

# EVALUATION OF QI WORK PLAN FY 2018/19

Nivedita Meethan. QIC Meeting. 06.27.2019



MONTEREY COUNTY  
BEHAVIORAL HEALTH

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Avanzando Juntos Forward Together

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**Goal Met**



**Goal Partially Met**



**Goal Unmet**



II. **QI Work Plan FY 2019-20:** Changes to existing plan will be given under heading “WP 2020”

## **8 Areas of Focus**

1. Monitoring/Improving Access to services
2. Monitoring/Improving Delivery of Services and Capacity
3. Crisis Intervention
4. Cultural and Linguistic Services
5. Beneficiary Satisfaction
6. Electronic Health Record-Avatar
7. Quality Improvement Committee
8. Utilization Management/Quality Improvement



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# MONITORING/ IMPROVING ACCESS TO SERVICES

## Objectives

1. Monitor Distribution of Behavioral Health Services by type, number and geographic distribution
2. Implement DHCS Network Adequacy standards
3. Timeliness to Services
4. Monitor access to after-hours care

- **Goal 1.1.1:** Quarterly review of all behavioral health program data by program value and health equity indicators such as Age, Gender, Race, Region, Diagnosis by Service Managers.

- **Evaluation:**

1. Created Access dashboard on Avatar

2. Created Reaching Recovery dashboard on Avatar

3. Created Monterey County Behavioral Health Bureau Health Equity Report FY2017-18

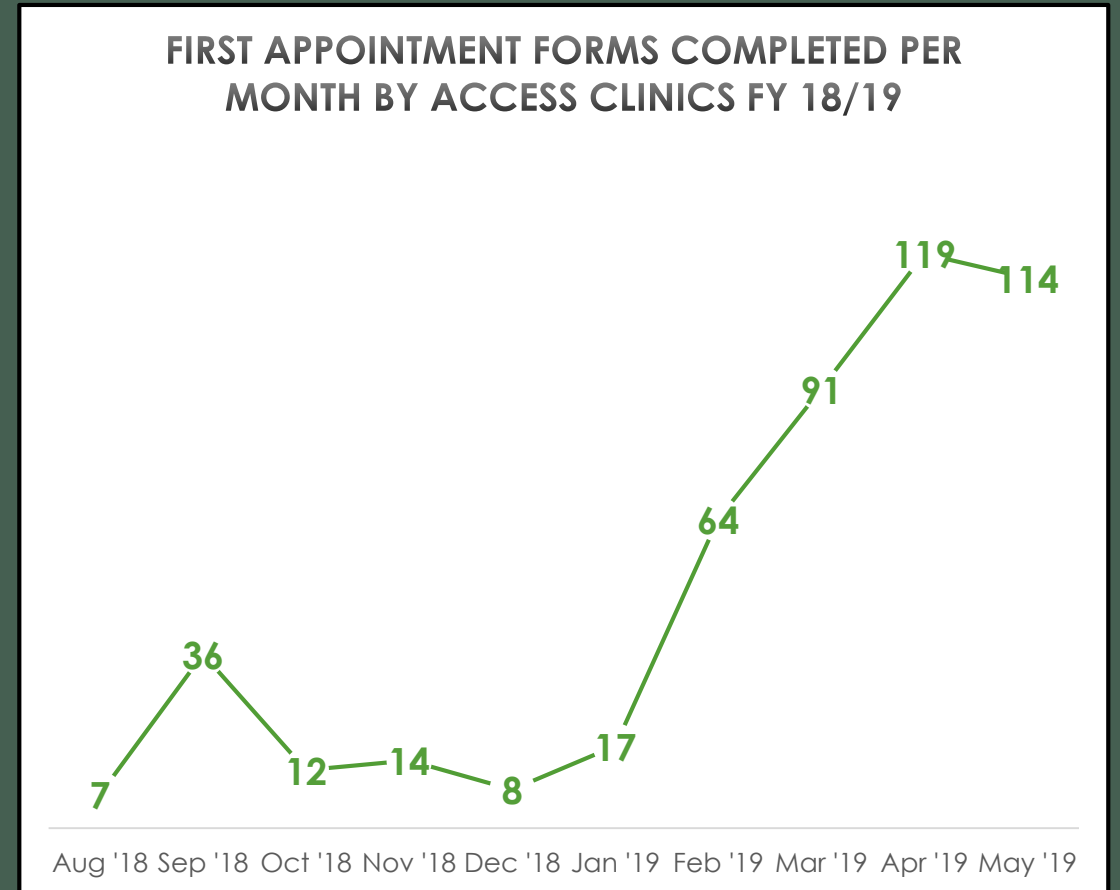
4. Included Health equity parameters into all the data requests to QI



- **Goal 1.2.3:** Improve access to SUD services in the south county in accordance with Network Adequacy Policy. Ensure all beneficiaries are located within Network Adequacy standards from their Mental Health Provider and SUD Providers (45 Miles or 75 Minutes Drive-time to clinic from beneficiary residence)
- **Evaluation:** Sun Street Centers expanded its drug and alcohol treatment services to South County, by opening a new facility in King City



- **Goal 1.3.4:** Obtain appointment for first offered routine request for BH service within county standards in 90% of requests for all regions of the county by Dec 2018, 95% by June 2019
- **Evaluation:** Created first appointment (FA) form to track timeliness data of new clients
- **WP 2020:** New Client form replaces FA form to capture additional Client & Service Info





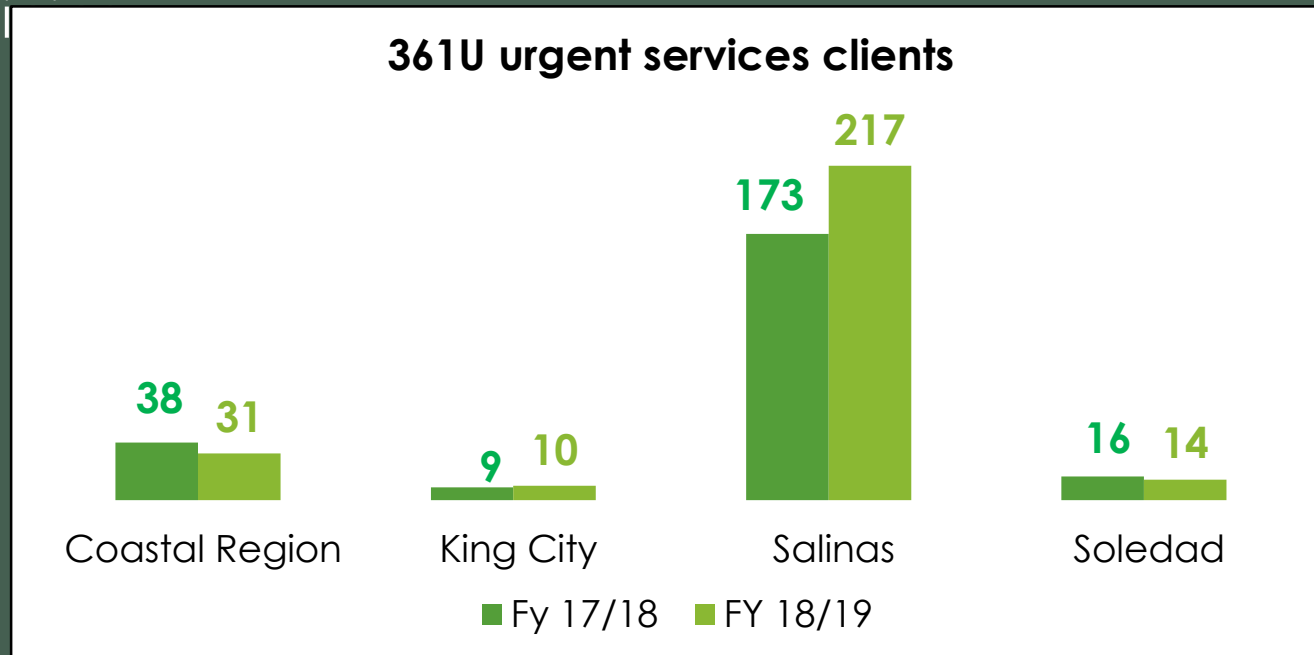
- **Goal 1.3.5:** All Medi-Cal eligible beneficiaries to receive 7day follow-up appointments after hospitalization in Mental health Unit by June 2019
- **Intervention:** Quarterly review of appointments following discharge from mental health unit data to identify trends, and address concerns if any.
- **Evaluation:** 86% of Children Beneficiaries and 65% of Adult Beneficiaries received 7-day follow-up services post-discharge from MHU including TARs in FY 18/19. Additionally, 6% Children beneficiaries and 12% Adult beneficiaries did not receive any service post discharge from MHU including TARs in FY 18/19.
- **WP 2020:** Track first offered appointment for follow-up services after discharge from MHU. Improve Care coordination for these clients



- **Goal 1.3.6:** Implement EQRO timeliness standards for each program under BH services by June 2019
- **Intervention:** Develop a process in place to track timeliness standards quarterly, and identify trends in the data to inform QIC.
- **Evaluation:** Created timeliness measure dashboards for MH and SUD in Avatar. Some of the measures for FY 18/19 are:
  1. Average time from admission to first assessment for new clients: 1 day
  2. Percentage of new clients receiving first therapeutic services within 10 days of admission: 71%
  3. No-show rates for psychiatric appointments: 28% among Children and 31% among Adults



- **Goal 1.4.7:** Continue utilization review of real-time appointment finder for urgent appointment requests (361U) and evaluate its successful implementation.
- **Measurement:** No. of clients who receive urgent services within 5 days from open episode where applicable in all four access to treatment clinics
- **Evaluation:** 270 clients received urgent appointment services in FY 18/19 from all four access clinics.



- **Goal 1.4.9:** Test call reporting to provide information about how to access specialty mental health services to be no less than 80% during and after regular working hours by June 2019.
- **Intervention:** Monitor responsiveness of 24 hour toll free line in providing information on how to access appropriate services.
- **Evaluation:** 14 of 49 test calls logged in FY 1819 (29%)





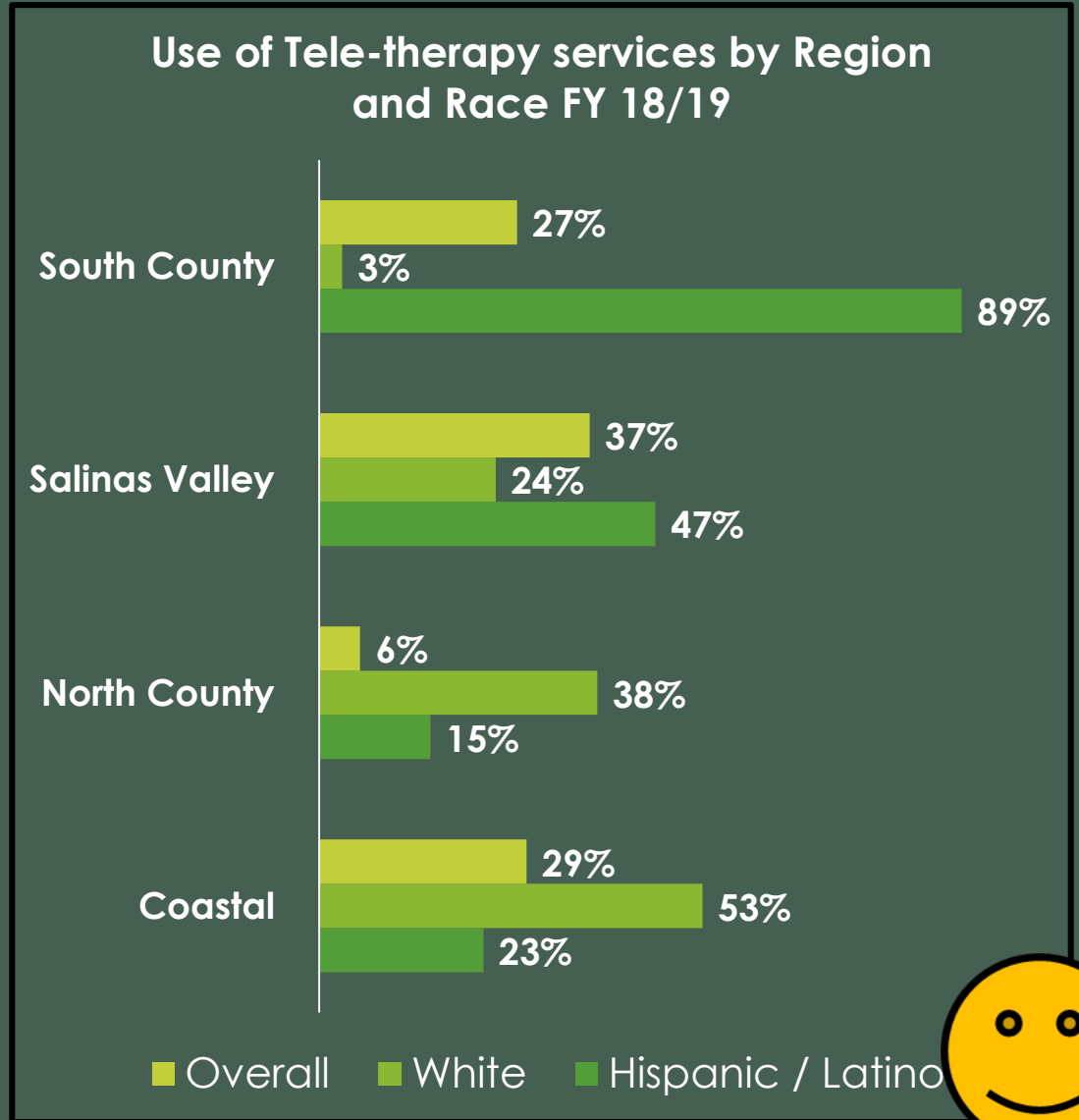
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MONITORING/IMPROVING DELIVERY  
OF SERVICES AND CAPACITY

# Objectives

1. Improve Penetration Rate by 7% in 3 years among Hispanic/Latino clients
2. Continue to Improve service delivery to all clients
3. Improve service delivery capacity for LGBTQ youth with Mental illness
4. Reduce the number of clients receiving inpatient hospital services who are readmitted within 30 days to 12%
5. Improve the referral process between systems of care

- **Goal 2.1.10:** Continue use of teletherapy and telemedicine services in the county to increase the number of clients served by 5% by the end of Dec 2019 and 10% by the end of June 2019.
- **Intervention:** Continue to promote and review use of teletherapy and tele-medicine services
- **Evaluation:** This FY we saw 2 times increase in teletherapy service utilization.



- **Goal 2.2.12:** 30% increase in the number of text-messaging consents obtained to remind clients of upcoming medication support appointments.
- **Intervention:** Continued efforts to obtain text-messaging consent to remind clients of upcoming medication support appointments
- **Evaluation:**
  1. 979 text-messaging consents (54% increase from last FY) collected to remind clients of upcoming medication support appointments.
  2. 57% of those who signed up were Hispanic/Latino clients, and 25% were Whites





- **Goal 2.2.13:** Decrease no-show rate for medication support appointments to 15% by the end of Dec 2019 among TAY clients.
- **Intervention:** Continue to implement Avanza-TAY PIP by providing incentives to youth who attend MD appointments
- **Evaluation:** We conducted a Randomized cohort study on 54 participants where half of the participants received positive behavioral re-enforcements in the form of tickets for attending MD appointments and the rest did not. The no-show rate has decreased from 40% to 15% among our intervention group and from 40% to 27% among no intervention group.



- **Goal 2.2.14:** 90% Compliance rate among SUD providers by June 2019
- **Intervention:** Continue monthly monitoring of data submissions for substance use disorder treatment programs; provide CalOMS and DATAR training; offer technical assistance
- **Evaluation:** The overall compliance rate among SUD Providers was 85% for DATAR and 100% for CALOMS.



- **Goal 2.3.15:** Improve service delivery capacity for LGBTQ Beneficiaries with mental illness and/or substance use disorder through providing trainings to staff to improve skills for assessment and treatment of this population.
- **Intervention:** Identification of training module and implementing annual training made mandatory to all staff.
- **Evaluation:** In progress



- **Goal 2.4.16:** Reduce the number of clients receiving inpatient hospital services who are readmitted within 30 days to 10%
- **Intervention:** Use of Urgent appointment to secure out-patient follow up appointment following a discharge from in-patient hospital
- **Evaluation:** In FY 18/19, the 30-day post-discharge hospital re-admission rate was 12%
- **WP 2020:** Improve case coordination for clients after discharge from hospital





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# CULTURAL AND LINGUISTIC SERVICES

- **Objective:** Improve cultural humility and sensitivity within delivery system for mental health and substance use disorder services
- **Goal 4.1.19:** Improve cultural humility and sensitivity within delivery system for mental health and substance use disorder services
- **Intervention:** 6hour long Mathew Mock Cultural Competency training would be made available to all staff multiple times a year
- **Evaluation:** Ongoing process. 325 staff members have completed the training.



- **Goal 4.20:** Increase the number of Latino clients served in all regions by at least 5% by June 2019
- **Intervention:** Prioritize regions when hiring new staff; use of telehealth and telemedicine; maintain full time psychiatrists
- **Evaluation:** Ongoing process. South county is fully staffed with 93% bilingual employees.





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BENEFICIARY  
SATISFACTION



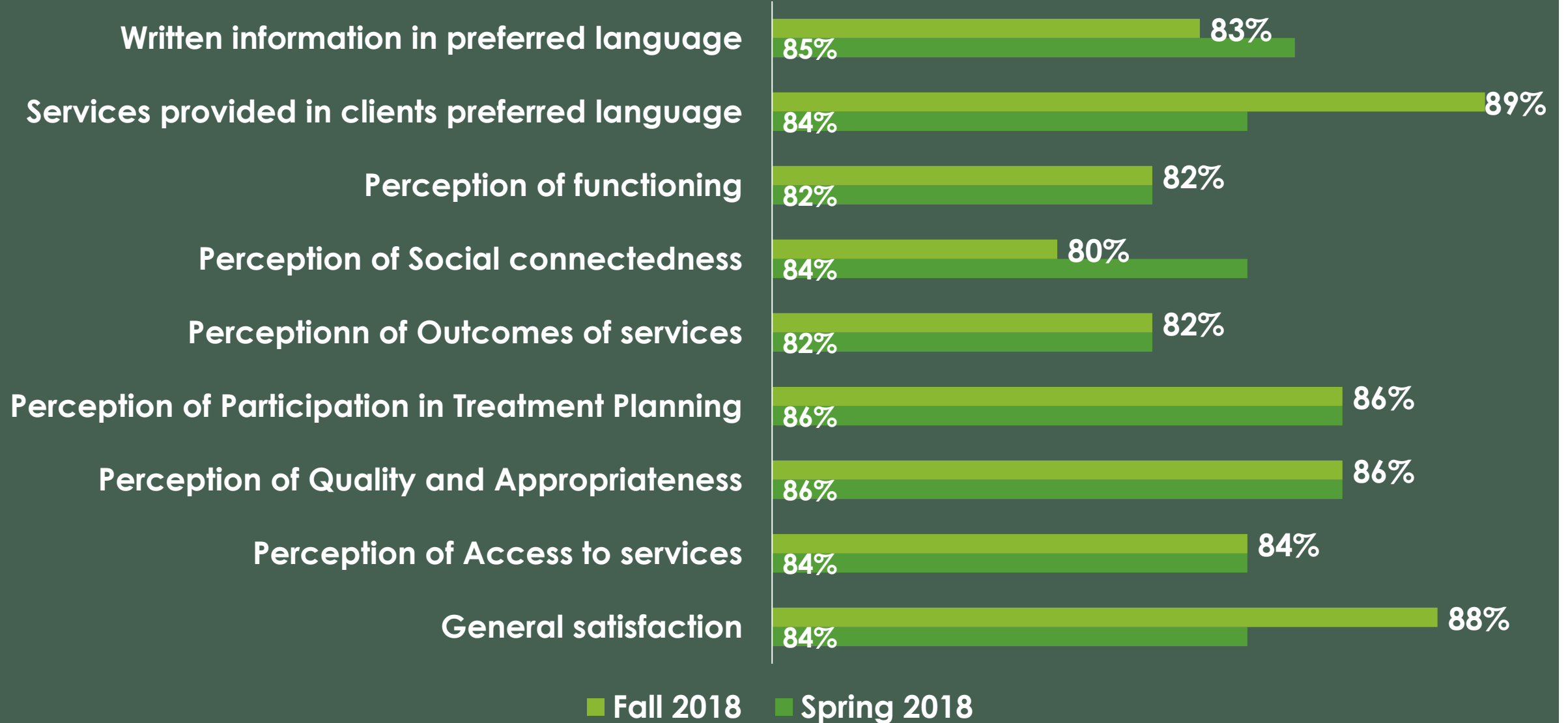
# Objectives:

1. Survey Beneficiary satisfaction
2. Evaluate Beneficiary grievances, appeals, and fair hearings
3. Evaluate Change of Provider requests

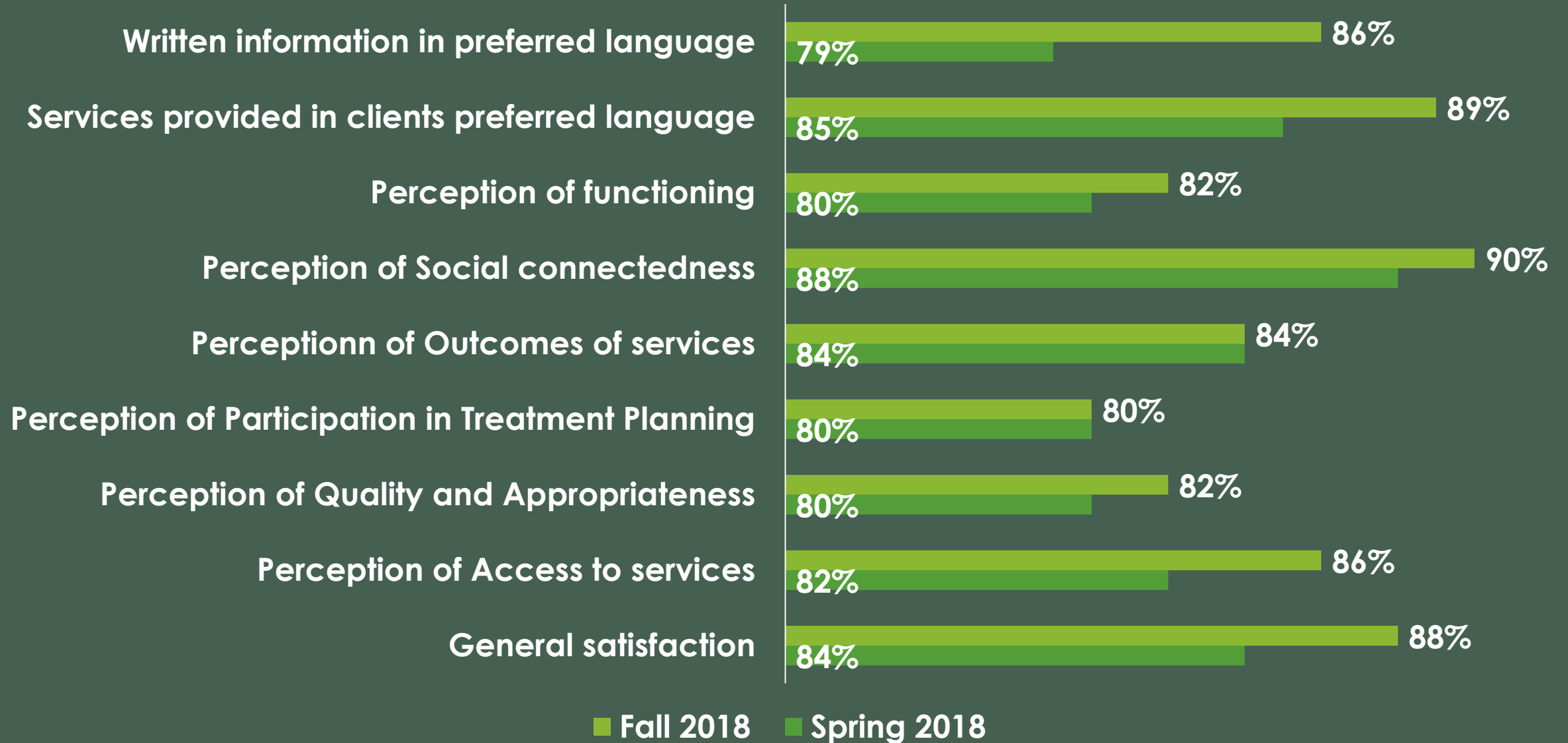
- **Goal 5.1.21:** Complete a direct interview with a minimum of 200 Beneficiaries' contacted to complete a beneficiary satisfaction survey
- **Intervention:** Direct face to face Verification of at least 1% of non-crisis intervention services delivered to clients/family by QI staff during the Fiscal year
- **Evaluation:** Out of 21 calls attempted, the response rate among beneficiaries was 33%
- **WP 2020:** This will be monitored every week by QI Supervising Patient Services Representative



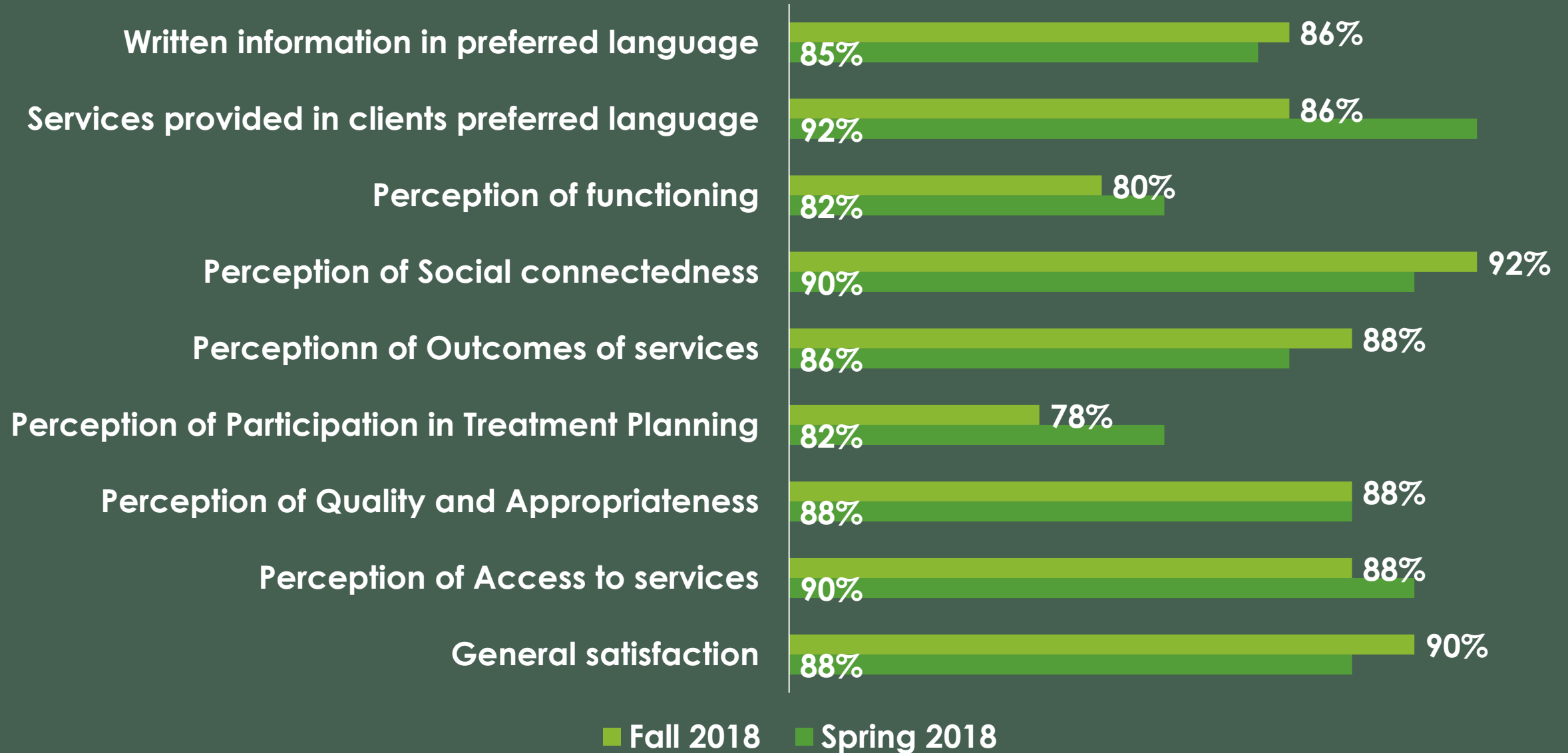
## Mean Domain Scores Adult Services Survey Spring-Fall 2018



## Mean Domain Scores Youth Services Survey Spring-Fall 2018



## Mean Domain Scores Children Services Survey for Families Spring-Fall





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QUALITY  
IMPROVEMENT  
COMMITTEE

**Goal 7.26:** Ensure policies are congruent with business practices for mental health and substance use disorder services Facilitate monthly QIC meetings

**Intervention:** Update policies/ recommend policy decisions to meet needs of client population and congruency with business practices

**Evaluation:** Changed to quarterly meeting- 4 meetings held in FY 18/19





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# UTILIZATION MANAGEMENT



**Goal 8.27:** Continue ongoing evaluation for medical necessity/appropriateness for level of care/efficiencies

**Intervention:** 1. Review 85%-100% of mental health and 100% of substance use disorder services (SUD) programs

2. Continue to support use of clinical supervision to support medical necessity criteria is met

3. Continued monitoring of medication practices; MD consultant to review documentation and report back to QI and Medical Directors; MD and QI to provide training as necessary

**Evaluation:** 1. 69% of MH and 100% of SUD programs reviewed

2. Continued usage of clinical supervisory tool.

3. MD chart review process in progress



- **Goal 8.29:** QI to continue ongoing communication, support, and provide resources for staff and contracted partners

- **Interventions:**

1. Update/refine Clinical Documentation Guide at least annually
2. Continue communication via QI monthly newsletter
3. Continue to update QI website content to ensure most up-to-date information is available
4. Continue to improve communication between QI team and staff/ contracted partners to incorporate staff input in projects and system changes



**22 Goals Met**



**5 Goals Partially met**



**2 Goals Unmet**



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BEHAVIORAL HEALTH**

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Evaluation of QI Work plan for FY 2018-19 and QI Work Plan for FY 2019-20 will be posted in the QI Website by 1 July 2019.

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