

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



**Fiscal Year 2018/2019**

**Quality Improvement Performance Plan  
(QIPP)**



## Quality Improvement Performance Plan Fiscal Year 2018/2019

### Table of Contents

<b>Background</b>	Page 3
<b>Purpose</b>	Page 4
<b>Quality Improvement Program Committee / Work Group Functions</b>	Page 5
<b>Quality Improvement Program Committee / Work Group Membership</b>	Page 6
<b>Goals / Objectives</b>	Page 7
• <b>Section 1:</b> MONITORING TIMELINESS FOR SCHEDULING OF ROUTINE APPOINTMENTS	Page 8
• <b>Section 2:</b> MONITORING TIMELINESS OF SERVICES FOR URGENT CONDITIONS	Page 8
• <b>Section 3:</b> MONITORING THE MHP SERVICE DELIVERY SYSTEM FOR THE SAFETY & EFFECTIVENESS OF MEDICATION PRACTICES	Page 9
• <b>Section 4:</b> MONITORING INTENSIVE CARE COORDINATION (ICC) AND INTENSIVE HOME BASED SERVICES (IHBS)	Page 10
• <b>Section 5:</b> MONITORING MENTAL HEALTH NEEDS IN SPECIFIC CULTURAL AND ETHNIC GROUPS	Page 11
• <b>Section 6:</b> MONITORING RESPONSIVENESS OF THE 24/7 TOLL FREE ACCESS LINE	Page 12
<b>Conclusion</b>	Page 12



## Quality Improvement Performance Plan Fiscal Year 2018/2019

### Background

The San Bernardino County Mental Health Plan (MHP), the Department of Behavioral Health (DBH), 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 strives for integration with primary health care and seeks to address each beneficiary's unique needs. It is DBH's 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.

DBH and its contractors are committed to continued quality improvement, program development and compliance efforts as detailed in the San Bernardino County Mental Health Plan (MHP) and Department of Health Care Services (DHCS) contract, as well as the annual Quality Improvement Performance Plan (QIPP).

The QIPP is the Quality Improvement Work Plan for 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 Countywide Vision Statement and DBH Strategic Plan. The DBH Quality Management Program is accountable to the MHP Director and is evaluated annually and updated as necessary.



## Quality Improvement Performance Plan Fiscal Year 2018/2019

### 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, DBH Administration / Management, as well as DBH and contract clinics.

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 by the Mental Health Plan. They include but are not limited to the following elements: access to service, timeliness of services and/or appointments, 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, administrative staff, consumers and family members participate in Quality Management Program activities.



## Quality Improvement Performance Plan Fiscal Year 2018/2019

### 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 access to care, review the quality of specialty mental health services, improve the provision of care, and meet 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.
- 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 2018/2019

### Quality Improvement Program Committee / Work Group Membership

- 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 include partners who are equally responsible for the implementation, evaluation, and management of the Quality Improvement Performance Plan (QIPP) section objectives/goals department-wide.
- Responsible partners and Work Groups 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 2018/2019**

**Goals / Objectives**

<b>SECTION 1 WORK GROUP</b>	
<b>MONITORING TIMELINESS FOR SCHEDULING OF ROUTINE APPOINTMENTS</b>	
<i>(Source: MHP, NACT, EQRO, Title 28)</i>	
<b>OBJECTIVE 1</b>	<ul style="list-style-type: none"> <li>• Conduct performance monitoring activities that gauge the system’s effectiveness at providing timely initial appointments for non-urgent appointments with a non-physician specialty mental health care provider.</li> <li>• Conduct performance monitoring activities that gauge the system’s timeliness with scheduling initial psychiatry service appointments.</li> </ul>
<b>GOALS</b>	<p>A. Ensure MHP offers an appointment within 10 business days of an initial request for non-urgent appointments with a non-physician specialty mental health care provider. Goal: 85% compliance.</p> <p>B. Ensure MHP schedules an appointment within 15 business days of the initial request for initial psychiatry services. Goal: 15-20% increase from last timeliness report.</p> <p>C. Pilot a business process and data metrics at a DBH regional clinic for tracking initial offered psychiatric appointments.</p>
<b>RESPONSIBLE PARTNERS</b>	Quality Management, Research and Evaluation, Regional Operations and Information Technology
<b>EVALUATION TOOL(S)</b>	<ul style="list-style-type: none"> <li>• Initial Contact Log</li> <li>• Appointment Scheduler</li> <li>• Dashboards</li> </ul>
<b>WORKGROUP ACTIVITIES</b>	<ul style="list-style-type: none"> <li>• Develop, test, and refine data metrics that enable the MHP to capture at least two initial psychiatric offered appointments, if the first appointment is not accepted.</li> <li>• Meet monthly to establish, track, and implement the new business processes and data metric utilized at pilot DBH regional clinic to capture initial offered psychiatric appointments.</li> <li>• Develop data metrics that enable the MHP to receive validated data metrics from its contractors for this quality improvement objective.</li> <li>• Monitor the compliance percentage and timeliness of initial appointments and disseminate information to QMAC and DBH Leadership.</li> <li>• Evaluate the capacity of the clinics to offer the appointments within the required timeframes.</li> </ul>



**Quality Improvement Performance Plan  
Fiscal Year 2018/2019**

<b>SECTION 2 WORK GROUP</b> <b>MONITORING TIMELINESS OF SERVICES FOR URGENT CONDITIONS</b> <i>(Source: MHP, Annual Protocol, Title 28)</i>	
<b>OBJECTIVE 2</b>	<ul style="list-style-type: none"> <li>Conduct performance monitoring activities that gauge the system’s effectiveness at providing timely services to beneficiaries with urgent specialty mental health conditions.</li> </ul>
<b>GOALS</b>	<p>A. Client requests for or need of urgent services are provided services within 48 hours. Goal: 95% compliance.</p> <p>B. MHP notifies DBH physicians and Access, Coordination and Enhancement (ACE) program within 24-48 hours of existing beneficiaries being admitted for psychiatric hospitalization at a DBH contracted Lanterman-Petris-Short Act hospital.</p>
<b>RESPONSIBLE PARTNERS</b>	Quality Management, Research and Evaluation, Regional Operations and Crisis Services Manager
<b>EVALUATION TOOL(S)</b>	<ul style="list-style-type: none"> <li>Initial Contact Log</li> <li>Claims data</li> <li>24 Hour Notices</li> <li>Treatment Request Authorizations (TARs)</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>Review timeliness to service for all urgent service requests.</li> <li>Report data analysis and suggested solutions for systems issues which negatively impact access.</li> <li>Review Medi-Cal billing and service utilization for contract agencies and DBH programs who provide urgent specialty mental health services.</li> <li>Report monitoring findings to QMAC and DBH Leadership.</li> </ul>





**Quality Improvement Performance Plan  
Fiscal Year 2018/2019**

SECTION 3 WORK GROUP MONITORING THE MHP SERVICE DELIVERY SYSTEM FOR THE SAFETY & EFFECTIVENESS OF MEDICATION PRACTICES <i>(Source: MHP &amp; Annual Protocol)</i>	
<b>OBJECTIVE 3</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, and Managed Care Coordination Unit
<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 2018/2019**

<b>SECTION 4 WORK GROUP MONITORING INTENSIVE CARE COORDINATION (ICC) AND INTENSIVE HOME BASED SERVICES (IHBS) (Source: MHP)</b>	
<b>OBJECTIVE 4</b>	<ul style="list-style-type: none"> <li>Conduct performance monitoring activities of Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) in the MHP to facilitate consistent use of these services for qualified beneficiaries.</li> </ul>
<b>GOALS</b>	<p>A. Monitor access to ICC and IHBS, in order to ensure appropriate utilization rates and outcomes.</p> <p>B. Utilize the information to identify and prioritize areas for improving the processes of providing care and better meeting consumer needs.</p>
<b>RESPONSIBLE PARTNERS</b>	Children and Youth Collaborative Services (CYCS) & Research and Evaluation (R&E)
<b>EVALUATION TOOL(S)</b>	<ul style="list-style-type: none"> <li>Modify the quarterly report [i.e., Special Report for Outcomes, Utilization, and Treatment (SPROUT)] which will include percentage of beneficiaries which receive ICC and IHBS at stratified levels of intensity.</li> </ul>
<b>WORKGROUP ACTIVITIES</b>	<ul style="list-style-type: none"> <li>Modification of SPROUT, through collaboration between CYCS and R&amp;E which can be developed and incorporated into CYCS program and agency review process.</li> <li>Monitors access to ICC and IHBS.</li> <li>Monitors utilization rates, utilization management, utilization review and outcomes of treatment.</li> <li>Report findings to QMAC to inform QI activities.</li> <li>Makes recommendations pertaining to improved utilization of ICC and IHBS</li> </ul>



**Quality Improvement Performance Plan  
Fiscal Year 2018/2019**

<b>SECTION 5 WORK GROUP MONITORING MENTAL HEALTH NEEDS IN SPECIFIC CULTURAL AND ETHNIC GROUPS</b>	
<b>OBJECTIVE 5</b>	<ul style="list-style-type: none"> <li>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>	<ol style="list-style-type: none"> <li>Increase penetration rate for underserved ethnic populations, specifically Asian/Pacific Islander and Latino, both by 2%.</li> <li>Increase the number of MHP Providers that complete the DBH required hours of Cultural Competency training per year. 90% compliance.</li> <li>Implement Latino engagement strategy at pilot clinic to increase access to and use of clinic services.</li> </ol>
<b>RESPONSIBLE PARTNERS</b>	Office of Cultural Competency and Ethnic Services(OCCES), Workforce Education and Training (WET), Quality Management (QM), and Research and Evaluation
<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> <li>Clinic Service Records</li> <li>Clinic Symptom Outcomes Checklist</li> </ul>
<b>WORKGROUP ACTIVITIES</b>	<ul style="list-style-type: none"> <li>Perform annual analysis of the Specialty Mental Health Penetration Rate.</li> <li>Report monthly to QMAC regarding outreach activities specific to engagement of ethnic and cultural groups.</li> <li>Conduct Cultural Competency trainings.</li> <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>Monitor the implementation of cultural competence plan goals.</li> <li>Monthly meetings to review and discuss pilot clinic Latino engagement strategy.</li> </ul>



**Quality Improvement Performance Plan  
Fiscal Year 2018/2019**

<b>SECTION 6 WORK GROUP MONITOR RESPONSIVENESS OF THE 24/7 TOLL FREE ACCESS LINE</b>	
<b>OBJECTIVE 6</b>	<ul style="list-style-type: none"> <li>• Conduct monitoring of the 24/7 toll free Access Line to ensure compliance with DHCS contractual requirements.</li> <li>• Conduct regular ongoing trainings with DBH staff, After-Hours staff and with 2-1-1 regarding 24/7 call requirements, compliance, guides, etc.</li> </ul>
<b>GOALS</b>	<p>A. Access to after-hours care is available 24/7. Goal: 90% successful based on test calls.</p> <p>B. Statewide toll free telephone line is available 24/7. Goal: 90% successful based on test calls.</p> <p>C. Beneficiaries are provided with information on how to access specialty mental health services after business hours, including weekends and holidays. Goal: 90% successful based on test calls.</p> <p>D. Increase compliance of the 24/7 toll free Access Line in the 2019 Triennial Review by 25%.</p>
<b>RESPONSIBLE PARTNERS</b>	Access Unit, Quality Management
<b>EVALUATION TOOL(S)</b>	<ul style="list-style-type: none"> <li>• Access Line reports</li> <li>• Test Calls</li> </ul>
<b>WORKGROUP ACTIVITIES</b>	<ul style="list-style-type: none"> <li>• Test and evaluate the performance of the 24/7 Access line.</li> <li>• Complete regular testing of sites after-hours message to ensure beneficiaries are provided appropriate information and referrals.</li> <li>• Conduct trainings with DBH staff, After-Hours staff and with 2-1-1 regarding 24/7 call requirements, compliance, guides, etc. with documented proof of materials and attendance records.</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.