

## Sacramento County Division of Behavioral Health Services

Quality Management Program Annual Work Plan - Fiscal Year 19/20  
(July 1, 2019 to June 30, 2020)

**Our Mission:** *To provide a culturally competent system of care that promotes holistic recovery, optimum health, and resiliency.*

**Our Vision:** *We envision a community where persons from diverse backgrounds across the life continuum have the opportunity to experience optimum wellness.*

### **Our Values:**

- *Respect, Compassion, Integrity*
- *Client and/or Family Driven*
- *Equal Access for Diverse Populations*
- *Culturally Competent, Adaptive, Responsive & Meaningful*
- *Prevention and Early Intervention*
- *Full Community Integration and Collaboration*
- *Coordinated Near Home and in Natural Settings*
- *Strength-Based Integrated and Evidence-Based Practices*
- *Innovative and Outcome-Driven Practices and Systems*
- *Wellness, Recovery, & Resilience Focus*

Sacramento County Mental Health Plan (MHP) develops an annual Quality Improvement Work Plan (QI Plan) to guide its performance improvement activities. The QI Plan describes in detail the MHP activities of performance indicator development and refinement, ongoing and time-limited performance improvement projects or focused studies and other monitoring to ensure quality care. QI Plan activities derive from a number of sources of information about quality of care and service issues. These include State and Federal requirements, Department initiatives, client and family feedback, and community stakeholder input.

Cultural Competence is critical to promoting equity, reducing health disparities and improving access to high-quality mental health, mental health that is respectful of and responsive to the needs of the diverse clients in Sacramento County. The MHP recognizes the importance of developing a QI Plan that integrates the goals of the MHP Cultural Competence Plan as well as cultural competence elements throughout the plan to help us better understand the needs of groups accessing our mental health services and to identify where disparities may exist. Cultural Competence Plan goals and elements are noted throughout the plans with a “(CC)”.

### **Structure of the Plan**

The QI Plan includes four essential domains: Access, Timeliness, Quality and Consumer Outcomes. The “SCOPE” details the areas that make up each domain. Each SCOPE contains a:

**Standard:** This is the threshold expectation for Sacramento County’s performance.

**Benchmark:** A point of reference drawn from Sacramento County’s own experience (historical data) and/or legal and contractual requirements. Benchmarks are used to establish goals for improvement that reflect excellence in care.

**Goal:** Reflects Sacramento County MHP annual goals toward reaching the identified Benchmark.

**Sacramento County Division of Behavioral Health Services**  
 Quality Management Program Annual Work Plan - Fiscal Year 19/20  
 (July 1, 2019to June 30, 2020)

DOMAIN	SCOPE
<b>1. ACCESS</b>	1.1 <i>Retention &amp; Service Utilization- CC</i> 1.2 <i>Penetration – CC</i> 1.3 <i>Geographically Diverse</i> 1.4 <i>Crisis Services Continuum</i> 1.5 <i>Monitoring Service Capacity</i> 1.6 <i>24/7</i>
<b>2. TIMELINESS</b>	2.1 <i>Timeliness –CC (PIP)</i> 2.2 <i>No Shows</i>
<b>3. QUALITY</b>	3.1 <i>Problem Resolution</i> 3.2 <i>UR and doc standards</i> 3.3 <i>Med Monitoring</i> 3.4 <i>Access to PCP</i> 3.5 <i>Coordination of care</i> 3.6 <i>Diverse Workforce – CC</i> 3.7 <i>Culturally Competent System of Care – CC</i> 3.8 <i>Training/Education - CC</i>
<b>4. CONSUMER OUTCOMES</b>	4.1 <i>Beneficiary Satisfaction</i> 4.2 <i>CANs and PSC-35</i> 4.3 <i>ANSA</i> 4.4 <i>Recidivism</i>

## Sacramento County Division of Behavioral Health Services

Quality Management Program Annual Work Plan - Fiscal Year 19/20  
(July 1, 2019 to June 30, 2020)

1.ACCESS			
Ensuring that members have ready access to all necessary services within the MHP: this includes access to culturally relevant services to address the unserved, underserved and inappropriately served communities.			
1.1 Retention and Service Utilization (CC)			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p><b>1.1a Standard:</b> The MHP will demonstrate parity in mental health services across all cultures.</p> <p><b>1.1a Benchmark:</b> TBD</p> <p><b>1.1a Goal:</b> TBD</p>	<ul style="list-style-type: none"> <li>Adjust retention and utilization methodology to be consistent with EQRO and DHCS POS report methodology</li> <li>Utilize approved claims data provided by the EQRO to review retention, high utilizer, and mental health service costs across all cultures</li> <li>Develop trend charts to explore differences and create strategies to address disparities</li> <li></li> </ul>	MHP Team, Research, Evaluation & Performance Outcome (REPO), Cultural Competence/ Ethnic Services (CC/Ethnic Services)	Annual Report to Cultural Competence Committee (CCC), Management Team (MT) and QIC
<p><b>1.1b Standard:</b> Costs of mental health services are distributed proportionately across all cultures</p> <p><b>1.1b Goal:</b> TBD</p>			
1.2 Penetration (CC)			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p><b>1.2a Standard:</b> There is equal access to the MHP for all cultures</p> <p><b>1.2a Benchmark:</b> TBD after data analysis</p> <p><b>1.2a Goal:</b> TO have measureable benchmark by January 1, 2019</p>	<ul style="list-style-type: none"> <li>Utilize Medi-Cal eligible data provided annually by the EQRO to track and trend penetration rates by age, gender, race/ethnicity, and language (when data is available) based on approved claims data as well as MHP all services data</li> <li>Utilize published prevalence rates and analyze Sacramento County penetration rates in comparison to other Large county and Statewide penetration rates to determine possible concerns for equal access for certain cultures</li> </ul>	MHP Team, Research, Evaluation & Performance Outcome (REPO), CC/Ethnic Services	Annual Report to Cultural Competence Committee (CCC), MT, and QIC

## Sacramento County Division of Behavioral Health Services

Quality Management Program Annual Work Plan - Fiscal Year 19/20  
(July 1, 2019 to June 30, 2020)

<b>1.3 Geographically Diverse Services</b>			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p><b>1.3a Standard:</b> Mental health services are provided in geographically diverse locations that best represent the community needs.</p> <p><b>1.3a Goal:</b> Maintain service delivery sites across county care system through a variety of contracts with organizational and enrolled network providers</p>	<ul style="list-style-type: none"> <li>• Develop maps to assist in siting new and/or existing service locations.</li> <li>• Utilize population indicators such as poverty status, demographics, etc. to determine siting and service needs. <b>(CC)</b></li> <li>• Annual report on changes in numbers of organizational and enrolled network providers from previous year.</li> <li>• Monitor MHP organizational capacity by tracking the number of contracts (hospitals, outpatients and enrolled network providers).</li> <li>• Utilize the Network Adequacy Certification Tool (NACT) to monitor geographic locations meet time and distance standard.</li> <li>• Use data when developing new or expanded program sites.</li> </ul>	REPO, MHP, QM, CC/Ethnic Services	Review periodically with management team, QIC, CCC
<b>1.4 Crisis Service Continuum</b>			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p><b>1.4a Standard:</b> The MHP will have a continuum of Mental Health Crisis services available to residents in Sacramento County.</p> <p><b>1.4a Goal:</b> Maintain a multi-tiered crisis service continuum</p>	<ul style="list-style-type: none"> <li>• Continue to collaborate with community partners to come up with solutions to offer an array of crisis services to Sacramento County residents (hospital systems, law enforcement).</li> <li>• Continue work to implement SB82, crisis residential grants.</li> <li>• Increase access to crisis stabilization and crisis residential services.</li> </ul>	Program, REPO, QM	Review periodically at Management Team, CC, QIC

## Sacramento County Division of Behavioral Health Services

Quality Management Program Annual Work Plan - Fiscal Year 19/20  
(July 1, 2019 to June 30, 2020)

	<ul style="list-style-type: none"> <li>• Track and monitor utilization of programs already in place to address crisis services (CST, Mobile Crisis, Navigators). Analyze results to determine outcomes.</li> <li>• At least annually, analyze data by race, ethnicity and language, sexual orientation and gender identity. <b>(CC)</b></li> <li>• Track and analyze diversion program activities – Mental Health Urgent Care, CSU-Dignity, Crisis Residential, (Citation Pilot – YDF), Mobile Crisis, Respite, and Community Support Team</li> <li>• Continue to support and collaborate with hospital partner(s) to open a new Psychiatric Health Facility.</li> <li>• Provide education and information about mental health resources to community.</li> </ul>		
<b>1.5 Monitoring Service Capacity</b>			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p><b>1.5a Standard:</b> All inpatient TARs must be approved within 14 calendar days of receipt of final TAR.</p> <p><b>1.5a Benchmark:</b> 100% of TARS will be approved or denied for inpatient TARs within 14 days of final TAR.</p> <p><b>1.5a Goal:</b> Continue to meet the benchmark</p>	<ul style="list-style-type: none"> <li>• Monitor Utilization Management compliance with State wide standards for approving or denying Inpatient TARs within 14 calendar days of the receipt of final TAR.</li> <li>• Enhance the current tracking tool and explore the feasibility of integrating the tracking into Avatar (EHR).</li> <li>• Update standard and benchmark upon receiving additional guidance from DHCS</li> </ul>	QM	Review quarterly at QIC

**Sacramento County Division of Behavioral Health Services**  
 Quality Management Program Annual Work Plan - Fiscal Year 19/20  
 (July 1, 2019 to June 30, 2020)

	regarding concurrent review process for inpatient hospitalizations.		
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<b>1.6 24/7 Access Line with appropriate language access</b>			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p><b>1.6a Standard:</b> Provide a statewide, toll-free telephone number that can be utilized 24 hours a day, 7 days a week (24/7 line) with language capability in all languages spoken by beneficiaries of the county</p> <p><b>1.6a Goal:</b> Continue to have a 24/7 line with linguistic capability. (CC)</p>	<ul style="list-style-type: none"> <li>• Conduct year round tests of 24 hour call line and MHP follow-up system to assess for compliance with statewide standards.</li> <li>• Conduct test calls in all threshold languages. <b>(CC)</b></li> <li>• Provide periodic training for Access Team, after- hour's staff, and test callers.</li> <li>• Provide feedback to supervisors on results of test calls.</li> <li>• Provide quarterly reports showing level of compliance in all standard areas.</li> <li>• Monitor timeliness of obtaining interpreter services <b>(CC)</b></li> <li>• Attend trainings provided by DHCS</li> <li>• Develop electronic Call Log for MHTC Add tracking of age group to MHTC Call Log</li> </ul>	Quality Management (QM), REPO, CC/Ethnic Services	Quarterly to Management Team, QIC and CCC
<p><b>1.6b Standard:</b> The 24/7 line will provide information to beneficiaries about how to access specialty mental health services</p> <p><b>1.6b Benchmark:</b> 100% of test calls will be in compliance with the standard</p> <p><b>1.6b Goal:</b> Increase percent in compliance annually until benchmark is met</p>			
<p><b>1.6c Standard:</b></p>			

**Sacramento County Division of Behavioral Health Services**  
 Quality Management Program Annual Work Plan - Fiscal Year 19/20  
 (July 1, 2019 to June 30, 2020)

<p>The 24/7 line will provide information to beneficiaries about how to use the beneficiary problem resolution and fair hearing processes</p> <p><b>1.6c Benchmark:</b> 100% of test calls will be in compliance with the standard</p> <p><b>1.6c Goal:</b> Increase the percent in compliance annually until benchmark is met.</p>			
<b>1.6 24/7 Access Line with appropriate language access Con't</b>			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p><b>1.6d Standard:</b> The 24/7 line will provide information to beneficiaries about services needed to address a beneficiary's crisis</p> <p><b>1.6d Benchmark:</b> 100% of test calls will be in compliance with the standard</p> <p><b>1.6d Goal:</b> Increase the percent in compliance annually until benchmark is met.</p>	<ul style="list-style-type: none"> <li>• Same as above</li> </ul>	Quality Management (QM), REPO, CC/Ethnic Services	Quarterly to Management Team, QIC and CCC
<p><b>1.6e Standard:</b> All calls coming in to the 24/7 line will be logged with the beneficiary name, date of the request and initial disposition of the request</p> <p><b>1.6e Benchmark:</b> 100% of test calls will be in compliance with the standard</p> <p><b>1.6e Goal:</b></p>			

**Sacramento County Division of Behavioral Health Services**  
 Quality Management Program Annual Work Plan - Fiscal Year 19/20  
 (July 1, 2019 to June 30, 2020)

Increase the percent in compliance annually until benchmark is met.				
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<b>2.TIMELINESS</b>			
<b>Ensure timely access to high quality, culturally sensitive services for individuals and their families.</b>			
<b>2.1 Timeliness to Service</b>			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p><b>2.1a Standard:</b>          The time between request for MHP Outpatient services and the initial service offered and/or provided to consumers will be 14 calendar days or less.</p> <p><b>2.1a Benchmark:</b>          75% of Adult and Children will meet the 14 calendar day standard</p> <p><b>2.1a Goal:</b>          Increase in percent meeting standard annually until benchmark is met.</p>	<ul style="list-style-type: none"> <li>• Produce quarterly reports that monitor benchmarks and track timely and appropriate access to mental health plan services.</li> <li>• Produce annual report that evaluate benchmarks and timely access to mental health plan services by race, ethnicity, language, sexual orientation and gender identity <b>(CC)</b>.</li> <li>• Provide feedback to MHP providers of quarterly report findings at provider meetings.</li> </ul>	REPO, Ethnic Services, QM	Review quarterly with management team, QIC, CCC



## Sacramento County Division of Behavioral Health Services

Quality Management Program Annual Work Plan - Fiscal Year 19/20  
(July 1, 2019 to June 30, 2020)

<p><b>2.1b Standard:</b> The time between request for MHP Outpatient services and the first psychiatric service offered and/or provided to consumers will be 30 calendar days or less.</p> <p><b>2.1b Benchmark:</b> 75% of Adult and Children will meet the 30 calendar day standard</p> <p><b>2.1b Goal:</b> Increase in percent meeting standard annually until benchmark is met.</p>	<ul style="list-style-type: none"> <li>• Explore creating an assessment/orientation packet that can be sent to beneficiary prior to first appointment</li> <li>• Explore strategies for decreasing time to first appointment.</li> <li>• Review data measurement and reporting methodologies to ensure accurate timeliness measurement consistent with DHCS requirements.</li> <li>• .</li> <li>• .</li> <li>• Utilize technical assistance provided by EQRO and DHCS to identify additional strategies to address timely access to services.</li> <li>• Continue to track and report on timeliness of assignment of referrals and evaluate business process at County Access team to ensure timeliness and efficiency in processing referrals</li> </ul>		
<b>2.1 Timeliness to Service Con't</b>			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p><b>2.1c Standard:</b> The time between acute hospital discharge to first OP psychiatric service offered and/or provided to consumers will be 30 calendar days</p> <p><b>2.1c Benchmark:</b> 75% of Children and 75% of Adults will meet the 30 day standard.</p>	<ul style="list-style-type: none"> <li>• Explore implementing successful strategies from Non-Clinical and Clinical PIPs across the system to address engagement and timeless to service</li> </ul>		

**Sacramento County Division of Behavioral Health Services**  
 Quality Management Program Annual Work Plan - Fiscal Year 19/20  
 (July 1, 2019 to June 30, 2020)

<p><b>2.1c Goal:</b> Increase the percent meeting standard annually until benchmark is met.</p>	<ul style="list-style-type: none"> <li>Explore utilizing Avatar Scheduler for hospital discharges.</li> </ul>		
<p><b>2.1d Standard:</b> The time between acute hospital discharge to first OP service provided to consumers will be 7 calendar days  <b>2.1d Benchmark:</b> 75% of Children and 75% of Adults will meet the 7 day standard  <b>2.1d Goal:</b> Increase the percent meeting standard annually until benchmark is met.</p>			
<p><b>2.1 Timeliness to Service Con't</b></p>			
<p><i>Standard/Benchmark/Goal</i></p>	<p><i>Planned Activities</i></p>	<p><i>Resp Party</i></p>	<p><i>Review Process</i></p>
<p><b>2.1e Standard:</b> The time between referral for psychological testing and 1<sup>st</sup> psychological testing appointment offered and/or provided to children will be 14 days or less  <b>2.1e Benchmark:</b> 65% of children and youth will meet the 14 day standard.  <b>2.1e Goal:</b> Increase the percent meeting standard annually until the benchmark is met.</p>	<ul style="list-style-type: none"> <li>Train and collaborate with outpatient providers regarding the appropriateness of psychological testing referrals</li> <li>Review psych testing referral and business processes</li> <li>Add UC Davis trainees to increase capacity</li> <li>Explore the use of Avatar Mail Box to expedite the information exchange from Referring Provider to Psychological Testing Provider</li> </ul>	<p>REPO</p>	<p>Review quarterly with management team and QIC</p>
<p><b>2.2 No Shows/ Cancellations for scheduled appointments</b></p>			

**Sacramento County Division of Behavioral Health Services**  
 Quality Management Program Annual Work Plan - Fiscal Year 19/20  
 (July 1, 2019 to June 30, 2020)

<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p><b>2.2a Standard:</b>            The time between authorization for MH Services and 1<sup>st</sup> engagement activity where actual verbal or face-to-face contact is made is 3 business days.</p> <p><b>2.2a Benchmark:</b>            70% of Children and Adults will meet the 3 business day standard</p> <p><b>2.2a Goal:</b>            Increase the percent meeting standard annually until benchmark is met.</p>	<ul style="list-style-type: none"> <li>Evaluate current engagement activities and billing codes to assist in accurately measuring outreach and engagement efforts prior to initial appointment.</li> </ul>	REPO	Review quarterly with management team, QIC, CCC

<b>3. QUALITY</b> Analyzing and supporting continual improvement of MHP clinical and administrative processes in order to achieve the highest standard of care, with care processes that are recovery oriented, evidence-based and culturally sensitive			
<b>3.1 Problem Resolution</b>			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p><b>3.1a Standard:</b>            The MHP will have a Problem Resolution process that provides tracking of all grievances and appeals and ensures that all grievances and appeals are logged and resolved in a timely manner.</p> <p><b>3.1a Benchmark:</b></p>	<ul style="list-style-type: none"> <li>Monitor the problem resolution process tracking and reporting system. Make adjustments as needed to ensure integrity of data.</li> <li>Track, trend and analyze beneficiary grievance, appeal and State Fair Hearing</li> </ul>	QM	Quarterly at QIC, CCC

## Sacramento County Division of Behavioral Health Services

Quality Management Program Annual Work Plan - Fiscal Year 19/20  
(July 1, 2019 to June 30, 2020)

<p>Grievances and appeals logged within 1 business day          100% of all grievances will be resolved within 90 days          100% of all appeals will be completed within 30 days          100% of all expedited appeals will be resolved in 72 hours  <b>3.1a Goal:</b>          Percent of appeals logged and resolved in a timely manner will increase annually until benchmark has been met</p>	<p>actions. Include type, ethnicity, race, and language as part of this tracking. <b>(CC)</b></p> <ul style="list-style-type: none"> <li>Track the timeliness of grievance, appeals and expedited appeal resolution for non-compliance tracking.</li> <li>Track and analyze provider level complain, grievance process with concomitant corrective plans quarterly</li> </ul>		
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<b>3.2 Utilization Review and documentation standards</b>			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p><b>3.2a Standard:</b>            The MHP will have a rigorous utilization review process to ensure that all documentation standards are met.  <b>3.2a Goal:</b>            Monthly adult and child clinical chart reviews.</p>	<ul style="list-style-type: none"> <li>Conduct monthly utilization review utilizing electronic health record for providers using Avatar (go to provider site for providers not using Avatar quarterly).</li> </ul>	<p>QM</p>	<p>Quarterly at QIC</p>

**Sacramento County Division of Behavioral Health Services**  
 Quality Management Program Annual Work Plan - Fiscal Year 19/20  
 (July 1, 2019 to June 30, 2020)

<p><b>3.2b Standard:</b>          All client treatment plans must have a client, staff signature and caregiver signature if applicable. If no client or caregiver signature, there must be documentation of the reason of refusal.</p> <p><b>3.2b Benchmark:</b>          100% of treatment plans from UR chart review will have a client/caregiver signature.</p> <p><b>3.2b Goal:</b>          Increase in percent annually until benchmark is met.</p>	<ul style="list-style-type: none"> <li>• Information obtained through monthly reviews will be evaluated and issues will be reviewed at UR Committee.</li> <li>• All agencies will complete a monthly internal chart review which may include focused review of progress notes; assessments and client plans.</li> <li>• Identify specific QI reports in Avatar to develop monitoring and rapid feedback loop across system.</li> <li>• Develop quality assurance measures in Avatar reports to establish data measurement for MHP service system. Providers will use tracking measures to monitor documentation standards following minimum Medi-Cal and MHSA requirements.</li> <li>• Providers and county staff will review timeliness for documentation monthly through the use of the Avatar reports including: Active Client Final Assessment, Active Client Plan and Core Status, Active Client Psychiatric Assessments, Services with No Diagnosis and Progress Notes Remaining in Draft.</li> <li>• Targeted chart review at provider sites when significant non-compliance issues are discovered.</li> <li>• Provide documentation training to MHP providers monthly.</li> </ul>		
<p><b>3.2c Standard:</b>          All client charts will have documentation justifying medical necessity.</p> <p><b>3.2c Benchmark:</b>          100% of client charts from UR chart review will have documented justifying medical necessity.</p> <p><b>3.2c Goal:</b>          Increase in percent annually until benchmark is met.</p>			

**Sacramento County Division of Behavioral Health Services**  
 Quality Management Program Annual Work Plan - Fiscal Year 19/20  
 (July 1, 2019 to June 30, 2020)

	<ul style="list-style-type: none"> <li>• Provide targeted documentation and technical assistance to providers that have identified compliance issues or at request of contract monitor.</li> <li>• Implement Corrective Action Plans for specific providers if above activities are unsuccessful.</li> </ul>		
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<b>3.2 Utilization Review and documentation standards Con't</b>			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p><b>3.2d Standard:</b> All Client Plan's will be completed within 60 days from request for services unless exception given.</p> <p><b>3.2d Benchmark:</b> 100% of client plans will be completed within 60 days of request for services unless exception has been given</p> <p><b>3.2d Goal:</b> Increase in percent annually until benchmark is met.</p>	<ul style="list-style-type: none"> <li>• Same as above</li> </ul>	QM	Quarterly at QIC
<p><b>3.2e Standard:</b> All client objectives documented in the client plan will be measurable.</p> <p><b>3.2e Benchmark:</b> 100% of client objectives in charts selected for UR will be measurable.</p> <p><b>3.2e Goal:</b></p>			

**Sacramento County Division of Behavioral Health Services**  
 Quality Management Program Annual Work Plan - Fiscal Year 19/20  
 (July 1, 2019 to June 30, 2020)

<p>Increase in percent annually until benchmark is met.</p>			
<p><b>3.2f Standard:</b>          Progress notes should always indicate interventions that address the mental health condition.</p> <p><b>3.2f Benchmark:</b>          100% of progress notes will have interventions that address MH condition</p> <p><b>3.2f Goal:</b>          Increase in percent annually until benchmark is met.</p>			
<b>3.3 Medication Monitoring</b>			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p><b>3.3a Standard:</b>          Providers practice in accordance with community standards for medication/pharmacology</p> <p><b>3.3a Benchmark:</b>          Review medication/pharmacology in 5% of open episodes for each provider/program.</p> <p><b>3.3a Goal:</b>          Continue to monitor and meet benchmark.</p>	<ul style="list-style-type: none"> <li>Study, analyze and continuously improve the medication monitoring and medication practices in the child and adult system.</li> <li>Conduct monthly medication monitoring activities and report and discuss issues at the P &amp; T committee meeting.</li> <li>Strongly encourage all treatment providers to use practice guidelines developed by the P&amp;T committee for the treatment of schizophrenia, bipolar disorders, depressive disorders and ADHD.</li> </ul>	<p>MHTC, QM, Med Monitoring Committee</p>	<p>Review Pharmacy and Therapeutics Committee</p> <p>Quarterly at QIC</p>

**Sacramento County Division of Behavioral Health Services**  
 Quality Management Program Annual Work Plan - Fiscal Year 19/20  
 (July 1, 2019to June 30, 2020)

	<ul style="list-style-type: none"> <li>• Continue improvements in criteria for medication monitoring of outpatient clinics based on best practices.</li> <li>• Create a reporting methodology for Medication Monitoring reviews.</li> <li>• Update P&amp;P based on feedback from provider survey.</li> <li>• Develop quality assurance/management activities for Telehealth providers.</li> </ul>		
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<b>3.4 Member Access to PCP</b>			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p><b>3.4a Standard:</b> All clients will be connected to a primary care physician, unless otherwise indicated by the client.</p> <p><b>3.4a Benchmark:</b> 75% of adults and 75% of children will be connected to a PCP within 60 days of admission to a mental health treatment program</p> <p><b>3.4a Goal:</b> Increase the percent of adults &amp; children with a PCP each year until benchmark has been met.</p>	<ul style="list-style-type: none"> <li>• Monitor the number of adults and children connected to a PCP as indicated in the Client Resources in the MHP's electronic health record.</li> </ul>	REPO, Program	Review annually with management , Quarterly at QIC
<b>3.5 Coordination of Care</b>			



**Sacramento County Division of Behavioral Health Services**  
 Quality Management Program Annual Work Plan - Fiscal Year 19/20  
 (July 1, 2019to June 30, 2020)

<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p><b>3.5a Standard:</b>            The MHP will collaborate with other government agencies/stakeholders to facilitate coordination and collaboration to maximize continuity of services for clients with mental health needs.</p> <p><b>3.5a Goal:</b>            Continue to work with our partners to provide coordination and collaboration.</p>	<ul style="list-style-type: none"> <li>• Pathways to Wellness -Monitor the use of ICC, ICC-CFT and IHBS services for children involved in the child welfare receiving intensive services.</li> <li>• Continue to have MHP representatives on task forces, initiatives and projects that involve clients with mental health issues (Commercially Sexually Exploited children, Crossover Youth Practice Model, MH Courts, TAY Homeless Initiative, Whole Person Care, etc).</li> <li>• Collaboration with Child Welfare for completion and submission of CANS and PSC-35 documents required by State agencies.</li> <li>• Actively participate in CFTs for children involved with Probation and Child Welfare</li> <li>• Monitor the use and usefulness of the bi-lateral screening and referral tool.</li> <li>• Explore data sharing across public agencies.</li> <li>• Evaluate data by age, ethnicity, race, language, and gender to look for disparities. <b>(CC)</b></li> <li>• Continue implementation of CCR</li> <li>• Update Releases of Information practices/guidelines/review current consent form</li> </ul>	REPO, Program, QM, Avatar, CC/Ethnic Services	Report annually at QIC, CCC

## Sacramento County Division of Behavioral Health Services

Quality Management Program Annual Work Plan - Fiscal Year 19/20  
(July 1, 2019 to June 30, 2020)

	<ul style="list-style-type: none"> <li>Implement interoperability solutions to exchange Continuity of Care Documents for Treatment, Payment and Operations (TPO)</li> </ul>		
<b>3.6 Diverse Workforce (CC)</b>			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p><b>3.6a Standard:</b> The MHP will have a diverse workforce that is representative of the clients and community they serve.</p> <p><b>3.6a Benchmark:</b> The make-up of direct services staff is proportionate to the racial, cultural and linguistic make-up of Medi-Cal beneficiaries</p> <p><b>3.6a Goal:</b> Increase the diversity of direct service staff by 5% each year until benchmark is met.</p>	<ul style="list-style-type: none"> <li>Complete the annual Human Resources Survey and analyze findings</li> <li>Complete the NACT on a quarterly basis and analyze findings.</li> </ul>	REPO, CC/Ethnic Services and Workforce Education and Training	CCC, QIC, Management Team
<b>3.7 Culturally Competent system of care (CC)</b>			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p><b>3.7a Standard:</b> The MHP will have a culturally competent system of care.</p> <p><b>3.7a Goal:</b> The MHP will complete a biennial system-wide Agency Self-Assessment of Cultural Competence</p>	Biennially complete and analyze a system-wide Agency Self-Assessment of Cultural Competence.	CC/Ethnic Services	CCC, QIC, Management Team

**Sacramento County Division of Behavioral Health Services**  
 Quality Management Program Annual Work Plan - Fiscal Year 19/20  
 (July 1, 2019to June 30, 2020)

<b>3.8 Training -Education</b>			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p><b>3.8a Standard:</b>            The County will provide and/or offer on-going training opportunities to the MHP workforce</p> <p><b>3.8a1 Goal:</b>            The MHP will have a well-trained, culturally and linguistically competent workforce that is adequately trained to provide effective services and administer programs based on wellness and recovery. <b>(CC)</b></p> <p><b>3.8a2 Goal:</b>            By the end of FY 18/19, 75% of all BHS direct service staff and supervisors will have completed the California Brief Multicultural Competence Scale (CBMCS) and cultural competence training. <b>(CC)</b></p> <p><b>3.8a3 Goal:</b>            98% of staff identified as interpreters complete the approved mental health/behavioral health interpreter training and receive certification. <b>(CC)</b></p>	<ul style="list-style-type: none"> <li>• Utilize Mental Health Services Act (MHSA) principles to enhance skill level through training and education at all levels of the MHP.</li> <li>• Continue implementation of MHP WET Training Plan based on community input and MHP prioritization.</li> <li>• Administer California Brief Multicultural Competence Scale (CBMCS) to service delivery and supervisory staff and provide CBMCS training modules across the system. <b>(CC)</b></li> <li>• Provide County BHS vetted on line CC training opportunities to Contracted and County run Providers</li> <li>• Provide Mental Health Interpreter training for interpreter staff and providers who use interpreters. <b>(CC)</b></li> <li>• Develop and implement curriculum for integrating cultural competency and wellness, recover and resiliency principles for different levels and types of providers and stakeholders.</li> <li>• Refine system wide implementation of trauma informed and trauma specific trainings to address all ages and cultural groups served by the MHP.</li> <li>• Utilize training/educational opportunities to include methods to enhance the array of</li> </ul>	CC/Ethnic Services, QM	Annual and Periodic Report to QIC, CCC

## Sacramento County Division of Behavioral Health Services

Quality Management Program Annual Work Plan - Fiscal Year 19/20  
(July 1, 2019 to June 30, 2020)

	<p>culturally competent skill sets and community interfaces for mental health and partner agencies. <b>(CC)</b></p> <ul style="list-style-type: none"> <li>• Conduct at least one workshop on consumer culture with trainers to include consumer/youth/parent/caregiver/family perspective on mental illness.</li> <li>• Conduct at least annual in-house training/consultation to MHP's mandated key points of contact to ensure competence in meeting the access needs of diverse communities. <b>(CC)</b></li> <li>• Continue expansion and targeted implementation of MH training for law enforcement and first responders within and outside of the mental health provider community.</li> <li>• Explore training opportunities to provide a continuum of crisis intervention trainings to address all age groups and a variety of service specific issues to enhance crisis intervention competency skills across MHP services. <b>(CC)</b></li> </ul>		
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<b>4. CONSUMER OUTCOMES</b>			
Ensure the accountability, quality and impact of the services provided to clients in the Sacramento County MHP through research, evaluation and performance outcomes.			
<b>4.1 Beneficiary Satisfaction</b>			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>

**Sacramento County Division of Behavioral Health Services**  
 Quality Management Program Annual Work Plan - Fiscal Year 19/20  
 (July 1, 2019 to June 30, 2020)

<p><b>4.1a Standard</b>          All consumers served during the Consumer Perception Survey (CPS) collection period will be given the opportunity to provide feedback on the services they receive from the MHP</p> <p><b>4.1a Benchmark</b>          The MHP will obtain a 75% response rate during each CPS collection period</p> <p><b>4.1a Goal:</b>          Increase the response rate each year until Benchmark is met.</p>	<ul style="list-style-type: none"> <li>• Provide mandatory training to MHP providers on survey distribution and collection prior to CPS survey distribution periods.</li> <li>• Administer State required Consumer Perception Survey and English, Spanish, Chinese, Hmong, Russian, Tagalog, Vietnamese and any other available language. <b>(CC)</b>.</li> <li>• Produce reports after each CPS survey period and share with providers.</li> <li>• Monitor response rate and establish protocols for both the system and those providers that fall below the benchmark.</li> <li>• Analyze results of CPS and provide written report on analysis of data.</li> <li>• Analysis to include examination of disparities by race, ethnicity and language. <b>(CC)</b></li> </ul>	<p>REPO in collaboration with CC/Ethnic Services</p>	<p>Review semi-annually with management team, QIC, CCC</p>
<p><b>4.1b Standard</b>          Consumers will be satisfied with the services received in the MHP</p> <p><b>4.1b Benchmark</b>          Percent overall agreement in the General Satisfaction domain will be 90% or greater for each CPS sampling period</p> <p><b>4.1b Goal</b>          Increase the percent of consumer satisfaction on each domain each year until benchmark has been met.</p>	<ul style="list-style-type: none"> <li>• Monitor performance on the six perception of general satisfaction indicators (questions 1, 4, 5, 7, 10 and 11 as defined by the State) bi-annually and consider improvement project if significantly below the overall CPS percent agreement.</li> <li>• Track and trend on Division Dashboard</li> </ul>		

**Sacramento County Division of Behavioral Health Services**  
 Quality Management Program Annual Work Plan - Fiscal Year 19/20  
 (July 1, 2019 to June 30, 2020)

<b>4.1 Beneficiary Satisfaction</b>			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
	•		
<b>4.2 Recovery Tool</b>			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<b>4.2 Standard:</b> The MHP will track and measure recovery <b>4.2 Goal:</b> The MHP will implement the use of a recovery tool within FY18/19	<ul style="list-style-type: none"> <li>• Work with MH advocates to analyze available recovery tools and develop a plan to implement a culturally sensitive recovery tool. <b>(CC)</b></li> <li>• Explore other MHPs and how they measure recovery.</li> <li>• Explore client self-administered recovery tool options.</li> </ul>	REPO, Advocates, Management Team, CC/Ethnic Services	Annual update to QIC
<b>4.3 CANS and PSC 35</b>			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>

**Sacramento County Division of Behavioral Health Services**  
 Quality Management Program Annual Work Plan - Fiscal Year 19/20  
 (July 1, 2019 to June 30, 2020)

<p><b>4.3a Standard:</b>          All children providers in the MHP will complete a CANS at intake assessment, every 6 months and discharge for all children ages 6-21 served.</p> <p><b>4.3a Benchmark:</b>          100% of children ages 6-21 will receive a CANS assessment at time of intake          100% of children ages 6-21 will receive a CANS every six months unless discharged prior to the 6 month assessment period          100% of children ages 6-21 will receive a CANS at discharge</p> <p><b>4.3a Goal:</b>          Increase percent completion annually until benchmarks have been met.</p>	<ul style="list-style-type: none"> <li>• Monitor the percent completion of CANS assessment at intake, six months and at discharge.</li> <li>• Provide annual reports with analysis of data. Analysis to include examination of disparities by race, ethnicity and language.</li> </ul> <p><b>(CC)</b>          Provide on line training and certification information to Contracted and County Owned Providers</p>	<p>REPO, QM</p>	<p>Annual Report to Management and QIC, CCC</p>
<p><b>4.3b Standard:</b>          All children providers in the MHP will complete a PSC-35 at intake assessment, every 6 months and discharge for all children ages 6-18 served.</p> <p><b>4.3b Benchmark:</b>          100% of children ages 6-18 will receive a PSC-35 assessment at time of intake.          100% of children ages 6-18 will receive a PSC-35 every six months unless discharged prior to the 6 month assessment period          100% of children ages 6-18 will receive a PSC-35 at discharge</p> <p><b>4.3b Goal:</b>          Increase percent completion annually until benchmarks have been met.</p>	<ul style="list-style-type: none"> <li>• Monitor the percent completion of PSC-35 assessment at intake, six months and at discharge.</li> <li>• Provide annual reports with analysis of data. Analysis to include examination of disparities by race, ethnicity and language.</li> </ul> <p><b>(CC)</b></p>	<p>REPO, QM</p>	<p>Annual Report to Management and QIC, CCC</p>
<p><b>4.4 ANSA</b></p>			

**Sacramento County Division of Behavioral Health Services**  
 Quality Management Program Annual Work Plan - Fiscal Year 19/20  
 (July 1, 2019 to June 30, 2020)

<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p><b>4.4a Standard:</b>                      The MHP will have a standardized way of assessing the appropriateness of care for all adults receiving services</p> <p><b>4.4a Goal:</b>                      Pilot the Adult Needs and Strengths Assessment (ANSA) for possible implementation across the entire adult system.</p>	<ul style="list-style-type: none"> <li>Develop pilot for the use of (ANSA) outcome measures for adult programs.</li> <li>Conduct Training and Certification on line through the Praed Foundation</li> </ul>	REPO, QM, Program	Annual Report to Management and QIC

<b>4.5 Recidivism</b>			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p><b>4.5a Standard:</b>                      The majority of clients will not return to acute psychiatric care within 30 days of discharge from acute psychiatric hospitalization.</p> <p><b>4.5a Benchmark:</b>                      15% Recidivism rate</p> <p><b>4.5a Goal:</b>                      To reduce the readmission rate to 15% by end of FY 19/20</p>	<ul style="list-style-type: none"> <li>Monitor rates comparing with overall MHP rates from previous fiscal year.</li> <li>Analysis to include examination of disparities by race, ethnicity, language, sexual orientation and gender identity and development of strategies to ameliorate. <b>(CC)</b></li> <li>Evaluate impact of crisis system rebalance efforts on readmissions</li> </ul>	REPO in collaboration with CC/Ethnic Services	Review quarterly with Management team, QIC, CCC
<p><b>4.5b Standard:</b>                      Low proportion of hospital days should be attributable to readmission.</p> <p><b>4.5b Benchmark:</b></p>	<ul style="list-style-type: none"> <li>Quarterly monitoring and reporting on inpatient days attributed to consumers with 2 or more acute admissions during the quarter- dashboard item.</li> </ul>	REPO	Review quarterly with Management team, QIC



**Sacramento County Division of Behavioral Health Services**

Quality Management Program Annual Work Plan - Fiscal Year 19/20

(July 1, 2019to June 30, 2020)

<p>25% of total acute days are attributed to readmitted clients</p> <p><b>4.5b Goal:</b> To reduce the percent of days attributed to readmissions to meet the benchmark by the end of FY 18/19</p>			
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