

Santa Barbara County Behavioral Healthcare System

Improvement and Evaluation Plan

FY 2014/15 - 16/17

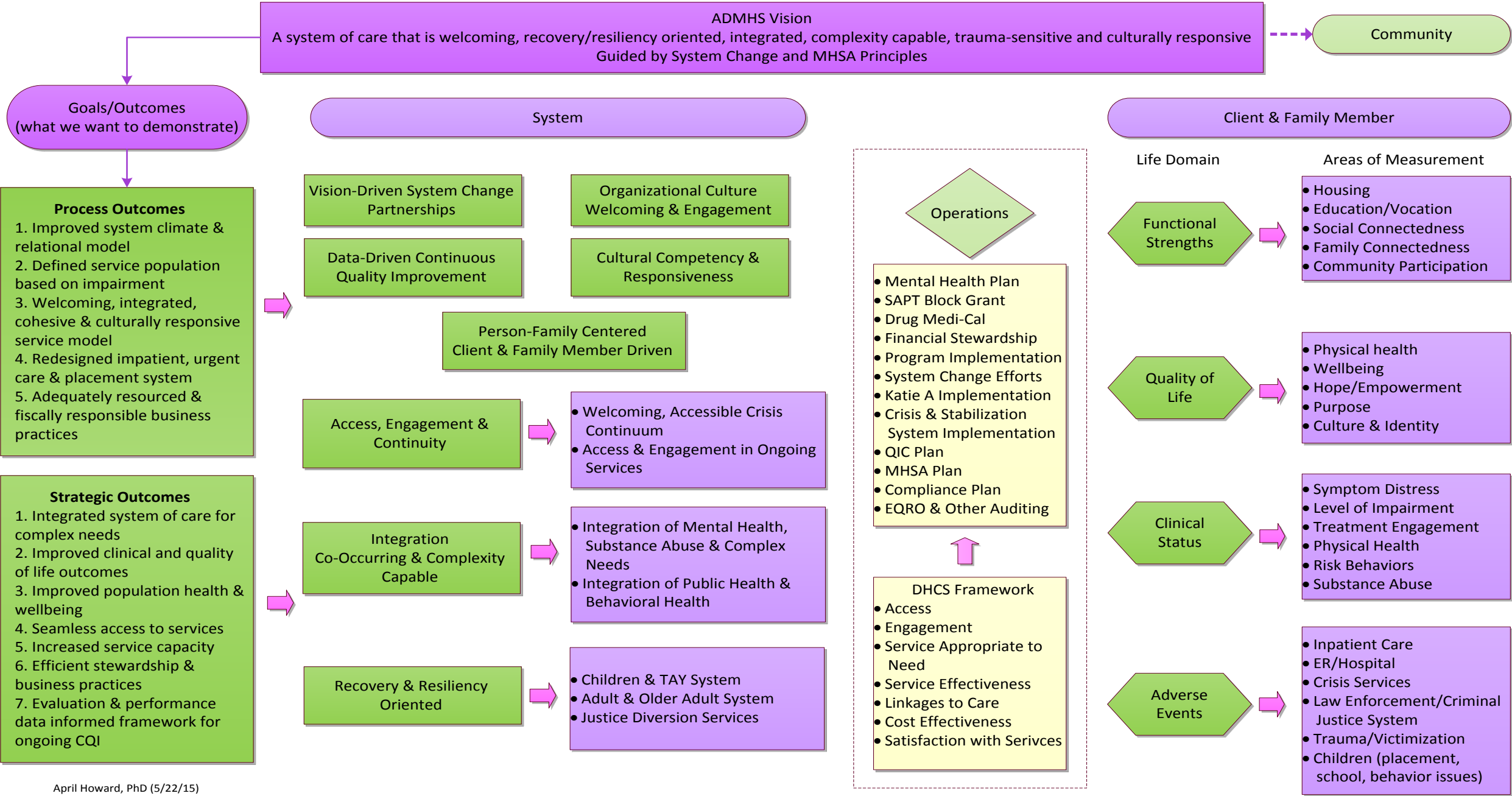
Measuring Success & Recovery

April Howard, PhD

Alcohol, Drug & Mental Health Services

Next revision February 2016

System Improvement and Evaluation Plan



April Howard, PhD (5/22/15)

April Howard, PhD (8/26/15)

System Improvement and Evaluation Plan

Vision-Driven System Change Partnership			
System Goal	Objective	Outcome/Metric	Status
<p>ADMHS will establish a partnership between county leaders, providers, clients, families, front line staff and other stakeholders that commits to making progress toward shared values, principles, practices, and outcomes for clients and families.</p> <p>TriWest Findings: S-2: ADMHS lacks effective empowered partnerships to help it articulate a core vision and improve system level performance and outcomes through mission-driven continuous improvement.</p> <p>CO-1: There are many clinical strengths and evidence-based practices currently in use by ADMHS clinical operations and contract service providers.</p>	System Level		
	By May 2015, a Consensus Agreement will be adopted in which all the partners agree to become more welcoming, accessible, trauma sensitive, recovery oriented, culturally competent, and co-occurring capable.	<ol style="list-style-type: none"> 1. A Workgroup will be established to develop policy. 2. A written agreement will be presented to and adopted by the Steering Committee and the Leadership Team. 3. There will be a training/implementation plan for the agreement. 	Workgroup was established Consensus Agreement still under development in collaboration with the Steering Committee
	By May 2015, departmental and program-specific policies will be revised or developed to ensure that they are consistent with the Consensus Agreement.	<ol style="list-style-type: none"> 1. Number of policies & procedures that were revised or developed. 2. 100% of staff and partners impacted by new policies and policy revisions will be oriented through email and in-person trainings. 	Under development, pending ADMHS Leadership approval of Consensus Agreement General P&P implementation, training and communication plan developed
	By the end of FY2014/15, CBO satisfaction with ADMHS will be improved in the following areas: Financial Payments/Claiming: 27% to 41% Contracts: 10% to 40% Clinical & Client Approach: 34% to 51% Communication/Relationships: 28% to 42%	<ol style="list-style-type: none"> 1. Improvement in CBO satisfaction will be measured by repeated administration of the CBO Coalition Survey in fall/winter 2014/15 (baseline collected in August 2013). 2. Recommendations for improvement will be submitted to the Leadership Team and Steering Committee. 	Survey re-administration shows improvement: Financial: 27% to 36% Contracts: 10% to 19% Clinical Approach: 34% to 64% Communication/Relationships: 28% to 72% Recommendations have not been made to Leadership Team or Steering Committee.
	Beginning in FY2014/15, ADMHS will develop a brand platform and interior design plan to help achieve the system change goals of being more welcoming; increasing client satisfaction and staff morale; and creating a sense of team through a cohesive brand identity.	<ol style="list-style-type: none"> 1. By Dec. 2014, interior design guidelines will be approved by the Leadership Team. 2. Starting in Dec. 2014, county sites will begin redecorating waiting rooms, treatment spaces and staff offices per the guidelines. 3. In FY2015/16, a new department name, logo and tag line will be approved by the Board of Supervisors. 	Interior guidelines were approved by Leadership Team. Several clinic sites are in process of creating welcoming waiting room spaces. Pending BOS approval

System Improvement and Evaluation Plan

Vision-Driven System Change Partnership (cont.)			
System Goal	Objective	Outcome/Metric	Status
ADMHS will establish a partnership between county leaders, providers, clients, families, front line staff and other stakeholders that commits to making progress toward shared values, principles, practices, and outcomes for clients and families.	Program Level		
	By May 2015, there will be renewed commitment to the system’s vision and guiding principles, integration of the welcoming policy into daily practice and progress toward institutionalizing quality improvement at the team level.	1. 100% of ADMHS programs & CBO and partner agencies will have adopted the Consensus Agreement. 2. 100% of CBO partners will have active Change Agent representatives. 3. 100% of ADMHS programs will have at least one ongoing quality improvement project.	Not completed 100% not yet achieved, but CBO partners are being encouraged to assign staff. Not able to determine at time of reporting.
	Individual/Client/Family Level		
	ADMHS will ensure that newly hired employees receive a comprehensive orientation to the system grounded in the culture of quality improvement and the vision & guiding principles.	1. At least two 3-day new hire orientations will be held during FY2014/15. 2. 100% of new staff will receive new hire orientation.	Two new hire orientations were provided for Crisis Triage staff. ADMHS is working on a plan to offer routine new staff orientation trainings.

System Improvement and Evaluation Plan

Organizational Culture, Welcoming & Engagement			
System Goal	Objective	Outcome/Metric	Status
<p>The system will recognize, be sensitive to and work to heal the trauma experienced by employees and partners in the system to create a culture of safety, partnership, wellness and empowerment.</p> <p>Clients and families, especially those who have the greatest challenges, will be welcomed and experience accessing hopeful, trauma-sensitive therapeutic relationships that and promote recovery and resiliency.</p> <p>TriWest Findings: S-1: A Dysfunctional ADMHS Organizational Climate</p>	System Level		
	By April 2015, the Welcoming Workgroup will develop an employee/partner policy specifying the system's commitment to a culture of safety, healthy relationships, wellness, communication and support for staff in the workplace.	<ol style="list-style-type: none"> 1. A written policy will be presented to and adopted by the Steering Committee and the Leadership Team. 2. There will be a training/implementation plan for the welcoming policy. 	Under development
	By June 2015, ADMHS will revise and adopt the policy relating to criteria for admission that reflects a transition to serving clients based on behavioral health need.	<ol style="list-style-type: none"> 1. A written policy will be presented to and adopted by the Leadership Team and Steering Committee. 2. There will be a training/implementation plan for the policy for FY2015/16. 	Policy is currently in approval process by Leadership Team & Compliance Committee for implementation in Dec 2015.
	In March 2015, ADMHS will begin implementing Each Mind Matters, a state-wide anti-stigma campaign designed to change and improve the public's knowledge of mental illness and treatment, and to minimize negative attitudes and behaviors.	<ol style="list-style-type: none"> 1. An implementation team of staff and peers will be established. 2. There will be an implementation plan for the current fiscal year that extends into FY2015/16. 3. Each Mind Matters activities will be planned for Mental Health Awareness Month (May). 	ADMHS planned and implemented the Each Mind Matters campaign in May 2015
	Program Level		
	Beginning in FY2014/15, ADMHS will demonstrate progress toward creating client waiting spaces and treatment environments that are warm, relaxing and conducive to client engagement in treatment.	<ol style="list-style-type: none"> 1. By February 2015, 100% of ADMHS clinics will have completed assessments of the welcoming environment in client waiting spaces. 2. By May 2015, 100% of ADMHS clinical sites will have an action plan and demonstrate progress toward addressing areas of improvement regarding client waiting spaces and creating a positive client experience. 	Six out of eight clinics participated in some form of the redesign process by using a continuous quality improvement process. Staff conducted a pre- and post-test by surveying clients and family members, analyzing the data and making lobby changes, such as painting, updated furniture, new art and new displays.
	Each fiscal year, ADMHS will improve relationships with staff and develop an organizational culture where staff feel valued and acknowledged for their dedication and work.	<ol style="list-style-type: none"> 1. The EAEC will have sponsored at least 1 all-staff event honoring staff. 2. Service pins will be awarded annually. 3. ADMHS newsletters published will highlight ADMHS and CBO staff/programs and acknowledge accomplishments. 	<p>Staff Appreciation picnic held May 2015.</p> <p>Service pins were awarded.</p> <p>Newsletters replaced with monthly Director's Report</p>

System Improvement and Evaluation Plan

Organizational Culture, Welcoming & Engagement (continued)			
System Goal	Objective	Outcome/Metric	Status
<p>The system will recognize, be sensitive to and work to heal the trauma experienced by employees and partners in the system to create a culture of safety, partnership, wellness and empowerment.</p> <p>Clients and families, especially those who have the greatest challenges, will be welcomed and experience accessing hopeful, trauma-sensitive therapeutic relationships that and promote recovery and resiliency.</p> <p>TriWest Findings: S-1: A Dysfunctional ADMHS Organizational Climate</p>	Program Level (cont.)		
	By June 2015 and into the next FYs, ADMHS will demonstrate progress toward fostering employee participation in system change efforts, and creating work environments that are healthy and provide staff with the adequate space, supplies and equipment to serve clients.	<ol style="list-style-type: none"> 1. By March 2015, the EAEC will have completed a staff survey of work space environments with recommendations for improvement presented to the Leadership Team. 2. 50% of ADMHS employees will participate in system change efforts (e.g., Action Teams, Workgroups, or Change Agents). 3. 75% of ADMHS employees will participate in system change processes such as team-based clinical PDSA efforts, program change workgroups and evidence-based practices trainings and implementation. 4. ADMHS will pilot-test sending staff to safety trainings and make recommendations for full implementation. 	<p>Completed</p> <p>Not able to determine at time of reporting. Data will be available at next report.</p> <p>Not able to determine at time of reporting. Data will be available at next report.</p> <p>Pilot-test complete. Began offering trainings to front office staff in Oct 2015</p>
	Individual/Client/Family Level		
	During FY2014/15 continuing in subsequent FYs, ADMHS begin the process of creating the conditions in the work place, such as basic needs, managerial support, teamwork and growth opportunities that promote employee engagement and job satisfaction.	<ol style="list-style-type: none"> 1. Re-administration of the Employee Voice Survey in winter 2015 will demonstrate improved employee engagement in the workplace by 20% from baseline (Jan 2013). 2. Baseline job satisfaction and organizational commitment data will be collected by July 2015. 3. Employee turnover will be reduced by 15% from 5.4% (CY2013) to 4.6% (CY2014). 4. Employee lost time will be reduced by 20% from 4.8% (CY2013) to 3.8% (CY2014). 	<p>County HR re-administered the survey. Results not available to departments yet.</p> <p>Not implemented to date</p> <p>Current Vacancy Rate: 16%</p> <p>FY14/15: 5%</p>
	Each fiscal year, ADMHS will engage in change efforts aimed at improving access to care and client/family member service experience, resulting in increased satisfaction with inpatient and outpatient services.	<ol style="list-style-type: none"> 1. The response rate to the bi-annual DHCS client & family member satisfaction/quality of life survey will be increased by 50% in May 2015. 2. Benchmarks will be established in May 2015 from which to measure improvement in satisfaction. 3. A survey of client satisfaction with PHF inpatient services will be implemented by May 2015. 	<p>Response rate increased from 21% (Nov 14) to 29% (May 15)</p> <p>Will be established after Nov 2015 survey data collection</p> <p>Contract with vendor has been established and implementation to begin in Nov 2015</p>

System Improvement and Evaluation Plan

Data-Driven Continuous Quality Improvement (continued)			
System Goal	Objective	Outcome/Metric	Status
<p>ADMHS will partner with providers and stakeholders to establish a culture of learning and data driven quality improvement with an evaluation based on continuous collection of relevant information to monitor and improve progress at all levels of the system, as well as a clinical training plan designed to improve clinical skills and oversight of service providers.</p> <p>TriWest Findings: O-1 Significantly Suboptimal Performance at ADMHS (excellent programs and staff), but ADMHS not producing the clinical outcomes for Citizens of SB County.</p> <p>S-3: There is a profound lack of effectively organized clinical leadership within ADMHS, and a consequent lack of clinical support to financial and compliance functions.</p>	System Level		
	By January 2015, ADMHS will develop an evaluation plan for FY2014/15-16/17 with system, program and individual level indicators that reflect progress toward achieving system transformation goals and meaningful client outcomes.	1. An evaluation plan for system transformation, administrative performance and clinical outcome monitoring will be adopted by the Leadership Team and Steering Committee.	Completed
	The system will begin to use performance data to make data-driven decisions on strategic objectives, resource allocation, and program design about the value of behavioral health initiatives, programs and services.	1. The Leadership Team minutes will reflect clinical and administrative objective data reports presented, and the action recommended.	Achieved, and developing a data dashboard report for monthly/quarterly review
		2. The Mental Health Commission Vital Signs Committee will develop ongoing key indicators of success and special topic indicators to be presented to the MHC on a monthly basis.	Achieved
		3. Steering Committee minutes will reflect data reports presented related to system transformation and recommended actions.	Achieved
		4. Clinical Operations minutes will reflect data reports presented on key clinical/programmatic objectives, and recommended actions.	Achieved
		5. ADMHS will establish objectives for internal program success and work with CBO partners to refine contract performance objectives.	In process for ADMHS sites. FY14/15 CBO contracts included standardized outcomes
	During FY 2014/15, ADMHS will increase capacity to evaluate system transformation, clinical outcomes and the effectiveness of services.	1. Contracts with UCSB faculty will be expanded to partner with internal evaluator on projects such as SB82 Grants evaluation. 2. Staff will be assigned/hired to expand research & evaluation capacity. 3. ADMHS will have researched clinical outcome monitoring tools.	UCSB faculty currently working with ADMHS on SB82 grant evaluation Research & Program Evaluation Unit established Research conducted & implementation in progress

System Improvement and Evaluation Plan

Data-Driven Continuous Quality Improvement (continued)			
System Goal	Objective	Outcome/Metric	Status
<p>ADMHS will partner with providers and stakeholders to establish a culture of learning and data driven quality improvement with an evaluation based on continuous collection of relevant information to monitor and improve progress at all levels of the system, as well as a clinical training plan designed to improve clinical skills and oversight of service providers.</p> <p>TriWest Findings: O-1 Significantly Suboptimal Performance at ADMHS (excellent programs and staff), but ADMHS not producing the clinical outcomes for Citizens of SB County.</p>	System Level (cont.)		
	The Child & Adolescent Needs & Strengths will be implemented by Dec. 2014 to monitor client progress toward improving functional life strengths, quality of life, service plan goal achievement, and avoidance of adverse life events.	<ol style="list-style-type: none"> 100% of ADMHS and CBO children's staff (e.g., clinicians, medical staff and other service partners) will be trained to complete and use the Child & Adolescent Needs & Strengths (CANS) for treatment planning. The CANS will be integrated into the Clinician's Gateway health record for electronic data entry, documentation, billing and tracking. 	<p>Completed and new staff are trained as hired</p> <p>Completed. Reports developed to help supervisors track and monitor CANS completion</p>
	In order to monitor and evaluate adult client clinical outcomes, an instrument(s) will be selected by May 2015 and implementation will begin in summer 2015.	<ol style="list-style-type: none"> Adult system instrument(s) will be selected with stakeholder input during FY15/16. An implementation plan will be adopted by the Leadership Team. As a pilot project, ADMHS & CBO FSP staff will be trained to complete the Milestones of Recovery Scale (MORS) in June 2015. MORS training for outpatient clinics and CBOs will begin in fall 2015. 	<p>An initial set of instruments were selected. MORS pilot-test with FSP staff complete. Full Adult System Implementation beginning in Nov '15. Completed</p> <p>CARES North is pilot-testing a set of adult outcome measures in collaboration with UCSD.</p>
	Program Level		
	By the end of FY 2014/15, a training, implementation and fidelity monitoring plan for appropriate evidence-based practices (EBPs) will be developed to build the clinical and organizational competence for delivering behavioral health services.	<ol style="list-style-type: none"> An EBP training and implementation plan will be adopted by the Leadership Team by December 2014. An EBP fidelity monitoring plan will be adopted by the Leadership Team by January 2015. EBPs selected for implementation will be culturally adapted for the diverse groups in Santa Barbara County. 	<p>Completed</p> <p>Completed</p> <p>Completed</p>
	Staff will have been trained to implement 3 culturally adapted EBPs by the end of FY2014/15 (e.g., Motivational Interviewing, Rational Emotive Therapy & Dialectical Behavior Therapy), and provided with adequate clinical supervision to sustain the practices.	<ol style="list-style-type: none"> Approximately 200 staff will be trained to use the 3 identified EBPs in clinical practice. Ten (10) team supervisors will be trained to provide clinical oversight of implementation and supervision of staff for Motivational Interviewing and Dialectical Behavior Therapy. ADMHS and CBO contractor FSP program staff will have trained in the Village Model. 	<p>292 ADMHS & CBO staff trained on 8 EBPs. Two more EBP trainings coming in Winter and Spring 2016.</p> <p>16 ADMHS & CBO team supervisors trained for MI. DBT in Jan. 2016. Staff attended training. More staff will attend in 2016</p>

System Improvement and Evaluation Plan

Data-Driven Continuous Quality Improvement (continued)			
System Goal	Objective	Outcome/Metric	Status
	Individual/Client/Family Level		
	By June 2015, CANS data will be collected on a sufficient number of clients to appropriately establish expected outcome metrics.	<ol style="list-style-type: none"> 100% of Children's System clients will have a baseline CANS assessment within a year of implementation, by Jan 2016. Children's System outcome metrics will be established for improving functional life strengths and quality of life, achieving service plan goals, and avoiding adverse life events. 	<p>In progress</p> <p>Anticipated completion in spring 2016</p>
	By September 2015, Milestones of Recovery Scale (MORS) data will be collected on a sufficient number of FSP clients to appropriately establish expected outcome metrics	<ol style="list-style-type: none"> 100% of FSP clients will have a baseline MORS by August 2015. By January 2016, 100% of clients in the adult outpatient system will have a baseline MORS completed. 	<p>91% of clients open as of 11/15 have at least 1 MORS score.</p> <p>Adult system staff training to begin in Nov 2015</p>

Access to Care			
System Goal	Objective	Outcome/Metric	Status
Welcoming, Accessible Crisis Continuum The system will establish a welcoming, accessible continuum of crisis response, crisis diversion, and acute care services for clients with MH and SA issues in all regions of the County, in order to make it easy for people to ask for help, to reduce hospitalization and involuntary treatment, and to promote recovery in the community.	System Level		
	By June 2015, the CBO Coalition and ADMHS will develop a map of the current service array that includes a gap analysis based on application of person-centered, co-occurring capable principles.	<ol style="list-style-type: none"> The CBO Coalition will have developed a county service array map, including current co-occurring accessibility, and presented it to the Steering Committee. 	Not achieved
	Beginning in FY2014/15, clinical care policies & procedures will be revised or developed to address barriers to access and crisis services.	<ol style="list-style-type: none"> By January 2015, the revised 5150 policies for evaluation and also application and placement procedures will be completed and approved by the Leadership Team and Steering Committee. Number of additional Crisis System policies & procedures that were revised or developed. 100% of staff and partners impacted by new policies and policy revisions will be oriented through email and in-person trainings. 	<p>Crisis Assessment Procedures & 5150 Application & Placement policies implemented. Staff trained via E-Learning. System partner training conducted. Accessing a Welcoming & Integrated System of Care & Recovery policy in approval process by Leadership Team and Compliance Committee by Dec. 2015.</p> <p>Crisis Stabilization Unit: 6 policies; manual under development & Crisis Triage policy implemented</p>

System Improvement and Evaluation Plan

Access to Care (continued)			
System Goal	Objective	Outcome/Metric	Status
Welcoming, Accessible Crisis Continuum The system will establish a welcoming, accessible continuum of crisis response, crisis diversion, and acute care services for clients with MH and SA issues in all regions of the County, in order to make it easy for people to ask for help, to reduce hospitalization and involuntary treatment, and to promote recovery in the community. TriWest Findings: CO-2.2: Access to care in general is inadequate and decreasing over time. CO-2.5: Access to specialized supports for people with complex needs is lacking. CO-2.7: Access to psychiatry services is lacking.	System Level (cont.)		
	By the end of FY2014/15, the redesign of crisis services will be complete, with mobile crisis teams and crisis triage teams operating in all regions. During FY2015/16, the CSU and Crisis Residential facilities will become operational. <i>*Each FY, new metrics will be established</i>	1. Reduce adult psychiatric hospitalization rates by 20% by end of FY14/15	Not achieved
		2. Decrease the number of psychiatric hospital readmissions within 30 days by 50%, from 87 to 43.5, and between 31 days and 1 year by 50%, from 94 to 47, by the end of FY2014/15.	Not achieved
		3. Decrease the average psychiatric hospitalization length of stay by 30%, from 9.2 days to 6.4 days, by the end of FY2014/15.	Not achieved
	Program Level		
	In order to improve the timeliness of access to psychiatry services, ADMHS will begin a Process Improvement Project (PIP) with multiple interventions that will continue into FY2015/16. <i>*Each FY, new metrics will be established</i>	1. The wait time for psychiatric care in the adult system will be reduced by 25%, from an average of 40 days to 30 days (baseline April 2014). 2. The wait time for psychiatric care in the child system will be reduced by 25%, from an average of 45 days to 34 days (baseline April 2014).	Not achieved Not achieved
	Expand the capacity of the system to respond to and stabilize residents with mental health and substance abuse crises by implementing the SB82 Triage and Facilities Grants.	1. The SB 82 Triage Teams will be operational by February 2015. 2. The Crisis Stabilization Unit will be operational by Sept. 2015. 3. The Crisis Residential Program will be fully operational by July 2015. 4. 85% of clients served at the Crisis Stabilization Unit will stabilize without need of inpatient care. 5. 100% of CSU clients will be linked to outpatient, ongoing services. 6. A law enforcement satisfaction survey will be developed in collaboration with UCSB, and data will be collected by March 2015.	Triage Teams are in place in all three regions of county Expected to be operational by end of Nov 2015 Crisis Residential programs were operational in July N/A until operational N/A until operational Survey has been developed; implementation in progress

System Improvement and Evaluation Plan

Access to Care (continued)			
System Goal	Objective	Outcome/Metric	Status
	With the implementation of the SB82 grants and the reconfiguration of the crisis system, clients will experience timely and seamless access to crisis and post-hospital/jail discharge services. <i>*Each FY, new metrics will be established</i>	Individual/Client/Family Level	
		1. Decrease the number of residents with mental health and/or substance abuse issues using the Emergency Dept. by 25%, from approximately 200 to 150, by the end of FY2014/15.	Not achieved
		2. Reduce the time that clients wait in the Emergency Dept. before transferring to care. The average wait time for transfers to inpatient care will be reduced by 50%, from 22 hours to 11 hours by the end of the first grant year. Wait time for transfers to outpatient care will be reduced by 50%, from 15 to 7.5, by the by the end of FY2014/15.	Not achieved
		3. Decrease the number of residents with mental health and/or substance abuse issues awaiting placement at the Emergency Dept. (for care beyond medical clearance) in South County by 50%, from approximately 900 to 450, by the end of FY2014/15.	Not achieved
		4. Develop a methodology for tracking the wait time to first outpatient appointment after discharge from jail by the end of 2015, with the goal of reducing the wait time by 30%, from an average of 15 days to 10.5 days, by the end of FY2015/16.	Not achieved
		5. Develop a methodology for tracking attendance at post-hospitalization outpatient follow-up appointments and establish a benchmark by the end of 2015, with the goal of increasing attendance by the end of FY2015/16.	Achieved

System Improvement and Evaluation Plan

Engagement & Continuity of Care			
System Goal	Objective	Outcome/Metric	Status
Access and Engagement in Ongoing Services The system will facilitate access to and engagement in a comprehensive array of services in each region of the County that helps clients and families with MH and SA issues make progress toward their goals, and provides flexible service matching to facilitate service retention and continuity of care as needs change over time.	System Level		
	Beginning in FY2014/15, the Access & Transitions Workgroup will evaluate and work toward improving how ADMHS teams are structured and function, the process by which clients access services and move through the system between levels of care, and how ADMHS and partner programs work collaboratively to support our clients in their recovery.	1. By June 2015, a System Navigation/ Engagement implementation plan will be developed and delivered to Leadership Team for approval. 2. By May 2015, a system orientation manual/training for staff and partners will be developed and implementation will begin in FY2015/16. 3. By June 2015, recommendations will be presented to the Leadership Team for improvements to access and flow between outpatient clinics and ACT/ Supported Housing. 4. By July 2015, deliver recommendations to Leadership Team regarding system-wide team-based approach to care.	Achieved System Orientation groups for clients and families implemented in July 2015 Achieved and implemented in May 2015 Achieved; action pending ACT fidelity assessment results
	During FY2014/15, ADMHS will begin transitioning the adult and children's systems to MHSA-funded program structure in which clients are served in programs based on clinical need.	1. There will be detailed descriptions for each program (e.g., co-occurring and complex needs, recovery/resiliency and forensic). 2. Best practices, evidence-based practices and initial procedures will be in place for all programs.	Not achieved Not achieved
	By June 2015, ADMHS will present a Capital Needs Assessment to the Board of Supervisors outlining the gaps in facilities and service capacity along the behavioral health continuum of care.	1. A presentation submitted to the Board of Supervisors. 2. There will be a multi-year plan in place by the end of FY2014/15 detailing the action steps that are within the scope of ADMHS to address.	Presentation is on hold
	Beginning in FY2014/15, clinical care policies & procedures and contracts will be revised to improve warm hand-offs, reduce wait times for transfers and increase bi-directional access between levels of care when service intensity needs change.	1. Number of policies & procedures that were revised or developed. 2. 100% of staff and partners impacted by new policies and policy revisions will be oriented through email and in-person trainings.	Not achieved

System Improvement and Evaluation Plan

Engagement & Continuity of Care (continued)			
System Goal	Objective	Outcome/Metric	
Access and Engagement in Ongoing Services The system will facilitate access to and engagement in a comprehensive array of services in each region of the County that helps clients and families with MH and SA issues make progress toward their goals, and provides flexible service matching to facilitate service retention and continuity of care as needs change over time.	Program Level		
	By Dec. 2014, there will be a process in place by which clients with complex needs, and/or adverse outcomes will have a strengths-based case review with action taken to rectify challenges to client recovery and recommendations for resolving systemic impediments to recovery.	1. A strengths-based complex case review protocol will be developed. 2. Number of cases reviewed during FY2014/15. 3. Number of recommendations for systemic changes and action taken.	Completed Four cases were reviewed that resulted in 13 recommendations for systemic change.
	Improve communication between ADMHS and CBO programs by holding regional partnership meetings for information sharing, relationship building and case planning.	1. By June 2015, at least 3 meeting with ADMHS and CBO partners will be held in each region, and a plan will be in place for ongoing meetings. 2. Each FY, the Leadership Team will have attended the CBO Coalition meeting on a quarterly basis.	Regional Partnership meetings implemented in all three regions Achieved
	Individual/Client/Family Level		
	Beginning in FY14/15, consumers will experience improved access between levels, types, and regions of service as their individual needs and circumstances change. The system will respond quickly and efficiently to their current clinical and life status.	1. A quality improvement project will begin to address transfer wait time between CARES, ADMHS clinic, high intensity and CBO programs. 2. The needs of clients with high service utilization will be better met such that the number of clients (by 30% from 222 to 155) and cost per client (greater than \$30K per client) are reduced (baseline from TriWest). 3. Reduction in percentage of all Medi-Cal claims attributed to clients with high utilization, from 35.2% of all claims to 25% of all claims (baseline from EQRO/TriWest).	North and South County clinic and CARES teams meeting to address gaps in transfer process FY13/14: 293 clients FY14/15: 282 clients Claims for high-utilization clients reduced 6%, from 39.8% to 33.8%
TriWest Findings: CO-2.1: Transitions between treatment programs are a major area of challenge both within ADMHS and between ADMHS and other contract and hospital providers. CO-2.5: Access to specialized supports for people with complex needs is lacking.			

System Improvement and Evaluation Plan

Recovery & Resiliency Oriented			
System Goal	Objective	Outcome/Metric	Status
Person/Family Centered Children's & TAY System of Care & Recovery AMDHS will partner with Juvenile Justice, DSS, schools, and other stakeholders to establish a children & TAY system of care that organizes partnerships, programs, practices, and service providers to produce better outcomes for youth and families served with complex needs. TriWest Findings: O-1 Significantly Suboptimal Performance at ADMHS (excellent programs and staff), but ADMHS not producing the clinical outcomes for Citizens of SB County. CO-2.4: Detailed clinical policies are lacking to guide routine clinical service delivery, including uniform standards for initial and continued access to care by level of care, standards to guide transitions between levels of care, and functioning of interdisciplinary teams.	System Level		
	By June 2015, ADMHS and CBO partners will have researched and selected an integrated, co-located models of care.	1. A report will be presented to the Leadership Team and Steering Committee detailing the research findings and recommendations for adopting the selected model.	Not achieved
	By July 2015, an implementation plan will be written for an integrated, co-located model of care.	1. An implementation plan will be approved by the Leadership Team and Steering Committee.	Plan developed by CSOC Action Team
	By Dec. 2015, ADMHS and CBO partners will begin researching standardized treatment guidelines and best practices related to treatment approaches, medication and other services for children and TAY clients.	1. A workgroup will be established to research treatment guidelines. 2. The workgroup will have presented recommendations to the Leadership Team & Steering Committee for adoption. 3. The workgroup will work with the Policy & Procedure Coordinator to begin developing and/or revising policies & procedures for treatment guidelines and a dissemination plan. 4. Initial Evidence Based Practices will have been selected and a system-wide training plan adopted.	Not achieved
	Beginning in FY2014/15, policies & procedures will be revised or developed to address barriers to access, routine service delivery and level of care transitions.	1. In January 2015, the placement procedures and communication policy for Level 13/14 facilities will be approved by the Leadership Team. 2. Number of policies & procedures that were revised. 3. Number of new policies & procedures developed. 4. 100% of staff and partners impacted by new policies and policy revisions will be oriented through email and in-person trainings.	Approved by Compliance Committee and will be implemented in Dec. 2015. Katie A. implementation policies written
	Program Level		
	As a result of increasing clinical staffing levels and reallocating resources, ADMHS will demonstrate progress toward reducing child and TAY caseloads from 45 clients to the goal of 15-20 clients per clinician by June 2015.	1. Children's clinician caseload will be reduced by at least 40% to an average of 27 clients. 2. A plan will be in place for continued hiring of clinicians in FY2015/16 to reduced caseloads down to 15-20 clients per clinician by the end of the fiscal year.	Not achieved due to delays in hiring process

System Improvement and Evaluation Plan

Recovery & Resiliency Oriented (continued)			
System Goal	Objective	Outcome/Metric	Status
Person/Family Centered Children’s & TAY System of Care & Recovery AMDHS will partner with Juvenile Justice, DSS, schools, and other stakeholders to establish a children & TAY system of care that organizes partnerships, programs, practices, and service providers to produce better outcomes for youth and families served with complex needs. TriWest Findings: O-1 Significantly Suboptimal Performance at ADMHS (excellent programs and staff), but ADMHS not producing the clinical outcomes for Citizens of SB County. CO-2.4: Detailed clinical policies are lacking to guide routine clinical service delivery, including uniform standards for initial and continued access to care by level of care, standards to guide transitions between levels of care, and functioning of interdisciplinary teams.	Program Level (cont.)		
	The Juvenile Justice programs Girls in Custody and GRRRL will be implemented in collaboration with the Probation Department by the end of FY 2014/15.	1. Girls in Custody and GRRRLs will be operational and serving clients by the end of FY2014/15. 2. A plan will be in place to evaluate the effectiveness of the program.	Girls in Custody is implemented and serving clients in Juvenile Hall. GRRRLs is now the Resiliency Interventions for Sexual Exploitation (RISE) program; in implementation Evaluation plan under development
	By the end of FY2014/15, in collaboration with Dept. of Social Services, ADMHS will have established the Katie A. documentation guidelines and trained Katie A. staff to appropriately screen, assess and provide trauma informed services to children in the Katie A. class and subclass.	1. 100% of ADMHS and Dept. of Social Service staff providing services in Katie A. programs will be trained on the Trauma Informed Treatment model and Katie A. service standards and protocols.	Achieved
		2. 100% of Santa Barbara County residents meeting Katie A. class criteria that are referred to ADMHS will receive a clinical assessment to determine subclass status.	Achieved
		3. 100% of Santa Barbara County residents meeting Katie A. subclass criteria will be engaged in services that are appropriate to client need.	Achieved
Individual/Client/Family Level			
In order to increase the social, emotional and life skill functioning of children/TAY and support families in caring for children, provide integrated and recovery/resiliency-oriented behavioral health services that promote the stabilization of children in their family home or in the community, reduction of emotional/psychiatric and physical distress, as well as improvement of interpersonal relationships, behavioral functioning and purposeful activity.	By December 2014, 100% of ADMHS and CBO partners in the Children’s System will be trained to complete and use the Child & Adolescent Needs & Strengths for treatment planning. Baseline from the CANS to be determined benchmarks by June 2015 (for use in FY2015/16) ADP Outcomes: <ul style="list-style-type: none">To increase successful substance abuse treatment and recovery, 40% of youth in treatment will stay 30-89 days (baseline 24%).To increase successful substance abuse treatment and recovery, 75% of youth in treatment will stay 90 days or more (baseline 72%).70% of youth receiving services in substance abuse programs will successfully complete treatment (baseline 54%).	Staff were trained by Dec. 2014 New staff receive training hired. Adoption of CANS into daily clinical practice have been slower than anticipated. It is expected that baseline data will be available for benchmarking in Winter 2016. FY2014/15: 58% remained in treatment 30+ days. FY2014/15: 42% remained in treatment 90+ days. FY2014/15: 59% of clients discharged had successful treatment completion.	

System Improvement and Evaluation Plan

Recovery & Resiliency Oriented			
System Goal	Objective	Outcome/Metric	Status
Person/Family Centered Adult & Older Adult System of Care & Recovery ADMHS will organize a continuum of services for adults and older adults in each region of the County in order to create a recovery oriented continuum of best practice services to produce better outcomes for adults and older adults with complex needs. TriWest Findings: O-1 Significantly Suboptimal Performance at ADMHS (excellent programs and staff), but ADMHS not producing the clinical outcomes for Citizens of SB County. CO-2.4: Detailed clinical policies are lacking to guide routine clinical service delivery, including uniform standards for initial and continued access to care by level of care, standards to guide transitions between levels of care, and functioning of interdisciplinary teams.	System Level		
	By Dec. 2015, ADMHS will have researched and adopted standardized treatment guidelines and best practices related to treatment approaches, medication and other services for adult and older adult clients.	1. A workgroup will be established to research treatment guidelines. 2. The workgroup will have presented recommendations to the Leadership Team & Steering Committee for adoption. 3. The workgroup will work with the Policy & Procedure Coordinator to begin developing and/or revising policies & procedures for treatment guidelines and a dissemination plan. 4. Initial Evidence Based Practices will have been selected and a system-wide training plan adopted.	Not achieved Not achieved Not achieved Not achieved
	Beginning in FY2014/15, adult system policies & procedures will be revised or developed to address barriers to access, routine service delivery and level of care transitions.	1. Number of policies & procedures that were revised. 2. Number of new policies & procedures developed. 3. 100% of staff and partners impacted by new policies and policy revisions will be oriented through email and in-person trainings.	No policies were revised Outpatient Medication Storage & Inventory P&P. Staff trained via E-Learning. Technical assistance provided for implementation
	Program Level		
	By increasing clinical staffing levels and reallocating resources, progress will be made toward reducing adult caseloads from 85-90 clients to 40-45 clients per clinician.	1. Adult clinician caseload will be reduced by at least 40% to an average of 54 clients. 2. There will be a plan for continued hiring of clinicians in FY15/16 to reduced caseloads down to 40-45 clients per clinician by June 2016.	Not achieved due to delays in hiring process
	By April 2015, ADMHS and CBO-operated ACT programs will complete the TMACT ACT fidelity assessment.	1. The TMACT will be completed for each of the three ACT teams. 2. Recommendations for improvement will be identified and a plan for implementing modifications will be in place.	TMACT completed on Lompoc and Santa Maria ACT. SB ACT will be complete in Dec. 2015.
	By July 2015, ADMHS will review the model of care of high intensity programs such as ACT and Supported Housing and make recommendations for modifications to best fit client needs.	3. The Access & Transitions Workgroup will research best practice models of care for ACT and Supported Housing. 4. Results of the models of care research and the contract compliance and programmatic fidelity assessments will result in recommendations to the Leadership Team on the future structure of ACT and Supported Housing.	In process Pending research and discussion by Access & Transitions Workgroup
	By the end of FY2014/15, an Older Adult/medical integration program will be designed, with staff in place and associated evidence-based practices identified.	1. Best/Evidence Based Practices for Older Adults will be selected and a training plan designed.	Not achieved
		2. A long term plan for serving Older Adults will be submitted to the Leadership Team and Steering Committee.	Not achieved

System Improvement and Evaluation Plan

Recovery & Resiliency Oriented (continued)			
System Goal	Objective	Outcome/Metric	Status
Person/Family Centered Adult & Older Adult System of Care & Recovery ADMHS will organize a continuum of services for adults and older adults in each region of the County in order to create a recovery oriented continuum of best practice services to produce better outcomes for adults and older adults with complex needs. TriWest Findings: O-1 Significantly Suboptimal Performance at ADMHS (excellent programs and staff), but ADMHS not producing the clinical outcomes for Citizens of SB County. CO-2.4: Detailed clinical policies are lacking to guide routine clinical service delivery, including uniform standards for initial and continued access to care by level of care, standards to guide transitions between levels of care, and functioning of interdisciplinary teams.	In order to increase the social, emotional and life skill functioning of adults and older adults, provide integrated and recovery-oriented behavioral health services that promote the stabilization of clients in the community, reduction of emotional/psychiatric and physical distress, as well as improvement of interpersonal relationships, behavioral functioning and purposeful activity.	Individual/Client/Family Level	
		<ol style="list-style-type: none"> Adult system instrument(s) will be selected during FY2015/16. An implementation plan for the adult instrument(s) will be developed as instruments are selected, including a plan for incorporation into the electronic health record. Beginning in July 2015, 100% of adult FSP (ADMHS and CBO) clients will receive a monthly Milestones of Recovery Scale (MORS). Provide culturally competent therapy and case management to 50 mono-lingual clients through South County Calle Real's Clinica Latina program. Plan for expansion of Clinica Latina services to South County region and non-ADMHS clients regardless of insurance or documentation status. ADP Outcomes: <ol style="list-style-type: none"> To increase successful treatment and recovery, 35% of adults in substance abuse treatment will stay 30-89 days (baseline 20%). To increase successful treatment and recovery, 60% of adults in substance abuse treatment will stay 90 days or more (baseline 48%). 50% of adults receiving services in substance abuse programs will successfully complete treatment (baseline 35%). 	CARES North is pilot-testing instruments with UCSD for possible Adult System usage. The MORS was selected as first instrument for implementation. The MORS was incorporated into the EHR, and a plan for additional instruments to be implemented was developed. The MORS was implemented with the ACT teams. As of Nov 2015, 91% of current ACT clients have at least one MORS score. The Adult System ADMHS & CBO staff received MORS training in Nov 2015. System-wide implementation expected by January 2016. Served 24 clients, thus far. Outreach efforts underway. Referrals primarily from El Nuevo Amancer (Latino Support Group). Clients being served are new clients to ADMHS. Services not contingent on insurance or documentation status. FY2014/15: 84% remained in treatment 30+ days. FY2014/15: 59% remained in treatment 90+ days. FY2014/15: 43% of clients discharged had successful treatment completion.

System Improvement and Evaluation Plan

Recovery & Resiliency Oriented			
System Goal	Objective	Outcome/Metric	Status
Recovery-Oriented Continuum of Justice Diversion Services ADMHS will work with law enforcement and criminal justice partners, and other partners to provide a full array of sequential intercept services through the continuum of care in order to assist individuals with complex needs to avoid criminal justice involvement and recidivism, maintain public safety, and help individuals at risk of criminal justice involvement make progress toward recovery in the community. TriWest Findings: CO-2.2: Access to care in general is inadequate and decreasing over time. CO-2.5: Access to specialized supports for people with complex needs is lacking. CO-2.7: Access to psychiatry services is lacking.	System Level		
	Beginning in FY2014/15, ADMHS will collaborate with law enforcement and criminal justice partners to build relationships and develop a comprehensive process for managing IST orders.	1. IST guidelines/manual will be developed by June 2015. 2. ADMHS staff will be involved before doubt is declared to provide behavioral health screening and evaluation. 3. Weekly case conference meetings will take place that include behavioral health, law enforcement, criminal justice and other needed partners.	Completed, but will be updated again to match ongoing process improvements. Completed. Education is needed with Courts and attorneys. Completed
	Program Level		
	By July 2015, ADMHS will establish and staff Forensic Teams in North and South County in order to position behavioral health staff along the criminal justice spectrum that are able to assess and intervene as early as possible in the legal process.	1. A Forensic Manager will be hired by June 2015. 2. North and South Forensic Teams consisting of dedicated clinicians, psychiatrist and peer support will be established. 3. A dedicated forensic case worker will be assigned to the PHF.	Completed In progress; North & South clinicians starting in Nov 2015 Not achieved
	Beginning in FY2014/15, ADMHS will begin implementation of an outpatient restoration program to assist clients with their recovery process in the least restrictive environment as possible.	1. ADMHS will implement standardized instruments to determine competency for IST clients. 2. Treatment recommendations will be based on face-to-face client assessments and record reviews. 3. Treatment guidelines for IST clients will be standardized. 4. Behavioral health treatment will be extended to clients beyond competency restoration to ensure recovery.	Completed Completed Completed, based on client needs At Alameda House, clients will receive field-based mental health services as well as competency restoration services
	Individual/Client/Family Level		
	Begin developing a system in which clients with SPMI and complex behavioral health needs receive seamless, recovery-oriented care between jail and outpatient behavioral health services.	1. 100% of inmates discharged from jail who have a SPMI and are referred to ADMHS will be offered assistance with enrollment in Medi-Cal. 2. Upon discharge from jail, 100% of inmates needing psychiatric medication will receive a 30-day supply. 3. 100% of inmates discharging from jail with identified SPMI need will be referred for an outpatient appointment within 10 days of discharge.	DSS and the Jail collaborate on Medi-Cal enrollment. Not achieved. Inmates are given prescription at discharge for a 7-day supply and connected with CARES and other outpatient services. CARES and other outpatient providers work with the jail to provide appointments, but 100% has not been achieved.

System Improvement and Evaluation Plan

Person-Family Centered/Client & Family Member-Driven			
System Goal	Objective	Outcome/Metric	Status
Consumer/Family Involvement & Peer Support The system will maximize client and family empowerment and participation, both at the leadership and decision making level, and in the expansion of and inclusion of peer/family support in all services. Hopeful Person/Family Centered ADMHS will develop a recovery/resiliency oriented system in which all programs, practices, service plans, and persons providing help are hopeful, empowering, and person/family centered.	System Level		
	In order to create a system that is consumer/family-driven and focused on wellness, recovery and resiliency, ADMHS will develop a Peer Integration Plan detailing the full integration of peers and family members as integral parts of the system.	1. The Department will have adopted a multi-year peer integration plan. 2. An implementation plan will be developed by February 2015. 3. There will be a FY2015/16 staff training plan in place on peer workplace integration and involvement in client care.	A Peer Integration Framework was approved by the Executive Team in 2014. An implementation plan is under development.
	Beginning in FY2014/15, empower peers in the system to have a clear role and voice in departmental and programmatic decision-making.	1. Leadership Team members will attend the Consumer & Family Member Advisory Committee on a quarterly basis. 2. Recovery Learning Center Guidance Councils in all three regions will be established and meeting regularly.	Achieved and ongoing Guidance Councils established and meeting regularly.
	Beginning in FY2014/15, ADMHS will begin transforming to a recovery-oriented system for individuals with serious mental illness and co-occurring conditions.	1. A group of ADMHS clinical and admin staff will have participated in the Advancing Recovery Collaborative to learn methods for implementing a recovery and strengths-based model of care. 2. A plan will be developed for system-wide implementation.	Staff members completed the Advancing Recovery Collaborative training.
	Program Level		
	During FY2014/15, begin the process of institutionalizing peer integration and providing peer role models for clients by designating peer roles through a career ladder and hiring more disclosed peers in the system.	1. By February 2015, job descriptions will be written for Peer Recovery Specialist, System Navigator, Triage Team Peers and Peer Experts. 2. By June 2015, there will be a Peer Recovery Specialist classification within the County Human Resources system. 3. The Triage teams, Crisis Stabilization Unit and Crisis Residential program will have distinct, meaningful peer roles on each team.	Peer job descriptions were written and approved. Meeting with County HR scheduled in Nov 2015. Crisis Triage, Crisis Residential and Crisis Stabilization Unit peer roles have been established.
	By April 2015, expand the opportunities for peer staff to provide support services on every clinical team.	1. Peer staff will be trained to facilitate WRAP and support groups. 2. Peers will begin providing client & family member culture trainings for all peer and non-peer staff. 3. 100% of peer recovery specialists will report satisfaction with inclusion in the workplace and assignment of meaningful job duties.	WRAP training was completed in 2015. Mandated client and family culture trainings are online and must be completed annually. Peer staff satisfaction surveys have not been implemented yet.

System Improvement and Evaluation Plan

Person-Family Centered/Client & Family Member-Driven (continued)			
System Goal	Objective	Outcome/Metric	Status
Consumer/Family Involvement & Peer Support The system will maximize client and family empowerment and participation, both at the leadership and decision making level, and in the expansion of and inclusion of peer/family support in all services. Hopeful Person/Family Centered ADMHS will develop a recovery/resiliency oriented system in which all programs, practices, service plans, and persons providing help are hopeful, empowering, and person/family centered.	Individual/Client/Family Level		
	Beginning in FY2014/15, ADMHS will adopt a strengths-based and recovery-oriented approach to assessments and treatment planning with clients.	A plan will be developed to achieve the following in FY2015/16: 1. 100% of clients will receive strengths-based and recovery/resiliency-oriented assessments and treatment plans. 2. 100% of clients and family members will be involved in their treatment planning process.	Work effort not started yet.

System Improvement and Evaluation Plan

Integration (Co-Occurring, Physical Health & Complexity Capable)			
System Goal	Objective	Outcome/Metric	Status
Integration of Mental Health, Substance Abuse and Other Complex Needs ADMHS will develop an integrated system for clients and families with MH, SA issues and other complex needs, in which all processes, programs, and providers are co-occurring/complexity capable, and in which the partners to share responsibility for clients and families with complex needs. TriWest Finding: CO-2.6: Collaboration is better for the Alcohol and Drug Program, but access is lacking in key areas. Integration of Public Health and Behavioral Health Services ADMHS and Public Health will work to establish a system in which clients and families have access to integrated PH-BH services in health and behavioral health settings in order to promote health and wellness outcomes and more efficient resource utilization.	System Level		
	By the end of FY2014/15, ADMHS will establish a policy regarding welcoming individuals with co-occurring issues and removing access barriers in all settings (every door is the right door).	1. A co-occurring/complexity welcoming policy will be developed and adopted by the Leadership Team and Steering Committee. 2. There will be a policy & procedure for how all AOD providers should be considered a priority partner client of corresponding MH programs.	Accessing a Welcoming & Integrated System of Care & Recovery policy in approval process by Leadership Team and Compliance Committee by Dec. 2015.
	By June 2015, develop a plan for mental health and substance abuse services integration.	1. A plan for addressing integration, including staffing needs in the FY2015/16 Salary Model, will be approved by the Leadership Team.	Achieved
	During FY2014/15, include ADP providers in programmatic and contractual decision-making.	1. ADP contract language will be revised for FY2015/16 contracts. 2. Outcomes measures will be collaboratively developed for FY2016/17.	Achieved In development throughout FY15/16
	By the end of FY2014/15, ADMHS & Public Health will establish a policy regarding welcoming individuals with co-occurring physical health issues and removing access barriers in all settings.	1. The policy will be developed and adopted by the Leadership Team and Steering Committee. 2. Policies & procedures will be established for behavioral health screening in Public Health sites.	Not achieved Not achieved
	Program Level		
	Beginning in FY2015/16, assessments and treatment planning protocols conducted by mental health and substance abuse programs will be integrated.	1. 75% of ADMHS programs will have implemented integrated screening & treatment. 2. 100% of ADP treatment plans will include wellness and recovery goals. 3. The mental health assessment protocol will include substance abuse screening items.	Achieved Achieved Clients at the Santa Maria MH clinic with co-occurring issues receive a mental health assessment and an Addiction Severity Index (ASI) screening for a more thorough Substance Use Disorder assessment.

System Improvement and Evaluation Plan

Integration (Co-Occurring, Physical Health & Complexity Capable) continued			
System Goal	Objective	Outcome/Metric	Status
Integration of Mental Health, Substance Abuse and Other Complex Needs ADMHS will develop an integrated system for clients and families with MH, SA issues and other complex needs, in which all processes, programs, and providers are co-occurring/complexity capable, and in which the partners to share responsibility for clients and families with complex needs.	Program Level (cont.)		
	Beginning in FY2014/15, increase communication and coordination of care for clients with complex needs between Public Health and ADMHS physicians and other medical staff.	1. Public Health physicians will attend the monthly ADMHS Medical Staff meeting, and ADMHS physicians will begin attending regional-based Public Health medical staff meetings. 2. ADMHS physicians will provide consultation to PH medical staff.	PHD physicians have attended two (one in SB and one in SM) ADMHS psychiatrist meetings. Intent is to meet with them quarterly. Next meeting in January 2016. Contact info for physicians has been shared, so that regionally, calls could be made to a local psychiatrist. Regionally, joint physician meetings are scheduled in Lompoc and Santa Barbara.
	Individual/Client/Family Level		
	By June 2015, increase client involvement in treatment planning through client-rated wellness and life improvement using Motivational Interviewing stages of change.	1. 100% of clients enrolled in the co-occurring program will receive a readiness for change assessment to assist with treatment planning. 2. 100% of clients will demonstrate progress toward reducing substance use and improving relapse prevention skills.	ADMHS has provided Motivational Interviewing training for all of our SUD providers and using MI skills and techniques is a contractual obligation for all SUD providers. Completed: Clients demonstrate varying degrees of progress as evidenced by their willingness to reduce their substance use and to embrace coping skills to improve relapse prevention skills.
	Beginning in FY2014/15, increase the integration of care between ADMHS and Public Health such that clients experience a more seamless health care experience.	1. Public Health clients will receive Screening, Brief Intervention & Referral to Treatment (SBIRT) and be referred to ADMHS with a warm hand-off, as needed, to address mental health and substance abuse concerns.	Completed: PHD hired a full time Licensed Social Worker in South County that uses SBIRT to assess clients and provides a warm hand-off, as needed, to address mental health and substance abuse concerns.
Integration of Public Health and Behavioral Health Services ADMHS and Public Health will work to establish a system in which clients and families have access to integrated PH-BH services in health and behavioral health settings in order to promote health and wellness outcomes and more efficient resource utilization.			

System Improvement and Evaluation Plan

Cultural Competency & Responsiveness			
System Goal	Objective	Outcome/Metric	Status
<p>ADMHS will establish a system in which clients and families of diverse communities (e.g., ethnic, racial, ability/disability, sexual orientation/identity) and linguistic backgrounds are welcomed and engaged in culturally and linguistically appropriate services, and in which all programs and all persons providing care are responsive to diverse needs in the community.</p> <p>TriWest Finding: CO-2.3: Despite impressive improvements in the number of bilingual Spanish-speaking staff hired and the number of Latino/Hispanic people served each year, significant disparities related to race, ethnicity and culture persist.</p>	System Level		
	In order to ensure that services are accessible to residents of all cultural and ethnic groups, adopt a system-wide Cultural Competency Plan.	<ol style="list-style-type: none"> 1. The ADMHS Cultural Competency Plan will be revised and adopted. 2. ADMHS and Steering Committee will identify action steps and develop a plan for accomplishing goals in the plan. 	Plan is under development pending revised State guidelines
	Beginning in FY2014/15, ADMHS will identify and correct policy barriers that interfere with access by undocumented and other diverse populations.	<ol style="list-style-type: none"> 1. Number of current policies & procedures that were revised. 2. Number of new policies & procedures developed. 3. 100% of staff and partners will be oriented to the policies & procedures through email and in-person trainings. 	Accessing a Welcoming & Integrated System of Care & Recovery policy in approval process by Leadership Team and Compliance Committee by Dec. 2015.
	Beginning in FY2014/15, work with the Southern California Regional Partnership (SCRIP) to develop an annual plan that identifies needs and priorities for establishing consistent cultural competency training and translation services across the state.	<ol style="list-style-type: none"> 1. The contract for SCRIP will be secured and staff hired by February 2015. 2. An annual plan will be developed. 3. Develop a CIT software program for training purposes by June 2015. 4. Develop training modules based on the Core Competency project by June 2015. 	<p>Completed</p> <p>Completed Participating counties have not prioritized this activity yet. Participating counties will review the proposed modules by Jan 2016.</p>
	Program Level		
	Ensure that clients have access to services in their preferred language.	<ol style="list-style-type: none"> 1. By June 2015, 30% of clinical/psychiatric staff and 30% of office support staff will be bi-lingual. 2. A plan will be in place for FY2015/16 to achieve the goal of 40% of clinical/psychiatric staff and 40% of office support staff being bi-lingual. 	<p>Completed</p> <p>In progress</p>
	In order to improve access and quality of care to diverse populations, a review of the cultural competency of the clinical assessment process will be conducted by October 2014.	<ol style="list-style-type: none"> 1. A report with recommendations will be presented to the Leadership and Steering Committee by the Cultural Competency Action Team. 2. By January 2015, there will be a plan to modify the assessments. 3. By June 2015, the assessment in Clin. Gateway will be revised. 4. Staff training needs will be identified for FY2015/16. 	<p>Completed</p> <p>Completed Anticipated completion Jan. 2016 Completed</p>
	Beginning in FY204/15, increase staff capacity to respond to client spiritual and religious needs.	<ol style="list-style-type: none"> 1. Develop trainings, FAQs and DVDs for staff on using client spiritual beliefs as a source of support in the recovery process. 	<p>Under development Weekly support groups are offered at Mental Wellness Center.</p>

System Improvement and Evaluation Plan

Cultural Competency & Responsiveness (continued)

System Goal	Objective	Outcome/Metric	Status
ADMHS will establish a system in which clients and families of diverse communities (e.g., ethnic, racial, ability/disability, sexual orientation/identity) and linguistic backgrounds are welcomed and engaged in culturally and linguistically appropriate services, and in which all programs and all persons providing care are responsive to diverse needs in the community. TriWest Finding: CO-2.3: Despite impressive improvements in the number of bilingual Spanish-speaking staff hired and the number of Latino/Hispanic people served each year, significant disparities related to race, ethnicity and culture persist.	During FY2014/15, ADMHS will increase access to services to diverse groups and clients will experience care as being more responsive to their cultural needs.	Individual/Client/Family Level	
		1. 100% of non-English speaking clients will receive service in their language of preference through bi-lingual staff and/or the language line.	Unable to determine at time of reporting
		2. The electronic health record will be modified to include required fields for tracking ethnicity and language of preference.	Completed
		3. By June 2015, assessments and treatment plans will be more culturally appropriate with culturally relevant and meaningful treatment goals.	Pending revisions to treatment plans