Behavioral Health and Recovery Services (BHRS)

Quality Assessment & Performance Improvement (QAPI) Program:

Quality Improvement (QI) Program Description and Work Plan

2020-2021

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Quality Improvement (QI) Program Description 2020-2021

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: 2019-2020 and 2020-2021

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) ***2019-2020 and 2020-2021***. 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 2019-2020***. The last section summarizes the QI Work Plan goals and objectives for the current ***FY 2020-2021***.

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

1: MONITORING THE SERVICE CAPACITY AND SERVICE DISTRIBUTION OF THE MHP (*Source: MHP*)	
• **Conducts performance monitoring activities that evaluate beneficiary and system outcomes and indicators of wellbeing.** • **Describes and provides information regarding the current type, number and geographic distribution of Mental Health Services in the system.** • **Evaluates and monitors the capacity of the MHP.** • **Makes program recommendations based on capacity indicators.** • **Participates in the county planning process which identifies expanded service populations.** • **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).**	
Objective 1	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.
Goal 1	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.
Responsible Partners	SOC QICs; Performance Measurements
Evaluation Methods/Tool(s)	Mechanisms for monitoring services and activities include data dashboards. (Source Data: SSRS 1627)

FY 2019/2020 Evaluation	During the FY19-20, 100% of beneficiaries were located within 30 miles or 60 minutes of a mental health provider. Of the 3,500 unduplicated clients served 11.4% were served in Ceres, 10.1% on the Eastside, 55.7% in Modesto, 15.4% in Turlock, and 7.3% on the westside.
Recommendations	Stanislaus County BHRS will continue to serve beneficiaries and meet time and distance standards.

LOCATION SERVED	PERCENTAGE SERVED
Ceres	11.4%
Eastside	10.1%
Modesto	55.7%
Turlock	15.4%
Westside	7.3%
Total	100%

2: MONITORING TIMELY ACCESS FOR ROUTINE AND URGENT SERVICE NEEDS (*Source: MHP*)	
• **Conducts and coordinates performance monitoring activities to test timeliness and access to services within the MHP.** • **Tests the ability of the appointment system through the mechanisms of test calls and internal audits of contact logs.** • **Reports findings and suggested solutions for systems issues which negatively impact access.** • **Tests and evaluates the ability of the system to respond to calls to 24/7 Toll Free Phone Number.** • **Reviews timeliness to service for all appointment types within the system including routine appointments and services for urgent conditions.**	
Objective 2	To conduct performance monitoring activities that gauge the system's effectiveness at providing timely access to routine specialty mental health appointments.
Goal 2	To ensure that all beneficiaries requesting a comprehensive assessment are offered an appointment within 10 business days.
Responsible Partners	Quality Services; Access Line team; SOC QICs; Performance Measurements
Evaluation Methods/Tool(s)	Mechanisms for monitoring services and activities include test calls, internal audit of contact logs, SSRS reports, and Medi-Cal key indicators. (Source Data: MKI Access #1, Contact Log/MATA #1)

FY 2019/2020 Evaluation

During FY19-20, BHRS began tracking and monitoring ***offered*** appointments in addition to ***scheduled*** appointments. Below are the data for both offered and scheduled appointments.

Beneficiaries requesting a comprehensive assessment are offered an appointment within 10 business days:

SYSTEM OF CARE (SOC)	PERCENTAGE OF *OFFERED* APPT W/IN 10 BUSINESS DAYS
Adult SOC*	91% (541/594)
Children SOC	89% (1640/1844)
Older Adult SOC	92% (22/24)

Beneficiaries requesting a comprehensive assessment are scheduled an appointment within 10 business days:

SYSTEM OF CARE (SOC)	PERCENTAGE OF *SCHEDULED* APPT W/IN 10 BUSINESS DAYS
Adult SOC*	91% (543/596)
Children SOC	89% (1640/1844)
Older Adult SOC	91% (20/22)

*Includes Forensics

Recommendations

During the FY 20/21, BHRS will continue to track and monitor the offered and scheduled appointments. To better monitor and track these areas the Contact Log is being updated and staff will be (re-) trained to ensure these areas are monitored appropriately.

Goal 2.1

To ensure beneficiaries discharging from psychiatric hospitalization are given an outpatient appointment within 7 business days of discharge.

Responsible Partners

SOC QICs; Performance Measurements; Hospital Rate Committee

<table>
<tr><td>Evaluation Methods/Tool(s)</td><td>Mechanisms for monitoring services and activities include hospitalization reports, Medi-Cal key indicators, and SSRS reports. (Source Data: MKI Continuity of Care #1 & 3)</td></tr>
<tr><td>FY 2019/2020 Evaluation</td><td>During FY 19-20, the data for timeliness of post-hospitalization appointments are below.
“Beneficiaries discharging from psychiatric hospitalization are given an outpatient appointment within 7 business days of discharge”
<table>
<tr><th>SOC</th><th>ENGLISH SPEAKING</th><th>LIMITED ENGLISH SPEAKING</th></tr>
<tr><td>Adult</td><td>79% (528/666)
Avg # of days: 6</td><td>73% (22/30)
Avg # of days: 7</td></tr>
<tr><td>Children</td><td>97% (166/171)
Avg # of days: 3</td><td>100% (19/19)
Avg # of days: 2</td></tr>
<tr><td>Forensic</td><td>75% (77/103)
Avg # of days: 7</td><td>100% (1/1)
Avg # of days: 1</td></tr>
<tr><td>Older Adult</td><td>91% (40/44)
Avg # of days: 4</td><td>75% (3/4)
Avg # of days: 4</td></tr>
</table></td></tr>
<tr><td>Recommendations</td><td>For FY 20-21 BHRS will continue to track and monitor that beneficiaries discharging from psychiatric hospitalization are given an outpatient appointment within 7 business days of discharge.</td></tr>
<tr><td>Objective 2B</td><td>To conduct performance monitoring activities that gauge the system’s effectiveness at providing timely access to services for urgent conditions.</td></tr>
<tr><td>Goal 2B</td><td>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.</td></tr>
<tr><td>Responsible Partners</td><td>SOC QICs; Performance Measurements</td></tr>
<tr><td>Evaluation Methods/Tool(s)</td><td>Mechanism for monitoring services and activities is the Medi-Cal key indicators and SSRS reports. (Source Data: MATA #4)</td></tr>
</table>

FY 2019/2020 Evaluation

BHRS was collecting and reporting urgent appointment to encounter data using days (2 days) rather than hours (48 hours). The methodology was changed after the 2019 EQRO review to address the Timeliness Recommendation #3. The change required a revision to the data collection form in the EHR and additional training, so the methodological change went into effect as of January 2020. BHRS was also not tracking urgent appointments that required prior authorization separately until January 2020. Therefore, the data below reflects the time period of January through June 2020.

January – June 2020

Note: NA is used when there were no urgent appointments for that category

	All Services	Adult Services	Children's Services	Foster Care Adult	Foster Care Children
Length of time for urgent appointments that do not require prior authorization	5.5 Hours Mean	12.8 Hours Mean	1 Hour Mean	NA	1 Hour Mean
	1 Hours Median	1 Hour Median	1 Hour Median	NA	1 Hour Median
	25.8 Std. Dev.	41.5 Std. Dev.	0 Std. Dev.	NA	0 Std. Dev.
DHCS standard	48 Hours				
Percent of appointments that met this standard	98%	94%	100%	NA	100%
Range	1 – 168 Hours	1 – 168 Hours	1 – 1 Hour	NA	1 – 1 Hour
Length of time for urgent appointments that requires prior authorization	NA	NA	NA	NA	NA
	NA	NA	NA	NA	NA
	NA	NA	NA	NA	NA
DHCS standard	96 Hours				
Percent of appointments that met this standard	NA	NA	NA	NA	NA
Range	NA	NA	NA	NA	NA

<table>
<tr><td>Recommendations</td><td>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. FY 20/21 will have a full FY of data to report out.</td></tr>
<tr><td></td><td></td></tr>
<tr><td>Objective 2C</td><td>To ensure that beneficiaries are provided with information on how to access specialty mental health services after business hours, including weekends and holidays.</td></tr>
<tr><td>Goal 2C</td><td>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.</td></tr>
<tr><td>Responsible Partners</td><td>Quality Services; SOC QICs</td></tr>
<tr><td>Evaluation Methods/Tool(s)</td><td>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. (Source Data: SSRS After Hours Report & Test Call Data)</td></tr>
<tr><td>FY 2019/2020 Evaluation</td><td>One method BHRS utilized to monitor this area was by conducting after-hour test calls to our access line. It was identified that this is an area for improvement.
<table>
<tr><td>TEST CALL CATEGORY</td><td>% REQUIREMENT MET</td></tr>
<tr><td>Info about Accessing SMHS</td><td>57%</td></tr>
<tr><td>Info about Urgent services</td><td>100%</td></tr>
<tr><td>Info about Prob Res & SFH</td><td>14%</td></tr>
</table>
</td></tr>
</table>

FY 2019/20120 Evaluation

BHRS also documented 1,098 after-hour services for FY 19-20. Programs document after-hour calls using Billing Type "A", and below are the data by Subunit/Program for after-hour calls:

Summary of Services with Billing Type A During FY 2019-2020

Sub Unit: 1009 - MH - OP CCR CFT	2
Sub Unit: 1301 - MH - Intensive Children/Youth with SED	6
Sub Unit: 3002 - MH – IFT ACT	44
Sub Unit: 3003 - MH – IFT Intensive	5
Sub Unit: 3011 - MH – CC ACT	76
Sub Unit: 3012 - MH – CC Intensive	7
Sub Unit: 3053 - MH – AOT ACT	2
Sub Unit: 3120 - MH – COD Access/Engagement	4
Sub Unit: 3122 - MH – COD ACT	318
Sub Unit: 3151 - MH – AOT Access/Engagement	3
Sub Unit: 3153 - MH – AOT ACT	81
Sub Unit: 3802 - MH – Detention Juvenile Hall	2
Sub Unit: 3803 - MH – TPS ACT	1
Sub Unit: 4609 - MH – HRHSA ACT	87
Sub Unit: 4610 - MH – HRHSA Intensive	78
Sub Unit: 4611 - MH – HRHSA Wellness	6
Sub Unit: 6602 - MH – Westside SHOP ACT	10
Sub Unit: 6603 - MH – Partnership TRAC ACT	18
Sub Unit: 6604 - MH – Josie's TRAC ACT	31
Sub Unit: 6607 - MH - Wellness TRAC	1
Sub Unit: 6612 - MH – Transition TRAC Access/Assessment	304
Sub Unit: 6614 - MH – MRS TRAC ACT	8
Sub Unit: 6619 - MH – TRS TRAC Intensive	3
Sub Unit: 9601 - MH – SATT Intensive	1

<table>
<tr><td>Recommendations</td><td>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 these areas.</td></tr>
<tr><td>Objective 2D</td><td>To provide a Toll-Free Telephone Line that operates 24/7 and meets all required elements of the MHP contract.</td></tr>
<tr><td>Goal 2D</td><td>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.</td></tr>
<tr><td>Responsible Partners</td><td>Quality Services; Access Line Team; Ethnic Services Manager</td></tr>
<tr><td>Evaluation Methods/Tool(s)</td><td>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.</td></tr>
<tr><td>FY 2019/20120 Evaluation</td><td>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 urgent services.
<table>
<tr><td>TEST CALL CATEGORY</td><td colspan="3">% REQUIREMENT MET</td></tr>
<tr><td></td><td>Business Hours</td><td>After Hours</td><td>Combined</td></tr>
<tr><td>Language Capabilities</td><td>N/A</td><td>N/A</td><td>N/A</td></tr>
<tr><td>Info about Accessing SMHS</td><td>90%</td><td>57%</td><td>76%</td></tr>
<tr><td>Info about Urgent Services</td><td>N/A</td><td>100%</td><td>100%</td></tr>
<tr><td>Info about Prob Res & SFH</td><td>67%</td><td>14%</td><td>44%</td></tr>
</table></td></tr>
<tr><td>Recommendations</td><td>BHRS is in the process of contracting with a new answering service in order to improve in this area.</td></tr>
</table>

<table>
<tr><td colspan="2">3: MONITORING BENEFICIARY SATISFACTION (Source: MHP)</td></tr>
<tr><td colspan="2">

Conducts and evaluates findings from satisfaction surveys.
Identifies areas of improvement as identified by beneficiary feedback and provides long term and short-term solution planning.
Conducts and evaluates findings from grievances/appeals/State Fair Hearings.

</td></tr>
<tr><td>Objective 3</td><td>To conduct performance monitoring activities using mechanisms that assess beneficiary satisfaction with behavioral health services provided as an indicator of beneficiary and system outcomes.</td></tr>
<tr><td>Goal 3</td><td>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.</td></tr>
<tr><td>Responsible Partners</td><td>Quality Services; SOC QICs; Performance Measurements</td></tr>
<tr><td>Evaluation Methods/Tool(s)</td><td>Mechanisms for monitoring services and activities include Consumer Perception Survey (youth, families of youth, adult, and older adult versions), dashboards, and survey results reports. (Source Data: MKI Beneficiary Satisfaction #1)</td></tr>
<tr><td>FY 2019/2020 Evaluation</td><td>BHRS conducts Consumer Perception Surveys twice a year, but the below only includes November 2019 survey data in the FY19/20 column since the COVID-19 crisis delayed the Spring survey and analysis is not yet complete.

During the FY 19/20, surveys were received with the following percentage stating they were satisfied with services:

<table>
<tr><th></th><th>FY17/18</th><th>FY18/19</th><th>FY19/20</th></tr>
<tr><td>Adult</td><td>82%</td><td>90%</td><td>93%</td></tr>
<tr><td>Older Adult</td><td>85%</td><td>98%</td><td>97%</td></tr>
<tr><td>Forensics</td><td>83%</td><td>96%</td><td>89%</td></tr>
<tr><td>Child/Family</td><td>83%</td><td>91%</td><td>91%</td></tr>
</table>
</td></tr>
</table>

Recommendations	BHRS will continue to conduct Consumer Perception Surveys to ensure beneficiaries are satisfied with services.
Objective 3A	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.
Goal 3A	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.
Responsible Partners	Quality Services; Patients' Rights
Evaluation Methods/Tool(s)	Mechanisms for monitoring services and activities include monthly reports on grievances, appeals and requests/outcomes for State Fair Hearings.
FY 2019/2020 Evaluation	BHRS has processed 100% of grievances, appeals, and state fair hearings timely for FY 19-20. 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. There were zero (0) State Fair Hearings and Expedited Appeals for FY 19/20. There was three (3) Appeals for FY 19/20 which were all processed within DHCS timeliness standards. Of these 3 Appeals, 2 were upheld and 1 was overturned. There was a total of 79 Medi-Cal Grievances for FY 19/20 which was greater than the average amount from previous years due to a specific beneficiary that utilized the Problem Resolution Process as a coping mechanism. Of the 79 Medi-Cal Grievances, 55 were from this specific beneficiary. The following is the grievance data for FY 19/20:

Complaint Type	Q1	Q2	Q3	Q4	Totals
Formal Complaint	0	0	0	0	0
Medi-Cal Grievances	22	39	14	4	79
Other	0	0	0	0	0
Positive Compliment	0	1	0	0	1
Totals	22	40	14	4	80

FY 2019/2020 Evaluation

The following is the grievance data for FY 19/20 continued:

Severity	Q1	Q2	Q3	Q4	Totals
Appropriate Practice/Care	13	33	6	3	55
Opportunity to Improve	9	6	7	1	23
Unknown	0	0	1	0	1
Significant Deviation from Std	0	0	0	1	1
Total	22	39	14	5	80

Complaint Category	Q1	Q2	Q3	Q4	Totals
Staff Behavior	12	10	5	2	29
Medication Concerns	0	2	0	0	2
Access/Accessibility	0	0	0	0	0
Confidentiality Concern	2	2	0	0	2
Treatment Issues	7	17	5	2	7
Other Quality of Care	1	0	2	0	3
Financial	0	0	0	0	0
Operational	0	2	0	0	2
Peer Behavior	0	1	0	0	1
Patient Rights	0	1	0	0	1
Physical Environment	0	1	0	0	0
Lost Patient Property	0	1	0	0	1
Other	0	2	2	0	4
Totals	22	39	14	4	79

FY 2019/2020 Evaluation

The following is the grievance data for FY 19/20 continued:

Complaint By SOC	Q1	Q2	Q3	Q4	Totals
ASOC/OASOC	10	18	7	2	37
CSOC	2	0	0	0	2
Forensics	0	0	1	0	0
SUD	8	18	5	2	33
Consumer & Family Affairs	0	0	0	0	0
Managed Care	2	2	0	0	4
BHRS/QS	0	0	1	0	1
BHRS	0	1	0	0	1
Totals	22	39	14	4	78

Complaint By Disposition	Q1	Q2	Q3	Q4	Totals
Satisfied/Resolved	13	25	7	5	50
Unable to Contact Client	3	4	6	0	13
Dissatisfied/Not Resolved	2	1	0	0	3
Unknown	0	1	0	0	1
Withdrawn	4	8	1	0	13
Totals	22	39	14	5	80

Recommendations

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 continue to use this information to identify and prioritize areas for improving the processes of providing care and better meeting beneficiary needs.

<table>
<tr><td colspan="2">4: MONITORING THE SERVICE DELIVERY SYSTEM FOR MEANINGFUL CLINICAL & ETHICAL ISSUES (Source: MHP)</td></tr>
<tr><td colspan="2">

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).

</td></tr>
<tr><td>Objective 4</td><td>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.</td></tr>
<tr><td>Goal 4</td><td>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.</td></tr>
<tr><td>Responsible Partners</td><td>SOC QICs, Medical Director, Compliance Officer, Quality Services, Patients' Rights Advocate</td></tr>
<tr><td>Evaluation Methods/Tool(s)</td><td>Mechanisms for monitoring services and activities include meeting minutes, QMT meeting minutes, applicable reports/dashboards, chart and on-site monitoring report summaries.</td></tr>
<tr><td>FY 2019/2020 Evaluation</td><td><u>BHRS Risk Management:</u>
BHRS Risk Management processes incident reports for the agency including unusual occurrences from contract agencies. Any quality of care issues or incident trends are reported at QMT and/or SLT meetings. During the calendar year 2019, there were a total of 298 Incident Reports (including Adverse Incidents). As of October 5, 2020, there have been 145 Incident Reports.

<u>Total # of Incident Reports per year:</u>
<table>
<tr><th>Year</th><th>2017</th><th>2018</th><th>2019</th><th>2020
(As of Oct. 5, 2020)</th></tr>
<tr><td># of Incident Reports</td><td>357</td><td>334</td><td>298</td><td>145</td></tr>
</table>

Over the past 4 years, the number of incident reports has been decreasing.</td></tr>
</table>

FY 2019/2020 Evaluation

# of Incidents by Incident Type for 2019:

Incident Type	# of Incidents for 2019
Abuse/Neglect/Exploitation (Actual or Alleged)	1 (0%)
Client Injury (Excluding Falls)	12 (4%)
Deaths	26 (9%)
Falls	9 (3%)
Inappropriate Behaviors	11 (3%)
Medical Care Issues	79 (27%)
Medication Errors	30 (10%)
Property Loss/Damage	41 (14%)
Security Related	65 (22%)
Visitor/Other Injury (Non-Employee)	0 (0%)
Other	24 (8%)
TOTAL	298

Inpatient Chart Reviews:

BHRS's Utilization Management program has a pilot process set up to review inpatient documentation on a concurrent basis. This process will be utilized until DHCS provides further guidance. Hospitals are asked to fax inpatient documentation for review and authorization Monday through Friday. The UM reviewers provide daily feedback to assist with appropriate documentation of the services provides to decrease the amount of denied days for hospitals stays. Any quality of care issues is addressed in the moment with hospital liaisons, during the hospital rate meeting, and QMT meetings. These meetings include the medical director, compliance officer, senior leaders, and system of care (SOC) managers.

Recommendations

BHRS will continue to monitor its service delivery system. One area of focus and improvement for next fiscal year is the processing and reporting out of adverse incidents. This will also lead to re-establishing the root cause analysis process and oversight committee. BHRS has struggled with being consistent with this process yet understands the value it can bring to meaningful discussions about clinical and ethical issues.

Objective 4A

To conduct performance monitoring activities of the mechanisms responsible for the safety and effectiveness in the Outpatient system of care.

Goal 4A	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.
Responsible Partners	Medical Director, Quality Services, Compliance Officer, Utilization Management, and SOC Program Managers
Evaluation Methods/Tool(s)	Mechanisms for monitoring services and activities include meeting minutes, QMT meeting minutes, chart and on-site monitoring report summaries.
FY 2019/2020 Evaluation	BHRS conducted monthly mental health chart audits for FY 19/20 for a total of 26 audits. All MH programs were reviewed to ensure appropriateness to Title 9, Medi-Cal, Managed Care and Federal requirements. Out of the 26 audits, all programs were identified as needing improvement in documentation. In effort to monitor documentation standards, assessments, progress notes, and treatment plans are reviewed for medical necessity. If it is identified during the review that documentation standards are not met, immediate corrective actions are set (lower than 90% on any line item on the peer review tool results in a CAP). In addition to documentation standards, authorizations are reviewed by the Utilization Management (UM) team to ensure regulations are adhered to. If it is determined a correction needs to be made to the authorization, the UM team will make the correction at that time. In effort to monitor disallowances and/or suspended services, the BHRS Business Office consistently runs disallowance and/or suspended services reports to identify areas for improvement.
Recommendations	BHRS will continue to focus on this area. Peer Review results will be reported out quarterly at QMT.

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.**

Objective 5	To conduct performance monitoring activities of the mechanisms responsible for the safety and effectiveness of medication practices**.**
Goal 5	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.
Responsible Partners	Medical Director, MD/RN Team; Quality Services
Evaluation Methods/Tool(s)	Mechanisms to monitor the safety and effectiveness of medication practices are quarterly MD/RN chart review summaries and reports under the supervision of a person licensed to prescribe or dispense prescription drugs.
FY 2019/2020 Evaluation	BHRS scheduled quarterly MD/RN chart reviews to monitor and obtain information regarding the safety and effectiveness of medication practices. This year, scheduling conflicts prevented quarterly reviews. BHRS was able to conduct reviews on September 11, 2019 (Q1) and February 12, 2020 (Q3). The results are as follows: **Q1:** Charts requested: 43 Charts reviewed: 43 # of staff reviewed: 22 Charts requiring corrections/follow-up: 20 # of staff responsible for corrections/follow-up: 15 Orders/Labs/Etc. Subscale Compliance score: 91% Medication Progress Notes Subscale Compliance score: 97% **Q3:** Charts requested: 48 Charts reviewed: 42 # of staff reviewed: 23 Charts requiring corrections/follow-up: 15 # of staff responsible for corrections/follow-up: 11 Orders/Labs/Etc. Subscale Compliance score: 93% Medication Progress Notes Subscale Compliance score: 98%

Recommendations	BHRS will continue to schedule quarterly MD/RN chart reviews to collect and analyze data for the medication monitoring process. BHRS will be implementing an electronic chart review process to allow more detailed reporting to the Medical Director and Quality Services related to medication monitoring practices and staff performance.

6: MONITORING COORDINATION OF CARE BETWEEN THE MHP AND PHYSICAL HEALTHCARE AGENCIES (*Source: MHP*)	
• **Manages the continuity and coordination of care between physical health care agencies and the MHP across the department.** • **Develops department-wide processes to link physical health care into ongoing operating procedures.** • **Assesses the effectiveness and facilitates the improvement of MOU's with physical health care plans.**	
Objective 6	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.
Goal 6	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.
Responsible Partners	Medical Director; Privacy Officer; Quality Services
Evaluation Methods/Tool(s)	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.

FY 2019/2020 Evaluation	BHRS monitors program staff contact with client's Primary Care Physician (PCP) through its Medi-Cal Key Indicators (MKI). This year the PCP Steering Committee changed the goal for PCP contact on the MKIs from 45% to 75% so the goal would reflect higher expectations for the coordination of care and to align with the goal the PCP Committee has set. For FY 19/20, the process of contacting the PCP was changed substantially. Programs are following the new process, but the department continues to work on developing the data collection and reporting process. A new PCP Contact form was created and implemented in the EHR, and the data extraction and reporting is being revised. After the initial implementation, the EHR form and monitoring process was re-evaluated to more accurately collect, monitor, and report data. Once the revised form and reporting is implemented, BHRS will be able to track and monitor PCP contact that is currently occurring more accurately.
Recommendations	Complete new PCP reporting mechanisms and updates to the EHR form for improved monitoring of this area.

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.**	
Objective 7	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.
Goal 7	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.
Responsible Partners	Quality Services; Utilization Management; Managed Care QIC
Evaluation Methods/Tool(s)	Mechanisms for monitoring services and activities include Provider appeal log and provider appeal summaries.

FY 2019/2020 Evaluation	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 within the regulatory timeframes. There was an increase in the number of appeals processed for FY19-20 (540) from previous FY 18-19 (492). This increase may have been due to stopping concurrent review in the last 3 months of the FY. This occurred due to COVID-19 pandemic and staff working remotely.
Recommendations	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.

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.**	
Objective 8	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.
Goal 8	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.
Responsible Partners	Ethnics Services Manager, Quality Services Manager; Performance Measurements; Cultural Competency Social Equality Justice Committee (CCESJC)
Evaluation Methods/Tool(s)	Mechanisms for monitoring services and activities include training reports, CCESJC meeting minutes, and dashboard/reports. (Source Data: SSRS 1627)

FY 2019/2020 Evaluation	BHRS is dedicated to increasing access to services throughout our county and limiting barriers when accessing services especially for 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. The monthly CCESJC meetings include contractors and consumers as well as a focus on discussing policies that address CLASS standards and best practices when serving cultural ethnic groups Key strategies have been implemented to target our Spanish speaking community as well as other cultural/ethnic groups. Efforts such as: Stigma Reduction & Suicide Prevention Campaigns, Mental Health First Aid Trainings and Latino based conferences such as "Dia De la Promotora" all lead by our Prevention & Early Intervention staff. Most recently, due to the COVID-19 pandemic crisis, a messaging campaign was developed as part of our BHRS' Department Operations Center (DOC). A BHRS team along with contacted staff was established. The team was known as Community Response/Community Relations; focused on a coordinated approach to conduct broad community outreach and messaging to the public regarding promotion of Behavioral Health Services throughout Stanislaus County during the peak of the pandemic. Eight weeks of the six-month effort was target specific to the Spanish speaking and vulnerable communities. Stanislaus county Latinos tested positive for COVID-19 at a disproportionate rate than all other ethnic groups. The information and messaging that was created, focused on the following: how to access behavioral health services, Promotion of the BHRS Warm Line, Social Media Content, print material and live interviews through local radio, tv, and faith sectors. Preliminary data on this effort shows positive impact and increased awareness of Behavioral Health Services within cultural communities. Currently BHRS is continuing to recruit for the ESM position which is needed in order to fully monitor this area.

FY 2019/2020 Evaluation

Listed below are data elements for FY19/20 related to different cultural groups:

The percentage of total clients served (unduplicated) by Race/Ethnicity for FY 19/20:

RACE/ETHNICITY	**FY19/20**
African-American	3.2%
Asian	5.7%
Native American	0.2%
White American	79.1%
Other/Unknown	11.8%
Hispanic Origin	
Hispanic	53.4%
Not Hispanic/Latino	36.3%
Unknown/Not Reported	10.3%

The percentage of total client served (unduplicated) by age for FY 19/20:

AGE GROUP	**FY19/20**
0-17	35.4%
18-59	52.2%
60+	12.4%

FY 2019/2020 Evaluation Cont'd

The client retention rate for FY19/20 by ethnicity is listed below:

	FY19/20
Overall	72%
African-American	73%
Asian /Pacific Islander	80%
Hispanic	71%
Native American	79%
White American	76%
Other	58%

Below is the BHRS Staff Race/Ethnicity composition for FY19/20:

RACE/ETHNICITY	COUNTY POPULATION	OVERALL STAFF	ADMIN/ MGMT	DIRECT SERVICES	SUPPORT SERVICES	NA
Asian	5.1%	7.7%	7.4%	6.5%	8.7%	8.3%
Black/African American	2.4%	6.2%	4.4%	6.1%	4.7%	8.3%
Native American/Alaska Native	0.4%	0.9%	0%	1.5%	1.3%	0%
Hispanic	42.6%	36.3%	32.4%	33.8%	44.7%	19.4%
White	38.9%	43.5%	50.0%	46.6%	36.7%	61.1%
Other/Unknown	10.7%	5.5%	5.9%	5.4%	4.0%	2.8%
TOTAL	530,561	584	68	459	150	36

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.
FY 2019/2020 Evaluation	During the 2019-2020 fiscal year, Stanislaus County BHRS had two active PIPs, clinical and administrative. The CalEQRO PIP Validation Tool was completed for each PIP. During the 2019 CalEQRO review, the clinical PIP scored at an 84% and the non-clinical (administrative) PIP scored at a 93%. The 2020 CalEQRO review will take place on October 20th & 21st, 2020.
Recommendations	Stanislaus County BHRS will continue to have two active PIPs per fiscal year.

10: MONITORING AND PROGRESS TOWARD COORDINATING CO-OCURRING 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.**	
Objective 10	To conduct performance monitoring activities of the mechanisms used to evaluate the service delivery system for coordination of referrals, interventions and discharge planning.
Goal 10	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.

Responsible Partners	SOC Managers; Chief, SUD Services; Quality Services
Evaluation Methods/Tool(s)	Mechanisms for monitoring services and activities include provider meeting minutes, monthly reports to QMT, and review of appropriate and timely referrals.
FY 2019/2020 Evaluation	For FY 19/20 there is an active administrative/non-clinical PIP in place to address this topic. Over the past year, the PIP committee has been collecting and reviewing the data from the MAT. The data has shown limited acceptance from beneficiaries when identified as being appropriate for SUD services. In addition to collecting and reviewing the data, the PIP committee has brainstormed potential follow up interventions for these declined/deferred referrals. Currently, the PIP committee is awaiting feedback from treatment teams related to the preferred and most appropriate follow up intervention for beneficiaries prior to determining the PIP's next step. COD Program Data for FY19/20: Through the Co-Occurring Disorders Program, 86 unduplicated individuals were served, including outreach, assessment, and treatment services.
Recommendations	No recommendations for this area at this time.

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.
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.
FY 2019/2020 Evaluation	BHRS conducted chart audits related to medication monitoring for FY19/20. A total of 85 charts across 25 staff were audited. All medical staff were reviewed to ensure appropriateness to Title 9, Medi-Cal, Managed Care and Federal requirements. For FY19-20 the overall department compliance score was 92%. BHRS will be implementing an electronic chart review to allow more detailed reporting to the Medical Director and Quality Services related to medication monitoring practices and staff performance. BHRS conducted monthly mental health chart audits for FY 19/20 for a total of 26 audits. All MH programs were reviewed to ensure appropriateness to Title 9, Medi-Cal, Managed Care and Federal requirements. Out of the 26 audits, all programs were identified as needing improvement in documentation. In effort to monitor documentation standards, assessments, progress notes, and treatment plans are reviewed for medical necessity. If it is identified during the review that documentation standards are not met, immediate corrective actions are set (lower than 90% on any line item on the peer review tool results in a CAP). In addition to documentation standards, authorizations are reviewed by the Utilization Management (UM) team to ensure regulations are adhered to. If it is determined a correction needs to be made to the authorization, the UM team will make the correction at that time. In effort to monitor disallowances and/or suspended services, the BHRS Business Office consistently runs disallowance and/or suspended services reports to identify areas for improvement. BHRS also processes and tracks provider appeals. For FY19-20 there were 565 provider appeals processed in which 540 were from Medi-Cal providers. BHRS continues to focus on preventing the recurrence of provider concerns/appeals.

FY 2019/2020 Evaluation	BHRS UM staff in collaboration with QS during the monthly Peer Review completed manual audits of delegated activities (initial authorizations of assessments, treatment plans, and transfer authorizations). UM focused on monitoring the delegated activities of entering and maintaining of the MH authorizations. During this time UM audited at least 10% of charts for each of the selected programs with a total of 26 audits. All MH health programs were reviewed for accuracy in entering of the authorizations and adhering to Title 9, Medi-cal, Managed Care and Federal requirements. Out of the 26 audits 7 of those audits required corrections due to data entry errors related to the manual entry of authorization dates. The feedback/outcome was provided to each of the program/authorizers needing corrections and monitored until corrections were completed. BHRS UM staff also continues to conduct review of all annual and subsequent authorizations to ensure all regulations are being met.
Recommendations	BHRS will continue to monitor this area. BHRS Quality Services will continue to facilitate monthly MH program peer reviews and quarterly MD/RN peer reviews to assure accuracy in documentation. BHRS will continue to focus on and provide support around documentation standards for Assessments, Treatment Plans, and Progress Notes. BHRS UM staff will collaborate with DOTS program to review possibilities of changing the process of the manual auditing to an electronic process. Due to staff changes and COVID 19 there was no progress. However, this will continue to be a recommendation and UM will work on this project.

Quality Improvement (QI) Work Plan FY 2020-2021:
Goals and Objectives

1: MONITORING THE SERVICE CAPACITY AND SERVICE DISTRIBUTION OF THE MHP (*Source: MHP*)	
• **Conducts performance monitoring activities that evaluate beneficiary and system outcomes and indicators of wellbeing.** • **Describes and provides information regarding the current type, number and geographic distribution of Mental Health Services in the system.** • **Evaluates and monitors the capacity of the MHP.** • **Makes program recommendations based on capacity indicators.** • **Participates in the county planning process which identifies expanded service populations.** • **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).**	
Objective 1	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.
Goal 1	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.
Responsible Partners	SOC QICs; Performance Measurements
Evaluation Methods/Tool(s)	Mechanisms for monitoring services and activities include data dashboards and geographic maps.
FY 2020/2021 Evaluation	In progress
Recommendations	To be determined

2: MONITORING TIMELY ACCESS FOR ROUTINE AND URGENT SERVICE NEEDS (*Source: MHP*)	
• **Conducts and coordinates performance monitoring activities to test timeliness and access to services within the MHP.** • **Tests the ability of the appointment system through the mechanisms of test calls and internal audits of contact logs.** • **Reports findings and suggested solutions for systems issues which negatively impact access.** • **Tests and evaluates the ability of the system to respond to calls to 24/7 Toll Free Phone Number.** • **Reviews timeliness to service for all appointment types within the system including routine appointments and services for urgent conditions.**	
Objective 2	To conduct performance monitoring activities that gauge the system's effectiveness at providing timely access to routine specialty mental health appointments.
Goal 2	To ensure that all beneficiaries requesting a comprehensive assessment are offered an appointment within 10 business days.
Responsible Partners	Quality Services; Access Line team; SOC QICs; Performance Measurements
Evaluation Methods/Tool(s)	Mechanisms for monitoring services and activities include test calls, internal audit of contact logs, SSRS reports, and Medi-Cal key indicators.
FY 2020/2021 Evaluation	In progress
Recommendations	To be determined
Goal 2.1	To ensure beneficiaries discharging from psychiatric hospitalization are given an outpatient appointment within 7 business days of discharge.
Responsible Partners	SOC QICs; Performance Measurements; Hospital Rate Committee
Evaluation Methods/Tool(s)	Mechanisms for monitoring services and activities include hospitalization reports, Medi-Cal key indicators, and SSRS reports.
FY 2020/2021 Evaluation	In progress
Recommendations	To be determined
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 and SSRS reports.
FY 2020/2021 Evaluation	In progress
Recommendations	To be determined
Objective 2C	To ensure that beneficiaries are provided with information on how to access specialty mental health services after business hours, including weekends and holidays.
Goal 2C	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.
Responsible Partners	Quality Services; SOC QICs
Evaluation Methods/Tool(s)	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.
FY 2020/2021 Evaluation	In progress
Recommendations	To be determined
Objective 2D	To provide a Toll-Free Telephone Line that operates 24/7 and meets all required elements of the MHP contract.
Goal 2D	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.
Responsible Partners	Quality Services; Access Line Team; Ethnic Services Manager

Evaluation Methods/Tool(s)	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.
FY 2020/2021 Evaluation	In progress
Recommendations	To be determined

3: MONITORING BENEFICIARY SATISFACTION (*Source: MHP*)	
• **Conducts and evaluates findings from satisfaction surveys.** • **Identifies areas of improvement as identified by beneficiary feedback and provides long term and short-term solution planning.** • **Conducts and evaluates findings from grievances/appeals/State Fair Hearings.**	
Objective 3	To conduct performance monitoring activities using mechanisms that assess beneficiary satisfaction with behavioral health services provided as an indicator of beneficiary and system outcomes.
Goal 3	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.
Responsible Partners	Quality Services; SOC QICs; Performance Measurements
Evaluation Methods/Tool(s)	Mechanisms for monitoring services and activities include Consumer Perception Survey (youth, families of youth, adult, and older adult versions), dashboards, and survey results reports.
FY 2020/2021 Evaluation	In progress
Recommendations	To be determined
Objective 3A	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.

Goal 3A	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.
Responsible Partners	Quality Services; Patients' Rights
Evaluation Methods/Tool(s)	Mechanisms for monitoring services and activities include monthly reports on grievances, appeals and requests/outcomes for State Fair Hearings.
FY 2020/2021 Evaluation	In progress
Recommendations	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).**	
Objective 4	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.
Goal 4	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.
Responsible Partners	SOC QICs, Medical Director, Compliance Officer, Quality Services, Patients' Rights Advocate
Evaluation Methods/Tool(s)	Mechanisms for monitoring services and activities include meeting minutes, QMT meeting minutes, applicable reports/dashboards, chart and on-site monitoring report summaries.
FY 2020/2021 Evaluation	In progress

Recommendations	To be determined
Objective 4A	To conduct performance monitoring activities of the mechanisms responsible for the safety and effectiveness in the Outpatient system of care.
Goal 4A	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.
Responsible Partners	Medical Director, Quality Services, Compliance Officer, Utilization Management, and SOC Program Managers
Evaluation Methods/Tool(s)	Mechanisms for monitoring services and activities include meeting minutes, QMT meeting minutes, chart and on-site monitoring report summaries.
FY 2020/2021 Evaluation	In progress
Recommendations	To be determined

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.**	
Objective 5	To conduct performance monitoring activities of the mechanisms responsible for the safety and effectiveness of medication practices**.**
Goal 5	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.
Responsible Partners	Medical Director, MD/RN Team; Quality Services

Evaluation Methods/Tool(s)	Mechanisms to monitor the safety and effectiveness of medication practices at least annually which include chart review summaries and reports that are inclusive of medications prescribed to adults and youth and are under the supervision of a person licensed to prescribe or dispense prescription drugs.
FY 2020/2021 Evaluation	In progress
Recommendations	To be determined

6: MONITORING COORDINATION OF CARE BETWEEN THE MHP AND PHYSICAL HEALTHCARE AGENCIES (*Source: MHP*)	
• **Manages the continuity and coordination of care between physical health care agencies and the MHP across the department.** • **Develops department-wide processes to link physical health care into ongoing operating procedures.** • **Assesses the effectiveness and facilitates the improvement of MOU's with physical health care plans.**	
Objective 6	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.
Goal 6	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.
Responsible Partners	Medical Director; Privacy Officer; Quality Services
Evaluation Methods/Tool(s)	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.
FY 2020/2021 Evaluation	In progress
Recommendations	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.**	
Objective 7	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.
Goal 7	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.
Responsible Partners	Quality Services; Utilization Management; Managed Care QIC
Evaluation Methods/Tool(s)	Mechanisms for monitoring services and activities include Provider appeal log and provider appeal summaries.
FY 2020/2021 Evaluation	In progress
Recommendations	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.**	
Objective 8	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.

Goal 8	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.
Responsible Partners	Ethnics Services Manager, Quality Services Manager; Performance Measurements; Cultural Competency Social Equality Justice Committee (CCESJC)
Evaluation Methods/Tool(s)	Mechanisms for monitoring services and activities include training reports, CCESJC meeting minutes, and dashboard/reports.
FY 2020/2021 Evaluation	In progress
Recommendations	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.**	
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.
FY 2020/2021 Evaluation	In progress
Recommendations	To be determined

10: 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 10	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.
Goal 10	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.
FY 2020/2021 Evaluation	In progress
Recommendations	To be determined

11: CREDENTIALING AND MONITORING OF PROVIDERS	
• **Completes database checks of all providers.** • **Monitors providers at required intervals and follows guidelines for any negative reports for providers.** • **Follows appeal process for any corrective action taken against providers.**	
Objective 11	To conduct database checks in congruence with State and Federal regulations as an indicator of adherence to credentialing and monitoring standards.
Goal 11	To review all required databases for all providers at time of application/hire and at required intervals to identify any providers who are identified as not appropriate for providing care to beneficiaries. To monitor provider quality of treatment at appropriate intervals to identify any quality of care issues in order to ensure appropriateness for continued treatment of beneficiaries.
Responsible Partners	Human Resources; Quality Services; Utilization Management; SOC managers
Evaluation Methods/Tool(s)	Mechanisms for monitoring include National Plan and Provider Enumeration System (NPPES), National Practitioner Data Bank (NPDB), Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE), Medi-Cal Suspended and Ineligible Provider List, Licensing board websites, 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 2020/2021 Evaluation	In progress
Recommendations	To be determined