

**COUNTY OF SAN BERNARDINO  
DEPARTMENT OF BEHAVIORAL HEALTH  
MENTAL HEALTH PLAN (MHP)**



**Fiscal Year 2016/2017**

**Quality Improvement Performance Plan  
(QIPP)**



## Quality Improvement Performance Plan Fiscal Year 2016/2017

July 14, 2016

### Table of Contents

|  |         |
|--|---------|
| <b>Background</b>  | Page 3  |
| <b>Purpose</b>   | Page 4  |
| <b>Quality Improvement Program Committees / Work Group Organizational Chart</b>                          | Page 5  |
| <b>Quality Improvement Program Committees / Work Group Functions</b>                                     | Page 6  |
| <b>Quality Improvement Program Committees / Work Group Memberships</b>                                   | Page 7  |
| <b>Goals / Objectives</b>  | Page 8  |
| • <b>Section 1:</b> Monitoring the Service Capacity and Delivery of the MHP                              | Page 8  |
| • <b>Section 2:</b> Monitoring of Successful Services the Timeliness of Routine Mental Health Services   | Page 9  |
| • <b>Section 3:</b> Monitoring Beneficiary Satisfaction  | Page 10 |
| • <b>Section 4:</b> Monitoring the Service Delivery System for Meaningful Clinical & Ethical Issues      | Page 11 |
| • <b>Section 5:</b> Monitoring the Service Delivery System for the Safety & Effectiveness of Medications | Page 12 |
| • <b>Section 6:</b> Monitoring Coordination of Care Between the MHP and Physical Healthcare Agencies     | Page 13 |
| • <b>Section 7:</b> Provider Appeals   | Page 13 |
| • <b>Section 8:</b> Therapeutic Behavioral Services (TBS) Monitoring                                     | Page 14 |
| • <b>Section 9:</b> Mental Health Needs in Specific Cultural Groups                                      | Page 14 |
| • <b>Section 10:</b> Performance Improvement Projects (PIP) Work Group                                   | Page 15 |
| • <b>Section 11:</b> Co-Occurring Services   | Page 15 |
| • <b>Section 12:</b> Quality Improvement and Documentation Review  | Page 16 |
| <b>Conclusion</b>  | Page 16 |



## Quality Improvement Performance Plan Fiscal Year 2016/2017

### Background

The County of San Bernardino understands the need to provide excellence in service through the provision of client-centered, consumer-driven, recovery oriented, and culturally competent behavioral health care services that are integrated with primary health care and seeks to address each beneficiary's unique needs. It is our mission to assist individuals with issues of mental health and substance abuse to find solutions to the challenges they face, so they may live full and healthy lives and function within their families and communities.

Our staff is committed to continued program development and compliance efforts as detailed in the County of San Bernardino Mental Health Plan (MHP) and Department of Health Care Services (DHCS) annual contract, as well as the annual Quality Improvement Performance Plan (QIPP).

The QIPP is the Quality Improvement Work Plan for the Quality Management Program of the County of San Bernardino. The QIPP meets the contractual requirements of the Mental Health Plan Contract with DHCS as well as additional areas of performance improvement as identified by California External Quality Review Organization (CAEQRO), the County Business Plan and DBH Strategic Plan. The Quality Management Program is accountable to the MHP Director and is evaluated annually and updated as necessary.

The Quality Management Program conducts performance monitoring activities throughout the MHP's operations. These monitoring activities are designed to improve the access, quality of care, and outcomes of the service delivery system. The QIPP has been organized into sections which relate to structure, implementation, and quantitatively measurable outcomes used to assess performance and to identify and prioritize areas for improvement. Outlined throughout are the goals, objectives, and outcomes for key areas that have been identified in the Mental Health Plan. They include access to service, service delivery capacity, beneficiary satisfaction, technology infrastructure, clinical issues, previously identified issues, provider appeals, continuity of care, and integration with physical health care.

MHP practitioners, providers, consumers, and family members participate in Quality Management Program activities.



## Quality Improvement Performance Plan Fiscal Year 2016/2017

### Purpose

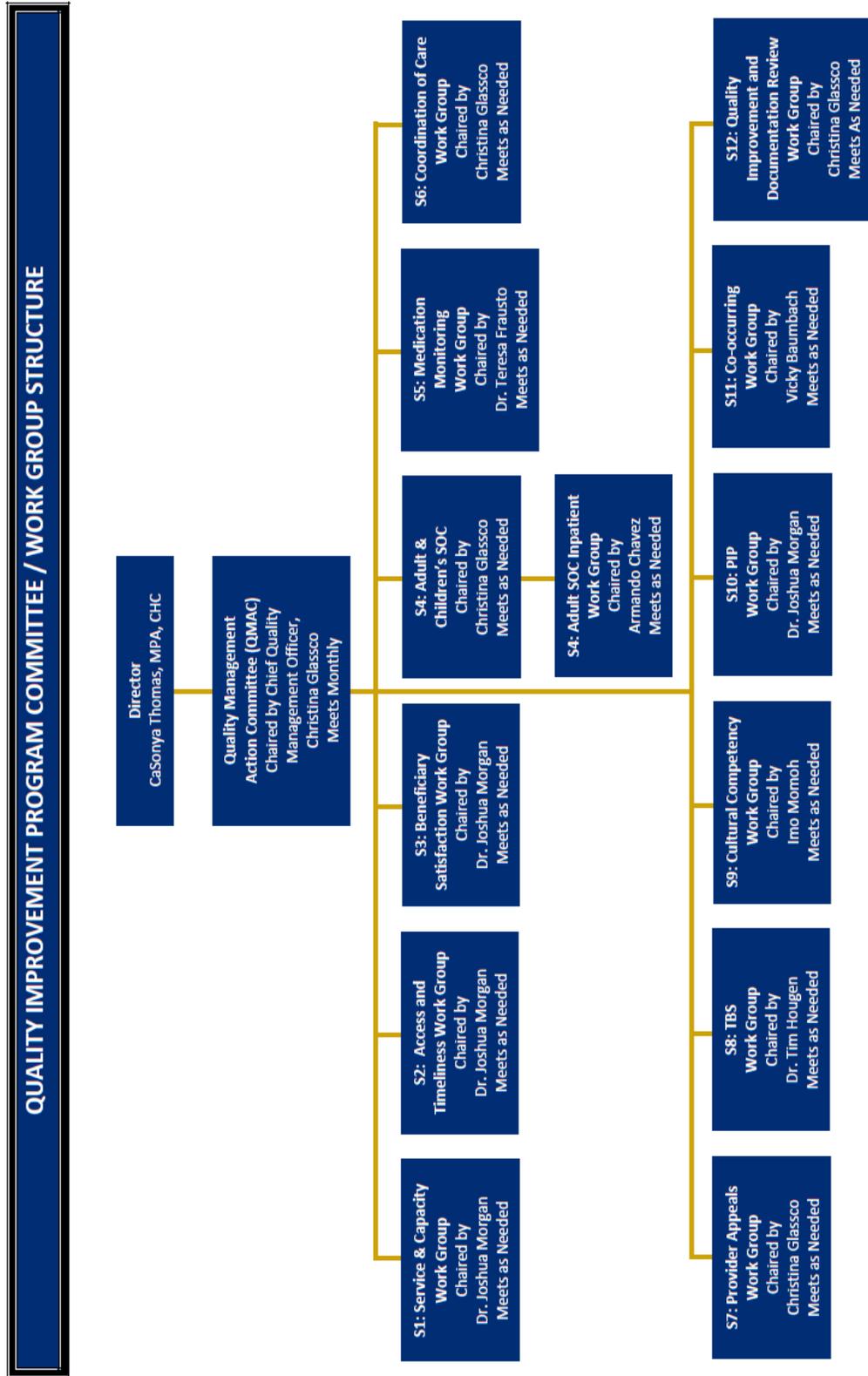
The purpose of the Quality Improvement Performance Plan (QIPP) is to organize and provide structure for Quality Management Program activities.

Implementation of the QIPP is through department infrastructure which includes the Quality Management Action Committee (QMAC), work groups, focus groups, and DBH Administration / Management, as well as DBH and contract clinics.

QMAC shall review the quality of specialty mental health services and oversee and be involved in quality improvement activities, including Performance Improvement Projects (PIPs). The committee shall recommend policy decisions, review and evaluate the results of QI activities, institute needed QI actions, ensure follow-up of QI processes, and document committee meeting minutes regarding decisions and actions taken.



## Quality Improvement Performance Plan Fiscal Year 2016/2017



Note: Working document – subject to ongoing updates



## Quality Improvement Performance Plan Fiscal Year 2016/2017

### Quality Improvement Program Committee / Work Group Functions

#### Quality Management Action Committee (QMAC):

- Conducts performance monitoring activities using independently gathered information as well as information from the DBH Quality Management Division, DBH Research and Evaluation Division, and other DBH programs to track beneficiary and system outcomes, review the quality of specialty mental health services, improve the process of providing care, and better meeting the needs of consumers.
- Reviews, tracks, and monitors the resolution of beneficiary grievances and appeals, State Fair Hearings, Provider Appeals, and inpatient and outpatient quality improvement referrals.
- Oversees, facilitates, reviews, and evaluates the results of QI activities, including performance improvement projects. Institutes needed QI actions and ensures follow-up of QI efforts.
- Reviews, tracks, and monitors the implementation of technology infrastructure as it relates to electronic health records to ensure consistency with DHCS protocols.
- Oversees the Quality Management Section Work Group. Reviews reports from Quality Management Work Groups and recommends and institutes appropriate actions.
- Documents Committee meetings minutes regarding decisions and actions taken.
- Creates recommendations for procedural and policy changes to improve the quality and delivery of mental health services; presents these issues and policy recommendations to the MHP Director and Administration.



## Quality Improvement Performance Plan Fiscal Year 2016/2017

### Committee / Work Group Memberships

- Work Groups will be comprised of clinic and contract staff and be inclusive of consumers and consumer family members. Committees / Work Groups will reflect diversity in the following areas: unserved/underserved/inappropriately served populations, children/youth, older adult, rural areas, military/veterans, and co-occurring conditions.
- Work Groups will be led by Section Chiefs who will be responsible for the implementation, evaluation, and management of the Quality Improvement Performance Plan (QIPP) section objectives/goals department-wide.
- Section Chiefs will participate on the Quality Management Action Committee (QMAC) as active members and represent their section of the Quality Improvement Performance Plan (QIPP) and Work Group. They will report their findings to the committee as well as identify any system barriers and potential solutions.
- The information dissemination pathway shall be continuous from the Work Groups to the Quality Management Action Committee (QMAC) and back to the Work Groups.



**Quality Improvement Performance Plan  
Fiscal Year 2016/2017**

**Goals / Objectives**

|  |  |
|--|--|
| <b>SECTION 1 WORK GROUP</b>  |  |
| <b>MONITORING THE SERVICE CAPACITY AND SERVICE DISTRIBUTION OF THE MHP (Source: MHP)</b> |  |
| <b>OBJECTIVE 1</b>   | <ul style="list-style-type: none"> <li>• Ensure availability and accessibility of adequate numbers and types of providers of medically necessary services.</li> <li>• Offer an appropriate range of specialty mental health services that is adequate for the anticipated number of beneficiaries for the service area.</li> <li>• Maintain a network of providers that is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated numbers of beneficiaries in the service area.</li> </ul>  |
| <b>GOALS</b>   | <ul style="list-style-type: none"> <li>A. Crisis Services are accessible and available in all five (5) regions of the County.</li> <li>B. Provision of DBH providers, contracted organizational providers, and Fee-For-Service Network providers who collectively provide a comprehensive provider network sufficient to meet the needs of all beneficiaries.</li> <li>C. Data measures, which track service provision against geographic locations of beneficiary density, hospitals, Health Homes, and other service sites related to beneficiary care, are reported to MHP leadership and stakeholders at least annually.</li> <li>D. Data analysis, which tracks service provision against service demand, is reported at least annually and is utilized in strategic program planning.</li> </ul> |
| <b>RESPONSIBLE PARTNERS</b>  | Quality Management, Research and Evaluation, Regional Operations, and Access Unit  |
| <b>EVALUATION TOOL(S)</b>  | <ul style="list-style-type: none"> <li>• Geographic Maps</li> <li>• Access Studies</li> <li>• Dynamic Dashboard</li> <li>• Contract Reports</li> </ul>   |



**Quality Improvement Performance Plan  
Fiscal Year 2016/2017**

|                             |   |
|-----------------------------|---|
| <b>WORKGROUP ACTIVITIES</b> | <ul style="list-style-type: none"> <li>• Conduct performance monitoring activities that evaluate beneficiary and system outcomes and indicators of wellbeing.</li> <li>• Describe and provide information regarding the current type, number, and geographic distribution of Mental Health Services in the system.</li> <li>• Set goals for the number, type, and geographic distribution of Mental Health Services.</li> <li>• Evaluate and monitor the capacity of the Mental Health Plan.</li> <li>• Make program recommendations based on capacity indicators.</li> <li>• Participate in the county planning process which identifies expanded service populations.</li> <li>• Monitor the number of Medi-Cal beneficiaries receiving services and distribute information to MHP leadership.</li> </ul> |
|-----------------------------|---|

|  |   |
|--|---|
| <b>SECTION 2 WORK GROUP</b>  |   |
| <b>MONITORING TIMELY ACCESS FOR ROUTINE AND URGENT SERVICE NEEDS (Source: MHP)</b> |   |
| <b>OBJECTIVE 2</b>   | <ul style="list-style-type: none"> <li>• To conduct performance monitoring activities that gauge the system’s effectiveness at providing timely access to routine specialty mental health appointments.</li> </ul>  |
| <b>GOALS</b>   | <ul style="list-style-type: none"> <li>A. Beneficiaries requesting routine specialty mental health services are offered an appointment within <b>15 business days</b>. Goal: 90% of beneficiaries.</li> <li>B. Requests for urgent services are provided with services within 2 hours. Goal: 95% of requests.</li> <li>C. Access to after-hours care is available 24/7. Goal: 95% successful based on test calls.</li> <li>D. Statewide toll free telephone line is available 24/7. Goal: 95% successful based on test calls.</li> <li>E. Beneficiaries discharged from a psychiatric hospitalization are provided with an outpatient medication appointment with 7 calendar days of discharge. Goal: 80% of beneficiaries.</li> <li>F. Beneficiaries are provided with information on how to access specialty mental health services after business hours, including weekends and holidays. Goal: 95% successful based on test calls.</li> </ul> |
| <b>RESPONSIBLE PARTNERS</b>  | Quality Management, Research and Evaluation, Regional Operations, Access Unit, Hospital Contract Monitor, and Crisis Services Manager   |



**Quality Improvement Performance Plan  
Fiscal Year 2016/2017**

|                             |   |
|-----------------------------|---|
| <b>EVALUATION TOOL(S)</b>   | <ul style="list-style-type: none"> <li>• Initial Contact Log</li> <li>• Access Test Call Reports</li> <li>• Mystery Shopper Reports</li> <li>• Claims Data</li> <li>• Consumer Perception Survey</li> <li>• Hospitalization Reports</li> <li>• Data Dashboards</li> </ul>   |
| <b>WORKGROUP ACTIVITIES</b> | <ul style="list-style-type: none"> <li>• Conduct and coordinate performance monitoring activities to test timeliness and access to services within the MHP.</li> <li>• Test and evaluate the performance of the 24/7 Telephone Line.</li> <li>• Review timeliness to service for all appointment types within the system including routine and urgent service requests.</li> <li>• Reports data analysis and suggested solutions for systems issues which negatively impact access.</li> <li>• Complete regular testing of sites after-hours message to ensure beneficiaries are provided appropriate information and referrals.</li> </ul> |

|  |   |
|--|---|
| <b>SECTION 3 WORK GROUP</b>                              |   |
| <b>MONITORING BENEFICIARY SATISFACTION (Source: MHP)</b> |   |
| <b>OBJECTIVE 3</b>                                       | <ul style="list-style-type: none"> <li>• Conduct performance monitoring activities to assess beneficiary and family member satisfaction with the specialty mental health services provided as an indicator of beneficiary and system outcomes.</li> <li>• Evaluate provider satisfaction levels for all MHP providers as an indicator of the strength of the MHP provider network.</li> <li>• To use the outcomes of the monitoring activities to identify and prioritize areas for improving the processes of providing care and better meeting beneficiary needs.</li> </ul>  |
| <b>GOALS</b>   | <ol style="list-style-type: none"> <li>A. Complete a beneficiary and family member satisfaction survey twice per year.</li> <li>B. Hold topic specific focus groups throughout the MHP twice per year which engage beneficiaries and family members in a dialog about relevant concerns for behavioral health service delivery.</li> <li>C. Utilize findings from satisfaction surveys and focus groups to inform MHP Providers of areas of strength and areas for improvement, at minimum twice per year.</li> <li>D. Prepare and distribute annual beneficiary problem resolution reports and monthly grievance reports.</li> <li>E. 85% of grievances are resolved to the beneficiary's satisfaction and do not result in a request for State Fair Hearing.</li> <li>F. Evaluate FFS for contract provider's satisfaction annually.</li> </ol> |



**Quality Improvement Performance Plan  
Fiscal Year 2016/2017**

|                             |  |
|-----------------------------|--|
| <b>RESPONSIBLE PARTNERS</b> | Quality Management, Access Unit, Regional Program Managers, Research and Evaluation, Office of Cultural Competence and Ethnic Services, and Patients' Rights   |
| <b>EVALUATION TOOL(S)</b>   | <ul style="list-style-type: none"> <li>• Consumer Perception Survey (child, youth, and adult versions)</li> <li>• Focus Groups</li> <li>• Provider satisfaction surveys</li> <li>• Grievance, Appeals and State Fair Hearings</li> </ul>   |
| <b>WORKGROUP ACTIVITIES</b> | <ul style="list-style-type: none"> <li>• Conducts and evaluates findings from annual beneficiary surveys.</li> <li>• Informs providers of the results of clinical client surveys.</li> <li>• Informs providers of the results of provider satisfaction surveys.</li> <li>• Identifies areas of improvement as identified by consumer feedback and provides long term and short term solution planning.</li> <li>• Conducts focus groups twice per year.</li> </ul> |

|  |   |
|--|---|
| <b>SECTION 4 WORK GROUP</b>  |   |
| <b>MONITORING THE SERVICE DELIVERY SYSTEM FOR MEANINGFUL CLINICAL &amp; ETHICAL ISSUES</b> |   |
| <i>(Source: MHP)</i>   |   |
| <b>OBJECTIVE 4</b>   | <ul style="list-style-type: none"> <li>• To conduct performance monitoring activities of the safety and effectiveness of the outpatient and inpatient service delivery system related to clinical and ethical issues.</li> <li>• Monitor, anticipate and evaluate clinical aspects and implications of departmental policies, procedures and actions.</li> </ul>  |
| <b>GOALS</b>   | <ul style="list-style-type: none"> <li>A. Chart audit error rate of 5% or less.</li> <li>B. Chart audit disallowance rate of 5% or less.</li> <li>C. Quality of Care concerns are reported through the QMAC system on a monthly basis and appropriate action steps are taken to resolve issues.</li> <li>D. Requests to change providers are reviewed annually and results are distributed to MHP leadership and providers.</li> <li>E. 90% of required Notice of Action's (NOA) are given per regulation.</li> </ul> |
| <b>RESPONSIBLE PARTNERS</b>  | Hospital Based Services, Medical Services, Office of Compliance, Quality Management, Inpatient Utilization Review, Patient's Rights, and Regional Manager   |
| <b>EVALUATION TOOL(S)</b>  | <ul style="list-style-type: none"> <li>• Chart audit reports</li> <li>• Root Cause Analysis Reports</li> <li>• Psychological Autopsy Reports</li> <li>• Change of Provider Reports</li> <li>• Second Opinion Reports</li> </ul>   |



**Quality Improvement Performance Plan  
Fiscal Year 2016/2017**

|                             |  |
|-----------------------------|--|
| <b>WORKGROUP ACTIVITIES</b> | <ul style="list-style-type: none"> <li>• Monitors, anticipates and evaluates clinical aspects and implications of departmental policies, procedures, and actions.</li> <li>• Considers the ethical implications of departmental and staff activities.</li> <li>• Reviews clinical issues, quality of care, utilization and utilization management issues that surface as a result of chart review and program review.</li> <li>• Prepares reports of findings and recommendations for submission to the Quality Management Action Committee (QMAC).</li> <li>• Participates in Root Cause Analysis and Psychological Autopsy processes.</li> <li>• Provides training and technical assistance in Medi-Cal chart documentation requirements.</li> <li>• Annual review of NOAs.</li> </ul> |
|-----------------------------|--|

|  |   |
|--|---|
| <b>SECTION 5 WORK GROUP</b>  |   |
| <b>MONITORING THE MHP SERVICE DELIVERY SYSTEM FOR THE SAFETY &amp; EFFECTIVENESS OF MEDICATION PRACTICES (Source: MHP)</b> |   |
| <b>OBJECTIVE 5</b>   | <ul style="list-style-type: none"> <li>• Mechanisms are in place to provide for the safety and effectiveness of medication practices.</li> <li>• Continuity and coordination of care exists between behavioral health and physical health providers.</li> </ul>   |
| <b>GOALS</b>   | <p>A. Physician Peer Review activities are completed twice per year and results are reviewed with MHP leadership and QMAC.</p> <p>B. Medication Monitoring Committee provides quarterly reports to QMAC.</p> <p>C. Consultation and training is provided to physical health care providers.</p>   |
| <b>RESPONSIBLE PARTNERS</b>  | Medical Services, Integrated Health, Managed Care Coordination Unit, and Quality Management   |
| <b>EVALUATION TOOL(S)</b>  | <ul style="list-style-type: none"> <li>• Annual Physician Peer Review</li> <li>• Medication Monitoring Reports</li> <li>• Managed Care Coordination Unit Reports</li> <li>• Behavioral Health Integration Initiative Reports</li> </ul>   |
| <b>WORKGROUP ACTIVITIES</b>  | <ul style="list-style-type: none"> <li>• Evaluation of safety and effectiveness of medication practices conducted under the supervision of a person licensed to prescribe or dispense prescription drugs.</li> <li>• Review cases involving medication issues and track medication issues over time.</li> <li>• Coordinate physician peer reviews.</li> </ul> |



**Quality Improvement Performance Plan  
Fiscal Year 2016/2017**

| <b>SECTION 6 WORK GROUP<br/>MONITORING COORDINATION OF CARE BETWEEN THE MHP AND PHYSICAL HEALTHCARE AGENCIES (Source: MHP)</b> |  |
|--|--|
| <b>OBJECTIVE 6</b>   | <ul style="list-style-type: none"> <li>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.</li> </ul>   |
| <b>GOALS</b>   | <ul style="list-style-type: none"> <li>A. Strengthen Information Sharing Exchanges with Inland Empire Health Plan (IEHP) and Molina.</li> <li>B. Assess effectiveness of Memorandum of Understanding with physical health care providers and revise as appropriate to improve the processes of providing care and better meeting consumer needs.</li> <li>C. Provide QMAC and MCP's with monthly reporting of the status of Tier referrals to and from the MCP.</li> </ul> |
| <b>RESPONSIBLE PARTNERS</b>  | Quality Management, Integrated Health, Managed Care Coordination Unit, and Compliance  |
| <b>EVALUATION TOOL(S)</b>  | <ul style="list-style-type: none"> <li>IEHP and Molina MOU</li> <li>Care Coordination Activities and Reports</li> <li>Tier Referral Reports</li> </ul>   |
| <b>WORKGROUP ACTIVITIES</b>  | <ul style="list-style-type: none"> <li>Hold monthly coordination meetings between DBH mental health and substance abuse treatment leadership and IEHP, Molina, and Kaiser liaisons.</li> <li>Manage the continuity and coordination of care between physical health care agencies and the MHP across the department.</li> <li>Develop department-wide processes to link physical health care into ongoing operating procedures.</li> </ul>                                 |

| <b>SECTION 7 WORK GROUP<br/>MONITORING PROVIDER RELATIONS (Source: MHP)</b> |  |
|---|--|
| <b>OBJECTIVE 7</b>  | <ul style="list-style-type: none"> <li>To provide monitoring activities for the Provider Network which review Provider's clinical practices and credentialing status.</li> <li>To provide an effective means of identifying, resolving and preventing the recurrence of provider concerns/appeals within the MHP's authorization and other processes.</li> </ul> |
| <b>GOALS</b>  | <ul style="list-style-type: none"> <li>A. 90% of provider appeals will be resolved within a 90-day period of time.</li> <li>B. Annual provider satisfaction survey will be distributed to providers and the results will be discussed in QMAC along with any necessary action steps related to survey results.</li> </ul>  |
| <b>RESPONSIBLE PARTNERS</b>   | Quality Management and Access Unit   |
| <b>EVALUATION</b>   | <ul style="list-style-type: none"> <li>Provider Appeals</li> </ul>   |



**Quality Improvement Performance Plan  
Fiscal Year 2016/2017**

|                             |   |
|-----------------------------|---|
| <b>TOOL(S)</b>              | <ul style="list-style-type: none"> <li>• Provider satisfaction surveys</li> </ul>   |
| <b>WORKGROUP ACTIVITIES</b> | <ul style="list-style-type: none"> <li>• Review provider appeals submitted to the Access Unit.</li> <li>• Review provider satisfaction survey results.</li> </ul> |

|   |  |
|---|--|
| <b>SECTION 8 WORK GROUP</b>   |  |
| <b>THERAPEUTIC BEHAVIORAL SERVICES (TBS) MONITORING (Source: MHP)</b> |  |
| <b>OBJECTIVE 8</b>  | <ul style="list-style-type: none"> <li>• To conduct performance monitoring activities of Therapeutic Behavioral Services in the MHP, as an indicator of the effectiveness of utilization management and review processes.</li> </ul> |
| <b>GOALS</b>  | A. Therapeutic Behavioral Services(TBS) service penetration rate will be 4% average on an annual basis.  |
| <b>RESPONSIBLE PARTNERS</b>   | Children’s System of Care  |
| <b>EVALUATION TOOL(S)</b>   | <ul style="list-style-type: none"> <li>• TBS Monthly Reports</li> </ul>  |
| <b>WORKGROUP ACTIVITIES</b>   | <ul style="list-style-type: none"> <li>• Monitors access to TBS Services</li> <li>• Monitors utilization rates</li> </ul>  |

|  |  |
|--|--|
| <b>SECTION 9 WORK GROUP</b>  |  |
| <b>MONITORING MENTAL HEALTH NEEDS IN SPECIFIC CULTURAL AND ETHNIC GROUPS</b> |  |
| <b>OBJECTIVE 9</b>   | <ul style="list-style-type: none"> <li>• To conduct performance monitoring of the access and engagement activities among specified ethnic/cultural groups that are currently unserved, underserved or inappropriately served.</li> </ul>   |
| <b>GOALS</b>   | <p>A. Annual analysis of the Specialty Mental Health Penetration Rate.</p> <p>B. OCCES reports monthly to QMAC on outreach activities specific to engagement of ethnic and cultural groups.</p> <p>C. 90% of DBH Providers will complete required hours of Cultural Competency training per year.</p>  |
| <b>RESPONSIBLE PARTNERS</b>  | Office of Cultural Competency and Ethnic Services(OCCES), Workforce Education and Training (WET), Research and Evaluation, and Quality Management  |
| <b>EVALUATION TOOL(S)</b>  | <ul style="list-style-type: none"> <li>• WET Monthly Training Reports</li> <li>• OCCES Outreach Activities Log</li> <li>• Data Dashboards</li> </ul>   |
| <b>WORKGROUP ACTIVITIES</b>  | <ul style="list-style-type: none"> <li>• Review of monthly WET provider training reports.</li> <li>• Review of data dashboard items related to linguistic capacity and penetration rates.</li> <li>• Review of OCCES activities related to engagement of various cultural and ethnic populations.</li> <li>• Monitors the implementation of cultural competence plan goals.</li> </ul> |



**Quality Improvement Performance Plan  
Fiscal Year 2016/2017**

| <b>SECTION 10 WORK GROUP<br/>PERFORMANCE IMPROVEMENT PROJECTS (PIP)</b> |  |
|---|--|
| <b>OBJECTIVE 10</b>   | <ul style="list-style-type: none"> <li>To maintain two (2) active Performance Improvement Projects (PIPs): one (1) clinical and one (1) administrative, per fiscal year.</li> </ul>  |
| <b>GOALS</b>  | <p>A. Clinical PIP will be successfully presented at EQRO with an 85% or higher final EQRO score.</p> <p>B. Non-Clinical PIP will be successfully presented at EQRO with an 85% or higher final EQRO score.</p>  |
| <b>RESPONSIBLE PARTNERS</b>   | Quality Management, Triage Engagement and Support Team(TEST) Leadership, and Behavioral Health Integration Initiative(BHI-I) Leadership  |
| <b>EVALUATION TOOL(S)</b>   | <ul style="list-style-type: none"> <li>CAEQRO PIP Road Map</li> <li>CAEQRO PIP Validation Tool</li> <li>PIP Reports</li> </ul>   |
| <b>WORKGROUP ACTIVITIES</b>   | <ul style="list-style-type: none"> <li>Facilitates clinical and administrative PIP activities</li> <li>Uses data as a foundation in implementing the PIP Roadmap.</li> <li>Evaluates progress on PIP stages and reviews final reports</li> <li>Shares information about PIP activities with QMAC that may be used in policy making.</li> </ul> |

| <b>SECTION 11 WORK GROUP<br/>MONITORING AND PROGRESS TOWARD COORDINATING CO-OCCURRING SERVICES</b> |   |
|--|---|
| <b>OBJECTIVE 11</b>  | <ul style="list-style-type: none"> <li>To evaluate the level of coordination occurring between behavioral health and substance use treatment.</li> </ul>  |
| <b>GOALS</b>   | <p>A. Consumers identified as needing both Substance Use Disorder treatment and Mental Health treatment are able to access concurrent care.</p> <p>B. 75% of Mental Health Providers self-report understanding the American Society of Addictive Medicine (ASAM) criteria.</p>  |
| <b>RESPONSIBLE PARTNERS</b>  | Substance Use Treatment Leadership, Quality Management, and Workforce Education and Training  |
| <b>EVALUATION TOOL(S)</b>  | <ul style="list-style-type: none"> <li>Monthly SUD Reports in QMAC</li> </ul>   |
| <b>WORKGROUP ACTIVITIES</b>  | <ul style="list-style-type: none"> <li>Evaluate current clinical practice and plan for coordination of care related to co-occurring services.</li> <li>Review clinical chart documentations for use and appropriateness in facilitating treatment for co-occurring clients and make recommendations on useful modifications.</li> <li>Participates in reviewing and building co-occurring trainings for department and contract staff.</li> </ul> |



**Quality Improvement Performance Plan  
Fiscal Year 2016/2017**

| <b>SECTION 12 WORK GROUP</b>                                   |  |
|--|--|
| <b>MONITORING QUALITY IMPROVEMENT AND DOCUMENTATION REVIEW</b> |  |
| <b>OBJECTIVE 12</b>  | <ul style="list-style-type: none"> <li>To conduct monitoring through the use of chart audits which assess if chart documentation is in congruence with State and Federal regulations.</li> </ul>   |
| <b>GOALS</b>   | <p>A. Review all current chart documents for ease of use and to ensure appropriateness to Title 9, Medi-Cal, Managed Care, and Federal requirements.</p> <p>B. MHP error rate and disallowance rate will be less than 5%.</p>  |
| <b>RESPONSIBLE PARTNERS</b>                                    | Quality Management   |
| <b>EVALUATION TOOL(S)</b>                                      | <ul style="list-style-type: none"> <li>QM Disallowance Reports</li> </ul>  |
| <b>WORKGROUP ACTIVITIES</b>                                    | <ul style="list-style-type: none"> <li>Monthly provision of disallowance reports in QMAC as well as administrative and contractor meetings.</li> <li>Review new regulations which may affect documentation issues and revise documents and business processes as needed.</li> <li>Serve as a review body for audit results which go to appeal after the first plan of correction.</li> </ul> |

**Conclusion**

Although the County of San Bernardino Department of Behavioral Health has committed to the implementation of the Quality Improvement Performance Plan as described, other items which may need attention may arise.

All such items will be addressed and identified through monthly department meetings, QMAC meetings, and other meetings.