

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



Calendar Year 2020

**Quality Improvement Performance Plan
(QIPP)**



Quality Improvement Performance Plan Calendar Year 2020

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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.



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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, 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.



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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 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 Quality Improvement (QI) activities, including performance improvement projects. Establishes 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.



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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.



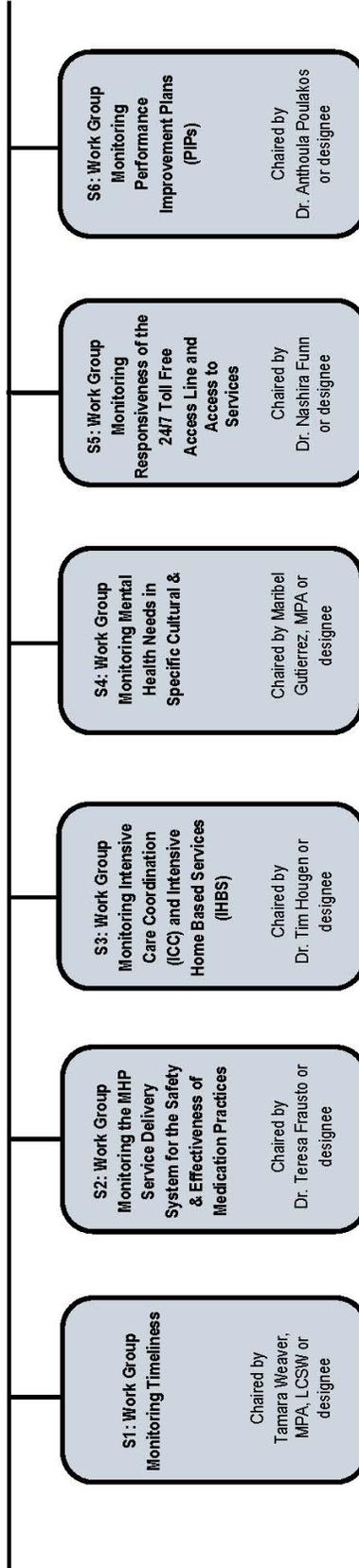
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Quality Improvement Committee/Work Group Structure CY 2020



Director
Veronica Kelly, DSW, LCSW

Quality Management Action Committee (QMAC)
Chaired by Chief Quality Management Officer, Tamara Weaver, MPA, LCSW
Meets Bi-Monthly



WORKING DOCUMENT—SUBJECT TO ONGOING UPDATES

REV 12.2.19 AC

Goals / Objectives

SECTION 1 WORK GROUP MONITORING TIMELINESS

(Source: MHP, NACT, EQRO, Title 28)

OBJECTIVE 1	<ul style="list-style-type: none"> • 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. • Conduct performance monitoring activities that gauge the system’s timeliness with scheduling initial psychiatry service, initial mental health services and post-hospitalization appointments.
GOALS	<ul style="list-style-type: none"> 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. 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. C. Ensure MHP provides mental health services to beneficiaries for post-hospitalization follow-up within 7 calendar days. Goal 70% D. Ensure client requests for or need of urgent services are provided within 48 hours.
RESPONSIBLE PARTNERS	Quality Management, Research and Evaluation, Regional Operations and Information Technology
EVALUATION TOOL(S)	<ul style="list-style-type: none"> • Initial Contact Log • 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 to receive validated data metrics from its contractors for this quality improvement objective. • Monitor the compliance percentage and timeliness of initial appointments and disseminate information to QMAC and DBH Leadership.



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SECTION 2 WORK GROUP MONITORING THE MHP SERVICE DELIVERY SYSTEM FOR THE SAFETY & EFFECTIVENESS OF MEDICATION PRACTICES <i>(Source: MHP & Annual Protocol)</i>	
OBJECTIVE 2	<ul style="list-style-type: none"> • Mechanisms are in place to provide for the safety and effectiveness of medication practices. • Continuity and coordination of care exists between behavioral health and physical health providers.
GOALS	<p>A. Ensure doctors are providing care that improves clients' health and quality of life.</p> <p>B. Meet community standards in treatment and prescribing practices.</p>
RESPONSIBLE PARTNERS	Medical Services and Health Homes
EVALUATION TOOL(S)	<ul style="list-style-type: none"> • Physician Peer Review Form • Medical Services Peer Review Report • Health Homes monthly reports
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 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, ○ Provide updates on the latest treatments and medications, and ○ Plan future training topics for physician and nursing staff.



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SECTION 3 WORK GROUP 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 beneficiaries.
GOALS	<p>A. Utilize the QIPP information to inform programs and clinicians of their service provision patterns.</p>
RESPONSIBLE PARTNERS	Children and Youth Collaborative Services (CYCS) & Research and Evaluation (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 beneficiaries which 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	
MONITORING MENTAL 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. Increase penetration rate for underserved ethnic populations, specifically Asian/Pacific Islander and Latino, both by 2%.</p> <p>B. Increase the number of MHP Providers that complete the DBH required hours of Cultural Competency training per year. 90% compliance.</p>
RESPONSIBLE PARTNERS	Office of Cultural Competency and Ethnic Services(OCCES), Workforce Education and Training (WET), Quality Management (QM), and Research and Evaluation
EVALUATION TOOL(S)	<ul style="list-style-type: none"> WET Monthly Training Reports OCCES Outreach Activities Log Data Dashboards and Reports Clinic Service Records Clinic Symptom Outcomes Checklist
WORKGROUP ACTIVITIES	<ul style="list-style-type: none"> Perform annual analysis of the Specialty Mental Health Penetration Rate. Report monthly to QMAC regarding outreach activities specific to engagement of ethnic and cultural groups. Conduct Cultural Competency trainings. Review of monthly WET provider training reports. Review of data dashboard items related to linguistic capacity and penetration rates. Review of OCCES activities related to engagement of various cultural and ethnic populations. Monitor the implementation of cultural competence plan goals. Monthly meetings to review and discuss pilot clinic Latino engagement strategy.



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SECTION 5 WORK GROUP	
MONITOR RESPONSIVENESS OF THE 24/7 TOLL FREE ACCESS LINE AND ACCESS TO SERVICES	
OBJECTIVE 5	<ul style="list-style-type: none"> • Conduct monitoring of the 24/7 toll free 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.
GOALS	<ul style="list-style-type: none"> A. Access to after-hours care is available 24/7. Goal: 90% successful based on test calls. B. Conduct at least 15 test calls per month during business hours in which the test caller speaks to a DBH representative. C. Review after hours services available and update Access Unit resource guides as indicated to ensure clients receive appropriate referrals for access to services. D. Conduct at least 10 test calls per month during after-hours in which the test caller speaks to a DBH representative. E. Ensure that test calls are properly logged. Goal: 90% F. Review MHP available services for clients needing to access services and update Access Unit resources guides as indicated to ensure clients receive appropriate referrals.
RESPONSIBLE PARTNERS	Access Unit, Quality Management
EVALUATION TOOL(S)	<ul style="list-style-type: none"> • Access Line reports • Test Calls
WORKGROUP ACTIVITIES	<ul style="list-style-type: none"> • Update and implement an “Urgent Call” script. • Complete regular testing of sites after-hours message to ensure beneficiaries are provided appropriate information and referrals. • Conduct trainings with DBH staff and after-hours staff regarding 24/7 call requirements, compliance, guides, etc. with documented proof of materials and attendance records.



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SECTION 6 WORK GROUP Performance Improvement Projects (PIPs) <i>(Source: MHP)</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.
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.</p> <p>B. Increase participation and engagement from consumers to ensure PIPs are representative and are driven by consumer needs.</p>
RESPONSIBLE PARTNERS	Quality Management (QM); Research and Evaluation (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 3: Validating Performance Improvement Projects 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.



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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.