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FY 2018–19 MEDI-CAL SPECIALTY MENTAL HEALTH EXTERNAL QUALITY REVIEW

MENDOCINO MHP FINAL REPORT

Prepared for:

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

Review Dates:

August 7-8, 2018

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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) 2017 — 2,224

MHP Threshold Language(s) — Spanish

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

Validation of Performance Measures¹

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

Performance Improvement Projects²

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

MHP Health Information System Capabilities³

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

Validation of State and MHP Beneficiary Satisfaction Surveys

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

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

Review of Recommendations and Assessment of MHP Strengths and Opportunities

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

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

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

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

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

PRIOR YEAR REVIEW FINDINGS, FY 2017-18

In this section, the status of last year's (FY 2017-18) recommendations are presented, as well as changes within the MHP's environment since its last review.

Status of FY 2017-18 Review of Recommendations

In the FY 2017-18 site review report, the CalEQRO made a number of recommendations for improvements in the MHP's programmatic and/or operational areas. During the FY 2018-19 site visit, CalEQRO reviewed the status of those FY 2017-18 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.

Key Recommendations from FY 2017-18

Recommendation 1: Track, monitor, and implement activities to improve timeliness between request for psychiatric services and initial appointment to meet the new established standards.

(This recommendation is a carry-over from FY 2016-17.)

Status: Met

- The MHP set and strived to meet a new timeliness standard of 15 business days (from 30 days) for first psychiatric appointment from first request for services. With this more conservative standard, overall, the MHP averaged 11 business days to psychiatric appointment and achieved an overall compliance of 71 percent, compared to an average of 23 days and 77 percent compliance reported in the previous year.
- The MHP credited a number of changes to the improvement in time to psychiatry.
 - The first change was the transition of medication services from the MHP to Redwood Quality Management Company (RQMC), their administrative service organization (ASO). RQMC has a full complement of psychiatric

providers and nursing staff, which enables regular provision of psychiatric services.

- Second, RQMC uses a scheduling process that maximizes beneficiaries' opportunity for appointments. Additional appointment slots are given on the same day, recognizing that no-shows might occur.
- Third, RQMC uses or reserves some crisis slots for psychiatric services when needed.
- The MHP acknowledged that the time to psychiatry for children lags that of adults (an average of 14 days versus eight days). The challenge has been the hiring of psychiatric providers for children. The MHP continues to recruit as well as use the other means, as above, to provide psychiatric services for children.

Recommendation 2: Continue building linkages for coordination of care with primary care providers for bi-directional transitions.

Status: Met

- The MHP and RQMC hold several regular meetings with community agencies, including primary care providers. The MHP reported weekly conference calls with clinics to discuss and follow-up on referrals to and from these clinics to SMHS.
- The MHP, through Mendocino County's Health and Human Services Agency (HHSA), is one of the entities in the Whole Person Care Pilot that will facilitate linkages to primary care providers.
- In addition to primary care providers, the MHP reported strengthened relationships with other community agencies, in particular, law enforcement and jails.

Recommendation 3: Investigate the feasibility and use of dashboard software and incorporate products to automate data for clinical quality improvement projects across the system of care.

Status: Met

- The MHP reported that their EHR, Exym, is capable of producing automated standard and customizable reports and dashboards.
- In July 2018, RQMC created customized dashboards for contract providers' clinicians, supervisors, and managers to monitor clinical operations through Exym. Dashboards will be directly accessible to Exym users. Users will be able to filter by date range, patient and program status, as well as by specific beneficiary and/or provider. The MHP, RQMC, and contract provider can use the dashboards to monitor, manage, and report on delivered services.

- Exym dashboards are being set up for MHP quality improvement/assurance (QI/QA) staff for monitoring and compliance purposes.
- The MHP is in the test phase of using Periscope, a feature/application that enables drop-downs to capture more detail on beneficiary data.
- To monitor and report on billing and fiscal operations, the Avatar system uses data dashboard (i.e., widgets) to display graphs, lists, or speedometers for MHP staff.

Recommendation 4: Identify a service partner and explore a health information exchange (HIE) pilot project using statewide HIE standards that can be readily expanded across the system of care.

Status: Met

- RQMC manages Exym and provides training and support to/for the six contract providers. RQMC is configuring Exym to facilitate HIE for contract providers. This allows for the sharing of beneficiary records among providers that serve the same beneficiaries.
- There are plans to extend Exym to other local healthcare organizations. A Memorandum of Understanding (MOU) is being developed that includes the MHP, RQMC, and Alliance of Rural Community Health—a consortium of six behavioral health and medical clinics located in Boonville, Fort Bragg, Gualala, Laytonville, and (two in) Willits. All three parties will be Covered Entities as defined by Health Information Portability and Accountability Act (HIPAA) and agree to use and disclose protected health information (PHI) only as required or permitted by law, for treatment, payment, and health care operations.
- Having one EHR system permits a single beneficiary treatment plan that includes services provided by multiple providers. Providers will have access to all clinical data and be able to coordinate care more effectively.

Recommendation 5: Continue to expand current efforts to operationalize the level of service/level of care protocols for clinical and executive levels to provide appropriate consumer treatment across a continuum of care.

Status: Met

- The MHP uses the Child and Adolescent Needs and Strengths (CANS) and the Adult Needs and Strengths Assessment (ANSA) as their outcome measures for children and adults, respectively. The MHP has a scoring guide that determines the level of services appropriate for the beneficiary. The guide includes a risk assessment, identifies placement options, and types of service activities and hours per month needed to support the beneficiary relative to their symptoms and impairments.

- Clinicians and clinical supervisors endorsed the use of the CANS and ANSA as required; however, they cited variability in the results. Given this variability, CANS and ANSA were not relied on solely to determine beneficiary level of care and outcomes.
- The MHP and RQMC will need to move from the CANS to the CANS-50 to meet DHCS-MHSUDS Information Notices 17-052 and 18-007.

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 calendar year (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.

⁴ Public Information Links to SB 1291 Specific Data Requirements:

1. EPSDT POS Data Dashboards:

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

2. 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>

- Performance data for Medi-Cal eligible minor and nonminor dependents in FC.
- Utilization data for Medi-Cal eligible minor and nonminor dependents in FC.
- Medication monitoring consistent with the child welfare psychotropic medication measures developed by the State Department of Social Services and any Healthcare Effectiveness Data and Information Set (HEDIS) measures related to psychotropic medications, including, but not limited to, the following.
 - Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder Medication (HEDIS ADD).
 - Use of Multiple Concurrent Antipsychotics in Children and Adolescents (HEDIS APC).
 - 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: Mendocino MHP Medi-Cal Enrollees and Beneficiaries Served in CY 2017, by Race/Ethnicity				
Race/Ethnicity	Average Monthly Unduplicated Medi-Cal Enrollees	% Enrollees	Unduplicated Annual Count of Beneficiaries Served	% Served
White	22,333	52.5%	1,309	58.9%
Latino/Hispanic	12,880	30.3%	376	16.9%
African-American	421	1.0%	34	1.5%
Asian/Pacific Islander	711	1.7%	13	0.6%
Native American	2,329	5.5%	105	4.7%
Other	3,858	9.1%	386	17.4%
Total	42,529	100%	2,223	100%
The total for Average Monthly Unduplicated Medi-Cal Enrollees is not a direct sum of the averages above it. The averages are calculated independently.				

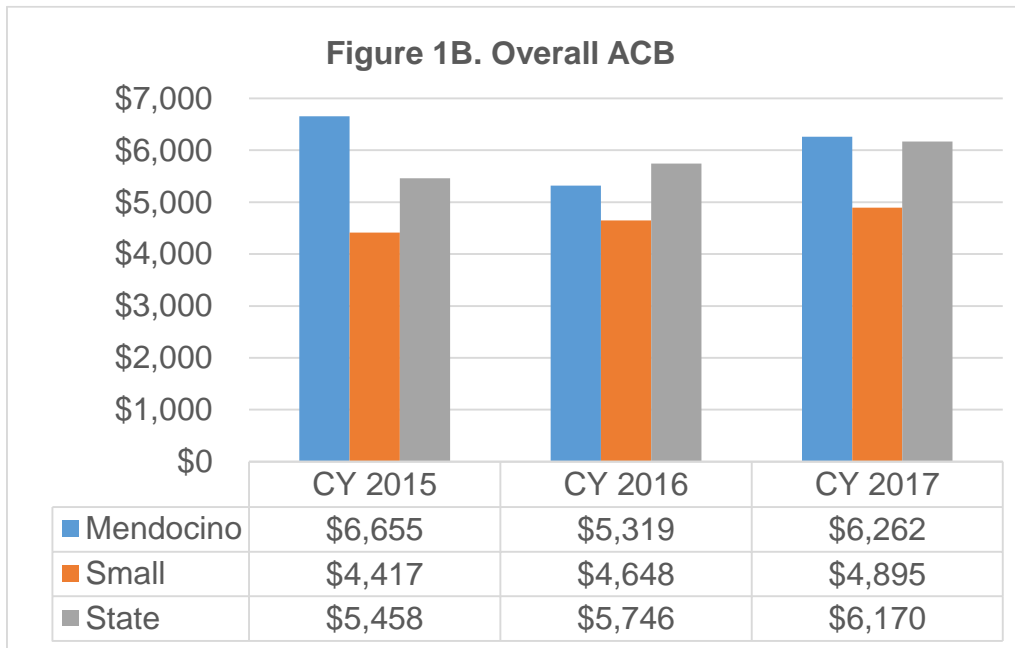
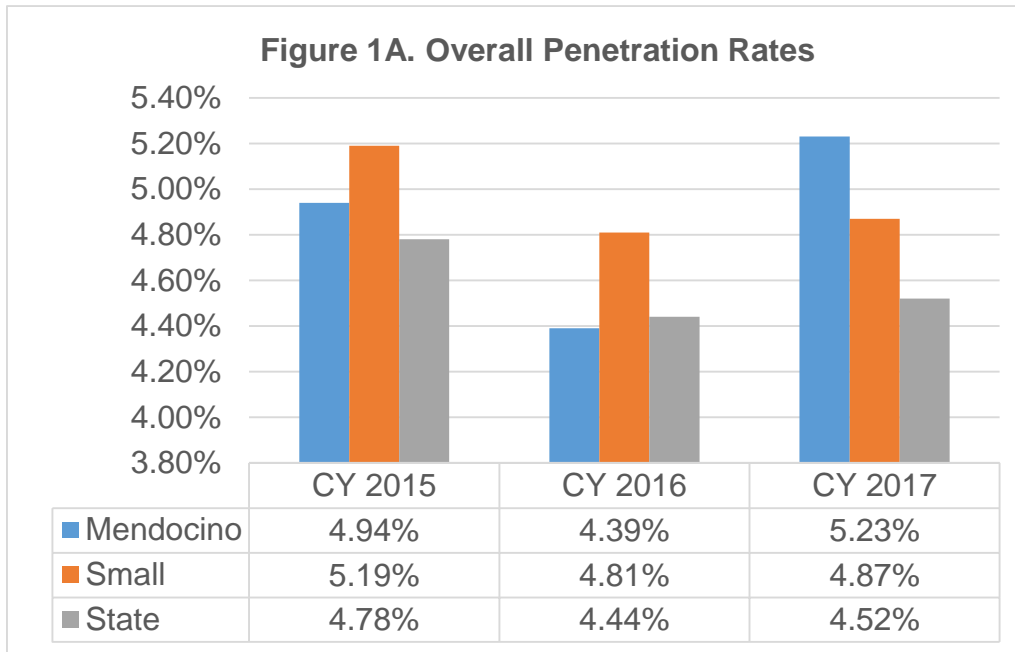
Penetration Rates and Approved Claims per Beneficiary

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

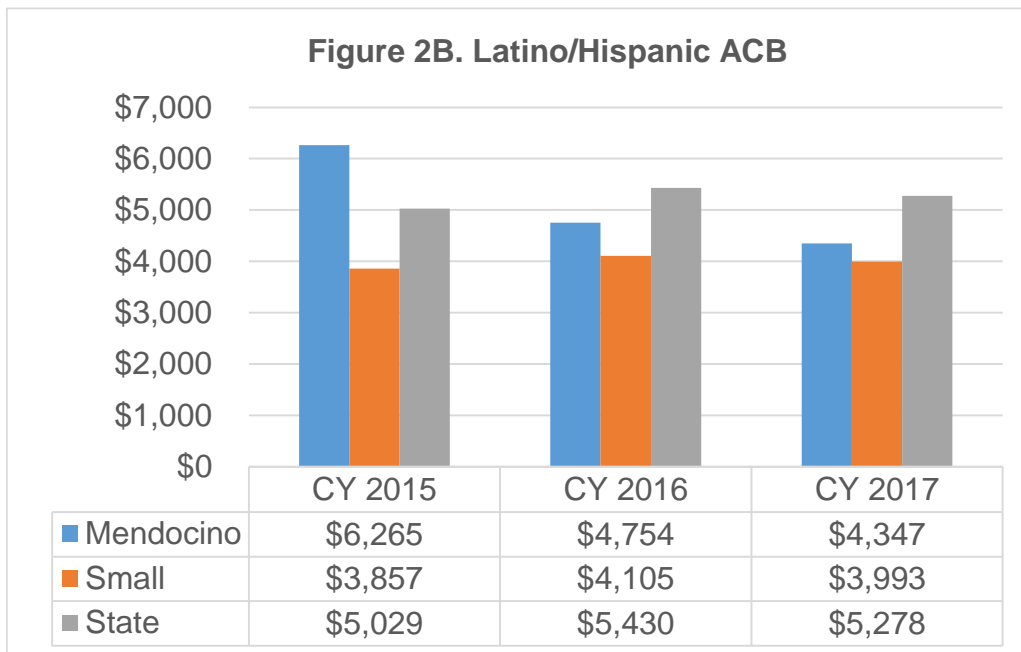
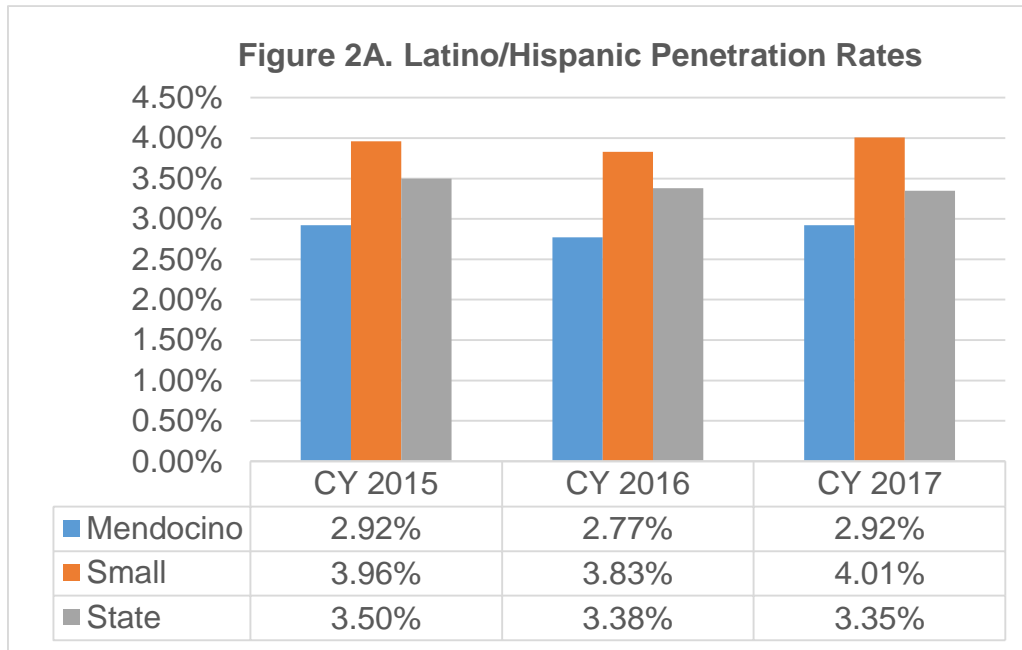
CalEQRO has incorporated the Affordable Care Act (ACA) Expansion data in the total Medi-Cal enrollees and beneficiaries served. Attachment C provides further ACA-specific utilization and performance data for CY 2017. See Table C1 for the CY 2017 ACA Penetration Rate and Approved Claims per Beneficiary.

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

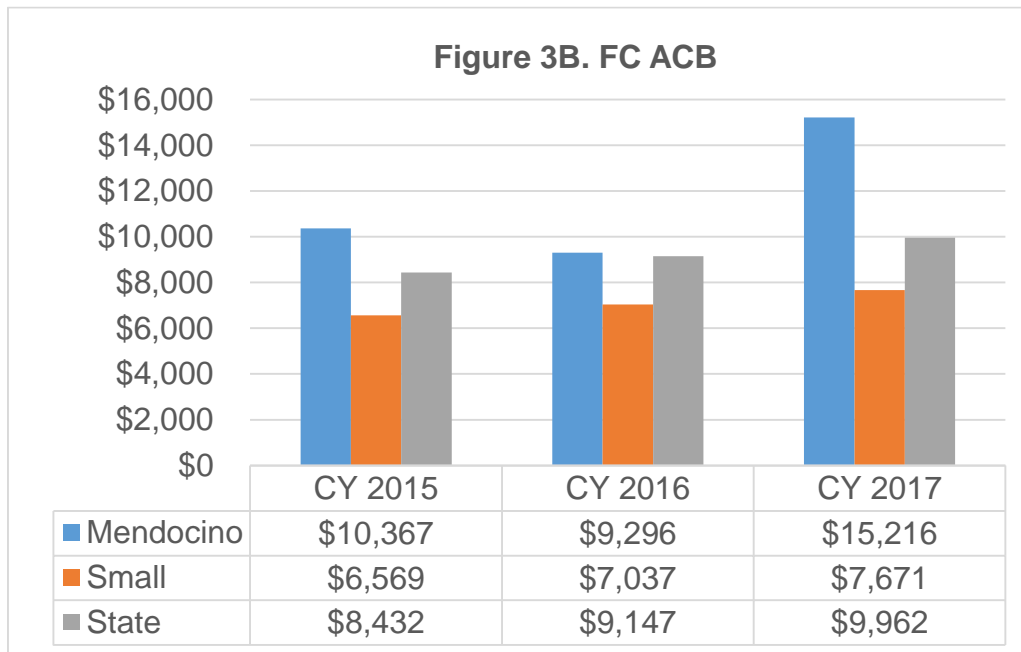
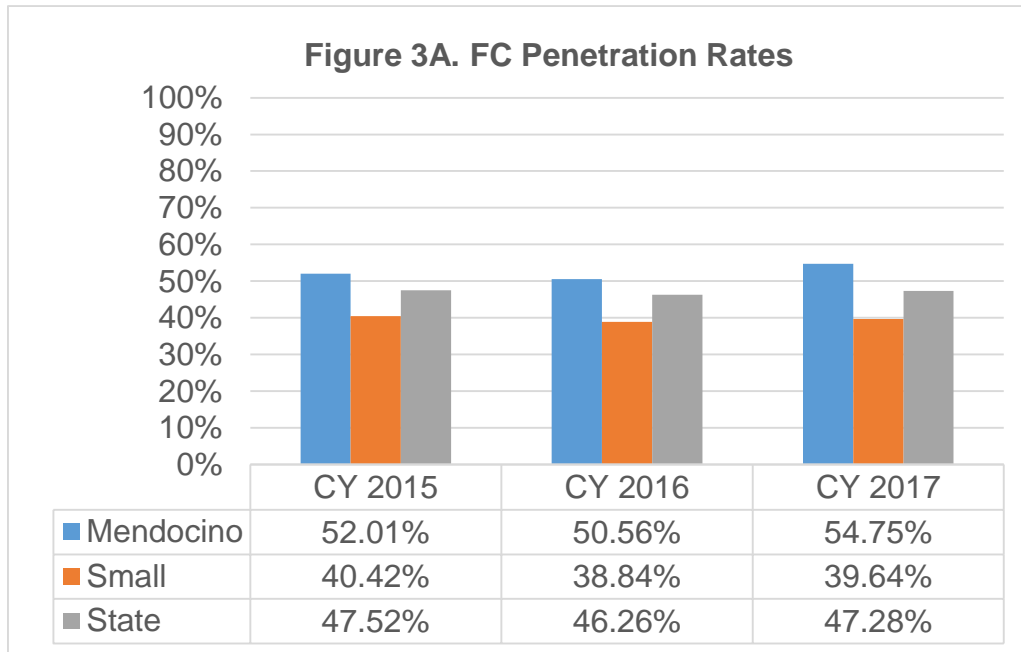
Figures 1A and 1B show three-year (CY 2015-17) trends of the MHP's overall penetration rates and ACB, compared to both the statewide average and the average for small MHPs.



Figures 2A and 2B show three-year (CY 2015-17) trends of the MHP's Latino/Hispanic penetration rates and ACB, compared to both the statewide average and the average for small MHPs.



Figures 3A and 3B show three-year (CY 2015-17) trends of the MHP's FC penetration rates and ACB, compared to both the statewide average and the average for small MHPs.



High-Cost Beneficiaries

Table 2 compares the statewide data for HCBs for CY 2017 with the MHP’s data for CY 2017, 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: Mendocino MHP High-Cost Beneficiaries							
MHP	Year	HCB Count	Total Beneficiary Count	HCB % by Count	Average Approved Claims per HCB	HCB Total Claims	HCB % by Total Claims
Statewide	CY 2017	21,522	611,795	3.52%	\$54,563	\$1,174,305,701	31.11%
MHP	CY 2017	83	2,223	3.73%	\$54,272	\$4,504,553	32.36%
	CY 2016	43	1,850	2.32%	\$46,587	\$2,003,225	20.36%
	CY 2015	92	2,008	4.58%	\$47,547	\$4,374,334	32.74%

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.

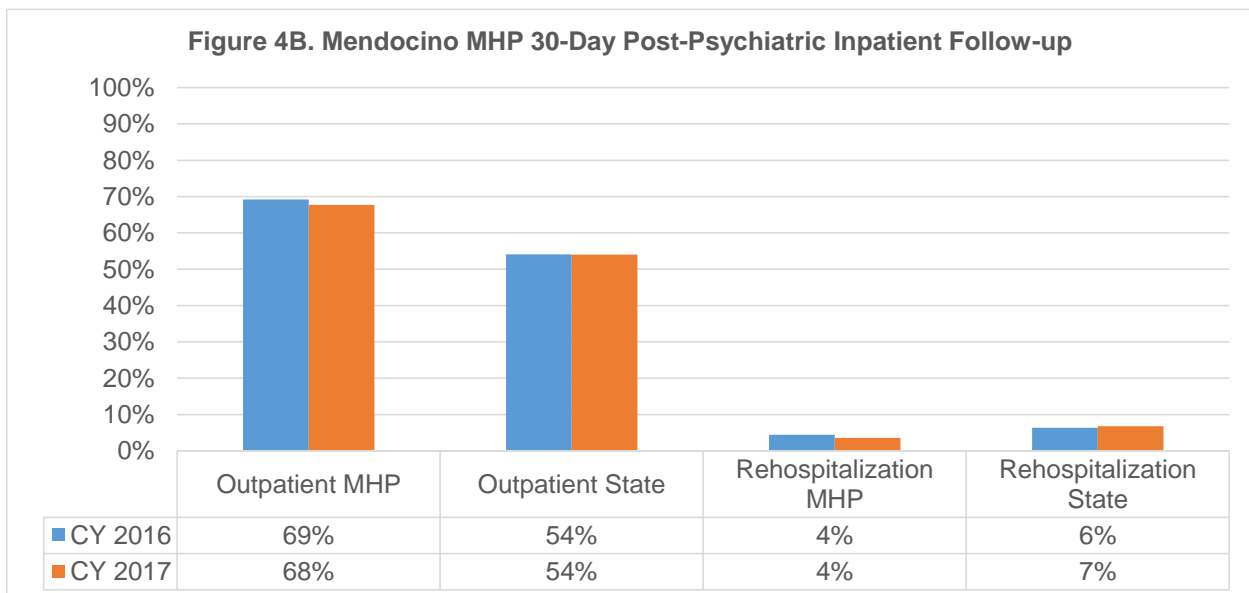
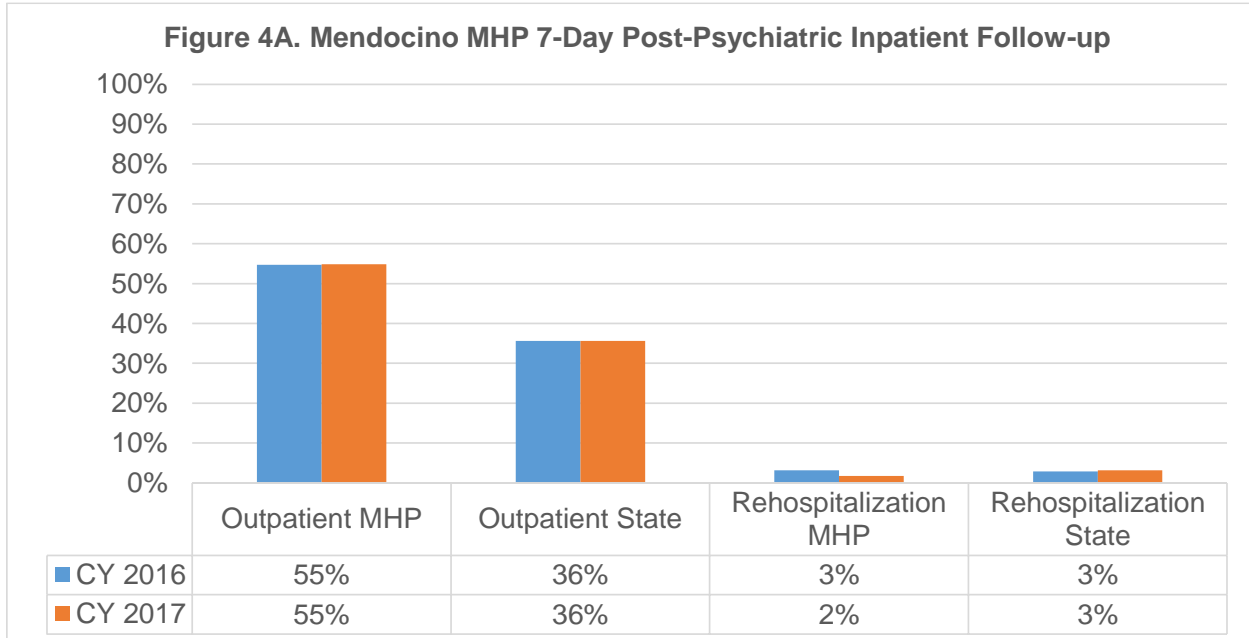
Psychiatric Inpatient Utilization

Table 3 provides the three-year summary (CY 2015-2017) of MHP psychiatric inpatient utilization including beneficiary count, admission count, approved claims, and LOS.

Table 3: Mendocino MHP Psychiatric Inpatient Utilization					
Year	Unique Beneficiary Count	Total Inpatient Admissions	Average LOS	ACB	Total Approved Claims
CY 2017	248	548	7.92	\$11,734	\$2,910,108
CY 2016	214	370	8.06	\$8,078	\$1,728,697
CY 2015	224	403	9.28	\$7,442	\$1,667,003

Post-Psychiatric Inpatient Follow-Up and Rehospitalization

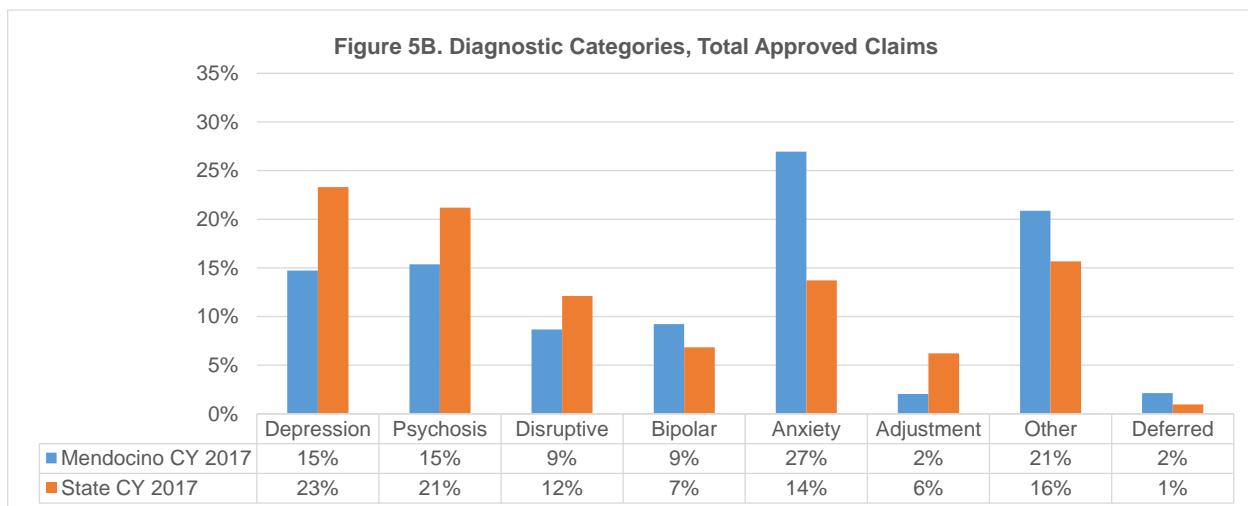
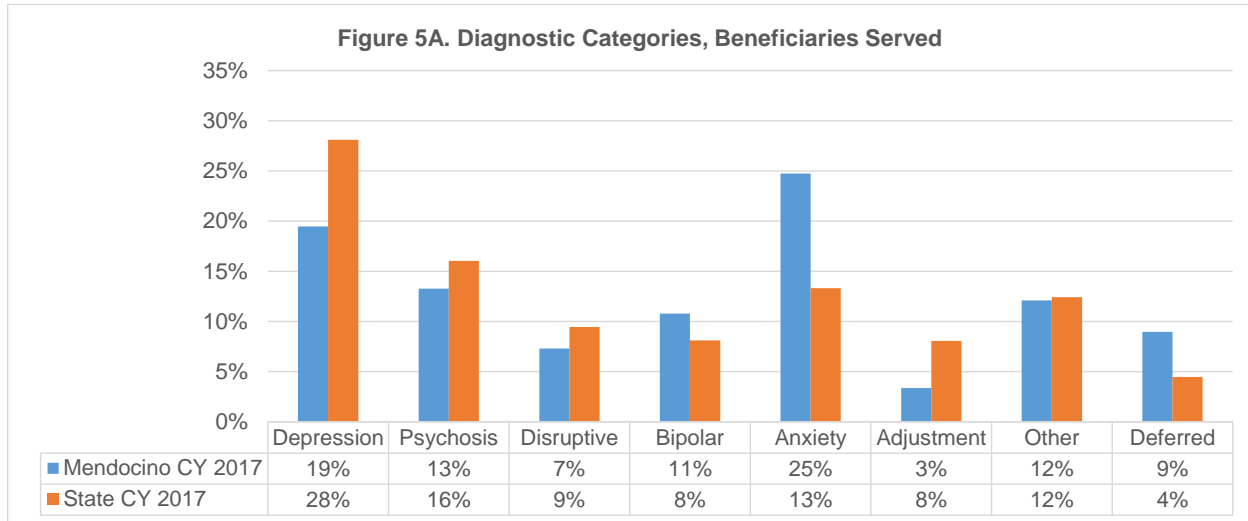
Figures 4A and 4B show the statewide and MHP 7-day and 30-day post-psychiatric inpatient follow-up and rehospitalization rates for CY 2016 and CY 2017.



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 2017.

MHP self-reported percent of beneficiaries served with co-occurring (i.e., substance abuse and mental health) diagnoses: 24.4 percent.



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 one PIP, 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 of and Coordination of Co-occurring Disorders Services
Non-clinical PIP	1	Consumer/Family Member Participation in QIC Meetings

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).

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.

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

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

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	9	NR
Number Partially Met	11	NR
Number Not Met	0	NR
Unable to Determine	0	NR
Number Applicable (AP) (Maximum = 28 with Sampling; 25 without Sampling)	20	NR
Overall PIP Rating $((\#M*2)+(\#PM))/(\text{AP}*2)$	72.5%	0%

Clinical PIP—Diagnosis of and Coordination of Co-Occurring Disorders Services

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

“Will diagnosis rates for co-occurring disorders approach epidemiological standards (at least 40% is the goal) and will treatment outcomes and quality of life indicators for these clients improve, as evidenced by improved: a) ANSA scores and b) EXYM participation record”?

Date PIP began: November 2017

Projected End date: November 2019

Status of PIP: Active and ongoing

This is the second year that the MHP has presented this project as a PIP; however, last year, the project was rated as Concept Only. The purpose of this PIP was to improve the MHP’s ability to accurately diagnose, document, and treat co-occurring disorders of beneficiaries in care.

In the MHP’s most recent reporting of the co-occurring (i.e., mental health and substance use) disorders rate, the MHP had a rate of 16 percent. The rates in three previous fiscal years ranged from 5 to 16 percent. When compared to national rates (e.g., National Alliance on Mental Illness), which are between 37 to 53 percent, the MHP may be under-reporting or under-diagnosing co-occurring disorders or both. Whatever

the case, the MHP concluded that they were not providing the most appropriate or optimal treatment for beneficiaries who presented with a co-occurring disorder.

The MHP presented the interventions as the following: (1) Training clinical staff to diagnose substance use disorders (SUD); and (2) Provision of SUD-focused clinical treatment. Participation in the SUD-focused treatment was voluntary and was offered to adults receiving services in FY 2017-18. The MHP identified 257 beneficiaries with co-occurring disorders, recruited 77 of them for the SUD-focused treatment sessions, and obtained regular attendance (i.e., three or more SUD sessions) by 42 beneficiaries. The MHP compared the beneficiary's initial ANSA score, at the start of mental health treatment, to the ANSA scores following the SUD-focused sessions. ANSA scores did not improve for all beneficiaries and for some the rates of improvement were lower than expected. The MHP suspected variability among clinics in staffing, training, and managing the ANSA cycles as factors in the lower than expected outcomes.

As the MHP was only six months into the project at the time of the onsite review, the project will be continued in the upcoming year, ideally with more participants.

Suggestions to improve the PIP: It was suggested that the MHP use the ANSA score just prior to the start of the project as the most recent ANSA score, not the beneficiary's initial ANSA score, which introduces another variable of the time in treatment into the study.

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 was for the MHP to clearly identify and control the variables that influence the outcome of the intervention, including the clinics where the SUD sessions were held and the number of SUD sessions that a participant achieved. The MHP was also encouraged to evaluate and reconsider the use of the initial ANSA as the baseline for the change score. Lastly, the MHP makes a connection between improved diagnosis of co-occurring disorders and treatment for SUD, but the PIP does not actually address SUD treatment (e.g., referrals to or kept appointment with an SUD provider).

Non-clinical PIP—Consumer/Family Member Participation in QIC Meetings

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

“Will focused adjustments to the location, format, and outreach strategies for quality improvement committee (QIC) meetings improve attendance and participation in these meetings by consumers and family members?”

Status of PIP: Submission determined not to be a PIP (not rated)

The TA provided to the MHP by CalEQRO consisted of suggestions of ways for the MHP to modify the project to achieve desired outcomes of increasing beneficiary attendance at QIC meetings; however, the MHP was cautioned that without a direct benefit to the beneficiary that the project would not be a PIP. One suggestion was for the MHP to consider a designated role for a beneficiary on the QIC. At present, the MHP's QIC membership does not specify a function (e.g., chair, secretary, community liaison) for beneficiary members. Having a function (i.e., purpose) increases engagement and gives beneficiaries a reason to return to meetings, as it would for any individual who is performing a specific role. Another discussion was on the frequency of meetings. When the MHP averaged more QIC meetings in a fiscal year (e.g., 11 in FY 2013-14 compared to four in FY 2014-15), then beneficiary attendance was also more consistent. The MHP was encouraged to establish a regular QIC meeting calendar. Overall, the MHP was advised that this was not a PIP and that a viable PIP should have a direct beneficiary benefit.

Additional TA is for the MHP to identify a concrete deficiency in care or services; to focus the deficiency on the beneficiary; and to consistently apply the interventions (technical difficulties precluded the use of one of the interventions).

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.

The budget determination process for information system operations is:

- Percentage of total annual MHP budget dedicated to supporting IT operations (includes hardware, network, software license, and IT staff): 2.2 percent.

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

Table 7 shows the percentage of services provided by type of service provider.

Table 7: Distribution of Services, by Type of Provider	
Type of Provider	Distribution
County-operated/staffed clinics	3.48%
Contract providers	96.49%
Network providers	0.03%
Total	100%

Table 8 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 8: Contract Providers Transmission of Beneficiary Information to MHP EHR System	
Type of Input Method	Frequency
Direct data entry into MHP EHR system by contract provider staff	Not used
Electronic data interchange (EDI) uses standardized electronic message format to exchange beneficiary information between contract provider EHR systems and MHP EHR system	Weekly
Electronic batch files submitted to MHP for further processing and uploaded into MHP EHR system	Weekly
Electronic files/documents securely emailed to MHP for processing or data entry input into EHR system	Daily
Paper documents submitted to MHP for data entry input by MHP staff into EHR system	Not used
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	Not used

Telehealth Services

MHP currently provides services to beneficiaries using a telehealth application:

Yes No In pilot phase

Number of remote 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 13 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 9.

Table 9: Technology Staff			
IT FTEs (Include Employees and Contractors)	# of New FTEs	# Employees / Contractors Retired, Transferred, Terminated	Current # Unfilled Positions
7	2	1	0

MHP self-reported data analytical staff changes by FTEs since the previous CalEQRO review are shown in Table 10.

Table 10: Data Analytical Staff			
IT FTEs (Include Employees and Contractors)	# of New FTEs	# Employees / Contractors Retired, Transferred, Terminated	Current # Unfilled Positions
17	2	1	0

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

- The MHP provides technology staff that operates and supports Netsmart Avatar EHR system, which is self-hosted locally.
- MHP staff provide Avatar support and training to new MHP staff as needed.
- RQMC administers and provides oversight of SMHS for contract providers. RQMC data analytical support figures are included in Table 10, along with MHP data support.

Current Operations

- The MHP developed the FY 2018-19 IS Strategic Business Plan, which includes identifying goals, assumptions, and deliverables. Highlights from the plan include:
 - Six goals and action steps to support each goal.
 - Eleven deliverables.
 - Assignment of staff (inclusive of HHSA, the MHP, RQMC, EPIO (contractor), and County IT) to support implementation.
- RQMC's operational duties and responsibilities as the ASO include providing management and oversight to other agencies who deliver SMHS to children, adults, and older adult populations.
- County staff directly enter beneficiary data into Avatar EHR.
- Contract provider staff enter beneficiary data directly into Exym.
- Contract provider's 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 Avatar system.
- The MHP uses two EHR systems to deliver services and complex clinical operations and, beneficiary data does flow regularly from Exym to Avatar. This two-system operational model requires a level of subject matter expertise not generally noted in small MHPs.

Table 11 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 11: Primary EHR Systems/Applications				
System/Application	Function	Vendor/Supplier	Years Used	Operated By
Avatar PM	Practice Management	Netsmart	15	HHSA IT/Vendor
Avatar CWS	Clinical Workstation	Netsmart	4	HHSA IT/Vendor
Exym	EHR	Exym	9	ASO/Vendor

The MHP’s Priorities for the Coming Year

- Complete implementation of Netsmart Perceptive 2017 (document imaging) module.
- Transfer Medicare Part B billing processing from the MHP to RQMC operations.
- Implement HHSA IS Strategic Business Plan Goal C—enforce HIPAA requirements for security—and Goal F—implement state data reporting requirements. Both goals directly support key operational elements.
- Attend Client & Service Information (CSI) and Data Collection Reporting (DCR) Data Quality Improvement webinars provided by DHCS.
- Implement CANS-50 and Pediatric Symptom Checklist-35 (PSC-35) outcome instruments locally and prepare for beneficiary data submissions to DHCS.
- Develop plans to implement Netsmart - OrderConnect, CareConnect, and MyHealthPoint modules.
- Convert SUD Treatment system from FEi Systems’ Web Infrastructure for Treatment Services to Netsmart – Avatar system.

Major Changes Since Prior Year

- Submitted electronic 837P transactions and received 835 transactions for Medicare Part B claims.
 - Processed claims for beneficiaries with dual Medicare/Medi-Cal eligibility for FY 2017- 18.
 - Balance-billed Medi-Cal for reimbursement.
- Revised audit tool for quality assurance to support Chart Review process.
- Installed Avatar Data Trial module to support internal auditing.

- Implemented pilot project at one program for Netsmart Perceptive 2017 (document imaging).
- Migrated DCR transactions to the MHP’s website for transmission to a DHCS system.
- Completed and submitted new DHCS data reporting requirements for Network Adequacy standards.
- Completed medication consent training for staff.

Other Areas for Improvement

- Mendocino County covers a large geographic area with a number of remote communities, where travel times can range up to two hours one-way, depending on weather conditions. It would benefit the Mobile Outreach & Prevention Services (MOPS) team to have access to beneficiary data (e.g., recent services, medications, and clinical notes) in the field. The numbers of beneficiaries that MOPS serves may be small, compared to the populated areas, but MOPS is a first responder for at-risk communities.
- Network connectivity issues would also need to be resolved to enable MOPS to have stable access in the field.

Plans for Information Systems Change

- MHP has no plans to replace current Avatar EHR system, which has been in place for more than five years.

Current EHR Status

Table 12 summarizes the ratings given to the MHP for EHR functionality.

Table 12: EHR Functionality					
		Rating			
Function	System/Application	Present	Partially Present	Not Present	Not Rated
Alerts	Avatar/Exym	X			
Assessments	Avatar/Exym	X			
Care Coordination	Exym	X			
Document Imaging/ Storage	Avatar/Exym		X		

Table 12: EHR Functionality					
		Rating			
Function	System/Application	Present	Partially Present	Not Present	Not Rated
Electronic Signature—MHP Beneficiary	Avatar/Exym	X			
Laboratory results (eLab)	Exym	X			
Level of Care/Level of Service	Avatar/Exym	X			
Outcomes	Avatar/Exym	X			
Prescriptions (eRx)	Exym (RXnT)	X			
Progress Notes	Avatar/EXYM	X			
Referral Management	Exym	X			
Treatment Plans	Avatar/Exym	X			
Summary Totals for EHR Functionality:		11	1	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
FY 2016-17 Summary Totals for EHR Functionality:		3	4	3	0

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

- RQMC did implement Care Coordination and Referral Management functionality in Exym during the past year. Both functions are not currently available in Avatar; the IS vendor will need to modify core EHR systems to support these components
- BHRS did implement Netsmart Perceptive 2017 (document imaging) at a single site during the past year. The plan is to rollout Perceptive to remaining county-operated sites during FY 2018-19. Exym users currently have functional document imaging module.
- Prescription e-RX functionality is available via Exym.

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:

Dimension Reports

Method used to submit Medicare Part B claims:

Paper Electronic Clearinghouse

Table 13 summarizes the MHP's SDMC claims.

Table 13: Mendocino MHP Summary of CY 2017 Short Doyle/Medi-Cal Claims							
Number Submitted	Gross Dollars Billed	Number Denied	Dollars Denied	Percent Denied	Gross Dollars Adjudicated	Claim Adjustments	Gross Dollars Approved
59,085	\$11,799,279	77	\$20,432	0.17%	\$11,778,847	\$133,950	\$11,644,897
Includes services provided during CY 2017 with the most recent DHCS claim processing date of May 2018. Only reports Short-Doyle/Medi-Cal claim transactions, does not include Inpatient Consolidated IPC hospital claims. Statewide denial rate for CY 2017 was 2.73 percent .							

- With low percent denied rate of 0.17% - it would appear the MHP puts extra effort into 'scrubbing claims' prior to submission of claim files.

Table 14 summarizes the top three reasons for claim denial.

Table 14: Mendocino MHP Summary of CY 2017 Top Three Reasons for Claim Denial			
Denial Reason Description	Number Denied	Dollars Denied	Percent of Total Denied
Void/replacement error. Or ICD-10 code incomplete or invalid with procedure code.	26	\$12,389	61%
Medicare or Other Health Coverage must be billed prior to submission of claim.	36	\$4,269	21%
Service not payable with other service(s) rendered on same day.	6	\$2,339	11%
Total	77	\$20,432	NA
The total denied claims information does not represent a sum of the top three reasons. It is a sum of all denials.			

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/family member 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 consumer and family member involvement. CalEQRO provides gift cards to thank the consumers and family members for their participation.

Consumer/Family Member Focus Group One

CalEQRO requested a culturally diverse group of beneficiaries, including adults, caregivers/parents, and transitional age youth, who are mostly new clients who have initiated/utilized services within the past 12 months. The session was attended by adults and transitional age youth (TAY), most of whom identified as beneficiaries. The majority of the participants were White, others identified as Latino, Black, and “Mixed”. All but one of participants was a man. The session was held at the Arbor Youth Resource Center.

Number of participants: Nine

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

- Easy to access, with two to three weeks to an initial assessment.
- Varying times to psychiatry, from a few weeks to three to four months.

Participants’ general comments regarding service delivery included the following:

- Frequency of contact with their clinicians was sufficient, with the ability to increase contact as needed.
- Support groups at the wellness centers are helpful and complement their clinical services.
- Communication and access to information about services, programs, and activities was by word-of-mouth and required “being in the know.”
- Sometimes, they had to advocate strongly for themselves before their psychiatric providers would try different treatment approaches besides medications.

Participants' recommendations for improving care included the following:

- Establish an in-county, inpatient psychiatric hospital.
- Listen more and incorporate the beneficiaries' wishes.

Interpreter used for focus group one: Yes Language(s): Spanish

Consumer/Family Member Focus Group Two

CalEQRO requested a culturally diverse group of Hispanic beneficiaries, including adults and TAY, who are mostly new clients who have initiated/utilized services within the past 12 months. The session was attended by adults and TAY, most of whom identified as beneficiaries. There were comparable numbers of men and women. The session was held at the Arbor Youth Resource Center.

Number of participants: Six

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

- Taking a few days to weeks, which was perceived as timely.

Participants' general comments regarding service delivery included the following:

- There were no issues with language services or transportation.
- Psychiatric providers were less responsive than participants would like and were less reluctant to change medications.
- The wellness centers offer a variety of classes and programs that participants found useful and helpful.

Participants' recommendations for improving care included the following:

- Increase the announcements and publications, specifically posters, in Spanish.
- Facilitate access to prevention and early intervention programs.

Interpreter used for focus group two: Yes Language(s): Spanish

PERFORMANCE AND QUALITY MANAGEMENT KEY COMPONENTS

CalEQRO emphasizes the MHP’s use of data to promote quality and improve performance. Components widely recognized as critical to successful performance management include an organizational culture with focused leadership and strong stakeholder involvement, effective use of data to drive quality management, a comprehensive service delivery system, and workforce development strategies that support system needs. These are described below, along with their quality rating of Met (M), Partially Met (PM), or Not Met (NM).

Access to Care

Table 15 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 15: Access to Care Components		
Component		Quality Rating
1A	Service accessibility and availability reflective of cultural competence principles and practices	M
<p>The MHP has a three-year Cultural Competency Plan, effective July 2017-2020, with a CY 2018-19 update. The plan included 2017 census information for the county, from which the MHP has extrapolated to eligibles and beneficiaries in their population. The MHP has identified disparities in access (e.g., for Native Americans, Latinos, and beneficiaries with co-occurring disorders) and, in the past year, has implemented activities to increase access (e.g., use of <i>fotonovelas</i>—picture books in English and Spanish that describe the benefits of talking about their feelings and discussing stigma around mental illness). The MHP has evaluated the implementation and outcomes of their strategies, some of which were documented in the minutes of the Cultural Competence Committee and QIC.</p>		
1B	Manages and adapts its capacity to meet consumer service needs	M
<p>The MHP reported serving a total of 935 beneficiaries during the past year, of which 314 were adult and older adult beneficiaries. The MHP monitors service utilization and access at a number of stakeholder meetings (e.g., QIC, multi-agency) and through different reports (e.g., the client population report). The MHP has collaborated with their ASO and their contract providers to adapt services to meet the needs of their beneficiaries (e.g., hiring/hired more Spanish-speaking staff). The MHP also collaborated with culturally specific providers (e.g., Consolidated Tribal Health) to</p>		

Table 15: Access to Care Components		
Component		Quality Rating
<p>facilitate access for underserved populations. The MOPS increased their staffing and can now cover areas of the county that were underserved. A Homelessness Needs Assessment was commissioned (by the HHSA), which requires collaboration among county departments and community stakeholders. The MHP’s role will be to improve outreach services and increase behavioral health and substance abuse rehab treatment slots for persons experiencing homelessness. While contract providers have extended the reach of the MHP, staffing is still a challenge. Staff burnout and turnover were presented as problems among contract provider agencies. Staff recruitment and retention were exacerbated by salaries that were non-competitive. The MHP uses telehealth, particularly in the outlying areas. The MHP and ASO continue to address broadband and technical issues that disrupt the use of telehealth.</p>		
1C	Integration and/or collaboration with community-based services to improve access	M
<p>The very nature of the ASO model requires integration and collaboration. RQMC is well connected to the community and has facilitated effectively collaborations with stakeholders, including those public and private. These stakeholders include primary care, substance use disorders programs, schools, law enforcement, housing agencies, and Indian and rural health clinics. Some of these partnerships will be strengthened and expanded because of Whole Person Care Pilot, which the MHP received and has begun. This past year, the MHP and RQMC signed an MOU with law enforcement, which outlines the chain of command and how to maintain a collaborative relationship. This partnership is notable given a few years of law enforcement’s reticence to sign an MOU. The MHP and the County’s child welfare services work collaboratively, share training, and practice the same philosophy in coordinating services for youth in foster care. The MHP recognizes the opportunity for more collaboration with faith-based organizations and improved collaboration with their local hospitals and Partnership Health Plan.</p> <p>Mendocino County Measure B, which passed in November 2017, will provide local funding to improve services, treatment, and facilities for persons with mental health conditions. This is an atypical funding stream for a county of this size.</p>		

Timeliness of Services

As shown in Table 16, CalEQRO identifies the following components as necessary to support a full service delivery system that provides timely access to mental health services. This ensures successful engagement with beneficiaries and family members and can improve overall outcomes, while moving beneficiaries throughout the system of care to full recovery.

Table 16: Timeliness of Services Components		
Component		Quality Rating
2A	Tracks and trends access data from initial contact to first offered appointment	M
<p>The MHP tracked the time from initial request to first offered appointment for FY 2017-18, using the new standard of 10 business days; 90 percent of the appointments met this standard. Overall, the MHP averaged six days to first appointment. The MHP reported a range of zero to 27 days to first offered, with the greatest time to appointments for adults and the least amount of time for youth in foster care.</p>		
2B	Tracks and trends access data from initial contact to first offered psychiatric appointment	M
<p>The MHP tracked the time from initial request to first psychiatry, using the new standard of 15 business days. The MHP met this standard 71 percent of the time. Overall, the MHP averaged 11 days to first psychiatry appointment, with a range of six to 66 days. The greatest delay (66 days) to psychiatry was for children, with an average of 14 days. For adults, the MHP averaged eight days. The MHP has improved time to psychiatry over the past year. The MHP credited this to the transition of medication services from the MHP to RQMC and greater access to psychiatric providers.</p>		
2C	Tracks and trends access data for timely appointments for urgent conditions	M
<p>The MHP tracked and trended the response time to urgent conditions. The MHP's tracking included stratification by business hours and after-hours, in addition to an aggregate time and by system of care. The MHP used a standard of 60 minutes and 120 minutes for business and after-hours, respectively. On average, the MHP responded to urgent conditions within seven minutes. The MHP's ability to provide timely response to urgent conditions is due to three crisis teams that provide 24-hour crisis services.</p>		
2D	Tracks and trends timely access to follow-up appointments after hospitalization	PM
<p>The MHP tracked the time for follow-up appointments after hospitalization, using the standard of seven days. The MHP reported an overall compliance of 99 percent. This compliance rate, however, is only applicable to beneficiaries who voluntarily accepted follow-up services. The MHP did not provide data on beneficiaries that needed follow-up appointments but did not accept or receive them. Time to follow-up after hospitalization is an important indicator of access and a factor in outcomes. Those who are not getting this service need to be monitored as well. Also, the MHP has confounded the data by including all individuals hospitalized (e.g., including those with Medicare, VA benefits, and private insurance) in the admission numbers, but then</p>		

Table 16: Timeliness of Services Components		
Component		Quality Rating
only including Medi-Cal beneficiaries in the discharge numbers and subsequent follow-up.		
2E	Tracks and trends data on rehospitalizations	M
The MHP tracked and trended rehospitalization rates. The MHP reported an overall 30-day rehospitalization rate of 11 percent, inclusive of all individuals that they serve, not just Medi-Cal beneficiaries.		
2F	Tracks and trends no-shows	M
The MHP tracked no-show rates for FY 2017-18, using a benchmark of 10 percent. The MHP reported an overall no-show rate of 16 percent for psychiatry and nine percent for clinicians other than psychiatrists.		

Quality of Care

In Table 17, CalEQRO identifies the components of an organization that is dedicated to the overall quality of care. Effective quality improvement activities and data-driven decision making require strong collaboration among staff (including consumer/family member staff), working in information systems, data analysis, clinical care, executive management, and program leadership. Technology infrastructure, effective business processes, and staff skills in extracting and utilizing data for analysis must be present in order to demonstrate that analytic findings are used to ensure overall quality of the service delivery system and organizational operations.

Table 17: Quality of Care Components		
Component		Quality Rating
3A	Quality management and performance improvement are organizational priorities	M
<p>The MHP completed an evaluation of the previous year's quality improvement activities and had just finalized the QI plan for the current fiscal year at the time of the onsite review. The MHP's QI evaluation indicated clearly if goals were achieved and the new work plan carried forward the goals that were not met. The FY 2018-19 work plan also includes strategic initiatives, which grounds the plan in being quality focused not just compliance-focused. The MHP has a designated QI manager role and has QIC membership by stakeholders in the MHP and the ASO. The MHP has worked on increasing and standardizing beneficiary attendance at the meetings, with varying success. Executive management attendance was not the norm at QIC meetings and may be an area of improvement. QIC and other committees (e.g., cultural diversity, utilization management, and multi-agency committee) were opportunities for data review and analysis. These committees also provided opportunities for the MHP to interface with other divisions, departments, and contract providers.</p>		
3B	Data used to inform management and guide decisions	M
<p>The MHP uses a variety of data to inform management and guide decisions. There are data produced by the MHP and the ASO, including dashboards that include demographics, locations, and numbers served. In addition to utilization and program management data, the MHP determines level of service for beneficiaries, based on the beneficiary's CANS and ANSA score. The MHP and RQMC have a number of management meetings (e.g., Behavioral Health Leadership, Mental Health Administrative Leadership, and MAC meetings) where data are reviewed and used to support decision-making.</p>		
3C	Evidence of effective communication from MHP administration, and stakeholder input and involvement on system planning and implementation	PM
<p>The MHP has continued their efforts to gain beneficiary input through roving QIC meetings and QIC meetings combined with MHSA meetings. The MHP has also obtained beneficiary feedback from surveys, including the annual Consumer Perception Survey (CPS) and clinical satisfaction surveys. While the MHP has an established process for obtaining beneficiary input, stakeholders voiced concerns about the MHP's mechanism for disseminating information to them. Information needed to be more accessible, shared at venues where beneficiaries were likely to be or likely to frequent, and provided in Spanish. Staff endorsed regular and transparent communication with their supervisors and managers within their agencies, through meetings or on email notices. Some staff described the communication as 'top-down'.</p>		

Clinical demands and productivity requirements precluded line staff attendance at meetings and direct participation in decision-making forums.		
3D	Evidence of a systematic clinical continuum of care	M
<p>The MHP and ASO provide a comprehensive range of services and treatment options for beneficiaries, from medication-only outpatient services, to crisis services, and to residential programs. A new residential program, a 38-room apartment complex (slated to open in May 2019), will provide permanent, supportive, and rehabilitative housing for beneficiaries at-risk of homelessness. The MHP is part of a collaborative providing grief and crisis counseling to families who were affected by the wild fires in October 2017. In the past year, the MHP has expanded transition support through a jail discharge planner position for beneficiaries with co-occurring disorders. County Measure B provides a new opportunity to improve the continuum of care. Stakeholders expressed a need for an inpatient psychiatric hospital in the county.</p>		
3E	Evidence of consumer and family member employment in key roles throughout the system	M
<p>Beneficiaries and family members in paid positions were represented in the MHP. The director of the Manzanita Wellness Center was a beneficiary. The MHP and ASO have invested in advancement and further career opportunities for beneficiaries through a partnership with Mendocino College. Beneficiaries/individuals who complete and obtain a Human Service Worker Certificate can qualify for entry-level positions (e.g., client services associate and client services specialist) within the MHP.</p>		
3F	Consumer run and/or consumer driven programs exist to enhance wellness and recovery	M
<p>The MHP and ASO partner with agencies that support and utilize consumer-driven and consumer-run programs. Manzanita Services operates two wellness centers, the Wellness Center and Willits Resource Center (neither of which were visited during this onsite review). Manzanita was described as having an open-door policy to all individuals. The wellness centers operated Monday to Friday and Tuesday to Friday with abbreviated business hours (10am-3pm). There is a youth center, the Arbor Youth Resource Center that offer a number of consumer-run programs. There is one other consumer-run wellness center on the coast, Hospitality House. Beneficiaries and their family members are made aware of consumer-run programs at intake; they are given information about the services, activities, and contact information.</p> <p>The Manzanita Wellness Center maintains a website, monthly calendar of activities, a newsletter, and has flyers available in English and Spanish. The center staff also does outreach to the Latino/Hispanic community through local churches and markets frequented by Spanish speakers.</p>		
3G	Measures clinical and/or functional outcomes of consumers served	PM
<p>The MHP uses the CANS and the ANSA for beneficiary outcome tools. The MHP produces some standing reports that give clinicians and their manager's information</p>		

on progress and course of treatment. The outcome information enables clinicians to adapt services on an individual-beneficiary level. The MHP does not use the outcome information to adapt services on a program-wide, systemic level; however, the MHP and RQMC are moving toward aggregation to provide a system-wide overview of beneficiary outcomes. The MHP and RQMC were testing and revising the aggregate reports at the time of the onsite review.

3H	Utilizes information from Consumer Satisfaction Surveys	M
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The MHP administers the CPS twice annually. The results of the survey are shared with the contract providers and their staff. At some contract providers, analysts summarized the survey and highlighted the outcomes and implications. The MHP received fewer surveys (403) in November 2017 than in May 2017 (478). In addition to the CPS, agencies conduct their own surveys or program-specific surveys (e.g., foster youth survey at Tapestry).

SUMMARY OF FINDINGS

This section summarizes the CalEQRO findings from the FY 2018-19 review of Mendocino MHP related to access, timeliness, and quality of care.

MHP Environment – Changes, Strengths, Opportunities and Recommendations

PIP Status

Clinical PIP Status: Active and ongoing

Non-clinical PIP Status: Submission determined not to be a PIP (not rated)

Recommendations:

- As per Title 42, CFR, §438.330, DHCS requires two active PIPs; the MHP is contractually required to meet this requirement going forward.
- As a first step, the MHP is encouraged to identify a deficiency in care or services that has a beneficiary impact.
- The MHP is encouraged to contact BHC for technical assistance, prior to the start of a new non-clinical PIP.

Access to Care

Changes within the past year:

- The MHP's Innovation Project with Round Valley Indian Health Center, Yuki Trails, was approved in October 2017 and begun in March 2018. The project facilitates services, particularly crisis services, and targets Native Americans in/around in Covalo.
- The MHP transferred medication services to RQMC. This change has expanded access and enabled more timely access to psychiatric providers and medications.
- The passing of County Measure B, a Mental Health Treatment Act that funds improvements to services, treatment, and facilities for persons with mental health conditions, provides opportunities to expand access to care.
- One contract provider added an onsite clinician to conduct assessments for TAY. This change has provided consistent access to initial services for TAY.
- Another team was added to the MOPS, now making three teams. This has expanded the geographic area that the MHP serves and has purportedly increased the numbers of beneficiaries served.

Strengths:

- Through the ASO, the MHP has an extensive network of community-based providers that facilitate stable access for beneficiaries.
- The MHP uses telehealth to provide services to beneficiaries.

Opportunities for Improvement:

- Large caseloads of many high-needs beneficiaries is reported as typical, which may be a contributing factor in staff burnout, low retention, and difficulty in recruitment.
- According to the homelessness needs assessment, there is a dearth of mental health (and SUD) treatment slots and beds for individuals experiencing homelessness in Mendocino County.

Recommendations:

- Review or conduct some analysis of caseload distribution among the contract provider agencies and their staff.
- As necessary, assign cases to promote a more equitable distribution of different levels of care and need.
- Engage the contract provider in identifying the beneficiaries who were adversely affected by decreased transportation assistance and in implementing some improvements or alternatives.

Timeliness of Services

Changes within the past year:

- The addition of the onsite clinician to conduct assessments has decreased clinician no-shows at/for one contract provider.

Strengths:

- The post-hospitalization plan for beneficiaries includes transportation from the hospital to a clinic appointment, which ensures timely follow-up after discharge from an inpatient stay.

Opportunities for Improvement:

- The MHP's reporting of follow-up after psychiatric hospitalization is incomplete, as it does not capture all those who have been discharged and are eligible for follow-up. The MHP only reported those who voluntarily accepted appointments in seven days.

- The MHP has protracted time to psychiatry, especially for children's services. Beneficiaries and staff alike reported wait times of three to four months for a psychiatric appointment.
- The no-show rate for psychiatry was greater than the MHP's benchmark.

Recommendations:

- Include all Medi-Cal beneficiaries who are discharged from the hospital and are eligible for post-psychiatric hospitalization in Mendocino County (i.e., do not exclude those who refuse appointments or who are seen beyond seven days).
- Target some improvement activities to those beneficiaries who are discharged from the hospital and remain in-county, but decline follow-up services.
- Decrease the time to children's psychiatry, through the use of telehealth, locums, or other means.

Quality of Care

Changes within the past year:

- Modifications were made to the EHR to prompt clinicians to enter SUD diagnoses as well as mental health diagnoses.
- Construction has begun for a 38-bed apartment complex, Willow Terrace, which will provide much needed housing for beneficiaries in recovery. The expected completion is May 2019.

Strengths:

- The MHP has three adult wellness centers and one youth wellness center that support beneficiary and peer recovery, located in the three primary communities of the county.
- Cultural responsiveness, continual outreach, and education are part of the MHP's strategy to reduce stigma and gain trust of underserved populations.

Opportunities for Improvement:

- At times, beneficiaries felt that their voices were not heard in treatment decisions.
- Coordination and plan of care for the same beneficiaries that accessed multiple services and programs within the HHSA, in particular child welfare, were sometimes perceived as inconsistent and conflicting.

Recommendations:

- Conduct training or in-service for psychiatric providers that reinforces beneficiary input and collaboration in treatment planning.
- In the training or in-service, engage psychiatric providers in discussion about challenges and ways to incorporate beneficiary preferences.

Beneficiary Outcomes

Changes within the past year: None

Strengths:

- Through a partnership with Mendocino College, beneficiaries can obtain a Human Service Worker certification which may be used as credentials for entry-level position within the MHP.

Opportunities for Improvement:

- The outcome measures were not perceived as reliable by clinical staff who administered them. The same outcome measure produced different results upon re-administration.

Recommendations:

- 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.

Foster Care

Changes:

- The MHP has developed a CANS scoring guide, along with diagnostic assessments, which support both risk and service placement levels for FC beneficiaries.

Opportunities for Improvement:

- The scoring guide and diagnostic assessments are not adapted to CANS-50.

Recommendations:

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

Information Systems

Changes within the past year:

- The MHP installed Avatar Data Trial module to support internal auditing.
- The MHP migrated DCR transactions to the MHP's website for transmission to a DHCS system.

Strengths:

- The MHP developed the FY 2018-19 IS Strategic Business Plan, which includes identifying goals, assumptions, and deliverables.

Opportunities for Improvement:

- While the MOPS team is a first responder for remote communities, the team does not have ready-access to beneficiary information while in the field.
- While the MHP's current process to assign user access works adequately, this process and the validation of it are labor-intensive.

Recommendations:

- Provide the MOPS teams with mobile devices (e.g., secure laptops and/or tablet) with Internet connectivity to enable clinicians' access to beneficiary's EHR information while in the field.
- 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.

Structure and Operations

Changes within the past year:

- The MHP implemented electronic 837P and 835 transactions for Medicare Part B claims.
- The MHP revised the audit tool for quality assurance to support Chart Review process.

Recommendations: None

Summary of Recommendations

FY 2018-19 Recommendations:

- 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.
- Compare the same populations for the entirety of the metric on follow-up encounters post-psychiatric inpatient discharge.
- Provide the Mobile Outreach and Prevention Services (MOPS) teams with mobile devices (e.g., secure laptops and/or tablet) with Internet connectivity to enable clinicians' access to beneficiary's electronic health record (EHR) information while in the field.
- Conduct quarterly monitoring FY 2018-19 Information Systems (IS) Strategic Business Plan Goal C, which is to enforce Health Information Portability and Accountability Act (HIPAA) security requirements by assigning levels of security to each User Role Definition on a 'need to know' basis.
- Provide refresher training on the use and scoring of Adult Needs and Strengths Assessment (ANSA), to ensure that clinicians have a satisfactory level of proficiency and are confident in the use and reliability of the measure.
- Conduct training or in-service that reinforces beneficiary input and collaboration in treatment planning for all psychiatric providers.

FY 2018-19 Foster Care Recommendations:

- Use the CANS-50 and, as required, results from historical CANS to evaluate effectiveness of clinical service levels compared to current symptoms, impairment, and risk levels.

Carry-over and Follow-up Recommendations from FY 2017-18: None

ATTACHMENTS

Attachment A: On-site Review Agenda

Attachment B: On-site Review Participants

Attachment C: Approved Claims Source Data

Attachment D: List of Commonly Used Acronyms in EQRO Reports

Attachment F: PIP Validation Tools

Attachment A—On-site Review Agenda

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

Table A1—EQRO Review Sessions - 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
Consumer Satisfaction and Other Surveys
Performance Improvement Projects
Primary and Specialty Care Collaboration and Integration
Health Plan and Mental Health Plan Collaboration Initiatives
Clinical Line Staff Group Interview
Clinical Supervisors Group Interview
Consumer Family Member Focus Group(s)
Contract Provider Group Interview – Operations and Quality Management
Contract Provider Group Interview – Clinical Management and Supervision
Validation of Findings for Pathways to Mental Health Services (Katie A./CCR)
Information Systems Billing and Fiscal Interview
Information Systems Capabilities Assessment (ISCA)
Telehealth
Contract Provider Site Visit
Final Questions and Answers - Exit Interview

Attachment B—Review Participants

CalEQRO Reviewers

Ewurama Shaw-Taylor, PhD, Lead Quality Reviewer
Bill Ullom, Chief Information Systems Reviewer
Deb Strong, 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 & Recovery Services
1120 South Dora Street
Ukiah, CA 95482

Contract Provider Site

The Arbor Youth Resource Center
810 N. State Street
Ukiah, CA 95482

Table B1 - Participants Representing the MHP			
Last Name	First Name	Position	Agency
Abbott	Scott	Compliance Manager	Behavioral Health & Recovery Services (BHRS)
Anderson	Bonnie	Clinical Director	Redwood Community Services
Anderson	Dan	Chief Operations Officer	Redwood Quality Management Company (RQMC)
Ashurst	MaryAlice	clerical supervisor	Manzanita Services
Bainbridge	Alisha	Clinical Staff	Mendocino County Youth Project
Barlow	Michaela	Program Specialist II	Health & Human Services (HHSA)- Family and Children's Services
Bernsdorf	Kathryn	Staff Therapist	Mendocino County Youth Project
Bhandari	Navin	Program Administrator	BHRS
Bogner	Kristine	Operations Manager	Tapestry Family Services
Cosman	Meghan	Clinical Staff	Manzanita Services
Criss	Heather	Program Administrator	HHSA
Crossman	Zack	Clinical Staff	Redwood Community Services
Davis	Paul	Operations Manager	Mendocino Coast Hospitality Center
Deniz	Marcella	Clinical Staff	Mendocino Coast Hospitality Center
Dodge	Michael	Program Specialist II	BHRS
Dreiling	Juanita	Administrative Services Manager	BHRS
Epstien	Andre	Whole Person Care	Redwood Community Services

Table B1 - Participants Representing the MHP			
Last Name	First Name	Position	Agency
Fine	Heather	Executive Director	Tapestry Family Services
Gillespie	Cecelia	Staff Therapist	Mendocino County Youth Project
Guthrie	Libby	Executive Director	Mendocino County Aids/Viral Hepatitis Network (MCAVHN)
Hoaglen	Venus	Staff Services Administrator	BHRS
Jamison	Tawna	Clinical Staff	Manzanita Services
Johns	Nicole	Clinical Director	Tapestry Family Services
Kaye	Martin	Account Specialist III	BHRS
Kazan	Zoy	Clinical Supervisor	MCAVHN
Kelly	Victoria	Program Director	Redwood Community Services
La Delle-Daly	Lois	Compliance and QA/QI Coordinator	RQMC
Landis	Cliff	Mental Health Clinician II	BHRS
Livingston	Sarah	Crisis Director	Redwood Community Services
Logan	Alisha	Business and HR Administrator	RQMC
Lovato	Karen	Acting Deputy Director	BHRS
Lower	Danielle	Electronic Health Record Manager	RQMC
Malone	Tim	Clinical Staff	Tapestry Family Services
Metts	Kinsey	MHRS Supervisor	Redwood Community Services
Miller	Jenine	Director	BHRS
Novotny	Wynd	Executive Director	Manzanita Services

Table B1 - Participants Representing the MHP			
Last Name	First Name	Position	Agency
Ornelas	Janette	Clinical Staff	Mendocino Coast Hospitality Center
Pantelon	Amanda	Clinical Supervisor	Tapestry Family Services
Petersen	Kylee	Clinical Staff	MCAVHN
Rathbun	Terri	Clinical Director	Mendocino County Youth Project
Riley	William	Senior Program Specialist	BHRS
Saraceno	Jenna	Clinical Staff	Redwood Community Services
Schraeder	Camille	Chief Financial Officer	RQMC
Schraeder	Tim	Chief Executive Officer	RQMC
Sullivan	Laura	Clinical Supervisor	Redwood Community Services
Thompson	Dustin	Acting Program Specialist	BHRS
Timberlake-Smith	Rendy	Acting SUDT Supervisor	BHRS
Turchin	Andrea	Sr. Department Analyst	BHRS
Vokoun	CJ	Department Analyst II	BHRS
White	Katherine	Clinical Consultant	Mendocino Coast Hospitality Center
Winter	Ian	Mental Health Rehab Specialist	BHRS
Wyant	Billie	Clinical Staff	Redwood Community Services
Zapanta	Darryl	Clinical Staff	MCAVHN

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: Mendocino MHP CY 2017 Medi-Cal Expansion (ACA) Penetration Rate and ACB					
Entity	Average Monthly ACA Enrollees	Beneficiaries Served	Penetration Rate	Total Approved Claims	ACB
Statewide	3,816,091	147,196	3.86%	\$703,932,487	\$4,782
Small	175,611	7,175	4.09%	\$27,856,376	\$3,882
MHP	13,038	495	3.80%	\$2,407,037	\$4,863

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: Mendocino MHP CY 2017 Distribution of Beneficiaries by ACB Range								
Range of ACB	Beneficiaries Served	Percentage of Beneficiaries	Statewide Percentage of Beneficiaries	Total Approved Claims	ACB	Statewide ACB	Percentage of Total Approved Claims	Statewide Percentage of Total Approved Claims
< \$20K	2,077	93.43%	93.38%	\$7,874,195	\$3,791	\$3,746	56.56%	56.69%
>\$20K - \$30K	63	2.83%	3.10%	\$1,542,402	\$24,483	\$24,287	11.08%	12.19%
>\$30K	83	3.73%	3.52%	\$4,504,553	\$54,272	\$54,563	32.36%	31.11%

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

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
WET	Workforce Education and Training
WRAP	Wellness Recovery Action Plan

YSS	Youth Satisfaction Survey
YSS-F	Youth Satisfaction Survey-Family Version

Attachment E—PIP Validation Tools

PERFORMANCE IMPROVEMENT PROJECT (PIP) VALIDATION WORKSHEET FY 2018-19 CLINICAL PIP	
GENERAL INFORMATION	
MHP: Mendocino County	
PIP Title: Diagnosis of and Coordination of Co-occurring Disorders Services	
Start Date: 11/29/17 Completion Date: Ongoing Projected Study Period: 24 Months Completed: Yes <input type="checkbox"/> No <input type="checkbox"/> Date(s) of On-Site Review: 08/07-08/18 Name of Reviewer: Shaw-Taylor	Status of PIP (Only Active and ongoing, and completed PIPs are rated):
	Rated
	<input checked="" type="checkbox"/> Active and ongoing (baseline established and interventions started)
	<input type="checkbox"/> Completed since the prior External Quality Review (EQR)
	Not rated. Comments provided in the PIP Validation Tool for technical assistance purposes only.
	<input type="checkbox"/> Concept only, not yet active (interventions not started) <input type="checkbox"/> Inactive, developed in a prior year <input type="checkbox"/> Submission determined not to be a PIP <input type="checkbox"/> No Clinical PIP was submitted
Brief Description of PIP (including goal and what PIP is attempting to accomplish): The MHP has averaged a mental health and substance use disorders co-occurring rate of 12 percent over four fiscal years (from FY 2013-17). Because this overall percentage rate is lower than national standards, the MHP has concluded that they are under-diagnosing substance use disorders in their beneficiary population. The MHP has developed a two-year project to evaluate current	

diagnosing standards, co-occurring rates, and clinical training to improve diagnostic accuracy and provide coordinated treatment services.

ACTIVITY 1: ASSESS THE STUDY METHODOLOGY

STEP 1: Review the Selected Study Topic(s)

Component/Standard	Score	Comments
1.1 Was the PIP topic selected using stakeholder input? Did the MHP develop a multi-functional team compiled of stakeholders invested in this issue?	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	The PIP was developed based on input from clinicians, supervisors, and managers on how to best serve beneficiaries with co-occurring disorders, which prompted a review of the co-occurring rates. In addition to mental health and substance use clinicians and manager, the PIP team included QI staff and program managers. One clinician was identified as having lived experience with SUD and MH treatment.
1.2 Was the topic selected through data collection and analysis of comprehensive aspects of enrollee needs, care, and services?	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	The MHP collected retrospective data on their co-occurring rates over four years.

<p>Select the category for each PIP:</p> <p><i>Clinical:</i></p> <p><input type="checkbox"/> Prevention of an acute or chronic condition <input type="checkbox"/> High volume services</p> <p><input checked="" type="checkbox"/> Care for an acute or chronic condition <input type="checkbox"/> High risk conditions</p>		<p><i>Non-clinical:</i></p> <p><input type="checkbox"/> Process of accessing or delivering care</p>							
<p>1.3 Did the Plan’s PIP, over time, address a broad spectrum of key aspects of enrollee care and services?</p> <p><i>Project must be clearly focused on identifying and correcting deficiencies in care or services, rather than on utilization or cost alone.</i></p>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Partially Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> Unable to Determine</p>	<p>The project addresses diagnosis of co-occurring disorders. Indirectly, the project addresses access to treatment.</p>							
<p>1.4 Did the Plan’s PIPs, over time, include all enrolled populations (i.e., did not exclude certain enrollees such as those with special health care needs)?</p> <p><i>Demographics:</i></p> <p><input type="checkbox"/> Age Range <input type="checkbox"/> Race/Ethnicity <input type="checkbox"/> Gender <input type="checkbox"/> Language</p> <p><input type="checkbox"/> Other</p>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Partially Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> Unable to Determine</p>	<p>The project targets adults who were diagnosed with a co-occurring disorder between July 2016 and June 2018.</p>							
Totals		4	Met	0	Partially Met	0	Not Met	0	UTD

STEP 2: Review the Study Question(s)		
<p>2.1 Was the study question(s) stated clearly in writing? Does the question have a measurable impact for the defined study population?</p> <p><i>Include study question as stated in narrative:</i> Will diagnosis rates for co-occurring disorders approach epidemiological standards (at least 40% is goal) and will treatment outcomes and quality of life indicators for these clients improve, as evidenced by improved: a) ANSA scores and b) Exym participation record?</p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	<p>The study question is clear and more targeted than the previous year's submission; however, what the team intends to collect of/from the Exym participation record and how it relates to coordinated treatment was not articulated.</p>
Totals		0 Met 1 Partially Met 0 Not Met 0 UTD
STEP 3: Review the Identified Study Population		
<p>3.1 Did the Plan clearly define all Medi-Cal enrollees to whom the study question and indicators are relevant?</p> <p><i>Demographics:</i> <input type="checkbox"/> Age Range <input type="checkbox"/> Race/Ethnicity <input type="checkbox"/> Gender <input type="checkbox"/> Language <input type="checkbox"/> Other</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	<p>The team stated that the population to whom the project is relevant was adult beneficiaries who are receiving ongoing mental health treatment and are diagnosed with a co-occurring disorder. (For this reason, beneficiaries whose services were limited to medication only or crisis were not included). The MHP anticipated that 360 beneficiaries would meet criteria for the project. Demographics were not provided on the population.</p>

<p>3.2 If the study included the entire population, did its data collection approach capture all enrollees to whom the study question applied?</p> <p><i>Methods of identifying participants:</i></p> <p><input type="checkbox"/> Utilization data <input type="checkbox"/> Referral <input type="checkbox"/> Self-identification <input type="checkbox"/> Other: <Text if checked></p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine</p>	<p>The team has a mechanism to include beneficiaries who are new to the system and diagnosed with a co-occurring disorder and beneficiaries who were already diagnosed with a co-occurring disorders. However, the team did not articulate the mechanism to identify those beneficiaries who were already receiving services and have a co-occurring disorders, but did not have a diagnosis on record. Given the start of the project (i.e., the SUD-focused sessions) was in January 2018 and the MHP was over seven months into the project, it is likely that not all relevant beneficiaries have been identified.</p>
Totals		<p>1 Met 1 Partially Met 0 Not Met 0 UTD</p>
STEP 4: Review Selected Study Indicators		
<p>4.1 Did the study use objective, clearly defined, measurable indicators?</p> <p><i>List indicators:</i></p> <ol style="list-style-type: none"> 1. Clinician rating on adequate training to identify co-occurring disorders 2. Co-occurring disorders rate 3. Percentage of beneficiaries with 3+ SUD treatment sessions 4. Percentage attending 3+ sessions with improved ANSA 5. Average number of service hours for those attending 3+ sessions 6. Average number of months in service for those attending 3+ sessions 	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine</p>	<p>The indicators are objective and measurable; however, most of them are process indicators that relate to how the project is being carried out (e.g., 1, 3, 5, and 6). The team has limited the outcome indicators to/for only those participants who showed an improvement in their ANSA score, rather than the raw/straight ANSA score. There is no indicator per se on the coordination of treatment (e.g., number of referrals or entry into SUD treatment).</p>

<p>4.2 Did the indicators measure changes in: health status, functional status, or enrollee satisfaction, or processes of care with strong associations with improved outcomes? All outcomes should be consumer focused.</p> <p><input type="checkbox"/> Health Status <input type="checkbox"/> Functional Status <input type="checkbox"/> Member Satisfaction <input type="checkbox"/> Provider Satisfaction</p> <p>Are long-term outcomes clearly stated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are long-term outcomes implied? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine</p>	<p>Indictors 2 and 4 measure change in health and functional status respectively. Increased rates of co-occurring disorders relate to improved diagnosis and change in health status and the improved ANSA relates to change in functional status.</p>
Totals		<p>1 Met 1 Partially Met 0 Not Met 0 UTD</p>
STEP 5: Review Sampling Methods		
<p>5.1 Did the sampling technique consider and specify the:</p> <p>a) True (or estimated) frequency of occurrence of the event? b) Confidence interval to be used? c) Margin of error that will be acceptable?</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine</p>	<p>The project does not include sampling. All those who are eligible and consent to the SUD sessions were included.</p>

<p>5.2 Were valid sampling techniques that protected against bias employed?</p> <p><i>Specify the type of sampling or census used:</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	
<p>5.3 Did the sample contain a sufficient number of enrollees?</p> <p>_____ N of enrollees in sampling frame _____ N of sample _____ N of participants (i.e. – return rate)</p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	
Totals 0 Met 0 Partially Met 0 Not Met 3 NA 0 UTD		
STEP 6: Review Data Collection Procedures		
<p>6.1 Did the study design clearly specify the data to be collected?</p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	<p>The team indicated the data that they will collect, but there appeared to be more variables in the study for which data ought to have been collected or provided (e.g., the numbers that do not have two ANSA scores, the latency between the ANSA scores, and the different clinics where the sessions took place).</p>
<p>6.2 Did the study design clearly specify the sources of data?</p> <p><i>Sources of data:</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met	<p>The sources of data are indicated. The EHR, Exym, was used to extract co-occurring disorder diagnoses, the number of SUD-focused sessions, the service</p>

<input type="checkbox"/> Member <input type="checkbox"/> Claims <input type="checkbox"/> Provider <input checked="" type="checkbox"/> Other: Survey	<input type="checkbox"/> Unable to Determine	hours, and ANSA scores. For the staff training, a survey was used.
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?	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	While the data on co-occurring rates and utilization of SUD treatment session come from Exym (the latter through a check-box), the team did not indicate how they were able to determine that 257 (of 684 receiving services) had a co-occurring disorder. If the identification is based on an annual review, it is possible that many beneficiaries (those whose annual review is due to occur between July 2018 and December 2018) would not have been included.
6.4 Did the instruments used for data collection provide for consistent, accurate data collection over the time periods studied? <i>Instruments used:</i> <input checked="" type="checkbox"/> Survey <input checked="" type="checkbox"/> Medical record abstraction tool <input type="checkbox"/> Outcomes tool <input type="checkbox"/> Level of Care tools <input type="checkbox"/> Other:	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	Data in the EHR (e.g., the use of UCLA intervention and diagnosis of co-occurring) was dependent on clinician input. While supervisors and QA staff reviewed clinicians' notes and verified that clinicians were operating within their scope of practice, this notes/documentation review did not address the accuracy of the information that clinicians entered. It was possible to click that the SUD intervention was used, without it actually being used. It was possible to indicate that a beneficiary has a co-occurring disorder, without the beneficiary having a co-occurring disorder. There were also differences in the number of SUD sessions that any one beneficiary might have.

<p>6.5 Did the study design prospectively specify a data analysis plan? Did the plan include contingencies for untoward results?</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine</p>	<p>There were differences in the study plan that the team outlined compared to what was actually done. The plan indicated participation by beneficiaries who accessed services from 2016-2018, but the analysis was only based on those receiving services from 2017-2018. The analysis did not indicate that the results would be stratified, based on the number of SUD sessions attended or based on the clinic.</p>
<p>6.6 Were qualified staff and personnel used to collect the data? <i>Project leader:</i> Name: Cliff Landis Title: Mental Health Clinician II Role: QA/QI Clinician <i>Other team members:</i> Names: Dan Anderson (to collect Exym data) Venus Hoaglen (to collect co-occurring rates) Barbie Svendsen (to collect clinician survey data)</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine</p>	<p>The staff collecting the data are familiar with Exym and know how to extract relevant data.</p>
Totals		<p>2 Met 4 Partially Met 0 Not Met 0 UTD</p>

STEP 7: Assess Improvement Strategies		
<p>7.1 Were reasonable interventions undertaken to address causes/barriers identified through data analysis and QI processes undertaken?</p> <p><i>Describe Interventions:</i></p> <ol style="list-style-type: none"> 1. UCLA ISAP training on diagnosis and treating co-occurring disorders. 2. Provision of SUD-focused treatment sessions for co-occurring clients. 	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	<p>The intervention addresses the diagnosing of a co-occurring disorder, but it does not address sufficiently the identification of individuals who have a co-occurring disorder or the coordinated treatment for the co-occurring disorder.</p>
Totals		0 Met 1 Partially Met 0 Not Met 0 UTD
STEP 8: Review Data Analysis and Interpretation of Study Results		
<p>8.1 Was an analysis of the findings performed according to the data analysis plan?</p> <p><i>This element is "Not Met" if there is no indication of a data analysis plan (see Step 6.5)</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	<p>In the documentation of the project, the team indicated quarterly review of statistics, but data appear to be presented at varying frequencies, including 9 months, 4 months, and 3 months.</p>

<p>8.2 Were the PIP results and findings presented accurately and clearly? Are tables and figures labeled? <input type="checkbox"/> Yes <input type="checkbox"/> No Are they labeled clearly and accurately? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine</p>	<p>The team presented their data to date. The data on the numbers of beneficiaries in the study were not clear. Per the team, the number that completed at least three sessions was 42, which ought to be the denominator upon which the indicators are based. But for indicator 4 (i.e., the number with improved ANSA score), the denominator is 75.</p>
<p>8.3 Did the analysis identify: initial and repeat measurements, statistical significance, factors that influence comparability of initial and repeat measurements, and factors that threaten internal and external validity? Indicate the time periods of measurements: _____ Indicate the statistical analysis used: _____ Indicate the statistical significance level or confidence level if available/known: ____percent _____Unable to determine</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine</p>	<p>The team has completed one round of repeated measures. More time is needed for subsequent measures. Mentioned previously, the plan indicated quarterly review of statistics. There are also factors that influence comparability that were not adequately addressed: clinic differences and differences in the number of SUD sessions that any one beneficiary can have.</p>

<p>8.4 Did the analysis of the study data include an interpretation of the extent to which this PIP was successful and recommend any follow-up activities? <i>Limitations described:</i> Clinic differences <i>Conclusions regarding the success of the interpretation:</i> Improved ANSA scores were lower for those receiving SUD sessions than clients with a co-occurring disorders who did not receive SUD sessions <i>Recommendations for follow-up:</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	<p>The team presented an interpretation of the preliminary findings. Some indicators improved in the desired direction, others did not. The team has speculated that clinic differences/variability may account for less than anticipated outcomes.</p>
Totals		1 Met 3 Partially Met 0 Not Met 0 NA 0 UTD
STEP 9: Assess Whether Improvement is “Real” Improvement		
<p>9.1 Was the same methodology as the baseline measurement used when measurement was repeated? <i>Ask: At what interval(s) was the data measurement repeated?</i> <i>Were the same sources of data used?</i> <i>Did they use the same method of data collection?</i> <i>Were the same participants examined?</i> <i>Did they utilize the same measurement tools?</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	<p>The study has not been completed.</p>

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

9.5 Was sustained improvement demonstrated through repeated measurements over comparable time periods?	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	
Totals		0 Met 0 Partially Met 0 Not Met 5 NA 0 UTD

ACTIVITY 2: VERIFYING STUDY FINDINGS (OPTIONAL)

Component/Standard	Score	Comments
Were the initial study findings verified (recalculated by CalEQRO) upon repeat measurement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Conclusions:
 The study has not been completed.

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

Recommendations:

The recommendations to the team was to use the most recent ANSA, just before the beneficiary's participation in the study/SUD-focused treatment and for the team to include some measure that relates to improved access to SUD treatment.

Check one:

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

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

GENERAL INFORMATION

MHP: Mendocino

PIP Title: Consumer/Family Member Participation in QIC Meetings

Start Date: 07/01/17

Completion Date: 06/30/18

Projected Study Period: 12 Months

Completed: Yes No

Date(s) of On-Site Review: 08/07-08/18

Name of Reviewer: Shaw-Taylor

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 has noted that attendance by beneficiaries and family members at the bi-monthly QIC meetings has historically been very low. The MHP recognizes QIC meetings as an opportunity for beneficiary and family input and feedback. Through increased attendance, beneficiaries have an input/influence on decision-making and the MHP has increased accountability.

ACTIVITY 1: ASSESS THE STUDY METHODOLOGY				
STEP 1: Review the Selected Study Topic(s)				
Component/Standard	Score	Comments		
1.1 Was the PIP topic selected using stakeholder input? Did the MHP develop a multi-functional team compiled of stakeholders invested in this issue?	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	The PIP topic was generated by QI department. The PIP committee includes QI staff and MHP and RQMC management. There was a beneficiary representative through the family advocate, but no beneficiaries themselves. For a project about beneficiary participation, direct beneficiary participation on the committee seems essential.		
1.2 Was the topic selected through data collection and analysis of comprehensive aspects of enrollee needs, care, and services?	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	The team provided data on attendance of past QIC meetings, which also showed variability in the frequency of the meetings over the past few years, a possible contributor to why beneficiaries do not attend consistently.		
<p>Select the category for each PIP:</p> <p><i>Non-clinical:</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Prevention of an acute or chronic condition <input type="checkbox"/> Care for an acute or chronic condition <input type="checkbox"/> Process of accessing or delivering care </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> High volume services <input type="checkbox"/> High risk conditions </td> </tr> </table>			<input type="checkbox"/> Prevention of an acute or chronic condition <input type="checkbox"/> Care for an acute or chronic condition <input type="checkbox"/> Process of accessing or delivering care	<input type="checkbox"/> High volume services <input type="checkbox"/> High risk conditions
<input type="checkbox"/> Prevention of an acute or chronic condition <input type="checkbox"/> Care for an acute or chronic condition <input type="checkbox"/> Process of accessing or delivering care	<input type="checkbox"/> High volume services <input type="checkbox"/> High risk conditions			

<p>1.3 Did the Plan's PIP, over time, address a broad spectrum of key aspects of enrollee care and services? <i>Project must be clearly focused on identifying and correcting deficiencies in care or services, rather than on utilization or cost alone.</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	<p>The project does not identify a deficiency in care or services.</p>
<p>1.4 Did the Plan's PIPs, over time, include all enrolled populations (i.e., did not exclude certain enrollees such as those with special health care needs)? <i>Demographics:</i> <input type="checkbox"/> Age Range <input type="checkbox"/> Race/Ethnicity <input type="checkbox"/> Gender <input type="checkbox"/> Language <input type="checkbox"/> Other</p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	<p>The project's focus is on the meetings and not the beneficiaries.</p>
Totals		<p>Met Partially Met Not Met UTD</p>
STEP 2: Review the Study Question(s)		
<p>2.1 Was the study question(s) stated clearly in writing? Does the question have a measurable impact for the defined study population? <i>Include study question as stated in narrative:</i> Will focused adjustments to the location, format, and outreach strategies for QIC meetings improve attendance and participation in these meetings by consumers and family members?</p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	<p>The study question has a measurable component, but there is no established connection between increased attendance at an organizational meeting and improved beneficiary outcome. The practical impact on beneficiaries is not clear.</p>
Totals		<p>Met Partially Met Not Met UTD</p>

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? <i>Demographics:</i> <input type="checkbox"/> Age Range <input type="checkbox"/> Race/Ethnicity <input type="checkbox"/> Gender <input type="checkbox"/> Language <input type="checkbox"/> Other	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	All (adult) beneficiaries were eligible to attend the QIC meetings.			
3.2 If the study included the entire population, did its data collection approach capture all enrollees to whom the study question applied? <i>Methods of identifying participants:</i> <input type="checkbox"/> Utilization data <input type="checkbox"/> Referral <input type="checkbox"/> Self-identification <input type="checkbox"/> Other: <Text if checked>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	The data collection was a count of beneficiary attendance at QIC meetings.			
Totals		Met	Partially Met	Not Met	UTD
STEP 4: Review Selected Study Indicators					
4.1 Did the study use objective, clearly defined, measurable indicators? <i>List indicators:</i> 1. Number of consumers/family members in attendance 2. Number of comments by consumers/family members 3. Number of follow-ups provided to comments	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	The indicators were measurable; however, they did not give a sense of the content of the comment or the quality of the response.			

<p>4.2 Did the indicators measure changes in: health status, functional status, or enrollee satisfaction, or processes of care with strong associations with improved outcomes? All outcomes should be consumer focused.</p> <p><input type="checkbox"/> Health Status <input type="checkbox"/> Functional Status <input type="checkbox"/> Member Satisfaction <input type="checkbox"/> Provider Satisfaction</p> <p>Are long-term outcomes clearly stated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are long-term outcomes implied? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine</p>	<p>The indicators did not address any of these four changes or outcomes.</p>
Totals		Met Partially Met Not Met UTD
STEP 5: Review Sampling Methods		
<p>5.1 Did the sampling technique consider and specify the:</p> <p>a) True (or estimated) frequency of occurrence of the event?</p> <p>b) Confidence interval to be used?</p> <p>c) Margin of error that will be acceptable?</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine</p>	<p>The study did not include sampling.</p>

<p>5.2 Were valid sampling techniques that protected against bias employed?</p> <p><i>Specify the type of sampling or census used:</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	<p>The study did not include sampling.</p>						
<p>5.3 Did the sample contain a sufficient number of enrollees?</p> <p>_____N of enrollees in sampling frame _____N of sample _____N of participants (i.e. – return rate)</p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	<p>The study did not include sampling.</p>						
<table border="1"> <tr> <td style="background-color: #ffffcc;">Totals</td> <td>Met</td> <td>Partially Met</td> <td>Not Met</td> <td>NA</td> <td>UTD</td> </tr> </table>			Totals	Met	Partially Met	Not Met	NA	UTD
Totals	Met	Partially Met	Not Met	NA	UTD			
STEP 6: Review Data Collection Procedures								
<p>6.1 Did the study design clearly specify the data to be collected?</p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	<p>Yes. The data to be collected were the indicators. One data element that was not included and should have been was the attendance at MHSA meetings.</p>						
<p>6.2 Did the study design clearly specify the sources of data?</p> <p><i>Sources of data:</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met	<p>See above.</p>						

<input type="checkbox"/> Member <input type="checkbox"/> Claims <input type="checkbox"/> Provider <input type="checkbox"/> Other:	<input type="checkbox"/> 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?	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	In addition to the number of comments, there was some measure of the valence of the comment, either positive or negative, but this did not appear to be included in the actual data.
6.4 Did the instruments used for data collection provide for consistent, accurate data collection over the time periods studied? <i>Instruments used:</i> <input type="checkbox"/> Survey <input type="checkbox"/> Medical record abstraction tool <input type="checkbox"/> Outcomes tool <input type="checkbox"/> Level of Care tools <input type="checkbox"/> Other:	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	There were inconsistencies with the recording of participant feedback/commentary and follow-up to participant's feedback. The team also had technology difficulty with the video-conferencing, which curtailed its use. The instruments used for data collection did not provide for consistent and accurate data collection.
6.5 Did the study design prospectively specify a data analysis plan? Did the plan include contingencies for untoward results?	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	There was no data analysis plan, as such. The plan was to collect and report on data.

<p>6.6 Were qualified staff and personnel used to collect the data? <i>Project leader:</i> Name: Title: Role: <i>Other team members:</i> Names:</p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	Not indicated				
Totals		Met	Partially Met	Not Met	UTD	
STEP 7: Assess Improvement Strategies						
<p>7.1 Were reasonable interventions undertaken to address causes/barriers identified through data analysis and QI processes undertaken? <i>Describe Interventions:</i> 1. Combine QIC Meeting with Mental Health Service Act Stakeholder Meeting 2. Videoconferencing between different sites during QIC meeting 3. Hold QIC meetings at wellness centers and enhance meetings to be welcoming, interesting and pertinent so consumers/family members will participate. Meeting reports presented with PowerPoint.</p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	The team did not identified an actual problem to which beneficiary attendance at QIC meetings would mitigate.				
Totals		Met	Partially	Met	Not Met	UTD

STEP 8: Review Data Analysis and Interpretation of Study Results		
<p>8.1 Was an analysis of the findings performed according to the data analysis plan?</p> <p><i>This element is "Not Met" if there is no indication of a data analysis plan (see Step 6.5)</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	<p>As this was not a PIP, further detail on analysis are not needed.</p>
<p>8.2 Were the PIP results and findings presented accurately and clearly?</p> <p>Are tables and figures labeled?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are they labeled clearly and accurately?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	

<p>8.3 Did the analysis identify: initial and repeat measurements, statistical significance, factors that influence comparability of initial and repeat measurements, and factors that threaten internal and external validity?</p> <p>Indicate the time periods of measurements: _____</p> <p>Indicate the statistical analysis used: _____</p> <p>Indicate the statistical significance level or confidence level if available/known: ____percent _____Unable to determine</p>	<p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Partially Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Unable to Determine</p>					
<p>8.4 Did the analysis of the study data include an interpretation of the extent to which this PIP was successful and recommend any follow-up activities?</p> <p><i>Limitations described:</i></p> <p><i>Conclusions regarding the success of the interpretation:</i></p> <p><i>Recommendations for follow-up:</i></p>	<p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Partially Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Unable to Determine</p>					
Totals		Met	Partially Met	Not Met	NA	UTD

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

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

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

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

Conclusions:

This was not a PIP.

Recommendations:

The recommendation to the team was to identify a veritable problem to which beneficiary input is necessary and/or has a direct beneficiary impact or benefit. The attendance at QIC meetings is an organizational goal and not necessarily a benefit to beneficiaries. In the larger scheme, the MHP may wish to define a role for beneficiaries in the QIC meetings—something that would encourage regular attendance (by the same beneficiaries, for a given period of time) because their input is necessary and fulfills a certain purpose.

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