



## 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 FCMHP addresses all of the required elements of a PIP. If the FCMHP 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 FCMHP.
- ❖ The PIP process is not used to evaluate the effectiveness of a specific program operated by the FCMHP. 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 FCMHP 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.<sup>1</sup>

#### IDENTIFICATION OF PLAN/PROJECT

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

FCMHP Name:	Fresno		
Project Title:	Fresno FCMHP Access Line	Check One:	Clinical      Non-Clinical <b>X</b>
Project Leader:	Francisco Escobedo	Title:	Sr. Staff Analyst      Role: Lead/Coordinator
Start Date (MM/DD/YY):	May 1, 2016		
Completion Date (MM/DD/YY):	August 31, 2017	Projected Study Period (# of months):	10 Months
Brief Description of PIP:	Improve the quality of services to Fresno County Mental Health Plan (FCMHPs) callers and stakeholders utilizing the County's FCMHP toll-free 1 (800) 654-3937 Access Line to access services by replacing an answering service with a licensed mental health multidisciplinary team		

#### 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. FCMHPs are encouraged to seek input from consumers and all stakeholders who are users of, or are concerned with specific areas of service.

In July 2016, the QI Team began to prepare for a performance improvement project. In August 2016 the Department of Behavioral Health (DBH), leadership team conducted a PIP's Brainstorm session to discuss how to improve the Access Line service to better serve users of the FCMHP Access Line. Participating leadership members consisted of the Mental Health Director, Deputy Directors, Division Managers, Medical Director, QI Coordinator, Clinical Supervisors, Peer Support Specialist, and QI Clinicians. From this meeting, derived the Non-Clinical PIP Team comprised of those listed below:

Name	Title	Department/Agency
Francisco Escobedo	Sr. Staff Analyst	DBH, Technology & Quality Improvement
Domenica Tamayo	Sr. Staff Analyst	DBH, Clinical Support
Ana Garcia	Access Line, Program Manager, R.N.	Exodus Recovery, Inc.
Pa Ge Xiong	Staff Analyst	DBH, Technology & Quality Improvement
Jeff Elliott	Epidemiologist	DBH, Technology & Quality Improvement
Kannika Toonnachat	Division Manager	DBH, Technology & Quality Improvement
Carla Fitak	Peer Support Specialist	Consumer/Family member
Preet Sanghera	Principal Analyst	DBH, Contracts Division
Trin Gibney	Peer Support Specialist	Consumer/Family member

These members knowledgeable and experienced with the mental health 800 access line and data.



## 2) Define the problem.

Pursuant to California Code of Regulations (CCR), Title 9, Chapter 11, Section, 1810.405(d) and 42 Code of Federal Regulations 438.240(d), the Fresno County Mental Health Plan (FCMHP) is required to provide a State-Wide, toll free number (Access Line) available 24 hours, seven days per week, with language capability in all languages spoken by the beneficiaries within the County. The Access Line provides information to beneficiaries about how to access Specialty Mental Health Services (SMHS), identifies medical necessity, services to treat a beneficiary's urgent condition, and how to use the beneficiary problem resolution and fair hearing process. The FCMHP, Department of Behavioral Health, utilizes a contractor, Professional Exchange Services Corporation (PESC), to operate its toll free Access Line. In addition to Access Line State mandates, the FCMHP is required to perform seven (7) monthly test calls (previously 5 calls per month). All Access Line calls are to be logged in written form and test calls are to achieve 100% in a various categories required by the State.

In Calendar Year 2015, a total number of 67 test calls were completed, of which 61% of Calls were logged into the FCMHP database call log. With only 61% of the test calls being logged there was the possibility that not all calls were logged and captured to fulfill mental health service requests. Additional percent ratings include accuracy of information: Names (60%); Dates (60%); Phone Number (58%); Reason/Request for calls (52%); Calls Assessed for Crisis (84%), and How to access SMHS (72%). Of the 67 test calls, 41 required foreign language assistance, of which, only 78% received assistance.

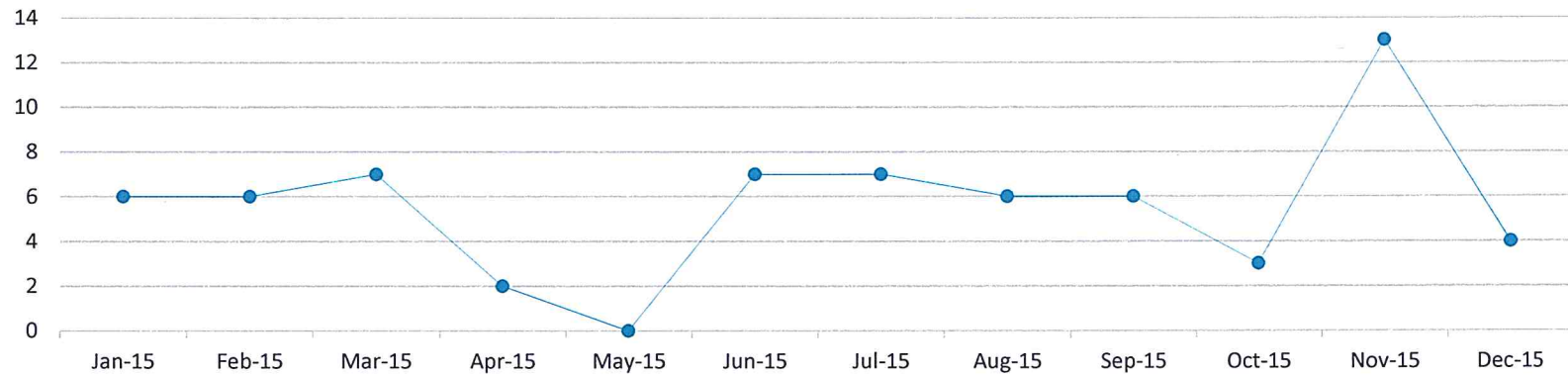
In addition to existing measureable indicators for Test Calls, the FCMHP encountered the following issues/concerns: (1) Contractor (PESC) was serving multiple non mental health organizations and staff had limited training for mental health population, (2) High staff turnover rate, (3) Staff had no mental health background, (4) No mental health training for PESC staff to identify mental health crisis, (5) Did not meet State Test Call standards in calls logged and (6) Inconsistency in providing State mandate information on How to access services/urgent condition and inconsistency on providing State mandate on Problem Resolution/State Fair Hearing.

The FCMHP Access Line operations lacked client participation/input and satisfactory of the Access Line Operation. During the Department of Health Care Services (DHCS) Tri-Annual System Review in May 2015, it was noted: (1) That PESC staff lacked appropriate background to determine callers mental health status; (2) Clients are unable to self-determine his/her mental health condition; (3) PESC lacked the ability to transfer calls the Departments 24/7 Crisis Unit or FCMHP programs during business; and (4) Timeliness to service needed to improve (3-4 day FCMHP follow-up call to original caller). These observations were based on results of the State Test Calls performed.



The FCMHP monitors monthly Test Calls and the Access Written Log for accuracy of services and reports a monthly summary at Access and QI Committees for discussion. As a result, of not meeting State goals and the Department's vision to improving request for services, the FCMHP released a request for proposal to seek a new contract provider with mental health background to operate and improve Access Line services effectively and efficiently. It became clear that a fundamental change/intervention was required. The existing provider ended Access Line operation of service on August 31, 2016. Search for a new contract provider was processed through the County's Request for Proposal (RFP) competitive bid process. The RFP mandated all proposals to abide by State and Federal Regulations. Anticipated start date for new vendor, September 1, 2016. The RFP also mandated the selected vendor to work closely with County Staff who will provide technical assistance support and request the new contractor to participate in the monthly Access and Quality Improvement Committee meetings. The RFP also required, that the new contract provider, provide for a staffing pattern comprised of licensed/un-licensed mental health multidisciplinary professionals to operate the Access Line and be knowledgeable of the FCMHP target population and Code of Regulations.

### TOTAL # OF TEST CALLS MADE Calendar Year 2015



	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Series1	6	6	7	2	0	7	7	6	6	3	13	4

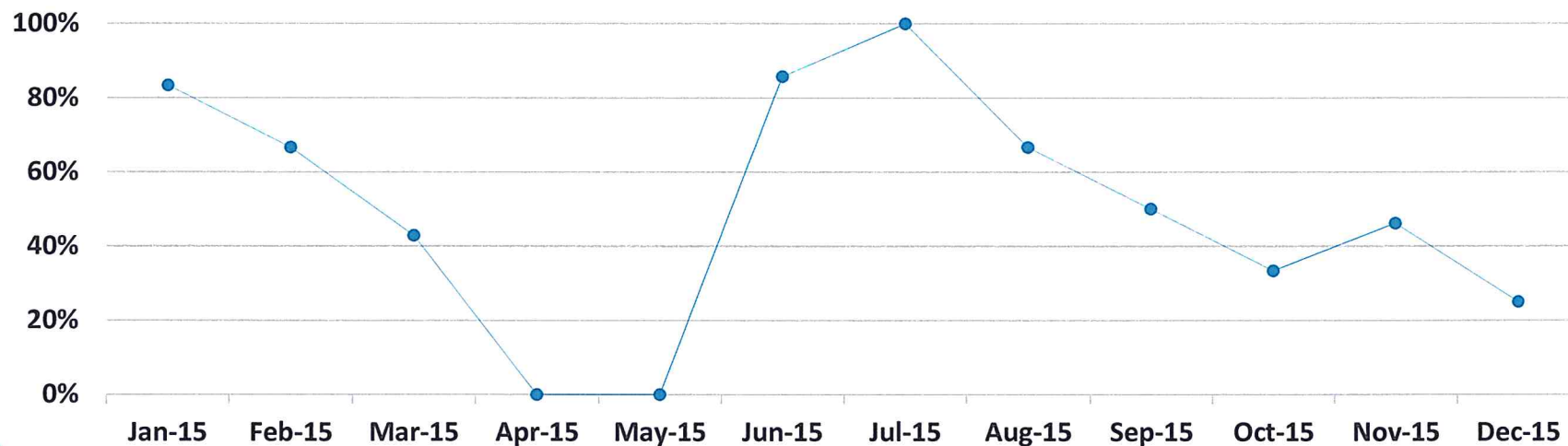


### % OF CALLS LOGGED Calendar Year 2015



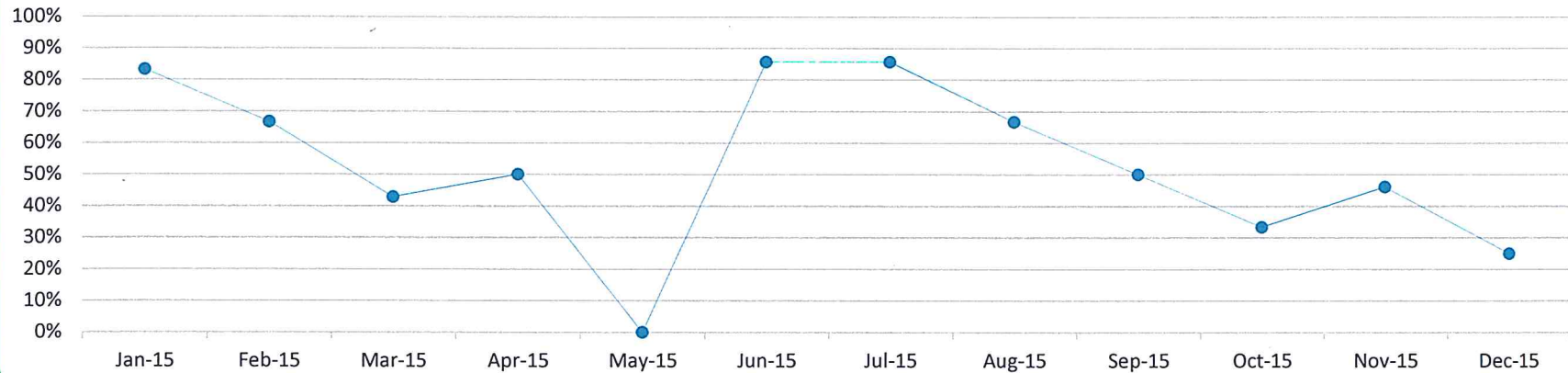
	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Series1	83%	67%	43%	50%	0%	86%	100%	67%	50%	33%	46%	25%

### % OF TEST CALLS W/ ACCURATE NAME LOGGED Calendar Year 2015

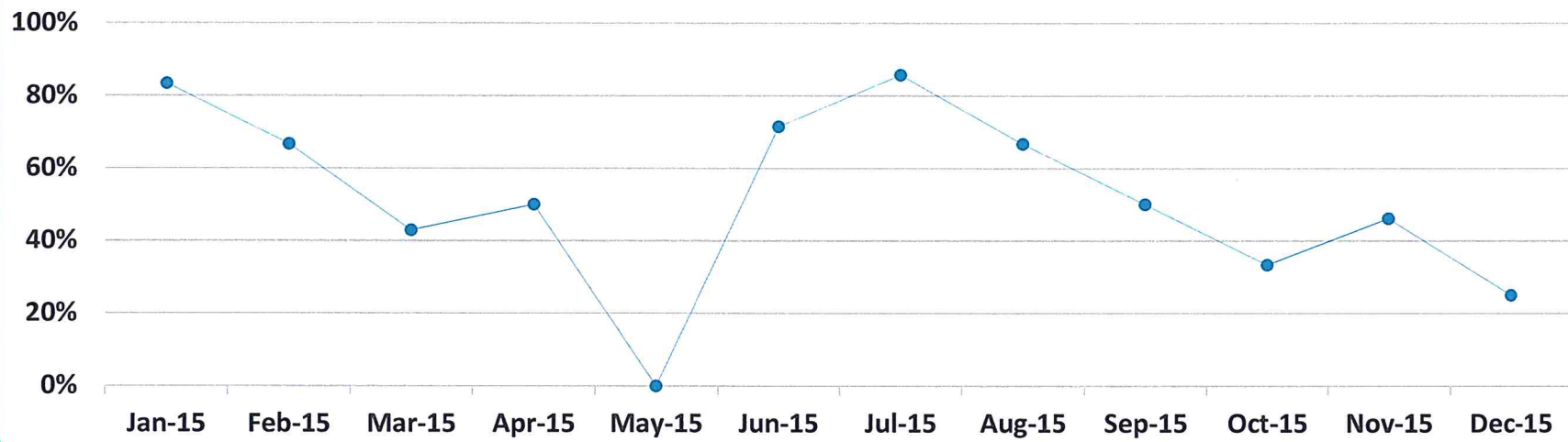




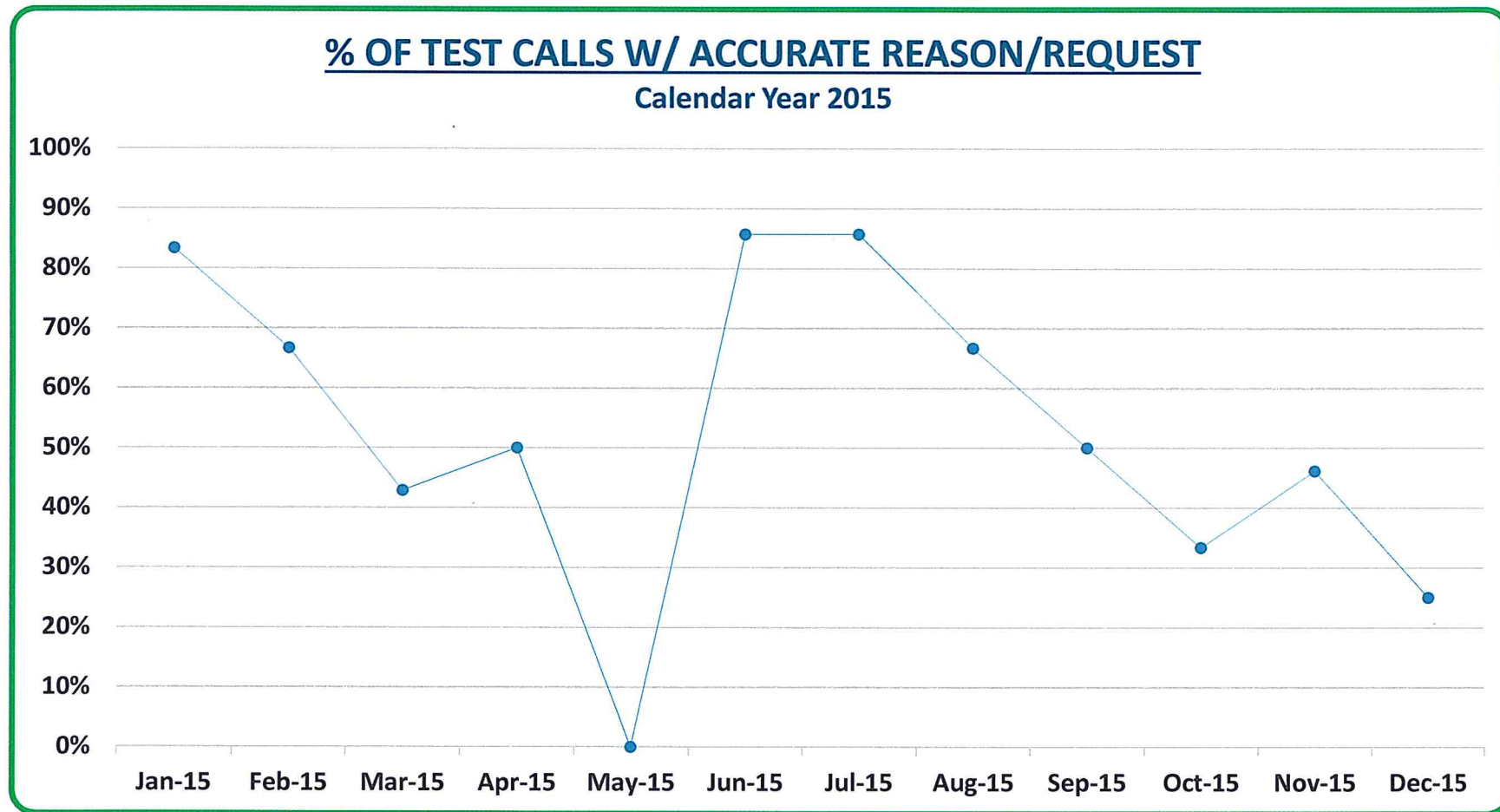
**% OF TEST CALLS WITH ACCURATE DATES**  
**Calendar Year 2015**



**% OF Test CALLS W/ ACCURATE PHONE #**  
**Calendar Year 2015**

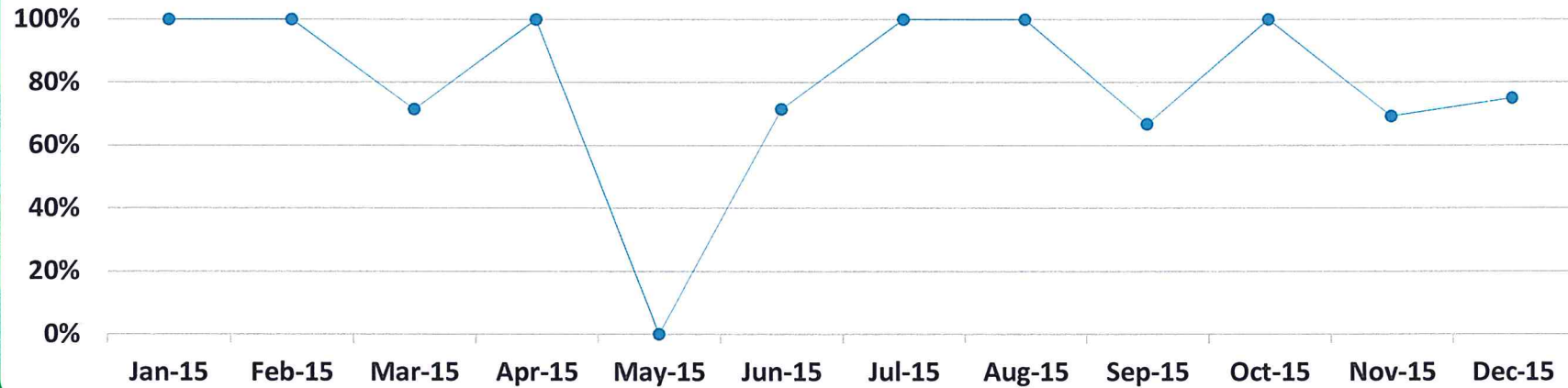




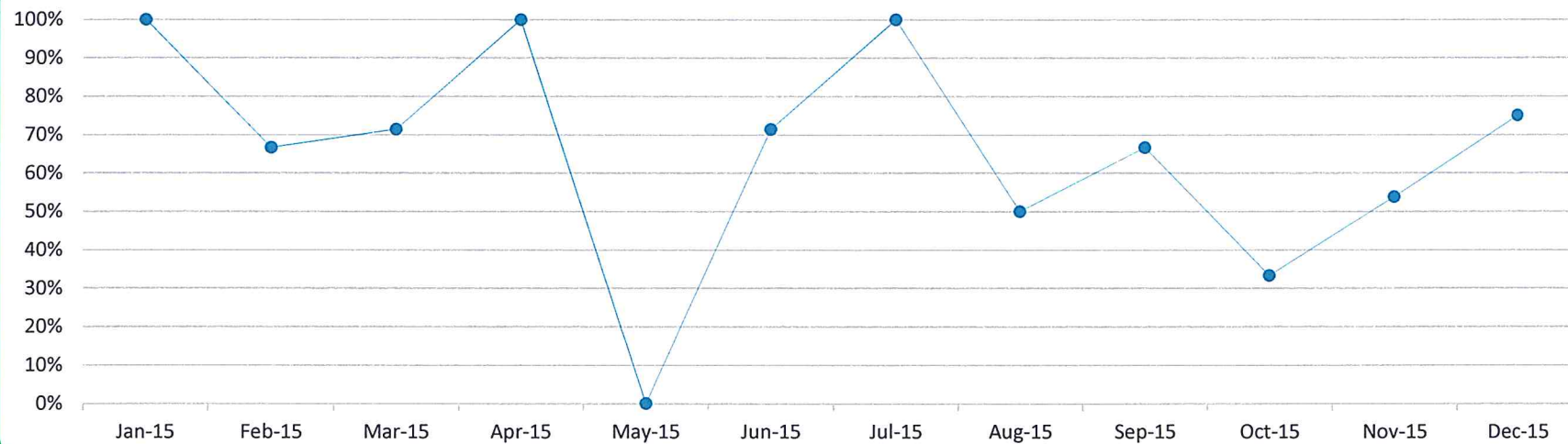




**% OF TEST CALLS ACCESSED FOR CRISIS**  
**Calendar Year 2015**

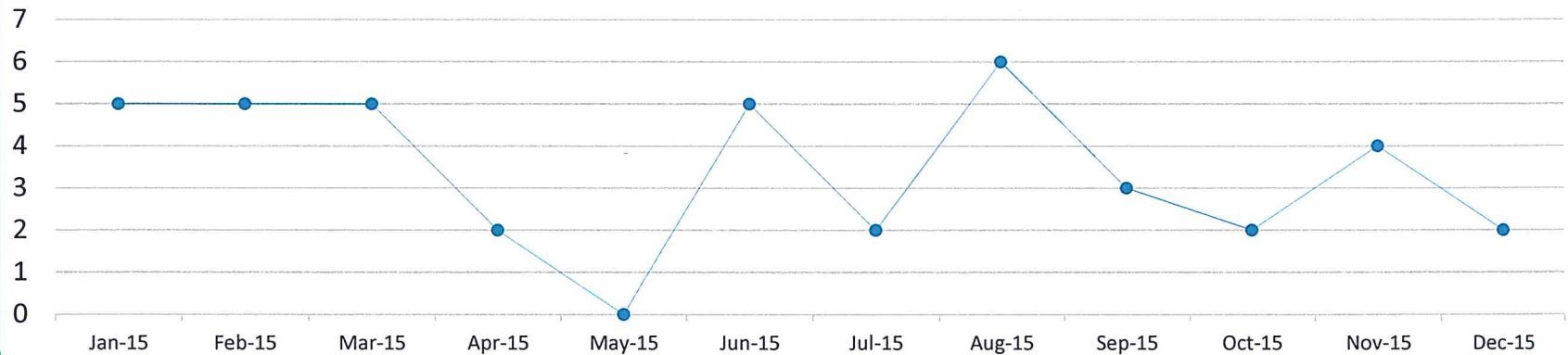


**% OF TEST CALLS GIVEN APPROPRIATE INFO ON HOW TO ACCESS SMHS**  
**Calendar Year 2015**

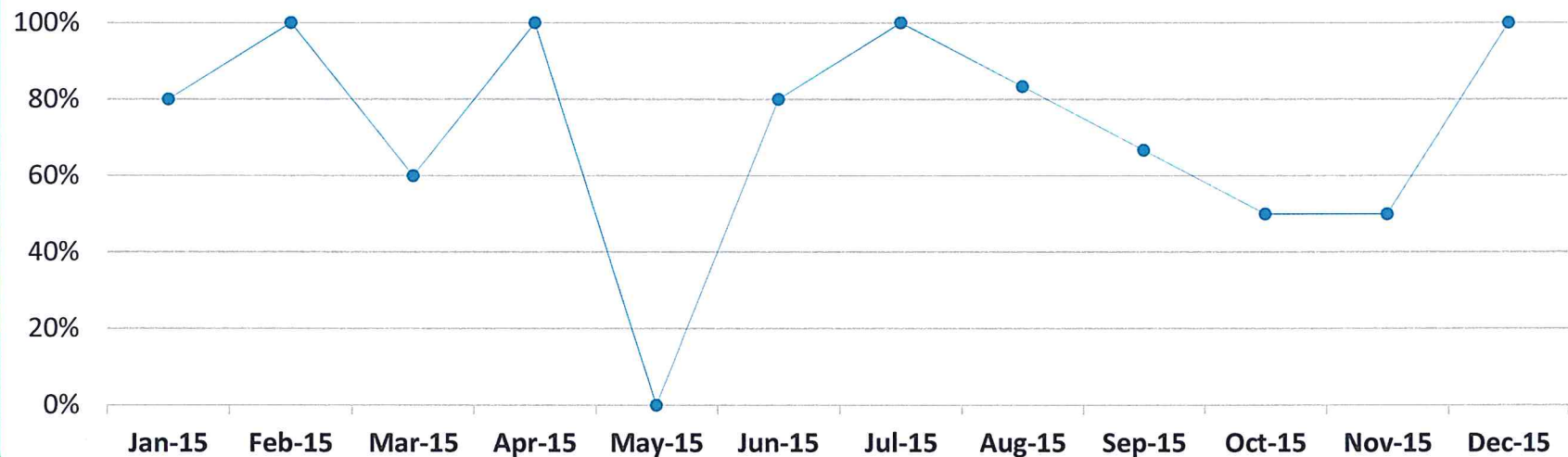




**# REQUEST FOR FOREIGN LANGUAGE TEST CALLS**  
**Calendar Year 2015**



**% OF FOREIGN LANGUAGE CALLS RECEIVED LANGUAGE ASSISTANCE**  
**Calendar Year 2015**



## STEP 2: DEFINE & INCLUDE THE STUDY QUESTION

If the FCMHP replaces the existing, non-mental health exchange messaging service contract provider with a clinical licensed/un-licensed mental health multidisciplinary team, then, the FCMHP 24-Hour, 7- Days/week Access Line will improve services to all Access Line callers, specifically in meeting State mandated Test Calls objectives/goals; Calls Logged, Timeliness to first service request to clinical assessment; and integrate consumer participation/feedback survey (benchmark).

## 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 FCMHP consumer population, how inclusion of all members will occur is required. The documentation must include data on the FCMHP's enrolled consumers, as well as the number of consumers relevant to the study topic.

The target population for this performance improvement project includes all users of the FCMHP Toll-Free Access Line which includes *Consumers, Beneficiaries, Caregivers, family and friends*, herein after referred to as *Callers*. In Calendar Year 2015, the Access Line averaged 124 calls per month. Test Calls (5 test calls/month – State standard) reflected 4.5% of the incoming calls.

The Timeliness to services indicator measured in this performance improvement project (PIP) is solely inclusive of Medi-Cal Beneficiaries utilizing the FCMHP mental health treatment services. In Calendar Year 2015 there were 20,127 Medi-Cal beneficiaries who received mental health treatment services (3.84% penetration rate).

This PIP incorporates a Consumer Satisfaction Survey result which was conduct in May/June 2017 during this reporting period. Participants involved in the Consumer Satisfaction Survey will include all Consumers, Beneficiaries, Family and Caregivers of consumers and any stakeholder who utilize the access line. Further details of the survey are identified in indicator # 4.

## 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."<sup>2</sup> Each PIP must include one or more measurable indicators to track performance and improvement over a specific period of time.

This performance improvement project has identified one (1) intervention – replacement of the existing messaging exchange service contract provider with a multidisciplinary mental health contact provider to improve overall Access line services. As a way to compare both vendors, this PIP utilizes three (3) existing indicators; State mandated monthly *Test Calls & Written Call Log*; *Calls Logged*; and *Timeliness of Services*. In addition to the existing indicators, a *Consumer Caller Satisfaction Survey* was developed and implemented to set a benchmark to allow for consumer feedback and begin future measureable outcomes. Below is list of indicators with a Benchmark to compare both vendors and anticipated percent improvement goal, Reporting Period, **March 1, 2016 to August 31, 2016** unless noted:

Indicator Number	Describe Performance Indicator	Numerator (Number above the line in a common fraction)	Denominator (Number below the line in a common fraction)	Baseline Performance Indicator	Goal
1	<b>Test Call:</b> <b>Verbal Log:</b>  (1) Language Line in threshold languages, Spanish/Hmong,  (2) Information about how to access SMHS,  (3) Information about services needed to treat a beneficiary's urgent condition,  (4) Information about how to use the beneficiary problem Resolution and Fair Hearing Process;	<b># of Test call meeting State Standards</b>  15  33  35  0	<b># of Test Calls</b>  17  45  45  1	<b>Numerator divided by Denominator</b>  (1) = 88.24%  (2) = 73.33%  (3) = 77.78%  (4) = 0.00%	<b>Improved in % of Test Calls Meeting Standards</b>  10%  10%  10%  10%

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

Indicator Number	Describe Performance Indicator	Numerator (Number above the line in a common fraction)	Denominator (Number below the line in a common fraction)	Baseline Performance Indicator	Goal
	<u>Written Log:</u>  (1)Name of Beneficiary,  (2)Date of Request,  (3) Initial Disposition of Request; clinic hours/location/phone	34  29  32	45  45  45	(1) = 75.56%  (2) = 64.44%  (3) = 71.11%	Improved in % of accuracy logging and documentation 10%  10%  10%
2	Calls Recorded on Call Log:	Actual # of Test Calls Recorded  36	Actual # of Test Calls  45	Percent # of Calls Logged  80%	% Improvement Goal  25%



Indicator Number	Describe Performance Indicator	Numerator (Number above the line in a common fraction)	Denominator (Number below the line in a common fraction)	Baseline Performance Indicator	Goal
3	Average days from the called date to the 1 <sup>st</sup> date of service Assessment	Months-Year:  May-2016 June-2016 July-2016 August-2016	Average # of Days to 1 <sup>st</sup> Service  24.31 days 17.36 days 16.97 days 14.32 days	Total Average within 4 months  Average 18.24 days	% and days Improved in timeliness  20% reduction 15 days to 1 <sup>st</sup> service Assessment
4	Consumer Satisfaction Survey:	Numerator	Denominator	# of Participants	Goal
	1) Survey Call Respondents	0	0	0 respondents	At minimum 40% of Access Line Callers contacted will participate in Survey
	2) Consumer Satisfaction	0	0	0	At Minimum 70% of Consumers will be satisfied with their experience with the Access Line
	3) Consumer Resources provided to Caller	0	0	0	At Minimum 70% of Consumer Callers understood and received information and direction on what to do.

### STEP 5: SAMPLING METHODS (IF APPLICABLE)

The FCMHP 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?

#### **Indicator/Measure # 1:**

Monthly Test Calls are based on State mandates; seven (7) test calls per month; no sample size was taken for this indicator. In order to compare both vendors, the indicator will utilize the 45 test calls performed by previous vendor (March – August 31, 2016) compared to 45 test calls performed by new vendor (September 1, 2016 through February 2017).

From March 1, 2016 through August 31, 2016, the access line received a total of 900 calls. The 45 test calls represent 5% of the total calls received during this reporting period.

#### **Indicator/Measure # 2:**

No sample size was utilized for Indicator #2 as the target population represents all calls received through the Department of Behavioral Health during the reporting period.

#### **Indicator/Measure # 3:**

No sample size was utilized for Indicator # 3 as the target population represents all beneficiaries requesting and receiving services through the Department of Behavioral Health mental health services during reporting period.

#### **Indicator/Measure # 4:**

**Survey Sample Size:** study population, approximately 3,452 (annual projected # of calls) and a return rate (number of clients anticipated to take the survey):

**Sample Size:** 346

**Frequency of Events:** 40% (# of clients estimated to complete/participate in the survey)

**Confidence level:** 95% Confidence Interval

**Margin of Error:** 5% (selected size to make the sample more economical feasible)



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## STEP 6: DEVELOP STUDY DESIGN &amp; 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.

For the current Non Clinical PIP, the FCMHP is able to measure, monthly Test Calls to compare the previous vendor to current vendor; such indicators include *Call Volume by Type*, and *Shift in Calls Logged*, *Number of Calls per month*, *Consumer Satisfaction Survey* (input/feedback to improve the access line), and *Timeliness of Services*. All methods of data, less the Consumer Survey, will be gathered through the FCMHP's Electronic Health Record system (AVATAR) and the FCMHP Access Call Log Database. Existing and newly developed reports are reliable and are validated without a series of test, as there is a low level of complication to the reporting. The PIP utilizes the Access Call Log to measure test calls and utilizes the AVATAR electronic health records system to access Medi-Cal beneficiary's timeliness. To ensure the reliability and validity of reports; the methodology for all reports were re-developed and calculated. Mandated Test calls are monitored on a routinely on a monthly basis and reviewed by appropriate committees. For the Caller Satisfaction survey the PIP team developed a caller script to receive input and feedback from all users of the toll-free access line (survey participation is on a voluntary basis). The Data Analysis plan is to measure and compare the previous vendor vs the existing vendor, six (6) months Pre intervention and Post intervention, where appropriate. Any unfavorable data results are provided as a way for the FCMHP to make appropriate decisions to improve access line services effectively and efficiently. All data analysis will be reviewed, receive feedback/input, and will be approved by the PIP Team and Department's leadership team. Data collection and analysis is assigned to the following staff listed below.

Name	Title	Employment Status	Role
Francisco Escobedo	Sr. Staff Analyst	Permanent	Data Collection/Analysis
Jeff Elliott	Epidemiologist	Permanent	Data Collection/Analysis
Pa Ge Xiong	Staff Analyst	Permanent	Data Collection
Analinda Reyes	Office Assistant	Permanent	Data Collection
Robert Hager	Systems & Procedures Analyst	Permanent	Data Reports/Development
PIP Team	N/A	N/A	Data Review



## STEP 7: DEVELOP &amp; DESCRIBE STUDY INTERVENTIONS

The FCMHP must develop reasonable interventions that address causes/barriers identified through data analysis and QI processes. Summarize interventions in a table that:

Intervention:

As an intervention to improve the FCMHP Toll-Free Access Line, the FCMHP utilized the replacement of non-Clinical Professional Exchange messaging services to Unlicensed/Licensed mental health multidisciplinary team to improve Access Line operations and services to consumers/beneficiaries wanting to access services. The goal of replacing the previous contractor is to address the need to meet State standards in calls logged; to improve information on how to access specialty mental health services (SMHS), address Crisis Urgent Conditions, and assist consumers/beneficiaries on how to file a Problem Resolution and State Fair Hearings. Additionally, the replacement contract provider will work closely with FCMHP to reduce timeliness to services, from first request to first clinical assessment (by triaging the call timeline and accurately). To include consumer participation, the FCMHP will also allow beneficiaries to participate in the monthly Test Calls and provide their feedback/input on their experience of the Access Line via the monthly test calls. In addition, the FCMHP will integrate a consumer satisfaction survey that will set a benchmark for future measureable outcomes. New vendor Access Line program will dedicate 100% of staff time 24 hours/7 days per week to focus on the access line. Through training, the Contract provider staff will be knowledgeable of handling all calls associated with the access line; new vendor staff will provide for unlicensed/licensed mental health professional who can handle psychiatric crisis calls to determine the severity of the call for appropriate follow up, via the FCMHP. Contractor will also meet and work with FCMHP on a monthly basis or as needed to resolve any new issues identified to improve service flow.

Measureable indicators include, monthly *Test Calls*; *Calls Logged*; *Timeliness of services* (DBH Access Statistics Report); and *Consumer Satisfaction Survey*. These indicators will identify improvement as to whether or not the new vendor is meeting State standards. This non-Clinical PIP will also allow for consumer feedback via the consumer satisfaction survey.

Number of Intervention	List each Specific Intervention	Barriers/Causes Intervention Designed to Target	Corresponding Indicator	Date Applied
1	Replacement of non-clinical exchange service provider with a multidisciplinary Unlicensed/Licensed clinical staff provider	Barriers to be Addressed:	<u>Indicators:</u> 1 Test call performed 2 Calls Logged 3 Timeliness 4 Consumer Satisfaction Survey	September 1, 2016 Program Intervention Enacted
		A) Vendor not meeting State Mandated standards, Calls Logged; Information on how to Access Mental Health Services; and Problem Resolution/State Fair Hearings	1-Test Call Performed	September 1, 2016
		B) Calls not identified and logged for FCMHP staff follow up	2-Calls Logged	September 1, 2016
		C) Timeliness of Service: from 1 <sup>st</sup> request for mental health service to 1 <sup>st</sup> appointment for clinical assessment (face to face service)	3-Timeliness	September 1, 2016
		D) Lack of Consumer involvement for satisfaction of service or input or feedback to improve access line services	4- Consumer Satisfaction Survey	Feb/March 2017



## 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.

### **Performance Indicator #1: Test Calls**

The Test Call performance Indicator adheres to the State and Federal mandates CCR Title 9, Chapter 11, Section 1810.405(d) and 42 CFR 438.240(d); the FCMHP provides for routine monthly test calls that measure, *language capability; information on how to access SMHS, how to treat a beneficiaries Urgent Condition, and how to use the beneficiary problem resolution and State fair hearing process*. In addition, the FCMHP is mandated to track and log all calls in written form; *Beneficiary name, Date of Request and Initial Disposition*. The reporting period for the Test Call indicator included six (6) months prior to the intervention (March 1, 2016 through August 31, 2016) for a total of 45 test calls vs six (6) months Post Intervention (September 1, 2016 through February 11, 2017) for a total of 45 test calls. The original intent of this indicator included measuring the time of call (After Hours and Business Hours) but there was an insignificant variance between the After Hour and Business Hour test calls. The FCMHP set a goal of 10% increase for improvement, the indicator results identified an increase greater than 10% improvement in each subcategory for verbal and written calls logged.

The methodology used to compare both vendors is a *PRE vs POST* test. In the Verbal portion of Test Calls; the new vendor had a significant improvement in *Information on how to access Specialty Mental Health Services*, an increase of 33% (from 73.33% to 97.77%); in the subcategory of *Information about services needed to treat a beneficiaries Urgent Condition*, the new vendor also had a significant increase of 20% (from 77.78% to 93.33%). In the test call subcategory, which includes, name, date, and initial disposition, the new vendor outperformed the previous vendor in the three (3) State mandates. In the *Name* category the new vendor increased performance by 26% (from 75.56% to 95.56%); *Date of Request* category the new vendor increased by 55% (from 64.44 to 100%) for accuracy for date of call. In the *Initial Disposition*, the new vendor increased performance by 28% (from 71.11% to 91.11%). This intervention indicator did not set off any triggers for modification.

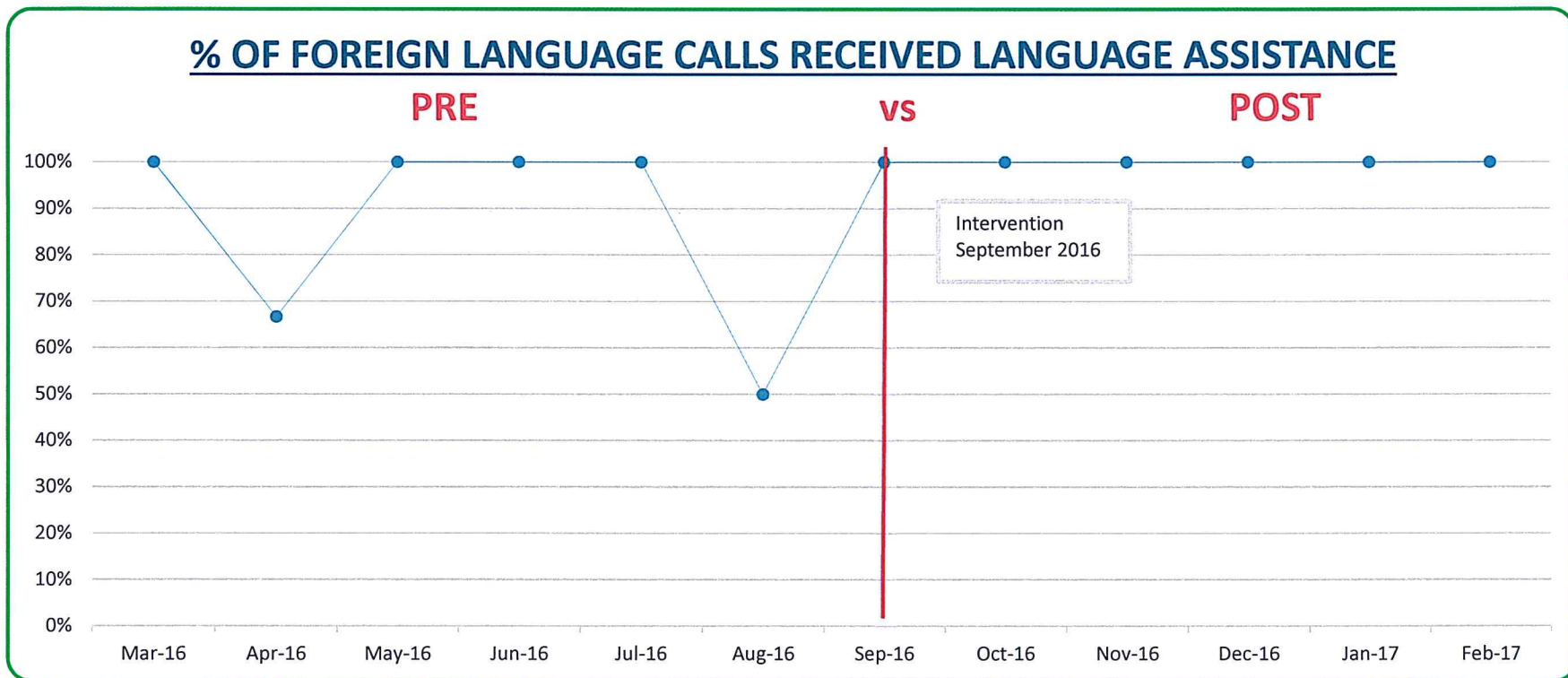


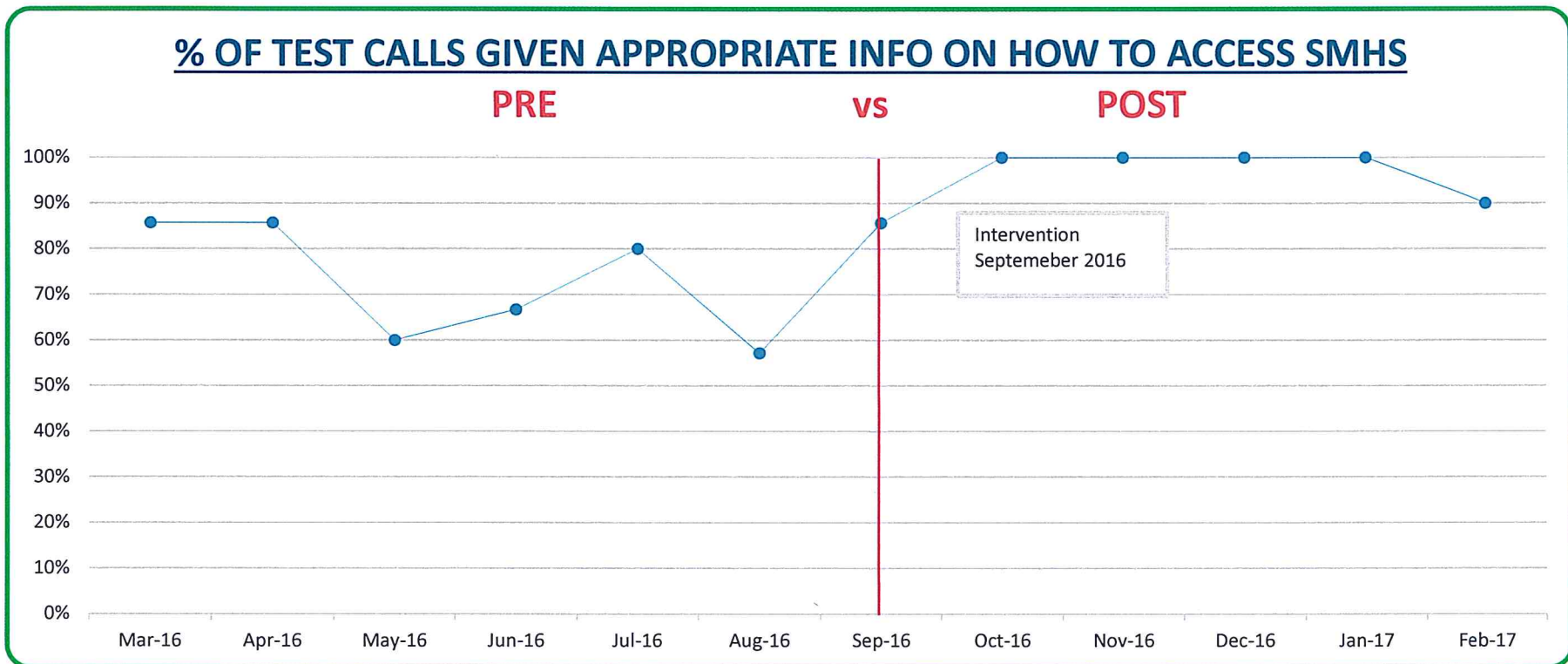
The FCMHP will continue to monitor the Access Lines via monthly test calls. The number of test calls performed on a monthly basis will increased from seven calls per month to 15 test calls per month and include five consumer test callers to allow for test caller feedback. Measurements were performed on a monthly basis during reporting period.

# 1 Test Calls (Verbal)	PRE				POST		
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
<b>Language Line Threshold Language; Spanish Hmong</b>	March 1, 2016 to August 31, 2016	15/17 = 88.24%	10%	September 1 2016	February 11, 2017	16/16 = 100%	13% Increase
<b>Information on how to access Specialty Mental Health Services</b>	March 1, 2016 to August 31, 2016	33/45 = 73.33%	10%	September 1 2016	February 11, 2017	44/45 = 97.77%	33% Increase
<b>Information about services needed to treat a beneficiaries Urgent Condition</b>	March 1, 2016 to August 31, 2016	35/45 = 77.78%	10%	September 1 2016	February 11, 2017	42/45 = 93.33%	20% Increase
<b>Information about how to use the beneficiary problem resolution and fair hearing process</b>	March 1, 2016 to August 31, 2016	0/1 = 0%	10%	September 1 2016	February 11, 2017	1/1 = 100%	0% - 100%
<b>Written Log:</b>	<b>PRE</b>				<b>POST</b>		
<b>Name of Beneficiary</b>	March 1, 2016 to August 31, 2016	34/45 = 75.56%	10%	September 1 2016	February 11, 2017	43/45 = 95.56%	26% Increase
<b>Date of Request</b>	March 1, 2016 to August 31, 2016	29/45 = 64.44%	10%	September 1 2016	February 11, 2017	45/45 = 100%	55% Increase
<b>Initial Disposition of Request</b>	March 1, 2016 to August 31, 2016	32/45 = 71.11%	10%	September 1 2016	February 11, 2017	41/45 = 91.11%	28% Increase

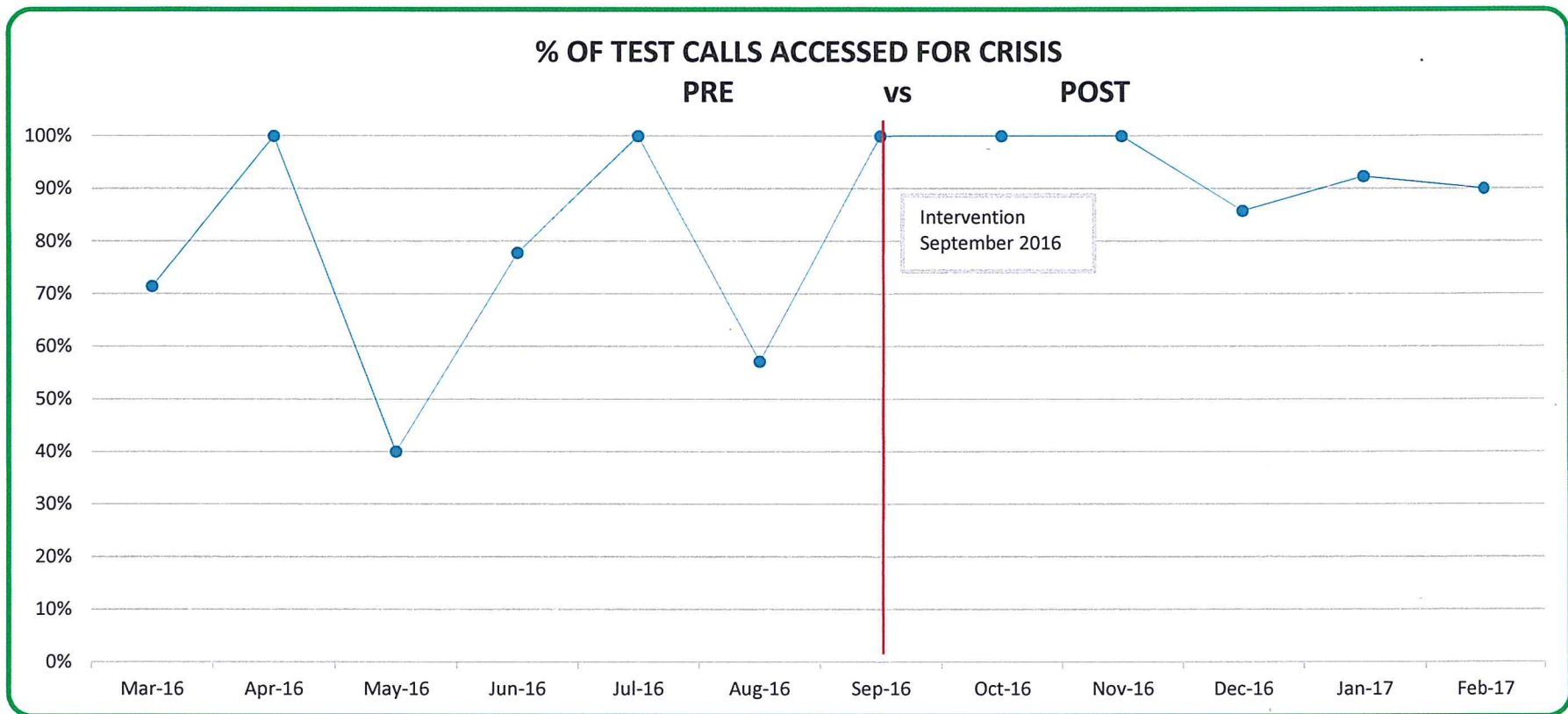


## VERBAL TEST CALL FEEDBACK DATA

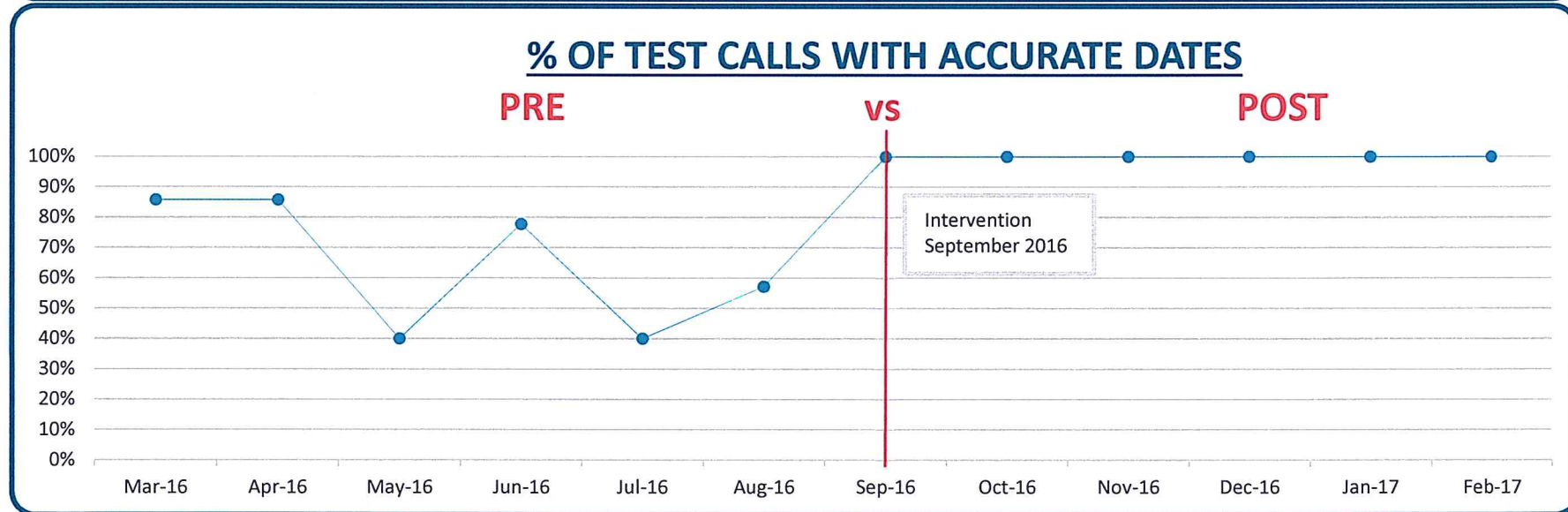
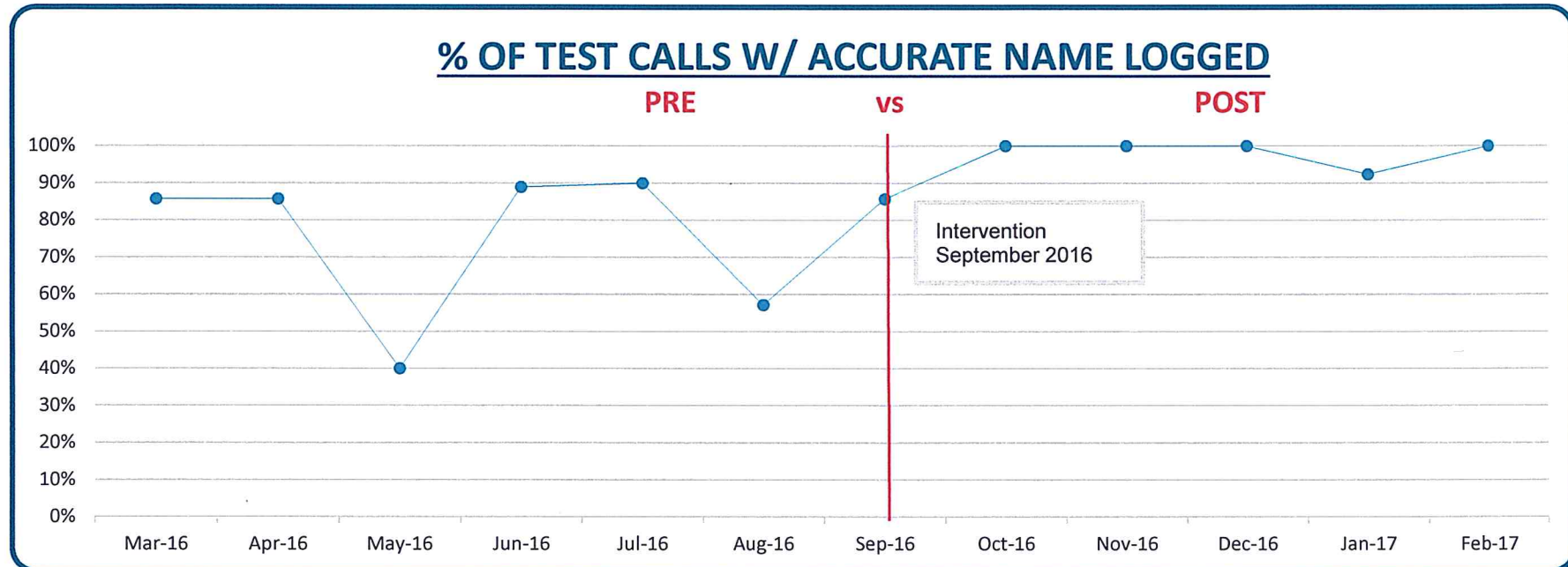








## WRITTEN CALL LOG DATA



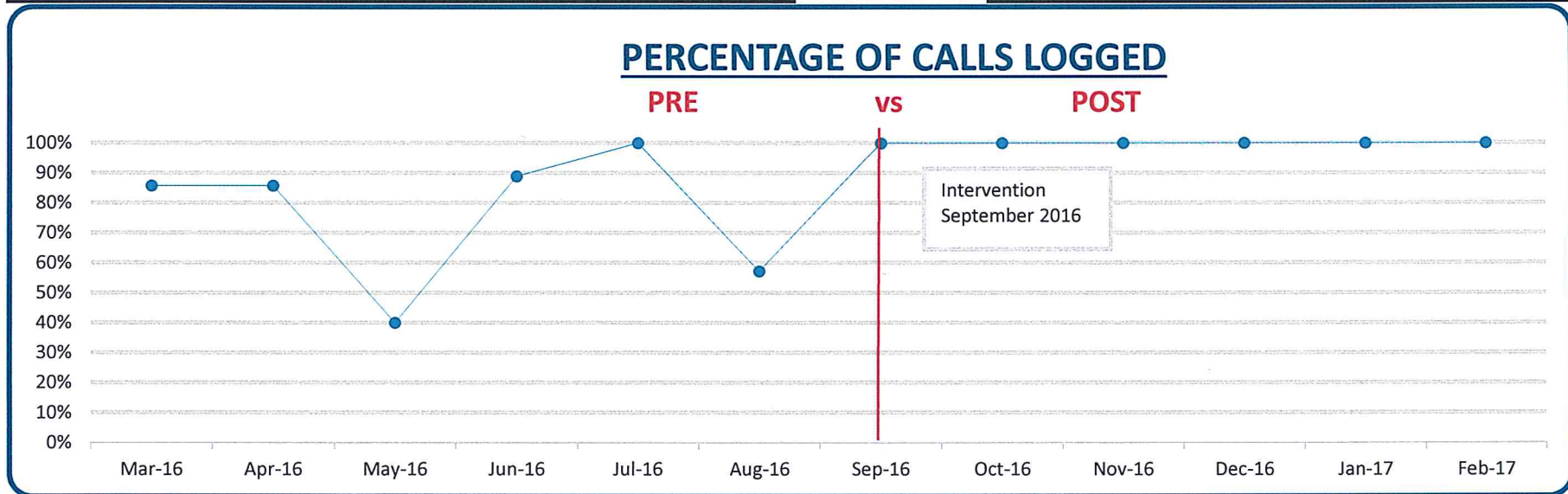


**Performance Indicator # 2: Access Line Calls Logged**

The Test Call performance Indicator adheres to the State and Federal mandates CCR Title 9, Chapter 11, Section 1810.405(d) and 42 CFR 438.240(d); which mandates the FCMHP to track and log all calls in written form. Indicator No. 2 allows for the FCMHP to measure the amount of Test Calls Logged and grade the percentage of calls meet State Standards. This intervention indicator did not set off any triggers for modification. Although the reporting period was six (6) months Prior to Intervention and six (6) Post intervention, the data only compared 45 test calls performed by previous vendor vs 45 test calls completed by new vendor. Regulations mandate counties to record all calls and score 100% on monthly test calls logged. The new vendor outperformed the previous vendor by 25% (from 80% to 100% calls logged), recording 100% of all test calls within the FCMHP Access Line Database. Measurements were repeated on a monthly basis during reporting period.

Calls Logged:

# 2 Calls Logged:	PRE				POST		
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
	March 1, 2016 to August 31, 2016	36/45 = 80% calls Logged	25% Increase	September 1 2016	February 11, 2017	45/45 = 100% Calls Logged	25% Increase



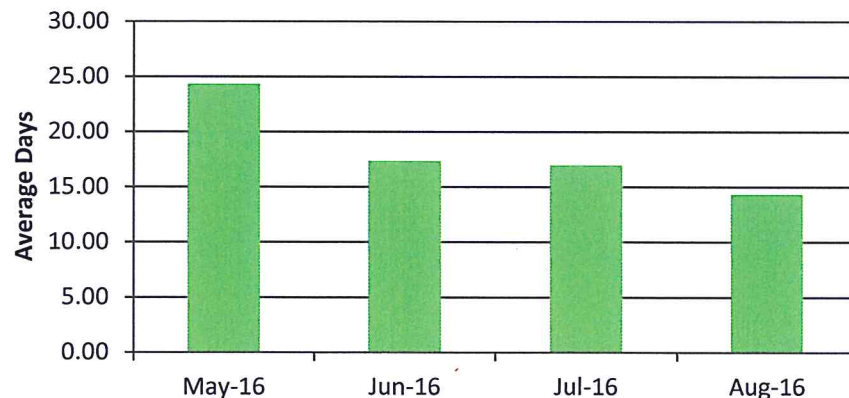
**Performance Indicator # 3: Timeliness of Services**

This Performance Improvement Project allows for the measurement of access to services, from 1<sup>st</sup> request of SMHS to 1<sup>st</sup> Clinical Assessment. The initial access to services reports, Access Statistics, was utilized and later discovered through reliability and the validation process that the initial report had to be re-calculated (reports are completed 60-days out). The methodology and results reflect the re-calculated data reports for this reporting period (May 1, 2016 through December 31, 2016). Timeliness of Specialty Mental Health Services Reflects Total Population:

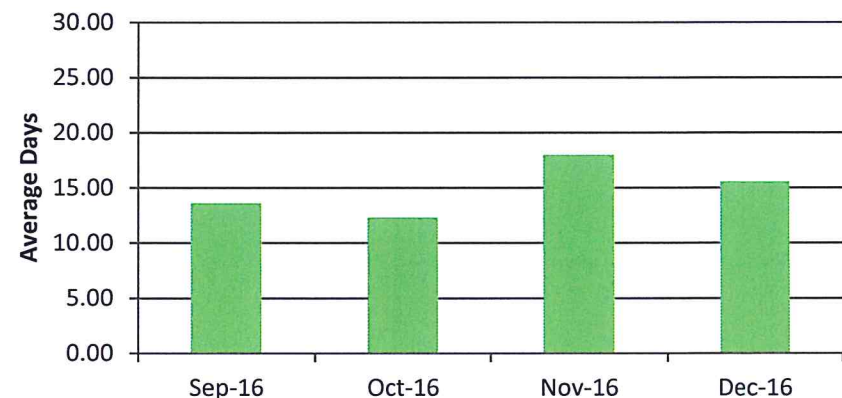
# 3 Timeliness, Average # of Days to 1 <sup>st</sup> Svc Assessment  Performance Indicator	PRE			Intervention Applied & Date	POST		
	Date of Baseline Measurement	Baseline Measurement (numerator/deno minator)	Goal for % Improvement		Date of Re- measurement	Results (numerator/deno minator)	% Improvement Achieved
	May 1, 2016 to August 31, 2016	May 24.31 Jun 17.36 Jul 16.97 Aug 14.32  <b>Avg. Days 18.24</b>	20% Decrease in Days from 1 <sup>st</sup> request to 1 <sup>st</sup> mental health Assessment	September 1 2016	March 3, 2017	Sept 13.62 Oct 12.31 Nov 17.95 Dec 15.55  <b>Avg. Days 14.86</b>	18.5% Decrease in Days from 1 <sup>st</sup> request to 1 <sup>st</sup> mental health assessment

**PRE**

Average Days Until First Assessment

**POST**

Average Days Until First Assessment





**Performance Indicator # 4: Consumer Satisfaction Survey (Benchmark Only):**

To incorporate caller input the FCMHP approved for a Consumer Satisfaction Survey to receive feedback and input from beneficiary/consumer/family callers. The survey was developed and implemented as a benchmark tool to measure consumer satisfaction and identify whether or not caller received appropriate information as required by State mandates. The FCMHP utilized a sample size for survey calls and anticipated at minimum 40% participation rate for those callers contacted within the reporting period. Only callers seeking a mental health service requests and provided the Access Line with their name and phone number were contacted for survey participation. The reporting period for survey was April 28, 2017 through May 31, 2017 and identified 82 participants (51% of the total 160 called). Of the 82 participants, selecting either "Agree" or "Strongly Agree", 68% identified as being satisfied with their experience with the Access Line. Of the same 82 participants, selecting either "Agree" or "Strongly Agree", 70% understood and received information and direction on what to do after their phone call to the Access Line. This indicator will be set as a benchmark for future measurements.

# 4 Consumer Participation:	Benchmark				POST		
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
<b>% of Survey Participants</b>	April 28, 2017 to May 31, 2017	160/82 = 51%	% Goal for sample size standard is at 40%. Goal for improvement will remain the same at 40% based on sample size.	May 1, 2017	May 2018		
<b>Consumer Satisfaction</b>	April 28, 2017 to May 31, 2017	277/410 = 68%	% Goal is set at 70%	May 1, 2017	May 2018		
<b>Consumer Resources and information provided to Caller</b>	April 28, 2017 to May 31, 2017	288/410 = 70%	% Goal is set at 70%	May 1, 2017	May 2018		

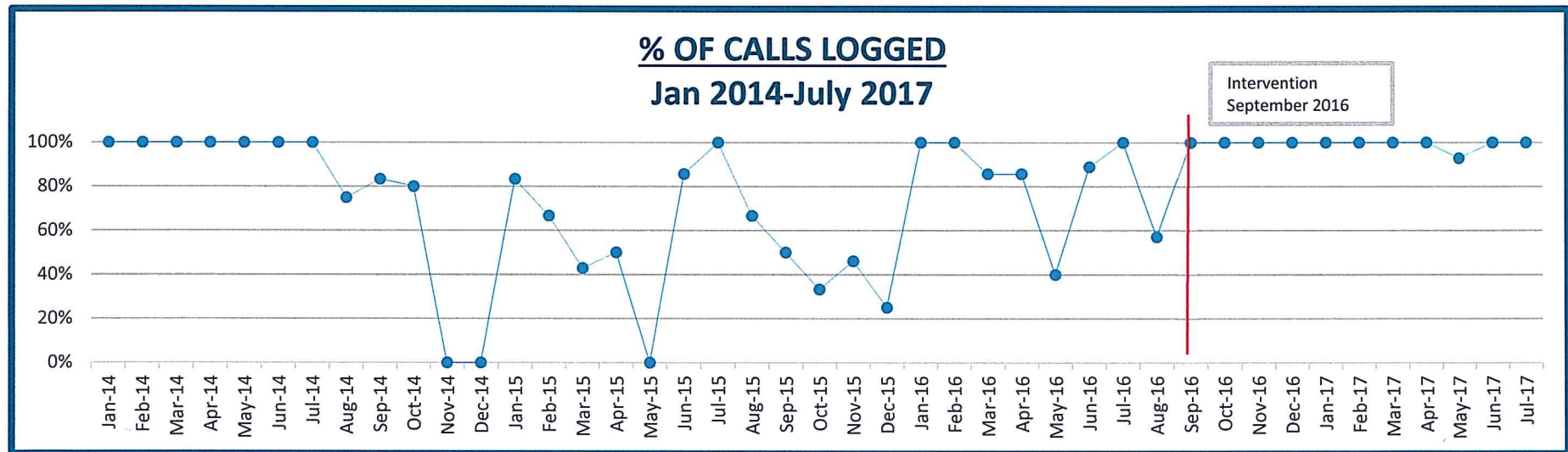


## STEP 9: ASSESS WHETHER IMPROVEMENT IS "REAL" IMPROVEMENT

**Issues Associated with Data Analysis:**

The data cycles clearly identified time and occurrence of measurements, monitoring occurred on a monthly basis. There were instances where the department would have preferred to measure for a comparison of a six month PRE vs POST time frame for the Timeliness Indicator (from 1<sup>st</sup> request for services to 1<sup>st</sup> Assessment). Due to accuracy of timeliness reporting, the PIP only captured a four-month time period PRE vs POST for tracking timeliness to service. As a recommendation, the QI Team is requesting the continuation of the Test Call monitoring and track trends via a 'Run Chart' and recommend the continuation of an annual Caller Satisfaction Survey. Data reliability, validity, and the use of appropriate population sample size was utilized. For the indicator; Timeliness of Services, it is acknowledged that the data could not be validated due to the use of two separate data systems utilized during this reporting period process (AVATAR, FCMHP Access Database call log).

The goal/objective of the PIP was to improve the FCMHP Access Line services. With the use of a Run Chart, it was later discovered that the intervention did not improve the Access Line but rather brought it to system level, as identified in the graph below for Calls logged (reporting period January 2014 through July 2017). State mandates was achieved with the replacement of the existing non-mental health messaging service provider to a licensed/unlicensed multidisciplinary staffing pattern. Verbal and written call log; calls logged and the establishment of a Caller Satisfaction Survey (incorporating consumer input and feedback) was achieved.



Through recommendation to the Department to Adapt/Abandon and/or Adjust the Non-Clinical Performance Improvement Project, the QIC, Leadership and Executive Team will determine the outcome of this PIP. The following recommendations are provided as part of this PIP.

Recommendation:

1. Adapt the continuation of monitoring and maintain the Access Line at system level
2. Continue to monitor: Monthly Test Calls (15 test calls per month) Test Call Dashboard at Call Center
3. Continue to utilize consumer participants for monthly Test calls
4. Develop/Modify and Implement FCMHP Call Data Base (with appropriate specification and measuring tools and reports)
5. Continue Caller Satisfaction Survey (annual basis)
6. \*\*244 type cell phone access linked to 800 Access Line
7. Promote the 800 Access Line in underserved/unserved areas of the County and Where possible rollover calls to 800
8. Utilize 'Fishbone', PDSA and Run Charts that focus on data (primary); and Intervention (secondary) for Performance Improvement Projects

With the utilization of a Run Chart, it is determined that the improvement was at maintaining system levels in meeting State mandates as a result of environmental or unintended consequences. Methodology for measuring indicators for both the PRE and POST measurements were tested for reliability and validity. A population sample size was used for the Consumer Caller Satisfaction survey. It is determined that the result of the intervention had an improvement of maintaining system level; it was also not determined that the Timeliness (improvement) was achieved due to the intervention of a new contract provider.

Select one box below:

1. ☒ Approve: Accept Non-Clinical PIP recommendations as written
2. ☐ Adjust: Approve recommendations with the following modifications
  - a.
  - b.
  - c.
3. ☐ Abandon: Accept Non-Clinical PIP as written with no further action on recommendation

Action by Department of Behavioral Health:

 J. Flores DM.

11/9/17  
Date