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

MENDOCINO MHP FINAL REPORT

Prepared for:

California Department of Health Care Services (DHCS)

Review Dates:

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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 quality, timeliness, and access to health care services furnished by Prepaid Inpatient Health Plans (PIHPs) and their contractors to recipients of State Medicaid Managed Care Services. The Code of Federal Regulations (CFR) specifies the requirements for evaluation of Medicaid MCOs (42 CFR, Section 438; Medicaid Program, External Quality Review of Medicaid Managed Care Organizations). These rules require an on-site review or a desk review of each Medi-Cal Mental Health Plan (MHP).

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

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

This report presents the fiscal year (FY) 2018-19 findings of an EQR of the Mendocino 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 — Ukiah

MHP Beneficiaries Served in Calendar Year (CY) 2018 — 2,184

MHP Threshold Language(s) — Spanish

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

Validation of Performance 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.

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:

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

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

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

- Changes, progress, or milestones in the MHP's approach to performance management — emphasizing utilization of data, specific reports, and activities designed to manage and improve quality.

- Ratings for key components associated with the following three domains: access, timeliness, and quality. Submitted documentation as well as interviews with a variety of key staff, contracted providers, advisory groups, beneficiaries, and other stakeholders inform the evaluation of the MHP's performance within these domains. Detailed definitions for each of the review criteria can be found on the CalEQRO website, www.calegro.com.

PRIOR YEAR REVIEW FINDINGS, FY 2018-19

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

Status of FY 2018-19 Review of Recommendations

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

Assignment of Ratings

Met is assigned when the identified issue has been resolved.

Partially Met is assigned when the MHP has either:

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

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

Recommendations from FY 2018-19

PIP Recommendations

Recommendation 1: As per Title 42, CFR, §438.330, DHCS requires two active PIPs; the MHP is contractually required to meet this requirement going forward.

Status: Met

- The MHP's clinical PIP ended in July 2019; their non-clinical PIP is still active.
- The MHP is currently considering options for a new clinical PIP.

Recommendation 2: As a first step, the MHP is encouraged to identify a deficiency in care or services that has a beneficiary impact.

Status: Met

- The EQRO provided technical assistance (TA) regarding selection of a new PIP.

Recommendation 3: The MHP is encouraged to contact BHC for technical assistance, prior to the start of a new non-clinical PIP.

Status: Met

- The MHP consulted with the EQRO on three occasions regarding each of their PIPs.

Access Recommendations

Recommendation 4: Review or conduct some analysis of caseload distribution among the contract provider agencies and their staff.

Status: Met

- Caseload size and acuity was added to the agendas for the monthly joint MHP-ASO UM meetings and the bi-weekly Multi-Agency Coalition (MAC).
- At each of these meetings, caseload size, unique service needs, and distribution of cases across the provider network are discussed.
- The MHP and ASO reported that cases are assigned to agencies based on acuity and level of service need, and supervisors in the focus group attested to this process as well as describing how agencies collaborate amongst each other to manage capacity.

Recommendation 5: As necessary, assign cases to promote a more equitable distribution of different levels of care and need.

Status: Met

- The MHP and ASO reported that cases are assigned to agencies based on acuity and level of service need, and supervisors in the focus group attested to this process as well as describing how agencies collaborate amongst each other to manage capacity.

Recommendation 6: Engage the contract provider in identifying the beneficiaries who were adversely affected by decreased transportation assistance and in implementing some improvements or alternatives.

Status: Met

- The MHP and ASO have implemented improvements in the availability of transportation, specifically using the MOPS team and the Whole Person Care (WPC) team to provide transportation.
- In addition, telepsychiatry hours/availability have been increased for the most remote areas of the county.

Timeliness Recommendations

Recommendation 7: Include all Medi-Cal beneficiaries who are eligible for post-hospitalization follow-up in Mendocino County in the tracking and reporting of the

timeliness metric on follow-up encounters post-psychiatric inpatient discharge. The metric should include the number that were discharged and eligible for follow-up, the number that received any follow-up, and the number that received the follow-up within seven days.

Status: Met

- The MHP's administrative services organization (ASO), Redwood Quality Management (RQMC), tracks all admissions and participates in discharge planning for all beneficiaries who would be eligible for services from the Specialty Mental Health system. Each of those beneficiaries is transported from the hospital to the MHP's crisis clinic for an "exit interview", which includes the offer of follow-up services for medication support and/or other therapeutic services. If the beneficiary agrees to following up, appointments are scheduled at that time and transportation issues discussed and resolved.

- Timeliness tracking for this measure begins at the time of the exit interview, which is always the same day as discharge, and includes all beneficiaries who agree to scheduling a follow-up appointment.

Recommendation 8: Compare the same populations for the entirety of the metric on follow-up encounters post-psychiatric inpatient discharge.

Status: Met

- Timeliness reporting for post-discharge follow-up includes all beneficiaries who are eligible and who agree to follow-up services, irrespective of the wait times for the initial follow-up appointment.

Recommendation 9: Target some improvement activities to those beneficiaries who are discharged from the hospital and remain in-county but decline follow-up services.

Status: Met

- The MHP has both a Mobile Outreach and Prevention Services (MOPS) team, and an Assisted Outpatient Treatment team (AOT), both of which work to encourage and support accessing services for previously hospitalized beneficiaries as they interface with them. In addition, the non-Clinical PIP is intended to increase access to specialty mental health services for homeless individuals, in particular those who have difficulty engaging and accessing services. The first intervention, a warm hand-off to a case manager, was tested with homeless individuals returning from the hospital.

Recommendation 10: Decrease the time to children's psychiatry, through the use of telehealth, locums, or other means.

Status: Met

- The MHP added one day for a physician's assistant and adjusted the availability and intake process for their child psychiatrist, thereby reducing the time to child psychiatry appointments from 14 days in FY17-18 to 11 days for FY18-19.

Quality Recommendations

Recommendation 11: Conduct training or in-service that reinforces beneficiary input and collaboration in treatment planning for all psychiatric providers.

Status: Not Met

- The MHP reported that this training was incorporated into RQMC's training schedule and provided a policy reflective of the intent to provide the training; however, no evidence was provided that a training had taken place during the last year.

Recommendation 12: In the training or in-service, engage psychiatric providers in discussion about challenges and ways to incorporate beneficiary preferences.

Status: Not Met

- The MHP reported that this training was incorporated into RQMC's training schedule and provided a policy reflective of the intent to provide the training; however, no evidence was provided that a training had taken place during the last year.

Beneficiary Outcomes Recommendations

Recommendation 13: Provide refresher training on the use and scoring of CANS and ANSA, to ensure that clinicians have a satisfactory level of proficiency and are confident in the use and reliability of the measure.

Status: Met

- The MHP reported that all users of the CANS and ANSA are trained annually through the PRAED Foundation, and that the EHR prevents entry of data without verification of the training.

Foster Care Recommendations

Recommendation 14: Modify the scoring guide and diagnostic assessments to support implementation of the CANS-50, as per Information Notices (IN) 17-052 and 18-007.

Status: Met

- The MHP is using the CANS-50 and has modified the scoring guide.

Information Systems Recommendations

Recommendation 15: Provide the MOPS teams with mobile devices (e.g., secure laptops and/or tablet) with internet connectivity to enable clinicians' access to beneficiaries' EHR information while in the field.

Status: Met

- The MHP has begun to implement the use of mobile devices for the MOPS Teams. The units have been purchased. The team is short one staff person; however, the remaining staff person has been trained and is currently piloting its use. Once the vacancy is filled, the new staff person will also be trained. While the Virtual Private Network (VPN) has been set up, there are Wi-Fi challenges, as many remote areas of the county do not have cell service. The MHP expects full implementation of this program within the next 12 months.

Recommendation 16: Implement Goal C of the FY 2018-19 IS Strategic Business Plan, part of which is to assign role-based levels of security on a 'need to know' basis and is a less involved process.

Status: Met

- The MHP reported, and their documentation in ISCA confirmed, that the MHP employs a role-based security system that is administered by each EHR vendor (EXYM and Netsmart) for their respective products.

PERFORMANCE MEASUREMENT

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

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

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

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

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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:
- 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.dhcs.ca.gov/Pages/KatieAImplementation.aspx.

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

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

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

Total Beneficiaries Served

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

Table 1. Medi-Cal Enrollees and Beneficiaries Served in CY 2018 by Race/Ethnicity Mendocino MHP				
Race/Ethnicity	**Average Monthly Unduplicated Medi-Cal Enrollees**	**% Enrollees**	**Unduplicated Annual Count Beneficiaries Served**	**% Served**
White	22,509	51.7%	1,350	61.8%
Latino/Hispanic	13,448	30.9%	432	19.8%
African-American	423	1.0%	29	1.3%
Asian/Pacific Islander	750	1.7%	13	0.6%
Native American	2,341	5.4%	122	5.6%
Other	4,071	9.4%	238	10.9%
Total	**43,540**	**100%**	**2,184**	**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.				

During CY 2018, the MHP experienced claim submission delays that resulted in a significant number of claim transactions for November and December that were not included in the results for figures 1-5 below.

Penetration Rates and Approved Claims per Beneficiary

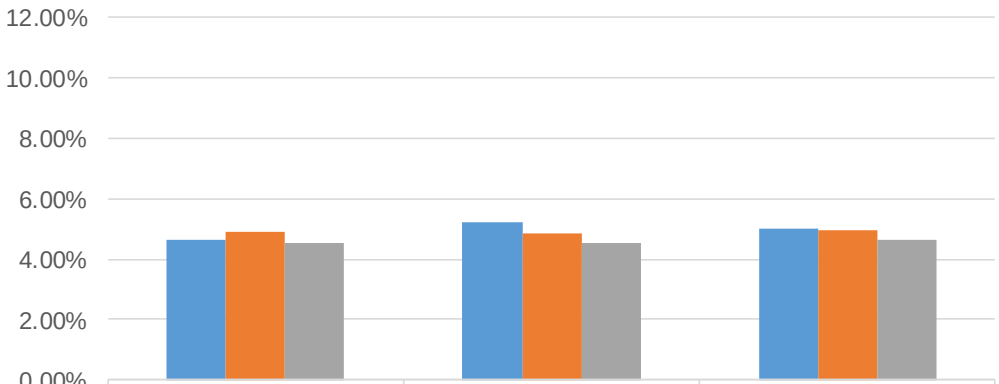
The penetration rate is calculated by dividing the number of unduplicated beneficiaries served by the monthly average Medi-Cal enrollee count. The annual average approved claims per beneficiary (ACB) served is calculated by dividing the total annual Medi-Cal approved claim dollars by the unduplicated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

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

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

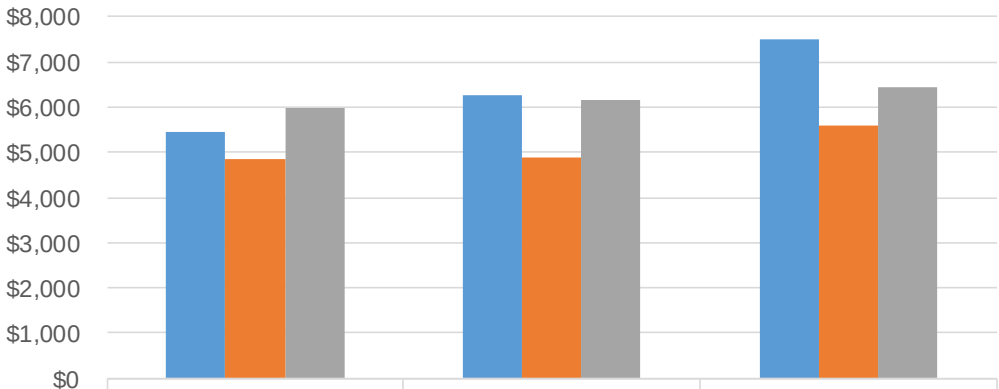
Figures 1A and 1B show three-year (CY 2016-18) trends of the MHP's overall penetration rates and ACB, compared to both the statewide average and the average for small MHPs.

Figure 1A. Overall Penetration Rates
Mendocino MHP



	CY 2016	CY 2017	CY 2018
MHP	4.66%	5.23%	5.02%
Small	4.90%	4.87%	4.96%
State	4.53%	4.52%	4.66%

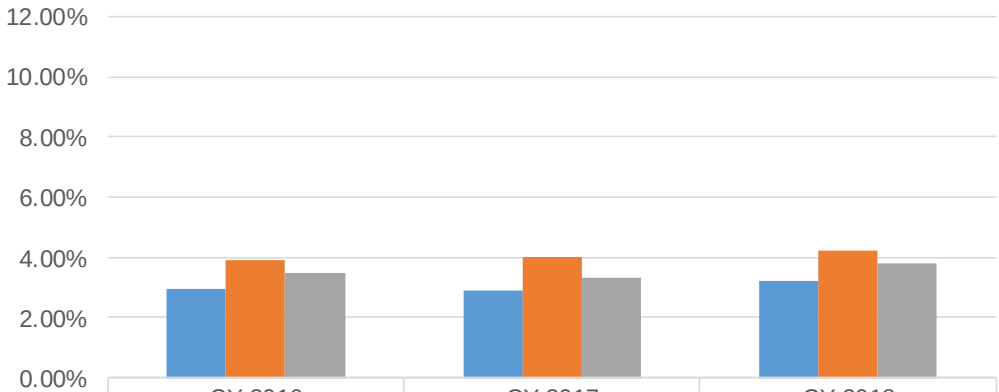
Figure 1B. Overall ACB
Mendocino MHP



	CY 2016	CY 2017	CY 2018
MHP	$5,447	$6,262	$7,511
Small	$4,852	$4,895	$5,602
State	$5,978	$6,170	$6,454

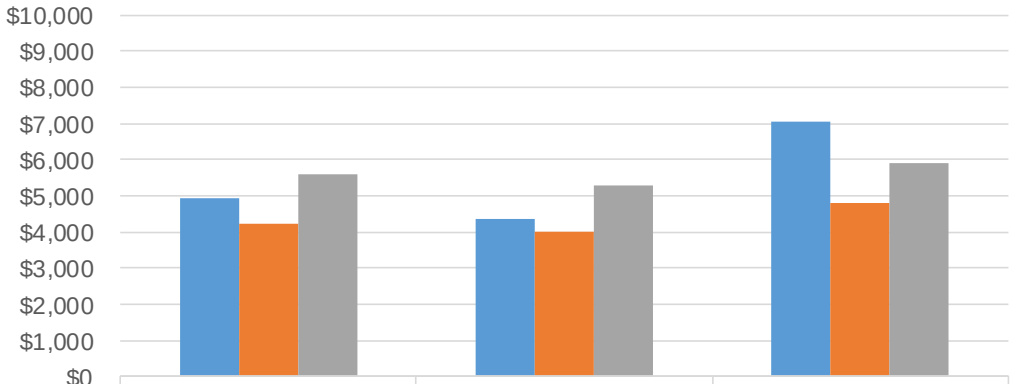
Figures 2A and 2B show three-year (CY 2016-18) trends of the MHP's Latino/Hispanic penetration rates and ACB, compared to both the statewide average and the average for small MHPs.

Figure 2A. Latino/Hispanic Penetration Rates
Mendocino MHP



	CY 2016	CY 2017	CY 2018
MHP	2.96%	2.92%	3.21%
Small	3.92%	4.01%	4.23%
State	3.51%	3.35%	3.78%

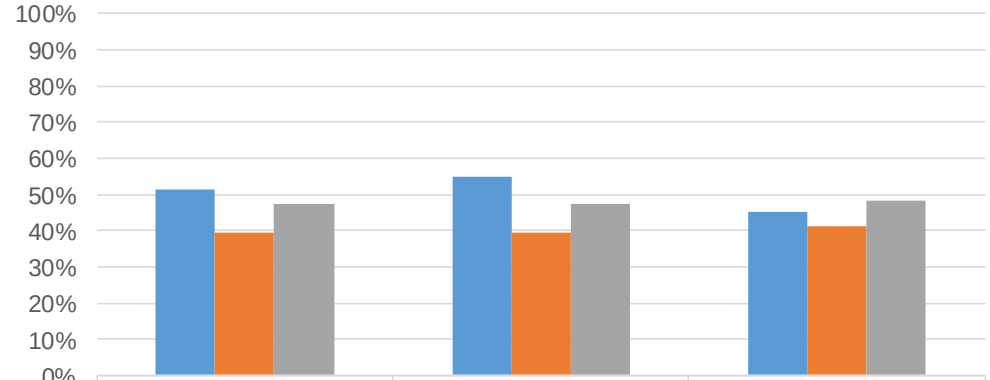
Figure 2B. Latino/Hispanic ACB
Mendocino MHP



	CY 2016	CY 2017	CY 2018
MHP	$4,923	$4,347	$7,076
Small	$4,243	$3,993	$4,788
State	$5,588	$5,278	$5,904

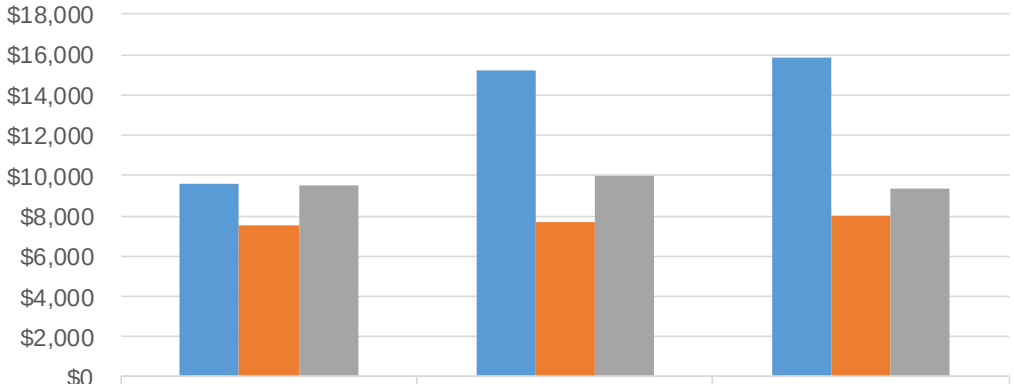
Figures 3A and 3B show three-year (CY 2016-18) trends of the MHP's FC penetration rates and ACB, compared to both the statewide average and the average for small MHPs.

Figure 3A. FC Penetration Rates
Mendocino MHP



	CY 2016	CY 2017	CY 2018
MHP	51.40%	54.75%	45.28%
Small	39.46%	39.64%	41.14%
State	47.48%	47.28%	48.41%

Figure 3B. FC ACB
Mendocino MHP



	CY 2016	CY 2017	CY 2018
MHP	$9,592	$15,216	$15,830
Small	$7,507	$7,671	$8,033
State	$9,521	$9,962	$9,340

High-Cost Beneficiaries

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

Table 2. High-Cost Beneficiaries
Mendocino MHP

MHP	Year	HCB Count	Total Beneficiary Count	HCB % by Count	Average Approved Claims per HCB	HCB Total Claims	HCB % by Total Claims
Statewide	CY 2018	23,164	618,977	3.74%	$57,725	$1,337,141,530	33.47%
MHP	CY 2018	116	2,184	5.31%	$59,320	$6,881,095	41.94%
	CY 2017	83	2,223	3.73%	$54,272	$4,504,553	32.36%
	CY 2016	46	1,968	2.34%	$46,646	$2,145,702	20.02%

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

Psychiatric Inpatient Utilization

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

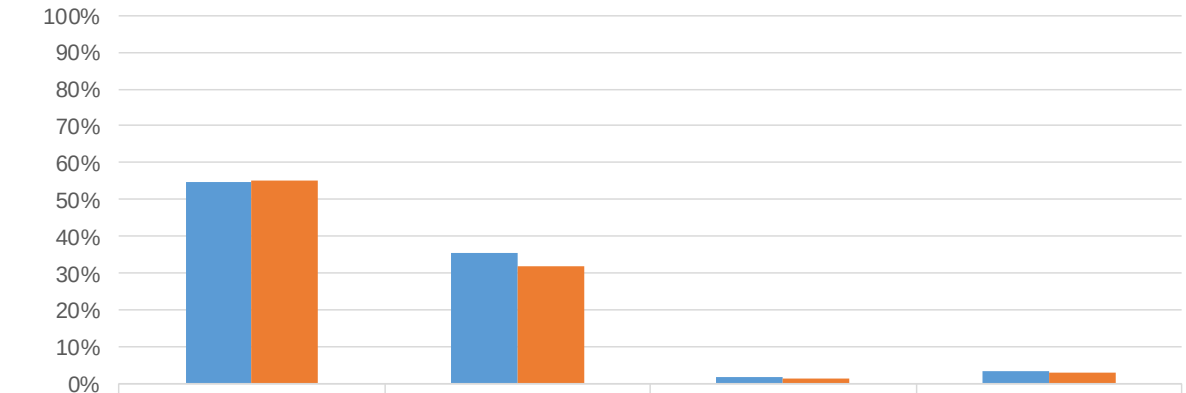
Table 3. Psychiatric Inpatient Utilization - Mendocino MHP

Year	Unique Beneficiary Count	Total Inpatient Admissions	Average LOS	ACB	Total Approved Claims
CY 2018	264	489	8.53	$17,214	$4,544,538
CY 2017	248	548	7.92	$11,734	$2,910,108
CY 2016	214	370	8.06	$8,078	$1,728,697

Post-Psychiatric Inpatient Follow-Up and Rehospitalization

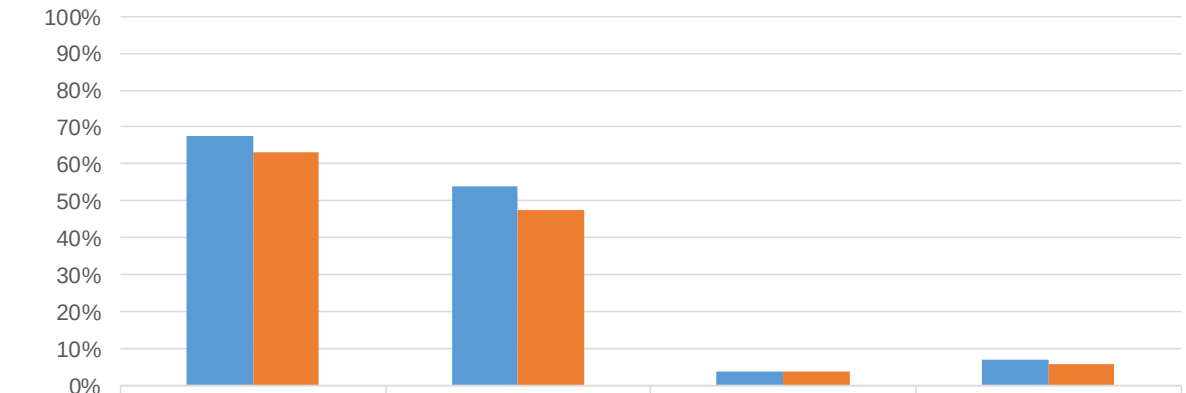
Figures 4A and 4B show the statewide and MHP 7-day and 30-day post-psychiatric inpatient follow-up and rehospitalization rates for CY 2017 and CY 2018.

Figure 4A. 7-Day Post-Psychiatric Inpatient Follow-up
Mendocino MHP



	Outpatient MHP	Outpatient State	Rehospitalization MHP	Rehospitalization State
CY 2017	55%	36%	2%	3%
CY 2018	55%	32%	1%	3%

Figure 4B. 30-Day Post-Psychiatric Inpatient Follow-up
Mendocino MHP



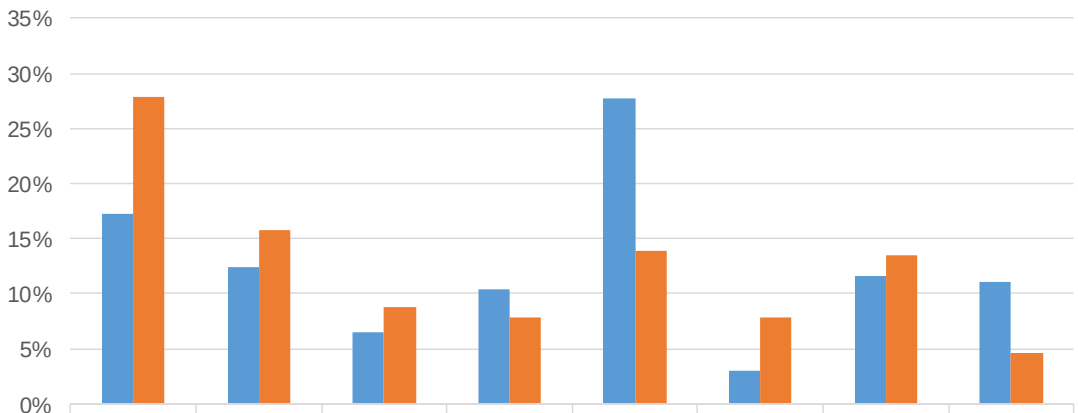
	Outpatient MHP	Outpatient State	Rehospitalization MHP	Rehospitalization State
CY 2017	68%	54%	4%	7%
CY 2018	63%	48%	3%	6%

Diagnostic Categories

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

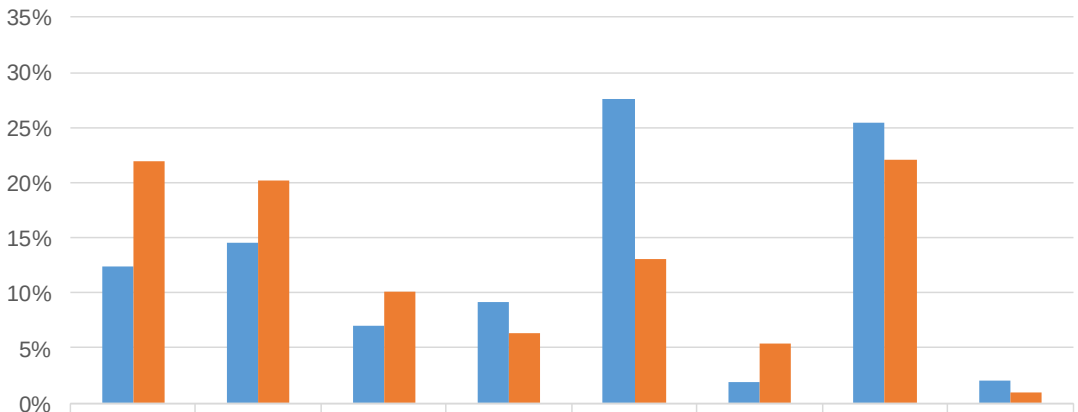
The MHP's self-reported percent of beneficiaries served with co-occurring (i.e., substance abuse and mental health) diagnoses was not provided.

Figure 5A. Diagnostic Categories, Beneficiaries Served
Mendocino MHP



	Depression	Psychosis	Disruptive	Bipolar	Anxiety	Adjustment	Other	Deferred
MHP CY 2018	17%	12%	6%	10%	28%	3%	12%	11%
State CY 2018	28%	16%	9%	8%	14%	8%	14%	5%

Figure 5B. Diagnostic Categories, Total Approved Claims
Mendocino MHP



	Depression	Psychosis	Disruptive	Bipolar	Anxiety	Adjustment	Other	Deferred
MHP CY 2018	12%	15%	7%	9%	28%	2%	25%	2%
State CY 2018	22%	20%	10%	6%	13%	5%	22%	1%

PERFORMANCE IMPROVEMENT PROJECT VALIDATION

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

Mendocino 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 4 lists the findings for each section of the evaluation of the PIPs, as required by the PIP Protocols: Validation of Performance Improvement Projects.[5]

Table 4: PIPs Submitted by Mendocino MHP

PIPs for Validation	# of PIPs	PIP Titles
Clinical PIP	1	Diagnosis and Treatment of Co-occurring Disorders
Non-clinical PIP	1	Appropriate Engagement for Homeless SMH Clients in Ukiah

Clinical PIP—Diagnosis and Treatment of Co-occurring Disorders

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

"As Mendocino County trains authorized staff to reliably assess, refer, and treat clients with co-occurring disorders:

1) Will diagnosis rates for co-occurring disorders approach epidemiological standards (40 percent is goal), and

2) Will treatment outcomes and quality of life indicators for these clients improve, as evidenced by:

[5] 2012 Department of Health and Human Services, Centers for Medicare and Medicaid Service Protocol 3 Version 2.0, September 2012. EQR Protocol 3: Validating Performance Improvement Projects.

a) Improved Adult Needs and Strengths Assessment (ANSA) scores, and

b) Increased participation in services, evidenced by 1) months enrolled in services; and 2) hours of service per month, as documented in EXYM, the EHR?"

Date PIP began: July 2017

End date: June 2019

Status of PIP: Completed

The MHP determined, through analyzing multiple years of diagnosis frequencies, that their rate of co-occurring disorder diagnoses was far below national benchmarks (12 percent vs. 37-53 percent). Hence, their beneficiaries were not receiving needed services. This PIP aimed to increase the rate of co-occurring disorder diagnoses and successfully engage those beneficiaries in concurrent treatment for their mental health and substance use problems. The interventions were to provide staff training on diagnosing and motivational interviewing. The indicators tracked diagnosis and engagement rates, but they were not well defined and digressed into comparisons with baselines that they had not previously investigated.

Results were reported without statistical analysis; therefore, confidence in their (positive) results was minimal.

Suggestions to improve the PIP: Because this PIP is completed, no suggestions are offered, other than the comments in the validation tool that can be applied to future PIPs.

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

The technical assistance (TA) provided to the MHP by CalEQRO consisted of: keeping their study question simple; testing only one or two interventions at a time; ensure their baseline and study data are comparable; track their results quarterly; and, devise a data analysis plan that includes tests of statistical significance in order to know if they are truly achieving meaningful results. If resources allow, obtaining consultation from someone more familiar with research protocols would be very helpful.

Non-clinical PIP—Appropriate Engagement for Homeless SMH Clients in Ukiah

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

"Can increased connection through a warm hand-off improve the following among homeless clients with SMI:

1. Decreased amount of time from "warm hand-off"/crisis contact to first outpatient contact (increased access to services)

2. Increase the number of outpatient services utilized (increased engagement)?"

Date PIP began: July 2018

Projected End date: June 2020

Status of PIP: Active and ongoing

In 2018 the County Board of Supervisors commissioned a formal report on homelessness in Mendocino County. The report noted that the county has a relatively high level of long-term (1-5 years) street-level homeless persons and that those homeless for 1-3 years were at high risk for "chronic or super chronic" homeless status. In discussing the county's limited attention to the root causes, the report stipulated that "the root triggers and causes of homelessness are almost all behavioral health in nature".

The MHP then undertook a study of service utilization in November and December 2018 for their long-term homeless population. They found that the population residing in a shelter were more likely to have multiple contacts with crisis services and less likely to engage, or remain engaged, with ongoing outpatient mental health services.

On the theory, not substantiated with research, that a human connection could make a difference in engagement success, an intervention was designed to include a warm hand-off to an ongoing case manager for all homeless beneficiaries being discharged from an inpatient stay.

The study indicators were 1) time between warm hand-off and first follow-up service, and 2) number of services used. The MHP assumed that this improved engagement would reduce the use of crisis services, improve their stability and ability to make use of other supportive services, and decrease their experience of stigma and failure.

The PIP submission's description of the target population and the multiple start dates of the intervention led to confusion about when the intervention actually started, what the baseline numbers actually are, and what population is being studied. Ultimately, April 1, 2019 was identified as the true start date of the intervention; however, the parameters around the population definition remain vague. At the time of submission, data was just starting to be analyzed for those eligible homeless people discharged between April 1 and June 30 (end of fiscal year) 2019.

Suggestions to improve the PIP: The MHP needs to simplify the PIP by deciding precisely what they want to improve; for which population; how they plan to achieve this; and, what specific measures will indicate the results of their efforts. A simple analysis of baseline data, researching the problem and recommended solutions, designing a study population that reflects that of their baseline, and measuring like against like will help them gain clarity. In addition, understanding and using statistical analysis will aid in determining their confidence in their results.

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

The TA provided to the MHP by CalEQRO consisted of discussion about each of the steps that were problematic and how to refine their thinking and process to design a reliable study. All of the comments in the validation document were discussed.

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

Table 5: PIP Validation Review					
				Item Rating	
Step	PIP Section	Validation Item		Clinical	Non-Clinical
1	Selected Study Topics	1.1	Stakeholder input/multi-functional team	M	M
		1.2	Analysis of comprehensive aspects of enrollee needs, care, and services	M	M
		1.3	Broad spectrum of key aspects of enrollee care and services	M	PM
		1.4	All enrolled populations	M	M
2	Study Question	2.1	Clearly stated	PM	PM
3	Study Population	3.1	Clear definition of study population	M	NM
		3.2	Inclusion of the entire study population	M	UTD
4	Study Indicators	4.1	Objective, clearly defined, measurable indicators	PM	NM
		4.2	Changes in health states, functional status, enrollee satisfaction, or processes of care	M	PM
5	Sampling Methods	5.1	Sampling technique specified true frequency, confidence interval and margin of error	NA	NA
		5.2	Valid sampling techniques that protected against bias were employed	NA	NA
		5.3	Sample contained sufficient number of enrollees	NA	NA
6	Data Collection Procedures	6.1	Clear specification of data	PM	PM
		6.2	Clear specification of sources of data	M	M
		6.3	Systematic collection of reliable and valid data for the study population	NM	NM

Table 5: PIP Validation Review					
				Item Rating	
Step	**PIP Section**	**Validation Item**		**Clinical**	**Non-Clinical**
		6.4	Plan for consistent and accurate data collection	UTD	UTD
		6.5	Prospective data analysis plan including contingencies	PM	NM
		6.6	Qualified data collection personnel	PM	UTD
7	Assess Improvement Strategies	7.1	Reasonable interventions were undertaken to address causes/barriers	PM	NM
8	Review Data Analysis and Interpretation of Study Results	8.1	Analysis of findings performed according to data analysis plan	PM	NM
		8.2	PIP results and findings presented clearly and accurately	NM	PM
		8.3	Threats to comparability, internal and external validity	NM	PM
		8.4	Interpretation of results indicating the success of the PIP and follow-up	PM	NA
9	Validity of Improvement	9.1	Consistent methodology throughout the study	UTD	NA
		9.2	Documented, quantitative improvement in processes or outcomes of care	PM	NA
		9.3	Improvement in performance linked to the PIP	PM	NA
		9.4	Statistical evidence of true improvement	NM	NA
		9.5	Sustained improvement demonstrated through repeated measures	NM	NA

Table 6 provides a summary of the PIP validation review.

Table 6: PIP Validation Review Summary		
Summary Totals for PIP Validation	**Clinical PIP**	**Non-clinical PIP**
Number Met	8	4
Number Partially Met	10	6
Number Not Met	5	6
Unable to Determine	2	3
Number Applicable (AP) (Maximum = 28 with Sampling; 25 without Sampling)	25	19
Overall PIP Ratings ((#M*2)+(#PM))/(AP*2)	**52%**	**37%**

INFORMATION SYSTEMS REVIEW

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

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

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

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

Table 7: Budget Dedicated to Supporting IT Operations

	FY 2019-20	FY 2018-19	FY 2017-18	FY 2016-17
Mendocino	2.30%	2.00%	2.20%	3.28%
Small MHPs	N/A	3.20%	3.61%	3.76%
Statewide	N/A	3.40%	3.30%	3.40%

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

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

Table 8: Distribution of Services, by Type of Provider

Type of Provider	Distribution
County-operated/staffed clinics	5.69%

Table 8: Distribution of Services, by Type of Provider	
Type of Provider	**Distribution**
Contract providers	94.30%
Network providers	0.01%
Total	**100%***

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

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

Table 9: Contract Providers Transmission of Beneficiary Information to MHP EHR System		
Type of Input Method	**Percent Used**	**Frequency**
Direct data entry into MHP EHR system by contract provider staff	N/A	Not used
Electronic data interchange (EDI) uses standardized electronic message format to exchange beneficiary information between contract provider EHR systems and MHP EHR system	30%	Weekly
Electronic batch files submitted to MHP for further processing and uploaded into MHP EHR system	30%	Weekly
Electronic files/documents securely emailed to MHP for processing or data entry input into EHR system	30%	Daily
Paper documents submitted to MHP for data entry input by MHP staff into EHR system	10%	Monthly
Health Information Exchange (HIE) securely share beneficiary medical information from contractor EHR system to MHP EHR system and return message or medical information to contractor EHR	N/A	Not used

Telehealth Services

MHP currently provides services to beneficiaries using a telehealth application:

☒ Yes ☐ No ☐ In pilot phase

- Number of county-operated sites currently operational: 0
- Number of contract provider sites currently operational: 2

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

- Telehealth services are available with English and Spanish speaking practitioners (not including the use of interpreters or language line).
- Approximately 15 telehealth sessions were conducted in Spanish.

Summary of Technology and Data Analytical Staffing

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

Table 10: Technology Staff

Fiscal Year	IT FTEs (Include Employees and Contractors)	# of New FTEs	# Employees / Contractors Retired, Transferred, Terminated	Current # Unfilled Positions
2019-20	8	2	1	0
2018-19	7	2	1	0
2017-18	7	0	0	0

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

Table 11: Data Analytical Staff				
Fiscal Year	**IT FTEs (Include Employees and Contractors)**	**# of New FTEs**	**# Employees / Contractors Retired, Transferred, Terminated**	**Current # Unfilled Positions**
2019-20	17	0	0	0
2018-19	17	2	1	0
2017-18	15	0	0	2

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

- No data analytical staff results were reported in the ISCA tool for 2019-20.
- RQMC administers and provides oversight of SMHS on behalf of the MHP and is actively involved in data analytical support.
- The MHP provides technology staff that operate and support Netsmart's Avatar EHR system. Currently, Avatar is self-hosted locally; however, there are plans to move the EHR from onsite hosting to one of Netsmart's data centers in the future.

Current Operations

- The MHP continues to use two EHR systems for services documentation and billing. Services delivered by contract providers flow from EXYM to Avatar, while MHP staff enter data directly into Avatar. The two-system operational model requires a level of subject matter expertise not generally noted in small MHPs.
- Contract providers' beneficiary data is electronically exchanged from EXYM to Avatar via electronic data interchange transactions or batch file transfer on a daily to weekly cycle.
- Medi-Cal claims and state data-reporting are produced from the Avatar system.

Table 12 lists the primary systems and applications the MHP uses to conduct business and manage operations. These systems support data collection and storage; provide EHR functionality; produce Short-Doyle Medi-Cal (SDMC) and other third-party claims; track revenue; perform managed care activities; and provide information for analyses and reporting.

Table 12: Primary EHR Systems/Applications				
System/Application	**Function**	**Vendor/Supplier**	**Years Used**	**Operated By**
Avatar PM	Practice Management	Netsmart	16	HHSA IT/Vendor
Avatar CWS	Clinical Workstation	Netsmart	5	HHSA IT/Vendor
EXYM	EHR	EXYM	10	ASO/Vendor

The MHP's Priorities for the Coming Year

- Finalize CANS and PSC-35 submission data for upload to the state website.
- Attend Data Quality Improvement webinars provided by the California Behavioral Health Directors Association (CBHDA) and DHCS.
- Conversion of the Substance Use Disorder Treatment (SUDT) program from the current software program to Avatar.
- Convert Avatar EHR system from onsite to hosted by IS vendor.
- Implement Mental Health Medi-Cal Administrative Activities.
- Purchase enterprise training to provide certified staff training.

Major Changes since Prior Year

- Attended CSI Data Quality Improvement webinars to address Corrective Action Plan issues.
- Submitted Quarterly Network Adequacy Certification Tool (NACT) data to DHCS.
- Installed CSI Assessment and CANS-50 forms in TEST and LIVE environments for data submission to DHCS.
- Purchased PCS-35 module and installed in TEST environment.
- Purchased 274 Companion Guide to support NACT reporting.

Other Areas for Improvement

- While the MHP noted plans to implement beneficiary Personal Health Record (PHR) in prior ISCA tool submissions, implementation of myHealthPointe software application continues to be a future (more than two years) initiative that lacks project prioritization.

Plans for Information Systems Change

- The MHP is considering purchase of a new system, but no formal project plan is in place, and no project team is assigned to accomplish this.

Current EHR Status

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

Table 13: EHR Functionality					
		Rating			
Function	**System/Application**	**Present**	**Partially Present**	**Not Present**	**Not Rated**
Alerts	Netsmart/EXYM	X			
Assessments	Netsmart/EXYM	X			
Care Coordination	EXYM	X			
Document Imaging/ Storage	Netsmart/EXYM	X			
Electronic Signature—MHP Beneficiary	Netsmart/EXYM	X			
Laboratory results (eLab)	EXYM	X			
Level of Care/Level of Service	Netsmart/EXYM	X			
Outcomes	Netsmart/EXYM	X			
Prescriptions (eRx)	EXYM	X			
Progress Notes	Netsmart/EXYM	X			
Referral Management	EXYM	X			
Treatment Plans	Netsmart/EXYM	X			
Summary Totals for EHR Functionality:					
FY 2019-20 Summary Totals for EHR Functionality:		12	0	0	0
FY 2018-19 Summary Totals for EHR Functionality*:		11	1	0	0
FY 2017-18 Summary Totals for EHR Functionality:		11	0	1	0

*Two new HER functionalities were added to the list beginning in FY 2017-18

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

- While RQMC implemented Care Coordination and Referral Management functionality in EXYM, neither function is available in Avatar.
- Electronic prescribing and lab results functionality are available via EXYM, but are not available in Avatar.

Personal Health Record (PHR)

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

☐ Yes ☐ In Test Phase ☒ No

If no, provide the expected implementation timeline.

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

Medi-Cal Claims Processing

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

☒ Yes ☐ No

If yes, product or application:

Local Excel worksheet or Access database

Method used to submit Medicare Part B claims:

☐ Paper ☒ Electronic ☐ Clearinghouse

Table 14 summarizes the MHP's SDMC claims.

Table 14. Summary of CY 2018 Short Doyle/Medi-Cal Claims Mendocino MHP							
Service Month	**Number Submitted**	**Dollars Billed**	**Number Denied**	**Dollars Denied**	**Percent Denied**	**Dollars Adjudicated**	**Dollars Approved**
TOTAL	**69,608**	**$14,467,920**	**1,980**	**$367,119**	**2.54%**	**$14,100,801**	**$12,845,545**
JAN18	8,992	$1,742,252	5	$3,010	0.17%	$1,739,242	$1,721,520
FEB18	5,999	$1,284,958	6	$3,375	0.26%	$1,281,583	$1,266,854
MAR18	6,682	$1,441,310	5	$5,153	0.36%	$1,436,157	$1,397,129
APR18	6,466	$1,356,488	7	$4,080	0.30%	$1,352,408	$1,333,770
MAY18	7,675	$1,591,378	99	$20,906	1.31%	$1,570,472	$1,134,794
JUN18	6,102	$1,237,112	135	$32,176	2.60%	$1,204,936	$911,883
JUL18	6,069	$1,427,013	963	$174,091	12.20%	$1,252,922	$1,032,678
AUG18	6,661	$1,389,443	719	$105,411	7.59%	$1,284,032	$1,158,448
SEP18	5,115	$1,078,088	23	$6,193	0.57%	$1,071,895	$1,017,013
OCT18	5,639	$1,162,237	16	$12,143	1.04%	$1,150,094	$1,124,150
NOV18	3,271	$576,311	1	$145	0.03%	$576,166	$568,800
DEC18	937	$181,332	1	$438	0.24%	$180,894	$178,506
Includes services provided during CY 2018 with the most recent DHCS claim processing date of June 7, 2019. Only reports Short-Doyle/Medi-Cal claim transactions, does not include Inpatient Consolidated IPC hospital claims. Statewide denial rate for CY 2018 was **3.25 percent.**							

During CY 2018 the MHP experienced claims submission delays for November and December which resulted in a significant number of claim transactions not being included in CalEQRO results above.

Table 15 summarizes the top three reasons for claim denial.

Table 15. Summary of CY 2018 Top Three Reasons for Claim Denial Mendocino MHP			
Denial Reason Description	**Number Denied**	**Dollars Denied**	**Percent of Total Denied**
Service line is a duplicate and repeat service procedure modifier is not present.	1,201	$178,687	49%
Service Facility Location provider NPI is not eligible to provide this service.	666	$132,978	36%
Beneficary not eligible. OR Emergency services or pregnancy indcator must be "Y" for this aid code.	25	$21,419	6%
TOTAL	1,980	$367,119	N/A
The total denied claims information does not represent a sum of the top three reasons. It is a sum of all denials.			

Denied claim transactions with denial reason descriptions: “Service line is a duplicate and repeat service procedure modifier is not present” and “Service Facility Location

provider NPI is not eligible to provide this service" are generally re-billable with DHCS timely claim re-submission standard.

CONSUMER AND FAMILY MEMBER FOCUS GROUPS

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

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

CFM Focus Group One

CalEQRO requested a culturally diverse group of adult beneficiaries and parents/caregivers of child/youth beneficiaries who are mostly new beneficiaries who have initiated/utilized services within the past 12 months. Participants were both male and female, between the ages of 25 and 59, represented multiple ethnicities, and were all English-speaking. The focus group was held at the Manzanita Wellness Center, 410 Jones St., Ste C1, Ukiah, CA 95482.

Number of participants: Three

The three participants who entered services within the past year described their experiences as the following:

- Prompt access in the beginning, then longer time to see a case manager;
- Gratitude for acceptance.

Participants' general comments regarding service delivery included the following:

- Participants believed they were getting the care they need, in a timely fashion for the most part.
- They know how to access crisis services.
- All participants enjoy the wellness center.
- Some participants are receiving employment services; others are not.

Participants' recommendations for improving care included the following:

- A recommendation was made for more outdoor activities, including some that would test their competence and provide an opportunity to experience pride in their accomplishments.

- A desire was expressed for more information about their condition.

Interpreter used for focus group one: No

CFM Focus Group Two

CalEQRO requested a group of Latino beneficiaries, including adults, parents/caregivers of child/youth beneficiaries, and transitional age youth, who are mostly new clients who have initiated/ utilized services within the past 12 months. Five beneficiaries attended, both male and female adults and young adults, of mixed ethnicities, who were mostly English-speaking. The focus group was held at Arbor Youth Resource Center, 810 N. State St., Ukiah, CA 95482.

Number of participants: five.

The four participants who entered services within the past year described their experiences as the following:

- Several participants had initially accessed services after being seen in an emergency department.

Participants' general comments regarding service delivery included the following:

- Participants expressed satisfaction with the frequency and quality of psychiatric/medication services.
- Those in therapy felt it was meeting their needs.
- Consistency of reminder calls about appointments has deteriorated.
- Most felt they were adequately involved in their treatment planning.
- Strategies for dealing with crises varied, and knowledge about the MHP's services was inconsistent.
- None of the participants were involved in committees related to quality improvement.
- Participants' information about employment services was inconsistent.

Participants' recommendations for improving care included the following:

- The participants had no suggestions for improving care.

Interpreter used for focus group two: Yes Language: Spanish

PERFORMANCE AND QUALITY MANAGEMENT KEY COMPONENTS

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

Access to Care

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

Table 16: Access to Care Components

Component		Maximum Possible	MHP Score
1A	Service Access and Availability	14	14
The MHP's website contains all required information for accessing services, including a program guide for services, contact information, and a separate provider list, with all information provided in multiple languages. However, the provider list is difficult to find. The 24/7 access line is monitored weekly and reported on in Quality Improvement Committee (QIC). Service information flyers are distributed in schools, churches, at wellness centers, and at community events.			
1B	Capacity Management	10	8
System demand is discussed by the MHP and RQMC weekly, bi-weekly, and monthly in a variety of meetings that also include contract providers and are focused on Quality Management/Quality Improvement (QM/QI) and UM. Caseloads are managed across the system, penetration rates and other utilization indicators are reviewed, as well as productivity. The MHP conducts an annual review of its Cultural Competence Plan, which includes analyzing penetration rates and beneficiary input, and setting targets for improvement. While the MHP has been creative and diligent in developing strategies to address unmet need, it is unclear if they have a data-driven method for evaluating effectiveness.			

Table 16: Access to Care Components			
Component		**Maximum Possible**	**MHP Score**
1C	Integration and Collaboration	24	24

RQMC works closely with the Federally Qualified Health Centers (FQHC) to manage transitions back and forth and to facilitate connections for healthcare for the WPC population. Ongoing discussions with clinics and Partnership Health Plan address Level of Care LOC criteria and appropriateness of referrals.

The MHP has been increasing its contact with the justice system, co-locating a discharge planner in the jail and providing two (well-attended) crisis intervention trainings to the police, with two more planned for this year. The MHP and representatives of the justice system are engaged in ongoing planning for further collaboration.

In the last year, in collaboration with the Coroner's Office, a Post Suicide Review Committee was established that reviews all suicides and is looking at system-wide trends to plan for suicide prevention activities.

RQMC meets regularly with Hillside Clinic, the largest Partnership Health Plan clinic, to address individual beneficiary issues as well as system/process procedures.

Using MHSA and Housing Authority funding, the MHP opened a 37-bed permanent supportive housing facility (Willow Terrace) for chronically homeless adults.

The MHP/RQMC collaborated with contract providers, Partnership Health Plan, and other community resources to open a day program for homeless adults that offers housing assistance, case management, a variety of group sessions, showers, and early medical intervention.

Timeliness of Services

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

Table 17: Timeliness of Services Components			
Component		**Maximum Possible**	**MHP Score**
2A	First Offered Appointment	16	16

Table 17: Timeliness of Services Components			
Component		**Maximum Possible**	**MHP Score**
The MHP reported an overall average of five days for this metric, with adults being scheduled within five days, children within six, and foster care within five. The 10-day standard was met 90 percent overall, 90 percent for adults, 97 percent for children, and 95 percent for foster care. All timeliness measures are tracked bi-monthly at their Quality Improvement Committee (QIC), and minutes reflect a corrective action for a contract provider that did not meet the timeliness for psychiatry.			
2B	Assessment Follow-up and Routine Appointments	8	0
The MHP does not track this metric.			
2C	First Offered Psychiatry Appointment	12	11
The MHP reported timeliness for first kept psychiatry appointment; they have begun tracking offered and will be able to report on it next year. They have also started tracking foster care separately. For first kept appointment, the MHP reported an overall average of 10 days; adults were eight days; children 11 days; and foster care was not reported separately. Percent of appointments that met the 15 day standard were 78 percent overall, 82 percent for adults, 74 percent for children, and no measure for foster care.			
2D	Timely Appointments for Urgent Conditions	18	18
Timeliness for urgent conditions not requiring prior authorization was 0.19 hours overall; adults were 0.19, children 0.25, and foster care is 0.32. The range overall was 0-3.92 hours; for adults 0-3.92, children 0-3.15, and foster care is 0-2.73 hours. All urgent requests for service are automatically authorized for an initial number of encounters. The MHP has no prior authorization requirements to track.			
2E	Timely Access to Follow-up Appointments after Hospitalization	10	10
The MHP reported an overall average of one day for post-discharge follow-up, with adults averaging same day, children averaging one day, and foster youth averaging one day. Overall, 98 percent of discharges met the seven day standard; adults were 98 percent; children, 96 percent, and foster youth, 100 percent. All eligible Mendocino County beneficiaries who were discharged from an inpatient stay are transported to the crisis clinic by the MHP for an “exit” interview, at which time the beneficiary is offered a follow-up appointment, either with a case manager, a			

Table 17: Timeliness of Services Components			
Component		**Maximum Possible**	**MHP Score**
psychiatrist, a clinician, or some combination. If an appointment is accepted, the clock on the availability to the first appointment starts ticking.			
2F	Tracks and Trends Data on Rehospitalizations	6	6
The MHP reported a 30-day re-admission rate of 14 percent overall. Adults were 14 percent, children 15 percent, and foster youth 33 percent. The foster youth rate was discussed onsite. It appears that the total number of discharged youth (18) was small and that the youth generally present with complex cases, such that it is hard to avoid a high rate. The MHP made note to further investigate.			
2G	Tracks and Trends No-Shows	10	9
The MHP reported the average no-show rate for psychiatrists to be 13 percent and for other clinicians, six percent. Adult rates were 12 percent for psychiatrists and nine percent for other clinicians. Children's rates were 16 percent for psychiatrists and six percent for other clinicians. The MHP did not have data for foster care. The standard for both types of providers is ten percent. The MHP also tracks beneficiary- and clinician-initiated cancellations. RQMC reported that they provide three reminders for psychiatry appointments and then follow up by phone if the person did not attend. The contractors have their own procedures, but all have a common process that includes three attempts at follow-up before moving into a process to close a case.			

Quality of Care

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

Table 18: Quality of Care Components		
Component	**Maximum Possible**	**MHP Score**

3A	Beneficiary Needs are Matched to the Continuum of Care	12	12

The MHP developed a LOC system with assistance from John Lyons, the developer of the CANS, which is based on CANS/ANSA scores and estimates types and intensity of care needed by each beneficiary. All beneficiaries' service types and service level are reviewed in supervision and at the weekly UM meeting. Charts are reviewed monthly to ensure that services are being provided appropriately. At the bi-weekly MAC meeting, issues regarding beneficiary special needs and system capacity are discussed.

Planning for transition between levels of care is built into the care planning process and reviewed in the UM meeting. Transition strategies may include joint sessions with the new clinician, discussion with the beneficiary and new clinician regarding relapse prevention, and cases being kept open to both the MHP and the FQHC for a month to facilitate effective communication.

3B	Quality Improvement Plan	10	8

The MHP produces a work plan each year and conducts an evaluation of its performance annually. Onsite discussion focused on strategies for defining objectives and measurable goals and for documenting them in a way that facilitates routine monitoring and performance documentation that could easily be analyzed for problematic trends.

In addition, suggestions were made regarding documentation of reporting in QIC minutes and capturing analyses and plans in a way that allows for effective tracking of quality improvement (QI) activity.

3C	Quality Management Structure	14	14

The MHP and RQMC together have a robust quality management (QM) structure that includes a dedicated department at the MHP consisting of a manager and three other staff. The Quality Manager sits on all quality-related committees and is part of the senior management team of Behavioral Health and Recovery Services (BHRS), the combined Mental Health and Substance Use Disorders divisions in the Health and Human Services Agency. The QM structure includes:

- QI/QM committee that meets monthly and includes leadership of the MHP, ASO, and department/service heads of both organizations. The committee oversees all quality-related activities conducted by sub-committees and work groups, institutes and follows up on needed QI activities, and reviews all performance monitoring reports.
- QIC that meets bi-monthly and is comprised of senior leadership of the MHP and ASO as well as clinical staff, beneficiaries/family members, Compliance, Ethnic Services, Patients' Rights, and contracted providers. Meetings are held in various locations around the county to encourage participation. All reports related to

beneficiary service appropriateness, timeliness, and satisfaction are reviewed and discussed.

- UM that meets weekly and includes senior leadership of the MHP and ASO to evaluate capacity, review reports such as chart audits and timeliness, and make adjustments to referral processes and caseloads as needed.
- Cultural Disparities Committee (CDC) that meets six times per year and includes ethnic service representatives of contract providers, local tribal representatives, and Latino providers, quality-related leadership of the ASO and MHP, family members/beneficiaries, and a Mental Health Advisory Board liaison. The CDC is charged with oversight of cultural and linguistic services and providing and informing all partner organizations about available relevant training.
- MAC meets twice per month and includes organizational providers to discuss operational issues, service delivery trends, system gaps or needs, and policy implementation.

3D	QM Reports Act as a Change Agent in the System	10	10

Performance monitoring reports are reviewed in various quality-related committees that meet weekly to bi-monthly and prompt changes that are either relatively small and uncomplicated and accomplished more informally or are more complex and are addressed through their PIPs or Lean Six Sigma (used in the Stepping Up program). For example, based on timeliness data for children's access to psychiatrists, they added hours to the schedule and changed the intake process, resulting in a reduction from 14 days to 11.

3E	Medication Management	12	6

The MHP moved medication services to RQMC in July 2018; this is a new service for the ASO, and they have spent the last year establishing procedures, evaluating performance, setting up pharmacy services, and developing policies and procedures. They have contracted with a pharmacy management organization for medication reviews and provided evidence of one completed in the last year. The scope of the review was limited and did not include the HEDIS measures now being required/recommended by DHCS.

The EQRO understands that management of medication administration is in transition and that all systems may not yet be in place; ensuring the comprehensive oversight of these practices is vital to the well-being of the MHP's beneficiaries.

The EQRO provided the MHP/ASO with the list of measures and emphasized the importance of implementing them.

Beneficiary Progress/Outcomes

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

Table 19: Beneficiary Progress/Outcomes Components			
Component		**Maximum Possible**	**MHP Score**
4A	Beneficiary Progress	16	16
The MHP utilizes the CANS and ANSA for measuring progress; staff confirmed that the tools are used at the beginning of treatment, every six months, and at exit. Aggregated scores are reviewed at each MAC meeting for each contracted provider as well as system-wide in UM committee. Clinical supervisors review results during supervision and on a program level.			
4B	Beneficiary Perceptions	10	8
The MHP uses the DHCS-administered survey, and the contractors use a different one in addition; both are reviewed in the MAC and UM semi-annually. The MHP did not provide evidence of using the results to improve quality, and although the QI Work Plan includes the intent, it is not clear that the information is consistently shared with beneficiaries and other stakeholders. The most recent survey results on the website are from spring 2018. The MHP would benefit from documenting its data analysis and consequent QI initiatives and ensuring effective provision of this information to a wide variety of stakeholders in a timely fashion.			
4C	Supporting Beneficiaries through Wellness and Recovery	4	4
RQMC contracts with two wellness centers, one for adults (Manzanita) and one for youth ages 15-24 (Arbor). Manzanita is fully peer-run, and Arbor is 15 percent peer-run, with a peer advisory board. Both are open to enrolled beneficiaries as well as anyone in the community who wishes to attend programs.			

Structure and Operations

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

Table 20: Structure and Operations Components			
Component		**Quality Rating**	
5A	Capability and Capacity of the MHP	30	23
The continuum of care offered by the MHP or its ASO does not include day treatment intensive, day rehabilitation, nor adult residential treatment. A six-bed facility is described as crisis respite, but there are no services called crisis stabilization or crisis residential treatment. Inpatient care for adults and children is provided by hospitals in neighboring counties. The MHP is currently evaluating proposals for establishing crisis residential, crisis stabilization, and a psychiatric health facility (PHF) for adults. The ASO is currently leasing a 10-bedroom house for use as a respite facility for up to 30 days; however, the ASO's access to this house is time-limited.			
5B	Network Adequacy	18	16
Adjunctive services are generally available; psychological testing is available when ordered. The majority of beneficiaries have a medical home through the FQHC clinics. The MHP is participating in the WPC program and targets individuals with serious mental illness who have no medical home. The program connects them with an FQHC for health evaluations and ongoing service when needed. The MOPS team has two crisis center locations, and three teams are available around the clock; the teams consistently meet the MHP's standard for response time of 30 minutes. A psychiatrist is on call at all times as a back-up for this service. The MHP has five wellness centers in key population areas of the county.			
5C	Subcontracts/Contract Providers	16	14
RQMC arranges for provision of, and oversees, most services through contracts with provider agencies. All data related to utilization, as well as clinical notes, are integrated into the MHP's EHR and are reportable for all required QM reviews. The contract providers and RQMC meet bi-weekly in MAC to review a variety of system and individual service delivery issues, including review of beneficiary satisfaction surveys and timeliness performance.			

It is unclear whether contract providers are active stakeholders on the CDC, as minutes do not reflect organizational affiliations of members. In addition, attendance at the meetings is light, often only two or three people.			
5D	Stakeholder Engagement	12	10
The MHP engages with a variety of stakeholders in multiple settings, including extensive collaboration with tribal leaders and Latino service providers to develop culturally respectful services, beneficiaries/family members through MHSA stakeholder meetings (now integrated with QIC), and contract providers in quality-related committees. Stakeholder meetings are held in various locations around the county to improve access and attendance. Based on differences in reported experience, it is difficult to ascertain the level of involvement of MHP and/or contractor line staff and supervisors in system planning.			
5E	Peer Employment	8	8
Stakeholders at both wellness centers cited awareness of peer career ladders and knowledge of individuals who have moved up and are now supervisors. The MHP supports peer enrollment in college and graduate programs and has employed beneficiaries who graduate with four-year and advanced degrees.			
5F	Peer-Run Programs	10	10
RQMC contracts with two wellness centers, as above. One is 100 percent peer-run and the other (for youth) is fifteen percent peer-run. Both are located in Ukiah, which is the primary population center of the county. Stakeholders report that information on programs is readily available and provided by RQMC and/or the MHP. Wellness center participants sign in, and the centers track and report attendance. The reports are provided at QIC/MHSA meetings.			
5G	Cultural Competency	12	11
The FY 18-19 cultural competency report to the State reflected detailed analysis of disparities, plans to address them, and data that measures achievement of goals. The MHP provided charts tracking penetration rates by ethnicity, gender, and age over time and compared to statewide. They stated during the onsite review that the reports are reviewed in CDC; however, the minutes reflect mostly general discussion with no reference to reports, updates on initiatives, or other follow-up information.			

A CDC report is a standing agenda item at QIC; however, while the chair of the CDC attends the QIC, there is no evidence of collaboration or mutual evaluations in the minutes of the QIC.

The MHP spent four years working with Native American tribes to establish crisis services in parts of the county where Native Americans reside.

The MHP has recently started to work closely with the Latino Advocacy Council. This new partnership offers great promise for connections to other organizations that have merit and standing in the Latino Community.

SUMMARY OF FINDINGS

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

MHP Environment – Changes, Strengths, and Opportunities

PIP Status

Clinical PIP Status: Completed

Non-clinical PIP Status: Active and ongoing

Access to Care

Changes within the Past Year:

- The MHP opened Building Bridges, a one-stop service center for homeless adults; the center sees approximately 80 people per day and provides early medical intervention, a housing navigator, case management, showers, laundry, Internet, and mental health services. All contract providers provide trainings and groups at the facility.
- The MHP completed construction on Willow Terrace and established tenancy for this supported housing program for 37 chronically homeless adults. The MHP is applying for a No Place Like Home Grant and other funding to develop another similar facility.
- The MHP co-located a discharge planner in the jail who meets with all incoming detainees and provides discharge planning services without regard to the individual's Medi-Cal eligibility.

Strengths:

- Round Valley Crisis Response Center and Services, a four-year effort in collaboration with tribal leaders and the MHSA Oversight and Accountability Committee, has completed its first year of operation. The drop-in center, in a very remote area of the county, uses natural helpers to identify and stabilize people who may be experiencing a crisis. Implementation efforts had to address generations of mistrust and trauma. While the relationship between the MHP and the tribe is developing, there continue to be challenges at times. The MHP is hoping to use additional Innovation dollars to keep the center open 24/7.
- Building Bridges and Willow Terrace have significantly enhanced service availability for the homeless population, demonstrating the MHP's commitment to addressing this problem and their ability to focus their efforts successfully on major initiatives.

Opportunities for Improvement:

- The MHP's website contains a great deal of valuable information in multiple languages; a critical look to assess user-ease could help identify modifications that would support user-friendly access to critical information. Particular attention should be paid to ensuring that wellness center locations and services are readily found.

Timeliness of Services

Changes within the Past Year:

- RQMC has expanded the available hours for child psychiatry and changed the appointment process to facilitate more timely access to this service.

Strengths:

- The MHP and RQMC monitor timeliness across the system in multiple quality-related committees and impose corrective actions when necessary.
- The MHP and RQMC have developed a highly reliable strategy to respond to urgent calls for service, resulting in 100 percent of calls being responded to within 30 minutes or less. Two crisis centers for walk-ins (managed by RQMC) and the MOPS team (managed by the MHP in partnership with the Sherriff's office) in outlying areas, supplemented by a reliable answering service and an on-call system for 7:00 pm – 7:00 am ensure that access is prompt and meets the needs of the requestor.

Opportunities for Improvement:

- With only 70-80 percent of kept psychiatry appointments meeting the 15-day standard, while the averages were well within that standard, investigation of the outliers could yield important information about individual beneficiaries or a problematic trend or process.
- The MHP would benefit from tracking time from first assessment to next kept appointment and frequency of appointments relative to the treatment plan.

Quality of Care

Changes within the Past Year:

- The MHP and RQMC started a post-suicide review committee, working with the County Coroner to review deaths, and analyze and define community needs regarding suicide prevention. The committee has met three times and presented to the Mental Health Advisory Board in August. They are working on prevention strategies such as advertising crisis services more robustly (perhaps in hotels). Data is analyzed by geographic region, age, and ethnicity, among other factors, and they are planning to start an overdose review committee as well.

Strengths:

- The MHP continues to develop a robust partnership with law enforcement and the community around crisis intervention and the drug problems they encounter.
    - The MHP is providing Crisis Intervention Training (CIT), modified Memphis model, to law enforcement and first responders. The MHP held two in the last year and have two more planned. The sessions are well-attended, including some grand jury members.
    - The MHP is also facilitating Stepping Up forums and has created a committee that meets monthly to develop plans for addressing drug abuse in the county. The committee includes Behavioral Health, the Mental Health Advisory Board, and the National Alliance on Mental Illness (NAMI), along with law enforcement representatives.
- RQMC conducts reviews on 100 percent of charts routinely to verify the appropriateness of the care and identify potential needed changes in type or intensity.
- The LOC guidelines provide a solid foundation for developing treatment plans and evaluating progress.

Opportunities for Improvement:

- The MHP has implemented strategies to increase stakeholder participation in quality and cultural disparities committees; however, not all meeting minutes identify participants' roles in the system, making it difficult to reliably evaluate the effectiveness of the strategies.
- High-cost beneficiaries are trending higher in penetration and cost. Analyzing those data would be helpful in determining reasons and/or if any changes would be warranted.

Beneficiary Outcomes

Changes within the Past Year:

- None noted

Strengths:

- None noted.

Opportunities for Improvement:

- The MHP would be well-advised to ensure that results of the beneficiary satisfaction surveys are well-publicized and that trends over multiple years are analyzed and QI initiatives considered based on the results.

Foster Care

Changes within the Past Year:

- Child Welfare (CWS) lost their senior program specialist to retirement (among other vacancies), which has hampered the tracking processes for both CWS and RQMC. Recruitment is a challenge for both CWS and the MHP/RQMC, as housing costs have risen dramatically following two fires.

Strengths:

- The capacity of RQMC to recruit nationally for evening shift rehabilitation specialists in STRTPs may positively impact addressing vacancy rates.
- There are two foster family agencies (FFA) recruiting Therapeutic Foster Care (TFC) providers; one is currently providing the service and is in the early stages of developing a plan to make TFC a professional service rather than a placement, given the reluctance of traditional foster families to make this leap. The other agency has a few foster families interested in TFC.

Opportunities for Improvement:

- Subclass tracking has fallen behind due to vacancies at CWS. MHP/RQMC support for a CWS plan to fill the positions and re-design the tracking process may help with a timely resolution to this challenge.
- The rehospitalization rate for foster youth is high. Focused UM would be beneficial to ensure that those youth are being treated appropriately and have adequate follow-up post-discharge.
- Prioritizing development of systems to monitor medication administration per SB 1291 would ensure that the MHP is prescribing for foster youth in a manner that is consistent with currently recommended/required practice.
- The MHP did not track foster care timeliness separately during FY 2018-19; however, they have modified their reporting to be able to look at that performance separately going forward.

Information Systems

Changes within the Past Year:

- The MHP installed CSI Assessment and CANS-50 forms in TEST and LIVE environments for data submission to DHCS.

Strengths:

- Despite the use of two IT systems, one for billing and one as the clinical record, the system appears to function well, and staff are able to access the information they need.

Opportunities for Improvement:

- Neither IT system has the capacity to prohibit the use of thumb drives to upload or download data, compromising the security of protected data.

Structure and Operations

Changes within the Past Year:

- None noted.

Strengths:

- The MHP has been creative and persistent in developing plans to access funds to fill the holes in their system of care (e.g., crisis stabilization, crisis residential, and inpatient/PHF services).
- Contract provider leadership play an active role in a variety of QI committees and have a collaborative relationship with RQMC.
- RQMC and its providers maintain a career ladder for peer employees that has multiple levels and allows peers to move up in service delivery positions. In addition, RQMC and the MHP collaborate with local colleges to make available educational opportunities for peers, up to and including master's degrees, and then have hired those peers back into the system.

Opportunities for Improvement:

- Denied claim transactions with denial reason description "Service Facility Location provider NPI is not eligible to provide this service" are generally re-billable with DHCS timely claim re-submission standard.
- Attendance at the CDC appears to be low, which compromises the ability of the committee to effectively oversee QI activities that address disparities.
- Data reporting at the CDC is not evident from review of the minutes, a possible result of the low attendance and consequent inability to do anything with the information.

FY 2019-20 Recommendations

PIP Status

1. The MHP is encouraged to select a clinical PIP as soon as possible and begin working on the design and execution.
2. Use of ongoing technical assistance from the EQRO is highly recommended.

Access to Care

3. Assess user-ease of the MHP's website to identify modifications that would support user-friendly access to critical information.
4. Ensure that locations of wellness centers are easily found on the website.

Timeliness of Services

5. Track time from assessment to first follow-up appointment.
6. Track frequency of appointments relative to treatment plans.
7. Investigate outliers in data on timeliness for first kept psychiatry appointments and ensure the service delivery process is working as intended.

Quality of Care

8. In quality and CDC committee minutes, identify participants' roles in the system and evaluate the effectiveness of strategies to increase participation.
9. Analyze those data on high cost beneficiaries that indicate a trend in increased penetration and cost to ascertain appropriateness of services and/or any warranted changes in service delivery.
10. Take any indicated action based on the analysis of high cost beneficiaries.
11. Conduct training or in-service that reinforces beneficiary input and collaboration in treatment planning for all psychiatric providers. *(This is a carry-over recommendation from FY 2018-19).*

Beneficiary Outcomes

12. Ensure that results of the beneficiary satisfaction surveys are well-publicized, and that appropriate committees document and share the analyses, including trends over multiple years and QI initiatives resulting from consideration of the results.

Foster Care

13. Brainstorm with CWS regarding the plan to fill the vacant positions and re-design the tracking process that ensures that all sub-class members are identified and receiving services consistent with the Core Practice Model (CPM).

14. Focus a UM review on foster youth re-hospitalizations, and document and track any plans developed to address the elevated rate at a system level.

15. Prioritize development of a comprehensive QA/QI system to monitor medication administration per SB 1291, including tracking and trending performance to identify practice improvement opportunities.

Information Systems

16. Install security in both systems that has the capacity to prohibit the use of thumb drives to upload or download data.

Structure and Operations

17. Analyze Mendocino's Provider File to determine which provider NPI is not set up correctly and is blocking Medi-Cal billing.

18. Correct the Provider File and/or Avatar billing system; use void/replace transactions to correct the condition.

19. Address the attendance problem at CDC.

ATTACHMENTS

Attachment A: On-site Review Agenda

Attachment B: On-site Review Participants

Attachment C: Approved Claims Source Data

Attachment D: List of Commonly Used Acronyms in EQRO Reports

Attachment E: PIP Validation Tools

Attachment A—On-site Review Agenda

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

Table A1—EQRO Review Sessions - Mendocino 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
Clinical Line Staff Group Interview
Clinical Supervisors Group Interview
Consumer and Family Member Focus Group(s)
Peer Inclusion/Peer Employees within the System of Care
Contract Provider Group Interview – Operations and Quality Management
Contract Provider Group Interview – Clinical Management and Supervision
Medical Prescribers Group Interview
Validation of Findings for Pathways to Mental Health Services (Katie A./CCR)
Information Systems Billing and Fiscal Interview
Information Systems Capabilities Assessment (ISCA)
Telehealth
Wellness Center Site Visit
Final Questions and Answers - Exit Interview

Attachment B—Review Participants

CalEQRO Reviewers

Harriet Markell, Quality Reviewer
Mark Refowitz, Information Systems Reviewer
Diane Mintz, Consumer/Family Member Consultant

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

Sites of MHP Review

MHP Sites

Mendocino County Behavioral Health and Recovery Services
1120 South Dora Street
Ukiah, CA 95482

Contract Provider Sites

Manzanita Services
410 Jones Street
Ukiah, CA 95482

Arbor Youth Resource Center
810 North State Street
Ukiah, CA 95482

Table B1—Participants Representing the MHP			
Last Name	**First Name**	**Position**	**Agency**
Anderson	Dan	COO	Redwood Quality Management Company (RQMC)
Bhandari	Navin	Senior Program Specialist	Mendocino County Behavioral Health and Recovery Services (BHRS)
Colby	Caitlin	Program Specialist II	BHRS
Conner	Jena	Deputy Director Family and Children's Services	Mendocino County Family and Children's Services (FCS)
Corpuz	Leandra	Medication Management Clinic Supervisor	RQMC
Delgado	David	Clinician	Mendocino County Youth Project
Dreiling	Juanita	Fiscal Manager	BHRS
Driggers	Melinda	Senior Program Specialist	BHRS
Elliott	Mark	Case Manager III	Manzanita Services
Fomasi	Rena	Care Manager	Manzanita Services
Harris	Carmen	Director TAY and Adult Services	Redwood Community Service (RCS)
Hoffman	Taila	Clinician	Hospitality Center
Hunt	Mariah	Program Specialist III	Redwood Community Crisis
Landis	Cliff	Mental Health Clinician II	BHRS
Larimer-Burtis	Lisa	Clinical Supervisor	RCS / Hospitality Center
Livingston	Sarah	Director	Redwood Community Crisis
Logan	Alicia	Business Administrator	RQMC
Lopez	Sandra	Nurse	RQMC

Table B1—Participants Representing the MHP			
Last Name	**First Name**	**Position**	**Agency**
Lovato	Karen	Acting OOC Deputy Director	BHRS
Lower	Danielle	Electronic Health Record Manager	RQMC
Miller	Jenine	Behavioral Health and Recovery Services Director	BHRS
Morgan	Kristina	Mental Health Rehab Specialist	Tapestry Family Services
Nava	Anne	Social Worker Supervisor	FCS
Pantaleon	Amanda	Clinician	Tapestry Family Services
Rathbun	Teri	Clinician	Mendocino County Youth Project
Riggs	Nancy	Billing Coordinator	RCS
Riley	William	Staff Services Administrator	BHRS
Sakurada	Grace	Clinician	Tapestry Family Services
Schmidt	Victoria	Clinician III	Mendocino County Youth Project
Schraeder	Camille	CFO	RQMC
Schraeder	Tim	CEO	RQMC
Shems	Sarah	Clinician	RCS
Smith	Rendy	Program Manager Substance Use Disorder Treatment	BHRS
Soto	Taryn	Mental Health Rehab Specialist	Redwood Community Crisis
Thompson	Dustin	Staff Services Administrator	BHRS
Torres	Nancy	Care Manager II	Manzanita Services
Turchin	Andrea	Acting Staff Services Administrator	BHRS
Vokoun	Carol	Department Applications Specialist	BHRS

Table B1—Participants Representing the MHP			
Last Name	**First Name**	**Position**	**Agency**
Walsh	Sarah	Data Analyst	RQMC
Whittaker	Mimi	LPS Coordinator	BHRS
Wilson	Teresa	Clinician	RCS
Wolf	Sage	Homeless Advocate	RCS
Wyant	Billie	Supervisor I	RCS
Yovino	Mary	Program Administrator	RQMC
Zimmer	Mark	Clinical Manager	Manzanita Services

Attachment C—Approved Claims Source Data

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

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

Table C1. CY 2018 Medi-Cal Expansion (ACA) Penetration Rate and ACB
Mendocino MHP

Entity	Average Monthly ACA Enrollees	Beneficiaries Served	Penetration Rate	Total Approved Claims	ACB
Statewide	3,807,829	152,568	4.01%	$832,986,475	$5,460
Small	176,396	7,578	4.30%	$35,058,406	$4,626
MHP	12,144	363	2.99%	$1,440,192	$3,967

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 2018 Distribution of Beneficiaries by ACB Cost Band
Mendocino MHP

ACB Cost Bands	MHP Beneficiaries Served	MHP Percentage of Beneficiaries	Statewide Percentage of Beneficiaries	MHP Total Approved Claims	MHP ACB	Statewide ACB	MHP Percentage of Total Approved Claims	Statewide Percentage of Total Approved Claims
< $20K	2,005	91.80%	93.16%	$7,969,474	$3,975	$3,802	48.58%	54.88%
>$20K - $30K	63	2.88%	3.10%	$1,554,481	$24,674	$24,272	9.48%	11.65%
>$30K	116	5.31%	3.74%	$6,881,095	$59,320	$57,725	41.94%	33.47%

Attachment D—List of Commonly Used Acronyms

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

Table D1—List of Commonly Used Acronyms	
IHBS	Intensive Home Based Services
IT	Information Technology
LEA	Local Education Agency
LGBTQ	Lesbian, Gay, Bisexual, Transgender or Questioning
LOS	Length of Stay
LSU	Litigation Support Unit
M2M	Mild-to-Moderate
MDT	Multi-Disciplinary Team
MHBG	Mental Health Block Grant
MHFA	Mental Health First Aid
MHP	Mental Health Plan
MHSA	Mental Health Services Act
MHSD	Mental Health Services Division (of DHCS)
MHSIP	Mental Health Statistics Improvement Project
MHST	Mental Health Screening Tool
MHWA	Mental Health Wellness Act (SB 82)
MOU	Memorandum of Understanding
MRT	Moral Reconation Therapy
NP	Nurse Practitioner
PA	Physician Assistant
PATH	Projects for Assistance in Transition from Homelessness
PHI	Protected Health Information
PIHP	Prepaid Inpatient Health Plan
PIP	Performance Improvement Project
PM	Performance Measure
QI	Quality Improvement
QIC	Quality Improvement Committee
RN	Registered Nurse
ROI	Release of Information
SAR	Service Authorization Request
SB	Senate Bill
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SDMC	Short-Doyle Medi-Cal
SELPA	Special Education Local Planning Area
SED	Seriously Emotionally Disturbed
SMHS	Specialty Mental Health Services
SMI	Seriously Mentally Ill
SOP	Safety Organized Practice
SUD	Substance Use Disorders
TAY	Transition Age Youth
TBS	Therapeutic Behavioral Services
TFC	Therapeutic Foster Care
TSA	Timeliness Self-Assessment

Table D1—List of Commonly Used Acronyms	
WET	Workforce Education and Training
WRAP	Wellness Recovery Action Plan
YSS	Youth Satisfaction Survey
YSS-F	Youth Satisfaction Survey-Family Version

Attachment E—PIP Validation Tools

PERFORMANCE IMPROVEMENT PROJECT (PIP) VALIDATION WORKSHEET FY 2019-20 CLINICAL PIP	
GENERAL INFORMATION	
MHP: Mendocino	
PIP Title: Diagnosis and Treatment of Co-occurring Disorders	
Start Date: 07/01/17 **Completion Date**: 06/30/19 **Projected Study Period**: 24 Months **Completed**: Yes ☒ No ☐ **Date(s) of On-Site Review**: 09/10-11/19 **Name of Reviewer**: Harriet Markell	**Status of PIP (Only Active and ongoing, and completed PIPs are rated):** **Rated** ☐ Active and ongoing (baseline established and interventions started) ☒ Completed since the prior External Quality Review (EQR) **Not rated. Comments provided in the PIP Validation Tool for technical assistance purposes only.** ☐ Concept only, not yet active (interventions not started) ☐ Inactive, developed in a prior year ☐ Submission determined not to be a PIP ☐ No Clinical PIP was submitted
Brief Description of PIP (including goal and what PIP is attempting to accomplish): The MHP determined, through analyzing multiple years of diagnosis frequencies, that their rate of co-occurring disorder diagnoses was far below national benchmarks (12 percent vs. 37-53 percent). Hence, their beneficiaries were not receiving needed services. This PIP aimed to increase the rate of co-occurring disorder diagnoses and successfully engage those beneficiaries in concurrent treatment for their mental health and substance use problems. Interventions included training on diagnoses and motivational interviewing.	

ACTIVITY 1: ASSESS THE STUDY METHODOLOGY		
STEP 1: Review the Selected Study Topic(s)		
Component/Standard	**Score**	**Comments**
1.1 Was the PIP topic selected using stakeholder input? Did the MHP develop a multi-functional team compiled of stakeholders invested in this issue?	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	The MHP held multiple forums with service providers, reviewed the research on incidence rates, and analyzed data from their EHR. The team was comprised of representation from the MHP, their ASO managers, and direct service providers. Included were staff involved in compliance, cultural competence initiatives, patients' rights, wellness centers, data analysis, and program management.
1.2 Was the topic selected through data collection and analysis of comprehensive aspects of enrollee needs, care, and services?	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	Data analyzed included diagnoses, treatment modalities, and retention rates.

Select the category for each PIP:	
Clinical: ☐ Prevention of an acute or chronic condition ☐ High volume services ☒ Care for an acute or chronic condition ☒ High risk conditions	*Non-clinical:* ☐ Process of accessing or delivering care

1.3 Did the Plan's PIP, over time, address a broad spectrum of key aspects of enrollee care and services? *Project must be clearly focused on identifying and correcting deficiencies in care or services, rather than on utilization or cost alone.*	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	The PIP addressed diagnostic and treatment skill improvement that would result in increasing the number of beneficiaries receiving treatment for a co-occurring disorder and increase their retention in services.
1.4 Did the Plan's PIPs, over time, include all enrolled populations (i.e., did not exclude certain enrollees such as those with special health care needs)? *Demographics:* ☒ Age Range ☐ Race/Ethnicity ☐ Gender ☐ Language ☐ Other	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	All adults entering the system would be impacted by this improvement.
	Totals	**4** Met

STEP 2: Review the Study Question(s)		
2.1 Was the study question(s) stated clearly in writing? Does the question have a measurable impact for the defined study population? *Include study question as stated in narrative:* "As Mendocino County trains authorized staff to reliably assess, refer, and treat clients with co-occurring disorders: 1) Will diagnosis rates for co-occurring disorders approach epidemiological standards (40 percent is goal), and 2) Will treatment outcomes and quality of life indicators for these clients improve, as evidenced by: a) Improved Adult Needs and Strengths Assessment (ANSA) scores, and b) Increased Participation in services, evidenced by 1) months enrolled in services; 2) hours of service per month, as documented in EXYM, the Electronic Health Record (EHR)."	☐ Met ☒ Partially Met ☐ Not Met ☐ Unable to Determine	Throughout the tool, the MHP continued to modify its study question to be more targeted and specific; however, several of these measures need specific definitions (e.g., ANSA scores improved by how much, and the overall score or just some of the items or categories). The MHP needs a specific target diagnostic rate, as "approaching 40 percent" can mean anything. The MHP should separate goals for treatment outcomes and utilization. In addition, the interventions specified are too vague ("reliably") and imply conducting a significant training push before being able to evaluate any impact. TA included discussion about framing a study question and keeping the goals and interventions simple and as closely related as possible to maximize the reliability of the results.
	Totals	**1** Partially Met

STEP 3: Review the Identified Study Population		
3.1 Did the Plan clearly define all Medi-Cal enrollees to whom the study question and indicators are relevant? *Demographics:* ☒ Age Range ☐ Race/Ethnicity ☐ Gender ☐ Language ☒ Other	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	All adults who access and receive services between January 2018 and June 2019; not included were those beneficiaries receiving medication or crisis services only.
3.2 If the study included the entire population, did its data collection approach capture all enrollees to whom the study question applied? *Methods of identifying participants:* ☒ Utilization data ☐ Referral ☐ Self-identification ☐ Other: <Text if checked>	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	Data is contained in the EHR.
	Totals	**2** Met

STEP 4: Review Selected Study Indicators		
4.1 Did the study use objective, clearly defined, measurable indicators? *List indicators:* 1. Rate of co-occurring diagnosis 2. Percent of individuals diagnosed with co-occurring disorder who participated in five or more SUD treatment sessions 3. Percent of co-occurring individuals attending five or more SUD sessions with an improved ANSA score 4. Contrast total service sessions per month for co-occurring individuals participating in five or more SUD sessions with those receiving two or fewer sessions 5. Contrast months in service for co-occurring individuals participating in five or more SUD sessions with those receiving two or fewer sessions	☐ Met ☒ Partially Met ☐ Not Met ☐ Unable to Determine	Indicator 1 makes sense in light of original concerns about diagnosis rates. If they have determined that attending five sessions is the test of success of motivational interviewing, indicator 2 should be number attending five sessions compared to previous baseline post-diagnosis retention. Indicator 3 should be the point or percent change in ANSA score (need to specify if referring to total ANSA score or specific subsections or items) for those attending five or more sessions relative to those attending fewer than five. Indicators 4 and 5 are very confusing and not necessary. It is not clear what outcome they are anticipating through implementation of their interventions.

4.2 Did the indicators measure changes in: health status, functional status, or enrollee satisfaction, or processes of care with strong associations with improved outcomes? All outcomes should be beneficiary-focused. ☒ Health Status ☐ Functional Status ☐ Member Satisfaction ☐ Provider Satisfaction Are long-term outcomes clearly stated? ☐ Yes ☒ No Are long-term outcomes implied? ☒ Yes ☐ No	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	
	Totals	**1** Met **1** Partially Met
STEP 5: Review Sampling Methods		
5.1 Did the sampling technique consider and specify the: a) True (or estimated) frequency of occurrence of the event? b) Confidence interval to be used? c) Margin of error that will be acceptable?	☐ Met ☐ Partially Met ☐ Not Met ☒ Not Applicable ☐ Unable to Determine	

5.2 Were valid sampling techniques that protected against bias employed? *Specify the type of sampling or census used:*	☐ Met ☐ Partially Met ☐ Not Met ☒ Not Applicable ☐ Unable to Determine	
5.3 Did the sample contain a sufficient number of enrollees? _____N of enrollees in sampling frame _____N of sample _____N of participants (i.e. – return rate)	☐ Met ☐ Partially Met ☐ Not Met ☒ Not Applicable ☐ Unable to Determine	
Totals	**3** NA	
STEP 6: Review Data Collection Procedures		
6.1 Did the study design clearly specify the data to be collected?	☐ Met ☒ Partially Met ☐ Not Met ☐ Unable to Determine	ANSA scores they intend to measure were not specified.
6.2 Did the study design clearly specify the sources of data? *Sources of data:*	☒ Met ☐ Partially Met ☐ Not Met	All data are available in the EHR.

☐ Member ☐ Claims ☐ Provider ☒ Other: EHR	☐ Unable to Determine	
6.3 Did the study design specify a systematic method of collecting valid and reliable data that represents the entire population to which the study's indicators apply?	☐ Met ☐ Partially Met ☒ Not Met ☐ Unable to Determine	This section should include frequency of collection, types of reports, and data analysis tools. The MHP added a beneficiary survey later in the process, which complicated the data collection and analysis process, confused the indicators, and confused their perception of the success of the PIP.
6.4 Did the instruments used for data collection provide for consistent, accurate data collection over the time periods studied? *Instruments used:* ☐ Survey ☐ Medical record abstraction tool ☐ Outcomes tool ☐ Level of Care tools ☐ Other:	☐ Met ☐ Partially Met ☐ Not Met ☒ Unable to Determine	See above.

6.5 Did the study design prospectively specify a data analysis plan? Did the plan include contingencies for untoward results?	☐ Met ☒ Partially Met ☐ Not Met ☐ Unable to Determine	The submission identified those who would be collecting the data and which data elements would be collected; however, missing from the plan are the following: • How often the data will be collected and analyzed (recommend at least quarterly); • Who will analyze data; • What tools will be used to analyze the data; • What reports will be generated; and • What plans the MHP has if the data does not show what they anticipate it will show.
6.6 Were qualified staff and personnel used to collect the data? *Project leader:* Name: Clifford Landis Title: MHP QA/QI Clinician II Role: PIP Lead *Other team members:* Names: The MHP identified all staff who attend the QIC (MHP and RQMC) as members of this team.	☐ Met ☒ Partially Met ☐ Not Met ☐ Unable to Determine	Staff collecting the data were identified; however, their qualifications for doing so were not specified. While it is implied that reporting would be to the QIC, the MHP did not constitute a smaller team to work on this PIP.
	Totals	**1** Met **3** Partially Met **1** Not Met **1** UTD

STEP 7: Assess Improvement Strategies		
7.1 Were reasonable interventions undertaken to address causes/barriers identified through data analysis and QI processes undertaken? *Describe Interventions:* 1. UCLA ISAP Training on diagnosing and treating co-occurring disorders. 2. RQMC clinicians begin to provide SUD-Focused treatment sessions for co-occurring clients. 3. RQMC clinicians and staff make appropriate referrals to Mendocino County SUDT program	☐ Met ☒ Partially Met ☐ Not Met ☐ Unable to Determine	The initial intervention plan, training staff regarding co-occurring diagnosis, was a good start. The addition of "making appropriate referrals to the SUDT program" is not an intervention, nor is "beginning to provide SUD-focused treatment sessions". It is not clear if these are new types of treatment, and/or if they reflect their later attention to motivational interviewing. This PIP evolved over time, with additional activity the MHP identified as interventions (but are not, really), which complicated a reliable understanding of the effectiveness of this PIP.
	Totals	**1** Partially Met
STEP 8: Review Data Analysis and Interpretation of Study Results		
8.1 Was an analysis of the findings performed according to the data analysis plan?	☐ Met ☒ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	While there was not a robust data analysis plan, the MHP did review data related to all indicators they had identified and drew conclusions about the success of the PIP.

8.2 Were the PIP results and findings presented accurately and clearly? Are tables and figures labeled? ☒ Yes ☐ No Are they labeled clearly and accurately? ☐ Yes ☒ No	☐ Met ☐ Partially Met ☒ Not Met ☐ Not Applicable ☐ Unable to Determine	The results were presented in a great deal of narrative that included a broad range of potential intervening variables and possible solutions, which clouded the essential information about the results. The tables were equally confusing, as they reported on a multiplicity of variables, lacking clear focus and analysis.
8.3 Did the analysis identify: initial and repeat measurements, statistical significance, factors that influence comparability of initial and repeat measurements, and factors that threaten internal and external validity? Indicate the time periods of measurements: June 30, 2018 – March 12, 2019 Indicate the statistical analysis used: None Indicate the statistical significance level or confidence level if available/known: Unable to determine	☐ Met ☐ Partially Met ☒ Not Met ☐ Not Applicable ☐ Unable to Determine	Only final results were presented, without measures of statistical significance. There was some discussion about the validity of the data related to variations in data collection time frames, among other barriers.

8.4 Did the analysis of the study data include an interpretation of the extent to which this PIP was successful and recommend any follow-up activities? *Limitations described:* Mention was made of staff turnover impacting the number of clinicians who were trained and of possible lack of ongoing support for skill development that might have affected skill retention and use over time. *Conclusions regarding the success of the interpretation:* See notes *Recommendations for follow-up:* See notes	☐ Met ☒ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	Final conclusions indicated that over the 15-month study period, there was a 72 percent increase in ANSA scores relative to their baseline score, for those beneficiaries who attended five or more SUD-oriented sessions. In addition, this population as a whole attended, 90 percent more services per month and remained in care 34 percent longer than the baseline population. Again, the MPH presented a lot of data in narrative form, making it almost impossible to glean their actual outcomes. The MHP recommended continuing to train new staff and provide refresher training for everyone on a regular basis.
Totals	**2** Partially Met **2** Not Met	
STEP 9: Assess Whether Improvement is "Real" Improvement		
9.1 Was the same methodology as the baseline measurement used when measurement was repeated? *Ask: At what interval(s) was the data measurement repeated?* *Were the same sources of data used?* *Did they use the same method of data collection?* *Were the same participants examined?* *Did they utilize the same measurement tools?*	☐ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☒ Unable to Determine	

9.2 Was there any documented, quantitative improvement in processes or outcomes of care? Was there: ☒ Improvement ☐ Deterioration Statistical significance: ☐ Yes ☒ No Clinical significance: ☒ Yes ☐ No	☐ Met ☒ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	The MHP tracked and reported changes in ANSA scores, numbers of sessions attended and numbers of months of service. All measures demonstrated improvement over the baseline measures. The submission did not, however, present the results in a manner that could easily be understood and interpreted.
9.3 Does the reported improvement in performance have internal validity; i.e., does the improvement in performance appear to be the result of the planned quality improvement intervention? *Degree to which the intervention was the reason for change:* ☐ No relevance ☐ Small ☒ Fair ☐ High	☐ Met ☒ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	Despite the lack of statistical analysis, it would stand to reason that the improved scores are a result of the staff's increased skills in diagnosing and motivational interviewing.
9.4 Is there any statistical evidence that any observed performance improvement is true improvement? ☒ Weak ☐ Moderate ☐ Strong	☐ Met ☐ Partially Met ☒ Not Met ☐ Not Applicable ☐ Unable to Determine	No statistical analysis was conducted.

9.5 Was sustained improvement demonstrated through repeated measurements over comparable time periods?	☐ Met ☐ Partially Met ☒ Not Met ☐ Not Applicable ☐ Unable to Determine	The lack of regular reporting and ongoing interjection of new interventions precluded any concise and reliable comparisons.
Totals	**2** Partially Met **2** Not Met **1** UTD	

ACTIVITY 2: VERIFYING STUDY FINDINGS (OPTIONAL)		
Component/Standard	**Score**	**Comments**
Were the initial study findings verified (recalculated by CalEQRO) upon repeat measurement?	☐ Yes ☒ No	

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

Conclusions:

The MHP started out with a relatively clearly-defined improvement that they wanted to achieve. As this PIP evolved, their thinking and process became more complicated, and their description of what they planned to do, the data they were using, and how they would assess their results reflected their complicated thinking to the point that validating the PIP was very difficult. That said, overall, intuitively, one can reasonably surmise that training staff to more accurately diagnose co-occurring disorders and more effectively use motivational interviewing would have a positive impact on service retention and outcome scores.

ACTIVITY 3: OVERALL VALIDITY AND RELIABILITY OF STUDY RESULTS: SUMMARY OF AGGREGATE VALIDATION FINDINGS
Recommendations: The MHP was advised to keep their study question simple, test only one or two interventions at a time, ensure their baseline and study data are comparable, track their results quarterly, and devise a data analysis plan that includes tests of statistical significance in order to know if they are truly achieving meaningful results. If resources allow, obtaining consultation from someone more familiar with research protocols would be very helpful.
Check one: ☐ High confidence in reported Plan PIP results ☐ Low confidence in reported Plan PIP results ☒ Confidence in reported Plan PIP results ☐ Reported Plan PIP results not credible ☐ Confidence in PIP results cannot be determined at this time

PERFORMANCE IMPROVEMENT PROJECT (PIP) VALIDATION WORKSHEET FY 2019-20 NON-CLINICAL PIP	
GENERAL INFORMATION	
MHP: Mendocino	
PIP Title: Appropriate Engagement for Homeless SMH Clients in Ukiah	
Start Date: 07/01/18 **Completion Date**: 06/30/2020 **Projected Study Period**: 24 Months **Completed**: Yes ☐ No ☒ **Date(s) of On-Site Review**: 09/10-11/19 **Name of Reviewer**: Harriet Markell	**Status of PIP (Only Active and ongoing, and completed PIPs are rated):** **Rated** ☒ Active and ongoing (baseline established and interventions started) ☐ Completed since the prior External Quality Review (EQR) **Not rated. Comments provided in the PIP Validation Tool for technical assistance purposes only.** ☐ Concept only, not yet active (interventions not started) ☐ Inactive, developed in a prior year ☐ Submission determined not to be a PIP ☐ No Non-clinical PIP was submitted
Brief Description of PIP (including goal and what PIP is attempting to accomplish): The MHP intends to increase engagement in ongoing mental health services for homeless people with SMI who are discharged from an inpatient stay, as measured by decreased time from discharge to first follow-up appointment and an increase in the number of services used over time. The intervention is the addition of a warm hand-off to an ongoing case manager at the time of discharge; the case manager would be better able to maintain contact, track the person's living spaces, and provide transportation to services, among other supportive activities. The MHP spent most of the period between July 2018 and March 2019 establishing a manageable population to study and instituting the warm hand-off process; intervention and measurement began in earnest in April 2019.	

ACTIVITY 1: ASSESS THE STUDY METHODOLOGY		
STEP 1: Review the Selected Study Topic(s)		
Component/Standard	**Score**	**Comments**
1.1 Was the PIP topic selected using stakeholder input? Did the MHP develop a multi-functional team compiled of stakeholders invested in this issue?	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	The PIP team included senior management from the MHP and RQMC as well as program managers for crisis services and homeless services and beneficiaries/advocates from the adult wellness center.
1.2 Was the topic selected through data collection and analysis of comprehensive aspects of enrollee needs, care, and services?	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	Data on service utilization by homeless persons during a two-month period in 2018 was thoroughly analyzed.
Select the category for each PIP: *Non-clinical:* ☐ Prevention of an acute or chronic condition ☐ Care for an acute or chronic condition ☒ Process of accessing or delivering care ☐ High volume services ☒ High risk conditions		
1.3 Did the Plan's PIP, over time, address a broad spectrum of key aspects of enrollee care and services? *Project must be clearly focused on identifying and correcting deficiencies in care or services, rather than on utilization or cost alone.*	☐ Met ☒ Partially Met ☐ Not Met ☐ Unable to Determine	The PIP has been limited in scope to begin with, attempting to increase utilization, assuming that an increase would result in improved health outcomes and decreased housing instability.

1.4 Did the Plan's PIPs, over time, include all enrolled populations (i.e., did not exclude certain enrollees such as those with special health care needs)? *Demographics:* ☒ Age Range ☐ Race/Ethnicity ☐ Gender ☐ Language ☐ Other	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	Population included all adults who are homeless and being discharged from an inpatient stay.
	Totals	**3** Met **1** Partially Met
STEP 2: Review the Study Question(s)		
2.1 Was the study question(s) stated clearly in writing? Does the question have a measurable impact for the defined study population? *Include study question as stated in narrative:* "Can increased connection through a warm hand-off improve the following among homeless clients with SMI: 1) Decreased amount of time from "warm hand-off"/crisis contact to first outpatient contact; 2) Increase the number of outpatient services utilized ?"	☐ Met ☒ Partially Met ☐ Not Met ☐ Unable to Determine	The study question should include: • a more detailed description of the study population; • the time frame in which the study will be conducted; • the time period for measuring number of services accessed; • the baseline against which results will be measured; and • the target improvement for both measures.
	Totals	**1** Partially Met

STEP 3: Review the Identified Study Population		
3.1 Did the Plan clearly define all Medi-Cal enrollees to whom the study question and indicators are relevant? *Demographics:* ☒ Age Range ☐ Race/Ethnicity ☐ Gender ☐ Language ☐ Other	☐ Met ☐ Partially Met ☒ Not Met ☐ Unable to Determine	In the description of the study population, the MHP conflates the definition of the study population with their place of residence. It is not clear if they are only going to include known beneficiaries being discharged or others who were not known prior to the inpatient admission but who are eligible for services. It is also not clear if they include all homeless eligibles or just those being discharged.
3.2 If the study included the entire population, did its data collection approach capture all enrollees to whom the study question applied? *Methods of identifying participants:* ☐ Utilization data ☐ Referral ☐ Self-identification ☐ Other: <Text if checked>	☐ Met ☐ Partially Met ☐ Not Met ☒ Unable to Determine	
	Totals	**1** Not Met **1** UTD

STEP 4: Review Selected Study Indicators		
4.1 Did the study use objective, clearly defined, measurable indicators? *List indicators:* 1. Percentage of individuals receiving a warm hand-off who continue with mental health services 2. Percentage of individuals receiving a warm hand-off who attend first provider appointment within seven days 3. Percentage of individuals receiving a warm hand-off who continue with services and average two services per week in 60 days post warm hand-off 4. Average number of months in service for individuals receiving a warm hand-off who continue with services.	☐ Met ☐ Partially Met ☒ Not Met ☐ Unable to Determine	Detail is missing from each of the indicators, baselines are problematic relative to indicators and lack timeframe definitions; goals and baseline data not consistently measured, (e.g., absolute number vs. percentage).
4.2 Did the indicators measure changes in: health status, functional status, or enrollee satisfaction, or processes of care with strong associations with improved outcomes? All outcomes should be beneficiary-focused. ☒ Health Status ☒ Functional Status ☐ Member Satisfaction ☐ Provider Satisfaction Are long-term outcomes clearly stated? ☐ Yes ☒ No Are long-term outcomes implied? ☒ Yes ☐ No	☐ Met ☒ Partially Met ☐ Not Met ☐ Unable to Determine	The MHP assumed, without any research, that warm hand-offs would lead to increased engagement, which would then result in improved living situations and mental health status. The lack of supporting research is problematic, and the longer the projected timeline, the more likely that other variables will have an impact. In addition, evaluating the impact on crisis service utilization would be a logical proxy for improved health status.
	Totals	**1** Partially Met **1** Not Met

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

STEP 6: Review Data Collection Procedures		
6.1 Did the study design clearly specify the data to be collected?	☐ Met ☒ Partially Met ☐ Not Met ☐ Unable to Determine	Greater detail is needed, including the data elements.
6.2 Did the study design clearly specify the sources of data? *Sources of data:* ☐ Member ☐ Claims ☐ Provider ☒ Other: EHR	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	All data required are contained in the EHR.
6.3 Did the study design specify a systematic method of collecting valid and reliable data that represents the entire population to which the study's indicators apply?	☐ Met ☐ Partially Met ☒ Not Met ☐ Unable to Determine	It is not clear how often data will be collected (it should be at least quarterly), specifically what data elements, and how they know that the data in the EHR are valid and reliable.
6.4 Did the instruments used for data collection provide for consistent, accurate data collection over the time periods studied? *Instruments used:* ☐ Survey ☐ Medical record abstraction tool ☐ Outcomes tool ☐ Level of Care tools ☐ Other:	☐ Met ☐ Partially Met ☐ Not Met ☒ Unable to Determine	The MHP did not describe the data collection methodology, extraction tools, nor the plan for ensuring reliable capture of the data.

6.5 Did the study design prospectively specify a data analysis plan? Did the plan include contingencies for untoward results?	☐ Met ☐ Partially Met ☒ Not Met ☐ Unable to Determine	The MHP did not specify what tools will be used to analyze the data and what statistical methodology would be used to determine validity of results. Regarding plans for untoward results, the MHP did not specify what results, over what period of time, would prompt a re-evaluation of the intervention.
6.6 Were qualified staff and personnel used to collect the data? *Project leader:* Name: Clifford Landis Title: QA/QI Clinician 2 Role: PIP Lead *Other team members:* Names: Fourteen other staff, including ASO and MHP senior managers and program managers, and beneficiaries/advocates from the wellness center	☐ Met ☐ Partially Met ☐ Not Met ☒ Unable to Determine	Qualifications of staff collecting and analyzing data were not provided.
	Totals	**1** Met **1** Partially Met **2** Not Met **2** UTD

STEP 7: Assess Improvement Strategies		
7.1 Were reasonable interventions undertaken to address causes/barriers identified through data analysis and QI processes undertaken? *Describe Interventions:* The intervention was the addition to the discharge process of a "warm hand-off" to an ongoing case manager during the exit interview at the crisis center.	☐ Met ☐ Partially Met ☒ Not Met ☐ Unable to Determine	Selection of this intervention made sense intuitively; however, there was no evidence to support the MHP's assumption that it would make a significant difference in engaging this population. The complexity of the issues of people who are homeless and have SMI calls for more thorough research and likely a more complex set of interventions that can address multiple variables that determine their use of crisis services and their progress toward increased stability.
	Totals	**1** Not Met
STEP 8: Review Data Analysis and Interpretation of Study Results		
8.1 Was an analysis of the findings performed according to the data analysis plan?	☐ Met ☐ Partially Met ☒ Not Met ☐ Not Applicable ☐ Unable to Determine	Measurement of results after three months of intervention had statistical/measurement errors related to understanding the difference between percent improvement and target performance.

8.2 Were the PIP results and findings presented accurately and clearly? Are tables and figures labeled? ☒ Yes ☐ No Are they labeled clearly and accurately? ☐ Yes ☒ No	☐ Met ☒ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	The MHP confused target performance with goal for percent improvement, rendering their performance table unreliable. In addition, they wrote extensive descriptions about what and who they were measuring, thereby further complicating the reader's understanding of what they were attempting to measure.
8.3 Did the analysis identify: initial and repeat measurements, statistical significance, factors that influence comparability of initial and repeat measurements, and factors that threaten internal and external validity? Indicate the time periods of measurements: April 1, 2019 – June 30, 2019 Indicate the statistical analysis used: None Indicate the statistical significance level or confidence level if available/known: Unable to determine	☐ Met ☒ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	One measurement had been taken at the time of the PIP submission. No tests of significance were applied. The MHP discussed the potential impact of variables unrelated to the intervention.

8.4 Did the analysis of the study data include an interpretation of the extent to which this PIP was successful and recommend any follow-up activities? *Limitations described:* *Conclusions regarding the success of the interpretation:* *Recommendations for follow-up:*	☐ Met ☐ Partially Met ☐ Not Met ☒ Not Applicable ☐ Unable to Determine	The time period measured was an initial quarter. Based on the onsite discussion, the MHP understood that this is not enough data to evaluate the results.
Totals	**2** Partially Met **1** Not Met **1** NA	
STEP 9: Assess Whether Improvement is "Real" Improvement		
9.1 Was the same methodology as the baseline measurement used when measurement was repeated? *Ask: At what interval(s) was the data measurement repeated?* *Were the same sources of data used?* *Did they use the same method of data collection?* *Were the same participants examined?* *Did they utilize the same measurement tools?*	☐ Met ☐ Partially Met ☐ Not Met ☒ Not Applicable ☐ Unable to Determine	

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

9.5 Was sustained improvement demonstrated through repeated measurements over comparable time periods?	☐ Met ☐ Partially Met ☐ Not Met ☒ Not Applicable ☐ Unable to Determine	
Totals	**5** NA	

ACTIVITY 2: VERIFYING STUDY FINDINGS (OPTIONAL)		
Component/Standard	**Score**	**Comments**
Were the initial study findings verified (recalculated by CalEQRO) upon repeat measurement?	☐ Yes ☒ No	

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

Conclusions:

The study has too many methodological problems and only one measurement period to conclude anything about this PIP. The problems were discussed in detail onsite and in a subsequent call.

ACTIVITY 3: OVERALL VALIDITY AND RELIABILITY OF STUDY RESULTS: SUMMARY OF AGGREGATE VALIDATION FINDINGS
Recommendations: Recommendations for modifying this PIP include: • Clarification of baseline population and timeline; • Clarification of study population definition and timeline to ensure comparability with baseline; • Reconsideration of study indicators to ensure performance post-intervention is compared with valid population reflecting baseline definitions; • Refine study indicators to include adequate detail; • Develop detailed data analysis plan to ensure validity of results; • Provide detail regarding data collection methodologies; • Make use of EQRO TA as often as necessary.
Check one: ☐ High confidence in reported Plan PIP results ☐ Low confidence in reported Plan PIP results ☐ Confidence in reported Plan PIP results ☒ Reported Plan PIP results not credible ☐ Confidence in PIP results cannot be determined at this time