



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Quality Improvement Work Plan

Fiscal Year 2016-2017

Finalized and Approved by Quality Improvement Committee on December 14, 2016

Revised as of January 12, 2017

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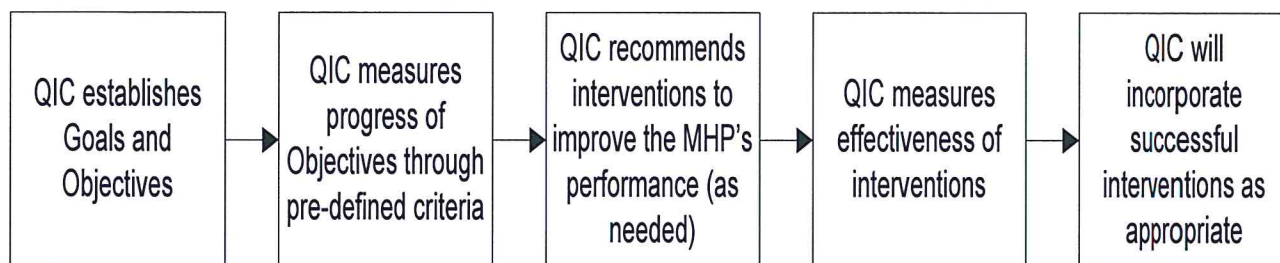
Introduction

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 spanning 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 Program is directly accountable to the Fresno County Mental Health Director. The Quality Improvement Coordinator is tasked to oversee the activities and execution of the Quality Management Program.

The Quality Improvement Committee (QIC) is 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).

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 QI 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 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.

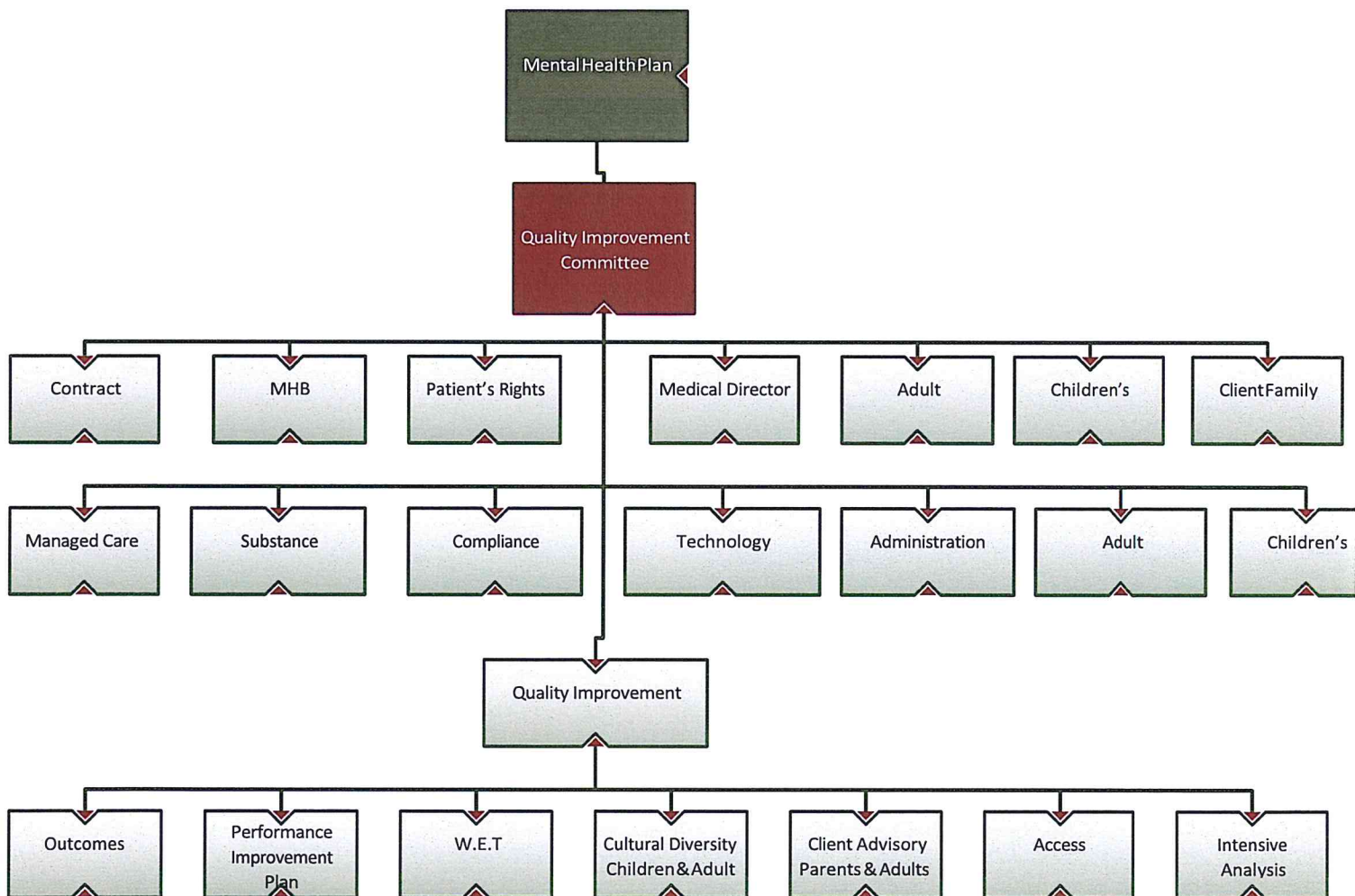
The QIC shall adhere to the following steps to measure and initiate action within the MHP. Since data are one of the only objective methods of measuring quality improvement, the QIC works closely with Information Technology staff to develop a data feedback structure on a timely basis.



Fresno County Dept. of Behavioral Health 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.

Quality Improvement Committee:



Quality Improvement Work Plan Domains:

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

County 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 976,043 people. In comparison Fresno County to the other 58 counties, Fresno County is ranked at number 10 in population size with a population growth rate of 0.77% during 2010-2015, 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, 2016)

Fresno County, California ^[2]	April 1, 2010 Census	Estimates Base	2010	2011	2012	2013	2014	2015
	930,450	930,452	932,462	940,971	947,713	955,217	964,983	974,861

According to the U.S. Census Bureau, for 2014 of 2010-2014 American Community Survey 5-Year Estimates, male population was estimated at 49.9% and female at 50.1%, population of one race at 95.8%, and two or more races at 4.2%. ^[3]

2014 of 2010-2014 American Community Survey 5-Year Estimates ^[3]	
Hispanic or Latino (of any race)	51.20%
White alone	31.60%
Black or African American alone	4.80%
American Indian and Alaska Native alone	0.50%
Asian alone	9.50%
Native Hawaiian and Other Pacific Islander alone	0.10%
Some other race alone	0.20%
Two or more races	2.00%

[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 2015-2016, Fresno County Department of Behavioral Health served 25,736 clients of the following ethnicity as identified in accordance with State Department of Health Care Services reporting requirements:

Clients Served By Racial/Ethnic Group	Fiscal Year					
	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
African American	2,305	2,513	2,956	3,134	3,205	3,207
Asian/Pacific Islander	1,139	1,214	1,282	1,306	1,287	1,320
Caucasian/White	5,365	5,601	6,370	6,820	6,990	6,992
Latino	7,501	8,086	9,853	11,080	11,644	12,096
Native American	179	186	229	228	224	249
Other Ethnicity	877	709	687	647	638	748
Unknown Ethnicity	274	327	374	882	1,071	1,124
Total Clients Served	17,640	18,636	21,751	24,097	25,059	25,736

Disparities

According to California Poverty by County, 2011-2013, the California statewide poverty rate was at 16.23%, and Fresno County was at 27.07%. ^[4]

[4] <http://www.ppic.org/main/dataSet.asp?i=1399>, source: California Poverty by County

Department of Behavioral Health Work Plans Concept

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.

Early in the spring of 2015, while in the process of analyzing MHSA funded programs, system gaps, and stakeholder feedback, members of the Leadership team observed patterns and identified opportunities to group activities. The team introduced the concept of a Transformation Plan that encompassed system planning, implementation and oversight designed to be at the core of the Department's needs assessment, gap analysis and future program planning.

This process is reflective of a comprehensive system of care based on five clearly defined work plans:

I. Behavioral Health Integrated Access

- a. Phone Access Line
- b. Multi-Agency Access Program (MAP)
- c. Primary Care Integration
- d. Reverse Integration
- e. 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

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

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.



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2016-2017

DOMAIN 1:	TIMELINESS OF ACCESS TO CARE
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GOAL 1:

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

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: Access Statistics Report

Responsible Entity: Avatar and ISDS Team

Influencing Factors: High provider vacancy rates affect capacity

Outcomes	All Services			Adult Services			Children's Services		
Calendar Year	2013	2014	2015	2013	2014	2015	2013	2014	2015
Average length of time from first request for service to first clinical assessment	16.1 days	19.4 days	14.5 days	14.2 days	14.8 days	7.84 days	18 days	24 days	21.2 days
MHP Standard or goal	30 days	30 days	30 days	30 days	30 days	30 days	30 days	30 days	30 days
Percent of appointments that meet this standard	65%		82%	76%		89%	48%		71%
Range	0-60 days	0-60 days	0-60 days	0-60 days	0-60 days	0-60 days	0-60 days	0-60 days	0-60 days

DAYS = Business Days



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2016-2017

DOMAIN 1:	TIMELINESS OF ACCESS TO CARE
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GOAL 2:

Objective: 100% of unduplicated clients served in FCDBH SD/MC facilities will be scheduled for a psychiatric appointment within 30 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: Access Statistics Report

Responsible Entity: Avatar and ISDS Team

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

Outcomes	All Services			Adult Services			Children's Services		
Calendar Year	2013	2014	2015	2013	2014	2015	2013	2014	2015
Average length of time from first request for service to first psychiatry appointment (Note)		91.7 days	38.52 days		89.5 days	36.71 days		95.8 days	42.60 days
MHP Standard or goal		14 days	30 days		14 days	30 days		14 days	30 days
Percent of appointments that meet this standard			45%			52%			31%
Range		0-444 days	0-248 days		0-444 days	0-248 days		0-419 days	0-203 days

Note: 2014 & 2015 utilized different methodologies for outcome data. In 2014, data were collected from Access forms and measured first service request. In 2015, we began measuring through an Avatar Access Statistics report.



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2016-2017

DOMAIN 1:	TIMELINESS OF ACCESS TO CARE
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GOAL 3:	Provide timely appointments for urgent conditions within 3 days
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Objective: 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: Access Statistics Report

Responsible Entity: Avatar and ISDS Team

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

Outcomes - Urgent	All Services			Adult Services			Children's Services		
Calendar Year	2013	2014	2015	2013	2014	2015	2013	2014	2015
Average length of time for urgent appointment	3.5 days	1.1 days	2 days	5 days	1.4 days	1.4 days	2 days	.70 days	2.5 days
MHP Standard or goal*	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days
Percent of appointments that meet this standard			92%			93%			90%

Note:

- MHP Standard or goal = subject group for reporting purposes only inclusive of County DBH; Contract providers will be incorporated during FY 2017-18
- Urgent Condition Services = less than 3 days to first service (face to face)



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2016-2017

DOMAIN 1:	TIMELINESS OF ACCESS TO CARE
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GOAL 4: Track trend, access data to assure timely access to follow-up appointment after hospitalization

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

Population Measured: Medi-Cal clients receiving outpatient specialty mental health services in Fresno County DBH facilities who have recently been hospitalized

Frequency of Data Collection: Quarterly

Method of Data Collection: Underutilization Report; Census reports from PHF, Kaweah Delta, CBHC

Responsible Entity: Manually run by ISDS; data input into Avatar by PSS & QI is backup

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

Outcomes	All Services	Adult Services	Children's Services
Calendar Year	2015	2015	2015
Total number of hospital admissions	2,281	1,606	675
Total number of follow-up appointments within 30 days	1,563	1,056	507
Average length of time for a follow-up appointment after hospital discharge	18.29 days	18.94 days	9.70 days
MHP Standard or goal	30 days	30 days	30 days
Percent of appointments that meet this standard	69%	66%	75%

Note: Total hospital admission calculates total admissions during reporting period, not unique client count (client duplicates). Data were not tracked prior to 2015.



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2016-2017

DOMAIN 1:	TIMELINESS OF ACCESS TO CARE
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GOAL 5:	No Shows
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Objective: 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: Avatar and ISDS

Influencing Factors:

Outcomes	All Services			Adult Services			Children's Services		
Calendar Year	2013	2014	2015	2013	2014	2015	2013	2014	2015
Average No Shows for clinicians/non-psychiatrists	4%	4%	5%	3%	4%	5%	5%	5%	8%
MHP standard or goal			20%			20%			20%
Average No Shows for Psychiatrists	5%	5%	17%	2%	1%	15%	9%	11%	18%
MHP Standard or goal			20%			20%			20%



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2016-2017

DOMAIN 1:	TIMELINESS OF ACCESS TO CARE
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GOAL 6:	Client Cancellation
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Objective: 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: Avatar and ISDS

Influencing Factors:

Outcomes	All Services			Adult Services			Children's Services		
Calendar Year	2013	2014	2015	2013	2014	2015	2013	2014	2015
Average Cancellation for clinicians/non-psychiatrists									
MHP standard or goal			20%			20%			20%
Average Cancellation for Psychiatrists									
MHP Standard or goal			20%			20%			20%



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2016-2017

DOMAIN 1:	TIMELINESS OF ACCESS TO CARE
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GOAL 7:	Access Forms to be completed at Admission/Re-Admission
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Objective: 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:

Outcomes	Total			Adult Services	Children's Services
Calendar Year	2013	2014	2015	2015	2015
Access Form Completed					
Access Form Not Completed					
New Admits			57	48	9
Re-Admits			72	62	10
Total			129	110	19
MHP standard or goal			100%	100%	100%

Re-Admits: A new Access form must be completed for clients who have had a lapse in service(s) 6 months or more.

Note: need to run a report Access forms completed vs. not completed, compute monthly average. 7/26/16



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2016-2017

DOMAIN 1:	TIMELINESS OF ACCESS TO CARE
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GOAL 8: 100% of Monthly Test Calls will be logged in the Access Line Database

Objective: 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.

Population Measured: Medi-Cal clients accessing the Access Line for outpatient specialty mental health services

Frequency of Data Collection: Monthly/Quarterly

Method of Data Collection: Access Line Database/Test Call Summary and Quarterly Reports

Responsible Entity: Professional Exchange Services Corp., Exodus, ISDS-Robert

Influencing Factors:

Outcomes									
Total # of Calls Made	Total # of Calls Logged	Total # of Calls w/Accurate Names	Total # of Calls 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
Calendar Year 2013									
100	70/100 70%	47 of 100 47%	66 of 100 66%	47 of 100 47%	58 of 100 58%	82/100 82%	84 of 100 84%	65/100 65%	50/100 50%
MHP Goal	100%	100%	100%	100%	100%	100%	100%	100%	100%
Calendar Year 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%
MHP Goal	100%	100%	100%	100%	100%	100%	100%	100%	100%
Calendar Year 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%
MHP Goal	100%	100%	100%	100%	100%	100%	100%	100%	100%
Calendar Year 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%
MHP Goal	100%	100%	100%	100%	100%	100%	100%	100%	100%



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2016-2017

DOMAIN 1:	TIMELINESS OF ACCESS TO CARE
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GOAL 9: Increase service delivery capacity through Penetration Rate of clients served

Objective: 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 Contracted providers

Frequency of Data Collection: Quarterly

Method of Data Collection: Avatar Penetration Rate Report

Responsible Entity: ISDS Team

Influencing Factors: Capacity is affected by large vacancy rates within the Department. Clients in rural areas have no access to transportation. MH stigma is widespread in areas of Fresno County.

Calendar Year	Large CA Counties*	EQRO*	Fresno County**
2008	6.63%	4.37%	N/A
2009	6.25%	4.01%	N/A
2010	5.92%	3.60%	N/A
2011	5.76%	3.44%	
2012	5.77%	3.59%	
2013	5.44%	3.74%	
2014	4.99%	3.83%	
2015			

**EQRO and County pull from various and separate data sources.*

***2008-2010 County M/C Eligibility Count unavailable in AVATAR for report purposes*



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2016-2017

DOMAIN 1:	TIMELINESS OF ACCESS TO CARE
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GOAL 10:	Create an On-Demand provider list
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Objective:	The Fresno County MHP will develop an On-Demand "Provider List" within Avatar and posted on the DBH website.
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Population Measured:	DBH In-House Programs and Contract Providers
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Frequency of Data Collection:	Updated Monthly
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Method of Data Collection:	Managed Care list of Providers and County Data
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Responsible Entity:	Managed Care, Business Office, ITSD, QI
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Influencing Factors:	Coordination of Provider List between Division and process in maintenance of Provider List
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FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2016-2017

DOMAIN 2:	SAFETY & QUALITY OF CARE
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GOAL 1:	Develop a Medication Monitoring Tool
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Objective: Develop a Medication Monitoring Tool. 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

DOMAIN 2:	SAFETY & QUALITY OF CARE
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GOAL 2:	Develop a Polypharmacy Monitoring Tool
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Objective: 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:

Responsible Entity: Psychiatry Team

Influencing Factors:



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2016-2017

DOMAIN 2:	SAFETY & QUALITY OF CARE
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GOAL 3:	Provide Timely Review of Outpatient Chart Audits to ensure Medical Necessity Criteria are met
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Objective:	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.
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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/Monthly
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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
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FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2016-2017

DOMAIN 2:	SAFETY & QUALITY OF CARE
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GOAL 4:	Intensive Analysis Monitoring
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Objective: The Fresno County MHP will conduct clinical case reviews of critical incidents

Population Measured: MHP staff providing outpatient specialty mental health services

Frequency of Data Collection: Quarterly

Method of Data Collection: Critical Incident Reports, Root Cause Analysis reviews

Responsible Entity: Intensive Analysis Committee

Influencing Factors:

DOMAIN 2:	SAFETY & QUALITY OF CARE
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GOAL 5:	Intensive Analysis Monitoring
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Objective: 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

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

Frequency of Data Collection: Quarterly

Method of Data Collection: Critical Incident Reports, Root Cause Analysis reviews

Responsible Entity: Intensive Analysis Committee

Influencing Factors:



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2016-2017

DOMAIN 3:	BENEFICIARY SATISFACTION
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GOAL 1:	Consumer Perception Survey (formerly known as POQI)
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Objective:	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.

DOMAIN 3:	BENEFICIARY SATISFACTION
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GOAL 2:	To Provide Effective tracking of Grievances, Appeals, State Fair Hearings and Change of Provider requests
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Objective:	The MHP will evaluate beneficiary grievances, appeals, expedited appeals and change of provider requests within the DHCS timeframe standards
Population Measured:	Medi-Cal beneficiaries receiving specialty mental health services via the DBH in-house and contracted providers
Frequency of Data Collection:	Quarterly
Method of Data Collection:	ABGAR Report
Responsible Entity:	Managed Care
Influencing Factors:	Not Applicable



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2016-2017

DOMAIN 4 :	QUALITY ASSURANCE
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GOAL 1:	Ensure Timeliness of Clinical Documentation within 5 business days
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Objective: 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:

DOMAIN 4 :	QUALITY ASSURANCE
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GOAL 2:	Ensure the timeliness of Treatment Authorization Request (TARs)
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Objective: 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:



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2016-2017

DOMAIN 4 :	QUALITY ASSURANCE
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GOAL 3:	Certification and Re-Certification of Programs
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Objective: 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.

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:



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2016-2017

DOMAIN 5 :	STAFF ENGAGEMENT
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GOAL 1:	The MHP will Distribute Staff Engagement Surveys Once Per Year
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Objective:	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/IT
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Influencing Factors:	Number of staffing participants in DBH In-House and Contracted mental health and substance use disorder providers.
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Cost:

Cost of Survey \$15/survey

Approximately 600 surveys/year at \$9000

Additional Cost for Staff Development Trainer(s) and Clinical Supervisor time

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 per organization.



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2016-2017

DOMAIN 5 :	STAFF ENGAGEMENT
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GOAL 2:	Conduct an Annual Cultural Competency Staff Survey
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Objective:	The MHP will survey staff to measure the cultural competency level of staff and respond with training as indicated in areas of highest need.
Population Measured:	DBH Staff and Contract providers (mental health)
Frequency of Data Collection:	Annually (November/December)
Method of Data Collection:	SurveyMonkey Data Collection
Responsible Entity:	Administration Cultural Competency Coordinator/QI/ISDS
Influencing Factors:	

DOMAIN 5 :	STAFF ENGAGEMENT
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GOAL 3:	Cultural Competency Plan
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Objective:	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.



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2016-2017

DOMAIN 6 : TRANSPARENCY	
GOAL 1:	Dashboard as Required by 1915b Waiver Special Terms & Conditions
Objective:	To provide readily available program Outcomes data to beneficiaries, members of the community, MHP staff, and the State via Department website
Population Measured:	Medi-Cal beneficiaries receiving SMHS through the Fresno County MHP
Frequency of Data Collection:	Monthly, with timely updates to the Dashboard and posting to the internet
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).
Responsible Entity:	Administration/QI/ISDS/Compliance/Managed Care
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.
DOMAIN 6 : TRANSPARENCY	
GOAL 2:	Develop User-Friendly, Informative, Easy to Navigate Department of Behavioral Health Website
Objective:	Make readily available current program access information and program outcomes information for all programs on the DBH website
Population Measured:	Department of Behavioral Health Website
Frequency of Data Collection:	As reports are available
Method of Data Collection:	Department of Behavioral Health Program Website
Responsible Entity:	Behavioral Health Divisions/ISDS/QI
Influencing Factors:	Development of new County website, request for proposal, website limitations and available staff resources



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2016-2017

DOMAIN 6 : TRANSPARENCY	
GOAL 3:	Develop and implement the Drug Medi-Cal Organized Delivery System Waiver Plan
Objective:	Integrate the Drug Medi-Cal Organized Delivery System into the QI Work Plan for Fiscal Year (FY) 2018-19
Population Measured:	Fresno County
Frequency of Data Collection:	Drug Medi-Cal Waiver Plan due to the State on June 30, 2017
Method of Data Collection:	Department of Behavioral Health Substance Use Disorders Contracts and Mental Health Division, and Stakeholder Input.
Responsible Entity:	Department of Behavioral Health Substance Use Disorders Contracts and Mental Health Division (SUD is Lead Division)
Influencing Factors:	Stakeholder input and participation



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2016-2017

DOMAIN 7 :	PERFORMANCE IMPROVEMENT PROJECTS
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GOAL 1:	Clinical Performance Improvement Project
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Objective:	Improve Care Coordination and timely follow-up services while reducing recidivism rate at Psychiatric Health Facility for Youth.
Population Measured:	Medi-Cal beneficiaries (Youth) receiving specialty mental health services at DBH Contracted Provider Psychiatric Health Facility
Frequency of Data Collection:	Annual, monthly monitoring
Method of Data Collection:	Avatar Pre/Post
Responsible Entity:	DBH Children's Outpatient/ISDS/QI/Central Stars Behavioral Health
Influencing Factors:	Measureable Monitoring Outcomes availability



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH QUALITY IMPROVEMENT WORK PLAN 2016-2017

DOMAIN 7 :	PERFORMANCE IMPROVEMENT PROJECTS
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GOAL 2:	Non-Clinical Performance Improvement Project
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Objective: 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

Population Measured: Professional Exchange Services Corp/Exodus Recovery Inc./MHP Beneficiaries

Frequency of Data Collection: Monthly

Method of Data Collection: Avatar ISDS Report/Access Data Base Call Log/Professional Exchange Services Corp./Exodus Recovery, Inc.

Responsible Entity: Administration/ISDS/QI

Influencing Factors: