

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
Drug Medi-Cal Organized Delivery System



Fiscal Year 2019/2020
Quality Improvement Performance Plan (QIPP)



Quality Improvement Performance Plan Fiscal Year 2019/2020

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Background

San Bernardino County, Department of Behavioral Health, Substance Use Disorder and Recovery Services (DBH-SUDRS) understands the need to provide excellence in service through the provision of client-centered, consumer-driven, recovery oriented, and culturally competent services and seeks to address each beneficiary's unique needs. It is our mission to assist individuals with issues of substance use disorders (SUD) to find resolution to challenges they face, so they may live full and healthy lives and thrive within their families and communities.

San Bernardino County DBH - SUDRS staff is committed to continued program development and compliance efforts as detailed in San Bernardino County, DBH-SUDRS, Drug Medi-Cal Organized Delivery System (DMC-ODS) implementation plan. San Bernardino County DBH-SUDRS strives to provide services based on the annual contract between DBH-SUDRS and the Department of Health Care Services (DHCS), in the annual Quality Improvement Performance Plan (QIPP).

The QIPP meets the contractual requirements of the SUD annual contract with DHCS, as well as additional areas of performance improvement as identified by California External Quality Review Organization (CEQRO), the County Business Plan and DBH Strategic Plan. This is attained in part by the formation of the San Bernardino County DBH – SUDRS Quality Improvement Program Committee (QIPC). The QIPC is comprised of SUD practitioners, providers, beneficiaries, family and community members who participate in program activities. The QIPC is accountable to the Director of DBH and is evaluated annually and updated as necessary.

The QIPP conducts performance monitoring activities throughout SUDRS operations. These monitoring activities are designed to improve access, quality of care, and outcomes of the service delivery system. The QIPP is organized in sections which relate to structure, implementation, and quantitatively measurable outcomes, and are used to assess performance, identify, and prioritize areas for improvement. The San Bernardino County DBH – SUDRS QIPP addresses the goals, objectives, and outcomes for key areas that have been identified in the DMC-ODS implementation plan. These include monitoring/improving the service capacity and delivery of services and monitoring the timeliness of services. The QIPP also identifies how San Bernardino County DBH – SUDRS will maintain/improve beneficiary satisfaction, service delivery system and continuity of care and coordination.

San Bernardino County DBH-SUDRS contracts with multiple SUD providers who operate in various locations, offering services to beneficiaries in the Central, West, East, High Desert, Morongo Basin and Mountain communities. There are currently thirty-three (33) SUD treatment locations, providing the following services:

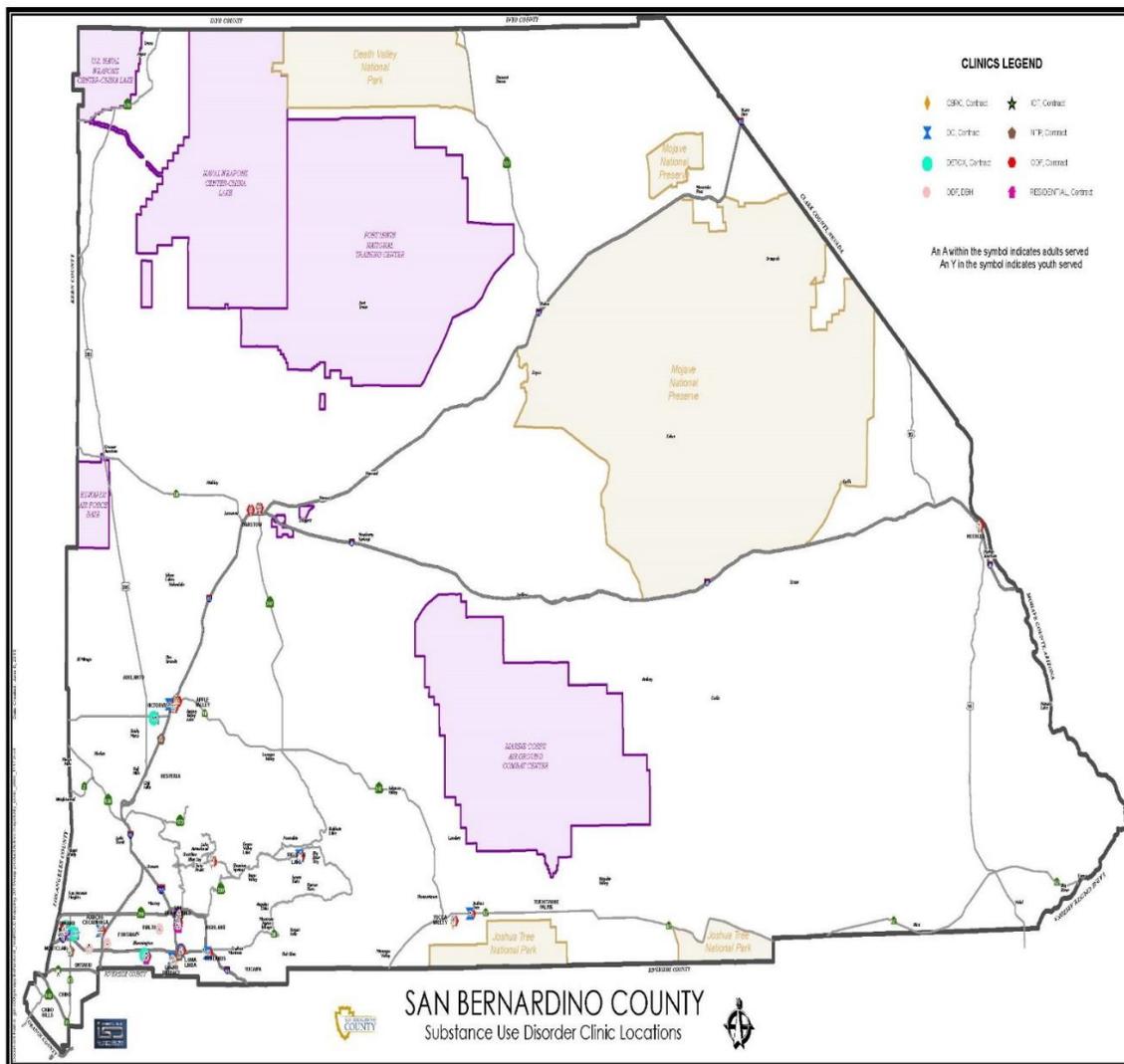
- Screening Assessment and Referrals = 2 locations
- Outpatient (OP) = 17 locations



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- Intensive Outpatient Treatment (IOT)/Adults = 13 locations
- Adult OP = 17 locations
- Adolescent OP = 9 locations
- IOT/Adolescents = 9 locations
- IOT Perinatal = 3 locations
- Residential Treatment (levels 3.1, 3.3, 3.5) = 7 locations (3 locations accept adult with children)
- Residential Withdrawal Management for Adults = 4 locations
- Residential Withdrawal Management for Adolescents = 1 location
- Narcotic Treatment Providers (NTP) = 5 locations with plans on expanding to an additional 29 locations statewide to meet beneficiary need

San Bernardino County DBH – SUDRS has an open and ongoing Requests for Qualifications (RFQs) for Withdrawal Management/Residential Treatment to secure additional providers to serve San Bernardino County beneficiaries.





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Purpose

The purpose of the QIPP is to outline the department's plan in response to specific requirements within the DMC-ODS Implementation plan.

Implementation of the QIPP is through department infrastructure which includes the QIPC, work groups, beneficiaries, peer and family advocates, DBH Administration/Management, DBH staff, and contract providers.

The QIPC shall review the quality of SUDRS services, oversee, recommend and inform 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.



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Quality Improvement Program Committee- Workgroup Functions

San Bernardino County, DBH-SUDRS QIPC reviews the quality of SUD services provided to the beneficiaries. The committee duties include:

- Document committee meeting minutes regarding decisions and actions taken.
- Review data elements using independently gathered information (as well as information from the DBH Research and Evaluation Division, and internal SUDRS data base to track beneficiary and system outcomes) to improve the process of providing care and better meet the needs of beneficiaries.
- Review, track, and monitor the resolution of beneficiary grievances and appeals, state fair hearings, provider appeals, and inpatient and outpatient quality improvement referrals.
- Oversee, facilitate, review, and evaluate the results of QI activities, including performance improvement projects. Institute needed QI actions, and ensures follow-up of QI processes and efforts.
- Oversee the QIPC Workgroup. Review reports from Quality Improvement Committee and recommends and institutes needed QI actions.
- Recommend policy decisions, policy change and procedures to improve the quality and delivery of SUD services.
- Present these findings and policy recommendations to the Director and the executive leadership of the department.



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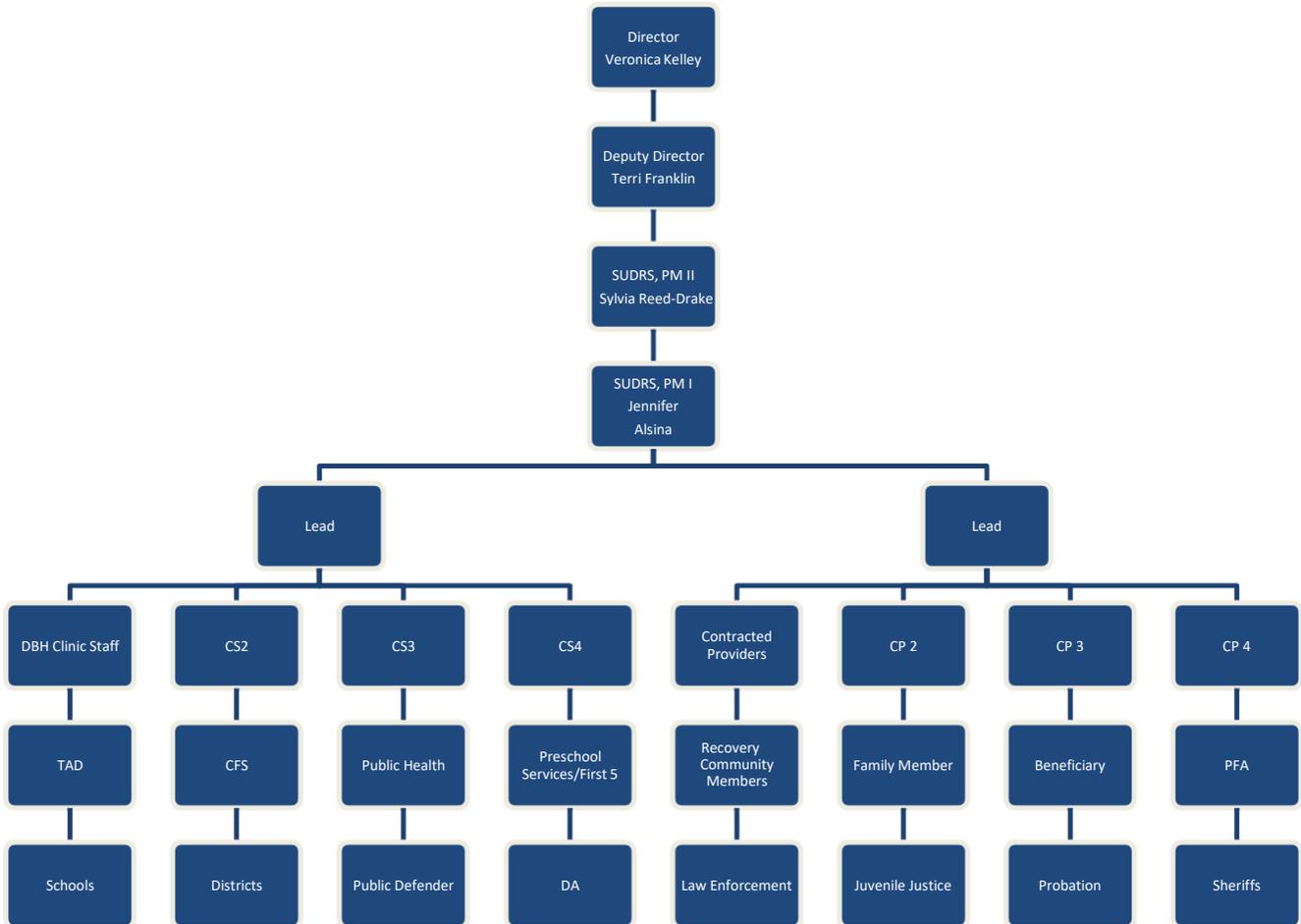
Quality Improvement Program Committee- Workgroup Members

- QIPC Workgroups will be comprised of DBH clinics and programs, DBH Research and Evaluations, SUD provider staff, and be inclusive of beneficiaries, beneficiary family members, peer and family advocates, and community members. Committees/Work Groups will reflect diversity in the following areas: unserved, underserved, children/youth, aging adults, rural areas, military/veterans and co-occurring conditions.
- DBH - SUDRS will participate in the Quality Management Action Committee (QMAC) and Workgroups as active members and represent their section of the Quality Improvement Performance Plan QIPP and Workgroup activities. 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 QIPC Workgroups to the QMAC and back to the QIPC Workgroups.



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Quality Improvement Program Committee- Workgroup Organizational Chart





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Requirements / Objectives

I. REQUIREMENT: Monitor/ Improve Service Capacity

Objective I: Review the current type, number and geographic distribution of SUD services within the delivery system.

Goal: The department shall monitor the service delivery system on an ongoing basis and report findings of the type, number, and location of services, annually in the QIPC work group meetings.

Responsibility: Management, Administration and DBH Research & Evaluation Division.

Evaluation Tool(s): Maps and/or Surveys and Program Tracking Logs.

Plan: Review of findings in QIPC meetings and propose plans for expansion as needed.

Baseline: Current maps of service areas in San Bernardino County and Network Adequacy data.



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Requirements / Objectives

II. REQUIREMENT: Monitor Timeliness of Services

Objective II: Monitor the access to after-hours care.

Goal: Ensure providers have after-hours message on answering machine directing beneficiaries to the access line.

Responsibility: Management, Administration and Supervisors

Evaluation Tool(s): Test call reports, Phone logs, and training records

Plan: Continue to monitor all County and Contracted Providers annually to ensure compliance with after-hours voicemail messaging. Provide technical assistance to any new/existing providers as needed.

Baseline: FY 18/19 After-hour access report



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Requirements / Objectives

III. REQUIREMENT: Monitor/ Improve Beneficiary Satisfaction

Objective III. 1: Evaluate beneficiary grievances, appeals, and state fair hearings.

Goal: Utilize updated BH protocol for beneficiary grievances, appeals, and state fair hearings related to quality of services, i.e. interaction/conduct of staff to be used as a baseline for beneficiaries' feedback/complaints.

Ensure up to date postings on grievance procedures are easily accessible and visible to all beneficiaries.

Responsibility: Management, Administration and Supervisors

Evaluation Tool(s): Quarterly site visits, customer service trainings

Plan: Evaluate a representative random sample of all grievances received, identify trends and train staff and providers on identified issues. Implement a Quality Management Grievance report based on beneficiary feedback and report to QIPC committee. Develop and deploy a Grievance and Appeals Process brochure to all County and Contract Provider to increase accessibility for beneficiaries.

Baseline: N/A

Objective III. 2: Evaluate assessment of client experiences.

Goal: Utilize existing Treatment Perception Survey data to assist with continued quality improvement in service delivery.

Responsibility: Management, DBH Research and Evaluation (R&E) Administration and Supervisors

Evaluation Tool(s): Annual Treatment Perception Survey

Plan: Once completed surveys are received, DBH Research and Evaluation (R&E) will process the submitted surveys, aggregate and analyze the data, and prepare a county report. The county reports will be disseminated to stakeholders through the following:

- Quality Improvement Committee (QIC)
- Quality Management Action Committee (QMAC)
- Substance Abuse Provider Network (SAPN) meeting

Baseline: FY 18/19 Treatment Perception Survey county report.



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Requirements / Objectives

IV. REQUIREMENT: Monitor/ Improve Service Delivery System

Objective IV. 1: Ensure clients are engaged in the wellness/recovery process within the first thirty (30) days.

Goal: Establish a baseline of clients who are engaged in the recovery process.

Responsibility: Management, Administration and Supervisors

Evaluation Tool(s): Quarterly audit review from program coordinators and health record information.

Plan: Review health records to develop current baseline of client engagement in the first thirty (30) days of treatment and report outcomes to programs for quality improvement. Develop a county report to identify system-wide findings, incorporate treatment perception survey county report findings to improve client engagement within the first 30 days.

Baseline: FY 18/19 Quarterly reports of program reviews and Treatment Perception Survey County Report.

Objective IV. 2: Monitor the SUD beneficiary access line. Ensure services are: provided in the prevalent non-English languages, ADA accessible and MAT services are offered.

Goal: Ensure adequate language services are available to clients accessing the SUD beneficiary access line and staff are equipped to: coordinate and/or provide services in the prevalent non-English languages, provide ADA accessible services and offer alternative MAT services.

Responsibility: Management, Administration, Supervisors and the Office of Cultural Competence & Ethnic Services

Evaluation Tool(s): Test call reports, Phone logs, training records and Mystery Shopper report, twice annually.

Plan: Conduct Mystery Shopper of the SUD beneficiary access line and selected County/Contract Providers twice a year. The Office of Cultural Competence & Ethnic Services will conduct the mystery shopper and provide a report with recommendations for improvement. i.e. provide language access training to SUD staff operating the access line if recommended.

Baseline: N/A



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Requirements / Objectives

V. REQUIREMENT: Monitor/Improve Continuity and Coordination

Objective V.1: Coordination of physical and mental health services with SUD services at the provider level.

Goal: Continue collaboration with San Bernardino Managed Care Plans (MCPs) through the MOU.

Responsibility: Management, Administration, Contracted Providers, MCPs.

Evaluation Tool(s): MOU, meeting minutes.

Plan: Meet quarterly with collaborative partners to monitor and improve MOU activities.

Baseline: MCP MOU's and quarterly joint operations meetings have been established.

Objective V.2: To utilize the Emergency Department Bridge Buprenorphine Medication Assisted Treatment Stabilization Visit in collaboration with Arrowhead Regional Medical Center (ARMC).

Goal: Utilize the Emergency Department Bridge Buprenorphine Medication Assisted Treatment Stabilization Visit recommendation in collaboration with Arrowhead Regional Medical Center (ARMC).

Responsibility: DBH Medical Services Unit.

Evaluation Tool(s): Referral tracking system of the number of individuals linked to services, collaboration meeting minutes.

Plan: Meet quarterly with collaborative partners to review program outcomes and process improvement opportunities.

Baseline: Established collaboration with ARMC.



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Conclusion

It is the mission of San Bernardino County DBH - SUDRS to assist individuals with SUDs to find solutions to the challenges they face so they may live full and healthy lives and thrive within their families and communities. San Bernardino County DBH-SUDRS has committed to the implementation of the QIPP as described. However, other challenges may arise needing DBH - SUDRS attention. All such items will be addressed and identified through quarterly committee meetings.
