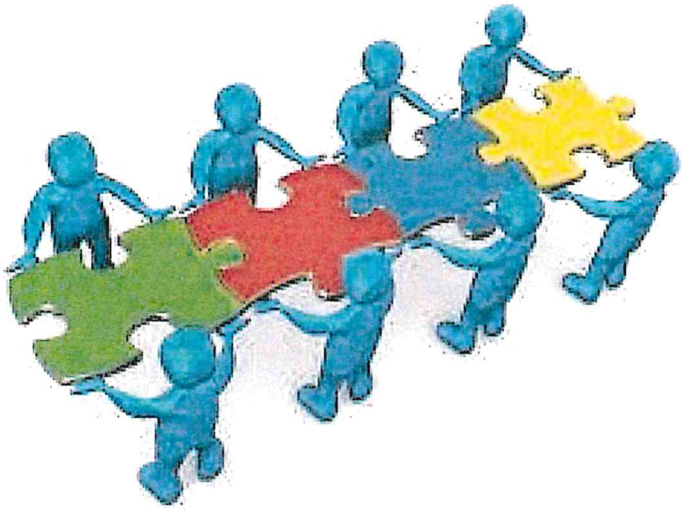
COLUSA COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
ANNUAL WORK PLAN
2017-2018



Colusa County Behavioral Health Services

Annual Work Plan for 2017/2018 Fiscal Year

To be tracked in the Quality Improvement Committee

Introduction

The Colusa County Department of Behavioral Health Quality Management program has many moving parts as the outline of functions in the following grid indicates. The Program has broad oversight responsibilities for Performance Improvement Projects (PIPs), Outcome measures, Cultural Competency, Service delivery, Beneficiary protection (including Grievances and appeals and Change of provider requests), EHR implementation, Psychiatric services, Consumer involvement and Chart review.

The Quality Improvement Committee is the key in implementation of the QI Work Plan. Membership on this Committee includes licensed clinical staff (LCSW, PhD, LMFT), interns (ACSW and MFTi), consumers, Patients' Rights Advocate, and support staff. The QI Committee meets every other month, 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: Reception staff gather information on "Shows" (formerly known as "no shows" but changed to shows to reflect a more positive focus) for initial appointments, ethnicity of, language spoken by, gender of, and age of new referrals, and issuing of Notices of Action; a clinician gathers information on access to psychiatric services and crisis service utilization; medical records staff organize chart samples for review; and others gather information on ad hoc topics.

The entire process is overseen by a licensed clinician in the role of Quality Improvement Coordinator.

QIC MEMBERS	
Name	Title
Terry Rooney, PhD	Director
Deana Fleming, LCSW	Deputy Director Clinical Services Adult Division
Jan Morgan, LCSW	Deputy Director Clinical Services Child Division
Raphael Lamas, ACSW	Therapist II
Sally Cardenas	Office Assistant Supervisor
Ellen Uren	Consumer Representative
(Vacant)	Patients' Rights Advocate
Valerie Stirling	Peer Support Specialist
Daniel Hernandez	MHSA Coordinator
Jack Joiner, LMFT	Consultant
Daisy Rios	MHSA Coordinator
Bessie Harbison, ACSW	Therapist II
Mark McGregor, LCSW	Program Manager Clinical Services Child Division

Quality Improvement Work Plan		Discussion	Action Items
QI Subcommittees	**PIPS** **1. Administrative PIP: Wait times from Intake to 1st Appointment**	The Department will continue in the effort to evaluate and improve the intake to 1st appointment wait times. The Department changed its standard of business days from 20 business days to 15 business days from intake to 1st appointment in efforts to get consumers to their 1st appointment quickly. Additionally, the department is reviewing tracking measures and adding forms to ensure accurate tracking of the new standard.	**See the PIP Implementation & Submission Tool at the end of this document**
	2. Clinical PIP: Clinical Engagement	The Department will continue to look at early consumer engagement as defined as having 3 appointments within 60 days from the date of the intake. An administrative staff is now calling the consumer informing the consumer of the new assigned staff. The Department is also in the process of developing Thank you cards to mail to the client acknowledging and appreciating the consumer for reaching out for services and completing the intake to begin services. The Department is continuing to look at ways early consumer engagement can be improved.	**PIP Implementation & Submission Tool to be completed**
	Cultural Competency	The Department will highlight the importance of cultural competence for all staff by providing regular trainings on various cultures (i.e. client culture, Hispanic culture, school culture, etc.). The membership of this committee will be expanded to include more community representation. The Department will also encourage community awareness of mental wellness through the annual May is Mental Health month activities.	**The continued focus on addition of community representatives needs to be accomplished; Outreach efforts will be continued by the MHSA Coordinators**

Quality Improvement Work Plan		Discussion	Action Items
	Audits	**DHCS/Medi-Cal Audit:** The Department will establish an audit committee to respond to Medi-Cal audit requirements as needed.	**Audit Committee establishment as needed**
		EQRO review: The Department will continually collect data to support responding to the annual EQRO review.	**Ongoing data collection and analysis**
Improve Service Delivery Capacity *Objective*: Monitor service delivery capacity.	**1. Monitor the number of Hispanic individuals being served. The number of new Hispanic referrals will be monitored at each QIC meeting**	The Department will collect data monthly on the number of Hispanic individuals being served. This data will be reviewed at each QIC meeting.	**The goal will be to reach parity with the percentage of Hispanic individuals in the community compared with the current percentage of 45-55% Hispanic intakes**
	2. Monitor the capacity to deliver Bilingual Services	The Department will monitor the capacity to deliver Bilingual services based on item 1 above and the ease with which the need for interpretive services is met. The use of graduate level bilingual interns to fill this need will be evaluated.	**The goal will be to serve each individual in their preferred language directly (i.e. without the use of the language line and preferably without interpreter)**
	3. Improve relationships with local clinics and agencies	The Department will continue to encourage all providers to engage with local clinics and agencies via telephone calls, record sharing, supporting consumer use of primary health clinics, and other efforts. The Committee will monitor the Department's development of MOUs, and contracts for direct service, with FQHCs, Anthem, Northern California Health and Wellness, and hospital providers. The Department created an MD Referral Process form to improve the working relationship with community providers.	**The Department should be known as a collaborator with a broad range of community providers**

Quality Improvement Work Plan		Discussion	Action Items
Improve Accessibility of Services *Objective*: Monitor accessibility of services.	**1a. Document timeliness of routine mental health intake appointments (Days to intake). Review timeliness of intakes and present findings to QI Committee.**	The Department will collect data monthly on the timeliness of routine (non urgent) initial appointments. If issues arise with meeting the Department standard of 10 days from request for services to a scheduled intake appointment the Committee will review/suggest strategies to address these issues.	**The goal is to serve all individuals requesting entry into services within 10 working days. This data will be collected daily by reception staff and reviewed in each meeting of the QIC.**
	1b. Manage the success of the "Walk In" intake process. Strengthen & monitor the efficiency of the "Walk In" intake process.	The Committee acknowledged that the "Walk In" intake process has been so successful and the current challenge is to serve the increased number of consumers accessing the "Walk In" intake method of completing an intake. The Department is considering adding a second "Walk In" Intake day to respond to the number of "Walk In" intakes on Tuesdays.	**The goal continues to be to improve timeliness of services even beyond the 10 limit noted above. Reception staff will collect data on frequency of use of the Walk In clinic versus scheduled appointments for review by the QIC**
	1c. Review for NOA-A and NOA-E issued	The Committee will review for the issuing of NOA-A and NOA-E notices and problem solve if issues are identified.	**The goal is to insure that Notices of Action are being issued correctly and as required. Access Team will issue NOA-As and reception staff will issue NOA-Es. The issuing of notices will be logged. QA staff will report on NOAs to the QIC**
	2. Continue to monitor "shows" and "no shows" and evaluate additional efforts to	The Department will collect data on shows and no shows for initial appointments monthly. The QIC will review this data at each meeting. The Committee acknowledged the current struggle of offering a scheduled intake appointment as this	**The goal will be to evaluate "show" rate to determine what actions might impact consumer engagement. Reception**

Quality Improvement Work Plan		Discussion	Action Items
	reduce the number of "no shows".	has recently been a preferred method of completing intakes. The committee additionally has expanded the tracking to monitor "shows" and "no shows" for ongoing appointments for the purpose of reducing the number of "no shows".	staff will collect data on no shows daily for intakes and present this data to QIC for review. Quality Assurance Coordinator will present ongoing "show" and "no show" findings in QIC. Current show rate of above 80% will be the standard against which success will be measured
	3. Continue to monitor the timeliness of services for urgent conditions –10 minute response time is expected	The Department will monitor the timeliness of urgent services during regular business hours and after hours with a goal of providing urgent services "immediately" but no longer than 10 minutes after the request for such services.	The goal is for all urgent services to be offered within 10 minutes by phone and one hour for face to face contact. Reception staff will initiate collection of timeliness but clinical staff will record actual response time; QIC will review. The current success rate of approximately 75% on time responses will be the standard against which success will be measured
	4. Test call crisis after-hours and regular business number. Recommend changes when problems are	The Department will regularly test the responsiveness of the crisis service. The Department will measure the effectiveness of the service and accuracy of recording requests for service. The QIC will review these reports at each	Test calls will be made to the after-hours and regular-hours crisis staff monthly by assigned staff. The results of the

Quality Improvement Work Plan		Discussion	Action Items
	identified	meeting.	**calls will be recorded on the crisis script or other form and reviewed in QIC. Additionally, the call log will be reviewed in QIC to ensure that the test calls are logged. Office Assistant Supervisor will oversee the recording of this data.**
Improve Beneficiary Satisfaction *Objective*: Measure Beneficiary Satisfaction by annual surveys *Objective*: Track consumer grievances/ appeals; Track Change of Provider requests.	**Conduct consumer/family member satisfaction surveys.**	The Committee to work with CIBH to review the results of the surveys as the information becomes available.	**As reports are available from DHCS the Committee will review and make recommendations to the appropriate Department staff.**
	Regular reports on Grievance / Appeals to be reviewed at each QIC meeting	The Department will respond to Grievances/Appeals in a timely manner. The QIC will review all beneficiary: Grievances, Appeals, Expedited appeals, Fair hearings, Expedited fair hearings, and Provider appeals to assess for system weakness/areas for improvement.	**The PRA will report on all grievances/appeals Expedited appeals, Fair hearings, Expedited fair hearings, and Provider appeals received with the goal being that all grievances receive immediate attention and achieve resolution within 60 days.**
	Requests for changes of provider to be reviewed at each QIC meeting	The Department will track all change of provider requests. The QIC will review these requests to assess if there are areas for improvement.	**Medical Records staff will track change of provider requests daily and report to QIC. The QIC will review for patterns of**

Quality Improvement Work Plan		Discussion	Action Items
			change requests and respond with recommendations as needed
Improve Cultural Competence *Objective*: Continue to provide all staff training in issues related to providing culturally competent services including: Hispanic culture, Youth identifying as LBGTQ (lesbian, bisexual, gay, transgender, and questioning), client culture, etc. *Objective*: Monitor increase in Hispanic individuals served and needs for services	**1.Provide training related to issues affecting quality of treatment services**	The Department will encourage all staff to participate in training opportunities. Each staff person will receive an annual stipend to be used only to cover training costs. Additionally the Department will offer trainings for staff locally.	**The QIC will receive reports from the MHSA Coordinators on trainings offered with the goal that each staff has the opportunity to continually improve skills in their area of responsibility. Additionally the Department expects staff to report on trainings received to their team on return from trainings.**
	2.Continue outreach to Hispanic population. Assure availability of Spanish language materials for access to services and understanding of commonly diagnosed mental health issues	The Department will continue to offer services in all schools in the county (as well as in the clinic) to engage children from Hispanic background (Note: over 60% of school age children are from Hispanic homes). The Department will also offer services in Spanish directly by the provider where possible, and through the use of skilled interpreters as needed. The Department will also maintain materials in Spanish and English. The Department will continue the Innovation	**The QIC will track outreach activities to the Hispanic community via reports from the MHSA Coordinators with the goal of continued increase in the number of Hispanic individuals accessing services (as measured in the above item)**

Quality Improvement Work Plan		Discussion	Action Items
Objective: Increase understanding of stigma & combat its' effects.		project "Cultura es vida" to further enhance outreach to the Hispanic population.	
	1.Provide training on stigma to high school students via Friday Night Live/Club Live. Participate in Statewide prevention activities funded through Department participation in CALMHSA.	1. The Department will support staff involvement with Friday Night Live and Prevention activities as a method to engage school age children in overcoming stigma. The Department will participate in funding Statewide anti-stigma programing through participation in the CALMHSA Every Mind Matters project.	**The QIC will track involvement with FNL via reports from the Clinical Program Manager/Prevention Coordinator with the goal of increasing the number of students impacted by this stigma reduction activity**
	2.Employ consumer / providers. Promote participation by family/ consumers in MHP program planning	The Department will actively look for ways to employ consumers and encourage consumer participation in MHP program planning.	**The QIC will review the number of consumers employed by the Department, which currently is 2 employed consumers**
	3.Provide multiple opportunities to celebrate Mental Health Month (MAY) via community events, displays at libraries and community centers, Board of Supervisors	The Department will sponsor a variety of activities tied to Mental Health Month. Each activity will be designed to celebrate the work of recovery and/or address stigma.	**The Department will support and encourage consumer development of Mental Health Month activities.**

Quality Improvement Work Plan		Discussion	Action Items
	proclamation and other activities as identified		
Improve Quality of Service *Objective*: Become more versed in Recovery and Resiliency Principles.	**Provide at least one training opportunity for each clinical staff member in a recovery model environment**	The Department will invest in training staff in the recovery model (Motivational Interviewing, use of the MORS, Strength Based assessments, etc).	**The QIC will track staff presentation of clinical trainings via reports from Deputy Directors with the goal that each clinical staff has the opportunity to continually improve their ability to offer recovery model services**
Objective: Perform QI reviews of open charts quarterly	**Identify sample of open charts for review, conduct review using Peer Review chart review form, provide feedback to clinical staff and QIC, and monitor corrections**	The Department will continuously review charting by clinical staff including therapists, case managers, facilitators, and physicians. The QIC will review reports on this activity at each meeting.	**Medical records staff will identify a sample of open charts for review and complete a review of clerical issues; then route these charts to a clinician for clinical review; the results of these reviews will then be reviewed by QIC with feedback to clinical staff regarding needed corrections**

Quality Improvement Work Plan		Discussion	Action Items
Objective: Monitor days for frequency of crisis service requests and recommend coverage adjustments as needed.	**The QI Committee will monitor the frequency of crisis requests per time and day of week and recommend adjustments to coverage as needed.**	The Committee will review the frequency of crisis requests by day of week and time and make recommendations for adjustments to staff/scheduling as needed.	**A clinician member of the QIC will review the crisis logs and provide a report to the QIC. The QIC will make recommendations as needed to Deputy Directors to improve crisis response**
Evaluation of QI Activities *Objective:* QI Committee will have a standing agenda item that will review and evaluate the results of QI activities, recommend policy changes, institute needed QI actions to address concerns, and ensure follow-up.	**The QI Committee will have an agenda item at each meeting that will allow the committee to focus on the activities of the Committee and evaluate the effectiveness of Committee recommendations for policy changes**	The Department will encourage a Continuous Quality Improvement (CQI) orientation in the QIC by regularly reviewing the activities of the QIC to evaluate the effectiveness of QIC recommendations.	**The goal is to insure that QIC recommended actions receive follow up until the action is complete or no longer needs QIC oversight**
Evaluation of access to psychiatric services Objective: Monitoring timeline between ACCESS Team referral to and receipt of psychiatric	**QI Committee will monitor the efficiency of the referral process to psychiatric services**	The Committee will review the time line between approval for medication services by the ACCESS Team to the scheduling of these services. The Committee will review for disparity in this timeline for children versus adults; and make recommended program changes as needed.	**A clinical member of the QIC will review the EHR to determine the timeline from referral to psychiatric services to receipt of services. The goal is to complete the referral/service process within 45 days.**

Quality Improvement Work Plan		Discussion	Action Items
Monitor Medication Services *Objective:* QI Committee will monitor the safety and effectiveness of medication practices.	**QI Committee will monitor the findings of the medications reviewers regarding the safety and effectiveness of medication practices**	The Committee will track the addition of an appropriate reviewer of prescribing practices (e.g. pharmacist) to allow of regularly review the prescribing practices of staff psychiatrist. These reviews will be reported to the QIC for oversight and needed actions.	**Medical records staff will identify a sample of medication charts for review. The prescribing practices will be reviewed by a person licensed to prescribe or dispense prescription drugs and reviewed in QIC for compliance**
Consumer Involvement in QI Findings *Objective:* The Department shall make every effort to inform consumers about the findings of the QI Committee.	**Consumers will be regular members of the QI Committee. Each meeting of the QI Committee will have an agenda item which seeks consumer input**	The Department will encourage and support the involvement of consumers in the QIC process. Consumers may receive stipends for their participation in this committee.	**Consumer members of the QIC will be encouraged to update the Committee on any areas of interest or concern. QIC will provide support and advocacy as needed. The Department will consider methods for informing consumers on the work of the QIC (Minutes available in the lobby, or via the website or other methods). Minutes can be made available at Safe Haven.**
Other Items To be added as identified (e.g. issues that raise quality of care concerns)			

Additional archival data used for capacity tracking:

Figure 1

Outpatient Service Penetration Rate of Medi-Cal Beneficiaries by ETHNICITY

For Years 2011, 2012, 2013, and 2016/2017

(Source: APS/BHC Data Tables, Kings View)

	TOTAL IN POPULATION				TOTAL SERVED				PERCENT TOTAL (PENETRATION RATE)			
	2011	2012	2013	2016/2017	2011	2012	2013	2016/2017	2011	2012	2013	2016/2017
CAUCASIAN	1,146	1160	1130	1599	213	209	216	273	18.59%	18.02%	19.11%	17.07%
HISPANIC	3618	3572	3681	5675	194	196	228	361	5.36%	5.49%	6.19%	6.36%
OTHER	202	249	428	929	36	30	35	62	8.57%	12.05%	8.17%	6.67%
TOTAL	5182	4981	5239	8203	443	435	479	696	8.55%	8.79%	9.14%	8.48%

Figure 1A

Outpatient Service Penetration Rates by Medi-Cal Beneficiaries by ETHNICITY

For Years 2011, 2012, 2013, 2016/2017

Source: APS/BHC Data Tables, Kings View

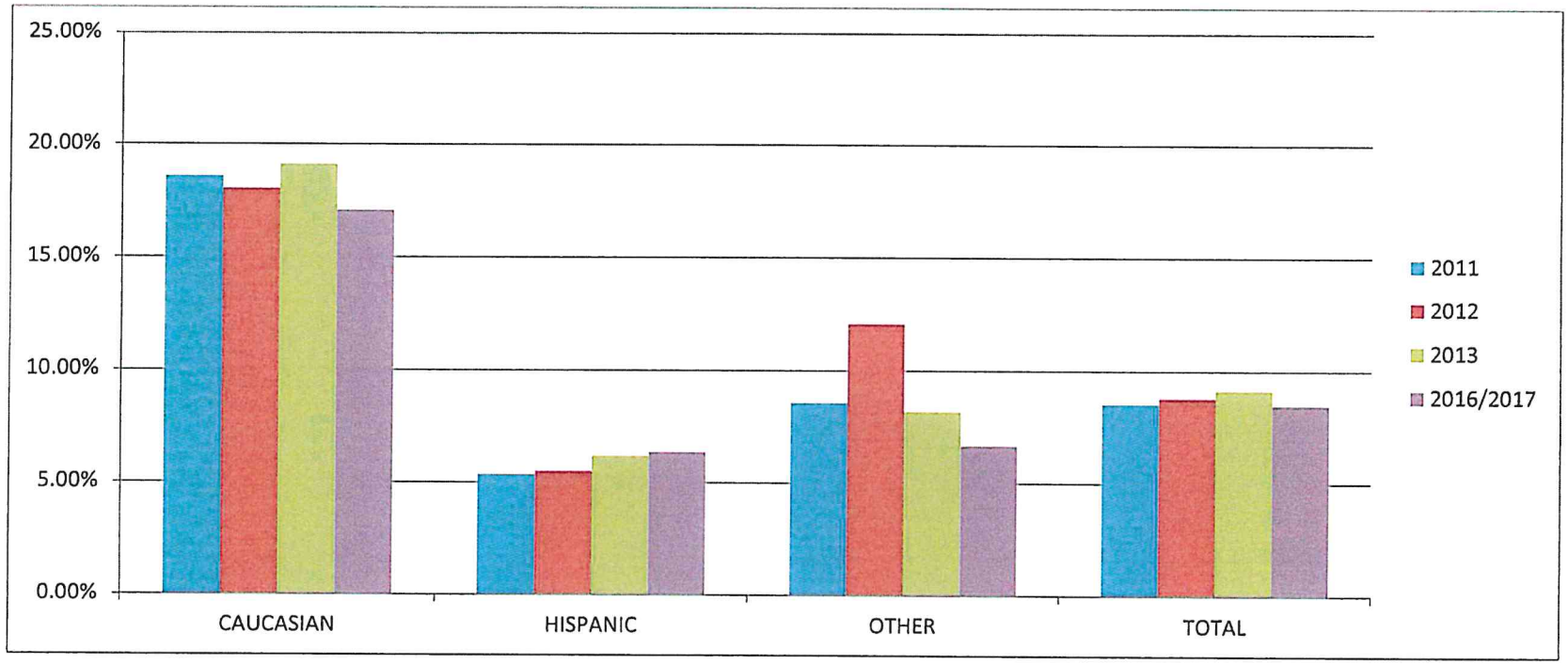


Figure 2

Outpatient Service Utilization of Medi-Cal Beneficiaries by **GENDER**

For Years 2011, 2012 and 2016/2017

(Source: APS Data Tables and Kings View)

	TOTAL IN POPULATION			TOTAL SERVED			PERCENT TOTAL (PENETRATION RATE)		
	2011	2012	2016/2017	2011	2012	2016/2017	2011	2012	2016/2017
FEMALE	2849	2904	4450	232	255	374	8.14%	8.78%	8.40%
MALE	2333	2293	3752	211	202	322	9.04%	8.81%	8.58%
TOTAL	5182	5197	8202	443	457	696	8.55%	7.96%	8.48%

Figure 2A

Outpatient Service Utilization of Medi-Cal Beneficiaries by GENDER

For Years 2011, 2012 and 2016/2017

(Source: APS Data Tables and Kings View)

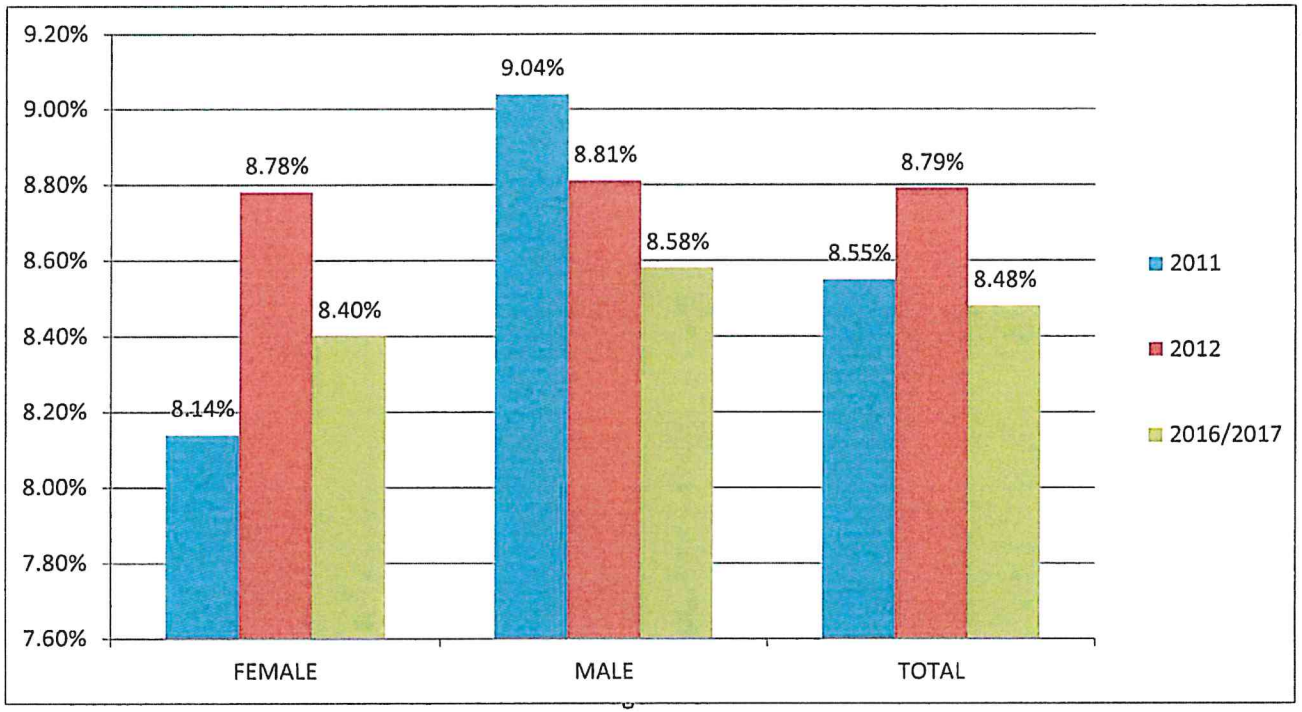


Figure 3

Comparison of Colusa County Population for Calendar Year 2015 (most recent census data available)

and Medi-Cal Beneficiaries for Year 2016/2017

(Source: US Census Data and Kings View)

	CAUCASIAN		HISPANIC		OTHER		TOTAL
COUNTY POPULATION (2015)	7,776	36.2%	12,566	58.5%	1,138	5.3%	21,480
MEDI-CAL BENEFICIARIES (2016/2017)	1,599	20.5%	5,675	45.1%	929	81.6%	8,203

Figure 3A

Comparison of Colusa County Population for Year 2015 (most recent census data available)

and Medi-Cal Beneficiaries for Year 2016/2017

(Source: US Census Data and Kings View)