



COUNTY OF COLUSA

DEPT. OF BEHAVIORAL HEALTH

QUALITY IMPROVEMENT WORK PLAN **FISCAL YEAR 2024-2025**



Photo by: Kelsea Whiting

The Colusa County Department of Behavioral Health Quality Management program monitors the effectiveness of the service delivery system for Mental Health (MH) and Substance Use Disorder (SUD) treatment with the aim of improving processes of care and increasing consumer satisfaction and outcomes. Quality Management (QM) provides support to all areas of the department's operations by conducting performance monitoring activities that are consistent with current standards of practice and professional knowledge. QM tracks, trends, and implements improvement activities when needed in the following areas:

- Access to Care
- Timeliness of Care
- Quality of Care
- Level of Care
- Consumer Protection, Penetration Rate, Progress, and Outcomes
- Program Process, Progress, and Outcomes
- Structure and Operations

The Quality Improvement (QI) Work Plan includes the broad items listed above and serves to guide the Quality Improvement Committee (QIC). Progress towards the work plan goals will be evaluated quarterly in QIC meetings. The data gathered for QIC also helps to inform the Compliance Committee. Annually, the QI Work Plan will be evaluated and updated to assure the success of the QM program and to identify the focus of next year's goals for the department.

The QIC is a combined MH and SUD services committee. Membership on this committee includes clinical staff (LMFT, LCSW, AMFT, and ACSW), consumers, Patients' Rights Advocate, support staff, and stakeholders. QIC meets quarterly, though data to support the work of the committee is gathered more frequently. Several different staff are involved in gathering and presenting data to the committee. The entire process is overseen by a Licensed Professional of the Healing Arts (LPHA) on the QM Team.

QUALITY IMPROVEMENT COMMITTEE MEMBERS	
Name	Title
Tony Hobson, Ph.D.	Director
Bonnie Briscoe	Deputy Director of Administration
Jeannie Armstrong, LMFT	MHSA and QA Clinical Program Manager
Patricia Gomez	Office Assistant Supervisor
Bessie Rojas, LCSW	Quality Assurance Coordinator
Ivan Martinez, LCSW	Quality Assurance Coordinator
Walter O.	Consumer Representative
Chris Houston	Patient Rights Advocate
Valerie Stirling	Peer Support Specialist
Mayra Puga	MHSA Coordinator
Jennifer McAllister, LMFT	Adult and SUD Clinical Program Manager
Mark McGregor, LCSW	Children's and BEST Clinical Program Manager
Brizia Tafolla Martinez, LCSW	Crisis and PATH Clinical Program Manager
Theresa Cameron	Electronic Health Record Manager
Heather Bullis-Cruz	Compliance Officer
Haley Amundson	Marketing and Administrative Specialist

QUALITY IMPROVEMENT WORK PLAN

FISCAL YEAR 2024-2025

QM ITEMS AND GOALS

1. Access to Care

- a. Access to services for urgent conditions and standard requests
 - i. Beneficiaries requesting mental health services with an urgent condition will be scheduled an appointment with 48 hours
 - ii. Beneficiaries with a standard request for mental health and/or substance use disorder services will be offered an appointment with 10 business days
 - iii. GOAL: 80% of requests for services will meet the timeframe above

The above items will be tracked by Front Office staff. The Quality Assurance Coordinator will monitor these items and present problem areas and opportunities for improvements at Leadership and QIC meetings.

- b. 24/7 Access Line responsiveness and test calls
 - i. GOAL: Each quarter, at minimum twelve test calls will be made with an 80% success/pass rate. These twelve test calls will test English and Spanish languages both during the day and after-hours
 - ii. GOAL: Train new hires upon beginning employment and provide annual training to CCBH Staff (both in-hours and after-hours) who operate the 24/7 Access Line to ensure up-to-date referral information and a uniform standard of care

The above items will be tracked and monitored by the Compliance Officer who will present problem areas and opportunities for improvements at Leadership and QIC meetings.

- c. Access to Medication Assisted Treatment (MAT)
 - i. GOAL: Initiate MAT services in the local Clinic to allow access to this treatment for all clients that are found appropriate and in need of this treatment

The above item will be tracked and monitored by the SUD Clinical Program Manager who will present problem areas and opportunities for improvements at Leadership and QIC meetings.

- d. Access to Behavioral Health services for individuals incarcerated at Colusa County Jail (Jail-In Reach)
 - i. GOAL: Assess 80% of inmates who endorse mental health or substance use disorder symptoms via the jail medical screening tool

The above item will be tracked and monitored by the PATH Clinical Program Manager who will present problem areas and opportunities for improvements at Leadership and QIC meetings.

- e. Access to Care Court to support individuals with untreated psychotic disorders
 - i. GOAL: Establish a relationship with the court system to initiate Care Court for Colusa County citizens

The above item will be tracked and monitored by the Crisis Clinical Program Manager who will present problem areas and opportunities for improvements at Leadership and QIC meetings.

2. Timeliness of Care

- a. Timeliness of crisis services
 - i. GOAL: 75% of requests for crisis services will be responded to within 10 minutes by phone and one hour for face-to-face contact
 - ii. GOAL: 75% of requests for mobile crisis services will be responded to within two hours for face-to-face community contact
 - iii. GOAL: For clients placed on a 5150 hold who are unable to contract for safety, 100% will be placed in a psychiatric hospital within 72 hours of the initial hold or will receive a certification review hearing within seven days of the initial hold

The above items will be tracked and monitored by the Crisis Team Clinical Program Manager who will present problem areas and opportunities for improvements at Leadership and QIC meetings.

- b. Timeliness of appointments
 - i. GOAL: The average length of time from intake date to first offered clinical appointment post-intake will not exceed 10 business days
 - ii. GOAL: Beneficiaries requesting psychiatric services will be offered an appointment with 15 business days from request/referral

The above items will be tracked by Front Office Staff. The Quality Assurance Coordinator will monitor these items and present problem areas and opportunities for improvements at Leadership and QIC meetings.

- iii. GOAL: No Show rates for ongoing appointments for psychiatric and therapy services will not exceed 10%

The above item will be tracked and monitored by the Quality Assurance Coordinator who will present problem areas and opportunities for improvements at Leadership and QIC meetings

- iv. GOAL: Upon referral to Jail-In Reach services, 80% of Colusa County Jail inmates will receive an intake assessment appointment with 14 calendars days of referral

The above item will be tracked and monitored by the PATH Clinical Program Manager who will present problem areas and opportunities for improvements at Leadership and QIC meetings

c. Timeliness of assessment process

- i. GOAL: The average length of time from intake date to ACCESS Team submission date will not exceed 5 business days

The above item will be tracked and monitored by the Quality Assurance Coordinator who will present problem areas and opportunities for improvements at Leadership and QIC meetings.

d. Timeliness of session documentation

- i. GOAL: 80% of standard progress notes will be completed within 3 business days from service date
- ii. GOAL: 80% of Crisis progress notes will be completed within 24 hours from service date

The above items will be tracked and monitored by the Compliance Officer who will present problem areas and opportunities for improvements at Leadership and QIC meetings.

3. Quality of Care

a. Clinical appropriateness of care through peer chart review

- i. GOAL: 8 MH charts and 4 SUD charts will be reviewed quarterly

- ii. GOAL: Annual Training of chart review items and process to all clinicians

The above items will be tracked and monitored by the QA Clinical Program Manager who will present problem areas and opportunities for improvements at Leadership and QIC meetings

b. Medication monitoring process

- i. GOAL: Medical records staff will identify 10% of medication charts to be reviewed annually by a person licensed to prescribe or dispense prescription drugs

The above item will be tracked and monitored by the Front Office Supervisor who will present problem areas and opportunities for improvements at Leadership and QIC meetings

c. Cultural competent services

- i. GOAL: Quarterly trainings to improve cultural humility of all-staff
- ii. GOAL: Provide annual training to all Clinical Staff on how to utilize the Language Line to ensure that clients can be served in their preferred language

The above items will be tracked and monitored by the MHSA Coordinator and the Ethic Services Manager who will present problem areas and opportunities for improvements at Leadership and QIC meetings

d. Frequency of provided services

- i. GOAL: 100% of clients will receive, at minimum, one mental health service or one substance use disorder service every 30 days

The above item will be tracked by the Electronic Health Record Manager. The QA Clinical Program Manager will monitor this item and present problem areas and opportunities for improvements at Leadership and QIC meetings.

e. CalAIM Documentation Compliance

- i. GOAL: Train all clinical staff upon hire and annually on CalAIM documentation to ensure that services are accurately recorded and contain quality SMHS interventions

The above item will be tracked and monitored by the QA Clinical Program Manager and the Compliance Officer who will present problem areas and opportunities for improvements at Leadership and QIC meetings

4. Level of Care

a. Inpatient psychiatric hospitalizations

- i. GOAL: 80% of Colusa County beneficiaries discharging from a psychiatric hospital will receive a follow-up appointment within 7 days of discharge
- ii. GOAL: Readmission to a psychiatric hospital within 30 days will not exceed 5%
- iii. GOAL: All Members of the Crisis Team will complete CCBH crisis/5150 training annually

The above items will be tracked by the Crisis Clinical Program Manager who will monitor these items and present problem areas and opportunities for improvements at Leadership and QIC meetings

b. Transitional Sober Living Environment (TSLE) placements

- i. GOAL: 100% of Colusa County beneficiaries placed in a TSLE will have an ASAM completed at intake to determine the appropriate level of care prior to placement

The above item will be tracked and monitored by the SUD Clinical Program Manager who will present problem areas and opportunities for improvements at Leadership and QIC meetings

c. Chart reviews

- i. GOAL: An audit of overutilization and underutilization of services will be conducted quarterly on 10% of open charts to ensure beneficiaries are being offered and provided the appropriate amount of services and level of care based upon their diagnoses, functional impairments, and social determinants of health

The above item will be tracked and monitored by the QA Clinical Program Manager who will present problem areas and opportunities for improvements at Leadership and QIC meetings

d. BEST for Students

- i. GOAL: Provide the Strengths and Difficulties Questionnaire (SDQ) to a minimum of 50 students in Colusa County schools via the

Behavioral and Emotional Support Team (BEST) for Students in order to assess for level of mental health service need for those students

The above item will be tracked and monitored by the Children's Clinical Program Manager who will present problem areas and opportunities for improvements at Leadership and QIC meetings

5. Consumer Protection, Penetration Rate, Progress, and Outcomes

- a. Grievance, problem resolution, appeal, and State Fair Hearings processes
 - i. GOAL: 100% of grievances will receive an acknowledgment within five calendar days of the grievance being filed
 - ii. GOAL: 100% of grievances will be resolved within 90 calendar days of the grievance being filed or 30 calendar days after January 1, 2025

The above items will be tracked and monitored by the Patient Rights Advocate who will present problem areas and opportunities for improvements at Leadership and QIC meetings

- b. Change of provider requests
 - i. GOAL: 100% of clients' change of provider requests will receive a verbal or written response notifying the client of the decision made which will be recorded in the Change of Provider log for tracking and reporting purposes

The above item will be tracked and monitored by the Front Office Supervisor who will present problem areas and opportunities for improvements at Leadership and QIC meetings

- c. Notice of Adverse Benefits Determination (NOABD) process
 - i. GOAL: 100% of NOABDs issued to beneficiaries will be logged in the NOABD binder for tracking and reporting purposes

The above item will be tracked by the Front Office Supervisor and monitored by the Quality Assurance Coordinator who will present problem areas and opportunities for improvements at Leadership and QIC meetings

- d. Penetration rate

- i. GOAL: MHP will reach parity (63.4%) with the percentage of Hispanic/Latino individuals in the community compared with the current percentage of Hispanic/Latino clients served at intake and for ongoing appointments
- ii. GOAL: MHP will reach parity (16%) with the percentage of Older Adults (65+) in the community compared with the percentage of Older Adults served at intake and for ongoing appointments

The above items will be tracked by the Electronic Health Record Manager. The QA Clinical Program Manager will monitor these items and present problem areas and opportunities for improvements at Leadership and QIC meetings

- e. Consumer performance outcome measures
 - i. Adult Needs and Strengths Assessment (ANSA) utilized for Adult clients
 - ii. Child and Adolescent Needs and Strengths (CANS) assessment is utilized for children
 - iii. GOAL: Clinical Staff will complete CANS for clients aged 6-20 and ANSA for clients aged 21+ upon intake, every 6 months thereafter, and upon discharge

The above items will be tracked by the Adult Clinical Program Manager and the Children's Clinical Program Manager and monitored by the Quality Assurance Coordinator who will present problem areas and opportunities for improvements at Leadership and QIC meetings

- f. Consumer satisfaction surveys
 - i. GOAL: Two internal surveys will be provided each fiscal year to active mental health clients
 - ii. GOAL: One internal survey will be provided each fiscal year to active clients of CCBH's Substance Use Recovery Treatment program

The above item will be tracked and/or provided by Front Office staff, and monitored by the QA Clinical Program Manager who will present problem areas and opportunities for improvements at Leadership and QIC meetings

6. Program Process, Progress, and Outcomes

a. Consumer involvement and employment

- i. GOAL: A department calendar will be created and updated monthly on the Behavioral Health website that notes which meetings are open to the public and seeking stakeholder feedback

The above item will be tracked and monitored by the Marketing and Administrative Specialist who will present problem areas and opportunities for improvements at Leadership and QIC meetings

- ii. GOAL: Offer Peer Support Certified Services at CCBH's drop-in centers, Bright Vista Youth Center (ages 12-17) and Safe Haven Wellness and Recovery Center (ages 18+)

The above item will be tracked and monitored by the MHSA Clinical Program Manager who will present problem areas and opportunities for improvements at Leadership and QIC meetings

b. MH Adult and Children programs effectiveness

- i. GOAL: MH staff will participate in trainings annually to continually improve their ability to offer evidence based practices

The above item will be tracked and monitored by the Adult Clinical Program Manager and the Children's Clinical Program Manager who will present problem areas and opportunities for improvements at Leadership and QIC meetings

c. SUD programmatic and consumer goals

- i. All clients enrolled in CCBH's Substance Use Recovery Treatment program are expected to remain abstinent from all drugs and alcohol during the course of treatment, expect for prescribed medications
- ii. All clients are expected to
- Arrive on time for group and individual appointments
 - Notify their counselor 48 hours in advance when they have a valid need to miss their appointment
 - Comply with all directives of Child Protective Services and Family Court if they are involved with CPS
 - Comply with the terms of their probation and keep all court dates if they are on probation or parole
 - Actively seeks work if they are unemployed and able to work

- Comply with their mental health treatment plan including, but not limited to, therapy and medication compliance if they are diagnosed with a mental health disorder
- d. SUD program effectiveness
 - i. GOAL: SUD staff will participate in trainings annually to continually improve their ability to offer evidence based practices
 - ii. GOAL: 50% of clients will successfully complete CCBH's Substance Use Recovery Treatment program, with the expectation of serving roughly 150 clients
- e. SUD prevention activities and outreach events
 - i. GOAL: Friday Night Live and Club Live will be offered in all schools within the districts and each chapter will maintain a Membership in Good Standing

The above items will be tracked and monitored by the SUD Clinical Program Manager who will present problem areas and opportunities for improvements at Leadership and QIC meetings

- f. MHSA outreach and events
 - i. GOAL: Eight outreach events held within the fiscal year
 - ii. GOAL: Cultural Competency Committee meetings will occur monthly with membership increasing beyond CCBH staff
 - iii. GOAL: Cultural Competency Committee will arrange for one outreach event within the fiscal year
 - iv. GOAL: Increase community knowledge and participation in Practical Actions Towards Health (PATH) by partaking in two outreach events during the fiscal year
 - v. GOAL: Outreach to the Native American population by disseminating department brochures, flyers, and drop-in center calendars to increase awareness of services offered

The above items will be tracked and monitored by the MHSA Coordinator who will present problem areas and opportunities for improvements at Leadership and QIC meetings

- g. Performance Improvement Projects (PIPs)
 - i. Clinical PIP: Psychosis Identification and Treatment – GOAL: Increase the amount of treatment and support a client (aged 12-30 y/o who endorsed psychotic symptoms on the PQ-B) receives to allow access to and treatment of psychotic symptoms by

partnership with UC Davis EDAPT from a baseline of zero clients to 20 clients.

- ii. Non-Clinical PIP: Follow-up After Emergency Department Visit for Mental Health Condition (FUM) – GOAL: Increase the percentage of follow-up mental health services to beneficiaries with an ED visit for a mental health condition within 7 from a rate of 50% to 55% and within 30 days from a rate of 75% to 80%.
- iii. Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) – GOAL: Increase the percentage of follow-up substance use disorder (SUD) treatment services to beneficiaries with an ED visit for SUD within 7 from a rate of 14% to 19% and within 30 days from a rate of 21% to 26%
- iv. Pharmacotherapy for Opioid Use Disorder (POD) – GOAL: Increase the percentage of beneficiaries who maintained 180+ days of medication for opioid use disorder (MOUD) initiations from 21% to 26%.

The above items will be tracked and monitored by the PIP Team who will present problem areas and opportunities for improvements at Leadership and QIC meetings

7. Structure and Operations

a. Network Adequacy

- i. GOAL: CCDBH will adequately serve Colusa County beneficiaries based upon the mental health provider-to-beneficiary ratio standard
 - Psychiatry Adults – 1:457
 - Psychiatry Children/Youth – 1:267
 - Outpatient SMHS Adults – 1:85
 - Outpatient SMHS Children/Youth – 1:49

The above item will be tracked by the Electronic Health Record Manager. The QA Clinical Program Manager will monitor this item and present problem areas and opportunities for improvements at Leadership and QIC meetings.

b. DHCS Audits

- i. GOAL: Complete any Corrective Action Plans timely

This item will be tracked and monitored by the QA Clinical Program Manager and the Compliance Officer who will present problem areas and opportunities for improvements at Leadership and QIC meetings

- c. Electronic Health Record (EHR) implementation and ongoing updates
 - i. GOAL: Inform EHR Team of any SmartCare issues

This item will be tracked and monitored by the Electronic Health Record Manager who will present problem areas and opportunities for improvements at Leadership and QIC meetings

- d. Compliance issues
 - i. GOAL: Hold quarterly compliance meetings
 - ii. GOAL: Present a summary of new and updated DHCS Information Notices at the first Leadership Meeting after the issuance
 - iii. GOAL: Provide annual Fraud, Waste and Abuse training to all staff

These items will be tracked and monitored by the Compliance Officer who will present problem areas and opportunities for improvements at Leadership and QIC meetings

- e. Policy changes
 - i. GOAL: Evaluate effectiveness of current Policies and Procedures and update as needed

This item will be tracked and monitored by the QA Clinical Program Manager, the Quality Assurance Coordinator, and the Compliance Officer who will present problem areas and opportunities for improvements at Leadership and QIC meetings

- f. Community Relationships
 - i. GOAL: Continue quarterly meetings with partner agencies, such as Health and Human Services, Probation, Office of Education, Sheriff's Office, and the local hospital

This item will be tracked and monitored by all Clinical Program Managers and the Director who will present problem areas and opportunities for improvements at Leadership and QIC meetings

- i. GOAL: Expand online presence through social media platform(s) by posting department information at least weekly, and uploading drop-in center monthly calendars to county website

This item will be tracked and monitored by the Marketing and Administrative Specialist who will present problem areas and opportunities for improvements at Leadership and QIC meetings

g. Staff Retention

- i. GOAL: Twice per year, provide activities to improve staff morale, reduce stress, and promote balanced health throughout the workday to combat burnout and improve staff retention with the belief that when management demonstrates value in staff, then staff retention rates improve and better quality services are provided to consumers due to consistency of care

This item will be tracked and monitored by all Clinical Program Managers and the Director who will present problem areas and opportunities for improvements at Leadership and QIC meetings