

**Evaluation of
Quality Improvement
Work Plan**

FY 2020 – 2021



**MONTEREY
COUNTY
BEHAVIORAL
HEALTH**

**Avanzando Juntos
Forward Together**

EVALUATION OF QUALITY IMPROVEMENT WORK PLAN (2020-2021)

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

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.

FY 20/21: Continue to monitor various other programs periodically- 3 new data dashboards, multiple reports, and annual updates for all systems of care were created including covid-related service utilization and distribution. These are regularly presented internally as well as at Behavioral Health commission.

For example- 1. Created the following Avatar dashboards for monitoring purposes:

- i. Outcomes data for Reaching Recovery Dashboard to monitor Adult system of care clients
 - ii. 937 and 938 Timeliness dashboards to monitor timeliness to services data for SUD and MH clients respectively
 - iii. CALOMs dashboard
2. Published the Monterey County Behavioral Health Bureau Health Equity Report Fiscal Year 2019-20 that provided a comprehensive analysis of Medi-Cal eligible clients and service disparity reports.
 3. Created the Acute psychiatric care 5-year trend data report
 4. Monitored the Suicide-related data to help inform suicide prevention efforts in Monterey county
 5. Created Covid-related service utilization and resource allocation reports
 6. Annual outcomes report for Reaching Recovery Program

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

FY 20/21: 1. Transitioned to ArcGIS Pro software and updated the Arc Map software to most current 10.6 version and 12 Maps with drive-time analysis output were generated that included all behavioral health beneficiaries and service area of MCBH. We need to contract NTP clinics for youth in south county region to meet network adequacy requirements.

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

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 among MH clients. (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

FY 20/21: The usage of First appointment form and New CSI client form has increased tremendously compared to FY 19/20. There were 917 First appointment forms and 3165 New client forms submitted for assessment as well as treatment of new clients in FY 20/21.

Goal 1.2.4: 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.

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

FY 20/21: 78% of Children Beneficiaries and 76% of Adult Beneficiaries received 7-day follow-up services post-discharge from MHU including TARs in FY 20/21. Additionally, 7% Children beneficiaries and 17% Adult beneficiaries did not receive any service post discharge from MHU including TARs in FY 20/21.

Goal 1.2.5: 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 2021.

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

FY 20/21: 131 test-calls logged in FY 20/21 and feedback provided to managers and PSR supervisors regarding efficiency within 24 hours.

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 2021.

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

FY 20/21: Due to Covid 19, we had enabled telehealth options for all our clients during CA lockdown period. Currently, 3 842 clients are actively using the tele-health services of whom 55% of the Teletherapy service users are Hispanic/Latino population, which we believe can help with improving the penetration rates among the Hispanic/Latino clients. Among the telehealth users, 20% belong to south county, 24% coastal region, 8% North county region and 46% Salinas Valley region.

Objective 2.5: Improve service delivery

Goal 2.5.9: 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

FY 20/21: 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 2.5.10: 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

FY 20/21: The overall compliance rate among SUD Providers was 85% for DATAR and 100% for CALOMS.

Objective 2.6: Reduce Hospital readmission rates

Goal 2.6.11: Reduce the number of clients receiving inpatient hospital services who are readmitted within 30 days to 10%

Intervention: 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

FY 20/21: In FY 20/21, the 30-day post-discharge hospital re-admission rate was 18%

Goal 2.3.22: 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.

FY 20/21: (i) 14 percentage points increase in the percentage of progress notes that indicate use of EBP-relapse prevention, CBT among clients with Opioid disorder as primary or secondary diagnosis during NTP and/or Residential treatment program episode(s).

ii) 15 percentage points increase in the client satisfaction with the relapse prevention training staff provided about opioid overdose prevention and the dangers of fentanyl.

iii) 15 percentage points reduction in the 90-day readmission rate among clients with Opioid disorder as primary or secondary diagnosis at residential treatment program.

iv) 5 percentage points reduction in the positive tests for opioids among NTP clients.

v) There has been about 40 percentage points increase in the number of clients who have received Naloxone kit at the time of admission to NTP or residential treatment program since July 2020 compared to pre-implementation period.

3. Area of Focus: Crisis Intervention

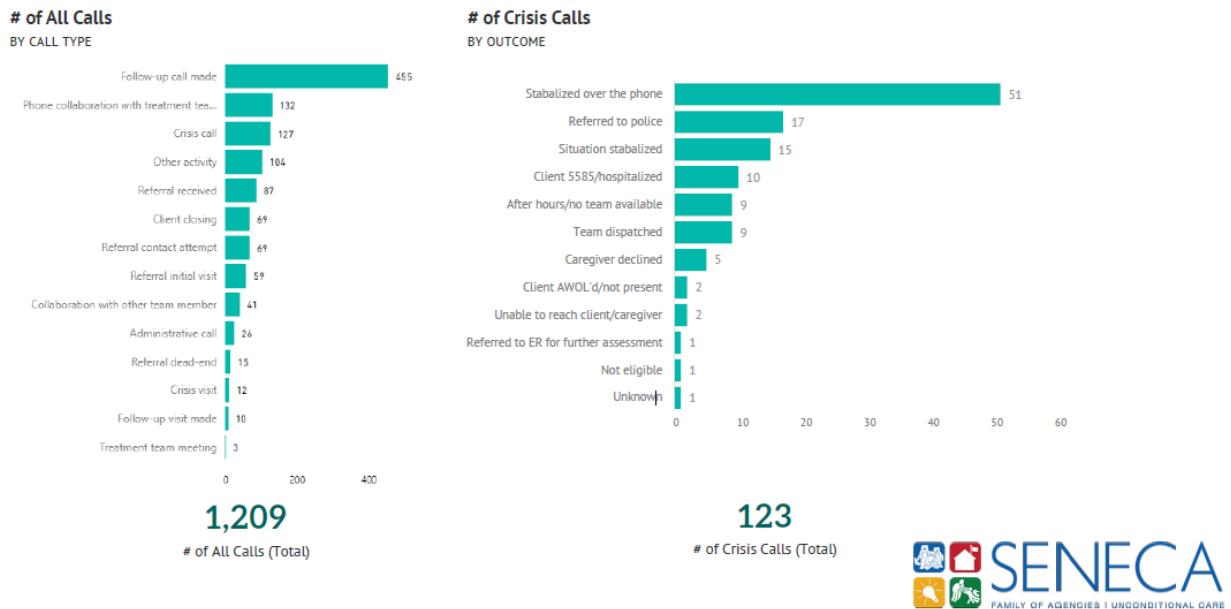
Objective 3.8: Establish a youth mobile crisis team to provide immediate crisis support and intervention specific to children and youth with a psychiatric emergency.

Goal 3.8.13: 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.

FY 20/21: On an average there are 250 calls made to the youth mobile crisis unit every month.

MONTEREY COUNTY MOBILE RESPONSE TEAM | JULY 2020–APRIL 2021



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

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

FY 20/21: 325 staff members have completed the training. QI team members are active CRHC members and regularly attend committee meetings. In these meetings, QI hears committee concerns and receives feedback as they share policy updates on QI activities. Ms. Edgull is in regular contact with QI team members to report any committee members concerns or grievances.

Goal 4.9.15: Increase the number of Latino clients served in all regions by at least 5% by June 2022

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

Measurement: QIC to evaluate, quarterly

FY 20/21: Ongoing process. South county is fully staffed with 93% bilingual employees.

Objective 4.10: Improve service delivery capacity for LGBTQ Beneficiaries with Mental illness Goal

4.10.16: 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: Conduct a needs assessment for training staff and kick-started a PIP in addressing the deficiencies.

FY 20/21: Survey to MCBH staff indicates 73 out of 126 staff are serving youth who identify with the LGBTQ+ community. Such high volume indicates a need for staff training. 48% of staff responses were interested in participating in focus groups related to improving LGBTQ+ services. Survey to MCBH staff indicates 106 staff (90% responses) interested in attending a training on affirmative care when available. This lead to LGBTQ affirmative care PIP that focused on: (i) Increase staff training by 60% to address the understanding how to provide affirmative care to LGBTQ+ clients and their families (ii) Increase staff participation by 60% in updating the Electronic Health Record to support the Admission data of clients who identify as LGBTQ+ (iii) individual and group services and supports for parents and caregivers that will cultivate family acceptance and decrease negative mental health outcomes for LGBTQ+ youth

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

FY 20/21: 210 calls were entered from July 2020 to June 2021.

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 fail 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;

FY 20/21: 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.

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 20/21: 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

FY 20/21: 4 meetings held in FY 20/21

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

FY 20/21: 68% of MH and 100% of SUD programs reviewed

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

FY 20/21: 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

FY 20/21: MD chart review process in progress and more than 10 charts reviewed in this FY MD peer review

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 20/21: In FY 20/21, 78% MH and 80% SUD 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 19/20	FY 20/21
Updates to Clinical Documentation Guide	1	1
Monthly QI Newsletter Distribution	9	9
Maintain QI Website up-to date	Ongoing	Ongoing
QI participation on team/program meetings with direct staff	Ongoing	Ongoing