

PLACER COUNTY DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM

PLACER/SIERRA COUNTY(S) MENTAL HEALTH PLAN

11512 B. Avenue

Auburn, CA 95603



Quality Improvement Effectiveness Plan

Annual Cultural Competence Plan

FY2021-22

Contents

PLACER COUNTY ANNUAL QUALITY IMPROVEMENT EFFECTIVENESS PLAN REPORT	4
Population Assessment and Utilization Data	4
Goal 1: Improve documentation of calls received by the 24/7 Access Lines logged in the EHR.	4
Goal 2: Expand community partner collaboration within the Placer READI (formerly CLC) Committee.	4
Goal 3: Identify gaps and disparities in service delivery to improve client engagement.	5
Staff/Personnel Development and Training	5
Goal 4: Improve completion of Assigned Compliance Trainings	5
Goal 5: Consumer/Family Participation on Interview Panels for Eligible Interviews, for candidates applying to be a county behavioral health provider for the MHP.	6
Goal 6: Continue to Integrate Native American/American Indian and Latino Services Team into CSOC MHP.	6
Service Delivery and Care Coordination	7
Goal 8: Administer LOCUS with fidelity to all eligible adult clients in the MHP as appropriate.	7
Goal 9: Increase Chart Review compliance for quality improvement indicators for both ASOC and CSOC.	7
Goal 10: Ensure coordination of care for clients discharging from Substance Use Residential Treatment to follow up services.	8
Goal 11: Increase linkage to service providers and engagement in treatment of clients needing intensive outpatient SUD	8
Goal 12: Achieve 100% CANS Certification	8
Access and Timeliness	9
Goal 13: Improve or maintain access and timeliness measurements for all indicators.	9
Satisfaction	10
Goal 14: Improve the documentation of calls logged into the EHR call log, by any call center staff for grievances.	10
Mental Health Service Act (MHSA)	10
In-Home Supportive Services	10

Goal 15: Complete IHSS CFCO Reassessments Timely 10

Child Welfare Services 10

SIERRA COUNTY ANNUAL QUALITY IMPROVEMENT EFFECTIVENESS PLAN REPORT 11

Population Assessment and Utilization Data 11

 Goal 1: Ensure Access to Services telephone lines are providing linguistically appropriate services to callers. Provide training as needed. 11

Staff/Personnel Development and Training 11

 Goal 2: Ensure 100% staff participation in trainings and presentations. 11

Service Delivery and Care Coordination 11

 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. 11

 Goal 4: Complete successful transition to interoperability platform. 12

 Goal 5: Initiate ILOS community supports and ECM services. 12

Access and Timeliness 12

 Goal 6: Improve access and timeliness of services. 12

 Goal 7: Increase completion of Client Perception Surveys administered as required by DHCS semi-annually. 12

PLACER COUNTY ANNUAL QUALITY IMPROVEMENT EFFECTIVENESS PLAN REPORT

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)
 - o Goal Partially Met: the SOC completed 35 calls. The 36th call was completed 1 day late.
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)
 - o Goal Met: Logging was completed for all required elements on 81.82% of all calls.
3. Maintain a minimum of 12 test calls annually (4 non-English, including TTY) (ODS)
 - o Goal Not Met: The SOC did not complete all calls due to many factors including COVID and staff terminations/transfers. A total of 7 calls were placed during the FY.

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)
 - o Goal Met: As of May 2022, a representative from law enforcement (Placer County Adult Probation) and a youth community advocate (seeMYchild) joined Placer READI. Sierra Native Alliance, a DMC-ODS provider, was reengaged and is now attending again.
2. Maintain 80% attendance by member agencies/community partners. (CC)

- Goal Partially Met: We met an average of 79% attendance for 5 of our 6 meetings with a total 27 individuals attending our March 2022 meeting, but May's meeting attendance fell slightly, bringing our average to 69%.

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.
 - Goal Met: Reviewed SOGI data related to SOGI non-clinical PIP in July 2021 meeting.
2. Complete an organizational assessment of system of care behavioral health staff in order to identify disparities in workforce development.
 - Goal Met: READI Workforce Surveys were completed. Part 1 launched April 18, 2022 collected workforce demographics from 320 staff across the Adult and Children's System of Care and contracted providers.
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.
 - Goal Met: The recommended SOGIE 101 Training was delivered in October 27, 2021. Committee recommended the following training topics that are either being explored or have been scheduled: Bystander training, Microaggressions, intersection of Mental Health and Dementia for older adults, HIV/Aids, Russian Speaking populations, and Refugees and immigrants – populations being displaced in trauma.

Staff/Personnel Development and Training

Goal 4: Improve completion of Assigned Compliance Trainings

Objectives:

1. 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)
 - Goal Not Met: Each staff member was provided the opportunity to completed appropriate CLAS trainings. 78% of assigned trainings were completed over the FY.
2. Work with cultural brokers and peers to develop county staff training or experiences.
 - Goal Met: The Cultural Broker Dialogue Series, developed by a family advocate and cultural brokers and led by cultural brokers, was further enhanced and held two cohorts in FY 21-22. Lived experience speakers from our Speaker's Bureau spoke at 11 events/meetings attended by county staff.

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 Not Met: For FY21/22, only 5% of the panel interviews indicated that there was a Consumer/Family Member participating. The new plan will include determining a mechanism to collect these responses for each eligible interview. Consumer/Family Participation continues to be a priority. Due to administrative changes in the FY, not all outcomes were logged.

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.
 - o Goal Partially Met: CSOC developed a tracking process for youth placed with non-Native caregivers in Placer County and whether or not they were referred to Sierra Native Alliance to develop youth-specific plans in order to create a culturally supportive placement. CSOC will be changing this goal to be ">70%" due to the potential to refer families to other native services that are not yet being tracked and due to not all families wanting to be referred to native services.
2. Provide at least one training to staff on effective collaboration with cultural brokers for direct service.
 - o Goal Met: The Children's System of Care management team continues to meet monthly with leaders of Sierra Native Alliance (SNA) and Latino Leadership Council (LLC) and to provide regular learning labs to staff on effective collaboration with cultural brokers.
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.
 - o Goal Partially Met: Technical staff have been assigned to improve communication and data tracking regarding referrals and cases involving indigenous and Latinx children/youth and their families.
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.
 - o Goal Not Met: A tool is not yet in place to measure families' perceptions of the effectiveness of their connections with cultural brokers (SNA and 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)
 - o Goal Met: A system was established to monitor training for SUD providers through use of the credentialing monitoring worksheet. SUD providers were required to complete the ASAM trainings and the ODS Documentation trainings in FY21/22.
2. Review monitoring reports with stakeholders at least semi-annually to ensure completion of all required trainings. (ODS)
 - o Goal Met: Training reports are compiled and reviewed monthly by QM members and reported out during QIC quarterly. SUD providers were required to complete the ASAM trainings and the ODS Documentation trainings in FY21/22.
3. Ensure 100% of SUD Providers complete required trainings based on scope of staff credentialing.
 - o Goal Met: All providers who were assigned the trainings have completed them as required. SUD providers were required to complete the ASAM trainings and the ODS Documentation trainings in FY21/22.

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)
 - o Goal Met: of those who received a LOCUS, 68.4% were within 90 days of Tx planning. The LOCUS is the ASOC's current LOC tool.
2. Increase the percentage of adult clients who had a LOCUS completed within 90 days of planned discharge from 10% to 20%. (MHP)
 - o Goal Not Met: 7.5% of all discharges had a LOCUS completed within 90 days of planned discharge (39 of 520 discharges). The LOCUS is the ASOC's current LOC tool.

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

Objectives:

NOTE: Chart review (Utilization Review) was paused in March 2022 for the MHP due to changes that were in process due to CalAIM and requirements that affected the existing UR process.

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)
 - o Goal Met: a system for both MHP and ODS was created for the FY that has closed. Unfortunately, with the changes in requirements, a new system will need to be created and implemented.

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)
 - During FY21/22, this process was paused for CalAIM for the MHP. For ODS, Goal Not Met: the ODS only had three providers who were within compliance without a CAP.
3. Conduct a minimum of 2 ASOC/CSOC supervisor training sessions to review critical assessment and treatment plan indicators. (MHP/ODS)
 - Goal Met: QM schedules and facilitates monthly meetings with supervisors and senior staff to discuss case review and provide technical assistance and training for MHP and 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 Not Met: As of May 2022, there were 52.4% of all charts that required no corrections. Due to CalAIM changes, a pause was placed on this process to fully integrate new processes and requirements.

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 Not Met: This non-clinical PIP for the Placer DMC-ODS was ended in March 2022. The final measurement was 37.9%, which was lower than the baseline measurement (43.8%) at the beginning of the PIP.

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 in progress: This clinical PIP for the Placer DMC-ODS began in November 2021 and is intended to continue through November 2023. As of September 2022, there has not been an increase in the percentage of clients needing Intensive Outpatient SUD Tx engaged in treatment services.

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)
 - Goal Met: 100% of staff completing CANS assessments are certified with the Praed Foundation.
2. Establish a system to monitor training requirement for all MHP providers. (MHP)
 - Goal Met: A system is in place to monitor training and recertification for all staff.

3. Review monitoring report every 6 months with stakeholders.
 - o Goal Met: Results are reported every six months to the Quality Improvement committee.

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)
 - o Goal Not Met: During FY2021/22, there was an overall readmission rate of 15.41% (14.8 for Adults, 18.46% for Child/Youths, and 22.2% for FCS)
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)
 - o Goal Not Met: Overall, the SOC was able to provide Follow up Post Inpatient hospitalization 64.38% of the time within 7 days and 73.82% within 30 days.
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)
 - o Goal Met: the SOC was able to complete non-urgent mental health service appointments within 10 98.4% of the time.
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)
 - o Goal Met: Placer MHP increased the percentage from 40.44% to 63.3%.
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)
 - o Goal Met: Placer ODS exceeded our goal of 10% improvement on providing interim services within 3 days to urgent clients by more than doubling the number of clients receiving an interim service between FY 20-21 and FY 21-22. In FY 21-22, 80.9% of clients screened to a residential level of care with urgent needs received an interim service.
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)
 - o Goal Met: Placer ODS exceeded our goal of 10% improvement on providing interim services within 7 days to clients screened for Residential treatment by more than doubling the number of clients receiving an interim service between FY 20-21 and FY 21-22. In FY 21-22, 84.2% of clients screened to a residential level of care with urgent needs received an interim service.

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)
 - o Goal Not Met: Only 3 calls were completed to test the call centers knowledge of Beneficiary Grievances and Appeals for the MHP. For ODS, zero calls were completed for this process.
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)
 - o Goal Met: a decision tree and desk guide was prepared and presented to the Adult Intake call center. All staff completed the training.
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)
 - o Goal Not Met: the MHP call center was able to complete and log all elements 66.67% of the time. 2 of 3 calls were logged.

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%.

- o Goal Met: As of May 2022, 92.3% of reassessments were completed. July data has not yet been received from the state.

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 EFFECTIVENESS PLAN REPORT

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.
 - o Goal met: 12 test calls were performed during this fiscal year during and after business hours to ensure quality and provided training as necessary to staff.
2. Maintain a minimum of 4 non-English test calls on an annual basis.
 - o Goal met: 4 non-English test calls were performed during this fiscal year to ensure quality and the utilization of tele-language services. Training was provided as necessary to staff.

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.
 - o Goal met: All members of clinical team participated in CalMHSA trainings affiliated with CalAIM Documentation reform. Therapists, case managers & psychiatrists were provided follow-up TA by SCBH Clinical Director.
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.
 - o Goal met: Participation in trainings by Behavioral Health team members have been logged. Clinical Director assigned trainings and they were discussed at Behavioral Health Staff meetings.
SCBH was identified as a BETA county for CalAIM documentation reform roll out due to our aggressive training schedule and successful implementation.

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 met: This goal was met in August of 2022 with the ability to back bill six months.

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 partially met: Members of the SCBH staff participated in trainings associated with interoperability provided by DHCS and our EHR vendor, Kingsview. Train the trainer in-services are scheduled for winter 2023 with all-staff trainings to follow in the spring. Effective July 1, 2023, Sierra County moves to a new Electronic Health record which will allow data sharing capabilities.

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.

- Goal met: Sierra County meets on an ongoing basis with Managed Care Plans to ensure beneficiaries have access to community supports and Enhanced Case Management through the managed care plan.

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.
 - Goal met: Sierra County has reports that are shared with management on a quarterly basis that tracks timeliness. This report is utilized to determine what is necessary to bring Sierra County Behavioral Health in alignment with 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%.
 - Sierra County did not have any Foster Care children during this fiscal year that needed non-urgent mental health appointments.
3. Improve percentage of Foster Care psychiatric appointments offered within 15 business days of the initial request for an appointment by 10%.
 - Sierra County did not have any Foster Care children that needed psychiatric appointments.

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.

- Goal met: Quality Improvement staff was utilized to administer Consumer Perception surveys with clients over the phone.
- 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).
 - Goal not met: Most surveys were completed by phone with quality improvement staff. Attempts to reach clients by phone following their appointments were not successful. Sierra County is a federally designated frontier county and possesses limited internet access in many areas, making it difficult to complete surveys electronically. The limited amount of in office contact has reduced our ability to effectively collect surveys.