

Behavioral Health Plan (BHP)



Quality Improvement Performance Plan (QIPP) 2025



Quality Improvement Performance Plan (QIPP) 2025

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Background

The San Bernardino County Department of Behavioral Health (DBH) operates under both the Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) state plan designations, hereafter referred to as Behavioral Health Plan (BHP). DBH provides Specialty Mental Health Services (SMHS) and Substance Use Disorder and Recovery Services (SUDRS) to ensure comprehensive and integrated care for members. DBH recognizes the importance of delivering high quality member-centered, member-driven, recovery-oriented, and culturally competent behavioral health care services. These services aim to integrate with primary health care and address the unique needs of each member. DBH is dedicated to helping individuals with Substance Use Disorders (SUD) and Mental Health (MH) challenges find solutions that promote healthy living, personal fulfillment, and thriving relationships within their families and communities.

DBH is committed to continued program development and compliance efforts as detailed in the San Bernardino County DBH Drug Medi-Cal Organized Delivery System (DMC-ODS) and Mental Health Plan (MHP) implementation plans, contracts with the Department of Health Care Services (DHCS) and as detailed in the annual Quality Improvement Performance Plan (QIPP).

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

- Improving the access and availability of services
- Conducting utilization review
- Improving quality of care, which may include assessing member satisfaction
- Reviewing provider appeals and resolution of grievances
- Ensuring continuity of care and coordination of care
- Complying with regulatory and contractual requirements associated with quality management and
- Improving treatment outcomes for members

DBH offers community-based behavioral health services-for all age groups-through DBH clinics, contract agencies, and Fee-For-Service providers across San Bernardino County, including cities, deserts, mountain, and rural areas.

The reporting period for this Quality Improvement Performance Plan (QIPP) is transitioning from a Fiscal Year (FY) cycle to a Calendar Year (CY) cycle to align with the reporting requirements of the Department of Health Care Services (DHCS). This change ensures consistency in data collection, analysis, and submission timelines, enhancing the accuracy and relevance of performance monitoring and improvement efforts.



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Purpose

The purpose of this Quality Improvement Performance Plan (QIPP) is to establish a comprehensive framework that ensures the delivery of high-quality behavioral health services within the San Bernardino County DBH under the state-designated MHP and DMC-ODS systems. This plan aligns with the annual contract requirements between DBH and DHCS and incorporates ongoing monitoring and evaluation to enhance service delivery and member outcomes.

By focusing on continuous quality improvement efforts, the QIPP aims to:

- Maintain compliance with federal, state, and local regulations and contractual requirements.
- Foster a culture of excellence through the adoption of evidence-based practices and performance monitoring.
- Enhance the delivery of integrated and member-focused services.
- Strengthen coordination of care between SUDRS, SMHS, and primary healthcare providers.
- Achieve measurable improvements in member health outcomes and overall satisfaction.

Through the collaborative efforts of DBH leadership, providers, and stakeholders, this QIPP serves as a vital tool for driving meaningful and sustainable improvements in the behavioral health service system throughout San Bernardino County.

The QIPP is evaluated annually and updated as necessary, maintaining its status as a living document that evolves to meet changing needs.



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Quality Improvement Program Committee Functions

Quality Management Action Committee (QMAC):

San Bernardino County DBH MHP and SUDRS review the quality of services provided to members. The subcommittee's duties include the following:

- Conducting performance monitoring activities using data from independently gathered information from DBH's Quality Management, Research and Evaluation, and other DBH SUDRS and MHP programs, who track member and system outcomes, access to care, and quality of services. Performance monitoring enables the identification of opportunities to enhance service delivery, thus ensuring members' needs are appropriately met.
- Reviewing, tracking, and monitoring the resolution for both member and provider grievances, appeals, state fair hearings, and quality improvement referrals for inpatient and outpatient care.
- Facilitating and evaluating Quality Improvement (QI) activity results, including performance improvement projects (PIPs). The subcommittees ensure implementation of QI actions and follow-up on progress and effectiveness.
- Reviewing, tracking and monitoring the implementation of adequate technology infrastructure including the electronic health record and Interoperability Application Programming Interface (API).
- Ensuring the objectives, goals and activities of designated subcommittees are addressed. Section Leads review reports for their subcommittees at QMAC and recommend and implement appropriate actions.
- Maintaining meeting minutes which include subcommittee reports, decisions and action plans.
- Recommending procedural and policy changes to enhance the quality and delivery of SMHS and SUDRS.
- Contributing to the development, evaluation, updates, and approval of the Quality Improvement Performance Plan (QIPP).



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QMAC Subcommittee Membership

- The QMAC subcommittee membership consists of staff from general mental health clinics, DBH programs, contract staff, Medi-Cal members and families. Participants are recruited to reflect the diversity of their communities, address the needs of unserved, underserved, and inappropriately served populations, including children and youth, older adults, rural residents, military/veterans, and individuals with co-occurring conditions.
- Subcommittees are led by the designated QMAC subject matter experts who are responsible for implementing, evaluating, and achieving the objectives and goals of the focus area.
- Responsible partners and subcommittee members actively participate in QMAC, serving as representatives of their respective sections within the QIPP. Section Leads report findings to the subcommittee, identify systemic barriers, and propose actionable solutions.
- The information dissemination pathway is a continuous channel of communication between the subcommittees and QMAC, flowing in both directions to ensure efficient collaboration.



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Quality Improvement Program Subcommittee Structure





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Section 1- Monitoring Timeliness	MHP AND SUDRS
(Source: Network Adequacy BHIN 24-020, EQR, 42CFR438.206(c)(1))	
OBJECTIVES	<ol style="list-style-type: none"> 1. Perform reviews to assess MHP’s effectiveness in providing timely appointments for Specialty Mental Health Services (SMHS). 2. Conduct performance monitoring activities to evaluate the SUDRS effectiveness in providing timely DMC-ODS services. 3. Enhance reporting processes for timeliness reports. 4. Provide education on timeliness requirements for all levels of the MHP and DMC-ODS to increase knowledge and ensure continued compliance with standards. 5. Conduct quality improvement activities related to timeliness of services for members who are recently discharged from psychiatric hospitals.
GOALS	<ol style="list-style-type: none"> A. Comply with DHCS requirements and ensure a compliance rate of at least 80%, utilizing the following Mental Health (MH) timeliness requirements: <ul style="list-style-type: none"> • Offer initial non-urgent appointments with a non-physician specialty mental health care provider within 10 business days of the request. • Offer initial psychiatric appointments within 15 business days of the request. • Provide services for urgent requests without prior authorization within 48 hours or within 96 hours with prior authorization. • Offer non-urgent follow-up appointment with a non-physician within 10 business days of the prior appointment. B. Comply with DHCS requirements: Ensure a compliance rate of at least 80%, utilizing the following with Substance Use Disorder and Recovery Services (SUDRS) timeliness requirements: <ul style="list-style-type: none"> • Offer appointments within 10 business days of the request for Outpatient SUDRS /Intensive Outpatient Treatment (IOT) or Residential Treatment Appointments. • Offer services within three calendar days of the request for Narcotic Treatment Program (NTP)/Opioid Treatment Program (OTP). • Offer Non-urgent follow-up appointments with a non-physician within 10 business days of the prior appointment. C. Monitor Bed Capacity Procurement for IOT and residential treatment services: <ul style="list-style-type: none"> • Identify and recommend changes to the Procurement Process to ensure provider capacity and/or timely access to placement for agencies interested in providing IOT and residential treatment.



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Section 1- Monitoring Timeliness	MHP AND SUDRS
(Source: Network Adequacy BHIN 24-020, EQR, 42CFR438.206(c)(1))	
RESPONSIBLE PARTNERS	<p>D. Enhance Reporting Processes:</p> <ul style="list-style-type: none"> • Improve the reporting workflow between SUDRS and Research and Evaluation (R&E), including the development of specialized reports to measure timeliness. <p>E. Educate MH, SUDRS, and Contract Agency staff on the following:</p> <ul style="list-style-type: none"> • Timeliness requirements when scheduling initial appointments for members. • Initial Contact log requirements. <p>F. Monitor Post-Hospitalization Appointments:</p> <ul style="list-style-type: none"> • Continue tracking post-hospitalization appointments within seven calendar days of discharge, aiming for a compliance rate of 50% or higher.
EVALUATION TOOL(S)	<ul style="list-style-type: none"> • SUDRS Quality Assurance Reviews • SUDRS Mystery Shopper Calls • Timeliness Reports • myAvatar Scheduler • Dashboards • CSI Assessments • Initial Contact Log (ICL)
SUBCOMMITTEE ACTIVITIES	<ul style="list-style-type: none"> • Develop strategies to ensure that compliance rate for timeliness for scheduling appointments and hospital discharges is achieved. • Monitor progress and disseminate information to QMAC and DBH Leadership. • Provide education through quarterly notices aimed at informing all levels of staffing for DBH MH and SUD clinics and contract agencies of the timeliness requirements to improve compliance. • Conduct Initial Contact Log refresher training for staff to improve data accuracy and enhance timeliness. • Adopt strategies for viable options to address post-hospital discharge appointments and processes to increase the percentage of members who receive service within seven days of hospital discharge. • Develop validation process for timeliness data collection to assist in identification of possible under-reporting.



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Section 2 - Monitoring Medication Practices		MHP ONLY
<i>(Source: MHP Contract & Annual Protocol)</i>		
OBJECTIVES	<ol style="list-style-type: none"> 1. Ensure mechanisms are in place to provide for the safety and effectiveness of medication practices. 2. Ensure continuity and coordination of care exists between behavioral health and physical health providers. 	
GOALS	<ol style="list-style-type: none"> A. Conduct three peer reviews per fiscal year, per physician, and provide feedback to physicians on quality of care provided, which is consistent with the “Patient or Peer Feedback Module” that meets the requirements of an Improvement in Medical Practice (PIP) activity established by the American Board of Psychiatry and Neurology. B. Annually release or revise one new practice guideline topic or Medical Services Practice Policy/Procedure related to medication or related practices. C. Ensure that at least 90% of child and adolescent psychiatrists in the organization have received and reviewed the latest child and adolescent psychotropic practice parameters, PARAMETERS MED-08 for the Use of Psychotropic Medications in Children and Adolescents. D. Psychopharmacology Consultation Team will complete at least one consultation. E. Collaborate with Workforce and Evaluation Training (WET) as needed to purchase and utilize electronic clinical resource tool(s) containing evidence-based information to support and guide physicians and nursing staff in collaborative clinical decision making and improving member care. F. Train 50% of physicians on the use of the V-see telehealth platform to help improve access to care for members. Assess barriers to provider and member use of this modality. G. Continue annual nursing skills training including topics on safety and effectiveness of medication practices, continuity of care and coordination between behavioral health and physical health providers. 	
RESPONSIBLE PARTNERS	Medical Services, QMAC Subcommittee, Compliance and Quality Management	
EVALUATION TOOL(S)	<ul style="list-style-type: none"> • Physician Peer Review Form • Medical Services Peer Review Report 	
SUBCOMMITTEE ACTIVITIES	<ul style="list-style-type: none"> • Subcommittee will meet every three months to review and assess medication practices, department needs related to medication practices and quality of care issues requiring physician expertise as needed. 	



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Section 2 - Monitoring Medication Practices <i>(Source: MHP Contract & Annual Protocol)</i>	MHP ONLY
SUBCOMMITTEE ACTIVITIES	<ul style="list-style-type: none">• Identify individuals to participate in a psychopharmacology consultation team and develop strategies for timely response to queries.• Organize training for V-see telehealth and monitor utilization and barriers.• Meet every three months to monitor events of adverse side effects of medications, make recommendations related to prescribing practices and ensure members receive proper informational materials related to medication side effects.• Record monthly quality assurance activities to be included in monthly Medical Services all - staff meetings.



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Section 3 - Monitoring Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS)	MHP ONLY
<i>(Source: MHP Contract)</i>	
OBJECTIVES	1. Evaluate the performance of Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS) in the MHP to ensure consistent use of these services for qualified members.
GOALS	<p>A. Utilize the QIPP information to update programs and clinicians on service provision patterns.</p> <p>B. Maintain an ongoing review of ICC and IHBS, with modification to the ICC treatment outcomes project development to:</p> <ul style="list-style-type: none"> • Ensure that qualified youth receiving services in moderate-level intensity programs are appropriately screened for ICC and IHBS. • Monitor members receiving IHBS services without an ICC service.
RESPONSIBLE PARTNERS	Children and Youth Collaborative Services (CYCS), and 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)) to include percentage of members who receive ICC and IHBS at stratified levels of intensity.
SUBCOMMITTEE ACTIVITIES	<ul style="list-style-type: none"> • Create a project to monitor ongoing access to ICC and IHBS. Use this monitoring to develop program/agency expectations for the delivery of these services. • Monitor ongoing utilization rates, utilization management and utilization review. • Develop a process to provide specific actionable items for programs (e.g., flagging youth with high needs who have a low service pattern of ICC or IHBS). • Explore the relationship between the provision of ICC and IHBS and positive treatment outcomes. • Develop a pilot project to investigate the relationship between the hours of ICC services a member receives, a member’s Child and Adolescence Needs and Strength (CANS) Core Actionable Items score and their association to planned and unplanned discharge outcomes.



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Section 4 - Monitoring Health Needs in Specific Cultural & Ethnic Groups		MHP AND SUDRS
<i>(Source: EQR, Network Adequacy BHIN 24-020)</i>		
OBJECTIVES	1. Conduct performance monitoring of access and engagement activities among specific racial/ethnic and cultural groups that are currently unserved, underserved, or inappropriately served.	
GOALS	A. Maintain and analyze the penetration rates for the underserved racial/ethnic and cultural populations twice a year. B. Monitor required annual Cultural Competency training for DBH employees. Goal: 80% staff completion. C. Provide language services training for all new DBH employees to ensure members receive services in their preferred language when accessing and receiving services. Goal: 100% completion.	
RESPONSIBLE PARTNERS	Office of Equity and Inclusion (OEI), Mental Health Services Act (MHSA), Workforce Education and Training (WET), Public Relations and Outreach (PRO), Quality Management (QM), Substance Use Disorder and Recovery Services (SUDRS), and Research and Evaluation (R&E)	
EVALUATION TOOL(S)	<ul style="list-style-type: none"> WET training reports Mental Health plan Organizational/ Rendering Provider Directory and Substance Use disorder and Recovery Services Provider Directory PRO and MHSA outreach activity logs R&E data and reports Staff Bilingual list QM logs Language Vendors Use Reports 	



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Section 4 - Monitoring Health Needs in Specific Cultural & Ethnic Groups	MHP AND SUDRS
<i>(Source: EQR, Network Adequacy BHIN 24-020)</i>	
SUBCOMMITTEE ACTIVITIES	<ul style="list-style-type: none"> • Perform analysis of penetration rates, with major focus on Asian, Pacific Islander, and Latino populations. • Review the following: <ul style="list-style-type: none"> • Member preferred language and workforce linguistic capacity • Number of language services training provided • Bilingual skills training to DBH bilingual staff • Utilization of language services • Mystery shopper and test call reports • Grievances related to language services and delivery • WET training reports for Cultural Competency training provided by staff (Administrative Management staff) • Cultural Competency Training Policy, and training hour requirements • Outreach activities to engage specific racial/ethnic and cultural groups • Member and family member collaboration and contributions; (Section 11) Quality Improvement Work Group will address access and engagement issues.



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Section 5 - Monitoring Responsiveness of 24/7 Access Line and Access to Services		MHP AND SUDRS
<i>(Source: DHCS contracts, Annual Protocol)</i>		
OBJECTIVES	<ol style="list-style-type: none"> 1. Conduct monitoring of the 24/7 Screening, Assessment and Referral Center (SARC) line for SUDRS and the 24/7 toll free Access line for MHP to ensure compliance with DHCS contractual requirements. 2. Utilize Call Center software to establish MHP baseline data that measures quality improvement efforts. 3. Monitor access and trends for SUDRS and MHP after-hours lines. 4. Conduct regular training for DBH staff and after-hours staff on 24/7 call requirements, compliance, and guides. 	
GOALS	<ol style="list-style-type: none"> A. Ensure that MHP Access SUDRS SARC lines are answered 24/7. Goal: 90% + compliance based on test call data. B. Ensure providers have after-hours message on voicemail directing members to the MHP Access line or the SUDRS SARC line. Goal: 90% compliance based on test call data. C. Ensure SUDRS and MHP Access lines are provided in the prevalent non-English languages. Goal: Establish baseline data regarding the number of calls provided in non-English languages, and conduct test calls in the non-English languages with 90% compliance rate. D. Conduct regular test calls for MHP Access line to ensure members are provided with appropriate information and referrals. Goals: Conduct four test calls per month for business hours and three test calls per month for after-hours. Ensure that monthly MHP Access Line test calls achieve a compliance rate of 80%. E. Ensure adequate staffing during peak call volume times. 	
RESPONSIBLE PARTNERS	Access Unit, Office of Equity and Inclusion (OEI), and Substance Use Disorder and Recovery Services (SUDRS)	
EVALUATION TOOL(S)	<ul style="list-style-type: none"> • MHP Access Line reports • Test calls • Phone logs • SUDRS mystery shopper report 	
SUBCOMMITTEE ACTIVITIES	<ul style="list-style-type: none"> • Update and implement an urgent call script. • Conduct training with DBH MHP and SUDRS staff, including after-hours staff on 24/7 call requirements, compliance, scripts, ICL, and resource guides. Maintain documented proof of training materials and attendance records. 	



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Section 5 - Monitoring Responsiveness of 24/7 Access Line and Access to Services	MHP AND SUDRS
<i>(Source: DHCS contracts, Annual Protocol)</i>	
SUBCOMMITTEE ACTIVITIES	<ul style="list-style-type: none"> • Monitor County and contracted providers annually to ensure compliance with after-hours voicemail messaging. Provide Technical Assistance (TA) to any new and existing providers as needed. • OEI to conduct mystery shopper evaluations of the SUDRS SARC lines for 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 MHP test calls as indicated below: <ul style="list-style-type: none"> • Four (4) Specialty Mental Health Services (SMHS) test calls per month. <ul style="list-style-type: none"> • Two (2) English test calls. • Two (2) prevalent non-English language test calls. • Two (2) of the total monthly test calls must be completed after hours. • One (1) urgent condition information test call per month. <ul style="list-style-type: none"> • Alternate between English and prevalent non-English language per month (e.g., one month English, the following month prevalent non-English language). • Alternate between business hours and after hours every month. (e.g., one month during business hours, following month after-hours). • Two (2) member problem resolution test calls per month. <ul style="list-style-type: none"> • One English test call. • One prevalent non-English language test call. • One of the calls must be completed after-hours. • Utilize software to establish MHP baselines and review call trends, including: <ul style="list-style-type: none"> • Call volume • Peak call times • Dropped calls • Call duration • Language spoken or requested • Variety of calls received



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Section 6 - Performance Improvement Projects (PIPs) to Improve Member Care		MHP AND SUDRS
<i>(Source: MHP & DMC-ODS, CMS protocol 1, EQRO)</i>		
OBJECTIVE	1. Design, conduct and report on 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 members served. Incorporate EQR findings to modify PIP objectives and goals.	
GOALS	<p>A. Increase participation and engagement from multiple internal and external stakeholders to enhance the quality and implementation of current and future PIPs. Goal: 60% attendance and participation from multiple stakeholders within all levels of the organization in PIP QMAC, Idea labs, PIP implementation meetings, divisions within DBH and hospitals in the county.</p> <p>B. Increase participation and engagement from members to ensure PIPs are representative and are driven by member needs. Goal: Obtain relevant member feedback for each Performance Improvement Project.</p> <p>C. Increase summary totals of PIP validation for the clinical and non-clinical PIPs. Goal: Increase the overall rating from the prior year.</p>	
RESPONSIBLE PARTNERS	Quality Management (QM), Research and Evaluation (R&E), Community Behavioral Health & Recovery Services, 24-Hour & Specialty Services, Criminal Justice, Substance Use Disorder and Recovery Services (SUDRS), Children’s Services, Transitional Age Youth (TAY), and Mental Health Services Act (MHSA)	
EVALUATION TOOL(S)	<ul style="list-style-type: none"> • Business process plan template for PIPs • EQR Protocol 1: Validating PIPs and PIP Development Outline 	
SUBCOMMITTEE ACTIVITIES	<ul style="list-style-type: none"> • Conduct idea labs with the aim of increasing partnership and collaboration across the department, Managed Care partners and other healthcare entities. • Align HEDIS performance measure targets with PIP goals. • Meetings are open for members to attend. Member participation is encouraged through the Consumer Evaluation Council (CEC) coordinated by R&E with Clubhouses. • Monitor and evaluate all data metrics relating to current PIPs. • Report findings to QMAC to inform QI activities. 	



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Section 7 - Monitoring Network Adequacy Compliance/Improving Service Capacity	MHP AND SUDRS
<i>(Source: MHP & DMC-ODS Contract, Network Adequacy BHIN 24-020)</i>	
OBJECTIVE	1. Ensure the current type, number and geographic distribution of MH and SUDRS services and providers within the delivery system is adequate.
GOALS	<p>A. Quarterly Review for MHP and Semi-annual Review for SUDRS</p> <ul style="list-style-type: none"> • Continuously monitor the service delivery system and report findings to the QMAC. The report includes an analysis for type, number and geographic distribution of services for MHP and SUDRS. • Assess network adequacy to identify potential underutilization or overutilization of services to ensure optimal resource allocation and service accessibility <p>B. Ensure compliance with the DHCS provider ratio requirements: Review the number of service providers for the MHP to confirm alignment with the minimum ratios mandated by the current DHCS formula.</p>
RESPONSIBLE PARTNERS	DBH Management, Program Support Services, Quality Management (QM), Substance Use Disorder and Recovery Services (SUDRS) and Research and Evaluation (R&E)
EVALUATION TOOL(S)	<ul style="list-style-type: none"> • Program tracking logs • NACT/274 surveys • MHP provider ratio analysis from current DHCS Information Notice
SUBCOMMITTEE ACTIVITIES	<ul style="list-style-type: none"> • Review the current and anticipated Medi-Cal enrollment, as well as the utilization of services. • Review the Medi-Cal population and its characteristics, including penetration and prevalence rates for Serious Mental Illness (SMI), Serious Emotional Disturbance (SED), and Substance Use Disorder (SUD). • Verify the number of mental health providers, including their full-time equivalency and work site(s), by obtaining updated information from DBH staff, contract agencies, and Fee-For-Service (FFS) providers. • Utilize the most recent DHCS NACT information Federal Network Certification Requirements for County MHPs, Medi-Cal data for San Bernardino County and MHP provider information to calculate the provider-to-member ratios. • Notify the DBH Executive Team and Senior Management of the outcomes related to provider-to-member ratios and network adequacy, enabling them to take necessary action if required.



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Section 8 – Monitoring and Improving Member Satisfaction	MHP AND SUDRS
<p><i>(Source: MHP Contract, Network Adequacy BHIN 24-020, Grievance and Appeal BHIN 18-010E and BHIN-22-036 EQR, Title 28)</i></p>	
OBJECTIVE	1. Improve member experiences of SMHS and DMC-ODS services.
GOALS	<p>A. Ensure quarterly tracking and assessment of member grievances, notice of adverse benefit determination (NOABD), change of provider requests, appeals, and state hearings to identify trends. Develop and implement training for all DBH network providers to address identified trends. Goal: 100% training completion for all DBH network providers.</p> <p>B. Ensure implementation of the revised Behavioral Health Information Notice (BHIN) regarding grievances and appeals upon posting by DHCS. Update internal processes, DBH policies, forms and procedures according to published BHIN.</p> <p>C. Complete annual Managed Care Program Annual Report (MCPAR) and quarterly CalAIM section 1915(b) Waiver Appeals and Grievance Report. Utilize data to establish baseline data, identify inaccurate reporting and identify training needs.</p> <p>D. Utilize existing data from the MH Consumer Perception Survey (CPS) to assist with the ongoing quality improvement efforts in service delivery. Review the CPS results, identify categories that fall below the state mean and recommend at least one training for programs to improve quality of care and member experience.</p> <p>E. Leverage existing data from the Treatment Perception Survey (TPS) to drive sustained quality improvement in SUDRS. Review the TPS results, identify categories that fall below the state mean and recommend at least one training for programs to improve quality of care and member experience.</p>
RESPONSIBLE PARTNERS	Research and Evaluation (R&E), members and families, Quality Management Action Committee (QMAC) Evaluation Council, Quality Management (QM), Substance Use Disorder and Recovery Services (SUDRS), Community Clinics, Management, Administration, and Supervisors
EVALUATION TOOL(S)	<ul style="list-style-type: none"> • Grievance, appeal, state hearing, and change of provider logs • MCPAR CalAIM Section 1915 (b) Waiver Appeals and Grievance Report • Annual Consumer Perception Survey • Annual Treatment Perception Survey • Annual Consumer Satisfaction Survey
SUBCOMMITTEE ACTIVITIES	<ul style="list-style-type: none"> • Identify trends and make recommendations for training needs or policy and procedure updates using the following: <ul style="list-style-type: none"> • Identified survey tools • Grievance, appeal, state hearing, and change of provider logs



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Section 8 – Monitoring and Improving Member Satisfaction <i>(Source: MHP Contract, Network Adequacy BHIN 24-020, Grievance and Appeal BHIN 18-010E and BHIN-22-036 EQR, Title 28)</i>	MHP AND SUDRS
SUBCOMMITTEE ACTIVITIES	<ul style="list-style-type: none"> • Implement Consumer Satisfaction Survey(s) (CSS) that identifies member grievance trends in MH and SUDRS, and publish survey data for members, community clinics, providers and staff. • R&E will process the submitted surveys, aggregate and analyze the data, and prepare a report to identify and strategize quality improvement priority needs to enhance member satisfaction. The county reports will be disseminated to stakeholders in the following meetings: <ul style="list-style-type: none"> • QMAC • Contract agency provider meeting • Substance Abuse Provider Network (SAPN) meeting • Collaborate with members and families, as well as the QMAC Evaluation Council, to assess viable posting sites and determine preferable quantity of data that guarantees ease of accessibility and readability.



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Section 9 - Monitoring / Improving Service Delivery System		SUDRS ONLY
<i>(Source: Network Adequacy Certification, EQR, Title 28)</i>		
OBJECTIVES	1. Ensure members are engaged in the wellness/recovery process within the first 30 days.	
GOAL	A. Establish a baseline of members who are engaged in the recovery process.	
RESPONSIBLE PARTNERS	Research and Evaluation (R&E), Substance Use Disorder and Recovery Services (SUDRS), Management, Administration and Supervisors	
EVALUATION TOOL(S)	<ul style="list-style-type: none"> • Quarterly audit review from program coordinators and health record information 	
SUBCOMMITTEE ACTIVITIES	<ul style="list-style-type: none"> • Review health records to develop a current baseline of member engagement in the first 30 days of treatment and report outcomes to programs for quality improvement. • Develop a county report to identify system-wide findings, incorporate treatment perception surveys and report findings to improve member engagement within the first 30 days. 	



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Section 10 – Member and Family Member Evaluation and Contributions	MHP AND SUDRS
<i>(Source: Cultural Competency Plan)</i>	
OBJECTIVES	1. To improve member access to services, enhance member experience, and achieve better treatment outcomes by incorporating member input.
GOALS	<p>A. Increase participation of members and families receiving SUDRS. Goal: Ensure a member/family member attends at least 50% of meetings.</p> <p>B. Identify ways to improve communication between behavioral health members and Department of Behavioral Health staff and leadership to improve service delivery and member perception of service experience.</p>
RESPONSIBLE PARTNERS	Members and their families, Office of Equity and Inclusion (OEI), Research and Evaluation (R&E), Substance Use Disorder and Recovery Services (SUDRS), Quality Management (QM) and Clubhouses
EVALUATION TOOL(S)	<ul style="list-style-type: none"> • Subcommittee meeting summaries and recommendations • Member satisfaction reports
SUBCOMMITTEE ACTIVITIES	<ul style="list-style-type: none"> • Participate in monthly work group meetings. • Meet monthly to have work group do the following: <ul style="list-style-type: none"> • Review 23/24 QIPP evaluation to identify additional areas for quality improvement. • Provide recommendations to QMAC regarding quality improvement goals. • Provide recommendations on other areas not covered in the QIPP where DBH can improve quality. • Identify and address existing issues on quality that members and families experience. • Facilitate a dedicated monthly meeting for members and their families to voice their feedback, concerns, and issues. • Report activities and discussions at each QMAC.



Quality Improvement Performance Plan (QIPP) 2025

Section 11 - Improving Data Collection for Managed Care Plan (MCP) Referrals	MHP AND SUDRS
<i>(Source: EQR Recommendation, MCP Memorandum of Understanding (MOU), and APL 22-024)</i>	
OBJECTIVES	<ol style="list-style-type: none"> 1. Implement aggregate tracking and trending of bidirectional MHP/MCP Screening Tools and Transition of Care (TOC) Tools. 2. To ensure members are successfully connected to the appropriate system of care.
GOALS	<ol style="list-style-type: none"> A. Establish an improved data collection process for analyzing metrics related to timeliness, engagement, and recurring referrals from same members. Explore internal DBH platforms and expertise necessary to expedite the extraction of timeliness data. B. Enhance quality improvement via a “close the loop” process geared towards bridging the gap with the MCPs by January 1, 2026. Explore internal DBH expertise and platforms for creating the close loop process and timelines. C. Address barriers to successful referral and linkage of MHP members transitioning to MCP system of care and MCP members transitioning to MHP system of care.
RESPONSIBLE PARTNERS	Managed Care Coordination Unit (MCCU), Access Unit Call Center, Research and Evaluation (R&E), Mental Health (MH) and Substance Use Disorder and Recovery Services (SUDRS) Program and Contract Provider leadership, Compliance
EVALUATION TOOL(S)	<ul style="list-style-type: none"> • Transition of Care (TOC) End of Month Report • Screening Tool End of Month Report
SUBCOMMITTEE ACTIVITIES	<ul style="list-style-type: none"> • Identify any barriers to accurate logging and reporting of all returned disposition forms for TOC sent in by DBH providers. • Execute quarterly update and distribution strategies of the TOC information materials. <ul style="list-style-type: none"> • Develop a framework that incorporates an effective and collaborative communication approach with the MCPs pertaining to Close the Loop. • Develop an internal reporting tool for tracking and analyzing the average time required to complete TOC and screening Tool to the MCPs. This reporting tool would track: <ul style="list-style-type: none"> • The number of days from TOC and screening Tool submission to the MCP. • TOC and Screening Tool confirm that the MCP has connected the member with an MCP provider and services have been made available to the member.



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Section 12 – Improving Health Information Exchange: Interoperability		MHP AND SUDRS
<i>(Source: Interoperability BHIN 23-032)</i>		
OBJECTIVES	<ol style="list-style-type: none"> 1. Achieve appropriate and necessary access to complete health records for members, health care providers and payers. 2. Improve prior authorization processes through policies and technology to help ensure that members remain at the center of their own care. 3. Improve member experience through the utilization of electronic health information. 	
GOALS	<ol style="list-style-type: none"> A. Establish and maintain secure, standard-based Member Access and Provider Application Programming Interface (API). B. Supply the publicly accessible link or web URL where the Member Access API documentation is located. C. Educate members about the API, including how to access and how utilizing the API may benefit them. 	
RESPONSIBLE PARTNERS	Department of Behavioral Health – Information Technology (DBH-IT), Compliance, Quality Management (QM), Substance Use Disorder and Recovery Services (SUDRS), Program leadership	
EVALUATION TOOL(S)	<ul style="list-style-type: none"> • Quarterly Utilization Metrics Survey 	
SUBCOMMITTEE ACTIVITIES	<ul style="list-style-type: none"> • Develop a policy and/or procedure that will ensure the Provider Directory API is updated no later than thirty (30) calendar days after the BHP receives new information or is notified of any information that affects the content or accuracy of the provider directory. • Supply the publicly accessible link or web URL where the Provider Directory API documentation is located. The documentation must be accessible without any preconditions to access, and contents must meet DHCS requirements. • Develop a link to the BHP’s publicly accessible member educational resources that: <ul style="list-style-type: none"> • Demonstrates the steps a member may consider taking to help protect the privacy and security of their health information and the importance of understanding the security and privacy practices of any application to which they entrust their health information. • Provides an overview of which types of organizations or individuals are and are not likely to be HIPAA-covered entities, the oversight responsibilities of the Office for Civil Rights (OCR) and the Federal Trade Commission (FTC), and how to submit a complaint to OCR and FTC. • Develop a presentation aimed at educating members about the API and deliver in at least one key stakeholder meeting (e.g., Consumer 	



Quality Improvement Performance Plan (QIPP) 2025

Section 12 – Improving Health Information Exchange: Interoperability		MHP AND SUDRS
<i>(Source: Interoperability BHIN 23-032)</i>		
SUBCOMMITTEE ACTIVITIES	<p>Evaluation Counsel, Community Policy Advisory Committee) within the next 12 months.</p> <ul style="list-style-type: none"> • Develop a policy and/or procedure that demonstrates how the data the BHP maintains is available within one business day of receipt or within one business day after a claim is adjudicated or encounter data is received for dates of service on or after January 1, 2016. • Develop a policy and/or procedure that demonstrates the BHP’s process for conducting routine testing and monitoring of the Member Access and Provider Directory APIs, and how the BHP will update their system as appropriate to ensure the APIs are compliant with the technical, privacy and security functions outlined in the Interoperability and Member Access Final Rule. 	



Quality Improvement Performance Plan (QIPP) 2025

Conclusion

San Bernardino County DBH is dedicated to providing individuals with the necessary services to overcome behavioral health challenges, empowering them to live fulfilled, healthy and thriving lives within their families and communities.

San Bernardino County DBH is committed to the implementation of the QIPP as outlined. While challenges may arise, they will be addressed through QMAC and QMAC subcommittee meetings.