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

Quality Improvement Work Plan

Fiscal Year 2016-2017

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Quality Improvement Work Plan for
Objectives, Scope and Planned Activities for FY 2016-2017

Introduction

Quality Improvement and Continuous Quality Improvement are central tenants of how we work within the Santa Barbara County Department of Behavioral Wellness. It is a core business strategy and informs and influences all we do. This can be seen throughout the organizational structure of the department. Examples include the ongoing System Change efforts led directly by the Director, as well as the organization of the Office of Quality Care and Strategy Management (OQSM). The OQSM oversees the Quality Improvement Program and works to support continuous quality improvement throughout System Change efforts.

The Behavioral Wellness Quality Improvement (QI) Program is a Department of Health Care Services (DHCS) Mental Health Plan requirement. The QI Program coordinates performance monitoring activities throughout the Mental Health Plan (MHP), including:

- Service delivery capacity
- Accessibility of services
- Timeliness of services
- Beneficiary satisfaction
- Service delivery system monitoring and analysis
- Service coordination with physical healthcare and other agencies
- Monitoring provider appeals
- Tracking and resolution of beneficiary grievances, appeals, and fair hearings, as well as provider appeals
- Performance improvement projects
- Consumer and system outcomes

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- Utilization management
- Credentialing

The QI Program also assesses beneficiary and provider satisfaction and conducts clinical records review. The Mental Health Plan (MHP) QI Program is consulted in the contracting process for hospitals, as well as individual, group and organizational providers. The MHP QI Program has access to, and reviews as necessary, relevant clinical records to the extent permitted by State and Federal laws.

The Santa Barbara County Mental Health Plan Quality Improvement Committee embodies in its charter, the process of continuous quality improvement. The mission statement reflects the focus of review of the quality of specialty mental health services provided to beneficiaries and service recipients throughout the overall Behavioral Wellness system of care and recovery, focusing on continuous quality improvement. A very substantial aspect of that mandate relates to reviewing and selecting performance indicators and using data to evaluate and improve the performance of the Santa Barbara County Mental Health System of Care and Recovery.

Quality Improvement Committee Program Description

The QIC promotes the quality improvement program and supports recognition of both individual and team accomplishments. Its members are responsible for helping create a quality improvement culture. In this culture, employees use quality improvement principles and tools in their day-to-day work, with extensive support and guidance from leadership. The QIC reports to the Core Leadership Team and other management and staff work teams. Its executive sponsors play a critical role in maintaining leadership support.

The Quality Improvement Committee is responsible for:

1. Recommending policy decisions
2. Initiating, coordinating, reviewing and evaluating the results of Quality Improvement (QI) activities
3. Reviewing and evaluating performance improvement projects (PIPs)
4. Institution of needed QI actions
5. Guiding system-wide selection and application of quality improvement methods
6. Ensuring follow-up of QI processes
7. Documenting Quality Improvement Committee (QIC) meetings regarding decisions and actions taken
8. Developing the annual Quality Improvement Work Plan as well as the evaluation of the Work Plan.
9. Facilitation of routine committee activity reports

The Quality Improvement Committee (QIC) meets monthly throughout the year. Meetings are facilitated by the Chief Quality Care and Strategy Officer, who is a licensed practitioner and oversees the Office of Quality Care and Strategy Management. The QIC assigns and receives reports from QI sub-Committees and coordinates with the work of the Compliance Committee, reviews and evaluates the results of QI activities, recommends actions to appropriate departmental staff/divisions and ensures follow-up evaluation of actions. When appropriate, the QIC may

recommend policy proposals for Santa Barbara County Mental Health Plan (SBCMHP) Executive Team consideration. On a quarterly basis, The QCM Manager presents the activities and recommendations of the QIC activities to the SBCMHP Executive Leadership Team. QIC decisions and actions are memorialized by dated minutes that are signed by the QCM Manager.

The QI Committee (QIC) is composed of:

- Chief Quality Care and Strategy Officer (OQSM team)
- Research and Evaluation Program Coordinator (OQSM team)
- Santa Barbara County Mental Health Plan (SBCMHP) Chief of Compliance
- SBCMHP Medical Director
- SBCMHP Assistant Director of Programs
- Quality Care Management (QCM) Manager
- Utilization Review (UR) staff
- QCM psychiatrist
- THE DEPARTMENT OF BEHAVIORAL WELLNESS Regional Program Managers
- Management staff of Community Based Organizations (CBO's)
- Program Manager of THE DEPARTMENT OF BEHAVIORAL WELLNESS Management Information Systems
- Consumers and Family Members
- Patient Rights Advocates
- Consumer Empowerment Manager
- Peer Support Employees

The following active departmental sub-committees aid in the overall continuous quality improvement process and meet on a regular basis. These subcommittees, although not under the umbrella of the QIC, provide input, recommendations and reports to the QIC.

- **Consumer and Family Advisory Committee**: Addresses issues related to consumer and family volunteer and employment opportunities within THE DEPARTMENT OF BEHAVIORAL WELLNESS and other means through which the role of consumers and their families may participate in leadership, as well as ongoing activities of the department. (Meets monthly)

- **Training Work Group:** Oversees the administrative operational and implementation aspects of new programs in order to maximize integration with existing programs as well as MIS, Fiscal, Compliance, and training activities. (Meets Bi-monthly)

- **Collaborative Contract Provider Meetings**: Children and Adult Community Based Organization Provider Meeting: Discusses various system issues, service delivery issues, documentation, DHCS review and contract issues. (Meets monthly)

- **Crisis and Acute Care Daily Triage Team**: Monitors and evaluates the flow and care provided to consumers who are using high levels of services, particularly inpatient, SNF, IMD, crisis residential, and other residential care, in order to identify trends, improve efficiency and effectiveness of care and suggest improvements. (Meets daily)

- **Information Systems Steering Committee**: Monitors implementation as well as areas of possible improvement in the MHP's electronic medical records, billing, and related information technology systems. The committee includes representatives from QI, MIS, Fiscal, Programs, and CBO's. (Meets monthly)

- **MIS/Clinician's Gateway User Groups**: Discusses Share/Care and Clinician's Gateway User concerns, suggestions and updates. (Meets quarterly)

- **Community Treatment and Supports**: Weekly joint provider meeting to prioritize and triage transfer and placement of clients into appropriate programs of the system. (Meets Weekly in each region)

- **Clinical Leads**: Weekly meeting which includes management and supervisors from all aspects of the system to discuss clinical/operation issues and programs. Collective problem solving and program planning for the clinical operations of the overall system. (Meets Weekly)

- **Access & Transitions Workgroup**: Bi-monthly meeting that includes representatives from all levels of the Department of Behavioral Wellness. The purpose of the workgroup is to evaluate and improve how our teams are structured and function, the process by which clients access services and move through the system between levels of care, and how Department of Behavioral Wellness and partner programs work collaboratively to support clients in recovery.

Evaluation of FY 15-16 Quality Improvement Committee Goals

For fiscal year 2015-2016, the SBCMHP QI Committee focused on four 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	Objective	Indicator	Result/Status
1 **Improve Client Service Experience and Satisfaction**	Improve client and family member satisfaction with outpatient services.	Administer the full Client Perception Survey in November 2015 and May 2016, as per direction of CiBHS under contract with DHCS to meet requirement and mandate.	CPS survey 11/20/2015- Completed CPS survey 5/16/2016- Completed
		The response rate to the Client Perception Survey in Nov 2015 will be improved from less than 10% of the potential client population to 20%.	May 2015- response rate = 52% November 2015 response rate = 52%
		Identification or development of an ongoing client satisfaction survey to be pilot-tested with recommendations made for system-wide implementation.	Didn't happen this year
		Implementation of clinic-based satisfaction feedback/suggestion boxes and method for demonstrating action taken.	Suggestion boxes have been distributed to all clinics- suggestions & responses are being tracked by Careena.
	Improve client satisfaction with inpatient services at the Psychiatric Health Facility.	Implement an inpatient setting satisfaction survey by the end of CY2015.	Press Gainey survey started in Jan/Feb 2016
	Review client satisfaction data in QIC to formulate relevant consumer and family member satisfaction	Results of the CPS will be discussed in the QIC meetings, as evidenced by agenda items and minutes documenting recommendations and action items.	Completed- reported at QIC

	quality improvement goals.	Client satisfaction quality improvement goals developed	Areas for improvement identified.
	Conduct a Network Provider service recipient survey to assess the value of services received through contracted providers.	Network Provider service recipient survey identified and implemented.	Completed - poor response (1)
		Network Provider satisfaction survey data utilized to improve client experience with services and administrative processes.	Contacted providers to set up a meeting http://www.dhcs.ca.gov/provgovpart/Documents/1 115 Waiver Behavioral Health Services Needs Assessment 3 1 12.pdf
	Ensure that all grievances and appeals are logged and include name, date and nature of problem	100% of grievances will be logged and responded to appropriately.	100% and up to date; 60 days to respond currently, although this may change to 30 days in the future

Goal	Objective	Indicator	Result/Status
2 **Improve Access to Care**	Define wait time for services standards by Urgent, Routine or Emergency criteria and develop methodology for tracking data electronically.	Definitions specified for wait times for each type of call for service.	QIC recommendation that system training occurs on type of call and wait time **Emergency** = Requires acute psych hospitalization - response within 30 minutes **Urgent** = offered apt within 24 hours **Routine** = offered apt within 14 days
		Definitions specified for measurement of wait times for initial outpatient psychiatrist appointments.	MIS/IT working on CG field to track date need for psychiatry services identified. Not complete
		MIS/IT modifications to Clinician's Gateway or ShareCare to track wait time more accurately.	
		Initiate implementation of centralized scheduling in outpatient clinics.	Currently not in place
	Strengthen system to track timeliness of access across the MHP,	Timeliness Sub-Committee will implement a PIP on reducing wait time to see an outpatient psychiatrist.	PIP ongoing; No Policy in Place

	and utilize data for system improvement.	Average wait time between admission and first adult system psychiatric apt will drop from 35 days to 21 days	Ongoing PIP goal - not yet achieved As of Q3, adult avg = 23 days 45% seen within 14 days
		Average wait time between admission and first child system psychiatric apt will drop from 36 days to 21 days	Ongoing PIP goal - Not yet achieved As of Q3, child avg = 17 days 65% seen within 14 days
		Adult no show rate for MD appointments will drop from 8% to 5%	Ongoing PIP goal - Not yet achieved As of Q2, 13%
		Childrens no show rate for MD appoints will drop from 9% to 5%	Ongoing PIP goal - Not yet achieved As of Q2, 55%
		Increased Psychiatrist FTEs in system.	Contracted with 3 different agencies 23.29 FTE Psychiatrists 10/2014 17.25 FTE Psychiatrists 01/0116
		Initiation of hiring Psychiatric Nurse Practitioners	0 FTE Nurse Prac 10/2014 2.0 FTE Nurse Prac 01/0116
		Increased number of clients that receive their first appointment after initial system contact (the call) within 14 days.	Need to establish baseline
	Shift the emphasis on access to care toward welcoming & engaging clients into recovery-oriented services and system.	Implement system orientation groups for clients and family members that will occur at least monthly at outpatient sites in each region of the county (English and Spanish).	Began in July/August 2015 – occurring countywide
		At least 75% if all new clients will participate in system orientation groups during the engagement with services process.	All sites not currently tracking attendance. 100% clients offered orientation (group or packet)
		Development of a measureable plan	Santa Maria Adult is team based - sites

		for transitioning the outpatient clinics to team-based structure and operation.	transitioning Access and Transitions Workgroup is finalizing definitions, form and support materials
		Development of a measureable plan for restructuring client access to care points through the system.	New Access and Screening form developed Planning for transition of access calls to QCM (will be implemented in 16-17). Acuity type and doing the assessments call log and making sure that entries are made. Pulling down the data from call logging will allow us to track each call transition.
	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, and transfers to outpatient care will be reduced by 50%, from 15 to 7.5 hours.	Ongoing goal; not yet achieved Crisis Stabilization Unit (CSU) opened in 01/2016. As of Q3, Cottage Hospital to CSU = 19 hours
	Measure and improve access to healthcare (i.e. number of individuals who have access to their Primary Health Care Physician).	Number of clients with a designated PCP (physical health) in ShareCare.	A new feature in Clinicians Gateway auto-populates the data from the Health History Questionnaire to the Face Sheet. However, PCP info not being entered into HHQ; bringing to attention of staff responsible for training and documentation
	Monitor and improve reporting/identification of individuals being served who have co-occurring substance abuse and mental health needs.	Quarterly trainings will be provided for staff regarding identifying clients with co-occurring conditions and documenting the substance abuse problem in the EHR.	Training offered in 01/15, 5/15, 11/15, 5/16,
		MIS/IT will develop a "Dual Diagnosis" report for Programs to analyze routinely and monitor documentation of substance abuse disorders in the	Not yet developed

		Mental Health System of Care in ShareCare.	
	Conduct routine test calls to 24/7 Access line to ensure language capability, ability to provide information on accessing specialty mental health services as well as information on the MHP problem resolution and state fair hearing processes.	Number of test calls completed and logged each month.	Test call report submitted to DHCS monthly
		Cumulative rating scores from test calls and logging of urgent access calls each month.	Test calls are being logged Call logging of access calls are in ShareCare (no cumulative ratings)
	Utilize data from test calls for improvement of Access line.	At least 4 test calls will be documented per month	QCM staff volunteered; calendar created, calls assigned and are being completed, as scheduled
	Provide staff with guidelines for call documentation.	Number of urgent calls received and logged each month.	Calls are being received and logged. QCM will be taking over this task once staff are hired. New Access /screening form developed - calls will transition to QCM
	Provide communication/education to all Access, Mobile Crisis and clinical staff via scheduled team meetings, email communication and other available training/communication	Number of trainings or staff communications.	new guidelines/ training for documenting calls will be developed (who is responsible? TBD - follow up with Deana)

	opportunities, regarding guidelines for documentation of calls.		

Goal	Objective	Indicator	Result/Status
3 **Improve Chart Documentation**	Improve the frequency and quality of documentation of clinical services through a peer/program led chart review/utilization review process.	Provide a minimum of monthly (12 per year) documentation trainings to MHP and partner staff.	8/ 27, 28; 9/: 3, two on the 11, two on the 16, 23 ; 10/ 1, 7, 15, 19, 21, 22, 27, 28; 11/ 4, 16, 17, 18; 12/15 & one every month in 2016
		100% of client medical records will have a recovery-oriented assessment and treatment plan which reflects linkage to chart documentation of intervention	Susan started TP workshops- put on hold till TP training with Elisa G/ Careena started peer review with education starting in December held 1 peer review; now on hold and will be developed in 16/17
		Documentation of routine chart reviews, occurring at program sites, by direct site program team members · QCM data tracking of all team based chart reviews	QCM staff did one pilot review on 1/15/2016 but has since been on hold for further development. QCM is Implementing a multi-step documentation training/ review system. The first step will be a supervisor training to take place this month and then we will move to the peer reviews in the near future. QCM staff are continuing to do the monthly chart reviews of 10% of admissions."
	Implement team-based diagnostic communication, coordination and consistency in clinical care and chart documentation.	Develop and implement a policy on diagnostic standards for team-based care.	Team based care definition under development. P&P not yet developed, but will add team based care to existing P&P
		Number of trainings provided on policy and addressing diagnostic standards.	New coordinator; Susan-5150's, TP, Documentation; Assessment- Elisa (monthly training)

| | | Evidence in chart documentation that all multidisciplinary team members are communicating with one another, as routine practice, for case planning as well as treatment delivery approach

Common diagnostic reference

Evidence of work toward same treatment goals which support impairments | Team based care checklist has been created and distributed - not fully implemented yet |
| | Utilize Assessment and Treatment Plan work group to identify key areas for improvement and develop objectives to meet the areas of need. | Establish P&Ps on standards for Assessments and Treatment Planning including timelines and content standards. | P&P's - assessment treatment plan and progress notes revised 2/16: http://countyofsb.org/behavioral-wellness/policies

New Tx planning training developed - began offering 3/16. |
| | | Review of 5% of assessments and treatment plans for all openings, each month, for compliance.
Average of 15 MHP charts per month including system and provider | QCM reviewing 10% per month |
		100% of assessments and treatment plans in the electronic health record found to be in compliance.	Working toward achieving this ambitious goal
Goal	**Objective**	**Indicator**	**Result/Status**
4	Increase access to inpatient acute psychiatric beds by	Metric log will be developed to track receipt and adjudication of data of all TARs received by the MHP.	Currently in place

Goal	Objective	Indicator	Result/Status
Timely TAR Adjudication	completing timely adjudication of TARs and assuring timely payment for inpatient specialty mental health services.	100% of TARs will be adjudicated within 14 days of receipt	Fully compliant
5 **Ensure Quality of Contracted MHP Service Providers**	Ensure individuals served by service providers are receiving high quality specialty mental health services throughout the MHP by defining a process for, and tracking of, certification and recertification of providers.	Metric log, maintained by designated QCM team member for staff certifications, to track certification and recertification of MHP contracted providers	Current
		100% of all contracted providers will be certified/recertified to provide specialty mental health services	Current
	Routine review of contracted providers to ensure qualifications to provide specialty mental health services Organizational providers receive re-certification every three years Individual Network Providers receive re-certification every two years	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	This process is actively maintained within the Dept.
	Organizational providers who operate medication rooms are reviewed quarterly	Regular meetings with contract providers to review program requirements as specific in their contracts	Pam Fisher, new Deputy Director, meeting with contracted CBO's There was Network Providers meeting Thursday 10/2015 - contractual requirements reviewed.

MHP Summary

Since the last QI Work Plan submission for FY 15-16, the MHP has experienced significant changes as a result of many developments, including major Systems Change efforts, FY 15-16 budget adoption reflecting increase in departmental staffing, as well as changes and enhancements in overall program operations.

Highlights of significant MHP changes over the past year:

1. Improved utilization of PHF beds with the opening of Alameda House, a six bed residential facility that provides outpatient competency restoration services for misdemeanants found Incompetent to Stand Trial; a second six bed facility, Cottage Grove, is poised to open pending final State approval (awaiting a final signature)

2. Opened a Crisis Stabilization Unit and a Crisis Residential Facility in Santa Barbara, which are also deferring placement, or providing step-down placement, from the PHF

3. Established and operating Crisis Triage Teams in all three regions of the County

4. Established Lompoc Mobile Crisis Team. Mobile Crisis Teams now present in all three regions of the County

5. Established a 5150 workgroup to improve the processes for assessing individuals in crisis, identifying least restrictive placement options, enhancing training, and conducting safety plans and suicide risk assessments

6. Developing the Resiliency and Intervention for Sexually Exploited individuals (RISE) program as an Innovations project within MHSA; RISE provides mental health services and support to girls and boys that are victims of sex trafficking within a multi-agency County collaborative

7. Expansion of homeless and forensic service system including addition of staff and development of a forensic manager position (position currently filled) to organize countywide forensic services and programs

8. Consumer Perception Survey data analysis report developed

9. Client outcome measures established (CANS/MORS) – all staff trained and use of these tools is now active

10. The department is almost fully staffed with Psychiatrists/Physician Assistants/Nurse Practitioners

11. Numerous Departmental Policies & Procedures have been developed, Policies and Procedures updated for the PHF, and new Policies & Procedures created for the Crisis Stabilization Unit

12. There has been a focus on staff and client safety during the past year including establishing Universal Response Codes; collaborating with the Public Health Department on a paging system for the Calle Real campus buildings, as well as installing paging systems at other clinics; installation of panic alarms in some clinics; staff training; new safety oriented policies & procedures; ongoing collaboration with clinic Safety Team representatives

13. Updated and improved medication rooms in the clinics; revised medication Policies & Procedures and initiated new medication tracking system; and implemented a new medication disposal process in compliance with Drug Enforcement Agency regulations

14. Finalizing the permanent hiring of key staff: IT Manager; Assistant Director of Clinical Operations; Deputy Director for Operations and Administration; HR Manager; and CFO

15. Finalized an MOU with CenCal Health that establishes a process for improved health care integration between primary care and mental health services; the department administration has been working with clinics to facilitate referrals to and from The Holman Group, CenCal's mental health provider for low to moderate mental health services

16. New department website, identity, name and logo

17. Mental Health Commission data work group (named "Vital Signs") is active and includes a collaboration of Mental Health Commission members, Department staff as well stakeholders

18. Orientations groups are now occurring at all clinic sites. Welcome brochure developed and welcoming video in progress

19. Assumed leadership for the Southern California Regional Partnership consortium

20. Actively partnered with local colleges as part of the SAMHSA MHBG FEP grant. First Episode Psychosis outreach and education campaign on college campuses. Peer teams developed and receiving stipends for their work. College student health staff, peers, resident advisors and department staff trained on the Transition to Independence (TIP) model unique to First Episode Psychosis (FEP) as part of a training series involving many other trainings (Alison Malmon, etc)

21. Through an OSHPD grant, numerous peers have participated in core trainings as well as received reimbursement for individualized trainings

22. Integrated co-occurring capacity at outpatient Mental Health clinics with use of Screenings, Brief Intervention, and Referral to Treatment for alcohol and drug issues (SBIRT).

23. Developed capacity to care for medically compromised individuals by establishing Medicated Assisted Treatment (MAT) teams at two outpatient clinics.

24. Sustained and expanded treatment services for drug court in the South County and for adolescents throughout the county.

25. Narcotic Treatment Programs (NTP) expanded - now serving over 700 opioid dependent clients countywide

26. The Department of Behavioral Wellness is providing training & issuing of hundreds of naloxone (opioid antidote) kits throughout the county to reverse ODs

Behavioral Wellness continues to work with Marian Medical Center in Santa Maria to develop a comprehensive behavioral health facility that would provide additional inpatient beds and a crisis stabilization unit in the Santa Maria area.

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.

FY 16-17 QI Work Plan Goals

Goal #1: Improve client service experience and satisfaction

Intended Outcome:
- Adequately address the recovery goals of the most vulnerable individuals of our community
- Reduce negative outcomes such as lack of participation and no shows and increase participation due to satisfaction with services
- Collection of data on client satisfaction which can be used to steer system operations. The Mental Health Commission and The Department of Behavioral Wellness Executive Leadership Teams will be informed of client satisfaction data on a regular basis

Objectives:
- Implement routine DHCS client and family member perception surveys
- Formulate system recommendations and monitor improvement activities
- Conduct Network Provider service recipient survey to assess the value of services received through contracted providers
- Identify and implement brief client satisfaction survey tools to be pilot-tested and then utilized throughout the system
- Ensure that all grievances and appeals are logged and include name, date and nature of problem
- Provide routine orientation groups at all service sites to ensure immediate and welcoming clinic access

Measurement:
- 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.

  - ✓ The Department of Behavioral Wellness experienced a 10% increase in response rate from Nov 2014 to May 2015.

  - ✓ The measurement for utilization will be demonstrated by agendas and minutes reflecting discussion and recommendations/decisions made based on the findings presented.

- Continuous implementation of clinic-based satisfaction feedback/suggestion boxes and method for demonstrating action taken
- Identification or development of an ongoing client satisfaction survey to be pilot-tested with recommendations made for system-wide implementation
- Improved client & family member satisfaction with services
  - ✓ Data collection from client perception surveys, above noted pilot and ongoing client satisfaction surveys, will be used to establish goals used as measurement metrics
- Network Provider service recipient survey implemented

- Network Provider satisfaction survey data presented to QIC for the development of system improvement activity recommendations
- 100% of grievances received will be logged and responded to appropriately

Key Work Groups:
- Consumer and Family Advisory Committee
- Clinical Operations
- Office of Quality and Strategy Management

Goal #2: Improve Access to Care

Intended Outcomes:
- Establish access screener function to receive, track and direct all incoming access Mental Health Plan (MHP) and Outpatient Delivery System (ODS) calls
- Improve access to care by consistent timelines to first appointment according to system policy
- Establish system policy for wait time for initial appointment to see a psychiatrist
- Improve overall access to services reflected in quantifiably measured data

Objectives:
- Conduct routine test calls to 24/7 Access line to ensure language capability, ability to provide information on accessing specialty mental health services as well as information on the MHP problem resolution and state fair hearing processes.
- Utilize data from test calls for improvement of Access line.
    - ✓ 4 test calls will be documented per month
- Hire access screeners with mental health and substance abuse experience
- Train staff on new access screening form
- Begin use of new access screening form
- Strengthen system to track timeliness of access across the MHP and ODS systems. Utilization of data for system improvement.
    - ✓ First appoint after initial system contact will occur within 14 days
    - ✓ Average wait time between adult referral to and actual psychiatric apt, goal = 21 days
    - ✓ Average wait time between child referral and actual psychiatric apt, goal = 21 days
    - ✓ Adult no show rate for MD appointments will drop from 8% to 5%
    - ✓ Childrens no show rate for MD appoints will drop from 9% to 5%
- Improve identification of individuals with co-occurring mental health and substance use disorders who are served by the MHP.
    - ✓ Documentation of training for system staff on identification of co-occurring disorders
    - ✓ Documentation of substance use disorders evidenced in system electronic health record

Measurement:
- Number of test calls completed and logged each month
- Number of urgent calls received and logged each month
- Definitions specified for timeliness of access to service (urgent, ongoing, hospital discharge follow-up)
- Definitions specified for measurement of wait times to see an outpatient psychiatrist or ODS provider
- Behavioral Wellness MIS/IT modifications to Clinician's Gateway or ShareCare to track access and wait time more accurately
- Implementation of centralized scheduler in outpatient clinics
- 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.
- Increased number of clients with designated PCP in the HER by 50%.
- Development of a measureable plan for transforming the outpatient clients to team-based structure and operation.
- Continued training for staff regarding identifying clients with co-occurring conditions and documenting the substance abuse problem in the EHR.
    - ✓ Co-occurring disorders trainings will occur quarterly for MHP staff
    - ✓ Gain approval for and begin implementation of the ODS plan

Key Work Groups:
- Access & Transitions Workgroup
- Consumer and Family Advisory Committee
- Cultural Competency Action Team
- Collaborative Contract Provider meeting
- Crisis and Acute Care Daily Triage Team
- Clinical Leads

Goal #3: Achieve Clinical Excellence

Intended Outcomes:
- Improve outcomes of system, peer and DHCS-led chart reviews evidencing improvement in assessment, treatment planning and service delivery process of specialty mental health services

- Improvement in Assessments, Treatment Plans and chart documentation

Objectives:
- Provide a minimum of monthly (12 per year) documentation trainings system wide, to improve frequency and quality of documentation

- Develop and implement a policy on diagnostic standards for team based care
- Provide training on policy addressing diagnostic standards for team based care
- Fully implement and train the system on P&Ps for Assessments and Treatment Planning practices that are consistent throughout the MHP
- All direct provider staff and supervisors will attend Assessment, Treatment Planning and Documentation training
- Develop peer/program led chart review/utilization review process throughout MHP programs
- Evidence significant efforts toward achievement of the documentation of 100% of all client activity in the electronic medical records

Measurement:
- Number of trainings provided to staff on assessment and treatment planning; number of staff trained
- Evaluation of data gathered from post training evaluation surveys
- 100% of client medical records will have a recovery-oriented assessment and treatment plan which reflects linkage to chart documentation of intervention
- Evidence of team-based care (communication and coordination of care) throughout chart documentation.
  - ✓ Evidence in chart documentation that all multidisciplinary team members are communicating with one another, as routine practice, for case planning as well as treatment delivery approach
    - ▪ Common diagnostic reference
    - ▪ Evidence of work toward same treatment goals which support impairments
- Documentation of routine chart reviews, occurring at program sites, by direct site program team members
  - ✓ QCM data tracking of all team based chart reviews
- P&Ps on standards for Assessments and Treatment Planning including timelines and content standards.
- Review of 5% of assessments and treatment plans for all openings, each month, for compliance.
  - ✓ Average of 15 MHP charts per month including system and provider
- 100% of assessments and treatment plans found to be in compliance.

Key Work Groups:
- Assessment and Treatment Plan Work Group
- Access & Transitions Workgroup
- Clinical Leads

Goal #4: Enhance innovation, Collaboration and Integration

Intended Outcomes:
- Improve quality of care by effective collaboration and communication with all system stakeholders to articulate core vision and improve system level performance and outcomes through stakeholder participation and continuous quality improvement.

- Advance the integration of alcohol, drug and mental health and primary care services and increase a culture of collaboration and innovation by using and publicizing successful continuous quality improvement activities.

Objectives:
- Determine the core functions of the medical integration teams
- Enhance and begin monitoring new medical integration programs for TAY and the three adult service sites
- Establish Living in Balance as the standardized curriculum for the three co-occurring disorders (COD) sites
- Enhance and begin monitoring COD teams at the three adult service sites
- Develop medical integration and COD program manuals and complete training of staff in three service sites
- Completion of the draft Drug Medi-Cal Organized Delivery System (DMC-ODS) Implementation Plan
- Presentation of the ODS draft plan to the Board of Supervisors
- The draft ODS plan will be submitted to DHCS for State approval immediately following BOS approval
- Assure differential diagnosis training has occurred for all mental health and initiate formal training for alcohol and drug staff in mental health conditions (in accordance with ODS requirements)
- Complete training of all team supervisors and program managers in continuous quality improvement (CQI) techniques
- Implement the DMC-ODS Waiver county-wide by end of FY 16-17

Measurement:
- Development of program manuals that detail team-based care descriptions, roles and functions for the medically integrated and co-occurring teams.
- Development of plan to evaluate effectiveness of Medically Assisted Treatment (MAT)
- Improved response to consumers with physical health conditions and those with co-occurring substance abuse and mental health conditions
- Organized Delivery System (ODS) plan approved by DHCS and implemented county-wide
- Increased number of continuous quality improvement (CQI) activities
- Improved staff skills for differential diagnoses of mental illness/substance use disorders

Key Work Groups:
- Access and Transitions Work Group
- Clinical Leads

Goal #5: Ensure Quality of Contracted MHP Service Providers

Intended Outcome:
- Ensure individuals served by service providers are receiving high quality specialty mental health services throughout the MHP

- All MHP providers will maintain active certification status for specialty mental health service delivery and therefore adhere to all quality of care and service delivery standards
- Assure compliance of contracted providers, with their contract, to ensure performance standards are achieved

Objectives:
- Define a process for, and tracking of, certification and recertification of providers
- Performance Outcome Measures are included in each provider contract, tracked and are monitored on a monthly basis
- Routine review of contracted providers to ensure qualifications to provide specialty mental health services
  - ✓ Organizational providers receive re-certification every three years
  - ✓ Individual Network Providers receive re-certification every two years
  - ✓ Organizational providers who operate medication rooms are reviewed quarterly

Measurement:
- Metric log, maintained by designated QCM team member for staff certifications, to track certification and recertification of MHP contracted providers
- 100% of all contracted providers will be certified/recertified to provide specialty mental health services
- 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
- Regular meetings with contract providers to review program requirements as specific in their contracts

Key Work Groups:
- Compliance Committee

<u>**Addendum**</u>

<u>**Santa Barbara County Behavioral Health Care System**</u>

The Department of Behavioral Wellness (Santa Barbara County Mental Health Plan – SBCMHP) provides treatment, rehabilitation and support service to approximately 7,600 clients with mental illness and 4,500 clients with substance use disorders annually. Individuals needing assistance may call an Access Line, 888-868-1649, which is available to the community 24 hours a day, seven days a week. Services are provided throughout the system of care for Early Childhood Mental Health, Juvenile Justice Mental Health, children/adolescents and families, transition-age youth, and adults throughout the outpatient system, inpatient system and crisis services system. Services provided and teams assigned are based on the individualized level of need of the individuals being served.

Outpatient Services

The regional County-operated children's and adult outpatient clinics serve adults with serious and persistent mental illness, children with serious emotional disturbances who require long-term medication services, care coordination, case management and transition-age youth. Children and adults are also served through the provider network or contracted agencies. Aside from crisis services, access to services is provided regionally to ensure linkage to care in each individual client location. Screening and referral is provided by designated Access staff who are located in the core regions of the county (Santa Maria, Santa Barbara and Lompoc). In the very near future, designated Access screeners will be located within the QCM team. The designated Access staff direct persons requesting service to Triage teams, THE DEPARTMENT OF BEHAVIORAL WELLNESS County-operated children's and adult outpatient clinics, community-based organizations (CBO's), or network providers as indicated by the specific needs of each individual.

The SBCMHP maintains contracts with 10 individual in–county network providers and approximately 20 out-of-county providers. The MHP also uses contracted CBO's as organizational network providers. In addition, the MHP has contracts with CBO's for Crisis and longer term Residential Programs, Assertive Community Treatment Programs, Supported Housing Programs, Alcohol and Drug prevention and treatment programs, Recovery Learning Centers, Children's Wraparound, Therapeutic Behavioral Services, Intensive In-Home Services, Transition Aged Youth services and Prevention and Early Intervention programs. For individual needs that cannot be met within the community setting, the MHP contracts with IMD's for adult care and contracts with out-of-county CBO's and residential programs as needed for children's care.

Inpatient Services

Adult consumers are served either through the 16-bed County-operated Psychiatric Health Facility (PHF) or through contracted psychiatric units at Aurora Vista Del Mar Hospital. When all beds in these units are full, the MHP seeks the nearest bed available to the community in other contracted hospitals.

Children who need inpatient services are served through one of our contracted hospitals, usually Aurora Vista Del Mar. In addition, to the extent that financial resources allow, the SBCMHP may contract with any hospital that has a bed available to provide inpatient services for either adults or children if such a contract is needed.

Crisis Services
Santa Barbara County Mental Health Plan has modified the previous system of care to improve urgent/emergent and routine access to care. The MHP operates a Crisis and Recovery Emergency Services (CARES) program with individual services sites in Santa Barbara and Santa Maria. Mobile Crisis Response teams and mobile Crisis Triage teams are located in Santa Barbara, Santa Maria and Lompoc and available throughout the county.

The CARES Mobile Crisis program is responsible for 24/7 crisis response. This ensures that the response to all mental health crisis calls (to CARES, Access, and 911), as well as mental health visits to Emergency Rooms are made by THE DEPARTMENT OF BEHAVIORAL WELLNESS clinical staff. This ensures both assessment of needs and connection to appropriate services. The Crisis Triage teams respond to urgent needs, helping connect individuals with necessary supports and provide support during their time of crisis.

South County CARES (Crisis and Recovery Emergency Services) is based in Santa Barbara. CARES is staffed by a multi-disciplinary team of licensed professionals, including a psychiatrist, nurse, LCSWs, and MFTs, as well as unlicensed paraprofessional staff. Of the 20 FTE staff at CARES South, 7 FTE staff members are bilingual. The Santa Barbara site is open from 8:00 a.m. to 6:00 p.m. Monday through Friday. Field-based services are provided to homeless individuals by designated homeless outreach staff from 8:00 a.m. to 7:00 p.m. Access and Mobile Crisis services are available 24 hours per day/7 days per week/365 days per year. A key role of the CARES program is to provide services to individuals in psychiatric crisis, as well as to be the triage point for persons new to our system that are being discharged from psychiatric inpatient facilities.

North County CARES based in Santa Maria is staffed by a multi-disciplinary team of licensed professionals including a psychiatrist, nurse, and MFTs, as well as unlicensed paraprofessional staff who provide interventions for clients in crisis. Of the 18 staff members, 8 eight are bilingual. The Santa Maria CARES program is open 8:00 a.m. to 5:00 p.m. Monday through Friday, serving the same purpose as the CARES program in Santa Barbara. Access and Mobile Crisis services are available 24 hours per day/7 days per week/365 days per year.

Lompoc CARES Mobile Crisis staff is physically located at the Lompoc County-operated adult outpatient clinic Monday through Friday during regular business hours. During all after business hour periods, the Santa Maria CARES responds to crises in Lompoc and the neighboring Santa Ynez Valley.

Crisis Residential Services: The MHP contracts for provision of Crisis Residential programs located in both Santa Barbara and Santa Maria regions of the county. The Santa Maria Crisis Residential program is located in the same building as the Santa Maria CARES program. The Santa Barbara program is located in very close proximity to the MHP campus. The programs both provide short term 24/7 support and crisis stabilization services to consumers experiencing acute symptoms requiring more than outpatient care but less than acute hospitalization. These are voluntary programs and are supported by licensed and peer staff in both program.

Crisis Stabilization Unit: Located in the South County in Santa Barbara. The CSU offer short-term, rapid stabilization for individuals experiencing psychiatric emergencies. The program serves as an integral component within the overall crisis services system. Brief evaluation, linkage and referral to follow-up care are available. This unit is open 24/7 and offers safe, nurturing short-term, voluntary emergency treatment as an option for individuals experiencing a mental health emergency. Services available up to 23 hours.

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Children's Crisis Services: Urgent and crisis needs for children are provided through the Safe Alternatives for Treating Youth (SAFTY) program. Casa Pacifica, a contracted organizational provider, operates the SAFTY program. This program works with children and families throughout Santa Barbara County on a short-term, intensive basis to help alleviate crisis situations and provide families with tools to prevent future crises. This program operates on a 24/7 basis, and the staff are authorized by the County to write 5585 petitions with consultation from County staff.

In addition to 24/7 response, SAFTY provides expedited referrals to County-operated Adult and Children's Outpatient Clinics as well as short-term, in-home crisis resolution services.

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