



SAN JOAQUIN
— COUNTY —
Greatness grows here.

San Joaquin County Behavioral Health Services

Quality Improvement Work Plan

July 1, 2022 – June 30, 2027

Executive Summary

Purpose and Intent

San Joaquin County Behavioral Health Services (SJCBS) is committed to service excellence and continuous quality improvement. Toward this end, SJCBS has developed and implemented a range of quality assessment & performance improvement activities to measure and improve the timeliness, access, quality and outcomes of its services.

Quality Improvement Principles

Quality Improvement is defined as a systematic approach to assessing services and improving them. SJCBS' approach to quality improvement is based on the following principles:

Recovery-oriented: Services provided should promote and preserve wellness and expand choices to meet individually defined goals.

Employee Empowerment: Effective quality improvement initiatives should involve people at all levels of the organization in improving quality.

Leadership Involvement: Strong leadership, direction and support of quality improvement activities are essential to performance improvement. Involving organizational leadership assures that quality improvement initiatives are consistent with SJCBS' mission, vision, and values and compliment the organization's Strategic Plan.

Data Driven Decision-Making: Successful quality improvement processes should incorporate feedback loops, using data to develop practices and measure results.

Prevention over Correction: Continuous quality improvement includes designing processes that achieve positive outcomes rather than fixing processes that do not produce desired results.

Continuous Quality Improvement Activities

SJCBS has adopted the following continuous quality improvement activities:

Collecting and analyzing data to measure against the goals, or prioritized areas of improvement that have been identified;

Identifying opportunities for improvement and deciding which activities to pursue;

Identifying relevant committees internal or external to **ensure appropriate exchange of information** with the Quality Assessment & Performance Improvement Council (QAPIC);

Obtaining input from providers, beneficiaries, and family members in identifying barriers to delivery of clinical care and administrative services;

Designing and implementing interventions for improving performance;

Measuring the effectiveness of the interventions;

Incorporating successful interventions into SJCBS' operations as appropriate; and

Reviewing grievances, standard appeals, expedited appeals, fair hearings, expedited fair hearings and provider appeals for **customer satisfaction**.

Annual Evaluation

An evaluation of the effectiveness of quality assessment & performance improvement activities is completed annually and reviewed with the QAPIC. The evaluation summarizes progress associated with each of the QAPI Work Plan goals and objectives, and includes actions taken in response to outcomes. Based upon the evaluation, revisions may be made to subsequent QAPI Work Plans.

Quality Assessment & Performance Improvement Work Plan

This is a living document and may be changed as needed.

SJCBHS' overarching strategies guiding these initiatives involve:

1. **Collaborating** between divisions and disciplines to ensure quality services;
2. Coordinating with SJCBHS divisions and the Information Systems unit, to **develop reliable reports** that provide monthly data for each initiative's measurable objectives;
3. Reviewing data reports monthly with QAPI Council to **identify the greatest discrepancies** between current findings and goals;
4. Developing **real-time strategies** to address areas of concern;
5. **Implementing formal PIPs** for areas of greatest need;
6. **Revising goals** annually or as needed to meet regulatory expectations and stakeholder expectations; and
7. **Fostering staff participation** in and commitment to quality assessment and performance improvement initiatives

1. Access to Care							
1.A. Service Access and Availability - The MHP has a comprehensive system for providing access information and monitoring access.		Goals	Target	FY 21/22	Data Source	Frequency of Review	Action Plan
1.A.1	The MHP provides information on how beneficiaries can access services including transportation availability. (This may be accomplished through a centralized location or multiple sites, telephone, fax, mail, email, or website.)	Improve information on access to services.	100% of FY22/23 test calls to 24/7 call line <u>during business hours</u> will receive timely and accurate information	100%	QAPI Test Call Spreadsheet	Quarterly	QAPI staff will review test calls for timely and accurate information. QAPI staff will review test call deficiencies and trends at QAPI Council, including assessing the cause of the deficiency and trends. Program managers and supervisors will provide education to staff when deficiencies are identified.
			100% of FY22/23 test calls to 24/7 call line <u>after hours</u> will receive timely and accurate information	94.44%		Quarterly	
1.A.2	MHP offers information about how to access services in threshold languages.	Improve information access to services in threshold language.	100% of FY22/23 relevant test calls to 24/7 call line <u>during business hours</u> will document use of interpreter or language line	100%	QAPI Test Call Spreadsheet	Quarterly	QAPI staff will review test calls for the documentation of the use of an interpreter or language line. QAPI staff will review test call deficiencies and trends at QAPI Council, including assessing the cause of the deficiency and trends. Program managers and supervisors will provide education to staff when deficiencies are identified.
			100% of FY22/23 relevant test calls to 24/7 call line <u>after hours</u> will document use of interpreter or language line	100%		Quarterly	

1. Access to Care							
1.B. Capacity Management - The MHP manages and adapts its capacity to meet beneficiary service needs.		Goals	Target	FY 21/22	Data Source	Frequency of Review	Action Plan
1.B.1.	The MHP monitors the penetration rates (or other utilization reports) by beneficiary type and demographics (such as foster care, older adults, etc.)	Increase access of children to clinical assessments.	By 6/30/2023, at least 85% of initial clinical assessments of children will be claimed.	90%	Sharecare	Quarterly	BHS will identify potential strategies for ways to increase appointment attendance. Case managers and clinicians will evaluate potential strategies and assist with coordinating services to meet client need.
		Increase access of foster youth to clinical assessments	By 6/30/2023, at least 85% of initial clinical assessments of foster youth will be claimed.	91%		Quarterly	
		Increase access of adults to clinical assessments.	By 6/30/2023, at least 77% of initial clinical assessments of adults will be claimed.	67%		Quarterly	
		Increase access of JDD adults to clinical assessments.	By 6/30/2023, at least 77% of initial clinical assessments of JDD adults will be claimed.	66%		Quarterly	
		Increase access of older adults to clinical assessments.	By 6/30/2023, at least 77% of initial clinical assessments of older adults will be claimed.	67%		Quarterly	

1. Access to Care							
1.B. Capacity Management - The MHP manages and adapts its capacity to meet beneficiary service needs.		Goals	Target	FY21/22	Data Source	Frequency of Review	Action Plan
1.B.2	The MHP <u>monitors</u> system demand, caseloads by provider type and service locations, and productivity.	Improve network capacity	By 6/30/2023, increase ratio of adult psychiatrists to <u>adult</u> beneficiaries to 1:524.		NACT and Sharecare	Quarterly	Medical Director, HR, and Administration to continue active recruitment of qualified psychiatrists. Departments will evaluate levels of care for meds-only clients to assess medical necessity of SMHS. Caseload and capacity tool will be piloted in CYS for assessing allocation of psychiatrists.
			By 6/30/2023, increase ratio of child psychiatrists to <u>child</u> beneficiaries to 1:323.			Quarterly	
			By 6/30/2023, increase ratio of adult non-psychiatric positions to <u>adult</u> beneficiaries to 1:85.			Quarterly	
			By 6/30/2023. Increase ratio of child non-psychiatric positions to <u>child</u> beneficiaries to 1:43.			Quarterly	

2. Timeliness of Care							
2.A. First Offered Appointment - The MHP follows the state standard for first offered appointment timeliness, utilizes a methodology to collect data related to initial contact to first offered appointment, and, tracks and trends the data at least quarterly.		Goals	Target	FY 21/22	Data Source	Frequency of Review	Action Plan
2.A.1	The MHP tracks, reports on, and reviews the first offered appointment data for children, adult, older adult, and foster care beneficiaries separately in addition to the aggregate data.	Decrease wait time of children for initial assessment.	By 6/30/2023, 85% of all children will be offered an initial clinical assessment within 10 business days of first request/first contact	98%	Timeliness Application	Monthly	Program Managers will review outpatient performance dashboards monthly to determine timely access to initial appointments. Barriers and proposed interventions will be presented to Sr. Managers for guidance as needed and will discuss at QAPI Council. Report Timeliness during the Huddle meeting.
		Decrease wait time of foster youth for initial assessment.	By 6/30/2023, 85% of all foster youth will be offered an initial clinical assessment within 10 business days of first request/first contact	95%		Monthly	
		Decrease wait time of adults for initial assessment.	By 6/30/2023, 80% of all adults will be offered an initial clinical assessment within 10 business days of first request/first contact	64%		Monthly	
		Decrease wait time of JDD adults for initial assessment.	By 6/30/2023, 80% of all JDD adults will be offered an initial clinical assessment within 10 business days of first request/first contact	66%		Monthly	

2.A.1.		Decrease wait time of older adults for initial assessment.	By 6/30/2023, 80% of all older adults will be offered an initial clinical assessment within 10 business days of first request/first contact	68%		Monthly	
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2. Timeliness of Care							
2. B. First Offered Psychiatry Appointment - The MHP follows the state standard for first offered psychiatry appointment timeliness, utilizes a methodology to collect data related to date of medical necessity determination/request to first offered appointment, tracks and trends the data at least quarterly.							
	Goals	Target	FY 21/22	Data Source	Frequency of Review	Action Plan	
2.B.1	The MHP tracks and reports on the first offered psychiatry appointment data for children, adult, older adult, and foster care beneficiaries separately in addition to the aggregate data.	Decrease wait time of children for initial psychiatric appointment.	By 6/30/2023, 80% of children will be offered an initial psychiatric appointment within 15 days of determination of necessity.	99%	Timeliness Application	Monthly	Program Managers will review outpatient performance dashboards monthly to determine timely access to initial appointments. Barriers and proposed interventions will be presented to Sr. Managers for guidance as needed and will discuss at QAPI Council.
		Decrease wait time of foster children for initial psychiatric appointment.	By 6/30/2023, 80% of foster children will be offered an initial psychiatric appointment within 15 days of determination of necessity.	99%		Monthly	Program Managers will review outpatient performance dashboards monthly to determine timely access to initial appointments. Barriers and proposed interventions will be presented to Sr. Managers for guidance as needed and will discuss at QAPI Council.

2.Timeliness of Care

2.B1	Decrease wait time of adults for initial psychiatric appointment.	By 6/30/2023, 80% of adults will be offered an initial psychiatric appointment within 15 days of determination of necessity.	86%		Monthly	Program Managers will review outpatient performance dashboards monthly to determine timely access to initial appointments. Barriers and proposed interventions will be presented to Sr. Managers for guidance as needed and will discuss at QAPI Council.
	Decrease wait time of JDD adults for initial psychiatric appointment.	By 6/30/2023, 80% of JDD adults will be offered an initial psychiatric appointment within 15 days of determination of necessity.	78%		Monthly	
	Decrease wait time of older adults for initial Psychiatric appointment.	By 6/30/2023, 80% of older adults will be offered an initial psychiatric appointment within 15 days of determination of necessity.	86%		Monthly	

2.Timeliness of Care							
2.C. Timely Appointments for Urgent Conditions - The MHP has a methodology to collect data related to timeliness for urgent conditions, uses CCR standards for urgent appointments, tracks and trends the data at least quarterly.		Goals	Target	FY 21/22	Data Source	Frequency of Review	Action Plan
2.C.1	The MHP tracks and reports on both types of urgent appointment data for children, adult, older adult, and foster care beneficiaries separately in addition to the aggregate data.	Improve response time for urgent conditions of children.	During FY22/23 at least 85% of <u>children</u> in crisis will receive a crisis intervention within 120 minutes of request	95%	Crisis Registration Log	Monthly	QAPI Council, CYS and 24 Hour Services leadership will monitor timeliness on each month's crisis responses and implement procedural changes deemed appropriate to improved response time. Additional collaborative meetings will be scheduled as needed.
		Improve response time for urgent conditions of foster youth	During FY22/23 at least 85% of <u>foster children</u> in crisis will receive a crisis intervention within 120 minutes of request	93%		Monthly	QAPI Council, CYS and 24 Hour Services leadership will monitor timeliness on each month's crisis responses and implement procedural changes deemed appropriate to improved response time. Additional collaborative meetings will be scheduled as needed.

2. Timeliness of Care							
2.C.1.		Improve response time for urgent conditions of adults.	During FY22/23 at least 85% of adults in crisis will receive a crisis intervention within 120 minutes of request	98%	Crisis Registration Log	Monthly	QAPI Council and 24 Hour Services leadership will monitor timeliness on each month's crisis responses and implement procedural changes deemed appropriate to improved response time. Additional collaborative meetings will be scheduled as needed.
		Improve response time for urgent conditions of older adults.	During FY22/23 at least 85% of older adults in crisis will receive a crisis intervention within 120 minutes of request.	96%		Monthly	QAPI Council and 24 Hour Services leadership will monitor timeliness on each month's crisis responses and implement procedural changes deemed appropriate to improved response time. Additional collaborative meetings will be scheduled as needed.

2.Timeliness of Care							
2.D. Timely Access to Follow-Up Appointments after Hospitalization - The MHP has a methodology to collect data related to timeliness for follow-up appointments within seven days after a discharge from a psychiatric facility. The MHP tracks the data at least quarterly.							
	Goals	Target	FY 21/22	Data Source	Frequency of Review	Action Plan	
2.D.1	The MHP sets a minimum performance standard for beneficiaries to receive a follow-up service within seven days after discharge from psychiatric hospitalization.	Improve attendance of children to posthospitalization services.	By 6/30/2023, 90% of children will receive a follow-up service within 7 calendar days of hospital discharge.	87%	Sharecare	Monthly	Crisis and CYS clinicians will provide telephone reminders for those with posthospitalization appointments and complete MCST referral when an appointment is missed. Reminder calls will be placed in the family's preferred language.
		Improve attendance of foster youth to posthospitalization services.	By 6/30/2023, 90 % of foster youth will receive a follow-up service within 7 calendar days of hospital discharge.	85%		Monthly	
		Improve attendance of adults to posthospitalization services.	By 6/30/2023, 90% of adults will receive a follow-up service within 7 calendar days of hospital discharge.	85%		Monthly	Crisis and outpatient clinicians will provide telephone reminders for those with post-hospitalization appointments and complete MCST referral when an appointment is missed.
		Improve attendance of JDD adults to posthospitalization services.	By 6/30/2023, 90% of JDD adults will receive a follow-up service within 7 calendar days of hospital discharge.	50%		Monthly	

2. Timeliness of Care							
2.D.1.		Improve attendance of older adults to posthospitalization services.	By 6/30/2023, 90% of older adults will receive a follow-up service within 7 calendar days of hospital discharge.	92%		Monthly	

2. Timeliness of Care							
2.E. Tracks and Trends Data on Rehospitalizations - The MHP routinely tracks and trends the data related to rehospitalization, tracks the data at least quarterly.		Goals	Target	FY 21/22	Data Source	Frequency of Review	Action Plan
2.E.1	The MHP evaluates the rehospitalization rate through data analyses (at least quarterly).	Prevent readmissions of children to psychiatric hospitals	By 6/30/2023, no more than 9% of children will be readmitted to an inpatient psychiatric unit within 30 days of discharge.	1%	ShareCare	Monthly	24 Hour Services and CYS leadership will monitor readmissions to psychiatric hospitals and provide guidance to assigned clinicians. CYS clinicians will coordinate with 24 Hour Services staff, when applicable. Any SJC Medi-Cal beneficiary detained in SJC and admitted to a psychiatric inpatient unit will be seen by CYS for follow-up.
		Prevent readmissions of foster youth to psychiatric hospitals	By 6/30/2023, no more than 9% of foster youth will be readmitted to an inpatient psychiatric unit within 30 days of discharge.	6.25%		Monthly	
		Decrease readmissions of adults to psychiatric hospitals	By 6/30/2023, no more than 14% of adults will be readmitted to an inpatient psychiatric unit within 30 days of discharge.	9%		Monthly	24 Hour Services and Outpatient leadership will monitor readmissions to psychiatric hospitals and provide guidance to assigned clinicians. CIS clinicians will coordinate with outpatient staff, when applicable. Any SJC Medi-Cal beneficiary detained in SJC and admitted to a psychiatric inpatient unit will be seen by CIS for follow-up and referred to outpatient BHS services.
		Decrease readmissions of adults to psychiatric hospitals	By 6/30/2023, no more than 14% of JDD adults will be readmitted to an inpatient psychiatric unit within 30 days of discharge.	11%		Monthly	

2.Timeliness of Care							
2.F. Tracks and Trends No-Shows - The MHP tracks and trends no-shows and cancellations, including beneficiary no-show, beneficiary cancelled, and/or staff cancelled on an at least quarterly basis.		Goals	Target	FY21/22	Data Source	Frequency of Review	Action Plan
2.F.1	The MHP separately tracks <u>psychiatrist and other clinician</u> no show/cancellations.	Decrease no-show rates of children to psychiatry appointments.	By 6/30/2023, no more than 12% of psychiatry appointments for children will result in a no-show.	7%	ShareCare	Monthly	Front desk staff will verify client information on check in and update for current contact information. Medication-only clients with high no show rates will be re-assessed for appropriate level of care.
		Decrease no-show rates of foster youth to psychiatry appointments.	By 6/30/2023, no more than 12% of psychiatry appointments for foster youth will result in a no-show.	9%		Monthly	
		Decrease no-show rates of adults to psychiatry appointments.	By 6/30/2023, no more than 12% of psychiatry appointments for adults will result in a no-show.	15%		Monthly	
		Decrease no-show rates of JDD adults to psychiatry appointments.	By 6/30/2023, no more than 12% of psychiatry appointments for JDD adults will result in a no-show.	17%		Monthly	

2.F.1	Decrease no-show rates of older adults to psychiatry appointments.	By 6/30/2023, no more than 12% of psychiatry appointments for older adults will result in a no-show.	9%		Monthly	
	Decrease no-show rates of children to nonpsychiatry appointments.	By 6/30/2023, no more than 12% of nonpsychiatry appointments for children will result in a no-show.	12%		Monthly	Front desk staff will verify client information on check in and update for current contact information. Case managers and clinicians will evaluate method of transportation to appointments and assist with coordinating services to meet client need.
	Decrease no-show rates of foster youth to nonpsychiatry appointments.	By 6/30/2023, no more than 12% of nonpsychiatry appointments for foster youth will result in a no-show.	14%		Monthly	
	Decrease no-show rates of adults to nonpsychiatry appointments.	By 6/30/2023, no more than 12% of nonpsychiatry appointments for adults will result in a no-show.	13%		Monthly	
	Decrease no-show rates of JDD to nonpsychiatry appointments.	By 6/30/2023, no more than 12% of nonpsychiatry appointments for JDD will result in a no-show.	14%		Monthly	
	Decrease no-show rates of older adults to nonpsychiatry appointments.	By 6/30/2023, no more than 12% of nonpsychiatry appointments for older adults will result in a no-show.	8%		Monthly	

3. Quality of Care							
3.A. Beneficiary Needs are Matched to the Continuum of Care - The MHP operates a full range of service-level programs, both in-county and out of county, both directly operated and contracted, to provide a comprehensive range of options for treatment from most- to least restrictive.		Goals	Target	FY 21/22	Data Source	Frequency of Review	Action Plan
3.A.1	MHP complies with new CalAIM documentation standards.	Compliance with CalAIM documentation standards.	At least 90% of <u>all</u> records reviewed in subcommittees during FY22/23 will demonstrate implementation of CalAIM documentation standards.	98%	QAPI Subcommittee Reviews	Quarterly	Program managers and supervisors will oversee the chart review process that is conducted by the QAPI Subcommittees to ensure implementation of CalAIM documentation standards. Staff trainings on CalAIM documentation standards. Develop revised QAPI Subcommittee review tools incorporating CalAIM documentation standards. Train staff of revised review tools.
			At least 90% of <u>adult</u> records reviewed in subcommittees during FY22/23 will demonstrate implementation of CalAIM documentation standards.	95%		Quarterly	
			At least 90% of <u>child</u> records reviewed in subcommittees during FY22/23 will demonstrate implementation of CalAIM documentation standards.	100%		Quarterly	

3. Quality of Care							
3.A.2	The information system provide reports that identify the service and program levels, their criteria, and related caseloads.	Provide services at beneficiaries' appropriate frequency.	During FY22/23MHP will increase annual services per <u>beneficiary</u> by at least 20%	10%	Manager's Reports	Quarterly	CYS will retrain staff on registering foster clients in ShareCare. Business Office will monitor the "no medical" foster care list to check for improvement after training. Outreach to community by SJCBS programs.
			During FY22/23 MHP will increase annual services per <u>Latino/Hispanic beneficiary</u> by at least 20%	9%		Quarterly	
			During FY22/23 MHP will increase annual services per <u>foster care beneficiary</u> by at least 20%	12%		Quarterly	

3.Quality of Care							
3.B. QM Reports Act as a Change Agent in the System _The MHP utilizes QM reports for decision making, strategic initiatives, and performance improvement.		Goals	Target	FY 21/22	Data Source	Frequency of Review	Action Plan
3.B.1.	The MHP establishes baselines, improvement goals, and timelines, tracking measurable progress to goals.	Improve systemic benefit from grievances and appeals.	By 6/30/2023, QAPI Council will review 100% of quality of care grievances (unless contraindicated) and appeals and provide recommendations to prevent comparable future occurrences.	100%	QAPI Council Minutes	Monthly	QAPI members will provide summaries of each quality of care grievance to QAPI Council members for review and recommendations to prevent future occurrences.

3. Quality of Care							
3.C. QAPI PIP's act as a Change Agent in the System - The MHP utilizes PIPs for gathering data to assist in decision making, strategic initiatives, and increase performance improvement.		Goals	Target	FY 21/22	Data Source	Frequency of Review	Action Plan
3.C.1.	The MHP utilizes data to identify issues/problems and interventions/solutions which lead to program/process changes.	Obtain baseline performance for Follow-up After Emergency Department Visit for Mental Illness (FUM).	By 9/30/2022, SJCBS will receive FUM analyzed data from CalMHSA to implement PIP.	N/A	DHCS supplied Data	Monthly	SJCBS will work with CalMHSA Program Manager on developing goals and strategies. QAPI will update work plan item after 9/30/2022.
		Improve post ED follow up mental health services within 7 days & 30 days.	By 6/30/2023, Medi-Cal beneficiaries with Emergency Department (ED) visits for mental health conditions, implemented interventions will increase the percent of follow up mental health services with SJCBS within 7 days & 30 days by 5%.	N/A	FUM PIP	Monthly	Hire Access staff to contact ED referrals and provide clinical intervention. Develop post-ED clinical intervention provided at Access for ED referrals. Train Access staff on clinical intervention. Standardize referral procedures & train & educate ED staff. On board hospitals to HIE & begin process of transferring automatic alerts to Access. Promotional & educational materials posted in waiting room & attached to discharge paperwork.

4. Beneficiary Progress/Outcomes							
4.a. Beneficiary Progress- The MHP measures clinical and functional outcomes and uses the results for quality improvement.		Goals	Target	FY 21/22	Data Source	Frequency of Review	Action Plan
4.A.1	The MHP compiles and presents reports of beneficiary outcomes reviewing accurate data to address quality of care improvements.	Ensure data collected is accurate and entered in timely in order to improve the quality of beneficiary care.	By 6/30/2023, produce <u>program-level outcome reports</u> using CANSA data.	N/A	CANSA	Quarterly	Program staff will run reports from Objective Arts and analyze the outcome data. Program staff will validate the data and share the analysis during QAPI Council.
4.A.2	MHP can provide evidence that Consumer Perception Survey results are shared and changes in QI activities occur as a result of survey results.	Improve quality of beneficiary care from outcome data.	By 6/30/23, the results and outcomes of the Consumer Perception Survey will be shared with consumers, Behavioral Health Board, and stakeholders.	N/A	UCLA Consumer Perception Survey	Annually	Survey beneficiaries at least annually. The results of the survey and any QI activities generated from the outcomes of the survey will be shared with members of the QAPI Council, Consumer Advisory Council, Behavioral Health Board and stakeholders.

5.Cultural Competency							
5.A. Cultural Competency- The MHP incorporates cultural competency principles in the systems of care		Goals	Target	FY 21/22	Data Source	Frequency of Review	Action Plan
5.A.1	The MHP identifies strategies and resources to meet the cultural, ethnic, racial, and linguistic clinical needs of its eligible.	Create workforce that is representative of the population.	By 6/30/2023, BHS will increase the Hispanic/Latino proportion of staff to 35%.	34%	Human Resources	Quarterly	Enact recruitments for language-specific positions. Assess opportunities for recruitment in cultural arenas of the community and implement two strategies. strategies – partner with recruitment & retention committee (once committee is re-established)
5.A.2	The MHP implements strategies and uses resources to meet the cultural, ethnic, racial, and linguistic clinical needs of its eligible.	Improve cultural competency of staff.	By 3/31/2023, BHS will develop an action plan to address the findings of the CBMCS Survey.	N/A	I.S. Survey	Quarterly	Analyze the findings from the CBMCS Survey and develop an action plan to address the findings from the CBMCS Survey-partner with training committee on additional cultural competency, cultural sensitivity, health equity training for BHS (once committee is re-established)
5.A.3	The MHP identifies factors contributing to low Hispanic/Latino penetration rates.	Improve Hispanic/Latino penetration rates.	By 6/30/2023, BHS will identify factors contributing to low Hispanic/Latino penetration rates.	N/A	AdHoc Subcommittee	Quarterly	Develop AdHoc Subcommittee to perform a root cause analysis to identify factors contributing to low Hispanic/Latino penetration rates. Initiate cultural competent quality improvement activities to address health equity.

6. Structure and Operations							
6A. Structure and Operations-The MHP measures staff retention and utilizes the data to increase staff retention		Goals	Target	FY 21/22	Data Source	Frequency of Review	Action Plan
6.A.1	The MHP identified strategies for retention of staff.	Improve retention of the staff.	By 6/30/2023, BHS will identify top three reasons contributing to low staff morale.	N/A	Employee Retention Committee	Monthly	Reconvene the staff retention committee to identify problem areas contributing to low staff morale; implement solutions and allow opportunities for the staff representatives to present finding during Quality Assessment and Performance Improvement Council (QAPIC) meetings.