

**San Mateo County Behavioral Health & Recovery Services
Quality Improvement Work Plan July 2016-June 2017 (Start July 2016)- Updated January 17**

Requirement: Monitor Quality Improvement Activities (1-3)

Goal 1	Monitor staff satisfaction with QI activities & services.
Intervention	Perform Annual Staff Satisfaction Survey: All staff will be sent a survey to rate level of satisfaction with Quality Management department.
Measurement	Percentage of staff reporting satisfied/somewhat satisfied with QM support = or > 90%. Last Measurement Satisfaction Survey Responses Nov 2015 Are you satisfied with the help that you received from the Quality Management staff person? Yes 71%, Somewhat 24% Nov 2015 –Total responses 125.
Responsibility	Jeannine Mealey
Due Date	November 2016

Goal 2	Update QIC Policy and establish voting membership that represents all parts BHRS
Intervention	1) Update QIC Policy 2) Create Policy Development Policy 3) Identify a QIC voting membership of approx. 30 that represents BHRS system
Measurement	1) QIC Policy updated and voting membership defined by 6/2017 2) Policy Development Policy approved and in place by 6/2017 3) Appoint. 30 QIC Voting Members that represents BHRS system by 6/2017
Responsibility	Jeannine Mealey Holly Severson
Due Date	June 2017

Goal 3	Create and update policies and procedures. This includes AOD/ODS Contract requirements.
Intervention	Update current policies and procedures. Update policy Index. Collaborate with AOD management for integration and establishment of required AOD policies, identify and create policies for iMAT. Maintain internal policy committee to address needed policies and procedures. Retire old/obsolete policies.
Measurement	Continue to amend and create policies as needed. QIC Survey Monkey for policy votes implemented in FY16-17.
Responsibility	Policy Committee: Jeannine Mealey Kathy Koeppen Marcy Fraser

	Holly Severson
Due Date	June 2017

Requirement: **Monitoring the MHP's Service Delivery System (4a)**

Goal 1	Improve compliance with HIPAA, FWA, and Compliance training mandate.
Intervention	Staff will complete online HIPAA, FWA, & Compliance Training at hire and annually.
Measurement	Track training compliance, HIPAA, & FWA of new staff and current staff. Current staff: Goal = or > 90% for each training. New Staff: Goal = or > 100%. The assigned months for each training will be changed in FY16-17. Compliance -Oct 2016 FWA -Oct 2016 HIPAA -Aug 2016
Responsibility	Betty Gallardo Nicola Freeman
Due Date	June 2017

Goal 2	Improvement related to clinical practice. Improve basic documentation. Improve quality of care.
Intervention	Maintain clinical documentation training program for all current and new staff.
Measurement	Track compliance of new and current staff completing the training. New Staff: Goal = or > 100%.
Responsibility	Clinical Documentation Workgroup Betty Ortiz-Gallardo Amber Ortiz
Due Date	June 2017

Goal 3	Program staff to improve overall compliance with timelines and paperwork requirements.
Intervention	Maintain system-wide, yearly-audit program. Improve documentation tracking reports to encourage and monitor teams' compliance with requirements. Send monthly emails with documentation compliance rates to all county program managers and directors.
Measurement	Audit 10% Medi-Cal Charts Yearly.
Responsibility	Jeannine Mealey QM Audit Team
Due Date	January 2017

Goal 4	Maintain disallowances to less than 5% of sample.
Intervention	Monitor adherence to documentation standards/completion throughout AVATAR (EMR) System. Implement Chart Audit Program.
Measurement	Decrease disallowances Target: Medi-Cal Audit: <5%
Responsibility	Jeannine Mealey QM Audit Team
Due Date	June 2017

Goal 5	ODS & Drug Medi-Cal Goal Needed
Intervention	Implement the use of ASAM for central screening and Residential Referral
Measurement	% of clients requesting AOD Services that are screened with the ASAM
Responsibility	Clara Boyden
Due Date	March 2017

Goal 6	Improve customer service and satisfaction for San Mateo County Access Call Center
Intervention	<ul style="list-style-type: none"> • Create scripts and procedures for administrative and clinical staff at Access Call Center • Develop standards for answering calls
Measurement	Test calls and call logs 90% test call rated as positive
Responsibility	Jeannine Mealey Kathy Koeppen

	Selma Mangrum Rosamaria Ocegüera Betty Ortiz-Gallardo
Due Date	January 2017

Goal 7	Tracking IR and Suicide Rates in SMC
Intervention	Monitor suicide events in SMC Collect data on suicides reported to BHRS by IR Work with County Coroner to include those who not known to BHRS
Measurement	Demographics on all suicides, methods, compare with BHRS clients Retrospective review of previous years; establish baseline
Responsibility	Marcy Fraser
Due Date	June 2017

Requirement: Monitoring the Accessibility of Services (4b)	
Goal 1	Timeliness of routine mental health appointments. Client will have a second appointment within 14 days of their first.
Intervention	Program staff will review their initiation rate and develop plans to meet the goal of 65% Initiation (2 nd appointment within 14 days, of 1st).
Measurement	Baseline (year prior to PIP rollout): 7 day measure: 25% of full sample, 26% Spanish subset. 90 day measure: 25% full sample, 17% Spanish subset.
Responsibility	Chad Kempel Scott Gruendl
Due Date	June 2017

Goal 2	Timeliness of services for urgent conditions. Client will be seen within 7 days of discharge from PES.
Intervention	90% or more of clients referred to outpatient services will receive an appointment within 7 days of leaving PES.
Measurement	Review percentage of clients receiving a second appointment within timeline compared to baseline.
Responsibility	Chad Kempel Scott Gruendl
Due Date	June 2017

Goal 3	24/7 Call Center will be able to successfully screen and refer AOD clients
Intervention	Develop Workflows for 24/7 to log requests for services; screen, and make appropriate AOD referrals
Measurement	90% of test callers report being successfully screened and referred for AOD services to 24/7 line 3 AOD test calls are made per quarter 100% of AOD Test Call are logged
Responsibility	Selma Mangrum Rosamaria Ocegueda Betty Ortiz-Gallardo
Due Date	March 2017

Goal 4	Monitor access to after hours care. 100% of calls will be answered. 100% of test callers will be provided information on how/where to obtain after hours services if needed.
Intervention	Make 3 test calls monthly to 24/7 toll-free number. Develop new Avatar Call Log Tracking System.
Measurement	95 % of calls answered 95 % of test calls logged. 100% of interpreter used
Responsibility	Betty Gallardo
Due Date	June 2017

Requirement: **Monitoring Beneficiary Satisfaction (4c)**

Goal 1	Complete resolution of grievances/appeals within 30/45 day timeframes in 100% of cases filed, with 80% fully favorable or favorable.
Intervention	Grievance and appeals regularly addressed in GAT Meeting.
Measurement	Annual reports on grievances, appeals, and State Fair Hearings to QIC. Annual report with % of issues resolved to client/family member fully favorable or favorable. Annual report with % grievances/appeals resolved within 30 days.
Responsibility	GAT Team
Due Date	June 2017

Goal 2	Decision is made for clients' request of Change of Provider within 2
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	weeks
Intervention	Change of Provider Request forms will be sent to Quality Management for tracking. Obtain baseline/develop goal.
Measurement	Annual review of requests for change of provider.
Responsibility	Kathy Koeppen
Due Date	June 2017

Goal 3	Providers will be informed of results of the beneficiary/family satisfaction surveys bi-annually.
Intervention	Develop communication plan to inform providers/staff of the results of each survey within a specified timeline.
Measurement	Completion of notification twice a year. Presentation and notification of the results yearly.
Responsibility	Scott Gruendl
Due Date	Due January 2017

Goal 4	Improve cultural and linguistic competence
Intervention	“Working Effectively with Interpreters in Behavioral Health “ on-line training will be required for all staff who have direct client contact and their management team with updated “refresher course” every 5 years.
Measurement	Will establish a current base line number of staff who have attended the in-person or on-line “Working Effectively with Interpreters in Behavioral Health” training and increase completion to 80% of all staff by June 30, 2017. Of those staff who took the in-person or on-line training 5 or more years ago, 80% will take the refresher course of “ Working Effectively with Interpreters in Behavioral Health” by June 30, 2017.
Responsibility	Ellie Dwyer and Jei Africa
Due Date	Due June 2017

Goal 5	Improve Linguistic Access for clients whose preferred language is other than English
Intervention	All staff with direct client contact will provide services in the client’s “Preferred Language” and indicate this by using the drop down language option in Avatar progress notes. English will no longer be the default language in Avatar.
Measurement	Measurement is the language field in the Avatar Progress Note.

	Increase the current baseline of providing services in the preferred language from 45% to 75%. Improve reporting of what language the service was provided in every Avatar Progress Note by March 1, 2017.
Responsibility	Ellie Dwyer and Jei Africa
Due Date	Due January 2017