



The Plumas County Behavioral Health’s Quality Improvement and Compliance Program monitor’s 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 Committee (QIC). The Quality Improvement Committee is comprised of advisory board members, County staff members, The Patient’s Rights Advocate and Contracted Providers to ensure the highest quality of services delivered to our communities. The QIC meets on a monthly 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 in 2019-2020 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:

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## 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.**

<b>Goal 1: Monitor service delivery capacity</b>	
<b>Objectives</b>	<b>Actions/Frequency</b>
<p><b>1. 100% of PCBH enrollees will be determined to have access to Behavioral Health Services based on time and distance standards.</b></p>	<p>Utilize Kingsview geographic mapping software to plot client and service locations.  <b>Staff Responsible:</b></p> <ul style="list-style-type: none"> <li>• Information Systems Technician</li> <li>• Quality Assurance and Compliance Manger (QACM)</li> </ul> <p>[ongoing] [MHP-Quarterly; SUD-Annually]</p>
<p><b>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.</b></p>	<p>1. Gather and evaluate data on numbers and types of services by:</p> <ol style="list-style-type: none"> <li>a. Geographic area</li> <li>b. Number of Services</li> <li>c. Service type</li> <li>d. Gender</li> <li>e. Race/Ethnicity</li> <li>f. Age</li> </ol> <p>2. Adjust capacity and/or service delivery if need is determined.  <b>Staff Responsible:</b></p> <ul style="list-style-type: none"> <li>• QI Committee</li> <li>• PCBH Director and Managers</li> <li>• Unit Supervisors</li> </ul> <p>[ongoing] [MHP-Quarterly; SUD-Annually]</p>
<p><b>3. PCBH will expand access to include eligibility to the senior population</b></p>	<p>PCBH will become Medicare certified by the end of F/Y 2020  <b>Staff Responsible:</b></p> <ul style="list-style-type: none"> <li>• QACM</li> <li>• PCBH case manager/staff member assigned Quality Improvement (QI) duties</li> </ul> <p>[ongoing]</p>
<p><b>4. PCBH will expand access to include eligibility to Medication Assisted</b></p>	<p>PCBH will become Drug medical certified by the end of F/Y 2020  <b>Staff Responsible:</b></p> <ul style="list-style-type: none"> <li>• PCBH Medical Director</li> </ul>

<p><b>Treatment( MAT) and Substance Use Disorder Services (SUDS) beneficiaries'</b></p>	<ul style="list-style-type: none"> <li>• PCBH nursing staff</li> <li>• PCBH case manager/ staff member assigned QI duties</li> </ul> <p>[New]</p>
<p><b>5. Staff productivity is evaluated via productivity reports generated by the Cerner program. Managers/Supervisors receive at minimum monthly reports to assure service capacity.</b></p>	<ol style="list-style-type: none"> <li>1. Identify productive and nonproductive activities to be tracked through the EHR for each PCBH direct care provider.</li> <li>2. Achieve a staff productivity of 40% to be increased fiscal year 20/21 to achieve a 65% productivity rate</li> </ol> <p><b><u>Staff Responsible:</u></b></p> <ul style="list-style-type: none"> <li>• PCBH Director and Management Staff</li> <li>• QIC</li> <li>• Clinical Unit Supervisors</li> <li>• PCBH clinical providers</li> </ul> <p>[New]</p>

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**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*

<b>Goal 2: PCBH will Maintain adequate capacity for timely delivery of routine and urgent specialty mental health services.</b>	
<p><b>1. 100% of Plumas County beneficiaries seeking PCBH Services will be offered their first clinical appointment within 10 business days of initial request.</b></p>	<ol style="list-style-type: none"> <li>1. Gather and evaluate data on when clients receive their first clinical assessment based on EHR CSI Journal Assessment and PCBH Access Excel log</li> <li>2. Share data analysis results with QIC and Behavioral Health Commission.</li> <li>3. If goal is not met, the QIC will plan and implement actions to achieve the goal.</li> </ol> <p><b><u>Staff Responsible:</u></b></p> <ul style="list-style-type: none"> <li>• QI Committee</li> <li>• PCBH case manager/staff assigned care coordination responsibilities</li> <li>• PCBH Director and Managers</li> </ul> <p>[ongoing] [MHP-Monthly; SUD-Monthly]</p>
<p><b>2. 100% of beneficiaries presenting with an urgent condition, as defined in Title 9, Subsection 1810.253, will be seen within 72 hours.</b></p>	<ol style="list-style-type: none"> <li>1. QIC will set parameters for indicators/measures.</li> <li>2. Collect data on indicators/measures and evaluate for timeliness.</li> <li>3. If current goal is met, maintain goal of all requests for services</li> <li>4. Urgent condition will be seen within 72 hours of received request.</li> <li>3. If current goal is not met, establish baseline and improvement goal.</li> </ol> <p><b><u>Staff Responsible:</u></b></p> <ul style="list-style-type: none"> <li>• QI Committee</li> <li>• Utilization Management Committee</li> <li>• PCBH case manager/staff assigned Care coordination responsibilities</li> <li>• PCBH Director and Managers</li> <li>• Unit Supervisors</li> <li>• Clinical Providers</li> <li>• Nursing Staff</li> <li>• SUD providers</li> </ul>

<p><b>3. 100% of Plumas County beneficiaries seeking psychiatry appointments will be offered their first psychiatry appointment within 14 business days of initial request.</b></p>	<p>[ongoing] [MHP-Monthly]</p> <ol style="list-style-type: none"> <li>1. Gather and evaluate data on when clients receive their initial psychiatry assessment based on PCBH Tele-psychiatry Access Excel log</li> <li>2. Share data analysis results with QIC and Behavioral Health Commission.</li> <li>3. If goal is not met, the QIC will plan and implement actions to achieve the goal.</li> </ol> <p><b>Staff Responsible:</b></p> <ul style="list-style-type: none"> <li>• QI Committee</li> <li>• PCBH Nursing staff</li> <li>• PCBH Director and Managers</li> </ul> <p>[ongoing] [MHP-Monthly]</p>
<p><b>4. Develop strategies to reduce avoidable hospitalization for adults with mental illness.</b></p>	<ol style="list-style-type: none"> <li>1. Provide emergency tele-psychiatry services in Emergency Room Departments after hours and on-call consults by the end of CY 2019. [New]</li> </ol> <p><b>Staff Responsible:</b></p> <ul style="list-style-type: none"> <li>• PCBH Director and Managers</li> </ul> <ol style="list-style-type: none"> <li>2. Compare hospitalization rates for the 6 months before starting tele-psychiatry in the Eds and 6 months after starting tele-psychiatry</li> </ol> <p><b>Staff Responsible:</b></p> <ul style="list-style-type: none"> <li>• QACM</li> <li>• PCBH Case manager/staff assigned Care coordination duties</li> <li>• PCBH Case manager/staff assigned QI coordination duties</li> <li>• QIC</li> <li>• PCBH Director and Management staff</li> </ul> <p>[NEW] [MHP-Quarterly]</p>
<p><b>5. 100% of Plumas County medi-CAL beneficiaries discharging from a psychiatric hospital will be followed provided an appointment for outpatient services and initial telepsychiatry evaluation within 7 calendar days of their discharge.</b></p>	<ol style="list-style-type: none"> <li>1. Gather and evaluate data on when clients receive their initial psychiatry assessment based on PCBH Hospitalization Access Excel log</li> <li>2. Share data analysis results with QIC and Behavioral Health Commission.</li> <li>3. If goal is not met, the QIC will plan and implement actions to achieve the goal.</li> </ol> <p><b>Staff Responsible:</b></p> <ul style="list-style-type: none"> <li>• PCBH Case manager/staff assigned Care coordination responsibilities</li> <li>• QI Committee</li> <li>• PCBH Director and Management Staff</li> <li>• PCBH Nursing staff</li> </ul>

	[ongoing] [MHP-Monthly]
6. 90% beneficiaries discharging from psychiatric inpatient will not be re-hospitalized within 30 days.	<p>1. Gather and evaluate data from the EHR and PCBH Hospitalization Access Excel Log</p> <p>2. Share data analysis results with QIC</p> <p>3. If goal is not met, Program will plan and implement actions to achieve the goal.</p> <p><b><u>Staff Responsible</u></b></p> <ul style="list-style-type: none"> <li>• PCBH case manager/staff assigned Care coordination duties</li> <li>• QI Committee</li> <li>• PCBH Director and Managers</li> </ul>
7. 100% of charts of beneficiaries hospitalized will have concurrent review activities initiated following business day of being hospitalized.	<p>[ongoing] [MHP-Monthly]</p> <p>1. Gather and evaluate data to support all hospitalizations of Plumas County beneficiaries meet medical necessity requirements and could not be treated at a lower level of care for each day hospitalized. [New]</p> <p>2. Coordinate discharge plan and follow up services [New]</p> <p><b><u>Staff Responsible:</u></b></p> <ul style="list-style-type: none"> <li>• PCBH case manager/staff member assigned care coordination duties</li> <li>• UM committee</li> </ul> <p>[New]</p>
<b>Goal 3: Improve the Behavioral Health Access Line triaging and referral processes into the behavioral health system of care</b>	
1. Access Line test call results made for both daytime and after-hours will have an 80% success rate.	<p>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</p> <p>2. Evaluate the Access Line test call protocol</p> <p><b><u>Staff Responsible</u></b></p> <ul style="list-style-type: none"> <li>• QI Committee</li> <li>• PCBH Director and Managers</li> </ul> <p>[ongoing] [MHP-Quarterly]</p>
2. 100% of referrals received for PCBH services will have referral source documented.	<p>1. Gather and document referral sources received on intake appointment or new requests for services on Demographic form inside Cerner EHR system</p> <p>2. Confirm engagement of services or lack of at the end of assessment process</p> <p>3. Gather Release Of Information to provide coordinated services</p> <p><b><u>Staff Responsible</u></b></p> <ul style="list-style-type: none"> <li>• PCBH Access Staff</li> <li>• Community Partners</li> </ul>

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|  | <ul style="list-style-type: none"><li>• MHA funded partners</li><li>• Organizational Providers</li><li>• PCBH case manager/staff assigned Care coordination responsibilities</li></ul> <p>[New]</p> |
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## 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.

<b>Goal 4: Evaluate client grievances, unusual occurrence notifications, and change of provider and appeals requests</b>	
<p>1. <b>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.</b></p>	<p>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</p> <p>2. Respond to 100% of grievances</p> <p>3. Present findings to the QIC on a monthly basis to identify strategies to improve reporting and address issues.</p> <p><b>Staff responsible:</b></p> <ul style="list-style-type: none"> <li>• QACM</li> <li>• QIC Committee</li> <li>• PCBH Director and Managers</li> </ul> <p>[ongoing] [MHP and SUD-Monthly]</p>
<p><b>Review 100% of unusual occurrences to identify trends</b></p>	<p>Collect and analyze trends in unusual occurrences.</p> <p><b>Staff responsible:</b></p> <ul style="list-style-type: none"> <li>• QACM</li> <li>• QIC Committee</li> <li>• PCBH Director and Managers</li> </ul> <p>[NEW][MHP and SUD-Monthly]</p>
<b>Goal 5: Monitor Client/Family satisfaction</b>	
<p>1. <b>Monitor Survey results and focus group themes indicate clients and or their family's level of satisfaction with care.</b></p>	<p>1. Conduct a mental health client/family satisfaction survey to gather quantitative and qualitative data about satisfaction with services [ongoing] [Bi-annually]</p> <p>2. Conduct focus groups with clients at each county-operated service locations annually to gather feedback about services. [ongoing] [Annually]</p> <p>3. Report satisfaction survey findings to all staff. [ongoing][Annually]</p> <p>4. Report findings from focus groups to all staff. [ongoing] [Annually]</p>

	<p>5. Conduct in-depth program and fiscal review of MHA funded programs, including site visit and client interviews and surveys. [ongoing] [Every 3 years]</p>
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**Staff responsible**

- MHA coordinator
- Lead Site Coordinator
- QIC Committee
- PCBH Director and Managers

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## Cultural and Linguistic Competence

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

<b>Goal 6: Provide all clients with welcoming, engaging, and culturally and linguistically appropriate recovery-centered care</b>	
<p><b>1. All services are delivered in a culturally-competent manner.</b></p>	<p>1. Update the cultural competence plan, incorporating DHCS cultural competency plan requirements.  <b>Staff responsible:</b></p> <ul style="list-style-type: none"> <li>• Cultural Competency Committee</li> <li>• PCBH MHSA coordinator</li> </ul> <p>[ongoing] [annually]</p>
<p><b>2. 100% of beneficiaries are served in their preferred language.</b></p>	<p>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  <b>Staff Responsible:</b></p> <ul style="list-style-type: none"> <li>• QACM</li> <li>• QIC Committee</li> </ul> <p>[ongoing] [quarterly]</p>
<p><b>3. 100% staff and organizational providers complete cultural competence training</b></p>	<p>Track individual staff who complete cultural competence training.  <b>Staff Responsible:</b></p> <ul style="list-style-type: none"> <li>• QACM</li> <li>• Cultural Competence Committee</li> <li>• PCBH MHSA coordinator</li> </ul> <p>[ongoing] [quarterly]</p>
<p><b>4. 90% Behavioral Health beneficiaries/families report they agree that staff are respectful and supportive of culture, values, beliefs, lifeways and lifestyles.</b></p>	<p>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  <b>Staff Responsible:</b></p> <ul style="list-style-type: none"> <li>• QACM</li> <li>• Cultural Competence Committee</li> <li>• CCC</li> </ul> <p>[ongoing] [Bi-annually]</p>

**Medication Practices**

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

<b>Goal 7: Promote safe and effective medication practices</b>	
<p><b>1. Develop and implement a medication monitoring tool.</b></p>	<p>1. All (100%) medical staff to have a minimum of 10% of their open charts reviewed once a year [ongoing] [annually] <b>Staff Responsible:</b></p> <ul style="list-style-type: none"> <li>• PCBH Nursing staff</li> <li>• QACM</li> <li>• QIC Committee</li> </ul> <p>2. Conduct follow up with psychiatrist with the lowest compliance rates. [New]</p> <ul style="list-style-type: none"> <li>• PCBH Medical Director for SUD charts</li> <li>• QACM for MH Charts</li> </ul> <p>[New] [monthly]</p>
<p><b>2. Identify behavioral health beneficiaries who are stable on medications.</b></p>	<p>1. Develop reporting on beneficiaries prescribed psychotropic medications [New] <b>Staff Responsible:</b></p> <ul style="list-style-type: none"> <li>• PCBH Nursing staff</li> <li>• QACM</li> </ul> <p>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. [New] [Annually]</p> <p>3. Step down beneficiaries deemed to be good candidates for medication support through primary care. <b>Staff Responsible:</b></p> <ul style="list-style-type: none"> <li>• PCBH nursing staff</li> <li>• PCBH direct care providers</li> <li>• Organizational direct care providers</li> </ul>
<p><b>3. Establish and ensure safe medication practices</b></p>	<p>1. Establish safe prescription standards for Benzodiazepines for the PCBH MAT clinic. [New] <b>Staff Responsible:</b></p> <ul style="list-style-type: none"> <li>• PCBH Nursing staff</li> <li>• PCBH Medical Director</li> </ul>

	<ul style="list-style-type: none"> <li>• PCBH case manager/ staff member assigned QI coordinator duties</li> </ul> <p>2. Monitor labs of beneficiaries receiving anti-psychotic medication. [Ongoing]</p> <p><b><u>Staff Responsible:</u></b></p> <ul style="list-style-type: none"> <li>• PCBH Nursing staff</li> <li>• QACM</li> </ul>
<p><b>4. Develop a Disaster Medication Plan by the end of F/Y 2019-2020</b></p>	<p>1. Develop a plan to provide clients with medication replacement during a disaster. [New] [Annually]</p> <p><b><u>Staff Responsible:</u></b></p> <ul style="list-style-type: none"> <li>• PCBH Nursing Staff</li> <li>• PCBH Staff</li> <li>• QACM</li> <li>• QIC Committee</li> </ul> <p>2. 100% of clinic staff will know where they can refer beneficiaries where to access medications in a disaster. [New] [Annually]</p> <p><b><u>Staff Responsible:</u></b></p> <ul style="list-style-type: none"> <li>• PCBH Nursing Staff</li> <li>• QACM</li> </ul> <p>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]</p> <p><b><u>Staff Responsible:</u></b></p> <ul style="list-style-type: none"> <li>• PCBH Nursing Staff</li> </ul>

**Service Delivery and Clinical Issues**

Behavioral Health DHCS Contractual Elements:

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

Goal 8: Standardize processes and communication throughout referrals	
<p><b>1. Strengthen internal and external referral process.</b></p>	<p>1. Develop standardized referral process. [New]  <b>Staff Responsible:</b></p> <ul style="list-style-type: none"> <li>• PCBH case manager/ staff member with Care coordination duties</li> <li>• QACM</li> <li>• QIC Committee</li> </ul>
Goal 9: Effectively collect data and communicate data findings to staff and the community	
<p><b>1. Continue the deployment of EHR resources, including outcome tools, to all parts of the system of care, especially contract organizational providers</b></p>	<p>1. Ensure organizational providers have access to behavioral health history. [new]                  2. Ensure that all direct service providers are adequately trained to use and navigate EHR system. [Ongoing]  <b>Staff Responsible:</b></p> <ul style="list-style-type: none"> <li>• QIC Committee</li> <li>• PCBH Organizational providers</li> <li>• PCBH director and managers</li> <li>• PCBH Information Technician</li> </ul>
<p><b>2. Develop capacity to regularly examine quality, access, and timeliness data.</b></p>	<p>1. Prioritize data and reporting needs, ensuring that the data system captures individual and program level data. [ongoing] [monthly]  <b>Staff Responsible:</b></p> <ul style="list-style-type: none"> <li>• QIC Committee</li> <li>• QACM</li> <li>• Information Systems Technician</li> <li>• Case manager/staff member with QI coordinator duties</li> </ul>
<p><b>3. Begin administering levels of care and outcome measure(s) to assess client performance.</b></p>	<p>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. [NEW]                  3. Develop and implement training plan for the CANS and PSC. [NEW]                  4. Identify and develop educational and communication materials. [NEW]</p>

	<p><b>Staff Responsible:</b></p> <ul style="list-style-type: none"> <li>• QACM</li> <li>• QIC Committee</li> <li>• PCBH Children’s Unit Supervisor</li> <li>• Children’s Unit Clinical Staff</li> <li>• Organizational providers serving the youth population</li> </ul>
<p><b>Goal 10: Improve Client and Community Communication, collaboration and education</b></p>	
<p><b>1. Provide Mental Health First Aid [MHFA] to the community.</b></p>	<p>1. Provide Community trainings. [Ongoing]</p> <p><b>Staff Responsible:</b></p> <ul style="list-style-type: none"> <li>• MHSA coordinator</li> </ul>
<p><b>2. Establish family support groups specific to Full-Service Partnership clients</b></p>	<p>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</p> <p><b>Staff Responsible:</b></p> <ul style="list-style-type: none"> <li>• MHSA Coordinator</li> </ul>
<p><b>Goal 11: Maintain effective and consistent utilization management practices</b></p>	
<p><b>1. Improve communication with those who interface with or are part of the Utilization Management (UM) Team.</b></p>	<p>1. Hold weekly scheduled UM meetings on authorization and centralized reviews. [ongoing]</p> <p><b>Staff Responsible:</b></p> <ul style="list-style-type: none"> <li>• UM committee</li> </ul> <p>2. Arrange Documentation Training quarterly and by request at County-operated service locations [New]</p> <p><b>Staff Responsible:</b></p> <ul style="list-style-type: none"> <li>• QACM</li> <li>• PCBH Unit Supervisors</li> </ul> <p>3. Attend County and community-based organization meetings to announce and communicate UM regulatory changes as they occur. [ongoing]</p> <p><b>Staff Responsible:</b></p> <ul style="list-style-type: none"> <li>• PCBH Director</li> <li>• QACM</li> </ul> <p>4. Identify data of what percentage of requests for new services result in denials</p> <p><b>Staff Responsible:</b></p>

	<ul style="list-style-type: none"> <li>• QACM</li> <li>• UM Committee</li> <li>• QIC Committee</li> </ul>
<p><b>2. Train 100% of staff on the departments Privacy and Compliance program policies and procedures</b></p>	<p>1. Track percentage of staff who complete HIPAA, CFR 42 and behavioral health compliance training. [ongoing] [Annually]</p> <p><b>Staff Responsible:</b></p> <ul style="list-style-type: none"> <li>• QACM</li> <li>• case manager/ staff member with assigned QI duties</li> </ul> <p>2. Review the PCBH Privacy and Compliance program for updates and revisions at minimum annually.</p> <p><b>Staff Responsible:</b></p> <ul style="list-style-type: none"> <li>• QACM</li> <li>• PCBH Director</li> <li>• PCBH Medical Director for SUD related regulations.</li> <li>• QIC</li> </ul>

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## 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.

<b>Goal 12: Integrate MHSAs-supported programs into the Behavioral Health EHR</b>	
<b>1. Better track MHSAs-supported programs and services through EHR data</b>	<ol style="list-style-type: none"> <li>1. Identify MHSAs-supported programs that can be placed in the EHR system</li> <li>2. Track services provided per unit or program.</li> <li>3. Use data to inform administrative and fiscal processes</li> </ol> <p><b>Staff Responsible:</b></p> <ul style="list-style-type: none"> <li>• QIC</li> <li>• PCBH Director and Management Staff</li> <li>• Information System Technician</li> </ul> <p>[Ongoing] [Annually]</p>
<b>Goal 13: Integrate behavioral health services with other County systems</b>	
<b>1. Coordinate Drug Medi-Cal services with primary care and mental health services</b>	<ol style="list-style-type: none"> <li>1. Conduct outreach and training to primary care on referrals and coordination of care.</li> <li>2. Conduct outreach to all community partners and stakeholders.</li> <li>3. Educate Access Line staff on how to address calls from Primary Care.</li> <li>4. Screen 100% of mental health clients entering services for symptoms of substance use disorders and make appropriate referrals.</li> </ol> <p><b>Staff Responsible:</b></p> <ul style="list-style-type: none"> <li>• case manager/ Staff member with assigned QI duties</li> <li>• QACM</li> <li>• PCBH Management staff</li> <li>• Direct care service providers</li> </ul> <p>[New]</p>
<b>Goal 14: Improve services to youth in foster care</b>	
<b>1. Monitor the use of Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS)</b>	<ol style="list-style-type: none"> <li>1. Staff complete Child and Family Team Meeting activities.</li> </ol> <p><b>Staff Responsible:</b></p> <ul style="list-style-type: none"> <li>• Embedded PCBH clinical provider at CPS office</li> <li>• Organizational provider Plumas Rural Services</li> <li>• QACM</li> <li>• QIC</li> </ul> <p>[ongoing]</p>

<b>2. Identify outcome measures(s) to assess client performance</b>	1. Start providing ICC and IHBS service to all Plumas county qualifying youth <b><u>Staff Responsible:</u></b> <ul style="list-style-type: none"><li>• PCBH organizational provider PRS</li></ul> <u>[New]</u>
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