



**QI ANNUAL REPORT:
PERFORMANCE MEASUREMENT
AND MANAGEMENT SYSTEM
FY 2023: JULY 2022-JUNE 2023**

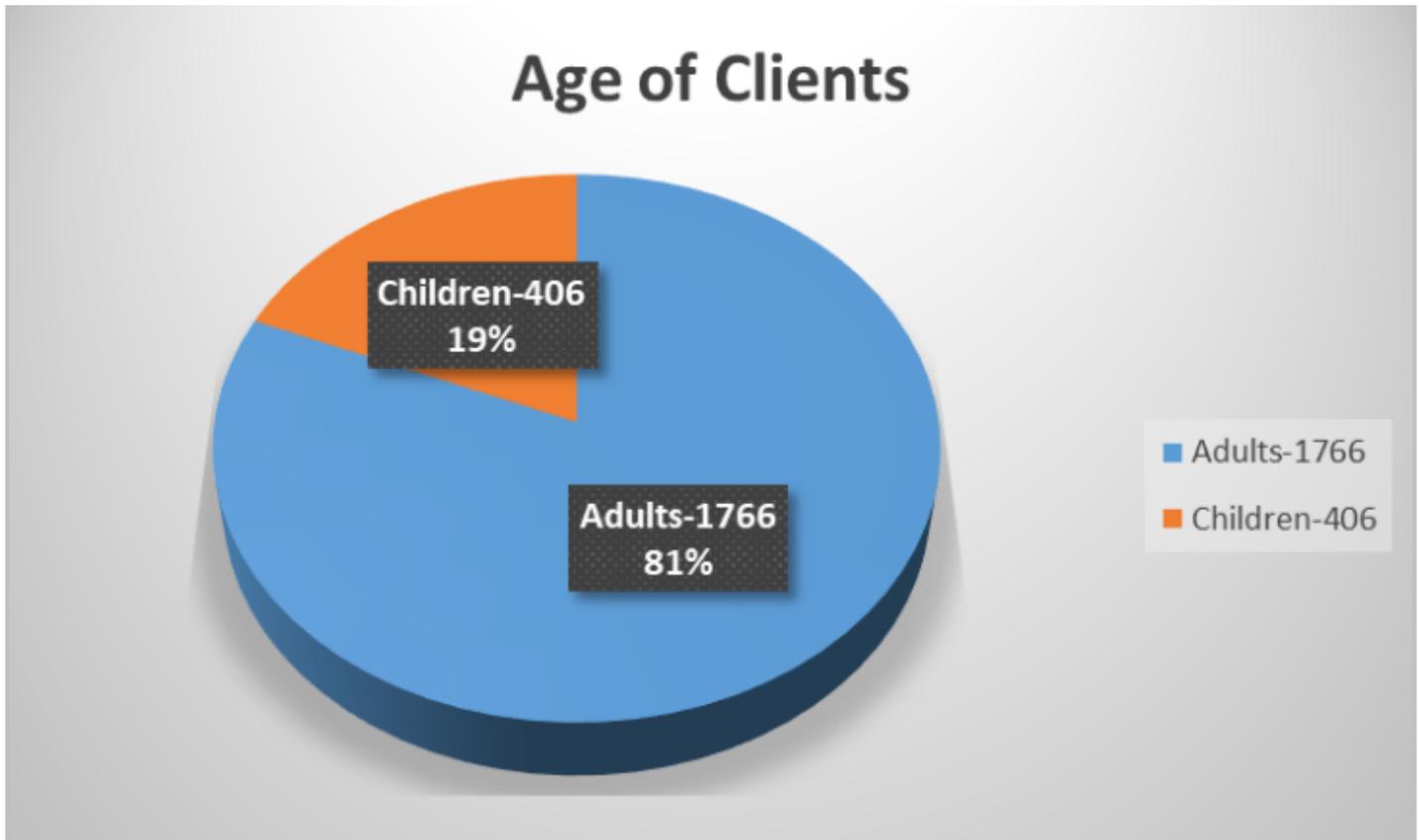
**MENTAL HEALTH RESOURCES, INC.
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CLOVIS, NM 88101
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SERVICE DELIVERY

DEMOGRAPHIC INFORMATION

Age of Clients Served



Future Changes: In the coming fiscal year, we will work to identify clients by more detailed age groups.

*Data is only from 12/1/2022 to 6/30/2023 due to that being the time period we have currently been in the Arize system and able to collect data. Data does not reflect a full fiscal year.

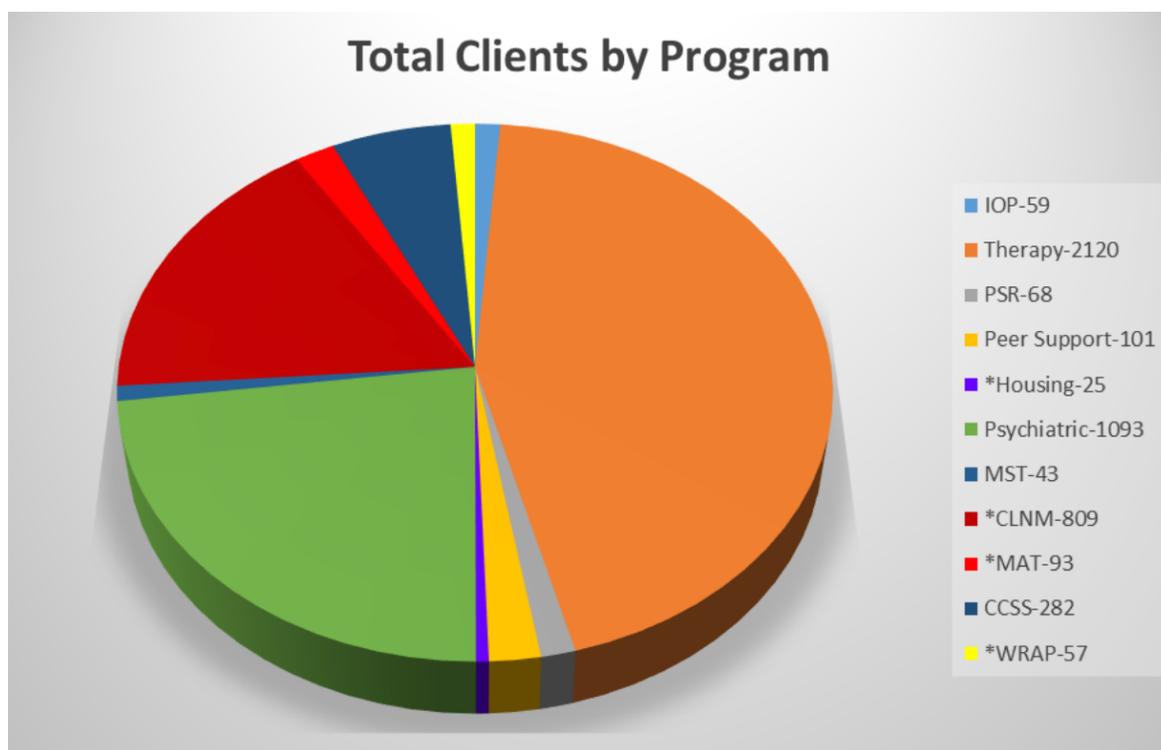
SERVICE DELIVERY

PROGRAMS

TOTAL CLIENTS SERVED BY MHR: 2175

Observations

- MAT services is a new program this year, and therefore is continuing to grow and expand as it becomes more well-known in the community. Therapy and Counseling and Psychiatric services continue to be the largest programs serving the most amount of clients.
- Data also includes clients who were pulled over from other systems inaccurately and need to be cleaned up. Numbers indicate clients who show as active but may not be current clients.



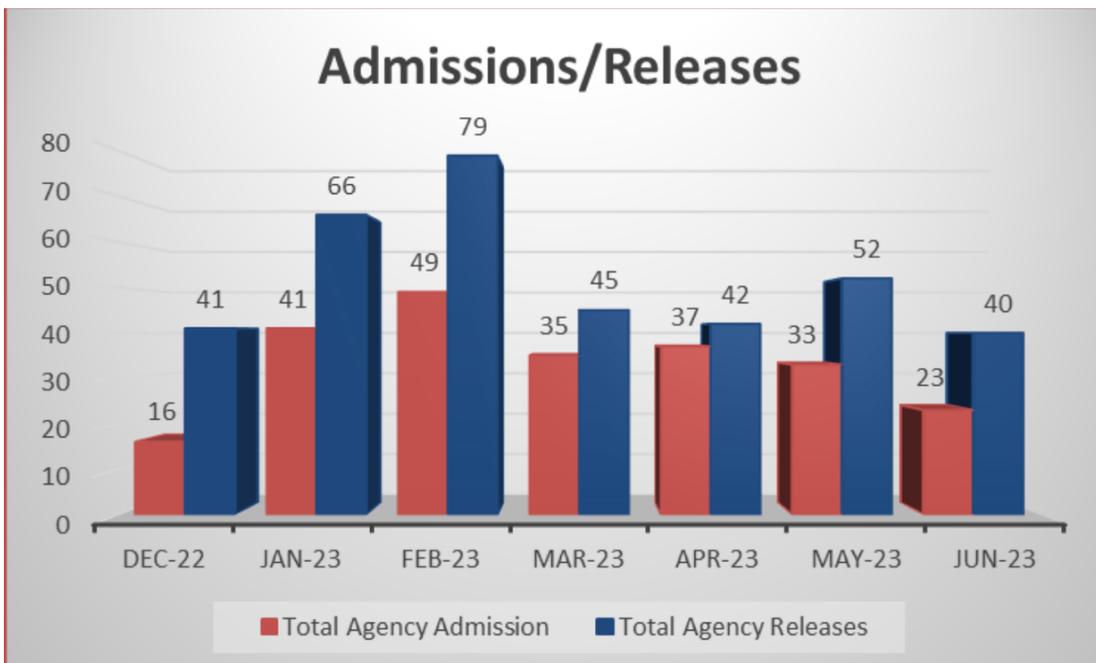
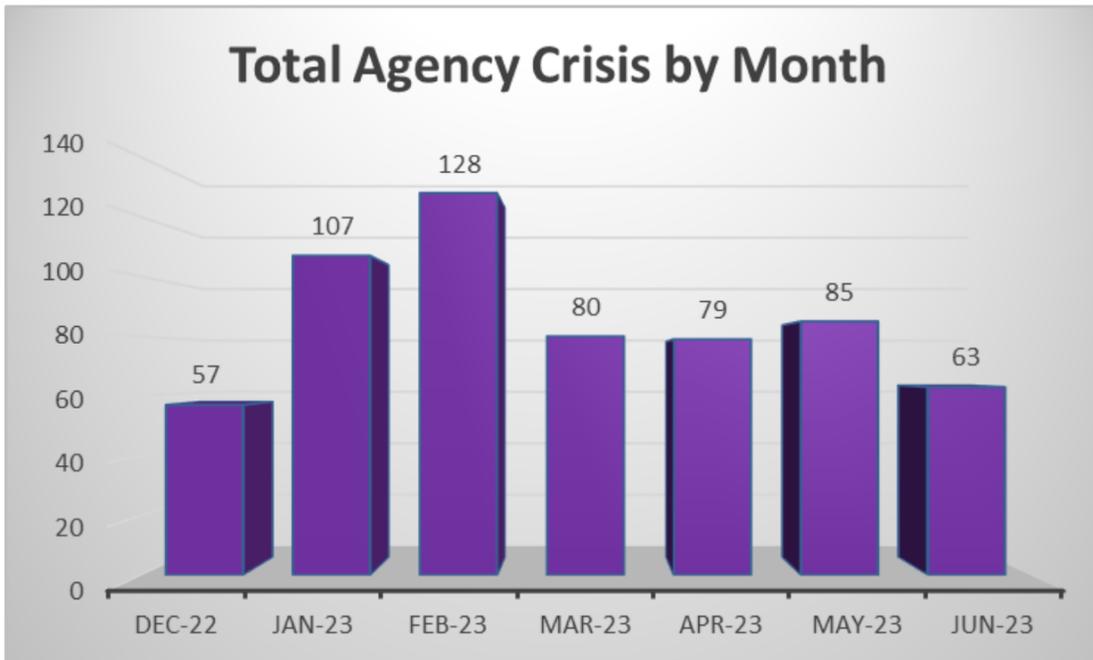
Future Changes

- At this time, we are unable to separate that data by site. We are working on implementing this into the new Arize system. WRAP program will expand from only being in Roosevelt Country into Curry County, and therefore these numbers should increase.

SERVICE DELIVERY

CRISIS INFORMATION

Total Agency Crisis FY 22-23: 599

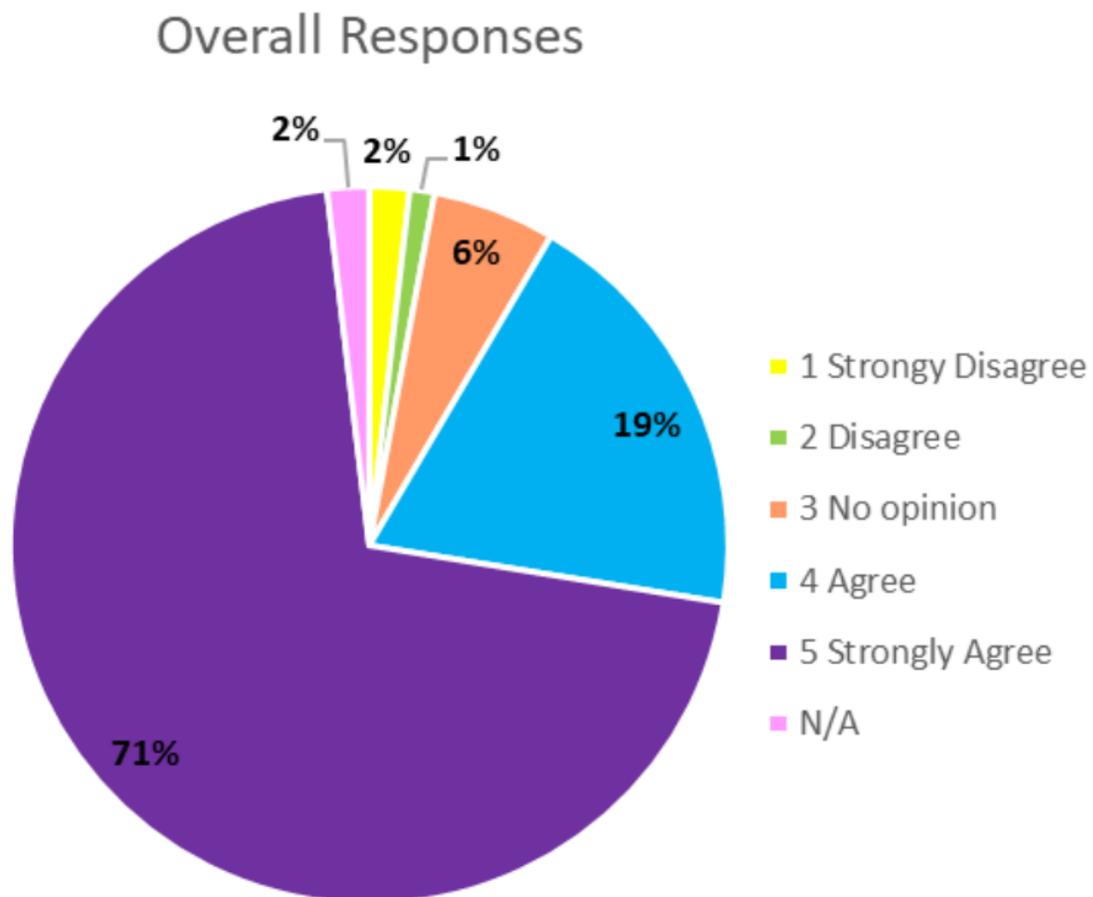


SERVICE DELIVERY

FEEDBACK FROM PERSONS SERVED

Client Satisfaction Surveys

- Given April 2023, a total of 204 surveys were given and responded to.



Future Plans

MHR will work on identifying ways to improve access for clients. MHR also plans on implementing a spanish version of the Client Satisfaction Survey and also implementing them electronically, rather than by hand. This is to be added into the Arize system by 1/2024.

BUSINESS FUNCTION

TECHNOLOGY

ARIZE-New Electronic Health Record

- Kickoff Meeting: May 25, 2022
 - Date of Go Live: Dec. 1, 2022
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GRANTS

- Clovis Walmart: Funds being put towards hotel vouchers in CLNM
 - Lineberry: Funds put towards security doors at 21st
 - 988 Alternative Crisis Triage Center: Funds are being put towards crisis services at RGH and PRMC
 - Funds from BHSD for Opioid SOR Treatment
 - Funds from BHSD for being a Local Lead Agency
 - Funds from BHSD for Move-in Assistance and Eviction Prevention (MIA EPS)
 - Funds from BHSD for Linkages Support Services
 - Funds from BHSD for Crisis Response Claims
 - Funds from BHSD for Community MH Services Block
 - Funds from BHSD for Mental Health
 - Funds from BHSD for SAPT Block Grant
 - Funds from BHSD for Substance Abuse
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BUSINESS FUNCTION

HUMAN RESOURCES

Staff Numbers by Program

IT: 2	Custodial: 3
Administrative, Non-Clinical: 8	Housing: 2
Administrative, Clinical: 7	Peer Supports: 2
Clinical:11	Family Peer Support: 1
CCSS: 5	IOP: 1
CareLink: 25	MST: 4
PSR: 5	Nurses: 3
Support Staff 11	Prescribers: 4
WRAP: 10	QI: 2

Spanish Speaking Staff by Site

- Clovis: 10
- Portales: 4
- Tucumcari: 1
- Ft Sumner: 0

*Some data was duplicated due to staff serving more than one office.

BUSINESS FUNCTION

AUDITS

Quality Service Review (QSR)

MHR participated in a Quality Service Review (QSR) with The Center of Innovation for Behavioral Health and Wellbeing at New Mexico State University. This was a month-long process of preparing for the review that entailed a review of case files, documentation, assessment, and general history for each person, and the QSR conducted interviews with the person themselves, agency staff involved with their treatment, and the person's formal and informal supports network. MHR was reviewed April 21-28, 2023, and had a preliminary data presentation on May 5, 2023. MHR met with the QSR team from NMSU weekly beginning in March to prepare for the QSR review. The QI department facilitated the meetings and planning with help from the clinical director and WRAP coaches.

CARF

MHR participated in our CARF audit in Sept. 2022. This included having two separate auditors attend virtually over the course of 4 days. During this time, the CARF auditors reviewed all of MHR's policies and procedures, plans, and documentation in our electronic health record. MHR was granted another 3-year accreditation and was also given instructions of areas of improvement in the form of a Quality Improvement Plan. In response to the recommendations made, a CARF committee has been implemented consisting of a representative from each department. The committee meets monthly and has been working together to address the things placed on the Quality Improvement plan, as well as continue to work to ensure compliance with the CARF manual as it is released each year.