

Drug Medi-Cal Organized Delivery System
(DMC-ODS) and Mental Health Plan (MHP)



Fiscal Year 2020/2021

**Quality Improvement Performance Plan
(QIPP)**



**Quality Improvement Performance
Plan
Fiscal Year 2020/2021**

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Background

The San Bernardino County Department of Behavioral Health (DBH) Substance Use Disorder and Recovery Services (SUDRS) and Mental Health Plan (MHP) understand the need to provide excellent services 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 client's unique needs. It is DBH's mission to assist individuals with issues of substance use disorders (SUD) and mental health to find solutions to challenges faced, so they may live full and healthy lives and function 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 the San Bernardino County DBH-SUDRS Drug Medi-Cal Organized Delivery System (DMC-ODS) implementation plan. San Bernardino County DBH SUDRS and MHP strive to provide services based on the annual contract between DBH and the Department of Health Care Services (DHCS) and as detailed in the annual Quality Improvement Performance Plan (QIPP).

The DBH Quality Management Program includes both SUDRS and MHP and is accountable to the DBH Director. The goal of the Quality Management Program is to improve DBH's established treatment outcomes through structural and operational processes and activities that are consistent with current standards of practice. QM conducts performance monitoring activities throughout its operations. These monitoring activities include, but are not limited to the following:

- Improve the access and availability of services;
- Conduct utilization review;
- Improve quality of care, which may include assessing client satisfaction;
- Review provider appeals and resolution of grievances;
- Ensure continuity of care and coordination of care;
- Comply with regulatory and contractual requirements associated with quality management; and
- Improve client outcomes of the service delivery system.

DBH contracts with multiple providers who operate in various locations, offering an array of services in the community. DBH provides behavioral health through its clinics, contract agencies or Fee For Service providers for children, youth, adolescents, transitional age youth, adults and older adults in the San Bernardino County cities, high and low deserts as well as rural and frontier areas.



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Purpose

The purpose of the QIPP is to organize and provide structure for Quality Management Program activities and outline DBH's plan in response to specific requirements with both its Implementation Plans, DMC-ODS and MHP.

The QIPP is essentially the Quality Improvement Work Plan for DBH. The QIPP meets the contractual requirements of the SUD and SMHS contracts 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. This is attained in part by the formation of the San Bernardino County DBH Quality Management Action Committee (QMAC). Participation for QMAC includes SUD and MHP practitioners, providers, clients and family members who participate in program activities. The QIPP conducts performance monitoring activities throughout SUDRS and/or MHP operations. These monitoring activities are designed to improve 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 DBH. They include but are not limited to the following elements: access to service, timeliness of services and/or appointments, service delivery capacity, client satisfaction, technology infrastructure, clinical issues, previously identified issues, provider appeals, continuity of care, and integration with physical health care.

Implementation of the QIPP is through department infrastructure which includes QMAC, subcommittees that function as work groups, focus groups, clients, peers and family advocates, DBH Management, as well as DBH and contract clinics.

The QIPP is evaluated annually and updated as necessary as it is considered a living document.



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Quality Improvement Program Committee / Work Group Functions

Quality Management Action Committee (QMAC):

San Bernardino County DBH SUDRS and MHP reviews the quality of services provided to clients. The committee duties include the following:

- Conduct 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 client and system outcomes, review access to care, review the quality of SUDRS and SMHS, improve the provision of care, and better meet the needs of clients.
- Review, track, and monitor the resolution of client grievances and appeals, state fair hearings, provider appeals, and inpatient and outpatient quality improvement referrals.
- Oversee, facilitate, review, and evaluate the results of Quality Improvement (QI) activities, including performance improvement projects. Institute needed QI actions and ensure follow-up of QI processes and efforts.
- Review, track, and monitor the implementation of technology infrastructure as it relates to electronic health records to ensure consistency with DHCS protocols.
- Oversee the Quality Management Section Work Group. Review reports from Quality Management Work Groups and recommend and institute appropriate actions.
- Document QMAC meetings minutes regarding decisions and actions taken.
- Provide recommendations for procedural and policy changes to improve the quality and delivery of mental health services.
- Participate in the development, evaluation, update and approval of the QIPP.



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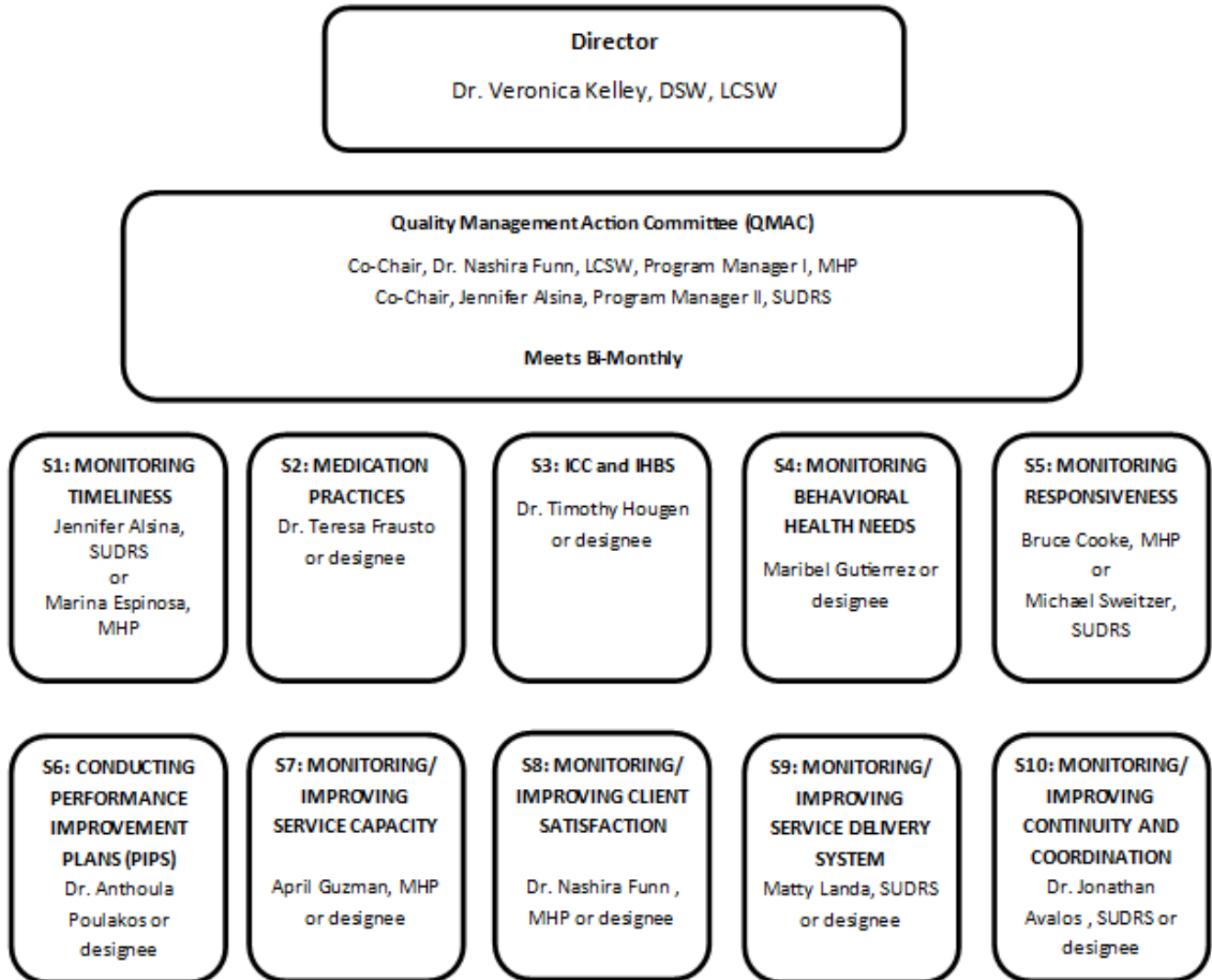
Quality Improvement Program Committee / Work Group Membership

- Work Groups are comprised of clinic, program, contract staff and inclusive of clients and family members. DBH strives to reflect diversity of the committees / work groups in the following areas: unserved/underserved/inappropriately served populations, children/youth, older adult, rural areas, military/veterans, and co-occurring conditions.
- Work Groups are led by the appropriate QMAC subject matter expert who will be responsible for the implementation, evaluation, objectives and goals for the specific objective.
- Responsible partners and Work Groups participate on QMAC as active members and represent their respective section of the 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 is continuous from the Work Groups to QMAC and back to the Work Groups.



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Quality Improvement Program Committee / Work Group Structure



Goals / Objectives

SECTION 1 WORK GROUP MONITORING TIMELINESS <i>(Source: NACT, EQRO, Title 28)</i>		MHP AND SUDRS
OBJECTIVE 1	<ul style="list-style-type: none"> • Conduct performance monitoring activities that gauge the MHP system's effectiveness at providing timely initial appointments for non-urgent appointments with a non-physician specialty mental health care provider. • Conduct performance monitoring activities that gauge the MHP system's timeliness with scheduling initial psychiatry service, initial mental health services and post-hospitalization appointments. • Conduct performance monitoring activities that gauge the SUD system's effectiveness at providing timely DMC-ODS services in timely manner. 	
GOALS	<ul style="list-style-type: none"> A. Ensure MHP offers an initial request for non-urgent appointments with a non-physician specialty mental health care provider. <i>Goal: 85% compliance.</i> B. Ensure MHP schedules an appointment within 15 business days of the initial request for initial psychiatry services. <i>Goal: 15-20% increase from last timeliness report.</i> C. Ensure MHP provides mental health services to clients for post-hospitalization follow-up within 7 calendar days. <i>Goal: 10% improvement from the prior year.</i> D. Ensure MHP client requests for or need of urgent services are provided within 48 hours. <i>Goal: 80% improvement over prior year of an offered appointment within 2 days.</i> E. Ensure SUDRS offers an outpatient/intensive outpatient treatment (IOT) or residential treatment appointment within <i>ten (10) business days.</i> F. Ensure SUDRS schedules Narcotic Treatment Program (NTP)/Opioid Treatment Program (OTP) are offered within <i>three (3) calendar days.</i> 	
RESPONSIBLE PARTNERS	Quality Management (QM), SUDRS, Research and Evaluation (R&E), Regional Operations and Information Technology (IT)	
EVALUATION TOOL(S)	<ul style="list-style-type: none"> • Initial Contact Log (ICL) • SUDRS Quality Assurance Reviews • SUDRS Mystery Shopper Calls • Appointment Scheduler • Dashboards • CSI Assessments 	
WORKGROUP ACTIVITIES	<ul style="list-style-type: none"> • Develop, test, and refine data metrics that enable the MHP to capture the initial psychiatric offered appointment and the accepted appointment, if the first appointment is not accepted. • Meet monthly to establish, track, and implement the new business processes and data metric utilized at DBH regional clinic to capture initial offered psychiatric appointments. • Develop data metrics that enable the MHP and SUDRS to receive validated data metrics from its contractors for this quality improvement objective. • Monitor the compliance percentage and timeliness of appointments and disseminate information to QMAC and DBH Leadership. 	



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SECTION 2 WORK GROUP		MHP ONLY
MONITORING THE SERVICE DELIVERY SYSTEM FOR THE SAFETY & EFFECTIVENESS OF MEDICATION PRACTICES <i>(Source: MHP & Annual Protocol)</i>		
OBJECTIVE 2	<ul style="list-style-type: none"> • Ensure mechanisms are in place to provide for the safety and effectiveness of medication practices. • Ensure continuity and coordination of care exists between behavioral health and physical health providers. 	
GOALS	<p>A. Conduct <i>ten (10) peer reviews</i> per year, per physician, and provide feedback to physicians on quality of care provided.</p> <p>B. Annually release or revise <i>one (1) new practice guideline</i> topic based upon feedback from workgroup activities.</p>	
RESPONSIBLE PARTNERS	Medical Services	
EVALUATION TOOL(S)	<ul style="list-style-type: none"> • Physician Peer Review Form • Medical Services Peer Review Report 	
WORKGROUP ACTIVITIES	<ul style="list-style-type: none"> • Physician peer review workgroup meets monthly to ensure doctors are providing quality of care that meets the standards in the community. Reviews are conducted in real-time with two (2) reviews per month, per doctor and feedback is provided at the time of review. Results are reviewed with MHP leadership and QMAC. • Practice guideline workgroup meets monthly to develop guidelines for the major categories of psychotropic medications in regards to indications and dosage ranges. The categories include anti-depressants, anxiolytics, mood stabilizers, anti-psychotics, substance use disorders, and psychotropic medications for children and adolescents. Workgroup outcomes are reviewed at QMAC. • Pharmacy and Therapeutics workgroup meets monthly to monitor events of adverse side effects of medications, make recommendations related to prescribing practices, and ensure clients receive proper informational materials related to medication side effects. Other tasks of the workgroup include the following: <ul style="list-style-type: none"> ○ Revising the medication formulary for indigent clients, ○ Obtaining appropriate medical equipment for the clinics, ○ Providing updates on the latest treatments and medications, and ○ Planning future training topics for physician and nursing staff. 	



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SECTION 3 WORK GROUP		MHP ONLY
MONITORING INTENSIVE CARE COORDINATION (ICC) AND INTENSIVE HOME BASED SERVICES (IHBS) (Source: MHP)		
OBJECTIVE 3	<ul style="list-style-type: none"> 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 clients. 	
GOALS	A. Utilize the QIPP information to inform programs and clinicians of their service provision patterns.	
RESPONSIBLE PARTNERS	Children and Youth Collaborative Services (CYCS), R&E	
EVALUATION TOOL(S)	<ul style="list-style-type: none"> Modify the quarterly report [i.e., Special Report for Outcomes, Utilization, and Treatment (SPROUT)] which will include percentage of clients who receive ICC and IHBS at stratified levels of intensity. 	
WORKGROUP ACTIVITIES	<ul style="list-style-type: none"> Monitor ongoing access to ICC and IHBS and via this monitoring develop program/agency expectations for service delivery of these services. Monitor ongoing utilization rates, utilization management, and utilization review. Create a method of providing specific actionable items for programs (i.e. flagging youth with high needs who have a low service pattern of ICC or IHBS). Explore the relationship of the provision of ICC and IHBS to positive treatment outcomes. 	



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SECTION 4 WORK GROUP		MHP AND SUDRS
MONITORING BEHAVIORAL HEALTH NEEDS IN SPECIFIC CULTURAL AND ETHNIC GROUPS		
OBJECTIVE 4	<ul style="list-style-type: none"> Conduct performance monitoring of the access and engagement activities among specified ethnic/cultural groups that are currently unserved, underserved or inappropriately served. 	
GOALS	<p>A. Maintain and analyze the penetration rates for underserved ethnic/cultural populations, twice a year.</p> <p>B. Increase the number of DBH providers that complete the DBH required hours of Cultural Competency training. <i>Goal: 80%, increase of 10% from prior year.</i></p> <p>C. Provide language services training to all DBH new employees to ensure clients receive services in their preferred language when accessing and receiving services. <i>Goal: 100%.</i></p>	
RESPONSIBLE PARTNERS	Office of Cultural Competency and Ethnic Services(OCCES), Mental Health Services Act (MHSA) Administration, Workforce Education and Training (WET), Public Relations and Outreach (PRO), QM, and R&E	
EVALUATION TOOL(S)	<ul style="list-style-type: none"> WET and Contract Provider Training Reports PRO and MHSA Outreach Activity Logs R&E Data and Reports Staff Bilingual List Language Vendor Use Reports 	
WORKGROUP ACTIVITIES	<ul style="list-style-type: none"> Perform analysis of the Specialty Mental Health Penetration Rates, specifically for Asian, Pacific Islander and Latino populations. Review PRO and MHSA outreach and engagement demographic data. Report to QMAC regarding outreach activities specific to engagement of ethnic and cultural groups. Review beneficiary preferred language and workforce linguistic capacity data. Review number Language Services trainings provided. Provide bilingual skills training to DBH bilingual staff. Review utilization of language services (written translation, in person, telephonic and video interpretation). Review mystery shopper calls and grievances related to language services delivery issues. Review WET training reports for Cultural Competency trainings provided, by staff unit (Administrative, Management staff). Review Cultural Competency Training Policy, training hour requirements. Develop process to validate completion of staff cultural competence training hours for DBH and contract provider staff. Monitor the implementation of cultural competence plan goals and annual requirements (Cultural Competence Committee annual report). 	



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SECTION 5 WORK GROUP		MHP AND SUDRS
MONITORING RESPONSIVENESS OF THE 24/7 TOLL FREE ACCESS LINE AND ACCESS TO SERVICES <i>(Source: DHCS contracts, Annual Protocol)</i>		
OBJECTIVE 5	<ul style="list-style-type: none"> • Conduct monitoring of the 24/7 Beneficiary Access Line (BAL) for SUDRS and 24/7 toll free MHP Access Line to ensure compliance with DHCS contractual requirements. • Conduct regular ongoing trainings with DBH staff and after-hours staff regarding 24/7 call requirements, compliance, guides, etc. • Monitor access to SUDRS and MHP after-hours line. 	
GOALS	<ul style="list-style-type: none"> A. Access to after-hours care is available 24/7. <i>Goal: 90% successful based on test calls.</i> B. Review and update resource guides to ensure clients receive appropriate referrals for access to services. C. Ensure that test calls are properly logged. <i>Goal: 90%.</i> D. Ensure providers have after-hours message on answering machine directing clients to the MHP Access Line or the SUDRS BAL. <i>Goal: 90% compliance.</i> E. Ensure MHP Access Line and SUDRS BAL services are provided in the prevalent non-English languages. <i>Goal: Establish baseline data regarding the number of calls provided in threshold languages, and conduct test calls in the threshold languages with 90% compliance rate.</i> F. Conduct regular test calls for MHP to ensure clients speak with a DBH representative and are provided appropriate information and referrals. <i>Goals: Conduct 9 test calls per month for business hours and 10 test calls per month for after-hours calls. Compliance rate of 75%.</i> 	
RESPONSIBLE PARTNERS	Access Unit, OCCES, QM and SUDRS	
EVALUATION TOOL(S)	<ul style="list-style-type: none"> • Access Line reports • Test Calls • Phone logs • Mystery Shopper report 	
WORKGROUP ACTIVITIES	<ul style="list-style-type: none"> • Update and implement an Urgent Call script. • Conduct trainings with DBH MHP and SUDRS staff and after-hours staff regarding 24/7 call requirements, compliance, resource guides, etc. with documented proof of materials and attendance records. • Monitor County and Contracted Providers annually to ensure compliance with after-hours voicemail messaging. Provide technical assistance to any new/existing providers as needed. • OCCES conduct Mystery Shopper of the SUDRS line and selected SUD County/Contract Providers twice a year and provide a report with recommendations for improvement. <ul style="list-style-type: none"> ○ Provide language access training to SUDRS staff operating the access line, if recommended. • Conduct test calls as indicated below: <ul style="list-style-type: none"> ○ Four (4) resource/referral test calls per month <ul style="list-style-type: none"> ▪ Two (2) Spanish test calls during business hours ▪ One (1) Vietnamese test calls after-hours 	



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- One (1) Spanish test calls after-hours
- Four (4) customer service test calls in per month
 - Two (2) Spanish test calls during business hours
 - One (1) Vietnamese test calls after-hours
 - One (1) Spanish test calls after-hours
- Two (2) grievance test calls bi-monthly
 - One (1) Spanish test calls during business hours (bi-monthly)
 - One (1) Spanish test calls after ours (bi-monthly)



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SECTION 6 WORK GROUP		MHP AND SUDRS
CONDUCTING PERFORMANCE IMPROVEMENT PROJECTS (PIPs) TO IMPROVE CLIENT CARE		
<i>(Source: EQRO)</i>		
OBJECTIVE 6	<ul style="list-style-type: none"> Design, conduct and report healthcare quality performance improvement projects. Use methodologies that address relevant clinical, administrative and population-based improvement efforts as part of the State’s overall strategy to improve healthcare delivery and outcomes of the people it serves. Incorporate EQRO review findings to modify PIP objectives and goals. 	
GOALS	<p>A. Increase participation and engagement from multiple Department stakeholders to enhance the quality, input, data discovery and implementation of current and future PIPs. <i>Goal: 80% attendance and participation from multiple stakeholders within all levels of the organization in PIP QMAC Committee, Idea Labs and PIP Implementation meetings.</i></p> <p>B. Increase participation and engagement from clients to ensure PIPs are representative and are driven by client needs. <i>Goal: Obtain relevant client feedback for each Performance Improvement Project.</i></p> <p>C. Increase summary totals of PIP validation for the clinical and non-clinical PIPS. <i>Goal: Increase the overall rating by 10% from the prior year.</i></p>	
RESPONSIBLE PARTNERS	QM; R&E; Community Behavioral Health & Recovery Services; 24-Hour & Emergency Services; Criminal Justice and Substance Use Disorder & Recovery Services; Children, Transitional Age Youth and Mental Health Services Act.	
EVALUATION TOOL(S)	<ul style="list-style-type: none"> Business process plan template for PIPs. EQRO Protocol 1: Validating PIPs and PIP Development Outline 	
WORKGROUP ACTIVITIES	<ul style="list-style-type: none"> Conduct Idea Labs with the aim of increasing partnership and collaboration across the Department. Create an idea matrix and facilitate dialogue among Program Managers and the Executive Team. Schedule recurring PIP Subcommittee meetings to discuss PIP progress. Report findings to QMAC to inform QI activities. Meetings are open for consumers to attend. Consumer participation is encouraged through Consumer Evaluation Committee organized by DBH R&E. Monitor and evaluate all data metrics relating to current PIPs. Report findings to QMAC to inform QI activities 	



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SECTION 7 WORK GROUP		MHP AND SUDRS
MONITORING / IMPROVING SERVICE CAPACITY <i>(Source: MHP & Annual Protocol)</i>		
OBJECTIVE 7	<ul style="list-style-type: none"> Review the current type, number and geographic distribution of SUDRS and MHP services within the delivery system. Ensure MHP has a sufficient number of service providers. 	
GOALS	<p>A. Monitor the service delivery system on an ongoing basis and report findings of the type, number, and location of services, quarterly for MHP and annually for SUDRS in the QMAC. <i>Goal: Compliance with time and distance standards indicated in applicable DHCS IN(s).</i></p> <p>B. Review the number of service providers for MHP to ensure it meets the provider ratios required by DHCS. <i>Goal: Meet the minimum number of providers based on the DHCS formula.</i></p>	
RESPONSIBLE PARTNERS	DBH Management, Program Support Services, QM and R&E	
EVALUATION TOOL(S)	<ul style="list-style-type: none"> Geographically maps Program Tracking Logs Surveys MHP Provider Ratio analysis from DHCS Information Notice 20-012 	
WORKGROUP ACTIVITIES	<ul style="list-style-type: none"> Review the current and anticipated Medi-Cal enrollment and utilization rates. Review the population, Medi-Cal population and prevalence rates. Map the geographic locations of DBH and its contract providers to clients' homes to determine if time and distance standards are being met. Confirm the number of mental health providers, including their full-time equivalency and work site(s), by requesting updated information from DBH staff, contract agencies and Fee-For-Service (FFS) providers. Utilize the most recent Department of Health Care Services' NACT information such as the Behavioral Health Information Notice No: 20-012 regarding 2020 Federal Network Certification Requirements for County Mental Health Plans (MHPs), Medi-Cal data for San Bernardino County and MHP provider information to calculate the provider-to-client ratios. Notify the DBH Executive Team and Senior Management regarding the outcomes for provider-to-client ratios and time and distance requirements so necessary action can be taken, if needed. 	



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SECTION 8 WORK GROUP		MHP AND SUDRS
MONITORING / IMPROVING CLIENT SATISFACTION		
OBJECTIVE 8	<ul style="list-style-type: none"> Evaluate SUDRS and MHP client grievances, appeals and state fair hearings. 	
GOALS	<p>A. Ensure up-to-date postings of grievance procedures are easily accessible and visible to all clients. <i>Goal: 100%.</i></p> <p>B. Continue tracking and assessing client grievances, appeals, and state fair hearings quarterly and annually via the Annual Beneficiary Grievance and Appeals Report (ABGAR). <i>Goal: During QMAC identify factors that may contribute to the fact most grievances filed in FY 18/19 were regarding Quality of Care Issues (100 out of 157 grievances).</i></p> <p>C. For SUDRS, ensure updated Notice of Adverse Benefit Determination, Grievances, Appeals and State Hearing procedures are utilized related to quality of services, i.e. interaction/conduct of staff to be used as a baseline for clients' feedback/ complaints.</p>	
RESPONSIBLE PARTNERS	R&E, Management, Administration and Supervisors	
EVALUATION TOOL(S)	<ul style="list-style-type: none"> Quarterly site reviews Grievance logs Customer service trainings 	
WORKGROUP ACTIVITIES	<ul style="list-style-type: none"> 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 client feedback and report to QMAC. Develop and deploy a Grievance and Appeals Process brochure to all County and Contract Provider to increase accessibility for clients. 	
OBJECTIVE 8A	<ul style="list-style-type: none"> Evaluate assessment of SUDRS and MHP client experiences. 	
GOALS	Utilize existing Treatment Perception Survey data to assist with continued quality improvement in service delivery. <i>Goal: Identify trends from the Treatment Perception Survey to be addressed during QMAC.</i>	
RESPONSIBLE PARTNERS	Management, R&E, Administration and Supervisors	
EVALUATION TOOL(S)	<ul style="list-style-type: none"> Annual Treatment Perception Survey 	
WORKGROUP ACTIVITIES	<ul style="list-style-type: none"> Once completed surveys are received, 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: <ul style="list-style-type: none"> QMAC Contract Agency meeting Substance Abuse Provider Network (SAPN) meeting 	



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SECTION 9 WORK GROUP MONITORING / IMPROVING SERVICE DELIVERY SYSTEM		SUDRS ONLY
OBJECTIVE 9	<ul style="list-style-type: none"> Ensure clients are engaged in the wellness/recovery process within the first 30 days. 	
GOALS	A. Establish a baseline of clients who are engaged in the recovery process.	
RESPONSIBLE PARTNERS	R&E, SUDRS Management, Administration and Supervisors	
EVALUATION TOOL(S)	<ul style="list-style-type: none"> Quarterly audit review from program coordinators and health record information. 	
WORKGROUP ACTIVITIES	<ul style="list-style-type: none"> 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. 	



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SECTION 10 WORK GROUP		SUDRS ONLY
REDUCING EMERGENCY DEPARTMENT HOSPITALIZATION		
OBJECTIVE 10	<ul style="list-style-type: none"> To utilize the Emergency Department Bridge Buprenorphine Medication Assisted Treatment Stabilization Visit in collaboration with Arrowhead Regional Medical Center (ARMC). 	
GOALS	Reduce hospitalization by utilizing the Emergency Department Bridge Buprenorphine Medication Assisted Treatment Stabilization Visit recommendation in collaboration with ARMC.	
RESPONSIBLE PARTNERS	DBH Medical Services	
EVALUATION TOOL(S)	<ul style="list-style-type: none"> Referral tracking system of the number of individuals linked to services, collaboration meeting minutes. 	
WORKGROUP ACTIVITIES	<ul style="list-style-type: none"> Meet quarterly with collaborative partners to review program outcomes and process improvement opportunities. 	



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Conclusion

It is the goal of San Bernardino County DBH, SUDRS and SMHS to assist individuals with needed services 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 is committed to the implementation of the QIPP as described. However, other challenges may arise needing attention. All such items will be addressed and identified through quarterly committee meetings.