

## Ventura County Behavioral Health Quality Improvement Performance Plan, 2015-16

### BACKGROUND

The Ventura County Behavioral Health Department (VCBH) provides a system of coordinated services to meet 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. The staff of the Ventura County Behavioral Health Department are dedicated to relieving suffering and enhancing recovery from mental illness, alcohol, and other drug problems. VCBH believes that real consumer and family member involvement is critical both to our commitment to excellence and for profound change in consumers lives, and is dedicated integrating consumers and family members throughout the Department’s organization and activities. The Behavioral Health Department Plan plays an important role as an integrated component of the Ventura County Health Care Agency System.

#### The Ventura County Behavioral Health Mission

*To promote hope, resiliency and recovery for our clients and their families by providing the highest quality prevention, intervention, treatment, and support to persons with mental health and substance abuse issues.*

The Ventura County Behavioral Health Quality Improvement Program is focused on the mission, goals and commitment of the Behavioral Health Department. The Quality Improvement Program is responsible for the coordination, planning, oversight, and communication of quality improvement principles, projects, analyses, and findings Department-wide to achieve the Department’s mission. The principles of wellness, recovery, resiliency, and cultural competency serve to direct all Quality Improvement activities and projects.

### VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT QUALITY IMPROVEMENT GOALS

- Promote a Department-wide commitment to quality of care and ongoing performance improvement by the active involvement involving beneficiaries, family members, providers, managers, and vendors in quality improvement processes;
- Continuously improve and enhance quality of care through ongoing, objective, and systematic monitoring of data that addresses behavioral health care;
- Proactively identify opportunities for improvement in both clinical and administrative aspects of VCBH operations;

- Implement change in a well-defined, systematic manner, and re-evaluate processes to ensure that improvement has occurred;
- Provide comprehensive oversight of delegated functions to ensure consumer care delivery is consistent with the values and standards of the VCBH;
- Provide an objective and systematic approach to continuous quality improvement that is in compliance with community standards of care and meets applicable regulatory and accrediting requirements and standards;
- Ensure VCBH programs, processes, and vendors are in alignment with VCBH regulatory, and accreditation standards;
- Ensure a system of timely communication of results to both stakeholders and staff regarding quality improvement activities.

Whenever possible, quality improvement (QI) efforts and projects will incorporate the following QI process that stresses the need for formalized assessment processes in the design, implementation, and evaluation of services:

- Collect and analyze data to measure against goals, standards, and/or prioritized areas of improvement that have been identified;
- Identify opportunities for improvement and decide which opportunities to pursue;
- Facilitate the design and implementation of interventions to improve performance;
- Measure the effectiveness of the interventions;
- Incorporate successful interventions in the Mental Health Plan (MHP) as appropriate.

The scope of VCBH QI includes, but is not limited to, all the following elements of consumer services:

- *Timeliness*: How quickly and easily do consumers obtain necessary services?
- *Appropriateness of Care*: Do members receive services appropriate to their individual needs and at the appropriate frequency?
- *Effective Care*: Are services effective and outcomes positive? Are there continuous initiatives to improve service effectiveness and clinical care outcomes?

- *Efficiency*: Are services being provided in a manner that best uses the available resources for consumers?
- *Coordination and Continuity of Care*: Is there coordination and continuity of care within the VCBH services and between the VCBH and community systems of care? Is the transition between the Ventura County Medical Center and VCBH seamless and well documented?
- *Wellness / Recovery*: Are services designed to engender hope and to promote choice, independence, and the development of functional competencies? Are consumers improving the quality of their physical, mental, and life circumstances?
- *Consumer Satisfaction*: Are consumers and family members satisfied with the quality of services they receive, the programs and providers that deliver them, and with their clinical outcomes?
- *Cultural Competency*: Are services provided in a manner that effectively meets the needs of county cultural and ethnic populations? Are healthcare service disparities being reduced?

## PURPOSE

The purpose of the Quality Improvement Performance Plan (QIPP) is to provide a working document for the monitoring, implementation, and documentation of efforts to improve delivery of services to VCBH consumers. It is prepared on an annual basis and reviewed for appropriateness twice a year. Updates to the plan occur whenever there is a need to reflect the ongoing process of quality improvement.

Goals and objectives as described herein are intended to be embedded at the operational program level. Measurement of stated goals and objectives are based on data inputs and outputs provided by Quality Improvement, which are measured against established goals. The implementation of the QIPP is through an operational infrastructure which includes the Quality Improvement Committee, Quality Improvement work groups, and relevant department teams and providers. The intent of such infrastructure is to provide a framework by which the QIPP, as well as related Performance Improvement Projects and research activities, can be implemented and facilitate accurate measurement of progress against benchmarks, standards of care, and/or applicable regulatory and accrediting requirements and standards.

## REGULATORY, CONTRACTUAL AND POLICY REQUIREMENTS

The Ventura County Behavioral Health Department Quality Improvement program is designed to meet regulatory and CA Department of Health Care Services contractual requirements, as well as, Behavioral Health Department internal policies and procedures which require that our program:

1. Be conducted under the direction of the VCBH Director;
2. Be coordinated by a licensed mental health professional;
3. Report to the Board of Supervisors;
4. Document that the quality of care provided is being reviewed, through a variety of methods, including surveys, audits, focused reviews, data analysis, beneficiary grievance review, and other techniques designed to define quality care;
5. Identify quality of care problems;
6. Demonstrate a process which takes effective action to improve care where deficiencies are identified, and ensure through corrective action plan(s) and follow-up, that both specific as well as systemic quality of care issues are identified and are improved;
7. Address accessibility, availability, and continuity of care;
8. Monitor the provision and utilization of services to see that they meet professionally recognized standards of practice;
9. Regulations further require that VCBH's QI program be structured to ensure that:
  - a. A level of care which meets professionally recognized standards of practice is being delivered to all MHP consumers;
  - b. Quality of care problems are identified and corrected;
  - c. Appropriate care is not withheld or delayed for any reason;
  - d. That client rights are supported and that they are advised of their rights as delineated in the Welfare and Institutions Code , Code of Federal Regulations Title 42. and California Code of Regulations Title 9, Chapter 11;
  - e. The program is evaluated annually and updated as necessary.

## **ORGANIZATIONAL STRUCTURE AND RESPONSIBILITY**

The Governing Body of the Mental Health Plan is the Board of Supervisors of Ventura County. While the Board is responsible for establishing, maintaining and supporting the Quality Improvement Program of the Mental Health Plan, the Board delegates the ongoing responsibility for the development and implementation of the Program to the VCBH.

### **Mental Health Director**

The VCBH Director has ultimate responsibility for administration of the Mental Health Plan, oversight of the QI Program and for providing adequate resources and staffing for the program to function effectively.

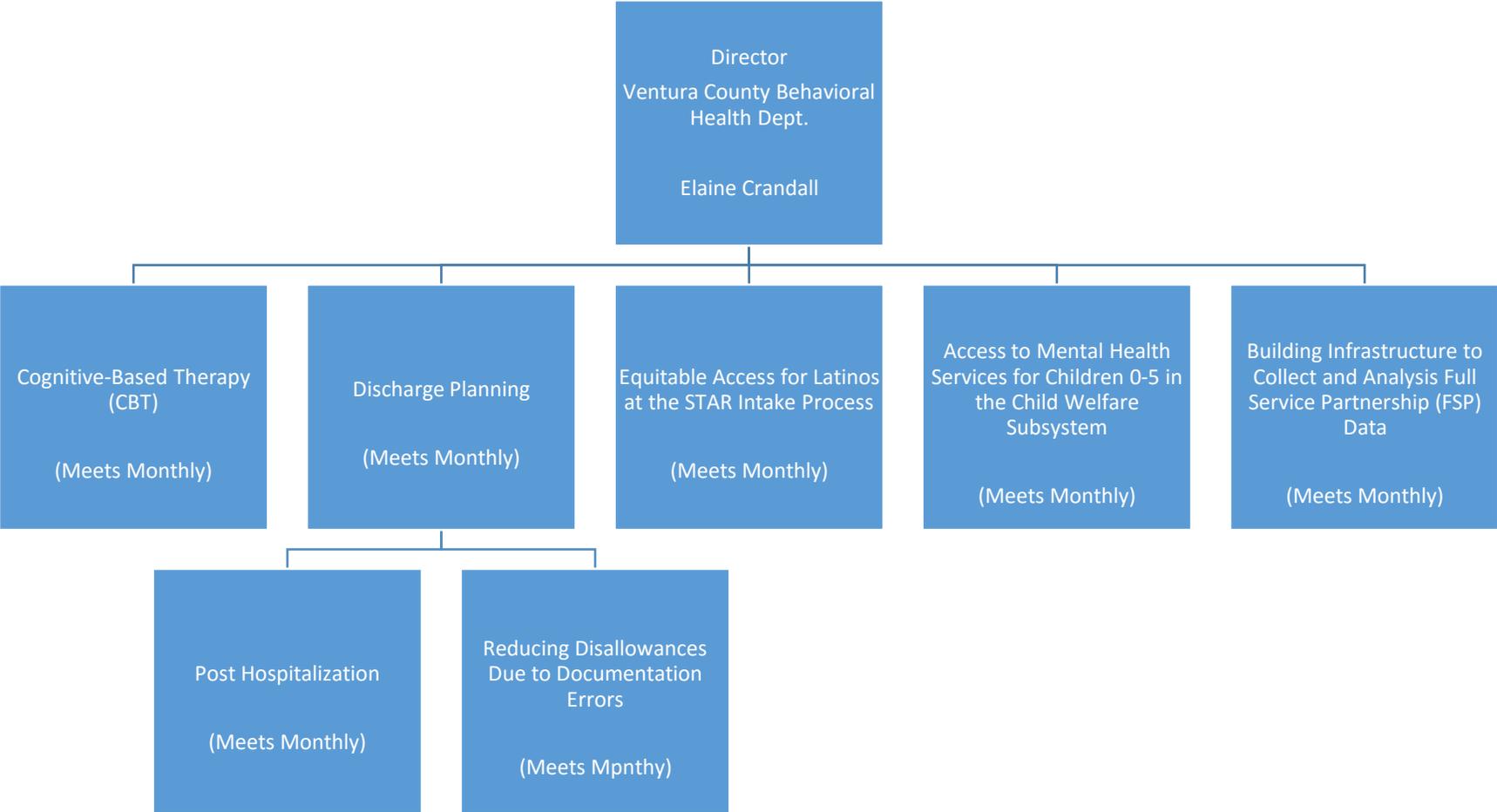
### **Reporting to the Behavioral Health Advisory Board**

The Advisory Board provides input to the administration of the Mental Health Plan and functions in an advisory capacity. The Advisory Board is involved in the Quality Improvement Committee by appointing an Advisory Board member to the QIC. In addition, there is a direct reporting link to each of the Advisory Board Subcommittees. QI reports generated through the oversight of the Quality Improvement Committee (QIC) are presented to the Advisory Board on a quarterly basis for their review and feedback. The annual Advisory Board report to the Board of Supervisors includes summaries and recommendations based on their review of the QI Program.

### **Committee Charters**

Selected committee charters are attached at the end of this document.

**COMMITTEE AND WORKGROUP STRUCTURES**



## **Quality Improvement Committee Organizational Charter**

### **Purpose**

The Quality Improvement Committee (QIC) is responsible for the oversight of Quality Improvement activities as presented in the Quality Improvement Work Plan. The QIC identifies key quality issues and provides feedback to the progress and results of the Quality Improvement Work Plan objectives and projects. The Quality Improvement Committee meets monthly and is comprised of community leaders, consumers and family members, Mental Health Board members, and VCBH staff. The QIC provides oversight of quality improvement project activities and data management.

### **Responsibilities**

- Review, track and monitor the resolution of beneficiary grievances, state fair hearings, and provider appeals.
- Oversee and participate in the review of QI activities, including performance improvement projects.
- Recommend and review policy decisions, and ensure follow-up of QI process.
- Identify quality of care projects and issues and refer to the Director and BH Administration.
- Review QI Workgroup reports and recommend implementation and follow-up activities.
- Identify barriers to clinical practice and administrative aspects of the delivery system.

### **Membership**

- Director
- Medical Director(s)
- Quality Assurance Manager
- Division Managers
- Behavioral Health Managers
- Clinic and Program Administrators
- Mental Health Board Appointees
- Ethnic Services Manager
- Adult Consumers
- TAY Consumers
- Family Members
- Provider Representatives
- Clinicians



## Project Title: Discharge Planning

### Project Description:

This project will review treatment planning, stages of treatment and discharge planning in order to maximize resources, decrease length of stay, improve outcomes and decrease overburdening of clinicians.

It will utilize the evaluation of Treatment Plans, the use of treatment tracks, the outcomes as identified per the already-utilized Intensive Services for Students Program (ISSP), Ventura County Outcomes System (VCOS) and Discharge Summary. It will decrease caseload sizes in a treatment focused, data driven, effective manner.

### Opportunity Statement:

Currently, there are concerns regarding availability of effective treatment services and robust array of services in the discharge planning process. Current conditions limit Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program CBO's, Beacon availability, staff resources, and increase requests for services. Furthermore, with the implementation of Affordable Care Act, there has been a significant increase in eligible consumers.

If this project is not pursued, stakeholders, consumers and community partners' needs will not be addressed and the provision of services to at-risk clients may be jeopardized or overlooked in the aspect of enhancing outcomes and discharge planning. Clinician caseloads continue to grow with lack of data driven discharge criteria and minimal linkage to resources.

The benefit of this project is meeting the objective qualitative review of the process that is clinically inherent to all clients and staff that are providing crucial services.

### Scope:

- Major processes involved are discharge planning, treatment planning, and program development.
- Department participants including, line staff, MD's, administrators.
- Those benefitting are stakeholders, partner agencies, and communities.
- Youth and Family outpatient clinics in VCBH.

**Out of Scope:**

Adult Division (later phase), CBO's procedures; Intensive Social Emotional Services (ISES) programs or other field based programs.

**Goals/Expected Benefits:**

The goal of project is to increase (in real time) integrated discharge planning into treatment planning as evident in ISSP, Assessment Updates, and Discharge Planning. It will provide support throughout treatment to engage in community resources to address variety of needs and utilize the discharge summary to bring the referral to community resources as integral and adjunctive part of continuum of care.

Another goal is to reduce cycle time in Treatment Planning, decrease cost of services with enhanced use of natural supports in community as part of robust coordinated treatment planning, lessen length of stay and appropriate supports in place for timely discharge informed by data from ISSP and VCOS.

It will provide for review and evaluation of the data that describes the current discharge planning process. It will evaluate the outcomes and enhance the long-term outcomes for clients, their extended family/social network and the community as a whole with the integration of step down care and the use of community supports and resources as a focus throughout treatment planning and discharge planning.

**Deliverables:** VCOS integrated into treatment planning and discharge plans, training of staff, integrate into CBO contracts

**Team Members:**

Name	Department	Name	Department
Deborah Thurber	Y&F Medical Director	Marisela Lopez-Leach	Y&F Division
Sevet Johnson	Adult Division	Ad hoc members	Adult Division
Jennifer Dougherty	Y&F Division		
Cheryl Fox	Y&F Division		



## **Project Title: Cognitive Behavioral Therapy (CBT) as an Evidence-Based Practice for Reducing Length of Stay of Clients with Moderate Severity of Depression and/or Anxiety**

### **Project Description: CBT Adult Program**

The integration of Evidence-Based Practices (EBPs) in community behavioral health is expected by the state and is vital in ensuring that consumers have access to the highest level of services, which integrate clinical expertise with external scientific evidence, and the perspective, values, needs, choice, and voice of those we serve. The expectation from the Centers for Medicaid/Medicare Services is for the provision of services that will provide evidence of clinical and cost effectiveness. Cognitive Behavioral Therapy (CBT) is valued in the behavioral health field to be highly effective and culturally sound Evidence-Based treatment and able to provide evidence of clinical and cost effectiveness especially with client with moderate depression and anxiety.

The purpose of this project is to reduce the length of stay of clients with a primary or secondary diagnosis of depression or anxiety of moderate severity through the implementation of Cognitive Behavioral Therapy as an Evidence-Based Practice.

### **Opportunity Statements**

Clients with a primary diagnosis of depression or anxiety account for approximately 40% of adult clients served at VCBH. The average length of stay of these clients for the period 2012 – 2014 varied from a minimum of 500 days to a maximum of more than 1,000 days. The median length of stay is more than 700 days This far exceeds the average recommended treatment length based on research evidence of 280 days. The excessive length of stay of clients with moderate depression and anxiety is a drain on the limited treatment resources of Behavioral Health and results in diminished availability of resources available for clients with severe mental illness.

### **Scope:**

Clients to be included in the project will be identified at Screening Triage Assessment & Referral (STAR) or at the initial treatment appointment at the out-patient clinic. Clients will be identified based on the presence of depression or anxiety as a primary or secondary disorder and a PHQ 9 or GAD 7 will be administered to identify the presence of moderate level of severity. Identified clients will then be educated on the evidence-based treatment options available at the clinic and clients who agree to participate in Individual or Group therapy will be included in the project. Client will be assigned to individual or group therapists that have been trained in CBT.

- \* Identification of accredited CBT trainer – The Academy of Cognitive Therapy
- \* Training of all (Adult Divisions) clinical staff in Basic CBT
- \* Training of peer mentors (CBT coaches) in Advanced CBT
- \* Monthly CBT group supervision and use of audio-taping sessions and rating with CTRS fidelity scale
- \* Utilizing AVATAR as a tool to input data
- \* Identifying clients with a primary diagnosis of depression or anxiety (excluding Post Traumatic Stress Disorder and Obsessive-compulsive disorder)
- \* Administering the designated outcome measures and recording scores in AVATAR

**Team Members:**

Name	Department	Name	Department
Dr Leslie Sokol (Primary Trainer) (ad hoc member)	Academy of Cognitive Therapy (Contractor)	Pete Owen (ad hoc member)	VCBH Contract
Adult Division Clinical Staff, CAs and Managers	Adult Division	Patricia Gonzalez, Shanna Zanolini	VCBH QI
Martha Serrano, Carla Cross (ad hoc members)	VCBH Training Department (ad hoc)	Pam Fisher, Susan Kelly, Angela Riddle	VCBH EBP Committee
CBT Coaches	Adult Division		
Consumers	Ventura County		



## **Project Title: Cognitive-Behavioral Therapy as Primary Intervention Modality in VCBH for Youth & Family**

### **Project Description:**

Ventura County Behavioral Health is the state contracted government entity dedicated to provide quality behavioral health services to the community members who meet medical service necessity for Specialty Mental Health Services.

The integration of Evidence Based Practices (EBPs) in community behavioral health is expected by the **state** and is vital in ensuring that consumers have access to the highest level of services, which integrate clinical expertise with external scientific evidence, and the perspective, values, needs, choice, and voice of those we serve. Cognitive Behavioral Therapy (CBT) is valued in the behavioral health field to be highly effective and culturally sound evidence based treatment.

The purpose of this project is the implementation of Cognitive-Behavior Therapy as the primary modality of individual, family and group therapy in VCBH and the establishment of a system by which outcome measures are used to report client outcomes associated with receiving CBT to established fidelity.

### **Opportunity Statement:**

Within and between each service sites, there exists a significant variance in the skill level of the Behavioral Health Clinicians and the quality in treatment each client receives. To date, there has not been a standardized treatment for county consumers and staff have not been asked to demonstrate competence to a measurable level of skill.

It is imperative that county mental health providers serve their community with quality care and meet the state standard of utilizing EBPs in treatment and that a measurable level of care standard is set.

The intention of this project is Evidence Based Practices (EBP) Training to all VCBH clinical staff in Youth and Family Division, specifically CBT. CBT adherence is measured through the use of the Cognitive Therapy Rating Scale (CTRS) used to rate recorded sessions. A peer mentoring model has been incorporated to support implementation, as recorded sessions are listened to in team meetings and fidelity to CBT is measured by the CTRS. Outcome and fidelity measures will be utilized to measure effectiveness.

	<b>All Diagnosis</b>	<b>Depression /Anxiety</b>	<b>Frequency</b>	
<b>Clinical Measures</b>	VCOS	VCOS PhQ9 GAD7	Annually (ages 13+) Every Individual/group session	
<b>Functioning</b>	VCOS	VCOS PhQ9	Y & F: annually (ages 13+) Every Individual/group session	
<b>Client Satisfaction</b>	VCOS	VCOS	Y & F: annually	
<b>Fidelity</b>	CTRS	CTRS	1 x during duration of treatment	
Further, client's length of stay in treatment is expected to lessen as more effective services are provided.				

**Scope:**

- Identification of EBP and accredited trainer – The Academy of Cognitive Therapy
- Training of all (Youth and Family) clinical staff in basic CBT
- Training of peer mentors (CBT coaches) in Advanced CBT
- Use of audio-taping sessions and rating with CTRS fidelity scale
- Program based on-going supervision/oversight of recorded sessions and use of CTRS fidelity scale
- Training on the use of identified Outcome measures to measure effectiveness
- Development of data entry systems to track fidelity and outcome measures

## Additional planned scope:

- Training of identified Community Based Organizations in basic CBT
- Identification of CBO's plan to provide on-going oversight adherence to CBT

Out of scope: Certification of their CBT coaches for CBOs and the on-going oversight of CBT at those agencies

**Team Members: Permanent**

<b>Name</b>	<b>Department</b>	<b>Name</b>	<b>Department</b>
Angela Riddle	VCBH Y &F	Amanda Pyper	VCBH Adults
Anh Tran	QI (Data Reporting)	Shanna Zanolini	QI (Outcome Measures)

**Team Members: Ad Hoc**

<b>Name</b>	<b>Department</b>	<b>Name</b>	<b>Department</b>
Academy of Cognitive Therapy Troy Thompson Dr. Leslie Sokol	CBT trainer	CBT coaches	Virna Merino, PhD Kimberly Prendergast, MFT Brandy Manzano, MFT Peter Schriener, LCSW Lorna Hawley, LCSW Heather L Johnson, LCSW
Dave Roman and Pete Pringle	AVATAR/Technology	CA's & Managers	All Y&F clinics
Consumers	Y&F	Pete Owen	Contracts Department
Carla Cross	Training Department	Martha Serrano	Training Department

**Goals/Expected Benefits:**

- Increased adherence to evidence based treatment – scientific based, culturally relevant treatment which respects the voice of the consumer
- Measurable competency standard and level of care standard Improved outcomes & satisfaction for clients
- Structure implemented to in-put and measure fidelity and outcome measures
- Reduced length of stay



## **Project Title: Equitable Access for Latinos at the STAR Intake Process**

### **Project Description:**

This project addresses the Screening Triage Assessment & Referral (STAR) Intake process. It includes how a potential client is identified as a Latino consumer who may require Language Access Services (LAS), specifically Spanish interpretation.

The STAR Intake process was selected because it provides the first and critical point of contact with Latino consumers. The STAR completed about 2,374 Request For Service (RFS) for Latino clients in FY 14/15. Out of these, 1,071 client were identified as requiring Spanish language services.

### **Opportunity Statement:**

This project provides an opportunity to evaluate and assess the impact of the intake process for Latino clients as it pertains to Assessment Appointment “no-shows” and the number of successful connections with the clinic/program. This would facilitate increased engagement and retention of Latino clients into the treatment process by decreasing “no-shows” at STAR assessments and increasing connection with the clinic/program.

Concerns that utilization of the STAR intake process and of Language Access services, such as using an interpreter, can interfere with the engagement process and development of the therapeutic alliance needed to ensure that Spanish speaking clients access services at the clinic/program.

Data for FY 14-15 shows that 2,374 (Latinos) RFS were completed with 1,245 Assessments. There were 1,048 referred in for service and 182 referred out. There were 501 STAR Assessment Appointment “no-shows”. From the 1,048 referred in for service, 560 were referred to Youth & Family with 31 “no-shows” and 479 referred to Adult Mental Health and 51 “no-shows”. 9 clients were referred to “Other Division” with 8 “no-shows”.

These conditions have existed for as long as STAR has been in place.

If this project were not pursued, there would be a less integrated approach and understanding in how the STAR Intake Process impacts Latino clients and how the use of Language Access Services impact those consumers who speak Spanish.

The benefit of meeting this project objectives can help address the disparity that exists for the Latino community. By focusing on not just Latinos, but also Spanish speaking Latinos, we can

improve the STAR Intake Process for other unserved or underserved communities. Any improvements identified in the STAR Intake Process will benefit the whole intake process.

### Scope:

The major processes addressed by this project are comprised of completing a Request for Services (RFS), Intake Documentation, Assessment, Triage, Referral and connection to the appropriate clinic/program for treatment with emphasis on the Latino Population.

Out of scope consumers for this project are those that are not eligible and those that have private insurance.

### Goals/Expected Benefits:

Increase the number of Latino clients that attend their scheduled Assessment appointment by reducing the number of “no-shows” by 15%.

Increase the number of Latino clients that connect with the assigned clinic/program by decreasing the No-Show rate at the clinic by 15%

improve efficiency in how Latino clients access the STAR Intake process by 10%.

The benefit is that by identifying and understanding the issues that impact Latino access to mental health services, solutions and improvements will be implemented to align with customer needs and expectations.

### Team Members:

Name	Department	Name	Department
Angela Riddle	Oxnard & Santa Clara Valley Youth & Family	Jennifer Putt	STAR
Sevet Johnson	Santa Paula Adult Clinic	TBD	STAR Clinician
Robert Mendoza	STAR/RISE		
Amanda Pyper	N. & S. Oxnard Adult Clinic		



## **Project Title: Building Infrastructure to Collect and Analysis Full Service Partnership (FSP) Data**

### **Project Description:**

This project will build an infrastructure in AVATAR that is capable of collecting, receiving, analyzing, as well as sending FSP data to the State.

### **Opportunity Statement:**

To build a functioning infrastructure in Avatar to collect and analyze FSP outcome data in order to evaluate and assess if the FSP programs are meeting their goals and appropriately serving the most Seriously and Persistently Mentally Illness (SPMI) clients. This infrastructure must be capable of sending data to the State.

Stakeholder problems/concerns:

- Need to develop and implement an infrastructure in AVATAR for input of all FSP data [(Partnership Assessment Form (PAF), Quarterlies and Key Events)].
- For clients transferred into a FSP, we need to develop a means of importing discharge Ventura County Outcome System (VCOS) data into intake data (for intake into an FSP).

The current conditions: Much data is not captured.

- Intake VCOS data is not available for all FSP clients: Only clients enrolled in FSP's at STAR intake have intake VCOS data
- Not able to import VCOS data from discharge to intake (for transfers into FSP).

The infrastructure is not in place to collect all of the data:

- Avatar is not yet able to collect quarterly and key event data, and successfully send to the State.

The current condition has existed for several years.

If this project is not pursued, there will be a failure to meet State regulations.

The benefit of meeting this project objective, is that accurate reports and data will be sent to the State and accepted, County will have full and accurate data for FSP programs and clients, clients will receive the most beneficial services to meet their needs, and clinicians will be able to "case plan" according to the client's needs.

**Scope:**

Building infrastructure in AVATAR that is capable of:

- Inputting PAF, Key events, and quarterly FSP data into AVATAR and successfully sending to State
- Import Information Technology Web Services (ITWS) FSP data into MHSA Database so that we have complete FSP data
- VCOS Discharge-convert to intake once client is moved to FSP (pnp change or transfer)
- Develop quarterly tickler system in AVATAR that notifies clinician that FSP Quarterly is due for each FSP client.

**Goals/Expected Benefits:**

- Meet MHSA data reporting requirements
- Benefits: Clients, FSP programs, Agency benefit

**Team Members:**

Name	Department	Name	Department
Alicia Dueñas	VCBH	Dave Roman (ad hoc)	VCBH
Pete Pringle (ad hoc)	VCBH		
Rob Engel	VCBH		
Shanna Zanolini	VCBH		



## Project Title: Post Hospitalization

### Project Description:

Clients who are discharged from an inpatient psychiatric hospital require timely follow-up in order to address the issues that led to hospitalization so that future inpatient stays are not necessary. The federal government has instituted a standard that all post-inpatient clients should be seen face-to-face within 7 seven post-discharge for follow up care. DCHS follows the federal standard except that they allow face-to-face, phone and field contacts to count. VCBH has adopted a similar standard that all post inpatient clients should be offered a face-to-face appointment within 7 days post discharge. This acknowledges that clients often refuse the first available appointments or choose not to attend follow-up appointments.

Currently, STAR tracks first-offered post-Inpatient Psychiatric Unit (IPU) appointments for unenrolled clients. It's the protocol at STAR to abide by the VCBH standard 100% of the time. Currently, there is no mechanism in place to track the first-offered for enrolled clients who are known to be receiving inpatient care. Also, many enrolled and unenrolled clients are placed in IPUs without the direct knowledge of VCBH.

The plan is to introduce three processes to increase and monitor compliance with the VCBH standard:

1. VCBH RISE staff based at A&R will review Hillmont Psychiatric Center census data to identify enrolled and unenrolled clients who need follow-up care. They will then alert IPU discharge workers (for unenrolled) and VCBH clinics (for enrolled) of the need to offer a follow-up appointment within 7 days.
2. VCBH will develop an electronic healthcare record mechanism to track appointments offered for enrolled clients.
3. VCBH QA department will alert STAR (for unenrolled) and the VCBH clinics (for enrolled) whenever they receive an authorization request from non-HPC hospitals so that follow-up can be coordinated with these hospitals by the date of discharge.

### Opportunity Statement

The current project offers the opportunity to identify more clients who are in inpatient care and offer them timely follow-up appointments with the end goal of reducing recidivism in inpatient care.

**Scope:**

The project will involve both the Adult, and Youth and Family Divisions including STAR and RISE. The Youth and Family process will be measurably assisted by the opening of the planned Crisis Stabilization Unit in the spring of 2016. At that time, VCBH will have more direct knowledge of youth inpatient stays no matter the location. The project will also require the resources of the QI department to develop a tracking mechanism for enrolled clients as well as QA to assist in the notification of authorization requests.

**Goals/Expected Benefits:**

The project intends to result in 100% compliance to the VCBH standard of offering a follow-up appointment within seven days of inpatient hospitalization to every qualified client known by VCBH to require follow-up care. The ultimate outcome is a reduction in inpatient recidivism and the accompanying costs and emotional hardships that come with it.

**Team Members:**

Name	Department	Name	Department
Meredyth Leafman	Representing Adult and Y&F	Keiko Fukue	RISE
Anh Tran	QI		
Chris Murrell	QA		
Felicia Skaggs	RISE/STAR		



## **Project Title: Access to Mental Health Services for Children 0-5 in the Child Welfare Subsystem**

### **Project Description:**

The processes involved in this project are screening, triage, assessment and treatment for children 0-5 years old identified for services in the Behavioral Health Child Welfare Subsystem Program.

Children 0-5 years old make up on average 43% of all children entering the Child Welfare System due to maltreatment. The majority of this subset of the population does not continue for assignment into assessment and treatment. There is a need for short-term interventions with all caregivers of children within this age range due to the unique needs of this population and how maltreatment, abuse, and trauma may manifest differently from older age groups. Those benefiting from the project are children, caregivers, and families in the Child Welfare System in need of mental health services.

### **Opportunity Statement:**

There exists a need to increase screening, triage, assessment and treatment with specialized IECMH (Infant-Early Childhood Mental Health) Strategies. There is a misunderstanding of the IECMH field and lack of sensitivity for the need of services.

Currently, there are efforts to implement change in practice and system level understanding of IECMH. In addition, there are efforts to build capacity in providing clinical services to this population.

If this project is not pursued, a less integrated and non-developmental approach to services would continue and not meet the needs of our community at large.

The metrics that apply include the total number of Mental Health Screening Tool (MHST) received by the triage team, total number of MHST that are 0-2 and 3-5 with "No Concern" identified, number assigned by provider, disposition of cases assignment. Additional metrics needed include detail of disposition, i.e., how to identify in RFS those short-term cases and which went on for additional services.

Current State: In the January 1, 2015-August 31, 2015 data report, 723 MHST (Mental Health Screening Tool) assessments were completed and 47% (344) represented the 0-5 population. There were 290 MHST assessments with the "No Case Made" designation and 52% (152) were children 0-5.

**Scope:**

In scope includes the change in identification of clients in Health Services Agency (HSA), Behavioral Health (BH) internal triage, case assignments, assessment by BH clinicians and services provided by contracted Community-Based Organizations (CBOs).

The departments involved include the CWS program, QI/QM, AVATAR team, BH administration, HSA administration and Social Workers.

Out of Scope includes services in all Behavioral Health sites and changing of MHST tool.

**Goals/Expected Benefits:**

Increase screening/engagement of caregivers of 0-5.

Decrease the number of 0-5 "No Case Made" by 50%.

Increase of children receiving assessment and treatment. Increase those served by 48%

Early identification and services indicates better mental health outcomes i.e., social/emotional developmental milestones.

IECMH services may result in keeping caregivers engaged with high need children increasing longevity in caregiving.

Healthy, happy, emotionally regulated and responsive child.

Fully-engaged parent responding to emotional needs of child.

Increase safety for vulnerable population.

**Team Members:**

Name	Department	Name	Department
Monica Torres	VCBH, Y&F, CA	Faith Frelander/Annette Mendoza	Kids and Families Together
Heather L. Johnson	VCBH, Y&F, CA	Marti Miles/Parent Partner	Aspiranet
Julia Wysong	VCBH/QI	Lisa Conely	HSA
		Diane Emerick	Public Health



## Project Title: Reducing Disallowances Due to Documentation Errors

### Project Description:

This project addresses clinical documentation errors, as identified by monthly VCBH Utilization Review audits and tri-annual DHCS audits. It is costing tens of thousands of dollars in lost revenue for the Behavioral Health Department. This project will seek to identify the primary sources of documentation errors and develop training protocols to address them.

### Opportunity Statement:

The opportunity exists to address clinical documentation deficiencies that would not only generate additional revenue, but would also promote documentation standards that are central to good clinical practice.

Although documentation deficiencies have been identified by UR for the past several years, the department has been unable to propose a structured plan to address this problem. Availability of necessary resources to adequately address this problem is an ongoing concern.

Current conditions are as follows:

- Current disallowances due to documentation deficiencies averages 20,000 minutes per month
- Eighteen percent (24% Adult / 5% YF) of all charts reviewed indicate out-of-date Client Plans – the single largest cause of disallowances.

The documentation issue has been longstanding. Following a compliance directive in 1999, documentation trainings were mandatory for a period of 5 years. Unfortunately, after the mandate expired, so too did the trainings. Sporadic trainings have been offered when requested by specific programs, but there has been little progress in developing a department wide training protocol. Site-specific efforts have been made to address documentation timeliness with varied results.

The benefit of completing this project is that documentation meets clinical practice standards and increased revenue. Those benefiting are all staff providing clinical services, consumers related to improved documentation, admin, Billing and Fiscal.

**Scope:**

- Data analysis (Utilization Review reports, DHCS audit reports, etc)
- Development of training protocols based on analysis
- Formation of a training development team
- Development of training materials
- Training implementaion
- Ongoing chart reviews to assess impact and make adjustments as needed in training protocols

**Goals/Expected Benefits:**

- Identify leading causes of documentation disallowances
- Develop a Division-wide practice standard to address the identified issues
- Resolution if the identified issues should result in substancial revenue recovery.

**Team Members:**

Name	Department	Name	Department
Pete Pringle	BH Adult	Carla Cross	BH Training
Chris Murrell	BH UR		
Jennifer Dougherty	BH Y&F		
Angela Riddle	BH Y&F		