San Joaquin County Behavioral Health Services

Quality Improvement Work Plan

July 1, 2018 – June 30, 2022

Annual Update FY21-22
Revised 11/08/21
Executive Summary

Purpose and Intent
San Joaquin County Behavioral Health Services (SJCBHS) is committed to service excellence and continuous quality improvement. Toward this end, SJCBHS has developed and implemented a range of quality assessment & performance improvement activities to measure and improve the timeliness, access, quality and outcomes of its services.

Quality Improvement Principles
Quality Improvement is defined as a systematic approach to assessing services and improving them. SJCBHS’ 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 SJCBHS’ 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.

Continuous Quality Improvement Activities
SJCBHS has adopted the following continuous quality improvement activities:

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 (QAPIC);

**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 for **customer satisfaction**.

**Annual Evaluation**

An evaluation of the effectiveness of quality assessment & performance improvement activities is completed annually and reviewed with the QAPIC. The evaluation summarizes progress associated with each of the QAPI Work Plan goals and objectives, and includes actions taken in response to outcomes. Based upon the evaluation, revisions may be made to subsequent QAPI Work Plans.
Quality Assessment & Performance Improvement Work Plan
This is a living document and may be changed as needed.

SJCBHS’ overarching strategies guiding these initiatives involve:
1. **Collaborating** between divisions and disciplines to ensure quality services;
2. Coordinating with SJCBHS divisions and the Information Systems unit, to develop reliable reports that provide monthly data for each initiative’s measurable objectives;
3. Reviewing data reports monthly with QAPI Council to identify the greatest discrepancies between current findings and goals;
4. Developing real-time strategies to address areas of concern;
5. Implementing formal PIPs for areas of greatest need;
6. Revising goals annually or as needed to meet regulatory expectations and stakeholder expectations; and
7. Fostering staff participation in and commitment to quality assessment and performance improvement initiatives.
### 1. Access to Care

<table>
<thead>
<tr>
<th>1.A. Service Access and Availability - The MHP has a comprehensive system for providing access information and monitoring access.</th>
<th>Goals</th>
<th>Target</th>
<th>FY 19/20</th>
<th>FY 20/21</th>
<th>Data Source</th>
<th>Frequency of Review</th>
<th>Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.A.1</strong> The MHP provides information on how beneficiaries can access services including transportation availability. (This may be accomplished through a centralized location or multiple sites, telephone, fax, mail, email, or website.)</td>
<td>Improve information on access to services.</td>
<td>100% of FY21/22 test calls to 24/7 call line during business hours will receive timely and accurate information</td>
<td>91.43%</td>
<td>94.74%</td>
<td>QAPI Test Call Spreadsheet</td>
<td>Quarterly</td>
<td>QAPI staff will review test calls for timely and accurate information. QAPI staff will review test call deficiencies and trends at QAPI Council. Assessing the cause of the deficiency and trends. Program managers and supervisors will provide education to staff when deficiencies are identified.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>100% of FY21/22 test calls to 24/7 call line after hours will receive timely and accurate information</td>
<td>95.83%</td>
<td>87.50%</td>
<td></td>
<td>Quarterly</td>
<td></td>
</tr>
<tr>
<td><strong>1.A.2</strong> MHP offers information about how to access services in threshold languages.</td>
<td>Improve information access to services in threshold language.</td>
<td>100% of FY21/22 relevant test calls to 24/7 call line during business hours will document use of interpreter or language line</td>
<td>100%</td>
<td>100%</td>
<td>QAPI Test Call Spreadsheet</td>
<td>Quarterly</td>
<td>QAPI staff will review test calls for the documentation of the use of an interpreter or language line. QAPI staff will review test call deficiencies at QAPI Council assessing the cause of the deficiency. Program managers and supervisors will provide education to staff when deficiencies are identified.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>100% of FY21/22 relevant test calls to 24/7 call line after hours will document use of interpreter or language line</td>
<td>100%</td>
<td>100%</td>
<td></td>
<td>Quarterly</td>
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</tr>
<tr>
<td><strong>1.A.3</strong> The MHP monitors website usage to ensure links are current and working appropriately.</td>
<td>Improve electronic access to service information.</td>
<td>By 6/30/2022 have 100% of website content will be up to date, with working links, accurate contacts, and most recent forms/reports.</td>
<td>N/A</td>
<td>N/A</td>
<td>sigov.org</td>
<td>Quarterly</td>
<td>Management Analyst III will review website at least once per quarter to evaluate missing or inaccurate information, broken links, etc. and will report as a standing item on QI Council agenda.</td>
</tr>
</tbody>
</table>
## 1. Access to Care

1.A.4 The MHP provides pamphlets, flyers, or other printed information on services to wellness centers, other county programs (e.g., Public Health, Social Services, Cal Works, county hospitals, law enforcement agencies), and managed care primary health facilities.

<table>
<thead>
<tr>
<th>Goals</th>
<th>Target</th>
<th>FY19/20</th>
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<tbody>
<tr>
<td>Reduce mental health-stigma and discrimination</td>
<td>In accordance with SJC MHSA Plan, by 6/30/2022, implement a campaign targeting stigma and discrimination that includes signage and printed materials within at least two local governmental departments.</td>
<td>N/A</td>
<td>N/A</td>
<td>Deputy Director of Administration</td>
<td>Quarterly</td>
<td>Deputy Director of Administration or designee(s) will establish contacts with local government agencies to launch campaign targeting stigma and discrimination by hanging signage and providing printed materials for community members.</td>
</tr>
</tbody>
</table>

## 1.B. Capacity Management - The MHP manages and adapts its capacity to meet beneficiary service needs.

1.B.3. The MHP monitors the penetration rates (or other utilization reports) by beneficiary type and demographics (such as foster care, older adults, etc.)

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</thead>
<tbody>
<tr>
<td>Increase access to clinical assessments.</td>
<td>By 6/30/2022, at least 77% of initial clinical assessments will be claimed.</td>
<td>76.6%</td>
<td>53%</td>
<td>Sharecare</td>
<td>Quarterly</td>
<td>BHS will identify two potential methods for text appointment reminders. Case managers and clinicians will evaluate method of transportation to appointments and assist with coordinating services to meet client need.</td>
</tr>
</tbody>
</table>

<p>| Increase access of children to clinical assessments.                 | By 6/30/2022, at least 77% of initial clinical assessments of children will be claimed. | 83.5%   | 88%      | Quarterly      | Quarterly          |                        |
| Increase access of foster youth to clinical assessments.             | By 6/30/2022, at least 77% of initial clinical assessments of foster youth will be claimed. | 86.8%   | 98%      | Quarterly      | Quarterly          |                        |
| Increase access of adults to clinical assessments.                  | By 6/30/2022, at least 77% of initial clinical assessments of adults will be claimed. | 88.9%   | 69%      | Quarterly      | Quarterly          |                        |
| Increase access of older adults to clinical assessments.             | By 6/30/2022, at least 77% of initial clinical assessments of older adults will be claimed. | N/A     | 69%      | Quarterly      | Quarterly          |                        |</p>
<table>
<thead>
<tr>
<th>1. Access to Care</th>
<th>The MHP monitors system demand, caseloads by provider type and service locations, and productivity.</th>
<th>Improve network capacity</th>
<th>By 6/30/2022, increase ratio of adult psychiatrists to adult beneficiaries to 1:524.</th>
<th>Met per DHCS</th>
<th>1:524</th>
<th>NACT and Sharecare</th>
<th>Quarterly</th>
<th>Medical Director, HR, and Administration to continue active recruitment of qualified psychiatrists. Departments will evaluate levels of care for meds-only clients to assess medical necessity of SMHS. Caseload and capacity tool will be piloted in CYS for assessing allocation of psychiatrists.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Improve network capacity</td>
<td>By 6/30/2022, increase ratio of child psychiatrists to child beneficiaries to 1:323.</td>
<td>Met per DHCS</td>
<td>1:391</td>
<td>1:391</td>
<td>NACT and Sharecare</td>
<td>Quarterly</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Improve network capacity</td>
<td>By 6/30/2022, increase ratio of adult non-psychiatric positions to adult beneficiaries to 1:50.</td>
<td>Met per DHCS</td>
<td>1:55</td>
<td>1:55</td>
<td>NACT and Sharecare</td>
<td>Quarterly</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Improve network capacity</td>
<td>Increase ratio of child non-psychiatric positions to child beneficiaries to 1:30.</td>
<td>Met per DHCS</td>
<td></td>
<td>1:30</td>
<td>NACT and Sharecare</td>
<td>Quarterly</td>
<td></td>
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<tr>
<td>1.8.4</td>
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</tbody>
</table>

Recruitment and retention committee to compile focus group recommendations and suggestions to administration for decreasing vacant positions and increasing retention of qualified staff.
## 2. Timeliness of Care

### 2.A. First Offered Appointment
- **Goals:** The MHP has a first offered appointment standard of ten business days for outpatient services.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Target</th>
<th>FY19/20</th>
<th>FY 20/21</th>
<th>Frequency of Review</th>
<th>Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decrease wait time for initial assessment.</td>
<td>79.70%</td>
<td>95%-CYS 98%-Adults</td>
<td>Timeliness Application</td>
<td>Monthly</td>
<td>Program Managers and Huddle members will review timely access to initial appointments. Barriers and proposed interventions will be presented to Sr. Managers for guidance as needed and will discuss at QAPI Council.</td>
</tr>
<tr>
<td>Decrease wait time of children for initial assessment.</td>
<td>81%</td>
<td>95%</td>
<td>Timeliness Application</td>
<td>Monthly</td>
<td>Program Managers will review outpatient performance dashboards monthly to determine timely access to initial appointments. Barriers and proposed interventions will be presented to Sr. Managers for guidance as needed and will discuss at QAPI Council.</td>
</tr>
<tr>
<td>Decrease wait time of foster youth for initial assessment.</td>
<td>51%</td>
<td>92%</td>
<td></td>
<td>Monthly</td>
<td></td>
</tr>
<tr>
<td>Decrease wait time of adults for initial assessment.</td>
<td>84%</td>
<td>84%</td>
<td></td>
<td>Monthly</td>
<td></td>
</tr>
<tr>
<td>Decrease wait time of older adults for initial assessment.</td>
<td>85%</td>
<td>84%</td>
<td></td>
<td>Monthly</td>
<td></td>
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</tbody>
</table>
## 2. Timeliness of Care

<table>
<thead>
<tr>
<th>2.C. First Offered Psychiatry Appointment</th>
<th>Goals</th>
<th>Target</th>
<th>FY19/20</th>
<th>FY 20/21</th>
<th>Data Source</th>
<th>Frequency of Review</th>
<th>Action Plan</th>
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</thead>
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<tr>
<td>2.C.2 <em>The MHP applies the 15 business days standard when a beneficiary requests psychiatry services or a provider determines the need for the service.</em></td>
<td>Decrease wait time for initial psychiatric appointment.</td>
<td>By 6/30/2022, at least 75% of beneficiaries will be offered an initial psychiatric appointment within 15 days of determination of necessity.</td>
<td>68.10%</td>
<td>91%CYS</td>
<td>Timeliness Application</td>
<td>Monthly</td>
<td>Program Managers will review outpatient performance dashboards monthly to determine timely access to initial appointments. Barriers and proposed interventions will be presented to Sr. Managers for guidance as needed and will discuss at QAPI Council.</td>
</tr>
<tr>
<td>2.C.5 <em>The MHP tracks and reports on the first offered psychiatry appointment data for children, adult, older adult, and foster care beneficiaries separately in addition to the aggregate data.</em></td>
<td>Decrease wait time of children for initial psychiatric appointment.</td>
<td>By 6/30/2022, 75% of children will be offered an initial psychiatric appointment within 15 days of determination of necessity.</td>
<td>67%</td>
<td>95%</td>
<td>Timeliness Application</td>
<td>Monthly</td>
<td>Program Managers will review outpatient performance dashboards monthly to determine timely access to initial appointments. Barriers and proposed interventions will be presented to Sr. Managers for guidance as needed and will discuss at QAPI Council. CYS management will meet monthly to assess provider coverage. Additional attention and non-traditional options will be given to recruitment of child psychiatrists.</td>
</tr>
<tr>
<td></td>
<td>Decrease wait time of foster children for initial psychiatric appointment.</td>
<td>By 6/30/2022, 75% of foster children will be offered an initial psychiatric appointment within 15 days of determination of necessity.</td>
<td>78%</td>
<td>92%</td>
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<td>Quarterly</td>
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<tr>
<td></td>
<td>Decrease wait time of adults for initial psychiatric appointment.</td>
<td>By 6/30/2022, 75% of adults will be offered an initial psychiatric appointment within 15 days of determination of necessity.</td>
<td>68%</td>
<td>92%</td>
<td></td>
<td>Monthly</td>
<td>Program Managers will review outpatient performance dashboards monthly to determine timely access to initial appointments. Barriers and proposed interventions will be presented to Sr. Managers for guidance as needed and will discuss at QAPI Council.</td>
</tr>
<tr>
<td></td>
<td>Decrease wait time of older adults for initial psychiatric appointment.</td>
<td>By 6/30/2022, 75% of older adults will be offered an initial psychiatric appointment within 15 days of determination of necessity.</td>
<td>79.40%</td>
<td>96%</td>
<td></td>
<td>Monthly</td>
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<tr>
<td>2. Timeliness of Care</td>
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<tr>
<td>2.D. Timely Appointments for Urgent Conditions - The MHP has a methodology to collect data related to timeliness for urgent conditions, uses CCR standards for urgent appointments, tracks and trends the data at least quarterly.</td>
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<tbody>
<tr>
<td>Improve response time for urgent conditions.</td>
<td>During FY21/22 at least 75% of all beneficiaries in crisis will receive a crisis intervention within 120 minutes of request.</td>
<td>97%</td>
<td>98%</td>
<td>Crisis Registration Log</td>
<td>Monthly</td>
<td>QAPI Council and 24 Hour Services leadership will monitor timeliness on each month’s crisis responses and implement procedural changes deemed appropriate to improved response time.</td>
</tr>
<tr>
<td>Improve response time for urgent conditions of children.</td>
<td>During FY21/22 at least 95% of children in crisis will receive a crisis intervention within 120 minutes of request</td>
<td>89%</td>
<td>91%</td>
<td>Crisis Registration Log and Children’s Crisis Log</td>
<td>Monthly</td>
<td>QAPI Council, CYS and 24 Hour Services leadership will monitor timeliness on each month’s crisis responses and implement procedural changes deemed appropriate to improved response time. Additional collaborative meetings will be scheduled as needed.</td>
</tr>
<tr>
<td>Improve response time for urgent conditions of foster youth</td>
<td>During FY21/22 at least 95% of foster youth in crisis will receive a crisis intervention within 120 minutes of request</td>
<td>92%</td>
<td>95%</td>
<td>Crisis Registration Log</td>
<td>Monthly</td>
<td></td>
</tr>
<tr>
<td>Improve response time for urgent conditions of adults.</td>
<td>During FY21/22 at least 75% of adults in crisis will receive a crisis intervention within 120 minutes of request</td>
<td>97%</td>
<td>98%</td>
<td>Crisis Registration Log</td>
<td>Monthly</td>
<td>QAPI Council and 24 Hour Services leadership will monitor timeliness on each month’s crisis responses and implement procedural changes deemed appropriate to improved response time.</td>
</tr>
<tr>
<td>Improve response time for urgent conditions of older adults.</td>
<td>During FY21/22 at least 75% of older adults in crisis will receive a crisis intervention within 120 minutes of request.</td>
<td>98%</td>
<td>96%</td>
<td></td>
<td>Monthly</td>
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<tr>
<td>2. Timeliness of Care</td>
<td>Goals</td>
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<tr>
<td>2.E.1</td>
<td>Improve reporting hospitalizations of minors to more accurately track post-hospitalization services.</td>
<td>By 6/30/2022, 100% of adolescent psychiatric inpatient hospitals will have functioning RUs in ShareCare and data entry reflecting admissions will be entered within one business day.</td>
<td>Unknown</td>
<td>89%</td>
<td>ShareCare</td>
<td>Monthly</td>
</tr>
<tr>
<td>2.E.2</td>
<td>Improve attendance to post-hospitalization services.</td>
<td>By 6/30/2022, 95% of all beneficiaries will receive a follow-up service within 7 calendar days of hospital discharge.</td>
<td>93%</td>
<td>90%-CYS</td>
<td>ShareCare</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>Improve attendance of children to post-hospitalization services.</td>
<td>By 6/30/2022, 95% of children will receive a follow-up service within 7 calendar days of hospital discharge.</td>
<td>71%</td>
<td>90%</td>
<td>Sharecare</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>Improve attendance of foster youth to post-hospitalization services.</td>
<td>By 6/30/2022, 95% of foster youth will receive a follow-up service within 7 calendar days of hospital discharge.</td>
<td>79%</td>
<td>92%</td>
<td></td>
<td>Monthly</td>
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<tr>
<td></td>
<td>Improve attendance of adults to post-hospitalization services.</td>
<td>By 6/30/2022, 95% of adults will receive a follow-up service within 7 calendar days of hospital discharge.</td>
<td>95%</td>
<td>90.20%</td>
<td>Sharecare</td>
<td>Monthly</td>
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<td></td>
<td>Improve attendance of older adults to post-hospitalization services.</td>
<td>By 6/30/2022, 95% of older adults will receive a follow-up service within 7 calendar days of hospital discharge.</td>
<td>93%</td>
<td>84%</td>
<td></td>
<td>Monthly</td>
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<td>Target</td>
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<tr>
<td>Decrease readmissions to psychiatric hospitals.</td>
<td>By 6/30/2022, no more than 14% of beneficiaries will be readmitted to an inpatient psychiatric unit within 30 days of discharge.</td>
<td>9%</td>
<td>1% CYS 22%-Adults 0% Older Adults</td>
<td>ShareCare</td>
<td>Monthly</td>
<td>Leadership will monitor readmissions to psychiatric hospitals and provide guidance to assigned clinicians. Involved departments will coordinate services and planning. Any SJC Medi-Cal beneficiary detained in SJC and admitted to a psychiatric inpatient unit will be seen by BHS for follow-up.</td>
</tr>
<tr>
<td>Prevent readmissions of children to psychiatric hospitals</td>
<td>By 6/30/2022, no more than 9% of children will be readmitted to an inpatient psychiatric unit within 30 days of discharge.</td>
<td>7%</td>
<td>1%</td>
<td>Monthly</td>
<td>24 Hour Services and CYS leadership will monitor readmissions to psychiatric hospitals and provide guidance to assigned clinicians. CYS clinicians will coordinate with 24 Hour Services staff, when applicable. Any SJC Medi-Cal beneficiary detained in SJC and admitted to a psychiatric inpatient unit will be seen by CYS for follow-up.</td>
<td></td>
</tr>
<tr>
<td>Prevent readmissions of foster youth to psychiatric hospitals</td>
<td>By 6/30/2022, no more than 9% of foster youth will be readmitted to an inpatient psychiatric unit within 30 days of discharge.</td>
<td>11%</td>
<td>0.40%</td>
<td>Monthly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decrease readmissions of adults to psychiatric hospitals</td>
<td>By 6/30/2022, no more than 14% of adults will be readmitted to an inpatient psychiatric unit within 30 days of discharge.</td>
<td>11%</td>
<td>22%</td>
<td>ShareCare</td>
<td>Monthly</td>
<td>24 Hour Services and Outpatient leadership will monitor readmissions to psychiatric hospitals and provide guidance to assigned clinicians. CIS clinicians will coordinate with outpatient staff, when applicable. Any SJC Medi-Cal beneficiary detained in SJC and admitted to a psychiatric inpatient unit will be seen by CIS for follow-up and referred to outpatient BHS services.</td>
</tr>
<tr>
<td>Decrease readmissions of older adults to psychiatric hospitals</td>
<td>By 6/30/2022, no more than 14% of older adults will be readmitted to an inpatient psychiatric unit within 30 days of discharge.</td>
<td>5%</td>
<td>0%</td>
<td>Monthly</td>
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</tbody>
</table>
## 2. Timeliness of Care

### 2.G. Tracks and Trends No-Shows - The MHP tracks and trends no-shows and cancellations, including beneficiary no-show, beneficiary cancelled, and/or staff cancelled on an at least quarterly basis.

<table>
<thead>
<tr>
<th>Goals</th>
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</thead>
<tbody>
<tr>
<td>Decrease no-show rates to psychiatry appointments.</td>
<td>By 6/30/2022, no more than 10% of psychiatry appointments will result in a no-show.</td>
<td>16.10%</td>
<td>7%</td>
<td>ShareCare</td>
<td>Monthly</td>
<td>BHS will identify two potential methods for text appointment reminders. Medication-only clients with high no-show rates will be re-assessed for appropriate level of care.</td>
</tr>
<tr>
<td>Decrease no-show rates of children to psychiatry appointments.</td>
<td>By 6/30/2022, no more than 10% of psychiatry appointments for children will result in a no-show.</td>
<td>10%</td>
<td>7%</td>
<td></td>
<td>Monthly</td>
<td></td>
</tr>
<tr>
<td>Decrease no-show rates of foster youth to psychiatry appointments.</td>
<td>By 6/30/2022, no more than 10% of psychiatry appointments for foster youth will result in a no-show.</td>
<td>15%</td>
<td>10%</td>
<td></td>
<td>Monthly</td>
<td></td>
</tr>
<tr>
<td>Decrease no-show rates of adults to psychiatry appointments.</td>
<td>By 6/30/2022, no more than 10% of psychiatry appointments for adults will result in a no-show.</td>
<td>16.10%</td>
<td>17.30%</td>
<td></td>
<td>Monthly</td>
<td></td>
</tr>
<tr>
<td>Decrease no-show rates of older adults to psychiatry appointments.</td>
<td>By 6/30/2022, no more than 10% of psychiatry appointments for older adults will result in a no-show.</td>
<td>Unknown</td>
<td>Unknown</td>
<td></td>
<td>Monthly</td>
<td></td>
</tr>
<tr>
<td>Decrease no-show rates to non-psychiatry appointments.</td>
<td>By 6/30/2022, no more than 10% of non-psychiatry appointment will result in a no-show.</td>
<td>14.20%</td>
<td>7% CYS 13.5% Adults</td>
<td></td>
<td>Monthly</td>
<td></td>
</tr>
<tr>
<td>Decrease no-show rates of children to non-psychiatry appointments.</td>
<td>By 6/30/2022, no more than 10% of non-psychiatry appointments for children will result in a no-show.</td>
<td>8%</td>
<td>7%</td>
<td></td>
<td>Monthly</td>
<td></td>
</tr>
<tr>
<td>Decrease no-show rates of foster youth to non-psychiatry appointments.</td>
<td>By 6/30/2022, no more than 10% of non-psychiatry appointments for foster youth will result in a no-show.</td>
<td>5.60%</td>
<td>10%</td>
<td></td>
<td>Monthly</td>
<td></td>
</tr>
<tr>
<td>2. Timeliness of Care</td>
<td>Decrease no-show rates of adults to <strong>non-psychiatry</strong> appointments.</td>
<td>By 6/30/2022, no more than 10% of non-psychiatry appointments for adults will result in a no-show.</td>
<td>14.20%</td>
<td>13.50%</td>
<td>Sharecare</td>
<td>Monthly</td>
</tr>
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<tr>
<td></td>
<td>Decrease no-show rates of older adults to <strong>non-psychiatry</strong> appointments.</td>
<td>By 6/30/2022, no more than 10% of non-psychiatry appointments for older adults will result in a no-show.</td>
<td>Unknown</td>
<td>Unknown</td>
<td>Sharecare</td>
<td>Monthly</td>
</tr>
</tbody>
</table>
### 3. Quality of Care

#### 3.A. Beneficiary Needs are Matched to the Continuum of Care - The MHP operates a full range of service-level programs, both in-county and out-of-county, both directly operated and contracted, to provide a comprehensive range of options for treatment from most- to least-restrictive.

<table>
<thead>
<tr>
<th>Goals</th>
<th>Target</th>
<th>FY19/20</th>
<th>FY 20/21</th>
<th>Data Source</th>
<th>Frequency of Review</th>
<th>Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 90% of all records reviewed in subcommittees during FY21/22 will demonstrate that services are provided at the appropriate level of care</td>
<td>97%</td>
<td>100%</td>
<td>QAPI Subcommittee Reviews</td>
<td>Quarterly</td>
<td>Program managers and supervisors will oversee the chart review process that is conducted by the QAPI Subcommittees to review client services, timeliness of services, medical necessity to and identify/improve needed level-of-care training for staff.</td>
<td></td>
</tr>
<tr>
<td>At least 90% of adult records reviewed in subcommittees during FY21/22 will demonstrate that services are provided at the appropriate level of care</td>
<td>97%</td>
<td>100%</td>
<td>Quarterly</td>
<td></td>
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</tr>
<tr>
<td>At least 90% of child records reviewed in subcommittees during FY21/22 will demonstrate that services are provided at the appropriate level of care</td>
<td>100%</td>
<td>100%</td>
<td>Quarterly</td>
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</tbody>
</table>

**3.A.2**

The information system provides reports that facilitates matching of beneficiary needs with appropriate service level.

<table>
<thead>
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</tr>
</thead>
<tbody>
<tr>
<td>During FY21/22MHP will increase annual approved claims per beneficiary by at least 20%</td>
<td>18%</td>
<td>24%</td>
<td>QAPI Subcommittee Reviews</td>
<td>Quarterly</td>
<td>Program managers and supervisors oversee the chart review process that is conducted by the QAPI Subcommittees to evaluate client services and identify/improve needed service provision training for staff. Clients with low utilization will be reviewed for appropriate level of care.</td>
<td></td>
</tr>
<tr>
<td>During FY21/22 MHP will increase annual approved claim per Latino/Hispanic beneficiary by at least 20%</td>
<td>21%</td>
<td>22%</td>
<td>Quarterly</td>
<td></td>
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</tr>
<tr>
<td>During FY21/22MHP will increase annual approved claim per foster care beneficiary by at least 20%</td>
<td>28%</td>
<td>30%</td>
<td>Quarterly</td>
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</tr>
</tbody>
</table>
### 3. Quality of Care

<table>
<thead>
<tr>
<th></th>
<th>Goals</th>
<th>Target</th>
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<tbody>
<tr>
<td><strong>3.C. Quality Management Structure</strong>&lt;br&gt;The MHP has a designated Quality Management unit with a direct line of communication to the MHP leadership.</td>
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<tr>
<td>3.C.2</td>
<td>The MHP has adequate staffing to perform QM functions.</td>
<td>Expand capacity of QAPI</td>
<td>By 6/30/2022, QAPI will add a QI Coordinator and two clinical staff to participate in QAPI analyses and functions.</td>
<td>N/A</td>
<td>N/A</td>
<td>QAPI Org. Chart</td>
<td>Quarterly</td>
</tr>
<tr>
<td><strong>3.D. QM Reports Act as a Change Agent in the System</strong>&lt;br&gt;The MHP utilizes QM reports for decision-making, strategic initiatives, and performance improvement.</td>
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<tr>
<td>3.D.3</td>
<td>The MHP establishes baselines, improvement goals, and timelines, tracking measurable progress to goals.</td>
<td>Improve systemic benefit from grievances and appeals.</td>
<td>By 6/30/2022, QAPI Council will review 100% of quality of care grievances (unless contraindicated) and appeals and provide recommendations to prevent comparable future occurrences.</td>
<td>N/A</td>
<td>100%</td>
<td>QAPI Council Minutes</td>
<td>Monthly</td>
</tr>
<tr>
<td>4. Beneficiary Progress/Outcomes</td>
<td>Goals</td>
<td>Target</td>
<td>FY 19/20</td>
<td>FY 20/21</td>
<td>Data Source</td>
<td>Frequency of Review</td>
<td>Action Plan</td>
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<tr>
<td>4.A.2 The MHP compiles and presents reports of beneficiary outcomes reviewing accurate data to address quality of care improvements.</td>
<td>Ensure data collected is accurate and entered in timely in order to improve the quality of beneficiary care.</td>
<td>By 6/30/2022, produce program-level outcome reports using CANSA data.</td>
<td>N/A</td>
<td>N/A</td>
<td>CANSA</td>
<td>Quarterly</td>
<td>Program staff will run reports from Objective Arts and analyze the outcome data. Program staff will validate the data and share the analysis during QAPI Council.</td>
</tr>
<tr>
<td>4.A.3 MHP can provide evidence that Consumer Perception Survey results are shared and changes in QI activities occur as a result of survey results.</td>
<td>Improve quality of beneficiary care from outcome data.</td>
<td>By 6/30/22, the results and outcomes of the Consumer Perception Survey will be shared with consumers, Behavioral Health Board, and stakeholders.</td>
<td>N/A</td>
<td>N/A</td>
<td>UCLA Consumer Perception Survey</td>
<td>Annually</td>
<td>Survey beneficiaries at least annually. The results of the survey and any QI activities generated from the outcomes of the survey will be shared with members of the QAPI Council, Consumer Advisory Council, Behavioral Health Board and stakeholders.</td>
</tr>
</tbody>
</table>
## 5. Structure and Operations

<table>
<thead>
<tr>
<th>5.H. Cultural Competency</th>
<th>Goals</th>
<th>Target</th>
<th>FY19/20</th>
<th>FY 20/21</th>
<th>Data Source</th>
<th>Frequency of Review</th>
<th>Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.H.1</td>
<td>The MHP identifies strategies and resources to meet the cultural, ethnic, racial, and linguistic clinical needs of its eligible.</td>
<td>Create workforce that is representative of the population.</td>
<td>By 6/30/2022, BHS will increase the Hispanic/Latino proportion of staff to 36%.</td>
<td>32%</td>
<td>Human Resources</td>
<td>Quarterly</td>
<td>Enact recruitments for language-specific positions. Assess opportunities for recruitment in cultural arenas of the community and implement two strategies.</td>
</tr>
<tr>
<td>5.H.2</td>
<td>The MHP implements strategies and uses resources to meet the cultural, ethnic, racial, and linguistic clinical needs of its eligible.</td>
<td>Improve cultural competency of staff.</td>
<td>As described in the Cultural Competence Plan, 100% of staff and contractors hired during FY21/22 will receive online Cultural Competency Training within 12 months of employment</td>
<td>81%</td>
<td>Department Managers</td>
<td>Quarterly</td>
<td>Managers and supervisors will require new staff to complete online cultural competence training during the initial probationary period.</td>
</tr>
<tr>
<td>5.H.3</td>
<td>The MHP implements strategies and uses resources to meet the cultural, ethnic, racial, and linguistic clinical needs of its eligible.</td>
<td>Improve cultural competency of staff.</td>
<td>By 4/30/2022, SJCBHS will have identified gaps in the Cultural Competency knowledge base of BHS staff members and partners.</td>
<td>N/A</td>
<td>I.S. Survey</td>
<td>Quarterly</td>
<td>Conduct a division-wide and program-specific inventory of Cultural Competency knowledge via the California Brief Multicultural Competence Scale (CMCBS) to identify gaps in the knowledge base of BHS staff members and partners.</td>
</tr>
<tr>
<td>5.H.4</td>
<td>The MHP implements strategies and uses resources to meet the cultural, ethnic, racial, and linguistic clinical needs of its eligible.</td>
<td>Improve cultural competency of staff.</td>
<td>By 6/30/2022, BHS will develop an action plan to address the findings of the CBMCS Survey.</td>
<td>N/A</td>
<td>I.S. Survey</td>
<td>Quarterly</td>
<td>Analyze the findings from the CBMCS Survey and develop an action plan to address the findings from the CBMCS Survey.</td>
</tr>
</tbody>
</table>