



**DBH Quality Improvement Work Plan
Calendar Year 2025**

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Support**



**DEPARTMENT of
BEHAVIORAL
HEALTH**

**2025
Quality Improvement Work Plan
(QIWP)**



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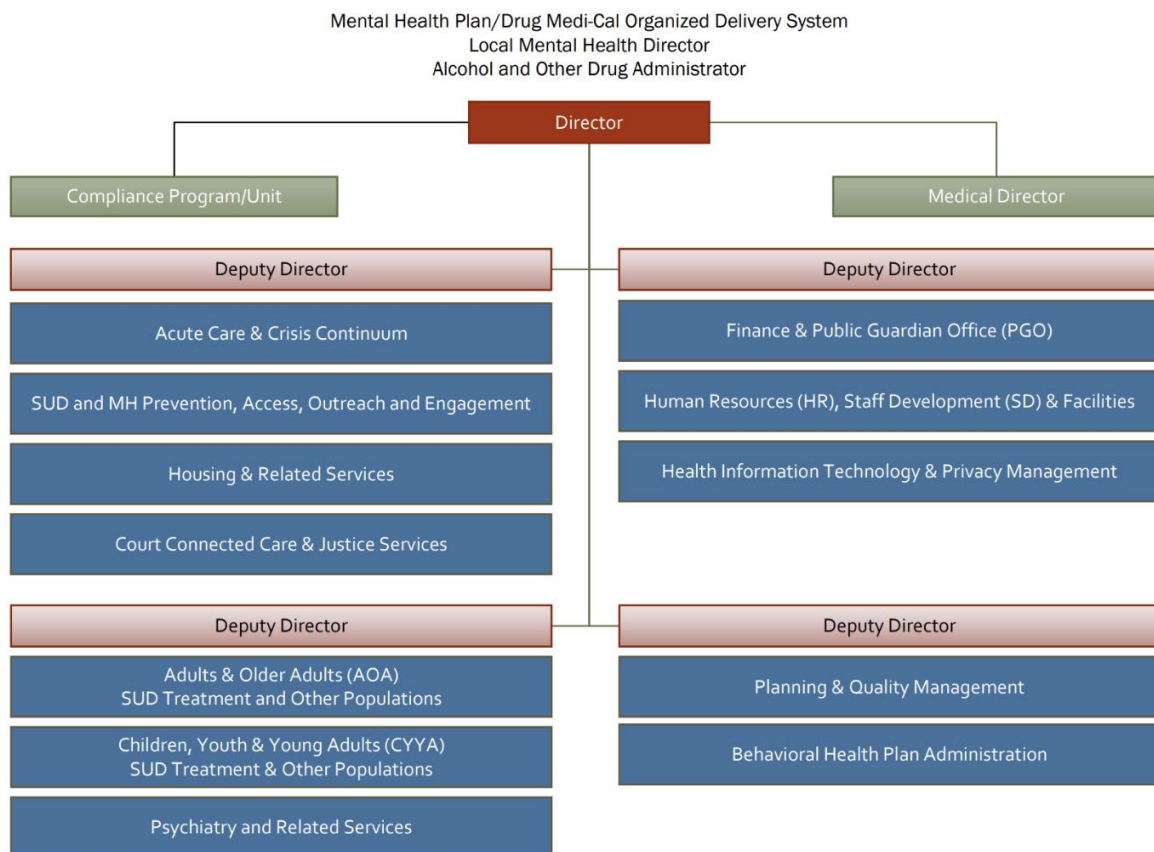
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Department of Behavioral Health

The County of Fresno Department of Behavioral Health (DBH) Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) are committed to providing recovery oriented, culturally responsive, data-driven, whole-person focused services to the Fresno County community.



MH – Mental Health
SUD – Substance Use Disorder

Updated 3/24/25

Mission

The Fresno County Department of Behavioral Health, in partnership with our diverse community, is dedicated to providing quality, culturally responsive, and behavioral health services to promote wellness, recovery, and resiliency for individuals and families in our community.

Quadruple Aim

At Fresno County Department of Behavioral Health, we have four primary goals. We call this our Quadruple Aim:



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- Deliver quality care
- Maximize resources while focusing on efficiency
- Provide an excellent care experience
- Promote workforce well-being

Guiding Principles of Care Delivery

Our 11 principles of care delivery define and guide a system that strives for excellence in the provision of behavioral health services, where the values of wellness, resiliency and recovery are central to the development of programs, services and workforce. The principles provide the clinical framework that influences decision-making on all aspects of care delivery – including program design and implementation, service delivery, training of the workforce, allocation of resources and measurement of outcomes.

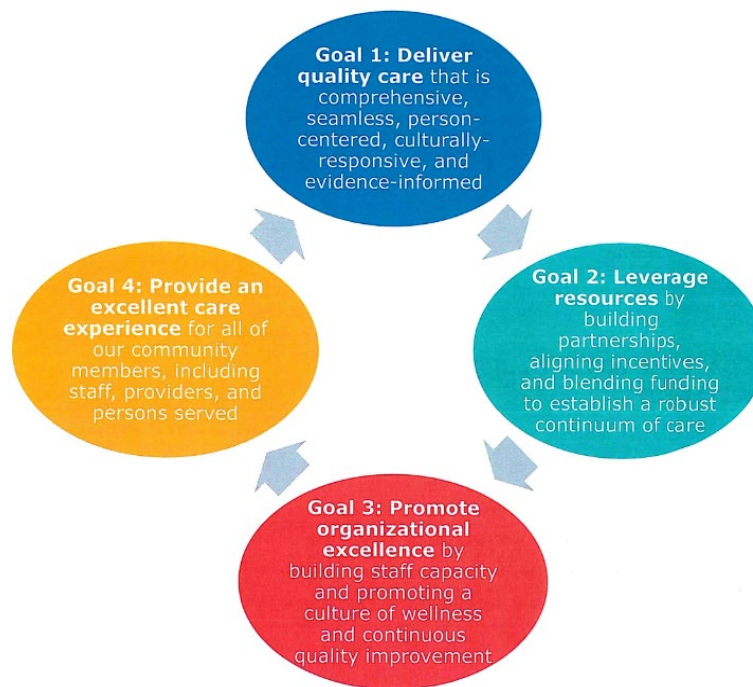
- Timely Access & Integrated Services
- Strengths-Based Services
- Person-Driven and Family-Driven Services
- Inclusion of Natural Supports
- Clinical Significance and Evidence-Based Practice (EBP)
- Culturally Responsive Services
- Trauma-Informed and Trauma-Responsive Services
- Co-Occurring Capable Services
- Stages of Change, Motivation, and Harm Reduction
- Continuous Quality Improvement and Outcomes-Driven
- Health and Wellness Promotion, Illness and Harm Prevention, and Stigma Reduction

DBH Strategic Plan

Fresno County DBH has developed a Strategic Plan for Calendar Years 2021 to 2031. Four key goals are outlined in the Strategic Plan, which provide a vision for creating and implementing the Quality Management Program. As shown below, the four Strategic Plan goals include: (1) Deliver quality care; (2) Leverage resources; (3) Promote organizational excellence; and (4) Provide an excellent care experience. The development, design and implementation incorporate the Departments strategic plan goals. Significant changes have taken place since the Strategic Plan was released. As a result, revisions are being made to account for those changes. The strategic plan can be found here: [Strategic Plan](#)



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Diversity, Equity, and Inclusion

DBH is committed to culturally responsive and respectful services for all people in Fresno County. To that end, the Quality Improvement Program works in coordination with the Diversity Services Coordinator (DSC), Equity Services Manager (ESM) and the DBH Diversity, Equity, and Inclusion (DEI) Committee to guarantee that services being provided are appropriate for the person served and that employees experience psychological safety in the workplace. The DBH Culturally Responsive Plan serves to guide every aspect of DBH as place of employment, the services that it provides as well as its system of care.

County Profile

Demographics

The Fresno County Health Improvement Partnership (FCHIP) estimates that the population of Fresno County in 2024 was 1,024,718, with an estimated 326,118 households (Fresno County Health Improvement Partnership, 2024). The average household in Fresno County has a median income of \$68,897 (Fresno County Health Improvement Partnership, 2024), with a per capita income of \$30,130 (United States Census Bureau, 2023) and 19.9% of the population was born outside of the United States (United States Census Bureau, 2023). Of the eligible population, 4.7% are veterans of military service (United States Census Bureau, 2023).

Figure 1 (below) utilizes the estimate information from the 2024 Healthy Fresno County Data website to identify age, race/ethnicity, and gender of the general population provided by FCHIP. The Fresno County population differs in some key areas from the California population. The Hispanic/Latino population is approximately 15 percentage points higher in Fresno County than



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in the State, and the Fresno County population is slightly younger as well (Fresno County Health Improvement Partnership, 2024).

Although approximately 4 to 5 percentage points lower than the entirety of California (Fresno County Health Improvement Partnership, 2024), the Fresno County Asian population is unique due to the high percentage of Hmong individuals. Fresno County the second largest Hmong community in the United States. In the Hmong population in the United States, 44% of individuals live with poverty, which is the highest percentage among race/ethnic groups (PRRI, 2019).

For more information about the Fresno County population, please visit the Healthy Fresno County Community Dashboard: <https://www.healthyfresnocountydata.org/demographicdata>

Figure 1
Fresno County Residents
By Gender, Age, and Race/Ethnicity

<u>Demographics</u>	<u>Fresno County</u>	<u>California</u>
Total Population	1,024,718	39,172,872
Age	% of Population	% of Population
0 - 4 years	6.85%	5.30%
5 - 17 years	19.61%	15.67%
18-34 years	24.67%	23.80%
35-64 years	34.59%	38.49%
65+ years	14.28%	16.74%
Race	% of Population	% of Population
African American/ Black	4.83%	5.65%
American Indian/Alaskan Native	2.22%	1.64%
Asian	11.48%	15.93%
Native Hawaiian/Pacific Islander	0.17%	0.40%
Caucasian/ White	35.09%	39.00%
Other/Not Reported	29.32%	22.11%
2+ Races	16.88%	15.25%
Ethnicity	% of Population	% of Population
Hispanic/Latino	55.76%	41.30%
Gender Identity	% of Population	% of Population
Male	509,119	19,351,680
Female	515,599	19,821,192

Threshold Languages



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The threshold languages for Fresno County are English, Spanish, and Hmong. It is estimated that about 44.1% of the population of Fresno County speaks a language other than English at home. (United States Census Bureau, 2023)

DBH Quality Improvement Program

Fresno County DBH is dedicated to continuous quality improvement in all facets of care delivery and care support for both the MHP and DMC-ODS. The DBH Quality Management (QM) Team is responsible for developing a quality culture throughout the department by focusing on process improvement, data-driven decision making, and increased efficiency. A quality culture ensures that the responsibility of quality improvement does not reside solely with the PQM professionals, but with every member of the DBH team.

The DBH Quality Management Team functions in the Planning & Quality Management Division (PQM), are overseen by the PQM Division Manager. The Mission of the Planning and Quality Management division is to facilitate a process of change and continuous improvement, utilizing data driven decision making through community and stakeholder collaboration. Through clear and open communication, we commit to meeting the diverse needs of those we serve, ensuring effective and accessible care for all.

Quality Management Team

The work of the PQM Team is detailed in the annual Quality Improvement Work Plan. The PQM Team is dedicated to ensuring that the County of Fresno DBH services are in compliance with the annual contract between DHCS and the department. Fresno County DBH contracts with numerous providers throughout the county to deliver a comprehensive array of specialty mental health (MH) and substance use disorder (SUD) services at all levels of care and for all ages. Although they are not County of Fresno internal programs, DBH considers all its MHP and DMC-ODS providers as part of one unified “family.” The PQM Team is committed to monitoring the performance of the entire system of care and providing programs with the tools they need to succeed in providing excellent care.

Management of the PQM Team is the responsibility of the Quality Improvement Coordinator. The QI Coordinator position within DBH is required to be familiar with modern quality improvement practices outlined by the Certified Professional in Healthcare Quality (CPHQ) certification developed by the National Association of Healthcare Quality. The QI Coordinator reports to the Division Manager of the PQM Division and through that administrative and oversight function maintain critical relationships with all services in the system of care.



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Quality Management Responsibilities

Quality Assurance

The PQM team performs continuous reviews of data entered in SmartCare to ensure timeliness and accuracy. With multiple existing, and a consistent flow of new, State reporting requirements, it is critical that DBH is collecting, analyzing, and reporting the most complete and accurate data possible. Through consistent, advanced QA strategies, as well as training all staff in accurate data entry methods, the PQM team is striving to ensure that DBH is producing accurate data.

Quality Performance Monitoring

To further align itself with State legislation, regulations, statutes and requirements, and to provide the best quality care to the people of Fresno County, DBH integrates quality management activities as outlined by the National Committee for Quality Assurance (NCQA). NCQA standards provide a backbone for current health legislation coming from the State of California and establish well-researched, thoroughly tested metrics and guidelines for the healthcare setting. Although not currently seeking accreditation, DBH is committed to achieving the quality standards outlined by NCQA.

Monitoring care performance is critical to ensuring that persons served are receiving the highest quality care achievable. Thus, the PQM Team, in coordination with multiple DBH divisions, has developed multiple key performance categories throughout the system of care. These categories represent critical functions that contribute to the wellness and recovery of the individuals served. All performance metrics are developed to reaffirm DBH commitment to the Guiding Principles of Care Delivery. These categories are as follows:

- Quality of Services
- Safety of Care
- Persons Served Satisfaction with Services
- Quality of Care for the Person Served
- Employee Satisfaction, Health, and Wellbeing

Electronic Health Record Support

The PQM team serves as Electronic Health Record (EHR) expert users for the entire clinical system of care. PQM staff must have an in-depth knowledge of how to navigate and utilize the EHR system to provide technical support for treatment providers. This includes monitoring upcoming EHR developments, new form/record implementation, planning, and more. PQM staff are available to provide one-on-one support to all treatment programs in the DBH system of care, as well as group new-hire trainings.

Clinical Support

The PQM team, with support from the entire Planning and Quality Management Division provide 1-on-1 support for the entire system of care. PQM clinicians and analysts attend monthly meetings with providers to assist with clinical and administrative challenges that programs may



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be facing. This includes EHR support, workflow development, training, quality assurance, data analysis, and more.

Workflow Development

In response to legislation, performance improvement, or other requirements, the PQM staff will assist in the creation of, and the documentation, of clinical and administrative workflow.

Incident Review

The PQM team reviews person-served related incidents throughout the entire system of care in order to identify potential gaps in services, as well as recommending improvements to processes to ensure the best possible care for persons-served.

Persons-served feedback

The PQM team as a whole makes it a priority to include the voice of the person-served in the decision-making process. The PQM team has created multiple avenues for person-served to ensure that their voice is heard. These include Feedback and Improvement Groups (FIGs), targeted focus groups, community forums and listening sessions that provide persons-served and stakeholders the opportunity to provide specific qualitative. This information is supplemented by the quantitative data that is collected in the mental health-focused consumer perception survey (CPS) and the substance use disorder-focused treatment perception survey, community planning and development of various required plans and reports

DBH staff/provider feedback

DBH has made it a priority to ensure that DBH is an exciting, engaging place to work. The PQM team is tasked with collecting and analyzing staff engagement feedback and recommending improvement opportunities to the executive team. It also has facilitated an annual systemwide DEI survey and use of affinity groups and other input opportunities.

Training

The PQM team provides clinical training to DBH providers in multiple areas. Examples of the training facilitated by the PQM team include EHR new-hire training, 1-on-1 training for 'lite' EHR users, and DBH Hope and Recovery training.

Survey administration/maintenance

The PQM team facilitates the administration and analysis of multiple surveys throughout the year, targeting both DBH staff and persons-served. Topics of these surveys include the person-served perception of the services offered by DBH and the staff engagement and experience as DBH employees. The PQM team is also available to assist programs in analyzing the survey data and developing improvement processes.

Policy development

The PQM team, when appropriate, is an active partner in developing clinical and administrative policy in response to legislation, improvement opportunities, and best practices. Although the PQM team is often not a subject matter expert in all areas, it can provide valuable assistance through utilization of standardized QI techniques.



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Evaluation of the QM Program

On a yearly basis, the QM program will be evaluated by the QI Coordinator and the Division Manager of Planning and Quality Management. The evaluation will be a review of the calendar year and will be completed no later than the first quarter of the following calendar year.

Evaluation will determine whether the program has sufficient resources and staffing, and will examine the successful completion of QM activities. The evaluation and recommendations will be submitted annually to the executive team.

Quality Improvement Work Plan

The Quality Improvement Work Plan (QIWP) outlines the structure, functions, and goals of quality improvement and quality management throughout DBH for both MHP and DMC-ODS services. The QIWP meets all DHCS – DBH contract requirements, but also aligns with the high-quality standards outlined in the NCQA Managed Behavioral Health Organization accreditation guide. The QIWP will describe the QI structure in DBH, the QI Committee, the yearly activities and objectives, and the identification and monitoring of previous identified issues.

DBH strives to implement continuous quality improvement. As a result, the QIWP is a living document, with no “final” draft. At minimum, the QIWP is updated annually. If necessary, the QIWP can be updated at any time with QIC approval.

Quality Improvement Work Plan Evaluation

To evaluate the effectiveness of the QI activities described in the QIWP, DBH will produce a QIWP Evaluation. This document will identify the key quality performance metrics, the goals set on a yearly basis, and how DBH performed relative to those goals. In order to accurately describe DBH performance, the data will be presented with year-by-year comparisons. It is critical that data is presented in this format to ensure that the context of the performance is fully understood. The QIWP Evaluation will also track the completion of major quality improvement initiatives by indicating whether clearly defined target deadlines and milestones are met. The draft evaluation is shared annually with the DBH Executive Team and with the QIC.

The QIWP Evaluation is developed with NCQA standards in mind and includes the following:

- Major Accomplishments
- Trended performance metrics
- Barriers encountered
- Recommended interventions
- Description of yearly activities and objectives
- Potential changes to program over the next year



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Quality Improvement Committee

The QI program is responsible for establishing a Quality Improvement Committee (QIC). The QIC serves as the oversight body for all quality activities throughout DBH and is accountable to the DBH Director

The QIC responsibilities are as follows:

- Serve as the oversight body for quality improvement activities.
- Oversee the QIC sub-committee activities.
- Planning, design, and execution of the quality improvement work.
- Review system data collection activities, grievance and complaint procedures, client outcomes, satisfaction, and other performance metrics.
- Provide input in development of an annual work plan to evaluate system objectives and activities and to address potential areas relating to quality improvement functions.
- As the need arises, recommend/designate the responsible party, workgroup, or ad hoc committee to execute the planned improvements.
- Monitor improvement activities.
- Monitor and evaluate the annual work plan's effectiveness.
- Ensure quality improvement activities adhere to culturally responsive guidelines outlined by the cultural humility committee.

DBH ensures that all individuals participating in the QIC will not be subject to discrimination or any other penalty in their other relationships with DBH as a result of their role(s) in representing themselves and their constituencies. The QI Work Plan will provide the QIC and its subcommittees a roadmap to outline how the MHP/DMC-ODS will review the quality of specialty behavioral health services under its umbrella.

The structure of the QIC is designed to include participation from DBH staff, practitioners, service providers, beneficiaries and family members, legal guardians and people with lived experience accessing services from the MHP/DMC-ODS. QIC members and stakeholders provide input and suggested recommendation to the development and evaluation of the QIWP. The success of the QIC is critically dependent on the involvement of the Medical Director and the DBH Leadership team.

Executive Quality Improvement Committee

Roles

- Chair: Quality Improvement Coordinator
- Director of Behavioral Health
- Medical Director
- Deputy Directors
- Division Manager of Planning and Quality Management

Responsibilities



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The Executive Quality Improvement Committee (Exec QIC) acts as the primary quality improvement oversight body for FCDBH. This focused, executive-level committee provides an opportunity to monitor large-scale DBH initiatives, monitor sensitive performance metrics, make policy decisions, review internal subcommittee reports, receive reports and recommendations from QIC, and more. Participation from designated behavioral health practitioner is critical for the success of Exec QIC, in order to successfully analyze clinical data, identify improvement opportunities, and make policy decisions.

Frequency - Monthly

Quality Improvement Committee

Roles

Chair: Quality Improvement Coordinator

Membership:

- Director
- Deputy Directors
- Medical Director
- Division Managers
- Planning and Quality Management
- Contracted Providers
- Program Managers
- Compliance Officer
- Managed Care
- Information Services
- Business Office
- Human Resources
- Staff Development

Responsibilities

The Fresno DBH Quality Improvement Committee (QIC) is open to membership for individuals from all organizations within the DBH system in order to create an environment of open communication. At QIC, DBH will discuss performance measures, reporting, clinical and non-clinical updates, EHR workflow information, quality initiatives, performance improvement projects, subcommittee updates and more. The QIC will provide oversight and accountability for all DBH quality-related activities.

Frequency – Monthly

Medication Monitoring Committee

Roles

Chair: QI Clinician

Membership: Medical Director, Clinical Pharmacist, Psychiatrist, QI, IT, Medical Records, Compliance, Nurse Manager

Responsibilities

The Medication Monitoring Committee (MMC) develops and implements the Medication Monitoring Tool(s) for reviewing medication prescribing and documentation practices, reviews State Information Notices, reviews SB 1291 – Foster Care processes, and review chart audit findings to identify trends and opportunities for meeting Medi-Cal documentation standards



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Frequency: Monthly

Intensive Analysis Committee

Roles

Co-Chairs: QI Clinician, Compliance Officer

Membership: Director of Behavioral Health, Clinical Leadership, Quality Management Clinical Supervisor, QI Coordinator

Responsibilities

IAC reviews incidents and identifies those that require further review to determine possible cause and makes recommendations for changes in policy, procedure, and practice. When necessary, the IAC may report personnel concerns to the appropriate Human Resources department; the IAC does not make or take disciplinary actions but obligated to share employee concerns. IAC will also assist facilitating case review with providers and will monitor certain improvement action implementation

Copies of Incident Reporting forms received, and committee notes related to action items will be maintained by the IAC for 10 years.

Frequency: Monthly

Employee Experience Committee

Roles

Chair: Quality Management Analyst, Human Resources Program Manager, Diversity Services Coordinator

Members: DBH staff of all levels.

Responsibilities

The Employee Experience Committee centralizes all the staff engagement activity conducted throughout DBH. The committee utilizes quantitative data conducted annually through the Gallup Survey and other employee engagement surveys that occur annually throughout the Department. The committee will also, periodically, conduct employee focus groups to collect specific, qualitative information directly from DBH staff. Lastly, this information will be collected, analyzed, and the committee will produce recommendations that will be taken to executive leadership for approval and implementation. The committee will also monitor implementation of recommendations and present follow-up information to DBH staff.

Frequency: Monthly

Person Served Experience Committee

Roles

Chair: PQM Staff Analyst



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Peer Support Specialist, Clinical Division Manager, Clinical Supervisors, Persons-Served, Quality Management Staff.

Responsibilities

This committee utilizes multiple sources of qualitative and quantitative data to ensure that the voice of the person-served is fundamental to the performance improvement process in DBH. Data will include Consumer Perception Survey and Treatment Perception Survey results, Grievances, and Feedback and Improvement Group information. Data will be reviewed in this committee to identify common themes, areas of opportunity, and strengths to capitalize on.

Frequency Quarterly

Access & Referrals Committee

Roles

Chair: PQM Senior Staff Analyst

Membership: PQM Staff, Clinical Supervisors, Clinical Division Managers, Contract Providers, Access and Outreach staff.

Responsibilities

The Access & Referrals Committee will oversee the flow of person-served into the DBH system, transitions between DBH programs, as well as the safe, timely handoff of individuals exiting DBH services. This will be done through extensive data analysis, identification of opportunities for improvement, BHIN review, and workflow development collaboration.

Frequency Quarterly

Outcomes and Reporting Committee

Roles

Chair: Epidemiologist

Members: Clinical Support, Quality Improvement, Analyst with Treatment Contracts, IT, Contracted Provides by topic

Responsibilities

The Outcomes and Reporting Committee (ORC) provides a forum for inter-divisional discussion and analysis focusing on clinical and administrative outcomes, reviews program outcome reports, identifies improvement opportunities, develops and implements new and improved outcomes measures, reports and makes recommendations to QIC, and reviews new State Information Notices.

Frequency - Quarterly



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DBH Quality Initiatives

Quality of Clinical Care

Activity	Implementation of clinical tools for the adult system of care	
Goal(s)	Implementation of the Daily Living Activities – 20 (DLA-20) as the required clinical tool for the entire DBH adult system of care.	
Anticipated Timeline	<i>February 1, 2025</i>	Complete implementation plan
	<i>July 1, 2025</i>	Implement tool in clinical workflow
Activity Lead(s)	Quality Management Clinical Supervisor	

Safety of Clinical Care

Activity	Expanded the medication monitoring tool to include HEDIS metrics addressing medication safety.	
Goal(s)	Ensure that the medication monitoring tool implemented by DBH includes items related to multiple HEDIS mental health medication related measures.	
Anticipated Timeline	<i>Q1/2 2024</i>	Develop and implement multiple HEDIS items into the medication monitoring tool
	<i>Q4 2024</i>	Review results from medication monitoring audit
	<i>Q1 2025</i>	Implement expanded list of HEDIS items into the medication monitoring tool
	<i>Q4 2025</i>	Review second year results from the first phase of HEDIS metrics to identify areas of opportunity and existing improvement in performance.
Activity Leads	Quality Management Utilization Review Specialist	

Quality of Service

Activity	Develop a comprehensive performance measure and outcome reporting system	
Goal(s)	Create a comprehensive system of dashboards and data analysis system that allows for consistent, efficient performance monitoring for all treatment programs in the DBH system	
Anticipated Timeline	January 31, 2025	Finalize series of performance metrics for the following fiscal year.
	March 31, 2025	Develop performance monitoring dashboards to monitor selected measures. Send to treatment programs for testing and validation
	March 31, 2025	Develop and disseminate anticipated performance monitoring and outcome



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		reporting process and timeline to the entire system of care.
	June 30, 2025	Implement necessary changes stemming from program feedback, testing complete.
	July 1, 2025	Implement performance monitoring and outcome reporting system.
Activity Leads	QI Coordinator	

Member Experience

Activity	Creating the Person Served Experience Committee	
Goal(s)	Conduct four Person Served Experience Committee meetings withing calendar year 2025 and publish a summary report	
Anticipated Timeline	January 2025	Develop committee charter and identify members
	March 2025	Conduct first meeting
	February 2026	Produce written report summarizing activities, recommendations, and changes to committee processes.
Activity Leads	Quality Management Staff Analyst	

Identified Opportunities

Opportunity Identified	Referral mechanisms in the DBH Electronic Health Record (EHR) do not comprehensively capture necessary information for care coordination
Follow-up Action	<ul style="list-style-type: none"> DBH is developing new workflows and data entry guidelines in order to capture necessary care coordination information that will allow for an increase in successful, timely transitions of care.

Opportunity Identified	Individuals seen at the Emergency Department (ED) for Mental Health and Substance Use Disorder visits are discharged without an appointment
Follow-up Action	<ul style="list-style-type: none"> Individuals are given a guaranteed appointment before they leave the ED. DBH is launching its Health Information Exchange notification system that will allow direct alerts for individuals who are admitted to the ED for MH visits. DBH continues to collaborate with EDs to develop new improvements to the care coordination process

Opportunity Identified	DBH has identified gaps in care coordination with MCPs.
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Follow-up Action	<ul style="list-style-type: none"> DBH and MCP providers have instituted routine care coordination meetings to ensure follow-up on transitions of care. DBH is developing guidelines for front-door providers on how to capture incoming transition of care referrals, and how to ensure that all necessary information is included in the referral. DBH is also developing guidelines on sending transition of care referrals to MCP providers.
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Opportunity Identified	Providers often do not have a full understanding of the breadth of the DBH system of care
Follow-up Action	<ul style="list-style-type: none"> DBH is developing a “system map” to provide a simple, easy to follow resource for providers and persons-served seeking information. DBH is exploring options to ensure that providers are aware of community resources that are available for persons served.

Opportunity Identified	Outdated and lengthy referral forms are a barrier to successful referrals from outside providers to DBH services.
Follow-up Action	<ul style="list-style-type: none"> DBH is redesigning and updating its external referral documentation to be more accommodating to outside agencies and ensuring that all necessary information is included.

Opportunity Identified	DBH performance outcomes reporting system was not efficient and placed an undue burden on providers.
Follow-up Action	<ul style="list-style-type: none"> DBH is redeveloping its performance measurement and outcomes reporting system to begin July 1, 2025. DBH intends to remove most of the reporting burden from providers and increase the productive quality improvement discussion when strengths and areas of opportunity are identified.

Opportunity Identified	DBH has identified the need for an adult clinical tool to assist clinicians with planning person-served treatment
Follow-up Action	<ul style="list-style-type: none"> DBH has begun researching the use of multiple clinical tools DBH has begun planning implementation of an adult clinical tool

CMS Mandated Performance Improvement Projects

Annually, the Centers for Medicare & Medicaid Services (CMS) require the implementation of two performance improvement projects (PIPs) from county Mental Health Plans (MHPs), as well as two PIPs from county Drug Medi-Cal - Organized Delivery Systems (DMC-ODS). For both the MHP and DMC-ODS requirements, there must be one clinical PIP and one non-clinal PIP. These PIPs are conducted by counties annually and monitored by the External Quality Review Organization (EQRO) contracted by the California Department of HealthCare Services (DHCS).



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In 2025, DHCS has allowed for counties that are going to participate in the Early Behavioral Health Administrative Integration process to conduct only two total PIPs for the 2025 review year. There must be one clinical PIP and one non-clinical PIP in total. One PIP must be for DMC-ODS processes, and one must be for MHP processes. The EQRO has provided counties with a list of recommended PIP topics that they must choose from. Fresno County DBH has selected the following PIPs that will run from 2025-2027. DBH will develop and implement interventions for these PIPs in the first quarter of the 2025 calendar year.

MHP Clinical PIP: Follow-up after emergency department visit for mental illness (FUM)

Current Rate: 42.7% of Medi-Cal eligible individuals leaving the emergency department for mental illness visits in Fresno County receive a follow-up service within 30 days.

DMC-ODS Non-Clinical PIP: Improve timely access from first contact from any referral source to first offered appointment for any SUD service.

Current Rate: 73.74% of individuals requesting outpatient services from DBH SUD providers receive a service within 10 business days.

Key Performance Metrics

DBH uses data to assess performance and drive key decision-making. As a result, DBH has developed, and continues to develop, a suite of metrics that allow for performance monitoring and evaluation. The following section describes the key performance metrics utilized by DBH and will be reported at a system-level in the Quality Improvement Work Plan Evaluation.

Quality of Clinical Care

- **Timely Access to Non-Urgent Services:** The percentage of individuals who are offered, and receive, a DBH service within 10 business days of the non-urgent request for service.
- **Timely Access to Urgent Services:** The percentage of individuals who receive a DBH service within 48 hours of an urgent request for services.
- **Timely Follow-up from Crisis Services:** The percentage of individuals who receive a follow-up service within 7 and 30-days following crisis services.
- **Timely Follow-up from Emergency Department for Mental Health Visits (FUM):** The percentage of ED visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness within 7 and 30 days. This number will not be published publicly by DBH, but will be utilized for internal quality improvement purposes. DBH performance will be published publicly by the Department of HealthCare Services (DHCS)
- **Timely Follow-up from Emergency Department for Substance Use Disorder Visits (FUA):** The percentage of emergency department (ED) visits among members age 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up within 7 and 30 days. This number will not be published publicly by DBH, but will be utilized for internal quality



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improvement purposes. DBH performance will be published publicly by the Department of HealthCare Services (DHCS)

- **Timely Follow-up from Psychiatric Hospitalization (FUH):** The percentage of discharges for patients 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner within 7 and 30 days. This number will not be published publicly by DBH, but will be utilized for internal quality improvement purposes. DBH performance will be published publicly by the Department of HealthCare Services (DHCS)
- **Readmission:** Assesses the rate of adult acute inpatient stays that were followed by an unplanned acute readmission for any diagnosis within 30 days after discharge.

Safety of Clinical Care

- **Safe Prescribing Practices:** DBH utilizes the medication monitoring chart audits review multiple safe prescribing practices. The Medication Monitoring Committee will produce a yearly review of the results.
- **Use of First-Line Psychosocial Care for Adolescents on Antipsychotics (APP):** Assesses the percentage of children and adolescents newly started on antipsychotic medications without a clinical indication who had documentation of psychosocial care as first-line treatment. This number will not be published publicly by DBH, but will be utilized for internal quality improvement purposes. DBH performance will be published publicly by the Department of HealthCare Services (DHCS)

Quality of Service

- **Description of Beneficiary Population:** a count of all of the individuals who received services from the Department of Behavioral Health. This measure will be reported for the MH and SUD systems of care and may be stratified by appropriate demographics (ie. Age, gender, ethnicity, etc.).
- **Penetration Rate:** the percentage of individuals who received at least one service from DBH out of the entire Medi-Cal population of Fresno County. This measure will be reported for the MH and SUD systems of care, and may be stratified by appropriate demographics (ie. Age, gender, ethnicity, etc.)
- **Requests for Service:** The count of new requests for DBH services. This measure will be reported for the MH and SUD systems of care, and may be stratified by appropriate demographics (ie. Age, gender, ethnicity, etc.)

Member Experience

- **Consumer Perception Survey:** The percentage of individuals with an appointment at a DBH program who completed the Consumer Perception Survey during the survey administration week.



DBH Quality Improvement Work Plan Calendar Year 2025

- **Treatment Perception Survey:** The percentage of individuals with an appointment at a DBH program who completed the Treatment Perception Survey during the survey administration week.
- **Feedback and Improvement Groups:** The average number of individuals participating in the Feedback and Improvement Group focus groups.
- **Diversity, Equity, and Inclusion Survey:** The percentage of individuals with an appointment at a DBH program who completed the Diversity, Equity, and Inclusion Survey during the survey administration week.