QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT WORK PLAN

CALENDAR YEAR 2023

ADOPTED ON: 03/29/2023

The Quality Improvement Plan is a required element of the Quality Assessment and Performance Improvement (QAPI) Program, as specified by DHCS contract, Exhibit A Attachment 5 (relevant sections: 2A), and by Cal. Code Regs., Tit. 9, § 1810.440(a)(5) and 42 C.F.R. § 438.416(a)

PURPOSE AND INTRODUCTION

Sonoma County Department of Health, Behavioral Health Division (DHS-BHD) is committed to a culture of continuous quality improvement, in support of our goal to offer high quality behavioral healthcare services to Sonoma County beneficiaries. The Quality Assessment and Performance Improvement (QAPI) program, within DHS-BHD, serves as the unifying structure for quality improvement and quality assurance across the specialty mental health system. **The purpose of the QAPI Work Plan is to promote continuous improvement in the quality of behavioral health services provided to Specialty Mental Health Plan beneficiaries in Sonoma County**. Through the QAPI Work Plan, DHS-BHD will implement quality improvement activities that:

- Ensure service delivery is consumer-focused, clinically appropriate, cost effective, data-driven, and culturally responsive;
- Increase the capacity of DHS-BHD leadership and QAPI staff to track key indicators addressing beneficiary outcomes, program development, and system change;
- Support decision-making based on performance improvement measures; and
- Increase quality of beneficiary services across the Mental Health Plan.

MISSION, VISION, AND VALUES

The mission of the Department of Health Services, Behavioral Health Division (DHS-BHD) is to promote recovery and wellness to Sonoma County residents.

DHS-BHD embraces a recovery philosophy that promotes the ability of a person with mental illness and/or a substance use disorder to live a meaningful life in a community of their choosing, while striving to achieve their full potential. The principles of a recovery-focused system include: *

- Self-Direction
- Individualized and Person-Centered Care
- Empowerment and Shared Decision-Making
- Holistic Approach that Encompasses Mind, Body, Spirit, and Community
- Strengths-Based
- Peer Support
- Focus on Respect, Responsibility, and Hope.

DHS-BHD fosters a collaborative approach by partnering with clients, family members, and the community to provide high quality, culturally responsive services. ***Services are provided in all languages.*** DHS-BHD directly administers specialty mental health treatment services to Sonoma County residents whose mental health needs are determined to be medically necessary as defined by CCR Title 9 and W&I Code 5600.

adapted from the Substance Abuse and Mental Health Services Administration (SAMHSA)

DHS-BHD QAPI Work Plan objectives and activities align with and support the Sonoma County Department of Health Services (DHS) Strategic Plan in the following ways:

DHS Strategic Plan Goal 1: All residents and community environments are healthy and safe	
DHS Objective and Strategy: Improve quality of life outcomes by advancing cross-sector partnerships, networks, collaboration, and community engagement to improve community and individual determinants of health	QAPI Work Plan Alignment: The Quality Improvement Committee is comprised of DHS-BHD Leadership, Staff, Community Providers, Clients, and Family Members of Clients; this cross-sector team collaborates to improve community and individual determinants of behavioral health
DHS Strategic Plan Goal 2: Individuals, families, and communities access high quality and coordinated services for health, recovery, well-being, and self-sufficiency	
DHS Objective and Strategy: Increase access to safety net services by strengthening coordination of services with emphasis on high-need residents	QAPI Work Plan Alignment: A total of three QI workplan objectives address increasing access to mental health services (1-3); four QI workplan objectives (4-8) are designed to improve accessibility of services.
DHS Strategic Plan Goal 3: The Department of Health Services is a high achieving, high functioning organization	
DHS Objective and Strategy: Build a highly competent, effective, and engaged workforce by improving communication and collaboration	QAPI Work Plan Alignment: Objective 10 addresses the goal of enhancing workforce skills and training in the area of providing culturally responsive services to Sonoma County Medi-Cal beneficiaries.

More information on the DHS Strategic Plan can be found at this link: https://healthstrategicplan.sonomacounty.ca.gov/

Cultural Responsiveness is critical to promoting equity, reducing health disparities and improving access to high-quality behavioral health services that are delivered in a manner which is respectful of and responsive to the needs of diverse clients. In support of this value, the QI Plan aligns with the Cultural Competence Plan by monitoring client satisfaction survey results pertaining to cultural responsiveness of staff, which then inform improvement goals for the service system. The QI Team analyzes and disseminates these results to Division Leadership, the Ethnic Services, Inclusion & Training Coordinator, and the Quality Improvement Committee to assist in identifying disparities and developing strategies toward cultural responsiveness.

DHS-BHD QUALITY IMPROVEMENT PROGRAM

Quality is an organization-wide commitment in which all members of the system play a vital role. The Quality Improvement team within QAPI delineates the structure and methods used to monitor and evaluate quality improvement. A division-wide array of teams and committees exist in partnership with QI, and provide overall structure for quality management as well as oversight responsibilities of DHS-BHD. To accomplish objectives of the QI workplan, QI collaborates closely with Responsible Partners within several organizational units and committees, including:

- Division Management Team (DMT)
- Quality Assessment & Performance Improvement Section (QAPI)
- Quality Improvement Unit within QAPI Section
- Quality Improvement Committee (QIC) and various QIC workgroups
- Behavioral Health Plan Administration (BHPA)
- Sentinel Events Committee
- Credentialing Committee
- Quality Improvement Project Workgroups

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The QI Unit utilizes a variety of tools and resources to assess system performance issues and plan quality interventions and projects. The over-arching process utilized is the Plan-Do-Study-Act (PSDA) Model for Quality Improvement.
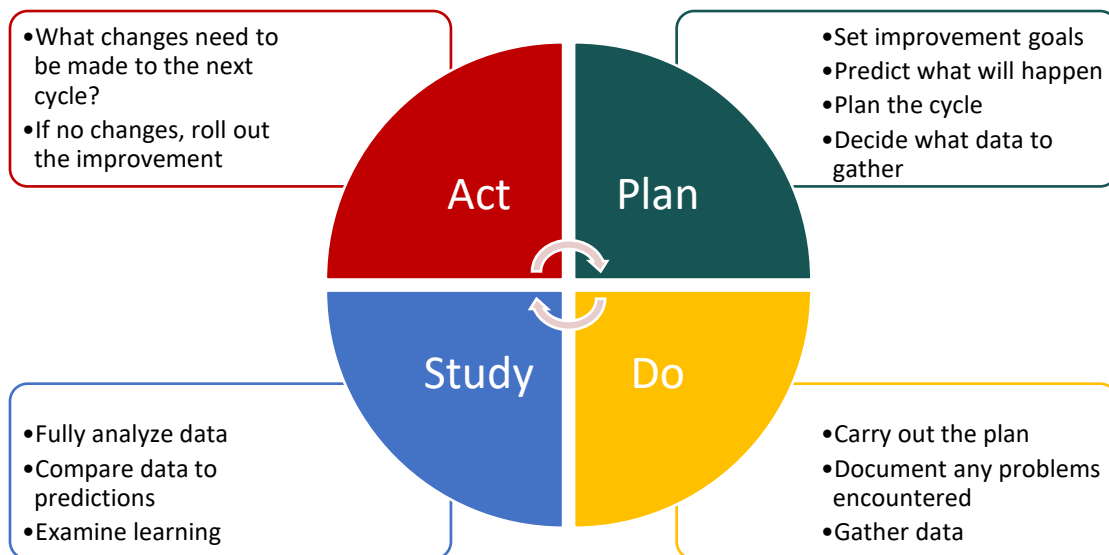
PLAN-DO-STUDY-ACT MODEL FOR QUALITY IMPROVEMENT

Plan: Investigate the current situation, fully understand the nature of any problem to be solved, and develop potential solutions to the problem.

Do: Implement the action plan on a test basis.

Study: Compare data results of the new process with those of the previous one.

Act: Decide, based upon the data, whether to adopt the new process, make slight changes to the process, or to abandon the process and start over. For decisions to adopt or adapt the improvement process, monitor the gains going forward. For decisions to abandon the process, determine a new course.

Act
- What changes need to be made to the next cycle?
- If no changes, roll out the improvement

Plan
- Set improvement goals
- Predict what will happen
- Plan the cycle
- Decide what data to gather

Study
- Fully analyze data
- Compare data to predictions
- Examine learning

Do
- Carry out the plan
- Document any problems encountered
- Gather data

SECTION I. PERFORMANCE MONITORING ACTIVITIES
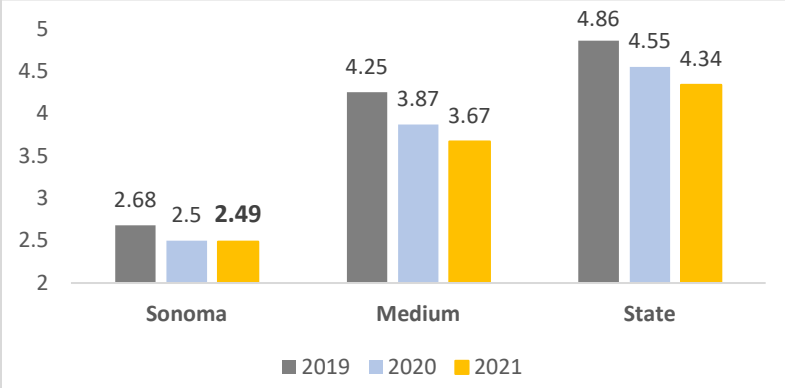
DHS-BHD Quality Improvement staff work closely with QAPI staff and other stakeholders to monitor the following activities on a regular basis to ensure meaningful improvement in clinical care and beneficiary service:

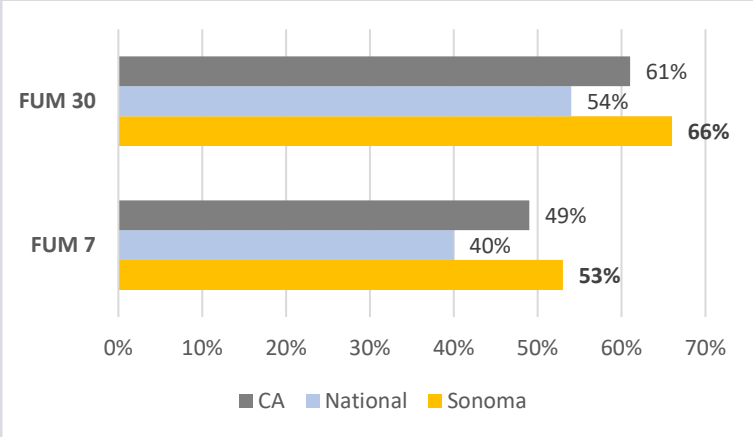| Area Monitored	Data Reviewed	Responsible Partners	CY 2023 Objectives
Accessibility of Services	Timeliness service data, Beneficiary Access Call Database, Optum Call logs, Quarterly Test Call Reports	Quality Improvement;	DHS-BHD will regularly evaluate timeliness and accessibility of service performance across the system, and will address quality or performance issues within the QAPI workplan using actions steps for remediation.
Appeals & Expedited Appeals	Grievance & Appeals Log	Quality Assurance; Quality Improvement	DHS-BHD will continue monitoring appeals and analyzing trends.
Beneficiary Grievances	Grievance & Appeals Log	Quality Assurance; Quality Improvement	DHS-BHD will continue monitoring grievances and analyzing trends.
Clinical Records Review	Federal, State, and County Audit reports, Utilization Review (authorization findings)	Quality Assurance; Utilization Review (pre-billing audits & post training spot-checks); Auditing & Monitoring	DHS-BHD will monitor and evaluate the appropriateness and quality of services through periodic service audits and chart reviews. DHS-BHD will incorporate compliance feedback from state and federal audits.
Medication Monitoring	Medication Monitoring Peer Review Tracking Log; JV220 tracking log	Medical Director; FYT Psychiatry staff & Psychotropic Oversight Committee; Quality Improvement	DHS-BHD continue to monitor effectiveness and quality of medications, including medication practices. DHS-BHD will consoldiate SB1291 medication monitoring metrics in implementation of SmartCare E.H.R.
Performance Monitoring	CANS/ANSA Outcomes, Consumer Perception Survey	Quality Improvement; System of Care Section Managers, Clinical Specialists, QAPI	DHS-BHD will consolidate CANS/ANSA data into a common electronic platform for improved outcome analysis across MHP system. DHS-BHD will conduct an annual CPS survey in accordance with state requirements
Provider Appeals	Provider Appeals Log	Quality Assurance	DHS-BHD will continue to monitor provider appeals.
Sentinel Events	Incident Report Database	Section Managers, Medical Director, Quality Improvement	DHS-BHD will continue to regularly monitor sentinel events, and continue to meet monthly for the purpose of analyzing sentinel events for quality improvement purposes.

Quality Improvement works closely with System of Care section leaders, program managers, and other quality improvement stakeholders across the system to assess performance, monitor QI efforts for previously identified performance issues, and target areas of improvement within Sonoma County's mental health service delivery system. The following table outlines the Quality Improvement Objectives for this year based on review and analysis of MHP system performance.

DOMAIN	NO.	OBJECTIVE
ACCESS TO CARE	1	Increase overall MHP penetration rate above baseline of 2.49% by 1/1/24.
	2	Increase Latino/Hispanic/Latinx penetration rate to 2.0% or more by 1/1/24.
	3	For Medi-Cal beneficiaries with Emergency Department visits for mental health conditions, increase the percentage of follow-up mental health service connections from 53% to 58% within 7 days, and from 66% to 71% in 30 days
ACCESSIBILITY OF SERVICES	4	Decrease the average length of time from initial request to first offered psychiatry appointment to 15 business days or less.
	5	Decrease the average length of time from initial request to first offered mental health appointment to 10 business days or less.
	6	95% of <u>urgent</u> initial requests originating from <u>Access Line</u>, will receive services within 48 hours or less.
	7	At least 50% of Adult post-hospital discharge follow-up appointments will be scheduled within 7 calendar days of inpatient discharge.
BENEFICIARY SATISFACTION	8	Improve understanding of beneficiary satisfaction and preferences for telehealth and in-person services
CLINICAL CARE	9	Reduce High-Cost Beneficiary (HCB) count by 10% and HCB utilization of Crisis Stabilization Unit (CSU) by 20% over a 2-year period; Reduce HCB average actionable ANSA scores items by 15%. (Clinical PIP)
CULTURAL RESPONSIVENESS	10	At least 70% of all direct service clinical staff in the Sonoma County MHP network will attend a cultural responsiveness training by January 30, 2024.
SERVICE CAPACITY	11	Increase the peer provider FTE positions allocated throughout the service system by 50% over FY21-22 numbers.
	12	Decrease vacancy rate for BH county workforce from 27% to less than 15%.

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OBJECTIVE 1	ACTION STEPS	PERFORMANCE INDICATOR & BASELINE	RESPONSIBLE PARTNERS

ACCESS TO CARE
 	
Increase MHP overall penetration rate above CY 2021 baseline of 2.49% over a 12-month period.
	Overall MHP Penetration Rate
	
	• Increase capacity to provide SMHS services to more Sonoma County Medi-Cal beneficiaries through the following:
	   ○ Reduce county direct staff vacancy rate from 27% to 15%
	   ○ Increase MHP contract capacity for SMHS direct services over FY22-23 levels.
	• Expand Access screening staff from 1.5 to 4.0 FTE to facilitate behavioral health screenings and assessment appointments from point of initial beneficiary phone or in-person contact to Access Line.
		Baseline Specialty Mental Health Services (SMHS) Medi-Cal Penetration Rate (Percent)
		
		Sonoma: 2019 = 2.68, 2020 = 2.5, 2021 = **2.49**
		Medium: 2019 = 4.25, 2020 = 3.87, 2021 = 3.67
		State: 2019 = 4.86, 2020 = 4.55, 2021 = 4.34
		
		■ 2019 ■ 2020 ■ 2021
			BH Director
			
			Program Support
			
			Access Manager
			
			Adult & Youth Section Managers
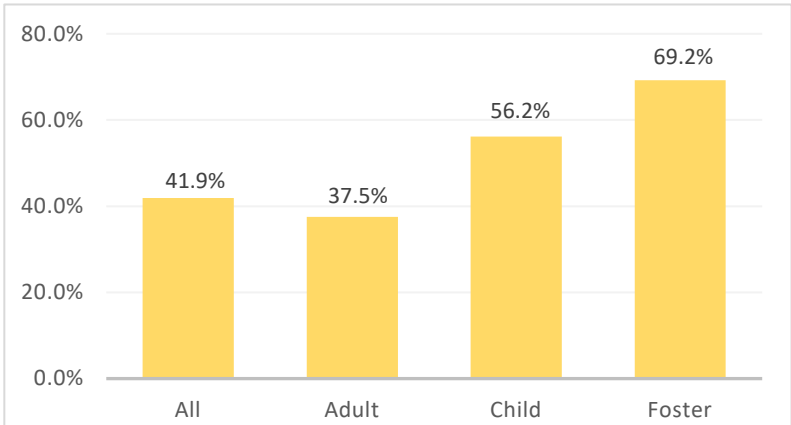
OBJECTIVE 2	ACTION STEPS	PERFORMANCE INDICATOR & BASELINE	RESPONSIBLE PARTNERS
ACCESS TO CARE **a.** Increase Latino/Hispanic/Latinx penetration rate to 2.0% or more over a 12-month period. **b.** Increase number of Adult Latino/Hispanic/Latinx beneficiaries served to over 977 served in FY 21-22	**Latino/Hispanic/Latinx Penetration Rate** • Conduct Mental health SMHS outreach to Latinx communities across Sonoma County • Improve H.R. hiring announcements, recruitment events to recruit and increase bi-lingual staff • Conduct 4-5 MHSA Listening Sessions in Sonoma Latinx communities to inform Latinx MH outreach plan • Provide cultural humility trainings that specialize in Latinx cultural for clinical care • Analyze state MMEF files and SMHS service data to assess for upstream data issues with Medi-Cal ethnicity data	1. Latino/Hispanic Sonoma County MHP Penetration Rates 3-year trend • 1.28% (CY 2021, per EQRO) 665/51,799 • 1.85% (FY 21-22, per QI analysis) 977/52,694 2. % Latino/Hispanic/Latinx clients served in MHP: • 21% (CY 2021, per EQRO) 3. % Latino/Hispanic/Latinx Sonoma County MediCal Eligible Pop • 40% (CY 2021, per EQRO)	BH Director QI Manager MHSA Manager ESI&T Coordinator

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OBJECTIVE 3	ACTION STEPS	PERFORMANCE INDICATOR & BASELINE	RESPONSIBLE PARTNERS
ACCESS TO CARE For beneficiaries with Emergency Department visits for mental health conditions, increase percentage of follow-up mental health service connections from 53% to 58% within 7 days; from 66% to 71% in 30 days by 9/1/23	**Mental Health Follow-Up from E.D. (FUM)** • In partnership with Hospital EDs, implement Access Care Navigator intervention for E.D.s to facilitate outpatient MH (& SUD) follow-up appointments • Implement data exchange with Partnership MCP to assess performance with this metric	**CY 2021 Baseline FUM Performance 30 Days & 7 Days** FUM 30: CA 61%, National 54%, Sonoma 66% FUM 7: CA 49%, National 40%, Sonoma 53% (Legend: ■ CA ■ National ■ Sonoma)	QI Manager Adult Section Mgr Acute & Forensics Section Mgr Hospital EDs Partnership MCP

OBJECTIVE 4	ACTION STEPS	PERFORMANCE INDICATOR & BASELINE	RESPONSIBLE PARTNERS
ACCESSIBILITY OF SERVICES Decrease average length of time from initial request to first offered psychiatry appointment to meet standard of **15 business days** or less.	**Psychiatry Appointment Timeliness** • Adopt team-based model of psychiatry caseloads used in previous years. • Conduct monthly monitoring of psychiatry caseloads to optimize capacity, and adjust within parameters of caseload max standards (230 adults; 130 youth per FTE). • Hire additional 1.0 FTE scheduling staff within Adult Services • Adult Med Clinic scheduling staff to adopt one scheduling system using the new Streamline E.H.R.	**Average length of time (business days) from initial request to first offered psychiatry appointment - Baseline Performance (FY21-22)**	Medical Director Adult Section Mgr Youth Section Mgr Acute & Forensics Section Manager QI Manager

Average length of time (business days) from initial request to first offered psychiatry appointment - Baseline Performance (FY21-22)

	All	Adult	Children's	Foster Care
Average length of time from first request for service to first offered psychiatry appointment (in business days)	18.48 days (mean) 18 days (median)	19.99 days (mean) 21 days (median)	17.08 days (mean) 14 days (median)	18.48 days (mean) 14 days (median)

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OBJECTIVE 5	ACTION STEPS	PERFORMANCE INDICATOR & BASELINE	RESPONSIBLE PARTNERS
ACCESSIBILITY OF SERVICES Decrease average length of time from initial request to first offered mental health appointment to meet standard of **10 business days** or less.	**MH Appointment Timeliness (Non-Psychiatry)** • Improve MH assessment front-end throughput by increasing back-end provider FTE capacity, prioritizing youth system. • Conduct monthly monitoring and reporting of MH appointment timeliness to BH administration • Implement one common E.H.R. intake system to track requests and offered appointments across BH network.	**Average length of time (business days) from initial request to first offered MH appointment - Baseline Performance (Sept-Nov 2022)** |	All	Adult	Children's	Foster Care
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Average length of time from first request for service to first offered MH appointment (in business days)	21.47 days (mean) 14 days (median)	12.27 days (mean) 13 days (median)	25.82 days (mean) 16 days (median)	4.78 days (mean) 3 days (median)		BH Director Adult Section Mgr Youth Section Mgr QI Manager

OBJECTIVE 6	ACTION STEPS	PERFORMANCE INDICATOR & BASELINE	RESPONSIBLE PARTNERS
ACCESSIBILITY OF SERVICES 95% of <u>urgent</u> initial requests originating from <u>Access Line</u>, will receive services within 48 hours or less.	**Access Line Urgent Requests for Service** • Conduct Adult and Youth Access staff training on criteria for urgent requests, & timely assessment service requirements for urgent requests • Examine and address any workflow barriers that delay initiation of timely assessment services from the point of an urgent initial request.	**% of Urgent Requests to Access Line that received services within the Standard of 48 Hours or Less - Baseline Performance (FY 21-22)** |	All	Adult	Children's	Foster Care
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# Urgent Requests	25	8	17	0
# Served in 48 hrs	11	2	9	0
% Met Standard	44%	25%	53%	0%		Adult Section Mgr Youth Section Mgr Adult Access Manager Youth Access Manager

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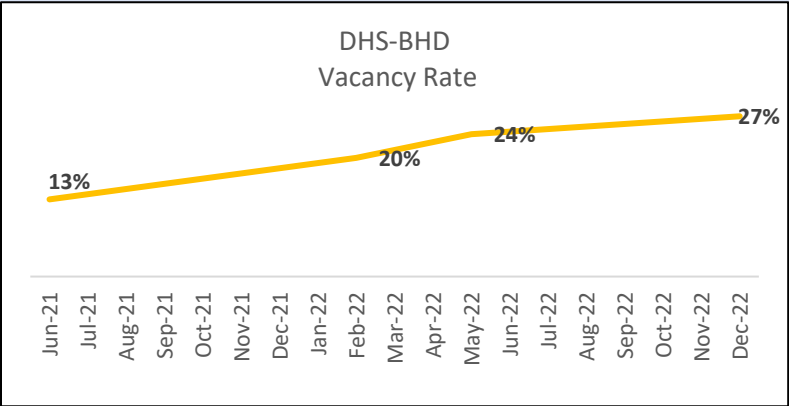
OBJECTIVE 7	ACTION STEPS	PERFORMANCE INDICATOR & BASELINE	RESPONSIBLE PARTNERS
ACCESSIBILITY OF SERVICES At least 50% of Adult post-hospital discharge follow-up appointments will be scheduled within 7 calendar days of inpatient discharge.	**Adult Post-Hospital Follow-Up Appointments** • Hire MHRS/SCSS to support tracking, and communication between Hospital Team and Clinical teams • Review and potentially revise scheduling calendar to implement post-hospital dedicated slots for assessors and psychiatrists • Implement post-hospital beneficiary engagement letter	**Percent of Post-Hospital Follow-Up appointments that met the 7 day post-hospital discharge standard – Baseline Performance (FY 21-22)** 	Adult Section Manager Adult Access Team Manager QI Manager (data tracking) Med Clinic Manager

OBJECTIVE 8	ACTION STEPS	PERFORMANCE INDICATOR & BASELINE	RESPONSIBLE PARTNERS
BENEFICIARY SATISFACTION Improve understanding of beneficiary satisfaction and preferences for telehealth and in-person services	**Satisfaction with and Beneficiary preferences related to Telehealth Services** • Conduct survey &/or focus groups & key informant interviews to assess beneficiary satisfaction and preferences with telehealth services	n/a - no baseline	QI Manager QI staff

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OBJECTIVE 9	ACTION STEPS	PERFORMANCE INDICATOR & BASELINE	RESPONSIBLE PARTNERS
CLINICAL CARE Reduce High Cost Beneficiary (HCB) count by 10% and HCB utilization of CSU by 20% over a 2 year period; Reduce HCB average actionable ANSA scores items by 15%. (Clinical PIP)	**Strengths Model Case Management** • Expand Strengths Model to additional FSPs • Conduct Strengths Model Fidelity Review in September 2023 • Implement Personal Recovery Plan component of Strengths Model intervention • Conduct preliminary outcome analysis July/August 2023	1. Average ANSA Actionable Item Score for High Cost Beneficiaries: • 20.49 (FY FY21-22) 2. Percent of Adult High Cost Beneficiary who utilized Crisis Stabilization Unit (CSU): • 41.92% (FY 21-22) 3. Rate of High Cost Beneficiaries by Count: (defined with service costs exceeding $30,000 per year) • 18.11% (FY 21-22) (625/3,455)	Adult Section Manager QI Manager

OBJECTIVE 10	ACTION STEPS	PERFORMANCE INDICATOR & BASELINE	RESPONSIBLE PARTNERS
CULTURALLY RESPONSIVE At least 70% of DHS-BHD staff will attend a cultural responsiveness training by FY 1/1/24.	**Staff Cultural Responsiveness Trainings** • Offer at least 4+ cultural responsiveness training opportunities by 1/1/24. • Track training attendance and report on goal and attendance progress at the All Staff meetings • Make cultural responsiveness trainings available to entire network, including contractors	36% of DHS-BHD staff completed a cultural responsiveness training sponsored by DHS-BHD in FY21-22. • (156/431) 36% (FY 21-22) • 431 staff workforce – Point in Time (includes entire network). Denominator represents total number of active providers in Provider database on 5/26/22	ESI&T Coordinator Cultural Responsiveness Committee

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OBJECTIVE 11	ACTION STEPS	PERFORMANCE INDICATOR & BASELINE	RESPONSIBLE PARTNERS

SERVICE CAPACITY
 	
Increase peer provider FTE allocated throughout the service system by 50% over FY21-22 numbers.
	Expand Peer Provider Workforce
	
	• Peer Career ladder within DHS-BHD (July):
	   o 18 peer Client Support Specialists
	   o 1 peer Senior Client Support
	   o 1 Patient Care Analyst
	• Develop Peer Council/Stakeholder Group
	• Support West County Peer Certification
	• Training Workforce in working successfully with peer providers
		1. # Peer FTE Currently 25.12 at contractor positions.
		
		   • 25.12 FTE (FY 21-22), representing a decrease in peer FTE
		
		2. # Peer County FTE employees (FY 21-22)
		
		   • 1.0 FTE peer filled, addition 1.0 FTE in HR process.
			BH Director
			
			ESI&T Coordinator
			
			MHSA Coordinator

OBJECTIVE 12	ACTION STEPS	PERFORMANCE INDICATOR & BASELINE	RESPONSIBLE PARTNERS

SERVICE CAPACITY
 	
Decrease DHS-BHD vacancy rate from 27% (Dec 2022) to less than 20% by 1/1/2024; to 13% by 7/1/2024
	Staff Vacancy Rate
	
	• Temporary/Perm Staffing solutions
	   o Fall '22 RFP temp staffing
	   o CalMHSA; Backfill with SCSS
	• Re-evaluation of workforce needs, looking for opportunities & efficiencies
	• Peer workforce expansion (Objective 11)
	• Rebuild relationship with graduate schools
	• Graduate School Cohort – 5-7 year work commitment (*est. within 2 years*)
	• Comprehensive staff training & consultation (Retention)
	• MHP workforce analysis to determine direct service FTE needed to serve Sonoma County's SMHS needs.
		Baseline Performance – DHS-BHD Vacancy Rate: June 21 - Dec 2022
		
		DHS-BHD Vacancy Rate
		13% ... 20% ... 24% ... 27%
			BH Director
			
			ESI&T Coordinator
			
			Section Managers
			
			QI Manager