

**DMH Corrective Action Plan
 Northeast Kingdom Human Services (NKHS)**

Return to DMH by 1/11/2021

Section Number for Requirement	Action to be taken	Completion Date
4.2.2. Ineffective Board oversight findings as evidenced through interviews, surveys, and complaints The NKHS Board must develop an organizational plan outlining benchmarks and milestones of how its Executive Director “shall be responsible to the board for all agency activities and for the application and implementation of agency established policies” that is inclusive of input of NKHS personnel and its key community stakeholders and other service providers.	<p>Responsible Person: Chairperson BOD Currently, there are three overlapping organizational structures/processes that outline benchmarks and milestones for the Agency, and thereby, its Executive Director (ED). These are the strategic plan which covers the period 1/1/20-12/31/22, the Local System Plan of Care which expires in March 2021 and the ED performance plan which occurs annually in June. Each organizational structure/process noted above involves employee, consumer and stakeholder input in different manners and to different degrees. Benchmarks and milestones for the former two are incorporated into the last which is a comprehensive assessment of the ED performance and holds the ED responsible for all aspects of the Agency. A description of this is found in 4.2.4.12 below.</p>	April 2021 and ongoing
4.2.3.3. – Ineffective organizational leadership oversight findings as	<p>Responsible Person: Chairperson BOD The NKHS Website (internet) Board page will include an announcement of open Board meetings with a date, time and place and a contact number for further</p>	March 2021



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<p>evidenced through interviews, surveys, and complaints</p> <p>In addition to adopting bylaws that comply with this designation standard, DMH shall hold NKHS leadership accountable for ensuring that Board meetings, including requests for minutes of those meetings with the exception of when the Board determines need for Executive Session, are open and minutes provided in compliance with both designation standard and public meeting requirements.</p>	<p>information and access to a Zoom link for the meeting. There will also be a link to minutes of Board meetings for the previous 2 years with note of a delay of 6 weeks (10 weeks if no meeting occurred in previous month) in posting due to approval and sign off requirements.</p> <p>Minutes will continue to be posted on the Agency intranet with same delay in posting.</p> <p>Board will announce to staff the expansion of availability to minutes as well as extending increased access to Board:</p> <ul style="list-style-type: none"> • Staff attendance at Board meetings will expand to include the COO/Compliance officer, Director of IDDS, Director of Behavioral Health, Director of Quality, Director of IT and Medical Director. • Board will survey staff to elicit preferred Board access, which may include creation of Board/ Staff Committee to review issues of staff concern, election of staff representatives to attend Board meetings, funneling staff concerns through expanded management representation. • Individual staff may attend Board meetings through a procedure to be developed within Agency departments so client services are not interrupted. • Staff may contact the Board directly through a drop box to be set up or by emailing the chairperson. 	
<p>4.2.4.10 – Ineffective Board and organizational oversight findings as evidenced through interviews, surveys, and complaints.</p> <p>The board in overseeing its responsibility for consumer grievances and appeals should have an expectation of comprehensive information being shared with board members on the nature of the complaint/s, investigation/s</p>	<p>Responsible Person: Chairperson BOD</p> <p>A member of the BOD will be part of the Agency’s Compliance Committee, and the policy relating to this committee will reflect this membership. The Compliance Officer will report quarterly to the Board in executive session and as often as needed. The nature and disposition of all consumer grievances and appeals shall be shared with the Board in a timely fashion.</p> <p>A liaison from the Board to the Director of Quality will be appointed to review issues related to consumer complaints and satisfaction surveys. The Director of Quality will report to the Board regularly with a minimum of at least twice a year.</p>	<p>April 2021</p>

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<p>undertaken, and resolution/s by the NKHS leadership, especially if attestation to full understanding of the issues is requested by NKHS leadership.</p>	<p>A liaison from the Board to Human Resources shall be appointed to review employee complaints and staff turnover including data contained in exit interviews.</p> <p>The Agency will have a transparent process for evaluating employee grievances which contains safeguards against retaliation, whether actual or perceived. This process will include an appeal process that is clearly defined and a mechanism for addressing unresolved grievances after appeal.</p> <p>Complaints brought to the Board, either as a whole or individually, whether by consumer or employee, will be discussed by the Board in executive session where appropriate evaluation, investigation and response will be determined. The complainant will be notified of the discussion, plan of action and anticipated outcome. Complaints brought to an individual Board member with the complainant’s approval may be investigated prior to being brought to the full Board.</p>	
<p>4.2.4.12 – Ineffective Board oversight findings as evidenced through interviews, surveys, and complaints The NKHS Board of Directors will ensure a transparent and ongoing process exists for regular evaluation, inclusion/solicitation of input from personnel and key community stakeholders, and measures of accountability for how the NKHS Leadership, is “held responsible to the board for all agency activities and for the application and implementation of agency established policies” in compliance with designation standard 4.2.2.</p>	<p>Responsible Person: Chairperson BOD NKHS policy 6.7 which covers employee evaluations will be updated and amended to include an evaluation process for the Executive Director (ED) that occurs annually by the BOD. A process will be developed requiring the following to be included in that evaluation:</p> <ul style="list-style-type: none"> • review of annual employee satisfaction survey, • review of consumer satisfaction survey • Review of feedback from local standing committees required under 4.2.6.1. • survey of members of senior management regarding the executive director’s leadership <p>Metrics to be reviewed include:</p> <ul style="list-style-type: none"> • employee turnover rates, • number of unoccupied positions, • number of consumer and employee complaints or grievances and actions taken to reverse negative trends 	<p>June 2021</p>

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	<ul style="list-style-type: none"> Board metrics from the strategic action plan and local system of care plan <p>The BOD will query stakeholders regarding the performance of the Agency in cooperative ventures. Programs terminated will be evaluated regarding the ED's role in lack of success.</p> <p>This performance report will occur prior to the end of the fiscal year will be shared and discussed with the executive director.</p> <p>The information developed in the process and the response from the ED will be used to develop an annual performance plan for the ED which shall be available to them within the first month of the new fiscal year.</p> <p>For newly employed ED's a modified process will occur in the first 3-6 months so that the annual evaluation can occur at the end of the fiscal year.</p> <p>Both the evaluation and performance plan are part of a personnel file and not available to the public.</p>	
<p>4.2.5.2 – Ineffective organizational leadership oversight findings as evidenced through interviews, surveys, and complaints</p> <p>NKHS must ensure that memberships in both its Adult and Child Local Program Standing Committees are “A majority of the membership of the Local Program Standing Committee shall be disclosed consumers and family members.”</p>	<p>Responsible Person: Chairperson BOD; Chairpersons LSC</p> <p>The Executive Committee of the Board identified and began addressing problems with the Adult MH and Children's Standing Committee in October 2020 and sought to initiate change by appointing Board members to establish committees meeting the guidelines defined by the Administrative Rules (AR) with a minimum of 5 members of whom 51% or greater must be disclosed consumers.</p> <p>In the process, several issues were identified:</p> <ol style="list-style-type: none"> 1. the committees did not have clear, consistent member panels with expected attendance requirements; 2. there was confusion about the role of staff relative to the committee, particularly for staff who were themselves disclosed consumers (“peers”); 3. There was a lack of consumer presence, especially on the children's committee with reported difficulty in recruiting same; 4. The committees appeared to function more as forums for sharing information between Board and staff than for the vital role in Agency functions described in the AR. 	<p>June 2021 and ongoing</p>

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	<p>To address the deficiencies, the committees will define their member panels with expected attendance requirements of 60%. These member panels will have 5 or more members of whom >51% will be disclosed consumers. Staff members, whether or not peers, cannot be members of the committee, although they are welcome to attend and participate in meetings. Board members who chair the committee or who serve as members of the committee will not be considered disclosed consumers for the purpose of membership, even if they identify themselves as such.</p> <p>Committee minutes will have a template posted on top which will clearly identify all its members, identifying their consumer status and their presence or absence at the meeting. It will also identify staff present, staff-peers present, guests and whether the Board Chairperson or designate was present as an ex officio member (unless the Board Chairperson is part of the actual LSC as its chair).</p> <p>The committees will actively recruit new members, both disclosed consumers and community members who bring added expertise to the panel and may represent relevant stakeholders or potential Board members. Each committee will determine its own need for total membership within the constraints of proportion of disclosed consumers.</p> <p>Initial recruitment of disclosed consumers will be focused on Agency clients and their families through posters and fliers located in strategic places in the Agency's offices and in partner agencies where clients may also seek services, such as medical clinics, LIT team, NEKCA. Similar postings will occur on the Agency Website and Facebook page. NKHS will also explore with other DA agencies how they have recruited and retained consumers. Depending on the response to the efforts above, reach out may be extended to additional media outlets including radio and newspapers.</p> <p>As the committees meet their minimum goals for constitution, members will be educated to the role and function of the committee. Attendance will be monitored and members who cannot fulfill attendance requirements will be replaced.</p>	

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<p>4.3.2 Communication and collaboration among managers, supervisors, and the administrative leadership, principally the Executive Director, and the Director of Clinical Operations, requires immediate attention and focus on practice correction and improvement.</p>	<ul style="list-style-type: none"> • The Interim Executive Director and Interim Deputy Director propose a “leadership team” to include the following roles: Interim Executive Director, Interim Deputy Director, Chief Financial Officer, Compliance and Operations Director, Intellectual and Developmental Disability Services Director, Interim Director of Behavioral Health, Quality Director, Human Resources Director, IT Director, and Medical Director. • This team will meet weekly and will have agenda items, minutes, and action items to reflect the discussions. <p>The Interim Executive Director is proposing the following staff responsible: HR Director (lead), Compliance Officer, Quality Director, IDDS Director, Behavioral Health Director</p> <ul style="list-style-type: none"> • A quarterly Leadership Connection Series (LCS) has been implemented which brings together people (approx. 60) from across the Agency including team leads, supervisors, managers, directors, and senior leaders to work together on improving the organizational culture and learning new management skills. The LCS will be held quarterly and will have several onramps to engage staff participation through prioritizing topics, the design of the sessions, presenting material, choosing speakers, and applying application carryover methods for newly acquired skills. Our first LCS in September 2020 focused on understanding organizational culture and leading through disruption (Attachment B). A follow up survey of the attendees was completed. This will be reviewed and feedback will be used to inform future LCS workshops. Thirty days following the LCS workshop, themes from the surveys will be provided to all the participants. Additional survey data will inform us about the topics of interest to prepare for subsequent events as well as areas of concern and training needs. The LCS will also be part of the annual training plan for the Agency. • NKHS will establish a grievance procedure for staff. The Interim Executive Director has requested a copy of the draft grievance procedure proposal for NKHS and will review it with our attorneys for presentation to the 	<p>Anticipated finalized leadership team March 1, 2021</p> <p>January 12, 2021 (first meeting)- Ongoing weekly</p> <p>Initiated September 2020- Ongoing with survey/data reviews within 30 days of LCS workshop</p> <p>May 2021</p>

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	<p>leadership team and employees prior to going to the Board for their approval.</p> <p>Staff Responsible: Compliance Officer</p> <ul style="list-style-type: none"> NKHS will continue to support the attendance (Table 1) and formalize the information sharing by the assigned representatives to the Vermont Care Partners (VCP) Committee meetings. 	<p>February 2021 any vacant VCP committees will be assigned</p>
<p>4.3.3 A plan promoting culture change and an outline of the organization’s plan to understand and improve timely and shared decision-making across NKHS’ programs are needed. This issue is evidenced by extensive turnover overall, and consistent turnover of licensed and experienced mental health staff since 2019 documenting organizational culture as the reason for departure.</p>	<p>Staff Responsible: Interim Executive Director, Interim Deputy Director, HR, and Clinical Directors</p> <ul style="list-style-type: none"> NKHS will continue to recruit for licensed clinicians to fill current vacancies. The leadership team will communicate recruitment progress during the monthly employee roundtable meeting. NKHS plans to acquire additional clinical supervisory support through contracted staff previously employed by NKHS. Staff have experienced chaos and disruption, and NKHS is committed to supporting staff throughout this process. NKHS leadership team will strategize with EAP and potential additional advisory to provide more active engagement with supportive resources to address the organizational culture challenges and abrupt change in executive leadership. There will be a rotation of staff program presentations to the Board across all service lines throughout the year to educate the Board on programming. With leadership team support, NKHS will reintroduce a monthly newsletter that is community and staff focused, and produced by a team of interested staff. 	<p>Current- Ongoing</p> <p>January 21,2021- Ongoing monthly</p> <p>March 8, 2021</p> <p>Meeting with EAP by January 22, 2021.</p> <p>April 1, 2021</p> <p>May 3, 2021</p>

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	<ul style="list-style-type: none"> Re-evaluate NKHS' on-boarding process. This may include attending on-boarding sessions at other DAs to learn from best practices among other DAs. The HR Director will also reach out to VCP HR Committee. It will also include greater collaboration within the Agency across the Business Office, Clinical Department Directors/Program Managers, Director of Quality, Compliance Officer, and HR to ensure there are no training gaps. 	April 2021
<p>4.3.4 The ongoing decline in staff morale, rates of staff turnover, and the challenges of agency recruitment are the result of a negative workplace culture more than being fundamentally demographic, financial, or a lack of interested or qualifying talent as cause. A management plan to address the common themes that are prevalent and underlying, as well as timely change or transition of leadership and/or management personnel who are consistently identified as responsible for the ongoing workplace climate must be addressed</p>	<ul style="list-style-type: none"> The Interim Executive Director and the Interim Deputy Director will review and communicate the findings from COPE and the DMH AAR at the monthly employee roundtable, and progress will be reported to the employee roundtable participants in subsequent months. NKHS proactively encourages staff to participate in exit interviews, at the time of separation. Formal exit interviews are offered to any departing staff who would like one. The interviews are conducted by the HR Director or the HR Generalist and are confidential. Exit surveys are included with benefits information for each separating employee. Those are mailed back and are reviewed for significant comments both positive and negative (Attachment C). The leadership team will review exit interview policy and practices to ensure that the exit interview process will be used as a continuous improvement tool. Results will also be shared with the Board Personnel Committee. NKHS will leverage the VCP Staff Satisfaction Survey, to be given to all staff in May. We will repeat this survey in October to measure improvement in staff views. Results from this survey will be shared with staff and the Board within 30 days of the survey closing. The leadership team will consider the value of implementing an Agency wide formal climate survey. 	<p>January 21, 2021</p> <p>March 1, 2021</p> <p>April 2021</p> <p>May 2021 & October 2021</p> <p>March 15, 2021 decision to move forward or not</p>

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	<ul style="list-style-type: none"> • The Interim Executive Director and the Interim Deputy Director will review the current organizational structure and the proposed interim organizational plan and will share their recommendations with the leadership team to develop a proposal to be presented to the Board. 	February 22, 2021 (Board meeting)
<p>4.3.5 - 4.3.6 A plan to improve collaboration and positive presence in the NKHS catchment area that includes strategies for outreach to communities served, input forums to identify needs, and prioritization of action steps to respond is needed to reach persons served, other providers, and community stakeholders.</p>	<ul style="list-style-type: none"> • Interim Executive Director and Interim Deputy Director will evaluate existing current collaborations and NKHS presence in the catchment area. • Interim Executive Director and Interim Deputy Director will explore the need for and value of adding the position of a community outreach manager/director. • NKHS shall develop comprehensive outreach messages across the tri-county region to inform the community about the available resources and events, and to engage members in the life of NKHS. The outreach tools may include: <ul style="list-style-type: none"> ○ Annual virtual and/or group community forums with invitations being disseminated on social media, amongst NEK community providers, and Front Porch Forum in the area where the forum will be held. Forums may be thematic with a panel to generate a broader community conversation and enhance networking; ○ Bi-monthly community letter; ○ Annual community surveys using the VCP annual survey; ○ Participation in Wellness Fairs; ○ Semi-annual community “Open Houses” in Derby and St. Johnsbury; ○ Children events (example: Sponsorship of a Fun Run); ○ Organize semiannual employment fairs (COVID-dependent) • Client surveys will be available for emailing and at the front desks to increase consumer participation following their appointments for real time feedback. 	<p>March 1, 2021</p> <p>April 1, 2021</p> <p>Between 3/2021 and 7/2021 then ongoing</p>
<p>4.5.7 A clear organizational chart that is structurally accurate and</p>	<ul style="list-style-type: none"> • The Interim Executive Director and the Interim Deputy Director will review the current organizational structure and the proposed interim 	February 22, 2021 (Board meeting)

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consistently applied for leadership, management, supervisory, and direct-care staff communication and accountability is needed.	<p>organizational plan and will share their recommendations with the leadership team to develop a proposal to be presented to the Board. (c.f. 4.3.4)</p> <ul style="list-style-type: none"> The Interim Executive Director and the Interim Deputy Director will work with the Executive Office Administrator to enhance the process in place whereby staff will be informed in a variety of venues of any organizational chart changes within 15 days of the chart change. 	February 22, 2021
<p>4.4.1. Results from NKHS' consumer satisfaction survey indicate those surveyed by NKHS were on average very satisfied with services. However, the raw data indicates the vast majority of those surveyed were adult outpatient clients. Only six CRT clients were identified as being surveyed, and 23 CYF clients/families, compared to around 230 outpatient clients. After follow-up with NKHS' Quality representative, it may be a data collection issue that made identifying the program per client difficult to distinguish. NKHS is reportedly working</p>	<p>Staff Responsible: Director of Quality (Lead); Clinical Directors</p> <p>Our plan to correct low response rates moving forward is four-fold:</p> <ol style="list-style-type: none"> 1) Ask clients to sign an email communication release so the survey can also be sent to them via their email, and we won't have to rely solely on in-person completion; 2) The Quality Director will support all departments in their engagement efforts, and will work with departments to address the unique challenges of client engagement specific to the individuals they serve; 3) The Quality Director will provide department level education to department team leaders on the importance of consumer feedback for QAQI initiatives; and 4) Survey dissemination will begin earlier than previous years, starting in the beginning of the new year to provide more time for client engagement. 	May 2021

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<p>towards having the ability to identify the program within which the client is served for the next annual survey. A survey methodology that transparently assures individuals served in CRT and CYFS programs are surveyed is needed for NKHS to effectively monitor consumer and family satisfaction information going forward.</p>		
<p>4.4.4 Emergency Services staff could benefit from training around appropriate crisis response, particularly for events deemed “behavioral”.</p> <p>Tracking Face to Face screenings to ensure response time is within 30 minutes according to standards.</p>	<p>Staff responsible: Emergency Services Program Manager</p> <ul style="list-style-type: none"> • Trainings through “Relias Learning” to add to the ES Training Curriculum and through online webinars through our affiliates and other credible and reputable resources. • NKHS Compass Behavior Consultation team will provide training on how to effectively respond to “behavioral” crises. • ES Program Manager will provide weekly individual supervision for all full-time ES staff, and ES night shift staff will receive bi-weekly group supervision. <p>Staff responsible: Emergency Services Program Manager: Currently, Program Manager receives daily reports from Contact, which indicate time of each page for an Emergency Services screener and their response time. This is viewed each morning and any discrepancies are addressed with specific clinicians. During day shift hours, staff are responding within standard times unless otherwise occupied (with a crisis); in the event that this occurs, clinicians</p>	<p>March 2021</p> <p>March 2021</p> <p>Beginning January 11, 2021 and ongoing</p> <p>Immediately (12/14/20) all staff were instructed via email to begin documenting pages received/response times in their ES notes until it can be changed formally in EMR.</p>

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	triage highest need (imminent risk) and respond to page communicating their status. <ul style="list-style-type: none"> ES documentation will be updated to include a section to indicate when a page is received and response time. This should alleviate the lack of documentation for both day shift hours and after hour shifts to ensure ES is in compliance. 	Completed on 12/18/2020. This update to the current ES note involved a discussion with IT and EMR Core group and a data field was added to the note.
4.7.1. Inadequate current adult outpatient mental health services capacity	<p>AMH: Staff Responsible: Director of Adult Outpatient/Co-Occurring; Interim Behavioral Health Director</p> <p>NKHS will work with HR in increasing recruitment efforts to attract and retain qualified personnel to the following positions that are currently posted:</p> <ul style="list-style-type: none"> CLINICAL SUPERVISOR/OUTPATIENT THERAPIST OUTPATIENT THERAPIST ADULT/ADOLESCENT THERAPIST <p>Meet with Interim Executive Director and CFO to determine feasibility of increasing staff by 2 full time CRT therapists, 1 full time Supervisor, and 1 Elder care therapist/case manager.</p> <ul style="list-style-type: none"> Ongoing discussion with the NKHS Behavioral Health Team to explore the possibility of using the breadth of the Emergency Services team to provide ancillary therapeutic support services, including case management to adults awaiting a referral to adult outpatient therapy. 	<p>Ongoing</p> <p>February 2021</p> <p>January 2021</p>
4.7.1 Lack of intensive community services to support clients remaining in the community	<p>CYFS: Staff Responsible: CYFS Department Director</p> <ul style="list-style-type: none"> CYFS Department Director will outreach to VCP and other DAs comparing practice models and structuring of service provision. 	Completed January 2021

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<p>4.7.1 Inadequate current child outpatient mental health services capacity</p>	<ul style="list-style-type: none"> • CYFS Department Director and HR Director will meet weekly to develop a robust recruiting campaign plan to advertise for therapist/service coordinator/community skills worker, respite provider positions. 	<p>December 2020, Ads for vacant positions were place in local papers across our service area.</p>
	<ul style="list-style-type: none"> • CYFS Department Director will identify a team leader to take on recruiting for respite and community skills providers and give managerial responsibilities for the delivery of respite and community skills services. 	<p>January 31, 2021</p>
	<ul style="list-style-type: none"> • The CYFS Department Director will provide feedback to Local Interagency Team regarding number of CRC referrals and denials. Will review the criteria that qualifies the youth for CRC review. Continuous review of the number of CSP's and CRC referrals by NKHS at the monthly LIT meetings and will be reflected in the minutes. 	<p>January 31, 2021</p>
	<ul style="list-style-type: none"> • CYFS Department Director will work with HR regarding policies/protocols for recruiting NKHS staff for hourly respite and adhere to DOL guidelines and rules. HR will collaborate with VCP HR Group to obtain models of policies regarding policies and protocols for hourly respite that adhere to DOL guidelines. 	<p>February 2021</p>
	<p>Staff Responsible: CYFS Department Directors</p> <ul style="list-style-type: none"> • CYFS Department Director will outreach to VCP and other DAs comparing practice models and structuring of service provision. 	<p>January 31, 2021</p>
	<ul style="list-style-type: none"> • CYFS Department Director will increase collaboration, to include weekly contact with HR to develop a robust recruiting campaign plan to advertise for therapist/service coordinator/community skills works, respite provider positions. • CYFS Department Director will meet with the Medical Director and Child Psychiatrist to develop best practice model to address the high demand for child psychiatry. 	<p>Current and Ongoing</p> <p>January 31, 2021</p>

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<p>4.7.2 Inadequate Crisis Bed stabilization capacity to provide for stepdown or diversion from higher levels of care</p>	<p>AMH: Staff Responsible: Care Bed Manager</p> <ul style="list-style-type: none"> • Collaborate with VCP to facilitate a meeting with other DA care bed programs to learn strategies that may help NKHS in meeting standards. The Care Bed Manger will work with a crisis bed group to target issues of: Work flow, Admission process, documentation, discharge planning and referral, screening tool, and training. • Continue to follow pre admission procedures. NKHS has a work flow chart to show the pre admission process to ensure all documentation is gained and staff referring clients know the process. • Amend the Universal Care Bed Referral Form to include a prominent section on discharge planning. Train staff on how to anticipate accurate discharge plans, during the referral process. • Discharge section added to Daily Assessment Screening Tool: All Screeners (ES and CRT) will identify obstacles preventing a timely discharge. Care bed manager will submit ticket to IT, to add section to the Care bed daily assessment document. ES and CRT screeners will be trained on how to use this section of the document through Relias and will annually revisit training. • Care Team meeting will occur within 72 hours of admission, as well as weekly, for duration of client stay. All Care Team members are identified before admission and reevaluated daily and added accordingly to the Care Team (for AO clients, an ES worker is identified). • Reorient ES, CRT and care bed staff to procedures and policies at the care bed. Care bed training to be added to Relias platform, to reorient staff to procedures for admitting, discharging and resources available during a client stay, at the care bed. 	<p>February 2021</p> <p>January 2021</p> <p>February 2021</p> <p>February 2021</p> <p>February 2021</p> <p>February 2021</p>

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	<ul style="list-style-type: none"> Care bed manager will work with ES and CRT department to ensure all trainings have been attended by all staff and will ensure new on-boarding staff achieve all the above action plans during their probationary period (first 90 days of hire). All clinical documentation is streamlined in a central location and easily accessible to Care Team members. All documentation for a client's stay (admission, daily progress, assessments and discharge) are in the electronic version within EHR to ensure all NKHS providers can access the daily progress the client is making during their stay and help facilitate a seamless discharge. 	<p>Beginning February 2021 and the first of each subsequent month, all procedural training action steps shall be monitored to ensure progress.</p> <p>March 2021</p>
4.7.4 Lack of timely and/or adequate assistance to DMH legal with court proceedings for Orders of Non-Hospitalization	<p>AMH: Staff Responsible: Interim Behavioral Health Director, CRT Program Manager & AOP/Co-Occurring Director and Mental Health Administrative Assistant</p> <ul style="list-style-type: none"> The "Staff Responsible" will meet to discuss ways in which the ONH information can be disseminated in a timely manner and identify fail safe mechanisms to ensure compliance with DMH legal. NKHS ONH spreadsheet will be updated to clearly delineate whether the client is served in AOP or CRT. All active ONHs will be reviewed monthly, consulting with the appropriate AOP /CRT personnel. CRT and ES Program Managers will collaborate with other CRT/ES directors to identify how this process is managed at other agencies. 	<p>January 2021</p> <p>February 2021</p>
4.7.5 Lack of Timely Return to Community from Inpatient or Institutional Placements	<p>AMH: Staff Responsible: Interim Behavioral Health Director, CRT Program Manager, CRT Nurse, CRT Service Coordinator, Staff Psychiatrist</p> <ul style="list-style-type: none"> The "Staff Responsible" shall be involved in discharge planning for complex cases/clients by attending discharge meetings and engaging in frequent correspondence via e-mail and telephone to ensure clients are seamlessly transitioned to the NKHS community when ready to discharge. 	<p>February 2021</p>

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	<ul style="list-style-type: none"> CRT nurse positions shall be the primary coordinator for discharge planning in combination with CRT service coordinator, CRT program director. 	
<p>4.7.7 Inadequate demonstration of collaboration with other service providers NKHS needs to ensure there are processes in place to promote internal and external communication regarding referrals and releases to better support collaboration with clients, families, providers, community stakeholders, and DMH care management.</p>	<p>AMH: Staff Responsible: Director of Clinical Administration</p> <ul style="list-style-type: none"> All psychiatry referrals will go to the Clinical Administrative Assistant who will review the referral for completeness and then discuss with the Medical Director for triage. Referral source will be called within 2 business days to discuss or request any addition information. Each outreach encounter will be documented in the client’s EMR chart. Follow up letter will be mailed within 24 hours of contact with CC to referral source. Letter confirming appointment attended (If proper release in file) will be sent to referral source within 24 hours of attended appointment. Psychiatric Assessments will be sent to the Primary Care Physician (with proper release completed) within 2 days of completion. E and M notes will be sent to Primary Care Physician when Medication Changes occur and in addition every 3 months. Director of Clinical Administration will meet with HR/CFO/CEO to discuss the capacity for a new position, Behavioral Health Administrative Support Staff, to provide support and a liaison with Primary Care offices/Referral sources. <p>Staff Responsible: Interim Behavioral Health Director, AOP/Co-Occurring Director, CRT Program Manager, IT Director</p> <ul style="list-style-type: none"> Amend EHR documents to accurately reflect ongoing community collaboration. All progress notes, monthly notes and IPCs shall be amended to document ongoing community collaboration. Reinvigorate attendance at community partner meetings, share meeting information more effectively internally, and send 	<p>New process as of 1/4/2021 Outside Referrals for Psychiatry</p> <p>February 2021</p> <p>March 2021</p> <p>February 2021</p>

Section Number for Requirement	Action to be taken	Completion Date
	<p>documentation of attendance to Mental Health Administrative Assistant (Table 2).</p> <p>CYFS: Staff Responsible: CYFS Department Directors</p> <ul style="list-style-type: none"> • All advertised positions will include need for experience working with developmental, medical and mental health needs children. • CYFS Department Director will implement a partnership with the School Department to utilize staff with ABA services to help train staff and provide consultation on complex (development/behavioral) cases. • The CYFS Department Director in collaboration with the School Department Director will create a transition/discharge summary document to be presented to the EMR core team. Once approved both departments will review and train staff to use the form. • The CYFS Department Director will present to the EMR core team a new weekly note that will capture progress, transition and discharge planning. Once approved and loaded into EMR staff will be provided training on the elements of the new weekly note. • CYFS Department Director and Outpatient Program Manager will present ARC training to the Agency as a whole ensuring that any division or department will understand impact of trauma on our consumers. • CYFS Department Director will work with the Director of Quality to develop a comprehensive CYFS curriculum. 	<p>February 2021</p> <p>March 2021</p> <p>March 2021</p> <p>February 2021</p> <p>August 2021</p> <p>March 2021</p>

Section Number for Requirement	Action to be taken	Completion Date
<p>4.9.2 – Signature of Consumer, or Guardian, Documenting Participation in Planning</p>	<p>AMH: Staff Responsible: Medical Director (lead); Clinical Administrative Assistant</p> <ul style="list-style-type: none"> • Medical providers were provided the Practice Guidelines and Record Standards for Treatment Plans. • The Medical Director will return to using the stand-alone Treatment Plan and not use the E and M note as an IPC. • During COVID precautions, Treatment Plan will be mailed to client if client is not available for signature in the office • If client is seen in person, then signature will be obtained by the treating provider. <p>CYFS: Staff Responsible: CYFS Department Directors -All staff will be notified that IPCs will not be considered complete until signature of youth (as applicable) and parent/guardian have been obtained. Guidelines will be provided via email to all children’s staff.</p>	<p>December 18, 2020</p> <p>February 1, 2021</p> <p>February 1, 2021</p> <p>February, 1, 2021</p> <p>January 2021</p>
<p>4.9.7 Treatment Plans That Comply with Practice Guidelines and Records Standards</p> <ul style="list-style-type: none"> o A current service plan must be developed and on file for all clients receiving mental health treatment services o IPCs are completed on time, with accurate dates o All IPCs contain at least one goal that reflects mental health treatment needs, not med or appointment compliance o Goals have objectives that are measurable and achievable, and 	<p>AMH: Staff Responsible: Medical Director (lead); Clinical Administrative Assistant; IT Director; CRT Program Manger</p> <ul style="list-style-type: none"> • The Clinical Administrative Assistant will review the schedule for the following day and identify any IPC’s that will be due and will trigger that IPC for the provider to complete with the client. • A Treatment Plan template will be developed by the Medical Director to ensure compliance with practice guidelines. The Medical Director will collaborate with professional peers in the VCP Medical Directors group. • The CRT IPC will be updated in EMR to comply with the minimum chart standards. 	<p>February 1, 2021</p> <p>February 1, 2021</p> <p>April 2021</p>

Section Number for Requirement	Action to be taken	Completion Date
<p>include specific time frames for achieving/assessing progress</p> <ul style="list-style-type: none"> ○ All IPCs reflect risk factors, when needed, and have plans in place to minimize them, including individualized plans and strategies when needed ○ IPCs describe the specific changes in behavior, function and/or status that would indicate progress toward the long-term goal ○ The types of intervention or service, frequency, and time frame are identified and are specific to the individual’s needs ○ Qualified provider’s name, current professional credentials (consistent with issued Vermont license), and signature must be present ○ NKHS personnel may only provide services and/or sign documentation within the scope of a current Vermont license issued to that personnel. <p>Emergency service notes are reviewed by a supervising, licensed clinician within 24 hours or the first working day following the contact</p>	<ul style="list-style-type: none"> ● Monthly CRT progress note will be updated in EMR to include a review of when next IPC is due. ● Quarterly chart reviews for compliance will be conducted. <p>Please see 4.10.1-1 “NKHS personnel must immediately stop using credentials that they do not currently hold by license in VT” for response.</p> <ul style="list-style-type: none"> ● After learning from DMH that LADCs can also sign off on emergency service notes (evaluations), NKHS will begin to utilize those additional licensed staff at the Agency to review emergency service notes. 	<p>April 2021</p> <p>July 2021</p> <p>February 1, 2021</p>

Section Number for Requirement	Action to be taken	Completion Date
	<p>CYFS: Staff Responsible: CYFS Department Director</p> <ul style="list-style-type: none"> • All staff will be notified via email about the required components of an IPC. • Corrections made in EMR to the IPC components to reflect the role of team members and address risks (safety planning). NKHS safety plan exists in EMR but is not connected to the IPC. • All applicable staff will have reviewed the Medicaid Manual and attest that they have read the required sections via Relias. • All training modules will be created in our Relias system to address the required components of the assessment, IPC and documentation (addressing issues of signatures, goal writing, reflection of screening/assessments documented in assessments/IPC, documentation of progress in weekly/progress notes. • The Medical Providers will order metabolic screenings at first visit for base line and at 12 weeks and then every 6 months - or sooner if needed. Vital signs, height and weight will be documented at each visit. This will take place once clients are seen in the office (COVID precautions). Clients will be asked to arrive 15 minutes prior to their appointment time, so the Clinical Administrative Assistant can take Vitals and document in chart. 	<p>February 2021</p> <p>February 2021</p> <p>March 2021</p> <p>May 2021</p> <p>January 2021</p>

Section Number for Requirement	Action to be taken	Completion Date
<p>4.9.8 Review of Eligibility, Need for Services and/or Service Plan</p> <ul style="list-style-type: none"> ○ A current service plan must be developed and on file for all clients receiving mental health treatment services ○ Ensure a standardized screening or assessment tool is used to assess progress for each client ○ Screening/assessment tool findings should inform client goals and service delivery as indicated. 	<p>Staff Responsible: Interim Behavioral Health Director, Adult Outpatient/Co-Occurring Director, CRT Program Manager</p> <ul style="list-style-type: none"> • The Interim Behavioral Health Director will provide training on conducting a psychosocial assessment in one session. In doing so, this will create a current service plan. • The screening tools utilized at intake and annually are the PHQ-9, PTSD-5 and CAGE-AID, and CSSRS. The screening tools will also be used to assess progress. A training on the effective use of these screening tools will be added to the Annual Behavioral Health Training Plan. • Reports will be run quarterly to assure compliance and for supervisors to review. • The Interim Behavioral Health Director, Adult Outpatient/Co-Occurring Director, and CRT Program Manager will instruct staff and provide appropriate training to ensure that upon completion of the assessment and relevant screening tools, clinical findings will be shared with the client and a collaborative discussion between clinician and client will occur to develop applicable goals and objectives. 	<p>February 2021</p> <p>April 2021</p> <p>April 1, 2021</p> <p>February 2021</p>
<p>4.9.9 Provide for or Arrange Services that Safeguard health and Safety of the Consumer</p> <ul style="list-style-type: none"> ○ Admission documentation includes description of the precipitant crisis, assessment of need, and plan for treatment ○ Clients have an intake LOCUS completed and included in their chart ○ Discharge summaries include 	<p>Staff Responsible: Interim Behavioral Health Director, Adult Outpatient/Co-Occurring Director, CRT Program Manager</p> <ul style="list-style-type: none"> • Meeting shall occur with the Interim Behavioral Health Director, Care Bed Manager and Care Bed Team, CRT Program Manager, and ES Program Manager to discuss current practices and barriers in complying with the admission documentation, LOCUS, observation logs, and discharge summaries. • Relevant trainings will be established once the barriers are understood. 	<p>January 2021 and monthly thereafter</p> <p>March 2021</p>

Section Number for Requirement	Action to be taken	Completion Date
<p>observation log, issues addressed, clinician's assessment, skills developed, follow up plan, and discharge LOCUS</p>	<ul style="list-style-type: none"> Care Bed Chart reviews shall be conducted quarterly and findings shared with DMH. 	<p>April 2021</p>
<p>4.10.1-1 DA must employ qualified personnel who possess appropriate clinical licensure to review and/or sign-off on treatment and services notes.</p>	<p>Staff Responsible: HR Director In order to have additional capacity to be able to recruit and hire the needed licensed clinicians, the Human Resources Department will hire a recruiter. HR Recruiter position to be posted internally and advertised by 03/01/2021.</p> <p>NKHS has in place an employee referral program to generate referrals of qualified candidates that are known to current NKHS employees. Since June of 2019, NKHS has had 40 new employees referred through this program and has retained 83% of those referrals. HR will continue to promote and grow this employee referral program in order to find qualified personnel.</p> <p>NKHS will train all hiring managers on Behavioral Interviewing techniques to assist managers in hiring qualified personnel who are a good fit for the work and the Agency, and thus will help improve retention.</p>	<p>October 1, 2021</p> <p>Completed June 2019</p> <p>Behavioral Interviewing tools developed and manager trainings to be completed by 08/01/2021.</p>
<p>4.10.1-1 DA must assign only individuals to job responsibilities/service types that they are qualified to provide based on license, scope of practice/expertise, and applicable training.</p>	<p>NKHS will implement a resume screening tool. Each open position will have a corresponding resume screening document, containing minimum educational and licensing requirements for the position. This tool will be used by HR and hiring managers when reviewing resumes and job applications.</p> <p>Currently, all requests to fill a vacant position or hire a new position are done using the Agency's position request form. The form is then submitted to the HR Director and is reviewed and approved or denied by the NKHS Vacancy Committee. The NKHS Vacancy Committee is made up of the HR Director, one Division Director, two Agency directors, and one staff member. Final authorization of all new positions approved by the NKHS Vacancy Committee is given by the CEO. All approved vacant and new positions are posted internally for a minimum of 5 days, per NKHS hiring procedures, policy #6.6, as well as</p>	<p>The resume screening tool will be available to assist HR & hiring managers by 03/01/21</p> <p>Completed 02/2019</p>

Section Number for Requirement	Action to be taken	Completion Date
	advertised externally, if needed. This practice has led to consistent internal posting of vacant positions.	
4.10.1-1 DA must consistently adhere to minimum hiring requirements for positions and posting of position vacancies in accordance with agency personnel policies.	<p>Staff Responsible: HR Director, CFO, Director of Operations & Compliance, and the Director of QAQI</p> <p>HR will develop and implement a database containing education, licensing, certification, training and skills inventory information on all employees. While HR and the Billing Dept. currently have all of this information, it is not in a comprehensive database. A policy will also be developed to state who is responsible for providing updates on this information to the HR Department.</p> <p>HR has worked with the Emergency Services Manager to increase staffing in that department. NKHS staff from other departments are no longer being asked to cover Emergency Services shifts or on-call time, unless they have asked to be on the on-call rotation, and have the necessary qualifications.</p> <p>The HR Director and the Director of Quality will hold focus groups with NKHS employees from all Agency departments to gather more information about instances when employees have been or are being asked to work outside of their license, scope of practice/expertise and applicable training. The focus group will provide information about where a breakdown may be happening, whether staff feel comfortable reporting these instances, and whether they are taken seriously if they do. The focus groups may also provide information on any NKHS cultural issues that may affect employees' trust in supervisors and comfort level with reporting incidences where they feel that they are being asked to work outside their license, scope of practice/expertise and applicable training. The HR Director and the Director of Quality will use information gathered to develop any necessary reporting processes for staff to report instances where they are inappropriately assigned duties, to develop any necessary supervisor trainings, and to address cultural issues that might be influencing the level of trust between supervisors and employees.</p> <p>NKHS' CFO, Director of Operations & Compliance, Billing Director and HR Director will work with the CFO of one of NKHS' fellow DAs to learn how other DAs handle oversight and compliance with the various supervised billing rules,</p>	<p>Database and policy will be in place by August 1, 2021</p> <p>Completed</p> <p>Focus groups to be held by August 1, 2021</p>

Section Number for Requirement	Action to be taken	Completion Date
	<p>Medicaid and other billing rules, DMH regulations and any other applicable regulations that apply to staff credentials and billing. Practices for educating clinical staff on applicable regulations will also be acquired. Learning best practices in these areas will assist NKHS in developing tighter practices, policies and training around billing requirements and necessary staff credentials.</p>	<p>Improved practices and policies regarding billing regulations and staff credentials will be in place by August 1, 2021.</p>
<p>4.10.1-1 Qualified personnel must review emergency services within 24 hours or the first working day following contact.</p>	<p>Staff Responsible: HR Director & Division Director of Behavioral Health NKHS will have an Interim Director of Emergency Services in place with appropriate licensing, who will prioritize review of emergency service notes within 24 hours or the first working day following contact.</p>	<p>NKHS will have an Interim Director of Emergency Services in place by March 1, 2021.</p>
<p>4.10.1-1 NKHS personnel must immediately stop using credentials that they do not currently hold by license in VT.</p>	<p>Staff Responsible: Division Director of Behavioral Health, HR Director, CFO, and Director of Operations & Compliance The use of pending credentials was immediately corrected the moment it was brought to the employee's supervisor, CCO, and ES Program Manager's attention. As directed by the employee's previous supervisor, he was ensured (by said supervisor) that he would not be signing any documentation for billing purposes until his credentials were solidified; He signed his name and credentials in EMR as directed by his supervisor at the time of hire (Director of Adult Mental Health). On 4/7/20 he received his approval letter, but due to covid-19, there was no exam prior to September 2020; which he has since taken and passed.</p> <p>The moment this was communicated to CCO, she notified the Emergency Services Manager, to ensure this was immediately corrected; 9/15/2020. He has since earned LICSW status, but has not resumed signing notes until he receives his OPR number to eliminate any further question/confusion as to his credentials.</p> <p>Currently, the verification process is handled in the business office through an identified employee that works solely on verifying credentials. Upon discovery of this mistake, it was immediately stopped on 9/15/20. NKHS will use the information and practices learned while working with the CFO of a fellow DA (detailed in response above) to create policies and procedures around licensing and verification processes.</p>	<p>Completed. This was completed on 12/17/2020. It has been added to the existing ES note in the interim and will be implemented once there has been a decision made on the new EMR system.</p> <p>August 1, 2021</p>

Section Number for Requirement	Action to be taken	Completion Date
<p>4.11.1 Regular assessment of board, staff, and consumers and family training needs</p> <p>NKHS must document training provided to management and direct care staff in the following areas:</p> <ul style="list-style-type: none"> • Professional Ethics – Licensure and Scope of Practice - area of limitations or expertise in comprehensive assessment, diagnoses, treatment and services plan, delivery of service within license and scope of practice expertise • Clinical Supervision – Within scope of work, clear line of clinical oversight for identified supervisees, and competence to provide supervision within license and scope of practice/expertise • Workplace Protections and Safeguards – regulatory and workplace policies for service coding/billing practices, legal reporting obligations, “whistleblower” protections, and regulatory entities that 	<p>Staff Responsible: Director of HR, Director of Quality, Compliance Officer</p> <ul style="list-style-type: none"> • To address the various training needs identified by DMH the Director of Quality will work with VCP and a cohort of professional peers from other DAs regarding the areas DMH has addressed. In addition, NKHS leadership will identify any additional areas of training and supervision and brainstorm with the COE group and Director’s group to determine if there are areas where trainings already occur that can be used to support NKHS staff in the immediate. Over the longer term, NKHS will work to develop these resources internally and through Relias. • Relias will be utilized to develop comprehensive onboarding of new staff with trainings reassigned annually as part of the new NKHS training plan. The training plan is currently under development (Attachment A). • An onboarding and new employee training report will be run monthly to ensure that all new staff receive the proper training within 30 days of employment and have be enrolled in the appropriate training plan for continued education. 	<p>Beginning February 2021 and monthly meetings thereafter</p> <p>List of trainings and collaborative opportunities developed by 2/28/21.</p> <p>July 2021-Ongoing</p> <p>August 2021</p>

Section Number for Requirement	Action to be taken	Completion Date
<p>must remain trained and remain active through required training</p>	<p>based on date of certification expiration and each QMHP will be enrolled in one of the four trainings offered annually. This spreadsheet will be a live document, will be reviewed and updated monthly, and disseminated to the billing office. This will decrease any margin of error that previously occurred.</p>	<p>December 18, 2020: Implementation of Active QMHP spreadsheet;</p> <p>Monthly review by the fourth Monday of the month for the following month.</p>
<p>4.15 NKHS must ensure new staff orientation about grievances and appeals, a consistent process for notifying and providing information to individuals and families, and timely review and disposition of grievances and appeals.</p>	<p>Staff Responsible: Director of Operations and Compliance (lead); Director of Quality; Executive Office Administrator</p> <ul style="list-style-type: none"> • NKHS will develop a Relias training module on Grievances. The module will address policies and procedures for complaints, grievances, and appeals. This will be a required module for all new staff. Current staff will also be required to complete the training so that information is consistent across the Agency. In addition, annual training on grievances and appeals will be provided in the Annual Compliance Training/Review as referenced in 4.11.1. • The grievance form is provided to new clients and is sent as part of the intake packet. The client is required to sign an acknowledgement of receiving the information. Intake packets are now being sent electronically, which is a new process that was initiated in October of 2020. The client now signs the acknowledgement electronically and that document is scanned into the client’s chart in the EMR. • The Corporate Compliance Officer, with support from the Executive Office Administrator, will develop a brochure outlining the Consumer Grievance & Appeal Process. This brochure will be included in the intake packet for all new clients, will be posted on the intranet and the website, will be included with orientation materials, and will also be available in locations throughout the Agency buildings. 	<p>April 2021</p> <p>Ongoing</p> <p>February 2021</p>

Section Number for Requirement	Action to be taken	Completion Date
<p>NKHS needs to use the G&A reporting warehouse*. See Global Commitment Medicaid Program Grievance and Appeals Technical Assistance Manual, 2017.</p>	<ul style="list-style-type: none"> • A plan will be developed to review the grievance and appeals process and information with clients on an annual basis. This review will be documented. • NKHS' Policy on Grievances and Appeals will be updated to accurately reflect practices and procedures. <p>Staff Responsible: Director of Operations & Compliance</p> <ul style="list-style-type: none"> • NKHS will identify additional G&A Coordinators and will provide additional training to them to ensure they understand the appropriate reporting requirements and use the reporting warehouse accurately and as required. If necessary, we will reach out to Danielle Delong to provide additional training and support in this area. <p>*NKHS uses the G&A reporting warehouse to report grievances and appeals. Information is uploaded as required. In 2019, there were 3 Grievances and 2 Appeals loaded in the system. The Appeals were loaded by the IDDS Division. Important to note is that the previous Corporate Compliance Officer, from January –September, 2019, loaded 0 Grievances and 0 Appeals. That individual left the Agency in September. After his departure, it was recognized that information might not have been uploaded as required. From October–December, 2019 there were 3 Grievances loaded. No appeals were received during that time. In addition, there were 2 Grievances which were not loaded in the system because they were not Medicaid clients or they were filed by someone other than the client/legal guardian. A new Corporate Compliance Officer was hired in July 2020. She has since provided training on this subject to the G&A Coordinators on September 9, 2020.</p>	<p>May 2021</p> <p>June 2021</p> <p>Training Completed September 9, 2020 Additional training to be completed by May 2021</p>

Section Number for Requirement	Action to be taken	Completion Date
<p>Per the Global Commitment to Health Medicaid Program Grievance and Appeals Technical Assistance Manual;</p> <ul style="list-style-type: none"> Grievance resolution letters need to include “The telephone number of the Health Care Advocate at Vermont Legal Aid. The notice must also inform the member of his or her right to initiate a grievance review with the Medicaid Program (DMH) as well as information on how to initiate such review”. Appeal letters need to include information about right to a fair hearing, or expedited fair hearing, the process for making such a request, and the entities that can assist. Submission of Grievance and Appeal documents into the Grievance and Appeal Warehouse must include the client’s grievance or appeal if a written copy exists, the grievance or appeal acknowledgement letter, the grievance or appeal decision letter, and any additional documentation in the event that an extension was necessary 	<p>NKHS has obtained a copy of the Global Commitment to Health Medicaid Program Grievance and Appeals Technical Assistance Manual (updated 2017) from the DMH website. It should be noted that this manual does not include the sample letters as attachments or additional pages 25-39, as referenced in the manual.</p> <p>NKHS uses the standard templates for letters responding to grievances and appeals. In reviewing files, it appears the standard content had been altered by the former Corporate Compliance Officer. It was not discovered that some content was missing until now. This has immediately been corrected in the templates the Agency uses.</p> <p>NKHS will ensure all required language, as stated in the Technical Assistant Manual and sample letter templates, will be included in all grievance and appeals letters. This correction has already been completed for all grievance and appeals letters.</p> <p>NKHS will also ensure that all grievances and appeals will be submitted to the warehouse and that they include the appropriate information. Additional training for the G&A Coordinators will be provided to ensure they understand this process.</p>	<p>January 2021</p> <p>Immediate and ongoing</p>

Section Number for Requirement	Action to be taken	Completion Date
<p>G&A information, policy, and forms must be available on the NKHS website</p>	<p>Staff Responsible: Executive Office Administrator</p> <ul style="list-style-type: none"> • Grievance information and forms are available on the NKHS website. This practice was completed in November 2019, as verified by the webmaster (Attachment D). • NKHS will update its website with the NKHS Grievance Policy, along with the newly created brochure outlining the grievance process. Contact information will also be displayed clearly. 	<p>Verified December 2020</p> <p>Brochure - February 2021 Policy – June 2021</p>

TABLE 1. Vermont Care Partners NKHS representation list

VCP Executive Directors	Paul Bengtson	pbengtson@nkhs.net
VCP Adult OP/Substance Use	Gary Mitchell	gmitchell@nkhs.net
VCP Billing Managers	Kathy Monty	kmonty@nkhs.net
VCP CFO Finance Managers	Denis Houle	dhoule@nkhs.net
VCP Children and Family Services	Noreen Shapiro-Berry	nshapiro-berry@nkhs.net
VCP Compliance	Roseann Sbarra	rsbarra@nkhs.net
VCP Crisis Bed Managers	Jenn Heroux-Bachand	jherouxbachand@nkhs.net
VCP CRT Intake Coordinators	Chris Mitchell	cmitchell@nkhs.net
VCP CRT Program Directors	Chris Mitchell	cmitchell@nkhs.net
VCP Disaster Response Team	Tonya Davis	tdavis@nkhs.net
VCP DS Directors	Sharon Ryan	sryan@nkhs.net
VCP ES Program Directors	Tonya Davis	tdavis@nkhs.net
VCP Human Resource Directors	Brooke Bury	bbury@nkhs.net
VCP IT Directors	Tim Gould	tgould@nkhs.net
VCP Outcomes	Laura Nelson	lnelson@nkhs.net
VCP PR/Communications	Colleen Bosse	cbosse@nkhs.net
VCP Antiracism Taskforce	Laura Nelson	lnelson@nkhs.net
VCP COE	Laura Nelson	lnelson@nkhs.net
VCP Scoring and Metrics	Laura Nelson	lnelson@nkhs.net
VCP Behavior Program Directors	Noreen Shapiro- Berry	nshapiro-berry@nkhs.net
VCP School Based Clinical Program	Noreen Shapiro-Berry	nshapiro-berry@nkhs.net

NKHS Supplemental Documents

TABLE 2 Community Partners Meeting List with NKHS Representation.

Community Partner Meeting	NKHS Representation
Emergency Housing	Marcia Stricker
One Care Vermont	Marcia Stricker and Kim Richard
Adult Local Interagency Team	Sharon Bengston
RISC- Newport	Tonya Davis
St. J Housing Committee	Noreen Shapiro-Berry
Community Partners meeting	Josh Burke
DART 2.0 (trt)	Jane Bullock
Resource Team St. J	Vicky Whitehill
Resource Team Newport	Janet Monette
NEK Opioid Response Consortium	Laura Nelson and Ruth Marquette
Passumpsic Terrace	Marcia Stricker
Core Team Meeting	Kim Richard
Transition Reentry Meeting	Sharon Bengston
Integrated Care Team	Tonya Davis
Truancy Taskforce	Noreen Shapiro-Berry
LIT Meeting North	Vicky Whitehill
Vermont Suicide Prevention Coalition	Terri Lavelly and Ruth Marquette
FIRST meeting	Laura Nelson
ACO Newport	Marcia Stricker and Kim Richard
ACO Community Partners Meeting	Denis Houle
One Emergency Response Team (schools/covid)	Noreen Shapiro-Berry
LIT Meeting South	Vicky Whitehill
Caledonia/S. Essex CoC	Josh Burke, Noreen Shapiro-Berry
Blueprint	Marcia Stricker (state)
DART- intervention meeting	Tonya Davis
Children's Standing Committee	Vicky Whitehill and Noreen Shapiro-Berry
NVRH-CHT	Jenn Heroux-Bachand
CIS Steering Committee	Vicky Whitehill
Adult Standing Committee	Josh Burke
SA Standing Committee	Sharon Bengston and Gary Mitchell
DS Standing Committee	Sharon Ryan
Care Navigator User Group	Kim Richard

Community Partner Meeting	NKHS Representation
Joint Core Team Meeting	Kim Richard
Child Advocacy Center MDT meeting (Newport and St. J)	Vicky Whitehill
Child Protection	Vicky Whitehill
SMART team	TBD
ACT team	TBD
Family Treatment Court	Dena Sargent
Community Partner Relapse Housing Group	Ruth Marquette

Attachment A

Training for DMH Employees

Relias was purchased under a 5-year contract with intent to continue renewing subsequent contracts and will be instrumental in deploying and tracking mandatory agency trainings such as New Employee Orientation, Onboarding, Compliance, and for staff that require CEUs to maintain licensure requirements. It will also be used to upload all policies where staff will be able to access and also attest to their review of them.

Since the implementation of Relias in April of 2020, 404 employees have been assigned a Relias account. They immediately have access to over 1000 mental, behavioral, SUD, and IDDS training courses as well as professional skill building modules. Staff that provide DMH services have completed 721 hours in the Relias program from April to December of 2020.

Over the next several months, as defined in the corrective action plan, the Director of Quality will continue working with Directors, Program Managers, and Direct Service Providers to finalize a comprehensive training plan for each department. In addition, the Director of Quality, HR Director, Compliance Officer, and others as identified will work to create a more robust onboarding process. Much work has already been put into this task with the development of training plans and new employee orientation modules. Below is a list of modules currently created (or in development as denoted with an asterisk*).

Mandatory Agency On-Boarding:

Face to face Orientation (Zoom) 2 hours

- CEO/President overview
- In depth Program Overviews
- Person Centered Planning
- Mental Health Statistics
- Safety Policies
- Dress Code Policies
- IT Policies
- Cell Phone Use polices

Working Bridges Policies

HIPAA

EAP

NKHS initiatives (Rocking Horse, Zero Suicide, group therapies, Health and Wellness etc.)

Safety and Security Coding

Agency Orientation: Relias 4.25 hours and Face to Face 4 hours within 30 days

Sexual Harassment for Employees

Blood borne Pathogens and Standard Precautions

REL-PAC-0-BPSP

Corporate Compliance and Ethics

Boundaries

Effective Communication

Bullying on The Job

Cultural Competence

HIPAA Training Plan inclusive of 42 CFR Part 2 (Relias 1.25 Hours)

VOSHA

All new employees receive an in-person EMR/MIS-orientation and utilization this will be revamped and evaluated to ensure department level training is also appropriate.

Additional Agency Trainings:

Social Security Representative Payee

Gaming and Addiction

Therapeutic Options

QPR Gatekeeper (Zero Suicide, Question Persuade, Refer)

Leadership Connection Series (quarterly training across departments for management/team leaders)

Corporate Compliance

Deficit Reduction Act

New Supervisor Orientation (in development in HR)

Program Specific Curriculums: NKHS is working on identifying and developing curriculum for each program area. Below is a list of courses that have been vetted by clinical directors and program managers to incorporate into their department curriculum.

Annual Behavioral Health Training Plan:

Active Shooter 2.0

Wellness and Recovery

Behavioral Health Services and the LGBTQ+ Community

Client/Patient Rights

Cultural Competence

Confidentiality and Professional Ethics (inclusive of 42 CFR Part 2 and HIPPA)

Customer Service

Employee Wellness - Stress Management

Employee Wellness - Work-Life Balance

Encouraging Team Communication and Collaboration

NKHS Supplemental Documents

Guidelines for Effective Documentation
Harassment in the Workplace
Sexual Harassment for Employees
HIPAA and Behavioral Health
HIPAA Do's and Don'ts: Electronic Communication and Social Media
Assessing Opioid Abuse in Families
Employee Wellness - Time Management
Importance of Self-Care for Frontline Professionals
Substance Use and Misuse in the Family
Employee Wellness - Time Management
Best Practices in Suicide Screening and Assessment
Importance of Self-Care for Frontline Professionals
Crisis Management
Preparing for Crisis Situations
Understanding and Treating Borderline Personality Disorder
Non-suicidal Self-Injury in Children, Adolescents, and Young Adults
Domestic and Intimate Partner Violence
Assessing Substance Use Disorder in Older Adults
Legal and Ethical Standards of Care in Behavioral Health
Person-First Language
Person-Centered Planning in Behavioral Health
Safety in the Field
Therapeutic Boundaries
Working More Effectively with the LGBTQ+ Community
Working with Difficult People
Workplace Hazards and Safety
Workplace Violence
Writing Progress Notes 101
Writing an IPC*
Treatment planning, collaboration and referral*
Effective use of screening tools- Cage-AID, PTSD-5, PHQ-9, CSSRS*
Psycho-Social Assessment*
*to be developed

Access to Relias will become available to the Board of Directors. Examples of courses to be uploaded into the portal include:

- not-for-profit governance
- critical success factors for board performance
- policies and procedures
- building a multicultural care environment
- NKHS custom trainings
- onboarding to the agency for new Board members.

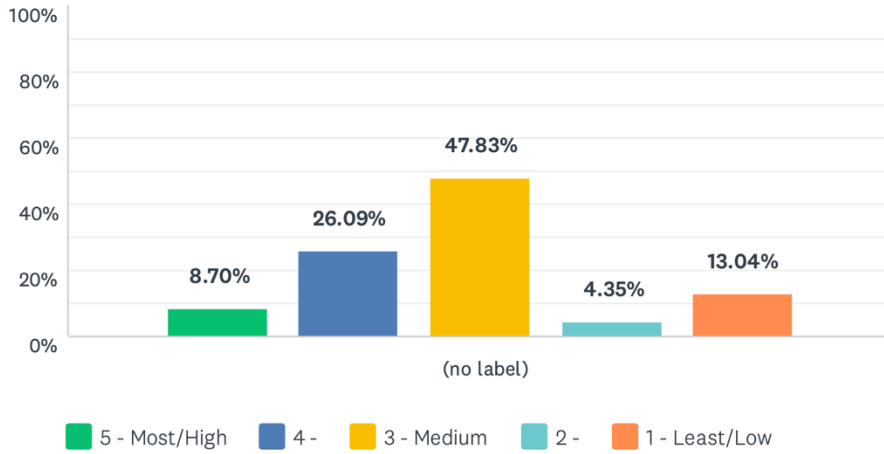
Attachment B- Leadership Connection Series Feedback from first workshop.

Leadership Connection Series

SurveyMonkey

Q1 Your knowledge of the subject prior to the presentation:

Answered: 23 Skipped: 0

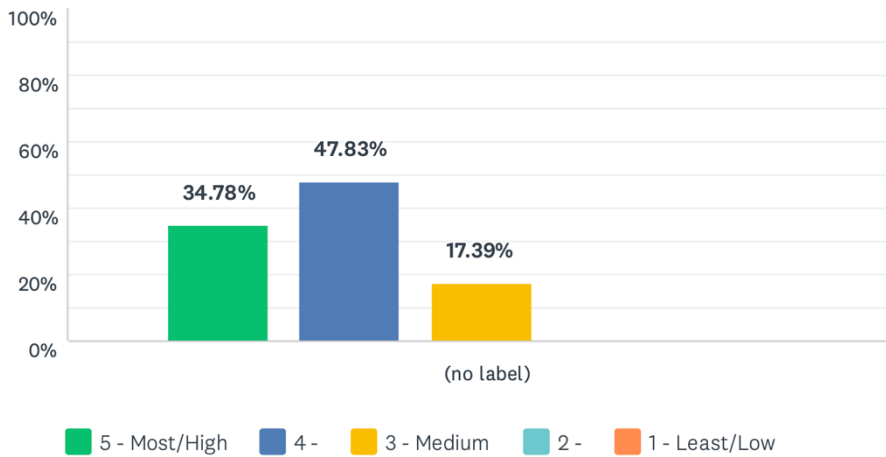


Leadership Connection Series

SurveyMonkey

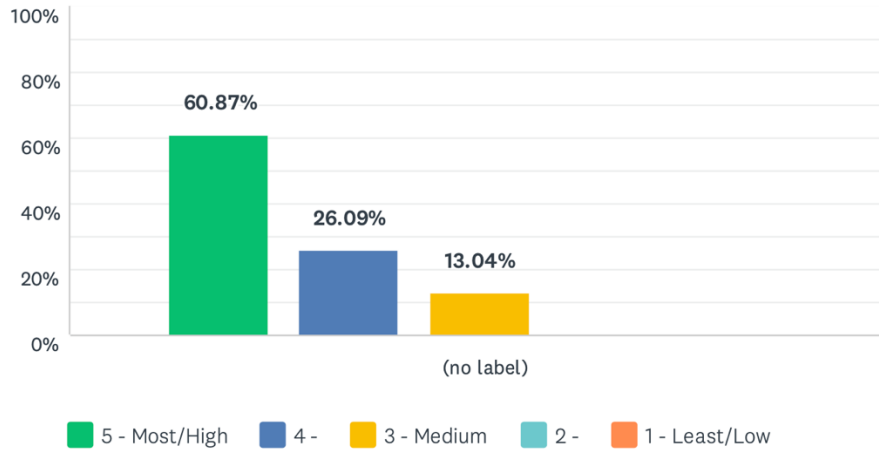
Q2 Your knowledge of the subject after the presentation:

Answered: 23 Skipped: 0



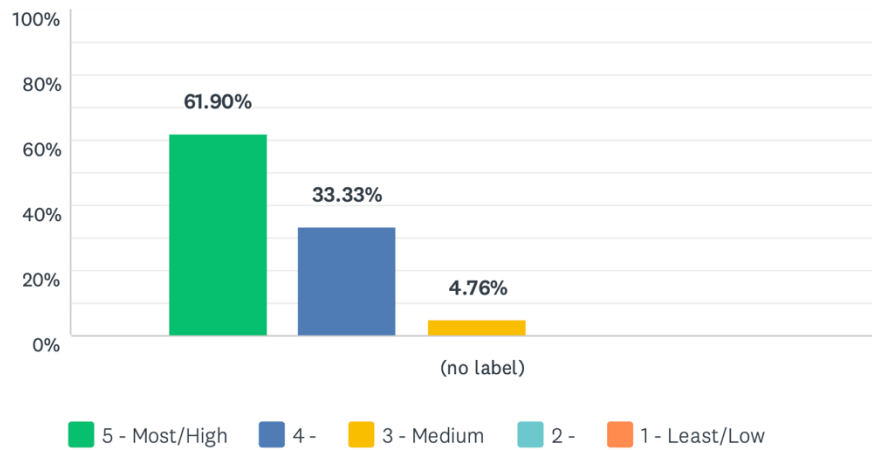
Q3 Relevance of the material to your current position:

Answered: 23 Skipped: 0



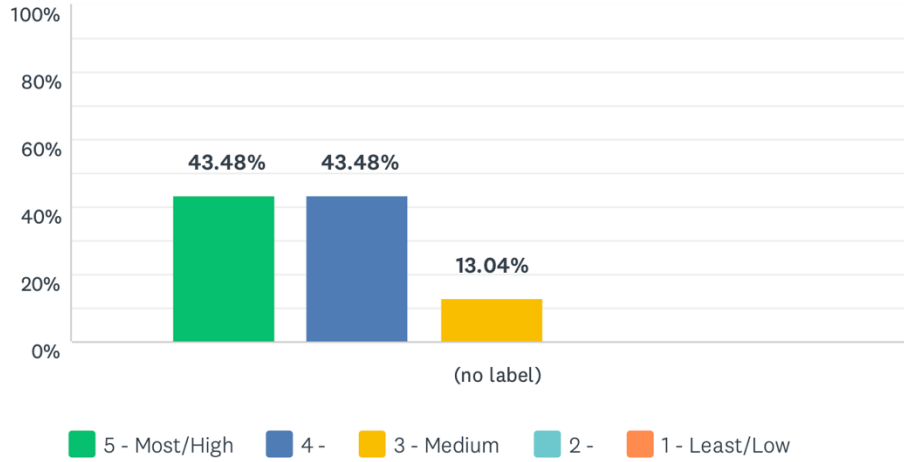
Q4 Presenter's knowledge of the subject:

Answered: 21 Skipped: 2



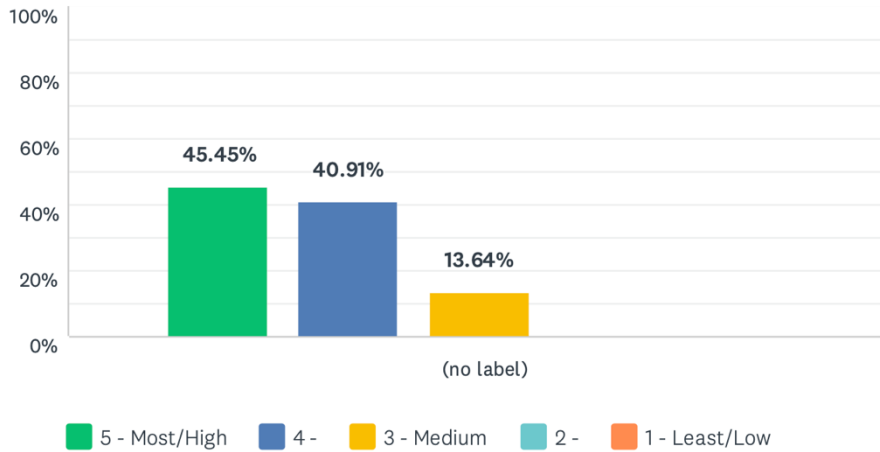
Q5 Presenter's ability to relate to the group:

Answered: 23 Skipped: 0



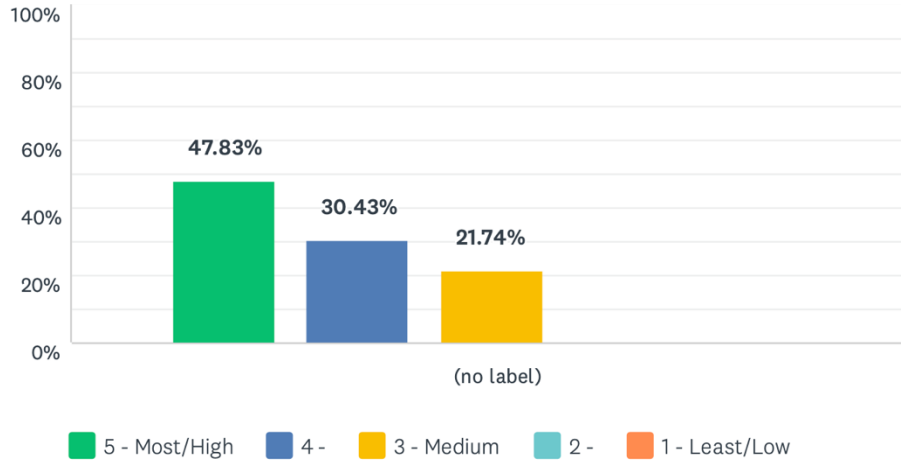
Q6 Presenter's ability to respond to questions:

Answered: 22 Skipped: 1



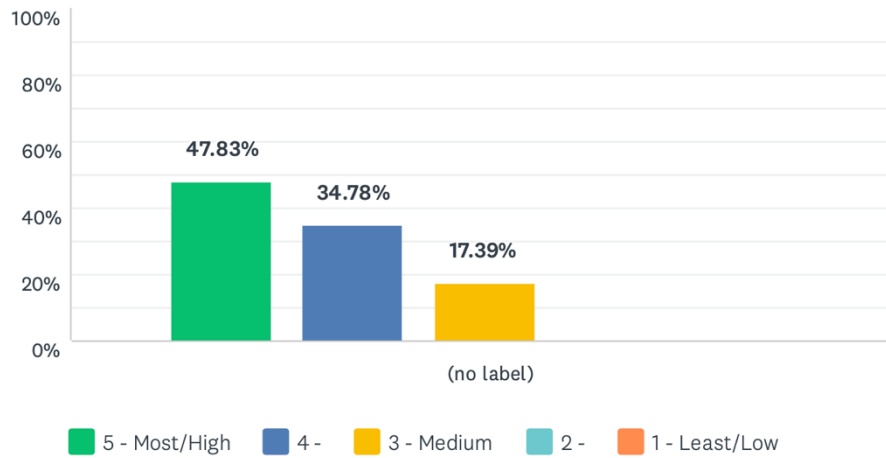
Q7 The effectiveness of the Presenter's style:

Answered: 23 Skipped: 0



Q8 The overall effectiveness of the presentation:

Answered: 23 Skipped: 0



Q9 Identify the strengths of the program.

Answered: 17 Skipped: 6

#	RESPONSES	DATE
1	It highlighted the issues	10/9/2020 12:48 PM
2	The pillars of excellence are a solid and easily understandable system of goals that relate to our work.	10/9/2020 9:09 AM
3	I feel the program addressed subject matter on how we can improve as an agency in order for the community to feel this would be a great place to work is very important!!	10/8/2020 5:29 PM
4	The program offered tangible advice on how best to lead and was relevant to the current pandemic circumstances.	10/8/2020 4:48 PM
5	The pace was good. Break outs were helpful. Content was good and relevant	10/8/2020 4:20 PM
6	great information and insight as well as suggestions	10/8/2020 4:16 PM
7	While I was not impressed with the speaker in the video that was embedded in the presentation, there was some good information.	10/5/2020 2:49 PM
8	The material provided was extremely relevant to our current culture in that we have to be present for our supervisees even if we do not always have the answers. This presentation was able to highlight the struggles of being a supervisor in the current environment while also allowing for leaders to not necessarily know all the answers.	10/2/2020 7:37 AM
9	I thought the break out groups were helpful...giving us the opportunity to connect and discuss agency opportunists for improvement in a facilitated environment is a good idea and hopefully will create more buy-in from staff.	10/1/2020 7:28 AM
10	It was a good first session to bring leadership together. Having an outside facilitator helped.	9/30/2020 5:19 PM
11	This was a good start for moving our leadership team forward together. I really enjoyed the video with Andy Stanley.	9/30/2020 3:06 PM
12	Identifying ways to communicate with our staff more efficiently during these changing times.	9/30/2020 2:12 PM
13	relevant information	9/30/2020 1:41 PM
14	Enabling people to be leaders at any level of the organization.	9/30/2020 1:09 PM
15	The program offers ideas and support to leaders/managers and enables sharing of knowledge from many capable voices.	9/30/2020 12:57 PM
16	none really	9/30/2020 12:08 PM
17	The video was the best part. Break out sessions were good too.	9/30/2020 11:59 AM

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Q10 Identify the areas of the program that need improvement.

Answered: 16 Skipped: 7

#	RESPONSES	DATE
1	How the issues will be addressed	10/9/2020 12:48 PM
2	While I appreciate the group activity and discussing topics with others outside of our normal realm, I found it hard to relate to someone who has been working from home doing Zoom meetings since March when others in the group have been working hands on in the community and homes since March.	10/9/2020 10:10 AM
3	We need to look deeper at the need for leaders to have more time to think creatively.	10/9/2020 9:09 AM
4	I feel more discussion on how to improve the moral of the current employees and how to keep moral of new employees high will be helpful.	10/8/2020 5:29 PM
5	The program taught us how to lead in an abstract way. I wonder if we can be shown concrete ways to bring agency-wide ideas to fruition from lower level leadership positions, without crossing professional boundaries. For example, if a supervisor has an idea to change the way an agency-wide system works, who do they go to? Do they go right to Tomasz? Is that overstepping? What are the appropriate paths that we should take? Should we go to our immediate supervisors and send the idea up the chain of command? It seems the culture has been that ideas and change come from upper-level leadership and not the other way around. How can we influence change from a lower level position? Concrete vs. abstract information would be more useful in my opinion.	10/8/2020 4:48 PM
6	None I can think of	10/8/2020 4:20 PM
7	None that I can think of	10/8/2020 4:16 PM
8	In house speaker need to be more comfortable with the platform. We all work together...relax.	10/5/2020 2:49 PM
9	N/A	10/2/2020 7:37 AM
10	Getting the training information out to staff prior to the training. We received the information after 5pm the night before the training. This gave us no time to review or for some to print out to have for the training.	9/30/2020 5:19 PM
11	As we move forward with a new Strategic Plan, I think it will be important to bring this team on board truly understanding and embracing the mission of this plan. Any time we spend on this will be a good investment.	9/30/2020 3:06 PM
12	For the first run on zoom I felt it went very well.	9/30/2020 2:12 PM
13	presentation style, more interactive if possible given the current situation of this pandemic	9/30/2020 1:41 PM
14	Being Remote through zoom makes personal interaction tough, but this was better than no leadership meeting.	9/30/2020 1:09 PM
15	I was skeptical of the zoom format at first, but found it to be almost beneficial. It seems easier to share your ideas via zoom rather than in one room with a large audience.	9/30/2020 12:57 PM
16	The first half of the training was 'dry' and monotone. It would be nice if speakers were more engaging. It felt like a lecture.	9/30/2020 11:59 AM

Attachment C-Exit Interview Form for Employees separating from NKHS

Exit interview form

We appreciate you taking a few minutes to answer the following questions. Please be as honest as possible. While we may share some of this information with management, individual responses will remain confidential to the Human Resources department, and will not be held against you.

<hr/>		<hr/>	
Employee name		Date	
<hr/>		<hr/>	
Date of hire		Last date of employment	
<hr/>		<hr/>	
Job title		Department	

01 Please rate your direct supervisor on the following

	Excellent	Good	Fair	Poor
Clearly communicated expectations				
Held weekly or biweekly 1:1 meetings to discuss my projects and work				
Provided consistent and regular feedback about my work				
Provided leadership, guidance and motivation to the entire team				

For any items not marked "Excellent," please explain why:

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02 Please rate the company’s benefits, perks and workplace experience

	Excellent	Good	Fair	Poor
Healthcare, dental and vision insurance coverage				
Life insurance				
401(k) plan				
Flexibility and work-life balance				
PTO policy (including vacation, sick days and paid holidays)				
Workspace and equipment				
Company-sponsored events				

For any items not marked “Excellent,” please explain why:

03 Please rate the company’s benefits, perks and workplace experience

	Agree	Agree Somewhat	Disagree
The job description provided an accurate representation of the duties your role entailed			
I feel I was well-trained and set up for success			
I feel my compensation was fair for my role and responsibilities			
I was provided opportunities for advancement throughout my employment			
My role and responsibilities changed dramatically throughout my employment			
My role allowed me to apply my best skills and use of my greatest strengths			

For any items not marked “Agree,” please explain why:

NKHS Supplemental Documents

04 Please rate the company on the following

	Excellent	Good	Fair	Poor
Communication with employees regarding updates and changes				
Communication with employees regarding internal opportunities				
Communication of company mission, vision and objectives				
Cross-department communication, collaboration and cooperation				
PTO policy (including vacation, sick days and paid holidays)				
Communicating and upholding company culture				

For any items not marked "Excellent," please explain why:

05 Please rate the following statements as true or false

	True	False
I would consider returning to the organization in the future		
I would feel comfortable referring someone else to work here		

06 Why are you choosing to leave the company?

07 Is there anything we could have done that would have changed your decision to leave?

08 Other feedback (optional)



Thank you for your time!

We wish you the best of luck in your future endeavors.

Attachment D: Email from webmaster confirming communication about the grievance policy being available on the NKHS website.

Colleen Bosse

From: [REDACTED]
Sent: Monday, December 21, 2020 7:34 PM
To: Colleen Bosse
Subject: Re: confirm information

I received the initial grievance policy from NKHS on 11/15/2019 and it was posted and available to the public that day. Hope that helps.

On Mon, Dec 21, 2020 at 7:17 PM Colleen Bosse <CBosse@nkhs.net> wrote:

Hi Jared,

Can you confirm for me (approximately) approximately when NKHS added the grievance information to the website? My records indicate it may have been in November of 2019. I know we also had a brief period when the information “disappeared” when you moved the policies to the portal. We corrected that as soon as it was discovered.

Thanks for any insight you might offer.

Colleen

Colleen Bosse

Executive Office Administrator and Assistant to the President & CEO

Northeast Kingdom Human Services, Inc.

P.O. Box 724

Derby, VT 05855

334-7451, ext. 2376