Our Mission 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 our clients and their support system, where suitable.


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A. QUALITY IMPROVEMENT PROGRAM OVERVIEW

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

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 contract 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 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, RN, BSN, PHN, Interim Health Services Director, who has substantial involvement in the implementation of the Quality Improvement Program.
2. Quality Improvement Committees

Four (4) committees comprise the CQI program: 1) the Quality Management/Compliance Committee; 2) QI Staff Training Committee; 3) Continuous Quality Improvement Committee (CQIC); and 4) the Behavioral Health Board (BHB). 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** include the following functions:

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 QI actions and ensures follow-up of CQI processes.
• Develops strategies to integrate health care and Behavioral Health to improve services.
• 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) CQIC Membership – 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) CQIC Agenda – 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:
• Monitor QIC action items, recommended policy changes and system-level changes, and assignments from previous QIC meeting (To ensure a complete feedback loop, completed and incomplete action items shall be identified on the agenda for review at the next meeting.)
• Review Inpatient / IMD / Residential programs: census, utilization, and length of stay
• Review processed Treatment Authorization Requests (TARs) for utilization and documentation compliance
• Review 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
• Access Log Review
  o  Review business days for first appointment
  o  Assess response for urgent conditions (during regular hours and after-hours)
  o  Review requests for cultural/linguistic services and assess results
• Review medication monitoring process to assure appropriateness of care
• Review URC decisions for quality, timeliness, and utilization management issues
  o Conduct random chart review for quality and appropriateness of client care; timeliness of services; and compliance with documentation standards (assessments, service plans, etc.)
  o Monitor UR Return for Review and Correction process through summary format
  o Review clinical peer reviews and plans of correction for approval or further action
  o EHR Process for quality assurance
• Assess client and family satisfaction surveys for access and cultural competence issues
• Service verification process
• Discuss Patient’s Rights issues
• Review provider satisfaction surveys (annually)
• Review data for client- and system-level performance outcome measures and projects (PIPs)
• Review Clinical Team Meeting Assessments (CANS, PSC, etc.)
• Review Compliance Program issues
• Review Access Line Test Calls (quarterly report)
• Review Contracted Org Providers Cert/Recert Status
• Triennial Review
• Annual Reviews
  o EQR
  o SUD/DMC
  o MHSA
• Review new regulations and CA Department of Health Care Services (DHCS) Information Notices / All Plan Letters
• Verification of services provided
• Discuss timely interventions to mitigate issues, including quality of care and clinical concerns
• Other items for discussion

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.

5) CQIC Meeting Minutes – The CQIC uses a meeting minute 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 Advisory Board** – The Behavioral Health Board (BHB) meets at least 10 times annually. The members of the BHB include appointed consumers, representative from the Modoc County Board of Supervisors, Health Services Director, and Behavioral Health Branch Director. The Board receives information from the CQIC member 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 Management Team/Compliance Committee to finalize and policy changes. A CQIC member presents information to the Mental Health Advisory Board to ensure that quality issues are discussed.

3. **Quality Improvement Annual Work Plan Components**

The Annual Work Plan for CQI activities of MCBH provides the blueprint for the quality management functions designed to improve both client access and quality of care. This Plan is evaluated annually and updated as necessary.

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 objectives and goals 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.

This 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. The 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 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 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 and review of the utilization review process, credentialing of licensed staff, monitoring and resolution of beneficiary grievances, fair hearings, and provider appeals, periodically assessing consumer, youth, and family satisfaction, and reviewing clinical records.

MCBH contracts with North American Mental Health Services for telepsychiatry outpatient care, and 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 the contracts, these entities are required to cooperate with the CQI program and allow access to relevant clinical records to the extent permitted by state and federal regulations.

B. DATA COLLECTION – SOURCES AND ANALYSIS

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 Reports
- Access Log (initial contact 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 Monitoring 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
- Clinical QI Chart Review Checklists (and plans of correction)
- Peer Chart Review Checklists (and plans of correction)
- 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 and 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 plans of correction, 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 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**

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>
<thead>
<tr>
<th>Goal 1: Offer an initial MH assessment appointment within ten (10) business days of the request for services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective</strong></td>
</tr>
<tr>
<td><strong>Numerator</strong></td>
</tr>
<tr>
<td><strong>Denominator</strong></td>
</tr>
<tr>
<td><strong>Performance Indicator / Target Goal</strong></td>
</tr>
<tr>
<td><strong>Data</strong></td>
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**Evaluation**

**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 34.9% in FY 2016-2017 to 37.8% in FY 2017-2018. The percent then greatly increased to 85.76% in FY 2018-2019.

**Quality Improvement Action Plan:** In FY 2019-2020, MCBH will maintain the percent of requests that are offered an initial assessment appointment within 10 business days.

**Suggested Interventions:**
- Conduct staff training on scheduling and properly logging new requests for services, with an emphasis on the 10-day standard
- Review data monthly with management staff and quarterly with QIC to identify any barriers to meeting the 10-day timeframe
- Implement a weekly schedule for staff to conduct walk-in assessments

**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

<table>
<thead>
<tr>
<th>Objective</th>
<th>Individuals will receive a scheduled MH appointment for a first treatment service appointment within 10 business days of the completed assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numerator</td>
<td>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</td>
</tr>
<tr>
<td>Denominator</td>
<td>Number of individuals who received a scheduled assessment and are eligible to received planned outpatient MH services</td>
</tr>
<tr>
<td>Performance Indicator / Target Goal</td>
<td>At least 75% of individuals will receive a scheduled MH appointment for a first treatment service appointment within 10 business days of the assessment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Data</th>
<th>Percent of MH treatment services that meet this standard FY 2016-2017</th>
<th>55 out of 164</th>
<th>33.5%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percent of MH treatment services that meet this standard FY 2017-2018</td>
<td>33 out of 120</td>
<td>27.5%</td>
</tr>
<tr>
<td></td>
<td>Percent of MH treatment services that meet this standard FY 2018-2019</td>
<td>194 out of 248</td>
<td>78.2%</td>
</tr>
</tbody>
</table>

### 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 decreased from 33.5% in FY 2016-2017 to 27.5% in FY 2017-2018. The percent then greatly increased to 78.2% in FY 2018-2019. 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.

**Quality Improvement Action Plan:** In FY 2019-2020, MCBH will maintain the percentage of persons who receive a treatment service appointment within 10 business days at a minimum of 75%.

**Suggested Interventions:**
- Provide documentation training for all MCBH intake staff to support accurate intake documentation
- Regularly data by age groups and other cultural groups to identify strategies for improving access to services
- Review timeliness data on a quarterly basis at QIC meetings and other identified 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.
<table>
<thead>
<tr>
<th><strong>Goal 3: Increase the number of clients who are Latino and Native American populations</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective</strong></td>
</tr>
<tr>
<td><strong>Numerator</strong></td>
</tr>
<tr>
<td><strong>Denominator</strong></td>
</tr>
<tr>
<td><strong>Performance Indicator / Target Goal</strong></td>
</tr>
<tr>
<td><strong>Data</strong></td>
</tr>
<tr>
<td>Percent of mental health clients who are Latino or Native American in FY 2016-2017</td>
</tr>
<tr>
<td>Percent of mental health clients who are Latino or Native American in FY 2017-2018</td>
</tr>
<tr>
<td>Percent of mental health clients who are Latino or Native American in FY 2018-2019</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Evaluation</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Analysis:</strong> The percent of outpatient mental health services received by these populations have remained the generally the same across all three fiscal years that were analyzed: annually, approximately 12% of clients are Latino, and 10% are Native American.</td>
</tr>
<tr>
<td><strong>Quality Improvement Action Plan:</strong> In FY 2019-2020, 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.</td>
</tr>
<tr>
<td><strong>Suggested Interventions:</strong></td>
</tr>
<tr>
<td>• Continue to work with outreach staff to address availability of services offered to these populations</td>
</tr>
<tr>
<td>• Implement ongoing outreach strategies for designing services that help engage these populations in services, and to eliminate barriers</td>
</tr>
<tr>
<td>• Hold Latino and Native American focus groups at least semi-annually to generate ideas for activities</td>
</tr>
<tr>
<td>• Identify and deliver engaging activities to these populations</td>
</tr>
<tr>
<td>• Identify activities for clients and their families to create positive experiences (activities noted in our SABG STEPP plan and MHSA Plans)</td>
</tr>
<tr>
<td>• Develop Behavioral Health Navigator positions (0.5 FTEs) to help outreach to these populations and create engaging activities</td>
</tr>
</tbody>
</table>

**Data Source:** Cerner  
**Frequency:** Annually  
**References:** MCBH standard.
### Goal 4: Ensure timely access to a Telepsychiatry Medication Assessment

<table>
<thead>
<tr>
<th>Objective</th>
<th>Monitor timeliness of new referrals to a medication assessment through telepsychiatry to ensure access to medication services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numerator</td>
<td>Total number of persons referred for a medication assessment who receive a telepsychiatry medication assessment service within 15 business days</td>
</tr>
<tr>
<td>Denominator</td>
<td>Total number of persons referred for a medication assessment to telepsychiatry</td>
</tr>
<tr>
<td>Performance Indicator / Target Goal</td>
<td>To ensure that at least 75% of clients who need to be assessed for medications receive a medication assessment within 15 business days</td>
</tr>
</tbody>
</table>

#### Data

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Number of clients who received a medication assessment within 15 business days</td>
<td>72 out of 82</td>
<td>102 out of 109</td>
<td>135 out of 144</td>
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</table>

#### Evaluation

**Analysis:** The percent of mental health clients who received a timely medication assessment increased from 87.8% to 93.6% in FY 2017-2018. This high percent was maintained in FY 2018-2019.

**Quality Improvement Action Plan:** MCBH will continue to monitor timeliness of new referrals to a medication assessment through telepsychiatry to ensure access to medication services.

**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

**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

<table>
<thead>
<tr>
<th><strong>Objective</strong></th>
<th>To increase the number and percent of new SUD clients who are retained for services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Numerator</strong></td>
<td>Number of clients who after receiving a SUD Assessment, return for at least 12 groups</td>
</tr>
<tr>
<td><strong>Denominator</strong></td>
<td>Number of clients who receive a SUD Assessment</td>
</tr>
<tr>
<td><strong>Performance Indicator / Target Goal</strong></td>
<td>To increase the percent of new SUD clients who are retained for services to 50%</td>
</tr>
<tr>
<td><strong>Data</strong></td>
<td>Number and percent of clients who receive a SUD Assessment and return for at least 12 groups in FY 2016-2017</td>
</tr>
<tr>
<td></td>
<td>Number and percent of clients who receive a SUD Assessment and return for at least 12 groups in FY 2017-2018</td>
</tr>
<tr>
<td></td>
<td>Number and percent of clients who receive a SUD Assessment and return for at least 12 groups in FY 2018-2019</td>
</tr>
</tbody>
</table>

**Evaluation**

**Analysis:** The percent of SUD clients who are retained for at least 12 groups significantly decreased from 12.2% in FY 2016-2017 to 5.7% in FY 2017-2018. The percent increased to 9.0% in FY 2018-2019.

**Quality Improvement Action Plan:** In FY 2019-2020, 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:**
- 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
- On a quarterly basis, 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.
<table>
<thead>
<tr>
<th><strong>Goal 6:</strong> Ensure that clients are involved in the development of their Treatment Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective</strong></td>
</tr>
<tr>
<td>Ensure that clients are actively involved in the development of their Treatment Plans to ensure active participation in services and improve quality of care</td>
</tr>
<tr>
<td><strong>Numerator</strong></td>
</tr>
<tr>
<td>Number of treatment plans that were signed by the client in a given fiscal year</td>
</tr>
<tr>
<td><strong>Denominator</strong></td>
</tr>
<tr>
<td>Total number of treatment plans written in a given fiscal year</td>
</tr>
<tr>
<td><strong>Performance Indicator / Target Goal</strong></td>
</tr>
<tr>
<td>To have 100% of Treatment Plans signed by the client</td>
</tr>
<tr>
<td><strong>Data</strong></td>
</tr>
<tr>
<td>Number and percent of treatment plans that were signed by the client in FY 2016-2017</td>
</tr>
<tr>
<td>Number and percent of treatment plans that were signed by the client in FY 2017-2018</td>
</tr>
<tr>
<td>Number and percent of treatment plans that were signed by the client in FY 2018-2019</td>
</tr>
</tbody>
</table>

**Evaluation**

NOTE: This goal is new to the QI Work Plan. MCBH is currently working with its Electronic Health Record (EHR) vendor to implement a specific functionality in the EHR that will provide the data needed for this important indicator. An evaluation of the data and related plan and interventions will be added at that time.

**Data Source:** Cerner  
**Frequency:** Quarterly  
**References:** CCR, Title 9, 1810.440.
## Goal 7: Telepsychiatry – No Show Rate

<table>
<thead>
<tr>
<th><strong>Objective</strong></th>
<th>Individuals keep their scheduled telepsychiatry appointment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Numerator</strong></td>
<td>Number of scheduled telepsychiatry appointments that resulted in a no show</td>
</tr>
<tr>
<td><strong>Denominator</strong></td>
<td>Number of scheduled telepsychiatry appointments</td>
</tr>
</tbody>
</table>

### Performance Indicator / Target Goal
Less than 10% of scheduled telepsychiatry appointments result in individuals not showing up for their appointment

<table>
<thead>
<tr>
<th>Data</th>
<th>Percent of scheduled telepsychiatry appointments that resulted in a no show in FY 2016-2017</th>
<th>330 out of 4,577</th>
<th>7.2%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percent of scheduled telepsychiatry appointments that resulted in a no show in FY 2017-2018</td>
<td>257 out of 4,507</td>
<td>5.7%</td>
</tr>
<tr>
<td></td>
<td>Percent of scheduled telepsychiatry appointments that resulted in a no show in FY 2018-2019</td>
<td>309 out of 4,563</td>
<td>6.8%</td>
</tr>
</tbody>
</table>

**Evaluation**

**Analysis:** The percent of telepsychiatry no shows was below 10% for all three fiscal years that were analyzed: 7.2% in FY 2016-2017; 5.7% for 2017-2018; and 6.8% for 2018-2019.

**Quality Improvement Action Plan:** In FY 2019-2020, MCBH will maintain or improve the no show rate for scheduled telepsychiatry appointments at less than 10%.

**Suggested Interventions:**
- Continue calling clients 24 hours prior to their appointment as a reminder; and initiate same day reminder calls if client not reached with the 24-hour notice call.
- Continue mailing pre-appointment postcards one week before appointment
- If a client is late to an appointment, continue having Nursing staff call clients and offer transportation to the appointment, or to reschedule the appointment
- Assigned Clinician to call client when they no show for their telepsychiatry and discuss the therapeutic importance of making these appointments
- Review data to determine if there are higher rates of no shows with certain age groups, cultural groups, and/or regions; and determine the reason for higher rates (further distances to the clinic; different hours of services; ease of scheduling and cancelling appointments)
- Train staff on accurately documenting no shows
- Regularly share data with staff on no shows to encourage successes and mitigate any issues

**Data Source:** Cerner  **Frequency:** Quarterly  **References:** MCBH standard.
<table>
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<tr>
<th>Goal 8: Conduct medication monitoring activities on at least 10% of medication charts each year</th>
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<tr>
<td><strong>Objective</strong></td>
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<td><strong>Performance Indicator/Target Goal</strong></td>
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**Evaluation**

NOTE: This goal is new to the QI Work Plan. MCBH is currently working to gather the data needed for this important indicator. An evaluation of the data and related plan and interventions will be added at that time.

**Data Source:** Cerner  
**Frequency:** Annually  
**References:** MCBH standard.
<table>
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<th>Goal 9: Deliver MH services that are culturally sensitive to each client’s background and in their preferred language</th>
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**Evaluation**

**Analysis:** The percent of survey respondents who reported staff sensitivity to their cultural/ethnic background decreased from 75% in FY 2016-2017 to 70.8% in FY 2017-2018. In FY 2018-2019, this percentage increased to 79.1%.

**Quality Improvement Action Plan:** In FY 2019-2020, 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:**
- Provide training to all staff on cultural humility
- Provide training to all staff on areas for providing culturally relevant services to the Latino and Native American communities
- Identify other cultures and languages that are underrepresented, including the LGBTQ community
- Develop strategies for hiring individuals to strengthen the diversity of staff

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