

2024-25 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. Average missed appointment rate is 23%.		

TASKS

1.1 - A:	RESEARCH TEXT SOFTWARE APPLICATIONS
	Responsibility: ELMR Technology , IT, Program Support, Material Management
Milestone 1: <i>Review applications currently available for health care settings</i>	
January 2025	Status:
Milestone 2: <i>Compare compatibility with county firewalls/protections</i>	
January 2025	Status:
Milestone 3: <i>Select texting software needed features/compatibility requirements</i>	
January 2025	Status:

1.1 - B:	OBTAIN REQUEST FOR PROPOSAL (RFP) FOR TEXTING SOFTWARE	
	Responsibility: IT, ELMR Technology, Material Management, Fiscal Deputy Director, Program Support	
Milestone 1: <i>Identify features to include in the RFP</i>		
February 2025	Status:	
Milestone 2: <i>Identify individuals to include in reviewing/rating the proposals</i>		
February 2025	Status:	
Milestone 3: <i>Purchase texting software</i>		
March 2025	Status:	

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

1.1 - D:	DEVELOP WORKFLOWS FOR TEXT REMINDERS	
	Responsibility: QI, ELMR Technology, Deputy Director Integrated Programs, Deputy Director Children's Services, BH Administrators, Compliance Officer	
Milestone 1: <i>Identify members that will be able to receive text reminders</i>		
April 2025	Status:	
Milestone 2: <i>Identify service codes to issue text reminders for</i>		
April 2025	Status:	
Milestone 3: <i>Develop standardized workflow</i>		
April 2025	Status:	
Milestone 4: <i>Develop departmental policy</i>		
May 2025	Status:	

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	Status:	
Milestone 2: <i>Identify number of programs to train</i>		
April 2025	Status:	
Milestone 3: <i>Identify pilot programs</i>		
April 2025	Status:	
Milestone 4: <i>Develop training materials</i>		
April 2025	Status:	

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>		
May 2025	Status:	
Milestone 2: <i>Pilot with identified consumers/programs</i>		
May 2025	Status:	
Milestone 3: <i>Train all department staff</i>		
June 2025	Status:	
Milestone 4: <i>Implement text reminders in all programs</i>		
June 2025	Status:	

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

Goal MH and SA: <i>Improve responsiveness of 800 Access Phone Line</i>		
Objective 1.2: <i>Improve number of logged calls to better identify consumer needs</i>		
Lead	Responsibility	Performance Measure
CARES Manager	CARES Manager Quality Management Deputy Director Research	- Quarterly Test Call Reports
Baseline		
N/A		

TASKS

1.2 - A:	REVISE TRAINING MATERIALS	
	Responsibility: CARES Manager	
Milestone 1: <i>Identify call types/times information is not being logged</i>		
December 2024	Status:	
Milestone 2: <i>Update training materials with needed workflow/instructions</i>		
January 2025	Status:	
Milestone 3: <i>Develop training plan for multiple shifts/staff roles</i>		
January 2025	Status:	
Milestone 4: <i>Train call center staff via written materials and call listening</i>		
February 2025	Status:	
Milestone 5: <i>Develop feedback loop with Research Manager on test call findings</i>		
April 2025	Status:	

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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>		
December 2024	Status:	
Milestone 2: <i>Collect e-mail data monthly</i>		
January 2025	Status:	

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>		
January 2025	Status:	
Milestone 2: <i>Create workflow</i>		
January 2025	Status:	
Milestone 3: <i>Create survey tracking logs out/in</i>		
January 2025	Status:	
Milestone 4: <i>Create departmental policy</i>		
February 2025	Status:	

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>		
February 2025	Status:	
Milestone 2: <i>Implement new program guidance to update consumer record with each visit to the program</i>		
February 2025	Status:	

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

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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>		
November 2024	Status:	
Milestone 2: <i>Analyze data per region/program</i>		
November 2024	Status:	
Milestone 3: <i>Obtain post promotional data on percentage of progress notes with no living disposition recorded and data on unknown addresses</i>		
February 2025	Status:	

3.1 - B:	DEVELOP NEW COLLECTION STRATEGY	
	Responsibility: Housing Deputy Director, Research	
Milestone 1: <i>Data Collection, BH Progress Note</i>		
January 2025	Status:	

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

Goal MH and SA: <i>Embed the integrated services delivery model within our behavioral health clinics</i>		
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		

TASKS

3.2 - A:	DEVELOP TRAINING PLAN	
	Responsibility: Children's Deputy Director	
Milestone 1: <i>Gather all training materials from the integrated clinic</i>		
December 2024	Status:	
Milestone 2: <i>Identify pros/cons with current workflow</i>		
January 2025	Status:	
Milestone 3: <i>Create training schedule on new workflows</i>		
April 2025	Status:	
Milestone 4: <i>Roll out training</i>		
May 2025	Status:	
Milestone 5: <i>Revise workflows/training materials following pilot testing</i>		
June 2025	Status:	

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

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

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Section 4: CULTURAL AND LINGUISTIC COMPETENCY

Goal MH and SA: <i>Increase culturally specific programs by better identifying the member demographics in the clinics/regions</i>		
Objective 4.1: <i>A minimum of 90% of consumers open in our system will have reliable language, race, ethnicity, and gender identity recorded in our EHR</i>		
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 - N/A? - Need to get current data		
<i>Ethnicity = Unknown</i>		<i>Ethnicity = Missing</i>
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

TASKS

4.1 - A:	OBTAIN DATA	
	Responsibility: SA Business Process Analyst, SRU	
Milestone 1: <i>Gather current demographic data percentages</i>		
December 2024	Status:	
Milestone 2: <i>Gather post promotional demographic data monthly</i>		
March 2025	Status:	

4.1 - B:	CREATE PROMOTIONAL CAMPAIGN
	Responsibility: Peer Support Deputy Director, QI, SA Business Process Analyst, SRU, WET Manager
Milestone 1: <i>Develop promotional strategy to assist staff with understanding importance of collecting the data</i>	
January 2025	Status:
Milestone 2: <i>Develop promotional strategy to assist members with understanding why their data is being collected</i>	
January 2025	Status:
Milestone 3: <i>Develop new training materials on CSI and CalOMS importance/completion</i>	
January 2025	Status:
Milestone 4: <i>Roll out promotional/training materials</i>	
February 2025	Status: