Tri-City Mental Health Services

Quality Improvement Work Plan

Best Practices Division: Quality Improvement

FY 14-15
Edition

Tri-City Mental Health Services

Best Practices Division: Quality Improvement

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Section A: Tri-City Mental Health Services

Introduction

The purpose the Tri-City Mental Health Center Best Practices Division, Quality Assurance (QA) and Quality Improvement (QI) efforts are to ensure and improve the quality and appropriateness of behavioral healthcare services in conformance with Los Angeles County, State of California, Federal service standards; and national state-of the-art behavioral health care practices and evidence-based practices.

The goals of the QI program are to foster an environment where quality improvement activities can be discussed; identify possible best practices; and ensure performance standards are upheld according to Tri-City Mental Health Center' Mission and Values.

Historical Background

For more than 50 years Tri-City Mental Health Services, as a joint-powers community mental health public agency, has distinguished itself as a steadfast community partner serving the cities of Claremont, Pomona, and La Verne. Tri-City Mental Health Services is dedicated to improving the quality of life for consumers and non-consumers who seek services within the Tri-Cities.

The need to aid underserved populations, increase cultural competency, provide high quality service, partner with community organizations and eradicate the negative stigma associated with mental health issues continues to exist.

Mission Statement

By understanding the needs of consumers and families, Tri-City provides high quality, culturally competent behavioral health care treatment, prevention, and education in the diverse cities of Pomona, Claremont, and La Verne.

Client Base

According to the Tri-City Mental Health Services Act FY 2013-2014 Annual Update (2015), 57% of the population is Latino, 26% is White, 9% is Asian Pacific Islander (API), 6% is African American, 2% is multiracial and less than one percent is American Indian. Forty-three percent of the population has an income that is less than 200% of the federal poverty threshold. Roughly 48% of the Tri-City population speaks monolingual English, while 42% speaks Spanish as the primary language at home. Another 7% speak an Asian Pacific Islander language as the primary language, and 4% of the population speaks a language other than the ones already named.

In FY 2014-15, TCMHC served more than 1,264 unduplicated clients who are enrolled in formal services. It has 176 positions: 154 full-time and 22 part-time and an annual operating budget of $18.4 million dollars. TCMHC strives to reflect the diversity of its communities through its hiring, languages spoken, and cultural competencies.

Tri-City Mental Health Core Values

Client-Driven: Tri-City has developed a safe and collaborative environment in which a flexible and personalized approach guides service and treatment.

Family Focused: Interventions employ the cooperation of all family members (as defined by the client), drawing on their individual strengths for the betterment of the collective family unit.

Strength-Based: A strength-based approach is utilized in the interest of identifying and building upon the positive resources and abilities children and families possess.

Culturally-Competent: The care provided to clients is sensitive to the values that emerge out of their particular backgrounds.

Research-Informed: The requirement to use the best available research evidence is explicit within the standards for practice at Tri-City.

Accessible: Increasing the accessibility of mental health services to underserved populations is instrumental to overcoming cultural, economic, and other barriers to treatment.

Collaborative: The art and technique of therapeutic intervention is a reciprocal process wherein both client and treatment team continuously learn, adapt, and evolve in the interest of achieving a common goal.

Responsible: It is the responsibility of Tri-City's treatment team to provide those in their catchment area with the programs and tools necessary to cope with any mental health or emotional challenges they or a family member may be facing.

Accountable: Tri-City is committed to increasing health system accountability to ensure services are as effective and efficient as possible.

Respectful: Tri-City maintains a welcoming environment, placing the utmost value upon all those who come through their doors; they understand that is only through respecting people as they are that they can become all they wish to be.

Section B: Quality Improvement Program

Tri-City Mental Health is committed to becoming a behavioral health center of excellence, aligned with the Triple Aim which are:

1. Improving Health
2. Reduce Costs
3. Positive Client Experience

In order to achieve this goal, Tri-City invested in expanding and enhancing current system capabilities to more thoroughly track, evaluate and report on the effectiveness of current services. To this end, quality service outcome reporting is critical in assuring that Tri-City will be able to update, modify and develop new projects based on valid, reliable, and objective data. This process will assist Tri-City to effectively analyze outcome data, identify trends and provide reporting that will support future program refinement and the development of new services.

Definition

Tri-City Mental Health Services defines Quality Improvement (QI) as:

- A data driven process involving leadership, management, and department staff to create and sustain a culture of client centered continuous quality improvement.

- The commitment of QI is to maintain and improve the quality of its service delivery and infrastructure. Will support this commitment by establishing processes for continuous improvement of TCMHS program services.

Structure

QI is under the administrative direction of the Best Practices Manager, and is primarily responsible for the planning, coordination and ongoing data analysis of performance measures agency wide.

Under the same guidance of the Best Practices Manager the Quality Assurance (QA) team is responsible for reviewing charts, documentation training and Welligent - electronic health record (EHR) in order to ensure compliance with applicable federal, state and Tri-City protocols in the clinical departments.

Process

Results-Based Accountability

Tri-City Mental Health Center has a goal of collecting measurable data on existing and new programs in an effort to create a Center of Excellence by improving our quality of care and identifying areas of opportunity. One of the data collecting processes is called Results-Based Accountability (RBA) in which programs identify performance measures, gather any existing data or develop data in order to analyze trends, commonalities, or ways to improve the performance of their programs. This process is designed to assist TCMHC document and tell a story of program success using the Results-Based Accountability framework.

In adhering to this process, it will assist us to help us meet Tri-City's Core Values such as Collaborative and Accountability.

Performance Measure data collected across all departments has been designed to communicate results at three levels:

Macro- All TCMHC MHSA data is reported annually to the State of California. This data is represented in an Annual Update document.

Mezzo- TCMHS MHSA data is also reported across the three cities at a yearly Annual Update Public Hearing. This hearing is required by MHSA regulations.

Micro- All TCMHS performance measure data is communicated across all programs and outcome data is disseminated annually via an internal document.

Analyzing the Data:

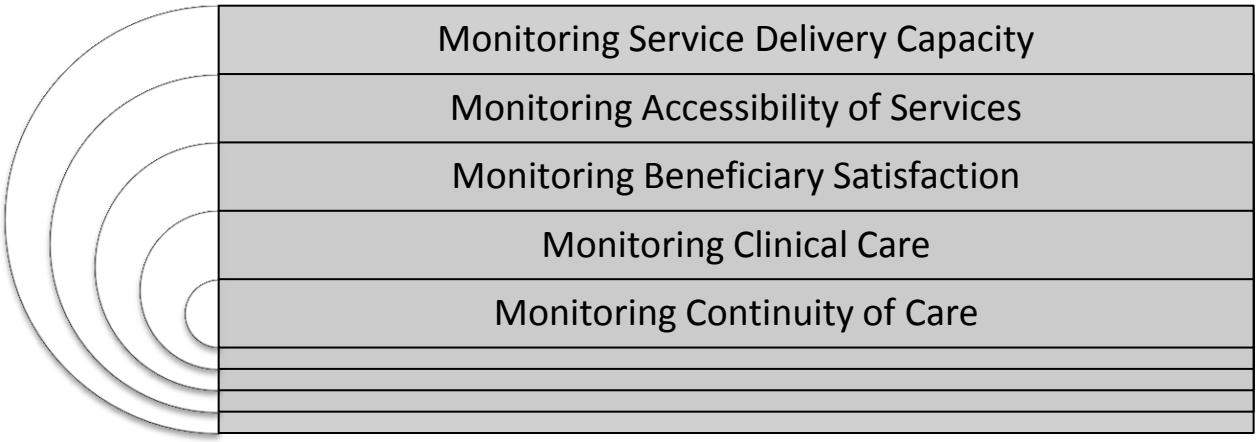
Data analysis is to verify whether the information we collect are valid, reproducible, and unquestionable. In common language analyzing the data process is to help make sense of the data that is collected.

Section C: Work Plan Goals and Evaluation Summary

Quality Improvement Work Plan Evaluation Report FY 14-15

Tri-City Mental Health Services (TCMHS) provides a full array of mental health treatment services as required under Welfare and Institutions Code (W&IC) Sections 5600.3, State Medical Oversight Review Protocol. The QI Work Plan Goals are in place to monitor and evaluate the quality of service delivery system. In accordance with TCMHS reporting requirements concerning Quality Improvement, the TCMHS evaluation of Quality Improvement activities are structured and organized according to the following domains:

1. Monitoring Service Delivery Capacity
2. Monitoring Accessibility of Services
3. Monitoring Beneficiary Satisfaction
4. Monitoring Clinical Care
5. Monitoring Continuity of Care



The TCMHS QI Work Plan Goals for FY 14-15 focus on monitoring access to services for target populations, service delivery capacity, timeliness of services provided, language needs to clients, client satisfaction with the services received, the quality of services provided, and other areas of quality improvement as identified by TCMHS.

The following section provides QI Work Plan goals and evaluation summary on the progress made by TCMHS in reaching each goal.

QUALITY IMPROVEMENT WORK PLAN GOALS - FY 2014/2015

I. MONITORING SERVICE DELIVERY CAPACITY

1. To provide services to those in the Tri-City area and for clients to be representative of the Tri-City area racial demographics.

II. MONITORING ACCESSIBILITY OF SERVICES

1. To provide services for non-clients during business hours and after hours.
2. To reduce the level of distress for callers at the end of the call.
3. To provide a clean and friendly place for clients when arriving to their appointments.

III. MONITORING BENEFICIARY SATISFACTION

1. For clients to report a high level of agreement that they:
    a. Feel comfortable asking questions.
    b. Feel that they work well with the treatment team.
    c. Feel they are making progress towards their goals.
2. For parents of clients to report a high level of agreement that they feel their child is comfortable asking questions, feel that the child works well with the treatment team, and that the child is making progress towards their goals.
3. Monitor requests for Change of Provider and to respond to them in a timely manner.

IV. MONITORING CLINICAL CARE

1. To implement new strategies for the veteran population.
2. To reduce the number of clients who smoke and to provide clients with resources and information to help them stop smoking.

QUALITY IMPROVEMENT WORK PLAN OUTCOMES - FY 2014/2015

Domain I: Monitoring Service Delivery Capacity

Goal 1: To provide services to those in the Tri-City area and for clients to be representative of the Tri-City racial demographics.

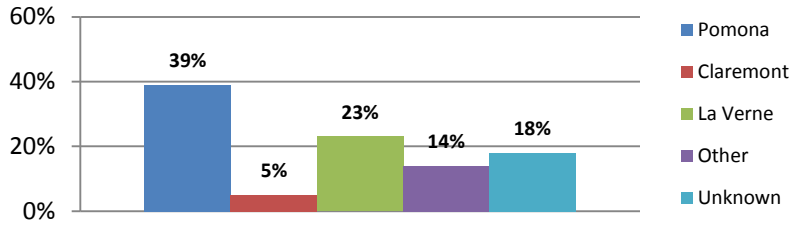
Below is a graph that compares the demographics of Tri-City clients to those in the cities of Claremont, La Verne, and Pomona based on US Census data:

	Tri-Cities Residents	Tri-City MHS Clients
White	26%	18%
Latino	57%	57%
African American	6%	17%
American Indian	0.3%	1%
API	9%	3%
Multi-Race/Other	2%	3%
Unknown	0%	1%
Total	100%	100%

Domain II: Monitoring the Accessibility of Services

Goal 1: Provide services for non-clients during business hours and after hours.

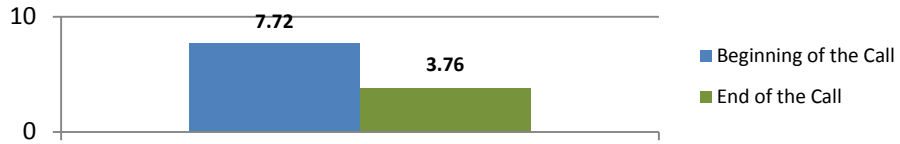
In FY 14-15 the after-hours crisis line responded to 77 calls to provide assistance to those in the Tri-City area and nearby cities. Below are the callers by city. "Other" category includes: Azuza, Covina, La Puente, Lancaster, Ontario, Redlands, Upland and West Covina. In addition, 109 individuals were served through Walk-In Services.



Domain II: Monitoring the Accessibility of Services

Goal 2: To reduce the level of distress for callers at the end of the call.

Callers rated their level of distress at the beginning of the phone call and at the end on a 1 to 10 scale where 1 = mild and 10 = severe (higher rating means greater level of distress).



Domain II: Monitoring the Accessibility of Services

Goal 3: To provide a clean and friendly place for clients when arriving to their appointments.

Clients provided ratings on a 1-5 scale (1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree). Therefore, a higher average indicates a higher level of agreement. Overall, visitors to Tri-City reported that the reception staff were friendly and helpful and that the building was clean and easy to get around.

Statement	Average Rating Adults	Average Rating Children's *(Includes Parents and Children)*
The reception staff were friendly/helpful when I arrived for my appointment or when I talked to the phone operator.	4.24	4.56
The building was clean and easy to get around (opening doors, bathroom access, etc.).	4.29	4.54

Domain III: Monitoring Client Satisfaction

Goal 1: For clients to report a high level of agreement that they feel comfortable asking questions, feel that they work well with the treatment team, and are making progress towards their goals.

Clients provided ratings on a 1-5 scale (1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree). Therefore, a higher average indicates a higher level of agreement. Overall, adults, children, and parents indicated that the treatment was going well.

Statement	Average Rating Adults (*n*=64)	Average Rating Children's *(Includes Parents and Children)* (*n*=106)
I felt comfortable asking questions about my treatment and medication.	4.32	3.99
I feel my treatment team and I are working well together to meet my treatment goals.	4.43	4.40
I feel I am making progress towards my goals.	4.18	4.22

Domain III: Monitoring Client Satisfaction

Goal 2: Monitor requests for Change of Provider and to respond to them in a timely manner.

In FY 14-15 there were 33 Change of Provider requests and the resolution time is as follows:

Mean	10.30 Days
Median	8.00 Days

Domain III: Monitoring Client Satisfaction

Goal 3: For parents of clients to report a high level of agreement that they feel their child is comfortable asking questions, feel that the child works well with the treatment team, and that the child is making progress towards their goals.

Parents provided ratings on a 1-5 scale (1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree). Therefore, a higher average indicates a higher level of agreement. Overall, parents reported that they felt that their child was doing well with their treatment.

Statement	Parent Ratings (*n*=83)
My child feels comfortable asking questions about their treatment and medication.	3.99
I feel that my child and his/her treatment team are working well together to meet his/her treatment goals.	4.38
I feel that my child is making progress towards their treatment goals.	4.25

Domain IV: Monitoring Clinical Care

Goal 1: Implement new strategies for the veteran population.

In FY 14-15 Tri-City formed a group of employees who are either veterans or have a veteran in their family. This group worked together to identify resources and strategies to better serve veteran clients. An all-staff training is scheduled in August, 2015 for the upcoming fiscal year. Information regarding trainings was also sent out to employees.

Domain IV: Monitoring Clinical Care

Goal 2: Reduce the number of clients who smoke and to provide clients with resources and information to help them stop smoking.

On November 20th 2014, Tri-City hosted a day-long event called “Bye Bye Butts” to encourage employees and clients to stop smoking. Tri-City worked with volunteers to prepare goody bags and handed out “Bye Bye Butts” buttons for people to wear. Tri-City staff was also encouraged to collect pledges where they wrote about their commitment to not smoke.

Quality Improvement Process

1	**What Is Being Measured?**	Identified Programs via Identified Performance Measures.
2	**Purpose?**	Program Accountability Quality Improvement Annual Update.
3	**Data Source(s)?**	Program data tracking forms and databases.
4	**Who Is Responsible?**	Directors and Department/Program Managers will ensure that process will be implemented. QI will collaborate with all Programs/Departments.
5	**How/Frequency?**	Every six months.
6	**Tool/How Will Data Be Collected?**	Staff will be designated to input data and program data will be sent to Quality Improvement.
7	**Who Will/How Will Data Be Aggregated and Reported?**	QI will aggregate the data every 6 months. Data Process: Received → Prepared → Presented → Finalized Reports will break down results for each program.
8	**Who Will Review and Interpret Results?**	Program Summaries will be provided to program directors and senior management.
9	**Who Will Make Recommendations And To Whom?**	Quality Improvement → Program
10	**Who Will Implement/ Oversee Recommend Changes?**	Program Manager will review recommendations with Director and discuss plans for implementation. Quality Improvement will follow up at three to six months to evaluate whether changes made had their desired effect.