

YOLO COUNTY QUALITY MANAGEMENT

WORK PLAN

Fiscal Year 2024-2025

Evaluation Period: July 1, 2024 – June 30, 2025



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, 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 HHS
- 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 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 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 HHS 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 the DHCS schedule 2) Analyze CP and TP survey results, including a review of data to determine areas of needed quality improvement. 3) Report out results annually to Behavioral Health managers, contracted providers, and stakeholders to discuss areas for improvement and successes.	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: Identify strategies to monitor / improve accessibility of services, including: <ul style="list-style-type: none"> 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. 4) Increase the percentage of test calls logged during business (BH) and AH to a minimum of 80% 5) For quality and performance improvement purposes, report out on test call results at least quarterly to Behavioral Health leadership and Access Line vendor.	Met: Partially Met: Not Met:
5. Quality & Appropriateness of Care: Cultural and Linguistic Competency and Capacity	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 culturally and linguistically competent services are being delivered.	Met: Partially Met: Not Met:
6. Timeliness to Services: Monitor and improve timely access to services	1) MHP: Implement the Avatar Timeliness Form to track: <ul style="list-style-type: none"> a) Timeliness of fist initial contact to first routine appointment b) Timeliness of Urgent Requests c) Timeliness of Psychiatry Requests 	Met: Partially Met: Not Met:

	<p>2) DMC-ODS: Implement the Avatar timeliness form to track:</p> <ul style="list-style-type: none"> a) Timeliness of first initial contact to first appointment b) Timeliness of services for urgent conditions c) Timeliness of first dose of Narcotic Treatment Program (NTP) services d) Timeliness to after-hours care <p>3) DMC-ODS: Begin tracking frequency of follow-up appointments, including after residential treatment.</p>	
7. Beneficiary Protection and Informing Materials	<p>1) Ensure grievances, appeals, and state fair hearings are processed within mandated timeframes</p> <p>2) Track and trend Beneficiary Protection data to identify QI opportunities and share results in quarterly Quality Improvement Committee (QIC) meetings.</p> <p>3) Update the Unusual Occurrence and Event policy and reporting form to include processes for evaluating serious incidents for quality improvement opportunities.</p>	<p>Met:</p> <p>Partially Met:</p> <p>Not Met:</p>
8. Clinical Documentation: Improve quality and regulatory compliance	<p>1) Update training materials to include BHIN 23-068 and FY24-25 payment reform standard changes set forth by DHCS</p> <p>2) DMC-ODS: Conduct at least one documentation training, which includes updated CalAIM standards, for each of the following service types: outpatient, residential and NTP.</p> <p>3) MHP: Conduct at least two documentation trainings, which includes updated CalAIM standards, for mental health providers (one for internal teams and one for contracted providers).</p> <p>4) Emphasize the use of problem lists to effectively communicate social determinants of health needs in trainings and written guidance as this was identified as an area of needed improvement during annual auditing.</p>	<p>Met:</p> <p>Partially Met:</p> <p>Not Met:</p>
9. Maintain and monitor a network of providers that is sufficient to provide adequate access to services	<p>1) Complete monthly data quality checks and updates for 274 submissions.</p> <p>2) Submit monthly 274 submissions for SMH and DMC-ODS by the 10th of each month.</p> <p>3) Submit the Network Adequacy submissions timely</p> <p>4) Resolve network adequacy Corrective Action Plans according to DHCS' schedule.</p>	<p>Met:</p> <p>Partially Met:</p> <p>Not Met:</p>
10. Avatar: Continue to improve Avatar usability to promote efficiency and support service delivery	<p>1) Update existing Treatment Authorization Requests/Concurrent Review form to capture additional information thus streamlining current processes</p> <p>2) Attend monthly meetings with the Enterprise Application (EA) Team to collaborate on improving end user experience, increasing data integrity, and project planning to meet state mandates and initiatives.</p> <p>3) Develop and implement forms and reports necessary</p>	<p>Met:</p> <p>Partially Met:</p> <p>Not Met:</p>

	to onboard DMC-ODS providers into Avatar	
11. Streamline the Behavioral Health Monitoring Program	<p>1) MHP: Work with HHSA Child Youth & Family branch and EA Team to track / trend results of medication monitoring over time to inform QI efforts on identified system-related issues.</p> <p>2) MHP: Revise the monitoring tools and process to include timeliness of data submissions and other mandated deliverables.</p> <p>3) DMC-ODS: Update the monitoring process to assure regulatory compliance while minimizing current process redundancies.</p>	<p>Met:</p> <p>Partially Met:</p> <p>Not Met:</p>
12. Maintain accuracy of treatment episode data to increase reliability and utility for QI efforts as well as compliance with DHCS data tracking requirements	<p>1) Generate monthly episode management data reports for providers to ensure Avatar episodes continue to be discharged in a timely manner once a client is no longer receiving services.</p>	<p>Met:</p> <p>Partially Met:</p> <p>Not Met:</p>
13. Enhance the QIC committee through increased participation	<p>1) Recruit beneficiaries and family member participants to ensure a diverse committee.</p> <p>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.</p>	<p>Met:</p> <p>Partially Met:</p> <p>Not Met:</p>
14. Use data to track and improve DMC-ODS residential authorization timeliness metrics as well as compliance with Yolo County authorization policies and DHCS requirements.	<p>1) Collaborate with the EA team to develop reports or other systems to allow for more efficient data analysis of authorization timeliness and approval/denial rates.</p> <p>2) Track the number, percentage of denied, and timeliness of requests for authorization for residential DMC-ODS services.</p> <p>3) Share the data above with residential providers and provide individualized technical assistance (TA) to improve timeliness / compliance.</p>	<p>Met:</p> <p>Partially Met:</p> <p>Not Met:</p>
15. Implement CalAIM Behavioral Health Payment Reform Updates	<p>1) Have at least one (1) QM representative attend each of the September and October DHCS payment reform office hours</p> <p>2) Develop resources for providers to assist with the implementation of amended payment reform guidelines and to identify appropriate billing codes for services provided</p> <p>3) Update Avatar to include new payment reform codes and billing rates.</p> <p>4) Provide technical assistance trainings to internal staff and contracted providers</p>	<p>Met:</p> <p>Partially Met:</p> <p>Not Met:</p>

<p>16. Address system issues related to Corrective Action Plans (CAP)</p>	<p>1) Resolve the Behavioral Health Audit Specialty Mental Health CAP findings 2) Resolve the Substance Use Block Grant CAP findings</p>	<p>Met: Partially Met: Not Met:</p>
<p>17. Compliance with DMC-ODS State Reporting</p>	<p>1) Drug and Alcohol Treatment Access Report (DATAR): Provide targeted technical assistance for Providers to ensure DATAR Submissions are within 80% of monthly compliance 2) California Outcomes Measurement System (CalOMS): Provide targeted technical assistance for Providers to reduce the number of errors in monthly submissions to achieve an 80% successful file submission rate by the end of the fiscal year 3) CalOMS: Provide targeted technical assistance for Providers to reduce the number of incomplete annual updates 4) CalOMS: Attend weekly TA sessions with DHCS to identify and resolve administrative and systematic errors until these issues are resolved.</p>	<p>Met: Partially Met: Not Met:</p>