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Performance Improvement Project Implementation & Submission Tool

PLANNING TEMPLATE

INTRODUCTION & INSTRUCTION

This tool provides a structure for development and submission of Performance Improvement Projects (PIPs). It is based on EQR Protocol 3: Validating Performance Improvement Projects (PIPs), as a mandatory protocol delivered by the Centers for Medicare & Medicaid Services (CMS) in September of 2012.

The use of this format 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. **PLEASE fully complete each section and answer ALL questions.**

- The PIP should target improvement in either a clinical or non-clinical service delivered by the MHP.
- The PIP process is not used to evaluate the effectiveness of a specific program operated by the MHP. If a specific program is experiencing identified problems, changes and interventions can be studied using the PIP process. This can be done to create improvements in the program and should be included in the narrative.
- The narrative should explain how addressing the study issue will also address a broad spectrum of consumer care and services over time. If the PIP addresses a high-impact or high risk condition, it may involve a smaller portion of the MHP consumer population, so the importance of addressing this type of issue must be detailed in the study narrative.
- Each year a PIP is evaluated is separate and specific. Although topic selection and explanation may cover more than one PIP year, every section should be reviewed and updated, as needed, to ensure continued relevance and to address on-going and new interventions or changes to the study.
- If sampling methods are used, the documentation presented must include the appropriateness and validity of the sampling method, the type of sampling method used and why, and what statistical subset of the consumer population was used.
- 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 EQR Protocols.[1]

[1] EQR Protocol: Appendix II: Sampling Approaches, Sept. 2012, DHHS, Centers for Medicare & Medicaid Services (CMS), OMB Approval No. 0938-0786

IDENTIFICATION OF PLAN / PROJECT

MHP Name:	**Sonoma County Behavioral Health Division**		
Project Title:	**Improving Timeliness and Capacity for Youth and Family Services Beneficiaries**	Check One: Clinical	Non-Clinical **X**
Project Leader:	**Melissa Ladrech**	Title: **Quality Improvement Manager**	Role: **Project Manager and QIC PIP Sub-committee Co-Chair**
Start Date (MM/DD/YY):	**July 1, 2017**		
Completion Date (MM/DD/YY):	**June 30, 2019**	Projected Study Period (# of months): **24 months**	
Brief Description of PIP: *(Please include the GOAL of the PIP and what the PIP is attempting to accomplish.)*	**Sonoma County Behavioral Health Division's (SCBHD) standard for access to service is that all youth 0-18 (0-21 for foster youth) years old and families are to be offered an assessment appointment within 10 business days from request for services. SCBHD will be implementing a system re-design that will centralize all requests for services to the Access Department. Access will screen all callers to determine if an assessment appointment is indicated, and schedule an assessment appointment within 10 business days to determine medical necessity. Youth contractors' service capacity will be expanded as a result of specified requirements for a minimum number of monthly initial assessment appointments and therapy treatment caseload census in contracts while maintaining high quality outcomes as measured by average CANS scores.**		

STEP 1: SELECT & DESCRIBE THE STUDY TOPIC

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

   - Assemble a multi-functional team (e.g. clinical staff, consumers, contract providers as appropriate).
   - Describe the stakeholders who are involved in developing and implementation of this PIP. Be sure to include CFM group representation.
   - Describe the stakeholders' role(s) in the PIP and how they were selected to participate.

The multi-functional team includes the Sonoma County Behavioral Health Division's (SCBHD) Youth and Family Services (YFS) and YFS community-based organizations (CBOs). These stakeholders were selected because they conduct assessments and provide services to youth 0-18 (0-21 for foster youth) years old and families.
The Youth and Family provider stakeholders are listed below:

Name	Role	Organization/Title
Christina Amarant	Staff	SCBHD/Youth and Family Services Section (YFS) Manager
Grace Harris	Contract Provider	Child Parent Institute (CPI)
Shannon Ryan	Contract Provider	Petaluma People Services(PPSC)
Denise Horner	Contract Provider	Russian River Counselors
Melissa Bentley	Contract Provider	Social Advocates for Youth (SAY)

In addition, the multi-functional team includes the SCBHD Quality Improvement Committee (QIC). The QIC was selected because it is representative of clients, staff, and community stakeholders invested in ensuring quality service provision, and thus, they are the ideal group to involve in executing a PIP. SCBHD's QIC membership is comprised of behavioral health practitioners and providers, as well as Medi-Cal beneficiaries, parents, spouses, relatives, legal representatives, or other persons similarly involved with beneficiaries who have accessed specialty mental health services through the Sonoma County Mental Health Plan (MHP). Committee members participate in the planning, design, and execution of quality improvement (QI) activities, including PIPs. The Committee is involved in oversight of QI activities including: recommending policy decisions, reviewing and evaluating results of QI activities, instituting needed QI actions, and ensuring follow-up of QI processes. The QIC evaluates the effectiveness of the QI program and work plan and demonstrates how QI activities have contributed to improvement in clinical care and beneficiary service.

Commented [AM1]: Anyone on these committees a representative of Youth or parent? Adding someone like that would aid in defining barriers….

The members of SCBHD's Quality Improvement Committee (QIC) are listed below:

Name	Role	Organization/Title
Bieri, Tom	Contract Provider	Community Support Network
Black, Nitzy	Contract Provider	Telecare Sonoma ACT/Staff Nurse

Breckenridge, Amy	Consumer/Contract Provider	Goodwill Industries, Consumer Relations/ Consumer Affairs Coordinator
Boyd, Steven	Contract Provider	Progress Foundation/ Clinical Director, Napa and Sonoma
Calhoun, Gene	Contract Provider	VOICES/Independent Living Coordinator
Ehsan, Asghar	Consumer	Mental Health Board Member
Ennis, Acacia	Contract Provider	Community Support Network
Farley, Mark	Contract Provider	Child Parent Institute/Clinical Manager
Gallo, Thai	Contract Provider	Community Support Network
Holmes, Donnell	Contract Provider	Buckelew Programs Sonoma/Program Director
Kelson, Sean	Consumer/Contract Provider	Interlink Self-Help Center/Petaluma Peer Recovery Project Manager
Klohe, Erika	QIC Co-Facilitator	Sonoma County Indian Health Program
Mensing, James	Contract Provider	Buckelew
Roberge, Kate	Consumer/Contract Provider	Goodwill Industries, Consumer Relations/Consumer Education Coordinator
Rogan, Jane	Contract Provider	Aurora Hospital
Ryan, Shannon	Contract Provider	Petaluma Peoples Services Center/Director of Counseling
Rylaarsdam, A.J.	Contract Provider	Telecare Sonoma ACT/Administrator
Sedney, Vivian	Consumer	Consumer/CCAN
Seiberlich-Wheeler, Jon	Contract Provider	Goodwill Industries/Wellness & Advocacy Center Program Manager
Smith, Kathy	Family Member	Mental Health Board/Member
Standen, Susan	Consumer	Consumer
Strout, Elizabeth	Contract Provider	Sunny Hills
Swan, Katie	Contract Provider	Buckelew
Walsh, Mary-Frances	Contract Provider	NAMI of Sonoma County/Executive Director
Barney, Helene	Staff	SCBHD/Adult Integrated Recovery Team Program Manager
Beck, Sonia	Staff	SCBHD/Youth and Family Services Program Manager
Darrow, Rhonda	Staff/QIC Clerk	SCBHD/Secretary
Faulstich, Amy	Staff	SCBHD/Mental Health Services Act Coordinator
Gaylowski, Will	Staff	SCBHD/Behavioral Health Clinician
Kozart, Michael	Staff	SCBHD/Medical Director
Ladrech, Melissa	Staff	SCBHD/Quality Improvement Manager
McColley, Sid	Staff/QIC Co-Facilitator	SCBHD/Acute Services & Access Section Manager
Meyler, Stephanie	Staff	SCBHD/Crisis Stabilization Unit Client Care Manager
Mitchell, Laurie	Staff	SCBHD/Housing Specialist
Noah, Cammie	Staff	SCBHD/AODS Manager
Petersen, Lauren	Staff	SCBHD/Patient's Rights Assistant
Rankin, Carol	Staff	SCBHD/Quality Improvement Clinical Specialist
Wheelwright, Wendy	Staff	SCBHD/Workforce Education and Training Specialist

Winer, Tamara	Staff	SCBHD/Patients' Rights Advocate
Wishart, Tracie	Staff	SCBHD/Crisis Stabilization Unit Clinical Specialist

2. Define the problem.
   - The problem to be addressed should be clearly stated with narrative explanation including what brought the problem to the attention of the MHP.
     - What is the problem?
     - How did it come to your attention?
     - What data have you reviewed that suggests the issue is indeed a problem for the MHP? Describe any relevant benchmarks.
     - What literature and/or research have been reviewed that explain the issue's relevance to the MHP's consumers?
   - The study topic narrative will address:
     - What is the overarching goal of the PIP?
     - How will the PIP be used to improve processes and outcomes of care provided by the MHP?
     - How any proposed interventions are grounded in proven methods and critical to the study topic.
   - The study topic narrative will clearly demonstrate:
     - How the identified study topic is relevant to the consumer population
     - How addressing the problem will impact a significant portion of MHP consumer population
     - How the interventions have the potential to impact the mental health, functional status, or satisfaction of consumers served.

SCBHD offers specialty mental health services for youth 0-18 (0-21 for foster youth) years old and families. These services are provided by the County Behavioral Health Youth and Family Services Team and a network of community-based organizations (CBOs) contracting with SCBHD. Currently each program provides a point of entry to services for Medi-Cal beneficiaries, and this is referred to as "No Wrong Door". All programs are expected to have capacity to offer an appointment for an assessment within the mental health plan's established time frame, which also includes bilingual and monolingual Spanish beneficiaries, which is Sonoma County's threshold language.

SCBHD has an established timeliness standard of 10 business days from date of request for services to first offered appointment. Timely access to services is a component of providing services to Medi-Cal beneficiaries as set forth in Title 9 §1810.405 and CFR 42 §438.206. It is expected that Medi-Cal beneficiaries will receive timely access for services, which includes receiving an assessment to determine medical necessity criteria for specialty mental health services and linkage to prompt treatment as appropriate.

In order to study and address timeliness to access, capacity, and quality outcome issues related to service delivery by youth contractors, SCBHD utilized YTTS (Youth Timeliness tracking Spreadsheet), TTA (Timeliness to Access Database), Initial Request to Specialty Mental Health Services Database, Avatar and DCAR (Data Collection Analysis and Reporting for CANS data). Detailed descriptions of these data collection instruments is

located on pages 23 and 24 in Table 21 (more details about the lack of availability is discussed in the next sections).

Table 1-Data Collection Tools Utilized to Study Timeliness to Access, Capacity and Quality Outcomes See pages 23 and 24 for detailed descriptions of Data Collection Tools		
Name of Data Collection Tool	**Timeframe for Utilization of Tool**	**Responsible for Entering Data**
Youth Timeliness Tracking Spreadsheet (**YTTS**)	July 1, 2014 - July 31, 2016	SCBHD YFS Team and CBOs' clerical staff
Timeliness to Access Database (**TTA**)	August 1, 2016 to current	SCBHD YFS Team and CBOs' clerical staff
Initial Request to Specialty Mental Health Services Database	July, 1 2014 to current	Access Program
Avatar	July, 1 2014 to current	SCBHD Clinicians and Fiscal
Data Collection Analysis and Reporting for CANS: **DCAR**	July, 1 2014 to current	SCBHD YFS Team and CBOs' Clinicians

SCBHD has been tracking timeliness to access for youth for over three years with the expectation that all youth and families requesting services will be offered an assessment appointment within 10 business days. The data collected is reviewed regularly to verify that standards are being met. In addition, SCBHD reports annually to EQRO the timeliness data on youth access. The data reviewed over the last three years indicates that the Mental Health Plan is not meeting the established time frame. The data from the data collection instruments in Table 1 is being used for the baseline data and the outcome data.

Table 2

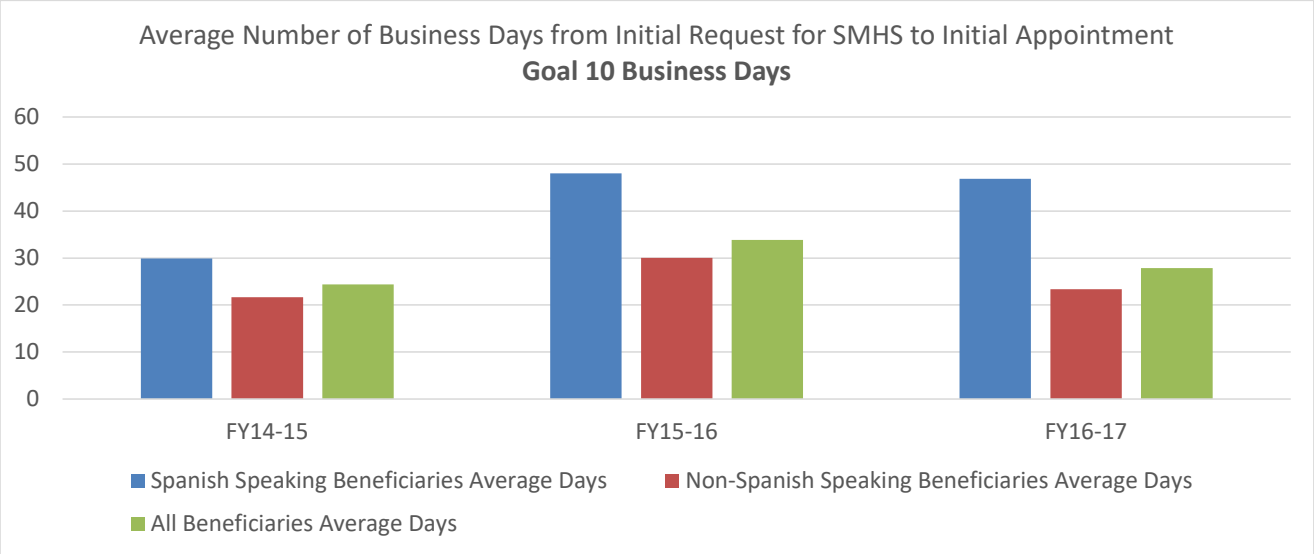


Table 3-Average Days and Day Range for Timeliness to Youth Services for FY14-15 to FY16-17

Fiscal Year	Spanish Speaking Beneficiaries Day Range	Spanish Speaking Beneficiaries Average Days	Non-Spanish Speaking Beneficiaries Day Range	Non-Spanish Speaking Beneficiaries Average Days	All Beneficiaries Day Range	All Beneficiaries Average Days
14-15	**0 - 132**	**29.93**	**0 - 128**	**21.69**	**0 - 132**	**24.37**
15-16	**3 - 127**	**48.01**	**0 - 132**	**30.04**	**0 - 132**	**33.83**
16-17	**2 - 204**	**46.88**	**0 - 204**	**23.36**	**0 - 204**	**27.87**

This data is from several sources:

Commented [AM2]: Are these average days or average business days??? IF goal is w/in 10 business days, then baseline needs to be reported in business days….

FY14-15 and FY15-16 Youth Timeliness Tracking Spreadsheets (YTTS) from SCBHD YFS and CBOs
FY16-17 YTTS and Timeliness To Access (TTA) Database
Initial appointment data from the YTTS and TTA was verified utilizing program admission data in Avatar

SCBHD has experienced an increase in the number of days from request to initial appointment for Spanish speaking beneficiaries over the past three years. SCBHD interviewed CBOs to understand the causes of the delays for Spanish speaking beneficiaries. The CBOs report is that there is a shortage of bilingual clinicians in the county, and both the CBOs and SCBHD have had multiple bilingual clinicians leave to work for organizations that provide significantly higher compensation. SCBHD is working with QIC to further analyze the shortage of bilingual clinicians and develop a plan to increase the number of bilingual clinicians. SCBHD senior management is in discussions with Sonoma County Human Resources to improve compensation for bilingual clinicians. Additionally, SCBHD funds a Workforce, Education and Training contract with Latino Service Providers to assist with recruitment of bilingual/bicultural staff for SCBHD. As of July 1, 2017 SCBHD's YFS Team had 3 FTE Spanish speaking clinicians and 1 FTE Senior Client Support Specialist; the CBOs had a total of 1.875 FTE Spanish speaking clinicians (CPI .25 FTE, SAY .25 FTE, PPSC 1 FTE clinician, River .375 FTE).

Timely access to mental health services is critical for the successful treatment of youth with mental health conditions (Kowalewski, McLennan, & McGrath, 2011; Srebnik, Cauce, & Baydar, 1996; Waddell, McEwan, Shepherd, Offord, & Hua, 2005; Zwaanswijk, Van der, Verhaak, Bensing, Verhulst, 2005). Long wait times can have negative impacts on clients, especially those with acute care needs leading to clients needing more intense treatment and higher levels of care. Two studies that are not reflective of mental health outcomes directly found clients who experienced long wait times were shown to have higher rates of noncompliance and no shows (Kehle et al., 2011: Pizer and Prentice, 2011).

In analyzing the CBOs' timeliness data, SCBHD identified system capacity limitations that negatively impacted timeliness. The analysis and presentation of data to youth contractors lead to collaborative discussions about capacity, and contractors were instrumental in developing solutions. The minutes from these meetings are in appendix A. The primary challenge for CBOs to provide youth an initial appointment within 10 business days from the date of request is the scarcity of available initial assessment appointments. As a result of the collaboration and data analysis, the scopes of the FY17-18 contracts were modified to expand capacity by increasing the number of initial assessments by 16% and increasing the therapy treatment monthly caseloads by 15%. The funding for the youth therapy provider contracts was re-appropriated to reflect updated monthly assessment and average case load requirements in order to improve timeliness to access while maintaining high quality outcomes. The chart below details the expectations for FY17-18 for CBOs, and the change in contracts

to increase the capacity of the CBOs is the first intervention of the PIP starting on July 1, 2017. The CBOs have contracts for FY17-18 that stipulate the number of assessments and average monthly therapy client census.

Table4-SCBHD Youth Provider Productivity in and Expectations in FY17-18						
Agency/ Program	**FY16-17 Avg. Monthly Case Load Census (Therapy Session)**	**FY17-18 Expected Monthly Case Load Census (Therapy Sessions)**	**2007-2017 Avg. Monthly Number of Initial Assessments**	**FY17-18 Expected Avg. Monthly Number of Initial Assessments**	**FY17-18 Estimated FTE Needed**	**FY17-18 Expected Productivity**
Child Parent Institute (CPI) - MH Service & Urgent	123	132	23	36	7.48	65%
Petaluma People Services Center (PPSC)	60	78	8	20	4.40	65%
Russian River Counselors	18	10	4	3	0.58	65%
Social Advocates for Youth (SAY) - MH Services	68	89	15	25	5.08	65%
CBO Total	269	309	49	84		
SCBHD Youth & Family Services (YFS)			37	16		
Total:	**269**	**309**	**86**	**100**	**18**	**65%**
Rate of Change:		**15%**		**16%**		**117%**

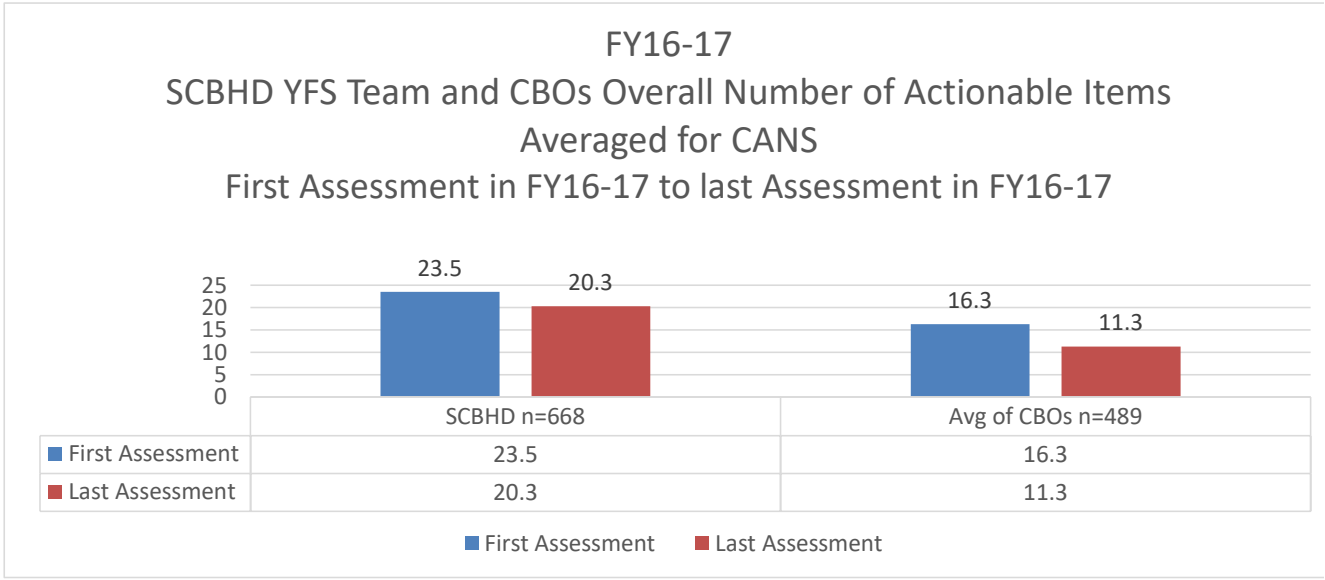
Outcomes of Care for Youth: Although the wait times for youth assessment appointments have not met the timeliness standard over the past three years, SCBHD was able to maintain high quality outcomes. SCBHD and CBO contractors utilize the CANS: Child and Adolescent Needs and Strengths assessment tool. CANS is a multi-purpose tool developed for children's services to support decision making, including level of care and service

planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. The CANS is one of two Early and Periodic Screening, Diagnosis, and Treatment Performance Outcomes System Functional Assessment Tools selected by DHCS for MHP use in the future. SCBHD adopted the CANS in 2013. In terms of quality improvement activities, a number of settings have utilized a fidelity model approach to look at service/treatment/action planning based on the CANS assessment. A rating of '2' or '3' on a CANS need indicates that this area is "actionable" and must be addressed in the client's treatment plan. A rating of a '0' or '1' identifies a strength that can be used for strength-based planning and a '2' or '3' a strength that should be the focus on strength-building activities. The CANS can be used to monitor outcomes in two ways:

- **Items that are initially rated a '2' or '3' are monitored over time to determine the percent of individuals who move to a rating of '0' or '1', indicating a resolved need and/or development of a strength.**
- **Domain scores can be generated by summing items within each of the domains (Symptoms, Risk Behaviors, Functioning, etc.). These scores can be compared over the course of treatment.**

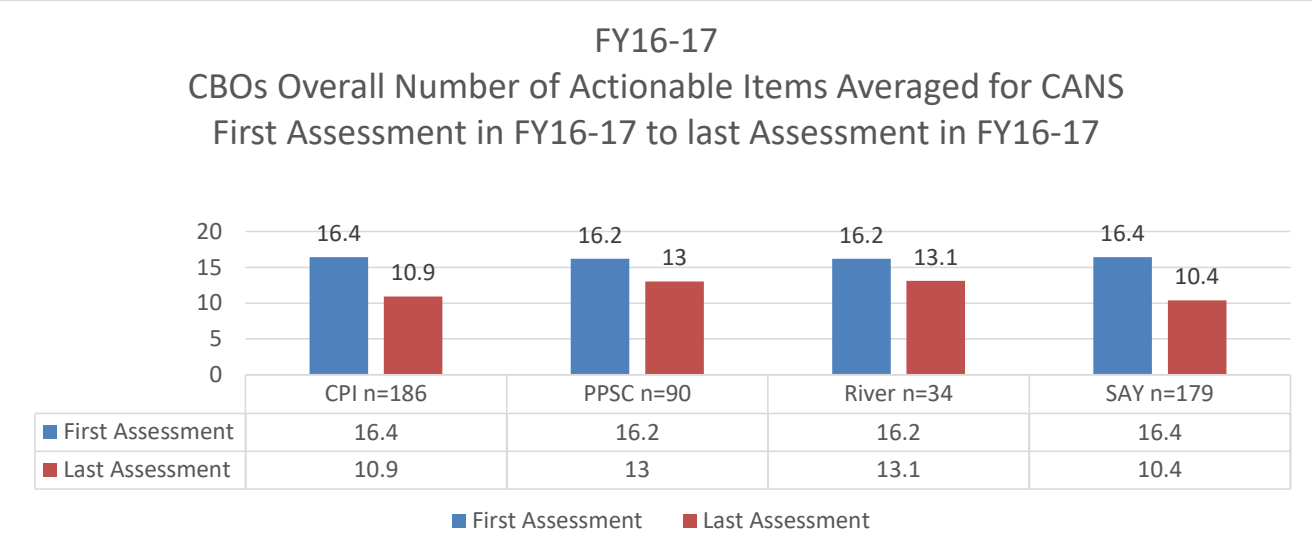
SCBHD YFS's average number of actionable items in CANS scores in FY16-17 from the first assessment to the last assessment show that 668 clients' scores average number of actionable items are 23.5 for the first assessment and 20.4 for the last assessment. This is an improvement of 3.1 or 13.2%. The CBO's average number of actionable items in CANS scores in FY16-17 from the first assessment to the last assessment show that 489 clients' scores average number of actionable items are 16.3 for the first assessment and 11.3 for the last assessment. This is an improvement of 5 or 30.7%. The combined average number of actionable items in CANS scores for SCBHD YFS and CBOs serving a total of 1157 clients are 20.5 for the first assessment and 16.5 for the last assessment. This is an improvement of 4 or 19.5%. As the time between the initial request for services and the first assessment decreases, it is expected that first assessments will have lowered initial CANS scores due to receiving services earlier and the improvement of CANS scores from initial to last CANS score will demonstrate additional improvement due to earlier interventions. The charts below detail the changes in the average number of actionable items in CANS scores.

Table 5


FY16-17
SCBHD YFS Team and CBOs Overall Number of Actionable Items
Averaged for CANS
First Assessment in FY16-17 to last Assessment in FY16-17
25
20
15
10
5
0
23.5
20.3
16.3
11.3
SCBHD n=668
Avg of CBOs n=489
First Assessment
23.5
16.3
Last Assessment
20.3
11.3
First Assessment
Last Assessment

The individual CBO's CANS scores in FY16-17 from the first assessment to the last CANS assessment in FY16-17 are detailed in the chart below.

Table 6



CPI	PPSC	SAY	RRC
Child and Parent Institute	Petaluma People Services Center	Social Advocates for Youth	Russian River Counselors

SCBHD, CBOs and stakeholders are dedicated to improving timely access to specialty mental health services for all youth and families. SCBHD is piloting the implementation of a system re-design to improve timely access in Youth and Family Services that is the second intervention to the CBO contract changes to increase system capacity that started on July 1, 2017. The re-design is the second PIP intervention, and SCBHD expects to implement it on July 1, 2018. The system re-design will create a centralized referral and screening process. All youth and families will be able to request services by calling SCBHD's universal 24/7 access telephone number. Any youth and families contacting a CBO to request specialty mental health services will be referred to SCBHD's Access Program.

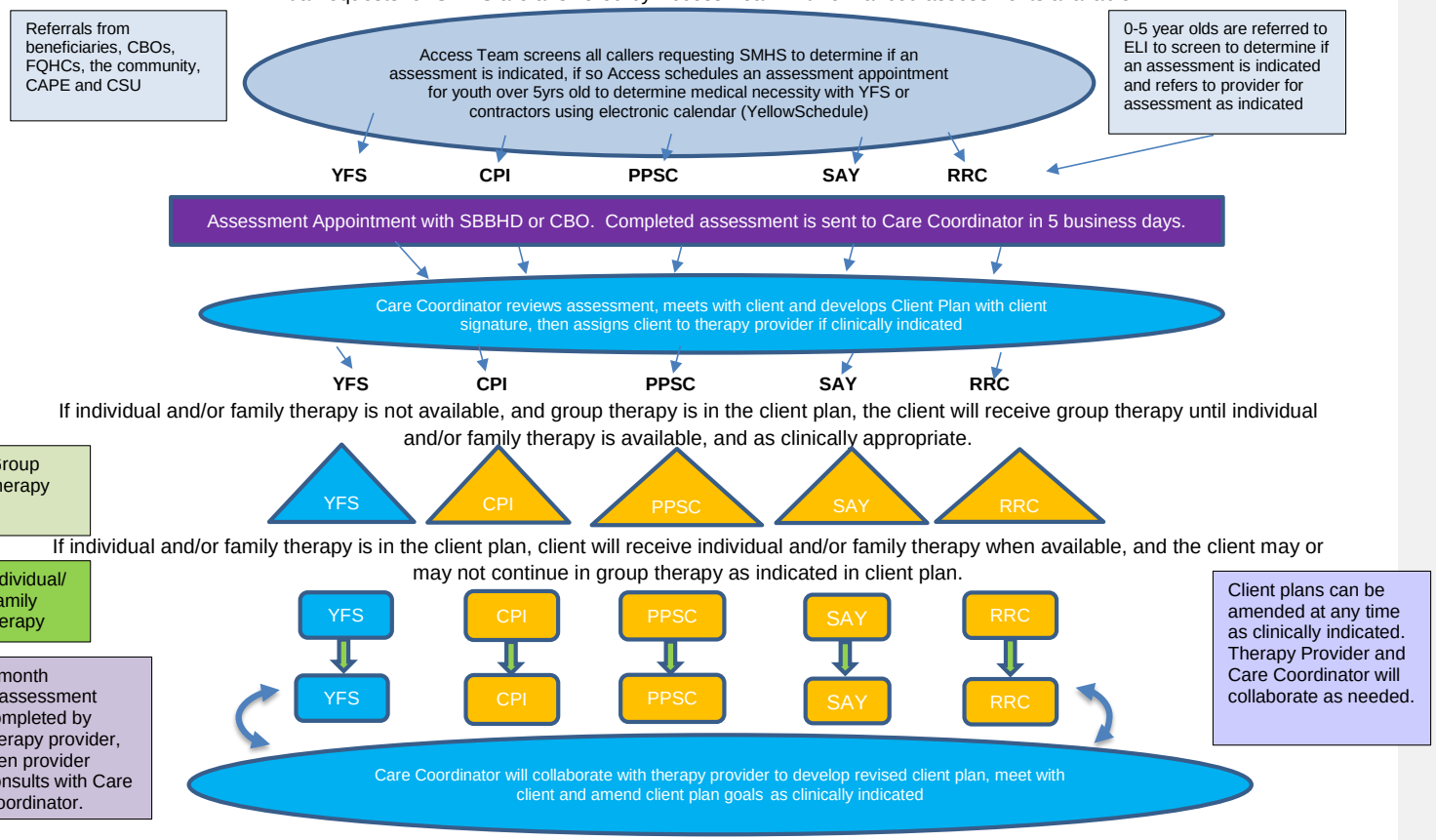
Access will screen all youth requesting Specialty Mental Health Services to determine if an assessment is indicated and those beneficiaries will be offered an assessment appointment within 10 business days. Access will maintain a universal electronic calendar (YellowSchedule) with the available initial assessment appointments of all providers and schedule initial assessment appointments. Assessments will be conducted by SCBHD YFS and CBOs. The implementation of YellowSchedule is the third intervention, and it will occur at the same time as the re-design PIP intervention, and SCBHD expects to implement it on July 1, 2018.

SCBHD researched web-based electronic calendars and identified YellowSchedule as the best electronic calendar to meet the scheduling needs of the youth therapy providers redesign and scheduling needs. YellowSchedule is a fully HIPAA compliant electronic calendar. Once implemented in July 2018, YellowSchedule will allow the Access Team to coordinate assessment appointments across all CBO's, track attendance and timeliness. YellowSchedule sends automatic reminders, email and/or text messages, to beneficiaries requesting SMHS. Beneficiaries will be able to confirm/cancel/re-schedule assessment appointments with a single text or email. YellowSchedule has the capacity to report real time no-show, cancellation, and attendance rates at the MHP and CBOs Levels.

Diagram 1 on page 14 illustrates the redesign.

Diagram 1-Youth Therapy Providers Redesign Diagram (July 2018)

All Initial requests for SMHS are answered by Access Team with enhanced assessments available.



If individual and/or family therapy is not available, and group therapy is in the client plan, the client will receive group therapy until individual and/or family therapy is available, and as clinically appropriate.

If individual and/or family therapy is in the client plan, client will receive individual and/or family therapy when available, and the client may or may not continue in group therapy as indicated in client plan.

SCBHD		Youth Contract Therapy Providers			
Access	**YFS**	**CPI**	**PPSC**	**SAY**	**RRC**
SCBHD Access Team	SCBHD Youth and Family Services including Care Coordinators	Child and Parent Institute	Petaluma People Services Center	Social Advocates for Youth	Russian River Counselors

The overarching goal of the PIP is to offer all youth and families, accessing specialty mental health services for the first time or re-entering services, an appointment for an assessment within 10 business days from the date of request while maintaining or improving high quality outcomes as indicated by a decrease in the average number of actionable items of CANS scores by at least 10% in the fiscal year. SCBHD and stakeholders are committed to a system redesign that will have all youth and families offered an appointment within 10 business days from the request for services.

STEP 2: DEFINE & INCLUDE THE STUDY QUESTION

The study question must be stated in a clear, concise and answerable format. It should identify the focus of the PIP. The study question establishes a framework for the goals, measurement, and evaluation of the study.

Study Question: **Will revising youth provider FY17-18 contract scopes with specified expectations, ~~including number of assessments per month and monthly therapy treatment caseload census requirements, in combination with a system re-design for SCBHD Youth and Family Services, that provides a central referral and screening process,~~ improve timeliness to assessments from an average of 27.87 days in FY16-17 to 10 business days or less. This improvement goal will be achieved while maintaining high quality outcomes as evidenced by an improvement in average number of actionable items in CANS scores of at least 10% measuring from first assessment to last assessment in the fiscal year?**

Commented [AM3]: It is not necessary to list the expectations here, they should be in the indicator section.

Commented [AM4]: Again, this should be expressed in business days so that we are sure the MHP is comparing apples to apples.

Commented [AM5]: This is an indicator or a measure/barometer of the outcome…it doesn't belong in the study question….but should be used by the MHP to determine that the services delivered meet standards.

STEP 3: IDENTIFY STUDY POPULATION

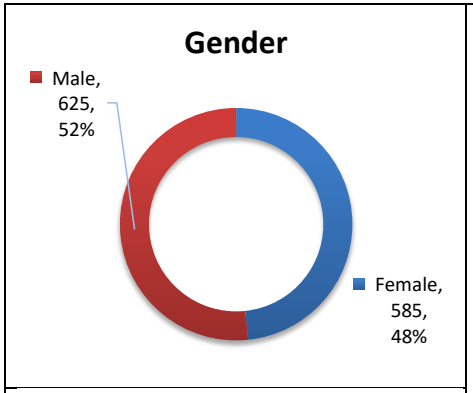
Clearly identify the consumer population included in the study. Include an explanation of how the study will address the entire consumer population, or a specific sample of that population. If the study pertains to an identified sector of the MHP consumer population, how inclusion of all members will occur is required. The documentation must include data on the MHP's enrolled consumers, as well as the number of consumers relevant to the study topic.

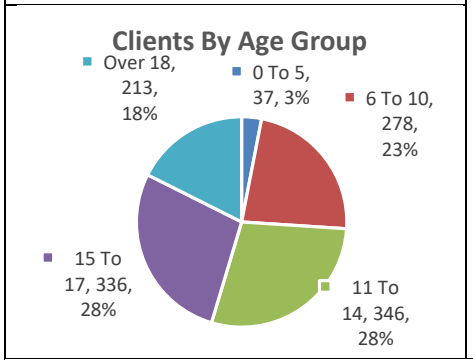
This Step may include:

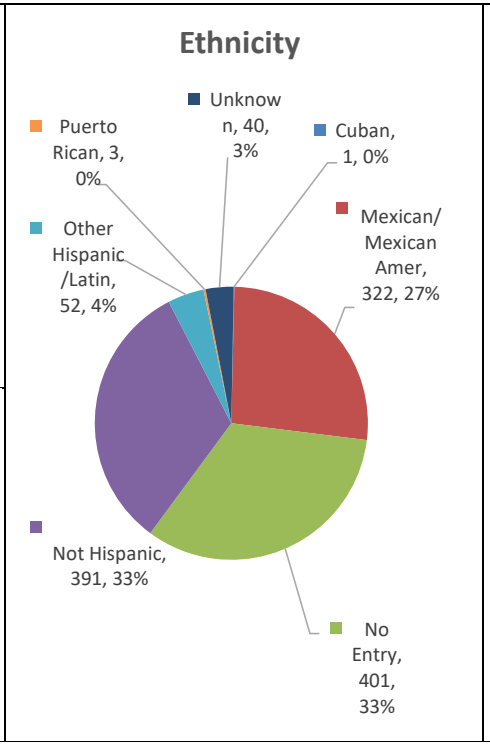
- Demographic information;
- Utilization and outcome data or information available; and
- Other study sources (such as pharmacy data) that may be utilized to identify all consumers who are to be included in the study.

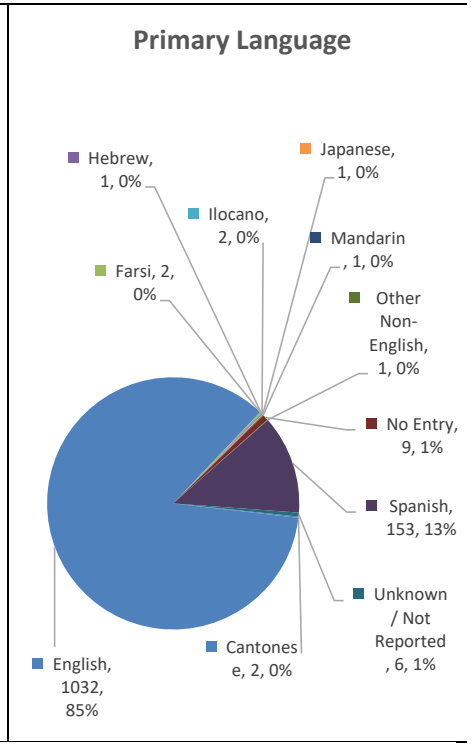
The population for this study is all potential SCBHD youth and family clients aged 0-18 (0-21 for foster youth) years old. The charts below provide demographic data for the 1,210 unique youth clients SCBHD served during FY16-17, including gender, age, ethnicity and primary language. The following data is from Avatar.

Table 7









The following data is from the YTTS and TTA Database.

Table 8-Requests for SMHS, Appointments Attended, Average # of Business Days from Initial Request to Appointment and Number of Appointments Attended within the 10 Business Day Standard				
All Youth and Family Beneficiary Requests				
Fiscal Year	Number of Requests	Number of Attended Appointments	Average B. Days To Attended Appointment	Attended within 10 B. Days
FY 2014 - 2015	537	298	24.37	103
FY 2015 - 2016	737	360	33.83	77
FY 2016 - 2017	882	516	27.87	159
Spanish Speaking Youth and Family Beneficiary Requests				
Fiscal Year	Number of Requests	Number of Attended Appointments	Average B. Days To Attended Appointment	Attended within 10 B. Days
FY 2014 - 2015	159	97	29.93	25
FY 2015 - 2016	175	76	48.01	11
FY 2016 - 2017	188	99	46.88	19
Non-Spanish Speaking Youth and Family Beneficiary Requests				
Fiscal Year	Number of Requests	Number of Attended Appointments	Average B. Days To Attended Appointment	Attended within 10 B. Days
FY 2014 - 2015	378	201	21.69	78
FY 2015 - 2016	562	284	30.04	66
FY 2016 - 2017	694	417	23.36	140

The data in Table 8 reflects the following baseline data documenting the problem to be addressed: The average time from request for services to an offered appointment for non-Spanish speaking clients in FY16-17 is 23.36 days. For Spanish speaking beneficiaries, the average time from request for services to an offered appointment is 46.9. All of the Youth and Family clients, a total of 516, that were seen in FY16-17 for an assessment, 159 or 30.8% were seen for an appointment within 10-business days. When broken down by non-Spanish speaking and Spanish speaking, 140 or 33.6% non-Spanish speaking clients were offered an appointment within 10-business days compared to 19 or 19.2% for Spanish speaking clients.

The data in Table 8 contains the timeliness data and initial assessment data. The system re-design includes enhanced accuracy of timeliness data systems. The timeliness data is not tracked in any other data collection tool currently, however the number of initial assessment appointments is tracked in Avatar. Table 8 reflects a lower number of initial

assessment appointments compared to Tables 9, 10 and 11. The data in Table 8 was entered by clerical staff at four CBOs and SCBHD YFS program into the YTTS and TTA Database, and the CBOs and SCBHD YFS programs have experienced staff turnover which may have impacted the accuracy of the data. SCBHD QI staff provided staff and CBOs ongoing training and technical assistance, however the data from YTTS and TTA Database on the number of initial assessments is significantly different from the Avatar data on initial assessments, and it is likely the data from YTTS and TTA Database is under reported. The implementation of the electronic calendar, YellowSchedule, in July 2018 will replace utilization of the TTA Database, and SCBHD anticipates the accuracy of the data to improve.

The following data is from Avatar, number of admissions.

Table 9-Total number of assessments by organizations FY14-15:

Programs	CPI Urgent Response	CPI	PPSC	River Counselors	SAY	All CBOs	YFS	MHP Monthly Total
2014 - 07 July	1	19	6	2	12	**40**	**38**	**78**
2014 - 08 August	4	4	5	0	9	**22**	**24**	**46**
2014 - 09 September	7	5	5	1	15	**33**	**56**	**89**
2014 - 10 October	4	10	5	4	22	**45**	**75**	**120**
2014 - 11 November	1	12	7	2	9	**31**	**52**	**83**
2014 - 12 December		5	3	0	17	**25**	**40**	**65**
2015 - 01 January	4	21	4	0	8	**37**	**45**	**82**
2015 - 02 February	1	19	9	1	9	**39**	**35**	**74**
2015 - 03 March	1	25	2	0	18	**46**	**49**	**95**
2015 - 04 April	7	9	2	1	9	**28**	**78**	**106**
2015 - 05 May	2	24	4	2	19	**51**	**24**	**75**
2015 - 06 June	1	8	1	1	11	**22**	**37**	**59**
Agency Total	**33**	**161**	**53**	**14**	**158**	**419**	**553**	**972**
Monthly Average	**3.00**	**13.42**	**4.42**	**1.17**	**13.17**	**34.92**	**46.08**	**81.00**

FY14-15 SCBHD YFS and the CBOs conducted a total of 972 initial assessments averaging 81.00 initial assessments per month.

Table 10-Total number of assessments by organizations FY15-16:								
FY 15-16	CPI Urgent Response	CPI	PPSC	River Counselors	SAY	All CBOs	YFS	MHP Monthly Total
2015 - 07 July	1	9	10	2	4	**26**	**39**	**65**
2015 - 08 August	1	9	10	5	9	**34**	**24**	**58**
2015 - 09 September	4	20	24	4	9	**61**	**34**	**95**
2015 - 10 October	3	12	15	2	16	**48**	**35**	**83**
2015 - 11 November	6	4	10	0	21	**41**	**37**	**78**
2015 - 12 December	3	5	8	1	77	**94**	**26**	**120**
2016 - 01 January	11	6	17	0	17	**51**	**38**	**89**
2016 - 02 February	3	9	12	1	10	**35**	**31**	**66**
2016 - 03 March	1	26	27	0	10	**64**	**37**	**101**
2016 - 04 April	1	9	10	1	4	**25**	**38**	**63**
2016 - 05 May	1	10	11	0	6	**28**	**32**	**60**
2016 - 06 June		24	24	0	5	**53**	**57**	**110**
Agency Total	**35**	**143**	**178**	**16**	**188**	**560**	**428**	**988**
Monthly Average	**3.18**	**11.92**	**14.83**	**1.33**	**15.67**	**46.67**	**35.67**	**82.33**

FY15-16 SCBHD YFS and the CBOs conducted a total of 988 initial assessments averaging 82.33 initial assessments per month.

Table 11-Total number of assessments by organizations FY16-17:								
FY 16-17	CPI Urgent Response	CPI	PPSC	River Counselors	SAY	All CBOs	YFS	MHP Monthly Total
2016 - 07 July		13	4	0	10	**27**	**45**	**72**
2016 - 08 August	2	3	4	10	1	**20**	**35**	**55**
2016 - 09 September	4	10	6	0	9	**29**	**41**	**70**
2016 - 10 October	3	6	14	4	19	**46**	**40**	**86**
2016 - 11 November	3	1	17	1	9	**31**	**27**	**58**
2016 - 12 December	3	1	8	0	8	**20**	**45**	**65**
2017 - 01 January	7	1	8	0	11	**27**	**30**	**57**
2017 - 02 February	8	4	12	1	4	**29**	**18**	**47**
2017 - 03 March	6	16	8	5	9	**44**	**30**	**74**
2017 - 04 April	3	2	9	1	11	**26**	**28**	**54**
2017 - 05 May		0	5	1	7	**13**	**36**	**49**
2017 - 06 June	1	11	6	0	18	**36**	**46**	**82**
Agency Total	**40**	**68**	**101**	**23**	**116**	**348**	**421**	**769**
Monthly Average	**4.00**	**5.67**	**8.42**	**1.92**	**9.67**	**29.00**	**35.08**	**64.08**

FY16-17 SCBHD YFS and the CBOs conducted a total of 769 initial assessments averaging 64.08 initial assessments per month.

STEP 4: SELECT & EXPLAIN THE STUDY INDICATORS

"A study indicator is a measurable characteristic, quality, trait, or attribute of a particular individual, object, or situation to be studied."[2] Each PIP must include one or more measurable indicators to track performance and improvement over a specific period of time.

Indicators should be:

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

The indicators will be evaluated based on:

- Why they were selected;
- How they measure performance;
- How they measure change in mental health status, functional status, beneficiary satisfaction; and/or
- Have outcomes improved that are strongly associated with a process of care;
- Do they use data available through administrative, medical records, or another readily accessible source; and
- Relevance to the study question.

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

In reporting on the chosen indicators include:

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

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

Table 12 lists the 5 study indicators:

- **<u>Indicators 1 & 2</u> are based on the CBO contract changes, and the indicators were selected to increase capacity in order to improve timeliness by stipulating the average number of assessments conducted per month and the average therapy caseload per month in the CBO contracts. These indicators will be tracked in Avatar.**
- **<u>Indicators 3 & 4</u> are based on the number of days from the initial request for specialty mental health services to the initial assessment for Spanish speaking and Non-Spanish speaking beneficiaries. The data collection tools for these indicatiors are TTA Database thru June 2018 and YellowSchedule beginning in July 2018. Implementing YellowSchedule is part of the**

[2] EQR Protocol 3, Validation of Performance Improvement Project, Sept. 2012, DHHS, Centers for Medicare & Medicaid Services (CMS), OMB Approval No. 0938-0786

redisgn intervention, and YellowSchedule will enable the Access Team to make appointment for beneficiaries at the CBOs in real time.

- **Indicator 5 was selected to monitor quality outcomes to insure that beneficiaries are receiving high quality and effective treatment, and the CANS data will be tracked in DCAR.**

Table 12- Performance Indicators

#	Describe Performance Indicator	Numerator	Denominator	Baseline for Performance Indicator (number)	Goal (number)
1	**Number of assessments per month completed by CBOs**	**Total number of assessments by CBOs in FY17-18**	**12 (months)**	**FY16-17 CBOs completed an average of 49 initial assessments per month**	**CBOs to complete an average of 84 initial assessments per month In FY17-18**
2	**Average therapy treatment caseload per month by CBOs**	**Average therapy treatment caseload per month by CBOs in FY17-18**	**12 (months)**	**FY16-17 CBOs average therapy treatment caseload per month 269**	**CBOs to have an average therapy treatment caseload of 309 clients per month in FY17-18**
3	**Percentage of non-Spanish speaking youth and families requesting services that attended an appointment for an assessment ≤10-business days**	**Number of non-Spanish speaking youth and families that attended an appointment ≤10-business days from initial request in FY17-18**	**Total number of non-Spanish speaking youth and families that attended an appointment following a request.**	**FY16-17 Percentage of non-Spanish speaking youth and families requesting services that attended an appointment for an assessment ≤10-business days 33.6%**	**50% of non-Spanish speaking clients will attend an appointment ≤10-business days from initial request in FY17-18 50%**
4	**Percentage of Spanish speaking youth and families requesting services that attended an appointment for an assessment ≤ 10-business days**	**Number of Spanish speaking youth and families that attended an appointment ≤10-business days from**	**Total number of Spanish Speaking youth and families that attended an appointment**	**FY16-17 Percentage of Spanish speaking youth and families requesting services that attended an appointment for an assessment ≤ 10-business days 19.2%**	**30% of Spanish speaking clients will attend an appointment ≤ 10-business days from initial request in FY17-18 30%**

		initial request in FY17-18			
5	**The change in average number of actionable items in first and last CANS scores in the fiscal year**	**The difference between the last and first average actionable items in CANS scores for CBOs in FY17-18**	**First average number of actionable items in CANS scores for the clients served by CBOs**	**Total average number of actionable items in last CANS scores minus total average number of actionable items in first CANS scores for CBOs in FY16-17 divided by First average number of actionable items in CANS scores will reduce by 5 or 30.7% in average number of actionable items**	**Average number of actionable items in first and last CANS scores are at least 1.63 or 10% lower in FY17-18 in most recent assessment**

STEP 5: SAMPLING METHODS (IF APPLICABLE)

The MHP must provide the study description and methodology.

- Identify the following:
  - Calculate the required sample size?
  - Consider and specify the true or estimated frequency of the event?
  - Identify the confidence level to be used?
  - Identify an acceptable margin of error?

  Describe the valid sampling techniques used?

_____N of enrollees in sampling frame
_____N of sample
_____N of participants (i.e. – return rate)

The PIP population will be the sum total of all youth and families requesting services, new or re-accessing services, during July 1, 2017 to June 30, 2019. This PIP is not utilizing a sampling technique, this PIP is serving all youth beneficiaries. It is estimated there will be approximately 115 requests per month requesting services, with 100 assessments completed monthly. The statistics will be reviewed on a monthly basis and reported to all stakeholders including an indepth review by QI committee quarterly. The confidence level of 95% will be used, as it is an industry standard.

STEP 6: DEVELOP STUDY DESIGN & DATA COLLECTION PROCEDURES

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

- Describe the data to be collected.
- 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 indicators apply?
- Describe the instruments for data collection, and how they provided for consistent and accurate data collection over time.
- Describe the prospective data analysis plan. Include contingencies for untoward results.
- Identify the staff that will be collecting data, and their qualifications. Include contractual, temporary, or consultative personnel.

Initial Requests for Services tracking via SMHS Database – This tool is an Access Database developed by SCHBD in order to log and track incoming calls/ initial requests for specialty mental health care, and document request dispositions. The data collection capabilities of this database was expanded over the last few years. In the last version of the database, SCHBD has implemented the tracking of Outreach CANS and Screening Tool for Adolescents and Children (STAC) for all requests coming through the Access Team phone lines. Data elements collected in SMHS Database:

1. **Initial Request Date and Caller information**
2. **Client intake information**
3. **Screening Tool Adolescents and Children (STAC) results**
4. **Medi-Cal Eligibility**
5. **Disposition to Requests for assessment/treatment, and if applicable**
6. **Notice of Actions (As and Es).**

Management of New Assessment Capacity - YellowSchedule – is a HIPAA compliant scheduling solution that SCBHD will use to manage assessment appointments for requests to specialty mental health services. YellowSchedule sends automatic appointment reminders and tracks real-time no-shows, cancellation and appointment attendance for all agencies providing assessments.

Data collected in YellowSchedule data system:

1. **Assessment appointments available across MHP assessors**
2. **Assessment attendance**
3. **No-shows**
4. **Cancellations**

5. **Assessment re-scheduling.**

Avatar – is the Division's Electronic Health Records (EHR) system and practice management system for billing and operations. Data collected in Avatar includes:

1. **Admission to program**
2. **Initial assessment service date**
3. **Other treatment services provided after initial assessment.**

DCAR – DCAR (Data Collection Assessment and Reporting for CANS) is a data entry program, designed by Andrew J. Wong, Inc. (AJWI) for SCBH. Clinicians must pass the CANS (Child Assessment of Needs and Strengths) certification test in order to complete client assessments in DCAR. The CANS assessment is a multipurpose tool developed by Dr. John Lyons of Chapin Hall at the University of Chicago to support care planning and level of care decision-making, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes. A rating of '2' or '3' on a CANS need denotes an "actionable item" and suggests that this area should be addressed in the client plan. A rating of '0' or '1' identifies a strength that can be used for strength-based planning. Completed assessments include both narrative information and scoring of CANS items. DCAR contains 14 reports that can be run for client level planning, program planning, and to monitor outcomes over time. Data collected in the DCAR includes:

1. **Initial CANS Assessment**
2. **CANS Reassessment**
3. **Child and Youth Closing Summary.**

Description of the Initial Client Request Process:

1. **Access Team receives all calls and referrals requesting SMHS.**
2. **Calls and Initial requests from other sources such as emails and faxes, are logged into the Initial Requests to SMHS Database or YellowSchedule once implemented.**
3. **A STAC (Screening Tool for Adolescents and Children) screening is completed to determine if a full assessment is indicated.**
4. **An initial assessment appointment to determine medical necessity is scheduled in YellowSchedule.**
5. **YellowSchedule sends automatic appointment reminders if beneficiary elects to receive reminders.**
6. **The initial assessment is completed and submitted in DCAR.**
7. **A program admission is created in Avatar, services are submitted and tracked in Avatar after admission.**

Analysis of Results of Interventions on Timeliness and Outcomes:

The Quality Improvement Analyst evaluates data integrity and completion in all data collection instruments, then communicates with Access Team, and YFS managers regarding any irregularities and/or gaps in data that need to be addressed. When Initial Requests, Initial Assessment Appointments, Program Admissions, and Initial Assessments submissions data is verified, the QI Analyst presents a monthly report during the Youth PIP meeting and MHPA QI meeting. The MHPA monthly report includes trends of number of initial requests, number of initial assessment appointments offered, number of initial assessment appointments attended, number of new admissions per program, number of initial assessments submitted in DCAR, No-Shows and Cancellations rates. This includes critical timeliness data.

Staff Collecting Data

The Access screening team is CANS certified, and the team completes a STAC (Screening Tool for Adolescents and Children, a CANS based tool) to determine if a full assessment is indicated. If indicated, an Access screener schedules an initial assessment appointment with an assessor.

YFS and CBO Assessors are CANS certified. Assessors complete the initial assessment documentation in DCAR and the Admission documentation in Avatar.

Name	Role	Organization/Title
Ladrech, Melissa LMFT	SCBHD Staff	SCBHD/Quality Improvement Manager
Mariscal, Carlos	SCBHD Staff	SCBHD/Quality Improvement Data Analyst
Rankin, Carol LMFT	SCBHD Staff	SCBHD/Quality Improvement Clinical Specialist

STEP 7: DEVELOP & DESCRIBE STUDY INTERVENTIONS

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 13-Description of Study Interventions				
Number of Intervention	**List each Specific Intervention**	**Barriers/Causes Intervention Designed to Target**	**Corresponding Indicator**	**Date Started**
1	**Contract Changes with Community-Based Organizations**	**Require all CBOs to increase the number of assessments completed per month by 16% to improve timeliness.** **Require all monthly providers to increase the average therapy treatment caseload by 15%. These contract changes will improve timeliness and increase capacity by increasing the number of available initial assessment appointments and therapy appointments.**	**#1 & #2 - Number of assessments per month completed by CBOs and average therapy treatment caseload census per month by CBOs**	**July 1, 2017**
2	**Centralized screening by Access Team with additional appointment capacity to determine if an assessment appointment is indicated to determine if medical necessity is met**	**To offer appointments to beneficiaries within 10-business days with adequate capacity and to allow SCBHD Access team to schedule and monitor assessments within 10 business days with the contractors, thus improving timeliness to services.**	**#3 & #4 – attend an appointment ≤ 10-business day.**	**July 1, 2018**
3	**Universal Calendar for Scheduling Assessment Appointments: YellowSchedule to be implemented in July 2018**	**To offer appointments to beneficiaries within 10-business days and to allow SCBHD Access team to schedule and monitor assessments within 10 business days with the contractors, thus improving timeliness to services.**	**#3 & #4 – attend an appointment ≤ 10-business day.**	**July 1, 2018**

STEP 8: DATA ANALYSIS & INTERPRETATION OF STUDY RESULTS

Data analysis begins with examining the performance of each intervention, based on the defined indicators. (For detailed guidance, follow the criteria outlined in Protocol 3, Activity 1, Step 8.)

- Describe the data analysis process. Did it occur as planned?
- Did results trigger modifications to the project or its interventions?
- Did analysis trigger any follow-up activities?

- Review results in adherence to the statistical analysis techniques defined in the data analysis plan.
- Does the analysis identify factors that influence the comparability of initial and repeat measurements?

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.

Present objective data analysis results for each performance indicator. A Table can be included (see example), and attach all supporting data, tables, charts, or graphs as appropriate.

Example:

Table 14-Data Analysis

Performance Indicator	**Date of Baseline Measurement**	**Baseline Measurement** (numerator/denominator)	**Goal for % Improvement**	**Intervention Applied & Date**	**Date of Re-measurement**	**Results** (numerator/denominator	**% Improvement Achieved**
Percentage of non-Spanish speaking youth and families requesting services that attended an appointment for an assessment ≤10-business days	FY16-17 Percentage of non-Spanish speaking youth and families requesting services that attended an appointment for an assessment ≤10-business days 33.6%	Number of non-Spanish speaking youth and families that attended an appointment ≤10-business days from initial request in FY17-18 divided by Total number of non-Spanish speaking youth and families that requested services.	16.4% for a total improvement of 50% of non-Spanish speaking clients will attend an appointment ≤10-business days from initial request in FY17-18	Intervention 1 applied on July 1, 2017 intervention 2 & 3 to be applied on July 1, 2018	FY17-18 Q1: July 1 – September 30, 2017	CPI - 1/33 = 3.0% PPSC – 7/17 = 41.2% River – 1/1 = 100.0% SAY – 0/22 = 0.00% **Combined – 9/73 = 12.3%**	0%
Percentage of Spanish speaking youth and families requesting services that attended an appointment for an assessment ≤ 10-business days	FY16-17 Percentage of Spanish speaking youth and families requesting services that attended an appointment for an assessment ≤ 10-business days 19.2%	Number of Spanish speaking youth and families that attended an appointment ≤10-business days from initial request in FY17-18 divided by Total number of Spanish Speaking youth and families that requested services.	10.8% improvement for a total of 30% of Spanish speaking clients will attend an appointment ≤ 10-business days from initial request in FY17-18	Intervention 1 applied on July 1, 2017 intervention 2 & 3 to be applied on July 1, 2018	FY17-18 Q1: July 1 – September 30, 2017	CPI – 0/18 = 0.0% PPSC – 3/4 = 75.0% River – 0/0 = 0.0% SAY – 0/2 = 0.0% **Combined – 3/24= 12.5%**	0%

Performance Indicator	Date of Baseline Measurement	**Baseline Measurement** (numerator/denominator)	Goal for % Improvement	**Intervention Applied & Date**	**Date of Re-measurement**	**Results** (numerator/denominator	**% Improvement Achieved**
Average Number of assessments per month completed by CBOs	FY16-17 CBOs completed an average of 49 initial assessments per month	Total number of assessments by CBOs in FY17-18 divided by the number of months	71% improvement CBOs to complete an average of 84 initial assessments per month in FY17-18	Intervention 1 applied on July 1, 2017	FY17-18 Q1: July 1 – September 30, 2017	CPI – 13/Mo. PPSC – 11.7/Mo. River – 2.0/Mo. SAY – 6.0/Mo. **Combined – 33.3/Mo.**	0%
Average therapy treatment caseload per month by CBOs	FY16-17 CBOs average therapy treatment caseload per month 269	Total therapy treatment caseload per month by CBOs in FY17-18 divided by the number of months	12.9% improvement CBOs to have an average therapy treatment caseload of 309 clients per month in FY17-18	Intervention 1 applied on July 1, 2017	FY17-18 Q1: July 1 – September 30, 2017	CPI – 40.3 Clients/Mo. PPSC –63 Clients/Mo. River – 15.7 Clients/Mo. SAY – 61.3 Clients/Mo. **Combined – 180.3 Clients/Mo.**	0%
The change in average number of actionable items from first to last CANS scores	FY16-17 Average number of actionable items from first to last CANS scores At least 10% improvement	Average number of actionable items in last CANS scores minus average number of actionable items in first CANS scores in the time frame (FY17-18)	≥ 10% improvement average number of actionable items from first to last CANS scores	Intervention 1 applied on July 1, 2017	FY17-18 Q1: July 1 – September 30, 2017	Report is not available for this short time frame. Reassessments are completed every 6 months. The DCAR report needs at least 6 months of data for comparison.	N/A

STEP 9: ASSESS WHETHER IMPROVEMENT IS "REAL" IMPROVEMENT

Real and sustained improvement are the result of a continuous cycle of measuring and analyzing performance, thoroughly analyzing results, and ensuring implementation of appropriate solutions. To analyze the results of the PIP the MPH must document the following steps:

- Describe issues associated with data analysis –
  - Did data cycles clearly identify when measurements occurred? Should monitoring have occurred more frequently?
  - Results of statistical significance testing.
  - What factors influenced comparability of the initial and repeat measures?
  - What, if any, factors threatened the internal or external validity of the outcomes?
- To what extent was the PIP successful and how did the interventions applied contribute to this success?
- Are there plans for follow-up activities?
- Does the data analysis demonstrate an improvement in processes or consumer outcomes?

It is essential to determine if the reported change is "real" change, or the result of an environmental or unintended consequence, or random chance. The following questions should be answered in the documentation:

- How did you validate that the same methodology was used when each measurement was repeated?
- Was there documented quantitative improvement in process or outcomes of care?
- Describe the "face validity," or how the improvements appear to be the results of the PIP interventions.
- Describe the statistical evidence supporting that the improvement is true 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?)

The first quarter results appeared to be valid as there were not any outside factors that would have contributed to these results. There were not improvements in the timeliness of scheduling assessments in the first quarter of this PIP. SCBH anticipated that as interventions 2 and 3 are implemented, the results will show improvement in timeliness to assessments. Each quarter the indicators will be tracked and analyzed to determine if additional enhancements to interventions are needed and to identify new barriers that may impact results.

Commented [AM6]: How could requiring more assessments and adding more CBOs not equal improvement? Why/what factors would impact this…more analysis should be presented here.

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