

# **YOLO COUNTY QUALITY MANAGEMENT WORK PLAN Fiscal Year 2020-2021**

*Evaluation Period: July 1, 2020 – June 30, 2021*



**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 (HHS) 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 HHS operates a comprehensive Behavioral Health Quality Management (QM) Program encompassing several Quality Assessment and Performance Improvement (QAPI) activities. Accountable to the HHS 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, and network adequacy
- Monitoring and assisting contract agencies' adherence to their contracts with HHS
- 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**

The Quality Improvement Committee (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 HHS 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**

The annual Quality Management Work Plan (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 HHS

Behavioral Health Management 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. 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
<b>1. Outcomes: Beneficiary and Family Satisfaction with Services</b>	1) Administer Consumer Perception (CP) and Treatment Perception (TP) Surveys according to DHCS schedule 2) Analyze CP and TP survey results	<b>Met:</b> <b>Partially Met:</b> <b>Not Met:</b>
<b>2. Outcomes: Continuous quality and performance improvement</b>	1) MHP: One clinical Performance Improvement Project (PIP) 2) MHP: One non-clinical PIP 3) DMC-ODS: One clinical PIP 4) DMC-ODS: One non-clinical PIP	<b>Met:</b> <b>Partially Met:</b> <b>Not Met:</b>
<b>3. Outcomes: Improve data collection and reporting to support decision making</b>	1) MHP: Maintain routine tracking and reporting of key Performance Measures (PMs) 2) DMC-ODS: Continue to identify strategies to monitor / improve accessibility of services, including: <ul style="list-style-type: none"> <li>a) Access to after-hours care;</li> <li>b) Strategies to reduce avoidable hospitalizations;</li> <li>c) Coordination of physical and mental health services</li> </ul>	<b>Met:</b> <b>Partially Met:</b> <b>Not Met:</b>
<b>4. Access: Improve responsiveness, quality, and utilization of the 24/7 BH Access Line</b>	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%	<b>Met:</b> <b>Partially Met:</b> <b>Not Met:</b>
<b>5. Quality &amp; Appropriateness of Care: Cultural and Linguistic Competency and Capacity</b>	1) Review and update Cultural Competence Plan annually 2) DMC-ODS: Monitor to CLAS standards in 100% of SUD monitoring site reviews	<b>Met:</b> <b>Partially Met:</b> <b>Not Met:</b>
<b>6. Timeliness to Services: Monitor and improve timely access to services</b>	1) MHP: Develop and implement an Avatar form to track urgent requests across the system. 2) DMC-ODS: Develop and implement an Avatar form to track: <ul style="list-style-type: none"> <li>a) Timeliness of first initial contact to face-to-face appointment</li> <li>b) Timeliness of first dose of NTP services</li> <li>c) Begin tracking frequency of follow-up appointments in accordance with individualized treatment plans as part of the annual SUD provider monitoring process</li> </ul>	<b>Met:</b> <b>Partially Met:</b> <b>Not Met:</b>

<p><b>7. Beneficiary Protection and Informing Materials</b></p>	<p>1) Continue to ensure grievances and appeals are processed within mandated timeframes  2) Continue to track and trend Beneficiary Protection data to identify quality improvement opportunities and share results with BH leadership / QI stakeholders  3) Update policies on grievances, notices of adverse benefit determination (NOABD), appeals, and state fair hearings  4) MHP: Ensure staff / providers have access to the updated Beneficiary Handbook, including in translated threshold languages.  5) DMC-ODS: Translate the Beneficiary Handbook into Spanish in order to comply with state guidance around threshold languages.  6) DMC-ODS: Provide training / technical assistance to SUD providers on the completion of NOABDs.</p>	<p><b>Met:</b>  <b>Partially Met:</b>  <b>Not Met:</b></p>
<p><b>8. Improve MHP Providers Ability to Assess and Document Suicide Risk</b></p>	<p>1) Conduct training on documentation of suicide risk  2) Standardize the investigation process of beneficiary suicides for continued root cause analysis / quality of care improvements</p>	<p><b>Met:</b>  <b>Partially Met:</b>  <b>Not Met:</b></p>
<p><b>9. Clinical Documentation: Improve quality and regulatory compliance</b></p>	<p>1) MHP: Continue implementing routine clinical documentation training and support for staff  2) MHP: Develop updated BH-QM HHSA utilization review process by 12/31/20  3) DMC-ODS: Complete development of the DMC-ODS Clinical Documentation guide  4) DMC-ODS: Conduct a minimum of 3 SUD provider documentation trainings, which shall include 1 training for Narcotic Treatment Programs.</p>	<p><b>Met:</b>  <b>Partially Met:</b>  <b>Not Met:</b></p>
<p><b>10. Network Adequacy: Maintain and monitor a network of providers that is sufficient to provide adequate access to services</b></p>	<p>1) Complete annual MHP and DMC-ODS Network Adequacy submissions according to DHCS schedule</p>	<p><b>Met:</b>  <b>Partially Met:</b>  <b>Not Met:</b></p>
<p><b>11. Avatar: Continue to improve Avatar usability to promote efficiency and support service delivery</b></p>	<p>1) Increase clinical Avatar support to end users (e.g., develop training materials).  2) Implement use of Netsmart’s Learning Pointe  3) Implement CareConnect Inbox in order to securely exchange/receive information and referrals with providers from within Avatar  4) Increase contract provider use of Avatar</p>	<p><b>Met:</b>  <b>Partially Met:</b>  <b>Not Met:</b></p>

<p><b>12. Improve provider Relations and Communication Strategies</b></p>	<p>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.</p>	<p><b>Met:</b> <b>Partially Met:</b> <b>Not Met:</b></p>
<p><b>13. Develop a more robust BH Monitoring and Compliance Program</b></p>	<p>1) MHP: Develop FY20-21 monitoring tool(s) and calendars. 2) DMC-ODS: Update the contract provider monitoring tool to allow for clarity and greater usability by providers and BH-QM staff by the first monitoring review.</p>	<p><b>Met:</b> <b>Partially Met:</b> <b>Not Met:</b></p>
<p><b>14. Update and Implement Process Improvements for SUD Residential Treatment Authorizations</b></p>	<p>1) Update the SUD Residential Authorizations Policy and Procedure to align with the updated Intergovernmental Agreement and change in processes 2) Develop Forms and Widgets in Avatar to allow for transitioning SUD residential authorization tracking, communication, and decision making in Avatar 3) Develop a Desk Guide and provide training to SUD residential providers on the policy changes and updated processes</p>	<p><b>Met:</b> <b>Partially Met:</b> <b>Not Met:</b></p>