

2025-2026 Quality Improvement Work Plan Goals

Section 1: ACCESSIBILITY

Goal MH and SA: <i>Increase accessibility of appointments by decreasing unused appointment slots resulting from No Shows</i>		
Objective 1.1: <i>Implement text appointment reminders</i>		
Leads	Responsibility	Performance Measures
IT Manager ELMR Technology Manager Integrated Programs Deputy Director Children’s Services Deputy Director	ELMR Technology Material Management Research IT Compliance Officer QI Program Support BH Administrators Fiscal Deputy Director	- # of text reminders sent - % of missed no shows - % of cancellations
Baseline		
RUHS-BH does not currently have a text reminder system. The average missed appointment rate is 23%.		

1.1 - A:	SIGN AGREEMENT WITH SOFTWARE VENDOR	
	Responsibility: ELMR Technology, IT, Program Support, Material Management	
Milestone 1: Finalize scope		
February 2025		
Milestone 2: Create a team of trainers to rollout texting platform in		
March 2025		
Milestone 3: Select <i>texting software needed features/compatibility requirements</i>		
April 2025	Status:	

1.1 - B:	INSTALL TEXTING SOFTWARE
	Responsibility: IT
Milestone 1: <i>Install/test functionality of the new software</i>	
June 2025	

1.1 - E:	DEVELOP ROLLOUT PLAN
	Responsibility: QI, ELMR Technology, Deputy Director Integrated Programs, Deputy Director Children’s Services
Milestone 1: <i>Identify training timeline</i>	
April 2025	
Milestone 2: <i>Identify number of programs to train</i>	
April 2025	
Milestone 3: <i>Identify pilot programs</i>	
April 2025	
Milestone 4: <i>Develop training materials</i>	
June2025	

1.1 - F:	ROLL OUT TEXT REMINDERS
	Responsibility: QI, ELMR Technology, BH Administrators
Milestone 1: <i>Train staff in selected pilot programs/obtain feedback</i>	
June 2025	
Milestone 2: <i>Pilot with identified consumers/programs</i>	
June 2025	
Milestone 3: <i>Train all department staff</i>	
July 2025	Status:

Milestone 4: Implement text reminders in all programs	
July 2025	Status:

1.1 - G:	GATHER RESEARCH DATA	
	Responsibility: Research	
Milestone 1: Identify where/when text reminders being issued		
August 2025	Status:	
Milestone 2: Create queries/reports		
September 2025	Status:	
Milestone 3: Distribute/review data		
October 2025	Status:	

Goal MH and SA: INCREASE ACCESSIBILITY OF DEPARTMENT SERVICES THROUGH TELEHEALTH		
Objective 1.2: Increase the percentage of telehealth services in the department		
Lead	Responsibility	Performance Measure
CARES Manager	CARES Manager Quality Management Deputy Director Research	-
Baseline		

TASKS

1.2 - A:	CREATE STANDARD WORK FOR ALL OUTPATIENT CLINICS	
	Responsibility:	
Milestone 1: Create a team responsible for updating the department's telehealth policies and procedures		
December 2024	Status:	
Milestone 2: Provide a working draft to Executive Management for review		
January 2025	Status:	

Milestone 3: <i>finalize policies and procedures and disseminate to the department.</i>	
January 2025	

1.2 - B:	CREATE A CONSUMER SURVEY FOR INPUT
	Responsibility:
Milestone 1: Engage research team to create questions	
December 2024	
Milestone 2: Administer survey questions for a two-week period in outpatient clinics	
January 2025	
Milestone 3:	
January 2025	

1.2 - C:	PILOT INTEGRATED EHR TELEHEALTH PLATFORM WITHIN THE EHR
	Responsibility:
Milestone 1:	
December 2024	
Milestone 2:	
January 2025	
Milestone 3:	
January 2025	

Goal MH and SA: INCREASE CLINIC ACCESSIBILITY FOR IN-PERSON APPOINTMENTS		
Objective 1.2: Increase the number of after Hours and weekend appointment time slots available		
Lead	Responsibility	Performance Measure
		-
Baseline		
???		

1.2 - C:	SELECT X SITES TO PILOT AFTER HOURS AND WEEKEND APPOINTMENTS
	Responsibility:
Milestone 1:	
December 2024	
Milestone 2:	
January 2025	
Milestone 3:	
January 2025	

Section 2: SATISFACTION

Goal MH and SA: <i>Obtain better quality service verification and satisfaction results to address any concerns with providers at the program level</i>		
Objective 2.1: <i>Implement new Survey Verification/Satisfaction Survey via E-mail/Text</i>		
Lead	Responsibility	Performance Measures
Peer Services Deputy Director	QI Research Evaluation IT Compliance Officer Deputy Director Peer Services	- # of service verification e-mails sent - # of service verification texts sent - # of completed verifications/surveys returned
Baseline		
Service Verification unsuccessfully done via phone with lack of responses; POQI and TPS Satisfaction Surveys from state not specific to programs		

TASKS

2.1 - A:	OBTAIN REPORTS OF E-MAIL ADDRESSES FROM CONSUMER CHARTS
	Responsibility: Research
Milestone 1: <i>Obtain baseline data on current e-mails in consumer charts</i>	
February 2025	
Milestone 2: <i>Collect e-mail data monthly</i>	
April 2025	

2.1 - B:	DEVELOP SERVICE VERIFICATION/SURVEY WORKFLOW
	Responsibility: IT, QI, Research, Evaluation, Peer Services Deputy Director, Compliance Officer
Milestone 1: <i>Create automated process for survey going out/coming in</i>	
March 2025	
Milestone 2: <i>Create workflow</i>	
March 2025	
Milestone 3: <i>Create survey tracking logs out/in</i>	
March 2025	
Milestone 4: <i>Create departmental policy</i>	
April 2025	

2.1 - C:	CREATE PROGRAM GUIDANCE
	Responsibility: QI
Milestone 1: <i>Create new program guidance to update consumer record with each visit to the program</i>	
March 2025	
Milestone 2: <i>Implement new program guidance to update consumer record with each visit to the program</i>	
March 2025	

2.1 - D:	PILOT
	Responsibility: QI
Milestone 1: <i>Identify minimum of one MH and SUD program to pilot</i>	
March 2025	
Milestone 2: <i>Implement new program guidance to update consumer record with each visit to the program</i>	
March 2025	

Section 3: CLINICAL CARE AND DOCUMENTATION

Goal MH and SA: <i>Improve the quality of homeless population data in the consumer's chart across MH and SUD county providers</i>		
Objective 3.1: <i>Improve collection of members living disposition in our system</i>		
Lead	Responsibility	Performance Measures
Housing Deputy Director	Research QI Housing Deputy Director	- % of missing or unknown addresses - % of unknown or missing living disposition
Baseline		
N/A		

TASKS

3.1 - A:	GATHER DATA
	Responsibility: Research
Milestone 1: <i>Obtain current data on percentage of progress notes with living situation recorded and data on unknown addresses</i>	
February 2025	
Milestone 2: <i>Analyze data per region/program</i>	
February 2025	
Milestone 3: <i>Obtain post promotional data on percentage of progress notes with no living disposition recorded and data on unknown addresses</i>	
April 2025	

3.1 - B:	DEVELOP NEW COLLECTION STRATEGY
	Responsibility: Housing Deputy Director, Research
Milestone 1: <i>Data collection strategies around address information and the BH Progress Note</i>	

January 2025	
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3.1 - C:	DEVELOP PROMOTIONAL STRATEGY
	Responsibility: QI, Housing Deputy Director
Milestone 1: <i>Create training materials on form completion</i>	
March 2025	
Milestone 2: <i>Create/roll out promotional materials on importance of collection of disposition</i>	
March 2025	
Milestone 3: <i>Refocus promotional/training materials in programs with low percentages of completion</i>	
March 2025	

Goal MH and SA: Continue expansion of the integrated services delivery model within our behavioral health clinics		
Objective 3.2: <i>Embed an end-to-end process in 3 of our BH clinics to identify and refer to other health and social services based on scores of a social determinants of health screening tool (Whole Person Health Score)</i>		
Lead	Responsibility	Performance Measure
Children’s Deputy Director	Children’s Deputy Director	- # of clinics with the embedded integrated service delivery model
Baseline		
1 integrated clinic		

3.2 - A:	DEVELOP TRAINING PLAN
	Responsibility: Children’s Deputy Director
Milestone 1: <i>Gather all training materials from the integrated clinic</i>	
February 2025	
Milestone 2: <i>Identify pros/cons with current workflow</i>	
March 2025	
Milestone 3: <i>Create training schedule on new workflows</i>	
April 2025	
Milestone 4: <i>Roll out training</i>	
May 2025	

Milestone 5: <i>Revise workflows/training materials following pilot testing</i>	
June 2025	

3.2 - B:	DEVELOP WORKFLOW(S) WITH PARTNER AGENCIES
	Responsibility: Children’s Deputy Director
Milestone 1: <i>Identify partner agency contacts</i>	
March 2025	
Milestone 2: <i>Coordinate meetings with partner agency contacts</i>	
April 2025	
Milestone 3: <i>Develop new workflows</i>	
April 2025	

3.2 - C:	PILOT WPHS REFERRALS
	Responsibility: Children’s Deputy Director
Milestone 1: <i>Identify sites to pilot</i>	
May 2025	

Goal MH and SA: Improve sharing of clinical documentation		
Objective 3.3:		
Lead	Responsibility	Performance Measure
Maria Martha Moreno Brandon Jacobs	RUHS Technology & Information Services	
Baseline		

3.3 - A:	IMPLEMENT MEDI-CAL CONNECT ACROSS OUR OUTPATIENT SYSTEM OF CARE
	Responsibility:
Milestone 1:	
March 2025	
Milestone 2:	
April 2025	
Milestone 3:	
April 2025	

3.3 - B:	Implement the CareQuality -Nationwide Data Exchange Network within the EHR
	Responsibility: QI / ELMR TECHNOLOGY
Milestone 1: CareQuality Configuration in ELMR (myAvatar)	
Q4 2025	
Milestone 2: Selection of 20 favorite Hospital for External CCDs Tab in EHR chart	
Q4 2025	
Milestone 3: <i>Training materials and Training Office Hours</i>	
Q4 2025	

3.3 - C:	CREATE A DATA LAKE TO SHARE INFORMATION BETWEEN RUHS DEPARTMENTS (I.E., PH, MED CENTER, FQHCS, CORRECTIONS)
	Responsibility: RUHS INFORMATION SERVICES & TECHNOLOGY
Milestone 1:	
Q4 2025	
Milestone 2:	
Q4 2025	
Milestone 3:	
Q4 2025	

Section 3: POLICIES AND PROCEDURES

Goal MH and SA: INCREASE AWARENESS AND ACCESS TO DEPARTMENT POLICIES AND PROCEDURES		
Objective 3.3:		
Lead	Responsibility	Performance Measure
Compliance Manager	Program Support	% of policies migrated to a new platform
Baseline		

3.3 - C:	CREATE AN INTRANET SHAREPOINT SITE THAT HOUSES ALL DEPARTMENT POLICIES AND PROCEDURES
	Responsibility: RUHS INFORMATION SERVICES & TECHNOLOGY
Milestone 1:	
Q4 2025	
Milestone 2:	
Q4 2025	
Milestone 3:	
Q4 2025	

Section 4: CULTURAL AND LINGUISTIC COMPETENCY

Goal MH and SA: Increase culturally specific programs by better identifying the member demographics in the clinics/regions		
Objective 4.1: A minimum of 90% of consumers open in our system will have reliable language, race, ethnicity, and gender identity recorded in our EHR		
Lead	Responsibility	Performance Measures
Peer Services Deputy Director	Peer Services Deputy Director SA Business Process Analyst QI System Reporting Unit (SRU)	- % of unknown or missing language preference - % of unknown or missing race - % of unknown or missing ethnicity - % of unknown or gender identity
Baseline		
Ethnicity = Unknown		Ethnicity = Missing
2021: 81,822 out of 354,346 client records (23%) 2022: 78,218 out of 300,971 client records (26%)		2021: 541 client records 2022: 1656 client records

4.1 - A:	OBTAIN DATA
	Responsibility: SA Business Process Analyst, SRU
Milestone 1: Gather current demographic data percentages	
December 2024	
Milestone 2: Gather post promotional demographic data monthly	
April 2025	

4.1 - B:	CREATE PROMOTIONAL CAMPAIGN
	Responsibility: Peer Support Deputy Director, QI, SA Business Process Analyst, SRU, WET Manager
Milestone 1: Develop promotional strategy to assist staff with understanding the importance of collecting the data	

January 2025	
Milestone 2:	<i>Develop promotional strategies to assist members with understanding why their data is being collected</i>
January 2025	
Milestone 3:	<i>Develop new training materials on CSI and CalOMS importance/completion</i>
March 2025	
Milestone 4:	<i>Roll out promotional/training materials</i>
March 2025	

4.1 - C:	STANDARDIZE INTAKE PACKET
	Responsibility: CARES Manager
Milestone 1:	<i>Identify all forms needed to open member</i>
February 2025	
Milestone 2:	<i>Create standardized forms</i>
March 2025	
Milestone 3:	<i>Distribute standardized forms to programs</i>
March 2025	
Milestone 4:	<i>Check programs have removed old forms</i>
April 2025	