Contra Costa Behavioral Health

2021 Quality Improvement Plan

CONTRA COSTA
BEHAVIORAL HEALTH
A Division of Contra Costa Health Services

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 2021 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:

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- Cultural and Linguistic Competence [page 9-10]
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- Service Delivery and Clinical Issues [pages 13-15]
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[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.

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: 1:524 Adult Baseline: (FY 2020-2021): 1:172 Adult Achieved: (FY 2021-2022): 1:213 Children Standard: 1:323 Children Baseline: (FY 2020-2021): 1:3 Children Achieved: (FY 2021-2022): 1:150
	2. Provider ratios for outpatient SMHS meet network adequacy standards. [ongoing] [Annually]
	Adult Standard: 1:85 Adult Baseline (FY 2020-2021): 1:32 Adult Achieved: (FY 2021-2022): 1:42 Children Standard: 1:43 Child Baseline (FY 2020-2021): 1:12 Child Achieved (FY 2021-2022): 1:15
	3. Report network adequacy metrics to DHCS. [ongoing] [Annually]
2. Increase penetration rates for underserved populations: Latinos, Asian/ Pacific Islanders, Birth to Six, and Older Adults.	1. Increase penetration rates for underserved populations from previous years. [ongoing]
	Latinx Baseline (CY 2019): 5.1% Latinx Achieved (CY 2020: 4.7 % API Baseline (CY 2019): 3.3% API Achieved (CY 2020): 3.2% 0-5 years Baseline (CY 2019): 2.4% 0-5 years Achieved (CY 2020): 1.7% Older Adult Baseline (CY 2019): 4.8% Older Adult Achieved (CY 2020): 5.1%
	2. Examine penetration rates subdivided to the race/ethnicity, age, and region level to further understand the distribution of underserved populations. [ongoing]
	3. Develop reporting to identify groups who are under-served. [new]

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 assessment appointment within 10 business days.	1. At least 90% of first appointments are offered to clients within 10 business days. [ongoing] [Quarterly]
	Overall Baseline (FY 2019-2020): 99% (4.1 days) Overall Achieved (FY 2020-2021): 96.4% (5.5 days) Adult Baseline (FY 2019-2020): 99% (3.9 days) Adult Achieved (FY 2020-2021): 98.1% (5.2 days) Children Clinics Baseline (FY 2019-2020): 99% (4.8 days) Children Clinics Achieved (FY 2020-2021): 93.8% (5.9 days) Foster Children Baseline (FY 2019-2020): 100% (6.9 days) Foster Children Achieved (FY 2020-2021): 90.4% (5.3 days)
	2. Track the percentage of service requests resulting in a completed assessment. [new] [Quarterly]
	% of service requests resulting in a completed assessment (FY 2020-2021): 68.9%
	3. 90% of first appointments offered by contractors are within 10 business days. [new] [Quarterly]
	Overall Baseline (FY 2019-2020): 81.5% (9.1 days) Overall Achieved (FY 2020-2021): 83.8% (6.3 days)
2. NOABDs will be issued for all clients not meeting timeliness standards.	1. Create a plan to sample 5-10 clients per quarter who should have received a NOABD to ensure compliance. [new] [Quarterly]
	2. Track and trend NOABDs issued. [new] [Quarterly]

Goal 2: Beneficiaries will have timely access to the services they need	
Objectives	**Actions/Frequency**
	# of clinical service requests not meeting 10-day standard (FY 2020-2021): 134 # of clinical timeliness NOABDs issued (FY 2020-2021): 8 % of clinical timeliness NOABDs issued (FY 2020-2021): 6% # of psychiatry requests not meeting 15-day standard (FY 2020-2021): 145 # of psychiatry timeliness NOABDSs issued (FY 2020-2021): 44 % of psychiatry timeliness NOABDs issued: 30.3%
3. 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 Baseline (FY 2019-2020): 89.1% (8.1 days) Overall Achieved (FY 2020-2021): 92.2% (8.1 days) Overall Baseline (FY 2019-2020): 89% (8.1 days) Overall Achieved (FY 2020-2021): 92.2% (8.1 days) Adult Baseline (FY 2019-2020): 92.6% (6.7 days) Adult Achieved (FY 2020-2021): 95.9% (7.0 days) Children Clinics Baseline (FY 2019-2020): 69% (16.4 days) Children Clinics Achieved (FY 2020-2021): 73.7% (14.0 days) Foster Children Baseline (FY 2019-2020): 80% (12.8 days) Foster Children Achieved (FY 2020-2021): 61.1% (15.4 days)
	2. Track the percentage of psychiatry referrals resulting in a completed psychiatry evaluation. [new] [Quarterly]
	% of psychiatry referrals resulting in a completed psychiatry evaluation (FY 2020-2021): 71%
	3. Track the percentage of assessments resulting in a treatment appointment (psychiatry or non-psychiatry). [new] [Quarterly]
	% of assessments resulting in a treatment appointment (psychiatry or non-psychiatry) (FY 2020-2021): 56.8%
4. Urgent care mental health service requests are offered an appointment within 2 business days.	1. 100% of urgent outpatient mental health appointments are offered within 2 business days of request. [ongoing] [Quarterly]

Goal 2: Beneficiaries will have timely access to the services they need	
Objectives	**Actions/Frequency**
	Overall Baseline (FY 2019-2020): 95% (1.6 days) Overall Achieved (FY 2020-2021): 84.2% (1.5 days) Adult Baseline (FY 2019-2020): 95% (1.6 days) Adult Achieved (FY 2020-2021): 82.4% (1.5 days) Children Baseline (FY 2019-2020): 100% (1.4 days) Children Achieved (FY 2020-2021): 100% (1.8 days)
	2. Track the percentage of urgent service requests resulting in a completed urgent assessment. [new] [Quarterly]
	% of urgent service requests resulting in a completed urgent assessment (FY 2020-2021): 78.9%
5. Clients discharged from hospitals are provided an outpatient visit within 7 calendar days.	1. Clients receive an outpatient appointment within an average of 7 calendar days from hospital discharge. [ongoing] [Quarterly]
	Overall Baseline (FY 2019-2020): 38.8% (8 days) Overall Achieved (FY 2020-2021): 48.9% (15 days) Adult Baseline (FY 2019-2020): 38.3% (8 days) Adult Achieved (FY 2020-2021): 46.8% (15 days) Children Baseline (FY 2019-2020): 57.1% (10 days) Children Achieved (FY 2020-2021): 75.8% (17 days) Foster Children Baseline (FY 2019-2020): n/a Foster Children Achieved (FY 2020-2021): 0% (8 days) Older Adult Baseline (FY 2019-2020): 41.3% (100 days) Older Adult Achieved (FY 2020-2021): 48.4% (19 days)
	2. Improve the FY 2019-20 rate (38.8%) of post-hospitalization follow-up appointments meeting the 7-day standard, while ensuring accuracy of the data. [Carry-over EQRO Recommendation] [ongoing]
	Overall Baseline (FY 2019-2020): 38.8% Overall Achieved (FY 2020-2021): 49.8%
	3. Review hospital discharge data by client demographics and insurance coverage to identify trends. [new] [Quarterly]

Goal 3: Reduce missed appointment rates	
Objectives	**Actions/Frequency**
1. Improve appointment data collection on mental health appointment adherence.	1. Embed race, ethnicity, gender, and preferred language into CAD 4195 report to improve data quality for identifying disparities in no shows. [new]
	2. 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. [new]
	3. Standardize workflows for entering appointment adherence data into ccLink. [ongoing]
2. Reduce no show rates.	1. No more than 15% of psychiatric and non-psychiatric appointments are no shows. [new] [Quarterly]
	Psychiatric Baseline: (FY 2019-2020): 16% Psychiatric Achieved (FY 2020-2021): 15% Non-Psychiatric Baseline (FY 2019-2020): 20% Non-Psychiatric Achieved (FY 2020-2021): 16%
	2. Investigate the reasons for high no-show rates starting with the clinician no-show rates. [EQRO Recommendation] [new]

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 Baseline (10/1/19-9/30/20): 51 Achieved (10/1/20-9/30/21): 41 Annual Spanish Goal: 24 Spanish Baseline (10/1/19-9/30/20): 20 Spanish Achieved (10/1/20-9/30/21): 14
	2. Provide callers with information at initial contact on how to access Specialty Mental Health Services (SMHS), including SMHS required to assess whether medical necessity criteria are met. [ongoing] [Quarterly]

Goal 4: Improve the Behavioral Health Access Line triaging and referral processes into the behavioral health system of care	
Objectives	**Actions/Frequency**
	Goal: 100% Baseline Business Hours (10/1/19-9/30/20): 27 calls (88.9% meet requirements) Achieved Business Hours (10/1/20-9/30/21): 23 calls (95.6% meet requirements) Baseline After Hours (10/1/19-9/30/20): 13 calls (23.1% meet requirements) Achieved After Hours (10/1/20-9/30/21): 8 calls (62.5% meet requirements)
	3. Work with Optum to improve compliance with providing information about accessing SMHS on after-hours calls. [new]
	4. The MHP will conduct 4 calls 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 Baseline Business Hours (10/1/19-9/30/20): 5 calls (80% meet requirements) Achieved Business Hours (10/1/20-9/30/21): 5 calls (80% meet requirements) Baseline After Hours (10/1/19-9/30/20): 4 calls (100% meet requirements) Achieved After Hours (10/1/20-9/30/21): 5 calls (20% meet requirements)
2. All 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]
	2. Report the longest wait times in English and Spanish [ongoing] [Quarterly]
3. All 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. Report the longest wait times by language. [ongoing] [Quarterly]
4. Decrease call abandonment rates for Access Line business hour calls.	1. Track and reduce rates of call abandonment. [ongoing] [Quarterly]

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. Survey domain means on the Mental Health Statistics Improvement Program (MHSIP) indicate clients and/or their families are satisfied with their care.	1. Conduct the MHSIP annually to obtain level of client satisfaction with services. [ongoing] [Biannually]
	2. Implement changes based on survey data. [ongoing]
2. Monitor client satisfaction on Mental Health Statistics Improvement Program (MHSIP) survey.	1. Client scores improve on the MHSIP Domains of Outcomes, Functioning, and Access. [ongoing] [Biannually]
	Baseline Outcomes (June 2020): 4.0 Achieved Outcomes (June 2021): Baseline Functioning (June 2020): 4.0 Achieved Functioning (June 2021): Baseline Access: (June 2020) 4.4 Achieved Access: (June 2021):
	2. Report satisfaction survey findings to clinics and contracted providers. [ongoing] [Biannually]
3. Obtain interview and survey data from clients in MHSA funded programs.	1. Conduct in-depth program and fiscal review of MHSA funded programs, including client interviews and surveys. [ongoing] [Every 3 years]
4. Obtain feedback about satisfaction with remote services necessitated by the COVID-19 pandemic.	1. Administer a survey to clients about their preference for video, telephone or in-person appointments for different visit types. [new]

Cultural and Linguistic Competence

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 competent 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 competency training. [ongoing] [Annually]
	Goal: 100% Baseline (FY 2019-2020): 67.2% Achieved (FY 2020-2021): 89%
	3. Increase the % of staff who complete cultural competency training within recommended timeframe of 1 year by 10 percentage points. [ongoing] [Annually]
	Goal: 75% (10 percentage point increase) Baseline (FY 2019-2020): 62% Achieved (FY 2020-2021): 49%
2. Increase and diversify cultural humility trainings.	1. Hold trainings on specific ethnic minority groups, religious minorities, and sexual orientation/gender identify. [new]
3. Collect data on workforce equity, retention, and training needs.	1. Administer CCBHS Workforce and Training Survey to County employees, contracted providers, and partner community based organizations. [ongoing] [Annually]
4. Expand role of Reducing Health Disparities (RHD) Workgroup.	1. Convene regular RHD Meetings. [ongoing] [Semimonthly]
	2. Provide incentives to expand community representation and engagement of RHD workgroup. [new]
	3. Ethnic Services Coordinator meets regularly with BHS leadership to discuss input from RHD to improve cultural responsiveness of services. [ongoing]
5. Increase Access to services for non/limited English speakers.	1. Monitor accessibility of Access Line and 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]
	Baseline (FY 2019-2020): 2743 Achieved (FY 2020-2021): 2539

Goal 6: Provide all clients with culturally- and linguistically-appropriate client-centered care	
Objectives	**Actions/Frequency**
	3. Monitor volume of Language Line use for encounters. [ongoing] [Quarterly]
	Baseline (FY 2019-2020): 3028 Achieved (FY 2020-2021): 4667
	4. Provide Spanish language links to services descriptions and contact information on the mental health pages of the county website. [EQRO Carryover Recommendation] [ongoing]
	5. Increase the number of service providers with threshold and other language capacity. [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, 2021. [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 annually review 100% of charts of clients who are stable on anti-depression and ADHD medication for possible step-down. [ongoing] [Annually]
3. Monitor safe medication practices.	1. Review safe medication reports quarterly. [ongoing] [Quarterly]
4. Timely 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. [new]
5. Ensure access to medications.	1. Pharmacy services are provided within 10 miles or 30 minutes of client place of residence. [new]
6. Expand access to Esketamine for clients with treatment-resistant depression.	1. Continue to pilot Esketamine with clients at the West Adult clinic. [ongoing]
	2. Expand Esketamine pilot to other regional adult clinics. [ongoing]
7. Ensure continuity of access to medications during COVID pandemic.	1. Coordinate with medical staff in homeless hotels/motels to meet client daily psychotropic and physical health medication needs. [ongoing] [Daily]
	2. Deliver weekly bubble packs to medical staff working in homeless hotels/motels. [ongoing] [Weekly]
	3. Continue pharmacy contract to deliver medications to homes, hotels/motels, and Alternative Care sites. [ongoing]
	4. Work with Clozaril Risk Evaluation and Mitigation Strategy (REMS) to ensure clients have access to medication in a timely manner. [ongoing]
	5. Maintain close contact with Clozaril wholesalers and manufactures to monitor on-hand supply. [ongoing]
	6. Implement 60-90 day medication prescriptions for clients (when appropriate). [ongoing]
	7. Work with manufacturer to get free long-acting injectable antipsychotic medication. [ongoing]
	8. Provide medications to uninsured clients who lost coverage due to job loss. [ongoing]

Goal 7: Promote safe and effective medication practices	
Objectives	**Actions/Frequency**
8. Monitor clients taking antipsychotic medications for dangerous side-effects.	1. Use established reports to track clients for diabetes and cholesterol screening. [ongoing] [Quarterly]
9. 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]
10. Reduce risk of negative drug interactions.	1. Provide educational training to Lead Psychiatrists. [ongoing] [Quarterly]
	2. Provide educational trainings to psychiatrists at the hospital and in Physical Health at Department of Psychiatry meetings. [ongoing] [Quarterly]

Goal 8: Ensure client health during COVID pandemic	
Objectives	**Actions/Frequency**
1. Facilitate clients obtaining the COVID-19 vaccine.	1. Schedule appointments for Behavioral Health clients at vaccine clinics. [new]

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 9: Implement Performance Improvement Projects to improve client care and outcomes	
Objectives	**Actions/Frequency**
1. Reduce depression and anxiety among youth who have trauma symptoms.	1. Provide TF-CBT groups for anxiety/depression. [Clinical PIP] [new]
	2. Participants' PHQ-9 and GAD-7 scores decrease from pre to post intervention. [new]
	Baseline PHQ-9: 9.62 Achieved PHQ-9: 8.0 Baseline GAD-7: 9.71 Achieved GAD-7: 7.64
2. Incorporate enhancements to Performance Improvement Projects (PIP) methodology.	1. Seek ongoing and regular technical assistance (TA) from CalEQRO in the continued implementation of its Performance Improvement Projects (PIPs). [EQRO Recommendation] [new]
3. Improve no show rates.	1. Therapists make "gain focused" warm reminder calls for initial assessment appointments at East Adult clinic. [Non-clinical PIP] [new
	2. Implement appointment adherence policy. [new]
	3. Implement Well appointment reminders to reduce no-show rates. [new]

Goal 10: Improve use of Evidence Based Practices (EBPs) in adult and children's systems of care	
Objectives	**Actions/Frequency**
1. Launch EBP improvement activities to expand use of EBPs.	1. Hold rapid improvement sessions to identify areas that will be targeted for improvement. [new]
	2. Implement practices to increase use of EBPs system-wide. [new]
2. Improve tracking of clients enrolled in EBPs.	1. Create enrollment report to be automatically disseminated to EBP Lead Staff and Program Managers on a regular basis. [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. Continue establishing baselines for number of grievances and appeals received. [ongoing]
	4. Present finding to the QIC to identify strategies to improve reporting and address issues. [ongoing] [Annually]
	5. Respond to 100% of grievances, appeals, and change of provider requests. [ongoing]
2. Review 100% of unusual occurrences to identify trends.	1. Collect and analyze trends in unusual occurrences. [ongoing]
	2. Continue establishing baseline for unusual occurrences. [ongoing]
	3. Report on unusual occurrences annually to the QIC. [ongoing]
3. Make system improvements following Sentinel Reviews	1. Report system-level areas of improvement to QIC. [ongoing] [Annually]

Goal 12: Monitor utilization review practices	
Objectives	**Actions/Frequency**
1. Improve communication with those who interface with UR.	1. Establish a unique email address to send queries to UR for concerns and questions for more communication accessibility. [new]
	2. Promote consistent communication within members of the UR unit to maintain clear messaging and reinforce consistent UR practices to all providers (both clinic and CBO). [ongoing]
2. At least 10% of charts reviewed by UR.	1. UR Program Manager to designate and divide workload appropriately among UR staff to achieve objectives. [ongoing] [Annually].
	2. Present a summary of UR Records Review (Level I, Level 2 and, or Focus Review) to QIC. [ongoing] [Annually]
	3. Maintain other sources of information for possible post service review of PHI. [new]

Goal 13: Promote Integration of Behavioral Health Services	
Objectives	**Actions/Frequency**
1. Identify clients at Mental Health clinics for SUD services.	1. BH Pharmacist consults with psychiatrists on clients identified on *BHS 4788 Report* as having issues with alcohol, tobacco, or methamphetamines for referral to embedded substance abuse counselor. [ongoing]

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	
Objectives	**Actions/Frequency**
1. Clients enrolled in EBPs demonstrate improvement on outcome measures.	1. Children's and parents' PTSD-RI scores will decrease from pre to post-TF-CBT intervention. [ongoing] [Biannually]
	Pre-Intervention: Child = 37.6; Parent = 38.1 Post-Intervention: Child = 19.5 (child); Parent = 17.2
	2. Children's Difficulties in Emotion Regulation Scale scores will decrease from pre to post-test DBT intervention. [ongoing] [Biannually]
	Pre-Intervention: 56.7 Post-Intervention: 44.6
	3. Suicide Ideation Questionnaire scores completed by youth will decrease from pre to post DBT intervention. [ongoing] [Biannually]
	Pre-Intervention: 62.0 Post-Intervention: 36.2

Goal 15: Increase use of outcome measures	
Objectives	**Actions/Frequency**
1. Use aggregate data to evaluate client progress.	1. Implement aggregate reporting for the ANSA, PSC-35, and CANS-50. [ongoing]
	2. Track and trend CANS and ANSA data quarterly. [new] [Quarterly]
	3. Needs identified on CANS will decrease by 10% by December 31, 2020. [new] [Annually]
	Baseline Needs (1/1/20-12/31/20): Mean=4.03 Achieved Needs (1/1/21-12/31/2021):
	4. Strengths identified on CANS will increase by 10% by December 31, 2021. [new] [Annually]

<table>
<tr><th colspan="2">Goal 15: Increase use of outcome measures</th></tr>
<tr><th>Objectives</th><th>Actions/Frequency</th></tr>
<tr><td></td><td>Baseline Strengths (1/1/20-12/31/20): Mean=3.9
Achieved Strengths (1/1/21-12/31/21): Mean=</td></tr>
<tr><td rowspan="4">2. Improve CANS data collection</td><td>1. Increase CANS reassessments. [ongoing] [Monthly]</td></tr>
<tr><td>Baseline number of re-assessments (10/1/2019-9/30/2020): 1931
Achieved number of re-assessments (10/1/2020-9/30/2021): 2879</td></tr>
<tr><td>2. Improve CANS data integrity. [ongoing]</td></tr>
<tr><td>3. Increase CANS discharges. [ongoing]

Baseline discharges (10/1/2019-9/30/2020): 969
Achieved discharges (10/1/2020-9/30/2021): 1762</td></tr>
<tr><td>3. 100% of doctors and nurses are certified in Adult Needs and Strengths (ANSA) tool.</td><td>1. Train RNs and MDs at all county-operated adult clinics staff by September 30, 2021. [new]</td></tr>
<tr><td rowspan="3">4. Track PHQ-9 and GAD-7 data at all adult mental health clinics.</td><td>1. Create dashboard so staff and managers at all regional clinics can regularly monitor PHQ-9 and GAD-7 scores. [ongoing]</td></tr>
<tr><td>2. Report the percentage of clients with an elevated PHQ-9 score who had evidence of response or remission within 4-8 months after initial elevated PHQ-9 score [new] [Quarterly]</td></tr>
<tr><td>Baseline:
<table><tr><th>Year</th><th>% w/ FU Score</th><th>% Response</th><th>% Remission</th></tr><tr><td>2020</td><td>4.2%</td><td>1.4%</td><td>0.7%</td></tr></table>
Achieved:</td></tr>
<tr><td></td><td>3. Identify racial and gender disparities in PHQ-9 and GAD-7 scores. [ongoing] [Quarterly]</td></tr>
<tr><td>5. Track adults' ILSS and RAS scores with repeated administrations.</td><td>1. Adults' ILSS and RAS scores will increase over time. [new]</td></tr>
</table>

Goal 15: Increase use of outcome measures	
Objectives	**Actions/Frequency**
	1st ILSS: Appearance=.93, Hygiene=.96, Care of Possession=.87, Food Prep =.98, Money Management=.75, Transportation=.59, Leisure =.51, Job Seeking =.33, Job Maintenance =1.0, Health Maintenance =.97, as of 6/30/2021 2nd ILSS: Appearance=.96, Hygiene=.93, Care of Possession=.85, Food Prep=.95, Money Management=.91, Transportation=.68, Leisure=.64, Job Seeking=.75, Job Maintenance=1.0; Health Maintenance=.95, as of 6/30/2021 1st RAS: 89.91 (n=35) as of 6/30/2021 2nd RAS: 94.40 (n=35) as of 6/30/2021

Goal 16: Maintain effective and consistent practices to safeguard Protected Health Information (PHI)	
Objectives	**Actions/Frequency**
1. Decrease the rate of HIPAA incidents.	1. Compare the number of 2020 HIPAA incidents to the number of 2021 incidents. [ongoing] [Quarterly]
	Number of HIPAA Incidents Quarter 1 CY 2020 vs 2021:2 vs 7 Number of HIPAA Incidents Quarter 2 CY 2020 vs 2021:3 vs 5 Number of HIPAA Incidents Quarter 3 CY 2020 vs 2021: 10 vs 3
	2. 100% of staff complete HIPAA training. [ongoing] [Annually]
	Baseline completion rate (FY 2019-2020): 84% Achieved completion rate (FY 2020-2021): 88% Goal: 100%
	3. Increase the % of staff who complete HIPPA training within recommended timeframe of 1 year by 10 percentage points. [ongoing] [Annually]
	Baseline completion rate (FY 2019-2020): 48% Achieved completion rate (FY 2020-2021): 50% Goal: 70% (18 percentage point increase)

Goal 17: Ensure fidelity of foster care services	
Objectives	**Actions/Frequency**
1. Adhere to the Integrated Core Practice Model when providing ICC and IHBS services.	1. Finalize fidelity tool for ICC and IHBS services. [ongoing]
	2. Implement fidelity tool. [ongoing]