



Fresno County

Department of Behavioral Health
Mental Health/Substance Use Disorders Work Plan
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Quality Management, Assurance and Performance Improvement Work Plan for *Mental Health Plan & Drug Medi-Cal Organized Delivery System*

Reviewed, Adopted and Approved by the Quality Improvement Committee on July 2018

Revised as of: **November 14, 2018**

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Attachments

Attachment A - Quality Improvement Committee Charter

Attachment B – Fresno County, Department of Behavioral Health, Guiding
Principles of Care Delivery

1. COUNTY PROFILE AND DEMOGRAPHICS

County Profile

Founded in 1856, Fresno County is located near the center of California's San Joaquin Valley. 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

The population of Fresno County is estimated at 989,255 (as of July 1, 2017). Fresno County is ranked 10th among California's 58 counties in population size with a total population growth of .85% from 2010 to 2017. The average household income is estimated at \$71,247. There are an estimated 304,455 households and the average household size is 3.19. ^[1]

Population Estimate (as of July 1)

Fresno County, California ^[2]	April 2010 Census	Estimates Base	2011	2012	2013	2014	2015	2016	2017
	930,450	930,495	940,360	940,851	953,787	963,170	972,333	979,534	989,255

According to the 2015 U.S. Census Bureau, American Community Survey 5-Year Estimates (2010-2015), males were estimated at 49.9% and females at 50.1% of the population. Individuals who identified as one race represent 96.1% of the population and those who identified as two or more races represent 3.9%. ^[3]

2010-2015 American Community Survey 5-Year Estimates ^[3]	
Race	Percent
Hispanic or Latino (of any race)	52.00%
White alone	30.80%
Black or African American alone	4.70%
American Indian and Alaska Native alone	0.50%
Asian alone	9.70%
Native Hawaiian and Other Pacific Islander alone	0.10%
Some other race alone	0.20%
Two or more races	2.00%
Unknown	0.10%

Age	Percent
0-19	31.8%
20-64	57.0%
65+	11.2%
Gender	Percent
Female	50.1%
Male	49.9%

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

[2] <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

[3] <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

Threshold Languages

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

Population Served

In Fiscal Year 2017-2018, Fresno County Department of Behavioral Health (DBH) served 21,556* beneficiaries who represent the following race/ethnicity, age, and gender as identified in accordance with California Department of Health Care Services (DHCS) reporting requirements:

Beneficiaries Served by the Mental Health Plan							
		FY2012-13	FY2013-14	FY2014-15	FY2015-16	FY2016-17*	FY2017-18*
Total Population Served		22,312	24,489	25,347	26,458	21,129	21,556
RACE/ETHNICITY							
	African American	3,092	3,246	3,352	3,407	2,609	2,664
	Asian/Pacific Islander	1,330	1,350	1,353	1,405	1,216	1,299
	Caucasian/White	6,690	7,141	7,424	7,583	6,209	6,118
	Hispanic/Latino	10,478	11,579	11,988	12,769	10,457	10,748
	Native American	279	271	272	295	246	251
	Other Ethnicity	443	902	958	999	392	476
AGE							
	0-17	6759	7,655	7,897	8,155	7,382	7,668
	18-39	8442	9,276	9,686	10,233	7,345	7,411
	40-64	6561	6,957	7,138	7,392	5,877	5,942
	65+	550	601	626	678	525	535
Gender							
	Female	10560	11,639	12,301	12,860	10,722	10,820
	Male	11684	12,788	13,016	13,589	10,407	10,731
	Unknown/Other	68	62	30	9	0	5

Disparities

According to California Poverty by County, 2014-2016, the California statewide poverty rate was at 19.8%, and Fresno County was at 25.8%. [4]

*The method used to obtain the number of beneficiaries served has been changed from previous MHSA County Demographic Annual Updates. The table has been adjusted accordingly for FY 2016-17 and FY 2017-18. In addition, the beneficiaries served by the MHP excludes consumers who did not receive mental health treatment or substance use disorders services.

[4] <http://www.ppic.org/data-set/california-poverty-by-county>

2. QUALITY MANAGEMENT INTRODUCTION (Vision & Mission)

Fresno County Dept. of Behavioral Health Vision & Mission Statement

Vision – Health and well-being for our community

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

The Fresno County Mental Health Plan and Drug Medi-Cal Organized Delivery System (MHP/DMC-ODS) are operated through DBH and its network of contract providers, community partners, beneficiaries, family members and stakeholders. This Quality Management, Assurance and Performance Work Plan integrates both the Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) from here forward referred to as MHP/DMC-ODS. The MHP/DMC-ODS is committed to quality improvement throughout the system of care. The MHP/DMC-ODS has developed a Quality Management Program in response to the State and Federal regulations outlined in the MHP/DMC-ODS separate Contracts. This Quality Management (QM) Program and the Quality Improvement Committee (QIC) are directly accountable to the Fresno County DBH Director who is the Mental Health Director and the Alcohol and Other Drug Program Administrator. The Quality Improvement Coordinator (QI Coordinator), within the Technology & Quality Management Division is tasked to oversee the activities and execution of the Quality Management Program.

Year one of the DMC-ODS implementation (January 1, 2019) will identify Objectives, Performance Indicators which will establish benchmarks and standards.

3. QUALITY MANAGEMENT AND ASSURANCES

The responsibilities of the QM team and the QI Coordinator are to be up to date on quality improvement techniques and continuously seek the latest data collection technology, methodology of data analysis. The QI Coordinator will collaborate with the DBH executive team, leadership division managers, contracted service providers, stakeholders, beneficiaries/consumers and family of consumers, and State and local departments such as DHCS and External Quality Review Organization (EQRO).

The QM Team shall ensure outcomes are consistent with current practices and align with DHCS and External Quality Review Organization (EQRO) goals. In addition, the QM Team will work collaboratively with Divisions within DBH to provide oversight of the beneficiary and system outcomes, utilization management, utilization review, provider appeals, credentialing and monitoring and resolution of beneficiary grievances. QM will work collaboratively with the DBH's Medical Director to monitor DBH's coordination of care with physical health providers and participate in the development and implementation of medication and polypharmacy monitoring tools. Medication practice shall include a mechanism to monitor the safety and effectiveness of medication practices. The monitoring mechanism shall be under the supervision of a person licensed to prescribe or dispense prescription drugs. These Departmental Divisions will hold membership within the QIC.

The QM Team shall ensure the development and implementation of the Intensive Analysis and Cultural Competency Committees. The Intensive Analysis Committee shall monitor appropriate and timely intervention of occurrences that raise quality of care concerns. The Intensive Analysis Committee shall investigate and take appropriate action when such an occurrence is identified. The Cultural Competency Committee shall ensure the development and implementation of an annual Cultural Competency Plan that meets State requirements and is made available to DHCS, EQRO, and stakeholders. The Cultural Competency Committee will ensure Department and contracted service providers meet the standard cultural and linguistic competency criteria.

As written within this *Quality Management, Assurance and Performance Improvement Work Plan (QI Work Plan)* the QM will identify the Organizations structure as it relates to Quality Improvement. The *QI Work Plan* incorporates mental health and substance use disorders goals, objectives, performance indicator(s), and QI activities. The QI Work Plan reflects the Commission on Accreditation of Rehabilitation Facilities (CARF) standards.

QM shall ensure the QI Work Plan for the current Fiscal Year (FY) and the Work Plan evaluation are reflective of the previous FY that identifies the impact and effectiveness of its quality assessment and performance improvement program. The Work Plan shall include but will not be limited to evidence of monitoring of QI activities, evidence of Performance Improvement Projects (Clinical/Treatment and Non-Clinical/Non-Treatment), evidence of completed and in process QM activities, and a description of the mechanism the QM has implemented to assess the accessibility of services within the service delivery system. In addition, the QM will ensure that substance use disorders contracted service providers utilize three (3) Evidence Based Practices, one of which is Motivational Interviewing.

QM shall ensure objectives and performance indicator(s) are developed through appropriate steps:

- 1) Determine what construct to assess,
- 2) Write an objective,
- 3) Determine how to measure,
- 4) Write a performance indicator, and
- 5) Set a target.

QM shall ensure activities and other ancillary items such as data, findings, and QI actions are available to DHCS, EQRO, and communicated to DBH contracted service providers' staff, consumers/beneficiaries, family members and other stakeholders associated with Quality Improvement.

4. QUALITY MANAGEMENT ACTIVITY

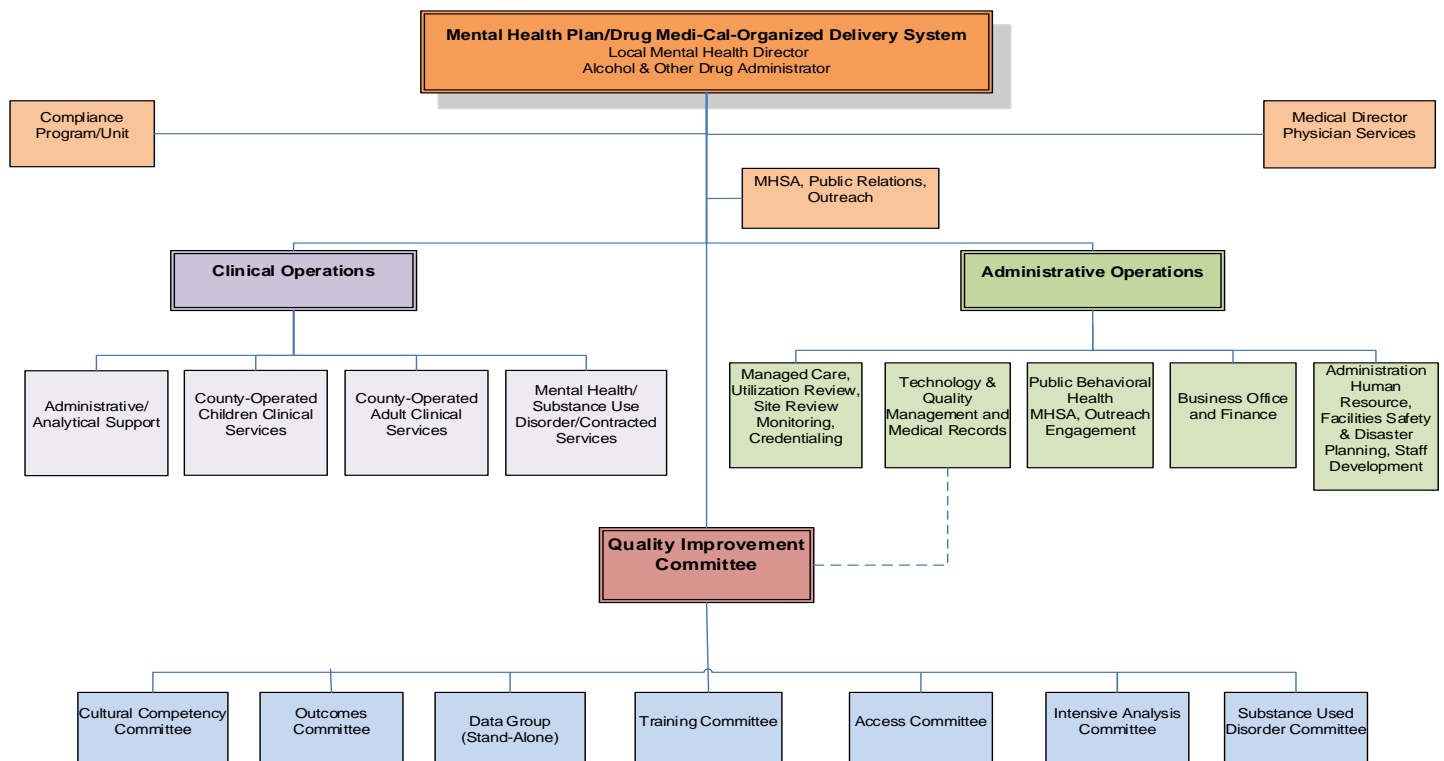
The work of the Quality Management (QM) system is organized into three basic activities: quality assessment, quality improvement, and activity tracking, which are overseen by and reported to the Quality Improvement Committee (QIC). QM processes are designed to obtain input from various stakeholders in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

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

5. QUALITY IMPROVEMENT COMMITTEE

In addition to the QM, the QI Work Plan is comprised of the Quality Improvement Committee (QIC) and Sub-Committees, which are responsible for the assessment, improvement and evaluation of the quality of behavioral health care rendered by the Fresno County MHP/DMC-ODS. The QIC and subcommittees are comprised of:

1. Quality Improvement Committee (QIC)
2. Access Committee
3. Outcomes Committee
4. Intensive Analysis Committee
5. Cultural Competency Committee (stand-alone)
6. Training Committee (stand-alone)
7. Substance Use Disorders Committee (SUD)
8. Data Group (stand-alone)



Revised 11-14-2018

The QIC is responsible for the planning, design and execution of the QI Work Plan. The QI Work Plan provides a roadmap to outline how the MHP/DMC-ODS will review the quality of specialty behavioral health services under its umbrella. The objectives of this QI Work Plan are to guide the QIC and its subcommittees to meet its goals. Furthermore, the QIC will develop a Charter,

approved by the committee, for the purpose of focusing and staying on track to fulfilling QIC responsibilities (*Attachment A*). The QI Work Plan shall be available to stakeholders and evaluated annually.

The structure of the QIC is designed to include participation from DBH, contracted services providers, beneficiaries and family members/legal representatives of anyone that has accessed services from the MHP/DMC-ODS. In addition, the QI Work Plan incorporates input and suggested feedback from External Quality Review Organization (EQRO) and most recently the DHCS Medi-Cal System and Chart Audit Review. The QIC is committed to honest dialogue; therefore, the MHP/DMC-ODS 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/DMC-ODS as a result of their role(s) 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 consumer, beneficiary and family feedback, DBH, State and Federal requirements. Data are one of the only objective methods of measuring quality improvement, the QIC works closely with appropriate members and Information Technology staff members to develop a data structure that test the validity and reliability of data.

Committee	Composition	Responsibility
Quality Improvement Committee Address: Blue Sky Wellness Center 1617 E Saginaw Way, Fresno CA 93704 Large Group Rm Frequency: 2 nd Wednesday of each month.	Director; Deputy Directors; Adult, Children Clinical Services and other DBH Division Managers; Contracted Services Providers; QI Coordinator; T&QM Division Staff; DBH Peer Support; Consumers, Beneficiaries and Family Members. Chair is the QI Coordinator or Designee.	<ul style="list-style-type: none"> • Serve as the oversight body for Quality Management. • Responsible for the planning, design and execution of the QI Work Plan providing a roadmap to outline how the MHP/DMC-ODS is to review, assess, and evaluate the quality of specialty behavioral health services under its umbrella, and ensure its subcommittees to meet their goals. • Develop a QIC Charter • Provide a forum to receive feedback regarding the quality of services provided to beneficiaries and family members. • Review system data collection activities, grievance and complaint procedures, and consumer outcome and satisfaction surveys. • Provide input in development of an annual work plan to evaluate system objectives and activities and to address potential areas relating to QM functions. • Oversee the collection and analysis of data such as data/reports related to beneficiary's clinical outcomes, satisfaction, service access,

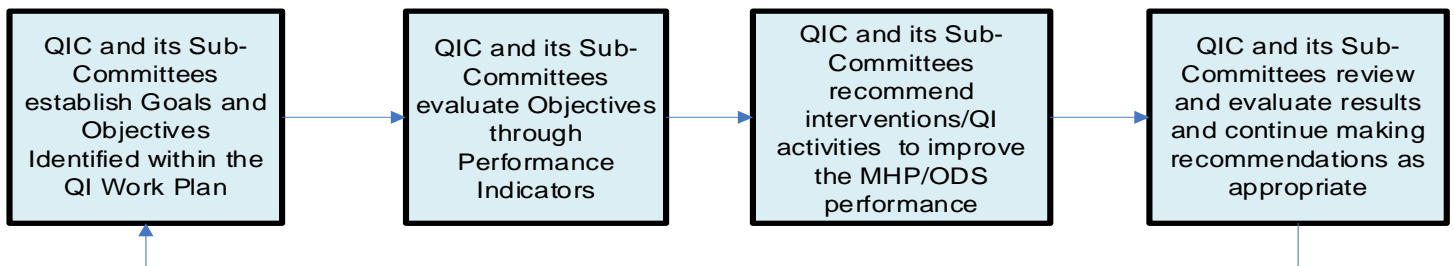
		<p>service capacity, grievances, MHP/DMC-ODS 800 Toll Free Access Line, monthly Test Calls, clinical guidelines, standards, policies and procedures.</p> <ul style="list-style-type: none"> • As the need arises, recommend/designate the responsible party or workgroup or ad hoc committee to execute the planned improvements with specific parameters and timelines for reporting the results of its work. • Ensure that the identified improvement opportunities are planned, implemented and evaluated. • Monitor and evaluate the annual work plan's effectiveness. • Assure that QI activities include measures and processes that assess the cultural competence of the System of Care.
<p>Access Committee</p> <p><u>Address:</u> 3133 N. Millbrook Ave Fresno, CA 93703 Room 165</p> <p><u>Frequency:</u> 2nd Tuesday of each month.</p>	<p>Adult and Children Clinical Services Division Managers relevant to care access points; Contracted Services Division Manager; QI Coordinator; QI Staff Members; Technology Staff Member; Contracted Program Directors; Contracted Access Line Program Manager.</p> <p>Chair is a Designated Member From Quality Improvement Team.</p>	<ul style="list-style-type: none"> • Serve as the oversight body for access to care. • Ensure that beneficiaries have access to specialty behavioral health services. • Review, discuss, identify issues/concerns and provide recommendation to leadership for program improvement, allowing for access to beneficiaries to be efficient and effective. Items include reviewing PPGs, State Regulations tracking/monitoring the 1-800 Access Line, timeliness of services, review/develop necessary reports for program effectiveness and interpreting & translation services. • To identify opportunities to improve care access and ensure that, the identified improvement opportunities are planned, implemented and evaluated.
<p>Outcomes Committee</p>	<p>Director; Clinical Deputy Director; Adult and Children Clinical Services and other Division Manager; QI</p>	<ul style="list-style-type: none"> • Serve as the oversight body for performance outcome measures. • Provide a forum to receive guidance and feedback from the MHP/DMC-ODS leadership for making/recommending strategic decisions

<p><u>Address:</u> 3133 N. Millbrook Ave Fresno, CA 93703 Room 165</p> <p><u>Frequency:</u> 4th Tuesday of each month.</p>	<p>Coordinator/designee; Clinical Support Team, Information Technology-Epidemiologist</p> <p>Chair is the T&QM QI Coordinator or a Designee.</p>	<p>on the performance outcome measures, protocol and implementation.</p> <ul style="list-style-type: none"> • Assess and recommend guidelines related to Access, Effectiveness, Efficiency, and Satisfactory to identify quality improvement opportunity. • Monitor the annual performance outcome measure reporting. • Ensure that the identified improvement opportunities are planned, implemented and evaluated.
<p>Intensive Analysis Committee</p> <p><u>Address:</u> Meeting location to be determined</p> <p><u>Frequency:</u> Held as an as needed basis, otherwise, quarterly</p>	<p>Clinical Deputy Directors; Adult and Children Clinical Services Division Managers; Contracted Services Division Manager; Ad-hoc relevant members.</p> <p>Chair is a designated licensed clinician from Quality Improvement Team.</p>	<ul style="list-style-type: none"> • Oversee the reported incidents and review of adverse incidents for care improvement opportunity. • Identify general areas of potential risk in the clinical aspects of consumer care and safety. • Evaluate specific cases with potential risk in the clinical aspects of consumer care and safety. • Recommend corrections for problems in the clinical aspects of consumer care and safety. • Review adverse events as reported through the Quality of Care Reporting System as to matters that may affect the provision of care to mental health and substance use disorders beneficiaries. • Recommend a process to reduce risk in the clinical aspects of consumer care and safety.
<p>Cultural Humility Committee</p> <p><u>Address:</u> 3127 N. Millbrook Ave Fresno, CA 93703</p> <p><u>Frequency:</u> 1st Thursday of each month.</p>	<p>Cultural Humility Coordinator, Stakeholders</p> <p>Chair is the Cultural Humility Coordinator and/or designee</p>	<ul style="list-style-type: none"> • Develop and implement the Cultural Responsive Plan annually; • Distribute and Report on the annual Self-Assessment results & provide insights for recommendations to enhance service as required; • Update on Cultural Humility protocols & status of DBH mandates; • Update on insights of BH disparities if any and recommendations where appropriate;

		<ul style="list-style-type: none"> • Ensure MHP/DMC-ODS and Contract Service Providers meet Cultural Humility criteria • Provide support to QIC in the areas of cultural Humility as needed.
Training Committee <u>Address:</u> To be determined <u>Frequency:</u> To be determined	Training Coordinator, Stakeholders Chair is the Training Coordinator	The Training Committee is being renewed for FY 2018-19; Committee will include community agencies that are partners and allies in the areas of workforce development, education and training. In addition, the Committee currently has members from the Regional Workforce Investment Board, Fresno State (various departments), State Center Community College District (several departments), Fresno Pacific University (several departments), Contracted Service providers, Behavioral Health Board Members, DBH representatives, and Peer Support Staff/Family Members. The goal is to develop working projects to advance capacity building and target training and education to help achieve those and other goals, including reducing barriers to services, and building capacity within the existing workforce around core competencies.
Substance Use Disorders Committee <u>Address:</u> At various locations <u>Frequency:</u> To be determined on a monthly basis	DBH Division Managers, Contracted Services Providers; Technology & Quality Management staff; Managed Care and Compliance Chair is Substance Use Disorders, Principal Analyst and/or designee.	<ul style="list-style-type: none"> • Discuss issues and necessary procedures for DMC-ODS Waiver Implementation. • Develop Policy, Procedure Guidelines to meet local and State requirements. • Integrate mental health/Substance Use Disorders into one QI Work Plan. • Identify measureable Objectives and Performance Indicators in accordance to CARF standards. • Participate in the development and implementation of the Annual QI Work Plan and Evaluation. • Develop a QIC specific to Contract Service Providers/SUD beneficiaries and have representation at QIC and Subcommittees. • Oversee Treatment and Non-Treatment Performance Improvement Projects.

		<ul style="list-style-type: none"> • Assist QI Team in EQRO and DHCS requirements. • Identify mandated Trainings, Certifications, Licensing required for the DMC-ODS Waiver Implementation and QI integration. • Oversee the QI Work Plan as it relates to Federal, State and local mandates and regulations as it relates to the DMC-ODS
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Plan, Design, Study, Act, and Evaluate:



6. QUALITY MANAGEMENT, ASSURANCE AND PERFORMANCE IMPROVEMENT WORK PLAN GOALS:

1. Timeliness of Access to Care
2. Safety and Quality of Care Concerns
3. Beneficiary Satisfaction
4. Quality Assurance
5. Staff Development and Engagement
6. Transparency
7. Performance Improvement Projects

These goals are reflective of a comprehensive system of care based on the Fresno County, Department of Behavioral Health Guiding Principles of Care Delivery (*Attachment B*). This QI Work Plan provides objectives and Performance Indicators for both the MHP and DMC-ODS.

7. DEFINITIONS:

ACCESS – Barriers, or lack thereof, for persons in obtaining services. May apply at the level of the individual persons served (timeliness or other barriers) or the target population for the organization. Organizations capacity to provide services of those who desire or need services. Barriers, or lack thereof, for persons obtaining services:

- ❖ Wait time for routine or emergency care
- ❖ Telephone response time
- ❖ Service hours and locations
- ❖ Time from 1st Request for Service to 1st appointment
- ❖ Success of Referral process

ASSESSMENT—Process used with the beneficiary to collect information related to his or her history and strengths, needs, abilities, and preferences in order to determine the diagnosis, appropriate services, and/or referral.

ASSURANCE (Quality)—A program for the systematic monitoring and evaluation of the various aspects of a project, service, or facility to ensure that standards of quality are met.

BEHAVIORAL HEALTH—A category of medicine and rehabilitation that combines the areas of alcohol and other drug services, mental health, and psychosocial rehabilitation.

CHARTER—Provides guidelines for committees to focus and stay on track to fulfill its purpose.

CONSUMER/BENEFICIARY—The person served. When the beneficiary is legally unable to exercise self-representation at any point in the decision-making process, beneficiary also refers to those persons willing and able to make decisions on behalf of the beneficiary. These individuals may include family members, significant others, legal representatives, guardians, and/or advocates, as appropriate. The organization should have a means by which a legal representative of the beneficiary, if any, is invited to participate at appropriate points in the decision-making process. By the same token, a person who is legally able to represent his or her own interests should be granted the right to choose whether family, significant others, or advocates may participate in the decision-making process. In standards that deal with infants, children, and/or adolescents, the family may be referenced directly as the family may serve as a beneficiary in such situations.

CULTURAL Humility—An organization's ability to recognize, respect, and address the unique needs, worth, thoughts, communications, actions, customs, beliefs, and values that reflect an individual's racial, ethnic, religious, and/or social groups or sexual orientation.

DATA—A set of values of qualitative or quantitative variables, e.g., facts, objective information, or statistics collected, assembled, or compiled for reference, analysis and use in decision-making.

EFFECTIVENESS— Results achieved and outcomes observed for beneficiary. Can apply to different points in time (during, at the end of, or at points in time following services). Can apply to different domains (e.g., change in disability or impairment, function, participation in life's activities, work, and many other domains relevant to the organization.)

Address Quality of Care through measuring Change over Time. Results achieved and outcomes observed for beneficiary.

- ❖ Reduction in Homeless days, Hospitalization, Jail days
- ❖ Successful Discharge from program (Goal Attainment)
- ❖ Improvement in Physical Health, functioning, overall well-being

EFFICIENCY- Relationship between resources used and results or outcomes obtained. Resources can include, for example, time, money, or staff/FTEs. Can apply at the level of the beneficiary, program, or groups of persons served or at the level of the organization as a whole.

Relationship between Results and Resources used (time, money, staff/FTEs)

- ❖ Beneficiary length of Stay
- ❖ Service delivery cost per service unit
- ❖ Direct service hours of clinical staff
- ❖ Staff Turnover Rate

GOAL-A goal can be defined as an aim or desired outcome. All of us have goals that become the guiding force of our lives as we strive to achieve them through any means necessary. Very early in our lives we decide what we are going to become in the future, and start working with the intention of realizing it. This becomes our ultimate goal. Define by Org Mission Statement, Vision, Values, Target Population.

GRIEVANCE- A perceived cause for complaint.

IMPROVEMENT- State of being improved; especially: enhanced value or excellence. An instance of such improvement: something that enhances the quality (value/excellence) or standards.

INDICATOR- Indicator is a visible or tangible target lets us all know when people are approaching their desired outcome. They are steps, or 'indicators' along the way.

MEDICATION ASSISTED TREATMENT (MAT) - the ordering, prescribing, administering, and monitoring of all medications for substance use disorders.

MEDICATION MANAGEMENT- The practice of prescribing, administering, and/or dispensing medication by qualified personnel. It is considered management when personnel in any way effect dosage, including taking pills out of a bottle or blister pack; measuring liquids; or giving injections, suppository, or PRN medications.

MEDICATION MONITORING- The practice of providing a secure storage area and controlled access for medications that are brought into a program and used by the beneficiary. The beneficiary must take the medication without any assistance from personnel.

MISSION- An organization's reason for being. An effective mission statement reflects people's idealistic motivations for doing the organization's work.

NARCOTIC TREATMENT PROGRAM (NTP) - provide opioid medication assisted treatment to those persons addicted to opiates. NTPs also provide detoxification and/or maintenance treatment services which include medical evaluations and rehabilitative services to help the beneficiary become and/or remain productive members of society.

OBJECTIVE- Objectives are sub-goals or part goals that are definable and achievable in a short period. It is after succeeding the sub-goals that the individual can finally achieve his ultimate goal. Define as a general category of issue/values statements that are values interest to stakeholders. Objectives may encompass several Performance Indicators.

OUTCOME- Result or end point of care or status achieved by a defined point following delivery of services. Outcomes are achieved results or impact of what was learned or experienced. The outcome is best, and most clear, when stated as if it has already been achieved. It then serves as a snapshot of a desired future state.

OUTCOMES MEASUREMENT AND OUTCOMES MANAGEMENT- A systematic procedure for determining the effectiveness and efficiency of results achieved by the beneficiary during service delivery or following service completion and of the beneficiary's satisfaction with those results. An outcomes management system measures outcomes by obtaining, aggregating, and analyzing data regarding how well the beneficiary are functioning after transition/exit/discharge from a specific service. Outcomes measures should be related to the goals that recent services were designed to achieve. Other measures in the outcomes management system may include progress measures that are appropriate for long-term services (longer than six months in duration) that serve beneficiaries demonstrating a need for a slower pace in order to achieve gains or changes in functioning.

PERFORMANCE INDICATOR- A quantitative expression that can be used to evaluate key performance in relation to objectives. It is often expressed as a percent, rate, or ratio. For example, a performance indicator on return to work might be: percentage of beneficiaries in competitive employment 90 days after closure. Indicator: a quantifiable statement that can be used to evaluate key performance area or quality over time – Often expressed as an average or ratio.

QUALITY- Degree of excellence. A high level of value.

RELIABILITY- The process of obtaining data in a consistent or reproducible manner.

SATISFACTION- Satisfaction measures usually oriented towards Beneficiaries/Consumers, Family, Staff & Stakeholders on services.

- ❖ Did the organization focus on the beneficiary's recovery
- ❖ Were grievances/concerns addressed
- ❖ Staff Engagement
- ❖ Satisfaction with organization, fees, access, services...Consumer Perception Survey and Treatment Perception Surveys

SERVICE ACCESS- The organization's capacity to provide services to those who desire or are in need of receiving it.

STAKEHOLDERS- Individuals or groups who have an interest in the activities and outcomes of an organization and its programs and services. They include, but are not limited to, the beneficiaries, families, governance or designated authority, purchasers, regulators, referral sources, personnel, employers, advocacy groups, contributors, supporters, property owners, business interests, and the community.

TEAM- At a minimum, beneficiaries and the primary personnel directly involved in the participatory process of defining, refining, and meeting the person's goals. The team may also include other significant persons such as employers, family members, and/or peers at the option of the beneficiaries and the organization.

VALUE- The relationship between quality and cost.

VISIT- Episode of service delivery to one beneficiary on one day by one service or discipline.



MENTAL HEALTH PLAN (MHP) QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS WORK PLAN 2018-2019

Goal 1:	TIMELINESS OF ACCESS TO CARE
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Objective 1:	Maintain and/or Improve access to specialty mental health clinical services in a timely and appropriate manner
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Performance Indicator & Target:	85% of unduplicated clients served in FCDBH SD/MC facilities will be served within 30 days from first request (face-to-face clinical assessment) Standard is 10 business days
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Population Measured:	Medi-Cal clients receiving outpatient specialty mental health services in Fresno County DBH facilities
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Frequency of Data Collection:	Quarterly
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Method of Data Collection:	AVATAR - Access Statistics Report
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Responsible Entity:	QI and ISDS Team
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Influencing Factors:	High provider vacancy rates affect capacity
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CARF DOMAINS	Objective
Access	X
Effectiveness (Cost/Res)	
Efficiency (Services)	
Consumer/Staff/Stakeholder Satisfaction	

DAYS = Business Days



MENTAL HEALTH PLAN (MHP) QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS WORK PLAN 2018-2019

Goal 1:	TIMELINESS OF ACCESS TO CARE
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Objective 2:	Maintain and/or Improve access to specialty mental health psychiatric services in a timely and appropriate manner
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Performance Indicator & Target:	100% of unduplicated clients served in FCDBH SD/MC facilities will be scheduled for a psychiatric appointment within 30 days from point of referral. Standard is 15 business days
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Population Measured:	Medi-Cal clients receiving outpatient specialty mental health services in Fresno County DBH facilities
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Frequency of Data Collection:	Quarterly
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Method of Data Collection:	Avatar -Access Statistics Report
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Responsible Entity:	QI and ISDS Team
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Influencing Factors:	Capacity effected by large vacancy rates within the Department
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CARF DOMAINS	Objective
Access	X
Effectiveness (Cost/Res)	
Efficiency (Services)	
Consumer/Staff/Stakeholder Satisfaction	



MENTAL HEALTH PLAN (MHP)

QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS

WORK PLAN 2018-2019

Goal 1:	TIMELINESS OF ACCESS TO CARE
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Objective 3:	Provide timely appointments for urgent conditions within 48 hours.
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Performance Indicator & Target:	95% of unduplicated clients with urgent conditions will receive appointments within 48 hours (two business days)
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Population Measured:	Medi-Cal clients receiving outpatient specialty mental health services in Fresno County DBH facilities
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Frequency of Data Collection:	Quarterly
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Method of Data Collection:	Avatar - Access Statistics Report
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Responsible Entity:	QI and ISDS Team
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Influencing Factors:	Capacity effected by large vacancy rates within the Department
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CARF DOMAINS	Objective
Access	X
Effectiveness (Cost/Res)	
Efficiency (Services)	
Consumer/Staff/Stakeholder Satisfaction	



MENTAL HEALTH PLAN (MHP)

QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS

WORK PLAN 2018-2019

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



MENTAL HEALTH PLAN (MHP)

QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS

WORK PLAN 2018-2019

Goal 1:	TIMELINESS OF ACCESS TO CARE
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Objective 5:	No Shows
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Performance Indicator & Target:	MHP average no show rate for clinicians < 20%; average no show rate for psychiatrists < 20%
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Population Measured:	Medi-Cal clients receiving outpatient specialty mental health services in Fresno County DBH facilities
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Frequency of Data Collection:	Quarterly
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Method of Data Collection:	Avatar No Show Report – County In-House and Contract Providers
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Responsible Entity:	QI and ISDS Team
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Influencing Factors:	N/A
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CARF DOMAINS	Objective
Access	X
Effectiveness (Cost/Res)	
Efficiency (Services)	
Consumer/Staff/Stakeholder Satisfaction	X



MENTAL HEALTH PLAN (MHP)

QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS

WORK PLAN 2018-2019

Goal 1:	TIMELINESS OF ACCESS TO CARE
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Objective 6:	Client Cancellation
Performance Indicator & Target:	MHP average Cancellation rate for clinicians < 20%; average Cancellation rate for psychiatrists < 20%
Population Measured:	Medi-Cal clients receiving outpatient specialty mental health services in Fresno County DBH facilities
Frequency of Data Collection:	Quarterly
Method of Data Collection:	Avatar Cancellation Report – County In-House and Contract Providers
Responsible Entity:	QI and ISDS Team
Influencing Factors:	N/A

CARF DOMAINS	Objective
Access	X
Effectiveness (Cost/Res)	
Efficiency (Services)	
Consumer/Staff/Stakeholder Satisfaction	X



MENTAL HEALTH PLAN (MHP) QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS WORK PLAN 2018-2019

Goal 1:	TIMELINESS OF ACCESS TO CARE
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Objective 7:	Access Forms to be completed at Admission/Re-Admission
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Performance Indicator & Target:	90% of Access Forms will be completed at any given time.
Population Measured:	Medi-Cal clients receiving access to outpatient specialty mental health services in Fresno County DBH facilities
Frequency of Data Collection:	Monthly
Method of Data Collection:	Access Form Not Completed Report
Responsible Entity:	Clinicians, Office Assistants, QI Program Tech
Influencing Factors:	N/A

CARF DOMAINS	Objective
Access	
Effectiveness (Cost/Res)	X
Efficiency (Services)	
Consumer/Staff/Stakeholder Satisfaction	



MENTAL HEALTH PLAN (MHP)

QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS

WORK PLAN 2018-2019

GOAL 1:	TIMELINESS OF ACCESS TO CARE
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Objective 8: Meet State mandate, monthly Test Call indicators Access Line Database

Performance Indicator & Target: 100% of Test Calls will meet State standards. MHP to perform at minimum 15 test calls per month. Of the 15 Test Calls, three calls will be in the threshold languages: Spanish and Hmong

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

Frequency of Data Collection: Monthly (DBH/QIC/Access); Quarterly (DHCS – State Report)

Method of Data Collection: Run Chart; FCMHP Database Test Calls

Responsible Entity: QI, ISDS Team, and Exodus Recovery Access Line Operation

Influencing Factors: N/A

CARF DOMAINS	Objective
Access	X
Effectiveness (Cost/Res)	
Efficiency (Services)	
Consumer/Staff/Stakeholder Satisfaction	X



MENTAL HEALTH PLAN (MHP)

QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS

WORK PLAN 2018-2019

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

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

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

Frequency of Data Collection: Quarterly

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

Responsible Entity: QI and ISDS Team

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

CARF DOMAINS	Objective
Access	X
Effectiveness (Cost/Res)	
Efficiency (Services)	
Consumer/Staff/Stakeholder Satisfaction	



MENTAL HEALTH PLAN (MHP) QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS WORK PLAN 2018-2019

Goal 1:	TIMELINESS OF ACCESS TO CARE
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Objective 10:	Develop and Implement the MSO Provider Connect Module
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Performance Indicator & Target:	No later than June 30, 2019, the Department of Behavioral Health, MHP will develop and implement an MSO Provider Connect Module. The Web-based portal is designed to allow the provider to update information in real-time.
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Population Measured:	DBH In-House Programs and Contract Providers
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Frequency of Data Collection:	Update Monthly
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Method of Data Collection:	Managed Care and County Data
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Responsible Entity:	Managed Care, Business Office, ITSD, QI
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Influencing Factors:	Coordination of and testing of MSO web-based module.
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CARF DOMAINS	Objective
Access	
Effectiveness (Cost/Res)	X
Efficiency (Services)	
Consumer/Staff/Stakeholder Satisfaction	



MENTAL HEALTH PLAN (MHP) QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS WORK PLAN 2018-2019

Goal 2:	SAFETY & QUALITY OF CARE
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Objective 1:	Develop a Medication Monitoring Tool
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Performance Indicator & Target:	Develop a Medication Monitoring Tool by end of fiscal year 2018-19. The Fresno County MHP Psychiatry Team will ensure accurate dispensing, monitoring, and documentation of Medication dispensed.
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Population Measured:	Medi-Cal clients receiving outpatient specialty mental health psychiatric services in Fresno County DBH facilities
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Frequency of Data Collection:	Annual
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Method of Data Collection:	TBD
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Responsible Entity:	Psychiatry Team, ITSD
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Influencing Factors:	TBD
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CARF DOMAINS	Objective
Access	
Effectiveness (Cost/Res)	X
Efficiency (Services)	X
Consumer/Staff/Stakeholder Satisfaction	



MENTAL HEALTH PLAN (MHP) QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS WORK PLAN 2018-2019

Goal 2:	SAFETY & QUALITY OF CARE
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Objective 2:	Develop a Polypharmacy Monitoring Tool
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Performance Indicator & Target:	Develop a Polypharmacy Monitoring Tool by end of fiscal year 2018-19. The Fresno County MHP Psychiatry teams will ensure accurate dispensing, monitoring, and documentation of medications dispensed.
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Population Measured:	Adult Medi-Cal clients receiving outpatient medication services
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Frequency of Data Collection:	Semi-Annual
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Method of Data Collection:	TBD
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Responsible Entity:	Psychiatry Team
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Influencing Factors:	TBD
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CARF DOMAINS	Objective
Access	
Effectiveness (Cost/Res)	X
Efficiency (Services)	X
Consumer/Staff/Stakeholder Satisfaction	



MENTAL HEALTH PLAN (MHP)

QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS

WORK PLAN 2018-2019

Goal 2:	SAFETY & QUALITY OF CARE
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Objective 3:	Provide Timely Review of Outpatient Chart Audits to ensure Medical Necessity Criteria are met
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Performance Indicator & Target:	The Fresno County MHP URS staff will monitor contracted provider charts and In-House Clinical Supervisor will monitor one client chart per month from each of their respective clinical staff. 100% of sample size Charts will be reviewed. Compliance will establish an acceptable percent error rate for FY 2018-19
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Population Measured:	Medi-Cal beneficiaries receiving specialty mental health services via DBH In-House Providers
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Frequency of Data Collection:	Annually/Quarterly
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Method of Data Collection:	Staff Charts
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Responsible Entity:	Managed Care URS staff – Contracted Providers Clinical Supervisors – DBH In-house Programs
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Influencing Factors:	Contracted Providers, Individual Lic Staff, and Groups will be reviewed annually with a 10% sampling. DBH In-House Programs, will be reviewed on a monthly basis; One Client Chart/Clinical Staff/Month
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CARF DOMAINS	Objective
Access	
Effectiveness (Cost/Res)	X
Efficiency (Services)	X
Consumer/Staff/Stakeholder Satisfaction	



MENTAL HEALTH PLAN (MHP) QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS WORK PLAN 2018-2019

Goal 2:	SAFETY & QUALITY OF CARE
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Objective 4:	Intensive Analysis Monitoring
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Performance Indicator & Target:	The Fresno County MHP will conduct 100% case reviews of incident reports collected
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Population Measured:	MHP staff providing outpatient specialty mental health services
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Frequency of Data Collection:	Quarterly
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Method of Data Collection:	Incident Reports
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Responsible Entity:	Intensive Analysis Committee
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Influencing Factors:	N/A
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CARF DOMAINS	Objective
Access	
Effectiveness (Cost/Res)	X
Efficiency (Services)	
Consumer/Staff/Stakeholder Satisfaction	



MENTAL HEALTH PLAN (MHP) QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS WORK PLAN 2018-2019

Goal 2:**SAFETY & QUALITY OF CARE****Objective 5:****Intensive Analysis Monitoring**

Performance Indicator & Target:

100% of unusual occurrences/critical incidents involving MHP clients located at licensed facilities such as Crisis Stabilization Units, Mental Health Rehabilitation Centers and Psychiatric Health Facilities will be reviewed and investigated.

Population Measured:

Medi-Cal clients receiving inpatient specialty mental health services.

Frequency of Data Collection:

Quarterly

Method of Data Collection:

Incident Reports

Responsible Entity:

Intensive Analysis Committee

Influencing Factors:

N/A

CARF DOMAINS	Objective
Access	
Effectiveness (Cost/Res)	X
Efficiency (Services)	X
Consumer/Staff/Stakeholder Satisfaction	



MENTAL HEALTH PLAN (MHP)

QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS

WORK PLAN 2018-2019

Goal 3:	BENEFICIARY SATISFACTION
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Objective 1:	Consumer Perception Survey
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Performance Indicator & Target:	<p>MHP will increase survey participation rate by 3% compared to previous fiscal year. The Fresno County MHP QI team will analyze data and recommend to Leadership suggested improvements in process, procedures, and service delivery.</p> <p>At minimum, 70% of completed CPS surveys will identify as satisfactory within all CPS domains</p>
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Population Measured:	Medi-Cal beneficiaries receiving specialty mental health services via the DBH in-house and contracted providers.
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Frequency of Data Collection:	Bi-Annual (months of May & November)
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Method of Data Collection:	State Survey Collections Local data only
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Responsible Entity:	QI Team/ISDS
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Influencing Factors:	Beneficiaries may be reluctant to complete them. County will seek alternative methods in distribution and encouraging clients in completing the surveys.
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CARF DOMAINS	Objective
Access	
Effectiveness (Cost/Res)	
Efficiency (Services)	
Consumer/Staff/Stakeholder Satisfaction	X



MENTAL HEALTH PLAN (MHP) QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS WORK PLAN 2018-2019

Goal 3:	BENEFICIARY SATISFACTION
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Objective 2:	To Provide Effective tracking of Grievances, Appeals, State Fair Hearings and Change of Provider requests
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Performance Indicator & Target:	100% of all Change of Provider request will be processed for approval/denial. The MHP will evaluate beneficiary grievances, appeals, expedited appeals and change of provider requests within the DHCS timeframe standards.
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100% of all grievances will be processed/logged for further investigation

Population Measured:	Medi-Cal beneficiaries receiving specialty mental health services via the DBH in-house and contracted providers
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Frequency of Data Collection:	Quarterly
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Method of Data Collection:	ABGAR Report
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Responsible Entity:	Managed Care
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Influencing Factors:	Not Applicable
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CARF DOMAINS	Objective
Access	
Effectiveness (Cost/Res)	
Efficiency (Services)	
Consumer/Staff/Stakeholder Satisfaction	X



MENTAL HEALTH PLAN (MHP)

QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS

WORK PLAN 2018-2019

Goal 3:	BENEFICIARY SATISFACTION
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Objective 3:	Caller Satisfaction Survey
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Performance Indicator & Target:	70% of caller survey participants will be satisfied with Access Line Operation services.
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Population Measured:	All clients, family, caregivers, and stakeholders utilizing the FCMHP Access Line 1 (800) 654-3937
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Frequency of Data Collection:	Annual Survey Collection(months of May/June)
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Method of Data Collection:	Sampling of Calls
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Responsible Entity:	QI Team/ISDS
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Influencing Factors:	Beneficiaries may be reluctant to participate. County will seek alternative methods to encourage participation.
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CARF DOMAINS	Objective
Access	
Effectiveness (Cost/Res)	
Efficiency (Services)	
Consumer/Staff/Stakeholder Satisfaction	X



MENTAL HEALTH PLAN (MHP) QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS WORK PLAN 2018-2019

Goal 4 :	QUALITY ASSURANCE
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Objective 1:	Timeliness of Clinical Documentation
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Performance Indicator & Target:	MHP staff will complete clinical documentation within 5 business days. The Fresno County MHP will develop and implement policies and procedures to identify best practice and set standards for timely clinical documentation.
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Population Measured:	DBH Clinical Staff
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Frequency of Data Collection:	Monthly/Quarterly
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Method of Data Collection:	Avatar - Progress Notes Report, Expired Treatment Plan Report
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Responsible Entity:	Managed Care/Compliance/QI/ISDS
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Influencing Factors:	N/A
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CARF DOMAINS	Objective
Access	
Effectiveness (Cost/Res)	X
Efficiency (Services)	X
Consumer/Staff/Stakeholder Satisfaction	



MENTAL HEALTH PLAN (MHP) QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS WORK PLAN 2018-2019

Goal 4 :	QUALITY ASSURANCE
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Objective 2:	Ensure the timeliness of Treatment Authorization Request (TARs)
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Performance Indicator & Target:	70% of TARs will be approved/denied within 14 Calendar days.
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Population Measured:	Fresno County, Medi-Cal Clients who have received inpatient mental health services.
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Frequency of Data Collection:	Quarterly
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Method of Data Collection:	Managed Care, Avatar Report
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Responsible Entity:	Managed Care
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Influencing Factors:	N/A
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CARF DOMAINS	Objective
Access	
Effectiveness (Cost/Res)	X
Efficiency (Services)	X
Consumer/Staff/Stakeholder Satisfaction	



MENTAL HEALTH PLAN (MHP)

QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS

WORK PLAN 2018-2019

Goal 4 :	QUALITY ASSURANCE
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Objective 3:	Certification and Re-Certification of Programs
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Performance Indicator & Target:	100% of Fresno County MHP DBH In-House Programs and Medi-Cal Contracted Providers requiring certification/re-certification will be completed no later than 60 days after inception of program operations. Re-certification programs will be completed every three (3) years after previous certification.
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Population Measured:	Fresno County, DBH In-House Programs and Medi-Cal Contracted Providers
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Frequency of Data Collection:	Monthly/Annually; Re-certification every 3 years
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Method of Data Collection:	Managed Care- Provider Applications, DHCS, ITWS
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Responsible Entity:	Managed Care
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Influencing Factors:	N/A
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CARF DOMAINS	Objective
Access	
Effectiveness (Cost/Res)	X
Efficiency (Services)	
Consumer/Staff/Stakeholder Satisfaction	



MENTAL HEALTH PLAN (MHP) QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS WORK PLAN 2018-2019

Goal 5 :	STAFF DEVELOPMENT & ENGAGEMENT
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Objective 1:	The MHP will Distribute Staff Engagement Surveys Once Per Year
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Performance Indicator & Target:	Participating Division and organization will identify two focus areas requiring improvement and provide for interventions. Areas of focus will show improvement within or above 66% of the percentile or .25% increase. The MHP will collect and analyze responses of staff to identify areas for greater staff engagement and satisfaction, and implement policies and procedures to support greater staff engagement.
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Population Measured:	DBH Staff and Contract providers (mental health & substance use disorders)
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Frequency of Data Collection:	Annually (January) to reflect prior year Staff Engagement
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Method of Data Collection:	Gallup, Inc. Surveys
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Responsible Entity:	QI/ITSDS
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Influencing Factors:	<p>Number of staffing participants in DBH In-House and Contracted mental health and substance use disorder providers.</p> <p>Cost:</p> <p>Cost of Survey \$15/survey</p> <p>Approximately 678 surveys/year at \$10,170</p> <p>Additional Cost for Staff Development Trainer(s) and Clinical Supervisor time</p> <p>Survey Analysis is dependent on Gallup, Inc. Department of Behavioral Health is unable to access raw data. Analysis does not include programs or organizations with less than four (4) staff participation per organization.</p>
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CARF DOMAINS	Objective
Access	
Effectiveness (Cost/Res)	
Efficiency (Services)	
Consumer/Staff/Stakeholder Satisfaction	X



MENTAL HEALTH PLAN (MHP) QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS WORK PLAN 2018-2019

Goal 5 :	STAFF DEVELOPMENT & ENGAGEMENT
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Objective 2:	Conduct Annual Cultural Humility Survey
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Performance Indicator & Target:	The survey will have more than 70% DBH survey participation rate. The MHP will survey staff/providers/clients to measure the cultural competency level indicated in areas of highest need.
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80% of County and Contract Service Providers staff will have eight (8) hours of cultural humility training.

Population Measured:	DBH Staff, Contract providers (mental health) and clients
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Frequency of Data Collection:	Annually (November/December)
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Method of Data Collection:	Survey Monkey Data Collection
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Responsible Entity:	Administration Cultural Humility Coordinator/QI/ISDS
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Influencing Factors:	
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CARF DOMAINS	Objective
Access	
Effectiveness (Cost/Res)	X
Efficiency (Services)	X
Consumer/Staff/Stakeholder Satisfaction	X



MENTAL HEALTH PLAN (MHP) QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS WORK PLAN 2018-2019

Goal 5 :	STAFF DEVELOPMENT & ENGAGEMENT
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Objective 3:	Cultural Responsive Plan Delivered with Humility
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Performance Indicator & Target:	The MHP will provide evidence of compliance with the requirements for cultural competence and linguistic competence specified in California Code Regulations, Title 9 Section 1810.410
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	100% of contract service providers will meet MHP Cultural Responsive Plan Criteria
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Population Measured:	DBH Staff and Contract providers (mental health)
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Frequency of Data Collection:	Annually
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Method of Data Collection:	MHP Annual/Update Culturally Responsive Plan data
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Responsible Entity:	Administration Cultural Humility Coordinator/QI/ISDS
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Influencing Factors:	May require the development of a measureable tool.
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CARF DOMAINS	Objective
Access	
Effectiveness (Cost/Res)	X
Efficiency (Services)	
Consumer/Staff/Stakeholder Satisfaction	X



MENTAL HEALTH PLAN (MHP) QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS WORK PLAN 2018-2019

Goal 5 :	STAFF DEVELOPMENT & ENGAGEMENT
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Objective 4:	Building Capacity for Core Competencies and Best Practices
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Performance Indicator & Target:	70% of DBH staff participants will be satisfied with training based on training evaluation. The MHP will provide a number of coordinated training opportunities to build core competencies for clinical staff of the MHP and those who provide direct services, as well as provide training for best practices in a number of areas for all MHP staff. Identify the number of staff who receive core competencies and compare to clinical staff who did not receive training opportunities to build core competencies.
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Population Measured:	DBH Staff and Contract providers (Mental Health)
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Frequency of Data Collection:	Quarterly
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Method of Data Collection:	For Evidence Based Practices, data will be in the form of reports for the numbers of trained individuals, certifications, training and supervision milestones reached, number of practitioners of the modality in the public mental health system. For best practices, data will be collected in reports for the number of individuals trained.
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Responsible Entity:	Administration/Staff Development
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Influencing Factors:	Each training may have specific criteria to measure/certify and recertify individuals trained.
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CARF DOMAINS	Objective
Access	
Effectiveness (Cost/Res)	X
Efficiency (Services)	
Consumer/Staff/Stakeholder Satisfaction	



MENTAL HEALTH PLAN (MHP)

QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS

WORK PLAN 2018-2019

Goal 6 :	TRANSPARENCY
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Objective 1:	Dashboard as Required by 1915b Waiver Special Terms & Conditions
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Performance Indicator & Target	To provide readily available program Outcomes data to beneficiaries, members of the community, MHP staff, and the State. 100% of documentation required by the State will be posted on the Department's Technology & Quality Management homepage by the end of FY 2017-18.
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 (Triennial 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.

CARF DOMAINS	Objective
Access	
Effectiveness (Cost/Res)	X
Efficiency (Services)	
Consumer/Staff/Stakeholder Satisfaction	



MENTAL HEALTH PLAN (MHP) QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS WORK PLAN 2018-2019

Goal 6 :	TRANSPARENCY
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Objective 2:	Develop and implement the Drug Medi-Cal Organized Delivery System Waiver Plan
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Performance Indicator & Target:	Integrate the Drug Medi-Cal Organized Delivery System into the QI Work Plan for Fiscal Year (FY) 2018-19. Drug Medi-Cal Waiver Plan anticipates a final approval date of January 1, 2019. A QIC DMC – ODS Committee will be formed to continue development of QI Work Plan as it relates to the DMC/ODS Waiver. See DMC-ODS Performance Indicators included within this QI Work Plan.
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Population Measured:	Fresno County
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Frequency of Data Collection:	Monthly/Quarterly/Annually
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Method of Data Collection:	Department of Behavioral Health Substance Use Disorders Contracts and Mental Health Division, and Stakeholder Input.
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Responsible Entity:	Department of Behavioral Health Substance Use Disorders Contracts and Mental Health Division (SUD is Lead Division)
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Influencing Factors:	Stakeholder input and participation
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CARF DOMAINS	Objective
Access	X
Effectiveness (Cost/Res)	X
Efficiency (Services)	X
Consumer/Staff/Stakeholder Satisfaction	X



MENTAL HEALTH PLAN (MHP) QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS WORK PLAN 2018-2019

Goal 7 :	PERFORMANCE IMPROVEMENT PROJECTS
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Objective 1:	Clinical Performance Improvement Project
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Performance Indicator & Target:	Improve care coordination and communication between Community Behavioral Health Centers and Fresno County Department of Behavioral Health- Adult mental health engaging clients at time of discharge from hospital in attempt to decrease a 30 day readmission rate
Population Measured:	Medi-Cal beneficiaries (Adult) discharged from Community Behavioral Health Centers and not active within the County's mental health Electronic Health Record System.
Frequency of Data Collection:	Annual, monthly monitoring
Method of Data Collection:	Avatar Pre/Post, Run Charts
Responsible Entity:	DBH Adult Outpatient/ISDS/QI/Community Behavioral Health Centers
Influencing Factors:	Measureable Monitoring Outcomes availability

CARF DOMAINS	Objective
Access	X
Effectiveness (Cost/Res)	X
Efficiency (Services)	
Consumer/Staff/Stakeholder Satisfaction	



MENTAL HEALTH PLAN (MHP)

QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS

WORK PLAN 2018-2019

Goal 7 :	PERFORMANCE IMPROVEMENT PROJECTS
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Objective 2:	Non-Clinical Performance Improvement Project
Performance Indicator & Target:	Increase penetration rate, specifically to children and youth, ages 0-22 years of age in west side county rural areas providing mental health treatment.
Population Measured:	New Youth and Family consumers seeking/requesting mental health services via the Fresno County, MHP, Children Outpatient Mental Health Program
Frequency of Data Collection:	Every Six Months
Method of Data Collection:	Flow Chart, Run Chart
Responsible Entity:	Children's Mental Health Outpatient/ISDS/QI
Influencing Factors:	Limitations to interventions

CARF DOMAINS	Objective
Access	X
Effectiveness (Cost/Res)	X
Efficiency (Services)	X
Consumer/Staff/Stakeholder Satisfaction	X



DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM **QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS** **WORK PLAN 2018-2019**

GOAL 1	TIMELINESS OF ACCESS TO CARE
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Objective 1:	Maintain and/or Improve access to DMC-ODS services in a timely and appropriate manner
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Performance Indicator & Target:	50% of unduplicated clients served in DMC-ODS programs will be served within 10 business days from initial request
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Population Measured:	Medi-Cal beneficiaries receiving DMC-ODS services in Fresno County DBH facilities
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Frequency of Data Collection:	Quarterly/Semi-Annual
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Method of Data Collection:	AVATAR - Access Statistics Report
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Responsible Entity:	QI and ISDS Team
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Influencing Factors:	Year 1; Benchmark
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CARF DOMAINS	Objective
Access	X
Effectiveness (Cost/Res)	
Efficiency (Services)	
Consumer/Staff/Stakeholder Satisfaction	

DAYS = Business Days



DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS WORK PLAN 2018-2019

Goal 1:	TIMELINESS OF ACCESS TO CARE
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Objective 2:	Maintain and/or Improve access to DMC-ODS services in a timely and appropriate manner
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Performance Indicator & Target:	100% of unduplicated clients served in DMC-ODS programs scheduled for a follow-up appointment will have a 80% attendance record
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Population Measured:	Medi-Cal clients receiving DMC-ODS services in Fresno County
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Frequency of Data Collection:	Quarterly
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Method of Data Collection:	Avatar - Access Statistics Report
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Responsible Entity:	QI and ISDS Team
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Influencing Factors:	Year 1; Benchmark
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CARF DOMAINS	Objective
Access	X
Effectiveness (Cost/Res)	
Efficiency (Services)	
Consumer/Staff/Stakeholder Satisfaction	



DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS WORK PLAN 2018-2019

Goal 1:	TIMELINESS OF ACCESS TO CARE
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Objective 3:	Provide timely appointments for urgent conditions
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Performance Indicator & Target:	80% of unduplicated clients with urgent conditions will receive appointments within 48 hours two (2) business days.
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Population Measured:	Medi-Cal clients receiving DMC-ODS services in Fresno County
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Frequency of Data Collection:	Quarterly/Semi-Annually
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Method of Data Collection:	Avatar - Access Statistics Report
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Responsible Entity:	QI and ISDS Team
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Influencing Factors:	Year 1; benchmark
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CARF DOMAINS	Objective
Access	X
Effectiveness (Cost/Res)	
Efficiency (Services)	
Consumer/Staff/Stakeholder Satisfaction	



DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS WORK PLAN 2018-2019

Goal 1:	TIMELINESS OF ACCESS TO CARE
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Objective 4:	Provide timely appointments for Narcotic (Opioid) Treatment Program NTP
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Performance Indicator & Target:	70% of unduplicated clients to first dose of Narcotic Treatment Program will receive within three (3) business days.
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Population Measured:	Medi-Cal clients receiving DMC-ODS services in Fresno County
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Frequency of Data Collection:	Quarterly/Semi-Annually
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Method of Data Collection:	Avatar - Access Statistics Report
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Responsible Entity:	QI and ISDS Team
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Influencing Factors:	Year 1; benchmark
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CARF DOMAINS	Objective
Access	X
Effectiveness (Cost/Res)	
Efficiency (Services)	
Consumer/Staff/Stakeholder Satisfaction	



DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS WORK PLAN 2018-2019

Goal 1: TIMELINESS OF ACCESS TO CARE	
Objective 5:	Track trend, access data to assure timely access to follow-up appointment after hospitalization
Performance Indicator & Target:	More than 75% of clients, after hospitalization discharge, will receive a follow-up appointment within 30 Calendar days
Population Measured:	Medi-Cal clients receiving DMC-ODS services in Fresno County 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 Peer Support Specialist with support from QI Team
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

CARF DOMAINS	Objective
Access	X
Effectiveness (Cost/Res)	
Efficiency (Services)	
Consumer/Staff/Stakeholder Satisfaction	



DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS WORK PLAN 2018-2019

Goal 1:	TIMELINESS OF ACCESS TO CARE
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Objective 6:	No Shows
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Performance Indicator & Target:	DMC-ODS average no show rate for inpatient/outpatient services < 20%.
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Population Measured:	Medi-Cal clients receiving DMC-ODS services in Fresno County In-House and contracted service providers
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Frequency of Data Collection:	Quarterly
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Method of Data Collection:	Avatar No Show Report – County In-House and Contract Providers
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Responsible Entity:	QI and ISDS Team
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Influencing Factors:	Year 1; Benchmark
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CARF DOMAINS	Objective
Access	X
Effectiveness (Cost/Res)	
Efficiency (Services)	
Consumer/Staff/Stakeholder Satisfaction	X



DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS WORK PLAN 2018-2019

Goal1:	TIMELINESS OF ACCESS TO CARE
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Objective 7:	Client Cancellation
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Performance Indicator & Target: DMC-ODS average cancellation rate for inpatient/outpatient services < 20%.

Population Measured: Medi-Cal clients receiving outpatient DMC-ODS services in Fresno County DBH In-House and contacted service providers

Frequency of Data Collection: Quarterly

Method of Data Collection: Avatar Cancellation Report – County In-House and Contract Providers

Responsible Entity: QI and ISDS Team

Influencing Factors: Year 1; Benchmark

CARF DOMAINS	Objective
Access	X
Effectiveness (Cost/Res)	
Efficiency (Services)	
Consumer/Staff/Stakeholder Satisfaction	X



DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS WORK PLAN 2018-2019

Goal 1:	TIMELINESS OF ACCESS TO CARE
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Objective 8:	Access Forms to be completed at Admission/Re-Admission
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Performance Indicator & Target:	90% of Access Forms to be completed at any given time.
Population Measured:	Medi-Cal clients receiving access to DMC-ODS services in Fresno County
Frequency of Data Collection:	Monthly
Method of Data Collection:	Access Form Not Completed Report
Responsible Entity:	Substance Abuse Specialist, Office Assistants, QI Program Tech
Influencing Factors:	Year 1; Benchmark

CARF DOMAINS	Objective
Access	
Effectiveness (Cost/Res)	X
Efficiency (Services)	
Consumer/Staff/Stakeholder Satisfaction	



DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM **QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS** **WORK PLAN 2018-2019**

GOAL 1:	TIMELINESS OF ACCESS TO CARE
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Objective 9: Meet State mandate, monthly Test Call indicators

Performance Indicator & Target: By January 1, 2019, there will be a system in place to track substance use disorders treatment referrals via Access Line (Call Log), Walk-In, and Written Request.

100% of Test Calls will meet State standards. DMC-ODS to perform at minimum seven (7) test calls per month. Of the seven (7) Test Calls, three (3) calls will be in the threshold languages: Spanish and Hmong

Population Measured: Medi-Cal clients accessing the Access Line for DMC-ODS services

Frequency of Data Collection: Monthly (QIC/Access); Quarterly (DHCS – State Report)

Method of Data Collection: Run Chart; FCMHP/DMC-ODS Database Calls

Responsible Entity: QI, ISDS Team, and Administrative Service Organization; Access Line Operation

Influencing Factors: DMC-ODS is dependent on Administrative Services Organization which operates the substance use disorders Access Line (Year 1; Benchmark)

CARF DOMAINS	Objective
Access	X
Effectiveness (Cost/Res)	
Efficiency (Services)	
Consumer/Staff/Stakeholder Satisfaction	X



DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS WORK PLAN 2018-2019

GOAL 1: TIMELINESS OF ACCESS TO CARE	
Objective 10:	Increase service delivery capacity (Penetration Rate of Clients Served)
Performance Indicator & Target:	By June 2019, establish baseline penetration rates (aggregate and by demographic targets) for beneficiaries. The Fresno County, DMC-ODS will maintain a Penetration Rates of clients in Fresno County at 5%
Population Measured:	Medi-Cal clients receiving DMC-ODS services in Fresno County facilities and contract service providers
Frequency of Data Collection:	Quarterly
Method of Data Collection:	Run Chart; Penetration Report Medi-Cal Eligible report, analyze MEDS data for substance use disorders beneficiaries to establish baseline data. DHCS/EQRO methodology for calculating SUD beneficiary penetration rate.
Responsible Entity:	QI and ISDS Team
Influencing Factors:	Clients in rural areas have limited access to transportation. Marketing/Promotion of the DMC-ODS. Year 1; Benchmark

CARF DOMAINS	Objective
Access	X
Effectiveness (Cost/Res)	
Efficiency (Services)	
Consumer/Staff/Stakeholder Satisfaction	



DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM **QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS** **WORK PLAN 2018-2019**

Goal 1:	TIMELINESS OF ACCESS TO CARE
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Objective 11:	Develop and Implement the MSO Provider Connect Module
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Performance Indicator & Target:	No later than June 30, 2019, the Department of Behavioral Health, DMC-ODS will develop and implement an MSO Provider Connect Module. The web-based portal is designed to allow the provider to update information in real-time.
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Population Measured:	DBH In-House Programs and Contract Providers
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Frequency of Data Collection:	Monthly (Published Immediately)
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Method of Data Collection:	Managed Care and County Data
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Responsible Entity:	Managed Care, Business Office, ITSD, QI
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Influencing Factors:	Coordination of and testing of MSO web-based module.
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CARF DOMAINS	Objective
Access	
Effectiveness (Cost/Res)	X
Efficiency (Services)	
Consumer/Staff/Stakeholder Satisfaction	



DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS WORK PLAN 2018-2019

Goal 1:	TIMELINESS OF ACCESS TO CARE
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Objective 12:	Access to After Hour Care to Services
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Performance Indicator & Target:	By January 1, 2019, DMC-ODS will have established a 24/7 Toll Free Access line for substance use disorders. Access line will be available to callers; How to access services, referrals, resources to emergency 9-1-1; psychiatric emergency services, crisis stabilization unit etc...
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100% of DMC-ODS In-House and County contracted service providers will have a procedure in place to link beneficiaries with After-Hour Care

Population Measured:	DBH In-House Program and Contract Service Providers
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Frequency of Data Collection:	Monthly
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Method of Data Collection:	Avatar
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Responsible Entity:	DBH ITSD, QI Team, and Contract Service Providers
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Influencing Factors:	Coordination of and testing of EHR module.
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CARF DOMAINS	Objective
Access	
Effectiveness (Cost/Res)	X
Efficiency (Services)	
Consumer/Staff/Stakeholder Satisfaction	



DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM **QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS** **WORK PLAN 2018-2019**

Goal 2:	SAFETY & QUALITY OF CARE
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Objective 1:	Develop a Medication Monitoring Tool (NTP & MAT)
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Performance Indicator & Target:	Develop a Medication Monitoring Tool by the end of fiscal year 2018-19. The Fresno County Medical Team will ensure accurate dispensing, monitoring and documentation of medication dispensed. NTP/MAT
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Population Measured:	Medi-Cal clients receiving DMC-ODS services in Fresno County
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Frequency of Data Collection:	Annual
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Method of Data Collection:	TBD
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Responsible Entity:	Medical Team, ITSD, Compliance, QI Team
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Influencing Factors:	TBD
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CARF DOMAINS	Objective
Access	
Effectiveness (Cost/Res)	X
Efficiency (Services)	X
Consumer/Staff/Stakeholder Satisfaction	



DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS WORK PLAN 2018-2019

Goal 2:	SAFETY & QUALITY OF CARE
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Objective 2:	Develop a Polypharmacy Monitoring Tool
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Performance Indicator & Target:	Develop a Polypharmacy Monitoring Tool by end of fiscal year 2018-19. The Fresno County Medical team will ensure accurate dispensing, monitoring and documentation of medications dispensed (NTP/MAT).
Population Measured:	Adult Medi-Cal beneficiaries receiving inpatient/outpatient medication services
Frequency of Data Collection:	Annual
Method of Data Collection:	TBD
Responsible Entity:	DBH Medical Team
Influencing Factors:	TBD

CARF DOMAINS	Objective
Access	
Effectiveness (Cost/Res)	X
Efficiency (Services)	X
Consumer/Staff/Stakeholder Satisfaction	



DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS WORK PLAN 2018-2019

Goal 2:	SAFETY & QUALITY OF CARE
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Objective 3:	Provide Timely Review of Chart Audits to ensure Medical Necessity and ASAM Criteria are met.
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Performance Indicator & Target:	The Fresno County DMC-ODS URS and SAS staff will monitor contracted provider charts and In-House PATH Program. For In-House providers the Clinical Supervisor will monitor one client chart per month from each of their respective staff. 100% of sample size Charts will be reviewed. Compliance will establish an acceptable percent error rate for FY 2018-19
Population Measured:	Medi-Cal beneficiaries receiving DMC-ODS services via DBH In-House Providers
Frequency of Data Collection:	Quarterly
Method of Data Collection:	Staff Charts
Responsible Entity:	DMC-ODS; Managed Care URS staff – Contracted Providers Clinical Supervisors – DBH In-house Programs
Influencing Factors:	Contracted Providers will be reviewed annually with a 10% sampling. DBH In-House Program, will be reviewed on a monthly basis; One Client Chart/Clinical Staff/Month

CARF DOMAINS	Objective
Access	
Effectiveness (Cost/Res)	X
Efficiency (Services)	X
Consumer/Staff/Stakeholder Satisfaction	



DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS WORK PLAN 2018-2019

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

Population Measured: DMC-ODS staff/clients providing receiving services

Frequency of Data Collection: Quarterly

Method of Data Collection: Incident Reports

Responsible Entity: Intensive Analysis Committee

Influencing Factors: N/A

CARF DOMAINS	Objective
Access	
Effectiveness (Cost/Res)	X
Efficiency (Services)	
Consumer/Staff/Stakeholder Satisfaction	



DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS WORK PLAN 2018-2019

Goal 3:	BENEFICIARY SATISFACTION
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Objective 1:	Treatment Perception Survey
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Performance Indicator & Target:	<p>DMC-ODS will set a benchmark in year one. The Fresno County DMC-ODS QI team and UCLA will analyze data and DMC-ODS will recommend to Leadership suggested improvements in process, procedures, and service delivery.</p> <p>At minimum, 70% of completed TPS surveys will identify as satisfactory within all TPS domains.</p>
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Population Measured:	Medi-Cal beneficiaries receiving DMC-ODS services via the DBH in-house and contracted providers.
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Frequency of Data Collection:	Annual (October of each year)
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Method of Data Collection:	State Survey Collections (via UCLA) and Local data only
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Responsible Entity:	UCLA, QI Team/ISDS
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Influencing Factors:	Beneficiaries may be reluctant to complete them. Year 1; Benchmark
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CARF DOMAINS	Objective
Access	
Effectiveness (Cost/Res)	
Efficiency (Services)	
Consumer/Staff/Stakeholder Satisfaction	X



DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS WORK PLAN 2018-2019

Goal 3:	BENEFICIARY SATISFACTION
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Objective 2:	To Provide effective tracking of Grievances, Appeals, State Fair Hearings and Change of Provider requests
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Performance Indicator & Target:	By March 1, 2019, develop and implement policies and procedures for addressing complaints, grievances and appeals.
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The DMC-ODS will evaluate beneficiary grievances, appeals and expedited appeals within the DHCS timeframe standards.

100% of all grievances will be processed/logged for further investigation

Grievances will be processed within 90 calendar days from initial request

Population Measured:	Medi-Cal beneficiaries receiving DMC-ODS services via the DBH in-house and contracted providers
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Frequency of Data Collection:	Quarterly/Semi-Annual
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Method of Data Collection:	ABGAR Report
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Responsible Entity:	Managed Care
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Influencing Factors:	Not Applicable
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CARF DOMAINS	Objective
Access	
Effectiveness (Cost/Res)	
Efficiency (Services)	
Consumer/Staff/Stakeholder Satisfaction	X



DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM **QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS** **WORK PLAN 2018-2019**

Goal 3:	BENEFICIARY SATISFACTION
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Objective 3:	Caller Satisfaction Survey
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Performance Indicator & Target:	70% of caller survey participants will be satisfied with Access Line Operation services.
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Population Measured:	All clients, family, caregivers, and stakeholders utilizing the FCMHP DMC-ODS Access Line 1 (800) 654-3937
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Frequency of Data Collection:	Annual Survey Collection(months of May/June)
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Method of Data Collection:	Sampling of Calls
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Responsible Entity:	QI Team/ISDS
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Influencing Factors:	Beneficiaries may be reluctant to participate. County will seek alternative methods to encourage participation.
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CARF DOMAINS	Objective
Access	
Effectiveness (Cost/Res)	
Efficiency (Services)	
Consumer/Staff/Stakeholder Satisfaction	X



DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS WORK PLAN 2018-2019

Goal 4 :	QUALITY ASSURANCE
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Objective 1:	Timeliness of Clinical Documentation
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Performance Indicator & Target:	DMC-ODS Contract Service Providers staff will complete documentation within 7 business days. The Fresno County DMC-ODS will develop and implement policies and procedures to identify best practice and set standards for timely clinical documentation.
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Population Measured:	DBH Clinical Staff/URS, SAS
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Frequency of Data Collection:	Monthly/Quarterly
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Method of Data Collection:	Avatar - Progress Notes Report, Expired Treatment Plan Report
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Responsible Entity:	Managed Care/Compliance/QI/ISDS
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Influencing Factors:	N/A
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CARF DOMAINS	Objective
Access	
Effectiveness (Cost/Res)	X
Efficiency (Services)	
Consumer/Staff/Stakeholder Satisfaction	



DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS WORK PLAN 2018-2019

Goal 4 : QUALITY ASSURANCE	
Objective 2:	Ensure the timeliness of Substance Use Disorders Treatment Authorization Request (STARs)
Performance Indicator & Target:	By January 31, 2019, there will be a system in place to review and respond to all SUD Treatment Authorization Request (STARs) 70% of STARs will be approved/denied within 24 hours.
Population Measured:	Fresno County, Medi-Cal Clients who have received residential DMC-ODS services.
Frequency of Data Collection:	Quarterly
Method of Data Collection:	Administrative Service Organization, Avatar Report
Responsible Entity:	Administrative Services Organization, IT, and QI Team
Influencing Factors:	The Administrative Services Organization (ASO) will be responsible for process STARs, DMC-ODS will be dependent on data received from the ASO.

CARF DOMAINS	Objective
Access	
Effectiveness (Cost/Res)	X
Efficiency (Services)	
Consumer/Staff/Stakeholder Satisfaction	



DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS WORK PLAN 2018-2019

Goal 4 : QUALITY ASSURANCE	
Objective 3:	Certification and Re-Certification of Programs
Performance Indicator & Target:	100% of Fresno County DBH DMC-ODS In-House Programs and Medi-Cal Contracted Providers requiring certification/re-certification will be completed no later than 60 days after inception of program operations. Re-certification programs will be completed every three (3) years after previous certification.
Population Measured:	Fresno County, DBH In-House Programs and Medi-Cal Contracted Providers
Frequency of Data Collection:	Monthly/Annually; Re-certification every 3 years
Method of Data Collection:	Managed Care- Provider Applications, DHCS, ITWS
Responsible Entity:	Managed Care/DMC-ODS
Influencing Factors:	N/A

CARF DOMAINS	Objective
Access	
Effectiveness (Cost/Res)	X
Efficiency (Services)	
Consumer/Staff/Stakeholder Satisfaction	



DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS WORK PLAN 2018-2019

Goal 5 :	STAFF DEVELOPMENT & ENGAGEMENT
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Objective 1:	The DMC-ODs Employee Engagement Survey
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Performance Indicator & Target:	Participating Divisions and organizations will identify two focus areas requiring improvement and provide for interventions. Areas of focus will show improvement within or above 66% of the percentile or 25% increase. The QI Team will collect and analyze responses of staff to identify areas for greater staff engagement and satisfaction, and implement interventions to improve engagement.
Population Measured:	DBH Staff and Contract providers (mental health & substance use disorders)
Frequency of Data Collection:	Annually (January) to reflect prior year Staff Engagement
Method of Data Collection:	Gallup, Inc. Surveys
Responsible Entity:	QI/ITSDS
Influencing Factors:	<p>Number of staffing participants in DBH In-House and Contracted mental health and substance use disorder providers.</p> <p>Cost:</p> <p>Cost of Survey \$15/survey</p> <p>Approximately 678 surveys/year at \$10,170</p> <p>Additional Cost for Staff Development Trainer(s) and Program and time</p> <p>Survey Analysis is dependent on Gallup, Inc. Department of Behavioral Health is unable to access raw data. Analysis does not include programs or organizations with less than four (4) staff participation per organization.</p>

CARF DOMAINS	Objective
Access	
Effectiveness (Cost/Res)	
Efficiency (Services)	
Consumer/Staff/Stakeholder Satisfaction	X



DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM
QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS
WORK PLAN 2018-2019

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

80% of County and Contract Service Providers will have eight (8) hours of cultural competency training.

Population Measured: DBH Staff, Contract providers (substance Use Disorders) and clients

Frequency of Data Collection: Annually (November/December)

Method of Data Collection: Survey Monkey Data Collection

Responsible Entity: Administration Cultural Humility Coordinator/QI/ISDS

Influencing Factors:

CARF DOMAINS	Objective
Access	
Effectiveness (Cost/Res)	X
Efficiency (Services)	X
Consumer/Staff/Stakeholder Satisfaction	X



DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM
QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS
WORK PLAN 2018-2019

Goal 5 :	STAFF DEVELOPMENT & ENGAGEMENT
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Objective 3:	Cultural Responsive Plan Delivered with Humility
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Performance Indicator & Target:	The DMC-ODS will provide evidence of compliance with the requirements for cultural and linguistic competence specified in California Code Regulations, Title 9 Section 1810.410
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100% of contract service providers will meet the Fresno County, Cultural Responsive Plan Criteria

Population Measured:	DBH Staff and Contract providers (Substance Use Disorders)
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Frequency of Data Collection:	Annually
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Method of Data Collection:	Annual/Update Culturally Responsive Plan data
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Responsible Entity:	Administration Cultural Humility Coordinator/QI/ISDS
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Influencing Factors:	May require the development of a measureable tool.
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CARF DOMAINS	Objective
Access	
Effectiveness (Cost/Res)	X
Efficiency (Services)	
Consumer/Staff/Stakeholder Satisfaction	X



DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS WORK PLAN 2018-2019

Goal 5 :	STAFF DEVELOPMENT & ENGAGEMENT
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Objective 4:	Building Capacity for Core Competencies and Best Practices
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Performance Indicator & Target:	70% of DBH staff participants will be satisfied with training based on training evaluation. The DMC-ODS will provide a number of coordinated training opportunities to build core competencies for clinical staff of the DMC-ODS and those who provide direct services, as well as provide training for best practices in a number of areas for all DMC-ODS 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.
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Population Measured:	DBH Staff and Contract providers (Substance Use Disorders)
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Frequency of Data Collection:	Quarterly
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Method of Data Collection:	For Evidence Based Practices, data will be in the form of reports for the numbers of trained individuals, certifications, training and supervision milestones reached, number of practitioners of the modality in the public behavioral health system. For best practices, data will be collected in reports for the number of individuals trained.
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Responsible Entity:	Administration/Staff Development
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Influencing Factors:	Each DMC-ODS organization is required to utilize Motivational Interviewing. In addition, each organization will be required to select two (2) additional Evidence Based Practices selected by the Department of Health Care Service (DHCS).
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CARF DOMAINS	Objective
Access	
Effectiveness (Cost/Res)	X
Efficiency (Services)	
Consumer/Staff/Stakeholder Satisfaction	



DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS WORK PLAN 2018-2019

Goal 6 :	TRANSPARENCY
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Objective 1:	Dashboard as Required by 1915b Waiver Special Terms & Conditions
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Performance Indicator & Target	To provide readily available program outcomes data to beneficiaries, members of the community, DMC-ODS staff, and the State. 100% of documentation required by the State will be posted on the Departments DBH, Technology & Quality Management homepage by end of FY 2018-19.
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Population Measured:	Medi-Cal beneficiaries receiving DMC-ODS through the Fresno County
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Frequency of Data Collection:	Monthly, with timely updates to the Dashboard and posting to the internet
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Method of Data Collection:	QI Reports/Internal/External/Mental Health Services Act; Measurement Outcomes Quality Assessment (MOQA), Performance Outcomes System (POS), Performance Improvement Projects (PIP), Grievances/Appeals/State Reports (Tri-Annual Medi-Cal Protocol, EQRO), QI Work Plan.
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Responsible Entity:	Administration/QI/ISDS/Compliance/Managed Care
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Influencing Factors:	As of 7/1/18, the State has not defined the specific criteria needed for posting to the Dashboard to counties. At this time, counties have limited resources to develop individual Dashboards.
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CARF DOMAINS	Objective
Access	
Effectiveness (Cost/Res)	X
Efficiency (Services)	
Consumer/Staff/Stakeholder Satisfaction	



DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS WORK PLAN 2018-2019

Goal 7 :	PERFORMANCE IMPROVEMENT PROJECTS
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Objective 1:	Treatment Performance Improvement Projects
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Performance Indicator & Target: **To Be Determined**

Population Measured: **To Be Determined**

Frequency of Data Collection: Annual, monthly monitoring

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

Responsible Entity: **To Be Determined**

Influencing Factors: Measureable Monitoring Outcomes availability

CARF DOMAINS	Objective
Access	X
Effectiveness (Cost/Res)	X
Efficiency (Services)	
Consumer/Staff/Stakeholder Satisfaction	



DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM QUALITY IMPROVEMENT GOALS, OBJECTIVES & PERFORMANCE INDICATORS WORK PLAN 2018-2019

Goal 7 :	PERFORMANCE IMPROVEMENT PROJECTS
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Objective 2:	Non-Treatment Performance Improvement Project
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Performance Indicator & Target: **To Be Determined**

Population Measured: **To Be Determined**

Frequency of Data Collection: Quarterly

Method of Data Collection: EQRO Template, Flow Chart, Run Chart

Responsible Entity: **To Be Determined** /ISDS/QI

Influencing Factors: **Year 1; Benchmark**

CARF DOMAINS	Objective
Access	X
Effectiveness (Cost/Res)	X
Efficiency (Services)	
Consumer/Staff/Stakeholder Satisfaction	