
Quality Improvement Work Plan

Contra Costa Behavioral Health Services

Alcohol and Other Drug
Services

As submitted for EQRO 2018-
2019



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 2018 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 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 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. Clients will be offered routine care services within 10 days of initial request for appointments	1. Track and Trend Access Data from Initial Contact to first offered appointment Quarterly. [ongoing] [Quarterly]
2. Clients will be offered MAT appointments within 3 days	1. Track and Trends Access Data from Initial Contact to First MAT/NTP Appointment. [ongoing] [Quarterly]
3. Clients will be offered urgent appointments within 2 days from initial request.	1. Track and Trends Access Data for Timely Appointments for Urgent Conditions. [ongoing] [Quarterly]
4. Clients will be offered appointments within 7 days of residential discharge	1. Develop reporting on residential discharges. [new]
	2. Track and Trend Timely Access to Follow-Up Appointments after Residential discharge. [new] [Annually]
5. WM readmission days within 30 days	1. Track and Trend Data on Re-Admissions to Residential Treatment and WM. [new] [Quarterly]
	2. Analyze re admission data to identify new interventions for clients with more than one re-admission. [new]

Goal 3: Reduce appointment no-show rates	
Objectives	Actions
1. Improve appointment data collection on behavioral health appointments.	1. Refine reporting on appointment adherence. [new]
2. With implementation of reminder calls, reduce rate of missed initial intake appointments (25% Mental Health, 15% AOD).	2. Report quarterly the percentage of first scheduled appointments with the disposition of no show, canceled, and left without seen. [new] [Quarterly]

Goal 4: Improve the Behavioral Health Access Line triaging and referral processes into the behavioral health system of care	
Objectives	Actions
1. Access Line test call results made for both daytime and after-hours will have an 80% success rate.	1. On quarterly basis, conduct 10 tests calls, 6 (including 2 in Spanish) during business hours and 4 (including 2 in Spanish) 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: 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. [ongoing] [Quarterly]
	2. Respond to 100% of grievances. [ongoing]
	3. Present findings to the QIC on a quarterly basis to identify strategies to improve reporting and address issues. [ongoing] [Quarterly]
2. Review 100% of unusual occurrences to identify trends	1. Collect and analyze trends in unusual occurrences. [new] [Quarterly]
	2. Report on unusual occurrences quarterly to the QIC. [new] [Quarterly]

Goal 6: Monitor client/family satisfaction	
Objectives	Actions
1.	1. Report survey finding to staff. [new] [Monthly]
2. Survey means (4.0 or higher) indicate clients and/or their families are satisfied with their care.	2. Conduct an annual Treatment Perception Survey to gather quantitative and qualitative data about satisfaction with services. [ongoing] [Annually]
	3. Report satisfaction survey findings to clinics and contracted providers. [ongoing] [For MHP- Bi-annually; For SUD-Annually]
	4. Conduct monthly satisfaction surveys at substance use disorder facilities. [new] [Monthly]

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
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. 100% of clients are served in their preferred language.	1. Monitor accessibility of Access Line and services to non-English speakers. [ongoing] [Quarterly]
3. 100% of staff complete a cultural competency training.	1. Track percentage of staff who complete cultural competency training. [ongoing] [Annually]

Medication Practices

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

Goal 8: Promote safe and effective medication practices	
Objectives	
1. Establish Safe Prescription Standards.	1. Convene safe medication workgroup. [new]
	2. Train 75% of psychiatrists on safe prescribing procedures for benzodiazepines by December 31, 2018. [new]
	3. Train residential providers at women's programs on benzodiazepines. [new]
2. Develop a Disaster Medication Plan.	1. Develop a plan to provide clients with medication replacement during a disaster. [new]
	2. 100% of clinic staff know where they can refer clients to access medications in a disaster. [new]

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 9: Expand services and improve provider collaboration	
Objectives	Actions
1. Expand continuum of care available to clients	1. Issue Request for Proposal to expand residential recovery levels. [new]
	2. Coordinate development of Recovery Residences to support clients stepping down from residential programs. [new]
2. Improve collaboration with contract providers	1. Hold monthly provider meetings. [new] [Monthly]
	2. Solicit provider input on improvement efforts. [new]
	3. Hold monthly data quality workgroup including providers. [new] [Monthly]
	4. Convene SUD provider-run collaborative. [new] [Semi-monthly]

Goal 10: Increase use of evidence-based practices	
Objectives	Actions
1. Reduce no shows to intake appointments	1. Use Motivational Interviewing to improve appointment adherence. [ongoing]
2. Increase the percentage of clients who successfully complete residential treatment.	1. Implement Cognitive Behavioral Therapy for Depression at contract provider residential sites. [new]

Goal 11: Effectively collect data and communicate data findings to staff and the community	
Objectives	Actions
1. Implement an EHR	1. Ensure providers have access to AccuCare for treatment planning [new] 2. Launch a Web Portal for providers. [new]
2. Increase data analysis capacity	1. Hire data support staff to support AOD analyses. [new]
3. Develop electronic reporting capacity to regularly examine quality, access, and timeliness of services through the Behavioral Health Electronic Health Record.	1. Prioritize data and reporting needs with Business Intelligence, ensuring that the data system captures individual and program level data. [new]
4. Review data regularly to identify areas of quality improvement	1. Generate quarterly CalOMS reports. [new] [Quarterly]
5. Streamline provider submission of ASAM data.	1. Develop an electronic process for transfer of level of care data. [new]

Goal 12: Maintain effective and consistent utilization review practices	
Objectives	Actions
1. Improve communication with those who interface with or are part of the UR Team.	1. Hold regularly scheduled UR meetings on authorization, Level 1, and centralized reviews. [ongoing]
	2. Develop documentation training for County SUD operated clinics and community organizations. [ongoing]
	3. Attend County and community-based organization meetings to announce and communicate UR regulatory changes. [ongoing]
2. Train 100% of Behavioral Health staff on HIPAA .	1. Track percentage of staff who complete HIPAA training. [ongoing] [Annually]
3. Train 100% of SUD staff on 42 CFR Part 2	2. Convene trainings for UR and Access Line staff on confidentiality of SUD client records. [new]

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 13: Integrate behavioral health services with other County systems	
Objectives	Actions
1. Coordinate Drug Medi-Cal Waiver services with primary care and mental health services.	1. Complete Drug Medi-Cal certification for mental health clinics. [new]
	2. Embed substance abuse counselor at Psychiatric Emergency Department.
2. Coordinate Drug Medi-Cal Waiver services with primary care.	1. Designate staff at Access Line to address calls from primary care. [ongoing]
	2. Access Line open portal for primary care to make referrals. [new] [Quarterly]
3. Coordinate Drug Medi-Cal services with homeless shelters.	1. Recruit certified counselor. [ongoing]
	2. Pursue Drug-Medi-Cal certification. [new]