
Contra Costa Behavioral Health

2019

Quality Improvement Plan



Contra Costa Behavioral Health Services' Quality Improvement and Quality Assurance (QI/QA) Unit monitors service delivery with the aim of improving the processes of providing care and better meeting the needs of beneficiaries. The Quality Management Coordinator oversees the Unit and chairs the Quality Improvement Committee (QIC). The Quality Improvement Committee comprised of Behavioral Health Management, QIQA staff, providers and beneficiaries, meets on a monthly basis and is informed by the Quality Improvement Plan. QIC activities include collecting and analyzing data to measure against the goals or prioritized areas of improvement that have been identified; identifying opportunities for improvement and deciding which opportunities to pursue; identifying relevant committees to ensure appropriate exchange of information with the QIC; obtaining input from providers, beneficiaries, and family members in identifying barriers to delivery of clinical care and administrative services; designing and implementing interventions for improving performance; measuring effectiveness of the interventions; incorporating successful interventions into the operations of behavioral health services; and reviewing beneficiary grievances, appeals, expedited appeals, fair hearings, expedited fair hearings, provider appeals, and clinical records review. The QIC also reviews timeliness of services, client satisfaction, penetration and retention rates, service accessibility, and other service trends. In addition, the QIC works in collaboration with the Ethnic Services and Behavioral Health Training manager to monitor and improve the quality of offered trainings and education for its workforce, inclusive of promoting greater cultural diversity, humility, and competency. As a result of the monitoring activities described above, the QIC recommends policy decisions, reviews and evaluates the results of quality improvement activities including performance improvement projects, institutes needed quality improvement actions, ensures follow-up of QI processes, and documents QIC meeting minutes regarding decisions and actions taken.

Guided by the above, the BHSD developed its 2019 Quality Improvement Plan. The contents of the Quality Improvement Plan were also informed by County efforts to better meet client needs and incorporate BHSD's Strategic Plan and annual feedback from our External Quality review team. This Quality Improvement Plan provides a vehicle for BHSD management to: 1) meet quality improvement requirements specified in the Mental Health Plan contract with the State Department of Health Care Services (DHCS) for the expenditure of Medi-Cal (Medicaid) dollars; 2) meet quality improvement requirements specified under the Drug Medi-Cal Organized Delivery System (DMC-ODS) waiver; and 3) address and resolve quality issues raised in the monitoring of the CCMH and DMC-ODS Plans.¹ The QI Plan is evaluated annually to assess progress towards identified goals and actions. Activities are marked in brackets as being new, ongoing (continuing from the previous year), and/or completed in comparison to previous year's. The frequency which activities are conducted (e.g., annually, quarterly, etc.) is also included in brackets. The quality improvement activities are divided into the following sections:

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¹ Activities related to both Mental Health and Substance Use Disorder services are shaded gray.

Service Capacity

Behavioral Health DHCS Contractual Element: Assess the capacity of service delivery for beneficiaries, including monitoring the number, type, and geographic distribution of services within the delivery system.

Goal 1: Monitor service delivery capacity	
Objectives	Actions/Frequency
1. 100% of enrollees determined to have geographic access to Behavioral Health services based on time and distance standards.	1. Use geo-mapping software to plot client and service locations. [ongoing] [MHP-Quarterly; SUD- Annually]

Access to Care

Behavioral Health DHCS Contractual Elements: Assess the accessibility of services within service delivery area, including:

- *Timeliness of routine appointments;*
- *Timeliness of services for urgent conditions;*
- *Access to after-hours care; and*
- *Responsiveness of the 24 hour, toll free telephone number.*

Goal 2: Beneficiaries will have timely access to the services they need	
Objectives	Actions
1. NACT Timeliness data will demonstrate timely access to first assessment.	1. Begin reporting to State the percentage of new client appointment requests for which a first claimed service is delivered within 10 business days of service request date. [new] [Quarterly]
2. At least 90% of clients, on average, requesting non-urgent mental health services offered an initial assessment appointment within 10 business days. <i>(MHP Non-Clinical PIP)</i>	1. Report the percentage of new client appointment requests for which a routine clinician appointment is offered within 10 business days. [ongoing] [Quarterly]
3. 75% of clients who spoke with a County staff member via a reminder call, will attend their scheduled intake appointment at East region county-operated clinics.	1. Report the percentage of new clients who were successfully contacted who attend their intake appointment. [ongoing] [Quarterly]
4. At least 80% of individuals, on average, requesting initial non-urgent care mental health services scheduled psychiatry appointment within 15 business days.	1. Report the percentage of new client appointment requests for which a non-urgent psychiatry appointment is offered within 15 business days. [ongoing] [Quarterly]
5. 100% of urgent care mental health service requests are offered an appointment within 2 business days.	1. Report the percentage of urgent outpatient mental health appointments with clinicians that are offered within 2 business days of request. [ongoing] [Quarterly]

Goal 2: Beneficiaries will have timely access to the services they need	
Objectives	Actions
6. 80% of hospital discharges are followed by an outpatient visit within 7 calendar days.	1. Report the percentage of all hospital discharges for which the client receives an outpatient appointment within 7 calendar days. [ongoing] [Quarterly]
	2. Identify clients waiting beyond the standard to identify barriers to timely outpatient visits. [new] [Biweekly]

Goal 3: Reduce appointment no-show rates	
Objectives	Actions
1. Gain thorough understanding of the determinants of no shows.	1. Conduct a formal barriers analysis for appointment adherence (SIS survey analysis, data modeling, PIP data). [new]
2. Improve appointment data collection on mental health appointments.	1. Revise existing appointment adherence reporting for greater data integrity. [new]
	2. Establish a no show policy for mental health appointments. [new]
	3. Standardize workflows for entering appointment adherence data into cLink. [new]
3. 75% of scheduled initial assessments completed at the East Adult clinic and East Children's clinic.	1. Report the percentage of first scheduled appointments with the disposition of completed for East Adult and East Children's. [new] [Quarterly]
4. 75% of co-visit psychiatry appointments are completed.	1. Report quarterly the percentage of co-visit appointments with the disposition of completed. [new] [Quarterly]

Goal 4: Improve the Behavioral Health Access Line triaging and referral processes into the behavioral health system of care	
Objectives	Actions
1. The MHP will provide beneficiaries with accurate information on how to access services.	1. On quarterly basis, conduct 10 test calls, 6 (including 2 in Spanish) during business hours and 4 (including 2 in Spanish) after hours. [ongoing] [Quarterly]
	2. Provide callers with information at initial contact on how to access Specialty Mental Health Services (SMHS), including SMHS required to access whether medical necessity criteria are met. [new] [Quarterly]
	3. The MHP will conduct 2 calls to test the Access Line on beneficiary problem resolution and fair hearing process, 1 call during business hours and 1 call during after-hours. [new] [Quarterly]

Beneficiary Satisfaction

Behavioral Health DHCS Contractual Elements: Assess beneficiary or family satisfaction at least annually by:

- *Surveying beneficiary/family satisfaction with services;*
- *Evaluating beneficiary grievances, appeals, and fair hearings;*
- *Evaluating requests to change persons providing services; and*
- *Informing providers of the results of beneficiary/family satisfaction activities.*

Goal 5: Monitor client/family satisfaction	
Objectives	Actions
1. Monitor client satisfaction on Mental Health Statistics Improvement Program (MHSIP) survey.	1. Client scores improve on the MHSIP Domains of Outcomes and Functioning. [new] [Biannually]
1. Obtain interview and survey data from clients in MHSA funded programs.	1. Conduct in-depth program and fiscal review of MHSA funded programs, including client interviews and surveys. [ongoing] [Every 3 years]

Cultural and Linguistic Competence

Behavioral Health DHCS Contractual Elements: Comply with the requirements for cultural and linguistic competence.

Goal 6: Provide all clients with culturally- and linguistically-appropriate client-centered care	
Objectives	Actions
1. All services are delivered in a culturally competent manner.	1. Update the cultural competence plan, incorporating DHCS cultural competency plan requirements. [ongoing] [Annually]
	2. Expand community representation and engagement of Reducing Health Disparities workgroup to CBOs, line staff, and clients and families. [new]
2. Clients are provided interpretation through HCIN as needed.	1. Monitor accessibility of Access Line and services to non-English speakers. [ongoing] [Quarterly]
	2. Monitor number of HCIN encounters for face to face interpretation. [ongoing]
3. Staff complete a cultural competency training annually.	1. Track percentage of staff who complete cultural competency training. [ongoing] [Annually]
	2. Track percentage of staff who complete cultural competency training within recommended timeframe of 1 year. [new] [Annually]

Service Delivery and Clinical Issues

Behavioral Health DHCS Contractual Elements:

a. Address meaningful clinical issues affecting beneficiaries system-wide.

b. Monitor appropriate and timely intervention of occurrences that raise quality of care concerns.

Goal 7: Increase use of evidence based practices	
Objectives	Actions
1. Clients enrolled in EBPs demonstrate improvement on outcome measures.	1. Children's PTSD-RI scores will decrease from pre to post-TF-CBT intervention. [new]
	2. Children's Difficulties in Emotion Regulation Scale scores will decrease from pre to post-test DBT intervention. [new]
	3. Suicide Ideation Questionnaire scores completed by parents will decrease from pre to post DBT intervention. [new]
	4. Adults' PHQ-9 and GAD-7 scores will decrease from pre to post CBT for Depression intervention. [new]

Goal 8: Increase use of outcome measures	
Objectives	Actions
1. Plan implementation of Adult Needs and Strengths (ANSA) at adult mental health clinics for May 2020.	1. Form implementation team. [new]
	2. Establish timeline to achieve May 2020 implementation. [new]
2. Improve CANS data collection	1. Increase reassessments. [new] [Monthly]
	2. Improve data integrity. [new]
	3. Increase Discharges. [new]
3. Expand PHQ-9 and GAD-7 pilot to all adult mental health clinics.	1. Begin Collecting PHQ-9 and GAD-7 from clients at all adult clinics.
	2. Demonstrate overall significant reduction in PHQ-9 and GAD-7 scores from first administration to future administrations. [new] [Quarterly]

Goal 9: Effectively collect data and communicate data findings to staff and the community

Objectives	Actions
1. Ensure contract providers have access to mental health history and medical data.	1. Begin developing Community Based portal to ccLink. [ongoing]
2. Identify actions to impact the percentage of high-cost beneficiaries.	1. Fully investigate and explore the population of high-cost beneficiaries. [ongoing]
	2. Identify trends in high-cost beneficiaries. [ongoing]

Goal 10: Maintain effective and consistent practices to safeguard Protected Health Information (PHI)

Objectives	Actions
1. Track all HIPAA incidents.	1. Create a log to track all HIPAA incidents. [new]
2. Decrease the rate of HIPAA incidents.	1. Establish baseline data for HIPAA incidents. [new]
	2. Track percentage of staff who complete HIPAA training. [ongoing] [Annually]
	3. Track percentage of staff who complete HIPAA training within recommended timeframe of 1 year. [new] [Annually]

Quality Improvement Monitoring Tasks

1: Monitor service delivery capacity.	
Objectives	Actions
1. Increase penetration rates for underserved populations: Latinos, Asian/Pacific Islanders, Birth to Six, and Older Adults.	1. Compare penetration rates for underserved populations to penetration rates from previous years.

2: Evaluate client grievances, unusual occurrence notifications, and change of provider and appeal requests.	
Objectives	Actions
1. Review and respond to 100% of grievances, and change of provider and appeal requests within the policy guidelines and state regulations to identify system improvement issues.	1. Collect and analyze behavioral health service grievances, unusual occurrence notifications, change of provider, appeals, and fair hearing requests to examine patterns that may inform the need for changes in policy or programming.
	2. Respond to 100% of grievances.
	3. Present finding to the QIC on a quarterly basis to identify strategies to improve reporting and address issues.
2. Review 100% of unusual occurrences to identify trends.	1. Collect and analyze trends in unusual occurrences.
	2. Report on unusual occurrences quarterly to the QIC.

3: Monitor Behavioral Health Access Line Triaging and Referral process into the mental health system of care.	
Objectives	Actions
1. 75% of business hours Access Line calls are answered by a live staff within 3 minutes.	1. Compare the number of business hour calls that are answered within three minutes to the total number of business hour calls.
	2. Report the longest wait times in English and Spanish.
2. 75% of after-hours Access Line calls are answered by a live representative within 1 minute.	1. Compare the number of after-hour calls that are answered within one minute to the total number of after-hour calls.
	2. Report the longest wait times in English and Spanish.
3. Decrease call abandonment rates.	1. Track rates of call abandonment.

4: Monitor client/family satisfaction	
Objectives	Actions
1. Survey means on the Mental Health Statistics Improvement Program (MHSIP) indicate clients and/or their families are satisfied with their care.	1. Conduct the MHSIP biannually to obtain level of client satisfaction with services.
	2. Report satisfaction survey findings to clinics and contracted providers.
	3. Implement changes based on survey data.

5: Monitor safe and effective medication practices	
Objectives	Actions
1. Mental Health charts reviewed using the Medication Monitoring Tool will maintain an average compliance rate of at least 90%.	1. 100% of medical staff to have a sample of their charts reviewed by December 31, 2019.
	2. Conduct follow-up with psychiatrists with the lowest compliance rates.
2. Identify behavioral health clients who are medication stable.	1. Collaborate with treating psychiatrists and primary care doctors to annually review 100% of charts of clients who are stable on anti-depression medication for possible step-down.
3. Monitor safe medication practices.	1. Review safe medication reports quarterly

6: Monitor utilization review practices	
Objectives	Actions
1. Improve communication with those who interface with UR.	1. Hold regularly scheduled UR meetings on authorization, Level 1, and centralize reviews.
	2. Conduct monthly documentation training and as requested by clinics and community-based organizations.