

PLACER COUNTY DRUG MEDICAL ORGANIZED DELIVERY SYSTEM

PLACER/SIERRA COUNTY(S) MENTAL HEALTH PLAN

11512 B. Avenue

Auburn, CA 95603



Quality Improvement Work Plan

Annual Cultural Competence Plan

FY2020-2021

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PLACER DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM (DMC-ODS) BACKGROUND

Placer launched its Drug Medi-Cal Organized Delivery System (DMC-ODS) in November 2018 for Medicaid (Medi-Cal) recipients as part of California's 1115 DMC Waiver. The Drug Medi-Cal Organized Delivery System (DMC-ODS) is a State Pilot to test a new paradigm for the organized delivery of health care services for Medi-Cal eligible individuals with substance use disorders. Placer was the 23rd county in California to implement the DMC-ODS and one of 14 counties statewide to launch in 2018.

PLACER/SIERRA MENTAL HEALTH PLAN BACKGROUND

Between 1995 and 1998, the State consolidated fee-for-services and Short Doyle/Medi-Cal programs into one specialty mental health managed care program, and under the system of all Medi-Cal specialty mental health services were "carved out" of Medi-Cal and became the Counties' responsibility. Medi-Cal beneficiary access to mental health services became available through the county Mental Health Plan (MHP). Placer County's MHP was implemented on November 1, 1997. Sierra County became part of Placer County's MHP on April 1, 1998.

PLACER OVERVIEW

Placer County encompasses 1,506 square miles (including 82 square miles of water) or 964,140 acres (including 52,780 acres of water) and is located 80 miles northeast of San Francisco, California. It is bordered by Nevada County to the north, the State of Nevada to the east, El Dorado and Sacramento Counties to the south, and Sutter and Yuba Counties to the west. The County is part of the Sacramento Region, which also includes the Counties of El Dorado, Sacramento, Sutter, Yolo, and Yuba. The government center of Placer County, the City of Auburn, is located 30 miles northeast of the state capitol, Sacramento.

SIERRA OVERVIEW

Sierra County encompasses a total area of 962 square miles, including 9.0 square miles of water and is the second least populous county in California. Sierra County is located in the Sierra Nevada, northeast of Sacramento on the boarder of the State of Nevada. It is bordered by Plumas and Lassen Counties to the north, the State of Nevada to the east, Nevada County to the south and Yuba County to the west. The County is part of North-Central Sierra Nevada Region, which also includes the counties of Tehama, Butte, and Plumas. The county seat, Downieville, is located on Highway 49 at the fork of the North Yuba and Downieville River with the second most populous municipality, Loyalton, being the only incorporated city in the County.

MISSION AND VISION

PLACER COUNTY BEHAVIORAL HEALTH VISION

Placer County's Health and Human Services is a multi-division agency focused in the health and social services fields. Our services are available throughout the county. We provide a unified system of quality services to safeguard the health and well-being of the people and animals in our communities. To realize our mission, we strive to keep all children, adults, and families Healthy, Safe, At home, In school or work, Out-of-trouble, and Self-sufficient

PLACER COUNTY BEHAVIORAL HEALTH MISSION STATEMENT

The ASOC partners with agencies in Placer County to assist adults and older adults achieve their optimal level of self-sufficiency and independence by providing mental health services, substance abuse treatment, and in-home support services. Older and dependent adults are protected through investigations, case management, and the conservatorship process, as necessary. For CSOC, the SMART Policy Team shall ensure that all public programs for children and families will provide services in a culturally responsive, comprehensive, and integrated manner, regardless of the agency door by which families enter.

SIERRA COUNTY MENTAL HEALTH VISION

Individuals of all ages will have access to care that is provided through responsive services that are easily accessible; person and family centered strength-based, recovery and wellness oriented, culturally competent and cost effective.

SIERRA COUNTY MENTAL HEALTH MISSION STATEMENT

To provide high quality, cost effective, and culturally proficient mental health care to all Medi-Cal beneficiaries who require specialty mental health services.

QUALITY IMPROVEMENT PROGRAM

Goal

The goal of Quality Management is to objectively and systematically evaluate the quality and appropriateness of services to individuals and families, create opportunities to improve services and to resolve identified system problems. The Quality Management System examines the use of resources within the System of Care and ensures compliance with minimum standards of care. The Quality Improvement Program (QIP) emphasizes Family-centered and community-based services,

promotes best practices, and supports culturally relevant services. It confirms that minimum standards of care are met, which are consistent with State and Federal requirements.

In order to achieve this goal; the QI Program Teams and Committees coordinate with performance measurement-related activities, and system review for continuous feedback to programs and staff for improved performance at all levels. These activities include developing and monitoring appropriate clinical indicators including American Society of Addiction Medicine (ASAM) level of care tool, our *Child and Adult Outcome Screens*, *Child Adolescent Needs and Strengths (CANS)* and *The Level of Care Utilization System (LOCUS)* data collection, to identify issues or areas to service delivery and structures proactive procedures to enhance effectiveness, quality of services and timeliness; SMART Management Team (SMT); credentialing and oversight of Network Contracted Private Providers and Contracted Organizational Providers; problem resolution processes for client and provider formal complaints, appeals and fair hearings; assessment of client and provider satisfaction; and written and electronic documentation.

Structure

The QI Program consists of Teams, Committees and Subcommittees. These groups are all interrelated by oversight and reporting responsibilities so that the entire range of QI considerations is addressed systematically with accountability to an appropriate authority.

Minutes document the activities, decisions, and actions of all groups, which are approved by the respective Chairpersons or Team Leaders.

QUALITY IMPROVEMENT COMMITTEE

Purpose

To support integration of the Placer County Systems of Care, and family and community-centered practice; including a strengths-based approach to working with clients and families to provide full-scope services in order to attain comprehensive desired outcomes. To oversee activities required for compliance with regulatory authorities and to review administrative and other organizational processes to promote their effectiveness and efficiency. The Quality Improvement Committee (QIC) serves as the hub of our QI Program and links with the Systems of Care (SOC) Leadership Team, the Department of Health and Human Services (HHS) Policy Team, the Systems Management and Resource Team (SMART), Policy Board and Committees, Subcommittees and Teams, which comprise the QI Program structure.

Function

The QIC oversees all SOC QI activities; reviews and evaluates the results of QI activities; ensures follow-up of QI processes; institutes needed QI actions; and recommends policy decisions. This is achieved through utilization of both standing and open agenda items. Standing meeting agenda items include reports from the Chairs of the primary leaders identified by the Team. Agenda items can be information only, for discussion, or for decision.

The QIC approves the membership of other QI Committees and Teams but attempts to include anyone who desires to participate. Appointments can be made provisionally by the QI Steering Committee, subject to approval of the QIC at the first opportunity.

Membership

The QIC is composed of stakeholders in SOC services. The QIC includes the Adult System of Care (ASOC) Director (the ASOC Director is also the Mental Health Plan Director, and DMC-ODS Administrator), the Children’s System of Care (CSOC) Director, the Sierra County HHS Director or designee, the Chief Psychiatrist, the SOC QI

Manager/Coordinator, the CSOC Child Welfare System Improvement Program Manager, SOC Program Managers, Cultural Competency Chairperson, Ethnic Services Manager, the SOC Administration fiscal representative, the SOC Patient’s Rights

Advocate, a Member of the Mental Health Alcohol and Drug Advisory Board, a Family Advocate, a Youth Advocate, a Client representative, a Navigator, a Network Private Provider and/or Organizational representative, an Information Technology representative and any community member who chooses to come. Licensed mental health professionals will have substantial involvement in Quality Improvement implementation.



Roles

Team Chair: To lead the Committee at each meeting to assure orderly, collaborative, sequential, and timely accomplishment of the Committee’s work.

Team Member: To take responsibility for staying current on Team business, including the activities missed due to absences from meetings; to identify areas of study for the Team to undertake as necessary for achieving our purposes; to provide full participation, input, and decision making.

Decision Making

Decisions on actions and recommendations are to be made by consensus among those in attendance. When unable to reach consensus on a matter, the Team shall determine the appropriate processes for handling disagreements on a case-by-case basis. Possible resolutions might include requesting assistance from a mediator to facilitate reaching consensus, a 2/3 vote or a majority vote.

Team Meetings

Meeting locations will be held at the venue most able to accommodate the committee size and situation and may be held in person or virtual platforms. Meetings will be held on the third Wednesday of every quarter (January, April, July, October). All meetings will begin promptly at 10:30 a.m. and end prior to or promptly at 12:30 p.m. The Committee Chair will prepare meeting agendas and action tracking materials in advance and will provide sufficient copies at the beginning of the meeting. If documents are to be discussed, the Committee member with access to the document will be responsible for providing sufficient copies.

Relevant subcommittees and teams:

Each subcommittee includes at least one MHP Quality Improvement staff member. Stakeholders are strongly encouraged to participate in subcommittees. Subcommittees will meet as needed and report back to the Quality Improvement Committee, which include but are not limited to:

Family Resource Community Collaborative (FRCC)- Brings together families, children and youth, SOC managers, agency representatives, and others to review and authorizes system access when jurisdiction is unclear; review and authorize out-of-state children and youth placement.

Systems Management and Advocacy Resource Team (SMART) Policy Team- SMART establishes policy for implementing its objectives; supports departmental representatives on Family Resource Community Collaborative FRCC; resolves interdepartmental case management problems not resolved by FRCC.

Compliance Committee- The Compliance Committee performs, leads, and directs activities necessary to ensure compliance with regulations applicable to SOC activities.

Adverse Incident Committee- Reviews potential or actual incidents of serious harm. Reports on the activities of the Health and Human Services Critical Incident Stress Management Team.

Medication Monitoring- Systematically monitors appropriate use of psychotropic and other medications.

Placer READI (Formerly Cultural and Linguistic Competency-CLC)- Improves knowledge of, sensitivity to, and services for special populations.

Beneficiary Relations- Conducts consumer satisfaction surveys, monitors consumer grievance and appeals, monitors performance outcome data collection, advises clients on eligibility issues, identifies Patients Rights' issues, publishes and updates the Member Handbook.

Provider Relations- Conducts provider satisfaction surveys, monitors provider grievances and appeals for service denials, publishes and updates the Provider Handbook, and will be responsible for contracts and credentialing.

Utilization Management- Monitors the authorization process.

Provider Problem Resolution- Reviews and make recommendations for provider appeals for service denials and claims payment.

Beneficiary Problem Resolution- Reviews and make recommendations for beneficiary complaints, grievances, and fair hearings.

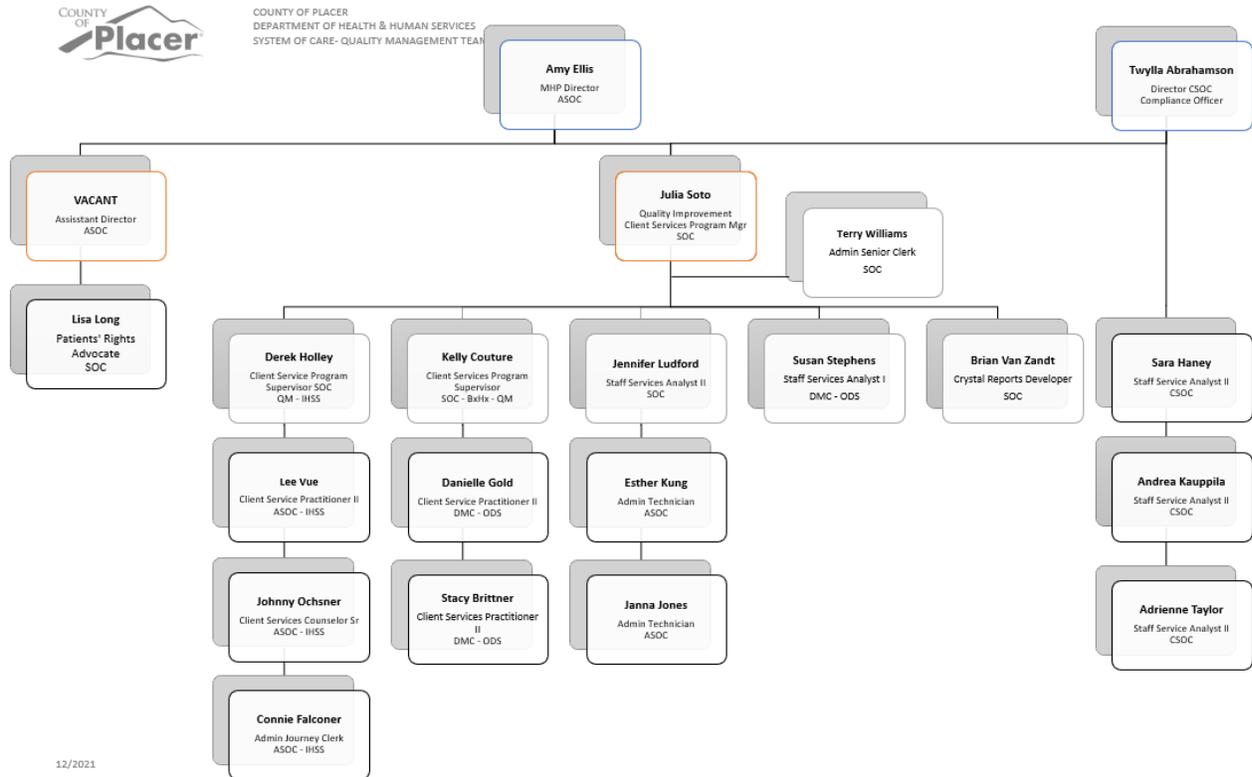
Documentation Standards- Systematically monitors the quality of the client record and adherence to standards set by the State and federal governments.

Safety Committee- Reviews and make recommendations for personnel safety procedures, fire and assault response drills, disaster planning and pharmaceutical errors.

In addition to these subcommittees, the SOC, County and contract providers facilitate their own Quality Improvement Committees and submit reports to the QIC. Such committees include oversight responsibility for the Psychiatric Health Facility and the Crisis Residential Center.

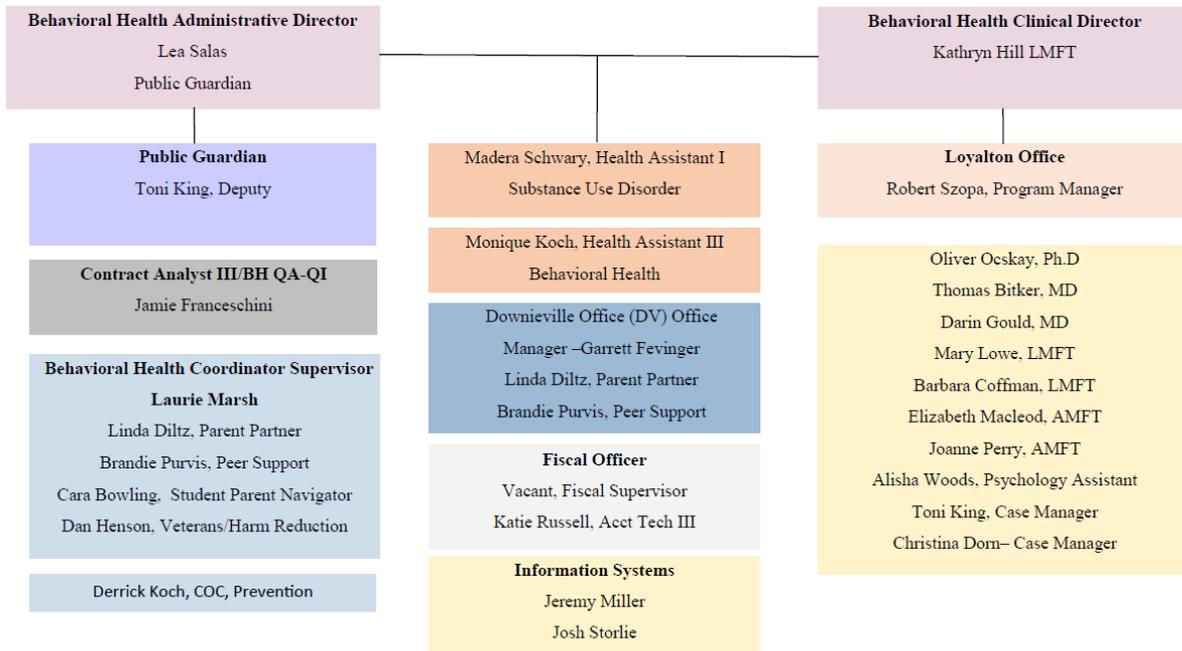
The subcommittee's responsibility is to ensure adequacy of care by continuously assessing clinical standards, practice guideline compliance, consumer, and provider satisfaction, monitoring outcomes and authorization process. Quality indicators include Access and Timeliness to Services, Cultural Competence, and level of care determination. The subcommittees report to the QIC throughout the year on findings and progress on special studies and reports or activities. Full details can be obtained in the Quality Improvement Program Update, which is available upon request.

PLACER COUNTY QUALITY MANAGEMENT ORGANIZATION CHART



SIERRA COUNTY QUALITY MANAGEMENT ORGANIZATION CHART

Sierra County Behavioral Health



PLACER COUNTY ANNUAL QUALITY IMPROVEMENT WORK PLAN

The QIC is responsible for the annual DMC-ODS, MHP and other SOC work plans as well as the annual work plan effectiveness reports. The DMC-ODS and MHP reviews the work plan with key stakeholders and members of the QI subcommittee of the Mental Health, Alcohol and Drug Advisory Board. QIC reviews the annual work plan and its effectiveness annually during the External Quality Review Organization review, and the DMC-ODS annual review, and every three years during the Department of Health Care Services Triennial review. The QIC will submit the annual plan and effectiveness reports to Department of Health Care services on an annual basis and are available on the Placer County Website at <https://www.placer.ca.gov/6019/Behavioral-Health-Quality-Management>.

Population Assessment and Utilization Data

Goal 1: Improve documentation of calls received by the 24/7 Access Lines logged in the EHR.

Objectives:

1. Maintain a minimum of 36 test calls annually (8 non-English, including TTY) (MHP)
2. Improve documentation/logging for all calls and of logging all required elements (Name, Date, Time, Purpose/Resolution) to a minimum of 80% for all calls received. In FY2020/21, only 62% MHP and 80% ODS were logged. (MHP/ODS)
3. Maintain a minimum of 12 test calls annually (4 non-English, including TTY) (ODS)

Goal 2: Expand community partner collaboration within the Placer READI (formerly CLC) Committee.

Objectives:

1. Create outreach opportunities and strategies to continuously engage unrepresented community members and partners to increase membership by two (2) new representatives. At least one being a DMC-ODS representative. (CC)
2. Maintain 80% attendance by member agencies/community partners. (CC)

Goal 3: Identify gaps and disparities in service delivery to improve client engagement.

Objectives:

1. Placer READI (formerly CLC) Committee will review data at least annually, related to client and beneficiary demographics in order to identify underserved populations and make recommendations to the quality improvement committee to address such.
2. Complete an organizational assessment of system of care behavioral health staff in order to identify disparities in workforce development.

3. Identify, review, and propose trainings to the WET committee and SOC Development committee to bring increased competence and awareness to our MHP and ODS providers related to outcomes of above two activities.

Staff/Personnel Development and Training

Goal 4: Improve completion of Assigned Compliance Trainings

Objectives:

4. Ensure that each staff member (County staff, ODS and MHP staff) participates in at least one training that meets the Culturally and Linguistically Appropriate Services (CLAS) National Standards within the year at a 90% target. (MHP/ODS)
5. Work with cultural brokers and peers to develop county staff training or experiences.

Goal 5: Consumer/Family Participation on Interview Panels for Eligible Interviews, for candidates applying to be a county behavioral health provider for the MHP.

Objective: Maintain a combined minimum of consumer/family participation on 50% of eligible interviews. (MHP) (Baseline from LFY: 18.18%)

Goal 6: Continue to Integrate Native American/American Indian and Latino Services Team into CSOC MHP.

Objectives:

1. 100% of identified Native youth placed in homes with non-Native caregivers in Placer County shall be referred to Sierra Native Alliance to develop youth-specific plans in order to create a culturally supportive placement.
2. Provide at least one training to staff on effective collaboration with cultural brokers for direct service.
3. Monitor and evaluate the number of moves and satisfaction with placement for youth who complete a placement survey to determine the effectiveness of promoting voice and choice in the selection of a placement.
4. On an annual basis, evaluate the effectiveness of connected families to cultural brokers (SNA and LLC), as measured by Perception of Care Survey results for families served. Implement process to record referrals from CSOC to SNA and/or LLC.

Goal 7: Ensure all SUD Providers are properly trained prior to service delivery.

Objectives:

1. Establish a system to monitor each training requirement. (ODS)
2. Review monitoring reports with stakeholders at least semi-annually to ensure completion of all required trainings. (ODS)
3. Ensure 100% of SUD Providers complete required trainings based on scope of staff credentialing.

Service Delivery and Care Coordination

Goal 8: Administer LOCUS with fidelity to all eligible adult clients in the MHP as appropriate.

Objectives:

1. Increase number of adult clients who have received a LOCUS rating/evaluation within 90 days of treatment planning from 57.53% to 60% by end of FY. (MHP)
2. Increase the percentage of adult clients who had a LOCUS completed within 90 days of planned discharge from 10% to 20%. (MHP)

Goal 9: Increase Chart Review compliance for quality improvement indicators for both ASOC and CSOC.

Objectives:

1. Create a system that will identify and trend chart review indicators for MHP and ODS providers including ASOC and CSOC clinics. Review this data with stakeholders bi-annually. (MHP/ODS)
2. Maintain 90% compliance in critical assessment and treatment plan indicators across the MHP and ODS including ASOC and CSOC clinics, individual network providers, and contracted providers. (MHP/ODS)
3. Conduct a minimum of 2 ASOC/CSOC supervisor training sessions to review critical assessment and treatment plan indicators. (MHP/ODS)
4. Maintain number of ASOC/CSOC charts reviewed with no corrections required to a minimum of 85%. Prior FY was 86.4%. (MHP)

Goal 10: Ensure coordination of care for clients discharging from Substance Use Residential Treatment to follow up services.

Objective: Ensure coordination of care for clients discharging from Residential Treatment by connecting to follow up services in order to increase participation in outpatient and/or recovery services by 25% from 43.8% to 54.8%. (ODS)

Goal 11: Increase linkage to service providers and engagement in treatment of clients needing intensive outpatient SUD

Objective: Increase linkage to service providers and engagement in treatment of clients needing intensive outpatient SUD Tx by 20% from 0% to 20%. (ODS)

Goal 12: Achieve 100% CANS Certification

Objectives:

1. Increase the percentage of MHP staff completing CANS who are properly certified via the Praed foundation, from 94% to 100%. (MHP)
2. Establish a system to monitor training requirement for all MHP providers. (MHP)
3. Review monitoring report every 6 months with stakeholders.

Access and Timeliness

Goal 13: Improve or maintain access and timeliness measurements for all indicators.

Objectives:

1. Decrease number of acute admission episodes [psych inpatient and Psychiatric Health Facility (PHF)] that are followed by a readmission within 30 days during a one-year period in a FY from 13.32% to 10%. (MHP)
2. Improve percentage of acute discharges [psych inpatient and Psychiatric Health Facility (PHF)] that receive follow-up outpatient contact (face to face, telephone, or field-base) within 7 days of discharge by 10% from 64.74% to 74.74%. (MHP)
3. Maintain the percentage of non-urgent mental health service appointments completed within 10 business days of the initial request for an appointment at 90%. FY2020/21 was 91.89% for all ages combined. (MHP)
4. Improve the percentage of non-urgent medication support appointments offered (or completed) within 15 business days of the request for an appointment by 10% from 40.44% to 50.44%. (MHP)
5. Improve the percentage of clients screened to a residential level of care that receive an interim service within 3 days for urgent needs by 10% from 43.3% to 53.3% for urgent. (ODS)
6. Improve the percentage of clients screened to a residential level of care that receive an interim service within 7 days for non-urgent needs by 10% and 34.3% to 43.3% (ODS)

Satisfaction

Goal 14: Improve the documentation of calls logged into the EHR call log, by any call center staff for grievances.

Objectives:

1. Test the Call Centers for knowledge of the Beneficiary Grievance and Appeals Process at a minimum of 12 test calls per fiscal year. (MHP/ODS)

2. Create and implement a decision tree and training for call centers and staff on the GA process. Complete training on 100% of applicable individuals by end of FY. (MH/ODS)
3. Maintain documentation of logging elements (Name, Date, Time, Purpose/Resolution) to a minimum of 75% (Prior FY was 83.3%) for all calls received based on test call results. (MHP/ODS)

Mental Health Service Act (MHSA)

Please refer to the MHSA 3-Year Plan and/or MHSA Annual updates at the links below.

[Mental Health Services Act | Placer County, CA](#)

In-Home Supportive Services

Goal 15: Complete IHSS CFCO Reassessments Timely

Objective: Increase reassessment rate for CFCO reassessments from 84% to 90%.

Child Welfare Services

Please refer to the Children's System of Care System Improvement Plan at the link below.

CDSS: [System Improvement Plan Progress Reports \(ca.gov\)](#)

SIERRA COUNTY ANNUAL QUALITY IMPROVEMENT WORK PLAN

Population Assessment and Utilization Data

Goal 1: Ensure Access to Services telephone lines are providing linguistically appropriate services to callers. Provide training as needed.

Objectives:

1. Maintain a minimum of 12 test calls annually to ensure staff provides linguistically appropriate services to callers and are utilizing the Tele-language Translation line service.
2. Maintain a minimum of 4 non-English test calls on an annual basis.

Staff/Personnel Development and Training

Goal 2: Ensure 100% staff participation in trainings and presentations.

Objectives:

1. Ensure 100% of the Clinical Team will receive training by DHCS Triennial Auditor to ensure documentation practices are contemporary with Medi-Cal billable services.
2. Participation in trainings by Behavioral Health team members will be recorded and tracked. Focus will be on training supporting Quality Improvement related to services, cultural competence, and professional development. There will be monthly assignments to participate in trainings.

Service Delivery and Care Coordination

Goal 3: Implement and complete first year of Medi-Cal billing for Specialty Mental Health Services to benefit of Sierra County financial stability of the Behavioral Health Department thus insuring future capacity for well-being of community.

Objective: Work with Placer County partners to establish protocols which permit the implementation of Medi-Cal billing for SMHS eligible beneficiaries.

Goal 4: Complete successful transition to interoperability platform.

Objective: Staff will participate in all technical assistance related events to implement interoperability platform within the Electronic Health Records system.

Goal 5: Initiate ILOS community supports and ECM services.

Objective: Assist managed care providers in identifying and contracting with external stakeholders to implement ILOS community supports and ECM services.

Access and Timeliness

Goal 6: Improve access and timeliness of services.

Objectives:

1. Review, modify, and track timeliness to services to bring Sierra County Behavioral Health in alignment with the CMS Final Rule requirements.
2. Improve percentage of Foster Care non-urgent mental health appointments offered within 10 business days of the initial request for an appointment by 10%.
3. Improve percentage of Foster Care psychiatric appointments offered within 15 business days of the initial request for an appointment by 10%.

Goal 7: Increase completion of Client Perception Surveys administered as required by DHCS semi-annually.

Objectives:

1. Utilize peer staff or Quality Improvement staff to administer and assist with completing Consumer Perception Surveys with clients.
2. Decrease the number of Consumer Perception Surveys left blank to a maximum of 20%. (FY2020/21 was 21.64% for adults and 33.34% for youth).