



**Inyo County Health and Human Services**

Behavioral Health Division

Annual Quality Improvement Work Plan

FY 26-27

## Introduction

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. This plan establishes how we monitor, evaluate and improve care, ensure compliance with regulated standards, and align with BHSA statewide goals and our 2026-2029 Integrated Plan.

### Key Activities

- Performance monitoring: client outcomes, utilization management, and provider appeals.
- Continuity and coordination of care with health care providers and community services and Managed Care Plans.
- 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).



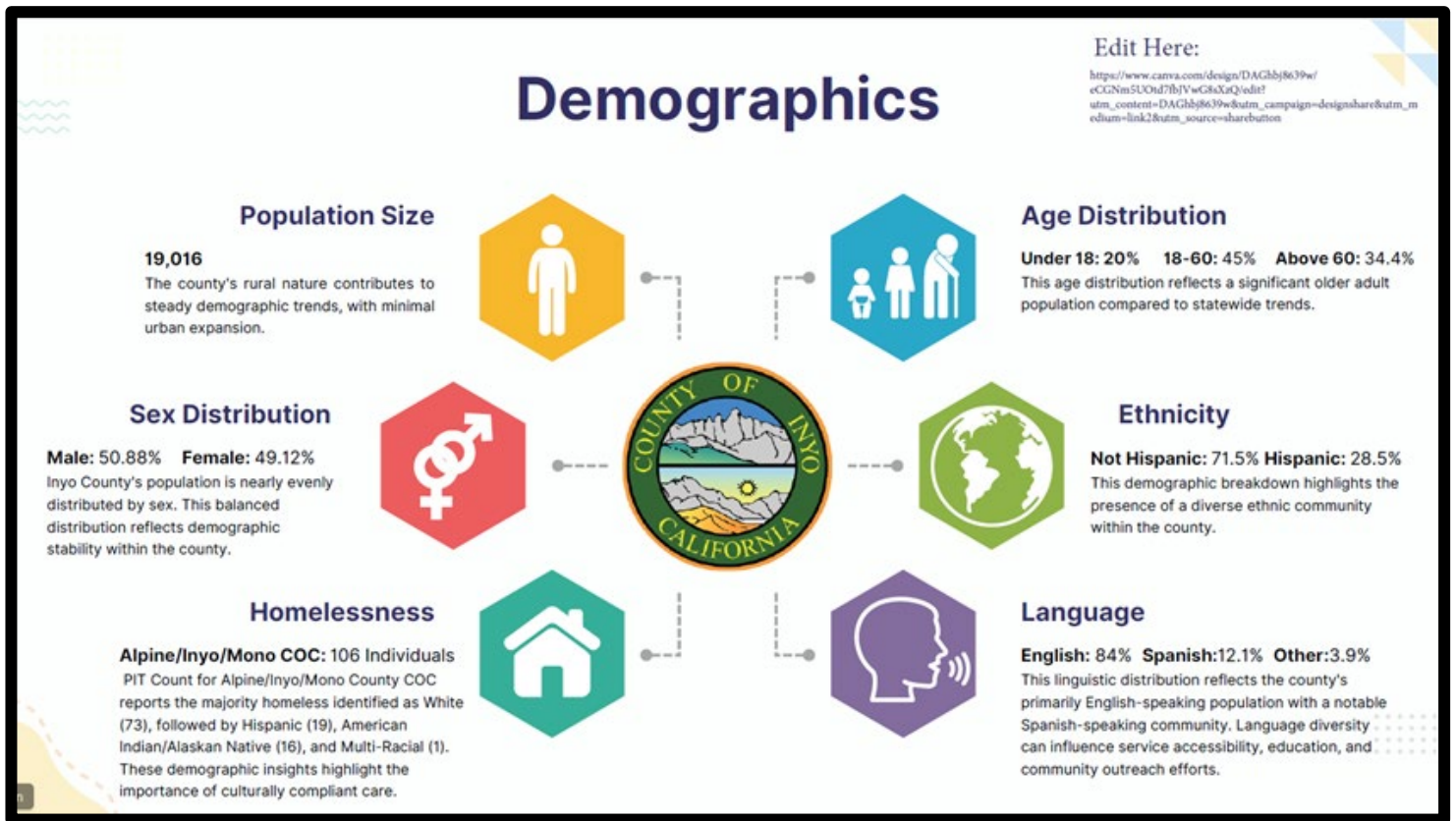
## Inyo County Overview

**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 Program Integrity and Quality Assurance (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 elements in the Integrated 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, HHS Compliance Officer, Fiscal staff, clinical staff, and line staff. Key functions include fiscal coding, eligibility clarification, workflow needs and monitoring the Compliance Plan.
2. **Staff Trainings:** A monthly 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 10 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 Plan-Do-Check-Act (PDCA) will be utilized as the foundation of the quality improvement (QI) process. PDCA provides a structured, continuous method for identifying opportunities for improvement, implementing targeted actions, evaluating outcomes through data-driven review, and refining processes to enhance service quality and system performance. By applying PDCA across all QI activities-including access and timeliness monitoring, care coordination, beneficiary feedback, compliance reviews, and performance improvement projects, the department ensures a consistent, accountable, and measurable approach to improving care delivery throughout the system.

- **Evaluation of Overall Effectiveness**
  - **Conduct routine and annual assessments to demonstrate that QI activities:**
    - Contribute to improvements in 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 Notices of Action 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 persons 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:

### Plan:

- Establish QI priorities annually; update as needed based on regulations, DHCS guidance, prior evaluations, and system gaps.
- Focus areas:
  - Access & timeliness
  - Care coordination & transitions
  - Clinical quality & medication safety
  - Beneficiary satisfaction
  - Health equity
- Define performance measures, targets, data sources, and monitoring frequency in the QI Plan.
- Review priorities and plans through the Quality Improvement Committee (QIC).

### Do:

- Implement interventions and monitoring activities across programs. Track:
  - Service capacity
  - Appointment access standards
  - Documentation timeliness

- Housing interventions
- Care transitions
- Use tools like Credible EHR data, Access Line logs, HMIS.
- Train staff on workflows, documentation standards, TOC processes, and cultural/linguistic responsiveness.
- Conduct chart reviews, consumer surveys, and provider monitoring to ensure quality and compliance.

**Check:**

- Collect and analyze data monthly and quarterly.
- Compare performance to benchmarks (access standards, documentation compliance, follow-up timelines).
- Identify trends, disparities, and non-compliance via dashboards, reports, and audits.
- Include results from PIPs, beneficiary feedback, grievances, and clinical reviews.

**Act:**

- Implement corrective actions and QI strategies based on findings:
  - Staff training
  - Workflow modifications
  - Policy updates
  - Enhanced care coordination
  - Targeted PIP interventions
- Assign, track, and monitor action items via QIC meetings until resolution.
- Standardize successful interventions; carry unresolved issues forward for ongoing monitoring.

**Outcome:**

- PDCA ensures QI is data-driven, responsive, and continuously improves behavioral health service quality, access, and effectiveness.

## **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 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 perform preliminary analysis; clinical staff assist when appropriate.
- Interventions are designed with input from staff, committees, and management. Behavioral Health Deputy Director approves interventions before implementation.
- Effectiveness is evaluated by the QIC, with input documented in meeting minutes.

## FY 2026-2027 Goals and Objectives

### GOAL 1 — Service Delivery Capacity

Objective	Activities	Auditing Tool	Responsible Party	Measurement
Monitor service utilization and staffing capacity to ensure services remain adequate.	Review EHR data; assess productivity and documentation timeliness.	EHR dashboards; Productivity and timeliness reports.	PIQA Team. BH leadership	Produce quarterly utilization dashboards and close identified gaps with ≥2 targeted actions per quarter; maintain staff productivity ≥65% on average across programs

### GOAL 2 — Access & Timeliness of Services

Objective	Activities	Auditing Tool	Responsible Party	Measurement
Ensure timely access to mental health services per state standards.	Track appointment timeliness; conduct test calls; review access logs.	Timeliness reports; Access Line logs; Test call worksheets.	PIQA Team; Front Office; BH Staff and BH Leadership; QIC	Achieve ≥90% compliance with: Routine MH assessments ≤10 business days and Psychiatry/specialty visits ≤15 business days from request to first offered appointment, stratified by adults/children/foster care.

**GOAL 3 — Post-Hospital Follow-Up & Readmission Monitoring**

<b>Objective</b>	<b>Activities</b>	<b>Auditing Tool</b>	<b>Responsible Party</b>	<b>Measurement</b>
Improve post-hospital follow-up and reduce readmission rates.	Track follow-ups; use Transition of care(TOC) tool; coordinate warm handoffs.	TOC logs; Data alerts; Hospitalization spreadsheets.	PIQA Team; BH Leadership; QIC	Offer post-hospital follow-up ≤7 days for ≥85% of discharges and reduce 30-day psychiatric readmissions by 10% from FY 2025–26 baseline.

**GOAL 4 — Culturally & Linguistically Appropriate Services**

<b>Objective</b>	<b>Activities</b>	<b>Auditing Tool</b>	<b>Responsible Party</b>	<b>Measurement</b>
Ensure culturally responsive and linguistically accessible care.	Conduct cultural competency and interpreter training; review POQI feedback.	Training logs; Interpreter logs; POQI survey results.	PIQA Cultural Competence Committee; Access Coordinator; QIC	Deliver ≥2 culturally responsive trainings and ≥2 interpreter/linguistic access trainings; increase consumer-reported cultural

**GOAL 5 — Beneficiary Satisfaction**

<b>Objective</b>	<b>Activities</b>	<b>Auditing Tool</b>	<b>Responsible Party</b>	<b>Measurement</b>
Improve beneficiary satisfaction.	Conduct CPS and visit-level surveys; report results to BHAB.	POQI reports; Survey logs; QIC/BHAB minutes.	PIQA Team; BH Leadership; BH Team; Front Office; QIC	Increase POQI completions by ≥15% and overall satisfaction by ≥3%; implement visit-level surveys in 100% clinic sites with quarterly review.

**GOAL 6 — Housing Interventions (BHSA & MCP Coordination)**

<b>Objective</b>	<b>Activities</b>	<b>Auditing Tool</b>	<b>Responsible Party</b>	<b>Measurement</b>
Support housing stability for program participants.	Complete BHSA screenings; use HMIS; coordinate MCP supports.	HMIS/CES reports; MCP logs; Subsidy tracking reports.	Housing Coordinator; PIQA Team; BH Leadership; MCP Liaisons; CoC Partners	Track number housed and 6/12 month housing retention rates for FY 26-27.

**GOAL 7 — Care Transitions & MCP Coordination**

<b>Objective</b>	<b>Activities</b>	<b>Auditing Tool</b>	<b>Responsible Party</b>	<b>Measurement</b>
Enhance transitions between ICHHS-BH and MCPs.	Implement Transition of care(TOC) tools; hold MCP meetings; track transition timeliness.	TOC logs; MCP minutes; CAP logs.	PIQA Team; BH Leadership MCP Liaisons;	Track and monitor the percentage of timely TOC completions and transition outcomes for FY 26-27.

**GOAL 8 — Medication Safety & Monitoring**

<b>Objective</b>	<b>Activities</b>	<b>Auditing Tool</b>	<b>Responsible Party</b>	<b>Measurement</b>
Promote safe and effective medication use.	Perform chart reviews; monitor psychotropic use in youth.	Medication review tools; Lab tracking reports.	Clinical Supervisor; Medical Director; PIQA Team; BH Leadership; QIC	Conduct Medication review compliance rates and psychotropic monitoring trends to ensure 90% are monitored and documented.

**GOAL 9 — Documentation & Billing Compliance**

<b>Objective</b>	<b>Activities</b>	<b>Auditing Tool</b>	<b>Responsible Party</b>	<b>Measurement</b>
Ensure compliance with SMHS and DMC billing requirements.	Conduct audits; provide staff training; track CAPs.	Chart audit tools; Compliance logs; Error reports.	PIQA Team; BH Leadership; Fiscal	Reduce documentation /billing errors by ≥20% from FY 2025–26 baseline and audit ≥5% of SUD charts annually for Title 22 compliance.

**GOAL 10 — Interoperability & Data Exchange**

<b>Objective</b>	<b>Activities</b>	<b>Auditing Tool</b>	<b>Responsible Party</b>	<b>Measurement</b>
Improve care coordination through data exchange.	participate in QHIO; update dashboards.	QHIO documentation; Dashboards.	PIQA Team BH Leadership QIC	Full Compliance with Interoperability and Data Exchange that will be evident by EQRO FY 26-27 report.

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**GOAL 11 — Children’s Outcomes (CANS/PSC-35)**

<b>Objective</b>	<b>Activities</b>	<b>Auditing Tool</b>	<b>Responsible Party</b>	<b>Measurement</b>
Use outcome tools to improve youth services.	Administer CANS/PSC-35; embed in case reviews.	Kingsview dashboards; Case review tools.	Children’s Program Chief; CWS; QA Staff; Reviewers	Achieve ≥95% completion of CANS/PSC-35 at intake (≤60 days), every 6 months, and discharge; integrate results into case reviews for 100% open cases.

**GOAL 12 — Overdose Prevention & SUD Access**

<b>Objective</b>	<b>Activities</b>	<b>Auditing Tool</b>	<b>Responsible Party</b>	<b>Measurement</b>
Reduce overdoses and expand SUD treatment access.	Conduct harm-reduction outreach; expand MAT partnerships.	Overdose reports; MAT logs; Training logs.	SUD Supervisor; Mobile Crisis Team; Public Health Liaison; QA Analyst	Reduce ED overdose visits among ICHHS-BH members by 10% from FY 2025–26 baseline.