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FY 2019-20 MEDI-CAL SPECIALTY MENTAL HEALTH EXTERNAL QUALITY REVIEW

LAKE MHP FINAL REPORT

Prepared for:

**California Department of
Health Care Services (DHCS)**

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TABLE OF CONTENTS

INTRODUCTION	5
MHP Information	5
Validation of Performance Measures	6
Performance Improvement Projects	6
MHP Health Information System Capabilities.....	6
Validation of State and MHP Beneficiary Satisfaction Surveys	6
Review of Recommendations and Assessment of MHP Strengths and Opportunities....	6
PRIOR YEAR REVIEW FINDINGS, FY 2018-19	8
Status of FY 2018-19 Review of Recommendations	8
Recommendations from FY 2018-19.....	8
PERFORMANCE MEASUREMENT	18
Health Information Portability and Accountability Act (HIPAA) Suppression Disclosure:	20
Total Beneficiaries Served	21
Penetration Rates and Approved Claims per Beneficiary.....	21
High-Cost Beneficiaries.....	25
Psychiatric Inpatient Utilization.....	25
Post-Psychiatric Inpatient Follow-Up and Rehospitalization.....	26
Diagnostic Categories	27
PERFORMANCE IMPROVEMENT PROJECT VALIDATION	28
Lake MHP PIPs Identified for Validation.....	28
Clinical PIP—Discharge Planning Team	28
Non-clinical PIP—Timely Connection to Service	30
INFORMATION SYSTEMS REVIEW	34
Key Information Systems Capabilities Assessment (ISCA) Information Provided by the MHP	34
Telehealth Services.....	35
Summary of Technology and Data Analytical Staffing.....	36
Current Operations.....	37
The MHP’s Priorities for the Coming Year.....	38
Major Changes since Prior Year	38
Other Areas for Improvement.....	39
Plans for Information Systems Change	39
Current EHR Status.....	39
Personal Health Record (PHR)	40
Medi-Cal Claims Processing	40
CONSUMER AND FAMILY MEMBER FOCUS GROUP(S).....	43
CFM Focus Group One.....	43

PERFORMANCE AND QUALITY MANAGEMENT KEY COMPONENTS.....	45
Access to Care	45
Timeliness of Services	47
Quality of Care	50
Beneficiary Progress/Outcomes.....	52
Structure and Operations	53
SUMMARY OF FINDINGS.....	56
MHP Environment – Changes, Strengths and Opportunities	56
FY 2019-20 Recommendations.....	61
SITE REVIEW PROCESS BARRIERS.....	63
ATTACHMENTS	64
Attachment A—On-site Review Agenda.....	65
Attachment B—Review Participants.....	66
Attachment C—Approved Claims Source Data.....	69
Attachment D—List of Commonly Used Acronyms	70
Attachment E—PIP Validation Tools.....	73

LIST OF TABLES AND FIGURES

Table 1: MHP Medi-Cal Enrollees and Beneficiaries Served, by Race/Ethnicity
Table 2: High-Cost Beneficiaries
Table 3: MHP Psychiatric Inpatient Utilization
Table 4: PIPs Submitted by MHP
Table 5: PIP Validation Review
Table 6: PIP Validation Review Summary
Table 7: Budget Dedicated to Supporting IT Operations
Table 8: Distribution of Services, by Type of Provider
Table 9: Contract Providers Transmission of Beneficiary Information to MHP EHR System
Table 10: Technology Staff
Table 11 Data Analytical Staff
Table 12: Primary EHR Systems/Applications
Table 13: EHR Functionality
Table 14: Summary of CY 2018 Short-Doyle/Medi-Cal Claims
Table 15: Summary of CY 2018 Top Three Reasons for Claim Denial
Table 16: Access to Care Components
Table 17: Timeliness of Services Components
Table 18: Quality of Care Components
Table 19: Beneficiary Progress/Outcomes Components
Table 20: Structure and Operations Components

Figure 1A: Overall Penetration Rates, CY 2016-18
Figure 1B: Overall Approved Claims per Beneficiary, CY 2016-18
Figure 2A: Latino/Hispanic Penetration Rates, CY 2016-18
Figure 2B: Latino/Hispanic Approved Claims per Beneficiary, CY 2016-18
Figure 3A: Foster Children Penetration Rates, CY 2016-18
Figure 3B: Foster Children Average Approved Claims per Beneficiary, CY 2016-18
Figure 4A: 7-day Post-Psychiatric Inpatient Follow-up
Figure 4B: 30-day Post-Psychiatric Inpatient Follow-up
Figure 5A: Beneficiaries Served, by Diagnostic Categories, CY 2018
Figure 5B: Total Approved Claims by Diagnostic Categories, CY 2018

INTRODUCTION

The United States Department of Health and Human Services (HHS), Centers for Medicare and Medicaid Services (CMS) requires an annual, independent external evaluation of State Medicaid Managed Care Organizations (MCOs) by an External Quality Review Organization (EQRO). External Quality Review (EQR) is the analysis and evaluation by an approved EQRO of aggregate information on quality, timeliness, and access to health care services furnished by Prepaid Inpatient Health Plans (PIHPs) and their contractors to recipients of State Medicaid Managed Care Services. The Code of Federal Regulations (CFR) specifies the requirements for evaluation of Medicaid MCOs (42 CFR, Section 438; Medicaid Program, External Quality Review of Medicaid Managed Care Organizations). These rules require an on-site review or a desk review of each Medi-Cal Mental Health Plan (MHP).

In addition to the Federal Medicaid EQR requirements, the California External Quality Review Organization (CalEQRO) also takes into account the State of California requirements for the MHPs. In compliance with California Senate Bill (SB) 1291 (Section 14717.5 of the Welfare and Institutions Code), the Annual EQR includes specific data for Medi-Cal eligible minor and nonminor dependents in foster care (FC).

The State of California Department of Health Care Services (DHCS) contracts with 56 county Medi-Cal MHPs to provide Medi-Cal covered Specialty Mental Health Services (SMHS) to Medi-Cal beneficiaries under the provisions of Title XIX of the federal Social Security Act.

This report presents the fiscal year (FY) 2018-19 findings of an EQR of the Lake MHP by the CalEQRO, Behavioral Health Concepts, Inc. (BHC).

The EQR technical report analyzes and aggregates data from the EQR activities as described below:

MHP Information

MHP Size — Small

MHP Region — Superior

MHP Location — Lucerne

MHP Beneficiaries Served in Calendar Year (CY) 2018 — 1,142

MHP Threshold Language(s) — Spanish

Threshold languages are listed in order beginning with the most to least number of eligibles. This information is obtained from the DHCS/Research and Analytic Studies Division (RASD), Medi-Cal Statistical Brief, September 2016.

Validation of Performance Measures¹

Both a statewide annual report and this MHP-specific report present the results of CalEQRO's validation of eight mandatory performance measures (PMs) as defined by DHCS and other additional PMs defined by CalEQRO.

Performance Improvement Projects²

Each MHP is required to conduct two Performance Improvement Projects (PIPs)—one clinical and one non-clinical—during the 12 months preceding the review. The PIPs are reviewed in detail later in this report.

MHP Health Information System Capabilities³

Using the Information Systems Capabilities Assessment (ISCA) protocol, CalEQRO reviewed and analyzed the extent to which the MHP meets federal data integrity requirements for Health Information Systems (HIS), as identified in 42 CFR §438.242. This evaluation included a review of the MHP's Electronic Health Records (EHR), Information Technology (IT), claims, outcomes, and other reporting systems and methodologies for calculating PMs.

Validation of State and MHP Beneficiary Satisfaction Surveys

CalEQRO examined available beneficiary satisfaction surveys conducted by DHCS, the MHP, or its subcontractors.

CalEQRO also conducted 90-minute focus groups with beneficiaries and family members to obtain direct qualitative evidence from beneficiaries.

Review of Recommendations and Assessment of MHP Strengths and Opportunities

The CalEQRO review draws upon prior years' findings, including sustained strengths, opportunities for improvement, and actions in response to recommendations. Other findings in this report include:

¹ Department of Health and Human Services. Centers for Medicare and Medicaid Services (2012). Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR), Protocol 2, Version 2.0, September, 2012. Washington, DC: Author.

² Department of Health and Human Services. Centers for Medicare and Medicaid Services (2012). Validating Performance Improvement Projects: Mandatory Protocol for External Quality Review (EQR), Protocol 3, Version 2.0, September 2012. Washington, DC: Author.

³ Department of Health and Human Services. Centers for Medicare and Medicaid Services (2012). EQR Protocol 1: Assessment of Compliance with Medicaid Managed Care Regulations: A Mandatory Protocol for External Quality Review (EQR), Protocol 1, Version 2.0, September 1, 2012. Washington, DC: Author.

- Changes, progress, or milestones in the MHP's approach to performance management — emphasizing utilization of data, specific reports, and activities designed to manage and improve quality.
- Ratings for key components associated with the following three domains: access, timeliness, and quality. Submitted documentation as well as interviews with a variety of key staff, contracted providers, advisory groups, beneficiaries, and other stakeholders inform the evaluation of the MHP's performance within these domains. Detailed definitions for each of the review criteria can be found on the CalEQRO website, www.caleqro.com.

PRIOR YEAR REVIEW FINDINGS, FY 2018-19

In this section, the status of last year's (FY 2018-19) recommendations are presented, as well as changes within the MHP's environment since its last review.

Status of FY 2018-19 Review of Recommendations

In the FY 2018-19 site review report, the CalEQRO made a number of recommendations for improvements in the MHP's programmatic and/or operational areas. During the FY 2019-20 site visit, CalEQRO reviewed the status of those FY 2018-19 recommendations with the MHP. The findings are summarized below.

Assignment of Ratings

Met is assigned when the identified issue has been resolved.

Partially Met is assigned when the MHP has either:

- Made clear plans and is in the early stages of initiating activities to address the recommendation; or
- Addressed some but not all aspects of the recommendation or related issues.

Not Met is assigned when the MHP performed no meaningful activities to address the recommendation or associated issues.

Recommendations from FY 2018-19

PIP Recommendations

Recommendation 1: As per Title 42, CFR, Section 438.330, DHCS requires two active PIPs; the MHP is contractually required to meet this requirement. *(This recommendation is a carry-over from FY 2017-18 and FY 2016-17.)*

Status: Partially Met

- The MHP has presented both an active PIP and concept only PIP, which is currently in the process of implementation.
- The MHP secured ongoing technical assistance (TA) regarding PIP development from BHC in 2019.

Recommendation 2: The MHP needs to launch its clinical and non-clinical performance improvement projects and ensure that the methodologies defined within the projects are appropriate to determine if the proposed goals of various interventions are being monitored and achieved. The MHP should maintain contact with CalEQRO to secure ongoing TA. *(This recommendation is a carry-over from FY 2017-18 and FY 2016-17.)*

Status: Partially Met

- The MHP has proactively reached out to BHC and secured regarding PIP development, in May, October, and November of 2019.
- The MHP has two PIPs, although just one was fully implemented at the time of the review; the other had been launched, but the PIP tool submission was incomplete, and the project was deemed concept only.
- The MHP has taken steps to have the full project design and PIPs implemented by the first quarter of calendar year 2020, which represents a substantial improvement toward meeting the regulatory requirement.

Access Recommendations

Recommendation 3: In addition to participation in the county-wide compensation analysis, the MHP should continue to explore and adopt alternative methods to attract and retain staff, such as allowing for alternative work schedules and providing education incentives.

Status: Met

- The MHP participated in and received data from a county-wide compensation and job classification study in November 2019. With Phase I completed, the MHP is now in the process of contributing department specifics to Phase II of this study at the time of the review.
- The MHP demonstrated that it continues to develop and adopt workforce recruitment and retention strategies, which has resulted in a fill/staffing rate of 90 percent, up from nearly 50 percent.
- The MHP currently provides flexible four 10-hour work schedules; alternate schedules for staff in school; relocation costs for new staff who are from out of the area; and, incentives for new licensed clinical staff and incumbent staff who refer new employees. The MHP anticipates continued progress in addressing pay scale, which differ by as much as 38 percent (less) from that of neighboring county MHPs.

Recommendation 4: Establish a plan that identifies and addresses the specific issues the MHP has with maintaining consistent data collection, tracking and reporting. Collaborate with Kings View to provide routine monthly robust tracking and capacity assessment/reporting.

Status: Met

- In October, the MHP completed and signed a three-year contract with Kings View, which includes Health Information Analytics and Dashboards as well as editing, creating, and submitting compliant data/reporting to the State.

- The Management and Quality Assurance teams have met to discuss and identify reports that are needed and desired for robust reporting, based on key performance indicators and to satisfy state requirements.
- The MHP has not created any new reports in the past year, but have addressed existing reports – medication monitoring, timeliness and quality improvement committee (QIC) reports to make them more meaningful.
- The MHP started generating access and timeliness reports in July 2019 that tracked length of time from initial request to first offered and first kept appointments.

Recommendation 5: The MHP should complete a capacity analysis for staffing which identifies the maximum output of the system as-is and its constraints in terms of beneficiary access and timeliness. *(This recommendation is a carry-over from FY 2017-18.)*

Status: Partially Met

- The MHP has had discussions at the management level regarding conducting an internal capacity assessment. However, it is looking toward the recent county-wide class and compensation study results to define how to progress.
- The MHP has addressed capacity issues by achieving a significant reduction in its staff vacancy rate.
- The MHP has been submitting Network Adequacy Certification Tool (NACT) data manually to the State since April 2019 when they began geo-mapping.
- While the MHP reports that there have been issues extracting the NACT data manually, they are close to implementing electronic extraction.
- NACT data for 2019 was submitted to the State in September 2019.
- See Recommendation 8 for remedial timeliness actions taken.

Recommendation 6: Meet monthly with leadership and the quality improvement team to monitor staffing levels to adequately provide services. *(This recommendation is a carry-over from FY 2017-18.)*

Status: Met

- The MHP discusses staff levels at both leadership level and Quality Improvement (QI) meetings with applicable data or reporting, which are monitored and discussed monthly.

Recommendation 7: Seek solutions towards eliminating wait lists/waiting periods throughout system of care.

Status: Met

- The MHP has taken significant steps in re-designing and implementing a new access process designed to address waitlists.
- In July 2019, the MHP instituted a new assessment process, which has allowed the process to be completed within days versus weeks and subsequently, has reduced wait times. A significant part of this new workflow includes the addition of a mental health specialist who has five intake appointment slots set aside each day. The specialist also has identified and documented the client's presenting issues and completed validated screening tools, thereby saving valuable clinician time.
- The MHP has increased psychiatric capacity by increasing existing contract and adding a new contract with locum tenens provider.
- The MHP reviews and addresses capacity issues on a regular basis and reported that there is no longer a waiting list for adults. Clinicians state there is still a need to prioritize for children and are using a triage process to timely and effectively match children's service needs for Specialty Mental Health Services to the MHP system of care.

Timeliness Recommendations

Recommendation 8: The MHP needs to comply with the State's timeliness metric of 15 days for initial request to first psychiatric appointment as per IN 18-011.

Status: Met

- The MHP has increased psychiatric capacity by increasing existing contract and adding a new contract with locum tenens provider.
- The MHP has increased their telehealth services this year by 32 hours per week. Telehealth services are provided at both Lucerne and Clearlake sites for children and adults.
- The MHP has also bolstered its psychiatric services with the addition of permanent 1.25 fulltime equivalent (FTE)nurses. An additional FTE is in process and scheduled for hire along with a full time senior psychiatric technician who was also hired.
- In April 2019, the DHCS imposed financial sanctions for the MHP's failure to comply with network adequacy standards. The sanction specified that the MHP needed to add 2.52 FTE psychiatric providers to meet network adequacy requirements.
- The MHP budgeted 1.3 million dollars for psychiatric services to remediate the psychiatric staffing levels. As a result of the steps described above, the sanction was officially lifted in August 2019.

Recommendation 9: The MHP should take steps to remediate its high rate of missed appointments for psychiatry. A first step would be to set a standard by which to gauge its performance for no-shows to appointments. Track and report no-shows for clinicians and psychiatrists individually.

Status: Partially Met

- The MHP tracks their no-shows manually by provider, but they have not built separate categories into their EHR system.
- The MHP has not updated their policy and procedure for no-shows, but states they are in the process of establishing such a standard.
- In FY 2018-19, the MHP had a 22 percent no-show rate for all psychiatric services and a 14 percent no-show rate for clinicians—the same as for FY 2017-18.

Recommendation 10: The MHP should identify and take steps to resolve the root causes for such a small number of beneficiaries receiving a timely first appointment.

Status: Partially Met

- Please refer to Recommendation 7 for steps taken to resolve timeliness for first appointment.

Recommendation 11: The MHP needs to define and track requests for urgent appointments. Track and report in hourly increments. *(This recommendation is a carry-over from FY 2017-18.)*

Status: Partially Met

- The MHP utilizes a separate tracking sheet outside of the EHR to monitor urgent appointments. Although this is a manual system, it does track urgent conditions in hourly increments.
- The MHP has taken steps to ensure availability for psychiatric appointments by designating a daily slot for emergency appointments.
- The MHP should take steps to research and define urgent based on the DHCS information notices in order to track and report on such appointment requests in a consistent manner.

Recommendation 12: Provide Kings View training system-wide following system upgrades on timeliness tracking and reporting.

Status: Partially Met

- The MHP has taken steps to address this gap in training, including the renewal of its contract and subsequent management-level discussions with Kings View.

However, the MHP remains reliant on its vendor for addressing this subject with further upgrade training forthcoming.

- The MHP reports that the Cerner Behavioral Health System (CCBH) Client Service Information (CSI) Assessment is not working correctly and, therefore, data extraction from the Access to Services Journal (ASJ) is not currently possible.
- Kings View will provide training once the data extraction from the ASJ is functioning properly.

Recommendation 13: The MHP needs to establish a reliable process and method of tracking incoming calls requesting a first appointment. Within this process, there needs to be a check for accurate and complete reporting.

Status: Partially Met

- The MHP has increased training and revised the access log procedures to address problems in accuracy and consistency of logging and tracking calls.
- The MHP has moved from an Excel-based system to utilization of an Access database in order to improve data extraction and accuracy.
- A case manager now oversees all data entry into the call database to more fully monitor call activity during business hours.
- The MHP has initiated a PIP to address the incoming calls for service process. However, initial analysis and test calls reveal that the handling of incoming calls remains quite inefficient with only a small percentage of them properly logged.

Recommendation 14: Following CCBH upgrades, collaborate with Kings View to utilize the upgraded scheduling function to electronically track and monitor timeliness rather than utilizing an Access database thereby eliminating duplicate entry.

Status: Partially Met

- Please refer to Recommendation 12 regarding Cerner's ASJ data extraction status.
- The MHP did make some improvements to their Access database, including ensuring that response to some question fields were mandatory; displaying relevant options for beneficiaries' circumstances; and, reordering some of the question fields.
- The MHP will be able to log calls for beneficiaries not yet admitted to services as well as track appointments offered and accepted electronically once the ASJ issues in Cerner are remedied.

Quality Recommendations

Recommendation 15: Implement a clinical work group to consider the utilization of evidenced-based practices (EBP).

Status: Met

- The MHP's clinical leadership meet regularly with the deputy director regarding the implementation of EBP and the coordination of training for staff.
- Currently, the MHP utilizes Motivational Interviewing; has trained staff on Trauma Focused cognitive behavioral therapy (CBT); and, is implementing the Strengths Model Case Management strategy for its Children's team.
- The MHP plans to convene a monthly clinical consultation group in 2020, which in part will be to support best practice in utilization of EBP.

Recommendation 16: Establish enhanced medication monitoring in order to assure prescribing guidelines are followed as per SB 1291 and best practices.

Status: Partially Met

- The MHP continues to review example policies, but it has yet to formally develop one regarding the various SB 1291 mandates.
- The MHP contracts with a local pharmacist who performs medication monitoring quarterly; the results of which are reported to the director and QIC.
- The MHP is tracking psychotropic medications and lab work for FC beneficiaries.

The MHP was not aware and therefore had not accessed DHCS SB 1291 data available online. Access information and clarification were provided at the review.

Recommendation 17: Provide system-wide training in co-occurring diagnosis entry and establish a tracking mechanism to monitor diagnosis pattern post training.

Status: Partially Met

- The MHP states they could track co-occurring diagnoses, but that they do not because they were not confident in the data.
- The MHP was unclear regarding this designation asking if this is limited to those with a formal diagnosis or would include those who just have a history of substance abuse.
- The MHP provided a series of five staff trainings that included how to identify and diagnose co-occurring disorders.

Recommendation 18: Develop FY 2019-20 QI work plan with performance metrics to monitor QI activities reviewed at scheduled quarterly meetings. *(This recommendation is a carry-over from FY 2017-18.)*

Status: Partially Met

- The MHP has developed a FY 2019-20 QI work plan and reviews the plan quarterly, but the annual work plan evaluation has yet to be completed.
- The MHP has had several work interruptions where offices have been closed for hours to days due to recurrent impact of catastrophic wildfire and planned power outages across the region. This has impacted services to beneficiaries and interrupted scheduled work such as QIC meetings.
- Performance metrics within the current QI work plan are a point-in-time view, rather than trending over time.

Beneficiary Outcomes Recommendations

Recommendation 19: Work with information system vendor to better understand the capabilities of the system and establish a data validation plan that includes that system and other stand-alone processes.

Status: Met

- Please refer to Information System Recommendation 25, below. The steps noted include installation of the Millennium platform which will result in improved outcome and clinical reporting along with data informed decision capability that will enhance client care.

Recommendation 20: Establish a leadership resiliency plan to avoid single point of failure with loss of key employees. Determine short-term and long-term mitigation strategies, consider transfer of knowledge across job classifications and titles, anticipate scenarios for follow-up in absence of key individuals.

Status: Met

- Over the past year, the MHP has secured a committed management team and provided significant cross-training for their staff at all levels.
- Please refer to Recommendation 3 above, which notes the meaningful steps taken by the MHP to obtain, recruit, train and retain qualified staff for key positions. Such efforts will benefit activities that are primarily clinical or that support systems required to more effectively delivery care.

Recommendation 21: Train clinicians on utilization of the Milestones of Recovery Scale (MORS) outcome tool and establish monitoring process in the usage of MORS, post training, to maintain consistency. Status: Partially Met

- In July 2019, the MHP began using MORS electronically systemwide.
- The MHP has not been able to provide MORS training for all staff in the past year, despite requests from both new and existing staff. Training for all clinical staff is expected to be implemented in 2020.

- Reporting of MORS scale is completed monthly for all full-service partnership (FSP) eligible beneficiaries and those assigned to the Discharge Team, and reporting has been integrated into regular clinical staff meetings to better monitor service levels and progress.

Foster Care Recommendations

Recommendation 22: Implement enhanced medication monitoring and follow-up in order to meet regulatory obligations as per SB 1291.

Status: Partially Met

- The MHP states they are tracking psychotropic medications and lab work for FC beneficiaries, but they have not formalized a monitoring process that fully meets the SB 1291 requirements.

Recommendation 23: Implement a formal process to track and collect SB 1291 data and develop a mechanism to share this data with partner entities.

Status: Not Met

- The MHP was not aware of and therefore had not accessed DHCS SB 1291 data available online. Mechanisms to access online information and clarifications were provided at the time of this review and during the previous EQRO visit.

Recommendation 24: Track FC beneficiaries by sub-account to be able to track and monitor SB 1291 data.

Status: Partially Met

- The MHP tracks FC beneficiaries by sub-account but is still reviewing policies on how to fully monitor SB 1291 data.

Information Systems Recommendations

Recommendation 25: Collaborate with Kings View to improve system functionality, standardized data extraction, analytics and reporting. *(This recommendation is a carry-over from FY 2017-18.)* Status: Met

- The MHP has contracted with CCBH and Kings View for installation and implementation of CCBH's new Millennium product and has agreed to be part of Millennium's pilot program.
- The first meeting with CCBH occurred in November 2019 with the MHP's newly formed user group.
- Millennium will be installed in a non-live environment for testing when CCBH's Promotion 231 is available. Testing is scheduled for December 2019.

Recommendation 26: Install CCBH Promotions 221 through 228 to accommodate state-mandated reporting criteria including timeliness, network adequacy and SB 1291.

Status: Met

- The MHP installed Promotion 229 in June 2019 and Promotion 230 in September 2019.

PERFORMANCE MEASUREMENT

CalEQRO is required to validate the following eight mandatory PMs as defined by DHCS:

- Total beneficiaries served by each county MHP.
- Penetration rates in each county MHP.
- Total costs per beneficiary served by each county MHP.
- High-Cost Beneficiaries (HCBs) incurring \$30,000 or higher in approved claims during a CY.
- Count of Therapeutic Behavioral Services (TBS) beneficiaries served compared to the 4 percent Emily Q. Benchmark (not included in MHP reports; this information is included in the Annual Statewide Report submitted to DHCS).
- Total psychiatric inpatient hospital episodes, costs, and average length of stay (LOS).
- Psychiatric inpatient hospital 7-day and 30-day rehospitalization rates.
- Post-psychiatric inpatient hospital 7-day and 30-day SMHS follow-up service rates.

In addition, CalEQRO examines the following SB 1291 PMs (Chapter 844; Statutes of 2016) for each MHP:⁴

- The number of Medi-Cal eligible minor and nonminor dependents.
- Types of mental health services provided to children, including prevention and treatment services. These types of services may include, but are not limited to, screenings, assessments, home-based mental health services, outpatient services, day treatment services or inpatient services, psychiatric hospitalizations, crisis interventions, case management, and psychotropic medication support services.
- Performance data for Medi-Cal eligible minor and nonminor dependents in FC.
- Utilization data for Medi-Cal eligible minor and nonminor dependents in FC.

⁴ Public Information Links to SB 1291 and foster care specific data requirements:

1. Senate Bill (SB) 1291 (Chapter 844). This statute would require annual mental health plan reviews to be conducted by an EQRO and, commencing July 1, 2018, would require those reviews to include specific data for Medi-Cal eligible minor and nonminor dependents in foster care, including the number of Medi-Cal eligible minor and nonminor dependents in foster care served each year. The bill would require the department to share data with county boards of supervisors, including data that will assist in the development of mental health service plans and performance outcome system data and metrics, as specified. More information can be found at http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_1251-1300/sb_1291_bill_20160929_chaptered.pdf

2. EPSDT POS Data Dashboards:

<http://www.dhcs.ca.gov/provgovpart/pos/Pages/Performance-Outcomes-System-Reports-and-Measures-Catalog.aspx>

3. Psychotropic Medication and HEDIS Measures:

http://cssr.berkeley.edu/ucb_childwelfare/ReportDefault.aspx includes:

- 5A (1&2) Use of Psychotropic Medications
- 5C Use of Multiple Concurrent Psychotropic Medications
- 5D Ongoing Metabolic Monitoring for Children on Antipsychotic Medications New Measure

<http://www.dhcs.ca.gov/dataandstats/Pages/Quality-of-Care-Measures-in-Foster-Care.aspx>

4. Assembly Bill (AB) 1299 (Chapter 603; Statutes of 2016). This statute pertains to children and youth in foster care and ensures that foster children who are placed outside of their county of original jurisdiction, are able to access mental health services in a timely manner consistent with their individualized strengths and needs and the requirements of EPSDT program standards and requirements. This process is defined as presumptive transfer as it transfers the responsibility to provide or arrange for mental health services to a foster child from the county of original jurisdiction to the county in which the foster child resides. More information can be found at http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1251-1300/ab_1299_bill_20160925_chaptered.pdf

5. *Katie A. v. Bonta*:

The plaintiffs filed a class action suit on July 18, 2002, alleging violations of federal Medicaid laws, the American with Disabilities Act, Section 504 of the Rehabilitation Act and California Government Code Section 11135. The suit sought to improve the provision of mental health and supportive services for children and youth in, or at imminent risk of placement in, foster care in California. More information can be found at <https://www.dhcs.ca.gov/Pages/KatieAImplementation.aspx>.

- Medication monitoring consistent with the child welfare psychotropic medication measures developed by the State Department of Social Services and any Healthcare Effectiveness Data and Information Set (HEDIS) measures related to psychotropic medications, including, but not limited to, the following.
 - Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder Medication (HEDIS ADD).
 - Use of Multiple Concurrent Antipsychotics in Children and Adolescents (HEDIS APC).
 - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (HEDIS APP).
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (HEDIS APM).
- Access to, and timeliness of, mental health services, as described in Sections 1300.67.2, 1300.67.2.1, and 1300.67.2.2 of Title 28 of the California Code of Regulations and consistent with Section 438.206 of Title 42 of the Code of Federal Regulations, available to Medi-Cal eligible minor and nonminor dependents in FC.
- Quality of mental health services available to Medi-Cal eligible minor and nonminor dependents in FC.
- Translation and interpretation services, consistent with Section 438.10(c)(4) and (5) of Title 42 of the Code of Federal Regulations and Section 1810.410 of Title 9 of the California Code of Regulations, available to Medi-Cal eligible minor and nonminor dependents in FC.

Health Information Portability and Accountability Act (HIPAA) Suppression Disclosure:

Values are suppressed to protect confidentiality of the individuals summarized in the data sets when the beneficiary count is less than or equal to 11 (*). Additionally, suppression may be required to prevent calculation of initially suppressed data; corresponding penetration rate percentages (n/a); and cells containing zero, missing data or dollar amounts (-).

Total Beneficiaries Served

Table 1 provides details on beneficiaries served by race/ethnicity.

Table 1: Medi-Cal Enrollees and Beneficiaries Served in CY 2018 by Race/Ethnicity Lake MHP				
Race/Ethnicity	Average Monthly Unduplicated Medi-Cal Enrollees	% Enrollees	Unduplicated Annual Count Beneficiaries Served	% Served
White	20,523	60.3%	808	70.8%
Latino/Hispanic	8,343	24.5%	138	12.1%
African-American	855	2.5%	*	n/a
Asian/Pacific Islander	346	1.0%	*	n/a
Native American	1,200	3.5%	35	3.1%
Other	2,785	8.2%	113	9.9%
Total	34,050	100%	1,142	100%
The total for Average Monthly Unduplicated Medi-Cal Enrollees is not a direct sum of the averages above it. The averages are calculated independently.				

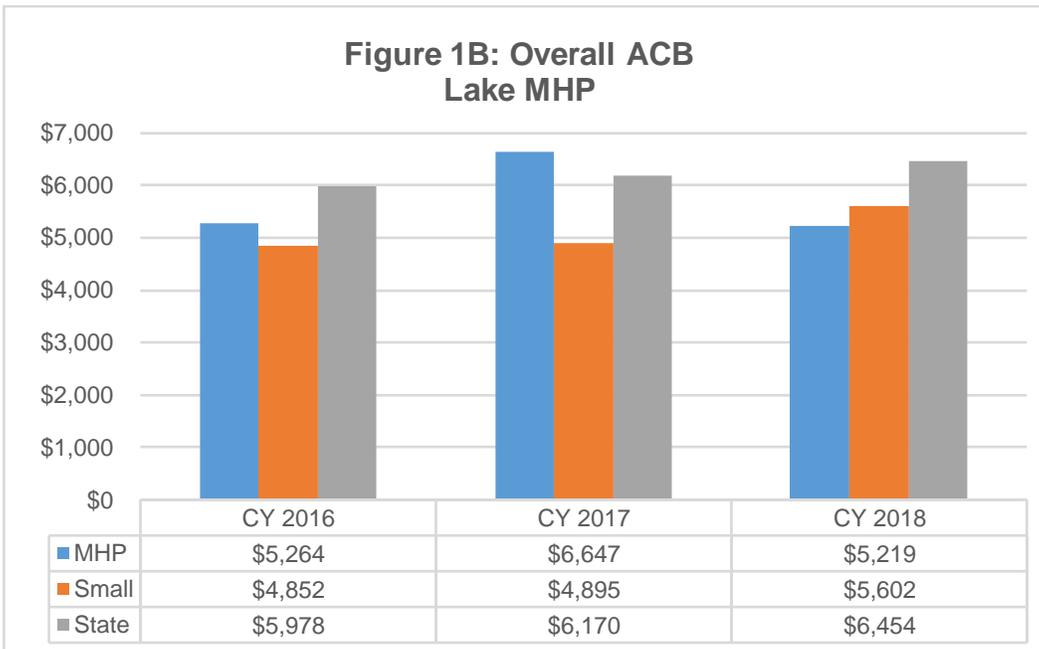
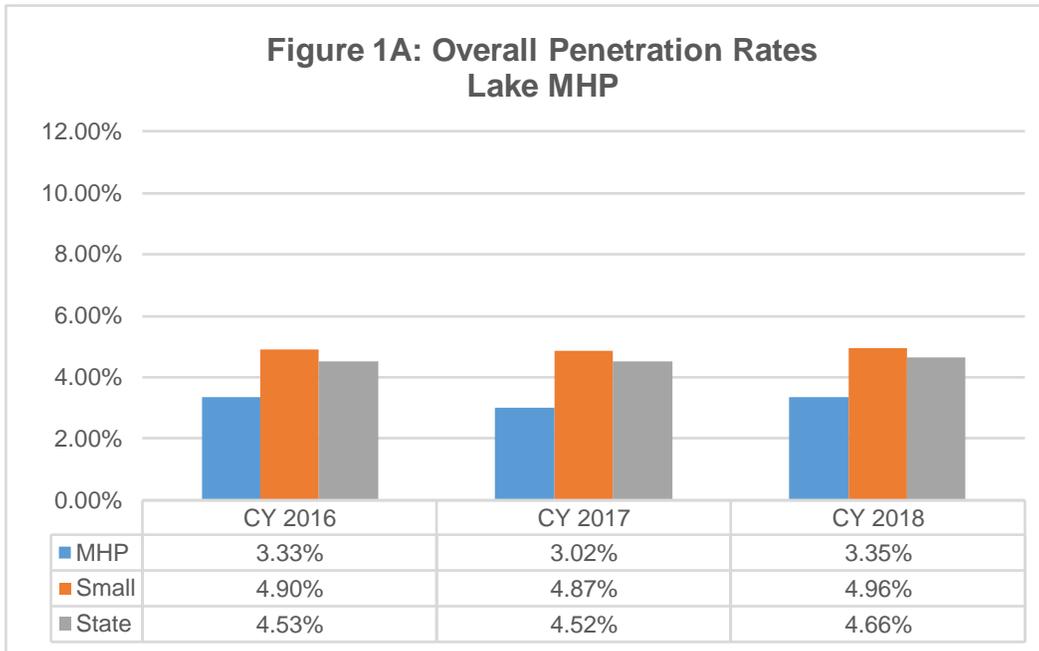
Penetration Rates and Approved Claims per Beneficiary

The penetration rate is calculated by dividing the number of unduplicated beneficiaries served by the monthly average Medi-Cal enrollee count. The annual average approved claims per beneficiary (ACB) served is calculated by dividing the total annual Medi-Cal approved claim dollars by the unduplicated number of Medi-Cal beneficiaries served during the corresponding year.

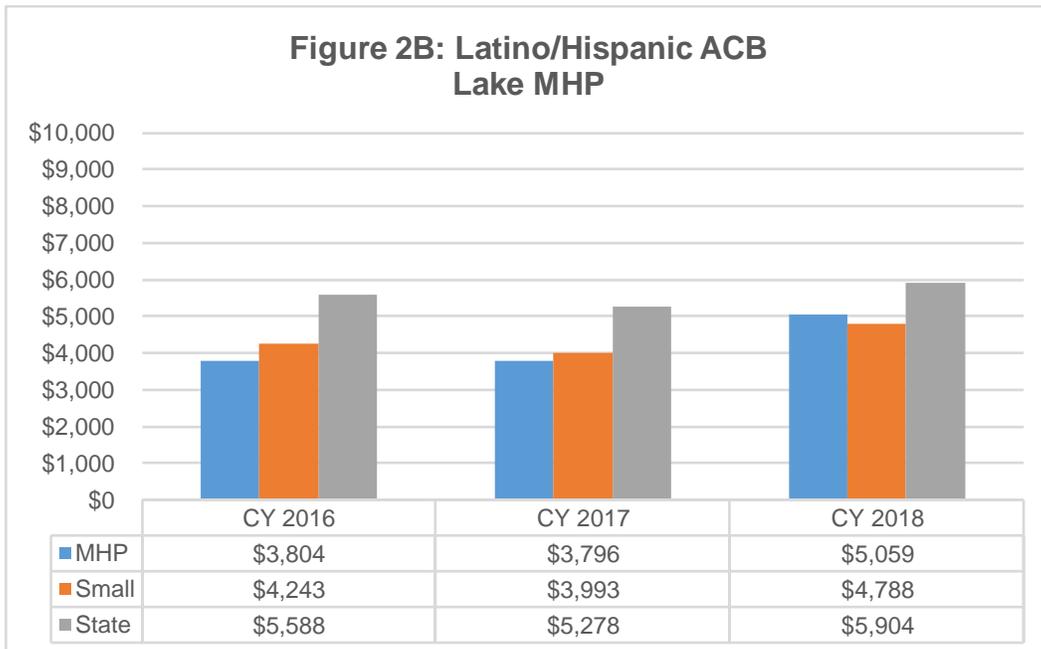
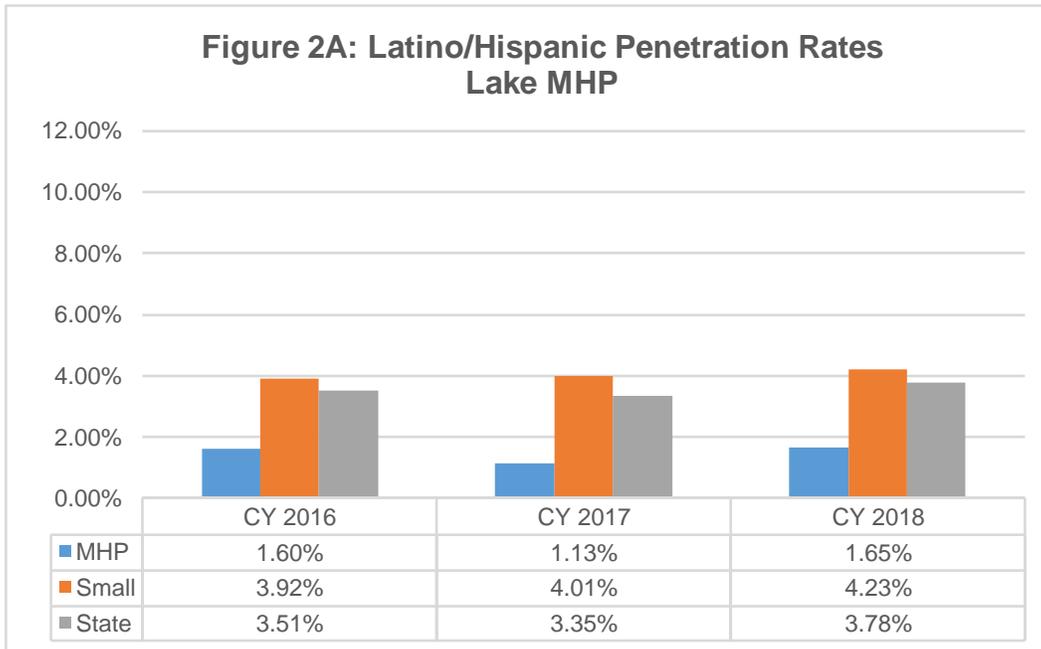
CalEQRO has incorporated the Affordable Care Act (ACA) Expansion data in the total Medi-Cal enrollees and beneficiaries served. Attachment C provides further ACA-specific utilization and performance data for CY 2018. See Table C1 for the CY 2018 ACA penetration rate and ACB.

Regarding the calculation of penetration rates, the Lake MHP uses the same method used by CalEQRO.

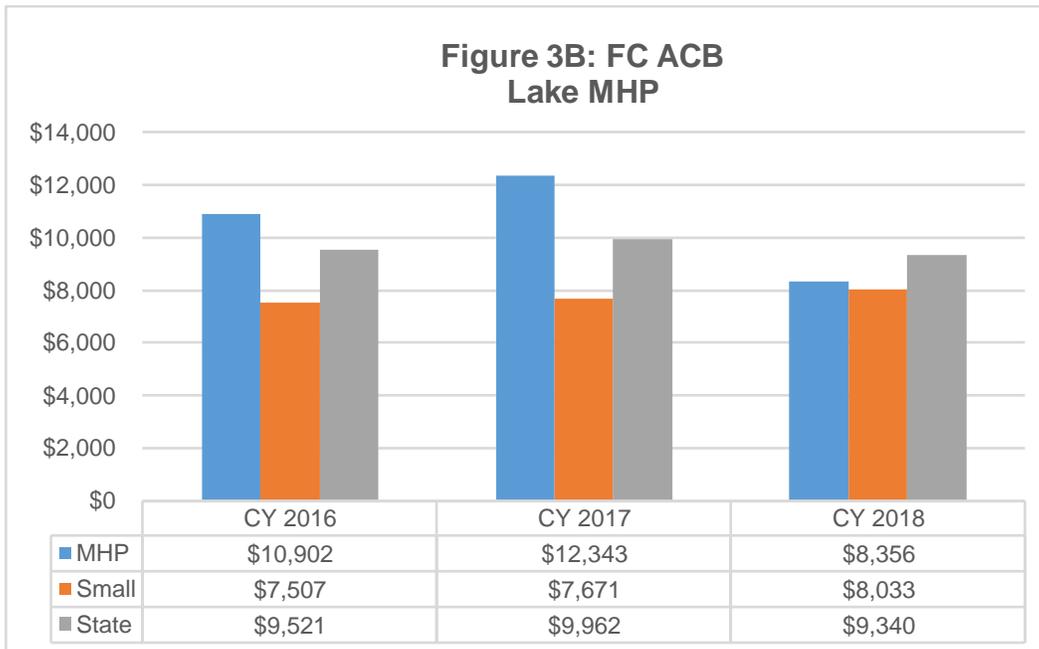
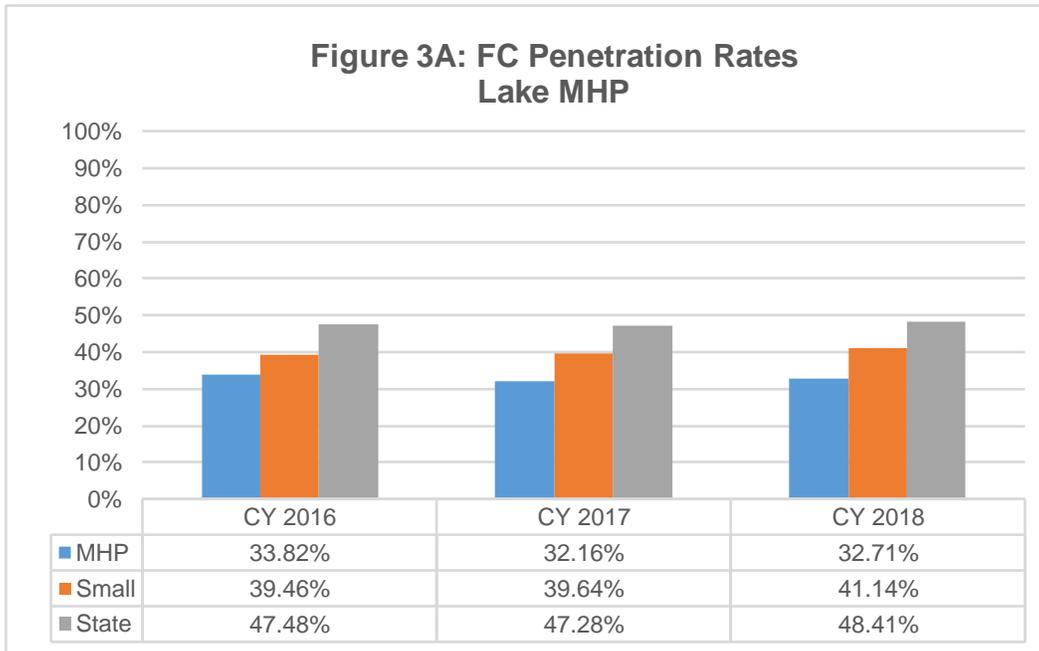
Figures 1A and 1B show three-year (CY 2016-18) trends of the MHP's overall penetration rates and ACB, compared to both the statewide average and the average for small MHPs.



Figures 2A and 2B show three-year (CY 2016-18) trends of the MHP's Latino/Hispanic penetration rates and ACB, compared to both the statewide average and the average for small MHPs.



Figures 3A and 3B show three-year (CY 2016-18) trends of the MHP's FC penetration rates and ACB, compared to both the statewide average and the average for small MHPs.



High-Cost Beneficiaries

Table 2 provides the three-year summary (CY 2016-18) MHP HCBs and compares the statewide data for HCBs for CY 2018 with the MHP's data for CY 2018, as well as the prior two years. HCBs in this table are identified as those with approved claims of more than \$30,000 in a year.

Table 2: High-Cost Beneficiaries Lake MHP							
MHP	Year	HCB Count	Total Beneficiary Count	HCB % by Count	Average Approved Claims per HCB	HCB Total Claims	HCB % by Total Claims
Statewide	CY 2018	23,164	618,977	3.74%	\$57,725	\$1,337,141,530	33.47%
MHP	CY 2018	43	1,142	3.77%	\$49,577	\$2,131,814	35.77%
	CY 2017	49	1,015	4.83%	\$49,039	\$2,402,900	35.62%
	CY 2016	33	1,083	3.05%	\$50,086	\$1,652,850	28.99%

See Attachment C, Table C2 for the distribution of the MHP beneficiaries served by ACB range for three cost categories: under \$20,000; \$20,000 to \$30,000; and above \$30,000.

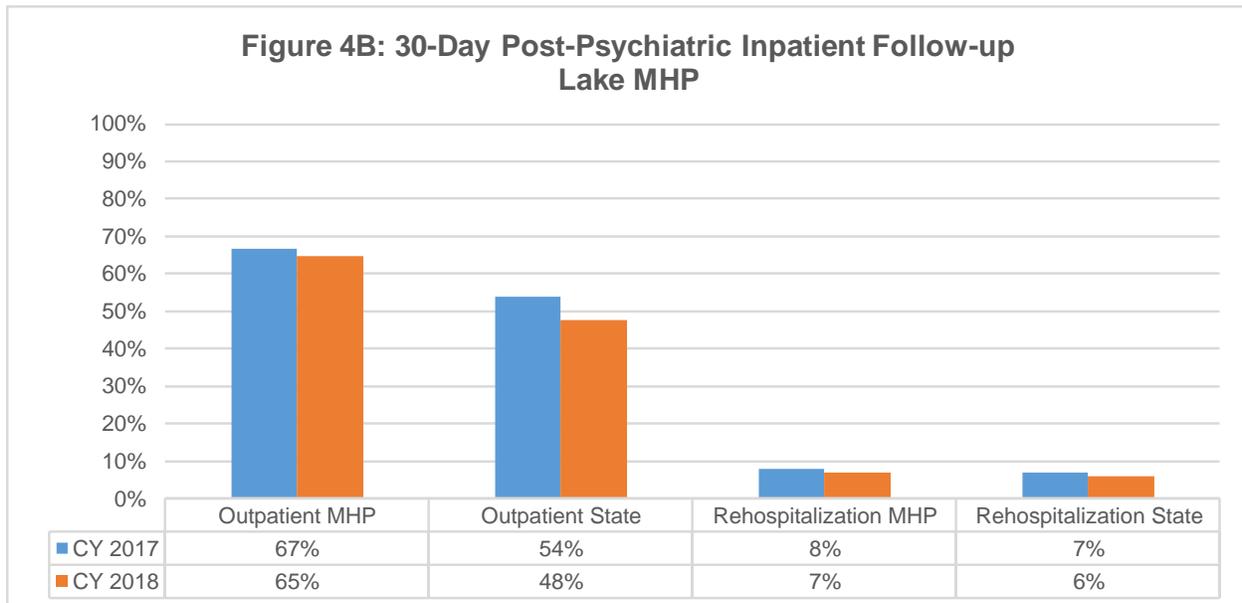
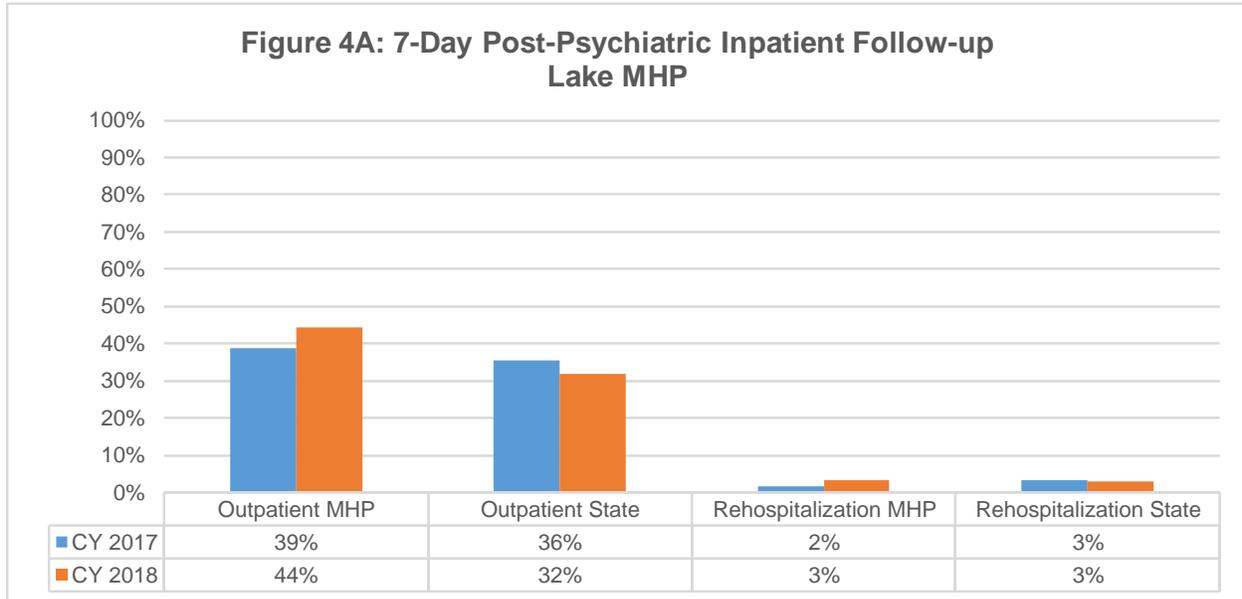
Psychiatric Inpatient Utilization

Table 3 provides the three-year summary (CY 2016-18) of MHP psychiatric inpatient utilization including beneficiary count, admission count, approved claims, and LOS.

Table 3: Psychiatric Inpatient Utilization - Lake MHP					
Year	Unique Beneficiary Count	Total Inpatient Admissions	Average LOS	ACB	Total Approved Claims
CY 2018	103	135	10.91	\$17,277	\$1,779,574
CY 2017	140	248	11.91	\$15,581	\$2,181,398
CY 2016	137	212	9.79	\$11,999	\$1,643,805

Post-Psychiatric Inpatient Follow-Up and Rehospitalization

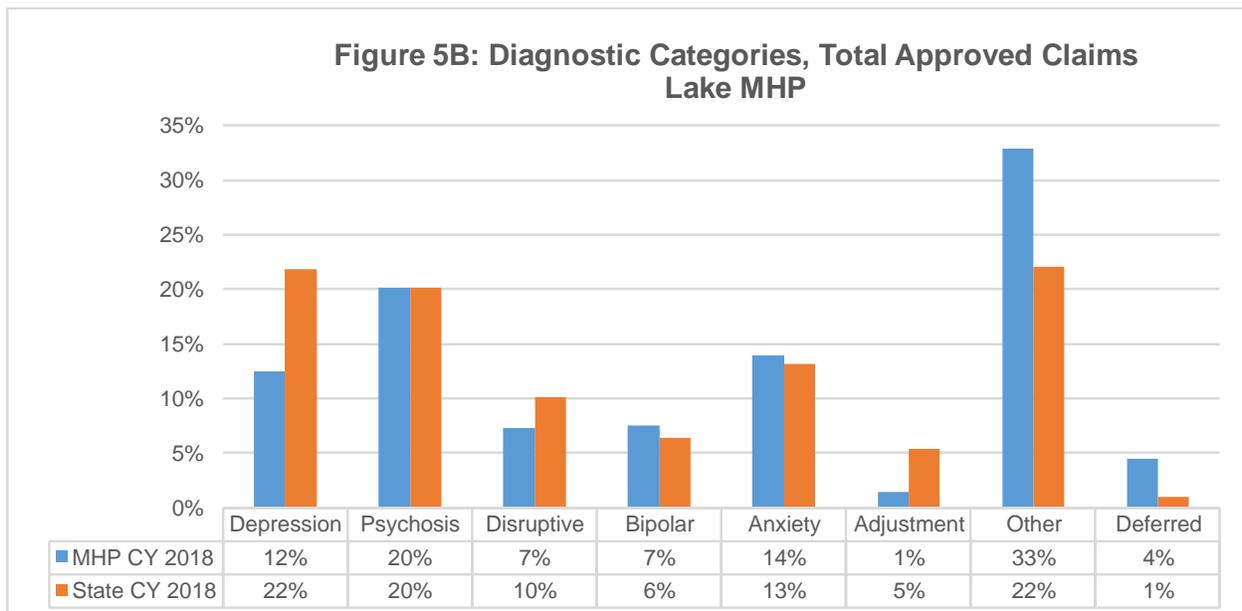
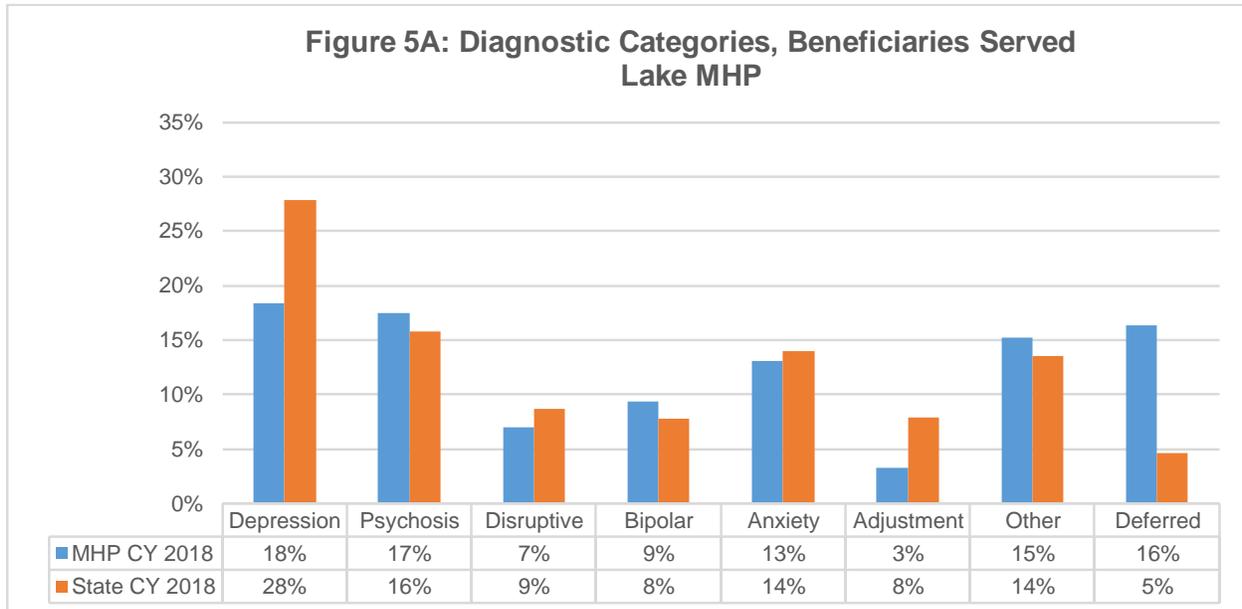
Figures 4A and 4B show the statewide and MHP 7-day and 30-day post-psychiatric inpatient follow-up and rehospitalization rates for CY 2017 and CY 2018.



Diagnostic Categories

Figures 5A and 5B compare statewide and MHP diagnostic categories by the number of beneficiaries served and total approved claims, respectively, for CY 2018.

The MHP’s self-reported percent of beneficiaries served with co-occurring (i.e., substance abuse and mental health) diagnoses: MHP did not track the data or provide percentage in ISCA.



PERFORMANCE IMPROVEMENT PROJECT VALIDATION

A PIP is defined by CMS as “a project designed to assess and improve processes and outcomes of care that is designed, conducted, and reported in a methodologically sound manner.” CMS’ EQR Protocol 3: Validating Performance Improvement Projects mandates that the EQRO validate one clinical and one non-clinical PIP for each MHP that were initiated, underway, or completed during the reporting year, or featured some combination of these three stages.

Lake MHP PIPs Identified for Validation

Each MHP is required to conduct two PIPs during the 12 months preceding the review. CalEQRO reviewed two PIPs and validated one PIP, as shown below.

Title 42, CFR, §438.330 requires two PIPs; the MHP is urged to meet this requirement going forward.

Table 4 shows the PIP submitted by the MHP.

Table 4: PIPs Submitted by Lake MHP		
PIPs for Validation	# of PIPs	PIP Titles
Clinical PIP	1	Discharge Planning Team
Non-clinical PIP	1	Timely Connection to Service

Clinical PIP—Discharge Planning Team

The MHP presented its study question for the clinical PIP as follows:

“Will incorporation of a focused and expanded discharge planning process/interventions decrease decompensation occurrences and increase the amount of time clients spend in the community following discharge from out of county placement?”

Date PIP began: July 2019

End date: December 2020

Status of PIP: Concept only, not yet active (not rated)

The overarching goal of this PIP is to reduce re-hospitalization rates from community placements of current beneficiaries. The intervention design includes the formation of a dedicated discharge team with a set of standardized tools and strategies aimed at

maintaining or improving beneficiary functioning, increasing beneficiary autonomy, and imbuing beneficiaries with a sense of wellbeing. It is hypothesized these efforts would lead to a decrease in readmissions following a recurrence of symptoms that had previously been undetected or unaddressed.

This issue of return from community placements was initially discovered as the MHP noted elevated re-hospitalization rates while updating methods to track co-occurring consumers.

The PIP team reviewed inpatient/discharge data from 2016-2018. Of the total 42 conserved beneficiaries in out-of-county placements, readmissions occurred a total of 46 times. Of the 46 readmissions, 25 percent were in the community, between zero to 22 days, before the rehospitalization. All cases reviewed were found to be in the community for less than one year following a discharge.

To improve the beneficiaries' transition back to the community from psychiatric placements outside the county, the MHP will assign discharge planning services from staff working individually to a designated team for the first 30 to 90 days following discharge. The team will ensure increased beneficiary contact, from once per week to at least twice per week. Contact may occur with the MHP discharge staff in person or by phone or may occur through a contracted service provider. Through focused support, the team will provide resources (including SUD treatment, if needed) and work directly with beneficiaries to set individual goals and encourage them to guide/steer their own recovery plan. The team will focus their support on engaging beneficiaries in the activities identified through their recovery plan. Each member of the discharge planning team will utilize motivational interviewing, individual rehabilitation, care coordination, and crisis intervention if necessary.

The objective of the PIP is a 15 percent increase in length of stay in the community. Once established processes are in place, it is expected that data will indicate improved MORS rating and other outcomes as measured by the Centers for Disease Control and Prevention's (CDC) Healthy Days.

Suggestions to improve the PIP:

Relevant details of these issues and recommendations are included within the comments found in the PIP validation tool.

The technical assistance (TA) provided to the MHP by CalEQRO consisted of discussions focused on adding information to highlight beneficiary outcomes and benefit. There was a need to address more formally the defined set of EBPs and adding measures that indicate improvement once these strategies are in place. Finally, co-occurring disorders need to be addressed given that it was often involved in the readmissions. Full development of a PIP with relevant documentation in the PIP submission tool has continued to be a challenge for the MHP. Discussions or written feedback from BHC occurred prior to this review and were scheduled in May, July, October, and November 2019.

It should be noted that while this PIP was presented during the CalEQRO visit, the submission tool was mostly incomplete. TA was provided on site and the MHP has since submitted a revised tool, which does provide much of the clarifying detail required. Finally, core elements of the PIP were not presented timely or were left unaddressed, and, therefore, the project was deemed concept only.

Non-clinical PIP—Timely Connection to Service

The MHP presented its study question for the non-clinical PIP as follows:

“Will timeliness of consumer first appointments and no-show/rescheduled first appointments decrease, and consumer capture increase with a new Access Log process?”

Date PIP began: June 2019

End date: December 2020

Status of PIP: Active and ongoing

A review of the MHP’s test call data, provided each quarter by its vendor and the call log maintained by county staff. MHP staff noted that the calls were only fully logged at a rate of 33.3 percent, which suggested that potentially hundreds of calls per year were not being handled correctly. A literature review indicates that wait times for services can be adversely impacted by improper documentation and processing of incoming calls. Further, that associated wait times can be a cause of deterioration of a beneficiary’s mental health symptoms, negatively affect their motivation, and may create the need for more rigorous treatment due to delays. In addition, the MHP referenced literature that access is a key to engagement and was concerned that such delays may cause an increase of missed appointments which negatively impacts beneficiary retention. Per the research, “Patients who frequently miss medical appointments have poorer health outcomes and are less likely to use preventive health care services.”

The MHP determined to implement a standardized way to address the known problem of poor handling of incoming calls for service. The MHP anticipated measurable improvement by/of 75 percent, verified by monitoring test calls and access log. Further, it is expected that this effort will decrease the length of time between first contact and first offered appointment by five or more days (original date shows average of 19 days) and that they will decrease the number of no-show/missed first appointments by at least 25 percent.

The overarching goal of the PIP is based on a premise that if all requests for services are handled with measurable efficiency, logged to include timely and accurate information, MHP beneficiaries would experience more timely access to services.

Suggestions to improve the PIP:

Relevant details of these issues and recommendations are included within the comments found in the PIP validation tool.

The TA provided to the MHP by CalEQRO consisted of the need to add clarifying language regarding the benefits to beneficiaries and the negative impacts that the improper handling of incoming calls has, not just on timely access, but overall health and wellness. The MHP initially struggled with making this project more than a simple process fix but has now substantiated the need for its planned project of improvement. The recently submitted revision of the PIP tool highlighted that elements to secure improved engagement and retention of beneficiaries begins with this first interaction.

TA was provided through scheduled calls and written feedback as secured by the MHP in May, July, October, and November 2019.

Table 5, on the following pages, provides the overall rating for each PIP, based on the ratings: Met (M), Partially Met (PM), Not Met (NM), Not Applicable (NA), Unable to Determine (UTD), or Not Rated (NR).

Table 5: PIP Validation Review					
				Item Rating	
Step	PIP Section	Validation Item		Clinical	Non-Clinical
1	Selected Study Topics	1.1	Stakeholder input/multi-functional team	NR	PM
		1.2	Analysis of comprehensive aspects of enrollee needs, care, and services	NR	PM
		1.3	Broad spectrum of key aspects of enrollee care and services	NR	M
		1.4	All enrolled populations	NR	M
2	Study Question	2.1	Clearly stated	NR	PM
3	Study Population	3.1	Clear definition of study population	NR	M
		3.2	Inclusion of the entire study population	NR	PM
4	Study Indicators	4.1	Objective, clearly defined, measurable indicators	NR	M
		4.2	Changes in health states, functional status, enrollee satisfaction, or processes of care	NR	PM

Table 5: PIP Validation Review					
				Item Rating	
Step	PIP Section	Validation Item		Clinical	Non-Clinical
5	Sampling Methods	5.1	Sampling technique specified true frequency, confidence interval and margin of error	NR	NA
		5.2	Valid sampling techniques that protected against bias were employed	NR	NA
		5.3	Sample contained sufficient number of enrollees	NR	NA
6	Data Collection Procedures	6.1	Clear specification of data	NR	M
		6.2	Clear specification of sources of data	NR	M
		6.3	Systematic collection of reliable and valid data for the study population	NR	PM
		6.4	Plan for consistent and accurate data collection	NR	PM
		6.5	Prospective data analysis plan including contingencies	NR	M
		6.6	Qualified data collection personnel	NR	M
7	Assess Improvement Strategies	7.1	Reasonable interventions were undertaken to address causes/barriers	NR	PM
8	Review Data Analysis and Interpretation of Study Results	8.1	Analysis of findings performed according to data analysis plan	NR	M
		8.2	PIP results and findings presented clearly and accurately	NR	M
		8.3	Threats to comparability, internal and external validity	NR	PM
		8.4	Interpretation of results indicating the success of the PIP and follow-up	NR	PM

Table 5: PIP Validation Review					
				Item Rating	
Step	PIP Section	Validation Item		Clinical	Non-Clinical
9	Validity of Improvement	9.1	Consistent methodology throughout the study	NR	NA
		9.2	Documented, quantitative improvement in processes or outcomes of care	NR	NA
		9.3	Improvement in performance linked to the PIP	NR	NA
		9.4	Statistical evidence of true improvement	NR	NA
		9.5	Sustained improvement demonstrated through repeated measures	NR	NA

Table 6 provides a summary of the PIP validation review.

Table 6: PIP Validation Review Summary		
Summary Totals for PIP Validation	Clinical PIP	Non-clinical PIP
Number Met	NR	
Number Partially Met	NR	
Number Not Met	NR	
Unable to Determine	NR	
Number Applicable (AP) (Maximum = 28 with Sampling; 25 without Sampling)	NR	
Overall PIP Ratings $((\#M*2)+(\#PM))/(\text{AP}*2)$	0%	%

INFORMATION SYSTEMS REVIEW

Understanding the capabilities of an MHP’s information system is essential to evaluating its capacity to manage the health care of its beneficiaries. CalEQRO used the written response to standard questions posed in the California-specific ISCA, additional documents submitted by the MHP, and information gathered in interviews to complete the information systems evaluation.

Key Information Systems Capabilities Assessment (ISCA) Information Provided by the MHP

The following information is self-reported by the MHP through the ISCA and/or the site review.

Table 7 shows the percentage of MHP budget dedicated to supporting IT operations, including hardware, network, software license, and IT staff for the past four-year period. For comparative purposes, we have included similar size MHPs and statewide average IT budgets per year for prior three-year periods.

Table 7: Budget Dedicated to Supporting IT Operations				
	FY 2019-20	FY 2018-19	FY 2017-18	FY 2016-17
Lake	2.80%	5.00%	5.00%	3.00%
Small MHP Size Group	N/A	3.20%	3.50%	3.70%
Statewide	N/A	3.40%	3.30%	3.40%

The budget determination process for information system operations is:

<input checked="" type="checkbox"/> Under MHP control <input type="checkbox"/> Allocated to or managed by another County department <input type="checkbox"/> Combination of MHP control and another County department or Agency

Table 8 shows the percentage of services provided by type of service provider.

Table 8: Distribution of Services, by Type of Provider	
Type of Provider	Distribution
County-operated/staffed clinics	73%
Contract providers	20%
Network providers	6%
Total	100%*

*Percentages may not add up to 100 percent due to rounding.

Table 9 identifies methods available for contract providers to submit beneficiary clinical and demographic data; practice management and service information; and transactions to the MHP’s EHR system, by type of input methods.

Table 9: Contract Providers Transmission of Beneficiary Information to MHP EHR System		
Type of Input Method	Percent Used	Frequency
Direct data entry into MHP EHR system by contract provider staff	Percentage Unknown	Daily
Electronic data interchange (EDI) uses standardized electronic message format to exchange beneficiary information between contract provider EHR systems and MHP EHR system	0%	Not used
Electronic batch files submitted to MHP for further processing and uploaded into MHP EHR system	0%	Not used
Electronic files/documents securely emailed to MHP for processing or data entry input into EHR system	Percentage Unknown	Monthly
Paper documents submitted to MHP for data entry input by MHP staff into EHR system	Percentage Unknown	Daily
Health Information Exchange (HIE) securely share beneficiary medical information from contractor EHR system to MHP EHR system and return message or medical information to contractor EHR	0%	Not used

Telehealth Services

MHP currently provides services to beneficiaries using a telehealth application:

Yes No In pilot phase

- Number of county-operated sites currently operational: two – Lucerne and Clearlake locations.
- Number of contract provider sites currently operational: zero
- The MHP added two additional adult and child telehealth psychiatrists in May and June 2019, adding 32 hours of services weekly.

Identify primary reason(s) for using telehealth as a service extender (check all that apply):

<input checked="" type="checkbox"/> Hiring healthcare professional staff locally is difficult <input type="checkbox"/> For linguistic capacity or expansion <input type="checkbox"/> To serve outlying areas within the county <input checked="" type="checkbox"/> To serve beneficiaries temporarily residing outside the county <input type="checkbox"/> To serve special populations (i.e., children/youth or older adult) <input checked="" type="checkbox"/> To reduce travel time for healthcare professional staff <input type="checkbox"/> To reduce travel time for beneficiaries
--

- Telehealth services are available with English and Spanish speaking practitioners (not including the use of interpreters or language line).
- Approximately 14 telehealth sessions were conducted in Spanish.

Summary of Technology and Data Analytical Staffing

MHP self-reported IT staff changes by full-time equivalents (FTE) since the previous CalEQRO review are shown in Table 10.

Table 10: Technology Staff				
Fiscal Year	IT FTEs (Include Employees and Contractors)	# of New FTEs	# Employees / Contractors Retired, Transferred, Terminated	Current # Unfilled Positions
2019-20	3	2	0	0
2018-19	3	0	1	1

Table 10: Technology Staff				
Fiscal Year	IT FTEs (Include Employees and Contractors)	# of New FTEs	# Employees / Contractors Retired, Transferred, Terminated	Current # Unfilled Positions
2017-18	4	1	0	0

MHP self-reported data analytical staff changes by FTEs since the previous CalEQRO review are shown in Table 11.

Table 11: Data Analytical Staff				
Fiscal Year	IT FTEs (Include Employees and Contractors)	# of New FTEs	# Employees / Contractors Retired, Transferred, Terminated	Current # Unfilled Positions
2019-20	6	2	0	0
2018-19	6	2	2	0
2017-18	6	3	0	1

The following should be noted with regard to the above information:

- The MHP has had an IT employee out on disability since May 2019.
- A new compliance data analyst was hired in January 2019.
- A new data analyst for MH and SUD was hired in October 2019.

Current Operations

- The MHP experienced four power outages during the wildfires in Lake County, during which time they could not access the EHR for 11-12 days. The MHP was impacted in that they could not provide intake services and had to implement emergency protocols during that time to ensure services were provided.
- The MHP reports experiencing a variety of system breach attempts since the last CalEQRO review, although none have been successful. The staff has been trained and is closely monitoring incoming emails.

Table 12 lists the primary systems and applications the MHP uses to conduct business and manage operations. These systems support data collection and storage; provide

EHR functionality; produce Short-Doyle Medi-Cal (SDMC) and other third-party claims; track revenue; perform managed care activities; and provide information for analyses and reporting.

Table 12: Primary EHR Systems/Applications				
System/Application	Function	Vendor/Supplier	Years Used	Operated By
Cerner Community Behavioral Health/CCBH	EHR	CCBH	12	County IT

The MHP’s Priorities for the Coming Year

- Transition from Anasazi in Cerner Integrated Community Behavioral Health and ASP platform.
- Staff training and support.
- New DHCS Portal for SDMC-DMH, SDMC-ADP, Cost Report & Child Protective Services (CPS).
- Electronic data extraction and reporting of access and timeliness is planned for January 2020.
- HIPAA training for staff is planned for December 2019 systemwide.

Major Changes since Prior Year

- Contracted with CCBH and Kings View for installation and implementation of Millennium.
- Implemented mandated Child and Adolescent Needs and Strengths (CANS-50) and Pediatric Symptoms Checklist (PSC-35) into EHR.
- Implemented MORS systemwide.
- Began manually producing access and timeliness reports in July 2019.
- Began geo-mapping in April 2019.
- Submitted first CSI data in September 2019 (for July 2019 services).
- Installed CCBH Promotions 221 through 230, completed September 2019.

Other Areas for Improvement

- The MHP does not have a formal disaster plan in place.
- The MHP has purchased an emergency generator for South Shore but had not installed it yet at the time of the review.
- The MHP is able to track co-occurring diagnoses but did not do report on it having had internal training and other has sought clarification and guidance.

Plans for Information Systems Change

- Millennium will be installed in a non-live environment in for testing when CCBH's Promotion 231 is available. Testing is scheduled to begin December 2019; with a tentative go-live date in September 2020.

Current EHR Status

Table 13 summarizes the ratings given to the MHP for EHR functionality.

Table 13: EHR Functionality					
		Rating			
Function	System/Application	Present	Partially Present	Not Present	Not Rated
Alerts	CCBH		X		
Assessments	CCBH	X			
Care Coordination				X	
Document Imaging/ Storage	CCBH	X			
Electronic Signature— MHP Beneficiary	CCBH	X			
Laboratory results (eLab)	CCBH		X		
Level of Care/Level of Service	CCBH			X	
Outcomes	CCBH	X			
Prescriptions (eRx)	CCBH	X			
Progress Notes	CCBH	X			
Referral Management				X	
Treatment Plans	CCBH	X			

Table 13: EHR Functionality					
		Rating			
Function	System/Application	Present	Partially Present	Not Present	Not Rated
Summary Totals for EHR Functionality:		7	2	3	0
FY 2019-20 Summary Totals for EHR Functionality:		7	2	3	0
FY 2018-19 Summary Totals for EHR Functionality:		7	1	4	0
FY 2017-18 Summary Totals for EHR Functionality:		7	1	4	0

Progress and issues associated with implementing an EHR over the past year are summarized below:

- eLab paper documents are scanned into CCBH.
- The MHP has made little progress during the three-year period to achieve a fully functional EHR system.

Personal Health Record (PHR)

Do beneficiaries have online access to their health records through a PHR feature provided within the EHR, a beneficiary portal, or third-party PHR?

- Yes
 In Test Phase
 No

If no, provide the expected implementation timeline.

<input type="checkbox"/> Within 6 months <input type="checkbox"/> Within the next year <input checked="" type="checkbox"/> Within the next two years <input type="checkbox"/> Longer than 2 years
--

Medi-Cal Claims Processing

MHP performs end-to-end (837/835) claim transaction reconciliations:

- Yes
 No

If yes, product or application:

Local Excel worksheet, Medi-Cal Customer Claims (Med CCC) Warrant Summary Report

Method used to submit Medicare Part B claims:

- Paper Electronic Clearinghouse

Table 14 summarizes the MHP's SDMC claims.

Table 14: Summary of CY 2018 Short Doyle/Medi-Cal Claims Lake MHP							
Service Month	Number Submitted	Dollars Billed	Number Denied	Dollars Denied	Percent Denied	Dollars Adjudicated	Dollars Approved
TOTAL	21,583	\$5,220,159	405	\$114,697	2.20%	\$5,105,462	\$4,568,132
JAN18	2,085	\$539,742	47	\$13,811	2.56%	\$525,931	\$493,974
FEB18	1,754	\$429,477	34	\$8,641	2.01%	\$420,836	\$403,299
MAR18	2,060	\$510,562	19	\$6,099	1.19%	\$504,463	\$481,426
APR18	1,922	\$469,668	15	\$9,399	2.00%	\$460,269	\$435,249
MAY18	2,115	\$492,364	33	\$13,817	2.81%	\$478,547	\$457,970
JUN18	1,792	\$423,580	84	\$28,792	6.80%	\$394,788	\$360,021
JUL18	1,717	\$382,779	24	\$4,707	1.23%	\$378,072	\$311,161
AUG18	1,667	\$394,765	38	\$7,053	1.79%	\$387,712	\$323,410
SEP18	1,625	\$374,234	51	\$9,191	2.46%	\$365,043	\$298,528
OCT18	1,945	\$464,528	40	\$4,344	0.94%	\$460,184	\$387,878
NOV18	1,611	\$420,846	19	\$8,738	2.08%	\$412,108	\$344,586
DEC18	1,290	\$317,615	1	\$105	0.03%	\$317,510	\$270,630

Includes services provided during CY 2018 with the most recent DHCS claim processing date of June 7, 2019.
Only reports Short-Doyle/Medi-Cal claim transactions, does not include Inpatient Consolidated IPC hospital claims.
Statewide denial rate for CY 2018 was **3.25 percent**.

Table 15 summarizes the top three reasons for claim denial.

Table 15: Summary of CY 2018 Top Three Reasons for Claim Denial Lake MHP			
Denial Reason Description	Number Denied	Dollars Denied	Percent of Total Denied
Beneficiary not eligible, or emergency services or pregnancy indicator must be "Y" for this aid code.	194	\$55,529	48%
Medicare or Other Health Coverage must be billed before submission of claim.	113	\$28,131	25%
Payment denied - prior processing information incorrect. Void/replacement condition.	42	\$16,357	14%
TOTAL	405	\$114,697	N/A

The total denied claims information does not represent a sum of the top three reasons. It is a sum of all denials.

- Denied claim transaction with denial reason description “Medicare or Other Health Coverage must be billed before submission of claim” are generally re-billable within the State guidelines.

CONSUMER AND FAMILY MEMBER FOCUS GROUP(S)

CalEQRO conducted one 90-minute focus group with consumers (MHP beneficiaries) and/or their family members during the site review of the MHP. As part of the pre-site planning process, CalEQRO requested one focus group with 10 to 12 participants each, the details of which can be found in each section below.

The consumer and family member (CFM) focus group is an important component of the CalEQRO site review process. Feedback from those who are receiving services provides important information regarding quality, access, timeliness, and outcomes. The focus group questions emphasize the availability of timely access to care, recovery, peer support, cultural competence, improved outcomes, and CFM involvement. CalEQRO provides gift cards to thank the CFMs for their participation.

CFM Focus Group One

CalEQRO requested a culturally diverse group of adult beneficiaries who are mostly new beneficiaries who have initiated/utilized services within the past 12 months. The group was consistent with that requested by CalEQRO and was reasonably well attended, with four of the eight participants being women. There were no clients new to services, which limited our ability to gauge current access and timeliness standards. The focus group was held at the Big Oak Peer Support Center, located at 13340 E. Hwy 20 in Clearlake.

Number of participants: eight

There were no participants who entered services within the past year. Participants described their experience as the following:

- Participants describe positive and supportive nature of individual therapy or case management services.
- Participants have been able to access psychiatry easily.
- Participants found attending support groups, life skills, and other activities to be helpful.

Participants' general comments regarding service delivery included the following:

- Transportation is provided by the MHP to allow beneficiaries access to the center and scheduled appointments.
- Case management staff provide support and assistance often by bringing them their medications and other supports. This was especially helpful during the recent fires.

- Case managers also provide reminder calls, assistance in managing appointments, and in one case, help in securing a living situation.
- Urgent conditions are handled by MH staff with contacts up to and including home visits.
- None of the participants recalled being asked for their opinion or completing a satisfaction survey.
- The participants relayed that they do not recall being approached about any vocational training, employment opportunities, or job skills development by the MHP.
- Participants stated that they are generally unaware of what activities or developments are occurring with the MHP.

Participants' recommendations for improving care included the following:

- Participants stated that they could benefit from additional support in securing Supplemental Security Income (SSI) disability benefits.
- Participants would like more peer advocates and interactions with those who have been in similar situations and would be available for consultation.
- Participants would like to have access to a telephone at the center.
- Participants wanted to say "thank you" to those who provide service to them.

Interpreter used for focus group one: Yes

Language(s): Spanish

PERFORMANCE AND QUALITY MANAGEMENT KEY COMPONENTS

CalEQRO emphasizes the MHP’s use of data to promote quality and improve performance. Components widely recognized as critical to successful performance management include Access to Care, Timeliness of Services, Quality of Care, Beneficiary Progress/Outcomes, and Structure and Operations. The following tables in this section summarize CalEQRO’s findings in each of these areas.

Access to Care

Table 16 lists the components that CalEQRO considers representative of a broad service delivery system that provides access to beneficiaries and family members. An examination of capacity, penetration rates, cultural competency, integration, and collaboration of services with other providers forms the foundation of access to and delivery of quality services.

Table 16: Access to Care Components			
Component		Maximum Possible	MHP Score
1A	Service Access and Availability	14	12
<p>The MHP offers printed materials in both English and Spanish at all its clinics and wellness centers. Cultural and linguistic training is provided two times per year in order to improve staff proficiency in addressing the needs of a culturally diverse region. The MHP has a dedicated ethnic liaison position, a cultural competency plan that includes Culturally and Linguistically Appropriate Services (CLAS) standards and analysis of attributes, penetration rates, and health disparities, which was updated in April 2019. The MHP’s website is up-to-date, accessible, and user friendly, although focus group participants stated that they found services primarily through word of mouth. After-hours calls are handled through a contract provider and test calls occur each month. The MHP is cognizant of at-risk sub-populations such as the youth, elderly, Native Americans, and Hispanic/Latinos, and has community-based efforts including wellness and recovery centers that provide outreach to those groups. The MHP test call data has indicated that only 33.3 percent of calls are properly logged and processed timely. The MHP believes that the inconsistent processing of calls has a negative impact on beneficiary access. The MHP has acknowledged a need to formally address this process and has made this the topic of their non-clinical PIP. General printed information on its programs as well as adjunct services are available in well stocked displays found in the lobby of this MHP.</p>			
1B	Capacity Management	10	9

Table 16: Access to Care Components			
Component		Maximum Possible	MHP Score
<p>The MHP’s productivity is currently averaging 36 percent and is well below the standard it has set of 70 percent. While there is active monitoring to address service level gaps, CalEQRO encourages corrective action regarding this low level of billable contact, which is also markedly lower than the stated average of 55 percent. It should be noted, however, that Medi-Cal disallowances for the MHP are remarkably low, at 0.5 percent. Case assignments are made according to staff availability. Service levels are monitored regularly, though, because of the small number of sites and limited capacity, the data needed is often just the number of open cases. There is an acknowledgement by management that recruitment and retention of staff positions is an issue. The MHP notes that they will be doing a capacity assessment once they are closer to being fully staffed. The county is in the middle of a workforce analysis and would like to move more expediently on staff retention. According to the MHP, while they have mitigated most of the vacancies at a rate just under 10 percent (compared to last year’s 50 percent), the MHP notes that they face ongoing competition from adjacent county MHP that offer staff 40 percent more in pay. Licensed and waived staff are the hardest staff positions to retain. Line staff reported concern about the MHP’s capacity to serve both Native American and Spanish-speaking beneficiaries in their preferred language and described a need for more bilingual employees. As noted above, the MHP reviews penetration rates of different ethnic groups and conducts staff trainings in its ongoing effort to address cultural/linguistics disparities. The MHP does monitor access data for Medi-Cal eligible beneficiaries and found that in FY 2018-19 that the 1,042 individuals who received mental health services represented a penetration rate of 3.1 percent, slightly lower than the data provided by CalEQRO, at 3.35 percent. Year over year comparison data allows the MHP to make informed decisions regarding allocations of resources and improve services. Most recent penetration rate two-year comparative data showed a slight increase in children, transitional age youth (TAY), and older adults, with general adult penetration dropping slightly, representing a relatively stable treatment population.</p>			
1C	Integration and Collaboration	24	20
<p>Mental health services and SUD services are integrated. (The MHP opted not to participate in the DMC-ODS waiver). While the MHP works to discuss and facilitate coordination of care through monthly Integrated Health Care Committee meetings with physical health providers, it is unable to reliably report on the percentage of beneficiaries within its caseload that have a co-occurring disorder. The MHP does report that training has apparently been provided to clinical staff who can denote which of their clients has a SUD. The current percentage is noted at 15 percent, which, if accurate, is quite low. There is strong evidence of collaborative efforts between the local hospital emergency departments (ED) and law enforcement. Crisis response to EDs is well defined and satisfactory to both the MHP and hospitals. Psychiatric placement beds for acute need remains a challenge. Crisis calls are</p>			

Table 16: Access to Care Components		
Component	Maximum Possible	MHP Score
<p>handled during business hours by the MHP and by a local hotline after hours. An MHP licensed clinician is available after-hours should there be a need for on-site assistance or a legal hold. The MHP has available a Client Access Continuum that provides access to the local hotline, peer-run warm line and other intervention services. There have been recent discussions between leadership and inmate services at the jail, on the current MOU and more involvement by the MHP. Currently, mental health services at the jail are primarily provided by the jail medical contractor and one MHP social worker assigned to the jail. The MHP has continued to dialogue with jail medical staff to improve coordination of service and to provide various supports at exit for those inmates diagnosed with a mental health illness. The MHP has worked on defining what the transition or re-entry into the community should be. Cooperation with the sheriff is strongly emphasized by the MHP as the key to influencing what is being done in the jail for inmates that have a need for mental health services. The MHP notes that they will be working on this as a priority in the coming year.</p> <p>The MHP works with child welfare, probation, and its provider, Redwood Community Services to address cross-system coordination in monthly Interagency Placement Committee meetings. This is reinforced under the broader county MOU and formalized interagency agreement. The MHP has worked to develop an opioid response strategy by introducing the use of Naloxone kits and overdose reversal training for its clinics and wellness centers. The MHP provides outreach to schools and participates with local district staff and other stakeholders on shared case reviews.</p> <p>The MHP continues to look at developing housing resources for beneficiaries and has recently taken the lead in a county-wide housing effort.</p> <p>The MHP is currently working on updating its Mental Health Services Act (MHSA) plan and coordination efforts benefit from the platform of communication and programs that are made possible through this funding. The MHP works to expand understanding of mental health issues in the community through projects like Critical Incident Stress Management, which is designed to provide emotional support for first responders. It has also sponsored a series of Mental Health First Aid sessions to increase awareness and facilitate referrals.</p>		

Timeliness of Services

As shown in Table 17, CalEQRO identifies the following components as necessary for timely access to comprehensive specialty mental health services.

Table 17: Timeliness of Services Components			
Component		Maximum Possible	MHP Score
2A	First Offered Appointment	16	11
<p>The MHP adheres to the 10-business day standard for initial request to first offered appointment. The MHP has reported an overall average length of time of 22.28 days from first request to first offered assessment, 22.39 days for adults, and 22.43 days for children. FC youth are offered an appointment within six days on average; it should be noted that just one case was involved in this metric. Overall percentage of appointments that met the 10-business day standard was just 20 percent and 100 percent for FC. These averages are from data that do not include contract providers. CalEQRO has strongly encouraged the MHP to review the root cause and implement mitigation efforts to reduce the wait time for incoming beneficiaries.</p>			
2B	Assessment Follow-up and Routine Appointments	8	4
<p>At present, the MHP does not have a mechanism to routinely aggregate or report on timeliness of services across the entire system of care. Routine services levels are monitored and adjusted only at the clinician level, though there are quality assurance and team discussions to review needs and indication. CalEQRO strongly encourages the MHP to do a more intensive review to address any as yet unidentified workflow issues or other areas impacting monitoring of routine services. It should be noted that a recently designed and implemented intake process has reduced wait times for assessment appointments from weeks to days.</p>			
2C	First Offered Psychiatry Appointment	12	6
<p>The MHP has adopted the state's 15 business day policy for first offered psychiatric appointments. The MHP can only report on psychiatric services that it provides, which excludes telehealth services. Subsequently, the MHP did provide this data, but it was after the on-site review. Being able to track and report on this timeliness metric should be adopted and routinely reported on in order to meet the state standards.</p>			
2D	Timely Appointments for Urgent Conditions	18	16
<p>The MHP has noted that it requires adherence to addressing service requests for an urgent appointment. Urgent request standard is in place providing an appointment in 48-hours with no prior authorization as well as appointments that do require prior authorization being resolved in 96-hours. The MHP has a mechanism to track and report on urgent appointment requests. With the data available, the MHP reports an average .60 hours for urgent appointments not requiring authorization, both for adults and children. The MHP indicated meeting this timeliness standard 100 percent of the time. The same metrics are reported for the 96-hour time frame which included adults and children. No urgent request in either category was recorded for youth in FC and</p>			

Table 17: Timeliness of Services Components			
Component		Maximum Possible	MHP Score
subsequently no data was reported. The MHP has a contracted vendor to provide after-hours screening for urgent condition requests. Test Call reports are generated and reviewed by quality management on a quarterly basis.			
2E	Timely Access to Follow-up Appointments after Hospitalization	10	5
The MHP has adopted the 7-day standard of providing timely follow-up appointments after psychiatric hospitalization. At present, the MHP reports that it tracks and trends follow up appointments with 95 percent of the appointments meeting the standard. This rate improves for children and FC youth to 98 percent and 100 percent respectively. However, it should be noted that the MHP reports a total of 623 appointments provided to 230 exiting beneficiaries, an obvious data error. CalEQRO has asked the MHP research to rectify the error.			
2F	Tracks and Trends Data on Rehospitalizations	6	6
The MHP reports that it tracks and trends rates of rehospitalization for which reports are generated and reviewed quarterly. Of the 228 beneficiaries discharged from psychiatric hospitalization, just 24 or 11 percent were readmitted within 30 days. For adults, just 15 of the 172 discharges had been readmitted within 30 days or nine percent. There was just one FC admission during this reporting period and that individual did not return to the hospital within 30 days. However, the rate of readmission was slightly higher for children's services with nine of the 55 beneficiaries discharged returning to hospital in 30 days, representing a readmission rate of 16 percent.			
2G	Tracks and Trends No-Shows	10	4
The MHP tracks and trends no-shows and cancellations; however, which is reported on inconsistently. The overall average no-show for clinicians other than psychiatrists is 14 percent, slightly higher for adults at 15 percent and lower for FC youth at 11 percent. For psychiatric appointments however the overall average rate is 22 percent rising to nearly a quarter of all appointments for adults at 24 percent. FC and children's psychiatric appointments are somewhat lower at 21 and 24 percent respectively. While certain efforts are being implemented to address intake and assessment appointments, there is no established standard set by the MHP regarding no-shows. Setting a no-show standard may assist the MHP in having an objective goal that it can measure progress against. CalEQRO has recommended that the MHP take meaningful steps to identify commonalities in those who do not show up for scheduled appointments in order to better inform potential solutions to the current level of no-shows.			

Quality of Care

In Table 18, CalEQRO identifies the components of an organization that is dedicated to the overall quality of care. These components ensure that the quality improvement efforts are aligned with the system’s objectives and contributes to meaningful changes in the system to improve beneficiary care characteristics.

Table 18: Quality of Care Components			
Component		Maximum Possible	MHP Score
3A	Beneficiary Needs are Matched to the Continuum of Care	12	7
<p>The MHP has a well-defined assessment process to match clinical assignments of beneficiaries to an indicated clinical need. FSP services are available to beneficiaries needing additional supports and the managed care provider, Beacon, addresses the needs for those individuals who present with mild to moderate mental health needs. As noted above, the MHP has contracted with a vendor to transition them to the most current version of Cerner Millennium, which includes a level of care (LOC) designations. The current EHR, Anasazi, does not have a level of care designation, but service levels are defined by clinical discretion and protocols. Both LOC and outcome instruments such as the MORS, PSC-35, and CANS-50 are compiled and reviewed on individual clinical basis. The clinical assignments are monitored by utilization review and compliance staff, but there currently is no standardized set of protocols in place regarding level of care adjustments. It should be noted that the beneficiaries who participated in the focus group said that they are involved in treatment decisions and care planning. Transitions of care may be impacted for beneficiaries who are mono-lingual Spanish speaking due to limited system capability. Clinical line staff reported a need for more bilingual clinical staff, noting that Spanish speaking beneficiaries often have family members come with them to assist with translations. The MHP is limited on matching needs to care levels by not having a LOC system, an electronic reporting of LOC, and the ability to review findings or data. Clinic line staff stated that they receive no reports and very little feedback on timeliness or surveys conducted by the MHP.</p>			
3B	Quality Improvement Plan	10	7
<p>The MHP has a current QI plan with specified activities, associated data, and goals. In addition to the areas of compliance addressed, efforts to maintain or improve feedback and communication throughout the MHP are identified targets. As noted above, enhanced efforts to assure communication on system and quality matters by the quality improvement committee (QIC) would be welcomed by line staff. Areas of improvement have some form of measurable goals and are discussed formally at the</p>			

<p>QIC, as evidenced by meeting minutes provided by the MHP. A disparity assessment is provided to the QIC through its Cultural Competency Committee (CCP) and the MHP has introduced several initiatives to improve known access points across the system for/frequented by underserved and bilingual Spanish speaking populations. The annual evaluation report for QI was completed in early 2019 and provide to CalEQRO for this review. The evaluation measured progress and adjustments are clearly outlined with analysis to gauge the MHP's performance and effectiveness. While results are clearly noted against the measurable goals, it would be helpful for the MHP to include, in the annual review, course adjustments they will take on areas that did not meet the objectives.</p>			
3C	Quality Management Structure	14	11
<p>The MHP has a designated quality management structure that guides and tracks system issues and Quality Improvement Plan (QIP) initiatives. Minutes provided indicate that scheduled meetings are occurring less than once a quarter, due to recurrent impacts of wildfires and scheduled outages from the utility companies. The minutes provided do indicate meaningful development and problem-solving discussions, and is well attended, including by the MHP director. Areas for improvement including the access call log. The PIP and re-design of the intake process are clear indications that data is being utilized to inform system adjustments. CalEQRO has suggested that the QIP would be strengthened by identifying the logic model or change management practices to guide initiatives and accomplish goals.</p>			
3D	QM Reports Act as a Change Agent in the System	10	6
<p>Based on the QIP and QIC minutes, the data and input from the quality management unit is utilized to guide system change. An example of this is the performance improvement activity around hospital re-admission rates following community placement, which is the topic of the clinical PIP. It is anticipated that utilization of a designated discharge team, trained in a variety of evidence-based practices, will reduce the likelihood of readmission resulting from decompensation. The MHP continues to formally address the need for stakeholder involvement in the QIC as well as secure feedback from beneficiaries by conducting its own Consumer and Family Surveys. CalEQRO has suggested that the QIP would be strengthened by identifying the logic model utilized to guide initiatives and accomplish goals. Adherence to the quarterly schedule would also improve efforts to address quality of care.</p>			
3E	Medication Management	12	8
<p>The MHP has an established medication monitoring policy which serves as a directive to review safety and effectiveness of medication practices including psychotropic medication prescribed to children and youth as well as reducing the risk of adverse effects. A monitoring regime is outlined for the contracted pharmacist who conducts the reviews and sample review forms provided by the MHP indicate that a variety of areas are identified, reviewed, and addressed in this process. These can include lab work, medication concerns or appropriateness, type of drug, dose levels,</p>			

contraindications of medication, proper consents, utilization of the CURES data base, and utilization levels of specific drug classifications. Findings from each review cycle are presented to the MHP director and trends and issues reported to QIC. While it is likely that the MHP’s medication monitoring is consistent with the child welfare psychotropic medication measures developed by the State Department of Social Services and HEDIS, it is unclear if the full spectrum of monitoring covered by the SB 1291 are routinely monitored. CalEQRO recommends that the MHP complete its review of example policies and establish standards that fully meet the SB 1291 requirements.

Beneficiary Progress/Outcomes

In Table 19, CalEQRO identifies the components of an organization that is dedicated to beneficiary progress and outcomes as a result of the treatment. These components also include beneficiary perception or satisfaction with treatment and any resulting improvement in beneficiary conditions, as well as capture the MHP’s efforts in supporting its beneficiaries through wellness and recovery.

Table 19: Beneficiary Progress/Outcomes Components			
Component		Maximum Possible	MHP Score
4A	Beneficiary Progress	16	12
<p>The MHP has adopted the MORS outcome tool for adults and the CANS-50 and PSC-35, which are done at intake, every six months, and more often as indicated. The staff also utilize the My Health Days measure, which is completed every 30 days. At present there are no aggregated reports that would verify the level or frequency of use for MORS or CANS-50, though the MHP monitors adherence as part of its regular chart and clinical reviews. Because the MHP does not have system level outcomes data, it cannot provide staff, clinic supervisors, and management with routine outcome performance data.</p>			
4B	Beneficiary Perceptions	10	6
<p>The MHP does conduct the Consumer Perception Survey (CPS) as required and the QIP identified the need to increase the number of respondents. Unfortunately, both the participation level and overall satisfaction by beneficiaries has declined. Adult satisfaction in the Fall of 2018 was at 95.6 percent and in Spring of 2019 was just 88 percent. Continued efforts to increase the number of surveys taken should be pursued. The MHP has conducted additional surveys of beneficiaries that more directly gauge local experience with services received. A strength of the MHP’s Consumer and Family Survey is that it solicits beneficiary input on strengths and needs of the system of care. Results should be utilized for system improvement and the MHP should take additional steps to ensure that the results are communicated to</p>			

stakeholders. Focus group participants confirmed that while they have been surveyed regarding satisfaction, they have never received feedback on the results. CalEQRO recommends that the MHP share these results with both beneficiaries and employees, and shared various ways the MHP could do this.

4C	Supporting Beneficiaries through Wellness and Recovery	4	4
<p>The MHP has a total of four wellness centers, one of which opened recently, the Big Oak Wellness Center. This new site is fully consumer-run. In addition to being open to the public, they provide a community-wide outreach and entry portal for those who need to access treatment. The MHP ensures that training is available, and this past year, included the topic of how to reverse an overdose with Narcan (the nasal form of Naloxone). The site that was visited by CalEQRO is equipped with three of the Narcan kits. The MHP has fully embraced the concept of supporting wellness and recovery as demonstrated by having a TAY center, a Spanish-speaking center, a Native American site and is currently planning to open a center for older adults.</p>			

Structure and Operations

In Table 20, CalEQRO identifies the structural and operational components of an organization that is facilitates access, timeliness, quality, and beneficiary outcomes.

Table 20: Structure and Operations Components			
Component		Quality Rating	
5A	Capability and Capacity of the MHP	30	22
<p>The MHP provides a variety of services, primarily from its two large clinics in Lucerne and Clearlake. These include mental health assessment, case management, psychiatry, FSP for both adults and children, along with an array of wellness and recovery centers, crisis intervention and 24/7 access to crisis line. After-hours emergency services are well coordinated with local EDs, law enforcement, a licensed on-call MHP clinician, and an after-hours call center. The MHP does not provide day treatment nor do they have a local psychiatric health facility or inpatient hospital, though they have access through contracts at various facilities in the region. A detailed system and staff capacity analysis was recommended by CalEQRO in the last review cycle in order to better assess current capability and identify performance improvement areas.</p>			
5B	Network Adequacy	18	16

<p>The MHP has taken steps to overcome the limitations of its geography where a lake is situated in the middle of the county and all communities arrayed in a single mountain road surrounding that large body of water. Efforts to address this reality have been successful due to the community-based wellness and recovery centers that act as a portal into the MHP treatment programs. The MHP continues to expand these locations and their use, often holding or hosting meetings for local providers and to attract beneficiaries. The MHP was sanctioned by DHCS in early 2019 for failure to comply with network adequacy standards. corrective actions that included expansion of its existing psychiatry contract, telehealth, and locum tenens resulted in the sanction being lifted.</p>			
5C	Subcontracts/Contract Providers	16	11
<p>The majority of mental health services are delivered by the MHP and several contract providers. These providers along with the county-run sites make up the system of care. Contracted providers work with children, TAY, and youth in FC , and can provide wraparound services. There is a perinatal program called Mother Wise that addresses mood disorders and a program for seniors, Konocti, that provides support through peer counseling. School-based services including specialty campuses are conducted in coordination with the MHP and Lake County Office of Education (LCOE). Beneficiaries can access care through Redwood Community sites including individual, family and group therapy, and specialized therapeutic and behavioral health services for youth and adults. The QIC and CCP minutes indicate that providers are not consistently present in system development or performance improvement discussions. Likewise, recurrent and county-wide power outages have impacted the calendar due to wildfires in the region. The MHP assigns specific individuals as contact point for providers. Communication is ongoing and fairly informal, but with meetings as needed to share information, make adjustments, or problem solve.</p>			
5D	Stakeholder Engagement	12	8
<p>The various peer-run wellness programs provide an indication of the MHP moving toward consumer empowerment, though the MHP would benefit from more positions for beneficiaries. The MHSA committee(s) and funded projects have strong evidence of stakeholder involvement. While the National Alliance for the Mentally Ill (NAMI) once had a strong presence in Lake County, current activities are minimal. At present, the MHP does not have an Advisory Board, which is required by statute. While the leadership of the MHP continues to articulate the need for an advisory board to the local Board of Supervisors (BOS) that makes the appointments, the BOS has not taken action. CalEQRO encourages the MHP to make re-institution of an Advisory Board a priority.</p>			
5E	Peer Employment	8	5
<p>The MHP has multiple designated job classifications that allow for peer employment. Additionally, the job descriptions clearly provide a pathway for peers to advance within the opportunities the various levels each provides. At present, there are at least five</p>			

<p>separate classifications, which demonstrate the MHP’s commitment to peer integration and the value of lived experience in its workforce. It is noteworthy that one of the job classifications is designated for Native American support specialists, which demonstrates the MHP’s efforts to be culturally responsive. While there is a single person who apparently has a lead role in running the peer-run programs, there are presently no formal supervisory or management roles for peers. Currently the MHP does not have a vocational training initiatives or activities to provide education or job skills for its general population.</p>			
5F	Peer-Run Programs	10	9
<p>As noted above, there are multiple wellness centers, including the new one which is nearly all consumer-run, with plans to open another center for older adults. There is a senior peer specialist who has significant role in “running” the sites but does not have manager status at present or a pathway to elevate his position. The wellness centers are spread throughout the county and are on bus routes, which provide ready access for clients. The strategic deployment of these sites by the MHP has been critical given the unique nature of the county, with a very large body of water situated in the middle, making expedient travel impossible. These sites are located along so as to be highly visible and self-promoting. Beneficiaries often hear of the services through flyers or allied agencies such as clinics, physical health, hospitals or even law enforcement. As the wellness centers are funded through MHSA, there is consistent and detailed oversight, accountability, and reporting to the MHP on a quarterly basis.</p>			
5G	Cultural Competency	12	10
<p>The MHP has a CCP formatted with CLAS standards as the essential framework. There are several well-defined initiatives aimed at improving the provision of culturally and linguistically appropriate services as outlined in both the CCP and QIP. A year-over-year analysis was performed to review mental health and substance abuse service disparities by ethnic and linguistic group. Ongoing education and training are present along with continued efforts to promote the use of policy and practice skills that improve effectiveness in providing cross-cultural mental health services. This includes a recently distributed ethnicity and cultural proficiency survey, completed by the MHP workforce. Printed materials the MHP’s main offices were in both English and Spanish and demonstrated a level of cultural sensitivity. Sessions conducted by CalEQRO revealed staff seek support and guidance on addressing organizational culture issues such as low morale and burn-out and would like training on working with the LGBTQ population. While there are currently three Spanish-speaking clinicians in the children’s division, there are none for adults. CalEQRO has suggested targeted recruitment efforts to help fill this gap.</p>			

SUMMARY OF FINDINGS

This section summarizes the CalEQRO findings from the FY 2019-20 review of Lake MHP related to access, timeliness, and quality of care.

MHP Environment – Changes, Strengths and Opportunities

PIP Status

Clinical PIP Status: Concept only, not yet active (not rated)

Non-clinical PIP Status: Active and ongoing

Access to Care

Changes within the Past Year:

- The MHP and Lake County have been subjected to continued negative impact of regional wildfires and scheduled power outages. This has impeded beneficiary access by hours and days.
- In April 2019, the DHCS issued a sanction to the MHP for failure to comply with network adequacy standards as specified in the previously issued Corrective Action Plan (CAP). The areas were addressed, and the sanction was lifted in August 2019.

Strengths:

- The MHP initiated a new assessment protocol which resulted in the admission process being completed within days versus weeks and is expected to significantly improve access to service.
- The MHP has added psychiatric resources with the expansion of its existing contract and the addition of locum tenens.
- Telehealth expansion has been placed in both Lucerne and Clearlake sites for adults and children beneficiaries.

Opportunities for Improvement:

- The MHP continues to have workflow and efficiency issues that result in most incoming calls for service not being properly logged or processed.
- The MHP could use additional Spanish-speaking staff for its Adult team.

Timeliness of Services

Changes within the Past Year:

- In July 2019, the MHP started generating access and timeliness reports that tracked length of time from initial request to first offered and first kept appointments.
- The MHP reports that all of its requests for urgent appointments are satisfied within less than a working day.
- The MHP has increased trainings and revised access database logging procedures for compliance and accuracy with incoming calls for service.

Strengths:

- The MHP has improved the time to service in part through the reduction of its staff vacancy rate, of 50 percent last year, to just ten percent this year.

Opportunities for Improvement:

- The MHP continues to have difficulty with timely first offered appointments, as just 20 percent met the 10-day standard.
- The MHP tracks no-shows manually by provider, but they have not built this capacity into the EHR system.
- The MHP has not updated their policy and procedure for no-shows, but states that they are in the process of establishing standards for no-shows.
- The MHP has improved time to service, but continues to have low productivity, which can reduce its ability to provide timely service.

Quality of Care

Changes within the Past Year:

- The MHP provided a series of five (two-hours) trainings to providers on co-occurring disorders and diagnosing.
- Urgent appointment requests are now tracked in a way that allows for the MHP to report on them hourly.

Strengths:

- The MHP developed a PIP to address discharge and post hospitalization care and to improve the length of time between community placements and readmission.
- The MHP announced they will be developing a departmental strategic plan in the upcoming year, building off of the broader county-wide plan. The strategic plan will assist the MHP in securing the needed operational efficiencies and roadmap necessary to take the next steps outlined in past EQRO reports to improve or enhance essential elements of quality.

Opportunities for Improvement:

- The MHP states they can track co-occurring diagnoses, but they have not been extracting the data due to low confidence in data integrity. At present, their data indicates a prevalence of co-occurring diagnosis at just 15 percent.
- Staff indicated a need for improved communication and state that they do not have access to data or reports on services delivered or surveys taken.
- The quality improvement work plan and annual evaluation currently does not identify its change strategies or provide year-over-year trend data analysis.

Beneficiary Outcomes

Changes within the Past Year:

- MORS was implemented system wide in the past year.

Strengths:

- The MHP implemented a PIP during the past year to address consistency and quality of incoming calls handling and response.

Opportunities for Improvement:

- No-show rates for scheduled psychiatric appointments remain high, at 22 percent.
- New and existing provider staff have requested additional MORS training.

Foster Care

Changes within the Past Year:

- The MHP noted an increase in presumptive transfers this past year.
- The MHP is moving the children's unit to a separate location due to system expansion.

Strengths:

- The existing medication monitoring policy and contracted pharmacist provide the MHP with monthly reports on prescribing practices and trend data at the QIC.

Opportunities for Improvement:

- The MHP has reviewed a medication review standard that meets all the elements of SB 1291, but has yet to formally adopt it.

- Though provided with SB 1291 specifics by CalEQRO last year, the MHP stated it had not accessed DHCS SB 1291 data available online. Online access information and clarification for SB 1291 were provided at this review as well.

Information Systems

Changes within the Past Year:

- The MHP has contracted with Cerner Corporation and Kings View for installation and implementation of Millennium product and has agreed to be part of Millennium's pilot program.

Strengths:

- None noted.

Opportunities for Improvement:

- The MHP reports that CCBH CSI Assessment data extraction is not working correctly because of issues preventing extraction from the ASJ.

Structure and Operations

Changes within the Past Year:

- The MHP experienced four power outages during the wildfires in Lake County, wherein they could not access the EHR for 11-12 days; services were provided and documented on paper forms. The MHP could not provide intake services and implemented emergency protocols during that time.

Strengths:

- The MHP has assumed leadership of a county-wide housing collaborative, which will positively impact its efforts in assuring housing opportunities for beneficiaries.
- The MHP has opened a fourth wellness and recovery center, with plans to launch another one specifically for older adults.
- The MHP has instituted incentives to recruit new staff, including flexible work schedules, financial support for continued education, along with other employee benefits to improve staff retention.
- The MHP has been able to obtain and plans to install an electric generator so that services can continue in the event of power outages.

Opportunities for Improvement:

- The MHP currently does not have a functioning Advisory Board though it has actively sought local BOS support, which is required for membership appointments.
- The MHP states that transportation continues to be a major issue for beneficiaries, although bus lines exist and the MHP provides vouchers.
- The MHP does not have a formal disaster plan in place.

FY 2019-20 Recommendations

PIP Status

Recommendations:

1. As per Title 42, CFR, Section 438.330, DHCS requires two active performance improvement projects (PIPs); the MHP is contractually required to meet this requirement going forward. (*This is a carry-over recommendation from FY 2018-19 and the prior year.*)

Access to Care

2. The MHP should take steps to recruit additional bilingual, Spanish-speaking staff.

Timeliness of Services

3. The MHP should identify strategies to reverse a downward trend in reported staff productivity in order to maximize resource capacity.
4. The MHP should take steps to remediate its high rate of missed appointments for psychiatry, establish no-show standards, and develop policy and procedures to address performance issues. (*This is a follow-up recommendation from FY 2018-19.*)
5. The MHP should identify the root causes for such a small number of beneficiaries receiving a timely first appointment and take action to resolve. (*This is a carry-over recommendation from FY 2018-19.*)
6. The MHP needs to formally define requests for urgent appointments in order to assure complete and accurate tracking and reporting. (*This is a follow-up recommendation from FY 2018-19.*)
7. The MHP needs to establish a reliable process and method of tracking incoming calls requesting a first appointment with an enhanced level of monitoring in order to obtain accurate and complete reporting. (*This is a follow-up recommendation from FY 2018-19.*)

Quality of Care

8. The MHP should take steps to enhance bi-directional communication by providing line staff with information, data, and messages that enhance their knowledge on outcomes and system performance.
9. The MHP should strengthen its quality improvement work plan by identifying change strategies that it utilizes to guide initiatives and add trending to compare progress year-over-year.

10. Ensure enhanced medication monitoring in order to meet Senate Bill (SB) 1291 parameters through the development of a formal policy that addresses mandates. *(This is a follow-up recommendation from FY 2018-19.)*

Beneficiary Outcomes

11. Train new staff and provide refresher training for existing staff on the Milestones of Recovery Scale (MORS) tool and utilization of this data. *(This is a follow-up recommendation from FY 2018-19.)*

Foster Care

12. Ensure SB 1291 monitoring and review criteria are met by establishing a formal policy on reporting criteria and meeting state mandated requirements. *(This is a follow-up recommendation from FY 2018-19.)*
13. Access and review DHCS Lake County online data on SB1291 routinely. *(This is a follow-up recommendation from FY 2018-19.)*

Information Systems

- None noted.

Structure and Operations

14. In conjunction with the County and KV, the MHP needs to establish a formal disaster plan.
15. The MHP needs to reestablish a behavioral health advisory board by taking meaningful steps to engage the local Board of Supervisors on its responsibility to recruit and put forward candidates.

SITE REVIEW PROCESS BARRIERS

The following conditions significantly affected CalEQRO's ability to prepare for and/or conduct a comprehensive review:

- The TSA and ISCA documents, along with one of the PIP submission tools, were incomplete and/or submitted late resulting in the need to use extra time on site during this one-day review to fully understand the issues.
- It should be noted that the MHP had scheduled time for this and other state-level reviews but was interrupted on multiple occasions by responses to local catastrophic, wildfires and power outages which impacted administrative functions and services to beneficiaries. These interruptions lasted for hours and, at times, several days causing a ripple effect of delays.

ATTACHMENTS

Attachment A: On-site Review Agenda

Attachment B: On-site Review Participants

Attachment C: Approved Claims Source Data

Attachment D: List of Commonly Used Acronyms in EQRO Reports

Attachment F: PIP Validation Tools

Attachment A—On-site Review Agenda

The following sessions were held during the MHP on-site review, either individually or in combination with other sessions.

Table A1—EQRO Review Sessions – Lake MHP
Opening Session – Changes in the past year; current initiatives; and status of previous year’s recommendations
Use of Data to Support Program Operations
Cultural Competence, Disparities and Performance Measures
Timeliness Performance Measures/Timeliness Self-Assessment
Quality Management, Quality Improvement and System-wide Outcomes
Beneficiary Satisfaction and Other Surveys
Performance Improvement Projects
Primary and Specialty Care Collaboration and Integration
Health Plan and Mental Health Plan Collaboration Initiatives
Clinical Line Staff Group Interview
Consumer and Family Member Focus Group(s)
Peer Inclusion/Peer Employees within the System of Care
Contract Provider Group Interview – Operations and Quality Management
Community-Based Services Agencies Group Interview
Validation of Findings for Pathways to Mental Health Services (Katie A./CCR)
Information Systems Billing and Fiscal Interview
Information Systems Capabilities Assessment (ISCA)
Electronic Health Record Deployment
Telehealth
Wellness Center Site Visit
Final Questions and Answers - Exit Interview

Attachment B—Review Participants

CalEQRO Reviewers

Patrick Zarate, Lead Quality Reviewer
Judith Toomasson, Information Systems Reviewer
Marilyn Hillerman, Consumer/Family Member Consultant

Additional CalEQRO staff members were involved in the review process, assessments, and recommendations. They provided significant contributions to the overall review by participating in both the pre-site and the post-site meetings and in preparing the recommendations within this report.

Sites of MHP Review

MHP Sites

Lake County Behavioral Health Services
6302 Thirteenth Street
Lucerne, CA 95458

Big Oak Peer Support Center
13340 E. Hwy 20, Suite O
Clearlake Oaks, CA 94523

Contract Provider Sites

None

Table B1—Participants Representing the MHP			
Last Name	First Name	Position	Agency
Abbott	Scott	Program Manager, MHSA	Lake County Behavioral Health Services (LCBHS)
Ables	David	Peer Support Specialist	LCBHS
Andrus	Christine	Fiscal Manager	LCBHS
Chalmers	Robert	Staff Services Analyst	LCBHS
Grogg	Laurie	Mental Health Specialist II	LCBHS
Ishwood	James	Deputy Administrator, Clinical	LCBHS
Jones	Elise	Mental Health Program Manager	LCBHS
Keyes	William	Staff Services Analyst	LCBHS
Klier	Leanne	Managed Care Administrative Coordinator	LCBHS
Mayer	Vanessa	Sr Analyst	LCBHS
Metcalf	Todd	Director	LCBHS
Messow	Patricia	Mental Health Specialist II	LCBHS
Neria	Zabdy	Mental Health Specialist I	LCBHS
Padilla	Socorro	Senior Team Lead, Children's MH	LCBHS
Poplin	Melissa	Staff Services Analyst	LCBHS
Rodriguez	Crystal	Mental Health Specialist II	LCBHS
Roseneau	Sheila	Deputy Administrator	LCBHS
Ryder-Holtz	Allison	Case Manager I	LCBHS
Shute	Jeffrey	Business Software Analyst	LCBHS
Smithson	Victoria	Senior Staff Services Analyst	LCBHS

Table B1—Participants Representing the MHP			
Last Name	First Name	Position	Agency
Trillo	Jamie	Senior Mental Health Specialist	LCBHS
Wilson	Stephanie	Compliance Manager	LCBHS
Wright	Susanna	Mental Health Specialist	LCBHS
Yocom	Todd	Business Software Analyst	LCBHS

Attachment C—Approved Claims Source Data

Approved Claims Summaries are provided separately to the MHP in a HIPAA-compliant manner. Values are suppressed to protect confidentiality of the individuals summarized in the data sets where beneficiary count is less than or equal to 11 (*). Additionally, suppression may be required to prevent calculation of initially suppressed data, corresponding penetration rate percentages (n/a); and cells containing zero, missing data or dollar amounts (-).

Table C1 shows the penetration rate and ACB for just the CY 2016 ACA Penetration Rate and ACB. Starting with CY 2016 performance measures, CalEQRO has incorporated the ACA Expansion data in the total Medi-Cal enrollees and beneficiaries served.

Table C1: CY 2018 Medi-Cal Expansion (ACA) Penetration Rate and ACB Lake MHP					
Entity	Average Monthly ACA Enrollees	Beneficiaries Served	Penetration Rate	Total Approved Claims	ACB
Statewide	3,807,829	152,568	4.01%	\$832,986,475	\$5,460
Small	176,396	7,578	4.30%	\$35,058,406	\$4,626
MHP	9,577	252	2.63%	\$1,046,841	\$4,154

Table C2 shows the distribution of the HP beneficiaries served by ACB range for three cost categories: under \$20,000; \$20,000 to \$30,000, and above \$30,000.

Table C2: CY 2018 Distribution of Beneficiaries by ACB Cost Band Lake MHP								
ACB Cost Bands	MHP Beneficiaries Served	MHP Percentage of Beneficiaries	Statewide Percentage of Beneficiaries	MHP Total Approved Claims	MHP ACB	Statewide ACB	MHP Percentage of Total Approved Claims	Statewide Percentage of Total Approved Claims
< \$20K	1,071	93.78%	93.16%	\$3,137,600	\$2,930	\$3,802	52.64%	54.88%
>\$20K - \$30K	28	2.45%	3.10%	\$690,900	\$24,675	\$24,272	11.59%	11.65%
>\$30K	43	3.77%	3.74%	\$2,131,814	\$49,577	\$57,725	35.77%	33.47%

Attachment D—List of Commonly Used Acronyms

Table D1—List of Commonly Used Acronyms	
ACA	Affordable Care Act
ACL	All County Letter
ACT	Assertive Community Treatment
ART	Aggression Replacement Therapy
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CalEQRO	California External Quality Review Organization
CARE	California Access to Recovery Effort
CBT	Cognitive Behavioral Therapy
CDSS	California Department of Social Services
CFM	Consumer and Family Member
CFR	Code of Federal Regulations
CFT	Child Family Team
CMS	Centers for Medicare and Medicaid Services
CPM	Core Practice Model
CPS	Child Protective Service
CPS (alt)	Consumer Perception Survey (alt)
CSU	Crisis Stabilization Unit
CWS	Child Welfare Services
CY	Calendar Year
DBT	Dialectical Behavioral Therapy
DHCS	Department of Health Care Services
DPI	Department of Program Integrity
DSRIP	Delivery System Reform Incentive Payment
EBP	Evidence-based Program or Practice
EHR	Electronic Health Record
EMR	Electronic Medical Record
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment
EQR	External Quality Review
EQRO	External Quality Review Organization
FY	Fiscal Year
HCB	High-Cost Beneficiary
HIE	Health Information Exchange
HIPAA	Health Insurance Portability and Accountability Act
HIS	Health Information System
HITECH	Health Information Technology for Economic and Clinical Health Act
HPSA	Health Professional Shortage Area
HRSA	Health Resources and Services Administration
IA	Inter-Agency Agreement
ICC	Intensive Care Coordination
ISCA	Information Systems Capabilities Assessment

Table D1—List of Commonly Used Acronyms

IHBS	Intensive Home-Based Services
IT	Information Technology
LEA	Local Education Agency
LGBTQ	Lesbian, Gay, Bisexual, Transgender or Questioning
LOS	Length of Stay
LSU	Litigation Support Unit
M2M	Mild-to-Moderate
MDT	Multi-Disciplinary Team
MHBG	Mental Health Block Grant
MHFA	Mental Health First Aid
MHP	Mental Health Plan
MHSA	Mental Health Services Act
MHSD	Mental Health Services Division (of DHCS)
MHSIP	Mental Health Statistics Improvement Project
MHST	Mental Health Screening Tool
MHWA	Mental Health Wellness Act (SB 82)
MOU	Memorandum of Understanding
MRT	Moral Reconciliation Therapy
NP	Nurse Practitioner
PA	Physician Assistant
PATH	Projects for Assistance in Transition from Homelessness
PHI	Protected Health Information
PIHP	Prepaid Inpatient Health Plan
PIP	Performance Improvement Project
PM	Performance Measure
QI	Quality Improvement
QIC	Quality Improvement Committee
RN	Registered Nurse
ROI	Release of Information
SAR	Service Authorization Request
SB	Senate Bill
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SDMC	Short-Doyle Medi-Cal
SELPA	Special Education Local Planning Area
SED	Seriously Emotionally Disturbed
SMHS	Specialty Mental Health Services
SMI	Seriously Mentally Ill
SOP	Safety Organized Practice
SUD	Substance Use Disorders
TAY	Transition Age Youth
TBS	Therapeutic Behavioral Services
TFC	Therapeutic Foster Care
TSA	Timeliness Self-Assessment

Table D1—List of Commonly Used Acronyms

WET	Workforce Education and Training
WRAP	Wellness Recovery Action Plan
YSS	Youth Satisfaction Survey
YSS-F	Youth Satisfaction Survey-Family Version

Attachment E—PIP Validation Tools

PERFORMANCE IMPROVEMENT PROJECT (PIP) VALIDATION WORKSHEET FY 2018-19 CLINICAL PIP	
GENERAL INFORMATION	
MHP: Lake	
PIP Title: Discharge Planning Team	
Start Date: 07/01/19	Status of PIP (Only Active and ongoing, and completed PIPs are rated):
Completion Date: 12/31/20	
Projected Study Period (#of Months): 18	
Completed: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Date(s) of On-Site Review: 12/04/19	
Name of Reviewer: Patrick Zarate	Rated <input type="checkbox"/> Active and ongoing (baseline established and interventions started) <input type="checkbox"/> Completed since the prior External Quality Review (EQR)
	Not rated. Comments provided in the PIP Validation Tool for technical assistance purposes only. <input checked="" type="checkbox"/> Concept only, not yet active (interventions not started) <input type="checkbox"/> Inactive, developed in a prior year <input type="checkbox"/> Submission determined not to be a PIP <input type="checkbox"/> No Clinical PIP was submitted
Brief Description of PIP (including goal and what PIP is attempting to accomplish): The MHP noted that consumers with severe mental illness or co-occurring disorders who have recently been in out-of-county placements and brought back to the community, often suffered from symptom relapse resulting in 5150 holds, jail, hospitalization, and/or intermediary housing and have been unable to stay in the community for more than six months. The MHP conducted a reviewed of inpatient/discharge data from the past three years (2016-2018). Of the 42 total conserved beneficiaries in out-of-county placements, 18 (42.9 percent) have been	

discharged back into the community. Within the population, the MHP noted that readmissions occurred a total of 46 times and that of the 46 readmissions/relapses, 25 percent were in the community for at most for 22 days. Due to the drain/strain on resources and the impact on discharged beneficiaries, the MHP established a Discharge Planning Team, to assist with the care coordination post-hospitalization. The MHP cited/referenced research that formalized discharge planning results in significant improvement in behavioral health outcomes, including increasing client's adherence to aftercare. The Discharge Planning Team will provide resources (including SUDS, if needed) and work directly with beneficiaries to set individual goals, encouraging them to drive their own individual recovery plan. The team will focus their efforts on engaging beneficiaries in the activities identified through their recovery plan as they begin living independently. Each member of the Discharge Planning Team will utilize motivational interviewing, individual rehabilitation, care coordination, and crisis intervention as necessary. The goal of the Team is to increase the number of days that discharged beneficiaries remain in community-based placements and avoid episodes that lead to rehospitalization.

ACTIVITY 1: ASSESS THE STUDY METHODOLOGY

STEP 1: Review the Selected Study Topic(s)

Component/Standard	Score	Comments
1.1 Was the PIP topic selected using stakeholder input? Did the MHP develop a multi-functional team compiled of stakeholders invested in this issue?	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	The PIP team was comprised of various clinical and administrative staff, as well as those representing SUD services. While updates on PIP development went to the QIC, which has consumer input, there is no direct involvement of beneficiaries in this project. BHC suggests that the MHP develop a mechanism (such as a survey) to solicit input as the project is implemented.

<p>1.2 Was the topic selected through data collection and analysis of comprehensive aspects of enrollee needs, care, and services?</p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	<p>The MHP conducted a thorough review of hospitalization, discharge, and readmission data covering several years. They looked at commonalities in readmission episodes and diagnosis.</p> <p>BHC suggests that some form of beneficiary input would help to refine the interventions by providing additional input on why readmissions occur.</p>
<p>Select the category for each PIP:</p> <p><i>Clinical:</i></p> <input checked="" type="checkbox"/> Prevention of an acute or chronic condition services <input type="checkbox"/> Care for an acute or chronic condition conditions <input type="checkbox"/> High volume services <input checked="" type="checkbox"/> High risk conditions		<p><i>Non-clinical:</i></p> <input type="checkbox"/> Process of accessing or delivering care
<p>1.3 Did the Plan's PIP, over time, address a broad spectrum of key aspects of enrollee care and services?</p> <p><i>Project must be clearly focused on identifying and correcting deficiencies in care or services, rather than on utilization or cost alone.</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	<p>The PIP is being used to improve client engagement, retention, and active participation in post-discharge treatment services. The aim of the Discharge Planning Team is to address barriers or system navigation issues along with motivation and facilitate care coordination with other services, such as those for SUD conditions.</p>

<p>1.4 Did the Plan’s PIPs, over time, include all enrolled populations (i.e., did not exclude certain enrollees such as those with special health care needs)?</p> <p><i>Demographics:</i></p> <p><input type="checkbox"/> Age Range <input type="checkbox"/> Race/Ethnicity <input type="checkbox"/> Gender <input type="checkbox"/> Language <input type="checkbox"/> Other</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine</p>	<p>All beneficiaries admitted and discharged into a community setting, both from within and outside the county.</p>
Totals		Met Partially Met Not Met UTD
STEP 2: Review the Study Question(s)		
<p>2.1 Was the study question(s) stated clearly in writing? Does the question have a measurable impact for the defined study population?</p> <p><i>Include study question as stated in narrative:</i></p> <p>“Will incorporation of a focused and expanded discharge planning process/interventions decrease decompensation occurrences and increase the amount of time clients spend in the community following discharge from out of county placement?”</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine</p>	<p>The study question would benefit from noting the level of improvement expected from this PIP.</p> <p>BHC recommends a revision to the study question be considered for it to more explicitly characterize what is new regarding the discharge process through formation of designated staff. For example, “will the institution of a formalized discharge planning team...” It should also denote that the intervention strategies are now standardized.</p>
Totals		Met Partially Met Not Met UTD

STEP 3: Review the Identified Study Population					
<p>3.1 Did the Plan clearly define all Medi-Cal enrollees to whom the study question and indicators are relevant?</p> <p><i>Demographics:</i></p> <p><input type="checkbox"/> Age Range <input type="checkbox"/> Race/Ethnicity <input type="checkbox"/> Gender <input type="checkbox"/> Language <input type="checkbox"/> Other</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine</p>	<p>The study question pertains to MHP beneficiaries with severe and persistent mental illness (SPMI) or co-occurring disorders, transitioning back to the community from psychiatric placements outside the county.</p> <p>It should be noted at the time of the on-site review, the study population had yet to be identified making. This information was provided post-review.</p>			
<p>3.2 If the study included the entire population, did its data collection approach capture all enrollees to whom the study question applied?</p> <p><i>Methods of identifying participants:</i></p> <p><input type="checkbox"/> Utilization data <input type="checkbox"/> Referral <input type="checkbox"/> Self-identification <input type="checkbox"/> Other: <Text if checked></p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine</p>				
Totals		Met	Partially Met	Not Met	UTD

STEP 4: Review Selected Study Indicators					
<p>4.1 Did the study use objective, clearly defined, measurable indicators?</p> <p><i>List indicators:</i></p> <ol style="list-style-type: none"> 1. MORS – 8 rating options based on current risk and engagement levels. 2. CDC Healthy Days – client’s perception of their own health and related functioning 3. Re-admission rates 4. Days in community 5. Consumer survey 	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	<p>This detail has now been more fully identified, though at the time of the on-site review was incomplete.</p>			
<p>4.2 Did the indicators measure changes in: health status, functional status, or enrollee satisfaction, or processes of care with strong associations with improved outcomes? All outcomes should be consumer focused.</p> <p> <input type="checkbox"/> Health Status <input type="checkbox"/> Functional Status <input type="checkbox"/> Member Satisfaction <input type="checkbox"/> Provider Satisfaction </p> <p>Are long-term outcomes clearly stated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are long-term outcomes implied? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	<p>At the time of this review, neither a baseline nor goal for measured improvement was indicated.</p> <p>Indicators are now in place to measure improvement in client progress.</p> <p>No data were available or provided by the MHP.</p>			
Totals		Met	Partially Met	Not Met	UTD

STEP 5: Review Sampling Methods						
5.1 Did the sampling technique consider and specify the: a) True (or estimated) frequency of occurrence of the event? b) Confidence interval to be used? c) Margin of error that will be acceptable?	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	Not Applicable				
5.2 Were valid sampling techniques that protected against bias employed? <i>Specify the type of sampling or census used:</i>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	Not Applicable				
5.3 Did the sample contain a sufficient number of enrollees? _____N of enrollees in sampling frame _____N of sample _____N of participants (i.e. – return rate)	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	Not Applicable				
Totals		Met	Partially Met	Not Met	NA	UTD

STEP 6: Review Data Collection Procedures		
<p>6.1 Did the study design clearly specify the data to be collected?</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine</p>	<p>The design is now in place to and anticipates the collection, tracking, and reporting of data as it becomes available.</p> <p>At the time of this review the data collection process was not outlined.</p> <p>No data were available or provided by the MHP.</p>
<p>6.2 Did the study design clearly specify the sources of data?</p> <p><i>Sources of data:</i></p> <p><input checked="" type="checkbox"/> Member <input type="checkbox"/> Claims <input checked="" type="checkbox"/> Provider</p> <p><input type="checkbox"/> Other:</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine</p>	<p>At the time of this review the data collection process was not fully outlined.</p>
<p>6.3 Did the study design specify a systematic method of collecting valid and reliable data that represents the entire population to which the study's indicators apply?</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine</p>	<p>As noted in 6.1 this information was not in place at the time of the review.</p> <p>The MHP provided this information in a subsequent revision to the document; however, the time frames for collection on several of the identified sources are not specified or are listed as "to be determined."</p> <p>BHC recommends that the MHP take steps to more clearly define the data collection time frames.</p>

<p>6.4 Did the instruments used for data collection provide for consistent, accurate data collection over the time periods studied?</p> <p><i>Instruments used:</i></p> <p><input checked="" type="checkbox"/> Survey <input type="checkbox"/> Medical record abstraction tool</p> <p><input checked="" type="checkbox"/> Outcomes tool <input type="checkbox"/> Level of Care tools</p> <p><input checked="" type="checkbox"/> Other: CDC My Healthy Days tool</p>	<p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Partially Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> Unable to Determine</p>	<p>Unknown, as the no data were available or provided by the MHP.</p> <p>Beneficiary survey time frame and design has yet to be determined.</p>
<p>6.5 Did the study design prospectively specify a data analysis plan?</p> <p>Did the plan include contingencies for untoward results?</p>	<p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Partially Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> Unable to Determine</p>	<p>The MHP will utilized standardized tools such as the MORS and CDC Healthy Days and is anticipated to be “evaluated for patterns” that would assist them in identifying additional solutions.</p> <p>BHC recommends that if validated tools are to be used, thresholds for satisfactory progress or improvement should be more clearly delineated.</p>
<p>6.6 Were qualified staff and personnel used to collect the data?</p> <p><i>Project leader:</i></p> <p>Name: Melissa Poplin</p> <p>Title: Staff Services Analyst</p> <p>Role: Project Lead</p> <p><i>Other team members:</i></p> <p>Names: Stephanie Wilson, MPA/ASW Program Manager; Vanessa Mayer Sr Staff Services Analyst</p>	<p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Partially Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> Unable to Determine</p>	
Totals		<p>Met Partially Met Not Met UTD</p>

STEP 7: Assess Improvement Strategies					
<p>7.1 Were reasonable interventions undertaken to address causes/barriers identified through data analysis and QI processes undertaken?</p> <p><i>Describe Interventions:</i></p> <p>1 Motivational interviewing 2 Individual rehabilitation 3 Wrap around services 4 Substance abuse disorder intervention, as needed</p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	<p>These were identified in the revision.</p> <p>The MHP has provided a specific outline on how these services provided by the new discharge team are to be utilized in a standardized form for all those who participate in this PIP.</p>			
Totals		Met	Partially Met	Not Met	UTD
STEP 8: Review Data Analysis and Interpretation of Study Results					
<p>8.1 Was an analysis of the findings performed according to the data analysis plan?</p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	<p>Data have yet to be collected. No data or analysis was available or provided by the MHP at the time of this review.</p>			

<p>8.2 Were the PIP results and findings presented accurately and clearly? Are tables and figures labeled? <input type="checkbox"/> Yes <input type="checkbox"/> No Are they labeled clearly and accurately? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine</p>	<p>See 8.1</p>
<p>8.3 Did the analysis identify: initial and repeat measurements, statistical significance, factors that influence comparability of initial and repeat measurements, and factors that threaten internal and external validity? Indicate the time periods of measurements: _____ Indicate the statistical analysis used: _____ Indicate the statistical significance level or confidence level if available/known: ____percent _____Unable to determine</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine</p>	<p>See 8.1</p>

<p>8.4 Did the analysis of the study data include an interpretation of the extent to which this PIP was successful and recommend any follow-up activities? <i>Limitations described:</i> <i>Conclusions regarding the success of the interpretation:</i> <i>Recommendations for follow-up:</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	See 8.1
Totals		Met Partially Met Not Met NA UTD
STEP 9: Assess Whether Improvement is “Real” Improvement		
<p>9.1 Was the same methodology as the baseline measurement used when measurement was repeated? <i>Ask: At what interval(s) was the data measurement repeated?</i> <i>Were the same sources of data used?</i> <i>Did they use the same method of data collection?</i> <i>Were the same participants examined?</i> <i>Did they utilize the same measurement tools?</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	Data have yet to be collected and reviewed and no data or analysis was available or provided by the MHP at the time of this review.

<p>9.2 Was there any documented, quantitative improvement in processes or outcomes of care? Was there: <input type="checkbox"/> Improvement <input type="checkbox"/> Deterioration Statistical significance: <input type="checkbox"/> Yes <input type="checkbox"/> No Clinical significance: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine</p>	<p>See 9.1</p>
<p>9.3 Does the reported improvement in performance have internal validity; i.e., does the improvement in performance appear to be the result of the planned quality improvement intervention? <i>Degree to which the intervention was the reason for change:</i> <input type="checkbox"/> No relevance <input type="checkbox"/> Small <input type="checkbox"/> Fair <input type="checkbox"/> High</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine</p>	<p>See 9.1</p>
<p>9.4 Is there any statistical evidence that any observed performance improvement is true improvement? <input type="checkbox"/> Weak <input type="checkbox"/> Moderate <input type="checkbox"/> Strong</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine</p>	<p>See 9.1</p>

9.5 Was sustained improvement demonstrated through repeated measurements over comparable time periods?	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	See 9.1
Totals		Met Partially Met Not Met NA UTD

ACTIVITY 2: VERIFYING STUDY FINDINGS (OPTIONAL)		
Component/Standard	Score	Comments
Were the initial study findings verified (recalculated by CalEQRO) upon repeat measurement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

ACTIVITY 3: OVERALL VALIDITY AND RELIABILITY OF STUDY RESULTS: SUMMARY OF AGGREGATE VALIDATION FINDINGS
<p><i>Conclusions:</i></p> <p>This project remains in the initial stage of implementation. The Discharge Planning Team has been created and staff are in place receiving the requisite training on the three EBP's outlined as interventions. While certain objectives and elements of this submission are clear, several elements needed refinement or clarification at the time of the on-site review. Core areas that outline the study design were not addressed in the initial PIP tool submission and were in need of completion. A soft launch had occurred, but no discussion regarding a formal implementation or resulting data was available at the time of this review and therefore the project was deemed concept only.</p>

**ACTIVITY 3: OVERALL VALIDITY AND RELIABILITY OF STUDY RESULTS:
SUMMARY OF AGGREGATE VALIDATION FINDINGS**

Recommendations:

Refine and clarify the sections noted above.

Create a fidelity check in order to monitor and assure consistent application of the intervention adherence to data requirements.

Include the identification of timeframes for data collection.

Consider establishing a threshold score in the use of its tools to determine when satisfactory progress has been achieved.

Obtain technical assistance from BHC as needed.

Check one:

- High confidence in reported Plan PIP results
- Low confidence in reported Plan PIP results
- Confidence in reported Plan PIP results
- Reported Plan PIP results not credible
- Confidence in PIP results cannot be determined at this time

**PERFORMANCE IMPROVEMENT PROJECT (PIP) VALIDATION WORKSHEET FY 2018-19
NON-CLINICAL PIP**

GENERAL INFORMATION

MHP: Lake

PIP Title: Timely Connection to Services

Start Date: 06/01/19

Completion Date: 11/30/20

Projected Study Period (#of Months):18

Completed: Yes No

Date(s) of On-Site Review: 12/04/19

Name of Reviewer: Patrick Zarate

Status of PIP (Only Active and ongoing, and completed PIPs are rated):

Rated

- Active and ongoing (baseline established and interventions started)
- Completed since the prior External Quality Review (EQR)

Not rated. Comments provided in the PIP Validation Tool for technical assistance purposes only.

- Concept only, not yet active (interventions not started)
- Inactive, developed in a prior year
- Submission determined not to be a PIP
- No Non-clinical PIP was submitted

Brief Description of PIP (including goal and what PIP is attempting to accomplish):

The goal of this PIP is to improve beneficiaries' access to services by removing barriers related to intake requirements and participation. The PIP plan proposes to reduce wait time between beneficiary request and first appointment and mitigate the data entry discrepancies, which may increase access timeframes to services. Workflow improvements will include a newly designed multi-user log-in, with a single-entry Access program database to replace an older single-user log, double-entry Excel program. The current, older system has led to intake and scheduling errors or absence of any recorded appointments. This has caused data and consumer's information to be lost or misplaced thereby increasing rather than decreasing timely access to services. Literature revealed that decreasing first appointment wait times and decreasing missed first appointments significantly improved consumer

outcome and future participation in self-care. Improved and efficient collection of data and intake information will allow beneficiaries timely access to services with a reduction in any adverse impacts that may come from delays.

ACTIVITY 1: ASSESS THE STUDY METHODOLOGY

STEP 1: Review the Selected Study Topic(s)

Component/Standard	Score	Comments
<p>1.1 Was the PIP topic selected using stakeholder input? Did the MHP develop a multi-functional team compiled of stakeholders invested in this issue?</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine</p>	<p>The PIP development team was multi-disciplinary and included various levels and roles from the MHP.</p> <p>BHC recommends that the MHP find a mechanism to secure beneficiary input for its PIP. This could be accomplished by a survey of all new cases at intake.</p>
<p>1.2 Was the topic selected through data collection and analysis of comprehensive aspects of enrollee needs, care, and services?</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine</p>	<p>The MHP determined that this was an issue based on test call data. A more thorough review was done over a three-month period, which found that that only 33.3 percent of calls were properly logged, and many client requests were delayed. The MHP identified inefficiencies in the process and the goal was to improve timely, accurate, and complete collection of call data in order to reduce the potential for extended wait times.</p> <p>Note: While it is likely the pattern discovered in the review of the three-month time period is indicative of an overall pattern, BHC recommends an expansion of the number of test calls conducted.</p>

<p>Select the category for each PIP:</p> <p><i>Non-clinical:</i></p> <p><input type="checkbox"/> Prevention of an acute or chronic condition <input type="checkbox"/> High volume services</p> <p><input type="checkbox"/> Care for an acute or chronic condition <input type="checkbox"/> High risk conditions</p>		<p><i>Non-clinical:</i></p> <p><input checked="" type="checkbox"/> Process of accessing or delivering care</p>							
<p>1.3 Did the Plan’s PIP, over time, address a broad spectrum of key aspects of enrollee care and services?</p> <p><i>Project must be clearly focused on identifying and correcting deficiencies in care or services, rather than on utilization or cost alone.</i></p>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Partially Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> Unable to Determine</p>	<p>The MHP is an admission driven provider of care. At present, it has no effective way to track beneficiary requests for services. The implications are broad and result in delays of scheduling first appointments. Such delays can cause deterioration of mental health symptoms, perception of care, and retention in services.</p>							
<p>1.4 Did the Plan’s PIPs, over time, include all enrolled populations (i.e., did not exclude certain enrollees such as those with special health care needs)?</p> <p><i>Demographics:</i></p> <p><input type="checkbox"/> Age Range <input type="checkbox"/> Race/Ethnicity <input type="checkbox"/> Gender <input type="checkbox"/> Language</p> <p><input type="checkbox"/> Other</p>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Partially Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> Unable to Determine</p>	<p>All incoming requests for initial service.</p>							
Totals		2	Met	2	Partially Met	0	Not Met	0	UTD

STEP 2: Review the Study Question(s)		
<p>2.1 Was the study question(s) stated clearly in writing? Does the question have a measurable impact for the defined study population?</p> <p><i>Include study question as stated in narrative:</i> “Will creating a new Access Log and process decrease timeliness of consumer first appointments from an average of 19 calendar days to 14, decrease no show/rescheduled first appointments by 25% and increase captured consumer requests from 33.3% to 75%?”</p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	<p>Baseline data were collected on the process of collecting call data. The anticipated course corrections have measurable goals.</p> <p>BHC suggests re-phrasing from “decrease timeliness of consumer...” to “decrease time to service for first appointments...” to improve clarity.</p>
Totals		0 Met 1 Partially Met 0 Not Met 0 UTD
STEP 3: Review the Identified Study Population		
<p>3.1 Did the Plan clearly define all Medi-Cal enrollees to whom the study question and indicators are relevant?</p> <p><i>Demographics:</i> <input type="checkbox"/> Age Range <input type="checkbox"/> Race/Ethnicity <input type="checkbox"/> Gender <input type="checkbox"/> Language <input type="checkbox"/> Other</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	<p>Yes, as noted in 1.4</p>
<p>3.2 If the study included the entire population, did its data collection approach capture all enrollees to whom the study question applied?</p> <p><i>Methods of identifying participants:</i> <input checked="" type="checkbox"/> Utilization data <input type="checkbox"/> Referral <input type="checkbox"/> Self-identification <input checked="" type="checkbox"/> Other: test calls</p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	<p>Incoming calls for service, new access data log and test calls.</p> <p>BHC recommends raising the number of test calls conducted.</p>
Totals		1 Met 1 Partially Met 0 Not Met 0 UTD

STEP 4: Review Selected Study Indicators		
<p>4.1 Did the study use objective, clearly defined, measurable indicators?</p> <p><i>List indicators:</i></p> <ol style="list-style-type: none"> 1. All incoming calls requesting access to services logged (daily) 2. Decrease time between first contact and first offered appointment 3. Decrease number of first appointments no show/rescheduled 	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	<p>Measures related are reliable and appropriate to the indicators.</p>
<p>4.2 Did the indicators measure changes in: health status, functional status, or enrollee satisfaction, or processes of care with strong associations with improved outcomes? All outcomes should be consumer focused.</p> <p> <input type="checkbox"/> Health Status <input type="checkbox"/> Functional Status <input checked="" type="checkbox"/> Member Satisfaction <input type="checkbox"/> Provider Satisfaction </p> <p>Are long-term outcomes clearly stated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Are long-term outcomes implied? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	<p>Mishandling and improper processing of calls for service have multiple adverse implications and could result in delays or other barriers to access.</p> <p>BHC recommends that consideration be given to measures that profile the beneficiary experience such as a satisfaction survey.</p>
Totals		1 Met 1 Partially Met 0 Not Met 0 UTD

STEP 5: Review Sampling Methods		
5.1 Did the sampling technique consider and specify the: a) True (or estimated) frequency of occurrence of the event? b) Confidence interval to be used? c) Margin of error that will be acceptable?	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	The project did not include sampling.
5.2 Were valid sampling techniques that protected against bias employed? <i>Specify the type of sampling or census used:</i>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	
5.3 Did the sample contain a sufficient number of enrollees? _____N of enrollees in sampling frame _____N of sample _____N of participants (i.e. – return rate)	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	
Totals 0 Met 0 Partially Met 0 Not Met 3 NA 0 UTD		

STEP 6: Review Data Collection Procedures		
<p>6.1 Did the study design clearly specify the data to be collected?</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine</p>	<p>Call log, access data base, and test call reports.</p>
<p>6.2 Did the study design clearly specify the sources of data?</p> <p><i>Sources of data:</i></p> <p><input type="checkbox"/> Member <input type="checkbox"/> Claims <input checked="" type="checkbox"/> Provider <input checked="" type="checkbox"/> Other: Access data base, call log, test call reports</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine</p>	<p>See 6.1</p>
<p>6.3 Did the study design specify a systematic method of collecting valid and reliable data that represents the entire population to which the study's indicators apply?</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine</p>	<p>Reporting and analysis timeframes are given.</p> <p>BHC recommends the assignment of frequency or timeframes for data input at collection points as well as to ensure adherence.</p>

<p>6.4 Did the instruments used for data collection provide for consistent, accurate data collection over the time periods studied?</p> <p><i>Instruments used:</i></p> <p><input type="checkbox"/> Survey <input type="checkbox"/> Medical record abstraction tool</p> <p><input type="checkbox"/> Outcomes tool <input type="checkbox"/> Level of Care tools</p> <p><input checked="" type="checkbox"/> Other: Access data base, call log, test calls</p>	<p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Partially Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> Unable to Determine</p>	<p>See 6.3</p>
<p>6.5 Did the study design prospectively specify a data analysis plan?</p> <p>Did the plan include contingencies for untoward results?</p>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Partially Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> Unable to Determine</p>	<p>Additional steps or actions are to be taken as needed.</p>
<p>6.6 Were qualified staff and personnel used to collect the data?</p> <p><i>Project leader:</i></p> <p>Name: Robert Chalmers</p> <p>Title: Staff Services Analyst</p> <p>Role: Project Lead</p> <p><i>Other team members:</i></p> <p>Names: Stephanie Wilson, MPA/ASW Program Manager; Vanessa Mayer Sr Staff Services Analyst</p>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Partially Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> Unable to Determine</p>	
Totals		<p>4 Met 2 Partially Met 0 Not Met 0 UTD</p>

STEP 7: Assess Improvement Strategies					
<p>7.1 Were reasonable interventions undertaken to address causes/barriers identified through data analysis and QI processes undertaken?</p> <p><i>Describe Interventions:</i></p> <ol style="list-style-type: none"> 1. Make scheduling tool available and operational at access across both sites. 2. Develop “Scheduling Tool” curriculum, orientation, and training to ensure model fidelity and consistency of use across both sites. Deliver training to two sites. 3. Front office staff utilize the Access log while they have the consumer on the phone. 4. Access team utilizes the Access log to ensure that consumer request is processed in a timely manner. 5. Monitor test calls to ensure four calls are made each month. 6. Quarterly Access log reports for comparison to test calls for reporting on increased percentage of beneficiaries entered in the database Access log 	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	<p>Reasonable interventions were suggested though not all (such as training) constitute an actual intervention. Some have been inconsistently implemented due to workforce and technology issues.</p> <p>BHC recommends clarification regarding use of the word “access”. At present, the word appears to be used interchangeably to mean an access point, an access team member, the call log or Access database system.</p>			
Totals		0	1	0	0
		Met	Partially Met	Not Met	UTD

STEP 8: Review Data Analysis and Interpretation of Study Results		
<p>8.1 Was an analysis of the findings performed according to the data analysis plan?</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine</p>	<p>Yes, thus far. First quarter project findings were provided.</p>
<p>8.2 Were the PIP results and findings presented accurately and clearly? Are tables and figures labeled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are they labeled clearly and accurately? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine</p>	<p>Yes, though project is not completed. First quarter findings were provided.</p>

<p>8.3 Did the analysis identify: initial and repeat measurements, statistical significance, factors that influence comparability of initial and repeat measurements, and factors that threaten internal and external validity?</p> <p>Indicate the time periods of measurements: Q1 6/1/19-8/31/19</p> <p>Indicate the statistical analysis used: descriptive data, percentages, change scores</p> <p>Indicate the statistical significance level or confidence level if available/known: ____percent <input checked="" type="checkbox"/> Unable to determine</p>	<p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Partially Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Unable to Determine</p>	<p>Initial measures provided with repeat measures and associated time frames denoted, though not yet conducted. This was not an experimental design, so there are no issues pertaining to statistical significance noted.</p>
<p>8.4 Did the analysis of the study data include an interpretation of the extent to which this PIP was successful and recommend any follow-up activities?</p> <p><i>Limitations described:</i> Study not completed; first quarter data only</p> <p><i>Conclusions regarding the success of the interpretation:</i> None except that results are not as anticipated.</p> <p><i>Recommendations for follow-up:</i> Continue study with adjustments to interventions and expand training and number of test calls</p>	<p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Partially Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Unable to Determine</p>	<p>BHC recommends appropriate adjustments to produce better levels of improvement. Training and expanded test calls to insure for fidelity. Continue project interventions, data collection and review.</p>
Totals		<p>1 Met 3 Partially Met 0 Not Met 0 NA 0 UTD</p>

STEP 9: Assess Whether Improvement is “Real” Improvement		
<p>9.1 Was the same methodology as the baseline measurement used when measurement was repeated? <i>Ask: At what interval(s) was the data measurement repeated?</i> <i>Were the same sources of data used?</i> <i>Did they use the same method of data collection?</i> <i>Were the same participants examined?</i> <i>Did they utilize the same measurement tools?</i></p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine</p>	<p>The project has recently begun and the MHP is not at the point of repeated measures.</p>
<p>9.2 Was there any documented, quantitative improvement in processes or outcomes of care? Was there: <input type="checkbox"/> Improvement <input type="checkbox"/> Deterioration Statistical significance: <input type="checkbox"/> Yes <input type="checkbox"/> No Clinical significance: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine</p>	<p>See 9.1</p>
<p>9.3 Does the reported improvement in performance have internal validity; i.e., does the improvement in performance appear to be the result of the planned quality improvement intervention? <i>Degree to which the intervention was the reason for change:</i> <input type="checkbox"/> No relevance <input type="checkbox"/> Small <input type="checkbox"/> Fair <input type="checkbox"/> High</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine</p>	<p>See 9.1</p>

<p>9.4 Is there any statistical evidence that any observed performance improvement is true improvement? <input type="checkbox"/> Weak <input type="checkbox"/> Moderate <input type="checkbox"/> Strong</p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	<p>See 9.1</p>
<p>9.5 Was sustained improvement demonstrated through repeated measurements over comparable time periods?</p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	<p>See 9.1</p>
Totals		<p>Met Partially Met Not Met 5 NA 0 UTD</p>

ACTIVITY 2: VERIFYING STUDY FINDINGS (OPTIONAL)		
Component/Standard	Score	Comments
<p>Were the initial study findings verified (recalculated by CalEQRO) upon repeat measurement?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**ACTIVITY 3: OVERALL VALIDITY AND RELIABILITY OF STUDY RESULTS:
SUMMARY OF AGGREGATE VALIDATION FINDINGS**

Conclusions:

Telephone access points can be a point of entry to needed mental health services. Identification and correction of improper logging and processing of incoming requests for service should result in meaningful steps to improve a beneficiary access. While such a process may appear to have a simple fix, this level of improvement activity is complex and can provide a lens through which the MHP can more thoroughly determine how to mitigate problems with access. The overarching goal of this project is to ensure that all beneficiaries will receive access to services within a timely manner and relieving the stresses that longer wait times can cause. Positive impacts on beneficiary satisfaction, persistence in care, and retention in services are anticipated. The MHP should take steps to measure these benefits, along with instituting workflow adjustments.

Recommendations:

Refine and clarify the sections noted above especially in relation to the indifferent utilization of the word “access.”
Create fidelity checks at the access team and front office in order to assure consistent adherence to data collection and input requirements.
Consider instituting a consumer survey to gauge quality and beneficiary satisfaction.
Increase the number of test calls to better represent the call volume.
Obtain technical assistance from BHC as needed.

- Check one:
- High confidence in reported Plan PIP results
 - Low confidence in reported Plan PIP results
 - Confidence in reported Plan PIP results
 - Reported Plan PIP results not credible
 - Confidence in PIP results cannot be determined at this time