County of Santa Cruz Mental Health and Substance Abuse Services
QUALITY IMPROVEMENT WORKPLAN 2015-2016

## Activity 1: Monitoring the service delivery capacity of the Mental Health Plan.

| Goal | Measurement | Action | Data Sources | Resp. Party | Frequency | Status |
|---|---|---|---|---|---|---|
| 1. Improve access for Latino populations of Santa Cruz County. | 1.1 Penetration rate shall meet or exceed state average.<br><br>1.2 Maintain or exceed number of bi-lingual or bi-cultural staff. | Offer MH First Aid Awareness Training to community (2 completed, 1 all day in April)<br><br>Recruitments for Bi-lingual clinical staff will be put on continuous basis | Medi-Cal data<br>EQRO data<br>Personnel data<br>CC Coordinator data | IT Staff<br>CORE Personnel Analyst<br>CC Coordinator | Penetration Rate = Annually<br><br>Staff ratios = Quarterly | 1.1 FY13-14 = 4.29%<br>State FY13-14 = 3.92%<br>1.1 FY14-15 = 3.79%<br>State = 3.64% |
| 2. Improve culturally competent service delivery. | 2.1 Increase number of staff attending CC trainings. 7 hours required annually.<br><br>2.2 Improve services to LGBTQ population. | 2.1 Provide CC trainings throughout the year accessible to all staff & contractors.<br><br>2.2 Develop LGBTQ Work Group. | CC reports from Personnel.<br>List of trainings.<br>Outreach activities<br><br>Staff surveys & training. | CORE<br><br>Work Group & CORE | Annually<br><br>Monthly | 2.1 CY 2014:<br>7+ =57<br><7 = 75<br>0 CC = 65<br>TL = 197<br>CY 2015<br>7+ = 45<br><7 = 86<br>0 CC = 70<br>TL = 201 |
| 3. Identify & improve areas lacking service capacity. | 3.1 Monitor units of service by geographic area with goals set in annual budget & revisions of Cultural Competence Plan.<br>3.2 Monitor “wait lists” of Child MH Providers. | Meet with Providers monthly to identify barriers share resources as possible. | 505 Reports, Child Access Wait lists | CORE | Quarterly | |

## Activity 2: Monitoring the accessibility of services.

| Goal | Measurement | Action | Data Sources | Resp. Party | Frequency | Status |
|---|---|---|---|---|---|---|
| 1. Insure callers receive linguistically appropriate responses. | 1.1 Successful testing 100% of time. | Scheduled testing of 800 line will occur in English & Spanish | Access Logs Answering Service Logs | CORE Mgmt Access Team | Monthly | FY14-15 = 80%<br>FY15-16<br>Q1 = 50%<br>Q2 = 86% |
| 2. Assure appropriate & timely access to routine, urgent and crisis services. | 2.1 Appointments post-hospital for psychiatrists/NP will be no longer than 7 County business days.<br><br>2.2 Urgent Care will be authorized w/in 1 hour & provided within 36 hours | Recruitment of more psychiatry staff. Change to scheduling protocol allowing more intakes.<br><br>Develop system for recording requests for urgent services. | ShareCare for Adult & Child Access log.<br><br>Avatar intake log/Answering Service Log | CORE Mgmt, Access, QI<br><br>CORE Mgt | Quarterly | 2.1<br>(Jul-Sep 2015)<br>Adults = 4.4 days<br>Youth = 4.3 days<br>(Oct-Dec 2015)<br>Adults = 3.3 days<br>Youth = 6.3 days<br><br>Current MD/NP Intakes: 2 intakes per day<br>Previous: 1 per day<br>Current: 8 CIT slots per day from 4 slots |
| | 2.2 Appointments for routine intake services will be no longer than 10 County business days. | Develop reporting methodology to capture information. | Access log. ShareCare reports. | Access Teams for Adult, Child | Quarterly | 2.2 (Jan-Mar 2015)<br>Days<br>Adults = 14<br>Youth = 11<br>(Apr-June 2015)<br>Days<br>Adults =15<br>Youth = 14<br>(July-Dec 2015)<br>Adults = 14 days<br>Youth = 13 days |

## Activity 3: Monitoring beneficiary satisfaction

| Goal | Measurement | Action | Data Sources | Resp. Party | Frequency | Status |
|---|---|---|---|---|---|---|
| 1. Improve beneficiary satisfaction across all ethnic, cultural, linguistic, age and gender groups. | 1.1 Number of beneficiary grievances related to client care will be reduced from prior year. | QI quarterly analysis of complaints reported to QIC thematized & assigned to mgr of work area. | Grievance & Change of Staff Log | QI, CORE Mgmt | Quarterly | 1.1<br>FY13-14 = 17<br>FY14-15 = 36 |
| | 1.2 Number of requests to change staff compared by gender identity, ethnicity and age group. | Requests for changing persons providing services will be analyzed by cultural, and ethnic groups. Consumers will be assigned to appropriate linguistic and cultural providers. | Database of requests to change provider. | QI | Quarterly | Gender-<br>FY 13-14 = 3<br>FY 14-15 = 2<br>Ethnicity/language = 0 requests |
| | 1.3 Response of consumers & families during focus groups & stakeholder meetings. | Focus groups & stakeholder meetings will be held at least twice a year. | Attendance records of meetings. | Chiefs-MHSA Mgr | Bi-annually | Strategic Planning Mtg Minutes on website |

## Activity 4: Monitoring the MHP's service delivery system and meaningful clinical issues affecting beneficiaries, including safety and effectiveness of medication practices.

| Goal | Measurement | Action | Data Sources | Resp. Party | Frequency | Status |
|---|---|---|---|---|---|---|
| 1. Monitor appropriate & effective service delivery for adults & children matching needs with services. | 1.1 Adult & youth consumers with CANS & ANSA evaluations.<br><br>1.2 Establish data recording system to retrieve info by individual & aggregate. | 1.1Team Supervisors & staff training on CANS/ANSA.<br>1.2 Follow-up training by staff certified trainers.<br>1.3 Development of web based tool to input data.<br>CANS mid-July 2014<br>ANSA starts Dec | Access database connected to web based portal. | Adult & Child Mgrs, IT staff | 6 mos or as needed | Database is in Excel spreadsheet. Avatar postponed until Mar 2016 Baseline developed. N=469<br>157 reassessed |
| 2. Increase consumer and family involvement in policy and decision-making through participation in QI processes. | 2.1 Consumer & Family Member participation in forums, "town meetings" etc. | 2.1 Outreach to NAMI, consumer groups, LMHB to educate on function of QIC.<br><br>2.2 Add position of Consumer Affairs manager. | List of meetings & numbers/types of attendees. | CORE Mgmt and QIC | Quarterly | 2.1 FY13-14 1 Consumer Member & 1 Family Member QIC |
| 3. DMC authorizations for residential treatment will be made within 24 hours. | 3.1 Number, percent & time period for DMC prior authorization requests approved or denied | | Avatar MCO database | ADP /QI | Quarterly | Pending contract with DHCS |

## Activity 4: Monitoring the MHP's service delivery system and meaningful clinical issues affecting beneficiaries, including medication management issues

| Goal | Measurement | Action | Data Sources | Resp. Party | Frequency | Status |
|---|---|---|---|---|---|---|
| 3. Track & trend occurrences of poor care/other Sentinel Events. | 3.1 Use of new Sentinel Event analytic tools.<br><br>3.2 Identify any barriers to improvement: clinical or administrative. | Development & implementation of new Sentinel Event P & P.<br><br>Develop Sentinel Event database via SharePoint or Avatar | Reports/Reviews currently paper folder kept with QI. | QI/CORE QIC | Quarterly | Developed & distributed new P & P<br>Developed & distributed new Sentinel Event Report Form<br>Database pending Avatar/Share-Point start-up |
| 4. Consistent use of E & M documentation in medical record by psychiatry staff. | 4.1 UR record review. | Training all psychiatry staff on use of CPT Coding Guidelines from CMS. | SCHIE | Chief of Psychiatry & QI | Training as needed, review monthly | |
| 5. Improve chart documentation of medically necessary services. | 6.1 Adult/Child UR Chart Review disallowance rate. | Staff training. Supervisor oversight. ID reports for Avatar. | Medical records, UR Chart Review reports. | QI, Clinical supervisors | Monthly | DHCS disallowance rate = 53% |

## Activity 5: Monitoring continuity and coordination of care with physical health care providers and other human service agencies.

| Goal | Measurement | Action | Data Sources | Resp. Party | Frequency | Status |
|---|---|---|---|---|---|---|
| 1. Improve coordination of care between behavioral health and primary care. | 1.1 Inclusion of BMI, weight, medical condition(s), name of PCP & med list in medical record. | Training of psychiatry providers to insure they include vitals in medical record & share with PCP.<br><br>Purchase & use of new equipment such as BP cuffs, weight scales etc. | SCHIE<br><br>Avatar (2016)<br><br>Meeting minutes of Work Group | FQHC Services, QI<br><br>Psychiatric Medical Director | Monthly & aggregate quarterly. | Work Group met in Jan & identified placement of equipment & work flow for usage and training. |
| | 2. MOU with CCAH will be updated as needed. | Quarterly meetings with CCAH to monitor MOU activities.<br><br>Monthly coordination meetings with Beacon (CCAH BH intermediary). | CCAH MOU | Chiefs | Quarterly with CCAH Monthly with Beacon | |

## Activity 6: Monitoring provider appeals

| Goal | Measurement | Action | Data Source | Resp. Party | Frequency | Status |
|---|---|---|---|---|---|---|
| 1. Reduce number of provider appeals and complaints to zero. | 1.1 Number of provider complaints and appeals per year compared to prior year. | The number and types of provider complaints/appeals will be compared by quarter. | Provider appeals database. Primary correspondence files. | QI/Access | On-going | 1.1<br>FY 14-15 = 1 upheld as denied<br>All inpatient services |