alameda county behavioral health

MENTAL HEALTH & SUBSTANCE USE SERVICES

Integrated Mental Health & Substance Use Disorder

Quality Assessment & Performance Improvement (QAPI) Work Plan

Fiscal Year 2019-2020

Mission:

Alameda County Behavioral Health (ACBH)'s mission is to maximize the recovery, resilience and wellness of all eligible Alameda County residents who are developing or experiencing serious mental health, alcohol or drug concerns.

Vision:

We envision communities where all individuals and their families can successfully realize their potential and pursue their dreams, and where stigma and discrimination against those with mental health and/or alcohol and drug issues are remnants of the past.

Quality Assessment & Performance Improvement (QAPI) Work Plan:

ACBH is committed to a culture of continues quality improvement (CQI), as described in this QAPI work plan. Our primary CQI objectives, adapted from the National Quality Strategy for Improvement in Healthcare, are:

- **Better Care:** Improve the overall quality, by making health care more person-centered, reliable, accessible, and safe.
- **Healthy People/Healthy Communities:** Improve the health of Alameda County residents by supporting proven interventions to address behavioral, social and, environmental determinants of health in addition to delivering higher-quality care.
- **Affordable Care:** Reduce the cost of quality health care for individuals, families, employers, and government.
- **Culturally and Linguistically Responsive Care:** Ensure that services are effective, equitable, understandable, and respectful and responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Through the QAPI Work Plan, ACBH will:

- Implement quality improvement activities across the Department;
- Increase the capacity of ACBH's leadership and Quality Management staff to track key indicators addressing beneficiary outcomes, program development, and system change;
- Support decision-making based on performance improvement measures; and,
- Increase quality improvement capability in programs operating across the continuum of care.

As a living document, the CQIWP is regularly reviewed, analyzed, and updated by ACBH's Quality Improvement team with input from the Quality Improvement Committee and other Stakeholders.

Section I. Quality Improvement Monitoring Activities

ACBH Quality Improvement staff work closely with Quality Management staff and other stakeholders to monitor the following activities on a regular basis to ensure meaningful improvement in clinical care and beneficiary service:

Area Monitored	Data Reviewed	Partners	FY 2019-2020 Objectives
Performance Data	Timeliness, network adequacy, and other mandatory performance measures	Quality Improvement; Data Services; Information Systems	ACBH will develop the capacity to measure timeliness outcomes and network adequacy. ACBH will set appropriate objectives based on benchmarks, including access to after-hours care.
Beneficiary Grievances	Annual Beneficiary Grievances and Appeals Report	Quality Assurance	ACBH will continue monitoring grievances and analyzing trends. ACBH will establish an automated tracking system for grievances.
Appeals & Expedited Appeals	Annual Beneficiary Grievances and Appeals Report	Quality Assurance	ACBH will continue monitoring appeals and analyzing trends.
Fair Hearings & Expedited Fair Hearings	Fair Hearings & Expedited Fair Hearings log	Utilization Management	ACBH will continue to process fair hearings and analyzing trends.

Area Monitored	Data Reviewed	Partners	FY 2019-2020 Objectives
Provider Appeals	N/A	Provider Relations, Quality Assurance, Network Office	ACBH will establish a Provider Problem Resolution and Appeal policy and process in fall 2019 and create a system for tracking problems and appeals.
Clinical Records Review	System of Care Audit Report (claim sheets, DHCS recoupment, quality review spreadsheet, and audits)	Quality Assurance	ACBH will provide technical assistance to providers to reduce disallowance of claims. ACBH will also audit for follow-up appointments matching individualized treatment plans.
Unusual Occurrences	Unusual Occurrences log	Quality Assurance	ACBH will continue monitoring appeals and analyzing trends. ACBH will decrease "unknown" as the reason for consumer deaths by 25%.
Beneficiary Surveys	Mental Health Statistics Improvement Plan Consumer Survey (MHSIP) Treatment Perception Survey (TPS)	Office of Consumer Empowerment; Substance Use Disorder Program	ACBH will continue implementing and monitoring the results of the beneficiary surveys (biannual for mental health and annual for SUD) and analyzing trends based on demographics and services provided. ACBH will try to improve participation across all providers, program types, and demographics to ensure representative responses.

Section II. Quality Assessment & Performance Improvement Activities

    A. **Performance Improvement Projects (PIPs)**

        1. **Clinical PIP – Mental Health**

AREA:	Quality of Care
OBJECTIVE:	Determine whether the incorporation of individuals with lived experience in the criminal justice and behavioral health systems as peer case managers in outpatient and case management teams improve treatment outcomes for consumers with criminal justice background by 20%.
INDICATOR(S) & BASELINE:	▪ Percent of study population who engage in treatment at least 3 times within 30 days following enrollment in outpatient treatment and case management program: 47.3% ▪ Percent of study population who engage in treatment at least 3 times within 60 days following enrollment in outpatient treatment and case management program: 57.3% ▪ Percent of study population who have reduced jail admissions in the year following program enrollment compared to the year prior to enrollment. 58.5% ▪ Percent of study population who completed their treatment goals and/or left the program with successful progress on their treatment goals. 14.3%
ACTION STEPS:	▪ Continue implementation of reentry treatment and case management teams with peer case managers ▪ Provide support and technical assistance for reentry treatment and case management teams ▪ Continue measuring outcomes on monthly basis ▪ Analyze results to determine lessons learned to be incorporated into ACBH system
MONITORING METHOD/ TIMEFRAME:	Yellowfin dashboards – continuous monitoring Customized administrative data reports – monthly reporting
RESPONSIBLE PARTNERS:	Quality Improvement Committee; Adult and Older Adult System of Care; Office of Consumer Empowerment; Provider Partners; Adult Forensic Behavioral Health

2. **Non-Clinical PIP – Mental Health**

AREA:	Access, Cultural Responsiveness
OBJECTIVE:	Determine whether providing a language assistance line for all providers for and all services will improve the penetration rates and outcomes for beneficiaries whose primary language is a non-English threshold language – especially for beneficiaries whose primary language is an Asian or Pacific Islander language – by 10%.
INDICATOR(S) & BASELINE:	▪ Penetration rates for non-English speakers: 2.8% overall, 2.4% outpatient
ACTION STEPS:	▪ Implement language line contract ▪ Train providers on utilizing language line and telephonic interpreters ▪ Collect and analyze data regarding language line utilization and penetration rates ▪ Analyze results to determine lessons learned to be incorporated into ACBH system
MONITORING METHOD/ TIMEFRAME:	Yellowfin dashboards – continuous monitoring Language line utilization reports – monthly reporting
RESPONSIBLE PARTNERS:	Quality Improvement Committee; Quality Assurance; Office of Ethnic Services; Cultural Responsiveness Committee; Adult System of Care; Children's System of Care; Provider Partners

Table within INDICATOR(S) & BASELINE:

Language	Overall Penetration Rate	Outpatient Penetration Rate
Non-English	2.8%	2.4%
Cantonese	1.03%	0.90%
Mandarin	0.59%	0.54%
Vietnamese	1.19%	0.96%
Tagalog	1.29%	0.95%
Arabic	1.63%	1.30%
Farsi	4.61%	3.98%

3. **PIP Development – Mental Health**

In July 2019, the QIC launched a subcommittee to address the low penetration rates for Asian and Pacific Islander (API) beneficiaries. This group has been meeting regularly to develop two potential PIPs, to be launched in FY 19-20.

4. **Clinical PIP – Substance Use Disorder**

AREA:	Quality of Care
OBJECTIVE:	Determine whether providing a recovery coach following withdrawal management will increase the number of clients connected to outpatient SUD services following discharge by 20%?
INDICATOR(S) & BASELINE:	▪ % of withdrawal management clients assessed for outpatient level of care connected to outpatient services within 30 days of discharge ▪ % of withdrawal management clients assessed for outpatient level of care engaged with outpatient services for 30 days following initial appointment ▪ % of withdrawal management clients assessed for outpatient level of care engaged with outpatient services for 60 days following initial appointment ▪ % of withdrawal management clients assessed for outpatient level of care successfully discharged from outpatient services ▪ % of withdrawal management clients assessed for outpatient level of care who return to withdrawal management
ACTION STEPS:	▪ Incorporate question on withdrawal management intake form regarding interest in recovery coach ▪ Hire recovery coach through provider partner ▪ Assign recovery coach to withdrawal management clients to support transition to outpatient services ▪ Collect and analyze data regarding client engagement and outcomes ▪ Analyze results to determine lessons learned to be incorporated into ACBH system
MONITORING METHOD/ TIMEFRAME:	Yellowfin dashboards – continuous monitoring Yellowfin reports – monthly reporting
RESPONSIBLE PARTNERS:	Quality Improvement Committee; Substance Use Disorder Program; Quality Assurance; Data Services; Provider Partners

5. **PIP Development – Substance Use Disorder**

In July 2019, the QIC launched a subcommittee to develop clinical and non-clinical SUD PIPs. This group has been meeting regularly to develop a second, non-clinical PIPs, expected to be launched by the end of October 2019.

B. Quality Improvement Projects (QuIPs)

AREA:	Service Utilization: Strategies to reduce avoidable hospitalizations
OBJECTIVE:	Reduce recidivism by 15% and increase connection to outpatient services following hospital event by 20%.
INDICATOR & BASELINE:	• 19.3% of clients recidivate to hospitals within 30 days • 34.5% of clients connected to outpatient following hospitalization within 7 days • 44.1% of clients connected to outpatient following hospitalization within 30 days
ACTION STEPS:	• Develop baseline indicators for FSP clients on above metrics • Assess effectiveness of Performance Outcomes for Full Service Partnership • Implement Post-Crisis Follow-up Team • Streamline Communication Process between Hospital Social Workers and Outpatient Programs • Implement Expansion of Mobile Crisis Teams • Implement Revamped County-Wide Care Coordination Collaboration
MONITORING METHOD/ TIMEFRAME:	Yellowfin dashboards, InSyst hospital services reports, Care Coordination Conference for High Utilizers of Multiple Systems (HUMS) Monthly, quarterly, and annual review and reporting
RESPONSIBLE PARTNERS:	Utilization Management, Information Systems, Data Services, Adult and Older Adult System of Care

AREA:	Standards of Clinical Practice & Provider Capacity
OBJECTIVE:	Increase number of individuals trained and availability of trainings by implementing online training modules for Quality Assurance (QA) trainings by 20%.
INDICATOR & BASELINE:	▪ 770 individuals completed QA training (by topic) ▪ # of individuals completing online QA training (by topic)
ACTION STEPS:	▪ Create online training modules for quality assurance including for clinical documentation ▪ Set up online training software ▪ Develop training material and content for key QA topics ▪ Produce trainings and publish online ▪ Develop tracking mechanism for completion of online trainings
MONITORING METHOD/ TIMEFRAME:	Customized report on trainings through tracking system – monthly
RESPONSIBLE PARTNERS:	Quality Assurance, Workforce Employment and Training, Information Systems, Provider Partners

AREA:	Continuity and Coordination of Care

OBJECTIVE:	Improve transition of consumers between Children and Young Adult System of Care providers and Adult and Older Adult System of Care providers
INDICATOR & BASELINE:	▪ Number of children/young adults who age out of ACBH children's services, and are referred to and subsequently served by an ACBH adult provider
ACTION STEPS:	▪ Create a working group, recruiting key stakeholders, to develop a PIP or QuIP on this issue ▪ Identify barriers to continuity of care between Children and Young Adult System of Care and Adult and Older Adult System of Care ▪ Implement pilot project to address barriers ▪ Develop outcome goals and accompanying reports to track outcomes. ▪ Create Transition Guidelines for young adults, adults, and older adults
MONITORING METHOD/ TIMEFRAME:	Yellowfin dashboard – continuous monitoring
RESPONSIBLE PARTNERS:	Children and Young Adult System of Care, Adult and Older Adult System of Care, Quality Improvement Committee

AREA:	Performance Measurement and Management
OBJECTIVE:	Distribute or improve access to performance dashboards for all providers
INDICATOR & BASELINE:	▪ # of providers (entities) with access to Yellowfin ▪ # of providers (individuals) with access to Yellowfin ▪ # of providers (entities) that log into Yellowfin at least once a month ▪ # of providers (individuals) that log into Yellowfin at least once a month
ACTION STEPS:	▪ Improve process for connecting providers – both entities and individuals – to Yellowfin ▪ Distribute access to providers – both entities and individuals – who are not yet on Yellowfin ▪ Create or improve Yellowfin dashboards that enable providers to review performance data for quality improvement ▪ Provide regular trainings for providers to support and improve utilization of Yellowfin data
MONITORING METHOD/ TIMEFRAME:	Yellowfin dashboard – monthly reporting
RESPONSIBLE PARTNERS:	Data Services, Information Systems, Provider Partners, Quality Improvement Committee

Section III. Network Adequacy & Timeliness

AREA:	Timeliness for Scheduling Routine Mental Health Appointments
OBJECTIVE:	Reduce the average wait time from initial request for non-urgent mental health services to the first offered clinical assessment appointment and to the first service by 10% for both outpatient and psychiatric services.
INDICATOR & BASELINE:	▪ # of days from the date of initial request to the date of first offered appointment ▪ # of days from the date of initial routine appointment service request to the date of first routine service
ACTION STEPS:	▪ Develop and implement tool to measure timeliness at all ACBH helplines, screening and referral entry points, and service-entry points ▪ Develop monitoring tools and reports to monitor compliance with Timeliness Policy ▪ Identify barriers to timely service ▪ Identify and implement pilot to reduce wait time
MONITORING METHOD/ TIMEFRAME:	Yellowfin dashboards – continuous monitoring ACCESS Log of Initial Contacts – monthly reports New tool to record first request for service and first offered appointment – monthly reports
RESPONSIBLE PARTNERS:	ACCESS, Data Services/Information Systems, Quality Management; Children and Young Adult System of Care, Adult and Older Adult System of Care; Substance Use Disorder Program

AREA:	Timeliness for Services for Urgent Mental Health Conditions
OBJECTIVE:	Develop baseline metrics for access to urgent outpatient and psychiatric mental health appointments.
INDICATOR & BASELINE:	▪ # of days from the date of initial urgent service request to the date of first offered appointment ▪ # of days from the date of initial urgent service request to the date of first service
ACTION STEPS:	▪ Develop and implement tool to measure timeliness at all ACBH helplines, screening and referral entry points, and service-entry points ▪ Develop monitoring tools and reports to monitor compliance with Timeliness Policy
MONITORING METHOD/ TIMEFRAME:	Yellowfin dashboards – continuous monitoring ACCESS Log of Initial Contacts – monthly reports New tool to record first request for service and first offered appointment – monthly reports
RESPONSIBLE PARTNERS:	ACCESS, Data Services/Information Systems, Quality Management, Children and Young Adult System of Care, Adult and Older Adult System of Care; Substance Use Disorder Program

AREA:	Timeliness for Scheduling Routine Substance Use Disorder Treatment Services (SUD) Appointments
OBJECTIVE:	Reduce the average wait time from initial request for non-urgent SUD services to the first offered clinical assessment appointment and to the first service by 10% for both outpatient and NTP.
INDICATOR & BASELINE:	▪ # of days from the date of initial request to the date of first offered appointment ▪ # of days from the date of initial routine appointment service request to the date of first routine service
ACTION STEPS:	▪ Develop and implement tool to measure timeliness at all ACBH helplines, screening and referral entry points, and service-entry points ▪ Develop monitoring tools and reports to monitor compliance with Timeliness Policy ▪ Identify barriers to timely service ▪ Identify and implement pilot to reduce wait time
MONITORING METHOD/ TIMEFRAME:	Yellowfin dashboards – continuous monitoring ACCESS Log of Initial Contacts – monthly reports New tool to record first request for service and first offered appointment – monthly reports
RESPONSIBLE PARTNERS:	ACCESS, Data Services/Information Systems, Quality Management; Children and Young Adult System of Care, Adult and Older Adult System of Care; Substance Use Disorder Program

AREA:	Timeliness for Services for Urgent Substance Use Disorder Treatment Services
OBJECTIVE:	Develop baseline metrics for access to urgent outpatient and NTP SUD appointments.
INDICATOR & BASELINE:	▪ # of days from the date of initial urgent service request to the date of first offered appointment ▪ # of days from the date of initial urgent service request to the date of first service
ACTION STEPS:	▪ Develop and implement tool to measure timeliness at all ACBH helplines, screening and referral entry points, and service-entry points ▪ Develop monitoring tools and reports to monitor compliance with Timeliness Policy
MONITORING METHOD/ TIMEFRAME:	Yellowfin dashboards – continuous monitoring ACCESS Log of Initial Contacts – monthly reports New tool to record first request for service and first offered appointment – monthly reports
RESPONSIBLE PARTNERS:	ACCESS, Data Services/Information Systems, Quality Management, Children and Young Adult System of Care, Adult and Older Adult System of Care; Substance Use Disorder Program

Section IV. Cultural & Linguistic Competence

Improving cultural and linguistic competence is a critical component of ACBH's Quality Assessment and Performance Improvement efforts. The following objectives were developed in coordination with the Office of Ethnic Services, based on ACBH's Cultural Competence Plan.

AREA:	Access & Cultural Responsiveness
OBJECTIVE:	Increase the penetration rates by 50% for Asian and Pacific Islander (API) Medi-Cal beneficiaries.
INDICATOR & BASELINE:	Penetration rate for API beneficiaries
ACTION STEPS:	▪ Develop and implement a clinical Performance Improvement Project (See Section II.A.3. "PIP Development) ▪ Develop and implement a non-clinical Performance Improvement Project (See Section II.A.3. "PIP Development)
MONITORING METHOD/ TIMEFRAME:	Yellowfin dashboard – monthly
RESPONSIBLE PARTNERS:	Quality Improvement Committee; Office of Ethnic Services; Cultural Responsiveness Committee; Adult and Older Adult System of Care; Mental Health Services Act; Provider Partners

AREA:	Access & Linguistic Responsiveness
OBJECTIVE:	Increase the penetration rates by 25% for Medi-Cal beneficiaries whose primary language is a non-English threshold language, especially Asian and Pacific Islander languages.
INDICATOR & BASELINE:	• Penetration rates for non-English speakers: 2.8% overall, 2.4% outpatient

Language	Overall Penetration Rate	Outpatient Penetration Rate
Non-English	2.8%	2.4%
Cantonese	1.03%	0.90%
Mandarin	0.59%	0.54%
Vietnamese	1.19%	0.96%
Tagalog	1.29%	0.95%
Arabic	1.63%	1.30%
Farsi	4.61%	3.98%

ACTION STEPS:	• Implement a non-clinical Performance Improvement Project (See Section II.A.2. "Non-Clinical PIP – Mental Health)
MONITORING METHOD/ TIMEFRAME:	Yellowfin dashboards – continuous monitoring Language line utilization reports – monthly reporting
RESPONSIBLE PARTNERS:	Quality Improvement Committee; Quality Assurance; Office of Ethnic Services; Cultural Responsiveness Committee; Adult System of Care; Children's System of Care; Provider Partners