

County of Fresno

Department of Behavioral Health



Quality Improvement Work Plan Evaluation

FY 2022-2023

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Background

Mission

The County of Fresno Department of Behavioral Health (DBH) Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) are committed to providing recovery oriented, culturally appropriate, data-driven, whole-person focused services to the Fresno County community.

Quadruple Aim

At Fresno County DBH, we have four primary goals. We call this our Quadruple Aim:

- Deliver quality care
- Maximize resources while focusing on efficiency
- Provide an excellent care experience
- Promote workforce well-being

Guiding Principles of Care Delivery

Our 11 principles of care delivery define and guide a system that strives for excellence in the provision of behavioral health services, where the values of wellness, resiliency, and recovery are central to the development of programs, services, and workforce. The principles provide the clinical framework that influences decision-making on all aspects of care delivery: program design and implementation, service delivery, workforce training, resources allocation and performance measurement.

- Timely Access & Integrated Services
- Strengths-Based Services
- Person-Driven and Family-Driven Services
- Inclusion of Natural Supports
- Clinical Significance and Evidence-Based Practice (EBP)
- Culturally Responsive Services
- Trauma-Informed and Trauma-Responsive Services
- Co-Occurring Capable Services

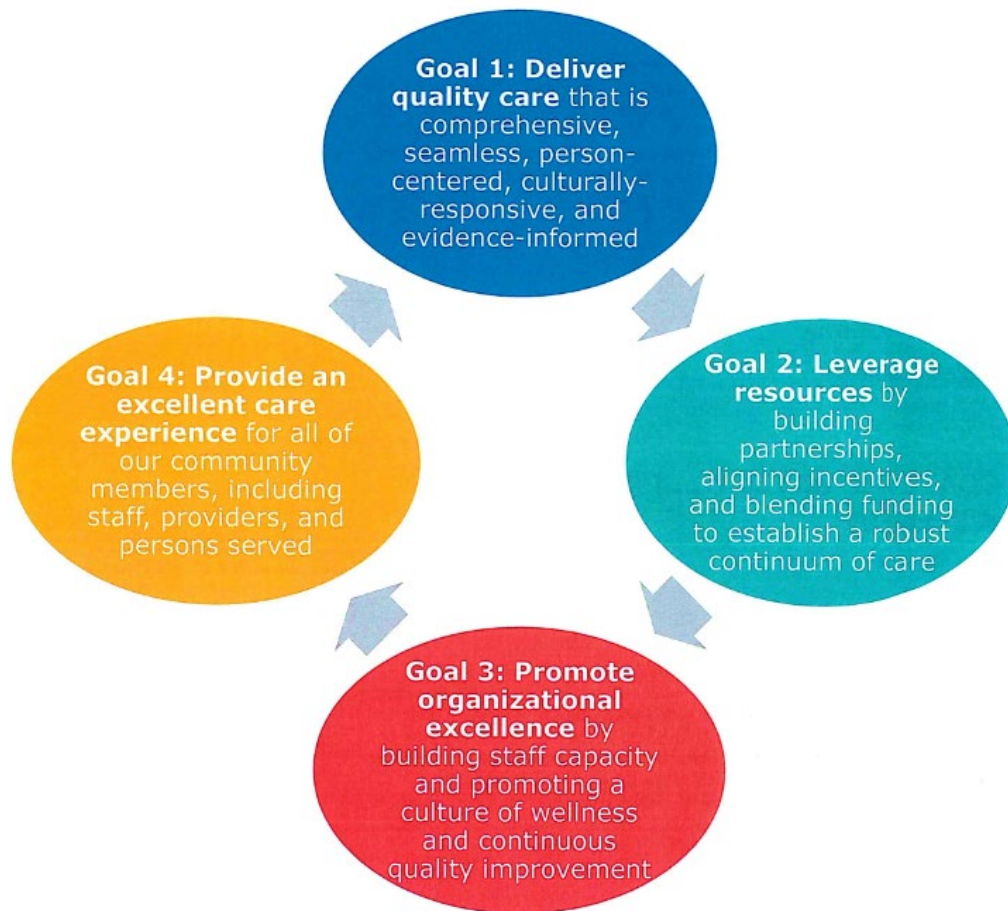
- Stages of Change, Motivation, and Harm Reduction
- Continuous Quality Improvement and Outcomes-Driven Decisions
- Health and Wellness Promotion, Illness and Harm Prevention, and Stigma Reduction

DBH Strategic Plan

Fresno County DBH has developed a Strategic Plan for Calendar Years 2021-2031, which provides in part a vision for creating and implementing the Quality Management Program. As shown below, the Strategic Plan goals are: (1) Deliver quality care, (2) Leverage resources, (3) Promote organizational excellence, and (4) Provide an excellent care experience. The development, design, and implementation incorporate DBH's strategic plan goals. The strategic plan can be found on the DBH website

Diversity, Equity, and Inclusion

DBH is committed to providing culturally responsive and respectful services for all people in Fresno County. To that end, the Quality Improvement Program works in coordination with the DBH Diversity, Equity, and Inclusion (DEI) Committee (formerly known as the Cultural Humility Committee) to guarantee that services are appropriate for the person served and that employees of all backgrounds feel respected and safe at the workplace. The DBH Culturally Responsive Plan guides every aspect of DBH services, and as a place of employment.



DBH INITIATIVES – FY22/23

<p>DBH is dedicated to data-driven decision making and continuously improving outcomes for individuals receiving services. In order to accomplish this, the QI team developing a comprehensive suite of performance metrics for system monitoring, program evaluation, and outcomes improvement.</p>			
Goal 1	Develop comprehensive performance metrics related to access, timeliness, recovery, satisfaction, care coordination, program efficiency, clinical effectiveness, and medication monitoring	Partially Met	DBH continues to increase the number of performance metrics that it can reliably collect and utilize.
Goal 2	Develop data visualization dashboards for distribution to treatment providers and programs	Partially Met	DBH has developed many dashboards, but is still strategizing how to distribute to key stakeholders.
Goal 3	Develop a consistent flow of data to and from treatment providers	Partially Met	Due to the launch of the SmartCare EHR, the data flow has not been consistent to treatment providers.
Goal 4	Develop a greater understanding of the relationship between program expenditures and clinical outcomes	Partially Met	Work being reevaluated in a fee-for service context to create a greater understanding of program performance
Goal 5	Create a system of program evaluation that allows for “apples-to-apples” comparison.	Partially Met	Currently being developed alongside the Level of Care strategy.
Goal 6	Implement HEDIS metrics	Not Met	DBH decided to wait until the launch of the SmartCare EHR to strategize how to capture this data.
Next Actions	<ul style="list-style-type: none"> • DBH will continue to analyze the data collection capabilities of the SmartCare EHR • DBH will align performance metrics with the HEDIS recommendations consisted with the DHCS Quality Assurance Framework. • DBH will collaborate with key stakeholders to determine how best to apply key performance measures • DBH will align performance requirements with internal and contracted providers. 		

DBH has developed a framework and implementation plan for Levels of Care throughout the MHP. These levels of care will allow for program planning, evaluation, and clarity of purpose. DBH will train staff to understand the principles of the Levels of Care and how they will apply to treatment.			
Goal 1	Develop and implement Levels of Care for Fresno County DBH Mental Health Plan in order to gain a full understanding of all treatment programs place in the system	Partially Met	DBH has developed Level of Care definitions for Mental Health programs. Implementation will continue into the next calendar year
Goal 2	Create apples-to-apples comparisons for data analysis purposes.	Partially Met	See below
Next Actions	<ul style="list-style-type: none"> DBH has expanded the scope of this initiative to include program planning, performance monitoring, and outcomes reporting. 		

Create and implement a system for local EDs to identify and refer individuals who qualify for DBH services to the appropriate entry program.			
Goal 1	Create a system utilizing the 24/7 Access Line that allows EDs to determine individuals who may already be receiving services with DBH, as well as individuals in need of an initial referral to DBH services	Partially Met	DBH has developed a workflow to increase the rate at which individuals are successfully integrated into treatment after an ED visit.
Goal 2	Develop a referral process for individuals in the ED who are making an initial request for MH and/or SUD DBH services	Met	DBH has developed a workflow to increase the rate at which individuals are successfully integrated into treatment after an ED visit.
Goal 3	Develop a tracking mechanism for referrals coming to DBH from local EDs	Met	DBH has developed a tracking mechanism to ensure individuals successfully flowing into the system

Next Actions	<ul style="list-style-type: none"> • DBH will continue to work with local stakeholders to ensure that all process are compliant with relevant privacy regulations. • DBH will continue to innovate upon the interventions in order to establish continuous quality improvement
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DBH has joined the CalMHSA multi-county EHR initiative and will continuously prepare its administrative and technical staff for implementation on July 1, 2023.			
Goal 1	Attend CalMHSA trainings and how-to's	Met	DBH successfully attended trainings and worked with CalMHSA to develop the best system possible
Goal 2	Assist with implementation	Met	DBH and CalMHSA have continuously collaborated throughout the implementation process, and will continue throughout the duration of the partnership
Next Actions	<ul style="list-style-type: none"> • DBH has successfully implemented the SmartCare EHR as of July 1, 2023. • DBH will continue to advocate for improvements in the system • DBH will adjust standard workflows to fit within the CalMHSA SmartCare system. 		

When a person served is approaching discharge from SUD residential treatment, they will receive an orientation from the outpatient program that they are being referred to in order to increase the likelihood that the person served will successfully transition to the next level of care.			
Goal 1	Develop an early orientation process	Met	Process developed and implemented in Q2 FY22/23
Goal 2	Increase the percentage of individuals who successfully transition to the outpatient level of care.	Not Met	Due to an insufficient number of referrals to outpatient providers, the data is inconclusive

Goal 3	Increase the timeliness with which an individual enters outpatient services following discharge	Not Met	Due to an insufficient number of referrals to outpatient providers, the data is inconclusive
Next Actions	<ul style="list-style-type: none"> • Strategize how to increase the number of referrals directly from residential providers to outpatient providers • Increase buy-in from all levels of care involved. • Increase consistency of orientation completion. 		

As a part of CalAIM implementation DBH will, under the authority of its medical director, develop a medication monitoring process for adults who have been receiving pharmacotherapy for Opioid Use Disorder for over 180 days.			
Goal 1	Develop monitoring dashboard for pharmacotherapy for OUD	Partially Met	DBH has outlined the needs and requirements for the performance monitoring dashboards, but decided to devote resources to implementing post-SmartCare launch
Goal 2	Establish a baseline performance for DBH	Met	DHCS and CalMHSA have provided DBH with the baseline performance data for 2021 and 2022
Goal 3	Identify areas of improvement	Met	CalMHSA provided DBH with descriptive analysis of DBH performance data. DBH has utilized that data to implement performance improvement projects targeting the key programs/population identified.
Next Actions	<ul style="list-style-type: none"> • DHB has launched a performance improvement project targeting the engagement of individuals receiving pharmacotherapy for opioid use disorder through the use of peer support. • DBH will monitor the data throughout the next year to identify the success of the pilot and the potential to utilize this intervention at other providers. 		

The QI team will solicit feedback from clinical staff in order to determine possible areas of improvement clinically and organizationally.

Goal 1	Create a feedback loop with DBH staff to ensure that all voices are heard	MET	DBH has implemented multiple levels of communication for DBH staff to have their voice heard. DBH has conducted focus groups and multiple surveys targeting employee wellness and engagement. The Quality Improvement Team has also collected clinical feedback from DBH staff and has synthesized key themes to present to DBH leadership.
Goal 2	Create an ongoing process that can be repeated at yearly or bi-yearly intervals.		DBH will continue to utilize the Gallup Employee Engagement survey every year to monitor staff engagement and wellbeing. The Quality Improvement team has begun attending clinical team meetings in order to provide direct support.
Next Actions	<ul style="list-style-type: none"> • DBH Quality Improvement will synthesize data collected from multiple avenues to identify key themes (ie. Communication, Training, Wellness, etc.) and will make recommendations for improvement to the Executive and Leadership teams. • DBH will continue to place a key emphasis on employee well-being and ensure that all DBH staff have a forum to be heard. 		

Explore the possibility of implementing Zero Suicide principles into the DBH organization			
Goal 1	Implement evidence-based suicide prevention actions based on Zero Suicide principles and guidelines.	Not Met	Planning and implementation were delayed during the EHR implementation

Goal 2	Adjust organizational culture to a Zero Suicide approach	Not Met	Planning and implementation were delayed during the EHR implementation
Next Actions	<ul style="list-style-type: none"> • DBH will continue to evaluate Zero Suicide viability for the mental health plan. 		

DBH KEY PERFORMANCE MEASURES

Mental Health Performance Measures

Metric	Definition	Goal	FY 21/22	FY 22/23	Next Steps
Access to Services					
Timeliness to First Offered Non-Urgent Assessment	The percentage of first offered assessment appointments within 10 business days of the initial non-urgent specialty mental health services request.	90%	78%	83%	Analyze the effect of changes in process due to CalAIM legislation
Timeliness to First Kept Non-Urgent Assessment	The percentage of kept assessment appointments that occur within 10 business days of the initial non-urgent specialty mental health services request.	90%	86%	61%	Analyze the effect of changes in process due to CalAIM legislation
Timeliness to First Offered Psychiatry Service	The percentage of first offered psychiatry appointments within 15 business days of the initial non-urgent specialty mental health services request.	90%	69%	57%	Investigate capacity issues, analyze the psychiatry referral process.
Timeliness to First Kept Psychiatry Appointment	The percentage of kept psychiatry appointments that occur within 10 business days of the initial non-urgent specialty mental health services request.	90%	81%	44%	Investigate capacity issues, analyze the psychiatry referral process.
Enrollment by Service Line	The number of individuals served by each level of care within the DBH system	N/A	31,441 Individuals Served	31,154 Individuals Served	Level-of-care development is ongoing.
Racial/Ethnic and Language Diversity of Membership	An unduplicated count and percentage of members enrolled any time during the measurement year, by race and ethnicity.	N/A	Consult Annual Culturally Responsive Plan	Consult Annual Culturally Responsive Plan	Continuously monitor diversity of beneficiaries and develop

					outreach strategies.
Appointments Resulting in a No-Show or Cancellation	The percentage of appointments that result in a no-show or cancellation	20%	13%	13%	Determine effect of new EHR on no-show data collection. Develop strategies to accurately collect no-show and cancellation data.
Access Line Test Calls	The percentage of test calls that are recorded 100% accurately in the 24/7 Beneficiary Access Line Call Log	97%	99%		Continue to work the 24/7 Access line provider to continue to train and develop protocols to accurately capture data in the call log
Quality of Care					
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	The percentage of children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.	Develop Analysis Methodology and Establish Baseline	Data not captured	57.1% Data represent sample population	Develop strategies to accurately capture population level data to determine system performance.
Depression Screening and Follow-up for Adolescents and Adults	<i>Depression Screening.</i> The percentage of members who were screened for clinical depression using a standardized instrument.	* 100% screened 90% of individuals receive a timely	Not Available	In Development	Develop strategies to accurately capture population level data to determine

	<i>Follow-Up on Positive Screen.</i> The percentage of members who received follow-up care within 30 days of a positive depression screen finding.	follow-up			system performance.
Social Need Screening and Intervention	The percentage of members who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing and transportation needs, and received a corresponding intervention if they screened positive	100%	Not available	Not available	Develop a strategy to capture the social needs of persons served.
Antidepressant Medication Management	The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks). The percentage of members who remained on antidepressant medication for at least 180 days (6 weeks)	Develop data collection capabilities. Establish baseline	Not available	In Development	Develop strategies to accurately capture population level data to determine system performance.
Readmission to Psychiatric Hospital Facilities (PHF)	The percentage of individuals who are readmitted to PHFs within 7 and 30 days of discharge.	7-day readmission – 30% 30-day readmission – 20%	<1% 16%	2% 9%	At the time of this entry, claims data may not be complete for much of 2023
Person Served Satisfaction					
Consumer Perception Survey (CPS)	The percentage of person’s served that received a service during the survey period and completed the survey	40% of individuals will complete the survey	26%	30%	Determine whether the move to online surveys has negatively impacted the

					completion rate. Potential to move back to paper only
Cultural Humility Survey (Mental Health and SUD)	The percentage of person's served that received a service during the survey period and completed the survey	40% of individuals will complete the survey	1,321 Surveys Returned	2527 Surveys Returned	Continue to analyze the effect of in-person services on completion rate
Feedback and Improvement Groups (FIG) (Mental Health and SUD)	The average number of persons served that attend the FIG focus groups.	Average of 4 or more individuals	2	5	Continue to refine the questions asked in order to incentivize constructive criticism from person served
Efficiency					
Claims Denied	The percentage of DBH claims denied for Med-Cal billable services.	<2%			Train providers on service data accuracy in the SmartCare EHR.
Direct Service Productivity	The percent of the workday that treatment providers are providing direct service to persons served.	50%	Data measured at a program and individual level. Due to differing direct service expectations	Data measured at a program and individual level. Due to differing direct service expectations	Strategize how to reduce the non-direct service events in provider schedules. Reduce barriers to direct services
Care Coordination					
Follow-Up After Hospitalization for Mental Illness	The percentage of discharges for which the member received follow-up within 30 days after discharge.	30 days - 90%	53%	79%	Redevelop the hospital notification process. Strengthen the connective tissue
	The percentage of discharges for	7 days - 70%	53%	62%	

	which the member received follow-up within 7 days after discharge.				between programs for hospital referrals.
Follow-Up After Emergency Department Visit for Mental Illness	The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).	30 days - 90%	51%	68.1%	Continue to develop and refine the ability for EDs to directly enter data into DBH systems.
	The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).	7 days - 70%	34%	40.4%	
			2021	Feb – Sept, 2022	
Employee Satisfaction and Experience					
Gallup Employee Engagement Survey (Mental Health and SUD)	DBH will provide the Gallup Employee Engagement Survey to its staff.	66% completion rate	68%	71%	Utilize data to implement tangible improvements in employee wellness, experience, and satisfaction
Employee Cultural Humility Survey (Mental Health and SUD)	DBH will provide a cultural humility survey to its employees in order to gain a greater understanding of the diversity of experience and culture in the workplace	66% completion rate	58%	73%	Utilize data to implement tangible improvements in employee wellness, experience, and satisfaction

Substance Use Disorder Performance Metrics

Metric	Definition	Goal	FY 21/22	FY 22/23	Next Steps
Access to Services					
Initiation of SUD Treatment	The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment within 14 days.	Goal not yet set	Not available	In Development	Determine DBH capability to measure in accordance with the HEDIS recommendations , as well as how it aligns with DHCS timeliness standards.
Engagement in SUD Treatment	The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.	Develop Data Analysis Methodology and Establish Baseline	Not available	In Development	Determine DBH capability to measure in accordance with the HEDIS recommendations
Timeliness to First Offered Appointment for Non-Urgent Service	Percentage of individuals who request SUD services from DBH who are offered a first service appointment within 10 business days.	90%	98%	98%	Continue to monitor performance to ensure excellence.
Timeliness to First Kept Appointment for Non-Urgent Service	Percentage of individuals who request SUD services from DBH who receive a first service within 10 business	90%	92%	95%	Continue to monitor performance to ensure

	days.				excellence.
First Offered Non-Urgent Narcotic/Opioid Treatment Program	Percentage of individuals who request NTP/OTP services will be offered an appointment within 3 days	90%	99%	99%	Continue to monitor performance to ensure excellence.
Timeliness to Urgent Service	Percentage of individuals who request Urgent SUD services who receive an SUD services within 48 hours	90%	100%	58%	Analyze performance by program to determine the cause for the drop in performance. Develop improvement strategies.
Appointments Resulting in a No-Show or Cancellation	The percentage of appointments for persons served that resulted in a no show or cancellation.	<20%	19%	15%	Determine effect of new EHR on no-show data collection. Develop strategies to accurately collect no-show and cancellation data.
Racial/Ethnic and Language Diversity of Membership	An unduplicated count and percentage of members enrolled any time during the measurement year, by race and ethnicity.	N/A	Consult Annual Culturally Responsive Plan	Consult Annual Culturally Responsive Plan	Continuously monitor diversity of beneficiaries and develop outreach strategies.
Access Line Test Calls	The percentage of test calls that are recorded 100% accurately in the 24/7 Beneficiary Access Line Call	100%	80%	99%	Continue to work the 24/7 Access line provider to continue to train

	Log				and develop protocols to accurately capture data in the call log
Enrollment by Service Line	The total number of persons served enrolled in the product line, stratified by age.	N/A	Outpatient – 3,024 Intensive Outpatient - 297 Residential – 1,080 Withdrawal Management – 149 Narcotic Treatment Program – 2,023 Recovery Services - 157	Outpatient – 3,487 Intensive Outpatient - 300 Residential – 1,395 Withdrawal Management – 238 Narcotic Treatment Program – 1,893 Recovery Services - 675	Continue to develop outreach strategies to increase penetration rate of services in Fresno County
Quality of Care					
Readmission to Withdrawal Management	Percentage of persons served who return to Withdrawal Management services within 30 days of discharge.	20%	22.5%	13%	Continue to develop strategies to ensure accurate no-show/cancellation data collection. Monitor performance it ensure improvement continues.
Diagnosed Substance Use Disorder	The percentage of members 13 years of age and older who	N/A	Data not available	Data not available	DBH will determine

	<p>were diagnosed with a substance use disorder during the measurement year. Four rates are reported:</p> <ol style="list-style-type: none"> 1. The percentage of members diagnosed with an alcohol disorder. 2. The percentage of members diagnosed with an opioid disorder. 3. The percentage of members diagnosed with a disorder for other or unspecified drugs. 4. The percentage of members diagnosed with any substance use disorder. 				strategy to extract diagnosis data from SmartCare EHR system.
Social Need Screening and Intervention	The percentage of members who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing and transportation needs, and received a corresponding intervention if they screened positive	100%	100%	100%	Continue to utilize social needs data to ensure persons served are given access to necessary resources.
Pharmacotherapy for Opioid Use Disorder	The percentage of opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days among without an 8 day gap in treatment among members 16 years of age and older with a diagnosis of OUD and a new OUD pharmacotherapy event.	30%	45.6% Feb 2021 – Feb 2022	Data not yet available.	Develop strategies to accurately capture population level data to determine system performance.

Person Served Satisfaction					
Treatment Perception Survey (TPS)	The percentage of person's served that received a service during the survey period and completed the survey	40% of individuals will complete the survey	11%	29%	Determine whether the use of online surveys has negatively impacted the completion rate. Potential to move back to paper only
Efficiency					
Claims Denied	The percentage of DBH claims denied for Med-Cal billable services.	<2%	0.73%	2.19%	Train providers on service data accuracy in the SmartCare EHR.
Direct Service Productivity	The percent of the workday that treatment providers are providing direct service to persons served.	50%	Data measured at a program and individual level. Due to differing direct service expectations	Data measured at a program and individual level. Due to differing direct service expectations	Strategize how to reduce the non-direct service events in provider schedules. Reduce barriers to direct services
Care Coordination					
Follow-Up After High-Intensity Care for Substance Use Disorder (Acute inpatient hospitalization, residential treatment, or withdrawal management)	The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 30 days after the visit or discharge. The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 7 days after the visit or	30 Days – 90% 7 Days – 70%	44% 26%	70% 41%	Utilize EBPs to strengthen motivation to transition between levels of care. Utilize early orientation for outpatient programs to build a relationship

	discharge.				with the person served.
Follow-Up after Emergency Department Visit for Substance Use	The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days). The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).	30 Days – 90% 7 Days – 70%	11.4% 6% 2021	28% 15% Jan – July 2022	Develop strategies to accurately capture population level data to determine system performance.