Quality Improvement Work Plan
Santa Cruz County Behavioral Health Division, Quality Improvement Branch

FY 2025–2026

Santa Cruz County Behavioral Health Mental Health Plan (MHP) & Drug Medi-Cal Organized Delivery System (DMC-ODS)

EXECUTIVE SUMMARY

The Santa Cruz County Behavioral Health Division (BHD) operates under an integrated service delivery model that prioritizes operational excellence and sustainable, high-quality care. The Behavioral Health Quality Management (QM) Program is responsible for evaluating the effectiveness of BHD services and supporting all aspects of the Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) operations through comprehensive performance monitoring and improvement activities.

In alignment with Federal and State regulations—including 42 CFR, Title 9 of the California Code of Regulations, and the California Welfare and Institutions Code—as well as the contractual obligations and performance expectations set by the Department of Health Care Services (DHCS), the Quality Management (QM) Program partners closely with both the Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS). Together, they ensure regulatory compliance and drive continuous quality improvement efforts that support equitable, person-centered behavioral health care across the system.

The Santa Cruz County Behavioral Health Quality Improvement (QI) Work Plan goals for FY 2025–2026 are organized around five key themes: access, timeliness and network adequacy, coordination of care, beneficiary rights and satisfaction, documentation standards compliance and utilization management, quality improvement, and cultural and linguistic competence. The goals within these themes are designed to advance service delivery, optimize outcomes, and ensure the system meets evolving regulatory and community expectations.

Enhancing access to care, ensuring network adequacy, and promoting timely service delivery are top priorities of the Quality Improvement (QI) program. The County aims to offer 80 percent of routine MHP and DMC-ODS appointments within 10 business days and accurately document 80 percent of service requests in the SRDL, with timely issuance of NOABDs when this is not achieved. Additional access efforts include monitoring the accuracy of 24/7 access line responses and ensuring bi-directional closed loop referrals between the Managed Care Plan (MCP) and Mental Health Plan (MHP) are achieved

Enhancing care coordination is a component of CalAIM policy changes. The new emphasis on HEDIS measures from DHCS require system enhancements related to care coordination. In our FY 25–26 Work Plan, 50 percent of referrals between

Managed Care Plans (MCPs) and the Mental Health Plan (MHP) are expected to include documented outreach and referral status. Additionally, half of all internal MHP and DMC-ODS referrals will be processed through CareConnect—a closed-loop referral system within the Behavioral Health Division's electronic health record that supports interoperability with organizations outside of Avatar. For individuals discharged from acute psychiatric facilities, the County targets a 50 percent follow-up rate within seven days and 73 percent within thirty days. Both MHP and DMC-ODS network colleagues are working to improve linkage to Behavioral Health (BH) services for beneficiaries within 30 days of an Emergency Department visit for MH and SUD diagnoses. Efforts toward exceeding the Minimum Performance Levels (MPL) for these HEDIS measures (FUM 30 day and FUA 30 day) include HIPAA and 42CFR Part 2-compliant data exchange across care settings. Lastly, QI will work collaboratively with Plan Administration as needed to develop a Quality & Health Equity Workplan to address BH Accountability Measures that fall below the MPL.

Under the quality assurance umbrella, the County emphasizes strict procedural compliance with beneficiary rights protocols, delivery of culturally competent services and service improvement. This includes timely resolution of grievances, appeals and state hearings and enhancements to review processes for sentinel events in instances of client death related to suicide and overdose. Quality will also be measured through client outcomes on an annual basis, with over 65 percent of clients demonstrating a reduction in their actional scores on 3 or more CANS/ ANSA items that have an original score of 2 or 3. Another goal is to achieve 75 percent accuracy in documenting test calls—both during business hours and after hours—including caller details and call disposition. Additionally, 90 percent of test callers are expected to receive accurate MHP & DMC-ODS access and beneficiary rights information through the 24/7 access line. Finally, within the monthly MHP Utilization Review Committee meetings, the County aims for 80 percent compliance of monthly samples of reviewed charts within the following clinical chart components: (1) Problem List Updated; (2) TCM Care Plan Present; (3) CalAIM Assessment Up to Date; (4) ANSA/CANS Timely Completion; (5) Progress Notes Timely.

Workforce development is a cornerstone of quality improvement, ensuring staff have the skills, support, and expectations needed to provide high-quality care. Meeting direct service provision standards is one part of this effort, with an expected improvement in direct service provision of 5% per provider group for County-employed direct care staff to maximize access and strengthen the Division's financial stability. At the same time, Santa Cruz County is investing in equity-focused training to build a culturally responsive and inclusive workforce. By June 30, 2026, 68 percent of County BH Division staff will complete the mandated seven-hour CLAS training, and 100 percent of direct service staff will complete gender inclusive training. Together, these initiatives advance both access and equity, building a workforce capable of sustaining long-term quality improvements across the system.

WORK PLAN GOAL CATEGORIES

1. Access to 24/7 Services
2. Coordination of Care
3. Beneficiary Rights & Satisfaction
4. Documentation Standards Compliance & Utilization Management
5. Quality Improvement
6. Cultural & Linguistic Competence

GOALS

To be achieved by the end of the 2025-26 fiscal year, June 30, 2026.

Category #1: Access to 24/7 Services
(Timeliness, Authorization, Network Adequacy)

Goal ID	Plan	BH Division Sponsor(s)	Goal Statement	Recommendation for Interventions
1.1	MHP	Access Adult and Access CBH	75% of referrals between **MCP** and **MHP** (bi-directional) will include documented client outreach and indicate referral status as accepted, appointment made, or in progress.	Shared bidirectional referral tracking workflow; BH Access leadership and QI leadership collaborating with the Alliance to ensure both MHP to MCP have complete documentation of referrals
1.2a	DMC-ODS	DMC-ODS	80% of **DMC-ODS** requests for services will be entered accurately in SRDL. If Timely Access standards are not met, appropriate staff will issue a Timely Access NOABD and follow NOABD workflow 90% of the time.	QI monthly monitoring of SRDL reports and NOABDs; contractor submission of SRDL Timeliness Report; NOABD workflow: alignment with non-clinical PIP efforts/interventions
1.2b	MHP & DMC-ODS	Adult Access and Access CBH / DMC-ODS	80% of **MHP** and **DMC-ODS** first offered routine appointments will be within 10 business days.	QI monthly monitoring; contractor submission of SRDL Timeliness Report; NOABD workflow; investigation of workflows from other Counties; alignment with non-clinical PIP efforts/interventions

Goal ID	Plan	BH Division Sponsor(s)	Goal Statement	Recommendation for Interventions
1.3a	MHP & DMC-ODS	Administration / Quality Improvement	90% of test callers will receive accurate BH access and beneficiary rights information via the 24/7 access line.	Test calls through Community Connections. Regular QI monitoring and reviews of call performance through test calls and QA reports. Sharing feedback with BHD and AnswerNet (after-hour operators) to guide improvements. Meetings and trainings as needed to ensure consistent call quality and staff development.
1.3b	MHP & DMC-ODS	Administration / Quality Improvement	80% of after-hours and business test calls will be documented correctly and will include name, date, and disposition.	Documentation review. Regular QI monitoring and reviews of call performance through test calls and QA reports. Sharing feedback with BHD and AnswerNet (after-hour operators) to guide improvements. Meetings and trainings as needed to ensure consistent call quality and staff development.

Category #2: Coordination of Care

Goal ID	Plan	BH Division Sponsor(s)	Goal Statement	Recommendation for Interventions
2.1	MHP & DMC-ODS	Access Adult and Access CBH, Adult MH Outpatient, CBH, DMC-ODS	BH will launch Care Connect internally, with inclusion of documented workflows. BH will test the use of "MedAllies" access within Care Connect for DMC agency(ies) who operate outside of Avatar. Once launched, 50% of internal referrals within **MHP** and **DMC-ODS** will be initiated and closed through CareConnect.	Care Connect implementation & training for internal MHP teams and DMC-ODS network programs
2.2	MHP	Adult MH Outpatient, CBH	65% of clients will show improvement by reducing actionable scores (from an original score of 2 or 3) on at least three CANS/ANSA items. Goal will be measured for all MHP programs at the County and contracted agencies.	Stakeholders Workgroup; Outcome tracking via dashboard

*Note for DMC-ODS Coordination of Care Goals see Goal 1.2a & 5.2

Category #3: Beneficiary Rights & Satisfaction

Goal ID	Plan	BH Division Sponsor(s)	Goal Statement	Recommendation for Interventions
3.1	MHP & DMC-ODS	Quality Improvement	The Plan will resolve 100% of beneficiary requests to change treatment providers, grievances, appeals and fair hearings in accordance with the required resolution time frame requirements.	QI to review all beneficiary rights items, both MHP and DMC-ODS every quarter to identify trends and ensure timely resolution (30 days). If delays to resolutions are found, QI staff work with management to find and fix the issues causing them. QI also works with program staff to help resolve client concerns and reports the number of grievances and appeals to DHCS quarterly and annually.
3.2	MHP & DMC-ODS	Quality Improvement	Medical Directors will complete a chart review for 90% of Sentinel Event reports of client deaths within two weeks of receipt of death notification. Subsequently, if Medical Directors and QI deem a Sentinel Event Review is indicated, QI will convene a formal Sentinel Event review process.	Refinement of Standard Operating Procedure+ escalation matrix document to guide chart review processes

Category #4: Documentation Standards Compliance & Utilization Management

Goal ID	Plan	BH Division Sponsor(s)	Goal Statement	Recommendation for Interventions
4.1	MHP & DMC-ODS	MHP & DMC-ODS	BH providers will improve their direct service provision by a minimum of 5% per provider group to meet direct service standards set in BH policy.	Dashboards + team coaching
4.2	MHP	MHP Adult and CBH	80% of the charts reviewed in the monthly samples at MHP UR Committee meetings will be compliant in the following 5 clinical documentation categories: (1) Problem List Updated; (2) TCM Care Plan Present; (3) CalAIM Assessment Up to Date; (4) ANSA/CANS Timely Completion; (5) Progress Notes Timely.	Embed automated alerts in the EHR for overdue CalAIM assessments / MSE / DX and ANSA/CANS cycles. Update TCM Care Plan template to ensure case management-specific goals are distinguishable from mental health goals. Develop/train staff on a problem list protocol based on Social Determinants of Health (Z55-65 codes) to ensure alignment with CalAIM and future outcome measures.

Category #5: Quality Improvement

Goal ID	Plan	BH Division Sponsor(s)	Goal Statement	Recommendation for Interventions
5.1	MHP	Quality Improvement, Adult Access and CBH Access	MHP will exceed 56% follow up within 30 calendar days after ED visits for MH / self-harm Diagnoses [FUM30].	Access teams continue to use Process Measure of ED Tracker to inform changes to workflows to enhance follow up rates.
5.2	DMC-ODS	Quality Improvement, Adult Access and CBH Access, DMC-ODS	DMC-ODS will exceed 36% follow up within 30 calendar days after ED visits for SUD Diagnoses [FUA30].	Access teams continue to use Process Measure of ED Tracker to inform changes to workflows to enhance follow up rates.
5.3	MHP	Adult MH, CBH, Medication Support	**73%** of Medi-Cal members who have an inpatient psychiatric admission will receive a BH service within 30 calendar days of discharge [FUH30]	Improve communication between in-patient and outpatient teams; add discharge tracker
5.4	DMC-ODS	Quality Improvement and DMC-ODS	DMC-ODS Admin & QI will work collaboratively to develop a Quality & Health Equity Workplan to address DMC-ODS HEDIS measures below the MPL. A work plan will be developed for 100% of DMC-ODS HEDIS measures that failed to meet MPL.	QI and DMC-ODS admin to investigate pain points in care transitions for IET and POD or other salient HEDIS measures with DMC-ODS.

Category #6: Cultural & Linguistic Competence

Goal ID	Plan	BH Division Sponsor(s)	Goal Statement	Recommendation for Interventions
6.1	MHP & DMC-ODS	All BH branches	68% of BH Division County staff will complete 7-hour CLAS training	Learning management System reminders; onboarding alerts

Goal ID	Plan	BH Division Sponsor(s)	Goal Statement	Recommendation for Interventions
6.2	MHP & DMC-ODS	All Staff (County, Contractor)	a. 95% of BH County and contract agency staff who have direct contact with beneficiaries and support people will complete required training in gender- inclusive care b. Any staff member named in a substantiated grievance related to non-inclusive gender-related care will complete or re-take the required training prior to resuming direct client contact 100% of the time.	a. Announcements, Deployment of on-demand recorded training that meets requirements, Goal Reminders b. Add a dedicated data field in the behavioral health electronic database to track grievances related to transgender, gender-diverse, and intersex (TGI) individuals. Assign a designated Subject Matter Expert (SME) Utilization Review Specialist to handle all TGI-related grievances.