WORKSHEET 1: DRAFTING THE PIP TOPIC

MHP/DMC-ODS Name	Colusa County Behavioral Health
Project Leader/Manager/Coordinator	Jeannie Scroggins, LMFT
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Performance Improvement Title	Reducing wait time between intake assessment and offered therapy appointment
Type of PIP	☐ Clinical ☒ Non-clinical
PIP period (# months):	Start 3/1/2021 to End 6/30/2022
Additional Information or comments	

Briefly describe the aim of the PIP, the problem the PIP is designed to address, and the improvement strategy. The aim of the PIP is to address stakeholder and staff member concerns regarding the long wait between intake appointments and starting their therapy services. The PIP is designed to improve timeliness from intake assessment to first offered therapy session. The improvement strategy will include increasing staff time in reviewing new intake cases for approval in ACCESS, and assigning cases more frequently so that beneficiaries are offered a first therapy session in a timely manner.
What MHP/DMC-ODS data have been reviewed that suggest the issue is a problem? The timeliness data from intake appointment to first offered therapy appointment is reviewed monthly and presented quarterly at our Quality Improvement Committee Meetings. The data has consistently shown long wait times between intake appointment and first offered therapy appointment averaging at 19.51 business days with only 33.53% of these clients receiving a therapy appointment within 15 business days of intake appointment.
What are the barrier(s) that the qualitative and/or quantitative data suggest might be the cause of the problem?

The qualitative data suggests that there has been staffing challenges which has impacted beneficiaries receiving timely first offered therapy appointments. Due to the ACCESS Team disbanding as a result of decreased therapist productivity, the task of reviewing and approving new intake cases was reduced solely to the Quality Assurance Coordinator. When cases were approved, historically the ACCESS Team made assignment twice per week. However, now these assignments are being made only once per week. This impacted beneficiaries receiving a timely first offered therapy appointment.
Who was involved in identifying the problem? (Roles, such as providers or enrollees, are sufficient; proper names are not needed.) Were beneficiaries or stakeholders who are affected by the issue or concerned with the issue/topic included? This problem was identified by the Quality Assurance Coordinator during monthly data collection that is presented in our Quality Improvement Committee meeting held quarterly. Our Peer Support Specialist, who acts as our QIC Liaison for stakeholders, also voiced concerns regarding the long wait time from intake appointment to first offered therapy session.
Are there relevant benchmarks related to the problem? If so, what are they? Colusa County Behavioral Health currently has a policy and procedure that sets the standard of the first therapy appointment being offered within 15 business days from day of intake.

Step 1: Identifying the PIP Topic

WORKSHEET 2: DRAFTING THE AIM STATEMENT

What is the Aim Statement of this PIP? (The Aim statement should be concise, answerable, measurable and time bound.) The timeliness between intake appointment and first offered therapy session will decrease from 19.51 business days to 15 business days or less for 70% of beneficiaries (currently 33.53%), by June 30, 2022.
Briefly state the improvement strategy that this PIP will use. (Additional information regarding the improvement strategy/intervention should be supplied in Step 6.) This PIP will use the improvement strategy of increasing the number of staff assigned to the ACCESS Team and increasing the frequency of case assignments to improve beneficiary timeliness to mental health service.
Who is the population on which this PIP focuses? Provide information on the study population such as age, length of enrollment, diagnosis, and other relevant characteristics of the affected population. This PIP will focus on all new mental health beneficiaries coming in for services after they have completed their intake session. 3/1/2020 – 2/28-2021 demographic data of new beneficiaries entering mental health treatment: Age range: 3 - 84 Gender: 59.78% Females, 40.22% Males Ethnicity: 40.96% Not Hispanic, 59.04% Mexican American/Hispanic Latino
What is the timeframe for this PIP, from concept development to completion? Start: 03/01/2021 End: 06/30/2022
Additional Information or comments

Step 2: Developing the Aim Statement

WORKSHEET 3: IDENTIFYING THE PIP POPULATION

Who is the population on which this PIP focuses? Provide information on the study population such as age, length of enrollment, diagnosis, and other relevant characteristics of the affected population. Please include data, sources of information and dates of sources. This PIP focuses on new beneficiaries who have requested a mental health intake as of March 1, 2021 and qualify for Specialty Mental Health Services. This PIP does not exclude beneficiaries due to age or diagnoses.
Will all enrollees be included in the PIP? ☐ Yes ☒ No
If no, who will be included? How will the sample be selected? All new mental health beneficiaries requesting mental health services between 3/1/2021-6/30/2022 who qualify for Specialty Mental Health Services who are offered an appointment after intake.
Additional Information or comments

WORKSHEET 4: DESCRIBING THE SAMPLING PLAN

If the entire population is being included in the PIP, **skip Step 4.**

If the entire population is NOT being included in the PIP, complete the following:

Describe the sampling frame for the PIP. A sampling frame is the list from which the sample is drawn. It includes the universe of members of the target PIP population, such as individuals, caregivers, households, encounters, providers, or other population units that are eligible to be included in the PIP. The completeness, recency, and accuracy of the sampling frame are key to the representativeness of the sample The entire population of the new mental health beneficiaries requesting mental health services between 3/1/2021-6/30/2022 who qualify for Specialty Mental Health Services who are offered an appointment after intake are included. No sampling from this population will be taken.
Specify the true or estimated frequency of the event.
Determine the required sample size to ensure that there are a sufficient number of enrollees taking into account non-response, dropout, etc.
State the margin of error.
Additional Information or comments

Step 4: Describing the Sampling Plan

WORKSHEET 5: SELECTING PIP VARIABLES AND PERFORMANCE MEASURES

The questions below can be answered generally. Please complete the tables below for specific details.

What are the PIP variables used to track the intervention(s)? The outcome(s)? Refer to the tables 5.1 – 5.3 for details. The variables are the number of ACCESS workers reviewing new intakes and the number of days that new intakes are assigned.
What are the performance measures? Describe how the Performance Measures assess an important aspect of care that will make a difference to beneficiary health or functional status? The performance measure is the number of days between day of intake to first offered therapy appointment. Because this PIP was created to address stakeholder and staff member concerns regarding the long wait between intake appointments and starting their therapy services, we also developed a survey. The survey will evaluate our target population's satisfaction after they had received their first therapy appointment post intake. This satisfaction survey will be used as the PIP's performance measure to help determine the efficacy of the PIP's interventions (see attached), in addition to the number of days wait.
What is the availability of the required data? The data reports will be run weekly. Satisfaction surveys will be conducted quarterly.
Additional Information or comments

TABLE 5.1 VARIABLE(S) AND INTERVENTION(S)

Goal	(Independent) Variable	Intervention	Performance Measure (Dependent Variable)	**Improvement Rate**
Example 1: Decrease use of emergency departments (EDs)	1) Documented count of reminder calls per outpatient appointment 2) Number of outpatient visits within 45 days of ED dx	1) Implement reminder calls 2) Outpatient services following dx from ED	Number of ED visits	
Example 2: Decrease antidepressant use by adolescents already using	1) Documented count of warm hand-offs from doc to CM 2) Documented count of visits for psychosocial services	1) Warm hand-off from doc to CM 2) Psychosocial services	1) # of youth on anti-depressants attending MH therapy at least 3 times in 1 month 2) # of youth who terminate use totally 3. # of youth whose dosages are decreased	
Decrease # of days to first offered therapy appointment from intake	1) # of Access workers reviewing mental health intakes between 3/1/2021 – 6/30/2022 2) # of times a week intakes are assigned to clinicians	1) Increasing ACCESS workers to review and approve intakes 2) Increasing intake assignments per week	1) # of days between day of intake to first offered therapy appointment 2) Positive response on Satisfaction Survey	

TABLE 5.2 SOURCES OF INDEPENDENT AND DEPENDENT VARIABLES

	Variable	Source of Data	Availability of Data
1	# of access workers	Electronic Health Record and Excel spreadsheet	Reports available weekly

2	# of times a week intakes are assigned	Electronic Health Record, Excel spreadsheet, ACCESS log	Reports available weekly
3	Positive response on Satisfaction Survey	Satisfaction Survey form	Quarterly
4			

Step 5: Selecting the PIP Variables and Performance Measures

WORKSHEET 6: DESCRIBE IMPROVEMENT STRATEGY (INTERVENTION) AND IMPLEMENTATION PLAN

Answer the general questions below. Then provide details in the table below.

Describe the improvement strategy/intervention. We will add an additional ACCESS worker and another day of assignment, in hopes to decrease the days between intake and first therapy appointment offered.
What was the quantitative or qualitative evidence (published or unpublished) suggesting that the strategy (intervention) would address the identified barriers and thereby lead to improvements in processes or outcomes? Our unpublished qualitative evidence started with the QA Coordinator suggesting that the ACCESS Team be reinstated since this long wait was not experienced when there was multiple ACCESS Team Members, who then also assigned cases twice per week (instead of currently once per week that is now being done in group supervision). Our PIP Team found published research that show the importance of timely appointments. Galluccie, Swartz, and Hackerman (2005) found that, “A strong linear relationship was found between appointment delay and cancellations and not-shows.”, “the odds of cancellations or no-shows increased by 12 percent for every day of delay between the initial contact and the appointment.”, and “the rate of kept appointments will be affected most significantly with each day of delay during the first week until the scheduled appointment.” (p. 345). Weaver and Goughler (2013) similarly found that, “Research consistently demonstrates that treatment timeliness, or the amount of time between consumers’ initial contact with mental health service providers and their first appointment, is an important system level predictor of attendance. Evidence shows that delays in scheduling appointments may substantially decrease the rate of kept first appointments. Additionally, consumers seen for an assessment within one week of their request for services are significantly more likely to return” (p. 295) **Citations**: Galluccie, Gerard, M.D. M.H.S., Swartz, Wayne, L.C.S.W. –C, Hackerman, Florence, L.C.P.C., Impact of the Wait for an Initial Appointment on the Rate of Kept Appointment at a Mental Health Center. Psychiatric Services, http://ps.psychiatryonline.org March 2005, Vol 56 No. 3. Weaver A, Greeno CG, Goughler DH, et al. The impact of system level factors on treatment timeliness: utilizing the Toyota Production System to implement direct intake scheduling in a semi-rural community mental health clinic. The Journal of

Behavioral Health Services & Research. 2013 Jul;40(3):294-305. DOI: 10.1007/s11414-013-9331-5. PMID: 23576137; PMCID: PMC3732800.
Does the improvement strategy address cultural and linguistic needs? If so, in what way? No, this strategy does not involve the cultural and linguistic need and is not applicable to this intervention.
When and how often is the intervention applied? How often? This intervention will be applied daily, between March 1, 2021 – June 30, 2022, as the additional ACCESS worker checks daily for completed intakes to review. The second intervention of assigning intakes twice a week will occur between July 1, 2021- June 30, 2022.
Who is involved in applying the intervention? Access/ QA/Program Managers
How is competency/ability in applying the intervention verified? When a member is added to the Access team, training is provided to ensure interrater reliability of reviewing and approving intake assessments. The Clinical Program Managers who assign cases once per week will be instructed to assign cases twice per week with a follow-up of completion during Management Meetings.
How is the MHP/DMC-ODS ensuring consistency and/or fidelity during implementation of the intervention (i.e., what are the process indicators)? All access team members receive the same initial training and follow an itemized check list for each intake to ensure consistency is followed. Clinical Program Manager are Licensed MFTs or LCSW who have the knowledge to assign new cases appropriately, based on their treatment team members' strengths and areas of expertise.
Additional Information or comments

Complete this table and add (or attach) other tables/figures/charts as appropriate.

TABLE 6.1 IMPROVEMENT STRATEGY SUMMARY

	Intervention	Intervention Target Population	Date (MM/YYYY) Intervention Began	Frequency of Intervention Application	Corresponding Process Indicator(s)
1	Adding Access Worker	All new incoming intakes	3/1/2021	Daily	Access Team Training and Itemized check list
2	Adding another day of assignments per week	All new incoming intakes	6/1/2021	2x/week	# of days between day of intake to first offered therapy appointment
3					
4					

Step 6: Describing the Improvement Strategy (Intervention) and Implementation Plan/

WORKSHEET 7: DESCRIBING THE DATA COLLECTION PROCEDURES

Describe the methods for collecting valid and reliable data. An Excel spreadsheet of intake requests, logged by front staff, which has been trained collecting this data. The data chosen is standardized with drop down menus. The assigned therapist then utilizes the Electronica Health Record to record first offered therapy appointments. Then staff export the data into an excel spreadsheet where the intake date and the first offered therapy date are tracked.
What are the data sources being used? All completed intake assessments submitted to the ACCESS team, will be included in the data collection.
What are the data elements being collected? The data elements that will be collected are: date of intake and the date of the first offered therapy appointment for the client.
What is the frequency of data collection (daily, weekly, monthly, annually, etc.)? The frequency of data collection will be monthly for timeliness between intake and first offered therapy appointment. The Satisfaction Survey data will be obtained quarterly.
Who will be collecting the data? The QA and PIP team will be collecting and evaluating the data.
What data collection instruments are being used? Please note if the MHP/DMC-ODS has created any instruments for this PIP. Any extra instruments? CCBH will create our own Excel spreadsheet with the current data elements from the EHR and front office spreadsheet. This data will then be organized in one report, ensuring the consistency and accuracy of the data collected. We also developed a survey in Microsoft Word to evaluate our target population's satisfaction after they had received their first therapy appointment post intake.
Additional Information or comments

Step 7: Describing the Data Collection Procedures

WORKSHEET 8: DATA ANALYSIS AND INTERPRETATION OF PIP RESULTS

After carrying out the PIP, collecting, analyzing and interpreting the data, answer the following questions *with respect to the original aim of the PIP*:

What are the results of the study?
How often were the data analyzed?
Who conducted the data analysis, and how are they qualified to do so?
How was change/improvement assessed?
To what extent was the data collection plan adhered to—were complete and sufficient data available for analysis?
Were any statistical analyses conducted? If so, which ones? Provide level of significance.
Were factors considered that could threaten the internal or external validity of the findings examined?
Additional Information or comments

Present the objective results at each interval of data collection. Complete this table and add (or attach) other tables/figures/charts as appropriate.

TABLE 8.1 PIP RESULTS SUMMARY

Performance Measures	Baseline Measurement	Re-measurement 1	Re-measurement 2	Dates of Baseline and Re-measurements	FINAL Measurement
# of days between day of intake to first offered therapy appointment	19.51 business wait days with only 33.53% receiving offered therapy appointment within 15	Re-measured on 6/30/2021: average wait day between intake appointment and therapy appointment			

	business days	offered is 15.41 business days with 55.17% receiving offered therapy appointment within 15 business days			

Step 8: Describing the Data Analysis and Interpretation of PIP Results

WORKSHEET 9: LIKELIHOOD OF SIGNIFICANT AND SUSTAINED IMPROVEMENT THROUGH THE PIP

What is the conclusion of the PIP?
Do improvements appear to be the results of the PIP interventions? Explain.
Does statistical evidence support that the improvement is true improvement?
Did any factors affect the methodology of the study or the validity of the results? If so, what were they?
What, if any, factors threatened the internal or external validity of the outcomes?
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?)
Were there limitations to the study? How were untoward results addressed?
What is the MHP/DMC-ODS's plan for continuation or follow-up?
Additional Information or comments

Step 9: Address the Likelihood of Significant and Sustained Improvement Through the PIP