sonoma county
DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION

QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT WORK PLAN

FISCAL YEAR 2024-2025

ADOPTED ON: 7/1/2024

The Quality Improvement Plan is a required element of the Quality Assessment and Performance Improvement (QAPI) Program, as specified by DHCS contract, Exhibit A Attachment 5 (relevant sections: 2A), DMC-ODS contract, Exhibit A, Attachment I, JJ. Quality Management and by Cal. Code Regs., Tit. 9, § 1810.440(a)(5).

PURPOSE AND INTRODUCTION

Sonoma County Department of Health, Behavioral Health Division (DHS-BHD) is committed to a culture of continuous quality improvement, in support of our goal to offer high quality behavioral healthcare services to Sonoma County beneficiaries. The Quality Assessment and Performance Improvement (QAPI) program, within DHS-BHD, serves as the unifying structure for quality improvement and quality assurance across the behavioral health system. **The purpose of the QAPI Work Plan is to promote continuous improvement in the quality of specialty mental health and substance use disorder services provided by DHS-BHD**. Through the QAPI Work Plan, DHS-BHD will implement quality improvement activities that:

- Ensure service delivery is consumer-focused, clinically appropriate, cost effective, data-driven, and culturally responsive;
- Increase the capacity of DHS-BHD leadership and QAPI staff to track key indicators addressing beneficiary outcomes, program development, and system change;
- Support decision-making based on performance improvement measures; and
- Increase quality of beneficiary services across the Behavioral Health Plan.

MISSION, VISION, AND VALUES

The mission of the Department of Health Services, Behavioral Health Division (DHS-BHD) is to promote recovery and wellness to Sonoma County residents.

DHS-BHD embraces a recovery philosophy that promotes the ability of a person with mental illness and/or a substance use disorder to live a meaningful life in a community of their choosing, while striving to achieve their full potential. The principles of a recovery-focused system include: *

- Self-Direction
- Individualized and Person-Centered Care
- Empowerment and Shared Decision-Making
- Holistic Approach that Encompasses Mind, Body, Spirit, and Community
- Strengths-Based
- Peer Support
- Focus on Respect, Responsibility, and Hope.

DHS-BHD fosters a collaborative approach by partnering with clients, family members, and the community to provide high quality, culturally responsive services. ***Services are provided in all languages.*** DHS-BHD directly administers behavioral health treatment services to Sonoma County residents whose behavioral health needs are determined to be medically necessary as defined by CCR Title 9 and W&I Code 5600.

**adapted from the Substance Abuse and Mental Health Services Administration (SAMHSA)*

ALIGNMENT WITH OTHER ORGANIZATIONAL PLANS

DHS-BHD QAPI Work Plan objectives and activities align with and support the Sonoma County Department of Health Services (DHS) Strategic Plan in the following ways:

DHS Strategic Plan Goal 1: All residents and community environments are healthy and safe	
DHS Objective and Strategy: Improve quality of life outcomes by advancing cross-sector partnerships, networks, collaboration, and community engagement to improve community and individual determinants of health	QAPI Work Plan Alignment: The Quality Improvement Committee is comprised of DHS-BHD Leadership, Staff, Community Providers, Clients, and Family Members of Clients; this cross-sector team collaborates to improve community and individual determinants of behavioral health.
DHS Strategic Plan Goal 2: Individuals, families, and communities access high quality and coordinated services for health, recovery, well-being, and self-sufficiency	
DHS Objective and Strategy: Increase access to safety net services by strengthening coordination of services with emphasis on high-need residents	QAPI Work Plan Alignment: Three of the current QI workplan objectives (1-3) address improving access to and accessibility of behavioral health services; one QI workplan objective (5) is designed to integrate mental health and substance use disorder services.
DHS Strategic Plan Goal 3: The Department of Health Services is a high achieving, high functioning organization	
DHS Objective and Strategy: Build a highly competent, effective, and engaged workforce by improving communication and collaboration	QAPI Work Plan Alignment: Objective 5 addresses improving communications and processes in clinical care. Objective 6 addresses the goal of decreasing vacancy rates to enhance capacity to provide services to Sonoma County Medi-Cal beneficiaries.

More information on the DHS Strategic Plan can be found at this link: https://healthstrategicplan.sonomacounty.ca.gov/

Cultural Responsiveness is critical to promoting equity, reducing health disparities, and improving access to high-quality behavioral health services that are delivered in a manner which is respectful of and responsive to the needs of diverse clients. In support of this value, the QI Plan aligns with the Cultural Competence Plan by monitoring client satisfaction survey results pertaining to cultural responsiveness of staff, which then inform improvement goals for the service system. The QI Team analyzes and disseminates these results to Division Leadership, the Ethnic Services, Inclusion & Training Coordinator, and the Quality Improvement Committee to assist in identifying disparities and developing strategies toward cultural responsiveness.

DHS-BHD QUALITY IMPROVEMENT PROGRAM

Quality is an organization-wide commitment in which all members of the system play a vital role. The Quality Improvement team within QAPI delineates the structure and methods used to monitor and evaluate quality improvement. A division-wide array of teams and committees exist in partnership with QI, and provide overall structure for quality management as well as oversight responsibilities of DHS-BHD. To accomplish objectives of the QI workplan, QI collaborates closely with Responsible Partners within several organizational units and committees, including:

- Division Management Team (DMT)
- Quality Assessment & Performance Improvement Section (QAPI)
- Quality Improvement Unit within QAPI Section
- Quality Improvement Committee (QIC) and various QIC workgroups
- Behavioral Health Plan Administration (BHPA)
- Sentinel Events Committee
- Credentialing Committee
- Quality Improvement Project Workgroups

QUALITY IMPROVEMENT PROCESS

The QI Unit utilizes a variety of tools and resources to assess system performance issues and plan quality interventions and projects. The over-arching process utilized is the Plan-Do-Study-Act (PSDA) Model for Quality Improvement.

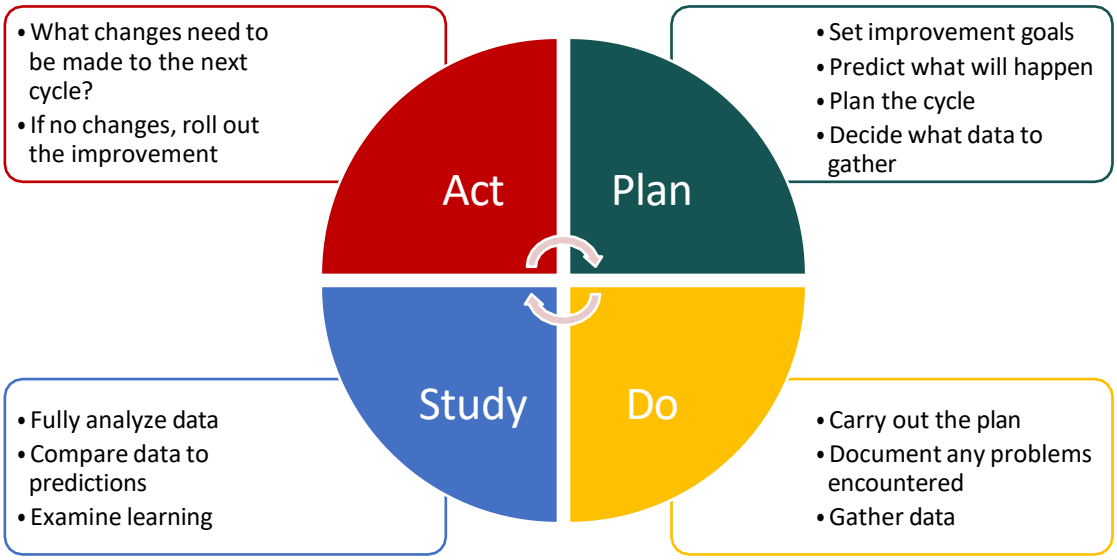
PLAN-DO-STUDY-ACT MODEL FOR QUALITY IMPROVEMENT

Plan: Investigate the current situation, fully understand the nature of any problem to be solved, and develop potential solutions to the problem.

Do: Implement the action plan on a test basis.

Study: Compare data results of the new process with those of the previous one.

Act: Decide, based upon the data, whether to adopt the new process, make slight changes to the process, or to abandon the process and start over. For decisions to adopt or adapt the improvement process, monitor the gains going forward. For decisions to abandon the process, determine a new course.



QAPI WORK PLAN CHANGES FOR FISCAL YEAR 2024-25

The Fiscal Year (FY) 2024-25 QAPI Work Plan will include the following structural changes from previous work plans, based on discussion and consensus from Quality Improvement Committee (QIC) members during the March and April 2024 meetings.

- We are including objectives for both Mental Health and Substance Use Disorder Services in our FY 2024-25 QAPI work plan, as an effort to integrate services.
- We will be including fewer total Quality Improvement objectives to focus our resources on what can be accomplished this year within our resources.
- Some of the objectives from the previous work plan are no longer listed as objectives in this work plan. Objectives that were not met in the last work plan evaluation and not carried over as objectives in this work plan will continue to be worked on as Performance Monitoring Activities within the QAPI work plan, or within other plans that are in alignment with the QAPI Work Plan. These changes are described in the status list below that includes all 12 objectives from the Calendar Year 2023 work plan.

1. Increase overall MHP penetration rate above baseline of 2.49% by 1/1/24.
    a. This objective was met, but the penetration rate was only increased to 2.67%.
    b. Since continued work on this objective is needed, it will continue this as a *Performance Monitoring Activity* within the QAPI Work Plan and monitored within the QIC.
2. Increase Latino/Hispanic/Latinx penetration rate to 2.0% or more by 1/1/24.
    a. This objective was partially met. Latino/Hispanic Sonoma County MHP Penetration Rates 3-year trend for FY 2022-23 is 2.0% per QI analysis, but actual numbers were slightly lower (1.85%) for FY 2021-22.
    b. Work on increasing Latino/Hispanic/Latinx penetration rates is being worked on outside the QAPI Work Plan under the *Equity Circle* initiative under the Department of Health Services Health Policy, Planning and Equity (HPPE) Unit. This objective will be continued as a *Performance Monitoring Activity* within the QAPI Work Plan and monitored within the QIC.
3. For Medi-Cal beneficiaries with Emergency Department visits for mental health conditions, increase the percentage of follow-up mental health service connections from 53% to 58% within 7 days, and from 66% to 71% in 30 days.
    a. This objective was not met.
    b. *We will be continuing this objective in the FY24-25 QAPI Workplan*. This was the Follow-Up After Emergency Department Visit for Mental Illness (FUM) Behavioral Health Quality Improvement Program (BHQIP) Performance Improvement Project (PIP).
4. Decrease the average length of time from initial request to first offered psychiatry appointment to 15 business days or less.
    a. This objective was not met.
    b. Since continued work on this objective is needed, it will continue this as a *Performance Monitoring Activity* within the QAPI Work Plan and monitored within the QIC.
5. Decrease the average length of time from initial request to first offered mental health appointment to 10 business days or less.
    a. This objective was not met.
    b. *We will be continuing this objective in the FY24-25 QAPI Workplan*.
6. 95% of urgent initial requests originating from Access Line, will receive services within 48 hours or less.
    a. This objective was not met.
    b. Since continued work on this objective is needed, DHS-BHD will continue this as a *Performance Monitoring Activity* within the QAPI Work Plan and monitored within the QIC.

7. At least 50% of Adult post-hospital discharge follow-up appointments will be scheduled within 7 calendar days of inpatient discharge.
    a. This objective was not met.
    b. Since continued work on this objective is needed, DHS-BHD will continue this as a *Performance Monitoring Activity* within the QAPI Work Plan and monitored within the QIC.
8. Improve understanding of beneficiary satisfaction and preferences for telehealth and in-person services.
    a. This objective was met. Based on focus groups and key informant interviews DHS-BHD was able to assess beneficiary satisfaction and preferences with telehealth services and draw useful conclusions for parents and adults that can be used to inform the need for increased telehealth or in-person service delivery approaches
    b. Further work can be done on beneficiary satisfaction surveys within the context of *Performance Monitoring Activity* within the QAPI Work Plan since the Consumer Perception Survey is already one of the Performance Monitoring activities.
9. Reduce High-Cost Beneficiary (HCB) count by 10% and HCB utilization of Crisis Stabilization Unit (CSU) by 20% over a 2-year period; Reduce HCB average actionable ANSA scores items by 15%. (Clinical PIP).
    a. This objective is in progress. It was not completed because one of the interventions was temporarily stopped until fully staffed. There was lower than-expected utilization of the intervention within the two remaining teams (Transitional Age Youth and Integrated Recovery Team Full Service Partnerships) due to staffing issues.
    b. *This objective and PIP will be continued as an objective in the 2024-25 QAPI Work Plan*.
10. At least 70% of all direct service clinical staff in the Sonoma County behavioral health network will attend a cultural responsiveness training by January 30, 2024.
    a. This objective was partially met. 57% of DHS-BHD staff and 65% of network provider staff participated in one of the cultural responsiveness trainings sponsored by DHS-BHD in CY 2023. Training attendance was tracked; however the county did not consistently report on progress toward this goal at All Staff meetings.
    b. Since continued work on this objective is needed, DHS-BHD will continue this activity within the *Cultural Competence Plan* and will be monitored within the *Cultural Responsiveness Committee*.
11. Increase the peer provider FTE positions allocated throughout the service system by 50% over FY21-22 numbers.
    a. This objective was not met. Due to MHSA funding cuts in 2023, Sonoma County postponed implementation of the planned Peer Career Ladder positions.
    b. Since continued work on this objective is needed, DHS-BHD will continue this as a*n objective* in the 2024-25 *QAPI Work Plan* with goal modifications to fit the current state of the project. The strategies and monitoring activities within the plan for hiring peers will be re-evaluated and updated.
12. Decrease vacancy rate for BH county workforce from 27% to less than 15%.
    a. The objective was met and is in progress. The vacancy rate had been increasing from June 2021 through December 2022 but began to decrease recently from 27% in July 2023 to 19% in December 2023.
    b. *This will be continued as a QAPI work plan objective in FY 2024-25 for both mental health and substance use disorder positions*.

SECTION I. PERFORMANCE MONITORING ACTIVITIES

DHS-BHD Quality Improvement staff work closely with QAPI staff and other stakeholders to monitor the following activities regularly to ensure meaningful improvement in clinical care and beneficiary service:

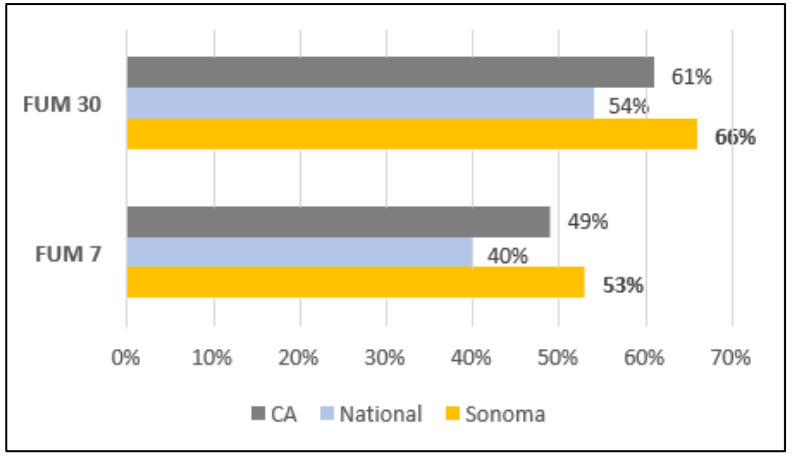
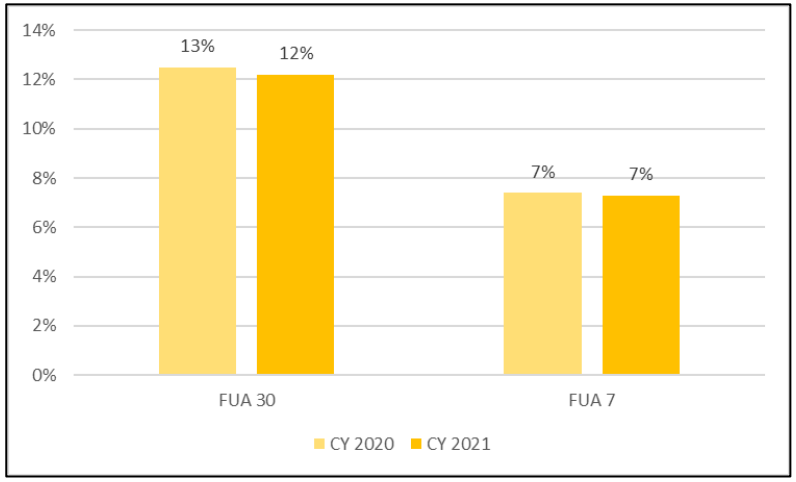
Area Monitored	Data Reviewed	Responsible Partners	FY 2024-25 Objectives
Accessibility of Services	Timeliness service data, Beneficiary Access Call Database, Optum Call logs, Quarterly Test Call Reports	Quality Improvement;	DHS-BHD will regularly assess responsiveness for the Contractor's 24-hour toll-free telephone number, evaluate timeliness and accessibility of service performance across the system, and will address quality or performance issues within the QIC. This includes the following: 1) Decrease the average length of time from initial request to first offered psychiatry appointment. 2) Decrease the average length of time from initial request to first offered mental health appointment. 3) Increase the percentage of initial requests originating from Access Line that receive services within 48 hours. 4) Establish baseline and implement system to track residential Treatment Authorization Requests authorizations within 24 hours.
Appeals & Expedited Appeals	Grievance & Appeals Log	Quality Assurance; Quality Improvement	DHS-BHD will continue monitoring appeals and analyzing trends.
Beneficiary Grievances	Grievance & Appeals Log	Quality Assurance; Quality Improvement	DHS-BHD will continue monitoring grievances and analyzing trends.
Clinical Records Review	Federal, State, and County Audit reports, Utilization Review (authorization findings)	Quality Assurance; Utilization Review (pre-billing audits & post training spot-checks); Auditing & Monitoring	DHS-BHD will monitor and evaluate the appropriateness and quality of services through periodic service audits and chart reviews. DHS-BHD will incorporate compliance feedback from state and federal audits.
Medication Monitoring	Medication Monitoring Peer Review Tracking Log; JV220 tracking log	Medical Director; FYT Psychiatry staff & Psychotropic Oversight Committee; Quality Improvement	DHS-BHD will continue to monitor the effectiveness and quality of medications, including medication practices. DHS-BHD will consolidate SB1291 medication monitoring metrics in the implementation of SmartCare E.H.R.
Penetration Rates	Approved claims data from SmartCare E.H.R. and EQRO	Quality Improvement	DHS-BHD will continue to monitor penetration rates and discuss improvement strategies within the QIC. This includes: 1) Increase overall penetration rates. 2) Increase Latino/Hispanic/Latinx penetration rates.
Performance Monitoring	CANS/ANSA Outcomes, Consumer Perception Survey, CalOMS data	Quality Improvement; System of Care Section Managers, Clinical Specialists, QAPI	DHS-BHD will consolidate CANS/ANSA data into a common electronic platform for improved outcome analysis across MHP system. DHS-BHD will conduct an annual consumer perception survey per state requirements. DHS-BHD will use CalOMS data for outcome analysis across the DMC-ODS.

Provider Appeals	Provider Appeals Log	Quality Assurance	DHS-BHD will continue to monitor provider appeals.
Sentinel Events	Incident Report Database	Section Managers, Medical Director, Quality Improvement	DHS-BHD will continue to regularly monitor sentinel events and continue to meet monthly to analyze sentinel events for quality improvement purposes.

SECTION II. QUALITY IMPROVEMENT ACTIVITIES

Quality Improvement works closely with System of Care section leaders, program managers, and other quality improvement stakeholders across the system to assess performance, monitor QI efforts for previously identified performance issues, and target areas of improvement within Sonoma County's behavioral health service delivery system. The following table outlines the Quality Improvement Objectives for this year based on review and analysis of MHP system performance.

DOMAIN	NO.	OBJECTIVE
ACCESS TO CARE	1	For Medi-Cal beneficiaries with Emergency Department (ED) visits for mental health conditions, increase the percentage of follow-up mental health service connections from 53% to 58% within 7 days, and from 66% to 71% in 30 days. For Medi-Cal beneficiaries with ED visits for substance use disorder increase the percentage of follow-up SUD services to 11% within 7 days, 14% within 30 days. (Non-Clinical PIP)
ACCESSIBILITY OF SERVICES	2	Decrease the wait time for new/post-crisis services to an average of 10 business days.
CLINICAL CARE	3	Reduce High-Cost Beneficiary (HCB) count by 10% and HCB utilization of Crisis Stabilization Unit (CSU) by 20% over a 2-year period; Reduce HCB average actionable ANSA scores items by 15%. (Clinical PIP)
	4	Improve communications and processes for clinical care coordination through the implementation of a care coordination policy and workflow.
INTEGRATION OF SERVICES	5	Expand/integrate Substance Use Disorder Services to meet all SUD DMC-ODS service requirements for FY25-26. Expand prevention education efforts with community outreach to include two targeted efforts for reaching Latinx and LGBTQ populations.
SERVICE CAPACITY	6	Decrease vacancy rate for BH county workforce, both County and CBOs: a) Decrease BH workforce vacancy rate from 19% to less than 15%. b) Identify baseline and decrease CBO workforce vacancy rate. c) Create job descriptions and positions for Medi-Cal certified and non-certified peer support specialists.

OBJECTIVE 1	ACTION STEPS	PERFORMANCE INDICATOR & BASELINE	RESPONSIBLE PARTNERS
ACCESS TO CARE For beneficiaries with ED visits for mental health conditions, increase percentage of follow-up mental health service connections from 53% to 58% within 7 days; from 66% to 71% in 30 days. For Medi-Cal beneficiaries with ED visits for substance use disorder increase the percentage of follow-up SUD services to 11% within 7 days, 14% within 30 days.	**Behavioral Health Follow-Up from ED (FUM & FUA)** • In partnership with Hospital EDs, implement Access Care Navigator intervention for EDs to facilitate outpatient MH & SUD follow-up appointments. • Implement data exchange with Partnership MCP to assess performance with this metric. • QIC to plan and implement additional interventions needed to expand collaboration with EDs and increase number of referrals for Access Care Navigator support.	**CY 2021 Baseline FUM Performance 30 Days & 7 Days**  **CY 2020 & 2021 Baseline FUA Performance 30 Days & 7 Days**  	QI Manager Adult Section Mgr Acute & Forensics Section Mgr Hospital EDs Partnership MCP

<table>
<tr><th>OBJECTIVE 2</th><th>ACTION STEPS</th><th>PERFORMANCE INDICATOR & BASELINE</th><th>RESPONSIBLE PARTNERS</th></tr>
<tr>
<td>ACCESSIBILITY
Decrease the wait time for new/post-crisis services to an average of 10 business days.</td>
<td>Wait time for new/post-crisis services
• Expand Access screening staff to facilitate behavioral health screenings and assessment appointments from point of initial beneficiary phone or in-person contact to Access Line.
• Consolidate screening adult and YFS screening teams.
• Create post-hospital psychiatry rotation.
• Train staff at additional Access Points (OAT IHSS Liaison, WPC, FACT, MH Diversion).</td>
<td>Average wait time (business days) for first offered appointment of non-urgent new/post-crisis services - Baseline Performance (FY22-23)
<table>
<tr><th></th><th>All</th><th>Adult</th><th>Children's</th><th>Foster Care</th></tr>
<tr><td>Average length of time from first request for service to first offered appointment
(in business days)</td><td>16.37 days (mean)
12 days (median)</td><td>10.62 days (mean)
11 days (median)</td><td>20.34 days (mean)
16 days (median)</td><td>7.35 days (mean)
4 days (median)</td></tr>
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</td>
<td>Medical Director
Adult Section Mgr
Youth Section Mgr</td>
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<tr><th>OBJECTIVE 3</th><th>ACTION STEPS</th><th>PERFORMANCE INDICATOR & BASELINE</th><th>RESPONSIBLE PARTNERS</th></tr>
<tr>
<td>CLINICAL CARE
Reduce High Cost Beneficiary (HCB) count by 10% and HCB utilization of CSU by 20% over a 2 year period; Reduce HCB average actionable ANSA scores items by 15%.
(Clinical PIP)</td>
<td>Case Management Model
• QIC to reevaluate use of Strengths Model and results to determine if the model is sustainable and effective with program staffing levels.
• Conduct review and determine which evidence-based model will meet client needs and can be implemented with high-fidelity.
• Develop model implementation and monitoring plan.</td>
<td>
<table>
<tr><th>Measure</th><th colspan="2">TAY FSP</th><th colspan="2">IRT FSP</th></tr>
<tr><td></td><td>FY21-22</td><td>FY22-23</td><td>FY21-22</td><td>FY22-23</td></tr>
<tr><td>Average ANSA Actionable Item Score for High Cost Beneficiaries</td><td>20.10</td><td>19.33</td><td>21.18</td><td>21.13</td></tr>
<tr><td>Percent of Adult High Cost Beneficiary who utilized Crisis Stabilization Unit (CSU):</td><td>20.3%</td><td>20.3%</td><td>23.4%</td><td>31.1%</td></tr>
<tr><td>Rate of High Cost Beneficiaries by Count: (defined with service costs exceeding $30,000 per year)</td><td>37.5%</td><td>28.8%</td><td>26.2%</td><td>16.4%</td></tr>
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</td>
<td>Adult Section Manager
QI Manager</td>
</tr>
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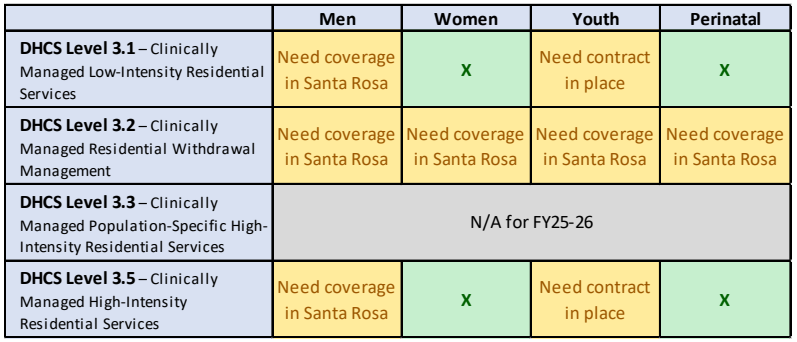
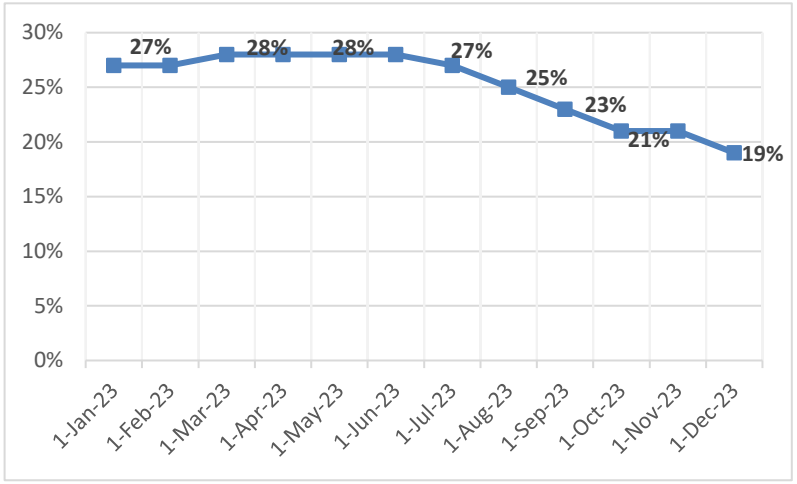
OBJECTIVE 4	ACTION STEPS	PERFORMANCE INDICATOR & BASELINE	RESPONSIBLE PARTNERS
CLINICAL CARE Improve communications and processes for clinical care coordination through the implementation of a care coordination policy and workflow.	**Improve communications and processes in clinical care** • Review current care coordination process and identify barriers. • Review procedure update with clinical leadership. • Develop care coordination policy. • Develop and implement training plan for clinical teams. • Identify and implement measures to monitor implementation.	Establish baseline and monitor timeliness for following metrics: • Time from referral acceptance to clinician assignment. • Time from assignment to clinical consultation call. • Time from call to client engagement/enrollment.	Adult Section Manager QI Manager Section Managers

OBJECTIVE 5	ACTION STEPS	PERFORMANCE INDICATOR & BASELINE	RESPONSIBLE PARTNERS
INTEGRATION Expand/integrate Substance Use Disorder Services to meet all SUD DMC-ODS service requirements for FY25-26.	**Substance Use Disorder Services Expansion** • Execute contract for youth residential treatment. • Execute contract for men's residential treatment option in Santa Rosa. • Execute contract for at least one narcotic treatment provider to perform medication assisted treatment services for adolescents. • Execute contact for withdrawal management services in Santa Rosa. • Expand prevention education efforts with community outreach to include two targeted efforts for reaching Latinx and LGBTQ populations.		Substance Use Disorder Manager QI Manager

	Men	Women	Youth	Perinatal
DHCS Level 3.1 – Clinically Managed Low-Intensity Residential Services	Need coverage in Santa Rosa	X	Need contract in place	X
DHCS Level 3.2 – Clinically Managed Residential Withdrawal Management	Need coverage in Santa Rosa	Need coverage in Santa Rosa	Need coverage in Santa Rosa	Need coverage in Santa Rosa
DHCS Level 3.3 – Clinically Managed Population-Specific High-Intensity Residential Services	N/A for FY25-26			
DHCS Level 3.5 – Clinically Managed High-Intensity Residential Services	Need coverage in Santa Rosa	X	Need contract in place	X

OBJECTIVE 6	ACTION STEPS	PERFORMANCE INDICATOR & BASELINE	RESPONSIBLE PARTNERS
SERVICE CAPACITY Decrease vacancy rate for BH county workforce, both County and CBOs: a) Decrease DHS- BHD vacancy rate from 27% to 15%. b) Identify baseline and decrease CBO workforce vacancy rate. c) Create job descriptions and positions for Medi-Cal certified and non-certified peer support specialists.	**Staff Vacancy Rate** • Temporary/permanent staffing solutions: ○ Continue to utilize Fall '22 RFP temporary staffing. ○ CalMHSA; Backfill with SCSS. • Re-evaluation of workforce needs to find opportunities & efficiencies. • Peer workforce development and expansion. • Rebuild relationship with graduate schools • Develop graduate school cohort and pipeline. • Comprehensive staff training & consultation to improve retention. • MHP workforce analysis to determine direct service FTE needed to serve Sonoma County's SMHS needs. • Continue expanded recruitment efforts, including job fairs.	**DHS-BHD Vacancy Rate: Jan 2023 – Dec 2023** 	BH Director ESI&T Coordinator Section Managers QI Manager