
**FY 2020-2021
Quality
Improvement
Work Plan**

**Contra Costa
Behavioral
Health Services**

Alcohol and Other Drug
Services



CONTRA COSTA
BEHAVIORAL HEALTH
A Division of Contra Costa Health Services

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 FY 2020-2021 Quality Improvement Plan. The contents of the Quality Improvement Plan were also informed by 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 years'. 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:

- Service Capacity [pp 2-3]
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- Beneficiary Satisfaction [pp 8-9]
- Cultural and Linguistic Competence [pp 10-11]
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- Service Delivery and Clinical Issues [pp 14-17]
- Continuity and Coordination of Care [pp 18-19]

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	Person Responsible	Baseline/Achieved
1. Ensure network adequacy for service delivery.	1. Reduce the number of zip codes requiring alternative action standards. [new] [Annually]	Chris Pedraza, Fatima Matal Sol	FY 2019-2020: 6 FY 2020-2021: 3
	2. Review network adequacy to prioritize expansion of services to meet clients' needs. [new] [Annually]	Chris Pedraza, Fatima Matal Sol	
2. Expand services to meet network adequacy standards.	1. Begin providing NTP services in Concord. [ongoing]	Fatima Matal Sol	
	2. Secure residential programs for youth. [ongoing]	Fatima Matal Sol	
	3. Increase availability of 3.5 services in West County. [ongoing]	Fatima Matal Sol	
3. Increase penetration rates for Latinos.	1. Provide targeted outreach to Latino communities. [ongoing]	Fatima Matal Sol	FY 2018-2019: .40% FY 2019-2020: .46%

Goal 1: Monitor service delivery capacity			
Objectives	Actions/Frequency	Person Responsible	Baseline/Achieved
4. Expand outreach to the Latino community.	1. Contract with Latino Commission for enhanced outreach to Latino community. [ongoing]	Fatima Matal Sol	
5. Increase services for Spanish-speaking clients.	1. When hiring freeze is lifted, emphasize increasing Spanish-speaking staff by hiring 2 additional staff throughout the SUD System (including CBOs). [ongoing]	Fatima Matal Sol	FY 2019-2020: 2 FY 2020-2021: 4
	2. Provide interim services for monolingual Spanish-speaking clients waiting for services or wanting "low level" care. [new]	Fatima Matal Sol	

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	Person Responsible	Baseline/Achieved
1. 90% of clients will be offered routine care services within 10 days of initial request for appointments.	1. At least 90% of first appointments are offered to clients within 10 business days [new] [Quarterly]	Allison Liu	FY 2019-2020: 87.2% FY 2020-2021: 70.3%
2. 80% of clients will be offered MAT appointments within 3 days.	1. Increase the percentage of clients offered a MAT appointment within 3 days from FY 2019-2020 rate of 31.6% [new] [Quarterly]	Allison Liu, Mark Messerer	FY 2019-2020: 8.7 days, 31.6% FY 2020-2021: 10.1 days, 22%
3. 100% of clients will be offered urgent appointments within 2 days from initial request.	1. Start tracking urgent appointments (WM) that are offered within 2 business days of request. [ongoing] [Quarterly] [EQRO Recommendation]	Allison Liu, Mark Messerer	

4. 80% of clients will be offered appointments within 7 days of residential discharge.	1. Improve the percentage of discharged clients offered an appointment within 7 days. [new] [Monthly]	Allison Liu, Mark Messerer	FY 2019-2020: 17.1% FY 2020-2021: 14.4%
5. Enhance continuity of care for clients transitioning from residential treatment.	1. Residential providers hold care coordination meetings every other week. [ongoing] [Semi-monthly] [Non-clinical PIP]	Michelle Richardson, Allison Liu	
	2. Expand recovery services and CM and work with DHCS to optimize billing options particularly for CM. [new] [EQRO recommendation]	Mark Messerer, Fatima Matal Sol	
	3. Continue efforts to add Oxford housing and recovery housing. [new] [EQRO Recommendation]	Fatima Matal Sol	FY 2019-2020: 2 FY 2020-2021: 3
6. Create more accessibility to Withdrawal Management by reducing readmissions within 30 days.	1. Develop standardized data collection tool to track WM readmissions. [new]	Allison Liu	
	2. Track and trend data on readmissions to WM. [ongoing] [Quarterly]	Allison Liu	FY 2019-2020: 5.9% FY 2020-2021: 8.3%
	3. Analyze readmission data to identify new interventions for clients with more than one readmission. [ongoing]	Mark Messerer	

	4. Work with Withdrawal Management to increase referrals by 20% to another level of care within 2 days of completion of 3.2WM. [ongoing]	Mark Messer, Fatima Matal Sol	FY 2018-2019: 33% FY 2019-2020: 40.9% FY 2020-2021: 45.5%
	5. Increase services provided in WM to reduce readmissions. [new]	Mark Messerer, Fatima Matal Sol	

Goal 3: Improve the Behavioral Health Access Line triaging and referral processes into the AODS system of care

Objectives	Actions	Person Responsible	Baseline/Achieved
1. Reduce the percentage of calls answered by clerks.	1. No more than 40% of calls answered by clerks. [ongoing]	Mark Messerer	FY 2019-2020: 58.6% FY 2020-2021: 48%
	2. Hire bilingual Spirit counselor to reduce need for clerk to answer calls. [new]	Mark Messerer, Fatima Matal Sol	
2. Ensure access to care 24 hours per day, 7 days per week.	1. Secure Access Line coverage for nights and weekends. [ongoing]	Matthew Luu, Fatima Matal Sol, Katy White	
3. Access Line test call results made for both daytime and after hours will have an 80% success rate	1. On a quarterly basis, conduct 10 test calls, 6 (including 2 in Spanish) during business hours and 4 (including 2 in Spanish) after hours. [ongoing]	Mark Messerer	FY 2020-2021: No test calls made

Goal 3: Improve the Behavioral Health Access Line triaging and referral processes into the AODS system of care

Objectives	Actions	Person Responsible	Baseline/Achieved
4. At least 75% of SUD Access Line referrals are assigned into the correct level of care.	1. At least 75% of SUD referrals are assigned the correct ASAM level [new] [Quarterly]	Allison Liu	FY 2019-2020: 87.7% FY 2020-2021: 90.1%
5. Access Line call abandonment rate is under 3%.	1. Reduce the percentage of calls that are abandoned. [new] [Quarterly]	Mark Messerer, Zachariah Todd	FY 2019-2020: 9.4% FY 2020-2021: 18%

Goal 4: Reduce appointment no-show rates

Objectives	Actions	Person Responsible	Baseline/Achieved
1. Improve data quality for appointment adherence.	1. Refine reporting on appointment adherence. [ongoing]	Allison Liu	
2. Reduce rate of missed initial intake appointments (25% Mental Health, 15% AODS)	1. No show rates for missed appointments are no more than 15%. [new] [Quarterly]	Allison Liu	FY 2019-2020: 16.4% FY 2020-FY 2021: Pending
	2. SUD Transition Team reach out to clients by phone calls in advance of appointments to foster engagement. [new] [Quarterly] [Clinical PIP]	Sonya Blunt, Fatima, Matal Sol	March 2020-June 2020: Enrollment Rate: 51.9% July 2020-June 2021 64.1%:

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: Evaluate client grievances, unusual occurrence notifications, and change of provider and appeal requests			
Objectives	Actions	Person Responsible	Baseline/Achieved
1. Review and respond to 100% of grievances and appeal requests within the policy guidelines and state regulations to identify system improvement issues.	1. Collect and analyze Behavioral Health Services grievances and appeals to examine patterns that may inform the need for changes in policy or programming. [ongoing] [Quarterly]	Kimberly Nasrul, Melissa Kersten	FY 2018-2019: 100% FY 2019-2020: 100%
	2. Collect and analyze State Fair Hearing requests. [ongoing]	Mark Messerer	
	3. Track and respond to 100% of requests for change of provider.	Mark Messerer	
	4. Compare grievances and appeals received from last FY to this FY. [new]	Kimberly Nasrul, Melissa Kersten	FY 2019-2020: Grievances: 11 Appeals: 0 UONs: 5 FY 2020-2021: Grievance: 8 Appeals: 0 UONs: 1
	5. Respond to 100% of grievances, appeals, and expedited appeals within	Kimberly Nasrul, Melissa Kersten	

Goal 5: Evaluate client grievances, unusual occurrence notifications, and change of provider and appeal requests			
Objectives	Actions	Person Responsible	Baseline/Achieved
	the Final Rule timelines. [ongoing]		
	6. Present findings to the QIC on a quarterly basis to identify strategies to improve reporting and address issues. [ongoing] [Quarterly]	Kimberly Nasrul, Melissa Kersten	
2. Review 100% of unusual occurrences to identify trends	1. Collect and analyze trends in unusual occurrences. [ongoing] [Quarterly]	Kimberly Nasrul, Melissa Kersten	
	2. Report on unusual occurrences quarterly to the QIC. [ongoing] [Quarterly]	Kimberly Nasrul, Melissa Kersten	

Goal 6: Monitor client/family satisfaction			
Objectives	Actions	Person Responsible	Baseline/Achieved
1. All survey means 4.0 or higher (indicating clients and/or their families are satisfied with their care).	1. Conduct an annual Treatment Perception Survey to gather quantitative and qualitative data about satisfaction with services. [ongoing] [Annually]	Mark Messerer	2018-2019 Adult Domains: 4.3-4.5 2019 Youth Domains: 4.0-4.3 2020: Adult Domains: 4.4-4.6 2020: Youth Domains: 3.0-5.0
	2. Report satisfaction survey findings to contracted providers. [ongoing] [Annually]	Mark Messerer	
2. Obtain feedback from clients about satisfaction with services.	1. Administer client survey. [new]	Fatima Matal Sol	

Cultural and Linguistic Competence

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

Goal 7: Provide all clients with welcoming, engaging, and culturally- and linguistically-appropriate client-centered care			
Objectives	Actions	Person Responsible	Baseline/Achieved
1. All services are delivered in a culturally responsive manner.	1. Update the Cultural Humility Plan, incorporating DHCS cultural competency plan requirements. [ongoing] [Annually]	Genoveva Zesati, Fatima Matal Sol,	
2. 100% of clients are served in their preferred language.	1. Monitor accessibility of Access Line and services to non-English speakers. [ongoing] [Quarterly]	Mark Messerer	
	2. All staff trained in how to use the Language Line. [ongoing]	Mark Messerer	FY 2019-2020: 100% FY 2020-2021: 100%
	3. All materials are translated into threshold languages. [new]	Fatima Matal Sol	
3. 100% of staff complete a cultural humility training.	1. At least 75% of staff complete cultural humility training. [ongoing] [Annually]	Genoveva Zesati	FY 2019-FY 2020: 34% FY 2020-FY 2021: 32%
4. 100% of staff complete a cultural humility training annually.	1. At least 75% of staff complete cultural competency training in recommended timeframe of one year. [ongoing]	Genoveva Zesati	FY 2019-FY 2020: 32% FY 2020-FY 2021: 17%

Goal 7: Provide all clients with welcoming, engaging, and culturally- and linguistically-appropriate client-centered care			
Objectives	Actions	Person Responsible	Baseline/Achieved
5. Expand services delivered in Spanish.	1. Plan implementation of a Spanish-speaking recovery group for early recovery and relapse prevention. [new]	Fatima Matal Sol	

Medication Practices

Behavioral Health DHCS Contractual Elements: Monitor safety and effectiveness of medication practices.

Goal 8: Promote safe and effective medication practices			
Objectives	Actions	Person Responsible	Baseline/Achieved
1. Revise Disaster Medication Plan to address challenges posed by COVID19.	1. Implement Disaster Medication Plan during COVID-19 pandemic. [new]	Susan Kalaei, Peter Ordaz	
2. Ensure all providers have an emergency medication plan.	1. All SUD providers have a safety emergency plan in place. [new]	Fatima Matal Sol, Mark Messerer	
3. Ensure medication adherence for opioid use disorders and prevent diversion of medications.	1. Establish contract with local pharmacy to store and deliver Sublocade for administration at BHS clinics. [new]	Susan Kalaei	
	2. Collaborate with neighboring counties to ensure Sublocade available for administration across the region. [new]	Susan Kalaei	
	3. Collaborate with Public Health, and CBOs to ensure all clients have access to Sublocade. [new]	Susan Kalaei	
4. Promote safety of patients with history of opioid use.	1. Embed field on psychiatrist dashboard that highlights patient use of opioids to alert doctors when prescribing benzodiazepines. [new]	Susan Kalaei, BI Team	

Goal 8: Promote safe and effective medication practices

Objectives	Actions	Person Responsible	Baseline/Achieved
5. Increase usage of Medication Assisted Treatment (MAT) for clients with Alcohol Use Disorder (AUD) by 5%.	1. Establish training for AOD providers on MAT for AUD treatment. [new] [Non-clinical PIP]	Allison Liu, Mark Messerer	

Goal 9: Ensure client health during COVID pandemic

Objectives	Actions	Person Responsible	Baseline/Achieved
1. Facilitate AODS clients obtaining the COVID-19 vaccine.	1. Schedule appointments for clients at vaccine clinics. [new]	Michelle Richardson	

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 10: Expand services and improve provider collaboration			
Objectives	Actions	Person Responsible	Baseline/Achieved
1. Improve collaboration with contract providers.	1. Create a provider manual outlining expectations, requirements, procedures and coordination of care goals. [ongoing]	Fatima Matal Sol	
	2. Host regular calls to address provider and system concerns. [new]	Fatima Matal Sol, Michelle Richardson	
	3. Provide real time updates to providers using “Up to the Minute” communication tool. [ongoing]	Fatima Matal Sol, Michelle Richardson	
	4. Inform providers of COVID guidelines by providing updated workflows based on tiers and convening Town Halls with Health Officers and Nurses. [new]	Fatima Matal Sol	
	5. Host provider workgroup on documentation to provide guidance, answer questions, and address concerns. [new]	Michelle Richardson Fatima Matal Sol	
2. Establish systems to help providers track services provided.	1. Complete development of SUD Face Sheet. [new] [EQRO Recommendation]	Fatima Matal Sol, Michelle Richardson, David Kekuewa	

	2. Follow through with plans to review electronic interface options with contract agencies to mitigate inefficiency of entering services into their own systems and ShareCare. [new] [EQRO Recommendation]	Steve Hahn Smith, Chet Spike, Fatima Matal Sol,	
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Goal 11: Increase use of evidence-based practices			
Objectives	Actions	Person Responsible	Baseline/Achieved
1. Ensure fidelity of EBPs through enhanced monitoring.	1. 100% of site reviews monitor use of Motivational Interviewing and Cognitive Behavior Therapy. [ongoing]	Mark Messerer	FY 2019-2020: 100% FY 2020-2021: 100%
	2. Review random sampling of charts to determine whether use of EBPs is in treatment plans and documented in notes. [new]	Mark Messerer	
2. Ensure fidelity of EBPs through increased training.	1. Provide annual training in Motivational Interviewing and Cognitive Behavior Therapy. Increase EBP booster training sessions. [ongoing]	Michelle Richardson	

Goal 11: Increase use of evidence-based practices			
Objectives	Actions	Person Responsible	Baseline/Achieved
	2. 100% of staff that deliver treatment services receive training in both Motivational Interviewing and Cognitive Behavior Therapy. [ongoing]	Michelle Richardson	FY 2019-2020: 83% FY 2020-2021: 75%

Goal 12: Effectively collect data and communicate data findings to staff and the community			
Objectives	Actions	Person Responsible	Baseline/Achieved
1. Implement an EHR.	1. Develop a plan and timeline to develop an EHR for the DMC-ODS program inclusive of contract agencies. [ongoing] [EQRO Recommendation]	Steve Hahn Smith, Fatima Matal Sol	
2. Review data regularly to identify areas of quality improvement.	1. Report CalOMS data at Data Quality Workgroup. [new] [Quarterly]	Mark Messerer David Kekuewa	
3. Streamline provider submission of data.	1. Combine ASI and ASAM assessment elements into one document to reduce paperwork burden. [new] [EQRO Requirement]	Fatima Matal Sol	

Goal 13: Maintain effective and consistent utilization review practices			
Objectives	Actions	Person Responsible	Baseline/Achieved
1. Improve communication with those who interface with or are part of the UR Team.	1. Hold periodic UR meetings with providers as needed. [ongoing]	Bles Surio	
	2. Develop documentation training for County SUD	Bles Surio	

Goal 13: Maintain effective and consistent utilization review practices			
Objectives	Actions	Person Responsible	Baseline/Achieved
	operated clinics and community organizations. [ongoing]		
	3. Attend County and community-based organization meetings to announce and communicate UR regulatory changes. [ongoing]	Bles Surio	
	4. Eliminate submission of paperwork for authorization of Outpatient Services. Instead, Outpatient Services will participate in Level I reviews. [new]	Bles Surio, Fatima Matal Sol, Matthew Luu	
2. Train 100% of Behavioral Health staff on HIPAA annually.	1. 90% of staff complete HIPAA training. [ongoing] [Annually]	Genoveva Zesati	FY 2019-2020: 55% FY 2020-2021: 60%
	2. 75% of staff complete HIPAA training within recommended timeframe of 1 year. [new] [Annually]	Genoveva Zesati	FY 2019-2020: 34% FY 2020-2021: 38%
3. Train 100% of SUD staff on 42 CFR Part 2.	1. Track percentage of staff who complete confidentiality training of SUD client records. [new]	Michelle Richardson	FY 2019-2020: 66% FY 2020-2021: 50%
4. Train 100% of UR Staff on 42 CFR Part 2.	1. Track percentage of UR staff who complete confidentiality training of SUD client records. [new]	Michelle Richardson	FY 2019-2020: 0 training requests made 2020-2021%: 0 training requests made

Continuity and Coordination of Care

Behavioral Health DHCS Contractual Elements: Work to ensure continuity and coordination of care with physical health care providers. Coordinate with other human services agencies used by beneficiaries.

Goal 14: Integrate behavioral health services with other County systems			
Objectives	Actions	Person Responsible	Baseline/Achieved
1. Identify clients at Mental Health clinics for SUD services.	1. BH Pharmacist consults with psychiatrists on clients identified on <i>BHS 4788 Report</i> as having issues with alcohol, tobacco, or methamphetamines for referral to embedded substance abuse counselor. [ongoing]	Susan Kalaei	
2. Coordinate Drug Medi-Cal Waiver services with mental health services.	1. Complete Drug Medi-Cal certification for mental health clinics. [ongoing]	Fatima Matal Sol	
	2. Embed substance abuse counselor at Psychiatric Emergency Department, 4C, and 4D. [new]	Sonya Blunt, Fatima Matal Sol	
	3. Increase number of clients referred to AODS from PES by 25%. [ongoing]	Jesse Farrar, Sonya Blunt, Fatima Matal Sol	FY 2019-2020: 85 FY 2020-2021: 115
3. Coordinate Drug Medi-Cal services with detention.	1. Place SU counselor in Detention [new]	Fatima Matal Sol	
	2. Coordinate services for clients in Re-entry. [ongoing]	Fatima Matal Sol, Mark Messerer	

Goal 14: Integrate behavioral health services with other County systems			
Objectives	Actions	Person Responsible	Baseline/Achieved
	3. Apply for funding to provide residential treatment in jail. [new]	Fatima Matal Sol and Mark Messerer	
	4. Provide individual and group services in West County and Martinez Detention Facilities. [ongoing]	Fatima Matal Sol	
	5. 70% of opioid dependent inmates will start on Buprenorphine prior to release. [new]	Fatima Matal Sol	