



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			
Objective	Indicator	Result/Status	Point Person
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	Nov 2017 and May 2018	Susan- admin Dr K - analysis
Improve client and family member satisfaction with services	Analysis - Improved CPS results	Data analyzed annually	Dr K
Formulate system recommendations and monitor improvement activities	Demonstrations of data presentations at various committees; utilization of data/results by administrators for decision-making purposes	16/17 data analyzed Scheduling presentations	Dr K Leadership
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	1. Occurring monthly 2. Occurring monthly 3. Revised and in use	QCM
Conduct Network Provider and Recipient surveys to assess the value of services received through contracted providers	Demonstrated by agendas and minutes reflecting discussion and any recommendations/decisions made based on results	Sent Fall 2017	Susan
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	Will be implementing TSP this fall for ADP; Suggestion Box/FIT tool	
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	Documented and reported monthly in Grievance Committee and to QIC	QCM

Goal 2: Improve Access to Care			
Objective	Indicator	Result/Status	Point Person
Track timeliness of access across the Mental Health Plan	Monthly QIC tracking; Quarterly QIC reports	Monitoring on a monthly basis Reporting to QIC Quarterly.	Ana: implement Dr K: analyze
Increase completion of Health History Questionnaire (to 50%) and PCP	Monthly QIC tracking; Quarterly QIC reports	Monitoring on a monthly basis HHQ: Q1-3 avg BeWell= 62% (chart review) PCP: Q1-3 avg = 27% (MIS)	Ana: implement Carena: chart review Dr K: analyze
Establish standards for access to SUD treatment	1. Contact to assessment; 2. Contact to MAT 3. Contact to detox	Will track per EQRO and establish internal goals after year 1	John: establish Dr K: analyze
Conduct routine test calls to 24/7 Access line (4 per month)	Documentation of test calls Monthly QIC tracking; Quarterly QIC reports	Monitoring on a monthly basis Reporting to QIC Quarterly Q1-3 avg = 3 per month	QCM
Utilize data from test calls for improvement of Access line	Test call information shared with managers/supervisors as indicated/appropriate	CR is sharing as needed with JH	QCM
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	Monitoring on a monthly basis Reporting to QIC Quarterly	Ana: implement Dr K: analyze
Improve attendance - children's assessment appointments	1. Track time between first contact to first assessment 2. Track no show rate	Tracking time to first appointment Tracking no shows	Ana: implement Dr K: analyze
Assess MIS/IT and make modifications necessary to track timeliness to SUD services	Changes made to MIS/IT	18 page self-assessment shared with JD and MR	John Marshall

Provider utilization of Access Contact Sheet for entry of calls and walk-ins	1. Train Providers 2. Monitor utilization	Plan changed: centralized Access	QCM
Improve identification of individuals with co-occurring mental health and substance use disorders who are served by the MHP	1. Documentation of training on co-occurring disorders 2. Documentation of SUD in EHR	1. Training – available in Relias 2. PDSA: % clients on Co-Occurring teams with secondary SUD diagnosis in SC Baseline = 24% September = 55%	Ana QCM
Goal 3: Improve Chart Documentation			
Objective	Indicator	Result/Status	Point Person
Improve % charts that have current: 1. Assessments 2. Treatment plans (Goal=90%)	1. % current (from MIS report) 2. % current (from MIS report)	PIP Monitoring on a quarterly basis through Dec 2017 (= 91.2% current tx plans)	Ana QCM
Provide monthly documentation trainings to improve frequency and quality of documentation	Provision and documentation of training	Trainings offered online instead in 17/18	
Increase the timeliness and quality of reviewed charts 1. within the Department 2. with CBO's	QCM report (monthly audit) % Chart that Meet Documentation Standards:	% Charts Meet Doc Standards Q1-Q3 Avg BeWell 17% Avg CBO 31%	Careena
Increase % of completed corrective action plans, following chart review feedback 1. within the Department 2. with CBO's (Goal=90%)	QCM report Past Month – %POC's Completed by Deadline)	% POC's Completed on Time: Q1 –Q3 Avg BeWell 44% Avg CBO 60%	Careena
Ensure the availability of a high quality documentation manual	Updated monthly; posted on line	1/18 waiting for Ana's approval/changes	QCM
Improve adherence to the team based care protocol and documentation of team based care planning	1. common diagnosis 2. work towards sameTx goals	Team based care progress note under development (JIRA)	Ana Careena Christine

Goal 4: Enhance Innovation, Collaboration and Integration			
Objective	Indicator	Result/Status	Point Person
Increase effectiveness of communication from the MHP administration	<ol style="list-style-type: none"> 1. Survey staff 2. Implement new strategies, methods 	Will be discussed after EQRO in new FY at Data Mtg	Leadership
Increase department and stakeholder knowledge of system updates through improved communication	Develop plan for implementation of strategies to increase effectiveness of communication	Brown Bag; Directors Report; Alice attending regional meetings.	Leadership
Improve how diversity data are captured within the EHR	Review and modify, as indicated, in CG: <ol style="list-style-type: none"> 1. Language 2. Ethnicity/race 3. Sexual orientation/gender identity 	Changed made to screening, assessment forms	Yaneris MIS/IT
Investigate and address disparities in referrals, diagnosis and treatment for youth of color in the juvenile justice system	<ol style="list-style-type: none"> 1. Conduct surveys and focus groups with clients and families 2. Provide education to referral sources 3. Provide training for outpatient clinic based staff on implicit bias in clinical diagnosis 	<ol style="list-style-type: none"> 1. Done 2. Done 3. Training under development 	Yaneris Jill Sharkey
Establish a system for 24/7 toll free access, with prevalent languages, for prospective ADP clients	ADP calls referred to Access line	All calls to Access	ADP QCM
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	Hiring 2 new staff; will provide training	ADP QCM
Finalize ASAM Screening and Assessment tools	Finalize forms in GC	Under development	ADP MIS/IT
ADP CBO's have access to the new Access Contact sheet in Clinician's Gateway	<ol style="list-style-type: none"> 1. ADP CBOS's trained on access line and form 2. ADP CBO's utilization (track AOD related, Dept/CBO's access) 	Plan changed; centralized Access.	ADP MIS/IT

Goal 5: Ensure Quality of Contracted MHP Service Providers			
Objective	Indicator	Result/Status	Point Person
Routine review of contracted providers to ensure qualifications to provide specialty mental health services	<ol style="list-style-type: none"> 1. Organizational providers receive re-certification every three years 2. Individual Network Providers receive re-certification every two years 3. Organizational providers who operate medication rooms are reviewed quarterly 	<ol style="list-style-type: none"> 1. QCM Tracking Log 2. QCM Tracking Log 3. QCM Tracking Log 	QCM – Gizelle
Quarterly meetings with contract providers to assure adherence to medication room policy and procedures	Documentation of meetings/medication room review	December 2017, the lead on medication reviews was transitioned from QCM to Morgan, Laura, and Marianne; Reviews and POC reports on G drive	Morgan
Monthly site visits for all in-county contract providers to assure MHP regulatory requirements are met for MHP providers	Documentation of site visits	Occurring.	QCM