



## **Behavioral Health and Recovery Services (BHRS)**

Quality Assessment & Performance Improvement (QAPI) Program:

*Quality Improvement (QI) Program Description and Work Plan*

2019-2020

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# Quality Improvement (QI) Program Description 2019-2020

## Overview

This Quality Improvement Program (QIP) applies to the range of quality improvement activities of the Stanislaus County Behavioral Health and Recovery Services (BHRS) Department. The focus is on the structure, processes and outcomes applicable to all quality improvement activities of BHRS including Medi-Cal Specialty Mental Health Services. The QIP and its activities flow from the overall Vision, Mission and Values developed and adopted by BHRS, the Stanislaus County Board of Supervisors (BOS) and the Mental Health Services Act ("MHSA") essential elements. There is an overall Quality Management Team (QMT), which monitors the activities of the various quality improvement efforts within BHRS to ensure adherence to appropriate care standards.

This QIP is designed to ensure that quality of care issues are identified and monitored and that appropriate corrective actions are taken. The QIP is designed to pursue continuous quality improvement and to ensure that behavioral health services provided to members meet established quality of care standards.

Quality will be evaluated in the areas of access, satisfaction, continuity of care and quality of care. Each area of BHRS has specific expectations for the delivery of behavioral health services, which will be identified and monitored through a continuous quality improvement work plan.

The QIP is multi-disciplinary. Providers, consumers, family members and BHRS staff with direct responsibilities for care management, quality assurance and administration are involved. Consumer and family members, representing our diverse community and participating at all levels of the organization, are instrumental in helping us achieve our quality goals.

The QIP of Stanislaus County BHRS operates using the following continuous process improvement principles as guidelines:

- Focus on the customer
- People orientation to problem solving (involve people closest to the problem)
- Process improvement principles
- Use of quantitative as well as qualitative methods
- Systematic approach

## Vision

Our vision is to continue to be a leader in behavioral health and to be recognized for excellence in our community, state, and nation.

## Mission

In partnership with our community, our mission is to provide and manage effective prevention and behavioral health services that promote our community's capacity to achieve wellness, resilience and recovery outcomes.

## Organizational Values

### **Clients are the Focus**

Our clients and their families drive the development of our services.

### **Excellence**

We are continuously improving to provide the highest quality of services, which exceeds the expectations of our customers.

### **Respect**

We believe that respect for all individuals and their cultures is fundamental. We demonstrate this in our daily interactions by treating every individual with dignity.

### **Cultural Competence**

Our organization acknowledges and incorporates the importance of culture at all levels.

### **Proactive and Accountable Community Participation**

We actively work together with the community to identify its diverse needs and we are willing to respond, deliver and support what we have agreed to do. We take responsibility for results and outcomes with our community partners, peers, colleagues, consumers, families and the community to achieve a superior product.

### **Integrity and Compliance**

We conduct our operations with the highest standards of honesty, fairness, and personal responsibility in our interactions with each other and the community. Our work also requires a high standard of ethical behavior and compliance with legal statutes, regulatory requirements and contractual obligations. We are committed to compliance and to ensuring that all services are provided in a professional, ethical manner.

### **Competitive and Efficient Service Delivery**

Stanislaus County Behavioral Health and Recovery Services provide the highest quality, best integrated behavioral health service of its kind.

### **Responsive and Creative in a Changing Environment**

We listen and respond to our customers. We are innovative, flexible and socially responsible in our efforts to overcome challenges. We are always open to change through continuous learning.

## **MHSA Essential Elements**

- Community Collaboration
- Cultural Competence
- Client and Family Driven Services
- Wellness Recovery and Resiliency Focus
- Integrated Services for Clients and Families

## **Structure**

### **A. Authority and Responsibility**

Authority and responsibility for ensuring that an effective QIP is established, maintained and supported is delegated to the Stanislaus County BHRS by the State Department of Health Care Services (DHCS) for Medi-Cal beneficiaries. This plan shall also apply to others for whom BHRS is financially and legally responsible for providing care. It is the responsibility of BHRS QMT to ensure that the program adheres to the standards and goals of the delegating authority.

BHRS is a member of the Stanislaus County Priority Team charged with responsibility for ensuring the BOS priority for a healthy community is achieved. Quality improvement processes and projects sanctioned by the QMT support this goal and BHRS staff interfaces with the Chief Executive Office and other County departments to ensure alignment with Stanislaus County process improvement initiatives.

## **B. Organization Structure**

### **1. Behavioral Health Director**

The Behavioral Health Director (Director), appointed by the Board of Supervisors for Stanislaus County, functions as the CEO of Behavioral Health and Recovery Services (BHRS). In this role, the Director is responsible for providing guidance for and oversight of all activities of BHRS. The Director reports to the CEO for Stanislaus County and to the Board of Supervisors.

### **2. Senior Leadership Team (SLT)**

The Senior Leadership Team (SLT) of Stanislaus County BHRS develops and articulates the Department's vision and mission. This team, composed of the Behavioral Health Director, Associate Director, Managed Care Chief, Assistant Director for Administrative Services, Chiefs of Systems of Care, Medical Director, IT Manager, Human Resources, Manager for Consumer and Family Affairs and Executive Assistant to the Behavioral Health Director, communicates continuous process improvement principles, identifies performance expectations and acts on process improvement project recommendations.

## **C. Quality Improvement Program Structure**

### **1. Behavioral Health Director**

The Behavioral Health Director (Director) ensures the implementation of continuous process improvement principles within BHRS. The Director instructs the senior leadership team to demonstrate the adoption and utilization of these principles in all activities and work products of the various divisions. The Director is instrumental in assuring that the feedback loop is closed.

2. Senior Leadership Team (SLT)

- i. This Team is responsible for ensuring that QI activities in each division are established, maintained and supported. Each Division has a Quality Improvement Council (QIC), which is designed to address the quality issues of that division.
- ii. SLT oversees the Quality Improvement Program (QIP) through the activities of the Quality Management Team (QMT).
- iii. SLT meets weekly unless the schedule is otherwise modified.

3. Quality Operations Director

The Managed Care Chief is responsible for the overall operations of BHRS quality improvement functions and supervises the Quality Services/Risk Manager.

4. Quality Services/Risk Manager (QS/RM)

The QS/RM has overall responsibility for implementation of BHRS quality improvement functions as well as risk management. The QS/RM assists the Managed Care Chief in supervising BHRS quality improvement activities. In addition, the QS/RM (or his/her designee) provides consultation, coordination, staff support and documentation to the QMT, QICs, process improvement projects (PIPs) work groups, Medication Monitoring and other quality improvement functions. The QS/RM is an integral part of the QIP for BHRS. The QS/RM tracks the status of all BHRS PIPs. This individual also tracks and reports on Adverse Incident Data to Senior Leadership. The QS/RM provides technical assistance to the various QICs. In addition, the QS/RM may collect and report data on specified indicators. S/he has overall supervisory responsibility for the Quality Services unit, is a member of the Quality Management Team and reports to the Managed Care Chief.

## 5. Quality Management Team (QMT)

- i. The Quality Management Team (QMT) provides direction, support and coaching to the various BHRS QICs. This may involve identification of key processes, especially cross-functional processes.
- ii. The QMT reviews and evaluates each QICs activity. The QMT receives routine reports from the QICs, which delineate quality management activities, actions taken and reassessments to ensure there is continuous quality improvement. The QMT holds each QIC accountable for the quality activities in the respective divisions. In addition, the QMT receives reports from the Medication Monitoring Committee of the Department.
- iii. The QMT takes action on recommendations from QICs and process improvement work groups that require SLT review and approval.
- iv. Membership includes all SLT members, QS/RM, chairs of division QICs, the QS Specialist and Mental Health Board members representing consumers and families.
- v. The QMT meets a minimum of ten times each year.

## 6. Quality Improvement Councils (QIC)

- i. Each division of BHRS participates on a QIC. The QICs oversee the overall program effectiveness and performance of their divisions. Each QIC also reviews and develops an annual action plan.
- ii. The membership of most councils includes the Chief of the System of Care or Division (or designee), staff providers, consumers and family members of consumers. Consumer and family member participation is an expected and vital component of QIC.
- iii. Each QIC meets at least ten times each year.

## 7. Cultural Competency, Equity and Social Justice Committee (CCESJC)

- i. This committee is responsible for overseeing BHRS cultural competence initiatives to ensure effectiveness and promote transformation of the behavioral health system. This committee also monitors adherence to DHCS Cultural Competence Plan requirements.



- ii. The membership includes Senior Leadership representatives, staff providers, partner agency staff, consumers and family members of consumers. Consumer and family member participation is an expected and vital component of CCESJC.
- iii. The Committee meets at least 10 times each year.

#### 8. Process Improvement Project (PIP) Work Groups

PIP work groups are formed when functions and processes needing improvement cross divisions or County Departments. PIPs are to be time-limited and cross functional and focus on the processes in questions. These teams use continuous process improvement principles and tools and make recommendations to QMT.

The contributions of consumers and family members to process improvement work groups are essential in achieving our goals and fulfilling our vision. PIP work groups include consumers and family member participation.

#### 9. Medication Monitoring Committee

- i. This committee is responsible for the medication management functions of BHRS and reports to QMT. The committee is supervised by the Medical Director and the Managed Care Chief (or designee).
- ii. The committee is chaired by a psychiatrist or pharmacist and is composed of psychiatrists, nurses and pharmacists.
- iii. The committee meets quarterly.

## Process

### A. Overall Philosophy and Approaches

The QIP adopts the concept of continuous process improvement and a systematic framework for improving processes. This process is employed to identify important aspects of care and service and to prioritize studies and focused audits. This process involves a continuous feedback loop, which should be completed as quickly as possible. Elements of the process are:

1. Identify and carefully define a problem.
2. Analyze the possible factors contributing to this problem.
3. Determine all options to deal with the problem, using cross-functional problem-solving where possible.
4. Select the best option(s).
5. Implement solution(s).
6. Establish a time frame for reassessment.
7. Evaluate the data to determine the effectiveness of the solution(s).
8. Based on the results of the data analysis:
  - a. If problem is resolved, determine monitoring schedule to ensure that problem does not recur.
  - b. If the problem is still unresolved, begin the process again until problem is solved.

The QIP follows accepted industry standards for gathering, sorting and analyzing information. Each indicator of key processes is operationally defined, i.e., measurable. Other studies may be initiated as the result of information gathered from ongoing monitoring, through member surveys, provider surveys, records audits, telephone surveys, focus groups, and/or analysis of complaints and grievances. Whenever possible, results will be presented quantitatively as well as qualitatively.

### B. Quality Improvement Plan

Each QIC develops an action plan, which supports the overall QI Work Plan for BHRS. BHRS QI Work Plan identifies quality improvement goals and objectives for the succeeding year, including a schedule of the specific quality improvement related activities and studies that are to occur. It is the responsibility of the QS/RM to assist QICs in developing action plans and to

assist the Managed Care Chief in developing the overall BHRS QI work plan. The BHRS QI Work Plan is submitted to the QMT for approval. The QIC action plans identify the focus of improvement or monitoring for the year.

### **C. Process by Structure**

#### **1. Quality Management Team (QMT)**

The QMT identifies key processes, assigns responsibility for monitoring and improvement using continuous quality improvement principles to QICs, process improvement work groups and other quality improvement functions. The QMT may also approve QIC-initiated key processes. The QMT hears presentations and receives reports regarding each of the identified key processes. The QMT is also responsible for tracking the process of improvement and for trending the resulting data. They also take action on cross-functional recommendations resulting from improvement activities.

#### **2. Quality Improvement Committees (QIC)**

Each QIC will develop an action plan, using continuous quality improvement principles and tools, each council will monitor, assess, design (or redesign), implement and evaluate processes identified in their action plan. The QIC maintains documentation of its activities, e.g., minutes of QIC meetings, and reports periodically to the QMT.

#### **3. Continuous Process Improvement**

When there is a need to improve a cross-functional process, i.e., a process that crosses more than one functional area or division, a team composed of persons from all involved areas is convened. These teams “map” the process as it exists, identify improvement, redesign the process, implement the redesign and evaluate the effectiveness of the improvements. Prior to implementation of the redesign, the team reports to the QMT, which reviews the proposed recommendations, offers suggestions if needed, and celebrates accomplishments. The QMT also assigns monitoring responsibilities to a QIC.

#### **4. Medication Monitoring Committee**

The Medication Monitoring Committee monitors and improves medication prescribing and administration processes. Improvement strategies are identified, and action taken. Results are reported to the QMT.

#### **D. Quality Improvement Outcome and Evaluation**

1. QIC chairs are members of the QMT and present routine reports to the QMT on the activities of their respective QICs.
2. Each QIC will complete and submit to the QMT an annual report on accomplishments for the year and recommended focus for the next year.

### **Outcomes**

#### **A. Quality Improvement Program Outcomes**

1. The QIP will assist BHRS in moving toward its vision and in achieving the transformative goals of MHSA.
2. Consumers and family members will meaningfully participate in the quality improvement process at all levels of the organization.
3. Staff, consumers, family members and providers of service will participate in the quality improvement process.
4. Performance will be measured, and the results of the measurements used to develop corrective actions, if necessary.
5. An overall annual work plan is developed and used to guide the quality improvement activities of BHRS.
6. Improvements will be documented and celebrated.

#### **B. Performance Outcomes**

The annual BHRS QI work plan will establish methods of monitoring and measuring the following expected outcomes for beneficiaries. Results of these monitoring and measuring activities will be reported to stakeholders, QMT, QICs and process improvement work groups to be utilized in process improvement activities. Performance outcome measures established by other regulatory agencies will also be monitored and measured, and data will be collected, reported and used in a similar manner to improve performance. The expected outcomes are as follows:

1. To the extent possible, service capacity exists to meet the needs of beneficiaries.

2. Beneficiaries are able to access a continuum of services within the scope of their benefits in a timely, geographically convenient, culturally, linguistically, age and clinically appropriate manner. To the extent possible, beneficiaries will find that they are able to get what they need in a straightforward manner.
3. Beneficiaries and family members are satisfied with services, including being treated with dignity and respect.
4. Grievances are processed according to regulatory standards.
5. Effective coordination and collaboration exist between behavioral health providers and others who are dealing with the same beneficiary.
6. Identified clinical and service outcomes are met. Improved functioning and symptom management, improved quality of life and appropriate administration of medications are examples of such outcomes and reflective of BHRS commitment to and belief in wellness, recovery and resiliency for consumers, family members and staff.

# ***Quality Improvement (QI) Work Plans: 2018-2019 and 2019-2020***

## **Overview**

The scope of this work plan is the overarching Quality Improvement aspects of the Stanislaus County Behavioral Health and Recovery Services (BHRS) for the fiscal years (FY) ***2018-2019 and 2019-2020***. The QI Work Plans 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 Improvement Work Plan supports the ongoing transformation of our department.

Consumer and family member involvement in quality improvement 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 provides the system of care work plan with a summary of activities and outcomes for ***FY 2018-2019***. The last section summarizes the QI Work Plan goals and objectives for the current ***FY 2019-2020***.

Quality Improvement (QI) Work Plan FY 2018-2019:  
Goal/Objectives and Outcomes/Evaluation

<b>1: MONITORING THE SERVICE CAPACITY AND SERVICE DISTRIBUTION OF THE MHP (Source: MHP)</b>	
<ul style="list-style-type: none"> <li>• Conducts performance monitoring activities that evaluate beneficiary and system outcomes and indicators of wellbeing.</li> <li>• Describes and provides information regarding the current type, number and geographic distribution of Mental Health Services in the system.</li> <li>• Evaluates and monitors the capacity of the MHP.</li> <li>• Makes program recommendations based on capacity indicators.</li> <li>• Participates in the county planning process which identifies expanded service populations.</li> <li>• Monitors the number of Medi-Cal beneficiaries receiving services and works with Performance Measurements to distribute information to Program Managers and the Quality Management Team (QMT).</li> </ul>	
<b>Objective 1</b>	To describe the current type, number, and geographic distribution of Mental Health Services in the MHP System of Care (SOC) to ensure appropriate allocation of MHP resources in providing adequate behavioral health access to all beneficiaries.
<b>Goal 1</b>	To identify service provision to Children, Youth, and Adult Medi-Cal/Uninsured beneficiaries by types of services and service locations by geographic regions. To track service provision against service demand and ensure resources are appropriately allocated to provide for access.
<b>Responsible Partners</b>	SOC QICs; Performance Measurements
<b>Evaluation Methods/Tool(s)</b>	Mechanisms for monitoring services and activities include data dashboards and geographic maps.

<b>FY 2018/2019 Evaluation</b>	<p>During the FY18-19, 100% of beneficiaries were located with in 30 miles or 60 minutes of a mental health provider.</p> <p>Of the 7,412 unduplicated clients served 9.6 % were served in Ceres, 9.8% on the Eastside, 58.4% in Modesto, 15.6% in Turlock, and 6.6% on the westside. (See source data: SSRS 1627 report and June 2019 geographic map)</p> <table border="1" data-bbox="577 357 1144 657"> <thead> <tr> <th>LOCATION SERVED</th> <th>PERCENTAGE SERVED</th> </tr> </thead> <tbody> <tr> <td>Ceres</td> <td>9.6%</td> </tr> <tr> <td>Eastside</td> <td>9.8%</td> </tr> <tr> <td>Modesto</td> <td>58.4%</td> </tr> <tr> <td>Turlock</td> <td>15.6%</td> </tr> <tr> <td>Westside</td> <td>6.6%</td> </tr> <tr> <td>Total</td> <td>100%</td> </tr> </tbody> </table>	LOCATION SERVED	PERCENTAGE SERVED	Ceres	9.6%	Eastside	9.8%	Modesto	58.4%	Turlock	15.6%	Westside	6.6%	Total	100%
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Total	100%														
<b>Recommendations</b>	Stanislaus County BHRS will continue to ensure appropriate allocation of MHP resources in providing adequate behavioral health access to all beneficiaries.														

<b>2: MONITORING TIMELY ACCESS FOR ROUTINE AND URGENT SERVICE NEEDS (Source: MHP)</b>	
<ul style="list-style-type: none"> <li>• Conducts and coordinates performance monitoring activities to test timeliness and access to services within the MHP.</li> <li>• Tests the ability of the appointment system through the mechanisms of test calls and internal audits of contact logs.</li> <li>• Reports findings and suggested solutions for systems issues which negatively impact access.</li> <li>• Tests and evaluates the ability of the system to respond to calls to 24/7 Toll Free Phone Number.</li> <li>• Reviews timeliness to service for all appointment types within the system including routine appointments and services for urgent conditions.</li> </ul>	
<b>Objective 2</b>	To conduct performance monitoring activities that gauge the system’s effectiveness at providing timely access to routine specialty mental health appointments.
<b>Goal 2</b>	To ensure that all beneficiaries requesting a comprehensive assessment are offered an appointment within 10 business days.
<b>Responsible Partners</b>	Quality Services; Access Line team; SOC QICs; Performance Measurements



<b>Evaluation Methods/Tool(s)</b>	Mechanisms for monitoring services and activities include test calls, internal audit of contact logs, SSRS reports, and Medi-Cal key indicators.										
<b>FY 2018/2019 Evaluation</b>	<p>When evaluating and monitoring this objective, Stanislaus County BHRS identified that this objective was focused on the “scheduled” appointments, not “offered” appointments. For FY 19-20, the “offered” appointments are being tracked and monitored. For FY 18-19, the data for “beneficiaries requesting a comprehensive assessment are scheduled an appointment within 10 business days” is as follows:</p> <table border="1" data-bbox="577 456 1373 688"> <thead> <tr> <th>SYSTEM OF CARE (SOC)</th> <th>PERCENTAGE OF SCHEDULED APPT W/IN 10 BUSINESS DAYS</th> </tr> </thead> <tbody> <tr> <td>Adult SOC</td> <td>87%</td> </tr> <tr> <td>Children SOC</td> <td>73%</td> </tr> <tr> <td>Forensic SOC</td> <td>100%</td> </tr> <tr> <td>Older Adult SOC</td> <td>93%</td> </tr> </tbody> </table>	SYSTEM OF CARE (SOC)	PERCENTAGE OF SCHEDULED APPT W/IN 10 BUSINESS DAYS	Adult SOC	87%	Children SOC	73%	Forensic SOC	100%	Older Adult SOC	93%
SYSTEM OF CARE (SOC)	PERCENTAGE OF SCHEDULED APPT W/IN 10 BUSINESS DAYS										
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<b>Recommendations</b>	For FY 19-20, the “offered” appointment will be tracked along with the scheduled appointments.										
<b>Goal 2.1</b>	To ensure beneficiaries discharging from psychiatric hospitalization are given an outpatient appointment within 7 business days of discharge.										
<b>Responsible Partners</b>	SOC QICs; Performance Measurements; Hospital Rate Committee										
<b>Evaluation Methods/Tool(s)</b>	Mechanisms for monitoring services and activities include hospitalization reports, Medi-Cal key indicators, and SSRS reports.										

**FY 2018/2019 Evaluation**

In evaluating this objective, it was identified that the goal was to ensure beneficiaries discharging from psychiatric hospitalization are given any outpatient appointment within 7 business days of discharge.

During FY 18-19, the data for “beneficiaries discharging from psychiatric hospitalization are given an outpatient appointment within 7 business days of discharge” is as follows:

<b>SOC</b>	<b>ENGLISH SPEAKING</b>	<b>LIMITED ENGLISH SPEAKING</b>
Adult	77% Avg # of days: 7	76% Avg # of days: 7
Children	91% Avg # of days: 3	100% Avg # of days: 2
Forensic	84% Avg # of days: 5	50% Avg # of days: 8
Older Adult	82% Avg # of days: 5	67% Avg # of days: 6

**Recommendations**

For FY 19-20 BHRS will continue to track and monitor that beneficiaries discharging from psychiatric hospitalization are given an outpatient appointment within 7 business days of discharge.

**Objective 2B**

To conduct performance monitoring activities that gauge the system’s effectiveness at providing timely access to services for urgent conditions.

**Goal 2B**

To ensure that all requests for urgent mental health services are responded to within 48 hours for services that do not require an authorization and within 96 hours for services that do require an authorization.

**Responsible Partners**

SOC QICs; Performance Measurements

**Evaluation Methods/Tool(s)**

Mechanism for monitoring services and activities is the Medi-Cal key indicators (19/20) and SSRS reports.

**FY 2018/2019  
Evaluation**

BHRS does not differentiate the urgent requests by required prior authorization. Our methodology includes all requests regardless of whether they require prior authorization. Our unit of measurement is days currently, using 2 calendar days as a proxy for 48 hours.

**The length of time from service request for urgent appointment to actual encounter:**

	All Services	Adult Services	Children's Services	Adult Foster Care	Children's Foster Care
Average length of time (in days) for all urgent appointments (that require and do not require prior authorization)	.05 Mean 0 Median .30 Std. Dev.	0 Mean 0 Median 0 Std. Dev.	0.5 Mean 0 Median 1.0 Std. Dev.	0 Mean 0 Median 0 Std. Dev.	0 Std. Dev.
State standard	48 Hours				
Percent of appointments that meet this standard	89.6%	88.6%	100%	0%	0%
Range	0-2 days: 43 3-5 days: 0 5+ days: 0 Date Error: 5	0-2 days: 39 3-5 days: 0 5+ days: 0 Date Error: 5	0-2 days: 4 3-5 days: 0 5+ days: 0 Date Error: 0	0-2 days: 0 3-5 days: 0 5+ days: 0 Date Error: 0	0-2 days: 0 3-5 days: 0 5+ days: 0 Date Error: 0
Average length of time for urgent appointment that requires prior authorization	NA	NA	NA	NA	NA
State standard	96 Hours				
Percent of appointments that meet this standard	NA	NA	NA	NA	NA
Range	NA	NA	NA	NA	NA

<b>Recommendations</b>	BHRS will continue to ensure that all requests for urgent mental health services are responded to within 48 hours for services that do not require an authorization and within 96 hours for services that do require an authorization. The 19/20 Medi-Cal Key Indicators will include this data. The 2-calendar day proxy for 48hours will no longer be used as the unit of measure.								
<b>Objective 2C</b>	To ensure that beneficiaries are provided with information on how to access specialty mental health services after business hours, including weekends and holidays.								
<b>Goal 2C</b>	To confirm that all MHP providers have after-hours telephone message systems that provides information in English and Threshold language(s) on how to access emergency and routine mental health services for BHRS.								
<b>Responsible Partners</b>	Quality Services; SOC QICs								
<b>Evaluation Methods/Tool(s)</b>	Mechanisms for monitoring services and activities include ongoing after-hours test calls and documentation of compliance to standards outlined in the After – Hours Policy and SSRS reports.								
<b>FY 2018/2019 Evaluation</b>	<p>BHRS programs documented 541 after-hour services for FY 18-19. BHRS also monitored this area by conducting after-hour test calls to our access line. It was identified that this is an area for improvement.</p> <table border="1" data-bbox="543 841 1335 1000"> <thead> <tr> <th><b>TEST CALL CATEGORY</b></th> <th><b>% REQUIREMENT MET</b></th> </tr> </thead> <tbody> <tr> <td>Info about Accessing SMHS</td> <td>29%</td> </tr> <tr> <td>Info about Urgent services</td> <td>100%</td> </tr> <tr> <td>Info about Prob Res &amp; SFH</td> <td>33%</td> </tr> </tbody> </table>	<b>TEST CALL CATEGORY</b>	<b>% REQUIREMENT MET</b>	Info about Accessing SMHS	29%	Info about Urgent services	100%	Info about Prob Res & SFH	33%
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Info about Accessing SMHS	29%								
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<b>Recommendations</b>	BHRS will continue to ensure that beneficiaries are provided with information on how to access specialty mental health services after business hours, including weekends and holidays. BHRS is in the process of contracting with a new answering service to improve in this area.								
<b>Objective 2D</b>	To provide a Toll-Free Telephone Line that operates 24/7 and meets all required elements of the MHP contract.								
<b>Goal 2D</b>	To ensure that the 24/7 Telephone Line provides information, in beneficiary’s language of choice, on how to access specialty mental health services, beneficiary resolution process and responds to urgent conditions.								

<b>Responsible Partners</b>	Quality Services; Access Line Team; Ethnic Services Manager																								
<b>Evaluation Methods/Tool(s)</b>	Mechanisms for monitoring services and activities include monthly test calls made throughout various times of the day and night with test callers following a script and presenting a myriad of problems varying in complexity, scope and requiring a response. Call details are logged, and the success of test calls is determined by the callers' ability to be directed to the appropriate services.																								
<b>FY 2018/2019 Evaluation</b>	BHRS conducts monthly test calls throughout various times of the day and night to ensure that the 24/7 Telephone Line provides information, in beneficiary's language of choice, on how to access specialty mental health services, beneficiary resolution process and responds to urgent conditions.																								
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<b>Recommendations</b>	BHRS is in the process of contracting with a new answering service in order to improve in this area.																								

<b>3: MONITORING BENEFICIARY SATISFACTION (Source: MHP)</b>	
	<ul style="list-style-type: none"> <li>• Conducts and evaluates findings from satisfaction surveys.</li> <li>• Identifies areas of improvement as identified by beneficiary feedback and provides long term and short-term solution planning.</li> <li>• Conducts and evaluates findings from grievances/appeals/State Fair Hearings.</li> </ul>
<b>Objective 3</b>	To conduct performance monitoring activities using mechanisms that assess beneficiary satisfaction with behavioral health services provided as an indicator of beneficiary and system outcomes.
<b>Goal 3</b>	To ensure beneficiaries are receiving excellence in behavioral healthcare services as indicated by satisfaction surveys. To continue to use this information to identify and prioritize areas for improving the processes of providing care and better meeting beneficiary needs.

<b>Responsible Partners</b>	Quality Services; SOC QICs; Performance Measurements															
<b>Evaluation Methods/Tool(s)</b>	Mechanisms for monitoring services and activities include Consumer Perception Survey (youth, families of youth, adult, and older adult versions), dashboards, and survey results reports.															
<b>FY 2018/2019 Evaluation</b>	<p>BHRS conducts Consumer Perception Surveys twice a year.</p> <p>During the FY 18/19, 4,491 surveys were received with the following percentage stating they were satisfied with services:</p> <table border="1" data-bbox="592 500 1096 797"> <thead> <tr> <th></th> <th><b>FY17/18</b></th> <th><b>FY18/19</b></th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td>82%</td> <td>90%</td> </tr> <tr> <td>Older Adult</td> <td>85%</td> <td>98%</td> </tr> <tr> <td>Forensics</td> <td>83%</td> <td>96%</td> </tr> <tr> <td>Child/Family</td> <td>83%</td> <td>91%</td> </tr> </tbody> </table>		<b>FY17/18</b>	<b>FY18/19</b>	Adult	82%	90%	Older Adult	85%	98%	Forensics	83%	96%	Child/Family	83%	91%
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<b>Recommendations</b>	BHRS will continue Consumer Perception Surveys to ensure beneficiaries are satisfied with services.															
<b>Objective 3A</b>	To conduct performance monitoring activities using mechanisms that assess the number of grievances (and their resolution), appeals and requests for State Fair Hearings. To analyze the nature of the causes for concern as an indicator of beneficiary and system outcomes.															
<b>Goal 3A</b>	To ensure that beneficiary grievances, appeals, and requests for State Fair Hearings are being resolved expeditiously and appropriately within the MHP. To continue to use this information to identify and prioritize areas for improving the processes of providing care and better meeting beneficiary needs.															
<b>Responsible Partners</b>	Quality Services; Patients' Rights															
<b>Evaluation Methods/Tool(s)</b>	Mechanisms for monitoring services and activities include monthly reports on grievances, appeals and requests/outcomes for State Fair Hearings.															

<b>FY 2018/2019 Evaluation</b>	BHRS has processed 100% of grievances, appeals, and state fair hearings timely for FY 18-19. BHRS has also reported out quarterly on grievances, appeals, and state fair hearings at the Quality Management Team (QMT) meetings as well as annually to DHCS.
<b>Recommendations</b>	BHRS will continue to ensure that beneficiary grievances, appeals, and requests for State Fair Hearings are being resolved expeditiously and appropriately within the MHP and to continue to use this information to identify and prioritize areas for improving the processes of providing care and better meeting beneficiary needs.

<b>4: MONITORING THE SERVICE DELIVERY SYSTEM FOR MEANINGFUL CLINICAL &amp; ETHICAL ISSUES (Source: MHP)</b>	
<ul style="list-style-type: none"> <li>• <b>Monitors, anticipates and evaluates clinical aspects and implications of departmental policies, procedures, and actions.</b></li> <li>• <b>Reviews clinical issues, quality of care, utilization and utilization management issues that surface as a result of chart review and program review.</b></li> <li>• <b>Considers the ethical implications of departmental and staff activities.</b></li> <li>• <b>Prepares reports of findings and recommendations for submission to the Quality Management Team (QMT).</b></li> </ul>	
<b>Objective 4</b>	To conduct performance monitoring activities of the safety and effectiveness of the service delivery system related to clinical and ethical issues in the Inpatient system of care.
<b>Goal 4</b>	To identify and address issues affecting quality of care through the review of findings from incident reports, Patients' Rights investigations, inpatient authorization review, and applicable root cause analysis proceedings. To continue to use this information to identify and prioritize areas for improving the processes of providing care and better meeting beneficiary needs.
<b>Responsible Partners</b>	SOC QICs, Medical Director, Compliance Officer, Quality Services, Patients' Rights Advocate
<b>Evaluation Methods/Tool(s)</b>	Mechanisms for monitoring services and activities include meeting minutes, QMT meeting minutes, applicable reports/dashboards, chart and on-site monitoring report summaries.
<b>FY 2018/2019 Evaluation</b>	BHRS's Utilization Management program reviews inpatient charts daily. Any quality of care issues are addressed in the hospital rate and QMT meetings which include the medical director and other SOC managers.

<b>Recommendations</b>	BHRS will continue to focus on this area.
<b>Objective 4A</b>	To conduct performance monitoring activities of the mechanisms responsible for the safety and effectiveness in the Outpatient system of care.
<b>Goal 4A</b>	To identify and address issues which may affect the quality of care provided to beneficiaries, underutilization of services, overutilization of services and utilization management. To implement corrective measures as appropriate. To continue to use this information to identify and prioritize areas for improving the processes of providing care and better meeting consumer needs.
<b>Responsible Partners</b>	Medical Director, Quality Services, Compliance Officer, Utilization Management, and SOC Program Managers
<b>Evaluation Methods/Tool(s)</b>	Mechanisms for monitoring services and activities include meeting minutes, QMT meeting minutes, chart and on-site monitoring report summaries.
<b>FY 2018/2019 Evaluation</b>	BHRS conducts internal chart reviews monthly. Any quality of care issues is addressed in the monthly QMT meetings. BHRS staff complete incident reports for any safety concerns that may affect the safety of Outpatient SOC.
<b>Recommendations</b>	BHRS will continue to focus on this area.

**5: MONITORING THE MHP SERVICE DELIVERY SYSTEM FOR THE SAFETY & EFFECTIVENESS OF MEDICATION PRACTICES**  
*(Source: MHP)*

- Under the supervision of a person licensed to prescribe or dispense prescription drugs, evaluates and monitors the safety and effectiveness of medication practices.
- Reviews cases involving medication issues and tracks medication issues over time.
- Recommends and institutes needed actions involving medication procedures and policies.
- Conducts Peer Reviews regarding medication practices.

<b>Objective 5</b>	To conduct performance monitoring activities of the mechanisms responsible for the safety and effectiveness of medication practices.
<b>Goal 5</b>	To obtain information regarding the safety and effectiveness of medication practices. To continue to use this information to identify and prioritize areas for improving the processes of providing care and better meeting consumer needs.
<b>Responsible Partners</b>	Medical Director, MD/RN Team; Quality Services



<b>Evaluation Methods/Tool(s)</b>	Mechanisms to monitor the safety and effectiveness of medication practices include quarterly chart review summaries and reports under the supervision of a person licensed to prescribe or dispense prescription drugs.
<b>FY 2018/2019 Evaluation</b>	BHRS conducts quarterly chart review to monitor and obtain information regarding the safety and effectiveness of medication practices. This year this process and auditing tool were reviewed by a committee including the medical director, quality services staff, and data outcomes and technology services (DOTS) staff to improve the value of the compliance reports. The medication monitoring policy was updated to reflect the new process for submitting data.
<b>Recommendations</b>	BHRS will implement and collect data utilizing the new process for the medication monitoring process to obtain a more accurate compliance report.

<b>6: MONITORING COORDINATION OF CARE BETWEEN THE MHP AND PHYSICAL HEALTHCARE AGENCIES (Source: MHP)</b>	
<ul style="list-style-type: none"> <li>• <b>Manages the continuity and coordination of care between physical health care agencies and the MHP across the department.</b></li> <li>• <b>Develops department-wide processes to link physical health care into ongoing operating procedures.</b></li> <li>• <b>Assesses the effectiveness and facilitates the improvement of MOU's with physical health care plans.</b></li> </ul>	
<b>Objective 6</b>	To conduct performance monitoring activities of the mechanisms responsible for enhancing continuity and increasing the coordination of care between the MHP and Physical Healthcare agencies/providers as an indicator of beneficiary and system outcomes.
<b>Goal 6</b>	Update MOU's with physical health plans to create a mechanism for exchange of information between BHRS & primary care with regards to individual client care. To enhance any additional continuity and coordination of care activities. To assess effectiveness of MOU with physical health care providers and revise as appropriate to improve the processes of providing care and better meeting consumer needs.
<b>Responsible Partners</b>	Medical Director; Privacy Officer; Quality Services
<b>Evaluation Methods/Tool(s)</b>	The completed draft of Health Plan of San Joaquin and Health Net MOUs, updated Coordination of Care policy, data reports, training sign in sheets, Coordination of Care protocol.

<b>FY 2018/2019 Evaluation</b>	BHRS monitors the program staff contact with client's PCP through its Medi-cal Key Indicators. For FY 18/19, BHRS is at 49% (goal 45%). Also, 75% of medi-cal beneficiaries have a PCP identified & of those, 90% have consented for us to share information with their PCP. During this past year, the PCP form was changed to an electronic form and the PCP database was updated. Currently BHRS is working on integrating the old and new system.
<b>Recommendations</b>	BHRS will integrate the old PCP database system with the new system and continue to improve coordination of care between the MHP and Physical Healthcare agencies/providers.

<b>7: MONITORING PROVIDER APPEALS (Source: MHP)</b>	
<ul style="list-style-type: none"> <li>• Reviews provider appeals submitted to the utilization management department.</li> <li>• Evaluates the provider appeals process for efficiency and effectiveness.</li> <li>• Makes recommendations based on group findings and review of provider appeals that ensures equity and fairness in due process.</li> </ul>	
<b>Objective 7</b>	To conduct performance monitoring activities which review provider appeals and concerns on an ongoing basis as an indicator of the effectiveness of the provider appeal resolution process.
<b>Goal 7</b>	To provide an effective means of identifying, resolving and preventing the recurrence of provider concerns/appeals with the MHP's authorization and other processes. To continue to use this information to identify and prioritize areas for improving the processes of providing care.
<b>Responsible Partners</b>	Quality Services; Utilization Management (UM); Managed Care QIC
<b>Evaluation Methods/Tool(s)</b>	Mechanisms for monitoring services and activities include Provider appeal log and provider appeal summaries.

<b>FY 2018/2019 Evaluation</b>	BHRS identifies, resolves and works towards preventing the recurrence of provider concerns/appeals on an ongoing basis by providing immediate feedback to providers, conducting chart reviews, providing DHCS's documentation training to providers, creating a list of common denial reasons which references the DHCS documentation training, and providing concurrent review expectations. Appeals are processed and tracked. There was no significant decrease in the number of appeals processed for FY18-19 (492) and the previous FY 17/18 (493). BHRS continues to focus on preventing the recurrence of provider concerns/appeals and hopes to see a decrease of provider appeals in FY 19-20.
<b>Recommendations</b>	BHRS will continue to conduct performance monitoring activities which review provider appeals and concerns on an ongoing basis as an indicator of the effectiveness of the provider appeal resolution process.

<b>8: MONITORING MENTAL HEALTH NEEDS IN SPECIFIC CULTURAL GROUPS</b>	
<ul style="list-style-type: none"> <li>• Assumes responsibility for ensuring trainings designed to enhance cultural competence are being offered.</li> <li>• Conducts outreach activities to unserved, underserved, inappropriately served, and minority populations.</li> <li>• Monitors the implementation of cultural competence plan goals.</li> <li>• Participates as necessary in other committee activities.</li> </ul>	
<b>Objective 8</b>	To conduct performance monitoring activities of the mechanisms used to identify access barriers among specified ethnic/cultural groups that are currently unserved, underserved or inappropriately served.
<b>Goal 8</b>	To evaluate the effectiveness of current outreach activities in engaging diverse cultural groups into mental health treatment. To review and monitor the provision of cultural competency trainings to providers. To continue using this information to identify and prioritize areas for improving the processes of providing care and better meeting beneficiary needs.
<b>Responsible Partners</b>	Ethnics Services Manager (ESM), Quality Services Manager; Performance Measurements; Cultural Competency Social Equality Justice Committee (CCESJC)
<b>Evaluation Methods/Tool(s)</b>	Mechanisms for monitoring services & activities include training reports, CCESJC meeting minutes, & dashboard/reports.

BHRS is dedicated to identifying and decreasing access barriers among specified ethnic/cultural groups that are currently unserved, underserved or inappropriately served. BHRS has a Cultural Competency Program in place. Some components of this program include the BHRS staff requirement to complete annual cultural competency trainings, monthly CCESJC meetings, and policies addressing cultural competency. There have been multiple outreach and engagement efforts by our Prevention and Early Intervention (PEI) program such as RAIZ Promotores MH Prevention Program, Dia del Promotor/Day of the Promotor Conference, Mental Health Awareness Month Kick Off Event, Mental Health First Aid Trainings, and more. Currently BHRS is recruiting for the ESM position which is needed in order to fully monitor this area.

Listed below are data elements for FY18/19 related to different cultural groups:

**The percentage of total clients served (unduplicated) by Race/Ethnicity:**

<b>RACE/ETHNICITY</b>	<b>FY18/19</b>
African-American	7%
Asian	3%
Native American%	0.7%
White American%	37.5%
Other/Unknown	51.7%
<b>Hispanic Origin</b>	
Hispanic	44.2%
Not Hispanic/Latino	50%
Unknown/Not Reported	5.8%

**The percentage of total client served (unduplicated) by age for FY 18/19 is listed below:**

<b>AGE GROUP</b>	<b>FY18/19</b>
0-17	45.2%
18-59	49.2%
60+	5.6%

**FY 2018/2019  
Evaluation  
Continued**

The client retention rate for FY18/19 by ethnicity is listed below:

	<b>FY18/19</b>
Overall	71%
African-American	76%
Asian /Pacific Islander	75%
Hispanic	72%
Native American	69%
White American	71%
Other	57%

**Recommendations**

BHRS will continue to recruit an ESM in order to monitor this area fully.

**9: PERFORMANCE IMPROVEMENT PROJECTS (PIP)**

- **Facilitates clinical and administrative PIP activities.**
- **Uses data as a foundation for the PIP Implementation and Submission Tool.**
- **Evaluates progress on PIP stages and reviews final reports.**
- **Shares information about PIP activities with QMT that may be used in policy making.**

**Objective 9** To maintain two (2) active Performance Improvement Projects (PIPs); one (1) clinical and one (1) administrative, per fiscal year.

**Goal 9** To complete the appropriate steps in the CAEQRO PIP Validation Tool for each PIP.

**Responsible Partners** SOC QICs; PIP chairs; Quality Services

**Evaluation Methods/Tool(s)** Mechanisms for monitoring services and activities include CAEQRO PIP summary reports and Implementation and Submission Tool.

<b>FY 2018/2019 Evaluation</b>	During the 2018-2019 fiscal year, Stanislaus County BHRS had two active PIPs, clinical and administrative. The CalEQRO PIP Validation Tool was completed for each PIP.
<b>Recommendations</b>	Stanislaus County BHRS will continue to have two active PIPs per fiscal year.

<b>10: MONITORING AND PROGRESS TOWARD COORDINATING CO-OCCURRING SERVICES</b>	
<ul style="list-style-type: none"> <li>• <b>Evaluates current clinical practice and plans for coordination of care for Co-Occurring services.</b></li> <li>• <b>Makes recommendations about clinical practices, standard policies, procedures, service delivery and coordination of care.</b></li> <li>• <b>Reviews clinical chart documents for use and appropriateness in facilitating treatment for Co-Occurring beneficiaries, and makes recommendations on useful modifications.</b></li> </ul>	
<b>Objective 10</b>	To conduct performance monitoring activities of the mechanisms used to evaluate the service delivery system for coordination of referrals, interventions and discharge planning.
<b>Goal 10</b>	To evaluate the level of coordination occurring between behavioral health and substance use treatment. To make recommendations as to what steps should be taken to better integrate care.
<b>Responsible Partners</b>	SOC Managers; Chief, SUD Services; Quality Services
<b>Evaluation Methods/Tool(s)</b>	Mechanisms for monitoring services and activities include provider meeting minutes, monthly reports to QMT, Assessing for Co-Occurring Issues utilizing the Teen -ASI, and review of appropriate and timely
<b>FY 2018/2019 Evaluation</b>	<p>For FY 18/19 there is an active administrative PIP in place to address this topic. It was identified that the coordination of care between mental health and SUD needed improvement. The initial baseline data that was collected prior to implementing the PIP showed that only 12% of the 52% of unduplicated clients that had a “yes” response to the CAGE screening (for SUD) received a SUD Comprehensive Assessment after being referred for services.</p> <p>T-ASI completion has been monitored for a long time by the CSOC QIC. This year, programs struggled to provide accurate data, as the EHR reports have to be cross-checked with paper documents in client specific charts. The discussions this year and in prior years in QIC include that T-ASI has not proven to be a useful tool for screening for SUD concerns for youth. CSOC has maintained quarterly training on the T-ASI tool, since it is the current tool, but the plan is to remove the data monitoring from the QI Work Plan and move in the direction of finding a more meaningful tool for SUD screening for youth by working with the SUD System of Care, as they implement DMC ODS.</p>

**Recommendations**

BHRS will continue to improve in this area through the PIP process.  
 CSOC to work with the SUD System of Care to find a more meaningful tool for SUD Screening for youth.

**11: MONITORING QUALITY IMPROVEMENT AND DOCUMENTATION REVIEW**

- **Reviews new regulations which may affect documentation issues**
- **Works to build standardized procedures for new legislation when implemented in MHP.**
- **Serves as a review body for audit results which go to appeal after the first plan of correction.**

**Objective 11**

To conduct performance monitoring activities using mechanisms that assess if all chart documentation and audit review findings are in congruence with State and Federal regulations as an indicator of adherence credentialing and monitoring standards.

**Goal 11**

To review all current chart documents for ease of use and to ensure appropriateness to Title 9, Medi-Cal, Managed Care and Federal requirements; make revisions based on new legislation and State guidance as needed. To enhance department quality improvement practices, infrastructure and QI work plan fidelity. To continue to use this information to identify and prioritize areas for improving the process of providing care and better meeting consumer needs.

**Responsible Partners**

Quality Services; Utilization Management; SOC managers

**Evaluation Methods/Tool(s)**

Mechanisms for monitoring services and activities include chart audits (peer review), treatment plan authorization review, and disallowance reports and/or suspended services for outpatient services and denied days for inpatient services, reports, and dashboards.

<p><b>FY 2018/2019 Evaluation</b></p>	<p>BHRS conducted monthly mental health chart audits for FY17/18 and FY 18/19 for a total of 24 audits. All MH programs were reviewed to ensure appropriateness to Title 9, Medi-Cal, Managed Care and Federal requirements. For FY18-19 the overall department compliance score was 91%.</p> <p>BHRS UM staff completed a manual audit of delegated activities (initial authorization of assessments and treatment plans and transfer authorizations). The total number of authorizations audited was 50 (24 initial assessment, 24 initial treatment, and 2 transfer authorizations). Areas for improvement identified were data entry errors related to authorization dates and enhancing documentation of diagnosis/medical necessity criteria. The feedback/outcome of this audit is to be provided to the program authorizers.</p> <p>BHRS UM staff also conducts reviews of all annual and subsequent authorizations to ensure regulations are adhered to.</p> <p>To monitor this area, BHRS Business Office consistently runs disallowance and/or suspended services reports to identify areas for improvement.</p> <p>BHRS also processes and tracks provider appeals. For FY18-19 there were 492 appeals processed which is one less than the previous FY 17/18 (493). BHRS continues to focus on preventing the recurrence of provider concerns/appeals.</p>
<p><b>Recommendations</b></p>	<p>BHRS will continue to monitor this area.</p> <p>BHRS UM staff will collaborate with DOTS program to review possibilities of changing parts of the manual auditing process to an electronic process.</p>



Quality Improvement (QI) Work Plan FY 2019-2020:  
Goals and Objectives

<b>1: MONITORING THE SERVICE CAPACITY AND SERVICE DISTRIBUTION OF THE MHP (Source: MHP)</b>	
<ul style="list-style-type: none"> <li>• Conducts performance monitoring activities that evaluate beneficiary and system outcomes and indicators of wellbeing.</li> <li>• Describes and provides information regarding the current type, number and geographic distribution of Mental Health Services in the system.</li> <li>• Evaluates and monitors the capacity of the MHP.</li> <li>• Makes program recommendations based on capacity indicators.</li> <li>• Participates in the county planning process which identifies expanded service populations.</li> <li>• Monitors the number of Medi-Cal beneficiaries receiving services and works with Performance Measurements to distribute information to Program Managers and the Quality Management Team (QMT).</li> </ul>	
<b>Objective 1</b>	To describe the current type, number, and geographic distribution of Mental Health Services in the MHP System of Care to ensure appropriate allocation of MHP resources in providing adequate behavioral health access to all beneficiaries.
<b>Goal 1</b>	To identify service provision to Children, Youth, and Adult Medi-Cal/Uninsured beneficiaries by types of services and service locations by geographic regions. To track service provision against service demand and ensure resources are appropriately allocated to provide for access.
<b>Responsible Partners</b>	SOC QICs; Performance Measurements
<b>Evaluation Methods/Tool(s)</b>	Mechanisms for monitoring services and activities include data dashboards and geographic maps.
<b>FY 2019/2020 Evaluation</b>	In progress
<b>Recommendations</b>	To be determined

<b>2: MONITORING TIMELY ACCESS FOR ROUTINE AND URGENT SERVICE NEEDS (Source: MHP)</b>	
<ul style="list-style-type: none"> <li>• Conducts and coordinates performance monitoring activities to test timeliness and access to services within the MHP.</li> <li>• Tests the ability of the appointment system through the mechanisms of test calls and internal audits of contact logs.</li> <li>• Reports findings and suggested solutions for systems issues which negatively impact access.</li> <li>• Tests and evaluates the ability of the system to respond to calls to 24/7 Toll Free Phone Number.</li> <li>• Reviews timeliness to service for all appointment types within the system including routine appointments and services for urgent conditions.</li> </ul>	
<b>Objective 2</b>	To conduct performance monitoring activities that gauge the system’s effectiveness at providing timely access to routine specialty mental health appointments.
<b>Goal 2</b>	To ensure that all beneficiaries requesting a comprehensive assessment are offered an appointment within 10 business days.
<b>Responsible Partners</b>	Quality Services; Access Line team; SOC QICs; Performance Measurements
<b>Evaluation Methods/Tool(s)</b>	Mechanisms for monitoring services and activities include test calls, internal audit of contact logs, SSRS reports, and Medi-Cal key indicators.
<b>FY 2019/2020 Evaluation</b>	In progress
<b>Recommendations</b>	To be determined
<b>Goal 2.1</b>	To ensure beneficiaries discharging from psychiatric hospitalization are given an outpatient appointment within 7 business days of discharge.
<b>Responsible Partners</b>	SOC QICs; Performance Measurements; Hospital Rate Committee
<b>Evaluation Methods/Tool(s)</b>	Mechanisms for monitoring services and activities include hospitalization reports, Medi-Cal key indicators, and SSRS reports.
<b>FY 2019/2020 Evaluation</b>	In progress
<b>Recommendations</b>	To be determined
<b>Objective 2B</b>	To conduct performance monitoring activities that gauge the system’s effectiveness at providing timely access to services for urgent conditions.

<b>Goal 2B</b>	To ensure that all requests for urgent mental health services are responded to within 48 hours for services that do not require an authorization and within 96 hours for services that do require an authorization.
<b>Responsible Partners</b>	SOC QICs; Performance Measurements
<b>Evaluation Methods/Tool(s)</b>	Mechanism for monitoring services and activities is the Medi-Cal key indicators and SSRS reports.
<b>FY 2019/2020 Evaluation</b>	In progress
<b>Recommendations</b>	To be determined
<b>Objective 2C</b>	To ensure that beneficiaries are provided with information on how to access specialty mental health services after business hours, including weekends and holidays.
<b>Goal 2C</b>	To confirm that all MHP providers have after-hours telephone message systems that provides information in English and Threshold language(s) on how to access emergency and routine mental health services for BHRS.
<b>Responsible Partners</b>	Quality Services; SOC QICs
<b>Evaluation Methods/Tool(s)</b>	Mechanisms for monitoring services and activities include ongoing after-hours test calls and documentation of compliance to standards outlined in the After – Hours Policy and SSRS reports.
<b>FY 2019/2020 Evaluation</b>	In progress
<b>Recommendations</b>	To be determined
<b>Objective 2D</b>	To provide a Toll-Free Telephone Line that operates 24/7 and meets all required elements of the MHP contract.
<b>Goal 2D</b>	To ensure that the 24/7 Telephone Line provides information, in beneficiary’s language of choice, on how to access specialty mental health services, beneficiary resolution process and responds to urgent conditions.
<b>Responsible Partners</b>	Quality Services; Access Line Team; Ethnic Services Manager

<b>Evaluation Methods/Tool(s)</b>	Mechanisms for monitoring services and activities include monthly test calls made throughout various times of the day and night with test callers following a script and presenting a myriad of problems varying in complexity, scope and requiring a response. Call details are logged, and the success of test calls is determined by the callers' ability to be directed to the appropriate services.
<b>FY 2019/2020 Evaluation</b>	In progress
<b>Recommendations</b>	To be determined

**3: MONITORING BENEFICIARY SATISFACTION (Source: MHP)**

	<ul style="list-style-type: none"> <li>• Conducts and evaluates findings from satisfaction surveys.</li> <li>• Identifies areas of improvement as identified by beneficiary feedback and provides long term and short-term solution planning.</li> <li>• Conducts and evaluates findings from grievances/appeals/State Fair Hearings.</li> </ul>
<b>Objective 3</b>	To conduct performance monitoring activities using mechanisms that assess beneficiary satisfaction with behavioral health services provided as an indicator of beneficiary and system outcomes.
<b>Goal 3</b>	To ensure beneficiaries are receiving excellence in behavioral healthcare services as indicated by satisfaction surveys. To continue to use this information to identify and prioritize areas for improving the processes of providing care and better meeting beneficiary needs.
<b>Responsible Partners</b>	Quality Services; SOC QICs; Performance Measurements
<b>Evaluation Methods/Tool(s)</b>	Mechanisms for monitoring services and activities include Consumer Perception Survey (youth, families of youth, adult, and older adult versions), dashboards, and survey results reports.
<b>FY 2019/2020 Evaluation</b>	In progress
<b>Recommendations</b>	To be determined
<b>Objective 3A</b>	To conduct performance monitoring activities using mechanisms that assess the number of grievances (and their resolution), appeals and requests for State Fair Hearings. To analyze the nature of the causes for concern as an indicator of beneficiary and system outcomes.

<b>Goal 3A</b>	To ensure that beneficiary grievances, appeals, and requests for State Fair Hearings are being resolved expeditiously and appropriately within the MHP. To continue to use this information to identify and prioritize areas for improving the processes of providing care and better meeting beneficiary needs.
<b>Responsible Partners</b>	Quality Services; Patients' Rights
<b>Evaluation Methods/Tool(s)</b>	Mechanisms for monitoring services and activities include monthly reports on grievances, appeals and requests/outcomes for State Fair Hearings.
<b>FY 2019/2020 Evaluation</b>	In progress
<b>Recommendations</b>	To be determined

**4: MONITORING THE SERVICE DELIVERY SYSTEM FOR MEANINGFUL CLINICAL & ETHICAL ISSUES (Source: MHP)**

- **Monitors, anticipates and evaluates clinical aspects and implications of departmental policies, procedures, and actions.**
- **Reviews clinical issues, quality of care, utilization and utilization management issues that surface as a result of chart review and program review.**
- **Considers the ethical implications of departmental and staff activities.**
- **Prepares reports of findings and recommendations for submission to the Quality Management Team (QMT).**

<b>Objective 4</b>	To conduct performance monitoring activities of the safety and effectiveness of the service delivery system related to clinical and ethical issues in the Inpatient system of care.
<b>Goal 4</b>	To identify and address issues affecting quality of care through the review of findings from incident reports, Patients' Rights investigations, inpatient authorization review, and applicable root cause analysis proceedings. To continue to use this information to identify and prioritize areas for improving the processes of providing care and better meeting beneficiary needs.
<b>Responsible Partners</b>	SOC QICs, Medical Director, Compliance Officer, Quality Services, Patients' Rights Advocate
<b>Evaluation Methods/Tool(s)</b>	Mechanisms for monitoring services and activities include meeting minutes, QMT meeting minutes, applicable reports/dashboards, chart and on-site monitoring report summaries.
<b>FY 2019/2020 Evaluation</b>	In progress

<b>Recommendations</b>	To be determined
<b>Objective 4A</b>	To conduct performance monitoring activities of the mechanisms responsible for the safety and effectiveness in the Outpatient system of care.
<b>Goal 4A</b>	To identify and address issues which may affect the quality of care provided to beneficiaries, underutilization of services, overutilization of services and utilization management. To implement corrective measures as appropriate. To continue to use this information to identify and prioritize areas for improving the processes of providing care and better meeting consumer needs.
<b>Responsible Partners</b>	Medical Director, Quality Services, Compliance Officer, Utilization Management, and SOC Program Managers
<b>Evaluation Methods/Tool(s)</b>	Mechanisms for monitoring services and activities include meeting minutes, QMT meeting minutes, chart and on-site monitoring report summaries.
<b>FY 2019/2020 Evaluation</b>	In progress
<b>Recommendations</b>	To be determined

**5: MONITORING THE MHP SERVICE DELIVERY SYSTEM FOR THE SAFETY & EFFECTIVENESS OF MEDICATION PRACTICES**  
*(Source: MHP)*

	<ul style="list-style-type: none"> <li>• Under the supervision of a person licensed to prescribe or dispense prescription drugs, evaluates and monitors the safety and effectiveness of medication practices.</li> <li>• Reviews cases involving medication issues and tracks medication issues over time.</li> <li>• Recommends and institutes needed actions involving medication procedures and policies.</li> <li>• Conducts Peer Reviews regarding medication practices.</li> </ul>
<b>Objective 5</b>	To conduct performance monitoring activities of the mechanisms responsible for the safety and effectiveness of medication practices.
<b>Goal 5</b>	To obtain information regarding the safety and effectiveness of medication practices. To continue to use this information to identify and prioritize areas for improving the processes of providing care and better meeting consumer needs.
<b>Responsible Partners</b>	Medical Director, MD/RN Team; Quality Services

<b>Evaluation Methods/Tool(s)</b>	Mechanisms to monitor the safety and effectiveness of medication practices include quarterly chart review summaries and reports under the supervision of a person licensed to prescribe or dispense prescription drugs.
<b>FY 2019/2020 Evaluation</b>	In progress
<b>Recommendations</b>	To be determined

<b>6: MONITORING COORDINATION OF CARE BETWEEN THE MHP AND PHYSICAL HEALTHCARE AGENCIES (Source: MHP)</b>	
<ul style="list-style-type: none"> <li>• <b>Manages the continuity and coordination of care between physical health care agencies and the MHP across the department.</b></li> <li>• <b>Develops department-wide processes to link physical health care into ongoing operating procedures.</b></li> <li>• <b>Assesses the effectiveness and facilitates the improvement of MOU's with physical health care plans.</b></li> </ul>	
<b>Objective 6</b>	To conduct performance monitoring activities of the mechanisms responsible for enhancing continuity and increasing the coordination of care between the MHP and Physical Healthcare agencies/providers as an indicator of beneficiary and system outcomes.
<b>Goal 6</b>	Update MOU's with physical health plans in order to create a mechanism for exchange of information between BHRS & primary care with regards to individual client care. To enhance any additional continuity and coordination of care activities. To assess effectiveness of MOU with physical health care providers and revise as appropriate to improve the processes of providing care and better meeting consumer needs.
<b>Responsible Partners</b>	Medical Director; Privacy Officer; Quality Services
<b>Evaluation Methods/Tool(s)</b>	The completed draft of Health Plan of San Joaquin and Health Net MOUs, updated Coordination of Care policy, data reports, training sign in sheets, Coordination of Care protocol.
<b>FY 2019/2020 Evaluation</b>	In progress
<b>Recommendations</b>	To be determined

**7: MONITORING PROVIDER APPEALS (Source: MHP)**

- Reviews provider appeals submitted to the utilization management department.
- Evaluates the provider appeals process for efficiency and effectiveness.
- Makes recommendations based on group findings and review of provider appeals that ensures equity and fairness in due process.

<b>Objective 7</b>	To conduct performance monitoring activities which review provider appeals and concerns on an ongoing basis as an indicator of the effectiveness of the provider appeal resolution process.
<b>Goal 7</b>	To provide an effective means of identifying, resolving and preventing the recurrence of provider concerns/appeals with the MHP’s authorization and other processes. To continue to use this information to identify and prioritize areas for improving the processes of providing care.
<b>Responsible Partners</b>	Quality Services; Utilization Management; Managed Care QIC
<b>Evaluation Methods/Tool(s)</b>	Mechanisms for monitoring services and activities include Provider appeal log and provider appeal summaries.
<b>FY 2019/2020 Evaluation</b>	In progress
<b>Recommendations</b>	To be determined

**8: MONITORING MENTAL HEALTH NEEDS IN SPECIFIC CULTURAL GROUPS**

- Assumes responsibility for ensuring trainings designed to enhance cultural competence are being offered.
- Conducts outreach activities to unserved, underserved, inappropriately served, and minority populations.
- Monitors the implementation of cultural competence plan goals.
- Participates as necessary in other committee activities.

<b>Objective 8</b>	To conduct performance monitoring activities of the mechanisms used to identify access barriers among specified ethnic/cultural groups that are currently unserved, underserved or inappropriately served.
<b>Goal 8</b>	To evaluate the effectiveness of current outreach activities in engaging diverse cultural groups into mental health treatment. To review and monitor the provision of cultural competency trainings to providers. To continue using this information to identify and prioritize areas for improving the processes of providing care and better meeting beneficiary needs.



<b>Responsible Partners</b>	Ethnics Services Manager, Quality Services Manager; Performance Measurements; Cultural Competency Social Equality Justice Committee (CCESJC)
<b>Evaluation Methods/Tool(s)</b>	Mechanisms for monitoring services and activities include training reports, CCESJC meeting minutes, and dashboard/reports.
<b>FY 2019/2020 Evaluation</b>	In progress
<b>Recommendations</b>	To be determined

#### 9: PERFORMANCE IMPROVEMENT PROJECTS (PIP)

- Facilitates clinical and administrative PIP activities.
- Uses data as a foundation for the PIP Implementation and Submission Tool.
- Evaluates progress on PIP stages and reviews final reports.
- Shares information about PIP activities with QMT that may be used in policy making.

<b>Objective 9</b>	To maintain two (2) active Performance Improvement Projects (PIPs); one (1) clinical and one (1) administrative, per fiscal year.
<b>Goal 9</b>	To complete the appropriate steps in the CAEQRO PIP Validation Tool for each PIP.
<b>Responsible Partners</b>	SOC QICs; PIP chairs; Quality Services
<b>Evaluation Methods/Tool(s)</b>	Mechanisms for monitoring services and activities include CAEQRO PIP summary reports and Implementation and Submission Tool.
<b>FY 2019/2020 Evaluation</b>	In progress
<b>Recommendations</b>	To be determined

#### 10: MONITORING AND PROGRESS TOWARD COORDINATING CO-OCCURRING SERVICES

- Evaluates current clinical practice and plans for coordination of care for Co-Occurring services.
- Makes recommendations about clinical practices, standard policies, procedures, service delivery and coordination of care.
- Reviews clinical chart documents for use and appropriateness in facilitating treatment for Co- Occurring beneficiaries, and makes recommendations on useful modifications.

<b>Objective 10</b>	To conduct performance monitoring activities of the mechanisms used to evaluate the service delivery system for coordination of referrals, interventions and discharge planning.
<b>Goal 10</b>	To evaluate the level of coordination occurring between behavioral health and substance use treatment. To make recommendations as to what steps should be taken to better integrate care.
<b>Responsible Partners</b>	SOC Managers; Chief, SUD Services; Quality Services
<b>Evaluation Methods/Tool(s)</b>	Mechanisms for monitoring services and activities include provider meeting minutes, monthly reports to QMT, and review of appropriate and timely referrals.
<b>FY 2019/2020 Evaluation</b>	In progress
<b>Recommendations</b>	To be determined

#### 11: MONITORING QUALITY IMPROVEMENT AND DOCUMENTATION REVIEW

- **Reviews new regulations which may affect documentation issues**
- **Works to build standardized procedures for new legislation when implemented in MHP.**
- **Serves as a review body for audit results which go to appeal after the first plan of correction.**

<b>Objective 11</b>	To conduct performance monitoring activities using mechanisms that assess if all chart documentation and audit review findings are in congruence with State and Federal regulations as an indicator of adherence credentialing and monitoring standards.
<b>Goal 11</b>	To review all current chart documents for ease of use and to ensure appropriateness to Title 9, Medi-Cal, Managed Care and Federal requirements; make revisions based on new legislation and State guidance as needed. To enhance department quality improvement practices, infrastructure and QI work plan fidelity. To continue to use this information to identify and prioritize areas for improving the process of providing care and better meeting consumer needs.
<b>Responsible Partners</b>	Quality Services; Utilization Management; SOC managers
<b>Evaluation Methods/Tool(s)</b>	Mechanisms for monitoring services and activities include chart audits (peer review), treatment plan authorization review, and disallowance reports and/or suspended services for outpatient services and denied days for inpatient services, reports, and dashboards.

**FY 2019/2020  
Evaluation**

In progress

**Recommendations**

To be determined