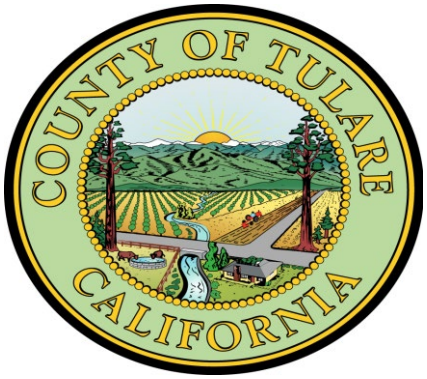

DEPARTMENT OF MENTAL HEALTH
TULARE COUNTY HEALTH & HUMAN SERVICES AGENCY

QUALITY IMPROVEMENT WORK PLAN
FY 2022-2023

Tulare County Mental Health Plan
Quality Improvement Program & Work Plan
FY 2022-2023

I. INTRODUCTION

In accordance with the California Department of Health Care Services (DHCS) requirements in Title 9, Section 1810.440, the Tulare County Health & Human Services Agency (HHSA) Mental Health Plan (TCMHP) has a Quality Improvement (QI) Unit and an Annual Quality Improvement Work Plan.

The Tulare County Mental Health Plan (TCMHP) is committed to providing quality improvement throughout the mental health system of care. This plan is a framework for ongoing system improvement. TCMHP strives to provide a culturally competent; consumer and family member guided community-based system of care for children/youth and their family/care providers, transitional age youth, adults, and older adults. Collaboration and service coordination will also be maintained with Tulare County Adult and Juvenile Probation Departments, the Tulare County Office of Education, the Child Welfare System (CWS), Alcohol and Other Drug (AOD) Programs, and other agencies. The TCMHP serves a number of populations within the County of Tulare including, eligible Medi-Cal and Medicare beneficiaries, as well as the unserved/underserved in rural locations, and the unsponsored and indigent population.

The TCMHP provides services within a system of care framework. It functions as one component of a coordinated, comprehensive multi-dimensional network of social, educational, vocational, recreational, housing, and health services. Specialty mental health services are provided utilizing a coordinated wellness and recovery team approach specifically designed to support improved access and timeliness to specialty mental health services in the least restrictive setting.

The goal of the TCMHP Quality Improvement (QI) Program is to ensure beneficiaries have appropriate access to quality and timely specialty mental health services as demonstrated through outcome measures and ongoing monitoring activities such as beneficiary and system outcomes, utilization management, utilization review, provider appeals, credentialing and monitoring, and resolution of beneficiary grievances.

II. STATEMENT OF PURPOSE

The purpose of the QI Program is to establish a written description by which the specific structure, process, scope and role of the plan is articulated. The TCMHP QI Program was created to monitor overall performance in the following areas:

- Regulatory Oversight
- Service Delivery Capacity/Accessibility
- Timeliness of Services
- Quality and Outcome of Services/Beneficiary and Provider Satisfaction
- Coordination and Integration of Care
- Cultural Competency and Linguistic Standards
- Beneficiary Protection
- Wellness and Recovery
- Utilization Review
- Medication Monitoring

- Policy & Procedures

The QI Program will be evaluated annually and updated whenever necessary. The QI program will be directly accountable to the Division Manager (or Designee) of Managed Care and the Director of Mental Health. The QI Unit Manager will be responsible for implementation of the QI Program and QI Work Plan. The TCMHP will actively recruit practitioners, providers, consumers and family members in the planning, design and implementation of the QI Program and QI Work Plan. The QI Program will provide oversight for the continued assurance and when needed improvement of services by:

A. Establishing a QI Committee (QIC) that specifies its role, structure, function, frequency of meetings and other committees (subcommittees) in order to:
    1. Oversee QI activities, including Performance Improvement Projects (PIPs)
    2. Recommend policy decisions
    3. Institute appropriate QI actions and ensure follow up on any QI processes
    4. Ensure that all QI Committee meeting minutes are dated, signed, and accurately reflect all recommendations and decisions made and actions taken

B. Coordinating performance reviews of MHP activities by:
    1. Analyzing consumer-based and program-based outcomes
    2. Conducting utilization and clinical records reviews
    3. Assessing beneficiary and provider satisfaction
    4. Monitoring staff licensing and credentialing
    5. Monitoring and resolving beneficiary grievances, fair hearings, and provider appeals

C. Ensuring that all MHP Providers are in compliance with the QI Program and that access to relevant clinical records is provided to the MHP to the extent permitted by State and Federal laws.

D. Monitoring the use of resources within the MHP and providing oversight for ensuring that access to specialty mental health services and service delivery of beneficiary-centered services are culturally appropriate and consistent with best practices.

E. Monitoring consumer engagement and enrollment throughout the duration of the Covid-19 pandemic to ensure services are available and accessible to those who need them.

    1. Analyzing new consumer admissions
    2. Analyzing crisis interventions
    3. Analyzing crisis interventions leading to a psychiatric hospitalization (5150)
    4. Analyzing hospital admissions and readmissions

F. Developing and updating data governance for the various outcome measures utilized by DHCS to determine Tulare County's network adequacy.
    1. Timeliness to services: first Medi-Cal service, psychiatry services, post hospitalization follow-up, and urgent conditions
    2. Hospital admissions and readmissions
    3. Network Adequacy Certification Tool (NACT) full-time equivalent reporting

III. STRUCTURE OF THE QUALITY IMPROVEMENT PROGRAM

The Quality Improvement Program consists of the following components:

A. The Quality Improvement Committee (QIC)

The QIC, under the authority of the Tulare County Mental Health Director, is responsible for maintaining oversight of planning, designing, measuring, assessing, monitoring and improving beneficiary care and services provided by the MHP. Under the authority of the Mental Health Director, the Chair of the QIC will be the QI Unit Manager or designee. The QI Unit Manager or designee initiates quality improvement activities and is accountable for the QIC process. The QIC shall conduct meetings on a monthly basis.

Documentation of all QIC meetings shall be accomplished through written minutes. The minutes shall address aspects of care, actions and/or recommendations of the QIC, reports from the various subcommittees, and follow-up to determine resolution of any identified issues or trends.

B. The Quality Improvement Subcommittees

Under the direction of the QIC, subcommittees serve as primary support to the QIC. They gather information regarding directives, requirements and regulations in order to perform the specific tasks of the QI Work Plan. The subcommittees are responsible for reporting to the QIC the activities, studies, data collection, and status of QI Work Plan objectives for QIC action and/or additional direction. The subcommittees may recommend to the QIC additional QI activities, issues, plans for corrective action or new studies. Documentation of all QIC subcommittee meetings shall be accomplished through written minutes.

Quality Improvement Subcommittees can include, but not be limited to the following:

1. Policy and Procedure/Mental Health Information Management (MHIM) Committee
2. Cultural Competence Committee
3. Utilization Review Committee
4. Electronic Health Records Workgroup (as needed)
5. Medication Monitoring Committee
6. HIPAA Compliance/ Title 42 Accreditation Committee
7. Adult System Improvement Council (ASIC)
    i. Older Adult System of Care Subcommittee
8. Children's System Improvement Council (CSIC)
    i. Transitional Age Youth System of Care Subcommittee
9. Wellness & Recovery Committee

C. The Quality Improvement Sub- Work Group(s)

Under the direction of QI Unit Manager, the QI Sub-Work Group will be responsibility for implementation of the specific objectives and activities of the QI Work Plan for the fiscal year. The QI Work Group shall perform data collection, analysis and report writing with respect to Work Plan components unless otherwise specified. Such analysis shall be disseminated to the QIC and to relevant community partners. It is also the responsibility of the QI Work Group to provide the reports and feedback from the QIC to the relevant participants of the MHP system of care. This committee may or may not meet on a monthly basis.

The QI Work Group is composed of, but not limited to, the MHP QI Unit Manager and QI staff, and QI representatives from each of the contract providers. Additional attendance is typically directed by the agenda items for discussion and action.

IV. COORDINATION OF THE QUALITY IMPROVEMENT PROGRAM

Performance management and oversight of activities with specific focus on accessibility, timeliness, quality, cultural competency, and outcomes-based services are linked to the QI process through the QIC. The QI Program coordinates performance monitoring throughout the organization which includes, but is not limited to the following:

1. Beneficiary and system outcomes
2. Credentialing and licensures
3. Beneficiary grievances, appeals, and State Fair Hearings
4. Provider grievances and appeals
5. Beneficiary and provider satisfaction
6. Utilization and clinical records review
7. Wellness and Recovery
8. Culturally and linguistic accessibility and competence
9. Penetration and appropriate service delivery across age, ethnic groups and geographic location
10. Confidentiality and compliance
11. Special studies as it relates to quality assurance and improvement
12. MHP Provider site certification and re-certification
13. Integration of Services

V. COMPONENTS OF THE QUALITY IMPROVEMENT WORK PLAN

The activities outlined within the Quality Improvement (QI) Work Plan and its associate Data Matrix enable the MHP to monitor and evaluate the appropriateness and quality of services provided to consumers, to create opportunities to improve mental health services, to resolve identified problems, and to initiate performance improvement projects (PIPs) that will contribute to meaningful improvement in clinical care and beneficiary satisfaction. The effectiveness of the QI Program will be measured by defined QI indicators as outlined in the QI Work Plan's Data Matrix.

The QI Work Plan, QI Matrix, and QI Unit shall collectively include:

1. An Annual QI evaluation of the QI Work Plan and Matrix demonstrating outcomes in clinical care and beneficiary satisfaction
2. At minimum, two Performance Improvement Projects (PIPs)
3. Quarterly and/or annual outcome data for previously identified QI indicators
4. Planning and initiation of QI activities for sustaining improvement and monitoring performance of service delivery and quality of care
5. Quarterly reporting to the QIC on the status of the QI Work Plan via the Matrix indicators
6. QI activities as required by the Centers of Medicare and Medicaid Services in accordance with Title 42, Code of Federal Regulations (CFR), Section 438.240(a)(2) and shall meet the criteria identified in Title 42, CFR, Section 438.240(d)

The QI Work Plan's associated Data Matrix outlines specific target areas that will be monitored and tracked over time as it relates to the function of quality assurance and improvement throughout the MHP. The QI Matrix is a working document, which allows for indicators to be revised as needed and data to be entered quarterly. The indicators will represent the need based on regulation and MHP/State Contract

VI. METHODS FOR QUALITY IMPROVEMENT

The QI Workgroup assures continuous quality improvement for all QI activities. The following processes shall be followed for each QI Work Plan activity, as appropriate, that is not part of a Performance Improvement Project:

A. Data, when available, will be collected, analyzed, and measured against established goals
B. Opportunities for improvement will be identified and pursued as appropriate
C. Interventions to improve performance will be designed, implemented, and measured over time
D. Successful interventions will be incorporated into the entire system of care as appropriate
E. Policies and procedures will be implemented to ensure that quality services are delivered timely, appropriately and with fidelity

VII. CONFIDENTIALITY

Documents created within the QI Program, for the purposes of continuous quality improvement, are confidential in nature and are maintained in compliance with legal requirements and the TCMHP's Confidentiality Policy.

VIII. ANNUAL REVIEW

The MHP will conduct an Annual QI Evaluation of the overall effectiveness of the MHP System of Care. This review will include an overview of identified indicators as reflected within the QI Data Matrix.

TULARE COUNTY MENTAL HEALTH
QUALITY IMPROVEMENT (QI) WORKPLAN
FY 22/23 – Quarter 2

INDICATORS	GOALS	OBJECTIVES	ACTIVITIES	PERFORMANCE MEASURES	RESPONSIBLE DEPARTMENT/ COMMITTEE	REPORTING FREQUENCY
Regulatory Oversight						
1.1 Oversight of Regulatory Compliance of MHP	The QI Program will be evaluated to ensure that regulatory oversight for all Mental Health Plan (MHP) Adult and Children's System of Care programs is maintained.	Evaluate and update the QI work plan annually.	The QI Program will provide consistent oversight of all existing MHP programs to monitor and evaluate the quality, appropriateness, and utilization of services.	The QI Unit Manager and QIC Workgroup will prepare the FY 19/20 QI Work Plan.	QI Unit Manager/QI Work Group	Annually
1.2 Oversight of MHP Services	Ensure accessibility and coordination of culturally competent mental health services for eligible Tulare County consumers.	Develop action plans to monitor trends and/or problems specific to programs, providers, and services.	The QI Program has developed action plans related to Adult and Children's System of Care programs as outlined in this working matrix.	The QI Unit Manager and QIC Workgroup will prepare the FY 19/20 QI Data Matrix.	QI Unit Manager/QI Work Group	Annually
1.3 Inclusive Oversight of MHP Services	The QI Program will promote consumer and family member participation in MHP activities.	Recruit consumer/family member participation in QI Committees and sub-committees.	Engage consumer and family members through letters, flyers, Peer-to-Peer Support Groups, MHP events/trainings, and Community Based Organizations.	Consumer and family member attendance at: • QI Committee • Cultural Competence Committee • Adult System Improvement Council • Children's System Improvement Council • Wellness & Recovery Committee	Committee Chairs	Annually
1.4 Oversight of Quality of MHP Services	The QIC will monitor quality of care for all Tulare County MHP Adult and Children's System of Care Providers.	The QIC will meet monthly and review analyses of Adult and Children's system reports, surveys, and other quality of care measures.	The QIC will analyze a summary of key indicators to determine quality of care. QI Sub-Committees develops action plan and report findings to the QIC monthly.	Sub-Committees present to the QIC monthly from: • Children's System Improvement Counsel (CSIC) • Adult System Improvement Counsel (ASIC) • Wellness & Recovery Committee • Policy & Procedure/Mental Health Information Management (MHIM) Committee • Title 42- Compliance Committee • Cultural Competence Committee • Beneficiary Protection (Problem Resolution, Patient's Rights, and Family Advocate) • Utilization Review Committee • Medication Monitoring Committee	QI Unit Manager and Sub-Committee/ Representative(s)	Monthly and Quarterly

INDICATORS	GOALS	OBJECTIVES	ACTIVITIES	PERFORMANCE MEASURES	RESPONSIBLE DEPARTMENT/ COMMITTEE	REPORTING FREQUENCY
1.5 License verification of all licensed MHP Professionals	Consistent with State regulatory and Title 42 compliance. Tulare County will ensure the proper licensure/ credentialing of all MHP System of Care clinical staff.	Conduct an annual verification of the licenses and credentials of all mental health clinical staff Coordinate with HR to reduce redundancy of tracking and notification.	Managed Care Department will continue to track licensures monthly and inform Clinic Managers and HR if licensures have lapsed via the medical professional websites. Timely notice is given to clinical staff for the proper renewal of licensure.	Number of licensures requested for renewal: FY 13/14: 215 FY 14/15: 221 FY 15/16: 227 FY 16/17: 178 FY 17/18: 204 FY 18/19: 193 FY 19/20: 219 FY 20/21: 218 FY 21/22: 188 FY 22/23: ___ Q1: 58 Q2: 53 Q3: _____ Q4: _____	QI Department/ Managed Care	Ongoing- monthly
1.6 Certification/re certification of MHP County and Contract Providers.	Ensure all MHP Contractor Provider Sites are certified following State DMH Protocol and Title 42 Regulations.	Ensure compliance of all MHP providers per DMH Protocols, Title 42, and established policy and procedures.	Conduct certifications and re-certifications of MHP County and Contract Providers every three years or sooner if the provider reports a change in services or location.	MHP county and contract providers certified/re-certified: FY 13/14: 9 FY 14/15: 9 FY 15/16: 12 FY 16/17: 12 FY 17/18: 4 FY 18/19: 11 FY 19/20: 1 FY 20/21: 0 FY 21/22: 0 FY 22/23: ___ Q1: 0 Q2: 2 Q3: _____ Q4: _____	QI Managed Care/Problem Resolution Coordinator	Certification/ Recertification is completed every three years.
Service Delivery Capacity/Accessibility						

<table>
<tr><th>INDICATORS</th><th>GOALS</th><th>OBJECTIVES</th><th>ACTIVITIES</th><th>PERFORMANCE MEASURES</th><th>RESPONSIBLE DEPARTMENT/ COMMITTEE</th><th>REPORTING FREQUENCY</th></tr>
<tr>
<td>2.1
Accessibility to MHP services</td>
<td>Ensure mental health services are delivered to and properly distributed among all eligible consumers, reducing disparities among traditionally unserved and under-served populations.</td>
<td>Collect and analyze data on the number of active consumers to include gender, age, and ethnicity.</td>
<td>Provide mental health services to all beneficiaries eligible for specialty mental health services regardless of gender, age, and ethnicity.</td>
<td>Total number of consumers served (unduplicated):
FY 13/14: 9,400
FY 14/15: 10,037
FY 15/16: 10,154
FY 16/17: 9,731
FY 17/18: 9,973
FY 18/19: 10,744
FY 19/20: 11,975
FY 20/21: 11,972
FY 21/22: 13,015
FY 22/23: _____

Q1: 8,441
Q2: 8,542
Q3: _____
Q4: _____

NOTE: U.S. Census American Community Survey used for 2013-2015, but not yet available for 2016. U.S. Census Quick Facts 2016 used.

Gender:
<table>
<tr><th rowspan="2">FY</th><th colspan="2">MHP</th><th colspan="2">County (by CY)</th></tr>
<tr><th>Male</th><th>Female</th><th>Male</th><th>Female</th></tr>
<tr><td>13/14</td><td>53%</td><td>47%</td><td>50%</td><td>50%</td></tr>
<tr><td>14/15</td><td>53%</td><td>47%</td><td>50%</td><td>50%</td></tr>
<tr><td>15/16</td><td>52%</td><td>48%</td><td>50%</td><td>50%</td></tr>
<tr><td>16/17</td><td>51%</td><td>49%</td><td>50%</td><td>50%</td></tr>
<tr><td>17/18</td><td>52%</td><td>48%</td><td>50%</td><td>50%</td></tr>
<tr><td>18/19</td><td>50%</td><td>50%</td><td></td><td></td></tr>
<tr><td>19/20</td><td>53%</td><td>47%</td><td></td><td></td></tr>
<tr><td>20/21</td><td>51%</td><td>49%</td><td></td><td></td></tr>
<tr><td>21/22</td><td>48%</td><td>52%</td><td></td><td></td></tr>
<tr><td>Q1</td><td>47%</td><td>53%</td><td></td><td></td></tr>
<tr><td>Q2</td><td>47%</td><td>53%</td><td></td><td></td></tr>
<tr><td>Q3</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Q4</td><td></td><td></td><td></td><td></td></tr>
</table>
</td>
<td>QI Managed Care/ Managed Care Staff Services Analyst

QI Workgroup</td>
<td>Annual and Quarterly Reports to QIC</td>
</tr>
</table>

INDICATORS	GOALS	OBJECTIVES	ACTIVITIES	PERFORMANCE MEASURES	RESPONSIBLE DEPARTMENT/ COMMITTEE	REPORTING FREQUENCY

Age:

FY	Age Groups			
	0-17	18-24	25-59	60+
14/15 MHP	55%	9%	33%	4%
2014 CY TC	32%	54%		14%
15/16 MHP	54%	9%	33%	4%
2015 CY TC	32%	54%		15%
16/17 MHP	56%	9%	31%	4%
2016 CY TC	31%	58% (18-64)		11% (65+)
17/18 MHP	59%	9%	28%	4%
2017 CY TC	39%	50% (18-64)		11% (65+)
18/19 MHP	62%	7%	27%	4%
2018 CY TC	38%	51% (18-64)		11% (65+)
19/20 MHP	59%	10%	29%	4%
20/21 MHP	54%	12%	32%	5%
21/22 MHP	53%	12%	33%	5%
Quarter 1	54%	10%	32%	5%
Quarter 2	54%	9%	32%	5%
Quarter 3				
Quarter 4				

Ethnicity:

FY	Race/Ethnicity					
	Hispanic	Caucasian	Asian/ Pac Islander	African American	Native American	Other
13/14 MHP	58%	30%	2%	4%	2%	4%
'13 CY TC	61%	32%	3%	1%	1%	2%
14/15 MHP	59%	30%	2%	4%	2%	3%
'14 CY TC	62%	31%	3%	1%	1%	2%
15/16 MHP	60%	31%	2%	4%	1%	2%
'15 CY TC	62%	31%	3%	1%	1%	2%
16/17 MHP	61%	28%	2%	4%	1%	4%

<table>
<tr><th>INDICATORS</th><th>GOALS</th><th>OBJECTIVES</th><th>ACTIVITIES</th><th>PERFORMANCE MEASURES</th><th>RESPONSIBLE DEPARTMENT/ COMMITTEE</th><th>REPORTING FREQUENCY</th></tr>
<tr><td></td><td></td><td></td><td></td><td>
<table>
<tr><td>17/18 MHP</td><td>64%</td><td>28%</td><td>2%</td><td>4%</td><td>1%</td><td>2%</td></tr>
<tr><td>’17 CY TC</td><td>65%</td><td>29%</td><td>4%</td><td>2%</td><td>3%</td><td>3%</td></tr>
<tr><td>18/19 MHP</td><td>66%</td><td>26%</td><td>2%</td><td>4%</td><td>1%</td><td>1%</td></tr>
<tr><td>`18 CY TC</td><td>65%</td><td>28%</td><td>4%</td><td>2%</td><td>1%</td><td>1%</td></tr>
<tr><td>19/20 MHP</td><td>63%</td><td>27%</td><td>2%</td><td>4%</td><td>1%</td><td>3%</td></tr>
<tr><td>20/21 MHP</td><td>62%</td><td>27%</td><td>2%</td><td>3%</td><td>1%</td><td>5%</td></tr>
<tr><td>21/22 MHP</td><td>63%</td><td>27%</td><td>3%</td><td>3%</td><td>1%</td><td>3%</td></tr>
<tr><td>Q1</td><td>64%</td><td>27%</td><td>2%</td><td>3%</td><td>1%</td><td>3%</td></tr>
<tr><td>Q2</td><td>64%</td><td>27%</td><td>2%</td><td>4%</td><td>1%</td><td>3%</td></tr>
<tr><td>Q3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>Q4</td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
</table>
</td><td></td><td></td></tr>
<tr><td>2.2 Accessibility to MHP services in rural communities</td><td>Ensure mental health services are accessible to all eligible consumers in rural communities.</td><td>Collect and analyze data on the number of consumers served by the mobile services program, as well as community outreach activities by the mobile services program.</td><td>Provide outreach and engagement for Mental Health service delivery utilizing mobile services program in the North and South rural communities.</td><td>Number of consumers receiving services from mobile services program:
FY 13/14: 411 (4.23%)
FY 14/15: 382 (3.81%)
FY 15/16: 368 (3.62%)
FY 16/17: 357 (5.39%)
FY 17/18: 417 (3.60%)
FY 18/19: 399 (3.71%)
FY 19/20: 407 (3.39%)
FY 20/21: 401 (3.35%)
FY 21/22: 530 (4.10%)
FY 22/23: ___ (0.00%)

Q1: 389
Q2: 395
Q3: _____
Q4: _____

Number of community outreach events hosted and/or participated in by the mobile services program:
FY 17/18: 90
FY 18/19: 129
FY 19/20: 101</td><td>Mobile Services Program</td><td>Annual and Quarterly</td></tr>
</table>

<table>
<tr><th>INDICATORS</th><th>GOALS</th><th>OBJECTIVES</th><th>ACTIVITIES</th><th>PERFORMANCE MEASURES</th><th>RESPONSIBLE DEPARTMENT/ COMMITTEE</th><th>REPORTING FREQUENCY</th></tr>
<tr><td></td><td></td><td></td><td></td><td>FY 20/21: 37
FY 21/22: 79
FY 22/23: ___

Q1: 0
Q2: 33
Q3: _____
Q4: _____</td><td></td><td></td></tr>
<tr><td>2.3 Accessibility to Services with limited transportation</td><td>Mental health services shall be accessible to consumers who experience access barriers</td><td>Provide mental health services in consumer's home, school or community based on consumer preference and feasibility.</td><td>Run quarterly AVATAR reports for all services based on location.</td><td>Out of clinic service percentage (tracking to begin FY 17/18):
FY 17/18 Avg.: 24%
FY 18/19 Avg.: 28%
FY 19/20 Avg.: 25%
FY 20/21 Avg.: 12%
FY 21/22 Avg.: 27%
FY 22/23 Avg.: __%

Q1: 27%
Q2: 32%
Q3: _____%
Q4: _____%</td><td>QI Managed Care/Mental Health Clinicians</td><td>Ongoing</td></tr>
<tr><td>2.4 Penetration Rates</td><td>Monitor penetration rates for all Medi-Cal beneficiaries.</td><td>Maintain and improve, where indicated, penetration rates.</td><td>Review and compare CY Medi-Cal approved claims data, penetration rates, based on the most recent data made available by Behavioral Health Concepts (BHC).</td><td>Penetration Rates:
Medi-Cal Approved Claims Data – All Beneficiaries
<table>
<tr><th>CY</th><th>Tulare County</th><th>Medium Counties</th><th>Statewide</th></tr>
<tr><td>2013</td><td>4.13%</td><td>5.08%</td><td>5.64%</td></tr>
<tr><td>2014</td><td>4.18%</td><td>4.57%</td><td>5.18%</td></tr>
<tr><td>2015</td><td>4.17%</td><td>4.31%</td><td>4.82%</td></tr>
<tr><td>2016</td><td>3.82%</td><td>4.00%</td><td>4.36%</td></tr>
<tr><td>2017</td><td>3.88%</td><td>4.11%</td><td>4.53%</td></tr>
<tr><td>2018</td><td>4.23%</td><td>4.16%</td><td>4.66%</td></tr>
<tr><td>2019</td><td>4.16%</td><td>4.25%</td><td>4.86%</td></tr>
<tr><td>2020</td><td>3.89%</td><td>3.87%</td><td>4.55%</td></tr>
</table></td><td>QI Managed Care Unit Manager

Behavioral Health Concepts</td><td>Annually/ Calendar Year</td></tr>
<tr><td>2.5 Penetration Rates – Services for traditionally un/underserved populations</td><td>Ensure un/ underserved and traditionally underrepresented consumers are engaged in mental health services.</td><td>Maintain and improve, where indicated, penetration rates for traditionally un/underserved populations.</td><td>Review and compare CY Medi-Cal approved claims data, penetration rates, based on the most recent data made available by Behavioral Health Concepts (BHC).</td><td>Penetration Rates:
Medi-Cal Approved Claims Data

Hispanic:
<table>
<tr><th>CY</th><th>Tulare County</th><th>Medium Counties</th><th>Statewide</th></tr>
<tr><td>2013</td><td>3.37%</td><td>3.22%</td><td>3.92%</td></tr>
</table></td><td>MH Cultural Competency Committee

Children's System</td><td>Annually/ Calendar Year</td></tr>
</table>

<table>
<tr><th>INDICATORS</th><th>GOALS</th><th>OBJECTIVES</th><th>ACTIVITIES</th><th>PERFORMANCE MEASURES</th><th>RESPONSIBLE DEPARTMENT/ COMMITTEE</th><th>REPORTING FREQUENCY</th></tr>
<tr><td></td><td></td><td></td><td></td><td>
<table>
<tr><td>2014</td><td>3.36%</td><td>2.90%</td><td>3.64%</td></tr>
<tr><td>2015</td><td>3.42%</td><td>2.80%</td><td>3.49%</td></tr>
<tr><td>2016</td><td>3.30%</td><td>2.78%</td><td>3.34%</td></tr>
<tr><td>2017</td><td>2.99%</td><td>2.53%</td><td>3.22%</td></tr>
<tr><td>2018</td><td>3.51%</td><td>2.88%</td><td>3.78%</td></tr>
<tr><td>2019</td><td>3.60%</td><td>3.04%</td><td>4.08%</td></tr>
<tr><td>2020</td><td>3.26%</td><td>2.74%</td><td>3.83%</td></tr>
</table>
Foster Care:
<table>
<tr><th>CY</th><th>Tulare County</th><th>Medium Counties</th><th>Statewide</th></tr>
<tr><td>2013</td><td>44.26%</td><td>55.05%</td><td>51.89%</td></tr>
<tr><td>2014</td><td>40.12%</td><td>51.00%</td><td>48.88%</td></tr>
<tr><td>2015</td><td>40.37%</td><td>48.98%</td><td>47.19%</td></tr>
<tr><td>2016</td><td>39.56%</td><td>49.18%</td><td>44.83%</td></tr>
<tr><td>2017</td><td>37.89%</td><td>48.17%</td><td>47.29%</td></tr>
<tr><td>2018</td><td>40.07%</td><td>47.53%</td><td>48.78%</td></tr>
<tr><td>2019</td><td>39.85%</td><td>50.12%</td><td>51.91%</td></tr>
<tr><td>2020</td><td>34.48%</td><td>46.59%</td><td>51.00%</td></tr>
</table>
</td><td>Improvement Council

Behavioral Health Concepts</td><td></td></tr>
<tr><td>2.6 Managed Care Plan Referrals</td><td>Monitor Managed Care Plan Referrals</td><td>Maintain and improve, where indicated, MCP referral rates.</td><td>Review and compare quarterly MCP referrals sent.</td><td>MCP Referrals:
FY 2020/2021: 293
FY 2021/2022: 334
FY 2022/2023: ___

Q1: 33
Q2: 35
Q3: _____
Q4: _____</td><td>QI Managed Care Unit</td><td>Quarterly</td></tr>
<tr><td colspan="7">Timeliness of Services</td></tr>
<tr><td>3.1 Timeliness of Access to Services

Data Governance

Timely Assessments</td><td>Monitor the length of time from initial contact to first appointment.</td><td>All consumers will be scheduled for an intake assessment by the mental health clinicians at each clinic. Consumers will also receive a psychiatric assessment as needed.</td><td>Monitor “open access” model and document all instances when client cannot be seen within 3-days of request for an initial intake or 30-days of request for a psychiatric evaluation.</td><td>Percentages of appointments that met target for timeliness
Target I: First Offered Clinical Appointment (w/I 10 days)
FY 12/13 Avg.: 90%
FY 13/14 Avg.: 88%
FY 14/15 Avg.: 92%
FY 15/16 Avg.: 94%
FY 16/17 Avg.: 91%
FY 17/18 Avg.: 90%
FY 18/19 Avg.: 97%
FY 19/20 Avg.: 82%
FY 20/21 Avg.: 71%</td><td>QI / Managed Care Unit/ Managed Care Staff Services Analyst/ Mental Health Clinicians</td><td>Quarterly</td></tr>
</table>

INDICATORS	GOALS	OBJECTIVES	ACTIVITIES	PERFORMANCE MEASURES	RESPONSIBLE DEPARTMENT/ COMMITTEE	REPORTING FREQUENCY
(Measure of admit date to date of assessment, new consumers only) **Timely Psychiatrist** (Measure of treatment plan date to psychiatric service).			Additional Timely Access Reports will be shared with the QIC. Reference MHP Self-Assessment of Timely Access	FY 21/22 Avg.: 63% FY 22/23 Avg.: __% Q1: 77% Q2: 68% Q3: _____% Q4: _____% **Target II:** First Offered Psychiatry Appointment (w/I 15 days): FY 12/13 Avg.: 31% FY 13/14 Avg.: 48% FY 14/15 Avg.: 54% FY 15/16 Avg.: 80% FY 16/17 Avg.: 74% FY 17/18 Avg.: 60% FY 18/19 Avg.: 47% FY 19/20 Avg.: 53% FY 20/21 Avg.: 50% FY 21/22 Avg.: 61% FY 22/23 Avg.: __% Q1: 66% Q2: 55% Q3: _____% Q4: _____%		
3.2 Appointment Attendance **Data Governance** **No-show Notes** (Percentage of no-show notes vs all qualifying notes)	Monitor the number of appointments that are attended/not attended (clinician vs. psychiatrist).	Run quarterly reports for all appointments scheduled and the outcome. Develop interventions that promote appointment attendance.	Report quarterly to the QIC. Analyze data and develop interventions to increase appointment attendance.	**Appointments Kept Clinicians:** FY 12/13: Indicator not yet established FY 13/14 Avg.: 96% FY 14/15 Avg.: 98% FY 15/16 Avg.: 95% FY 16/17 Avg.: 92% FY 17/18 Avg.: 94% FY 18/19 Avg.: 95% FY 19/20 Avg.: 92% FY 20/21 Avg.: 91% FY 21/22 Avg.: 86% FY 22/23 Avg.: __% Q1: 87% Q2: 87% Q3: _____% Q4: _____%	QI / Managed Care Unit/ Managed Care Staff Services Analyst/ MHP Providers	Quarterly

INDICATORS	GOALS	OBJECTIVES	ACTIVITIES	PERFORMANCE MEASURES	RESPONSIBLE DEPARTMENT/ COMMITTEE	REPORTING FREQUENCY
				Psychiatrists: FY 12/13: Indicator not yet established FY 13/14 Avg.: 73% FY 14/15 Avg.: 90% FY 15/16 Avg.: 89% FY 16/17 Avg.: 84% FY 17/18 Avg.: 88% FY 18/19 Avg.: 89% FY 19/20 Avg.: 85% FY 20/21 Avg.: 86% FY 21/22 Avg.: 84% FY 22/23 Avg.: __% Q1: 85% Q2: 85% Q3: _____% Q4: _____%		
3.3 In-Patient Consumers **Data Governance** **Hospital Report**	Ensure timely access to follow-up appointments after acute psychiatric hospitalization for all MHP consumers. **Target:** MHP consumers will be seen by MHP within 7 days' post-discharge. (All services)	Monitor consumers discharged from acute psychiatric hospital to ensure access to outpatient specialty mental health services.	Inpatient case managers will assist consumers in scheduling timely appointments with MHP psychiatrists.	Percentages of appointments that met target for timeliness **Target:** Post-Hospitalization Follow-up Appointment (w/I 7 days) FY 12/13 Avg.: 55% FY 13/14 Avg.: 87% FY 14/15 Avg.: 93% FY 15/16 Avg.: 87% FY 16/17 Avg.: 82% FY 17/18 Avg.: 47% FY 18/19 Avg.: 44% FY 19/20 Avg.: 54% FY 20/21 Avg.: 61% FY 21/22 Avg.: 56% FY 22/23 Avg.: __% Q1: 62% Q2: 64% Q3: _____% Q4: _____%	QI Managed Care/Inpatient Unit Manager/ Authorization Unit	Ongoing – weekly.
3.4 Access Logs	Ensure consumers have access to accurate information regarding the availability of mental health services.	Managed Care will conduct Test Calls to Kings View, 24/7 After Hours Contract Provider. At minimum fourteen	Monitor access logs in AVATAR for compliance. Managed Care will provide "Test Call" training and distribute	Test calls made: FY 13/14 Compliance Avg.: 65% FY 14/15 Compliance Avg.: 66% FY 15/16 Compliance Avg.: 71% FY 16/17 Compliance Avg.: 57% FY 17/18 Compliance Avg.: 38%	QI/ Managed Care Staff/MHP Providers	Ongoing - quarterly

<table>
<tr><th>INDICATORS</th><th>GOALS</th><th>OBJECTIVES</th><th>ACTIVITIES</th><th>PERFORMANCE MEASURES</th><th>RESPONSIBLE DEPARTMENT/ COMMITTEE</th><th>REPORTING FREQUENCY</th></tr>
<tr><td></td><td>Target: 100% Compliance</td><td>(5) Test Calls will be conducted monthly.

A Report will be submitted to the county support person at DHCS on a quarterly basis.</td><td>the "Quick Reference Guide" for Test Calls with updated phone numbers to MHP Providers.</td><td>FY 18/19 Compliance Avg.: 31%
FY 19/20 Compliance Avg.: 32%
FY 20/21 Compliance Avg.: 31%
FY 21/22 Compliance Avg.: 64%
FY 22/23 Compliance Avg.: ___%
Q1: Calls completed: 12
Calls logged: 67%
Compliance: 67%

Q2: Calls completed: 12
Calls logged: 67%
Compliance: 58%

Q3: Calls completed: _____
Calls logged: _____%
Compliance: _____%

Q4: Calls completed: _____
Calls logged: _____%
Compliance: _____%</td><td></td><td></td></tr>
<tr><td colspan="7">Quality and Outcome of Services/Beneficiary and Provider Satisfaction</td></tr>
<tr><td>4.1 DHCS Consumer Satisfaction – Consumer Perception Survey (CPS)</td><td>Monitor consumer satisfaction. Track results of each MHP Provider site biannually and submit findings to the QIC.</td><td>Survey beneficiary and/or family member for satisfaction at all MHP Provider sites as directed by the state</td><td>MHP providers will distribute surveys to all beneficiaries'/ family members (in English or Spanish) who receive services during the appropriate survey time periods.

Providers will enter survey data in Survey Monkey.

Managed Care Dept. will compile data and Submit results to DHCS, the QIC Committee and Clinic Managers.</td><td>DHCS mandated, Consumer Perception Surveys (CPS) were administered:
FY 13/14 total completed: 2,011
FY 14/15 total completed: 2,406
FY 15/16 total completed: 2,055
FY 16/17 total completed: 2,112
FY 17/18 total completed: 2,208
FY 18/19 total completed: 1,802
FY 19/20 total completed: 2,521
FY 20/21 total completed: 1,135
FY 21/22 total completed: _____

_____ 2022
Surveys completed: ___
General Satisfaction Rating Average: ___%

<table><tr><th rowspan="2">Survey Date</th><th rowspan="2">Overall Rating</th><th colspan="4">Question Category</th></tr><tr><th>Satisfaction</th><th>Access</th><th>Cultural Comp.</th><th>Well-Being</th></tr><tr><td>Aug 2013</td><td>4.05</td><td>4.19</td><td>4.19</td><td>4.09</td><td>3.73</td></tr><tr><td>May 2014</td><td>4.14</td><td>4.22</td><td>4.23</td><td>4.32</td><td>3.79</td></tr></table></td><td>QI Managed Care/MHP Providers</td><td>Every Nov & May

*Results are available upon request</td></tr>
</table>

<table>
<tr><th>INDICATORS</th><th>GOALS</th><th>OBJECTIVES</th><th>ACTIVITIES</th><th>PERFORMANCE MEASURES</th><th>RESPONSIBLE DEPARTMENT/ COMMITTEE</th><th>REPORTING FREQUENCY</th></tr>
<tr><td></td><td></td><td></td><td></td><td>
<table>
<tr><td>Nov 2014</td><td>4.16</td><td>4.28</td><td>4.24</td><td>4.36</td><td>3.77</td></tr>
<tr><td>May 2015</td><td>4.16</td><td>4.25</td><td>4.22</td><td>4.35</td><td>3.82</td></tr>
<tr><td>Nov 2015</td><td>4.17</td><td>4.25</td><td>4.24</td><td>4.35</td><td>3.84</td></tr>
<tr><td>May 2016</td><td>4.16</td><td>4.25</td><td>4.25</td><td>4.38</td><td>3.77</td></tr>
<tr><td>Nov 2016</td><td>4.17</td><td>4.28</td><td>4.25</td><td>4.33</td><td>3.84</td></tr>
<tr><td>May 2017</td><td>4.15</td><td>4.28</td><td>4.24</td><td>4.35</td><td>3.73</td></tr>
<tr><td>Nov 2017</td><td>4.16</td><td>4.26</td><td>4.23</td><td>4.31</td><td>3.84</td></tr>
<tr><td>May 2018</td><td>4.21</td><td>4.30</td><td>4.31</td><td>4.40</td><td>3.84</td></tr>
<tr><td>Nov 2018</td><td>4.34</td><td>4.34</td><td>4.37</td><td>4.44</td><td>3.88</td></tr>
<tr><td>May 2019</td><td>4.25</td><td>4.34</td><td>4.34</td><td>4.43</td><td>3.89</td></tr>
<tr><td>Nov 2019</td><td>4.17</td><td>4.21</td><td>4.21</td><td>4.38</td><td>3.88</td></tr>
</table>
</td><td></td><td></td></tr>
<tr><td>4.2 Provider Satisfaction Surveys (MHP Contract Providers: children’s mental health and Inpatient providers)</td><td>Conduct provider satisfaction surveys for MHP Contract Providers.</td><td>Survey MHP Contract Providers once every two years.
Three contractor categories:
1. Children’s MH Providers
2. Inpatient Facilities
3. MHP Contract Providers</td><td>Compile data on effectiveness of service delivery and quality for consumers every two years.

Survey Tool: Survey Monkey.
QIC Committee will review results.</td><td>Provider Satisfaction Survey Date: February 2021 (done every 2 years)

• 154 Providers participated; 40 Providers participated September 2018.
• Provider satisfaction slightly decreased in several of the sections surveyed.
• Most notable percentage decreases in the areas of:
• Training opportunities FY18/19 100%, FY20/21 86% (-14%).
• Appropriate Site Certification/Re-Certification Feedback FY18/19 100%, FY20/21 93% (-7%).
• Familiarity with Grievance and Appeals Process FY18/19 95%, FY20/21 88% (-7%).</td><td>QI Manager/ Managed Care Dept.</td><td>Every two years

*Results are available upon request.</td></tr>
<tr><td>4.3 Consumer Acute Psychiatric Hospitalization and Readmission</td><td>Engage consumers in the appropriate level of care that meets their mental health service need and wellness goals therein reducing crisis and potential subsequent hospitalization.

Target: Not experience more than a 15% hospitalization rate and 10% re-hospitalization rate for the MHP.</td><td>Monitor the number of hospital admissions and readmissions.</td><td>Track hospitalization and readmission rate for MHP and by program based on age group.

Report quarterly to the QIC.</td><td>MHP Consumer Acute Psychiatric Hospitalization and Re-Hospitalization within 30 days post-discharge Rate:
<table>
<tr><th rowspan="2">FY</th><th colspan="2">MHP Rate (all ages)</th><th colspan="2">Ages 0-17 years</th><th colspan="2">Ages 18+</th></tr>
<tr><th>Hospitalization</th><th>Re-Hosp</th><th>Hospitalization</th><th>Re-Hosp</th><th>Hospitalization</th><th>Re-Hosp</th></tr>
<tr><td>13/14</td><td>13.5%</td><td>21%</td><td>3.5%</td><td>22%</td><td>28.3%</td><td>21%</td></tr>
<tr><td>14/15</td><td>11.1%</td><td>14%</td><td>1.9%</td><td>21%</td><td>25.1%</td><td>13%</td></tr>
<tr><td>15/16</td><td>10.9%</td><td>16%</td><td>1.6%</td><td>15%</td><td>24.7%</td><td>16%</td></tr>
<tr><td>16/17</td><td>11.3%</td><td>14%</td><td>2.0%</td><td>8%</td><td>26.2%</td><td>14%</td></tr>
<tr><td>17/18</td><td>11.8%</td><td>14%</td><td>2.0%</td><td>11%</td><td>28.8%</td><td>15%</td></tr>
<tr><td>18/19</td><td>12.7%</td><td>16%</td><td>2.0%</td><td>8%</td><td>30.2%</td><td>17%</td></tr>
<tr><td>19/20</td><td>12.1%</td><td>16%</td><td>3%</td><td>13%</td><td>23.1%</td><td>16%</td></tr>
</table>
</td><td>QI Managed Care/Inpatient Unit Manager/ Authorization Unit</td><td>Quarterly</td></tr>
</table>

INDICATORS	GOALS	OBJECTIVES	ACTIVITIES	PERFORMANCE MEASURES	RESPONSIBLE DEPARTMENT/ COMMITTEE	REPORTING FREQUENCY
				20/21 14.5% 19% 3.1% 20% 26.4% 18% **21/22** 13.0% 18% 3.6% 11% 22.8% 19% **Q1** 5% 13% 1.1% 6% 9.0% 14% **Q2** 5% 14% 1.0% 11% 8.7% 15% **Q3** **Q4**		
4.4 Children's System on Care Consumer Outcomes	Use the Child and Adolescent Needs and Strengths (CANS) assessment for child/youth services to support decision making, including level of care and service planning, facilitate quality improvement initiatives, and allow for the monitoring of outcomes of services.	Use of the CANS assessment within the electronic health record by all MHP child/youth services providers.	Implement the use of CANS assessment throughout all MHP child/youth services providers, and begin tracking utilization and service outcomes.	***Performance measures report being developed***	Child/youth IA Workgroup Children's System Improvement Council	CANS piloted FY 16/17 CANS fully implemented to all child/youth services providers by Jan 1, 2018 CANS utilization and service outcomes report developed by Jan 1, 2018
4.5 Adult System of Care Consumer Outcomes	Use the Adult Needs and Strengths (ANS) assessment for adult services to support decision making, including level of care and service planning, facilitate quality improvement initiatives, and allow for the monitoring of outcomes of services.	Use of the ANS assessment within the electronic health record by all MHP adult services providers.	Implement the use of ANS assessment throughout all MHP adult services providers, and begin tracking utilization and service outcomes.	***Performance measures report to be developed***	Adult IA Workgroup Adult System Improvement Council	ANS pilot to begin Jan 1, 2018 – June 30, 2018 ANS fully implemented to all adult services providers by Oct 1, 2018 ANS utilization and service outcomes report developed by Oct 1, 2018
4.6 Discharge Status	Ensure consumers receive accessible, timely, quality services resulting in discharge from services based on meeting their wellness goals.	Monitor discharge disposition for consumer's successful completion of services.	Track discharge disposition for consumers to determine those who met goals, partially met goals, or	***Performance measures report being developed***	QI Workgroup	Discharge data elements are to be standardized for accurate and thorough

INDICATORS	GOALS	OBJECTIVES	ACTIVITIES	PERFORMANCE MEASURES	RESPONSIBLE DEPARTMENT/ COMMITTEE	REPORTING FREQUENCY
			left services for other reasons.			reporting by Oct 1, 2018
Coordination and Integration of Care						
5.1 Physical Health and Mental Health Integration	Foster and promote collaborative care between Physical Health and Mental Health providers for seamless referral between systems, coordinated care for consumers in both systems, and transition support for those transitioning from mental health services to primary care.	Provide integrated services and collaborations to include trainings, brief assessments, collaborative treatment planning, and warm linkage between the health and mental health systems.	Co-locate mental health and physical health staff in two locations: Visalia Adult Integrated Clinic (VAIC), and Visalia Health Care Center (VHCC). Provide training to staff regarding their roles and referral process in each setting. Provide training and ongoing networking opportunities to providers in physical health and mental health.	Collaborative Provider meetings with Visalia Health Care Center, Family Healthcare Network, and Visalia Adult Integrated Clinic were held: • 01/23/2018 • 04/24/2018 • 07/24/2018 • 10/23/2018 This will become a monthly meeting effective February 2019. • 02/26/2019 – VAIC • 03/26/2019 – VHCC • 1/11/2023 – Zoom •	Mental Health Medical Director/ MH Integration Manager	Quarterly
5.2 Access to Children's services – Katie A. Subclass	All qualifying Katie A. Subclass members will receive in-home services, as needed.	Collaborate with Child Welfare Services (CWS) and MHP Providers track mental health treatment Katie A. Subclass members.	CWS Use of screening tool to determine a child's need for mental health services and medical necessity criteria, and MHP providers to provide services (e.g., IHBS, and ICC) to Katie A. Subclass members.	Bi-annual progress report per state requirements No report currently due. MH and CWS continue to meet and work collaboratively.	QI Managed Care/MHP Providers/CWS/ Mental Health Clinicians/ Children's Authorization Unit Manager	Ongoing
5.3 Medi-Cal Sponsorship	Ensure enrollment of eligible mental health consumers into a State sponsored program (ie: Medi-Cal, Medicare, SSI) at point of entry into the mental health system.	Collaborate with TulareWORKS to provide self-sufficiency counselors at MHP service sites to assist in screening and enrolling uninsured or unrepresented consumers onto a	Conduct screening of all consumers identified as uninsured or unrepresented utilizing the Uniform Method to Determine Ability to Pay (UMDAP) process.	UMDAP Clients served: FY 19/20: UMDAP with Fee (696) UMDAP/HMO Ins. with Fee (12) UMDAP/Ins with Fee (166) FY 20/21: UMDAP with Fee (927) UMDAP/HMO Ins. with Fee (20)	QI Managed Care Staff/Clinic Managers/ TulareWORKS – Self Sufficiency Counselors	Quarterly

<table>
<tr><th>INDICATORS</th><th>GOALS</th><th>OBJECTIVES</th><th>ACTIVITIES</th><th>PERFORMANCE MEASURES</th><th>RESPONSIBLE DEPARTMENT/ COMMITTEE</th><th>REPORTING FREQUENCY</th></tr>
<tr><td></td><td></td><td>State sponsored program(s).</td><td></td><td>UMDAP/Ins with Fee (245)

FY 21/22:
UMDAP with Fee (1,223)
UMDAP/HMO Ins. with Fee (28)
UMDAP/Ins with Fee (311)

FY 22/23:
UMDAP with Fee (___)
UMDAP/HMO Ins. with Fee (__)
UMDAP/Ins with Fee (__)

Q1: 1,616
Q2: 1,147
Q3: _____
Q4: _____</td><td></td><td></td></tr>
<tr><td>5.4 Ensure access to Co-Occurring Disorder (COD) services for consumers.</td><td>Provide access to COD services for consumers, as needed.</td><td>Monitor the prevalence of COD throughout MHP, and referral to and retention in COD services provided through the Alcohol and Other Drug (AOD) Programs.</td><td>Collect data on the percentage of consumers diagnosed with a COD, by age group.

Monitor the utilization of COD services among MHP consumers.</td><td>MHP consumers diagnosed with COD, by age group (starting FY 17/18)

<table>
<tr><th rowspan="2">FY</th><th colspan="5">Age Groups</th></tr>
<tr><th>0-12</th><th>13-17</th><th>18-25</th><th>26-59</th><th>60+</th></tr>
<tr><td>17/18</td><td>1%</td><td>13%</td><td>35%</td><td>41%</td><td>19%</td></tr>
<tr><td>18/19</td><td>1%</td><td>11%</td><td>33%</td><td>44%</td><td>24%</td></tr>
<tr><td>19/20</td><td>1%</td><td>15%</td><td>33%</td><td>44%</td><td>25%</td></tr>
<tr><td>20/21</td><td>1%</td><td>10%</td><td>23%</td><td>31%</td><td>18%</td></tr>
<tr><td>21/22</td><td>1%</td><td>10%</td><td>24%</td><td>32%</td><td>21%</td></tr>
<tr><td>Q1</td><td>1%</td><td>9%</td><td>20%</td><td>29%</td><td>19%</td></tr>
<tr><td>Q2</td><td>1%</td><td>8%</td><td>22%</td><td>27%</td><td>19%</td></tr>
<tr><td>Q3</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>Q4</td><td></td><td></td><td></td><td></td><td></td></tr>
</table>

Consumers referred to COD program in AOD, by length of retention in COD service (Per EHR, reporting will commence FY 19/20)

<table>
<tr><th rowspan="2">FY</th><th colspan="6">Referral and Retention</th></tr>
<tr><th rowspan="2">Referred</th><th rowspan="2">Enrolled from referred</th><th colspan="4">Of those discharged</th></tr>
<tr><th>discharged</th><th><30 days</th><th>31-60 days</th><th>61-90 days</th></tr>
<tr><td>17/18</td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>18/19</td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>19/20</td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>Q1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
</table></td><td>Substance Use Disorder (SUD) Workgroup (subgroup of Adult Systems Improvement Council)</td><td>Quarterly</td></tr>
</table>

INDICATORS	GOALS	OBJECTIVES	ACTIVITIES	PERFORMANCE MEASURES	RESPONSIBLE DEPARTMENT/ COMMITTEE	REPORTING FREQUENCY
				Q2 | **Q3** | **Q4**		
Cultural Competency and Linguistic Standards						
6.1 Cultural Competence Committee (CCC)	Ensure the MHP is culturally and linguistically competent.	Host a collaborative meeting of diverse perspective to discuss the topic of cultural and linguistic competency that impact the MHP and develop action plans to address these issues.	Facilitate a monthly mental health cultural competency committee meeting. Develop annual cultural competency plan which fosters and promotes cultural and linguistic competency within the MHP in accordance with the State DHCS Cultural Competency Plan Requirements.	Cultural Competence Plan Update for FY 19/20 has been completed and submitted.	Ethnic Services Coordinator/ Cultural Competence Committee	Annual Report/Monthly Monitoring of Activities
6.2 Culturally Competent Services - Training	Ensure MHP providers have the necessary training to better meet the needs of the various cultural populations in Tulare County.	Determine the topics of cultural competency training to enhance staff skills in areas of most interest or need.	Provide in-person and online training to all County MHP staff.	**Cultural Competence Trainings attended by staff in FY 19/20:** FY 19/20: 48 FY 20/21: 486 FY 21/22: 317 Q1: 171 Q2: 62 Q3: _____ Q4: _____ **Motivational Interviewing (Online)** FY 17/18: 18 FY 18/19: 48 FY 19/20: 23 FY 20/21: 137 FY 21/22: 32 Q1: 30 Q2: 9 Q3: _____	Ethnic Services Coordinator/ Cultural Competence Committee	Ongoing/ monthly

INDICATORS	GOALS	OBJECTIVES	ACTIVITIES	PERFORMANCE MEASURES	RESPONSIBLE DEPARTMENT/ COMMITTEE	REPORTING FREQUENCY
				Q4: _____ **Brown Bag Series Participants (In-person)** FY 17/18: 112 FY 18/19: 48 FY 19/20: 0 FY 20/21: These are not being offered at this time. Q1: **These are not being offered at this time.** Q2: 0 Q3: _____ Q4: _____ **Cultural Diversity Online (Online)** FY 17/18: 509 FY 18/19: 200 FY 19/20: 72 This course has been retired in Relias. FY 20/21: 68		
6.3 Culturally Linguistic Services	Provide services to consumers in their preferred language.	Ensure all consumers are linked to a skilled interpreter who can provide services in the consumer's primary language. Utilize appropriate on-site MHP staff interpreters during business hours, and interpreter contract providers as needed: AT&T Language Line, Orchid Interpreting or Hands-On Interpreting. Increase staff awareness in accessing interpreter resources as well as providing excellent	Monitor the invoices to track utilization of interpreter services. Provide Language Line training on an as needed basis to all MHP providers. Provide Interpreter Training to eligible staff.	**Utilization of Interpreter Services:** AT&T Language Line- FY 17/18: 187 FY 18/19: 224 FY 19/20: 193 FY 20/21: 945 FY 21/22: ___ Q1: 207 Q2: 0 Q3: _____ Q4: _____ There was no service contract for some time. It was recently renewed and is being rolled back out again May 2019. Fox Interpreting Service- FY 17/18: 97 FY 18/19: 32 FY 19/20: 19 FY 20/21: 18 FY 21/22: __ Q1: 10 Q2: 0 Q3: _____ Q4: _____ Language Line iPad Pilot-	Ethnic Services Coordinator	Monthly

INDICATORS	GOALS	OBJECTIVES	ACTIVITIES	PERFORMANCE MEASURES	RESPONSIBLE DEPARTMENT/ COMMITTEE	REPORTING FREQUENCY
		customer service to consumers.		FY 17/18: 129 FY 18/19: Not Being Offered FY 19/20: 21 FY 20/21: 0 FY 21/22: ___ Q1: 19 Q2: 0 Q3: _____ Q4: _____ Interpreter training (In-person): Offered 1x Annually FY 18/19: 42 FY 19/20: 0 FY 20/21: 0 FY 21/22: 0 Interpreter Training - 0 Provider Training - 0 Q1: 0 | Q2: 42 | Q3: _____ | Q4: _____ **Next Training Scheduled in Q3**. Legal Procedures and Client Rights for Behavioral Health Interpreters (Online) FY 18/19: 28 FY 19/20: 105 FY 20/21: 84 FY 21/22: ___ Q1: 15 | Q2: 12 | Q3: _____ | Q4: _____ Overview of the Behavioral Health System for Behavioral Health Interpreters (Online) FY 18/19: 15 FY 19/20: 134 FY 20/21: 86 FY 21/22: ___ Q1: 19 | Q2: 11 | Q3: _____ | Q4: _____ The Role of the Behavioral Health Interpreter (Online) FY 18/19: 18 FY 19/20: 119 FY 20/21: 81 FY 21/22: ___		

INDICATORS	GOALS	OBJECTIVES	ACTIVITIES	PERFORMANCE MEASURES	RESPONSIBLE DEPARTMENT/ COMMITTEE	REPORTING FREQUENCY
				Q1: 20 | Q2: 8 | Q3: _____ | Q4: _____		
6.4 Mental Health Services for Tulare County consumers in the threshold language of Spanish	Provide services in the consumer's preferred language by bilingual MHP provider staff. **Target:** 40% of all MHP Provider staff will be able to provide bilingual services in Spanish.	Collect bilingual language proficiencies via the Provider Directory for staff in the MHP. Maintain a Tulare County Beneficiary Provider List in English and Spanish.	Maintain Tulare County MHP Provider Directories and distribute bi-annually to all MHP provider sites.	Percentage of MHP provider staff proficient in Spanish: FY 12/13 Avg.: 48.5% FY 13/14 Avg.: 43.5% FY 14/15 Avg.: 46.5% FY 15/16 Avg.: 50.75% FY 16/17 Avg.: 49.75% FY 17/18 Avg.: 53.75% FY 18/19 Avg.: 36% FY 19/20 Avg.: 25% FY 20/21 Avg.: 28% FY 21/22 Avg.: 46% Q1: 51% Q2: 51% Q3: _____ Q4: _____	QI Managed Care Staff	Quarterly
6.5 National Standards for Culturally and Linguistically Appropriate Services (CLAS)	Standardize CLAS principals throughout MHP.	Monitor cultural and linguistically competent services throughout MHP using CLAS principals.	Develop performance measures to track the use of and effectiveness of CLAS principals throughout the MHP. Develop and provide training to all MHP staff on what is CLAS and how to use the principals in service delivery.	***Performance Measures to be developed, and training to be tracked.***	Ethnic Services Coordinator/Cultural Competency Committee	To be developed for tracking by Jan 1, 2018
Beneficiary Protection						
7.1 Grievances and Appeals	Monitor beneficiary grievances and appeals for the MHP System of Care.	Analyze grievances, appeals, and change of provider requests for trends/issues.	Record and resolve all grievances, appeals, change of provider requests and State Fair	FY 12/13: Appeals 7 Grievances 15 FY 13/14: Appeals 4 Grievances 7 FY 14/15: Appeals 13 Grievances 13 FY 15/16: Appeals 53 Grievances 17	Problem Resolution Coordinator	Report to QIC quarterly

INDICATORS	GOALS	OBJECTIVES	ACTIVITIES	PERFORMANCE MEASURES	RESPONSIBLE DEPARTMENT/ COMMITTEE	REPORTING FREQUENCY
		Report will be submitted to DHCS on a quarterly and Annual basis.	Hearings within regulatory standards. Compile and analyze results of grievances, appeals, change of provider requests and State Fair Hearings and report to QIC.	FY 16/17: Appeals 32 Grievances 27 FY 17/18: Appeals 31 Grievances 24 FY 18/19: Appeals 65 Grievances 41 FY 19/20: Appeals 16 Grievances 21 FY 20/21: Appeals 5 Grievances 5 FY 21/22: Appeals 30 Grievances 17 Q1: Appeals _____ Grievances _____ Q2: Appeals 1 Grievances 5 Q3: Appeals _____ Grievances _____ Q4: Appeals _____ Grievances _____		
7.2 Notice of Actions	All consumers who receive a Notice of Action (NOA) will be informed of the decision and receive a copy of the NOA.	Issue a Notice of Action (NOA) for consumers who do not meet medical necessity.	Log and track NOA's for all MHP providers.	Number of NOA's logged quarterly: FY 12/13: 908 FY 13/14: 585 FY 14/15: 407 FY 15/16: 838 FY 16/17: 1,059 FY 17/18: 1,051 FY 18/19: 2,070 FY 19/20: 2,565 FY 20/21: 820 FY 21/22: 2,699 Q1: 581 Q2: _____ Q3: _____ Q4: _____	Mental Health Clinicians/QI Managed Care Staff	Ongoing
7.3 Informing Materials	Ensure all consumers are given a copy of the Guide to Informing Materials in their preferred language or alternate format. **Target II:** 100% of sites visited will have informing materials available for consumers in all formats.	Provide informing materials in: English, Spanish, Large Print, CD, and Audio/CD format. Ensure the Guide to Informing Materials, accurately describes the mental health services provided to Tulare County consumers.	Distribute informing materials in all formats to MHP provider staff. MHP providers will fax/mail verification of the issuance of informing materials monthly. Managed Care staff will log MHP informing materials verifications for consumers monthly.	Total # of informing material verifications received by QI for new consumers. FY 13/14: 2,622 FY 14/15: 2,853 FY 15/16: 3,446 FY 16/17: 4,131 FY 17/18: 4,025 FY 18/19: 3,071 FY 19/20: 3,566 FY 20/21: 723 FY 21/22: 1,872 Q1: 685 Q2: _____ Q3: _____	QI/ Managed Care / Problem Resolution Coordinator	Ongoing

INDICATORS	GOALS	OBJECTIVES	ACTIVITIES	PERFORMANCE MEASURES	RESPONSIBLE DEPARTMENT/ COMMITTEE	REPORTING FREQUENCY
			Managed Care will conduct site visits of MHP providers.	Q4: _____ *Informing materials study available Number of site visits performed: Clinics in compliance with MHP informing materials standards: FY 16/17: 12/12 Compliance Rate: 100% FY 17/18: 15/15 Compliance Rate: 100% FY 18/19: 27/30 Compliance Rate: 90% FY 19/20: 0/0 Compliance Rate: 0% FY 20/21: 0/0 Compliance Rate: 0% FY 21/22: 9/14 Compliance Rate: 64% Q1: **No Site Visits completed due to COVID-19 & Site Closures** Q2:_____ Q3:_____ Q4:_____		
Wellness and Recovery						
8.1 Consumer Supported Employment and Volunteerism	Provide supported employment services for consumers to re-enter the workforce.	Maintain a volunteer and supported employment program for consumers.	Track utilization of and success within the supported employment and volunteer program.	The CSET supported employment and volunteer program commenced July 1, 2014 FY 19/20: **Supported Employment Services:** Total newly enrolled: 12 Total of all enrolled placed in employment: 24 **Volunteer Program:** Total newly enrolled: Total number of stipends: Total amount paid in stipends: FY 20/21: **Supported Employment Services:** Total newly enrolled: 3 Total of all enrolled placed in employment: 4 **Volunteer Program:** Total newly enrolled: 1 Total number of stipends: 28 Total amount paid in stipends: $2,150 FY 21/22: **Supported Employment Services:** Total newly enrolled: ___	MHSA WET Coordinator/W&R Committee	Quarterly and Annually

INDICATORS	GOALS	OBJECTIVES	ACTIVITIES	PERFORMANCE MEASURES	RESPONSIBLE DEPARTMENT/ COMMITTEE	REPORTING FREQUENCY
				Total of all enrolled placed in employment: ___ **Volunteer Program:** Total newly enrolled: __ Total number of stipends: __ Total amount paid in stipends: __ **Supportive Employment** Q1: Total enrolled (undup): 548 Total newly enrolled (undup): 19 Total placed in employment: 9 Total employ. retained 6 months: 0 Total employ. retained in 1 yr: 1 Q2: Total enrolled (undup): 9 Total newly enrolled (undup): 9 Total placed in employment: 2 Total employ. retained 6 months: 5 Total employ. retained in 1 yr: 2 Q3: Total enrolled (undup): _____ Total newly enrolled (undup): _____ Total placed in employment: _____ Total employ. retained 6 months: _____ Total employ. retained in 1 yr: _____ Q4: Total enrolled (undup):_____ Total newly enrolled (undup): _____ Total placed in employment: _____ Total employ. retained 6 months: _____ Total employ. retained in 1 yr:_____ **Volunteer Program:** Q1: Total enrolled (undup): 432 Total newly enrolled (undup): 3 Total actively volunteering: 29 Total stipends: 43 Total paid in stipends: $3,450 Q2: Total enrolled (undup): 3 Total newly enrolled (undup): 3 Total actively volunteering: 0 Total stipends: 46 Total paid in stipends: $3,350 Q3: Total enrolled (undup): _____		

INDICATORS	GOALS	OBJECTIVES	ACTIVITIES	PERFORMANCE MEASURES	RESPONSIBLE DEPARTMENT/ COMMITTEE	REPORTING FREQUENCY
				Total newly enrolled (undup): _____ Total actively volunteering: _____ Total stipends: _____ Total paid in stipends: _____ Q4: Total enrolled (undup): _____ Total newly enrolled (undup): _____ Total actively volunteering: _____ Total stipends: _____ Total paid in stipends: _____		
8.2 Peer-Delivered Services	Provide Peer Supports through MHP System of Care.	Provide peer-delivered services at all adult and transitional-age youth (TAY) provider sites.	Track number of peer-delivered services (tracked via electronic health record). Develop and disseminate list of peer-delivered services (i.e. pamphlet, flyers, etc.)	Peer-delivered Services Number of Services and consumers served: FY 17/18: 98 Groups and 714 consumers served 320 Individual services FY 18/19: 17 Groups and 137 consumers served 905 Individual services FY 19/20: 0 Groups and 144 consumers served 734 Individual services FY 20/21: 0 Groups and 74 consumers served 97 Individual services FY 21/22: 0 Groups and 118 consumers served 284 Individual services Q1: 2 Groups and 87 consumers served 267 Individual Services Q2: 0 Groups and 83 consumers served 229 Individual Services Q3: _____ Groups and _____ consumers served _____ Individual Services Q4: _____ Groups and _____ consumers served _____ Individual Services	Wellness & Recovery Committee	Ongoing

INDICATORS	GOALS	OBJECTIVES	ACTIVITIES	PERFORMANCE MEASURES	RESPONSIBLE DEPARTMENT/ COMMITTEE	REPORTING FREQUENCY
8.3 Wellness and Recovery (W & R) Resiliency Activities	Develop activities that will promote the development and use of resiliency skills among consumers	Monitor and support: - Peer-run Groups such as: Wellness Recovery Action Plan (WRAP) groups and trainings - Use of My Voice Media Center - Use of Porterville Wellness Center - Social Activities League - Distribution of Trestle peer-developed newsletter	Ensure WRAP groups are available on an ongoing basis to active and former consumers for WRAP develop and also for WRAP ongoing use and revision Ensure staff are discussing Passages with consumers as they near discharge and are enrolling as applicable Monitor and support the ongoing development of community supports for active and former consumers to include the My Voice Media Center and Wellness & Recovery Centers	**W.R.A.P. Groups** FY 15/16: 175 WRAP Groups and 382 attendees FY 16/17: 29 WRAP Groups and 76 attendees FY 17/18: 106 WRAP Groups and 285 attendees FY 18/19: 130 WRAP Groups and 255 attendees FY 19/20: 66 WRAP Groups and 128 attendees FY 20/21: 0 WRAP Groups and 0 attendees FY 21/22: __ WRAP Groups and __ attendees Q1: 66 WRAP Groups and 260 attendees Q2: 61 WRAP Groups and 463 attendees Q3: _____ WRAP Groups and _____ attendees Q4: _____ WRAP Groups and _____ attendees **Number of days & hours My Voice Media Center was open**: FY 15/16: 199 days/995 hours Number served (undup): 179 FY 16/17: 201 days/1,031 hours Avg. attendance per quarter: 47 FY 17/18: 206 days/1,030 hours Avg. attendance per quarter: 58 FY 18/19: 155 days/824 hours Avg. attendance per quarter: 66 FY 19/20: 48 days/240 hours Avg. attendance per quarter: __ FY 20/21: 56 days/ 243 hours Avg. attendance per quarter: __ Q1: 53 Number undup attended: 29 Q2: 46 Number undup attended: 33 Q3: _____ Number undup attended: _____ Q4: _____ Number undup attended: _____ **Number of days & hours W&R Center was open:** **Porterville Wellness Center** FY 17/18: Porterville Wellness Center: 337 days and 2,836 hours Number undup attended: 528	Wellness & Recovery Committee	Monthly and Annually

INDICATORS	GOALS	OBJECTIVES	ACTIVITIES	PERFORMANCE MEASURES	RESPONSIBLE DEPARTMENT/ COMMITTEE	REPORTING FREQUENCY
				FY 18/19: Porterville Wellness Center: 226 days and 2,027 hours Number undup attended: FY 19/20: Porterville Wellness Center: 140 days and 1,104 hours Number undup attended: 551 FY 20/21: Porterville Wellness Center: _75 days and 573 hours Number undup attended: _ FY 21/22: Porterville Wellness Center: ___ days and ___ hours Number undup attended: ___ Q1: _62_ Number undup attended _165_ Q2: _57_ Number undup attended _210_ Q3: _____ Number undup attended _____ Q4: _____ Number undup attended _____ **Visalia Wellness Center** FY 19/20: Visalia Wellness Center: 137 days and 1,126 hours Number undup attended: 474 FY 20/21: Visalia Wellness Center: _75 days and 563 hours Number undup attended: ___ FY 20/21: Visalia Wellness Center: ___ days and ___ hours Number undup attended: ___ Q1: _66_ Number undup attended: 90_ Q2: _57_ Number undup attended: _198_ Q3: _____ Number undup attended: _____ Q4: _____ Number undup attended: _____ **TLC Wellness Center** FY 15/16: TLC Wellness Center: 240 days and 1,334 hours FY 16/17: TLC Wellness Center: 280 days and 1,428 hours FY 17/18: TLC Wellness Center: 309 days and 2,270 hours FY 18/19: TLC Wellness Center: 63 days and 378 hours		

INDICATORS	GOALS	OBJECTIVES	ACTIVITIES	PERFORMANCE MEASURES	RESPONSIBLE DEPARTMENT/ COMMITTEE	REPORTING FREQUENCY
				FY 19/20: TLC Wellness Center: 64 days and 384 hours **Temporarily Closed during remodel** FY 20/22: TLC Wellness Center **Not open as a Public Center. Residents have been using Visalia Wellness Center and are using this space as a TLC rec room now.** **Social Activities League activities:** FY 15/16: #of events 11#Served: 863 FY 16/17: #of events 6#Served: 270 FY 17/18: #of events 35#Served: 491 FY 18/19: #of events 14#Served: 60 FY 19/20: #of events 0#Served: 0 **No Longer in Existence.** **Trestle (peer-developed newsletter) distribution**: FY 15/16: 2,180 Hardcopies and 450 Electronic copies FY 16/17: 1,400 Hardcopies and 300 Electronic copies FY 17/18: 0 Hardcopies and 0 Electronic copies FY 18/19: 1500 Hardcopies and 0 Electronic copies FY 19/20: 0 Hardcopies and 0 Electronic copies FY 20/21: 0 Hardcopies and 0 Electronic copies FY 21/22: 0 Hardcopies and 0 Electronic copies **Impossible to track number of copies**		
Utilization Review						
9.1 Utilization Review of all MHP Providers	The Utilization Review Committee (URC) will monitor documentation compliance of all consumer charts.	Utilization Review will result in identifying charts needing improvement in the areas of: Clinical Documentation, Quality of Care and Unauthorized Services and Disallowances.	Review MHP provider charts. Review special cases for trend analysis and training purposes. Log and track all Disallowance Claims, report disallowed claims to ITWS, send invoices to Fiscal Accountant.	Number of charts reviewed: FY 12/13: 545 FY 13/14: 357 FY 14/15: 291 FY 15/16: 266 FY 16/17: 291 FY 17/18: 385 FY 18/19: 302 FY 19/20: 323 FY 20/21: ___ FY 21/22: ___ Q1: 36 | Q2: 106 | Q3: _____ | Q4: _____	Utilization Review Committee (URC)/URC Coordinator	Ongoing – Monthly

<table>
<tr><th>INDICATORS</th><th>GOALS</th><th>OBJECTIVES</th><th>ACTIVITIES</th><th>PERFORMANCE MEASURES</th><th>RESPONSIBLE DEPARTMENT/ COMMITTEE</th><th>REPORTING FREQUENCY</th></tr>
<tr><td></td><td></td><td></td><td>Conduct URC meetings monthly for all MHP Provider and contract providers.</td><td>Number of POC: ___
<table><tr><td>Q1: Pending</td><td>Q2: 2</td><td>Q3: _____</td><td>Q4: _____</td></tr></table>Percentage of POC Returned within 14 days: ___
<table><tr><td>Q1: 0</td><td>Q2: 1</td><td>Q3: _____</td><td>Q4: _____</td></tr></table></td><td></td><td></td></tr>
<tr><td>9.2 In-Patient Utilization Review</td><td>Monitor In-Patient hospitalizations and discharge planning.

Target: Review 15 inpatient charts quarterly, and all inpatient Treatment Authorization Requests (TARs).</td><td>Monitor inpatient hospitalizations and discharge planning via In-Patient TAR’s.</td><td>Review 15 inpatient charts and all inpatient TARs quarterly at the URC Meetings. Report findings to the QIC.</td><td>Adult/Children’s Inpatient Chart reviews are conducted quarterly:
FY 15/16: 100% 60 / 60 charts in compliance
FY 16/17: 77% 44 / 57 charts in compliance
FY 17/18: 66% 297 / 448 days in compliance
FY 18/19: 73% 299 / 407 days in compliance
FY 19/20: __% __ / __ days in compliance
FY 20/21: __% __ / __ days in compliance
FY 21/22: __% __ / __ days in compliance

Q1: __% __ / __ days in compliance
Q2: __% __ / __ days in compliance
Q3: _____% _____ / _____ days in compliance
Q4: _____% _____ / _____ days in compliance</td><td>Inpatient Unit/URC Coordinator</td><td>Quarterly URC reviews</td></tr>
<tr><td>9.3 Progress Note</td><td>Monitor progress notes on a quarterly basis</td><td>Monitor progress notes to ensure providers are in compliance with policy</td><td>Review progress note report for trend analysis and report findings to the QIC.</td><td>Progress Note Timeliness (percent of notes finalized, by days)
Data validation is being conducted as percentages are >100%

<table><tr><th>FY</th><th>0-3 days</th><th>4-7 days</th><th>8-15 days</th><th>16-31 days</th><th>32+ days</th></tr><tr><td>14/15</td><td>81.7%</td><td>26.3%</td><td>14.7%</td><td>6.2%</td><td>1.2%</td></tr><tr><td>15/16</td><td>70.2%</td><td>17.5%</td><td>8.5%</td><td>3.1%</td><td>0.8%</td></tr><tr><td>16/17</td><td>66.5%</td><td>18.0%</td><td>9.8%</td><td>4.8%</td><td>1.0%</td></tr><tr><td>17/18</td><td>69.1%</td><td>17.6%</td><td>7.5%</td><td>3.5%</td><td>2.2%</td></tr><tr><td>18/19</td><td>67.6%</td><td>18.0%</td><td>7.2%</td><td>3.7%</td><td>2.0%</td></tr><tr><td>19/20</td><td>73.00%</td><td>15.04%</td><td>5.68%</td><td>3.4%</td><td>2.88%</td></tr><tr><td>20/21</td><td>72.6%</td><td>16.0%</td><td>5.9%</td><td>3.0%</td><td>2.5%</td></tr><tr><td>21/22</td><td>69.2%</td><td>16.3%</td><td>7.7%</td><td>3.9%</td><td>2.9%</td></tr><tr><td>Q1</td><td>70.8%</td><td>15.1%</td><td>7.0%</td><td>3.9%</td><td>3.2%</td></tr><tr><td>Q2</td><td>71.9%</td><td>15.0%</td><td>6.0%</td><td>3.7%</td><td>3.3%</td></tr><tr><td>Q3</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Q4</td><td></td><td></td><td></td><td></td><td></td></tr></table></td><td>URC Coordinator/QI Unit Manager</td><td></td></tr>
<tr><td colspan="7">Medication Monitoring</td></tr>
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INDICATORS	GOALS	OBJECTIVES	ACTIVITIES	PERFORMANCE MEASURES	RESPONSIBLE DEPARTMENT/ COMMITTEE	REPORTING FREQUENCY
10.1 Medication Compliance Chart Reviews	Monitor the MHP psychiatric service delivery system and address any issues that may affect beneficiary safety and/or the effectiveness of medication practices.	Review prescribing practices and provide feedback to staff psychiatrists for their consideration and response.	Conduct chart reviews and provide chart review outcomes monthly at the MMC meetings.	FY 12/13: 345 FY 13/14: 432 FY 14/15: 347 FY 15/16: 283 FY 16/17: 152 FY 17/18: 344 FY 18/19: 301 FY 19/20: 234 FY 20/21: 400 FY 21/22: 416 **Total Number charts reviewed by contract pharmacist:** Q1:115 Q2: 82 Q3: _____ Q4: _____ *Medication Monitoring Trend Report is available upon request.	Mental Health Medical Director/ URC Coordinator/ Contracted Pharmacist	Ongoing – Monthly Meetings
10.2 Medication Consent Monitoring	Ensure all consumers who are prescribed psychotropic medications consent and are provided the required information related to prescription.	Monitor via chart review that all consumers who are prescribed psychotropic medications have a current, signed medication consent on-file for each medication prescribed.	Compile compliance rate data for medication consents on a monthly basis through utilization review. Provide chart review outcomes monthly at the MMC meetings.	FY 14/15: 221 charts reviewed, 89% in compliance FY 15/16: 282 charts reviewed, 93% in compliance FY 16/17: 366 charts reviewed, 92% in compliance FY 17/18: 344 charts reviewed, 85% in compliance FY 18/19: 301 charts reviewed, 59% in compliance FY 19/20: 292 charts reviewed, 74% in compliance FY 20/21: 400 charts reviewed, 93% in compliance FY 21/22: 416 charts reviewed, 69% in compliance 98.08% Med Consents in Compliance Q1: 115 charts reviewed, 74.78% in compliance, 100.00% Med Consents in Compliance Q2: 82 charts reviewed, 76.83% in compliance 100.00% Med Consents in Compliance Q3: _____ charts reviewed, _____in compliance _____ Med Consents in Compliance Q4: _____ charts reviewed, _____ in compliance _____ Med Consents in Compliance *(Charts in compliance/Total w/meds)	Mental Health Medical Director/URC Coordinator/ Pharmacist	Monthly, reported quarterly
10.3 Medication Guidelines and Plans	Ensure the Medication Monitoring Plan (MMP), Guidelines for Physicians and Mid-Levels are followed.	Provide guidelines for MHP Medication Services for all MHP providers.	Revise the MMP (separate children and adult guidelines) and Guidelines for MD's and Mid-Levels. Provide training to MHP provider staff bi-annually.	MMP revised: Completed June 2018 (Sent to EQRO in 2018) Training Date: TBD Topic: MHP Medication Monitoring Supplemental Trainings: -JV220 Training at Med Mon January Meeting -Medication Consents (on Relias) November-December 2018	Mental Health Medical Director/ URC Coordinator	June 30, 2017

INDICATORS	GOALS	OBJECTIVES	ACTIVITIES	PERFORMANCE MEASURES	RESPONSIBLE DEPARTMENT/ COMMITTEE	REPORTING FREQUENCY
			Monitor ongoing implementation of the Mental Health Formulary.	The Medication Monitoring Committee met: 11 times		

Mental Health Information Management (MHIM)						
11.1 Mental Health Information Management (MHIM) – Forms Committee	Ensure that all MHP Providers utilize approved mental health clinical and administrative approved forms. Integration of paper/hardcopy forms to electronic record system. (MHIM/EHR)	Standardize all MHIM forms. Increase accessibility of all MHIM forms.	Continue to update and MHIM forms as needed. Assign MHIM numbers to all new forms. Store all forms so they are accessible by all MHP County Providers.	Number of MHIM forms revised: FY 15/16: 4 FY 16/17: 5 FY 17/18: 32 FY 18/19: 5 FY 19/20: 7 FY 20/21: 5 FY 21/22: 8 Q1: 0 Q2: 0 Q3: _____ Q4: _____	P&P/MIHM Committee	Monthly meetings
11.2 MHIM – Forms Committee Informing Materials – Brochures – MH Forms	Standardization of Informing Materials, forms, brochures and clinical documentation in English and Spanish. **Target**: Forms and brochures will be translated in threshold language; Spanish.	MH Informing Materials, forms, brochures, and clinical documents provide clear and accurate information in English and Spanish for consumers.	Review and revise all MH Program brochures for accuracy and clarity. Translate information in Spanish. Distribute informing materials to MHP providers via Emails, Memos & CDs.	MHIM forms were translated into Spanish. FY 15/16: 0 FY 16/17: 3 FY 17/18: 6 FY 18/19: 0 FY 19/20: 0 FY 20/21: 0 FY 21/22: 0 Q1: 0 Q2: 0 Q3: _____ Q4: _____	QI Unit Manager	Ongoing
Policy & Procedure						
12.1 Policy and Procedures (P&P's)	Ensure that all MHP Providers utilize approved policy and procedures to provide consistent service delivery and	Ensure all MHP Providers have knowledge of new or revised P&Ps, as well as have access to the	Distribute Memos and acknowledgment forms to MHP providers regarding new/revised P&P's.	Memo(s) and policies and procedures were distributed to MHP providers. FY 15/16 Memo(s): 7 FY 15/16 P & P: 7	P&P/MHIM Committee MHP Clinic Managers/ Staff	Monthly meetings

	practices throughout the system of care.	P&Ps at their respective site(s).		FY 16/17 Memo(s): 3 FY 16/17 P & P: 4 FY 17/18 Memo(s): 54 FY 17/18 P & P: 66 FY 18/19 Memo(s): 1 FY 18/19 P & P: 20 FY 19/20 Memo(s): 0 FY 19/20 P & P: 12 FY 20/21 Memo(s): 0 FY 20/21 P & P: 0 FY 21/22 Memo(s): 0 FY 21/22 P & P: 7 FY 22/23 Memo(s): _____ Q1: 10 Q2: 3 Q3: _____ Q4: _____		