VENTURA COUNTY
BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

Quality Assessment and Performance Improvement (QAPI)

FY 2023-2024 Work Plan

A Living Document

Updated November 2023

Structure and Elements

The Ventura County Behavioral Health (VCBH) Quality Program is focused on the successful implementation of the mission, goals, and commitment of the Behavioral Health Department. To learn more about VCBH, please follow this link: https://www.vcbh.org/en/about-us/about-vcbh

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 both mental health and substance use service delivery. Some of the objectives in the FY 2022-23 QAPI are being carried forward into this year's (FY 2023-24) plan, and other goals and objectives are new based on identified areas for monitoring and improvement. For example, efforts pertaining to the CalAIM BHQIP initiatives are now systematically integrated into department planning and the work continues in terms of planned action steps to continuously engage our community and provide quality service to those in VCBH's care.

Quality Improvement is defined as a systematic approach to assessing services and improving them. VCBH's approach to quality improvement is guided by certain principles, including data driven decision-making and employee and leadership involvement where effective quality improvement initiatives involve people at all levels of the organization to improve quality (and delivery) of services.

Quality Management (QM) Program

The VCBH Quality Management (QM) Program resides within the Administration Division and is overseen by the Administration Division Chief with support from the Compliance Senior Manager. QM is focused on the successful implementation of the Behavioral Health Department's stated mission, vision, and goals and is responsible for overseeing and reviewing the quality of behavioral health services provided to Medi-Cal beneficiaries and ensuring compliance with contract requirements and relevant County, Federal and State regulations. For more information about the Quality Management Program, please follow this link: Quality Management - Ventura County Behavioral Health (vcbh.org)

Quality Assurance (QA) – overall activities include ensuring and monitoring compliance with County, Federal and State regulations, Contract requirements, Department Policies and Procedures, and conducting Utilization Reviews, provider credentialing, and site certifications.
Quality Improvement **(QI)** – overall activities include coordination, planning, oversight, and communication of quality and process and performance improvement projects, analyses, and findings, as well as monitoring and evaluating Specialty **Mental Health Services** and **Substance Use Services.**
Medical Records Unit – 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 Unit –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 – 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 Improvement Committee (QIC)

The Ventura County Behavioral Health (VCBH) QIC is an overarching decision-making body which helps to facilitate discussions and enables systematic monitoring of issues of importance to the department. The QIC is comprised of seven subcommittees with distinct focus areas. The ratified QIC Charter is available with this document as reference. **To maintain continuous quality improvement efforts, key performance indicator outcomes and results will be presented to the QIC regularly to facilitate discussion and implement performance improvement methods if/when needed when falling short of outlined goals.**

<table>
<tr>
<td rowspan="7">Quality Improvement Committee
<u>Chair</u>: Quality Division Staff
<u>Members</u>:
VCBH Director
VCBH Medical Director
VCBH Assistant Director
Policy Office
Office of Health Equity
All Division Chiefs/Designees
Delegates from Subcommittees
Guests or designated consultants when applicable</td>
<td>Community Experience Committee
<u>Focus Areas</u>: health equity, beneficiary satisfaction, access to services, client experience, and community engagement through outreach and prevention efforts</td>
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<tr>
<td>Provider Experience Committee
<u>Focus Areas</u>: contract review, contracted provider compliance, provider support, care coordination, credentialing</td>
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<tr>
<td>Fiscal Responsibility Committee
<u>Focus Areas</u>: claims review, payment reform, contract performance, grant funding opportunities and review</td>
</tr>
<tr>
<td>Information Architecture Committee
<u>Focus</u> <u>Areas</u>: EHR and other data sources management, software management, data integration, data exchange and sharing, reporting and internal/external dashboards</td>
</tr>
<tr>
<td>Operational Excellence Committee
<u>Focus Areas</u>: training and integration of best practices, quality assurance, operational workflow effectiveness</td>
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<tr>
<td>Quality Oversight Committee
<u>Focus Areas</u>: audits and reviews, performance improvement projects, HEDIS reporting, department-wide performance and outcomes metrics reporting and analysis, development and review of QAPI</td>
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<tr>
<td>Staff Experience Committee
<u>Focus Areas</u>: employee engagement efforts, contractor employee satisfaction, training and development</td>
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Performance Improvement Projects (PIPs)

VCBH is currently engaged in five performance improvement projects, three of which have also been submitted for the CalAIM BHQIP PIPs. The table below outlines activities of each of the five PIPs to date.

Performance Improvement Project	Problem Statement	Activity to Date
1. MH Clinical: Screening and Identification of Psychosis Symptoms in TAY	Currently, no standardized and consistent way of identifying clients who are experiencing symptoms of psychosis (at the screening level) and no consistent referral system to VCPOP. Implementing a checklist that will help staff identify the symptoms correctly and place clients in the right level of care will help to address this identified problem.	• Several meetings with Operational and Clinical Staff to identify the problem • QI in collaboration with Operations developed a VCPOP referral checklist to implement • In Fall, Operational staff will train A&O, Y&F, and Adult Division intake staff on the newly developed checklist to help identify clients with symptoms of psychosis and place them in the correct level of care (i.e., VCPOP)
2. BHQIP FUA: Navigating Substance Use Service Availability for High-Risk Medi-Cal Beneficiaries in Ventura County	Communication gaps between County and hospital staff, and knowledge gaps related to how the two systems function, create barriers for individuals who visit the ED for substance use issues to connect to service providers for follow-up care.	• Meetings with area navigators, hospital staff, and MCP leadership to identify root causes and barriers to connecting clients to follow up care • Development of training guide and materials for hospital staff and navigators to understand: ○ The landscape of substance use service availability for Medi-Cal beneficiaries ○ Access points to care and the concept of No Wrong Door ○ Changes to information sharing regulations which affect care coordination between entities • Goals include: ○ Decrease in knowledge gap as early trainees share and disseminate information with colleagues ('train the trainer' model) ○ Increase in referral calls from hospital staff and service request calls from clients with recent visit to ED
3. BHQIP FUM: Navigating Mental Health Service Availability for High-Risk Medi-Cal Beneficiaries in Ventura County	Communication gaps between County and hospital staff, and knowledge gaps related to how the two systems function, create barriers for individuals who visit the ED for mental illness or suicidal ideation to connect to service providers for follow-up care.	• Meetings with area navigators, hospital staff, and MCP leadership to identify root causes and barriers to connecting clients to follow up care • Development of training guide and materials for hospital staff and navigators to understand:

		○ The landscape of mental health service availability for Medi-Cal beneficiaries ○ Access points to care and the concept of No Wrong Door ○ Changes to information sharing regulations which affect care coordination between entities • Goals include: ○ Decrease in knowledge gap as early trainees share and disseminate information with colleagues ('train the trainer' model) ○ Increase in referral calls from hospital staff and service request calls from clients with recent visit to ED
4. BHQIP POD: Strengthening Early Treatment Engagement for OUD MAT Clients	Ventura County needs more consistent methods of building rapport with MOUD clients when they first enter treatment, as successful initiation and early retention is strongly predictive of future treatment success.	• Intervention was implemented on 6/1/23, consisting of: ○ Counselors making a follow-up individual counseling call to new MAT clients to support and encourage them prior to their 1st MAT appointment ○ Informational fliers distributed to new clients during the initial assessment for MAT services • Intervention implementation and efficacy is being monitored via regular data review by Quality Improvement and the supervising MAT clinician.
5. SUS clinical: Study of client engagement and retention in early outpatient treatment.	VCBH outpatient client retention has room for improvement in terms of the frequency of outpatient treatment contacts that might be expected of clients who fully adhere to treatment goals, particularly in the first 90 days of treatment	• Intervention was implemented as of 1/3/2022, consisting of asking clients to identify individual barriers to attending treatment, and then tracking progress towards overcoming this barrier as one of the treatment goals.

2023-2024 QAPI Goals and Objectives

The Quality Assessment and Performance Improvement (QAPI) Work Plan goals for FY 2023-24 provides the framework for monitoring, implementing, and documenting of efforts to improve VCBH service delivery across the continuum of care in both the Mental Health (MH) and Substance Use Services (SUS) divisions. Unless specifically noted, all goals and objectives outlined in this document will pertain to both MH and 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 QAPI goal focus areas for FY 2023-2024 are as follows:

- Access to Services
- Quality
- Beneficiary Outcomes
- Data-driven Decision Making

Structure of the Plan

VCBH's QAPI work plan includes the following essential initiatives: Access and Timeliness of Services, Quality, Data-Driven Decision Making, and Beneficiary Outcomes.

The scope of each domain is outlined below and includes the following elements:

> **Goal:** reflects VCBH's annual goals toward reaching the identified measurable activity/benchmark.
>
> **Objectives and Measurable Activities/Indicators:** data-driven performance measures and outcomes to help identify strengths and barriers and establish benchmarks for assessment and improvement.
>
> **Responsible Party/Lead Assigned:** establishment of leads or parties responsible for each measurable activity/benchmark identified/outlined.

The creation and application of the goals and objectives is an iterative process that involves many leaders across VCBH, as well as stakeholders and their input.

Annual Evaluation

The impact and effectiveness of the QAPI program is evaluated annually through our Annual Reporting/Work Plan evaluation process. This process helps to prioritize areas for improvement over the upcoming fiscal year. An evaluation of the effectiveness of quality assessment and performance improvement activities is completed at the conclusion of each fiscal year and is reviewed with stakeholders (e.g., QIC). The evaluation summarizes progress associated with each of the QAPI Work Plan goals and objectives, and includes actions taken in response to outcomes. Based upon the evaluation, revisions may be made to subsequent QAPI Work Plans.

Initiative 1. Timely and Efficient Client Access to Services

The goals below illustrate VCBH's efforts pertaining to Timely and Efficient Services to Clients, including monitoring of timeliness standards, and implementation of "No Wrong Door".

Goal #1.1: No Wrong Door	Responsible Party
Objective:	QM, VCBH Regional Managers

1. Workflows and processes for client intake with the transition to the new EHR will be solidified by the end of the fiscal year 2. At least 80% of clients requesting a service will be connected to the right level of care via the screening or transition of care tool [for MH services] 3. Process of providing loop closure for referrals from MCPs will be solidified by the end of the fiscal year (June 30th, 2024)	

Goal #1.2: Maintain Timeliness Standards	Responsible Party
Objective: 1. At least 85% of routine (non-urgent) initial requests will be offered an assessment (or first appointment) within 10 business days of the initial request (*Baseline FY22-23 MHP average=84% among all beneficiaries; Baseline FY22-23 SUS = 89%*) (See Tables 1 & 2 for timeliness standards) 2. At least 70% of urgent requests will receive an assessment within 48 hours of initial request (*Baseline FY22-23 MHP average= 67% among all beneficiaries; FY22-23 SUS = 53%)* (See Tables 1 & 2 for timeliness standards) 3. At least 90% of (MHP)/15% of (SUS) clients will receive a follow-up appointment within 7 days after inpatient treatment (*Baseline FY22-23 MHP average= 90% among all beneficiaries; Baseline FY22-23 SUS post-residential treatment = 12%)* (See Tables 1 & 2 for timeliness standards) 4. At least 85% of beneficiaries experiencing a MH crisis will receive a crisis intervention/evaluation within 60 minutes of the request.	QI, VCBH Adult, Y&F, & A&O Division operational staff. SUS Division

Goal #1.3: 24/7 Access Line	Responsible Party
Objective: 1. At least 90% of Access Line calls will be answered within 30 seconds (both MHP & SUS) 2. Less than 15% of Access Line calls will be dropped or abandoned (baseline for MHP *FY22-23* = 12.7% of calls abandoned *during business hours*; SUS = 25% overall from May to October 2023) 3. 100% of after-hours calls (5 pm to 8 am) will be answered and appropriately responded to by VCBH's crisis team 4. Average call durations will be re-assessed for the Access Line given the administration of DHCS's screening tool (Baseline for *FY22-23* MHP duration of calls = 3:47 seconds during business hours; SUS = 19m:31s due to the completion of a full RFS assessment)	QI, A&O staff, SUS Division

Table 1: Standards for Timely Access to Mental Health Services

Metric	DHCS Standard	% Meeting DHCS Standard		
		All Services	Adult Services	Children's Services
		FY22-23	FY22-23	FY22-23
1. Initial request to first offered routine appointment	10 business days	84%	84%	83%
2. Initial request to first rendered service	10 business days	82%	83%	81%
3. Time to First Offered Non-Urgent Psychiatry Appointment	15 business days	N/A	87%	49%
4. Time to First Rendered Psychiatry Service	15 business days	N/A	86%	40%
5. Service request for urgent appointment to actual face to face encounter	48 hours	67%	75%	55%
6. Follow-up services after psychiatric hospitalization	7 calendar days	90%	88%	97%

Table 2: Standards for Timely Access to Substance Use Services

Metric	DHCS Standard	% Meeting DHCS Standard		
		All Services	Adult Services	Children's Services
		FY22-23	FY22-23	FY22-23
1. Initial request to first offered routine appointment (if tracked)	10 business days	89%	89%	93%
2. Initial request to first face to face routine visit/appointment	10 business days	79%	79%	74%
3. Initial routine MAT request to NTP appointment/contact	3 business days	95%	95%	N/A
4. Service request for urgent appointment to actual face to face encounter	48 hours	53%	52%	57%[1]
5. Follow-up services post-residential treatment discharge	7 calendar days	12%	12%	8%[2]

[1]Total of 7 urgent requests from youth clients

[2]Total of 12 residential discharges for youth clients

Initiative 2. Continuous Quality Improvement of Operations

The goals below illustrate work toward continuous quality improvement efforts within VCBH, including in the areas of Utilization of Services and Review of these Services, and the Credentialing and Licensing of Providers.

Goal #2.1 Detection of Over and Under Utilization of Services	Responsible Party
Objective: 1. Review at least a **5% sample of persons in care** who had at least one billable service in the previous month to identify over- or under-utilization of services 2. Develop processes within the new EHR to increase accessibility of data which includes ability to view billed services from our CBOs, availability of reports to aide in review in SmartCare and transition of compliance reviews into the CalMHSA Audit Tools by 6/30/2024. 3. Quarterly review of VCBH programs/clinics to ensure all programs are providing appropriate levels of services. Exception: 5% of all DUI charts are reviewed every 6 months.	QM/UR

Goal #2.2 Maintaining Provider Credentialing	Responsible Party
Objective: 1. 100% of all providers will maintain valid and current credentials, as indicated by monthly licensing report (QM) 2. Ensure that provider lists provided to the general public/consumers are accurate and up to date on VCBH's website with an accuracy rate of at least **95%** 3. 100% of all contractors will maintain valid and current credentials (Contracts)	QM

Goal #2.3 Increase Staff Participation in Department-wide Decision-making	Responsible Party
Objective: 1. Involve/add at least **5 new** VCBH staff to quality and operational discussions pertaining to the QAPI, VCBH key performance indicators, cultural competency plan. 2. Include discussion of the overall QAPI and its objectives as a standing agenda item in QIC Quality Committee meetings (during summer & fall sessions) 3. Report outcomes/findings to the QIC and discuss and implement performance improvement methods if/when needed when falling short of these goals for purposes of continuous quality improvement	QI, QM

Initiative 3. Enhance Data-Driven Decision Making

The table below illustrates the goal focus areas and objectives for VCBH's Data-Driven Decision-Making initiative, including development of key outcomes and reporting pertaining to VCBH's 5-year strategic plan, CalAIM, and key performance indicators.

Goal #3.1 Establish Agency-wide Key Performance Indicators	Responsible Party
Objective: 1. Leadership team will reach consensus on agency-wide KPIs by end of the fiscal year (FY23-24); outlined KPIs will then be approved by the Executive Team and incorporated into the Strategic Plan by the start of the next FY 2. Once consensus is reached, provide regular reporting (e.g., quarterly, biannually, annually) of established indicators to Executive Leadership, including Director of HCA	QI, Adult & Y&F, A&O Division Leads, SUS Division

Goal #3.2 Enhancing Cultural Competency & Linguistics at VCBH	Responsible Party
Objective: 1. At least 85% of existing staff will complete their annual cultural competency training as assessed by attestations and training completions from VCBH's learning management system (i.e., Vector Solutions for mandatory trainings) 2. Implementation of the newly updated Cultural Competency template by the Office of Health Equity and Cultural Diversity	OHECD staff; Training staff

Initiative 4. Optimal Beneficiary Outcomes

The table below illustrates goal focus areas pertaining to QI's and VCBH's role in collecting and monitoring outcome measures for VCBH beneficiaries.

Goal #4.1 Grievances & Problem Resolution	Responsible Party
Objective: 1. At least 75% of grievances filed will be resolved within 90 days of receiving them (*Baseline FY22-23 = 73%*) [for both MH & SUS] 2. At least 60% of appeals will be resolved within 30 days (*Baseline* FY22-23 = 51% [for both MH & SUS] 3. Maintain 100% compliance with QM 18 4. Regular reporting of grievances will be made to the QIC Quality Subcommittee	QM

Goal #4.2 Beneficiary Outcomes	Responsible Party QI, Adult & Y&F Division CAs
Objective: 1. Improve response rates to the MH Consumer Perception Survey & SUS Treatment Perception Survey by 10% from the prior year by restructuring the administration process of the surveys 2. At least 85% of youth/families of youth in care will indicate they are satisfied with services (agree or strongly agree) 3. At least 85% of adults/older adults in care will indicate they are satisfied with services 4. 10% improvement in retention rates within clients in outpatient treatment	

Goal #4.3 Monitoring of Medication Management/Education	Responsible Party QA/QM
Objective: 1. At least 90% of beneficiary questions regarding medications will be addressed within 30 days of inquiry (or their next doctor visit) via informational sheets on medications provided 2. At least 70% of beneficiaries should have a consent on record with their provider regarding their medications or be provided with informational sheets100% of relevant staff will be trained to ensure pertinent information regarding treatment medications are consistently conveyed to beneficiaries (via Target Solution attestations)	