



CCESJC FEBRUARY 10, 2020

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## What is the Performance Measures?

Performance measures simply gives BHRS the means to know how well we're doing at providing services and improving lives (Better Off).

## What works?

What we propose to do to improve progress?

Feasible, high-impact actions/strategies with specific timelines and deliverables.

## Partners?

Partners with roles to play in improving progress.

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## Performance Measures

**Population:** Adults/Children with SMI/SED with functional impairment

**Better Off PM:** Improved Functioning/Reduced Impairment

## What Works: Treatment

- **Medication Services:** Medication prescription, administration, and monitoring.
- **Mental Health Clinical Services**  
 Assessment\*  
 Crisis Prevention/Intervention  
 1:1 & Group Clinical Intervention  
 Rehabilitation  
 Care & Services Coordination
- **Family, Peer and Community Support**

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## Mental Health Treatment RBA Framework (DRAFT)

<b>Population</b>	Adults/Children with SMI/SED with functional impairment		
<b>Performance Measure</b> <i>"Better Off"</i>	Increase functioning / Decreased impairment <i>As measured by the LOCUS/CANS/DCR/Perception Surveys</i>		
<b>Core Treatment Model</b> <i>Strategies to Increase Functioning &amp; Decrease Impairment</i>	<b>Treatment Services</b>	<b>Providers</b>	<b>Clinical Standards</b>
	<b>Medication Services</b> Medication prescription, administration, and monitoring.	Psychiatrist Registered Nurse Other prescribers	TBD
	<b>Clinical Services</b> • Assessment* • Crisis Prevention/Intervention • 1:1 & Group Clinical Intervention • Rehabilitation • Care & Services Coordination	Mental Health Clinicians* Behavioral Health Specialist Clinical Service Technicians	TBD
	<b>Family, Peer and Community Support</b>	Behavioral Health Specialist Behavioral Health Advocate Clinical Service Technician Community Clerical Aid	TBD
<b>Performance Measures</b> <i>"How well we provide services"</i>	Client & Provider Engagement / Access to Services / Medi-Cal Key Indicators / Provider Clinical Skill / Appropriate Level of Care Placement & Interventions		

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## Substance Use Disorder Treatment RBA Framework (DRAFT)

<b>Population</b>	Adults/Youth with Substance Use Disorders – Mild, Moderate, Severe		
<b>Performance Measure "Better Off"</b>	Increase functioning and Decreased impairment <i>As measured by the ASAM/CalOMS/TPS/Discharge Codes/Alcohol and Drug Screening</i>		
<b>Core Treatment Model Strategies to Increase Functioning &amp; Decrease Impairment</b>	<b>Treatment Services</b>	<b>Providers</b>	<b>Clinical Standards</b>
	Medication Services* Physical Health Review Medical Necessity Assessment/Diagnosis Withdrawal Management	Physician/Extender* Mental Health Clinicians	TBD
	Assessment Observation Services (W/M only) Individual Counseling Group Counseling Care/Service Coordination Recovery Services	Mental Health Clinicians Behavioral Health Specialist Clinical Service Technicians	TBD
	Substance Use Assistance Engagement	Community Clerical Aid Volunteers	TBD
<b>Performance Measures "How well we provide services"</b>	Alcohol and Drug screening / Client & Provider Engagement / Access to Services / Medi-Cal Key Indicators / Provider Clinical Skill / Appropriate Level of Care Placement & Interventions / Treatment Longevity		

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# 1

**PRINCIPLE  
STANDARD**  
effective, equitable,  
understandable, and  
respectful quality  
care and services

### National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

- Principal Standard**
1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
- Governance, Leadership, and Workforce**
2. Attract and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
  3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
  4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.
- Communication and Language Assistance**
5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
  6. Inform all individuals of the availability of language assistance services (verbal and/or written) and their preferred language, verbally and in writing.
  7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or interpreters should be avoided.
  8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the population in the service area.
- Engagement, Continuous Improvement, and Accountability**
9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and release them throughout the organization's planning and operations.
  10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
  11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
  12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the culture and linguistic diversity of populations in the service area.
  13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
  14. Create conflict and grievance resolution processes that are culturally and linguistically responsive to identify, prevent, and resolve conflicts or complaints.
  15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.



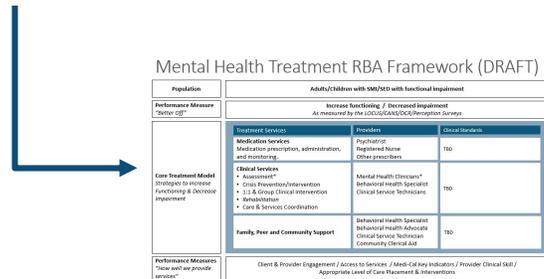
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# CLAS Standards

**Principal Standard:**

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.



**Mental Health Treatment RBA Framework (DRAFT)**

Population	Adults/Children with SMI/DBD with functional impairment		
Performance Measure "Better Off?"	Increase Functioning / Decreased Impairment As measured by the LDCU/GAIN/OCU/Reception Surveys		
Care Treatment Model Strategies to increase functioning & decrease impairment	<b>Treatment Services</b>	<b>Providers</b>	<b>Clinical Standards</b>
	Medication Services Medication prescription, administration, and monitoring	Psychiatrist Registered Nurse Other prescribers	TRD
	Clinical Services • Assessment* • Crisis Prevention/Intervention • I.I. & Group Clinical Intervention • Rehabilitation • Care & Services Coordination	Mental Health Clinician* Behavioral Health Specialist Clinical Service Technicians	TRD
	Family, Peer and Community Support	Behavioral Health Specialist Behavioral Health Advocates Clinical Service Technicians Community Clinical Aid	TRD
Performance Measures "How well we provide services"	Client & Provider Engagement / Access to Services / Medi-Cal Key Indicators / Provider Clinical Skill / Appropriate Level of Care Placement & Interventions		

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# CLAS

Standard	Action
Effective	Performance Measures
Equitable	?
Understandable	?
Respectful Care	?

**Principle Standard:** Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.



**Mental Health Treatment RBA Framework (DRAFT)**

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## Responsive to...

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- Diverse cultural health beliefs and practices
- Preferred languages
- Health literacy: the degree to which individuals have the capacity to obtain, process, and understand basic health information needed to make appropriate health decisions.

### CCESJC Mission

In partnership with our providers and community, our mission is to transform our entire system by:

- Ensuring that culture is acknowledged and incorporated throughout BHRS in a measurable and substantive way
- Educating our workforce about the meaning of cultural competence and about how to actually implement the concepts
- Ensuring our Cultural Competence Plan remains effective and responsive to change
- Empowering consumers, family members, and communities representing all culture

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## Next Steps

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Convene CCESJC Core Treatment Model workgroup for three months

- Create charter and overall direction based on today's discussion
- 10-15 Individuals: Behavioral Health Providers, Community Stakeholders, Consumers, and Family
- Convene Peer Workgroup
- Meet during regular scheduled CCSJEC time: First Monday of the Month
- Volunteer and Recruitment

Next CCESJC in June 2020

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