



# COUNTY OF COLUSA

## DEPT. OF BEHAVIORAL HEALTH

### ***QUALITY IMPROVEMENT WORK PLAN*** ***FISCAL YEAR 2020-2021***



The Colusa County Department of Behavioral Health Quality Management program monitors the effectiveness of the service delivery system for Mental Health (MH) and Substance Use Disorder (SUD) treatment with the aim of improving processes of care and increasing consumer satisfaction and outcomes. Quality Management (QM) provides support to all areas of the department's operations by conducting performance monitoring activities that are consistent with current standards of practice and professional knowledge. QM tracks, trends, and implements improvement activities when needed in the following areas:

- Access to Care
- Timeliness of Care
- Quality of Care
- Level of Care
- Consumer Protection, Penetration Rate, Progress, and Outcomes
- Program Process, Progress, and Outcomes
- Structure and Operations

The Quality Improvement (QI) Work Plan includes the broad items listed above and serves to guide the Quality Improvement Committee (QIC). Progress towards the work plan goals will be evaluated quarterly in QIC meetings. Annually, the QI Work Plan will be evaluated to assure the success of the QM program. The QI Work Plan will also be updated annually to identify the focus of next year's goals for the Behavioral Health Department.

The QIC is a combined MH and SUD services committee. Membership on this committee includes clinical staff (PhD, LMFT, LCSW, AMFT, and ACSW), consumers, Patients’ Rights Advocate, support staff, and stakeholders. QIC meets quarterly, though data to support the work of the committee is gathered more frequently. Several different staff are involved in gathering and presenting data to the committee. The entire process is overseen by a licensed clinician in the role of Quality Assurance Coordinator.

| <b>QUALITY IMPROVEMENT COMMITTEE MEMBERS</b> |                                   |
|--|-----------------------------------|
| <b>Name</b>                                  | <b>Title</b>                      |
| Terry Rooney, PhD                            | Director                          |
| Audrey Uhring, LCSW                          | Deputy Director                   |
| Jeannie Scroggins, LMFT                      | Quality Assurance Coordinator     |
| Sally Cardenas                               | Office Assistant Supervisor       |
| Lisa Pallow, LMFT                            | Therapist III                     |
| Walter Osbourn                               | Consumer Representative           |
| Cindy Palynski                               | Patients’ Rights Advocate         |
| Valerie Stirling                             | Peer Support Specialist           |
| Mayra Puga                                   | MHSA Coordinator                  |
| Jennifer McAllister, LMFT                    | SUD Clinical Program Manager      |
| Mark McGregor, LCSW                          | Children Clinical Program Manager |
| Shannon Piper, LMFT                          | Adult Clinical Program Manager    |
| Donna Deabel, LMFT                           | MHSA Clinical Program Manager     |
| Heather Bullis-Cruz                          | Compliance Officer                |

**QUALITY IMPROVEMENT WORK PLAN  
FISCAL YEAR 2020-2021  
QM ITEMS AND GOALS**

**1. Access to Care**

- a. Access to services for urgent conditions and standard requests
  - i. Beneficiaries requesting mental health services with an urgent condition will be offered an appointment with 48 hours
  - ii. Beneficiaries with a standard request for mental health and/or substance use disorder services will be offered an appointment with 10 business days
  - iii. GOAL: 70% of requests for services will meet the timeframe above
- b. 24/7 Access Line responsiveness and test calls
  - i. GOAL: Each quarter, at minimum four test calls will be made with an 80% success/pass rate. These four test calls will test English and Spanish languages both during the day and after-hours

**2. Timeliness of Care**

- a. Timeliness of crisis services
  - i. GOAL: 75% of requests for crisis services will be responded to within 10 minutes by phone and one hour for face-to-face contact
- b. Timeliness of appointments
  - i. GOAL: The average length of time from intake date to first offered clinical appointment post-intake will not exceed 15 business days
  - ii. GOAL: Beneficiaries requesting psychiatric services will be offered an appointment with 15 business days from request/referral
  - iii. GOAL: No Show rates for ongoing appointments for psychiatric and therapy services will not exceed 10%
- c. Timeliness of assessment process
  - i. GOAL: The average length of time from intake date to ACCESS Team submission date will not exceed 10 business days
- d. Timeliness of session documentation
  - i. GOAL: 80% of progress notes will be completed within 3 days from service date

**3. Quality of Care**

- a. Utilization Management of the ACCESS Team
  - i. GOAL: Consistency of the authorization process will be assured through annual training of clinical staff who help with ACCESS

- b. Clinical appropriateness of care through peer chart review
  - i. GOAL: 4 MH charts and 2 SUD charts will be reviewed quarterly
- c. Medication monitoring process
  - i. GOAL: Medical records staff will identify 10 medication charts to be reviewed quarterly by a person licensed to prescribe or dispense prescription drugs
- d. Cultural competent services
  - i. GOAL: Quarterly trainings to improve cultural humility of all-staff
  - ii. GOAL: Increase bilingual SUD providers from 0 to 1 so beneficiaries can be served in their preferred language

#### **4. Level of Care**

- a. Inpatient psychiatric hospitalizations
  - i. GOAL: Colusa County beneficiaries discharging from a psychiatric hospital will receive a follow-up appointment within 7 days of discharge.
  - ii. GOAL: Readmission to PHF within 30 days will not exceed 5%
  - iii. GOAL: Therapists complete crisis/5150 training annually
- b. SUD sober living placements
  - i. GOAL: 100% of Colusa County beneficiaries placed in a Sober Living facility will have a SUD Intake to determine appropriate level of care prior to placement

#### **5. Consumer Protection, Penetration Rate, Progress, and Outcomes**

- a. Grievance, problem resolution, appeal, and State Fair Hearings processes
  - i. GOAL: 100% of grievances will receive a timely response and resolution.
- b. Change of provider requests
  - i. GOAL: 100% of clients' change of provider requests will receive a verbal or written response notifying the client of the decision made
- c. Notice of Adverse Benefits Determination (NOABD) process
  - i. GOAL: 100% of NOABDs issued to beneficiaries will be logged in the NOABD binder for tracking and reporting purposes
- d. Penetration rate
  - i. GOAL: MHP will reach parity (45-55%) with the percentage of Hispanic/Latino individuals in the community compared with the current percentage of Hispanic/Latino clients served at intake and for ongoing appointments
- e. Consumer performance outcome measures
  - i. Milestones of Recovery Scale (MORS) is utilized for Adult clients

- ii. Child and Adolescent Needs and Strengths (CANS) assessment is utilized for children
- iii. GOAL: At least 50% of clients will show an improvement in their MORS or CANS score from admission to discharge
- f. Consumer satisfaction surveys
  - i. GOAL: Two internal surveys will be provided each fiscal year

## **6. Program Process, Progress, and Outcomes**

- a. Consumer involvement and employment
  - i. GOAL: A department calendar will be created and updated monthly on the Behavioral Health website that notes which meetings are open to the public and seeking stakeholder feedback
  - ii. GOAL: Increase consumer employment. Currently there are 2 fulltime positions and 4 part-time positions filled
- b. MH Adult and Children programs effectiveness
  - i. GOAL: MH staff will participate in trainings annually to continually improve their ability to offer evidence based practices
- c. SUD program effectiveness
  - i. GOAL: SUD staff will participate in trainings annually to continually improve their ability to offer evidence based practices
- d. SUD prevention activities and outreach events
  - i. GOAL: Friday Night Live will be offered in all school districts
- e. MHSA outreach and events
  - i. GOAL: 2 outreach events held within the fiscal year
  - ii. GOAL: Monthly Cultural Competency Committee meetings
- f. Performance Improvement Projects (PIPs)
  - i. Clinical PIP: Collateral Support – GOAL: Increase the percentage of adult clients who receive a collateral service from 4.47% to 20% so that MORS scores of clients who have a natural support in their treatment also improve from 41.10% to 80%
  - ii. Non-Clinical PIP: Improve Intake Attendance – GOAL: Decrease the percentage of beneficiaries that No Show to their scheduled intake appointment from 18.45% to 10%

## **7. Structure and Operations**

- a. Network Adequacy
  - i. GOAL: CCDBH will adequately serve Colusa County beneficiaries based upon the mental health provider-to-beneficiary ratio standard
    1. Psychiatry Adults – 1:524
    2. Psychiatry Children/Youth – 1:323

- 3. Outpatient SMHS Adults – 1:85
- 4. Outpatient SMHS Children/Youth – 1:43
- b. DHCS Audits
  - i. GOAL: Complete any Corrective Action Plans timely
- c. Electronic Health Record (EHR) implementation
  - i. GOAL: Inform EHR Coordinator of any Anasazi issues
- d. Compliance issues
  - i. GOAL: Hold quarterly compliance meetings
- e. Policy changes
  - i. GOAL: Evaluate effectiveness of current P&Ps. Update as needed
- f. Community Relationships
  - i. GOAL: Hold meetings with local hospital to work towards establishing a MOU