

Goal/Area	Action Steps to Meet Goal	Performance Measure	Baseline Period 22-23	Baseline Measures 22-23	Final Measures 23-24
1. MH Clinical PIP – Follow-Up after Emergency Department visit for Mental Illness (FUM)  Increase the percentage of clients who receive timely follow up after an Emergency Department Visit for Mental Illness by 5%	Create ED client alerts for pilot County-operated clinics to receive when their clients discharge from the ED	% of ED Visits for Mental Illness that were followed by a connection to mental health services within 7 days (FUM7)	April 30-June 30, 2023	55.0%	pending*
	Create system for text, phone, in-person follow-up with MH clients	% of ED Visits for Mental Illness that were followed by a connection to mental health services within 30 days (FUM30)		82.0%	pending*
	Create dashboard to monitor intervention outputs and client outcomes				
	Analyze data and draw conclusions to improve interventions				
	Expand pilot to include a broader set of MHS providers				
2. MH Non-Clinical PIP – Increase timely access to adult psychiatric care from point of ACCESS referral.	Provide a ‘warm handoff’ from ACCESS and PTW by transferring 5 calls a week from ACCESS to PTW while the client is still on the line.	Number of Warm Handoff referrals made per week	May 2022-April 2023	3	pending*
	Augment PTW contract to increase capacity to provide psychiatric care	Number of Referred Clients who have a Pathways to Wellness (PTW) encounter within 30 days of referral		(127/685) 18.5%	pending*
3. SUD Non-Clinical PIP – Follow-Up after Emergency Department visit for Alcohol or other drug abuse/dependence (FUA)  Increase the percentage of clients who receive timely follow up after an Emergency Department Visit for Alcohol or other drug abuse/dependence (AOD) by 5%	Create alert system for notifying SUD contractors about clients presenting at the ED	Percent of SUD Outpatient and OTP clients who received contact from the Plan within 7 days of ED discharge: 50%	April 30-June 30, 2023	71.0%	pending*
	Create dashboard to monitor intervention outputs and client outcomes	Percent of SUD Outpatient and OTP clients who received contact from the Plan within 30 days of ED discharge: 68.8%		86.0%	
	Analyze data and draw conclusions to improve interventions				
	Scale pilot expansion to include strategies for non-SUD connected beneficiaries				pending*
4. SUD Clinical PIP – Care Coordination/Case Management in SUD residential programs  Improve rates of positive discharges and successful transition to next level of care	Train contracted providers to properly code case management	Percent of residential clients with care coordination services	6/2023	40.5%	pending*
	Create dashboard to monitor intervention outputs and client outcomes	Percent of residential clients with positive discharge		56.8%	pending*
	Analyze data and draw conclusions to improve interventions	Percent of residential clients with successful transition to next level of care		35.4%	pending*

\* Due to SmartCare delays and Medi-Cal’s 12 month claiming window, we are still collecting data for the last quarter of FY23-24

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<p>1. Continuity and Coordination of Care</p> <p>Improve transition of clients between Transition Age Youth (TAY) providers and Adult and Older Adult System of Care providers as follows:</p> <p>A. Increase the percent of TAY clients referred to adult system of care programs who receive Level 1 and FSP services that are still connected to adult services after six months to 85%.</p> <p>B. Increase the percent of TAY clients referred to adult system of care programs who receive Level 1 and FSP services that are still connected to adult services after twelve months to 80%.</p> <p>C. Maintain length of time between when clients are open to adult programs and when TAY provider closes services of 35 days on average; and a median of 30 days.</p>	1. Continue implementation of Transition Protocol for TAY to adult system of care	Number and percent of TAY clients referred to adult system of care programs who receive Level 1 and FSP services.	6/2023	86%	Pending
	2. Continue sending report of clients turning 25 within 6 months to TAY providers to ensure all appropriate clients are referred for transition	Number and percent of TAY clients referred to adult system of care programs who receive Level 1 and FSP services that are still connected to adult services after six months.	6/2023	74%	Pending
	3. Create Yellowfin Dashboard for continuous monitoring	Number and percent of TAY clients referred to adult system of care programs who receive Level 1 and FSP services that are still connected to adult services after twelve months	6/2023	80%	Pending
		Average length of time between when clients are open to adult programs and when TAY provider closes services	6/2023	16.3 days avg.	Pending
		Median length of time between when clients are open to adult programs and when TAY provider closes services	6/2023	13 median	Pending
<p>2. Performance Measurement and Management</p> <p>Distribute or improve access to performance dashboards for all contracted providers</p>	1. Create and improve Yellowfin dashboards that enable providers to review performance data for quality improvement	Number of providers (agencies) with access to Yellowfin	6/2023	10	Pending
	2. Improve process and publish guide for connecting providers to Yellowfin accounts for provider-specific/client-level data, in coordination with Information Systems Network Team, Quality Improvement/Quality Management, and Privacy Officer	Number of providers (individuals) with account-specific access to Yellowfin	6/2023	45	Pending
	3. Distribute access to providers – both entities and individuals – who are not yet on Yellowfin	Number of providers (agencies) that log into Yellowfin at least once a month	6/2023	8	Pending
	4. Provide regular trainings for providers to support and improve utilization of Yellowfin data	Number of providers (individuals) that log into Yellowfin at least once a month			Pending
	5. Create a public-facing County Behavioral Health Dashboard	Number of Yellowfin Hour attendees	6/2023	60	Pending
	6. Implement a semi-annual survey for County and Contract Provider staff to evaluate effectiveness of Yellowfin	Number of automated data broadcasts sent to contracted providers per month from ACBHD Business Intelligence (BI)	FY 22-23	13	Pending
		Number of individuals that receive automated data broadcasts per month from ACBHD BI	6/2023	463	Pending

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		Number of agencies that receive automated broadcasts/data emails per month	6/2023	407	Pending
3. Quality of Care	1. Increase distribution of overdose reversal medication in opioid treatment programs	Number of discharges to death for opioid treatment programs	FY 22-23	22	Pending
Reduce the number of deaths of consumers in opioid treatment programs	2. Increase utilization of counseling/case management services in opioid treatment programs	Percent of discharges to death for opioid treatment programs	FY 22-23	2.4% 22/927	Pending
4. Quality of Care	1. Establish three-way call procedure between client, referring provider, and new provider (in next level of care)	Average days until first clinical appointment in next Level of Care (LOC) after discharge from Intensive Outpatient	FY 22-23	9.3	Pending
Increase frequency of follow-up appointments for next Level of Care (LOC) in accordance with individualized substance use treatment plans	2. 1 to 5 days prior to a planned discharge, SUD residential providers must communicate with Center Point's Care Navigator, the referred LOC (Outpatient Services, Intensive Outpatient Services, or Recovery Support Services), and the client via a warm hand-off to facilitate the client's connection to step-down treatment	Average days until first clinical appointment in next Level of Care (LOC) after discharge from Opioid Detox	FY 22-23	Pending	Pending
		Average days until first clinical appointment in next Level of Care (LOC) after discharge from Opioid Maintenance	FY 22-23	10.3	Pending
		Average days until first clinical appointment in next Level of Care (LOC) after discharge from Outpatient Services	FY 22-23	10.1	Pending
		Average days until first clinical appointment in next Level of Care (LOC) after discharge from Perinatal Residential	FY 22-23	5.9	Pending
		Average days until first clinical appointment in next Level of Care (LOC) after referral from Portal	FY 22-23	10.7	Pending
		Average days until first clinical appointment in next Level of Care (LOC) after discharge from Recovery Residence	FY 22-23	10.9	Pending
		Average days until first clinical appointment in next Level of Care (LOC) after discharge from Recovery Support Services	FY 22-23	7.0	Pending
		Average days until first clinical appointment in next Level of Care (LOC) after discharge from Residential	FY 22-23	8.7	Pending
		Average days until first clinical appointment in next Level of Care (LOC) after discharge from Residential Withdrawal Management	FY 22-23	10.4	Pending
		Average days until first clinical appointment in next Level of Care (LOC) after discharge from Sobering	FY 22-23	4.2	Pending
		% of clients who receive at least 1 clinical appointment in next LOC within 7 days after discharge from another LOC	FY 22-23	19.9%	Pending
		% of clients who receive at least 1 clinical appointment in next LOC within 14 days after discharge from another LOC	FY 22-23	22.2%	Pending
		% of clients who receive at least 1 clinical appointment in next LOC within 30 days after discharge from another LOC	FY 22-23	25.1%	Pending
5. Quality of Care	1. Continue to refine the Older Adult Training and Certification Program curriculum. The training provides 12 CEs total, with attendees eligible for partial or total credits	Number of clinicians who complete older adult training program	FY 22-23	81	Pending
Increase services to and improve outcomes for older adults by training clinicians on working with older adults.	2. Develop tools to support the training including PowerPoint and session recordings	Percent of training attendees whose Post-Test scores improved upon the Pre-Test scores by at least 30%	FY 22-23	30.0%	Pending
	3. Continue to refine the training pre/post-test				
	4. Based upon data analysis, modify training and/or modify clinicians' practices				

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6. Quality of Care / Access to Care  Increase number of client referrals to Vocational Program by 10%. Increase Number of Job Starts by 5%. Maintain % caseload employed at 40%.	1. Reach out to clinical teams/case managers to discuss available Vocational Program services to support program referrals	Number of adult and Transition Age Youth (16 – 24) clients with open episodes in Vocational Program	FY 22-23	301	Pending
	2. Present two client information sessions per year to clients in eligible programs to support client self-referrals	% of clients who have fewer hospitalizations 6 months after Vocational Program episode opening compared to 6 months before	FY 22-23	4.0%	Pending
	3. Create Yellowfin report to monitor outcomes	% of clients who have fewer hospitalizations 6 months after Vocational Program episode closing compared to 6 months before episode opening	FY 22-23	7.9%	Pending
		% of clients who have fewer hospitalizations 1 year after Vocational Program episode opening compared to 1 year before	FY 22-23	9.6%	Pending
7. Involve Law Enforcement in Crisis Services Education and Training (Quality of Care)  Update and expand our Crisis Intervention Training (CIT) for law enforcement and other first responders. Increase the number of trainees by 10%	1) Individual and overall class evaluations; satisfaction at 70% or better for 90% of participants.	Number of CIT participants	FY 22-23		Pending
	2) Update and improve training to ensure every class imparts knowledge, teaches applied skills, and builds empathy.	Number of CIT participants who complete the training	FY 22-23		Pending
	3) Secure primary and back-up SME for specific training topics	Number of mobile crisis requests by law enforcement	FY 22-23		Pending
	4) Invite individuals with history of mental health challenges, substance use disorders, and/or incarceration to participate on the CIT consumer family panel.	Number of CIT evaluations	FY 22-23		Pending
8. Access to Care/Quality of Care  Increase the use of voluntary crisis services thought the county by 5%	1) Develop baseline metrics for Mobile Crisis	Number of tabling events and presentations marketing crisis services	FY 22-23		Pending
	2) Analyze crisis stabilization unit and crisis residential treatment data for recidivism	Number Mobile Crisis Teams interventions	FY 22-23		Pending
	3) Expansion of outreach and engagement teams	Average length of stay in CSU/CRT	FY 22-23		Pending
	4) Educate the community about voluntary low barrier prevention and early intervention services	Recidivism within 7 days	FY 22-23		Pending
	5) Start a social media campaign for ACBHD Crisis Services, highlighting Crisis Support Services/988, (CSS)	Recidivism within 30 days	FY 22-23		Pending
	6) Linkage to voluntary crisis services	Number of Mobile Crisis teams responding throughout the county	FY 22-23		Pending
	7) Recruitment and retention of mobile, outreach and engagement team staff and continue intern program.		FY 22-23		Pending

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<b>III. Network Adequacy &amp; Timeliness</b>	1. Timeliness for Scheduling Non-Urgent Mental Health Appointments  Reduce the wait time from initial request for routine psychiatric services to the first offered appointment and to the first service by 10%.	1. Develop and implement tool to measure timeliness at all ACBHD helplines, screening and referral entry points, and service-entry points for psychiatry	Average number of business days from the date of initial request of a routine psychiatry appointment to the date of first offered appointment:		14	Pending
			Median number of business days from the date of initial request of a routine psychiatry appointment to the date of first offered appointment		15	
		2. Increase provider compliance with timeliness submissions to improve data availability	Average number of business days from the date of initial request of a routine psychiatry appointment to the date of first actual service		17.8	
			Number of business days from the date of initial request of a routine psychiatry appointment to the date of first actual service		18	
		3. Develop monitoring tools and reports to monitor compliance with Timeliness Policy for psychiatry				
		4. Identify barriers to timely service for psychiatry				
		5. Identify and implement pilot to reduce wait time for psychiatry				
	2. Timeliness for Services for Urgent Mental Health & Substance Use Conditions  Reduce the wait time from initial request for urgent mental health and substance use services to the first offered appointment by 10%.	1. Develop and implement operational definitions of “urgent” (i.e., standard set of questions) for mental health and substance use services	Average number of hours from the time of initial urgent mental health service request to the time of first offered appointment		24.2	Pending
			Median number of hours from the time of initial urgent mental health service request to the time of first offered appointment		0	Pending
		2. Develop and implement tool to measure timeliness at all ACBHD helplines, screening and referral entry points, and service-entry points 3. Increase provider compliance with timeliness submissions to improve data availability 4. Develop monitoring tools and reports to monitor compliance with Timeliness Policy	Average number of hours from the time of initial urgent substance use service request to the time of first offered appointment		1.9	Pending
	3. Timeliness for Scheduling Non-Urgent Substance Use Treatment Services Appointments  Reduce the average wait time from initial request for routine substance use residential treatment services to the first offered appointment and to the first service by 10%.	1. Develop and implement tool to measure timeliness at all ACBHD helplines, screening and referral entry points, and service-entry points	Average number of days from the date of initial routine substance use residential treatment request to the date of first offered appointment		3.5	Pending
		2. Develop monitoring tools and reports to monitor compliance with Timeliness Policy	Average number of days from the date of initial routine substance use residential treatment request to the date of first actual service		11.6	Pending
		3. Increase provider compliance with timely access reporting				
		4. Follow up with and provide technical assistance or providers who do not meet the timely access standard				
		5. Identify barriers to timely service				
		6. Identify and implement interventions to reduce wait time				

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	4. Responsiveness for 24 Hour Toll-Free Number / Access to After Hours Care – Mental Health  Reduce the response time for the 24-hour toll-free number by 30%, including after hours.	1. Train ACCESS and After-Hours staff on how to answer client questions more effectively on how to access SMHS services, including how to assess whether medical necessity is met, provide information to beneficiaries about services available to treat a client's urgent condition, and provide information to beneficiaries about how to use the client problem resolution and fair hearing processes	Test call response time for the ACCESS number (during business hours and in languages other than English)	FY 22-23	3.74 minutes	Pending
		2. Review and revise ACCESS Protocol as necessary; provide to staff	Test call response time for the ACCESS number (after business hours and in languages other than English)	FY 22-23	1.64 minutes	Pending
		3. Remind staff on ongoing basis regarding the importance of documenting all initial requests made by telephone (including 24/7 line) through a written log that includes the name of the client, the date of the request, and the initial disposition of the request				
		4. Access Division Director will track all missing, insufficient, incorrect, or out of compliance items on each clinician's test calls, and supervisors will provide monthly feedback to staff and discuss any necessary improvements that are to be made.				
		5. Review monthly test calls for accuracy and completeness of information given to beneficiaries. ACCESS Division Director reviews all test calls, sends report to QA and follows up with ACCESS staff and after-hours supervisor with results of test calls.				
	5. Responsiveness for 24 Hour Toll-Free Number / Access to After Hours Care – Substance Use  Reduce the response time for the 24-hour toll-free number by 30%, including after hours.	1. Remind Crisis Support Services on ongoing basis regarding the importance of documenting all calls coming into the 24/7 line, including caller/client name	Average call response time for Center Point's SUD helpline (during business hours and in languages other than English)	FY 22-23	7.7 seconds	Pending
		2. Provide Crisis Support Services with written updates to inform staff scripts to ensure information is accurate and up to date				
		3. Conduct and review monthly test calls for accuracy and completeness of information given to beneficiaries. Provide results and feedback to CenterPoint and Crisis Support Services for quality improvement	Average response time between after-hours call to Crisis Support Services and follow up by SUD Helpline staff (in threshold languages)	FY 22-23	22.1	Pending
		4. Provide regular training and feedback from test calls to Center Point's SUD Helpline counselors and/or Crisis Support Services staff in staff meetings, individual supervision, and/or via written communication				

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		5. Train SUD Helpline staff with monthly American Society of Addiction Medicine (ASAM) case consultation to improve Level of Care screening and referral				

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IV. Cultural & Linguistic Competence	<p>1. Access &amp; Cultural Responsiveness</p> <p>Create an AANHPI Advisory Committee in February 2024 to strategize increase of utilization through outreach and engagement, identifying and addressing barriers to service provision, and development or support of relevant and appropriate service provision to/within communities.</p>	<p>1. Implement recurring AANHPI-focused community engagement events and activities.</p> <p>2. Provide AANHPI focused Behavioral Health related trainings for providers, ACBHD staff and advisory committee members.</p>	<p>1. Number of people/organizations participating in the AANHPI Advisory Group</p> <p>2. Number of AANHPI related community engagement events</p>	FY 22-23	1.47	Pending
IV. Cultural & Linguistic Competence	<p>2. Access &amp; Cultural Responsiveness</p> <p>Increase ACBHD services to the older adult AANHPI population by enhancing our existing partnership with the City of Fremont</p> <p>A. Increase services to older adult AANHPI clients by providing services in community settings.</p> <p>B. Establish a presence in the two (2) Age Well Centers and in the two (2) Senior Housing Complexes whose residents are primarily AANHPI.</p> <p>C. Improve penetration rates within Alameda County for individuals in the older adult AANHPI communities, with a focus on those residing in South Alameda County (Fremont, Newark, Union City).</p> <p>D. Develop a curriculum that is culturally appropriate and responsive to AANHPI needs.</p>	<p>1. Expand the contract with the City of Fremont Older Adult Program</p> <p>2. Hire 2-4 additional bilingual full-time clinicians to provide Specialty Mental Health services</p> <p>3. Establish an ongoing presence at the City of Fremont Age Well Centers</p> <p>4. Establish an ongoing presence at three Senior Housing Complexes</p> <p>5. Facilitate stakeholder meetings to explore additional community locations, such as ethnic faith-based facilities</p>	<p>1. Number of AANHPI older adults served by the Older Adult program</p> <p>2. Number and percentage of field-based services provided by the Older Adult program</p> <p>3. Number of group outreach sessions provided by the Older Adult program</p>	FY 22-23	208, 1, 8	Pending



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IV. Cultural & Linguistic Competence	3. Access & Cultural Responsiveness  Enhance health equity for the AANHPI communities, through increasing access and utilization of behavioral health services within a primary care setting: Bay Area Community Hospital (BACH), and improve health outcomes for Alameda County residents who have emerging to persistent, severe mental health conditions  A. Increase the percent of adult AANHPI BACH patients referred to behavioral health services at BACH by 20%  B. Increase the percent of adult AANHPI BACH patients receiving at least one behavioral health service at BACH by 15%  C. Reach at least 300 AANHPI adult residents in AANHPI -focused health outreach activities  D. Create an API Patient Advisory Board at BACH	1. Implement recurring AANHPI -focused community health outreach events  2. Build AANHPI behavioral health capacity at BACH to serve AANHPI residents  3. Form AANHPI Patient Advisory at BACH	1. Number and percent adult AANHPI BACH patients referred to behavioral health services at BACH  2. Number and percent of adult AANHPI BACH patients receiving at least one behavioral health service at BACH  3. Number of adult AANHPI residents participating in AANHPI -focused outreach health activities  4. Number of people participating in the AANHPI Patient Advisory Board at BACH	FY 22-23	1.30	Pending
V. Consumer & Family Member Initiatives	Peer Support Specialists  Alameda County Behavioral Health Care Services Department (ACBHD) will work with the Health Equity Division to support trainings and certification for peer support specialists to be integrated throughout the ACBHD system of care.	Partner with stakeholders throughout the system to engage in on-going process	Number of trainings hosted	FY 22-23	6	Pending
		Monitor and support the development of the peer support specialist (PSS) classification				Pending
		Develop and implement peer certification program	Number of individuals attending peer trainings	FY 22-23	300	Pending
		Develop and implement peer support trainings	Number of individuals receiving peer certification	FY 22-23	pending	Pending
		Recruit, hire and onboard the PSS position	Number of peer support specialist (PSS) certified through grandparenting process	FY 22-23	pending	Pending
			Number of peer support specialist (PSS) hired and employed by CBOs	FY 22-23	pending	Pending
			Number of peer support specialist (PSS) hired and employed by ACBH	FY 22-23	pending	Pending

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