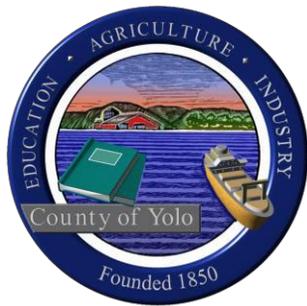# YOLO COUNTY QUALITY MANAGEMENT WORK PLAN

Fiscal Year 2023-2024

Evaluation Period: July 1, 2023 – June 30, 2024

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, monitor, coordinate and/or assign activities with appropriate individuals / programs to 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 (QI), access and authorization, and network adequacy
- Monitoring and assisting contract agencies' adherence to their contracts with HHSA
- Tracking, monitoring, analyzing, and reporting utilization data for specialty mental health and substance use disorder services
- Recommending strategies to improve access, timeliness, quality, and outcomes of care

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 HHSA 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 is 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.

Note: 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 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, including a review of data to determine if responses reflect a diverse representation of the clients served. 3) Report out results annually to BH managers, contracted providers, and stakeholders to identify areas for improvement.	**Met:** **Partially Met:** **Not Met:**
2. Outcomes: Continuous quality and performance improvement	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	**Met:** **Partially Met:** **Not Met:**

3. Outcomes: Improve data collection and reporting to support decision making	1) MHP: Identify strategies to monitor quality, timeliness, and access to care.
	2) DMC-ODS: Continue to identify strategies to monitor / improve accessibility of services, including:
	   a) Access to after-hours care;
	   b) Strategies to reduce avoidable hospitalizations; and
	   c) Coordination of physical and mental health services
		Met:
		Partially Met:
		Not Met:

4. Access: Improve responsiveness, quality, and utilization of the 24/7 BH Access Line	1) Maintain current process to ensure test calls are conducted routinely, including maintaining a schedule of trained HHSA staff who will be assigned to conduct calls on a regular basis. 2) Conduct at least two (2) test calls in prevalent non-English languages per quarter. 3) Conduct at least two (2) test calls during after-hours (AH) per quarter. 3) Increase the percentage of test calls logged during business (BH) and AH to a minimum of 80% 4) For quality and performance improvement purposes, report out on test call results quarterly to BH leadership and Access Line vendor, unless more prompt reporting is indicated.	**Met:** **Partially Met:** **Not Met:**
5. Quality & Appropriateness of Care: Cultural and Linguistic Competency	1) Assist with the Cultural Competence Plan annual update process in collaboration with the HHSA Community Health Branch. 2) Monitor internal and external providers to ensure	**Met:** **Partially Met:** **Not Met:**

and Capacity	culturally and linguistically competent services are being delivered.	

6. Timeliness to Services: Monitor and improve timely access to services	1) MHP: Implement the Avatar Timeliness Form to track:
	    a) Timeliness of fist initial contact to first routine appointment
	    b) Timeliness of Urgent Requests
	    c) Timeliness of Psychiatry Requests
	2) DMC-ODS: Implement the Avatar timeliness form to track:
	    a) Timeliness of first initial contact to first appointment
	    b) Timeliness of services for urgent conditions
	    c) Timeliness of first dose of NTP services
	3) DMC-ODS: Begin tracking frequency of follow-up appointments, including after residential treatment.
		Met:
		Partially Met:
		Not Met:

7. Beneficiary Protection and Informing Materials	1) Continue to ensure grievances, appeals, and state fair hearings are processed within mandated timeframes 2) Continue to track and trend Beneficiary Protection data to identify QI opportunities and share results in quarterly QIC meetings. 3) Update Change of Provider policy and distribute to providers.	**Met:** **Partially Met:** **Not Met:**
8. Clinical Documentation: Improve quality and regulatory compliance	1) Update training materials to include payment reform standards set forth by DHCS 2) DMC-ODS: Conduct at least one documentation training, which includes new CalAIM standards, for each of the following service types: outpatient, residential and NTP. 3) MHP: Conduct at least two documentation trainings, which includes new CalAIM standards, for mental health providers (one for internal teams and one for contracted providers). 4) Update telehealth policy and consent forms to align with BHIN 22-019.	**Met:** **Partially Met:** **Not Met:**
10. Maintain and monitor a network of providers that is sufficient to provide adequate access to services	1) Complete annual MHP and DMC-ODS Network Adequacy submissions and Corrective Action Plans according to DHCS schedule.	**Met:** **Partially Met:** **Not Met:**
11. Avatar: Continue to improve Avatar	1) Have QM representation at 90% of the IT Avatar Steering Committee meetings to bring forth project	**Met:** **Partially Met:**

usability to promote efficiency and support service delivery	ideas to support ongoing QI needs and efforts. 2) Have at least one QM representative attend each Avatar Clinical User Groups for vendors and external providers to support ongoing QI needs and efforts. 3) Update Avatar progress note form and desk guide to align with payment reform.	Not Met:

12. Develop a more robust BH Monitoring Program	1) MHP: Work with HHSA CYF branch and IT Department to track / trend results of medication monitoring over time to inform QI efforts on identified system-related issues.
	2) Update the following areas of the contracted provider and internal program monitoring to reflect CalAIM changes.
	    a) Chart (Clinical Record Review)
	    b) System (Personnel Records & Policies and Procedures)
	    c) On-Site
	3) Implement revised service verification policy and process based on provider feedback.
		Met:
		Partially Met:
		Not Met:

13. Improve accuracy of treatment episode data to increase reliability and utility for QI efforts as well as compliance with DHCS data tracking requirements	1) Generate monthly episode management data reports for providers to ensure Avatar episodes are being discharged in a timely manner once a client is no longer receiving services. 2) Review and update guidance for HHSA staff and providers around episode admission and discharge dates to ensure consistency in definitions for data entry and episode management.	Met: Partially Met: Not Met:
14. Enhance the QIC committee through increased participation	1) Recruit beneficiaries and family member participants to ensure a diverse committee. 2) Continue to encourage providers to attend QIC meetings through regular reminders in order to increase provider representation across both mental health and substance use disorder systems of care.	Met: Partially Met: Not Met:
15. Use data to track and improve DMC-ODS residential authorization timeliness metrics as well as compliance with Yolo County authorization policies and DHCS requirements.	1) Track the number, percentage of denied, and timeliness of requests for authorization for residential DMC-ODS services. 2) Share the data above with residential providers and provide individualized technical assistance (TA) to improve timeliness / compliance.	Met: Partially Met: Not Met:

16. Implement CalAIM Behavioral Health Payment Reform	1) Collaborate with providers to establish rates and update contracts to reflect payment reform changes 2) Develop resources for providers to assist with the implementation of payment reform and to identify appropriate billing codes for services provided 3) Update Avatar to include new payment reform codes and billing rates.	**Met:** **Partially Met:** **Not Met:**