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County of Santa Cruz Mental Health and Substance Abuse Services
QUALITY IMPROVEMENT WORKPLAN 2016-2017

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Activity 1: Monitoring the service delivery capacity of the Mental Health Plan.

Goal	Measurement	Action	Data Sources	Resp. Party	Frequency	Status
1. Improve access for Latino populations of Santa Cruz County.	1.1 Penetration rate shall meet or exceed state average.	Offer MH First Aid Awareness Training to community (2 completed, 1 all day in April)	Medi-Cal data EQRO data	IT Staff CORE	Penetration Rate = Annually	1. FY14-15 = 3.79% State = 3.64%
	1.2 Maintain or exceed number of bi-lingual or bi-cultural staff.	Recruitments for Bi-lingual clinical staff will be put on continuous basis	Personnel & CLAS Coordinator data	Personnel Analyst CLAS Coordinator	Staff ratios = Quarterly	
2. Improve cultural & linguistic awareness in service delivery.	2.1 Increase number of staff attending CLAS trainings. 7 hours required annually.	2.1 Provide CLAS trainings throughout the year accessible to all staff & contractors.	CLAS reports from Personnel. List of trainings. Outreach activities	CORE	Annually	2.1 CY 2015 7+ = 45 <7 = 86 0 CLAS = 70 TL = 201 Developed LGBTQ Work Group.
	2.2 Improve services to LGBTQ population.	2.2 Staff surveys & training. Supervisors insure to report gender, ethnicity & language on MHE 10 for employees.	Survey results	Work Group & CORE	Annually	
3. Identify & improve areas lacking service capacity.	3.1 Monitor units of service by geographic area with goals set in annual budget & revisions of Cultural Competence Plan.	Meet with Providers monthly to identify barriers & share resources as possible.	505 Reports,	CORE	Quarterly	
	3.2 Monitor "wait lists" of Child MH Providers.		Child Access Wait lists	Child Mgmt, QI	Monthly provider meetings	

Activity 2: Monitoring the accessibility of services.

Goal	Measurement	Action	Data Sources	Resp. Party	Frequency	Status
1. Insure callers receive linguistically appropriate responses.	1.1 Successful testing 100% of time.	Scheduled testing of 800 line will occur in English & Spanish	Access Logs Answering Service Logs	CORE Mgmt Access Team	Monthly	FY15-16 Q1 = 50% Q2 = 86% Q3 = 60% Q4 = 83%
2. Assure appropriate & timely access to routine, urgent and crisis services.	2.1 Appointments post-hospital for psychiatrists/NP will be no longer than 7 County business days. 2.2 Urgent Care will be authorized w/in 1 hour & provided within 36 hours	Recruitment of more psychiatry staff. Change to scheduling protocol allowing more intakes. Develop system for recording requests for urgent services.	Adult & Child Access log. Avatar service request log/Answering Service Log	CORE Mgmt, Access, QI CORE Mgmt	Quarterly	2.1 Youth = 6.3 days (Jan-Mar 2016) Adults = 4.6 days Youth = 3.3 days
	2.3 Appointments for routine intake services will be no longer than 10 County business days.	Develop reporting methodology to capture information.	Avatar service request log & scheduling calendar.	Access Teams for Adult, Child	Quarterly	2.3 (Jan-Mar 2016) Adults = 25 days Youth = 12 Days

Activity 3: Monitoring beneficiary satisfaction

Goal	Measurement	Action	Data Sources	Resp. Party	Frequency	Status
1. Improve beneficiary satisfaction across all ethnic, cultural, linguistic, age and gender groups.	1.1 Number of beneficiary grievances related to client care will be reduced from prior year.	QI quarterly analysis of complaints reported to QIC thematized & assigned to mgr of work area.	Grievance & Change of Staff Log	QI, CORE Mgmt	Quarterly	1.1 FY14-15 = 36 FY 15-16 = 27
	1.2 Number of requests to change staff compared by gender identity, ethnicity and age group.	Requests for changing persons providing services will be analyzed by cultural, and ethnic groups. Consumers will be assigned to appropriate linguistic and cultural providers.	Database of requests to change provider.	QI	Quarterly	FY 15-16 Gender = 1 Ethnicity/language = 0 requests
	1.3 Response of consumers & families during focus groups & stakeholder meetings.	Focus groups & stakeholder meetings will be held at least twice a year.	Attendance records of meetings.	Adult/Child Service Directors MHSA Sr. Mgr	Bi-annually	Strategic Planning Mtg Minutes on website, MHSA Town Hall Mtgs

Activity 4: Monitoring the MHP's service delivery system and meaningful clinical issues   affecting beneficiaries, including safety and effectiveness of medication practices.

Goal	Measurement	Action	Data Sources	Resp. Party	Frequency	Status
1. Monitor appropriate & effective service delivery for adults & children matching needs with level of services.	1.1 Adult & youth consumers with CANS & ANSA evaluations. 1.2 Establish reporting system to retrieve info by individual & aggregate.	1.1Team Supervisors & staff ensure completion of CANS/ANSA. 1.2 CANS/ANSA used to develop treatment plans and monitor progress.	Avatar	Adult & Child Mgrs, IT staff	6 mos or as needed	4/1/2016 = 780
2. Increase consumer and family involvement in policy and decision-making through participation in QI processes.	2.1 Consumer & Family Member participation in forums, "town meetings" etc.	2.1 Outreach to NAMI, consumer groups, LMHB to educate on function of QIC. 2.2 Add position of Consumer Affairs manager.	List of meetings & numbers/types of attendees.	CORE Mgmt and QIC	Quarterly	2.1 FY15-16 11 Consumers & 11 Family Members participated in 2 focus groups.
3. DMC authorizations for residential treatment will be made within 24 hours.	3.1 Number, percent & time period for DMC prior authorization requests approved or denied	Baseline, field test.	Avatar MCO database	ADP /QI	Quarterly	Pending contract with DHCS

Activity 4: Monitoring the MHP's service delivery system and meaningful clinical issues affecting beneficiaries, including medication management issues

Goal	Measurement	Action	Data Sources	Resp. Party	Frequency	Status
3. Track & trend occurrences of poor care/other Sentinel Events.	3.1 Use of new Sentinel Event analytic tools. 3.2 Identify any barriers to improvement: clinical or administrative.	Develop Sentinel Event database via SharePoint or Avatar Increase education on form use by county & contract staff.	Reports/Reviews currently paper folder kept with QI. Sentinel Event Reporting Forms	QI/CORE QIC	Quarterly	Report Database pending Avatar/Share-Point start-up
4. Consistent use of appropriate medication consents by psychiatry staff.	4.1 UR peer record review.	Training all psychiatry staff on new peer review process. MD's & NP's will meet separately.	UR Chart Review minutes.	Chief of Psychiatry & QI	Training as needed, review monthly	
5. Improve chart documentation of medically necessary services.	6.1 Adult/Child UR Chart Review disallowance rate.	Staff training. Supervisor oversight. ID reports for Avatar.	Medical records, UR Chart Review reports.	QI Supervisors Psychiatry	Monthly	DHCS disallowance rate = 53%

Activity 5: Monitoring continuity and coordination of care with physical health care providers and other human service agencies.

Goal	Measurement	Action	Data Sources	Resp. Party	Frequency	Status
1. Improve coordination of care between behavioral health and primary care.	1.1 Inclusion of BMI, weight, medical condition(s), name of PCP & med list in medical record.	Training of psychiatry providers to insure they include vitals in medical record & share with PCP. Chart reviews to verify.	Avatar	FQHC Services, QI Psychiatry/QI	Monthly & aggregate quarterly.	Work Group obtained equipment and developed work flow for training and usage.
	2. MOU with CCAH will be updated as needed.	Quarterly meetings with CCAH to monitor MOU activities. Monthly coordination meetings with Beacon (CCAH BH intermediary).	CCAH MOU	BH Director, Adult/Child Services Directors, Chief of Psychiatry	Quarterly with CCAH Monthly with Beacon	

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Activity 6: Monitoring provider appeals

Goal	Measurement	Action	Data Source	Resp. Party	Frequency	Status
1. Reduce number of provider appeals and complaints to zero.	1.1 Number of provider complaints and appeals per year compared to prior year.	The number and types of provider complaints/appeals will be compared by quarter.	Provider appeal letters. Primary correspondence files.	QI/Access	On-going	1.1 FY 15-16 = 7 upheld as denied. PHF = 4 All inpatient services.