



COUNTY OF COLUSA

DEPT. OF BEHAVIORAL HEALTH

QUALITY IMPROVEMENT WORK PLAN ***FISCAL YEAR 2022-2023***



Photo by: Bessie Rojas

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 (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.

QUALITY IMPROVEMENT COMMITTEE MEMBERS	
Name	Title
Tony Hobson, Ph.D.	Director
Audrey Uhring, LCSW	Deputy Director
Jeannie Scroggins, LMFT	MHSA & QA Clinical Program Manager
Sally Cardenas	Office Assistant Supervisor
Bessie Rojas, LCSW	Quality Assurance Coordinator
Walter O.	Consumer Representative
Vacant	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
Brizia Tafolla Martinez, LCSW	Crisis Clinical Program Manager
Heather Bullis-Cruz	Compliance Officer
Haley Amundson	Marketing and Administrative Specialist

**QUALITY IMPROVEMENT WORKPLAN
FISCAL YEAR 2022-2023
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 scheduled 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

The above items will be tracked by Front Office Staff. The Quality Assurance Coordinator will monitor these items and present problem areas and opportunities for improvements at Leadership and QIC meetings.

- b. 24/7 Access Line responsiveness and test calls
 - i. GOAL: Each quarter, at minimum six test calls will be made with an 80% success/pass rate. These six test calls will test English and Spanish languages both during the day and after-hours
 - ii. GOAL: Annual Training of all CCBH Staff both in-hours and after-hours to ensure up-to-date referral information and a uniform standard of care for 24/7 Access Line

The above items will be tracked and monitored by the Compliance Officer who will present problem areas and opportunities for improvements at Leadership and QIC meetings.

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

The above item will be tracked and monitored by the Crisis Team Clinical Program Manager who will present problem areas and opportunities for improvements at Leadership and QIC meetings.

- 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

The above items will be tracked by Front Office Staff. The Quality Assurance Coordinator will monitor these items and present problem areas and opportunities for improvements at Leadership and QIC meetings.

- iii. GOAL: No Show rates for ongoing appointments for psychiatric and therapy services will not exceed 10%
- iv. GOAL: Conduct a “No Show” survey to identify consumer barriers to attending scheduled treatment appointments

- 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

The above items will be tracked and monitored by the Quality Assurance Coordinator who will present problem areas and opportunities for improvements at Leadership and QIC meetings.

- d. Timeliness of session documentation
 - i. GOAL: 80% of standard progress notes will be completed within 3 days from service date
 - ii. GOAL: 80% of Crisis progress notes will be completed within 24 hours

The above items will be tracked and monitored by the Compliance Coordinator who will present problem areas and opportunities for improvements at Leadership and QIC meetings.

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
 - ii. GOAL: Annual Training of chart review process to all clinicians assigned to the Utilization Management Team

The above items will be tracked and monitored by the Quality Assurance Coordinator who will present problem areas and opportunities for improvements at Leadership and QIC meetings

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

The above item will be tracked and monitored by the Front Office Supervisor who will present problem areas and opportunities for improvements at Leadership and QIC meetings

d. Cultural competent services

- i. GOAL: Quarterly trainings to improve cultural humility of all-staff
- ii. GOAL: Increase outreach to the LGBTQ+ Youth community via the Bright Vista Youth Center
- iii. GOAL: Increase Spanish Adult Team Therapists from 1 to 2 so that more beneficiaries can be served in their preferred language.
- iv. GOAL: Advocate for the County of Colusa to recognize and observe Juneteenth as a holiday

The above items will be tracked and monitored by the MHSA Coordinator and the Ethic Services Manager who will present problem areas and opportunities for improvements at Leadership and QIC meetings

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: All Members of the Crisis Team will complete CCBH crisis/5150 training annually
- iv. GOAL: Finalize and train concurrent review process to appropriate staff to better ensure consumers' level of care placement is appropriate to their need.

Thee above items will be tracked by the Crisis Team Clinical Program Manager who will monitor these items and present problem areas and opportunities for improvements at Leadership and QIC meetings

- b. SUD transitional living placements
 - i. GOAL: 100% of Colusa County beneficiaries placed in a Transitional Living facility will have a SUD intake to determine appropriate level of care prior to placement

The above item will be tracked and monitored by the SUD Clinical Program Manager who will present problem areas and opportunities for improvements at Leadership and QIC meetings

- c. Chart Reviews:
 - i. GOAL: An audit of overutilization and underutilization of services will be conducted quarterly on 10% of open charts to ensure beneficiaries are being offered and provided the appropriate amount of services and level of care based upon their diagnoses, functional impairments, and social determinants of health.

The above item will be tracked and monitored by the Quality Assurance Coordinator who will present problem areas and opportunities for improvements at Leadership and QIC meetings

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

The above item will be tracked and monitored by the Patient's Rights Advocate who will present problem areas and opportunities for improvements at Leadership and QIC meetings

- 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 which will be logged in the Change of Provider binder for tracking and reporting purposes

The above item will be tracked and monitored by the Front Office Supervisor who will present problem areas and opportunities for improvements at Leadership and QIC meetings

- 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

The above item will be tracked by the Front Office Supervisor and monitored by the Quality Assurance Coordinator who will present problem areas and opportunities for improvements at Leadership and QIC meetings

- d. Penetration rate
 - i. GOAL: MHP will reach parity (59%) 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
 - ii. GOAL: MHP will reach parity (14%) with the percentage of Older Adults (65+) in the community compared with the percentage of Older Adults served at intake and for ongoing appointments
 - iii. GOAL: Develop a plan to increase Native American population's penetration rate by 10%

The above items will be tracked and monitored by the Quality Assurance Coordinator who will present problem areas and opportunities for improvements at Leadership and QIC meetings

- 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: Clinical Staff will complete MORS monthly for adult clients, and CANS for clients aged 6-20 upon intake, every 6 months thereafter, and upon discharge

The above items will be tracked by the Adult Team Clinical Program Manager and the Children's Team Clinical Program Manager and monitored by the Quality Assurance Coordinator who will present problem areas and opportunities for improvements at Leadership and QIC meetings

- f. Consumer satisfaction surveys
 - i. GOAL: Two internal surveys will be provided each fiscal year to active clients

The above items will be tracked and/or provided by the Front Office Supervisor and Front Office Staff, and monitored by the Quality Assurance Coordinator who will present problem areas and opportunities for improvements at Leadership and QIC meetings

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

The above item will be tracked and monitored by the Marketing and Administrative Specialist who will present problem areas and opportunities for improvements at Leadership and QIC meetings

- ii. GOAL: Offer Peer Certified Services for ASOC and CSOC within the array of mental health treatment

- 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

The above items will be tracked and monitored by the Deputy Director who will present problem areas and opportunities for improvements at Leadership and QIC meetings

- 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 and Club Live will be offered in all schools within the districts and each chapter will maintain a Membership in Good Standing

The above items will be tracked and monitored by the SUD Clinical Program Manager who will present problem areas and opportunities for improvements at Leadership and QIC meetings

- e. MHSA outreach and events
 - i. GOAL: 3 outreach events held within the fiscal year
 - ii. GOAL: Cultural Competency Committee meetings will occur monthly with membership increasing beyond CCBH staff
 - iii. GOAL: Cultural Competency Committee will host 1 outreach event within the fiscal year

The above items will be tracked and monitored by the MHSA Coordinator who will present problem areas and opportunities for improvements at Leadership and QIC meetings

- f. Performance Improvement Projects (PIPs)
 - i. Clinical PIP: Social Support for Youth – GOAL: Increase the percentage of child clients (ages 3-17) who receive a collateral service from 39% to 60% so that clients that initially scored as “psychologically impaired on their PCS35 move into the “not psychologically impaired” category from a rate of 11.96% to 20%
 - ii. Non-Clinical PIP: Reducing Wait Time – GOAL: The percentage of beneficiaries receiving a therapy appointment within 15 business days post intake will increase from 51.52% to 70%.

The above items will be tracked and monitored by the PIP team who will present problem areas and opportunities for improvements at Leadership and QIC meetings

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
 - Psychiatry Adults – 1:524
 - Psychiatry Children/Youth – 1:323
 - Outpatient SMHS Adults – 1:85
 - Outpatient SMHS Children/Youth – 1:43

This item will be tracked and monitored by the Quality Assurance/MHSA Clinical Program Manager who will present problem areas and opportunities for improvements at Leadership and QIC meetings

- b. DHCS Audits
 - i. GOAL: Complete any Corrective Action Plans timely

These items will be tracked and monitored by the Quality Assurance/MHSA Clinical Program Manager, the Quality Assurance Coordinator, and the Compliance officer who will present problem areas and opportunities for improvements at Leadership and QIC meetings

- c. Electronic Health Record (EHR) implementation
 - i. GOAL: Inform EHR Coordinator of any Anasazi issues

This item will be tracked and monitored by the Electronic Health Record Coordinator who will present problem areas and opportunities for improvements at Leadership and QIC meetings

- d. Compliance issues
 - i. GOAL: Hold quarterly compliance meetings
 - ii. GOAL: Present a summary of new and updated DHCS Information Notices at the first Leadership Meeting after the issuance
 - iii. GOAL: Provide annual Fraud, Waste and Abuse training to all staff

These items will be tracked and monitored by the Compliance officer who will present problem areas and opportunities for improvements at Leadership and QIC meetings

- e. Policy changes
 - i. GOAL: Evaluate effectiveness of current Policies and Procedures and update as needed

These items will be tracked and monitored by the Quality Assurance/MHSA Clinical Program Manager, the Quality Assurance Coordinator, and the Compliance officer who will present problem areas and opportunities for improvements at Leadership and QIC meetings

- f. Community Relationships
 - i. GOAL: Continue quarterly meetings with partner agencies, such as Health and Human Services, Probation, and Office of Education

These items will be tracked and monitored by the Deputy Director and the Director who will present problem areas and opportunities for improvements at Leadership and QIC meetings

- i. GOAL: Expand online presence through social media platforms and county website

This item will be tracked by the Marketing and Administrative Specialist and monitored by the Quality Assurance/MHSA Clinical Program Manager who will present problem areas and opportunities for improvements at Leadership and QIC meetings

g. Staff Satisfaction

- i. GOAL: Create a mechanism to increase staff morale with the belief that when management demonstrates value in staff, then staff retention rates improve and better quality services are provided to consumers due to consistency of care.

This item will be tracked and monitored by all Clinical Program Managers, the Deputy Director and the Director who will present problem areas and opportunities for improvements at Leadership and QIC meetings