2018-2019
ANNUAL WORK PLAN
DEPARTMENT OF BEHAVIORAL HEALTH
COLUSA COUNTY
The Quality Improvement Committee is the key in implementation of the quality Improvement Plan. Members on this Committee:

- Consumer Involvement and Change Review: (including grievances and appeals and change of provider requests), EHR implementation, Psychiatric services, Improvement Projects (PIPs), Outcome measures, Cultural Competency, Service Delivery, Beneficiary protection

The Colusa County Department of Behavioral Health Quality Improvement Plan has the following goals:

- To be tracked in the Quality Improvement Committee

Annual Work Plan for 2018/2019 Fiscal Year

Colusa County Behavioral Health Services
<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Besse Hartson, ACSW</td>
<td>Therapist II</td>
</tr>
<tr>
<td>Daniel Hernandez</td>
<td>MSHA Coordinator</td>
</tr>
<tr>
<td>Valarie Stirling</td>
<td>Peer Support Specialist</td>
</tr>
<tr>
<td>Cindy Paynitsk</td>
<td>Patients’ Rights Advocate</td>
</tr>
<tr>
<td>Ellen Uren</td>
<td>Consumer Representative</td>
</tr>
<tr>
<td>Sally Cardenas</td>
<td>Office Assistant Supervisor</td>
</tr>
<tr>
<td>Raphael Lamasa, ACSW</td>
<td>Therapist II</td>
</tr>
<tr>
<td>Mark McGreggor, LCSW</td>
<td>Program Manager Clinical Services Child Division</td>
</tr>
<tr>
<td>Shannon Piper, LMT</td>
<td>Program Manager Clinical Adult and Crisis Services</td>
</tr>
<tr>
<td>Jan Morgan, LCSW</td>
<td>Deputy Director Clinical Services Child Division</td>
</tr>
<tr>
<td>Terry Rooney, PhD</td>
<td>Director</td>
</tr>
<tr>
<td>Action Items</td>
<td>Discussion</td>
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<tr>
<td>--------------</td>
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</tr>
<tr>
<td>Establish a committee</td>
<td>The Department will increase the focus on</td>
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<tr>
<td>Action Items</td>
<td>Discussion</td>
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<tr>
<td>Ongoing data collection</td>
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<tr>
<td>Reason</td>
<td>Action Items</td>
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</tr>
<tr>
<td>Quality Improvement Work Plan</td>
<td>OIC for Review. Quality OIC and present this data to no shows delay for intakes. The staff will collect data on engagement. Reception determines what actions are to evaluate. &quot;Show&quot; fails to on no shows. The Department will collect data on shows and no &quot;show&quot; additional efforts to show. &quot;Show&quot; and &quot;no.&quot; The goal is to improve the quality of the OIC. The Department will review the no shows and no &quot;show&quot;.</td>
</tr>
<tr>
<td>Action Items</td>
<td>Discussion</td>
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</tr>
</tbody>
</table>
| **Additionally**, the call log form and reviewed in QIC, the crisis staff or other calls will be recorded on the call log. The results of the 24-hour crisis staff will be made to.
|    |    |
| Test calls will be measured against which the time responses will be the current response time. QIC will record staff the efficiency clinic of initial collection of response time will.
|    |    |
| The goal is for all urgent services will be measured against which success will be the standard show rate of above 80% findings in QIC. Current "show" and "no show" will present ongoing assurance coordinator.
<p>| | |
|    |    |</p>
<table>
<thead>
<tr>
<th>Action Items</th>
<th>Discussion</th>
<th>Quality Improvement Work Plan</th>
</tr>
</thead>
</table>

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**Mediation Request**

- The CIC will track all changes of provider and review requests.
- The CIC will review all changes of provider at each meeting.
- The Department will track all changes of provider and review requests.

---

**Staff**

- The Department will respond to all requests.

---

**System Weaknesses**

- The Department will review all complaints and providers.
- The Department will review all complaints.

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**Survey**

- The Department will conduct surveys to measure beneficiary satisfaction.

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**Objective**

- Improve beneficiary satisfaction.

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**Objective**

- Regular report on all grievances/appeals.
- Regular reports of grievances/appeals.

---

**Objective**

- Track change of provider.

---

**Objective**

- Feedback on change of provider.

---

**Objective**

- Feedback on change of provider.

---

**Objective**

- Feedback on change of provider.

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**Objective**

- Feedback on change of provider.

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**Objective**

- Feedback on change of provider.

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**Objective**

- Feedback on change of provider.

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**Objective**

- Feedback on change of provider.
The CIC will track the metric measured in the above accessing services as Hispanic individuals increase in the number of contacts with the CIC. The CIC will also maintain materials in Spanish and English through the use of skilled interpreters as needed. The Department will also offer services in Spanish where needed as well at COHMH to engage Hispanic population.

2. Continue outreach to Hispanic communities.

The Department will continue to offer services needed for services, access to services, and increase in Hispanic culture, etc.

Objective: Monitor

Identifying as LBGTQ youth in schools and access to services.

Competency: Improve cultural services.

Provide training services to affected youth. The CIC will receive training services.

Quality Improvement Work Plan

Discussion

1. Improve cultural competency.

Objective: Increase understanding of stigma & combat its effects.

Understanding of stigma & combat its effects.

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Understanding of stigma & combat its effects.

Objective: Increase understanding of stigma & combat its effects.

Understanding of stigma & combat its effects.
<table>
<thead>
<tr>
<th>Action Items</th>
<th>Discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>The CIC will track attendance.</td>
<td>Identified other activities as opportunities to promote and encourage consumers, staff, and community.</td>
</tr>
<tr>
<td>The Department will sponsor a variety of activities to celebrate Mental Health Month. Each activity will be designed to celebrate the work of recovery and/or recovery.</td>
<td>The CIC will track attendance.</td>
</tr>
<tr>
<td>The Department will review the number of consumers currently employed by the Department, which employs 3.</td>
<td>Planning WHP program planning.</td>
</tr>
<tr>
<td>The CIC will track attendance.</td>
<td>Participation in WHP program planning.</td>
</tr>
<tr>
<td>This sigma reduction project is intended to increase the number of consumers participating in the CIC’s Mind Matters (\text{CALM}^2) program, which is implemented by the Clinical Coordinator with the goal of increasing the number of consumers participating in this program.</td>
<td>Participation in CIC’s Mind Matters (\text{CALM}^2) program.</td>
</tr>
<tr>
<td>The CIC will track attendance.</td>
<td>Provide training on (\text{CALM}^2) program.</td>
</tr>
<tr>
<td>Action Items</td>
<td>Discussion</td>
</tr>
<tr>
<td>--------------</td>
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</tr>
</tbody>
</table>
| The goal is to issue that | The Department will encourage a Continuous Quality Improvement (CQI) orientation in the CIC. | The QI Committee will have an agenda item | |}

- **Crisis Response**
  - Director to improve as needed to deploy, make recommendations to the CIC. The CIC will log and provide a report.
  - Review the crisis in CIC.

- **CQC needs correction**
  - Clinical staff to respond with feedback to CIC.
  - Medical records staff will complete a review of clinical issues then route these cases to a clinician.

- **Recovery model needed**
  - Use of the MORS: Strength Based Assessments, etc.

- **Make informed decision**
  - Monitor recommendations for adjustments per week, by day of week, and time of day.

<table>
<thead>
<tr>
<th>Objective: Monitor</th>
<th>Objective: Perform CQI</th>
<th>Objective: Become more resilient</th>
<th>Objective: Improve Quality of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Debriefing + follow up</td>
<td>CQC needs correction</td>
<td>Recovery model needed</td>
<td>Debriefing + follow up</td>
</tr>
<tr>
<td>Action Items</td>
<td>Discussion</td>
<td>Quality Improvement Work Plan</td>
<td></td>
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<tr>
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</tr>
<tr>
<td><strong>Consumer Engagement</strong></td>
<td>Consumers may receive stipends for their involvement of consumers in the QIC process. The department will encourage and support the involvement of consumers in all QIC processes.</td>
<td><strong>Findings</strong></td>
<td></td>
</tr>
<tr>
<td>Compliance</td>
<td>The QIC will be reviewed in QIC for prescription drugs and pharmaceuticals, or dispensing by a person licensed to practice medication. The prescriber will review the medication chart for any potential adverse reactions. The QIC will track the addition of any new medications.</td>
<td><strong>Consumer Services</strong></td>
<td></td>
</tr>
<tr>
<td>Program changes as needed</td>
<td>The QIC will review the EHR to determine the timeline for changes. The QIC will review the EHR to determine the timeline for changes.</td>
<td><strong>Medication Practices</strong></td>
<td></td>
</tr>
<tr>
<td>Recommendation</td>
<td>Until the action is complete, the QIC will ensure that the activities of the OIC to ensure the effectiveness of the QIC.</td>
<td><strong>Quality Improvement Work Plan</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Objective:**
- Review the effectiveness of the QIC.
- Review the effectiveness of the QIC.
- Monitor the findings of the QIC.
- Monitor the findings of the QIC.
- Monitor the findings of the QIC.
- Monitor the findings of the QIC.
<table>
<thead>
<tr>
<th>Action Items</th>
<th>Discussion</th>
<th>Others Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Available at Safe Haven. Minutes can be made. Lobby, or via the website.</td>
<td>To be added as identified (e.g. issues that raise quality of care concerns)</td>
<td>Committee: Findings of the QI committees about the environment every effort to inform the department shall make participation in this committee. Each meeting of the QI committee will provide support opportunities for input to the agenda item which is of interest or concern.</td>
</tr>
</tbody>
</table>
General information about the use of sampling methods and the types of sampling methods to use to obtain valid and reliable information can be found in Appendix II of the EGR Protocol.

If sampling methods are used, the documentation presented must include the appropriateness and validity of the sampling method, the type of study, and should be reviewed and updated as needed. To ensure continuous improvement and to address ongoing and new interventions or changes to the program, the PIP is evaluated is separate and specific. Although topic selection and explanation may cover more than one PIP, every section should be reviewed and proposed.

Section and answer all questions. Please fully complete each section.

The use of this form for PIP submission will assure that the MHP addresses all of the required elements of a PIP. If the MHP uses another format, they must ensure that all of the required elements of the PIP are addressed and included in their submission.

THIS TOOL PROVIDES A STRUCTURE FOR DEVELOPMENT AND SUBMISSION OF PERFORMANCE IMPROVEMENT PROJECTS (PIP’S) AS MANDATORY PROTOCOL DELIVERED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS).
Describe the stakeholders’ role(s) in the PIP and how they were selected to participate.

The MHP recognizes that clinicians provide a referral to consumers demonstrating a desire to take an active role in Board and Quality Improvement Committee meetings and is responsive to feedback provided at those meetings. The PIP continually strives to include feedback from consumers/patients at Behavioral Health problems. The PIP committee continues to be present to improve participation from consumers/patients at Behavioral Health problems.

The Development of the PIP has largely been driven by consultation with BHECRO staff who helped the County assemble a multi-functional team (e.g., clinical staff, consumers, contract providers, and stakeholders) to address specific areas of service.

The PIP Study Topic Narrative should include a description of stakeholders involved in developing and implementing the PIP. MHPs are encouraged to seek input from consumers and stakeholders who are users or are concerned with specific areas of service.

### Step 1: Select a Study Topic

<table>
<thead>
<tr>
<th>Project Study Period (Number of Months): 10</th>
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</table>

<table>
<thead>
<tr>
<th>Role</th>
<th>Project Leader</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Non-Clinical</td>
</tr>
</tbody>
</table>

| Check One: |
| Clinical | Non-Clinical |

<table>
<thead>
<tr>
<th>Co-occurring Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Department of Behavioral Health (CDHH)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>MHP Name</th>
</tr>
</thead>
</table>

Please include the goal of the PIP and the amount of time for each description of the PIP.

**MHP is aiming to:**

- Improve the process of identifying and addressing the needs of consumers with mental health needs.
- Enhance collaboration between clinicians and consumers.
- Increase the participation of consumers in PIP meetings.

**Start Date (MM/DD/YY):** 09/22/18

**MHP Name:**

**Project Title:**

**Contractor Date:**

**Project Leader:**

**Non-Clinical**
The committee also found documented evidence of the diagnosis of co-occurring disorders being a significant

State we are in agreement that this "may be an area of investigation." subheading the program. Since this component is linked with measuring performance for all 56 counties in the

MHP noted a very low rate for co-occurring disorders in the information systems capability assessment. This

Where the committee reviewed the BHECRO report from the 17/18 fiscal year, this paragraph stood out. "The

<table>
<thead>
<tr>
<th></th>
<th>Percentage of consumers diagnosed with a co-occurring disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>79/495 (16%)</td>
<td>21.3%</td>
</tr>
<tr>
<td>Colusa County</td>
<td></td>
</tr>
</tbody>
</table>

average of 21.3% of co-occurring diagnoses.

The committee then dug deeper into the available data and found that the reported percentage of co-

appears less than the Statewide average. Apparently we have a problem here.

As noted, we received encouraging feedback from BHECRO staff in Reviewing the disparity in the diagnosis of co-

The three preceding bullets will be addressed in this paragraph.

What data have you reviewed that suggests the issue is indeed a problem for the MHP? Describe any relevant benchmarks.

Describe the problem. The problem to be addressed should be clearly stated with narrative explanation including what brought the problem to the attention of the

2. Define the problem.

Improvement Committee meetings, which include peer participants.

The participants are standing members of the PIP committee in the county. The committee is also actively pursing peer participants and proactively responding to any peer feedback provided at Behavioral Health Board and Quality
The most common individual diagnosis was mental health disorder (Kessler et al., 1996). The prevalence of any lifetime substance use disorder also had a lifetime history of at least one comorbid disorder. In a nationally representative population study, about 41-65% of cases had a substance use disorder, and about 19% had a mental health disorder (Kessler et al., 1998). In a national survey of adults in the United States, the lifetime prevalence of a substance use disorder was approximately 20% (Kessler et al., 2005).

Another support for the importance of accurate diagnosis of co-occurring disorders comes from a study done at Washington State University's School of Public Health. People with co-occurring disorders are more likely to be able to access services that are available. This may occur because both mental and substance use disorders can have biological, psychological, and social components. However, because of the complexity of symptoms, identification of co-occurring disorders can be difficult to diagnose. SAMHSA also notes that people with mental health disorders are more likely to have mental health disorders than people without mental health disorders to experience an alcohol or substance use disorder.

People with mental health disorders are more likely to have mental health disorders to experience an alcohol or substance use disorder. (emphasis added) In the United States, an estimated 7.9 million adults (20.4 million adults) were previously reported to be dual diagnosed. According to SAMHSA's 2014 National Survey on Drug Use and Health (NSDUH), 3.4% of the population age 18 or older met criteria for both a substance use disorder and a mental health disorder in the past year.
The study topic of accurate diagnoses is clearly relevant based on the feedback the Department has received from BHECROD. The detailed study topic is relevant to the consumer population.

How will the detailed study topic be demonstrated?

The successful interventions are focused on the entire system. Interventions that are developed will be tested first on a small scale (using the PDSA method) before the development of interventions will be driven by the goal of improving diagnostic accuracy of co-occurring disorders. The development of interventions are grounded in proven methods and critical to the study topic.

How will the interventions be described when criteria is met?

Diagnostic profile of which include co-occurring SUD diagnoses when criteria is met. This PIP is intended to improve the completeness of street within the MHP. Specifically ensuring that an accurate description of problems that need to be identified, such as the need for practice guidelines that individuals seeking services at Behavioral Health, recognizing that seeking behavior.

What is the overarching goal of this PIP will be to improve the expertise of clinical staff in recognizing co-occurring disorders.

The study topic narrative will address:

The study topic will be expected rather than considered an exception. This study topic will be expected rather than considered an exception.

Behavioral Health, in community and clinical settings. A 2011 found that dual disorders are common in community and clinical settings. A 2011 found that dual disorders are common in community and clinical settings. A 2011 found that dual disorders are common in community and clinical settings. A 2011 found that dual disorders are common in community and clinical settings.

One conclusion of this report is:

Conduct disorder (34%), followed by major depression (27%), and social phobia (20%). Among those with a lifetime history of any mental disorder, 51% had a co-occurring conduct disorder (29%), followed by major depression (27%), and social phobia (20%).
Identify Study Population

An annual review of consumers currently in care over time (when a revised diagnosis is entered) which most frequently occurs at the

This PIP will address the entire population of consumers that are new to behavioral health services immediately and also will

Other study sources (such as pharmacy data) that may be utilized to identify all consumers who are to be included in the study.

Utilization and outcome data allows more flexibility:

Demographic information:

This step may include:

Study Topic:

Clearly identify the consumer population included in the study. Include an explanation of how the study will address the entire consumer population.

Step 2: Define & Include the Study Question

To address problems focused on the overall goal of insuring new consumers receive the care needed for the now accurately
diagnosed individuals seeking services at Behavioral Health the interventions that are developed will be

The interventions are only proposed at this point but given the goal of this PIP to improve the accuracy of the

How the interventions have the potential to impact the Mental Health, Functional status, or satisfaction of consumers served.

According to PTSD disorder, the diagnosis is being made in 82% of individuals diagnosed with antisocial personality

The problem of co-occurring disorders impacts up to 57% of the population of individuals with a mental health

How addressing the problem will impact a significant portion of MHPR consumer population

Current knowledge and research indicate that a common mental health disorder, it is likely that we are consistently not providing the fully needed

in the mental health field, but are under-represented in the Department’s data. If we are not accurately

The study question establishes a
<table>
<thead>
<tr>
<th>Disorder of a co-occurring diagnosis indicator</th>
<th>Frequency of a diagnosis indicator</th>
<th>Denominator</th>
<th>Numerator</th>
<th>Baseline (number) (goal)</th>
<th>Current (number)</th>
<th>Percent change from baseline to current</th>
<th>Frequency ratio</th>
<th>Denominator for performance indicator</th>
<th>Baseline for performance indicator</th>
<th>Numerator for performance indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Specify performance indicators in a table:

- The performance goal
- The baseline for each performance indicator
- The numerator and denominator
- A description of the indicator

In reporting on the chosen indicators include:

Specific indicator:

The measures can be based on current clinical practice guidelines or health services research. The MHP must document the basis for adopting the measures and reference to the study question.

- Do they use data available through administration, medical records, or another readily accessible source?
- How were they selected?
- Why were they selected?
- How they measure performance
- How they measure improvement that are strongly associated with a process of care?
- How they measure change in mental health status, functional status, or other outcomes?
- How they measure outcome of consumer outcomes?
- How they measure knowledge or service research?
- How they measure quality of care?
- How they measure QI?
- How they measure effectiveness?
- How they measure impact?

The indicators will be evaluated based on:

- A valid indicator of consumer outcomes
- Based on current clinical knowledge or health service research
- Clearly defined
- Objective

Indicators should be:

- A study indicator is a measurable characteristic quality, trait, or attribute of a particular individual object or situation to be studied.
- Each PIP must include one or more measurable indicators to track performance and improvement over a specific period of time.

Step 4: Select & Explain the Study Indicators
All individuals seen for intake will be in the sample; and individuals who have had an annual reassessment after the

Describe the valid sampling technique used?

Due to size challenges, we will work with what we get.

Identify an acceptable margin of error?

○

We will compare percentages of individuals receiving a co-occurring diagnosis with historical data.

Identify the confidence level to be used?

○

The department averages 28-32 intakes per month.

Consider and specify the time or estimated frequency of the event?

○

As a guideline, there would not be a sample size large enough to provide statistically significant outcome data. So

Calculate the required sample size?

○

Identify the following:

The MHP must provide the study description and methodology.

<table>
<thead>
<tr>
<th>Step 5: Sampling Methods (if applicable)</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>2</td>
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</table>

<table>
<thead>
<tr>
<th>occurring disorders</th>
<th></th>
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<tbody>
<tr>
<td>average of 71.3% of co-</td>
<td></td>
</tr>
<tr>
<td>known substance</td>
<td></td>
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<tr>
<td>which matches the now</td>
<td></td>
</tr>
<tr>
<td>will be revised to 71%</td>
<td></td>
</tr>
<tr>
<td>disordered so this goal</td>
<td></td>
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<tr>
<td>range for co-occurring</td>
<td></td>
</tr>
<tr>
<td>likelihood far of the likely</td>
<td></td>
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<tr>
<td>expected percentage is</td>
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<tr>
<td>demonstrated that this</td>
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<tr>
<td>previous column</td>
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<tr>
<td>Updated data noted in</td>
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<tr>
<td>disordered</td>
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<tr>
<td>co-occurring</td>
<td></td>
</tr>
<tr>
<td>diagnosis</td>
<td></td>
</tr>
<tr>
<td>Date Applied</td>
<td>Corresponding Indicators</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>May 2018</td>
<td></td>
</tr>
</tbody>
</table>

The MHP must develop reasonable interventions that address barriers/cases/et al. identified through data analysis and other processes.

**Step 7: Develop & Describe Study Interventions**

- Identify the site(s) that will be collecting data, and their qualifications, including contractural, temporary or consultancy personnel.
- Describe the prospective data analysis plan, include ongoing and outcomes. Possible methods for data collection over time.
- Describe the instruments for data collection, and how they provide for continuous and accurate data collection.
- Describe the data to be collected.
- Describe the data to be collected.

A study design must be developed that will show how the impact of all planned interventions. Include the information describing the following:

**Step 8: Develop Study Design & Data Collection Procedures**

<table>
<thead>
<tr>
<th>N of participants (e.g., return rate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N of sample</td>
</tr>
<tr>
<td>N of enrollees in sampling frame</td>
</tr>
<tr>
<td>28-32/1000</td>
</tr>
</tbody>
</table>

Beginning of the interventions for this PIP.
<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2018</td>
<td>Review screening tools for co-occurring disorders.</td>
<td>Lack of clinical familiarity with these tools. in an established inclusive practice.</td>
</tr>
<tr>
<td>June 2018</td>
<td></td>
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</tr>
<tr>
<td>June 29, 2018</td>
<td>Build self-confidence in the ability to diagnose co-occurring disorders.</td>
<td>Build self-confidence in the ability to diagnose co-occurring disorders and proficiency in diagnosing those with co-occurring disorders.</td>
</tr>
<tr>
<td>July 25, 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>August 6, 2018</td>
<td>Build self-confidence in the ability to diagnose mental health disorders.</td>
<td>Build self-confidence in the ability to diagnose mental health disorders and proficiency in diagnosing those with mental health disorders.</td>
</tr>
<tr>
<td>August 2, 2018</td>
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<tr>
<td>August 12, 2018</td>
<td></td>
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<tr>
<td>September 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>September 2018</td>
<td></td>
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</tbody>
</table>
### Table: Data Analysis & Interpretation of Study Results

<table>
<thead>
<tr>
<th>Performance Indicator</th>
<th>Minimum Measurement</th>
<th>Applied &amp; Date</th>
<th>Improvement Goal for % Improvement</th>
<th>Measurement Baseline</th>
<th>Date of Baseline</th>
<th>% Improvement</th>
<th>Improvement Artifact</th>
<th>Date 29, 2018</th>
<th>10%</th>
<th>16%</th>
<th>222/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

-Charts or graphs as appropriate.

Present objective data analysis results for each performance indicator. A table can be included (see example) and attach all supporting data, tables, figures, and other materials as appropriate.

The analyses of the study data must include an interpretation of the extent to which the PIP is successful and any follow-up activities planned.

Review results in relation to the statistical analysis techniques used in the data analyses plan.

- Did the analyses trigger any follow-up activities?
- Did results trigger modifications to the project or its interventions?

Describe the data analysis process, if it occurs as planned.

- Describe the data analysis process, if it occurs as planned.

Example: 8) Outlined in Protocol 3, Activity 1, Step 8.4.

---

**Step 8: Data Analysis & Interpretation of Study Results**
Monitoring and sustaining improvement

Was the improvement sustained through repeated measurements over comparable time periods? (If this is a new PIP, what is the plan for monitoring and sustaining improvement?)

Describe the statistical evidence supporting that the improvement is long-term.

Describe the "face validity," or how the improvements appear to be the result of the PIP interventions.

Was there documented qualitative improvement in process or outcomes of care?

How did you validate that the same methodology was used when each measurement was repeated?

The following questions should be answered in the documentation:

It is essential to determine if the reported change is "real" change, or the result of an environmental or unintended consequence, or random chance.

- Does the data analysis demonstrate an improvement in processes or consumer outcomes?
- Are there plans for follow-up activities?
- To what extent was the PIP successful and how did the interventions applied contribute to this success?
  - What factors influenced the internal or external validity of the outcome?
  - Results of statistical significance testing.
  - Did data values change consistently with measurements occurred?
  - Should monitoring have occurred more frequently?

- Describe issues associated with data analysis.

Ensuring implementation of appropriate solutions. To analyze the results of the PIP the MHP must document the following steps:

Real and sustained improvement are the result of a continuous cycle of measuring and analyzing performance, thoroughly analyzing results, and
Introduction & Instruction

Planning Template

Performance Improvement Project

Implementation & Submission Tool

Fax (855) 385-3770  Tel: (855) 385-3776  info@behveq.com
www.celebaco.com

Behavioral Health Concepts, Inc - California ECO

Sections and answer all questions.

The use of this format for PIP submission will assure that the MHP addresses all of the required elements of PIP. If the MHP uses another format, they must ensure that all of the required elements of PIP are addressed and included in their submission.

September of 2012.

This tool provides a structure for development and submission of Performance Improvement Projects (PIPs) as a mandatory protocol delivered by the Centers for Medicare & Medicaid Services (CMS) in

Generating Performance Improvement Projects (PIPs) as a mandatory protocol delivered by the Centers for Medicare & Medicaid Services (CMS).
Step 1: Select & Describe the Study Topic

<table>
<thead>
<tr>
<th>Intervention that correlates with increased engagement, aiming to accomplish better treatment outcomes.</th>
</tr>
</thead>
<tbody>
<tr>
<td>The goal will be to increase the percentage of consumers that remain in treatment beyond 3 clinical sessions. This PIP will identify.</td>
</tr>
<tr>
<td>The Department learned from data that an average of 20% of consumers drop out of care before the third post-intake clinical session.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Projected Study Period (no of months):</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/07/2017</td>
</tr>
</tbody>
</table>

**Role: Project Leader**

<table>
<thead>
<tr>
<th>Deputy Director, Children's Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan Morgan</td>
</tr>
</tbody>
</table>

**Check One:** Clinical x Non-Clinical

**Engagement**

**Colusa County Department of Behavioral Health (CDHB)**

**MHP Name:**

Identification of Plan/Project
Perspectives, characteristics that influence attitudes towards mental health services...

results from negative evaluations of the quality of the care received or results from social experience and
may reflect either the extent to which services users perceived social and clinical needs and were unmet. Of
may reflect either the extent to which services users perceived social and clinical needs and were unmet. Of
non-engagement should not always be viewed as a problem. The authors define non-engagement as a problem.
non-engagement refers to the extent to which services users perceived social and clinical needs and were unmet.

Among the significant findings in the article were a significant number of people with serious mental
health issues, particularly schizophrenia, were often difficult to engage in mental health community-based services.

Several research papers on engagement were reviewed in the planning stage of this PIP. The oldest paper
reviewed was released in 2002, in the Journal of Mental Health. In an article by L. Tait, M. Birchwood, and P.
Bower, The significantly higher in the article were a significant number of people with serious mental
What literature and/or research have been reviewed that explain the issues relevant to the MHP's consumers

<table>
<thead>
<tr>
<th>Sessions post intake</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 3 clinical</td>
</tr>
<tr>
<td>October 2016</td>
</tr>
<tr>
<td>November 2016</td>
</tr>
<tr>
<td>December 2016</td>
</tr>
<tr>
<td>January 2017</td>
</tr>
</tbody>
</table>

Individuals that dropped out within 60 days of care.

The grid below shows the evidence we collected on percentage of

Clinical services.

January 2017: see table below. So clearly there were two problems with getting consumers engaged.

average percentage of consumers failing to engage being 25% (for the months of October 2016 through
November 2016), with the

engage as measured by not completing these clinical appointments (for the month of October 2016), with the

The PIP Committee then dug deeper into the available data and found that up to 39% of consumers failed to

completed to study this issue. Thus this PIP was born.

clinical contacts post intake. This bit of information was an unexpected finding, but once it was known we felt

When the QIC and the PIP Committee studied the data on long wait times between intake and first clinical

The three preceding bullets will be addressed in this paragraph.

What data have you reviewed that suggests the issue is needed? Explain your reasoning. For the MHP? Describe any relevant benchmarks.

How do you rate your attention?

What is the problem?
previous authors, they note. "Trusting and respecting relationships are the basis for recovery. They also note that mental health care drops out 70% that drop out do so after their first or second visit."

Similar to the previous authors, they note. "Trusting and respecting relationships with the therapist. The focus is all about many people who seek health care. The first step is to determine what is the role of the therapist. In their view, these perspectives are not limited to medication, ongoing psychosocial education, collaborative shared goals, optimistic outlook that does not focus on medication, ongoing psychosocial education, collaborative care system, but also positive note they also report..." access is identified. They then go on to share what is associated with non-engagement and non-engagement in mental health reimbursement. They go on to share where they note. "Affiliation has also been found to be important in work with individuals who have serious mental illness." An even more recent paper from 2016 in "World Psychiatry" by L. Dixon-Lewis and I. Hossbisch and I. Rossetti, the authors noted. "Affiliation has also been found to be important in work with individuals who have serious mental illness."

A more recent paper from 2004 in "Brief Treatment and Crisis Intervention" by M. Macay, K. Headwood, L. Murphy, and D. Fernandez made the following points about engagement in regard to child mental health:
successes and interventions that are identified will focus on the goal of this PIP to improve the experience of the consumer. This is a significant portion of the MHP consumer population. Thus a successful PIP will improve a significant portion of the MHP consumer population. The problem every day from clinical services impacts 10-29% of the population of new consumers.

How addressing the problem will impact a significant portion of MHP consumer population

The study topic of engagement in services is clear and relevant to consumers. Lack of engagement can lead to premature departure from care resulting in incomplete resolution of the problems that brought the consumer into care.

The study topic of engagement in services is clear, relevant to the consumer population.

The overarching goal of this PIP will be to improve the consumer experience of care and the quality of care overall.

What is the overarching goal of the PIP?

The study topic narrative will address:

Consumer: With this perspective, we have launched our Engagement PIP.

Based on these studies, engagement is clearly an important goal of the MHP. Based on these studies, engagement is clearly an important goal of the MHP. Effective engagement is essential for optimal engagement and improving the experience. This PIP is all about improving the consumer experience and suspiciously based on studies, engagement is clearly an important goal of the MHP.
A valid indicator of consumer outcomes:
Based on current clinical knowledge of health service research; and
Clearly defined; 
Objective;
Indicators should be:
A study indicator is a measurable characteristic, quality, trait or attribute of a particular individual, object or situation to be studied. Each PIP must include one or more measurable indicators to track performance and improvement over a specific period of time.

**Step 4: Select & Explain the Study Indicators**

Returning to care after an absence of less than six months:
Consumers that have been in care for more than three clinical sessions, or consumers that are "meds only" or consumers that have missed three clinical sessions, or consumers that are "meds only" or consumers that have missed three clinical sessions.

This PIP will address the entire population of consumers that are new to Behavioral Health Services.

Other study sources (such as primary data) that may be utilized to identify all consumers who are included in the study:

Utilization and outcome data of information available and
Demographic information.

This step may include:
Study topic:

**Study: IDENTITY Study Population**

Three sessions from the rate of 25% on average to 15%.

What changes in our management process reduced the percentage of consumers whose participation currently is less than 15%?

The study question must be stated in a clear, concise and measurable format. It should directly the focus of the PIP.

**Step 2: Define & Include the Study Question**

Providing better care for new consumers:
Individuals receiving services at Behavioral Health and the interventions that are developed will be focused on...
<table>
<thead>
<tr>
<th>Rate of 25% Engagement</th>
<th>Average of 25% of open charts</th>
<th>Approximately 495 treatment per month</th>
<th>Essential treatment per month would be all new consumers entering the number of figure would be (assuming this figure is 30 days of intake)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12%</td>
<td>3.3</td>
<td>1</td>
<td>Individuals who attend appointments within 60 minutes or more than 3 post intake</td>
</tr>
</tbody>
</table>

**Specify the performance indicators in a Table.**

- The performance goal.
- The baseline or each performance indicator; and
- The numerator and denominator.
- A description of the indicators.

In reporting on the chosen indicators include:

**The measures can be based on current clinical practice guidelines or health services research. The MHP must document the basis for adopting the measures.**

- Relevance to the study question.
- Do they use data available through administrative, medical records, or another readily accessible source, and how they are measured change in mental health status, functional ability, barrier satisfaction, and/or why they were selected.
- The indicators will be evaluated based on 25% "non-engagement" level. The success of these interventions will be measured against the baseline of an average of consumer engagement. The success of these interventions will be measured against the baseline of an average of consumer engagement. As noted above, the interventions identified will be focused on efforts that are believed to be effective in increasing...

**Example:**
Step 7: Develop & Describe Study Interventions

1. Insurance Coordinator (Team members) will collect data from the EHR with assistance from the EHR Coordinator (Elaine). Identify the steps that will be completed, data, and their applications. Include contractual, temporary, or consultative personal. Qualify from the EHR will be used. Describe the perspective data analysis plan. Include conclusions for improved results.

2. Describe the convenience of data collection over time. Standard reports will be used. Describe the instruments for data collection, and how they provide for consistency and accuracy of data collection over time. Standard reports will be used.

3. Describe the methods of data collection and sources of the data. How do these factors produce valid and reliable data representing the entire consumer population to which the study is limited?

4. Describe the data to be collected. Number of visits post intake for new consumers.

A study design must be developed that will show the impact of all planned interventions. Include the information describing the following:

Step 6: Develop Study Design & Data Collection Procedures

1. N of participants (i.e., return rate).
2. N of sample.
3. N of enrollees in sampling frame.

Describe the valid sampling techniques used? We would need help from ERO staff to address this question.

Identify the acceptable margin of error? We would need help from ERO staff to address this question.

Identify the confidence level to be used? We would need help from ERO staff to address this question. We have noted an average failure to engage rate.

Consider and specify the rate of estimated frequency of the event? We have noted an average failure to engage rate. We will include all new consumers who agree to post intake appointments.

Calculate the required sample size? As any county this sample size question is difficult to establish. Given this challenge.

Identity the following:

The MHP must provide the study description and methodology.
The MHP must develop reasonable interventions that address causes/barriers identified through data analysis and QI processes. Summarize interventions in a table that:

- Describes each intervention;
- Identifies the specific barriers/causes each intervention is designed to address;
- Identifies the corresponding indicator that measures the performance of the intervention; and
- Maintains the integrity/measurability of each intervention.

Describe how the interventions will impact the indicators and help to answer the study question.

**Example:**

<table>
<thead>
<tr>
<th>Number of Intervention</th>
<th>List each Specific Intervention</th>
<th>Barriers/Causes Intervention Designed to Target</th>
<th>Corresponding Indicator</th>
<th>Date Applied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Call to newly assigned Consumers on the day they are assigned to a clinician by the Access Team</td>
<td>This intervention is designed to address consumers feeling “out of loop” while awaiting news on when they will be seen post intake.</td>
<td>Percentage of consumers engaging in treatment</td>
<td>Began on June 13, 2017-ongoing Intervention</td>
</tr>
<tr>
<td>2</td>
<td>Sending a “thank you for coming” letter to new consumers</td>
<td>This intervention is designed to show the consumer that the Department is interested in their continued contact.</td>
<td>Percentage of consumers engaging in treatment</td>
<td>Began on July 2017-ongoing Intervention</td>
</tr>
<tr>
<td>3</td>
<td>Training clinicians to revise helping inform consumers that they are the assigned clinician and would like to schedule an appointment (when the consumer doesn’t answer the telephone call but has given the department permission to leave a voice message) from merely asking the consumer to call back to schedule an appointment to expecting the clinician state in his telephone message a specific time that the clinician is set-aside for the meeting with the consumer to begin treatment.</td>
<td>This intervention is designed to change the &quot;cold handoff&quot; of a &quot;you call me&quot; where the consumer is asked to call back to speak to someone have not met to a &quot;warm handoff&quot; where the consumer knows that the clinical person is ready and waiting to see the consumer at a specific time and date. The consumer can then keep this appointment or call to a specific person whose voice they have now heard to make a different time for follow-up.</td>
<td>Percentage of consumers engaging in treatment</td>
<td>Began on June 2017 - ongoing Intervention</td>
</tr>
<tr>
<td>4</td>
<td>An engagement survey was utilized to identify consumer barriers to engagement.</td>
<td>This intervention is designed to identify barriers to engagement</td>
<td>Percentage of consumers engaging in treatment</td>
<td>April 2018</td>
</tr>
<tr>
<td>5</td>
<td>Telephone calls to consumers who have been identified as not engaged (individuals who have not attended three sessions within 60 days of intake) in order to identify causal factors for failure to engage via client report.</td>
<td>This intervention is designed to identify specific causal factors for failure to engage via client report.</td>
<td>Percentage of consumers engaging in treatment</td>
<td>9/25/18-ongoing Intervention</td>
</tr>
<tr>
<td>Results</td>
<td>Date of Measurement</td>
<td>Baseline Improvement (measure/technique)</td>
<td>% Improvement of Results</td>
<td>Applied &amp; Date of Intervention</td>
</tr>
<tr>
<td>---------</td>
<td>---------------------</td>
<td>------------------------------------------</td>
<td>--------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>14/41 (43.4%)</td>
<td>June 2018</td>
<td>7.5% from baseline</td>
<td>13/40 (32.5%)</td>
<td>May 2018</td>
</tr>
</tbody>
</table>

Example:

Charts, graphs, as appropriate.

Present objective data analysis results for each performance indicator. A table can be included (see example) and attach all supporting data, tables.

The analysis of the study data must include an interpretation of the extent to which the PIP is successful and any follow-up activities planned.

- Does the analysis identify factors that influence the comparability of initial and repeat measurements?
- Review results in advance of the statistical analysis techniques defined in the data analysis plan.
- Did analysis align with follow-up activities?
- Did results trigger modifications to the project or its intervention(s)?
- Describe the data analysis process. Did it occur as planned?

Data analysis begins with examining the performance of each intervention based on the defined indicators. For detailed guidelines, follow the criteria.
Monitoring and sustaining improvement:

Was the improvement sustained through repeated measurements over comparable time periods? (if this is a new PIP, what is the plan for future measurement?)

Describe the statistical evidence supporting that the improvement is true improvement.

Describe the face validity of how the improvements appear to be the results of the PIP interventions.

Was there documented qualitative improvement in process or outcomes of care?

How did you validate that the same methodology was used when each measurement was repeated?

The following questions should be answered in the documentation:

It is essential to determine if the reported change is "real" change, or the result of an environmental or unintended consequence, or random chance.

Does the data analysis demonstrate an improvement in processes or consumer outcomes?

Are there plans for follow-up activities?

To what extent was the PIP successful and how did the interventions applied contribute to this success?

What, if any, factors threatened the internal or external validity of the outcomes?

Results of statistical significance testing?

Did data cycles clearly identify when measurements occurred? Should monitoring have occurred more frequently?

Describe issues associated with data analysis.

Ensuring implementation of acceptable solutions. To analyze the results of the PIP the MHP must document the following steps:

Real and sustained improvement are the result of a continuous cycle of measuring and analyzing performance through monitoring and evaluating results, and