

San Joaquin County Behavioral Health Services
Quality Improvement Work Plan
July 1, 2015 - June 30, 2018

Introduction

San Joaquin County Behavioral Health Services (SJCBS) is committed to service excellence and continuous quality improvement. Toward this end, SJCBS has implemented a Quality Improvement Program that monitors the quality of services provided. A component of SJCBS' Quality Improvement Program is the development, implementation and monitoring of a Quality Improvement Work Plan.

The Quality Improvement Work Plan serves as the foundation of SJCBS' commitment to continuously improve the quality of treatment and services provided. The Plan also provides a roadmap for activities that are designed to achieve the goals and objectives identified in the Plan. Quality improvement activities are reported on and reviewed in quarterly meetings of the Quality Improvement Council, the QI Steering Committee and the Compliance Steering Committee meetings.

The following information provides an overview of SJCBS' Quality Improvement Principles, Continuous Quality Improvement Activities, the Annual Evaluation process, and ends with the Quality Improvement Work Plan goals and objectives.

Quality Improvement Principles

Quality Improvement is defined as a systematic approach to assessing services and improving them. SJCBS' approach to quality improvement is based on the following principles:

- **Recovery-oriented:** Services provided should promote and preserve wellness and expand choices to meet individually defined goals.
- **Employee Empowerment:** Effective quality improvement initiatives should involve people at all levels of the organization in improving quality.
- **Leadership Involvement:** Strong leadership, direction and support of quality improvement activities are essential to performance improvement. Involving organizational leadership assures that quality improvement initiatives are consistent with SJCBS' mission, vision, and values and compliment the organization's Strategic Plan.
- **Data Driven Decision-Making:** Successful quality improvement processes should incorporate feedback loops, using data to develop practices and measure results.

- **Prevention over Correction:** Continuous quality improvement includes designing processes that achieve positive outcomes rather than fixing processes that do not produce desired results.

These principles serve as a compass to guide quality improvement activities.

Continuous Quality Improvement Activities

The purpose of quality improvement activities is to improve the outcomes of existing services and/or to design new services. Toward this end, SJCBS' quality improvement 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 activities to pursue;
- Identifying relevant committees internal or external to ensure appropriate exchange of information with the Quality Improvement Council;
- 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 the effectiveness of the interventions;
- Incorporating successful interventions into SJCBS' operations as appropriate; and
- Reviewing grievances, standard appeals, expedited appeals, fair hearings, expedited fair hearings and provider appeals.

Quality Improvement Council

The Quality Improvement Council (QIC) is a formal body that has responsibility for reviewing the quality of services provided by SJCBS and its contracted providers. The QIC recommends policy decisions, reviews and evaluates the results of QI activities, including Performance Improvement Projects (PIPs), institutes needed QI actions, ensures follow-up of QI processes and documents its decisions and actions taken. The QIC reviews and analyzes the results of the

activities of the QI Review Subcommittee and the QI Activities Subcommittee and makes recommendations regarding any impediment to quality of care, quality outcomes, timeliness of care and/or access to service.

The QIC meets quarterly and its membership includes members of SJCBS' Senior Management, Program Managers, providers, consumers and family members.

Annual Evaluation

An annual evaluation of the effectiveness of Quality Improvement activities is completed. The annual evaluation is conducted by the Quality Improvement Council and is kept on file. The evaluation summarizes progress associated with each of the Quality Improvement Work Plan goals and objectives, and includes action taken in response to these outcomes. Based upon the evaluation, revisions may be recommended. Any revisions are documented within the Plan.

Quality Improvement Work Plan

The following goals and objectives were developed by the Quality Improvement Council and reflect SJCBS' commitment to ensure:

- Services are provided in a timely and efficient manner, with appropriate coordination and continuity of care;
- Risk to consumers, providers and others is minimized, and errors in the delivery of services are prevented;
- Services provided include cultural sensitivity; and
- Services are appropriate to each consumers needs and are available when needed.

Timeliness	<p style="text-align: center;">Goal</p> <p style="text-align: center;">To ensure timely access to quality behavioral health treatment</p>				
	Objective	Baseline	Planned Activity	Responsible Party	Revisions
1	Ensure 75% of clients are scheduled for an initial assessment within 10 business days or less from their first request for services.	Adult Services: 10.3 Children & Youth Services: 9.04 All Services: 9.67 Source: FY 14/15 EQRO Self-Assessment of Timely Access	<p>Track, trend and analyze the length of time from initial contact to first appointment.</p> <p>Present data at quarterly QI Council meeting,</p> <p>Revise processes as needed.</p> <p>Identify and address barriers to timely access</p>	<p>IS, QI Council, All programs, including contractors.</p> <p>QI</p> <p>QI Council, All programs, including contractors.</p> <p>Ad Hoc Committee to be established as needed.</p>	
<p>Outcomes FY 15/16</p>					

Timeliness	<p style="text-align: center;">Goal</p> <p style="text-align: center;">To ensure timely access to quality behavioral health treatment</p>				
	Objective	Baseline	Planned Activity	Responsible Party	Revisions
2	Average length of time from first request for services to first psychiatry appointment will be 30 days or less.	Adult Services: 22 days Children & Youth Services: 25.79 days All Services: 23.9 days Source: FY 14/15 EQRO Self-Assessment of Timely Access	<p>Track, trend and analyze the length of time from initial contact to first psychiatry appointment.</p> <p>Explore strategies for expanding the availability of psychiatrists including enhancing telemedicine and using psychiatrists who contract with health plans.</p> <p>Present data at quarterly QI Council meeting.</p> <p>Revise processes as needed.</p>	<p>IS, QI Council, All programs, including contractors.</p> <p>Ad Hoc Committee to be established as needed.</p> <p>QI</p> <p>IS, QI Council, All programs, including contractors.</p>	
<p>Outcomes FY 15/16</p>					

Timeliness	<p style="text-align: center;">Goal</p> <p style="text-align: center;">To ensure timely access to quality behavioral health treatment</p>				
	Objective	Baseline	Planned Activity	Responsible Party	Revisions
3	Wait time from request to clinician evaluation, for an urgent appointment in Crisis Intervention Services, will be reduced to less than two hours.	2:03 (hours:minutes) Source: Quality Improvement Council Meeting Minutes	Track, trend and analyze access data for timely appointments for urgent conditions. Present data at quarterly QI Council meeting. Revise processes as needed.	IS, QI Council, 24 Hour Services QI IS, QI Council, 24 Hour Services	
<p>Outcomes FY 15/16</p>					

Timeliness	<p style="text-align: center;">Goal</p> <p style="text-align: center;">To ensure timely access to quality behavioral health treatment</p>				
	Objective	Baseline	Planned Activity	Responsible Party	Revisions
4	Ensure the average length of time for a follow up appointment after hospital discharge is 7 days or less.	<p>Adult Services: 7-days</p> <p>Children & Youth Services: 5-days</p> <p>Source: FY 14/15 EQRO Self-Assessment of Timely Access</p>	<p>Track, trend and analyze access data regarding scheduling follow up appointments after hospitalization.</p> <p>If warranted, explore the feasibility of expanding post – PHF Clinic.</p> <p>Present data at quarterly QI Council meeting.</p> <p>Revise processes as needed.</p>	<p>IS, QI Council, All programs.</p> <p>Ad Hoc Committee to be established as needed.</p> <p>QI</p> <p>IS, QI Council, All programs.</p>	
<p>Outcomes FY 15/16</p>					

Timeliness	<p style="text-align: center;">Goal</p> <p style="text-align: center;">To ensure timely access to quality behavioral health treatment</p>				
	Objective	Baseline	Planned Activity	Responsible Party	Revisions
5	Less than 15% of persons hospitalized will be readmitted within 30 days of discharge.	Adult Services: 14.8% Children & Youth Services: 6.0% All Services: 10.4% Source: FY 14/15 EQRO Self-Assessment of Timely Access	Track, trend and analyze data regarding readmissions. Present data at quarterly QI Council meeting. Revise processes as needed.	IS, QI Council, All Programs QI IS, QI Council, All programs, including contractors.	
<p>Outcomes FY 15/16</p>					

Timeliness	<p style="text-align: center;">Goal</p> <p style="text-align: center;">To ensure timely access to quality behavioral health treatment</p>				
	Objective	Baseline	Planned Activity	Responsible Party	Revisions
6	No-shows for Clinicians/Non-Psychiatrists will be 15% or less.	Adult Services: 20.7% Children & Youth Services: 10.2% All Services: 15.4% Source: EQRO Self-Assessment of Timely Access	Track, trend and analyze no shows data. Present data at quarterly QI Council meeting, Identify and address reason(s) for no-shows Revise processes as needed	IS, QI Council, All programs including contractors. QI Ad Hoc Committee to be established as needed. IS, QI Council, All programs, including contractors.	
Outcomes FY 15/16					

Timeliness	<p style="text-align: center;">Goal</p> <p style="text-align: center;">To ensure timely access to quality behavioral health treatment</p>				
	Objective	Baseline	Planned Activity	Responsible Party	Revisions
7	No-shows for Psychiatrists will be 15% or less.	Adult Services: 20.4% Children & Youth Services: 8.7% All Services: 14.5% Source: FY 14/15 EQRO Self-Assessment of Timely Access	Track, trend and analyze no shows data. Present data at quarterly QI Council meeting, Revise processes as needed. Identify and address reason(s) for no-shows	IS, QI Council, All programs including contractors. QI IS, QI Council, All programs including contractors. Ad Hoc Committee to be established as needed.	
<p>Outcomes FY 15/16</p>					

Access	<p style="text-align: center;">Goal</p> <p style="text-align: center;">Ensure timely and appropriate access to specialty mental health treatment</p>				
	Objective	Baseline	Planned Activity	Responsible Party	Revisions
1	<p>100% of test calls answered by the 24/7 line will provide timely and accurate information, in all languages and be documented accordingly.</p>	<p>50% of the calls were recorded in the logbook;</p> <p>57% of the calls had the date recorded in the logbook;</p> <p>50% of the calls had the name of the caller recorded;</p> <p>64% of the calls that used an interpreter or language line recorded;</p> <p>53% of the calls had the initial request for service or concern recorded in the logbook;</p> <p>50% of the calls recorded the disposition in the logbook.</p> <p>Data Source: 14/15 Quality Improvement Work Plan Annual Evaluation</p>	<p>Monitor benchmarks tracking timely and appropriate access to mental health services.</p> <p>Identify and address obstacles to appropriate call response and documentation.</p> <p>Conduct test of the 24 hours call line and the follow-up system.</p>	<p>IS, QI Council</p> <p>QI, Access</p> <p>QI, QI Subcommittee</p>	
<p>Outcomes FY 15/16</p>					

Access	<p style="text-align: center;">Goal</p> <p style="text-align: center;">Ensure timely and appropriate access to specialty mental health treatment</p>				
	Objective	Baseline	Planned Activity	Responsible Party	Revisions
2	Assess the capacity of the service delivery system, including monitoring the current number, types and geographic distribution of mental health services within the delivery system	None	<p>Track, trend and analyze the number, types and geographic distribution of services within the SCJBHS system of care.</p> <p>Present data at quarterly QI Council meeting.</p> <p>Revise processes as needed.</p>	<p>IS, QI Council</p> <p>QI, Access</p> <p>QI Council, All programs</p>	
<p>Outcomes FY 15/16</p>					

Access	<p style="text-align: center;">Goal</p> <p style="text-align: center;">Ensure timely and appropriate access to specialty mental health treatment</p>				
	Objective	Baseline	Planned Activity	Responsible Party	Revisions
3	Increase the penetration rate to 2.9% among eligible Hispanics.	2.36% Source: FY 14/15 Quality Improvement Work Plan Annual Evaluation	Track, trend and analyze utilization rates by age, diagnosis, gender and preferred language. Present data at quarterly QI Council meeting. Revise processes as needed. Identify barriers to unserved/underserved populations and strategies for improvement.	IS, QI Council, All programs, including contractors QI IS, QI Council, All programs including contractors Ad Hoc Committee to be established as needed.	
<p>Outcomes FY 15/16</p>					

Access	<p style="text-align: center;">Goal</p> <p style="text-align: center;">Ensure timely and appropriate access to specialty mental health treatment</p>				
	Objective	Baseline	Planned Activity	Responsible Party	Revisions
4	Assess capacity to ensure continuity and coordination with physical health care.	None	<p>Identify preliminary indicators to begin to evaluate Primary Care/Behavioral Health integrated services.</p> <p>Present data at quarterly QI Council meeting.</p> <p>Revise processes as needed.</p>	<p>QI Council, Ad Hoc Committee to be established as needed.</p> <p>QI</p> <p>IS, QI Council, All programs including contractors</p>	
<p>Outcomes FY 15/16</p>					

Quality	Goal To ensure that the quality of care and services delivered by SJCBSHS meets standards established by SCJBHS and its regulatory agencies.				
	Objective	Baseline	Planned Activity	Responsible Party	Revisions
1	90% of clients will be satisfied with BHS services. Disseminate survey results to internal and external stakeholder, quarterly.	91% Source: SJCBSHS Survey	<p>Administer and analyze required and local/program specific satisfaction surveys.</p> <p>Inform stakeholders of the results of the beneficiary satisfaction survey.</p> <p>Explore the feasibility of developing and/or expanding a family/support system satisfaction survey.</p> <p>Present data at quarterly QI Council meeting.</p> <p>Revise processes as needed</p>	<p>QI, Compliance</p> <p>QI, Compliance</p> <p>QI Council</p> <p>QI, Compliance</p> <p>IS, QI Council, All programs including contractors.</p>	
Outcomes FY 15/16					

Quality		Goal			
To ensure that the quality of care and services delivered by SJCBS meets standards established by SJCBS and its regulatory agencies.					
	Objective	Baseline	Planned Activity	Responsible Party	Revisions
2	70% of grievances will be addressed within 30 days of receipt and the remaining 30% will be addressed within 60 days of the date of receipt.	46.9% were responded to within 30 days and 53.1% were responded to within 31-60 days. Source: FY 14/15 QI Work Plan Annual Evaluation	Track, trend and analyze grievances, appeals and state hearing actions, including type, gender, race and language as part of the tracking system. Explore strategies for enhancing the grievance monitoring/tracking system. Present data at quarterly QI Council meeting. Revise processes as needed.	IS, QI QI Council QI IS, QI Council, All programs including contractors	
Outcomes FY 15/16					

Quality	Goal To ensure that the quality of care and services delivered by SJCBSHS meets standards established by SCJBHS and its regulatory agencies.				
	Objective	Baseline	Planned Activity	Responsible Party	Revisions
3	Across all SJCBSHS systems of care, study, analyze and continuously improve medication practices.	None	<p>Track, trend and analyze medication-monitoring practices in outpatient clinics.</p> <p>Revise processes as needed.</p> <p>Establish baseline and identify targets for improvement.</p> <p>Determine feasibility of establishing practice guidelines.</p>	<p>IS, QI Council, Medical Director</p> <p>IS, QI Council, All programs including contractors</p> <p>Medical Staff</p> <p>Medical Staff</p>	
Outcomes FY 15/16					

Quality	Goal To ensure that the quality of care and services delivered by SJCBS meets standards established by SCJBHS and its regulatory agencies.				
	Objective	Baseline	Planned Activity	Responsible Party	Revisions
5	90% of requests for change of provider will be processed within 30 days of receipt.	49% Source: FY 14/15 QI Work Plan Annual Evaluation	Track, trend and analyze requests for change of provider. Explore the current processes for addressing requests to change providers and, if warranted recommend strategies for improving current processes. Present data at quarterly QI Council meeting Revise processes as needed.	IS, QI, All programs, including contractors Ad Hoc Committee to be established as needed Qi IS, QI Council, All programs including contractors	
Outcomes FY 15/16					

Staff Development & Productivity	<p style="text-align: center;">Goal</p> <p style="text-align: center;">Improve staffs capacity to advance client outcomes.</p>				
	Objective	Baseline	Planned Activity	Responsible Party	Revisions
1	Develop and implement strategies to enhance cultural competence and linguistic competence among SJCBS staff and partners, including developing a system to monitor linguistic competence.	None	<p>Monitor the implementation of the Cultural Competency Plan</p> <p>Develop recommendations for staff training and development.</p> <p>Identify training/educational opportunities to enhance the array of culturally and linguistically competent skill sets</p>	<p>QI</p> <p>QI, QI Council</p> <p>QI, QI Council, Cultural Competence Committee</p>	
<p>Outcomes</p> <p>FY 15/16</p>					

Staff Development & Productivity	Goal To ensure that the quality of care and services delivered by SJCBS meets standards established by SCJBHS and its regulatory agencies.				
	Objective	Baseline	Planned Activity	Responsible Party	Revisions
2	Reduce disallowances related to documentation.	2.14% Source: FY 14/15 QI Work Plan Annual Review	Update/Disseminate Clinical Training Manual Update documentation training Implement updated clinical documentation training Conduct comprehensive clinical record review. Monitor Unbilled Services Report, including analyzing trends. Track, trend and analyze McFloop data. Present data at quarterly QI Council meeting. Revise processes as needed.	Ad Hoc Committee to be established as needed. Ad Hoc Committee to be established as needed. Trainers QI, QI Review Subcommittee QI QI QI IS, QI Council, All programs including contractors	
Outcomes FY 14/15					