
Contra Costa Behavioral Health

FY17-18

Quality Improvement Work Plan



The Quality Improvement Committee (QIC) monitors service delivery with the aim of improving the processes of providing care and better meeting the needs of beneficiaries. The QIC is a part of the Quality Assessment and Performance Improvement (QAPI) Program at Contra Costa Behavioral Health Services Division (BHSD) under the direction of the Quality Management Program Coordinator. The QAPI activities include collecting and analyzing data to measure against the goals or prioritized areas of improvement that have been identified; identifying opportunities for improvement and deciding which opportunities to pursue; identifying relevant committees to ensure appropriate exchange of information with the QAPI; obtaining input from providers, beneficiaries, and family members in identifying barriers to delivery of clinical care and administrative services; designing and implementing interventions for improving performance; measuring effectiveness of the interventions; incorporating successful interventions into the behavioral health services' operations; and reviewing beneficiary grievances, appeals, expedited appeals, fair hearings, expedited fair hearings, provider appeals, and clinical records review. The QAPI also reviews timeliness of services, consumer satisfaction, penetration and retention rates, service accessibility, and other service trends. In addition, the QAPI works in collaboration with the Ethnic Services and Behavioral Health Training manager to monitor and improve the quality of offered trainings and education for its workforce, inclusive of promoting greater cultural diversity, humility and competency. As a result of the monitoring activities described above, the QAPI recommends policy decisions, reviews and evaluates the results of quality improvement activities including performance improvement projects, institutes needed quality improvement actions, ensures follow-up of QI processes, and documents QAPI meeting minutes regarding decisions and actions taken. The QIC meets every month.

Guided by the above, the BHSD developed its 2017 Quality Improvement Work Plan. The contents of the Quality Improvement Work Plan were also informed by County efforts to better meet consumer needs and incorporate External Quality Review feedback and the BHSD's Strategic Plan. This Quality Improvement Work Plan provides a vehicle for BHSD management to: 1) meet quality improvement requirements specified in the Mental Health Plan contract with the State Department of Health Care Services (DHCS) for the expenditure of Medi-Cal (Medicaid) dollars; 2) address and solve issues raised during the implementation of the Drug Medi-Cal Organized Delivery System; and 3) address and solve issues raised in the tri-annual DHCS Audits and annual External Quality Reviews.¹ The QI Work Plan is evaluated on how activities were met and is revised on an annual basis. Activities are marked in brackets as being new, ongoing (continuing from the previous year), and/or completed in comparison to previous years. The quality improvement activities are divided into the following sections:

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¹ Activities related to Substance Use Disorder are shaded yellow and activities related to both Mental Health and Substance Use Disorder services are shaded gray.

Service Capacity

Behavioral Health DHCS Contractual Element: Assess the capacity of service delivery for beneficiaries, including monitoring the number, type, and geographic distribution of services within the delivery system.

Goal 1: Monitor service delivery capacity	
Objectives	Actions
1. Use geo-mapping to assess the relationship between consumer locations and resources available.	1. Use geo-mapping software to plot consumer and service locations.
	2. Identify data, standards, and reporting requirements for Travel Time or Time to Service.
2. Review services designed for TAY and identify service needs.	1. Identify unmet needs.
	2. Explore contracting and service expansion to provide needed resources.

Access to Care

Behavioral Health DHCS Contractual Elements: Assess the accessibility of services within service delivery area, including:

- *Timeliness of routine appointments;*
- *Timeliness of services for urgent conditions;*
- *Access to after-hours care; and*
- *Responsiveness of the 24 hour, toll free telephone number.*

Goal 2: Beneficiaries will have timely access to the services they need	
Objectives	Actions
1. At least 90% of first appointments for SUD services are offered within 10 business days.	1. Identify timeliness standards and reporting requirements for substance use disorder services.
	2. Develop reporting on timeliness.
	3. Establish baseline timeliness data.
	4. Track timeliness of first dose of NTP services.
2. Develop strategy(ies) to reduce avoidable hospitalizations for substance use disorder consumers.	1. Identify criteria for reporting on SUD-related hospitalizations.
	2. Identify site for Sobering Center.
3. Reduce appointment no-show rates. <i>(Non-Clinical Performance Improvement Project)</i>	1. Identify pilot site to identify and test outreach and engagement interventions.
	2. Develop data collection tools to capture intervention activities and assess intervention effectiveness.

Goal 3: Improve the Behavioral Health Access Line triaging and referral processes into the behavioral health system of care	
Objectives	Actions
1. On average, Access Line calls are answered by live staff within 2 minutes.	1. Calculate the average number of minutes within which calls are answered during business hours.
	2. Present data to QIC on a quarterly basis to discuss strategies to improve call rate.
2. Track after-hours Access Line calls.	1. Present data to QIC on a quarterly basis to discuss strategies to improve call rate.
3. Strengthen substance use disorder triaging and referral processes.	1. Convene Access Line Workgroup.
	2. Develop and revise triage and referral workflows.

Beneficiary Satisfaction

Behavioral Health DHCS Contractual Elements: Assess beneficiary or family satisfaction at least annually by:

- *Surveying beneficiary/family satisfaction with services;*
- *Evaluating beneficiary grievances, appeals, and fair hearings;*
- *Evaluating requests to change persons providing services; and*
- *Informing providers of the results of beneficiary/family satisfaction activities.*

Goal 4: Evaluate consumer grievances, unusual occurrence notifications, and change of provider and appeal requests	
Objectives	Actions
1. Continue to review grievances, unusual occurrence notifications, and change of provider and appeal requests and identify system improvement issues.	1. Build capacity to collect, categorize, and assess grievances, appeals, and requests to change providers and for state fair hearings for substance use disorder services.
	2. Present findings to the QIC on a quarterly basis to identify strategies to improve reporting and address issues.
Goal 5: Monitor consumer/family satisfaction	
Objectives	Actions
1. Survey means indicate consumers and/or their families are satisfied with their care.	1. Conduct a Treatment Perception Survey once per year to gather quantitative and qualitative data about satisfaction with services.
	2. Conduct satisfaction surveys on a monthly basis at substance use disorder facilities.
	3. Gather consumer input via focus groups.
	4. Report satisfaction survey findings to clinics and contracted providers.

Cultural and Linguistic Competence

Behavioral Health DHCS Contractual Elements: Comply with the requirements for cultural and linguistic competence.

Goal 6: Provide all consumers with welcoming, engaging, and culturally- and linguistically-appropriate consumer-centered care	
Objectives	Actions
1. Promote the delivery of services in a culturally competent manner.	1. Update the cultural competence plan, incorporating DHCS cultural competency plan requirements.
	2. Monitor accessibility of Access Line and services to non-English speakers.
	3. Track percentage of staff who complete cultural competency training.
2. Implement efforts to create a more Welcoming Environment for consumers and their families.	1. Distribute and evaluate Welcome Packet for new consumers.
	2. Start development of a staff orientation that includes best practices in consumer- and family-centered care.
3. Develop materials that are reflective of all individuals seeking care and convey inclusivity.	1. Convene Communications and Outreach Workgroup.
	2. Develop style guide for communication materials.

Medication Practices

Behavioral Health DHCS Contractual Elements: Monitor safety and effectiveness of medication practices.

Goal 7: Promote safe and effective medication practices	
Objectives	Actions
1. Identify behavioral health consumers who are medication stable.	1. Identify the number and percentage of people with opioid use disorder who access MAT.
2. Establish and ensure safe medication practices.	1. Establish Safe Prescription Standards for Benzodiazepines for the Behavioral Health Division.

Service Delivery and Clinical Issues

Behavioral Health DHCS Contractual Elements:

- a. Address meaningful clinical issues affecting beneficiaries system-wide.
- b. Monitor appropriate and timely intervention of occurrences that raise quality of care concerns.

Goal 8: Standardize processes and cross-regional referrals	
Objectives	Actions
1. Create a comprehensive, but simplified internal and external referral process across systems of care.	1. Build referral processes into electronic health records.
	2. Educate staff regarding available options (e.g., housing) for consumers.
Goal 9: Increase use of evidence-based practices	
Objectives	Actions
1. Implement Cognitive Behavior Therapy across substance use disorder services.	1. Identify training needs.
	2. Hold trainings.
	3. Provide consultation to maintain fidelity and quality of services.
2. Expand training on Motivation Interviewing across behavioral health services.	1. Hold training to support fidelity and quality.
	2. Provide consultation to maintain fidelity and quality of services.
3. Build internal capacity to provide trainings and supervision on evidence-based practices.	1. Revise and administer the Staff Development Survey that compiles a list of those trained and certified in various evidence-based practices.
	2. Assess capacity for staff to become Train-the-Trainers on evidence-based programs.
4. Sustain and maintain ongoing implementation of evidence-based trauma-informed care.	1. Staff cohort receives train-the-trainer TIS training.
	2. Convene a Trauma-Informed Collaborative to provide ongoing input and direction, including developing policies and procedures.
Goal 10: Facilitate access to substance use disorder treatment that support sustained recovery	
Objectives	Actions
1. Implement the Drug Medi-Cal waiver.	1. Begin building capacity in Drug Medi-Cal service sites for integrated service teams.
	2. Build capacity at homeless shelters to be Drug Medi-Cal sites.
	3. Ensure proper billing for reimbursement of treatment modalities and benefits.
2. Infuse harm reduction strategies into the treatment of co-occurring disorders.	1. Develop literature that states individuals are not marginalized for substance use, displaying mental health symptoms, or having trouble following a treatment plan.
	Recommend harm reduction strategies through peer support opportunities.

Goal 11: Effectively collect data and communicate data findings to staff and the community	
Objectives	Actions
1. Monitor program performance to improve BHSD capacity and service delivery.	1. Annually request COMPASS-EZ updates from BHSD managers.
	2. Report out monthly at Program Managers meeting to provide updates and gauge progress toward BHSD goals and timelines.
2. Identify levels of care and outcome measure(s) to assess consumer performance.	1. Standardize use of the ASAM in meaningful referral and screening.
3. Pilot utilization of the PHQ-9 and GAD-7. <i>(Clinical Performance Improvement Project)</i>	1. Identify sites to host pilot.
	2. Convene pilot planning workgroup.
	3. Establish workflows and provide staff training.
	4. Identify strategies and interventions to support Discovery House residents identified as having depression and/or anxiety issues.

Goal 12: Improve consumer and community communication, collaboration, and education	
Objectives	Actions
1. Plan, coordinate, and oversee the Wellness Recovery Action Plan (WRAP) program for Contra Costa Health Services.	1. Monitor implementation of WRAP across the County. [ongoing]
2. Educate peers and family members through Service Provider Individualized Recovery Intensive Training (SPIRIT) program, a college-accredited three college course series.	1. Implement coursework emphasizing recovery, including facilitation, coordination of speakers and activities, and assessment of students' readiness to graduate.
	2. Recruit consumers and family members of consumers.
	3. Consolidate and revise curriculum.
	4. Coordinate internship placements.
	5. Support students and alumni in obtaining and maintaining paid and unpaid employment.
3. Continue the Committee for Social Inclusion to foster a community alliance and provide public education.	1. Facilitate monthly meetings, including educational presentations.
	2. Update stigma brochures.
4. Continue the Wellness and Recovery Education for Acceptance, Choice and Hope (WREACH) program.	1. Facilitate monthly sub-committee meetings.
	2. Educate on the "Tell Your Story" curriculum.
	3. Participate in Crisis Intervention Trainings (CIT).
5. Expand the PhotoVoice program to community-based organizations.	1. Provide facilitator training to community-based organization staff.
	2. Coordinate implementation of PhotoVoice across the County, including with new populations (e.g., TAY).

Goal 12: Improve consumer and community communication, collaboration, and education	
Objectives	Actions
	3. Begin holding PhotoVoice exhibitions in the community to reduce stigma.
	4. Facilitate monthly sub-committee meetings.

Goal 13: Maintain effective and consistent utilization review practices	
Objectives	Actions
1. Establish utilization review practices.	1. Hold regularly scheduled UR meetings on authorization.
	2. Develop documentation training for County SUD operated clinics and community-based organizations.
	3. Attend County and community-based organization meetings to announce and communicate UR regulatory changes.
	4. Conduct internal reviews.

Continuity and Coordination of Care

Behavioral Health DHCS Contractual Elements: Work to ensure continuity and coordination of care with physical health care providers. Coordinate with other human services agencies used by beneficiaries.

Goal 14: Promote prevention and early intervention	
Objectives	Actions
1. Strengthen and integrate suicide prevention efforts.	1. Present correlational data Suicide Prevention Committee showcasing the relationship between suicide and alcohol use.
Goal 15: Integrate behavioral health services with other County systems	
Objectives	Actions
1. Coordinate Drug Medi-Cal Waiver services with primary care and mental health services.	1. Screen mental health consumers on substance use and make appropriate referrals.
	2. Start Drug Medi-Cal certification process at specialty mental health clinics.
	3. For dual-diagnosed consumers not engaged in treatment, hold voluntary groups when they come in for financial support at County-operated mental health clinics.
2. Coordinate Drug Medi-Cal Waiver services with primary care.	1. Conduct outreach and education to primary care on referrals and coordination of care.
	2. Designate staff at Access Line to address calls and referrals from primary care.
	3. Identify strategies to address opioid abuse.
	4. Update substance use disorder services forms to include primary care information.
3. Coordinate Drug Medi-Cal Waiver services with justice.	1. Educate judges on appropriate referrals and level of cares.
	2. Access Line to begin accepting calls from jails from individuals needing substance use disorder services.