



VENTURA COUNTY  
**BEHAVIORAL HEALTH**  
A Department of Ventura County Healthcare Agency

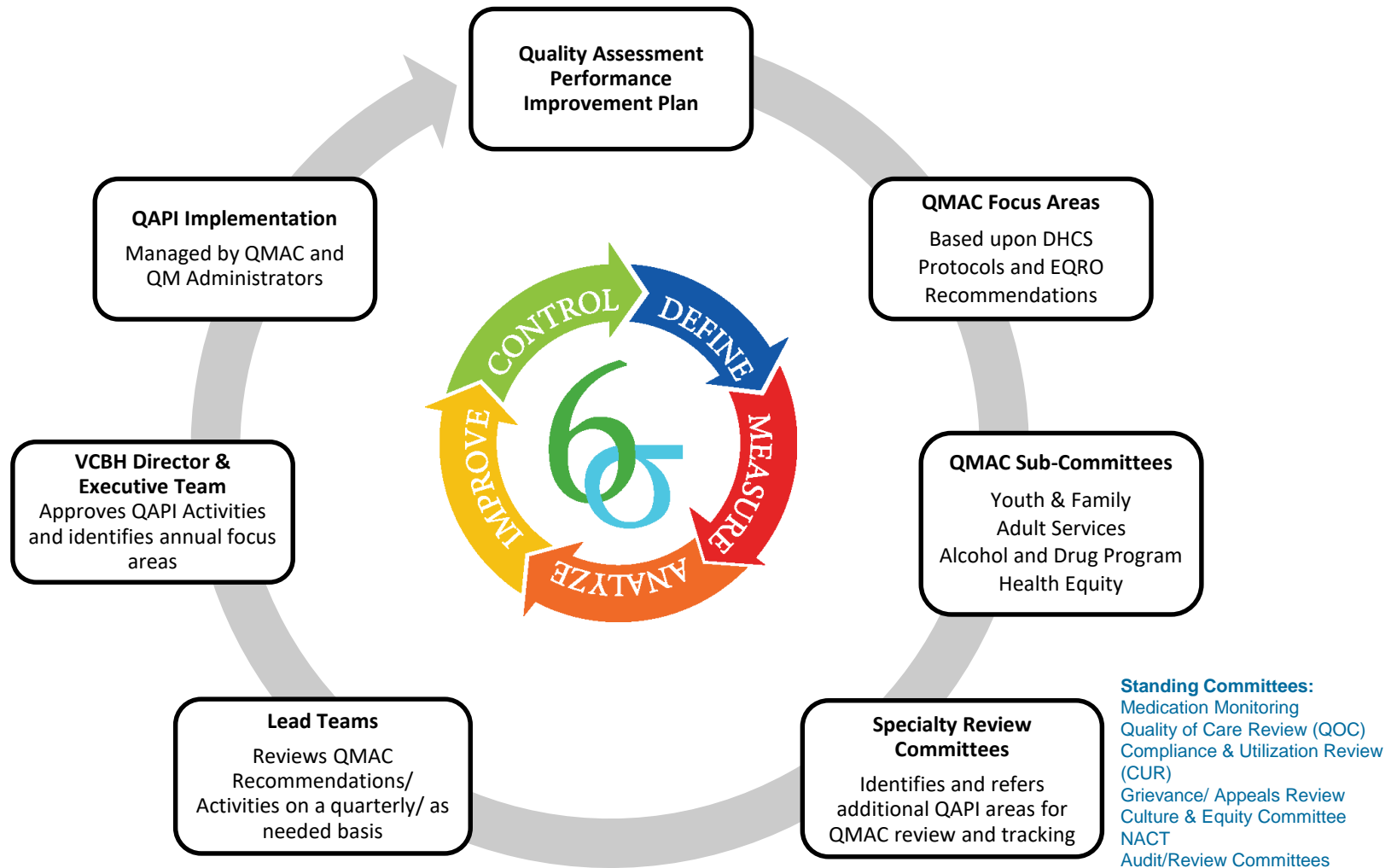
October 30, 2019

# VCBH QUALITY MANAGEMENT ACTION COMMITTEE

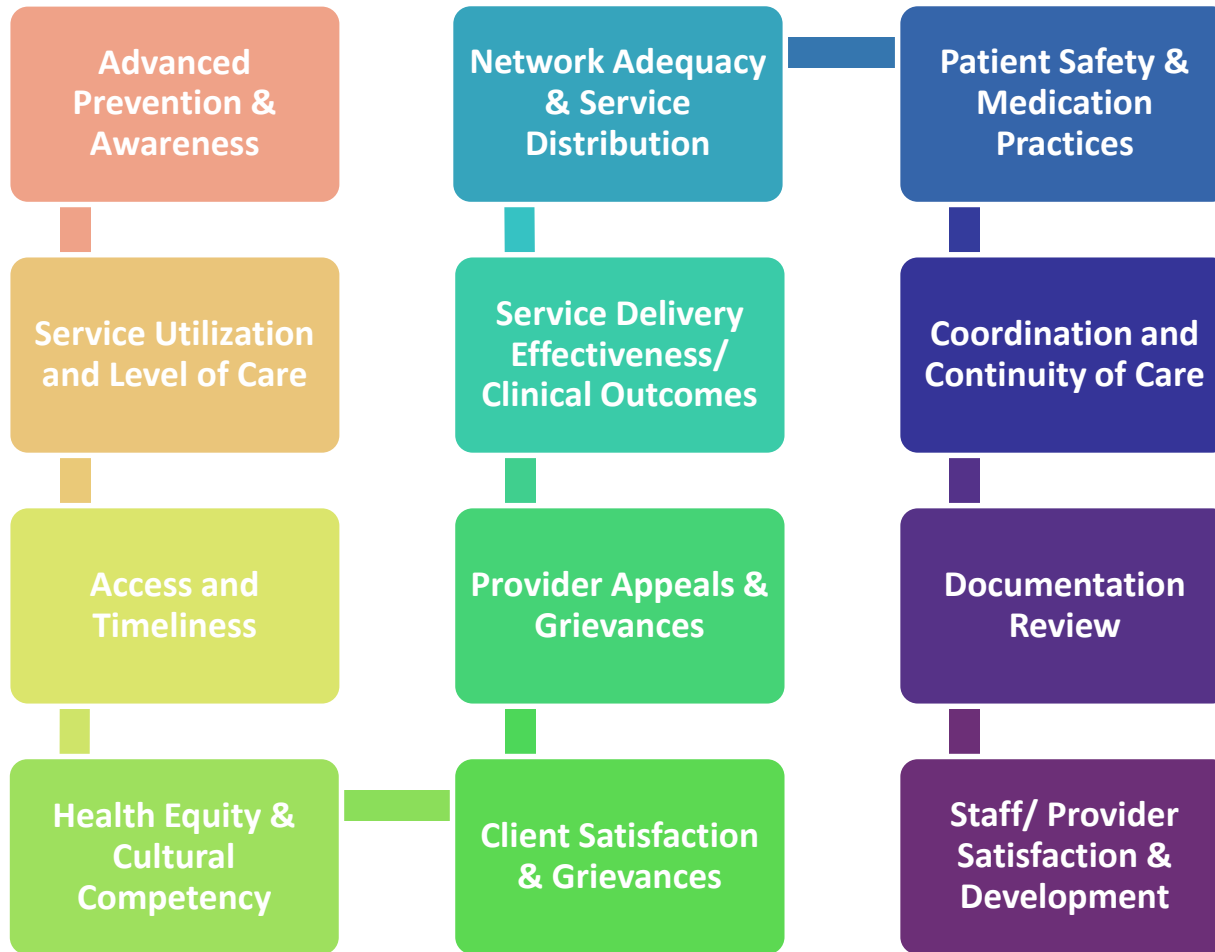
To support the process of implementing Ventura County Behavioral Health's Quality Assessment Performance Improvement Plan (QAPI)

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# QMAC Process Flow



# QMAC Focus Areas (DHCS Protocol)



# QMAC Representation and Roles

- Committees are comprised of appointed Behavioral Health staff and representation from Partner Agencies, Providers, Consumers and Family Members. Membership represents an emphasis upon day to day operations and stakeholder experience. *\*Consumer perspective is critical to this process.*
- QMAC Committees are charged with reviewing, evaluating and recommending Quality Assessment and Performance Improvement Plan (QAPI) activities guided by consumer perspective and based upon outcome data, EQRO State recommendations, and process evaluation.
- Question everything. “Why” is a good start.
- Members shall be appointed to one renewable year terms.



# 19-20 QMAC Objectives and Plan

## QMAC SWOT Analyses

- Every 2-3 years

## All Team QMAC Meetings

- Fall, Spring, Summer and Winter
- Focused data review and guidance on direction for quality improvement
- Review and provide targeted guidance on process improvement efforts, quality of care areas for focus, focused review of data and findings, such as around grievances/appeals, change of provider trends, access, satisfaction, quality data

## Ad Hoc QMAC Meetings

- As needed and time limited
- Break-out sessions for focused discussion on topics like employee engagement planning and to support carrying out activities/studies based on 2018-19 SWOT analyses.

# 18-19 QMAC Subcommittee SWOT Analyses

	Substance Use Treatment Services	Adults	Youth and Family	Health Equity
Increase Awareness	Roadmap to Services	Roadmap to Services	Roadmap to Services	Roadmap to Services
Partnerships	Increase Partnerships (Child & Family Services and Jails)	Peer Service Model	Standardize Caseload Assignment	Improve Communication and Partnerships (SUTS, MH, System Partners)
Balance	Workforce Solutions (Partnership with Local Universities)		Improve No Show rate	Improve Access

# VCBH Department Highlights

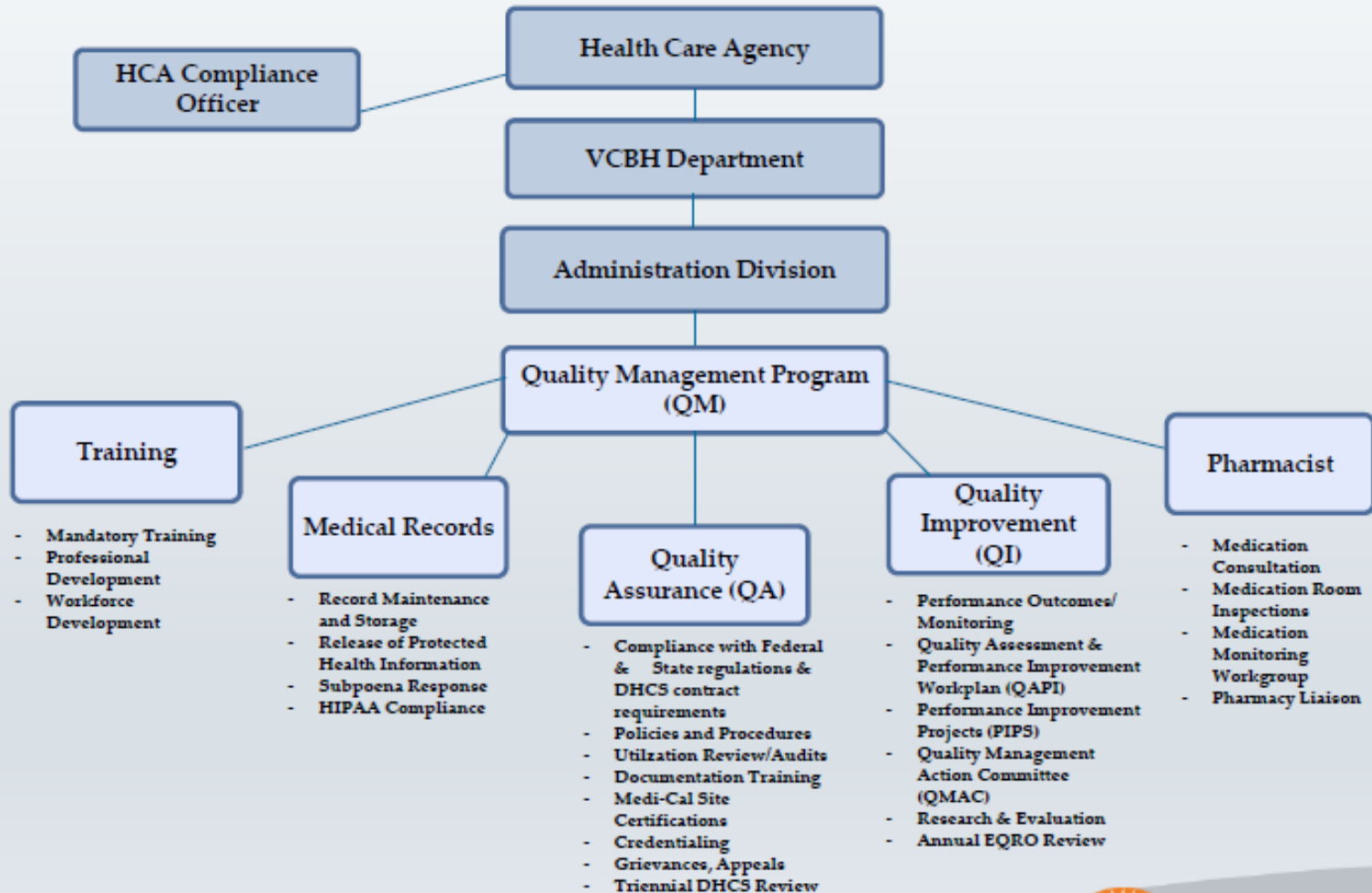
## Mental Health and SUTS Integration

Based on changes at the state-level Mental Health and SUTS are being integrated and referred to as Behavioral Health

- VCBH is progressively combining work to reflect both “sides of the house”
- Examples:
  - QAPI includes goals for both
  - Policies and procedures will be reflective of both

# VCBH Department Highlights

## Updated Quality Management Program Structure





# Ventura County Quality of Care Outcome Measures

## Bringing Cohesion to Our Approach Across Divisions

### Ventura County Quality of Care Outcome Measures

#### Measures Include:

1. BASISPlus+
2. Adult Treatment Perception Survey (TPS)
3. Youth Treatment Perception Survey (TPS)

### Youth & Family Treatment Perception Survey (TPS)

#### Length

- 18-item survey

#### Measures Youth Clients' Perceptions of:

- Access to services
- Quality of care

#### Six Areas of Measurement

1. Access
2. Quality
3. Therapeutic Alliance
4. Care Coordination
5. Outcome
6. General Satisfaction



TREATMENT PERCEPTION SURVEY (YOUTH & FAMILY)

Administrative Use Only	
Client ID:	
Point of Administration:	<input type="radio"/> Annual <input type="radio"/> Discharge
Completion Method:	<input type="radio"/> Self-Report <input type="radio"/> Staff-Assisted
Completed by:	<input type="radio"/> Youth <input type="radio"/> Parent/Caregiver
Date of Administration:	MM/DD/YYYY

#### INSTRUCTIONS:

1. Please answer these questions about your experience at this program.
2. If the question is about something you have **not** experienced, fill in the circle for "Not Applicable."
3. Please use a pen, fill in the circle completely, and choose only one answer for each question.

	Correct	Incorrect	Strongly Agree	Agree	Am Neutral	Disagree	Strongly Disagree	Not Applicable
1. The location of services was convenient for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Services were available at times that were convenient for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I had a good experience enrolling in treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My counselor and I worked on treatment goals together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I received services that were right for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Staff treated me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I feel my counselor took the time to listen to what I had to say.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I developed a positive, trusting relationship with my counselor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Staff were sensitive to my cultural background (race/ethnicity, religion, language, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I feel my counselor was sincerely interested in me and understood me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I liked my counselor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. My counselor is capable of helping me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Staff here make sure that my health and emotional health needs are being met (physical exams, adjusted mood, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Staff here helped me with other issues and concerns I had related to legal/probation, family and educational systems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. My counselor provided necessary services for my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. As a result of the services I received, I am better able to do things I want to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Overall, I am satisfied with the services I received.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I would recommend the services to a friend who is looking for similar help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Let us know your comments. What was more helpful about this program? What would you change about this program?

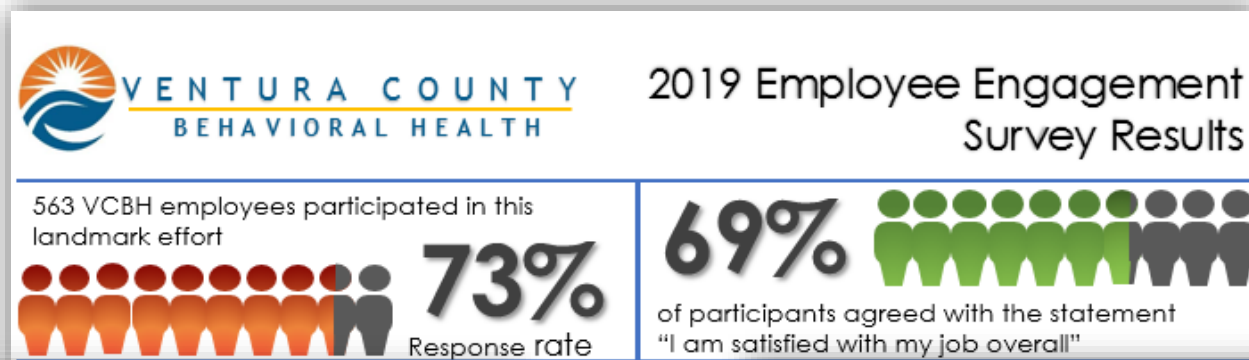
Thank you for taking the time to answer these questions!

*The purpose of this survey is to identify clients perceptions of their treatment. This form can be filled out by the client or the guardian/caregiver.*



# VCBH Department Highlights

## 2019 VCBH Employee Engagement Survey Findings and Next Steps



# QMAC Meeting Focus: Timeliness

## Quality Assessment and Performance Improvement (QAPI) Timeliness Goal and Objectives

Goal	Objectives
<ol style="list-style-type: none"><li>1. Review Timely Access to Services by monitoring the MPH's ability to meet statewide timeless standards and achieve 70% with all standards for adults children/youth, and foster youth beneficiaries</li></ol>	<ol style="list-style-type: none"><li>1. Monitor access to services for each Metric for Mental Health and DMC-ODS by reviewing the data quarterly.</li><li>2. Begin work to create EHR auto-generated reports for each timeliness metric to standardize analysis methodology and for easier and more frequent review.</li><li>3. Review policies to ensure consistency with timeliness standards.</li></ol>

# QMAC Meeting Focus: Timeliness

## Quality Assessment and Performance Improvement (QAPI) Timeliness Goal and Objectives

Metrics for Mental Health	Adults	Youth	Foster Youth	% of Time Standard Met
1. Length of time from initial request to <u>first offered appointment</u> (10 days)				
2. Length of time from initial request to <u>first kept appointment</u> (10? days)				
3. Length of time from initial request to <u>first psychiatry appointment</u> (15 days from completion of assessment?)				
4. Length of time from service request for <u>urgent appointment to actual encounter</u> (48 hours)				
5. Timeliness of <u>follow-up appointments post-psychiatric inpatient discharge</u> (7 days)				

# QMAC Meeting Focus: Timeliness

## Quality Assessment and Performance Improvement (QAPI) Timeliness Goal and Objectives

Metrics for DMC-ODS	Adults	Youth	% of Time Standard Met
1. Length of time from initial request to <u>first offered routine appointment</u> (if tracked) (10 days)			
2. Length of time from initial request to <u>first face to face routine visit/appointment</u> (10 days)			
3. Length of time from initial <u>routine MAT request to NTP appointment/contact</u> (3 days)			
4. Length of time from service request for <u>urgent appointment to actual face to face encounter</u> (48 hours)			
5. Timeliness of <u>follow-up services post-residential treatment discharge</u> (7 days)			

# QMAC Meeting Focus: Timeliness

## Data Collection and Analysis

- EQRO Timeliness Self-Assessments (MH and DMC-ODS)
- Performance Metrics (MH and DMC-ODS)
- Network Adequacy Certification Tool (NACT for MH)
- Performance Improvement Projects (MH and DMC-ODS)
- Special Projects/Pilots

# QMAC Meeting Focus: Timeliness

Example of Data Collection and Analysis:  
Network Adequacy Certification Tool (NACT) Quarterly  
Submission for June – August 2019

71% of clients with Requests for Service were provided a Medi-Cal service within **10** business days of the date of request (average time to service for all requests was 8.7 days.)

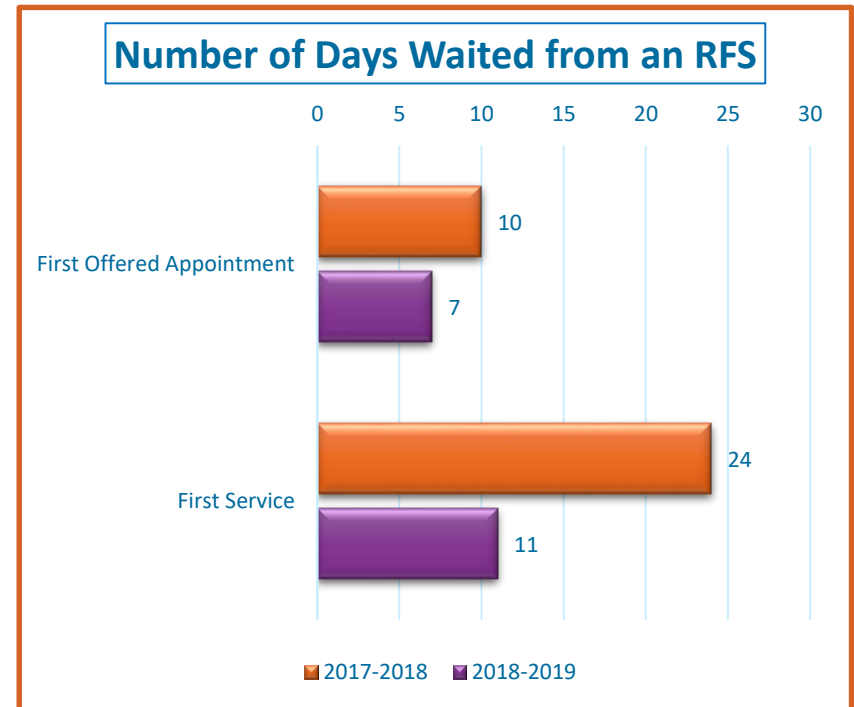
# QMAC Meeting Focus: Timeliness

## Mental Health: Santa Paula Performance Improvement Project (PIP)

**Goal:** Improve access to Specialty Mental health services for the adult and youth Latino population in Santa Paula

### Operational Changes Effective August 1, 2018:

1. Walk-In Request For Service (RFS) now available at Santa Paula Adult and Y&F clinics
2. Expanded the duties and responsibilities of existing Santa Paula Adult and Youth clinic staff to include completing an RFS
3. Expanded the duties and responsibilities of existing Santa Paula Adult and Youth clinicians to include completing assessments and dispositions for new clients



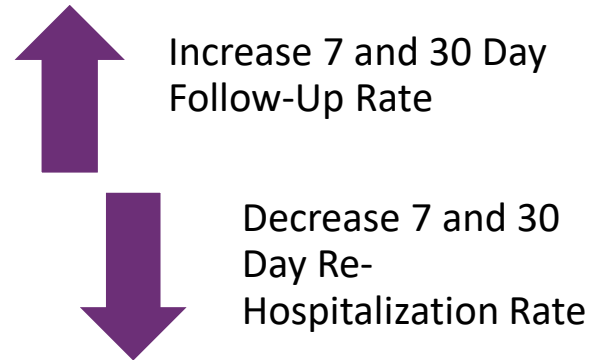


# QMAC Meeting Focus: Timeliness

## Mental Health: Post-Hospitalization Performance Improvement Project (PIP)

### Goal:

Reduce re-hospitalization rates by providing timely follow up services after discharge from an Inpatient Psychiatric Unit (IPU)



### Current Priorities:

1. Understanding frequent causes of re-hospitalization and challenges experienced after discharge.
2. Improving existing processes or developing new care models to address needs after discharge.

# QMAC Meeting Focus: Timeliness

## DMC-ODS: Level of Care Transitions Performance Improvement Projects (PIP)

**Background:** SUDS clients are vulnerable after leaving residential and WM care. It is important to keep them engaged in recovery not only when receiving treatment, but when transitioning to less intensive LOC's.

**Goals:** 1) Decrease average time it takes clients to transition to a lower LOC after residential or WM discharge, from 21.2 days to less than 10; 2) Increase % of clients transitioning within 10 days, from 53% to 65%.

**Intervention:** active as of 10/1/2019, care coordination staff contact residential providers to conduct case management and discharge planning within 30 days prior to or after client's discharge from residential services and within 7 days prior to or post-discharge from WM.

# QMAC Meeting Focus: Timeliness

## DMC-ODS: Time from RFS to Assessment Performance Improvement Project (PIP)

**Background:** it is important for SUDS patients to be assessed as soon as possible after first contact. More rapid assessment = starting treatment sooner, which makes a difference for clients facing withdrawal, homelessness, etc.

**Goals:** 1) Decrease average time it takes between RFS and assessment from 13.6 days to less than 10; 2) Increase % of clients assessed within 10 days, from 60.0% to 70%.

**Intervention:** active as of 7/1/2019, a rotating counselor will be available on a rotating basis at outpatient clinics to accommodate walk-in assessments (focus on urgent appointments). This way, clients with urgent appointments are seen the same day no matter what.

# QMAC Meeting Focus: Timeliness

## Special Projects/Pilots: Timeliness and Access

- Replicating the Santa Paula interventions in other VCBH clinics and monitoring impact

# QMAC Input Session



# Road Map to Services

Access and timeliness: How can VCBH improve the ease and appropriateness of services?

- **If we were to \_\_\_ (regarding roadmap to services) then we could improve the success/timeliness of first appointment following a request for service.**