

# BEHAVIORAL HEALTH PERFORMANCE IMPROVEMENT PLAN & STATUS REPORT 2022



# **Making Opportunity Count 2022 Performance Improvement Plan**

**Introduction:** Making Opportunity Count Outpatient Therapy services are a division of a Community Action Agency in MA that is dedicated to filling gaps in services to the citizens of MA with mental health needs. This Performance Improvement Plan for 2022 outlines the overall quality management cycle, specific Quality Improvement outcomes to be achieved by the agency for 2022 and the measurement processes put in place to determine if clinical and operational outcomes have been met. This plan is reviewed by the Performance Improvement Committee on a quarterly basis and is used to improve the effectiveness, efficiency, accessibility of and satisfaction with service delivery and business functions.

## **Mission**

Making Opportunity Count's mission is to empower families to achieve economic security by eliminating barriers and creating opportunities.

## **Services**

Making Opportunity Count provides Outpatient Therapy and medication management services.

## **Performance Improvement Committee**

The PI Committee develops, implements, and maintains an effective, on-going, organization wide Performance Improvement Program. The Committee measures, analyzes, and tracks quality indicators, including adverse service recipient events, and other aspects of performance that enable the organization to assess processes of care, services and operations to show measurable improvement in the indicators related to improved outcomes.

The Committee is chaired by the Performance Improvement Director/ Corporate Compliance Officer and include but not be limited to following functions:

- Vice President of Health Care Programs
- Senior Vice President of Finance and Operations
- Vice President of Planning and Data
- Vice President of Community Impact
- Vice President of Advancement
- Director of Clinical Operations
- Vice President of Human Resources
- Corporate Compliance Officer
- Performance Improvement Director

The Committee meets on at least a quarterly basis. Minutes of each full committee or subcommittee meeting shall be recorded to include date, time, attendance roster and a summary of the business that was conducted.

**How we develop the Performance Improvement Plan-** We gather information from our staff, service recipients, and stakeholders about our perceived performance. We analyze our organization's strengths, and weaknesses and emerging opportunities and

potential threats. Out of this process a performance improvement plan is formulated and the “critical issues” for the agency are identified and measurable goals are developed to address them.

The data collected by the organization includes:

- Financial information.
- Accessibility information.
- Resource allocation.
- Service Recipient, Stakeholder, and Employee Satisfaction Surveys.
- Risk management.
- Governance reports, if applicable.
- Human resource activities.
- Technology.
- Health and safety reports.
- Strategic planning information.
- Field trends, including research findings, if applicable.
- Service delivery.
- Funding requirements

This information is used to set:

- Written business function:
- Objectives.
- Performance indicators.
- Performance targets.

That address:

- The needs of persons served.
- The needs of other stakeholders.
- The business needs of the organization.
- And allow for comparative analysis.

The agency ensures its data collection system is:

- Reliable.
- Valid.
- Complete.
- Accuracy.

For each performance indicator the agency will determine:

- To whom the indicator will be applied.
- The person(s) responsible for collecting the data.
- The source from which data will be collected.
- A performance target based on an industry benchmark, the organization’s performance history, or established by the organization or other stakeholder.

### **Performance Improvement Plan**

The Committee prepares an annual Performance Improvement Plan to address the following:

- Mission.

- Programs/services seeking accreditation.
- Objectives of the programs/services
- Personnel responsibilities related to performance measurement and management.
- Development of action plans to address the improvements needed to maintain or reach established or revised performance goal for high risk or high frequency issues.
- Outline of actions taken to date to improve performance
- Determine methods for monitoring and evaluating the quality and appropriateness of services, including input of staff and consumers and aggregate data to identify issues and opportunities for improvement.

### **Performance Improvement Reporting**

A written analysis is completed at least annually that analyzes performance indicators in relation to performance targets for each program, including:

- Business functions.
- Service delivery of each program seeking accreditation, including:
  - The effectiveness of services.
  - The efficiency of services.
  - Service access.
  - Satisfaction and other feedback from:
    - The persons served.
    - Other stakeholders.
    - Employees
- Extenuating or influencing factors.
- That:
  - Identifies areas needing performance improvement.
  - Results in an action plan to address the improvements needed to reach established or revised performance targets.
  - Outlines actions taken or changes made to improve performance.

The analysis of performance indicators is used to:

- Review the implementation of:
- The mission of the organization.
- The core values of the organization.
- Improve the quality of programs and services.
- Facilitate organizational decision making.
- Review or update the organization's strategic plan.

### **PI Cycle**

- The PI Director will draft or publish the following draft plans for review and commentary by all staff in January of each year and will be used to identify areas needing improvement in business functions and the effectiveness, efficiency, accessibility and satisfaction with services.

Performance Improvement (aka QM/QI/QA)

- Strategic
- Training.
- Accessibility

- Information Technology
  - Corporate Compliance
  - Risk Management
  - Cultural Competency
  - Disaster
  - Workforce Development
  - Succession
- And all other previous year annual reports including
    - Reasonable Accommodations
    - Corporate Compliance Officer
    - Consumer Grievances
    - Employee Grievances
    - Incidents and Sentinel (Adverse) Events
    - Performance Improvement
    - Safety
    - Training Needs
    - Risk Management
    - Consumer Satisfaction and Outcomes
    - Employee Satisfaction
    - Stakeholder Satisfaction
    - Business continuity/disaster recovery
  - The Senior Management will formally approve the reports and plans in their January meeting.

### **Summary of overall agency efforts in the following quality management domains**

- Staff credentialing, training and supervision- The agency has published the credentials, training and supervision requirements for each position in Job Descriptions, Program Descriptions, Policy and Procedure, and Training Plans. The Job Descriptions, Program Descriptions, and Training Plan are reviewed and updated annually, or as needed, and approved by Senior Management. Staff's credentials and training plans are approved by the HR Director prior to starting work. Agency supervisors shall conduct job performance evaluations and develop performance improvement plans for each staff at least annually.
- Monitoring of services and compliance with all documentation requirements- The agency employs a Corporate Compliance Officer (CCO) to monitor services through medical records audits. In addition, a professional peer review process is in place under the direction of the qualified professionals. The agency has standardized medical and personnel/training record audit tool that detail the monitoring of services. Local offices have real time information about medical records audits, crisis service utilization, and incidents. The Clinical Director monitor the fidelity of services thru documented supervision.

- Consumer safety- The Director of Facility Services monitors safety and accessibility issues, incidents that involve safety issues, disaster planning and other safety related issues.
- Review of adverse events- The Director of Clinical Operations review all incident reports and CCO reviews all critical incident reports within 24 hours of the incident. The Vice President of Planning and Data conducts quarterly trend analysis of all incidents to the PI Committee to be used for performance improvement activities. The agency has a corporate compliance plan that details investigatory processes and reporting procedures.
- Accrediting body requirements- The PI Committee meets at least annually to review accrediting requirements and make necessary changes. The agency leadership keeps abreast of CARF and state requirements thru attendance at state meetings and monitoring pertinent websites.
- Restrictive Interventions Monitoring – the agency does not allow restrictive interventions.
- Grievances and Complaints- The agency has complaint and grievance procedures for consumers and employees. The Vice President and Chief of Human Resources is the point person for employee grievances. The Director of Clinical Operations is the point person for client’s grievances. The PI Director reports quarterly to the PI Committee for performance improvement activities.
- Accreditation body survey results and funding source audits/plans of correction - Via at least an annual report from the PI Director and Corporate Compliance Officer.
- Development of collaborative relationships between agencies and MCOs and other funding agencies through involvement in PI initiatives - The CEO develops relationships with their counterparts in the community through regular participation in meetings and projects.
- Determining methods for monitoring and evaluating the quality and appropriateness of services, including input from staff, consumers and aggregate data to identify issues and opportunities for improvement. - Data about the following performance indicators will be collected and analyzed. The data collection system will include measures of the business functions and the effectiveness, efficiency, accessibility and satisfaction with services from the perspective of persons served and other stakeholders. The following outcomes will be collected and compared to state or national normative outcomes:
  - Business Functions
    - Monthly analysis of financial statements under the direction of the CEO. Specifically, utilization, productivity and collections will be trend analyzed and compared to budgeted income and expenses.
  - Service Delivery and Consumer Satisfaction:

- The agency administers and analyzes participatory evaluations of satisfaction and personal outcomes to a representative sample of persons receiving services.
  - Service outcomes and satisfaction will be measured by proprietary client satisfaction surveys.
  - In the last month of each year all persons receiving services will be asked take the survey. In addition, surveys will be sent via email at six-month intervals after discharge to determine the long-term effectiveness of the program.
  - Persons served will be given the option to participate electronically on a computer, tablet or smart phone or complete paper versions of the survey. The surveys will be anonymous to preserve the integrity of the data. The reliability of the data will be ensured by internal controls on the electronic version that prevented “ballot stuffing”. The paper versions were faxed directly to administrative staff who manually entered the data so ensure the anonymity, integrity and reliability of the data. A comparative analysis will be presented at least annually for key indicators to the PI Committee to address the efficiency, effectiveness, satisfaction with and accessibility of services for performance improvement purposes.
  
- Service access
  - The Agency collects data about the following to identify barrier to treatment
    - Wait list for services - via in-house tracking system as a method of determining program accessibility.
    - Wait times for admission- via in-house tracking system as a method of determining program accessibility.
    - No show rates - via in-house tracking system as a method of determining program accessibility
  
- Stakeholder Satisfaction
  - The agency administers and analyzes surveys to a representative sample of stakeholders.
  - The surveys are proprietary and have been tested in a multi-state market over hundreds of stakeholders.
  - All stakeholders were invited to participate in the stakeholder satisfaction survey via e-mail. Stakeholders were given the option to participate electronically on a computer, tablet or smart phone or complete paper versions of the survey. The surveys were anonymous to preserve the integrity of the data. The reliability of the data was ensured by internal controls on the electronic version that prevented “ballot stuffing”. The paper versions will be faxed directly administrative staff who manually entered the data so to ensure the anonymity, integrity and reliability of the data.
  - A comparative analysis will be presented at least annually for key indicators to the PI Committee to address the efficiency, effectiveness, satisfaction with and accessibility of services for performance improvement purposes.
  
- Employee satisfactions surveys

- The agency administers and analyzes proprietary employee satisfaction surveys.
- The surveys will be anonymous to preserve the integrity of the data. The reliability of the data was ensured by internal controls on the electronic version that prevented “ballot stuffing”. The paper versions will be faxed directly to administrative staff who manually entered the data so ensure the anonymity, integrity and reliability of the data.

### **Publication**

The agency will communicate performance information to:

- Persons served.
- Personnel.
- Other stakeholders.

According to the needs of the specific group, including:

- The format of the information communicated.
- The content of the information communicated.
- The timeliness of the information communicated.
- That is accurate.

**MOC Behavioral Health Performance Improvement Plan  
and Status Report For**

**Adult and Child and Adolescent Outpatient Therapy**

October 04, 2022

Goal	Measure of Success	How data will be collected & analyzed & who responsible	By When	Status as of 10/2/22
<p>1) To be more <b>effective</b> in the Adult and Child and Adolescent Outpatient Therapy programs, the organization will focus on involving service recipients in the development of realistic, measurable personal goals.</p>	<p>Data will show that 66% of service recipients that received services since 1/1/22 will show progress toward a treatment plan goal or objective.</p>	<p>The Director of Clinical Operations will mine data from our EHR each quarter and report to the PI Committee.</p> <p>The parameter is the service recipient must have been active since 1/1/22 and had a treatment plan established to be counted in the calculation. Progress is noted in either 1) the treatment plan; or 2) the discharge summary.</p>	<p>12/31/22</p>	<p>The cumulative percentage of clients active as of 1/1/22 who have a treatment plan have made progress toward 1 or more objectives is 57%.</p> <p>Specifically, 47% of patients aged 21 years and under with goals/objectives recorded in their Individual Action Plans demonstrated progress toward one or more of those goals/objectives.</p> <p>61% of patients aged 22+ years with goals/objectives recorded in their Individual Action Plans demonstrated progress toward one or more of those goals/objectives.</p> <p><b>See Proposed Resolution(s) at bottom for action plan items.</b></p>

<p>2) To be more <b>effective</b> in the Adult and Child and Adolescent Outpatient Therapy programs, the organization will provide training to staff to support the delivery of culturally appropriate, anti-racist services.</p>	<p>Data will show that 100% of staff complete required training.</p>	<p>The Vice President of Human Resources will mine data from our HR software each quarter and report to the PI Committee.</p>	<p>12/31/22</p>	<p>100% of adult and child and adolescent outpatient therapy clinicians have taken the required training.</p>
<p>3) To be more <b>accessible</b> in the Adult and Child and Adolescent Outpatient Therapy programs, the organization will reduce our wait list and reduce wait times.</p>	<p>The number of people on the waiting list will decrease each month. Average waiting time will be 60 days or less.</p>	<p>The Director of Clinical Operations will mine data from our EHR each quarter and report to the PI Committee.</p>	<p>12/31/22</p>	<p>The cumulative current waiting list is 169, down from a high of 230 in April 2022.</p> <p>Specifically, we have 68 adults on the wait list which is down from a high of 98 adults in April 2022.</p> <p>We have 101 children or adolescents on the wait list which is down from a high of 138 children or adolescents in April 2022.</p> <p>The current waiting time for both adult and child or adolescents is approx. 90 days.</p> <p><b>See Proposed Resolution(s) at bottom for action plan items.</b></p>

<p>4) To be more <b>efficient</b> in the Adult and Child and Adolescent Outpatient Therapy programs, the organization will ensure that all staff are meeting due dates for the following: progress notes, comprehensive assessments, and treatment plans.</p>	<p>90% of clinical assessment will be completed with 30 days of admission.</p> <p>100% of staff will complete progress notes within 24 hours of the service event.</p> <p>90% of treatment plans will be completed with 30 days of admission.</p>	<p>The Director of Clinical Operations will mine data from our EHR each quarter and report to the PI Committee.</p>	<p>12/31/22</p>	<p>85% of adult and children or adolescents outpatient therapists clinical assessments were completed within 30 days of admission.</p> <p>85% of adult and children or adolescent's outpatient therapists progress notes were completed within 24 hours of the service event.</p> <p>64 % of adult and children or adolescents treatment plans were completed within 30 days of admission.</p> <p><b>See Proposed Resolution(s) at bottom for action plan items.</b></p>
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<p>5) To have high levels of <b>satisfaction</b> in the Adult and Child and Adolescent Outpatient Therapy programs, the organization will educate service recipients about community resources</p>	<p>70% of respondents in our satisfaction surveys will report being satisfied in this area.</p>	<p>The VP of Planning and Data will mine data from our satisfaction survey bi-annually and report to the PI Committee.</p>	<p>12/31/22</p>	<p>93% of adult and children or adolescent clients report overall satisfaction with services; 40% report having received info about MOC programs; 20% report having received info about resources near where they live.</p> <p><b>See Proposed Resolution(s) at bottom for action plan items.</b></p>
<p>6) To be <b>efficient</b> in the Adult and Child and Adolescent Outpatient Therapy programs, the organization will provide the maximum amount of services that staffing capacity will allow.</p>	<p>Productivity rates of staff will total at least 100% of the Required Productivity amount each quarter.</p>	<p>The Director of Clinical Operations will analyze productivity statistics in the clinic’s EMR system and report to the PI Committee.</p>	<p>12/31/22</p>	<p>The cumulative productivity rate for Adult and Child and Adolescent Outpatient Therapy programs in the last quarter was 101% .</p>
<p>7) To be sustainable, the program will maintain financially sound operations</p>	<p>Net collections will be 95% or greater</p>	<p>Data will be collected by the Director of Clinical Operations using RCM software provided by the clinic’s billing company and report to the PI Committee.</p>	<p>12/31/212</p>	<p>The cumulative net collections rate for Adult and Child and Adolescent Outpatient Therapy programs was 34.8%.</p> <p><b>See Proposed Resolution(s) at bottom for action plan items.</b></p>

## MOC Behavioral Health Performance Improvement Plan

### PI Goals & Status Update with Proposed Resolutions for Objectives Not Met

October 4, 2022

Goal	Extenuating / Influencing Factors	Proposed Resolution(s)	Training Required	Measurement	Status
<p>1) To be more <b>effective</b> in the Adult and Child and Adolescent Outpatient Therapy programs, the organization will focus on involving service recipients in the development of realistic, measurable personal goals.</p>	<p>Data is not showing as much progress toward goals as expected, we suspect this is due to the types of goals being set by clinicians (i.e., they are not SMART).</p>	<p>Provide staff training and ongoing supervision around setting SMART goals (10/4/22)</p> <p>Revise Clinician workflow with clients to include initial check-in on goals (10/4/22)</p>	<p>Train clinicians in SMART Goal Setting</p> <p>Train clinicians in new workflow</p>	<p>Quarterly eHana data review by the Director of Clinical Operations per the parameters set forth in the PI Plan</p>	<p>The cumulative percentage of clients active as of 1/1/22 who have a treatment plan have made progress toward 1 or more objectives is 57%.</p> <p>Specifically, 47% of patients aged 21 years and under with goals/objectives recorded in their Individual Action Plans demonstrated progress toward one or more of those goals/objectives.</p> <p>61% of patients aged 22+ years with</p>

					goals/objectives recorded in their Individual Action Plans demonstrated progress toward one or more of those goals/objectives.
3)To be more <b>accessible</b> in the Adult and Child and Adolescent Outpatient Therapy programs, the organization will reduce our wait list and reduce wait times.	Waitlist is longer than desired likely due to difficulty hiring additional staff.	Provide more group offerings (10/4/22)  Use a more “active” approach to monitoring the waitlist to ensure clients are still engaged and wanting the service (10/4/22)	Train administrative staff in “active” management skills	Quarterly eHana data review by the Director of Clinical Operations per the parameters in the PI Plan,	The cumulative current waiting list is 169, down from a high of 230 in April 2022.  Specifically, we have 68 adults on the wait list which is down from a high of 98 adults in April 2022.  We have 101 children or adolescents on the wait list which is down from a high of 138 children or adolescents in April 2022.  The current waiting time for both adult and

					child or adolescents is approx. 90 days.
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<p>4) To be more <b>efficient</b> in the Adult and Child and Adolescent Outpatient Therapy programs, the organization will ensure that all staff are meeting due dates for the following: progress notes, comprehensive assessments, and treatment plans.</p>	<p>Clinician compliance with paperwork standards is not at expected levels likely do to a passive monitoring approach.</p>	<p>Director of Clinical Operations will run and distribute monthly an eHana report which shows overdue items (10/4/22)</p>	<p>Train clinicians in reading the report correctly</p>	<p>Director of Clinical Operations will run the overdue items report monthly and conduct Quarterly eHana data review per the parameters set forth in the PI Plan</p>	<p>85% of adult and children or adolescents outpatient therapists clinical assessments were completed within 30 days of admission.</p> <p>85% of adult and children or adolescent's outpatient therapists progress notes were completed within 24 hours of the service event.</p> <p>64 % of adult and children or adolescents treatment plans were completed within 30</p>
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					days of admission.
5) To have high levels of <b>satisfaction</b> in the Adult and Child and Adolescent Outpatient Therapy programs, the organization will educate service recipients about community resources	Clients are not reporting being connected to MOC and community resources likely due to a lack of staff awareness of resources and firm workflow for making referrals.	<p>Actively send clients resource information (e.g., program flyers, MOC rack cards) using the same email list that sends out the Customer Satisfaction Survey (10/4/22)</p> <p>Train BH clinicians about resources that exist at MOC by bringing other MOC staff into BH team meetings (10/4/22)</p> <p>Develop procedures for “warm handoff” of clients who use in- person visits (10/4/22)</p> <p>Develop a clinician workflow around referring clients to other MOC programs, including development/use of a “referral check list” (10/4/22)</p>		Referral activity is monitored semi-monthly through MOC’s Referral Dashboard; The VP of Planning and Data will mine	93% of adult and children or adolescent clients report overall satisfaction with services; 40% report having received info about MOC programs; 20% report having received info about resources near where they live.

		<p>Develop a “problem focused” resource for clinicians to use to help guide their decision-making around internal referrals at MOC (10/4/22)</p> <p>Enhance the content of MOC’s appointment reminder (email and text) to include verbiage that lets clients know MOC is more than “just BH” with an option to respond back to BH admin staff with requests for additional (10/4/22)</p>	<p>Train clinicians on resources available at MOC</p> <p>Train clinicians on “warm handoff” techniques</p> <p>Train clinicians on referral workflow; Train admin staff on referral workflow, including CMS data entry</p> <p>Train clinicians on new resource</p> <p>Train admin staff on receiving requests for assistance through this method and</p>	<p>data from our satisfaction survey bi-annually per the parameters set forth in the PI Plan</p>	
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		<p>Host regular Open House for clients to help them learn about MOC's offerings (10/4/22)</p> <p>Add MOC informational videos to the Zoom waiting room for clients to watch as they wait for their clinician; videos can spotlight programs (10/4/22)</p>	making referrals in CMS		
7) To be sustainable, the Adult and Child and Adolescent Outpatient Therapy programs will maintain financially sound operations.	Collections are not up to industry standards likely due to a lack of experience on the part of our billing company. In addition, it took longer than expected to get the payment process in order for our biggest payor, MBHP.	<p>Review performance of current billing company and determine whether to terminate contract and engage a new billing company (10/4/22)</p> <p>Monitor MBHP reimbursements as they are now coming in and should be retro to March 2022 (10/4/22)</p>	None	Data will be collected by the Director of Clinical Operations using RCM software provided by the clinic's billing company	The cumulative net collections rate for Adult and Child and Adolescent Outpatient Therapy programs was 34.8%.