2024 DATA QUALITY MONITORING PLAN ANNUAL UPDATE

DBHDS Progress Toward Data Source and Data Source System Enhancement

Table of Contents

Executive Summary

The Department of Behavioral Health and Developmental Services (DBHDS) continues to demonstrate its commitment to ensuring its ability to ensure that its data sources and data source systems produce valid and reliable data. As noted in the SFY23 *Data Quality Monitoring Plan* (DQMP), data source and data source system assessment is but one piece of a comprehensive process. This process includes the assessment process as well as the following steps:

- Measure validation which serves to ensure that all measures used as part of the DBHDS Developmental Disabilities (DD) Quality Management System (QMS) meet established specifications
- Data process documents which serve to document data origination, management and use, business area ownership, and data quality concerns and mitigating strategies employed to address them (for all datasets used to assess data, as part of the DD QMS).
- Data attestations that serve to attest to data source and data source system ability to produce valid and reliable data, with appropriate mitigation strategies.

The DQMP *Annual Update* is intended to focus on progress toward addressing the outcome of the SFY23 assessment, a few other items of note have been included. Virginia Crisis Connect (VCC) was assessed in SFY24; its progress has been included to draw a connection between the REACH datastore and VCC, as the REACH data store is transitioning to VCC in October 2024. OLIS was assessed in SFY20; its progress has been included to draw a connection between OLIS and CONNECT, as OLIS transitioned to CONNECT in SFY22. Although the PAIRS data source system is no longer used to assert compliance with the DOJ SA, it has been included because it was assessed in SFY23.

This document details DBHDS progress toward addressing Office of Clinical and Quality Management (OCQM) reviewer data quality concerns identified through the SFY23 assessment process. It is important to note that this document does not serve as an assessment of the activities performed to date but serves to chronical all of the important work completed by DBHDS business/program area and information technology personnel, the work planned for execution, and strategies employed to address data quality concerns where additional system enhancements require a bit more time to address or where system replacement is needed (for additional information regarding how DBHDS addresses needs for system enhancement or replacement, please review data process documents and associated data attestations for related dataset used to assert data validity and reliability.

An overview of findings and progress toward addressing those findings has been provided below, in the form of tables and charts. Findings from the SFY23 DQMP fall into the following data quality categories: backend structure, data validation, key documentation, manual data processing, training, and user interface. These data quality categories are defined in Table 1.

Table 1

DQ Category	Description
Backend Structure	Processes for creating the structure and logic that receives requests from users and return the appropriate data back to the user
Data Validation	The process, activities and mechanisms used to ensure data accuracy and consistent application of business rules, resulting in quality data. It includes building checks into a data source or data source system, process or report to ensure the logical consistency of input, stored data, and output.
Key Documentation	Written documentation that is created, managed, and maintained that records data source and data source system essential processes related procedures for data inputs, outputs, and data ownership.

	These documents may include but are not limited to data dictionaries, process maps, business rules, standard operating procedures (SOP), business glossaries, data governance and data ownership.
Manual Data Processing	When a data entry, data cleaning, or data reporting is completed via a manual process.
Training	Activity implementation or document development designed to educate the user, business area, and other stakeholders on processes, procedures or protocols.
User Interface	The interactivity, design (look, usability and intuitive nature) of the data source or data source system while using the system. These may include user ability to input information or get it out of the system, use of navigational components used to move through each area of the system, informational components designed to understand system constraints and the interconnectedness of areas within the system for actions such as pre or auto population when the same information is needed in various areas of the system.

In SFY23, there were 10 data sources and data source systems assessed (including 4 new modules and two single data source systems). In Table 2 below, a brief synopsis of findings per category, per data source or data source system has been provided. For more specific details regarding findings per data source and data source system, please review the respective data source and data source system assessments completed by OCQM personnel or OCQM data system analyst consultants.
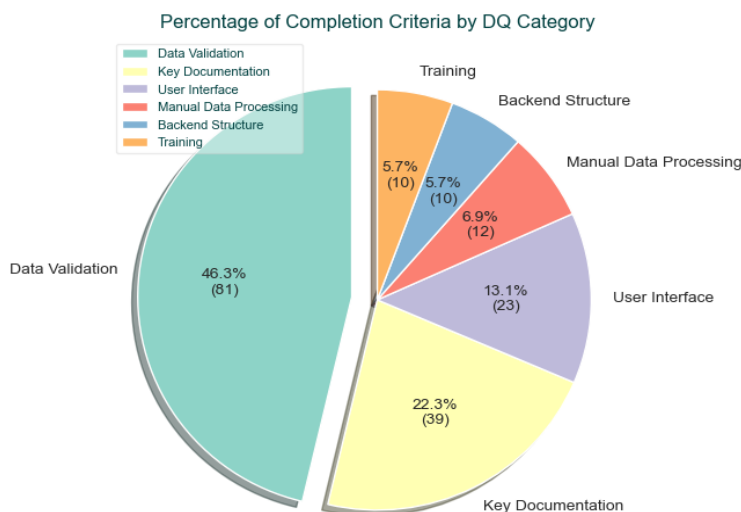
Table 2

Source System	DQ Category(-ies)	Replacement Status
Avatar	Key Documentation, Training, Data Validation (N=3)	Planned Replacement
Consolidated Employment Spreadsheet (CES)	Key Documentation, Training, Data Validation, User Interface, Backend Structure, Manual Data Processing (N=6)	N/A
CHRIS-Human Rights (HR)	Data Validation (N=1)	Planned Replacement
CHRIS-Serious Incident Report (SIR)	Data Validation (N=1)	Planned Replacement
Children in Nursing Facilities (CNF) Spreadsheet	Backend Structure, Key Documentation, Data Validation, User Interface, Manual Data Processing (N=5)	N/A
CONNECT	Backend Structure, User Interface, Key Documentation, Data Validation, Training (N=5)	Complete
WaMS Customized Rate Module	Manual Data Processing, User Interface, Key Documentation, Data Validation, Training (N=5)	N/A
WaMS Individual and Family Support Program (IFSP) Module	Data Validation, Manual Data Processing (N=2)	Complete
Office of Licensing Information System (OLIS)	Data Validation, Manual Data Processing, Training (N=3)	Replaced by Connect
Protection and Advocacy Incident Reporting System (Pairs)	Data Validation, Key Documentation, Manual Data Processing, Backend Structure, Training (N=5)	Planned Replacement
Regional Educational Assessment Crisis Habilitation (REACH)	Data Validation, User Interface, Key Documentation (N=3)	In transition to Crisis Data Platform (VCC)
WaMS Regional Support Team (RST) Module	Key Documentation, Training, Data Validation, User Interface, Manual Data Processing (N=5)	Complete
Support Coordinator Quality Review (SCQR)	Key Documentation (N=1)	N/A

Virginia Crisis Connect (VCC)	Data Validation, Key Documentation, Manual Data Processing, User Interface (N=4)	TBD
Waiver Management System (WaMS) Individual Support Plan (ISP) proper	Data Validation, User Interface, Key Documentation (N=3)	N/A
WaMS Waitlist Module	Key Documentation, Data Validation, Training (N=3)	N/A

Data Source and Data Source System Assessment Results

Data source system and data source assessments result in the identification of data quality concerns, overarching recommendations for quality improvement, and completion criteria (actions to be taken to address data source and data source system data validity and reliability concerns). In figure 1 below, the percentage of completion criteria is depicted by data quality category. In SFY23/24, the top three greatest areas of need identified fell into the data validation, key documentation, and user interface DQ categories.

Figure 1

Percentage of Completion Criteria by DQ Category

- Data Validation
- Key Documentation
- User Interface
- Manual Data Processing
- Backend Structure
- Training

Data Validation 46.3% (81)
Key Documentation 22.3% (39)
User Interface 13.1% (23)
Manual Data Processing 6.9% (12)
Backend Structure 5.7% (10)
Training 5.7% (10)

In Table 3, below, progress related to data source system and data source assessment, by DQ category, is broken down by overarching recommendation and completion criteria noted in SFY24 assessments as well as progress noted by the business/program area as part of the SFY25 Annual Update cycle.

Table 3

Totals by DQ Recommendation Categories

DQ Category	DQ Recommendations			Completion Criteria			Annual Update on Internal Progress		
	Recs	Met Recs	% Met Recs	Criteria	Met	% Met Criteria	Completed	In Progress	% Completed
User Interface	14	6	43%	23	6	26%	9	14	53%
Data Validation	39	14	36%	81	16	20%	35	46	54%
Key Documentation	23	8	35%	39	8	21%	14	25	45%
Manual Data Processing	8	2	25%	12	2	17%	8	4	80%
Training	8	2	25%	10	2	20%	3	7	38%
Backend Structure	6	1	17%	10	1	10%	7	3	78%
Total	98	33	34%	175	35	20%	76	99	43%

Overall Progress and Updates for All Sources and Data Sources Systems

This section of the report further details overall agency progress with the DQ recommendations. This information is presented in two sections to display relevant information for:

- Systems that have received a follow-up assessment in addition to their initial assessment and where recommendations were made; and
- Systems that have only received an initial assessment and no subsequent follow-up assessment.

For data source systems and data sources with initial and follow-up assessments, table 4 summarizes the number of overarching recommendations and related completion criteria that have been determined to be 'Met' by the OCQM consultant in SFY24, as well as progress toward meeting recommendations and completion criteria remaining unmet (based on business/program area report.

Table 4

Totals by Source System (2+ Assessments)
Data is from the most recent assessments.

System	OCQM/DQV Assessments		DQ Recommendations			Completion Criteria			Annual Update on Internal Progress		
	Assessments	Last Eval	Recs	Met Recs	% Met	Criteria	Met	% Met CC	Complete	In Progress	% Complete
REACH	2	9/1/2023	4	1	25%	9	2	22%	2	7	22%
PAIRS	2	8/31/2023	4	0	0%	16	0	0%	0	16	0%
CES	3	8/24/2023	9	9	100%	17	17	100%	17	0	100%
CHRIS-HR	2	8/24/2023	5	0	0%	9	0	33%	3	6	33%
CHRIS-SIR	2	8/24/2023	4	0	0%	7	0	29%	2	5	29%
IFSP	2	8/17/2023	3	2	67%	3	2	67%	2	1	67%
Avatar	3	8/4/2023	6	3	50%	14	6	50%	7	7	50%
WaMS	3	8/4/2023	9	2	22%	20	5	25%	5	15	25%
CNF	2	7/18/2023	8	4	50%	18	12	78%	14	4	78%
Total	21	9/1/2023	51	21	41%	112	44	39%	52	61	46%

Table 5 summarizes information related to data source systems, data sources or data source system modules with only one assessment. It is important to note that these systems will not have any 'Met' recommendations or completion criteria either because the data source or data source system was determined to have "met" all assessment recommendations and completion criteria or the data source or data source system does not come due for reassessment until SFY26/27. These data source systems and data sources will however have internal (DBHDS) action plans and progress updates presented in this report.

Table 5

Totals by Source System (One Assessment)
Data is from the most recent assessments.

System	OCQM/DQV Assessments		DQ Recommendations		Annual Update on Internal Progress		
	Assessments	Last Eval	Recs	Criteria	Complete	In Progress	% Complete
VCC	1	2/8/2024	6	14	7	7	50%
CR	1	8/17/2023	5	14	5	9	36%
RST	1	8/16/2023	6	12	0	12	0%
Waitlist	1	8/15/2023	3	8	2	6	25%
CONNECT	1	7/18/2023	8	23	18	5	78%
SCQR	1	6/29/2023	1	1	1	0	100%
OLIS	1	6/1/2019	4	4	0	4	0%
Total	7	2/8/2024	34	77	33	43	43%

The next section of this document provides detailed information including:

- Recommendations (in their entirety) deemed to be complete, as of the SFY23 assessment completion
- Recommendations with some but not all completion criteria deemed to be complete as of the SFY23 assessment completion
- Recommendations where none of the completion criteria were deemed to be complete
- Detail regrading a recap of the completion criteria, its status and action plans, updates, and future plans (provided by the business/program area).

DBHDS Business Owner Action Plans & Updates (by Data Source and Data Source System)

Avatar

There are a total of six recommendations for data quality improvement that have been made for the Avatar data source system. The bar graphs below depict progress as assessed by OCQM assessors (left) in SFY23 and progress since the assessment, as reported by the business/program annual update (July 2024).

Criteria Statuses (per recommendation) for the Avatar source system.
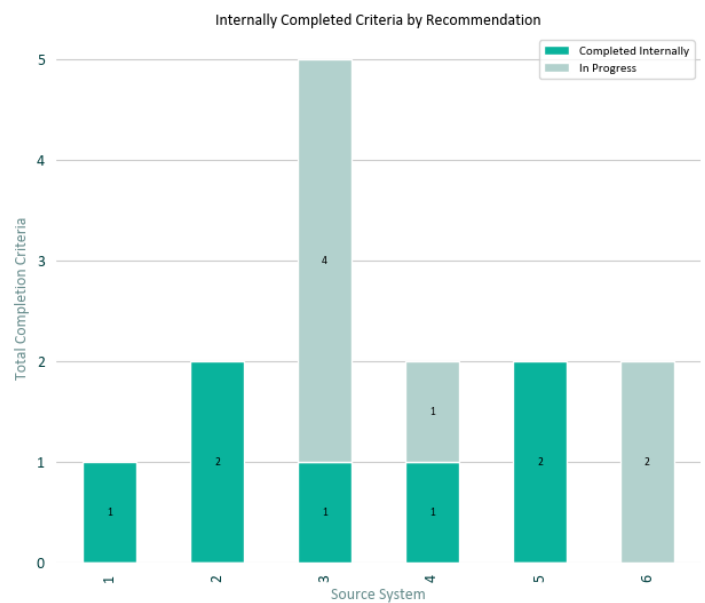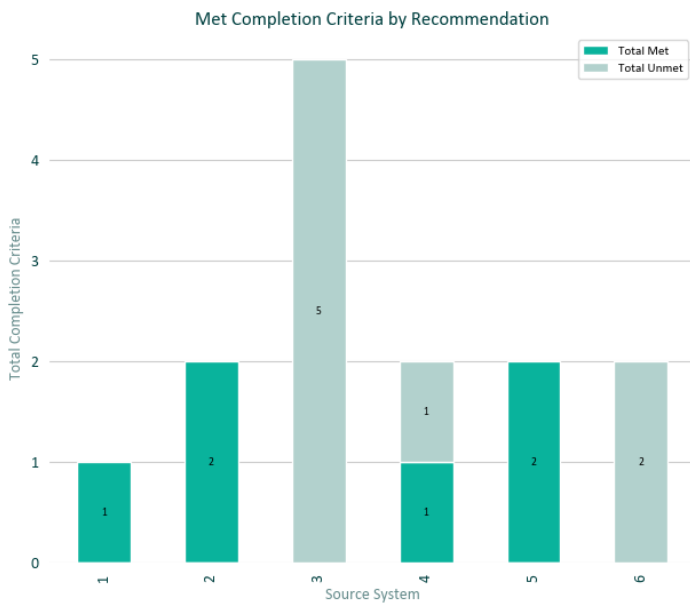
Recommendations With All Completion Criteria Met
- Recommendation #1: Establish and document standard data entry requirements across facilities
- Recommendation #2: Establish a process by which each new user is oriented to the Avatar Source System

Recommendations With Completion Criteria Work Still in Progress
- Recommendation #3: Implement effective data entry validation controls on the source system.

- o There are a total of five completion criteria in this recommendation Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation #3 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Data Validation **Last Assessment Date:** 8/4/2023 **Current Status:** In progress **Estimated Completion Date:** To be determined (TBD) **Description:** Numeric fields (should) only accept numeric responses.	SFY24 Annual Update on Action Items Taken To Date: • DBHDS followed up with Netsmart Avatar system vendor) via a ticket on 8/31/2023 and were told they have no new information to provide, therefore military service data continues to be monitored by DBHDS IT and corrected by facility staff as necessary. DBHDS IT added *Help* text associated with the military service fields on the admission form. Future and Ongoing Action Steps: • The monitoring report will be run and sent to facilities quarterly to address any incorrect encounters identified. • This innovation request is still under consideration, as indicated in the Netsmart portal; an innovation will be resubmitted to Netsmart.
Criterion #: 2 **DQ Category:** Data Validation **Last Assessment Date:** 8/4/2023 **Current Status:** In progress **Estimated Completion Date:** TBD **Description:** Time fields, such as those related to admission, (should) only accept times that align with the business rules and standards set for that field. For example, a date field that is meant to record the date that an event occurred should not accept future dates.	SFY24 Annual Update on Action Items Taken To Date*: • DBHDS has submitted an innovation request to Netsmart; it remains open but could be considered by Netsmart for development. • While monitoring the innovation request, DBHDS has subjected all facility admissions to weekly analysis over a period of many months to determine if the admission dates and times in the system and being sent to Millennium truly reflected the times the patient physically arrived. We are not seeing instance of future times entered. Future and Ongoing Action Steps: • Continue to track and report on the status of the Netsmart innovation request.
Criterion #: 3 **DQ Category:** Data Validation **Last Assessment Date:** 8/4/2023 **Current Status:** In progress **Estimated Completion Date:** TBD **Description:** Date fields (should) only accept dates that align with the business rules and standards set for that field.	SFY24 Annual Update on Action Items Taken To Date: • Followed up with Netsmart via a ticket on 8/31/2023 and were told they have no new information to provide, therefore military service data continues to be monitored by DBHDS IT and corrected by facility staff. • DBHDS IT added Help text associated with the military service fields on the admission form. • DBHDS IT added option to leave Military Service fields blank. • DBHDS has corrected Military date issues across all encounters. Future and Ongoing Action Steps*: • The monitoring report will be run and sent to facilities quarterly for any incorrect encounters identified. • This Innovation request is still under consideration as indicated in the Netsmart portal; an innovation will be resubmitted to Netsmart.
Criterion #: 4 **DQ Category:** Data Validation **Last Assessment Date:** 8/4/2023 **Current Status:** In progress	SFY24 Annual Update on Action Items Taken To Date: • This is not an issue as a dietician could be an M.D. and the credentialing field is not populated by DBHDS within the application. Resolved.

Estimated Completion Date: 6/25/2024
Description: The system (should) prevent the entry of incompatible responses (from occurring).
   a. Date fields for events that should occur within an encounter do not accept dates that fall outside of that encounter.
   b. Date fields that record a date in the patient's life do not permit dates prior to the patient's date of birth, or after their date of death.
   c. Fields with responses that are dependent upon data entered in another field do not permit responses that are incompatible with the response entered in the other field (e.g. "smoking status assessment" date should not be permitted to be entered if "smoking status assessment performed" response is "No".)
	• There are facility business practices to validate the defaulting data from the admission form to the discharge form for the data elements *Current Resident Code, Homeless Indicator,* and "Number Living in Household.
	
	Future and Ongoing Action Steps:
	• *Date of Death* and *Reason for Death* fields can be enabled in the application. DBHDS will perform testing by 12/1/24 to outline the pros and cons of enabling these fields in our application. Once the assessment is completed, the existing training material will be updated, and users will be notified and/or trained on the change.
	• DBHDS is in the process of developing training material to define requirements for data fields to be populated.
	• Once the RFP vendor has been chosen; as part of the implementation of a new system, expectations for these data fields will be outlined in training and training materials. This is an on-going effort.

Criterion #: 5
DQ Category: Data Validation
Last Assessment Date: 8/4/2023
Current Status: In progress
Estimated Completion Date: 6/25/2023
Description: Data validation controls (should be) implemented on fields meet the requirements of the business area.
   a. Phone Number fields allow for the entry of country codes, when necessary.
   b. Physical Address fields allow for the entry of different countries and states, when necessary.
   c. Physical Address towns/cities, counties, and states automatically populate with the entry of zip code information.
   d. Only valid city-state-zip code, combinations can be entered in all address fields.
   e. Values only auto-populate when deemed necessary by the business area.
	SFY24 Annual Update on Action Items Taken To Date*:
	• There are facility business practices to validate the defaulting data from the admission form to the discharge form for the data elements *Current Resident Code, Homeless Indicator,* and "Number Living in Household.
	• DBHDS has implemented and evaluated the address validation module and it does enable us to enter an address that is validated by the USPS tool as a viable mailing address. This alerts us to the fact that what we entered is not on the USPS lookup and asks if we want to keep what we entered, or if available, use the USPS-validated address.
	
	Future and Ongoing Action Steps:
	• DBHDS is in the process of developing training material to define requirements for data fields to be populated.
	• Once the RFP vendor has been chosen; as part of the implementation of a new system, expectations for these data fields will be outlined in training and training materials. This is an on-going effort.

Recommendation #4: Improve instructional labels for search fields and align search input requirements with field format.
There are a total of two completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including those that have been met and those that remain in progress; the most current action plans and progress updates from the DBHDS business/program area are included as well.

Recommendation #4 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Data Validation	

Last Assessment Date: 8/4/2023 **Current Status:** Met **Estimated Completion Date:** 8/4/2023 **Description:** Search fields (should) require special instructions to return results display the correct instructions.	Not applicable, as this criterion was previously classified as "Met."
Criterion #: 2 **DQ Category:** Data Validation **Last Assessment Date:** 8/4/2023 **Current Status:** In progress **Estimated Completion Date:** TBD **Description:** Formatting requirements for search field input text (should) match the format of the data selections for that field.	SFY24 Annual Update on Action Items Taken To Date: • An Innovation request was submitted to Netsmart. System replacement is scheduled to begin in November 2024. Future and Ongoing Action Steps: None reported • The innovation request will be considered for a future roadmap. • Continue tracking a pending RFP to replace the system which is expected to resolve this issue.

Recommendations With All Completion Criteria Met

• Recommendation #5: Ensure that there is no catastrophic loss of information due to over-reliance on the Avatar system administrator.

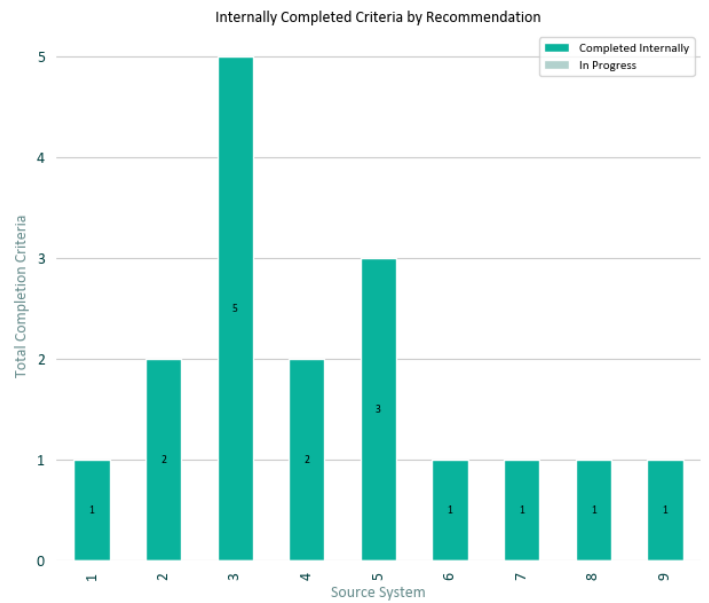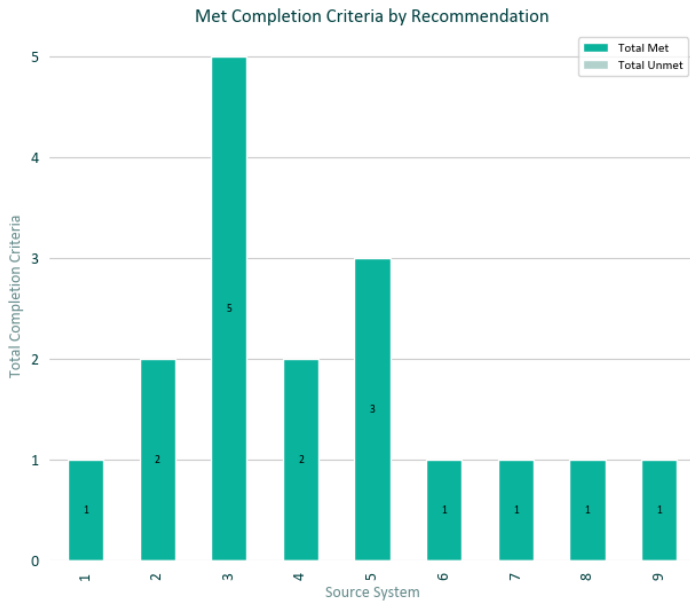### Recommendations With Completion Criteria Work Still in Progress

• Recommendation #6: Remove unused screens/data fields from Avatar forms.
  o There are a total of two completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation #6 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Data Validation **Last Assessment Date:** 8/4/2023 **Current Status:** In progress **Estimated Completion Date:** TBD **Description:** The business area has identified: a. Data fields and form sections that are functional but not currently in use by the agency, for all forms used by the agency. b. Data fields and form sections that are not functional and not currently in use by the agency, for all forms used by the agency.	SFY24 Annual Update on Action Items Taken To Date: None reported Future and Ongoing Action Steps: • Define training material needed to outline expectations for data fields to be populated. • Once the new vendor has been chosen as part of the implementation of a new system, expectations for these data fields will be outlined in training and training materials. Implementation is expected to begin in November, 2024, addressing this recommendation including reviewing fields to reduce any redundancies and unnecessary fields.
Criterion #: 2 **DQ Category:** Data Validation **Last Assessment Date:** 8/4/2023 **Current Status:** In progress **Estimated Completion Date:** TBD **Description:** Data fields and sections of forms that were identified as not currently in use by the agency (should be) removed.	SFY24 Annual Update on Action Items Taken To Date: None reported Future and Ongoing Action Steps: • DBHDS has developed and shared with users training material needed to outline expectations for data fields to be populated. • Once a new vendor has been chosen, as part of the implementation of a new system, expectations for these data fields will be outlined in training and training materials. Implementation is expected to begin in November 2024, addressing this recommendation.

Consolidated Employment Spreadsheet (CES)

There are a total of nine recommendations for data quality improvement that have been made for the CES source. The bar graphs below depict progress as assessed by OCQM assessors (left) in SFY23 and progress since the assessment, as reported by the business/program's annual update.

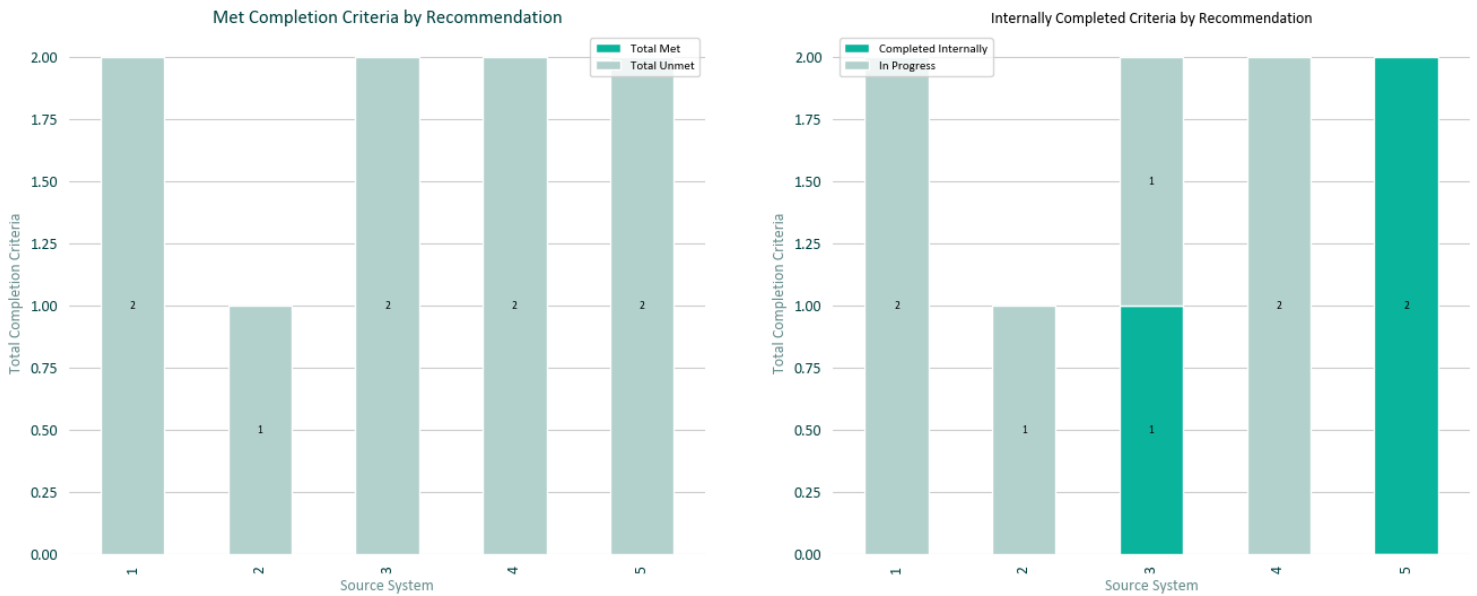Criteria Statuses (per recommendation) for the CES source system.

Recommendations With All Completion Criteria Met:

- Recommendation #1: Document all business rules used in the data cleaning process.
- Recommendation #2: Create and distribute detailed instructions for data entry to users responsible for data entry
- Recommendation #3: Implement effective data entry validation controls on the source system.
- Recommendation #4: Amend the source system to promote accurate data entry.
- Recommendation #5: Protect the underlying structure and format of the source system.
- Recommendation #6: Create a comprehensive process document for the data collection, data cleaning, and data loading processes.
- Recommendation #7: Develop and communicate business rules for exceptional circumstances to data entry.
- Recommendation #8: Automate Data Consolidation Process.
- Recommendation #9: Develop an automated process by which each record is assessed for uniqueness on an ongoing basis.

Computerized Human Rights Information System-Human Resources (CHRIS-HR)

There are a total of five recommendations for data quality improvement that have been made for the CHRIS-HR data source system. The bar graphs below depict progress as assessed by OCQM assessors (left) in SFY23 and progress since the assessment, as reported by the business/program's annual update. It should be noted that when CHRIS-HR underwent its re-review documentation from the RMRC Data Roadmap cleanup was not available to the system analyst resulting in some recommendations being left as unresolved. In an effort to assure that this does not occur in the future, DBHDS has consolidated all places where source system information is stored, has created a share point site for all recommendations and subsequent completion criterion to be reviewed and followed up on to ensure future system issue resolutions are not overlooked. The Director of Transition Network Supports reviews this information at least semi-annually to ensure recommendations are being addressed and documentation of this work is maintained and stored appropriately.

Criteria Statuses (per recommendation) for the CHRIS-HR source system.

Recommendation #1 (Data Quality Concern 1): Multiple profiles can be easily created for the same individual.

There are a total of two completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation #1 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Data Validation **Last Assessment Date:** 8/24/2023 **Current Status: Current Status:** In progress **Estimated Completion Date:** 12/30/2026 **Description:** Give each profile a distinct ID, create a system-generated unique ID that is truly unique across the platform.	SFY24 Annual Update on Action Items Taken To Date: None Reported Future and Ongoing Action Steps: • IT is engaged in a project to clean up-CHRIS data; as part of this process IT attempted to validate this issue and verified that it still exists • Updating requirements for incident system to facilitate the development of a new system. • Will issue RFI to identify potential incident management system solutions that may exist in marketplace, while

.

	also evaluating the feasibility of building an in-house solution.
	• IT is creating a master patient index that will assign a unique ID to each individual. This will occur through Enterprise Data Warehouse (EDW) and can be implemented before system replacement. Once this has been completed the program and IT will determine the feasibility of implementing in the existing system or waiting to include in the new system.
Criterion #: 2 **DQ Category:** Data Validation **Last Assessment Date:** 8/24/2023 **Current Status:** In progress **Estimated Completion Date:** 12/30/2026 **Description:** Add advanced business rules and data validation to ensure that duplicate profiles cannot be created.	<u>SFY24 Annual Update on Action Items Taken To Date:</u> • The location issue in which providers could enter a location as free text which could result in entering incorrect location was addressed as part of the CHRIS /RMRC Data Roadmap effort by only allowing the provider to select from locations that they are licensed for. • Providers logging into the system see a list of the services for which they are licensed. The providers first select the licensed service where the incident occurred; next they see a list of only those specific locations that are licensed under that service. Providers may select (but cannot modify) the location where the incident occurred. Please see the *RMRC Roadmap Progress*, item #8. <u>Future and Ongoing Action Steps:</u> • IT is engaged in a project to clean-up existing CHRIS data • Updating requirements for incident system; will be issuing an RFI to identify potential solutions that may exist in marketplace, while also evaluating the feasibility of building an in-house solution. • IT is creating a master patient index that will assign a unique ID to each individual. This will occur through the EDW. Once this has been completed the program and IT will determine the feasibility of implementing in the existing system or waiting to include in the new system

Recommendation #2 (Data Quality Concern 2): Multiple records/reports for the same case/incident can be created by hitting the save button more than once while the system is "thinking."

There is a total of one completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation #2 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Data Validation **Last Assessment Date:** 8/24/2023 **Current Status:** In progress **Estimated Completion Date:** 12/30/2026 **Description:** Implement validation and business rules that prevent the creation of duplicate records when the save button is pressed multiple times while the system is processing.	<u>SFY24 Annual Update on Action Items Taken To Date:</u> • Use of the *save* button generating multiple reports for the same incident is mitigated through ongoing review of reports by OHR advocates, in real-time. Duplicate cases are identified and removed so they are not included in data reporting. • As part of data clean-up effort IT attempted to validate this issue by clicking the save button when the CHRIS application is attempting to save to the CHRIS database.

	They were unable to replicate this issue and determined it does not exist anymore. Record was saved only one time and therefore would not allow for multiple saves. Clicked save multiple times attempting to save multiple records. Process would not allow for multiple saves in QA Test environment
	Future and Ongoing Action Steps:
	• Updating requirements for incident system to facilitate development of new system.
	• Will issue RFI to identify potential solutions that may exist in marketplace, while also evaluating feasibility of building in-house solution.
	• IT creating master patient index that will assign unique ID to each individual. This will occur through EDW. Once this has been completed the program and IT will determine the feasibility of implementing in the existing system or waiting to include in the new system.

Recommendation #3 (Data Quality Concern 3): Records (for individuals and for complaints/reports) can be overwritten easily due to lack of business rules and poor design.

There are a total of two completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation #3 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Data Validation **Last Assessment Date:** 8/24/2023 **Current Status:** In progress **Estimated Completion Date:** 8/18/2022 **Description:** Until the system can be replaced, add controls to individual fields (such as the location field) to help enhance the system's design.	SFY24 Annual Update on Action Items Taken To Date*: • The issue of overwriting records can occur when a provider was attempting to update an existing record and would inadvertently select the wrong record to update. This was occurring because when searching CHRIS for an individual, the system would pull up the individual, a table of previously reported incidents or abuse/neglect reports, and it would display the details of the most recently reported incident or abuse/neglect report. • Users seeking to enter a new a record would automatically begin to make changes on the visible record, not recognizing that they were making updates to an existing record. If the provider did not identify and correct this prior to saving the changes entered, the existing record was overwritten. • The system was changed to no longer display details of the most recent record. Instead, the user must select the specific case number/incident, or select "new", thus requiring them to be more deliberate about record updates and new reports. • As part of data clean-up effort IT attempted to validate this issue. They determined that: o Most required data elements for record creation withing the CHRIS application (UI)

	enforce a data formatting to be saved to the database.
	o There are a few exceptions. Example Data Entry for Address State will allow for any two characters for entry in the State field. Example VA can be entered as AW, DOB will allow for data entry of 01/01/1900. data entry for a consumer who is over 124 years old, zip code allows for invalid entries for the consumer record city. And free form text.
	<u>Future and Ongoing Action Steps</u>
	• Updating requirements for incident system; will issue RFI to identify potential solutions that may exist in marketplace, while also evaluating the feasibility of building an in-house solution.
	• Will determine if additional validation elements can be added while new system is being procured.
Criterion #: 2 **DQ Category:** Data Validation **Last Assessment Date:** 8/24/2023 **Current Status:** In progress **Estimated Completion Date:** 12/30/2026 **Description:** Develop clear field labels, helpful tooltips, and error messages to guide users towards accurate data entry.	<u>SFY24 Annual Update on Action Items Taken To Date:</u> • As noted in the 2023 assessment, users have access to on-line guides and training to assist with system navigation; this includes the Navigating CHRIS User Guide, a comprehensive set of directions to assist users with entering data. The Guide can be downloaded from the Help section in CHRIS. • In July 2023 several tooltips were added, to guide users towards more accurate data entry when additional subcategories of neglect were added; this included a brief description to help providers differentiate between the multiple options. • Also, to prevent loss of data on the *Investigation* tab, a reminder was added for providers to " Ensure that the accused staff person(s) name has been entered and saved on the Accusation tab. If the accused staff person(s) name (or unknown, if not known) is not entered and saved, you will be unable to save your investigation report and lose any data you enter on this tab." <u>Future and Ongoing Action Steps:</u> • DBHDS is updating requirements for the incident reporting system to facilitate development of a new system. • Will issue an RFI to identify potential solutions that may exist in the marketplace, while also evaluating the feasibility of building an in-house solution. • Further improvements will be addressed through new system development.

Recommendation #4 (Data Quality Concern 4): Abuse incidents and complaints can be entered for an individual after a death report has been entered.

There are a total of two completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation #4 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Data Validation **Last Assessment Date:** 8/24/2023 **Current Status:** In progress **Estimated Completion Date:** 6/30/2026 **Description:** Develop and enforce data validation rules that prevent the entry of abuse incidents and complaints for individuals who have a recorded death report. These rules should include checks to ensure that such entries are not allowed in the system.	SFY24 Annual Update on Action Items Taken To Date: • There are instances where an SIR or abuse/neglect report will be entered after an individual's death. This most often happens with abuse/neglect reports and occurs when apparent abuse or neglect is identified as part of the investigation into the death. In such cases, the provider is advised that they need to enter the alleged abuse/neglect into CHRIS and complete their investigation per 12VAC35-115-175. • Each abuse/neglect report is reviewed by a human rights advocate; incorrect entries are identified and corrected. These reviews have not identified issues with incident dates reported as occurring after an individual's death. Future and Ongoing Action Steps: • In the future enhanced functionality that prevents entry of an abuse date after a recorded date of death can be implemented once DBHDS has created master patient index that will assign unique ID to each individual. • DBHDS is updating requirements for the incident reporting system to facilitate development of a new system. • Will issue an RFI to identify potential solutions that may exist in the marketplace, while also evaluating the feasibility of building an in-house solution. • Further improvements will be addressed through new system development.
Criterion #: 2 **DQ Category:** Data Validation **Last Assessment Date:** 8/24/2023 **Current Status:** In progress **Estimated Completion Date:** 12/30/2026 **Description:** Implement real-time alerts or notifications for users attempting to enter abuse incidents or complaints for deceased individuals. These alerts should inform users that such entries are prohibited and provide guidance on the appropriate actions to take.	SFY24 Annual Update on Action Items Taken To Date: • There are instances where an SIR or abuse/neglect report will be entered after an individual's death. This most often happens with abuse/neglect reports and occurs when apparent abuse or neglect is identified as part of the investigation into the death. In such cases, the provider is advised that they need to enter the alleged abuse/neglect into CHRIS and complete their investigation per 12VAC35-115-175. • Each abuse/neglect report is reviewed by a human rights advocate; incorrect entries are identified and corrected. These reviews have not identified issues with incident dates reported as occurring after an individual's death. Future and Ongoing Action Steps: • Updating requirements for incident system to facilitate development of a new system.

.

	• Will issue RFI to identify potential solutions that may exist in marketplace, while also evaluating feasibility of building in-house solution.

Recommendation #5 (Data Quality Concern 5): Lack of Validation Controls

There are a total of two completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation #5 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Data Validation **Last Assessment Date:** 8/24/2023 **Current Status:** In progress **Estimated Completion Date:** 8/18/2022 **Description:** Information about how and why incidents occurred (should) not to be recorded in free-text boxes, to make aggregation for analysis feasible.	SFY24 Annual Update on Action Items Taken To Date: • Data on the types of abuse and neglect alleged and substantiated are recorded in pre-defined check boxes and dropdown lists. Additional categories of abuse types were added in February 2023 to improve data aggregation. Specific details of each abuse event are recorded in text fields to capture the full details of each event. This information is used for individual case follow-up and not aggregate reporting. • The specific validation control, related to provider addresses, was resolved as part of the RMRC Roadmap effort and was identified as corrected in the 23rd DOJ study period. Providers logging into the system see a list of the services for which they are licensed. They first select the licensed service where they incident occurred; they then see a list of only those specific locations that are licensed under that service. Provider may select (but cannot modify) the location where the incident occurred. Please see the RMRC Roadmap progress, item #8. Future and Ongoing Action Steps: • Updating requirements for incident system; will issue RFI to identify potential solutions that may exist in marketplace, while also evaluating the feasibility of building an in-house solution.
Criterion #: 2 **DQ Category:** Data Validation **Last Assessment Date:** 8/24/2023 **Current Status:** In progress **Estimated Completion Date:** 8/18/2023 **Description:** Add controls to individual fields (such as location) to prevent erroneous data from being entered. Note: The replacement of the CHRIS system should mitigate the concerns underlined, until then alternatives be developed and implemented. Once system has been replaced, it will need to be evaluated to determine if the initial DQV recommendations have been successfully addressed and the needs of the business area met.	SFY24 Annual Update on Action Items Taken To Date: • This issue was addressed as part of the RMRC Roadmap. • Providers logging into the system see a list of the services for which they are licensed. They first select the licensed service where they incident occurred; they then see a list of only those specific locations that are licensed under that service. Provider may select (but cannot modify) the location where the incident occurred. Please see the RMRC Roadmap progress, item #8. • As part of data clean-up effort IT attempted to validate this issue and determined that it no longer exists. Unable to Enter free form text for address information. Address information is only available after selecting a location and selecting address

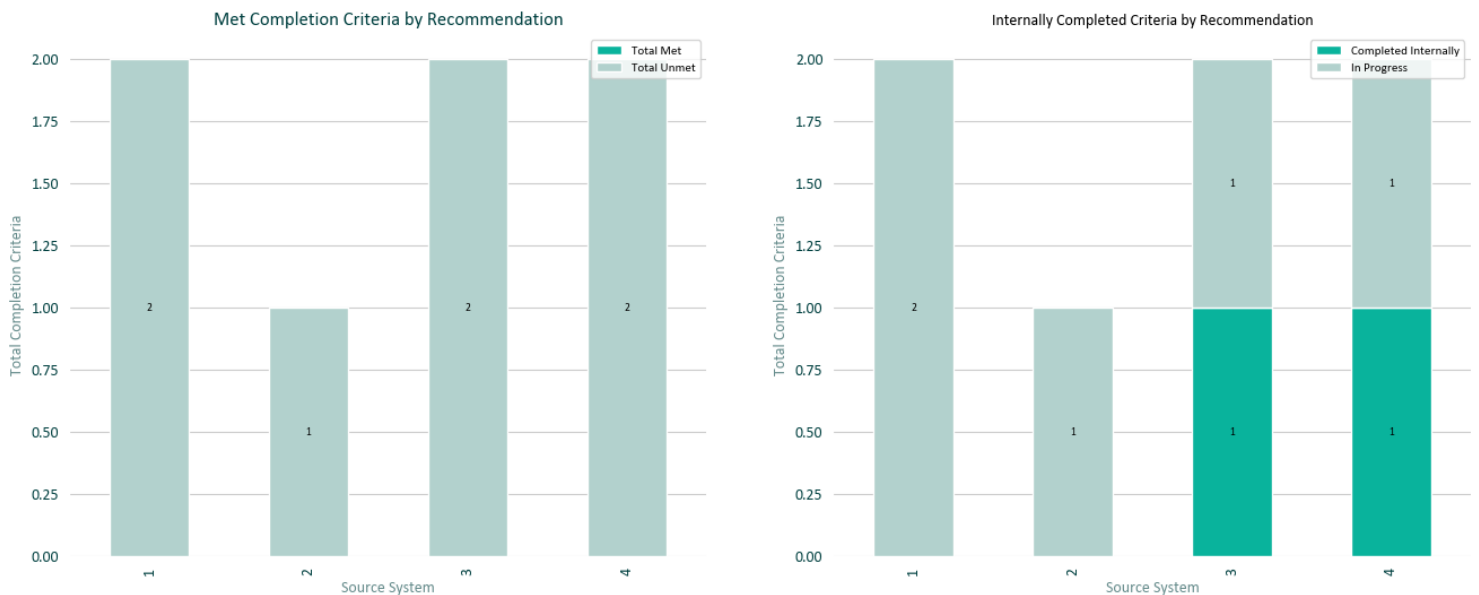|	from the dropdown list. Selecting a location populates the details of the address. Future and Ongoing Action Steps: • Updating requirements for incident system to facilitate development of a new system. • Will issue an RFI to identify potential solutions that may exist in marketplace, while also evaluating feasibility of building in-house solution.

.

CHRIS-SIR

There are a total of four recommendations for data quality improvement that have been made for the CHRIS-SIR data source system. The bar graphs below depict progress as assessed by OCQM assessors (left) in SFY23 and progress since the assessment, as reported by the business/program's annual update. It should be noted that when CHRIS-SIR underwent its re-review documentation from the RMRC Data Roadmap cleanup was not available to the system analyst resulting in some recommendations being left as unresolved. In an effort to assure that this does not occur in the future, DBHDS has consolidated all places where source system information is stored, has created a share point site for all recommendations and subsequent completion criterion to be reviewed and followed up on to ensure future system issue resolutions are not overlooked. The Director of Transition Network Supports reviews this information at least semi-annually to ensure recommendations are being addressed and documentation of this work is maintained and stored appropriately.

Criteria Statuses (per recommendation) for the CHRIS-SIR source system.

Recommendation #1 (Data Quality Concern 1): Multiple profiles can be easily created for the same individual.

There are a total of two completion criteria in this recommendation. is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation #1 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Data Validation **Last Assessment Date:** 8/24/2023 **Current Status:** In progress **Estimated Completion Date:** 12/30/2026 **Description:** Give each profile a distinct ID, create a system-generated unique ID that is truly unique across the platform.	SFY24 Annual Update on Action Items Taken To Date: • As part of data clean-up process IT attempted to verify this issue and confirmed that it still exists. Future and Ongoing Action Steps*: • IT is engaged in a project to clean-up existing CHRIS data. • Updating requirements for incident system to facilitate development of a new system.

	• Will issue RFI to identify potential solutions that may exist in marketplace, while also evaluating feasibility of building in-house solution. • IT is creating master patient index that will assign unique ID to each individual. This will occur through EDW. Once this has been completed the program and IT will determine the feasibility of implementing in the existing system or waiting to include in the new system.
Criterion #: 2 **DQ Category:** Data Validation **Last Assessment Date:** 8/24/2023 **Current Status:** In progress **Estimated Completion Date:** 12/30/2026 **Description:** Add advanced business rules and data validation to ensure that duplicate profiles cannot be created.	SFY24 Annual Update on Action Items Taken To Date: None reported Future and Ongoing Action Steps*: • IT is engaged in a project to clean-up existing CHRIS data • Updating requirements for incident system to facilitate development of a new system. • Will issue RFI to identify potential solutions that may exist in marketplace, while also evaluating feasibility of building in-house solution. • IT is creating master patient index that will assign unique ID to each individual. This will occur through EDW. Once this has been completed, program and IT will evaluate the feasibility of implementing with the existing system, or waiting to include in the new system

Recommendation #2 (Data Quality Concern 2): Multiple records/reports for the same case/incident can be created by hitting the save button more than once while the system is "thinking."

There is a total of one completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation #2 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Data Validation **Last Assessment Date:** 8/24/2023 **Current Status:** In progress **Estimated Completion Date:** 12/30/2026 **Description:** Implement validation and business rules to prevent the creation of duplicate records when the save button is pressed multiple times while the system is processing.	SFY24 Annual Update on Action Items Taken To Date: • The concern related to the use of the *save* button generating multiple reports for the same incident is mitigated through the daily review of each serious incident report by IMU specialists. Specialists review each report to triage the incident and to verify data quality. • Duplicate reports are flagged and removed from data reports. • As part of data clean-up effort, IT attempted to replicate this issue, but found that it no longer exists. Record was saved only one time would not allow for multiple saves. Clicked save multiple times attempting to save multiple records. Process would not allow for multiple saves in QA Test environment Future and Ongoing Action Steps: • Updating requirements for incident system to facilitate development of a new system.

	• Will issue RFI to identify potential solutions that may exist in marketplace, while also evaluating feasibility of building in-house solution. • IT creating master patient index that will assign unique ID to each individual. This will occur through EDW. Once this has been completed, program and IT will evaluate the feasibility of implementing with the existing system or waiting to include in the new system.

Recommendation #3 (Data Quality Concern 3): Records (for individuals and for complaints/reports) can be overwritten easily due to lack of business rules and poor design.

There are a total of two completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation #3 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area, as Reported by the Business/Program Area

Criterion #: 1
DQ Category: Data Validation
Last Assessment Date: 8/24/2023
Current Status: In progress
Estimated Completion Date: 8/18/2023
Description: Until the system can be replaced, add controls to individual fields (such as the location field) to help enhance the system's design.
	SFY24 Annual Update on Action Items Taken To Date:
	• The issue of overwriting records can occur when a provider was attempting to update our existing record and would inadvertently select the wrong record to update. This was occurring because when searching CHRIS for an individual, the system would pull up the individual, a table of previously reported incidents or abuse/neglect reports, and it would display the details of the most recently reported incident or abuse/neglect report.
	• Users seeking to update a record would automatically make changes on the visible record, however, sometimes the update reflected an earlier incident. The system was changed to no longer display details of the most recent incident. Instead, the user must select the specific case number/incident, thus requiring them to be more intentional about record updates. This change was implemented on 8/18/2023.
	• As part of data clean-up effort, IT attempted to validate this issue. They determined that:
	    ○ Most required data elements for record creation within the CHRIS application (UI) enforce a data formatting to be saved to the database.
	    ○ There are a few exceptions. Example Data Entry for Address State will allow for any two characters for entry in the State field. Example VA can be entered as AW, DOB will allow for data entry of 01/01/1900, Data entry for a consumer who is over 124 years old. zip code allows for invalid entries for the consumer record city and free form text.
	Future and Ongoing Action Steps:

	• Further improvements will be addressed through new system development. DBHDS is updating requirements for the incident reporting system; will issue an RFI to identify potential solutions that may exist in the marketplace, while also evaluating the feasibility of building an in-house solution. • Will determine if additional validation rules can be added while procurement is in process.
Criterion #: 2 **DQ Category:** Data Validation **Last Assessment Date:** 8/24/2023 **Current Status:** In progress **Estimated Completion Date:** 12/30/2026 **Description:** Develop clear field labels, helpful tooltips, and error messages to guide users towards accurate data entry.	SFY24 Annual Update on Action Items Taken To Date: • Users have access to on-line guides and training to assist with system navigation; this includes the Navigating CHRIS User Guide, a comprehensive set of directions to assist users with entering data. The Guide can be downloaded from the Help section in CHRIS. Future and Ongoing Action Steps • Further improvements will be addressed through new system development. DBHDS is updating requirements for the incident reporting system; will issue an RFI to identify potential solutions that may exist in the marketplace, while also evaluating the feasibility of building an in-house solution.

Recommendation #4 (Data Quality Concern 4): SIRs can be entered for an individual after a death report has been entered.

There are a total of two completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

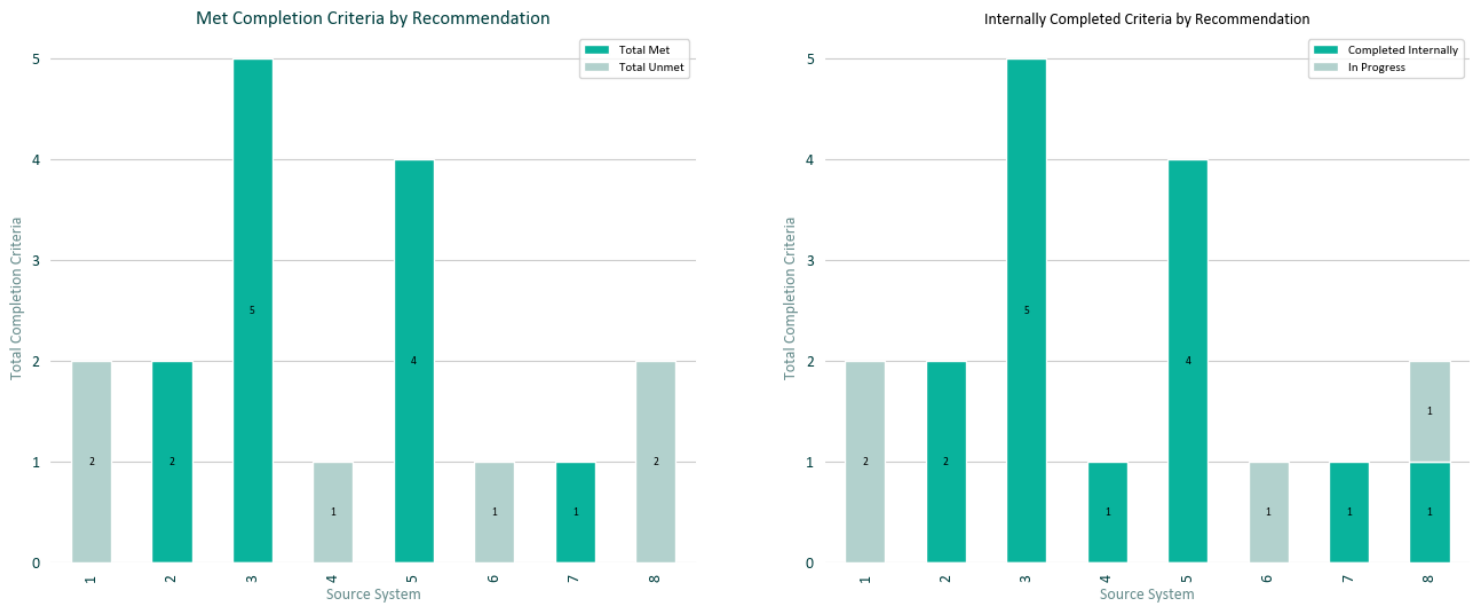| Recommendation #4 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Data Validation **Last Assessment Date:** 8/24/2023 **Current Status:** In progress **Estimated Completion Date:** 8/18/2023 **Description:** Develop and enforce data validation rules that prevent the entry of SIRs for individuals who have a recorded death report. These rules should include checks to ensure that such entries are not allowed in the system.	SFY24 Annual Update on Action Items Taken To Date: • There are instances where an SIR will be entered after an individual's death. This most often happens when death investigations reveal that serious incidents occurred prior to the death but were not reported. In these instances, providers are directed to report the incident after the death. In such cases the date of incident would be the date the incident occurred (before the death) and the date of entry would be the date the incident is reported (after the death). • Each SIR is reviewed by an incident management specialist; if errors are identified (such as an incident date after an individual's death date, the provider is directed to correct it. These reviews have not identified issues with incident dates reported as occurring after an individual's death. Future and Ongoing Action Steps: • Updating requirements for incident system to facilitate development of a new system. • Will issue RFI to identify potential solutions that may exist in marketplace, while also evaluating feasibility of building in-house solution.

.

Criterion #: 2 **DQ Category:** Data Validation **Last Assessment Date:** 8/24/2023 **Current Status:** In progress **Estimated Completion Date:** 12/30/2026 **Description:** Implement real-time alerts or notifications for users attempting to enter SIRs for deceased individuals. These alerts should inform users that such entries are prohibited and provide guidance on the appropriate actions to take.	<u>SFY24 Annual Update on Action Items Taken To Date:</u> • There are instances where an SIR will be entered after an individual's death. This most often happens when death investigations reveal that serious incidents occurred prior to the death but were not reported. In these instances, providers are directed to report the incident after the death. In such cases the date of incident would be the date the incident occurred (before the death) and the date of entry would be the date the incident is reported (after the death). • Each SIR is reviewed by an incident management specialist; if errors are identified (such as an incident date after an individual's death date, the provider is directed to correct it. These reviews have not identified issues with incident dates reported as occurring after an individual's death. <u>Future and Ongoing Action Steps</u> • In the future enhanced functionality that alerts users or prevents entry of an incident date after a recorded date of death can be implemented once DBHDS has created master patient index that will assign unique ID to each individual. • DBHDS is updating requirements for the incident reporting system to facilitate development of a new system. • Will issue an RFI to identify potential solutions that may exist in the marketplace, while also evaluating the feasibility of building an in-house solution. • Further improvements will be addressed through new system development.

CNF

There are a total of eight recommendations for data quality improvement that have been made for the CNF data source. The bar graphs below depict progress as assessed by OCQM assessors (left) in SFY23 and progress since the assessment, as reported by the business/program's annual update.

Criteria Statuses (per recommendation) for the CNF source system.

Recommendation #1: Revise the data model used to organize data within the CNF Spreadsheet.

There are a total of two completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation #1 Recommendation #1 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area

Criterion #: 1
DQ Category: Backend Structure
Last Assessment Date: 7/18/2023
Current Status: In progress
Estimated Completion Date: TBD
Description: Revise the data model used to organize data within the CNF Spreadsheet
   a. Definitions of the entities that (should) serve as the foundation for organizing the source system
   b. (There should be) descriptions of the relationships between entities ensuring that list of data elements for each entity are compiled and highlighting the interdependencies among these elements
   c. Data model should be put into action within the source system, ensuring successful implementation and integration
   d. The design should focus on minimizing repetitive data entry, particularly for static individual data.
	SFY24 Annual Update on Action Items Taken To Date:
	• The PASRR Team Lead completes a quality review line by line on a quarterly basis to ensure there are no duplicate entries. This is also completed during every reporting period.
	
	Future and Ongoing Action Steps:
	• One form will be dedicated to entering demographic information by the PASRR specialist, while the other form will allow the ID/RD Coordinator to provide supplementary information related to reviews. By implementing these separate forms, there will be no need to repeatedly enter an individual's name and demographic details, making it easier to update the necessary information. This implementation will significantly reduce redundancy and still capture the required historical data for the DOJ. This will be completed in the next six months.

Criterion #: 2	SFY24 Annual Update on Action Items Taken To Date:-

.

DQ Category: Backend Structure Last Assessment Date: 7/18/2023 Current Status: In progress Estimated Completion Date: TBD Description: Data model should be put into action within the source system, ensuring successful implementation and integration.	• Business rules have been eliminated and are now documented in the data entry process. • Effective data validation controls are in place within SharePoint Lists. • The Data Dictionary has documented these controls. • The PASRR Team Lead completes a quality review line by line on a quarterly basis to ensure there are no duplicate entries. This is also completed during every reporting period. Future and Ongoing Action Steps: • Send the data dictionary to the Deputy Commissioner to upload to Source Systems folder so future reviewers have access to this information.

Recommendations With All Completion Criteria Met:
- Recommendation #2: Document business rules for data entry
- Recommendation #3: Implement effective data validation controls in the data source

Recommendations With Completion Criteria Work Still in Progress
- Recommendation #4: Establish a data dictionary for the CNF data source.
  - There is a total of one completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation #4 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area

Criterion #: 1
DQ Category: Key Documentation
Last Assessment Date: 7/18/2023
Current Status: In progress; awaiting verification during the next assessment period.
Estimated Completion Date: 6/11/2024
Description: A data dictionary (should) exist that provides detailed information about the contents of the data source data tables including:
  a. Differentiation between data that originates from the system itself and data that is generated by users
  b. Business definitions for each unique response value in fields constrained to pre-defined lists of options (e.g. dropdown menus)
	SFY24 Annual Update on Action Items Taken To Date:
	• A CNF Data Dictionary has been developed and is actively maintained in a SharePoint list within the 'mreteam-PASRR' Microsoft Team. All required elements as described in the completion criterion are included.
	
	Future and Ongoing Action Steps:
	• This data dictionary is maintained as enhancements are made to ensure validity and reliability.
	• Send to the data dictionary to the Deputy Commissioner to upload to Source Systems folder so future reviewers have access to this information.

Recommendations With All Completion Criteria Met:
- Recommendation #5: Protect the underlying format of the data source
- Recommendation #7: Document the data entry process

Recommendations With Completion Criteria Work Still in Progress
- Recommendation #6: Develop a process by which unique identifiers for individuals are assessed for uniqueness in the data source

.

o There is a total of one completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation # 6 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Data Validation **Last Assessment Date:** 7/18/2023 **Current Status:** In progress **Estimated Completion Date:** TBD **Description:** There (should be) a process in place that guarantees that unique identifiers generated for or by the data source are exclusively linked to a single individual.	SFY24 Annual Update on Action Items Taken To Date: • The Unique Identifier has been changed to generate an ID utilizing clients last name, first name and DOB. This has greatly reduced the possibility for duplicate entry and has been reviewed and approved by the Chief Technology Officer. • The PASRR Team Lead also completes a quality review line by line on a quarterly basis to ensure there are no duplicate entries. This is also completed during every reporting period. Future and Ongoing Action Steps: • Develop a power automate workflow that can generate a unique ID for clients using the first name, last name, DOB, and unique SharePoint list ID value (generated incrementally for each list item created in the list).

Recommendation #8: Eliminate manual effort in data entry and loading process

There are a total of two completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.
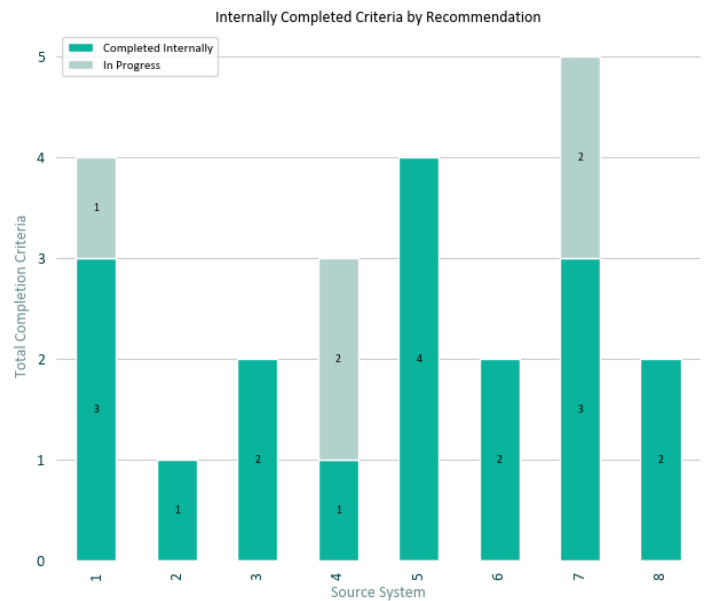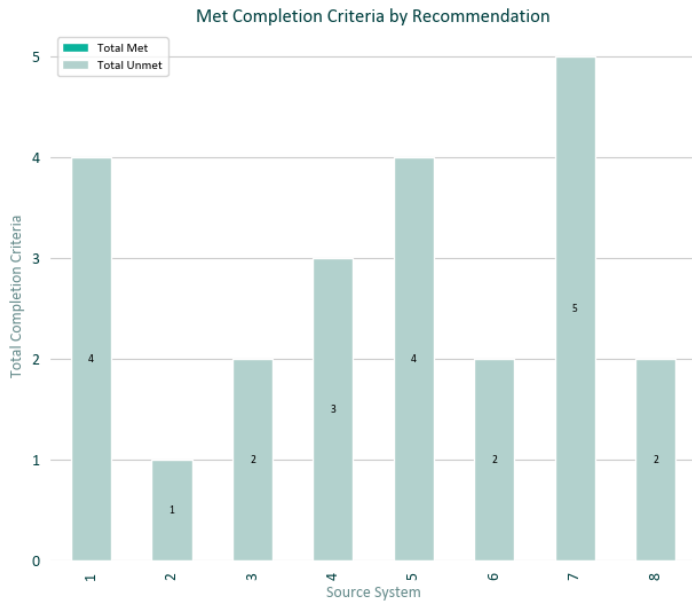
Recommendation # 8 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Manual Data Processing **Last Assessment Date:** 7/18/2023 **Current Status:** In progress **Estimated Completion Date:** 8/1/2023 **Description:** The data entry process (should) not require the user to exert manual effort to modify the structure of the data source or underlying data tables.	SFY24 Annual Update on Action Items Taken To Date: • This manual effort previously required was mitigated through modification of the structure of the data source and underlying data tables by changing the source system to SharePoint List. This process does not include additional manual effort to populate the data tables. Future and Ongoing Action Steps: • The data entry process is updated as necessary. • Send to Deputy Commissioner to upload to Source Systems folder so future reviewers have access to this information.
Criterion #: 2 **DQ Category:** Manual Data Processing **Last Assessment Date:** 7/18/2023 **Current Status:** In progress **Estimated Completion Date:** TBD **Description:** If applicable, the data loading process (should be) automated; not requiring manual effort.	SFY24 Annual Update on Action Items Taken To Date: None reported • Maximus (the PASRR contractor who generates data; initially in Assessment Pro) has previously offered to export a CSV data file to DBHDS, per information received from DBHDS IT personnel, so we think this is possible. • DBHDS can explore the possibility of automating data transfer for some elements, but not all data elements, collected by the PASRR team.

	Future and Ongoing Action Steps:
	• Submit a DBHDS EIB request for a DBHDS business analyst who can assist with identifying requirements/specifications for a solution.

.

CONNECT

There are a total of eight recommendations for data quality improvement that have been made for the CONNECT data source system. The bar graphs below depict progress as assessed by OCQM assessors (left) in SFY23 and progress since the assessment, as reported by the business/program's annual update.

Criteria Statuses (per recommendation) for the CONNECT source system.

Recommendation #1: Application performance impacting data loss and duplication of records

There are a total of four completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation #1 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Backend Structure **Last Assessment Date:** 7/18/2023 **Current Status:** In progress **Estimated Completion Date:** 3/1/2023 **Description:** Conduct a thorough analysis of the application to identify specific areas where performance issues are impacting data entry. This may involve reviewing system logs, analyzing response times, and gathering user feedback to pinpoint the root causes. Specifically: - Notable sluggishness in the performance of the CONNECT system, which necessitates users having to make multiple clicks in order to save data or refresh a new page. - System performance experiences delays when saving pages and navigating between different pages and records, resulting in the unintended creation of multiple item records. Users may mistakenly assume that they	SFY24 Annual Update on Action Items Taken To Date: - Worked with the vendor to address overall system performance by decreasing the size of entities loaded into the extensible mark-up language (XML) when users click to open records. This included removing historical information for location modifications and application history from the XML and replacing that data with a link that allows users to load the data back into the XML if it is needed. - Below are the areas of improvement that were to be addressed in the 'CONNECT_AR_Large Entity Efficiency - Goal and Scope.docx' file. After approval of the goal and scope document, the vendor, GL Solutions, informed us they would not be completing any further projects on the system performance until after the migration to GL Suite 7 in mid 2025. - They did implement in an "internal" project some additional shrink/expand functionality to help with

.

have successfully entered data, only to realize that the data was not saved. Consequently, they may unknowingly enter data multiple times, leading to the generation of duplicate records.

- Persistent slow performance has caused a significant number of data entry errors, including the duplication of multiple CAP items. These duplications are not immediately apparent at the time the CAP is issued, which means that providers may remain unaware of the duplicates until a later stage in the CAP process. To address this issue, the provider must individually respond to each duplicate case in order for the response to be received and the duplicates to be deleted.
- In the event of a system stall, which may go unnoticed by the user, it becomes impossible to retrace the steps or resume from where they left off.
- CONNECT inability to recognize system activity until it is refreshed.
- Users occasionally have to log in and out again if they have inadvertently clicked on a button more than once.

record speed in the meantime. The data that was updated with shrink functionality includes information modifications, provider communications, licenses older than 3 years, and previous location associations.

Future and Ongoing Action Steps:
- The goal and scope of the work was approved to be closed. Once we transition to GL Suite 7 and the cloud based server, this project may not be needed at all.
- Expectations: Project 01 – Large Entity Efficiency To accommodate the performance goal stated, the following areas for improvement have been identified:
  - Hide XML Objects
  - Service Application
  - Service License
  - Location Modification
  - Provider License
  - Children's Residential Service Application
  - Children's Residential Service License
- Identify Impact Rules, substitutions, and websites to be analyzed and action taken to ensure all function as needed when objects are hidden
- Queries required to see hidden data will be customized queries. Customized queries will require a spec and will be approved by the client
- Implement Solutions-All impacted rules, etc. will be updated to function with this hidden XML
- Client Training- Any change impacting how the system is viewed or used will include training for the change. This may happen at different times depending on the implementation of changes
- We will re-assess at that time and establish a new goal and scope if additional work on performance is needed.
- Updating requirements for incident system; will issue an RFI to identify potential solutions that may exist in marketplace, while also evaluating feasibility of building in-house solution.

Criterion #: 2 **DQ Category:** Backend Structure **Last Assessment Date:** 7/18/2023 **Current Status:** In progress **Estimated Completion Date:** 3/1/2023 **Description:** Work closely with the vendor to optimize the application's performance. This may involve identifying and resolving code inefficiencies, optimizing database queries, improving network infrastructure, or implementing caching mechanisms to enhance data entry speed and responsiveness. Specifically: • Notable sluggishness in the performance of the CONNECT system, which necessitates users having to make multiple clicks in order to save data or refresh a new page. • System performance experiences delays when saving pages and navigating between different pages and records, resulting in the unintended creation of multiple	SFY24 Annual Update on Action Items Taken To Date: • Worked with the vendor to address overall system performance by decreasing the size of entities loaded into the XML when users click to open records. This includes removing historical information for location modifications and application history from the XML and replacing that data with a link that allows users to load the data back into the XML if it is needed. • DBHDS has worked with the vendor to incorporate all changes that are possible in the current version of GL6. Future and Ongoing Action Steps: • The need for additional improvements will be analyzed when the system is upgraded to GL7 in mid 2025 • Updating requirements for incident system; will issue an RFI to identify potential solutions that may exist in marketplace, while also evaluating feasibility of building in-house solution.

item records. Users may mistakenly assume that they have successfully entered data, only to realize that the data was not saved. Consequently, they may unknowingly enter data multiple times, leading to the generation of duplicate records.

- Persistent slow performance has caused a significant number of data entry errors, including the duplication of multiple CAP items. These duplications are not immediately apparent at the time the CAP is issued, which means that providers may remain unaware of the duplicates until a later stage in the CAP process. To address this issue, the provider must individually respond to each duplicate case in order for the response to be received and the duplicates to be deleted.
- In the event of a system stall, which may go unnoticed by the user, it becomes impossible to retrace the steps or resume from where they left off.
- CONNECT inability to recognize system activity until it is refreshed.
- Users occasionally have to log in and out again if they have inadvertently clicked on a button more than once.

Criterion #: 3 **DQ Category:** User Interface **Last Assessment Date:** 7/18/2023 **Current Status:** In progress **Estimated Completion Date:** 7/1/2025 **Description:** Evaluate the user interface (UI) and user experience (UX) design to identify any elements that may contribute to data entry issues. Simplify and streamline the UI to minimize user frustration and improve efficiency. Consider implementing features such as auto-saving, smart defaults, or keyboard shortcuts to expedite data entry and reduce manual effort. Specifically: • Notable sluggishness in the performance of the CONNECT system, which necessitates users having to make multiple clicks in order to save data or refresh a new page. • System performance experiences delays when saving pages and navigating between different pages and records, resulting in the unintended creation of multiple item records. Users may mistakenly assume that they have successfully entered data, only to realize that the data was not saved. Consequently, they may unknowingly enter data multiple times, leading to the generation of duplicate records. • Persistent slow performance has caused a significant number of data entry errors, including the duplication of multiple CAP items. These duplications are not immediately apparent at the time the CAP is issued, which means that providers may remain unaware of the duplicates until a later stage in the CAP process. To address this issue, the provider must individually respond to each duplicate case in order for the response to be received and the duplicates to be deleted.	**SFY24 Annual Update on Action Items Taken To Date:** • Enhancements for the UI and UX are documented as discovered and reviewed by leadership bi-weekly for approval. • Tasks are then submitted to the vendor to complete the change. • These enhancement tasks are typically completed within 2 weeks upon submission to the vendor. • The CONNECT Management Plan includes direction for how users can submit feedback for areas of improvement. • Many of the issues with the user interface are inherent in the overall structure of the system itself and not easily resolved. Some of the system performance issues are targeted to be addressed with the new version GLSuite7. **Future and Ongoing Action Steps:** • The vendor, GL Solutions, is rolling out a new version of the GL Suite software. GLSuite7 offers several new features for how data is saved, workflow features, and process guide integration that will mitigate many of the user experience related frustrations. • Implementation of GL7 is targeted for mid-2025. • Updating requirements for a new licensing system to include issues identified here; will issue an RFI to identify potential solutions that may exist in marketplace, while also evaluating feasibility of building in-house solution.

• In the event of a system stall, which may go unnoticed by the user, it becomes impossible to retrace the steps or resume from where they left off. • CONNECT inability to recognize system activity until it is refreshed. • Users occasionally have to log in and out again if they have inadvertently clicked on a button more than once.	
Criterion #: 4 **DQ Category:** Backend Structure **Last Assessment Date:** 7/18/2023 **Current Status:** In progress **Estimated Completion Date:** 9/1/2023 **Description:** Perform load testing to simulate heavy usage scenarios and assess how the application performs under such conditions. Monitor application performance continuously to identify any performance degradation or bottlenecks. This allows for proactive measures to be taken before data entry issues arise.	SFY24 Annual Update on Action Items Taken To Date: • GL Solutions uses a software program called Redgate to monitor the applications Production environment. This program reports all SQL tasks that are running beyond normal response times to the GL Solutions Admin team. The events are reviewed daily, and tasks are created internally by GL Solutions to resolve. • When performance issues are identified using this process, tasks created by GL Solutions to resolve issues of performance degradation are scheduled to begin immediately and receive high priority 24-hour support until resolved. Future and Ongoing Action Steps: • Updating requirements for incident system; will issue an RFI to identify potential solutions that may exist in marketplace, while also evaluating feasibility of building in-house solution.

Recommendation #2: Establish a Data Dictionary for Workflow Processes

There is a total of one completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation #2 Completion Criterion Description	**Action Plan & Updates, as Reported By the Business/Program Area**

Criterion #: 1
DQ Category: Key Documentation
Last Assessment Date: 7/18/2023
Current Status: In progress, awaiting verification
Estimated Completion Date: 9/1/2023
Description: A comprehensive data dictionary (should be) available, providing extensive details regarding the contents of the data tables in the data source system for the licensing and DSI (death serious incident inspections) workflow processes.
  a. The complete list of data element names.
  b. The specific data types or formats associated with each data element.
  c. Descriptions and business definitions clarifying the contents of each data element.
  d. Indication of whether the data is sourced from the system itself or generated by users.
  e. Identification of the system from which data is imported for each data element.
  f. Thorough business definitions for each unique response value within fields that are constrained to predefined lists of options, such as dropdown menus.
	SFY24 Annual Update on Action Items Taken To Date:
	• The Self-Document Specification (SDS) is the data dictionary for the CONNECT (GLSuite6) application. The SDS includes all required data points as detailed in this recommendation. This task is completed and the SDS for the Death and Serious Incident Reporting business process can be attached (See SDS - Death and Serious Incident Reporting, as an example and proof that this document contains all required information for a data dictionary).
	• This is part of the CONNECT application.
	
	Future and Ongoing Action Steps; None reported

Recommendation #3: Streamline the Security Access for Data Error Correction

There are a total of two completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation #3 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Data Validation **Last Assessment Date:** 7/18/2023 **Current Status:** In progress. **Estimated Completion Date:** 9/1/2023 **Description:** Conduct a comprehensive review of the existing security settings and access privileges in the system. Identify any areas where the security access may be overly restrictive or cumbersome, leading to difficulties in correcting data errors. • In certain workflow processes like the DSI process, users who possess the necessary editing privileges experience a waiting period of twenty-four hours for corrections to be reflected in the records and reports generated. This delay attributed to their security access level.	SFY24 Annual Update on Action Items Taken To Date: • Security settings are reviewed by leadership on an on-going basis and adjustments are made in real-time to allow or restrict access to fields. • When data entry errors occur, if the staff does not have access to correct the error themselves, the escalation path is for the staff to contact their manager, who is available during all working hours, and who can correct most data entry errors on records immediately. • The 24-hour waiting period for corrections to be reflected has to do with the BI reports in CONNECT that display data from the records. The data tables for the BI reports are updated by scheduled jobs overnight, so when changes are made to a record, the changes are reflected on the record right away, but they are not reflected in those BI reports until the next day. The jobs that update the data tables for the BI reports can be triggered manually. To address this issue, we added the BI report refresh commands to the main screen menu in CONNECT and granted security access to them to the users so they can refresh the reports as needed to see changes reflected right away instead of waiting overnight. This update was implemented in the production environment on 03/07/2024. Future and Ongoing Action Steps: • Updating requirements for incident system; will issue an RFI to identify potential solutions that may exist in marketplace, while also evaluating feasibility of building in-house solution.
Criterion #: 2 **DQ Category:** Data Validation **Last Assessment Date:** 7/18/2023 **Current Status:** In progress **Estimated Completion Date:** 3/7/2024 **Description:** Work with the vendor to reduce the time required to re-generate the report, following correction of data errors.	SFY24 Annual Update on Action Items Taken To Date: • The jobs to refresh BI reports was added to the Main screen menu in CONNECT and made available for all managers to refresh the reports on an as needed basis. Future and Ongoing Action Steps: • Updating requirements for incident system; will issue an RFI to identify potential solutions that may exist in marketplace, while also evaluating feasibility of building in-house solution.

.

Recommendation #4: Decreased Efficiency in Data Lookup and Inconsistencies with Data Entry Due to Multiple Data Entry Screens

There are a total of three completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation #4 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Data Validation **Last Assessment Date:** 7/18/2023 **Current Status:** In progress **Estimated Completion Date:** 12/30/2026 **Description:** Streamline the data entry forms by removing any unnecessary fields or redundant information. Design the forms to be intuitive and user-friendly, allowing users to easily enter data without confusion or errors. • History logs dispersed across multiple tabs- In the case of the Incident Management Unit (IMU), their responsibility involves reviewing updates from CHRIS, requiring them to open each tab related to the update individually to locate where the update was made. As a result, they cannot view the collective history on a single main page, leading to inefficiencies in the process. • Moreover, users may receive reports from the Incident Management Specialist indicating that an update for a specific incident has been applied. However, upon inspection of the report, they struggle to locate the actual updates, leading to significant time being spent on searching for the update. • There is currently a section available for providers to indicate that they have provided updates, however providers do not consistently document these updates. Although CHRIS sends a report flagging updates, it fails to specify the location of the record. • Furthermore, in the DSI workflow process, when a user performs data entry under inspections for a CAP record, there are multiple "tabs" for data entry that need to be completed for that specific data-entry process and each tab can display the same elements. Both data entry tabs include an approval status field with the same categorical response options. If one of those same field types is not entered in any one of the tabs, this could impact the approval status on the inspection report.	SFY24 Annual Update on Action Items Taken To Date: • Changes to reports are not tracked in the CHRIS system where the report data is entered, therefore CONNECT does not receive any information regarding the specific changes made by providers. The CHRIS system, where providers enter this data, does not include any validation or fields to ensure that when providers indicate updates will be provided, or that updates have been provided, that those updates/changes are documented or tracked for the IMU team to review. There is not a good solution to this data entry gap until the IMS system solution is implemented. • To help combat this in CONNECT, the IMU users do receive an email with every data transfer of reports from CHRIS to CONNECT that includes which records are "updated" vs. "new", and for those updated records, it includes which screens specifically were updated. From there, the users can navigate directly to those screens under those reports and view the screen audit log history to see exactly what was changed. This is not new functionality and was implemented at the time of go-live in the CONNECT system. The data structure of CONNECT does not allow for a single collective history on a single main page of an entire record, changes are tracked screen by screen and field by field. Future and Ongoing Action Steps: • Requested changes around fields and redundant information for Death and Serious Incident reports need to be updated in CHRIS before it can be changed in CONNECT to match since CHRIS is the data source system of that data. • Any additional updates to change tracking will need to be coordinated as part of the IMS system replacement requirements since CONNECT is not the source system of this data. • The workflow process for data entry under inspections for a CAP record impacts more process than just the DSI workflow process. Leadership conducted meetings to determine how to simplify this process and consolidate steps to remove redundancies and consolidate data entry screens. • The scope of this project was reviewed by the vendor and has been determined that revision will be extensive, requiring 8 projects. Initiation of this work is pending

	transition to GL7. The transition is scheduled to be completed by end of 2024 and these projects will be a top priority item beginning in 2025. • Updating requirements for incident system; will issue an RFI to identify potential solutions that may exist in marketplace, while also evaluating feasibility of building in-house solution.
Criterion #: 2 **DQ Category:** User Interface **Last Assessment Date:** 7/18/2023 **Current Status:** In progress **Estimated Completion Date:** 7/1/2025 **Description:** If possible, consolidate multiple data entry screens into a single interface.	<u>SFY24 Annual Update on Action Items Taken To Date:</u> • Leadership conducted meetings to determine how to simplify processes, consolidate steps, and integrate system automation to prevent bad data entry and remove duplicative data entry screens where possible. The outcome of those meetings is documented below in the "Future and Ongoing Action Steps." <u>Future and Ongoing Action Steps:</u> • Scope of the project was reviewed with the vendor. It has been determined that revision will be extensive, requiring 8 projects. Initiation of this work is pending transition to GL7, scheduled to be completed by end of 2024; these projects will be a top priority item beginning in 2025. • Updating requirements for incident system; will issue an RFI to identify potential solutions that may exist in marketplace, while also evaluating feasibility of building in-house solution.

Criterion #: 3
DQ Category: User Interface
Last Assessment Date: 7/18/2023
Current Status: In progress
Estimated Completion Date: 6/28/2024
Description: Create a single interface for data lookup that allows users to search and retrieve information from the centralized database. Implement search filters, sorting options, and advanced search capabilities to enhance efficiency and accuracy.
	<u>SFY24 Annual Update on Action Items Taken To Date:</u>
	• A data transfer interface was established, as part of the installation of the CONNECT application, with the goal of getting the death and serious incident report data into a single system for the IMU team to review and triage reports.
	• This design did effectively create a single data lookup point for users to search and retrieve information regarding reports of deaths and serious incidents. This was implemented prior to the data assessment and included the following functions:
	    o Transferring the data for reports of death and serious incidents into CONNECT centralizes the data in one database so the Incident Management Unit IMU) does not have to use two systems to review and triage reports.
	    o There are several queries available to the IMU to retrieve information from the database.
	    o The search tools do include the ability to sort and filter results.
	    o The CHRIS Import Interface Specification documents the process and specific data elements transferred from CHRIS to CONNECT.
	• The CONNECT and CHRIS databases are still separate, and this does mean that the IMU manager must run reports weekly to ensure the databases remain in sync. Any consolidation of these systems into a single database will need to be decided by the system owners and is being taken into consideration in the RFI noted

| | below in the Future and Ongoing Action Steps.

Future and Ongoing Action Steps:
• Updating requirements for incident system; will issue an RFI to identify potential solutions that may exist in marketplace, while also evaluating feasibility of building in-house solution. |

Recommendation #5: Restrict Flexibility to Deviate from Process Guides

There are a total of four completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation #5 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Data Validation **Last Assessment Date:** 7/18/2023 **Current Status:** In progress; awaiting verification during the next assessment period **Estimated Completion Date:** 9/1/2023 **Description:** Develop an automated process guide that enforces the correct sequence of steps. This guide should provide clear instructions and prompts for users to follow, ensuring they cannot progress to the next step without completing the current one.	SFY24 Annual Update on Action Items Taken To Date: • The integrated process guides in CONNECT are core to the GL Suite software application the functionality cannot be modified at the request of DBHDS Office of Licensing. • The vendor does accept continuous improvement (CI) suggestions for future core builds of the application when appropriate. • Enforcing the correct sequence of steps will remove system flexibility when exceptions need to be made for things like emergency regulatory changes or when variances are needed. • Additionally, a single business process can vary in how it is processed depending on several factors, for instance the service type for which the process is being completed. • Leadership evaluates common data entry errors found via look behind and data validation processes and adjusts the system, or provides additional staff training, when needed. • The process guides will not be updated to enforce the correct sequence of steps. Instead, the Office of Licensing evaluates common data entry errors found via look behind and data validation processes and provides staff training and job aids when needed. • The documented look behind protocols for each area of CONNECT are in the following documents: Incident Management Data Validations, Audits, Look Behinds, and Trainings; Investigations-Reports-QA Look Behind Process; SIU-Quarterly Individual Supervision Process; OL Look Behind Processes Future and Ongoing Action Steps: None reported
Criterion #: 2 **DQ Category:** Data Validation **Last Assessment Date:** 7/18/2023 **Current Status:** In progress **Estimated Completion Date:** 6/28/2024	SFY24 Annual Update on Action Items Taken To Date: • Clear error messages have been implemented in key areas of most processes in CONNECT to ensure steps are not skipped.

.

Description: Implement error handling mechanisms to address situations where users attempt to skip steps. Display clear error messages or notifications when users try to move forward without completing a required step. Provide guidance on how to correct the error and proceed with the correct sequence.	• We continue to evaluate the need for validation and error messages and incorporating them where appropriate. However, there are limitations to this kind of validation that must be considered as well. Validation rules are all or nothing, once they are in place there is no way to bypass them when needed. • Enforcing the correct sequence of steps via validation rules and error messages will remove system flexibility when exceptions need to be made for things like emergency regulatory changes or when variances are needed. • Leadership evaluates common data entry errors found via look behind and data validation processes and adjusts the system, or provides additional staff training, when needed. • Additional system validations and error messages will not be implemented at this time. Instead, the Office of Licensing evaluates common data entry errors found via look behind and data validation processes and provides staff training and job aids when needed. The documented look behind protocols for each area of CONNECT are in the following documents Look Behind for Regulatory Compliance - Incident Management - Investigations Future and Ongoing Action Steps: • Updating requirements for incident system; will issue an RFI to identify potential solutions that may exist in marketplace, while also evaluating feasibility of building in-house solution.
Criterion #: 3 **DQ Category:** Data Validation **Last Assessment Date:** 7/18/2023 **Current Status:** In progress **Estimated Completion Date:** 6/28/2024 **Description:** Utilize appropriate user access controls to limit the ability to bypass steps or modify the automated process guide. Ensure that only authorized users with the necessary privileges can access and modify the guide.	SFY24 Annual Update on Action Items Taken To Date: • The process guides will not be updated to enforce the correct sequence of steps. Instead, the Office of Licensing evaluates common data entry errors found via look behind and data validation processes and provides staff training and job aids when needed. • Clear error messages were implemented in key areas of most processes in CONNECT during the installation of the application, prior to the data assessment, to ensure steps are not skipped. We continue to evaluate the need for validation and error messages and incorporating them where appropriate. For example, we will be adding a validation rule to the inspections screen to ensure users choose the appropriate action for CAP Issued or No Further Action in the upcoming project slated for 2025. • However, there are limitations to this kind of validation that must be considered as well. Validation rules are all or nothing, once they are in place there is no way to bypass them when needed. • Enforcing the correct sequence of steps via validation rules and error messages will remove system flexibility when exceptions need to be made for things like emergency regulatory changes or when variances are needed.

	• Leadership evaluates common data entry errors found via look behind and data validation processes and adjusts the system, or provides additional staff training, when needed.
	• This action is completed. Additional system validations and error messages will not be implemented at this time. Instead, the Office of Licensing evaluates common data entry errors found via look behind and data validation processes and provides staff training and job aids when needed. The Office of Licensing and CONNECT admin users do not have access to modify process guides. The Community Provider Application Analyst has the training and ability to modify sub-steps of process guides if needed and approved by leadership, but only the vendor can modify main steps, remove steps, or change the order of steps in the process guides.
	Future and Ongoing Action Steps:
	• Updating requirements for incident system; will issue an RFI to identify potential solutions that may exist in marketplace, while also evaluating feasibility of building in-house solution.
Criterion #: 4 **DQ Category:** Training **Last Assessment Date:** 7/18/2023 **Current Status:** In progress, awaiting verification **Estimated Completion Date:** 2/22/2024 **Description:** Educate users about the importance of following the automated process guide and the implications of skipping steps. Conduct training sessions and provide user manuals that emphasize the significance of adhering to the prescribed sequence for accurate data entry.	SFY24 Annual Update on Action Items Taken To Date: • Office of Licensing Leadership and the CONNECT System Manager developed formal training and refresher courses for staff. These trainings focus on the importance of following the system integrated process guides and the implications of skipping or not following steps. • The CONNECT System Manager and the CONNECT Application Analyst began working with business area SMEs in June 2024 to create and consolidate additional job aide resources, or user manuals, (outside of CONNECT). These additional resources will be made available to staff in a single Teams location for easy access. These resources will be integrated into staff trainings as they are finalized. ETA for completion of this effort is June 2025. • New hire training, on the CONNECT system, as well as refresher training for existing staff was implemented in February 2024. Future and Ongoing Action Items: None reported

Recommendation #6: Enhance Comprehensive Logging of Historical Data

There are a total of two completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation #6 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Data Validation	SFY24 Annual Update on Action Items Taken To Date:

Last Assessment Date: 7/18/2023 **Current Status:** In progress awaiting verification during the next assessment period **Estimated Completion Date:** 3/27/2024 **Description:** Request the vendor's assistance in rectifying the errors in the history logs. Ask for their guidance and support in identifying the root cause of the errors and implementing necessary corrections. This may involve system updates, database modifications, or adjustments to the logging mechanism to ensure accurate and reliable data recording.	• The vendor has completed tasks 516283 and 519570 to correct issues with the audit log history for screens in CONNECT and the history is no longer logging events as numerical (property ID) values. • A new task was reported to the vendor to update the data logged while the issue was occurring to show the user interface (UI) labels instead of property value ID numbers. It was assigned task number was 527151 and work was completed in March 2024. Future and Ongoing Action Items: None reported
Criterion #: 2 **DQ Category:** Data Validation **Last Assessment Date:** 7/18/2023 **Current Status:** In progress, awaiting verification **Estimated Completion Date:** 6/28/2024 **Description:** Conduct regular quality assurance checks to ensure that historical logs are consistently capturing and retaining all necessary information. Implement checks and balances to identify and rectify any discrepancies or missing data promptly.	SFY24 Annual Update on Action Items Taken To Date: • The vendor completed the issue tasks reported for this in September and November of 2023. • Quality assurance checks are now completed weekly by OL management to ensure the historical logs are consistently capturing and retaining all necessary information. Any issues identified with the audit log will be reported to the vendor immediately. No new issues have been discovered since the issue was resolved at the end of 2023. Future and Ongoing Action Items: None reported

Recommendation #7: Reduce Manual Effort when Correcting Records and Performing Data Clean-up

There are a total of five completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation #7 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Backend Structure **Last Assessment Date:** 7/18/2023 **Current Status:** In progress **Estimated Completion Date:** 3/1/2023 **Description:** Identify and address the root causes of delays or system slowness to minimize the occurrence of delays that contribute to the creation of duplicate records. • Delays in the system/ the system is slow result in multiple records of items being created, for example, multiple CAP items. This is not immediately apparent the time the CAP is issued; therefore, the provider may see the duplicates. Then, to respond, the provider must call to have the duplicate CAP items deleted or manually respond to each duplicate created, for the response to be received and for management to manually delete it.	SFY24 Annual Update on Action Items Taken To Date: • Worked with the vendor to address overall system performance by decreasing the size of entities loaded into the XML when users click to open records. This included removing historical information for location modifications and application history from the XML and replacing that data with a link that allows users to load the data back into the XML if it is needed. • DBHDS has worked with the vendor to incorporate all changes that are possible in the current version of GL6. • As a result of this assessment, Leadership conducted meetings to determine how to simplify the inspections and CAP processes, consolidate steps, and integrate system automation to prevent bad and duplicated data, and remove duplicative data entry screens where possible. The outcome of those meetings is documented below in the "Future and Ongoing Action Steps". Future and Ongoing Action Items: • Scope of the project was reviewed with the vendor. It has been determined that revision will be extensive, requiring 8 projects. Initiation of this work is pending transition to GL7. The transition is scheduled to be

	completed by end of 2024 and these projects will be a top priority item beginning in 2025.
	• Updating requirements for incident system; will issue an RFI to identify potential solutions that may exist in marketplace, while also evaluating feasibility of building in-house solution.
Criterion #: 2 **DQ Category:** User Interface **Last Assessment Date:** 7/18/2023 **Current Status:** In progress **Estimated Completion Date:** 7/1/2025 **Description:** Simplify the response submission process by offering a user-friendly interface. Ensure that providers can easily respond to CAP items without having to manually address each duplicate individually. This could involve providing checkboxes or selection options to indicate which duplicates are being responded to. • Delays in the system/ the system is slow result in multiple records of items being created, for example, multiple CAP items. This is not immediately apparent the time the CAP is issued; therefore, the provider may see the duplicates. Then, to respond, the provider must call to have the duplicate CAP items deleted or manually respond to each duplicate created, for the response to be received and for management to manually delete it.	SFY24 Annual Update on Action Items Taken To Date: • As a result of this assessment, Leadership conducted meetings to determine how to simplify the inspections and CAP processes, consolidate steps, and integrate system automation to prevent bad and duplicated data, and remove duplicative data entry screens where possible. The outcome of those meetings is documented below in the "Future and Ongoing Action Steps". Future and Ongoing Action Items: • Scope of the project was reviewed with the vendor. It has been determined that revision will be extensive, requiring 8 projects. Initiation of this work is pending transition to GL7. The transition is scheduled to be completed by end of 2024 and these projects will be a top priority item beginning in 2025. • Updating requirements for incident system; will issue an RFI to identify potential solutions that may exist in marketplace, while also evaluating feasibility of building in-house solution
Criterion #: 3 **DQ Category:** Data Validation **Last Assessment Date:** 7/18/2023 **Current Status:** In progress **Estimated Completion Date:** 6/28/2024 **Description:** Collaborate with the vendor and internal DBHDS QA team to enhance the User Acceptance Testing (UAT) process. Together, create comprehensive test cases and scenarios to ensure thorough system testing. Work with the vendor to generate mock data (if needed) or create relevant data during testing that could cause issues to the system. QA from both the vendor and DBHDS can collaborate with the business to define test case scenarios, reviewing them before testing starts and reviewing test results with business.	SFY24 Annual Update on Action Items Taken To Date: • The vendor collaborates with the DBHDS business SMEs and QA to identify the UAT testing scenarios at the beginning of a project, this is already in place and occurs during the Goal and Scope review and approval, which is the very first phase of a project. • The vendor has implemented changes to project phases to enhance the user acceptance testing phase and they presented these changes to the business on 8/22/2023. • DBHDS has created a share point location to compile and document system impacts and project checklists for different types of projects. Future and Ongoing Action Items: • There is no timeline for this item because it will be an ongoing effort between the Office of Licensing and the CONNECT vendor; efforts and changes have already been implemented, and the Office of Licensing will continue to seek improvements to this process. • Updating requirements for incident system; will issue an RFI to identify potential solutions that may exist in marketplace, while also evaluating feasibility of building in-house solution.
Criterion #: 4 **DQ Category:** Backend Structure **Last Assessment Date:** 7/18/2023 **Current Status:** In progress **Estimated Completion Date:** 6/28/2024 **Description:** If a record's status is corrected and saved, but the incident remains closed, introduce an automatic reopening	SFY24 Annual Update on Action Items Taken To Date: • If a user incorrectly changes the status of a DSI to a closed status, such as No Action, and clicks save, the system will close the incident. If the error is caught same day, the status can simply be changed back to the appropriate status, and the close date can be removed by that staff. If the status is left that way overnight, the

mechanism. The system should detect when a corrected status has been saved and automatically reopen the record to ensure it appears in the licensing specialist queue. • In the event that a user incorrectly changes the status of a DSI record, such as selecting "no action" instead of the appropriate status like "pending agency action" without considering future updates from the provider, it results in the incident being erroneously closed. Even if the status is subsequently corrected and saved, the incident remains closed. To rectify this, the user must reopen the record and update it to the appropriate status. Failure to do so prevents the record from appearing in the licensing specialist queue, hindering their ability to review and address the incident accordingly. Although the record is still within the system and not lost, it does not reach the appropriate queue as intended.	record will be sent to the CHRIS system and closed, requiring the user to follow the steps to re-open the incident. • The steps to re-open an incident require the user to set the status to Re-Open, the system then automatically sends the action to CHRIS to re-open the incident. This automation was in place prior to this assessment. • There is no way to validate that the user selects the correct status option because this determination is made by the user's evaluation of the data, it is not based off any specific field or data point that can be validated against. For this reason, no change to this process will be made in the system based on this assessment. • The CHRIS Import Interface Specification and the SDS for the Death and Serious Incident Reporting business process include all system automation rules for re-opening death and serious incidents. See: SDS - Death and Serious Incident Reporting; CHRIS Import Interface Specification <u>Future and Ongoing Action Items:</u> • Updating requirements for incident system; will issue an RFI to identify potential solutions that may exist in marketplace, while also evaluating feasibility of building in-house solution.
Criterion #: 5 **DQ Category:** Data Validation **Last Assessment Date:** 7/18/2023 **Current Status:** In progress **Estimated Completion Date:** 7/1/2025 **Description:** Automate the execution of complex corrective actions that are required to resolve data quality issues. • Despite the presence of data reviews, queries, and reports for data validation, correcting user-related data entry errors or reversing automated system actions in CONNECT can be a complex process. Depending on the workflow, it often requires following multiple manual steps meticulously to rectify or revert a record, sometimes involving intricate procedures. Depending on the workflow process the correction and updating of data entry errors can either be performed by the user or upper management.	<u>SFY24 Annual Update on Action Items Taken To Date:</u> • As a result of this assessment, Leadership conducted meetings to determine how to simplify the inspections and CAP processes, consolidate steps, and integrate system automation to prevent bad and duplicated data, and remove duplicative data entry screens where possible. The purpose of this review was to identify primary areas of user-related data entry errors, and to update the process and screens to prevent those data entry errors in the first place. The review also focused on how to expedite and automate the steps required to rectify user-related data entry errors to simplify those steps when they are required. The outcome of those meetings is documented below in the "Future and Ongoing Action Steps" <u>Future and Ongoing Action Items:</u> • Scope of the project was reviewed with the vendor. It has been determined that revision will be extensive, requiring 8 projects. Initiation of this work is pending transition to GL7. The transition is scheduled to be completed by end of 2024 and these projects will be a top priority item beginning in 2025. • Updating requirements for incident system; will issue an RFI to identify potential solutions that may exist in marketplace, while also evaluating feasibility of building in-house solution.

Recommendation #8: Ambiguity in Identifying Responsible Entity and Misleading Modification Timestamps in DSI History

There are a total of two completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.
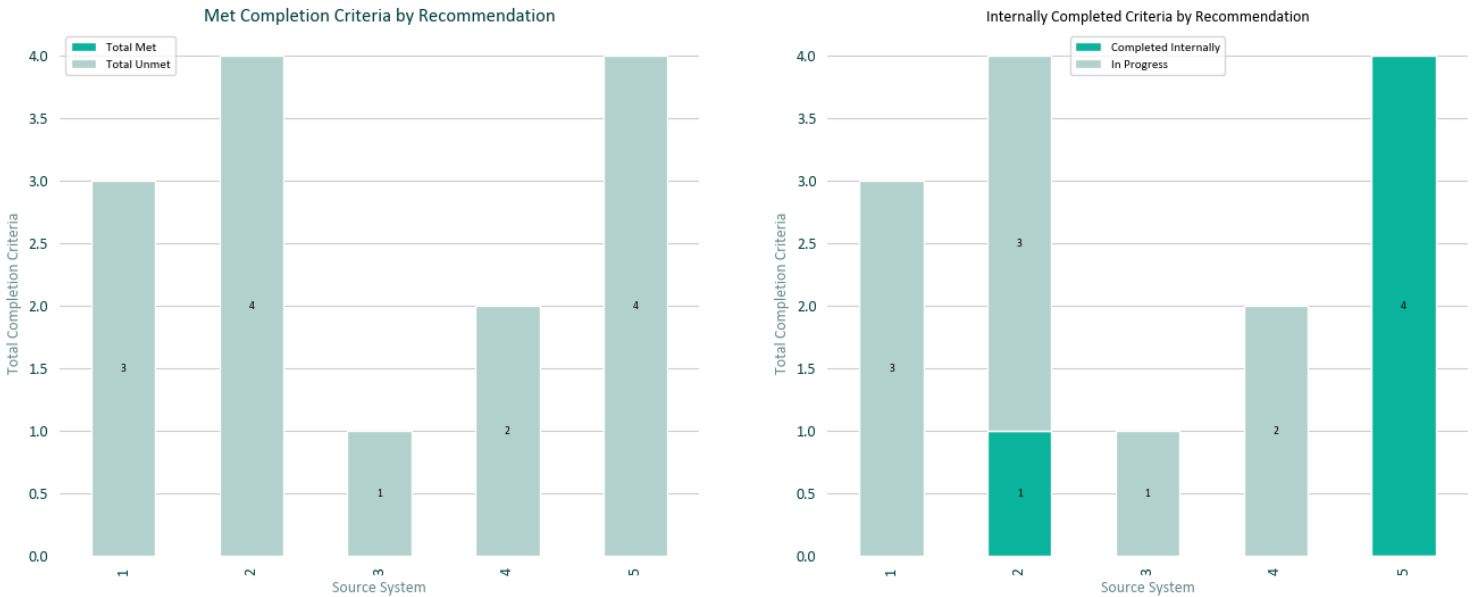
Recommendation #8 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Backend Structure **Last Assessment Date:** 7/18/2023 **Current Status:** In progress **Estimated Completion Date:** 6/28/2024 **Description:** Enhance the logging and audit trails within the DSI system to accurately capture relevant information about responsible entities and modification timestamps. Ensure that these logs are easily accessible and searchable for analysis and verification purposes.	SFY24 Annual Update on Action Items Taken To Date: • There was an issue of the historical data audit logs not logging system changes correctly raised by users prior to this data assessment taking place. The issue was still in progress with the vendor at the time of this data assessment, which is why users raised it as a system issue during the data assessment. The vendor completed the issue tasks reported for this in September and November of 2023. The issues were reported prior to the assessment and were resolved shortly after the assessment. • The CONNECT application audit log does capture responsible parties as far as it is able to do so, but it can only record the information available. • Changes made to screens by staff log the responsible staffs name and the specific changes that staff made. • Changes made by providers, or by staff in the CHRIS application, are not captured in CONNECT, they are captured in CHRIS. Providers do not access CONNECT to enter DSI information. The data is transferred from CHRIS to CONNECT, so CONNECT captures these changes as being made by the CHRIS Import Interface – which is accurate, and it is the information available to the CONNECT application. • Changes made by automated business rules in CONNECT are captured as Admin, Administrator, which is the GL Suite application user group Future and Ongoing Action Items: • Updating requirements for incident system; will issue an RFI to identify potential solutions that may exist in marketplace, while also evaluating feasibility of building in-house solution.
Criterion #: 2 **DQ Category:** Data Validation **Last Assessment Date:** 7/18/2023 **Current Status:** In progress **Estimated Completion Date:** 6/28/2024 **Description:** Perform periodic data reconciliation between the data source systems and the integrated data to identify any discrepancies related to responsible entities and modification timestamps.	SFY24 Annual Update on Action Items Taken To Date: • Periodic data reconciliation processes Continue to be in place. The tools to perform the reconciliation were included in the design and developed during the installation of the CONNECT application. The reconciliation process is a manual process completed by the IMU Team Manager. • CONNECT includes interface status queries for each data transfer integration and those queries include record counts for data received. CHRIS data is reported in the DW80a report. The reports are used to reconcile data between the two data source systems. This is done as part of the Incident Management look-behind and is usually done daily as well.

.

	• The reconciliation is completed as part of the Incident Management look behind process. See: Incident Management Data Validations, Audits, Look Behinds, and Trainings Future and Ongoing Action Items: • Updating requirements for incident system; will issue an RFI to identify potential solutions that may exist in marketplace, while also evaluating feasibility of building in-house solution.

Waiver Management System-Customized Rates (WaMS-CR) Module

There are a total of five recommendations for data quality improvement that have been made for the CR module. The bar graphs below depict progress as assessed by OCQM assessors (left) in SFY23 and progress since the assessment, as reported by the business/program's annual update.

Criteria Statuses (per recommendation) for the CR source system.

Recommendation #1: Implement an Autosave Functionality and Reliable Confirmation Dialog Box Feature in WaMS to Eliminate Manual Effort

There are a total of three completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area

Recommendation # 1 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Manual Data Processing **Last Assessment Date:** 8/17/2023 **Current Status:** In progress **Estimated Completion Date:** TBD **Description:** Work with the vendor to develop and integrate an automatic data saving feature that continuously saves user inputs in real-time as they work within the application.	SFY24 Annual Update on Action Items Taken To Date: • Auto-Save was implemented in WaMS for Customized rates and the ISP circa 9/2022; however, with FEI's solution and current platform, the intended functionality would include saving the document at any point while working in the system, which was determined not to be supported by the WaMS platform. The implemented functionality was designed to save all entries entered by users every 5 minutes so that users did not lose data already entered in WaMS. The system requirements does not allow data to be saved unless certain fields are completed. This was frustrating to users because when autosave kicked in, several error messages would display. Future and Ongoing Action Items: • When we attempted to employ the auto save feature as indicated above, certain required field were impacted,

.

	resulting in the displaying of error messages; therefore users asked that we roll back the auto save feature. • The WaMS Administrator will continue to coordinate between the CSBs and FEI to understand an ongoing issues and see if there are alternate solutions.
Criterion #: 2 **DQ Category:** User Interface **Last Assessment Date:** 8/17/2023 **Current Status:** In progress **Estimated Completion Date:** TBD **Description:** Work with the vendor to develop a reliable and responsive confirmation dialog box that accurately reflects user actions and system responses. Ensure that the dialog box clearly communicates the action being confirmed and provides users with appropriate feedback.	SFY24 Annual Update on Action Items Taken To Date: • The confirmation dialog box referenced in this criterion is part of the Auto-Save recommendation. Auto-Save was implemented in WaMS for Customized rates and the ISP circa 9/2022; however, with FEI's solution and current platform, the intended functionality would include saving the document at any point while working in the system, which was determined not to be supported by the WaMS platform. The implemented functionality was designed to save all entries entered by users every 5 minutes so that users did not lose data already entered in WaMS. The system requirements do not allow data to be saved unless certain fields are completed. This was frustrating to users because when autosave kicked in, several error messages would display. Future and Ongoing Action Items: • DBDHS is working on a RFI to complete a Request for Information and a possible subsequent Request for Proposal for a system that will include the desired functionality.
Criterion #: 3 **DQ Category:** User Interface **Last Assessment Date:** 8/17/2023 **Current Status:** In progress **Estimated Completion Date:** TBD **Description:** Examine the current system's activity detection algorithm to identify any potential shortcomings. Ensure that it is properly calibrated to detect various types of user interactions, including mouse movements.	SFY24 Annual Update on Action Items Taken To Date: • The algorithm referenced in this criterion is part of the Auto-Save recommendation. Auto-Save was implemented in WaMS for Customized rates and the ISP circa 9/2022; however, with FEI's solution and current platform, the intended functionality would include saving the document at any point while working in the system, which was determined not to be supported by the WaMS platform. The implemented functionality was designed to save all entries entered by users every 5 minutes so that users did not lose data already entered in WaMS. The system requirements do not allow data to be saved unless certain fields are completed. This was frustrating to users because when autosave kicked in, several error messages would display. Future and Ongoing Action Items: • WaMS Administrator will share feedback with FEI during the weekly meeting and ask FEI to work with a few CSBs to see if there is a way to identify and mitigate the concern. • The WaMS Administrator will continue to coordinate between the CSBs and FEI to understand an ongoing issues and see if there are alternate solutions.

Recommendation #2: Document Business Processes and Business Rules to Incorporate Revised Workflow Procedures

There are a total of four completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

.

Recommendation # 2 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Key Documentation **Last Assessment Date:** 8/17/2023 **Current Status:** In progress **Estimated Completion Date:** TBD **Description:** Conduct a thorough review of the existing SOP to identify all outdated information, including steps and screenshots, that need to be updated.	SFY24 Annual Update on Action Items Taken To Date: • All SOP's have been edited and finalized with updated screenshots. The provider guide has been edited and updated and is awaiting finalization post public comment. Future and Ongoing Action Items: • Publish the guide on the website once final approval is provided.
Criterion #: 2 **DQ Category:** Key Documentation **Last Assessment Date:** 8/17/2023 **Current Status:** In progress **Estimated Completion Date:** 9/1/2024 **Description:** Ensure that the business glossary is updated to reflect any changes in the definitions of terms, ensuring consistency and clarity in the documentation.	SFY24 Annual Update on Action Items Taken To Date: • Business glossary has been completed. Future and Ongoing Action Items: none reported • WaMS User Guide will be updated with the next change for the Customized Rates Module slated for October/November 2024 • Business glossary will be placed in Source system folder as evidence of completion
Criterion #: 3 **DQ Category:** Key Documentation **Last Assessment Date:** 8/17/2023 **Current Status:** In progress **Estimated Completion Date:** 10/1/2024 **Description:** Maintain comprehensive documentation encompassing all pertinent business rules that establish structure, control, or impact on the data entry process.	SFY24 Annual Update on Action Items Taken To Date: None reported Future and Ongoing Action Items: • Continue to follow up with DMAS weekly until the provider guide has been finalized through the public comment period and published on the DBHDS website. • Follow up with Dee to determine the status of the WaMS user guide. (7/12/2024) • Create a business glossary external to all SOP's and provider guides. (9/1/2024)
Criterion #: 4 **DQ Category:** Key Documentation **Last Assessment Date:** 8/17/2023 **Current Status:** In progress; awaiting verification **Estimated Completion Date:** 6/28/2024 **Description:** Store this documentation (business processes and business rules) in an accessible location for all users responsible for inputting data into the data source system, ensuring it is regularly updated to align with evolving business requirements.	SFY24 Annual Update on Action Items Taken To Date: • All SOP's, provider guides and other relevant documentation are stored on either the DBHDS website or in an area that is local to the relevant users. • Information is updated on the website as it is finalized Future and Ongoing Action Items: • This documentation is updated and reviewed annually or as needed throughout the year.

Recommendation #3: Establish a Data Dictionary for the Master CR Workbook

There is a total of one completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation # 3 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Key Documentation **Last Assessment Date:** 8/17/2023 **Current Status:** In progress **Estimated Completion Date:** 10/1/2024 **Description:** A comprehensive data dictionary (should be) available, providing extensive details regarding the contents of the data stored in the Master CR Workbook.	SFY24 Annual Update on Action Items Taken To Date: • Work has begun on the creation of the data dictionary. It is anticipated to be completed by 10/1/2024. Future and Ongoing Action Items: • This document will be maintained in the workbook and a copy will be stored in the source system review folders.

a. The complete list of data element names and properties. b. The specific data types or formats associated with each data element. c. Descriptions and business definitions clarifying the contents of each data element. d. Indication of whether the data is sourced from the system itself or generated by users. e. Identification of the system from which data is imported for each data element. f. Thorough business definitions for each unique response value within fields that are constrained to predefined lists of options, such as dropdown menus.	

Recommendation #4: Clarify Data Labels to Ensure Accurate Data Entry by Providing Sufficient Information for Respondents

There are a total of two completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation # 4 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Data Validation **Last Assessment Date:** 8/17/2023 **Current Status:** In progress **Estimated Completion Date:** 9/1/2024 **Description:** Introduce a designated field that allows providers to clarify if the time spent on an activity was distributed across multiple attempts rather than a single continuous session.	<u>SFY24 Annual Update on Action Items Taken To Date:</u> • DBHDS updated the training slides related to this issue and provided additional training to providers around this issue. <u>Future and Ongoing Action Items:</u> • DBHDS will also update the user guide to include this information which will be completed 12/1/2024 and posted on the WaMS site.
Criterion #: 2 **DQ Category:** Training **Last Assessment Date:** 8/17/2023 **Current Status:** In progress **Estimated Completion Date:** 9/1/2024 **Description:** For the field requiring specification of the One-to-One support activity, offer guidance with descriptions and examples of the types of support activities that fall under this field.	<u>SFY24 Annual Update on Action Items Taken To Date:</u> • DBHDS updated the training slides related to this issue and provided additional training to providers around this issue. • Data accuracy is assured because of the extensive review process that occurs through the Customized Rate team including on site reviews, and verification of all data that is entered and utilized. <u>Future and Ongoing Action Items:</u> • DBHDS will also update the user guide to include this information which will be completed 12/1/2024 and posted on the WaMS site.

Recommendation #5: Eliminate Manual Effort and Redundancy in Workflow Processes

There are a total of four completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

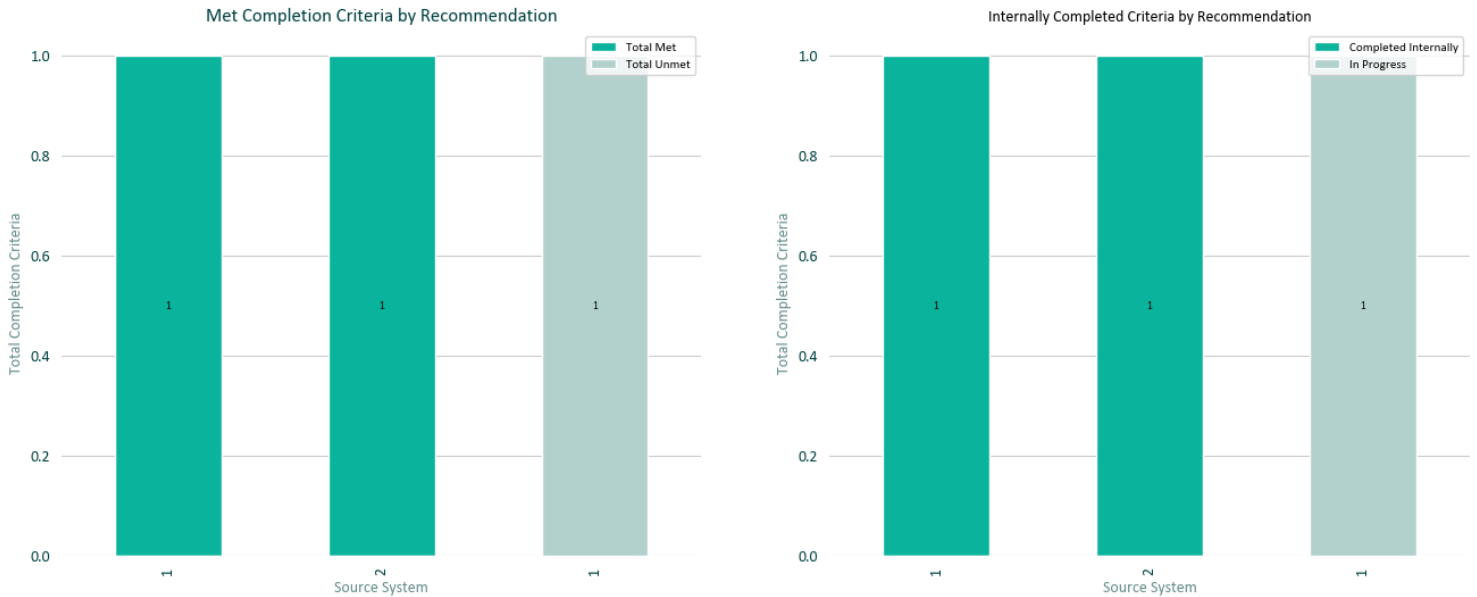| Recommendation # 5 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Manual Data Processing **Last Assessment Date:** 8/17/2023	SFY24 Annual Update on Action Items Taken To Date:

Current Status: In progress; awaiting verification during the next assessment period. **Estimated Completion Date:** 6/28/2024 **Description:** Once FEI updates the CR module to include the schedule of support, specifically within the Customized rate review Committee (CRRC) decision tab of the CR application, this process should be assessed to ensure that implementation effectively automated the process within WaMS and that the process generates the schedule of support along with the Notice Of Action (NOA) for the provider.	• FEI updated the CR module to include the schedule of support, specifically within the CRRC decision tab of the CR application, • The business owner has reviewed and tested the FEI updates and automated this process within WaMS. <u>Future and Ongoing Action Items</u>: None reported
Criterion #: 2 **DQ Category:** Manual Data Processing **Last Assessment Date:** 8/17/2023 **Current Status:** In progress **Estimated Completion Date:** 6/28/2024 **Description:** Engage in discussions with CONNECT/CHRIS vendors to establish a secure and authorized method of automated provider license verification and access to incident reporting when needed for the intake process or other Office of Licensing verification process(s). Work closely with CONNECT/CHRIS vendors to understand the technical requirements and any potential constraints related to this enhancement.	<u>SFY24 Annual Update on Action Items Taken To Date:</u> • Providers are asked to submit a copy of their licenses and any incident reports. <u>Future and Ongoing Action Items:</u> • Customized Rate Team Manager will request access to CONNECT to access copies of licenses to reduce burden on providers.
Criterion #: 3 **DQ Category:** Manual Data Processing **Last Assessment Date:** 8/17/2023 **Current Status:** In progress **Estimated Completion Date:** 6/28/2024 **Description:** Streamline the intake form by assessing and potentially eliminating fields that can be automatically populated or are redundant.	<u>SFY24 Annual Update on Action Items Taken To Date:</u> • Completed assessment of the intake process. As a result, reduced some of the redundancies and changed the process to address the redundancy in the process <u>Future and Ongoing Action Items:</u> • DBHDS will continue to reassess the process and make determination if there is any other redundancy that can be eliminated. • Additional concerns should be addressed through updates to the module that will be completed by 12/1/2024.
Criterion #: 4 **DQ Category:** Manual Data Processing **Last Assessment Date:** 8/17/2023 **Current Status:** In progress **Estimated Completion Date:** 6/28/2024 **Description:** Thoroughly test the automated support schedule feature to ensure its accuracy, functionality, and seamless integration with existing processes. Validate the feature's performance under various scenarios to identify and address any potential issues.	<u>SFY24 Annual Update on Action Items Taken To Date:</u> • The business owner has reviewed and tested the FEI updates to the automated support feature, and they appear to have effectively automated this process within WaMS. • Completed assessment of the intake process. As a result, reduced some of the redundancies and changed the process to address the redundancy in the process <u>Future and Ongoing Action Items:</u> • We will continue to reassess the process and make determination if there is any other redundancy that can be eliminated. • Additional concerns should be addressed through updates to the module that will be completed by 12/1/2024.

WaMS Individual and Family Support Program (WAMS IFSP) Module

There are a total of three recommendations for data quality improvement that have been made for the IFSP module. The bar graphs below depict progress as assessed by OCQM assessors (left) in SFY23 and progress since the assessment, as reported by the business/program's annual update.

Criteria Statuses (per recommendation) for the IFSP source system.

Recommendation #1: Assess the WaMS IFSP module to verify Fall 2023 Enhancement Issues are Addressed

There is a total of one completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation #1 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Data Validation **Last Assessment Date:** 8/17/2023 **Current Status:** In progress **Estimated Completion Date:** 10/31/2024 **Description:** Now that the WaMS IFSP Module is complete, IFSP module enhancements will be implemented Fall of 2023, when the IFSP cycle reopens. The IFSP module should undergo an assessment of modifications and concerns noted in the 2019 assessment to determine if the business area's needs are being met and the concerns from the 2019 assessment addressed.	<u>SFY24 Annual Update on Action Items Taken To Date:</u> None reported <u>Future and Ongoing Action Items*:</u> • The WaMS IFSP Module re-assessment is expected to be completed in the Fall of 2024.

OLIS

There was a total of four recommendations for data quality improvement that have been made for the OLIS data source system. While OLIS was not assessed in SFY 23, it is included here to note the transition from OLIS to Connect in SFY22. Therefore, bar graphs depicting progress as assessed by OCQM assessors in SFY23 and progress since that SFY23 assessment, as reported by the business/program's annual update, is not provided. Please refer to the Connect Data Source System report, contained herein, for findings and progress related to Connect (the current Office of Licensing data source system). However, a list of recommendations and completion criteria have been included below for reference and consideration, when reviewing the findings and progress noted in the Connect portion of this *2024 Data Quality Monitoring Report Annual Update*.

Recommendation #1: Modify the OLIS system to house the most current regulations and policies, so that they can simply be selected from a list.

There was a total of one completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program area.

Recommendation #1 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Data Validation **Last Evaluation Date:** 6/1/2019 **Current Status:** Not Applicable **Estimated Completion Date:** 11/1/2021 **Description**: One of the biggest challenges for data quality is the need for users to store important information in external applications such as Microsoft Word. If the OLIS system could be modified to house the most current regulations and policies, so that they can simply be selected from a list, the risk of pasting wrong or outdated data into the system would be greatly reduced.	Not applicable, to OLIS, as the OLIS data source system has been replaced by CONNECT. Please see the Connect Annual Update contained here in.

Recommendation #2: Develop e-mail integration capabilities, to speed-up and better track all correspondence between Central Office and Providers.

There was a total of one completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program area.

Recommendation #2 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Manual Data Processing **Last Evaluation Date:** 6/1/2019 **Current Status:** Not Applicable **Estimated Completion Date:** 11/1/2021 **Description:** All notes collected from on-site visits and all e-mail communications must be copied and pasted into various multi-line data fields in OLIS. E-mail integration capabilities, to speed-	Not applicable, to OLIS, as the OLIS data source system has been replaced by CONNECT. Please see the Connect Annual Update contained herein.

.

up and better track all correspondence between Central Office and Providers, would greatly reduce copy/paste errors (e.g. data omissions and pasting in inaccurate fields) and increase efficiency.	

Recommendation #3: Designate and train an OLIS system administrator to manage underlying lookup data, validation rules, and train users.

There was a total of one completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program area.

Recommendation #3 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Training **Last Evaluation Date:** 6/1/2019 **Current Status:** Not Applicable **Estimated Completion Date:** 11/1/2021 **Description:** Additionally, though there are pre-populated dropdown lists available, such as locations, they could be more user-friendly. Designating and empowering an OLIS system administrator to better manage these lists – i.e., edit names that support more characters, sort in a more intuitive order, provide quick search, and hide no-longer-valid options – would prevent the selection of invalid choices and the creation of duplicates because existing options could not be found. Establishing this system admin--capable of making changes to the underlying lookup data and validation rules for OLIS data entry--and training OLIS users on how to report potential defects, as well as help ensure that currently available data entry controls work more effectively, would be helpful.	Not applicable, to OLIS, as the OLIS data source system has been replaced by CONNECT. Please see the Connect Annual Update contained herein.

Recommendation #4: Subject matter experts conduct audits of existing OLIS control/validation data and implement written procedures for data collection improvement changes.

There was a total of one completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program area.
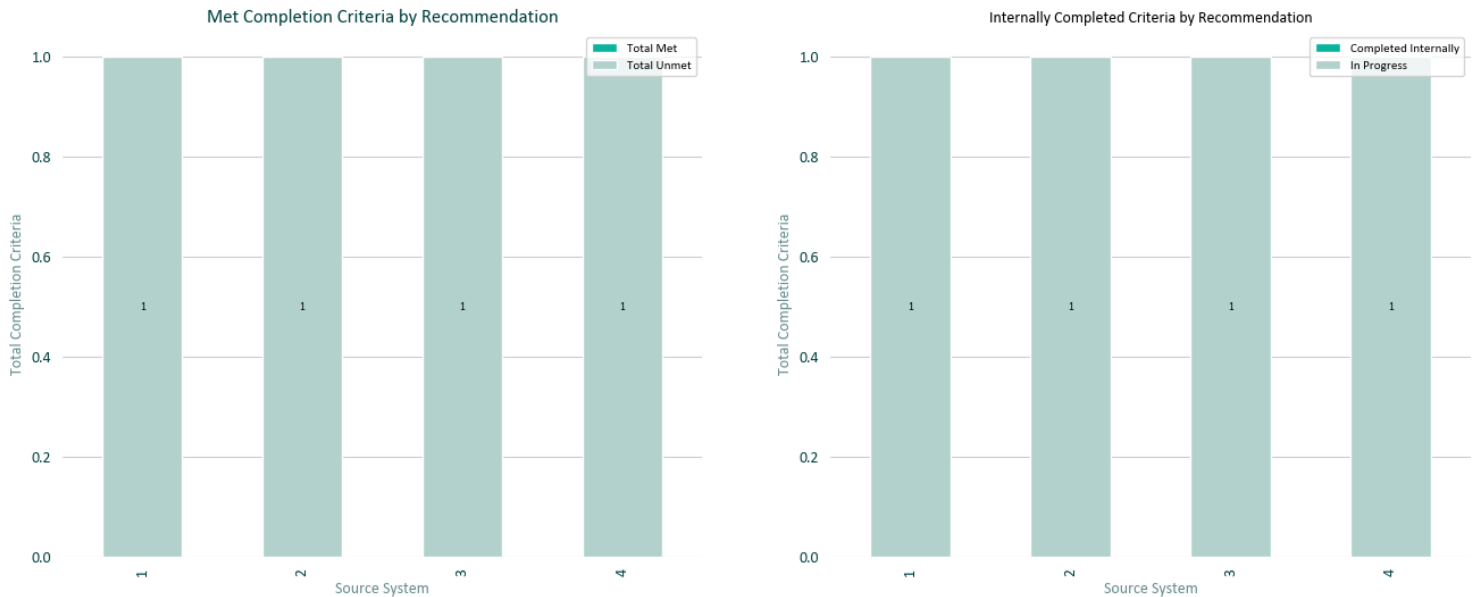
Recommendation #4 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Data Validation **Last Evaluation Date:** 6/1/2019 **Current Status:** Not Applicable **Estimated Completion Date:** 11/1/2021 **Description:** Other relatively simple improvements would include having subject matter experts conduct audits of existing OLIS control/validation data and document results to identify any	Not applicable, to OLIS, as the OLIS data source system has been replaced by CONNECT. Please see the Connect Annual Update contained herein.

.

stale or incorrect data issues that the system admin could correct. Likewise, implementing written procedures for requesting, approving, and communicating changes to appropriate parties would improve the data collection process.	

.

PAIRS

There are a total of four recommendations for data quality improvement that have been made for the PAIRS data source system. The bar graphs below depict progress as assessed by OCQM assessors (left) in SFY23 and progress since the assessment, as reported by the business/program's annual update. However, it should be noted that as of 7/1/2021 PAIRS was no longer being used to assert compliance with the DOJ SA compliance indicators.

Criteria Statuses (per recommendation) for the PAIRS source system.

Data Quality Concern 1 (Recommendation #1): Prevent duplicate reports

There is a total of one completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation #1 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Data Validation **Last Assessment Date:** 8/1/2019 **Current Status:** In progress **Estimated Completion Date:** TBD **Description:** During the interview and shadowing steps, DQV found that while there is some initial validation, the system lacks advanced validation and business rules to prevent inaccurate data entry. IT noted that users frequently seek support because they create a duplicate report and have no way of fixing the issue. This duplication issue often arises when users update a report using the "follow up" screens, and no root-cause analysis has been conducted. A more concerning aspect is that erroneous records are sent to VOPA automatically via email, as there is no data cleaning prior to transmission. Re-evaluate the data collection process to look for and make improvements; including taking a holistic look at the data being collected to consider incorporating new	SFY24 Annual Update on Action Items Taken To Date: None reported Future and Ongoing Action Items*: - The team is currently working towards procuring or developing a new incident management system. - There have been several meetings to determine if an RFI to vendors would subsequently be issued or if DBHDS would build its own incident management system in-house. - Continue tracking the status of deciding between an RFP or in-house development solution for a replacement system. - Work with DBHDS IT to determine if any stop-gap changes can be made to the current PAIRS system and/or other potential solutions that don't involve system changes.

.

fields so as to capture data that are not currently being collected.	

Data Quality Concern 2 (Recommendation #2): Establish data validation controls and develop business rules

There are a total of four completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation #2 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Key Documentation **Last Assessment Date:** 8/1/2019 **Current Status:** In progress **Estimated Completion Date:** 10/1/2024 **Description:** Users frequently update incorrect data manually. In doing so, the business owner must read though narrative fields to find the data, and then connect with the user to correct the issue. This is most likely due to a lack of systems documentation available to users. The documentation for the system is not very comprehensive and seems to be outdated. Furthermore, there is no comprehensive user manual that is provided from central office, leaving each facility to interpret procedures and definitions in its own way. Risk Managers are trained on reporting and data entry; however, they are not always the ones entering the data in the system. • All data fields should have constraints (numeric only, date controls, drop downs, checkboxes) to prevent erroneous data from being entered into the system. • Build advanced controls and business rules into the system to reduce the amount of manual labor that goes into auditing/fixing data. • Consider reducing the number of narrative fields, if possible, by adding additional dropdowns and/or checkboxes to capture data that are currently documented as free text. • A system log should be incorporated to capture all changes to data and for system rollbacks if necessary.	SFY24 Annual Update on Action Items Taken To Date: None reported Future and Ongoing Action Items*: • The team is currently working on developing process maps through the project team for PAIRS and the event tracker. • Because each facility has their own training materials and expectations around data entry and auditing/fixing data, there's a current effort to work with quality management staff at each facility to review and consult on their processes. • The goal is working towards a centralized training & resource manual, but this cannot be done until the review of provider data entry practices is completed to more accurately develop a manual that does not contain duplicative or contradictory information. • Continue to track the progress of facility training materials & data entry expectations. • Complete the user manual (expected 10/1/2024).

Data Quality Concern 3 (Recommendation #3): Develop system user resources (i.e., comprehensive systems documentation, user manual, data dictionary, and process maps)

There are a total of four completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation #3 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area

Criterion #: 1	SFY24 Annual Update on Action Items Taken To Date:
DQ Category: Key Documentation **Last Assessment Date:** 8/1/2019 **Current Status:** In progress **Estimated Completion Date:** TBD **Description:** Ownership of this system seems to be two siloes: the business lacks knowledge of the technical side, and IT lacks knowledge of the business side. There are no formal process documents or communications procedures. There is no one performing the role of a business reporting analyst, and no outside analysts are helping with data collection process improvements. • Comprehensive systems documentation should be produced and should be made available to users on a centralized web-based location. Documentation should be produced in central office and distributed to facilities to ensure consistency. • Build a robust user manual to enable users to be more self-sufficient and ensure that users all report in the same systematic way. • Consider adding a data dictionary and data definitions to the documentation library. • Process maps should also be constructed to clearly define the system processes as well as parties responsible for executing.	• Team understands the issues and root causes but there's limited (or no) opportunities to make process improvements to the current system because of the pending system being developed. Future and Ongoing Action Items: • There's been a transfer of ownership of this data source system and the new owner is working with IT to have the correct credentials in order to support appropriate process improvements. • Consult with the Division of Provider Management to determine what an appropriate action plan might be for this item.

Data Quality Concern 4 (Recommendation #4): Revitalizing Data Collection Processes

There are a total of two completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.
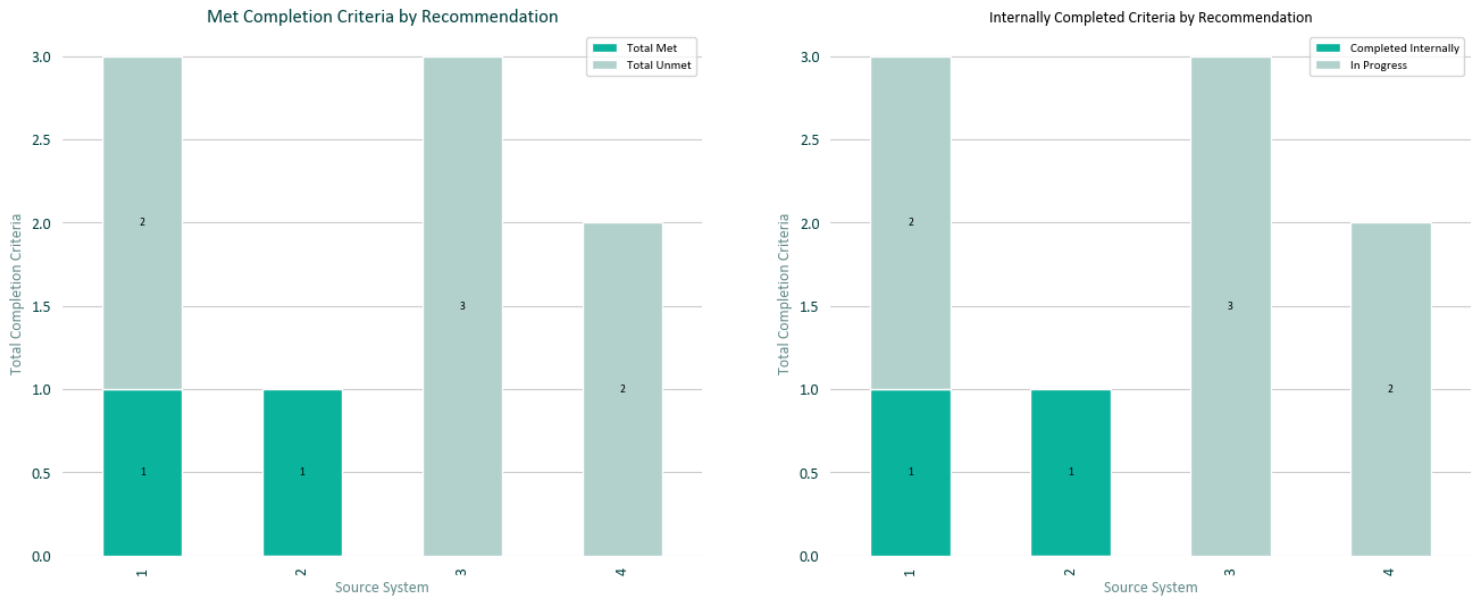
Recommendation #4 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Manual Data Processing **Last Assessment Date:** 8/1/2019 **Current Status:** In progress **Estimated Completion Date:** TBD **Description:** The data collection processes (fields, field values, etc.) have not been changed since the system was created, potentially limiting the relevance and usefulness of the data. The PAIRS application was originally created specifically to report events requiring medical attention beyond first aid to the disAbility Law Center of Virginia (dLCV). The system collects data on injuries and deaths, but it does not collect serious incident data such as emergency room visits, or chronic illnesses. • Data from the new web-based PAIRS system should be pulled into the data warehouse via an automated weekly process. Files should be delivered securely in a native format (no manual manipulation) with delivery failure notifications set up to go to both the business and IT.	SFY24 Annual Update on Action Items Taken To Date: • Data is being generated in reports on a daily basis, but reports are pulled directly from PAIRS to ensure data accuracy. Future and Ongoing Action Items*: • Work with IT to document the PAIRS database table's structures. • The business is working with IT to see how the data can be pulled into the Data Warehouse, reports are developed and systems are in place to assure the accuracy of the data.

• Document the PAIRS database tables so that table structure is understood and can easily be mapped to the data warehouse.	

Regional Education Assessment Crisis Services Habilitation (REACH)

There are a total of four recommendations for data quality improvement that have been made for the REACH data source system. The bar graphs below depict progress as assessed by OCQM assessors (left) in SFY23 and progress since the assessment, as reported by the business/program's annual update.

Criteria Statuses (per recommendation) for the REACH source system.

Data Quality Concern 1 (Recommendation #1): Enhance data cleaning processes

There are a total of three completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation #1 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Data Validation **Last Assessment Date:** 9/1/2023 **Current Status:** In progress **Estimated Completion Date:** 9/30/2024 **Description:** Consider implementing a process to periodically review and clean social security numbers (SSN)	SFY24 Annual Update on Action Items Taken To Date: • SSN review and cleaning are currently being completed manually. Future and Ongoing Action Items: • The transition to VCC as data source system resolves this issue. • The project manager and director are tracking progress made to assert data reliability and validity, once this is finalized, then REACH will transition to VCC • Until that transfer is confirmed, data will be maintained in the REACH data store.
Criterion #: 2 **DQ Category:** Data Validation **Last Assessment Date:** 9/1/2023	Not applicable, as this criterion was previously classified as "Met."

.

Current Status: Met **Estimated Completion Date:** 9/30/2024 **Description:** Moreover, anonymous or informational calls might pose challenges in demonstrating the program's preventive efforts since they don't necessitate record creation. It's worth assessing whether some of these efforts can be separately documented within the REACH system.	
Criterion #: 3 **DQ Category:** Data Validation **Last Assessment Date:** 9/1/2023 **Current Status:** In progress **Estimated Completion Date:** 9/30/2024 **Description:** The business might also consider a periodic import to check the values manually updated from CCS3, to avoid them becoming outdated.	<u>SFY24 Annual Update on Action Items Taken To Date:</u> None reported <u>Future and Ongoing Action Items:</u> • Source validation will be integrated into process after the transition to VCC as a data source system • Track progress of transition of REACH to VCC.

Recommendations (data quality concerns) With All Completion Criteria Met:

• Data Quality Concern 2 (Recommendation #2): Increase Test User Access

Recommendations With Completion Criteria Work Still in Progress

• Data Quality Concern 3 (Recommendation 3) Increase Access to Processes Currently Documented
  o There are a total of three completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation #3 Completion Criterion Description	**Action Plan & Updates, as Reported By the Business/Program Area**
Criterion #: 1 **DQ Category:** Key Documentation **Last Assessment Date:** 9/1/2023 **Current Status:** In progress **Estimated Completion Date:** 9/30/2024 **Description:** Document New River Valley team processes currently in place (e.g. process maps, schedule of events, etc.)	<u>SFY24 Annual Update on Action Items Taken To Date:</u> None reported <u>Future and Ongoing Action Items:</u> • VCC is undergoing a Data Governance Review. Part of that process ensures this documentation is developed • Track progress of transition of REACH to VCC.
Criterion #: 2 **DQ Category:** Key Documentation **Last Assessment Date:** 9/1/2023 **Current Status:** In progress **Estimated Completion Date:** 9/30/2024 **Description:** Share documented processes to a web-based repository (e.g. Box) for both NRV and Central Office staff.	<u>SFY24 Annual Update on Action Items Taken To Date:</u> None reported <u>Future and Ongoing Action Items:</u> • VCC is undergoing a Data Governance Review. Part of that process ensures this documentation is developed; the business area will work to share these processes accordingly. • Track progress of transition of REACH to VCC.
Criterion #: 3 **DQ Category:** Key Documentation **Last Assessment Date:** 9/1/2023 **Current Status:** In progress **Estimated Completion Date:** 9/30/2024 **Description:** Encourage some shared technical responsibility between the developers at the New River Valley CSB and Central Office crisis staff.	<u>SFY24 Annual Update on Action Items Taken To Date:</u> None reported <u>Future and Ongoing Action Items:</u> • VCC is undergoing a Data Governance Review. Part of that process requires the identification of data owners, data stewards, and data custodians and defining technical responsibilities for each relative to the data domain. Both CSBs and central office participate as part of one or more of these groups and associated data governance committees.

	• Track progress of transition of REACH to VCC.

## Data Quality Concern 4 (Recommendation #4): Prepare the system for future expansion

There are a total of three completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation #4 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** User Interface **Last Assessment Date:** 9/1/2023 **Current Status:** In progress **Estimated Completion Date:** 9/30/2024 **Description:** If the REACH data source system were to expand or scale, introduce additional levels of access to ensure that specific users don't get stuck primarily with data correction.	SFY24 Annual Update on Action Items Taken To Date: • A tiered access system is in place for VCC, to which REACH will transition. Future and Ongoing Action Items: • Track progress of transition of REACH to VCC.
Criterion #: 2 **DQ Category:** User Interface **Last Assessment Date:** 9/1/2023 **Current Status:** In progress **Estimated Completion Date:** 9/30/2024 **Description:** Furthermore, the business could explore the option of creating a web-based central repository where information can be easily searched and accessed. Additionally, developing an Application Programming Interface (API) for data exchange could also be beneficial.	SFY24 Annual Update on Action Items Taken To Date: • VCC is a web-based central repository. Future and Ongoing Action Items: • A data exchange API will be explored with VCC integration into the Enterprise Data Warehouse (EDW) • Track progress of transition of REACH to VCC.

WaMS- Regional Support Teams (WaMS-RST) Module

There are a total of six recommendations for data quality improvement that have been made for the RST module. The bar graphs below depict progress as assessed by OCQM assessors (left) in SFY23 and progress since the assessment, as reported by the business/program's annual update.

Criteria Statuses (per recommendation) for the RST source system.
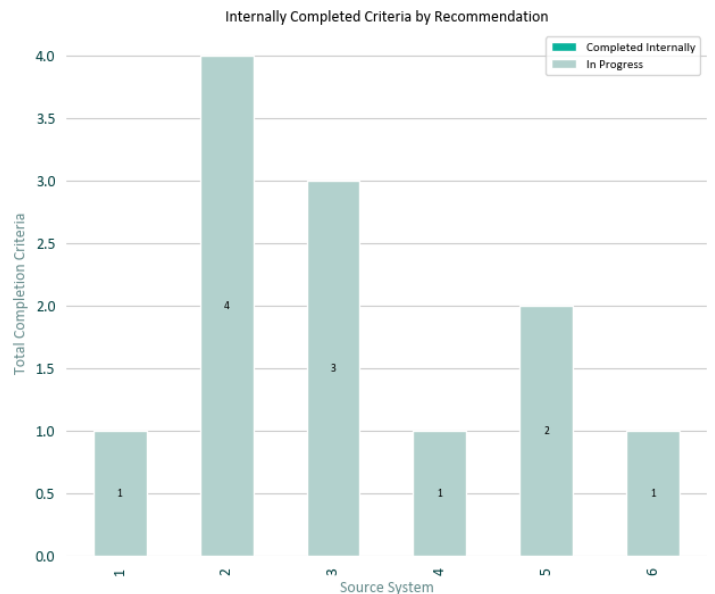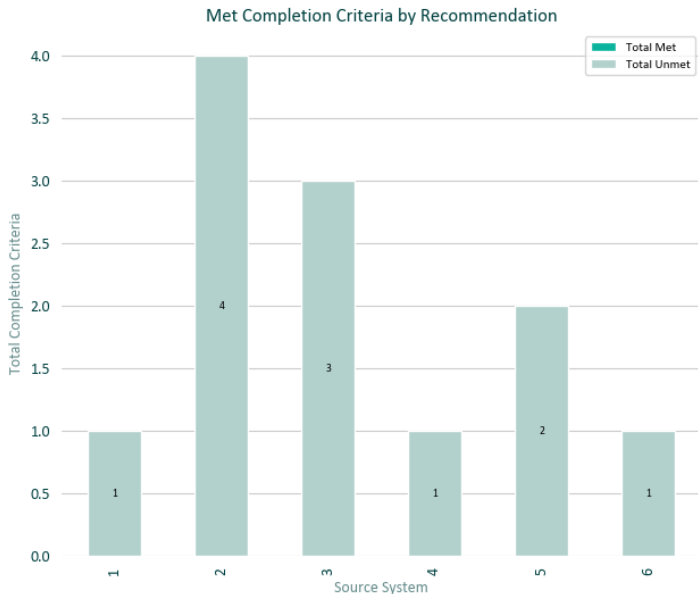
Recommendation #1: Establish Processes to Increase the Efficiency of the Referral Approval Process

There is a total of one completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation #1 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area

Criterion #: 1
DQ Category: Key Documentation
Last Assessment Date: 8/16/2023
Current Status: In progress
Estimated Completion Date: TBD
Description: Focus on improving approval processes, implementing efficient workflows, and adopting automation where appropriate.
   a. Develop a process for regularly monitoring the pending approval queue.
   b. Establish an automated process by which each person in the approval process is alerted when their approval of the referral is needed.
   c. Furthermore, it's essential to raise awareness among stakeholders about the importance of timely data approvals and their implications for data quality and decision-making.
	SFY24 Annual Update on Action Items Taken To Date:
	• Currently items in the queue are reviewed within 24 hours. In the quarterly RST report, there is an accountability section to reinforce closing referrals in a timely manner.
	
	Future and Ongoing Action Items:
	• Document the pending approval queue process being implemented
	• Explore the possibility of individual/user-specific notifications, via submission of a change request
	• Explore other possible automation solutions for reminding CSBs about outstanding pending-closure referrals in WaMS
	• Following the Change Request (CR), complete a training video to include this information.

Recommendation #2: Provide Clarity Around Referral Options

There are a total of four completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation #2 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Training **Last Assessment Date:** 8/16/2023 **Current Status:** In progress **Estimated Completion Date:** TBD **Description:** Ensure that users undergo a thorough comprehensive training on how to use the system, including understanding the available referral reasons and their appropriate usage.	SFY24 Annual Update on Action Items Taken To Date: None reported Future and Ongoing Action Items: • Following an upcoming CR in WaMS, the business owner will be completing a training video for end users which will include this information.
Criterion #: 2 **DQ Category:** Data Validation **Last Assessment Date:** 8/16/2023 **Current Status:** In progress **Estimated Completion Date:** TBD **Description:** Set up data validation rules in the system that check for inconsistencies and alert users when they select inappropriate referral reasons based on their previous responses.	SFY24 Annual Update on Action Items Taken To Date: None reported Future and Ongoing Action Items: • The business/program area will be working to develop a WaMS CR for generating these validation rules and alerting users. • The business/program area will submit the CR to FEI.
Criterion #: 3 **DQ Category:** User Interface **Last Assessment Date:** 8/16/2023 **Current Status:** In progress **Estimated Completion Date:** TBD **Description:** Implement interactive tooltips within the form. When users hover over an option, a small pop-up should be provided to briefly explain the option and its appropriate usage, to prevent confusion.	SFY24 Annual Update on Action Items Taken To Date: None reported Future and Ongoing Action Items: • The business/program area will work to develop a WaMS CR for developing tooltips, that within the WaMS RST module, to reduce user confusion. • The business/program area will submit the CR to FEI.
Criterion #: 4 **DQ Category:** Key Documentation **Last Assessment Date:** 8/16/2023 **Current Status:** In progress **Estimated Completion Date:** TBD **Description:** Add contextual help sections or links within the (WaMS RST module) form. Clicking on these can provide explanations about the options whenever users face confusion.	SFY24 Annual Update on Action Items Taken To Date: None reported Future and Ongoing Action Items: • Consider adding links to the user guide with page numbers • The business/program area will work to develop a WaMS CR for developing help sections or links within the WaMS RST module form to reduce user confusion. • The business/program area will submit a CR to FEI.

Recommendation #3: Ensure Data Completeness

There are a total of three completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

.

Recommendation #3 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Training **Last Assessment Date:** 8/16/2023 **Current Status:** In progress **Estimated Completion Date:** TBD **Description:** Develop and provide guidance to users that explains to the user which forms, within the system, are prerequisites for the completion of the referral process.	SFY24 Annual Update on Action Items Taken To Date: • A system pop-up is in place which prevents opening a referral without a completed Virginia Informed Choice (VIC) form within timeframe of the referral. A VIC form submitted too far in the past (outside of the accepted referral timeframe) is not valid and will prompt the user to complete a VIC prior to referral entry. Additional guidance is provided as a standing topic on the statewide Provider Roundtable (PRT) meetings. • This clarification is already included in the WaMS User Guide section 2.1 regarding the VIC form. Future and Ongoing Action Items: • Additional guidance will be provided in during remediation training sessions as scheduled with CSBs under the CMSC performance monitoring.
Criterion #: 2 **DQ Category:** Data Validation **Last Assessment Date:** 8/16/2023 **Current Status:** In progress **Estimated Completion Date:** TBD **Description:** Implement real-time validation for each field, within those prerequisite forms, to alert users immediately if they miss a required entry by displaying user-friendly error messages that explain why certain fields need to be completed and guide users as to what is missing and where it can be entered.	SFY24 Annual Update on Action Items Taken To Date: • Users currently receive error messages when completing a section in WaMS and required fields are not completed. Future and Ongoing Action Items: • DBHDS will discuss with WaMS vendor if real-time validation is a capability of the platform. • Work with FEI to determine if additional narrative can be added to the error messages to help explain to the user why certain fields need to be completed and guide users as to what is missing and where it can be entered. • The business/program area will work to develop and submit a WaMS CR for error message enhancement.
Criterion #: 3 **DQ Category:** Data Validation **Last Assessment Date:** 8/16/2023 **Current Status:** In progress **Estimated Completion Date:** TBD **Description:** Implement a mechanism that allows users to save progress and continue working on a form/process before leaving the form to resolve missing data. Develop and distribute clear instructions related to how to address missing data without having to exit the current form.	SFY24 Annual Update on Action Items Taken To Date: None reported Future and Ongoing Action Items: • Explore possibility of an auto-save feature as part of a CR for WaMS. • Include information on best practices for saving and navigating multiple tabs without losing progress as part of training to end users.

Recommendation #4: Eliminate Repeat Manual Data Entry

There is a total of one completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation #4 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Manual Data Processing **Last Assessment Date:** 8/16/2023 **Current Status:** In progress **Estimated Completion Date:** TBD	SFY24 Annual Update on Action Items Taken To Date: • There is currently some automation to transfer information. Future and Ongoing Action Items:

Description: Automate the transfer of information such that when data is entered in one area, it should seamlessly populate to corresponding fields in other areas, where this same information is required, to reduce manual data entry, minimizing errors, and ensuring consistency.	• Explore further automation for additional required fields as part of CR for WaMS.

Recommendation #5: Eliminate Notification Fatigue

There are a total of two completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation #5 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 DQ Category: User Interface Last Assessment Date: 8/16/2023 Current Status: In progress Estimated Completion Date: TBD Description: Optimize the notification system by customizing the notifications based on the user's role and specific needs.	SFY24 Annual Update on Action Items Taken To Date: • FEI has informed DBHDS that it is not possible to include USER specific notifications. Future and Ongoing Action Items: • Formally include the request in upcoming CR to confirm the capability/incapability to do so. • Include this in an RFI/RFP for potential replacement system.
Criterion #: 2 DQ Category: User Interface Last Assessment Date: 8/16/2023 Current Status: In progress Estimated Completion Date: TBD Description: Prioritize critical notifications and limit non-essential alerts. Implement intelligent notifications that trigger only when necessary to ensure users pay attention to important updates.	SFY24 Annual Update on Action Items Taken To Date: None reported Future and Ongoing Action Items: • Explore the volume (quantity) and type of notifications in the system and determine if adjustments should and can be made.

Recommendation #6: Establish a Data Dictionary

There is a total of one completion criteria in this recommendation. is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

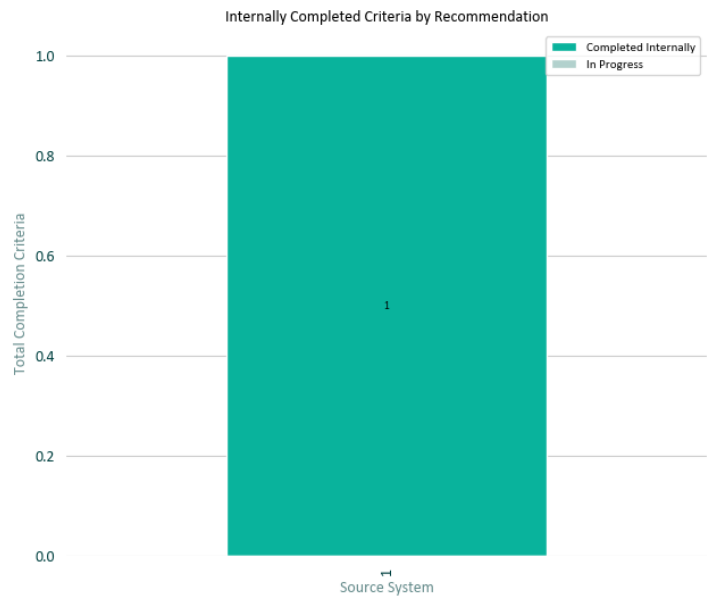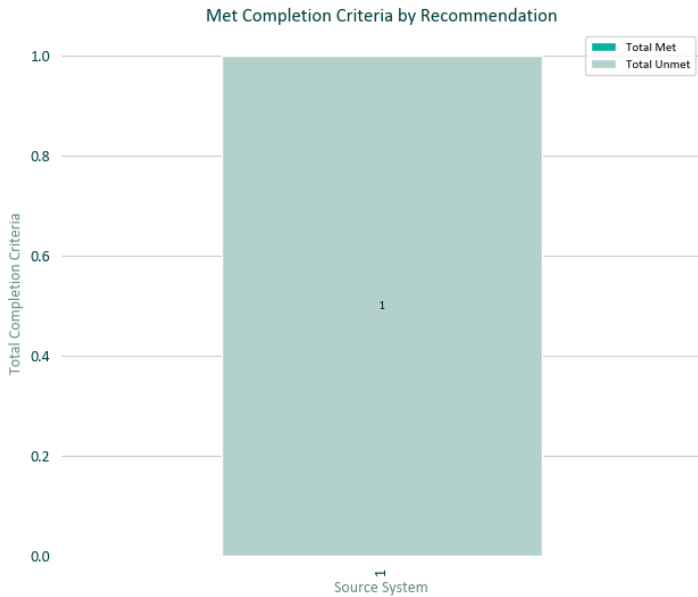| Recommendation #6 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area

Criterion #: 1
DQ Category: Key Documentation
Last Assessment Date: 6/1/2019
Current Status: In progress
Estimated Completion Date: 8/1/2024
Description: A comprehensive data dictionary (should be) available, providing extensive details regarding the contents of the data tables in the data source system.
   a. The complete list of data element names.
   b. The specific data types or formats associated with each data element.
   c. Descriptions and business definitions clarifying the contents of each data element.
   d. Indication of whether the data is sourced from the system itself or generated by users.
   e. Identification of the system from which data is imported for each data element.
	SFY24 Annual Update on Action Items Taken To Date:
	• Data Analyst completed document library of custom spreadsheets for WaMS module owners to complete with assistance of data analysts.
	• Kickoff meeting was held, with WaMS module business owners, on 6/17/2024.
	• Milestone review conducted 7/1/2024, which was an email to the module owners to determine the status of work completed at the mid-point of the project and tracking and communicating the percentage of completion.
	• The data dictionary is complete and has been shared with the Enterprise Data Warehouse team. It will continue to be a working document as new modules and changes are made in WaMS. Currently there are a few areas where descriptions are still pending where a tag #placeholder has been placed. It was communicated

f. Thorough business definitions for each unique response value within fields that are constrained to predefined lists of options, such as dropdown menus.	to the stakeholders by leadership on 8/2/24 to update the descriptions, most of which has been completed. Future and Ongoing Action Items: • Maintain and continue to improve the Data Dictionary over time.

.

Support Coordinator Quality Review (SCQR)

There is a total of one recommendation for data quality improvement that have been made for the SCQR data source. The bar graphs below depict progress as assessed by OCQM assessors (left) in SFY23 and progress since the assessment, as reported by the business/program's annual update.

Criteria Statuses (per recommendation) for the SCQR source system.

Recommendation #1: Establishment of a standard definition of terms
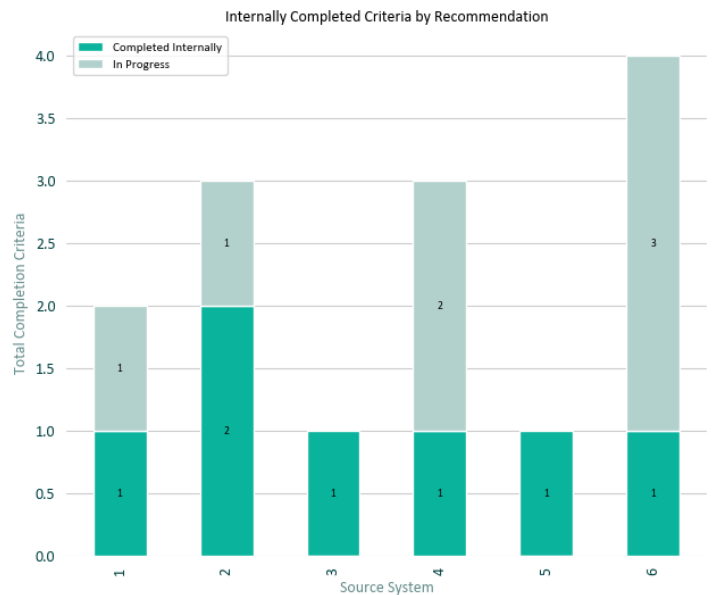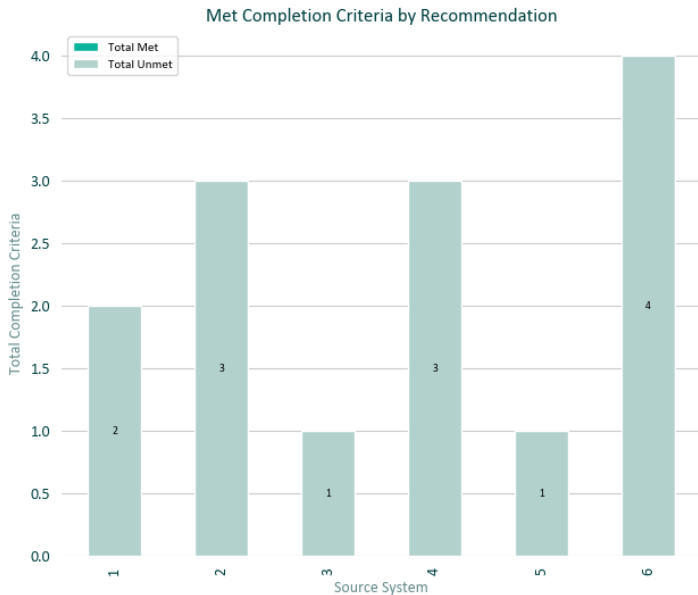
There is a total of one completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation #1 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Key Documentation **Last Assessment Date:** 6/29/2023 **Current Status:** In progress **Estimated Completion Date:** TBD **Description:** Develop a standard definition of terms that serves as a centralized and standardized reference with a comprehensive dictionary of terms.	SFY24 Annual Update on Action Items Taken To Date: • A guidance document has been completed which includes a standard definition of terms. Future and Ongoing Action Items: • The business area will upload the guidance document into SharePoint for DBHDS access and will explore adding the document to the DBHDS website for public use.

Virginia Crisis Connect (VCC)

There are a total of six recommendations for data quality improvement that have been made for the VCC data source system. The bar graphs below depict progress as assessed by OCQM assessors (left) in February of SFY24 and progress since the assessment, as reported by the business/program's annual update. It should be noted that VCC is a new data source system with the initial assessment being conducted in February of SFY 24 and an annual update document in July of that same fiscal year.

Criteria Statuses (per recommendation) for the VCC source system.

Recommendation #1: Implement an Effective Process to Prevent Duplication of Individual Records

There are a total of two completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation #1 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area

Criterion #: 1
DQ Category: Data Validation
Last Assessment Date: 2/8/2024
Current Status: In progress
Estimated Completion Date: 7/1/2024
Description: Data controls (should be) in place requiring that users search for an individual in the system prior to being able to create a new individual record.
    • To maintain the integrity of your data, it's a good idea to have rules in place to reduce duplicate records in the system.
	SFY24 Annual Update on Action Items Taken To Date:
	    • A system update, specifically focused on REACH enrollments, and records has been completed.
	    • DBHDS conducted a review and identified areas where the update requires further refinement and submitted the documentation to the vendor.
	Future and Ongoing Action Items:
	    • Data validation controls will be established and, with training subsequently provided to REACH staff, related to enrollments functionality, beginning in October for REACH staff. REACH enrollment creates a searchable case record to log crisis events against reducing the need to re-enter information associated with the individual and reduce duplicate records.

Criterion #: 2 **DQ Category:** Data Validation	SFY24 Annual Update on Action Items Taken To Date: None reported

.

Last Assessment Date: 2/8/2024 **Current Status:** In progress **Estimated Completion Date:** 9/24/2024 **Description:** There (should be) a documented process by which individual records in VCC are assessed for uniqueness	Future Action Items: • Once the system updates for the REACH components are complete, an updated process document will be created for REACH staff. • Enrollments functionality allows for events to be logged against an individual record. This feature will allow for new reporting to be built out, and capabilities related to uniqueness developed upon updates being validated. Cases will then be searchable across several identifying criteria and matched to reduce duplication. • Track progress on system updates for REACH components. • Complete process documentation for REACH staff.

Recommendation #2: Add an Additional Community Crisis Data Analyst or Back-Up Staff and Document Processes Related to the Role

There are a total of three completion criteria in this recommendation. is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation #2 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Key Documentation **Last Assessment Date:** 2/8/2024 **Current Status:** In progress **Estimated Completion Date:** 7/1/2024 **Description:** A Community Crisis Data Analyst (CCDA) guide (should be) developed with current information related to routine support tasks, data maintenance tasks, data reporting tasks, and any assigned additional technical and procedural support responsibilities.	SFY24 Annual Update on Action Items Taken To Date: • There is already another Data Analyst acting in a back-up capacity on this project. Likewise, integration into the EDW (Electronic Data Warehouse) will provide further support. Future Action Items: • A support guide will be developed by November 2024, to further support these efforts.
Criterion #: 2 **DQ Category:** Key Documentation **Last Assessment Date:** 2/8/2024 **Current Status:** In progress **Estimated Completion Date:** 8/1/2024 **Description:** Separate process documents (should) exist for data collection, data cleaning, and data loading. These documented processes should be reviewed periodically to ensure all information of the role and responsibilities is up to date.	SFY24 Annual Update on Action Items Taken To Date: None reported Future Action Items: • Individual workflows are being developed for the training process of the various REACH roles in VCC and the utilization of the updated REACH areas in the platform. This will support the development of process documents reviewed quarterly by the Crisis Divisions REACH Subject Matter Expert.
Criterion #: 3 **DQ Category:** Key Documentation **Last Assessment Date:** 2/8/2024 **Current Status:** In progress **Estimated Completion Date:** 7/1/2024 **Description:** Formal documentation (should be) developed designating a qualified back-up or additional CCDA for all responsibilities currently performed by the CCDA.	SFY24 Annual Update on Action Items Taken To Date: • Initial documentation was submitted to Data Governance in July. As of September, the document and classifications are being updated to accommodate new functionality in the system. Future and Ongoing Action Items: • The identified Data Custodian and Data Steward for the system will work with Enterprise Data Warehouse

	toward integration and work creating understanding with other agency analyst regarding Crisis Data. • As of September, the document and classifications are being updated to accommodate new functionality in the system.

Recommendation #3: Enhance data source system data functionality and compatibility.

There are a total of one completion criteria in this recommendation. is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation #3 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Manual Data Processing **Last Assessment Date:** 2/8/2024 **Current Status:** In progress **Estimated Completion Date:** 7/1/2024 **Description:** Add functionality to the data source system to record these necessary data points as they relate to service delivery times and dates so that the data points match up when it comes time to create and send reports.	SFY24 Annual Update on Action Items Taken To Date: • A system update for data points and UI enhancements has been completed. DBHDS conducted a review and identified areas where the update requires further refinement and submitted the documentation to the vendor. • Additional updates to the completed sections and an additional work product of integration in the appropriate reporting modules native to VCC were completed 7/1/24. Future and Ongoing Action Items: • The final round of updates and validation control development and testing will conclude at the end of October 2024.

Recommendation #4: Perform UI improvements and establish business rules for data entry

There area total of three completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation #4 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** User Interface **Last Assessment Date:** 2/8/2024 **Current Status:** In progress **Estimated Completion Date:** 8/24/2024 **Description:** The necessity of manually entering data twice (should be) eliminated through UI changes, such as implementation of check boxes instead of the free text fields and implementing data controls by making these check boxes required fields.	SFY24 Annual Update on Action Items Taken To Date: • A review of required fields and REACH associated data points was completed during the REACH enhancements process. We were able to reduce dual data entry by building an individual record for new events in the platform. • Likewise, a review of required fields and reduction of text boxes was conducted. Pending review Future and Ongoing Action Items: • Track completion of Data Analyst/IT admin review of request fields, to identify areas where the number of free text fields can be reduced and replaced with check boxes, where possible.
Criterion #: 2 **DQ Category:** User Interface **Last Assessment Date:** 2/8/2024 **Current Status:** In progress **Estimated Completion Date:** 7/1/2024	SFY24 Annual Update on Action Items Taken To Date: • Check boxes are utilized for the REACH Reportable Diagnosis in the platform. Other Diagnoses are deliberately not in the platform to prevent misdiagnosis during a crisis.

.

Description: All possible diagnoses (should) populate appropriately in each dashboard listing the individual's information.	Future Action Items: None reported
Criterion #: 3 **DQ Category:** Key Documentation **Last Assessment Date:** 2/8/2024 **Current Status:** In progress **Estimated Completion Date:** 9/24/2024 **Description:** Documented business rules and processes (should be) established for data entry, and regular training and auditing of these processes occurs.	<u>SFY24 Annual Update on Action Items Taken To Date:</u> • Updates, related to REACH requirements, were provided to the vendor for system update and integration. <u>Future and Ongoing Action Items:</u> • Once the system updates for the REACH components are completed, an updated process document will be created for REACH staff. • The necessity of a training video is being assessed. A small subgroup of REACH staff will initially review the changes and provide feedback. We will evaluate taking this approach versus train the trainer approach; both approaches will be coupled with job aids, to assist with understanding. • Track completion of system updates for REACH components and their integration into the data dictionary and reporting. • Continued weekly sessions are being completed with Data Governance to update the business rules associated with the new REACH components. • All outcomes will be reviewed, following a pilot phase conducted with REACH staff.

Recommendation #5: Improve the case chat/texting function

There is a total of one completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation #5 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** User Interface **Last Assessment Date:** 2/8/2024 **Current Status:** In progress; awaiting verification during the next assessment period. **Estimated Completion Date:** 7/1/2024 **Description:** The case chat function (should be) improved; no longer requiring staff to utilize regular texting to discuss cases. The business area should work with the vendor to determine how to establish more direct messaging capability between a dispatcher and a responder, on a case specific basis, and enhance the UI such that it is able to capture all interactions between the dispatcher and responder, on a case specific basis.	SFY24 Annual Update on Action Items Taken To Date: • Case Chat (at the time of the assessment) allowed for Dispatcher and responder to share case specific details and has been updated to be more easily accessed. Follow up on this request revealed that the ask was to promote visibility for other parties, which was done for some at the dispatcher roles. However, any further visibility would create a security issue. <u>Future and Ongoing Action Items:</u> None reported

Recommendation #6: Additional Concerns and Recommendations

There are a total of four completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation #6 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area

.

|	
Criterion #: 1 **DQ Category:** Key Documentation **Last Assessment Date:** 2/8/2024 **Current Status:** In progress **Estimated Completion Date:** 8/1/2024 **Description:** Data Flow and Data Governance - As it stands, the lack of governance over the data stored within Behavioral Health Link (BHL) is a concern. Because there is no completed contract between the agency and the vendor, the agency doesn't have control over data storage, retrieval, and disposal. - There was no business process map outlining data flow provided at the time of assessment. The consultant is aware of the proceeding acquisition of a Data Warehouse. Once that is implemented and integrated, a data flow diagram should be established so that interested stakeholders have a visualization of the data flow and storage.	<u>SFY24 Annual Update on Action Items Taken To Date:</u> - An emergency determination and contract were completed with BHL for subscription and project completion. <u>Future and Ongoing Action Items:</u> - Working through a system review with the Data Governance team to document business process map(s) that outline the VCC data flow between the data source system and the Enterprise Data Warehouse. - There are weekly sessions reviewing business rules, retention schedules, and data dictionaries associated with the system. Completion of business rule development is anticipated in 10/24.
Criterion #: 2 **DQ Category:** User Interface **Last Assessment Date:** 2/8/2024 **Current Status:** In progress **Estimated Completion Date:** 9/24/2024 **Description:** Responder Access to Platform - During the shadowing phase, the consultant was made aware that it is difficult for responders to access the platform from their mobile devices, as the application is not mobile-friendly. Additionally, responders do not have access or permission to enter data into the system remotely. Specifically, the results/outcome questions are not accessible to responders. This makes it impossible for the responder to update case status, in the field, beyond updating that they have arrived at the scene. - The business area should work with the vendor to develop a user-friendly, accessible mobile application for responders to access the system remotely and enter pertinent data.	<u>SFY24 Annual Update on Action Items Taken To Date:</u> - An application has been created and is pending approval from IT security <u>Future and Ongoing Action Items:</u> - Track review/approval by IT - Complete a "pilot" demonstration with DBHDS Region 5 prior to broader roll-out. - Roll out the application for use by responders, including any necessary guidance/training for end users.
Criterion #: 3 **DQ Category:** Data Validation **Last Assessment Date:** 2/8/2024 **Current Status:** In progress **Estimated Completion Date:** 8/24/2024 **Description:** Risk Assessment Improvements Needed - In the risk assessment form, users have found the columns and answers, as well as the values the answers assign to the case risk, to be very confusing. For example, in one of the tabs, selecting "has a support system" raises the risk instead of lowering it appropriately. - The risk assessment form should be reworked to have more clearly defined answers and the values should follow risk assessment logic.	<u>SFY24 Annual Update on Action Items Taken To Date:</u> - The risk assessments are a call center feature and is not a component of the REACH data points or a required activity for REACH. <u>Future and Ongoing Action Items:</u> - We will work with REACH teams to better understand this utility.
Criterion #: 4 **DQ Category:** Data Validation **Last Assessment Date:** 2/8/2024	<u>SFY24 Annual Update on Action Items Taken To Date:</u>

Current Status: Not Met
Estimated Completion Date: 7/1/2024
Description: Miscellaneous Issues
   • The options available to choose from, for reason as to why dispatch or emergency services are required, are not extensive. Reasons such as physical aggression, property destruction, or elopement are not present unless the dispatcher chooses to list them in the free-text fields.
   • The 'Representative' category does not include an option for residential provider. This was identified as being important because sometimes dispatchers receive a lot of calls from Group Home and Sponsored Residential and service providers.
   • These miscellaneous issues can be solved with the UI Improvements and work with the vendor to address deficiencies and oversights.
	• A system update for data points and UI enhancements has been completed. DBHDS conducted a review and identified areas where the update requires further refinement and submitted the documentation to the vendor.
	
	Future and Ongoing Action Items*:
	   • Awaiting vendor change request approval.

WaMS (Individual Support Plan, proper)

There are a total of nine recommendations for data quality improvement that have been made for the WaMS data source system. The bar graphs below depict progress as assessed by OCQM assessors (left) in SFY23 and progress since the assessment, as reported by the business/program's annual update.

Criteria Statuses (per recommendation) for the WaMS source system.
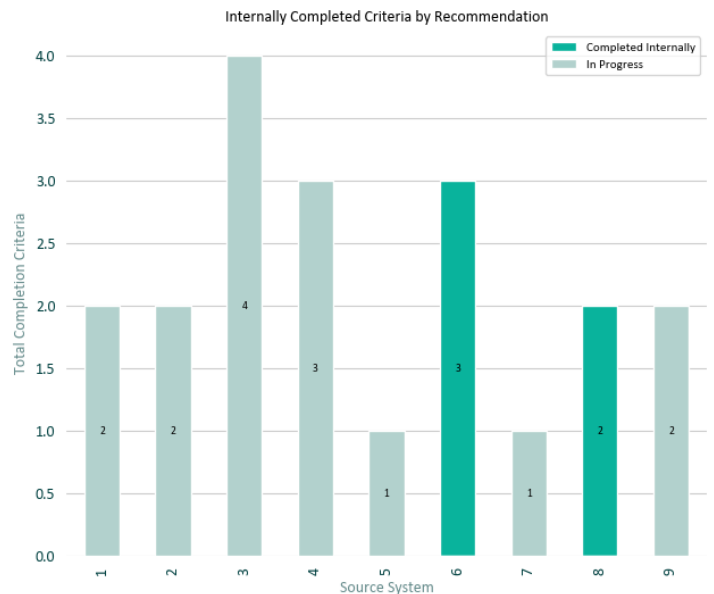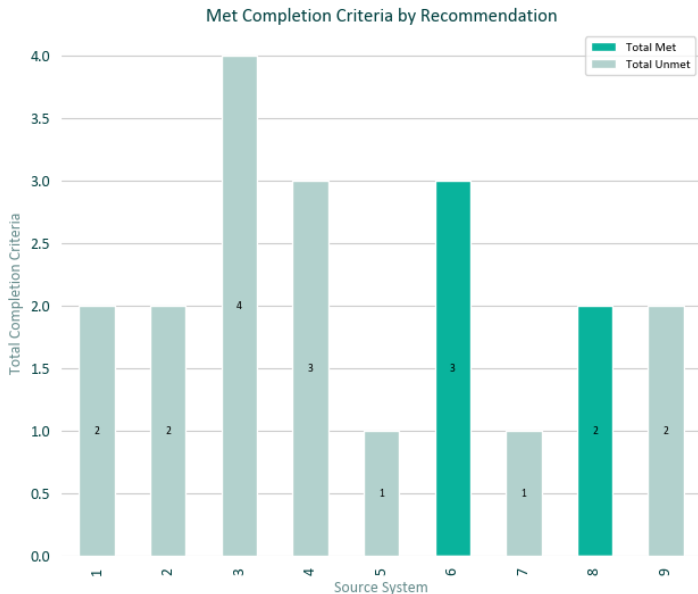
Recommendation #1: Implement an effective process to prevent duplicate individual records from being created

There are a total of two completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation #1 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Data Validation **Last Assessment Date:** 8/4/2023 **Current Status:** In progress **Estimated Completion Date:** TBD **Description:** Proactively prevent record duplication during data entry	SFY24 Annual Update on Action Items Taken To Date: • Process established for responding to duplication issues identified on a case-by-case basis. • Duplicates are unavoidable in the system. Individuals will have duplicate records because they sometimes transition from one CSB to another CSB and without release of information these files cannot be merged and must be maintained as duplicates. However, once identified, one is archived and the other is maintained as the active file or when appropriate merged. • Duplication forms are completed by RSS and CSBs to confirm final record to provide to FEI for manual merge on case-by-case basis. Future and Ongoing Action Items • Process will include: • Audit the system for duplicate entries on quarterly intervals during FY25. When duplicates are made known (via either CSB directly or based on Audit), create a form for CSB to provide the correct information to keep in final record and sign off.

	• WaMS Administrator to create CR to present to 11/2024 CCB to remove "Add Person" link on the People tab. User must conduct a search first to confirm the absence of the individual in the system. • In the process of writing SOP for auditing system to review for duplicates and how to handle/merge into one record.
Criterion #: 2 **DQ Category:** Data Validation **Last Assessment Date:** 8/4/2023 **Current Status:** In progress **Estimated Completion Date:** 12/31/2024 **Description:** Introduce supplementary controls within WaMS, aiming to reduce the likelihood of users unintentionally adding duplicate records for individuals in the system.	SFY24 Annual Update on Action Items Taken To Date: • Process established for responding to duplication issues identified on a case-by-case basis. • Duplicates are unavoidable in the system. Individuals will have duplicate records because they sometimes transition from one CSB to another CSB and without release of information these files cannot be merged and must be maintained as duplicates. However, once identified, one is archived and the other is maintained as the active file or when appropriate merged. • Duplication forms are completed by RSS and CSBs to confirm final record to provide to FEI for manual merge on case-by-case basis. Future and Ongoing Action Items • Process will include: • Audit the system for duplicate entries on quarterly intervals during FY25. When duplicates are made known (via either CSB directly or based on Audit), create a form for CSB to provide the correct information to keep in final record and sign off. • WaMS Administrator to create CR to present to 11/2024 CCB to remove "Add Person" link on the People tab. User must conduct a search first to confirm the absence of the individual in the system. • In the process of writing SOP for auditing system to review for duplicates and how to handle/merge into one record.

Recommendation #2: Enhance data labels to provide sufficient information for respondents to reliably enter data in each field

There is a total of two one completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation #2 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** User Interface **Last Assessment Date:** 8/4/2023 **Current Status:** In progress; awaiting verification **Estimated Completion Date:** 6/30/2025 **Description:** The user interface should be improved by incorporating details from guidance materials to provide clearer instructions on what information to enter into each field	SFY24 Annual Update on Action Items Taken To Date: • To date, the following enhancements have been made to the WaMS ISP module: added to WaMS ISP 4.0 User Guide on 7/10/24 - final version to be updated by 10/31/24 with Planning Terms and definitions, which include: **Outcome**: a clearly stated, personally meaningful, measurable statement that describe a desired achievement that brings a person more fully into his or her community or increases the person's quality of life. **Key Step**: a brief notation about an action that will be taken by the supporter or the

.

Data labels need to be clarified through the term's glossary reference sheet. The following labels and the identified concerns include:
 	
    • In the "Goals, How Achieved" field, users were uncertain if simply listing the steps from "Steps to Achieve Goal" is enough or if additional/different information is required.
    • It is unclear how much information is required for the "Strengths, Strength" field.
    • The "Interim Plan for Supports, What to Record" field lacks guidance on the expected information users should enter.
    • The "Interim Plan for Supports, how often" field lacks guidance on the expected information users should enter.
	service(s) that will develop the step into a support activity in the Plan for Supports. **Support Activity:** an observable, action-based statement that describes what a person will do, how often, and by when. **Measure**: a specific description of a target to be achieved. A measure can be written three different ways: with only a frequency/how often the activity will occur (routine), how often a countable achievement will be observed, and for how long (skill-building), or when specific supports will be removed by a qualified professional (health and safety). **Support Instructions:** step-by-step instructions for supporters that provide enough detail to ensure the activity occurs consistently, with the person's preferences and participation, over time; as of 5/2/2023: ISP 3.4 - Part II - Representation now includes a comment box, which may be used to enter the name and contact information for a co-guardian, ISP 3.4 - Part II - Medications accommodates two elements related to the use of medication with one element being "Medication name" and "Location where side effect information is stored and accessible."
	
	• The following clarification was distributed through the Provider Network Listserv on 4/12/23: The Part III, Shared Plan, includes the element "Steps and Services to get there." These are brief descriptions that serve as action steps agreed to at the annual meeting. They are not as formal as Support Activities seen in the Part V. For example, a person with an outcome about healthy eating, might have a key step written as "menu planning (group home) and one as "grocery shopping (community engagement)" in the shared plan. Considered together, the steps should lead toward the outcome, while the outcome is assessed as part of the quarterly Person-Centered Review.
	
	• The following guidance regarding strengths will be included in the updated v4.0 User Guide: The Part I, Personal Profile, includes the element "Talents & Contributions." There is no set minimum number of talents and contributions that are expected. The number will vary by person. The ISP is a person-centered plan, and as such, includes positive information about each person. This section provides content that should be documented and shared in the meeting as desired by the individual. This element provides an opportunity to capture and then recognize what others like and admire about the individual.
	
	• The Interim Plan for Supports follows the same requirements included in DBHDS trainings, resources, videos and DBHDS 2021 Guidance Document, which is currently being updated for ISP v4.0. This document provides formulas that can be used to meet "how achieved" or measure requirements - these formulas are taught through various trainings and recordings to assist providers with understanding expectations. The document went through public comment and is available on Virginia Town Hall at
	https://townhall.virginia.gov/L/ViewGDoc.cfm?gdid=6379.

	• Additional tooltips and instructions have been included in the ISP v4.0, which will be released on 9/15/24. Future and Ongoing Action Steps: • DBHDS produced a 2021 Guidance Document, which is currently being updated for ISP v4.0. This document provides formulas that can be used to meet "how achieved" or measure requirements - these formulas are taught through various trainings and recordings to assist providers with understanding expectations. The document went through public comment and is available on Virginia Town Hall at https://townhall.virginia.gov/L/ViewGDoc.cfm?gdid=6379. • In addition, DBHDS will continue to work to identify additional elements that can be enhanced in the WaMS ISP to include additional clarifications and enhancements.
Criterion #: 2 **DQ Category:** User Interface **Last Assessment Date:** 8/4/2023 **Current Status:** In progress **Estimated Completion Date:** TBD **Description:** Data labels require an update to the ISP guidance document to provide more specific information regarding their use and expectations will still be required to be formally documented for relevant stakeholders. The following labels and the identified concerns include: • In the "ISP, Medical History, Serious Illnesses and/or chronic conditions of parents, significant others in the same household" field, there is uncertainty if this includes group home housemates. • The "Last Exam Dates, Date of last complete Physical/Dental Exam" field does not define what a "complete" exam means. • In the "ISP, Communication, Assistive Technology and modifications, are any adaptive equipment or assistive technology supports used" field, it is unclear what qualifies as adaptive equipment/assistive tech. • There is confusion about when to answer the "ISP, Employment, Services that could help address barriers" field (e.g., "What if the individual has historically declined these services; do we still add them?").	SFY24 Annual Update on Action Items Taken To Date: -None reported Future and Ongoing Action Steps: • WaMS Administrator discusses with FEI during weekly meetings beginning 8/13/2024 for recommendations and solutions and create appropriate CRs. • Meet with WaMS Business Owners to prioritize and to make change in WaMS by October/November 2024 CCB Meetings to address items in the User Interface and update User Guides with examples where necessary. • Internal decision is to remove the word "complete" in the label in WaMS. Will need to discuss with the Director Office of Integrated Health Support prior to the next update in 2025. • The ISP 4.0 User Guide has been updated to address and provide guidance for Medical History, Last Exam Dates, and example provided for adaptive equipment / assistive technology supports field. • The ISP v4.0 will be reviewed during Q2 FY24 to identify if/how these recommendations apply considering the significant updates made to the ISP release scheduled for 9/15/24.

Recommendation #3: Implement effective data validation controls

There are a total of two completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation #3 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Data Validation **Last Assessment Date:** 8/4/2023 **Current Status:** In progress	SFY24 Annual Update on Action Items Taken To Date : • WaMS Administrator began discussing with FEI during weekly meetings beginning 8/13/2024 for

	recommendations and solutions and create appropriate CRs. This continues.
Estimated Completion Date: TBD **Description:** The date range should be restricted to prevent users from potentially selecting dates before the 1900s or far into the future. While the ISP in WaMS already has a control in place to prevent users selecting irrelevant time frames, other date fields that exist in the system, with wide date range, require validation controls.	**Future and Ongoing Action Steps:** • Meet with WaMS Business Owners to prioritize and to present by October/November 2024 CCB Meetings to address items in the User Interface. • FEI will identify all date fields and determine the appropriate business rules for each.
Criterion #: 2 **DQ Category:** Data Validation **Last Assessment Date:** 8/4/2023 **Current Status:** In progress **Estimated Completion Date:** TBD **Description:** Data fields lacking validation controls for dropdown menu options and numeric values, and for those fields that lack conditional logic validation controls are needed to prevent errors at the point of data entry, to maintain data integrity by identifying and rejecting data that does not meet predefined criteria.	SFY24 Annual Update on Action Items Taken To Date: • WaMS Administrator began discussing with FEI during weekly meetings beginning 8/13/2024, for recommendations and solutions and to create appropriate CRs. This continues. Future and Ongoing Action Steps: • Meet with WaMS Business owners to prioritize and present to FEI by October/November2024 CCB meetings to address items • Assist FEI in identifying the specific fields that need to be addressed for conditional logic and validation controls. • FEI will determine the appropriate business rules for each data field.

Recommendation #4: Establish a WaMS data dictionary for both the RavenDB document database and the WaMS data warehouse

There are a total of three completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation #4 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area

Criterion #: 1 **DQ Category:** Key Documentation **Last Assessment Date:** 8/4/2023 **Current Status:** In progress **Estimated Completion Date:** 8/1/2024 **Description:** A data dictionary (should) exist that provides detailed information about the contents of the WaMS RavenDB database.
   a. The names of all data elements
   b. The data types or formats of each data element
   c. Descriptions of the contents of each data element including the business definitions
   d. The source of data for each data element (system versus user-generated)
   e. The origin of data for each data element (internal to WaMS vs. imported from another system)
   f. Business definitions for each unique response value in fields constrained to pre-defined lists of options (e.g. dropdown menus)
	SFY24 Annual Update on Action Items Taken To Date:
	• Data Analyst completed document library of custom spreadsheets for WaMS Module Owners to complete with assistance of Data Analysts.
	• Kickoff meeting held with WaMS Module Business Owners on 6/17/2024
	• Milestone review 7/1/2024 and follow up with WaMS module owners after milestone date
	• The data dictionary is complete and has been shared with the Enterprise Data Warehouse team. It will continue to be a working document as new modules and changes are made in WaMS.
	Future and Ongoing Action Steps:
	• Currently there are a few areas where descriptions are still pending, where a tag #placeholder has been placed. It was communicated to the stakeholders by leadership on 8/2/24 to update the descriptions, most of which has been completed
	• Working document – updated as future changes are made.

Criterion #: 2 **DQ Category:** Key Documentation **Last Assessment Date:** 8/4/2023	SFY24 Annual Update on Action Items Taken To Date:

Current Status: In progress
Estimated Completion Date: 8/1/2024
Description: A data dictionary (should) exist that provides detailed information about the contents of the WaMS Data Warehouse.
    a.   The names of data elements
    b.   The data types or formats of each data element
    c.   Descriptions of the contents of each data element including relevant business definitions
    d.   The origin of each data element (system versus user generated)
    e.   Business definitions for each unique response value in fields constrained to pre-defined lists of options (e.g. dropdown menus)
	• Data Analyst completed document library of custom spreadsheets for WaMS Module Owners to complete with assistance of Data Analysts.
	• Kickoff meeting held with WaMS Module Business Owners on 6/17/2024
	• Milestone review 7/1/2024 and follow up with WaMS module owners after milestone date
	• The data dictionary is complete and has been shared with the Enterprise Data Warehouse team. It will continue to be a working document as new modules and changes are made in WaMS.
	Future and Ongoing Action Steps:
	• Currently there are a few areas where descriptions are still pending, where a tag #placeholder has been placed. It was communicated to the stakeholders by leadership on 8/2/24 to update the descriptions, most of which has been completed

Criterion #: 3
DQ Category: Key Documentation
Last Assessment Date: 8/4/2023
Current Status: In progress
Estimated Completion Date: 9/30/2024
Description: Documentation (should) exist that describes the data flow between the RavenDB database instance and the WaMS data warehouse.
    a.   The method(s) used to extract, transform, and load data from the RavenDB database into the WaMS data warehouse
    b.   The frequency of data transfers from the RavenDB database and the WaMS Data Warehouse
    c.   The relationship between data source system operational reports ("canned reports") and the RavenDB database
    d.   The relationship between data source system operational reports and the WaMS data warehouse
    e.   The method(s) used to extract, transform, and load data from the WaMS data warehouse prior to distribution to DBHDS
	• SFY24 Annual Update on Action Items Taken To Date: The Data Warehouse Team has created, with the assistance of FEi and the WaMS Data Analyst, a data exchange flow diagram in July 2024. DBHDS does not have access to RavenDB. FEI extracts the tables into text files and send them via SFTP to DBHDS. The Data Warehouse uses SSIS package to load the data from the text files into the WAMDSDW. On Weekdays after the files are received from FEI, the files are loaded to WAMSDW at 1pm. The Data Warehouse team uses SSIS packages to load data from WAMSDW into the data warehouse and the job starts at 7pm weekdays.
	
	Future and Ongoing Action Steps:
	• The WaMS Data Team will develop the documentation to describe the data flow by September 30, 2024.
	• Ongoing Update to Data Dictionary

Recommendation #5: Ensure that ISPs are completed by their effective date

There is a total of one completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program area.

Recommendation #6 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Data Validation **Last Assessment Date:** 8/4/2023 **Current Status:** In progress **Estimated Completion Date:** TBD **Description:** ISPs in which all necessary components have been completed (should be) in "ISP Completed" or "Pending Provider Completion" to address the following identified concerns:	SFY24 Annual Update on Action Items Taken To Date: • Discussions have been occurring with the WaMS vendor regarding creating a link between the ISP and service authorization requests. This association might prove effective in ensuring ISPs are completed on time, so that authorizations can be processed as required by regulation. • One caution with this approach is a potential delay in service approvals where work is not completed on time. There may need to be an override on the service

• ISPs found to be stuck in the "Pending Support Coordinator Review" status, even though they contained all required components. • Ensuring that ISPs are considered "complete" only if it is in the "Pending Provider Completion" or "Completed" status. • Support coordinator concerns that they could not modify an ISP once it had been submitted resulting in some support coordinators not completing the ISP or creating a new interim plan for supports, effectively removing themselves from the planning process.	authorization side to prevent unintended consequences such as jeopardizing services for people who need them. • The DBHDS Case Management Steering Committee currently monitors ISP entry and issues corrective action plan requests to CSBs for below target performance. Future and Ongoing Action Steps: • The CMSC will explore including the tracking and monitoring of ISP completion dates where timeframes have been exceeded and look to include these plans in the CAP process as a mitigation effort related to CSBs exceeding timeframes. • A new method of calculating compliance is beginning on 7/1/2024 but the first CAPs resulting from this effort will be January 2025. • Complete a Change Request (CR) with FEI to request the inclusion of the date that ISPs are logged into 'pending provider completion' status because currently it is just the most recent date regardless of status. Credit is currently given for all ISPs completed. • Undertake efforts to turn CSB focus to pending provider completed status as opposed to ISP complete status.

Recommendations With All Completion Criteria Met

- Recommendation #6: Ensure that MES Integration is functional

Recommendations With Completion Criteria Work Still in Progress

- Recommendation #7: Convert data elements intrinsic to the ISP that are being stored as attachments into designated WaMS forms
    - There is a total of one completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation #7 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area

Criterion #: 1
DQ Category: Data Validation
Last Assessment Date: 8/4/2023
Current Status: In progress
Estimated Completion Date: 8/1/2024
Description: Convert attachments that store data critical to the ISP, informing policy at DBHDS, and decision-making into data elements that are entered directly in the source system.
   a. At a minimum, this should include the Risk Awareness Tool.
   b. Re-assess the ISP (where the RAT is included to ensure that the issue is resolved.
	SFY24 Annual Update on Action Items Taken To Date: None reported
	
	Future and Ongoing Action Steps:
	• The ISP is currently being updated to include The Risk Awareness Tool (RAT) in Part III / Part V in the 4.0 upgrade. This will replace the RAT summary documents being attached in WaMS. The update is expected to launch on 9/152024.

Recommendations With All Completion Criteria Met

- Recommendation #8: Ensure RST and ISP 3.3 modules function correctly and comply with other actionable recommendations

Recommendations With Completion Criteria Work Still in Progress

- Recommendation #9: Ensure that there is no catastrophic loss of information due to over-reliance on the WaMS System Administrator
  - There are a total of two completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area
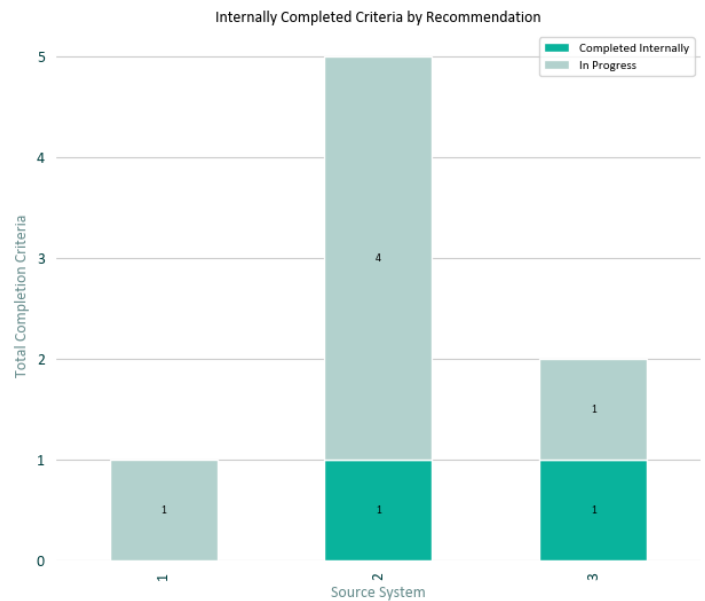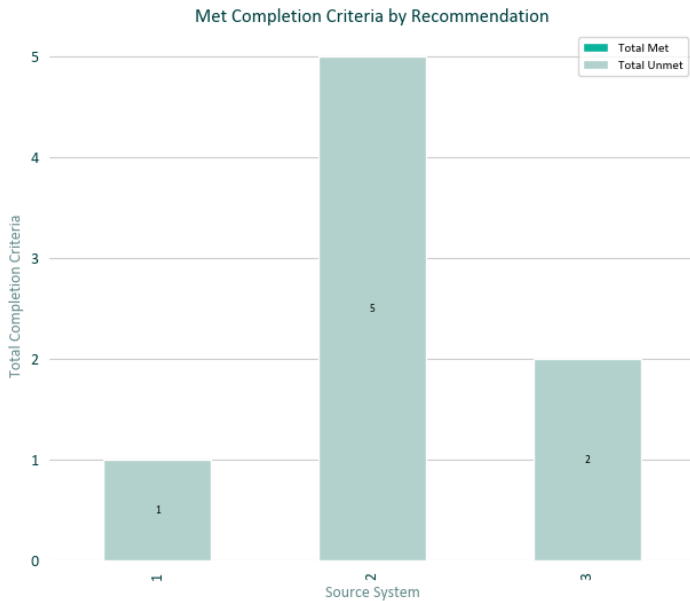
Recommendation #9 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Key Documentation **Last Assessment Date:** 8/4/2023 **Current Status:** In progress **Estimated Completion Date:** 12/31/2024 **Description:** (There should be) a system administrator guide that exists with current information related to routine support tasks, data maintenance tasks, and any additional technical and procedural support responsibilities assigned to the system administrator.	SFY24 Annual Update on Action Items Taken To Date: -None reported Future and Ongoing Action Steps: • With the assistance of FEI, the WaMS Administrator will continue to update the WaMS Administrator Guide and ensure current staff are prepared for backup. Guide to be available in draft for review by 12/31/2024. • Look at current structure of system administration and determine if there is a way to put additional structures in place.
Criterion #: 2 **DQ Category:** Key Documentation **Last Assessment Date:** 8/4/2023 **Current Status:** In progress **Estimated Completion Date:** 1/31/2025 **Description:** Formal documentation (should) exist designating a qualified back-up system administrator for all responsibilities currently performed by the WaMS System Administrator.	SFY24 Annual Update on Action Items Taken To Date: None reported Future and Ongoing Action Steps: • With the assistance of FEI, the WaMS Administrator will continue to update the WaMS Administrator Guide and ensure current staff are prepared for backup. Guide to be available in draft for review by 12/31/2024. • Look at current structure of system administration and determine if there is a way to put additional structures in place.

WaMS-Waitlist Module

There are a total of three recommendations for data quality improvement that have been made for the Waitlist module. The bar graphs below depict progress as assessed by OCQM assessors (left) in SFY23 and progress since the assessment, as reported by the business/program's annual update.

Criteria Statuses (per recommendation) for the Waitlist source system.

Met Completion Criteria by Recommendation	Internally Completed Criteria by Recommendation

Recommendation #1: Establish a Data Dictionary

There is a total of one completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program area.

Recommendation #1 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area

Criterion #: 1
DQ Category: Key Documentation
Last Assessment Date: 8/15/2023
Current Status: In progress
Estimated Completion Date: 8/1/2024
Description: A comprehensive data dictionary (should be) available, providing extensive details regarding the contents of the data tables in the data source system. This includes:
  a. The complete list of data element names.
  b. The specific data types or formats associated with each data element.
  c. Descriptions and business definitions clarifying the contents of each data element.
  d. Indication of whether the data is sourced from the system itself or generated by users.
  e. Identification of the system from which data is imported for each data element.
  f. Thorough business definitions for each unique response value within fields that are constrained to predefined lists of options, such as dropdown menus.
	SFY24 Annual Update on Action Items Taken To Date:
	• Data Analyst completed document library of custom spreadsheets for WaMS Module Owners to complete with assistance of Data Analysts.
	• Kickoff meeting held with WaMS Module Business Owners on 6/17/2024
	• Milestone review conducted 7/1/2024, which was an email to the module owners to determine the status of work completed at the mid-point of the project and tracking and communicating the percentage of completion.
	• The data dictionary is complete and has been shared with the Enterprise Data Warehouse team. It will continue to be a working document as new modules and changes are made in WaMS. Currently there are a few areas where descriptions are still pending where a tag #placeholder has been placed. It was communicated to the stakeholders by leadership on 8/2/24 to update the descriptions, most of which has been completed.
	Future and Ongoing Action Items:

	Maintain and continue to improve the Data Dictionary over time

Recommendation #2: Develop and Implement Effective Processes To Prevent Duplicate Individual Records From Being Created

There is a total of five completion criteria in this recommendation. As of 7/24/2024, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program area.

Recommendation #2 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Data Validation **Last Assessment Date:** 8/15/2023 **Current Status:** In progress **Estimated Completion Date:** 7/1/2024 **Description:** Assign a unique identifier to everyone in the module.	SFY24 Annual Update on Action Items Taken To Date: • System currently does not allow users to enter duplicate based on SSN# when creating a new record/individual. Future and Ongoing Action Steps: • Audit process of the system to be implemented whereby duplicate records are identified using the data quality dashboard which monitors and flags records based on same SSN, Same Medicaid Number, Same DOB, First Name, and Last Name for each quarter (See WAMS Duplicate Merge Audit SOP). • The first Audit cycle will be implemented by 10/24/2024. • Subsequent Quarterly Audits: Beginning 12/1/2024 and continuing on a quarterly basis.
Criterion #: 2 **DQ Category:** Data Validation **Last Assessment Date:** 8/15/2023 **Current Status:** In progress **Estimated Completion Date:** 12/1/2024 **Description:** Develop and implement data validation checks at the point of data entry, to identify potential duplicates. The module should recognize similar information and alert users when a potential duplicate entry is being created.	SFY24 Annual Update on Action Items Taken To Date: • System currently does not allow users to enter duplicate based on SSN# when creating a new record/individual. Future and Ongoing Action Steps: • Audit process of the system to be implemented whereby duplicate records are identified using the data quality dashboard which monitors and flags records based on same SSN, Same Medicaid Number, Same DOB, First Name, and Last Name for each quarter (See WAMS Duplicate Merge Audit SOP). • The first Audit cycle will be implemented by 10/24/2024. • Subsequent Quarterly Audits: Beginning 12/1/2024 and continuing on a quarterly basis.
Criterion #: 3 **DQ Category:** Training **Last Assessment Date:** 8/15/2023 **Current Status:** In progress **Estimated Completion Date:** TBD **Description:** Encourage users to search for existing records before creating new ones.	SFY24 Annual Update on Action Items Taken To Date: None reported Future and Ongoing Action Steps: • WaMS Administrator to create CR to present to October/November CCB to remove *Add Person* link on the People tab. User must conduct a search first to confirm the absence of the individual in the system. • WaMS Administrator will create and distribute a *Did You Know* tip and user Reference/Add to WaMS Home Page

.

	Announcements and Training area regarding searching for records before creating new ones. • CSB User Guide will be updated with note in the Add User section to search records prior to adding new individual.
Criterion #: 4 **DQ Category:** Data Validation **Last Assessment Date:** 8/15/2023 **Current Status:** In progress **Estimated Completion Date:** 10/31/2024 **Description:** Conduct periodic deduplication processes to identify and merge duplicate records, as a secondary step in the process. This can be done using algorithms that compare records based on specific criteria and merge duplicate records into a single, accurate entry.	SFY24 Annual Update on Action Items Taken To Date: None reported Future and Ongoing Action Steps: • Audit process of the system to be implemented whereby duplicate records are identified using the data quality dashboard which monitors, and flags records based on same SSN, Same Medicaid Number, Same DOB, First Name, and Last Name for each quarter (See WAMS Duplicate Merge Audit SOP). • The first Audit cycle will be implemented by 10/24/2024. • Subsequent Quarterly Audits: Beginning 12/1/2024 and continuing on a quarterly basis.
Criterion #: 5 **DQ Category:** Training **Last Assessment Date:** 8/15/2023 **Current Status:** In progress **Estimated Completion Date:** 9/1/2024 **Description:** Enforce standardized data entry practices to ensure consistency across multiple users entering data. Providing guidelines, training and templates for data entry can help maintain uniformity.	SFY24 Annual Update on Action Items Taken To Date: None reported Future and Ongoing Action Steps: • User Guides will be updated by 10/31/2024 with emphasis on searching first prior to creating a new individual/ record in WaMS. Information to be posted in *Announcements* and stored in *Training* section on WaMS Home page and *Did You Know* tip sent via listserv.

Recommendation #3: Establish System Controls That Can Distinguish Between Different Users With the Same Name

There are a total of two completion criteria in this recommendation. Below is a summary of the completion criteria related to this recommendation, including the most current action plans and progress updates from the DBHDS business/program area.

Recommendation #3 Completion Criterion Description	Action Plan & Updates, as Reported By the Business/Program Area
Criterion #: 1 **DQ Category:** Data Validation **Last Assessment Date:** 8/15/2023 **Current Status:** In progress **Estimated Completion Date:** 7/3/2024 **Description:** Implement a system-wide requirement for unique identifiers, for module users, beyond just names. This could include a combination of factors such as Date of Birth, unique ID numbers, or other distinguishing characteristics to accurately differentiate users.	SFY24 Annual Update on Action Items Taken To Date: • DBHDS has investigated the issue and determined there is not enough information to understand where duplicate users are causing difficulty in the system. Future and Ongoing Action Steps: • DBHDS Provider Network Supports will add the topic to regional SC meetings in Q2 FY25 to determine if any CSB can explain where in the system the related difficulty is occurring. Discussions will be focused on gaining a better understanding and help in understanding the affected module or modules in WaMS.
Criterion #: 2 **DQ Category:** Data Validation **Last Assessment Date:** 8/15/2023 **Current Status:** In progress **Estimated Completion Date:** TBD	SFY24 Annual Update on Action Items Taken To Date: None reported Future and Ongoing Action Steps: • Review system design with WaMS Change Control Board to determine any PHI concerns or issues relating to

Description: Establish controlled mechanisms that allow CSBs to access limited information from other boards for validation purposes. This can help in verifying staff input and ensuring data accuracy.	implementing system changes to CSB access to records and get recommendations for potential solutions (system change and/or business process changes). • Consider possible controlled mechanisms and what "limited information" might be needed for validation purposes.

Conclusion

.

While some action plans remain in progress, it is clear that DBHDS has worked diligently over the last year to improve data quality. The Division of Developmental Services has developed a mechanism through with business/program area and information technology personnel can detail progress toward addressing actionable recommendations and is in the process of developing a single place where all data source and data source system documentation will be kept, so as to ensure that DBHDS is keeping track of and addressing data quality concerns. The DBHDS Division of Administration's establishment of the Data Governance Program, now well underway, will address many of the above concerns, with existing and transitioning data sources and data source systems and for emerging data source systems through the work of its Data Quality Committee. This committee will regularly track progress toward adherence to its seven dimensions of data quality; with business area data owners and stewards working together to track and address data quality concerns. This work will aid in maintaining and enhancing the collaborative relationships that have been established between the Office of Information Technology and business/program areas.

.

Appendix

Terms	Description
Data Source	The name of the data source that has been reviewed by the Office of Clinical Quality Management (OCQM) consultant.
Data Source System	The name of the data source system that has been reviewed by the Office of Clinical Quality Management (OCQM) consultant.
Reviews	The total number of OCQM Assessments that the System has received. A total of 1 indicates that the system has only been reviewed initially and has no follow-up reviews to determine progress towards satisfying the recommendations.
Last Eval	The date of the most recent OCQM Assessment in MM/DD/YYYY format.
Recs	The total number of data quality recommendations made by the OCQM consultant for the system.
Met Recs	The total number of data quality recommendations that have been determined to be "Met" and satisfied by the OCQM consultant (as part of a follow-up review).
% Met	The percentage of all DQ Recommendations which have been determined to be "Met" for this System.
Completion Criteria	The total number of completion criteria for this system. Completion criteria are discrete actions and outcomes that are required to achieve an overall DQ Recommendation (a single DQ Recommendation may have 1 or more criteria).
Met	The total number of criteria that have been determined to be "Met" and satisfied by the OCQM consultant (as part of a follow-up review).
% Met CC	The percentage of all criteria which have been determined to be "Met" for this System.
Complete	The total number of criteria for which the business area owner of the System has reported that all action plan steps have been completed. This total includes all criteria regardless of their status (e.g. "Met" or "Unmet"). Any internally "completed" criteria that are "unmet" will be reviewed by the OCQM consultant in a follow-up Assessment and the results will determine if further action plan steps are required.
In Progress	The criteria for which the business area owner of the date source or data source system is reportedly continuing to work on action plan steps needed to satisfy the requirements; only includes progress where actions remain in development or have not been executed yet.
% Complete	The percentage of all criteria which have been determined by the business area owner of the System to have completed action plan steps.
In Progress; Awaiting Verification	The criteria for which the business area owner of the data source or data source system is reportedly continuing to work on action plan steps needed to satisfy the requirement, inclusive of activities that have already been completed but are due to undergo a data source or data source system assessment to determine if actions sufficiently address assessment findings and meet the business area's needs or a combination of these actions and those still in progress. There are no additional action steps pending implementation.

.