



**NEVADA
COUNTY**
CALIFORNIA

**Behavioral
Health**

Quality Improvement Work Plan

**Mental Health and Substance Use
Disorder Services**

2025

February 11, 2025

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I. Quality Improvement Program Overview

A. Program Characteristics

The function of the Nevada County Behavioral Health (NCBH) integrated Quality Improvement (QI) Mental Health (MH) and Substance Use Disorder (SUD) Work Plan (referred to as the “NCBH QI Work Plan” throughout this document) is to plan and monitor compliance with the program goals regarding access to services, improvements to service delivery, and enhancements to quality of care. This purpose is accomplished by following a planned and systematic process of collecting data, setting objectives, and monitoring both progress and need to implement novel interventions or changes to the system, thereby contributing to continuous quality improvement.

Evaluating and Monitoring quality improvement, compliance activities, and consumer rights issues occurs through regular management oversight, as well as through the Quality Improvement Committee (QIC) and Compliance Program Committee reviews. Other sources of Feedback are also obtained through the following:

- Consumer, youth, and family surveys
- Utilization review activities
- Chart audits
- Review of electronic record or Share Point Dashboards specific to data analysis
- Medical peer review
- Regular QIC and Compliance Program Committee meetings
- Cultural Competency Committee meetings
- Management meetings
- Mental Health Board (MHB) review
- Review of consumer and provider grievances and appeals
- Review of special or unusual occurrence incidents
- Periodic clinical training

The NCBH QI Work Plan includes activities required by the Mental Health Plan (MHP) contract with the California Department of Health Care Services (DHCS) for the provision of Medi-Cal Specialty Mental Health Services; and the Intergovernmental Agreement between NCBH and the California Department of Health Care Services (DHCS) for the provision of Drug Medi-Cal substance use treatment services. QI projects, whenever possible, incorporate the processes outlined in the agreements between NCBH and DHCS. These processes include:

- Collecting and analyzing data to measure access, quality, and outcomes, against goals or identified prioritized areas of improvement,
- Identifying opportunities for improvement and determine which opportunities to pursue,
- Designing and implementing interventions to improve its performance,
- Measuring the effectiveness of interventions, and
- Integrating successful interventions in the service delivery system, as appropriate.

It is the goal of NCBH to build a structure that ensures the overall quality of services. This goal is accomplished by realistic and effective quality improvement activities and data-driven decision making; collaboration amongst staff, including consumers and family members; and utilization of technology for data analysis. Through data collection and analysis, significant trends are identified, and policy and system-level changes are implemented when appropriate.

With the California Medi-Cal Specialty Mental Health Services (SMHS) and Drug Medi-Cal Organized Delivery System (DMC ODS) service delivery systems landscape beginning to change because of DHCS driven California Advancing and Innovating Medi-Cal (CalAIM) initiatives, NCBH has also begun to implement a greater range and variety of quality management and quality improvement activities. Some of these QI initiatives and program implementations have their own independent work plans or project management teams (such as the Behavioral Health Quality Improvement Program: CalAIM package) or the new electronic health record system, which was implemented on July 1st, 2023. However, because of their impact and inclusion in overall NCBH QI activities, they will also be reviewed in this work plan where appropriate and goals/activities relevant to them.

Other impacts to Quality Assurance (QA)/QI activities and implementations also include newly developed or implemented Behavioral Health Information Notices (BHINs), which are posted by DHCS and immediately impact services provision or regulatory oversight, and which QI must respond to at both a systems and programmatic level to maintain compliance within the delivery systems.

B. Quality Management Committees

Essential to the performance of the QI program is a complete information feedback loop wherein information flows across clinical, programmatic, and administrative channels. NCBH has established two committees, the Quality Improvement Committee and the Compliance/Utilization Management Committee, that include representation from the MHP and DMC ODS (licensed MH and licensed/ or certified SUD clinicians, management, etc.), organizational providers, consumers, family members, and stakeholders, to ensure the effective implementation of the QI Work Plan and activities. These committees are involved in the following functions:

1. The Quality Improvement Committee (QIC) is charged with implementing and reviewing the quality improvement activities of the agency. Monthly, the QIC collects, reviews, evaluates, and analyzes data and implements actions that frequently involve handling information that is sensitive and confidential. The QIC also provides oversight to QI activities, including the development and implementation of the Performance Improvement Projects (PIPs) as well as development of novel areas for improvement on the NCBH Project Tracker. The QIC recommends policy decisions; reviews and evaluates the results of QI activities; and monitors the progress of the PIPs. The QIC documents all activities through dated agendas and minutes to reflect all QIC decisions and actions. Beginning during the Covid 19

pandemic and also due to the ability to utilize technological advances in communication, the monthly QIC meeting is held virtually through a Health Insurance Portability and Accountability Act (HIPAA) compliant virtual platform, which has brought both benefits and challenges. Via the virtual format the QIC is making efforts to increase community attendance.

The QIC assures that QI activities are completed and utilizes a continuous feedback loop to evaluate ongoing quality improvement activities, including the PIPs. This feedback loop helps to monitor previously identified issues and provides an opportunity to track issues over time, through both reports and the NCBH project tracker. The QIC continuously conducts planning and initiates new activities for sustaining improvement. Specific responsibilities of the QIC include, but are not limited to, the following:

- Review quality of care concerns
- Collect and analyze consumer survey responses
- Be a resource to individual programs
- Report data collection and outcome monitoring activities to Behavioral Health to improve system performance
- Plan, develop, and implement PIPs
- Review and update the Implementation Plans for SMHS and DMC-ODS
- Review and recommend action regarding issues involving:
 - Timely access to services
 - High-risk and individuals with high utilization of services
 - Unresolved clinical issues
 - Unresolved complaints
 - Evidence of treatment that is not within professional or ethical standards
 - Denials of service
 - Treatment that appears to be inadequate or ineffective
 - Utilization of inpatient and Institution for Mental Diseases (IMD) services
- Identify and address systems issues
- Monitor grievances and appeals
- Promote consumer and family voice to improve wellness and recovery
- Develop strategies to integrate health and behavioral health care throughout Nevada County
- Review Pathways to Wellbeing/Continuum of Care Reform (CCR) service activities and assess outcomes
- Disseminate communications to stakeholders regarding QI/QA initiatives and activities
- Provider QI/QA related trainings or information on updated policies

Designated members of the QIC include the Quality Assurance Manager; clinical staff; case management staff; management team staff, administrative staff; clients; family members; and other stakeholders. Members sign a Confidentiality Statement to insure the privacy of protected health information. This confidentiality statement is integrated into the QIC agenda, which is sent out in

advance of the meetings and shown at the beginning of each meeting.

NCBH procures contracts with individual, group, organizational providers, SUD treatment providers and for psychiatric inpatient care. As a component of these contracts, these entities are required to cooperate with the QI program and allow access to relevant clinical records to the extent permitted by State and Federal laws. Each community based organization or contractor is expected to have a representative at the meeting, including a representative who can report out on agency specific data.

2. The Compliance Committee is charged with ensuring that Medi-Cal and Drug Medi-Cal services are billed appropriately and in compliance with all state and federal regulations. Please refer to the *NCBH Compliance Plan* for the roles and responsibilities of this committee.

C. Annual Work Plan Components

The NCBH QI Work Plan provides the blueprint for the quality management functions designed to improve both client access and quality of care. This Plan is evaluated annually and updated as necessary.

The NCBH QI Work Plan includes the following components:

1. An annual evaluation of the overall effectiveness of the QI Program, utilizing data to demonstrate that QI activities have contributed to meaningful improvement in clinical care and client services;
2. Objectives and activities for the coming year;
3. Previously identified issues, including tracking issues over time; and
4. Activities for sustaining improvement.

The most recent QI Work Plan is posted on the NCBH website, the NCBH QA SharePoint Website, and is available upon request. It is provided to the External Quality Review Organization (EQRO) during its annual review of the NCBH system. The QI Work Plan and QI Work Plan evaluations are also available to auditors during the triennial Medi-Cal review.

This Quality Improvement Work Plan ensures the opportunity for input and active involvement of clients, family members, licensed and paraprofessional staff, providers, and other interested stakeholders in the QI Program. QIC members participate in the planning, design, and execution of the QI Program, including policy setting and program planning. The NCBH QI Work Plan addresses quality assurance/improvement factors as related to the delivery of culturally-competent specialty mental health and substance use disorder services.

II. Quality Improvement Program Evaluation

A. Evaluation of Overall Program Effectiveness

Evaluation of the overall effectiveness of the QI program is accomplished routinely, as well as annually, to demonstrate that:

- QI activities have contributed to improvement in clinical care;
- QI activities have contributed to timely access to services;
- QI activities have contributed to improvement in client services;
- QI activities are supporting regulatory compliance and implementation of required initiatives;
- QI activities have been completed, or are in process; and
- QI activities have incorporated relevant cultural competence and linguistic standards to match clients' cultural and linguistic needs with appropriate providers and services.

B. Specific Evaluation Activities

1. Quality Improvement Committee (QIC): The monthly virtual QIC meetings may include, but are not limited to, the following agenda items:
 - Review reports to help identify trends in client care, in timeliness of treatment plan submissions, services, and trends related to the utilization review and authorization functions;
 - Review and evaluate summary results of QI activities, including progress on the development and implementation of four (4) Performance Improvement Projects (PIP) (2 for MH and 2 for SUD);
 - Review data from Access Logs and 24/Hr. Test Call Reports showing responsiveness of the 24-hour member access line and for services in the prevalent non-English languages
 - Timeliness of first initial contact to face to face appointments or synchronous video or audio-only interaction, consistent with BHIN 23-018 or any subsequent Departmental guidance; responses to urgent conditions; and access to after-hours care;
 - Frequency of follow-up appointments;
 - Strategies to reduce avoidable hospitalizations;
 - Review data from Inpatient/IMD/Residential programs relating to census, utilization, and lengths of stay;
 - Review number, percent, and timeliness of DMC-ODS authorization requests that are denied;
 - Review summary data on the medication monitoring process to assure appropriateness of care, supervised by person licensed to prescribe or

- dispense prescription medications;
- Review Pathways to Wellbeing/CCR services to show program implementation;
- Review number of children in placement, level of care, and changes in placement at least quarterly
- Review new Notices of Adverse Benefit Determination (NOABDs), focusing on their appropriateness and any significant trends;
- Review trends in change of provider requests;
- Review summary data from Utilization Review authorization decisions (child, adult and SUD charts completed monthly by supervisors and/or designee) to identify trends in client care, timeliness of services, trends related to utilization review and authorization functions, and compliance with documentation requirements.
- Assess member experience, including satisfaction surveys results for assuring access, quality, and outcomes.
- Review any issues related to grievances and/or appeals. The QIC reviews the appropriateness of the NCBH response and significant trends that may influence policy- or program-level actions, including personnel actions;
- Review any requests for State Fair Hearings, as well as review of any results of such hearings;
- Review any provider appeals and satisfaction surveys;
- Review client and system-level performance outcome measures for crisis, adults, and children to focus on any significant findings and trends;
- Review other clinical and system-level issues of concern that may affect the quality of service delivery. The information reviewed also allows the QIC to evaluate trends that may be related to culturally-sensitive issues and may require prescriptive action;
- Review potential or required changes in policy;
- Review the annual credentialing process to assure that all licensed staff follow their licensing requirements;
- Review annual reports regarding QI review of the Office of Inspector General's Exclusion List and the Medi-Cal List of Suspended or Ineligible Providers lists, prior to Medi-Cal certification of any individual or organizational provider, other federal lists; and;
- Review HIPAA compliance issues or concerns;
- Review cultural competency issues or concerns;
- Monitor issues over time and make certain that recommended activities are implemented, completing the Quality Improvement feedback loop;
- Review coordination of physical, mental health and SUD services with waiver services at the provider level; and
- Monitor number of days to first DMC-ODS service at appropriate level of care after referral, including timeliness of the first dose of Narcotic Treatment Program (NTP) services.
- Provision of any specific QI/QA trainings as necessary

2. Management Team Monthly Data Review: The NCBH Management team reviews key compliance, QA, and performance data monthly. The items discussed in the monthly meetings are determined by a data calendar informed by the NCBH Compliance Plan, QI Plan, Cultural Competency Plan, and other identified key performance metrics. This Management team data review assures compliance with state and federal regulations around documentation and billing through various monitoring activities. The goals of the UM Program are to ensure that: a) MH and SUD services are medically necessary and provided at the appropriate level of care; b) MH and SUD services are provided in a timely manner; c) available resources are utilized in an efficient manner; and d) admission criteria, continuing stay criteria, and discharge planning criteria are used to assure that maximum benefit is obtained by consumers at each level of care, and that transitions between levels of care and program services occur in a coordinated manner.
3. Monitoring Previously Identified Issues and Tracking over Time: Minutes of all QIC meetings include information regarding:
 - An identification of action items;
 - Follow-up on action items to monitor if they have been completed;
 - Assignments (by persons responsible); and
 - Due date.
 - Reports, handouts, or materials relevant to action items

To assure a complete feedback loop, completed and incomplete action items are identified on the agenda for review at the next meeting. NCBH has developed a meeting minute template to ensure that all relevant and required components are addressed in each set of minutes. Meeting minutes are also utilized to track action items and completion dates.

Due to the diverse membership of the QIC and Compliance/Utilization Review Committee, information sharing will not breach client confidentiality regulations; consequently, information of a confidential nature will be provided in summary form only.

4. Coordination of physical, mental health, and SUD services: NCBH is partnering with two new Health Information Exchanges (HIEs) to improve coordination of physical, mental health, and SUD services: Sac Valley Med Share (SVMS) and CalMHSA Connex. The goal of participation in these HIEs will be to obtain close to real-time admission/discharge/transfer data related to hospitalizations and/or ED visits for NCBH clients, as well as the ability to view chart notes from the broader physical health system of care.

C. Inclusion of Cultural and Linguistic Competency in QI Program

On a regular basis, the QIC reviews collected information, data, and trends relevant to the National Standards for Culturally and Linguistically Appropriate Services in health and health Care (CLAS) to help address cultural competence and linguistic preferences.

The Quality Assurance Manager also serves as the MHP/DMC ODS Equity Services Manager (ESM), and chairs the Cultural Competency Committee (CCC) Meeting. As appropriate, QIC and CCC activities are shared or input taken which may be relevant to support cultural competent service provision or resource generation.

III. Data Collection – Sources and Analysis

A. Data Collection Sources and Types

Data collection sources and types include, but are not be limited to:

1. Utilization of services by type of service, age, gender, race, ethnicity, and primary language
2. Access Log (Initial contact log) (Children’s, Adult, SUD)
3. Crisis Log
4. Test call logs
5. Notice of Adverse Benefit Determination Forms and Logs
6. Second Opinion requests and outcomes
7. Electronic Health Record Reports
8. Medication Monitoring forms and logs
9. Clinical Review QI Checklists (and plans of correction)
10. Peer Chart Review Checklists (and plans of correction)
11. Client Grievance/Appeal Logs; State Fair Hearing Logs
12. Change of Provider Forms and Logs
13. Special Reports from DHCS or studies in response to contract requirements
14. EQRO and Medi-Cal audit results
15. Annual DMC-ODS site review and audit results
16. Data from annual onsite monitoring /review of services, contracted services, and subcontracted services for programmatic and fiscal requirements.
17. Data from Power BI Dashboards, which are generated based on electronic health record reports

B. Data Analysis and Interventions

1. Data analysis is conducted in several ways. The SmartCare Electronic Health Record (EHR) system has several standard reports which managers and supervisors can utilize. NCBH has added significant analyst capacity to be able to build custom reports, run ad-hoc data analysis, and create new Power BI dashboards with data from the Electronic Health Record and other internal data sources such as SharePoint. NCBH uses an internal Administrative Analyst team to analyze client and system level data to track clients, services, outcomes and costs over time. NCBH leadership team members are also expected to monitor both dashboards and reports to identify corrective actions and/or workflow changes. Subsequent reviews are performed by the QIC. Additionally, the NCBH management team reviews various data elements monthly based on QI Plan goals, Cultural Competency Plan goals, as well as other performance indicators to measure system health.

2. New interventions receive input from individual staff, from committee meetings (including representatives of external agencies and consumers), and from management. Interventions have the approval of the Behavioral Health Director prior to implementation.
3. Effectiveness of interventions are evaluated by the QIC and the NCBH management team. Input from the QIC committee is documented in the minutes. These minutes document the activity, person responsible, and timeframe for completion. Each activity and the status for follow up are discussed at the next meeting.

IV. QI Activities, Goals, and Data

The Quality Improvement program for FY 24/25 includes the following goal areas, activities, data analyses, and projected objectives. Findings will be reported on the fiscal year to ensure completeness of data reported.

Ensuring Quality and Continuous Improvement: monitoring service delivery capacity, accessibility of services, and overall service delivery system performance
NCBH QI program will monitor, review, and evaluate the MHP and DMC ODS service delivery systems in multiple areas to assure service delivery capacity; accessibility; adequacy; compliance with new BHINs; and performance improvement, in accordance with statewide standards and local goals.

Goal Area 1: Utilization and Access, specifically penetration rate of youth in DMC ODS			
Evaluation FY 23/24			
Last year's Objective/Goal	What was done	Findings from FY 23/24	Status
Goal for FY 23/24: NCBH will maintain the penetration rate for youth in the 12-17 age group at 0.61%, calculated by dividing the number served by the number of eligibles in the 12-17 age group.	DMC-ODS outpatient contractor Common Purpose and NCBH SUD Program Manager presented to NCBH Children's providers regarding youth SUD services, referral processes, and harm reduction. Additionally, NCBH added two new youth-serving Medication Assisted Treatment (MAT) contracted providers to its system of care. In FY 23/24, a total of 859 students were served	13 youth from age 12-17 served / 2908 Medi-Cal eligibles = 0.45% penetration rate. This is a decrease from 0.61% in 2023.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not met

	<p>through in-person activities, presentations, and resource events like the Student Wellness and Affirmation (SWAG) Group, Club Live Group, and Friday Night Live Kids Group, at 11 different elementary, middle, and high school in Nevada County.</p>		
<p>Workplan CY 2025</p>			
<p>Revised Objective (CY 2025)</p>	<p>Action Steps (Next year)</p>		<p>By Date:</p>
<p>Goal for 2025: NCBH will increase the number of youth ages 12 -17 served from 13 to 20.</p>	<p>NCBH will facilitate at least one educational presentation to appropriate youth-serving organizations regarding youth SUD treatment options in Nevada County.</p>		<p>12/31/25</p>

**Goal Area 2: Accessibility of Services, specifically Timeliness
(MHP and DMC-ODS)**

**Evaluation FY
23/24**

Last year's Objective/Goal	What was done	Findings from FY 23/24	Status
<p>Goal for FY 23/24: NCBH will offer an assessment appointment within 10 business days for all clients requesting mental health services 90% of the time.</p>	<p>NCBH continued training on inputting the first offered appointment date as the first available appointment, rather than the first appointment that the client can accept. NCBH recruited new staff to meet timeliness goals, including implementing new hiring incentives to attract clinicians. Finally, NCBH transitioned to SmartCare, and all timeliness data is now captured directly in the EHR as opposed to a separate tracking system.</p>	<p>In FY 23/24, Nevada County offered an assessment of appointment within 10 business days for all clients requesting MH services 88% of the time.</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not met</p>

Workplan CY 2025

Revised Objective (CY 2025)	Action Steps (Next year)	By Date:
<p>Goal for 2025: NCBH will offer a face to face appointment within 10 business days for all clients requesting mental health or substance use services 80% of the time.</p> <p>Additionally, NCBH will offer a face to face appointment within 3 business days of a request for opioid treatment program services 80% of the time.</p>	<p>NCBH will continue to provide refresher trainings and new staff trainings on how to enter timeliness data based on the first offered appointment. NCBH will continue to track timeliness data at least quarterly in its QIC meetings, and will address deficiencies during the year if identified.</p>	<p>12/31/25</p>

<p>This goal aligns with the DHCS Network Adequacy compliance standard and integrates previously separate goals.</p>		
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Goal Area 3: Accessibility, specifically Timeliness of Requests for DMC ODS			
Evaluation FY23/24			
Last year's Objective/Goal	What was done	Findings from FY23/24	Status
<p>Goal for FY 23/24: The percentage of requests for services that were within the 10-business day time frame (no more than 10 business days from request for service to first face-to-face appointment) shall not be less than 95% of total requests.</p>	<p>NCBH continued training on inputting the first offered appointment date as the first available appointment, rather than the first appointment that the client can accept. NCBH recruited new staff and contractors to meet timeliness goals. Finally, NCBH transitioned to SmartCare, and all timeliness data is now captured directly in the EHR as opposed to a separate tracking system.</p>	<p>In FY 23/24, Nevada County offered an assessment of appointment within 10 business days for all clients requesting DMC ODS services 90% of the time.</p>	<p> <input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not met </p>

Workplan CY 2025		
Revised Objective (CY 2025)	Action Steps (Next year)	By Date:
Goal for 2025: This goal will be combined with Goal 2 for more integrated reporting across SMHS and DMC-ODS.	NCBH will continue to provide refresher trainings and new staff trainings on how to enter timeliness data based on the first offered appointment. NCBH will continue to track timeliness data at least quarterly in its QIC meetings, and will address deficiencies during the year if identified.	12/31/25

Goal Area 4: Accessibility of Services, specifically Timeliness of Urgent Requests (both MHP and DMC ODS)			
Evaluation FY23/24			
Last year's Objective/Goal	What was done	Findings from FY23/24	Status
Goal for FY 23/24: NCBH MHP and DMC ODS will provide appointments within 48 hours to all clients who meet the criteria for urgent need 100% of the time.	NCBH ensured urgent requests and timeliness were tracked quarterly at QIC. Additionally, NCBH analyst staff sent out several reminders on the definition of urgent and the process for tracking urgent requests, and performed specific supervisor outreach to help identify barriers to identifying and/or tracking urgent requests. It was determined that in the past, urgent requests were defined more broadly than the formal DHCS definition, and that truly urgent	There were no urgent MH or DMC ODS requests in FY23/24.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not met

	requests are not as common as previously reported in past fiscal years.		
Workplan CY 2025			
Revised Objective (CY 2025)	Action Steps (Next year)		By Date:
Goal for 2025: NCBH MHP and DMC ODS will offer appointments within 48 hours to all clients who meet the criteria for urgent need 80% of the time. This goal aligns with the DHCS Network Adequacy compliance standard.	NCBH will continue to provide trainings on the definition of urgent to ensure accurate tracking. NCBH will continue to analyze current workflow processes to identify potential changes that would impact urgent requests for services and associated timeliness.		12/31/25

Goal Area 5: Utilization and Accessibility of Services, specifically Follow Up Appointments (both MHP and DMC ODS)			
Workplan CY 2025			
Revised Objective (CY 2025)	Action Steps (Next year)		By Date:
Goal for 2025: NCBH MHP and DMC ODS will offer follow up appointments to qualifying beneficiaries within 10 business days of the initial appointment 80% of the time.	NCBH will track follow up appointment timeliness data quarterly at QIC meetings and with NCBH management, and will address deficiencies during the year if identified.		12/31/25

Goal Area 6: Utilization of Services, specifically Outpatient or Aftercare linkage for DMC ODS clients			
Evaluation FY 23/24			
Last year's Objective/Goal	What was done	Findings from FY 23/24	Status
<p>Goal for FY 23/24: Establish ability to measure the percentage of individuals receiving outpatient services after they received residential services through the new Electronic Health Records system (SmartCare).</p> <p>Increase the percentage of individuals linked to outpatient treatment/ aftercare from 68% to 75%.</p>	<p>Care Coordinators and Program Manager make transition care linkage a priority at care coordination meetings with residential contract providers.</p>	<p>63% (223/354) of clients discharged from a residential DMC ODS program received a service from a DMC ODS Outpatient Program within 30 days.</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not met</p>
Workplan CY 2025			
Revised Objective (CY 2025)	Action Steps (Next year)		By Date:
<p>Goal for 2025: A) Increase the percentage of individuals linked to outpatient treatment/ aftercare within 30 days of their discharge from residential treatment to 75%.</p>	<p>Monitor linkage rates to outpatient after discharge from residential on quarterly basis to identify potential areas for improvement in real time, and send out quarterly data to contracted residential providers.</p> <p>Add performance objectives to contracts for FY 25/26 for SUD residential providers to connect discharged patients to outpatient care within 30 days of discharge.</p>		<p>12/31/25</p>

Goal Area 7: Utilization and Access of Services, specifically Responsiveness of 24/7 Line and Provision of Culturally Linguistically Appropriate Services			
Evaluation FY 23/24			
Last year's Objective/Goal	What was done	Findings from FY 23/24	Status
Goal for FY 23/24: The NCBH 24-hour telephone service will provide information to the caller regarding the NCBH clinic location, phone and hours 100% of the time.	Regular trainings were held for 24/7 access line staff, and quarterly review of standards with the 24/7 team. Any test calls not meeting the standard were sent immediately to the 24/7 line supervisor and request for corrective action taken was monitored by QA Manager.	In 2024, 100% Standard was met in all four quarters.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not met
Workplan CY 2025			
Revised Objective (CY 2025)	Action Steps (Next year)		By Date:
Goal for 2025: The NCBH 24-hour telephone service will provide information to the caller regarding the NCBH clinic location, phone and hours 90% of the time, including providing information to Spanish language callers.	Regular trainings will be held for 24/7 access line staff, and quarterly review of standards will be shared with 24/7 team. Any test calls not meeting the standard will be sent immediately to the 24/7 line supervisor and request for corrective action taken will be monitored by QA Manager.		12/31/25

Goal Area 8: Utilization and Access of Services, specifically Access to After-Hours Care (MHP clients) and Strategies to Reduce Avoidable Hospitalizations			
Evaluation from January – June 2024			
Last year's Objective/Goal	What was done	Findings from Jan. – June 2024	Status
Goal for FY 23/24: NCBH will ensure access to after-hours care for all MHP clients. The baseline for this objective will be the number of MHP clients who are referred to Mobile crisis during the CY.	NCBH launched Mobile Crisis programming on December 31, 2023, including a dispatch process integrated with the after-hours access line and community crisis line.	From January 2024 through June 2024, 336 clients were screened utilizing the Mobile Crisis Screening Tool, resulting in 193 Mobile Crisis Encounters from the Mobile Crisis Team in the field.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not met
Workplan CY 2025			
Objective (CY 2025)	Action Steps (Next year)		By Date:
Goal for CY 2025: NCBH will increase the number of Mobile Crisis encounters to an average of 1.5 encounters per day.	1. NCBH will review average daily mobile crisis encounters monthly during contractor performance meeting. 2. NCBH will increase marketing and community outreach efforts as needed based on call volume and encounter data.		12/31/25

Goal Area 9: Quality of Services, specifically implementation of CalAIM Screening Tools			
Evaluation FY23/24			
Last year's Objective/Goal	What was done	Findings from FY23/24	Status
Goal for FY 23/24: MHP will begin utilizing required Youth and Adult Screening Tools on all access calls for SMHS requests for service 100% of the time.	NCBH launched a new EHR in FY 23/24, which incorporates the screening tools directly into the client chart, allowing data to be pulled on completion of screening tools by client and program enrollment in an Access program.	In FY23/24, of enrollments in the Adult Access programs, 77% (606/788) had a completed Adult Medi-Cal Screening Tool. Of enrollments in the Children's Access programs, 81% (493/602) had a completed Children's Medi-Cal Screening Tool. There are scenarios that would allow for screening tools to be waived, such as direct referrals from primary care or referrals resulting from inpatient hospital discharges, which were not originally accounted for in setting the goal.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not met
Workplan CY 2025			
Revised Objective (CY 2025)	Action Steps (Next year)	By Date:	
Goal for 2025: As this was goal was most relevant for CalAIM implementation, this goal will be discontinued in 2025.	NCBH will perform a quarterly audit of clients who have been enrolled in Access who do not have a completed screening tool to determine why clients may be enrolled in an access program without a completed screening tool, and develop an action plan for improving this rate based on our findings.	12/31/25	

Goal Area 10: Utilization of Services, specifically provision of Culturally and Linguistically Appropriate Services			
Evaluation FY 23/24			
Last year's Objective/Goal	What was done	Findings from FY 23/24	Status
Goal for FY 23/24: The NCBH 24-hour telephone service will continue to provide information to Spanish language callers regarding the NCBH clinic location, phone and hours 100% of the time. Service provision in our threshold language is a top priority and the 100% success rate in 2023 was a significant improvement from previous years.	Regular trainings were held for 24/7 access line staff, and quarterly review of standards with the 24/7 team. Any test calls not meeting the standard were sent immediately to the 24/7 line supervisor and request for corrective action taken was monitored by QA Manager.	In 2024, 100% of the Spanish test calls were successful, thus, meeting the goal for 100% for the year and maintaining the progress from the previous year.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not met
Workplan CY 2025			
Revised Objective (CY 2025)	Action Steps (Next year)	By Date:	
Goal for 2025: This goal will be combined with Goal 7.	Regular trainings will be held for 24/7 access line staff, and quarterly review of standards will be held with 24/7 team. Any test calls not meeting the standard will be sent immediately to the 24/7 line supervisor and request for corrective action taken will be monitored by QA Manager.	12/31/25	

Goal Area 11 Monitoring Meaningful Clinical Issues, specifically Retention in DMC ODS treatment			
Evaluation FY23/24			
Last year's Objective/Goal	What was done	Findings from FY23/24	Status
Goal for FY 23/24: NCBH DMC ODS will increase the number of clients with at least a 90-day LOS (length of service) from 39% to 50%.	SUD Program Manager and care coordination teams continued care coordination and case consultation meetings, and established a data tracking mechanism to measure performance against this goal within the new Electronic Health Record.	61% (805/1324) of enrollments in a DMC ODS Outpatient program were 90 days or longer.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not met
Workplan CY 2025			
Revised Objective (CY 2025)	Action Steps (Next year)		By Date:
Goal for 2025: NCBH DMC ODS will sustain at least 61% of clients who maintained enrollment in an outpatient program for at least 90 days.	A) NCBH will review DMC-ODS length of enrollment in outpatient programs and will send out provider-specific reports quarterly, and will address necessary programmatic strategy changes as needed.		12/31/25

Goal Area 12: Monitoring Documentation Standards, specifically Timeliness of Entry of Service (both MHP and DMC ODS)			
Evaluation FY23/24			
Last year's Objective/Goal	What was done	Findings from FY23/24	Status
Goal for FY 23/24: NCBH staff will show a decrease in the percentage of late entry notes (late defined as more than 3 days from the date of service to the date of entry of the note), not to exceed 10% of total services entered.	NCBH developed a reporting mechanism and dashboard for supervisors to monitor progress note timeliness. Analysts sent out data for NCBH programs monthly to address deficiencies and trends on progress note timeliness.	66% of MH program and 61% of DMC program progress notes were completed within the timeliness standard of 3 days.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not met
Workplan CY 2025			
Revised Objective (CY 2025)	Action Steps (Next year)		By Date:
Goal for 2025: NCBH staff will achieve timely entry of notes 80% of the time for services entered (timely defined as date of entry of note within 3 days of the date of service).	A) NCBH will continue to send monthly data reminders to supervisors, and will review data quarterly with larger management team.		12/31/25

Goal Area 13: Monitoring Performance Improvement and PIPS, specifically implementation, follow through, resolution, and confidence ratings (Both MHP and DMC ODS)

Evaluation FY 23/24

Last year's Objective/Goal	What was done	Findings from FY 23/24	Status
<p>Goal for FY 23/24: NCBH will submit final BHQIP report to DHCS on March 1, 2024, including the BHQIP PIPs. Will also submit those for consideration to EQRO for their 2024 review. NCBH will track on non BHQIP (appointment reminder system) and deliver data and analysis of performance improvement impact, with goal of moderate confidence rating.</p>	<p>NCBH submitted the final BHQIP report on March 1, 2024. There was a change in EQRO PIP selection process with the onboarding of the new EQRO vendor HSAG, and NCBH has selected 2 new PIP topics as a result of this change.</p>	<p>NCBH submitted the final BHQIP report on March 1, 2024. There was a change in EQRO PIP selection process with the onboarding of the new EQRO vendor HSAG, and NCBH has selected 2 new PIP topics as a result of this change.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not met</p>

Workplan CY 2025

Revised Objective (CY 2025)	Action Steps (Next year)	By Date:
<p>New Goal 2025: NCBH will submit the PIP Validation forms required by DHCS by July 2025.</p>	<p>NCBH will submit the PIP Validation forms required by DHCS by July 2025. NCBH will work with consultant to identify action steps needed for the 2 selected PIPs including project management meetings, identification of interventions, and completion of validation forms. NCBH has selected the following PIP topics:</p> <ol style="list-style-type: none"> 1. Increase the percentage of members who receive at least one Peer Support Service. 2. Improve the follow-up rate after Emergency Department Visit for Substance Use (FUA) 	<p>12/31/25</p>

Goal Area 14: Supporting and Increasing Stakeholder Involvement, specifically Client and Family Engagement (both MHP and DMC ODS)			
Evaluation FY 23/24			
Last year's Objective/Goal	What was done	Findings from FY 23/24	Status
<p>Goal for FY 23/24: A) Increase attendance at the QIC to have at least two (2) consumers and two (2) family members at each meeting.</p> <p>If unable to meet this goal, NCBH will implement a process to communicate QIC topics of interest to consumers within forums with consumer attendance, and convey their input back to the QIC (see Action steps for 2024).</p>	<p>Continued recruitment efforts, consulted peer employees for additional strategies, broadened efforts to engage via creative methods (virtual, in person, via webpage), and had a standing agenda item on each month's QIC meeting to discuss recruitment strategies and ideas.</p>	<p>Although recruitment strategies were identified and practiced, NCBH was still unable to attract consistent attendance of consumers/family members to the QIC meeting. NCBH did have participation from one SUD consumer at QIC in FY 23/24, but they did not return to future meetings. Across the system of care, it as discovered that recruiting peers/consumers/family into peer and consumer/family roles was often difficult and creative methods of engagement or recruitment typically worked best. NCBH will continue to prioritize this goal and will consult peer employees on additional strategies to effectively engage those we serve.</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not met</p>
Workplan CY 2025			
Revised Objective (CY 2025)	Action Steps (Next year)		By Date:
<p>Goal for 2025: Increase consumer involvement in QI-related activities and feedback.</p>	<p>NCBH will explore a quarterly report-out of select QIC information to the Consumer Advisory Council, including feedback loop to QIC members.</p> <p>Facilitate at least one Consumer town hall to solicit system feedback and suggestions for improvement.</p>		<p>12/31/25</p>

Goal Area 15: Monitoring Service Delivery Quality and Utilization, specifically through Peer Reviews (both MHP and DMC ODS)			
Evaluation FY 23/24			
Last year's Objective/Goal	What was done	Findings from FY 23/24	Status
Goal for FY 23/24: After QA Manager returns from leave, QA/QI Department will re-implement peer driven chart monitoring program. Identified NCBH staff will review a minimum of 6 charts per month for adult and 6 charts for children services to monitor quality of services and compliance with Medi-Cal documentation with a goal of no more than 5% disallowances for services from these chart audits.	The QA manager vacated the position, and another QA manager was not hired until October 2024.	This goal was not implemented and was put on hold due to transitional staffing needs.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not met
Workplan CY 2025			
Revised Objective (CY 2025)	Action Steps (Next year)		By Date:
Goal for 2025: QA/QI Department will re-implement peer driven chart monitoring program. Identified NCBH staff will review a minimum of 6 charts per month for adult SMHS, 6 charts for children services, and 6 charts for DMC-ODS to monitor quality of services and compliance with Medi-Cal documentation with a goal of no more than 5% disallowances for services from these chart audits.	<p>Depending on transitional staffing needs, QA Manager will work with supervisors to take on the peer auditing process and will set a scheduled two days per month for audits to be completed.</p> <p>QA Manager will also roll out new chart audit tool as designed and provided by CalMHSA, to ensure charts are audited to new Medi-Cal documentation re-design and CalAIM standards. Tracking on if coordination of care across physical, mental health, and SUD services are being provided.</p> <p>Documentation trainings will be updated as necessary, based on audit findings.</p>		12/31/25

Goal Area 16: Monitoring Grievance and Complaint Processes, specifically Required Response Time (both MHP and DMC ODS)			
Evaluation FY 23/24			
Last year's Objective/Goal	What was done	Findings from FY 23/24	Status
Goal for FY 23/24: NCBH will respond to all MH and SUD grievances in writing to the beneficiary within 5 days of receipt of the grievance. Goal will be retained.	QA Manager and PRA continued to meet and consult regarding compliance standards, and PRA logs are reviewed by QA manager or QA therapist monthly.	There were a total of 28 qualifying grievances during the year. Four of the 28 did not meet the standard due to complications with receiving an address or PRA being on vacation, however, verbal communication was provided within the five-day standard on all four of these grievances. Three MHP Grievances and one for DMC ODS did not meet written the standard.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not met
Workplan CY 2025			
Revised Objective (CY 2025)	Action Steps (Next year)	By Date:	
Goal 2025: NCBH will respond to all MH and SUD grievances in writing to the beneficiary within 5 days of receipt of the grievance. Goal will be retained.	QA Manager and PRA will continue to meet and consult regarding compliance standards, and PRA logs are reviewed by QA manager monthly. NCBH will develop a plan for back up support when the PRA is out of the office.	12/31/25	

Delegated Activities Statement

At the present time, NCBH does not delegate any review activities. Should delegation take place in the future, this Plan will be amended accordingly.