## Introduction

As required by the California State Department of Health Care Services and the Medi-Cal Managed Care Plan, the following document describes the quality improvement activities, goals and objectives of the Shasta County Health and Human Services Agency through its Mental Health Plan (MHP) for Fiscal Year 2014-15.

The Shasta County MHP is responsible for authorizing and ensuring that inpatient and outpatient services are appropriately provided.

The purpose of this Quality Management Work Plan is to provide up-to-date and useful information that can be used by internal stakeholders as a resource and practical tool for informed decision making and planning. The work plan consists of the following elements:

I. Quality Management Program Description
II. Annual Quality Management Workplan
III. Goals and Objectives by:
    - Accessibility of Services
    - Service Delivery Capacity
    - Monitoring of Beneficiary Satisfaction
    - Service Delivery System and Meaningful Clinical Issues

## I. Quality Management Program Description

Managed Care and Compliance staff are responsible for facilitating Quality Improvement Committee (QIC) meetings and ensuring participants receive up-to-date information. In addition, the QIC ensures that scheduled program updates are provided to the Health and Human Services Agency Cabinet and Expanded Cabinet, and the Mental Health Alcohol and Drug Advisory Board.

The QIC is responsible for monitoring MHP effectiveness. This involves review and evaluation of QM activities, auditing, tracking and monitoring, communication of findings, implementation of needed actions, ensuring follow-up for Quality Management (QM) Program processes, and recommending policy or procedural changes related to these activities.

The QIC monitors:

- 24/7 Crisis Line Response
- Accessibility to Services
- Assessments of Beneficiary and Provider Satisfaction
- Clinical Documentation and Chart Review
- Credentialing Processes
- Cultural Competency Activities
- Notices of Action
- Performance Improvement Projects
- Practice Guidelines
- Resolution of Grievances, Appeals, and Fair Hearings
- Resolution of Provider Appeals
- Training
- Utilization Management/Review

The QIC is comprised of representatives from Adult and Children's Services, Access Team, Crisis Services, Medical Services, Mental Health Services Act (MHSA), Managed Care, Compliance, Fiscal, Business Office, electronic health records (EHR), contracted providers, Patient Rights, and client/family members.

It is the goal of the QIC to build a structure that ensures the overall quality of services, including detecting both underutilization of services and overutilization of services. This will be accomplished by realistic and effective quality improvement activities and data-driven decision making; collaboration amongst staff, including consumer/family member staff; utilization of technology for data analysis. Executive management and program leadership must be present in order to ensure that analytical findings are used to establish and maintain the overall quality of the service delivery system and organizational operations.

The QIC meets monthly to monitor the status of the above items and make recommendations for improvement. Meeting reminders, information, and minutes are sent in advance and available on the HHSA share drive reflecting all activities, reports, and decisions made by the QIC. The QIC ensures that client confidentiality is protected at all times during meetings, in minutes, and all other communications related to QIC activities.

Each participant is responsible for communicating QIC activities, decisions, and policy or procedural changes to their program areas and reporting back to the QIC on action items,

questions, and/or areas of concern. In an effort to ensure that ongoing communication and progress is made to improve service quality, the QIC defines goals and objectives on an annual basis that may be directed toward improvement in any area of operation providing specialty mental health services.

The QM Work Plan is evaluated and updated annually by the Quality Assurance Coordinator, QIC, and MHP Management Team. The Managed Care Program is responsible for finalization and submission of the QM Work Plan but will rely on the input and subject matter expertise of program and other work groups as needed to ensure an appropriate plan is written. In addition, QIC will collaborate with other stakeholders, work groups, and committees including but not limited to:

- Mental Health Performance Measures Committee
- MHP Cultural Competency Committee
- Compliance Committee
- Medi-Cal Claiming and Workgroup
- Medical Services Staff Meetings
- Mental Health Alcohol and Drug Programs Board
- MHP Client Services Committee
- MHP Community Education Committee
- MHP & Public Guardian Placement Meetings
- MHP Clinical Care Meetings
- MHP Electronic Medical Records
- MHP Management Team
- MHSA Advisory Committee
- Organizational Provider Meetings
- Performance Improvement Process Committees (Advancing Recovery and Triple P)
- Shasta County Homeless Continuum of Care
- Suicide Prevention Workgroup
- Utilization Review Committee

## II. Annual Quality Management Work Plan -

The QI Coordinator completes an annual QM Work Plan. There is an annual evaluation of the overall effectiveness of the QM Program activities and whether they have contributed to meaningful improvement in clinical services and in the quality of services provided by the MHP.

The annual QM Work Plan allows the MHP to regularly review its QM activities. Each of the four areas of the QM Work Plan is reported to the QIC, three times per year (four areas, one area per month). This reporting allows the MHP to analyze the data on areas of improvement that have been identified and further identify areas for improvement.

Since the last QM Work Plan submission in FY2011-12, the MHP has continued to experience a variety of changes as a result of many factors. In spite of the challenges, the MHP continues to strive to meet its statutory requirement to provide or facilitate provision of Medi-Cal specialty mental health outpatient and inpatient services and emergency psychiatric crisis services in Shasta County.

A summary of the most recent QM Workplan is included below. The summary is current through February 2014.

**AREA 1 - ACCESSIBILITY OF SERVICES**

**Goal 1: Foster new and sustain existing collaborations with HHSA staff and other partners to create a community-based spectrum of mental health treatment services.**

**Objective 1. Evaluate current system for processing initial service requests to determine if resources can be reallocated, improved, or created for the continued support of client wellness and recovery.**

Measurement:

*1A (1a). Length of time a client must wait from initial contact to completion of the client assessment. (Days)*

Shasta County Mental Health:

SCMH ages 00-17 FY11-12: 13.0 days, FY12-13: 15.1 days - 16.2% longer time
SCMH ages 18-20 FY11-12: 13.4 days, FY12-13: 21.4 days - 59.7% longer time
SCMH ages 21-100 FY11-12: 6.6 days, FY12-13: 4.4 days - 33.3% shorter time

Organizational Providers:

NVCSS FY11-12: 21.9 days, FY12-13: 21.1 days - 2.7% shorter time
Remi Vista FY11-12: 31.4 days, FY12-13: 28.0 days - 10.8% shorter time
VCSS FY11-12: 40.0 days, FY12-13: 26.7 days - 33.3% shorter time

*1A (1b). Length of time a client must wait from initial contact to completion of the treatment plan. (Days)*

Shasta County Mental Health:

SCMH ages 00-17 FY11-12: 19.5 days, FY12-13: 21.4 days - 9.7% longer time
SCMH ages 18-20 FY11-12: 17.7 days, FY12-13: 14.1 days - 20.3% shorter time
SCMH ages 21-100 FY11-12: 6.0 days, FY12-13: 13.0 days - 116.7% longer time

Organizational Providers:

NVCSS FY11-12: 28.5 days, FY12-13: 26.2 days - 8.1% shorter time
Remi Vista FY11-12: 31.0 days, FY12-13: 28.5 days - 8.1% shorter time
VCSS FY11-12: 15.5 days, FY12-13: 24.2 days - 56.1% longer time

*1A(2). Length of time a client must wait from initial contact to initial medication evaluation (IME) appointment. (Days)*

Shasta County Mental Health:

SCMH ages 00-17 FY11-12: 21.5 days, FY12-13: 27.9 days - 29.8% longer time
SCMH ages 18-20 FY11-12: 32.4 days, FY12-13: 24.9 days - 23.1% shorter time
SCMH ages 21-100 FY11-12: 27.3 days, FY12-13: 23.0 days - 15.8% shorter time

**Objective 2. Be proactive about eligibility determination and other payer options at initial request for services.**

Measurement:

*2A. All clients without coverage will be provided with Medi-Cal, CMSP, or other payer eligibility information and application assistance.*

Many elements of this measure are not happening. Hospital social worker is not filling out paperwork. Access Team is not mailing out eligibility packets, but is referring to call center. There currently is a problem verifying county of residence.

**Objective 3. Increase accessibility to services for underrepresented cultures including Hispanic, Mien, Black, Native American, Indian, and Lesbian/Gay/Bisexual/Transgender/ Questioning (LGBTQ).**

Measurement:

*3A(1). Participation of Mental Health Plan (MHP) staff and organizational providers in cultural competency trainings.*

There were no trainings scheduled in calendar year 2013. Training dates for calendar year 2014 are due to be scheduled, see below.

*3A(2). Participation of Mental Health Plan (MHP) staff and organizational providers in cultural competency activities*

The Mental Health Cultural Competency Committee convened on December 13, 2013. The Cultural Competency Goals were established and the initial structure of the Cultural Competency program was discussed.

*3B. Conduct random test calls requesting mental health services to monitor 24/7 crisis response procedures and ensure staff proficiency with language line transfers and accessibility of interpreted materials and interpreters.*

In FY12-13, 8 of 11 test calls were satisfactory.

*3C(1). Continuous client or family member participation in Primary Care Integration (PIP) Committee.*

In FY12-13, 2 of 3 meetings included client or family member participants.

*3C(2). Continuous client or family member participation in Quality Improvement Committee.*
In FY12-13, 6 of 6 meetings included client or family member participants

**AREA 2 - SERVICE DELIVERY CAPACITY**

**Goal 2: Ensure that MPH services and resources are appropriately allocated to address mental health treatment needs.**

**Objective 1. Establish a system for ongoing evaluation of current open clients by geographic area to assess population needs and allocation of treatment resources in areas of most need.**

Measurement:

*1A. Services will be sustained in existing locations throughout Shasta County.*

Redding comprises 50.3% of Shasta County's population, but averaged 66% of unduplicated clients for FY12-13 and 64.6% of unduplicated clients for the first two quarters of FY13-14.

The three cities of Anderson, Shasta Lake City and Cottonwood combined comprise 26.4% of the non-Redding Shasta County population, but averaged 87% of the non-Redding Shasta County services for FY12-13 and 87.5% of the non-Redding Shasta County services for the first two quarters of FY13-14.

**Objective 2. Evaluate crisis prevention and discharge planning activities for clients at risk of hospitalization or have been hospitalized in the previous 12 months. Identify options for training, reallocation of resources, or other supports to assist staff with workload.**

Measurement:

*2A. Decrease psychiatric inpatient rehospitalization by 10%.*

Percentage of clients who had more than one psychiatric hospitalization in a six month period decreased from 17.4% in FY11-12 to 16.6% in FY12-13 representing a 4.6% decrease.

**Objective 3. Reallocate cost savings to outpatient services.**

Measurement:

*3A. Lower IMD and inpatient hospitalization costs and savings applied to prevention and outpatient services*

Shasta County has had several successes in reducing costs in this area, particularly in reduction/elimination for expensive placements to the State Hospital. While this achievement has resulted in significant cost savings, the county has not been able to direct any dollars to outpatient services secondary to ongoing budget constraints. Shortfalls

continue related to a variety of factors including the major economic downturn's impact to realignment funding streams. Changes to Adult Services for clients leaving IMDs, and efforts to reduce acute inpatient psychiatric hospitalization continue and include: assistance from Star Team, outreach medication services, developing Rehabilitation Groups, and post discharge follow-up care.

**Objective 4. Increase temporary and permanent housing capacity and placement options in Shasta County and neighboring counties.**

Measurement:

*4A. Increased bed capacity for existing contracted providers*

Beds have increased from 12 in June 2013 to 30 in February 2014

*4B. RFP, negotiations, and/or new contracts that will increase long term housing options for clients including but not limited to Board and Care, Room and Board, Independent Supportive, and Independent.*

No change for current QM Plan except that MHSA Housing Project application expected to be approved by CalHFA in March 2014 with project completion expected in December 2015.

## AREA 3 - BENEFICIARY SATISFACTION

**Goal 3: Provide a meaningful experience for individuals who receive mental health services in Shasta County and community organizations that partner with us.**

**Objective 1. Conduct client satisfaction surveys annually as required by DMH.**

Measurement:

*1a. Upon receipt, evaluate DMH 2011 survey result and improve client satisfaction by 10% the following year.*

The 2012 Adult POQI included 36 questions averaging 3.9 on scale of 1-5 (5 being better), down from an average of 4.0 in 2011, a 1.3% decrease.

The 2012 Youth and Youth Family POQI included 26 questions averaging 4.0 on scale of 1-5 (5 being better), unchanged from an average of 4.0 in 2011.

**Objective 2. Conduct additional client satisfaction surveys on a regularly scheduled basis and include the adult, youth, and organizational provider clients.**

Measurement:

*2a. Increase client satisfaction survey schedule to include two additional surveys (from 6 to 8, a 33% increase).*

SCMH conducts 5 annual surveys, CRRC conducts a customer satisfaction survey upon discharge and Adult Services recently added an Alcohol and Drug Program client satisfaction survey. HHSA conducted an agency wide customer courtesy survey in September 2012.

*2b. Client participation and response rate will increase by 10%.*

Participation in POQI decreased 9% from Aug 2012 (252) to Aug 2013 (230).

**Objective 3. Be proactive about receiving input and feedback from community stakeholders regarding MHP projects and funding.**

Measurement:

*3a. A non-clinical problem resolution process will be implemented to obtain input and feedback from community stakeholders regarding MHP projects and funding.*

Community Stakeholders are included on the SCMHADAB and are involved in the development of the three-year program/expenditure plans and of updates, creating and updating mental health policies, and program planning, implementation, monitoring, quality improvement, and evaluation and are involved in the following workgroups: MHSA Budget; Monitoring, Quality Improvement, and Evaluation; Outreach and Engagement; Older Adult; Youth and Transitional Age Group; Housing; Anti-Stigma, Non-Discrimination, and Suicide Prevention; and Workforce Education and Training.

## AREA 4 - SERVICE DELIVERY SYSTEM AND MEANINGFUL CLINICAL ISSUES

**Goal 4: Develop an infrastructure of continuous quality improvement that supports wellness and recovery in Shasta County.**

**Objective 1. Ensure that clinical practices, including medication practices, are safe and effective and incorporated in core skills training for direct service staff.**

Measurement:

*1a. All direct services staff will receive ongoing Core Skills training, Productivity and Claiming training, and Compliance training.*

Core Skills and Productivity and Claiming training has been provided as needed on an ad hoc basis. Formal Core Skills curriculum is currently under development. Compliance training has been offered approximately monthly.

*1b. An automated policy and procedure software will be implemented for the purpose of creating, routing, and implementing easily accessible policies and procedures by December 2012.*

The policy and procedure software was not pursued. The agency has formed a policy and procedure committee. A Staff Services Analyst was hired to support Compliance, QI, Policy and auditing activities.

**Objective 2. Implement an Electronic Medical Record (EMR) system that is user friendly and supports direct services staff to successfully serve their clients.**

Measurement:

*2a. Anasazi will be implemented by July 2012.*

Anasazi was implemented in stages and was fully implemented in August 2013.

*2b. All staff will receive ongoing EMR training and up-to-date reference manuals.*

Initial, refresher and update training is provided as need on an ongoing basis.

## III. 2014-2015 Goals and Objectives

The following goals and objectives are based upon the four DHCS Managed Care contract requirements for quality improvement work plans:

1. **Accessibility of Services**
   The MHP is responsible for monitoring accessibility of services. In addition to meeting statewide standards, the MHP will set goals for timeliness of routine mental health appointments and urgent care conditions; access to afterhours care; and 24-hour responsiveness.

2. **Service Delivery Capacity**
   The MHP is responsible for the monitoring of service delivery capacity. The MHP will evaluate the distribution of mental health services by type of service and geography of client within its delivery system.

   The MHP currently contracts with three youth organizational providers for Medi-Cal outpatient specialty mental health services. The providers serve a specific catchment area to ensure all geographic areas of the County are provided service.

   The MHP currently contracts with two providers for wellness center services (Round Mountain and Redding) to provide supportive assistance to individuals with mental health challenges.

   The MHP contacts with all Federally Qualified Health Centers (FQHC's) in Shasta County for services provided in Redding, Shasta Lake City, Anderson, Shingletown, Round Mountain, Burney and Fall River Mills. For those clients that do not meet the MHP target population, the FQHC's provide primary and mental health care.

3. **Beneficiary Satisfaction**
   The MHP in partnership with the Managed Care program and QIC are responsible for monitoring beneficiary satisfaction and ensuring that beneficiaries are informed of their rights and the problem resolution process. The Managed Care program reports annually to DHCS on all grievances and appeals and their outcomes. The findings are reported to the QIC for review and implementation of new or revised policies and procedures.

4. **Service Delivery System and Meaningful Clinical Issues**

   The MHP, in partnership with the Managed Care Program and QIC will monitor the service delivery system and meaningful clinical issues affecting beneficiaries, including the safety and effectiveness of medication practices. The MHP shall annually identify meaningful clinical issues that are relevant to its beneficiaries for assessment and evaluation.

## Accessibility of Services

| Goal 1: Foster new and sustain existing collaborations with HHSA staff and other partners to create a community-based spectrum of mental health treatment services. | Processes to Evaluate |
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| **Objectives:**<br>1. Evaluate current system for processing initial service requests to determine if resources can be reallocated, improved, or created for continued support of client wellness and recovery.<br>**Measurement:**<br>a. Increase the percentage of clients who receive first clinical assessment within 20 days from the first request for services from 86% to 90%.<br>b. Increase the percentage of clients who receive first psychiatrist appointment within 30 days of first request for services from 64% to 68%.<br>c. All random test calls requesting crisis services will comply with 24/7 crisis response protocols.<br>d. Decrease average length of time between medical clearance and client disposition determination by 10% from FY12/13 baseline. | a. Dates for request for service and 1st assessment will be generated from Anasazi billing system.<br>b. Dates for request for service and initial medication evaluation will be generated from Anasazi billing system.<br>c. Random test call logs will be gathered on a quarterly basis to determine percentage of calls that follow the 24/7 crisis response protocols.<br>d. Urgent care database will be used to calculate average length of time between medical clearance and client disposition determination. |
| 2. Assess accessibility of services for underrepresented cultures including, but not limited to, Hispanic, Mien, Black, Native American, Indian, and Lesbian/Gay/Bisexual/Transgender/Questioning (LGBTQ).<br>**Measurement:**<br>a. 85% of random test calls requesting mental health services will demonstrate staff proficiency with language line transfers, accessibility of interpreted materials and interpreters.<br>b. Increase participation of MHP and organizational provider staff in cultural competency training activities from 50% to 75%.<br>c. The MHP Cultural Competency Committee will meet a minimum of quarterly and will:<br>1. Develop a FY14/15 Cultural Competency Plan; and<br>2. Develop a FY15/16 QM Workplan Goal. | a. Random test calls logs will be reviewed to determine percentage of calls that staff demonstrated proficiency with language line transfers, accessibility of interpreted materials and interpreters.<br>b. Sign in sheets will be gathered at each Cultural Competency Training to determine the percentage of attendees.<br>c. The Cultural Competency Committee will submit a FY1415 Plan to DHCS and submit a recommended QM Workplan Goal to the QI Coordinator |

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| 3. Improve penetration rates of underserved populations.<br>**Measurement:**<br>a. Increase Medi-Cal penetration rates among underserved populations identified in the 2011 External Quality Review Organization (EQRO) report by 10% based on the most recent available data. | a. The Monthly Medi-Cal Eligibility File will be used to measure quarterly penetration rates by gender, age group, and race/ethnicity. |

## Service Delivery Capacity

| Goal 2: Ensure that MHP services and resources are appropriately allocated to address mental health treatment needs. | Processes to Evaluate |
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| **Objectives:**<br>1. Maintain an ongoing evaluation of clients by geographic area to assess population needs and allocation of treatment resources in areas of most need:<br>**Measurement:**<br>a. Resources for the provision of services will be allocated throughout Shasta County based on needs identified by ongoing data collection and reporting. | a. Client zip code and service type will be gathered from Anasazi billing system. |
| 2. Evaluate crisis prevention and discharge planning activities for clients at risk of hospitalization or have been hospitalized in the previous 12 months. Identify options for training, reallocation of resources, or other supports to assist staff with workload:<br>**Measurement:**<br>a. Decrease psychiatric inpatient rehospitalization within 30 days by 10% from FY09/10 percentage of rehospitalizations. | a. Client discharge date will be gathered from Urgent Care database and matched with prior hospitalizations in previous 30 days |
| 3. Ensure all clients experiencing inpatient hospitalization receive appropriate follow up discharge contact.<br>**Measurement:**<br>a. Establish a baseline of Adult clients that receive follow up psychiatrist contact within 7 days of discharge, and increase by 10% over baseline.<br>b. Establish a baseline of Youth clients that receive follow up psychiatrist contact within 14 days of discharge, and increase by 10% over baseline. | a. & b. Client discharge date, discharge plan and appointment date will be gathered from Urgent Care Database to determine length of time for follow up discharge contact. |

## Beneficiary Satisfaction

| Goal 3: Provide a meaningful experience for individuals who receive mental health services in Shasta County. | Processes to Evaluate |
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| **Objectives:**<br>1. Conduct client satisfaction surveys (POQI) annually as required by DHCS.<br>**Measurement:**<br>a. Evaluate POQI 2012 survey results and improve client satisfaction by 10% of the difference between 2012 baseline and the goal of 95% that Agree or Strongly Agree in:<br>Adult<br>1. "I like the services that I received here".<br>2. "I was able to get all the services I thought I needed".<br>Youth<br>1. "Overall, I am satisfied with the services I received".<br>2. "I got as much help as I needed."<br>Youth Caregiver<br>1. "My family got as much help as we needed for my child"<br>b. Client participation and response rate to annual POQI surveys will increase by 10% for each subsequent year from August 2012 survey results. | a. Distribution of responses to selected questions from annual POQI surveys will be compared to 2012 baseline.<br><br>b. Count of participants in annual POQI surveys will be compared to 2012 baseline. |
| 2. Conduct client satisfaction surveys on a regularly scheduled basis and include the adult, youth and organizational provider clients.<br>**Measurement:**<br>a. Client participation and response rate to ongoing Mental Health Services Act (MHSA) and Crisis Residential and Recovery Center (CRRC) surveys will increase by 10% from FY12/13 response rate. | a. Count of participants in ongoing MHSA and CRRC surveys will be compared to FY12/13 baseline. |
| 3. Timely resolution of all client grievances.<br>**Measurement**<br>a. Ensure 100% of client grievances are appropriately resolved within 60 days, or within the 14 day extension if applicable.<br>b. Maintain FY11/12 level of zero NOA-E's issued. | a. Review grievance log to count the percent of grievances appropriately resolved within 60 days, or within the approved 14 day extension<br><br>b. Review NOA log to monitor the number of NOA-E's issued. |

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| 4. Consumers and family members are employed and/or volunteer in key roles throughout the MHP.<br>**Measurement**<br>a. Maintain consumer and family member participation in MHP committees, by attendance of a minimum of once per quarter, including the Mental Health Alcohol and Drug Advisory Board (MHADAB), Quality Improvement Committee (QIC), Advancing Recovery Performance Improvement Project (ARC), Triple P Performance Improvement Project, and Cultural Competency Committee (CCC). | a. Facilitator of each group will be surveyed on a quarterly basis to determine committee participation in the last 3 months. |
| 5. Implement MORS throughout Adult Services as a recovery measurement tool.<br>**Measurement:**<br>a. Upon implementation of MORS, 90% of adult clients participating in the Advancing Recovery (ARC) Performance Improvement Project will receive a MORS assessment at least quarterly. | a. Client information will be reviewed to measure percentage that received quarterly MORS assessment. |

## Service Delivery System and Meaningful Clinical Issues

| Goal 4: Develop an infrastructure of continuous quality improvement that supports wellness and recovery in Shasta County. | Processes to Evaluate |
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| **Objectives:**<br>1. Ensure that clinical practices are safe, effective and support wellness and recovery in Shasta County.<br>**Measurement:**<br>a. All newly hired staff, in job specifications that require it, will receive Core Skills training.<br>b. Increase the percentage of Medi-Cal beneficiaries with a physical activity (4.1%) and/or contact with nature (1.1%) related objective included in their Treatment Plan by 10% from FY1213. | a. Review HR database and attendance sheets to determine staff that received Core Skills training.<br><br>b. Treatment plan review checklist will be used to determine percentage of treatment plans with a physical activity/nature related objective. |
| 2. Utilize the two Performance Improvement Projects (PIPs) to improve wellness and recovery.<br>**Measurement:**<br>a. Ensure clients participating in the Advancing Recovery PIP demonstrate the following objectives:<br>1) At least 50% will be able to identify one family or community support<br>2) At least 30% will report participation in meaningful relationships and/or activities when surveyed<br>3) At least 50% will identify a short-term recovery goal linked to usable strengths<br>4) At least 80% have a designated PCP<br>5) At least 50% have at least one PCP visit in the last 12 months<br>6) Less than 10% are homeless<br>b. Set wellness and recovery measurements for youth PIP, including process to evaluate. | a. Client data in Recovery Tracker will be reviewed to monitor percentage of clients meeting each goal.<br><br>b. Youth PIP committee will determine measurements. |
| 3. Review medication practices for safety and effectiveness.<br>**Measurement**:<br>a. Define the medication practices that will be evaluated for safety and effectiveness.<br>b. Develop data measures and collection methodologies to monitor medication practices. | TBD |
| 4. Monitor provider appeals for timeliness of resolution.<br>**Measurement:**<br>a. 100% of provider appeals will be resolved within the state mandated timeframe. | a. Review provider appeal logs to count percentage of appeals appropriately resolved within state mandated timeframe. |