SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery

Quality Improvement Work Plan Evaluation

Fiscal Year 2016-2017

6/30/2017

Evaluation of FY 16-17 Quality Improvement Committee Goals

For fiscal year 2016-2017, the SBCMHP QI Committee focused on five key areas. The Quality Improvement Committee tracked and trended data throughout the previous year and identified the five-areas of priority for quality improvement activities. Each goal has an assigned subcommittee that developed and implemented interventions designed to improve the specific function of the MHP.

Goal 1: Improve Client Service Experience and Satisfaction		
Objective	**Indicator**	**Result/Status**
Implement routine DHCS client and family member perception surveys	Compliance with DHCS client perception survey requirements; increased response rates by 15% and demonstrations of utilization of survey results by administrators for decision-making purposes	Survey administered Nov 2016 and May 2017.
Improve client and family member satisfaction with services	Improved CPS results	Analysis completed and results reported Spring 2017
Formulate system recommendations and monitor improvement activities	Demonstrations of utilization of survey results by administrators for decision-making purposes	See meeting minutes (Leadership, CFMAC, Supervisors, etc.) and CPS related emails.
Maintain clinic feedback/suggestion boxes and method for demonstrating response	QIC report	Documented and reported to QIC
Conduct Network Provider survey to assess the value of services received through contracted providers	The measurement for utilization will be demonstrated by agendas and minutes reflecting discussion and recommendations/decisions made based on the findings presented	Provider survey done; results distributed 11/2016 Client surveys distributed (only @ discharge) - 6 returned, results shared.
Identify and implement brief client satisfaction survey tools to be pilot-tested and then utilized throughout the system	Instrument selected or created; data collected and reviewed	Survey pilot tested in SM (change agent project) Dr visit survey; results shared @ QIC 12/16
Ensure that all grievances and appeals are logged and include name, date and nature of problem	Grievance documentation; 100% of grievances received will be logged and responded to appropriately	Documented and reported monthly to QIC
Ensure immediate and welcoming clinic access	Provision of orientation groups/sessions	Is happening in all three regions as of Fall 2016, but uneven implementation

Goal 2: Improve Access to Care		
Objective	**Indicator**	**Result/Status**
Establish access screener function to receive, track and direct all incoming access Mental Health Plan (MHP) and Outpatient Delivery System (ODS) calls	Positions created/recruitment commenced	Positions created; recruitment conducted.
Hire access screeners with mental health and substance abuse experience	Staff hired	2 bi-lingual screeners hired and began mid-August; went "live" in Oct. Both positions turned over/refilled; QCM staff covered in the interim
Train staff on new access screening form	Training offered	Done
Begin use of new access screening form	Form in CG/ Electronic utilization	Done
Conduct routine test calls to 24/7 Access line (4 per month)	Documentation of test calls	Avg = 1.7/month
Utilize data from test calls for improvement of Access line	Test call information shared with managers/supervisors as indicated/appropriate	Is happening.
Improve timeliness of access across the MHP and ODS systems	Definitions specified for timeliness of access to service (urgent, ongoing, hospital discharge follow-up)	Complete
	Definitions specified for measurement of wait times to see an outpatient psychiatrist or ODS provider (after referral)	Wait time to psychiatrist will occur within 15 business days. ODS wait times remain under development
	First appointment offered after initial system contact will occur ***within 10 days***	Tracking and reporting to QIC and QCM leadership
	Average wait time between adult admission to psychiatric apt, ***goal = 21 days***	FY 16-17 average = 21.1
	Average wait time between child admission and psychiatric apt, ***goal = 21 days***	FY 16-17 average = 25.1
	Adult no show rate for MD appointments will drop from 8% to 5%	FY 16-17 average =11%

Objective	Indicator	Result/Status
	Childrens no show rate for MD appointments will drop from 9% to 5%	FY 16-17 average = 13%
Improve identification of individuals with co-occurring mental health and substance use disorders who are served by the MHP	Documentation of training on co-occurring disorders	Elisa emailed all staff 11/28/16
	Documentation of SUD in EHR	There is a field SUD in CG; = larger training & diagnosis issue *DH, "Staff are currently documenting SUD in CG. We need them to add the SUD Dx to Share Care"*
	Gain approval for the ODS plan	Approved June 2017
	Begin implementation of the ODS plan	Planned for FY 18-19
Improve overall access to services reflected in quantifiably measured data	Behavioral Wellness MIS/IT modifications to Clinician's Gateway or ShareCare to track access and wait time more accurately	Modifications made. Examining data and working to understand and improve.
	Implementation of centralized scheduler in outpatient clinics	Reformulation of operationalization of this tool. To be further developed in FY 17-18
	Increased number of clients with designated PCP in the EHR by 50%.	July 2016 =13.6% May 2017 =20% CC will add drop down to HHQ and annual update
Reduce the time that clients wait in the Emergency Room before transferring to an inpatient setting or outpatient care	The average wait time for transfers to inpatient care will be reduced by 50%, from 22 hours to 11 hours. Wait time for transfers to outpatient care will be reduced by 50%, from 15 to 7.5.	Cottage only 15/16: Inpatient wait time: average 25 hours; Outpatient wait time: average 33 hours; April discussed at leadership; not much MHP can do to impact.
Develop a measureable plan for transforming outpatient clients to team-based structure and operation	Plan documented; ATW minutes.	Reviewed Final draft in ATW 2/2017; Manual distributed Training = EG was developing before departure.

Goal 3: Achieve Clinical Excellence		
Objective	**Indicator**	**Result/Status**
Develop peer/program led chart review/utilization review process throughout MHP programs	Peer Review documents developed (forms, instructions)	June 2016 – began with managers and supervisors
	Documentation of routine chart reviews, occurring at program sites, by direct site program team members **ON HOLD**	Planned for FY 17-18
Improve outcomes of 1) system, 2) peer and 3) DHCS-led chart reviews	QCM tracking of all team based chart reviews	Is happening.
	Review 10% of assessments and treatment plans for all openings, each month, for compliance	Is happening
	Average of 15 MHP charts per month including system and provider	Is happening
Improve Assessment, Treatment Plan and chart documentation	100% of all clinical activity will be documented in client medical record	This is an ongoing goal. Ana to discuss this and productivity at clinical leads
	100% of client medical records will have a recovery-oriented assessment and treatment plan	This is an ongoing goal.
	100% of client medical records will have an assessment and treatment plan which links to interventions	Ongoing goal; training on golden thread
	100% of assessments and treatment plans found to be in compliance	Avg 16 % in compliance Q1: 0% in compliance 0/45 Q2: 0% 0/45 Q3: 11% 5/45 Q4: 26% 12/45
Consistent Assessments and Treatment Planning practices throughout the MHP	All direct provider staff and supervisors will attend Assessment, Treatment Planning and Documentation trainings	Extended deadline to March 2017

Objective	Indicator	Result/Status
	Provide a minimum of monthly (12 per year) documentation trainings system wide, to improve frequency and quality of documentation	Training provided; see training calendar
	P&Ps on standards for Assessments and Treatment Planning (including timelines and content standards).	Revised and distributed, 3/29/16: 1) CL-8.100 – Client Assessment 2) CL-8.101 – Client Treatment Plans 3) CL-8.102 – Mental Health Progress Note Documentation Standards
Implement Team Based Care Across the MHP	Develop guidelines and provide training on diagnostic standards for team based care	Manual finalized; Training was being developed when lead staff resigned.
	Evidence of team-based care (communication and coordination of care) throughout chart documentation	Team based checklist being used; QCM looking for evidence of TBC in chart reviews.
	Evidence of team work towards the same treatment goals (chart review)	QCM looking for evidence of same Tx goals in chart reviews.

Goal 4: Enhance Innovation, Collaboration and Integration

Objective	Indicator	Result/Status
Advance the integration of alcohol, drug, mental health and primary care services	Develop medical integration and COD program manuals	Developing partnership with Public Health (per AV) Manuals not yet created
	Begin monitoring new medical integration programs at the three adult service sites	Not happening yet
	Begin monitoring COD teams at the three adult service sites	Not happening yet
	Establish Living in Balance as the standardized curriculum for the three co-occurring disorders (COD) sites	All sites have access to curriculum.

Objective	Indicator	Result/Status
	Completion of the draft Drug Medi-Cal Organized Delivery System (DMC-ODS) Implementation Plan	Done
	Presentation of the ODS draft plan to the Board of Supervisors	Presented 2/28/2017
	The draft ODS plan will be submitted to DHCS for State approval immediately following BOS approval	March 2017
	Implement the DMC-ODS Waiver county-wide by the beginning of 2018/19.	Planned for 18/19
	Improved response to consumers with physical health conditions and those with co-occurring substance abuse and mental health conditions	Development of team based care model. Increased integration of MAT within our system.
	Development of program manuals that detail team-based care descriptions, roles and functions for the medically integrated and co-occurring teams.	TBC done.
	Development of plan to evaluate effectiveness of Medically Assisted Treatment (MAT)	Not developed yet
	Organized Delivery System (ODS) plan approved by DHCS and implemented county-wide	FY 2018/19
Improve staff skills for differential diagnoses of mental illness/substance use disorders	Provide differential diagnosis training for staff (in accordance with ODS requirements)	Trainings available in Relias
Advance the culture of collaboration and innovation by using and publicizing successful continuous quality improvement activities	Complete training of all team supervisors and program managers in continuous quality improvement (CQI) techniques	SK providing support to Change Agent PDSA's
	Increased number of continuous quality improvement (CQI) activities	PDSA training at Feb Sups; PDSA reports at all Change Agent meetings

Goal 5: Ensure Quality of Contracted MHP Service Providers		
Objective	**Indicator**	**Result/Status**
Ensure individuals served by service providers are receiving high quality specialty mental health services throughout the MHP	CPS results	CPS Data became available Jan 2017; Report completed 3/2017
All MHP providers will maintain active certification status for specialty mental health service delivery	Metric log, maintained by designated QCM team member for site certifications, to track certification and recertification of MHP contracted providers	Log kept current throughout 16/17
	100% of all contracted providers will be certified/recertified to provide specialty mental health services	20 certifications 3 de-certifications
	Evidence of adherence to practice that contracted providers who lapse in qualifications to provide specialty mental health services will not be allowed to continue delivery of service to the MHP	No providers were de-certified because they lapsed in qualifications. One provider closed, another asked to be removed and one was not able to be contacted.
Assure compliance of contracted providers, with their contract, to ensure performance standards are achieved	Regular meetings with contract providers to review program requirements and outcome measures as specified in their contracts	Collaborative, Coalition and annual review meetings

MHP Summary

Since the last QI Work Plan submission for FY 16-17, the MHP has experienced significant changes as a result of many developments, including major Systems Change efforts as well as changes and enhancements in overall program operations.

Highlights of significant MHP changes over the past year:

1. Moved to a Centralized Access System
2. New department website developed
3. Expanded community based residential facilities, adding a new residence for homeless women
4. Completed publication of a ***Principles and Practice*** series highlighting Behavioral Wellness system guiding principles
5. Developed a Facilities Report for strategic planning on facility needs within the County of Santa Barbara
6. Launched a County-wide collaborative on the Proposition 47 Initiative
7. Updated Cultural Competence Plan including a 3 year long-term plan
8. Created a Cultural Formulation Interview template in the Clinical Assessment document

9. Published FY 15-16 Annual Report
10. Developed an Enhanced 2016-2018 Strategic Plan
11. The Relias Training portal is fully implemented and has facilitated achieving the goal of 100% compliance with mandatory training requirements
12. Increased collaboration with the Sherriff's Department toward jail mental health with the selection of a new health care vendor by the Sherriff
13. Organized a Trauma Informed Care conference which hosted county wide participation from the mental health system (department staff and organizational providers), partner agencies, schools and other stakeholders
14. Integrating Mobile and Triage Teams into Crisis Stabilization Unit operations
15. Launched Orientation Groups at the outpatient clinics
16. Redesign of outpatient service system with team based care
17. 3-4-50 groups offered countywide
18. Finalizing Outpatient Delivery System (ODS) Plan
19. Implementation of Medication Assisted Treatment system wide
20. Enhanced tracking and monitoring of psychotropic medications
21. Improved integration of care with Alcohol and Drug Programs, physical health, and hospitals
22. IT solution "Service Now" being implemented to assist with IT Help Desk request tracking and Workforce Integration and Separation process
23. Actively preparing revised Three-Year MHSA plan
24. Completion of FY 15-16 Compliance Report

Current initiatives of the department include:

1. Department of Rehabilitation contract to work within our TAY program
2. Strengthen collaborations with law enforcement and hospitals
3. Develop CSU in the North County
4. Develop Crisis Residential program in Lompoc
5. Increase the capacity of staff and providers to work effectively with diverse cultural and linguistic populations (expand cultural competency trainings as well as develop additional practice policies)
6. Increase access to underserved populations (specifically populations in high poverty areas)
7. Initiation of an Assisted Outpatient Treatment pilot project in Santa Barbara

All of these efforts are consistent with the broad strategy of strengthening prevention, early intervention and outpatient programs to reduce the demand on our higher intensity and more expensive services. The goal is to be more balanced and increase capacity at all level of care with seamless and coordinated transitions. Behavioral Wellness aims to focus on being more welcoming, inclusive, transparent, accountable, responsive, recovery oriented, trauma informed, culturally competent, integrated, co-occurring and complexity competent.

Glossary of Terms

CBO – Community Based Organizational Provider

DHCS – Department of Health Care Services

EHR – Electronic Health Record

FTE – Full Time Equivalent (staff)

IMD – Institute for Mental Disease

MHP – Mental Health Plan

MIS/IT – Management Information Systems/Information Technology

OQSM - Office of Quality and Strategy Management

PIP – Project Improvement Plan

QCM – Quality Care Management

QI – Quality Improvement

QIC – Quality Improvement Committee

SBCMHP – Santa Barbara County Mental Health Plan

SNF – Skilled Nursing Facility

UR – Utilization Review