

# **YOLO COUNTY QUALITY MANAGEMENT**

## **WORK PLAN**

### **Fiscal Year 2022-2023**

*Evaluation Period: July 1, 2022 – June 30, 2023*



**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
<p><b>1. Outcomes: Beneficiary and Family Satisfaction with Services</b></p>	<p>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.</p>	<p><b>Met:</b> <b>Partially Met:</b> <b>Not Met:</b></p>
<p><b>2. Outcomes: Continuous quality and performance improvement</b></p>	<p>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</p>	<p><b>Met:</b> <b>Partially Met:</b> <b>Not Met:</b></p>
<p><b>3. Outcomes: Improve data collection and reporting to support decision making</b></p>	<p>1) MHP: Maintain routine tracking and reporting of key Performance Measures (PMs). Utilize data trends to inform quality improvement efforts and contracting decisions. 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;     c) Coordination of physical and mental health services 3) Use developed reports to aggregate and trend Child and Adolescent Needs and Strengths (CANS) and Pediatric Symptom Checklist (PSC-35) data for QI purposes. 4) Use developed report(s) to aggregate and trend Level of Care Utilization System (LOCUS) data for QI purposes.</p>	<p><b>Met:</b> <b>Partially Met:</b> <b>Not Met:</b></p>
<p><b>4. Access: Improve responsiveness, quality, and utilization of the 24/7 BH Access Line</b></p>	<p>1) Develop a process to ensure test calls are conducted routinely, including developing scripts and a schedule of trained HHSA staff who will be assigned to conduct calls on a regular basis. 2) Conduct at least 40% 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% 4) For quality and performance improvement purposes, report out on test call results quarterly, at minimum, to BH leadership and Access Line vendor, unless more prompt reporting is indicated.</p>	<p><b>Met:</b> <b>Partially Met:</b> <b>Not Met:</b></p>

<p><b>5. Quality &amp; Appropriateness of Care: Cultural and Linguistic Competency and Capacity</b></p>	<p>1) Play an active role in the Cultural Competence Plan annual update process in collaboration with the HHSA Community Health Branch to ensure the Plan is identifying and affirming cultural-related specific to support behavioral health recovery.</p>	<p><b>Met:</b> <b>Partially Met:</b> <b>Not Met:</b></p>
<p><b>6. Timeliness to Services: Monitor and improve timely access to services</b></p>	<p>1) MHP: To Develop and Implement an Avatar Form to track:</p> <ul style="list-style-type: none"> <li>a) Timeliness of fist initial contact to first appointment</li> <li>b) Timeliness of Urgent Requests</li> <li>c) Timeliness of Psychiatry Requests</li> </ul> <p>2) DMC-ODS: Develop and implement an Avatar form to track:</p> <ul style="list-style-type: none"> <li>a) Timeliness of first initial contact to 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>	<p><b>Met:</b> <b>Partially Met:</b> <b>Not Met:</b></p>
<p><b>7. Beneficiary Protection and Informing Materials</b></p>	<p>1) Continue to ensure grievances and appeals are processed within mandated timeframes</p> <p>2) Continue to track and trend Beneficiary Protection data to identify QI opportunities and share results with BH leadership / QI stakeholders. Based on feedback and collaboration with the Plan’s Cultural Competence workgroup, include an analysis of grievance trends based on beneficiary race / ethnicity.</p> <p>3) Update Grievance policy and distribute to providers.</p>	<p><b>Met:</b> <b>Partially Met:</b> <b>Not Met:</b></p>
<p><b>8. Clinical Documentation: Improve quality and regulatory compliance</b></p>	<p>1) Update training materials to align with finalized CalAIM documentation reform standards set forth by DHCS</p> <p>2) DMC-ODS: Conduct at least one documentation training, which includes new CalAIM documentation standards, for each of the following service types: outpatient, residential and NTP.</p> <p>3) MHP: Conduct at least one documentation training, which includes new CalAIM documentation standards, for mental health providers.</p>	<p><b>Met:</b> <b>Partially Met:</b> <b>Not Met:</b></p>
<p><b>9. Access screening and Care coordination: Support provider implementation and compliance (MHP)</b></p>	<p>1) Develop policies for the new Screening and Transition Tools</p> <p>2) Assist the IT department with ensuring the MHP EHR versions of the DHCS Screening and Transition Tools are compliant</p>	<p><b>Met:</b> <b>Partially Met:</b> <b>Not Met:</b></p>

	3) Issue guidance on the new tools to the MHP network providers.	
<b>10. Maintain and monitor a network of providers that is sufficient to provide adequate access to services</b>	1) Complete annual MHP and DMC-ODS Network Adequacy submissions and Corrective Action Plans according to DHCS schedule.	<b>Met:</b> <b>Partially Met:</b> <b>Not Met:</b>
<b>11. Avatar: Continue to improve Avatar usability to promote efficiency and support service delivery</b>	1) Have consistent QM representation on the new IT Avatar Steering Committee to bring forth project ideas to support ongoing QI needs and efforts.  2) Have consistent QM representation for the Avatar Clinical User Groups for vendors and external providers to support ongoing QI needs and efforts.	<b>Met:</b> <b>Partially Met:</b> <b>Not Met:</b>
<b>12. Develop a more robust BH Monitoring Program</b>	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 chart monitoring tools to reflect CalAIM changes	<b>Met:</b> <b>Partially Met:</b> <b>Not Met:</b>
<b>13. Improve accuracy of treatment episode data to increase reliability and utility for QI efforts as well as compliance with DHCS data tracking requirements</b>	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.	<b>Met:</b> <b>Partially Met:</b> <b>Not Met:</b>
<b>14. Enhance the QIC committee through increased participation</b>	1) Continue to recruit participants to ensure a diverse committee including vendors, stakeholders, beneficiaries and family members. 2) Combine SUD and MH QIC meetings in order to address quality improvement from an integrated behavioral health approach	<b>Met:</b> <b>Partially Met:</b> <b>Not Met:</b>