Quality Improvement Work Plan

2018 - 2019

Riverside University HEALTH SYSTEM Behavioral Health

Riverside University Health System – Behavioral Health
2085 Rustin Avenue, Suite 2002, Riverside, CA 92507

QUALITY IMPROVEMENT WORK PLAN
(2018-2019)

About Riverside County

Riverside County is one of 58 counties in the state of California, the fourth most populous county in the state. The estimated population is 2,423,266 with a growth rate of 4.28% in the past year according to the most recent United States census data.

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.

Hispanic/Latino make up the largest race/ethnic group serviced for mental health services, the second largest group served is Caucasian. For substance abuse services, the opposite is true.

Riverside University Health System- Behavioral Health

RUHS-BH faced a staffing hardship when the county implemented a hiring freeze throughout the county. Despite this freeze, in fiscal year 2017-2018 Riverside University Health System Behavioral Health (RUHS-BH) provided services to a total of 59,298 consumers through mental health and substance abuse services, an increase of 2.93% from FY16-17. In mental health, a total 51,523 consumers were served through outpatient mental health, detention services, and inpatient psychiatric services. In substance abuse, a total of 7,775 consumers were served through detoxification, residential services, outpatient substance abuse treatment services, and intensive half day treatment programs (e.g., Drug Court, MOMs).

Overall, in mental health, 31.1% of consumers had a history of drug/alcohol abuse and 74.2% of consumers had Medi-Cal. In substance abuse, 31.2% were reported to have a mental illness and 75.8% had drug Medi-Cal.

RUHS-BH's met 22 of its 31 goals outlined in the 2017-18 QI Work Plan, and partially met 5 more for a total success rate of 87%.

Quality Improvement Work Plan

The QI Work Plan outlines what the department is doing in response to specific requirements within the MHP's contract/interagency agreement with the state to provide mental health and substance abuse services to Riverside County Medi-Cal and Drug Medi-Cal beneficiaries. Utilizing the data required by the state, in addition to the vast number of reports specific to the department, RUHS-BH continually reviews its performance. Analysis and discussions are an ongoing process within the Executive Team, Best Practices Committee, Managers meetings, Countywide Supervisors meetings, All Staff meetings, and the Quality Improvement Committee (QIC).

The QI Work Plan includes Performance Improvement Projects (PIPs) for both Mental Health and Substance Use services, feedback provided from the External Quality Improvement Organization (EQRO), areas identified in need of improvement as a result of the state's tri-annual systems review and the Drug Medi-Cal audit, as well as goals established by the department as internal data is collected and reviewed.

Quality Management

The purpose of a Quality Management program is to assist with the department's mission by monitoring the overall performance of the system through the collection, reporting, and analysis of data; developing goals and standards; and providing information to improve processes and overall efficiency/effectiveness of service delivery.

In 2018 RUHS-BH developed a Quality Management Deputy Director position. This Director is responsible for oversight and coordination of the individual programs that are involved with the various components of the Quality Management program. These programs include: Research, Evaluation, and Technology, Outpatient Quality Improvement, and Managed Care. Together these programs provide the infrastructure to oversee the information being disseminated by the state is being implemented in the department as movement continues toward performance based outcomes.

Research: The Research Program is responsible for Quality Improvement types of reporting. Examples of responsibilities include state-mandated reports, network adequacy certification, client satisfaction reports (including the administration of the State required Performance Outcome Quality Improvement and Treatment Perception surveys), Change of Provider Reports, Medication Monitoring, Problem Resolution, and Chart Reviews among many 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.

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.

Technology (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 the continual development of forms to meet changes in program needs and state requirements, problem solving challenges due to user/system errors, as well as creating reports for individual staff/programs to assist with workflow. 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 enter information directly into ELMR. This includes registering their clients, entering claims, and keeping site/staff information current for the provider directory.

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; processing Medication Declarations on dependent minors clinical/medical records review for county and contracted Substance Abuse and Mental Health programs including detention facilities and Cal Works; oversight of county medication rooms; coordinating and conducting state/federal audits; providing various documentation, EHR, and EBP trainings for county and contracted SA and MH staff; and together with Workforce Education and Training conducting the two week onboarding training for staff that are new to the department.

Managed Care: Contracted individuals, groups, and organizations receive authorization for services through the Community Access, Referral, Evaluation, and Support (CARES) unit. This program screens requests for mental health services and refers to appropriate county clinics, contracted providers, or community agencies. CARES is also responsible for the coordination of referrals to/from MCPs including IEHP and Molina.

Quality Improvement Committee: 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 Deputy Director of Quality Management and co-chaired by the Assistant Director of Programs. The committee includes a multi-disciplinary group of Behavioral Health employees from various regions/programs throughout the county, a minimum of at least one current consumer of services, a representative from a contracted agency, and a member of the Mental Health Board.

Outcome of 2017-18 Quality Improvement Work Plan Goals

Section 1: Performance Improvement Projects

Objective 1.1 *Clinical Mental Health PIP*
Goal: Unengaged consumers who have a Psychiatric Hospitalization should receive an Outpatient service within 7 days
Outcome: Reviewed in QIC meetings throughout the FY, and with EQRO in May 2018.

Objective 1.2 *Non-Clinical Mental Health PIP*
Goal: Improve retention for children beyond 5 services
Outcome: Reviewed in QIC meetings throughout the FY, and with EQRO in May 2018.

Objective 1.3 *Clinical Substance Abuse PIP*
Goal: Increase continuity of care for adults in substance abuse treatment
Outcome: Reviewed in QIC meetings throughout the FY, and with EQRO in May 2018.

Objective 1.4 *Non-Clinical Substance Abuse PIP*
Goal: Increase the penetration rate for adolescents served in substance abuse programs

Section 2: Service Capacity and Delivery of Services

Objective 2.1: *Review the current type, number, and geographic distribution of Behavioral Health Services within the Delivery System.*
Goal 2.1a: Continue review of current maps/reports on the type, number, and location of all Behavioral Health services
Outcome: Goal met.
Services were reviewed at least 4x over the fiscal year during monthly QIC meetings.

Goal 2.1b: Continue review of service data for all Behavioral Health services by: Region/gender/race/ethnicity/diagnosis/program/service type

Outcome: Goal met.

The Who We Serve and Service Disparities reports were both reviewed to provide information on service data, in addition to program specific reports related to FSP programs.

Objective 2.2: *Establish goals for the current type, number, and geographic distribution of Mental Health Services within the Delivery System.*

Goal 2.2: Opening of a gender specific MOMs Intensive Outpatient program in Temecula Substance Abuse clinic

Outcome: Goal met.

This program opened in October 2017.

Objective 3.1: *Monitor time to first appointment.*

Goal 3.1a: Obtain appointment for first offered routine request for mental health services within the county standards in 85% of requests for all regions of the county by 2017, and 95% by 2018.

Outcome: Goal partially met.

While improvement is occurring, up from 75% to 79%, the goal of 85% was not met this year. The goal will be re-established at 85% for FY18/19, and 90% for FY19/20.

Goal 3.1b: Continue monitoring completion of the First Encounter Form to track time from initial contact through time to actual first service, including no shows and cancellations. Completion to be on an average of 85% across all programs

Outcome: Goal partially met.

While improvement is occurring, up from 76.5% to 79.8%, the goal of 85% was not met this year. The goal will be carried over for FY18/19.

Goal 3.1c: Develop system to measure request for psychiatric appointments

Outcome: Goal partially met.

An additional field was added to the First Encounter Form to include specific requests for a psychiatric appointment for adults. Tracking of the request for a psychiatrist for children is more difficult as medication is not generally considered the first intervention for children experiencing behavioral issues. The ability to track this for children is still under discussion/development.

Goal 3.1d: Develop system to measure first offered appointment requests for mental health services for Managed Care Contract Providers

Outcome: Goal met.

Pilot studies were conducted with two providers, followed by a WebEx training for all providers on 8/6/18. The training detailed how to enter information into the 'First Encounter' form in the departments' electronic health record. This information is now enabling the tracking of time from client contact to the first offered appointment.

Goal 3.1e: Develop system to measure time from first request to first face-to-face meeting for Substance Abuse services

Outcome: Goal met.

A report was developed in April 2018.

Goal 3.1f: Develop system to measure time from first request to first Medication Assisted Treatment service

Outcome: Goal met.

A report was developed in April 2018.

Objective 4.1: *Monitor access to after-hours care*

Goal 4.1: Develop and implement tracking form and reporting process for after-hours calls to Full Service Partnership (FSP) programs across all regions

Outcome: Goal met.

FSP's have been submitting their monthly call logs to the appropriate administrator, Research and QI departments. The reports identify after hour's contacts including the date, time, length of the service, interventions, and disposition.

Objective 4.2: *Monitor responsiveness of 24-hour toll free line in providing information on how to access appropriate services*

Goal 4.2a: Continue test calls to the CARES 24-hour toll free line, and expand test calls to include the SU CARES toll free line

Outcome: Goal met.

The department has completed its first quarter making test calls to the SU CARES line.

Goal 4.2b: Test call reporting on the 800# providing information about how to access specialty mental health services to be no less than 80% each quarter ***after*** regular business hours

Outcome: Goal not met.

The after-hours test calls consistently fell below the 80% goal in the quarterly test calls report submitted to the state. This goal will be carried over to the 2018-19 QI Work Plan.

Goal 4.2c: Test call reporting on the 800# contact log to include the date, the name of the beneficiary, and the disposition to be no less than then 90% each quarter for calls ***during*** regular business hours

Outcome: Goal partially met.

The test calls made during regular business hours demonstrated improvement with only one reporting period falling beneath 100%.

Goal 4.2d: Test call reporting on the 800# contact log to include the date, the name of the beneficiary, and the disposition to be no less than then 90% each quarter for calls ***after*** regular business hours

Outcome: Goal not met.

The after-hours test calls consistently fell below the 90% goal in the quarterly test calls report submitted to the state. This goal will be carried over to the 2018-19 QI Work Plan.

Objective 5.1*: Survey beneficiary/family satisfaction*

Goal 5.1a: Complete the POQI bi-annually in all direct service mental health programs

Outcome: Goal met

POQI's for MH were provided in November 2017 and May 2018.

Goal 5.1b: Complete the Treatment Perception Survey (TPS) quarterly in all direct service substance abuse programs

Outcome: Goal met.

TPS for SA were provided in November 2017 and May 2018.

Goal 5.1c: Complete a direct interview with an a minimum of 400 mental health and/or substance abuse beneficiary's contacted to complete a beneficiary satisfaction survey

Outcome: Goal met.

4094 calls were attempted from 1/1/2018 to present, 421 people completed the phone survey.

Objective 5.2: *Evaluate beneficiary grievances, appeals, and fair hearings*

Goal 5.2: Interaction/Conduct of Staff to be utilized as a category for a complaint in less than 25% of staff grievances filed, and 15% of doctor grievances.

Outcome: Goal met.

The Problem Resolution Report dated July 1, 2017-Dec. 31, 2017 indicated grievances related to staff conduct to be 14.8%, and doctors 14.8%.

Objective 5.3: *Evaluate change of provider requests*

Goal 5.3a: Change of provider requests for managed care providers due to 'Dissatisfaction', with vague or 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

Outcome: Goal met.

The Change of Provider report indicated Dissatisfaction to be 12.5% (n=2) for individual providers, and 26.5% (n=9) for organizational providers. This rating in the latest report included no detail provided from client notes OR multiple reasons given.

Goal 5.3b: Modify Electronic Health Record to collect narrative information on client request for a change of provider due to being dissatisfied.
Outcome: Goal not met.
The subcategories in the existing form did not accurately line up with the main categories available for selection; the library selections are inconsistent between contracted providers and county clinics.

Objective 6.1: *Monitor provider issues and appeals*
Goal 6.1: 85% of Treatment Authorization Requests (TARs) to be authorized within 14 days
Outcome: Goal partially met.
The processing of TARS within 14 days varied by month from a low of 46% to a high of 99%. Monitoring of TAR completion within 14 days will continue to be reviewed monthly by the Managed Care Program Manager.

Objective 7.1: *Address meaningful clinical issues that affect beneficiaries*
Goal 7.1a: Implement Child Assessment of Needs and Strengths (CANS) in children's service programs
Outcome: Goal met.
Training was contracted for from the Praed foundation, Objective Arts was contracted for data entry, training/certification was completed by children's program clinicians.

Goal 7.1b: Implement standardized induction training for new Behavioral Health staff
Outcome: Goal met.
A two-week New Employee Welcoming series was implemented in February 2018.

Objective 7.2: *Review safety and effectiveness of medication practices*
Goal 7.2: Develop monitoring tool for Medication Assisted Treatment services
Outcome: Goal met.
A MAT monitoring tool and additional administrative monitoring items were developed and are continuing to be revised as additional information and clarification of regulations is being provided by the state.

Objective 7.3: *Quantitative measures are in place to assess performance and identify areas for improvement*

Goal 7.3: Develop new contract monitoring process to ensure all Behavioral Health providers are being reviewed in accordance with their specified scope of services

Outcome: Goal met.

The contract monitoring process for mental health and substance abuse providers has been updated with more detailed tools for the administrative and clinical aspects of programs providing substance abuse and/or mental health services. The tools are continually being updated as the state issues information notices and clarifies regulations.

Objective 8.1: *Interventions are implemented to address problem areas*

Goal 8.1a: Implement system of QI supervisors scheduling a meeting or talking directly with behavioral health supervisors to review monitoring reports

Outcome: Goal met.

QI supervisors have been meeting with supervisors and their staff to review reports and provide guidance during staff meetings and/or during monthly meetings with regional Administrators.

Goal 8.1b: Provide trainings on ASAM Criteria for determining Level of Care for Substance Abuse treatment to ensure indicated level of care is consistent with actual level of care received

Outcome: Goal met.

A total of 8 ASAM B, 9 ASAM C, and 5 ASAM Continuum of Care trainings were provided to county and/or contracted staff during FY 17/18.

Objective 9.1: *Cultural Competency and Linguistic Standards*

Goal 9.1: Goal: Develop 3 workforce training workshops for mental health and substance abuse providers that will address Cultural Competency and Diversity in 3 underserved communities in Riverside County.

Outcome: Goal not met.

While many trainings and workshops were provided by the cultural competency program, staff shortages prevented the additional work required to develop the number of trainings needed for the number of staff in substance abuse and mental health programs. This goal will be revised for the 2018-19 QI Work Plan.

Objective 10.1: *Coordinate mental health services with physical health*

Goal 10.1: Continue with integrated services through IEHP

Outcome: Goal met.

Secure information exchange folders (FTP) were created. The folders contain information on Med Connect and Dual Choice clients.

Objective 10.2: *Exchange information in an effective and timely manner with other agencies*
Goal 10.2: Expand capacity behavioral health staff to access physical health care information out of the hospital and ambulatory care clinics electronic health record (Epic).
Outcome: Goal met.
Information from the Epic EHR is being made available upon request for behavioral health to upload into a data warehouse

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Objective 10.3: *MOU's to guide effective practices with physical health care plans/agencies*
Goal 10.3: Continue with MOU's with IEHP and Molina
Outcome: Goal met.
Quarterly meetings are occurring with IEHP and Molina.

2018-19 Quality Improvement Work Plan Goals

Section 1: Performance Improvement Projects

Objective 1.1 *Clinical Mental Health PIP*
Goal: Unengaged consumers who have a Psychiatric Hospitalization should receive an Outpatient service within 7 days
Study Population: Consumers with an inpatient admission at the county Inpatient Treatment Facility (ITF) who are not open to the Mental Health outpatient system and reside in the county.
Study Question: Will the implementation of navigation strategies with peer supports result in an increase in percentage of unengaged consumers that access follow-up outpatient services post-hospital discharge?

Objective 1.2 *Non-Clinical Mental Health PIP*
Goal: Improve retention for children beyond 5 services.
Study Population: Children less than 18 years of age served in the county children's clinics and system of care children served by contracted providers
Study Question: Will expansion of children's services with new Mental Health contracts increase access and improve retention rates?

Objective 1.3 *Clinical Substance Abuse PIP*
Goal: Increase continuity of care for adults in substance use disorder treatment

Study Population: Consumers transitioning from residential and inpatient withdrawal management services to an outpatient level of care
Study Question: Will managing the transition between treatment levels of care increase engagement into the full continuum of care?

Objective 1.4 *Non-Clinical Substance Abuse PIP*
Goal: Increase the penetration rate for adolescents served in substance use disorder programs and SUD prevention services where needed
Study Population: Youth 12-20 year's old who need substance use disorder prevention and treatment services
Study Question: Will increasing access and availability of SUD adolescent prevention and treatment services increase the number of adolescents served?

Section 2: Service Capacity and Delivery of Services

Objective 2.1: *Review the current type, number, and geographic distribution of Behavioral Health Services within the Delivery System.*
Goal 2.1a: Continue review of current maps/reports on the type, number, and location of all Behavioral Health services
Responsibility: Research, Managers/Administrators/Executive Team
Evaluation Tool(s): Maps, Who We Serve Report, Fiscal Service Detail Reports
Plan: Review in QIC, Managers, and Directors meetings
Baseline: Specific maps continue to be developed and reviewed as needed for program analysis; reports are different department functions are reviewed each month in the QIC.

Goal 2.1b: Continue review of service data for all Behavioral Health services by: Region/gender/race/ethnicity/diagnosis/program/service type
Responsibility: Research, Managers/Administrators/Executive Team
Evaluation Tool(s): Maps, Who We Serve Report, Fiscal Service Detail Reports
Plan: Review in QIC, Managers, and Directors meetings
Baseline: Who We Serve Report; Service Disparities: Unmet Need, Penetration, and Service Trends Report; Pathways to Wellness Annual Services Report; Full Service Partnership Outcomes Reports continue to be utilized for service data review.

Objective 2.2: *Establish goals for the current type, number, and geographic distribution of Behavioral Health Services within the Delivery System.*
Goal 2.2a: Implement a children's crisis evaluation team to provide crisis services throughout all regions of the county

Responsibility: Crisis Services Administrator
Evaluation Tool(s): Development of the crisis teams
Plan: Develop plan to identify existing staff for the new program
Baseline: Crisis teams have been established for adults but no crisis response services are available for youth

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Goal 2.2b: Expand substance abuse services into the Cal Works clinics and Day Reporting Centers
Responsibility: Substance Abuse Administrator, Forensics Administrator
Evaluation Tool(s): Service Detail Reports demonstrating the provision of services
Plan: Add Behavioral Health Specialists III in each program to provide substance abuse services meeting DMC-ODS requirements
Baseline: Currently SA services are referred from both programs to county or contracted clinics

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Section 3: Timeliness to Services

Objective 3.1: *Monitor time to first appointment.*

Goal 3.1a: Obtain appointment for first offered routine request for mental health services within the county standards in 85% of requests for all regions of the county; increase to 90% in FY 19/20
Responsibility: Administrators, Clinic Supervisors, QI
Evaluation Tool(s): Timeliness to Services report
Plan: Develop new schedule with overlapping appointments in MH clinics to reduce unused clinician and psychiatrist appointments due to No Shows; beta test in two adult clinics; train office assistants and professional staff on the new process of structuring daily activities
Baseline: Current timeliness to service indicates meeting the standard in 79% of appointments offered.

Goal 3.1b: Monitor completion of the First Encounter Form in mental health programs to track time from initial contact through time to actual first service, including no shows and cancellations. Completion to be on an average of 85% across all programs.
Responsibility: Administrators, Clinic Supervisors, QI, Research
Evaluation Tool(s): First Encounter Form Report
Plan: Review completion reports in QIC, Managers/Administrators to review with their programs to keep importance of completing the form in the daily workflow
Baseline: The latest data (May 2018) showed the First Encounter Form was at a completion rate of 73%.

Goal 3.1c: Percentage of follow up appointments within 7 days following a residential admission to be 85% for both adult and child substance abuse consumers
Responsibility: Substance Abuse Administrator/Supervisors, Coordinated Care Team
Evaluation Tool(s): SAPT Timeliness Report
Plan: Work with program supervisors to open calendar appointments in staff schedules for follow up appointments new consumers
Baseline: EQRO timeliness self-report indicated the percentage to be 74.2% for all programs

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Section 4: Access to Services

Objective 4.1: *Monitor access to after-hours care*
Goal 4.1: Crisis Stabilization Unit bed utilization to be consistent with contract availability at a rate of 90%
Responsibility: QI, Crisis Administrator, Research
Evaluation Tool(s): CSU utilization report
Plan: Increase referrals to CSU's from programs, on-site reviews
Baseline: Reports on CSU beds indicate increased availability during and after hours.

Objective 4.2: *Monitor responsiveness of 24-hour toll free line in providing information on how to access appropriate services*
Goal 4.2a: Test call reporting on the 800# providing information about how to access specialty mental health services to be no less than 80% each quarter ***after*** regular business hours
Responsibility: CARES Program Manager, Research
Evaluation Tool(s): Test Calls Reports
Plan: Training of contracted agency, obtain/review bi-weekly contact logs
Baseline: The after-hours test calls consistently fell below the 80% goal in the quarterly test calls report submitted to the state.

Goal 4.2b: Expand regular hours for staff answering the 800# after hours to provide information about accessing substance abuse services; reduce on-call hours
Responsibility: Substance Abuse Administrator, SU CARES
Evaluation Tool(s): Staff schedules
Plan: Hire additional staff, train, continue test calls
Baseline: The test calls made after hours to SU CARES indicated delays in answering the phone line

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Goal 4.2c: Test call reporting on the 800# mental health contact log to include the date, the name of the beneficiary, and the disposition to be no less than then 90% each quarter for calls *after* regular business hours
Responsibility: CARES Program Manager, Research
Evaluation Tool(s): Test Calls Reports
Plan: Training of contracted agency, obtain/review bi-weekly contact logs
Baseline: The after-hours test calls consistently fell below the 90% goal in the quarterly test calls report submitted to the state. This goal will be carried over to the 2018-19 QI Work Plan.

Section 5: Beneficiary Satisfaction

Objective 5.1*: Survey beneficiary/family satisfaction*
Goal 5.1a: Complete the POQI bi-annually in all direct service mental health programs
Responsibility: Evaluation, Program Administrators, Program Supervisors
Evaluation Tool: POQI Survey results
Plan: Run reports of active programs and number of consumers, distribute copies of POQI's to each program for completion
Baseline: POQI's are being completed bi-annually in Mental Health programs

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Goal 5.1b: Complete the Treatment Perception Survey (TPS) quarterly in all direct service substance abuse programs
Responsibility: Evaluation, Program Administrators, Program Supervisors
Evaluation Tool: Treatment Perception Survey (TPS) results
Plan: Run reports of active programs and number of consumers, distribute copies of TPS's to each program for completion.
Baseline: The TPS is being completed bi-annually in SA programs

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Objective 5.2: *Evaluate beneficiary grievances, appeals, and fair hearings*
Goal 5.2: Interaction/Conduct of Staff to be utilized as a category for a complaint in less than 10% of grievances filed for all behavioral health programs
Responsibility: Research, QI, Program Managers/Administrators, Program Supervisors
Evaluation Tool(s): Problem Resolution Report
Plan: Share report with managers, administrators, and program supervisors to increase their awareness of complaints related to perceptions of staff behaviors
Baseline: The July – December 2017 Problem Resolution Report indicated grievances related to staff conduct was 14.8% for all staff. Substance Abuse programs were in the initial stages of tracking Grievances (only 2 had been filed).

Objective 5.3: *Evaluate change of provider requests*
Goal 5.3a: Modify Electronic Health Record to collect narrative information on client request for a change of provider due to being dissatisfied.
Responsibility: ELMR Team, QI
Plan: Modify system to create a hard stop where information is required so specific information on dissatisfaction may be addressed; redefine subcategories to line up with main categories, adjust library selections to be consistent between contracted providers and county clinics.
Baseline: The current form does not require narrative information on why a client is dissatisfied.

Goal 5.3b: Evaluate Change of Provider requests for Substance Abuse programs
Responsibility: ELMR team
Evaluation Tool(s): Change of Provider Request Report
Plan: Train SU CARES on the Change of Provider request form, add Change of Provider requests to the existing Change of Provider Report
Baseline: Currently a Change of Provider for substance abuse consumers is tracked internally without a formal process to evaluate.

Section 6: Provider Appeals

Objective 6.1: *Monitor provider issues and appeals*
Goal 6.1: Develop system to onboard new MH and SA providers
Responsibility: Analysts, QI, SA Admin., Research
Evaluation Tool(s): Schedule of contacts, monitoring tools
Plan: Develop tool to track contacts, training calendar, monitoring tools, contact points
Baseline: Current on-boarding varies by contract. New process would coordinate liaison and communication between programs.

Section 7: Clinical Care and Beneficiary Services

Objective 7.1: *Address meaningful clinical issues that affect beneficiaries*
Goal 7.1a: Standardize timeframes for completion of initial assessments in county Mental Health clinics
Responsibility: Program Administrators, Clinic Supervisors

Evaluation Tool(s): Service Detail Reports
Plan: Reduce the total length of time a new consumer spends in the assessment process to open them to the program; retrain staff on basic assessment requirements
Baseline: Current timeframes for completion of assessments range significantly between professional staff and programs resulting in decreased availability for additional assessments

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Goal 7.1b: Monitor therapeutic content of Substance Abuse groups
Responsibility: QI
Evaluation Tool(s): Group Service Review Tool
Plan: Develop tool to review facilitator preparedness, fidelity to EBP, skill set; flex schedule of monitors to attend evening groups
Baseline: Currently groups are not formally monitored.

Objective 7.2: *Review safety and effectiveness of medication practices*
Goal 7.2: Increase Medication Assisted Treatment (MAT) in SA programs
Responsibility: Substance Abuse Administrator, Medical Director, clinics, contractors
Evaluation Tool(s): Service detail report
Plan: Implement MAT services in detention and drug courts; conduct X-waiver trainings required by DEA for provision of MAT medications, implement telehealth between emergency departments and SU CARES
Baseline: MAT services are currently provided only in the substance abuse clinics.

Objective 7.3: *Quantitative measures are in place to assess performance and identify areas for improvement*
Goal 7.3: Develop data base for electronic recording of Outpatient Substance Abuse monitoring reviews
Responsibility: QI, Research
Evaluation Tool(s): Development of a data base
Plan: Format existing paper tools
Baseline: Current SA reports are completed on paper

Section 8: Monitor Clinical Documentation

Objective 8.1: *Interventions are implemented to address problem areas*
Goal 8.1a: Revise documentation manual with additional examples of common issues related to documentation.
Responsibility: Quality Improvement

Evaluation Tool(s): Release of revised documentation manual
Plan: Collect list of common issues/questions
Baseline: The date of the last release of the mental health documentation manual was 2014.

Goal 8.1b: Develop electronic data base/computer generated reports for substance abuse programs.
Responsibility: Research, Quality Improvement
Evaluation Tool(s): Computer generated reports
Plan: Develop standardized checklist of common issues for reviewers of outpatient services, develop data base and reports consistent with the findings entered, expand to additional levels of care as resources permit.
Baseline: Work began on a data base, but continued changes in SA requirements has delayed implementation of a data base.

Section 9: Cultural Competence

Objective 9.1: *Cultural Competency and Linguistic Standards*
Goal 9.1: Goal: Complete a baseline study of the current level of cultural competency within RUHS-BH to determine training needs for staff in substance abuse and mental health programs.
Responsibility: Cultural Competency Program Manager, Workforce Education and Training
Evaluation Tool(s): Cultural Competency Survey
Plan: Develop and administer a cultural competency survey; analyze the results; develop training(s) to increase awareness of areas identified as deficient in the survey.
Baseline: No previous assessment of cultural competence has been collected in the department.

Section 10: Continuity and Coordination with Physical Health Care

Objective 10.1: *Coordinate mental health services with physical health*
Goal 10.1 Discuss barriers/challenges to physical and mental health care for Cal MediConnect members during monthly ICT meetings.
Responsibility: Managed Care Program Manager, IEHP
Evaluation Tool(s): Meeting minutes
Plan: Extend the time of monthly meetings
Baseline: The CA MMP 1.7 Measure for care coordination with County MHP currently occurs annually.

Goal 10.2: Increase contracts for Incidental Medical Services (IMS) provided by contractors
Responsibility: Substance Abuse Administrator
Evaluation Tool(s): Executed contracts
Plan: Provide needed support and information to contractors
Baseline: IMS is a new service available through implementation of the DMS-ODS Waiver

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Objective 10.2: *Exchange information in an effective and timely manner with other agencies*
Goal 10.2: Obtain a shared data warehouse for Riverside University mental health, detention, and medical center
Responsibility: RUHS-BH, RUHS IT
Evaluation Tool(s): Development of a data base
Plan: Publish a Request for Proposal (RFP) to obtain a vendor that can create a warehouse that matches the same consumer from different RUHS entities
Baseline: Currently the hospital analytics team provides data upon request from behavioral health to upload to the current data warehouse; information from the Detention EHR is uploaded to a separate data warehouse.

Objective 10.3: *MOU's to guide effective practices with physical health care plans/agencies*
Goal 10.3: Continue with MOU's with IEHP and Molina
Responsibility: Administration
Evaluation Tool(s): Memorandums of Understanding
Plan: Continue to meet quarterly
Baseline: Meetings occurring quarterly
