

	Heading/Category	Description	Baseline	Goal	Responsible Person
1	Quality Management	<i>NEW July 2016</i> Management of the system of care will be documented as data driven.		Establish a quarterly management meeting for purposes of reviewing data specifically for purposes of management of the system of care	David Horner
2	Monitoring Beneficiary Satisfaction	Grievances and appeals will continue to be monitored quarterly. Data collected from Divisions by QIPC will be reviewed by the CQIC and will include at least the following items: 1) The number of grievances and fair hearings (including expedited) received, 2) The types of issues leading to grievances and fair hearings, 3) Any grievances or fair hearings that may reflect systems issues, 4) Appeals, 5) Expedited appeals		Report and Review	David Horner
3	Monitoring Provider Appeals	A joint ASO-MHP QI meeting will be held quarterly. Provider appeal report will be reviewed and any unresolved or problematic cases will be reviewed and discussed.		Report and Review	Berenice Moran
4	Monitoring Provider Appeals	Inpatient acute psychiatric hospital providers submit Treatment Authorization Requests (TAR) for approval to the MHP to request reimbursement for services provided to Medi-Cal beneficiaries. The MHP monitors the results of the TAR approval process as well as provider appeals of TAR denials. The Inpatient Managed Care Appeals Office will submit to the CQIC quarterly a summary report of 1) The number of TAR denials appealed by providers, 2) The results of TAR 1st level appeals, 3) The results of TAR 2nd level appeals. The report will be reviewed at least annually by the COIC		Report and review.	Debbie Lent
5	Timeliness	<i>NEW July 2016</i> Hospital Treatment Authorization Requests (TAR) are to be processed within 14 calendar days. An annual report on timeliness of TAR processing will be produced and reviewed in the CQIC.	Prior annual reviews by TAR unit showed < 1% out of compliance.	Compliance rate at least 99%. A step will be added in which AQIS reviews a small sampling of the TARs to ensure that the date stamp and completion date are consistent with the data base from which the annual report is prepared.	Debbie Lent

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6	Monitoring Beneficiary Satisfaction	Requests by beneficiaries to change providers will be handled through the appropriate Service Chief and Program Director, who will report such requests. A quarterly "Request for Change of Provider / 2 nd Opinion" log will be submitted to the Division QI Service Chief. The log will specify the name of the client, date, nature of the request, and the outcome of the request including the date of the therapist change. Data collected from Divisions by AQIS will be forwarded to the CQIC, and will include at least the following items: 1) The number of requests, 2) The types of issues leading to change requests, 3) Any change requests that may reflect systems issues, 4) An assessment of the quality of the Divisions' response to the change requests. Report on the Change of Provider Requests will be reviewed and discussed annually by the CQIC.		Report and Review	David Horner
7	Monitoring Beneficiary Satisfaction	<i>NEW July 2016</i> The state-mandated consumer perception surveys will be given as required by the state. Feedback will be given to the CQIC and to the service providers. The percentage of surveys returned late or invalid will be reduced.	Average number of invalid/late submissions for adults (past 4 administrations) is 22%.	1) A review of the procedures will be made to determine interventions to decrease the percentage of surveys returned incomplete and past the submission deadline. 2) The percentage of surveys returned incomplete and past the submission deadline during the November 2016 administration will be less than 15%.	David Horner
8	Monitoring Beneficiary Satisfaction	The ASO will assess the satisfaction of beneficiaries receiving services at least annually, and report this data and any findings and recommendations to BHS and providers. These surveys will be conducted in the threshold languages, and will assess whether beneficiaries had access to written materials in their primary language. Results will be reviewed and discussed by the CQIC at least annually.		Report and Review	Berenice Moran
9	Monitoring the safety and effectiveness of medication practices.	Medication prescribing practices are reviewed throughout the year by Associate Medical Directors in each Division. Summary data based on these reviews will be discussed as appropriate in meetings conducted with the BHS Medical Director, and to the CQIC and will be reported to and discussed at the CQIC annually.		Report and Review	Dr. Crits

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10	Monitoring the safety and effectiveness of medication practices.	Division QI Committee meetings are held quarterly. At each Division QI meeting issues related to medications are discussed and reviewed as they pertain to any individual client whose care is being reviewed as well as to the broader service delivery system. Additionally continuing medical education is developed in response to issues identified through medication monitoring. When issues of poor care are identified, corrective actions will be developed and implemented as required by the particular case. Data regarding identification of barriers to improvement related to clinical practice and or administrative aspect of the delivery system will be presented to the CQIC and or the consumer subgroup for evaluation.		Report and review	Dr. Crits
11	Activities that support understanding of and compliance with documentation standards	<i>NEW July 2016</i> A Drug Medi-Cal documentation manual will be developed this year	No manual	Develop manual	Azahar Lopez
12	Activities that support understanding of and compliance with documentation standards	The Mental Health Documentation manual will be updated this year to reflect changes to documentation and documentation requirements.		Update to be completed and circulated	David Horner
13	Activities that support understanding of and compliance with documentation standards	An Annual Provider Training will be mandatory for all County clinical staff that addresses, among other things, appropriate documentation of services.		Training will be completed for 99% of County clinical staff	David Horner
14	Activities that support understanding of and compliance with documentation standards	All new providers will receive training on documentation standards and treatment planning.	The new provider training is given by HR at the time of hire.	Training will be provided	David Horner

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15	Activities that support understanding of and compliance with documentation standards	Regularly scheduled meetings with the QA staff of contracted providers will be held to review documentation issues, including feedback from audits.		Meetings held and minutes available	David Horner
16	Activities that support understanding of and compliance with documentation standards	Documentation audits will be conducted regularly to provide feedback to providers on documentation as well as quality of care issues.	98% of Medi-Cal clinics were audited. Reports available	All Medi-Cal clinics will be audited at least annually. Audits will be conducted and reports available.	David Horner
17	Activities that support understanding of and compliance with documentation standards	Staff conducting documentation reviews will participate in activities to improve inter-rater consistency at least annually.		Activity complete and minutes available	David Horner
18	Monitoring accessibility of services	Within each Division the target is for clients requiring a routine mental health appointment to be offered an appointment within five (5) days of contact.	15-16 Q 1-3 CYPBH - 99.7% AOABH- 98.5%	BHS Target 85%	David Horner
19	Monitoring accessibility of services	Within each Division clients requiring services for an urgent condition will be offered an appointment within 24 hours of contact.	15-16 Q1-3 CYPBH - 100% AOABH - 99.5%	90%	David Horner
20	Monitoring accessibility of services	On an annualized basis, the ASO will answer at least 95% of telephone calls (including after hours calls) within 30-seconds	15-16 Q 1-3 87.3%	95%	Berenice Moran

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21	Monitoring accessibility of services	Test calls will be made to the ASO quarterly. Calls will be appropriately connected to a live person speaking the caller's language (includes use of interpreter) will be measured.	15-16 100%	95%	Berenice Moran
22	Monitoring accessibility of services	<i>NEW July 2016</i> Test calls made to the ASO will be expanded to include Arabic language caller.		95%	
23	Quality Improvement	Drop In Visits will be conducted by the consumer/family members of the CQIC-AG. The drop-in visits will be formatted and tracked to resemble those conducted by the MHSA work group to improve comparability across programs and reviewing groups. A method to allow reviewers to gather input from clients and/or family members in the waiting area will be developed. The number of site visits each year will be expanded.	1) Number of sites reviewed 15-16 4 2) Number of sites reviewed with input gathered from clients/family members in the waiting room in 15-16. 0	1) Number of sites to be reviewed 16-17 will be at least 8 2) Number of sites reviewed with input gathered from clients/family will be at least 4.	April Jannise
24	Quality Improvement	<i>NEW July 2016</i> A Secret Shopper type of drop in visit will be conducted to determine consistency with the Welcoming Policy & Procedure.		Implement a second review process to monitor consistency with welcoming policy. At least one Secret Shopper visit will occur in AOABH and at least one in CYP during 16-17	April Jannise (AOABH) Aida Sanchez-Nunez (CYP)

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25	Follow up monitoring of previously identified issues / Monitoring Continuity and Coordination of Care With Physical Health Providers and other Human Services Agencies.	A sampling review similar to those conducted every few years in the past will be conducted to review consumer service documentaiton to determine a percentage of client whose chart documentation show documented efforts and actual communication with physical heathh care providers.		Review process will be re-formatted to include electronic health record.	David Horner
26	Follow up monitoring of previously identified issues / Monitoring Continuity and Coordination of Care With Physical Health Providers and other Human Services Agencies.	<i>NEW July 2016</i> Report on the number of formal Interdisciplinary Care Team meetings in which BHS participates with CalOptima providers. Track the discipline of the clinician and the amount of time each ICT takes for the clinician.	0	10	Annette Mugrditchian
27	Monitoring Continuity and Coordination of Care With Physical Health Providers and other Human Services Agencies.	This year, QIPC will conduct a focused review of PCP linkage in the FSPs and PACT programs. The initial step for this review will be to establish a baseline.	No Baseline	Establish a baseline	Managers
28	Design and implement interventions for improving performance	<i>NEW July 2016</i> BHS will implement a cross-function-area work group to organize the many different performance measurement indicators currently in use and to develop a core set of measures to use across BHS. This should include some standardized functional assessments to included items such as level of housing; work status; days incarcerated; etc. Measures shall be developed that provide age appropriate options, depending on the population served.		1) A standardized set of demographics will be implemented. 2) A core set of measures will be selected as the preferred outcome tool for each of the types of programs. 3) A small scale implementation of one of the preferred outcome tools will be implemented.	David Horner
29	Medication Practices	The CQIC shall review and discuss the Annual Medication Monitoring report and shall make any recommendations deemed needed.		Report and discussion	George Crits

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30	Performance Improvement Project - PIP	CRAFFT Project: Substance use screening and intervention will be implemented in CYBH. New clients will be screened for substance use with the CRAFFT. Those who screen positive will be assessed for substance abuse severity with the SACS; clients assigned to a trained clinician will receive a module from the Seeking Safety program. Clients assigned to a trained therapist will be reassessed with the SACS after completion of Seeking Safety; clients assigned to other therapists will be reassessed with the SACS after 6 weeks.	New program - no baseline	Implement project	Ken Grebel
31	Performance Improvement Project - PIP	Triage Grant Project: This project will expand the number of mental health personnel available to provide crisis support services that include crisis triage, targeted case management and linkage to services for individuals with mental health illness who require a crisis intervention. Triage personnel will be located at various points of access throughout the community, such as hospital emergency rooms, jails, homeless shelters and clinics. The project consists of four components: the Mental Health Triage Personnel, the Peer Mentor staff, the Psychiatric Services, and the Evaluator. Outcome measurements will include 1) reduction in inpatient utilization, 2) reduction in wait times, 3) client satisfaction, 4) increased linkages, 5) increased client self-sufficiency, 6) decreased recidivism and 7) decreased cost.		Implement project	Linda Molina