YOLO COUNTY QUALITY MANAGEMENT

WORK PLAN Fiscal

Year 2019-2020

Evaluation Period: July 1, 2019 – June 30, 2020

Yolo County Health & Human Services Agency (HHSA)

Behavioral Health Quality Management Program

Behavioral Health Quality Management (QM) Program

Yolo County Health and Human Services Agency (HHSA) Behavioral Health is committed to providing high quality, culturally competent services and supports that are consumer-focused, clinically appropriate, cost-effective, data-driven, and enhance recovery from serious mental illness (SMI), substance use disorders (SUD), and serious emotional disturbance (SED). To oversee the quality of these services and maintain compliance with all applicable Federal, State and local laws and regulations governing the Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS), Yolo County HHSA operates a comprehensive Behavioral Health Quality Management (QM) Program encompassing several Quality Assessment and Performance Improvement (QAPI) activities. Accountable to the HHSA director, the QM Program supports program, administrative, and fiscal staff to improve the quality of services provided to behavioral health clients; its purpose is to develop, implement, and monitor processes and activities, and ensure behavioral health clients receive value-based services that adhere to regulatory standards. The QM Program's activities are guided by the relevant sections of federal and California state regulations, including the Code of Federal Regulations Title 42, the California Code of Regulations Title 9 and Title 22, Welfare and Institutions Codes (WIC), as well as the County performance contract with the California Department of Health Care Services (DHCS). Program activities and responsibilities include:

- Monitoring Yolo County's adherence to the State-County Contracts in all categories, including, but not limited to: beneficiary protection, provider relations, utilization management, utilization review, Medi-Cal documentation, quality improvement, access and authorization, network adequacy, and program integrity
- Monitoring and assisting contract agencies' adherence to their contracts with HHSA
- Operation and oversight of the Electronic Health Record
- Tracking, monitoring, analyzing, and reporting utilization data for specialty mental health and substance use disorder services
- Recommending improvement strategies pertaining to access, timeliness, quality, and outcomes of care

Quality Improvement Committee (QIC)

The QIC is responsible for the overall quality review of all behavioral health services provided in Yolo County. The QIC's goal is to review and evaluate the quality and appropriateness of services to beneficiaries and the results of QAPI activities, identify and pursue opportunities for improvement, and resolve identified problems. Trends and issues identified through the beneficiary protection processes are transmitted to the QIC for review. On an annual basis, the QIC is responsible for reviewing the QM Program, assessing its effectiveness, and pursuing opportunities to improve the Quality Management Work Plan (QMWP). The QIC is comprised of representatives from the following stakeholder groups: consumers, family members, Local Mental Health Board, QM Program staff, contract provider and HHSA staff, and supervisors and managers. The QIC meets quarterly at minimum, while the frequency of meetings of QIC subcommittees and workgroups vary depending upon identified need. QIC subcommittees and workgroups report back to stakeholders at QIC meetings.

Quality Management Work Plan (QMWP)

The annual QMWP, also referred to as the Quality Improvement (QI) Work Plan by DHCS, is developed and monitored by the QM Program with input from the HHSA Behavioral Health Leadership Team. Its purpose is to organize and provide structure for QM activities throughout Yolo County and to

systematically ensure adherence to the County-State Contracts with the California DHCS for the MHP and DMC-ODS, as well as regulations set forth by the Centers for Medicare and Medicaid Services (CMS). The QMWP provides a structured way to monitor QAPI activities, including but not limited to: review of beneficiary grievances, appeals, expedited appeals; fair hearings, expedited fair hearings; provider appeals; clinical records; performance improvement projects (PIPs); service accessibility, timeliness, quality, and outcomes; and the requirements for cultural and linguistic competence. The QMWP also includes evidence of whether QAPI activities have contributed to meaningful improvement in clinical care and beneficiary service. Progress toward QMWP goals are monitored routinely and reviewed annually, at minimum. The QMWP is a key tool for evaluating the QM Program's impact and effectiveness so program updates and improvements can be made, as needed.

Notes for FY 19-20 QMWP: CMS approved Yolo County HHSA to go live with DMC-ODS, effective June 30, 2018 through June 30, 2020. If a work plan goal applies only to one Plan (MHP or DMC-ODS), the applicable Plan is identified at the beginning of the goal. If a goal applies to both Plans, the goal is stated without identifying a specific Plan.

Category	Goals	Annual Evaluation
1. Outcomes: Beneficiary and Family Satisfaction with Services.	1) Administer Consumer Perception (CP) and Treatment Perception (TP) Surveys according to DHCS schedule 2) Analyze CP and TP survey results	**Met**: **Partially Met**: **Not Met**:
2. Outcomes: Continuous quality and performance improvement.	1) MHP: One active and ongoing clinical Performance Improvement Project (PIP) 2) MHP: One active and ongoing non-clinical PIP 3) DMC-ODS: One active and ongoing clinical PIP 4) DMC-ODS: One active and ongoing non-clinical PIP	**Met**: **Partially Met**: **Not Met**:
3. Outcomes: Improve data collection and reporting to support decision making.	1) MHP: Implement routine tracking and reporting of key performance indicators (KPIs) and complete 80% of KPI data within the identified frequency timelines 2) DMC-ODS: Identify strategies to track the following metrics: a) Access to after-hours care; and b) Strategies to reduce avoidable hospitalizations	**Met**: **Partially Met**: **Not Met**:
4. Access: Improve responsiveness, quality, and utilization of the 24/7 BH Access Line.	1) Conduct an average of 7 test calls per quarter 2) Conduct at least 30% of test calls in non-English languages 3) Increase the percentage of test calls logged during business (BH) and after hours (AH) to a minimum of 80% (AH Baselines: FY16-17 46%; FY17-18 42%; FY18-19 25%) (BH Baselines: FY16-17 33%; FY17-18 9%; FY18-19 50%)	**Met**: **Partially Met**: **Not Met**:
5. Quality & Appropriateness of Care: Cultural and Linguistic Competency and Capacity.	1) Review and update Cultural Competence Plan annually 2) DMC-ODS: Monitor to CLAS standards in 100% of SUD monitoring site reviews	**Met**: **Partially Met**: **Not Met**:
6. Timeliness to Services: Monitor and improve timely access to services.	1) MHP: Develop methodology to reliably track urgent services rendered 2) DMC-ODS: Identify strategies to track timely access to care, specifically: a) Timeliness of first initial contact to face-to-face appointment; b) Frequency of follow-up appointments in accordance with individualized treatment plans; c) Timeliness of first dose of NTP services	**Met**: **Partially Met**: **Not Met**:

Category	Goals	Annual Evaluation
7. Beneficiary Protection and Informing Materials.	1) Ensure grievances and appeals are processed within mandated timeframes 2) Provide training / technical assistance to BH staff on beneficiary protection processes and forms 3) Continue to track and trend Beneficiary Protection data to identify quality improvement opportunities and share results with QIC / management staff 4) MHP: Update Beneficiary Handbook in accordance with MHSUDS IN 18-043 by 9/30/19 5) DMC-ODS: Update Beneficiary Handbook in accordance with state guidance by 12/31/19	**Met**: **Partially Met**: **Not Met**:
8. Clinical Documentation: Improve quality and regulatory compliance.	1) MHP: Institute routine clinical documentation training and support for staff, including providing a minimum of 12 new employee orientation trainings and 6 all MH staff documentation trainings 2) MHP: Complete updates to the Clinical Documentation Manual by 9/30/19 3) MHP: Fully implement updated BH-QM HHSA utilization review process by 9/30/19; review a minimum of 5% of open HHSA charts 4) DMC-ODS: Complete development of the DMC-ODS Clinical Documentation guide by 12/31/19 5) DMC-ODS: Conduct a minimum of 2 SUD provider documentation trainings	**Met**: **Partially Met**: **Not Met**:
9. Network Adequacy: Maintain and monitor a network of providers that is sufficient to provide adequate access to services.	1) Complete quarterly MHP and annual MHP and DMC-ODS Network Adequacy submissions according to DHCS schedule	**Met**: **Partially Met**: **Not Met**:
10. Avatar: Continue to improve Avatar usability to promote efficiency and support service delivery.	1) Conduct a needs assessment to identify Avatar-related workgroup needs (Clinical / Fiscal / Steering); identify workgroup membership; and develop a consistent meeting schedule for Avatar workgroups 2) Increase clinical Avatar support to end users (e.g., develop training materials).	**Met**: **Partially Met**: **Not Met**:

Category	Goals	Annual Evaluation
11. Update Specialty Mental Health Service Authorization policies and procedures.	1) MHP: Develop policies and procedures for the following: inpatient concurrent review, crisis residential concurrent review, adult residential concurrent review, and outpatient specialty mental health service authorizations.	**Met**: **Partially Met**: **Not Met**: **Continued:**
12. Utilization Management: Improve Medication Monitoring policies and procedures.	1) MHP: Implement the developed mechanism for capturing medication monitoring data in Avatar and report back to prescribing staff and Medical Director on findings. 2) DMC-ODS: Expand medication monitoring utilization review to include newly contracted Substance Use Disorder (SUD) providers.	**Met**: **Partially Met**: **Not Met**:
13. Improve provider Relations and Communication Strategies.	1) Continue to improve communication between BH-QM team and staff / contract partners via sending email updates / notifications, attending staff team and stakeholder meetings, etc.	**Met**: **Partially Met**: **Not Met**:
14. Develop a more robust BH Monitoring and Compliance Program.	1) Develop a process for routinely updating HHSA BH-QM Policies and Procedures (P&P's) in accordance with regulation requirements 2) Develop FY19-20 site monitoring and Medi-Cal Certification review calendars; distribute to providers and post on website.	**Met**: **Partially Met**: **Not Met**: