

Quality Improvement Work Plan

FY 2021 – 2022



MONTEREY
COUNTY
BEHAVIORAL
HEALTH

Avanzando Juntos
Forward Together

QUALITY IMPROVEMENT WORK PLAN (2021-2022)

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 2020-2021 (1 July 2020 to 30 June 2021). 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

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

Objective 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: Data reported, and reviews completed in a year, and trends detected, if any.

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

Intervention: Continue to monitor and inform underserved areas and potential clinics.

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

Goal 1.2: Timeliness of services for Mental Health and Substance Use Providers

Objective 1.2.3: Offer first appointment for all SMHS new clients within 10 business days of non-urgent requests services within county standards in 95% of requests for all regions of the county by June of 2022

Intervention(i)Require New Client for to be completed for all new client's requesting services
(ii) Train Access to Treatment staff on the use of the New Client form to track time from initial request to first offered appointment and first accepted appointment, including no shows and cancellations.

(iii) Develop SMHS Timeliness tracking dashboard for SMHS providers to review on a monthly basis as part of their manager role

Measurement:

- i. Number of New client forms completed every month
- ii. Percentage of SMHS new client's receiving an offered non urgent appointment within 10 business days

Objective 1.2.4: Offer first appointment for all SUD new clients within 10 business days of non-urgent requests and three business day for NTP requests within county standards in 95% of requests for all SUD Providers by June of 2022

Intervention: (i) Require First Appointment form to be completed for all new client's requesting services

(ii) Train SUD staff on the use of the First Appointment form to track time from initial request to first offered appointment and first accepted appointment, including no shows and cancellations.

(iii) Develop SUD Timeliness tracking dashboard for SUD providers to review on a monthly basis as part of their QI Monthly review

(iv) Develop prompts in Avatar regarding usage of FA forms during assessment and treatment of clients.

Measurement:

- i. Number of First Appointment forms completed every month.
- ii. Percentage of SUD new client's receiving an offered non urgent appointment within 10 business days for SUD services or three business days for NTP requests.

Objective 1.2.5: Offer first appointment for **all SMHS new clients** within 48 hours of urgent requests services within county standards in 95% of requests for all regions of the county by June of 2022

Intervention: (i) Require New Client form to be completed for all new client's requesting urgent services

(ii) Train Access to Treatment staff on the use of the New Client form to track time from initial request to first offered appointment and first accepted appointment, including no shows and cancellations.

(iii) Develop SMHS Timeliness tracking dashboard for SMHS providers to review on a monthly basis as part of their manager role

Measurement:

Number of New client forms completed every month.

Percentage of SMHS new client's receiving an offered an urgent appointment within 48 hours

Objective 1.2.6: Offer first appointment for all **SUD new clients** within 48 hours of urgent requests services within county standards in 95% of requests for all regions of the county by June of 2022

Intervention: (i) Require First Appointment form to be completed for all new client's requesting urgent services

(ii) Train SUD staff on the use of the First Appointment form to track time from initial request to first offered appointment and first accepted appointment, including no shows and cancellations.

(iii) Develop SUD Timeliness tracking dashboard for SUD providers to review on a monthly basis as part of their QI Monthly review

Measurement:

- i. Number of New client forms completed every month.
- ii. Percentage of SUD new client's receiving an offered an urgent appointment within 48 hours

Objective 1.2.7: All Medi-Cal eligible beneficiaries to receive 7 day follow-up appointments with a MHP provider after discharge from Mental Health Unit by June 2022. If beneficiary is a new client, this Objective supersedes CSI Timeliness requirements.

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

(ii) All Medi-Cal eligible beneficiaries to receive 30 day follow-up appointments with a MHP prescriber after discharge from Mental Health Unit by June 2022. If beneficiary is a new client, this Objective supersedes CSI Timeliness requirements.

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

Objective 1.2.8: Test call reporting to provide information about how to access specialty mental and substance use disorder 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

Intervention: Provide feedback to Access Managers and PSR supervisor regarding test calls made within 24 hours. Trainings for PSWs and PSRs were provided in March to August 2021 in this regard.

Measurement: Number of test calls logged and feedback sent

Objective 1.2.9: All Medi-Cal eligible beneficiaries to receive 30-day follow-up appointments with a prescriber after discharge from Mental Health Unit by June 2022

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 30-day follow up appointment post-discharge from Mental Health Unit.

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

Goal 2.3: Improve Penetration Rate by 7% in 3 years among Hispanic/Latino clients

Objective 2.3.10: 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

Goal 2.4: Improve service delivery

Objective 2.4.11: Reduce no show-rates by increasing the number of text-messaging consents obtained to remind clients of upcoming medication support appointments by 30%.

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

Objective 2.4.12: 90% Compliance rate among SUD providers regarding CalOMS by June 2022

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. providers

Goal 2.5: Reduce Hospital readmission rates

Objective 2.5.13: Reduce the number of clients receiving inpatient hospital services who are readmitted within 30 days to 10%

Intervention: (i) Use of Urgent assessment appointment for Psychiatric Social Workers to secure out-patient follow up appointment following a discharge from in-patient hospital within 7 days

(ii) Standardize 361U slots in MD calendar and 361 Intake slots in MD calendar: Use of Urgent assessment appointment for MDs to secure out-patient follow up appointment following a discharge from in-patient hospital within 30 days

Measurement: Percentage of clients readmitted within 30-days.

Objective 2.5.14: Reduce the risk of fatal opioid overdose incidents among youth and adult clients residing in Monterey County

Intervention: Provide specific prevention and intervention services to at-risk youth and adults receiving treatment for opioid use disorder from network providers within Monterey County's DMC ODS.

Measurement: 1. Percentage of clients receiving relapse prevention skill building, basic CBT techniques 2. Percentage of clients receiving Naloxone kits during admission 3. Readmission rate within 90days among Opioid drug abuse clients pre-and post-PIP implementation

3. Area of Focus: Crisis Intervention

Goal 3.6: Establish a youth mobile crisis team to provide immediate crisis support and intervention specific to children and youth with a psychiatric emergency.

Objective 3.6.15: Divert psychiatric crisis before major impacts on safety and stability; Reduce the volume and frequency of other more restrictive services (inpatient hospitalizations or law enforcement involvement); Increase access to youth-specific crisis support to support behavioral needs of youth and their families in our communities.

Intervention: Deliver responsive, community-based crisis intervention/support services, when the child/youth is experiencing a mental health crisis and use their natural resources to further support child/youth and their family through the youth mobile-crisis PIP.

Measurement: 1. Reduce hospital emergency room visits 2. Reduce inpatient psychiatric hospitalizations

Goal 3.7: Establish a “crisis hub,” to provide immediate crisis support, coordination, and intervention to individuals requesting services.

Objective 3.7.16: Divert psychiatric crisis before major impacts on safety and stability; Reduce the volume and frequency of other more restrictive services (inpatient hospitalizations or law enforcement involvement); Increase access to community crisis support to support behavioral needs of in our communities.

Intervention: (i) Develop an access crisis hub to deliver responsive, community-based crisis intervention/support services, when individual is experiencing a mental health crisis
(ii) Establish a community crisis phone number for community members to contact for emergency support

Measurement: 1. Reduce hospital emergency room visits
2. Reduce inpatient psychiatric hospitalizations

4. Area of Focus: Cultural and Linguistic Services

Goal 4.8: Improve cultural humility and sensitivity within delivery system for mental health and substance use disorder services

Objective 4.8.17: All behavioral health staff to participate in cultural sensitivity/ humility training on a yearly basis

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

(ii) Implement training tracking system, NeoGov for all MCBH staff and contracted SMHS and SUD Providers by January 2022

(iii) Organizational equity assessment- Contracted with Dr. Ken Hardy.

Measurement: Number of staff who participated and feedback received

Objective 4.8.18: Increase the number of Latino clients served in all regions by at least 5% by MCBH QI Workplan FY 21/22

June 2022

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

Measurement: QIC to evaluate, quarterly

Goal 4.9: Improve service delivery capacity for LGBTQ Beneficiaries with Mental illness

Objective 4.9.19: 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 by June 2022

Intervention: Develop individual and group services and supports for parents and caregivers that will cultivate family acceptance and decrease negative mental health outcomes for LGBTQ+ youth

Measurement: 1) Number of services provided to clients who identify as LGBTQ+

2) Total number of new admissions in MCBH of clients who are 25 years or younger and identify as LGBTQ+

3) Number of parents/caregivers who attended the weekly Family support group for the LGBTQ+ community

5. Area of Focus: Beneficiary Satisfaction

Goal 5.10: Survey Beneficiary satisfaction

Objective 5.10.20: 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 QA staff during the Fiscal year. Encourage QA staff to conduct 20 calls/month.

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

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

Objective 5.11.21: 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

Goal 5.12: Evaluate Change of Provider requests

Objective 5.12.22: 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

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

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

Objective 6.13.23: 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

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

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

Objective 7.14.24: 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.

8. Area of Focus: Utilization Management/Quality Improvement

Goal 8.15: Review Utilization Management data.

Objective 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 "MASTER_QI UR List – Use this one"

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

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

Objective 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

Objective 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