

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



Fiscal year 2017/2018

Quality Improvement Performance Plan (QIPP)



Quality Improvement Performance Plan  
Fiscal Year 2017/2018 Evaluation

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### Background

San Bernardino County understands the need to provide excellence in service through the provision of person-centered, consumer-driven, recovery-oriented, and culturally competent behavioral health care services that are integrated with primary health care and seek to address each beneficiary's unique needs. It is our mission to assist individuals with issues of mental health and substance misuse 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 San Bernardino County 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 San Bernardino County Department of Behavioral Health (DBH). 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 DBHStrategic 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.



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### Purpose

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

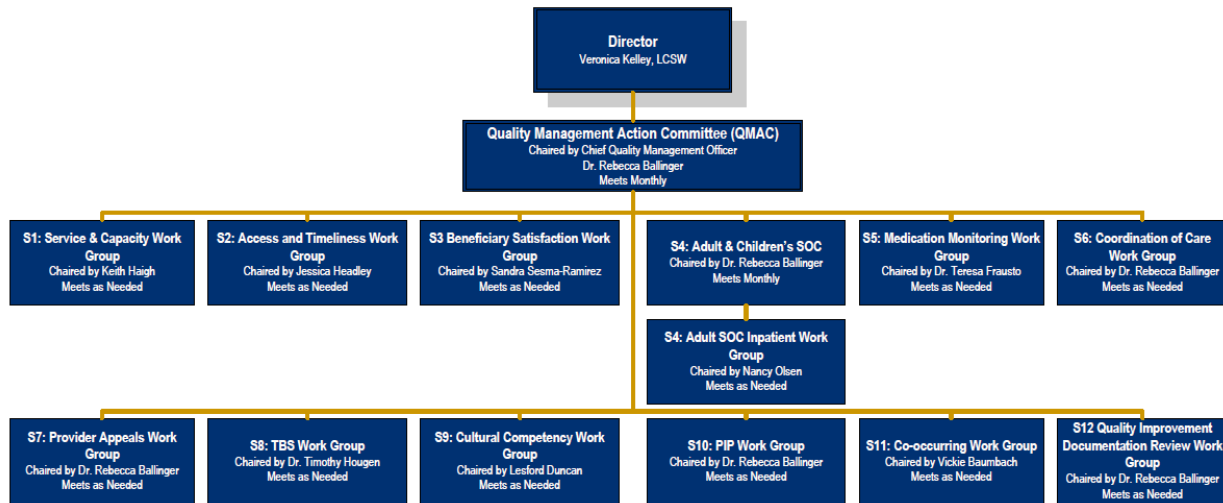
Implementation of the QIPP is through Department infrastructure which includes the Quality Management Action Committee (QMAC), work groups, focus groups, and DBH Administration/Management, as well as DBH and contract clinics.

The QMAC shall review the quality of specialty mental health services and oversee and be involved in QI 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.



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## Quality Improvement Program Committee/Work Group Structure



Note: Working document – subject to ongoing updates



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**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.



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### 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.



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**Goals / Objectives**

<b>SECTION 1 WORK GROUP</b>	
<b>MONITORING THE SERVICE CAPACITY AND SERVICE DISTRIBUTION OF THE MHP (Source: MHP)</b>	
<ul style="list-style-type: none"> <li>• Conducts performance monitoring activities that evaluate beneficiary and system outcomes and indicators of wellbeing.</li> <li>• Describes and provides information regarding the current type, number and geographic distribution of Mental Health Services in the system.</li> <li>• Sets goals for the number, type, and geographic distribution of Mental Health Services.</li> <li>• Evaluates and monitors the capacity of the MHP.</li> <li>• Makes program recommendations based on capacity indicators.</li> <li>• Participates in the county planning process which identifies expanded service populations.</li> <li>• Monitors the number of Medi-Cal beneficiaries receiving services and works with Research and Evaluation to distribute information to Program Managers and QMAC.</li> </ul>	
<b>Objective 1</b>	To describe the current type, number, and geographic distribution of Mental Health Services in the MHP System of Care in order to ensure appropriate allocation of MHP resources in providing adequate behavioral health access to all beneficiaries.
<b>Goal 1</b>	To identify service provision to Children, Adolescent, and Adult Medi-Cal/Uninsured beneficiaries by types of services and service locations by geographic regions. To track service provision against service demand and ensure resources are appropriately allocated to provide for access.
<b>Responsible Partners</b>	Chief Quality Management Officer, Research and Evaluation (R&E) representative
<b>Evaluation Tool(s)</b>	Mechanisms for monitoring services and activities include data dashboards and geographic maps.
<b>FY 2017/2018 Evaluation</b>	In progress.
<b>Recommendations</b>	To be determined.





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<b>SECTION 2 WORK GROUP</b>	
<b>MONITORING TIMELY ACCESS FOR ROUTINE AND URGENT SERVICE NEEDS (Source: MHP)</b>	
<ul style="list-style-type: none"> <li>• Conducts and coordinates performance monitoring activities to test timeliness and access to services within the MHP.</li> <li>• Tests the ability of the appointment system to meet goals identified in Section 2 of the QIPP through the mechanisms of test calls, secret shoppers and internal audits of contact logs.</li> <li>• Reports findings and suggested solutions for systems issues which negatively impact access.</li> <li>• Tests and evaluates the ability of the system to respond to calls to 24/7 Toll Free Phone Number.</li> <li>• Reviews timeliness to service for all appointment types within the system including routine appointments and services for urgent conditions.</li> </ul>	
<b>Objective 2</b>	To conduct performance monitoring activities that gauge the system's effectiveness at providing timely access to routine specialty mental health appointments.
<b>Goal 2</b>	To ensure that all beneficiaries requesting routine specialty mental health services are offered an appointment within 15 business days.
<b>Responsible Partners</b>	Chief Quality Management Officer and R&E representative
<b>Evaluation Tool(s)</b>	Mechanisms for monitoring services and activities include claims data and data dashboards.
<b>FY 2017/2018 Evaluation</b>	In progress.
<b>Recommendations</b>	To be determined.
<b>Goal 2.1</b>	To ensure beneficiaries discharging from psychiatric hospitalization are given an outpatient medication appointment within 7 calendar days of discharge.
<b>Responsible Partners</b>	Chief Quality Management Officer, R&E Representative, Regional Program Managers
<b>Evaluation Tool(s)</b>	Mechanisms for monitoring services and activities include Arrowhead Regional Medical Center (ARMC) hospitalization reports, Psychiatric Hospitals Discharge report, data dashboard reports, and claims data.
<b>FY 2017/2018 Evaluation</b>	In progress.
<b>Recommendations</b>	To be determined.
<b>Objective 2B</b>	To conduct performance monitoring activities that gauge the system's effectiveness at providing timely access to services for urgent conditions.
<b>Goal 2B</b>	To ensure that all requests for urgent mental health services are responded to with an available appointment slot or service provision within 24-hours.
<b>Responsible Partners</b>	Director of 24-Hour and Emergency Services, Program Manager of Community Crisis Services, Chief Quality Management Officer, R&E Representative.
<b>Evaluation Tool(s)</b>	Mechanism for monitoring services and activities is the data dashboard.
<b>FY 2017/2018 Evaluation</b>	In progress.
<b>Recommendations</b>	To be determined.



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<b>Objective 2C</b>	To ensure that beneficiaries are provided with information on how to access specialty mental health services after business hours, including weekends and holidays.
<b>Goal 2C</b>	To confirm that all MHP providers have after-hours telephone message systems that provide information in English and Threshold language(s) on how to access emergency and routine mental health services in the County of San Bernardino.
<b>Responsible Partners</b>	Chief Quality Management Officer, Regional Program Managers, Cultural Competency Officer, Access Unit Administrative Supervisor II.
<b>Evaluation Tool(s)</b>	Mechanisms for monitoring services and activities include ongoing after-hours test calls and documentation of compliance to standards outline in the After-Hours Protocol.
<b>FY 2017/2018 Evaluation</b>	In progress.
<b>Recommendations</b>	To be determined.
<b>Objective 2D</b>	To provide a Toll Free Telephone Line that operates 24/7 and meets all required elements of the MHP contract.
<b>Goal 2D</b>	To ensure that the 24/7 Telephone Line provides information, in beneficiary's language of choice, on how to access specialty mental health services, beneficiary resolution process and responds to urgent conditions.
<b>Responsible Partners</b>	Chief Quality Management Officer, Regional Program Managers, Cultural Competency Officer, Access Unit Administrative Supervisor II.
<b>Evaluation Tool(s)</b>	Mechanisms for monitoring services and activities include monthly test calls made during the year throughout various times of the day and night with test callers following a script and presenting a myriad of problems varying in complexity, scope and requiring a response. Call details are logged and the success of test calls is determined by the callers' ability to be directed to the appropriate services.
<b>FY 2017/2018 Evaluation</b>	In progress.
<b>Recommendations</b>	To be determined.



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<b>SECTION 3 WORK GROUP</b>	
<b>MONITORING BENEFICIARY SATISFACTION (Source: MHP)</b>	
<ul style="list-style-type: none"> <li>• Conducts and evaluates findings from annual client surveys.</li> <li>• Informs provider of results of clinical client 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> <li>• Ensures provider surveys for FFS outpatient and inpatient providers are conducted annually.</li> </ul>	
<b>Objective 3</b>	To conduct performance monitoring activities using mechanisms that assess beneficiary satisfaction with the specialty mental health services provided as an indicator of beneficiary and system outcomes.
<b>Goal 3</b>	To ensure clients are receiving excellence in behavioral healthcare services as indicated by an annual client satisfaction survey. To continue to use this information to identify and prioritize areas for improving the processes of providing care and better meeting consumer needs.
<b>Responsible Partners</b>	Chief Quality Management Officer, R&E Representative, Regional Program Managers
<b>Evaluation Tool(s)</b>	Mechanisms for monitoring services and activities include Consumer Perception Survey (child, youth and adult versions).
<b>FY 2017/2018 Evaluation</b>	In progress.
<b>Recommendations</b>	To be determined.
<b>Objective 3A</b>	To conduct yearly performance monitoring activities using mechanisms that assess clients' satisfaction with behavioral healthcare services and their participation in reporting their satisfaction with these services as an indicator of beneficiary and system outcomes.
<b>Goal 3A</b>	To ensure clients are receiving excellence in behavioral healthcare services and are reporting their satisfaction with the services as indicated by feedback from client satisfaction focus groups twice per year. To continue to use this information to identify and prioritize areas for improving the processes of providing care and better meeting consumer needs.
<b>Responsible Partners</b>	Chief Quality Management Officer, R&E Representative, Cultural Competency Officer
<b>Evaluation Tool(s)</b>	Mechanisms for monitoring services and activities include consumer surveys, focus group minutes, sign-in sheets and summary reports.
<b>FY 2017/2018 Evaluation</b>	In progress.
<b>Recommendations</b>	To be determined.
<b>Objective 3B</b>	To conduct performance monitoring activities using mechanisms which assess provider satisfaction and the timeliness of feedback from the MHP as an indicator of beneficiary and system outcomes.
<b>Goal 3B</b>	To ensure providers are receiving timely feedback from MHP as indicated by responses from annual provider satisfaction surveys and by publishing the results in the same fiscal year. To continue to use this information to identify



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	and prioritize areas for improving the processes of providing care and better meeting consumer needs.
<b>Responsible Partners</b>	Chief Quality Management Officer, Administrative Supervisor II Access Unit, Clinic Supervisor Quality Management, R&E Representative, Regional Program Managers
<b>Evaluation Tool(s)</b>	Mechanisms to assess provider satisfaction include the Fee-For-Service (FFS) Survey and Contract Provider Survey and published results.
<b>FY 2017/2018 Evaluation</b>	In progress.
<b>Recommendations</b>	Outreach to increase the amount and type of providers who complete surveys in order to increase informed responses in areas of unique specialization such as responses to fiscal or certification related areas.
<b>Objective 3C</b>	To conduct performance monitoring activities using mechanisms that assess the number of grievances (and their resolution), appeals and requests for State Fair Hearings. To analyze the nature of the causes for concern as an indicator of beneficiary and system outcomes.
<b>Goal 3C</b>	To ensure that client grievances, consumer 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 consumer needs.
<b>Responsible Partners</b>	Chief Quality Management Officer, Administrative Supervisor II Access Unit, Chief Patients' Rights Advocate
<b>Evaluation Tool(s)</b>	Mechanisms for monitoring services and activities include monthly grievance reports on grievances, consumer appeals and request for State Fair Hearings.
<b>FY 2017/2018 Evaluation</b>	In progress.
<b>Recommendations</b>	To be determined.



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<b>SECTION 4 WORK GROUP</b>	
<b>MONITORING THE SERVICE DELIVERY SYSTEM FOR MEANINGFUL CLINICAL &amp; ETHICAL ISSUES</b>	
<i>(Source: MHP)</i>	
<ul style="list-style-type: none"> <li>• <b>Monitors, anticipates and evaluates clinical aspects and implications of departmental policies, procedures, and actions.</b></li> <li>• <b>Reviews clinical issues, quality of care, utilization and utilization management issues that surface as a result of chart review and program review.</b></li> <li>• <b>Considers the ethical implications of departmental and staff activities.</b></li> <li>• <b>Prepares reports of findings and recommendations for submission to the Quality Management Action Committee (QMAC).</b></li> </ul>	
<b>Objective 4</b>	To conduct performance monitoring activities of the safety and effectiveness of the service delivery system related to clinical and ethical issues in the Inpatient system of care.
<b>Goal 4</b>	To identify and address issues affecting quality of care through the review of findings from Patient’s Rights investigations, IMD reviews, inpatient authorization review, and applicable psychological autopsy proceedings. To continue to use this information to identify and prioritize areas for improving the processes of providing care and better meeting consumer needs.
<b>Responsible Partners</b>	Deputy Director of 24-Hour and Emergency Services, Chief Medical Officer, Chief Compliance Officer, Chief Quality Management Officer, Assistant Medical Clinical Medical Director, Chief Patients’ Rights Advocate
<b>Evaluation Tool(s)</b>	Mechanisms for monitoring services and activities include Work Group minutes, QMAC meeting minutes, Interactive Dashboards, chart and on-site monitoring report summaries.
<b>FY 2017/2018 Evaluation</b>	In Progress.
<b>Recommendations</b>	To be determined.
<b>Objective 4A</b>	To conduct performance monitoring activities of the mechanisms responsible for the safety and effectiveness in the Outpatient system of care.
<b>Goal 4A</b>	To identify and address issues which may affect the quality of care provided to beneficiaries, underutilization of services, overutilization of services and utilization management. To implement corrective measures as appropriate. To continue to use this information to identify and prioritize areas for improving the processes of providing care and better meeting consumer needs.
<b>Responsible Partners</b>	Chief Medical Officer, Chief Quality Management Officer, Chief Compliance Officer, Clinic Supervisor Quality Management, and Regional Program Managers
<b>Evaluation Tool(s)</b>	Mechanisms for monitoring services and activities include Work Group minutes, QMAC meeting minutes, chart and on-site monitoring report summaries.
<b>FY 2017/2018 Evaluation</b>	In progress.
<b>Recommendations</b>	To be determined.



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<b>SECTION 5 WORK GROUP</b> <b>MONITORING THE MHP SERVICE DELIVERY SYSTEM FOR THE SAFETY &amp; EFFECTIVENESS OF MEDICATION PRACTICES (Source: MHP)</b>	
<ul style="list-style-type: none"> <li>• Under the supervision of a person licensed to prescribe or dispense prescription drugs, evaluates and monitors the safety and effectiveness of medication practices.</li> <li>• Reviews cases involving medication issues and tracks medication issues over time.</li> <li>• Recommends and institutes needed actions involving medication procedures and policies.</li> <li>• Conducts Peer Reviews regarding medication practices.</li> </ul>	
<b>Objective 5</b>	To conduct performance monitoring activities of the mechanisms responsible for the safety and effectiveness of medication practices.
<b>Goal 5</b>	To obtain information regarding the safety and effectiveness of medication practices. To continue to use this information to identify and prioritize areas for improving the processes of providing care and better meeting consumer needs.
<b>Responsible Partners</b>	Chief Medical Officer, Nurse Manager, Chief Quality Management Officer
<b>Evaluation Tool(s)</b>	Mechanisms to monitor the safety and effectiveness of medication practices include twice yearly reports and chart review summaries under the supervision of a person licensed to prescribe or dispense prescription drugs.
<b>FY 2017/2018 Evaluation</b>	In Progress.
<b>Recommendations</b>	To be determined.



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<b>SECTION 6 WORK GROUP</b> <b>MONITORING COORDINATION OF CARE BETWEEN THE MHP AND PHYSICAL HEALTHCARE AGENCIES (Source: MHP)</b>	
<ul style="list-style-type: none"> <li>• <b>Manages the continuity and coordination of care between physical health care agencies and the MHP across the department.</b></li> <li>• <b>Develops department-wide processes to link physical health care into ongoing operating procedures.</b></li> <li>• <b>Manages achievement of the goals as described in the QIPP.</b></li> <li>• <b>Assesses the effectiveness and facilitates the improvement of MOU's with physical health care plans.</b></li> </ul>	
<b>Objective 6</b>	To conduct performance monitoring activities of the mechanisms responsible for enhancing continuity and increasing the coordination of care between the MHP and Physical Healthcare agencies/providers as an indicator of beneficiary and system outcomes.
<b>Goal 6</b>	Update MOU's with physical health plans in order to create a mechanism for exchange of information between DBH & primary care with regards to individual client care. Develop Information Sharing Exchanges with Inland Empire Health Plan (IEHP), Kaiser, Molina and Health Net. To enhance any additional continuity and coordination of care activities. To assess effectiveness of MOU with physical health care providers and revise as appropriate to improve the processes of providing care and better meeting consumer needs.
<b>Responsible Partners</b>	Deputy Director Program Support Services, Chief Medical Officer, Chief Quality Management Officer
<b>Evaluation Tool(s)</b>	The completed draft of IEHP and Molina MOU, updated Coordination of Care policy, outcomes for implemented web-based Coordination of Care project, data reports, training sign in sheets, Coordination of Care protocol.
<b>FY 2017/2018 Evaluation</b>	In progress.
<b>Recommendations</b>	To be determined.



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<b>SECTION 7 WORK GROUP</b>	
<b>MONITORING PROVIDER APPEALS (Source: MHP)</b>	
<ul style="list-style-type: none"> <li>• Reviews provider appeals submitted to the Access Unit.</li> <li>• Evaluates the provider appeals process for efficiency and effectiveness.</li> <li>• Makes recommendations based on group findings and review of provider appeals that ensures equity and fairness in due process.</li> </ul>	
<b>Objective 7</b>	To conduct performance monitoring activities which review provider appeals and concerns on an ongoing basis as an indicator of the effectiveness of the provider appeal resolution process.
<b>Goal 7</b>	To provide an effective means of identifying, resolving and preventing the recurrence of provider concerns/appeals with the MHP's authorization and other processes. To continue to use this information to identify and prioritize areas for improving the processes of providing care.
<b>Responsible Partners</b>	Chief Quality Management Officer, Administrative Supervisor II Access Unit
<b>Evaluation Tool(s)</b>	Mechanisms for monitoring services and activities include Provider appeal log and provider appeal summaries.
<b>FY 2017/2018 Evaluation</b>	In progress.
<b>Recommendations</b>	To be determined.

<b>SECTION 8 WORK GROUP</b>	
<b>THERAPEUTIC BEHAVIORAL SERVICES (TBS) MONITORING (Source: MHP)</b>	
<ul style="list-style-type: none"> <li>• Monitors access to TBS services.</li> <li>• Monitors utilization rates, utilization management, utilization review and outcomes of treatment.</li> <li>• Reports findings to QMAC to inform QI activities.</li> <li>• Makes recommendations pertaining to the improvement of TBS services.</li> </ul>	
<b>Objective 8</b>	To conduct performance monitoring activities of Therapeutic Behavioral Services in the MHP, as an indicator of the effectiveness of utilization management and review processes.
<b>Goal 8</b>	To monitor access to TBS services, in order to ensure appropriate utilization rates and outcomes. To continue to use this information to identify and prioritize areas for improving the processes of providing care and better meeting consumer needs.
<b>Responsible Partners</b>	Senior Program Manager Children and Youth Collaborative Services
<b>Evaluation Tool(s)</b>	Mechanisms for monitoring services and activities include DBH TBS monthly reports.
<b>FY 2017/2018 Evaluation</b>	In progress.
<b>Recommendations</b>	To be determined.





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<b>SECTION 9 WORK GROUP</b>	
<b>MONITORING MENTAL HEALTH NEEDS IN SPECIFIC CULTURAL GROUPS</b>	
<ul style="list-style-type: none"> <li>Assumes responsibility for coordinating trainings designed to enhance cultural competence.</li> <li>Conducts outreach activities to unserved, underserved, inappropriately served and minority populations.</li> <li>Monitors the implementation of cultural competence plan goals.</li> <li>Participates as necessary in other Work Group activities.</li> </ul>	
<b>Objective 9</b>	To conduct performance monitoring activities of the mechanisms used to identify access barriers among specified ethnic/cultural groups that are currently unserved, underserved or inappropriately served.
<b>Goal 9</b>	To evaluate the effectiveness of current outreach activities in engaging diverse cultural groups into mental health treatment. To review and monitor the provision of cultural competency trainings to providers. To continue using this information to identify and prioritize areas for improving the processes of providing care and better meeting consumer needs.
<b>Responsible Partners</b>	Cultural Competency Officer, Workforce, Employment and Training Administrative Manager, Chief Quality Management Officer
<b>Evaluation Tool(s)</b>	Mechanisms for monitoring services and activities include Workforce and Education monthly training reports, Office of Cultural Competency and Ethnic Services (OCES) outreach activities log and Research and Evaluation Data Dashboards.
<b>FY 2017/2018 Evaluation</b>	In progress.
<b>Recommendations</b>	To be determined.

<b>SECTION 10 WORK GROUP</b>	
<b>PERFORMANCE IMPROVEMENT PROJECTS (PIP)</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>Objective 10</b>	To maintain two (2) active Performance Improvement Projects (PIPs); one (1) clinical and one (1) administrative, per fiscal year.
<b>Goal 10</b>	To complete the appropriate steps in the CAEQRO PIP Road Map for each PIP.
<b>Responsible Partners</b>	Chief Quality Management Officer, R&E Representative, Project Manager Behavioral Health Integration Initiative
<b>Evaluation Tool(s)</b>	Mechanisms for monitoring services and activities include CAEQRO PIP Road Map and PIP summary reports.
<b>FY 2017/2018 Evaluation</b>	In progress.
<b>Recommendations</b>	To be determined.



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<b>SECTION 11 WORK GROUP</b>	
<b>MONITORING AND PROGRESS TOWARD COORDINATING CO-OCcurring SERVICES</b>	
<ul style="list-style-type: none"> <li>• Evaluates current clinical practice and plans for coordination of care for Co-Occurring services.</li> <li>• Makes recommendations about clinical practices, standard policies, procedures, service delivery and coordination with other human services agencies used by consumers.</li> <li>• Reviews clinical chart documents for use and appropriateness in facilitating treatment for Co-Occurring clients, and makes recommendations on useful modifications.</li> <li>• Works with Workforce Education and Training (WET) to review, build and participate in Co-Occurring trainings for department and contract staff.</li> </ul>	
<b>Objective 11</b>	To conduct performance monitoring activities of the mechanisms used to evaluate the service delivery system for coordination of referrals, interventions and discharge planning.
<b>Goal 11</b>	To evaluate the level of coordination occurring between behavioral health and substance use treatment. To make recommendations as to what steps should be taken to better integrate care.
<b>Responsible Partners</b>	Program Manager II Substance Use Disorder and Recovery Services, Workforce Education and Training Administrative Manager
<b>Evaluation Tool(s)</b>	Mechanisms for monitoring services and activities include monthly reports to QMAC, WET training reports and the data dashboard.
<b>FY 2017/2018 Evaluation</b>	In progress.
<b>Recommendations</b>	To be determined.



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<b>SECTION 12 WORK GROUP</b>	
<b>MONITORING QUALITY IMPROVEMENT AND DOCUMENTATION REVIEW</b>	
<ul style="list-style-type: none"> <li>• Reviews new regulations which may affect documentation issues; documents revisions to the QIPP as needed.</li> <li>• Works to build standardized procedures for new legislation when implemented in MHP.</li> <li>• Serves as a review body for audit results which go to appeal after the first plan of correction.</li> </ul>	
<b>Objective 12</b>	To conduct performance monitoring activities using mechanisms that assess if all chart documentation and audit review findings are in congruence with State and Federal regulations as an indicator of adherence credentialing and monitoring standards.
<b>Goal 12</b>	To review all current chart documents for ease of use and to ensure appropriateness to Title 9, Medi-Cal, Managed Care and Federal requirements; make revisions based on new legislation and State guidance as needed. To enhance department quality management practices, infrastructure and QI plan fidelity. To continue to use this information to identify and prioritize areas for improving the process of providing care and better meeting consumer needs.
<b>Responsible Partners</b>	Chief Quality Management Officer, Clinic Supervisor Quality Management, Nurse Supervisor Utilization Management
<b>Evaluation Tool(s)</b>	Mechanisms for monitoring services and activities include QM disallowance reports for outpatient and inpatient.
<b>FY 2017/2018 Evaluation</b>	In progress.
<b>Recommendations</b>	To be determined.