



## Stanislaus County Behavioral Health and Recovery Services Annual Quality Management Work Plan FY 2015-2016

### INTRODUCTION

The scope of this work plan is the overarching Quality Management aspects of the Stanislaus County Behavioral Health and Recovery Services (BHRS) for the fiscal year (FY) **2015-2016**. The work plan outlined in this document involves a Department-wide focus on quality initiatives. In addition, each system of care and division will develop an action plan that is more specific to the functions of the respective systems. BHRS is committed to providing high quality care and services to all its customers.

Our Mental Health Services Act (MHSA) programs are fully implemented. We continue our efforts to integrate the essential elements of MHSA into every facet of our organization. These elements are community collaboration, cultural competence, client/family-driven systems and services, wellness for recovery and resilience, and an integrated services experience. We believe our Quality Management Work Plan supports the ongoing transformation of our department.

Consumer and family member involvement in quality management process continues to be very important to our organization. Consumers and family members have participated in the various Quality Improvement Committee (QIC) meetings held during the year. This is expected to continue in the current fiscal year. It is also expected that consumers and family members will continue to participate in work groups and stakeholder meetings in which consumers and family members provide valuable feedback and assistance to the department.

This work plan is formatted as follows. The first section presents some highlights of the work and accomplishments for **FY 2014-2015**. The second section provides the outcomes for the Action Plans for **FY 2015-2016**. The last section summarizes the Action Plans for **FY 2016-2017**.

## **ACCOMPLISHMENTS FOR FY 2014-2015**

### ***Administrative and Fiscal Support Services Quality Improvement Council***

This council has its focus on the fiscal and administrative support processes in the organization by managing and establishing process improvements for customer service, budget, position control, quality assurance and compliance, which includes the divisions of accounting and billing, purchasing, information systems and processes, contracts, human resources, quality services, medical records, utilization management, clerical/administrative staff and facilities.

- Customer Service Surveys are recommended by the Admin QIC and respective programs within Fiscal and Administrative Services. They are conducted on a rotation basis via Survey Monkey. The surveys are designed to receive specific feedback in the area of customer satisfaction. Results are summarized and presented to the Admin QIC for recommendations for process improvements. Surveys are continually part of each FY Work Plan. The results of the surveys assist in identifying customer satisfaction and action plans, if needed, for the Admin QIC.
- The 800 Scenic Motor Pool was established along with written policy and procedure. The methodology now includes an access binder housed in Administration for signing in/out vehicles.
- The BHRS Intranet was redesigned by the WEBCOM Committee who also established the BHRS Intranet Guide for ongoing updates and maintenance. Liaisons are assigned to assist programs with their respective sites. The committee continues to provide ongoing support and maintenance of the BHRS Intranet allowing staff to identify general information, forms, plans, policies, statements, and other resources for ease of access.
- The HR/Payroll division continues to maintain all Personal Service Contractor processes, including the establishment of the contract, the recruitment process, hire process, payroll process, and all related functions. HR/Payroll provides assistance with fiscal sustainability for budgetary and position control purposes. A successful collaboration with the Chief Executive Office and the Board of Supervisors has been established.
- All 800 Scenic Staff are utilizing the electronic timecard (punch-time) process, including new hires and transfers. Internal payroll processes, such as LOA processing, auditing, reports to changes, etc. were also established and/or streamlined to align with the transition.
- The department continues to utilize the Anasazi Checklist designed by Data Management Systems and Facilities upon a program change, program move, or program expansion for better communication delivery.

### **Adult, Older Adult and Forensics Systems of Care Quality Improvement Council**

This QIC represents the Adult System of Care, Older Adult System of Care, and the Forensic System of Care\*. The QIC strives to have consistent representation from all Adult/Older Adult County programs and contracted providers as well as consumer/community representatives.

- Standardized DKA letter and process in work group and working on rolling out to ASOC/Older ASOC system.
- See the ASOC/OASOC/Forensics QIC OUTCOMES SUMMARY F/Y 2014-2015
- Worked on consistency, attendance, and participation in ASOC/Older Adult ASOC QIC
- QIC Began examining Medi-Cal Key indicators information and most current available data at that time around 32,34, 4 and 5 to begin process improvement including data collection
- QIC Began examining Transition TRAC data to help support the new effort to examine and explore Medi-cal key indicators above and work on process improvement

QIC began using some of the above data to work towards a pilot program to examine the above indicators and move toward further data collection and process improvement, including gathering data re: N/S rate in ASOC/OASOC for accuracy, documentation needs, barriers to follow through and consistency.

\* Note: The Forensic System of Care (FSOC) has started a QIC, separate from Adult and Older Adult as of mid-2016. The accomplishments from 2016-2017 will be added to this plan as appropriate. The following is a description of the FSOC QIC: *This QIC represents a variety of services from Substance Use to Mental Health to Public Guardian/Estate Management and range from in-custody or institutions to community/home based. This QIC is new and developing objectives while remaining open and flexible to modify them in meaningful ways. The focus of the objectives is to represent all teams and services and high light behavioral health integration.*

### ***Children's System of Care (CSOC) Quality Improvement Council***

The CSOC QIC enjoys broad representation from County programs and contracted providers as well as consumer/community representatives. The group selects projects for the year that have the potential to improve the quality of care and program effectiveness across the system.

- Training on how to complete the Teen-ASI tool was provided to staff in Children's System of Care and contract agency programs in October, 2014, in order to increase use of the tool and support the development of staff skills in screening for co-occurring issues. Trainings were completed at the team sites for BHRS programs in order to capture most staff.
- Began recruitment of T-ASI Trainers for the system. Will continue this into the next fiscal year to fully develop a rotation of trainers and regular schedule of training.
- 100% of Children's System of Care and contract agency programs completed chart review for completion of Teen-ASI tool with youth in which a need was identified on the initial assessment for the periods of January 1, 2014 through June 30, 2014, and July 1, 2014 through December 31, 2014.
- Staff at the three contract agencies that provide Specialty Mental Health Services to children/youth were provided access to and trained in utilization of the 800 Database in October, 2014, and began entering referrals and disposition of referrals. This allows for more complete and accurate tracking and reporting of client access to assessment and services.
- ASP data was examined and showed all clients who were discharged from a psychiatric hospital and were receiving ASP services and needed follow up with the psychiatrist received that follow up in less than 30 days.
- Chart Review Standards for the CSOC/Contractors were discussed and a workgroup was developed and met in April, 2015, that will lead to formalizing/documenting standards for the CSOC in this area.

### ***Managed Care Quality Improvement Council***

The Managed Care QIC's major responsibility is quality of care and quality of service under the Medi-Cal Managed Care Plan. These responsibilities include, but are not limited to, access, complaint and grievance processes, utilization management, and compliance with clinical standards. Consumer involvement is a key quality process each year.

- Consumers/family members participated in 7 out of 8 meetings held during FY 15/16
- 84% of adult/older adult beneficiaries report overall satisfaction with services (MC KI 38.1)
- 82% of children/youth/parent report overall satisfaction with services (MC KI 38.2)
- 82% of monolingual Spanish speaking adult beneficiaries report overall satisfaction with services (MC KI 39.1)
- 89% of monolingual Spanish speaking children/youth/parent report overall satisfaction with services (MC KI 39.2)
- 100% of monolingual Spanish speaking older adult beneficiaries report overall satisfaction with services (MC KI 39.3)
- Family Member grievances resolved satisfactorily, 100% (MC KI 42)
- Consumer grievances resolved satisfactorily, 82% (MC KI 43)
- Peer review results – 95% of beneficiaries participated in outpatient treatment planning evidenced by signature on Client Care Plan ( MC KI 28)
- Access – 95% of adult beneficiaries had a scheduled assessment within 14 business days of initial contact call (MC KI 1)
- Access – 55% of children/adolescent beneficiaries had a scheduled assessment within 14 business days of initial contact call (MC KI 6)
- Access – 92% of older adult beneficiaries had a scheduled assessment within 14 business days of initial contact call (MC KI 11)
- 100% of provider appeals were handled according to Medi-Cal regulations (MC KI 45)
- 100% of grievances and appeals were processed according to guidelines established by State DHCS (MC KI 25)
- Coordination of care with Managed Care Plans – Transitioned to Quarterly Meetings with Health Plan of San Joaquin and Health Net to monitor care coordination, individual case review, referral concerns, and other topics

### ***Substance Use Disorders (SUD) Services Quality Improvement Council***

This Quality Improvement Council (QIC) monitors the activities of the Stanislaus Recovery Center (SRC), Genesis Program and all outpatient SUD services. SRC is a full service adult treatment program, which includes detox, Outpatient Drug Free (ODF) and Intensive Outpatient Treatment (IOT) for SUD issues as well as a program component for clients with co-occurring SUD and mental health disorders. Genesis is the Department's methadone treatment program. A contracted program for perinatal women also participates in this QIC as do representatives from other adult programs providing outpatient SUD services.

- Reviewed and revised Policy and Procedure 90.6.121 to be in accordance with provisions of ACA/ Drug Medi-Cal
- Evaluated peer review data to ascertain effectiveness of “phase goals” training in increasing the documents usage.
- Formed Sub-Committee to edit the SUD treatment plan objectives (completed task)
- Developed treatment plan formatting guides to be utilized in SUD system of care
- Initiated initial edit on “AOD form overview” document to bring it up to date with current DSM V language. (In process)

**OUTCOMES FOR FY 2015-2016**

DESCRIPTION	KEY PROCESS	ACTIVITIES	STATUS																
Customer Satisfaction	Customer Service	<p>Adult, older adult, and children/youth/parent beneficiaries will be satisfied with the services they receive as evidenced by meeting or exceeding our customer satisfaction results for <b>FY 2014-2015</b></p> <p><small>*Medi-Cal key indicators #38.1; 38.2; 38.3</small></p>	<p>We did not meet our goal of <b>90%</b> external beneficiary satisfaction in all categories. However, we did have an increase in satisfaction from last FY and an increase in the number of responses from 2998 in <b>FY14-15</b> to 3419 in <b>FY 15-16</b>.</p> <table border="0" data-bbox="1365 665 1911 876"> <thead> <tr> <th></th> <th align="center"><u>FY14/15</u></th> <th align="center"><u>FY15/16</u></th> <th></th> </tr> </thead> <tbody> <tr> <td>Adult:</td> <td align="center">79%</td> <td align="center">84%</td> <td align="center">+</td> </tr> <tr> <td>Older Adult:</td> <td align="center">83%</td> <td align="center">84%</td> <td align="center">+</td> </tr> <tr> <td>Child/Family:</td> <td align="center">80%</td> <td align="center">82%</td> <td align="center">+</td> </tr> </tbody> </table>		<u>FY14/15</u>	<u>FY15/16</u>		Adult:	79%	84%	+	Older Adult:	83%	84%	+	Child/Family:	80%	82%	+
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Penetration	Easy Access to Services	<p>Our overall penetration/prevalence rate will maintain or increase from <b>FY 2014-2015 (31%)</b>.</p> <p><small>*Service Utilization Based on Prevalence Report</small></p>	<p>The methodology for calculating penetration is based on the expected prevalence (need) in our community of <b>5.77%</b> of population divided by the number of unduplicated clients served.</p> <p>The following are results:</p> <table border="0" data-bbox="1365 487 1900 974"> <thead> <tr> <th></th> <th style="text-align: right;"><u>FY14/15</u></th> <th style="text-align: right;"><u>FY15/16</u></th> <th></th> </tr> </thead> <tbody> <tr> <td>Overall Penetration</td> <td style="text-align: right;">31%</td> <td style="text-align: right;">28%</td> <td>-</td> </tr> <tr> <td>African-American:</td> <td style="text-align: right;">71%</td> <td style="text-align: right;">69%</td> <td>-</td> </tr> <tr> <td>SEA/PI:</td> <td style="text-align: right;">14%</td> <td style="text-align: right;">13%</td> <td>-</td> </tr> <tr> <td>Native American:</td> <td style="text-align: right;">24%</td> <td style="text-align: right;">20%</td> <td>-</td> </tr> <tr> <td>White American:</td> <td style="text-align: right;">21%</td> <td style="text-align: right;">19%</td> <td>-</td> </tr> <tr> <td>Other:</td> <td style="text-align: right;">56%</td> <td style="text-align: right;">54%</td> <td>-</td> </tr> <tr> <td colspan="4">Hispanic Origin</td> </tr> <tr> <td>Hispanic:</td> <td style="text-align: right;">31%</td> <td style="text-align: right;">30%</td> <td>-</td> </tr> </tbody> </table> <p><b>*Overall there was a slight decrease in penetration/prevalence rate in all groups. Also note that the department will be discussing other methodologies to collect this data.</b></p>		<u>FY14/15</u>	<u>FY15/16</u>		Overall Penetration	31%	28%	-	African-American:	71%	69%	-	SEA/PI:	14%	13%	-	Native American:	24%	20%	-	White American:	21%	19%	-	Other:	56%	54%	-	Hispanic Origin				Hispanic:	31%	30%	-
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Geographic Access	Easy Access to Services	Services will be accessible to all county residents regardless of geographic location as evidenced by penetration rates in the Westside area.	Ceres	29%	27%	-
		The Westside will increase by 1% over <b>FY 2014-2015</b> results.	Eastside	31%	27%	-
			Modesto	44%	40%	-
			Turlock	25%	25%	=
			Westside	21%	23%	+
			<p><b>*The Westside increased by 2%.</b>  <b>The department will be discussing other methodologies to collect this data.</b></p>			
		*Service Utilization Based on Prevalence Report				

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Client Retention	Behavioral Health Promotion, Prevention, Treatment & Recovery	<p>We will provide services in a culturally competent way as evidenced by such measures as the retention rate, which is the percentage, by ethnicity, of clients who receive three (3) or more visits within six (6) months after opening episode.</p> <p>*Mental Health Client Retention by Ethnicity Report</p>	<p>Overall retention rates <i>increased</i> from <b>74%</b> in <b>FY14-15</b> to <b>76%</b> in <b>FY 15-16</b>.</p> <table border="1" data-bbox="1354 337 1915 690"> <thead> <tr> <th></th> <th><b>FY14/15</b></th> <th><b>FY15/16</b></th> </tr> </thead> <tbody> <tr> <td>African American</td> <td>71%</td> <td>74% +</td> </tr> <tr> <td>Southeast Asian/PI</td> <td>80%</td> <td>75% -</td> </tr> <tr> <td>Hispanic</td> <td>75%</td> <td>75% =</td> </tr> <tr> <td>Native American</td> <td>76%</td> <td>77% +</td> </tr> <tr> <td>White American</td> <td>73%</td> <td>77% +</td> </tr> <tr> <td>Other</td> <td>73%</td> <td>68% -</td> </tr> </tbody> </table>		<b>FY14/15</b>	<b>FY15/16</b>	African American	71%	74% +	Southeast Asian/PI	80%	75% -	Hispanic	75%	75% =	Native American	76%	77% +	White American	73%	77% +	Other	73%	68% -
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Quality Care	Behavioral Health Promotion, Prevention, Treatment & Recovery	<p>The LOCUS software has been implemented for all Adult System of Care programs.</p> <p>We will continue to analyze how reports are being utilized to assist with treatment decisions.</p>	The LOCUS committee continues to meet and address training issues, report utilization, and the use of the LOCUS in treatment planning and decisions in the adult system of care.																					

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Recovery Principles	Behavioral Health Promotion, Prevention, Treatment & Recovery	To promote recovery and resiliency concepts in the Children’s System of Care (CSOC), the Child and Adolescent Needs and Strengths (CANS) has been selected for use throughout the SOC.	The CANS committee continues to meet and discuss staff recertification in using the tool, training, report utilization, and the use of the CANS in treatment planning and decisions in the Children’s System of Care.

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Cultural & Ethnic Diversity	Human Resource Development	<p>We will maintain the current measure of cultural and ethnic diversity of our staff as related to our threshold language, which is Spanish.</p> <p>This will be evidenced by measures that identify the rate to which our staff reflect the general Hispanic population and the rate to which our staff reflect our Spanish-speaking population.</p> <p><b>FY 2015-2016</b> we had 635 total staff.</p> <p>*Ethnicity and Language Report</p>	<p>Overall staffing of <b>635</b> increased from the previous year of <b>564</b>.</p> <p>The diversity of our work force seems to have stabilized and continues to be generally reflective of our community.</p> <p>The percentage of Hispanic staff and Spanish-speaking staff are shown below by work function.</p>																		
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Cultural & Ethnic Diversity	Human Resource Development	<p>To improve BHRS staff awareness of individual bias and beliefs, sensitivity to behavioral health clients and other diverse populations including older adults, LGBTQ, and the impact of social economic status, the department provided multiple cultural competency training this fiscal year:</p> <ol style="list-style-type: none"> <li>1) California Brief Multicultural Training for Clinical Staff. This is a requirement for all BHRS staff and is 15 hour module training.</li> <li>2) California Brief Multicultural Training for Clerical Staff. This is a requirement for all BHRS staff and is 13 hour module training.</li> <li>3) Advanced Cultural Competency – DSM 5 Guidelines (7 hr training)</li> <li>4) Principles of Interpreting (12 hr training)</li> <li>5) LGBTQ Older Adult Training: Developing Best Practices (3 hr training)</li> <li>6) LGBTQ Older Adult Training: Increasing Provider Knowledge (3 hr training)</li> </ol> <p>*BHRS Courses Report</p>	<p>Attendance: <b>BHRS Staff</b>   <b>Partner Staff</b></p> <table border="0"> <tr> <td><b>1)</b></td> <td>22</td> <td>4</td> </tr> <tr> <td><b>2)</b></td> <td>15</td> <td>4</td> </tr> <tr> <td><b>3)</b></td> <td>66</td> <td>20</td> </tr> <tr> <td><b>4)</b></td> <td>42</td> <td>3</td> </tr> <tr> <td><b>5)</b></td> <td>21</td> <td>0</td> </tr> <tr> <td><b>6)</b></td> <td>26</td> <td>0</td> </tr> </table>		<b>1)</b>	22	4	<b>2)</b>	15	4	<b>3)</b>	66	20	<b>4)</b>	42	3	<b>5)</b>	21	0	<b>6)</b>	26	0
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Staff Satisfaction	Human Resource Development	Senior Leadership will convene all-staff meetings at least twice a year to provide information and support to staff.	<p>We meet our goal.</p> <p>We had two all-staff meeting during the year.</p> <p>The Director routinely updates staff by using email messages, monthly Leadership meetings and semi-annual all staff meetings.</p>
Compliance	Ethical Behavior and Regulatory Compliance	The Mental Health Plan will have satisfactory outcomes on State audit processes as evidenced by chart audit results below the 5% disallowance threshold.	<p>We are scheduled for the Triennial State Audit in January 2017.</p> <p>We will provide information on the chart audit results on our next plan update.</p>

**QMT WORK PLAN - FY 2016-2017**

<b>DESCRIPTION</b>	<b>KEY PROCESS</b>	<b>ACTIVITIES</b>	<b>TARGET DATE</b>
Customer Satisfaction	Customer Service	Our internal and external customers will be satisfied with the services they receive as evidenced by meeting or exceeding our customer satisfaction results for <b>FY 2015-2016</b> .	<b>6/30/17</b>
Customer/Family Member Involvement	Customer Driven Services	Consumers and family members will participate in workgroups and stakeholder meetings throughout the fiscal year.  They will also participate in standing committees of the department, e.g., Cultural Competence Oversight Committee.	<b>6/30/17</b>
Penetration	Easy Access to Services	We will continue to calculate penetration rates and analyze quarterly reports to establish our baseline and penetration targets.	<b>6/30/17</b>
Client Retention	Behavioral Health Promotion, Prevention, Treatment & Recovery	We will provide services in a culturally competent way as evidenced by such measures as the retention rate, which is the percentage, by ethnicity, of clients who receive three (3) or more visits within six (6) months after opening episode.  We will continue to monitor for improvement of the overall retention rate for Medi-Cal beneficiaries, while maintaining equal distribution among client groups by ethnicity.	<b>6/30/17</b>

DESCRIPTION	KEY PROCESS	ACTIVITIES	TARGET DATE
Quality Care	Behavioral Health Promotion, Prevention, Treatment & Recovery	The LOCUS software has been implemented for all Adult System of Care programs. The LOCUS committee will review reports and establish goals for consistent use among all adult programs. They will ensure that consistent training is conducted for new staff.	6/30/17
Recovery Principles	Behavioral Health Promotion, Prevention, Treatment & Recovery	<p>To promote recovery and resiliency concepts in the Children’s System of Care, the Child and Adolescent Needs and Strengths (CANS) has been selected for use throughout the SOC.</p> <p>We will analyze quarterly reports to determine that the CANS is being completed and utilized during the course of treatment to assist in treatment planning needs.</p>	6/30/17
Cultural & Ethnic Diversity	Human Resource Development	<p>We will maintain the current measure of cultural and ethnic diversity of our staff as it relates to our threshold language, which is Spanish.</p> <p>This will be evidenced by measures that identify the rate to which our staff reflect the general Hispanic population and the rate to which our staff reflect our Spanish-speaking population.</p>	6/30/17



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Cultural & Ethnic Diversity	Human Resource Development	<p>To improve BHRS staff awareness of individual bias and beliefs, sensitivity to behavioral health clients and other diverse populations including older adults, LGBTQ, and the impact of social economic status, we will continue to utilize the California Brief Multicultural Competence Scale (CBMCS) training curriculum. This is required for all BHRS staff. The CCESJC committee will continue to monitor the Cultural and Linguistically Appropriate Services (CLAS) standards within the Department.</p> <p>The department will continue to also provide other culturally competent training to BHRS and Partner staff as appropriate.</p>	6/30/17
Cultural & Ethnic Diversity	Community Capacity Building	Continue to develop the community's capacity to support the individuals living in those communities to enhance their emotional well-being.	6/30/17
Staff Satisfaction	Human Resource Development	Senior Leadership will convene all-staff meetings at least twice a year to provide information and support to staff.	6/30/17
Compliance	Ethical Behavior and Regulatory Compliance	Staff will be in compliance with required law and ethics training.	6/30/17