The Colusa County Department of Behavioral Health Quality Management program monitors the effectiveness of the service delivery system for Mental Health (MH) and Substance Use Disorder (SUD) treatment with the aim of improving processes of care and increasing consumer satisfaction and outcomes. Quality Management (QM) provides support to all areas of the department’s operations by conducting performance monitoring activities that are consistent with current standards of practice and professional knowledge. QM tracks, trends, and implements improvement activities when needed in the following areas:

- Access to Care
- Timeliness of Care
- Quality of Care
- Level of Care
- Consumer Protection, Penetration Rate, Progress, and Outcomes
- Program Process, Progress, and Outcomes
- Structure and Operations

The Quality Improvement (QI) Work Plan includes the broad items listed above and serves to guide the Quality Improvement Committee (QIC). Progress towards the work plan goals will be evaluated quarterly in QIC meetings. Annually, the QI Work Plan will be evaluated to assure the success of the QM program. The QI Work Plan will also be updated annually to identify the focus of next year’s goals for the Behavioral Health Department.
The QIC is a combined MH and SUD services committee. Membership on this committee includes clinical staff (LMFT, LCSW, AMFT, and ACSW), consumers, Patients’ Rights Advocate, support staff, and stakeholders. QIC meets quarterly, 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. The entire process is overseen by a licensed clinician in the role of Quality Assurance Coordinator.

<table>
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<tr>
<th>Name</th>
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QUALITY IMPROVEMENT WORK PLAN
FISCAL YEAR 2022-2023
QM ITEMS AND GOALS

1. Access to Care
   a. Access to services for urgent conditions and standard requests
      i. Beneficiaries requesting mental health services with an urgent condition will be scheduled an appointment with 48 hours
      ii. Beneficiaries with a standard request for mental health and/or substance use disorder services will be offered an appointment with 10 business days
      iii. **GOAL:** 70% of requests for services will meet the timeframe above

      The above items will be tracked by Front Office Staff. The Quality Assurance Coordinator will monitor these items and present problem areas and opportunities for improvements at Leadership and QIC meetings.

   b. 24/7 Access Line responsiveness and test calls
      i. **GOAL:** Each quarter, at minimum six test calls will be made with an 80% success/pass rate. These six test calls will test English and Spanish languages both during the day and after-hours
      ii. **GOAL:** Annual Training of all CCBH Staff both in-hours and after-hours to ensure up-to-date referral information and a uniform standard of care for 24/7 Access Line

      The above items will be tracked and monitored by the Compliance Officer who will present problem areas and opportunities for improvements at Leadership and QIC meetings.

2. Timeliness of Care
   a. Timeliness of crisis services
      i. **GOAL:** 75% of requests for crisis services will be responded to within 10 minutes by phone and one hour for face-to-face contact

      The above item will be tracked and monitored by the Crisis Team Clinical Program Manager who will present problem areas and opportunities for improvements at Leadership and QIC meetings.
b. Timeliness of appointments
   i. **GOAL**: The average length of time from intake date to first offered clinical appointment post-intake will not exceed 15 business days
   ii. **GOAL**: Beneficiaries requesting psychiatric services will be offered an appointment with 15 business days from request/referral

   The above items will be tracked by Front Office Staff. The Quality Assurance Coordinator will monitor these items and present problem areas and opportunities for improvements at Leadership and QIC meetings.

   iii. **GOAL**: No Show rates for ongoing appointments for psychiatric and therapy services will not exceed 10%
   iv. **GOAL**: Conduct a “No Show” survey to identify consumer barriers to attending scheduled treatment appointments

c. Timeliness of assessment process
   i. **GOAL**: The average length of time from intake date to ACCESS Team submission date will not exceed 10 business days

   The above items will be tracked and monitored by the Quality Assurance Coordinator who will present problem areas and opportunities for improvements at Leadership and QIC meetings.

d. Timeliness of session documentation
   i. **GOAL**: 80% of standard progress notes will be completed within 3 days from service date
   ii. **GOAL**: 80% of Crisis progress notes will be completed within 24 hours

   The above items will be tracked and monitored by the Compliance Coordinator who will present problem areas and opportunities for improvements at Leadership and QIC meetings.

3. Quality of Care
   a. Utilization Management of the ACCESS Team
      i. **GOAL**: Consistency of the authorization process will be assured through annual training of clinical staff who help with ACCESS

   b. Clinical appropriateness of care through peer chart review
      i. **GOAL**: 4 MH charts and 2 SUD charts will be reviewed quarterly
      ii. **GOAL**: Annual Training of chart review process to all clinicians assigned to the Utilization Management Team
The above items will be tracked and monitored by the Quality Assurance Coordinator who will present problem areas and opportunities for improvements at Leadership and QIC meetings.

c. Medication monitoring process
   i. **GOAL**: Medical records staff will identify 10 medication charts to be reviewed quarterly by a person licensed to prescribe or dispense prescription drugs.

   The above item will be tracked and monitored by the Front Office Supervisor who will present problem areas and opportunities for improvements at Leadership and QIC meetings.

d. Cultural competent services
   i. **GOAL**: Quarterly trainings to improve cultural humility of all-staff
   ii. **GOAL**: Increase outreach to the LGBTQI+ Youth community via the Bright Vista Youth Center
   iii. **GOAL**: Increase Spanish Adult Team Therapists from 1 to 2 so that more beneficiaries can be served in their preferred language.
   iv. **GOAL**: Advocate for the County of Colusa to recognize and observe Juneteenth as a holiday.

   The above items will be tracked and monitored by the MHSA Coordinator and the Ethic Services Manager who will present problem areas and opportunities for improvements at Leadership and QIC meetings.

4. Level of Care
   a. Inpatient psychiatric hospitalizations
      i. **GOAL**: Colusa County beneficiaries discharging from a psychiatric hospital will receive a follow-up appointment within 7 days of discharge
      ii. **GOAL**: Readmission to PHF within 30 days will not exceed 5%
      iii. **GOAL**: All Members of the Crisis Team will complete CCBH crisis/5150 training annually
      iv. **GOAL**: Finalize and train concurrent review process to appropriate staff to better ensure consumers’ level of care placement is appropriate to their need.
Thee above items will be tracked by the Crisis Team Clinical Program Manager who will monitor these items and present problem areas and opportunities for improvements at Leadership and QIC meetings.

b. SUD transitional living placements  
   i. **GOAL:** 100% of Colusa County beneficiaries placed in a Transitional Living facility will have a SUD intake to determine appropriate level of care prior to placement.

   The above item will be tracked and monitored by the SUD Clinical Program Manager who will present problem areas and opportunities for improvements at Leadership and QIC meetings.

c. Chart Reviews:  
   i. **GOAL:** An audit of overutilization and underutilization of services will be conducted quarterly on 10% of open charts to ensure beneficiaries are being offered and provided the appropriate amount of services and level of care based upon their diagnoses, functional impairments, and social determinants of health.

   The above item will be tracked and monitored by the Quality Assurance Coordinator who will present problem areas and opportunities for improvements at Leadership and QIC meetings.

5. Consumer Protection, Penetration Rate, Progress, and Outcomes  
   a. Grievance, problem resolution, appeal, and State Fair Hearings processes  
      i. **GOAL:** 100% of grievances will receive a timely response and resolution.

      The above item will be tracked and monitored by the Patient’s Rights Advocate who will present problem areas and opportunities for improvements at Leadership and QIC meetings.

   b. Change of provider requests  
      i. **GOAL:** 100% of clients’ change of provider requests will receive a verbal or written response notifying the client of the decision made which will be logged in the Change of Provider binder for tracking and reporting purposes.

      The above item will be tracked and monitored by the Front Office Supervisor who will present problem areas and opportunities for improvements at Leadership and QIC meetings.
c. Notice of Adverse Benefits Determination (NOABD) process  
  i. **GOAL**: 100% of NOABDs issued to beneficiaries will be logged in the NOABD binder for tracking and reporting purposes

  
  *The above item will be tracked by the Front Office Supervisor and monitored by the Quality Assurance Coordinator who will present problem areas and opportunities for improvements at Leadership and QIC meetings*


d. Penetration rate  
  i. **GOAL**: MHP will reach parity (59%) with the percentage of Hispanic/Latino individuals in the community compared with the current percentage of Hispanic/Latino clients served at intake and for ongoing appointments

  ii. **GOAL**: MHP will reach parity (14%) with the percentage of Older Adults (65+) in the community compared with the percentage of Older Adults served at intake and for ongoing appointments

  iii. **GOAL**: Develop a plan to increase Native American population’s penetration rate by 10%

  
  *The above items will be tracked and monitored by the Quality Assurance Coordinator who will present problem areas and opportunities for improvements at Leadership and QIC meetings*


e. Consumer performance outcome measures  
  i. Milestones of Recovery Scale (MORS) is utilized for Adult clients

  ii. Child and Adolescent Needs and Strengths (CANS) assessment is utilized for children

  iii. **GOAL**: Clinical Staff will complete MORS monthly for adult clients, and CANS for clients aged 6-20 upon intake, every 6 months thereafter, and upon discharge

  
  *The above items will be tracked by the Adult Team Clinical Program Manager and the Children’s Team Clinical Program Manager and monitored by the Quality Assurance Coordinator who will present problem areas and opportunities for improvements at Leadership and QIC meetings*
f. Consumer satisfaction surveys  
   i. **GOAL:** Two internal surveys will be provided each fiscal year to active clients

   The above items will be tracked and/or provided by the Front Office Supervisor and Front Office Staff, and monitored by the Quality Assurance Coordinator who will present problem areas and opportunities for improvements at Leadership and QIC meetings

6. **Program Process, Progress, and Outcomes**

a. Consumer involvement and employment  
   i. **GOAL:** A department calendar will be created and updated monthly on the Behavioral Health website that notes which meetings are open to the public and seeking stakeholder feedback

   The above item will be tracked and monitored by the Marketing and Administrative Specialist who will present problem areas and opportunities for improvements at Leadership and QIC meetings

   ii. **GOAL:** Offer Peer Certified Services for ASOC and CSOC within the array of mental health treatment

b. MH Adult and Children programs effectiveness  
   i. **GOAL:** MH staff will participate in trainings annually to continually improve their ability to offer evidence based practices

   The above items will be tracked and monitored by the Deputy Director who will present problem areas and opportunities for improvements at Leadership and QIC meetings

c. SUD program effectiveness  
   i. **GOAL:** SUD staff will participate in trainings annually to continually improve their ability to offer evidence based practices

d. SUD prevention activities and outreach events  
   i. **GOAL:** Friday Night Live and Club Live will be offered in all schools within the districts and each chapter will maintain a Membership in Good Standing

   The above items will be tracked and monitored by the SUD Clinical Program Manager who will present problem areas and opportunities for improvements at Leadership and QIC meetings
e. MHSA outreach and events
   i. GOAL: 3 outreach events held within the fiscal year
   ii. GOAL: Cultural Competency Committee meetings will occur monthly with membership increasing beyond CCBH staff
   iii. GOAL: Cultural Competency Committee will host 1 outreach event within the fiscal year

   The above items will be tracked and monitored by the MHSA Coordinator who will present problem areas and opportunities for improvements at Leadership and QIC meetings

f. Performance Improvement Projects (PIPs)
   i. Clinical PIP: Social Support for Youth – GOAL: Increase the percentage of child clients (ages 3-17) who receive a collateral service from 39% to 60% so that clients that initially scored as “psychologically impaired on their PCS35 move into the “not psychologically impaired” category from a rate of 11.96% to 20%
   ii. Non-Clinical PIP: Reducing Wait Time – GOAL: The percentage of beneficiaries receiving a therapy appointment within 15 business days post intake will increase from 51.52% to 70%.

   The above items will be tracked and monitored by the PIP team who will present problem areas and opportunities for improvements at Leadership and QIC meetings

7. Structure and Operations
   a. Network Adequacy
      i. GOAL: CCDBH will adequately serve Colusa County beneficiaries based upon the mental health provider-to-beneficiary ratio standard
         - Psychiatry Adults – 1:524
         - Psychiatry Children/Youth – 1:323
         - Outpatient SMHS Adults – 1:85
         - Outpatient SMHS Children/Youth – 1:43

      This item will be tracked and monitored by the Quality Assurance/MHSA Clinical Program Manager who will present problem areas and opportunities for improvements at Leadership and QIC meetings

   b. DHCS Audits
      i. GOAL: Complete any Corrective Action Plans timely
These items will be tracked and monitored by the Quality Assurance/MHSA Clinical Program Manager, the Quality Assurance Coordinator, and the Compliance officer who will present problem areas and opportunities for improvements at Leadership and QIC meetings.

c. Electronic Health Record (EHR) implementation
   i. **GOAL**: Inform EHR Coordinator of any Anasazi issues

   *This item will be tracked and monitored by the Electronic Health Record Coordinator who will present problem areas and opportunities for improvements at Leadership and QIC meetings.*

d. Compliance issues
   i. **GOAL**: Hold quarterly compliance meetings
   ii. **GOAL**: Present a summary of new and updated DHCS Information Notices at the first Leadership Meeting after the issuance
   iii. **GOAL**: Provide annual Fraud, Waste and Abuse training to all staff

   *These items will be tracked and monitored by the Compliance officer who will present problem areas and opportunities for improvements at Leadership and QIC meetings.*

e. Policy changes
   i. **GOAL**: Evaluate effectiveness of current Policies and Procedures and update as needed

   *These items will be tracked and monitored by the Quality Assurance/MHSA Clinical Program Manager, the Quality Assurance Coordinator, and the Compliance officer who will present problem areas and opportunities for improvements at Leadership and QIC meetings.*

f. Community Relationships
   i. **GOAL**: Continue quarterly meetings with partner agencies, such as Health and Human Services, Probation, and Office of Education

   *These items will be tracked and monitored by the Deputy Director and the Director who will present problem areas and opportunities for improvements at Leadership and QIC meetings.*

   i. **GOAL**: Expand online presence through social media platforms and county website
This item will be tracked by the Marketing and Administrative Specialist and monitored by the Quality Assurance/MHSA Clinical Program Manager who will present problem areas and opportunities for improvements at Leadership and QIC meetings.

g. Staff Satisfaction
   i. GOAL: Create a mechanism to increase staff morale with the belief that when management demonstrates value in staff, then staff retention rates improve and better quality services are provided to consumers due to consistency of care.

   This item will be tracked and monitored by all Clinical Program Managers, the Deputy Director and the Director who will present problem areas and opportunities for improvements at Leadership and QIC meetings.