

---

# **Contra Costa Behavioral Health**

---

**2020**

## **Quality Improvement Plan**

---



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 beneficiaries' needs. 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 2020 Quality Improvement Plan. The contents of the Quality Improvement Plan were also informed by County efforts to better meet client needs and incorporate annual 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.<sup>1,2</sup> 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:

- Service Capacity [page 2]
- Accessibility of Services [pages 3-4]
- Beneficiary Satisfaction [page 5]
- Cultural and Linguistic Competence [page 6-7]
- Client Safety and Medication Practices [Pages 8-9]
- Service Delivery and Clinical Issues [pages 10-11]
- Establishing Beneficiary and System Outcomes [pages 12-13]

---

<sup>1</sup> Activities related to both Mental Health and Substance Use Disorder services are shaded gray.

<sup>2</sup>Activities that are in Monitoring only status are shaded green.

**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.*

<b>Goal 1: Monitor service delivery measurements</b>	
<b>Objectives</b>	<b>Actions/Frequency</b>
1. Ensure network adequacy for service delivery.	1. Provider psychiatry ratios meet network adequacy standards. [new] [Annually]
	2. Provider ratios for outpatient SMHS meet network adequacy standards. [new] [Annually]
	3. Report network adequacy metrics to DCHS. [new] [Annually]
2. Increase penetration rates for underserved populations: Latinos, Asian/ Pacific Islanders, Birth to Six, and Older Adults.	1. Increase penetration rates for underserved populations from previous years. [ongoing]
	2. Examine penetration rates subdivided to the race/ethnicity, age, and region level to further understand the distribution of underserved populations. [new]

## Accessibility of Services

*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.*

<b>Goal 2: Beneficiaries will have timely access to the services they need</b>	
<b>Objectives</b>	<b>Actions/Frequency</b>
1. Clients requesting non-urgent mental health services are offered an initial assessment appointment within 10 business days.	1. At least 90% of first appointments are offered to clients within 10 business days. <a href="#">[ongoing]</a> <a href="#">[Quarterly]</a>
	2. Include contractor data in timeliness reports and demonstrate use of aggregate reporting for capacity management. <a href="#">[EQRO Recommendation]</a> <a href="#">[new]</a>
	3. Children's access to first offered appointments is within 10-business days. <a href="#">[EQRO Recommendation]</a> <a href="#">[new]</a>
2. Clients requesting initial non-urgent care mental health services are offered psychiatry appointment within 15 business days.	1. Improve the current rate (43.1 percent) of psychiatric appointments offered within 15 business days. <a href="#">[EQRO Recommendation]</a> <a href="#">[new]</a> <a href="#">[Quarterly]</a>
	2. 80% of clients at MHP regional clinics are offered a psychiatry appointment within 15 days. <a href="#">[ongoing]</a> <a href="#">[Quarterly]</a>
3. Urgent care mental health service requests are offered an appointment within 2 business days.	1. 100% of urgent outpatient mental health appointments are offered within 2 business days of request. <a href="#">[ongoing]</a> <a href="#">[Quarterly]</a>
4. Clients discharged from hospitals are provided an outpatient visit within 7 calendar days.	1. Clients receive an outpatient appointment within an average of 7 calendar days from hospital discharge. <a href="#">[ongoing]</a> <a href="#">[Quarterly]</a>
	2. The MHP will improve the current rate (41.8 percent) of follow-up hospital discharge appointments that are within 7 days. <a href="#">[EQRO Recommendation]</a> <a href="#">[new]</a>

<b>Goal 3: Reduce missed appointment rates</b>	
<b>Objectives</b>	<b>Actions/Frequency</b>
1. Improve appointment data collection on mental health appointment adherence.	1. Make enhancements to cancellation report to improve classification of cancellation being client or provider initiated. <a href="#">[ongoing]</a>

	2. Standardize workflows for entering appointment adherence data into ccLink. <a href="#">[ongoing]</a>
2. Reduce no show rates	1. No more than 15% of psychiatric and non-psychiatric appointments are no shows. <a href="#">[new]</a> <a href="#">[Quarterly]</a>
	2. Identify disparities in no shows. <a href="#">[new]</a> <a href="#">[Quarterly]</a>

**Goal 4: Improve the Behavioral Health Access Line triaging and referral processes into the behavioral health system of care**

<b>Objectives</b>	<b>Actions/Frequency</b>
1. The MHP will provide beneficiaries with accurate information on how to access services.	1. On quarterly basis, conduct 10 test calls, 6 (including 2 in Spanish) during business hours and 4 (including 2 in Spanish) after hours. <a href="#">[ongoing]</a> <a href="#">[Quarterly]</a>
	2. Provide callers with information at initial contact on how to access Specialty Mental Health Services (SMHS), including SMHS required to assess whether medical necessity criteria are met. <a href="#">[ongoing]</a> <a href="#">[Quarterly]</a>
	3. The MHP will conduct 2 calls to test the Access Line on beneficiary problem resolution and fair hearing process, 1 call during business hours and 1 call after-hours. <a href="#">[ongoing]</a> <a href="#">[Quarterly]</a>
2. 75% of business hours Access Line calls are answered by a live staff within 3 minutes.	1. Compare the number of business hour calls that are answered within three minutes to the total number of business hour calls. <a href="#">[ongoing]</a> <a href="#">[Quarterly]</a>
	2. Report the longest wait times in English. <a href="#">[ongoing]</a> <a href="#">[Quarterly]</a>
3. 75% of after-hours Access Line calls are answered by a live representative within 1 minute.	1. Compare the number of after-hour calls that are answered within one minute to the total number of after-hour calls. <a href="#">[ongoing]</a> <a href="#">[Quarterly]</a>
	2. Report the longest wait times. <a href="#">[ongoing]</a> <a href="#">[Quarterly]</a>
4. Decrease call abandonment rates.	1. Track rates of call abandonment. <a href="#">[ongoing]</a> <a href="#">[Quarterly]</a>

## 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.*

<b>Goal 5: Monitor client/family satisfaction</b>	
<b>Objectives</b>	<b>Actions/Frequency</b>
1. Survey means on the Mental Health Statistics Improvement Program (MHSIP) indicate clients and/or their families are satisfied with their care.	1. Conduct the MHSIP biannually to obtain level of client satisfaction with services. [ongoing] [Biannually]
	2. Implement changes based on survey data. [ongoing]
2. Monitor client satisfaction on Mental Health Statistics Improvement Program (MHSIP) survey.	1. Client scores improve on the MHSIP Domains of Outcomes, Functioning, and Access. [ongoing] [Biannually]
	2. Report satisfaction survey findings to clinics and contracted providers. [ongoing] [For MHP- Bi-annually; For SUD-Annually]
3. Obtain interview and survey data from clients in MHSIP funded programs.	1. Conduct in-depth program and fiscal review of MHSIP funded programs, including client interviews and surveys. [ongoing] [Every 3 years]
4. Obtain feedback about satisfaction with remote services necessitated by the COVID-19 pandemic.	1. Administer a survey to clients about their satisfaction with telephone and video appointments. [new]

## Cultural and Linguistic Competence

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

<b>Goal 6: Provide all clients with culturally- and linguistically-appropriate client-centered care</b>	
<b>Objectives</b>	<b>Actions/Frequency</b>
1. All services are delivered in a culturally competent manner.	1. Update the Cultural Humility Plan, incorporating DHCS cultural competency plan requirements and National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Healthcare by HHS. [ongoing] [Annually]
	2. 100% of staff complete cultural competency training. [ongoing] [Annually]
	3. Increase the % of staff who complete cultural competency training within recommended timeframe of 1 year by 10 percentage points. [ongoing] [Annually]
2. The Division has a racially diverse staff with the language capacity to provide access to services in threshold languages.	1. Administer a staff equity survey to obtain data about demographic information including race/ethnicity, language, sexual identify, gender orientation, and workforce needs. [new]
3. Expand role of Reducing Health Disparities (RHD) Workgroup.	1. Convene regular RHD Meetings. [new] [Bimonthly]
	2. Expand community representation and engagement of RHD workgroup of CBOs, line staff, and clients and families. [ongoing]
	3. Ethnic Services Coordinator meets regularly with BHS leadership to discuss input from RHD to improve cultural responsiveness of services. [new]
	4. RHD workgroup will provide input on cultural humility training. [new]
4. Increase Access to services for non/limited English speakers.	1. Monitor accessibility of Access Line and services to non-English speakers. [ongoing] [Quarterly]
	2. Monitor number of HCIN interpretation encounters. [ongoing] [Quarterly]
	Monitor volume of Language Line use for encounters. [new] [Quarterly]

<b>Goal 6: Provide all clients with culturally- and linguistically-appropriate client-centered care</b>	
<b>Objectives</b>	<b>Actions/Frequency</b>
	3. Provide Spanish language links to services descriptions and contact information on the mental health pages of the county website. [EQRO Recommendation] [new]

DRAFT



## Client Safety and Medication Practices

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

<b>Goal 7: Promote safe and effective medication practices.</b>	
<b>Objectives</b>	<b>Actions/Frequency</b>
1. Mental Health charts reviewed using the Medication Monitoring Tool will maintain an average compliance rate of at least 90%.	1. 100% of medical staff to have a sample of their charts reviewed by December 31, 2020.
	2. Conduct follow-up with psychiatrists with the lowest compliance rates.
2. Identify behavioral health clients who are medication stable.	1. Collaborate with treating psychiatrists and primary care doctors to annually review 100% of charts of clients who are stable on anti-depression medication for possible step-down.
3. Monitor safe medication practices.	1. Review safe medication reports quarterly
4. Expand access to Esketamine for clients with treatment-resistant depression.	1. Continue to pilot Esketamine with clients at the West Adult clinic. [new]
	2. Expand Esketamine pilot to other regional adult clinics. [new]
5. Ensure continuity of access to medications during COVID pandemic.	1. Coordinate with medical staff in homeless hotels/motels to meet client daily psychotropic and physical health medication needs. [new]
	2. Deliver weekly bubble packs to medical staff working in homeless hotels/motels. [new]
	3. Establish new pharmacy contract to deliver medications to homes, hotels/motels, and Alternative Care sites. [new]
	4. Work with Clozaril Risk Evaluation and Mitigation Strategy (REMS) to ensure clients have access to medication in a timely manner. [new]
	5. Maintain close contact with Clozaril wholesalers and manufactures to monitor on-hand supply. [new]
	6. Implement 60-90 day medication prescriptions for clients (when appropriate). [new]
	7. Maintain continuous processing of new and renewal of prescriptions for foster care children throughout period of court closure. [new]
	8. Work with manufacturer to get free long acting injectable antipsychotic medication. [new]
	9. Provide medications to uninsured clients who lost coverage due to job loss. [new]

<b>Goal 7: Promote safe and effective medication practices.</b>	
<b>Objectives</b>	<b>Actions/Frequency</b>
6. Monitor clients taking antipsychotic medications for dangerous side-effects	1. Use established reports to track clients for diabetes and cholesterol screening. [new] [Quarterly]
7. Meet HEDIS measures for children and adolescents, including foster care children.	1. Monitor clients prescribed ADHD medication with no scheduled inpatient visits. [new] [Quarterly]
	2. Monitor clients prescribed antipsychotic medication with no scheduled inpatient visits. [new] [Quarterly]
	3. Monitor clients prescribed multiple concurrent antipsychotic medications. [new] [Quarterly]
8. Reduce risk of negative drug interactions.	1. Provide educational training to Lead Psychiatrists. [new] [Quarterly]
	2. Provide educational trainings to psychiatrists at the hospital and in Physical Health at Department of Psychiatry meetings. [new] [Quarterly]

<b>Goal 8: Ensure client health during flu season.</b>	
<b>Objectives</b>	<b>Actions/Frequency</b>
1. Reduce clients' risk of contracting influenza.	1. Offer flu vaccination at regional adult behavioral health clinics. [new]
	2. Provide free flu vaccines to CBOs for vaccination of behavioral health clients. [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.*

<b>Goal 9: Implement Performance Improvement Projects to improve client care and outcomes</b>	
<b>Objectives</b>	<b>Actions/Frequency</b>
1. Decrease percentage of clients discharged with a social functioning need (Clinical PIP)	1. Provide CBT groups for anxiety/depression. [new]
	2. Decrease the percentage of clients discharged with a social functioning need on the ANSA from 37% to 30%. [new]
2. Ensure clients have access to SMHS throughout the COVID-19 pandemic (Non-Clinical PIP)	1. Provide video and phone appointments so clients can receive care safely without needing to go to clinics.
	2. Maintain the overall number of appointments at County-operated clinics as pre-pandemic levels.

<b>Goal 10: Evaluate client grievances, unusual occurrence notifications, and change of provider appeal requests.</b>	
<b>Objectives</b>	<b>Actions/Frequency</b>
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, appeals, expedited appeals, fair hearings, expedited fair hearings, provider appeals and change of provider requests to examine patterns that may inform the need for changes in policy or programing. [ongoing]
	2. Continue establishing baselines for number of grievances, appeals, and change of provider requests received. [new]
	3. Present finding to the QIC to identify strategies to improve reporting and address issues. [ongoing] [Annually]
	4. Respond to 100% of grievances, appeals, and change of provider requests. [ongoing]
2. Review 100% of unusual occurrences to identify trends.	1. Collect and analyze trends in unusual occurrences. [ongoing]
	2. Continue establishing baseline for unusual occurrences. [ongoing]
	3. Report on unusual occurrences annually to the QIC. [ongoing]
3. Make system improvements following Sentinell Reviews	1. Report system-level areas of improvent to QIC. [new] [Annually]

<b>Goal 11: Monitor utilization review practices</b>	
<b>Objectives</b>	<b>Actions/Frequency</b>
1. Improve communication with those who interface with UR.	1. Attend weekly CBO meetings (or in according to the Contractors Luncheon schedule) to promote transparency, open communication, and to obtain feedback on UR related documentation challenges. [new]
	2. Respond to contractor/clinic challenges in writing through a Frequently Asked Questions (FAQ) document via the UR email Inbox. Circulate and distribute the FAQ to contract providers, and, or BH Clinics as major changes and or topics arise regarding UR documentation. [new]
	3. Host discovery/improvement sessions related to UR documentation paperwork working closely with contract providers to identify barriers, improve workflows and reduce unnecessary paper burden. [new]
	4. Promote consistent communication within members of the UR unit to maintain clear messaging and reinforce consistent UR practices to all providers (both clinic and CBO). [new]
2. At least 10% of charts reviewed by UR.	1. UR Program Manager to designate and divide workload appropriately among UR staff to achieve objectives. [new] [Annually].
	2. Present a summary of UR Records Review (Level I, Level 2 and, or Focus Review) to QIC. [new] [Annually]

<b>Goal 12: Promote Integration of Behavioral Health Services</b>	
<b>Objectives</b>	<b>Actions/Frequency</b>
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. [new]

## Establishing Beneficiary and System Outcomes

Behavioral Health DHCS Contractual Elements: conduct performance monitoring activities throughout operations, including beneficiary and system outcomes.

<b>Goal 13: Increase use of evidence based practices</b>	
<b>Objectives</b>	<b>Actions/Frequency</b>
1. Clients enrolled in EBPs demonstrate improvement on outcome measures.	1. Children's PTSD-RI scores will decrease from pre to post-TF-CBT intervention. [ongoing] [Biannually]
	2. Children's Difficulties in Emotion Regulation Scale scores will decrease from pre to post-test DBT intervention. [ongoing] [Biannually]
	3. Suicide Ideation Questionnaire scores completed by parents will decrease from pre to post DBT intervention. [ongoing] [Biannually]
	4. Adults' PHQ-9 Scores will decrease from pre to post CBT intervention. [ongoing] [Biannually]
<b>Goal 14: Increase use of outcome measures</b>	
<b>Objectives</b>	<b>Actions/Frequency</b>
1. Use aggregate data to evaluate client progress.	1. Implement aggregate reporting for the ANSA, PSC-35, and CANS-50. [EQRO Recommendation] [new]
	2. Track and trend data quarterly. [new] [Quarterly]
	3. Needs identified on CANS will decrease by 40% by December 31, 2020. [new] [Annually]
	4. Strengths identified on CANS will increase by 30% by December 31, 2020. [new] [Annually]
2. Improve CANS data collection	1. Increase reassessments. [ongoing] [Monthly]
	2. Improve data integrity. [new]
	3. Increase Discharges. [new]
3. Plan implementation of Adult Needs and Strengths (ANSA) at adult mental health clinics for December 2020	1. Train 90% of adult staff by January 1, 2021. [new]

4. Track PHQ-9 data at all adult mental health clinics.	1. Create dashboard so staff and managers at all regional clinics can regularly monitor PHQ-9 and GAD-7 scores. <a href="#">[new]</a>
	2. Demonstrate overall significant reduction in PHQ-9 scores from first administration to future administrations at all adult clinics. <a href="#">[ongoing]</a> <a href="#">[Quarterly]</a>
	3. Identify racial and gender disparities in PHQ-9 and GAD-7 scores. <a href="#">[new]</a> <a href="#">[Quarterly]</a>

**Goal 15: Effectively collect data and communicate data findings to staff and the community**

Objectives	Actions/Frequency
1. Ensure contract providers have access to mental health history and medical data.	1. Pilot Community Based Organizations (CBOs) using ccLink portal. <a href="#">[new]</a>
2. Identify ways to prevent CBOs from needing to perform double entries for billing.	1. Explore options to create interfaces with CBO EHRs to support electronic transmission of service data into ShareCare. <a href="#">[EQRO Recommendation]</a> <a href="#">[new]</a>

**Goal 16: Maintain effective and consistent practices to safeguard Protected Health Information (PHI)**

Objectives	Actions/Frequency
1. Decrease the rate of HIPAA incidents.	1. Compare the number of 2020 HIPAA incidents to the number of 2019 incidents. <a href="#">[new]</a> <a href="#">[Quarterly]</a>
	2. 100% of staff complete HIPAA training. <a href="#">[ongoing]</a> <a href="#">[Annually]</a>
	3. Increase the % of staff who complete HIPAA training within recommended timeframe of 1 year by 10 percentage points. <a href="#">[ongoing]</a> <a href="#">[Annually]</a>

**Goal 17: Ensure fidelity of foster care services**

Objectives	Actions/Frequency
1. Adhere to the Integrated Core Practice Model when providing ICC and IHBS services.	1. Finalize fidelity tool for ICC and IHBS services. <a href="#">[EQRO Recommendation]</a> <a href="#">[new]</a>
	2. Implement fidelity tool. <a href="#">[EQRO Recommendation]</a> <a href="#">[new]</a>