

**Alameda County Behavioral Health
FY 19-20 Quality Assessment Performance Improvement Work Plan Final Evaluation**

Section	Goal/Area	Action Steps to Meet Goal	Action Step Status	Final Assessment	Performance Measure	Baseline Indicator	Final Measure
I. QI Monitoring Activities	Performance Data	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.	Complete	Met			
	Beneficiary Grievances	ACBH will continue monitoring grievances and analyzing trends.	Complete	Met			
		ACBH will establish an automated tracking system for grievances.	Not yet started	Not Met			
	Appeals & Expedited Appeals	ACBH will continue monitoring appeals and analyzing trends.	Complete	Met			
	Fair Hearings & Expedited Fair Hearings	ACBH will continue to process fair hearings and analyzing trends.	Complete	Met			
	Provider Appeals	ACBH will establish a Provider Problem Resolution and Appeal policy and process in fall 2019 and create a system for tracking problems and appeals.	In Progress	Not Met			
	Clinical Records Review	ACBH will provide technical assistance to providers to reduce disallowance of claims. ACBH will also audit for follow-up appointments matching individualized treatment plans.	Complete	Met			
	Unusual Occurrences	ACBH will continue monitoring appeals and analyzing trends. ACBH will decrease "unknown" as the reason for consumer deaths by 25%.	Complete	Met			
Beneficiary Surveys	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.	Complete	Met				
II. QAPI ActivitiesA. PIPs	MH Clinical PIP - 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%.	1. Continue implementation of reentry treatment and case management teams with peer case managers	Complete	Met	% of study population who engage in treatment at least 3 times within 30 days following enrollment in outpatient treatment and case management program	29.5% (66/264)	69.9% (211/302)
		2. Provide support and technical assistance for reentry treatment and case management teams	Complete		% of study population who engage in treatment at least 3 times within 60 days following enrollment in outpatient treatment and case management program	36.2% (81/224)	84.5% (239/283)
		3. Continue measuring outcomes on monthly basis	Complete		% of study population who have reduced jail admissions in the year following program enrollment compared to the year prior to enrollment	58.5% (86/147)	70.9% (73/103)
		4. Analyze results to determine lessons learned to be incorporated into ACBH system	Complete		% of study population who completed their treatment goals and/or left the program with successful progress on their treatment goals	39.4% (13/33)	77.6% (132/170)
	MH Non-Clinical PIP - Determine whether providing a language assistance line for all providers for and all services will improve the penetration rates and outcomes for	1. Implement language line contract	Complete	Partially Met	Medi-Cal Penetration Rate for API non-English Speakers	1.25% overall, 1.17% outpatient	1.2% overall, 1.13% outpatient
		2. Train providers on utilizing language line and telephonic interpreters	In Progress				
		3. Collect and analyze data regarding language line utilization and penetration rates	Complete				

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	beneficiaries whose primary language is a non-English threshold language – especially for beneficiaries whose primary language is an Asian or Pacific	4. Analyze results to determine lessons learned to be incorporated into ACBH system	In Progress				
	MH PIP Development	1. Develop 2 PIPs for FY 19-20	In Progress	Not Met			
	SUD Clinical PIP - Determine whether providing a recovery coach while in withdrawal management will increase the number of clients connected to outpatient SUD services following discharge by 20%	1. Incorporate question on withdrawal management intake form regarding interest in recovery coach	Complete	Met	Percent of withdrawal management clients assessed for outpatient level of care connected to outpatient services within 30 days of discharge	N/A	N/A
		2. Hire recovery coach through provider partner	Complete		Percent of withdrawal management clients assessed for outpatient level of care engaged with outpatient services for 30 days following initial appointment	N/A	N/A
		3. Assign recovery coach to withdrawal management clients to support transition to outpatient services	Complete		Percent of withdrawal management clients assessed for outpatient level of care engaged with outpatient services for 60 days following initial appointment	N/A	N/A
		4. Collect and analyze data regarding client engagement and outcome	In Progress		Percent of withdrawal management clients assessed for outpatient level of care successfully discharged from outpatient services	N/A	N/A
		5. Analyze results to determine lessons learned to be incorporated into ACBH system	In Progress		Percent of withdrawal management clients assessed for outpatient level of care who return to withdrawal management	N/A	N/A
	SUD Non-Clinical PIP	1. Develop Non-Clinical PIP	Complete	Met			
II. QAPI ActivitiesB. QuIPs	Service Utilization: Strategies to reduce avoidable hospitalizations Reduce recidivism by 15% and increase connection to outpatient services following hospital event by 20%.	1. Develop baseline indicators for FSP clients on above metrics	Complete	Partially Met	% of clients recidivate to hospitals within 30 days	17% (CY 2017)	18% (CY 2018)
		2. Assess effectiveness of Performance Outcomes for Full Service Partnership	Complete		% of clients connected to outpatient following hospitalization within 7 days	39% (CY 2017)	34% (CY 2018)
		3. Implement Post-Crisis Follow-up Team	Complete		% of clients connected to outpatient following hospitalization within 30 days	59% (CY 2017)	55% (CY 2018)
		4. Streamline Communication Process between Hospital Social Workers and Outpatient Programs	Complete				
		5. Implement Expansion of mobile crisis/post-crisis teams	Complete				
		6. Implement Revamped County-Wide Care Coordination Collaboration	Complete				
	Standards of Clinical Practice & Provider Capacity: Increase number of individuals trained and availability of trainings by implementing online training modules for Quality Assurance (QA)	1. Create online training modules for quality assurance including for clinical documentation	Complete	Partially Met	# of individuals completing QA training	770	738
		2. Set up online training software	Complete		# of individuals completing QA training online	0	80
		3. Develop training material and content for key QA topics	In Progress				
		4. Produce trainings and publish online	In Progress				
		5. Develop tracking mechanism for completion of online trainings	In Progress				
	Continuity and Coordination of Care: Improve transition of consumers between Children and Young Adult System of Care providers and Adult and Older Adult System of Care providers	1. Create a working group, recruiting key stakeholders, to develop a PIP or QuIP on this issue	Complete	Met	# and % of TAY consumers referred to adult system of care programs who receive Level I Service Team and/or FSP services	93% (69/74)	95% (41/43)
		2. Identify barriers to continuity of care between Children and Young Adult System of Care and Adult and Older Adult System of Care	Complete				
3. Implement pilot project to address barriers		Complete					
4. Develop outcome goals and accompanying reports to track outcomes		Complete					

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		5. Create Transition Guidelines for young adults, adults, and older adults	Complete				
	Performance Measurement and Management: Distribute or improve access to performance dashboards for all providers	1. Improve process for connecting providers – both entities and individuals – to Yellowfin	Complete	Partially Met	# of providers (entities) with access to Yellowfin	6	8
		2. Distribute access to providers – both entities and individuals – who are not yet on Yellowfin	Complete		# of providers (individuals) with access to Yellowfin	11	16
		3. Create or improve Yellowfin dashboards that enable providers to review performance data for quality improvement	Complete		# of providers (entities) that log into Yellowfin at least once a month	4	6
		4. Provide regular trainings for providers to support and improve utilization of Yellowfin data	Complete		# of providers (individuals) that log into Yellowfin at least once a month	4	6
III. Network Adequacy & Timeliness	Timeliness for Scheduling Routine Mental Health Appointments 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	1. Develop and implement tool to measure timeliness at all ACBH helplines, screening and referral entry points, and service-entry points	Complete	Partially Met	# of days from the date of initial service request to the date of first offered appointment	N/A	N/A
		2. Develop monitoring tools and reports to monitor compliance with Timeliness Policy	Complete		# of days from the date of initial service request to the date of first service		
		3. Identify barriers to timely service	Complete				
		4. Identify and implement pilot to reduce wait time	In Progress				
	Timeliness for Services for Urgent Mental Health Conditions. Develop baseline metrics for access to urgent outpatient and psychiatric mental health appointments.	1. Develop and implement tool to measure timeliness at all ACBH helplines, screening and referral entry points, and service-entry points	Complete	Partially Met	# of days from the date of initial service request to the date of first offered appointment	N/A	N/A
		2. Develop monitoring tools and reports to monitor compliance with Timeliness Policy	Complete		# of days from the date of initial service request to the date of first service	N/A	N/A
	Timeliness for Scheduling Routine Substance Use Disorder Treatment Services (SUD) Appointments. 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	1. Develop and implement tool to measure timeliness at all ACBH helplines, screening and referral entry points, and service-entry points	Complete	Partially Met	# of days from the date of initial service request to the date of first offered appointment	N/A	N/A
		2. Develop monitoring tools and reports to monitor compliance with Timeliness Policy	Complete		# of days from the date of initial service request to the date of first service		
		3. Identify barriers to timely service	Complete				
		4. Identify and implement pilot to reduce wait time	In Progress				
	Timeliness for Services for Urgent Substance Use Disorder Treatment Services. Develop baseline metrics for access to urgent outpatient and NTP SUD appointments.	1. Develop and implement tool to measure timeliness at all ACBH helplines, screening and referral entry points, and service-entry points	Complete	Partially Met	# of days from the date of initial service request to the date of first offered appointment	N/A	N/A
		2. Develop monitoring tools and reports to monitor compliance with Timeliness Policy	Complete		# of days from the date of initial service request to the date of first service	N/A	N/A
IV. Cultural & Linguistic Competence	Access & Cultural Responsiveness Increase the penetration rates by 50% for Asian and Pacific Islander (API) Medi-Cal beneficiaries.	1. Develop and implement a clinical Performance Improvement Project (See Section II.A.3. "PIP Development)	In Progress	Not Met	Medi-Cal Penetration Rate for API beneficiaries	1.65% overall, 1.44% outpatient	1.63% overall, 1.44% outpatient
		2. Develop and implement a non-clinical Performance Improvement Project (See Section II.A.3. "PIP Development)	In Progress				

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	<p>Access & Linguistic Responsiveness 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.</p>	<p>1. Implement a non-clinical Performance Improvement Project (See Section II.A.2. "Non-Clinical PIP – Mental Health)</p>	<p>Complete</p>	<p>Partially Met</p>	<p>Medi-Cal Penetration Rate for API non-English Speakers</p>	<p>1.25% overall, 1.17% outpatient</p>	<p>1.2% overall, 1.13% outpatient</p>
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