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

Quality Improvement Work Plan

Fiscal Year 2017-2018

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Quality Improvement Work Plan for
Objectives, Scope and Planned Activities for FY 2017-2018

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
- 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 Quality Care Program Manager, who is a licensed practitioner and oversees the Quality Care Management Division. 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)
- Division Chief 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)

- **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.

- **Data Meeting:** Meets every other week and includes representatives from various parts of the department including the MIS/IT Division Chief, Data and Evaluation team members and Leadership representation. System data reports are reviewed and refined prior to public posting. Review on how data collection occurs within the system and prioritization of data related system changes.

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

Objective	Indicator	Result/Status
	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%
	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

Objective	Indicator	Result/Status
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.

Objective	Indicator	Result/Status
	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
	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.
	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

Objective	Indicator	Result/Status
	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

Objective	Indicator	Result/Status
	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.

Goal #1: Improve client service experience and satisfaction

Intended Outcome:

- Communicate with clients about results of satisfaction surveys
- Improve administration of the CPS survey including client participation/response rate
- Increase clinic participation (compared to county contracted providers)
- Make system improvements as a result/in response to CPS/ client satisfaction data
- Increase client engagement
- Collection of data on client satisfaction, which can be used to steer system operations. The Behavioral Health Commission and The Department of Behavioral Wellness Leadership Teams will be informed of client satisfaction data on a regular basis

Objectives:

- Improve outreach to clients and families to gain increased participation in the measurement of member satisfaction with outpatient services
- Review client satisfaction data in QIC to formulate relevant consumer and family member satisfaction quality improvement goals
-
- Ensure that all grievances and appeals are reported monthly in QIC and are logged and include name, date and nature of problem
- Implement routine DHCS client and family member perception surveys
- Formulate system recommendations and monitor improvement activities
- Conduct 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
- Modify the clinic-based suggestion box feedback form to obtain greater specificity in questions for targeted feedback as well as retain a comment field for general feedback
- Implement a method for demonstrating action taken for suggestion box feedback at each clinic site
- Ensure that all grievances and appeals are reported monthly in QIC and are logged and include name, date and nature of problem

Measurement:

- Client perception survey. Ensure that 100 % of clients are offered the opportunity to participate
- Improve response rate
- Demonstrate utilization during the survey period, complete a client perception survey and demonstrations of utilization of survey results by administrators for decision-making purposes.

    - ✓ 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
- 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
- Provider service recipient survey implemented
- Provider satisfaction survey data presented to QIC for the development of system improvement activity recommendations
- 100% of grievances are logged and responded to according to the Problem Resolution process (responding to the beneficiary)
- The MHP will review and respond to grievances at a system level to evaluate and make necessary changes and improvements in clinical practices. received will be logged and responded to appropriately
- Reduce no shows

Key Work Groups:

- Consumer and Family Advisory Committee
- Clinical Operations
- Office of Quality and Strategy Management

Goal #2: Improve Access to Care

Intended Outcomes:

- Utilizing data collected through the Access Contact Sheet and centralized Access screeners, strengthen the system to track timeliness of access across the Mental Health Plan and utilize data for system improvement
- Increase completion of Health History Questionnaire and increase the completion of the identification of client Primary Care Provider (located within the Health History Questionnaire) to allow improved access to healthcare (i.e. number of individuals who have access to their Primary Health Care Physician)
- Establish a reasonable minimum standard for access to treatment including length of time between initial contact and first substance use disorder treatment and first Medication Assisted Treatment (MAT) appointment for those with opioid and alcohol disorders

Objectives:

- Conduct routine test calls to 24/7 Access line to ensure language capability, ability to provide information on accessing specialty mental health services, quality control monitoring and feedback, as well as information on the MHP problem resolution and state fair hearing process
- Utilize data from test calls for improvement of Access line
    - ✓ Minimum of 4 test calls will be documented per month
- Strengthen system to track timeliness of access across the MHP and ODS systems. Utilization of data for system improvement.
- 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

- Train all providers on utilization of the Access Contact Sheet and requirement of data submission
  Provider utilization of Access Contact Sheet for entry of calls and walk-ins
- Improve retention rates of children's clinic clients attending annual assessment appointments
  - ✓ Implement children's 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)
- Develop a policy which states the standard for time between initial contact to first appointment for substance use disorder treatment, initial contact to first MAT appointment and initial contact to detox

Measurement:

- Number of test calls completed and logged each month
- Number of urgent calls received and logged each month
- Number of routine calls received
- Number of crisis calls received
- Definitions specified for timeliness of access to service (routine, urgent, crisis/emergency)
- 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
- 50% of clients will have completed Health History Questionnaires which include a designated PCP
- 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
  - ✓ Prepare for implementation of the ODS plan
- Develop a policy to measure system changes to track timelines to MAT/SUD services
- Assess system MIS/IT needs and make modifications necessary to track timeliness to MAT/SUD services
- Track time between first contact to first assessment within the children's outpatient system

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: Improve Chart Documentation

Intended Outcomes:

- Improve amount of system charts that have current assessments
- Improve the amount of system charts that have current treatment plans
- Improve the amount of treatment plans that are completed within 60 days
- Increase the timeliness and quality of reviewed charts within the Department of Behavioral Wellness
- Increase the timeliness and quality of reviewed charts within the contracted community based organizations.
- Increase the number of departmental staff who complete corrective action plans following chart review feedback
- Increase the number of community based organizational provider staff who complete corrective action plans following chart review feedback
- Ensure the availability of a high quality documentation manual, including current regulatory changes or interpretations, to ensure best clinical practice and documentation
- Improve adherence to the team based care protocol and documentation of team based care planning

Objectives:

- Provide a minimum of monthly (12 per year) documentation trainings system wide, to improve frequency and quality of documentation
- QCM will update the documentation manual and maintain updates on a monthly basis

Measurement:

- Evidence of team-based care (communication and coordination of care) as evidenced by a common diagnostic reference
  - ✓ MD, case manager, and ShareCare
  - ✓ In chart review, will check for team based care planning through documentation
    - Treating Psychiatrist, case manager and ShareCare all reflect the same diagnoses
    - Evidence in clinical notes of work toward same treatment goals
- Reviewed charts will have 90% of assessments and treatment plans in compliance from a baseline of 35%
- Staff will complete plans of correction 90% of the time from a baseline of 35%
- Community based organizational provider staff will complete plans of correction 90% of the time from a baseline of 26%

Key Work Groups:

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

Goal #4: Enhance Innovation, Collaboration and Integration

Intended Outcomes:

- Increase effectiveness of communication from the MHP administration

- Increase department and stakeholder knowledge of system updates through improved communication
- Improve how language, ethnicity/race and sexual orientation/gender identity data is captured within the electronic health record, including client assessments, treatment plans, and progress notes
- Investigate and address disparities in referrals, diagnosis and treatment for youth of color in the juvenile justice system by:
  - ✓ Conduct surveys and focus groups with clients and families receiving services in the Behavioral Wellness outpatient system
  - ✓ Provide education to referral sources
  - ✓ Study guidelines for investigating neurological and trauma etiologies for behavioral symptoms when children enter the system with a diagnosis of disruptive behavioral disorder, conduct disorder or oppositional defiant disorder
  - ✓ Provide training for outpatient clinic based staff on implicit bias specifically related to assessment and report writing related to clinical diagnosis
- Establish a system for 24/7 toll free access, with prevalent languages, for prospective ADP clients to call to access DMC ODS services
- Expand Access Screener staff, if determined necessary, to accommodate ADP calls and assure screeners are bilingual and experienced with substance abuse screening Advance the integration of alcohol, drug and mental health and primary care services

Objectives:

- Survey system staff to determine strategies for increasing effectiveness of communication from the MHP administration
- Develop plan for implementation of strategies to increase effectiveness of communication from the MHP administration
- Change Clinicians Gateway templates to improve how language, ethnicity/race and sexual orientation/gender identity data is captured
- Survey/focus group results, referral agency training/feedback tracking, diagnosis protocols for children, implicit bias training with a focus on assessment
- Substance abuse screening tool (ASAM) will be created.
- All ADP community based organizational provider staff will have access to the new Access Contact sheet in Clinician's Gateway
- Provide training for ADP Community Based Organizational provider staff on the Access line
- Routine Access Line test calls will incorporate assessment of ADP related items

Measurement:

- Create survey regarding effective communication by MHP administration with system staff
- Administer survey on communication throughout system
- Analyze and disseminate results of survey on effective communication Modify/Improve fields in CG client assessments that capture: language,
  - and/or - % of charts that have completed these fields

- Modify/Improve fields in CG treatment plans that capture: ethnicity/race
  - and/or - % of charts that have completed these fields

- Modify/Improve fields in CG progress notes that capture: sexual orientation/gender identity
  - and/or - % of charts that have completed these fields
- Report survey findings on disparities
- Track the number of trainings and educational session on implicit bias

- Develop measurement for tracking of AOD related access calls
- Measure number of clinics that are co-certified for specialty mental health services and alcohol and drug service provision

Key Work Groups:

- Access and Transitions Work Group
- Clinical Leads
- Cultural Competency and Ethnic Services Action Team

Goal #5: Ensure Quality of Contracted MHP Service Providers

Intended Outcome:

- Organizational providers who operate medication rooms are reviewed quarterly
- 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
- Ensure compliance of contracted providers through the contract monitoring process, to ensure performance standards are achieved

Objectives:

- Evidence of monthly site visits for all in-county contract providers to assure MHP regulatory requirements are met for MHP providers
- Quarterly meetings with contract providers to assure adherence to medication room policy and procedures
- 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 specified in their contracts
- All contracted providers will have required mental health plan materials present in their office location
- Chart review of documentation of services
- Medication rooms regularly reviewed by QCM to assure regulatory MHP compliance

Key Work Groups:

- Compliance Committee

Addendum

Santa Barbara County Behavioral Health Care System

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 centralized Access screeners.

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 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. Mobile Crisis Response teams and mobile Crisis Triage teams are located in Santa Barbara, Santa Maria and Lompoc and available throughout the county. The 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.

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