



# INTEGRATED QUALITY IMPROVEMENT WORKPLAN

2022-2023

# QI Work Plan FY 2022-FY 2023 DRAFT

## Purpose:

The California Code of Regulations, Title 9, Section 1810.440 requires that Monterey County Behavioral Health (MCBH) establish a Quality Management (QM) Program in accordance with the contract between MCBH and the Department of Health Care Services (DHCS). MCBH established and maintained a QM Work Plan, also referred to as a Quality Improvement (QI) Work Plan.

This QI Work Plan encompasses quality improvement and evaluation activities designed to advance access to and delivery of quality specialty mental health and substance use services. The QI Work Plan addresses quality improvement goals and needs as identified as a result of oversight reviews and other efforts to identify compliance issues.

Specifically, MCBH has established this Integrated Quality Improvement Work Plan to improve the quality and outcomes of care for Specialty Mental Health and Substance Use Medi-Cal beneficiaries by performing Quality Improvement Activities outlined in this document.

The following Areas of Focus describe the strategies, goals, objectives, interventions, activities and, the data and measures for evaluating the work plan's achievement of the goals and objectives identified herein. The QI Plan references mental health and substance use treatment services as "behavioral health care services."

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

Goal 1.1: Build and maintain the service delivery system capacity to comply with the Final Rule Network Adequacy and Parity which ensures access for the diverse population of Monterey County beneficiaries.

	Objective	Description	Intervention	Measurement
MH&SUD <b>Continue</b>	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.	Develop a process to automate the review process by QI staff through integration of data visualization tool with Electronic Health Record.	Data reported, and reviews completed in a year, and trends detected, if any.
MH&SUD <b>Continue</b>	1.1.2	Quarterly review of current maps showing Behavioral Health services and Medi-Cal Eligible beneficiaries for all programs by QI.	Continue to monitor and inform underserved areas and potential clinics.	Number of maps produced, and trends detected if any.
MH&SUD <b>New</b>	1.1.3	Make available to beneficiaries, in paper form upon request and electronic form, specified information about its provider network.	MCBH Quality will ensure that information included in the Plan's provider directory is updated at least monthly and posted on QI website.	Provider Network information is updated 100% of the time (monthly).
MH&SUD <b>New</b>	1.1.4	Ensure staff/beneficiary ratio, timeliness, and time	Monitor provider network data to DHCS using the 274	274 submissions submitted 100% of the time (monthly).

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		and distance standards to closest MH and SUD service providers are in accordance with W&I Code section 14197.	standards on a monthly basis.  Monitor staff/beneficiary ratio, timeliness, and time and distance standards to closest MH and SUD service provider.  Use 274 submission data for strategic planning for network capacity.	
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### Goal 1.2: Timeliness of services for Mental Health and Substance Use Providers.

	Objective	Description	Intervention	Measurement
MH Continue	1.2.3	Offer first assessment appointment for all <i>new</i> SMHS beneficiaries within 10 business days of non-urgent requests services in 80% of requests by June 2023.	Require New Client form to be completed for all new beneficiaries requesting services.  Train Access to Treatment staff twice annually to the use of the New Client form to track time from initial request to first offered appointment and first accepted appointment,	Percentage of New Client forms completed every month compared to the total number of new beneficiaries.  Percentage of SMHS new beneficiaries receiving an offered non-urgent appointment within 10 business days.

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			<p>including no shows and cancellations.</p> <p>Develop SMHS Timeliness tracking dashboard for SMHS providers to review on a monthly basis as part of their manager role.</p> <p>Conduct Timeliness Workgroup Meetings monthly to increase percentage of New Client forms completed.</p>	
SUD Continue	1.2.4	Offer first appointment for all SUD new beneficiaries within 10 business days of non-urgent requests and 3 business days for NTP in 95% of requests for all SUD providers by June 2023.	<p>Require First Appointment for to be completed for all new beneficiaries requesting services.</p> <p>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.</p> <p>Develop SUD Timeliness tracking dashboard for SUD</p>	<p>Percentage of First Appointment forms completed every month compared to the total number of new beneficiaries.</p> <p>Percentage of SUD new beneficiaries receiving an offered non-urgent appointment within 10 business days or 3 business days for NTP requests.</p>

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			<p>providers to review on a monthly basis as part of their QI Monthly review.</p> <p>Develop prompts in the electronic health record system regarding usage of FA forms during assessment and treatment of beneficiaries.</p>	
<p>MH Continue</p>	1.2.5	<p>Offer first appointment for all SMHS new beneficiaries within 48 hours of urgent requests services within county standards in 80% of requests by June 2023.</p>	<p>Require New Client form to be completed for all new beneficiaries requesting urgent services.</p> <p>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.</p> <p>Develop SMHS Timeliness tracking dashboard for SMHS providers to review on a monthly basis as part of their manager role.</p>	<p>Percentage of New Client forms completed every month compared to the total number of new beneficiaries.</p> <p>Percentage of SMHS new beneficiaries receiving an offered an urgent appointment within 48 hours.</p>

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			Conduct Timeliness Workgroup Meetings monthly to increase percentage of New Client forms completed.	
SUD Continue	1.2.6	Offer first appointment for all SUD new beneficiaries within 48 hours of urgent requests services within county standards in 95% of requests by June 2023.	<p>Require First Appointment form to be completed for all new beneficiaries requesting urgent services.</p> <p>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.</p> <p>Develop SUD Timeliness tracking dashboard for SUD providers to review on a monthly basis as part of their QI Monthly review.</p> <p>Develop prompts in the electronic health record system regarding usage of First Appointment forms</p>	<p>Percentage of First Appointment forms completed every month compared to the total number of new beneficiaries.</p> <p>Percentage of SUD new beneficiaries receiving an offered urgent appointment within 48 hours days for SUD services.</p>

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			during assessment and treatment of beneficiaries.	
MH&SUD Continue	1.2.7	24/7 Access to Treatment Call Center to provide information about how to access specialty mental and substance use disorder services and how to file a complaint to be no less than 80% during and after regular working hours by June 2023.	<p>QI will monitor responsiveness of 24-hour toll free line in providing information on how to access MH and SUD services and how to file a complaint.</p> <p>Provide feedback to Access Managers and PSR supervisors regarding test calls made within 24 hours.</p> <p>Provide trainings 2 times a year for 24/7 access to treatment Call Center staff.</p>	<p>Percentage of QI test calls providing accurate information on accessing SMHS and SUD service and how to file a complaint.</p> <p>Percentage of calls provided in the appropriate language.</p> <p>Percentage of calls logged.</p>



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

Goal 2.3: Improve Penetration Rate by 7% over the next 3 years among Hispanic/Latino beneficiaries for SMHS and SUD services.

	Objective	Description	Intervention	Measurement
MH&SUD <b>Continue</b>	2.3.9	Continue use of teletherapy and telemedicine services in the county to increase the number of beneficiaries served in underserved communities by 3% by the end of June 2023.	<p>Develop clear telehealth procedures and best practices through policy development and annual training.</p> <p>Monitor use of telehealth services provided by region and by program.</p> <p>Update beneficiary information to reflect availability of telehealth services.</p>	<p>Percentage increase in number of beneficiaries served via telehealth services by region and by program.</p> <p>Participation in telehealth best practices training by MCBH and contracted providers/</p>

Objective 2.4: Increase participation in medication support services by reducing no show-rates by 20%.

	Objective	Description	Intervention	Measurement
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<p>MH Continue</p>	<p>2.4.10</p>	<p>Reduce no show-rates by increasing the number of text-messaging consents obtained to remind beneficiaries of upcoming medication support appointments by 20%.</p>	<p>Update admission procedures to obtain text-messaging consent to remind beneficiaries of upcoming medication support appointments.</p>	<p>Number of text-messaging consent obtained by gender and race/ethnicity compared to number of open beneficiaries.</p> <p>Number of beneficiaries who received and responded to text messages.</p> <p>Number of beneficiaries who show to appointment who responded to confirm appointment over text.</p>
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Goal 2.5: Reduce mental health unit readmission rates.

<p>MH Continue</p>	<p>2.5.12a</p>	<p>All Medi-Cal eligible beneficiaries to receive follow up appointments with a MHP <i>provider</i> within 7 days after discharge from a Mental Health Unit by June 2023.</p> <p>Provider is defined as a psychiatric social worker <u>or</u> prescriber.</p>	<p>QI to provide quarterly review of appointment type following discharge from a mental health unit data to identify trends, and address concerns if any.</p>	<p>Percentage of Medi-Cal beneficiaries receiving 7 day follow up appointment with an MHP provider post-discharge from a Mental Health Unit.</p>
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		*For new beneficiaries, this Objective supersedes CSI Timeliness requirements of 10 business days.		
MH <b>Continue</b>	2.5.12b	<p>All Medi-Cal eligible beneficiaries to receive follow up appointments with a MHP <i>prescriber</i> within 30 days after discharge from a Mental Health Unit by June 2023.</p> <p>*If beneficiary is seen by a prescriber within 7 days after a discharge (see objective 2.5.13), 30 days follow up is not required.</p>	QI to provide quarterly review of appointment type following discharge from a mental health unit data to identify trends, and address concerns if any.	Percentage of Medi-Cal Beneficiaries receiving 30 day follow up appointment with an MH prescriber post-discharge from a Mental Health Unit.

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### 3. Area of Focus: Crisis Intervention

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

	Objective	Description	Intervention	Measurement
MH Continue	3.6.14	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.	<p>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 to avoid hospitalization.</p> <p>Provide follow up to post-hospital to beneficiaries when traditional outpatient follow up is unavailable.</p>	<p>Reduce local hospital emergency room visits of youth at Natividad Medical Center and Community Hospital of the Monterey Peninsula.</p> <p>Reduce inpatient psychiatric hospitalization of youth.</p> <p>Increase in post hospitalization follow up within 30 days.</p>

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

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	Objective	Description	Intervention	Measurement
MH&SUD <b>Continue</b>	3.7.15	Establish a MCBH “crisis hub” to provide community facing crisis support, coordination, and intervention to divert psychiatric crisis before major impacts on safety and stability.	Develop a 24/7 access crisis hub to deliver responsive, community-based crisis intervention/support services, when individual is experiencing a mental health or substance use disorder crisis.  Maintain a community crisis phone number for community members to contact for emergency support.	Percentage of referrals to local hospital Emergency Rooms.

**NEW** Goal 3.7: Establish an Adult Post Hospital Team to provide immediate coordinated support to at risk beneficiaries 25+ years of age who are discharging from an Emergency Department after seeking services for mental health and/or substance use.

	Objective	Description	Intervention	Measurement
MH&SUD <b>NEW</b>	3.7.1	All Medi-Cal and Medi-Cal eligible beneficiaries to receive follow up service/outreach by a MHP provider within 7 days after	MCBH Crisis Team to receive notifications of all beneficiaries discharged from the ED and refer to Adult Post Hospital team as	Reduce Emergency Department readmission rates due to mental health and/or substance use.

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		<p>discharge from an Emergency Department.</p> <p>*Provider is defined as any service provider.</p>	<p>applicable or existing service provider.</p> <p>Adult Post Hospital team to provide screening for all new beneficiaries discharging from ED within 7 days.</p> <p>QI to provide quarterly review of timeliness of service following discharge from an Emergency Room data to identify trends, and address concerns, if any.</p>	<p>Increase instances of case coordination between MCBH and Emergency Rooms post discharge.</p>
<p>MH&amp;SUD <b>NEW</b></p>	<p>3.7.3</p>	<p>Establish a data sharing agreement with local hospitals by January 2024.</p>	<p>Establish a data exchange between MCBH and local hospitals in order to receive real-time, automated notification of beneficiary discharge from Emergency Department.</p>	<p>Percentage of referrals to from hospital EDs to Crisis Team for ED discharges.</p>

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### 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	Description	Intervention	Measurement
MH&SUD <b>Continue</b>	4.8.16	All MCBH staff and contracted providers (SMHS and SUD) to participate in cultural sensitivity/humility training on a yearly basis.	6 hour Cultural Competency training made available to all staff multiple times a year.  Implement training tracking system, NeoGov for all MCBH staff and contracted SMHS and SUD Providers by January 2023.	% of staff completing 6 hours of cultural competency training annually.
MH&SUD <b>New</b>	4.8.18	Adopt diversity, equity, and inclusion (DEI) initiatives within Monterey County Behavioral Health by June 2024.	Create workgroups/steering committee to identify barriers and strengths based on Organizational Structure Report.  Communicate DEI initiatives in large scale to behavioral health employees.	Number of work group/steering committee meetings per year.  Number of initiatives implemented.

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			Share DEI findings report with Behavioral Health Staff by January 2023.	
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Goal 4.9: Improve service delivery capacity for LGBTQ Beneficiaries with Mental illness.

	Objective	Description	Intervention	Measurement
MH <span style="color: #0070c0;">Continue</span>	4.9.17	LGBTQ+ Network of Affirmative Care which includes integrated health care will continue to implement all the services and supports for students referred to MCBH through the school-district and make them accessible to ACCESS and all other programs in CSOC.	Provide school districts with linkage to MCBH to access LGBTQ+ Continuum of Affirmative Care for Learning Communities.  Coordinates SEL trainings on LGBTQ+ topics in collaboration with MCBH and districts.  Supports districts with implementation of LGBTQ+ inclusive history and sex education.  Manages county-wide Be Yourself Club/Gender and Sexuality Alliance registry.	Number of services provided to beneficiaries who identify as LGBTQ+.  Total number of new admissions in MCBH of beneficiaries who are 25 years or younger and identify as LGBTQ+.  Number of parents/caregivers who attended the weekly Family support group for the LGBTQ+ community.



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			Develop and maintain content on MCOE LGBTQ+ Affirmative Education webpage and on social media accounts.	
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### 5. Area of Focus: Beneficiary Satisfaction

Goal 5.10: Survey Beneficiary satisfaction.

	Objective	Description	Intervention	Measurement
MH&SUD <b>Continue</b>	5.10.18	Complete a direct interview with a minimum of 200 beneficiaries contacted to complete a service verification survey.	Direct verification of at least 1% of non-crisis intervention services delivered to beneficiaries/families by QA staff during the Fiscal year.  Ensure QA staff conducts 20 calls/month.	Number of calls attempted and number of beneficiaries completing the survey.
MH <b>New</b>	5.10.21	20% of beneficiaries will complete the Crossroads beneficiary satisfaction survey post medication support service.	Staff will inform beneficiaries about the survey and encourage them to complete it.	Percentage of beneficiaries completing the survey.

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

	Objective	Description	Intervention	Measurement
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MH&SUD Continue	5.11.19	Continue to monitor and respond to grievances, appeals, fair hearings, expedited fair hearings, provider appeals, and changes of clinician forms for mental health and substance use disorder services.	QI staff to address beneficiary concerns and adhere to problem resolution process.  Track grievance and appeals data and analyze on an annual basis to make system and process improvement recommendations.	Respond to beneficiary concerns in accordance with problem resolution process 100% of the time.
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### Goal 5.12: Evaluate Change of Provider requests.

	Objective	Description	Intervention	Measurement
MH&SUD Continue	5.12.20	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.	Monitor and evaluate change of provider request forms and periodically communicate themes during QIC meeting.	Percentage of beneficiaries who requested change of provider because of dissatisfaction in the service provided.  Percentage of beneficiaries who requested change of provider because of inadequate/no response from provider.

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

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

	Objective	Description	Intervention	Measurement
MH&SUD <b>Continue</b>	6.13.21	Ensure EHR is well maintained and accessible to all users	Monitor system performance, promptly address issues to eliminate downtime.	99% online time for Avatar system.
MH&SUD <b>New</b>	6.13.24	Add functionality to EHR to support CalAIM requirements and clinical best practices.	Implement CalAIM Universal Screening and Transition Tools, PEARLS, C-SSRS, and Stanley Brown.	Functionality added.
MH&SUD <b>New</b>	6.13.25	Train staff, providers and contractors in new functionality.	Develop and schedule training.	Training implemented.

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

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

	Objective	Description	Intervention	Measurement
MH&SUD <b>Continue</b>	7.14.22	Quarterly communication of relevant information, data, and program activities to QIC by December 2023.	Share the findings of concurrent projects during every QIC meeting.	Number of presentations completed.
MH&SUD <b>New</b>	7.14.25	Broaden stakeholder participation in QIC by December 2023.	QIC will include representatives from the following: 50% of SUD contracted providers, a children's system of care contracted provider, an adult system of care contracted provider, an access contracted provider, and at least 1 peer and 3 family representatives.	Number/percentage of stakeholders actively participating in QIC in each category.

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### 8. Area of Focus: Utilization Management/Quality Improvement

Goal 8.15: Review Utilization Management data.

	Objective	Description	Intervention	Measurement
MH&SUD <b>Continue</b>	8.15.23	Continue ongoing evaluation through chart reviews for medical necessity/appropriateness for level of care/efficiencies.	<p>Review 85%-100% of mental health and 100% of substance use disorder (SUD) program services.</p> <p>Continue to support use of clinical supervision to support medical necessity (BHIN 21-071 and BHIN 21-073).</p> <p>Update EHR supervisory tool to reflect CalAIM documentation reform changes.</p> <p>SUD medication assisted treatment utilization review.</p> <p>Review of 10% of BH medication support services and report back to QI and Medical Directors annually and provide training as necessary.</p>	<p>Programs reviewed at least annually for SUD and MH.</p> <p>Practices meet prescribing standards,</p> <p>% of charts reviewed.</p>

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MH&SUD <b>Continue</b>	8.15.24	Increase compliance with 72-hour documentation of services standard to support ongoing communication with other staff regarding beneficiary treatment.	Training implemented to support staff in identifying ways to meet requirement.	85% of progress notes will meet timeliness requirement.
MH&SUD <b>Continue</b>	8.15.25a	QI to provide ongoing communication, support, and resources for staff and contracted partners.	Update/refine Clinical Documentation Guide at least annually.	Updated Clinical Documentation Guide will accurately reflect changing business practices.
MH&SUD <b>Continue</b>	8.15.25b	QI website content is reviewed quarterly and kept up-to-date.	Assign responsibility for quarterly review and updating of website.	Ongoing evaluation and updating of content.