

San Luis Obispo County Mental Health Quality Support Team
Work Plan Evaluation, Fiscal Year 2018-2019

QST Work Plan:

The annual QST Work Plan identifies key areas that were a focus of the MHP's quality improvement efforts for the year. The QST Work Plan draws upon the Department of Health Care Services (DHCS) Quality Strategy Report (6/29/2018) and DHCS Managed Care Rule Informational Notices to determine priorities. The Work Plan Evaluation details the results of our improvement efforts.

Goal # 1: Maintain a responsive toll free 24/7 Central Access Line

Measurable Objectives:

- All calls will be logged as required (100% success rate)
- Staff who answer phones will utilize the scripted responses

Planned Steps:	Results:																				
Refine and continue to test the effectiveness of scripted responses	Completed: We revised scripts after feedback from DHCS (7/31/2019)																				
Track disposition details: number of referrals to MH and SUD services	Completed: Of the 1311 calls requesting an initial service entered in Access Journal from 10/1/18 to 6/30/19, callers received the following number and types of referrals. The data below excludes follow up requests from CSU, PHF and inpatient facilities. <table border="1" style="margin: 10px auto;"> <thead> <tr> <th style="background-color: #f2f2f2;">Referral Type</th> <th style="background-color: #f2f2f2;">#</th> <th style="background-color: #f2f2f2;">% of total</th> </tr> </thead> <tbody> <tr> <td>Drug & Alcohol Services</td> <td style="text-align: center;">112</td> <td style="text-align: center;">8.54%</td> </tr> <tr> <td>Managed Care Plan</td> <td style="text-align: center;">218</td> <td style="text-align: center;">16.63%</td> </tr> <tr> <td>Mental Health clinic or CBO</td> <td style="text-align: center;">886</td> <td style="text-align: center;">67.58%</td> </tr> <tr> <td>Other</td> <td style="text-align: center;">93</td> <td style="text-align: center;">7.09%</td> </tr> <tr> <td>Private Mental Health</td> <td style="text-align: center;">2</td> <td style="text-align: center;">0.15%</td> </tr> </tbody> </table>	Referral Type	#	% of total	Drug & Alcohol Services	112	8.54%	Managed Care Plan	218	16.63%	Mental Health clinic or CBO	886	67.58%	Other	93	7.09%	Private Mental Health	2	0.15%		
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Conduct at least two test calls per month (English and Spanish) to evaluate performance in key areas identified in the contract with Department of Health Care Services (DHCS)	Completed: Managed Care staff completed test calls each quarter. Managed care Program Supervisor provided training to address call performance. <table border="1" style="margin: 10px auto;"> <thead> <tr> <th rowspan="2" style="background-color: #f2f2f2;">Quarter</th> <th colspan="2" style="background-color: #f2f2f2;">Result:</th> </tr> <tr> <th style="background-color: #f2f2f2;">#</th> <th style="background-color: #f2f2f2;">% In compliance</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td style="text-align: center;">10</td> <td style="text-align: center;">100%</td> </tr> <tr> <td>Q2</td> <td style="text-align: center;">8</td> <td style="text-align: center;">100%</td> </tr> <tr> <td>Q3</td> <td style="text-align: center;">12</td> <td style="text-align: center;">100%</td> </tr> <tr> <td>Q4</td> <td style="text-align: center;">9</td> <td style="text-align: center;">88.89%</td> </tr> <tr> <td>Total</td> <td style="text-align: center;">39</td> <td style="text-align: center;">97.43%</td> </tr> </tbody> </table>	Quarter	Result:		#	% In compliance	Q1	10	100%	Q2	8	100%	Q3	12	100%	Q4	9	88.89%	Total	39	97.43%
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Conduct training for Managed Care and TMHA SLO Hotline staff, particularly in documentation of requests	Completed: Managed Care Program Supervisor completed training with SLO Hotline volunteers and staff on 11/28/18 and is scheduled to train again on 8/28/19. She provided training for Managed Care staff on 1/30/19, 3/13/19, 3/2019, 4/17/19, 6/5/19, and 7/31/19.
Complete quarterly reporting of Central Access line performance to DHCS	Completed: Managed Care Program Supervisor submitted reporting form on time each quarter

Goal # 2: Monitor service delivery capacity

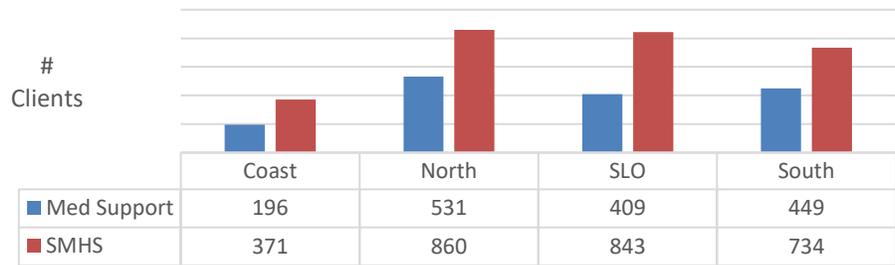
Measurable Objective:

Maintain a network of providers (staff plus contractors) sufficient to provide the full array of SMHS to all areas of SLO County

Planned Steps:	Results:																																																																																
Measure service delivery regionally for adults and youth Unduplicated Clients Served by Age, City, service type, and region	Completed: <p style="text-align: center;">ADULTS Aged 21+</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #f2f2f2;">City</th> <th style="background-color: #f2f2f2;">Med Support</th> <th style="background-color: #f2f2f2;">SMHS</th> <th style="background-color: #f2f2f2;">Region</th> </tr> </thead> <tbody> <tr><td>CAMBRIA</td><td>15</td><td>39</td><td>Coast</td></tr> <tr><td>CAYUCOS</td><td>10</td><td>19</td><td>Coast</td></tr> <tr><td>LOS OSOS</td><td>96</td><td>168</td><td>Coast</td></tr> <tr><td>MORRO BAY</td><td>75</td><td>144</td><td>Coast</td></tr> <tr><td>SAN SIMEON</td><td>0</td><td>1</td><td>Coast</td></tr> <tr><td>ATASCADERO</td><td>264</td><td>392</td><td>North</td></tr> <tr><td>CRESTON</td><td>4</td><td>6</td><td>North</td></tr> <tr><td>PASO ROBLES</td><td>203</td><td>371</td><td>North</td></tr> <tr><td>SAN MIGUEL</td><td>14</td><td>21</td><td>North</td></tr> <tr><td>SANTA MARGARITA</td><td>10</td><td>22</td><td>North</td></tr> <tr><td>SHANDON</td><td>4</td><td>3</td><td>North</td></tr> <tr><td>TEMPLETON</td><td>32</td><td>45</td><td>North</td></tr> <tr><td>SAN LUIS OBISPO</td><td>409</td><td>843</td><td>SLO</td></tr> <tr><td>ARROYO GRANDE</td><td>140</td><td>238</td><td>South</td></tr> <tr><td>AVILA BEACH</td><td>5</td><td>9</td><td>South</td></tr> <tr><td>GROVER BEACH</td><td>91</td><td>167</td><td>South</td></tr> <tr><td>NIPOMO</td><td>103</td><td>156</td><td>South</td></tr> <tr><td>OCEANO</td><td>74</td><td>113</td><td>South</td></tr> <tr><td>PISMO BEACH</td><td>36</td><td>51</td><td>South</td></tr> </tbody> </table>	City	Med Support	SMHS	Region	CAMBRIA	15	39	Coast	CAYUCOS	10	19	Coast	LOS OSOS	96	168	Coast	MORRO BAY	75	144	Coast	SAN SIMEON	0	1	Coast	ATASCADERO	264	392	North	CRESTON	4	6	North	PASO ROBLES	203	371	North	SAN MIGUEL	14	21	North	SANTA MARGARITA	10	22	North	SHANDON	4	3	North	TEMPLETON	32	45	North	SAN LUIS OBISPO	409	843	SLO	ARROYO GRANDE	140	238	South	AVILA BEACH	5	9	South	GROVER BEACH	91	167	South	NIPOMO	103	156	South	OCEANO	74	113	South	PISMO BEACH	36	51	South
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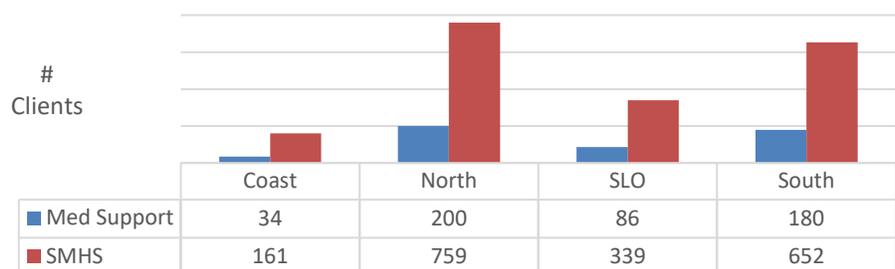
Unduplicated Adults by Service Type by Region
 FY 18-19



YOUTH Aged 0-20

City	Med Support	SMHS	Region
CAMBRIA	7	26	Coast
CAYUCOS	3	7	Coast
HARMONY	0	1	Coast
LOS OSOS	16	80	Coast
MORRO BAY	8	47	Coast
ATASCADERO	76	295	North
CRESTON	2	3	North
PASO ROBLES	89	342	North
SAN MIGUEL	7	36	North
SANTA MARGARITA	7	20	North
SHANDON	2	10	North
TEMPLETON	17	53	North
SAN LUIS OBISPO	86	339	SLO
ARROYO GRANDE	53	196	South
AVILA BEACH	1	1	South
GROVER BEACH	37	131	South
NIPOMO	52	203	South
OCEANO	31	102	South
PISMO BEACH	6	19	South

Unduplicated Youth by Service Type by Region
 FY 18-19



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	<p>The service delivery pattern seems to suggest regional differences by age. Assuming that the majority of Coastal residents who receive services travel to SLO, then the demand is greatest for adults in SLO, but for youth in North County.</p>																								
<p>Track utilization of Therapeutic Behavioral Services (TBS) and In-Home Behavioral Services (IHBS) for youth clients who have SLO County Medi-Cal</p>	<p>Completed: We continue to demonstrate provision of TBS at about the required 4% level, on average, to remain a tier 1 county</p> <p>As shown below, 1 out of 4 of the Medi-Cal eligible youth we serve receive in-home services (TBS or IHBS)</p> <div style="text-align: center;"> <table border="1" style="margin: 10px auto; border-collapse: collapse;"> <caption>TBS AND IHBS TRENDS</caption> <thead> <tr> <th></th> <th>Q1 '18-19</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>TBS %</td> <td>3%</td> <td>2%</td> <td>4%</td> <td>4%</td> </tr> <tr> <td>IHBS %</td> <td>18%</td> <td>18%</td> <td>20%</td> <td>21%</td> </tr> <tr> <td>Total %</td> <td>21%</td> <td>21%</td> <td>23%</td> <td>26%</td> </tr> </tbody> </table> </div>		Q1 '18-19	Q2	Q3	Q4	TBS %	3%	2%	4%	4%	IHBS %	18%	18%	20%	21%	Total %	21%	21%	23%	26%				
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Total %	21%	21%	23%	26%																					
<p>Track requests for service by beneficiary zip code; analyze for gaps and trends</p>	<p>See Attachment 1, Service Requests by Region FY 18-19</p> <p>Completed: We tracked a decrease in service requests for youth in all regions and a modest growth for adults in North County based on comparison of Services Requests to Managed Care in FY 18-19. Comparison is versus FY 17-18.</p>																								
<p>Track utilization of services (# of services and cost per beneficiary)</p>	<p>Completed:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th></th> <th>Youth (0-20)</th> <th>Adult (21+)</th> </tr> </thead> <tbody> <tr> <td>Number beneficiaries (unique)</td> <td>1,645</td> <td>2,282</td> </tr> <tr> <td>Number services</td> <td>58,070</td> <td>36,204</td> </tr> <tr> <td>Total cost</td> <td>\$15,642,000</td> <td>\$8,131,822</td> </tr> <tr> <td>Range</td> <td>0-\$118,000</td> <td>0-\$65,100</td> </tr> <tr> <td>Average cost/beneficiary</td> <td>\$9,510</td> <td>\$3,565</td> </tr> <tr> <td>Median cost</td> <td>\$3,843.33</td> <td>\$1,799.705</td> </tr> <tr> <td>Standard Deviation (variance)</td> <td>14,633.69</td> <td>4,6039.41</td> </tr> </tbody> </table> <p>The table shows age differences (youth beneficiaries receive, on average, more services and the cost for services is higher per</p>		Youth (0-20)	Adult (21+)	Number beneficiaries (unique)	1,645	2,282	Number services	58,070	36,204	Total cost	\$15,642,000	\$8,131,822	Range	0-\$118,000	0-\$65,100	Average cost/beneficiary	\$9,510	\$3,565	Median cost	\$3,843.33	\$1,799.705	Standard Deviation (variance)	14,633.69	4,6039.41
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	beneficiary. There are more so-called “high cost beneficiaries” who are youth and the range of cost and variance from client to client is higher for youth (it is high for both). We separately evaluated services provided to the highest cost youth beneficiaries and determined that in home services resulted in the increased cost. We contracted out youth and TAY FSP programs, which may result in a decrease in IHBS, but an increase in Individual Rehab services during the next year.
Complete quarterly Network Adequacy Certification Tool (NACT)	<p>Completed: QST Division Manager submitted quarterly NACT and related documentation as required.</p> <p>DHCS notified the MHP in September that the submissions met adequacy standards for FY 18-19.</p>

Goal # 3: Provide timely access to services

Measurable Objective:

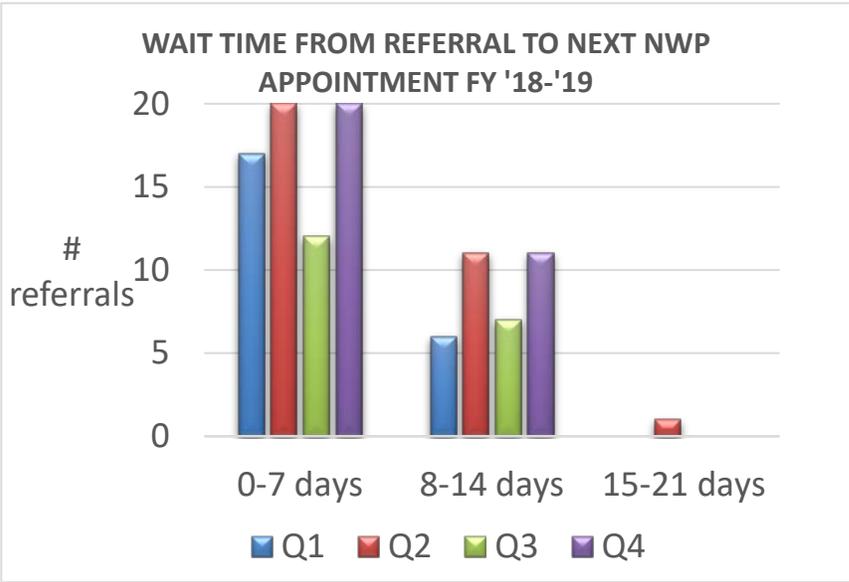
Track and maintain access to services to meet the timely access standards

Planned Steps:	Result: See Attachment 2 Access Timeliness Metrics FY 18-19											
<p>Monitor and report wait time for assessment from call to offered assessment</p> <p>(10 business/14 calendar days)</p>	<p>Completed:</p> <table border="1" data-bbox="621 1045 1511 1167"> <thead> <tr> <th></th> <th>Average (calendar days)</th> <th>Compliance %</th> </tr> </thead> <tbody> <tr> <td>Adults (21+)</td> <td>6.40</td> <td>97.24%</td> </tr> <tr> <td>Youth (0-20)</td> <td>7.80</td> <td>88.25%</td> </tr> </tbody> </table> <p>Our clinics and CBO partners provide rapid access to services.</p>				Average (calendar days)	Compliance %	Adults (21+)	6.40	97.24%	Youth (0-20)	7.80	88.25%
	Average (calendar days)	Compliance %										
Adults (21+)	6.40	97.24%										
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<p>Monitor and track timeliness of follow up and ongoing care appointments</p> <p>(10 business/14 calendar days)</p>	<p>Completed:</p> <table border="1" data-bbox="621 1327 1511 1449"> <thead> <tr> <th></th> <th>Average (calendar days)</th> <th>Compliance %</th> </tr> </thead> <tbody> <tr> <td>Adults (21+)</td> <td>6.95</td> <td>98.69%</td> </tr> <tr> <td>Youth (0-20)</td> <td>8.55</td> <td>100%</td> </tr> </tbody> </table> <p>Timely access to follow-up is well within regulatory time frames.</p>				Average (calendar days)	Compliance %	Adults (21+)	6.95	98.69%	Youth (0-20)	8.55	100%
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<p>Monitor and report wait time for psychiatric assessment</p> <p>(15 business/21 calendar days)</p>	<p>Completed:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width: 20%;"></th> <th style="width: 40%;">Average (calendar days)</th> <th style="width: 40%;">Compliance %</th> </tr> </thead> <tbody> <tr> <td>Adults (21+)</td> <td>20.20</td> <td>68.60%</td> </tr> <tr> <td>Youth (0-20)</td> <td>17.77</td> <td>72.72%</td> </tr> </tbody> </table> <p>Tracking wait time resulted in reallocating a Nurse Practitioner in February 2019, to a clinic whose wait time inflated the overall data. The resulting reduction in wait time is displayed below.</p> <div style="text-align: center; margin: 10px 0;"> </div>		Average (calendar days)	Compliance %	Adults (21+)	20.20	68.60%	Youth (0-20)	17.77	72.72%																		
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<p>Monitor and report wait time for post hospital follow up</p> <p>(7 days (HEDIS)) (96 hours/4 calendar days)</p>	<p>Completed:</p> <p>As displayed below, average follow-up days and compliance percentage demonstrate rapid follow-up from higher levels of care.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width: 20%;">PHF</th> <th style="width: 40%;">Average (calendar days)</th> <th style="width: 40%;">Compliance %</th> </tr> </thead> <tbody> <tr> <td>Adults (21+)</td> <td>2.92</td> <td>98.29%</td> </tr> <tr> <td>Youth (0-20)</td> <td>3.67</td> <td>100%</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width: 20%;">Inpatient</th> <th style="width: 40%;">Average (calendar days)</th> <th style="width: 40%;">Compliance %</th> </tr> </thead> <tbody> <tr> <td>Adults (21+)</td> <td>2.54</td> <td>100%</td> </tr> <tr> <td>Youth (0-20)</td> <td>4.33</td> <td>91.67%</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">CSU</th> <th style="width: 40%;">Average (calendar days)</th> <th style="width: 40%;">Compliance %</th> </tr> </thead> <tbody> <tr> <td>Adults (21+)</td> <td>1.68</td> <td>97.06%</td> </tr> <tr> <td>Youth (0-20)</td> <td>.91</td> <td>100%</td> </tr> </tbody> </table> <p>Timely access from higher levels of care was outstanding!</p>	PHF	Average (calendar days)	Compliance %	Adults (21+)	2.92	98.29%	Youth (0-20)	3.67	100%	Inpatient	Average (calendar days)	Compliance %	Adults (21+)	2.54	100%	Youth (0-20)	4.33	91.67%	CSU	Average (calendar days)	Compliance %	Adults (21+)	1.68	97.06%	Youth (0-20)	.91	100%
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<p>Track wait time from acceptance of referral to initial appointment with Network Provider (NWP)</p> <p>(10 business/14 calendar days)</p>	<p>Completed:</p>  <table border="1" style="margin-top: 10px;"> <caption>Wait Time Data</caption> <thead> <tr> <th>Wait Time Category</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>0-7 days</td> <td>17</td> <td>20</td> <td>12</td> <td>20</td> </tr> <tr> <td>8-14 days</td> <td>6</td> <td>11</td> <td>7</td> <td>11</td> </tr> <tr> <td>15-21 days</td> <td>0</td> <td>1</td> <td>0</td> <td>0</td> </tr> </tbody> </table>	Wait Time Category	Q1	Q2	Q3	Q4	0-7 days	17	20	12	20	8-14 days	6	11	7	11	15-21 days	0	1	0	0
Wait Time Category	Q1	Q2	Q3	Q4																	
0-7 days	17	20	12	20																	
8-14 days	6	11	7	11																	
15-21 days	0	1	0	0																	

Goal # 4: Increase capacity to serve Latino beneficiaries

Measurable Objective:

Increase the percentage of Latino clients served by 5%

Planned Steps:	Result:
<p>Measure Penetration Rate (PR) annually</p>	<p>Completed:</p> <p>We calculated PR using the same method we've used since CY 2014 - by dividing unduplicated client assignments by race by the comparison group per CenCal Health Demographics report for the calendar year. This formula is slightly different than the one used by DHCS and the one used by EQRO, but it allows a year-to-year comparison. As noted in the graph below, there continue to be disparities between racial groups. PR for Latino beneficiaries is slightly increased (2.65%); overall PR increased slightly.</p>

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	<p style="text-align: center;">Penetration Rate, Multiyear Comparison</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>White</th> <th>Hispanic</th> <th>Black/ African American</th> <th>Asian/ Pacific Islander</th> <th>Native American / Alaskan</th> <th>Other/ Unknown /Multiple</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>■ SLO 2014</td> <td>13.32%</td> <td>6.20%</td> <td>17.65%</td> <td>2.27%</td> <td>23.27%</td> <td>7.27%</td> <td>10.18%</td> </tr> <tr> <td>■ SLO 2015</td> <td>12.11%</td> <td>6.55%</td> <td>18.10%</td> <td>1.84%</td> <td>19.51%</td> <td>5.23%</td> <td>9.42%</td> </tr> <tr> <td>■ SLO 2016</td> <td>12.99%</td> <td>7.35%</td> <td>20.08%</td> <td>1.72%</td> <td>19.10%</td> <td>4.45%</td> <td>9.63%</td> </tr> <tr> <td>■ SLO 2017</td> <td>14.06%</td> <td>6.60%</td> <td>20.44%</td> <td>5.11%</td> <td>21.38%</td> <td>3.68%</td> <td>9.94%</td> </tr> <tr> <td>■ SLO 2018</td> <td>14.29%</td> <td>6.78%</td> <td>22.81%</td> <td>6.48%</td> <td>29.30%</td> <td>3.92%</td> <td>10.28%</td> </tr> </tbody> </table>		White	Hispanic	Black/ African American	Asian/ Pacific Islander	Native American / Alaskan	Other/ Unknown /Multiple	Total	■ SLO 2014	13.32%	6.20%	17.65%	2.27%	23.27%	7.27%	10.18%	■ SLO 2015	12.11%	6.55%	18.10%	1.84%	19.51%	5.23%	9.42%	■ SLO 2016	12.99%	7.35%	20.08%	1.72%	19.10%	4.45%	9.63%	■ SLO 2017	14.06%	6.60%	20.44%	5.11%	21.38%	3.68%	9.94%	■ SLO 2018	14.29%	6.78%	22.81%	6.48%	29.30%	3.92%	10.28%
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<p>Measure number and percentage of clients served who are Latino</p>	<p>Completed: PR for Latino beneficiaries increased slightly, from 6.60% to 6.78% (an increase of 2.65%) between 2017 and 2018 by our calculation.</p> <p>However, both the total number and percentage of beneficiaries served of beneficiaries who identified as Latino decreased slightly during the same time period. In CY 2017, 5390 beneficiaries or 20.30% of beneficiaries served, were Latino. In 2018, those number decreased slightly to 5311, 19.96%. The change reflects a decrease in the number of Latino beneficiaries reported by CenCal Health.</p> <p>We are unsure of all the reasons for this decrease, but it makes sense in the larger national political climate that affects the Latino population. We anticipate that anxiety related to “Public Charge” policies will further decrease participation by Latino beneficiaries in treatment. We will continue to monitor and will work with our Cultural Competence Committee to determine best practice approaches to increasing access for Latino beneficiaries despite the political climate on a Federal level.</p>																																																
<p>Maintain bilingual staff capacity at all key points of contact, including at the Central Access Line</p>	<p>Completed: We continued to maintain bilingual capacity at the Central Access Line and at regional clinics.</p>																																																

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Goal # 5: Maximize consumer satisfaction

Measurable Objective:

Ensure consumer satisfaction as evidenced by responses to the Performance Outcome Quality Improvement (POQI) survey. Satisfaction questions will be rated “Strongly Agree” or “Agree” by at least 85% of respondents.

Planned Steps:	Results:
Encourage a representative sample of beneficiaries to complete the POQI survey	Completed, but we were not able to analyze data: We completed both fall and spring surveys at all MHP and CBO sites
Recommend improvement activities if result falls below the standard	Pending results from CIBHS
Report promptly to staff at all sites	Pending results from CIBHS

Goal # 6: Monitor and respond to beneficiary requests

Measurable Objective:

Successfully resolve all beneficiary concerns at the lowest possible level within the required timelines.

Planned Steps:	Results:
Track all consumer requests and report quarterly	Completed: The Patients’ Rights Advocate processed 297 Grievances, Appeals and change of provider request in FY 18-19, a considerable increase over prior years due to the inclusion of Drug & Alcohol Services. Of those, 91.6% were processed and resolved within time frames.
Complete annual DHCS reporting in a timely manner	The Patients’ Rights Advocate completed report in October 2018 and will submit the October 2019 report on time.

Goal # 7: Monitor and respond to provider requests and appeals

Measurable Objectives:

Successfully resolve all provider appeals at the lowest possible level within the required timelines.

Resolve Treatment Authorization Requests (TARs) for out-of-county inpatient hospitalization within 14 days of receipt (100% compliance).

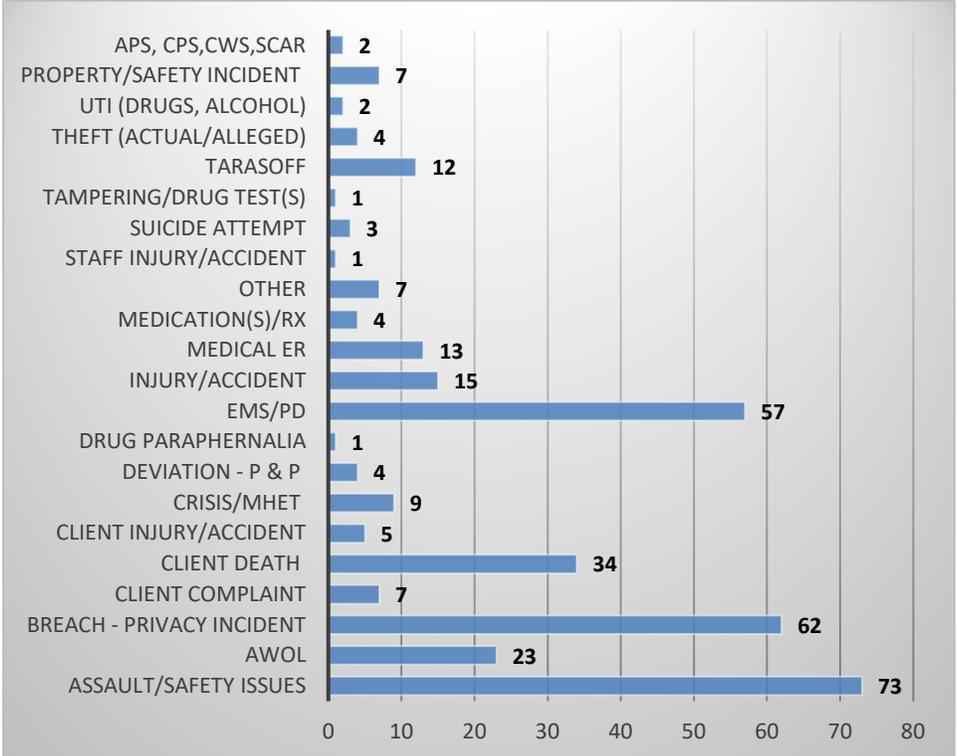
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Planned Steps:	Results:
Track all provider appeals	There were no provider appeals in FY 18-19
Monitor and report outcome and timeliness of resolution	N/A
Track and report the number and percentage of TARS completed within 14 days	Completed: During FY 18-19, Managed Care staff reviewed and processed 46 TARS for adult inpatient stays and 98 TARS for youth inpatient stays. Staff completed 100% of TARS within the regulatory timeline.

Goal # 8: Implement interventions when better care was more appropriate

Measurable Objective:

Review and respond to Incident Reports within one month of report submission.

Planned Steps:	Result:																																														
Review Incident Reports; monitor and report. Make recommendations regarding follow-up when better care was more appropriate	<p>Completed: We tracked the following types and frequency of Incident Reports</p>  <table border="1"> <caption>Frequency of Incident Report Types</caption> <thead> <tr> <th>Incident Report Type</th> <th>Frequency</th> </tr> </thead> <tbody> <tr><td>APS, CPS, CWS, SCAR</td><td>2</td></tr> <tr><td>PROPERTY/SAFETY INCIDENT</td><td>7</td></tr> <tr><td>UTI (DRUGS, ALCOHOL)</td><td>2</td></tr> <tr><td>THEFT (ACTUAL/ALLEGED)</td><td>4</td></tr> <tr><td>TARASOFF</td><td>12</td></tr> <tr><td>TAMPERING/DRUG TEST(S)</td><td>1</td></tr> <tr><td>SUICIDE ATTEMPT</td><td>3</td></tr> <tr><td>STAFF INJURY/ACCIDENT</td><td>1</td></tr> <tr><td>OTHER</td><td>7</td></tr> <tr><td>MEDICATION(S)/RX</td><td>4</td></tr> <tr><td>MEDICAL ER</td><td>13</td></tr> <tr><td>INJURY/ACCIDENT</td><td>15</td></tr> <tr><td>EMS/PD</td><td>57</td></tr> <tr><td>DRUG PARAPHERNALIA</td><td>1</td></tr> <tr><td>DEVIATION - P & P</td><td>4</td></tr> <tr><td>CRISIS/MHET</td><td>9</td></tr> <tr><td>CLIENT INJURY/ACCIDENT</td><td>5</td></tr> <tr><td>CLIENT DEATH</td><td>34</td></tr> <tr><td>CLIENT COMPLAINT</td><td>7</td></tr> <tr><td>BREACH - PRIVACY INCIDENT</td><td>62</td></tr> <tr><td>AWOL</td><td>23</td></tr> <tr><td>ASSAULT/SAFETY ISSUES</td><td>73</td></tr> </tbody> </table>	Incident Report Type	Frequency	APS, CPS, CWS, SCAR	2	PROPERTY/SAFETY INCIDENT	7	UTI (DRUGS, ALCOHOL)	2	THEFT (ACTUAL/ALLEGED)	4	TARASOFF	12	TAMPERING/DRUG TEST(S)	1	SUICIDE ATTEMPT	3	STAFF INJURY/ACCIDENT	1	OTHER	7	MEDICATION(S)/RX	4	MEDICAL ER	13	INJURY/ACCIDENT	15	EMS/PD	57	DRUG PARAPHERNALIA	1	DEVIATION - P & P	4	CRISIS/MHET	9	CLIENT INJURY/ACCIDENT	5	CLIENT DEATH	34	CLIENT COMPLAINT	7	BREACH - PRIVACY INCIDENT	62	AWOL	23	ASSAULT/SAFETY ISSUES	73
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Refer Incident Report to Morbidity & Mortality Committee in event of death or serious injury	Completed: M&M Committee, chaired by the BH Medical Director, changed processes to allow more in-depth review of records, followed by case discussion, with good success. The committee meets monthly.																																														

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Goal # 9: Improve clinical documentation

Measurable Objective:

- All MHP staff will attend documentation training annually
- Establish Practice Guidelines for Youth Mental Health Assessment

Planned Steps:	Results:
Revise and distribute Documentation Guideline update	Completed: We completed and distributed updates to the Documentation Guidelines in February 2019
Establish training schedule to include all MHP and contractor sites; provide regular training at sites and new employee orientation	Partially completed: QST staff provided ad hoc training to new hire staff and remedial training to a number of staff whose documentation did not meet SLOBHD's standard. We did not schedule a documentation training to include all staff, but will complete this in October.
Establish and train staff to use a standard set of assessment practice guidelines	Completed: The Adult Assessment Practice Guideline is in use for training.

Goal # 10: Conduct effective clinical records reviews

Objectives:

Establish and implement a monthly audit schedule as part of Utilization Management Program.

Identify areas of strength and deficiency in documentation for each monthly audit to help guide training and to ensure appropriate billing for services.

Planned Steps:	Results:
Implement a monthly audit schedule to include all MHP and contractor sites	Completed: QST staff completed monthly documentation audits per the approved schedule.
Conduct comprehensive audits (10% of all open cases) quarterly	Completed: QST staff completed monthly documentation audits per the approved schedule.
Examine utilization trends and consistency in authorization decisions	Completed: QST staff completed monthly documentation audits per the approved schedule.
Conduct more targeted review of cases as documentation concerns or other issues emerge; conduct targeted training	Completed: QST staff completed monthly documentation audits per the approved schedule. We focused on several staff whose documentation did not meet our standard.

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Goal # 11: Improve and Update Policies & Procedures

Measurable Objective:

Review and reformat MHP not revised within the past two years during FY '17-'18

Planned Steps:	Results:
Conduct a comprehensive review and update/approve all policies	Not Completed
Incorporate new Federal Managed Care regulations into policy	Completed: Managed Care Final Rule and related policy changes was a heavier lift than anticipated. We've submitted to DHCS and had approved all necessary P&P.
Migrate policies to a secure Intranet location	In process

Goal # 12: Develop improved Site Certification procedures

Measurable Objective:

Create a standardized set of tools and procedures for certification and tracking of all county operated and contract provider sites.

Planned Steps:	Results:
Develop a monitoring process that ensures that each site certification remains current	Completed: All sites are current
Ensure that the State tracking system (ITWS) remains current	Completed: Pending DHCS changes in in data systems
Develop a program approval process for Short Term Residential Treatment Programs (STRTPs)	Pending approval of two SLO County STRTPs

Goal # 13: Create a 'Data Dashboard' to make performance data accessible and meaningful

Measurable Objective:

Create an easy-to-use dashboard to display key performance indicators

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Planned Steps:	Results:
Develop a reporting mechanism for evaluating Children’s Assessment of Needs and Strengths (CANS) and Adult Needs and Strengths Assessment (ANSA) rating scores by client, site and program	Partially completed: A newly hired EHR staff member is completing reporting capability
Develop a Data Dashboard for presenting the material in an accessible manner	Not Completed
Recommend system and process changes based on performance data	Partially completed: We continue to utilize reports and analysis while awaiting a dashboard

Goal # 14: Monitor the safety and efficacy of medication practices

Measurable Objective:

Create a standardized set of tools and practice guidelines for prescribers

Monitor prescribing practices during regular peer review

Planned Steps:	Results:
Develop a monitoring process that ensures that each site certification remains current. Medical peer review (monthly)	Completed, Ongoing: <ul style="list-style-type: none"> • The MHP’s Medical Director expanded Peer Medication Review Committee, which meets monthly • Medical Director created additional policy guidance to help practitioners who prescribe controlled substances.

Service Request by Region Yearly Comparison- Adults

	16/17	17/18	18/19	Difference	%
Santa Margarita	19	14	21	7	33%
Atascadero	278	272	244	(28)	-11%
Templeton	35	43	40	(3)	-8%
Paso Robles	270	326	312	(14)	-4%
San Miguel	29	27	23	(4)	-17%
Bradley	1	4	4	0	0%
Shandon	8	5	4	(4)	-44%
Creston	6	7	5	(2)	-40%
TOTAL	646	698	722	24	3%

	16/17	17/18	18/19	Difference	%
SLO	432	501	447	(54)	-12%
Los Osos	99	123	98	(25)	-26%
Morro Bay	89	96	90	(6)	-7%
Cambria	14	26	26	0	0%
Cayucos	14	26	17	(9)	-53%
San Simeon	2	9	2	(7)	-78%
TOTAL	650	781	755	(26)	-3%

	16/17	17/18	18/19	Difference	%
Arroyo Grande	181	218	220	(2)	-1%
Avila Beach	3	6	3	(3)	-50%
Grover Beach	149	153	159	6	4%
Oceano	62	91	105	14	15%
Pismo	43	61	40	(21)	-34%
Nipomo	144	148	170	22	15%
TOTAL	582	677	546	(131)	-19%

Service Request by Region Yearly Comparison - Youth

	16/17	17/18	18/19	Difference	%
Santa Margarita	9	8	3	(5)	-63%
Atascadero	84	73	36	(37)	-51%
Templeton	18	20	8	(12)	-60%
Paso Robles	130	105	46	(59)	-56%
San Miguel	30	15	9	(6)	-40%
Bradley	0	0	0	0	
Shandon	5	1	3	2	200%
Creston	1	0	0	0	
TOTAL	277	222	108	(114)	-51%

	16/17	17/18	18/19	Difference	%
SLO	64	65	43	(22)	-34%
Los Osos	24	25	11	(14)	-56%
Morro Bay	20	20	4	(16)	-80%
Cambria	14	16	3	(13)	-81%
Cayucos	3	2	1	(1)	-50%
San Simeon	7	8	0	(8)	-100%
TOTAL	132	136	63	(74)	-54%

	16/17	17/18	18/19	Difference	%
Arroyo Grande	41	47	33	(14)	-30%
Avila Beach	1	2	0	(2)	-100%
Grover Beach	38	29	32	3	10%
Oceano	29	30	22	(8)	-27%
Pismo	4	4	6	2	50%
Nipomo	73	70	32	(38)	-54%
TOTAL	186	182	87	(95)	-52%

ADULTS 21+

Access Timeliness Metrics 10/1/2018 to 6/30/2018

ADULTS 21+			
Type of Request/ Referred to	Number	Average Calendar Days	% within standard
Initial Request for Services (MH)	544	6.40	97.24%
NC Adult	148	5.30	
NC Youth	2	5.50	
SC Adult	174	6.99	
SLO Adult	224	6.71	
SLO YS	2	5.50	
TMHA	3	1.00	

Second Service (MH)	383	6.95	98.69%
NC Adult	102	5.44	
NC Youth	1	8.00	
SAFE	4	10.25	
SC Adult	111	7.65	
SC Youth	2	8.50	
SLO Adult	162	7.30	
SLO YS	1	10.00	

Psychiatric Eval	328	20.20	68.60%
NC Adult	86	29.67	
SC Adult	99	15.93	
SC Youth	1	14.00	
SLO Adult	142	17.49	

Type of Request/ Referred to	Number	Average Calendar Days	% within standard
CSU Follow Up	34	1.68	97.06%
NC Adult	12	2.17	
SC Adult	5	1.40	
SLO Adult	17	1.41	

Inpatient Hospital Follow Up	28	2.54	100.00%
NC Adult	7	1.29	
SLO Adult	21	2.95	

PHF Follow Up	117	2.92	98.29%
NC Adult	36	3.08	
SC Adult	26	2.42	
SLO Adult	55	3.05	

YOUTH 0-20

Access Timeliness Metrics 10/1/2018 to 6/30/2018

YOUTH 0-20			
Type of Request/ Referred to	Number	Average Calendar Days	% within standard
Initial Request for Services (MH)	305	7.80	88.52%
NC Adult	11	6.10	
NC Youth	112	7.15	
SAFE	23	5.57	
SC Adult	22	8.27	
SC Youth	92	9.83	
SLO Adult	11	5.27	
SLO YS	32	6.94	
Initial Request for Services (MH) FC	22	7.50	90.90%
NC Youth	6	4.17	
SC Youth	14	9.14	
SLO YS	2	6.00	

Second Service (MH)	350	8.55	100.00%
FCNI	3	6.00	
Martha's Place	12	8.50	
NC Adult	14	6.43	
NC Youth	106	9.11	
SAFE	40	8.10	
SC Adult	13	7.54	
SC Youth	86	10.10	
SLO Adult	15	6.60	
SLO YS	61	7.02	
Second Service (MH) FC	6	12.50	83.33%
FCNI	3	13.00	
Martha's Place	2	10.50	
SC Youth	1	15.00	

Type of Request/ Referred to	Number	Average Calendar Days	% within standard
Psychiatric Eval	66	17.77	72.72%
NC Adult	8	28.38	
NC Youth	12	14.08	
SAFE	4	12.50	
SC Adult	13	13.92	
SC Youth	12	19.00	
SLO Adult	13	18.08	
SLO YS	4	20.75	

CSU Follow Up	11	0.91	100.00%
NC Adult	5	0.60	
SC Adult	2	1.00	
SLO Adult	4	1.25	

Inpatient Hospital Follow Up	24	4.33	91.67%
NC Adult	2	1.00	
NC Youth	11	4.55	
SC Adult	3	2.67	
SC Youth	6	4.50	
SLO Adult	1	3.00	
SLO YS	1	14.00	

PHF Follow Up	9	3.67	100.00%
NC Adult	3	3.00	
NC Youth	4	5.00	
SC Youth	1	2.00	
SLO YS	1	2.00	