# Sacramento County Division of Behavioral Health Services

Quality Management Program Annual Work Plan - Fiscal Year 21/22
(July 1, 2021 to June 30, 2022)

***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 21/22

(July 1, 2021 to June 30, 2022)

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

| **1.ACCESS**<br>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. | | | |
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| **1.1 Retention and Service Utilization (CC)** | | | |
| *Standard/Benchmark/Goal* | *Planned Activities* | *Resp Party* | *Review Process* |
| ***1.1a Standard:***<br>The MHP will demonstrate parity in mental health services across all cultures.<br>***1.1a Benchmark:***<br>Retention rates of unserved, underserved and inappropriately served population overall are 53%, for adults are 50% and children 77% over a 1 year period.<br>***1.1a Goal:***<br>Maintain current level of retention or higher across all cultural groups for FY 21-22. | • Utilize approved claims data provided by the EQRO to review retention, high utilizer, and mental health service costs across all cultures<br>• Develop trend charts to explore differences and create strategies to address disparities<br>• Establish a high utilizer benchmark and review quarterly with Management Team and QIC<br>• Review drop off rates from outpatient assessment to first treatment service | 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 |
| ***1.1b Standard:***<br>Costs of mental health services are distributed proportionately across all cultures<br>**1.1b Benchmark:**<br>TBD<br>***1.1b Goal:*** Analyze data during FY20/21 and establish benchmarks for the FY21/22 QI Plan. | | | |
| **1.2 Penetration (CC)** | | | |
| *Standard/Benchmark/Goal* | *Planned Activities* | *Resp Party* | *Review Process* |

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| ***1.2a Standard:***<br>There is equal access to the MHP for all cultures<br>***1.2a Benchmark:***<br>Penetration rates for unserved, underserved and inappropriately served populations increase 1.5% over prior year's rate.<br>***1.2a Goal:***<br>Meet or exceed the benchmark. | • 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<br>• 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 | MHP Team, Research, Evaluation & Performance Outcome (REPO), CC/Ethnic Services | Annual Report to Cultural Competence Committee (CCC), Management Team (MT) and QIC |
| **1.3 Geographically Diverse Services** | | | |
| *Standard/Benchmark/Goal* | *Planned Activities* | *Resp Party* | *Review Process* |
| ***1.3a Standard:***<br>Mental health services are provided in geographically diverse locations that best represent the community needs.<br>***1.3a Goal:***<br>Maintain service delivery sites across county care system through a variety of contracts with organizational and enrolled network providers | • Develop maps to assist in siting new and/or existing service locations.<br>• Use maps for Adult Services transformation project.<br>• Utilize population indicators such as poverty status, demographics, etc. to determine siting and service needs. **(CC)**<br>• Annual report on changes in numbers of organizational and enrolled network providers from previous year.<br>• Monitor MHP organizational capacity by tracking the number of contracts (hospitals, outpatients and enrolled network providers).<br>• Utilize the Network Adequacy Certification Tool (NACT) to monitor geographic locations meet time and distance standard. | REPO, MHP, QM, CC/Ethnic Services | Review periodically with management team, QIC, CCC |

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| | • Use data when developing new or expanded program sites.<br>• Continued use of Telehealth Services including those that use interpreter services. | | |
| **1.4 Crisis Service Continuum** | | | |
| *Standard/Benchmark/Goal* | *Planned Activities* | *Resp Party* | *Review Process* |
| ***1.4a Standard:***<br>The MHP will have a continuum of Mental Health Crisis services available to residents in Sacramento County.<br>**1.4a Goal:**<br>Maintain a multi-tiered crisis service continuum<br>**1.4b Goal:**<br>Track the number of diversions from IP (use of MHUCC, CR, discharge to community, MCST, CST, The Source) | • 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).<br>• Monitor and report outcomes for SB82, crisis residential grants.<br>• Increase access to crisis stabilization and crisis residential services.<br>• Track and monitor utilization of programs already in place to address crisis services (CST, Mobile Crisis, Navigators, The Source). Analyze results to determine outcomes.<br>• At least annually, analyze data by race, ethnicity and language, sexual orientation and gender identity. **(CC)**<br>• Track and analyze diversion program activities – Mental Health Urgent Care, CSU-Dignity, Crisis Residential, (Citation Pilot – YDF), | Program, REPO, QM | Review periodically at Management Team, CC, QIC |

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| | Mobile Crisis, Respite, and Community Support Team<br>• Add a Senior Mental Health Counselor position to assist with screening, assessments, and linking youth to services and supports at the citation and early stages of involvement in the juvenile justice system.<br>• Provide education and information about mental health resources to community.<br>• Implement 24/7 Access/Crisis response call center including mobile response availability.<br>• Expand hours for Mental Health Urgent Care Clinic to 24/7. | | |
| **1.5 Monitoring Service Capacity** | | | |
| *Standard/Benchmark/Goal* | *Planned Activities* | *Resp Party* | *Review Process* |
| ***1.5a Standard:***<br>All inpatient TARs must be approved within 14 calendar days of receipt of final TAR**.**<br>***1.5a Benchmark:***<br>100% of TARS will be approved or denied for inpatient TARs within 14 days of final TAR.<br>***1.5a Goal:***<br>Continue to meet the benchmark | • Monitor Utilization Management compliance with Statewide standards for approving or denying Inpatient TARs within 14 calendar days of the receipt of final TAR.<br>• Enhance the current tracking tool and explore the feasibility of integrating the tracking into Avatar (EHR).<br>• Update standard and benchmark upon receiving additional guidance from DHCS regarding concurrent review process for inpatient hospitalizations.<br>• Added position to track TAR completion | QM | Review quarterly at QIC |

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| | • Full implementation of concurrent review | | |
| **1.6 24/7 Access Line with appropriate language access** | | | |
| *Standard/Benchmark/Goal* | *Planned Activities* | *Resp Party* | *Review Process* |
| ***1.6a Standard:***<br>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<br>***1.6a Goal:***<br>Continue to have a 24/7 line with linguistic capability. (CC) | • Conduct year round tests of 24-hour call line and MHP follow-up system to assess for compliance with statewide standards.<br>• Conduct test calls in all threshold languages. **(CC)**<br>• Provide periodic training for Access/Crisis Response Teamand test callers.<br>• Provide feedback to supervisors on results of test calls.<br>• Provide quarterly reports showing level of compliance in all standard areas to QIC and Management Team.<br>• Monitor timeliness of obtaining interpreter services **(CC)**<br>• Attend trainings provided by DHCS<br>• Review script regarding the Grievance Line (say at beginning) | Quality Management (QM), REPO, CC/Ethnic Services | Review quarterly at Management Team, CC, QIC |
| ***1.6b Standard:***<br>The 24/7 line will provide information to beneficiaries about how to access specialty mental health services<br>***1.6b Benchmark:***<br>100% of test calls will be in compliance with the standard<br>***1.6b Goal:***<br>Increase percent in compliance annually until benchmark is met | | | Review quarterly at Management Team, CC, QIC |
| ***1.6c Standard:***<br>The 24/7 line will provide information to beneficiaries about how to use the beneficiary problem resolution and fair hearing processes<br>***1.6c Benchmark:*** | | | Review quarterly at Management Team, CC, QIC |

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| 100% of test calls will be in compliance with the standard<br>***1.6c Goal:***<br>Increase the percent in compliance annually until benchmark is met. | | | |
| **1.6 24/7 Access Line with appropriate language access Con't** | | | |
| *Standard/Benchmark/Goal* | *Planned Activities* | *Resp Party* | *Review Process* |
| ***1.6d Standard:***<br>The 24/7 line will provide information to beneficiaries about services needed to address a beneficiary's crisis<br>***1.6d Benchmark:***<br>100% of test calls will be in compliance with the standard<br>***1.6d Goal:***<br>Increase the percent in compliance annually until benchmark is met. | • Same as above | Quality Management (QM), REPO, CC/Ethnic Services | Review quarterly at Management Team, CC, QIC |
| ***1.6e Standard:***<br>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<br>***1.6e Benchmark:***<br>100% of test calls will be in compliance with the standard<br>***1.6e Goal:***<br>Increase the percent in compliance annually until benchmark is met. | | | Review quarterly at Management Team, CC, QIC |

| **2.TIMELINESS**<br>**Ensure timely access to high quality, culturally sensitive services for individuals and their families.** | | | |
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| **2.1 Timeliness to Service** | | | |
| *Standard/Benchmark/Goal* | *Planned Activities* | *Resp Party* | *Review Process* |
| ***2.1a Standard**:*<br>The time between request for MHP Outpatient services and the initial service offered and/or provided to consumers will be 10 business days or less.<br>***2.1a Benchmark:***<br>100% of Adult and Children will meet the 10 business day standard<br>***2.1a Goal:***<br>Increase in percent meeting standard annually until benchmark is met. | • Produce quarterly reports that monitor benchmarks and track timely and appropriate access to mental health plan services.<br>• Produce annual report that evaluate benchmarks and timely access to mental health plan services by race, ethnicity, language, sexual orientation and gender identity **(CC).**<br>• Provide feedback to MHP providers of quarterly report findings at provider meetings.<br>• Explore strategies for decreasing time to first Medi-Cal billable service after assignment.<br>• Review data measurement and reporting methodologies to ensure accurate timeliness measurement consistent with DHCS requirements.<br>• Utilize technical assistance provided by EQRO and DHCS to identify additional | REPO, Ethnic Services, QM | Review quarterly at Management Team, CC, QIC |
| ***2.1b Standard**:*<br>The time between assignment to provider to first Medi-Cal billable service (telehealth, phone or in person) offered and/or provided to consumers will be 10 business days or less.<br>***2.1b Benchmark:***<br>100% of Adult and Children will meet the 10 business day standard<br>***2.1b Goal:***<br>Increase in percent meeting standard annually until benchmark is met. | | | Review quarterly at Management Team, CC, QIC |

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| ***2.1c Standard**:*<br>The time between request for MHP Outpatient services and the first psychiatric service offered and/or provided to consumers will be 15 business days or less.<br>***2.1c Benchmark:***<br>100% of Adult and Children will meet the 15 business day standard<br>***2.1c Goal:***<br>Increase in percent meeting standard annually until benchmark is met. | strategies to address timely access to services.<br>• 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<br>• Monitor Service Code utilization (Assessment with Medication Request) to track first request by the client and/or caregiver for medication services | | |
| **2.1 Timeliness to Service Con't** | | | |
| *Standard/Benchmark/Goal* | *Planned Activities* | *Resp Party* | *Review Process* |
| ***2.1d Standard**:*<br>The time between acute hospital discharge to first OP psychiatric service offered and/or provided to consumers will be 30 calendar days<br>***2.1d Benchmark:***<br>75% of Children and 75% of Adults will meet the 30-day standard.<br>***2.1d Goal:***<br>Increase the percent meeting standard annually until benchmark is met. | • Use APSS for 1st post hospital appointment for unlinked clients referred for SMHS<br>• Explore implementing successful strategies from Non-Clinical and Clinical PIPs across the system to address engagement and timeless to service<br>• Notify outpatient providers when beneficiaries enrolled in their program are admitted to inpatient hospital to facilitate continuity of care. | | Review quarterly at Management Team, CC, QIC |
| ***2.1e Standard**:*<br>The time between acute hospital discharge to first OP service provided to consumers will be 7 calendar days | | | Review quarterly at |

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| ***2.1e Benchmark:***<br>75% of Children and 75% of Adults will meet the 7 day standard<br>***2.1e Goal:***<br>Increase the percent meeting standard annually until benchmark is met. | • Utilize the Clinical Pathways in Avatar to alert outpatient provider that beneficiary is currently admitted to inpatient hospital.<br>• Monitor coordination of care and discharge planning activities during concurrent review process. | | Management Team, CC, QIC |
| **2.1 Timeliness to Service Con't** | | | |
| *Standard/Benchmark/Goal* | *Planned Activities* | *Resp Party* | *Review Process* |
| ***2.1e Standard:***<br>The time between referral for psychological testing and 1st psychological testing appointment offered and/or provided to children will be 14 days or less<br>***2.1e Benchmark:***<br>65% of children and youth will meet the 14-day standard.<br>***2.1e Goal:***<br>Increase the percent meeting standard annually until the benchmark is met. | • Train and collaborate with outpatient providers regarding the appropriateness of psychological testing referrals<br>• Review psych testing referral and business processes<br>• Add UC Davis trainees to increase capacity<br>• Explore the use of Avatar Mail Box to expedite the information exchange from Referring Provider to Psychological Testing Provider<br>• Review available CPT Psychological Testing Codes to determine if there are more appropriate ways to capture engagement and information gathering prior to first face-to-face meeting. | REPO | Review quarterly at Management Team, CC, QIC |

| **2.2 No Shows/ Cancellations for scheduled appointments** | | | |
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| *Standard/Benchmark/Goal* | *Planned Activities* | *Resp Party* | *Review Process* |
| ***2.2a Standard:***<br>The time between assignment for MH Services and 1st engagement activity where actual verbal or face-to-face contact is made is 3 business days.<br>**2.2a Benchmark:**<br>70% of Children and Adults will meet the 3 business day standard<br>***2.2a Goal:***<br>Increase the percent meeting standard annually until benchmark is met. | • Evaluate current engagement activities and billing codes to assist in accurately measuring outreach and engagement efforts prior to initial appointment. | REPO | Review quarterly at Management Team, CC, QIC |

**3. QUALITY**
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

| **3.1 Problem Resolution** | | | |
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| *Standard/Benchmark/Goal* | *Planned Activities* | *Resp Party* | *Review Process* |
| ***3.1a Standard:***<br>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.<br>***3.1a Benchmark:***<br>Grievances and appeals logged within 1 business day<br>100% of all grievances will be resolved within 90 days | • Monitor the problem resolution process tracking and reporting system. Make adjustments as needed to ensure integrity of data.<br>• Track, trend and analyze beneficiary grievance, appeal and State Fair Hearing actions. Include type, ethnicity, race, and language as part of this tracking. **(CC)**<br>• Track the timeliness of grievance, appeals and expedited appeal resolution for non-compliance tracking. | QM | Review quarterly at , CCC, QIC |

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| 100% of all appeals will be completed within 30 days<br>100% of all expedited appeals will be resolved in 72 hours<br>***3.1a Goal:***<br>Percent of appeals logged and resolved in a timely manner will increase annually until benchmark has been met | • Track and analyze provider level complaint, grievance process with concomitant corrective plans quarterly<br>• Add one FTE to Quality Management Member Services Team | | |

| **3.2 Utilization Review and documentation standards** | | | |
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| *Standard/Benchmark/Goal* | *Planned Activities* | *Resp Party* | *Review Process* |
| ***3.2a Standard:***<br>The MHP will have a rigorous utilization review process to ensure that all documentation standards are met.<br>***3.2a Goal:***<br>Monthly adult and child clinical chart reviews. | • Conduct monthly utilization review utilizing electronic health record for providers<br>• Information obtained through monthly reviews will be evaluated and issues will be reviewed at UR Committee.<br>• All agencies will complete a monthly internal chart review, which may include focused review of progress notes; assessments and client plans.<br>• Identify specific QI reports in Avatar to develop monitoring and rapid feedback loop across system. | QM | Quarterly at QIC |
| ***3.2b Standard:***<br>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.<br>***3.2b Benchmark:***<br>100% of treatment plans from UR chart review will have a client/caregiver signature. | | | |

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| ***3.2b Goal:***<br>Increase in percent annually until benchmark is met. | • Create new reports and forms that will support monitoring based on feedback and needs identified through UR Committee and Provider Feedback.<br>• 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.<br>• Providers and county staff will review timeliness for documentation monthly through the use of the Avatar reports including: Active Client Initial Assessment, Active Client Final Assessment. Active Client Plan and Core Status, Active Client Psychiatric Assessments, Services with No Diagnosis and Progress Notes Remaining in Draft.<br>• Targeted chart review when significant non-compliance issues are discovered.<br>• Provide documentation training to MHP providers monthly, or upon request for new program implementation<br>• Provide targeted documentation and technical assistance to providers that have identified compliance issues or at request of contract monitor. | | |
| ***3.2c Standard:***<br>All client charts will have documentation justifying medical necessity.<br>***3.2c Benchmark:***<br>100% of client charts from UR chart review will have documented justifying medical necessity.<br>***3.2c Goal:***<br>Increase in percent annually until benchmark is met. | | | Quarterly at QIC |

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| | • Implement Corrective Action Plans for specific providers if above activities are unsuccessful. | | |

| **3.2 Utilization Review and documentation standards Con't** | | | |
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| *Standard/Benchmark/Goal* | *Planned Activities* | *Resp Party* | *Review Process* |
| ***3.2d Standard:***<br>All Client Plan's will be completed within 60 days from request for services unless exception given.<br>***3.2d Benchmark:***<br>100% of client plans will be completed within 60 days of request for services unless exception has been given<br>***3.2d Goal:***<br>Increase in percent annually until benchmark is met. | • Same as above | QM | Quarterly at QIC |
| ***3.2e Standard:***<br>All client objectives documented in the client plan will be measureable.<br>***3.2e Benchmark:***<br>100% of client objectives in charts selected for UR will be measurable.<br>***3.2e Goal:*** | | | Quarterly at QIC |

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| Increase in percent annually until benchmark is met. | | | |
| ***3.2f Standard:***<br>Progress notes should always indicate interventions that address the mental health condition.<br>***3.2f Benchmark:***<br>100% of progress notes will have interventions that address MH condition<br>***3.2f Goal:***<br>Increase in percent annually until benchmark is met. | | | Quarterly at QIC |
| **3.3 Medication Monitoring** | | | |
| *Standard/Benchmark/Goal* | *Planned Activities* | *Resp Party* | *Review Process* |
| ***3.3a Standard:***<br>Providers practice in accordance with pre-established standards of acceptable medical practice for medication/pharmacology<br><br>***3.3a Benchmark:***<br>Review medication/pharmacology in 5% of open episodes for each provider/program.<br>***3.3a Goal:***<br>Continue to monitor and meet benchmark. | • Study, analyze and continuously improve the medication monitoring and medication practices in the child and adult system.<br>• Conduct systematic medication monitoring activities, report, and discuss issues at med monitoring and P & T committee meetings.<br>• Strongly encourage all treatment providers to use dosage and practice guidelines developed by the P&T committee for the treatment of | MHTC, QM, Med Monitoring Committee | Review Pharmacy and Therapeutics Committee<br><br>Quarterly at QIC |

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| | schizophrenia, bipolar disorders, depressive disorders and ADHD.<br>• Continue improvements in criteria for medication monitoring of outpatient clinics based on best practices.<br>• Create a reporting methodology for Medication Monitoring reviews.<br>• Update P&P based on feedback from provider survey.<br>• Develop quality assurance/management activities for Telehealth providers.<br>• Reports trends in findings to QIC<br>• Revised Audit tool to be more relevant to current practices | | |

| **3.4 Member Access to PCP** | | | |
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| *Standard/Benchmark/Goal* | *Planned Activities* | *Resp Party* | *Review Process* |
| ***3.4a Standard:***<br>All clients will be connected to a primary care physician, unless otherwise indicated by the client.<br>***3.4a Benchmark:***<br>75% of adults and 75% of children will be connected to a PCP within 60 days of admission to a mental health treatment program<br>***3.4a Goal:***<br>Increase the percent of adults & children with a PCP each year until benchmark has been met. | • Monitor the number of adults and children connected to a PCP as indicated in the Client Resources in the MHP's electronic health record.<br>• Continue to include this measure in current contract outcome measures.<br>• Contract Monitors review and discuss with providers on a quarterly basis.<br>• Provide feedback to providers if identified in UR as missing. | REPO, Program | Review annually with management , Quarterly at QIC |
| **3.5 Coordination of Care** | | | |
| *Standard/Benchmark/Goal* | *Planned Activities* | *Resp Party* | *Review Process* |
| ***3.5a Standard:***<br>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.<br>***3.5a Goal:***<br>Continue to work with our partners to provide coordination and collaboration. | • Pathways to Wellness -Monitor the use of ICC, ICC-CFT and IHBS services for all children receiving intensive services, and specifically children involved in the child welfare system<br>• Continue to have MHP representatives on task forces, initiatives and projects that involve clients with mental health issues (Commercially Sexually Exploited children, Children's System of Care, Child Abuse Prevention Cabinet, MH Courts, TAY Homeless Initiative, Whole Person Care, etc.).<br>• Participate in standing dependency and delinquency court meetings. | Met | Report annually at QIC, CCC |

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| | • Add staff to a Probation/MH team to provide early screening, assessment and linkage to youth identified by the juvenile justice system.<br>• Collaboration with Child Welfare for completion and submission of CANS and PSC-35 documents required by State agencies.<br>• Use the CPS-MH Team to participate in CFTs for all children who are involved with CPS and unlinked to the MH System.<br>• FFPSA implementation meetings with Child Welfare and Probation.<br>• Qualified Individual – Staff from the CPS/MH and Probation/MH teams will provide a MH assessment prior to any placement of a foster child into an STRTP, unless it is an emergency placement Actively participate in CFTs for children involved with Probation and Child Welfare<br>• Monitor the use and usefulness of the bi-lateral screening and referral tool.<br>• Explore data sharing across public agencies.<br>• Evaluate data by age, ethnicity, race, language, sexual orientation, and gender to look for disparities. **(CC)**<br>•<br>• Update Releases of Information practices/guidelines/review current consent form | | |

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| | • Implement interoperability solutions to exchange Continuity of Care Documents for Treatment, Payment and Operations (TPO) | | |
| **3.6 Diverse Workforce (CC)** | | | |
| *Standard/Benchmark/Goal* | *Planned Activities* | *Resp Party* | *Review Process* |
| ***3.6a Standard:***<br>The MHP will have a diverse workforce that is representative of the clients and community they serve.<br>***3.6a Benchmark:***<br>The make-up of direct services staff is proportionate to the racial, cultural and linguistic make-up of Medi-Cal beneficiaries<br>***3.6a Goal:***<br>Increase the diversity of direct service staff by 5% each year until benchmark is met. | • Complete the annual Human Resources Survey and analyze findings<br>• Implementation of 274 upload<br>• Increase recruitment efforts focused on areas of need found in HRS findings.<br>• Increase outreach to the African American/Black/African Descent (AA/B/AD) community regarding job openings, application processes, and career pathways. Partner on outreach with local and national groups known to focus on the AA/B/AD community<br>• Increase recruitment, retention, and leadership development of AA/B/AD and transgender individuals who know the community | In Process | CCC, QIC, Management Team |
| **3.7 Culturally Competent system of care (CC)** | | | |
| *Standard/Benchmark/Goal* | *Planned Activities* | *Resp Party* | *Review Process* |

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| ***3.7a Standard:***<br>The MHP will have a culturally competent system of care.<br>***3.7a Goal:***<br>The MHP will complete a biennial system-wide Agency Self-Assessment of Cultural Competence | • Biennially complete and analyze a system-wide Agency Self-Assessment of Cultural Competence.<br>• Participate in the Sacramento County Behavioral Health Racial Equity Collaborative (BHREC) Implementation Phase by implementing activities identified in the Racial Equity Action Plan and measuring performance on the activities listed for each goal. | In Process | CCC, QIC, Management Team |

| **3.8 Training -Education** | | | |
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| *Standard/Benchmark/Goal* | *Planned Activities* | *Resp Party* | *Review Process* |
| ***3.8a Standard:***<br>The County will provide and/or offer on-going training opportunities to the MHP workforce<br>***3.8a1 Goal:***<br>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. **(CC)**<br><br>***3.8a2 Goal*:**<br>By the end of FY 21/22, 75% of all BHS direct service staff and supervisors will have completed the California Brief Multicultural Competence Scale (CBMCS) and cultural competence training. **(CC)**<br>***3.8a3 Goal:*** | • Utilize Mental Health Services Act (MHSA) principles to enhance skill level through training and education at all levels of the MHP.<br>• Continue implementation of MHP WET Training Plan based on community input and MHP prioritization.<br>• Identify curriculum and instructors based on training recommendations made by the Sacramento County Behavioral Health Racial Equity Collaborative.<br>• Provide County BHS vetted on line CC training opportunities to Contracted and County run Providers<br>• Increase effective and re-occurring equity trainings and increase accountability for skill | CC/Ethnic Services, QM | Annual and Periodic Report to QIC, CCC |

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| 98% of staff identified as interpreters complete the approved mental health/behavioral health interpreter training and receive certification. **(CC)**<br><br>**3.8a4 Goal:**<br>Offer trauma informed care training for both direct services and administrative staff on a monthly basis. | development and behavior change in staff following training. (CC)<br>• Provide Mental Health Interpreter training for interpreter staff and providers who use interpreters. **(CC)**<br>• Develop and implement curriculum for integrating cultural competency and wellness, recover and resiliency principles for different levels and types of providers and stakeholders.<br>• Refine system wide implementation of trauma informed and trauma specific trainings to address all ages and cultural groups served by the MHP. Utilize training/educational opportunities to include methods to enhance the array of culturally competent skill sets and community interfaces for mental health and partner agencies. **(CC)**<br>• Conduct at least one workshop on consumer culture with trainers to include consumer/youth/parent/caregiver/family perspective on mental illness.<br>• 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. **(CC)**<br>• Provide "*Universal Trauma-Informed Care: A Practical Guide for Helpers Training"*<br>• Provide Compassion Fatigue Training for providers and system partners | | |

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| | • 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. **(CC)** | | |

| **4. CONSUMER OUTCOMES**<br>**Ensure the accountability, quality and impact of the services provided to clients in the Sacramento County MHP through research, evaluation and performance outcomes.** | | | |
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| **4.1 Beneficiary Satisfaction** | | | |
| *Standard/Benchmark/Goal* | *Planned Activities* | *Resp Party* | *Review Process* |
| ***4.1a Standard***<br>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<br>***4.1a Benchmark***<br>The MHP will obtain a 75% response rate during each CPS collection period<br>***4.1a Goal:***<br>Increase the response rate each year until Benchmark is met. | • Provide mandatory training to MHP providers on survey distribution and collection prior to CPS survey distribution periods.<br>• Administer State required Consumer Perception Survey and English, Spanish, Chinese, Farsi, Hmong, Russian, Arabic, Vietnamese and any other available language. **(CC).**<br>• Monitor response rate and establish protocols for both the system and those providers that fall below the benchmark.<br>• Analyze results of CPS and provide written report on analysis of data. | REPO in collaboration with CC/Ethnic Services | Review semi-annually with management team, QIC, CCC |

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| | • Analysis to include examination of disparities by race, ethnicity and language. **(CC)**<br>• Provide results from CPS to providers and beneficiaries via posting to BHS website, Cultural Competence newsletter, and email notification to all distribution lists.<br>• Distribute link to FAC, YAC, and PAC | | |
| ***4.1b Standard***<br>Consumers will be satisfied with the services received in the MHP<br>***4.1b Benchmark***<br>Percent overall agreement in the General Satisfaction domain will be 90% or greater for each CPS sampling period<br>***4.1b Goal***<br>Increase the percent of consumer satisfaction on each domain each year until benchmark has been met. | 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.<br>• Results are reported in the CPS Report | | Review semi-annually with management team, QIC, CCC |
| **4.2 Recovery Tool** | | | |
| *Standard/Benchmark/Goal* | *Planned Activities* | *Resp Party* | *Review Process* |
| ***4.2 Standard:***<br>The MHP will track and measure recovery<br>***4.2 Goal:***<br>The MHP will implement the use of a recovery tool within FY21/22 | • Work with MH advocates to analyze available recovery tools and develop a plan to implement a culturally sensitive recovery tool. **(CC)**<br>• Explore other MHPs and how they measure recovery.<br>• Implement client self-administered recovery tool options including Strengths | REPO, Advocates, Management Team, CC/Ethnic Services | Annual update to QIC |

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| | Model as part of the Adult Services Transformation.<br>• Implement graduation guidelines developed in partnership with Multi-County FSP innovation project. | | |
| **4.3 CANS and PSC 35** | | | |
| *Standard/Benchmark/Goal* | *Planned Activities* | *Resp Party* | *Review Process* |
| ***4.3a Standard:***<br>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.<br>***4.3a Benchmark:***<br>100% of children ages 6-21 will receive a CANS assessment at time of intake<br>100% of children ages 6-21 will receive a CANS every six months unless discharged prior to the 6 month assessment period<br>100% of children ages 6-21 will receive a CANs at discharge<br>***4.3a Goal:***<br>Increase percent completion annually until benchmarks have been met. | • Monitor the percent completion of CANS assessment at intake, six months and at discharge.<br>• Provide annual reports with analysis of data. Analysis to include examination of disparities by race, ethnicity and language**. (CC)**<br>• Provide on line training and certification information to Contracted and County Owned Providers through Praed Foundation.<br>• Offer Post Certification Training – Use of CANS/ANSA in treatment planning | REPO, QM | Annual Report to Management and QIC, CCC |
| ***4.3b Standard:***<br>All children providers in the MHP will complete a PSC-35 at intake assessment, every 6 months and discharge for all children ages 3-18 served.<br>***4.3b Benchmark:***<br>100% of children ages 3-18 will receive a PSC-35 assessment at time of intake. | • Monitor the percent completion of PSC-35 assessment at intake, six months and at discharge.<br>• Add to Client Plan Checklist and discuss strategies for completing 6 month assessments in the Utilization Review Committee | REPO, QM | Annual Report to Management and QIC, CCC |

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| 100% of children ages 3-18 will receive a PSC-35 every six months unless discharged prior to the 6 month assessment period<br>100% of children ages 3-18 will receive a PSC-35 at discharge<br>***4.3b Goal:***<br>Increase percent completion annually until benchmarks have been met. | • Provide annual reports with analysis of data. Analysis to include examination of disparities by race, ethnicity and language**. (CC)**<br>• Implement Avatar form to increase access and accuracy of upload to DHCS.<br>• Create reports for Providers to use to track results over time and in treatment planning. | | |
| **4.4 ANSA** | | | |
| *Standard/Benchmark/Goal* | *Planned Activities* | *Resp Party* | *Review Process* |
| ***4.4a Standard:***<br>The MHP will have a standardized way of assessing the appropriateness of care for all adults receiving services<br>***4.4a Goal:***<br>Continue use of Adult Needs and Strengths Assessment (ANSA) across the entire adult system. | • Provide on line training and certification information to Contracted and County Owned Providers through Praed Foundation.<br>• Create reports for Providers to use to track results over time and in treatment planning.<br>• Offer Post Certification Training – Use of CANS/ANSA in treatment planning | REPO, QM, Program | Annual Report to Management and QIC, CCC |

| **4.5 Hospital Readmissions** | | | |
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| *Standard/Benchmark/Goal* | *Planned Activities* | *Resp Party* | *Review Process* |
| ***4.5a Standard:***<br>The majority of clients will not return to acute psychiatric care within 30 days of discharge from acute psychiatric hospitalization.<br>***4.5a Benchmark:***<br>15% Recidivism rate<br>***4.5a Goal:***<br>To reduce the readmission rate to 15% by end of FY 21/22 | • Monitor rates comparing with overall MHP rates from previous fiscal year.<br>• Analysis to include examination of disparities by race, ethnicity, language, sexual orientation and gender identity and development of strategies to ameliorate. **(CC)**<br>• Evaluate impact of crisis system rebalance efforts on readmissions<br>• Utilize liaisons from Program and QM for coordination between inpatient hospitals and outpatient providers.<br>• APSS intake process – Add outcome in PIP.<br>• Create and implement high utilizer report.<br>• Implement the Clinical Pathway's feature in Avatar to identify beneficiaries that are currently in the hospital and/or high utilizers of inpatient services for coordination of care. | REPO, QM, Program | Review quarterly with Management team, QIC, CCC |