Contra Costa Behavioral Health

2024 Quality Improvement Plan

Contra Costa Behavioral Health – Quality Improvement & Quality Assurance Unit (QIQA)

CONTRA COSTA HEALTH

Contra Costa Behavioral Health Services' Quality Improvement and Quality Assurance (QI/QA) Unit monitors service delivery with the aim of improving the processes of providing care and better meeting beneficiaries' needs. The Quality Management Coordinator oversees the Unit and chairs the Quality Improvement Committee (QIC). The Quality Improvement Committee comprised of Behavioral Health Management, QIQA staff, providers and beneficiaries, meets on a monthly basis and is informed by the Quality Improvement Plan. QIC 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 opportunities to pursue; identifying relevant committees to ensure appropriate exchange of information with the QIC; 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 effectiveness of the interventions; incorporating successful interventions into the operations of behavioral health services; and reviewing beneficiary grievances, appeals, expedited appeals, fair hearings, expedited fair hearings, provider appeals, and clinical records review. The QIC also reviews timeliness of services, client satisfaction, penetration and retention rates, service accessibility, and other service trends. In addition, the QIC works in collaboration with the Ethnic Services and Behavioral Health Training manager to monitor and improve the quality of offered trainings and education for its workforce, inclusive of promoting greater cultural diversity, humility, and competency. As a result of the monitoring activities described above, the QIC recommends policy decisions, reviews and evaluates the results of quality improvement activities including performance improvement projects, institutes needed quality improvement actions, ensures follow-up of QI processes, and documents QIC meeting minutes regarding decisions and actions taken.

Guided by the above, the BHSD developed its 2024 Quality Improvement Plan. The contents of the Quality Improvement Plan were also informed by County efforts to better meet client needs and incorporate annual feedback from our External Quality review team. This Quality Improvement Plan provides a vehicle for BHSD management to: 1) meet quality improvement requirements specified in the Mental Health Plan contract with the State Department of Health Care Services (DHCS) for the expenditure of Medi-Cal (Medicaid) dollars; 2) meet quality improvement requirements specified under the Drug Medi-Cal Organized Delivery System (DMC-ODS) waiver; and 3) address and resolve quality issues raised in the monitoring of the CCMH and DMC-ODS Plans.[1,2] The QI Plan is evaluated annually to assess progress towards identified goals and actions. Activities are marked in brackets as being new, ongoing (continuing from the previous year), and/or completed in comparison to previous years. The frequency which activities are conducted (e.g., annually, quarterly, etc.) is also included in brackets. The quality improvement activities are divided into the following sections:

[1] Activities related to both Mental Health and Substance Use Disorder services are shaded gray.
[2]Activities that are in Monitoring only status are shaded green.

Service Capacity

Behavioral Health DHCS Contractual Element: Assess the capacity of service delivery for beneficiaries, including monitoring the number, type, and geographic distribution of services within the delivery system.
Behavioral Health Information Notice: 23-04: The physical location where beneficiaries receive services shall meet the State's time or distance standards or an approved Alternative Access Standard request.
Title 42 Code of Federal Regulations (CFR) Part 438.68, 438.206, and 438.207; Welfare and Institutions Code (WIC) section 14197: For outpatient mental health services: Up to 15 miles or 30 minutes from the beneficiary's place of residence.

Goal 1: Monitor service delivery measurements	
Objectives	**Actions/Frequency**
1. Ensure network adequacy for service delivery.	1. Provider psychiatry ratios meet network adequacy standards. [ongoing] [Annually]
	Adult Standard: 1:457 Adult FY 22/23: 1:155 Adult FY 23/24: 1:160 Children Standard: 1: 267 Children FY 22/23: 1:165 Children FY 23/24: 1:198
	2. Provider ratios for outpatient SMHS meet network adequacy standards. [ongoing] [Annually]
	Adult Standard: 1:85 Adult FY 22/23: 1:38 Adult FY 23/24: 1:36 Children Standard: 1:43 Children FY 22/23: 1:16 Children FY 23/24: 1:17
	3. The MHP meets time and distance standards of providing outpatient mental health service within 15 miles or 30 minutes of clients' homes or approved alternative access standard. [new] [Annually]
	4. If network adequacy or time and distance standards are not being met, identify opportunities for improvement, implement interventions, and measure effectiveness of new interventions. [new] [Annually]mee

Accessibility of Services

Behavioral Health DHCS Contractual Elements: Assess the accessibility of services within service delivery area, including:

- *Timeliness of routine appointments;*
- *Timeliness of services for urgent conditions;*
- *Access to after-hours care; and*
- *Responsiveness of the 24 hour, toll free telephone number.*

Goal 2: Beneficiaries will have timely access to the services they need	
Objectives	**Actions/Frequency**
1. Clients requesting non-urgent mental health services are provided an initial appointment within 10 business days.	1. At least 80% of first appointments are offered to clients within 10 business days. [ongoing] [Quarterly]
	Overall FY 22/23: 97.4% (5.3 days) Overall FY 23/24: 97.6% (6.4 days) Adult Clinics FY 22/23: 99.4% (4.9 days) Adult Clinics FY 23/24: 98.6% (5.9 days) Children Clinics FY 22/23: 93.8% (6.1 days) Children Clinics FY 23/24: 95% (7.8 days) Foster Children FY 22/23: 84.3% (6.2 days) Foster Children FY 23/24: 83.9% (8.3 days)
2. Update timeliness reporting to comply with new DHCS TADT requirements.	1. Launch Smartform for CBOs to record timeliness by November 30, 2024. [new]
	2. Complete ccLink build by November 30, 2024, for county providers to capture timeliness. [new]
	3. Begin training county providers on new workflows to capture timeliness data by December 31, 2024, to prepare for Go-live in Q1 2025. [new]
	4. Report the average number of business days for offered follow-up non-psychiatric treatment appointments for State submission due by August 1, 2024. [ongoing] [quarterly]
	5. 80% of clients will be offered a follow-up appointment with a non-physician within 10 business days of the prior appointment. [new] [quarterly]
	Overall FY 23/24: 84.8% (9.8 days) Adult Clinics FY 23/24: 52.7% (20.7 days) Children Clinics FY 23/24: 91.8% (7.4 days) Foster Children FY 23/24: 84.4% (7.4 days)

Goal 2: Beneficiaries will have timely access to the services they need	
Objectives	**Actions/Frequency**
3. Clients will have timely access to non-psychiatric follow-up care.	1. Begin pilot to standardize scheduling for non-psychiatric appointments by June 30, 2024, to maximize slots available for treatment. [new]
	2. Roll out standardized scheduling for non-psychiatric services to county clinics by December 31, 2024. [new]
4. Clients requesting initial non-urgent care mental health services are provided psychiatry appointment within 15 business days.	1. 80% of clients at MHP regional clinics are offered a psychiatry appointment within 15 days. [ongoing] [Quarterly]
	Overall FY 22/23: 58.2% (16.5 days) Overall FY 23/24: 62.3% (14.7 days) Adult Clinics FY 22/23: 52.8% (17.3 days) Adult Clinics FY23/24: 57.1% (15.3 days) Children Clinics FY 22/23: 92.7% (11.4 days) Children Clinics FY 23/24: 95.3% (10.8 days) Foster Children FY 22/23: 91.7% (11.8 days) Foster Children FY 23/24: 100% (9.1 days)
5. Disparities in access to timely care will be identified.	1. By Q4 of CY 2024, the MHP will begin analyzing timeliness data by demographic factors to identify healthcare disparities by gender, race, ethnicity, and language. [new] [Quarterly]
6. Urgent care mental health service requests are offered an appointment within 2 business days.	1. Update urgent appointment workflows and reporting to capture data in hours as opposed to business days. [ongoing].
	2. 80% of urgent outpatient mental health appointments are offered within 48 hours of request. [ongoing] [Quarterly]
	Overall FY 22/23: 88.9% (1.6 days) Overall FY 23/24: 90.2% (1.6 days) Adult Clinics FY 22/23: 94.7% (1.3 days) Adult Clinics FY 23/24: 87.9% (1.8 days) Children Clinics FY 22/23: 75.0% (2.4 days) Children Clinics FY23/24: 100% (0.8 days)
	3. Track the percentage of urgent service requests resulting in a completed urgent assessment. [ongoing] [Quarterly]
7. Clients discharged from hospitals receive a follow-up	1. Clients receive an outpatient appointment within an average of 7 calendar days from hospital discharge. [ongoing] [Annual]

Goal 2: Beneficiaries will have timely access to the services they need	
Objectives	**Actions/Frequency**
mental health service within 7 calendar days.	Overall FY 22/23: 52.5% (11 days) Overall FY 23/24: 48.1% (7 days) Adult FY 22/23: 48.8% (12 days) Adult FY 23/24: 47.4% (7 days) Children FY 22/23: 78.3% (6 days) Children FY 23/24: 58.7% (5 days) Foster Children FY 22/23: 85.7% (2 days) Foster Children FY 23/24: 100% (1 Day)

Goal 3: Reduce missed appointment rates	
Objectives	**Actions/Frequency**
1. Improve appointment data collection on mental health appointment adherence.	1. Explore clients identified as having the race of "Other" or "Unknown" to determine whether changes can be made to the racial identification process to obtain more specific information. [ongoing]
	2. Standardize workflows for entering appointment adherence data into ccLink by December 31, 2024. [ongoing]
2. Reduce no show rates.	1. No more than 15% of psychiatric and 10% of non-psychiatric appointments are no shows. [ongoing] [Quarterly]
	Psychiatric FY 21/22: 15.9% FY 22/23: 14.7% FY 23/24: 14.1% Non-Psychiatric FY 21/22: 14.2% FY 22/23: 12.2% FY: 23/24: 11.6%

Goal 4: Improve the Behavioral Health Access Line triaging and referral processes into the behavioral health system of care	
Objectives	**Actions/Frequency**
1. The MHP will provide beneficiaries with accurate information on how to access services.	1. On quarterly basis, conduct 15 test calls, 10 (including 4 in Spanish) during business hours and 5 (including 2 in Spanish) after hours. [ongoing] [Quarterly]
	Annual Goal: 60 FY 22/23:38 FY 23/24: 36 Annual Spanish Goal: 24

Goal 4: Improve the Behavioral Health Access Line triaging and referral processes into the behavioral health system of care	
Objectives	**Actions/Frequency**
	Spanish FY 22/23: 16 Spanish FY 23/24: 20
	2. Meet requirements for business hour test calls to provide callers with accurate information on how to access Specialty Mental Health Services (SMHS) at least 80% of the time. [ongoing] [Quarterly]
	Goal: 80% Business Hours FY 22/23: 30 (93% meet requirements) Business Hours FY 23/24: 33 (82% meet requirements) After Hours FY 22/23: 11(73% meet requirements) After Hours FY 23/24: 12 (83% meet requirements)
	3. Monitor test calls to ensure requirement to provide information about services needed to treat urgent conditions is met. [ongoing] [Quarterly]
	Goal: 85% Business Hours FY 22/23: 94% (30 calls meet requirement out of 32 calls) Business Hours FY 23/24: 92% (35 calls meet requirement out of 38 calls) After Hours FY 22/23: 92% (24 calls meet requirement out of 26 calls) After Hours FY 23/24: 83% (15 calls meet requirement out of 18 calls)
	4. The MHP will conduct 4 calls quarterly to test the Access Line on beneficiary problem resolution and fair hearing process, 2 calls during business hours and 2 calls after-hours. [ongoing] [Quarterly]
	Annual Goal: 16 calls, 80% meeting requirements Business Hours FY 22/23: 8 calls (100% meet requirements) Business Hours FY 23/24: 5 calls (60% meet requirements) Baseline After Hours FY 22/23: 5 calls (100% meet requirements) Achieved After Hours FY 23/24: 7 calls (71% meet requirements)
	5. Access Line will conduct monthly all-staff review of metrics, call trends, and test call feedback. [ongoing] [Monthly]
	6. Access Line will participate in quarterly meetings with Optum and other contracted counties, provide quarterly test call feedback to Optum, and track Optum's response and training plan to address areas of concern. [ongoing] [Quarterly]

Goal 4: Improve the Behavioral Health Access Line triaging and referral processes into the behavioral health system of care	
Objectives	**Actions/Frequency**
2. Access Line will expand access to timely initial assessments.	1. Access Line will perform at least four initial assessments per month beginning January 1, 2024. [new] [Monthly]
	2. Access Line will expand the number of initial assessments performed beginning July 1, 2024, as staffing allows. [new] [Monthly]
	3. Access Line will track no shows to initial assessments they perform to inform QI efforts. [new] [Annually]
3. Access Line will address disproportionate access to specialty mental health services among Latino/Hispanic and API beneficiaries.	1. Access Line will track call rates for Hispanic/Latino and Asian Pacific Islander beneficiaries. [ongoing] [Quarterly]
	2. Access Line will perform follow-up calls to Spanish-speaking callers to help ensure linkage to services. [ongoing]
4. Business hours Access Line calls are answered promptly by a live staff.	1. 75% of business hour calls are answered within three minutes by a live staff person. [ongoing] [Quarterly]
5. After-hours Access Line calls are answered by a live representative within 1 minute.	1. 95% of after-hour calls are answered within one minute by a live representative. [ongoing] [Quarterly]
	2. Access Line will track and trend call handle-times in order to reinforce call efficiency. [new] [Quarterly]
6. Decrease call abandonment rates for Access Line business hour calls.	1. Access Line will track and reduce rates of call abandonment. [ongoing] [Monthly]

Beneficiary Satisfaction

Behavioral Health DHCS Contractual Elements: Assess beneficiary or family satisfaction at least annually by:

- *Surveying beneficiary/family satisfaction with services;*
- *Informing providers of the results of beneficiary/family satisfaction activities.*

Goal 5: Monitor client/family satisfaction	
Objectives	**Actions/Frequency**
1. Obtain client feedback on services.	1. Conduct the Mental Health Statistics Improvement Program (MHSIP) during the period of 5/20/24-5/24/24 [ongoing] [Annually]
	2. Increase the number of MHSIP survey responses by 20% from the number completed in 2023. [new] [Annually]
	2023: 856 2024: 1,488
2. Monitor client satisfaction on the survey domain means on the MHSIP survey.	1. Client scores improve on the MHSIP domains of Outcomes and Functioning. [ongoing] [Annually]
	Outcomes May 2022: Family=4.06; Youth=3.87; Adult=4.01; Older Adult=3.9 Outcomes May 2023: Family=3.95; Youth=3.84; Adult=3.91; Older Adult=3.80 Outcomes May 2024: PENDING Functioning May 2022: Family=4.09; Youth=3.89; Adult=4.0; Older Adult =3.71 Functioning May 2023: Family=3.98; Youth=3.89; Adult=3.90; Older Adult=3.76 Functioning May 2024: PENDING
	2. Adult and Older Adult scores improve on MHSIP domain of Social Connectedness [new] [Annually]
	May 2022: Adult=4.03; Older Adult =3.89 May 2023: Adult=3.85 Older Adult =3.87 May 2024: PENDING
	3. Report satisfaction survey findings to clinics and contracted providers. [ongoing] [Annually]
	4. Implement changes based on survey data. [ongoing]

Goal 5: Monitor client/family satisfaction	
Objectives	**Actions/Frequency**
3. Gather additional client/caregiver feedback on services by administration of a Service Improvement Survey (SIS).	1. Administer a brief county-specific survey in conjunction with the MHSIP to obtain actionable feedback from clients. [new]
	2. Analyze data from SIS to inform recommendations for quality improvement by 9/1/2024. [new] [Annually]
4. Obtain feedback from the community on MHSA services and community needs.	1. Launch a survey by January 31, 2024, to obtain community feedback as part of the Community Program Planning Process (CPPP). [new] [Annually]

Cultural and Linguistic Responsiveness

Behavioral Health DHCS Contractual Elements: Comply with the requirements for cultural and linguistic competence.

Goal 6: Provide all clients with culturally- and linguistically-appropriate client-centered care	
Objectives	**Actions/Frequency**
1. All services are delivered in a culturally responsive manner.	1. Update the Cultural Humility Plan, incorporating DHCS cultural competency plan requirements and National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Healthcare by HHS. [ongoing] [Annually]
	2. 100% of staff complete cultural humility training by June 30, 2024. [ongoing] [Annually]
	Goal: 100% FY 21/22: 94% FY 22/23: 98% FY 23/24: 100%
	3. At least 75% of staff will complete cultural humility training within recommended timeframe of 1 year. [ongoing] [Annually]
	Goal: 75% FY 21/22: 66% FY 22/23: 84% FY 23/24: 64%
2. Increase and diversify cultural humility trainings.	1. Expand cultural humility training topics to add at least three new trainings by December 31, 2024. [ongoing]
3. Increase Access to services for non/limited English speakers.	1. Monitor accessibility of Access Line services to non-English speakers by conducting quarterly test calls. [ongoing] [Quarterly]
	2. Monitor number of HCIN interpretation encounters to gauge other language needs. [ongoing] [Quarterly]
	FY 21/22: 1,504 FY 22/23: 2,175 FY 23/24: 2,034
	3. Monitor volume of Language Line use for encounters. [ongoing] [Quarterly]
	FY 21/22: 4,040 FY 22/23: 3,822 FY 23/24: 5,151

Goal 6: Provide all clients with culturally- and linguistically-appropriate client-centered care	
Objectives	**Actions/Frequency**
4. Promote mental health and wellness among historically under-served communities through implementation of culturally-based practices.	1. Provide grants to 17 community agencies in CY 2024 to provide community-defined practices throughout Contra Costa County. [new]

Client Safety and Medication Practices

Behavioral Health DHCS Contractual Elements: Monitor safety and effectiveness of medication practices.

Goal 7: Promote safe and effective medication practices	
Objectives	**Actions/Frequency**
1. Mental Health charts reviewed using the Medication Monitoring Tool will maintain an average compliance rate of at least 90%.	1. 100% of medical staff to have a sample of their charts reviewed by December 31, 2024. [ongoing] [Annually]
	2. Conduct follow-up with psychiatrists with the lowest compliance rates. [ongoing]
2. Identify behavioral health clients who are medication stable.	1. Collaborate with treating psychiatrists and primary care doctors to review 100% of charts of clients who are stable on anti-depressants and ADHD medication by December 31, 2024, to address Level of Care and Utilization Management Strategies. [new] [Annually]
3. Monitor safe medication practices.	1. Review safe medication reports quarterly. [ongoing] [Quarterly]
	2. Use established reporting for data driven improvement projects and care enhancements. [new]
4. Ensure access to medications will be provided.	1. Pharmacy services are provided within 24 hours for prescriptions with prior authorization, and within 72 hours for emergency supply. [ongoing]
	2. Pharmacy services are provided within 10 miles or 30 minutes of client place of residence. [ongoing]
	3. By September 30, 2024, add additional contracted regional pharmacy to support timely delivery services across all parts of county. [new]

Goal 7: Promote safe and effective medication practices	
Objectives	**Actions/Frequency**
	4. By June 30, 2024, establish workflows to ensure clients served by adult and juvenile detention facilities whose Medi-Cal is in process of activation, have access to medication within 24 hours of release. [new]
5. Meet HEDIS measures for children and adolescents, including foster care children.	1. Monitor clients prescribed ADHD medication in children's System of Care for three to four appointments. [ongoing] [Quarterly]
	2. Monitor clients prescribed multiple concurrent antipsychotic medications. [ongoing] [Quarterly]
	3. By December 31, 2024, explore establishment of automated alerts to Medical Director and Pharmacist. [new]
	4. Monitor the percentage of children and adolescents who had psychosocial care as first-line treatment before new prescription for an antipsychotic. [ongoing] [Quarterly]
6. Promote medication adherence for adults.	1. Monitor clients diagnosed with schizophrenia and schizoaffective disorder prescribed antipsychotic medication to determine whether they remain on medication for at least 80% of their treatment period. [ongoing] [Quarterly]
	2. By December 31, 2024, determine if a discrete reporting tool in psychiatry notes can provide data related to medication adherence. [new]
	3. By December 31, 2024, explore establishment of automated alerts to Medical Director and Pharmacist. [new]
	4. Monitor clients newly treated with antidepressant medication to determine whether they remain on their medications for at least 84 days (12 weeks). [ongoing] [Quarterly]
	5. Monitor effective continuation of clients treated with antidepressant medication to determine whether they remain on their medication for at least 180 days (6 months). [ongoing] [Quarterly]

Goal 7: Promote safe and effective medication practices	
Objectives	**Actions/Frequency**
7. Monitor clients taking antipsychotic medications for dangerous side-effects.	1. Use established reports to track clients for diabetes and cholesterol screening. [ongoing] [Quarterly]

Service Delivery and Clinical Issues

Behavioral Health DHCS Contractual Elements:
a. Address meaningful clinical issues affecting beneficiaries system-wide.
b. Monitor appropriate and timely intervention of occurrences that raise quality of care concerns.
c. Evaluate beneficiary grievances, appeals, and fair hearings.
d. Evaluate requests to change persons providing services.

Goal 8: Implement Performance Improvement Projects to improve client care and outcomes	
Objectives	**Actions/Frequency**
1. Increase the percentage of follow-up appointments scheduled within 7-days of ED discharge.	1. Work with EDs to improve linkage to Access Line for new clients. [Clinical PIP] [ongoing]
2. Maximize use of non-psychiatric treatment slots for client care.	1. Standardize provider scheduling practices. [Non-clinical PIP] [new]

Goal 9: Improve tracking and monitoring of Evidence Based Practices (EBPs) in adult and children's systems of care	
Objectives	**Actions/Frequency**
1. EBP outcome measures data available to programs on demand.	1. Develop iSite reports to allow for real time access to EBP outcome data. [ongoing]

Goal 10: Expand the participation of Peers throughout the system of care	
Objectives	**Actions/Frequency**
1. Provide a pathway for peer providers to gain promotions through enhancing skills and taking on greater responsibilities.	1. Clearly define a career ladder for peer employment and provide peer support staff with information about county resources/supports to provide advancement opportunities for example, tuition reimbursement. [EQRO Recommendation] [new]
2. Providers understand the role of Psychiatric Advanced Directives (PADs).	1. Office for Peer and Family Empowerment (OPFE) staff receive PAD training by June 2024. [new]
	2. OPFE provide PAD training to Care Court Workgroup, MHSA Advisory group, and OPFE Social Inclusion group. [new]
3. Implement Peer Engagement and Leadership Program to	1. Design and release RFP to select agency to run Peer Leadership Academy by November 30, 2024. [new]

Goal 10: Expand the participation of Peers throughout the system of care	
Objectives	**Actions/Frequency**
promote advocacy and transformation of the BH system of care.	2. Make final agency selection by December 31, 2024. [new]
4. Train facilitators for Whole Health and Wellbeing to support creation of a personalized system for recovery and health improvement.	1. Train 6 peer staff by April 2024 to become certified train-the-trainers. [new]
	2. Provide training to staff on how to develop a Whole Health and Wellbeing Plan by December 2024. [new]

Goal 11: Evaluate client grievances, unusual occurrence notifications, and change of provider appeal requests	
Objectives	**Actions/Frequency**
1. Review and respond to 100% of grievances, change of provider, and appeal requests within the policy guidelines and state regulations to identify system improvement issues.	1. Collect and analyze behavioral health service grievances, appeals, expedited appeals, fair hearings, expedited fair hearings, and provider appeals to examine patterns that may inform the need for changes in policy or programing. [ongoing]
	2. Collect and analyze change of provider requests for patterns that may inform need for policy or programming changes. [ongoing] [Annually]
	3. Track and trend the number of grievances and appeals received over time. [ongoing]
	4. Present finding to the QIC to identify strategies to improve reporting and address issues. [ongoing] [Annually]
	5. Respond to 100% of grievances and appeals. [ongoing]
	6. Respond to 100% of change of provider requests [ongoing]
2. Review 100% of unusual occurrences to identify trends.	1. Collect and analyze trends in unusual occurrences. [ongoing]
	2. Track and trend unusual occurrences. [ongoing]
	3. Report on unusual occurrences annually to the QIC. [ongoing] [Annually]
3. Facilitate timely reporting of serious incidents.	1. By December 31, 2024, complete build of SERS forms for county, network providers, and CBOs, scheduled to go live Q1 of 2025. [new]

Goal 12: Inform clients of decisions to deny, modify, terminate, reduce or defer a service or when failing to meet standards of timely access	
Objectives	**Actions/Frequency**
1. NOABDs will be issued to all clients when an adverse benefit determination has been made.	1. Sample at least 8 clients per quarter from the NOABD report to ensure compliance with NOABD issuance. [ongoing] [Quarterly]
	2. Track and trend compliance for clients sampled. [ongoing] [Quarterly]
	3. Track and trend NOABDs issued. [ongoing] [Quarterly]

Goal 13: Monitor utilization review practices	
Objectives	**Actions/Frequency**
1. UR helps facilitate improvements in documentation.	1. UR conducts quarterly documentation audits and establishes a baseline for accurate and completed documentation. [new] [Quarterly]
	2. UR will review and sample 5% of charts annually for each program to identify any recurring quality issues in documentation, using audit data to develop targeted action plans for improvement. [new] [Annually]
	3. UR will conduct quarterly documentation training sessions. [new] [Quarterly]
	4. UR will track the percentage of staff completing each quarterly training session. [new] [Quarterly]
	5. UR will track the percentage of new staff receiving documentation orientation within their first 30 days. [new] [Quarterly]

Establishing Beneficiary and System Outcomes

Behavioral Health DHCS Contractual Elements: conduct performance monitoring activities throughout operations, including beneficiary and system outcomes.

Goal 14: Increase use of evidence based practices and related outcome measures	
Objectives	**Actions/Frequency**
1. Clients enrolled in EBPs experience improved outcomes.	1. Children's and parents' PTSD-RI scores will decrease from pre to post-TF-CBT intervention. [ongoing] [Biannually]
	Pre-Intervention: Child = 37.9 (as of 6/30/23). Parent=40 Post-Intervention: Child=21.6 (as of 6/30/23). Parent=20.5
	2. Children's Difficulties in Emotion Regulation Scale scores will decrease from pre to post DBT intervention. [ongoing] [Biannually]
	Pre-Intervention: 58.8 (as of 6/30/23) Post-Intervention: 54 (as of 6/30/23)
2. Clients enrolled in EBPs experience improved outcomes.	1. Suicide Ideation Questionnaire scores completed by youth will decrease from pre to post DBT intervention. [ongoing] [Biannually]
	Pre-Intervention: 47.8 (as of 6/30/23) Post-Intervention: 31.5 (as of 6/30/23)
	2. Adults' ILSS and RAS scores will increase over time. [ongoing] [Biannually]
	1st ILSS: Appearance = .92; Hygiene = .89; Care of Possession = .83; Food Prep = .80; Money Management = .62; Transportation = .45; Leisure = .46, Job Seeking = .08; Health Maintenance = .90, as of 6/30/2024 Most Recent ILSS: Appearance = .91; Hygiene = .88; Care of Possession = .84; Food Prep = .79; Money Management = .72: Transportation = .52; Leisure = .51; Health Maintenance = .88; Job Seeking = .14 as of 6/30/24 Baseline RAS (for participants >1 RAS): 87.21 Most Recent RAS: 94.43 (as of 6/30/24)
	3. Clients enrolled in EBPs will experience fewer PES visits and hospitalizations 6 months post EBP participation compared to 6 months pre EBP participation. [ongoing] [Annually]
	FY 2023: Hospitalization: Statistically significant decrease in hospitalizations 6 months pre vs 6 months post EBP PES: Statistically significant decrease in PES visits 6 months pre vs 6 months post EBP.

Goal 15: Increase use of outcome measures	
Objectives	**Actions/Frequency**
1. Develop dynamic reporting to track client outcomes in "real time."	1. Begin working with BI Team by 3/1/2024 to create a CANS dashboard. [new]
	2. Finalize dashboard design by 9/1/2024. [new]
	3. Complete dashboard by 11/30/2024. [new]
2. Use aggregate data to evaluate client progress.	1. Track and trend CANS and ANSA data quarterly. [ongoing] [Quarterly]
	2. Needs identified on CANS will decrease by 10% by December 31, 2024. [ongoing] [Annually]
	Needs 1/1/22-12/31/22: 6.4 (at reassess 5.5) 1/1/23-12/31/23: Pending 1/1/24-12/31/24: Pending
	3. Strengths identified on CANS will increase by 10% by December 31, 2024. [ongoing] [Annually]
	Strengths 1/1/22-12/31/22: 4.98 (at reassess 4.95) 1/1/23-12/31/23: Pending 1/1/24-12/31/24: Pending
	4. Improve CANS data integrity. [ongoing]
3. Improve CANS data collection.	1. Increase CANS discharges. [ongoing]
	Discharges 10/1/21-9/30/22:1872 10/1/22-9/30/23: 1957 10/1/23-9/30/24: Pending
4. Track PHQ-9 and GAD-7 data at all adult mental health clinics.	1. Report out on PHQ-9 and GAD-7 scores. [ongoing] [Quarterly]
	2. Identify racial and gender disparities in PHQ-9 and GAD-7 scores. [ongoing] [Quarterly]

Goal 15: Increase use of outcome measures	
Objectives	**Actions/Frequency**
5. Begin tracking Depression Remission or Response for Adolescents (DRR)	1. Begin work with BI Team by June 1, 2024, to create reporting to track DRR. [new]
	2. Finalize DRR report by December 31, 2024. [new]
6. Build internal HEDIS dashboard	1. Identify and prioritize HEDIS metrics for dashboard by November 1, 2024. [new]
	2. Submit a report request to IT for dashboard creation by December 1, 2024. [new]

Goal 16: Maintain effective and consistent practices to safeguard Protected Health Information (PHI)	
Objectives	**Actions/Frequency**
1. Decrease the rate of HIPAA incidents	1. 100% of staff complete HIPAA training by June 30, 2024. [ongoing] [Annually]
	Goal: 100% Completion rate FY 21/22: 95 Completion rate FY 22/23: 94% Completion rate FY 23/24: 100%
	2. Increase the % of staff who complete HIPPA training within recommended timeframe of 1 year to at least 70%. [ongoing] [Annually]
	Goal: 70% Completion rate FY 21/22: 65% Completion rate FY 22/23: 73% Completion rate FY 23/24: 69%

Goal 17: Evaluate QI Program	
Objectives	**Actions/Frequency**
1. Evaluate the QI Program	1. By December 31, 2025, complete an evaluation of the QI program. [new] [Annually]