QUALITY IMPROVEMENT WORK PLAN 2024-2025

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The Plumas County Behavioral Health's Quality Improvement and Compliance Program monitors service delivery with the purpose of improving the process of providing care and better meeting the needs of our county's beneficiaries. The Quality Assurance and Compliance Manager (QACM) oversees this program and chairs the Quality Improvement and Compliance Committee (QIC). The Quality Improvement and Compliance Committee is comprised of advisory board members, County staff members, Contracted Providers to ensure the highest quality of services delivered to our communities. The QIC meets on a quarterly basis and is informed by the Quality Improvement Plan. QIC activities include:

- Collecting and analyzing data to measure against the goals or prioritized areas of improvement that have been identified; identify opportunities for improvement and deciding which opportunities to pursue; obtaining input from providers, consumers and community stakeholders in identifying barriers to accessing services or administrative processes.
- Reviewing beneficiary grievances, second opinion requests, appeals, expedited appeals, State Fair Hearing requests, expedited State Fair Hearing requests and clinical records reviews.
- Reviewing timeliness of services, client satisfaction, penetration rates, service accessibility and other service trends.
- Works in collaboration with the Cultural Competency Committee and MHSA coordinator to monitor and improve the quality of offered trainings and education for its workforce, inclusive of promoting greater cultural diversity, humility, and competency.

As a result of the monitoring activities outlined above, the QIC recommends policy decisions, reviews and evaluates the results of quality improvement activities including performance improvement projects (PIPS), institutes needed quality improvement activities, ensures follow-up of QI process, and documents QIC meeting minutes regarding decisions and actions taken.

Guided by the above, Plumas County Behavioral Health (PCCBH) developed a Quality Improvement Plan. The contents of the Quality Improvement Plan were also informed by County efforts to better meet beneficiaries needs and incorporate feedback received from its annual External Quality Review Organization (EQRO) report and any ongoing direction from the Department of Health Care Services (DHCS). The Quality Improvement Plan provides a process for PCBH management and supervising staff to: 1) meet quality improvement requirements specified in the Mental Health Contract with the Department of Health Care Services for the expenditure of Medicaid (Medi-CAL) dollars; 2) meet quality improvement requirements specified under the Drug Medi-CAL Organized Delivery System (DMC-ODS) waiver; and 3) address and resolve quality issues raised in the monitoring of the PCBH and DMC-ODS Plans. The QI Plan is evaluated annually to assess progress towards identified goals and actions. The quality improvement activities are divided into the following sections:

Service Capacity

Behavioral Health DHCS Contractual Element: Assess the capacity of service delivery for beneficiaries, including monitoring the number, type, and geographic distribution of services with the delivery system.

Goal 1: Monitor service delivery capacity		
Objectives	**Actions/Frequency**	**Status/Outcome**
1.1. 100% of PCBH enrollees will be determined to have access to Behavioral Health Services based on time and distance standards.	Gather and evaluate data on numbers and types of services by Geographic area to ensure all beneficiaries maintain access. **Staff Responsible**: • Information Systems Technician • Quality Assurance and Compliance Manger (QACM) [ongoing] [MHP-Quarterly; SUD-Annually]	Plumas has maintained 100% Access to all enrolled beneficiary
1.2. PCBH will maintain adequate capacity for delivery of medically necessary specialty mental health services based on geographic area, that are appropriate in number and type of service per DHCS Network Adequacy provider ratio requirements.	1. Gather and evaluate data on numbers and types of services by: a. Geographic area b. Number of Services c. Service type d. Gender e. Race/Ethnicity f. Age 2. Adjust capacity and/or service delivery if need is determined. **Staff Responsible:** • QI Committee • PCBH Director and Managers • Unit Supervisors [ongoing] [Annually]	Plumas has maintained adequate capacity for delivery of medically necessary specialty mental health services based on geographic area, that are appropriate in number and type of service per DHCS Network Adequacy provider ratio requirements.
1.3. PCBH will expand access to include eligibility to the senior population	PCBH will submit Medicare certification application by the end of F/Y 2025 **Staff Responsible:** • QACM • Fiscal staff **[**ongoing]	Application accepted setting up billing

1.4. PCBH will maintain adequate capacity for delivery of medically necessary Medication Assisted Treatment (MAT) and Substance Use Disorder Services (SUDS) beneficiaries'	1. Gather and evaluate data on numbers and types of services by level of care recommendations 2. Adjust capacity and/or service delivery if need is determined. **Staff Responsible:** • QI Committee • PCBH Director • Medical Director • Unit Supervisors [New] [Annually]	PCBH has maintained adequate capacity for delivery of medically necessary Medication Assisted Treatment (MAT) and Substance Use Disorder Services (SUDS) beneficiaries.
1.5. Staff productivity is evaluated via productivity reports generated by the Cerner program. Managers/Supervisors receive at minimum monthly reports to assure service capacity.	1. Identify productive and nonproductive activities to be tracked through the EHR for each PCBH direct care provider. 2. Achieve a staff productivity of 50% to be increased in fiscal year 2025-2026 to achieve a 60% productivity rate. **Staff Responsible:** • PCBH Director and Management Staff • QIC • Clinical Unit Supervisors • PCBH clinical providers [Ongoing] [monthly]	1. Identified productive and non productive activities to be tracked through the EHR 2. Staff currently at 10%
1.6. Implement use of the American Society of Addiction Medicine (ASAM)	1. Train staff to administer and use the ASAM to determine level of care for Substance use services. 2. Monitor its use in informing level of care 3. 100% of beneficiaries receiving SUD services will receive an ASAM within first 30 days. **Staff Responsible** • Medical Director • PCBH SUDs providers • QACM • Unit Supervisors	1. ASAM implemented for SUD program January 1st, 2023. 2. Added ASAM use to monitoring Tool for chart audits per CAL-AIM documentation requirement. 3. Chart audits completed showed 41% compliance of ASAM being conducted within the first 30 days of treatment. For quarter May-July.

Access to Care

Behavioral Health Contractual Elements: Access (accessibility of services within service delivery area, including):

- Timeliness of routine appointments;
- Timeliness of services for urgent conditions;
- Access to after-hours care; and
- Responsiveness of the 24-hour, toll-free telephone number

Goal 2: PCBH will Maintain adequate capacity for timely delivery of routine and urgent specialty mental health services.		**Status/Outcome**
2.1. 80% of Plumas County beneficiaries seeking PCBH Services will be offered their first clinical appointment within 10 business days of initial request.	1. Gather and evaluate data on when clients receive their first clinical assessment based on EHR TADT- Timely Access Data Tool and PCBH Access Excel log, 2. Share data analysis results with QIC and Behavioral Health Commission. 3. If goal is not met, the QIC will plan and implement actions to achieve the goal. **Staff Responsible:** • QI Committee • PCBH case manager/staff assigned care coordination responsibilities • PCBH Director and Managers [ongoing] [MHP-Monthly; SUD-Monthly]	1. Timeliness assessment data show 89% compliance with this goal for All Beneficiaries. 89% compliance for Adults ages 21-99 and 83% compliance rate for youth ages 0-20. PCBH also tracked timeliness to access specifically for foster youth, 100% for Foster youth requests.
2.2. 80% of beneficiaries presenting with an urgent condition, as defined in Title 9, Subsection 1810.253, will be seen within 48 hours.	1. QIC will set parameters for indicators/measures. 2. Collect data on indicators/measures and evaluate for timeliness. 3. If current goal is met, maintain goal of all requests for services 4. Urgent condition will be seen within 48 hours of received request. 1. If current goal is not met, establish baseline and improvement goal.	2. Timeliness assessment data supports 80% with 1 service being out of compliance. A range of 48 hours-120 hours.

	<u>Staff Responsible</u>: • QI Committee • Utilization Management Committee • PCBH case manager/staff assigned Care coordination responsibilities • PCBH Director and Managers • Unit Supervisors • Clinical Providers • Nursing Staff • SUD providers [ongoing] [MHP-Monthly]	
2.3 80% of Plumas County beneficiaries seeking psychiatry appointments will be offered their first psychiatry appointment within 14 business days of initial request.	1. Gather and evaluate data on when clients receive their initial psychiatry assessment based on PCBH Tele-psychiatry Access Excel log 2. Share data analysis results with QIC and Behavioral Health Commission. 3. If goal is not met, the QIC will plan and implement actions to achieve the goal. **<u>Staff Responsible:</u>** • QI Committee • PCBH Nursing staff • PCBH Director and Managers [ongoing] [MHP-Monthly]	1. timleliness assessment data show 100% compliance rate since July of 2024. Range 0-1 days with an average of .5 days.
2.4 100% of Plumas County beneficiaries seeking PCBH services through the 24/7 Access Line will be documented and offered an intake appointment within 10 business days for routine access services and within 72 hours for urgent access services.	1. Gather and evaluate data on when clients are offered their first clinical assessment appointment date based on Request for Services forms and Access Call logs. 2. Share data analysis results with QIC and Behavioral Health Commission. **3.** If goal is not met, the QIC will plan and implement actions to **<u>Staff Responsible:</u>** • Access Line Staff, including direct PCBH staff and contracted staff.	1. 100% of SMHS requests logged since July have met timeliness.

	• QI Committee • PCBH case manager/staff assigned care coordination responsibilities • PCBH Director and Managers [ongoing] [MHP-Monthly; SUD-Monthly]	
2.5 100% of Plumas County beneficiaries seeking PCBH services will be provided access to afterhours care for night and weekends.	1. Gather and evaluate capacity and timeliness data on client's seeking and receiving afterhours care for when the outpatient clinics are closed. 2. Share and solicit feedback on data analysis results with QIC, the Behavioral Health Commission, and department management meetings. 3. Adjust service delivery as appropriate and feasible. **Staff Responsible:** • Access Line Staff, including direct PCBH staff and contracted staff. • PCBH On-Call providers, including direct and contracted staff • QI Committee • PCBH case manager/staff assigned care coordination responsibilities • PCBH Director and Managers	1. 100% of beneficiaries seeking afterhours services were provided access.
2.6 Develop strategies to reduce avoidable hospitalization for adults with mental illness.	1. Provide emergency tele-psychiatry services in Emergency Room Departments after hours and on-call consults [continued] 2. Track and evaluate how many beneficiaries are evaluated for a hold and outcome. 3. Develop tracking form for evaluators. **Staff Responsible** • QACM • PCBH Case manager/staff assigned Care coordination duties	1. 3/3 hospitals utilize contracted tele-psychiatry services. 2. PCBH is able to track when 5150 holds result in a hospital placement or release. 3. PCBH to develop an encounter form to track all evaluations and their outcomes regardless if a hold is placed. 4. Start claiming for those services 5. Start analyzing data and outcomes

	• PCBH Case manager/staff assigned QI coordination duties • QIC • PCBH Director and Management staff [NEW] [MHP-Quarterly]	
2.7 80% of Plumas County medi-CAL beneficiaries discharging from a psychiatric hospital will be provided an appointment for outpatient services and initial psychiatry evaluation within 7 calendar days of their discharge.	1. Gather and evaluate data on when clients receive their initial psychiatry assessment based on PCBH Hospitalization Access Excel log 2. Share data analysis results with QIC and Behavioral Health Commission. 3. If goal is not met, the QIC will plan and implement actions to achieve the goal. **Staff Responsible:** • PCBH Case manager/staff assigned Care coordination responsibilities • QI Committee • PCBH Director and Management Staff • PCBH Nursing staff [ongoing] [MHP-Monthly]	1. 100% of Plumas County medi-CAL beneficiaries that discharged from a psychiatric hospital was offered an appointment for outpatient services and initial psychiatry evaluation within 7 calendar days of their discharge. Range 1-7 days, average is 4 days. For Quarter May-July.
2.8 85%-90% beneficiaries discharging from psychiatric inpatient will not be re-hospitalized within 30 days.	1. Gather and evaluate data from the EHR and PCBH Hospitalization Access Excel Log 2. Share data analysis results with QIC 3. If goal is not met, Program will plan and implement actions to achieve the goal. **Staff Responsible** • PCBH case manager/staff assigned Care coordination duties • QI Committee • PCBH Director and Managers [ongoing] [MHP-Monthly]	1. Hospitalization logs showed that Plumas achieved 96% compliance for re-hospitalization rates.
2.9 100% of Plumas Medi-CAL beneficiaries hospitalized will have concurrent review activities initiated	1. Gather and evaluate data to support all hospitalizations of Plumas County beneficiaries meet medical necessity	100% of Plumas Medi-CAL beneficiaries hospitalized had concurrent review activities

following business day of being hospitalized.	requirements and could not be treated at a lower level of care for each day hospitalized. [New] 2. Coordinate discharge plan and follow up services [New] **Staff Responsible:** • PCBH Intensive Care Coordinator • PCBH Nurse • UM committee [Ongoing]	initiated following first business day of being hospitalized

Goal 3: Improve the Behavioral Health Access Line triaging and referral processes into the behavioral health system of care		**Status/Outcome**
3.1 100% of beneficiaries will have access to a 24/7 Toll free Access line to gain information about how to access specialty mental health or Substance use services required to assess whether medical necessity criteria are met; about services needed to treat a beneficiary's urgent condition; and about how to use the beneficiary problem and resolution fair hearing process.	1. PCBH will maintain access to a 24/7 toll free access line service to provide beneficiaries with necessary information. **Staff Responsible** • PCBH QACM [ongoing][Annually]	• 100%- Nevada County contract
3.2 Access Line test call results made for both daytime and after-hours will have an 100% success rate to ensure adequate information is provided to the caller for: Specialty mental health services, urgent condition services, beneficiary problem resolution information,	1. On quarterly basis conduct 10 test calls, 6 (including 1 using a non-English language) during business hours and 4 (Including 1 using a non-English language) after hours to test compliance in the following areas: specialty mental health services, urgent condition services, beneficiary problem resolution information, Substance Use Services and urgent substance use conditions. At minimum one test call per	• Completed quarterly test call report as required by DHCS.

Substance Use Services and urgent substance use conditions.	area to be conducted quarterly, while adhering to the overall 10 test call minimum. 2. New test callers will receive training on conducting test calls. 3. QIC members will be trained annually on conducting test calls. 4. Gather and evaluate responses for consistency or areas needing improvement. Areas needing improvement will be addressed through a Plan of Correction approved by the QI committee 5. Evaluate the Access Line test call protocol annually for effectiveness. **Staff Responsible** • QI Committee • PCBH Director and Managers 2. [ongoing] [MHP-Quarterly]	

Beneficiary Satisfaction

Behavioral Health DHCS Contractual Elements: Assess beneficiary or family satisfaction at least annually by:

- Surveying beneficiary/family satisfaction with services;
- Evaluating beneficiary grievances, appeals, and fair hearings;
- Evaluating requests to change persons providing services; and
- Informing providers of the results of beneficiary/family satisfaction activities.

Goal 4: Evaluate client grievances, unusual occurrence notifications, and change of provider and appeals requests		**Status/Outcome**
4.1 Review and respond to 100% of grievances, change of provider and appeal requests within the policy guidelines and state regulations to identify system improvement issues.	1. Collect and analyze behavioral health service grievances, unusual occurrence notifications, change of provider, appeals and fair hearing requests to examine patterns that may inform the need for changes in policy or programming 1. Respond to 100% of grievances 2. Present findings to the QIC on a monthly basis to identify strategies to improve reporting and address issues. 3. Report to DHCS and EQRO **Staff responsible:** • QACM • QIC Committee • PCBH Director and Managers [ongoing] [MHP and SUD-Monthly]	• 100% received were responded to timely • Annual Grievance report due this month.
4.2 Review 100% of unusual occurrences to identify trends	Collect and analyze trends in unusual occurrences. **Staff responsible:** • QACM • QIC Committee • PCBH Director and Managers [Ongoing][MHP and SUD-Monthly]	Non received
Goal 5: Monitor Client/Family satisfaction		
5.1 Monitor Survey results and focus group themes indicate	1. Conduct a mental health client/family satisfaction survey to gather quantitative	Completed annually.

clients and or their family's level of satisfaction with care.	and qualitative data about satisfaction with services [ongoing] [Bi-annually] 2. Conduct focus groups with clients at each county-operated service locations annually to gather feedback about services. [ongoing] [Annually] 3. Report satisfaction survey findings to all staff. [ongoing][Annually] 4. Report findings from focus groups to all staff. [ongoing] [Annually] 5. Conduct in-depth program and fiscal review of MHSA funded programs, including site visit and client interviews and surveys. [ongoing] [Every 3 years] **Staff responsible** • MHSA coordinator • Peer Support workers • Lead Site Coordinator • QIC Committee • PCBH Director and Managers	
5.2 PCBH will develop and/or maintain two active Program Improvement Projects(PIPs), one Clinical and one non-clinical, as defined by the CalEQRO and DHCS contract requirements for MH programs.	1. Ensure that PCBH maintains active status with CalEQRO for PIPs a. Identify and approve a clinical and non-clinical PIP topic b. Quarterly communication with the EQRO staff or PIP liaison to discuss progress and or challenges. c. Report feedback to QIC to inform PIP planning d. Quarterly QIC PIP discussions to address progress or challenges. e. Monthly Staff and Stakeholder memos to communicate PIP progress and benchmarks.	a) 50%- 1 non clinical pip identified and approved b) 0 meetings with EQRO staff- ***attended Quarterly meetings through BHQIP process*** c) 100% compliance d) 100% Compliance e) 100% compliance-Through Clinical and BH commission meetings.
5.3 MHP shall inform service providers and beneficiaries of the	1. Results of Consumer Perception Surveys to PCBH staff, contracted organizational providers,	100%- posted on the PCBH webpage and distributed by email.

results of beneficiary/family satisfaction activities	as well as beneficiaries- timely after results are available **Staff Responsible** • QACM • Admin support staff **Audit Tools-** • Clinical staff meeting minutes • Emails • Website posting • BHC meeting minutes	

Cultural and Linguistic Competence

Behavioral Health DHCS Contractual elements: comply with the requirements for cultural and linguistic competence.

Goal 6: Provide all clients with welcoming, engaging, and culturally and linguistically appropriate recovery-centered care		**Status/Outcome**
6.1 All services are delivered in a culturally-competent manner.	1.Update the cultural competence plan, incorporating DHCS cultural competency plan requirements. **Staff responsible:** • Cultural Competency Committee • PCBH MHSA coordinator [ongoing] [annually]	100%- Plan submitted and approved by DHCS
6.2 100% of beneficiaries are served in their preferred language.	1. Monitor accessibility of Access Line and services to non-English speakers 2. Train access line staff and all service providers on how to utilize language services **Staff Responsible:** • QACM • QIC Committee [ongoing] [quarterly]	• Language line contract in place • 100% of access staff trained on language services annually
6.3 100% staff and organizational providers complete annual cultural competence training	Track individual staff who complete cultural competence training. **Staff Responsible:** • QACM • Cultural Competence Committee • PCBH MHSA coordinator [ongoing] [quarterly]	• Tracking through Relias for all network providers.
6.4 100% Behavioral Health beneficiaries/families report they agree that staff are respectful and supportive of culture, values, beliefs, lifeways and lifestyles.	1. Survey beneficiaries/family members to establish an amount of beneficiaries/family member who agree strongly or agree that staff are respectful and supportive to the total number of respondents. 2. If goal is not met, the QIC and CCC will plan and implement actions to achieve the goal	1. **Respect for Privacy and Cultural Sensitivity**: High scores in "Staff respected my wishes about who is, and who is not to be given information about my treatment" and "Staff were sensitive to my cultural background" reflect well on privacy and cultural sensitivity.

	Staff Responsible: • QACM • Cultural Competence Committee • QIC [ongoing] [Bi-annually]	
6.5 Identify underserved populations and develop strategies to increase penetration when appropriate and feasible.	1. Identify underserved populations and develop action plans to target outreach and engagement. **Staff Responsible** • CC • QIC • QAM • MHSA coordinator • PCBH Director and management staff	Underserved Population identified through Cultural Competence Committee • 0-5-Served through community support contracts and MOU. • 65- PCBH to become Medi-CARE certified to expand access to seniors. • Native American- Continue to reach out to local tribes and native organizations to offer Medi-CAL and/or MHSA supports. • Spanish Speaking.
	2.	

Medication Practices

Behavioral Health DHCS Contractual Elements: Monitor safety and effectiveness of medication practices.

Goal 7: Promote safe and effective medication practices		**Status/Outcome**
7.1 Develop and implement a medication monitoring tool.	1. All (100%) medical staff to have a minimum of 10% of their open charts reviewed once a year [ongoing] [annually] **Staff Responsible**: • PCBH Nursing staff • QACM • QIC Committee 2. Conduct follow up with psychiatrist with the lowest compliance rates. [New] **Staff Responsible**	1. Contracted psychiatrist has started 2. Audit Finding summaries to be disseminated upon completion.

	• PCBH Medical Director for SUD charts • QACM for MH Charts [New] [monthly]	
7.2 Identify behavioral health beneficiaries who are stable on medications.	1. Develop reporting on beneficiaries prescribed psychotropic medications [New] **Staff Responsible**: • PCBH Nursing staff • QACM 2. Collaborate with treating psychiatrists and primary care doctors to review 100% of charts of beneficiaries who are stable on anti-depressant medication for possible step-down. [ongoing] [Annually] 3. Step down beneficiaries deemed to be good candidates for medication support through primary care. **Staff Responsible**: • PCBH nursing staff • PCBH direct care providers • Organizational direct care providers	Needs updates
7.3 Establish and ensure safe medication practices	1. maintain safe prescription standards for Benzodiazepines for the PCBH MAT clinic. [New] **Staff Responsible**: • PCBH Nursing staff • PCBH Medical Director • PCBH case manager/ staff member assigned QI coordinator duties 2. Monitor labs of beneficiaries receiving anti-psychotic medication. [Ongoing] **Staff Responsible**: • PCBH Nursing staff • QACM	• 100% of MAT clients meet standard • 100% of open Med clients have labs reviewed

7.4 Maintain a Disaster Medication Plan	1. Develop a plan to provide clients with medication replacement during a disaster. [New] [Annually] **Staff Responsible:** 1. PCBH Nursing Staff 2. PCBH Staff 3. QACM 4. QIC Committee 2. 100% of clinic staff will know where they can refer beneficiaries where to access medications in a disaster. [New] [Annually] **Staff Responsible:** 5. PCBH Nursing Staff 6. QACM 3. Provide medication beneficiaries with a brochure explaining how they can get medication replacement in event of a disaster. [New] [Bi-Annually -Winter and Summer] **Staff Responsible:** 7. PCBH Nursing Staff	1. Emergency operation plan developed. 2. Medical staff trained on emergency operation Plan in 2021. 3. Summer- status?

Service Delivery and Clinical Issues

Behavioral Health DHCS Contractual Elements:

a) Address meaningful clinical issues affecting beneficiary's system wide.
b) Monitor appropriate and timely intervention for occurrences that raise quality of care concerns.

Goal 8: Standardize processes and communication throughout referrals		**Status/Outcome**
8.1 Strengthen internal and external referral process.	1. Develop standardized referral process. [New] **Staff Responsible:** 4. PCBH case manager/ staff member with Care coordination duties 5. QACM 6. QIC Committee	• Form developed, tracking sheet developed.

Goal 9: Effectively collect data and communicate data findings to staff and the community		**Status/Outcome**
9.1 Continue the deployment of EHR resources, including outcome tools, to all parts of the system of care, especially contract organizational providers	1. Ensure organizational providers have access to behavioral health history. [ongoing] 2. Ensure that all direct service providers are adequately trained to use and navigate EHR system. [Ongoing] **Staff Responsible:** • QIC Committee • PCBH Organizational providers • PCBH director and managers • PCBH Information Technician	• 100% of organizational providers have access. • 100% of organizational providers are provided routine training
9.2 Develop capacity to regularly examine quality, access, and timeliness data.	1. Prioritize data and reporting needs, ensuring that the data system captures individual and program level data. [ongoing] [monthly] **Staff Responsible:** • QIC Committee • QACM • Information Systems Technician • Case manager/staff member with QI coordinator duties	10/10 dashboards active
9.3 Begin administering levels of care and outcome measure(s) to assess client performance.	1. Identify Child and Adolescent Needs and Strengths (CANS) and Pediatric Symptom Checklist (PSC) data collection and reporting needs. [NEW] 2. Update forms and policies to reflect administration of CANS and PSC. [As needed] 3. Develop and implement training plan for the CANS and PSC. [annually] 4. Identify and develop educational and communication materials. [NEW] **Staff Responsible:** • QACM • QIC Committee • PCBH Children's Unit Supervisor	1. 100% 2. 100% 3. 100% 4. Reports to be developed and shared

	• Children's Unit Clinical Staff • Organizational providers serving the youth population	
9.4 Implement CAL-AIM level of care tools and universal screeners	1. Identify approved DHCS universal level of care and screener tools. 2. Update applicable policy and procedures and submit to BHQIP box. 3. Develop and implement training plan for onboarding new staff 4. Identify and develop educational and communication materials **Staff Responsible:** • QACM • QIC Committee • PCBH Unit Supervisors • Organizational providers **Audit Tools-** • Training materials and sign in sheets • BHC meeting minutes	1. 100% implemented 2. Policies in place and submitted 3. Developed training check list and plan to use LMS system for facilitating and tracking. 4. Cal-AIM LMS training flyer developed and provided to new clinical staff.
Goal 10: Improve Client and Community Communication, collaboration and education		
10.1 Provide Mental Health First Aid [MHFA] to the community.	1. Provide Community trainings. [Ongoing] **Staff Responsible:** • MHSA coordinator	100% met community trainings offered quarterly
10.2 Establish family support groups specific to Full-Service Partnership clients	1. Provide quarterly family and collateral training on topics specific to navigating the PCBH systems of care and improving outcomes of beneficiaries in PCBH services. 2. Monitor utilization and develop enrollment strategies.(new) **Staff Responsible:** • MHSA Coordinator	1. 100% met- Group is open. 2. Group is lowly attended often with less than two in attendance.

	[new]	
Goal 11: Maintain effective and consistent utilization management practices		
11.1 Improve communication with those who interface with or are part of the Utilization Management (UM) Team.	1. Hold weekly scheduled UM meetings on authorization and centralized reviews. [ongoing] 2. Arrange Documentation Training quarterly and by request at County-operated service locations. **Staff Responsible:** • UM committee **Staff Responsible:** • QACM • PCBH Unit Supervisors 3. Attend County and community-based organization meetings to announce and communicate UM regulatory changes as they occur. [ongoing] **Staff Responsible:** • PCBH Director • QACM 4. Identify data of what percentage of requests for new services result in denials per Medi-CAL screener **Staff Responsible:** • QACM • UM Committee • QIC Committee	1. 100% met- biweekly meetings 2. 100 % progress-Monthly Clinical trainings and additionally when needed.
11.2 Train 100% of staff on the departments Privacy and Compliance program policies and procedures	1. Track percentage of staff who complete HIPAA, CFR 42 and behavioral health compliance training. [ongoing] [Annually] **Staff Responsible:** • QACM • case manager/ staff member with assigned QI duties	1. Training at hire and annually. 2. Policy and Procedures reviewed updates to Confidentiality Policy made and provided to staff.

	2. Review the PCBH Privacy and Compliance program for updates and revisions at minimum annually. **Staff Responsible:** • QACM • PCBH Director • PCBH Medical Director for SUD related regulations. • QIC	
11.3 MHP shall monitor the no show rate for psychiatry and outpatient services.	1. Establish program No show rate goal for psychiatry and outpatient services. 2. Monitor quarterly for compliance and improvement strategies **Staff responsible** • QAM • QIC members • PCBH director • PCBH Nursing supervisor **Audit Tools-** • Anasazi data • QIC meeting minutes	1. 0% 2. 0% Timeliness data does not require a concern for no show tracking will continue to develop goals and monitor.
11.4 MHP shall ensure that progress notes are timely	1. PCBH standard for note completion: 72 hours for routine services and by end of shift for urgent/crisis PCBH network providers will maintain a GOAL of 80% compliance. **Staff Responsible** • Unit supervisors • IT or systems analyst • PCBH leadership • Network provider leadership **Audit Tool** • Anasazi reports monthly	1. compliance rate- 81% 107 out 570 notes were considered on time..

Continuity and Coordination of Care

Behavioral Health DHCS Contractual Elements: Work to ensure continuity of care with physical care providers. Coordinate with other human services agencies used by beneficiaries.

Goal 12: Integrate MHSA-supported programs into the Behavioral Health EHR		**Status/Outcome**
12.1 Better track MHSA-supported programs and services through EHR data	1. Identify MHSA-supported programs that can be placed in the EHR system 2. Track services provided per unit or program. 3. Use data to inform administrative and fiscal processes **Staff Responsible:** • QIC • PCBH Director and Management Staff • Information System Technician [Ongoing] [Annually]	100% met-continue to evaluate
Goal 13: Integrate behavioral health services with other County systems		
13.1 Coordinate Drug Medi-Cal services with primary care and mental health services	1. Conduct outreach and training to primary care on referrals and coordination of care. 2. Conduct outreach to community partners and stakeholders. 3. Educate Access Line staff on how to address calls from Primary Care. 4. Screen 100% of mental health clients entering services for symptoms of substance use disorders and make appropriate referrals. 5. Track referrals and outcomes from primary care **Staff Responsible:** • case manager/ Staff member with assigned QI duties • QACM • PCBH Management staff • Direct care service providers [ongoing]	1. 100%- Met with hospital and clinical administrators at PDH for referral coordination. 2. 100%- Monthly BH commission meetings 3. 100% 4. 100% 5. 100% tracking referrals from Primary Care and ED point of contacts.
Goal 14: Improve services to youth in foster care		
14.1 Monitor the use of Intensive Care Coordination (ICC) and Intensive Home-	1. Staff complete Child and Family Team Meeting activities. **Staff Responsible:** • PCBH Children providers	• ICC coordinator attended CFT training and is designated lead for coordinating and documenting CFT activities.

Based Services (IHBS)	• Organizational provider Plumas Rural Services • QACM • QIC [ongoing]	
14.2 Identify outcome measures(s) to assess client performance	1. Youth screened at ICC level will be offered ICC and IHBS service to all Plumas County qualifying youth 2. Train Staff on ICC and IHBS service delivery and documentation expectations 3. Identify Children and TAY that would benefit from ICC and IHBS services through screener[new] 4. Monitor percentage of children identified vs served [New] **Staff Responsible:** • UM • Children Unit Supervisor • Clinical providers • ICC coordinator • QAM [New]	1. Policy in place 2. 100%- staff provided with handbook and training 3. 0% Monitoring to be implemented 4. 0% Monitoring to be implemented
14.3 Track Access to service information for Foster Youth separately to ensure timeliness to service standards are targeted to the foster youth population.	1. Identify foster youth programs that can be tracked through the EHR system 2. Monitor and report timeliness to services data per unit or program. 3. Use data to inform administrative and fiscal processes **Staff Responsible:** • QI Committee • Utilization Management Committee • PCBH case manager/staff assigned Care coordination responsibilities • PCBH Director and Managers • Unit Supervisors • Clinical Providers	1. 100%- Foster youth are identified 2. Monthly Specialty mental health services report and utilization data- need to break down for Foster youth 3. 100%-Monthly reports & meetings

Goal 15: Improve functionality and relevancy of EHR data	**Status/outcome**

15.1 Staff will resolve notifications for chart tasks by indicated due date but no later than 5 business days past due date.	1. Implement documentation standards to include clearing Electronic Health Record notifications timely. 2. Monitor for compliance monthly **Staff Responsible** • Clinical providers • Unit Supervisors [New]	1. Need to update doc manual 2. Item added to monthly provider snap shots for supervisors to review. 3.
15.2 Resolve 100% of past due notifications.	1. Resolve 100% of outstanding staff notifications monthly. **Staff Responsible** • Clinical providers • Unit Supervisors • QAM • IT 3. [New]	4. Currently there are 723 outstanding notifications 616 are older than a month old.

Quality Improvement

Goal 16: Implement and Monitor Quality Improvement practices		**Status/outcome**
16.1 MHP will evaluate effectiveness of QI program annually	1. Complete QI Year-End Report for CY 23 by end of January 2024 and submitted to DHCS by March 1st, 2024 **Staff Responsible** • QAM • QIC committee members **Auditing Tool-** QIC minutes Completed year end report submitted to DHCS per required timelines.	1. delayed/completed April 2024
16.2 Consumers and family member shall have substantial involvement in QI activities and MHSA planning	**1. Ensure that the QIC and CC committees include at least one consumer and one family member** **Staff Responsible** • QAM • MHSA Coordinator • QIC Committee Members **Auditing Tool**- • QIC Meeting minutes/sign in sheets • CC meeting minutes/sign in sheets	1. 100% Compliance for QIC 2. 100% compliance for CC