



V E N T U R A C O U N T Y

BEHAVIORAL HEALTH

A Department of Ventura County Health Care Agency

Quality Assessment and Performance Improvement

Work Plan

FY 2019-2020

December 2019

Updated February 2020

Introduction

Ventura County Behavioral Health (VCBH), a department of the Ventura County Health Care Agency (HCA), provides a system of coordinated services to address the mental health and substance abuse treatment needs of Ventura County. The Department is committed to excellence through "best practices" and a consumer-driven and culturally competent approach to service delivery. VCBH staff are dedicated to reducing suffering and enhancing recovery from mental illness, alcohol, and/or other drug problems. VCBH believes that consumer and family member involvement is critical to meeting our commitment to excellence and for profound change in consumers' lives. Therefore, VCBH is dedicated to integrating consumers and family members across the Department's organization and activities.

The VCBH Quality Management Program is focused on the successful implementation of the mission, goals, and commitment of the Behavioral Health Department. The Quality Management Program is responsible for: quality improvement projects; performance outcome tracking and analyses; ensuring compliance with federal, state and contractual standards and Department policies; and ensuring overall quality in service delivery. The principles of wellness, recovery, resiliency, and cultural competency are embedded within and direct all Quality Management activities and projects.

The purpose of the annual Quality Assessment and Performance Improvement (QAPI) Work Plan is to provide a working document for the monitoring, implementation, and documentation of efforts to improve service delivery for both Mental Health and Substance Use Services programs and services from VCBH. The year-end evaluation of the QAPI describes progress towards overarching goals and highlights accomplishments for specific projects and activities. The year-end evaluation also supports development of the following year's QAPI Work Plan.

It is important to note that early in 2019, organizational changes were made to create a broader VCBH Quality Management program that encompasses Quality Improvement and Quality Assurance work units. A description of the revised program is provided below. In addition, there have been efforts to align and combine work related to Mental Health and Substance Use Services, as evidenced by this QAPI reflecting goals for both.

Quality Management Program

The VCBH Quality Management Program (QM) is accountable to the VCBH Director and is responsible for reviewing the quality of behavioral health services provided to Medi-Cal beneficiaries and ensuring compliance with contract requirements and relevant Federal and State regulations. The QM program resides within the Administration Division and is overseen by the Administration Division Chief and Compliance Senior Manager.

The QM program consists of five units that work collaboratively to achieve the goals of the annual Quality Assessment and Performance Improvement Work Plan. The units, described in further detail below include: Quality Assurance, Quality Improvement, Medical Records, Training, and Pharmacist.

Quality Assurance (QA) – QA activities include monitoring compliance with contract requirements, Federal and State regulations, and Department policies and procedures. QA staff are responsible for policy and procedure development; utilization review (UR); inpatient and outpatient service authorization; documentation training; processing provider appeals and beneficiary grievances and appeals; provider credentialing; monitoring provider network adequacy; and ensuring the completion of Medi-Cal site certifications for all internal county programs and contracted providers. In the event that fraud, waste, or abuse are suspected or identified, QA staff make a report to the HCA Compliance Officer and assist with investigation activities, as needed, to identify procedures to prevent future incidents and resolve quality of care issues.

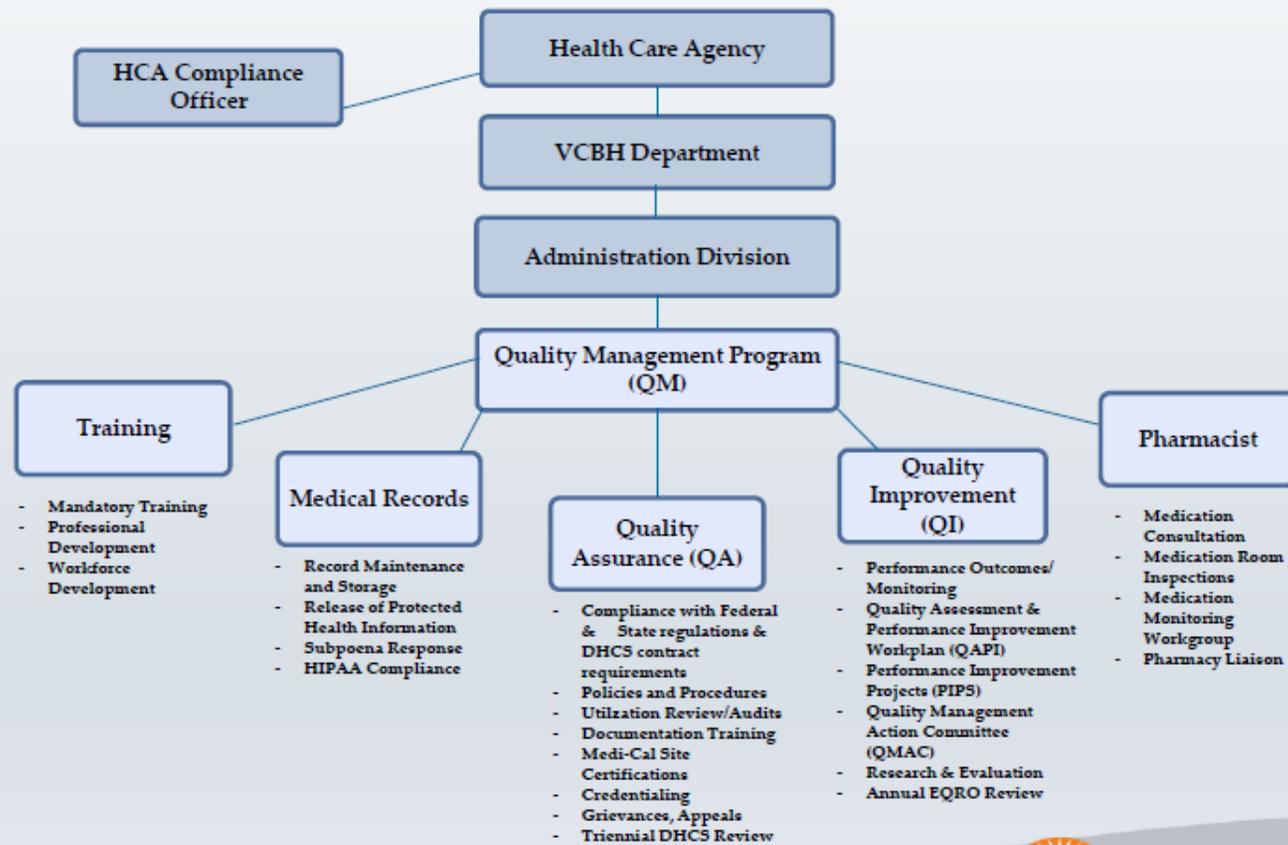
Quality Improvement (QI) – QI activities include the use of performance measures and outcome data to identify and prioritize areas of strength and areas for improvement. The QI unit prepares the annual Quality Assessment and Performance Improvement Work Plan (QAPI) after evaluating progress on the prior year's QAPI goals. The QAPI includes current state, measurable goals and data which guide QM activities throughout the year. Additionally, QI staff led Performance Improvement Projects (PIPs), as well as the Quality Management Action Committee (QMAC), the multidisciplinary entity including community stakeholders and beneficiaries that makes policy and performance improvement recommendations. Other activities include collecting beneficiary/family satisfaction surveys, informing providers of the results, and evaluating beneficiary grievances, appeals and fair hearings at least annually to ensure that practices are in place to address any identified quality of care concerns.

Medical Records – The Medical Records unit is responsible for the maintenance and storage of medical records in compliance with the Health Insurance Portability and Accountability Act, 42 CFR Part 2 confidentiality safeguards, and State record retention requirements. Activities include processing requests for release of protected health information and responding to subpoenas.

Training – The Training unit is responsible for overseeing the Department's mandatory staff training as well as providing opportunities for professional development. Training staff ensure that requirements are met to offer continuing education units to staff and contribute to overall workforce development.

Pharmacist – The Pharmacist is responsible for monitoring the safety and effectiveness of medication practices through activities including: providing medication consultation to prescribers, conducting medication room inspections, facilitating the Medication Monitoring Workgroup and serving as a liaison to county pharmacies.

Quality Management Program



Quality Management Action Committee (QMAC)

The purpose of the QMAC is to provide recommendations and oversight of Behavioral Health's QAPI and other quality management activities. QMAC representation includes MHP practitioners, providers, consumers, and family members. The QMAC reviews, evaluates, and advises on results of QI/QM activities designed to improve the access, quality of care, and outcomes of the service delivery system.

The QMAC meets quarterly for an all member session for focused data review and guidance on process improvement efforts and quality of care areas of focus, such as, grievances/appeals, change of provider trends, access, satisfaction, and quality data. The QMAC also convenes ad hoc committees on a time-limited basis for focused discussion to support carrying out QAPI-related activities.

Performance Improvement Projects (PIPs)

VCBH conducts Performance Improvement Projects (PIPs) for both Mental Health and Substance Use Services. A PIP is a project designed to assess and improve service delivery and outcomes of care. For each division, there is one clinical and one non-clinical project. There is an ongoing cycle of developing, implementing, and analyzing project related data for the PIPs. The PIPs for FY 2019-20 are summarized as follows:

Non-Clinical

- *Mental Health (Active) - Enhanced Access Performance Improvement Project.* Goal: Improve timeliness from request for service to first service appointment to specialty mental health services for Medi-Cal beneficiaries in the predominantly Latino communities of Santa Paula, North Oxnard, and South Oxnard.
- *Substance Use Services (Active) – Timeliness to First Assessment Performance Improvement Project.* Goal: Improve time to service from request for service to assessment for SUS treatment programs for both urgent and routine service requests.

Clinical PIPs

- *Mental Health (Concept) - Post-Hospitalization Case Management Performance Improvement Project.* Goal: Enhance the services provided to specific consumers discharged from an inpatient psychiatric unit (IPU) to decrease the rate of 7 and 30-day readmissions.
- *Substance Use Services (Active) – Post-Discharge Care Coordination Performance Improvement Project.* Goal: Improve percentage of patients transitioning to levels of care after discharge from SUS residential treatment.

Special Projects

In FY 19-20, VCBH launched a number of pilot projects in the Mental Health division that employ various access models at outpatient clinics with the goal of improving timely access and client experience in the access process throughout the county.

2019-2020 QAPI Goals and Objectives

The Quality Assessment and Performance Improvement (QAPI) Work Plan goals for 2019-20 provide the framework for monitoring, implementing, and documenting of efforts to improve VCBH service delivery across the continuum of Mental Health (MH) and Substance Use Services (SUS) divisions.

These goals, and accompanying objectives, are embedded at the operational program level and address overarching priorities related to improving access, timeliness, quality of care, health equity, and acuity levels. The specific focus of the QAPI goal focus areas for FY 2019-2020 are as follows:

- Timely Access to Services
- Care Coordination
- Cultural and Linguistic Competence
- Contract Provider Information Workflow Improvement
- Beneficiary Outcomes and Satisfaction with Services
- Utilization Review of Overutilization of Services
- Grievances and Appeals
- Employee Engagement

Within each goal the objectives are noted and information on the division(s) it relates to, the measurement or metrics for monitoring progress or success, those involved with and responsible for the objective, and the planned steps or actions is detailed.

The creation and application of the goals and objectives is an ongoing and iterative process throughout the year that involves many leaders across VCBH, as well as stakeholder input.

I. Timely Access to Services

Goal: Beneficiaries will have timely access to services.				
Division(s)	Objective	Measurement / Metrics	Responsible Party	Planned Steps & Actions (FY 19-20)
<input checked="" type="checkbox"/> SUS <input checked="" type="checkbox"/> MH	a. Consumers can request services at any outpatient service location	Current state: All requests for services have been tracked under one program. Goal: 100% by March 31, 2020 Method: Request for Services (RFS) Tracking Reports with fields for location or program RFS was processed.	VCBH QM Team VCBH Regional Managers	RFS Tracking reports will updated to include the location/program that fulfilled the request and built to monitor volume and method of service request
<input checked="" type="checkbox"/> SUS <input checked="" type="checkbox"/> MH	b. Increase percentage of consumers who have timely access to services per DHCS standards	Current state MH: see Table 1a for FY 18-19 Assessment of Timely Access results Current state SUS: see Table 1b for FY 18-19 Assessment of Timely Access results Goal: Maintain or increase by rates by June 2020 Method: Timely Access Reports; Regular meetings to discuss results; For SUS, regular meetings are used to monitor and implement process improvement via SUS Year 1 Required Performance Measures; Dissemination of results to operations staff.	VCBH QM Team VCBH Regional Managers	Timely Access Reports will be developed for use by all programs Managers / Clinic Administrators will be trained on use of reports for monitoring compliance and process improvements Timely Access Data will be reviewed at QMAC meetings

Table 1a: FY 18-19 Timely Access to Mental Health Services

Metric	DHCS Standard	% Meeting DHCS Standard			
		All Services	Adult Services	Children's Services	Foster Youth
1. Initial request to first offered appointment	10 business days	57%	54%	61%	96%
2. Initial request to first kept appointment	10 business days	38%	36%	39%	54%
3. Initial request to first psychiatry appointment	15 business days	23%	26%	12%	17%
4. Service request for urgent appointment to actual encounter	48 hours	100%	100%	n/a	n/a
5. Follow-up appointments post-psychiatric inpatient discharge	7 calendar days	47%	44%	73%	86%

Table 1b: FY 18-19 Timely Access to Substance Use Services

Metric	DHCS Standard	% Meeting DHCS Standard		
		All Services	Adult Services	Children's Services
1. Initial request to first offered routine appointment (if tracked)	10 business days	N/A	N/A	N/A
2. Initial request to first face to face routine visit/appointment	10 business days	60%	59.5%	74.4%
3. Initial routine MAT request to NTP appointment/contact	3 business days	91.2%	91.2%	N/A
4. Service request for urgent appointment to actual face to face encounter	48 hours	42.9%	43.3%	28.6%
5. Follow-up services post-residential treatment discharge	7 calendar days	16.7%	15.8%	33.3%

I. Timely Access to Services (continued)

Goal: Beneficiaries will have timely access to services.				
Division(s)	Objective	Measurement / Metrics	Responsible Party	Planned Steps & Actions (FY 19-20)
<input checked="" type="checkbox"/> SUS <input checked="" type="checkbox"/> MH	<p>c. The 24-hour toll-free access lines will be responsive to all callers and provide after-hours care for crisis and referrals</p>	<p>MH Current state: FY 19-20 Quarter 1 and 2 DHCS 24/7 Access Line Test Call reports demonstrate that most requirements are met between 90% -100% of the time.</p> <p>MH Goal: DHCS test call requirements will be met 100% of the time by June 2020.</p> <p>MH Method: Quarterly DHCS 24/7 Access Line Test Call reports; Test Call team meetings and process improvement efforts.</p> <p>SUS Current state: Monthly monitoring of Access Line metrics indicates performance is mostly consistent with similarly sized counties.</p> <p>SUS Goal: Improve metrics related to timely access (e.g. average wait time, % of dropped calls).</p> <p>SUS Method: Continue to monitor call-center metrics; Work with operations staff to implement test-call procedure.</p>	<p>VCBH Test Call Team</p> <p>MH Crisis and Referral Line Leadership</p> <p>SUS Access Line Leadership</p>	<p><u>MH</u> On a quarterly basis, Test Call Team will provide feedback and training:</p> <ul style="list-style-type: none"> To test caller sub-contractor to ensure the calls are high-quality and meet criteria being assessed. Crisis and Referral Line Staff based on findings from test call report. <p>Create mechanism for monitoring call volume, dropped calls and average wait time for MH in line with SUS metrics.</p> <p>Develop test-call procedures for SUS similar to MH to examine quality of calls.</p>

II. Care Coordination

Goal: VCBH will monitor and maintain care coordination activities with all county partners to ensure continuity of care for all VCBH beneficiaries and to comply with state standards.				
Division(s)	Objective	Measurement / Metric	Responsible Party	Planned Steps & Actions
<input checked="" type="checkbox"/> SUS <input checked="" type="checkbox"/> MH	a. VCBH will work with county partners (Gold Coast, Beacon, VCMC, Tri-Counties) to strengthen collaboration to ensure quality in care coordination for shared beneficiaries.	Current state: Memorandum of Agreement (MOA) in draft Goal: Completed MOA by January 31, 2020 Goal: Quarterly Collaborative meetings in place by March 31, 2020 Goal: Communication Plan in place by March 31, 2020 Method: Meetings, at least annually, with each contractor to discuss contractual requirements, updates, and system-wide clinical issues. Tracked via evidence such as agendas, minutes, and emails.	VCBH Executive Team VCBH QM Team VCBH Contracts Team Collaborative Partners and Administrators	Review / revise existing MOA Identify Collaborative participants / schedule meetings Draft / employ communication plan Finalize documents by April 30, 2020
<input type="checkbox"/> SUS <input checked="" type="checkbox"/> MH	b. Develop a Care Coordination Policy and train all staff on related procedures.	Current state: SUS Care Coordination Policy implemented; MH version in development. MH Goal: Develop, implement and train staff on an integrated MH Care Coordination Policy by June 30, 2020. MH Method: Meeting tracking to monitor progress and implementation.	VCBH QM Team VCBH Executive Team VCBH Training Manager	Draft policy with QM Team Finalize policy with Executive Team Train relevant staff

II. Care Coordination (continued)

Goal: VCBH will monitor and maintain care coordination activities with all county partners to ensure continuity of care for all VCBH beneficiaries and to comply with state standards.				
Division(s)	Objective	Measurement / Metric	Responsible Party	Planned Steps & Actions
<input checked="" type="checkbox"/> SUS <input checked="" type="checkbox"/> MH	c. Develop a Care Coordination tracking tool.	<p>Current state: No current tool</p> <p>Goal: Completed tracking tool by June 30, 2020</p> <p>Method: Meeting tracking to monitor progress and implementation.</p>	<p>VCBH QM Team</p> <p>VCBH MH Leads</p> <p>VCBH SUS Leads</p>	<p>Draft tool to track referrals, dispositions, etc.</p> <p>Build tool in Avatar for report generation</p>

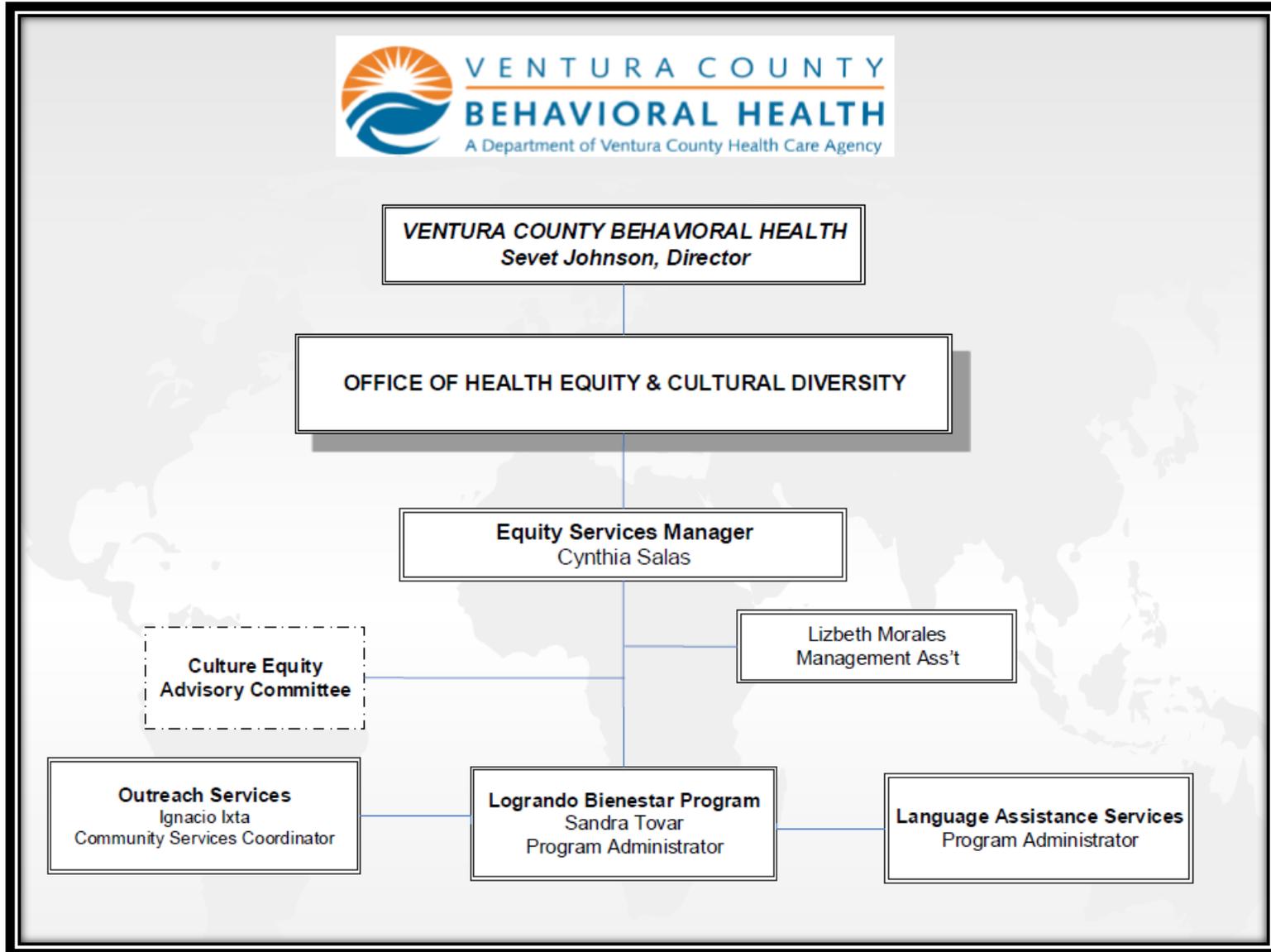
III. Cultural and Linguistic Competence

Goal: VCBH will ensure beneficiaries receive services that meet their cultural and linguistic needs and implement strategies for improvement, as needed.				
Division(s)	Objective	Measurement / Metric	Responsible Party	Planned Steps & Actions
<input checked="" type="checkbox"/> SUS <input checked="" type="checkbox"/> MH	a. Expand VCBH Office of Health Equity (OHED) and Cultural Diversity staff and programs to support efforts to meet the cultural and linguistic needs of the consumers.	<p>Current state: See Figure 3 OHED Organization Chart for structure as of February 2020.</p> <p>Goal: <i>In development</i></p> <p>Method: <i>In development</i></p>	<p>VCBH OHED Manager</p> <p>VCBH Executive Team</p>	<p>Hire staff and plan programs that support the provision of timely access to services and linkages in a culturally and linguistically appropriate way.</p> <p>Provide opportunities for input via the Cultural Equity Committee and other stakeholder groups.</p>

III. Cultural and Linguistic Competence (continued)

Goal: VCBH will ensure beneficiaries receive services that meet their cultural and linguistic needs and implement strategies for improvement, as needed.				
Division(s)	Objective	Measurement / Metric	Responsible Party	Planned Steps & Actions
<input checked="" type="checkbox"/> SUS <input checked="" type="checkbox"/> MH	b. Build capacity to provide the Cross Cultural Health Care Programs' <i>Bridging the Gap</i> interpreter training for all VCBH staff.	Current state: Training model not utilized; no VCBH health care specific cultural and linguistic competence trainings widely offered. Goal: Key VCBH staff participate in a Training of Trainers and implement training model. Method: <i>In development</i>	VCBH OHED Manager VCBH Training Manager	<i>In development</i>
<input checked="" type="checkbox"/> SUS <input checked="" type="checkbox"/> MH	c. Cultural Competency Plan describes how data-driven best practices are utilized to meet the cultural and linguistic needs of consumers.	Current state: 3 Year Plan (2018-2021) Goal: Ongoing evaluation examines areas to be updated to reflect current needs and practices. Method: <i>In development</i>	VCBH OHED Manager VCBH Executive Team	<i>In development</i>
<input checked="" type="checkbox"/> SUS <input checked="" type="checkbox"/> MH	d. VCBH staff are responsive to consumers' linguistic needs by being certified Level II or III interpreters and providing resources to support non-certified clinical staff.	Current state: <i>Pending updated numbers of certified interpreters from HR.</i> Goal: <i>In development</i> Method: <i>In development</i>	VCBH OHED Manager VCBH Executive Team VCBH Human Resources & Administration	Create a mechanism for tracking and communicating staff certification levels. Update and expand clinical terminology library in Avatar Implement use a of Spanish Clinical Language Resource Manual

Figure 3: VCBH Office of Health Equity & Cultural Diversity Structure (February 2020)



VI. Contract Provider Information Workflow Improvement

Goal: All remaining agreeable contracted providers will have: a) full use of VCBH's Electronic Health Record (EHR) Avatar system or b) full viewing rights of records associated with the beneficiaries that are referred to their programs for services.				
Division(s)	Objective	Measurement / Metric	Responsible Party	Planned Steps & Actions
<input type="checkbox"/> SUS <input checked="" type="checkbox"/> MH	a. All willing contracted providers will make their own referrals for services using the Avatar system RFS form.	<p>Current state: No current providers using the Avatar system to complete RFS</p> <p>Goal: All willing providers will be able to access the RFS form for referrals to VCBH by March 31, 2020</p> <p>Method: Tracking of meetings and trainings</p>	VCBH QM Team VCBH Avatar Team VCBH Training Manager	<p>Assess 100% the contracted providers to determine their desire to use the RFS form</p> <p>Allow access based on assessment</p> <p>Train providers</p>
<input type="checkbox"/> SUS <input checked="" type="checkbox"/> MH	b. Transition all agreeable contracted providers into the Avatar Clinical Work Station system.	<p>Current state: Four contracted providers have fully transitioned.</p> <p>Goal: Bring remaining providers into Avatar system by June 30, 2020</p> <p>Method: Tracking of meetings and trainings</p>	VCBH QM Team VCBH Avatar Team VCBH Training Manager	<p>Assess 100% of the remaining contracted providers to determine their interest in using the Avatar system for clinical documentation</p> <p>Allow access based on assessment</p> <p>Train providers</p>

VI. Contract Provider Information Workflow Improvement (continued)

Goal: All remaining agreeable contracted providers will have: a) full use of VCBH's Electronic Health Record (EHR) Avatar system or b) full viewing rights of records associated with the beneficiaries that are referred to their programs for services.				
Division(s)	Objective	Measurement / Metric	Responsible Party	Planned Steps & Actions
<input type="checkbox"/> SUS <input checked="" type="checkbox"/> MH	c. All contracted providers will have view-only access to all client records in Avatar.	<p>Current state: View-only access to Avatar not available.</p> <p>Goal: By March 31, 2020, contracts will be updated, Avatar access will be granted, and trainings for use of additional Avatar functionality will be in development.</p> <p>Method: Tracking of meetings, contracts, and trainings.</p>	VCBH QM Team VCBH Avatar Team VCBH Training Manager	<p>Hold meetings to develop and finalize updated contracts with providers.</p> <p>Update Avatar access.</p> <p>Develop and hold trainings.</p>

V. Beneficiary Outcomes and Satisfaction with Services

Goal: Effectively collect outcomes data to measure service effectiveness.				
Division(s)	Objective	Measurement / Metric	Responsible Party	Planned Steps & Actions
<input type="checkbox"/> SUS <input checked="" type="checkbox"/> MH	a. All MH adult consumers shall have a Milestones of Recovery Scale (MORS) and BASIS evaluation tool administered annually and at discharge.	Current state: New tool, implemented July 2019 Goal: For MORS, 100% compliance by March 31, 2020 For BASIS, 100% compliance by July 2020 Method: Avatar Reports Metrics Dashboard	VCBH Adult Division Leads VCBH QM Team VCBH Avatar Team	Identify and train staff by January, 2020 Produce quality performance reports/dashboards to monitor compliance Provide ongoing outcomes training to relevant staff Require all programs to have at least one outcome measure that they monitor regularly.
<input type="checkbox"/> SUS <input checked="" type="checkbox"/> MH	b. All MH youth consumers (age 0-21) shall have Child and Adolescent Needs and Strengths (CANS) and Pediatric Symptom Checklist (PSC-35) administered every 6 months and at discharge.	Current state: Implementation began October, 2018. Data entered into Avatar. Goal: 100% compliance by December 31, 2019 Method: Metrics Dashboard FY 18-19 vs. FY 19-20	VCBH Youth & Family Division Leads VCBH QM Team VCBH Avatar Team	Produce quality performance reports/reports/dashboards to monitor compliance

V. Beneficiary Outcomes and Satisfaction with Services (continued)

Goal: Effectively collect outcomes data to measure service effectiveness.				
Division(s)	Objective	Measurement / Metric	Responsible Party	Planned Steps & Actions
<input checked="" type="checkbox"/> SUS <input type="checkbox"/> MH	c. All SUS consumers will receive an American Society of Addiction Medicine (ASAM) assessment at a) admission, b) every 30 days for residential treatment, c) every 90 days for outpatient treatment, and d) annually for Narcotic Treatment Programs.	Current state: Rates of completion not tracked Goal: 100% compliance by June 30, 2020 Method: Metrics Dashboard FY 18-19 vs. FY 19-20 monitored internally by operations.	VCBH Substance Use Services Leads VCBH QM Team	Produce quality performance reports/dashboards to monitor compliance and implement a process for utilizing results for quality improvement.

V. Beneficiary Outcomes and Satisfaction with Services

Goal: To increase beneficiary satisfaction.				
Division(s)	Objective	Measurement	Responsible Party	Planned Steps & Actions
<input type="checkbox"/> SUS <input checked="" type="checkbox"/> MH	a. Administer the Adult Treatment Perceptions Survey (TPS) to adult beneficiaries annually.	<p>Current state: New tool, implemented August 2019</p> <p>Goal: 75% by June 30, 2020</p> <p>Method: Metrics Reports/dashboards TPS surveys will be quantified by sites and areas of satisfaction.</p>	<p>VCBH Adult Division Leads</p> <p>VCBH QM Team</p>	Implement TPS Survey
<input type="checkbox"/> SUS <input checked="" type="checkbox"/> MH	b. Administer the Youth and Family Treatment Perceptions Survey (TPS) to youth and family beneficiaries annually.	<p>Current state: New tool, implemented January 2020</p> <p>Goal: 75% by June 30, 2020</p> <p>Method: Metrics Reports/dashboards TPS surveys will be quantified by sites and areas of satisfaction.</p>	<p>VCBH Youth & Family Division Leads</p> <p>VCBH QM Team</p>	Implement TPS Surveys
<input checked="" type="checkbox"/> SUS <input checked="" type="checkbox"/> MH	c. Maintain consumer perception surveys biannually (MH) or annually (SUS) as required by DHCS and increase beneficiary participation.	<p>Current state: No standard process for reviewing, communicating, or utilizing results.</p> <p>Method: CPS surveys will be quantified by sites, areas of satisfaction, and a summary of general comments.</p> <p>Consumer response rate will be determined by the percentage of clients expected to participate (clients who had service appointments during the data collection weeks were available to participate).</p>	<p>VCBH Adult Division Leads</p> <p>VCBH Youth & Family Division Leads</p> <p>VCBH Substance Use Services Division Leads</p> <p>VCBH QM Team</p>	<p>Analyze consumer perception survey results to identify areas of concern and integrate or compare results to guide improvement services.</p> <p>Present reports/dashboards to community and staff as appropriate.</p>

VI. Utilization Review of Overutilization of Services

Goal: Identify High-Cost Beneficiaries and employ interventions, as indicated, to reduce excessive service utilization.				
Division(s)	Objective	Measurement / Metric	Responsible Party	Planned Steps & Actions
<input checked="" type="checkbox"/> SUS <input checked="" type="checkbox"/> MH	a. High-Cost Beneficiaries (HCB) clients will be reviewed quarterly at the Quality of Care meeting	<p>MH Current state: Currently not employing a standardized review process</p> <p>SUS Current State: HCB's are identified and reported on as part of SUS Year 1 Required Performance Measures</p> <p>Goal: All HCBs will be identified and reviewed quarterly by March 31, 2020</p> <p>Method: Avatar Report and Agenda Item on quarterly Compliance and Utilization Review Report meeting by March 31, 2020</p> <p>SUS Method: Claims data is monitored and HBC are reported to operational and executive staff.</p>	VCBH QM Team VCBH UR Team VCBH Fiscal and Billing Teams	<p>Develop Avatar Reports for tracking HCB for review by Compliance and Utilization Review Report Team.</p> <p>Create system for analyzing patterns for HCB based on demographics and treatment needs.</p>
<input checked="" type="checkbox"/> SUS <input checked="" type="checkbox"/> MH	b. Triage identified HCBs at regional clinics and deploy outreach / intensive case management services	<p>Current state: Not tracked</p> <p>Goal: 100% tracking of identified HCBs by March 31, 2020</p> <p>Method: Avatar Report</p>	VCBH QM Team VCBH Regional Managers & Clinic Administrators	<p>Develop Avatar Reports for tracking HCB for review by Regional clinics</p>

VII. Grievances and Appeals

Goal: VCBH will monitor and respond to beneficiary grievances and appeals in a timely and systematic manner.				
Division(s)	Objective	Measurement / Metric	Responsible Party	Planned Steps & Actions
<input checked="" type="checkbox"/> SUS <input checked="" type="checkbox"/> MH	a. Enhance the system for processing and responding to grievances and appeals.	<p>Current state: QM 18 "Beneficiary Problem Resolution Processes: Grievances, Appeals and Expedited Appeals" Policy and Procedure updated 1/20/2020 to outline procedures.</p> <p>Goal: Implement and monitor use of updated system per QM 18.</p> <p>Method: Meetings and review of recent Grievances and Appeals logged into Avatar and response letters.</p>	VCBH QM Team VCBH EHR Team VCBH Operational Leads	<p>Per Final Rule, update Avatar/EHR system to create efficiencies and ensure staff process and respond to grievances and appeals.</p> <p>Establish a standard format for writing grievance and appeal response letters that are descriptive, concise, and client-centered.</p>
<input checked="" type="checkbox"/> SUS <input checked="" type="checkbox"/> MH	b. Create and implement continuous quality improvement practices based on issues and themes identified in grievances and appeals.	<p>Current state: See Figures 7a and 7b for details on CY 2019 Grievances and themes of the MH grievances; System for analyzing and utilizing information in development.</p> <p>Goal: Develop and implement a system to analyze topics of grievances and appeals, as well as, a method for establishing quality improvement efforts.</p> <p>Method: Meetings and documented process.</p>	VCBH QM Team VCBH QI Team VCBH Operational Leads	<p>Create a protocol for qualitatively and quantitatively reviewing themes of grievances and appeals to identify areas for process improvement.</p>

Figure 7a: Summary of CY 2019 MH and SUS Grievances

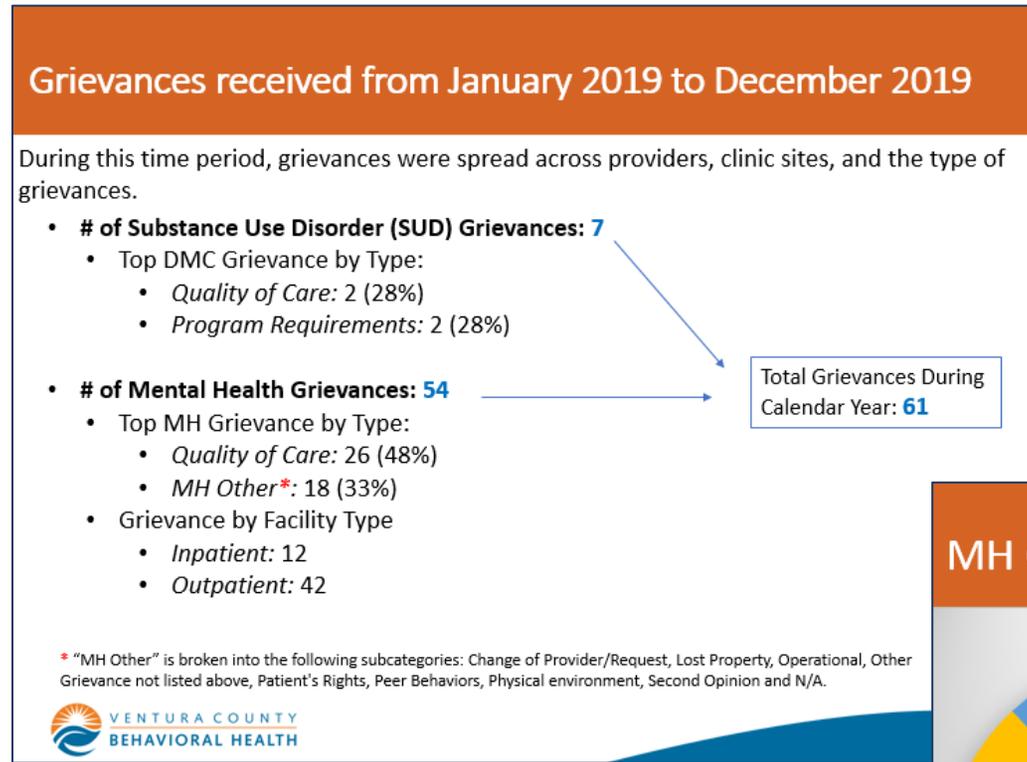
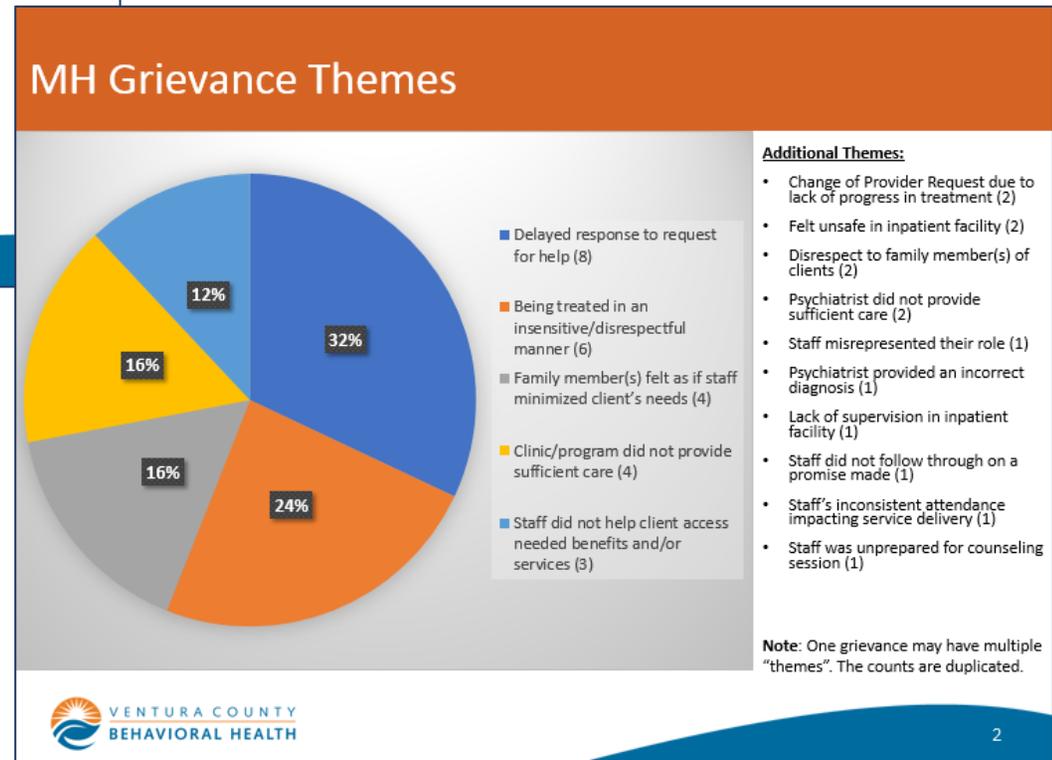


Figure 7b: Summary of MH Grievance Themes



VIII. Employee Engagement

Goal: Enhance employee satisfaction by utilizing yearly Employee Engagement Survey findings to develop action steps.				
Division(s)	Objective	Measurement / Metric	Responsible Party	Planned Steps & Actions
<input checked="" type="checkbox"/> SUS <input checked="" type="checkbox"/> MH	a. Implement and monitor progress towards 2019 Employee Engagement Survey action plans/goals.	<p>Current state: First survey was distributed, analyzed, reported in 2019. See next page for Infographic summary. Actions steps/goals were identified and are being implemented.</p> <p>Method: Ongoing evaluation of implementation.</p>	VCBH QM Team VCBH Executive Team	<p>Create a standing section on Employee Engagement in the VCBH quarterly newsletter.</p> <p>Embark on the development of a VCBH orientation and onboarding process.</p> <p>Communicate the “why” in the rollout of new or updated policies and procedures or operational processes.</p>
<input checked="" type="checkbox"/> SUS <input checked="" type="checkbox"/> MH	b. Update survey materials for 2020 2nd annual Employee Engagement Survey distribution.	Goal: Distribute, analyze and report on 2020 Employee Engagement Survey between February through July 2020	VCBH QM Team VCBH Executive Team	<p>Review the processes by which the 2019 Employee Engagement Survey was implemented, analyzed, the results were distributed, and focus group findings to consider modifications to the survey and/or process to inform the 2020 survey.</p> <p>Distribute the 2020 Employee Engagement Survey and create a timeline for analysis, distribution of results, and action planning.</p>

563 VCBH employees participated in this landmark effort



About the participants....



Clinician/Psychologist:	180
Not Stated:	144
Office/Management/Administrative Assistant:	76
MH Associate/Case Manager/CS Coordinator:	70
Management:	23
Clinic Administrator/Supervisor:	20
RN/Psych Tech/LVN:	18
MD/NP/DO:	17
Program Administrator:	15

Native American/Indian or Alaska Native:	1
Middle Eastern:	2
Black or African American:	8
Asian/Pacific Islander:	11
Mixed Race:	20
Other:	36
Not Stated:	141
White/Caucasian:	160
Hispanic/Latino:	184

What we are doing well



What we can improve



This valuable input will inform action plans for future improvements!

Thank you for taking the time to participate in the first VCBH Employee Engagement Survey