



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

# **QI Work Plan Mid –Year Evaluation**

Fiscal Year 2018-2019

<b>Goal 1: Improve <u>Access</u> to Care</b>			
<b>Objective</b>	<b>Indicator</b>	<b>Result/Status</b>	<b>Point Person</b>
Ensure all MH and SUD services are available in prevalent non-English languages	Provide information/training on use of Language Line During site visits QCM will monitor availability of language services	Occurring during site visits.	Yaneri QCM
Address disparities in referrals, diagnosis and treatment for youth of color in the juvenile justice system	Provide training for outpatient clinic based staff on implicit bias in clinical diagnosis	Training Dates: August 23 <sup>rd</sup> and September 5 <sup>th</sup> .	Yaneri Jill Sharkey
Track and analyze data on Access line wait times	Reports	QCM manager on leave; Supervisor is learning what reports and data are available. No data presented to QIC as yet.	QCM
Continue to train Access screener staff on SUD and MH procedures	Training dates	Formally trained on November 7 <sup>th</sup> (as well as countless informal trainings).  Have completed 8-10 hours of online ASAM trainings.  Crisis staff were trained Dec. 3 <sup>rd</sup> and Dec. 7 <sup>th</sup> . New Access staff trained 12/21/18.	John QCM
Finalize Access tools - ASAM Screening and Assessment	Finalize forms in EHR	ODS IT workgroup meets bi-weekly: testing, refining and training on ADP Access.	ADP MIS/IT
Ensure Beneficiaries have access to information regarding safety resources for MH and SUD crises.	Monitor: information on overdose prevention and emergency services at clinics for beneficiaries to easily access. Include in CAP for providers to correct if this goal is	Monitoring at programmatic site visits.	QCM

	not met during monitoring visit.		
Examine walk-in data and address as needed	Design Report Monitor	Added walk-in (n/%) to QIC access data report for review. Reported quarterly.	Jelena Shereen
Conduct routine test calls to 24/7 Access line (4 per month)	Documentation of test calls Monthly QIC tracking; Quarterly QIC reports	Occurring; scheduling, but ongoing challenges with completing scheduled calls.	QCM
Make modification as needed to EHR to monitor Access to SUD services	Changes made by MIS/IT/vendor to EHR	JIRA project management list; subcommittee prioritizes - ongoing.	Deana/JIRA subcommittee

<b>Goal 2: Improve <u>Timeliness</u> to Services</b>			
<b>Objective</b>	<b>Indicator</b>	<b>Result/Status</b>	<b>Point Person</b>
Track timeliness of access across the MHP and ODS systems and utilize for system improvement.	Quarterly QIC reports	MH: being reported on a quarterly basis. ADP: will begin for/with Q3 (since ODS went live December 1)	Shereen
Develop reporting mechanisms to assess access and timeliness to SUD	1. Contact to assessment 2. Contact to 1 <sup>st</sup> face to face 3. Contact to MAT 4. Contact to detox 5. Residential to follow up (w/in 7 days)	Provided list of reports needed to MIS/IT, Summer, 2018. Meeting with MIS/IT in January 2019 to review/finalize.	John Shereen MIS/IT
Track no show rates and utilize for system improvement		Tracking no show by adult/child and separately for Dr's and clinicians. Reporting to QIC quarterly.	Shereen
Begin tracking timeliness separately for the adult and child systems of care; follow up as needed for CQI	QIC Quarterly reports	MIS/IT created new quarterly reports; data now reported to QIC by adult/child	Ana Shereen
Make modification as needed to EHR to track timeliness to SUD services	Changes made by MIS/IT/vendor to EHR	Two regular meetings to manage this – ODS IT subcommittee and JIRA prioritization.	Deana
Increase the timeliness of reviewed charts 1. within the Department 2. with CBO's	QCM report (monthly audit)		Careena Lindsay

<b>Goal 3: Improve <u>Quality</u> of Care Provided to Clients</b>			
<b>Objective</b>	<b>Indicator</b>	<b>Result/Status</b>	<b>Point Person</b>
Ensure Beneficiaries have access to information regarding safety resources for MH and SUD crises.	Information on overdose prevention and emergency services at clinics for beneficiaries to easily access.  Include in CAP/POC if this goal is not met during monitoring visit.	Monitoring at programmatic site visits.	Gizelle- MH Josh & Stephanie-SUD
Discuss and strategize Suggestion Box or other ways to obtain and utilize client feedback in MH and SUD clinics/ programs	Monthly reports to QIC on progress	Ideas discussed at QIC (additional satisfaction surveys, comment box on website); no plan as yet.	QCM
Establish baseline and goals for SUD documentation –charts meeting documentation standards	QCM will conduct monthly chart review for approx. 5 % of charts, report to QIC monthly. Provide feedback and support to CBOs.	Began in Dec 2018 (not 5% yet – focused on ODS implementation, particularly Access Line)	QCM
Site visits for all in-county contract providers to assure regulatory requirements are met for MH and SUD providers	Documentation of site visits	MH – Stephanie SUD admin – Stephanie SUD programmatic - Josh & Lindsay.	QCM
CPS/TPS: Based on the data, formulate system recommendations and monitor improvement activities	Demonstrations of data presentations at various committees; utilization of data/results by administrators for decision-making purposes	CPS presented to QIC, BeWell Commission, CFMAC, Lompoc Staff, SM Staff and CBO Collaborative. CPS data are included in annual report. TPS administration will begin next FY.	Shereen Leadership
Ensure that all MH and SUD 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; discussed at grievance committee meeting and QIC meeting monthly.	QCM

Ensure that all SUD grievances are reported to the State quarterly and MH are reported annually	Grievance report	Confirmed by QCM – being reported.	QCM-Josh and Susan
Revise/Improve Health History Questionnaire		In process	Ana & Ole
Increase completion of PCP identification (to 90%)	Monthly QIC tracking; Quarterly QIC reports	Reported to QIC; improving	Ana Careena
Utilize data from test calls for quality improvement of Access line	Test call information shared with managers/supervisors as indicated/appropriate	Test call #'s reported at QIC and content shared with supervisors, as needed.	QCM
Improve identification of individuals with co-occurring mental health and substance use disorders who are served by the MHP	Documentation of SUD in EHR	Ana regularly getting a report. QCM staff PDSA on diagnoses for clients in co-occurring treatment teams (paused since primary staff resigned – being reassigned).	Ana QCM
Maintain 90 % charts that have current assessments and treatment plans	% current (from MIS report)	Monitoring	Ana QCM
Increase the quality of reviewed charts (% in compliance) (Goal=90%)	QCM report (monthly audit)	Monitoring	Careena
Increase % of completed corrective action plans, following chart review feedback 1. within the Department 2. with CBO's (Goal=90%)	QCM report	Monitoring	Careena
Ensure the availability of a high quality documentation manual	Updated as needed; posted online	Currently under revision	QCM

Track progress on PIPs	Semi-Annual PIP reports to QIC	On agenda (Jan and June)	Shereen & Caitlin
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>	Discussed/reported at QIC	Ana Careena
Make modification as needed to EHR to monitor quality of SUD services	Changes made by MIS/IT/vendor to EHR	JIRA (project management) prioritization committee meets to review and rank institutional priorities. Progress is being made; there is a long list of change requests.	Deana
Routine review of contracted providers to ensure qualifications to provide specialty mental health services	<ol style="list-style-type: none"> <li>1. Organizational providers re-certification every three years</li> <li>2. Individual Network Providers re-certification every two years</li> <li>3. Organizational providers with medication rooms are reviewed quarterly</li> </ol>	As of Jan 2, 2019: 14 MH & 1 Network Provider recertified. 2 new MH programs & 1 new Network Provider certified	QCM – Stephanie

<b>Goal 4: Measure <u>Outcomes</u> and Utilize Data for System Improvement</b>			
<b>Objective</b>	<b>Indicator</b>	<b>Result/Status</b>	<b>Point Person</b>
Implement DHCS Consumer Perception Surveys (CPS) - share results.	Documentation – presentation of CPS results	CPS presented to QIC, BeWell Commission, CFMAC, Lompoc Staff, SM Staff and CBO Collaborative. CPS data are included in annual report.	Gizelle - admin Shereen - analysis
Maintain “high” (>=3.5) client and family member satisfaction with services - CPS	Analysis - CPS results	Maintained in FY 16/17	Shereen
Improve response rates and clinic participation - CPS	Analysis - CPS results	Participation has been improving	QCM
Plan for and implement SUD Adult client Treatment Perception Survey (TPS)	Survey administered	Not planned/scheduled until Fall 2019 (per schedule set by UCLA and the State)	John QCM
Implement and monitor results of CANS and PSC-35	CANS and PSC reports produced and discussed	New CANS and PSC reports were designed and are automatically sent to providers.	Ana Shereen Jelena
Track and analyze data on levels of care	1. ASAM 2. LOCRI	1. Will happen post ODS implementation 2. Happening (Ana and mangers)	Ana Shereen Jelena
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	Has not occurred yet this year; staff transition – being reassigned.	QCM

Develop reporting mechanisms to assess readmission to SUD Tx	1. Readmission to WM (w/in 30 days) 2. Readmission to Residential	Requested reports from MIS/IT; meeting to follow up in January, 2019	John Shereen Jelena
Analyze and distribute ADP provider outcomes on a quarterly basis	Reports sent to providers and leadership	Analyzed and distributed quarterly.	Shereen
Make modification as needed to EHR to monitor outcomes of SUD services	Changes made by MIS/IT/vendor to EHR	Many creations and modifications pre ODS implementation; modifications expected to continue as utilization reveals areas for improvement	Deana
Produce semi-annual and annual data reports that address access, timeliness, quality and outcomes	Posted to website	Semi-annual posted December 2018: finalizing FY 17/18 annual report	Shereen & Caitlin



ADP  
Documentation Revi