Quality Improvement Work Plan
2015 - 2016
QUALITY IMPROVEMENT WORK PLAN
(2015-2016)

About Riverside County

Riverside County is one of 58 counties in the state of California, the fourth most populous county in the state. The United States Census reported the 2014 population to be estimated at 2,329,271. Between July 2013 and July 2014 the county added 32,315 residents. Only eight other counties in the entire country added more people during that time.

Covering more than 7,200 square miles, the county has 28 cities, large areas of unincorporated land, and several Native American tribal entities. It is bordered on the west by Orange County; the east by La Paz County, Arizona; the southwest by San Diego County; the southeast by Imperial County; and on the north by San Bernardino County.

The largest Riverside County racial/ethnic groups are Hispanic (47.4%) followed by White (37.1%) and Asian (6.2%).

Riverside University Health System - Behavioral Health

The County of Riverside underwent significant organizational restructuring in 2015. This restructuring included a consolidation of the County Hospital, Public Clinics, Department of Public Health, and the Department of Mental Health under one unified and comprehensive entity named Riverside University Health System (RUHS). The inclusion of the word “University” in the new name was to reference the close alliance the county has with local universities.

Additional restructuring occurred in the Outpatient Quality Improvement Department. Monitoring of substance use programs was integrated together with the mental health program monitoring to improve consistency of information while reducing duplicative processes.

At the same time, the Mental Health department’s name was changed to Behavioral Health to better identify the substance use services also being provided. RUHS-Behavioral Health provides services to consumers through a range of service providers, including: Psychiatrists, Registered Nurses, Licensed Vocational Nurses, Psychologists, Clinical Therapists, Behavioral Health Specialists, Parent Partners, TAY Specialists, Peer Specialists, Family Advocates, Benefits Specialists, Community Service Assistants, and through interns and volunteers. The department is in the process of expanding the Office of the Medical Director to include additional Associate
Directors to better assist the Medical Director with overseeing and communicating with the department’s psychiatrists, as well as with the Residents from the University of Riverside that have begun rotations in the department. Over the next few years, these residents will increase the service capacity of the department as they conclude with their programs.

In its continuing efforts to provide improved access to services, in April 2015 the department began moving multiple programs into one large 167,000 sq. ft. building located in Riverside. This consolidation of substance use and mental health programs will enable easier access to services for consumers, improved coordination amongst programs, and expanded physical space will accommodate staff and client needs.

Further areas of focus for 2015-16 are continuing integration of physical health, substance use, and mental health through increased program requirements and additional staffing.

Cultural Competency within the workforce is being carefully analyzed through a pilot study being implemented in one of the county’s larger clinics serving a range of age groups. This pilot has placed an emphasis on culture in the completion of assessments and client care plans, with focus groups and training on how to include culture in services and documentation.

RUHS-Behavioral Health is organized into three geographic regions: Western, Mid-County, and Desert. Services within these regions are organized between children, adults, older adults, and long term care. During Fiscal year 2014-2015 Riverside County Department of Mental Health served 47,252 consumers. This number was an increase of 2% from the 46,929 consumers served during fiscal year 2013-14.

Quality Management

Quality Management is a high priority in Riverside County, and is provided through a robust system comprised of multiple programs: Research & Evaluation, Outpatient Quality Improvement, and Inpatient Quality Improvement. Collectively, these programs provide information and evaluation of current processes, identify areas for improvement, and ensure that the department complies with state and federal mandates related to behavioral health services. This year, Research & Evaluation has been reorganized into three units to better meet the Department’s needs.

Research: The Research Program is responsible for Quality Improvement types of reporting. Examples of reports include state-mandated reports, client satisfaction reports (including the bi-annual administration of the State required Performance Outcome Quality Improvement
surveys), Change of Provider Reports, Medication Monitoring, Problem Resolution, and Chart Reviews among others. This includes designing methods to collect data on these topics and generating reports to communicate results of these efforts. Reports generated by this unit provide opportunities to analyze the quality of services being provided. This program is comprised of: one Supervising Research Specialist, four Research Specialists, and two Research Analysts.

**Evaluation:** The Evaluation Program is responsible for the collection and analysis of outcome data. Working closely with the full range of the Department’s Evidence Based Practices (EBP) to ensure fidelity to the EBP models and collect clinical outcomes resulting from these programs. This unit is also responsible for the administration and reporting of outcomes relating to MHSA funded programs including Full-service Partnership programs, Prevention and Early Intervention programs, and Innovation programs. This program is currently comprised of: One Supervising Research Specialist, eight Research Specialists, two Research Analysts, and two Office Assistants.

**ELMR:** The ELMR unit is responsible for working to maintain and improve the Department’s Electronic Health Record (EHR) called ELMR (Electronic Management of Records). This includes developing forms, and creating reports for users to call on an as-needed basis. This unit also works to create additional functionality in the system to auto-populate various fields to reduce redundancy, embed error checking routines, and promote interoperability with EHRs from other partner agencies. Other responsibilities include supporting contract providers in working with the Department to submit claims for payment. This unit is currently comprised of: One Supervising Research Specialist, six Business Process Analysts, and one Administrative Analyst.

Together, the Research and Evaluation programs also share one Senior Peer Support Specialist, one Network Administrator, and eight additional Office Assistants.

**Outpatient Quality Improvement:** This program is responsible for the resolution and monitoring of beneficiary complaints, appeals, and grievances; provider complaints and appeals; state fair hearings; extensive clinical/medical records review for all the county and contracted Substance Use and Mental Health programs; trainings on documentation and the department’s electronic health record; processing Medication Declarations on dependent minors; and coordinating state/federal audits. This program works as the liaison with the information generated by Research & Evaluation, state and federal regulations, and staff working in the department. This program is currently comprised of: three Supervisors, eight Clinicians, four Behavioral Health Specialists, three Licensed Vocational Nurses, three Registered Nurses, and six Office Assistants.
**Inpatient Quality Improvement:** This program is responsible for 5150 designations, County and Fee-For-Service Hospitals, and the approval/denial of Acute and Administrative Bed Days related to mental health hospitalizations. This program works to improve on the quality of documentation related to inpatient services to facilitate improved client care. This program is currently comprised of: one Clinical Supervisor, one Psychiatrist, six Registered Nurses, two LVN’s, two Clinicians, two Accounting Assistants, one Supervising Office Assistant, and eight Office Assistants.

Overseeing the activities of the Quality Management activities is the Quality Improvement Committee (QIC). The QIC reviews these activities through the department’s multiple reports, identifies opportunities for improvement, develops and recommends interventions to improve performance, and monitors/evaluates the effectiveness of the interventions. The QIC is chaired by the Assistant Director of Programs, includes a multi-disciplinary group of county employees from various regions/programs throughout the county, includes a current consumer of services, and includes a member of the Mental Health Board. Efforts are continuing to add membership from contractors and family members in the community.

**Quality Improvement Work Plan**

The objective of the RUHS-Behavioral Health Quality Improvement Work Plan is to outline specific goals the department would like to achieve in order to ensure high standards are continually being sought, evaluate current processes contributing to results from the previous plan, identify specific areas/activities where the department can improve, as well as to demonstrate that the department is continually evaluating the effectiveness of the QI Program.

**Outcome of 2014-2015**

Riverside County continued to set high goals for itself during Fiscal Year 2014-15. While continuing to make overall improvements to the department, the percentage of Plan goals met or partially met was at 71%. Focusing on the most significant goals, the county was successful in opening two new forms of crisis services: CREST with a hospital diversion rate of 72% of individuals contacted during the first year of operation, and REACH with a diversion rate of 40%. These programs are not only taking some of the pressure off of local emergency rooms, they are also taking some much needed pressure off the inpatient psychiatric units. The county was also able to implement electronic ordering of labs with Lab Corp. This implementation has
enabled the department to now utilize electronic interchange with the two most common facilities consumers utilize for their lab work.

In continuing quality improvement efforts, the department continued to work with the vendor to improve its electronic health record. As a result of the vendor working with the county to upgrade the functionality of the system, and as the department made subsequent changes/improvements to forms and workflow based on these improvements, the goals established when the 2014-15 Work Plan was developed did not always have the capacity to be measured against the same baseline when reviewing outcomes for this year’s work plan. Subsequently, providing measureable progress on three of the FY14-15 goals was not possible. For these goals, the department compared the intent of the goal with the current data available.

**REQUIREMENT: Monitoring/Improving the Service Capacity and Delivery of Services**

**Objective 1: Goal 1:** Develop maps to visually illustrate where Mental Health services are currently located within Riverside County.

**Outcome:** Goal met.
The department has developed a website where a range of maps with information on clinic locations, types of services, demographics, ethnicity, as well as other relevant information can be easily accessed.

**Objective 2: Goal 2a:** Consolidate/open a minimum of 12 mental health/administrative programs in the Rustin building by June 2015

**Outcome:** Goal met.
Programs began moving into the new building in April 2015, and continued to move in over the subsequent months. To date, there are 13 programs located in this location. One additional program will transition in November 2016 after the lease at its current site expires.

**Objective 2, Goal 2b:** Open a Children’s Clinic in the Western Region with an Integration of Mental Health and Physical Healthcare services by June 2015

**Outcome:** Goal met.
This program (named Riverside Family Wellness Center) moved into the Rustin building in mid-November 2015. The children’s behavioral health program is operational, the exam rooms are being supplied, a Licensed Vocational Nurse and a Nurse Practitioner have been hired.
Objective 2, Goal 2c: Purchase a building for the Perris clinic by June 2015, with projected opening of the new clinic by December 2016.

Outcome: Goal on schedule.
The site has been selected and floor plans finalized. The facility will house the Perris Family Room, Substance Use Services, Older Adults, the Regional Multidimensional Family Therapy (MDFT) team, the HHOPE housing program, and the Regional Vocational Services. It will also be outfitted with exam rooms, for the potential of “integrated care” occurring there. Evidence-based WRAP groups and Recovery Management groups will occur on a regular basis.

REQUIREMENT: Monitor Timeliness to Services

Objective 3: Goal 3: Obtain appointment for routine request for mental health services within the county standards in 95% of requests for all regions of the county.

Outcome: Goal partially met.
The bar for this goal was intentionally set high to challenge programs to be innovative with current staffing levels. Data for 2014-15 indicated the overall percentage of adult and child appointments within the standard was an average of 36 days in 67% of services. This is an improvement from the FY 2013-14 average of 38 days. Programs are continuing to try new ways of scheduling first appointments, and are hiring additional staff to improve the access to services. This goal will be carried over to the 2015-16 Work Plan with a long term plan to incrementally improve the timeliness to the first appointment over the next three years.

Objective 4: Goal 4: Obtain “urgent” appointment within the county standards in Managed Care and County Clinic systems in 100% of requests.

Outcome: Goal not met.
The median days for clients to receive an urgent appointment was 11 days. The department is increasing training on what the definition of an urgent request is, and is adding a field to the Contact Log to differentiate an urgent mental health request from a consumer who may be running low on medication in order to provide more accurate data on urgent appointments.

Objective 5: Goal 5: 100% of test calls to provide information on how/where to obtain after hours services

Outcome: Goal met.
The 2015 1st quarter Test Calls Report indicated information was given in 100% of the test calls made. While met, this goal will continue to be monitored.
**Objective 6: Goal 6a:** 90% of test calls to the 24 hour access line to be rated with the caller being provided enough information on how to access appropriate services  
**Outcome:** Goal met.  
The 2015 1st quarter Test Calls Report indicated information was given in 100% of the test calls made. While met, this goal will continue to be monitored.

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**Objective 6, Goal 6b:** 90% of test calls to the 24 hour access line be rated with the caller having their questions answered  
**Outcome:** Goal met.  
The 2015 1st quarter Test Calls Report indicated information was given in 100% of the test calls made. While met, this goal will continue to be monitored.

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**REQUIREMENT:** Maintain/Improve Beneficiary Satisfaction

**Objective 7: Goal 7a:** General Satisfaction with Services on Consumer Perception Surveys will reach an average of 95%  
**Outcome:** Goal not met  
Results of the April 2014 POQI survey indicate General Satisfaction to be 90.7% for Adults/Older Adults, and 88.8% for Parents/Caregivers of Youth. While not yet meeting the goal, the satisfaction rates are showing the department is moving in a positive direction. In 2013, the rates were 87.6% and 80.7% respectively.

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**Objective 7: Goal 7b:** Satisfaction with Access to services will reach an average of 90% on Consumer Perception Surveys  
**Outcome:** Goal not met  
Results of the April 2014 POQI survey indicate Satisfaction with Access to Services to be 84.1% for Adults/Older Adults, and 86.3% for Parents/Caregivers of Youth. As in goal 7a, while not yet meeting the goal, the satisfaction rates are showing the department is moving in a positive direction. In 2013, the rates were 83.2% and 83.7% respectively.

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**Objective 8: Goal 8:** Beneficiary grievances and fair hearings related to Quality of Service: Interaction/Conduct of Staff to be utilized as a category for a complaint in less than 30% of grievances filed.  
**Outcome:** Goal not met.
Data from the Problem Resolution Report indicated a total of 49.2% for the first two quarters of FY 2014-15, and 54.5% in the last two quarters. This is an increase from the baseline of 45.2%. A more in depth review of the individual grievances is being conducted to aid the department in determining if there are patterns of behaviors that may be addressed with additional training for staff. With an increased focus on customer service, this goal will be carried over in the 2015-16 Work Plan.

**Objective 9: Goal 9a:** Change of provider requests due to Dissatisfaction to be less than 15% for individual, organizational providers, and county clinics.

**Outcome:** Goal not met.

The Change of Provider Request Report (dated 5-06-15), indicated the request for a change due to an overall classification of Dissatisfaction was 22.9% for Individual providers, 77.1% for Organizational providers, and 23.9% for County clinics. Due to the range of issues a consumer may be dissatisfied with, the sub-categories of this goal will be reviewed to identify a goal that focuses on a more specific area for improvement for the next fiscal year.

**Objective 9, Goal 9b:** Change of provider requests due to Inaccessibility to be less than 25% for individual or organizational providers.

**Outcome:** Goal not met.

The Change of Provider Request Report (dated 5-06-15), indicated the request for a change due to Inaccessibility was 46.4% for Individual providers, 54.6% for Organizational providers. This is another goal where there are a number of sub-categories that will be reviewed to identify a more specific goal for the next fiscal year.

**Objective 10: Goal 10:** Receive a minimum of 50% response to provider surveys

**Outcome:** Goal not met.

The 2015 Provider Survey received a response from 46/109 providers (=42%). This is an improvement from the previous response of 31%. Feedback from providers on how the department is performing is important so that improvements can be made. With the goal to improve customer service, this goal will be carried over in the 2015-16 Work Plan.
REQUIREMENT: Maintain/Improve Service Delivery System

**Objective 11: Goal 11:** Develop mobile Crisis Response Team responsible for diverting clients from Emergency Treatment Services to community based resources without requiring hospitalization.

**Outcome:** Goal met.

The REACH teams became operational in December 2014, with over 450 unduplicated consumer contacts as of June 30, 2015. The CREST teams also became operational in December 2014 with over 100 individuals diverted from hospitalization as of June 30, 2015.

**Objective 12: Goal 12:** Medication Reconciliation to be recorded in 90% of client records for clients receiving medication services.

**Outcome:** Goal not measureable

Due to the current workflow required by the application in the department’s electronic health record, recording medication reconciliation is a time consuming task resulting in narratives within progress notes rather than through the electronic fields. In addition, some labs are being ordered/reconciled on paper copies. While reconciliation is notably occurring, and the numbers in the intended fields are steadily increasing, until revisions can be made to the system by the vendor, many psychiatrists are completing the process via other means. Demonstrating the reconciliation in this labeled area in the system is not providing accurate data for this goal.

**Objective 13: Goal 13:** Program staff to complete Substance Abuse history in 95% of assessments completed

**Outcome:** Goal not met

Substance Use history was incomplete in an average of 11.5% of reviewed charts (88.5% average completion rate).

The Assessment and Care Plan Reviews report (dated 11-17-15) indicated Substance Abuse history was incomplete in an average of 9% of Children’s Assessments (91%) and 14% of Adult Assessments (86%). While the adult percentage improved from 82.4% in the 2014 report, the child percentage decreased slightly from 92.6%
Objective 14: Goal 14a: Increase completion of assessments following a DPSS screening of a dependent minor to 85%

Outcome: Goal met
As of June 30, 2015, a Referral Disposition was completed on 85.27% of minors with a MHST screening. RUHS-BH will continue to work closely with its partners in the Department of Social Services to provide services to dependent minors.

Objective 14, Goal 14b: Program staff to have reduction in care plans not approved/signed electronically by 70% department wide

Outcome: Goal not measureable.
The intent of this goal was to capture care plans that did not indicate client involvement in creating the plan. RUHS-BH has new/ existing programs that provide services in the field. Many of the care plans for these programs are completed and signed on paper. Due to how a signature is recorded in the system, care plans with no signature at all cannot be differentiated from care plans signed, but not electronically. As a result, data pulled from this field of the care plan does not represent an accurate analysis of the work staff are doing. The department is in the process of implementing a new care plan that will require re-training of staff. An emphasis on the purpose of obtaining the client’s signature will be included in the new trainings.

Objective 15: Goal 15: Develop dashboard report identifying percentage of staff progress notes completed within departmental guidelines

Outcome: Goal partially met
The department has developed a report indicating number of days notes have been left in draft for each program. This report provides some indication of a programs’ compliance with the guidelines, but does not provide the detailed information necessary for overall evaluation. Additional work is occurring to develop the dashboard report with the indicators needed.

Objective 16: Goal 16: Add one provider and one family member to the Quality Improvement Committee
Outcome: Goal partially met
The department added a family advocate to the committee. Attempts are continuing to recruit a contracted provider with the availability to attend the meetings on a regular basis.
Objective 17: Goal 17: Provider appeals to be no more than 30 for the fiscal year
Outcome: Goal not met.
The Provider Appeals Report for FY 14-15 indicated there were a total of 45 provider appeals filed by individual providers, and 169 by organizational providers. Identifying that 38% of the appeals were filed by a new provider, the department is implementing a mandatory training orientation for all new CARES/ACT providers prior to receiving referrals from the county. In addition, providers with continuing issues are being contacted to receive additional training as the problems are identified.

REQUIREMENT: Maintain/Improve Continuity and Coordination

Objective 18: Goal 18a: PCP Referral and response form to be completed for 90% of clients who have been identified as having a physical health need for PCP services
Outcome: Goal not measureable
While clinics were completing the PCP referral form, there is not an objective way in the current system to identify consumers that have unmet physical health needs. During the period of 1/1/15-5/31/15 a total of 203 Care Integration Referrals were completed, and the Physical Health Screening Form was completed for 4,177 consumers indicating clinics are making efforts to consider the consumer’s physical health when providing services.

Objective 18: Goal 18b: A response from the PCP that is documented on the Referral and Response Form will be received for 50% of client who are referred for PCP services
Outcome: Goal not met
While clinics were completing the PCP referral form, the response form was not returned by the PCP, which is outside the control of the department, making the ability to fully obtain this goal unfeasible. A new goal related to continuity of care has been developed for the 2015-16 Work Plan.

Objective 19: Goal 19: Develop capacity for RCDMH electronic health system to send/receive lab orders with Lab Quest laboratories
Outcome: Goal met
The department successfully added the ability to exchange information related to lab requests with Lab Corp effective 4-16-15 (Lab Corp was incorrectly referred to as “Lab Quest” in the 2014-15 work plan)
Objective 20: Goal 20a: Memoranda of Understanding (MOUs) with Riverside County Health Plans (IEHP and Molina) will be revised and updated in calendar year 2014 to reflect changes needed as a result of the ACA Implementation and the CalDuals (Medi-Medi) Project:
Outcome: Goal met
MOU’s were updated to include criteria for serving beneficiaries with mild, moderate, severe mental health issues.

Objective 20: Goal 20b: RCDMH will conduct monthly or bi-monthly meetings with each health plan to identify and discuss individual clients who may be transitioned from RCDMH clinic services and providers to services and providers of the health plans who have mildly to moderately severe mental health conditions
Outcome: Goal met.
The department is meeting monthly with both IEHP to coordinate services for individuals transitioning to/from the county. Due to the low numbers of Molina clients, these meetings have not yet been necessary for this specific health plan.

2015 Quality Improvement Work Plan Goals

REQUIREMENT: Monitoring/Improving the Service Capacity and Delivery of Services

Objective 1: Review the current type, number, and geographic distribution of Mental Health Services within the Delivery System.
Goal 1: Continue to review current maps on the type, number, and location of services a minimum of two times annually in the QIC meetings
Responsibility: Research
Evaluation Tool(s): Maps
Plan: Review in QIC meetings
Baseline: Maps were reviewed in the January, February, and March QIC meetings during FY14-15.
Objective 2: Establish goals for the number, types, and geographic distribution of Mental Health Services in the Delivery System.

Goal 2a: Establish one CSU in the mid-county region by June 2016
Responsibility: Management, Facilities Management
Evaluation Tool(s): Opening of the CSU
Plan: Contract with external organization
Baseline: There is currently no CSU available in the mid-county region. The majority of beneficiaries in need in this region have traveled to the western region for these services.

Objective 2, Goal 2b: Establish one new CSU in the desert region by June 2016
Responsibility: Management, Facilities Management
Evaluation Tool(s): Opening of the CSU
Plan: Contract with external organization
Baseline: There is currently one CSU in the desert region with an increasing need to expand capacity to meet the growing demands of the region.

Objective 2, Goal 2c: Purchase a building for the Perris clinic by June 2015, with projected opening of the new clinic by December 2016
Responsibility: Management, Facilities Management
Evaluation Tool(s): Opening of the new clinic
Plan: Continue weekly/monthly oversight of project
Baseline: Continuation of goal as it remains on track for successful completion. The site has been selected and floor plans finalized.

REQUIREMENT: Monitor Timeliness to Services

Objective 3: Monitor time to first appointment.
Goal 3a: Obtain appointment for routine request for mental health services within the county standards in 75% of requests for all regions of the county by 2016, 85% by 2017, and 95% by 2018.
Responsibility: Managers, Clinic Supervisors, QI, Research
Evaluation Tool(s): Timeliness to Services report
Plan: Individual program pilot projects
Baseline: Data for 2014-15 indicated the overall percentage of adult and child appointments within the standard was 67%.
Objective 3, Goal 3b: Obtain appointment for routine request for psychiatric services within the county standards in 65% of requests for all regions of the county
**Responsibility:** Associate Medical Directors, Managers, Clinic Supervisors, Evaluation, QI
**Evaluation Tool(s):** Timeliness to Services Report
**Plan:** Individual program pilot projects, hire additional psychiatrists
**Baseline:** Data for 2014-15 indicated the overall percentage of psychiatric appointments within the standard was 32%.

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Objective 4: Monitor time to urgent appointment
**Goal 4:** Obtain “urgent” appointment within the county standards in Managed Care and County Clinic systems in 90% of requests.
**Responsibility:** Managers, Clinic Supervisors, Evaluation, QI
**Evaluation Tool(s):** Timeliness to Services Report
**Plan:** Individual program pilot projects, increased training by CARES
**Baseline:** Data for 2014-15 indicated the overall percentage of urgent appointments within the standards was 19% overall.

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Objective 5: Monitor access to after-hours care
**Goal 5:** Review monthly call logs for compliance with Title IX standards from afterhours contractor each month
**Responsibility:** CARES
**Evaluation Tool(s):** Monthly call logs
**Plan:** Training on call logs, performance monitoring of logs
**Baseline:** Monthly call logs are currently collected from the provider upon request without consistent follow up training being provided

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Objective 6: Monitor responsiveness of 24 hour toll free line in providing information on how to access appropriate services
**Goal 6a:** Increase test calls to the access line to a minimum of 10 calls quarterly
**Responsibility:** Research
**Evaluation Tool(s):** Test calls report
**Plan:** Quarterly report assignment
**Baseline:** The department has previously conducted test calls annually
Objective 6, Goal 6b: Call response time on 800# to be an average of 3-5 minutes/call.
Responsibility: CARES
Evaluation Tool: CARES 800# report
Plan: Training on customer service, monitoring of calls
Baseline: Current baseline is 8-10 minutes.

REQUIREMENT: Maintain/Improve Beneficiary Satisfaction

Objective 7: Survey beneficiary/family satisfaction
Goal 7a: Complete a direct interview with an a minimum of 400 beneficiary’s contacted to complete a beneficiary satisfaction survey
Responsibility: Research
Evaluation Tool: Consumer Satisfaction Survey
Plan: Recruit volunteers to assist with calls
Baseline: POQI surveys have been utilized in the past, without a direct interview with the client.

Objective 7, Goal 7b: Satisfaction with Access to services will reach an average of 90% on Managed Care Consumer Perception Surveys
Responsibility: CARES, Research
Evaluation Tool: Consumer Satisfaction Survey
Plan: Additional trainings for contracted providers
Baseline: The 2014-15 Managed Care Survey indicated satisfaction with access to services was at 83%.

Objective 8: Evaluate beneficiary grievances, appeals, and fair hearings
Goal 8: Beneficiary grievances and fair hearings related to Quality of Service: Interaction/Conduct of Staff to be utilized as a category for a complaint in less than 30% of grievances filed.
Responsibility: Clinic supervisors, Managers, Research
Evaluation Tool(s): Problem Resolution report
Plan: Evaluate grievances, customer service training
Baseline: Data from the Problem Resolution Report indicated a total of 49.2% for the first two quarters of FY 2014-15, and 54.5% in the last two quarters.
Objective 9: Evaluate change of provider requests
Goal 9a: Change of provider requests due to Dissatisfaction, without details of why the consumer was dissatisfied with the provider and/or service, to be less than 30% for both individual and organizational providers.
Responsibility: Evaluation, CARES, ACT
Evaluation Tool(s): Change of Provider Request Report
Plan: Additional training, improved procedures for follow up of providers
Baseline: Dissatisfaction with the provider and/or service, without details of what the consumer was dissatisfied with was 55.6% for Individual providers, and 61.2% for Organizational providers in the 5-05-15 report.

Objective 9, Goal 9b: Change of provider requests due to Individual Providers not responding to the consumer to be less than 20%.
Responsibility: Evaluation, CARES, ACT, QI
Evaluation Tool(s): Change of Provider Request Report
Plan: Increased training
Baseline: Individual Providers with No Response to the consumer’s call was 36.3% in the 5-05-15 report.

Objective 10: Conduct surveys on provider satisfaction and inform providers of results
Goal 10a: Receive a minimum of 50% response to provider surveys
Responsibility: Research/ACT/CARES
Evaluation Tool(s): Provider Satisfaction report
Plan: Increased follow up with providers
Baseline: Survey responses from 2014-15 was 42%

REQUIREMENT: Maintain/Improve Service Delivery System

Objective 11: Address meaningful clinical issues that affect beneficiaries
Goal 11a: Implement orientation training for all new Managed Care providers by January 2016
Responsibility: CARES, ACT, QI, TRAC
Evaluation Tool(s): Provider meeting agendas, sign-ins
Plan: New providers to attend orientation/training before being opened to receive referrals
Baseline: No orientation currently exists for new providers. Manuals are provided upon approval of the contract, and training on documentation is provided as needed. Provider appeals for NOA’s and denied services result from providers not fully understanding the
guidelines and processes of the department. This can result in services being delayed for beneficiaries as provider issues with Provider Connect, and with documentation submitted to CARES/ACT that do not meet standards are corrected/worked through.

Objective 11: Address meaningful clinical issues that affect beneficiaries
Goal 11b: Establish a minimum of one performance outcome based upon the initial assessment
Responsibility: Research, QI
Evaluation Tool(s): Development of Outcome measurement
Plan: Revise current assessment and identify an outcomes tool through an identified workgroup
Baseline: Currently assessments do not include an imbedded outcome based measure

Objective 12: Review safety and effectiveness of medication practices
Goal 12: Develop a process to identify completing/updating client AIMS scores
Responsibility: Research, QI, Psychiatrists
Evaluation Tool(s): AIMS outcome scores
Plan: Revise medication progress note, script connection with AIMS form
Baseline: Currently the department psychiatrists complete the AIMS in the electronic health record, but the process to identify when updates should be completed is subjective and inconsistent.

Objective 13: Review non-medication clinical practices
Goal 13a: Program staff to complete Substance Abuse history in 95% of all assessments completed
Responsibility: Program supervisors, QI
Evaluation Tool(s): QI data base
Plan: Additional training, integration of SU services throughout the department
Baseline: The Assessment and Care Plan Reviews report (dated 11-5-14) indicated Substance Abuse history was incomplete in an average of 82.4% of Adult Assessments, 92.6% of Children’s Assessments
Objective 13, Goal 13b: Develop new training materials for assessments/care plans based on results of Cultural Competency pilot study conducted in Banning Clinic
Responsibility: Maria Marquez, Cultural Competency, QI
Evaluation Tool(s): Creation of new materials
Plan: Develop materials, develop training plan
Baseline: Pilot project based on assessments/care plans prior to and after staff focus groups related to documenting cultural competence in Child, Adult, and Older Adult forms.

Objective 14: Interventions are implemented to address problem areas.
Goal 14a: Provide training to all department staff on correctly completing information in the MH contact logs by June 2016
Responsibility: QI, Clinic Supervisors, Managers
Evaluation Tool(s): Training materials/dates
Plan: Training/re-training of all staff on current/new forms
Baseline: Staff incorrectly entering information in the contact logs may result in: duplicate clients with some information being entered under one client name, and other information being entered under another; inaccurate information related to timeliness of services; and beneficiaries not receiving the correct information for services they may be requesting to access.

Objective 14, Goal 14b: Provide training to all department staff on issuing the Notice of Action (NOA), when applicable, by June 2016
Responsibility: QI, Clinic Supervisors, Managers
Evaluation Tool(s): Training materials/dates
Plan: Training/re-training of all staff on current/new forms
Baseline: Incorrectly completing NOA’s, or failing to issue an NOA may result in beneficiaries being confused by the Notice of Action received/not received, and questioning whether they need to do something further relevant to their situation and mental health services.

Objective 15: Quantitative measures are in place to assess performance and identify areas for improvement.
Goal 15: Develop dashboard reports/system to provide programs with regular feedback on completion of documentation in a timely fashion
Responsibility: QI, Evaluation, Supervisors
Evaluation Tool(s): Dashboard reports
Plan: Train supervisors on how to utilize the reports
Baseline: The department utilizes multiple reports to review documentation performance. The dashboard system will provide an opportunity to highlight positive feedback for staff complying with documentation requirements, while also providing the opportunity for areas to improve/additional training when staff may be having difficulties.

Objective 16: Providers, consumers, family members review data and provide advisement on strategies for improvement.
Goal 16: Add one provider and one family member to the Quality Improvement Committee
Responsibility: Assistant Director, Family Advocate Program
Evaluation Tool(s): QIC Minutes
Plan: Continue efforts to recruit regular attendees
Baseline: The QIC currently does not include a contracted provider or family member

Objective 17: Monitor provider issues and appeals
Goal 17: Provider appeals due to provider error to be under 15%
Responsibility: CARES, Managed Care, ACT, QI, Evaluation
Evaluation Tool(s): Provider Appeals Report
Plan: Increase trainings
Baseline: Data in the 2014-15 report indicated 29.1% of approved appeals were submitted due to provider error.

REQUIREMENT: Maintain/Improve Continuity and Coordination

Objective 18: Coordinate mental health services with physical health care
Goal 18: Begin provision of Integrated Health Services in the Riverside Family Wellness Center by June 30, 2016
Responsibility: Facilities Management, Management
Evaluation Tool(s): Opening of exam rooms
Plan: Continue coordination of supplies and primary care staff with IEHP
Baseline: The facility has been established, the mental health portion of the program opened in November 2015.
Objective 19: Exchange information in an effective and timely manner with other agencies.
 Goal 19: Develop ability to access information from Telecare CSU programs within 24 hours of client admission into the CSU.
 Responsibility: Research
 Evaluation Tool(s): Interface documents
 Plan: Train staff on availability of interface documents
 Baseline: Telecare is a new CSU provider. As such, the ability and staff awareness for the exchange of information did not formerly exist.

Objective 20: MOU’s to guide effective practices with physical health care plans/agencies.
 Goal 20: Continue with Memorandum of Understanding (MOU) with Riverside County Health Plans (IEHP, Molina)
 Responsibility: Executive Management, Management
 Evaluation Tool(s): 2016 MOU’s
 Plan: Process MOU through Program Support
 Baseline: MOU’s have been established for 2015

Goal 20b: Continue with monthly or bi-monthly meetings with each health plan to identify and discuss individual clients who may be transitioned from RCDMH clinic services and providers to services and providers of the health plans who have mildly to moderately severe mental health conditions.
 Responsibility: Interdisciplinary Care Team (ICT)
 Evaluation Tool(s): ICT referral form
 Plan: Continue with regularly scheduled ICT meetings
 Baseline: Meetings with IEHP are being conducted a minimum of every month. Meetings with Molina have not been held due to lack of necessity.