

# Annual Evaluation of the Quality Improvement Program

## 2022 Executive Summary

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**Community Behavioral Health**

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# 1. INTRODUCTION

Community Behavioral Health (CBH) is a non-profit 501c(3) corporation contracted by the City of Philadelphia's Department of Behavioral Health and Intellectual disabilities (DBHIDS) to manage the delivery of the HealthChoices behavioral health program of the Commonwealth of Pennsylvania (Pennsylvania). This program covers mental health and substance use services for Medicaid recipients of Philadelphia County. In partnership with DBHIDS, services are delivered in accordance with HealthChoices, which is governed at the federal level by the Centers for Medicaid and Medicare Services (CMS) and administered at the state level through the Pennsylvania Department of Human Services (PA DHS) and the Office of Mental Health and Substance Abuse Services (OMHSAS).

CBH has slightly over 766,000 Medical Assistance eligible members. Our mission is that CBH will meet the behavioral needs of the Philadelphia community by assuring access, quality, and fiscal accountability through a high performing, efficient, and nimble organization driven by quality, performance, and outcomes.

CBH contracts with Medical Assistance enrolled and licensed providers with the requirement that they deliver effective and medically necessary services to covered members in the least restrictive, most developmentally appropriate, and culturally competent manner. In creating and maintaining this managed care system, CBH promotes maximum access, member and family participation, public accountability, and local control.

CBH authorizes services for a vast array of programs, including outpatient mental health and substance use, inpatient psychiatric and addictions treatment, residential rehabilitation, and family, school, and community-based programs.

## 1.1. Our Members

CBH's primary goal is to effectively address and support the overall health and wellness of Philadelphians across multiple domains, in partnership with other city agencies and physical health managed care organizations. CBH authorizes payment for a vast array of services, including outpatient mental health and substance use programs, inpatient psychiatric, residential rehabilitation, as well as family, school, and community-based programs.

## 1.2. Our Providers

CBH is committed to ensuring Philadelphians receive an array of quality, cost-effective, recovery-oriented, and evidence-based services. Targeted efforts include developing and expanding a wide array of community-based alternatives to restrictive settings, as well as developing specialized services for individuals with autism, youth involved in the child welfare system, and forensic-involved adults reentering the community.

## 2. GOALS AND OBJECTIVES

### 2.1. Goals

CBH’s Quality Management (QM) Program aims to provide the structure and processes to improve the clinical care and quality of services for our members in pursuit of the Quadruple Aim. QM program development includes multidirectional input from the Board of Directors, Officer Team, Quality Improvement Committee, members, and providers. The QM program realizes success through data and measurable outcomes to determine progress toward regulatory and accreditation requirements. The QM program is committed to continuous quality improvement and is evaluated annually for its overall effectiveness. Based on the annual evaluation findings, the QM program is modified to ensure opportunities are acted upon to improve the quality of care our members receive.

### 2.2. Objectives

To achieve the overarching goals of the Quadruple Aim and the QM Program, CBH has identified the following program objectives:

Objective	Purpose
<p><b>1.</b> Maintain NCQA MBHO Accreditation at FULL accreditation (score of &gt;84)</p>	<p>Demonstrate a high-level of adherence to industry best-practices, resulting in high-quality care, access and consumer protections, and member outcomes.</p> <p>QM Program goals focus on quality improvement, member rights and responsibilities, practitioner and facility credentialing, utilization management, and care coordination and collaboration with behavioral health and physical health providers.</p>
<p><b>2.</b> Obtain NCQA Multicultural Healthcare (MHC) distinction (score of &gt;70) by June 2022</p>	<p>Demonstrate a focus on appropriate service delivery and quality improvement interventions for diverse populations.</p> <p>QM Program goals focus on reduction of health disparities and improving access to care. There is an emphasis on understanding the needs of the population and working to remove the barriers, improving quality care.</p>
<p><b>3.</b> Achieve a score of &gt;85% on Member Satisfaction</p>	<p>Achieving a score of &gt;85% on the Member Satisfaction survey demonstrates that members are accessing high-quality provider care successfully and are satisfied with the services of the provider network and CBH.</p>
<p><b>4.</b> Achieve a score of &gt;85% on Provider Satisfaction</p>	<p>Achieving a consistently high level of provider satisfaction demonstrates that providers are understanding and implementing CBH policies and guidelines successfully. This level of satisfaction ensures that CBH is supporting providers in achieving goals necessary to provide quality care to the member population.</p>

## 2.3. Approach to Quality

The scope of the QM Program is to provide oversight of all aspects of clinical care and services provided to our members. The QM program is developed and evaluated in alignment with the Quadruple Aim and regulatory and accreditation requirements. CBH utilizes several strategies and approaches to ensure that the QM program is effective to improve the health and health outcomes of our member population. The following section outlines in detail the supporting framework of the QM program.

## 2.4. The Quadruple Aim

In addition to the Triple Aim from the Institute of Healthcare Improvement (IHI) of improved health, quality care, and cost effectiveness, CBH has adopted a model inclusive of improved provider experience, known as the Quadruple Aim. CBH recognizes that each aspect of the Quadruple Aim is interdependent with each other and works to address the healthcare delivery system as a whole to achieve each dimension of the Quadruple Aim.



## 3. QM PROGRAM SCOPE AND STRATEGIES

CBH uses several strategies to ensure that QM goals and objectives are strategically aligned with achieving the priorities of the Quadruple Aim. The QM program scope includes activities related to member safety, member satisfaction, provider satisfaction, and quality measurements as outlined in the four main categories below:

1. Member Safety
2. Member Satisfaction
3. Provider Participation and Experience
4. Quality Measurements

## 4. QUALITY MANAGEMENT (QM) PROGRAM STRUCTURE

### 4.1. Quality Management Staff

CBH has dedicated significant resources and staffing to meet the needs of the QM program. CBH's QM Program resources are organized as follows:

- ➔ **Core Staff** – these internal staff play a critical role in leading, managing, and executing the QM Program activities. These staff include:
  - » Chief Medical Officer
  - » Senior Director of Quality Management
  - » Medical Director of Quality Management
  - » Director of Performance Evaluation
  - » Director of Quality Management
  - » Director of Quality Improvement
  - » Manager of Provider Monitoring
  - » Manager of Complaints and Grievances
  - » Manager of Quality Improvement
  - » Manager of Performance Evaluation
  - » Quality Management Supervisor
  - » Complaints & Grievances Supervisor
  - » Quality Management Specialists
  - » Complaints & Grievances Specialists
  - » Quality Reporting and Accreditation Specialists
  - » Quality Improvement Specialists
  - » Performance Evaluation Specialists

- » Administrative Support
- ➔ **Expanded Staff** – these internal staff have other roles in the organization and a portion of their role is spent supporting the execution of QM program activities. These resources come from other key departments within the organization including, but not limited to, the following:
  - » Clinical Care Management
  - » Medical Affairs
  - » Member Services
  - » Data Analytics

## 4.2. Quality Improvement Committee (QIC)

The QIC provides oversight of the Quality Management Program. The committee was co-chaired by the CBH Medical Director of Quality Management and Senior Directory of Quality Management and is composed of DBHIDS and CBH leadership, member representatives, practitioners from the provider network, and representatives from the PA DHS OMHSAS. The QIC provided critical feedback and guidance to the QM department on key initiatives. The Committee is also responsible for reviewing and approving all the key QM documents, such as the QM Program Description, Work Plan, Annual Evaluation, and Policies and Procedures, in a timely manner.

## 5. EVALUATION OF CBH'S PERFORMANCE

CBH monitors quality activities regularly and identifies goals in key areas related to access, care management and utilization, complaints and grievances, denials, quality management, and consumer/family satisfaction through the QM Workplan. Goals are set annually and assessed at regular intervals to ensure progress is being made. Metrics that do not meet the identified goal are reviewed further through a root cause analysis. Actions for improvement are identified to address causes of not meeting the goal.

CBH achieved many of the objectives of the 2022 Quality Management Program and is performing well on many of the measures. There continues to be room for improvement, especially in quality improvement activities. The following section provides a summary of results related to goals on the 2022 QM Workplan.

### 5.1. Sections 1 and 2: Access (Provider and Consumer)

In 2022, CBH assessed multiple provider metrics to understand the provider network and access needs for members. A member needs assessment was conducted and included a review of network distribution mapping, penetration rates, provider to member ratios, a capacity of network providers, and an understanding of member needs, demographics, utilization, and member experience. The review of the network was successful and resulted in 92 new independent/group practitioners and 21 new facility programs joining the provider network. An outpatient access survey for outpatient mental health and substance use providers

identified gaps in accessing routine and urgent services in a timely manner. This was consistent with the member experience survey which also identified gaps in accessing routine and urgent services in a timely manner. However, members indicated in the member experience survey that they are satisfied with their provider and services received. Complaints related to timely access are also minimal, indicating consistency in the member satisfaction response.

CBH continues to monitor customer service for members and make improvements. These improvements led to a reduction in the average telephone speed answer to 11.6 seconds in 2022 as compared to 12.75 seconds in 2021. The telephone call abandonment rate by member services staff in 2022 was 1.30%, demonstrating a decline from 0.9% in 2021. CBH continues to provide interpretation and written translation services to all members, as well as American Sign Language. CBH identified threshold and notification languages for eligible members in 2022 based on NCQA Health Equity Accreditation (HEA) standards. CBH continues to make available alternate forms of communication and provided documents in braille, recordings, and transcripts, when needed.

**5.1.1. Access (Provider)**

*2022 Target Goal: Offer a choice of at least two providers to all CBH members requesting service*

Description	Rate	Outcome
CBH Member Services staff exceeded the goal of offering two provider choices to members requesting services. In 2022, CBH Member Services staff offered three provider choices to 100% of members who requested services.	100%	Goal Met

*2022 Target Goal: Conduct onsite reviews as a means of on-going evaluation of the provider network*

Description	Rate	Outcome
NIAC conducted 82 Reviews. There were 25 providers, representing 70 programs presented to the Credentialing Committee for credentialing status.	Conducted 82 Reviews	Goal Met

**5.1.2. Access (Consumer)**

*2022 Target Goal: 100% of calls to Member Services are answered within 30 seconds*

Description	Rate	Outcome
100% of calls were answered within under 30 seconds.	12 seconds	Goal Met



*2022 Target Goal: Call Abandonment rate is 5% or less*

Description	Rate	Outcome
The call abandonment rate was significantly less than 5%.	1.30%	Goal Met

## 5.2. Section 3: Care Management and Utilization Management

The Clinical Department conducts inter-rater reliability testing bi-annually to ensure that physicians, psychologists, and care managers are making medical necessity decisions appropriately. In 2022, the clinical department met the 90% threshold for all 2022 inter-rater reliability measurements. Care management staff collaborated with the Department of Human Services, the School District of Philadelphia, families, youth, and the courts to ensure that the needs of families are met. The Utilization Management Committee continued to monitor utilization rates, length of stay, and reviewed prior authorization requirements. The Quality Monitoring Audit Tool (QMAT) is a tool used to monitor and evaluate the quality of written documentation, telephonic reviews, and on-site performance. In 2022, quarterly averages ranged from 94.48% to 96%, well-above the 85% goal.

### 5.2.1. Care Management and Utilization

*2022 Target Goal: Obtain 90% agreement rate on Inter-Rater Reliability Studies*

Description	Rate	Outcome
The overall percent agreement across all teams exceeded 90%.	94%	Goal Met

## 5.3. Section 4: Education and Prevention Programs

CBH continues to provide education and prevention programs around smoking cessation, domestic violence, and childhood obesity. CBH continues to work on the Tobacco Recovery and Wellness Initiation to improve the emotional, behavioral, physical, and environmental health of member in recovery by promoting the use of evidence-based practices in tobacco screening and treatment across CBH-contracted providers. From July 1, 2021 through June 30, 2022, 7.68% of CBH members received a tobacco screening from their behavioral health provider. Throughout 2022, a total of 166 individuals were screened using the AUDIT or Zung Self-Rating Depression Scale.

## 5.4. Section 5: Complaints and Grievances

The complaints and grievances team at CBH ensures that all complaints and grievances staff, BH-MCO staff, and panel members receive adequate training related to complaints and grievances. Monthly audits of first level complaints, second level complaints, and grievances continue to be conducted. Audit results are

incorporated into supervision. Changes to Appendix H are incorporated into the protocol and staff are trained. In 2022, 100% of first level complaints were resolved within 30 days, 100% of second-level complaints were resolved within 45 days, and 100% of grievance hearings were resolved within 30 days.

***2022 Target Goal: Receive no more than five complaints or grievances (NCQA appeals) per 1000 members per quarter***

Description	Rate	Outcome
<ul style="list-style-type: none"> <li>➤ The overall complaint rate met the goal of less than five per 1,000 members.</li> <li>➤ The categories assessed include Access, Attitude/Service, Billing/Financial, Quality of Care, and Quality of Office Site</li> </ul>	3.62	Goal Met

***2022 Target Goal: Achieve 100% Resolution within 30 days for grievances***

Description	Rate	Outcome
Overall, the resolution of grievances within 30 days was 100%.	100%	Goal Met

## 5.5. Section 6: Denials

Timeliness of decisions was met in all 4 quarters at the 95% threshold. Timeliness of mailing continues to be of concern but had an overall 97.3% rate. Denial audits ranged from 92.3% - 100%.

***2022 Target Goal: 100% of denial notifications are mailed timely***

Description	Rate	Outcome
<p>In 2022, denial notifications were mailed timely 97.3% of the time, an increase from 89% of the time in 2021.</p> <p><b>Action:</b> CBH continues to monitor and identify concerns around the timely mailing of denial notices. A monthly report has been developed for monitoring and individualized review with each care management team.</p>	97.3%	Goal Not Met

## 5.6. Section 7: Executive Management

DBHIDS continues to monitor and provide oversight of CBH. DBHIDS staff are active in complaints and grievances, decision making committees, and pay-for-performance processes. In 2022, DBHIDS ensured that at least one person from the county was present at key meetings and conducted compliance checks to HealthChoices Program Standards and Requirements. CBH staff organization continues to be compliant with Program Standards and Requirements. An Annual CLAS program evaluation was conducted to evaluate services provided by CBH and the provider network for adherence to The National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Healthcare.

## 5.7. Section 8: Quality Management

In 2022, the provider training and development unit at CBH provided virtual training and technical assistance to 1,472 provider participants. Providers also participated in provider orientation, claims processing trainings, evidence-based practice trainings, and clinical documentation trainings. The provider satisfaction survey resulted in an overall satisfaction rate of 82.88% in 2022, a decrease from the 2021 score of 94%.

CBH continues to develop and adopt clinical practice guidelines to help practitioners and members make decisions about appropriate healthcare. A rigorous process, including expert practitioner involvement, is utilized to develop, review, and update the clinical practice guidelines. Each of the developed guidelines identifies performance metrics to understand adherence of the provider network to the guidelines. However, despite the challenges, there was demonstrated improvement in the provider network on performance measures from the following guidelines:

- ➔ Clinical Guidelines for the Prescribing and Monitoring of Benzodiazepines and Related Medications
  - » The rate of benzodiazepine prescribing has reduced from 36.24% in 2019 to 34.83% in quarters 1 and 2 of 2022. There was a slight increase in prescribing in 2020 which may have been due to prescribing practices via virtual appointments and reducing need to be seen less frequently in office because of COVID-19 restrictions.
  - » The rate of concomitant prescribing of benzodiazepine to members on an opioid has reduced from 2.86% in 2019 to 2.07% in quarters 1 and 2 of 2022.
  - » The rate of prescribing of benzodiazepines to members with substance use disorder increased from 2.89% in 2019 to 2.95% in 2 quarters 1 and 2 of 2022.
- ➔ Clinical Guidelines for the Prescribing and Monitoring of Antipsychotic Medications for Youth
  - » The HEDIS® Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) measure ensures that children who are prescribed an anti-psychotic receive monitoring for metabolic disorders. The APM rate in 2020 was 48.8% and reached 51.66% in Quarter 3 2022. Although the rate did not achieve the goal of 56.34%, this increase demonstrates an improvement of 2.86 percentage points from the 2020 baseline. CBH continues to identify interventions to improve the measure.
- ➔ Clinical Guidelines for Major Depressive Disorder
  - » The HEDIS® Antidepressant Medication Management (AMM) Acute Phase measure ensures that individuals with a diagnosis of Major Depressive Disorder who were treated with an antidepressant medication remained on the medication for at least 84 days (12 weeks). The AMM rate improved from 43.40% in 2019 to 51.65% in Quarter 3, 2022. This did not meet the goal of 59% but did demonstrate improvement.

- » The AMM Continuation Phase ensures that individuals with a diagnosis of Major Depressive Disorder remain on the medication for at least 180 days (6 months) Likewise, the Continuation phase improved from 27.36% in 2019 to 34.00% in Quarter 3, 2022. This did not meet the goal of 44% but did demonstrate improvement.
- » CBH continues to identify interventions to improve these measures.

CBH will continue to assess performance of the provider network on the adherence of the guidelines. Performance metrics not meeting the 2022 goal were analyzed to understand barriers in the provider network to meeting the goal. Interventions may be selected for quality improvement, when necessary.

CBH continues to implement a quality improvement framework across the organization. This systematic review has been applied to several quality improvement projects and will continue to be applied in 2023. CBH has identified several quality improvement projects to improve care coordination between behavioral health providers, care collaboration between behavioral health and physical health providers, and improve the overall quality of care for members.

The following quality improvement projects demonstrated improvement in 2022:

- ➔ HEDIS® Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)
  - » The HEDIS® SMD measure ensures that individuals with a diagnosis of schizophrenia and diabetes receive a low-density lipoprotein cholesterol (LDL-C) test and a hemoglobin A1c (HbA1c) test during the measurement year.
  - » In Quarter 3, 2022, the SMD measure was 50.08%, demonstrating an improvement from the 2020 rate of 47.9%.
- ➔ HEDIS® Follow Up After High Intensity Care for Substance Use Disorder (FUI)
  - » The FUI measure ensures that individuals who were treated for a substance use disorder at a higher intensity receive a follow-up service within 7 and/or 30 days.
  - » The FUI rate for 7-day follow-up improved from 60.84% in 2020 to 61.86% in 2022.
  - » The FUI rate for 30-day follow-up improved from 75.48% in 2020 to 76.61% in 2022.

CBH will continue to evaluate the performance of the quality improvement projects. CBH will continue to monitor performance quarterly and implement interventions as needed through Plan, Do, Study, Act (PDSA) cycles.

***2022 Target Goal: 85% of respondents to the annual provider satisfaction survey have an overall satisfaction score of at least 4 on a 5-point Likert scale***

<i>Description</i>	<i>Rate</i>	<i>Outcome</i>
<p>CBH’s goal is to reach an 85% favorable response (score of at least 4 on a 5-point scale) for overall satisfaction. For overall provider satisfaction with CBH, 82.88% of respondents (n=146) reported a 4 or 5 toward being satisfied and the 2022 goal was not met.</p> <p><b>Action:</b> CBH will complete a root cause analysis with all departments receiving a score of less than 85%. Actions will be developed and published in the Annual Provider Satisfaction Survey report available on <a href="http://www.cbhphilly.org">www.cbhphilly.org</a>.</p>	82.88%	Goal Not Met

***2022 Target Goal: Monitor utilization of children’s services***

<i>Description</i>	<i>Rate</i>	<i>Outcome</i>
<p>CBH continues to decrease reliance on acute levels of care for children, including Acute Inpatient (AIP), Residential Treatment Facilities (RTF), and increase the use of community-based alternatives.</p>	All services were monitored	Goal Met

***2022 Target Goal: Increase medication adherence of individuals with a diagnosis of schizophrenia to 61% by end of 2022***

<i>Description</i>	<i>Rate</i>	<i>Outcome</i>
<p>Adherence to Antipsychotic Medications for Individuals with Schizophrenia (2022 Goal: 70%). In Quarter 3, 2022, the rate was 53.5% which did not meet the goal of 70%.</p> <p><b>Action:</b> In 2023, CBH will continue implementing new interventions targeted at improving medication adherence.</p>	53.5%	Goal Not Met

***2022 Target Goal: Improve inpatient 30-day readmission rate for individuals with Serious Persistent Mental Illness (SPMI) to at or below 15% by end of 2022***

<i>Description</i>	<i>Rate</i>	<i>Outcome</i>
<p>The 30-day Readmission rate for individuals with SPMI 2022 is 20.0%, which did not meet the goal of being at or below 15%.</p> <p><b>Action:</b> In 2023, CBH will be identifying new interventions targeted at reducing readmissions.</p>	20%	Goal Not Met

***2022 Target Goal: Improve percentage of children on antipsychotic medication receiving metabolic monitoring***

Description	Rate	Outcome
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CBH will aim to reach the 90th percentile for APM-HEDIS®: Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) by achieving 56.34% by end of 2022. The Quarter 3 2022 rate for children on antipsychotic medication receiving metabolic monitoring was 51.66% and did not meet the goal of 56.34%.

51.66%      Goal Not Met

**Action:** Interventions will continue to be implemented and monitored.

***2022 Target Goal: 30- day readmission rates post discharge from mental health hospitalization of less than or equal to 13% for both children and adults***

Description	Rate	Outcome
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Readmission rates for children and adults in 2022 was 15.2% which demonstrated a deterioration in readmissions and did not meet the goal of 11.75%.

15.2%      Goal Not Met

**Action:** A comprehensive quality improvement plan and interventions were identified to improve readmission rates.

***2022 Target Goal: Achieve 7- and 30- day follow-up rates post discharge from mental health hospitalization of 32.00% for 7-day follow-up and 46.0% for 30-day follow-up***

Description	Rate	Outcome
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Follow-up rates post discharge:

- ➔ 7-day FUH: 32.00%
- ➔ 30-day FUH: 46.0%

7-Day FUH = 24.1%  
30-Day FUH = 39.9%      Goal Not Met

**Action:** A comprehensive quality improvement plan and interventions were identified to improve 7-and 30-day follow-up rates.

## **5.8. Section 9: Consumer/Family Satisfaction**

CBH conducted the annual member experience survey which consisted of a review of complaints and appeals and a member experience survey. The member experience survey resulted in overall satisfaction of 85.3%. The largest category of complaint concerns was quality of care. However, satisfaction with providers for routine care in the member experience survey was not identified as a concern. One limitation of the member experience survey is that it does not ask level of care specific questions for complaint comparison.

*2022 Target Goal: Obtain overall 85% Member Satisfaction rate*

Description	Rate	Outcome
CBH received an overall satisfaction survey rate of 85.3%.	85.3%	Goal Met

**5.9. Section 10: Management Information System and Claims**

CBH has continued to incorporate data submission and validation processes as required by the PEPS standards. The claims management department has been tracking the processing of claims and will continue to work toward achieving as near 100% of claims processing in 45 days as possible.

**5.10. Section 11: Corrective Action Plans**

CBH will continue to work on the Corrective Action Plans identified by OMHSAS related to denials. OMHSAS resolved the Review Year 2021 CAP on February 17, 2023.

CBH will continue to evaluate the needs of the program through the work plan on a quarterly basis and adjust staffing, as needed, to supplement the QM department. The organization also obtained adequate feedback from its community practitioners in the development and implementation of the 2023 QI initiatives and programs.