SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery

Quality Improvement Work Plan Evaluation

Fiscal Year 2015-2016

Evaluation of FY 15-16 Quality Improvement Committee Goals

For fiscal year 2015-2016, the SBCMHP QI Committee focused on four key areas. The Quality Improvement Committee tracked and trended data throughout the previous year and identified the five-areas of priority for quality improvement activities. Each goal has an assigned subcommittee/staff that developed and implemented interventions designed to improve the specific function of the MHP.

Goal	Objective	Indicator	Result/Status
I **Improve Client Service Experience and Satisfaction**	Improve client and family member satisfaction with outpatient services.	Administer the full Client Perception Survey in November 2015 and May 2016, as per direction of CiBHS under contract with DHCS to meet requirement and mandate.	CPS survey 11/20/2015- Completed CPS survey 5/16/2016- Completed
		The response rate to the Client Perception Survey in Nov 2015 will be improved from less than 10% of the potential client population to 20%.	May 2015- response rate = 52% November 2015 response rate = 52%
		Identification or development of an ongoing client satisfaction survey to be pilot-tested with recommendations made for system-wide implementation.	Didn't happen this year
		Implementation of clinic-based satisfaction feedback/suggestion boxes and method for demonstrating action taken.	Suggestion boxes have been distributed to all clinics- suggestions & responses are being tracked by Careena.
	Improve client satisfaction with inpatient services at the Psychiatric Health Facility.	Implement an inpatient setting satisfaction survey by the end of CY2015.	Press Gainey survey started in Jan/Feb 2016
	Review client satisfaction data in QIC to formulate relevant consumer and family member satisfaction	Results of the CPS will be discussed in the QIC meetings, as evidenced by agenda items and minutes documenting recommendations and action items.	Completed- reported at QIC

	quality improvement goals.	Client satisfaction quality improvement goals developed	Areas for improvement identified.
	Conduct a Network Provider service recipient survey to assess the value of services received through contracted providers.	Network Provider service recipient survey identified and implemented.	Completed - poor response (1)
		Network Provider satisfaction survey data utilized to improve client experience with services and administrative processes.	Contacted providers to set up a meeting http://www.dhcs.ca.gov/provgovpart/Documents/1115 Waiver Behavioral Health Services Needs Assessment 3 1 12.pdf
	Ensure that all grievances and appeals are logged and include name, date and nature of problem	100% of grievances will be logged and responded to appropriately.	100% and up to date; 60 days to respond currently, although this may change to 30 days in the future
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2 **Improve Access to Care**	Define wait time for services standards by Urgent, Routine or Emergency criteria and develop methodology for tracking data electronically.	Definitions specified for wait times for each type of call for service.	QIC recommendation that system training occurs on type of call and wait time **Emergency** = Requires acute psych hospitalization - response within 30 minutes **Urgent** = offered apt within 24 hours **Routine** = offered apt within 14 days
		Definitions specified for measurement of wait times for initial outpatient psychiatrist appointments.	MIS/IT working on CG field to track date need for psychiatry services identified. Not complete
		MIS/IT modifications to Clinician's Gateway or ShareCare to track wait time more accurately.	
		Initiate implementation of centralized scheduling in outpatient clinics.	Currently not in place
	Strengthen system to track timeliness of access across the MHP, and utilize data for system improvement.	Timeliness Sub-Committee will implement a PIP on reducing wait time to see an outpatient psychiatrist. Average wait time between admission and first adult system psychiatric apt will drop from 35 days to 21 days	PIP ongoing; No Policy in Place Ongoing PIP goal - not yet achieved As of Q3, adult avg = 23 days 45% seen within 14 days

		Average wait time between admission and first child system psychiatric apt will drop from 36 days to 21 days	Ongoing PIP goal - Not yet achieved As of Q3, child avg = 17 days 65% seen within 14 days
		Adult no show rate for MD appointments will drop from 8% to 5%	Ongoing PIP goal - Not yet achieved As of Q2, 13%
		Childrens no show rate for MD appoints will drop from 9% to 5%	Ongoing PIP goal - Not yet achieved As of Q2, 55%
		Increased Psychiatrist FTEs in system.	Contracted with 3 different agencies 23.29 FTE Psychiatrists 10/2014 17.25 FTE Psychiatrists 01/0116
		Initiation of hiring Psychiatric Nurse Practitioners	0 FTE Nurse Prac 10/2014 2.0 FTE Nurse Prac 01/0116
		Increased number of clients that receive their first appointment after initial system contact (the call) within 14 days.	Need to establish baseline
	Shift the emphasis on access to care toward welcoming & engaging clients into recovery-oriented services and system.	Implement 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).	Began in July/August 2015 – occurring countywide
		At least 75% if all new clients will participate in system orientation groups during the engagement with services process.	All sites not currently tracking attendance. 100% clients offered orientation (group or packet)
		Development of a measureable plan for transitioning the outpatient clinics to team-based structure and operation.	Santa Maria Adult is team based - sites transitioning Access and Transitions Workgroup is finalizing definitions, form and support materials
		Development of a measureable plan for restructuring client access to care	New Access and Screening form developed

		points through the system.	Planning for transition of access calls to QCM (will be implemented in 16-17). Acuity type and doing the assessments call log and making sure that entries are made. Pulling down the data from call logging will allow us to track each call transition.
	Reduce the time that clients wait in the Emergency Room before transferring to an inpatient setting or outpatient care.	The average wait time for transfers to inpatient care will be reduced by 50%, from 22 hours to 11 hours, and transfers to outpatient care will be reduced by 50%, from 15 to 7.5 hours.	Ongoing goal; not yet achieved Crisis Stabilization Unit (CSU) opened in 01/2016. As of Q3, Cottage Hospital to CSU = 19 hours
	Measure and improve access to healthcare (i.e. number of individuals who have access to their Primary Health Care Physician).	Number of clients with a designated PCP (physical health) in ShareCare.	A new feature in Clinicians Gateway auto-populates the data from the Health History Questionnaire to the Face Sheet. However, PCP info not being entered into HHQ; bringing to attention of staff responsible for training and documentation
	Monitor and improve reporting/identification of individuals being served who have co-occurring substance abuse and mental health needs.	Quarterly trainings will be provided for staff regarding identifying clients with co-occurring conditions and documenting the substance abuse problem in the EHR.	Training offered in 01/15, 5/15, 11/15, 5/16,
		MIS/IT will develop a "Dual Diagnosis" report for Programs to analyze routinely and monitor documentation of substance abuse disorders in the Mental Health System of Care in ShareCare.	Not yet developed
	Conduct routine test calls to 24/7 Access line to ensure language capability, ability to provide information on accessing specialty	Number of test calls completed and logged each month.	Test call report submitted to DHCS monthly

	mental health services as well as information on the MHP problem resolution and state fair hearing processes.		
		Cumulative rating scores from test calls and logging of urgent access calls each month.	Test calls are being logged Call logging of access calls are in ShareCare (no cumulative ratings)
	Utilize data from test calls for improvement of Access line.	At least 4 test calls will be documented per month	QCM staff volunteered; calendar created, calls assigned and are being completed, as scheduled
	Provide staff with guidelines for call documentation.	Number of urgent calls received and logged each month.	Calls are being received and logged. QCM will be taking over this task once staff are hired. New Access /screening form developed - calls will transition to QCM
	Provide communication/education to all Access, Mobile Crisis and clinical staff via scheduled team meetings, email communication and other available training/communication opportunities, regarding guidelines for documentation of calls.	Number of trainings or staff communications.	new guidelines/ training for documenting calls will be developed (who is responsible? TBD - follow up with Deana)

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3 **Improve Chart Documentation**	Improve the frequency and quality of documentation of clinical services through a peer/program led chart review/utilization review process.	Provide a minimum of monthly (12 per year) documentation trainings to MHP and partner staff.	8/ 27, 28; 9/: 3, two on the 11, two on the 16, 23 ; 10/ 1, 7, 15, 19, 21, 22, 27, 28; 11/ 4, 16, 17, 18; 12/15 & one every month in 2016
		100% of client medical records will have a recovery-oriented assessment and treatment plan which reflects linkage to chart documentation of intervention	Susan started TP workshops- put on hold till TP training with Elisa G/ Careena started peer review with education starting in December held 1 peer review; now on hold and will be developed in 16/17
		Documentation of routine chart reviews, occurring at program sites, by direct site program team members · QCM data tracking of all team based chart reviews	QCM staff did one pilot review on 1/15/2016 but has since been on hold for further development. QCM is Implementing a multi-step documentation training/ review system. The first step will be a supervisor training to take place this month and then we will move to the peer reviews in the near future. QCM staff are continuing to do the monthly chart reviews of 10% of admissions."
	Implement team-based diagnostic communication, coordination and consistency in clinical care and chart documentation.	Develop and implement a policy on diagnostic standards for team-based care.	Team based care definition under development. P&P not yet developed, but will add team based care to existing P&P
		Number of trainings provided on policy and addressing diagnostic standards.	New coordinator; Susan-5150's, TP, Documentation; Assessment- Elisa (monthly training)
		Evidence in chart documentation that all multidisciplinary team members are communicating with one another, as routine practice, for case planning as well as treatment delivery approach Common diagnostic reference Evidence of work toward same treatment goals which support impairments	Team based care checklist has been created and distributed - not fully implemented yet

	Utilize Assessment and Treatment Plan work group to identify key areas for improvement and develop objectives to meet the areas of need.	Establish P&Ps on standards for Assessments and Treatment Planning including timelines and content standards.	P&P's - assessment treatment plan and progress notes revised 2/16: http://countyofsb.org/behavioral-wellness/policies New Tx planning training developed - began offering 3/16.
		Review of 5% of assessments and treatment plans for all openings, each month, for compliance. Average of 15 MHP charts per month including system and provider	QCM reviewing 10% per month
		100% of assessments and treatment plans in the electronic health record found to be in compliance.	Working toward achieving this ambitious goal
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4 **Timely TAR Adjudication**	Increase access to inpatient acute psychiatric beds by completing timely adjudication of TARs and assuring timely payment for inpatient specialty mental health services.	Metric log will be developed to track receipt and adjudication of data of all TARs received by the MHP.	Currently in place
		100% of TARs will be adjudicated within 14 days of receipt	Fully compliant
Goal	**Objective**	**Indicator**	**Result/Status**
5 **Ensure Quality of Contracted MHP Service Providers**	Ensure individuals served by service providers are receiving high quality specialty mental health services throughout the MHP by defining a process for, and tracking of, certification and	Metric log, maintained by designated QCM team member for staff certifications, to track certification and recertification of MHP contracted providers	Current
		100% of all contracted providers will be certified/recertified to provide specialty mental health services	Current

	recertification of providers.		
	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	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	This process is actively maintained within the Dept.
	Organizational providers who operate medication rooms are reviewed quarterly	Regular meetings with contract providers to review program requirements as specific in their contracts	Pam Fisher, new Deputy Director, meeting with contracted CBO's There was Network Providers meeting Thursday 10/2015 - contractual requirements reviewed.

MHP Summary

Since the last QI Work Plan submission for FY 15-16, the MHP has experienced significant changes as a result of many developments, including major Systems Change efforts, FY 15-16 budget adoption reflecting increase in departmental staffing, as well as changes and enhancements in overall program operations.

Highlights of significant MHP changes over the past year:

1. Improved utilization of PHF beds with the opening of Alameda House, a six bed residential facility that provides outpatient competency restoration services for misdemeanants found Incompetent to Stand Trial; a second six bed facility, Cottage Grove, is poised to open pending final State approval (awaiting a final signature)

2. Opened a Crisis Stabilization Unit and a Crisis Residential Facility in Santa Barbara, which are also deferring placement, or providing step-down placement, from the PHF

3. Established and operating Crisis Triage Teams in all three regions of the County

4. Established Lompoc Mobile Crisis Team. Mobile Crisis Teams now present in all three regions of the County

5. Established a 5150 workgroup to improve the processes for assessing individuals in crisis, identifying least restrictive placement options, enhancing training, and conducting safety plans and suicide risk assessments

6. Developing the Resiliency and Intervention for Sexually Exploited individuals (RISE) program as an Innovations project within MHSA; RISE provides mental health services and support to girls and boys that are victims of sex trafficking within a multi-agency County collaborative

7. Expansion of homeless and forensic service system including addition of staff and development of a forensic manager position (position currently filled) to organize countywide forensic services and programs

8. Consumer Perception Survey data analysis report developed

9. Client outcome measures established (CANS/MORS) – all staff trained and use of these tools is now active

10. The department is almost fully staffed with Psychiatrists/Physician Assistants/Nurse Practitioners

11. Numerous Departmental Policies & Procedures have been developed, Policies and Procedures updated for the PHF, and new Policies & Procedures created for the Crisis Stabilization Unit

12. There has been a focus on staff and client safety during the past year including establishing Universal Response Codes; collaborating with the Public Health Department on a paging system for the Calle Real campus buildings, as well as installing paging systems at other clinics; installation of panic alarms in some clinics; staff training; new safety oriented policies & procedures; ongoing collaboration with clinic Safety Team representatives

13. Updated and improved medication rooms in the clinics; revised medication Policies & Procedures and initiated new medication tracking system; and implemented a new medication disposal process in compliance with Drug Enforcement Agency regulations

14. Finalizing the permanent hiring of key staff: IT Manager; Assistant Director of Clinical Operations; Deputy Director for Operations and Administration; HR Manager; and CFO

15. Finalized an MOU with CenCal Health that establishes a process for improved health care integration between primary care and mental health services; the department administration has been working with clinics to facilitate referrals to and from The Holman Group, CenCal's mental health provider for low to moderate mental health services

16. New department website, identity, name and logo

17. Mental Health Commission data work group (named "Vital Signs") is active and includes a collaboration of Mental Health Commission members, Department staff as well stakeholders

18. Orientations groups are now occurring at all clinic sites. Welcome brochure developed and welcoming video in progress

19. Assumed leadership for the Southern California Regional Partnership consortium

20. Actively partnered with local colleges as part of the SAMHSA MHBG FEP grant. First Episode Psychosis outreach and education campaign on college campuses. Peer teams developed and receiving stipends for their work. College student health staff, peers, resident advisors and department staff trained on the Transition to Independence (TIP) model unique to First Episode Psychosis (FEP) as part of a training series involving many other trainings (Alison Malmon, etc)

21. Through an OSHPD grant, numerous peers have participated in core trainings as well as received reimbursement for individualized trainings

22. Integrated co-occurring capacity at outpatient Mental Health clinics with use of Screenings, Brief Intervention, and Referral to Treatment for alcohol and drug issues (SBIRT).

23. Developed capacity to care for medically compromised individuals by establishing Medicated Assisted Treatment (MAT) teams at two outpatient clinics.

24. Sustained and expanded treatment services for drug court in the South County and for adolescents throughout the county.

25. Narcotic Treatment Programs (NTP) expanded - now serving over 700 opioid dependent clients countywide

26. The Department of Behavioral Wellness is providing training & issuing of hundreds of naloxone (opioid antidote) kits throughout the county to reverse ODs

Behavioral Wellness continues to work with Marian Medical Center in Santa Maria to develop a comprehensive behavioral health facility that would provide additional inpatient beds and a crisis stabilization unit in the Santa Maria area.

All of these efforts are consistent with the broad strategy of strengthening prevention, early intervention and outpatient programs to reduce the demand on our higher intensity and more expensive services. The goal is to be more balanced and increase capacity at all level of care with seamless and coordinated transitions. Behavioral Wellness aims to focus on being more welcoming, inclusive, transparent, accountable, responsive, recovery oriented, trauma informed, culturally competent, integrated, co-occurring and complexity competent.

Glossary of Terms

CBO – Community Based Organizational Provider

DHCS – Department of Health Care Services

EHR – Electronic Health Record

FTE – Full Time Equivalent (staff)

IMD – Institute for Mental Disease

MHP – Mental Health Plan

MIS/IT – Management Information Systems/Information Technology

OQSM - Office of Quality and Strategy Management

PIP – Project Improvement Plan

QCM – Quality Care Management

QI – Quality Improvement

QIC – Quality Improvement Committee

SBCMHP – Santa Barbara County Mental Health Plan

SNF – Skilled Nursing Facility

UR – Utilization Review