



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

Quality Improvement Work Plan

Fiscal Year 2020-2021



Quality Improvement Work Plan FY 2020 -2021

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Introduction: Objectives, Scope and Planned Activities for FY 2019-2020

Quality Improvement and Continuous Quality Improvement are central tenants of how we work within the Santa Barbara County Department of Behavioral Wellness. It is a core business strategy and informs and influences all we do. This can be seen throughout the organizational structure of the department. Examples include the ongoing System Change efforts led directly by the Director, as well as the organization of the Office of Quality Care and Strategy Management (OQSM). The OQSM oversees the Quality Improvement Program and works to support continuous quality improvement throughout System Change efforts.

The Behavioral Wellness Quality Improvement (QI) Program is a Department of Health Care Services (DHCS) Mental Health Plan and Drug Medi-Cal Organized Delivery System requirement. The QI Program coordinates performance-monitoring activities throughout the Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS), including:

- Service delivery capacity
- Accessibility of services
- Timeliness of services
- Beneficiary satisfaction
- Service delivery system monitoring and analysis
- Service coordination with physical healthcare and other agencies
- Monitoring provider appeals
- Tracking and resolution of beneficiary grievances, appeals, and fair hearings, as well as provider appeals
- Performance improvement projects
- Consumer and system outcomes
- Utilization management
- Credentialing



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The QI Program also assesses beneficiary and provider satisfaction and conducts clinical records review. The Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) QI Program is consulted in the contracting process for hospitals, as well as individual, group, and organizational providers. The QI Program has access to, and reviews as necessary, relevant clinical records to the extent permitted by State and Federal laws.

The Santa Barbara County Quality Improvement Committee embodies in its charter, the process of continuous quality improvement. The mission statement reflects the focus of review of the quality of specialty mental health and substance use disorder services provided to beneficiaries and service recipients throughout the overall Behavioral Wellness system of care and recovery, focusing on continuous quality improvement. A very substantial aspect of that mandate relates to reviewing and selecting performance indicators and using data to evaluate and improve the performance of the Santa Barbara County Behavioral Wellness System of Care and Recovery.

Quality Improvement Committee Program Description

The QIC promotes the quality improvement program and supports recognition of both individual and team accomplishments. Its members are responsible for helping create a quality improvement culture. In this culture, employees use quality improvement principles and tools in their day-to-day work, with extensive support and guidance from leadership. The QIC reports to the Core Leadership Team and other management and staff work teams. Its executive sponsors play a critical role in maintaining leadership support.

The Quality Improvement Committee is responsible for:

1. Recommending policy decisions
2. Initiating, coordinating, reviewing and evaluating the results of Quality Improvement (QI) activities
3. Reviewing and evaluating performance improvement projects (PIPs) for the MHP & DMC-ODS
4. Institution of needed QI actions
5. Guiding system-wide selection and application of quality improvement methods
6. Ensuring follow-up of QI processes
7. Documenting Quality Improvement Committee (QIC) meetings regarding decisions and actions taken
8. Developing the annual Quality Improvement Work Plan as well as the evaluation of the Work Plan.
9. Facilitation of routine committee activity reports



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The Quality Improvement Committee (QIC) meets monthly throughout the year. Meetings are facilitated by the Quality Care Program Managers, who are licensed practitioners and oversee the Quality Care Management Division. The QIC assigns and receives reports from QI sub-Committees and coordinates with the work of the Compliance Committee, reviews and evaluates the results of QI activities, recommends actions to appropriate departmental staff/divisions and ensures follow-up evaluation of actions. When appropriate, the QIC may recommend policy proposals for Santa Barbara County Mental Health Plan (MHP) and Santa Barbara County Drug Medi-Cal Organized Delivery System (DMC-ODS) Executive Team consideration. On a quarterly basis, the QCM Managers present the activities and recommendations of the QIC activities to the Behavioral Wellness Executive Leadership Team. QIC decisions and actions are memorialized by dated minutes that are signed by the QCM Managers.

The QI Committee (QIC) is composed of:

- Chief Quality Care and Strategy Officer (OQSM team)
- Research and Evaluation Program Staff (OQSM team)
- Chief of Compliance
- Behavioral Wellness Medical Director
- MHP Division Chief for Clinical Operations
- Alcohol & Drug Program Division Chief
- Quality Care Management (QCM) Manager, MHP Lead
- Quality Care Management (QCM) Manager, DMC-ODS Lead
- Utilization Review (UR) Staff
- QCM Psychiatrist
- MHP Behavioral Wellness Regional Program Managers
- Management Staff of Community Based Organizations (CBO's) MHP & DMC-ODS
- Division Chief Information Technology
- Consumers and Family Members
- Patient Rights Advocates
- Consumer Empowerment & Ethnic Services Manager
- Peer Support Employees



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Department Sub-Committees

The following active departmental sub-committees aid in the overall continuous quality improvement process and meet on a regular basis. These subcommittees, although not under the umbrella of the QIC, provide input, recommendations and reports to the QIC.

- **The Client and Family Member Advisory Committee/Peer Action Team**: Addresses issues related to consumer and family volunteer and employment opportunities within the Department of Behavioral Wellness and other means through which the role of consumers and their families may participate in leadership, as well as ongoing activities of the department. (Meets monthly)
- **Community Based Organization Collaborative Meeting**: Children and Adult Community Based Organization Provider Meeting: Discusses various system issues, service delivery issues, documentation, DHCS review and contract issues. (Meets monthly)
- **Crisis and Acute Care Daily Triage Team**: Monitors and evaluates the flow and care provided to consumers who are using high levels of services, particularly inpatient, SNF, IMD, crisis residential, and other residential care, in order to identify trends, improve efficiency and effectiveness of care and suggest improvements. (Meets daily)
- **Information Systems Steering Committee**: Monitors implementation as well as areas of possible improvement in the MHP's electronic medical records, billing, and related information technology systems. The committee includes representatives from QI, MIS, Fiscal, Programs, and CBO's. (Meets monthly)
- **MIS/Clinician's Gateway User Groups**: Discusses Share/Care and Clinician's Gateway User concerns, suggestions and updates. (Meets quarterly)
- **Community Treatment and Supports**: Weekly joint provider meeting to prioritize and triage transfer and placement of clients into appropriate programs of the system. (Meets Weekly in each region)
- **Clinical Leads**: Weekly meeting which includes management and supervisors from all aspects of the system to discuss clinical/operation issues and programs. Collective problem solving and program planning for the clinical operations of the overall system. (Meets Weekly)



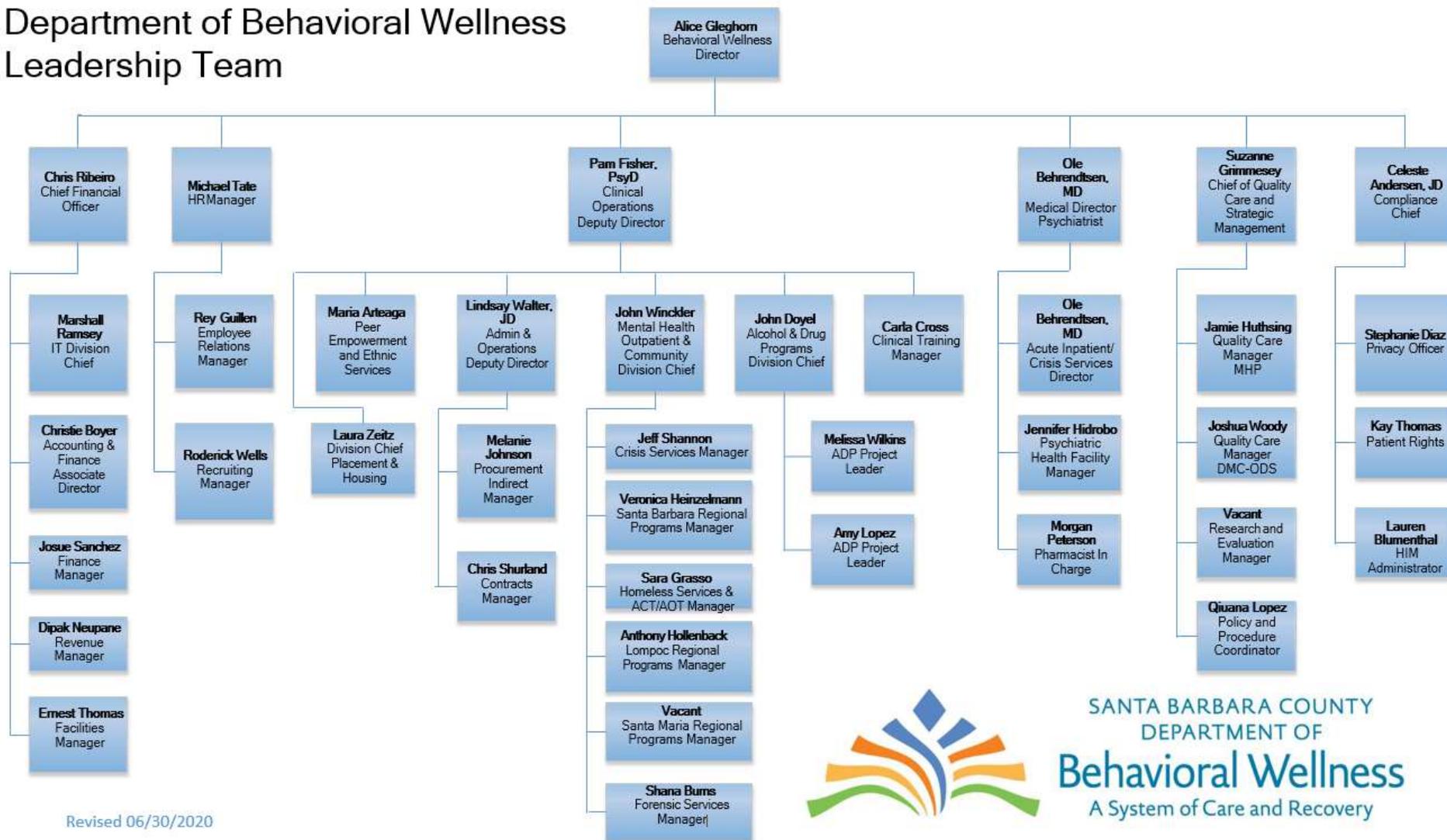
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- **Data Management Meeting:** Meets every other week and includes representatives from various parts of the department including the MIS/IT Division Chief, Data and Evaluation team members and Leadership representation. System data reports are reviewed and refined prior to public posting. Review on how data collection occurs within the system and prioritization of data related system changes.
- **Change Agents:** Change agents meet monthly and include staff representatives from throughout the system. This group develops new system change ideas and projects.
- **Grievance and Incident Report Committee:** Meets monthly and includes QCM staff as well as management and executive staff. Grievances and incident reports are reviewed and discussed for any follow up and quality improvement.
- **Clinical Documentation Subcommittee:** Meets monthly and includes management and QCM staff to discuss trends, identify areas of concern, and work towards quality improvement as it relates to documentation.
- **DMC-ODS Workgroup:** Meets every other week and includes representation from Compliance, QCM, ADP, IT, and Fiscal to address monthly documentation review, provider training, Alcohol and Drug Program updates, QCM updates, and improve processes related to DMC-ODS.
- **Re-Credentialing Committee:** Meets monthly and includes representation from Compliance, QCM, ADP, and Clinical Division Chief to review BWell and CBO MHP and DMC-ODS staff who are up for re-credentialing every three years.
- **Cultural Competency & Diversity Action Team:** Meets monthly and includes, QCM, ADP, CBO staff, beneficiaries, family members, and Patient Rights to advise the Department on Cultural and Linguistic appropriate services.



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Department of Behavioral Wellness Leadership Team



Revised 06/30/2020



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Evaluation Summary of FY 2019/20 Quality Improvement Committee Goals

For fiscal year 2019-2020, the Santa Barbara County QI Committee focused on four key areas. The Quality Improvement Committee tracked and trended data throughout the previous year and identified the four areas of priority for quality improvement activities:

1. Improve Continuity of Care,
2. Increase Staff Support/ Development & Improve Morale,
3. Improvement to Access and Timeliness, and
4. Improve Access, Accuracy, and Sharing of Data.

Each goal has an associated work group or committee that developed and implemented interventions designed to improve the specific function of the MHP and DMC-ODS. As a group each month, the QIC reviews and approves minutes from the previous meeting, follows up on any carried over action items assigned to members or subcommittees. The group then reviews any quality care, or access to care, issues that arose through the Grievance and Incident Committee. At many meetings, our Research & Evaluation team would present any important data that had been analyzed. The group would have open discussion on any data points that spurred conversation around progress made towards our QIC goals and any concern or area for needed improvement. This year, the committee found it beneficial to break out into 4 smaller groups to tackle the work plan goals more efficiently, reporting back to the larger group with any questions or identifying and assigning action items for the following month. Data remains available for review by all smaller groups.

The QIC made much progress in the area of Improving Continuity of Care. Through our MHP, BWell launched the use of the LOCRI tool in Clinicians Gateway to allow clinicians to track progress and use as a tool for transitions between levels of care. This tool was piloted in the Santa Maria Clinic and went live with all adult BWell Clinics in October 2019. We look forward to expanding and tracking the use of this tool in the upcoming year. BWell created and finalized a Continuity of Care P&P in December of 2019. Additionally, our ADP created 2 Care Coordinator positions and started to recruit to fill these positions designed to provide additional coordination for complex cases to ensure continuity of care while getting to the right level of care and during transitions in levels of care. ADP struggled to fill these positions with the right candidates and have carried this goal over for this year. Both the MHP and DMC-ODS successfully completed and submitted the NACT and are meeting all time, distance, and staffing requirements in serving beneficiaries in Santa Barbara County.

An area identified for growth by the QIC stakeholders was increasing staff support and development and improvement of morale. BWell was able to hire a manager for the Training Division. QIC members from the training and QCM divisions worked to improve our staff onboarding and off boarding processes by improving checklists for supervisors to follow consistent onboarding and off boarding processes to assist new staff into our systems of care. BWell was able to provide training opportunities to all staff throughout the year through many different avenues. Trainings



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were made available in person, online and virtually through zoom and covered a wide range of topics from clinical skills to leadership skills. Although the QIC struggled with implementing a survey for all staff to measure morale, in response to COVID-19, our Executive Leadership held multiple “all staff meetings” to share important information via zoom. These meetings were well attended and positive feedback was received. The use of zoom as an all staff communication strategy will continue.

Improving access and timeliness was the third area of focus for this year’s work plan. QCM tracked NOABDs and reported them out. BWell had 23 Timely Access NOABDs sent out. Access Line screeners began contacting MHP Clinics directly when intake calendars were full for 14 days and clinics were able to accommodate additional intake appointments, resulting in fewer NOABDs for timely access starting in January. DMC-ODS had a total of 9 Timely Access NOABDs sent out. An area identified as needing improvement was in wait times and call abandonment rates for callers for the Access Line. Through the DMC-ODS, a Performance Improvement Project was started to study and improve these data points. The Access Line saw a spike in wait times and abandoned calls in January 2020, however has been making progress each month in bringing these numbers down. An area the QIC would still like to continue efforts is in our test calls for the Access Line. We had staff that were identified as the lead for this change throughout the year which made it difficult to meet this goal and we plan to put more focus in this area this year.

Lastly, the QIC worked to improve the access, accuracy and sharing of data. BWell has made tremendous strides in this area. BWell has historically shared information with CBO partners and BWell Supervisors and Managers through more legacy reporting methods that often took a lot of effort to run and make user friendly. BWell’s IT department has worked with many stakeholders to transition much of our reporting into newer software like Smartsheet. This has allowed staff and leadership to enter data and view live dashboards with data points and trends readily available and easy to use, to guide quality improvement and share data with CBO partners. DMC-ODS QCM staff with IT staff built the SUD Residential Referral and Bed Inventory project in Smartsheet and began piloting this with one provider towards the end of the fiscal year with a goal of launching it to all residential providers this year. This allows real time sharing of important information about bed availability, capacity, important outreach data points and a referral process. Additionally, IT has worked to transition quarterly reporting with our CBO providers into Smartsheet and began piloting this year. IT has made great strides in leveraging Tableau to generate and share information through dashboard type reporting to BWell MHP Clinic managers, supervisors, and clinicians.

For more information about work accomplished through the QIC last year, please see the QIC 2019/20 Work Plan Evaluation.



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Quality Improvement Committee Goals FY 2020 / 2021

Access To Care

Goal	Objectives	Baseline
<p>I. Provider Network Adequacy</p> <p>BWell's MHP and DMC-ODS will maintain and monitor a network of providers that is sufficient to provide adequate access to specialty mental health and substance use disorder services.</p>	<p>a. QCM will continue to work with providers to ensure that all staff changes and additions are communicated to QCM to update MHP & DMC-ODS Provider Directories monthly per DHCS requirement and post to the BWell website by the 5th of every month.</p> <p>b. QCM will monitor the MHP staffing ratios quarterly and provide feedback to leadership. Leadership can then strategize how to meet our staffing to beneficiary ratio and ensure we are in compliance with Info. Notice #20-012 for our annual NACT submission.</p> <p>c. QCM will launch the DMC-ODS Residential Referral & Bed Inventory project through Smartsheet, a web-based platform. This inventory will help us to more accurately monitor our bed capacity for DMC-ODS. The goal is to go live with all residential providers in FY 20/21.</p>	<p><u>Provider network adequacy</u> – As of January 2020 Santa Barbara County MHP has passed federal network certification requirements with current staffing ratios. The MHP will continue monitoring provider ratios to meet beneficiary needs. DMC-ODS NACT submission was completed in April 2020 and BWell is waiting for State feedback on our staffing/ beneficiary ratios. QCM will track monthly website uploads for MHP and DMC-ODS Provider Directories. QCM has gone live in June 2020, piloting the Smartsheet DMC-ODS Residential Referral & Bed Inventory project with one provider (Salvation Army) and plans to expand project to all providers July 2020.</p> <p>Data Source(s): MHP NACT submission (April 2020); DMC-ODS submission (April 2020); MHP & DMC-ODS Provider Directories (2020), DMC-ODS Residential Referral & Bed Inventory Smartsheet</p>



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Goal	Objectives	Baseline																								
<p>2. Provider Linguistic Capacity</p> <p>Ensure services are provided in the client's preferred language by utilizing bilingual staff and/or qualified interpreters, when preferred by the client, and documented in the medical record consistently.</p>	<p>a. Cultural Competency & Diversity Action Team will begin gathering data in FY 20/21 for the Language Access Plan.</p> <p>b. Ensure that preferred language is documented in the client's medical record and that the language in which services were provided is documented in at least 75% of progress notes.</p> <p>c. BWell will ensure trainings are available for staff on how to appropriately use interpretation services. All regions have been trained annually. Within FY 20/21 we plan to make this training available on Relias Academy for CBOs.</p> <p>d. QCM will monitor annually that Language Services posters and Beneficiary Concerns material are prominently posted in each MHP and DMC-ODS program lobby. QCM will issue a CAP for programs not in compliance and report % of providers in compliance with the goal of 100% of programs being in compliance by the end of FY 20/21.</p> <p>e. QCM will monitor when services are not provided by an in-person interpreter and the reason why they were not provided by an in-person interpreter as part of our annual NACT.</p>	<p>BWell's Language Access Plan was completed in December 2019. 67% of services provided did not have language provision recorded in progress notes in Clinicians Gateway.</p> <table border="1" data-bbox="1190 402 1980 821"> <thead> <tr> <th colspan="3" data-bbox="1190 402 1980 467">Language Interpretation Services FY Q1 – Q3 (n=138,933 services)</th> </tr> <tr> <th data-bbox="1190 467 1633 532">Cl't Preferred Language Identified in CG (includes the use of interpreter/language line)</th> <th data-bbox="1633 467 1812 532"># Services</th> <th data-bbox="1812 467 1980 532">% Services</th> </tr> </thead> <tbody> <tr> <td data-bbox="1190 532 1633 581">English</td> <td data-bbox="1633 532 1812 581">42,255</td> <td data-bbox="1812 532 1980 581">30.41%</td> </tr> <tr> <td data-bbox="1190 581 1633 630">Spanish</td> <td data-bbox="1633 581 1812 630">3,411</td> <td data-bbox="1812 581 1980 630">2.46%</td> </tr> <tr> <td data-bbox="1190 630 1633 678">Mixteco Bajo</td> <td data-bbox="1633 630 1812 678">19</td> <td data-bbox="1812 630 1980 678">0.01%</td> </tr> <tr> <td data-bbox="1190 678 1633 727">Mixteco Alto</td> <td data-bbox="1633 678 1812 727">3</td> <td data-bbox="1812 678 1980 727">0.00%</td> </tr> <tr> <td data-bbox="1190 727 1633 776">Other Languages</td> <td data-bbox="1633 727 1812 776">*</td> <td data-bbox="1812 727 1980 776">0.01%</td> </tr> <tr> <td data-bbox="1190 776 1633 824">Language Provision Not Recorded</td> <td data-bbox="1633 776 1812 824">93,085</td> <td data-bbox="1812 776 1980 824">67%*</td> </tr> </tbody> </table> <p>Data Source(s): Clinician's Gateway (CG) progress notes, ShareCare Admissions</p>	Language Interpretation Services FY Q1 – Q3 (n=138,933 services)			Cl't Preferred Language Identified in CG (includes the use of interpreter/language line)	# Services	% Services	English	42,255	30.41%	Spanish	3,411	2.46%	Mixteco Bajo	19	0.01%	Mixteco Alto	3	0.00%	Other Languages	*	0.01%	Language Provision Not Recorded	93,085	67%*
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<p>3. Cultural Competency of Service Providers</p> <p>100% of Santa Barbara MHP & DMC-ODS providers will complete cultural competency trainings annually in alignment with BWell’s Cultural Competency Training Plan and Mandatory Training P&P.</p>	<p>a. BWell will provide cultural competency training opportunities for BWell and CBO MHP & DMC-ODS staff through the use of Relias online, Pacific Pride, and other in-person trainings in order to attain the 100% goal. BWell will develop a CBO training report using Smartsheet to improve our ability to monitor cultural competency training hours completed annually. This will help to ensure that all providers are in compliance with this requirement and inform supervisors of their direct reports’ status throughout the year.</p> <p>b. BWell will partner with Dr. Serano with Santa Ynez Tribal Health Center, to increase staff competency with cultural issues specific to SUD treatment with our Chumash beneficiaries by providing training to our DMC-ODS providers.</p>	<p><u>Provider cultural competency</u> – Currently 14 Cultural Competency training modules are available to staff on Relias. BWell, in collaboration with Santa Ynez Tribal Health, has identified a need for cultural competency training for our DMC-ODS providers in providing treatment to Chumash beneficiaries. We plan to partner in the coming year to provide this training to DMC-ODS Providers. Cultural competency training data for contract providers during FY19-20 has been difficult to track and we are working on streamlining this process to add a report in Smartsheet as part of their quarterly reports.</p> <table border="1" data-bbox="1192 613 1934 784"> <thead> <tr> <th data-bbox="1192 613 1562 678"></th> <th data-bbox="1562 613 1740 678">FY 19/20</th> <th data-bbox="1740 613 1934 678">FY 20/21 Goal</th> </tr> </thead> <tbody> <tr> <td data-bbox="1192 678 1562 784">Chumash Cultural Competency Trainings for DMC-ODS Providers</td> <td data-bbox="1562 678 1740 784">0</td> <td data-bbox="1740 678 1934 784">1 Training</td> </tr> </tbody> </table> <p>Data Source(s): Relias Online Academy, Pacific Pride Trainings, Smartsheet Quarterly Reports</p>		FY 19/20	FY 20/21 Goal	Chumash Cultural Competency Trainings for DMC-ODS Providers	0	1 Training
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<p>4. Access to BWell – 24/7 Access Line</p> <p>BWell will improve access to screenings for MHP & DMC-ODS referrals by reducing wait times and abandoned call rates and monitoring for quality of screenings through test calls.</p>	<p>a. BWell will conduct 15 test calls per quarter using test call scripts/worksheets that capture all required elements. QCM will review adherence to test call requirements on a quarterly basis (including appropriate logging of test calls) and provide feedback and training to Access Team and ProtoCall at least quarterly. QCM will report progress to QIC quarterly and address any quality issues with Access Line Staff.</p> <p>b. Ensure at least two test calls per quarter are conducted in a language other than English to test capacity to link beneficiaries with an interpreter as needed.</p> <p>c. Ensure that test calls are conducted both during and after business hours in order to assess both Access team and ProtoCall services.</p> <p>d. Track average wait times, call talk times, and % of calls abandoned using GNAV. Present data monthly at QIC and Access Team Meetings to identify areas of needed improvement and implement interventions to reduce these numbers. Specifically look at reducing average of call wait times to less than 2 minutes and 30 seconds and abandonment rates to less than 10%.</p>	<p><u>24/7 Access Line</u> – An average of 3.3 test calls were conducted per quarter, .33 of which were conducted in a language other than English.</p> <table border="1" data-bbox="1199 397 1934 695"> <thead> <tr> <th>MEASURE</th> <th>FY 19/20 OUTCOME</th> <th>FY 20/21 GOAL</th> </tr> </thead> <tbody> <tr> <td>Total MHP test calls placed</td> <td>2.3 calls/ quarter</td> <td>12 calls/ quarter</td> </tr> <tr> <td>Total DMC-ODS test calls placed</td> <td>1 calls/ quarter</td> <td>3 calls/ quarter</td> </tr> <tr> <td>Test call logging %</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>Test calls in a language other than English</td> <td>.33 calls/ quarter</td> <td>2 calls/ quarter</td> </tr> </tbody> </table> <p>Data Source(s): 1-3 Quarterly data for FY19-20 (based on 24/7 Test Call Quarterly Update Report Forms submitted to DHCS)</p> <table border="1" data-bbox="1205 813 1955 1143"> <thead> <tr> <th>GNAV Data FY 19/20</th> <th>Total Incoming Calls</th> <th>Ave. Daily Incoming calls</th> <th>Ave. Wait Time</th> <th>Ave. Call Talk Time</th> <th>Ave. % Abandoned Call Rate</th> </tr> </thead> <tbody> <tr> <td>Quarter 1</td> <td>3,599</td> <td>39</td> <td>2:35</td> <td>12:42</td> <td>17.7%</td> </tr> <tr> <td>Quarter 2</td> <td>3,278</td> <td>36</td> <td>3:25</td> <td>11:14</td> <td>19.6%</td> </tr> <tr> <td>Quarter 3</td> <td>3,377</td> <td>37</td> <td>5:53</td> <td>12:26</td> <td>30.4%</td> </tr> <tr> <td>Goal FY 20/21</td> <td>N/A</td> <td>N/A</td> <td>< 2:30</td> <td>< 11:00</td> <td><10%</td> </tr> </tbody> </table> <p>Data Source(s): 1-3 Quarterly data for FY19-20 from GNAV</p>	MEASURE	FY 19/20 OUTCOME	FY 20/21 GOAL	Total MHP test calls placed	2.3 calls/ quarter	12 calls/ quarter	Total DMC-ODS test calls placed	1 calls/ quarter	3 calls/ quarter	Test call logging %	100%	100%	Test calls in a language other than English	.33 calls/ quarter	2 calls/ quarter	GNAV Data FY 19/20	Total Incoming Calls	Ave. Daily Incoming calls	Ave. Wait Time	Ave. Call Talk Time	Ave. % Abandoned Call Rate	Quarter 1	3,599	39	2:35	12:42	17.7%	Quarter 2	3,278	36	3:25	11:14	19.6%	Quarter 3	3,377	37	5:53	12:26	30.4%	Goal FY 20/21	N/A	N/A	< 2:30	< 11:00	<10%
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Goal	Objectives	Baseline											
<p>5. Credentialing and Re-Credentialing</p> <p>Ensure that 100% of providers are credentialed through the initial credentialing process upon hire and 80% of providers are re-credentialed in a timely manner.</p>	<ul style="list-style-type: none"> a. QCM will ensure the initial credentialing application of staff is processed in a timely manner, within 5 days of request with complete documentation through the SPID process. QCM will track SPIDs for the MHP and DMC-ODS for initial credentialing. b. QCM will increase the number of staff being re-credentialed by establishing the Re-Credentialing Committee who will meet monthly to review lists for MHP and DMC-ODS staff who are up for Re-Credentialing per INFO Notice #18-019. c. QCM will ensure that 80% of individuals receive a re-credentialing determination within 3 months of their initial re-credentialing review. 	<p>Initial Credentialing: While the process of initial credentialing has been timely recently, QCM has noted a delay in processing these requests in the past. Delays in the credentialing process lead to delays in the staff onboarding process and impact Network Adequacy. Our goal is to begin tracking timeliness to ensure we continue to process initial SPID requests for the MHP & DMC-ODS to ensure that there are no onboarding delays due to untimely credentialing.</p> <p>Re-Credentialing: BWell developed the Re-Credentialing Committee in November 2019 which began meeting monthly. The committee finalized the Re-Credentialing process as of June 2020. The Re-Credentialing Committee plans to systematically bring all staff under both the MHP and DMC-ODS into compliance with the Re-Credentialing INFO Notice 18-019 by the end of FY 20/21 by Re-Credentialing staff by initial credential date by month 3 years and prior.</p> <table border="1" data-bbox="1192 779 2007 1120"> <thead> <tr> <th data-bbox="1201 786 1444 873">Re-Credentialing (RC)</th> <th data-bbox="1444 786 1646 873">Total Staff RC in FY 19/20</th> <th data-bbox="1646 786 1999 873">Goal FY 20/21 Staff Re-Credentialing</th> </tr> </thead> <tbody> <tr> <td data-bbox="1201 873 1444 997">MHP</td> <td data-bbox="1444 873 1646 997">32</td> <td data-bbox="1646 873 1999 997">80% w/ in 3 months & 100% of staff Receiving a RC status by the end of FY 20/21</td> </tr> <tr> <td data-bbox="1201 997 1444 1120">DMC-ODS</td> <td data-bbox="1444 997 1646 1120">15</td> <td data-bbox="1646 997 1999 1120">80% w/ in 3 months & 100% of staff Receiving a RC status by the end of FY 20/21</td> </tr> </tbody> </table> <p>Data Source(s): Relias</p>			Re-Credentialing (RC)	Total Staff RC in FY 19/20	Goal FY 20/21 Staff Re-Credentialing	MHP	32	80% w/ in 3 months & 100% of staff Receiving a RC status by the end of FY 20/21	DMC-ODS	15	80% w/ in 3 months & 100% of staff Receiving a RC status by the end of FY 20/21
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Goal	Objectives	Baseline											
<p>6. Care Coordination</p> <p>Ensure clients with complex needs have access to additional support with navigating appropriate MHP & DMC-ODS services & levels of care.</p>	<p>a. BWell's Alcohol & Drug Program (ADP) has created 2 Care Coordinator positions to assist clients seeking services with complex case management needs. The goal is to fill these positions to provide additional support to clients in accessing needed care through DMC-ODS.</p> <p>b. BWell will develop MAT subcommittee to ensure care coordination for client's seeking MAT services through our OTP, Outpatient MAT Providers, MAT Access Point, & our MHP providers. The goal is to meet with stakeholders monthly to triage complex cases and decrease barriers for clients seeking MAT services.</p> <p>c. BWell will begin tracking the completion of the LOCRI and the use of it in team-based care meetings in the MHP BWell Clinics.</p>	<p>DMC-ODS: In FY 19/20, ADP created 2 Care Coordinator positions. Attempts have been made to fill these positions, to date there have been no qualified candidates. Currently, QCM has 4 coordinators, dedicated to DMC-ODS, who have been providing care coordination for clients with complex needs.</p> <table border="1" data-bbox="1192 487 1932 714"> <thead> <tr> <th data-bbox="1192 487 1438 544">DMC-ODS CC Positions</th> <th data-bbox="1438 487 1753 544">FY 19/20 OUTCOME</th> <th data-bbox="1753 487 1932 544">GOAL</th> </tr> </thead> <tbody> <tr> <td data-bbox="1192 544 1438 625">South County ADP Care Coordinator</td> <td data-bbox="1438 544 1753 625">Interviews held 2/11/20 & 5/11/20, qualified candidates were not found.</td> <td data-bbox="1753 544 1932 625">Fill Position</td> </tr> <tr> <td data-bbox="1192 625 1438 714">North County ADP Care Coordinator</td> <td data-bbox="1438 625 1753 714">Interviews held 2/11/20 & 5/11/20, qualified candidates were not found.</td> <td data-bbox="1753 625 1932 714">Fill Position</td> </tr> </tbody> </table> <p>In FY 19/20, much work was done with training DMC-ODS and the Access Line around MAT services. In January 2020, BWell ADP formed a weekly meeting to launch the MAT Access Point. As the MAT Access Point launches in July 2020, members of this group will continue to meet monthly through the development of a QIC MAT Subcommittee. The goal is to invite stakeholders from the Criminal Justice System, DMC-ODS OTP, DMC-ODS MAT Outpatient providers, and providers within the MHP to work on process improvement in helping clients connect with MAT services.</p> <p>MHP: In October of 2019, BWell rolled out the use of the LOCRI throughout the Adult MHP. Our goal for FY 20/21 is to start tracking the completion of the tool and the use of it in the Team Based Care meetings within BWell's MH Clinics.</p>			DMC-ODS CC Positions	FY 19/20 OUTCOME	GOAL	South County ADP Care Coordinator	Interviews held 2/11/20 & 5/11/20, qualified candidates were not found.	Fill Position	North County ADP Care Coordinator	Interviews held 2/11/20 & 5/11/20, qualified candidates were not found.	Fill Position
DMC-ODS CC Positions	FY 19/20 OUTCOME	GOAL											
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Quality Improvement Work Plan FY 2020 -2021

Goal	Objectives	Baseline						
<p>7. Staff trained on BWell Policy & Procedures</p> <p>Ensure that 80% of staff complete all new assigned P&P attestation on Relias.</p>	<p>a. BWell will identify and increase number of relevant BWell P&Ps with attestations and make available to staff online through Relias.</p> <p>b. Using Relias, track BWell and CBO staff throughout our MHP and DMC-ODS on % of compliance with completing training and signing attestation of P&Ps assigned.</p>	<p>Currently, BWell has 15 P&Ps with attestations available to staff on Relias. At this time, BWell is not using Relias attestations to track P&Ps and will work on implementing a system to track compliance of assigned review of P&Ps.</p> <table border="1" data-bbox="1192 461 1751 659"> <thead> <tr> <th colspan="2" data-bbox="1192 461 1751 500">P&Ps w/ signed Attestations on Relias</th> </tr> <tr> <th data-bbox="1192 500 1440 548">FY19/20</th> <th data-bbox="1440 500 1751 548">Goal FY20/21</th> </tr> </thead> <tbody> <tr> <td data-bbox="1192 548 1440 659">15</td> <td data-bbox="1440 548 1751 659">Increase as identified by review</td> </tr> </tbody> </table>	P&Ps w/ signed Attestations on Relias		FY19/20	Goal FY20/21	15	Increase as identified by review
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Timeliness

Goal	Objectives	Baseline																									
<p>8. Timely Access to MHP Services</p> <p>Monitor quarterly, the MHP's ability to meet statewide timeliness standards and achieve compliance with all standards (a. I- IV) for adult, children/youth and foster youth beneficiaries.</p>	<p>a. Monitor wait times between initial request and first appointment for adults, children/youth and foster youth using the following <u>standards</u>:</p> <p>I. <u>Initial request to first offered assessment appointment</u> – 10 business days</p> <p>II. <u>Screening to completed assessment</u> – 10 business days</p> <p>III. <u>Initial request (completed assessment) to psychiatry appointment</u> – 15 business days</p> <p>IV. <u>Service request for urgent appointment to actual encounter</u> – 48 hrs.</p> <p>b. The MHP will develop mechanisms by which to monitor the wait times between initial request and first appointments for CBOs and networks providers.</p>	<p><u>Timely access to requested services</u> –For FY 19-20, the timeliness standards for criteria a. I-IV were met in every category with the exception of children/youth urgent appointments within 48 hours. 66% of children/youth urgent appointments were offered within 48 hours and 56% were actually attended within 48 hours.</p> <p>Average wait times for FY 19-20 Q3 (data does not include CBO data)</p> <table border="1" data-bbox="1207 581 1997 1242"> <thead> <tr> <th></th> <th>Goals</th> <th>Adults (calendar days)</th> <th>Children/Youth (calendar days)</th> <th>Foster Youth</th> </tr> </thead> <tbody> <tr> <td>I) Initial request to first offered assessment appointment</td> <td>10 Business days (14 calendar days)</td> <td>79% offered within 10 days</td> <td>93% offered within 10 days</td> <td>N/A</td> </tr> <tr> <td>II) Screening to completed assessment</td> <td>10 Business days (14 calendar days)</td> <td>67% within 10 days</td> <td>65% within 10 days</td> <td>N/A</td> </tr> <tr> <td>III) Completed assessment to psychiatry appointment</td> <td>15 Business days (21 calendar days)</td> <td>7.8</td> <td>11</td> <td>N/A</td> </tr> <tr> <td>IV) Service request for urgent appointment to actual encounter (Forster Care = 5 MCRT contacts)</td> <td>48 hours</td> <td>86% attended same/next day</td> <td>56% attended same/next day</td> <td>N/A</td> </tr> </tbody> </table> <p>Data Source(s): ShareCare (SC), Clinician's Gateway (CG) progress notes</p> <p>The MHP is piloting a tracking tool in Smartsheet for several of our CBOs to show wait times between initial request and first appointments. The MHP plans to roll out tool to all CBOs in Q2 of FY 20/21.</p>		Goals	Adults (calendar days)	Children/Youth (calendar days)	Foster Youth	I) Initial request to first offered assessment appointment	10 Business days (14 calendar days)	79% offered within 10 days	93% offered within 10 days	N/A	II) Screening to completed assessment	10 Business days (14 calendar days)	67% within 10 days	65% within 10 days	N/A	III) Completed assessment to psychiatry appointment	15 Business days (21 calendar days)	7.8	11	N/A	IV) Service request for urgent appointment to actual encounter (Forster Care = 5 MCRT contacts)	48 hours	86% attended same/next day	56% attended same/next day	N/A
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<p>9. Timely Access to DMC-ODS Services</p> <p>Monitor quarterly, the DMC-ODS ability to meet statewide timeliness standards and achieve compliance with all standards (a. I-V) for adult, children/youth and foster youth beneficiaries.</p>	<p>a. Monitor wait times between initial request and first appointment for adults, children/youth and foster youth using the following <u>standards</u>:</p> <p>I. <u>Initial request to first offered assessment appointment</u> – 10 business days</p> <p>II. <u>Screening to actual 1st appointment attended</u> – 10 business days</p> <p>III. <u>Initial request to MAT services</u> – 15 business days</p> <p>IV. <u>Service request for urgent appointment to actual encounter</u> – 48 hrs. Continue training Access Line staff and DMC-ODS providers on urgent referrals and continue tracking timeliness data.</p> <p>V. Residential Discharge to Appointment- within 7 days. Include discharge planning strategies to increase F/U appt. to 80% within 7 days in DMC-ODS Residential Learning Collaborative trainings.</p> <p>b. The DMC-ODS will develop mechanisms by which to monitor the wait times between initial request and first appointments for providers that do not use CG (Aegis).</p>	<p><u>Timely access to requested services</u> –For FY 19-20, the timeliness standards for criteria have mostly been met, however we would like to make improvements. As shown below, average days from request to initial MAT are above 21 days in SB and LM. We would also like to increase our number for % of follow up appointments after Residential Treatment within 7 days, specifically in SM from 66.7% to > 80%. We began to see in the data that the calls being identified as <i>SUD Urgent</i> were lower than expected. This caused us to re-exam our definition of SUD Urgent. With input from the Access Line, we re-defined <i>SUD Urgent</i> and trained the Access Line staff to this April 1, 2020.</p> <p>Average wait times for FY 19-20 Q3</p> <table border="1" data-bbox="1207 701 2011 1339"> <thead> <tr> <th></th> <th>Goals</th> <th>Adults (calendar days)</th> <th>Children/Youth (calendar days)</th> <th>Foster Youth</th> </tr> </thead> <tbody> <tr> <td>V) Initial request to first offered assessment appt.</td> <td>10 Business days (14 calendar days)</td> <td>SB- 8.5 LM- 6.4 SM- 4.0</td> <td>SB- 7.6 LM- 4.6 SM- 6.4</td> <td>N/A</td> </tr> <tr> <td>VI) Screening to actual 1st appt. attended</td> <td>10 Business days (14 calendar days)</td> <td>SB- 9.3 LM- 6.3 SM- 4.3</td> <td>SB- 8.0 LM- 7.0 SM- 7.9</td> <td>N/A</td> </tr> <tr> <td>VII) Initial Request to Outpatient MAT</td> <td>15 Business days (21 calendar days)</td> <td>SB- 22 LM- 25.9 SM- 15.7</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>VIII) Service request for urgent appointment to actual encounter</td> <td>48 hours</td> <td>SB- 3 LM- 0 SM- 0 <i>*N= 2</i></td> <td>SB- 0 LM- 0 SM- 0</td> <td>N/A</td> </tr> <tr> <td>IX) % Residential Discharge to F/U appt.</td> <td>80% within 7 days</td> <td>SB- 81.5% LM- 93.3% SM- 66.7%</td> <td>N/A</td> <td>N/A</td> </tr> </tbody> </table> <p>Data Source(s): ShareCare (SC), Clinician's Gateway (CG) progress notes</p>		Goals	Adults (calendar days)	Children/Youth (calendar days)	Foster Youth	V) Initial request to first offered assessment appt.	10 Business days (14 calendar days)	SB- 8.5 LM- 6.4 SM- 4.0	SB- 7.6 LM- 4.6 SM- 6.4	N/A	VI) Screening to actual 1 st appt. attended	10 Business days (14 calendar days)	SB- 9.3 LM- 6.3 SM- 4.3	SB- 8.0 LM- 7.0 SM- 7.9	N/A	VII) Initial Request to Outpatient MAT	15 Business days (21 calendar days)	SB- 22 LM- 25.9 SM- 15.7	N/A	N/A	VIII) Service request for urgent appointment to actual encounter	48 hours	SB- 3 LM- 0 SM- 0 <i>*N= 2</i>	SB- 0 LM- 0 SM- 0	N/A	IX) % Residential Discharge to F/U appt.	80% within 7 days	SB- 81.5% LM- 93.3% SM- 66.7%	N/A	N/A
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<p>10. Post-psychiatric Hospitalization Follow-Up</p> <p>Provide post-psychiatric hospitalization follow-up appointment within 7 days of discharge. Achieve rate of 10% or less readmission rate within 30 days of discharge.</p>	<p>a. Monitor:</p> <ul style="list-style-type: none"> I. Post-psychiatric hospitalization follow-up – 7 days after discharge II. Psychiatric inpatient readmission rates within 30 days – ≤10% <p>b. Partner with the MHP Adult System of Care to identify root causes of 30 day recidivism rate and implement strategies to reduce rate to < 10%.</p>	<p>Follow-up appointment post-psychiatric hospitalization</p> <table border="1" data-bbox="1205 347 1730 477"> <thead> <tr> <th></th> <th>FY 19/20</th> <th>FY 20/21</th> </tr> </thead> <tbody> <tr> <td></td> <td>Average</td> <td>Goal</td> </tr> <tr> <td>Adults & Children/Youth</td> <td>6.8 days</td> <td>< 7 days</td> </tr> </tbody> </table> <p>* Goal for FY 20/21 to track these numbers by Adult, Youth, Foster Youth.</p> <p>Post-psychiatric hospitalization readmission within 30 days – FY19/20</p> <table border="1" data-bbox="1205 626 1850 724"> <thead> <tr> <th></th> <th>FY 19/20</th> <th>Goal FY 20/21</th> </tr> </thead> <tbody> <tr> <td>Adults</td> <td>12%</td> <td>< 10%</td> </tr> <tr> <td>Children/Youth</td> <td>0%</td> <td>< 10%</td> </tr> </tbody> </table> <p>Data Source(s): ShareCare (SC) and PHF QAPI Indicator List</p> <p>* Goal for FY 20/21 to track these numbers by Adult, Youth, Foster Youth.</p>		FY 19/20	FY 20/21		Average	Goal	Adults & Children/Youth	6.8 days	< 7 days		FY 19/20	Goal FY 20/21	Adults	12%	< 10%	Children/Youth	0%	< 10%
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Goal	Objectives	Baseline																																									
<p data-bbox="142 305 495 402">II. Client Engagement with BWell – No Show Rates</p> <p data-bbox="96 440 485 691">Achieve less than or equal to 10% no-show rates to psychiatry and non-psychiatry scheduled SMHS appointments for adults, children/youth and foster youth.</p>	<p data-bbox="520 305 1146 391">a. Monitor no-show rates to scheduled SMHS appointments and achieve rates of 10% or less for the MHP.</p> <p data-bbox="554 427 961 483">I. No Show appointment rates to psychiatry appointments – ≤10%</p> <p data-bbox="548 518 947 607">II. No show appointment rates to non-psychiatry SMHS appointments – ≤10%</p> <p data-bbox="520 643 1146 732">b. Improve ability to capture no show appointment rates for MHP non-psychiatry SMHS by implementing a calendaring enhancement in Clinician’s Gateway.</p> <p data-bbox="520 768 1125 881">c. Decrease DMC-ODS no show and increase engagement rates for all youth services from Access Referral to provider intake through the use of warm hand off.</p> <p data-bbox="520 917 1157 1006">d. BWell to work with Juvenile Justice System, schools, and DMC-ODS providers on strategies to increase youth referrals and engagement in DMC-ODS services.</p>	<p data-bbox="1199 305 1808 329"><u>Average No-show Rates to scheduled FY 19/20 Q1- Q3:</u></p> <table border="1" data-bbox="1213 331 1871 418"> <thead> <tr> <th>MHP FY 19/20</th> <th>Psychiatry</th> <th>Other SMHS</th> </tr> </thead> <tbody> <tr> <td>Adults</td> <td>5.3%</td> <td>3.7%</td> </tr> <tr> <td>Children/Youth</td> <td>16.4%</td> <td>3.7%</td> </tr> </tbody> </table> <p data-bbox="1199 420 1833 444">Data Source(s): ShareCare (SC), Clinician’s Gateway (CG) progress notes.</p> <p data-bbox="1199 446 1923 503">* Goal for FY 20/21 to track these numbers by Adult, Youth, Foster Youth.</p> <p data-bbox="1199 539 1755 563"><u>Average No-show Rates to scheduled FY 19/20 Q3:</u></p> <table border="1" data-bbox="1213 565 1871 683"> <thead> <tr> <th>DMC-ODS FY 19/20- to Initial</th> <th>Santa Barbara</th> <th>Lompoc</th> <th>Santa Maria</th> </tr> </thead> <tbody> <tr> <td>Adults</td> <td>33.5%</td> <td>28.3%</td> <td>21.6%</td> </tr> <tr> <td>Children/Youth</td> <td>30.4%</td> <td>60%</td> <td>33.3%</td> </tr> </tbody> </table> <p data-bbox="1199 685 1833 709">Data Source(s): ShareCare (SC), Clinician’s Gateway (CG) progress notes.</p> <p data-bbox="1199 711 1923 768">* Goal for FY 20/21 to track these numbers by Adult, Youth, Foster Youth.</p> <p data-bbox="1199 803 1402 828"><u>Youth Engagement</u></p> <table border="1" data-bbox="1213 829 1871 1029"> <thead> <tr> <th>Youth Tx Referrals & Engagement</th> <th>2018/19 Q3 – Q4</th> <th>2019/20 Q1 – Q2</th> <th>Goal 2020/21</th> </tr> </thead> <tbody> <tr> <td># Served</td> <td>173</td> <td>268</td> <td>N/A</td> </tr> <tr> <td>Initiated</td> <td>96%</td> <td>97%</td> <td>> 80%</td> </tr> <tr> <td>Engaged</td> <td>80%</td> <td>74%</td> <td>> 75%</td> </tr> <tr> <td>Success</td> <td>55%</td> <td>57%</td> <td>> 50%</td> </tr> </tbody> </table>	MHP FY 19/20	Psychiatry	Other SMHS	Adults	5.3%	3.7%	Children/Youth	16.4%	3.7%	DMC-ODS FY 19/20- to Initial	Santa Barbara	Lompoc	Santa Maria	Adults	33.5%	28.3%	21.6%	Children/Youth	30.4%	60%	33.3%	Youth Tx Referrals & Engagement	2018/19 Q3 – Q4	2019/20 Q1 – Q2	Goal 2020/21	# Served	173	268	N/A	Initiated	96%	97%	> 80%	Engaged	80%	74%	> 75%	Success	55%	57%	> 50%
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Quality & Outcomes

Goal	Objectives	Baseline															
<p>12. Utilization Review - Clinical Documentation</p> <p>Improve quality of clinical documentation as evidenced by increasing % of MHP and DMC-ODS charts in compliance.</p>	<p>a. 80% of BWell MHP Staff will be approved to be off note review within one year of date of hire. The assigned note reviewer will submit the request to take staff off note review on or before 6 months of hire and continue to submit until staff is off note review.</p> <p>b. Increase MHP documentation compliance rate in two areas: - Assessments and treatment plans reviewed for BWell will increase compliance rate to meet policy requirements 85% of the time. Assessments and treatment plans reviewed for CBOs will increase compliance rate to meet policy requirements 65%. - Individual progress notes will meet policy requirements 90% with a disallowance rate of no more than 10%.</p> <p>c. Increase chart compliance rate for all programs to achieve an average compliance rate of 80% of all DMC-ODS charts reviewed. In compliance is defined as charts with no missing documents or disallowed services upon completion of monthly 5% DMC-ODS documentation in active charts.</p>	<p>FY 19/20: Baseline data is currently being gathered to track % of staff on note review status.</p> <p>MHP Assessments and Tx plans reviewed in FY 19/20 for BWell met all policy requirements 66% of the time. Assessments and Tx plans reviewed for CBOs met all policy requirements 44% of the time. Individual progress notes reviewed were found to meet policy requirements 86% of the time with a disallowance rate of 14%.</p> <table border="1" data-bbox="1199 656 1959 870"> <thead> <tr> <th>MHP Documentation Compliance Rate FY 19/20 MHP</th> <th>% in Compliance</th> <th>Goal FY 20/21</th> </tr> </thead> <tbody> <tr> <td>BWell Clinics</td> <td>66%</td> <td>85%</td> </tr> <tr> <td>MHP CBO</td> <td>44%</td> <td>65%</td> </tr> </tbody> </table> <p>Data Source: QCM Tracking 7/2019 to 6/2020</p> <p>DMC-ODS programs reviewed during FY19/20 = 5% of documentation from all contracted programs were reviewed monthly, this includes 6 residential providers and 12 outpatient providers (including adolescent and perinatal programs).</p> <table border="1" data-bbox="1199 1076 1959 1229"> <thead> <tr> <th>DMC-ODS Documentation Compliance Rate FY 19/20 DMC-ODS</th> <th>% in Compliance</th> <th>Goal FY 20/21</th> </tr> </thead> <tbody> <tr> <td>DMC-ODS CBO</td> <td>75%</td> <td>80%</td> </tr> </tbody> </table> <p>Data Source: QCM Tracking 7/2019 to 6/2020</p>	MHP Documentation Compliance Rate FY 19/20 MHP	% in Compliance	Goal FY 20/21	BWell Clinics	66%	85%	MHP CBO	44%	65%	DMC-ODS Documentation Compliance Rate FY 19/20 DMC-ODS	% in Compliance	Goal FY 20/21	DMC-ODS CBO	75%	80%
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Quality Improvement Work Plan FY 2020 -2021

Goal	Objectives	Baseline
<p>13. Clinical Documentation - Training</p> <p>Improve quality of clinical documentation throughout the MHP & DMC-ODS by providing ongoing documentation training & resources.</p>	<ul style="list-style-type: none"> a. Upon hire, 100 % of MHP and DMC-ODS clinical staff will take required clinical documentation trainings prior to documenting in CG. Staff will be given access to CG after verification is received that staff took required trainings (reference training policy). b. Offer clinical documentation trainings for MHP and DMC-ODS staff on an ongoing basis, at least 4x per year, that address current documentation standards. BWell will adapt trainings to systematically target most common reasons for disallowance (e.g., missing signatures on client plans). c. QCM will work with ADP staff and DMC-ODS providers to complete a DMC_ODS Documentation Manual by the end of FY 20/21. 	<p>During FY 19/20, BWell offered documentation training online and on an as needed basis for MHP providers. For the upcoming FY these documentation trainings will continue to be provided online throughout the year and as requested by staff and supervisors.</p> <p>During FY19/20 QCM and ADP Programs hosted a total of 9 trainings for DMC-ODS providers involving aspects of clinical documentation, these occurred on: 9/20/19; 10/1/19; 10/30/19; 11/1/19; 3/6/20; 4/17/20; 5/27/20 and 6/5/20.</p> <p>BWell finalized an updated documentation manual for the MHP in January 2020 which is now an available resource on the BWell website for BWell and CBO staff. Currently, DMC-ODS does not have an up to date documentation manual. QCM will work on creating a documentation manual for DMC-ODS providers. QIC will track progress on the completion of this document quarterly.</p>



Quality Improvement Work Plan FY 2020 -2021

Goal	Objectives	Baseline															
<p>I4. Provider Monitoring</p> <p>Ensure that all MHP and DMC-ODS providers are in compliance with contract and regulatory requirements.</p>	<p>a. QCM will ensure that Programmatic & Administrative Monitoring Site Visits are completed for 100% of DMC-ODS providers for FY 20/21 and reports are securely sent to DHCS within 2 weeks of issuing report to the provider.</p> <p>b. QCM will ensure that Programmatic Monitoring Site Visits are completed for 80% of MHP providers. Programmatic Monitoring for MHP providers will begin in Q2 of FY 20/21.</p> <p>c. Roll out quarterly reporting to all CBOs in the MHP and DMC-ODS in Smartsheet by end of Calendar Year 2020.</p> <p>d. QCM will provide feedback and ensure all MHP and DMC-ODS providers monitored are in compliance through CAPs issued with the goal of all CAPS being completed within 30 days of issuance.</p>	<p>FY 19/20: The MHP has created a work group including QCM, Contracts, and Leadership to create a monitoring plan for the MHP programs for FY 20/21. The work group is finalizing the plan and will begin monitoring in Q2 of FY 20/21.</p> <p>DMC</p> <table border="1" data-bbox="1192 492 1955 699"> <thead> <tr> <th># of Site Visits Completed</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>DMC-ODS Programmatic</td> <td>6</td> <td>3</td> <td>5</td> <td>5/7</td> </tr> <tr> <td>DMC-ODS Administrative</td> <td>0</td> <td>0</td> <td>8</td> <td>0</td> </tr> </tbody> </table> <p>Currently, BWell is piloting the CBO Quarterly Reporting in Smartsheet with several providers in the MHP and DMC-ODS. BWell plans to roll out to all CBO providers in the MHP and DMC-ODS by the end of calendar year 2020.</p>	# of Site Visits Completed	Q1	Q2	Q3	Q4	DMC-ODS Programmatic	6	3	5	5/7	DMC-ODS Administrative	0	0	8	0
# of Site Visits Completed	Q1	Q2	Q3	Q4													
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Goal	Objectives	Baseline																																				
<p>15. Utilization Management –Monitor Safe and Effective Medication Practices</p> <p>Ensure that all clients who are prescribed medication have a current, signed medication consent form on file, including all required elements, 100% of the time.</p>	<p>a. Conduct quarterly monitoring for 100% of the medication rooms in MHP Clinics. Pharmacist completes BWell clinics monitoring and QCM completes CBO monitoring.</p> <p>b. Increase % of Med Consents signed for beneficiaries that are prescribed multiple psychotropic medications from 81% to 90%. During chart reviews, a Polypharmacy Notice is sent with feedback to the prescriber if any issues are identified.</p> <p>c. When reviewing charts for polypharmacy, increase % of charts with sufficient rationale for polypharmacy from 76% to 90%. When rationale is deemed insufficient, a Polypharmacy Notice will be issued to the prescriber with feedback.</p>	<p>Baseline: During FY19/20 100% of the medication monitoring reviews were conducted for BWell Clinics and MHP Medi-Cal certified CBOs. As BWell has made important progress, QIC will continue to track this to ensure continued success.</p> <p>FY 19/20: BWell has made much progress in ensuring medication consents and rationales are in place to justify the need for polypharmacy Rx's through a MHP Clinical PIP. As the MHP is ending the Polypharmacy PIP, we will begin tracking this continued work through the QIC.</p> <table border="1" data-bbox="1213 634 1776 1036"> <thead> <tr> <th></th> <th># Reviews</th> <th>% charts w/Med Consents</th> <th>Goal</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>274</td> <td>63%</td> <td>90%</td> </tr> <tr> <td>Q2</td> <td>265</td> <td>69%</td> <td>90%</td> </tr> <tr> <td>Q3</td> <td>310</td> <td>72%</td> <td>90%</td> </tr> <tr> <td colspan="4" style="background-color: #cccccc;"></td> </tr> <tr> <th></th> <th># Reviews</th> <th>% charts w/Rationale</th> <th>Goal</th> </tr> <tr> <td>Q1</td> <td>274</td> <td>66%</td> <td>90%</td> </tr> <tr> <td>Q2</td> <td>265</td> <td>77%</td> <td>90%</td> </tr> <tr> <td>Q3</td> <td>310</td> <td>83%</td> <td>90%</td> </tr> </tbody> </table>		# Reviews	% charts w/Med Consents	Goal	Q1	274	63%	90%	Q2	265	69%	90%	Q3	310	72%	90%						# Reviews	% charts w/Rationale	Goal	Q1	274	66%	90%	Q2	265	77%	90%	Q3	310	83%	90%
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Goal	Objectives	Baseline
<p>16. Outcomes- Improve data collection and reporting.</p> <p>BWell will continue to make data more accurate and accessible to MHP and DMC-ODS staff and management to inform clinical and system continuous quality improvement.</p>	<ul style="list-style-type: none"> a. Begin to track quarterly QIC data for foster youth, and review data quarterly. b. Improve the CANS clinical and analytic use by creating a CANS dashboard within Tableau, in order for staff to be able to use data in clinical decision making. c. Include the LOCRI and MORs in the Clinician Dashboard in Tableau to allow for clinicians to use data in ensuring clients are receiving the appropriate level of care and clinical decision making. d. Launch the DMC-ODS Residential Referral and Bed Inventory project in Smartsheet to allow more consistency across DMC-ODS providers in managing referrals and intakes. Additionally, this will allow Access & QCM real time tracking of bed availability and capacity. e. Implementing a centralized scheduler for all BWell MHP Clinics by Calendar Year 2020. f. Using Tableau, create a data dashboard for clinicians that will assist in monitoring and managing their caseloads. g. To improve data accuracy and access, R&E, IT, & QCM will transition data reported to QIC to Tableau and Smartsheet. 	<p>Currently, data is not tracked with this specificity for foster youth.</p> <p>Currently, the LOCRI has been launched with all adult BWell MHP clinics as of October 2019. The use of this tool has not yet been tracked or monitored. The MORS has been used consistently. The hope is to have this information more readily available in Tableau so clinicians can see and track any changes in MORS scores over time.</p> <p>In FY 19/20, QCM was tracking DMC-ODS bed availability by contacting all providers daily and sending updates to Access Line staff. Smartsheet was leveraged to build a program where all providers could track their bed inventory and Access could view this live information via a dashboard to help with referral options for callers. The pilot was launched in June 2020 with one provider with the goal to launch with all providers in FY 20/21.</p> <p>Currently, the MHP is piloting the RxNT Scheduler in the Lompoc Clinic and plans to go live with this program with all BWell MHP clinics in Calendar Year 2020.</p> <p>Currently, data reported to QIC has been gathered and tracked in multiple ways which have required manual processes to analyze.</p>



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Goal(s)	Objectives	Baseline				
<p>17. Beneficiary Concerns</p> <p>Ensure that all quality of care concerns are addressed in a timely manner and within specified requirements.</p>	<p>a. QCM will provide Beneficiary Concerns Trainings for MHP and DMC-ODS providers at least annually. Beneficiary Concerns Training for the MHP to be made available on Relias to ensure staff have access to this throughout the year.</p> <p>b. Grievance Committee will continue to meet monthly to review Grievance and Incident Reports to track trends and report any quality of care issues monthly in QIC.</p> <p>c. QCM to track and report MHP & DMC Grievances & Appeals to ensure timely resolutions and notification. Track and ensure MHP ABGAR report is submitted to DHCS annually (October). Track and ensure DMC-ODS Quarterly report is submitted to DHCS by the 15th of the month following the end of each FY quarter.</p>	<p>FY19/20: BWell's Grievance Committee met monthly to discuss all MHP and DMC-ODS Grievances and Incident Reports of note, to track trends, and determine any steps to be taken to prevent incidents or resolve grievances.</p> <p>All MHP and DMC-ODS Grievances and Appeals were responded to, investigated, and resolved within the required timelines during FY 19/20.</p>				
			Trainings 2018/19	Trainings 2019/20	Added on Relias	Goal 2020/21
		MHP	9/29/18	7/3/19, 11/28/19	Not uploaded	Annually
		DMC-ODS	6/14/19	1/17/20	2/1/2020	Annually



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Goal	Objectives	Baseline																																								
<p>18. Beneficiary/Family Satisfaction</p> <p>Use CPS & TPS results to inform specific quality improvement projects and provide results to the programs.</p>	<p>a. Beneficiary satisfaction data will be collected using the applicable satisfaction survey:</p> <ul style="list-style-type: none"> I. MHP: CPS for adults, youth, youth survey for families for parents of youth II. DMC-ODS: TPS Adult and Youth <p>b. Report CPS and TPS results to BWell staff, CBOs, and clients (2x annually for CPS and annually for TPS)</p> <p>c. Continue analysis of survey data including comment sections to inform quality improvement goals for QIC and individual MHP and DMC-ODS programs.</p> <p>d. Implement incentive program to increase youth TPS response rate with all youth SUD providers.</p> <p>e. BWell will report the following survey data out in QIC, as available, to inform the group of areas of potential needed growth:</p> <ul style="list-style-type: none"> ○ PHF Client Satisfaction ○ Childrens Crisis Triage Satisfaction ○ Network Provider ○ Network Beneficiary 	<p>During Fall 2019 for CPS, 82.5% of expected client respondents (clients served during the data collection weeks) participated in completing surveys. As the Spring 2020 survey period has been moved to June, we will not be setting a goal for June as participation will likely be impacted due to COVID-19 and many clients are receiving telehealth services in place of coming into the MHP Clinics.</p> <p>MHP Client participation rate during CPS data collection week:</p> <table border="1" data-bbox="1226 548 1911 768"> <thead> <tr> <th>FY 18/19 CPS</th> <th>May 2019 # Responses</th> <th>November 2019 # Responses & % Response Rate</th> <th>Goal Fall 2020</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td>325</td> <td>389</td> <td></td> </tr> <tr> <td>Youth</td> <td>272</td> <td>243</td> <td></td> </tr> <tr> <td>Unknown</td> <td>98</td> <td>53</td> <td></td> </tr> <tr> <td>Total</td> <td>695</td> <td>685 / 82.5%</td> <td>> 80%</td> </tr> </tbody> </table> <p>During Fall 2019 TPS, we had higher response rates for adult outpatient and residential services. We hope to make improvements, targeting our OTP and youth response rates in Fall 2020.</p> <p>DMC-ODS Client participation rate during TPS data collection week:</p> <table border="1" data-bbox="1226 948 1911 1320"> <thead> <tr> <th>FY 18/19 TPS</th> <th>October 2019 # Responses</th> <th>% Response Rate 2019</th> <th>% Response Rate Goal Fall 2020</th> </tr> </thead> <tbody> <tr> <td>Adult Outpatient</td> <td>319</td> <td>62%</td> <td>70%</td> </tr> <tr> <td>Adult Residential</td> <td>59</td> <td>67%</td> <td>75%</td> </tr> <tr> <td>Adult OTP</td> <td>190</td> <td>23%</td> <td>40%</td> </tr> <tr> <td>*Youth</td> <td>11</td> <td>18%</td> <td>50%</td> </tr> </tbody> </table>	FY 18/19 CPS	May 2019 # Responses	November 2019 # Responses & % Response Rate	Goal Fall 2020	Adult	325	389		Youth	272	243		Unknown	98	53		Total	695	685 / 82.5%	> 80%	FY 18/19 TPS	October 2019 # Responses	% Response Rate 2019	% Response Rate Goal Fall 2020	Adult Outpatient	319	62%	70%	Adult Residential	59	67%	75%	Adult OTP	190	23%	40%	*Youth	11	18%	50%
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Addendum: Santa Barbara County Behavioral Wellness System

Santa Barbara County Behavioral Health Care System

In fiscal year 18/19, the Department of Behavioral Wellness Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) provided prevention, treatment, rehabilitation and support service to approximately 9,600 clients with mental illness and 4,453 clients with substance use disorders. As of the first half of fiscal year 19/20, the MHP served approximately 6,535 clients and the DMC-ODS served approximately 2,683 clients. Individuals needing assistance and wishing access mental health and/or substance use treatment services may call an Access Line at 888-868-1649, which is available to the community 24 hours a day, seven days a week. Services are provided throughout the system of care for Early Childhood Mental Health, Juvenile Justice Mental Health, children/adolescents and families, transition-age youth, and adults throughout the outpatient system, inpatient system and crisis services system. Services provided and teams assigned are based on the individualized level of need of the individuals being served.

Mental Health Plan (MHP)

Outpatient Services

The regional County-operated children's and adult outpatient clinics serve adults with serious and persistent mental illness, children with serious emotional disturbances who require long-term medication services, care coordination, case management and transition-age youth. Children and adults are also served through the provider network or contracted agencies. Aside from crisis services, access to services is provided regionally to ensure linkage to care in each individual client location. Screening and referral is provided by centralized Access screeners.

The Behavioral Wellness MHP maintains contracts with 10 individual in-county network providers and approximately 20 out-of-county providers. The MHP also uses contracted CBO's as organizational network providers. In addition, the MHP has contracts with CBO's for Crisis and longer term Residential Programs, Assertive Community Treatment Programs, Supported Housing Programs, Alcohol and Drug prevention and treatment programs, Recovery Learning Centers, Children's Wraparound, Therapeutic Behavioral Services, Intensive In-Home Services and Prevention and Early Intervention programs. For individual needs that cannot be met within the community setting, the MHP contracts with IMD's for adult care and contracts with out-of-county CBO's and residential programs as needed for children's care.

Inpatient Services

Adult consumers are served either through the 16-bed County-operated Psychiatric Health Facility (PHF) or through other contracted hospitals as needed. When all beds at the PHF or existing contracted hospitals are full, the MHP seeks the nearest bed available to the community in other



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contracted hospitals.

Children who need inpatient services are served through one of our contracted hospitals, usually Aurora Vista Del Mar. In addition, to the extent that financial resources allow, the MHP may contract with any hospital that has a bed available to provide inpatient services for either adults or children if such a contract is needed.

Crisis Services

Santa Barbara County Mental Health Plan has modified the previous system of care to improve urgent/emergent and routine access to care. Mobile Crisis Response teams are located in Santa Barbara, Santa Maria and Lompoc and available throughout the county.

The Mobile Crisis program is responsible for 24/7 crisis response. This ensures that the response to all mental health crisis calls (to Crisis Services, Access, and 911), as well as mental health visits to Emergency Rooms are made by the Department of Behavioral Wellness clinical staff. This ensures both assessment of needs and connection to appropriate services. In addition to crisis needs, the mobile crisis teams respond to urgent needs, helping-connect individuals with necessary supports and provide support during their time of crisis.

South County Crisis Services based in Santa Barbara. Crisis Services is staffed by a multi-disciplinary team of licensed professionals, including a psychiatrist, nurse, LCSWs, and MFTs, as well as unlicensed paraprofessional staff. Of the 20 FTE staff at Crisis Services South, 7 FTE staff members are bilingual. The Santa Barbara site is open from 8:00 a.m. to 6:00 p.m. Monday through Friday. Field-based services are provided to homeless individuals by designated homeless outreach staff from 8:00 a.m. to 7:00 p.m. Access and Mobile Crisis services are available 24 hours per day/7 days per week/365 days per year. A key role of the Crisis Services program is to provide services to individuals in psychiatric crisis, as well as to be the triage point for persons new to our system that are being discharged from psychiatric inpatient facilities.

North County Crisis Services based in Santa Maria is staffed by a multi-disciplinary team of licensed professionals including a psychiatrist, nurse, and MFTs, as well as unlicensed paraprofessional staff who provide interventions for clients in crisis. Of the 18 staff members, 8 are bilingual. North County Crisis Services is open 8:00 a.m. to 5:00 p.m. Monday through Friday, serving the same purpose as South County Crisis Services. Access and Mobile Crisis services are available 24 hours per day/7 days per week/365 days per year.

West County Crisis Services staff is physically located at the Lompoc County-operated adult outpatient clinic seven days a week during regular business hours. During all after business hour periods, the Santa Maria and Lompoc staff share crisis response duties due to lower demand, with response provided to crises in Santa Maria, Lompoc and the neighboring Santa Ynez Valley.

Crisis Residential Services: The MHP contracts for provision of Crisis Residential programs located in both Santa Barbara and Santa Maria regions of the county. Both programs are designed in location to be near other mental health services (the South County Crisis Services program



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is located on the campus immediately below the PHF and in close proximity to the Crisis Stabilization Unit). The programs both provide short-term 24/7 support and crisis stabilization services to consumers experiencing acute symptoms requiring more than outpatient care but less than acute hospitalization. These are voluntary programs and are supported by licensed and peer staff in both program.

Crisis Stabilization Unit: Located in the South County in Santa Barbara. The CSU offer short-term, rapid stabilization for individuals experiencing psychiatric emergencies. The program serves as an integral component within the overall crisis services system. Brief evaluation, linkage and referral to follow-up care are available. This unit is open 24/7 and offers safe, nurturing short-term, voluntary emergency treatment as an option for individuals experiencing a mental health emergency. Services available up to 23 hours.

Children's Crisis Services: Urgent and crisis needs for children are provided through the Safe Alternatives for Treating Youth (SAFTY) program. In addition, through grant funding, a new Children's Crisis Triage team has recently been developed. Casa Pacifica, a contracted organizational provider, operates the SAFTY program. This program works with children and families throughout Santa Barbara County on a short-term, intensive basis to help alleviate crisis situations and provide families with tools to prevent future crises. This program operates on a 24/7 basis, and the staff are authorized by the County to write 5585 petitions with consultation from County staff.

In addition to 24/7 response, SAFTY provides expedited referrals to County-operated Adult and Children's Outpatient Clinics as well as short-term, in-home crisis resolution services.

Drug Medi-Cal Organized Delivery System (DMC-ODS)

Primary Prevention Services and Early Intervention Services (Level 0.5) include education, environmental prevention, and early intervention services targeted to prevent individuals from abusing substances and to limit access to alcohol and other drugs (AOD) in the community. Primary prevention services include the Strengthening Families Program which is a family skills training program that can significantly improve parenting skills and family relationships, and result in reduced substance abuse and delinquency risk factors.

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.

Outpatient Services (Level 1.0) and Intensive Outpatient Services (Level 2.1) for substance use disorders consist primarily of counseling



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and education about addiction-related problems. Outpatient services include intake, assessment, treatment planning, individual counseling, group counseling, family therapy, collateral services, member education, medication services, crisis intervention services, discharge planning, case management, and recovery services.

Opioid Treatment Program (OTP) services are provided in licensed narcotic treatment program facilities providing medication-assisted treatment for Narcotic (Heroin, Vicodin, OxyContin) abuse and dependence. Individuals in OTP attend treatment services daily including taking prescribed doses of methadone and or other medications (including buprenorphine, disulfiram, and naloxone) and attending counseling sessions. OTP's can last from 21 days for detoxification services for to up to years, depending on client need.

Medication Assisted Treatment (MAT) services for substance use disorders are available outside of Opioid Treatment Programs through the use of prescription medications, in combination with counseling and behavioral therapies. MAT services includes the order, prescribing, and monitoring of medications for SUD, particularly to address opioid and alcohol dependence.

Withdrawal Management Services (Level 3.2) are residential detoxification services to safely withdraw from alcohol and other drugs. Withdrawal Management services include intake and assessment, observation (to evaluate health status and response to any prescribed medication), medication services, and discharge planning. Most Withdrawal Management services last from five to seven days.

Residential Treatment (Level 3.1 and 3.5) for substance use disorders is a non-institutional, 24 hour non-medical, short-term residential program that provides rehabilitation services to members with a substance use disorder diagnosis. Residential services require prior authorization by the county plan and are not to exceed two in a one-year period. Residential services can be for a maximum of 90 days for adults and 30 days for youth.

Youth and Family Treatment Centers provide treatment to youth who have begun using drugs and alcohol, and their families; in the community and through school based counseling services. The focus is youth between the ages of 13 and 17, and these youth centers provide age appropriate developmental services and offer family involvement and case management services

Perinatal Services serve pregnant/post-partum women and women with children who are in need of substance abuse services. Perinatal services include Outpatient Services, Intensive Outpatient Services, and Residential Services. These services are enhanced to address the unique needs of women.



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Glossary of Terms

ADP – Alcohol and Drug Program

ASAM – American Society of Addiction Medicine

CALOCUS – Child and Adolescent Level of Care Utilization System

CAP – Corrective Action Plan

CBO – Community Based Organizational Provider

CFMAC – Consumer and Family Member Advisory Committee

CPS – Consumer Perception Survey

CQI – Continuous Quality Improvement

DHCS – Department of Health Care Services

DMC-ODS – Drug Medi-Cal Organized Delivery System

EHR – Electronic Health Record

EQRO – External Quality Review Organization

FTE – Full Time Equivalent (staff)

IMD – Institute for Mental Disease

LOCRI – Level of Care and Recovery Inventory

MAT – Medicated Assisted Treatment

MH – Mental Health

MHP – Mental Health Plan

MIS/IT – Management Information Systems/Information Technology

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NACT – Network Adequacy Certification Tool

NOABD – Notice of Adverse Benefit Determination

OQSM - Office of Quality and Strategy Management

PDSA – Plan-Do-Study-Act

PHF – Psychiatric Health Facility

PIP – Project Improvement Plan

POC – Plan of Correction

QCM – Quality Care Management

QI – Quality Improvement

QIC – Quality Improvement Committee

MHP –Mental Health Plan

SNF – Skilled Nursing Facility

SUD – Substance Use Disorder

TPS – Treatment Perception Survey

UR – Utilization Review