Drug Medi-Cal Organized Delivery System (DMC-ODS)
and Mental Health Plan (MHP)

Fiscal Year 2023/2024

Quality Improvement Performance Plan (QIPP)

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Background

The San Bernardino County Department of Behavioral Health (DBH) Substance Use Disorder and Recovery Services (SUDRS) and Mental Health Plan (MHP) understand the need to provide excellent services through the provision of client-centered, consumer-driven, recovery oriented, and culturally competent behavioral health care services that strives for integration with primary health care and seeks to address each client's unique needs. It is DBH's mission to assist individuals with issues of substance use disorders (SUD) and mental health (MH) to find solutions to challenges faced, so they may live full and healthy lives and function and thrive within their families and communities.

San Bernardino County DBH SUDRS staff is committed to continued program development and compliance efforts as detailed in the San Bernardino County DBH-SUDRS Drug Medi-Cal Organized Delivery System (DMC-ODS) implementation plan. San Bernardino County DBH SUDRS and MHP strive to provide services based on the annual contract between DBH and the Department of Health Care Services (DHCS) and as detailed in the annual Quality Improvement Performance Plan (QIPP).

The DBH Quality Management Program includes both SUDRS and MHP and is accountable to the DBH Director. The goal of the Quality Management Program is to improve DBH's established treatment outcomes through structural and operational processes and activities that are consistent with current standards of practice. QM conducts performance monitoring activities throughout its operations. These monitoring activities include, but are not limited to the following:

- Improve the access and availability of services;
- Conduct utilization review;
- Improve quality of care, which may include assessing client satisfaction;
- Review provider appeals and resolution of grievances;
- Ensure continuity of care and coordination of care;
- Comply with regulatory and contractual requirements associated with quality management; and
- Improve client outcomes of the service delivery system.

DBH contracts with multiple providers who operate in various locations, offering an array of services in the community. DBH provides behavioral health through its clinics, contract agencies or Fee For Service providers for children, youth, adolescents, transitional age youth, adults and older adults in the San Bernardino County cities, high and low deserts as well as rural and frontier areas.

Purpose

The purpose of the QIPP is to organize and provide structure for Quality Management Program activities and outline DBH's plan in response to specific requirements with both its Implementation Plans, DMC-ODS and MHP.

The QIPP is essentially the Quality Improvement Work Plan for DBH. The QIPP meets the contractual requirements of the SUD and SMHS contracts with DHCS as well as additional areas of performance improvement as identified by California External Quality Review Organization (CAEQRO), the Countywide Vision Statement and DBH Strategic Plan. This is attained in part by the formation of the San Bernardino County DBH Quality Management Action Committee (QMAC). Participation for QMAC includes SUD and MHP practitioners, providers, clients and family members who participate in program activities. The QIPP conducts performance monitoring activities throughout SUDRS and/or MHP operations. These monitoring activities are designed to improve access, quality of care, and outcomes of the service delivery system. The QIPP has been organized into sections which relate to structure, implementation, and quantitatively measurable outcomes used to assess performance and to identify and prioritize areas for improvement. Outlined throughout are the goals, objectives, and outcomes for key areas that have been identified by DBH. They include but are not limited to the following elements: access to service, timeliness of services and/or appointments, service delivery capacity, client satisfaction, technology infrastructure, clinical issues, previously identified issues, provider appeals, continuity of care, and integration with physical health care.

Implementation of the QIPP is through department infrastructure which includes QMAC, subcommittees that function as work groups, focus groups, clients, peers and family advocates, DBH Management, as well as DBH and contract clinics.

The QIPP is evaluated annually and updated as necessary as it is considered a living document.

Quality Improvement Program Committee / Work Group Functions

Quality Management Action Committee (QMAC):

San Bernardino County DBH SUDRS and MHP reviews the quality of services provided to clients. The committee duties include the following:

- Conduct performance monitoring activities using independently gathered information as well as information from the DBH Quality Management Division, DBH Research and Evaluation Division, and other DBH programs to track client and system outcomes, review access to care, review the quality of SUDRS and SMHS, improve the provision of care, and better meet the needs of clients.

- Review, track, and monitor the resolution of client grievances and appeals, state fair hearings, provider appeals, and inpatient and outpatient quality improvement referrals.

- Oversee, facilitate, review, and evaluate the results of Quality Improvement (QI) activities, including performance improvement projects. Institute needed QI actions and ensure follow-up of QI processes and efforts.

- Review, track, and monitor the implementation of technology infrastructure as it relates to electronic health records to ensure consistency with DHCS protocols.

- Oversee the Quality Management Section Work Group. Review reports from Quality Management Work Groups and recommend and institute appropriate actions.

- Document QMAC meetings minutes regarding decisions and actions taken.

- Provide recommendations for procedural and policy changes to improve the quality and delivery of mental health services.

- Participate in the development, evaluation, update and approval of the QIPP.

Quality Improvement Program Committee / Work Group Membership

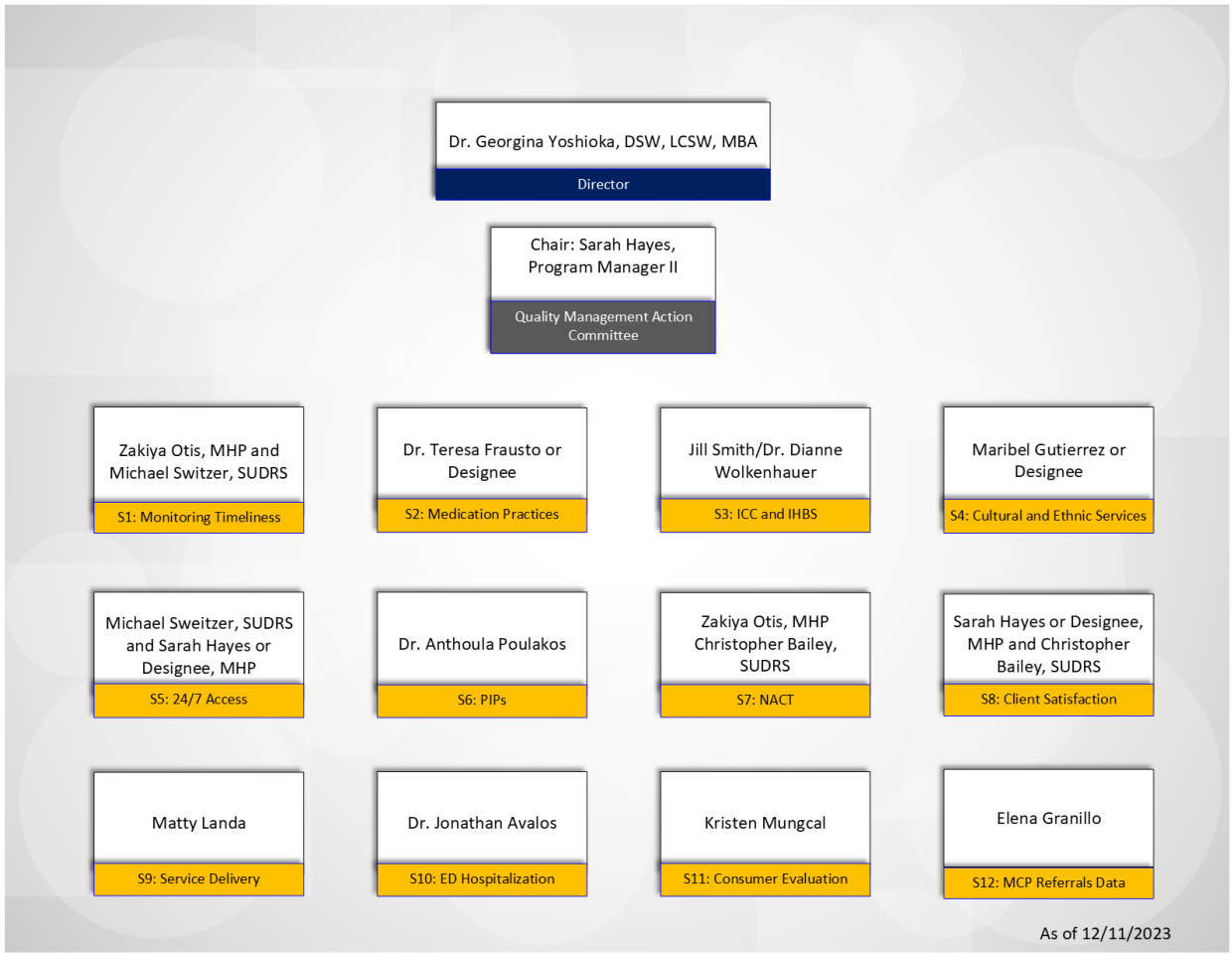
- Work Groups are comprised of clinic, program, contract staff and inclusive of clients and family members. DBH strives to reflect diversity of the committees / work groups in the following areas: unserved/underserved/inappropriately served populations, children/youth, older adult, rural areas, military/veterans, and co-occurring conditions.

- Work Groups are led by the appropriate QMAC subject matter expert who will be responsible for the implementation, evaluation, objectives and goals for the specific objective.

- Responsible partners and Work Groups participate on QMAC as active members and represent their respective section of the QIPP and Work Group. They will report their findings to the committee as well as identify any system barriers and potential solutions.

- The information dissemination pathway is continuous from the Work Groups to QMAC and back to the Work Groups.

Quality Improvement Program Committee / Work Group Structure



Goals / Objectives

SECTION 1 WORK GROUP MONITORING TIMELINESS *(Source: NACT, EQRO, 42CFR438.206(c)(1))*	MHP AND SUDRS
OBJECTIVE 1	1. Perform monitoring activities that gauge the MHP's effectiveness at providing timeliness for initial appointments: non-urgent, psychiatry and urgent. 2. Conduct performance monitoring activities that gauge SUDRS' effectiveness at providing timely DMC-ODS services. 3. Enhance reporting processes regarding timeliness reports. 4. Conduct education regarding timeliness requirements for all levels of the MHP and DMC-ODS to increase knowledge and continue compliance with requirements. 5. Conduct quality improvement activities regarding timeliness of services for clients who were recently discharged from psychiatric hospitalization in order to increase compliance rates.
GOALS	A. Comply with new DHCS requirements of *80% compliance* rate with the following Mental Health (MH) timeliness requirements: • Initial request for non-urgent appointments with a non-physician specialty mental health care provider *within 10 business days* of the request. • Initial psychiatric appointment *within 15 business* days of request for services. • Requests for urgent services are provided *within 48 hours without prior authorization* or *96 hours with prior authorization*. • Non-Urgent Follow-up Appointment with a Non-Physician *within 10 business days of the request for service.* B. Meet Substance Use Disorders and Recovery Services (SUDRS) timeliness requirements: • Offers an outpatient/intensive outpatient treatment (IOT) or residential treatment appointment *within ten (10) business days of request/identified need.* • Offers Narcotic Treatment Program (NTP)/Opioid Treatment Program (OTP) *within three (3) calendar days of request/identified need.* • Non-urgent Follow-up Appointments with a Non-

	Physician *within 10 business days of the request for services.*
GOALS, Continued	C. Monitor bed capacity procurement process for agencies interested in providing IOT and residential treatment with the goal to meet timely access. D. Enhance report process between SUDRS and Research and Evaluation (R&E), including a specialized report to measure timeliness. E. Educate MH and SUDRS staff and contract agencies of the following: • Timeliness requirements when scheduling initial clients with the goal to increase timeliness and • Initial contact log requirements with the goal of increasing the accuracy of the logs and increase the compliance rates. F. Continue to monitor post-hospitalization appointments within seven (7) calendar days of discharge. *Strive for compliance rate of 50% or higher.*
RESPONSIBLE PARTNERS	Quality Management (QM), SUDRS, Research and Evaluation, Regional Operations, Information Technology (IT) and Clinic Program Managers.
EVALUATION TOOL(S)	• SUDRS Quality Assurance Reviews • SUDRS Mystery Shopper Calls • Timeliness Reports • Avatar Scheduler • Dashboards • CSI Assessments • Initial Contact Log (ICL)
WORKGROUP ACTIVITIES	• Develop strategies to be compliant with minimum percentage and timeliness of appointments including hospital discharges, monitor timeliness and disseminate information to QMAC and DBH Leadership. • Provide education through quarterly notices aimed to inform all levels of staffing for DBH MH and SUD clinics and contract agencies of the timeliness requirements to improve compliance. • Conduct education of Initial Contact Log refresher trainings for staff to increase accuracy in the timeliness data and increase timeliness compliance. • Continue to work on strategizing viable options to address post-hospital discharge appointments and processes in-order to increase the percentage of clients who receive a service within seven (7) days of hospital discharge.

SECTION 2 WORK GROUP MONITORING THE SERVICE DELIVERY SYSTEM FOR THE SAFETY & EFFECTIVENESS OF MEDICATION PRACTICES *(Source: MHP & Annual Protocol)*	MHP ONLY
OBJECTIVE 2	1. Ensure mechanisms are in place to provide for the safety and effectiveness of medication practices. 2. Ensure continuity and coordination of care exists between behavioral health and physical health providers.
GOALS	A. Conduct five (5) peer reviews per year, per physician, and provide feedback to physicians on quality of care provided, which is consistent with the "Patient or Peer Feedback Module" that meets the requirements of an Improvement in Medical Practice (PIP) activity established by the American Board of Psychiatry and Neurology (https://abpn.org/maintain-certification/moc-activity-requirements/improvement-in-medical-practice-pip/patient-or-peer-feedback-module/). B. Annually release or revise one (1) new practice guideline topic or Medical Services Practice Policy/Procedure related to medication or related practices. C. Continue using Parameters 3.8 for Use of Psychotropic Medications in Children and Adolescents. D. Complete development of a Psychopharmacology Consultation Team for consultation by physicians regarding patients with complicated treatment issues. E. Purchase and utilize an electronic clinical resource tool(s) containing evidence-based information to support and guide physicians, nursing staff and patients in collaborative clinical decision-making and improving patient care. F. Train 50% of physicians on the use of the V-see telehealth platform to help improve access to care for patients. Assess barriers to both provider and patient use of this modality. G. Continue annual nursing skills training.
RESPONSIBLE PARTNERS	Medical Services, QMAC Sub-Committee, Compliance and Quality Management
EVALUATION TOOL(S)	• Physician Peer Review Form • Medical Services Peer Review Report
WORKGROUP ACTIVITIES	• Workgroup will meet every three (3) months to review and assess medication and related practices, needs of department pertaining to medication practices, and quality of care issues where physician expertise is needed.

WORKGROUP ACTIVITIES, continued	• Workgroup will identify individuals to participate in Psychopharmacology Consultation team and develop process to ensure queries are responded to in a timely manner. • Workgroup will organize training for V-see telehealth, and monitor utilization and barriers. • Workgroup will meet every three (3) months to monitor events of adverse side effects of medications, make recommendations related to prescribing practices, and ensure clients receive proper informational materials related to medication side effects. • Monthly Quality Assurance activity included in monthly Medical Services All staff meetings.

SECTION 3 WORK GROUP **MONITORING INTENSIVE CARE COORDINATION (ICC) AND INTENSIVE HOME-BASED SERVICES (IHBS)** *(Source: MHP)*	**MHP ONLY**
OBJECTIVE 3	1. Conduct performance monitoring activities of Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS) in the MHP to facilitate consistent use of these services for qualified clients.
GOALS	A. Utilize the QIPP information to inform programs and clinicians of their service provision patterns.
RESPONSIBLE PARTNERS	Children and Youth Collaborative Services (CYCS) and R&E.
EVALUATION TOOL(S)	Modify the quarterly report [i.e., Special Report for Outcomes, Utilization, and Treatment (SPROUT)] which will include percentage of clients who receive ICC and IHBS at stratified levels of intensity.
WORKGROUP ACTIVITIES	• Create a project to monitor ongoing access to ICC and IHBS and via this monitoring develop program/agency expectations for service delivery of these services. • Monitor ongoing utilization rates, utilization management and utilization review. • Create a method of providing specific actionable items for programs (i.e., flagging youth with high needs who have a low service pattern of ICC or IHBS). • Explore the relationship of the provision of ICC and IHBS to positive treatment outcomes.

SECTION 4 WORK GROUP MONITORING HEALTH NEEDS IN SPECIFIC CULTURAL AND ETHNIC GROUPS	MHP AND SUDRS
OBJECTIVE 4	1. Conduct performance monitoring of the access and engagement activities among specified racial/ethnic and cultural groups that are currently unserved, underserved, or inappropriately served.
GOALS	A. Maintain and analyze the penetration rates for the undeserved racial/ethnic and cultural populations, twice a year. B. Monitor required annual Cultural Competency training. *Goal: 80%, staff completion.* C. Provide language services training to all DBH new employees to ensure clients receive services in their preferred language when accessing and receiving services. *Goal: 100%.*
RESPONSIBLE PARTNERS	Office of Equity and Inclusion (OEI), Mental Health Services Act (MHSA), Workforce Education and Training (WET), Public Relations and Outreach (PRO), QM, SUDRS, and R&E.
EVALUATION TOOL(S)	• WET Training Reports • Network Adequacy Certification Tool (NACT) Data • PRO and MHSA Outreach Activity Logs • R&E Data and Reports • Staff Bilingual List • QM logs • Language Vendor Use Reports

WORKGROUP ACTIVITIES	• Perform Analysis of Penetration Rates, specifically for Asian, Pacific Islanders and Latino populations.
	• Review the following:
	  • Beneficiary preferred language and workforce linguistic capacity data.
	  • Number of Language Services trainings provided.
	  • Bilingual skills training to DBH bilingual staff.
	  • Utilization of language services.
	  • Mystery shopper and test call reports.
	  • Grievances related to language services delivery issues.
	  • WET training reports for Cultural Competency trainings provided, by staff unit (Administrative, Management staff).
	  • Cultural Competency Training Policy, training hour requirements.
	  • NACT for cultural competence training data.

WORKGROUP ACTIVITIES, continued	• Outreach activities specific to engagement of racial/ethnic and cultural groups. • Collaborate with the Consumer/Family Member Evaluation and Contributions (Section 11) Quality Improvement Work Group to address access and engagement issues.

SECTION 5 WORK GROUP **MONITORING RESPONSIVENESS OF THE 24/7 ACCESS LINE AND ACCESS TO SERVICES** *(Source: DHCS contracts, Annual Protocol)*	**MHP AND SUDRS**
OBJECTIVE 5	1. Conduct monitoring of the 24/7 Beneficiary Access Line (BAL) for SUDRS and 24/7 toll free MHP Access Line to ensure compliance with DHCS contractual requirements. 2. Utilize Call Center software to establish MHP baseline data so that quality improvement efforts can be established. 3. Monitor access and trends for the SUDRS and MHP after-hours lines. 4. Explore the options to merge the two Call Center lines and staffing, including any associated tasks such as cross-training. 5. Conduct regular ongoing trainings with DBH staff and after-hours staff regarding 24/7 call requirements, compliance, guides, etc.
GOALS	A. Ensure the SUDRS and MHP Access lines are answered 24/7. *Goal: 90% + compliance based on test call data.* B. Ensure providers have after-hours message on voicemail directing clients to the MHP Access Line or the SUDRS BAL. *Goal: 90% compliance.* C. Ensure SUDRS and MHP Access lines are provided in the prevalent non-English languages. *Goal: Establish baseline data regarding the number of calls provided in threshold languages, and conduct test calls in the threshold languages with 90% compliance rate.* D. Conduct regular test calls for MHP Access Line to ensure clients are provided appropriate information and referrals. *Goals: Conduct 4 test calls per month for business hours and 3 test calls per month for after-hours calls. Compliance rate of 80%.* E. Utilize software to establish MHP baselines and identify call trends, including but not limited to, the following: call volume, peak call times, dropped calls, length of time for calls, language spoken or requested, and types of calls received. F. Review the Leadership Development Project (LDP) recommendation for merger of the Call Centers to determine what can/cannot be implemented, identify, and discuss action items.
RESPONSIBLE PARTNERS	Access Unit, OEI, QM, and SUDRS.

EVALUATION TOOL(S)	• MHP Access Line reports • Test Calls • Phone logs • SUDRS Mystery Shopper report

WORKGROUP ACTIVITIES	• Update and implement an Urgent Call script.
	• Conduct trainings with DBH MHP and SUDRS staff, including after-hours regarding 24/7 call requirements, compliance, scripts, ICL, resource guides, etc. with documented proof of materials and attendance records.
	• Monitor County and Contracted Providers annually to ensure compliance with after-hours voicemail messaging. Provide TA to any new/existing providers as needed.
	• OEI to conduct Mystery Shopper of the SUDRS BAL and selected SUD County/Contract Providers twice a year and provide a report with recommendations for improvement.
	  • Provide language access training to SUDRS staff operating the access line, if recommended.
	• Conduct MHP test calls as indicated below:
	  • Four (4) Specialty Mental Health Services (SMHS) test calls per month
	  ▪ Two (2) English test calls
	  ▪ Two (2) prevalent non-English language test calls
	  ▪ Two (2) test calls during the month must be completed after-hours
	  • One (1) urgent condition information test call per month
	  ▪ Alternate every month between English and non-English. One month English, following month prevalent non-English language
	  ▪ Alternate every month between business hours and after hours. One month during business hours, following month after-hours
	  • Two (2) beneficiary problem resolution test calls per month
	  ▪ One (1) English test call
	  ▪ One (1) prevalent non-English language test call
	  ▪ One (1) call must be completed after-hours
	• Utilize MHP software data to determine appropriate staffing levels, identify training needs, identify, and concentrate on any areas of deficiency, identify accolades for areas of efficiency, etc.

SECTION 6 WORK GROUP **CONDUCTING PERFORMANCE IMPROVEMENT PROJECTS (PIPs) TO IMPROVE CLIENT CARE** *(Source: EQRO)*	**MHP AND SUDRS**
OBJECTIVE 6	1. Design, conduct and report healthcare quality performance improvement projects. Use methodologies that address relevant clinical, administrative, and population-based improvement efforts as part of the State's overall strategy to improve healthcare delivery and outcomes of the people it serves. Incorporate EQRO findings to modify PIP objectives and goals.
GOALS	A. Increase participation and engagement from multiple internal and external stakeholders to enhance the quality and implementation of current and future PIPs. *Goal: 80% attendance and participation from multiple stakeholders within all levels of the organization in PIP QMAC Committee, Idea Labs and PIP Implementation meetings.* B. Increase participation and engagement from clients to ensure PIPs are representative and are driven by client needs. *Goal: Obtain relevant client feedback for each Performance Improvement Project.* C. Increase summary totals of PIP validation for the clinical and non-clinical PIPS. *Goal: Increase the overall rating by 10% from the prior year.*
RESPONSIBLE PARTNERS	QM; R&E; Community Behavioral Health & Recovery Services; 24-Hour & Emergency Services; Criminal Justice and SUDRS; Children's Services, Transitional Age Youth, and MHSA.
EVALUATION TOOL(S)	• Business process plan template for PIPs. • EQRO Protocol 1: Validating PIPs and PIP Development Outline
WORKGROUP ACTIVITIES	• Conduct Idea Labs with the aim of increasing partnership and collaboration across the Department, managed care partners and other healthcare entities. • Align HEDIS performance measure targets with PIP goals. • Schedule recurring PIP Subcommittee meetings to discuss PIP progress. • Meetings are open for consumers to attend. Consumer participation is encouraged through the Consumer Evaluation Council coordinated by R&E with Clubhouses. • Monitor and evaluate all data metrics relating to current PIPs. • Consider posting PIP results. • Report findings to QMAC to inform QI activities.

SECTION 7 WORK GROUP **MONITORING / IMPROVING SERVICE CAPACITY** *(Source: MHP, Annual Protocol)*	**MHP AND SUDRS**
OBJECTIVE 7	1. Ensure the current type, number, and geographic distribution of SUDRS and MH services within the delivery system is adequate. 2. Ensure MHP has a sufficient number of service providers.
GOALS	A. Monitor the service delivery system on an ongoing basis and report findings of the type, number, and location of services for MHP and SUDRS in the QMAC. Review for network adequacy but also for under and overutilization of services. *Goal: Review quarterly for MHP and semiannually for SUDRS.* B. Review the number of service providers for MHP to ensure it meets the provider ratios required by DHCS. *Goal: Meet the minimum number of providers based on the current DHCS formula.*
RESPONSIBLE PARTNERS	DBH Management, Program Support Services, QM, SUDRS and R&E.
EVALUATION TOOL(S)	• Program Tracking Logs • NACT/274 Surveys • MHP Provider Ratio analysis from current DHCS Information Notice
WORKGROUP ACTIVITIES	• Review the current and anticipated Medi-Cal enrollment and utilization rates. • Review the population, Medi-Cal population and prevalence rates. • Confirm the number of mental health providers, including their full-time equivalency and work site(s), by requesting updated information from DBH staff, contract agencies and Fee-For-Service (FFS) providers. • Utilize the most recent Department of Health Care Services' NACT information Federal Network Certification Requirements for County Mental Health Plans (MHPs), Medi-Cal data for San Bernardino County and MHP provider information to calculate the provider-to-client ratios. • Notify the DBH Executive Team and Senior Management regarding the outcomes for provider-to-client ratios and network adequacy so necessary action can be taken, if needed.

SECTION 8 WORK GROUP MONITORING /IMPROVING CLIENT SATISFACTION *(Source: NACT, EQRO, Title 28)*	MHP AND SUDRS
OBJECTIVE 8	1. Evaluate SUDRS and MHP client grievances, appeals and state hearings.
GOALS	A. Continue tracking and assessing client grievances, appeals, and state hearings quarterly to identify any trends. B. Complete annual Managed Care Program Annual Report (MCPAR). *Goal: Utilize data to establish baseline data, identify inaccurate reporting and identify training needs.* C. Develop consumer satisfaction survey(s) that targets grievance trends. Implement surveys to establish baseline data. *Goal: Issue at least one survey during FY 22/23.*
RESPONSIBLE PARTNERS	R&E, Consumer/Family Member QMAC Evaluation Council, QM, SUDRS, Community Clinics, Management, Administration, and Supervisors.
EVALUATION TOOL(S)	• Grievance appeals and state hearing logs. • MCPAR
WORKGROUP ACTIVITIES	• Evaluate a representative random sample of all grievances received. • Identify trends and train staff and providers on identified issues. • Implement a Quality Management Grievance report based on client feedback and report to QMAC. • Discussion and action in monthly Consumer/Family Member QMAC Evaluation Council regarding survey development and implementation.

SECTION 8A WORK GROUP EVALUATING ASSESSMENT OF CLIENT EXPERIENCES *(Source: NACT, EQRO, Title 28)*	MHP AND SUDRS
OBJECTIVE 8A	1. Evaluate assessment of SUDRS and MHP client experiences. 2. Share results.
GOALS	A. Utilize existing Consumer Perception Survey data to assist with continued quality improvement in service delivery. Goal: Identify trends from the Consumer Perception Survey to be addressed during QMAC. B. Publish data for view of clients, community clinics, providers, and staff.
RESPONSIBLE PARTNERS	R&E, Consumer/Family Member QMAC Evaluation Council, QM, SUDRS, Community Clinics, Management, Administration, and Supervisors.
EVALUATION TOOL(S)	• Annual Consumer Perception Survey

WORKGROUP ACTIVITIES	• R&E will process the submitted surveys, aggregate and analyze the data, and prepare a report to identify and strategize any needed quality improvement priorities to increase client satisfaction. The county reports will be disseminated to stakeholders through the following meetings:
	  • QMAC
	  • Contract Agency meeting
	  • Substance Abuse Provider Network (SAPN) meeting
	• Work with Consumer/Family Member QMAC Evaluation Council to determine posting site and amount of information with ease of access and reading in mind for viewers.

SECTION 9 WORK GROUP MONITORING / IMPROVING SERVICE DELIVERY SYSTEM *(Source: NACT, EQRO, Title 28)*	SUDRS ONLY
OBJECTIVE 9	• Ensure clients are engaged in the wellness/recovery process within the first 30 days.
GOALS	A. Establish a baseline of clients who are engaged in the recovery process.
RESPONSIBLE PARTNERS	R&E, SUDRS Management, Administration, and Supervisors.
EVALUATION TOOL(S)	Quarterly audit review from program coordinators and health record information.
WORKGROUP ACTIVITIES	• Review health records to develop current baseline of client engagement in the first thirty (30) days of treatment and report outcomes to programs for quality improvement. • Develop a county report to identify system-wide findings, incorporate treatment perception survey county report findings to improve client engagement within the first 30 days.

SECTION 10 WORK GROUP Reducing Emergency Department Hospitalization	SUDRS ONLY
OBJECTIVE 10	• To utilize the Emergency Department Bridge Buprenorphine Medication Assisted Treatment Stabilization Visit in collaboration with Arrowhead Regional Medical Center (ARMC).
GOALS	A. Reduce hospitalization by utilizing the Emergency Department Bridge Buprenorphine Medication Assisted Treatment Stabilization. B. Visit recommendation in collaboration with ARMC.
RESPONSIBLE PARTNERS	DBH Medical Services, SUDRS
EVALUATION TOOL(S)	• Referral tracking system of the number of individuals linked to services, collaboration meeting minutes.
WORKGROUP ACTIVITIES	• Meet quarterly with collaborative partners to review program outcomes and process improvement opportunities.

SECTION 11 WORK GROUP CONSUMER AND FAMILY MEMBER EVALUATION CONTRIBUTIONS	MHP AND SUDRS
OBJECTIVE 11	1. Obtain the valuable input of behavioral health consumers and family members. 2. Facilitate a dedicated monthly meeting for consumers and family members to voice their feedback, concerns, issues, etc. 3. Report out activities and discussions at each QMAC.
GOALS	A. Increase SUDRS consumer and/or family member participation. B. Request consumers and family members identify, discuss, and implement quality improvement initiatives that can be made to the San Bernardino County Department of Behavioral Health system of care.
RESPONSIBLE PARTNERS	Consumers, Family Members, OEI, R&E, SUDRS, QM, and Clubhouses.
EVALUATION TOOL(S)	• Minutes and Action Items from meetings • Deliverables

WORKGROUP ACTIVITIES	• Participate monthly work group meetings
	• Meet monthly to have work group do the following:
	  • Review 22/23 QIPP evaluation to identify additional areas for quality improvement,
	  • Provide recommendations to QM on how to possibly achieve improvement goals,
	  • Advise on other topics not on the QIPP that DBH can improve quality, etc.
	• Identify and problem solve existing quality issues that consumers or family members face or experience.

SECTION 12 WORK GROUP IMPROVING DATA COLLECTION FOR MANAGED CARE PLAN (MCP) REFERRALS *(Source: EQRO Recommendation, MCP contract, and APL 22-024)*	MHP AND SUDRS
OBJECTIVE 12	1. Implement aggregate tracking and trending of bidirectional MHP/MCP referrals, including analysis of trend issues in the referrals where repeat bidirectional referrals occur in a short period of time.
GOALS	A. Establish an improved data collection process for analyzing metrics related to timeliness, engagement, and recurring referrals from same clients. B. Enhance quality improvement via a "close the loop" process geared towards bridging the gap with the Managed Care plans by January 1, 2025.
RESPONSIBLE PARTNERS	QM – Managed Care Coordination Unit (MCCU)
EVALUATION TOOL(S)	• MCCU referral Log
WORKGROUP ACTIVITIES	• Verify data entries in the master log to ensure accuracy logging of all Transition of Care Tools (TOC) received from Managed Care Plans. • Review the master log for accuracy in logging of all returned disposition forms for TOC sent in by DBH providers. • Confirm the TOC master log to guarantee correct recording of all outgoing TOC submissions from DBH providers. • Generate monthly report for tracking the statistics of recurring incoming referral received bi-annually to trend the aggregate per period. • Execute quarterly update and distribution strategies of the TOC information materials. • Develop a framework that incorporates effective and collaborative communication approach with the Manage Care Plans. • Develop an internal reporting tool for tracking and analyzing the average time required to complete referrals to the MCP. This reporting tool would track: • The number of days from referral initiation i.e., when the MHP refers the member to an MCP, to referral completion i.e., when the MHP confirms that the MCP has connected the beneficiary with a provider and services have been made available to the beneficiary.

WORKGROUP ACTIVITIES, continued	• Identifies when the MHP receives a referral from an MCP. • Confirms that the beneficiary has been connected to a provider that accepts the beneficiary's care. • Confirms that services have been made available to the beneficiary (e.g., appointment(s) have been offered).

Conclusion

It is the goal of San Bernardino County DBH, SUDRS and SMHS to assist individuals with needed services to find solutions to the challenges they face so they may live full and healthy lives and thrive within their families and communities.

San Bernardino County DBH is committed to the implementation of the QIPP as described. However, other challenges may arise needing attention. All such items will be addressed and identified through quarterly committee meetings.