

Quality Improvement Work Plan

FY 2019 - 2020



MONTEREY
COUNTY
BEHAVIORAL
HEALTH

Avanzando Juntos
Forward Together

QUALITY IMPROVEMENT WORK PLAN (2019-2020)

About Monterey County

Monterey County is one of 58 counties in the state of California. The United States Census reported the 2010 Monterey county population to be estimated at 433,898. Covering 3,322 square miles, Monterey County is comprised of 12 incorporated cities, and is divided into the following regions: Monterey Peninsula (Monterey, Pacific Grove, Carmel-by-the-Sea, Carmel Valley, Seaside, Marina, Sand City, Del Rey Oaks and Pebble Beach); Big Sur; North County (Moss Landing, Prunedale and Castroville); and the Salinas Valley (Salinas, Soledad, Gonzales, Greenfield and King City). The economy is primarily based upon tourism and agriculture. The largest racial/ethnic group is Hispanic/Latino (57%) followed by White (31%). U.S. Census noted 20.3% of families with related children under 18 years of age lived in poverty (15.7% in 2010). The number of persons per household was 3.24 with a median household income of \$58,582

Salinas is the largest city in the county. 40% of adults living in the city of Salinas do not have a high school diploma or General Education Diploma (GED); 30% of adults have less than 9th grade education (U.S. Census Bureau, 2009-2011).

Monterey County Behavioral Health

Monterey County Behavioral Health (MCBH) is organized into three geographic regions: Salinas Valley, Coastal Region, and South County. All regions provide services to children, adults, and older adults. While the growth in number of beneficiaries has increased tremendously in the last couple of years, engagement of Latino beneficiaries has been quite a challenge. With health equity vision in our mind, our main goal for the next 3 years is to increase the Latino beneficiaries by at least 7%. Also increasing are the number of services and programs offered to our clients. Hence, this fiscal year, our focus would be towards monitoring the program and evaluating their effectiveness, with a constant search for quality improvement projects.

Quality Management

Quality Management is a high priority in Monterey County. We value our community and the quality of service we provide. Quality Management is provided through a robust system comprised of multiple programs within our organization. Collectively, it is through these programs that we obtain information on quality of care, evaluation of current processes, and identification of areas for improvement. Using data to inform decision, we can make the necessary changes to meet the needs of our community. Quality Management ensures to meet all state, federal, and local level regulatory requirements.

Quality Improvement

The goals identified in this work plan speak to our continuous quality improvement efforts to identify and meet the mental health and substance use disorder treatment needs of our community. The goals described here are not intended to be all encompassing, but are important to our overarching quality improvement efforts for Fiscal Year 2019-2020 (1 July 2019 to 30 June 2020). We have identified 8 Areas of focus, 15 Objectives, 24 Goals to address for this year with a health equity vision.

1. Area of Focus: Monitoring/Improving Access to Services

Objective 1.1: Monitor Distribution of Behavioral Health Services by type, number and geographic distribution

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.

Intervention: Develop a process to automate the review process by QI staff through integration of data visualization tool with Avatar.

Measurement: Number of reviews completed in a year and trends detected, if any.

- FY 18/19:**
1. Created Access dashboard (report 877) on Avatar for quarterly data monitoring
 2. Created Monterey County Behavioral Health Bureau Health Equity Report Fiscal Year 2017-18 that provided a comprehensive analysis of Medi-Cal eligible clients and service disparity reports.
 3. Provided quarterly reports on ASOC clients service utilization
 4. In the process of completing Reaching Recovery dashboard that publishes information on clients served, health equity indicators and outcome measures of services.

Goal 1.1.2: Quarterly review of current maps showing Behavioral Health services and Medi-Cal Eligible beneficiaries for all programs by QI

Intervention: (1) Collaborate with County GIS analyst to share advance ArcMap license
(2) Purchase required license for mapping drive-time analysis

Measurement: Number of Maps produced and trends detected if any.

- FY 18/19:**
1. Transitioned to ArcGIS Pro software and updated the Arc Map software to most current 10.6 version.
 2. Created new SUD services maps after DMC-ODS waiver implementation
 3. Provided 12 Maps with drive-time analysis output quarterly and submitted to state for evaluation.

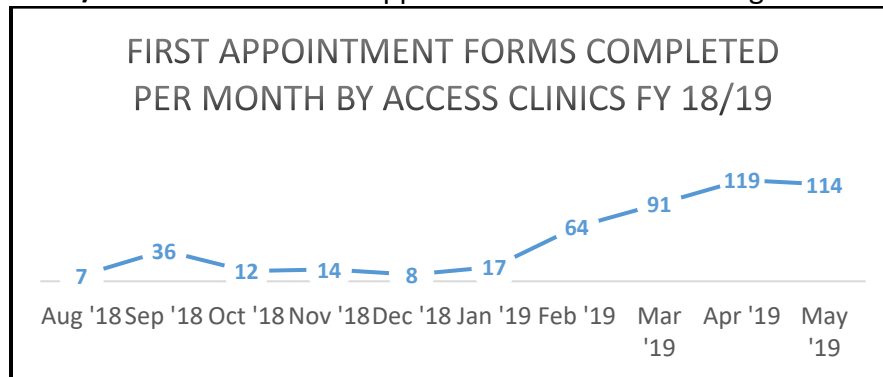
Objective 1.2: Timeliness of services

Goal 1.2.3: Obtain appointment for first offered routine request for BH services within county standards in 95% of requests for all regions of the county by Dec 2019, 100% by June 2020

Intervention: (i) Transition from first appointment form usage to the new CSI assessment form. (ii) Implement and train access to treatment staff to complete CSI assessment form to track time from initial contact to first offered appointment and first accepted appointment, including no shows and cancellations.

Measurement: Number of CSI assessment forms completed every month.

FY 18/19: 1. Created a first appointment form for tracking timeliness data of new clients



Goal 1.2.4: All Medi-Cal eligible beneficiaries to receive 7day follow-up appointments after discharge from Mental Health Unit by June 2020

Intervention: Quarterly review of appointments following discharge from mental health unit data to identify trends, and address concerns if any.

Measurement: Percentage of Medi-Cal Beneficiaries receiving 7-day follow up appointment post-discharge from Mental Health Unit.

FY 18/19: 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.

Goal 1.2.5: Implement EQRO timeliness standards for each program under BH services by June 2019

Intervention: (i) Re-design the timeliness dashboard to incorporate foster care kids' data for Mental health and SUD clients

(ii) track timeliness standards quarterly, and identify trends in the data to inform QIC.

Measurement: Number of EQRO timeliness standards tracked by MCBH

FY 18/19: Created timeliness measures dashboards for MH and SUD in Avatar. Some of the measures for FY 18/19 are:

1. Average time from admission to first assessment among beneficiaries: 1 days
2. Percentage of clients receiving first therapeutic services within 10 days of admission: 71%
3. No-show rates for psychiatric appointments: 30% in FY 1819

Objective 1.3: Monitor access to after-hours care

Goal 1.3.6: Continue utilization review of real-time appointment finder for urgent appointment requests (361U) and evaluate its successful implementation.

Intervention: Review Monthly reports to track urgent services utilized in accordance with timeliness standard

Measurement: No. of clients who receive urgent services within 5 days from open episode where applicable in all four access to treatment clinics

FY 18/19: 270 clients received urgent appointment services in FY 1819 from all four access clinics and about 44% received services within 5 business days of request.

Goal 1.3.7: Test call reporting to provide information about how to access specialty mental health services to be no less than 60% during and after regular working hours by June 2020.

Intervention: Monitor responsiveness of 24-hour toll free line in providing information on how to access appropriate services

Baseline: 0 of 33 calls logged in 2017.

FY 18/19: 14 of 49 test calls logged in FY 1819

2. Area of Focus: Monitoring/Improving Delivery of Services and Capacity

Objective 2.4: Improve Penetration Rate by 7% in 3 years among Hispanic/Latino clients

Goal 2.4.8: Continue use of teletherapy and telemedicine services in the county to increase the number of clients served in South county by 5% by the end of June 2020.

Intervention: Continue to promote and review use of teletherapy and tele-medicine services

Measurement: Percentage increase in number of individuals served in these programs

FY 18/19: This FY we saw 2 times increase in teletherapy service utilization. Currently there are 230 clients in telemedicine program of which 27% belong to south county, 29% coastal region, 6% North county region and 37% Salinas Valley region. 50% of the Teletherapy service users are Hispanic/Latino population, 28% are White and 23% belong to other race categories.

Goal 2.4.9: Encourage staff to use electronic health record to its full potential in order to improve service delivery and quality of services provided.

Intervention: Continue to inform staff regarding Avatar updates periodically and use of scheduling calendars to track appointments.

Measurement: Number of reports sent to staff regarding new forms/service codes or changes made in Avatar

FY 18/19: 9 reports sent in MH.

Objective 2.5: Improve service delivery

Goal 2.5.10: 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

Measurement: 1. Number of text-messaging consent obtained by gender and race/ethnicity
2. Number of clients who received and responded to text messages

FY 18/19: In FY 18/19, 979 text-messaging consents (54% increase from last FY 17/18) collected to remind clients of upcoming medication support appointments. 57% of those who signed up were Hispanic/Latino clients, and 25% were Whites

Goal 2.5.11: 90% Compliance rate among SUD providers by June 2020

Intervention: Continue monthly monitoring of data submissions for substance use disorder treatment programs; provide CalOMS and DATAR training; offer technical assistance

Measurement 2.4: Overall compliance rate among SUD providers

FY 18/19: The overall compliance rate among SUD Providers was 85% for DATAR and 100% for CALOMS.

Objective 2.6: Improve service delivery capacity for LGBTQ Beneficiaries with Mental illness

Goal 2.6.12: 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.

Measurement: Percentage of clinical staff attending the training.

FY 18/19: Yet to implement the intervention

Objective 2.7: Reduce Hospital readmission rates

Goal 2.7.13: 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

Measurement: Percentage of clients readmitted within 30-days.

FY 18/19: In FY 18/19, the 30-day post-discharge hospital re-admission rate was 12%

3. Area of Focus: Crisis Intervention

Objective 3.8: Reduce the response time of 24-hour toll free Access Crisis

Goal 3.8.14: To reduce the response time of the Access line via the 24-hour toll free number by at least 10 percent by June 2020

Intervention: Measure the responsiveness of the 24-hour toll free number through call log and test calls. Training for access staff on issues identified by a process improvement process.

Measurement: Average response time to crisis calls

FY 18/19: Ongoing process

4. Area of Focus: Cultural and Linguistic Services

Objective 4.9: Improve cultural humility and sensitivity within delivery system for mental health and substance use disorder services

Goal 4.9.15: All behavioral health staff to participate in cultural sensitivity/ humility training on a yearly basis

Intervention: 6hour long Mathew Mock Cultural Competency training would be made available to all staff multiple times a year

Measurement: Number of staff who participated and feedback received

Baseline: Yet to be implemented

FY 18/19: 325 staff members have completed the training

Goal 4.9.16: Increase the number of Latino clients served in all regions by at least 5% by June 2020

Intervention: Prioritize regions when hiring new staff; use of telehealth and telemedicine; maintain full time psychiatrists

Measurement: QIC to evaluate, quarterly

FY 18/19: Ongoing process. South county is fully staffed with 93% bilingual employees.

5. Area of Focus: Beneficiary Satisfaction

Objective 5.10: Survey Beneficiary satisfaction

Goal 5.10.17: 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

Measurement: Number of calls attempted and number of Beneficiaries completing the survey

FY 18/19: Out of 21 calls attempted, the response rate among beneficiaries was 33%

Objective 5.11: Evaluate Beneficiary grievances, appeals, and fair hearings

Goal 5.11.18: Continue to monitor and respond to grievances, appeals, expedited appeals, fair hearings, expedited fair hearing, provider appeals, and changes of clinician forms for mental health and substance use disorder services

Interventions: QI staff to address client concerns and adhere to problem resolution process;

Measurement: Respond to client concerns in accordance with problem resolution process, 100% of the time

FY 18/19: Items logged and protocol followed 100% of the time

Objective 5.12: Evaluate Change of Provider requests

Goal 5.12.19: Change of provider requests due to Dissatisfaction, without details of why the consumer was dissatisfied with the provider and/or service, to be less than 30% for both individual and organizational providers

Intervention: Monitor and Evaluate change of provider request forms periodically, address concerns during QIC meeting.

Measurement: 1. Percentage of Beneficiaries who requested change of provider because of dissatisfaction in the service provided

2. Percentage of Beneficiaries who requested change of provider because of inadequate/no response from providers

FY 18/19:

1. 16% of Beneficiaries (n=7) requested change of provider without details of why the consumer was dissatisfied with the provider and/or service
2. 3% of Beneficiaries(n=3) requested change of provider because of inadequate/no response from providers

6. Area of Focus: Electronic Health Record (EHR)-Avatar

Objective 6.13: Evaluate the efficient usage of Electronic Health Record (Avatar)

Goal 6.13.20: Ensure EHR is well maintained and accessible to all users

Intervention: Monitor system performance, promptly address issue to eliminate downtime

Measurement: 99% online time for Avatar system

FY 18/19: 99% online time

7. Area of Focus: Quality Improvement Committee (QIC)

Objective 7.14: Ensure policies are congruent with business practices for mental health and substance use disorder services

Goal 7.14.21: Quarterly Communication of Policies and Data Findings to QIC which is comprised of staff, community partners, clients, and advocates.

Intervention: Facilitate quarterly QIC meetings; update policies/ recommend policy decisions/ update policies to meet needs of client population and congruency with business practices

Measurement: Number of QIC meetings held and minutes posted on QI website.

FY 18/19: 4 meetings held in FY 18/19

8. Area of Focus: Utilization Management/Quality Improvement

Objective 8.15: Review Utilization Management data.

Goal 8.15.22: Continue ongoing evaluation for medical necessity/appropriateness for level of care/efficiencies

Intervention: Review 85%-100% of mental health and 100% of substance use disorder services (SUD) program

Measurement: Programs reviewed at least annually

FY 18/19: 1. 69% of MH and 100% of SUD programs reviewed

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

Measurement: Revamp UR tool to more accurately reflect clinical need and assessment of medical necessity criteria to be used by Supervisors/Mangers

FY 18/19: Continued usage of clinical supervisory tool.

Interventions: 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

Measurement: Practices meet prescribing standards

FY 18/19: MD chart review process in progress

Goal 8.15.23: Increase compliance with 72-hour documentation of services standard to support ongoing communication with other staff regarding client's treatment

Interventions: Training development under training academy to support staff in identification of ways to meet requirement

Measurement: 85% of progress notes will meet timeliness requirement

FY 18/19: In FY 18/19, 82% of progress notes met timelines requirement.

Goal 8.15.24: QI to continue ongoing communication, support, and provide resources for staff and contracted partners

Interventions: Update/refine Clinical Documentation Guide at least annually

Measurement: Updated Clinical Documentation Guide will accurately reflect changing business practices

Intervention: Continue communication via QI monthly newsletter

Measurement: Sustain communication with staff

Interventions: Continue to update QI website content to ensure most up-to-date information is available

Measurement: Ongoing evaluation and updating of content

Interventions: Continue to improve communication between QI team and staff/ contracted partners to incorporate staff input in projects and system changes

Measurement: Continue QI participation staff meetings; provide information of upcoming changes and performance improvement efforts; receive and evaluate feedback; incorporate feedback into change process, when appropriate

Goal 8.15.24	FY 17/18	FY 18/19
Updates to Clinical Documentation Guide	1	1
Monthly QI Newsletter Distribution	8	9
Maintain QI Website up-to date	Ongoing	Ongoing
QI participation on team/program meetings with direct staff	Ongoing	Ongoing