



San Joaquin County Behavioral Health Services

Quality Improvement Work Plan

July 1, 2018 – June 30, 2022

Annual Update FY19-20

Executive Summary

Purpose and Intent

San Joaquin County Behavioral Health Services (SJCBS) is committed to service excellence and continuous quality improvement. Toward this end, SJCBS has developed and implemented a range of quality assessment & performance improvement activities to measure and improve the timeliness, access, quality and outcomes of its services.

Quality Improvement Principles

Quality Improvement is defined as a systematic approach to assessing services and improving them. SJCBS' approach to quality improvement is based on the following principles:

Recovery-oriented: Services provided should promote and preserve wellness and expand choices to meet individually defined goals.

Employee Empowerment: Effective quality improvement initiatives should involve people at all levels of the organization in improving quality.

Leadership Involvement: Strong leadership, direction and support of quality improvement activities are essential to performance improvement. Involving organizational leadership assures that quality improvement initiatives are consistent with SJCBS' mission, vision, and values and compliment the organization's Strategic Plan.

Data Driven Decision-Making: Successful quality improvement processes should incorporate feedback loops, using data to develop practices and measure results.

Prevention over Correction: Continuous quality improvement includes designing processes that achieve positive outcomes rather than fixing processes that do not produce desired results.

Continuous Quality Improvement Activities

SJCBS has adopted the following continuous quality improvement activities:

Collecting and analyzing data to measure against the goals, or prioritized areas of improvement that have been identified;

Identifying opportunities for improvement and deciding which activities to pursue;

Identifying relevant committees internal or external to **ensure appropriate exchange of information** with the Quality Assessment & Performance Improvement Council (QAPIC);

Obtaining input from providers, beneficiaries, and family members in identifying barriers to delivery of clinical care and administrative services;

Designing and implementing interventions for improving performance;

Measuring the effectiveness of the interventions;

Incorporating successful interventions into SJCBS' operations as appropriate; and

Reviewing grievances, standard appeals, expedited appeals, fair hearings, expedited fair hearings and provider appeals for **customer satisfaction**.

Annual Evaluation

An evaluation of the effectiveness of quality assessment & performance improvement activities is completed annually and reviewed with the QAPIC. The evaluation summarizes progress associated with each of the QAPI Work Plan goals and objectives, and includes actions taken in response to outcomes. Based upon the evaluation, revisions may be made to subsequent QAPI Work Plans.

Quality Assessment & Performance Improvement Work Plan

This is a living document and may be changed as needed.

SJCBHS' overarching strategies guiding these initiatives involve:

1. **Collaborating** between divisions and disciplines to ensure quality services;
2. Coordinating with SJCBHS divisions and the Information Systems unit, to **develop reliable reports** that provide monthly data for each initiative's measurable objectives;
3. Reviewing data reports monthly with QAPI Council to **identify the greatest discrepancies** between current findings and goals;
4. Developing **real-time strategies** to address areas of concern;
5. **Implementing formal PIPs** for areas of greatest need;
6. **Revising goals** annually or as needed to meet regulatory expectations and stakeholder expectations; and
7. **Fostering staff participation** in and commitment to quality assessment and performance improvement initiatives

1. Access to Care										
1.A. Service Access and Availability - The MHP has a comprehensive system for providing access information and monitoring access.		18/19 Work Plan Reference	Goals	Target	Baseline	Data Source	Responsible Party	Review Committee	Frequency of Review	Action Plan
1.A.1	The MHP <u>provides</u> information on how beneficiaries can access services including transportation availability. (This may be accomplished through a centralized location or multiple sites, telephone, fax, mail, email, or website.)	2.a.i, ii	Improve information on access to services.	100% of FY19/20 test calls to 24/7 call line <u>during business hours</u> will receive timely and accurate information	99% FY18/19	QAPI Test Call Spreadsheet	Deputy Director of QAPI	QAPI Council	Quarterly	Program managers and supervisors of access call lines will review available printed materials and verify they are current. Review each test call with a deficiency at QI Council to assess cause of deficiency. Program managers and supervisors will provide education to staff when deficiencies are identified.
				100% of FY19/20 test calls to 24/7 call line <u>after hours</u> will receive timely and accurate information	84% FY18/19					
1.A.2	MHP offers information about how to access services in threshold languages.	2.a.iii, iv	Improve information on access to services in threshold language.	100% of FY19/20 relevant test calls to 24/7 call line <u>during business hours</u> will document use of interpreter or language line	100% FY18/19	QAPI Test Call Spreadsheet	Deputy Director of QAPI	QAPI Council	Quarterly	Program managers and supervisors of access call lines will ensure available printed materials are current. Review each test call with a deficiency at QI Council to assess cause of deficiency.
				100% of FY19/20 relevant test calls to 24/7 call line <u>after hours</u> will document use of interpreter or language line	90% FY18/19					
1.A.3	The MHP monitors website usage to ensure links work and are current.	NEW	Improve electronic access to service information.	By 6/30/2020 have 100% of website content current, with working links, accurate contacts, and most recent forms/reports.	n/a	sjgov.org	Management Analyst III in Admin.	QAPI Council	Quarterly	Designee from QAPI Council and/or Management Analyst III will review website at least once per quarter to evaluate missing or inaccurate information, broken links, etc. and will report as a standing item on QI Council agenda.
1.A.7	The MHP provides pamphlets, flyers, or other printed information on services to wellness centers, other county programs (e.g., Public Health, Social Services, Cal Works, county hospitals, law enforcement agencies), and managed care primary health facilities.	NEW	Improve community and service provider access to information about offered services.	By 6/30/2020, establish a process for providing printed materials in English and Spanish regarding availability of BHS services to two new County agencies.	n/a	CYS Management	Deputy Director of CYS	Senior Management and QAPI Council	Quarterly	Establish regular meetings with county agencies to plan and provide for the distribution of printed materials about BHS services.
			Reduce mental health-stigma and discrimination	In accordance with SJC MHSA Plan, by 6/30/2020, implement a campaign targeting stigma and discrimination that includes signage and printed materials within at least two local governmental departments.	n/a	Deputy Director of Administration	Deputy Director of Administration and MHSA Coordinator	Senior Management and QAPI Council	Quarterly	Deputy Director of Administration or designee(s) will establish contacts with local government agencies to launch campaign targeting stigma and discrimination by hanging signage and providing printed materials for community members.

1. Access to Care										
1.B. Capacity Management - The MHP manages and adapts its capacity to meet beneficiary service needs.		18/19 Work Plan Reference	Goals	Target	Baseline	Data Source	Responsible Party	Review Committee	Frequency of Review	Action Plan
1.B.3.	The MHP monitors the penetration rates (or other utilization reports) by beneficiary type and demographics (such as foster care, older adults, etc.)	NEW	Increase foster youth penetration rates.	By 6/30/2020, collect and analyze data to establish a baseline of foster youth penetration rates for direction on future work plans.	Unknown	CYS Management	Deputy Director of CYS	QAPI Council	Quarterly	CYS leadership will establish a method for gathering foster youth data and will present to QAPI council for recommendations.
		2.b.i.	Increase access to clinical assessments.	At least 77% of initial clinical assessments will be claimed.	67% FY18/19	Sharecare	Deputy Directors of Adult/Older Adult Services and CYS	QAPI Council and Timeliness Committee	Quarterly	BHS will identify two potential methods for text appointment reminders. Case managers and clinicians will evaluate method of transportation to appointments and assist with coordinating services to meet client need.
		2.b.iii.	Increase access of children to clinical assessments.	At least 77% of initial clinical assessments of children will be claimed.	72% FY18/19					
		2.b.iv.	Increase access of foster youth to clinical assessments.	At least 77% of initial clinical assessments of foster youth will be claimed.	96% FY18/19					
		2.b.ii.	Increase access of adults to clinical assessments.	At least 77% of initial clinical assessments of adults will be claimed.	65% FY18/19		Deputy Director of Adult/Older Adult Services			
		NEW	Increase access of older adults to clinical assessments.	At least 77% of initial clinical assessments of older adults will be claimed.	Unknown					
1.B.4	The MHP <u>monitors</u> system demand, caseloads by provider type and service locations, and productivity.	6.b.i.	Improve network capacity	Increase ratio of adult psychiatrists to <u>adult</u> beneficiaries to 1:524.	1:624 FY18/19	NACT and Sharecare	Deputy Directors of Adult/Older Adult Services and CYS; Medical Director	QAPI Council, Recruitment and Retention Committee	Quarterly	Medical Director, HR, and Administration to continue active recruitment of qualified psychiatrists. QAPI to assist departments with evaluating levels of care for meds-only clients to assess medical necessity of SMHS. Caseload and capacity tool will be piloted in CYS for assessing allocation of psychiatrists.
		6.b.ii.		Increase ratio of child psychiatrists to <u>child</u> beneficiaries to 1:323.	1:961 FY18/19					
		6.b.iii.		Increase ratio of adult non-psychiatric positions to <u>adult</u> beneficiaries to 1:50.	1:55 FY18/19					
		6.b.iv.		Increase ratio of child non-psychiatric positions to <u>child</u> beneficiaries to 1:30.	1:41 FY18/19					
Recruitment and retention committee to compile focus group recommendations and suggestions to administration for decreasing vacant positions and increasing retention of qualified staff.										

2. Timeliness of Care										
2.A. First Offered Appointment - The MHP follows the state standard for first offered appointment timeliness, utilizes a methodology to collect data related to initial contact to first offered appointment, and, tracks and trends the data at least quarterly.		18/19 Work Plan Reference	Goals	Target	Baseline	Data Source	Responsible Party	Review Committee	Frequency of Review	Action Plan
2.A.1	The MHP has a first offered appointment standard of ten business days for outpatient services.	1.a.	Decrease wait time for initial assessment.	By 6/30/2020, 85% of all beneficiaries will be offered an initial clinical assessment within 10 business days of first request/first contact	74% FY18/19	Timeliness Application	Deputy Directors of Adult/Older Adult Services and CYS	Timeliness Committee and QI Council	Quarterly	Timeliness committee and Huddle members will review outpatient performance dashboards monthly to determine timely access to initial appointments. Barriers and proposed interventions will be presented to Sr. Managers for guidance as needed.
2.A.5	The MHP routinely tracks and reports on (at least quarterly) <u>all</u> first offered appointment data including looking at the average and median times, percentages of times the standard is met, and the range.	5.a.	Monitor availability of initial appointments.	By 6/30/2020, enact automated dashboard reporting of initial appointment data for both assessment and psychiatrist appointments including mean, median, and range of first appointments, and percentage of these appointments that meet the standard.	n/a	Timeliness Application and ShareCare	Deputy Director of Administration	QAPI Council, Management Analysts	Quarterly	IS and Dashboard Committee will incorporate the measures identified in the target description into the creation of the Outpatient and Children's Dashboards. Management Analysts and Program Managers will review progress with contractors at least quarterly and develop Plans of Correction for any timeliness deficiencies.
2.A.7	The MHP tracks, reports on, and reviews the first offered appointment data for children, adult, older adult, and foster care beneficiaries separately in addition to the aggregate data.	1.a.iii.	Decrease wait time of children for initial assessment.	By 6/30/2020, 85% of all children will be offered an initial clinical assessment within 10 business days of first request/first contact	58% FY18/19	Timeliness Application	Deputy Director of CYS	Timeliness Committee and QAPI Council	Quarterly	Timeliness committee will review outpatient performance dashboards monthly to determine timely access to initial appointments. Barriers and proposed interventions will be presented to Sr. Managers for guidance as needed.
		1.a.iv.	Decrease wait time of foster youth for initial assessment.	By 6/30/2020, 85% of all foster youth will be offered an initial clinical assessment within 10 business days of first request/first contact	33% FY18/19					
		1.a.ii.	Decrease wait time of adults for initial assessment.	By 6/30/2020, 85% of all adults will be offered an initial clinical assessment within 10 business days of first request/first contact	81% FY18/19		Deputy Director of Adult/Older Adult Services			
		NEW	Decrease wait time of older adults for initial assessment.	By 6/30/2020, 85% of all older adults will be offered an initial clinical assessment within 10 business days of first request/first contact	Unknown					

2. Timeliness of Care											
2.C. First Offered Psychiatry											
Appointment - The MHP follows the state standard for first offered psychiatry appointment timeliness, utilizes a methodology to collect data related to initial contact to first offered appointment, tracks and trends the data at least quarterly.											
	18/19 Work Plan Reference	Goals	Target	Baseline	Data Source	Responsible Party	Review Committee	Frequency of Review	Action Plan		
2.C.2		The MHP applies the 15 business days standard when a beneficiary requests psychiatry services or a provider determines the need for the same.	1.b.i.	Decrease wait time for initial psychiatric appointment.	By 6/30/2020, at least 75% of beneficiaries will be offered an initial psychiatric appointment within 15 days of determination of necessity.	84% FY18/19	Timeliness Application	Medical Director	Timeliness Committee and QAPI Council	Quarterly	Timeliness committee will review outpatient performance dashboards monthly to determine timely access to initial appointments. Barriers and proposed interventions will be presented to Sr. Managers for guidance as needed.
2.C.5		The MHP tracks and reports on the first offered psychiatry appointment data for children, adult, older adult, and foster care beneficiaries separately in addition to the aggregate data.	1.b.iii.	Decrease wait time of children for initial psychiatric appointment.	By 6/30/2020, 75% of children will be offered an initial psychiatric appointment within 15 days of determination of necessity.	33% FY18/19	Timeliness Application	Medical Director	Timeliness Committee and QAPI Council	Quarterly	Timeliness committee will review outpatient performance dashboards monthly to determine timely access to initial appointments. Barriers and proposed interventions will be presented to Sr. Managers for guidance as needed. CYS management will meet monthly to assess provider coverage. Additional attention and non-traditional options will be given to recruitment of child psychiatrists.
			1.b.iv.	Decrease wait time of foster children for initial psychiatric appointment.	By 6/30/2020, 75% of foster children will be offered an initial psychiatric appointment within 15 days of determination of necessity.	27% FY18/19					
			1.b.ii.	Decrease wait time of adults for initial psychiatric appointment.	By 6/30/2020, 75% of adults will be offered an initial psychiatric appointment within 15 days of determination of necessity.	89% FY18/19					
			NEW	Decrease wait time of older adults for initial psychiatric appointment.	By 6/30/2020, 75% of older adults will be offered an initial psychiatric appointment within 15 days of determination of necessity.	Unknown					

2. Timeliness of Care											
2.D. Timely Appointments for Urgent Conditions - The MHP has a methodology to collect data related to timeliness for urgent conditions, uses CCR standards for urgent appointments, tracks and trends the data at least quarterly.											
	18/19 Work Plan Reference	Goals	Target	Baseline	Data Source	Responsible Party	Review Committee	Frequency of Review	Action Plan		
2.D.6		The MHP routinely tracks and reports on (at least quarterly) both types of urgent appointment data including looking at the average and median times, percentages of times the standard is met, and the range.	1.c.i.	Improve response time for urgent conditions.	During FY19/20 at least 75% of all beneficiaries in crisis will receive a crisis intervention within 120 minutes of request.	73% FY18/19	Crisis Registration Log	Deputy Director of 24 Hour Services	QAPI Council	Monthly	QAPI Council and 24 Hour Services leadership will monitor timeliness on each month's crisis responses and implement procedural changes deemed appropriate to improved response time.
2.D.8		The MHP tracks and reports on both types of urgent appointment data for children, adult, older adult, and foster care beneficiaries separately in addition to the aggregate data.	1.c.iii.	Improve response time for urgent conditions of children.	During FY19/20 at least 98% of <u>children</u> in crisis will receive a crisis intervention within 120 minutes of request	96% FY18/19	Crisis Registration Log and Children's Crisis Log	Deputy Director of 24 Hour Services and CYS	QAPI Council	Monthly	QAPI Council, CYS and 24 Hour Services leadership will monitor timeliness on each month's crisis responses and implement procedural changes deemed appropriate to improved response time. Additional collaborative meetings will be scheduled as needed.
			1.c.iv.	Improve response time for urgent conditions of foster youth	During FY19/20 at least 98% of <u>foster youth</u> in crisis will receive a crisis intervention within 120 minutes of request	100% FY18/19					
			1.c.ii.	Improve response time for urgent conditions of adults.	During FY19/20 at least 75% of adults in crisis will receive a crisis intervention within 120 minutes of request	68% FY18/19	Crisis Registration Log	Deputy Director of 24 Hour Services			QAPI Council and 24 Hour Services leadership will monitor timeliness on each month's crisis responses and implement procedural changes deemed appropriate to improved response time.
			NEW	Improve response time for urgent conditions of older adults.	During FY19/20 at least 75% of older adults in crisis will receive a crisis intervention within 120 minutes of request.	Unknown					

2. Timeliness of Care										
2.E. Timely Access to Follow-Up Appointments after Hospitalization - The MHP has a methodology to collect data related to timeliness for follow-up appointments within seven days after a discharge from a psychiatric facility. The MHP tracks the data at least quarterly.		18/19 Work Plan Reference	Goals	Target	Baseline	Data Source	Responsible Party	Review Committee	Frequency of Review	Action Plan
2.E.1	The MHP uses a process to track follow-up appointments for beneficiaries seven days after discharge from all psychiatric inpatient facilities.	NEW	Improve reporting hospitalizations of minors to more accurately track post-hospitalization services.	By 6/30/2020, 100% of adolescent psychiatric inpatient hospitals will have functioning RUs in ShareCare and data entry reflecting admissions will be entered within one business day.	89% FY18/19	ShareCare	Deputy Director of Finance	QAPI Council	Quarterly	IS will create functional program/facility IDs for all contracted hospitals. CYS will enter information on children placed in psychiatric inpatient units into Sharecare. CYS Crisis cost center and budget will be created and reviewed to assess staff need.
2.E.2	The MHP sets a minimum performance standard for beneficiaries to receive a follow-up service within seven days after discharge from psychiatric hospitalization.	1.d.i.	Improve attendance to post-hospitalization services.	By 6/30/2020, 95% of all beneficiaries will receive a follow-up service within 7 calendar days of hospital discharge.	90% FY18/19	ShareCare	Deputy Directors of 24 Hour Services, Adult/Older Adult Services, and CYS	QAPI Council	Quarterly	Crisis, CYS, and outpatient clinicians will provide telephone reminders for those with post-hospitalization appointments and complete MCST referral when an appointment is missed.
		1.d.iii.	Improve attendance of children to post-hospitalization services.	By 6/30/2020, 95% of children will receive a follow-up service within 7 calendar days of hospital discharge.	88% FY18/19	Sharecare	Deputy Directors of 24 Hour Services and CYS	QAPI Council	Quarterly	Crisis and CYS clinicians will provide telephone reminders for those with post-hospitalization appointments and complete MCST referral when an appointment is missed. Reminder calls will be placed in the family's preferred language.
		1.d.iv.	Improve attendance of foster youth to post-hospitalization services.	By 6/30/2020, 95% of foster youth will receive a follow-up service within 7 calendar days of hospital discharge.	88% FY18/19				Quarterly	
		1.d.ii.	Improve attendance of adults to post-hospitalization services.	By 6/30/2020, 95% of adults will receive a follow-up service within 7 calendar days of hospital discharge.	91% FY18/19	Sharecare	Deputy Directors of 24 Hour Services and Adult/Older Adult Services	QAPI Council	Quarterly	Crisis and outpatient clinicians will provide telephone reminders for those with post-hospitalization appointments and complete MCST referral when an appointment is missed.
		NEW	Improve attendance of older adults to post-hospitalization services.	By 6/30/2020, 95% of older adults will receive a follow-up service within 7 calendar days of hospital discharge.	Unknown				Quarterly	

2. Timeliness of Care										
2.F. Tracks and Trends Data on Rehospitalizations - The MHP routinely tracks and trends the data related to rehospitalization, tracks the data at least quarterly.										
	18/19 Work Plan Reference	Goals	Target	Baseline	Data Source	Responsible Party	Review Committee	Frequency of Review	Action Plan	
2.F.2	The MHP evaluates the rehospitalization rate through data analyses (at least quarterly).	4.a.i.	Decrease readmissions to psychiatric hospitals.	By 6/30/2020, no more than 14% of beneficiaries will be readmitted to an inpatient psychiatric unit within 30 days of discharge.	17% FY18/19	ShareCare	Deputy Directors of 24 Hour Services, Adult/Older Adult Services, and CYS	QAPI Council and Dashboard Committee	Quarterly	Leadership will monitor readmissions to psychiatric hospitals and provide guidance to assigned clinicians. Involved departments will coordinate services and planning. Any SJC Medi-Cal beneficiary detained in SJC and admitted to a psychiatric inpatient unit will be seen by BHS for follow-up.
		4.a.iii.	Prevent readmissions of children to psychiatric hospitals	By 6/30/2020, no more than 9% of children will be readmitted to an inpatient psychiatric unit within 30 days of discharge.	10% FY18/19					Deputy Directors of 24 Hour Services and CYS
		4.a.iv.	Prevent readmissions of foster youth to psychiatric hospitals	By 6/30/2020, no more than 9% of foster youth will be readmitted to an inpatient psychiatric unit within 30 days of discharge.	8% FY18/19					
		4.a.ii.	Decrease readmissions of adults to psychiatric hospitals	By 6/30/2020, no more than 14% of adults will be readmitted to an inpatient psychiatric unit within 30 days of discharge.	18% FY18/19	ShareCare	Deputy Directors of 24 Hour Services and Adult/Older Adult Services	QAPI Council and Dashboard Committee	Quarterly	24 Hour Services and Outpatient leadership will monitor readmissions to psychiatric hospitals and provide guidance to assigned clinicians. CIS clinicians will coordinate with outpatient staff, when applicable. Any SJC Medi-Cal beneficiary detained in SJC and admitted to a psychiatric inpatient unit will be seen by CIS for follow-up and referred to outpatient BHS services.
		NEW	Decrease readmissions of older adults to psychiatric hospitals	By 6/30/2020, no more than 14% of older adults will be readmitted to an inpatient psychiatric unit within 30 days of discharge.	Unknown					
2.G. Tracks and Trends No-Shows - The MHP tracks and trends no-shows and cancellations, including beneficiary no-show, beneficiary cancelled, and/or staff cancelled on an at least quarterly basis.										
	18/19 Work Plan Reference	Goals	Target	Baseline	Data Source	Responsible Party	Review Committee	Frequency of Review	Action Plan	
	The MHP separately tracks <u>psychiatrist and other clinician</u> no-show/cancellations.	2.d.i.	Decrease no-show rates to psychiatry appointments.	By 6/30/2020, no more than 10% of psychiatry appointments will result in a no-show.	16% FY18/19	ShareCare	Deputy Directors of CYS and Adult/Older Adult Services	QAPI Council	Quarterly	BHS will identify two potential methods for text appointment reminders. Medication-only clients with high no-show rates will be re-assessed for appropriate level of care.

2. Timeliness of Care										
2.G.3		2.d.iii.	Decrease no-show rates of children to psychiatry appointments.	By 6/30/2020, no more than 10% of psychiatry appointments for children will result in a no-show.	10% FY18/19		Deputy Director of CYS			BHS will identify two potential methods for text appointment reminders. Case managers and clinicians will evaluate method of transportation to appointments and assist with coordinating services to meet client need.
		2.d.iv.	Decrease no-show rates of foster youth to psychiatry appointments.	By 6/30/2020, no more than 10% of psychiatry appointments for foster youth will result in a no-show.	14% FY18/19					
		2.d.ii.	Decrease no-show rates of adults to psychiatry appointments.	By 6/30/2020, no more than 10% of psychiatry appointments for adults will result in a no-show.	17% FY18/19		Deputy Director of Adult/Older Adult Services			
		New	Decrease no-show rates of older adults to psychiatry appointments.	By 6/30/2020, no more than 10% of psychiatry appointments for older adults will result in a no-show.	Unknown					
		2.c.i.	Decrease no-show rates to non-psychiatry appointments.	By 6/30/2020, no more than 10% of non-psychiatry appointment will result in a no-show.	13% FY18/19		Deputy Directors of CYS and Adult/Older			
		2.c.iii.	Decrease no-show rates of children to non-psychiatry appointments.	By 6/30/2020, no more than 10% of non-psychiatry appointments for children will result in a no-show.	10% FY18/19		Deputy Director of CYS			
		2.c.iv.	Decrease no-show rates of foster youth to non-psychiatry appointments.	By 6/30/2020, no more than 10% of non-psychiatry appointments for foster youth will result in a no-show.	10% FY18/19					
		2.c.ii.	Decrease no-show rates of adults to non-psychiatry appointments.	By 6/30/2020, no more than 10% of non-psychiatry appointments for adults will result in a no-show.	13% FY18/19	Sharecare	Deputy Director of Adult/Older Adult Services	QAPI Council	Quarterly	
		NEW	Decrease no-show rates of older adults to non-psychiatry appointments.	By 6/30/2020, no more than 10% of non-psychiatry appointments for older adults will result in a no-show.	Unknown					

3. Quality of Care										
3.A. Beneficiary Needs are Matched to the Continuum of Care - The MHP operates a full range of service-level programs, both in-county and out-of-county, both directly operated and contracted, to provide a comprehensive range of options for treatment from most- to least-restrictive.	18/19 Work Plan Reference	Goals	Target	Baseline	Data Source	Responsible Party	Review Committee	Frequency of Review	Action Plan	
3.A.1	The MHP has a process for assigning beneficiaries to appropriate levels of care.	NEW	Refer clients to appropriate level of care.	By 6/30/2020 Objective Arts software will be piloted in at least one program to provide a standardized method for level of care determination.	n/a	Referral reports from program	Deputy Director of CYS	QAPI Council	Quarterly	QAPI Council will identify program to pilot Objective Arts software and provide guidance for implementation.
3.A.2	The information system provides reports that facilitates matching of beneficiary needs with appropriate service level.	3.b.	Provide services at beneficiaries' appropriate level of care.	At least 90% of <u>all</u> records reviewed in subcommittees during FY19/20 will demonstrate that services are provided at the appropriate level of care At least 90% of <u>adult</u> records reviewed in subcommittees during FY19/20 will demonstrate that services are provided at the appropriate level of care At least 90% of <u>child</u> records reviewed in subcommittees during FY19/20 will demonstrate that services are provided at the appropriate level of care	n/a	QAPI Subcommittee Reviews	Deputy Director of QAPI	QI Chairs w Contractors	Quarterly	Program managers and supervisors will review charts reviewed by QAPI Subcommittees to evaluate client assignments to levels of care and identify/improve needed level-of-care training for staff.
3.A.8	The information system supports reports that identify the service and program levels, their criteria, and related caseloads.	3.c.	Provide services at beneficiaries' appropriate frequency.	During FY19/20 MHP will increase annual approved claims per <u>beneficiary</u> by at least 20% During FY19/20 MHP will increase annual approved claim per <u>Latino/Hispanic beneficiary</u> by at least 20% During FY19/20 MHP will increase annual approved claim per <u>foster care beneficiary</u> by at least 20%	TBD FY18/19 TBD FY18/19 TBD FY18/19	QAPI Subcommittee Reviews	Deputy Directors of Adult/Older Adult Services and CYS	QI Chairs w Contractors	Quarterly	Program managers and supervisors will review charts reviewed by QAPI Subcommittees to evaluate client services and identify/improve needed service provision training for staff. Clients with low utilization will be reviewed for appropriate level of care.

3. Quality of Care										
3.B. Quality Improvement Plan - The MHP has a current Quality Improvement (QI) work plan with measurable QI goals and objectives, inclusive of prior year's findings and results, and the following key performance elements:										
		18/19 Work Plan Reference	Goals	Target	Baseline	Data Source	Responsible Party	Review Committee	Frequency of Review	Action Plan
3.B.4	The QI minutes include at least quarterly progress on the goals and objectives in the QI work plan.	NEW	Increase system-wide knowledge of work plan and performance.	By 6/30/2020, QI Council will review work plan goals and current performance at least quarterly, as shown in meeting minutes.	n/a	QAPI Council Minutes	Deputy Director of QAPI	QAPI Council	Quarterly	QAPI Council will designate work plan as a standing agenda item and present progress at least quarterly.
3.C. Quality Management Structure - The MHP has a designated Quality Management unit with a direct line of communication to the MHP leadership.										
		18/19 Work Plan Reference	Goals	Target	Baseline	Data Source	Responsible Party	Review Committee	Frequency of Review	Action Plan
3.C.2	The MHP has a designated QI Coordinator, and additional QI staff (e.g. analysts), adequate to perform QM functions.	NEW	Expand capacity of QAPI	By 6/30/2020, QAPI will add two clinical staff to participate in QAPI analyses and functions.	n/a	QAPI Org. Chart	Deputy Directors of QAPI and Administration	Admin.	Quarterly	Increase budgeted clinical positions in QAPI or re-allocate positions from other departments to increase clinical capacity of QAPI.
3.C.4	The MHP has a Quality Improvement Committee (QIC) with membership representative of the entire SOC, including beneficiaries, peers, family members, and contract providers.	3.d.	Expand stakeholder representation in QAPI Chairs Committee.	By 6/30/2020 QAPI Chairs will include at least two beneficiaries and/or family members at each meeting.	Zero FY18/19	QAPI Chairs Meeting Minutes	Deputy Director of QAPI	QAPI Council	Quarterly	Improve system-wide information regarding QI Council meetings, with posted flyers inviting participation, presentations regarding soliciting community and family member involvement with peer-involved committees
3.C.6	The QM unit routinely shares its findings and results throughout the system and with other stakeholders.	5.a.	Expand performance measures on departmental dashboards.	By 6/30/2020 complete three additional departmental performance dashboards (e.g. CYS, Adult, and Older Adult) that will be presented during QI Council, and posted to BHS website.	n/a	IS	Deputy Director of QAPI	Dashboard Committee and QAPI Council	Quarterly	Dashboard participants will develop dashboards for programs and creating performance measures and methods for collecting relevant data. IS will post electronic versions to BHS website.
3.D. QM Reports Act as a Change Agent in the System - The MHS utilizes QM reports for decision-making, strategic initiatives, and performance improvement.										
		18/19 Work Plan Reference	Goals	Target	Baseline	Data Source	Responsible Party	Review Committee	Frequency of Review	Action Plan
3.D.3.	The MHP establishes baselines, improvement goals, and timelines, tracking measurable progress to goals.	NEW	Improve systemic benefit from grievances and appeals.	By 6/30/2020, QAPI Council will review 100% of quality of care grievances (unless contraindicated) and appeals and provide recommendations to prevent comparable future occurrences.	n/a	QAPI Council Minutes	Deputy Director of QAPI	QAPI Council	Quarterly	QAPI members will provide summaries of each quality of care grievance to QAPI Council members for review and recommendations to prevent future occurrences.

4. Beneficiary Progress/Outcomes										
4.A. Beneficiary Progress - The MHP measures clinical and functional outcomes and uses the results for quality improvement. (This does NOT include consumer satisfaction surveys.)		18/19 Work Plan Reference	Goals	Target	Baseline	Data Source	Responsible Party	Review Committee	Frequency of Review	Action Plan
4.A.3	MHP can provide evidence that outcome tools are used consistently in clinical practice among <u>adults</u> .	4.c.	Improve medication adherence of adults.	As of 6/30/2020, at least 85% of case managed adults will be medication adherent (scoring 0 or 1 on Medication Involvement CANSA item) as identified on their most recent CANSA.	87% FY18/19	CANSA	Deputy Directors of QAPI and Adult/Older Adult Services	QAPI Council	Quarterly	Medication adherence PIP in implementation. See PIP for additional information.
		4.f.ii.	Decrease risk factors among adults.	As of 6/30/2020, at least 50% of case managed adults who had an initial CANSA risk factor score of 2 or 3 will have a reduction in score on their most recent CANSA.	Unknown	CANSA	Deputy Directors of QAPI and Adult/Older Adult Services	QAPI Council	Quarterly	Clinical supervisors will include risk factors as part of clinical review to assess intervention options and provide clinical suggestions to program staff.
4.A.4	MHP can provide evidence that outcome tools are used consistently in clinical practice among <u>children/youth</u> .	4.f.iii.	Decrease risk factors among children.	As of 6/30/2020, at least 50% of case managed children who had an initial CANSA risk factor score of 2 or 3 will have a reduction in score on their most recent CANSA.			Deputy Directors of QAPI and CYS			
4.A.7	The MHP compiles and presents reports routinely (at least annually) of beneficiary outcomes in order to address potential gaps among subpopulations and identify groups in most need of quality improvement.	5.b.i.	Improve quality of beneficiary outcome data.	By 6/30/2020, produce <u>additional client-level</u> outcome report using CANSA data	n/a	CANSA	Deputy Director of QAPI	CANSA Committee and QAPI Council	Quarterly	The CANSA Committee will develop client-level report templates and train staff to use IS-produced reports for treatment planning. The CANSA Committee will develop algorithms that can be used during assessments to influence decisions regarding which level of care beneficiaries should be referred.
		5.b.ii.		By 6/30/2020, produce <u>program-level</u> outcome report using CANSA						The CANSA Committee will develop program-evaluation report templates and train staff to use IS-produced reports for assessing program outcomes. The CANSA Committee will develop algorithms that can be used during assessments to influence decisions regarding which level of care beneficiaries should be referred.

5. Structure and Operations

5.H. Cultural Competency- The MHP incorporates cultural competency principles in the systems of care to		18/19 Work Plan Reference	Goals	Target	Baseline	Data Source	Responsible Party	Review Committee	Frequency of Review	Action Plan
5.H.2	The MHP identifies strategies and resources to meet the cultural, ethnic, racial, and linguistic clinical needs of its eligible.	6.c.i.	Create workforce that is representative of the population.	By 6/30/2020, BHS will increase the Hispanic/Latino proportion of staff to 45%.	31% FY18/19	Human Resources	Deputy Director of Administration	Cultural Competence Committee	Quarterly	Enact recruitments for language-specific positions. Assess opportunities for recruitment in cultural arenas of the community and implement two strategies.
5.H.3	The MHP implements strategies and uses resources to meet the cultural, ethnic, racial, and linguistic clinical needs of its eligible.	6.a.	Improve cultural competency of staff	As described in the Cultural Competence Plan, 100% of staff and contractors hired during FY18/19 will receive online Cultural Competency Training within 12 months of employment	66% FY18/19 for FY17/18	Department Managers	Deputy Director of Administration	Cultural Competence Committee	Quarterly	Managers and supervisors will require new staff to complete online cultural competence training during the initial probationary period.