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

Quality Assessment and Performance Improvement (QAPI)

FY 2024-2025 Work Plan

A Living Document

Updated September 2024

Table of Contents

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 2023-24 QAPI are being carried forward into this year's (FY 2024-25) 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.

Managed Care Operations & Quality Care Functions

The Division of Managed Care Operations and Quality Care (MCO-QC) is a newly formed entity within Ventura County Behavioral Health, building on the foundation of the previous Quality Management functions and strengthening the County Health Plan's role in alignment with CalAIM and BH-Connect initiatives. These updates are designed to enhance service delivery, improve regulatory compliance, and promote integrated care across behavioral health services.

The new organizational structure consolidates key units from both MCO and QC, structured to meet the evolving needs of managed care, data-driven decision-making, and quality improvement efforts.

Managed Care Operations (MCO)
The Managed Care Operations division will focus on compliance, provider network management, and care coordination. The key units under MCO include:

- Office of Compliance Implementation:
  Ensures adherence to state and federal regulations, including the implementation of CalAIM and BH-Connect compliance programs, while conducting internal audits to safeguard operational integrity.
- Providers Network Management Unit:
  Manages relationships with contracted providers, ensuring network adequacy, credentialing, and performance evaluation to meet the community's behavioral health needs.
- Utilization Management Unit:
  Evaluates the medical necessity and efficiency of services, ensuring that care is appropriate, evidence-based, and cost-effective. This unit manages authorizations and reviews service utilization trends.

- Care Management Unit:
  Coordinates care for members between Managed Care Plan and County Behavioral Health Plan, developing individualized care plans for integrated care, ensuring seamless transitions across care settings.
- Office of Nursing & Pharmacy:
  Provides clinical oversight for nursing and pharmacy services, including medication management and nursing care within behavioral health settings, ensuring safe and effective care delivery.

Quality Care (QC)
The Quality Care division is centered on continuous quality improvement, data-driven outcomes, and staff education. The units under QC include:

- Quality Improvement & Outcome Unit:
  Drives quality improvement initiatives by monitoring performance metrics, developing strategies to improve behavioral health outcomes, and aligning efforts with state and federal standards.
- Data Informatics & Electronic Health Record (EHR) Unit:
  Manages the county's data systems, focusing on the integration and optimization of EHRs and advanced data analytics to support informed decision-making in clinical and operational areas.
- Quality Assurance & Quality Review Unit:
  Oversees compliance with regulatory requirements, conducts audits, and ensures service delivery meets quality standards. This unit is responsible for regular reviews to maintain consistent and effective care.
- Training & Education Unit:
  Develops and delivers staff training programs aligned with regulatory requirements and operational needs. This unit also manages continuing education, staff onboarding, and professional development to ensure the workforce is prepared to meet the demands of CalAIM and BH-Connect initiatives.

Together, MCO and QC form the backbone of the county's Behavioral Health Plan, sharing a mission to improve service quality, optimize care coordination, and ensure compliance with regulatory standards. By integrating compliance functions, care management, provider network oversight, data systems, and continuous quality improvement, the division is well-positioned to deliver enhanced care for members while advancing the goals set by CalAIM and BH-Connect.

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, as detailed below. 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.

Quality Improvement Committee *Chair:* Quality Care Division Staff *Members:* 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	**Community Experience Committee** *Focus Areas:* health equity, beneficiary satisfaction, access to services, client experience, and community engagement through outreach and prevention efforts
	Provider Experience Committee *Focus Areas:* contract review, contracted provider compliance, provider support, care coordination, credentialing
	Fiscal Responsibility Committee *Focus Areas:* claims review, payment reform, contract performance, grant funding opportunities and review
	Information Architecture Committee *Focus* Areas: EHR and other data sources management, software management, data integration, data exchange and sharing, reporting and internal/external dashboards
	Operational Excellence Committee *Focus Areas:* training and integration of best practices, quality assurance, operational workflow effectiveness
	Quality Oversight Committee *Focus Areas:* audits and reviews, performance improvement projects, HEDIS reporting, department-wide performance and outcomes metrics reporting and analysis, development and review of QAPI
	Staff Experience Committee *Focus Areas:* employee engagement efforts, contractor employee satisfaction, training and development

Performance Improvement Projects (PIPs)

VCBH is currently engaged in multiple performance improvement projects, three of which were submitted for the CalAIM BHQIP PIPs in March 2024. The table below outlines activities of each of the PIPs to date.

Performance Improvement Project	Problem Statement	Activity to Date
1. Youth & Family Monitoring of ADHD Prescriptions and Follow-Up Care Appointments (HEDIS ADD)	Currently, there is no standardized protocol for identifying youth with a newly prescribed ADHD medication who need follow-up care appointments. Initial examination of internal EHR data suggests that	• Initial meeting with Youth & Family Leadership and prescribers • Development of education materials (e.g., flyers or infographics)

	56% of youth on a new ADHD medication also have a follow up appointment with a prescribers within 30 days of starting the new medication. For this clinical PIP, QI in collaboration with Operational staff have launched an education campaign to inform staff of the HEDIS criteria centered on the ADD measure. This will directly benefit the clients by ensuring they are seen for their follow up appointments in a timely manner.	• Initial plans for reporting or tracking mechanisms to support improvement efforts
2. 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. • *Intervention was merged with a newer PIP implemented in May 2024 that also focuses on client retention and engagement (see below). Intervention is active as of August 2024.*
3. Study to improve the rate of clients who complete outpatient treatment with satisfactory progress.	Ventura County is below the state average percentage of clients who discharge from outpatient services with a status of satisfactory progress, indicating that clients are not fully benefitting from the treatment process.	• An intervention was proposed and accepted in which counselors will engage clients by scheduling them for additional individual counseling sessions in the first 2 months of treatment. The intervention is targeted for implementation in late April 2024. • Intervention was implemented on 5/1/2024. Intervention implementation is currently being monitored. PIP outcomes will be reported on as more data becomes available.
4. HEDIS FUA-based PIP: Navigating Substance Use Service Availability for High-Rish 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. Limitations with data sharing related to elements such as agreements, policies and procedures, and technological capabilities. Following an ED visit, there	• Meetings with area navigators, hospital staff, and MCP leadership for the purposes of knowledge and resource sharing, creating connection points and establishing clear direction, training of staff, and identifying gaps • Augmenting partnerships with MCP (through DHCS and IHI led initiative) to bolster data sharing efforts

	can be issues with both systems' ability to, for example, re-connect existing members to their current providers or know when a different provider has connected with member and scheduled or completed services.	○ Drafting data sharing agreements and creating data use policies ○ Liaising with legal counsel to ensure that data sharing and data use efforts are aligned with regulations (e.g., 42 CFR Part 2) for people receiving substance use services • Improvement of delivery system processes by process mapping and establishing structures to ensure heightened attention and awareness of individuals post-ED visit • Goals include: ○ Decrease in knowledge gap as early trainees share and disseminate information with colleagues ('train the trainer' model) ○ Improve the existing navigator workflows and improve outcomes for individuals who visit the ED • Increase in referral calls from hospital staff and service request calls from clients with recent visit to ED
5. HEDIS FUM-based PIP: 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 substance use issues to connect to service providers for follow-up care. Limitations with data sharing related to elements such as agreements, policies and procedures, and technological capabilities. Following an ED visit, there can be issues with both systems' ability to, for example, re-connect existing members to their current providers or know when a different provider has connected with member and scheduled or completed services.	• Meetings with area navigators, hospital staff, and MCP leadership for the purposes of knowledge and resource sharing, creating connection points and establishing clear direction, training of staff, and identifying gaps • Augmenting partnerships with MCP (through DHCS and IHI led initiative) to bolster data sharing efforts ○ Drafting data sharing agreements and creating data use policies • Improvement of delivery system processes by process mapping and establishing structures to ensure heightened attention and awareness of individuals post-ED visit • Goals include: ○ Decrease in knowledge gap as early trainees share and disseminate information with colleagues ('train the trainer' model) ○ Improve the existing navigator workflows and improve outcomes for individuals who visit the ED

		• Increase in referral calls from hospital staff and service request calls from clients with recent visit to ED

2024-2025 QAPI Goals and Objectives

The Quality Assessment and Performance Improvement (QAPI) Work Plan goals for FY 2024-25 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 2024-2025 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. Accordingly, the evaluation of the 2023-24 work plan informed the established goals for 2024-25 detailed in this work plan.

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.

Goal #1.1: Enhance Experience of 'No Wrong Door'	Responsible Party QM, A&O Division, VCBH Regional Managers
Objective: 1. 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]	

Goal #1.2: Maintain Timeliness Standards	Responsible Party QI, VCBH Adult, Y&F, & A&O Division operational staff, SUS Division
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 (*FY23-24 MHP average=85% among all beneficiaries; Baseline FY23-24 SUS = 94%*) (See Tables 1 & 2 for timeliness standards) 2. At least 70% of urgent requests will receive an assessment within 48 hours of initial request (*FY23-24 MHP average= 68% among all beneficiaries; FY23-24 SUS = 72%)* (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 calendar days of discharge from inpatient treatment (*FY23-24 MHP = 56% among all beneficiaries; FY23-24 SUS post-residential treatment = 18%)* (See Tables 1 & 2 for timeliness standards) 4. By end of the fiscal year, workgroups will be formed and training will be conducted to improve data entry and tracking in the MH non-psychiatric, MH psychiatric, and SUS appointment EHR screens. 5. At least 85% of beneficiaries experiencing a MH crisis will receive a crisis intervention/evaluation within 60 minutes of the request (FY23-24 = 97% of beneficiaries for all services – see Table 1).	

Goal #1.3: Improve Accessibility through 24/7 Access Line	Responsible Party QI, A&O Division, SUS Division
Objective: 1. Provide better accessibility to callers by integrating MH & SUS calls into one line/number by Q2 of FY24-25 2. The majority (> 60%) of Access/Crisis Line calls will be answered within 30 seconds (both MHP & SUS) 3. Less than 15% of Access/Crisis Line calls will be dropped or abandoned (MHP *FY23-24* = 16.2% of calls abandoned; SUS = 17.6%)	

Table 1: Standards for Timely Access to Mental Health Services FY23-24 (2024-25 Baseline)

Metric	DHCS Standard	% Meeting DHCS Standard		
		All Services	Adult Services	Children's Services
		FY23-24	FY23-24	FY23-24
1. Initial request to first offered routine appointment	10 business days	85%	93%	76%
2. Initial request to first rendered service	10 business days	80%	87%	71%
3. Time to First Offered Non-Urgent Psychiatry Appointment	15 business days	100%	100%	100%
4. Time to First Rendered Psychiatry Service	15 business days	100%	100%	100%
5. Service request for urgent appointment to actual face to face encounter	48 hours	68%	68%	0%*
6. Follow-up services after psychiatric hospitalization	7 calendar days	56%	50%	81%
7. Beneficiaries experiencing a crisis will receive a crisis intervention	60 minutes	97%	99%	94%

* = out of 3 clients

Table 2: Standards for Timely Access to Substance Use Services FY23-24 (2024-25 Baseline)

Metric	DHCS Standard	% Meeting DHCS Standard		
		All Services	Adult Services	Children's Services
		FY23-24	FY23-24	FY23-24
1. Initial request to first offered routine appointment (if tracked)	10 business days	94%	94%	81%
2. Initial request to first face to face routine visit/appointment	10 business days	85%	85%	61%
3. Initial routine MAT request to NTP appointment/contact	3 business days	80%	80%	N/A
4. Service request for urgent appointment to actual face to face encounter	48 hours	72%	74%	58%
5. Follow-up services post-residential treatment discharge	7 calendar days	18%	19%	0% *

* = out of 10 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 Improve Detection of Over and Under Utilization of Services	Responsible Party QM/UR
Objective: 1. High-cost (high-utilizer) beneficiaries with claims >$30k will be identified and tracked regularly (ongoing monitoring and reporting) 2. A review process will be maintained whereby at least a **5% sample of persons in care** who had at least one billable service in the previous month will be reviewed to identify over- or under-utilization of services 3. Each fiscal year, quarterly reviews of VCBH programs/clinics will be completed to ensure all programs are providing appropriate levels of services.	

Goal #2.2 Maintain Provider Credentialing	Responsible Party QM
Objective: 1. 100% of all providers will maintain valid and current credentials, as indicated by monthly licensing report (QM records) 2. A system will be implemented to monitor and ensure that provider lists available to the general public/consumers are accurate and up to date on VCBH's website (ongoing monitoring)	

Goal #2.3 Increase Staff Participation in Department-wide Decision-making	Responsible Party QI, QM
Objective: 1. Include discussion of the overall QAPI and its objectives as a standing agenda item in QIC Quality Committee meetings (during summer & fall sessions) 2. 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 3. By Q1 of FY24-25, departments will complete the Quality Care Manual, a comprehensive collection of the workflows used by staff within the Quality Care Division, for the purposes of improving onboarding, training, and record-keeping 4. Due to changes and ongoing refinements in the EHR, assess staff knowledge on service codes and specific programs via staff surveys. Through knowledge sharing ensure staff perform at >80% on the staff knowledge surveys.	

Initiative 3. Enhance Data-Driven Decision Making

The table below illustrates the goals, 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 QI, Adult & Y&F, A&O Division Leads, SUS Division
Objective:	

1. QIC/Leadership team will reach consensus on agency-wide KPIs by Q2 of FY24-25; outlined KPIs will then be approved by the Executive Team and incorporated into the Strategic Plan by the start of Q3 of the FY 2. Once consensus is reached, regular reporting of established indicators will be developed (e.g., quarterly, biannually, annually) and will be distributed to Executive Leadership, including Director of HCA	

Goal #3.2 Enhance Cultural Competency & Linguistics at VCBH	Responsible Party OHECD staff; Training staff
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 Plan template by the Office of Health Equity and Cultural Diversity once released by DHCS. 3. Release new operational guidelines for staff access and utilize VCBH contracted language assistance provider's interpretation and translation services by November 30, 2024.	

Goal #3.3 Build Capacity for Interoperability, Data Sharing, and Data Analytics	Responsible Party QI/QM
Objective: 1. Continue to work toward a streamlined data sharing strategy with County Health Care Agency partners and Managed Care Plan partners which can address all data sharing needs between the entities 2. By end of fiscal year, a plan will be developed to build capacity to process, analyze and report HEDIS measures included in the DHCS Comprehensive Quality Strategy 3. VCBH will partner and collaborate on the Stepping Up Initiative and establish task forces and workshops to navigate data sharing initiatives by the end of the fiscal year (FY24-25)	

Initiative 4. Optimal Beneficiary Outcomes

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

Goal #4.1 Improve Process of Grievances & Problem Resolution	Responsible Party QM
Objective: 1. At least 90% of grievances filed will be resolved within 90 days of receiving them (FY23-24 = 100%) [for both MH & SUS] 2. At least 90% of appeals will be resolved within 30 days (FY24-25 = 100% [for both MH & SUS] 3. Maintain 100% compliance with QM 18 4. Regular reporting of grievances will be made to the QIC Quality Subcommittee to ensure that Chiefs are aware of patterns and trends with grievances and appeals (ongoing monitoring)	

Goal #4.2 Improve Beneficiary Outcomes	Responsible Party QI, Adult & Y&F Division CAs, SUS Division
Objective: 1. Response rates to the MH Consumer Perceptions Survey & SUS Treatment Perceptions Survey will be improved 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. The rate of satisfactory discharges from SUS outpatient services will be improved by 5% by end of the fiscal year (*Baseline* CY 22 = 40%) 5. At least 30 clients will successfully complete the Contingency Management program by the end of the fiscal year FY24-25	

Goal #4.3 Monitoring of Medication Management/Education	Responsible Party QI/QM; SUS Division; Youth & Family, Adults Divisions
Objective: 1. A HEDIS education and awareness campaign will be launching in FY24-25 to make staff aware of the criteria involved for the 9 required HEDIS measures as well as the EQRO HEDIS measures pertaining to youth (ADD, APM, APC). Tip sheets for each HEDIS measure will be developed by Q1of FY24-25 and distributed to relevant staff. 2. In FY24-25, the ADD measure will be monitored internally as a clinical performance improvement measure and as a first step in the HEDIS education campaign at VCBH with the aim of improving	

the initial rate by 5-10% in a 1-year period (initial rate for 6-12 year old youth (non-foster care) for a 6-month period from Jan to June of 2024 = 53%). 3. 100% of relevant staff will be trained to ensure pertinent information regarding treatment medications are consistently conveyed to beneficiaries (via Target Solutions attestations) 4. By end of FY23-24/beginning of FY24-25, a workflow will be implemented through which 100% of new clients at VCBH MAT clinics will be offered a MAT assessment after entry into services, to improve quality of care	