Modoc County
Behavioral Health

Quality Improvement Work Plan and Evaluation Report

FY 2020-2021 Annual Work Plan and
FY 2019-2020 Evaluation Report

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TABLE OF CONTENTS

A. QUALITY IMPROVEMENT PROGRAM OVERVIEW 1

1. Quality Improvement Program Characteristics....................................... 1
2. Quality Improvement Committees.. 2
   a. Quality Management/Compliance Committee (QMC) 2
   b. QI Staff Training Committee.. 3
   c. Continuous Quality Improvement Committee (CQIC) 3
   d. Behavioral Health Board 6
3. Annual Quality Improvement Work Plan Components.......................... 6
4. Accountability 6

B. DATA SOURCES AND ANALYSIS PROCESS 7

1. Data Collection Sources.. 7
2. Data Analysis Process and Resulting Interventions................................ 7

C. DELEGATED ACTIVITIES STATEMENT 8

D. QI EVALUATION REPORT.. 9

A. QUALITY IMPROVEMENT PROGRAM OVERVIEW

The mission of Modoc County Behavioral Health is to provide high-quality, culturally-appropriate, linguistically-inclusive mental health and substance use disorder care in the least restrictive setting, with the participation of clients and their support system, when suitable.

1. Quality Improvement Program Characteristics

Modoc County Behavioral Health (MCBH) has implemented a Continuous Quality Improvement (CQI) program in accordance with state regulation for evaluating the appropriateness and quality of mental health and substance use disorder services, including over-utilization and underutilization of services; timeliness standards; access; and effectiveness of clinical care.

It is the purpose of MCBH to build a structure that ensures the overall quality of services. The CQI program meets this objective through the following processes:

a. Identifying goals and prioritized areas for improvement;
b. Collecting and analyzing data to measure against the identified goals or areas of improvement;
c. Based on data and identified trends, designing and implementing interventions to improve performance;
d. Measuring the effectiveness of the interventions over time, through the analysis of system- and client-level data; and
e. Incorporating successful interventions across the system, as appropriate.

The MCBH CQI program is designed to address quality improvement and quality management to ensure to all stakeholders that the processes for obtaining services are fair, efficient, and cost-effective; and that they produce results consistent with the belief that people with mental illness may recover.

The program is responsible for monitoring MCBH effectiveness through the upkeep and implementation of performance monitoring activities in all levels of the organization, including but not limited to, client and system access; timeliness; quality; assessment of clients; clinical outcomes; utilization and clinical records review; monitoring and resolution of client grievances and appeals; fair hearings; and provider appeals.

The CQI program is crucial for upholding and monitoring the requirements of state and federal regulations regarding timeliness and quality of care; the Medi-Cal Mental Health Plan (MHP) contract with the California Department of Health Care Services (DHCS); the contract with Partnership HealthPlan of California for the delivery of Drug Medi-Cal Organized Delivery System (DMC-ODS) services; and the contracts between MCBH and DHCS for the delivery of Substance Abuse Prevention and Treatment Block Grant (SABG) services.

Executive management and program leadership is crucial to ensure that QI activities and findings are used to establish and maintain the overall quality of the service delivery system and

organizational operations. As a result, the CQI program is directly accountable to Edward P. Richert, MD, Medical Director of Modoc County Health Services; and Stacy Sphar, DNP, Director of Health Services, who has substantial involvement in the implementation of CQI.

2. Quality Improvement Committees

Four (4) committees comprise the CQI program: a) the Quality Management/Compliance Committee; b) QI Staff Training Committee; c) Continuous Quality Improvement Committee (CQIC); and d) the Behavioral Health Board. These forums are responsible for the key functions of the MCBH CQI program. The specific functions of each committee is outlined below.

a. **Quality Management/Compliance Committee (QMC)**: The QMC is responsible for addressing programs policy and procedural changes and compliance adherence. This committee includes the Director of Health Services, Branch Director of Behavioral Health/Compliance Officer, and the QI Coordinator. This committee meets at least every other month, and addresses:
   - Operations and workflow needs
   - Policy and Procedural Changes
   - Electronic Health Record (EHR) implementation and enhancements
   - Monitoring the Compliance Plan
   - Use of outcome data to inform program planning decisions
   - Capacity needs

   Information from this meeting is documented and forwarded to the weekly Behavioral Health Staff meeting and the weekly QI meeting, and to the QI Staff Trainings to ensure consistency and quality of services.

b. **QI Staff Training Committee**: This assurance/improvement meeting is conducted weekly. The QI Staff Training Committee provides an opportunity for program staff to review information from the QMC and items from the annual Work Plan. This forum reviews confidential, critical incident reports to ensure the quality of services for MCBH clients. Program staff attend this meeting and evaluate client-focused issues (e.g., cultural diversity; clinical case review; clinical training issues; performance outcome measurement; clinical record audit results; client satisfaction results; denial of service; etc.) and system-focused topics (e.g., improvement of the QI format; employee suggestions/recommendations; provider/partner agency concerns; clinic/site audit results; etc.).

The QI Staff Training Committee also reviews and recommends action regarding issues such as:

- Specific case histories for high-risk and high-utilizing beneficiaries
- Clarification and feedback for policies and procedures
- Clinical quality improvement topics for integrated treatment of clients
- Medication monitoring issues specific to a consumer
- Legal and ethical issues such as potential boundary violations
- Denials of service
- Improved recovery focused treatment
- Treatment that is inappropriate or inadequate for an individual's needs
- Possible system level issues that relate to client care and access
- Review and identification of QI items and summary issues to be sent to the CQIC

c. **Continuous Quality Improvement Committee (CQIC)**: This Committee conducts key activities of the CQI program. CQIC meetings are held at least quarterly.

1) CQIC Responsibilities

a) Implements the specific and detailed review and evaluation activities of the agency.
- Regularly collects, reviews, evaluates, analyzes data, and implements actions that frequently involve handling sensitive and confidential information.
- Provides oversight to CQI activities, including the development and implementation of the Performance Improvement Projects (PIPs).
- Reviews collected information, data, and trends relevant to standards of cultural and linguistic competency

b) Recommends policy decisions; reviews and evaluates the results of CQI activities; and monitors the progress of the PIPs.
- Institutes needed actions and ensures follow-up of CQI processes.
- Documents all activities through dated and signed minutes to reflect all QI decisions and actions made by all four CQIC meetings.

c) Ensures that CQI activities are completed as required; and utilizes a continuous feedback loop to evaluate ongoing quality improvement activities.
    - Monitors previously-identified issues and related data; and tracks issues and interventions over time.
    - Promotes client and family voice to improve wellness and recovery.
    - Continuously conducts planning and initiates new activities for sustaining improvement.

2) <u>CQIC Membership</u>: Designated members of the CQIC include the Health Services Director, MCBH Branch Director, Medical Director, QI Coordinator, designated clinical staff, designated case management staff, MHSA Coordinator, BH Program Manager, designated administrative staff, Patient’s Rights Advocate and community members (including consumers and family members).

3) <u>CQIC Agenda</u>: The CQIC uses a standing meeting agenda to ensure that all required CQI components are addressed at each meeting; and which includes at least the following:
    - Reviews the Access Log
        - o Review business days for initial assessment and first service appointments; medication requests
        - o Assess response for urgent/crisis conditions (during regular hours and after-hours)
        - o Review requests for cultural/linguistic services, including language assistance; and assess results
        - o Review Access Line Test Calls (quarterly report)
    - Review Clinical Team Meeting Assessments (CANS, PSC, etc.)
    - Review Inpatient / IMD / Residential programs: census, utilization, and length of stay
    - Review processed Treatment Authorization Requests (TARs) for utilization and documentation compliance
    - Review Notices of Adverse Benefit Determination (NOABDs) for appropriateness, documentation compliance, and trends
    - Review grievances or appeals (client or provider) for appropriateness of response and trends
        - o Monitor Change of Provider Requests
    - Review requests for or results of State Fair Hearings; requests for Aid Paid Pending
    - Conduct chart reviews for quality and appropriateness of client care; timeliness of services; and compliance with documentation standards (assessments, service plans, etc.)
        - o Review UR decisions for quality, timeliness, and utilization management issues

    - Monitor UR Return for Review and Correction process through summary format
    - Review EQR process for quality assurance
    - Review clinical peer reviews
    - Follow up on any require Corrective Action Plans (CAPs)
  - Audit medication monitoring reviews documented by third-party prescriber
  - Discuss timely interventions to mitigate issues, including quality of care and clinical concerns
  - Review PIPs; progress; and related data
  - Review data for client- and system-level performance outcome measures
  - Assess client and family satisfaction surveys for access and cultural competence issues
  - Review results of Medi-Cal service verification process
  - Review compliance concerns; fraud/waste reports; patient's rights; and HIPAA/privacy issues
  - Review county and contract provider certification/recertification status; credentialing
  - Review provider satisfaction surveys, as necessary (annually)
  - Review results of audits and other reviews (Triennial; EQR; SUD/DMC-ODS; MHSA)
  - Review new regulations and standards, including DHCS notices and publications
  - Review and update SMHS and DMC-ODS Implementation Plans, as necessary (annually)
  - Discuss consumer participation in services, system planning, QIC, etc.
  - Other items for discussion
  - Monitor QIC action items, recommended policy changes and system-level changes, and assignments from previous QIC meetings. (To ensure a complete feedback loop, completed and incomplete action items are identified on the Agenda for review at the next meeting.)
  - Recommend identified program changes; assign new action items

4) CQIC Meeting Sign-In Sheet: A Sign-In Sheet is collected at the beginning of each CQIC meeting to ensure the privacy of protected health information. A Confidentiality Statement is integrated into the CQIC Sign-In Sheet to ensure the privacy of protected health information.

5) CQIC Meeting Minutes: The CQIC uses a meeting minute template that closely follows the agenda template, to ensure that all relevant and required components are addressed in each set of minutes.
   - Meeting minutes are utilized to track action items and completion dates.
   - Minutes are maintained by the QI Coordinator or designee, and are available for required annual audits and triennial reviews.

d. **Behavioral Health Board**: The Behavioral Health Board (BHB) meets at least 10 times annually. The members of the BHB include clients; representation from the Modoc County Board of Supervisors; the Health Services Director; and the BH Branch Director. The BHB receives information from the CQIC, and provides feedback on access findings and policy change proposals. The comments from this forum are documented in the meeting minutes and reported back to the QMC to finalize and policy changes. A CQIC member regularly presents information to the BHB to ensure that quality issues are discussed.

3. Annual Quality Improvement Work Plan Components

The annual MCBH Quality Improvement Work Plan and Evaluation Report (referred to as the "QI Work Plan" or the "Plan" throughout this document) provides the blueprint for the quality management functions designed to improve client access and quality of care. This Plan is evaluated and updated at least annually.

The MCBH Annual QI Work Plan includes at least the following components:

a. An annual evaluation of the overall effectiveness of the CQI program, utilizing data to demonstrate that QI activities have contributed to meaningful improvement in clinical care and client services;
b. A determination of goals and objectives for the coming year;
c. Tracking previously-identified issues over time through data analysis; and
d. Outlining activities and interventions for improving identified issues and sustaining quality of care.

The QI Work Plan ensures the opportunity for input and active involvement of clients, family members, licensed and paraprofessional staff, providers, and other interested stakeholders in the CQI program. CQI members participate in the planning, design, and execution of the CQI program, including policy setting and program planning. The MCBH QI Work Plan addresses quality assurance/improvement factors as related to the delivery of timely, effective, and culturally-competent specialty mental health and substance use disorder services.

The QI Work Plan is posted on the MCBH website; and is also available upon request. It is provided to the External Quality Review Organization (EQRO) during its annual review of the MCBH system. The QI Work Plan is also available to auditors during triennial Medi-Cal reviews.

4. Accountability

The CQIC is accountable to the Health Services Director and Medical Director. The CQI program coordinates performance monitoring activities throughout the program and includes client and system level outcomes; implementation of the utilization review process; credentialing of licensed staff; monitoring and resolution of client grievances and appeals, state fair hearings, and provider appeals; periodically assessing client, youth, and family satisfaction; and reviewing clinical records.

MCBH contracts with North American Mental Health Services for telepsychiatry outpatient care; and with hospitals in the region and state for inpatient services. In addition, MCBH has a contract with Lassen County to provide outpatient services to Modoc County clients who are living near the county border. As a component of these contracts, these entities are required to cooperate with the CQI program and allow access to relevant clinical and fiscal records to the extent permitted or required by state and federal regulations.

B. DATA SOURCES AND ANALYSIS PROCESS

1. Data Collection Sources

Data sources and types include, but not are limited to, the following (as available):

- Client and service utilization data by type of service, age, gender, race, ethnicity, primary language, veterans, and LGBTQ
- Electronic Health Record (EHR) Reports
- Access Log
- Crisis Logs
- Test Call Logs
- Client and family satisfaction surveys
- Client Grievance/Appeal Logs; State Fair Hearing Logs
- Change of Provider forms and Logs
- Medication Chart Review forms and Logs
- Staff training logs
- Notice of Adverse Benefit Determination (NOABD) forms and logs
- Second Opinion requests and outcomes
- Treatment Authorization Requests (TAR) and Inpatient Logs
- Service Authorization Request (SAR) Logs
- Staff productivity reports
- QI Chart Review Checklists (and any corrective action plans [CAPs])
- Compliance Logs
- Policies and procedures
- QMC and CQIC meeting minutes
- Internal MH and SUD/DMC-ODS monitoring activities
- EQR and Medi-Cal Audit results
- Special reports from DHCS or other required studies

2. Data Analysis Process and Resulting Interventions

a. The QI Coordinator performs preliminary analysis of data to review for accuracy and completion.
    - If there are areas of concern, the CQIC discusses the information. Clinical staff may be asked to implement CAPs, as needed.
    - Policy changes may also be implemented, if required.

- Subsequent review is performed by the CQIC.

b. The changes to programs and/or interventions are discussed with individual staff, CQIC members (including consumers and family members), BHB members, and management.

c. Program changes have the approval of the QMC and the Director prior to implementation.

d. Effectiveness of program changes are evaluated by the CQIC.
   - Input from committee is documented in the meeting minutes, which include the activity, person responsible, and timeframe for completion.
   - Each activity and the status for follow-up are discussed at the beginning of the next meeting.

C. DELEGATED ACTIVITIES STATEMENT

At the present time, MCBH does not delegate any review activities. Should delegation take place in the future, this Plan will be amended accordingly.

D. QI EVALUATION REPORT: GOALS, DATA, AND INTERVENTIONS

<table>
<tr><th colspan="4">Goal 1: Offer an initial MH assessment appointment within ten (10) business days of the request for services</th></tr>
<tr><td>Objective</td><td colspan="3">Monitor timeliness of new requests for routine outpatient mental health services to ensure accessibility</td></tr>
<tr><td>Numerator</td><td colspan="3">Total number of persons requesting mental health services who are new to MCBH and were offered an initial assessment appointment within 10 business days in a given fiscal year</td></tr>
<tr><td>Denominator</td><td colspan="3">Total number of persons requesting mental health services who are new to MCBH mental health services in a given fiscal year</td></tr>
<tr><td>Performance Indicator / Target Goal</td><td colspan="3">Offer an initial assessment appointment within 10 business days of request to at least 75% of clients who request services</td></tr>
<tr><td rowspan="3">Data</td><td>Number and percent of new requests who met this standard in FY 2017-2018</td><td>69 out of 183</td><td>37.8%</td></tr>
<tr><td>Number and percent of new requests who met this standard in FY 2018-2019</td><td>355 out of 414</td><td>85.7%</td></tr>
<tr><td>Number and percent of new requests who met this standard in FY 2019-2020</td><td>301 out of 305</td><td>98.7%</td></tr>
<tr><th colspan="4">Evaluation</th></tr>
<tr><td colspan="4">Analysis: The percent of persons requesting mental health services who are new to MCBH and were offered an assessment appointment within 10 days increased from 37.8% in FY 2017-2018 to 85.7% in FY 2018-2019. This data increased again to 98.7% in FY 2019-2020. MCBH continues to improve in this area; however, because timely access is a key component, MCBH will continue to monitor this goal in FY 20/21.</td></tr>
<tr><td colspan="4">Quality Improvement Action Plan: In FY 2020-2021, MCBH will maintain the percent of requests that are offered an initial assessment appointment within 10 business days.</td></tr>
<tr><td colspan="4">Suggested Interventions:
• Continue to train staff on scheduling and properly logging new requests for services, with an emphasis on the 10-day standard.
• Continue to review data monthly with management staff, and quarterly with QIC, to identify barriers to meeting the 10-day timeframe.
• Maintain a weekly schedule for staff to conduct walk-in assessments.
• Develop a prompt or reminder regarding the 10-day rule on the Access Log; train staff on the updated Access Log.</td></tr>
</table>

Data Source: Cerner; Access Log **Frequency:** Quarterly
References: MHSUDS IN 18-011; CCR, Title 28, 1300.67.2.2

Goal 2: Ensure that clients receive a scheduled MH treatment service within 10 business days of the completed assessment			
Objective	Individuals will receive a scheduled MH appointment for a first treatment service appointment within 10 business days of the completed assessment		
Numerator	Number of individuals who received a scheduled MH appointment for a first treatment service appointment within 10 business days of the date the assessment is completed		
Denominator	Number of individuals who received a scheduled assessment and are eligible to received planned outpatient MH services		
Performance Indicator / Target Goal	At least 75% of individuals will receive a scheduled MH appointment for a first treatment service appointment within 10 business days of the assessment		
Data	Percent of MH treatment services that meet this standard FY 2017-2018	33 out of 120	27.5%
	Percent of MH treatment services that meet this standard FY 2018-2019	194 out of 248	78.2%
	Percent of MH treatment services that meet this standard FY 2019-2020	203 out of 220	92.3%

Evaluation

Analysis: The percent of persons who received a scheduled MH appointment for a first treatment service appointment within 10 business days of the completed assessment greatly increased from 27.5% in FY 2017-2018 to 78.2% in FY 2018-2019, then increased again to 92.3% in FY 2019-2020. This significant increase may have been a result of MCBH moving documentation of appointment requests to the Electronic Health Record system (Cerner), and training staff to more accurately log this information. MCBH continues to improve in this area; however, because timely access is a key component, MCBH will continue to monitor this goal in FY 20/21.

Quality Improvement Action Plan: In FY 2020-2021, MCBH will maintain the percentage of persons who receive a treatment service appointment within 10 business days at a minimum of 92%.

Suggested Interventions:

- Continue to provide documentation training for all MCBH intake staff to support accurate intake documentation.
- Continue to regularly review data by age groups and other cultural groups to identify strategies for improving access to services.
- Continue to review timeliness data quarterly at QIC meetings and other relevant committees to identify ongoing barriers; improve quality; and provide immediate support, training, and feedback.

Data Source: Cerner **Frequency:** Quarterly
References: MHSUDS IN 18-011; CCR, Title 28, 1300.67.2.2

Goal 3: Increase the number of clients who are Latino and Native American populations			
Objective	Offer engaging outpatient mental health services to increase the number of Latino and Native American clients, meeting the unmet needs of these communities		
Numerator	Number of mental health clients who are Latino or Native American in a given fiscal year		
Denominator	Total number of mental health clients served in a given fiscal year		
Performance Indicator / Target Goal	Increase to the number of mental health clients for these populations by at least 5% annually		
Data	Percent of mental health clients who are Latino or Native American in FY 2017-2018	Latino: 55 of 427 Native American: 41 of 427	Latino: 12.9% Native American: 9.6%
	Percent of mental health clients who are Latino or Native American in FY 2018-2019	Latino: 65 of 529 Native American: 57 of 529	Latino: 12.3% Native American: 10.8%
	Percent of mental health clients who are Latino or Native American in FY 2019-2020	Latino: 32 of 496 Native American: 42 of 496	Latino: 6.5% Native American: 8.5%

Evaluation

Analysis: The percent of outpatient mental health services received by these populations remained generally the same from FY 2017-2018 to FY 2018-2019. The percent of Latino clients decreased to 6.5% in FY 2019-2020, along with the percent of Native American clients decreasing to 8.5%.

Quality Improvement Action Plan: In FY 2020-2021, MCBH will increase the number of Latino and Native American clients by 5%, by offering outpatient mental health services that are engaging to these populations to help increase the number of services received by these communities.

Suggested Interventions:

- Continue to work with Bilingual Behavioral Health Navigator to develop strategies for these populations.
- Continue to work with outreach staff to address availability of services offered to these populations.
- Implement ongoing outreach strategies for designing services that help engage these populations in services, and to eliminate barriers.
- Hold Latino and Native American focus groups at annually to generate ideas for activities.
- Identify and deliver engaging activities to these populations.
- Identify activities for clients and their families to create positive experiences (activities noted in the SABG STEPP plan and MHSA Plans).
- Enhance outreach to these populations and create engaging activities.

Data Source: Cerner **Frequency:** Annually
References: MCBH standard

Goal 4: Ensure timely access to a Telepsychiatry Medication Assessment			
Objective	Monitor timeliness of new referrals to a medication assessment through telepsychiatry to ensure access to medication services		
Numerator	Total number of persons referred for a medication assessment who receive a telepsychiatry medication assessment service within 15 business days		
Denominator	Total number of persons referred for a medication assessment to telepsychiatry		
Performance Indicator / Target Goal	To ensure that at least 75% of clients who need to be assessed for medications receive a medication assessment within 15 business days		
Data	Number of clients who received a medication assessment within 15 business days in FY 2017-2018	102 out of 109	93.6%
	Number of clients who received a medication assessment in within 15 business days in FY 2018-2019	115 out of 135	85.2%
	Number of clients who received a medication assessment in within 15 business days in FY 2019-2020	83 out of 100	83.0%

Evaluation

Analysis: The percent of mental health clients who received a timely medication assessment decreased from 93.6% in FY 2017-2018 to 85.2% in FY 2018-2019; and decreased again to 83% in FY 2019-2020. Timely access to medication services continues to be a challenge; as a result, MCBH will monitor this goal and work to improve outcomes.

Quality Improvement Action Plan: MCBH will work closely with its telepsychiatry provider to identify and mitigate the reasons for the decrease in timely access to medication assessments. In FY 2020-2021, MCBH plans to increase the number of medication assessment appointments that are available and to improve access to this level of care.

Suggested Interventions:

- Continue to monitor timely access of telepsychiatry medication assessments and conduct a periodic analysis to determine need of additional appointment slots.
- Create weekly blocks of time for telepsychiatry appointment to ensure timely access.
- Train impacted staff on the 15-day standard for scheduling medication assessments.
- Provide feedback to telemedicine provider about length of time to schedule a Telepsychiatry medication assessment appointment and the number of clients waiting for a psychiatry appointment over 15 business days.
- Offer transportation for clients to help them keep their medication assessment appointment, as scheduled.
- Research options for tracking the client's first treatment appointment, in order to better identify what type of treatment the client receives at their initial treatment appointment.

Data Source: Cerner **Frequency:** Annually
References: MHSUDS IN 18-011; CCR, Title 28, 1300.67.2.2

Goal 5: Retain at least 50% of new SUD clients in ongoing services			
Objective	To increase the number and percent of new SUD clients who are retained for services		
Numerator	Number of clients who after receiving a SUD Assessment, return for at least 12 groups		
Denominator	Number of clients who receive a SUD Assessment		
Performance Indicator / Target Goal	To increase the percent of new SUD clients who are retained for services to 50%		
Data	Number and percent of clients who receive a SUD Assessment and return for at least 12 groups in FY 2017-2018	3 out of 53	5.7%
	Number and percent of clients who receive a SUD Assessment and return for at least 12 groups in FY 2018-2019	7 out of 78	9.0%
	Number and percent of clients who receive a SUD Assessment and return for at least 12 groups in FY 2019-2020	4 out of 66	6.1%

Evaluation

Analysis: The percent of SUD clients who are retained for at least 12 groups significantly increased from 5.7% in FY 2017-2018 to 9% in FY 2018-2019. The percent then decreased to 6.1% in FY 2019-2020.

Quality Improvement Action Plan: Retaining this population continues to be a challenge. MCBH will work to identify and mitigate the reasons for the decrease in this measure. In FY 2020-2021, MCBH will increase the percent of SUD clients who are retained in the SUD program and who return for at least 12 groups to 50%.

Suggested Interventions:

- Conduct focus groups to generate ideas for engaging clients in SUD services.
- Educate healthcare and non-healthcare partners on the referral process to the SUD program
- Review group intervention services to ensure that they are interesting and engaging.
- Identify new Evidence-Based Practices that are effective and have been validated with the Latino and Native American populations.
- Provide training to staff in the new interventions.
- Quarterly, provide feedback to staff on retention rates, relaying successes in keeping clients in the program for longer periods of time, and supporting efforts to engage clients longer.

Data Source: Cerner **Frequency:** Quarterly
References: MCBH standard

Goal 6: Conduct medication monitoring activities on at least 10% of medication charts each year			
Objective	Assess the safety and effectiveness of medication practices in MCBH to ensure quality of care		
Numerator	Number of medication charts reviewed in a given fiscal year		
Denominator	Total number of persons receiving medication services in a given fiscal year		
Performance Indicator/Target Goal	To increase the number of medication charts reviewed through medication monitoring to represent 10% the persons receiving medication services		
Data	Number and percent of medication charts reviewed in FY 2017-2018	15 charts out of 142 med clients	11%
	Number and percent of medication charts reviewed in FY 2018-2019	15 charts out of 153 med clients	10%
	Number and percent of medication charts reviewed in FY 2019-2020	Not done due to COVID	Not done due to COVID

Evaluation

Analysis: The percent of medication charts reviewed was 11% in FY 2017-2018. This number slightly decreased to 10% in FY 2018-2019, but the overall goal continued to be met. Medication chart reviews were not conducted in FY 2019-2020 due to COVID restrictions. Medication monitoring continues to be a focus of MCBH; as a result, MCBH will continue to monitor this goal in FY 2020-2021.

Quality Improvement Action Plan: MCBH will work closely with medication support staff and the third-party reviewer to schedule medication chart reviews in FY 2020-2021. In FY 2020-2021, MCBH plans to maintain or exceed the number of medication charts reviewed through medication monitoring activities to 10% of all medication charts to ensure quality of care.

Suggested Interventions:

- Continue to contract with a third-party prescriber (psychiatrist or pharmacist) to complete medication monitoring activities at least quarterly.
- Train staff and third-party reviewer on the importance of medication monitoring activities, including target goals.
- Review medication monitoring results at QIC at least quarterly; provide feedback to third-party reviewer if goals are not met.
- Review contractor budget and revise third-party review schedule as needed and allowed to meet the goal of reviewing 10% of charts.

Data Source: Cerner **Frequency:** Annually
References: MCBH standard

Goal 7: Deliver MH services that are culturally sensitive to each client's background and in their preferred language			
Objective	Ensure that staff deliver services that are culturally and linguistically sensitive to help improve access and quality of care		
Numerator	Number of client and family respondents who agreed to the MHSIP survey question: "Staff were sensitive to my cultural/ethnic background" in a given fiscal year		
Denominator	Total number of client and family respondents		
Performance Indicator/Target Goal	Increase and/or sustain the number and percent of clients and family members that report to the survey question: "Staff were sensitive to my cultural/ethnic background."		
Data	Number and percent of clients and family members reporting that staff met this measure in FY 2017-2018	51 out of 72	70.8%
	Number and percent of clients and family members reporting that staff met this measure in FY 2018-2019	68 out of 86	79.1%
	Number and percent of clients and family members reporting that staff met this measure in FY 2019-2020	47 out of 60	78.3%
Evaluation			
Analysis: The percent of survey respondents who reported staff sensitivity to their cultural/ethnic background increased from 70.8% in FY 2017-2018 to 79.1% in FY 2018-2019. In FY 2019-2020, this percentage decreased slightly to 78.3%. MCBH has generally maintained success in this area; and, because this component is key to quality care, MCBH will continue to monitor this goal in FY 20/21.			
Quality Improvement Action Plan: In FY 2020-2021, MCBH will increase and/or sustain the number and percent of clients and family members that report to the survey question: "Staff were sensitive to my cultural/ethnic background."			
Suggested Interventions: • Continue to train all staff on cultural humility. • Continue to train all staff on areas for providing culturally-relevant services to the Latino and Native American communities. • Continue training staff on how to improve services and create more culturally-responsive services. • Identify other cultures and languages that are underrepresented, including the LGBTQ community; assess and report regularly. • Continue to support the strategies for hiring individuals to strengthen the diversity of staff.			

Data Source: Completed POQI surveys **Frequency:** Twice each year, totaled annually
References: MCBH standard

<table>
<tr><th colspan="4">Goal 8: Increase staff productivity, including the percent of billable hours, to improve access, quality, and cost-effectiveness of services</th></tr>
<tr><td>Objective</td><td colspan="3">Assess and monitor staff productivity to improve access, staff performance, effective service utilization, service capacity, and cost-effectiveness of services</td></tr>
<tr><td>Numerator</td><td colspan="3">Percent of staff hours that were billable in a given fiscal year</td></tr>
<tr><td>Denominator/Comparison</td><td colspan="3">Percent of staff hours that were billable in the previous fiscal year</td></tr>
<tr><td>Performance Indicator/Target Goal</td><td colspan="3">To improve the percent of billable hours each year by 10%</td></tr>
<tr><td>Data</td><td>Percent of staff hours that were billable in FY 2019-2020</td><td>41.9%</td><td>Baseline year</td></tr>
<tr><th colspan="4">Evaluation</th></tr>
<tr><td colspan="4">Analysis: In FY 2019-2020, the percent of staff hours that were billable was 41.9%. FY 2019-2020 is the baseline year for this new goal; comparison data, and resulting data analysis, will be available for FY 2020-2021.</td></tr>
<tr><td colspan="4">Quality Improvement Action Plan: In FY 2020-2021, MCBH will maintain or increase the percent of billable hours. MCBH will develop an Action Plan once additional fiscal year data has been analyzed, and specific issues or trends are identified.</td></tr>
<tr><td colspan="4">Suggested Interventions:
• MCBH will develop interventions once additional fiscal year data has been analyzed, and specific issues or trends are identified.</td></tr>
</table>

Data Source: Cerner **Frequency:** Quarterly
References: MCBH standard

Goal 9: Track denial rates to ensure compliance with timely and accurate billing standards	
Objective	Ensure compliance with timely and accurate billing standards
Numerator	Parameters under development
Denominator/Comparison	Parameters under development
Performance Indicator/Target Goal	Goal under development
Data	Baseline data – under development
	Year 2 data – to be added in future updates
	Year 3 data – to be added in future updates
Evaluation	
NOTE: This goal is new to the QI Work Plan. MCBH is currently working with its EHR vendor to gather the baseline data needed for this important indicator. The data, time-bound targets, and related plan and interventions will be added at that time.	

Data Source: Cerner **Frequency:** Quarterly
References: MCBH standard