



SAN JOAQUIN
— COUNTY —
Greatness grows here.

San Joaquin County Behavioral Health Services

Quality Improvement Work Plan

July 1, 2018 – June 30, 2022

Annual Update FY21-22

Revised 11/08/21

Executive Summary

Purpose and Intent

San Joaquin County Behavioral Health Services (SJCBS) is committed to service excellence and continuous quality improvement. Toward this end, SJCBS has developed and implemented a range of quality assessment & performance improvement activities to measure and improve the timeliness, access, quality and outcomes of its services.

Quality Improvement Principles

Quality Improvement is defined as a systematic approach to assessing services and improving them. SJCBS' approach to quality improvement is based on the following principles:

Recovery-oriented: Services provided should promote and preserve wellness and expand choices to meet individually defined goals.

Employee Empowerment: Effective quality improvement initiatives should involve people at all levels of the organization in improving quality.

Leadership Involvement: Strong leadership, direction and support of quality improvement activities are essential to performance improvement. Involving organizational leadership assures that quality improvement initiatives are consistent with SJCBS' mission, vision, and values and compliment the organization's Strategic Plan.

Data Driven Decision-Making: Successful quality improvement processes should incorporate feedback loops, using data to develop practices and measure results.

Prevention over Correction: Continuous quality improvement includes designing processes that achieve positive outcomes rather than fixing processes that do not produce desired results.

Continuous Quality Improvement Activities

SJCBS has adopted the following continuous quality improvement activities:

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 activities to pursue;

Identifying relevant committees internal or external to **ensure appropriate exchange of information** with the Quality Assessment & Performance Improvement Council (QAPIC);

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 the effectiveness of the interventions;

Incorporating successful interventions into SJCBS' operations as appropriate; and

Reviewing grievances, standard appeals, expedited appeals, fair hearings, expedited fair hearings and provider appeals for **customer satisfaction**.

Annual Evaluation

An evaluation of the effectiveness of quality assessment & performance improvement activities is completed annually and reviewed with the QAPIC. The evaluation summarizes progress associated with each of the QAPI Work Plan goals and objectives, and includes actions taken in response to outcomes. Based upon the evaluation, revisions may be made to subsequent QAPI Work Plans.

Quality Assessment & Performance Improvement Work Plan

This is a living document and may be changed as needed.

SJCBHS' overarching strategies guiding these initiatives involve:

1. **Collaborating** between divisions and disciplines to ensure quality services;
2. Coordinating with SJCBHS divisions and the Information Systems unit, to **develop reliable reports** that provide monthly data for each initiative's measurable objectives;
3. Reviewing data reports monthly with QAPI Council to **identify the greatest discrepancies** between current findings and goals;
4. Developing **real-time strategies** to address areas of concern;
5. **Implementing formal PIPs** for areas of greatest need;
6. **Revising goals** annually or as needed to meet regulatory expectations and stakeholder expectations; and
7. **Fostering staff participation** in and commitment to quality assessment and performance improvement initiatives

1. Access to Care								
1.A. Service Access and Availability - The MHP has a comprehensive system for providing access information and monitoring access.		Goals	Target	FY 19/20	FY 20/21	Data Source	Frequency of Review	Action Plan
1.A.1	The MHP <u>provides</u> information on how beneficiaries can access services including transportation availability. (This may be accomplished through a centralized location or multiple sites, telephone, fax, mail, email, or website.)	Improve information on access to services.	100% of FY21/22 test calls to 24/7 call line <u>during business hours</u> will receive timely and accurate information	91.43%	94.74%	QAPI Test Call Spreadsheet	Quarterly	QAPI staff will review test calls for timely and accurate information. QAPI staff will review test call deficiencies and trends at QAPI Council. Assessing the cause of the deficiency and trends. Program managers and supervisors will provide education to staff when deficiencies are identified.
			100% of FY21/22 test calls to 24/7 call line <u>after hours</u> will receive timely and accurate information	95.83%	87.50%		Quarterly	
1.A.2	MHP offers information about how to access services in threshold languages.	Improve information access to services in threshold language.	100% of FY21/22 relevant test calls to 24/7 call line <u>during business hours</u> will document use of interpreter or language line	100%	100%	QAPI Test Call Spreadsheet	Quarterly	QAPI staff will review test calls for the documentation of the use of an interpreter or language line. QAPI staff will review test call deficiencies at QAPI Council assessing the cause of the deficiency. Program managers and supervisors will provide education to staff when deficiencies are identified.
			100% of FY21/22 relevant test calls to 24/7 call line <u>after hours</u> will document use of interpreter or language line	100%	100%		Quarterly	
1.A.3	The MHP monitors website usage to ensure links are current and working appropriately.	Improve electronic access to service information.	By 6/30/2022 have 100% of website content will be up to date, with working links, accurate contacts, and most recent forms/reports.	N/A	N/A	sjgov.org	Quarterly	Management Analyst III will review website at least once per quarter to evaluate missing or inaccurate information, broken links, etc. and will report as a standing item on QI Council agenda.

1. Access to Care								
1.A.4	The MHP provides pamphlets, flyers, or other printed information on services to wellness centers, other county programs (e.g., Public Health, Social Services, Cal Works, county hospitals, law enforcement agencies), and managed care primary health facilities.	Reduce mental health-stigma and discrimination	In accordance with SJC MHSA Plan, by 6/30/2022, implement a campaign targeting stigma and discrimination that includes signage and printed materials within at least two local governmental departments.	N/A	N/A	Deputy Director of Administration	Quarterly	Deputy Director of Administration or designee(s) will establish contacts with local government agencies to launch campaign targeting stigma and discrimination by hanging signage and providing printed materials for community members.
1.B. Capacity Management - The MHP manages and adapts its capacity to meet beneficiary service needs.		Goals	Target	FY19/20	FY 20/21	Data Source	Frequency of Review	Action Plan
1.B.3.	The MHP monitors the penetration rates (or other utilization reports) by beneficiary type and demographics (such as foster care, older adults, etc.)	Increase access to clinical assessments.	By 6/30/2022, at least 77% of initial clinical assessments will be claimed.	76.6%	53%	Sharecare	Quarterly	BHS will identify two potential methods for text appointment reminders. Case managers and clinicians will evaluate method of transportation to appointments and assist with coordinating services to meet client need.
		Increase access of children to clinical assessments.	By 6/30/2022, at least 77% of initial clinical assessments of children will be claimed.	83.5%	88%		Quarterly	
		Increase access of foster youth to clinical assessments.	By 6/30/2022, at least 77% of initial clinical assessments of foster youth will be claimed.	86.8%	98%		Quarterly	
		Increase access of adults to clinical assessments.	By 6/30/2022, at least 77% of initial clinical assessments of adults will be claimed.	88.9%	69%		Quarterly	
		Increase access of older adults to clinical assessments.	By 6/30/2022, at least 77% of initial clinical assessments of older adults will be claimed.	N/A	69%		Quarterly	

1. Access to Care								
1.B.4	The MHP <u>monitors</u> system demand, caseloads by provider type and service locations, and productivity.	Improve network capacity	By 6/30/2022, increase ratio of adult psychiatrists to <u>adult</u> beneficiaries to 1:524.	1:524	Met per DHCS	NACT and Sharecare	Quarterly	Medical Director, HR, and Administration to continue active recruitment of qualified psychiatrists. Departments will evaluate levels of care for meds-only clients to assess medical necessity of SMHS. Caseload and capacity tool will be piloted in CYS for assessing allocation of psychiatrists.
			By 6/30/2022, increase ratio of child psychiatrists to <u>child</u> beneficiaries to 1:323.	1:391	Met per DHCS		Quarterly	
			By 6/30/2022, increase ratio of adult non-psychiatric positions to <u>adult</u> beneficiaries to 1:50.	1:55	Met per DHCS		Quarterly	Recruitment and retention committee to compile focus group recommendations and suggestions to administration for decreasing vacant positions and increasing retention of qualified staff.
			Increase ratio of child non-psychiatric positions to <u>child</u> beneficiaries to 1:30.		Met per DHCS		Quarterly	

2. Timeliness of Care								
2.A. First Offered Appointment - The MHP follows the state standard for first offered appointment timeliness, utilizes a methodology to collect data related to initial contact to first offered appointment, and, tracks and trends the data at least quarterly.		Goals	Target	FY19/20	FY 20/21	Data Source	Frequency of Review	Action Plan
2.A.1	The MHP has a first offered appointment standard of ten business days for outpatient services.	Decrease wait time for initial assessment.	By 6/30/2022, 85% of all beneficiaries will be offered an initial clinical assessment within 10 business days of first request/first contact	79.70%	95%-CYS 98%-Adults	Timeliness Application	Monthly	Program Managers and Huddle members will review timely access to initial appointments. Barriers and proposed interventions will be presented to Sr. Managers for guidance as needed and will discuss at QAPI Council.
2.A.7	The MHP tracks, reports on, and reviews the first offered appointment data for children, adult, older adult, and foster care beneficiaries separately in addition to the aggregate data.	Decrease wait time of children for initial assessment.	By 6/30/2022, 85% of all children will be offered an initial clinical assessment within 10 business days of first request/first contact	81%	95%	Timeliness Application	Monthly	Program Managers will review outpatient performance dashboards monthly to determine timely access to initial appointments. Barriers and proposed interventions will be presented to Sr. Managers for guidance as needed and will discuss at QAPI Council.
		Decrease wait time of foster youth for initial assessment.	By 6/30/2022, 85% of all foster youth will be offered an initial clinical assessment within 10 business days of first request/first contact	51%	92%		Monthly	
		Decrease wait time of adults for initial assessment.	By 6/30/2022, 85% of all adults will be offered an initial clinical assessment within 10 business days of first request/first contact	84%	84%		Monthly	
		Decrease wait time of older adults for initial assessment.	By 6/30/2022, 85% of all older adults will be offered an initial clinical assessment within 10 business days of first request/first contact	85%	84%		Monthly	

2. Timeliness of Care								
2.C. First Offered Psychiatry Appointment - The MHP follows the state standard for first offered psychiatry appointment timeliness, utilizes a methodology to collect data related to date of medical necessity determination/request to first offered appointment, tracks and trends the data at least quarterly.		Goals	Target	FY19/20	FY 20/21	Data Source	Frequency of Review	Action Plan
2.C.2	The MHP applies the 15 business days standard when a beneficiary requests psychiatry services or a provider determines the need for the service.	Decrease wait time for initial psychiatric appointment.	By 6/30/2022, at least 75% of beneficiaries will be offered an initial psychiatric appointment within 15 days of determination of necessity.	68.10%	91% CYS	Timeliness Application	Monthly	Program Managers will review outpatient performance dashboards monthly to determine timely access to initial appointments. Barriers and proposed interventions will be presented to Sr. Managers for guidance as needed and will discuss at QAPI Council.
2.C.5	The MHP tracks and reports on the first offered psychiatry appointment data for children, adult, older adult, and foster care beneficiaries separately in addition to the aggregate data.	Decrease wait time of children for initial psychiatric appointment.	By 6/30/2022, 75% of children will be offered an initial psychiatric appointment within 15 days of determination of necessity.	67%	95%	Timeliness Application	Monthly	Program Managers will review outpatient performance dashboards monthly to determine timely access to initial appointments. Barriers and proposed interventions will be presented to Sr. Managers for guidance as needed and will discuss at QAPI Council. CYS management will meet monthly to assess provider coverage. Additional attention and non-traditional options will be given to recruitment of child psychiatrists.
		Decrease wait time of foster children for initial psychiatric appointment.	By 6/30/2022, 75% of foster children will be offered an initial psychiatric appointment within 15 days of determination of necessity.	78%	92%		Quarterly	
		Decrease wait time of adults for initial psychiatric appointment.	By 6/30/2022, 75% of adults will be offered an initial psychiatric appointment within 15 days of determination of necessity.	68%	92%		Monthly	
		Decrease wait time of older adults for initial psychiatric appointment.	By 6/30/2022, 75% of older adults will be offered an initial psychiatric appointment within 15 days of determination of necessity.	79.40%	96%		Monthly	

2. Timeliness of Care								
2.D. Timely Appointments for Urgent Conditions - The MHP has a methodology to collect data related to timeliness for urgent conditions, uses CCR standards for urgent appointments, tracks and trends the data at least quarterly.		Goals	Target	FY19/20	FY 20/21	Data Source	Frequency of Review	Action Plan
2.D.6	The MHP routinely tracks and reports on (at least quarterly) both types of urgent appointment data including looking at the average and median times, percentages of times the standard is met, and the range.	Improve response time for urgent conditions.	During FY21/22 at least 75% of all beneficiaries in crisis will receive a crisis intervention within 120 minutes of request.	97%	98%	Crisis Registration Log	Monthly	QAPI Council and 24 Hour Services leadership will monitor timeliness on each month's crisis responses and implement procedural changes deemed appropriate to improved response time.
2.D.8	The MHP tracks and reports on both types of urgent appointment data for children, adult, older adult, and foster care beneficiaries separately in addition to the aggregate data.	Improve response time for urgent conditions of children.	During FY21/22 at least 95% of <u>children</u> in crisis will receive a crisis intervention within 120 minutes of request	89%	91%	Crisis Registration Log and Children's Crisis Log	Monthly	QAPI Council, CYS and 24 Hour Services leadership will monitor timeliness on each month's crisis responses and implement procedural changes deemed appropriate to improved response time. Additional collaborative meetings will be scheduled as needed.
		Improve response time for urgent conditions of foster youth	During FY21/22 at least 95% of <u>foster youth</u> in crisis will receive a crisis intervention within 120 minutes of request	92%	95%		Monthly	
		Improve response time for urgent conditions of adults.	During FY21/22 at least 75% of adults in crisis will receive a crisis intervention within 120 minutes of request	97%	98%	Crisis Registration Log	Monthly	QAPI Council and 24 Hour Services leadership will monitor timeliness on each month's crisis responses and implement procedural changes deemed appropriate to improved response time.
		Improve response time for urgent conditions of older adults.	During FY21/22 at least 75% of older adults in crisis will receive a crisis intervention within 120 minutes of request.	98%	96%		Monthly	

2. Timeliness of Care								
2.E. Timely Access to Follow-Up <u>Appointments after Hospitalization</u> - The MHP has a methodology to collect data related to timeliness for follow-up appointments within seven days after a discharge from a psychiatric facility. The MHP tracks the data at least quarterly.		Goals	Target	FY19/20	FY 20/21	Data Source	Frequency of Review	Action Plan
2.E.1	The MHP uses a process to track follow-up appointments for beneficiaries seven days after discharge from all psychiatric inpatient facilities.	Improve reporting hospitalizations of minors to more accurately track post-hospitalization services.	By 6/30/2022, 100% of adolescent psychiatric inpatient hospitals will have functioning RUs in ShareCare and data entry reflecting admissions will be entered within one business day.	Unknown	89%	ShareCare	Monthly	IS will create functional program/facility IDs for all contracted hospitals. CYS will enter information on children placed in psychiatric inpatient units into Sharecare. CYS Crisis cost center and budget will be created and reviewed to assess staff need.
2.E.2	The MHP sets a minimum performance standard for beneficiaries to receive a follow-up service within seven days after discharge from psychiatric hospitalization.	Improve attendance to post-hospitalization services.	By 6/30/2022, 95% of all beneficiaries will receive a follow-up service within 7 calendar days of hospital discharge.	93%	90%-CYS	ShareCare	Monthly	Crisis, CYS, and outpatient clinicians will provide telephone reminders for those with post-hospitalization appointments and complete MCST referral when an appointment is missed.
		Improve attendance of children to post-hospitalization services.	By 6/30/2022, 95% of children will receive a follow-up service within 7 calendar days of hospital discharge.	71%	90%		Sharecare	Monthly
		Improve attendance of foster youth to post-hospitalization services.	By 6/30/2022, 95% of foster youth will receive a follow-up service within 7 calendar days of hospital discharge.	79%	92%	Monthly		
		Improve attendance of adults to post-hospitalization services.	By 6/30/2022, 95% of adults will receive a follow-up service within 7 calendar days of hospital discharge.	95%	90.20%	Sharecare	Monthly	Crisis and outpatient clinicians will provide telephone reminders for those with post-hospitalization appointments and complete MCST referral when an appointment is missed.
		Improve attendance of older adults to post-hospitalization services.	By 6/30/2022, 95% of older adults will receive a follow-up service within 7 calendar days of hospital discharge.	93%	84%		Monthly	

2. Timeliness of Care

2.F. Tracks and Trends Data on Rehospitalizations - The MHP routinely tracks and trends the data related to rehospitalization, tracks the data at least quarterly.		Goals	Target	FY19/20	FY 20/21	Data Source	Frequency of Review	Action Plan
2.F.2	The MHP evaluates the rehospitalization rate through data analyses (at least quarterly).	Decrease readmissions to psychiatric hospitals.	By 6/30/2022, no more than 14% of beneficiaries will be readmitted to an inpatient psychiatric unit within 30 days of discharge.	9%	1% CYS 22% - Adults 0% Older Adults	ShareCare	Monthly	Leadership will monitor readmissions to psychiatric hospitals and provide guidance to assigned clinicians. Involved departments will coordinate services and planning. Any SJC Medi-Cal beneficiary detained in SJC and admitted to a psychiatric inpatient unit will be seen by BHS for follow-up.
		Prevent readmissions of children to psychiatric hospitals	By 6/30/2022, no more than 9% of children will be readmitted to an inpatient psychiatric unit within 30 days of discharge.	7%	1%		Monthly	24 Hour Services and CYS leadership will monitor readmissions to psychiatric hospitals and provide guidance to assigned clinicians. CYS clinicians will coordinate with 24 Hour Services staff, when applicable. Any SJC Medi-Cal beneficiary detained in SJC and admitted to a psychiatric inpatient unit will be seen by CYS for follow-up.
		Prevent readmissions of foster youth to psychiatric hospitals	By 6/30/2022, no more than 9% of foster youth will be readmitted to an inpatient psychiatric unit within 30 days of discharge.	11%	0.40%	Monthly		
		Decrease readmissions of adults to psychiatric hospitals	By 6/30/2022, no more than 14% of adults will be readmitted to an inpatient psychiatric unit within 30 days of discharge.	11%	22%	ShareCare	Monthly	24 Hour Services and Outpatient leadership will monitor readmissions to psychiatric hospitals and provide guidance to assigned clinicians. CIS clinicians will coordinate with outpatient staff, when applicable. Any SJC Medi-Cal beneficiary detained in SJC and admitted to a psychiatric inpatient unit will be seen by CIS for follow-up and referred to outpatient BHS services.
		Decrease readmissions of older adults to psychiatric hospitals	By 6/30/2022, no more than 14% of older adults will be readmitted to an inpatient psychiatric unit within 30 days of discharge.	5%	0%	Monthly		

2. Timeliness of Care

2.G. Tracks and Trends No-Shows - The MHP tracks and trends no-shows and cancellations, including beneficiary no-show, beneficiary cancelled, and/or staff cancelled on an at least quarterly basis.		Goals	Target	FY19/20	FY20/21	Data Source	Frequency of Review	Action Plan	
2.G.3	The MHP separately tracks <u>psychiatrist and other clinician</u> no-show/cancellations.	Decrease no-show rates to psychiatry appointments.	By 6/30/2022, no more than 10% of psychiatry appointments will result in a no-show.	16.10%	7%	ShareCare	Monthly	BHS will identify two potential methods for text appointment reminders. Medication-only clients with high no-show rates will be re-assessed for appropriate level of care.	
		Decrease no-show rates of children to psychiatry appointments.	By 6/30/2022, no more than 10% of psychiatry appointments for children will result in a no-show.	10%	7%		Monthly		
		Decrease no-show rates of foster youth to psychiatry appointments.	By 6/30/2022, no more than 10% of psychiatry appointments for foster youth will result in a no-show.	15%	10%		Monthly		
		Decrease no-show rates of adults to psychiatry appointments.	By 6/30/2022, no more than 10% of psychiatry appointments for adults will result in a no-show.	16.10%	17.30%		Monthly		
		Decrease no-show rates of older adults to psychiatry appointments.	By 6/30/2022, no more than 10% of psychiatry appointments for older adults will result in a no-show.	Unknown	Unknown		Monthly		
		Decrease no-show rates to non-psychiatry appointments.	By 6/30/2022, no more than 10% of non-psychiatry appointment will result in a no-show.	14.20%	7% CYS 13.5% Adults		Monthly		BHS will identify two potential methods for text appointment reminders. Case managers and clinicians will evaluate method of transportation to
		Decrease no-show rates of children to non-psychiatry appointments.	By 6/30/2022, no more than 10% of non-psychiatry appointments for children will result in a no-show.	8%	7%		Monthly		
		Decrease no-show rates of foster youth to non-psychiatry appointments.	By 6/30/2022, no more than 10% of non-psychiatry appointments for foster youth will result in a no-show.	5.60%	10%		Monthly		

2. Timeliness of Care								
		Decrease no-show rates of adults to non-psychiatry appointments.	By 6/30/2022, no more than 10% of non-psychiatry appointments for adults will result in a no-show.	14.20%	13.50%	Sharecare	Monthly	
		Decrease no-show rates of older adults to non-psychiatry appointments.	By 6/30/2022, no more than 10% of non-psychiatry appointments for older adults will result in a no-show.	Unknown	Unknown		Monthly	

3. Quality of Care								
3.A. Beneficiary Needs are Matched to the Continuum of Care - The MHP operates a full range of service-level programs, both in-county and out-of-county, both directly operated and contracted, to provide a comprehensive range of options for treatment from most- to least-restrictive.		Goals	Target	FY19/20	FY 20/21	Data Source	Frequency of Review	Action Plan
3.A.2	The information system provides reports that facilitates matching of beneficiary needs with appropriate service level.	Provide services at beneficiaries' appropriate level of care.	At least 90% of <u>all</u> records reviewed in subcommittees during FY21/22 will demonstrate that services are provided at the appropriate level of care	97%	100%	QAPI Subcommittee Reviews	Quarterly	Program managers and supervisors will oversee the chart review process that is conducted by the QAPI Subcommittees to review client services, timeliness of services, medical necessity to and identify/improve needed level-of-care training for staff.
			At least 90% of <u>adult</u> records reviewed in subcommittees during FY21/22 will demonstrate that services are provided at the appropriate level of care	97%	100%		Quarterly	
			At least 90% of <u>child</u> records reviewed in subcommittees during FY21/22 will demonstrate that services are provided at the appropriate level of care	100%	100%		Quarterly	
3.A.8	The information system provide reports that identify the service and program levels, their criteria, and related caseloads.	Provide services at beneficiaries' appropriate frequency.	During FY21/22 MHP will increase annual approved claims per <u>beneficiary</u> by at least 20%	18%	24%	QAPI Subcommittee Reviews	Quarterly	Program managers and supervisors oversee the chart review process that is conducted by the QAPI Subcommittees to evaluate client services and identify/improve needed service provision training for staff. Clients with low utilization will be reviewed for appropriate level of care.
			During FY21/22 MHP will increase annual approved claim per <u>Latino/Hispanic beneficiary</u> by at least 20%	21%	22%		Quarterly	
			During FY21/22 MHP will increase annual approved claim per <u>foster care beneficiary</u> by at least 20%	28%	30%		Quarterly	

3. Quality of Care								
<u>3.C. Quality Management Structure -</u> The MHP has a designated Quality Management unit with a direct line of communication to the MHP leadership.		Goals	Target	FY19/20	FY 20/21	Data Source	Frequency of Review	Action Plan
3.C.2	The MHP has adequate staffing to perform QM functions.	Expand capacity of QAPI	By 6/30/2022, QAPI will add a QI Coordinator and two clinical staff to participate in QAPI analyses and functions.	N/A	N/A	QAPI Org. Chart	Quarterly	Increase budgeted clinical positions in QAPI or re-allocate positions from other departments to increase clinical capacity of QAPI.
<u>3.D. QM Reports Act as a Change Agent in the System -</u> The MHP utilizes QM reports for decision-making, strategic initiatives, and performance improvement.		Goals	Target	FY19/20	FY 20/21	Data Source	Frequency of Review	Action Plan
3.D.3.	The MHP establishes baselines, improvement goals, and timelines, tracking measurable progress to goals.	Improve systemic benefit from grievances and appeals.	By 6/30/2022, QAPI Council will review 100% of quality of care grievances (unless contraindicated) and appeals and provide recommendations to prevent comparable future occurrences.	N/A	100%	QAPI Council Minutes	Monthly	QAPI members will provide summaries of each quality of care grievance to QAPI Council members for review and recommendations to prevent future occurrences.

4. Beneficiary Progress/Outcomes								
4.A. Beneficiary Progress - The MHP measures clinical and functional outcomes and uses the results for quality improvement. (This does NOT include consumer satisfaction surveys.)		Goals	Target	FY 19/20	FY 20/21	Data Source	Frequency of Review	Action Plan
4.A.2	The MHP compiles and presents reports of beneficiary outcomes reviewing accurate data to address quality of care improvements.	Ensure data collected is accurate and entered in timely in order to improve the quality of beneficiary care.	By 6/30/2022, produce <u>program-level</u> outcome reports using CANSA data.	N/A	N/A	CANSA	Quarterly	Program staff will run reports from Objective Arts and analyze the outcome data. Program staff will validate the data and share the analysis during QAPI Council.
4.A.3	MHP can provide evidence that Consumer Perception Survey results are shared and changes in QI activities occur as a result of survey results.	Improve quality of beneficiary care from outcome data.	By 6/30/22, the results and outcomes of the Consumer Perception Survey will be shared with consumers, Behavioral Health Board, and stakeholders.	N/A	N/A	UCLA Consumer Perception Survey	Annually	Survey beneficiaries at least annually. The results of the survey and any QI activities generated from the outcomes of the survey will be shared with members of the QAPI Council, Consumer Advisory Council, Behavioral Health Board and stakeholders.

5. Structure and Operations								
5.H. Cultural Competency- The MHP incorporates cultural competency principles in the systems of care to		Goals	Target	FY19/20	FY 20/21	Data Source	Frequency of Review	Action Plan
5.H.1	The MHP identifies strategies and resources to meet the cultural, ethnic, racial, and linguistic clinical needs of its eligible.	Create workforce that is representative of the population.	By 6/30/2022, BHS will increase the Hispanic/Latino proportion of staff to 36%.	32%	34%	Human Resources	Quarterly	Enact recruitments for language-specific positions. Assess opportunities for recruitment in cultural arenas of the community and implement two strategies.
5.H.2	The MHP implements strategies and uses resources to meet the cultural, ethnic, racial, and linguistic clinical needs of its eligible.	Improve cultural competency of staff.	As described in the Cultural Competence Plan, 100% of staff and contractors hired during FY21/22 will receive online Cultural Competency Training within 12 months of employment	81%	Unable to track	Department Managers	Quarterly	Managers and supervisors will require new staff to complete online cultural competence training during the initial probationary period.
5.H.3	The MHP implements strategies and uses resources to meet the cultural, ethnic, racial, and linguistic clinical needs of its eligible.	Improve cultural competency of staff.	By 4/30/2022, SJCBS will have identified gaps in the Cultural Competency knowledge base of BHS staff members and partners.	N/A	N/A	I.S. Survey	Quarterly	Conduct a division-wide and program-specific inventory of Cultural Competency knowledge via the California Brief Multicultural Competence Scale (CMCBS) to identify gaps in the knowledge base of BHS staff members and partners.
5.H.4	The MHP implements strategies and uses resources to meet the cultural, ethnic, racial, and linguistic clinical needs of its eligible.	Improve cultural competency of staff.	By 6/30/2022, BHS will develop an action plan to address the findings of the CBMCS Survey.	N/A	N/A	I.S. Survey	Quarterly	Analyze the findings from the CBMCS Survey and develop an action plan to address the findings from the CBMCS Survey.