

County of Santa Cruz Behavioral Health Services
QUALITY IMPROVEMENT WORKPLAN 2017-2018

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.	Offer MH First Aid Awareness Training to community (2 completed, 1 all day in April)	Medi-Cal data EQRO data	IT Staff CORE	Penetration Rate/ Annually	1. FY15-16= 3.60% Statewide = 3.49% EQRO CY 15 = 3.89%
	1.2 Maintain or exceed number of bi-lingual or bi-cultural staff.	Recruitments for Bi-lingual clinical staff will be put on continuous basis	Personnel & CLAS Coordinator data	Personnel Analyst CLAS Coordinator	Staff ratios/ Quarterly	50 bi-lingual staff Q4 FY16-17
2. Improve cultural & linguistic awareness in service delivery.	2.1 Increase number of staff attending CLAS trainings. 7 hours required annually.	2.1 Provide CLAS trainings throughout the year accessible to all staff & contractors.	CLAS reports from Personnel. List of trainings. Outreach activities	CORE	Annually	2.1 CY 2015 7+ = 45 <7 = 86 0 CLAS = 70 TL = 201
	2.2 Improve services to LGBTQ population.	2.2 Staff surveys & training. Supervisors insure to report gender, ethnicity & language on MHE 10 for employees.	Survey results	Work Group & CORE	Annually	CY 2016 7+ = 65 >7 = 88 0 = 68 TL = 221 Developed LGBTQ Work Group.
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.	Meet with Providers monthly to identify barriers & share resources as possible.	505 Reports,	CORE	Quarterly	Developed new method for sharing provider availability
	3.2 Monitor "wait lists" of Child MH Providers.		Child Access Wait lists	Child Mgmt, QI	Monthly provider meetings	

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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	FY15-16 FY16-17 Q1-50% Q1-88% Q2-86% Q2-71% Q3-60% Q3-78% Q4-83% Q4-89%
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.	Recruitment of more psychiatry staff. Change to scheduling protocol allowing more intakes.	Adult & Child Access log.	CORE Mgmt, Access, QI	Quarterly	2.1 Compliance Rate FY 16-17 Youth = 50% Adults = 36%
	2.2 Urgent Care will be authorized w/in 1 hour & provided within 36 hours	Develop system for recording requests for urgent services.	Avatar service request log/Answering Service Log	CORE Mgmt		FY 15-16 Youth = 48% Adults = 28%
	2.3 Appointments for routine intake services will be no longer than 10 County business days.	Develop reporting methodology to capture information.	Avatar service request log & scheduling calendar.	Access Teams for Adult, Child	Quarterly	2.3 (Jul-Dec 2016)* Adults = 20 days Youth = 15 days Q4 FY16-17 = 6 days (N=84)

* Avatar started 4/1/2016

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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 FY14-15 = 36 FY 15-16 = 27
	1.2 Development of county Satisfaction Survey	Satisfaction Survey Work Group developed with SUD and MH	Survey results	Work Group	Quarterly	Work Group reviewing questions for satisfaction survey to be brought to QIC Steering Committee
	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.	Adult/Child Service Directors MHSA Sr. Mgr	Bi-annually	Strategic Planning Mtg Minutes on website, MHSA Town Hall Mtgs

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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 level of services.	1.1 Adult & youth consumers with CANS & ANSA evaluations. 1.2 Establish reporting system to retrieve info by individual & aggregate.	1.1 Team Supervisors & staff ensure completion of CANS/ANSA. 1.2 CANS/ANSA used to develop treatment plans and monitor progress.	Avatar	Adult & Child Mgrs, IT staff	6 mos or as needed	Developed methodology for county/contract staff to monitor change over time 8-2017.
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.	List of meetings & numbers/types of attendees.	CORE Mgmt and QIC	Quarterly	2.1 FY 16-17 9 Consumers & Family Members participated in 2 focus groups. FY 16-17 Consumer & Family Members participated in 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	Baseline, field test.	Avatar MCO database	SUD Mgmt	Quarterly	Pending contract with DHCS

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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.	Develop electronic Sentinel Event database.	Reports/Reviews currently paper folder kept with QI.	QI/CORE QIC	Quarterly	
	3.2 Identify any barriers to improvement: clinical or administrative.	Increase education on form use by county & contract staff.	Sentinel Event Reporting Forms			
4. Consistent use of appropriate medication consents by psychiatry staff.	4.1 UR peer record review.	Training all psychiatry staff on new peer review process. MD’s & NP’s will meet separately.	UR Chart Review minutes.	Chief of Psychiatry & QI	Training as needed, review monthly	Group Peer Review Dec 7, 2016 & April 19, 2017
5. Improve chart documentation of medically necessary services.	5.1 Adult/Child UR Chart Review disallowance rate.	Staff training. Supervisor oversight. ID reports for Avatar.	Medical records, UR Chart Review reports.	QI Supervisors Psychiatry	Monthly	Disallowances: Adults FY15-16 = 7.9% FY 16-17 = 11% Child FY15-16 = 11% FY16-17 = 19%

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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. Chart reviews to verify use of E & M Coding.	Avatar	FQHC Services, QI Psychiatry/QI	Monthly & aggregate quarterly.	Work flow developed for training and usage of BP cuffs & other equipment. Last E & M Coding Training 5/2017
	1.2 MOU with CCAH will be updated as needed.	Quarterly meetings with CCAH to monitor MOU activities. Monthly coordination meetings with Beacon (CCAH BH intermediary).	CCAH MOU	BH Director, Adult/Child Services Directors, Chief of Psychiatry	Quarterly with CCAH Monthly with Beacon	
2. Implement CCR	2. Katie A services, development of STRTP & TFC	Child Mgmt to meet with potential providers	Meeting dates	Child Mgmt/QI	All child provider training Oct 19.	

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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 appeal letters. Primary correspondence files.	QI/Access	On-going	1.1 All inpatient services FY 15-16 = 7 upheld as denied. PHF = 4 FY16-17 TL = 18 PHF = 1 3 incomplete 4 approved 11 denials upheld .