> <li>1. Conduct surveys and focus groups with clients and families</li> <li>2. Provide education to referral sources</li> <li>3. Provide training for outpatient clinic based staff on implicit bias in clinical diagnosis</li> </ol>
Establish a system for 24/7 toll free access, with prevalent languages, for prospective ADP clients	ADP calls referred to Access line
Expand Access Screener staff, to advance the integration of SUD, MH and mental health and primary care services	Integrated, co-occurring capable (ADP/MH) Access line
Finalize ASAM Screening and Assessment tools	Finalize forms in GC
ADP CBO's have access to the new Access Contact sheet in Clinician's Gateway	<ol style="list-style-type: none"> <li>1. ADP CBOS's trained on access line and form</li> <li>2. ADP CBO's utilization (track AOD related, Dept/CBO's access)</li> </ol>

<b>Goal 5: Ensure Quality of Contracted MHP Service Providers</b>	
<b>Objective</b>	<b>Indicator</b>
Routine review of contracted providers to ensure qualifications to provide specialty mental health services	<ol style="list-style-type: none"> <li>1. Organizational providers receive re-certification every three years</li> <li>2. Individual Network Providers receive re-certification every two years</li> <li>3. Organizational providers who operate medication rooms are reviewed quarterly</li> </ol>
Quarterly meetings with contract providers to assure adherence to medication room policy and procedures	Documentation of meetings/medication room review
Monthly site visits for all in-county contract providers to assure MHP regulatory requirements are met for MHP providers	Documentation of site visits

DRAFT