

VGFW Annual Local Business Plan/Strategic Plan Update

I. Planning

1. Shall regularly assess community and system needs.
Outcomes:
 - (a) Completed an assessment of strengths and weaknesses of the system during the 02/03 year and will again assess by June 30, 2004.
 - (b) Completed an annual update of the LBP.
 - (c) Completed the annual Community needs assessment.
2. Shall ensure that local planning includes all stakeholders.
Outcomes:
 - (a) Developed a consumer and family advisory committee;
 - (b) Established methods for consumers, family members and stakeholders to provide feedback to the system.
3. Promote consumer and family involvement in the planning process.
Outcomes:
 - (a) Training was provided to the CFAC regarding their role and responsibilities.
 - (b) CFAC members are provided information on an on-going basis regarding workshops and conferences.
 - (c) A CFAC member is now a member of the Quality Management Committee.
 - (d) CFAC members are regularly taking part in quality management activities i.e. on-site provider reviews.

II. Governance, Management and Administration

1. Shall meet the minimum population threshold.
Outcomes:
 - (a) VGFW identified counties for possible consolidation and made specific inquiries to each. However none of those were interested in consolidation with VGFW.
 - (b) VGFW was instrumental in the development of the North Central Consortium. This group has discussed areas in which we could share business resources. Currently we participating in a project aimed at identifying program strengths and areas of possible collaboration. Additionally VGFW, OPC, Alamance-Caswell and Durham have been meeting on a monthly basis to discuss both opportunities for sharing and operational issues. VGFW and Durham have plans to share the LME Clinical/Medical Director position and have hired an individual who will provide each program with 20 hours per week. This will start July 1, 2004.
2. Shall share resources with other counties/local management

entities.

Outcomes:

- (a) We have identified specific areas that lend it to de-centralization and could be shared. VGFW, OPC, Durham and Alamance-Caswell have discussed the possibility of sharing costs regarding a management information system. Additionally OPC and VGFW are discussing ways to share costs in upgrading the current UniCare software.

- 3. Shall outsource appropriate core functions.

Outcomes:

- (a) VGFW has outsourced assessments and currently has an RFP out for a mobile crisis team.

- 4. Transition organizational structure to an LME.

Outcomes:

- (a) VGFW has developed a Board approved organizational structure, developed job descriptions for senior level managers, hired all senior level managers, developed job descriptions and have hired many of the lower level staff required for LME functioning. A reduction-in-force plan was written with the assistance of the Office of State Personnel. The community providers who have been awarded service contracts have hired all but two staff. Clinic sites have been restructured such that three of the sites are county owned and maintained buildings that house VGFW physicians and provider clinicians.

III. Qualified Provider Network Development

- 1. Develop appropriate qualified provider network based on community capacity and need.

Outcomes:

- (a) VGFW developed a request for proposal and application process.
- (b) A divestiture plan was developed and approved by the Area Board.
- (c) VGFW provided information to staff regarding becoming a community provider.
- (d) VGFW has advertised RFP's and have increased the provider network. However this is an on-going process and not all needs are yet covered.

- 2. Determine current Community Service Capacity

Outcomes:

- (a) A survey was developed and distributed and the results have been analyzed.

- (a) Service areas where a need exists for providers have been identified.

- 3. Shall ensure the availability and implementation of best practices.

Outcomes:

- (a) VGFW has developed and implemented a Provider Council.
 - (b) Some training has already occurred regarding best practices, both formally and informally.
- 4. Assist the community in the development of resources for the non-target population.
 - Outcomes:
 - (a) VGFW has analyzed caseloads and have identified the non-target individuals.
 - (b) VGFW surveyed the community to determine the capacity for serving non-target individuals.
 - (c) Strategies have been initiated to serve the non-target groups either through available community resources or through the Area Program.

IV. Service Management

- 1. Improve the health of the community.
 - Outcomes:
 - (a) VGFW in the process of developing an “anti-stigma” project that is a nationally recognized best practice universal prevention model
 - (b) VGFW is in the process of providing training to stakeholders regarding person centered planning.
- 2. .Maintain continuity of services.
 - Outcomes:
 - (a)VGFW has developed a contingency fund policy and identified funds.
- 3. Ensure services are provided in the least restrictive environment.
 - Outcomes:
 - (a)Have determined the need for a crisis stabilization program and a mobile crisis team.
 - (b)VGFW is in the process of expanding crisis services as by May 17th a 23-hour crisis stabilization program will be operational. Additionally an RFP for a Mobile Crisis Team is in process.
- 4. Expand and promote the role of consumers and families in developing and monitoring the core services functions.
 - Outcomes:
 - (a) Training has been provided to the CFAC regarding the core functions.
 - (b) The CFAC is currently monitoring and reviewing specific performance indicators and core functions.

V. Access to Care

1. .Shall ensure a readily available access to care system.

Outcome:

- (a) VGFW has identified programs/practitioners that will serve as points of referral. Some education has been provided to these entities.

VI. Service Monitoring and oversight: Quality Management

1. .Develop and implement a Quality Improvement Plan and process that meets state requirements.

Outcomes:

- (a) The Quality Management Committee has been expanded to include one CFAC member, one provider representative and one community person.
- (b) A draft plan has been written and was approved by the Area Board on May 24th, 2004.

2. Develop and implement a performance based outcome system.

Outcomes:

- (a) Organizational performance indicators have been identified and are being reported to the Area Board on a monthly basis.

3. Shall comply with Division reporting requirements.

Outcomes:

- (a) VGFW implemented IPRS on 10/1/02 and made the necessary subsequent changes in February 2004.

4. Improve the capability of the existing management information system.

Outcomes:

- (a) VGFW has reviewed managed care software and will collaborate with other Area Programs in the implementation of the UniCare Profiler system. VGFW currently uses UniCare however will need to upgrade to the new version.
- (b) VGFW is also in the process of making decisions regarding a web-based interface for collection of information from providers. A basic system for collection of data has been developed and implemented however a more efficient system now needs to be developed.

5. Develop and implement a consumer/family member grievance and Appeals process.

Outcomes:

- a. VGFW is in the process of developing an appeals process that promotes collaborative problem solving.

6. Promote active involvement and participation of consumers and families in quality improvement processes.

Outcomes:

- (a) In process of developing mechanisms for consumer/family involvement in quality improvement processes.

VII. Evaluation

1. Develop and implement performance indicators to evaluate system performance.
Outcomes:
 - (a) VGFW has developed some initial indicators of system performance and these are share with the CFAC on a monthly basis. CFAC will be involved in the future development of additional measures.
2. Develop and implement consumer outcome studies.
Outcomes:
 - (a) Not yet developed.
3. Develop a continuous quality improvement process.
Outcomes:
 - (a) VGFW has developed a CQI philosophy and have provided training to staff, providers and CFAC. We orient new employees in this philosophy and model.
4. Develop a plan for obtaining future national accreditation to include an interim external evaluation.
Outcomes:
 - (a) Not yet addressed.

VIII. Financial

1. Determine financing structure for the LME and core functions.
Outcomes:
 - (a) VGFW has developed a budget for the LME functions based on the Division allocation.
 - (b) VGFW has developed an initial manual method of interface between utilization management and funding.
2. Ensure compliance with state and federal financial regulations and requirements.
Outcomes:
 - (a) VGFW has an annual audit conducted by an external CPA firm each year. The findings are presented to the Finance Committee of the Area Board and to the entire Board for review.
 - (b) Policies have been written to address internal controls however we are still in the process of updating these to comply with new requirements.

IX. Information Systems and Data Management

1. Develop a management information system plan that supports each LME

function.

Outcomes:

- (a) Currently these goals are in process. IT staff are in the process of consulting with department managers to identify the reports needed to manage each function. Upon finalization IT will implement the process of generating requested data on a specific frequency. We will complete this goal in fiscal year 04/05.
2. Information systems are compliant with federal and state laws. Industry best practices and DHHS standards.

Outcomes:

- (a) VGFW has performed an analysis and formulated actions to take in regards to the security and safety of data and equipment.
- (b) VGFW is in compliance with the Health Insurance Portability and Accountability Act of 1996.

X. Collaboration

1. Develop a community resources list.

Outcome:

- (a) VGFW has developed an abbreviated manual of community resources and is working with the local United Way to develop a comprehensive listing of community resources.
2. Develop a mechanism that coordinates the LME's community collaborative efforts.

Outcome:

- (a) The leadership team has now determined this goal should be put on hold indefinitely.
3. Develop strategies to promote consumer and family involvement in community collaborative efforts.

Outcomes:

- (a) Training has been provided to the CFAC regarding community collaboration.

New goals added for Fiscal Year 2004-05

I. PLANNING

1. Develop a service culture that meets and exceeds the expectations of internal and external customers and integrates service culture in all planning.
 - Shall expand the size and roles of Customer Affairs/Customer Services Unit.
Responsible Party: Director of Quality Management
Target Date: 10/1/04
 - Shall develop mechanisms to assess consumers/stakeholders perceptions of customer services in LME.

Responsible Party: Director of Quality Management
Target Date: 12/31/04

- Shall develop methods to increase the emphasis and ownership of customer services by all staff in the LME and Provider network.

Responsible Party: Director of Quality Management
Target Date: 4/01/05

2. Ensure consumers/providers/stakeholders' access to Division and LME planning and information sharing.

- Shall develop a long-range communication plan.

Responsible Party: Director of Quality Management
Target Date: 4/1/05

- Shall develop method(s) to assess knowledge base of internal/external customers regarding the mission, planning processes and services of the LME.

Responsible Party: Director Of Quality Management
Target Date: 1/1/05

- Shall establish new mediums of information sharing.

Responsible Party: Director of Quality Management
Target date: 6/30/05

3. Assess the strengths, weaknesses, and needs of the community of providers.

- Shall establish a provider account position in Customer Affairs to systematically support and track provider needs.

Responsible Party: Director of Quality Management
Target Date: 7/1/04

- Shall establish method(s) of feedback for provider network.

Responsible Party: Director of Quality Management
Target Date: 10/1/04

- Shall establish method(s) for regular assessment of strengths, weaknesses and needs of provider network.

Responsible Party: Director of Quality Management
Target Date: 4/1/05

4. Ensure cultural sensitivity, competency and participation opportunities in the planning process.

- Shall establish a culture competence team that includes community representatives.

Responsible Party: Director of Quality Management
Target Date: 12/31/04

- Shall establish method(s) to assess LME's and provider network's cultural competence.

Responsible Party: Director of Quality Management
Target Date: 4/01/05

- Shall assess and address weaknesses in LME's and provider network's cultural competence.

Responsible Party: Director of Quality Management
Target Date: 6/30/05

II. GOVERNANCE, MANAGEMENT AND ADMINISTRATION

1. Shall receive and provide all necessary information that results in a final decision regarding a possible merger with Halifax County.
Responsible Party: Area Director/Executive Staff
Target Date: October 1, 2004
2. Shall develop plans and budgets in anticipation of a merger.
Responsible Party: Area Director/Executive Staff
Target Date: October 1, 2004
3. Shall take action and resolve all outstanding issues and implement agreed upon plans.
Responsible Party: Area Director/Executive Team
Target Date: January 1, 2005
4. Shall finalize county approval of proposed merger.
Responsible Party: Area Director
Target Date: April 1, 2005
5. Shall formally merge with Halifax County.
Responsible Party: Area Director
Target Date: June 30, 2005
6. Shall seek out and implement administrative best practices.
Responsible Party: Executive Team
Target Date: January 1, 2006

III. QUALIFIED PROVIDER NETWORK DEVELOPMENT

1. Specify unmet demand and perceived needs in a manner that supports budget allocation decisions.
Responsible Party: Director of Care Management
Target Date: 1/31/05
2. Shall facilitate the implementation and monitoring of best clinical practices
Responsible Party: Director of Care Management
Target Date: 6/30/05

IV. SERVICE MANAGEMENT

1. Shall implement nationally known universal prevention best practices.
Responsible Party: Director of Care Management
Target Date: January 1, 2005

2. Shall implement early intervention best practices.
Responsible Party: Director of Care Management
Target Date: July 1, 2005

V. ACCESS TO CARE

1. Shall develop a plan for on-going education of points of referral regarding how to access MH/DD/SA Services.
Responsible Party: Director of Access Services
Target Date: January 1, 2005
2. Shall implement the education plan of points of referral.
Responsible Party: Director of Access Services
Target Date: July 1, 2005

VI. SERVICE MONITORING AND OVERSIGHT: QUALITY MANAGEMENT

1. Implement, assess and refine the Quality Improvement Plan and process that meets requirements.
 - Shall establish method(s) to communicate and integrate the QM Plan into the operation and culture of the LME and provider network.
Responsible Party: Director of Quality Management
Target Date: 10/1/04
 - Shall establish method(s) to assess the LME processes against the comprehensive QM plan.
Responsible Party: Director of Quality Management
Target Date: 12/31/04
 - Shall develop an LME Performance Report Card.
Responsible Party: Director of Quality Management
Target Date: 1/1/05
2. Broaden the scope and capability of the performance-based outcome system.
 - Shall establish a research and evaluation unit in QM to coordinate and upgrade the performance based outcomes system.
Responsible Party: Director of Quality Management
Target date: 10/01/04
 - Shall increase outcomes based system to include comprehensive utilization review.
Responsible Party: Director of Quality Management
Target Date: 4/1/04
 - Shall establish policies and procedures for oversight of non-contracted providers in the catchment area.
Responsible Party: Director of Quality Management
Target Date: 10/01/04

- Shall assess and benchmark LME's performance data gathering system with Managed Care Organization accrediting organizations for future accreditation.
Responsible Party: Director of Quality Management
Target Date: 4/01/05
- 3. Implement and broaden the consumer affairs unit processes for management/resolution of consumer/family/provider issues.
 - Shall develop a consumer/provider quality driven process that facilitates prompt information sharing, collaborative problem-solving and objective resolution.
Responsible Party: Director of Quality Management
 - Shall increase Quality Management and Care Management coordination for resolution of service reduction/denial grievance and appeals.
Responsible Party: Director of Quality Management
Target Date: 10/01/04
- 4. Promote active involvement and participation of consumers and families in quality improvement processes.
 - Shall provide educational materials and training to consumers/families on quality improvement and monitoring process and concepts.
Responsible Party: Director of Quality Management
Target Date: 6/30/05
 - Shall provide CFAC with multiple means to participate in quality improvement activities, including customer satisfaction and provider monitoring methods.
Responsible Party: Director of Quality Management
Target Date: 12/31/04
 - Shall provide consumers and families methods to understand and monitor LME functions and provider network services.
Responsible Party: Director Of Quality Management
Target Date: 6/30/05

VII. EVALUATION

1. Shall develop systems for data capture, verification and reporting.
Responsible Party: Director of Care Management/Information Management
Target Date: 10/1/04
2. Develop and/or utilize outcome measures and measurement instruments to assess consumer clinical outcomes.
 - Shall utilize Division outcome measures for specific LME studies.
Responsible Party: Director of Quality Management
Target date: 12/31/04
 - Shall research and develop outcome measures specific to defined disability populations.
Responsible Party: Director of Quality Management

- Target Date: 12/31/04
- Shall involve consumers in the development of outcome measures specific to consumers' goals.
Responsible Party: Director of Quality Management
Target Date: 4/01/05
 - Shall develop outcome measures for continuum of care and post-treatment longevity studies.
Responsible Party: Director of Quality Management
Target Date: 6/30/05

IX. INFORMATION SYSTEMS AND DATA MANAGEMENT

1. Shall implement the Profiler version of UniCare.
Responsible Party: Director of Information Management
Target Date: November 1, 2004

X. COLLABORATION

1. Shall assist in the development of a comprehensive listing of community resources through active participation in the local 2-1-1 system effort and ensuring individuals have access to this information.
Responsible Party: Director of Care Management
Target Date: January 1, 2005

