Introduction:

As required by the California Department of Health Care Services (DHCS) and the Medi-Cal Managed Care Plan, the Shasta County Health and Human Services Agency (HHSA) through its Mental Health Plan (MHP) annually prepares a Quality Management (QM) Work Plan which describes the quality improvement (QI) activities, goals and objectives for the MHP.

The purpose of the QM Work Plan is to provide up-to-date and useful information that can be used by internal stakeholders as a resource and practical tool for informed decision making and planning. Below is a QM program description.

QM Program Description

The Quality Improvement Coordinator is responsible for facilitating Quality Improvement Committee (QIC) meetings and ensuring participants receive up-to-date information.

The QIC is responsible for monitoring MHP effectiveness. This involves review and evaluation of QM and QI activities, auditing, tracking, and monitoring, communication of findings, implementation of needed actions, ensuring follow-up for QM Program processes, and recommending policy or procedural changes related to these activities.

The QIC monitors:

- 24/7 Crisis Line Response
- Accessibility to Services
- Assessments of Beneficiary and Provider Satisfaction
- Clinical Documentation and Chart Review
- Credentialing Process/Monitoring
- Cultural Competency Activities
- Notices of Action
- Performance Improvement Projects
- Practice Guidelines
- Resolution of Grievances, Appeals and Fair Hearings
- Resolution of Provider Appeals
- Training
- Utilization Management/Review

The QIC is comprised of representatives from Adult and Children's Services, Mental Health Services Act (MHSA), Managed Care, Compliance and Quality Management, Compliance, Fiscal, Business Office, Outcomes, Planning & Evaluation (OPE), contracted providers, and Patient Rights.

It is the goal of the QIC to build a structure that ensures the overall quality of services, including detecting both underutilization of services and overutilization of services. This is accomplished by realistic and effective QI activities; data-driven decision making; collaboration amongst staff, including consumer/family member participants; and utilization of technology for data analysis. Executive management and program leadership must be present to ensure that analytical findings are used to establish and maintain the overall quality of the service delivery system and organizational operations.

The QIC meets quarterly to monitor the status of the above items and make recommendations for improvement. Meeting reminders, information, and minutes are sent in advance and are also available on the HHSA share drive. These minutes reflect all activities, reports and decisions made by the QIC. The QIC ensures that client confidentiality is protected during meetings, in minutes and all other communications related to QIC activities.

Each participant is responsible for communicating QIC activities, decisions, policy, or procedural changes to their program areas, and reporting back to the QIC on action items, questions, and/or areas of concern. To ensure that ongoing communication and progress is made to improve service quality, the QIC defines goals and objectives on an annual basis that may be directed toward improvement in any area of operation providing specialty mental health services.

The QM Work Plan is evaluated and updated annually by the QI Coordinator, QIC, and MHP Management Team. The QI Coordinator is responsible for finalization and submission of the QM Work Plan but will rely on the input and subject matter expertise of program and other work groups as needed to ensure an appropriate plan is written. In addition, QIC will collaborate with other stakeholders, work groups, and committees including but not limited to:

- Mental Health Performance Measures Committee
- MHP Cultural Competency Committee

- Compliance Committee
- Medical Staff Meetings
- Mental Health Alcohol and Drug Programs Board
- MHP Community Education Committee
- MHP & Public Guardian Placement Meetings
- MHP Clinical Care Meetings
- MHP Electronic Health Records (EHR)
- MHP Management Team
- MHSA Advisory Committee
- Organizational Provider Meetings
- Performance Improvement Process Committees
- Shasta County Continuum of Care
- Suicide Prevention Workgroup
- Utilization Review Committee

2019-2021 Goals and Objectives

The following goals and objectives are based upon the DHCS Managed Care contract requirements for QI work plans and Title 9 requirements in the following areas:

Service Delivery-Capacity and Timeliness

> The MHP is responsible for the monitoring of service delivery capacity and accessibility of services. The MHP will evaluate the distribution of mental health services by type of service and geography of client within its delivery system and set goals for service delivery. The MHP will set goals and monitor for timeliness of routine mental health appointments and urgent conditions, access to afterhours care, and responsiveness of the 24/7 toll-free line.

Beneficiary/Family Satisfaction

> The MHP is responsible for monitoring beneficiary satisfaction and ensuring that beneficiaries are informed of their rights and the problem resolution process. The MHP may use various methods for evaluating beneficiary satisfaction including surveys, outreach, education, focus groups, and other related activities. The MHP must evaluate, at least annually, beneficiary grievances, appeals, fair hearings and requests for change of providers. The MHP is also responsible for monitoring provider appeals.

Safety and Effectiveness of Medication and Clinical Practices

The MHP is responsible for monitoring and evaluating its medication and clinical practices for safety and effectiveness. (Issues: monitoring standards and protocol, medication consents)

QIC Infrastructure and Activities

The QIC is required to have a membership of practitioners and providers, as well as beneficiaries who have accessed specialty mental health services through the MHP and family members. Committee members should have active participation in the planning, design, and execution of the QI Program. The Committee should be involved or oversee QI activities including recommending policy decisions, reviewing, and evaluating results of QI activities, instituting needed QI actions, and ensuring follow-up of QI processes. The QI committee must evaluate the effectiveness of the QI program and Workplan and show how QI activities have contributed to improvement in clinical care and beneficiary service. The work plan must monitor previously identified issues, including tracking issues over time and provide evidence of appropriate follow-up activities.

Service Delivery- Capacity and Timeliness	
Goal 1	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.
Objective 1.a	Monitor the number and type of service by geographic area and race/ethnicity, gender, and age and evaluate for appropriate level of service and penetration rates. Adjust service delivery when appropriate.

	Action Steps:
	1. Gather and evaluate date 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.

Monitoring Method	1. Client zip code and service type will be gathered from Cerner billing systems. 2. Medi-Cal penetration rate data.

Reporting Frequency	Annually
Responsible Partners	- QI Committee - Outcome Planning and Evaluations Unit (OPE) - Program Directors and Managers
Reference	- DHCS Annual Review Protocol 19-20 Section A 1.a-d - DHCS Contract, Exhibit A Attachment 1; 1. Provision of Services, 2. Availability and Accessibility of Services

Service Delivery-Capacity and Timeliness	
Goal 2	Maintain adequate capacity for timely delivery of routine and urgent specialty mental health services.
Objective 2.a	Track and monitor External Quality Review Organization (EQRO) timeliness measurements. The MHP will meet or exceed 28 out of the 32 identified goals. See Attachment 1 for the EQRO Timeliness Measures
	Action Steps: 1. Gather and evaluate data on when clients receive their first clinical assessment based on EHR assessment billing data (or scheduler if applicable). 2. Share data analysis results with Program. 3. If goal is not met, Program will plan and implement actions to achieve the goal.
Monitoring Method	1. Where available, data will be gathered from the EHR 2. Additional data may be gathered from the Contacts Log database 3. The list of Foster Care Youth is provided by Children's Services
Reporting Frequency	Quarterly
Responsible Partners	- QI Committee - OPE - Program Directors and Managers
Reference	- DHCS Annual Review Protocol - DHCS Contract

Service Delivery – Capacity and Timeliness	
Goal 3	Evaluate crisis prevention and discharge planning activities for clients at risk of hospitalization or that have been hospitalized in the previous 12 months.
Objective 3.a	Maintain percentage of **Adult** beneficiaries who receive a follow-up mental health practitioner appointment face to face within 7 days of discharge from a psychiatric inpatient facility at the FY 2018-2019 baseline of 53.0%

	(Data will not reflect those individuals who receive psychiatric care from providers other than Shasta County Mental Health). **Healthcare Effectiveness Data and Information Set (HEDIS) Measure Follow Up after Hospitalization (FUH)*
	Action Steps: 1. Gather and evaluate data from EHR Scheduler. 2. Share data analysis results with Program. 3. Program will engage in continuous QI process until goal is reached and ongoing to maintain the goal.
Objective 3.b	Maintain percentage of **Youth** beneficiaries who receive a follow-up mental health practitioner appointment face to face within 7 days of discharge from a psychiatric inpatient facility at the FY 2018-2019 baseline of 70.8% (Data will not reflect those individuals who receive psychiatric care from providers other than Shasta County Mental Health). ***HEDIS Measure FUH*
	Action Steps: 1. Gather and evaluate data from EHR Scheduler. 2. Share data analysis results with Programs. 3. Program will engage in continuous QI process until goal is reached and ongoing to maintain the goal.
Objective 3.c	Maintain percentage of **Foster Care Youth** beneficiaries who receive a follow-up mental health practitioner appointment face to face within 7 days of discharge from a psychiatric inpatient facility at the FY 2018-2019 baseline of 63.0% (Data will not reflect those individuals who receive psychiatric care from providers other than Shasta County Mental Health). ***HEDIS Measure FUH*
	Action Steps: 1. Gather and evaluate data from EHR Scheduler. 2. Share data analysis results with Program. 3. Program will engage in continuous QI process until goal is reached and ongoing to maintain the goal.
Objective 3.d	Maintain psychiatric inpatient re-hospitalization within 30 days at 12.8% or less for **Adult** beneficiaries.
	Action Steps: 1. Gather and evaluate data from EHR Scheduler. 2. Share data analysis results with Program. 3. Program will engage in continuous QI process until goal is reached and ongoing to maintain the goal.
Objective 3.e	Maintain psychiatric inpatient re-hospitalization within 30 days at 12.2% or less for **Youth** beneficiaries.

	Action Steps:
	1. Gather and evaluate data from EHR Scheduler. 2. Share data analysis results with Program. 3. Program will engage in continuous QI process until goal is reached and ongoing to maintain the goal.
Objective 3.f	Maintain psychiatric inpatient re-hospitalization within 30 days at 0.0% or less for **Foster Care Youth** beneficiaries.
	Action Steps:
	1. Gather and evaluate data from EHR Scheduler. 2. Share data analysis results with Program. 3. Program will engage in continuous QI process until goal is reached and ongoing to maintain the goal.
Objective 3.g	Maintain psychiatric inpatient re-hospitalization within 90 days at 22.4% or less for **Adult** beneficiaries.
	Action Steps:
	1. Gather and evaluate data from EHR Scheduler. 2. Share data analysis results with Program. 3. Program will engage in continuous QI process until goal is reached and ongoing to maintain the goal.
Objective 3.h	Maintain psychiatric inpatient re-hospitalization within 90 days at 19.8% or less for **Youth** beneficiaries.
	Action Steps:
	1. Gather and evaluate data from EHR Scheduler. 2. Share data analysis results with Program. 3. Program will engage in continuous QI process until goal is reached and ongoing to maintain the goal.
Objective 3.i	Maintain psychiatric inpatient re-hospitalization within 90 days at 0.0% or less for **Foster Care Youth** beneficiaries.
	Action Steps:
	1. Gather and evaluate data from EHR Scheduler. 2. Share data analysis results with Program. 3. Program will engage in continuous QI process until goal is reached and ongoing to maintain the goal.
Monitoring Method	1. For Adult, EHR Scheduling Data for psychiatric appointments. 2. Data from Urgent Care database for discharge date. 3. For Children's, data gathered from EHR on SAI appointment with client.
Reporting Frequency	Quarterly
Responsible Partners	• QI Committee • OPE

	• Program Directors and Managers • Organizational Providers
Reference	• DHCS Annual Review Protocol (look up references) • DHCS Contract, Exhibit A Attachment 1, 2. Availability and Accessibility of Services

Service Delivery – Capacity and Timeliness	
Goal 4	Ensure access to after-hours and the effectiveness of the 24/7 toll-free number.
Objective 4.a	90% of test calls will have all necessary elements logged on Initial Request for Specialty Mental Health Services (IRSMHS) log sheet or in IRSMHS database.
	Action Steps: 1. Training of staff who answer the 24/7line on required elements and correct logging of information. 2. 4 Total test calls will be performed monthly in English testing specific knowledge elements. 3. Gather and evaluate data. 4. If goal not reached, plan and implement actions to achieve goal.
Objective 4.b	90% of test calls requiring an interpreter will be completed successfully. Success is defined as: Correct language interpreter and interpreter engages with the caller.
	Action Steps: 1. Training of staff who answer the 24/7line on required elements and correct logging of information. 2. 1 Total test call will be performed quarterly in another language testing specific knowledge elements. 3. Gather and evaluate data. 4. If goal not reached, plan and implement actions to achieve goal.
Objective 4.c	100% of test calls to the 24/7 Access line will be answered by a live person.
	Action Steps: 1. Answer log will be kept by access line staff. 2. Rate of calls answered will be monitored and reported by staff supervisor and reported to QIC. 3. Supervisor and staff will implement strategies to meet goal. 4. After-hours contract staff will keep log of calls answered. 5. Rate of calls answered will be monitored and reported by contract monitor and reported to QIC.
Objective 4.d	100% of calls, beneficiaries will have access to care, including after hours.

	Action Steps:
	1. After-hours contract staff will keep log of calls answered.
	2. Rate of calls answered will be monitored and reported by contract monitor and reported to QIC.
	3. If goal is not met, contract monitor, and contract employees will implement strategies to meet goal.
	4. MHP will monitor urgent condition/crisis calls received after hours that are transferred to ensure that all urgent condition/crisis calls are successfully transferred to a live mental health worker.
	5. If goal is not met, the MHP will implement strategies to meet goal.
Monitoring Method	1. Initial Request for Specialty Mental Health Services database 2. Test Call Log
Reporting Frequency	Quarterly
Responsible Partners	• QIC • OPE • Managed Care, Compliance and Quality Management • Front Office • Answering Service Contractor
Reference	• DHCS Annual Review Protocol (look up references) • DHCS Contract Exhibit A Attachment 1, 1. Provision of Services, 2. Availability and Accessibility of Services

Beneficiary/Family Satisfaction	
Goal 5	Conduct activities to assess beneficiary/family satisfaction.
Objective 5.	Develop and implement a method(s) for assessing beneficiary/family satisfaction and set goals for assessment activity and satisfaction ratings. Activities may include (but are not limited to) developing an effective survey, outreach, education, and/or focus groups. The committee will obtain participation from consumers, family members, organizational providers and Shasta County direct care, supervisory and management staff.
	Action Steps: 1. Conduct pilot of mailing Shasta County Service Satisfaction Survey to beneficiaries who discharge or are otherwise closed to services. 2. Evaluate effectiveness of pilot. 3. Explore ways to offer Shasta County Service Satisfaction Survey to beneficiaries such as via survey monkey through web link and on

	internet webpage, tablets provided at access points, and via follow up phone calls. 4. Work with Privacy Officer on offering survey in Qualtrics. 5. Create survey in Qualtrics. 6. Team with Access points on offering survey. 7. Work with Privacy Officer on HIPAA compliant procedure for satisfaction survey follow up calls.
Monitoring Method	1. Data on surveys completed from database. 2. Report to QI Committee from Children's and Organizational Providers.
Reporting Frequency	Semi-Annually
Responsible Partners	• Adult and Children's Programs • OPE • Managed Care, Compliance and Quality Management • QIC
Reference	• DHCS Annual Review Protocol (look up references) • DHCS Contract, Exhibit A Attachment 1; 22. Quality Management Program, 23. QI Program • Title 9, Section 1810.440

Beneficiary/Family Satisfaction	
Goal 6	Evaluate beneficiary grievances, appeal, fair hearings and change of provider requests for quality of care issues.
Goal 6.a	Grievance, appeal, expedited appeal, and change of provider Requests issues and resolutions will be reported to the QIC quarterly and the QIC will evaluate for quality of care issues.
	Action Steps: 1. Review grievances and change of provider requests quarterly. 2. Identify possible quality of care issues. 3. Share issues with concerned staff/programs. 4. Collaborate with staff/programs to address issues. 5. Managed Care, Compliance and Quality Management will prepare and present a report quarterly to the QIC documenting issues and trends of grievances and change of provider requests. 6. QIC will review report and evaluate for quality of care issues. 7. Any issues deemed appropriate for follow up will be addressed and outcomes will be tracked.
Monitoring Method	1. Managed Care, Compliance and Quality Management grievance and change of provider logs.

	2. QIC meeting minutes. 3. Quality of Care Items for follow up on QIC Agendas. 4. Development of a recording process for issues identified, actions taken, and resolution.
Reporting Frequency	Quarterly
Responsible Partners	• Managed Care, Compliance and Quality Management • QIC • Programs and staff
References	• DHCS Annual Review Protocol (look up references) • DHCS Contract, Exhibit A Attachment 1; 22. Quality Management Program, 23. QI Program • Title 9, Section 1810.440

Beneficiary/Family Satisfaction	
Goal 7	Monitor appeals for timely resolution.
Goal 7.a	Resolve 100% of appeals within the timeframes specified by state and federal regulating agencies.
	Action Steps: 1. Managed Care, Compliance and Quality Management will prepare and present a report quarterly to the QIC on appeal issues, trends and resolutions.
Monitoring Method	Managed Care, Compliance and Quality Management appeal log
Reporting Frequency	Semi-Annually
Responsible Partners	• Managed Care, Compliance and Quality Management • QIC
Reference	• DHCS Annual Review Protocol (look up references) • DHCS Contract Exhibit A Attachment 1; 22. Quality Management Program, 23. QI Program • Title 9, Section 1810.440

Safety and Effectiveness of Medical and Clinical Practices	
Goal 8	Ensure clinical practices are safe, effective and support wellness and recovery.

Objective 8.a.	All newly hired staff (Children's, Adult, and Medication Support Staff), in job specifications that require it, will receive the clinical practice and documentation training within 90 days of hire.
	Action Steps: 1. Programs will provide the clinical practice and documentation training and track who attends. 2. Programs will provide data on training attendance to Managed Care, Compliance and Quality Management. 3. Programs will provide refresher trainings as needed.
Objective 8.b	Review medication practices for safety and effectiveness.
	Action Steps: 1. Define the medication practices that will be evaluated for safety and effectiveness. 2. Develop data measures and collection methodologies to monitor medication practices. 3. Conduct audit of medication practices. 4. Evaluate data and report results to QIC. 5. MHP will take action if any safety or effectiveness issues are identified.
Monitoring Method.	1. Sign-in sheets for trainings. 2. EHR data on staff population who need training. 3. Medication practices monitoring tools. 4. Medication practices audit results.
Reporting Frequency	Documentation Training-Annually Medication Monitoring-Semi-Annually
Responsible Partners	• Outpatient Medication Support Services • Adult and Children's Service Branches • QI Committee • Managed Care, Compliance and Quality Management
Reference	• DHCS Annual Review Protocol (look up references) • DHCS Contract, Exhibit A Attachment 1; 22. Quality Management Program, 23. QI Program, 25. Practice Guidelines • Title 9, Section 1810.440

QI Committee Infrastructure and Activities	
Goal 9:	Strengthen the infrastructure and improve the practices and effectiveness of the QI Program.
Objective 9.a	The QIC will increase stakeholder involvement in the QI Committee activities, decisions and oversight.

	Action Steps: 1. QIC will create a plan for engaging in various activities to seek out and involve beneficiary and family members. This may include, but is not limited to, surveys, subgroups, reach out to organizations, hire consumer/family members. 2. Create action items with responsible parties and due dates. 3. Report back to QIC. 4. QIC will evaluate effectiveness.
Objective 9.b	The QIC will assure participation of direct care staff in QI activities, by having Program and Organizational Provider leads and Cultural Competency Coordinator report to the QI Committee what QI activities their staff/agencies are currently engaged in, and what programs and efforts are having a positive impact.
	Action Steps: 1. Program reports to QIC. 2. QIC will review for effectiveness.
Monitoring Method	1. QIC will evaluate on an ongoing basis the tools and methods for improving the effectiveness of the QI Program. 2. Sign-in sheets for meetings. 3. Program/Organizational Providers reports of QI activities.
Reporting Frequency	Identifying, tracking QI issues and assure participation of staff in QI activities- Quarterly Increase beneficiary and family member involvement- Semi-Annually Report of Cultural Competency Coordinator-Annually
Responsible Partners	• Children's Services • Adult Services • Medication Support Services • Organizational Providers • QI Committee • QI Program
Reference	• DHCS Annual Review Protocol (look up references) • DHCS Contract, Exhibit A Attachment 1; 22. Quality Management Program, 23. QI Program • Title 9, Section 1810.440

EQRO Data Points **Attachment 1**

* creating a baseline
*(1): (EQRO TIMELINESS MEASURE 1.3) Establish a baseline for percent of **all** clients with a first offered appointment (including assessment) within 10 business days from the initial request for services for FY 2019 -2020. FY 2019 - 2020 Quarter 1 96.0% 10 business days or less (289 of 301).
*(2): (EQRO TIMELINESS MEASURE 1.3) Establish a baseline for percent of **adult** clients with a first offered appointment (including assessment) within 10 business days from the initial request for services for FY 2019 - 2020. FY 2019-2020 Quarter 1 100% 10 business days or less (159 of 159).
*(3): (EQRO TIMELINESS MEASURE 1.3) Establish a baseline for percent of **youth** clients with a first offered appointment (including assessment) within 10 business days from the initial request for services for FY 2019 - 2020. FY 2019-2020 Quarter 1 91.5% 10 business days or less (130 of 142).
*(4): (EQRO TIMELINESS MEASURE 1.3) Establish a baseline for percent of **Foster Care youth** clients with a first offered appointment (including assessment) within 10 business days from the initial request for services for FY 2019 - 2020**.** FY 2019 - 2020 Quarter 1 100% 10 business days or less (15 of 15).
*(5): (EQRO TIMELINESS MEASURE 1.4) Establish a baseline for percent of **all** clients with a first accepted appointment within 10 business days from the initial request for services for FY 2019 -2020. FY 2019 - 2020 Quarter 1 94.2% 10 business days or less (260 of 276).
*(6): (EQRO TIMELINESS MEASURE 1.4) Establish a baseline for percent of **adult** clients with a first accepted appointment within 10 business days from the initial request for services for FY 2019 - 2020. FY 2019 - 2020 Quarter 1 99.3% 10 business days or less (150 of 151).
*(7): (EQRO TIMELINESS MEASURE 1.4) Establish a baseline for percent of **youth** clients with a first accepted appointment within 10 business days from the initial request for services for FY 2019 -2020. FY 2019 - 2020 Quarter 1 88.0% 10 business days or less (110 of 125).
*(8): (EQRO TIMELINESS MEASURE 1.4) Establish a baseline for percent of **Foster Care youth** clients with a first accepted appointment within 10 business days from the initial request for services for FY 2019 - 2020. FY 2019 -2020 Quarter 1 100% 10 business days or less (12 of 12).
(9): (EQRO TIMELINESS MEASURE 1.5) Increase the percent of **all** clients with a kept assessment appointment within 10 business days from the initial request for services from 86.7% to 88.0%. FY 2019 - 2020 Quarter 1 95.9% 10 business days or less (282 of 294).
(10): (EQRO TIMELINESS MEASURE 1.5) Maintain the percent of **adult** clients with a kept assessment appointment within 10 business days from the initial request for services at 91.3% or higher. FY 2019 - 2020 Quarter 1 98.7% 10 business days or less (153 of 155).

(11): (EQRO TIMELINESS MEASURE 1.5) Increase the percent of **youth** clients with a kept assessment appointment within 10 business days from the initial request for services from 80.9% to 82.8%. FY 2019 - 2020 Quarter 1 92.8% 10 business days or less (129 of 139).
(12): (EQRO TIMELINESS MEASURE 1.5) Increase the percent of **Foster Care youth** clients with a kept assessment appointment within 10 business days from the initial request for services from 61.9% to 65.7%. FY 2019 - 2020 Quarter 1 100% 10 business days or less (13 of 13).
(13): (EQRO TIMELINESS MEASURE 1.6) Increase the percent of **all** clients who kept first clinical appointment (not including an assessment) within 10 business days from the initial request for services from 38.0% to 44.2%. FY 2019 - 2020 Quarter 1 65.5% 10 business days or less (74 of 113).
(14): (EQRO TIMELINESS MEASURE 1.6) Increase the percent of **adult** clients who kept first clinical appointment (not including an assessment) within 10 business days from the initial request for services from 57.1% to 61.4%. FY 2019 -2020 Quarter 1 74.1% 10 business days or less (40 of 54).
(15): (EQRO TIMELINESS MEASURE 1.6) Increase the percent of **youth** clients who kept first clinical appointment (not including an assessment) within 10 business days from the initial request for services from 21.8% to 29.6%. FY 2019 -2020 Quarter 1 57.6% 10 business days or less (34 of 59).
(16): (EQRO TIMELINESS MEASURE 1.6) Increase the percent of **Foster Care youth** clients who kept first clinical appointment (not including an assessment) within 10 business days from the initial request for services from 0% to 10%. FY 2019 -2020 Quarter 1 75.0% 10 business days or less (6 of 8).
(17): (EQRO TIMELINESS MEASURE 1.7) Increase the percent of **all** clients with a second clinical service appointment within 10 business days of the first clinical service appointment from 70.6% to 73.5%. FY 2019 - 2020 Quarter 1 73.2% 10 business days or less (60 of 82).
(18): (EQRO TIMELINESS MEASURE 1.7) Increase the percent of **adult** clients with a second clinical service appointment within 10 business days of the first clinical service appointment from 59.7% to 63.8%. FY 2019 - 2020 Quarter 1 71.8% 10 business days or less (28 of 39).
(19): (EQRO TIMELINESS MEASURE 1.7) Increase the percent of **youth** clients with a second clinical service appointment within 10 business days of the first clinical service appointment from 77.4% to 79.7%. FY2019 - 2020 Quarter 1 74.4% 10 business days or less (32 of 43).
(20): (EQRO TIMELINESS MEASURE 1.7) Increase the percent of **Foster Care youth** clients with a second clinical service appointment within 10 business days of the first clinical service appointment from 80.0% to 82.0%. FY 2019 - 2020 Quarter 1 85.7% 10 business days or less (6 of 7).
(21): (EQRO TIMELINESS MEASURE 1.8) Increase the percent of **all** clients with a first offered psychiatric appointment within 15 days of first request for services from 67.6% to 70.9%. FY 2019 - 2020 Quarter 1 74.6% 15 business days or less (50 of 67).

(22): (EQRO TIMELINESS MEASURE 1.8) Increase the percent of **adult** clients with a first offered psychiatric appointment within 15 days of first request for services from 69.6% to 72.6%. FY 2019 - 2020 Quarter 1 81.5% 15 business days or less (44 of 54).
(23): (EQRO TIMELINESS MEASURE 1.8) Increase the percent of **youth** clients with a first offered psychiatric appointment within 15 days of first request for services from 57.8% to 62.0%. FY 2019 - 2020 Quarter 1 46.2% 15 business days or less (6 of 13).
(24): (EQRO TIMELINESS MEASURE 1.8) Increase the percent of **Foster Care youth** clients with a first offered psychiatric appointment within 15 days of first request for services from 0% to 10%. FY 2019 - 2020 Quarter 1 100% 15 business days or less (2 of 2).
(25): (EQRO TIMELINESS MEASURE 1.9) Maintain the percent of **all** clients with a first offered psychiatric appointment within 15 days of first determination of need at 93.5% or higher. FY 2019 - 2020 Quarter 1 92.9% 15 business days or less (52 of 56).
(26): (EQRO TIMELINESS MEASURE 1.9) Maintain the percent of **Adult** clients with a first offered psychiatric appointment within 15 days of first determination of need at 96.4% or higher. FY 2019 - 2020 Quarter 1 100% 15 business days or less (44 of 44).
(27): (EQRO TIMELINESS MEASURE 1.9) Increase the percent of **youth** clients with a first offered psychiatric appointment within 15 days of first determination of need from 76.3% to 78.7%. FY 2019 - 2020 Quarter 1 66.7% 15 business days or less (8 of 12).
(28): (EQRO TIMELINESS MEASURE 1.9) Increase the percent of **Foster Care youth** clients with a first offered psychiatric appointment within 15 days of first determination of need from 0% to 10%. FY 2019 -2020 Quarter 1 100% 15 business days or less (2 of 2).
(29): (EQRO TIMELINESS MEASURE 1.10) Maintain the percent of **all** clients with a kept psychiatric appointment within 15 days of first determination of need at 91.3% or higher. FY 2019 - 2020 Quarter 1 90.6% 15 business days or less (48 of 53).
(30): (EQRO TIMELINESS MEASURE 1.10) Maintain the percent of **adult** clients with a kept psychiatric appointment within 15 days of first determination of need at 93.4% or higher. FY 2019 -2020 Quarter 1 100% 15 business days or less (41 of 41).
(31): (EQRO TIMELINESS MEASURE 1.10) Increase the percent of **youth** clients with a kept psychiatric appointment within 15 days of first determination of need from 77.4% to 79.7%. FY 2019 - 2020 Quarter 1 58.3% 15 business days or less (7 of 12).
(32): (EQRO TIMELINESS MEASURE 1.10) Increase the percent of **Foster Care youth** clients with a kept psychiatric appointment within 15 days of first determination of need from 0% to 10%. FY 2019 - 2020 Quarter 1 100% 15 business days or less (2 of 2).
(33): All clients presenting with an urgent condition, as defined in Title 9, Subsection 1810.253, will be seen within two days (Standard is 48 hours for non-authorization; 96 hours for authorization). Current FY 2018 - 2019 baseline for urgent care data base is 99.5% (1,320 of 1,327) of Emergency Department (ED) visits that are not referred to an inpatient psychiatric facility are evaluated within 48 hours, and 100% (5,500 of 5,500) of crisis assignments in Cerner received at least one service within 2 days FY 2019 - 2020 Quarter 1 Urgent Care 99.1% two business days or less (323 of 326)/crisis assignments 100% (1,442 of 1,442).

(34): All **adult** clients presenting with an urgent condition, as defined in Title 9, Subsection 1810.253, will be seen within two days. (Standard is 48 hours for non-authorization; 96 hours for authorization) Current FY 2018 - 2019 baseline for urgent care data base is 99.4% (1,092 of 1,099) of ED visits that are not referred to an inpatient psychiatric facility are evaluated within 48 hours, and 100% (4,554 of 4,554) of crisis assignments in Cerner received at least one service within 2 days FY 2019 - 2020 Quarter 1 Urgent Care 98.9% two business days or less (266 of 269)/crisis assignments 100% (1,245 of 1,245).

(35): All **youth** clients presenting with an urgent condition, as defined in Title 9, Subsection 1810.253, will be seen within two2 days (Standard is 48 hours for non-authorization; 96 hours for authorization). Current FY 2018 - 2019 baseline for urgent care data base is 100% (228 of 228) of ED visits that are not referred to an inpatient psychiatric facility are evaluated within 48 hours, and 100% (946 of 946) of crisis assignments in Cerner received at least one service within 2 days FY 2019 - 2020 Quarter 1 Urgent Care 100% two business days or less (57 of 57)/crisis assignments 100% (197 of 197).

(36): All **Foster Care youth** clients presenting with an urgent condition, as defined in Title 9, Subsection 1810.253, will be seen within two days (Standard is 48 hours for non-authorization; 96 hours for authorization). Current FY 2018 - 2019 baseline for urgent care data base is 100% (11 of 11) of ED visits that are not referred to an inpatient psychiatric facility are evaluated within 48 hours, and 100% (54 of 54) of crisis assignments in Cerner received at least one service within 2 days FY 2019 - 2020 Quarter 1 Urgent Care N/A% two business days or less (0 of 0)/crisis assignments 100% (3 of 3).