FRESNO COUNTY, DEPARTMENT OF BEHAVIORAL HEALTH

Quality Improvement Work Plan

EVALUATION

Fiscal Year 2016-2017

Final as of April 11, 2018

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Introduction

The Department of Behavioral Health vision is the health and well-being for the community. It's dedicated mission is 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. The Departments goal is to deliver quality care; maximizing resources while focusing on efficiency; provide excellent care experience to clients/families; and to promote a workforce well-being. This goal is embodied within the Departments five work plans. The Departments work plan is comprised of *Behavioral Health Integrated Access*, *Wellness, Recovery, and Resiliency Supports*, *Cultural/Community Defined Practices*, *Behavioral Health Clinical Care*, and *Infrastructure Supports*. In addition to the Departments work plan the DBH has established the Guiding Principles of care delivery to 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.

As mandated by the State Department of Health Care Services (DHCS), county Mental Health Plans (MHP) are to complete an evaluation of its annual Quality Improvement Work Plans. A Quality Improvement Committee (QIC) comprised of the Department of Behavioral Health and its network of contract providers, community partners, clients, family members and stakeholders oversees the Fresno County MHP Work Plan Evaluation. The MHP is committed to quality improvement spanning throughout the system of care. The MHP, QIC is directly accountable to the Fresno County Mental Health Director. Through the Department's, Technology and Quality Management Division, the Quality Improvement Committee, oversees the Fiscal Year (FY) 2016-17 Quality Improvement Work Plan.

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

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 QI 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.

The QIC shall adhere to the following steps to measure and initiate action within the MHP. Establish Goals, Objectives

- Measures progress of Objectives through pre-defined Performance Indicators
- Provides intervention in collaboration with stakeholders to improve or bring back to system level performance as needed
- Measures effectiveness of interventions
- Utilize Quality Improvement Tools

Definitions

Goal: Define by Org Mission Statement, Vision, Values, Target Population

Objective: Define as a general category of issue/values statements that are values interest to stakeholders. Objectives may encompass several Performance Indicators.

Performance Indicator(s):

a. **Indicator:** a quantifiable statement that can be used to evaluate key performance area or quality over time – Often expressed as an average or ratio
b. **Target:** objective or benchmark that can be adjusted as performance changes over time to reflect changes and improvement in the organization and/or environment.

Score:

Met = 100% of the objective completed

Not Met = 0% completed

Partially Met = measure was monitored, reviewed, completed but did not reach standard goal and/or more than 0% of the objective has been met.

Resources:

- Fresno County, Mental Health Plan Exhibit A, # 22 Quality Management Program, CCR Title 9, 1810.440 MHP Quality Management Programs
- Beneficiary Problem Resolution Process Title 9 Division 1, Subchapter 5, Article 1, 1850.205
- Under/over utilization of services Code of Federal Regulations (CFR) 42, 438.240(b)(3)
- Cultural Competence & Linguistic Competence Title 9, California Code of Regulations (CCR) 1810.410
- Performance Improvement Projects (clinical/non clinical) 42 CFR; CCR 438.240 (b)(1) & (d)
- Access Standards to SMHS; CCR Title 9, Article 4, 1810.405(d)(f)
- External Quality Review Organization (EQRO) Calendar Year 2016

Results

The Fresno County Department of Behavioral Health believes that the most strategic path to ensure that our community members receive quality care is to provide a comprehensive behavioral health system of care. In an effort to synthesize the great work happening in our department and to ensure that new programs are intentionally woven into a robust, integrated system, the DBH Leadership team was challenged by the Director to think about the Mental Health Services Act (MHSA) planning process from a broader perspective. Recognizing that there is value in the structure and discipline afforded by the mandated MHSA planning process, the Director publically stated that DBH would move toward using the MHSA planning process to develop a broader, inclusive full department plan. This effort is applied within the Quality Improvement Goals.

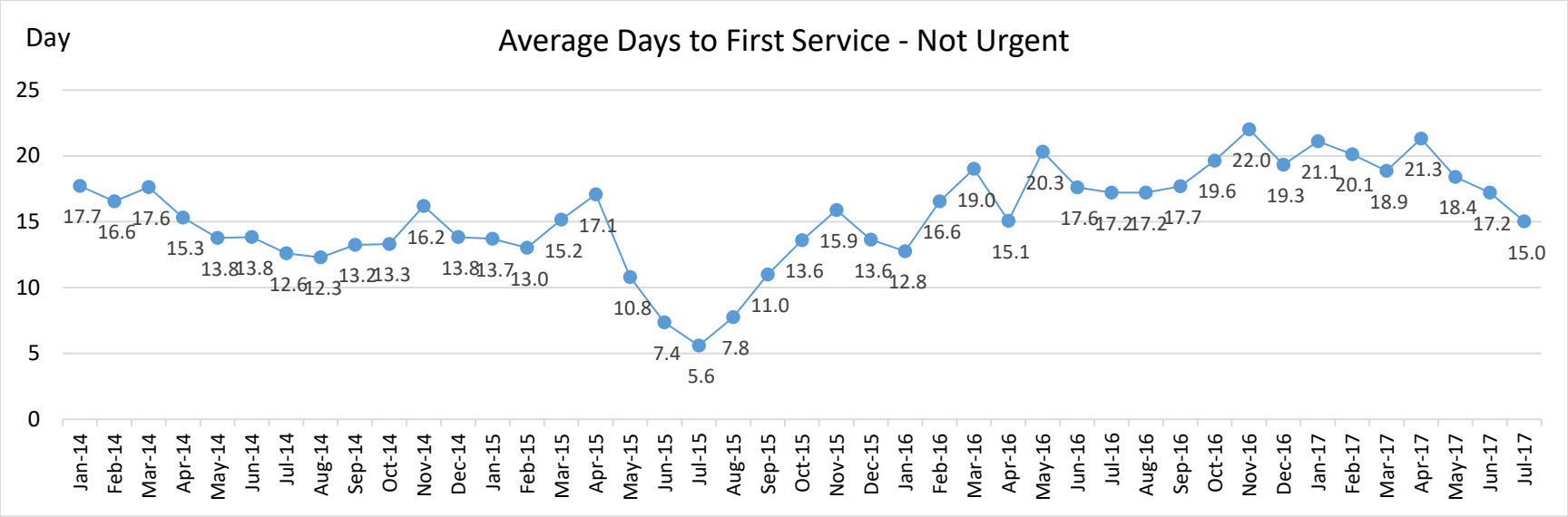
Goal # 1 TIMELINESS OF ACCESS TO CARE				
Objective	**Table/Chart**	**Standard Goal**	**Result**	**Score**
1. Beneficiaries accessing the Fresno County treatment facilities will be served in a timely manner	Chart A	30 days or less	See Chart	MET
2. Beneficiaries accessing the Fresno County psychiatric services will be served in a timely manner	Chart B	30 days or less	See Chart	Partially MET
3. Provide timely appointments for urgent conditions	Chart C	30 days or less	See Chart	MET
4. Track trend, access data to assure timely access to follow-up appointment after hospitalization	Chart D	Within 30 days after hospital	See Chart	MET
5. Track Trend for “No Show” rates	Chart E	Average < 20%	See Chart	MET
6. Track Trend for “Client Cancellation” rates	Chart F	Average < 20%	See Chart	MET
7. Track Trend for “Access Forms Completion” rates	Chart G	Less than 10% not completed	See Chart	MET
8. Monitor and Track Trend for mandated monthly “Test Calls” for Fresno County Access Line (800) 654-3937	Chart H	Monitor Test Calls	Monitored monthly	Partially MET
9. Track Trend for “penetration rates”	Chart I	5% Penetration Rate	3.47%	PARTIALLY MET
10. Develop an “On-Demand” provider list for beneficiaries and clients	Chart J	Provider List Availability	Available Upon Request	MET

Goal # 1 - Chart A

Objective 1: beneficiaries accessing the Fresno County treatment facilities will be served in a timely manner.

Performance indicator: 85% of unduplicated clients served in FCDBH SD/MC facilities will be served within 30 days from first request (face-to-face clinical assessment).

DATA:



Results:

Fiscal Year (FY)	Monthly Avge of Clients	Monthly Avge Days to 1st Srvc	% within 30 days to 1st Service
FY 2014-15	596.75	13.22	60%
FY 2015-16	502.75	14.07	64%
FY 2016-17	486.86	18.86	40%

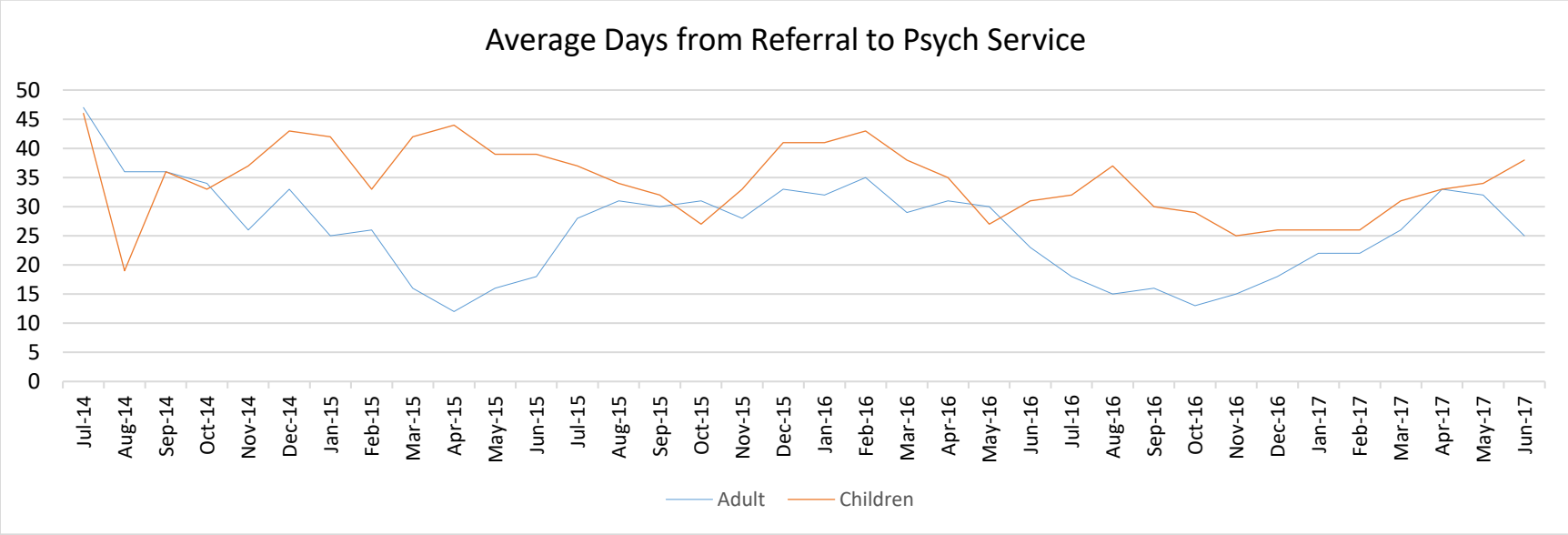
Recommendation: Continue to monitor Trends through Run Charts

Goal # 1 - Chart B

Objective 2: Beneficiaries accessing the Fresno County psychiatric services will be served in a timely manner.

Performance indicator: 100% of unduplicated clients served in FCDBH SD/MC facilities will be scheduled for a psychiatric appointment within 30 days from referral

DATA:



Results: Standard 30-days

Measure	Overall	Adult	Children
Avge time from referral to 1st Psychiatric Appointment	28.80 days	20.11	41.38
% that meet the Standard	68%	83%	47%
Range of Days to Service	0-326	0-318	0-326

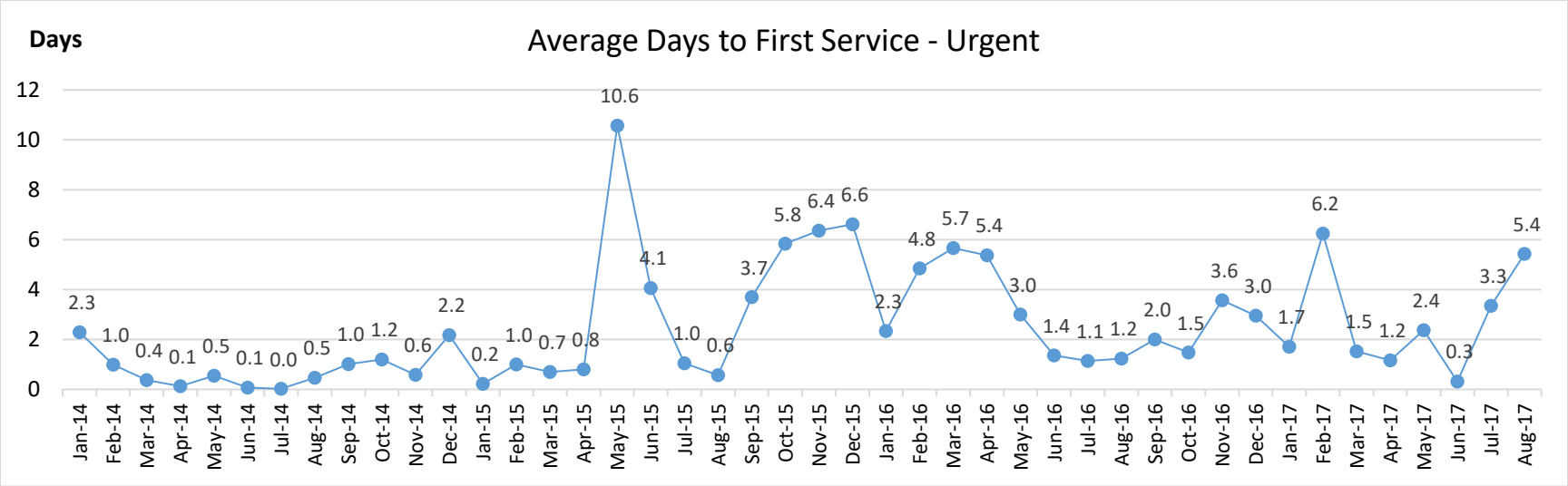
Recommendation: Monitor Children services more closely.

Goal # 1 - Chart C

Objective 3: Provide timely appointments for urgent conditions

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

DATA:



Results:

Fiscal Year (FY)	Monthly Avge of Clients	Monthly Avge Days Urgent	% within 3 day Standard
FY 2014-15	596.75	1.90	91%
FY 2015-16	502.75	3.89	53%
FY 2016-17	486.86	2.23	22%

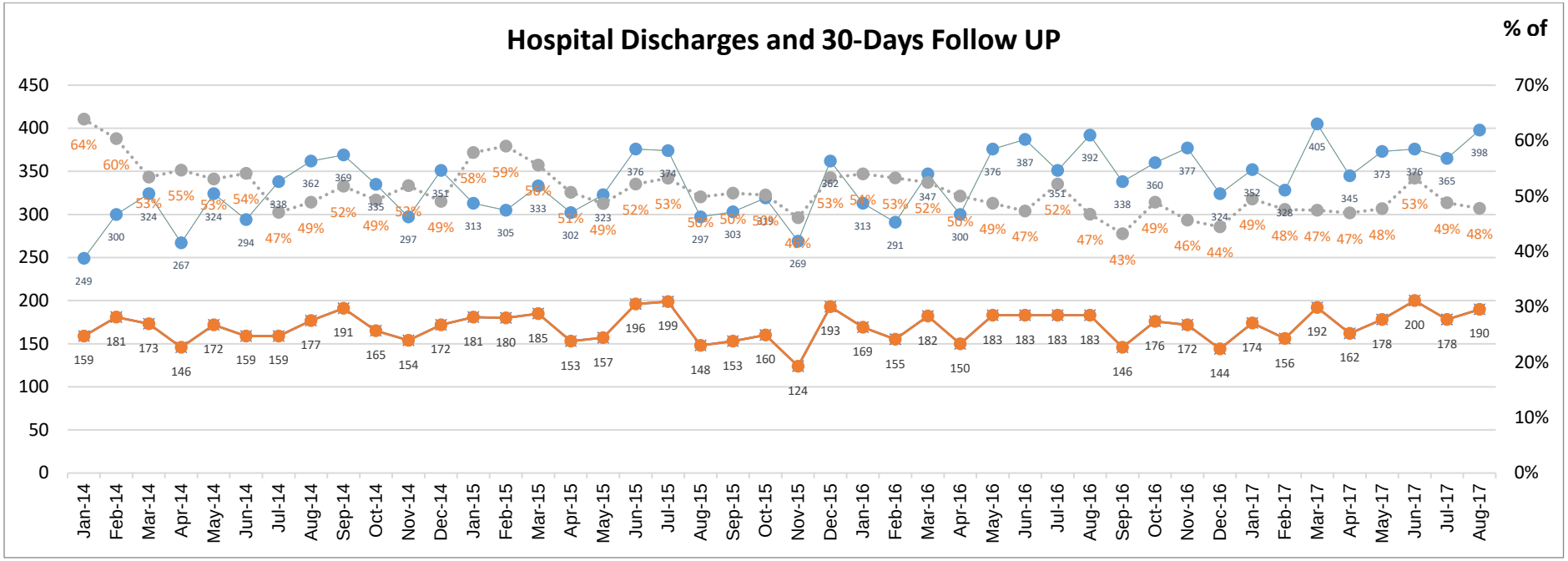
Recommendation: Focus on improving the % of clients receiving services within 3 days

Goal # 1 - Chart D

Objective 4: Track trend, access data to assure timely access to follow-up appointment after hospitalization

Performance indicator: More than 75% of clients, after hospitalization discharge, will receive a follow-up appointment within 30 Calendar days

DATA:



Results:

Fiscal Year (FY)	Monthly Avge Census	30-day follow-up monthly avge
FY 2014-15	334	51.8
FY 2015-16	328	50.7
FY 2016-17	360	47.8

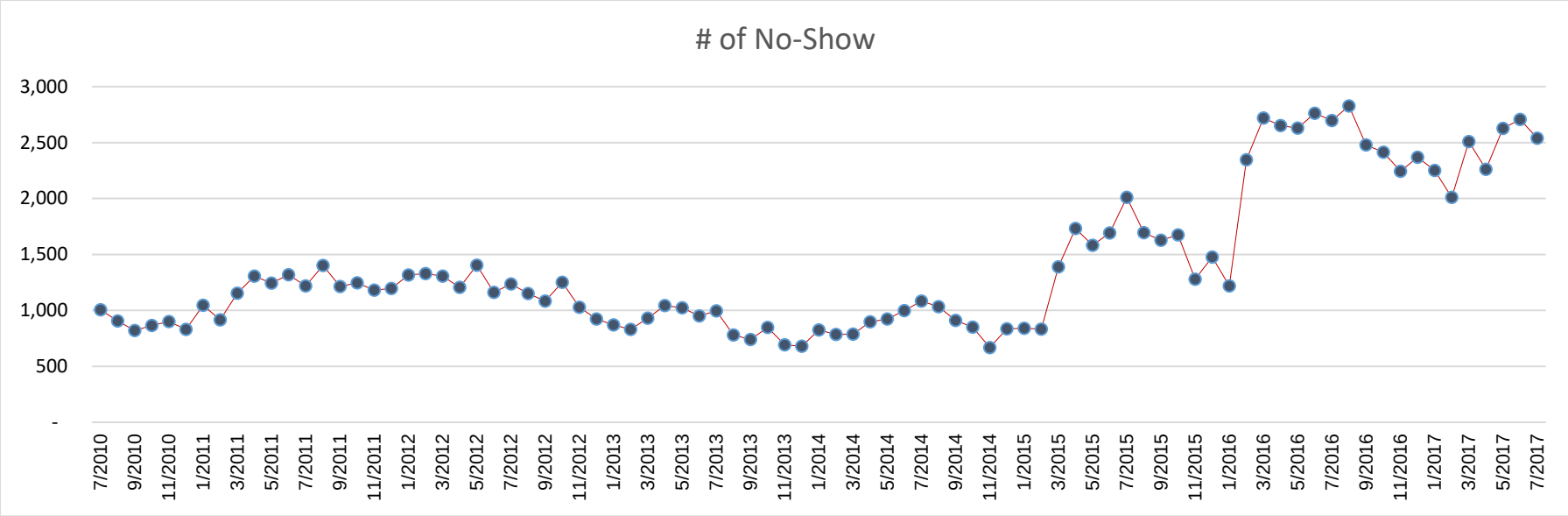
Recommendation: Continuation of Clinical Performance Improvement Project FY 2017-18

Goal # 1 - Chart E

Objective 5: Track Trend for "No Show" rates

Performance indicator: MHP average no show rate for clinicians < 20%; average no show rate for psychiatrists < 20%

DATA:



Results:

6% "No Show" Rate per month (2,449.83 No Show days/39,813 avge number of services scheduled)

Recommendation:

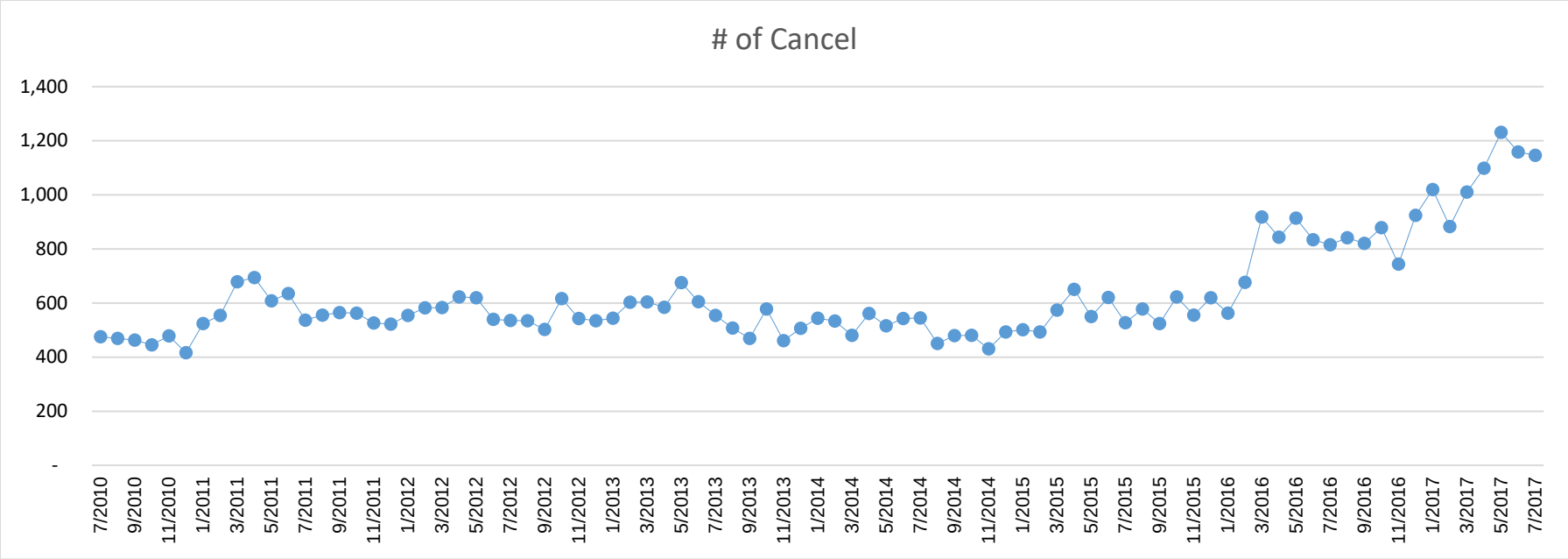
Track No Show rate by program and validate % of staff data entry.

Goal # 1 - Chart F

Objective 6: Track Trend for "Client Cancellation" rates

Performance indicator: MHP average Cancellation rate for clinicians < 20%; average Cancellation rate for psychiatrists < 20%

DATA:



Results:

2.39% "Cancellation" Rate per month (952.08 Cancellation days/39,813 avge number of services scheduled)

Recommendation:

Track Cancellation rate by program and validate % of staff data entry.

Goal # 1 - Chart G

Objective 7: Track Trend for "Access Forms Completion" rates

Performance indicator: Reduce the number of Access Forms not completed to less than 10%

DATA:

SUMMARY OF ACCESS FORMS NOT COMPLETED

	# of Forms Not Completed from the previous report date (carried over) of:		# of forms not completed for the current report date of:	
Division	**4/11/2017**	**6/12/2017**	**7/6/2017**	**Total # of forms not completed**
Adults	5	2	7	**14**
Children's	0	3	9	**12**
Total	**5**	**5**	**16**	**26**

Results:

Results available upon request via Dept Dashboard

Recommendation:

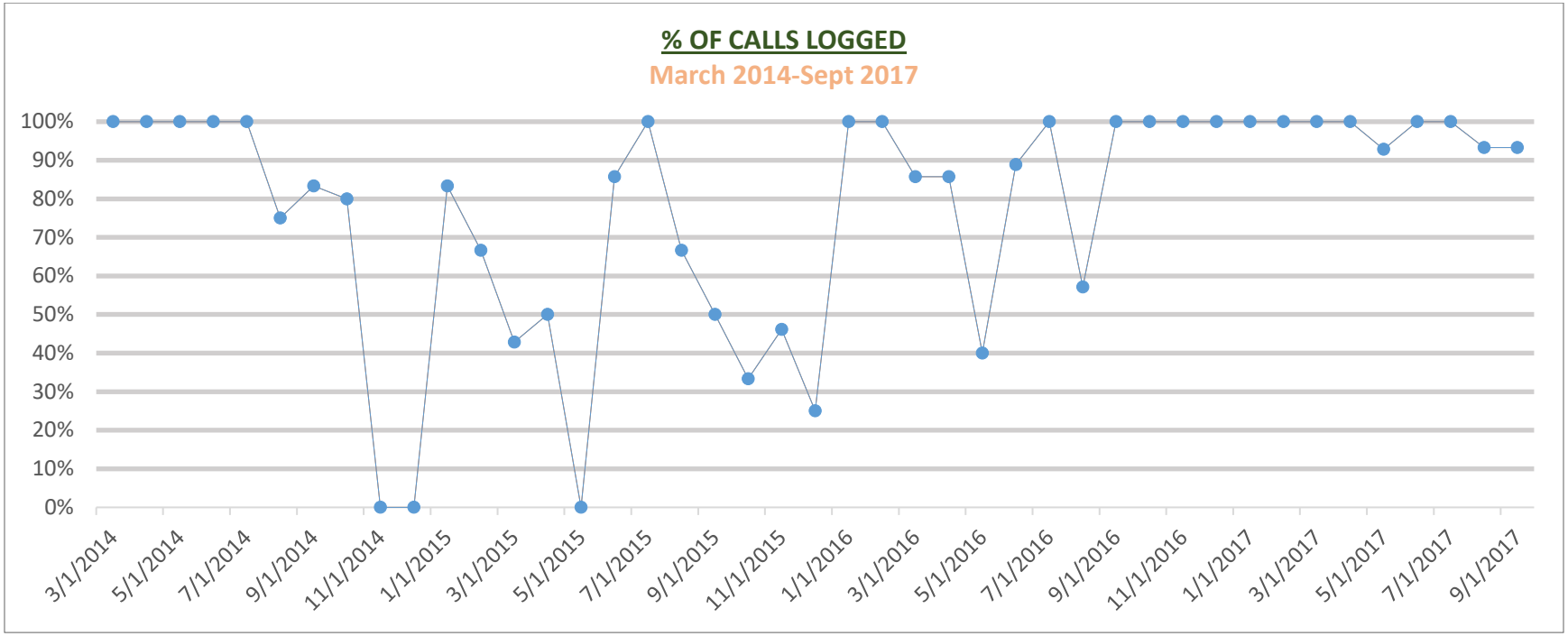
Continue to monitor and track Access Forms not completed via Dashboard

Goal # 1 - Chart H

Objective 8: Monitor and Track Trend for mandated monthly "Test Calls" for Fresno County Access Line (800) 654-3937

Performance indicator: MHP will monitor monthly test calls to ensure 100% compliance. MHP to perform at minimum seven test calls per month (84 calls per year). Of the seven Test Calls, three calls will be in threshold languages: Spanish and Hmong

DATA:



Results:

Calendar Year	Total # of Calls	Total # of Calls Logged	Total # of Calls w/ Accurate Names	Total # of Call w/ Accurate Dates	Total # of Calls w/ Accurate Phone #'s	Total # of Calls w/ Accurate Reasons/ Requests	Total # of Calls Assessed for Crisis	Total # of Calls w/ Appropriate Info. given on how to access SMHS	Total # of Calls in a Foreign Language	Total # of Calls offered assistance to free language assistance services
2017 YTD*	123	120 of 123=90%	114 of 123=93%	120 of 123=90%	114 of 123=93%	118 of 123=93%	119 of 123=97%	121 of 123=98%	30 of 123=24%	30 of 30=100%
2016	87	78 of 87=90%	75 of 87=86%	71 of 87=82%	76 of 87=87%	67 of 87=77%	75 of 87=86%	73 of 87=84%	32 of 87=37%	30 of 32=94%
2015	67	41 of 67=61%	40 of 67=60%	40 of 67=60%	39 of 67=58%	35 of 67=52%	56 of 67=84%	47 of 65=72%	41 of 67=61%	32 of 41=78%
2014	49	46 of 49 =94%	41 of 49=84%	46 of 49=94%	41 of 49=84%	42 of 49=86%	46 of 49 =94%	47 of 49=96%	39 of 49=80%	39 of 39=100%

*YTD = January 2017 through September 2017

Recommendation:

Continue monitoring monthly test calls as mandated by DHCS; at minimum seven test calls to be performed on a monthly basis with three of the test calls performed in the County's threshold languages (Spanish, Hmong). For additional details, see FY 2016-17 Performance Improvement Project – Access Line.

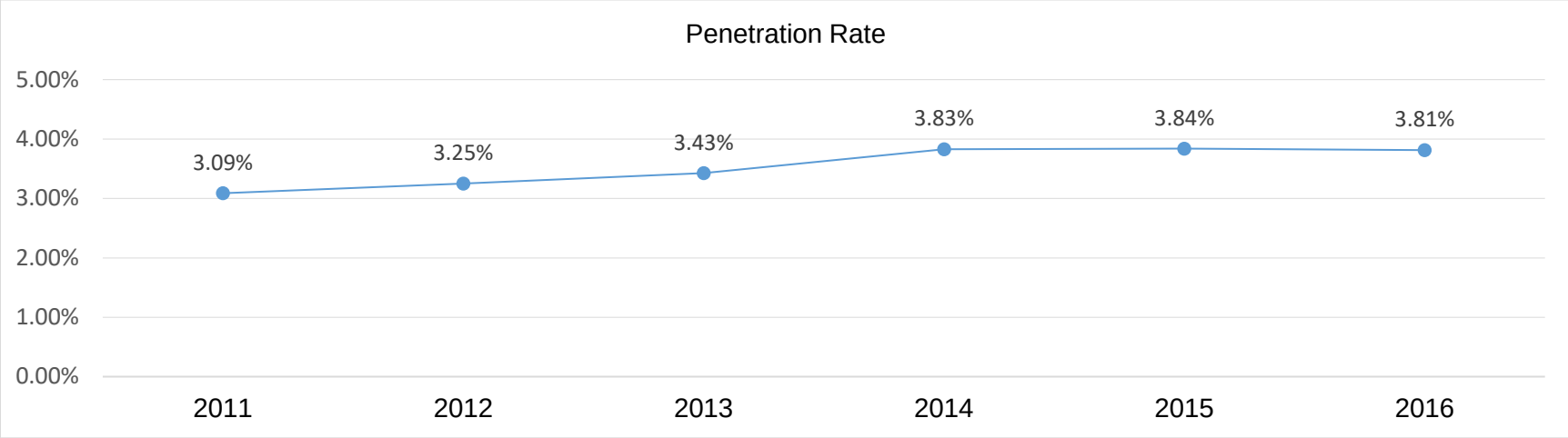
Goal # 1 - Chart I

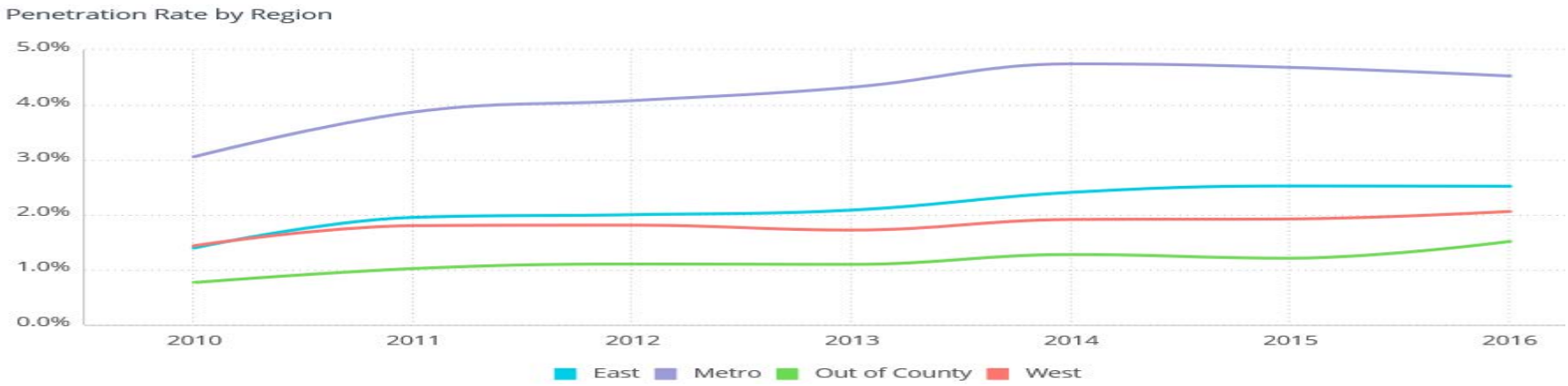
Objective 9: Track Trend for "penetration" rates

Performance indicator: Increase service delivery capacity to 4% based on large County Penetration Rate

DATA:

Penetration Rate			
Calendar Year	**Medi-Cal Eligiblesn (MMEF in Avatar)**	**Medi-Cal Eligibles Served (Avatar)**	**Panetration**
2011	371,449	11,470	3.09%
2012	376,118	12,232	3.25%
2013	391,056	13,398	3.43%
2014	465,807	17,828	3.83%
2015	524,303	20,130	3.84%
2016	549,605	20,970	3.82%
2017 *	524,842	18,204	3.47%





Results:

*2017 (through Oct 5, 2017)

Recommendation:

Track Penetration Rate by Region (Rural/Metro); Ethnicity; Income, Time and Distance to available services or preferred services

Goal # 1 - Chart J

Objective 10: Develop an "On-Demand" provider list for beneficiaries and clients

Performance indicator: The Fresno County MHP will develop an On-Demand "Provider List" within Avatar and posted on the DBH website.

DATA: A Provider list is currently available upon request, via Managed Care.

Provider list made available upon request to all beneficiaries and their families. Provider list example below…

Taking New Referrals	Name	Phone	Address	Language (other than English)	Ethnicity	Age Ranges Seen					Services Offered						Specialty Populations Served		
						0-5	6-12	Adolescents	Adults	Older Adults	Individual Therapy	Family Therapy	Group Therapy	Infant / Family	Targeted Case Management	Medication Support	Populations Treated	Problems / Disorders Treated	Service Areas
YES	Armer, Justin	(559) 908-2703	614 N St Sanger, CA 93657-	English only	Caucasian			✓	✓		✓	✓	✓		✓		Adolescents (13-17), Adults		
YES	Avina, Erica	(559) 997-6577	614 N Street Sanger, CA 93657-	Spanish	Hispanic			✓	✓			✓	✓		✓		Adolescents (13-17), Adults		
YES	Bashful Elephant Counseling	(559) 326-8391	3097 Willow Ave Suite #4 Clovis, CA 93612-	English only	Caucasian			✓	✓	✓	✓	✓	✓				Adolescents (13-17), Adults, Senior Adults (65+)	Bi-Polar Disorder, Dissociative Disorders, Domestic Violence, MH w/ Substance Abuse, Eating Disorders, Gender Identity Disorders, Schizophrenic Disorders	Cognitive Behavioral Therapy, Other: Gambling Counselor
YES	Bergstrom, Virginia	(559) 440-0980	5588 N. Palm Fresno, CA 93704-	English only	Caucasian			✓	✓	✓	✓	✓	✓				Adolescents (13-17), Adults, Senior Adults (65+)	ACA/Co-Dependency, Domestic Violence	Cognitive Behavioral Therapy, EMDR, Religious/Spiritual: Christian

Results: Provider list is up to date and available upon request in English, Spanish, and Hmong

Recommendation: Continue with the Development and Implementation of the MSO system.

Goal # 2 SAFETY & QUALITY OF CARE				
Objective	**Table/Chart**	**Standard Goal**	**Result**	**Score**
1. Develop a medication and monitoring tool	Chart A	Develop Med Monitoring Tool	In Process	Not MET
2. Develop a polypharmacy monitoring tool	Chart B	Develop Med Monitoring Tool	In Process	Not MET
3. Provide Timely Review of Outpatient Chart Audits to ensure Medical Necessity Criteria are met	Chart C	See Chart C		MET
4. Intensive Analysis Monitoring	Chart D	By Committee	By Committee	MET
5. Intensive Analysis Monitoring	Chart E	By Committee	By Committee	MET

Goal # 2 - Chart A & B

Objective 1 & 2: Develop a medication & polypharmacy monitoring tool

Performance indicator: Develop a Medication & Polypharmacy Monitoring Tool. The Fresno County MHP Psychiatry Teams will ensure accurate dispensing, monitoring and documentation of Medication dispensed.

DATA:

A list of eight reports for Med Monitoring:

1. % of each med type being prescribed
2. % of clients prescribed more than 5 psychotropic medications
3. % of clients prescribed 2 or more anti-psychotropic medications
4. % using injectable anti-psychotropic medications
5. % that are being prescribed over the therapeutic level
6. % that are being prescribed Clozaril
7. % of clients that have labs ordered at least yearly
8. % of clients that have type of medication match diagnostic category

At 10/31/17 meeting, Staff shared that Dr. H and Dr. A will review these reports quarterly. Dr. A will depart in Jan 2018. This update was shared at the last CU 11/3/17 meeting. Recommendation: Continue development and implementation of tools and measures.

Goal # 2 - Chart C

Objective 3: Provide Timely Review of Outpatient Chart Audits to ensure Medical Necessity Criteria are met

Performance indicator: The Fresno County MHP URS staff reviewing contracted provider charts. In-House Clinical Supervisor will review one client chart per month from each of their respective clinical staff.

DATA: Results/Recommendation: Compliance to continue to monitor Charts and report quarterly

Chart Audit Results

This report includes Managed Care and Compliance chart audit results for sampled claims/services within the noted review period

Review period: July - Dec 2016 — Presented By: Elizabeth Vasquez, Compliance Officer

INDIVIDUAL/GROUP PROVIDERS

Chart Audits completed: 3/16/2016 - 5/8/17	Total no. of records reviewed	Total no. of claims reviewed	Total no. of claims disallowed	Total dollars reviewed	Total dollars disallowed		Reasons for disallowance
	31	408	4	$90,437.52	$228.00		Incorr Dx, time

ORGANIZATIONAL PROVIDERS

Chart Audits completed: 9/19/2016 - 11/22/17	Total no. of records reviewed	Total no. of claims reviewed	Total no. of claims disallowed	Total dollars reviewed	Total dollars disallowed		Reasons for disallowance
	23	627	71	$115,717.90	$14,342.46		No Med necessity, Incorr Dx, POC issues, Duration issues

COUNTY DOCTORS MED REVIEWS

Chart Audits completed: 4/21/2017 - 11/1/17	Total no. of records reviewed	Total no. of claims reviewed	Total no. of claims disallowed	Total dollars reviewed	Total dollars disallowed		Reasons for disallowance
	250	265	25	$69,556.69	$6,051.40		POC issues, No med consent, No updated assessment, No tx consent

SUMMARY:

Provider Type	Total no. of providers reviewed	Total no. of records reviewed	Total no. of claims reviewed	Total no. of claims disallowed	Total dollars reviewed	Total dollars disallowed	Error Rate %	
Individual/ Group	9	31	408	4	$90,437.52	$228.00		
Organizational	6	23	627	71	$115,717.90	$14,342.46		
County Doctors	9	250	265	25	$69,556.69	$6,051.40		
Total	24	304	1300	100	$275,712.11	$20,621.86	7.48%	

Previous Reports	Total no. of providers reviewed	Total no. of records reviewed	Total no. of claims reviewed	Total no. of claims disallowed	Total dollars reviewed	Total dollars disallowed	Error Rate %	
Total for FEB 2017	37	286	3028	391	$484,340.49	$47,473.03	9.80%	
Total for AUG 2016	18	69	957	73	$86,429.63	$6,961.55	8.05%	

Chart Audit Results

This report includes Managed Care chart audit results for sampled claims/services within the noted review period

Review period: Jan - June 2016 | **Presented By:** Elizabeth Vasquez, Compliance Officer

INDIVIDUAL/GROUP PROVIDERS

Chart Audits completed: 5/6/2016 - 11/10/16	Total no. of records reviewed	Total no. of claims reviewed	Total no. of claims disallowed	Total dollars reviewed	Total dollars disallowed	Reasons for disallowance
	37	226	70	$14,159.89	$3,750.05	POC issues, Not a MH service, Incorr Dx, No Doc

ORGANIZATIONAL PROVIDERS

Chart Audits completed: 4/20/2016 - 11/14/16	Total no. of records reviewed	Total no. of claims reviewed	Total no. of claims disallowed	Total dollars reviewed	Total dollars disallowed	Reasons for disallowance
	249	2802	321	$470,180.60	$43,722.98	POC issues, Incorr Dx, Incorr Service code, Not MH service, Duration issues, No Med necessity/excluded Dx, No ICC Plan, Not credentialed

SUMMARY:

Provider Type	Total no. of providers reviewed	Total no. of records reviewed	Total no. of claims reviewed	Total no. of claims disallowed	Total dollars reviewed	Total dollars disallowed	
Individual/ Group	12	37	226	70	$14,159.89	$3,750.05	
Organizational	25	249	2802	321	$470,180.60	$43,722.98	
Total	37	286	3028	391	$484,340.49	$47,473.03	Error Rate %
							9.80%

Previous Reports	Total no. of providers reviewed	Total no. of records reviewed	Total no. of claims reviewed	Total no. of claims disallowed	Total dollars reviewed	Total dollars disallowed	
Total for AUG 2016	18	69	957	73	$86,429.63	$6,961.55	Error Rate %
							8.05%
Total for FEB 2016	35	136	1913	156	$279,444.11	$14,839.27	Error Rate %
							5.31%

Goal # 2 - Chart D & E

Objective 4 & Objective 5: Intensive Analysis Monitoring

Performance indicators: The Fresno County MHP will conduct clinical case reviews of critical incidents (Objective 4). The Fresno County MHP will track and trend unusual occurrences/critical incidents involving MHP clients located at licensed facilities such as Mental Health Rehabilitation Centers and Psychiatric Health Facilities (Objective 5).

DATA (Objective 4)**:**

- There were 23 incident reports collected from the MHP (outpatient SMHS).
- 100% of these had an initial review by the Intensive Analysis Chair.
- Two (2) of these incidents were elevated to a further review by the Intensive Analysis Committee.

DATA (Objective 5)**:**

- There were 40 incident reports collected from Licensed Facilities providing inpatient SMHS (CSU, MHRC's, PHF).
- 100% of these had an initial review by the Intensive Analysis Chair.

Results: 100% of Outpatient and inpatient incidents were reviewed and reported accordingly

Recommendation: Continue monitoring and investigate Incident and report aggregate totals to QIC on a quarterly basis.

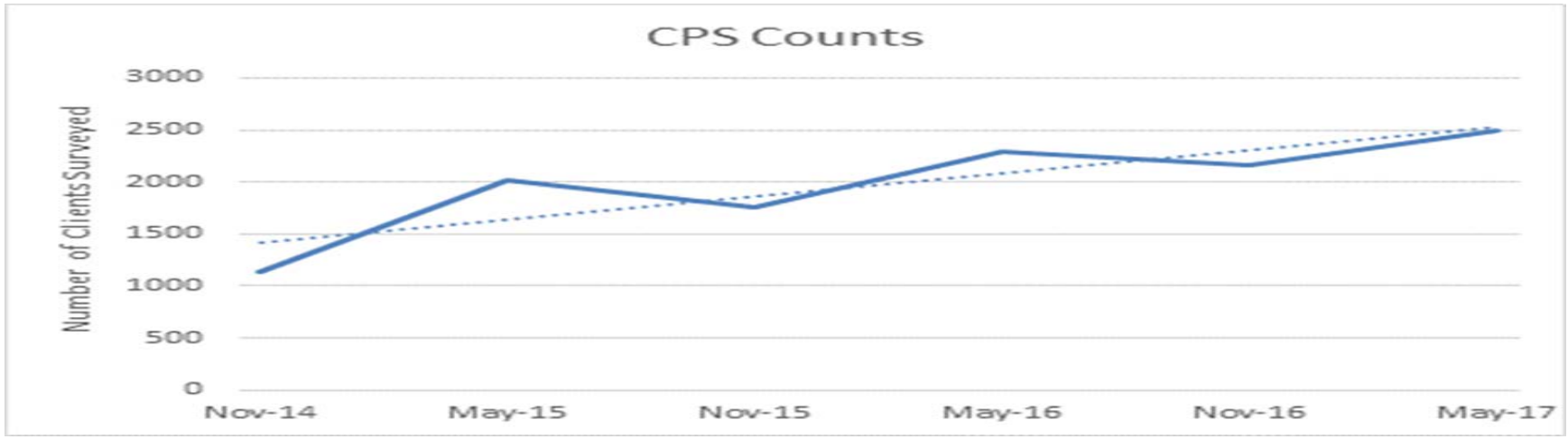
Goal # 3 BENEFICIARY SATISFACTION				
Objective	**Table/Chart**	**Standard Goal**	**Result**	**Score**
1. Consumer Perception Survey	Chart A	See Charts		MET
2. To Provide Effective tracking of Grievances, Appeals, State Fair Hearings and Change of Provider requests	Chart B			MET

Goal # 3 - Chart A

Objective 1: Consumer Perception Survey (formerly known as POQI)

Performance indicator: The Fresno County MHP QI team will analyze data and recommend to Leadership suggested improvements in process, procedures, and service delivery.

DATA:



Results: In May 2017, the Department of Behavioral Health implemented the 'Quality of Life' as part of the Consumer Perception Survey that set a temporary benchmark for Quality of Life QOL standards. The QOL survey participants include Adult and Older Adults surveys only. In general, 46% feel positive about their life; 57% feel positive about their living arrangement; 58% feel positive about interaction with their family; and 54% feel positive on the amount of friendships in their lives. Financially, survey participants

identified as responding 'YES' to having enough money for the following items: Food 73%; Clothing 62%; Housing 74%; Traveling 60%; and Social Activities 44% said yes. During the month prior to taking the survey (April 2017), only 4% identified as having been arrested; 6% claimed to have been victims of a violent crime; and 11% victims of a non-violent crime. 68% of participants claim to be safe where they live. Health in general, 45% feel positive; 42% feel positive about their physical condition; and 43% claim to being positive about their emotional well-being.

Recommendation:

Continue to perform the Consumer Perception Survey for the month of November and May of each year and identify significant Performance Indicators from results of CPS such as Quality of Life portion of survey.

Goal # 3 - Chart B

Objective 2: To Provide Effective tracking of Grievances, Appeals, State Fair Hearings and Change of Provider requests

Performance indicator: The Fresno County MHP QI team will analyze data and recommend to Leadership suggested improvements in process, procedures, and service delivery.

DATA:

CATEGORY	PROCESS			DISPOSITION		
	GRIEVANCE	APPEAL	EXPEDITED APPEAL	COMPLETED	REFERRED OUT	PENDING as of June 30
ACTIONS (Appeals on Actions)						
NOTICE OF ACTION - A						
NOTICE OF ACTION - B						
NOTICE OF ACTION - C						
NOTICE OF ACTION - D						
NOTICE OF ACTION - E						
ALL OTHER ACTIONS						
TOTAL	**N/A**	**0**	**0**	**0**	**0**	**0**
ACCESS						
SERVICE NOT AVAILABLE	2			2		
SERVICE NOT ACCESSIBLE						
TIMELINESS OF SERVICES						
24/7 TOLL-FREE ACCESS LINE						
LINGUISTIC SERVICES						
OTHER ACCESS ISSUES						
TOTAL	**2**	**N/A**	**N/A**	**2**	**0**	**0**

QUALITY OF CARE						
STAFF BEHAVIOR CONCERNS	24			24		
TREATMENT ISSUES OR CONCERNS	12			11		1
MEDICATION CONCERN	4			4		
CULTURAL APPROPRIATENESS						
OTHER QUALITY OF CARE ISSUES						
TOTAL	**40**	**N/A**	**N/A**	**39**	**0**	**1**
CHANGE OF PROVIDER	**22**	**N/A**	**N/A**	**21**		**1**
CONFIDENTIALITY CONCERN	**1**	**N/A**	**N/A**	**0**		**1**
OTHER						
FINANCIAL	1			1		
LOST PROPERTY	1			1		
OPERATIONAL	2			2		
PATIENTS' RIGHTS						
PEER BEHAVIORS	1			1		
PHYSICAL ENVIRONMENT						
OTHER GRIEVANCE NOT LISTED ABOVE	4			4		
TOTAL	**9**	**N/A**	**N/A**	**9**	**0**	**0**
GRAND TOTALS	**74**	**0**	**0**	**71**	**0**	**3**

Results: Items are being tracked.

Recommendation: Analyze Grievances and Change of Providers separately. Design Performance Indicators and historical Run Chart to monitor treds.

Goal # 4 QUALITY ASSURANCE				
Objective	**Table/Chart**	**Standard Goal**	**Result**	**Score**
1. Ensure Timeliness of Clinical Documentation within 5 business days	Chart A	5.00 days	3.92 days	MET
2. Ensure the timeliness of Treatment Authorization Request (TARs)	Chart B	Not MET		
3. Certification and Re-Certification of Programs	Chart C	100%	100%	MET

Goal # 4 - Chart A

Objective 1: Ensure Timeliness of Clinical Documentation within 5 business days

Performance indicator: The Fresno County MHP will develop and implement policies and procedures to identify best practice and set standards for timely clinical documentation.

DATA:

Average Days Took to Complete Progress Notes			
Month	**Department**	**Adult**	**Children**
July-16	3.65	4.60	3.30
August-16	3.14	3.40	2.37
September-16	4.24	4.32	4.03
Oct-16	3.81	3.83	3.77
Nov-16	4.21	4.53	3.53
Dec-16	4.31	4.38	4.15
Jan-17	3.57	3.86	2.93
Feb-17	5.57	6.55	3.66
Mar-17	3.83	4.21	3.21
Apr-17	4.07	4.19	3.75
May-17	3.31	3.51	3.01
Jun-17	3.37	3.67	2.86

Results:

The average days to complete Progress Notes for adults is 4.25 days during reporting period. Children's staff had an average of 3.38 days to complete Progress Notes. Overall the Department had an average of 3.92 days.

Recommendation:

Continue monitoring average days to complete Progress Notes.

Goal # 4 - Chart B

Objective 2: Ensure the timeliness of Treatment Authorization Request (TARs)

Performance indicator: The Fresno County MHP will approve or deny TARs within 14 Calendar days.

DATA:

Run Chart Data Not Available. Track Trends Treatment Authorization Request

Results:

Run Chart Data Not Available.

Recommendation:

Run Chart Data Not Available.

Goal # 4 - Chart C

Objective 3: Certification and Re-Certification of Programs

Performance indicator: The Fresno County MHP will certify/re-certify DBH In-House Programs and Medi-Cal Contracted Providers, no later than 60 days after inception of program operations and re-certify programs every three (3) years after prior certification.

DATA:

DHCS
JENNIFER KENT
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services

EDMUND G. BROWN JR.
GOVERNOR

October 9, 2017

Dawan Utecht, Director
Fresno County Mental Health
4441 E. Kings Canyon Road
Fresno, CA 93702

Dear Ms. Utecht:

The Department of Health Care Services Program Oversight and Compliance Branch (POCB) Certification Unit is responsible for oversight of non-hospital Specialty Mental Health Services (SMHS) provider certification. It is POCB's role to ensure that all active providers in the Short Doyle Medi-Cal System (SD/MC) Online Provider System (OPS) have current certifications. This requirement includes both county owned and operated providers as well as contracted organizational providers for each Mental Health Plan (MHP).

According to OPS, Fresno County MHP does not have any overdue provider re-certifications at this time; therefore, no action is required by the MHP.

DHCS recognizes your dedication to ensuring all providers are recertified within the required timeframes and appreciates your diligence to meet that requirement. If you have any questions, please send your inquiry to DMHCertification@dhcs.ca.gov and your DHCS certification coordinator will contact you.

Sincerely,

SUE LYLE, Chief
Certification and Questionable Medi-Cal Billing Unit
Program Oversight and Compliance Branch
Mental Health Services Division
Department of Health Care Services

cc: Katherine Martinez Rexroat

Enclosure

Fresno County Overdue Provider Report
Data as of October 2, 2017

Provider County	Provider Number	NPI	Provider Name	Contract Type	Provider Street Address	Provider City	SD/MC Mode of Service	SD/MC Start Date	Last MC Cert Date	Overdue Providers
10	1040	1740318484	Fresno County Adolescent Day Treatment (ADT-EDT)	1	3133 N Millbrook Avenue	Fresno	18	7/1/1982	8/21/2017	
10	1044	1073666723	Fresno County Adult Outpatient	1	4441 East Kings Canyon Road	Fresno	18	1/1/1982	8/28/2015	
10	1045	1932238482	Fresno County Youth System of Care	1	3133 N Millbrook Avenue	Fresno	18	8/26/1993	1/27/2016	
10	1083	1861527517	Fresno County Older Adult MH Team	1	2025 E Dakota	Fresno	18	4/1/1998	8/24/2015	
10	1090	1023270907	Metro Services	1	4447 E. Kings Canyon Rd	Fresno	18	6/1/2008	8/28/2015	
10	1091	1518095488	Violet Heintz Education Academy	1	4939 E Yale Avenue	Fresno	18	4/27/2001	9/1/2016	
10	1097	1417076720	Uplift Family Services - WRAP	3	1630 E Shaw Ave #150	Fresno	18	9/14/1999	1/19/2017	
10	1098	1902946635	Fresno County Team Conservatorship	1	2085 East Dakota	Fresno	18	3/19/2001	8/3/2016	
10	10A1	1114095080	Rebekah Children's Services	3	290 Ioof Avenue	Gilroy	18	7/9/2015		
10	10A3	1962586297	Victor Treatment Center Redding	3	855 Canyon Road	Redding	18	7/1/2005	3/30/2016	
10	10A7	1881753663	Victor Treatment - Santa Rosa	3	3164 Condo Court	Santa Rosa	18	7/1/2005	4/7/2016	
10	10AA	1437328044	Comprehensive Youth Services of Fresno, Inc.(Functional Fami	3	4545 N West Avenue	Fresno	18	9/4/2007	9/2/2015	
10	10AD	1821179276	California Psychological Institute	3	1470 W Herndon Avenue, #300	Fresno	18	2/28/2001	4/24/2015	
10	10BX	1922185578	Milhous Children's Services	3	24077 State Highway 49	Nevada City	18	7/21/2015		
10	10C2	1467695858	Kings View Projects For Assistance Transition From Homelessn	3	4910 E Ashlan Avenue, Suite 118	Fresno	18	6/1/2010	11/25/2015	
10	10C4	1699909812	Urgent Care/Wellness Center	1	4441 East Kings Canyon Road	Fresno	18	6/29/2009	5/17/2015	
10	10C9	1881825172	MHSA TAY-Turning Point	3	83 E. Shaw Avenue, Suite 102 and 204	Fresno	18	8/31/2009	3/3/2017	
10	10CC	1902950751	Summitview Child and Family Services	3	670 Placerville Drive, Suite 2	Placerville	18	5/1/2007	5/16/2017	
10	10CH	1730213323	Comprehensive Youth Services of Fresno, Inc.	3	4545 N West Ave	Fresno	18	9/18/2007	9/2/2015	
10	10CI	1023163201	Uplift Family Services - MHSA SMART MOC	3	1630 E Shaw Avenue Suite 150	Fresno	18	9/18/2007	1/19/2017	
10	10CM	1821175258	Charis Youth Center	3	714 West Main Street	Grass Valley	18	2/13/2017		
10	10CN	1326172404	San Gabriel Children's Center Outpatient	3	4740 N. Grand Avenue	Covina	18	6/1/2016		
10	10CT	1659532612	JDT Consultants, Inc	3	4205 West Figarden Drive	Fresno	18	7/1/2007	8/22/2017	
10	10CU	1629266507	Exceptional Parents Unlimited Inc	3	4420 North First Street	Fresno	18	10/9/2008	4/23/2015	

Fresno County Overdue Provider Report
Data as of October 2, 2017

Provider County	Provider Number	NPI	Provider Name	Contract Type	Provider Street Address	Provider City	SD/MC Mode of Service	SD/MC Start Date	Last MC Cert Date	Overdue Providers
10	10CV	1174772933	Turning Point Reedley Rural Mental Health Clinic	3	1311 11th Street	Reedley	18	10/1/2008	7/6/2016	
10	10CW	1518116375	Turning Point Pinedale Rural Mental Health Clinic	3	34 & 40 East Minarets Avenue	Pinedale	18	11/4/2008	2/22/2017	
10	10CX	1447409289	Turning Point Sanger Rural Mental Health Clinic	3	225 and 231 Academy Avenue	Sanger	18	11/13/2008	7/20/2017	
10	10CY	1174710651	Living Well Program	3	4871 E. Kings Canyon Road	Fresno	18	9/1/2008	8/30/2017	
10	10CZ	1861551715	Victor-Lodi	3	12755 N Hwy 88	Lodi	18	7/1/2008	6/5/2017	
10	10D2	1497174031	Fresno Impact	3	2550 W Clinton Ave Building A, Ste B	Fresno	18	6/18/2014	6/7/2017	
10	10D5	1689933913	Turning Point - AB109	3	3636 N. 1st Street 162	Fresno	18	3/10/2014	9/3/2015	
10	10D7	1518367705	Central Star Community Services	3	2140 Merced Street Suite 101	Fresno	18	9/3/2014	8/28/2017	
10	10DB	1083936785	Perinatal Program	1	142 E. California Avenue	Fresno	18	4/7/2010	3/25/2016	
10	10DF	1336458934	Uplift Family Services - MHSA Act	3	1630 E. Shaw Ave Ste #150	Fresno	18	9/18/2007	1/19/2017	
10	10DJ	1740560465	Exodus Recovery, Inc	3	4411 E. Kings Canyon Road	Fresno	18	5/23/2012	6/3/2015	
10	10DN	1720181795	Star View Adolescent Center Inc	3	4025 W 226th Street	Torrance	18	6/1/2012	6/18/2015	
10	10DQ	1760829410	Turning Point Selma Rural Mental Health Clinic	3	3800 McCall Avenue	Selma	18	7/8/2013	7/8/2016	
10	10DR	1669819314	Turning Point Coalinga Rural Mental Health Clinic	3	311 Coalinga Plz	Coalinga	18	7/16/2013	7/16/2016	
10	10DS	1033556774	Turning Point Kerman Rural Mental Health Clinic	3	275 S Madera Avenue Ste 404 & 403	Kerman	18	7/8/2013	7/8/2016	
10	10DT	1801927363	Hathaway-Sycamores Child and Family Services	3	2933 El Nido Drive	Altadena	18	8/26/2015		
10	10DY	1912319906	Child Welfare Mental Health Team	1	2011 Fresno Street	Fresno	12	10/1/2014	9/14/2017	
10	10EA	1083153324	Fresno County Older Adult Mental Health Team II	1	515 S Cedar Avenue	Fresno	18	6/1/2017		
10	10ED	1013265859	First Street Center Outpatient AB 109	3	3636 N 1st Street Suite 135, 154	Fresno	18	4/29/2015		
10	10EE	1427461136	Central Star Psychiatric Health Facility	3	4411 East Kings Canyon Road Bldg 319	Fresno	5	4/17/2015		
10	10EF	1205213139	Transitional Age Youth Program	1	4411 E Kings Canyon Road	Fresno	18	2/24/2016		
10	10EH	1417334392	PEI First Onset Metro	1	4411 E Kings Canyon Road	Fresno	18	2/24/2016		
10	10EK	1265819734	Vista	3	258 N Blackstone Avenue	Fresno	18	7/1/2015	6/3/2016	
10	10EM	1508249368	Kings View Corporation	3	4910 E Ashlan Avenue, Suite 118	Fresno	18	11/25/2015		
10	10EO	1891170668	Central Star Behavioral Health Inc	3	2934 N Fresno St	Fresno	18	8/18/2015	6/8/2017	
10	10EP	1326423971	Recovery with Inspiration, Support and Empowerment	1	4411 E Kings Canyon Road	Fresno	18	2/24/2016		
10	10EQ	1982075610	Uplift Family Services - CWMH	3	1630 E Shaw Avenue #150	Fresno	18	12/1/2015		

Fresno County Overdue Provider Report
Data as of October 2, 2017

Provider County	Provider Number	NPI	Provider Name	Contract Type	Provider Street Address	Provider City	SD/MC Mode of Service	SD/MC Start Date	Last MC Cert Date	Overdue Providers
10	10ER	1942665484	Exodus PHF Fresno	3	4411 E Kings Canyon Road	Fresno	5	1/1/2016		
10	10ES	1275637274	Edgewood The San Francisco Protestant Orphanage	3	1801 Vicente Street	San Francisco	18	11/3/2016		

Contract Type: 1=county owned/operated; 2=IA agreement; 3=contracted

Total Active Providers: 53
Fresno County overdue providers: 0

Percentage out of compliance: 0%
Percentage in compliance: 100%

Page 3 of 3

Results:

100% of programs requiring certification have been completed or renewed via DHCS

Recommendation:

Continue to monitor and maintain an up to date listing of programs requiring certification or re-certifications

Goal # 5 STAFF DEVELOPMENT & ENGAGEMENT				
Objective	**Table/Chart**	**Standard Goal**	**Result**	**Score**
1. The MHP will Distribute Staff Engagement Surveys Once Per Year	Chart A	Benchmark		MET
2. Conduct an Annual Cultural Competency Staff Survey	Chart B	New Questionnaire Developed		Partially MET
3. Cultural Competency Plan	Chart C	Submitted to DHCS		MET
4. Building Capacity for Core Competencies and Best Practices	Chart D	See Chart D		MET

Goal # 5 - Chart A

Objective 1: The MHP will Distribute Staff Engagement Surveys Once Per Year

Performance indicator: 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.

DATA:

		DBH Overall			
		2012	2013	2015	2017
Basic need	Q01 I know what is expected of me at work.	3.88	3.98	4.03	4.10
	Q02 I have the materials and equipment I need to do my work right.	3.32	3.46	3.70	3.79
Individual	Q03 At work, I have the opportunity to do what I do best every day.	3.65	3.81	3.75	3.78
	Q04 In the last seven days, I have received recognition or praise for doing good work.	3.28	3.43	3.20	3.19
	Q05 My supervisor, or someone at work, seems to care about me as a person.	4.00	4.13	4.01	3.92
	Q06 There is someone at work who encourages my development.	3.63	3.76	3.79	3.72
Teamwork	Q07 At work, my opinions seem to count.	3.47	3.55	3.51	3.45
	Q08 The mission or purpose of my organization makes me feel my job is important.	3.68	3.78	3.77	3.87
	Q09 My team members are committed to doing quality work.	3.66	3.81	3.90	3.67
	Q10 I have a best friend at work.	3.19	3.36	3.03	2.81
Growth	Q11 In the last six months, someone at work has talked to me about my progress.	3.46	3.64	3.53	3.61
	Q12 This last year, I have had opportunities at work to learn and grow.	3.68	3.84	3.92	3.80
	Total # of Survey Participants	300	255	316	383

Results: In July 2017, Division Managers along with Clinical and non-clinical staff participated in the Gallup Employee Engagement workgroup. This workgroup provided for an understanding the survey and help guide staff on the next steps required by their respective Divisions. Each Division is provided their survey results, the *Team Conversation, State of the Team Tool*, instructions on how to use the tool, *Resource Activity Guide & Question and Insights*. The Department direction was for each individual Division to select two areas for improvement, provide interventions and measure to the next Gallup Staff Engagement survey in Calendar Year 2018.

Recommendation: Continue with the Gallup Employee Engagement Survey for Calendar Year 2018 and follow up with Divisions.

Goal # 5 - Chart B

Objective 2: Conduct an Annual Cultural Competency Staff Survey

Performance indicator: The MHP will survey staff to measure the cultural competency level of staff and respond with training as indicated in areas of highest need.

DATA:

		DBH			Contractor		
		2013	2014	2015	2013	2014	2015
Q1	How would you rate your agency's overall commitment to providing culturally competent services?	3.72	3.71	3.71	4.20	4.44	4.42
Q2	How would you rate your agency's overall knowledge of culturally competence directly applied to your position/work with others?	3.56	3.58	3.51	4.13	4.20	4.30
Q3	How would you rate your agency's awareness and sensitivity in interacting with others in a culturally competent manner?	3.62	3.68	3.66	4.15	4.41	4.35
Q4	How would you rate your agency's skills and abilities in relation to culturally competent service delivery?	3.54	3.61	3.53	4.08	4.20	4.24
Q5	How would you rate your agency's daily commitment to providing culturally competent services?	3.65	3.62	3.71	4.13	4.30	4.36
Q6	How would you rate your program's overall knowledge of cultural competence directly applied to your position/work with others?	3.85	3.73	3.69	4.18	4.34	4.32
Q7	How would you rate your program's awareness and sensitivity in interacting with others in a culturally competent manner?	3.82	3.84	3.76	4.25	4.34	4.34
Q8	How would you rate your program's skills and abilities in relation to culturally competent service delivery?	3.75	3.69	3.67	4.19	4.40	4.30
Q9	How would you rate your program's daily commitment to providing culturally competent services?	3.87	3.81	3.76	4.24	4.42	4.35
Q10	How would you rate your knowledge of culturally competence directly applied to your position/work with others?	4.10	3.90	3.88	4.32	4.44	4.29
Q11	How would you rate your awareness and sensitivity in interacting with others in a culturally competent manner?	4.17	4.12	4.04	4.38	4.46	4.43
Q12	How would you rate your skills and abilities in relation to culturally competent service delivery?	4.03	3.89	3.83	4.31	4.44	4.30
Q13	How would you rate your own daily commitment to providing culturally competent services?	4.29	4.18	4.16	4.38	4.57	4.46
	Average Score	**3.84**	**3.80**	**3.76**	**4.23**	**4.38**	**4.34**

Results: As decided by the Cultural Diversity Committee to develop and implement a new Cultural Competency Survey for both Client/Families, Department of Behavioral Health Staff and participating contract providers, no survey was implemented in 2016.

Recommendation: Continue with the development and implementation of the new Client and Staff Culturally Competency Surveys in FY 2017-18.

Goal # 5 - Chart C

Objective 3: Cultural Competency Plan

Performance indicator: 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

DATA:

Cultural Competency Plan Available Upon Request…

Results:

Status of Fresno County Cultural Competence Plans (CCP) with the State, DHCS is waiting to release its revised Cultural Competence Plan Requirements (CCPR) after the merger of State Department of Mental Health (DMH) with DHCS and instructed counties to withhold its CCP updates to the State until the new CCPR guidelines take effects, which expected to release anytime now. Thus Fresno County CCP has been updated annually with new goals/objectives to continue its purpose locally under DMH's CCPR guidelines by the MHP Cultural Diversity Committee (CDC) and currently in compliance with all State mandates per DHCS instructions. For additional information on Fresno County CCP can be found under CDC website: http://www.co.fresno.ca.us/mhsa

Recommendation:

Continue to submit to the State, Department of Health Care Services (DHCS) and implement a new Cultural Competency Plan based on the new DHCS Criteria for counties.

Goal # 5 - Chart D

Objective 4: Building Capacity for Core Competencies and Best Practices

Performance indicator: 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.

DATA: Evidence-Based Practice (EBP) Training and Implementation:

- Eye Movement Desensitization and Reprocessing (EMDR): 28 trained in the EMDR HAP Foundations and completed the required 10 post-training consultation hours. (November 2016/April 2017.
- Early Childhood Mental Health: 45 DBH staff and staff from contracted providers attended 11 foundations training sessions beginning in June 2016, with follow-up Reflective Practice (RP) session over the course of 10 months through April 2017. This training is the foundations training to be followed up with Child-Parent Psycho Therapy.
- Child-Parent Psychotherapy (CPP) EBP. 42 attendees have received the first of three CPP foundations training with 2 more foundations trainings in the series along with 18 months of RP sessions.
- Dialectical Behavior Therapy (DBT)—As part of the Department's DBT implementation, an existing DBT case consultation team has existed in DBH Adult Services Division. In early 2017, we planned an expansion of the DBT EBP by bringing formal DBT training for both DBH, including the Children's Services Division as well as our contracted providers of the mental health plan (MHP). In September 2017, we contracted with Behavioral Tech, Inc. to provide DBT foundations training, which consists of two weeks of training with the first week of training occurring in September 2017 and the second week occurring in March 2018. Implementation activities include weekly 2-hour sessions for each of the 9 DBT case consultation teams in the MHP, along with 8 hours of booster training conference calls for each case consultation team scheduled to take place between weeks one and two of the foundations training.
- Motivational Interviewing (MI)—80 individuals have been trained in the EBP in August 2017. Planning for MI began in early 2017. MI training plans include training an additional 40 persons in November 2017, along with training up to another 40 who are considered senior clinical staff in January 2018 in support of implementation goals. This January 2018 will include MI coaching from mentors and clinical supervisors, as well as other leaders with Clinical Operations.
- Health Equities and Multicultural Disparities Training (HEMCDT)—this training will include all staff, including non-clinical staff, in understanding cultural and linguistic barriers to accessing services, along with an introduction into the concept of implicit bias and other access barrier features.

- Nonviolent Crisis Intervention (NCI) —The Department has a number of certified NCI trainers in-house. Trainers are certified through the Crisis Prevention Institute (CPI). The Department provides monthly NCI training with the goal of training and certifying all DBH staff in NCI techniques, which include an awareness of the crisis development model and appropriate staff responses to challenges behaviors that help de-escalate crisis development.
- U. C. Davis, Center for Human Services- Supervisory Effectiveness Series (SES) training—although planned extensively in FY 2016-17, in October 2017 the first of two cohorts of Department supervisory staff began training in a twelve part training in supervisory skill development. Cohort 2 will begin in early 2018 with the same SES training.
- U.C. Davis, Center for Human Services—Lead Now (LN) training—as part of the U. C. Davis Center planning, the Department included LN as the leadership training in October 2017. Similar to the SES training, LN training will have two cohorts, but with a 6-part 12 day training designed to meet the specific needs of the public behavioral health department. This training is designed for leaders and emerging leaders within the Department.
- Cognitive Behavioral Therapy for Psychosis (CBTp) is an EBP planned since late 2016, but being implemented in March 2018. The Department will include two weeks of CBTp with week 1 for Department staff, including peer support, case managers, clinicians and clinical supervisors/mentors. Week 2 of the CBTp will include County contracted provider staff..

Method of Data Collection & Influencing Factors: 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. Data collection will differ according to the type of training. EBPs include fidelity tools that can be tracked both in real time and longitudinally. Many of the fidelity tools can be or already are incorporated within the AVATAR EHR system and so tracking usage and extrapolating outcomes would be a function of analyzing that data. Non-clinical EBPs and other training data can be captured in real time by the number of individuals who have received the training, as well as longitudinally in terms of the effects on staff morale, client survey data and reductions in cultural and linguistic barriers. ***Influencing Factors*:** Each training may have specific criteria to measure/certify and recertify individuals trained. Most EBPs have fidelity tools that track usage and outcomes. Some EBPs do not include fidelity tools (MI, HEMCDT, NCI) and so outcomes measurement can include number of individuals trained and case notes entered to include any use of the EBP in practice or through client surveys.

Recommendation: EBPs require on-going implementation that will include team specialization, cross-training and up/down coaching.

Goal # 6 TRANSPARANCY				
Objective	**Table/Chart**	**Standard Goal**	**Result**	**Score**
1. Dashboard as Required by 1915b Waiver Special Terms & Conditions	Chart A	Develop Dashboards	Completed	MET
2. Develop User-Friendly, Informative, Easy to Navigate Department of Behavioral Health Website	Chart B	Develop Website	Completed	MET

Goal # 6 - Chart A

Objective 1: Dashboard as Required by 1915b Waiver Special Terms & Conditions

Performance indicator: To provide readily available program Outcomes data to beneficiaries, members of the community, MHP staff, and the State via Department website

DATA:

Results: Outcomes accessible via the Fresno County, MHP at http://www.co.fresno.ca.us/departments/behavioral-health/quality-improvement

Recommendation: Continue MHP transparency via dashboards available to stakeholders, MHP and contracted providers

Goal # 6 - Chart B

Objective 2: Develop User-Friendly, Informative, Easy to Navigate Department of Behavioral Health Website

Performance indicator: Make readily available current program access information and program outcomes information for all programs on the DBH website

DATA:

Results: Outcomes accessible via the Fresno County, MHP at http://www.co.fresno.ca.us/home

Recommendation: Continue MHP transparency via the MHP website

Goal # 7 PERFORMANCE IMPROVEMENT PROJECTS				
Objective	**Table/Chart**	**Standard Goal**	**Result**	**Score**
1. Clinical Performance Improvement Project	Chart A	Provide Intervention	Completed	MET
2. Non-Clinical Performance Improvement Project	Chart B	Provide Intervention	Completed	MET

Goal # 7 - Chart A

Objective 1: Clinical Performance Improvement Project

Performance indicator: Improve Care Coordination and timely follow-up services while reducing recidivism rate at Psychiatric Health Facility for Youth.

DATA:

Performance Indicator	Date of Baseline Measurement	Baseline Measurement (numerator/denominator)	Goal for % Improvement	Intervention Applied & Date	Date of Re-measurement	Results (numerator/denominator	% Improvement Achieved
A. The percentage of unlinked clients who were readmitted within 30 days	January 2016-October 2016	19.5%	Reduction of 30-day readmission rate	10/31/2016 - 8/11/2017	Nov 2016 – July 2017	22.1%	0
B1. The percentage of clients who received follow-up within 14 days of discharge	January 2016-October 2016	49%	Reduction of 30-day readmission rate	10/31/2016	Nov 2016 – July 2017	53.1%	4.1%
C. No-Show and Cancellation of assessment as a follow up	January 2016-October 2016	49.02%	Reduction No-Show and Cancellation	2/1/2017	Nov 2016 – July 2017	53.4%	4.08%

Results:

Previous communication between Central Stars Youth Psychiatric Health Facility (CSYPHF) and MHP Children's Mental Health (CMH) regarding for discharge follow-up care was not structured and consistent which resulted missing information of unlinked clients and CMH was not able to follow up and schedule the follow up appointment.

One of the perceived no-show and cancellation causes was due to parents and clients may lack of insight regarding treatment needs, not fully understand of the benefits of post discharge follow-up as well as engagement in care.

An underdeveloped structure of a follow-up process across the behavioral health continuum, specifically coordination of communication between CSYPHF facility and clients/parents, mental health providers and FCDBH staff regarding the discharge plan and follow-up appointments.

With a more structured communication process to plan and prepare for the post discharge care for each client and schedule a follow-up assessment appointment within 14 days, and a follow up to monitor the current functioning, address the attempt, CMH attempts to reduce the overall 30 days readmission of unlinked client.

Recommendation: As approved by EQRO, the Department is continuing with a second intervention as of August 13, 2017 and currently active.

Goal # 7 - Chart B

Objective 2: Non-Clinical Performance Improvement Project

Performance indicator: Improve Access Line operational services – replacing non-clinical staff provider with licensed clinical multidisciplinary team and develop and implement a new Access Database Call Log.

DATA: PIP available upon request and via the Fresno County, Behavioral Health Department website

Each year the Fresno County, Mental Health Plan is mandated to provide for two Performance Improvement Projects (PIP); Clinical and Non-Clinical. The Non-Clinical PIP focused on the County's 1-800 toll-free Access Line. Pursuant to California Code of Regulations (CCR), Title 9, Chapter 11, Section, 1810.405(d) and 42 Code of Federal Regulations 438.240(d);

- (MHP) is required to provide a Statewide, toll free number (Access Line) available 24 hours, seven days per week, with language capability in all languages spoken by the beneficiaries within the County.
- The Access Line is to provide information to beneficiaries about how to access Specialty Mental Health Services (SMHS), including SMHS required to assess whether medical necessity criteria are met, services to treat a beneficiary's urgent condition, and how to use the beneficiary problem resolution and fair hearing process.

Purpose:
The purpose of this Non-Clinical PIP – Access Line is to maintain historical and State mandated levels and ensure clients have the ability to provide input/feedback on the quality of Access to services.

Issue/Concern: Professional Exchange Service Corp (PESC)

- Not meeting State Mandates/Overall inconsistent outcomes
- Served Multiple non MH Agencies
- High Staff turnover rate
- Staffing pattern – not MH; inability to determine MH Condition or provide pre-screening
- Process/operation lacked client participation/input to provide services

Intervention:

- By replacing the existing, non-mental health exchange messaging service contractor with a clinical licensed/unlicensed mental health multidisciplinary team provider, then, Access Line will improve at system historical and mandated levels.

Target Population:

- All users/Callers of the 1 (800) Toll-Free Access Line

Indicators: PRE/POST

1. Test Call (verbal-Feedback Form & Written Call Log)
2. Calls Logged
3. Timeliness: Average Days from 1st Request for service to 1st Clinical Assessment
4. Consumer Satisfaction Survey (Benchmark Only)

Results:

1. Test Calls

#·1·Test·Calls·(Verbal)¤	PRE¤			¤	POST¤		
Performance·Indicator¤	Date·of·Baseline·Measurement¤	Baseline·Measurement¶ (numerator/denominator)¤	Goal·for·%·Improvement¤	Intervention·Applied·&·Date¤	Date·of·Re-measurement¤	Results¶ (numerator/denominator¤	%·Improvement·Achieved¤
Language·Line·Threshold·Language;·Spanish·Hmong¤	March·1,·2016·to·August·31,·2016¤	15/17·=·88.24%¤	10%¤	September·1·2016¤	February·11,·2017¤	16/16·=·100%¤	13%·Increase¤
Information·on·how·to·access·Specialty·Mental·Health·Services¤	March·1,·2016·to·August·31,·2016¤	33/45·=·73.33%¤	10%¤	September·1·2016¤	February·11,·2017¤	44/45·=·97.77%¤	33%·Increase¤
Information·about·services·needed·to·treat·a·beneficiaries·Urgent·Condition¤	March·1,·2016·to·August·31,·2016¤	35/45·=·77.78%¤	10%¤	September·1·2016¤	February·11,·2017¤	42/45·=·93.33%¤	20%·Increase¤
Information·about·how·to·use·the·beneficiary·problem·resolution·and·fair·hearing·process¤	March·1,·2016·to·August·31,·2016¤	0/1·=·0%¤	10%¤	September·1·2016¤	February·11,·2017¤	1/1·=·100%¤	0%·-·100%¤
Written·Log:¤	PRE¤			¤	POST¤		
Name·of·Beneficiary¤	March·1,·2016·to·August·31,·2016¤	34/45·=·75.56%¤	10%¤	September·1·2016¤	February·11,·2017¤	43/45·=·95.56%¤	26%·Increase¤
Date·of·Request¤	March·1,·2016·to·August·31,·2016¤	29/45·=·64.44%¤	10%¤	September·1·2016¤	February·11,·2017¤	45/45·=·100%¤	55%·Increase¤
Initial·Disposition·of·Request¤	March·1,·2016·to·August·31,·2016¤	32/45·=·71.11%¤	10%¤	September·1·2016¤	February·11,·2017¤	41/45·=·91.11%¤	28%·Increase¤

2. Calls Logged:

#·3·Calls·Logged:¤	PRE¤			¤	POST¤			¤
Performance·Indicator¤	Date·of·Baseline·Measurement¤	Baseline·Measurement¶ (numerator/denominator)¤	Goal·for·%·Improvement¤	Intervention·Applied·&·Date¤	Date·of·Re-measurement¤	Results¶ (numerator/denominator¤	%·Improvement·Achieved¤	¤
¤	March·1,·2016·to·August·31,·2016¤	36/45·=·80%·calls·Logged¤	25%·Increase¤	September·1·2016¤	February·11,·2017¤	45/45·=·100%·Calls·Logged¤	25%·Increase¤	¤

3. Timeliness: Average Days from 1st Request for service to 1st Clinical Assessment

# 4 Timeliness, Average # of Days to 1st Svc Assessment	PRE				POST			
Performance Indicator	Date of Baseline Measurement	Baseline Measurement (numerator/denominator)	Goal for % Improvement	Intervention Applied & Date	Date of Re-measurement	Results (numerator/denominator		% Improvement Achieved
	May 1, 2016 to August 31, 2016	May 24.31 Jun 17.36 Jul 16.97 Aug 14.32 **Avg. Days 18.24**	20% Decrease in Days from 1st request to 1st mental health Assessment	September 1 2016	March 3, 2017	Sept 13.62 Oct 12.31 Nov 17.95 Dec 15.55 **Avg. Days 14.86**		18.5% Decrease in Days from 1st request to 1st mental health assessment

4. Consumer Satisfaction Survey

# 5 Consumer Participation:	Benchmark				POST		
Performance Indicator	**Date of Baseline Measurement**	**Baseline Measurement** (numerator/denominator)	**% Goal for Improvement**	**Intervention Applied & Date**	**Date of Re-measurement**	**Results** (numerator/denominator	**% Improvement Achieved**
% of Survey Participants	April 28, 2017 to May 31, 2017	160/82 = 51%	% Goal for sample size standard is at 40%. Goal for improvement will remain the same at 40% based on sample size.	May 1, 2017	May 2018		
Consumer Satisfaction	April 28, 2017 to May 31, 2017	277/410 = 68%	% Goal is set at 70%	May 1, 2017	May 2018		
Consumer Resources and information provided to Caller	April 28, 2017 to May 31, 2017	288/410 = 70%	% Goal is set at 70%	May 1, 2017	May 2018		

QI Non-Clinical PIP Team Recommendation to Quality Improvement Committee & Leadership Team

1. Adapt the continuation of monitoring and maintain the Access Line at system level
2. Continue to monitor: Monthly Test Calls (15 test calls per month)
3. Continue to utilize consumer participants for monthly Test calls
4. Develop/Modify and Implement FCMHP Call Data Base (with appropriate specification and measuring tools and reports)
5. Continue Caller Satisfaction Survey (annual basis)
6. **244 type cell phone access linked to 800 # Promote/market 800 # in underserved/unserved areas

Overall Findings & Recommendations

76% MET (22)
10% PARTIALLY MET (3)
14% NOT MET (4)

Recommendation

1. Incorporate Quality Management as part of QI Work Plan
2. Define Goal/Objective/Performance Indicator/Target in future QIWP
3. CARF Format – Define Domains in future QIWP and How it relates to Department and EQRO Values
4. Incorporate QI Tools
    a. Run Chart by Month, Quarter, Fiscal Year/Calendar Year
    b. Flow Chart for all Access Entry Points
    c. Fish Diagram
    d. Driver Diagram
    e. Plan, Do, Study, Act
    f. Use performance indicators
5. Scheduled QIC Calendar for reporting QIWP reports, presentations and Client/Staff surveys (Staggered to avoid overlap)
6. Incorporate QIC members to participate
7. Performance Improvement Projects – utilize QI Tools
8. Develop Matrix for performance indicators based on Departments "Value Driven" Charter; Timeliness, Match Clients to appropriate services, and Client Engagement.
    a. Dashboard for all significant
9. Incorporate Substance Use Disorders (SUD) Implementation Waiver and Measurable Outcomes, if available, into QI Work Plan
10. Develop SUD performance indicators based on EQRO and State Mandates
11. Develop and implement Access Line Database that incorporates mental Health, Substance Use Disorders, Family Advocate, MAAP Points and all other specification accordingly, capturing pertinent data for reporting.
12. Sign off by QIC Chair

Fresno County, Quality Improvement Work Plan Evaluation Approved by QIC members on: April 11, 2018
Date: