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FY 2020-21
MEDI-CAL SPECIALTY MENTAL HEALTH EXTERNAL QUALITY REVIEW

LAKE MHP FINAL REPORT

Prepared for:

California Department of Health Care Services (DHCS)

Review Dates:

**December 2, 2020
and
December 3, 2020**

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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 access, timeliness, and quality of 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 considers 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) 2020-21 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) 2019 — 1,183

MHP Threshold Language(s) — Spanish

CalEQRO obtained the MHP threshold language information from the DHCS Behavioral Health Information Notice (BHIN) 20-070.

Validation of Performance Measures[1]

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 Projects[2]

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 Capabilities[3]

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.

Network Adequacy

CMS has required all states with Managed Care Plans (MCPs) and PIHPs to implement new rules for Network Adequacy (NA) pursuant to Title 42 of the Code of Federal Regulations (CFR) Part 438.68. In addition, the California State Legislature passed AB 205 to specify how the NA requirements must be implemented in California for MCPs and PIHPs, including the MHPs. The legislation and related DHCS policies and INs assign responsibility to the EQRO for review and validation of the data collected and processed by DHCS related to NA. DHCS identifies the following three main components for EQRO to review and verify: Out of Network Access (ONA), Alternative Access Standard (AAS) and Rendering Provider National Provider Identifier (NPI) taxonomy as assigned in National Plan and Provider Enumeration System (NPPES).

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[1] Department of Health and Human Services. Centers for Medicare and Medicaid Services (2019). Protocol 2. Validation of Performance Measures: A Mandatory EQR-Related Activity, October 2019. Washington, DC: Author.

[2] Department of Health and Human Services. Centers for Medicare and Medicaid Services (2019). Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity, October 2019. Washington, DC: Author.

[3] Department of Health and Human Services. Centers for Medicare and Medicaid Services (2019). Appendix A. Information Systems Capabilities Assessment, October 2019. Washington, DC: Author.

DHCS produced a detailed description and set of requirements for each type of MCP and MHP related to NA requirements. CalEQRO followed these requirements in reviewing each of the MHPs. All MHPs submitted detailed information on their provider networks in April of 2020 per the requirements of DHCS BHIN 20-012 on the Network Adequacy Certification Tool (NACT) form. DHCS will review these forms to determine if the provider networks met required time and distance standards, as well as timeliness standards, for essential mental health services and psychiatry services to youth and adults. If these standards are not met, DHCS will require the MHP to improve the network to meet the standards or submit an application for an AAS. If approved by DHCS, these will be reviewed by CalEQRO as part of their annual quality review process with a structured protocol to assess access and timeliness and validation of the AAS and any plan of correction or improvement of the services to Medi-Cal recipients living in the zip codes requiring an AAS.

CalEQRO reviews the NACT provider files, maps of clinics closest to the AAS zip codes, and distances to the closest providers by type and population. If there is no provider within the time or distance standard, the MHP shall develop and propose an AAS plan, and access to any alternative providers who might become Medi-Cal certified for the MHP. The MHP shall submit a plan of correction addressing the needs to meet the AAS.

CalEQRO will verify and report if an MHP can meet the time and distance standards with its provider distribution. As part of its scope of work for evaluating the accessibility of services, CalEQRO will review grievance and complaint log reports, facilitate beneficiary focus groups, review claims and other performance data, and review DHCS-approved corrective action plans.

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:

- 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 five domains: access to care, timeliness of services, quality of care, beneficiary progress/outcomes, and structure and operations. 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 2019-20

In this section, the status of last year's (FY 2019-20) recommendations are presented, as well as changes within the MHP's environment since its last review.

Status of FY 2019-20 Review of Recommendations

In the FY 2019-20 desk review report, the CalEQRO made several recommendations for improvements in the MHP's programmatic and/or operational areas. During the FY 2020-21 site visit, CalEQRO reviewed the status of those FY 2019-20 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 2019-20

PIP Recommendations

Recommendation 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 2017-18, FY 2018-19, and FY 2019-20.)*

Status: Partially Met

- The MHP's clinical PIP has been in the planning stage since July 2019; however, the MHP is preparing to implement the interventions (engagement with discharge planning team) in March 2021.
- The clinical PIP's goal is to decrease rehospitalizations and increase length of stay (LOS) in the community for beneficiaries discharging from psychiatric residential placements.

- The Lake County Behavioral Health Services' (LCBHS) non-clinical PIP began in June 2019 and is focused on improving timely access to services (removing barriers).
- The non-clinical PIP was originally slated to end in December 2020; however, the MHP encountered set-backs due to the public health emergency and extended the PIP timeframe to end in November 2021.
- Detailed recommendations are included in the PIP validation section of this FY 2020-21 EQRO report; PIP TA is scheduled to occur in January 2021.

Access Recommendations

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

Status: Met

- The MHP conducted a classification and compensation study to determine competitive pay rates compared to similar size MHPs; most staff received an increase in pay (December 2020) equating to 85 percent of the median wage in the county.
- LCBHS collaborates with local colleges to recruit individuals in the process of earning a degree in the social service field.
- LCBHS employs three certified bilingual peer support staff: three bilingual staff shared for children and adult services; and one bilingual staff member for the substance abuse program.
- The MHP offers a 3 percent bonus to bilingual employees.

Timeliness Recommendations

Recommendation 3: The MHP should identify strategies to reverse a downward trend in reported staff productivity to maximize resource capacity.

Status: Met

- LCBHS clinical line staff must demonstrate at least 70 percent of their workday providing billable services; performance improvement plans are created with staff who are chronically low in productivity.
- The MHP provides comprehensive training, alongside Kings View, on billable services to include telehealth services.

- The MHP collaborated with Kings View to produce a clinical line staff productivity dashboard which will be available in CY 2021.

Recommendation 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 and carry-over from FY 2019-20.)*

Status: Met

- The overall psychiatrist no-show rate improved from 22 percent in FY 2019-20 to 20 percent in FY 2020-21; however, the no-show rate for clinicians increased from 14 percent in FY 2019-20 to 16 percent in FY 2020-21.
- The MHP incorporated a 20 percent no-show standard for psychiatrists and clinicians in FY 2020-21.
- LCBHS struggles with consistent staffing capacity; this has resulted in reduced resources for continuous quality improvement (CQI) activities dedicated to improving no-show rates.
- The MHP provides appointment reminder calls, follow-up calls, and letters to beneficiaries who did not attend their appointment.

Recommendation 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 and FY 2019-20.)*

Status: Met

- The average length of time from initial request to first offered appointment improved from 22.28 business days in FY 2019-20 to 7.05 business days in FY 2020-21.
- LCBHS overhauled an older access and intake procedure that contributed to extended wait times (i.e. double entries and lost information) as part of the current non-clinical PIP; the new procedure provides an efficient single-entry system.
- The MHP streamlined the access and intake procedure in June 2019 to reflect the following:
    - The front office staff receives the beneficiary service request and enters the information into the new access database.

  - The access team receives the new entry in the database and contacts the beneficiary to complete a brief intake screening.
  - The beneficiary is scheduled a first appointment if they meet eligibility criteria.
- LCBHS established an access binder (interface tool) for the front office staff and access team; the binder provides step-by-step instructions for the new intake procedure and training was provided in July 2020.

Recommendation 6: The MHP needs to formally define requests for urgent appointments to assure complete and accurate tracking and reporting. *(This is a follow-up recommendation from FY 2018-19 and carry-over from FY 2019-20.)*

Status: Partially Met

- LCBHS tracks psychiatric hospitalization discharge follow-up and requests for urgent appointments; however, the data is not disaggregated and the MHP is not producing timeliness reports to monitor these domains.
- The MHP is collaborating with Kings View and Innovative Development and Evaluation Associates (I.D.E.A.) Consulting to brainstorm solutions to disaggregate the urgent requests from psychiatric hospitalizations, and to produce timeliness reports for CQI activities.
- LCBHS continues to contract (July 1, 2020, through June 30, 2021) with I.D.E.A. Consulting to formally define urgent conditions; however, the definition is not solidified.

Recommendation 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 to obtain accurate and complete reporting. *(This is a follow-up recommendation from FY 2018-19 and carry-over from FY 2019-20.)*

Status: Partially Met

- Please refer to recommendation number five.
- LCBHS contracted in July 2020 with I.D.E.A. Consulting to improve the workflow and efficiency of the access line, the crisis line (contracted with Alameda Night Watch), and language interpretive services.
- Access line test calls conducted by I.D.E.A. Consulting demonstrate repeated disconnections, long wait times and improper translation of the Spanish language.

- Stakeholders in focus groups report that the language line is difficult, and they experience frequent disconnections.

Quality Recommendations

Recommendation 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.

Status: Partially Met

- LCBHS received several staff trainings over the last FY from Kings View (EHR vendor) to include security protocols; accurate documentation; and generating data and outcome reports.
- The MHP purchased Data Creative (software training program) in October 2020; the training package includes Excel, Word and other business intelligence programs ranging from beginner to advanced courses.
- The Data Creative training program roll-out occurred in October 2020; the MHP plans to generate user friendly reports in the next CY to share with internal staff, stakeholders, beneficiaries, and community partners.
- Clinical supervisor feedback demonstrates inconsistent sharing of data and outcome reports throughout various MHP programs.
- Feedback from clinical supervisors and line staff reflect positive bidirectional communication with senior management; however, the MHP does not consistently possess the needed resources to execute the suggested changes.

Recommendation 9: The MHP should strengthen its quality improvement (QI) workplan by identifying change strategies that it utilizes to guide initiatives and add trending to compare progress year-over-year.

Status: Not Met

- The MHP did not submit a current QI workplan or an annual evaluation of the effectiveness of QI activities in meeting QI goals and objectives.
- The QI workplan is in the planning stage due to staffing shortages and the impacts of the COVID-19 public health emergency.

Recommendation 10: Ensure enhanced medication monitoring 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 and carry-over from FY 2019-20.)*

Status: Partially Met

- LCBHS contracted with I.D.E.A. Consulting in July 2020 to aid with generating and updating medication monitoring procedures and policies to meet SB 1291 requirements.
- MHP staff meet with the newly hired medical director (August 2020) on a regular basis to discuss the medication and monitoring process; prescribers are invited to the meetings to review data.
- Documents submitted for this EQRO review of EHR data reflects inconsistent medication documentation (e.g. missing lab results and medication consent signatures).

Beneficiary Outcomes Recommendations

Recommendation 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 and carry-over from FY 2019-20.)*

Status: Not Met

- LCBHS reports that no action has been taken to resolve the recommendation to provide MORS training—including refresher classes—to new and current staff.
- Feedback received in clinical line staff focus groups reflect that MORS training is strongly needed.

Foster Care Recommendations

Recommendation 12: Ensure Senate Bill (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 and carry-over from FY 2019-20.)*

Status: Partially Met

- Refer to recommendation ten response.
- Documents submitted for this EQRO review demonstrate that LCBHS does not track and trend data on the use of first-line psychosocial care;

medication use; follow-up; and metabolic monitoring of psychotropic medication for children and adolescents.

Recommendation 13: Access and review DHCS Lake County online data for SB 1291 requirements routinely. *(This is a follow-up recommendation from FY 2018-19 and carry-over from FY 2019-20.)*

Status: Partially Met

- Refer to recommendation 10 and 12 responses.

Information Systems Recommendations

- None noted.

Structure and Operations Recommendations

Recommendation 14: In conjunction with the county and Kings View, the MHP needs to establish a formal disaster plan.

Status: Met

- Lake County experienced the Glass Fire in September 2020 which resulted in mandatory evacuations, road closures, power outages, and several burned structures.
- Adventist Health St. Helena Hospital (151-bed acute care) in Deer Park closed for more than ten weeks due to the fire; the closure impacted beneficiary hospital placement as reported by MHP clinical supervisors.
- Clinical supervisor feedback in focus groups reflect that staff have received national disaster training, and the MHP disaster plan was updated in August 2020.
- The MHP submitted an IT infrastructure systems general business continuity and disaster recovery plan for this EQRO review.

Recommendation 15: The MHP needs to reestablish a behavioral health advisory board (BHAB) by taking meaningful steps to engage the local Board of Supervisors on its responsibility to recruit and put forward candidates.

Status: Met

- The MHP aggressively recruited members and filled all positions in the BHAB over the last CY; the board members are restructuring bylaws, establishing board member roles and responsibilities for the elected positions.

PERFORMANCE MEASURES

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 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]

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[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:

- 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.
- 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).

- 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; Statues 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.cdss.ca.gov/inforesources/foster-care/pathways-to-well-being.

  - 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: County Medi-Cal Beneficiaries and Those Served by the MHP in CY 2019 by Race/Ethnicity

Lake MHP				
Race/Ethnicity	**Average Monthly Unduplicated Medi-Cal Beneficiaries**	**Percentage of Medi-Cal Beneficiaries**	**Unduplicated Annual Count of Beneficiaries Served by the MHP**	**Percentage of Beneficiaries Served by the MHP**
White	19,793	60.2%	843	71.3%
Latino/Hispanic	8,434	25.7%	142	12.0%
African-American	810	2.5%	54	4.6%
Asian/Pacific Islander	335	1.0%	*	n/a
Native American	1,110	3.4%	*	n/a
Other	2,376	7.2%	102	8.6%
Total	**32,856**	**100%**	**1,183**	**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.				

Table 2 provides details on beneficiaries served by threshold language.

Table 2: Beneficiaries Served by the MHP in CY 2019 by Threshold Language

Lake MHP		
Threshold Language	**Unduplicated Annual Count of Beneficiaries Served by the MHP**	**Percentage of Beneficiaries Served by the MHP**
Spanish	37	3.1%
Other Languages	1,146	96.9%
Total	**1,183**	**100%**
Threshold language source: DHCS Information Notice 13-09.		
Other Languages include English		

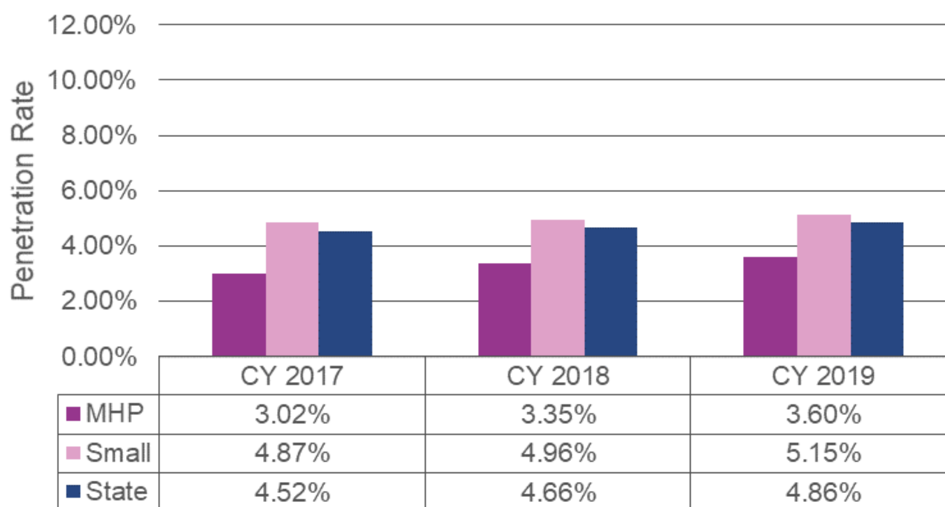
Penetration Rates and Approved Claims per Beneficiary

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 2019. See Table C1: CY 2019 Medi-Cal Expansion (ACA) Penetration Rate and ACB.

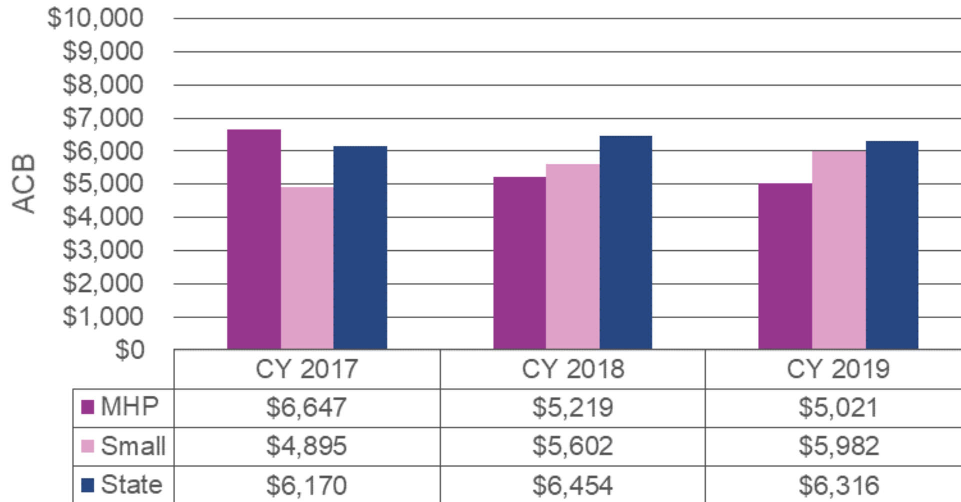
Regarding the calculation of penetration rates, the Lake MHP uses the same method used by CalEQRO. Figures 1 and 2 show three-year (CY 2017-19) trends of the MHP's overall penetration rates and ACB, compared to both the statewide average and the average for small MHPs.

Figure 1: Overall Penetration Rates CY 2017-19



	CY 2017	CY 2018	CY 2019
MHP	3.02%	3.35%	3.60%
Small	4.87%	4.96%	5.15%
State	4.52%	4.66%	4.86%

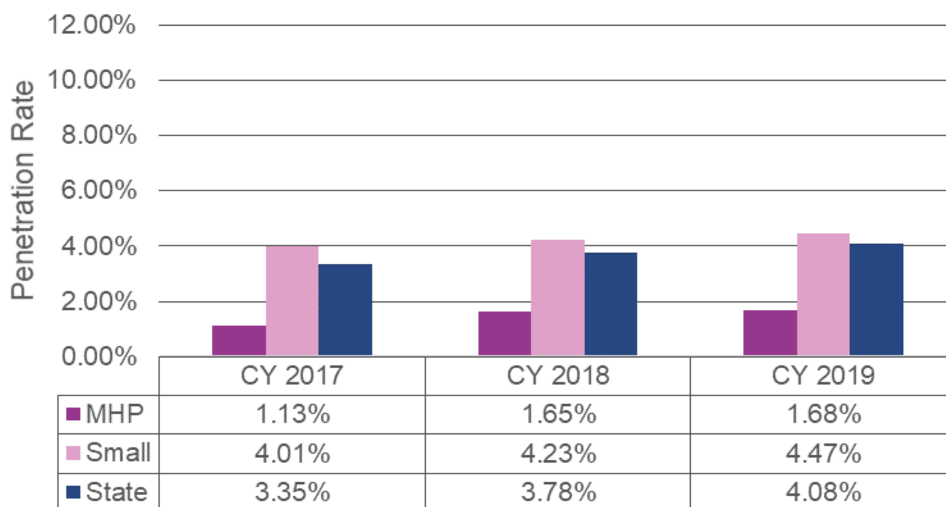
Figure 2: Overall ACB CY 2017-19



	CY 2017	CY 2018	CY 2019
MHP	$6,647	$5,219	$5,021
Small	$4,895	$5,602	$5,982
State	$6,170	$6,454	$6,316

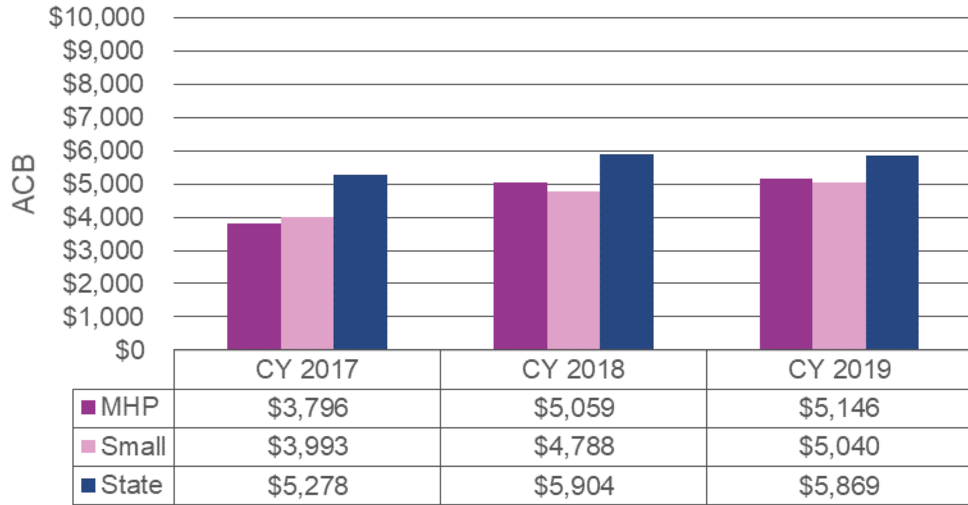
Figures 3 and 4 show three-year (CY 2017-19) trends of the MHP's Latino/Hispanic penetration rates and ACB, compared to both the statewide average and the average for small MHPs.

Figure 3: Latino/Hispanic Penetration Rates CY 2017-19



	CY 2017	CY 2018	CY 2019
MHP	1.13%	1.65%	1.68%
Small	4.01%	4.23%	4.47%
State	3.35%	3.78%	4.08%

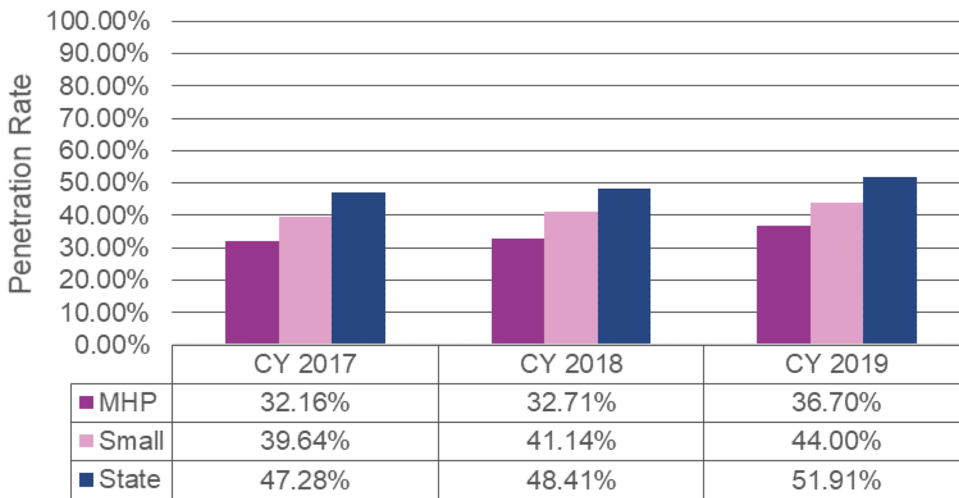
Figure 4: Latino/Hispanic ACB CY 2017-19



	CY 2017	CY 2018	CY 2019
MHP	$3,796	$5,059	$5,146
Small	$3,993	$4,788	$5,040
State	$5,278	$5,904	$5,869

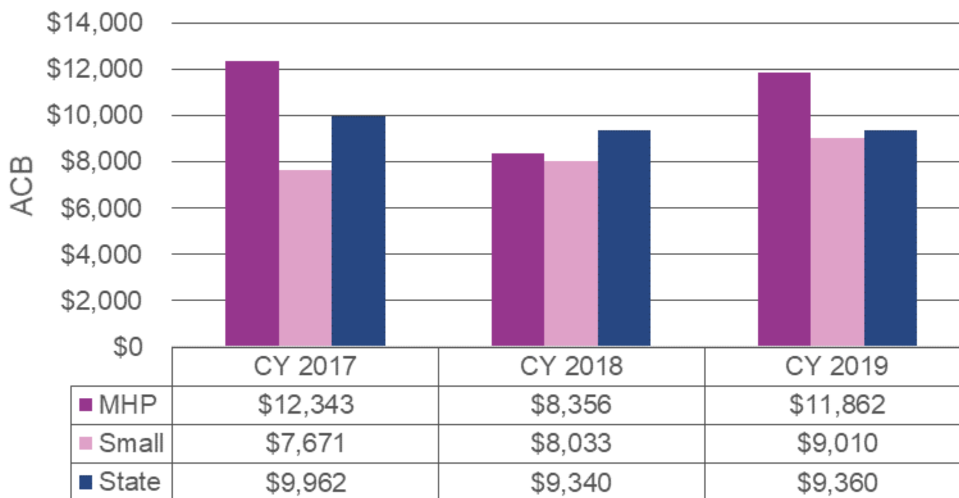
Figures 5 and 6 show three-year (CY 2017-19) trends of the MHP's FC penetration rates and ACB, compared to both the statewide average and the average for small MHPs.

Figure 5: FC Penetration Rates CY 2017-19



	CY 2017	CY 2018	CY 2019
MHP	32.16%	32.71%	36.70%
Small	39.64%	41.14%	44.00%
State	47.28%	48.41%	51.91%

Figure 6: FC ACB CY 2017-19

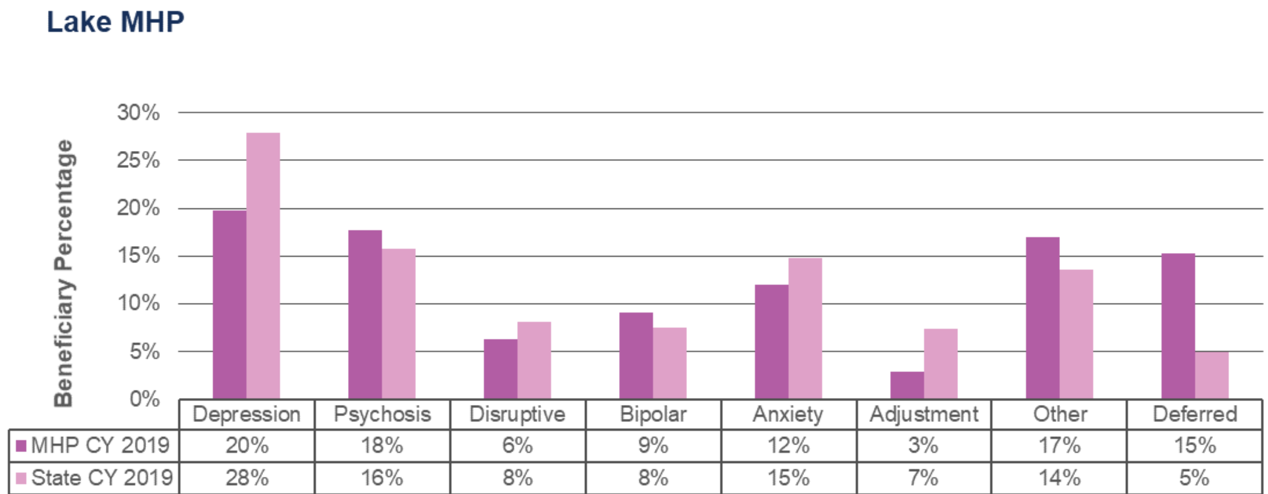


	CY 2017	CY 2018	CY 2019
MHP	$12,343	$8,356	$11,862
Small	$7,671	$8,033	$9,010
State	$9,962	$9,340	$9,360

Diagnostic Categories

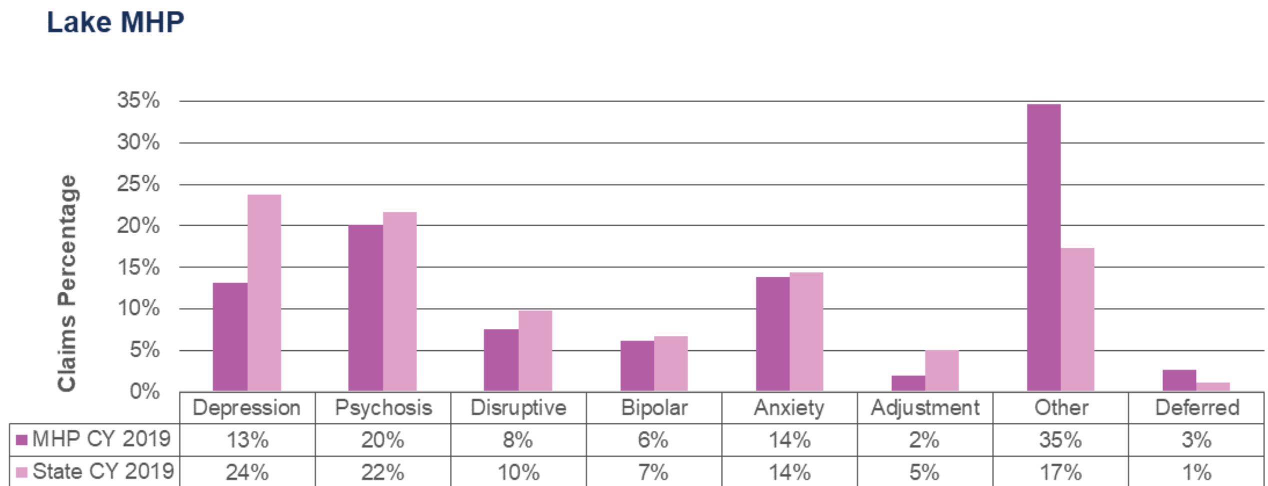
Figures 7 and 8 compare statewide and MHP diagnostic categories by the number of beneficiaries served and total approved claims, respectively, for CY 2019.

Figure 7: Diagnostic Categories by Percentage of Beneficiaries CY 2019



	Depression	Psychosis	Disruptive	Bipolar	Anxiety	Adjustment	Other	Deferred
MHP CY 2019	20%	18%	6%	9%	12%	3%	17%	15%
State CY 2019	28%	16%	8%	8%	15%	7%	14%	5%

Figure 8: Diagnostic Categories by Percentage of Approved Claims CY 2019



	Depression	Psychosis	Disruptive	Bipolar	Anxiety	Adjustment	Other	Deferred
MHP CY 2019	13%	20%	8%	6%	14%	2%	35%	3%
State CY 2019	24%	22%	10%	7%	14%	5%	17%	1%

High-Cost Beneficiaries

Table 3 provides a three-year summary (CY 2017-19) of HCB trends for the MHP and compares the MHP's CY 2019 HCB data with the corresponding statewide data. HCBs in this table are identified as those with approved claims of more than $30,000 in a year.

Table 3: High-Cost Beneficiaries CY 2017-19

Lake MHP							
	Year	HCB Count	Total Beneficiary Count	HCB % by Count	Average Approved Claims per HCB	HCB Total Claims	HCB % by Total Claims
Statewide	CY 2019	21,904	627,928	3.49%	$51,883	$1,136,453,763	28.65%
MHP	CY 2019	36	1,183	3.04%	$48,576	$1,748,752	29.44%
	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%

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 4 provides a three-year summary (CY 2017-19) of MHP psychiatric inpatient utilization including beneficiary count, admission count, approved claims, and LOS.

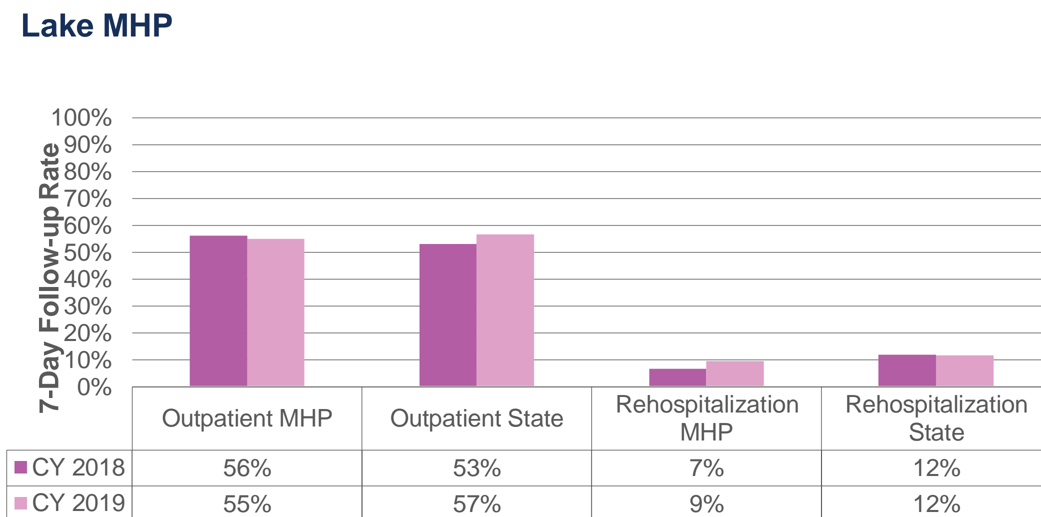
Table 4: Psychiatric Inpatient Utilization CY 2017-19

Lake MHP							
Year	Unique Beneficiary Count	Total Inpatient Admissions	MHP Average LOS in Days	Statewide Average LOS in Days	MHP ACB	Statewide ACB	Total Approved Claims
CY 2019	137	220	11.34	7.80	$14,466	$10,535	$1,981,827
CY 2018	103	135	10.91	7.63	$17,277	$9,772	$1,779,574
CY 2017	140	248	11.91	7.36	$15,581	$9,737	$2,181,398

Post-Psychiatric Inpatient Follow-Up and Rehospitalization

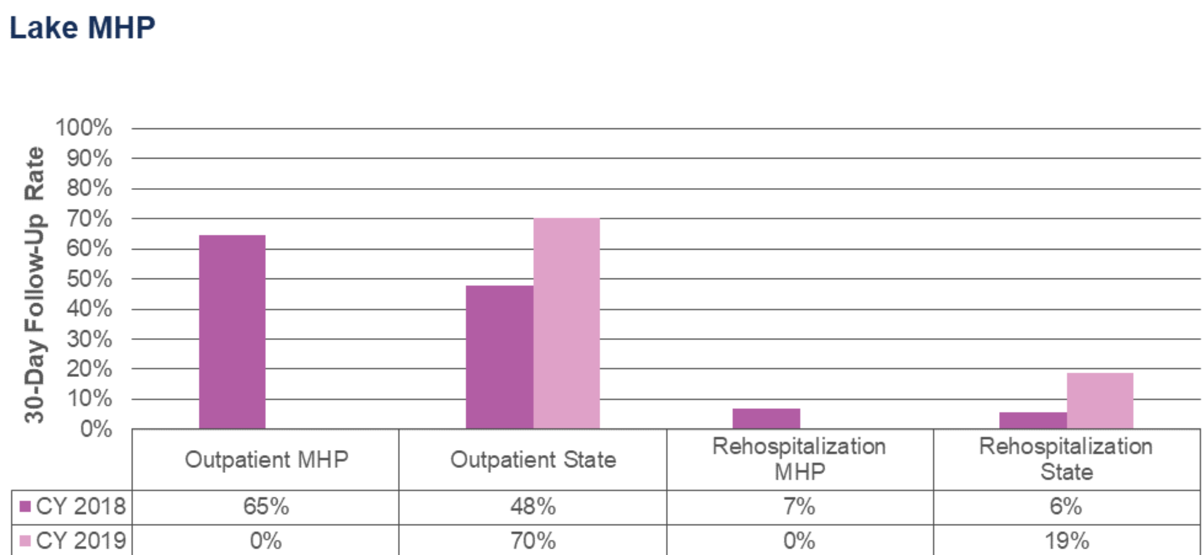
Figures 9 and 10 show the statewide and MHP 7-day and 30-day post-psychiatric inpatient follow-up and rehospitalization rates for CY 2018-19.

Figure 9: 7-Day Post Psychiatric Inpatient Follow-up CY 2018-19



	Outpatient MHP	Outpatient State	Rehospitalization MHP	Rehospitalization State
CY 2018	56%	53%	7%	12%
CY 2019	55%	57%	9%	12%

Figure 10: 30-Day Post Psychiatric Inpatient Follow-up CY 2018-19



	Outpatient MHP	Outpatient State	Rehospitalization MHP	Rehospitalization State
CY 2018	65%	48%	7%	6%
CY 2019	0%	70%	0%	19%

PERFORMANCE IMPROVEMENT PROJECT VALIDATION

CMS' Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity defines a PIP as a project conducted by the PIHP (MHP) that is designed to achieve significant improvement, sustained over time, in health outcomes and enrollee satisfaction. A PIP may be designed to change behavior at a member, provider, and/or MHP/system level.

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 two PIPs, as shown below.

Table 5 : PIPs Submitted by Lake MHP

PIPs for Validation	Number of PIPs	PIP Titles
Clinical	1	"Use of motivational interviewing in discharge planning from long term psychiatric placement to the community."
Non-Clinical	1	"Timely connections to services."

Clinical PIP

Table 6: General PIP Information – Clinical PIP

MHP Name	Lake MHP
PIP Title	"Use of motivational interviewing in discharge planning from long term psychiatric placement to the community."
PIP Aim Statement	"Will the use of a Quality of Care survey and of motivational interviewing techniques to enroll and engage consumers in mental health services reflect a noticeable reduction in the median number of days (28) clients spent in placement"?
Was the PIP state-mandated, collaborative, statewide, or MHP choice? (check all that apply) ☐ State-mandated (state required MHP to conduct PIP on this specific topic)	

MHP Name	Lake MHP
☐ Collaborative (multiple MHPs or MHP and DMC-ODS worked together during planning or implementation phases) ☒ MHP choice (state allowed MHP to identify the PIP topic)	
Target age group (check one): ☐ Children only (ages 0-17)* ☒ Adults only (age 18 and above) ☐ Both Adults and Children *If PIP uses different age threshold for children, specify age range here: n/a	
Target population description, such as specific diagnosis (please specify): The MHP stated the target population includes adult beneficiaries,18 and older, who are in an out-of-county psychiatric placement.	

Table 7: Improvement Strategies or Interventions – Clinical PIP

PIP Interventions (Changes tested in the PIP)
Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach): • The MHP will engage and outreach to adults, aged 18 and older, who are in an out-of-county psychiatric placement.
Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach): • Use of motivational interviewing with beneficiaries, before and after out-of-county psychiatric placement. • Use of quality-of-life survey with beneficiaries, before and after out-of-county psychiatric placement.
MHP/DMC-ODS-focused interventions/system changes (MHP/DMC-ODS/system change interventions are aimed at changing MHP/DMC-ODS operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools): n/a

Table 8: Performance Measures and Results – Clinical PIP

Performance Measures	Baseline Year	Baseline Sample Size and Rate	Most Recent Remeasurement Year	Most Recent Remeasurement Sample Size and Rate (if applicable)	Demonstrated Performance Improvement	Statistically Significant Change in Performance
LOS in out-of-county psychiatric hospitalizations	n/a	n/a	☒ n/a*	n/a	☐ Yes ☐ No n/a	☐ Yes ☐ No p-value: ☐ <.01 ☐ <.05 Other (specify): n/a

Performance Measures	Baseline Year	Baseline Sample Size and Rate	Most Recent Remeasurement Year	Most Recent Remeasurement Sample Size and Rate (if applicable)	Demonstrated Performance Improvement	Statistically Significant Change in Performance
Quality of life survey	n/a	n/a	☒ n/a*	n/a	☐ Yes ☐ No n/a	☐ Yes ☐ No p-value: ☐ <.01 ☐ <.05 Other (specify): n/a
Was the PIP validated?				☒ Yes	☐ No	

Validation phase:

☐ PIP submitted for approval
☒ Planning phase
☐ Implementation phase
☐ Baseline year
☐ First remeasurement
☐ Second remeasurement
☐ Other (specify):

Validation rating:

☐ High confidence
☐ Moderate confidence
☒ Low confidence
☐ No confidence

"Validation rating" refers to the EQRO's overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results, and produced significant evidence of improvement.

<table>
<tr><th>Performance Measures</th><th>Baseline Year</th><th>Baseline Sample Size and Rate</th><th>Most Recent Remeasurement Year</th><th>Most Recent Remeasurement Sample Size and Rate (if applicable)</th><th>Demonstrated Performance Improvement</th><th>Statistically Significant Change in Performance</th></tr>
<tr><td colspan="7">The MHP began a concept only clinical PIP in July 2019. The goal was to reduce beneficiary rehospitalization rates from community placement by using an expanded discharge planning process. The MHP planned to create a dedicated discharge team to provide mental health services to beneficiaries up to 90 days post discharge. LCBHS experienced large staff turnovers, difficulties implementing PIP interventions, lack of coordination with managed care team, administrative issues, and lack of data collection. The MHP ended the original concept only PIP and pivoted (December 2020) to the current concept only PIP topic, also focusing on reducing the LOS in out-of-county psychiatric placements (i.e. increasing time spent in the community). The interventions are set to begin in March 2021. LCBHS did not present baseline data; a clear description of the improvement strategy; a thorough data collection and analysis plan; and clearly identified performance measures at the time of this EQRO review.</td></tr>
<tr><td colspan="7">EQRO recommendations for improvement of PIP:
• Include beneficiary input.
• Clearly define the improvement strategy, population, and timeframe in the aim statement; it should be clear, concise, measurable, and answerable.
• Include the frequency of out-of-county psychiatric placements in the population description.
• Clearly define the indicators of performance measurement. The quality-of-life survey is cited as the performance measure and the intervention; it is unclear how the survey will measure beneficiary health, functional status, or satisfaction. Include the tracking of out-of-county psychiatric readmissions.
• Demonstrate how (i.e. source of data) the quality-of-life survey results will be collected and analyzed.
• The PIP improvement strategy includes several interventions from the FY 2019-20 concept only PIP, and it is unclear whether or not the additional interventions will be included in this current PIP (e.g. discharge planning, LOC transition process, and Full Service Partnership (FSP) program involvement). There are inconsistencies in the PIP write-up which may be confusing to the reader.
• Clearly describe the resources and referral processes in place to address the cultural and linguistic needs of beneficiaries.</td></tr>
<tr><td colspan="7">The technical assistance (TA) provided to the MHP by CalEQRO consisted of:
• Discussion on PIP implementation roadblocks, and review of the MHP’s plan to address untoward results.
• Review of baseline data collection and analysis.
• Review of performance measures to track beneficiary outcomes.</td></tr>
</table>

Performance Measures	Baseline Year	Baseline Sample Size and Rate	Most Recent Remeasurement Year	Most Recent Remeasurement Sample Size and Rate (if applicable)	Demonstrated Performance Improvement	Statistically Significant Change in Performance
• Encouragement to engage in frequent PIP TA with CalEQRO.						

*PIP is in planning and implementation phase if n/a is checked.

Non-clinical PIP

Table 9: General PIP Information – Non-Clinical PIP

MHP Name	Lake MHP
PIP Title	"Timely connections to services."
PIP Aim Statement	"Will creating a new access log and process 1) increase captured requests from 33.3 % to 75 %; 2) decrease timeliness of consumer first offered appointments from an average of 19 calendar days to 14 or less; 3) decrease no-shows/rescheduled first appointments percentage 28 % of by 25 %."
Was the PIP state-mandated, collaborative, statewide, or MHP choice? (check all that apply) ☐ State-mandated (state required MHP to conduct PIP on this specific topic) ☐ Collaborative (multiple MHPs or MHP and DMC-ODS worked together during planning or implementation phases) ☒ MHP choice (state allowed MHP to identify the PIP topic)	
Target age group (check one): ☐ Children only (ages 0-17)* ☐ Adults only (age 18 and above) ☒ Both Adults and Children *If PIP uses different age threshold for children, specify age range here:	
Target population description, such as specific diagnosis (please specify): The PIP study population includes all beneficiaries requesting access to mental health services.	

Table 10: Improvement Strategies or Interventions – Non-Clinical PIP

PIP Interventions (Changes tested in the PIP)
Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach): • None noted.
Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach): • Scheduling tool made available and operational during access across both sites. • Develop scheduling tool curriculum, orientation, and training to ensure model fidelity and consistency of use across both sites. Deliver training to the two sites. • Front office staff utilize the access log with the beneficiary on the phone. • Access team utilizes the access log to ensure that beneficiary requests are processed in a timely manner. • Monitor test calls to ensure four calls are made each month. • Quarterly access log reports for comparison to test calls for reporting on increased percentage of beneficiaries entered in the database access log.
MHP/DMC-ODS-focused interventions/system changes (MHP/DMC-ODS/system change interventions are aimed at changing MHP/DMC-ODS operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools): n/a

Table 11: Performance Measures and Results – Non-Clinical PIP

Performance Measures	Baseline Year	Baseline Sample Size and Rate	Most Recent Remeasurement Year	Most Recent Remeasurement Sample Size and Rate (if applicable)	Demonstrated Performance Improvement	Statistically Significant Change in Performance
Daily logging of all incoming calls requesting access to services	2019	3/9= 33 %	2020 ☐ n/a*	5/18= 27.78 %	☐ Yes ☒ No	☐ Yes ☐ No p-value: ☐ <.01

Performance Measures	Baseline Year	Baseline Sample Size and Rate	Most Recent Remeasurement Year	Most Recent Remeasurement Sample Size and Rate (if applicable)	Demonstrated Performance Improvement	Statistically Significant Change in Performance
						☐ <.05 Other (specify): n/a
Length of time between initial request for services and first offered appointment	2019	19.91 days	2020 ☐ n/a*	6.47 days	☒ Yes ☐ No	☐ Yes ☐ No p-value: ☐ <.01 ☐ <.05 Other (specify): n/a
Number of no-shows and reschedules for first scheduled appointment	2019	19/67= 28 %	2020 ☐ n/a*	24/132= 19.70 %	☒ Yes ☐ No	☐ Yes ☐ No p-value: ☐ <.01 ☐ <.05 Other (specify): n/a
Was the PIP validated?				☒ Yes	☐ No	
Validation phase: ☐ PIP submitted for approval ☐ Planning phase ☐ Implementation phase						

Performance Measures	Baseline Year	Baseline Sample Size and Rate	Most Recent Remeasurement Year	Most Recent Remeasurement Sample Size and Rate (if applicable)	Demonstrated Performance Improvement	Statistically Significant Change in Performance
☐ Baseline year ☐ First remeasurement ☐ Second remeasurement ☒ Other (specify): PIP extended to November 2021.						
Validation rating: ☐ High confidence ☒ Moderate confidence ☐ Low confidence ☐ No confidence “Validation rating” refers to the EQRO’s overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results, and produced significant evidence of improvement. The MHP did see a modest improvement in reducing the length of time from initial request to first offered appointment, and a reduction in the number of no-shows and rescheduled appointments. The MHP did not see an improvement in the appropriate logging of all incoming access calls from the baseline measurement in CY 2019 (33 percent) to the final measurement in CY 2020 (27.8 percent); the overall goal was to accurately log 75 percent of all incoming calls. It is unclear if the improvements in timely access and reduction in no-shows/reschedules are a direct result from using the new access log, as the log was only being used accurately 27.8 percent of time (final measurement).						
EQRO recommendations for improvement of PIP: • Involve beneficiary feedback and participation in the PIP development. • Create fidelity checks for the access team and front office staff to ensure consistent adherence to data input, collection, and analysis. • Engage in PIP TA with CalEQRO on a frequent basis.						
The technical assistance (TA) provided to the MHP by CalEQRO consisted of: • Review of untoward PIP results. • Interpretation of study results. • Review new PIP topics.						

*PIP is in planning and implementation phase if n/a is checked.

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 responses 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 12 shows the percentage of MHP budget dedicated to supporting IT operations, including hardware, network, software license, consultants, and IT staff for the current and the previous three-year period, as well as the corresponding similar-size MHP and statewide averages.

Table 12: Budget Dedicated to Supporting IT Operations

Entity	FY 2020-21	FY 2019-20	FY 2018-19	FY 2017-18
Lake	2.00%	2.80%	5.00%	5.00%
Small MHP Group	n/a	2.95%	3.25%	3.54%
Statewide	n/a	3.58%	3.35%	3.34%

The budget determination process for information system operations is:

☒ Under MHP control
☐ Allocated to or managed by another county department
☐ Combination of MHP control and another county department or agency

The following business operations information was self-reported in the ISCA tool and validated through interviews with key MHP staff by CalEQRO.

Table 13: Business Operations

Business Operations	Status	
There is a written business strategic plan for IS.	☐ Yes	☒ No
There is a Business Continuity Plan (BCP) for critical business functions that is compiled and maintained in readiness for use in the event of a cyber-attack, emergency, or disaster.	☒ Yes	☐ No
If no BCP was selected above; the MHP uses an Application Service Provider (ASP) model to host EHR system which provides 24-hour operational support.	☐ Yes	☒ No
The BCP (if the MHP has one) is tested at least annually.	☐ Yes	☒ No
There is at least one person within the MHP organization clearly identified as having responsibility for Information Security.	☐ Yes	☒ No
If no one within the MHP organizational chart has responsibility for Information Security, does either the Health Agency or County IT assume responsibility and control of Information Security?	☒ Yes	☐ No
The MHP performs cyber resiliency staff training on potential compromise situations.	☐ Yes	☒ No

Table 14 shows the percentage of services provided by type of service provider.

Table 14: Distribution of Services by Type of Provider

Type of Provider	Distribution
County-operated/staffed clinics	72.7%
Contract providers	20.0%
Network providers	27.3%
Total	**100%***

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

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 15.

Table 15: Technology Staff

Fiscal Year	Total FTEs (Include Employees and Contractors)	Number of New FTEs	Employees / Contractors Retired, Transferred, Terminated (FTEs)	Currently Unfilled Positions (FTEs)
2020-21	3	0	1	0
2019-20	3	2	0	0
2018-19	3	0	1	1

MHP self-reported data analytical staff changes by FTEs since the previous CalEQRO review are shown in Table 16.

Table 16: Data Analytical Staff

Fiscal Year	Total FTEs (Include Employees and Contractors)	Number of New FTEs	Employees / Contractors Retired, Transferred, Terminated (FTEs)	Currently Unfilled Positions (FTEs)
2020-21	5	0	0	0
2019-20	6	2	0	0
2018-19	6	2	2	6

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

- LCBHS has three business software analyst positions: one analyst resigned in July 2020; one position was subsequently filled in August 2020; and one business software analyst is retiring in December 2020.

- Data analytics and reporting are performed by compliance, QI, and business analyst staff.
- Lake County is experiencing a hiring freeze in response to the COVID-19 public health emergency; there are no future plans to increase IS or IT staffing levels.

Summary of User Support and EHR Training

Table 17 provides the number of individuals with log-on authority to the MHP's EHR. The information was self-reported by MHP and does not account for user's log-on frequency or time spent daily, weekly, or monthly using EHR.

Table 17: Count of Individuals with EHR Access

Type of Staff	Count of MHP Staff with EHR Log-on Account	Count of Contract Provider Staff with EHR Log-on Account	Total EHR Log-on Accounts
Administrative and Clerical	18	11	29
Clinical Healthcare Professional	44	20	64
Clinical Peer Specialist	0	0	0
Quality Improvement	5	0	5
Total	67	31	98

While there is no standard ratio of IT staff to support EHR user's, the following information was self-reported by MHPs or compiled by CalEQRO from the FY 2019-20 ISCA. The results below reflect staffing-level resources; they do not include IT staff time spent on end user support, infrastructure maintenance, training, and other activities.

Table 18: Ratio of IT Staff to EHR User with Log-on Authority

Type of Staff	MHP FY 2020-21	Small MHP Average FY 2019-20
Number of IT Staff FTEs (Source: Table 15)	2.00	5.30
Total EHR Users Supported by IT (Source: Table 17)	98.00	200.00
Ratio of IT Staff to EHR Users	1:49	1:38

Table 19: Additional Information on EHR User Support

EHR User Support	Status	
The MHP maintains a local Data Center to support EHR operations.	☐ Yes	☒ No
The MHP utilizes an ASP model to support EHR operations.	☐ Yes	☒ No
The MHP also utilizes QI staff to directly support EHR operations.	☒ Yes	☐ No
The MHP also utilizes Local Super Users to support EHR operations.	☒ Yes	☐ No

Table 20: New Users' EHR Support

Support Category	QI	IT	ASP	Local Super Users
Initial network log-on access	☒	☐	☐	☐
User profile and access setup	☒	☐	☐	☐
Screen workflow and navigation	☒	☐	☐	☐

Table 21: Ongoing Support for the EHR Users

Ongoing EHR Training and Support	Status	
The MHP routinely administers EHR competency tests for users to evaluate training effectiveness.	☐ Yes	☒ No

Ongoing EHR Training and Support	Status	
The MHP maintains a formal record or attendance log of EHR training activities.	☒ Yes	☐ No
The MHP maintains a formal record of HIPAA and 42 CFR Security and Privacy trainings along with attendance logs.	☒ Yes	☐ No

Availability and Use of Telehealth Services

MHP currently provides services to beneficiaries using a telehealth application:

☒ Yes ☐ No ☐ Implementation Phase

The rest of this section is applicable: ☒ Yes ☐ No

Table 22: Summary of MHP Telehealth Services

Telehealth Services	Count
Total number of sites currently operational	2
Number of county-operated telehealth sites	2
Number of contract providers' telehealth sites	1
Total number of beneficiaries served via telehealth during the last 12 months	742
• Adults	446
• Children/Youth	229
• Older Adults	67
Total Number of telehealth encounters (services) provided during the last 12 months:	3,909

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

- ☒ Hiring healthcare professional staff locally is difficult
- ☒ For linguistic capacity or expansion
- ☒ To serve outlying areas within the county
- ☒ To serve beneficiaries temporarily residing outside the county
- ☒ To serve special populations (i.e. children/youth or older adult)
- ☒ To reduce travel time for healthcare professional staff
- ☒ To reduce travel time for beneficiaries
- ☒ To support NA time and distance standards
- ☒ To address and support COVID-19 contact restrictions

Summarize MHP's use of telehealth services to manage the impact of COVID-19 pandemic on beneficiaries and mental health provider staff.

- LCBHS stopped in-person services (March 2020), closed their clinic doors, and shut down all wellness centers in response to the public health emergency; staff began providing services remotely via telehealth.
- LCBHS reported operational issues and difficulties locating equipment (e.g. webcams) at the onset of the pandemic; the problem was solved, and encryption of equipment occurred the end of March 2020.
- The MHP re-opened clinic doors and wellness centers with social distancing protocols in place; however, most services continue to be provided via telehealth.
- LCBHS continues to experience internet connectivity and Wi-Fi issues due to the remote nature of the county.

Identify from the following list of California-recognized threshold languages the ones that were directly supported by the MHP or by contract providers during the past year. Do not include language line capacity or interpreter services.
(Check all that apply)

☐	Arabic	☐	Armenian	☐	Cambodian
☐	Cantonese	☐	Farsi	☐	Hmong
☐	Korean	☐	Mandarin	☐	Other Chinese
☐	Russian	☒	Spanish	☐	Tagalog
☐	Vietnamese				

Telehealth Services Delivered by Contract Providers

Contract providers use telehealth services as a service extender:

☐ Yes ☒ No ☐ Implementation Phase

The rest of this section is applicable: ☐ Yes ☒ No

Table 23 provides telehealth information self-reported by the MHP in the ISCA tool and reviewed by CalEQRO.

Table 23: Contract Providers Delivering Telehealth Services

Contract Provider	Count of Sites
n/a	

Current MHP Operations

- LCBHS updates their online provider directory on a monthly basis.
- The MHP uses CCBH as its EHR with Promotion 230.10.

Table 24 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 24: Primary EHR Systems/Applications

System/Application	Function	Vendor/Supplier	Years Used	Hosted By
CCBH	EHR	Cerner	12	County IT

The MHP's Priorities for the Coming Year

- Migrate current EHR to new platform (currently on hold).
- Collaborate with Kings View to identify a new EHR platform.
- Develop an asset management database to accurately track equipment.
- Provide on-boarding and continuous training for new and current IS staff.
- Provide support to staff adapting to new telehealth processes.

The MHP's Major Changes since Prior Year

- LCBHS experienced two federal level breaches in December 2020; the MHP responded by following agency protocol, notifying the appropriate state and federal agencies.
- The first breach was reported to DHCS and the Federal Office of Civil Rights; a notice was sent to local news media, including all affected beneficiaries.
- The second breach affected 38 beneficiaries and was reported to DHCS.
- The MHP notified local police (on-going), installed cameras, and a new security system in response to the two breaches.
- Kings View provided the MHP with three dashboards in CY 2020 such as assignment tracking, beneficiary demographics, and timeliness.
- LCBHS installed the Data Creative business intelligence software in October 2020 and provided training for staff.

Other Areas for Improvement

- The internal access database LCBHS utilizes for timeliness tracking does not report all timeliness measures per state requirements.

Plans for Information Systems Change

- The MHP is actively searching for a new EHR system; the project plan and project team are assembled.

MHP EHR Status

Table 25 summarizes the ratings given to the MHP for EHR functionality.

Table 25: EHR Functionality

Function	System/ Application	Rating			
		Present	Partially Present	Not Present	Not Rated
Alerts	CCBH	☐	☒	☐	☐
Assessments	CCBH	☒	☐	☐	☐
Care Coordination	CCBH	☐	☐	☒	☐
Document Imaging/Storage	CCBH	☒	☐	☐	☐
Electronic Signature—MHP Beneficiary	CCBH	☒	☐	☐	☐
Laboratory results (eLab)	CCBH	☐	☒	☐	☐
Level of Care (LOC)/Level of Service	CCBH	☐	☐	☒	☐
Outcomes	CCBH	☒	☐	☐	☐
Prescriptions (eRx)	CCBH	☒	☐	☐	☐
Progress Notes	CCBH	☒	☐	☐	☐
Referral Management		☐	☐	☒	☐
Treatment Plans	CCBH	☒	☐	☐	☐
Summary Totals for EHR Functionality:					
FY 2020-21 Summary Totals for EHR Functionality:		7	2	3	0
FY 2019-20 Summary Totals for EHR Functionality:		7	2	3	0

Function	System/ Application	Rating			
		Present	Partially Present	Not Present	Not Rated
FY 2018-19 Summary Totals for EHR Functionality:		7	1	4	0

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

- The MHP's EHR has not been updated in the past two CY.

Review of the MHP's Contract Provider EHR Functionality and Services

The MHP currently uses local contract providers:

☒ Yes ☐ No ☐ Implementation Phase

Table 26 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 26: Contract Providers' Transmission of Beneficiary Information to MHP EHR

Type of Input Method	Percent Used	Frequency
Health Information Exchange (HIE) securely shares beneficiary medical information from contractor EHR system to MHP EHR system and return message or medical information to contractor EHR	0%	Not used
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
Direct data entry into MHP EHR system by contract provider staff	10%	Daily
Electronic files/documents securely emailed to MHP for processing or data entry input into EHR system	60%	Monthly
Paper documents submitted to MHP for data entry input by MHP staff into EHR system	30%	Daily

The rest of this section is applicable: ☐ Yes ☒ No

Some contract providers have EHR systems which they rely on as their primary system to support operations. Table 27 lists the IS vendors currently in-place to support transmission of beneficiary and services information from contract providers to the MHP.

Table 27: EHR Vendors Supporting Contract Provider to MHP Data Transmission

EHR Vendor	Product	Count of Providers Supported
n/a		

Personal Health Record (PHR)

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

☐ Yes ☒ No ☐ Implementation Phase

Expected implementation timeline:

☐ Already in place
☐ Within 6 months ☐ Within the next year
☐ Within the next two years ☒ Longer than 2 years

Table 28 lists the PHR functionalities available to beneficiaries (if already in place):

Table 28: PHR Functionalities

PHR Functionality	Status	
View current, future, and prior appointments through portal.	☐ Yes	☒ No
Initiate appointment requests to provider/team.	☐ Yes	☒ No
Receive appointment reminders and/or other health-related alerts from provider team via portal.	☐ Yes	☒ No
View list of current medications through portal.	☐ Yes	☒ No
Have ability to both send/receive secure text messages with provider team.	☐ Yes	☒ No

Medi-Cal Claims Processing

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

☒ Yes ☐ No

If yes, product or application:

☐ Dimension Reports application
☒ Web-based application, including the MHP EHR system, supported by Vendor or ASP Staff
☐ Web-based application, supported by MHP or DMC staff
☐ Local SQL Database, supported by MHP/Health/County staff
☐ Local Excel Worksheet or Access Database

Method used to submit Medicare Part B claims:

☐ Paper ☒ Electronic ☐ Clearinghouse

Table 29 summarizes the MHP's SDMC claims.

Table 29: Summary of CY 2019 Short-Doyle/Medi-Cal Claims

Lake MHP							
Service Month	Number Submitted	Dollars Billed	Number Denied	Dollars Denied	Percent Denied	Dollars Adjudicated	Dollars Approved
TOTAL	**21,849**	**$5,317,562**	**257**	**$67,149**	**1.25%**	**$5,250,413**	**$4,443,126**
JAN19	3,295	$755,197	15	$3,488	0.46%	$751,709	$621,744
FEB19	1,890	$432,987	9	$2,644	0.61%	$430,343	$357,676
MAR19	2,102	$478,938	25	$9,082	1.86%	$469,856	$385,816
APR19	2,170	$515,138	33	$10,455	1.99%	$504,683	$394,705
MAY19	2,223	$493,267	15	$5,287	1.06%	$487,980	$397,597
JUN19	1,643	$348,929	28	$5,785	1.63%	$343,144	$281,555
JUL19	1,602	$383,015	28	$6,546	1.68%	$376,469	$328,784
AUG19	1,615	$403,225	18	$3,569	0.88%	$399,656	$344,775
SEP19	1,526	$434,411	30	$10,890	2.45%	$423,521	$380,253
OCT19	1,323	$417,067	19	$3,140	0.75%	$413,927	$373,279
NOV19	1,244	$328,828	15	$2,296	0.69%	$326,532	$291,322
DEC19	1,216	$326,561	22	$3,969	1.20%	$322,592	$285,621

Includes services provided during CY 2019 with the most recent DHCS claim processing date of **June 23, 2020**.
Only reports Short-Doyle/Medi-Cal claim transactions, does not include Inpatient Consolidated IPC hospital claims.
Statewide denial rate for CY 2019 was **2.99 percent.**

The difference between Dollars Adjudicated and Dollars Approved column results does not reflect payments by Medicare and OHC plans, or state adjustments for maximum allowed reimbursement.

Table 30 summarizes the top five reasons for claim denial.

Table 30: Summary of CY 2019 Top Five Reasons for Claim Denial

Lake MHP			
Denial Reason Description	**Number Denied**	**Dollars Denied**	**Percent of Total Denied**
Medicare or Other Health Coverage must be billed before submission of claim.	151	$29,267	44%
Beneficiary not eligible.	71	$21,438	32%
Beneficiary not eligible or non-covered charges.	10	$10,854	16%
ICD-10 diagnoses code or beneficiary demographic data or rendering provider identifier is missing, incomplete, or invalid.	13	$4,212	6%
Missing or incomplete or invalid codes.	7	$764	1%
Total	257	$67,149	NA
The total denied claims information does not represent a sum of the top five reasons. It is a sum of all denials.			

NETWORK ADEQUACY

In accordance with the CMS rules and DHCS directives on NA, CalEQRO has reviewed and verified the following three areas: ONA, AAS, and Rendering Provider NPI taxonomy codes as assigned in the NPPES. DHCS produced a detailed description and a set of NA requirements for the MHPs. CalEQRO followed these requirements in reviewing each MHP's adherence to the NA rules.

Network Adequacy Certification Tool Data Submitted in April 2020

As described in the CalEQRO responsibilities, key documents were reviewed to validate NA as required by state law. The first document to be reviewed is the NACT that outlines in detail the MHP provider network by location, service provided, population served, and language capacity of the providers. The NACT also provides details of the rendering provider's NPI number as well as the professional taxonomy used to describe the individual providing the service. As previously stated, CalEQRO will be providing technical assistance in this area if there are problems with consistency with the federal register linked to these different types of important designations.

If DHCS found that the existing provider network did not meet required time and distance standards for all zip codes, an AAS recommendation would be submitted for approval by DHCS.

The travel time to the nearest provider for a required service level depends upon a county's size and the population density of its geographic areas. For Lake MHP, the time and distance requirements are 75 minutes and 45 miles for mental health services, and 75 minutes and 45 miles for psychiatry services. The two types of care that are measured for MHP NA compliance with these requirements are mental health services and psychiatry services. These services are separately measured for time and distance in relation to two age groups-youth (0-20) and adults (21 and over).

Review of Documents

CalEQRO reviewed separately and with MHP staff all relevant documents (NACT, AAS) and maps related to NA issues for their Medi-Cal beneficiaries. CalEQRO also reviewed the special NA form created by CalEQRO for AAS zip codes, out-of-network providers, efforts to resolve these access issues, services to other disabled populations, use of technology and transportation to assist with access, and other NA related issues.

Review Sessions

CalEQRO conducted one consumer and family member focus group, six stakeholder interviews, two staff interviews, and discussed access and timeliness issues to identify problems for beneficiaries in these areas.

Findings

The county MHP met all time and distance standards and did not require an AAS or out-of-network providers to enhance access to services for specific zip codes for their Medi-Cal beneficiaries.

The MHP received a conditional pass for psychiatry services for both adults, children and youth. The MHP is permitted to use telehealth to meet this requirement. As of the time of this EQRO review, the MHP was formulating their response to DHCS to meet the ratio standards. DHCS requested for the MHP to respond by January 2, 2021.

Plan of Correction/Improvement by MHP to Meet NA Standards and Enhance Access for Medi-Cal Patients

A Plan of Correction was not required.

Provider NPI and Taxonomy Codes – Technical Assistance

CalEQRO provided the MHP a detailed list of its rendering provider's NPI, Type 1 number and associated taxonomy code and description. The data came from disparate sources. The primary source is the MHP's NA rendering service provider data submitted to DHCS. This data is linked to the NPPES using the rendering service provider's NPI, Type 1 number.

Table 31 below provides a summary of any NPI or taxonomy code exceptions noted by CalEQRO.

Table 31: NPI and Taxonomy Code Exceptions

Description of NPI Exceptions	Number of Exceptions
NPI Type 1 number not found in NPPES	0
NPI Type 1 and 2 numbers are the same	2
NPI Type 1 number was reported by two or more MHPs and FTE percentages when combined are greater than 100 percent	7
NPI Type 1 number reported is associated with two or more providers	0
NPI Type 1 number found in NPPES as Type 2 number associated with non-individual (facility) taxonomy codes	0
NPI Type 1 number found in NPPES and is associated with individual service provider taxonomy codes; however, that taxonomy code is generally not associated with providers who deliver behavioral health services	0

CONSUMER AND FAMILY MEMBER FOCUS GROUP

CalEQRO conducted one 90-minute focus group with consumers (MHP beneficiaries) and/or their family members during the video conference review of the MHP. As part of the pre-review 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 video conference 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

Table 32 : Focus Group One Description and Findings

Topic	Description
Focus group type	CalEQRO requested a culturally diverse group of adult beneficiaries who are mostly new beneficiaries and have initiated/utilized services within the past 12 months. The video conference group was consistent with that requested by CalEQRO.
Total number of participants	Five
Number of participants who initiated services during the previous 12 months	One
Interpreter used	Yes If yes, specify language: Spanish
Summary of the main findings of the focus group: All focus group participants report quick and efficient access to services. Participants were aware of who to contact in case of an emergency. Stakeholders report the wellness centers were an integral part of their treatment.	

Topic	Description
Access - new beneficiaries	The beneficiaries who initiated services in the past 12 months learned about services from the wellness center and acquired a first appointment within one week.
Access – overall	Focus group participants learned about services offered by LCBH from the agency website, wellness centers, the local jail, social workers, and family members. It is easy to reschedule appointments.
Timeliness	Focus group participants report quick and efficient access to services; one participant received services immediately upon request.
Urgent care and resource support	All participants were aware of the crisis line and/or warm line, and were provided the phone numbers.
Quality	Most beneficiaries agree that they receive high quality service; however, one participant would like to see their therapist more often. Participants are involved in their treatment and care and planning.
Peer employment	Focus group participants stated they learned about employment opportunities from the wellness centers and the Department of Rehabilitation. One participant was unaware of employment services.
Structure and operations	No beneficiaries participated in any committees, MHP initiative and policy development or system planning.
Recommendations from this focus group	• Remove barriers to access such as lack of transportation. • Provide a natural disaster (e.g. fires) evacuation plan including transportation. • Replace the telephones located in the wellness centers.

Topic	Description
Any best practices or innovations (optional)	Beneficiaries report that the MHP offered Wellness Recovery Action Plan (WRAP) groups and trainings in the past. WRAP groups and trainings are returning in CY 2021 due to popular demand.

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.

THE MHPs are assigned a score using the Key Components Tool available on CalEQRO website. Each table also provides the maximum possible score for each component.

Access to Care

Table 33 lists the components that CalEQRO considers representative of a broad service delivery system in providing 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 33: Access to Care Components

Component		Maximum Possible	MHP Score
1A	Service Access and Availability	14	13
The MHP offers printed materials in both English and Spanish in its clinics and wellness centers. The MHP's website is up-to-date, accessible, supports language translation of website content, and user friendly. Focus group participants report they learned about offered services from the agency website, wellness centers, the local jail, their personal social worker, and family members. LCBHS monitors various access points such as walk-ins, school, and primary care referrals, etc. Stakeholder feedback in focus groups demonstrate lack of transportation as a barrier to improving mental health wellness. LCBHS contracted with I.D.E.A. Consulting in July 2020 to conduct access line test calls as part of a corrective action plan. Several scenarios were tested—in English and Spanish—such as information requests, initial services requests, urgent service requests, grievances and appeals, and walk-in services. Test call results were varied; many calls in English followed the access line protocol with minor deficiencies. There are opportunities for improvement with Spanish calls which demonstrated dropped calls; staff responses lost in translation; inconsistent linkage with interpretative services; several transfers; long wait times; and several calls transferred to the intake			

Component		Maximum Possible	MHP Score
counselor's voice mail. The MHP non-clinical PIP is focused on restructuring the access line process to improve adult timely access to service. After-hours calls are handled through a contract provider (Alameda Night Watch) and test calls occur each month. Cultural and linguistic training is provided twice per year, and 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.			
1B	Capacity Management	10	8
The MHP's penetration rates for CY 2019 are lower than other small rural MHPs in various demographic categories such as: adults aged 18 to 59 years old (3.15 percent versus 4.99 percent); older adults ages 60 and older (1.42 percent versus 2.12 percent); Hispanic/Latino (1.68 percent versus 4.47 percent); African American (3.75 percent versus 6.57 percent); and Native American (2.05 percent versus 4.29 percent). The MHP provides community-based efforts, including wellness and recovery centers, that provide outreach to those groups. Penetration data is reviewed during quarterly Cultural Competence Committee (CCC) meetings. The LCBHS staff productivity standard is set at 70 percent billable hours per workday. Performance improvement plans are created with staff who are chronically low in productivity. Feedback in staff interviews reflect that providing services via telehealth improved productivity in certain areas as it removes transportation barriers to service provision. Stakeholder feedback reflects that case assignments are chosen based on staff availability and are tracked in Anasazi; staff can run their own productivity reports. Line staff carry a case load of approximately 30 beneficiaries, and program supervisors also have case assignments. The MHP reports that improvement has been made in productivity; however, this area continues to be a focus of CQI. LCBHS contracted with Kings View for a clinical line staff productivity dashboard to begin in CY 2021.			
1C	Integration and Collaboration	24	24
LCBHS collaborates with several community-based organizations and agencies for outreach and engagement including: Redwood Community Services; local hospitals and schools; local law enforcement and probation (i.e. community reintegration); Child Welfare Services (CWS); and Rural Housing Development, etc. The LCBHS operates several Mental Health Services Act (MHSA) funded programs such as: Full Service Partnership (FSP); coordinated care for co-occurring behavioral and physical health conditions; parent partner support; crisis access continuum; forensic mental health partnership; older adult access; trauma focused co-occurring			

Component	Maximum Possible	MHP Score
disorder screening and treatment; early intervention services and early student support; peer support recovery wellness centers; community outreach and engagement; and workforce education and training (WET). 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. Psychiatric placement beds for acute need remains a challenge which has worsened with recent fires and the COVID-19 public health emergency. Lake County experienced the Glass Fire in September 2020 which resulted in mandatory evacuations, road closures, power outages, and several burned structures. Adventist Health St. Helena Hospital (151-bed acute care) in Deer Park closed for more than ten weeks due to the fire; the closure impacted beneficiary hospital placement as reported by MHP clinical supervisors. Beneficiaries were routed to hospitals in Napa and Sonoma counties which also experience adverse impacts from fires and the pandemic. Lake County received their third round of Project Roomkey funds for long-term housing for the homeless population. The Hope Center opened in November 2020 in Clearlake and provides 20-beds for transitional housing. LCBHS collaborated with several entities on the project such as: city of Clearlake; Lake County Health Department; Lake County Continuum of Care; Partnership Health Plan; Department of Social Services; North Coast Opportunities; Adventist Health; and Redwood Community Services.		

Timeliness of Services

As shown in Table 34, CalEQRO identifies the following components as necessary for timely access to comprehensive specialty mental health services.

Table 34: Timeliness of Services Components

Component		Maximum Possible	MHP Score
2A	First Offered Appointment	16	15
LCBH has a 10 business-day standard for the length of time from initial request to first offered appointment and met the standard 90.22 percent of the time for county operated programs in FY 2020-21 (92.85 percent for adults, 80.72 percent for children, and 50 percent for FC youth). The percent of FC appointments meeting the			

<table>
<tr><th colspan="2">Component</th><th>Maximum Possible</th><th>MHP Score</th></tr>
<tr><td colspan="4">10-day standard is low due to the small number of beneficiaries served. The average length of time from initial request to first offered appointment is 7.5 business days (6.6 days for adults, 8.7 days for children and 9.5 for FC youth). LCBHS' non-clinical PIP is focused on improving timely access to service for adults by restructuring the intake process; the overall length of time from request to first offered appointment has improved by 66.33 percent since FY 2019-20. The MHP hopes to restructure the children and FC youth intake process as well.

The MHP stated that service capacity for children is a challenge, and line staff reported the same concerns in focus groups. LCBHS reported there are more Notice of Adverse Benefit Determination (NOABD) issued for children's timely access to service. It is unclear how the MHP calculates timeliness data for children, as the staff feedback contradicts data presented during this review (e.g. 8.7 business days wait time for children's initial access).

The MHP would benefit from tracking and regularly reporting on the first offered appointment data for the entire system of care; this will ensure that beneficiaries are receiving timely access to care.</td></tr>
<tr><td>2B</td><td>First Offered Psychiatry Appointment</td><td>12</td><td>5</td></tr>
<tr><td colspan="4">The MHP has 2.5 FTE psychiatrist positions divided among children and adults, and 1.5 FTE contracted psychiatrists to provide care solely to children and adolescents; there is one in-house dedicated psychiatrist. In response to the public health emergency, all psychiatry and medication management appointments are provided via telehealth; however, psychotropic medication injections are still provided in-person at the clinic.

LCBHS applies a 15 business-day standard to first offered psychiatry appointments; however, the MHP does not track psychiatry timeliness due to an integration issue between the access database and the EHR. The MHP's data analysis expert left their position in November 2020 which also contributed to the difficulties with timeliness tracking. The MHP is in the initial planning stage with Kings View to begin tracking and trending psychiatry timeliness. LCBHS contracted with I.D.E.A. Consulting in July 2020 to assist with tracking and trending psychiatry timeliness, and production of QI timeliness reports. The MHP reports that they have psychiatry capacity, and there are no telehealth technical difficulties.</td></tr>
<tr><td>2C</td><td>Timely Appointments for Urgent Conditions</td><td>18</td><td>12</td></tr>
<tr><td colspan="4">The MHP has a 48-hour standard for the length of time from service request to actual encounter (no prior authorization) for the entire system of care and met the standard 100 percent of the time. LCBHS holds urgent conditions that require authorization to the same 48-hour standard. The MHP tracks the wait time range; however, they do not track the average and median times. There were no FC requests for urgent</td></tr>
</table>

<table>
<tr><th colspan="2">Component</th><th>Maximum Possible</th><th>MHP Score</th></tr>
<tr><td colspan="4">requests in FY 2020-21. The MHP does not have a solidified definition of urgent requests, and they do not disaggregate urgent conditions and hospitalizations. I.D.E.A. Consulting is collaborating with the MHP to accurately track timeliness metrics, and to clearly define urgent conditions. Kings View provided training to the MHP in December 2020 on data disaggregation and timeliness report production.</td></tr>
<tr><td>2D</td><td>Timely Access to Follow-up Appointments after Hospitalization</td><td>10</td><td>4</td></tr>
<tr><td colspan="4">LCBHS has adopted the 7-day standard of providing timely follow-up appointments after psychiatric hospitalizations. The MHP did not submit timeliness metrics for follow-up post psychiatric hospitalizations for this CalEQRO review; however, clinical supervisor feedback reflects that hospital discharges are held to the seven-day follow-up standard. The MHP is in the initial planning stages of accurately tracking, trending, and reporting of timely access to follow-up appointments post hospitalizations. The MHP allocates two appointment slots per day to provide emergency services when needed.</td></tr>
<tr><td>2E</td><td>Psychiatric Inpatient Rehospitalizations</td><td>6</td><td>3</td></tr>
<tr><td colspan="4">The MHP reports that they track psychiatric inpatient rehospitalizations and review the data during quarterly Quality Improvement Committee (QIC) meetings; however, psychiatric rehospitalizations data was not submitted for this CalEQRO review. The MHP is collaborating with Kings View and I.D.E.A. Consulting to create data dashboards, policies and procedures to accurately capture timeliness metrics.</td></tr>
<tr><td>2F</td><td>Tracks and Trends No-Shows</td><td>10</td><td>8</td></tr>
<tr><td colspan="4">LCBHS has a 20 percent no-show standard for psychiatrics and clinicians other than psychiatrics for the entire system of care. The average no-show rate for psychiatry is 20 percent for all services, and 16 percent for clinicians other than psychiatrists. The MHP did not provide no-show rates for FC youth. The no-show data is reviewed during quarterly QIC meetings.</td></tr>
</table>

Quality of Care

In Table 35, CalEQRO identifies the components of an organization that are dedicated to the overall quality of care. These components ensure that QI efforts are aligned with the system's objectives and contributes to meaningful changes in the system to improve beneficiary care characteristics.

Table 35: Quality of Care Components

Component		Maximum Possible	MHP Score
3A	Cultural Competence	12	11
LCBHS is a member of the Lake County MHSA Cultural Awareness Committee (CAC), which meets on a quarterly basis. The LCBHS CAC is a cross-agency committee that has representatives from mental health, Substance Use Disorder (SUD) programs, public health, community members and beneficiaries. The committee reviews penetration data; participation in cultural and outreach activities; monitoring of CAC progress toward goals; and collaboration with the QIC. The CAC works alongside the QIC workplans, activities, and evaluations to increase services to underserved populations in the community. The MHP did not submit an updated cultural competency workplan during this CalEQRO review.			
3B	Beneficiary Needs are Matched to the Continuum of Care	12	8
LOC assignments are reviewed on an individual basis and are defined by clinical discretion. Utilization review and compliance staff monitor clinical assignments; however, there is no standardized protocol or procedure set in place regarding LOC transitions. LCBHS utilizes the MORS, Pediatric Symptom Checklist (PSC-35), CANS-50, Generalized Anxiety Disorder (GAD-7) assessment, Patient Health Questionnaire (PHQ-9), psychosis screening questionnaire, mood disorder questionnaire, and the Adverse Childhood Experience (ACE) questionnaire to assess beneficiary LOC and outcomes. MORS for adults is administered monthly for FSP beneficiaries, and in all other programs, it is administered on an annual basis. LCBHS has successfully certified all clinical staff who work with children and youth in the use of CANS-50 assessment tool. CANS-50 is used as a referral tool, communication tool, treatment planning, and discharge planning. The MHP reviews and updates CANS-50 assessments for FC youth during Child and Family Team (CFT) meetings. LCBHS staff have difficulty effectively integrating CANS-50 scores with CWS' use of the California Integrated Practice Child and Adolescent Needs and Strengths (CANS-IP). Individuals who present with mild-to-moderate mental health needs are referred to Beacon Health Options. Feedback from clinical line staff demonstrates a need for LOC outcome tool training (e.g. MORS). The MHP does not produce aggregated LOC			

Component		Maximum Possible	MHP Score
outcome reports or share them on a regular basis with clinical line staff; however, LCBHS is collaborating with I.D.E.A. Consulting and Kings View to create performance outcome dashboards in the next CY.			
3C	Quality Improvement Plan	10	5
LCBHS is utilizing the QI workplan from FY 2018-19 to drive quality of care topics. The MHP does not have a current QI plan or an annual evaluation of the effectiveness of QI activities for FY 2020-21.			
3D	Quality Management Structure	14	11
The MHP has a designated quality management (QM) structure that guides and tracks system issues and QI initiatives. The QM staff are fully integrated with the leadership team, and there is a direct line of communication with administration. The MHP's QIC meets on a quarterly basis to discuss QI actionable items, policies and procedures, and system-level changes. There are three QIC sub-committees: 1) cultural competence committee; 2) medication monitoring committee; and 3) special incident sub-committee. QIC meeting minutes indicate that scheduled meetings are occurring less than once a quarter, due to recurrent impacts of wildfires, scheduled power outages, and the public health public emergency caused by the pandemic. The minutes provided do indicate meaningful development and problem-solving discussions; however, beneficiary and caregiver attendance are not noticed in QIC meeting minutes. LCBHS holds quarterly quality assurance and performance improvement (QAPI) meetings with attendees from the QIC and quality assurance team. The meeting covers topics related to compliance, QI goals, activities, and progress toward those goals. The PIP and re-design of the intake process are clear indications that data is being utilized to inform system adjustments. Clinical line feedback in focus groups indicate that QM and administration are receptive to QI suggestions; however, the resources are not always available to ensure successful achievement of those activities. Clinical line staff indicated that the QM unit does not routinely share its findings and results of QI activities throughout the system of care.			
3E	QM Reports Act as a Change Agent in the System	10	6
LCBHS does not routinely produce QM reports which monitor service access, timeline, quality of care, and outcomes; however, the MHP stated that they did use their access log data to improve timely access, and the crisis/hospitalization rates to determine the impact of the public health emergency. LCBHS is collaborating with Kings View and I.D.E.A. Consulting to create QM report dashboards which are accessible to all staff. LCBHS has one concept-only clinical PIP and completed their non-clinical PIP in December 2020 (improving timely access to service). It is			

Component		Maximum Possible	MHP Score
suggested that QM would be strengthened by identifying the logic model or change management practice to guide initiatives and accomplish goals.			
3F	Medication Management	12	6
LCBHS contracted with I.D.E.A. Consulting in July 2020 to aid with generating and updating medication monitoring procedures and policies to meet SB 1291 requirements; however, the MHP is not tracking and trending HEDIS measures related to diagnosis, medication practice, and care standards. MHP staff meet with the newly hired medical director (August 2020) on a regular basis to discuss the medication and monitoring process; prescribers are invited to the meetings to review data (QIC sub-committee). Documents submitted for this EQRO review of EHR data reflects inconsistent medication documentation (e.g. missing lab results and medication consent signatures). The MHP reports continued difficulties with obtaining beneficiary lab results as they do not provide labs in-house. Documents submitted for this CalEQRO do not indicate routine communication regarding medication management between prescribers and primary care providers.			

Beneficiary Progress/Outcomes

In Table 36, CalEQRO identifies the components of an organization that are 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 36: Beneficiary Progress/Outcomes Components

Component		Maximum Possible	MHP Score
4A	Beneficiary Progress	16	12
LCBHS utilizes the MORS, PSC-35, CANS-50, GAD-7, PHQ-9, psychosis screening questionnaire, mood disorder questionnaire, and the ACE questionnaire to assess beneficiary outcomes. The MHP does not have a system in place to reflect system level outcomes, and clinical line staff feedback indicates that aggregated beneficiary outcomes are not routinely shared to address areas in need of QI activities.			
4B	Beneficiary Perceptions	10	4

Component		Maximum Possible	MHP Score
LCBHS uses the Consumer Perception Survey (CPS) to determine beneficiary perceptions of mental health services. Documents submitted for this CalEQRO review reflect historically low beneficiary participation in surveys, which worsened with the onset on COVID-19. The MHP did not provide documents related to its own survey of current beneficiary perceptions. Beneficiary and clinical line staff feedback indicates that CPS results are not shared to address identified issues or changes in beneficiary perceptions.			
4C	Supporting Beneficiaries through Wellness and Recovery	12	12
The MHP has a total of four wellness centers: 1) Big Oak Peer Support Center; 2) Circle of Native Minds Cultural Center; 3) La Voz de la Esperanza Centro Latino; 4) and the Family Support Center. The wellness centers provide community-wide outreach and are open to the public. The MHP has fully embraced the concept of supporting wellness and recovery as demonstrated by supporting various populations such as Transitional Age Youth (TAY) center; older adults; Spanish-speaking and Native American individuals. The wellness centers closed with the onset of the COVID-19 public health emergency; however, the centers reopened with social distancing procedures in place. The MHP maintains contact with beneficiaries by offering virtual support groups and activity updates on the agency's Facebook page. The MHP stated that providing peer support during the public health emergency has been a challenge, as in-person visits have been impacted by social distancing parameters. Beneficiaries in focus groups stated they received information regarding peer-run programs via flyers, word-of-mouth, social media, and community events.			

Structure and Operations

In Table 37, CalEQRO identifies the structural and operational components of an organization that facilitate access, timeliness, quality, and beneficiary outcomes.

Table 37: Structure and Operations Components

Component		Maximum Possible	MHP Score
5A	Capability and Capacity of the MHP	30	22
The MHP provides a wide range 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			

Component		Maximum Possible	MHP Score
recovery centers, crisis intervention and 24/7 access to crisis line. After-hours emergency services are well coordinated with local hospitals, 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 psychiatric inpatient hospital. Beneficiaries are placed in psychiatric facilities in Napa County, and less frequently, in Sonoma County. Lake County experienced the Glass Fire in September 2020 which resulted in mandatory evacuations, road closures, power outages, and several burned structures. Adventist Health St. Helena Hospital (151-bed acute care) in Deer Park closed for more than ten weeks due to the fire. Clinical line staff feedback indicated that the closure impacted hospital placements, and beneficiaries were redirected to other hospitals such as Stabler Lane Behavioral Health psychiatric hospital in Yuba City. LCBHS was awarded the $2 million Early Psychosis Intervention Plus Grant (FY 2020-21 to FY 2020-26) which is funded through the Mental Health Services Oversight and Accountability Commission (MHSOAC). The grant assists the MHP with providing evidenced based practices; screening of youth experiencing early psychosis; supported employment; co-occurring SUD services, psychoeducation for families and caregivers; and wellness groups. LCBHS entered a contract in CY 2020 with Redwood Coast Community Services to provide Therapeutic Foster Care (TFC) services for FC youth.			
5B	Network Enhancements	18	14
The MHP provides 72.7 percent of services in county-operated clinics, and 27.3 percent of services are with network providers. Contract providers provide care to children, TAY, and FC youth; they also provide wraparound services. LCBHS has a perinatal program called Mother Wise, which provides care for mothers experiencing a mood disorder; the Konocti program provides support and peer counseling to older adults; and school-based services (including specialty campuses) are provided in coordination with the 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. LCBHS contracts with Redwood Community Services to operate The Harbor on Main which is a TAY peer support center. Documents submitted for this CalEQRO do not reflect participation in Whole Person Care or the Health Homes program. The rural nature of Lake County, frequent planned power outages, and annual wildfires contribute to frequent WiFi and connectivity issues for LCBHS. The MHP would benefit from investigating telecommunication infrastructure grant opportunities with the Rural Utilities Services (RUS) and Health Resources and Services Administration (HRSA) to improve internet connectivity.			

<table>
<tr><th colspan="2">Component</th><th>Maximum Possible</th><th>MHP Score</th></tr>
<tr><td>5C</td><td>Subcontracts/Contract Providers</td><td>16</td><td>9</td></tr>
<tr><td colspan="4">The MHP provides 72.7 percent of services in county-operated clinics, and 27.3 percent of services are with network providers. Contract providers provide care to children, TAY, and FC youth; they also provide wraparound services.
The MHP assigns specific individuals as contact point for providers. Communication is ongoing and informal; meetings are scheduled as needed to share information, adjust services, or to problem solve. The MHP assigns specific individuals as contact point for providers. Communication is ongoing and informal; meetings are scheduled as needed to share information, adjust services, or to problem solve; however, the MHP does not have a standardized process to communicated LOC transitions.
The QIC and CCC minutes indicate that providers are not consistently present in system development or QI discussions; however, recurrent county-wide power outages, fires, and the COVID-19 public health emergency also contributed to meetings being rescheduled. Documents submitted for this review demonstrate that contract provider data is not included in MHP data analysis reports; there are no contract providers actively participating in LCBHS' PIPs or the CCC.</td></tr>
<tr><td>5D</td><td>Stakeholder Engagement</td><td>12</td><td>7</td></tr>
<tr><td colspan="4">The LCBHS QIC, QAPI, and CCC meeting minutes reflect participation from MHP supervisors and mid-level managers. Beneficiaries, caregivers, and clinical line-staff are invited to these meetings; however, meetings minutes do not reflect a large involvement in system planning. Clinical line-staff and beneficiary feedback during this review show that information is circulated regarding the various committees; however, there were no committee members present in the EQRO stakeholder sessions. The MHP aggressively recruited members and filled all positions in the Behavioral Health Services Board over the last CY; the board members are restructuring bylaws, establishing board member roles and responsibilities for the elected positions.</td></tr>
<tr><td>5E</td><td>Peer Employment</td><td>8</td><td>6</td></tr>
<tr><td colspan="4">LCBHS has multiple designated job classifications that allow for peer employment such as client support assistant; peer support specialist; Latino culture specialist; Native support specialist; and parent partner. Peers provide various case management services to beneficiaries at the wellness centers such as assistance with disability benefits and housing resources. In-person community peer outreach has been impacted by the pandemic, and the mobile outreach vans are inoperable due to vandalism.
The MHP offers a career ladder; however, there are no supervisory positions available. Feedback from peer employees reflect that LCBHS provides training opportunities (e.g. WRAP and motivational interviewing) and they feel supported by</td></tr>
</table>

Component	Maximum Possible	MHP Score
the MHP senior level management. The COVID-19 public health emergency has impacted peers' opportunities for trainings; however, the MHP entered a contract with the Relias Learning Management System in October 2020 to provide continue education to all employees.		

SUMMARY OF FINDINGS

This section summarizes the CalEQRO findings from the FY 2020-21 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 majority of staff received a pay increase in December 2020, equating to 85 percent of the median wage in the county.
- LCBHS issued a hiring freeze, in part due to the COVID-19 public health emergency declaration.
- LCBHS contracted in July 2020 with I.D.E.A. Consulting to improve the access process, improve workflow and efficiency of the 24/7 crisis line (contracted with Alameda Night Watch), and language interpretive services.

Strengths:

- The majority of services are provided via telehealth in response to COVID-19; staff feedback reflects that the transition was timely, smooth, and efficient.
- LCBHS employs three certified bilingual peer support staff located at the wellness centers; three bilingual staff are shared for children and adult services; and one bilingual staff member translates for the SUD program.
- The MHP offers a 3 percent bonus to bilingual employees.

Opportunities for Improvement:

- Access line test calls conducted by I.D.E.A. Consulting demonstrate repeated disconnections, long wait times and improper translation of the Spanish language.
- Clinical line staff feedback demonstrates that the language line is difficult to use, and frequently disconnects callers.
- Clinical line staff report that LCBHS remains under-staffed in bilingual employees, especially in adult services.
- The LCBHS Hispanic/Latino penetration rate in CY 2019 was 1.68 percent, which is noticeably lower than similarly sized (small) counties' 4.47 percent penetration rate and the statewide average of 4.08 percent.
- The rural nature of Lake County communities contributes to weak WiFi signals, and unstable network connections; many beneficiaries lack high-speed internet access, and staff working remotely report frequent internet disruptions.

Timeliness of Services

Changes within the Past Year:

- The MHP revised the access and intake process in July 2019 as part of the non-clinical PIP; the single point entry process resulted in a 68 percent decrease in wait time from initial request to services to first offered appointment over the last FY.
- LCBHS created a procedure binder providing step-by-step access instructions, which also acts as an interface tool between the front desk and access team (training provided in July 2020).
- LCBHS updated the EHR data extraction process over the last CY to track timeliness of services using the Client Services Information (CSI) form.

Strengths:

- The overall psychiatrist no-show rate improved from 22 percent in FY 2019-20 to 20 percent in FY 2020-21.
- The average length of time from initial request to first offered appointment improved from 22.28 business days in FY 2019-20 to 7.05 business days in FY 2020-21.

- LCBHS dedicates two appointment slots per day for urgent requests and post psychiatric hospitalization follow-up.
- The MHP collaborated with Kings View for a clinical line staff productivity dashboard which will be available in CY 2021.

Opportunities for Improvement:

- The MHP's policies and procedures do not demonstrate a standardized definition for urgent appointments; however, LCBHS is collaborating with I.D.E.A. Consulting to establish a formal description.
- LCBHS prioritizes children's access to care based on the severity of the presenting symptoms (i.e. triage) due to limited capacity for children; the triage list contributes to extended timely access to services.
- The MHP does not track, trend, and report on the length of time between initial requests to first offered clinical and psychiatric appointments; urgent appointments; follow-up timeliness post psychiatric hospital discharges; and readmissions.

Quality of Care

Changes within the Past Year:

- LCBHS contracted with I.D.E.A. Consulting in July 2020 to aid with generating and updating policies regarding SB 1291 monitoring requirements; tracking timeliness metrics; assistance with PIP implementation; QM reports; access and language line improvements, etc.
- The MHP purchased Data Creative (software training program) in CY 2020; Excel, Word and other business intelligence program trainings are available ranging from beginner to advanced courses.
- LCBHS received several staff trainings over the last CY from Kings View (EHR vendor) to include security protocols; accurate documentation; and generating data and outcome reports.

Strengths:

- LCBHS holds quarterly medication monitoring meetings that are attended by the medical director, prescribers, and clinical staff.
- The LCBHS CCC is a cross-agency committee with representatives from mental health, SUD program, public health, and community members.

Opportunities for Improvement:

- The Data Creative training program roll-out has been delayed due to COVID-19.
- LCBHS does not track and trend data on the use of first-line psychosocial care; medication use; follow-up; and metabolic monitoring of psychotropic medication for children and adolescents as per SB 1291 requirements.
- The MHP does not routinely generate and share QM reports to monitor service access, timeliness, quality of care, and outcomes.
- The MHP did not submit a current QI workplan or an annual evaluation of the effectiveness of QI activities in meeting QI goals and objectives.
- The Cultural Competency Plan (CCP) is not updated to reflect FY 2020-21 information; QIC and CCC meetings minutes do not reflect concrete examples of coordination, plans, activities, and evaluations between the two committees.

Beneficiary Outcomes

Changes within the Past Year:

- None noted.

Strengths:

- LCBHS is collaborating with Kings View (EHR vendor) to develop a beneficiary outcome's (i.e. PSC-35, CANS-50, etc.) dashboard for system QI and guidance with treatment.
- Beneficiaries in focus groups report they are involved in their treatment.

Opportunities for Improvement:

- LCBHS does not track and trend aggregate beneficiary outcome data (e.g. CANS-50 and PSC-35), or SB 1291 medication monitoring requirements.
- The MHP does not share beneficiary satisfaction survey results with beneficiaries or clinical line staff as per stakeholder focus group feedback.
- LCBHS has not provided MORS training for clinical line staff; focus group feedback indicates the training is strongly desired.

Foster Care

Changes within the Past Year:

- The MHP finalized (spring 2020) a contract with Redwood Coast Community Services (Medi-Cal billable) to provide TFC services in the next CY.
- LCBHS finalized the presumptive transfer MOU in collaboration with CWS and probation.

Strengths:

- The MHP, CWS, and probation convene on a bi-monthly basis to review presumptive transfers and waivers.
- The MHP is collaborating with CWS and probation—as part of the Continuum of Care Reform (CCR)— to create an interagency MOU in the next CY.
- LCBHS attends Interagency Leadership Team (ILT) meetings and internal CCR committee meetings to coordinate care for FC youth.
- The MHP shares existing CANS-50 assessment data with CWS and probation during CFT meetings.
- LCBHS contracted with I.D.E.A. Consulting to aid with generating and updating data analytic policies and procedures; tracking and trending of 1291 requirements; and tracking and trending of beneficiary outcomes (e.g. CANS-50 and PSC-35).

Opportunities for Improvement

- LCBHS' FC youth penetration has improved from 32.16 percent in CY 2017 to 36.70 percent in CY 2019; however, it remains below similarly sized (small) counties' FC penetration rate of 44 percent, and the statewide average of 51.91 percent.
- LCBHS does not track and trend medication monitoring, CANS-50 and PSC-35 assessment data for FC youth.
- The CANS-50 used by the MHP does not integrate efficiently with the CANS-IP utilized by CWS (i.e. comparability issues).

Information Systems

Changes within the Past Year:

- LCBHS experienced two federal system breaches in December 2020; the MHP installed security cameras, a new alarm system, and updated document security procedures in response.
- The MHP collaborated with Kings View to create three new data analytical dashboards over the last CY: clinician case assignments; beneficiary demographics; and timeliness data.
- LCBHS purchased Data Creative (software training program) in October 2020; the training package includes Microsoft Excel, Word and other business intelligence programs (staff received training).

Strengths:

- The MHP updated the Kings View contract to increase the number of data analytical dashboards produced per CY; the additional dashboards will include staff productivity, beneficiary outcomes, claims by pay source, and aggregate CANS-50 data.

Opportunities for Improvement:

- None noted.

Structure and Operations

Changes within the Past Year:

- LCBHS experienced the following staffing changes since FY 2019-20:
    - A Native American cultural specialist was hired in January 2020.
    - Two mental health specialists hired in January and February 2020.
    - A client support assistant and mental health case manager were hired in July 2020.
    - New mental health medical director hired in August 2020.
    - Two staff services analysts hired in August and September 2020.
    - Substance abuse program coordinator and senior substance abuse counselor hired in September 2020.

Strengths:

- LCBHS was awarded the Early Psychosis Intervention Plus Grant (EPIP) which allocates $2 million dollars over the next four FY toward early psychosis screenings; wellness groups; supported employment; SUD services; and family support.
- The MHP filled all positions in the Behavioral Health Services Board; the members are restructuring bylaws, member roles and responsibilities for the elected positions.
- Consumer employee feedback demonstrates that various training opportunities are made available for continuing education such as WRAP; motivational interviewing; group facilitation, and SSI/SSDI Outreach, Access, and Recovery (SOAR) critical components.

Opportunities for Improvement:

- LCBHS has 22 clinical line staff positions, with only five positions currently filled at the time of this EQRO review.
- Stakeholder feedback in focus groups reflect lack of beneficiary participation in MHP committees and policy development.
- LCBHS has not investigated telecommunication infrastructure grant opportunities with the Rural Utilities Services (RUS) and Health Resources and Services Administration (HRSA) to improve internet connectivity.

FY 2020-21 Recommendations

PIP Status

Recommendation 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 2017-18, FY 2018-19, and FY 2019-20.)*

Access to Care

Recommendation 2: Analyze changes in intake staffing and processes, and the impact on timeliness of initial access for children; implement strategies where needed to decrease the children's triage list.

Timeliness of Services

Recommendation 3: Formally define requests for urgent appointments to assure complete and accurate tracking and reporting. (*This is a follow-up recommendation from FY 2018-19 and carry-over from FY 2019-20.*)

Recommendation 4: Establish a reliable process and method of tracking incoming calls requesting a first appointment with an enhanced level of monitoring to obtain accurate and complete reporting. (*This is a follow-up recommendation from FY 2018-19 and carry-over from FY 2019-20.*)

Quality of Care

Recommendation 5: 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. *(This is a carry-over from FY 2019-20.)*

Recommendation 6: Develop a formal medication monitoring policy and procedure to meet SB 1291 requirements; routinely review DHCS Lake County online data to ensure requirements are met. *(This is a follow-up recommendation from FY 2018-19 and FY 2019-20.)*

Beneficiary Outcomes

Recommendation 7: Train new staff and provide refresher training for existing staff on the identified Level of Care (LOC) tool used by the MHP and utilization of this data. (*This is a follow-up recommendation from FY 2018-19 and FY 2019-20.)*

Foster Care

none noted.

Information Systems

None noted.

Structure and Operations

None noted.

SITE REVIEW PROCESS BARRIERS

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

- In accordance with the California Governor's Executive Order N-33-20 promulgating statewide Shelter-In-Place, it was not possible to conduct an on-site external quality review of the MHP. Consequently, some areas of the review were limited, and others were not possible, such as site visits.

ATTACHMENTS

Attachment A: Review Agenda

Attachment B: Review Participants

Attachment C: Approved Claims Source Data

Attachment D: List of Commonly Used Acronyms in EQRO Reports

Attachment A—Video Conference Review Agenda

The following sessions were held during the MHP video conference review, either individually or in combination with other sessions.

Table A1: EQRO Review Sessions

Calaveras 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
Acute and Crisis Care Collaboration and Integration
Health Plan and Mental Health Plan Collaboration Initiatives
Clinical Line Staff Group Interview
Clinical Supervisors Group Interview
Consumer and Family Member Focus Group
Peer Inclusion/Peer Employees within the System of Care
Services Focused on High Acuity and Engagement-Challenged Beneficiaries
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
Final Questions and Answers - Exit Interview

Attachment B—Review Participants

CalEQRO Reviewers

Angela Kozak-Embrey, Lead Quality Reviewer
Bill Ulom, Chief IS Reviewer
Judith Toomasson, IS Reviewer
Marilyn Hillerman, CFM Consultant
Yzronda Thompson, CFM 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-review and the post-review meetings and in preparing the recommendations within this report.

Sites of MHP Review

n/a

Table B1: Participants Representing the MHP

Last Name	First Name	Position	Agency
Abbott	Scott	Behavioral Health (BH) Program Manager (MHSA)	LCBHS
Ables	David	Mental Health (MH) Peer Support Specialist	LCBHS
Andrus	Christine	BH Fiscal Manager	LCBHS
Brown	Thomas	Native American Cultural Specialist	LCBHS
Chalmers	Robert	Staff Services Analyst (Compliance/QI)	LCBHS
Giambra	April	Substance Abuse Program Manager	LCBHS
Gray	Julia	MH Case Manager	LCBHS
Grogg	Laurie	MH Team Leader	LCBHS
Harding	Debra	MH Case Manager	LCBHS
Hunter	Morgan	Business Software Analyst	LCBHS
Isherwood	James	Clinical Deputy Director	LCBHS
Jones	Elise	Administration Deputy Director	LCBHS
Lamkin	Michelle	Staff Services Specialist	LCBHS
Manning	Carrie	MH Team Leader	LCBHS
Mayer	Vanessa	Senior Staff Services Analyst	LCBHS
McAtee	Danny	Staff Services Analyst (Administration)	LCBHS
Metcalf	Todd	Director	LCBHS
Neria	Zabdy	MH Specialist	LCBHS
Norton	Linda	MH Case Manager	LCBHS

Last Name	First Name	Position	Agency
Ontiveros	Edgar	MH Cultural Specialist	LCBHS
Packs	Montinque	Staff Services Analyst (Compliance/QI)	LCBHS
Poplin	Melissa	Staff Services Analyst (Compliance/QI)	LCBHS
Powers	Lilia	MH Case Manager	LCBHS
Shute	Jeffrey	Business Software Analyst	LCBHS
Singh	Hardeep	Medical Director	LCBHS
Thomas	Jayme	MH Case Manager	LCBHS
Trillo	Jamilyn	Senior MH Specialist	LCBHS
Wilson	Stephanie	Compliance Manager	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 ACA Penetration Rate and ACB separately. Since CY 2016, CalEQRO has included the ACA Expansion data in the PMs presented in the Performance Measurement section.

Table C1: CY 2019 Medi-Cal Expansion (ACA) Penetration Rate and ACB

Lake MHP					
Entity	Average Monthly ACA Enrollees	Beneficiaries Served	Penetration Rate	Total Approved Claims	ACB
Statewide	3,719,952	159,904	4.30%	$824,153,538	$5,154
Small	171,297	8,082	4.72%	$39,384,225	$4,873
MHP	8,959	265	2.96%	$1,164,126	$4,393

Table C2 shows 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.

Table C2: CY 2019 Distribution of Beneficiaries by ACB Range

Lake MHP								
ACB Range	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	1,104	93.32%	93.31%	$3,147,922	$2,851	$3,998	53.00%	59.06%
>$20K - $30K	43	3.63%	3.20%	$1,042,857	$24,252	$24,251	17.56%	12.29%
>$30K	36	3.04%	3.49%	$1,748,752	$48,576	$51,883	29.44%	28.65%

Attachment D—List of Commonly Used Acronyms

Table D1: List of Commonly Used Acronyms

Acronym	Full Term
AAS	Alternative Access Standard
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
CCBH	Community Care Behavioral Health
CDSS	California Department of Social Services
CFM	Consumer and Family Member
CFR	Code of Federal Regulations
CFT	Child Family Team
CIT	Crisis Intervention Team or Training
CMS	Centers for Medicare and Medicaid Services
CPM	Core Practice Model
CPS	Child Protective Service
CPS (alt)	Consumer Perception Survey (alt)
CSD	Community Services Division
CSI	Client Services Information
CSU	Crisis Stabilization Unit
CWS	Child Welfare Services
CY	Calendar Year
DBT	Dialectical Behavioral Therapy
DHCS	Department of Health Care Services

Acronym	Full Term
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
FC	Foster Care
FG	Focus Group
FQHC	Federally Qualified Health Center
FSP	Full-Service Partnership
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
IHBS	Intensive Home-Based Services
IT	Information Technology
LEA	Local Education Agency
LGBTQ	Lesbian, Gay, Bisexual, Transgender or Questioning
LOS	Length of Stay

Acronym	Full Term
LSU	Litigation Support Unit
M2M	Mild-to-Moderate
MCP	Managed Care Plan
MDT	Multi-Disciplinary Team
MHBG	Mental Health Block Grant
MHFA	Mental Health First Aid
MHP	Mental Health Plan
MHSA	Mental Health Services Act
MCBHD	Medi-Cal Behavioral Health 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 Reconation Therapy
NA	Network Adequacy
n/a	Not Applicable
NACT	Network Adequacy Certification Tool
NP	Nurse Practitioner
NPI	National Provider Identifier
ONA	Out-of-Network Access
PA	Physician Assistant
PATH	Projects for Assistance in Transition from Homelessness
PHF	Psychiatric Health Facility
PHI	Protected Health Information
PIHP	Prepaid Inpatient Health Plan
PIP	Performance Improvement Project
PM	Performance Measure
PM (alt)	Partially Met
QI	Quality Improvement

Acronym	Full Term
QIC	Quality Improvement Committee
RN	Registered Nurse
ROI	Release of Information
SAR	Service Authorization Request
SAMHSA	Substance Abuse and Mental Health Services Administration
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
STRTP	Short-Term Residential Therapeutic Program
SUD	Substance Use Disorders
TAY	Transition Age Youth
TBS	Therapeutic Behavioral Services
TFC	Therapeutic Foster Care
TSA	Timeliness Self-Assessment
WET	Workforce Education and Training
WRAP	Wellness Recovery Action Plan
YSS	Youth Satisfaction Survey
YSS-F	Youth Satisfaction Survey-Family Version