



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Quality Management, Quality Assessment and Performance Improvement Work Plan

Fiscal Year 2017-2018

Finalized and Approved by Quality Improvement Committee on July 12, 2017

Revised as of **October 26, 2017**

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1. County Profile and Demographics

County Profile

Founded in 1856, Fresno County is located near the center of California's San Joaquin Valley which, together with the Sacramento Valley to the north, form the Great Central Valley, creating one of the distinct physical regions of the state. The Coast Range foothills, which form the county's western boundary, reach a height of over 4,000 feet near Coalinga while some peaks along the crest of the Sierra Nevada, the county's eastern boundary, exceed 14,000 feet. The Valley floor in between is fifty to sixty miles wide and has an elevation near the city of Fresno of about 325 feet. (Environment of Fresno County, Fresno County Planning Dept., 1975)

According to the U.S. Census Bureau, the county has a total area of 6,011 square miles (15,570 km²), of which 5,958 square miles (15,430 km²) is land and 53 square miles (140 km²) (0.9%) is water.

Demographics

As of July 1, 2016, Fresno County is estimated to be populated with 979,915 people. In comparison, Fresno County to the other 58 counties, Fresno County is ranked at number 10 in population size with a total population growth of 5.3% from 2010 to 2016, an average household income of \$67,602, a total households of 299,586, and an average household size of 3.2. ^[1]

Population Estimate (as of July 1)

Fresno County, California ^[2]	April 1, 2010 Census	Estimates Base	2011	2012	2013	2014	2015	2016
	930,450	930,452	940,971	947,713	955,217	964,983	974,861	979,915

According to the 2015 U.S. Census Bureau, American Community Survey 5-Year Estimates (2010-2015), male population was estimated at 49.9% and female at 50.1%, population for those that identified as, One race at 96.0%, and two or more races at 4.0%. ^[3]

2010-2015 American Community Survey 5-Year Estimates ^[3]	
Race	Percent
Hispanic or Latino (of any race)	51.60%
White alone	31.20%
Black or African American alone	4.70%
American Indian and Alaska Native alone	0.50%
Asian alone	9.60%
Native Hawaiian and Other Pacific Islander alone	0.10%
Some other race alone	0.20%
Two or more races	2.00%
Unknown	0.10%
Age	Percent
0-17	29.0%
18-64	60.1%
65+	10.9%
Gender	Percent
Female	50.1%
Male	49.9%

[1] <http://california.hometownlocator.com/ca/fresno/>

[2] <http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>, Source: U.S. Census Bureau, Population Division

[3] <http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>, Source: U.S. Census Bureau, Population Division

Threshold Languages

The threshold languages for Fresno County are: English, Spanish and Hmong

Population Served

In Fiscal Year 2016-2017, Fresno County Department of Behavioral Health served 27,187 clients* of the following race/ethnicity, age, and gender as identified in accordance with State Department of Health Care Services reporting requirements:

Clients MHP Served	Fiscal Year					
	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Race/Ethnicity						
African American	2,641	3,092	3,246	3,352	3,407	3,431
Asian/Pacific Islander	1,252	1,330	1,350	1,353	1,405	1,445
Caucasian/White	5,864	6,690	7,141	7,424	7,583	7,757
Latino	8,750	10,478	11,579	11,988	12,769	13,184
Native American	222	279	271	272	295	301
Other Ethnicity	358	443	902	958	999	1,069
Age						
0-17	5552	6759	7,655	7,897	8,155	8,301
18-39	7203	8442	9,276	9,686	10,233	10,655
40-64	5823	6561	6,957	7,138	7,392	7,497
65+	509	550	601	626	678	734
Gender						
Female	9162	10560	11,639	12,301	12,860	13,239
Male	9888	11684	12,788	13,016	13,589	13,940
Unknown/Other	37	68	62	30	9	8
Total	19,087	22,312	24,489	25,347	26,458	27,187

Disparities

According to California Poverty by County, 2012-2014, the California statewide poverty rate was at 16.1%, and Fresno County was at 27.04%. [4]

*The method used to obtain the number of clients served has been changed from previous MHSA County Demographic Annual Updates. The table has been adjusted accordingly

[4] <http://www.ppic.org/data-set/california-poverty-by-county/>, source: California Poverty by County

2. Quality Management Introduction

The Fresno County Mental Health Plan (MHP) is operated through the Department of Behavioral Health and its network of contract providers, community partners, clients, family members and stakeholders. The MHP is committed to quality improvement throughout the system of care. The MHP has developed a Quality Management Program in response to the State and Federal regulations outlined in the MHP contract. This Quality Management (QM) Program is directly accountable to the Fresno County Mental Health Director and Alcohol and Other Drug Administrator. The Quality Improvement Coordinator is tasked to oversee the activities and execution of the Quality Management Program.

Fresno County Dept. of Behavioral Health Vision & Mission Statement

Vision – Health and well-being for our community

Mission Statement - The Department of Behavioral Health is dedicated to supporting the wellness of individuals, families and communities in Fresno County who are affected by, or are at risk of, mental illness and/or substance use disorders through cultivation of strengths toward promoting recovery in the least restrictive environment.

3. Goals of the Quality Management Program

- To ensure the ongoing quality and safety of the care and services the Fresno MHP delivers,
- To ensure each program provides quality care, maximize resources while focusing on efficiency, provide an excellent care experience,
- To ensure a promotion of workforce well-being,
- To ensure that services meet State requirements and standards of practice,
- To identify opportunities to improve care,
- To ensure that the identified improvement opportunities are planned, implemented and evaluated,
- To ensure that the QM activities and findings are communicated to participants.

4. Quality Management Activity

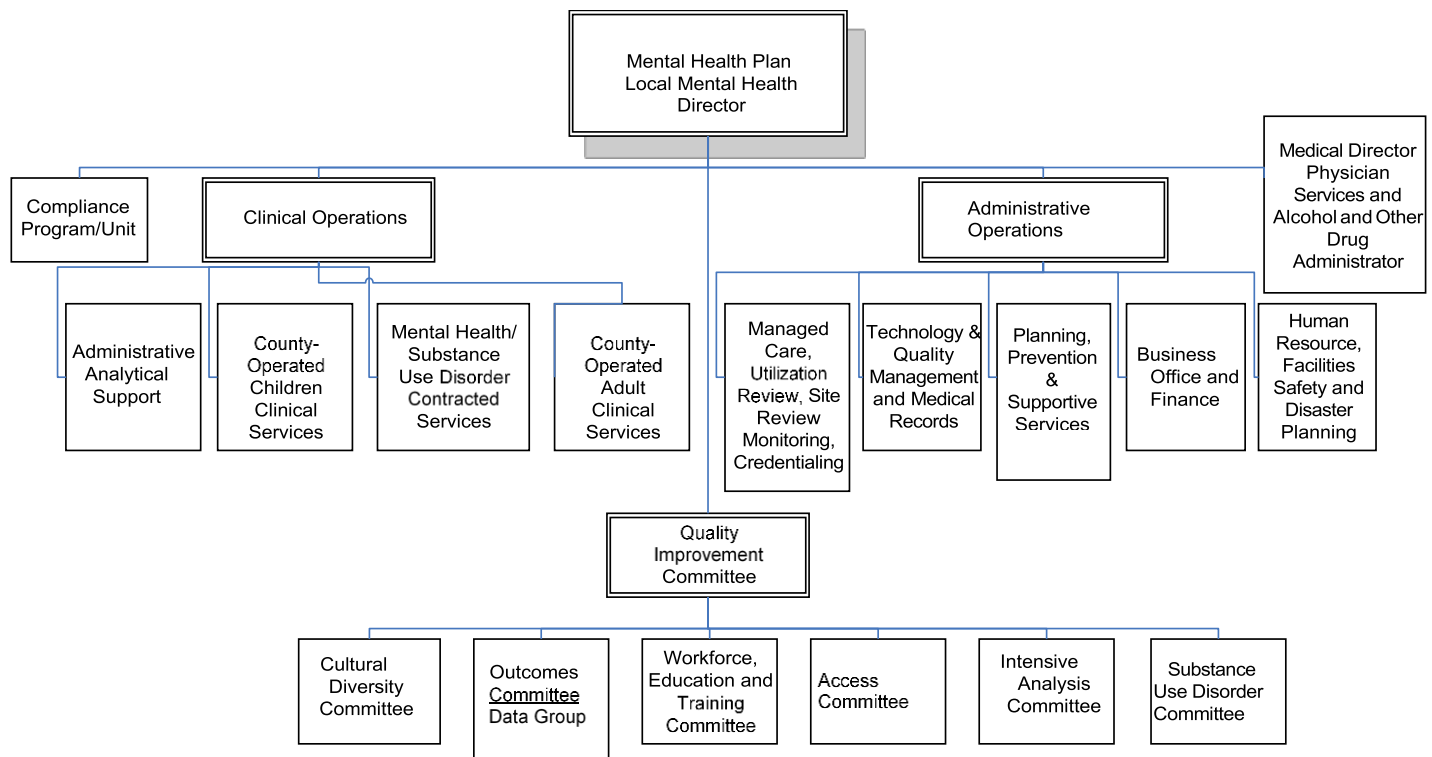
The work of the Quality Management (QM) system is organized into three basic activities: quality assessment, quality improvement, and activity tracking which are overseen by and reported to by the Quality Improvement Committee (QIC). QM processes are designed to obtain input from various stakeholder in the systems of care, including consumers, family members, providers, administrators and the general public, with licensed mental health clinicians involved in various processes.

- *Quality Assessment:* This area is comprised with monitoring predetermined metrics of quality as recommended by QIC and its sub-committees, quality management staff, and other relevant members prior to approval of leadership and documented in the Quality Assessment, Performance Improvement (QAPI) Work Plan. Leadership also establishes a predetermined performance threshold at which the QIC recommends or takes action for improvement activity. Data are collected, displayed, and reported routinely, using charts and graphs whenever helpful. Data is analyzed to identify trends, patterns, and performance levels that suggest opportunities for improvement.
- *Quality Improvement:* A Plan, Do, Study, Act (PDSA) cycle for testing and implementing improvement is used. When an opportunity for improvement is identified, an identified improvement team with relevant members are assigned in making improvements. Root cause analysis is also used for in-depth analysis of an adverse incident or sentinel event.
- *Tracking Improvement Activity and Reporting QM Data:* Prior to organizing an improvement team, committees identify a quality issue and refers it to leadership for direction and guidance. The improvement team will track and report trends on progress and periodically re-evaluating related performance and/or outcomes.

5. Quality Improvement Committee

QAPI Work Plan structure is comprised of the Quality Improvement Committee and Sub-Committees, which are responsible for the assessment, evaluation and improvement of the quality of behavioral health care rendered in facilities under the Fresno MHP.

1. Quality Improvement Committee (QIC)
2. Access Sub-Committee (AC)
3. Outcomes Sub-Committee (OC)
4. Intensive Analysis Sub-Committee (IAC)
5. Cultural Diversity Sub-Committee (CDC)
6. Workforce, Education and Training Sub-Committee (WET)
7. Substance Use Disorders Sub-Committee (SUD)



The Quality Improvement Committee (QIC) is responsible for the planning, design and execution of the Quality Assessment and Performance Improvement (QAPI) Work Plan. The QAPI Work Plan provides a roadmap to outline how the MHP is to review the quality of specialty behavioral health services under its umbrella. The goals and objectives of this QAPI Work Plan are to guide the QIC and its subcommittees to meet its goals. The QAPI Work Plan will be reviewed annually and made available to Department of Behavioral Health (DBH).

The structure of the QIC is designed to include participation from the Department of Behavioral Health, contracted providers, clients and family members/legal representatives of anyone that has accessed services from the MHP. In addition, the QAPI Work Plan incorporates input and suggested feedback from External Quality Review Organization (EQRO) and most recently the State Department of Health Care Services (DHCS) Medi-Cal Audit. The QIC is committed to honest dialogue; therefore, the MHP ensures that all individuals participating in the QIC will not be subject to discrimination or any other penalty in their other relationships with the MHP as a result of their roles in representing themselves and their constituencies. The QAPI Work

Plan activities derive from a number of sources of information about quality of care and service issues which include client and family feedback, Department, and State and Federal requirements and initiatives. Data are one of the only objective methods of measuring quality improvement, the QIC works closely with relevant members and Information Technology staff members to develop a data feedback structure on a timely basis.

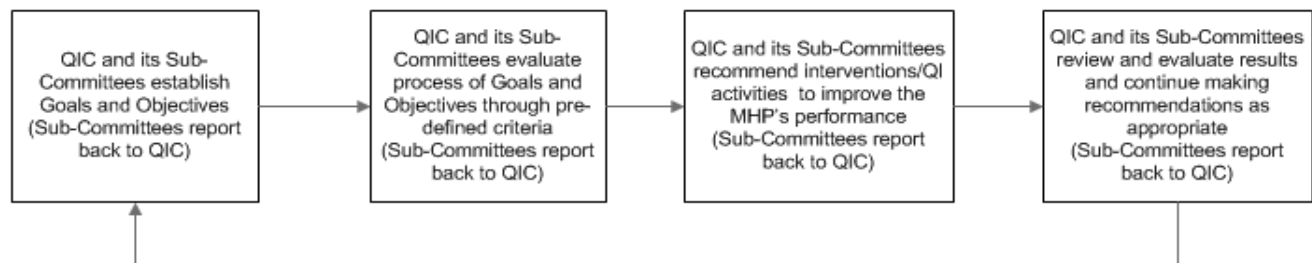
Committee	Composition	Responsibility
1. Quality Improvement Committee	<p>Director; Deputy Directors; Adult and Children Clinical Services Division Managers; Contracted Services Division Manager; QI Coordinator; QI Staff Members; Technology Staff Member; Peer Support Members; Contracted Program Directors And Managers; Clients And Family Members.</p> <p>Chair is the QI Coordinator or Designee.</p> <p>Meeting is held monthly, 2nd Wednesday.</p>	<ul style="list-style-type: none"> • Serve as the oversight body for Quality Management. • Responsible for the planning, design and execution of the Quality Assessment and Performance Improvement (QAPI) Work Plan providing a roadmap to outline how the MHP is to review, assess, and evaluate the quality of specialty mental health services under its umbrella, and ensure its subcommittees to meet their goals. • Provide a forum for receiving feedback about the quality of services provided to clients by clients, family members. • Review system data collection activities, grievance and complaint procedures, and consumer outcome and satisfaction surveys. • Provide input in development of an annual work plan to evaluate system objectives and activities and to address potential areas relating to QM functions. • Oversee the collection and analysis of data such as data/reports related to clients clinical outcomes, satisfaction, service access, service capacity, grievances, MHP 800 Toll Free Test Call, clinical guidelines, standards, policies and procedures. • As the need arises, recommend/designate the responsible party or workgroup or ad hoc committee to execute the planned improvements with specific parameters and timelines for reporting the results of its work. • Ensure that the identified improvement opportunities are planned, implemented and evaluated. • Periodically monitor and evaluate the annual work plan's effectiveness. • Assure that QI activities include measures and processes that assess the cultural competence of the System of Care.
2. Access Committee	<p>Adult and Children Clinical Services Division Managers of relevant to care access points; Contracted Services Division Manager; QI Coordinator; QI Staff Members; Technology Staff</p>	<ul style="list-style-type: none"> • Serve as the oversight body for access to care. • Ensure that beneficiaries have access to specialty mental health services. • Review, discuss, identify issues/concerns and provide recommendation to leadership for program improvement, allowing for access to beneficiaries to be efficient and effective. Items include reviewing PPGs, State Regs, tracking/monitoring 1-800 Access Line, timeliness of services, review develop necessary reports for program effectiveness and interpreting & translation services.

	<p>Member; Contracted Program Directors; Contracted MHP Access Line Program Manager.</p> <p>Chair is a Designated Member From Quality Improvement Team.</p> <p>Meeting is held monthly, 2nd Tuesday.</p>	<ul style="list-style-type: none"> • To identify opportunities to improve care access and ensure that, the identified improvement opportunities are planned, implemented and evaluated.
3. Outcomes Committee	<p>Director; Clinical Deputy Director; Adult and Children Clinical Services Division Managers; Contracted Services Division Manager; QI Coordinator; QI Staff Members; Clinical Support, Technology Staff Member; QI Staff Members.</p> <p>Chair is the QI Coordinator or a Designee.</p> <p>Meeting is held monthly, 4th Monday.</p>	<ul style="list-style-type: none"> • Serve as the oversight body for performance outcome measure. • Provide a forum to receive guidance and feedback from the MHP leadership for making/recommending strategic decisions on the performance outcome measure, protocol and implementation. • Assess and recommend guidelines related to Access, Effectiveness, Efficiency, and Satisfactory to identify quality improvement opportunity. • Monitor the annual performance outcome measure reporting. • Ensure that the identified improvement opportunities are planned, implemented and evaluated.
4. Intensive Analysis Committee	<p>Clinical Deputy Directors; Adult and Children Clinical Services Division Managers; Contracted Services Division Manager; Ad-hoc relevant members.</p> <p>Chair is a Designated Member From</p>	<ul style="list-style-type: none"> • Oversee the reported incidents and review of adverse incidents for care improvement opportunity. • Identify general areas of potential risk in the clinical aspects of patient care and safety. • Evaluate specific cases with potential risk in the clinical aspects of patient care and safety. • Recommend corrections for problems in the clinical aspects of patient care and safety. • Review adverse events as reported through the Quality of Care Reporting System as to matters that may affect the provision of care to mental health clients.

	<p>Quality Improvement Team.</p> <p>Meeting is held as needed otherwise, quarterly.</p>	<ul style="list-style-type: none"> Recommend a process to reduce risk in the clinical aspects of patient care and safety.
5. Cultural Diversity Committee	<p>Cultural Diversity Coordinator, Stakeholders</p> <p>Chair is the Cultural Diversity Coordinator</p> <p>Meeting is held every other month, 4th Wednesday.</p>	<ul style="list-style-type: none"> Update on the Cultural Competence Plan implementation; Report on the annual Self-Assessment results & provide insights for recommendations to enhance service as maybe required; Update on Cultural Competence protocols & status of DBH mandates; Update on insights of BH disparities if any and recommendations where appropriate; <p>Provide support to QIC in the areas of cultural competence as needed.</p>
6. Workforce, Education and Training	<p>Workforce, Education and Training Coordinator, Stakeholders</p> <p>Chair is the Workforce, Education and Training Coordinator</p> <p>Meeting is held every other month, 4th Wednesday.</p>	<p>The Workforce, Education and Training Advisory Committee (WET Committee) meets bi-monthly and includes community agencies that are partners and allies in the areas of workforce development, education and training. We currently have members from the Regional Workforce Investment Board, Fresno State (various departments), State Center Community College District (several departments), Fresno Pacific University (several departments), Contracted Service providers, Behavioral Health Board Members, DBH representatives, and Peer Support Staff/Family Members. The goal is to develop working projects to advance capacity building and target training and education to help achieve those and other goals, including reducing barriers to services, and building capacity within the existing workforce around core competencies.</p>
7. Substance Use Disorders Committee	<p>DBH Division Managers, Contracted Services Division Manager; Technology & Quality Improvement; QI Coordinator; QI Staff; Managed Care</p> <p>Chair is a Designated Member From</p>	<ul style="list-style-type: none"> Discuss issues and necessary procedures for DMC-ODS Waiver Implementation Discuss PPGs that need to be amended or created to incorporate SUD Services into QI processes. QI Work Plan revision and Implementation SUD PIPs. SUD will meet EQRO requirements. Integration of SUD consumers into the QIC Committee. How will we integrate SUD into the Outcomes Committee

	<p>Substance Use Disorders Team.</p> <p>Meeting is held monthly, 4th Friday of every month</p>	<ul style="list-style-type: none"> Identify mandated Trainings, Certifications, Licensing required for the Waiver Implementation and QI integration.
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Planning, design and execution activities:



6. Quality Assessment Performance Improvement Work Plan Goals:

- Timeliness of Access to Care:** Improve Timeliness of Services, No Shows, Cancellations, Access Forms, Access Line, Service Delivery Capacity, and On Demand Provider List
- Safety and Quality of Care Concerns:** Medication/Polypharmacy Monitoring Tool, Chart Audits Medical Necessity, Intensive Analysis Committee and Monitoring,
- Beneficiary Satisfaction:** Consumer Perception Survey and Evaluation of Beneficiary Grievances/Appeals/Expedited Appeals
- Quality Assurance:** Clinical Documentation, Treatment Authorization Request, and Program Certification and Re-Certification
- Staff Development and Engagement:** Staff Engagement Survey, Cultural Competency Survey, Cultural Competency Plan, Staff Development
- Transparency:** Dashboard, Publication and Department Website; and Substance Use Disorders Waiver
- Performance Improvement Projects (PIPs):** Clinical and Non-Clinical Performance Improvement Projects

These goals are reflective of a comprehensive system of care based on five clearly defined work plans:

In March of 2015, these Work Plans were introduced to the community at the monthly Mental Health Board meeting. The Department has continued since that time to utilize the Work Plans as the framework for reporting on Department activities and processes. The Department has discussed the use of the Work Plans in department-wide all staff meetings, contracted providers meetings, community partners, Board of Supervisors and other local forums.

I. Behavioral Health Integrated Access

- Phone Access Line
- Multi-Agency Access Program (MAP)
- Primary Care Integration
- Reverse Integration
- Urgent Care Wellness Center (UCWC)

II. Wellness, Recovery and Resiliency Supports

- a. Wellness Recovery Action Plan (WRAP)
- b. Reaching Recovery
- c. Peer Support
- d. Family Advocate Services
- e. Supported Education and Employment
- f. Housing

III. Cultural/Community Defined Practices

- a. Holistic Cultural Education Wellness Center
- b. Community Gardens
- c. Cultural Based Access Navigation Specialist (CBANS)
- d. Cultural Diversity Plans
- e. Cultural Competency Plan

IV. Behavioral Health Clinical Care

- a. Levels of Care Structure/Framework
- b. Programs Proving Treatment/Evidence Based Practices
- c. Crisis Stabilization Units
- d. Children's Outpatient
- e. Adult and Medication Management
- f. Older Adult
- g. Transition Age Youth (TAY)
- h. Assertive Community Treatment (ACT)
- i. Dialectical Behavioral Treatment (DBT)
- j. Trauma Informed Cognitive Behavioral Therapy
- k. Crisis Residential

V. Infrastructure Supports

- Capital Facilities
- Technology & Quality Improvement
- Staff Training and Development
- Managed Care
- Program Evaluation
- Regulatory Compliance
- Public Guardian



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2017-2018

Goal 1:	TIMELINESS OF ACCESS TO CARE
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Objective 1:	Maintain and/or Improve access to specialty mental health clinical services in a timely and appropriate manner
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Performance Indicator & Target:	85% of unduplicated clients served in FCDBH SD/MC facilities will be served within 30 days from first request (face-to-face clinical assessment)
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Population Measured:	Medi-Cal clients receiving outpatient specialty mental health services in Fresno County DBH facilities
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Frequency of Data Collection:	Quarterly
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Method of Data Collection:	AVATAR - Access Statistics Report
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Responsible Entity:	QI and ISDS Team
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Influencing Factors:	High provider vacancy rates affect capacity
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CARF DOMAINS	QIWP	EQRO	DHCS/EPSTD/POS	DBH 5 Work Plans	FSP
Access					
Effectiveness (Cost/Svc)					
Efficiency					
Consumer/Staff/Stakeholder Satisfaction					

DAYS = Business Days



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2017-2018

Goal 1:	TIMELINESS OF ACCESS TO CARE
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Objective 2:	Maintain and/or Improve access to specialty mental health psychiatric services in a timely and appropriate manner
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Performance Indicator & Target:	100% of unduplicated clients served in FCDBH SD/MC facilities will be scheduled for a psychiatric appointment within 30 days
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Population Measured:	Medi-Cal clients receiving outpatient specialty mental health services in Fresno County DBH facilities
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Frequency of Data Collection:	Quarterly
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Method of Data Collection:	Avatar -Access Statistics Report
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Responsible Entity:	QI and ISDS Team
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Influencing Factors:	Capacity effected by large vacancy rates within the Department
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CARF DOMAINS	QIWP	EQRO	DHCS/EPSTD/POS	DBH 5 Work Plans	FSP
Access					
Effectiveness (Cost/Svc)					
Efficiency					
Consumer/Staff/Stakeholder Satisfaction					



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2017-2018

Goal 1: TIMELINESS OF ACCESS TO CARE

Objective 3: Provide timely appointments for urgent conditions within 3 days

Performance Indicator & Target: 95% of unduplicated clients with urgent conditions will receive appointments within 3 days.

Population Measured: Medi-Cal clients receiving outpatient specialty mental health services in Fresno County DBH facilities

Frequency of Data Collection: Quarterly

Method of Data Collection: Avatar - Access Statistics Report

Responsible Entity: QI and ISDS Team

Influencing Factors: Capacity effected by large vacancy rates within the Department

CARF DOMAINS	QIWP	EQRO	DHCS/EPSTD/POS	DBH 5 Work Plans	FSP
Access					
Effectiveness (Cost/Svc)					
Efficiency					
Consumer/Staff/Stakeholder Satisfaction					



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2017-2018

Goal 1:	TIMELINESS OF ACCESS TO CARE
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Objective 4:	Track trend, access data to assure timely access to follow-up appointment after hospitalization
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Performance Indicator & Target:	More than 75% of clients, after hospitalization discharge, will receive a follow-up appointment within 30 Calendar days
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Population Measured:	Medi-Cal clients receiving outpatient specialty mental health services in Fresno County DBH facilities who have recently been hospitalized
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Frequency of Data Collection:	Quarterly
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Method of Data Collection:	Underutilization Report; Census reports from PHF, Kaweah Delta, CBHC
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Responsible Entity:	Manually run by ISDS; data input into Avatar by PSS & QI is backup
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Influencing Factors:	Adult clients are unable to be reached for follow up after hospitalization to link to ongoing services for a variety of reasons: homelessness, no phone, no transportation, not interested in services
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CARF DOMAINS	QIWP	EQRO	DHCS/EPSTD/POS	DBH 5 Work Plans	FSP
Access					
Effectiveness (Cost/Svc)					
Efficiency					
Consumer/Staff/Stakeholder Satisfaction					



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2017-2018

Goal 1:	TIMELINESS OF ACCESS TO CARE
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Objective 5:	No Shows
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Performance Indicator & Target: MHP average no show rate for clinicians < 20%; average no show rate for psychiatrists < 20%

Population Measured: Medi-Cal clients receiving outpatient specialty mental health services in Fresno County DBH facilities

Frequency of Data Collection: Quarterly

Method of Data Collection: Avatar No Show Report – County In-House and Contract Providers

Responsible Entity: QI and ISDS Team

Influencing Factors: N/A

CARF DOMAINS	QIWP	EQRO	DHCS/EPSTD/POS	DBH 5 Work Plans	FSP
Access					
Effectiveness (Cost/Svc)					
Efficiency					
Consumer/Staff/Stakeholder Satisfaction					



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2017-2018

Goal1:	TIMELINESS OF ACCESS TO CARE
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Objective 6:	Client Cancellation
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Performance Indicator & Target:	MHP average Cancellation rate for clinicians < 20%; average Cancellation rate for psychiatrists < 20%
Population Measured:	Medi-Cal clients receiving outpatient specialty mental health services in Fresno County DBH facilities
Frequency of Data Collection:	Quarterly
Method of Data Collection:	Avatar Cancellation Report – County In-House and Contract Providers
Responsible Entity:	QI and ISDS Team
Influencing Factors:	N/A

CARF DOMAINS	QIWP	EQRO	DHCS/EPSTD/POS	DBH 5 Work Plans	FSP
Access					
Effectiveness (Cost/Svc)					
Efficiency					
Consumer/Staff/Stakeholder Satisfaction					



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2017-2018

Goal 1:	TIMELINESS OF ACCESS TO CARE
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Objective 7:	Access Forms to be completed at Admission/Re-Admission
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Performance Indicator & Target: Reduce the number of Access Forms not completed to less than 10%

Population Measured: Medi-Cal clients receiving access to outpatient specialty mental health services in Fresno County DBH facilities

Frequency of Data Collection: Monthly

Method of Data Collection: Access Form Not Completed Report

Responsible Entity: Clinicians, Office Assistants, QI Program Tech

Influencing Factors: N/A

CARF DOMAINS	QIWP	EQRO	DHCS/EPSTD/POS	DBH 5 Work Plans	FSP
Access					
Effectiveness (Cost/Svc)					
Efficiency					
Consumer/Staff/Stakeholder Satisfaction					



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2017-2018

GOAL 1:	TIMELINESS OF ACCESS TO CARE
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Objective 8:	Meet State mandate, monthly Test Call indicators Access Line Database
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Performance Indicator & Target:	100% of Test Calls will meet State standards. MHP to perform at minimum 15 test calls per month. Of the 15 Test Calls, three calls will be in the threshold languages: Spanish and Hmong
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Population Measured:	Medi-Cal clients accessing the Access Line for outpatient specialty mental health services
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Frequency of Data Collection:	Monthly (DBH/QIC/Access); Quarterly (DHCS – State Report)
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Method of Data Collection:	Run Chart; FCMHP Database Test Calls
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Responsible Entity:	QI, ISDS Team, and Exodus Recovery Access Line Operation
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Influencing Factors:	N/A
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CARF DOMAINS	QIWP	EQRO	DHCS/EPSTD/POS	DBH 5 Work Plans	FSP
Access					
Effectiveness (Cost/Svc)					
Efficiency					
Consumer/Staff/Stakeholder Satisfaction					



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2017-2018

GOAL 1:	TIMELINESS OF ACCESS TO CARE
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Objective 9: Increase service delivery capacity through Penetration Rate of Clients Served

Performance Indicator & Target: The Fresno County, MHP will increase Penetration Rates of clients in Fresno County to 4%

Population Measured: Medi-Cal clients receiving outpatient specialty mental health services in Fresno County facilities and services via contract providers

Frequency of Data Collection: Quarterly

Method of Data Collection: Run Chart; Penetration Report Medi-Cal Eligible report

Responsible Entity: QI and ISDS Team

Influencing Factors: Capacity is affected by large vacancy rates within the Department. Clients in rural areas have limited access to transportation. MH stigma is widespread in areas of Fresno County.

CARF DOMAINS	QIWP	EQRO	DHCS/EPSTD/POS	DBH 5 Work Plans	FSP
Access					
Effectiveness (Cost/Svc)					
Efficiency					
Consumer/Staff/Stakeholder Satisfaction					



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2017-2018

Goal 1:	TIMELINESS OF ACCESS TO CARE
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Objective 10:	Develop and Implement the MSO Provider Connect Module
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Performance Indicator & Target: In less than 12 months, the Department of Behavioral Health, MHP will develop and implement an MSO Provider Connect Module. The Web-based portal is designed to allow the provider will be able to update information in real-time.

Population Measured: DBH In-House Programs and Contract Providers

Frequency of Data Collection: Update Monthly

Method of Data Collection: Managed Care and County Data

Responsible Entity: Managed Care, Business Office, ITSD, QI

Influencing Factors: Coordination of and testing of MSO web-based module.

CARF DOMAINS	QIWP	EQRO	DHCS/EPSTD/POS	DBH 5 Work Plans	FSP
Access					
Effectiveness (Cost/Svc)					
Efficiency					
Consumer/Staff/Stakeholder Satisfaction					



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2017-2018

Goal 2:	SAFETY & QUALITY OF CARE
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Objective 1:	Develop a Medication Monitoring Tool
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Performance Indicator & Target: Develop a Medication Monitoring Tool by end of fiscal year 2017-18. The Fresno County MHP Psychiatry Team will ensure accurate dispensing, monitoring and documentation of Medication dispensed.

Population Measured: Medi-Cal clients receiving outpatient specialty mental health psychiatric services in Fresno County DBH facilities

Frequency of Data Collection: Annual

Method of Data Collection: TBD

Responsible Entity: Psychiatry Team, ITSD

Influencing Factors: TBD

CARF DOMAINS	QIWP	EQRO	DHCS/EPSTD/POS	DBH 5 Work Plans	FSP
Access					
Effectiveness (Cost/Svc)					
Efficiency					
Consumer/Staff/Stakeholder Satisfaction					



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2017-2018

Goal 2:	SAFETY & QUALITY OF CARE
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Objective 2:	Develop a Polypharmacy Monitoring Tool
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Performance Indicator & Target: Develop a Polypharmacy Monitoring Tool by end of fiscal year 2017-18. The Fresno County MHP Psychiatry teams will ensure accurate dispensing, monitoring and documentation of medications dispensed.

Population Measured: Adult Medi-Cal clients receiving outpatient medication services

Frequency of Data Collection: Semi-Annual

Method of Data Collection: TBD

Responsible Entity: Psychiatry Team

Influencing Factors: TBD

CARF DOMAINS	QIWP	EQRO	DHCS/EPSTD/POS	DBH 5 Work Plans	FSP
Access					
Effectiveness (Cost/Svc)					
Efficiency					
Consumer/Staff/Stakeholder Satisfaction					



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2017-2018

Goal 2:	SAFETY & QUALITY OF CARE
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Objective 3:	Provide Timely Review of Outpatient Chart Audits to ensure Medical Necessity Criteria are met
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Performance Indicator & Target:	The Fresno County MHP URS staff will monitor contracted provider charts and In-House Clinical Supervisor will monitor one client chart per month from each of their respective clinical staff. Monitoring report will be presented to QIC on a quarterly basis.
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Population Measured:	Medi-Cal beneficiaries receiving specialty mental health services via DBH In-House Providers
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Frequency of Data Collection:	Annually/Quarterly
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Method of Data Collection:	Staff Charts
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Responsible Entity:	Managed Care URS staff – Contracted Providers Clinical Supervisors – DBH In-house Programs
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Influencing Factors:	Contracted Providers, Individual Lic Staff, and Groups will be reviewed annually with a 10% sampling.
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DBH In-House Programs, will be reviewed on a monthly basis; One Client Chart/Clinical Staff/Month

CARF DOMAINS	QIWP	EQRO	DHCS/EPSTD/POS	DBH 5 Work Plans	FSP
Access					
Effectiveness (Cost/Svc)					
Efficiency					
Consumer/Staff/Stakeholder Satisfaction					



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2017-2018

Goal 2:	SAFETY & QUALITY OF CARE
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Objective 4:	Intensive Analysis Monitoring
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Performance Indicator & Target: The Fresno County MHP will conduct 100% case reviews of incident reports collected

Population Measured: MHP staff providing outpatient specialty mental health services

Frequency of Data Collection: Quarterly

Method of Data Collection: Incident Reports

Responsible Entity: Intensive Analysis Committee

Influencing Factors: N/A

CARF DOMAINS	QIWP	EQRO	DHCS/EPSTD/POS	DBH 5 Work Plans	FSP
Access					
Effectiveness (Cost/Svc)					
Efficiency					
Consumer/Staff/Stakeholder Satisfaction					



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2017-2018

Goal 2:	SAFETY & QUALITY OF CARE
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Objective 5:	Intensive Analysis Monitoring
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Performance Indicator & Target: The Fresno County MHP will track and trend unusual occurrences/critical incidents involving MHP clients located at licensed facilities such as Crisis Stabilization Units, Mental Health Rehabilitation Centers and Psychiatric Health Facilities

Population Measured: Medi-Cal clients receiving inpatient specialty mental health services.

Frequency of Data Collection: Quarterly

Method of Data Collection: Incident Reports

Responsible Entity: Intensive Analysis Committee

Influencing Factors: N/A

CARF DOMAINS	QIWP	EQRO	DHCS/EPSTD/POS	DBH 5 Work Plans	FSP
Access					
Effectiveness (Cost/Svc)					
Efficiency					
Consumer/Staff/Stakeholder Satisfaction					



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2017-2018

Goal 3:	BENEFICIARY SATISFACTION
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Objective 1:	Consumer Perception Survey (formerly known as POQI)
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Performance Indicator & Target: MHP will increase survey participation rate by 3% compared to previous fiscal year. The Fresno County MHP QI team will analyze data and recommend to Leadership suggested improvements in process, procedures, and service delivery.

Population Measured: Medi-Cal beneficiaries receiving specialty mental health services via the DBH in-house and contracted providers.

Frequency of Data Collection: Bi-Annual (months of May & November)

Method of Data Collection: State Survey Collections Local data only

Responsible Entity: QI Team/ISDS

Influencing Factors: Beneficiaries may be reluctant to complete them. County will seek alternative methods in distribution and encouraging clients in completing the surveys.

CARF DOMAINS	QIWP	EQRO	DHCS/EPSTD/POS	DBH 5 Work Plans	FSP
Access					
Effectiveness (Cost/Svc)					
Efficiency					
Consumer/Staff/Stakeholder Satisfaction					



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2017-2018

Goal 3:	BENEFICIARY SATISFACTION
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Objective 2:	To Provide Effective tracking of Grievances, Appeals, State Fair Hearings and Change of Provider requests
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Performance Indicator & Target:	100% of all Change of Provider request will be processed for approval/denial. The MHP will evaluate beneficiary grievances, appeals, expedited appeals and change of provider requests within the DHCS timeframe standards.
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Population Measured:	Medi-Cal beneficiaries receiving specialty mental health services via the DBH in-house and contracted providers
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Frequency of Data Collection:	Quarterly
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Method of Data Collection:	ABGAR Report
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Responsible Entity:	Managed Care
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Influencing Factors:	Not Applicable
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CARF DOMAINS	QIWP	EQRO	DHCS/EPSTD/POS	DBH 5 Work Plans	FSP
Access					
Effectiveness (Cost/Svc)					
Efficiency					
Consumer/Staff/Stakeholder Satisfaction					



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2017-2018

Goal 3:	BENEFICIARY SATISFACTION
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Objective 3:	Caller Satisfaction Survey
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Performance Indicator & Target: 70% of caller survey participants will be satisfied with Access Line Operation services.

Population Measured: All clients, family, caregivers, and stakeholders utilizing the FCMHP Access Line 1 (800) 654-3937

Frequency of Data Collection: Annual Survey Collection(months of May/June)

Method of Data Collection: Sampling of Calls

Responsible Entity: QI Team/ISDS

Influencing Factors: Beneficiaries may be reluctant to participate. County will seek alternative methods to encourage participation.

CARF DOMAINS	QIWP	EQRO	DHCS/EPSTD/POS	DBH 5 Work Plans	FSP
Access					
Effectiveness (Cost/Svc)					
Efficiency					
Consumer/Staff/Stakeholder Satisfaction					



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2017-2018

Goal 4 :	QUALITY ASSURANCE
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Objective 1:	Timeliness of Clinical Documentation
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Performance Indicator & Target: MHP staff will complete clinical documentation within 5 business days. The Fresno County MHP will develop and implement policies and procedures to identify best practice and set standards for timely clinical documentation.

Population Measured: DBH Clinical Staff

Frequency of Data Collection: Monthly/Quarterly

Method of Data Collection: Avatar - Progress Notes Report, Expired Treatment Plan Report

Responsible Entity: Managed Care/Compliance/QI/ISDS

Influencing Factors: N/A

CARF DOMAINS	QIWP	EQRO	DHCS/EPSTD/POS	DBH 5 Work Plans	FSP
Access					
Effectiveness (Cost/Svc)					
Efficiency					
Consumer/Staff/Stakeholder Satisfaction					



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2017-2018

Goal 4 :	QUALITY ASSURANCE
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Objective 2:	Ensure the timeliness of Treatment Authorization Request (TARs)
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Performance Indicator & Target: The Fresno County MHP will approve or deny TARs within 14 Calendar days.

Population Measured: Fresno County, Medi-Cal Clients who have received inpatient mental health services.

Frequency of Data Collection: Quarterly

Method of Data Collection: Managed Care, Avatar Report

Responsible Entity: Managed Care

Influencing Factors: N/A

CARF DOMAINS	QIWP	EQRO	DHCS/EPSTD/POS	DBH 5 Work Plans	FSP
Access					
Effectiveness (Cost/Svc)					
Efficiency					
Consumer/Staff/Stakeholder Satisfaction					



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2017-2018

Goal 4 :	QUALITY ASSURANCE
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Objective 3:	Certification and Re-Certification of Programs
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Performance Indicator & Target: 100% of Fresno County MHP DBH In-House Programs and Medi-Cal Contracted Providers requiring certification/re-certification will be completed no later than 60 days after inception of program operations. Re-certification programs will be completed every three (3) years after previous certification.

Population Measured: Fresno County, DBH In-House Programs and Medi-Cal Contracted Providers

Frequency of Data Collection: Monthly/Annually; Re-certification every 3 years

Method of Data Collection: Managed Care- Provider Applications, DHCS, ITWS

Responsible Entity: Managed Care

Influencing Factors: N/A

CARF DOMAINS	QIWP	EQRO	DHCS/EPSTD/POS	DBH 5 Work Plans	FSP
Access					
Effectiveness (Cost/Svc)					
Efficiency					
Consumer/Staff/Stakeholder Satisfaction					



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2017-2018

Goal 5 :	STAFF DEVELOPMENT & ENGAGEMENT
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Objective 1:	The MHP will Distribute Staff Engagement Surveys Once Per Year
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Performance Indicator & Target:	Participating Division and organization will identify two focus areas requiring improvement and provide for interventions. Areas of focus will show improvement of .50%. The MHP will collect and analyze responses of staff to identify areas for greater staff engagement and satisfaction, and implement policies and procedures to support greater staff engagement.
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Population Measured:	DBH Staff and Contract providers (mental health & substance use disorders)
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Frequency of Data Collection:	Annually (January) to reflect prior year Staff Engagement
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Method of Data Collection:	Gallup, Inc. Surveys
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Responsible Entity:	QI/ITSDS
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Influencing Factors:	<p>Number of staffing participants in DBH In-House and Contracted mental health and substance use disorder providers.</p> <p>Cost:</p> <p>Cost of Survey \$15/survey</p> <p>Approximately 600 surveys/year at \$9,000</p> <p>Additional Cost for Staff Development Trainer(s) and Clinical Supervisor time</p> <p>Survey Analysis is dependent on Gallup, Inc. Department of Behavioral Health is unable to access raw data. Analysis does not include programs or organizations with less than seven (7) staff participation per organization.</p>
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CARF DOMAINS	QIWP	EQRO	DHCS/EPSTD/POS	DBH 5 Work Plans	FSP
Access					
Effectiveness (Cost/Svc)					
Efficiency					
Consumer/Staff/Stakeholder Satisfaction					



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2017-2018

Goal 5 :	STAFF DEVELOPMENT & ENGAGEMENT
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Objective 2:	Conduct Annual Cultural Competency Survey
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Performance Indicator & Target: The will have more than 70% DBH survey participation rate. The MHP will survey staff/providers/clients to measure the cultural competency level indicated in areas of highest need.

Population Measured: DBH Staff, Contract providers (mental health) and clients

Frequency of Data Collection: Annually (November/December)

Method of Data Collection: Survey Monkey Data Collection

Responsible Entity: Administration Cultural Competency Coordinator/QI/ISDS

Influencing Factors:

CARF DOMAINS	QIWP	EQRO	DHCS/EPSTD/POS	DBH 5 Work Plans	FSP
Access					
Effectiveness (Cost/Svc)					
Efficiency					
Consumer/Staff/Stakeholder Satisfaction					



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2017-2018

Goal 5 :	STAFF DEVELOPMENT & ENGAGEMENT
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Objective 3:	Cultural Competency Plan
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Performance Indicator & Target: The MHP will provide evidence of compliance with the requirements for cultural competence and linguistic competence specified in California Code Regulations, Title 9 Section 1810.410

Population Measured: DBH Staff and Contract providers (mental health)

Frequency of Data Collection: Annually

Method of Data Collection: MHP Annual/Update Culturally Competency Plan data

Responsible Entity: Administration Cultural Competency Coordinator/QI/ISDS

Influencing Factors: May require the development of a measureable tool.

CARF DOMAINS	QIWP	EQRO	DHCS/EPSTD/POS	DBH 5 Work Plans	FSP
Access					
Effectiveness (Cost/Svc)					
Efficiency					
Consumer/Staff/Stakeholder Satisfaction					



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2017-2018

Goal 5 :	STAFF DEVELOPMENT & ENGAGEMENT
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Objective 4:	Building Capacity for Core Competencies and Best Practices
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Performance Indicator & Target: 70% of DBH staff participants will be satisfied with training based on training evaluation. The MHP will provide a number of coordinated training opportunities to build core competencies for clinical staff of the MHP and those who provide direct services, as well as provide training for best practices in a number of areas for all MHP staff. Identify the number of staff who receive core competencies and compare to clinical staff who did not receive training opportunities to build core competencies.

Population Measured: DBH Staff and Contract providers (Mental Health)

Frequency of Data Collection: Quarterly

Method of Data Collection: For Evidence Based Practices, data will be in the form of reports for the numbers of trained individuals, certifications, training and supervision milestones reached, number of practitioners of the modality in the public mental health system. For best practices, data will be collected in reports for the number of individuals trained.

Responsible Entity: Administration/Staff Development

Influencing Factors: Each training may have specific criteria to measure/certify and recertify individuals trained.

CARF DOMAINS	QIWP	EQRO	DHCS/EPSTD/POS	DBH 5 Work Plans	FSP
Access					
Effectiveness (Cost/Svc)					
Efficiency					
Consumer/Staff/Stakeholder Satisfaction					



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2017-2018

Goal 6 :	TRANSPARENCY
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Objective 1:	Dashboard as Required by 1915b Waiver Special Terms & Conditions
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Performance Indicator & Target	To provide readily available program Outcomes data to beneficiaries, members of the community, MHP staff, and the State. 100% of documentation required by the State will be posted on the Departments DBH, Technology & Quality Management homepage by the end of FY 2017-18.
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Population Measured:	Medi-Cal beneficiaries receiving SMHS through the Fresno County MHP
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Frequency of Data Collection:	Monthly, with timely updates to the Dashboard and posting to the internet
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Method of Data Collection:	QI Reports/Internal/External/Mental Health Services Act; Measurement Outcomes Quality Assessment (MOQA), Performance Outcomes System (POS), Performance Improvement Projects (PIP), Grievances/Appeals/State Reports (Tri-Annual Medi-Cal Protocol, EQRO).
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Responsible Entity:	Administration/QI/ISDS/Compliance/Managed Care
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Influencing Factors:	As of 9/1/16, the original date required for posting, the State had not defined the specific criteria needed for posting to the Dashboard to counties. Limited resources to develop individual Dashboards.
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CARF DOMAINS	QIWP	EQRO	DHCS/EPSTD/POS	DBH 5 Work Plans	FSP
Access					
Effectiveness (Cost/Svc)					
Efficiency					
Consumer/Staff/Stakeholder Satisfaction					



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2017-2018

Goal 6 :	TRANSPARENCY
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Objective 2:	Develop User-Friendly, Informative, Easy to Navigate Department of Behavioral Health Website
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Performance Indicator & Target:	Prior to end of FY 2017-18, DBH FCMHP will have readily available current program access information and program outcomes information for all programs on the DBH website
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Population Measured:	Department of Behavioral Health Website
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Frequency of Data Collection:	As reports are available
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Method of Data Collection:	Department of Behavioral Health Program Website
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Responsible Entity:	Behavioral Health Divisions/ISDS/QI
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Influencing Factors:	Development of new County website, request for proposal, website limitations and available staff resources
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CARF DOMAINS	QIWP	EQRO	DHCS/EPSTD/POS	DBH 5 Work Plans	FSP
Access					
Effectiveness (Cost/Svc)					
Efficiency					
Consumer/Staff/Stakeholder Satisfaction					



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2017-2018

Goal 6 :	TRANSPARENCY
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Objective 3:	Develop and implement the Drug Medi-Cal Organized Delivery System Waiver Plan
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Performance Indicator & Target:	Develop a QIC Subcommittee in FY 2017-18 and report to QIC. Integrate the Drug Medi-Cal Organized Delivery System into the QI Work Plan for Fiscal Year (FY) 2018-19. Go Live date Fall 2018.
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Population Measured:	Fresno County
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Frequency of Data Collection:	Drug Medi-Cal Waiver Plan due to the State on June 30, 2017
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Method of Data Collection:	Department of Behavioral Health Substance Use Disorders Contracts and Mental Health Division, and Stakeholder Input.
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Responsible Entity:	Department of Behavioral Health Substance Use Disorders Contracts and Mental Health Division (SUD is Lead Division)
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Influencing Factors:	Stakeholder input and participation
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CARF DOMAINS	QIWP	EQRO	DHCS/EPSTD/POS	DBH 5 Work Plans	FSP
Access					
Effectiveness (Cost/Svc)					
Efficiency					
Consumer/Staff/Stakeholder Satisfaction					



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2017-2018

Goal 7 :	PERFORMANCE IMPROVEMENT PROJECTS
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Objective 1:	Clinical Performance Improvement Project
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Performance Indicator & Target: Improve care coordination and communication between Central Star Youth Psychiatric Health Facility and Fresno County Department of Behavioral Health-Children's Outpatient for a more timely post hospitalization follow-up in attempt to decrease a 30 day readmission rate

Population Measured: Medi-Cal beneficiaries (Youth) admitted to the DBH Contracted Provider Psychiatric Health Facility and did not receive the outpatient specialty mental health services prior to PHF admission

Frequency of Data Collection: Annual, monthly monitoring

Method of Data Collection: Avatar Pre/Post, Run Charts

Responsible Entity: DBH Children's Outpatient/ISDS/QI/Central Stars Behavioral Health

Influencing Factors: Measureable Monitoring Outcomes availability

CARF DOMAINS	QIWP	EQRO	DHCS/EPSTD/POS	DBH 5 Work Plans	FSP
Access					
Effectiveness (Cost/Svc)					
Efficiency					
Consumer/Staff/Stakeholder Satisfaction					



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2017-2018

Goal 7 :	PERFORMANCE IMPROVEMENT PROJECTS
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Objective 2:	Non-Clinical Performance Improvement Project
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Performance Indicator & Target: To Be Determined by DBH Leadership and Executive Team, PIP selection to be decided no later than November 1, 2017

Population Measured: _____

Frequency of Data Collection: Monthly

Method of Data Collection: _____

Responsible Entity: Administration/ISDS/QI

Influencing Factors: _____

CARF DOMAINS	QIWP	EQRO	DHCS/EPSTD/POS	DBH 5 Work Plans	FSP
Access					
Effectiveness (Cost/Svc)					
Efficiency					
Consumer/Staff/Stakeholder Satisfaction					

PIP Brainstorming for FY 2017-18:

1. *No show cancellation rates*
2. *Reduce Children's Outpatient access to services – Access Line MH Request to any services.*
3. *Post hospital/incarceration discharge; reduce recidivism rates (provide medication until next appointment)*
4. *Access to Services – Schedule appointments online*
5. *Children's Mental Health Outpatient – Timeliness (Run/Flow Chart) reduce time to 1st service, 1st appoint for ongoing services*