

Sacramento County Division of Behavioral Health Services

Quality Management Program Annual Work Plan - Fiscal Year 16/17
(July 1, 2016 to June 30, 2017)

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 monitors 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.

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DOMAIN	SCOPE
1. ACCESS	<ul style="list-style-type: none"> 1.1 Retention & Service Utilization- CC 1.2 Penetration – CC 1.3 Geographically Diverse 1.4 Crisis Services Continuum 1.5 Monitoring Service Capacity 1.6 24/7
2. TIMELINESS	<ul style="list-style-type: none"> 2.1 Timeliness –CC (PIP) 2.2 No Shows
3. QUALITY	<ul style="list-style-type: none"> 3.1 Problem Resolution 3.2 UR and doc standards 3.3 Med Monitoring 3.4 Access to PCP 3.5 Coordination of care (PIP- Katie A) 3.6 Diverse Workforce – CC 3.7 Culturally Competent System of Care – CC 3.8 Training/Education - CC
4. CONSUMER OUTCOMES	<ul style="list-style-type: none"> 4.1 Beneficiary Satisfaction 4.2 CANs 4.3 ANSA 4.4 Recidivism

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1.ACCESS			
Ensuring that members have ready access to all necessary services within the MHP: this includes access to culturally relevant services to address the unserved, underserved and inappropriately served communities.			
1.1 Retention and Service Utilization (CC)			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p>1.1a Standard: The MHP will demonstrate parity in mental health services across all cultures.</p> <p>1.1a Benchmark: Retention rates of unserved, underserved and inappropriately served population overall are 53%, for adults are 50% and children 77% over a 1 year period.</p> <p>1.1a Goal: Increase retention rates of unserved, underserved and inappropriately served annually until benchmark is met.</p>	<ul style="list-style-type: none"> • Track and measure retention rates in accordance with Reducing Disparities Learning Collaborative (RDLC) definitions. • Evaluate methodology to track and measure retention rates to be inclusive of all consumers served in OP programs. • Track/trend utilization rates by: age, gender, race, ethnicity, and preferred language. • Analyze FY15/16 data for cost of service by race/ethnicity to determine disparities (utilizing administrative data to calculate costs) to set benchmarks for FY16/17. • Update FY16/17 Work Plan to reflect benchmarks once they have been set. 	<p>MHP Team, Research, Evaluation & Performance Outcome (REPO), Cultural Competence/ Ethnic Services (CC/Ethnic Services)</p>	<p>Annual Report to Cultural Competence Committee (CCC), Management Team (MT) and QIC</p>
<p>1.1b Standard: Costs of mental health services are distributed proportionately across all cultures</p> <p>1.1b Goal: Analyze data from FY15/16 and establish benchmarks for the FY16/17 QI Plan.</p>			

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1.2 Penetration (CC)			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p>1.2a Standard: There is equal access to the MHP for all cultures</p> <p>1.2a Benchmark: Penetration rates for unserved, underserved and inappropriately served populations increase 1.5% over prior year's rate</p> <p>1.2a Goal: Meet or exceed the benchmark</p>	<ul style="list-style-type: none"> • Track and trend penetration rates by age, gender, race, ethnicity, and language (when data is available) • Evaluate methodology for calculating penetration to include impact of ACA. 	MHP Team, Research, Evaluation & Performance Outcome (REPO), CC/Ethnic Services	Annual Report to Cultural Competence Committee (CCC), MT, and QIC
1.3 Geographically Diverse Services			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p>1.3a Standard: Mental health services are provided in geographically diverse locations that best represent the community needs.</p> <p>1.3a Goal: Maintain service delivery sites across county care system through a variety of contracts with organizational and enrolled network providers</p>	<ul style="list-style-type: none"> • Develop maps to assist in siting new and/or existing service locations. • Utilize population indicators such as poverty status, demographics, etc. to determine siting and service needs. (CC) • Annual report on changes in numbers of organizational and enrolled network providers from previous year. • Monitor MHP organizational capacity by tracking the number of contracts (hospitals, outpatients and enrolled network providers). 	REPO, MHP, QM, CC/Ethnic Services	Review periodically with management team, QIC, CCC

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1.4 Crisis Service Continuum			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p>1.4a Standard: The MHP will have a continuum of Mental Health Crisis services available to residents in Sacramento County.</p> <p>1.4a Goal: Develop a multi-tiered crisis service continuum</p>	<ul style="list-style-type: none"> • Collaborate with community partners to come up with solutions to offer an array of crisis services to Sacramento County residents (hospital systems, law enforcement). • Continue work to implement SB82, crisis residential grants. • Increase access to crisis stabilization and crisis residential services. • Track and monitor programs already in place to address crisis services (CST, Mobile Crisis, Navigators). Analyze results to determine outcomes. • Analyze data by race, ethnicity and language, sexual orientation and gender identity. (CC) • Explore Innovation funding to assist with urgent services. • Explore feasibility of opening new Psychiatric Health Facility. 	Program, REPO, QM	Review periodically at Management Team, CC, QIC
1.5 Monitoring Service Capacity			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p>1.5a Standard: All Out of County inpatient admissions must be approved within 14 calendar days of receipt of final TAR.</p> <p>1.5a Benchmark: 100% of TARS will be approved or denied for Out of County inpatient admissions within 14 days of final TAR.</p> <p>1.5a Goal: Continue to meet the benchmark</p>	<ul style="list-style-type: none"> • Monitor Utilization Management compliance with State wide standards for approving or denying Out of County Inpatient Admissions within 14 calendar days of the receipt of final TAR. 	QM	Review periodically at QIC

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1.6 24/7 Access Line with appropriate language access			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p>1.6a Standard: Provide a statewide, toll-free telephone number that can be utilized 24 hours a day, 7 days a week (24/7 line) with language capability in all languages spoken by beneficiaries of the county</p> <p>1.6a Goal: Continue to have a 24/7 line with linguistic capability. (CC)</p>	<ul style="list-style-type: none"> • Conduct year round tests of 24 hour call line and MHP follow-up system to assess for compliance with statewide standards. • Conduct test calls in all threshold languages. (CC) • Provide periodic training for Access Team, after-hour's staff, and test callers. • Provide feedback to supervisors on results of test calls. • Provide quarterly reports showing level of compliance in all standard areas. • Monitor timeliness of obtaining interpreter services (CC) • Attend trainings provided by DHCS 	Quality Management (QM), REPO, CC/Ethnic Services	Quarterly to Management Team, QIC and CCC
<p>1.6b Standard: The 24/7 line will provide information to beneficiaries about how to access specialty mental health services</p> <p>1.6b Benchmark: 75% of test calls will be in compliance with the standard</p> <p>1.6b Goal: Increase percent in compliance annually until benchmark is met</p>			
<p>1.6c Standard: The 24/7 line will provide information to beneficiaries about how to use the beneficiary problem resolution and fair hearing processes</p> <p>1.6c Benchmark: 50% of test calls will be in compliance with the standard</p> <p>1.6c Goal: Increase the percent in compliance annually until benchmark is met.</p>			

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1.6 24/7 Access Line with appropriate language access Con't			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p>1.6d Standard: The 24/7 line will provide information to beneficiaries about services needed to address a beneficiary's crisis</p> <p>1.6d Benchmark: 75% of test calls will be in compliance with the standard</p> <p>1.6d Goal: Increase the percent in compliance annually until benchmark is met.</p>	<ul style="list-style-type: none"> • Same as above 	Quality Management (QM), REPO, CC/Ethnic Services	Quarterly to Management Team, QIC and CCC
<p>1.6e Standard: All calls coming in to the 24/7 line will be logged with the beneficiary name, date of the request and initial disposition of the request</p> <p>1.6e Benchmark: 100% of test calls will be in compliance with the standard</p> <p>1.6e Goal: Increase the percent in compliance annually until benchmark is met.</p>			

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2. TIMELINESS			
Ensure timely access to high quality, culturally sensitive services for individuals and their families.			
2.1 Timeliness to Service			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p>2.1a Standard: The time between admit date to an Outpatient provider and the first face to face OP service offered and/or provided to consumers will be 14 calendar days or less.</p> <p>2.1a Benchmark: 50% of Adult and Children will meet the 14 day standard</p> <p>2.1a Goal: Increase in percent meeting standard annually until benchmark is met.</p>	<ul style="list-style-type: none"> Produce quarterly reports that monitor benchmarks and track timely and appropriate access to mental health services by race, ethnicity, language, sexual orientation and gender identity (CC). Continue with Clinical Performance Improvement Project (PIP) to address timeliness. Produce quarterly reports to monitor RST timeliness and adjust PIP strategies based on quarterly timeliness data. Provide feedback to MHP providers of quarterly report findings at provider meetings. Review data measurement and reporting methodologies to ensure accurate timeliness measurement. Meet quarterly with PIP committee to review data effectiveness of PIP interventions and adjust based on data analysis. 	<p>REPO, Ethnic Services, QM</p>	<p>Review quarterly with management team, QIC, CCC</p>
<p>2.1b Standard: The time between admit date to an Outpatient provider and the first psychiatric service offered and/or provided to consumers will be 28 calendar days or less.</p> <p>2.1b Benchmark: 50% of Adult and Children will meet the 28 day standard</p> <p>2.1b Goal: Increase in percent meeting standard annually until benchmark is met.</p>	This cell is shared with the row above and contains the same list of activities	This cell is shared with the row above and contains the same response party	This cell is shared with the row above and contains the same review process

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2.1 Timeliness to Service Con't			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p>2.1c Standard: The time between the consumers first face to face OP service to their 2nd non-psychiatric OP face to face service offered and/or provided to consumers will be 30 calendar days or less.</p> <p>2.1c Benchmark: 90% of Adult and Children will meet the 30 day standard</p> <p>2.1c Goal: Increase in percent meeting standard annually until benchmark is met.</p>	<ul style="list-style-type: none"> • Same as above 	REPO, Ethnic Services, QM	Review quarterly with management team, QIC, CCC
<p>2.1d Standard: The time between acute hospital discharge to first OP psychiatric service offered and/or provided to consumers will be 30 calendar days</p> <p>2.1d Benchmark: 90% of Children and 80% of Adults will meet the 30 day standard.</p> <p>2.1d Goal: Increase the percent meeting standard annually until benchmark is met.</p>			
<p>2.1e Standard: The time between acute hospital discharge to first face to face OP service offered and/or provided to consumers will be 7 calendar days</p> <p>2.1e Benchmark: 75% of Children and 60% of Adults will meet the 7 day standard</p> <p>2.1e Goal: Increase the percent meeting standard annually until benchmark is met.</p>			

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2.1 Timeliness to Service			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p>2.1f Standard: The time between referral for psychological testing and 1st psychological testing appointment offered and/or provided to children will be 14 days or less</p> <p>2.1f Benchmark: 65% of children and youth will meet the 14 day standard.</p> <p>2.1f Goal: Increase the percent meeting standard annually until the benchmark is met.</p>	<ul style="list-style-type: none"> Add measurement to already established timeliness/benchmark quarterly report. Track and trend data to establish benchmark and associated goals in the next FY. 	REPO	Review quarterly with management team and QIC
2.2 No Shows/ Cancellations for scheduled appointments			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p>2.2a Standard: Determine goal for engagement to initial appointment.</p> <p>2.2a Benchmark: TBD</p> <p>2.2a Goal: To analyze 15/16 No Show and Cancelation data to establish a Benchmark with associated goals in FY 16/17 QI Plan.</p>	<ul style="list-style-type: none"> Analyze data and report completion in FY 16/17 QI Work Plan Report. 	REPO	Review quarterly with management team, QIC, CCC

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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			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p>3.1a Standard: The MHP will have a Problem Resolution process that provides tracking of all grievances and appeals and ensures that all grievances and appeals are logged and resolved in a timely manner.</p> <p>3.1a Benchmark: Grievances and appeals logged within 1 business day 95% of all grievances will be resolved within 60 days 95% of all appeals will be completed within 45 days 95% of all expedited appeals will be resolved in 3 working days</p> <p>3.1a Goal: Percent of appeals logged and resolved in a timely manner will increase annually until benchmark has been met</p>	<ul style="list-style-type: none"> • Monitor the problem resolution process tracking and reporting system. Make adjustments as needed to ensure integrity of data. • Track, trend and analyze beneficiary grievance, appeal and State Fair Hearing actions. Include type, ethnicity, race, and language as part of this tracking. (CC) • Track the timeliness of grievance, appeals and expedited appeal resolution for non-compliance tracking. • Track and analyze provider level complain, grievance process with concomitant corrective plans. 	QM	Annually at QIC, CCC

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3.2 Utilization Review and documentation standards			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p>3.2a Standard: The MHP will have a rigorous utilization review process to ensure that all documentation standards are met.</p> <p>3.2a Goal: Monthly adult and child clinical chart reviews.</p>	<ul style="list-style-type: none"> • Conduct monthly utilization review utilizing electronic health record for providers using Avatar (go to provider site for providers not using Avatar). • Information obtained through monthly reviews will be evaluated and issues will be reviewed at UR Committee. • Identify specific reports in Avatar to develop monitoring and rapid feedback loop across system. • Develop quality assurance measures in Avatar reports to establish data measurement for MHP service system • Targeted chart review at provider sites when significant non-compliance issues are discovered. • Provide documentation training to MHP providers at least quarterly. 	QM	Annually at QIC
<p>3.2b Standard: All client treatment plans must have a client/caregiver signature.</p> <p>3.2b Benchmark: 100% of treatment plans from UR chart review will have a client/caregiver signature.</p> <p>3.2b Goal: Increase in percent annually until benchmark is met.</p>			
<p>3.2c Standard: All client charts will have documentation justifying medical necessity.</p> <p>3.2c Benchmark: 100% of client charts from UR chart review will have documented justifying medical necessity.</p> <p>3.2c Goal: Increase in percent annually until benchmark is met.</p>			

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3.2 Utilization Review and documentation standards Con't			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p>3.2d Standard: All Client Plan's will be completed within 60 days unless exception given.</p> <p>3.2d Benchmark: 100% of client plans will be completed within 60 days of provider start date unless exception has been given</p> <p>3.2d Goal: Increase in percent annually until benchmark is met.</p>	<ul style="list-style-type: none"> • Same as above 	QM	Annually at QIC
<p>3.2e Standard: All client objectives documented in the client plan will be measurable.</p> <p>3.2e Benchmark: 100% of client objectives in charts selected for UR will be measurable.</p> <p>3.2e Goal: Increase in percent annually until benchmark is met.</p>			
<p>3.2f Standard: Progress notes should always indicate interventions that address the mental health condition.</p> <p>3.2f Benchmark: 100% of progress notes will have interventions that address MH condition</p> <p>3.2f Goal: Increase in percent annually until benchmark is met.</p>			

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3.3 Medication Monitoring			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p>3.3a Standard: Providers practice in accordance with community standards for medication/pharmacology</p> <p>3.3a Benchmark: Review medication/pharmacology in 5% of open episodes for each provider/program.</p> <p>3.3a Goal: Continue to monitor and meet benchmark.</p>	<ul style="list-style-type: none"> • Study, analyze and continuously improve the medication monitoring and medication practices in the child and adult system. • Conduct monthly medication monitoring activities and report and discuss issues at the P & T committee meeting. • Strongly encourage all treatment providers to use practice guidelines developed by the P&T committee for the treatment of schizophrenia, bipolar disorders, depressive disorders and ADHD. • Continue improvements in criteria for medication monitoring of outpatient clinics based on best practices. 	MHTC, QM, Med Monitoring Committee	<p>Review Pharmacy and Therapeutics Committee</p> <p>Periodically report on progress to QIC</p>
3.4 Member Access to PCP			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p>3.4a Standard: All clients will be connected to a primary care physician and or GMC provider, unless otherwise indicated by the client.</p> <p>3.4a Benchmark: 75% of adults and 40% of children will be connected to a PCP or GMC provider within 60 days of admission to a mental health treatment program</p> <p>3.4a Goal: Increase the percent of adults & children with a PCP each year until benchmark has been met.</p>	<ul style="list-style-type: none"> • Monitor the number of adults connected to a PCP or GMC provider as indicated in the Client Resources in the MHP's electronic health record. 	REPO, Program	<p>Review annually with management , QIC</p>

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3.5 Coordination of Care			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p>3.5a Standard: The MHP will collaborate with other government agencies/stakeholders to facilitate coordination and collaboration to maximize continuity of services for clients with mental health needs.</p> <p>3.5a Goal: Continue to work with our partners to provide coordination and collaboration.</p>	<ul style="list-style-type: none"> • Katie A -Monitor the use of ICC and IHBS services for children involved in the child welfare receiving intensive services. • Non-Clinical PIP- Client & Family Care team coordination of stakeholders. • Continue to have MHP representatives on task forces, initiatives and projects that involve clients with mental health issues (Commercially Sexually Exploited children, Crossover Youth Practice Model, MH Courts, etc). • Develop quality assurance measures in Avatar reports to establish data measurement for MHP • Update Avatar to track referrals coming in from and going out to GMCs. • Explore methods of tracking care coordination between GMC, PCP and MHP. • Explore data sharing across public agencies. • Evaluate data by age, ethnicity, race, language, and gender to look for disparities. (CC) 	<p>REPO, Program, QM, Avatar, CC/Ethnic Services</p>	<p>Report annually at QIC, CCC</p>

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3.6 Diverse Workforce (CC)			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p>3.6a Standard: The MHP will have a diverse workforce that is representative of the clients and community they serve.</p> <p>3.6a Benchmark: The make-up of direct services staff is proportionate to the racial, cultural and linguistic make-up of Medi-Cal beneficiaries plus 200% of poverty population</p> <p>3.6a Goal: Increase the diversity of direct service staff by 5% each year until benchmark is met.</p>	<ul style="list-style-type: none"> Complete the annual Human Resources Survey and analyze findings 	CC/Ethnic Services and Workforce Education and Training	CCC, QIC, Management Team
3.7 Culturally Competent system of care (CC)			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p>3.7a Standard: The MHP will have a culturally competent system of care.</p> <p>3.7a Goal: The MHP will complete a biennial system-wide Agency Self-Assessment of Cultural Competence</p>	Biennially complete and analyze a system-wide Agency Self-Assessment of Cultural Competence.	CC/Ethnic Services	CCC, QIC, Management Team

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3.8 Training -Education			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p>3.8a Standard: The County will provide and/or offer on-going training opportunities to the MHP workforce</p> <p>3.8a1 Goal: 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)</p> <p>3.8a2 Goal: By the end of FY 16/17, 75% of all BHS direct service staff and supervisors will have completed the California Brief Multicultural Competence Scale (CBMCS) and cultural competence training. (CC)</p> <p>3.8a3 Goal: 98% of staff identified as interpreters complete the approved mental health/behavioral health interpreter training and receive certification. (CC)</p>	<ul style="list-style-type: none"> • Utilize Mental Health Services Act (MHSA) principles to enhance skill level through training and education at all levels of the MHP. • Continue implementation of MHP WET Training Plan based n community input and MHP prioritization. • Administer California Brief Multicultural Competence Scale (CBMCS) to service delivery and supervisory staff and provide CBMCS training modules across the system. (CC) • Provide Mental Health Interpreter training for interpreter staff and providers who use interpreters. (CC) • Develop and implement curriculum for integrating cultural competency and wellness, recover and resiliency principles for different levels and types of providers and stakeholders. • 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) • Conduct at least one workshop on consumer culture with trainers to include consumer/youth/parent/caregiver/family perspective on mental illness. • 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) • Continue expansion and targeted implementation of MH training for law enforcement and first responders within and outside of the mental health provider community. • 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) 	<p>CC/Ethnic Services, QM</p>	<p>Annual and Periodic Report to QIC, CCC</p>

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

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4.1 Beneficiary Satisfaction			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p>4.1c Standard: Consumers will feel a higher social functioning as a result of receiving services in the MHP.</p> <p>4.1c Benchmark: Percent overall agreement in the Perception of Functioning domain will be 70% or greater for each CPS sampling period</p> <p>4.1c Goal: Increase the percent of consumer agreement on the Functioning domain each year until benchmark has been met</p>	<ul style="list-style-type: none"> • Monitor performance on the five perception of better functioning indicators (questions 16, 17, 18, 20 and 22) bi-annually and consider improvement project if significantly below the overall CPS percent agreement. • Track and trend on Division Dashboard 	REPO	Review semi-annually with management team, QIC, CCC
4.2 Recovery Tool			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p>4.2d Standard: The MHP will track and measure recovery</p> <p>4.2d Goal: The MHP will implement the use of a recovery tool by FY17/18</p>	<ul style="list-style-type: none"> • Work with MH advocates to analyze available recovery tools and develop a plan to implement a culturally sensitive recovery tool. (CC) • Explore other MHPs and how they measure recovery. 	REPO, Advocates, Management Team, CC/Ethnic Services	Annual update to QIC

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4.3 CANS			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p>4.3a Standard: All children providers in the MHP will complete a CANS at intake assessment, every 6 months and discharge for all children served.</p> <p>4.3a Benchmark: 75% of children will receive a CANS assessment at time of intake 75% of children will receive a CANS every six months unless discharged prior to the 6 month assessment period 75% of children will receive a CANS at discharge</p> <p>4.3a Goal: Increase percent completion annually until benchmarks have been met.</p>	<ul style="list-style-type: none"> • Monitor the percent completion of CANS assessment at intake, six months and at discharge. • Provide annual reports with analysis of data. Analysis to include examination of disparities by race, ethnicity and language. (CC) • Provide CANS training and certification to providers. 	REPO, QM	Annual Report to Management and QIC, CCC
4.4 ANSA			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p>4.4a Standard: The MHP will have a standardized way of assessing the appropriateness of care for all adults receiving services</p> <p>4.4a Goal: Pilot the Adult Needs and Strengths Assessment (ANSA) for possible implementation across the entire adult system.</p>	<ul style="list-style-type: none"> • Develop implementation plan for the use of (ANSA) for system wide outcome measures for adult programs. 	REPO, QM	Annual Report to Management and QIC

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4.5 Recidivism			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p>4.5a Standard: The majority of clients will not return to acute psychiatric care within 30 days of discharge from acute psychiatric hospitalization.</p> <p>4.5a Benchmark: 15% Recidivism rate</p> <p>4.5a Goal: To reduce the recidivism rate to 15% by end of FY 16/17</p>	<ul style="list-style-type: none"> Monitor rates comparing with overall MHP rates from previous fiscal year. Analysis to include examination of disparities by race, ethnicity, language, sexual orientation and gender identity. (CC) 	REPO	Review quarterly with Management team, QIC, CCC
<p>4.5b Standard: Low proportion of hospital days should be attributable to recidivist admits.</p> <p>4.5b Benchmark: 25% of total acute days are attributed to recidivist clients</p> <p>4.5b Goal: To reduce the percent of days attributed to recidivist admits to meet the benchmark by the end of FY 16/17</p>	<ul style="list-style-type: none"> Quarterly monitoring and reporting on inpatient days attributed to consumers with 2 or more acute admissions during the quarter- dashboard item. 	REPO	Review quarterly with Management team, QIC