DEPARTMENT OF HEALTH CARE SERVICES

Behavioral Health Plan Quality Improvement and Health Equity Policy Guide

July 2025

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

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INTRODUCTION

Improving quality outcomes, reducing health disparities, driving delivery system transformation and innovation through value-based initiatives, modernization of systems, and payment reform are goals of the California Advancing and Innovating Medi-Cal (CalAIM) Act.[1] These goals are reflected in the Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) Interagency Agreements contractual requirements, referred to collectively as behavioral health plan (BHP), to establish Quality Improvement Programs and to collect and submit performance measurement data required by the Department.[2] Furthermore, Title 9 of the California Code of Regulations (CCR) Section 1810.440 requires that BHPs establish Quality Management Programs consisting of a Quality Improvement Program, a Utilization Management Program, as well as a documentation and medical records system.

The Department of Health Care Services (DHCS) updates the Behavioral Health Plans Quality Improvement and Health Equity Policy Guide as needed to reflect the evolving quality improvement (QI) and health equity improvement projects that BHPs are required to do for low quality measure performance. The Behavioral Health Information Notice (BHIN) No: 24-004[3] clarifies DHCS' requirements for BHP performance on quality measures, including if rates fall below the minimum performance level (MPL).

The quality improvement requirements outlined in this policy guide stem from the federally enacted 2016 Managed Care Final Rule (42 Code of Federal Regulations (CFR) § 438.340) and will be active August 2025 through December 2026. Additional costs incurred by a MHP to track and comply with the requirements outlined in this policy guide are eligible for reimbursement. Mental Health & Substance Use Disorder Services (MHSUDS) Information Notice No.: 18-012[4] outlines Prop 30 claiming guidance. DMC-ODS plans are not eligible for Prop 30 reimbursement. DMC State Plans are excluded from the requirements in this policy guide.

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[1] California Welfare and Institutions Code section 14184.100, subd, (a)(3)

[2] DMC-ODS Interagency Agreement, Exhibit A, Article II, F, JJ, SS, VV; MHP contract, Exhibit A, Attachment 5. These contractual requirements implement Title 42 of the Code of Federal Regulations (CFR) sections 438.330 and 438.340(b)(3)(i), which require MHPs and DMC-ODS counties to establish and implement an ongoing Quality Improvement System through which MHPs and DMC-ODS counties monitor, evaluate, take effective action to address any needed improvements in the quality of care delivered to their beneficiaries, and provide quality metrics and performance targets to DHCS to be used in measuring performance and improvement.

[3] BHIN 24-004 Quality Measures and Performance Improvement Requirements

[4] MHSUDS Notice 18-012

COMMONLY USED TERMS

Term	Acronym
Antidepressant Medication Management	AMM
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	APP
Behavioral Health Plan	BHP
Centers for Medicare and Medicaid Services	CMS
Department of Health Care Services	DHCS
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence	FUA
Follow-Up After Hospitalization for Mental Illness	FUM
Healthcare Effectiveness Data and Information Set	HEDIS
Initiation and Engagement of Substance Use Disorder	IET
National Committee for Quality Assurance	NCQA
Use of Pharmacotherapy for Opioid Use Disorder	OUD
Pharmacotherapy of Opioid Use Disorder	POD
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	SAA

QUALITY IMPROVEMENT BACKGROUND

The Medicaid and Children's Health Insurance Program (CHIP) Managed Care Final Rule (42 Code of Federal Regulations (CFR) 438.340) requires each state Medicaid agency to produce a written quality strategy to assess and improve the quality of health care and services provided by all Medicaid managed care entities in that state. In response to this requirement, DHCS authored the 2018 Medi-Cal Managed Care Quality Strategy report. DHCS has since updated the 2018 Medi-Cal Managed Care Quality Strategy report with the 2022 Comprehensive Quality Strategy (CQS) report[5], which builds upon the policy framework outlined in CalAIM.

The CQS report outlines DHCS' process for developing and maintaining a broader quality strategy to assess the quality of care that all Medi-Cal Members receive, regardless of delivery system. It also defines measurable goals, emphasizes Centers for Medicare & Medicaid Services (CMS) Core Set measures, and tracks improvement. The CQS report covers all Medi-Cal managed care delivery systems, including Medi-Cal

[5] DHCS Comprehensive Quality Strategy

managed care plans, county mental health plans, DMC-ODS plans, and dental managed care plans, as well as non-managed care departmental programs.

The MHP contracts and DMC-ODS Interagency Agreements require plans to establish Quality Improvement Programs and to collect and submit performance measurement data required by the Department.

MHP

All MHPs are required to maintain and implement a Quality Improvement System (QIS), which has six components[6]:

1. Quality Assessment and Performance Improvement (QAPI) Program
2. Quality Improvement Work Plan (QIWP)
3. Quality Improvement Committee and Program
4. External Quality Review
5. Performance Improvement Projects
6. Practice Guidelines

DMC-ODS

All DMC-ODS plans are required to have a Quality Improvement Plan that includes the DMC-ODS county's plan to monitor the capacity of service delivery as evidenced by a description of the current number, types, and geographic distribution of SUD treatment services. For DMC-ODS Counties that have an integrated mental health and SUD department, this Quality Improvement Plan may be combined with the MHP Quality Improvement Plan. DMC-ODS Counties are also required to comply with compliance monitoring reviews conducted by DHCS and are responsible for developing and implementing Corrective Action Plans as needed.

Refer to BHIN 23-001 or subsequent guidance[7] for further details on DMC-ODS Quality Improvement Program requirements.

[6] 2022-27 MHP Contract Exhibit A PSS Boilerplate and Exhibit B E
[7] BHIN 23-001

BEHAVIORAL HEALTH PERFORMANCE MEASURES REQUIREMENTS

As outlined in the CQS report, the key clinical focus areas identified by DHCS are children's preventive services, maternity care and birthing equity, and behavioral health integration. Through these identified areas, DHCS hopes to improve care across the delivery systems and improve overall quality and equity for Medi-Cal Members. DHCS assesses behavioral health quality outcomes through key performance indicators, currently described by the Behavioral Health Accountability Sets (BHAS) measures. These measures are listed in the following table.

MHP Priority Measures

Measure Name	Measure Acronym	Measure Steward	Target (MPL)[8]
Follow-Up After Emergency Department Visit for Mental Illness	FUM (30 days)	NCQA	1st year baseline reporting followed by >50th percentile (or 5% increase over baseline rate if <50th percentile)
Follow-Up After Hospitalization for Mental Illness	FUH (30 days)	NCQA	1st year baseline reporting followed by >50th percentile (or 5% increase over baseline rate if <50th percentile)
Use of First Line Psychosocial Care for Children and Adolescents on Antipsychotics	APP	NCQA	1st year baseline reporting followed by >50th percentile (or 5% increase over baseline rate if <50th percentile)
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	SAA	NCQA	1st year baseline reporting followed by >50th percentile (or 5% increase over baseline rate if <50th percentile)

[8] 5% increase is an absolute improvement of 5% from baseline, e.g. the baseline rate in 13%, MPL is 25%, then the BHP must achieve at least 18%.

Note: Antidepressant Medication Management (AMM) is excluded from this list due to NCQA retiring the measure in 2025.

DMC-ODS Priority Measures

Measure Name	Measure Acronym	Measure Steward	Target (MPL)
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence	FUA (30 days)	NCQA	1st year baseline reporting followed by >50th percentile (or 5% increase over baseline rate if <50th percentile)
Pharmacotherapy of Opioid Use Disorder	POD	NCQA	1st year baseline reporting followed by >50th percentile (or 5% increase over baseline rate if <50th percentile)
Use of Pharmacotherapy for Opioid Use Disorder	OUD	CMS	1st year baseline reporting followed by >50th percentile (or 5% increase over baseline rate if <50th percentile)
Initiation and Engagement of Substance Use Disorder Treatment	IET - Initiation	NCQA	1st year baseline reporting followed by >50th percentile (or 5% increase over baseline rate if <50th percentile)
Initiation and Engagement of Substance Use Disorder Treatment	IET- Engagement	NCQA	1st year baseline reporting followed by >50th percentile (or 5% increase over baseline rate if <50th percentile)

BEHAVIORAL HEALTH QUALITY IMPROVEMENT AND HEALTH EQUITY FRAMEWORK

DHCS developed the Behavioral Health Quality Improvement and Health Equity Framework (henceforth referred to as the framework) to facilitate BHPs in improving their performance on the key performance indicators that will result in improved care for members. The framework complies with the requirements outlined in BHIN No: 24-004 and serves as the corrective action plan (CAP) for BHPs that do not meet the minimum performance level on the BHAS measures. The framework promotes the development of equitable quality improvement strategies that focus on improving measurable outcomes and creating sustainable changes. BHPs that fail to meet the MPLs on the required number of BHAS performance measures must undertake additional quality improvement projects and submit reports also known as the Quality and Health Equity (QHE) Workplan to DHCS.

Behavioral Health Quality and Health Equity Workplan Specifications

The specifications for the QHE Workplan are described in the following table:

	QHE Workplan Requirements
Participants	» MHP with 3 or more BHAS measures below the MPL » DMC-ODS with 3 or more BHAS measures below the MPL
Requirements	» Develop a comprehensive QI strategy that will drive improvements in one or more BHAS measures.* » Complete the QHE Workplan utilizing the A3 Lean Process template provided. » Submit QHE Workplan progress reports to DHCS after 6 and 12 months. » DHCS Nurse Consultants (NCs) will review and provide guidance on the QHE Workplan submission.

* Integrated BHPs will be held accountable for each delivery system—MHP and DMC-ODS—individually. If applicable, an integrated BHP must submit two distinct QHE Workplans.

Behavioral Health Quality and Health Equity Workplan (Utilizing the A3 Lean Process Template)

In consultation with DHCS Nurse Consultants, BHPs that meet criteria to initiate the QHE Workplan must report to DHCS their QI projects by utilizing the A3 Lean Process Template. The A3 Lean Process Template will assist with a delivery system/plan focused approach from identified barriers or root cause(s). The A3 Lean Process Template structures and standardizes problem-solving QI methods that maximize efficiency and sustainability through the implementation of data-driven QI processes, especially for disparity population(s) impacted in the county(ties) reporting unit serviced with the specified regions. The A3 Lean Process Template will inform DHCS about the QI efforts directed at the performance indicator(s) in the county and region and will assist DHCS in providing the most appropriate technical assistance to delivery systems. Refer to the Appendices for the A3 Lean Process Template, detailed instructions to complete the A3, and a sample QI project.

DHCS recognizes that BHPs vary in county size, Medi-Cal population served, and resources which may affect their capability to perform rigorous quality improvement projects amongst other competing priorities. When appropriate, DHCS will work with individual BHPs to ensure that quality improvement does not become a burden on their workload, while maintaining a positive outcome in member experience and clinical quality.

QUALITY IMPROVEMENT SUSTAINABILITY

DHCS is committed to creating a continuous quality improvement culture. As part of the sustainability plan in creating this culture and to foster collaboration among plans, BHPs are divided into regions. The regions are based on Medi-Cal enrollment rates, similar geographic barriers, and healthy places indices (HPI).

Regions	Counties
Central Coast Region	Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz, Ventura
Southeastern Region	Imperial, Riverside, San Bernardino
San Francisco Bay/Sacramento Region	Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma, Sacramento

Regions	Counties
North/Mountain Region	Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehama, Trinity, Tuolumne, Placer, El Dorado, Sutter, Yuba, Yolo
San Joaquin Valley	Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, Tulare
Southern Coast Region	Los Angeles, Orange County, San Diego

BHPs will be required to attend and participate in Regional Behavioral Health Collaborative meetings. The goal of these meetings will be to actively engage with regional county partners, share best practices, as well as successes and lessons learned from the required PIPs and any additional QI work. BHPs will have the opportunity to discuss and share resources within their specified regions as well as request additional technical assistance from DHCS if needed.

In addition to the Regional Behavioral Health Collaborative meetings, BHIN 23-056[9] and BHIN 23-057[10] requires BHPs to conduct quarterly meetings with MCPs to address care coordination, QI activities and systemic and case-specific concerns. DHCS will help facilitate joint BHP-MCP meetings to discuss successes, challenges, areas of alignment, and opportunities for improvement between the two entities.

The dates and frequency of the Regional Behavioral Health Collaborative meetings and joint regional QI BHP-MCP meetings will be determined by DHCS in consultation with the BHPs and MCPs. These meetings will be facilitated by the DHCS Quality Health Equity Transformation Team.

ENFORCEMENT ACTIONS

When BHPs fails to comply with the terms of their contract with DHCS, fails to comply with applicable state and federal laws and regulations, fails to comply with the state plan or approved waivers, or for good cause, DHCS may impose enforcement actions to include but not limited to monetary or non-monetary sanctions in accordance with W&I

[9] BHIN 23-056
[10] BHIN 23-057

section 14197.7.[11] Therefore, BHPs who fail to comply with the requirements of this policy guide may be subject to enforcement actions as described in BHIN 22-045[12]

DATA GUIDELINES

The California Department of Health Care Services complies with federal law; specifically, the Privacy Rule and the Security Rule contained in the Health Insurance Portability and Accountability Act (HIPAA) and its regulations, 45 CFR Parts 160 and 164, and the Substance Abuse Confidentiality Regulations 42 CFR Part 2. DHCS is also committed to complying with California state privacy laws (e.g. Welfare and Institutions Code section 14100.2, the Information Practices Act, CA Civil Code section 1798, et seq.). To achieve both goals (public reporting and protection of personally identifiable information), procedures that appropriately and accurately de-identify data when publicly reporting are necessary.

The Data De-Identification Guidelines describes a procedure to be used to assess data and assure it is de-identified for purposes of public release that meet the requirements of the California Information Practices Act 1 (IPA) and the HIPAA 2 to prevent the disclosure of personal information. In some instances, data must be suppressed to protect Medi-Cal Member anonymity. Data suppression occurs when there are fewer than eleven members within a subpopulation. Complementary data is suppressed when it can be used to identify another suppressed value. For example, if data for age range 0-20 is <11 members, the next lowest numbers are suppressed to preclude subtraction of unsuppressed values from the total to identify the suppressed value. Due to these regulations, some counties may be impacted with suppressed data.

EXCLUSIONS AND EXEMPTIONS

DMC State Plans are excluded from the requirements outlined in this policy guide. This policy guide and its requirements are only applicable to MHP and DMC-ODS plans.

BHPs are exempt from completing the QHE Workplan when they meet the following criteria:

[11] California Welfare and Institutions Code section 14197.7.
[12] BHIN 22-045

- MHP with 2 or less BHAS measures below the MPL
- DMC-ODS with 2 or less BHAS measures below the MPL
- Measures that demonstrate a 5% year-over-year improvement will be considered a pass, even if the final rate remains below the MPL

DHCS does not require plans to submit a QHE Workplan for measures in which NCQA has made changes to the technical specifications. DHCS shall notify the plans if it has determined that NCQA has made changes to the technical specifications. DHCS may also determine that the QHE Workplan is not required for other reasons. DHCS shall notify the plans if it makes such a determination. Counties meeting the data de-identification or data suppression data guidelines may be exempt from additional QI related projects if no data is available for utilization.

BEHAVIORAL HEALTH QUALITY IMPROVEMENT AND HEALTH EQUITY FRAMEWORK TIMELINE*

Dates	Action Items
2025 Q3	» BH Quality Improvement and Health Equity Framework is initiated. » MY2024 BHAS performance measure rates submitted by BHPs. » DHCS identifies and notifies BHPs that trigger the QHE workplan. » BHPs that meet criteria for the QHE Workplan shall meet with DHCS NCs to discuss further action steps.
2025 Q4	» BHPs submit QHE Workplan #1 for DHCS review and feedback. » DHCS NCs shall provide feedback on QHE Workplans, and any further instructions related to the QI projects. » BHPs may begin implementing approved QHE Workplan projects. » Regional Behavioral Health Collaborative Meetings
2026 Q1	» BHPs continue work QHE Workplan projects.
2026 Q2	» BHPs continue work on QHE Workplan projects. » BHPs submit QHE Workplan #2 progress update for DHCS review and feedback. » Regional Behavioral Health Collaborative Meetings
2026 Q3	» BHPs continue work on QHE Workplan projects.
2026 Q4	» BHPs submit QHE Workplan #3 progress update for DHCS review and feedback. » Regional Behavioral Health Collaborative Meetings » Conclusion of the framework requirements within this policy guide

Dates	Action Items
Monthly	» DHCS NCs meet with BHPs for coaching and technical assistance as needed.

*DHCS anticipates that 2025 will be an adjustment year while the QI work is being ramped up. DHCS will update this timeline, and any requirements described within this policy guide to align with changes in the Comprehensive Quality Strategy, as applicable. DHCS will notify the BHPs of any changes in a timely manner.

APPENDICES

Appendix A1: Quality and Health Equity Workplan: A3 Lean Process Template and Sample Project

Behavioral Health Plan Quality and Health Equity Workplan: A3 Lean Process Template

Purpose

1. The Behavioral Health Plan (BHP) Quality and Health Equity (QHE) Workplan provides a framework for BHPs that performed below the target minimum performance level (MPL) on the Behavioral Health Accountability Set (BHAS) measures to undertake a multidisciplinary approach to continuous quality improvement (QI).
2. The QHE Workplan utilizes the A3 Lean Process Template to assist BHPs with a delivery system/plan focused approach from identified barriers or root cause(s). The A3 template structures and standardizes problem-solving QI methods that maximize efficiency and sustainability through the implementation of data-driven QI processes, especially for disparity population(s) impacted in the county.
3. The information obtained from the QHE Workplan will inform DHCS about the BHP's QI efforts directed at the performance indicator(s) in the county and will assist DHCS in providing the most appropriate coaching to the BHP.

Instructions

1. Three QHE Workplan submissions will be required consisting of the initial submission, then two progress updates at 6- and 12-month intervals. Actual dates are subject to change, as determined by DHCS.
2. The QHE Workplan submission #1 must include sections 1-5 of the A3 Lean Process Template.
3. The QHE Workplan submission #2 and submission #3 must include sections 1-7 of the A3 Lean Process Template. Note examples provided in each section of the sample.
4. The BHP should modify items within the Action Plan as the BHP's current state changes for every progress period. The BHP will continue using QI interventions that keep leading to improved health outcomes for Medi-Cal members.
5. Submit QHE Workplan deliverables on the due date to the DHCS QHE Transformation mailbox QHETransformation@dhcs.ca.gov and cc the assigned Nurse Consultant.
6. After each submission, the BHP will receive feedback from the assigned Nurse Consultant.

BHP Information

County BHP Name	
Primary Contact	
Report Date	Click or tap to enter a date.

Quality and Health Equity Workplan Submission Timeline

Deliverables	Due Date
Submission #1 Must include sections 1-5.	Click or tap to enter a date.
Submission #2 Must include sections 1-7.	Click or tap to enter a date.
Submission #3 Must include sections 1-7.	Click or tap to enter a date.

Behavioral Health Plan Quality and Health Equity Workplan: A3 Lean Process Template

1. Why Change is Needed

Clarify problem and briefly describe it by answering the applicable questions below:

a) What is the problem and the purpose for addressing this issue?
b) What specific performance measure needs to be improved?
c) What is the context (e.g., strategic, operational, historical, or organizational) of the situation?
d) Can you address a disparity or is the problem related to a disparity?

2. Current State

Describe the current situation in the problem area by answering the applicable questions below:

a) What is the problem or need (i.e., the gap in performance, etc.)?
b) What facts or data indicate there is a problem? (e.g., charts, graphs, maps, etc.)
c) What specific conditions indicate that you have a problem or need?
d) Where and how much?

3. Future State

Set target(s)/goal(s) by answering the questions below:

a) What specific improvement(s) (e.g., in performance, etc.) do you need to achieve?
b) How much, by when, and with what impact?

4. Root Cause Analysis & Equity Analysis

BHPs may provide applicable diagrams or charts to the reporting template; do not embed into the box.

Use problem-analysis tools that show cause-and-effect down to root cause (e.g., 5 Whys, Fishbone Diagram, Pareto charts, etc.) and answer applicable questions below:

a) What do the specifics of the issues in work processes (i.e., location, patterns, trends, and factors) indicate about why the performance gap or need exists?
b) What barriers are preventing the BHP from achieving the goals identified in the Future State section?
c) Identify potential and observed disparities and summarize data sources utilized to identify disparities.
d) Why do they exist? What is (are) their cause(s)?

5. Action Plan

Describe the process, in sequence, that you will use to test the intervention. Include the following to address how, who, when, and where.

a) How will you initiate and conduct the intervention(s)? Include information on what activities, support, and resources will be required.
b) Who is involved and indicate their roles for each activity?
c) What is the time frame and location for testing the intervention?
d) When will progress be reviewed and by whom?
e) How will you measure the effectiveness of the intervention?

6. Results

BHPs may provide applicable diagrams or charts to the reporting template; do not embed into the box.

Include data (quantitative and/or qualitative) related to the testing of the intervention.

Use of run charts is encouraged for monitoring process and outcome measures over time and measuring impact of interventions.

7. Lessons Learned

What was learned during the testing of the intervention (i.e., successes, challenges, opportunities, and or barriers)?

Did the intervention lead to an improvement?

Behavioral Health Plan Quality and Health Equity Workplan: A3 Lean Process Template

1. Why Change is Needed

Members who do not receive follow-up care within 30 days of a mental health related emergency department visits have a 32% increase in adverse events.

2. Current State

After a mental health related emergency department visit, 10.76% (31/288) of members receive follow-up, within 30 days. This number represents the BHP's FUM rate for calendar year 2024 and are based on claims data. 10.76% represents the baseline data for the FUM measure.

3. Future State

After a mental illness related emergency department visit, 54.87% (minimum performance level [MPL]) of members receive follow-up, within 30 days after discharge from the ED.

4. Root Cause Analysis & Equity Analysis

The root causes addressed through interventions:

- Access Line is not consistently being used for patients with English as a secondary language.
- There are gaps in ED staff training and knowledge around care coordination and communication with the BHP.
- Care coordination and ED visit follow ups are not included in the current BHP policy or workflow.
- Member facing materials are not available.

Equity analysis: Members with a primary language other than English are less likely to receive a 30 day follow up appointment.

5. Action Plan

1. BHP used claims data to generate baseline data on the number of members receiving a MH visit in the ED. Once identified, members were tracked to obtain data whether those members received a subsequent follow up appointment in a timely manner. Completed in Q1 of 2025.
2. New workflow development between hospital and BHP where daily ED patient log sent to BHP. Staff performed member outreach by phone to members within 24 hours after ED discharge. Completed in Q1 2025.
3. Trainings were developed for ED staff on how to refer members to the appropriate BHP Access Line for follow up appointments. Completed Q2 2025.
4. Added Community Health Worker direct outreach to member while in ED for follow up referrals. Completed Q2 2025.
5. Member facing materials on language access and MH follow up appointments were developed and approved for publication. Anticipated release Q4 2025.

6. Results

Members with an outpatient follow up visit within 30 days after discharge from the emergency department for a mental health illness (FUM) was initially measured at 10.8% (34/316) in January 2025 and with monthly measurements taken on a 12-month rolling average. The ending measure in October 2025 was 15.5% (53/343) which is 0.3% points from the intended goal. **See included run chart for additional data details.**

The results of the phone outreach to members within 24 hours of emergency room discharge measured at 24.5% (78/316) in January 2025 and ending measurement at 33.5% (115/343) in October 2025. This measure showed sustained and incremental increases once the intervention was applied. **See included run chart for additional data details.**

7. Lessons Learned

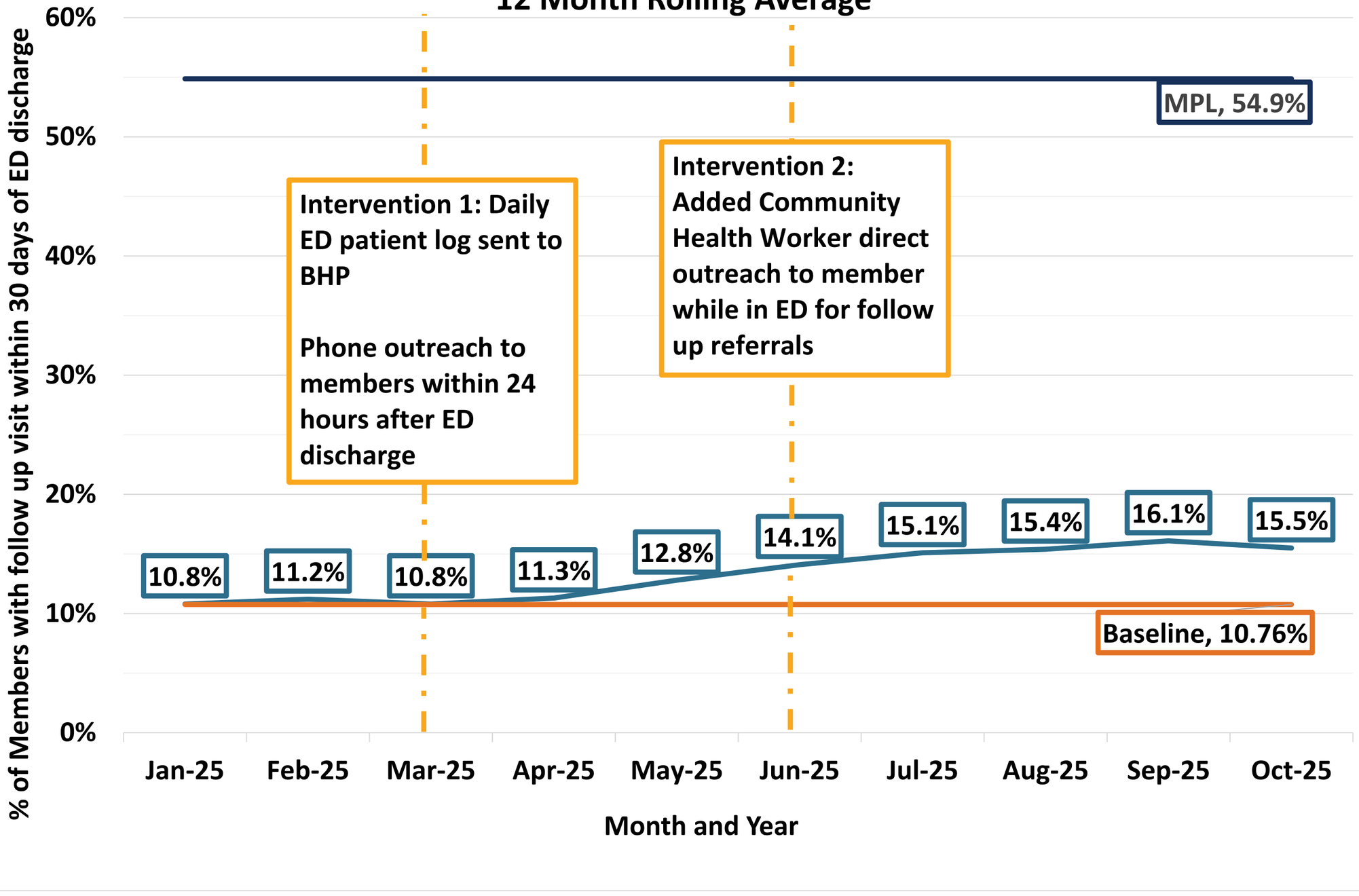
Strong partnerships with the County hospital ED and MCP teams are essential in the care coordination systems between all entities for the best member outcomes.

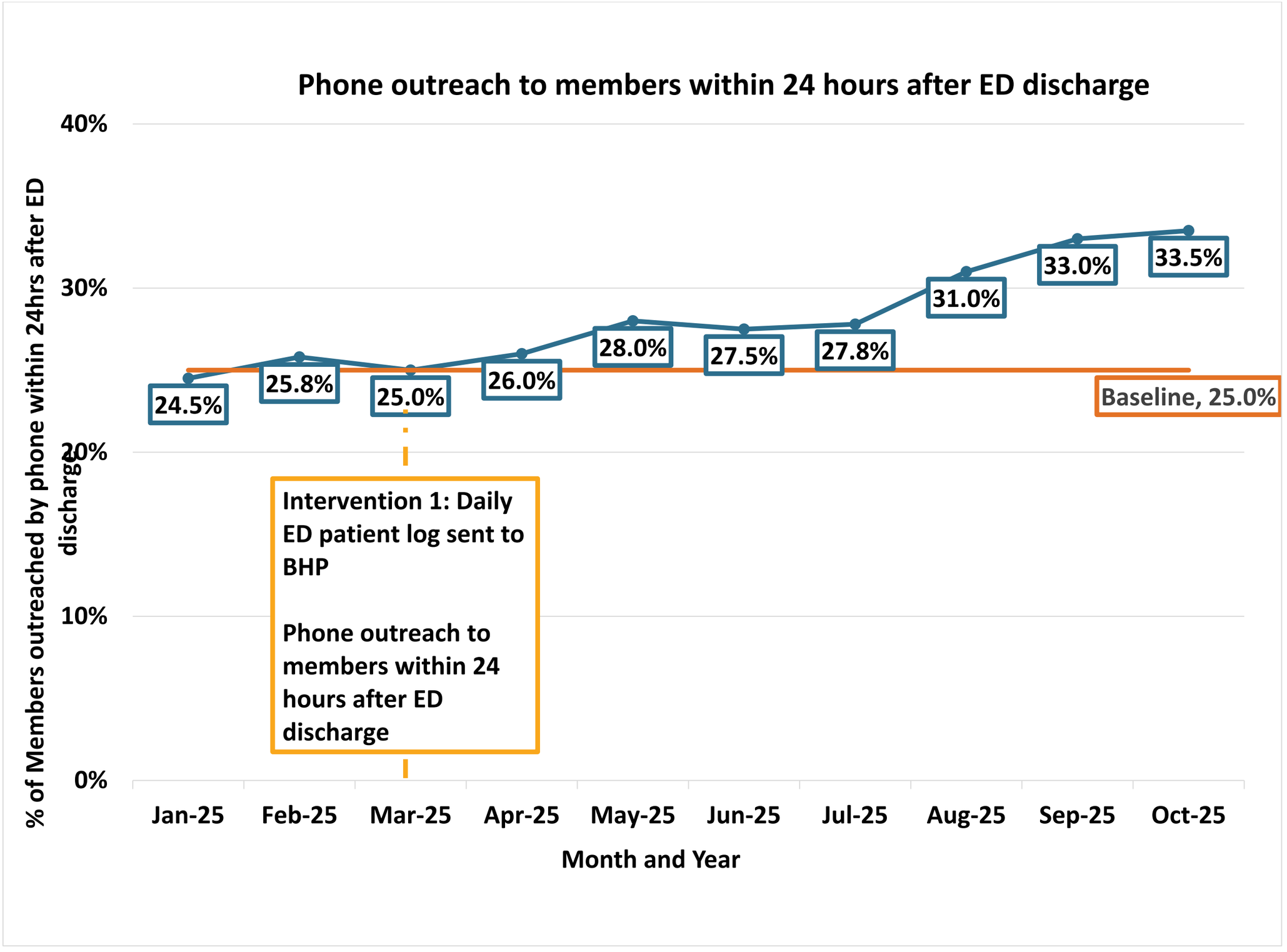
Overall, hospital staff were receptive to working with the BHP and showed enthusiasm to continue a close partnership.

Real time data sharing continues to be a barrier to obtain accurate member information in coordinating care.

The BHP will continue to work with our MCP partners for ongoing quality improvement and will roll out trainings and relationship building with other area hospitals.

Members with an Outpatient Follow Up Visit within 30 Days After Discharge from the Emergency Department for a Mental Health Illness (FUM)
12 Month Rolling Average




Phone outreach to members within 24 hours after ED discharge
40%
30%
20%
10%
0%
% of Members outreached by phone within 24hrs after ED discharge
24.5%
25.8%
25.0%
26.0%
28.0%
27.5%
27.8%
31.0%
33.0%
33.5%
Baseline, 25.0%
Intervention 1: Daily ED patient log sent to BHP
Phone outreach to members within 24 hours after ED discharge
Jan-25
Feb-25
Mar-25
Apr-25
May-25
Jun-25
Jul-25
Aug-25
Sep-25
Oct-25
Month and Year

Behavioral Health Plan Quality and Health Equity Workplan: A3 Lean Process Template

1. Why Change is Needed

2. Current State

3. Future State

4. Root Cause Analysis & Equity Analysis

5. Action Plan

6. Results

7. Lessons Learned

Quality and Health Equity Workplan: A3 Lean Process Template

DHCS Feedback

County BHP Name	
Nurse Consultant	
Review Date	Click or tap to enter a date.
Coaching Call Required	☐ Yes (Nurse Consultant will follow up with BHP) ☐ No

Section	Feedback
Why Change is Needed	
Current State	
Future State	
Root Cause Analysis & Equity Analysis	
Action Plan	
Results	
Lessons Learned	
Other Comments	

Appendix A2: Quality and Health Equity Workplan: A3 Lean Process Template Instructions

Each BHP will complete the Quality and Health Equity (QHE) Workplan with responses to all applicable sections of the template. Requests for DHCS technical support can be requested on the template. Action Items in section 5 can be modified for the BHP's current state for each progress period. Submit forms to the QHETransformation@dhcs.ca.gov mailbox and CC the assigned Nurse Consultant (NC). BHPs will receive feedback from the assigned NC and a follow up meeting may be scheduled as needed. DHCS will set due dates for the initial QHE Workplan submissions and subsequent six-month and twelve-month progress update submissions. BHPs will be notified of due dates in a timely manner. The assigned NC will review each submission and provide feedback to the organization. The QHE Workplan timeline and due dates are subject to change, as determined by DHCS.

The Quality and Health Equity Workplan (A3 Lean Process Template) is comprised of seven sections:

1. **Why change is needed**
   Clarify problem and briefly describe it by answering the questions, if applicable, below:
   - What is the problem and the purpose for addressing this issue?
   - What specific performance measure needs to be improved?
   - What is the context (e.g., strategic, operational, historical, or organizational) of the situation?
   - Can you address a disparity or is the problem related to a disparity?
2. **Current state**
   Describe the current situation in the problem area by answering the questions, if applicable, below:
   - What is the problem or need (i.e., the gap in performance, etc.)?
   - What facts or data indicate there is a problem? (e.g., charts, graphs, maps, etc.)
   - What specific conditions indicate that you have a problem or need?
   - Where and how much?
3. **Future state**
   Set target(s)/goal(s) by answering the questions below:

- What specific improvement(s) (e.g., in performance, etc.), do you need to achieve?
- How much, by when, and with what impact?

4. **Root cause analysis & equity analysis**

   BHPs may provide applicable diagrams or charts with the reporting template, do not embed into the box. Use problem-analysis tools that show cause-and-effect down to root cause (e.g., 5 Whys, Fishbone Diagram, Pareto charts, etc.) and answer questions below, if applicable:

   - What do the specifics of the issues in work processes (i.e., location, patterns, trends, and factors) indicate about why the performance gap or need exists?
   - What barriers are preventing the BHP from achieving the goals identified in the Future State section?
   - Identify potential and observed disparities and summarize data sources utilized to identify disparities.
   - Why do they exist? What is (are) their cause(s)?

5. **Action Plan**

   Describe the process, in sequence, that you will use to test the intervention(s). Include the following to address how, who, when, and where.

   - How will you initiate and conduct the intervention(s)? Include information on what activities, support, and resources will be required.
   - Who is involved and indicate their roles for each activity?
   - What is the timeframe and location for testing the intervention(s)?
   - When will progress be reviewed and by whom?
   - How will you measure the effectiveness of the intervention(s)?

6. **Results**

   BHPs may provide applicable diagrams or charts with the reporting template, do not embed into the box. Include data (quantitative and/or qualitative) related to the testing of the intervention.

   - Data analysis summary should include units of measurement, numerators, and denominators.
   - Use of run charts is encouraged for monitoring process and outcome measures over time and measuring impact of interventions. Run charts may be added as an attachment to the workplan submission.

7. **Lessons Learned**
   - What was learned during the testing of the intervention (e.g. successes, challenges, opportunities, and or barriers)?
   - Did the intervention lead to an improvement?