

QUALITY IMPROVEMENT WORK PLAN FY24-25

County of Santa Cruz Integrative Behavioral Health Services Mental Health Plan and Drug Medi-Cal Organized Delivery System



PURPOSE

Santa Cruz County Behavioral Health Services (SCCBHS) Quality Management Program: Santa Cruz County Behavioral Health Services (BHS) in an integrative service delivery model in which leadership and staff value operational excellence and sustainable quality of care.

The purpose of the QM plan's activities includes, but is not limited to:

- Ensuring that beneficiaries have timely access to appropriate and quality services which are authorized in a timely manner and meet network adequacy standards;
- Promoting evidence-based practices and monitoring the effectiveness of treatment;
- Ensuring coordination of appropriate care;
- Including beneficiary involvement through monitoring beneficiary satisfaction and review of beneficiary grievances, appeals and requests to change treatment staff;
- Ensuring compliance with documentation standards;
- Review and improve Behavioral Health's utilization management systems, include prevention of fraud, waste and abuse;
- Monitoring Performance Improvement Projects for BH;
- Ensure on-going development of BH workforce, including staff credentialing.

BH Quality Management (QM) program is responsible for monitoring the MHP's and DMC-ODS' effectiveness and for providing support to all areas of MHP/DMC-ODS operations by conducting performance monitoring activities.

The QM program’s activities are guided by the relevant sections of federal and state regulations, including the Code of Federal Regulations Title 42, California Code of Regulations Title 9, California Welfare and Institutions Code, as well as DHCS’ relevant MHP/DMC-ODS agreement requirements and performance measures. These QM activities are performed by Quality Improvement team in partnership with MHP and/or DMC-ODS departments to ensure compliance and promote department and BH agency quality improvement initiatives.

Quality Improvement Work Plan: The intent of the Quality Improvement (QI) Work Plan is to ensure data relevant to the performance of the MHP/DMC-ODS is available in an easy interpretable and actionable form. Elements of the Plan are informed by quality improvement requirements of the MHP/DMC-ODS performance contract, and feedback from the CalEQRO, DHCS MHP/DMC-ODS audit findings & recommendations, and Quality Improvement Committee.

The QI Work Plan goals are specific, measurable, achievable, relevant and time-bound (SMART) and focus on service and operational improvement initiatives that align with our core trauma-informed guiding principles, Health Service Agency (HSA) values and BH staff surveyed value priorities.

Behavioral Health Values & Core Guiding Principles

Inclusion & Engagement	Cultural humility & responsiveness • Human connection and relationship • Universal dignity, respect, kindness, and compassion • Offerings of support and gratitude • Transparency and collective communication • Timely accessibility • Inclusion of client voice/choice • Dependability
Operational Excellence & Service Stewardship	Excellent effective care and customer service delivery • Adaptability • Ethics • Responsibility • Accountability • Innovation • Utilize outcomes to improve care, support program decisions and share with other healthcare providers and the greater community.
Targeted Treatment & Evidence-Based Services	Trauma-informed care • Individualized “Voice & Choice” care • Targeted Health • Clinical quality & fidelity to EB practices • Utilize data outcome to inform decisions • Workforce Training
Equity & Sustainability	Promote resiliency and recovery (personal/social/environmental/economic) • Collective impact • Equity for All • Justice • Integrity • Collaboration • Holding hope & Eliminating stigma • Positivity • Capacity building
Safety	For all who provide and receive services from SCCBHS, including staff, clients, contractors, partners, stakeholders, and our community at large. Safety includes physical, emotional and self-care when at county facilities, remote work setting and/or in community

WORK PLAN GOAL CATEGORIES

1. Access to 24/7 Services (Timeliness, Crisis Services, Authorization, Network Adequacy)
2. Coordination of Care
3. Beneficiary Rights & Satisfaction
4. Documentation Standards Compliance & Utilization Management
5. Quality Improvement
6. Cultural & Linguistic Competence

GOALS

Category #1: Access to 24/7 Services (Timeliness, Crisis Services, Authorization, Network Adequacy)

Goal / Requirement	Plan	Goal Sponsor	Action Steps	Measurement
1.1a: BH MHP Access teams will have a closed-loop referral tracking system with the MCP which includes documentation that the beneficiary was linked to treatment 90% of the time by June 30, 2025.	MHP	MHP Access Teams	❖ County MHP will work with the MCP and community partners to maintain a closed-loop referral tracking system.	Quarterly review of MHP / MCP tracking spreadsheets to determine % of referrals where the beneficiary was linked to treatment.
1.1b: Children's Access Team and Children's contract partner gates (PVPSA, Encompass, Parents Center) will utilize the EHR Service Request & Disposition Log (SRDL) to document referrals between County and contract partner agencies for youth who are screened to be assessed by the MHP. For youth referred to Pacific Clinics, Children's Access Team staff will ensure SRDL is completed and finalized as	MHP	MHP Children's Access Team & contract partner gates for Children's BH	❖ The Children's Access Team will work with contract partner gates to utilize the SRDL with accuracy to track referrals.	Quarterly review of SRDL to track referrals from County BH Access to youth contract partners intake teams.

<p>Pacific Clinics staff do not utilize the SRDL.</p> <p>Goal statements: All youth referrals will have a first offered appointment within 10 business days from the original service request date 90% of the time by June 30, 2025.</p> <p>Requirement: CalAIM (Also aligns with Strategic Plan Goal #3)</p>				
<p>1.2: DMC-ODS residential treatment (3.1 and 3.5 LOC) will meet the 10-day first offered initial appointment standard 90% of the time by June 30, 2025.</p> <p>Requirement: BH DMC-ODS Contract (IA) & 42 CFR § 438.68</p>	DMC-ODS	DMC-ODS Clinical Teams	<ul style="list-style-type: none"> ❖ Network providers to utilize the SRDL for all requests for services, including residential treatment (3.1 & 3.5). ❖ QI team to review monthly reports of residential treatment service utilization and cross-reference with SRDL to ensure accurate data entry. 	Data Sources: SRDL Timeliness Report; billing data
<p>1.3: BH MHP will improve post-inpatient hospitalization BH appointment completion within 7 & 30 days of discharge for Medi-Cal beneficiaries & indigent Santa Cruz County residents.</p> <p>1.3a: First rendered service post inpatient hospitalization will occur within 7 days of discharge 35% of the time by June 30, 2025.</p>	MHP	QI, Access Teams, Clinical Teams	<ul style="list-style-type: none"> ❖ MHP Adult Access teams to work with inpatient social workers on discharge planning and discharge documentation ❖ Utilize contract with Carelon, including their reports to understand the data regarding post-inpatient hospital 	Carelon concurrent review reports (FUH Discharges and quarterly JOM reviews).

<p>1.3b: First rendered service post inpatient hospitalization will occur within 30 days of discharge 57% of the time by June 30, 2025. Baseline for 7 days = 25% (FY 23-24) Baseline for 30 days = 47% (FY 23-24)</p> <p>Requirement: MHP Contract; NCQA HEDIS Measure FUH</p>			completion of appointment rates to create strategies to impact follow up appointment rates.	
<p>1.4a: The Plan will monitor success of 24/7 crisis / access 800# as measured by 85% of business & after-hours test callers (English & Spanish) will receive information on how to access services when requested by June 30, 2025.</p> <p>1.4b: Business and after-hours 800# operators will appropriately record phone calls, including name, data and disposition of call 75% of the time by June 30, 2025.</p> <p>Requirement: BH MHP & DMC-ODS contract; CCR Title 9, § 1810.440(a)(5) and 42 C.F.R. § 438.416(a)</p>	MHP & DMC-ODS	BH Quality Improvement & Contract Partner Community Connections	<ul style="list-style-type: none"> ❖ Conduct test calls (English & Spanish; business hours / after-hours). ❖ Track performance ❖ After-Hours contract partner will provide QI with their internal QA analysis x2/month & BH QI will review. 	Data source: DHCS 800# test call report & DMC-ODS tracking report

Category #2: Coordination of Care

Goal / Requirement	Plan	Goal Sponsor	Action Steps	Measurement
<p>2.1a: The MHP will utilize the CANS / ANSA at 6-month intervals as an assessment tool to support increased transitions for beneficiaries to a lower level of care. Goal: Clinicians will increase their use of</p>	MHP	MHP Clinical Teams & Access Teams	<ul style="list-style-type: none"> ❖ Clarify expectation that staff will log into DataPool portal and download CANS / ANSA "Take Home Reports" 	2.1a: Unique clinician log-ins into DataPool to download/print "Take Home Reports" each month/quarter

<p>DataPool reports by 25% by June 30, 2025 as measured by unique # of clinicians logging into DataPool at baseline (11.2) vs June 2025 (goal = 14) Baseline: average of 11.2 reports / month (CY 2022, CY 2023 & Jan-June CY 2024) Goal = 25% increase (2.8) or 14.</p> <p>2.1b: 100% of clients who have received Specialty Mental Health treatment from the MHP and transfer from the MHP to MCP will have a completed Transition of Care Tool during FY 2024-2025.</p> <p>DHCS Requirement: CalAIM (aligns with Strategic Plan Goal #1)</p>			<p>for use in client interactions.</p> <ul style="list-style-type: none"> ❖ Offer training, as needed, to staff about how to use CANS / ANSA within client interactions. ❖ Add button to avatar transition tool form to demonstrate if Transition of Care Tool was at intake or step-down after treatment episode 	2.1b: Data Source: AVATAR Transition Tool Outcome Report
<p>2.2: BH DMC-ODS will utilize the SRDL to document closed loop referrals when beneficiaries initially requesting treatment are referred to another program 75% of the time by June 30, 2025.</p> <p>Requirement: CalAIM (Also aligns with Strategic Plan Goal #3)</p>	DMC-ODS	DMC-ODS Clinical Teams	<ul style="list-style-type: none"> ❖ County BH DMC-ODS will work with contract partner DMC-ODS agencies to ensure closed-loop referrals occur and are tracked. 	Tracking referrals through SRDL report.
<p>2.3: BH medication support team will implement and maintain a tracking system for the HEDIS measure APM (Metabolic Monitoring for Children and Adolescents on Antipsychotics) to ensure appropriate monitoring of care by June 30, 2025.</p> <p>DHCS Requirement: EQRO / HEDIS measure tracking</p>	MHP	MHP Medication Support Team / Medical Directors	<ul style="list-style-type: none"> ❖ Medical Directors (MDs) to identify data to track ❖ MDs to create tracking log & identify how data will be added to log ❖ MDs will report out at quarterly QIC 	Data source: tracking log

Category #3: Beneficiary Rights & Satisfaction

Goal / Requirement	Plan	Goal Sponsor	Action Steps	Measurement
<p>3.1: The Plan will evaluate beneficiary requests to change treatment providers, grievances, appeals and fair hearings in accordance with the Managed Care Program Annual Report (MCPAR) requirements throughout FY 2024-2025 and will report data to the QIC.</p> <p>DHCS Requirement: BH MHP & DMC-ODS contracts & CCR Title 9 § 1810.440</p>	MHP & DMC-ODS	BH Quality Improvement	<ul style="list-style-type: none"> ❖ Utilize data tracking (BHET database) method to track & review beneficiary rights items. ❖ Grievances, appeals, & change in treatment staff requests will be reviewed & evaluated quarterly to identify any trends. 	Data source: BHET Database
<p>3.2: The Quality Improvement team will track all sentinel events for MHP & DMC-ODS. The QI team will report to the QIC the types of sentinel events by program and the types of sentinel events that led to a review.</p> <p>DHCS Requirement: BH MHP & DMC-ODS contracts & CCR Title 9 § 1810.440</p>	MHP & DMC-ODS	BH Quality Improvement	<ul style="list-style-type: none"> ❖ Utilize data tracking (BHET database) method to track & review beneficiary rights items. 	Data source: BHET Database
<p>3.3: BH MHP will decrease the no-show rate for medication support staff appointments (MD / NP) by CY 2024 close by 4 percentage points to 20.2% The MHP will have a Performance Improvement Project (PIP) to support this effort. Baseline med support no-show rate FY 2023-2024 = 23.7%</p>	MHP	MHP Medication Support Team / Medical Directors And BH Quality Improvement	<ul style="list-style-type: none"> ❖ Define intervention ❖ Train med support staff (MD / NP / MA) regarding intervention ❖ Track data ❖ Adjust intervention(s) as indicated 	Data Source: Avatar scheduling calendar and billing codes from medical progress notes

DHCS Requirement: BH MHP contract; CCR Title 42 § 438.240				Data tracking log (spreadsheet) that MAs fill out
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Category #4: Documentation Standards Compliance & Utilization Management

Goal / Requirement	Plan	Goal Sponsor	Action Steps	Measurement
4.1: BH will improve County provider productivity to meet BH standards set in policy by June 30, 2025. Policy Standards / Baselines from Q4 FY 23-24): FQHC therapy = 25 billable contacts / week (baseline = 7 contacts / week) Adult FQHC MD/NP (non-geriatric) = 40 billable contacts / week (baseline = 11 contacts / week) Child FQHC & Adult Geriatric MD/NP = 24 billable contacts / week (baseline = 5.75 billable contacts / week) Adult Access Team staff = 25% of time worked (baseline = 7%) Children's Access Team staff = 10% of time worked (baseline = 6%) Crisis Team staff = 20% of time worked (baseline = 6%) MHP & DMC-ODS Service Team staff = 50% of time worked (Adult MHP baseline = 36.5% Children's MHP baseline = 24% DMC-ODS baseline = 12%)	MHP & DMC-ODS	BH Quality Improvement	❖ Hold bi-weekly leadership meeting in which leadership shares on-going team productivity and discusses / operationalizes change management strategies. ❖ Use of Power BI reports to track / report back to providers in supervision ❖ Leadership to develop and test change strategies with goal to increase billable services	Data source: Power BI

DHCS Requirement: CalAIM & CCR Title 9 § 1810.440				
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Category #5: Quality Improvement

Goal / Requirement	Plan	Goal Sponsor	Action Steps	Measurement
5.1: BH will meet the annual External Quality Review requirement for Performance Improvement Projects (PIPs) during FY 24-2025, one clinical and one non-clinical for each Plan and will report-out to the QIC regarding PIPs. DHCS Requirement: BH MHP & DMC-ODS contracts; CCR Title 42 § 438.240	MHP & DMC-ODS	BH Quality Improvement & BH Clinical Teams	❖ Coordination with PIP workgroups	Data Source: PIP workgroup reports & BHQIP reports
5.2: BH will measure required quality performance measures for MHP & DMC-ODS, including for the MHP FUM, FUH, AMM, APP and SAA and for DMC-ODS FUA, POD, OUD, and IET. DHCS Requirement: BHIN 24-004; CFR Title 42 § 438 subpart E	MHP & DMC-ODS	BH Quality Improvement & BH IT staff	❖ Coordination with CalMHSA and IT to gather / input data ❖ Create system for tracking / analyzing measures to impact change.	Data Source: Monthly MMEF files; Monthly service data files (8371 files)

Category #6: Cultural & Linguistic Competence

Goal / Requirement	Plan	Goal Sponsor	Action Steps	Measurement
6.1: BH staff will demonstrate compliance with CLAS requirements by increasing overall full completion of 7 CLAS training hours from 58% of BH staff to 68% of BH staff by June 30, 2025.	MHP & DMC-ODS	BH Supervisors, Managers & Directors	❖ Supervisors of all levels to require completion of CLAS hours and ensure staff have work hours to complete the training.	Data source: Relias report showing the staff CLAS hour completion rates

<p>Baseline FY 2023-24 = 58% of staff completed required CLAS hours.</p> <p>DHCS Requirement: BH MHP & DMC-ODS contracts</p>			<ul style="list-style-type: none"> ❖ Supervisors to receive monthly staff transcripts regarding CLAS hour completion 	
<p>6.3 BH (MHP & DMC-ODS) will increase outreach activities to Latinx/e & Hispanic, Mixteco and Triqui Medi-Cal beneficiaries to increase accessibility of services to these populations during FY 2024-25.</p> <p>Goal: BH Plans will increase the number of Hispanic/Latinx/e Medi-Cal beneficiaries served by the MHP & DMC-ODS as measured by improved penetration rate(s) for each Plan.</p> <p>MHP CY 2022 baseline = penetration rate (PR) of 2.47% (Statewide PR = 3.51%)</p> <p>MHP goal = PR of 3.51%</p> <p>DMC-ODS CY 2022 baseline = penetration rate (PR) of .69% (Statewide PR = .69%)</p> <p>DMC-ODS goal = PR of 1.0%</p> <p>DHCS Requirement: EQRO recommendation</p>	MHP & DMC-ODS		<ul style="list-style-type: none"> ❖ Increase outreach activities to Latinx/e / Hispanic individuals ❖ Increase outreach activities in communities where individuals are monolingual speakers of Spanish, Mixteco, Triqui ❖ Engage the Alliance & other community partners (Community Connections, PVPSA, CAB, Watsonville Works, Community Bridges) to learn of and partner in their outreach activities ❖ Increase evening hours of BH clinic(s) 	