

# San Joaquin County Behavioral Health Services Quality Assessment & Performance Improvement Work Plan July 1, 2018 - June 30, 2022

Revised 10/22/18

## Program Description

San Joaquin County Behavioral Health Services (SJCBS) is committed to service excellence and continuous quality improvement. Toward this end, SJCBS has implemented a Quality Assessment & Performance Improvement (QAPI) Program that monitors the quality of services provided. A component of SJCBS' Quality Assessment & Performance Improvement Program is the development, implementation and monitoring of a Quality Assessment & Performance Improvement Work Plan.

The Quality Assessment & Performance Improvement Work Plan serves as the foundation of SJCBS' commitment to continuously improve the quality of treatment and services provided. The Plan also provides a roadmap for activities that are designed to achieve the goals and objectives identified in the Plan. Quality improvement activities are reported on and reviewed in monthly meetings of the Quality Assessment & Performance Improvement Council (QAPIC), the QAPI Steering Committee and the Compliance Steering Committee meetings.

The following information provides an overview of SJCBS' Quality Improvement Principles, Continuous Quality Improvement Activities, the Annual Evaluation process, and ends with the Quality Assessment & Performance Improvement Work Plan goals and objectives.

## Quality Improvement Principles

Quality Improvement is defined as a systematic approach to assessing services and improving them. SJCBS' approach to quality improvement is based on the following principles:

- **Recovery-oriented:** Services provided should promote and preserve wellness and expand choices to meet individually defined goals.
- **Employee Empowerment:** Effective quality improvement initiatives should involve people at all levels of the organization in improving quality.

- **Leadership Involvement:** Strong leadership, direction and support of quality improvement activities are essential to performance improvement. Involving organizational leadership assures that quality improvement initiatives are consistent with SJCBS' mission, vision, and values and compliment the organization's Strategic Plan.
- **Data Driven Decision-Making:** Successful quality improvement processes should incorporate feedback loops, using data to develop practices and measure results.
- **Prevention over Correction:** Continuous quality improvement includes designing processes that achieve positive outcomes rather than fixing processes that do not produce desired results.

These principles serve as a compass to guide quality improvement activities.

## Continuous Quality Improvement Activities

The purpose of quality improvement activities is to improve the outcomes of existing services and/or to design new services. Toward this end, SJCBS' quality improvement activities include:

- Collecting and analyzing data to measure against the goals, or prioritized areas of improvement that have been identified;
- Identifying opportunities for improvement and deciding which activities to pursue;
- Identifying relevant committees internal or external to ensure appropriate exchange of information with the Quality Assessment & Performance Improvement Council;
- Obtaining input from providers, beneficiaries and family members in identifying barriers to delivery of clinical care and administrative services;
- Designing and implementing interventions for improving performance;
- Measuring the effectiveness of the interventions;
- Incorporating successful interventions into SJCBS' operations as appropriate; and
- Reviewing grievances, standard appeals, expedited appeals, fair hearings, expedited fair hearings and provider appeals.

## Quality Assessment and Performance Improvement Council and Subcommittees

The Quality Assessment & Performance Improvement Council (QAPIC) is a formal body that has responsibility for reviewing the quality of services provided by SJCBS and its contracted providers. The QAPIC recommends policy decisions, reviews and evaluates the results of QAPI activities, including Performance Improvement Projects (PIPs), institutes needed QAPI actions, ensures follow-up of QAPI processes and documents its decisions and actions taken. The QAPIC meets monthly and its membership includes members of SJCBS' Senior Management, Program Managers, QAPI staff, providers, consumers and family members. The QAPIC reviews and analyzes the results of the activities of the QAPI Review Subcommittee and the QAPI Activities Subcommittees and makes recommendations regarding any impediment to quality of care, quality outcomes, timeliness of care and/or access to service. The roles of and responsibilities of the subcommittee's of the Council are as follows:

**QAPI Review Subcommittee** – The QAPI Review Subcommittees are responsible for reviewing client records to determine if services were provided following state and federal regulations, agency policy and procedures, cultural competency, following community standards of practice and with appropriate utilization of fiscal resources.

**QAPI Chairs Subcommittee**-The QAPI Chairs meeting, which occurs monthly, is comprised of program managers and supervisors. SJCBS Contract Liaisons and SJCBS contracted providers are invited to attend the meetings, quarterly. The primary function of QAPI Chairs is to ensure SJCBS meets or exceeds documentation standards. As such, QAPI Chairs reviews current documentation practices, trends and verifies that both Medi-Cal regulations and SJCBS policy and procedures are followed. Additionally, the committee makes policy recommendations, and ensures test call procedures and assignments are reviewed.

**Grievance Committee** – The Grievance Committee is an established committee that meets on a quarterly basis and reports its findings to the Quality Assessment and Performance Improvement Council. The purpose of the committee is to provide a thorough review of grievances, standard appeals and expedited appeals received from SJCBS consumers, including analyzing data and trends.

**Integrated Care** – The Integrated Care Committee meets on an as needed basis to explore issues related to integrating primary care and behavioral health care.

## Annual Evaluation

An annual evaluation of the effectiveness of Quality Improvement activities is completed. The annual evaluation is conducted by the Quality Assessment & Performance Improvement Council and is kept on file. The evaluation summarizes progress associated with each of the Quality Assessment & Performance Improvement Work Plan goals and objectives, and includes action taken in response to these outcomes. Based upon the evaluation, revisions may be recommended. Any revisions are documented within the Plan.

## Quality Assessment & Performance Improvement Work Plan

The following goals and objectives were developed by the Quality Assessment & Improvement Council and reflect SJCBS' commitment to ensure:

- Services are provided in a timely and efficient manner, with appropriate coordination and continuity of care;
- Risk to consumers, providers and others is minimized, and errors in the delivery of services are prevented;
- Services provided include cultural sensitivity; and
- Services are appropriate to each consumers needs and are available when needed.

Quality Assessment & Performance Improvement Work Plan  
July 1, 2018 – June 30, 2022

This is a living document and may be changed as needed.

OBJECTIVE	ACTIVITY	PERSON(S)/PROGRAM(S) RESPONSIBLE FOR ACTIVITY	AUDITING TOOL	REVIEW DATE
<b>Timeliness:</b> Goal # 1 To ensure new beneficiaries requesting Specialty Mental Health Services are offered timely access to an initial assessment appointment				
Ensure 75% of clients are offered an initial assessment within 10 business days or less from their first request for services  <b>Baseline:</b>  Adult Services: 80.7% Children & Youth Services: 70.5%  <i>Source: SJCBHS Timeliness Application FY 17/18 Qtr.3</i>	1. Track, trend and analyze the length of time from initial contact to first offered appointment	IS, QAPIC, All programs, including contractors	QAPI Work Plan Data Collection Tool	Monthly
	2. Present data at monthly QAPIC meeting	QAPI, QAPI PIP Members	QAPIC Meeting Minutes, QAPIC Monthly Reports	Monthly
	3. Identify and address barriers to timely access	QAPIC, All programs, including contractors	QAPIC Meeting Minutes	Monthly
	4. Revise processes as needed	QAPIC	QAPIC Meeting Minutes	Monthly

OBJECTIVE	ACTIVITY	PERSON(S)/PROGRAM(S) RESPONSIBLE FOR ACTIVITY	AUDITING TOOL	REVIEW DATE
<b>Timeliness:</b> Goal # 2 To ensure new beneficiaries requesting Specialty Mental Health Services receive timely access to initial psychiatry appointments				
<p>Average length of time from first request for services to first offered psychiatry appointment will be 15 business days or less</p> <p><b>Baseline:</b></p> <p>Adult Services: 35.9 days Children &amp; Youth Services: 66.9 days</p> <p><i>Source: FY 17/18 EQRO Self-Assessment of Timely Access</i></p>	Track, trend and analyze the length of time from initial contact to first psychiatry appointment	IS, QAPIC, All programs, including contractors	QAPI Work Plan Data Collection Tool	Monthly
	Explore strategies for expanding the availability of psychiatrists including enhancing telemedicine and using psychiatrists who contract with health plans	QAPIC	QAPIC Monthly Reports	Monthly
	Present data at monthly QAPIC meeting	QAPI	QAPIC Meeting Minutes, QAPIC Monthly Reports	Monthly
	Revise processes as needed	IS, QAPIC, All programs, including contractors	QAPIC Meeting Minutes	Monthly

OBJECTIVE	ACTIVITY	PERSON(S)/PROGRAM(S) RESPONSIBLE FOR ACTIVITY	AUDITING TOOL	REVIEW DATE
<b>Timeliness:</b> Goal # 3 To ensure timely access to Crisis Intervention Services or services that address urgent conditions				
Wait time from request to clinician evaluation, for an urgent appointment in Crisis Intervention Services, will be reduced to less than two hours	Track, trend and analyze access data for timely appointments for urgent conditions	IS, QAPIC, 24 Hour Services	QAPI Work Plan Data Collection Tool	Monthly
<b>Baseline:</b>  2:10 (hours: minutes)	Present data at monthly QAPIC meeting	QAPI	QAPIC Meeting Minutes	Monthly
<i>Source: FY 17/18 QI Work Plan Annual Review</i>	Revise processes as needed	IS, QAPIC, 24 Hour Services	QAPIC Meeting Minutes	Monthly



OBJECTIVE	ACTIVITY	PERSON(S)/PROGRAM(S) RESPONSIBLE FOR ACTIVITY	AUDITING TOOL	REVIEW DATE
<b>Timeliness:</b> Goal # 4 To ensure beneficiaries discharging from psychiatric hospitalization receive timely access to follow up appointments after hospital discharge				
Ensure the average length of time for a follow up appointment after hospital discharge is 7 calendar days or less  <b>Baseline:</b>  Adult Services: 4.7 days  Children & Youth Services: 3 days  <i>Source: FY 17/18 EQRO Self-Assessment of Timely Access</i>	Track, trend and analyze access data regarding scheduling follow up appointments after hospitalization  If warranted, explore the feasibility of expanding post – PHF Clinic  Present data at monthly QAPIC meeting  Revise processes as needed	IS, QAPIC, All programs   QAPIC   QAPI   IS, QAPIC, All programs	QAPI Work Plan Data Collection Tool   QAPIC Meeting Minutes   QAPIC Meeting Minutes, QAPIC Monthly Reports  QAPIC Meeting Minutes	Monthly   Monthly   Monthly  Monthly

OBJECTIVE	ACTIVITY	PERSON(S)/PROGRAM(S) RESPONSIBLE FOR ACTIVITY	AUDITING TOOL	REVIEW DATE
<b>Timeliness:</b> Goal # 5 To decrease hospital readmissions of beneficiaries				
<p>Less than 15% of persons hospitalized will be readmitted within 30 calendar days of discharge</p> <p><b>Baseline:</b></p> <p>Adult Services: 17.9% Children &amp; Youth Services: 12%</p> <p><i>Source: FY 17/18 EQRO QI Work Plan Annual Review</i></p>	<p>Track, trend and analyze data regarding readmissions</p> <p>Present data at monthly QAPIC meeting</p> <p>Revise processes as needed</p>	<p>IS, QAPIC, All Programs</p> <p>QAPI</p> <p>IS, QAPIC, All programs, including contractors</p>	<p>QAPI Work Plan Data Collection Tool</p> <p>QAPIC Meeting Minutes, QAPIC Monthly Report</p> <p>QAPIC Meeting Minutes</p>	<p>Monthly</p> <p>Monthly</p> <p>Monthly</p>

OBJECTIVE	ACTIVITY	PERSON(S)/PROGRAM(S) RESPONSIBLE FOR ACTIVITY	AUDITING TOOL	REVIEW DATE
<b>Timeliness:</b> Goal # 6 To decrease No-shows for Clinicians/Non-Psychiatrists				
No-shows for Initial Appointment with Clinicians/Non-Psychiatrists will be 15% or less  <b>Baseline:</b>  Adult Services: 26.2% Children & Youth Services: 13.1%  <i>Source: FY 17/18 EQRO Self-Assessment of Timely Access</i>	Track, trend and analyze no shows data	IS, QAPIC, All programs including contractors	QAPI Work Plan Data Collection Tool	Monthly
	Present data at monthly QAPIC meeting	QAPI	QAPIC Meeting Minutes, QAPIC Monthly Reports	Monthly
	Identify and address reason(s) for no-shows	QAPIC	QAPIC Meeting Minutes	Monthly
	Revise processes as needed	IS, QAPIC, All programs, including contractors	QAPIC Meeting Minutes	Monthly

OBJECTIVE	ACTIVITY	PERSON(S)/PROGRAM(S) RESPONSIBLE FOR ACTIVITY	AUDITING TOOL	REVIEW DATE
<b>Timeliness:</b> Goal # 7 To decrease No-shows for Psychiatrists				
No-shows for Initial Appointment with Psychiatrists will be 15% or less  <b>Baseline:</b>  Adult Services: 18.2% Children & Youth Services: 5.1%  <i>Source: FY 17/18 EQRO Self-Assessment of Timely Access</i>	Track, trend and analyze no shows data	IS, QAPIC, All programs including contractors	QAPI Work Plan Data Collection Tool	Monthly
	Present data at monthly QAPIC meeting	QAPI	QAPIC Meeting Minutes, QAPIC Monthly Reports	Monthly
	Identify and address reason(s) for no-shows	IS, QAPIC, All programs including contractors	QAPIC Meeting Minutes	Monthly
	Revise processes as needed	QAPIC	QAPIC Meeting Minutes	Monthly

OBJECTIVE	ACTIVITY	PERSON(S)/PROGRAM(S) RESPONSIBLE FOR ACTIVITY	AUDITING TOOL	REVIEW DATE
<b>Access:</b> Goal # 1 To increase the number of test calls answered and logged by the 24/7 line. To ensure that beneficiaries are provided with information on how to access Specialty Mental Health Services both during business and after hours, including weekends and holidays.				
100% of test calls answered by the 24/7 line will provide timely and accurate information, in all languages and be documented accordingly	Monitor benchmarks tracking timely and appropriate access to mental health services	IS, QAPIC	QAPIC Meeting Minutes, QAPIC Monthly Reports	Monthly
<b>Baseline:</b> 100% of business hours calls and 75% of after-hours calls had the name of the caller recorded;	Identify and address obstacles to appropriate call response and documentation	QAPI	QAPIC Monthly Reports	Monthly
100% of business hours calls and 75% of after-hours calls had the date recorded in the logbook;	Conduct test of the 24 hours call line and the follow-up system	QAPI, QAPI Subcommittee	QAPIC Monthly Reports	Monthly
100% of business hours calls and 75% of after-hours calls had the initial disposition of the request for service of concern recorded in the logbook;	Revise processes as needed	QAPIC	QAPIC Meeting Minutes	Monthly
100% of business hours calls and 100% of after-hours calls documented use of interpreter or language line				
<i>Source: FY 17/18 Qtr. 4 24/7 Test Call Quarterly Update Report Form</i>				

OBJECTIVE	ACTIVITY	PERSON(S)/PROGRAM(S) RESPONSIBLE FOR ACTIVITY	AUDITING TOOL	REVIEW DATE
<b>Access:</b> Goal # 2 To ensure SJCBS has the capacity to provide all Specialty Mental Health Services to beneficiaries				
Ensure SJCBS's Network Adequacy Capacity meets DHCS standards of <u>Adults(18+)</u> Psychiatry 1:263 Outpatient SMHS 1:50	Establish a baseline of the number of Timely Access Notices for Clinicians, Non- Clinicians and Prescribers	IS, QAPI	QAPIC Meeting Minutes	Monthly
<u>Children/Youth</u> Psychiatry 1:230 Outpatient SMHS 1:131	Analyze the Notices of Adverse Benefit Determination (NOABD) Timely Access Notice	QAPI	QAPIC Meeting Minutes	Monthly
<b>Baseline:</b> SJCBS's ratios <u>Adults(18+)</u> Psychiatry 1:TBD* Outpatient SMHS 1:TBD*	Present data at monthly QAPIC meeting	QAPIC	QAPIC Meeting Minutes	Monthly
<u>Children/Youth</u> Psychiatry 1:TBD* Outpatient SMHS 1:TBD* *awaiting numbers from DHCS	Explore ways to address the increase in capacity to serve beneficiaries	QAPIC	QAPIC Meeting Minutes	Monthly
<i>Source: Network Adequacy Tool 2018 and Network Adequacy Certification Tool Webinar 7/2018 NOABD Log FY18/19 NOABD-Timely Access Notice</i>	Revise processes as needed	QAPIC	QAPIC Meeting Minutes	Monthly

OBJECTIVE	ACTIVITY	PERSON(S)/PROGRAM(S) RESPONSIBLE FOR ACTIVITY	AUDITING TOOL	REVIEW DATE
<b>Quality:</b> Goal # 1 To improve the quality of care satisfaction among beneficiaries				
Quality of Care Grievances will be decreased from 67 to 57 in FY 18/19  <b>Baseline:</b> 67 out of 97 Grievances were Quality of Care Grievances  <i>Source: FY 17/18            Grievance Log –Quality            of Care Category</i>	Track, trend and analyze grievances, appeals, expedited appeals and state hearing actions, including type, gender, race and language as part of the tracking system	IS, QAPI	QAPIC Monthly Reports, QAPIC Meeting Minutes, Grievance Report	Monthly
	Present data at monthly QAPIC meeting	QAPI	QAPIC Meeting Minutes, QAPIC Monthly Reports	Monthly
	Explore strategies to decrease Quality of Care Grievances	QAPIC	QAPIC Meeting Minutes	Monthly
	Revise processes as needed	IS, QAPIC, All programs including contractors	QAPIC Meeting Minutes	Monthly

OBJECTIVE	ACTIVITY	PERSON(S)/PROGRAM(S) RESPONSIBLE FOR ACTIVITY	AUDITING TOOL	REVIEW DATE
<b>Quality:</b> Goal # 2 To improve medication adherence among Adult consumers				
SJCBS Case Managed Adult consumers will increase medication adherence from 78% to 90%.  <b>Baseline:</b> 78% Adults Case Managed consumers  <i>Source: Medication            Adherence Surveys            March 2018 and Annual            CANS for Case Managed            Adults</i>	Track, trend and analyze medication adherence	IS, QAPIC, Medical Director PIP Members	QAPIC Meeting Minutes, QAPIC Monthly Reports	Monthly
	Identify targets for improvement	QAPI PIP Members, QAPIC	QAPIC Meeting Minutes, QAPIC Monthly Reports	Monthly
	Revise processes as needed	IS, QAPIC, All programs including contractors	QAPIC Meeting Minutes	Monthly



OBJECTIVE	ACTIVITY	PERSON(S)/PROGRAM(S) RESPONSIBLE FOR ACTIVITY	AUDITING TOOL	REVIEW DATE
<b>Quality:</b> Goal # 3 To improve quality of care satisfaction among beneficiaries				
Determine the amount of change of provider requests for Clinicians, Non-Clinicians and Prescribers  <b>Baseline:</b> TBD  <i>Source: FY 18/19 Change of Provider Log</i>	Track, trend and analyze the reasons for change of provider	IS, QAPI, All programs, including contractors	QAPIC Meeting Minutes, QAPIC Monthly Reports	Monthly
	Present data at monthly QAPIC meeting	QAPI	QAPIC Meeting Minutes, QAPIC Monthly Reports	Monthly
	Explore the reasons for change of provider requests and recommend strategies for addressing trends found	QAPIC	QAPIC Meeting Minutes	Monthly
	Revise processes as needed	IS, QAPIC, All programs including contractors	QAPIC Meeting Minutes	Monthly

OBJECTIVE	ACTIVITY	PERSON(S)/PROGRAM(S) RESPONSIBLE FOR ACTIVITY	AUDITING TOOL	REVIEW DATE
<b>Staff Development:</b> Goal # 1 To ensure SJCBS staff and contractors are trained in Cultural Competency				
100% of SJCBS staff and contractors will be Cultural Competency Trained by 12/2018	Monitor Cultural Competency Training	IS, Training Coordinator	QAPIC Meeting Minutes	Monthly
New BHS employees will be trained according to the training guidelines developed in the full updated Cultural Competency Plan	Monitor the implementation of the Cultural Competency Plan	QAPI, QAPIC, Cultural Competence Committee	QAPIC Meeting Minutes, QAPIC Monthly Reports	Monthly
<b>Baseline:</b> SJCBS staff: 622 as of 8/27/18 Contractor: TBD  <i>Source: Cultural Competency Training Online 2018</i>	Identify training/educational opportunities to enhance the array of culturally and linguistically competent skill sets.	QAPI, QAPIC, Cultural Competence Committee	QAPIC Meeting Minutes, QAPIC Monthly Reports	Monthly
<i>July 2018 Provider Direct</i>	Develop recommendations for additional Cultural Competency trainings	QAPIC, Cultural Competence Committee	QAPIC Meeting Minutes	Monthly

OBJECTIVE	ACTIVITY	PERSON(S)/PROGRAM(S) RESPONSIBLE FOR ACTIVITY	AUDITING TOOL	REVIEW DATE
<b>Staff Development:</b> Goal # 2 To improve staff's documentation knowledge and practical use				
Reduce disallowances related to documentation  <b>Baseline:</b>  1.66%  <i>Source: Summary Analysis QAPI Subcommittee Reviews FY 17/18</i>	Update Client Plan Policy	QAPI, IS	QAPIC Meeting Minutes	9-13-18
	Add EHR Client Plan	IS	QAPIC Meeting Minutes	9-13-18
	Update documentation training curriculum	QAPI	QAPIC Meeting Minutes, QAPIC Monthly Reports	9-13-18
	Implement updated clinical documentation training	IS, Training Committee	QAPIC Meeting Minutes, QAPIC Monthly Reports	10-11-18
	Conduct comprehensive clinical record review	QAPI, QAPI Review Subcommittee	QAPIC Meeting Minutes, QAPIC Monthly Reports	Monthly
	Track, trend and analyze McFloop data	QAPI	QAPIC Meeting Minutes, QAPIC Monthly Reports	Monthly
	Present data at monthly QAPIC meeting	QAPI	QAPIC Meeting Minutes	Monthly
	Update/Disseminate Clinical Training Manual.	Documentation Training Committee	QAPIC Meeting Minutes	12-13-18
	Revise processes as needed.	IS, QAPIC, All programs including contractors	QAPIC Meeting Minutes	Monthly