Inyo County Health and Human Services

Behavioral Health Division

Annual Quality Improvement Work Plan

FY 24-25

Inyo County Health and Human Services

Mission Statement

Strengthening Resilience
and Well-Being in our Community

Behavioral Health Divisional Mission Statement

Providing High Quality and Culturally Responsive Behavioral Health Services to Strengthen Well-Being and Resilience through Hope, Healing, and Support for Individuals and Families within Our Community

The Inyo County Health and Human Services-Behavioral Health (ICHHS-BH) Division is committed to fostering a culture of continuous improvement in the delivery of specialty mental health and substance use disorder services. Our mission is to provide high-quality and culturally responsive behavioral health services to strengthen well-being and resilience through hope, healing, and support for individuals and families within our community.

Our goal is to enhance client outcomes, promote equitable access to care, and ensure compliance with regulatory standards. By implementing evidence-based practices and engaging stakeholders, we aim to support the well-being of our community and drive continuous improvement in our services.

Key Activities

- Performance monitoring: client outcomes, utilization management, and provider appeals.
- Continuity and coordination of care with physical health care providers and community services.
- Detection of underutilization and overutilization of services.
- Assessment of beneficiary satisfaction and monitoring of medication practices.
- Addressing meaningful clinical issues and implementing follow-up actions.

The QI program's activities are guided by relevant federal and state regulations, including Title 42 of the Code of Federal Regulations, California Code of Regulations Title 9, California Welfare and Institutions Code, and our performance contract with the California Department of Health Care Services (DHCS). This plan is evaluated and updated annually per Title 9, CCR, Section 1810.440(a)(6) and Title 42, CFR, Section 438.240(e).

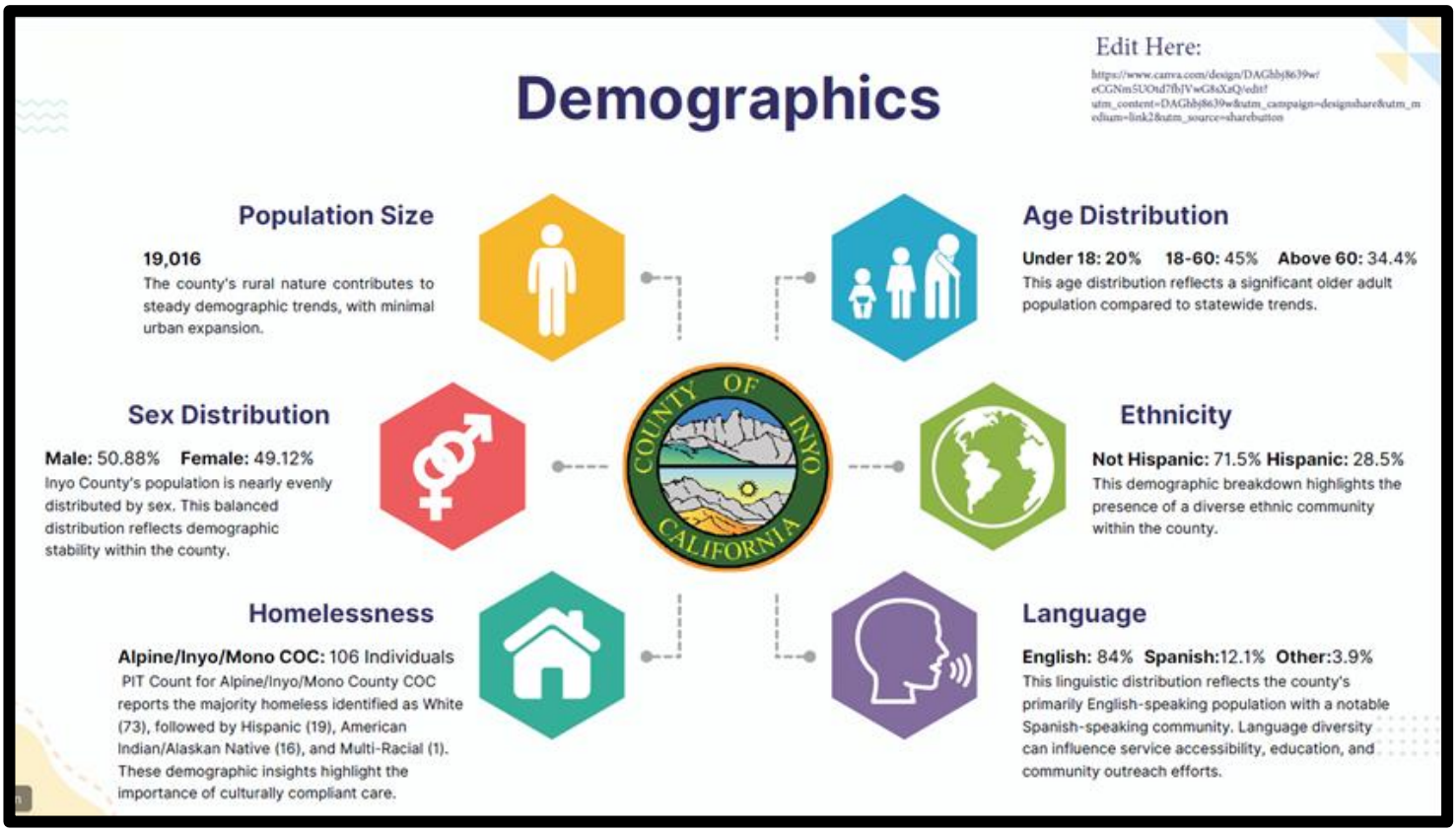
Inyo County Overview

County Seat: Independence, CA

Total Population (2020): 19,016

Population Density: 1.9 people/sq. mile | **Total Households (2019-2023):** 7,923 | **Median Household Income (2019-2023):** $72,432 | **Poverty Rate:** 10% | **Unemployment Rate:** 2.4%

County Area: 10,197.26 sq. miles | **Highest Point:** Mount Whitney (14,505 ft) | **Lowest Point:** Badwater Basin (−282 ft) | **Land Ownership:** Public Lands: 92% | City of Los Angeles: 3.9% | - State: 2.4% | - Private: 1.7% |



Quality Improvement Program

The PIQA team is charged with conducting and overseeing the elements of the QI program. The PIQA team will also provide guidance and support in the implementation of the QI work plan. ICHHS-BH will utilize the QI Work Plan covering the current contract cycle with documented annual evaluations and documented revisions as needed. The QI Work Plan supporting evidence includes:

Program Integrity and Quality Assurance (PIQA) Team Responsibilities

- Conduct and oversee QI program efforts.
- Provide guidance and support for implementing the QI work plan.
- Document monitoring activities, such as grievances, appeals, and clinical records review.
- Demonstrate QA activities leading to clinical care and service improvements.
- Assess service accessibility: 24-hour toll-free access line, appointment scheduling, and after-hours care.
- Ensure compliance with cultural and linguistic competence as per Title 9, CCR, Section 1810.410.

ICHHS-BH's quality improvement efforts are supported by four key committees:

1. **Compliance Committee**: Meets quarterly to address policy and procedural changes and compliance adherence. Members include the Behavioral Health Deputy Director, PIQA staff, Fiscal staff, clinical staff, and line staff. Key functions include fiscal coding, eligibility clarification, workflow needs, and monitoring the Compliance Plan.
2. **QII Staff Trainings**: A monthy quality assurance/improvement meeting where program staff review compliance updates and critical incidents. This forum evaluates consumer-focused issues like cultural diversity, clinical training, and consumer satisfaction, as well as system-level topics such as clinic audits and employee feedback.
3. **Quality Improvement Committee (QIC)**: Conducts quarterly reviews of sensitive and confidential information, implements Performance Improvement Projects, and ensures continuous quality monitoring. The QIC performs an annual evaluation of the QI program's effectiveness and provides a feedback loop for tracking issues over time.

4. **Behavioral Health Advisory Board (BHAB)**: Meets at least 9 times annually, including consumers, a Board of Supervisors representative, and the Deputy Director of Behavioral Health. The BHAB provides feedback on access findings and policy change proposals, with input documented and reported back to the Compliance Committee.

These committees work collaboratively to ensure the delivery of high-quality behavioral health services while safeguarding confidentiality and adhering to federal and state regulations.

Quality Improvement Program Evaluation

The planning phase of the Plan-Do-Check-Act (PDCA) cycle for the Quality Improvement (QI) Program focuses on establishing a structured evaluation process to assess the program's overall effectiveness and guide future improvements. The following key elements are included in the plan:

- **Evaluation of Overall Effectiveness**
    - **Conduct routine and annual assessments to demonstrate that QI activities:**
        - Contribute data to improve clinical care.
        - Enhance service delivery.
        - Are complete or actively in progress.
        - Incorporate cultural competence and linguistic standards to match consumers' needs with appropriate providers and services.
- **Specific QI Evaluation Activities**
    - Review access and authorization data to identify trends in consumer care, timeliness of service plan submission, and utilization review and authorization functions.
    - Assess consumer and provider satisfaction surveys for access, quality, and outcomes assurance.
    - Evaluate results of QI activities, including progress on Performance Improvement Projects (both clinical and non-clinical).
    - Review QI actions and follow up on plans for action.

- Conduct chart reviews to assess appropriateness of care, reviewer comments, corrective actions, and significant trends.
- Analyze Performance Outcome Measures for adults and children to identify significant findings and trends.
- Assess medication monitoring processes for care appropriateness, reviewer comments, corrective actions, and significant trends.
- Review new notifications for appropriateness and significant trends.
- Examine grievances, appeals, and State Fair Hearings to identify trends influencing policy and program actions.
- Investigate other clinical and system-level issues affecting service quality and culturally sensitive concerns requiring prescriptive action.
- Assess potential policy changes.
- Maintain an annual credentialing process to ensure compliance with licensing requirements.
- Monitor issues over time and ensure implementation of recommended activities, completing the Quality Improvement feedback loop.

- **Monitoring of Previously Identified Issues**
  - **Document meeting minutes to include:**
    - Identification of action items.
    - Follow-up on action items.
    - Responsible team members and due dates.
    - Completion status.
  - Review completed and incomplete action items on the agenda for the next meeting.
  - Identify chart reviews pending further corrective actions for follow-up and reporting.
- **Inclusion of Cultural Competency Concerns**
  - Regularly review data and trends related to cultural competence and linguistic preferences.

- Engage the Cultural Competence Committee in driving strategies to enhance service delivery and quality of care.

Quality Improvement Program Implementation

The implementation phase of the Plan-Do-Check-Act (PDCA) cycle for the Quality Improvement (QI) Program focuses on executing the plan and ensuring effective delivery service. Key activities include:

- **Ensure ICHHS-BH Service Delivery Capacity**
  - Monitor utilization of services through Electronic Health Record (EHR) System reports and data from the DHCS Client Services Information system (CSI).
  - Evaluate staff productivity via productivity reports from the EHR System and QA staff.
  - Conduct monthly QA and Program staff meetings to review productivity and goal attainment.
  - Ensure cultural and linguistic needs are met.
- **Monitor Accessibility of Services**
  - Track timeliness of routine mental health appointments (goal: no more than 10 business days between request and intake appointment).
  - Assess timeliness of services for urgent or emergent conditions (goal: no more than one hour for staff response or authorization decision).
  - Ensure access to after-hours services for urgent conditions (goal: one hour response time, face-to-face within 24 hours for suicide precautions).
  - Evaluate responsiveness of the 24-hour, toll-free Access Line with quarterly test calls.
  - Implement and maintain efficient workflow standards documented in flowcharts and policies.
  - Assess performance through quantitative measures like productivity reports, consumer surveys, and timeliness reviews.
  - Support stakeholder involvement, including input from the MHSA Steering Committee and Behavioral Health Advisory Board.

- **Monitor Client Satisfaction**
    - Conduct annual Consumer Perception Surveys (POQI) in threshold languages.
    - Share survey results with staff, providers, and the Behavioral Health Advisory Board.
    - Review beneficiary grievances, appeals, and fair hearings for trends and policy changes.
    - Evaluate patterns in requests to change practitioners.
    - Assess cultural sensitivity through survey analysis and peer reviews.
- **Monitor the Service Delivery System**
    - Assess the safety and effectiveness of medication practices through annual reviews.
    - Identify and address meaningful clinical issues quarterly.
    - Implement and review efficient workflow standards.
    - Conduct frequent peer reviews and discuss findings at QIC meetings.
- **Monitor Continuity and Coordination of Care**
    - Review data on primary care and psychiatric consultations through the Coordinated Care Collaborative (CCC).
    - Hold annual meetings with Rural Health Clinic and Northern Inyo Hospital staff.
    - Evaluate referrals and exchange information through peer chart reviews.
- **Monitor Provider Appeals**
    - Record and review provider appeals in the Provider Complaint Log.
    - Address trends and resolutions at QIC meetings.

Check: Quality Improvement Program Review

The review phase of the Plan-Do-Check-Act (PDCA) cycle for the Quality Improvement (QI) Program ensures data-driven evaluation and continuous improvement. Key steps include:

- **Steps in the Review Process**
    - Identify goals and objectives.
    - Collect and analyze data to measure against goals and prioritized areas for improvement.
    - Identify opportunities for improvement and decide which opportunities to pursue.
    - Design and implement interventions to improve performance.
    - Measure the effectiveness of interventions.
    - Ensure follow-up of QI processes through the QI feedback loop to incorporate successful interventions in the mental health service system.
- **Data Collection Sources and Types**
    - Utilization and accessibility data by service type, age, gender, ethnicity, and primary language via CSI and EHR System.
    - Network Adequacy Reports.
    - Medication Monitoring Forms and Logs.
    - Chart Review Forms and Logs.
    - Consumer and Provider Complaint Logs.
    - Special Reports from DHCS.
    - Change of provider request forms from beneficiaries.
- **Data Analysis and Interventions**
    - PIQA staff perform preliminary analysis; clinical staff assist when appropriate.
    - Interventions are designed with input from staff, committees, and leadership.
    - Behavioral Health Director approves interventions before implementation.
    - Effectiveness is evaluated by the QIC, with input documented in meeting minutes.

Goal 1: Monitor and Ensure Service Delivery Capacity			
Objectives	Activities	Auditing tool	Responsible Partners
1A: Obtain reports from EHR regarding the following: location of services provided by zip code, demographics, diagnosis, and types of services clients are receiving.	•Monitor data collected on Medi-Cal beneficiaries •Monitor trending of the data on a quarterly basis •Data to be analyzed by QIC and Leadership to determine areas of deficiencies •Review and monitor NACT	1: Client roster Report 2: Client diagnosis report 3: Client services report 4: Dashboards 5: NACT	1: PIQA Analyst 2: PIQA Manager 3: QIC 4: Leadership
1B: Monitor Productivity in accordance with predetermined staff-specific productivity measures (an overall productivity rate of 65%)	•Staff will enter all services into EHR •Staff productivity will be evaluated by utilizing productivity reports based on the client services report •Supervisors will monitor reports	1: Reports and Dashboards	1: QA Staff Analyst 2: QA Supervisor 3: Leadership
1C: Monitor staff caseload and timeliness of EHR entries	•Staff will enter all services into EHR •Staff will sign all progress notes within 7 days of service •Staff will sign all treatment plans within 30 days of service •Staff will sign all diagnoses within 30 days of service •Quality Assurance will monitor staff timeliness •Leadership will coordinate with staff to ensure goals are met	1: EHR reports	1: PIQA Analyst 2: PIQA Manager 3: Leadership
1D: Track previously identified QI activities over time	• Analyst Team will track QI activities over time to include objectives, scope, and planned activities with targeted areas of improvement	1: QI Work Plan 2: QIC Agendas 3: QI Work Plan	1: PIQA Analyst 2: PIQA Manager 3: QIC 4: Leadership

Goal 2: Ensure Accessibility to Services			
Objectives	Activities	Auditing tool	Responsible Partners
2A: Monitor timeliness of routine initial mental health assessment to ensure compliance with the 10-business day standard, and timeliness of psychiatry appointments to ensure compliance with the 15-business day standard	•Provide training to staff on the CFR 42 requirements for time and distance •Timeliness of assessments will be tracked from date of request to first offered appointment •Staff will further delineate the data into Adult, Children's, and foster children	1: NACT 2: Assessment Measures Report 3: Dashboards	1: PIQA Analyst 2: PIQA Manager
2B: Monitor timeliness of response to urgent and emergent calls during clinic hours to ensure 75% are made within one hour, and after hours to ensure 75% are made within one hour	•Staff will utilize the on-call logs •On Call staff will complete the Access Line log after responding to a call •Data to be analyzed by QIC and Leadership to determine areas of deficiencies	1: Access Line Log 2: On-Call Logs	1: PIQA Analyst 2: PIQA Manager 2: Leadership 3: BH Staff
2C: Track utilization of urgent appointment provision within 48 hours and emergent appointments within 24 hours.	•Track utilization of urgent and emergent appointments monthly Ensure appointments are offered within the following: Appointments will be scheduled no later than 48 hours after request for urgent appointments and 24 hours for emergent appointments •Monitor timeliness by adults, children, and foster care •Identify clients for increased outreach efforts	1: Access Line Log 2: On-Call Logs	1: PIQA Analyst 2: PIQA Manager

2D: Monitor the responsiveness of the 24-hour, toll-free telephone number with all calls being provided appropriate information and logged	•Test Calls will be conducted at a rate of no less than four per quarter -2 calls will be in English -2 calls will be in Spanish •Calls will be evaluated on the following information: -How to access specialty mental health services -Information for urgent conditions -How to use the beneficiary problem resolution and fair hearing process •24/7 Access training (including interpreter access) will be offered to all staff bi-annually	1: Test Call Worksheet 2: Test Call scripts 3: Test call data will be reported quarterly to DHCS and reviewed at QIC 4: Language Line dashboard	1: PIQA Analyst 2: PIQA Manager 3: QIC
2E: Ensure the provision of culturally and linguistically appropriate services by developing a mental health-focused interpreter training curriculum	•Culturally relevant trainings will be planned annually in accordance with the Cultural Competency Plan •Linguistic access training will be offered to staff training (including interpreter access) will be offered to all staff bi-annually •Update Cultural Competency Plan annually. •Update Cultural Competency Training Plan annually. •Provide an annual update summary	1: Sign-in sheets 2: Training flyers 3: Pre/Post test	1: PIQA Team 2: QIC – Cultural Competence Committee
2F: Monitor no show rates and cancellation rates for clinicians and psychiatrists	•Monitor no show and cancellation rates with a goal of 90% of appointments being kept •Tracked quarterly and sorted by adult, children, and foster care services and further	1: Survey results reported to staff 2: Survey Results 3: Report to QIC Email	1: PIQA Analyst 2: PIQA Manager 3: Leadership

	delineated by MHP initiated, and client initiated cancellations		

Goal 3: Beneficiary Satisfaction			
Objectives	Activities	Auditing tool	Responsible Partners
3A: Assess Beneficiary and/or family member satisfaction with the services through ICHHS-BH by utilizing consumer perception (POQI) surveys annually. Goal is to increase the number of surveys completed and increase overall satisfaction by 3%. Communicate the results of surveys to staff, providers, and stakeholders.	•Train office staff in requesting surveys •Utilize peer support for client assistance •Survey beneficiary and/or family member for satisfaction	1: POQI annually 2: Meeting Minutes	1: Staff 2: QIC 3: PIQA Analyst 4: Leadership
3B: Assess Beneficiary and/or family member satisfaction with the services through ICHHS-BH by surveying clients after each visit	•Utilize services survey •Train office staff in requesting surveys •Utilize peer support for client assistance •Survey beneficiary and/or family member for satisfaction	1: Consumer Satisfaction Survey	1: Staff 2: QIC 3: QA Analyst 4: Leadership

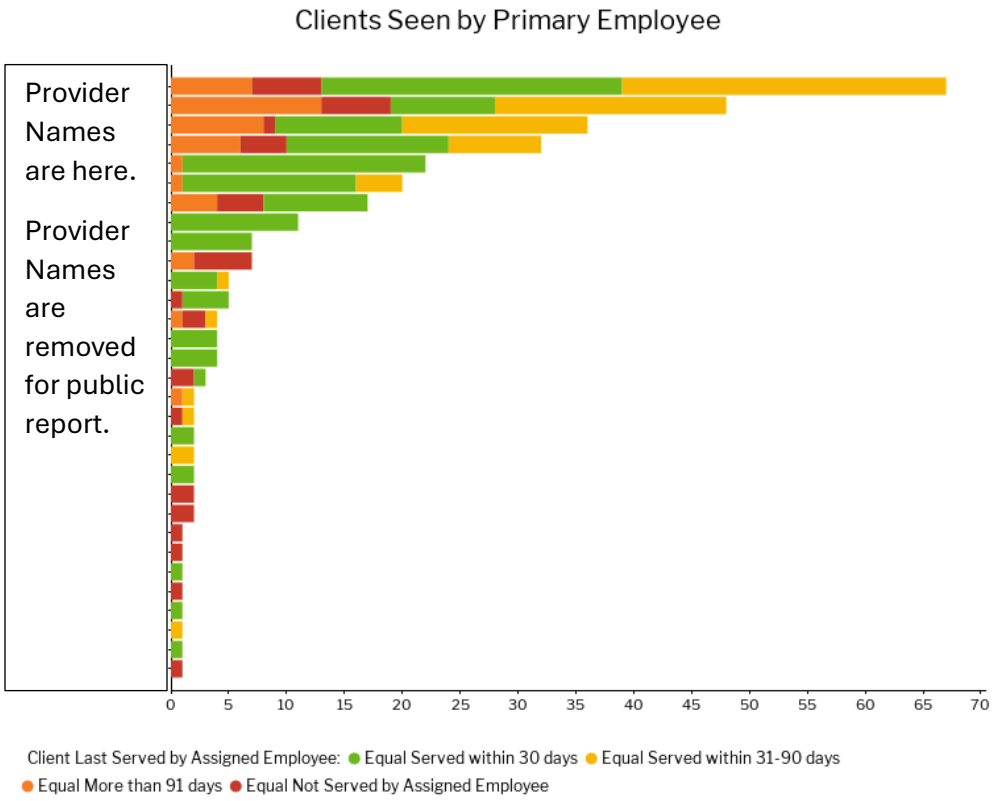
Goal 4: Monitor Safety and Effectiveness of Medication Practices			
Objectives	Activities	Auditing tool	Responsible Partners
4A: Monitor safety and effectiveness of medication practices	•Conduct chart reviews •Update medication consents to adhere to state regulations •Run reports on the types of medications prescribed •Report to QIC	1: Medication Chart Reviews	1: BH Nurses 2: Deputy Director 3: BH Leadership 4: PIQA Analyst 5: QIC
4B: Draft and create medication policies and procedures on standards of practice.	•Create medication practice policies and procedures •Have deputy director sign off on policies and procedures	1: Medication Chart Review Tool	1: BH Nurses 2: Deputy Director 3: BH Leadership 4: PIQA Analyst 5: QIC
4C: Monitor, track, and trend medication usage	•Monitor the use of psychotropic medication in children -Track and trend the rate of use of psychotropic meds in children -Track and trend to ensure lab work is being completed •Monitor the use of antipsychotic medication in children -Track and trend the rate of use of antipsychotic meds in children -Track and trend to ensure lab work is being completed	1: EHR Reports	1: BH Nurses 2: Deputy Director 3: BH Leadership 4: PIQA Analyst 5: QIC

Goal 5: Coordination and Quality Care			
Objectives	Activities	Auditing tool	Responsible Partners
5A: Monitor Medi-Cal billing and documentation compliance for SMH and DMC	•Conduct Chart reviews •Provide training if necessary •Track billing errors to determine if further training is necessary •Review compliance log •Service verification of explanation of benefits for clients	1: EHR Dashboards 2: Error Reports 3: CSI and other error reports	1: Fiscal Staff 2: PIQA Team 3: BH Leadership 4: Staff
5C: Monitor Beneficiary grievances, change of providers, and appeals. Grievances will be resolved within regulatory standards of 90 calendar days. Standard Appeals will be resolved according to regulatory standards of 30 calendar days. Expedited appeals will be processed within 72 hours	•Monitor change of provider requests, including the reason given by consumers and Notice of Adverse Benefit Determination (NOABDs) •Monitor Grievance/Appeal log •Educate staff in the CFR 42 requirements	1: Grievance submissions 2: Grievance reports 3: Report to QIC quarterly 4: NOABD log 5: Change of Provider Requests 6: Change of Provider Reports	1: PIQA Staff 2:PIQA Manager 3: Administrative Secretary, BH 4: Leadershi

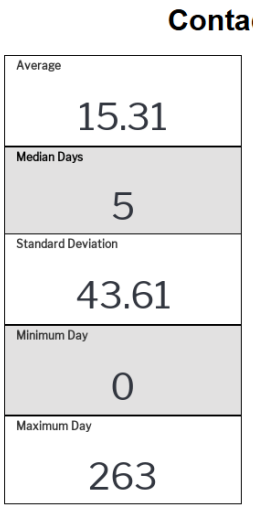
FY-23-24 Update

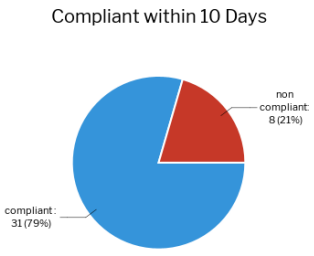
Goal 1: Monitor and Ensure Service Delivery Capacity

Set up in real time a dashboard that allows tracking of provider case load and staff timeliness. The dashboard below is what is monitored.

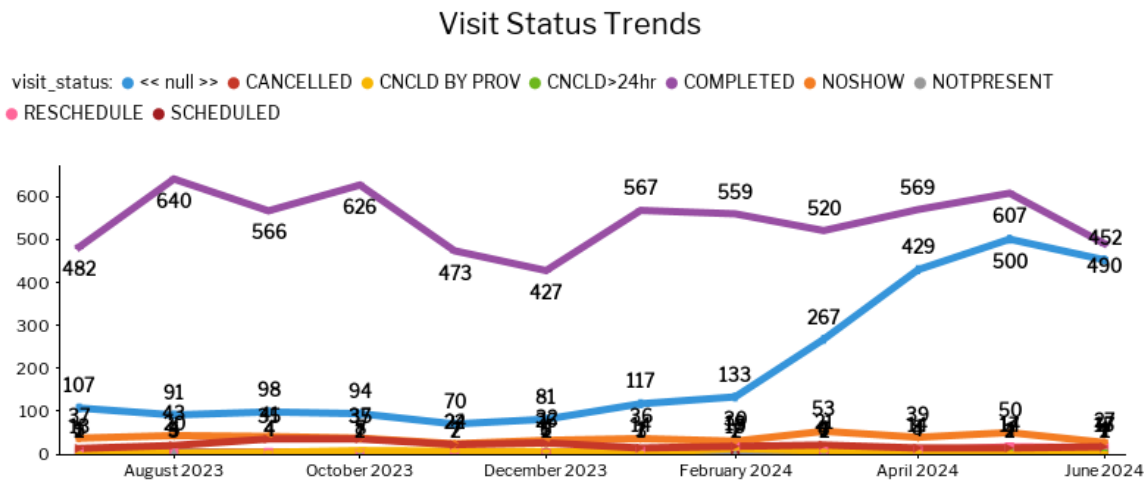


Goal 2: Ensure Accessibility to Services





Monitored timeliness of mental health assessment to ensure compliance within 10 business days.



Visit Status Trends show that for FY 23-24 the rate was below

Goal 3: Beneficiary Satisfaction

The Consumer Perception Survey was conducted in May of 2024 and data was collected from 27 participants. Survey data has not been evaluated by BH agency as of this report.

Goal 4: Monitor Safety and Effectiveness of Medication Practices

Medication Safety is qualitative data and not available for reporting as of this report

Goal 5: Coordination and Quality Care

Inyo County Behavioral Health has minimal grievances to track. DHCS reports are completed timely, and data is submitted.