

ANNUAL QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT WORK PLAN FISCAL YEAR 2018-2019

SECTION 1: SERVICE DELIVERY CAPACITY				
GOAL #	GOAL	Process used to evaluate	Responsible Staff	Results
GOAL 1.1	The MHP will continue to track the number, service type, and geographic distribution of mental health services provided by Sonoma County Behavioral Health and contractors.	Sonoma County Provider Directory	QI Manager	TBD
GOAL 1.2	Increase the number of Hispanic/Latino clients receiving mental health treatment from SCBH by 5% from 899 in FY17-18 to 944 in FY18-19.	Avatar – Demographic Report	QI Manager	TBD
GOAL 1.3	SCBH will provide at least one mandatory staff training in FY18-19, and the topic of the training will be one of the three highest needs identified in the FY17-18 Cultural Responsiveness Staff Survey. At least 50% of staff will report an increase in knowledge in the topic.	Staff Development Training CEU Program Evaluation Forms	QI Manager WET Manager	TBD
GOAL 1.4	Support bilingual and bicultural staff working towards licensure to increase the number of bilingual and bicultural Behavioral Health Interns that become licensed clinicians by offering five licensure support trainings in FY18-19.	Staff Training	QI Manager WET Coordinator	TBD
GOAL 1.5	Increase the FTE for county-funded peer positions by 5%: From 33.61 FTE on 6/30/18 to 35.29 FTE as of 6/30/19.	Consumer and Family Employment Fiscal Summary FY18-19	QI Manager	TBD
GOAL 1.6	Documentation in 95% of charts audited for county-run programs and for contractors' programs will show that all consents were completed in the client's primary (threshold) language.	Chart review	QA Manager	TBD
GOAL 1.7	Documentation in 95% of charts audited of monolingual clients in county-run programs and in contractors' programs will show that all services were conducted in the client's primary language.	Monolingual Client Audit Spreadsheet	QA Manager	TBD

SECTION 2: SERVICE ACCESSIBILITY

GOAL #	GOAL	Process used to evaluate	Responsible Staff	Results
GOAL 2.1	95% of calls to the 24-hour toll free telephone number will be answered by a live person to provide information to beneficiaries about how to access specialty mental health services.	OPTUM Monthly Reports	QI Manager Access Manager	TBD
GOAL 2.2	100% of non-urgent after-hours callers requesting a service will receive a call back the next business day.	OPTUM Monthly Reports Initial Request to Mental Health Services Database	QI Manager Access Manager	TBD
GOAL 2.3	95% of the adult beneficiaries who are screened as needing an <u>urgent</u> mental health assessment will receive services within 2 business days.	Initial Request to Mental Health Services Database	QI Manager Access Manager	TBD
GOAL 2.4	Achieve a 10% increase in the number of initial assessments <u>attended</u> within 10 business days from the date of the initial request for service. From 37.5% in FY17-18 to 41.25% in FY18-19.	Initial Request to Mental Health Services Database	QI Manager Access Manager	TBD
GOAL 2.5	A 10% increase from the previous FY17-18, in the number of clients that <u>attended</u> an initial <u>psychiatric</u> assessment appointment within 15 business days from date of the initial outpatient mental health assessment. From 65.0% in FY17-18 to 71.5 % in FY18-19.	Avatar	QI Manager Access Manager	TBD

SECTION 3: BENEFICIARY SATISFACTION

GOAL #	GOAL	Process used to evaluate	Responsible Staff	Results
GOAL 3.1	Submit completed DHCS Adult, Older Adult, TAY, Youth and Family/Parents of Youth Consumer Perception Satisfaction Survey data during the review period to CIBHS, analyze the results and disseminate the results and analysis to SCBH staff and provider.	DHCS Information Notice 13-14	QI Manager	TBD
GOAL 3.2	100% of client grievances will be decided upon and communicated back to the client within 90 days of receiving the grievance.	Grievance Coordinator Database	QA Manager	TBD
GOAL 3.3	100% of client/family outpatient appeals will be decided upon and communicated back to the client within 60 days of receiving the appeal.	Appeals Coordinator Database	QA Manager	TBD
GOAL 3.4	100% of client fair hearing results will be evaluated and if issues are identified, they will be addressed within 60 days of the fair hearing results.	Fair Hearings Spreadsheet	QA Manager	TBD
GOAL 3.5	100% of client requests to change persons providing services will be evaluated and addressed within 30 days of the request.	Request for Change of Provider Spreadsheet	QA Manager	TBD

SECTION 4: CLINICAL ISSUES

GOAL #	GOAL	Process used to evaluate	Responsible Staff	Results
GOAL 4.1	90% adherence to practice guidelines. Each member of the psychiatric medical staff will have five charts subject to peer review. Peer reviews will utilize Sonoma County Behavioral Health Medication Monitoring Checklist (MHS-114). Results of the peer review will be conveyed to each provider.	Medication Monitoring results are reported bi-annually to the Quality Improvement Policy (QIP) and Quality Improvement Steering (QIS) committees	QI Manager Medical Director	
GOAL 4.2	100% of all sentinel events will be reviewed including all sentinel events where potentially poor outcomes are identified. Identified issues from the sentinel events committee will be placed on the agenda for Quality Management Policy (QMP) and Quality Improvement Steering (QIS) Committees.	QIP Sentinel Event Report Sub-Committee to monthly reviews	QI Manager Medical Director	
GOAL 4.3	100% of sentinel event reports where risk issues are identified from the sentinel event reviews will be addressed	Sentinel Event tracking form. Identifies issues will be brought forward to QIP for discussion.	QI Manager Medical Director	
GOAL 4.4	Clinical PIP: The average number of actionable items in the last ANSA scores in FY18-19 will reduce by 10% from the FY17-18 scores for FACT clients participating in the Clinical PIP: <u>Enhancing Mental Health Outcomes to Reduce Recidivism</u> . From Baseline 26.13 in FY17-18 to 23.52 in FY18-19	DCAR report	QI Manager	
GOAL 4.5	Non-Clinical PIP: At least 50% of non-Spanish speaking youth clients and 30% of Spanish speaking youth clients who are screened as needing a mental health assessment, will attend an initial outpatient mental health assessment within 10 business days from date of the initial request of service.	Youth TTA Database from YFS and youth contractors and YellowSchedule	QI Manager YFS Section Manager	
GOAL 4.6	For FY18-19, SCBH will provide Therapeutic Behavioral Services at a minimum of a 4% utilization rate for Medi-Cal beneficiaries under age of 21.	Avatar report	QI Manager YFS Section Manager	
GOAL 4.7	FSP: Clients in the FACT program will show a 5% reduction in average number of jail days per episode in FY18-19. From 45.63 days in FY17-18 to 43.35 days in FY18-19.	Avatar	QI Manager and FACT Manager	
GOAL 4.8	FSP: Clients in the TAY program will show a 10% reduction in the average length of stay (LOS) in acute psychiatric hospitals. From 15.0 days in FY17-18 to 14.5 days in FY18-19.	Avatar	QI Manager YFS Section Manager	
GOAL 4.9	FSP: Clients in the OAT program will show a 10% reduction in the average LOS in acute psychiatric hospitals. From 23.2 days in FY17-18 to 20.9 days in FY18-19.	Avatar report	QI Manager Adult Services Section Manager	
GOAL 4.10	FSP: Clients in the IRT program will show a 10% reduction in the average LOS in acute psychiatric hospitals. From 12.5 days in FY17-18 to 11.3 days in FY18-19.	Avatar report	QI Manager Adult Services Section Manager	

SECTION 5: PHYSICAL HEALTH CARE & OTHER AGENCIES

GOAL #	GOAL	Process used to evaluate	Responsible Staff	Results
GOAL 5.1	80% of adult clients opened to the Access team who do not or no longer require specialty mental health services will be scheduled for an appointment with Beacon Health Strategies for mental health services.	Access LLOC Tracking Spreadsheet	QI Manager Access Manager	
GOAL 5.2	80% of adult clients opened to CMHCs and subsequently referred out to an FQHC or primary care physician for MH services, will be scheduled for an appointment with the FQHC or PCP.	CMHC LLOC Tracking Spreadsheet	QI Manager CMHC Manager	
GOAL 5.3	80% of adult clients opened to the Mental Health Adult Services Team and subsequently referred out to an FQHC or primary care physician for MH services, will be scheduled for an appointment with the FQHC or PCP.	MHAS LLOC Tracking Spreadsheet	QI Manager IHT Manager	

SECTION 6: PROVIDER APPEALS AND SATISFACTION

GOAL #	GOAL	Process used to evaluate	Responsible Staff	Results
GOAL 6.1	100% of psychiatric hospital appeals will be decided upon and communicated to the hospital/MD within 60 calendar days from receipt of the appeal.	Psychiatric Hospital Appeals Spreadsheet	QA Manager	
GOAL 6.2	100% of individual, group or organizational provider appeals will be decided upon and communicated back to the provider within 60 days of receipt of the appeal.	Provider Appeal Spreadsheet	QA Manager	