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

TUOLUMNE MHP FINAL REPORT

Prepared for:

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

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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 Tuolumne 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 — Central

MHP Location — Sonora

MHP Beneficiaries Served in Calendar Year (CY) 2017 — 1,011

MHP Threshold Language — None

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: Revise first offered timeliness standard to reflect the state requirements.

Status: Met

- The MHP has improved the standard for initial contact to first offered appointment from 21 days to 10 business days.
- The MHP has improved the standard for initial contact to first offered psychiatric appointment from 30 days to 15 business days.
- The following policies and procedures have been updated:
 - The Access to Care Policy
 - The Network Adequacy Time and Distance Standards Policy
 - The Network Adequacy Procedure
- All other policies that reflected previous timeliness standards have been retired.

Recommendation 2: Evaluate the effectiveness of intake staffing and process changes in reducing wait time for first offered and first kept appointments.

Status: Partially Met

- With respect to timeliness for initial access, the MHP:
 - Planned services has begun blocking off 16 assessment slots per week thereby increasing the overall number of dedicated assessment slots available within the MHP.
 - Transitioned the scheduling process away from individual planned services clinicians and embedded this responsibility under the reception department.
- Wait time from initial request to first kept appointment decreased from 20 business days in CY 2017 to 14 business days in CY 2018, a 30 percent decrease.
- Two MHP clinicians were embedded, one in Child Welfare Services (CWS) and one in Probation, to provide rapid intakes specific to the beneficiaries under their jurisdiction. Both clinicians have full access to the EHR.

Recommendation 3: Determine if further changes are needed for intake staffing and processes.

Status: Met

- The change in scheduling responsibilities were put into effect in the third quarter of CY 2018 and have not been implemented long enough for sufficient analysis of the long-term impact.
- The MHP will continue to monitor the effect these changes have made on the timeliness of access, and will further analyze retention rates that may also reflect intake staffing and processes.

Recommendation 4: Evaluate the impact of increased telehealth capacity in reducing wait times for first psychiatry appointment. *(This recommendation is a carry-over from FY 2016-17.)*

Status: Partially Met

- A total of 452 beneficiaries were served by telehealth in the past year: 379 adults, 22 children/youth and 51 older adults.
- The mean wait time has decreased from 77 business days in CY 2017 to 22 business days in CY 2018, a 71 percent decrease.
- The MHP has a new standard of 15 business days for initial contact to first offered psychiatric appointment, and meets the standard 41 percent of the time

with a mean of 22 days (42 percent for adults, 33 percent for children). The MHP tracks this metric for the entire system of care.

- While substantial improvements have been made in the past year, this metric remains well below the standard for both adults and children.

Recommendation 5: Identify if additional strategies are needed to reduce the wait time for first psychiatry appointments.

Status: Met

- The MHP has improved the standard for initial contact to first offered psychiatric appointment from 30 business days to 15 business days.
- The MHP is closely monitoring capacity and caseloads using their newly designed interactive dashboards.
- The MHP relocated the second telepsychiatry room, and as a result of the move in 2018 the room has been used more consistently.
- The MHP is in the process of negotiating additional telepsychiatry hours from the vendor, Kings View Behavioral Health Services (Kings View). Stakeholders reported that insufficient child psychiatry time is available resulting in difficulty with continuity of care for children and youth beneficiaries and their families.
- While the MHP has made significant improvements in telepsychiatry access and timeliness, it is too early to determine whether these improvements will lead to further improvements, or if additional interventions may be needed.

Recommendation 6: Include the Milestones of Recovery Scale (MORS), Level of Care Utilization System (LOCUS), or Adult Needs and Strengths Assessment (ANSA) in addition to Child and Adolescent Needs and Strengths (CANS) and Pediatric Symptoms Checklist (PSC-35) in the EHR workflow and monitor their use by clinicians in level of care (LOC) assignments.

Status: Met

- The CANS and PSC-35 were successfully implemented in the Cerner Community Behavioral Health (CCBH) EHR in October 2018.
 - CANS training was provided by the Praed Foundation, and jointly conducted with CWS and the MHP.
 - While Quality Management (QM) monitors for the completion of the CANS and PSC-35 by clinicians, it does not yet aggregate and report at the system level.
- The LOCUS was successfully implemented into the CCBH EHR in December 2018.

- All Behavioral Health clinicians received LOCUS training.
- LOC measurement standards were established and are available in the EHR.
- While monitoring for the completion of the LOCUS by clinicians is done by QM, system-wide aggregate reporting is not yet available.

Recommendation 7: Examine the diagnostic practices in the system and reasons for significant variations from statewide patterns.

Status: Partially Met

- QM conducted a trend analysis of diagnostics:
 - Overall trends were evaluated for several years covering CY 2015 through CY 2018 data.
 - Diagnostic trends were broken down by program and compared for CY 2015 through CY 2018 data.
- The MHP examined the CY 2015 and CY 2016 variations and found that the implementation of International Classification of Diseases, 10th revision (ICD-10) codes was not a smooth transition. Rather, ICD-10 code conversions were not all one-to-one and required re-diagnosing. In addition, a transition was made from having two full-time onsite psychiatrists to having one psychiatrist onsite part-time (one eight-hour day per week) along with telepsychiatry services from Kings View.
- The MHP is working with Kings View, the vendor for telepsychiatry services, to further monitor and analyze diagnostic practices by the five Kings View psychiatrists who work with MHP beneficiaries.
- MHP staff and stakeholders reported a lack of continuity of care between Kings View providers who are contracted for telepsychiatry services. This reportedly results in inconsistent diagnoses and frequent medication changes, along with difficulty establishing a therapeutic relationship, all of which are destabilizing for beneficiaries. In addition, communication is reportedly challenging between clinicians, nursing staff and Kings View providers.

Recommendation 8: Analyze and monitor prescribing practices.

Status: Partially Met

- The MHP has one psychiatrist onsite part-time (one eight-hour day per week).
- The MHP contracts for telepsychiatry services from Kings View for all remaining provider capacity needs.

- Kings View monitors medications and prescribing practices, and shares a monthly report with the MHP. QM reviews these reports and conducts analyses of medication caseload capacity. However, no further oversight or information is shared and the MHP is encouraged to request more detailed information on a monthly basis.

Recommendation 9: Redesign the MHP website to provide crisis services information more prominently, and more detailed descriptions of the services listed.

Status: Met

- The MHP's website was updated to highlight available crisis services with an explanation of each.
 - A redesign of the front page of the website added a large, red telephone image along with the crisis phone number prominently displayed.
 - More specific information regarding outpatient mental health service availability is described for children, youth, adults and older adults. Services include assessment and treatment planning, medication services, brief therapy, case management and group therapy.

PERFORMANCE MEASUREMENT

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

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

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

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

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

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

2. EPSDT POS Data Dashboards:

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

3. Psychotropic Medication and HEDIS Measures:

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

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

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

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

5. *Katie A. v. Bonta*:

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

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

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

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

Total Beneficiaries Served

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

Table 1. Medi-Cal Enrollees and Beneficiaries Served in CY 2017 by Race/Ethnicity Tuolumne MHP				
Race/Ethnicity	Average Monthly Unduplicated Medi-Cal Enrollees	% Enrollees	Unduplicated Annual Count Beneficiaries Served	% Served
White	10,964	76.5%	732	72.4%
Latino/Hispanic	1,583	11.1%	67	6.6%
African-American	74	0.5%	*	n/a
Asian/Pacific Islander	154	1.1%	*	n/a
Native American	160	1.1%	*	n/a
Other	1,390	9.7%	191	18.9%
Total	14,324	100%	1,011	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.				

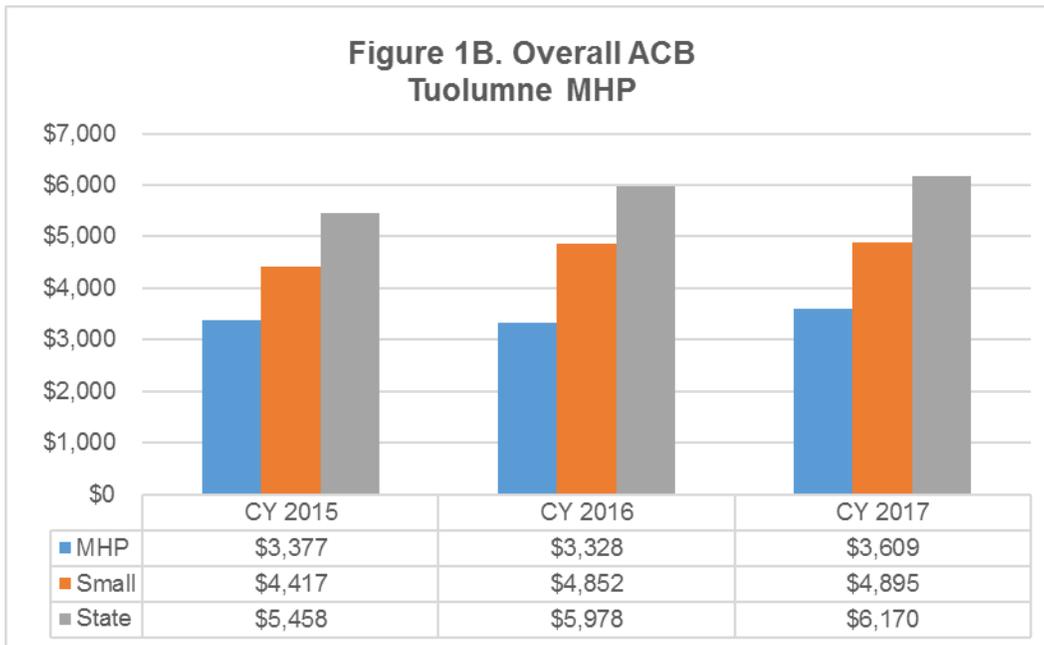
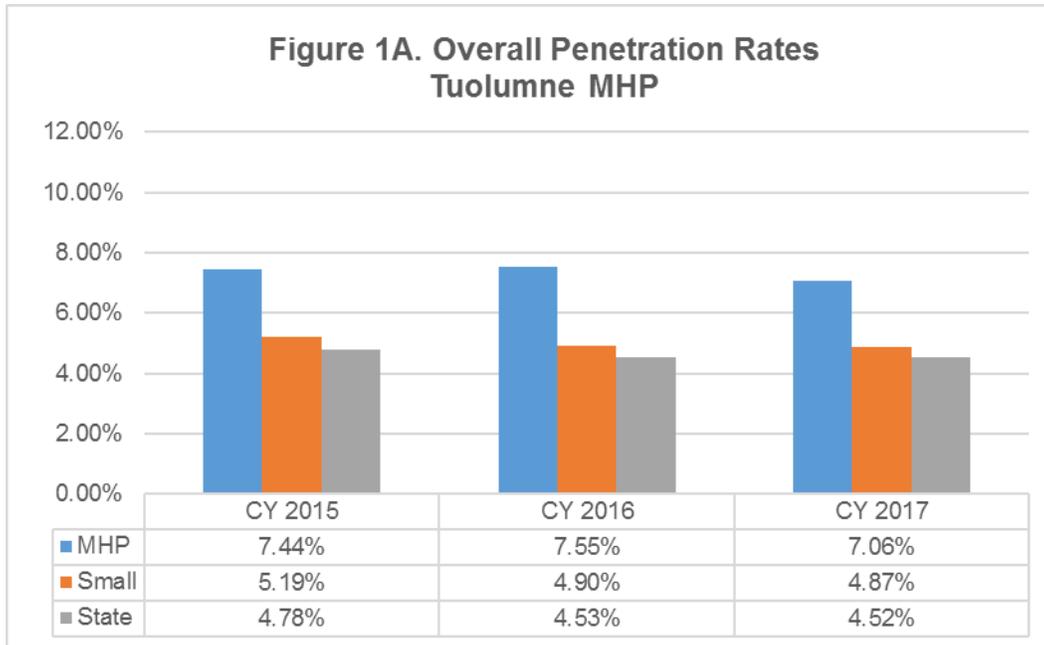
Penetration Rates and Approved Claims per Beneficiary

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.

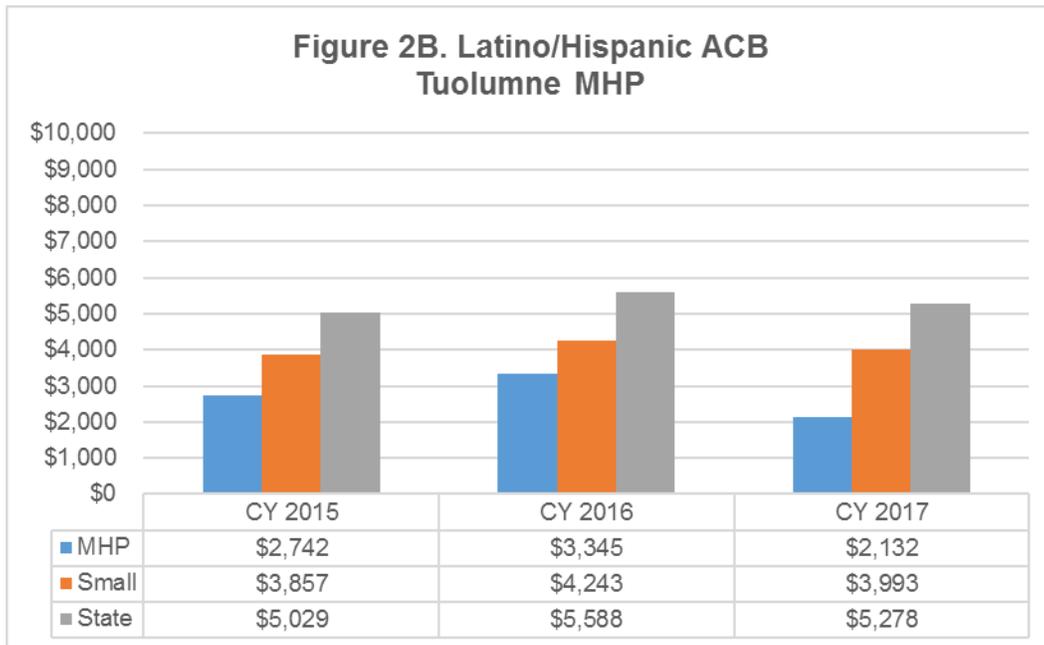
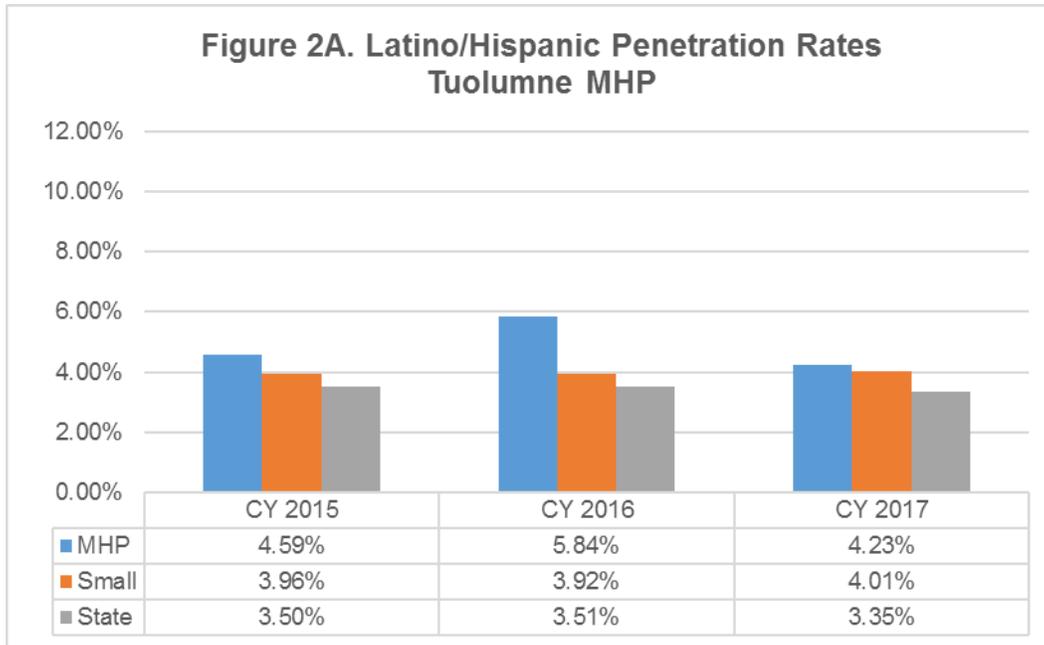
CalEQRO has incorporated the Affordable Care Act (ACA) Expansion data in the total Medi-Cal enrollees and beneficiaries served. Attachment C provides further ACA-specific utilization and performance data for CY 2017. See Table C1 for the CY 2017 ACA penetration rate and ACB.

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

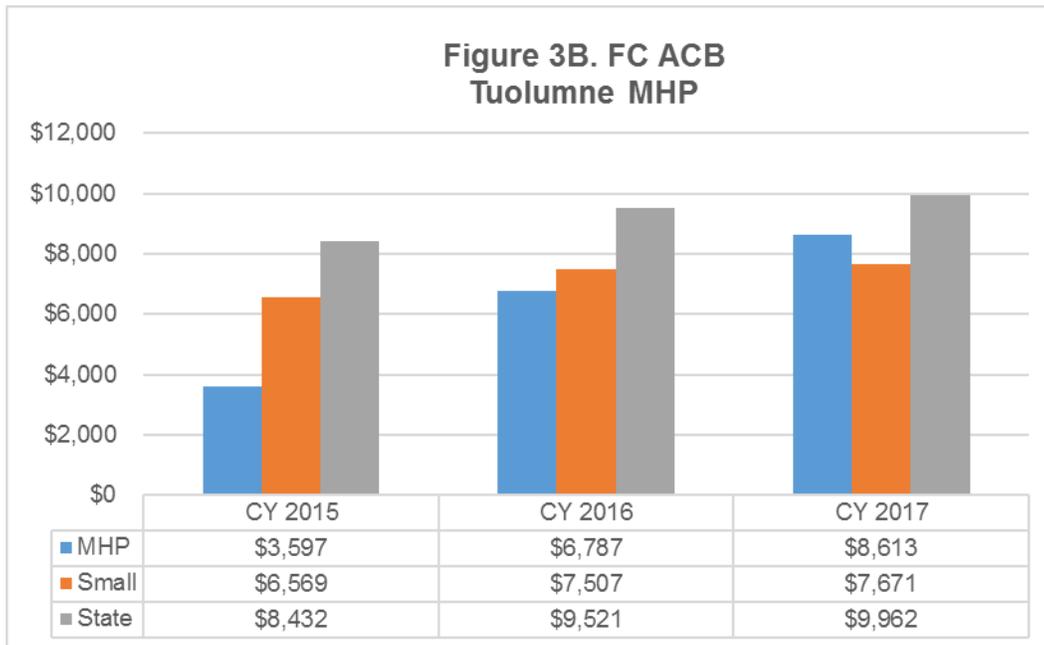
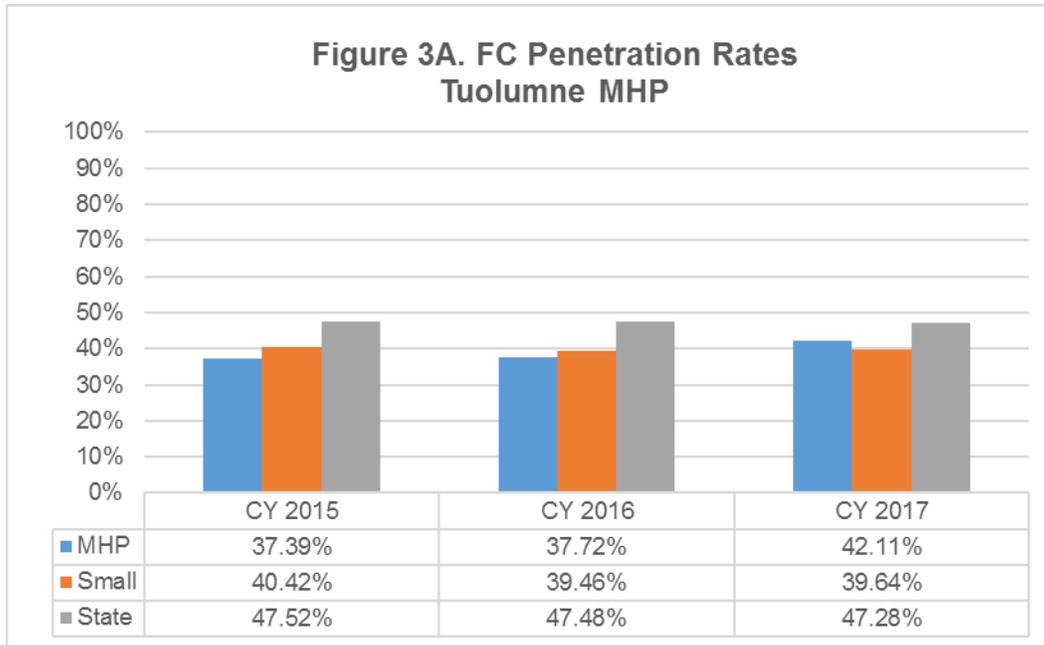
Figures 1A and 1B show three-year (CY 2015-17) trends of the MHP's overall penetration rates and ACB, compared to both the statewide average and the average for small MHPs.



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. High-Cost Beneficiaries Tuolumne MHP							
MHP	Year	HCB Count	Total Beneficiary Count	HCB % by Count	Average Approved Claims per HCB	HCB Total Claims	HCB % by Total Claims
Statewide	CY 2017	21,522	611,795	3.52%	\$54,563	\$1,174,305,701	31.11%
MHP	CY 2017	17	1,011	1.68%	\$54,986	\$934,755	25.62%
	CY 2016	16	1,114	1.44%	\$44,032	\$704,506	19.00%
	CY 2015	14	1,090	1.28%	\$51,644	\$723,019	19.64%

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.

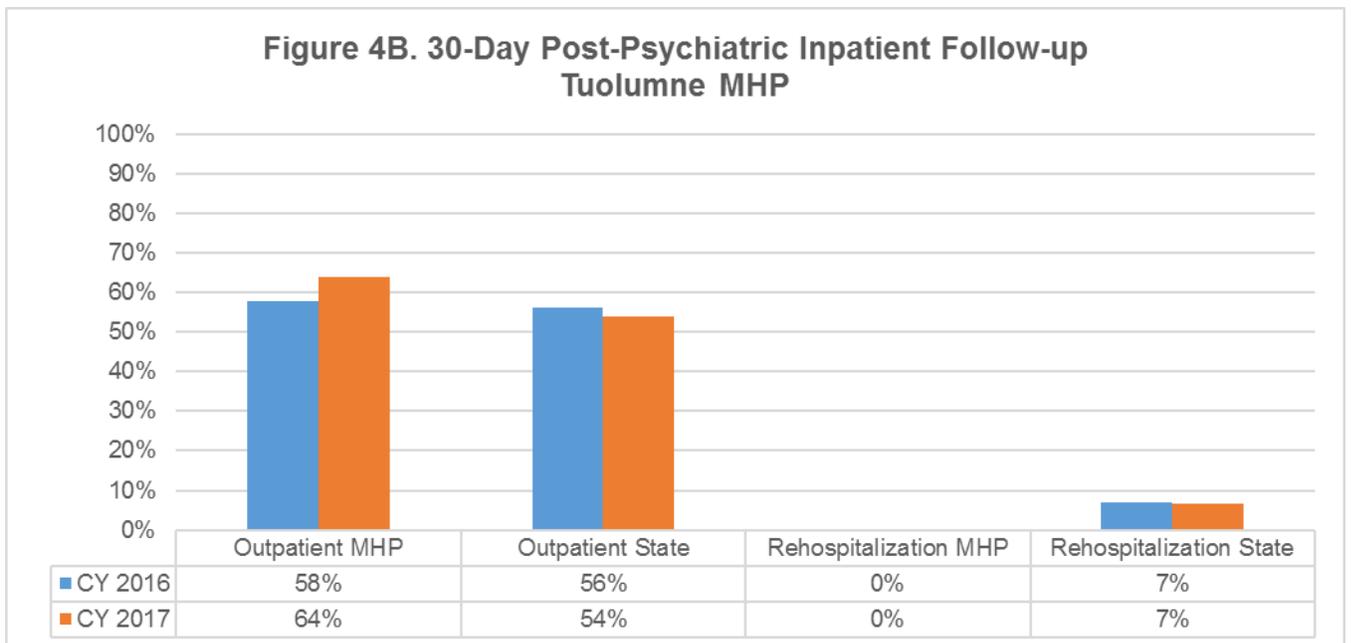
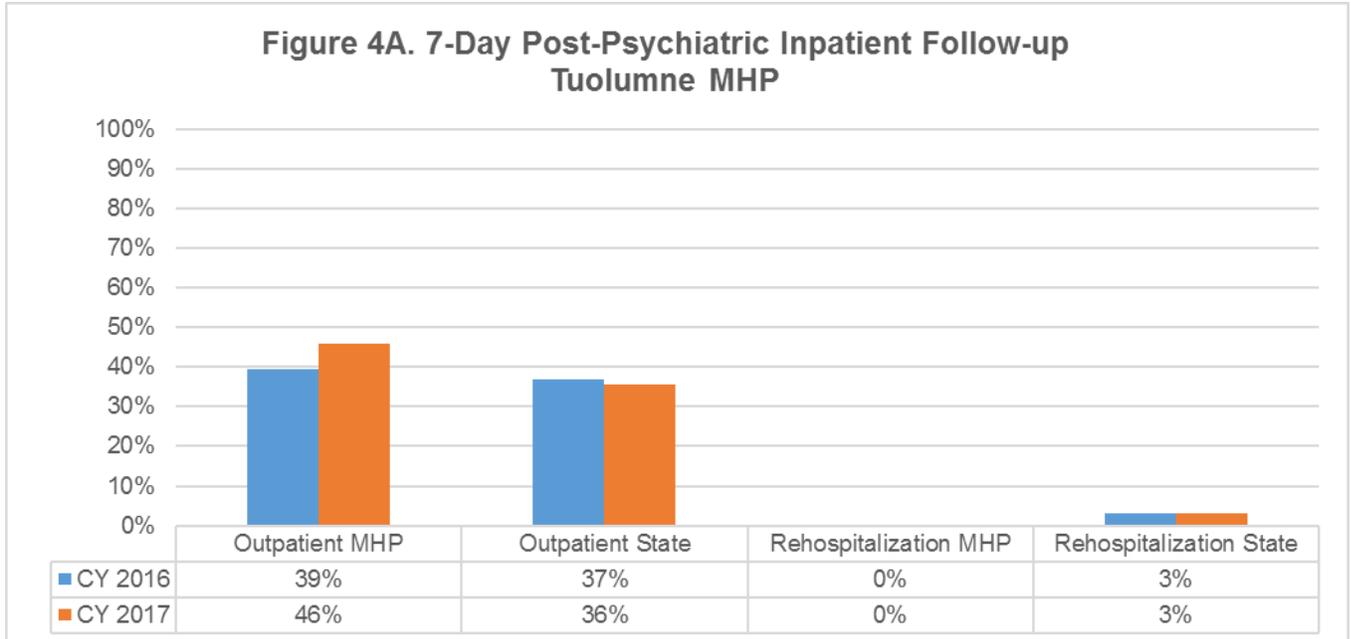
Psychiatric Inpatient Utilization

Table 3 provides the three-year summary (CY 2015-17) of MHP psychiatric inpatient utilization including beneficiary count, admission count, approved claims, and LOS.

Table 3. Psychiatric Inpatient Utilization - Tuolumne MHP					
Year	Unique Beneficiary Count	Total Inpatient Admissions	Average LOS	ACB	Total Approved Claims
CY 2017	76	141	8.36	\$11,379	\$864,821
CY 2016	85	148	7.17	\$10,556	\$897,249
CY 2015	89	173	9.27	\$8,113	\$722,030

Post-Psychiatric Inpatient Follow-Up and Rehospitalization

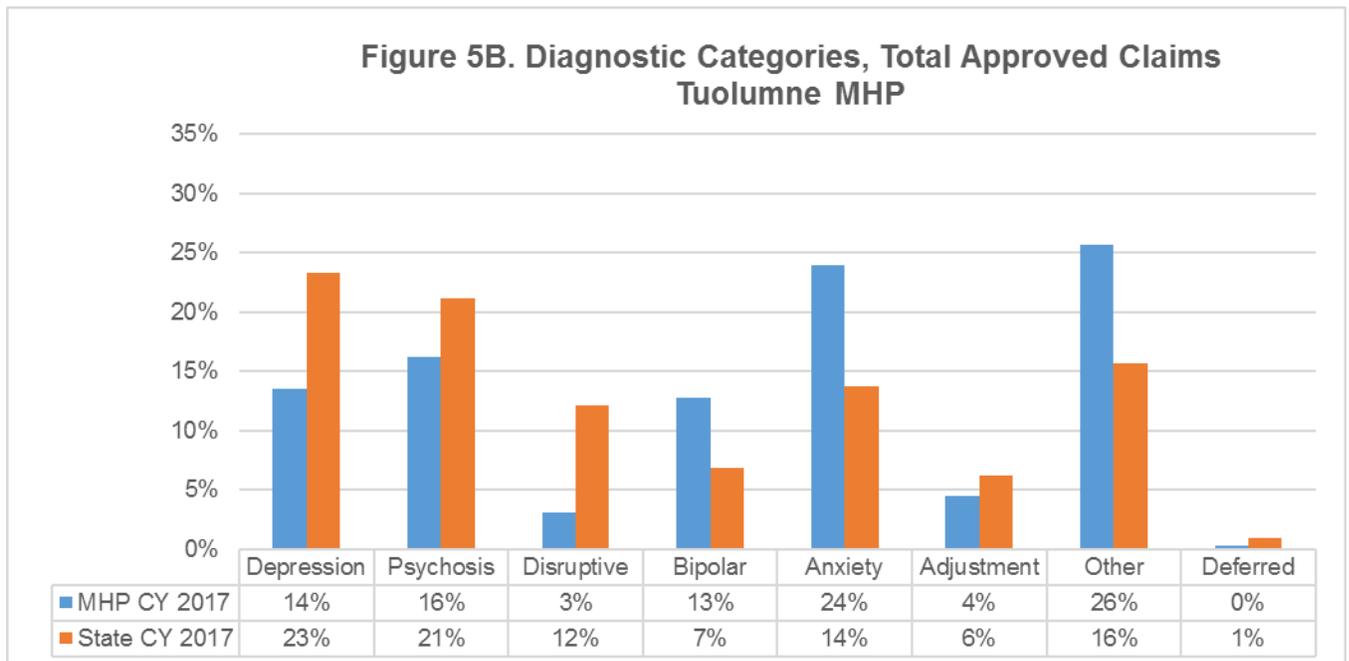
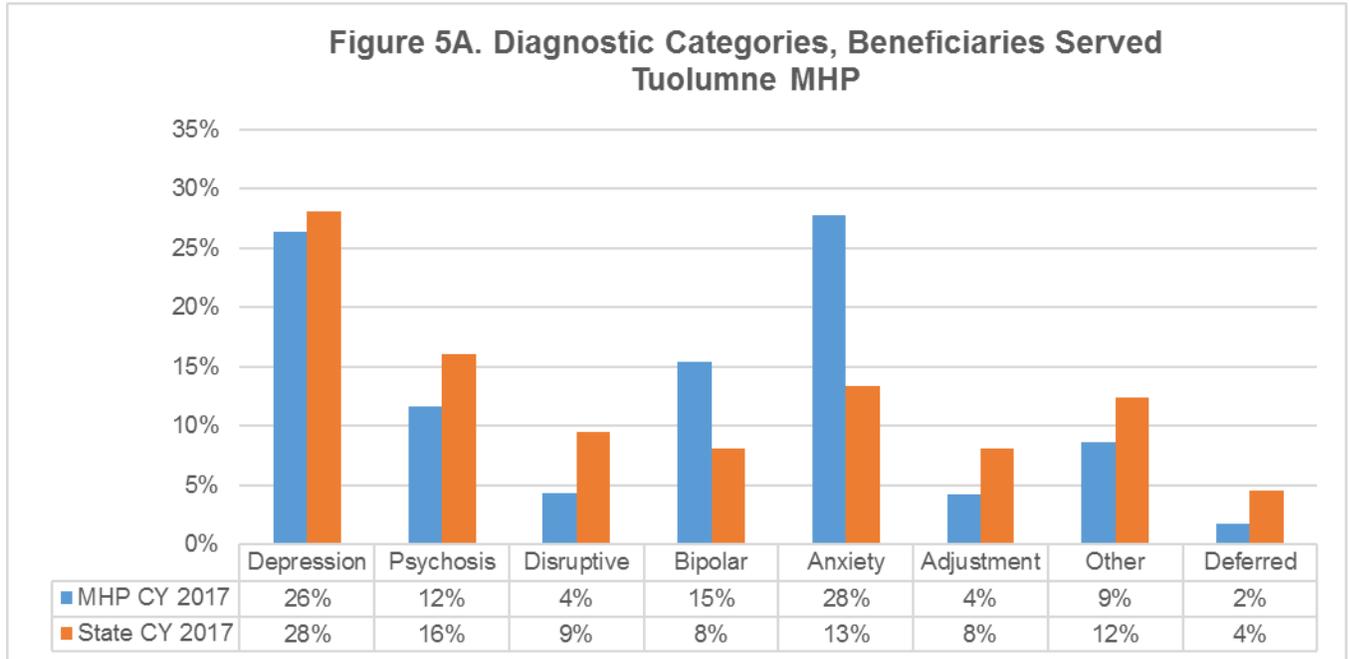
Figures 4A and 4B show the statewide and MHP 7-day and 30-day post-psychiatric inpatient follow-up and rehospitalization rates for CY 2016 and CY 2017.



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.

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

Tuolumne MHP PIPs Identified for Validation

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

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

Table 4: PIPs Submitted by Tuolumne MHP		
PIPs for Validation	# of PIPs	PIP Titles
Clinical PIP	1	Beneficiary Outcomes
Non-clinical PIP	1	Assessment and Plan of Care (POC) Timeliness

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

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

Table 6 provides a summary of the PIP validation review.

Table 6: PIP Validation Review Summary		
Summary Totals for PIP Validation	Clinical PIP	Non-clinical PIP
Number Met	8	18
Number Partially Met	7	7
Number Not Met	0	0
Unable to Determine	1	0
Number Applicable (AP) (Maximum = 28 with Sampling; 25 without Sampling)	16	25
Overall PIP Ratings $((\#M*2)+(\#PM))/(\text{AP}*2)$	71.88%	86%

Clinical PIP—Client Outcomes

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

“Will introducing evidence-based groups increase outcomes for engagement, social connectedness, and perception of outcomes by eight percent for the adult full-service partnership (FSP) population?”

Date PIP began: May 2018

End date: May 2020

Status of PIP: Active and ongoing

The clinical PIP aims to improve beneficiary engagement and social connectedness by implementing therapeutic groups, thereby leading to better clinical outcomes as measured by Performance Outcomes and Quality Improvement (POQI) and LOCUS scores.

The PIP topic was selected through data collection and analysis, and with beneficiary inputs.

The PIP was initiated with the adult FSP population in phase one, and no sampling was used for this PIP. The MHP will expand to the entire beneficiary population in phase two of the PIP.

The study question is clearly written and measurable.

Study indicators should reflect both process and outcomes for all interventions being implemented through the PIP. There are no corresponding indicators to measure

intervention number one (implementation of evidence-based practice (EBP) groups). Indicators could include at a minimum the number of groups held, duration of each group, frequency of groups, group attendance, among others. The indicators listed measure POQI scores; however, there is no corresponding intervention such as implementation of the POQI twice annually with FSP beneficiaries. The indicators listed measure LOCUS scores corresponding to intervention number two. There are no corresponding indicators to measure intervention number three (implement FSP officer of the day).

The PIP lacks detailed descriptions for each of the three interventions listed. There are no detailed descriptions for the first intervention and no corresponding indicators to measure intervention number one (implementation of EBP groups). Information should be provided on the types of groups (beyond just the name of each group), why they were chosen, the number of groups held, duration of each group, frequency of groups, number of participants possible/preferred for group attendance, who is teaching each group along with their qualifications and a description of how fidelity is being assured. Intervention number three lacks a detailed description of the FSP officer of the day roles and responsibilities, and how this intervention contributes to improved beneficiary outcomes. The PIP lacks corresponding indicators to measure intervention number three (implement FSP officer of the day). There is no corresponding intervention for administration of the POQI to FSP beneficiaries.

The PIP has a detailed data analysis plan; however, some indicators are missing, as is one intervention.

The PIP began in October 2018. Insufficient time has passed for the interventions to be carried out long enough to impact beneficiaries. While first quarter data has been collected and analyzed, it is too soon to determine if the interventions are effective.

Suggestions to improve the PIP:

Continue the PIP, making the corrections listed above.

Provide at least quarterly data collection and analyses to determine if additional changes are needed for the interventions, and to correct any untoward results.

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

The technical assistance (TA) provided to the MHP by CalEQRO consisted of PIP TA calls during the year, with PIP draft iterations reviewed prior to the onsite review. During the onsite review, a PIP session was held to further discuss the progress made to date, and the improvements needed to further strengthen the PIP, as discussed above.

Non-clinical PIP—Assessment and Plan of Care Timeliness

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

“Will enhancing administrative codes, notifications, reporting, and monthly awareness increase timely completion of Plan of Care, and assessment updates; to assure treatment meets the client’s current needs, as reported through POQI scores and *Satisfactorily Met Goals* discharge codes?”

Date PIP began: November 2016

End date: December 2018

Status of PIP: Completed

The non-clinical PIP addressed the MHP’s lack of timeliness for initial and annual assessments and plans of care for both new and existing beneficiaries.

Through the development and implementation of a number of process improvements including implementation of new service codes, introduction of notifications to the EHR, and regularly monitoring using a disallowance report, overall timeliness for assessments and plans of care improved.

Monitoring of overdue assessments began April 2017 with 168 assessments (24 percent) overdue. When the PIP ended in December 2018, 15 assessments (2 percent) were overdue demonstrating a 22 percent improvement.

Between CY 2016 and CY 2018, 96 percent of plans of care were completed in a timely manner.

The POQI survey results analyzed for the PIP demonstrated an overall 5 percent increase in positive responses from CY 2016 to CY 2018.

While some beneficiary outcomes scores improved, it is unclear if these can be solely attributed to the process improvements due to the facts that the POQI data collection methodology does not ensure that the recipients of the interventions actually completed the POQI, and discharge code data analyses were not discussed.

Suggestions to improve the PIP: To assess the true impact of the PIP interventions, the MHP should institute more robust measurement of discharge and any ongoing treatment status including analysis of discharge codes and other annual or periodic update indicators from the EHR.

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

The TA provided to the MHP by CalEQRO consisted of PIP TA calls during the year, with PIP draft iterations reviewed prior to the onsite review. During the onsite review, a PIP session was held to further discuss the results and the analyses needed to strengthen the final PIP write-up.

In addition, a new non-clinical PIP concept was discussed, the focus of which will be to improve beneficiary outcomes using peer support and other interventions. Possible

measurements might include LOCUS scores, retention rates, crisis counts, hospitalizations, and initial access and engagement activities.

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): 3 percent.

<input type="checkbox"/> Under MHP control <input type="checkbox"/> Allocated to or managed by another County department <input checked="" 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	99.9%
Contract providers	.07%
Network providers	.03%
Total	100%*

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

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	Not used
Electronic batch files submitted to MHP for further processing and uploaded into MHP EHR system	Not used
Electronic files/documents securely emailed to MHP for processing or data entry input into EHR system	Monthly
Paper documents submitted to MHP for data entry input by MHP staff into EHR system	Monthly
Health Information Exchange (HIE) securely share beneficiary medical information from contractor EHR system to MHP EHR system and return message or medical information to contractor EHR	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: One site.

Identify primary reasons for using telehealth as a service extender:

<input checked="" type="checkbox"/> Hiring healthcare professional staff locally is difficult <input type="checkbox"/> For linguistic capacity or expansion <input type="checkbox"/> To serve outlying areas within the county <input type="checkbox"/> To serve beneficiaries temporarily residing outside the county <input checked="" type="checkbox"/> To serve special populations (i.e. children/youth or older adult) <input type="checkbox"/> To reduce travel time for healthcare professional staff <input type="checkbox"/> To reduce travel time for beneficiaries
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- Telehealth services are available with English, Spanish and Tagalog-speaking practitioners (not including the use of interpreters or the language line).
- Approximately 1,555 telehealth sessions were conducted in the past year.

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
0	0	0	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
0.25	0	1	1

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

- The Quality Improvement (QI) Coordinator provides 0.25 FTE of in-house data analytic support.
- The one unfilled Data Analyst position has been vacant since September 2018 and cannot be filled as it has been frozen by the County.
- The MHP receives additional support from Kings View for EHR, data analytics and fiscal updates.
- The MHP states that minimal IT support is available from County IT.

Current Operations

- The MHP continues to utilize the CCBH system, implemented in 2010, in an application service provider (ASP) model with Kings View Behavioral Health Systems as their provider.
- The MHP reported that 3 percent of their annual budget was dedicated to support IT operations for FY 2018-19 (including hardware, network, software license, and IT staff).
- The Data Coordination Team meets weekly with a focus on clinically-related IT projects, tasks and reports, quality assurance, timeliness to service and compliance with DHCS Information Notices. Team membership includes the Information System Manager/Compliance Officer, Medical Records and Billing Supervisor, Compliance Officer and QI Coordinator. The MHP Director participates on this team as needed.

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
CCBH	EHR and Practice Management	Cerner Corporation	10	Kings View Behavioral Health

The MHP’s Priorities for the Coming Year

- Develop CANS, PSC-35 and LOCUS reports.
- Implement treatment teams/categories of treatment in CCBH. This will allow EHR access by team.
- Update CCBH to allow the authorization of a specific number of services after medical necessity is established.
- Upgrade CCBH to Promotion 229.
- Enrichment Center and FSP peer employees will be trained to record their beneficiary contacts on a paper service activity log for later entry into the CCBH EHR by MHP administrative staff.

Major Changes since Prior Year

- In October 2018, the CANS and PSC-35 went live in CCBH.
- In December 2018, the LOCUS went live in CCBH.
- The MHP’s web page was redesigned to highlight the crisis line and availability of crisis services.
- Productivity reports have been developed.
- MHP clinicians are co-located within both Probation and CWS with full EHR access.
- Access to CCBH and printing capabilities is now available at the Adventist Health Hospital Emergency Department.

Other Areas for Improvement

- There is inadequate, dedicated in-house data analytic support to provide analysis and reporting to meet increasing data demands.
- The CANS, PSC-35 and LOCUS are available in the EHR, but system-wide analysis and reporting are not yet available.

Plans for Information Systems Change

- The MHP has no plans to replace the current system which has been in place for more than five years.
- While there is no current timeline, the MHP stated that the CCBH EHR will be replaced with the Cerner Millennium EHR at a yet to be determined future date.

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				X	
Assessments	CCBH	X			
Care Coordination				X	

Table 12: EHR Functionality					
		Rating			
Function	System/Application	Present	Partially Present	Not Present	Not Rated
Document Imaging/Storage	CCBH	X			
Electronic Signature—MHP Beneficiary	CCBH	X			
Laboratory results (eLab)	Quest Care 360 (view only)		X		
Level of Care/Level of Service	CCBH	X			
Outcomes	CCBH	X			
Prescriptions (eRx)	CCBH	X			
Progress Notes	CCBH	X			
Referral Management				X	
Treatment Plans	CCBH	X			
Summary Totals for EHR Functionality:					
FY 2018-19 Summary Totals for EHR Functionality:		8	1	3	0
FY 2017-18 Summary Totals for EHR Functionality*:		6	0	6	0
FY 2016-17 Summary Totals for EHR Functionality:		8	2	0	0

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

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

- The CANS-50, PSC-35 and LOCUS went live in CCBH.
- The MHP can view lab results online using Quest’s Care 360 application.
- eLab rating has moved from Not Present last year to Partially Present. Level of Care and Outcomes have moved from Not Present last year to Present.

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:

Excel, People Soft, and a vendor-supplied Billing and Reconciliation Performance report.

Method used to submit Medicare Part B claims:

- Paper Electronic Clearinghouse

Table 13 summarizes the MHP's SDMC claims.

Table 13. Summary of CY 2017 Short Doyle/Medi-Cal Claims Tuolumne MHP							
Number Submitted	Dollars Billed	Number Denied	Dollars Denied	Percent Denied	Dollars Adjudicated	Claim Adjustments	Dollars Approved
14,026	\$3,161,956	67	\$20,008	0.63%	\$3,141,948	\$344,109	\$2,797,839
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 .							

Table 14 summarizes the top three reasons for claim denial.

Table 14. Summary of CY 2017 Top Three Reasons for Claim Denial Tuolumne MHP			
Denial Reason Description	Number Denied	Dollars Denied	Percent of Total Denied
Medicare or Other Health Coverage must be billed prior to submission of claim.	35	\$9,775	49%
Void/replacement error. Or ICD-10 code incomplete or invalid with procedure code.	16	\$6,489	32%
Beneficiary not eligible. Or emergency services or pregnancy indicator must be "Y" for aid code.	12	\$3,414	17%
TOTAL	67	\$20,008	NA
The total denied claims information does not represent a sum of the top three reasons. It is a sum of all denials.			

- Denied claim transactions with denial reason description Medicare or other health coverage must be billed prior to submission of claim are generally re-billable within the State claim resubmission guidelines.

CONSUMER AND FAMILY MEMBER FOCUS GROUP

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

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

CFM Focus Group One

CalEQRO requested a culturally diverse group of adult beneficiaries and parents/caregivers of child/youth beneficiaries who are mostly new beneficiaries who have initiated/utilized services within the past 15 months.

The group was held at the Enrichment Center, Tuolumne County Behavioral Health (TCBH), 105 Hospital Road, Sonora, CA 95370.

Number of participants: 3

There were no participants who entered services within the past year.

Participants' general comments regarding service delivery included the following:

- None of the participants reported seeing a therapist on a regular basis.
- Participants see their psychiatrist or primary care physician every few months for medication only, and find the medication helpful in remaining stable.
- Case management services are appreciated and helpful. Both routine and urgent care is provided through FSP.
- Peers are involved in developing the programs and activities at the Enrichment Center, and participants find the groups and activities helpful with socialization and recovery.
- A high turnover of therapists was experienced by this group.
- Transportation for clinical services and Enrichment Center activities is provided and appreciated.
- Peer support classes at the local community college are found to be helpful.

- Participants reported having some involvement with the Mental Health Advisory Board (MHAB) and the Quality Improvement Council (QIC) which both meet monthly.
- Participants expressed concern about the MHP not having sufficient funding to continue and expand Enrichment Center activities. The recent reduction in operating hours has furthered their anxiety.

Participants' recommendations for improving care included the following:

- Additional support is needed for applying, obtaining and continuing employment opportunities.

Interpreter used for focus group one: No

Language(s): N/A

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 QM, 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	PM
<p>The Community Cultural Collaborative Committee (CCCC) meets quarterly, has a standing agenda and documents meeting minutes. The cultural competence work plan submitted was dated CY 2014 with an update for FY 2016-17; however, no further updates were presented for FY 2018-19. While the work plan is comprehensive, the data is outdated, as are the goals and objectives.</p> <p>Penetration rate reports are regularly updated, and the data is tracked and trended on a monthly basis and shared quarterly at the CCCC.</p> <p>While Tuolumne County has no threshold language, the MHP has one Spanish-speaking clinician.</p>		
1B	Manages and adapts its capacity to meet beneficiary service needs	M
<p>The MHP experienced significant staffing changes within the past year, and nearly all of the management team members are new in their positions.</p> <p>Live interactive productivity dashboards and reports, developed and accessible to all supervisors, are used to manage caseloads and capacity, and are discussed at monthly Manager’s Meetings. These dashboards supported changes within the EHR, making service codes available for productive/nonproductive, billable/non-billable, and</p>		

Table 15: Access to Care Components		
Component		Quality Rating
<p>direct/indirect services. While productivity reports are now available, the MHP does not have a formal productivity standard.</p> <p>The MHP completed a non-clinical PIP that focused on correcting the large percentage of initial assessments that were not being completed in a timely manner. The MHP reported that as of October 2018, there were no disallowances within the system due to overdue assessments.</p> <p>A total of 452 beneficiaries were served by telehealth in the past year; 379 adults, 22 children/youth and 51 older adults.</p> <p>The rate of beneficiaries with co-occurring mental health and substance abuse diagnoses, currently reported to be 10 percent, appears low suggesting further investigation may be needed.</p> <p>The MHP added a mobile clinician to FSP and staff reported that this field-based approach is very helpful.</p>		
1C	Integration and/or collaboration with community-based services to improve access	M
<p>The MHP provided multiple examples of coordination and collaboration with local and county agencies and stakeholders.</p> <p>The MHP is collaborating with law enforcement agencies to improve coordination of care with the criminal justice population. MHP clinicians are co-located in the Probation Department to provide screening, intervention, and ongoing specialty mental health treatment. They conduct rapid assessments and do outreach and engagement to reach beneficiaries who often do not make it from Probation to the MHP when released and referred. The MHP, in partnership with Probation, has one clinician embedded in Juvenile Hall providing services. While attempts at co-location staff within the sheriff's department have been unsuccessful due to lack of space.</p> <p>The MHP has co-located one clinician in CWS with a primary focus on Pathways to Well-Being/Katie A. and presumptive transfers.</p> <p>An Interagency Placement Committee was formed and meets monthly to review STRTP placements, to discuss how best to support each CFT and FC youth, and to coordinate the provision of necessary resources.</p> <p>Discussion is currently underway for the MHP to embed mental health clinicians in the schools.</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 has a standard of 10 business days for initial contact to first offered appointment, and meets the standard 39 percent of the time with a mean of 12 days (38 percent for adults, 45 percent for children, and 50 percent for FC youth).</p> <p>In the past year, the MHP improved the standard from 21 to 10 business days. However, while achievements have been made in the past year, performance on this metric remains below the standard.</p> <p>The MHP has a standard of 10 business days for initial contact to first kept appointment, and meets the standard 35 percent of the time with a mean of 14 business days (32 percent for adults, 60 percent for children, and 50 percent for FC youth).</p> <p>The MHP tracks these metrics for the entire system of care.</p>		
2B	Tracks and trends access data from initial contact to first offered psychiatric appointment	M
<p>The MHP has a standard of 15 business days for initial contact to first offered psychiatric appointment, and meets the standard 41 percent of the time with a mean of 22 business days (42 percent for adults, 33 percent for children). The MHP tracks this metric for the entire system of care.</p> <p>In the past year, the MHP improved the standard from 30 to 15 business days. The mean wait time has decreased from 77 business days in CY 2017 to 22 business days in CY 2018. While substantial improvements have been made in the past year, performance on this metric still remains below the standard.</p> <p>No FC youth were seen by psychiatry during CY 2018 because in the past year their psychiatric needs were met by the other three agencies also contracted by CWS for psychiatric services.</p>		
2C	Tracks and trends access data for timely appointments for urgent conditions	M

Table 16: Timeliness of Services Components		
Component		Quality Rating
<p>The MHP has a standard of 90 minutes from service request for urgent conditions to actual encounter, and meets this standard 84 percent of the time with a mean of 22.5 minutes (87 percent for adults and 77 percent for children).</p> <p>The MHP tracks these metrics for the entire system of care.</p> <p>No FC youth were seen by psychiatry during CY 2018 because in the past year their psychiatric needs were met by the other three agencies also contracted by CWS for psychiatric services.</p>		
2D	Tracks and trends timely access to follow-up appointments after hospitalization	M
<p>The MHP has a standard of two business days for follow-up appointments post-psychiatric inpatient discharge, and meets the standard 86 percent of the time with a mean of one business day (91 percent for adults, 83 percent for children, and 100 percent for FC youth).</p> <p>For psychiatric hospital discharges, case managers and transport workers provide transportation from the hospital to the MHP for immediate access.</p> <p>The MHP tracks this metric for the entire system of care.</p>		
2E	Tracks and trends data on rehospitalizations	M
<p>The MHP has a 30-day readmission rate of 12 percent (12 percent for adults, five percent for children, and zero percent for FC youth).</p> <p>The MHP tracks this metric for all beneficiaries hospitalized.</p>		
2F	Tracks and trends no-shows	M
<p>The MHP has a no-show standard of no more than 20 percent for psychiatry appointments, and a no-show rate of 18 percent (19 percent for adults, 13 percent for children, and 33 percent for FC youth).</p> <p>As stated in the FY 2017-18 CalEQRO report, for precious resources such as psychiatry, both the standard of 20 percent and the actual no-show rate of 18 percent are very high and should be addressed.</p> <p>The MHP has a no-show standard of no more than 20 percent for all clinician (non-psychiatry) appointments, and a no-show rate of 19 percent (21 percent for adults, 12 percent for children, and one percent for FC youth).</p> <p>The MHP provides reminder calls; however, texting has been determined as not allowable by the County Counsel.</p>		

Table 16: Timeliness of Services Components	
Component	Quality Rating
The MHP provides transportation assistance to its beneficiaries.	

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 CFM 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 QM and performance improvement are organizational priorities	M
<p>The Quality Assessment and Performance Improvement (QAPI) team includes key participants from all MHP departments. The QM committee (QMC) meets monthly, has a standing agenda and documented meeting minutes. The QMC is tasked with monitoring and evaluating the quality and appropriateness of services to beneficiaries, and recommending policies and procedures to improve services and resolve identified problems. This is done through an annually updated QAPI work plan.</p> <p>The Utilization Review Committee (URC) meets monthly to discuss findings from reviews of 5 percent of randomly selected beneficiary records annually, making recommendations for action around patterns of over- or under-utilization including any inappropriate LOC. URC tools include a focus on medication, FSP, and children’s services; and a mix of ethnic, racial, and linguistic components.</p> <p>Weekly management meetings are chaired by the MHP Director and attended by all supervisors and managers.</p> <p>While analytic support is contracted through Kings View, there is inadequate dedicated in-house data analytic support to provide analysis and reporting to meet increasing data demands due to the county imposed freeze on filling the previously available position.</p>	

3B	Data used to inform management and guide decisions	M
<p>QI staff are responsible for gathering and analyzing data; and making presentations to management and staff on beneficiary and system outcomes, and provider satisfaction. The MHP has newly developed three dashboards to facilitate this work.</p> <p>The live interactive productivity dashboard is being utilized by QI and clinical supervisors to manage capacity and productivity.</p> <p>The Jail Stats by Time dashboard was developed to capture the amount of time MHP staff spend working with the criminal justice population in the jail.</p> <p>The Hospitalization dashboard allows the MHP to understand the specific demographics of the beneficiary population being hospitalized.</p> <p>Kings View provides a monthly penetration report which includes quantitative data on gender, race, ethnicity, language and age.</p> <p>Peer staff will record their beneficiary contacts on a paper service activity log for later entry into the CCBH EHR by MHP administrative staff.</p> <p>The MHP completed a PIP that focused on improving the timeliness of both initial and annual assessments, which were previously overdue. The MHP reported that as of October 2018, there were no disallowances within the system due to overdue assessments.</p>		
3C	Evidence of effective communication from MHP administration, and stakeholder input and involvement on system planning and implementation	M
<p>Under the new director and leadership team, staff report that communication has improved considerably in the past year with more transparency and solicitations for feedback and dialogue. This extends to relationships with community organizations and other partners.</p> <p>All-staff meetings are held monthly to communicate general program updates, inform staff about local resources and contractor projects, to provide training, and to prepare for audits and reviews.</p> <p>A quarterly staff improvement collaborative meeting provides an opportunity for line-staff to provide cross-team insights and suggestions; and raise business process questions and recommendations in a venue without direct supervisors being present. The forum is informal with an open agenda for staff to drive, although it is facilitated by QI staff and tracked to provide feedback loops and monitor progress on various QAPI projects. Any identified areas for improvement and action are brought forward to the management team meetings, QIC, or QM committee as appropriate.</p> <p>The monthly QIC provides a structured forum for the exchange of QI-related information between MHP clinicians, management, QI staff, and community liaisons and stakeholders. It is held prior to the MHAB Meeting which reviews and evaluates</p>		

community mental health needs, services and facilities. Meetings are attended by the MHP Director, a Board of Supervisors representative, community stakeholders and beneficiaries. Feedback is provided on the MHP's performance outcomes data, with findings communicated to the California Mental Health Planning Council. QI conducted a study from July through December 2018 to address low turnout at the QIC meetings. As a result of changing the day, time and venue (to the Enrichment Center), community attendance and participation tripled.

Business Administrative Meetings (BAM) are held monthly, and minutes are distributed to all staff.

The MHP holds a monthly meeting with partner organizations including MCOs, Public Health, the Adventist Health Hospital, and Indian Health to review statistics and discuss processes for continuity of care.

Stakeholders continue to have safety concerns such as the lobby providing inadequate safe space for the needs of both adult and youth beneficiaries when checking in with reception for routine and crisis services simultaneously.

3D	Evidence of a systematic clinical continuum of care	M
<p>The MHP continues to evaluate the clinical continuum of care from most to least restrictive, adding and/or contracting for services as needed.</p> <p>The crisis unit was restructured and now offers walk-in services seven days a week until 7 p.m., and on-call crisis services until 2 a.m.</p> <p>Through an SB 82 grant, the MHP established a mobile team to divert individuals with mental health crises from the hospital emergency department to outpatient services. A team of two part-time peer specialists and a full-time behavioral health worker is collaborating with law enforcement and providing immediate in-person field-based responses for crisis intervention and follow-up case management.</p> <p>In CY 2018, the MHP began discussions with Merced County to establish a Multi-County Crisis Residential Unit (CRU). Operated by Central Star Behavioral Health, Inc., the new CRU was licensed in January 2019, and doors opened in February 2019.</p> <p>The county lacks a psychiatric inpatient facility, so adults and children are hospitalized out-of-county.</p> <p>Planned Services is making progress towards a dedicated team approach, focusing on case management. Trainings are currently being developed and reviewed.</p> <p>The MHP has a referral system for stepping beneficiaries up from and down to lower LOC through the MCOs (California Health and Wellness, and Anthem Blue Cross). The Outside Agency Referral Process Guidelines are in place, and the Outside Agency Referrals Log is used to monitor and track referrals. While these systems are now in place, the MHP needs to place additional emphasis on beneficiary outcomes,</p>		

ensuring that those referred in both directions are not utilizing emergency and crisis services due to failed engagements and lack of follow-up.

There is greater focus being placed on rebuilding the children’s system of care, as the MHP reported experiencing a reduction in beneficiaries for several years due to a number of factors that are now being explored in depth. These include a child psychiatrist leaving the MHP and moving to the Indian Health FQHC in FY 2009-10, taking much of the caseload with him, and CWS contracting with four private providers who send children to the FQHC for medication support. The MHP is working closely to rebuild relationships with the local school districts to coordinate and extend routine care and crisis services for children and youth, and discussion is underway regarding embedding an MHP clinician within the local high school.

The MHP implements nine different evidence-based practices that target specific populations and/or diagnostic groups including Peer and/or Family Delivered System, Psychoeducation Services, Family Support, Supportive Education, Cognitive Behavioral Health Therapy (CBT), Acceptance and Commitment Therapy (ACT), Dialectical Behavioral Therapy (DBT), Art Therapy and Seeking Safety.

3E	Evidence of peer employment in key roles throughout the system	M
<p>The MHP employs peer workers throughout the system of care in various capacities. A career ladder exists for the peer employees and is being expanded. Peer staff reported feeling welcome and supported in their roles, stating that training is available and utilized. Peer staff positions accrue sick time, and if a leave of absence is taken, the positions are held for them.</p> <p>In CY 2018, the education and experience requirements for the Behavioral Health Work I/II positions were changed to allow peer specialists to qualify based on experience, thereby expanding the career ladder.</p> <p>Enrichment Center and FSP peer employees will be trained to record their beneficiary contacts on a paper service activity log for later entry into the CCBH EHR by MHP administrative staff.</p>		
3F	Peer-run and/or peer-driven programs exist to enhance wellness and recovery	M
<p>The MHP has an Enrichment Center for mental health and substance use disorders (SUD) beneficiaries which is run by three paid peer staff and open to the public. The center is open Monday, Wednesday and Friday from 8 am to 3 pm, and Tuesday and Thursday from 9 am to 3 pm. In the past year operating hours were reduced and the center now closes an hour earlier. All activities at the center are peer-run and focused on recovery. Groups include grief support, depression, dual diagnosis, trauma recovery, and workforce education and training. Peers will facilitate a new program entitled Peer Recovery Independence Determination and Empowerment (PRIDE), with a new Positive Lifestyles support group scheduled to begin in April 2019. The</p>		

<p>Quality Improvement Council monthly meetings are held at the Enrichment Center, which has boosted engagement.</p> <p>The Lambert Center offers drop-in access for the public, and is utilized by the homeless population.</p>		
3G	Measures clinical and/or functional outcomes of beneficiaries served	PM
<p>The CANS-50, PSC-35 and LOCUS were initiated and are now available in the CCBH EHR.</p> <p>CANS-50 training was provided by the Praed Foundation, and jointly conducted with CWS and the MHP.</p> <p>While monitoring for the completion of the CANS-50 and PSC-35 by clinicians is done by QM, aggregate reporting and analysis are not yet available.</p>		
3H	Utilizes information from beneficiary satisfaction surveys	M
<p>The MHP administers the Consumer Perception Survey (CPS) twice each year, and compares the most recent findings against prior data. Results for the most current three cycles (May and November 2017 and May 2018) are particularly poor in the three domains of Perception of Social Connectedness, Perception of Outcomes of Services and Perception of Functioning. The MHP is engaging in a clinical PIP to address these issues.</p> <p>All participants involved in Child Family Teams (CFT) are provided a satisfaction survey at the end of each CFT meeting.</p>		

SUMMARY OF FINDINGS

This section summarizes the CalEQRO findings from the FY 2018-19 review of Tuolumne 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: Completed

Recommendations:

- None noted

Access to Care

Changes within the Past Year:

- Planned Services has begun blocking off 16 assessment slots per week thereby increasing the overall number of dedicated assessment slots available within the MHP.
- The MHP transitioned its scheduling process from individual Planned Services clinicians to the Reception Department.
- The crisis unit was restructured and now offers walk-in services seven days a week until 7 p.m., and on-call crisis services until 2 a.m.
- The MHP established a mobile team to divert individuals with mental health crises from the hospital emergency department to outpatient services.
- The MHP added a mobile clinician to FSP, and staff reported that this field-based approach is very helpful.
- Operated by Central Star Behavioral Health, Inc., the new multi-county CRU in Merced was licensed in January 2019, and doors opened in February 2019.

Strengths:

- A total of 452 beneficiaries were served by telehealth in the past year, 379 adults, 22 children/youth and 51 older adults.
- The MHP newly embedded two clinicians, one each in CWS and Probation.

Opportunities for Improvement:

- The MHP's self-reported co-occurring mental health and SUD diagnoses rate of 10 percent, appears low.
- While the cultural competence work plan is comprehensive, the data is outdated, as are the goals and objectives.

Recommendations:

- Develop a process for more accurately determining the rate of beneficiaries with co-occurring mental health and substance abuse diagnoses.
- Update the cultural competence work plan, quantifying goals and objectives where possible.
- Continue to monitor and analyze the changes in intake staffing and processes, and their long-term impact on timeliness of initial access and retention rates. (This recommendation is a carry-over from FY 2017-18.)

Timeliness of Services

Changes within the Past Year:

- The MHP improved the standard for initial contact to first offered appointment from 21 days to 10 business days.
- The MHP improved the standard for initial request to first psychiatric appointment from 30 days to 15 business days.

Strengths:

- The MHP demonstrated improvements in all timeliness metrics in the past year.
- The MHP completed a PIP that focused on improving the timeliness of both initial and annual assessments, which were previously overdue.

Opportunities for Improvement:

- The goal of ten business days from initial request to first offered appointment is met only 39 percent of the time.
- The goal of 15 business days from initial request to first psychiatry appointment is met only 41 percent of the time.
- As stated in the FY 2017-18 CalEQRO report, for precious resources such as psychiatry, both the standard of 20 percent and the actual no-show rate of 18 percent are very high.

Recommendations:

- Monitor all timeliness metrics, implementing strategies where needed to further reduce wait times. (This recommendation is a carry-over from FY 2017-18.)
- Reduce the no-show rate for psychiatric appointments.

Quality of Care

Changes within the Past Year:

- The MHP has newly developed three dashboards on productivity, jail stats by time, and hospitalizations to facilitate the gathering and analyzing of data for QM.
- Under the new director and leadership team, staff report that communication has improved considerably in the past year with more transparency and solicitations for feedback and dialogue, which also extends to community partnerships.
- The MHP has shifted to a dedicated team approach for engaging beneficiaries and providing continuity of service delivery, and stakeholders reported that this is being well received.
- The MHP initiated a nursing visit with all beneficiaries prior to meeting with the psychiatrist, and preliminary data showed a resulting decrease in change of provider requests.

Strengths:

- As a result of changing the day, time and venue of QIC meetings, community attendance and participation tripled.
- The MHP is engaging in a clinical PIP to address the issues identified in CPS results for the three domains of Perception of Social Connectedness, Perception of Outcomes of Services, and Perception of Functioning.

Opportunities for Improvement:

- Stakeholders continue to have safety concerns such as the lobby providing inadequate safe space for the needs of both adult and youth beneficiaries when checking in with reception for routine and crisis services simultaneously.
- Kings View monitoring reports for medication and prescribing practices of Kings View telehealth providers are received on a monthly basis; however, no further oversight or information is shared.
- MHP staff and stakeholders reported a lack of continuity of care between Kings View providers who are contracted for telehealth services. This reportedly results in inconsistent diagnoses and frequent medication changes, along with difficulty establishing a therapeutic relationship, all of which are destabilizing for

beneficiaries. In addition, communication is reportedly challenging between clinicians, nursing staff and Kings View providers.

Recommendations:

- Assess the adequacy of the lobby space for both adult and youth beneficiary safety when checking in with reception for routine and crisis services simultaneously, determining if and what changes may be required.
- Through continuous monitoring of diagnostic patterns, explain MHP variations from statewide averages and determine if further intervention is necessary. (Part of this recommendation is a carry-over from FY 2017-18.)
- Obtain from Kings View monthly reports with more detailed information regarding medication monitoring and prescribing practices and use this data to assess the continuity of care between Kings View providers to ensure that beneficiaries are not becoming destabilized. (Part of this recommendation is a carry-over from FY 2017-18.)
- Address the lack of communication between clinicians, nursing staff and Kings View providers that is necessary for good clinical practice and continuity of care for beneficiaries.

Beneficiary Outcomes

Changes within the Past Year:

- Enrichment Center and FSP peer employees will be trained to record their beneficiary contacts on a paper service activity log for later entry into the CCBH EHR by MHP administrative staff.
- The newly established mobile team includes two part-time peer specialists and a full-time behavioral health worker who collaborate with law enforcement and provide field-based responses for crisis intervention and follow-up.
- In CY 2018, the education and experience requirements for the Behavioral Health Worker I/II positions were changed to allow peer specialists to qualify based on experience, thereby expanding the career ladder.
- The CANS-50, PSC-35 and LOCUS were initiated and are now available in the CCBH EHR.

Strengths:

- The MHP employs peer workers throughout the system of care in various capacities, and a career ladder exists and is being expanded.
- Peer staff reported feeling welcome and supported in their roles, stating that training is available and utilized.

Opportunities for Improvement:

- System-wide aggregate reporting and analysis of data from the CANS-50, PSC-35 and LOCUS are not yet available.

Recommendations:

- Develop and implement system-wide data analysis and reporting on CANS-50, PSC-35 and LOCUS.

Foster Care

Changes within the Past Year:

- The MHP completed two new policies (Continuity of Care Policy, and Out of Network Provider Policy), along with new procedures and forms for presumptive transfer. A Presumptive Transfer Log was created and is being maintained by the Admissions Department.
- The MHP co-located one mental health clinician within CWS whose primary focus is on Pathways to Well-Being/Katie A. and presumptive transfers. A rapid assessment process has been implemented for incoming children and youth most at-risk, and those who meet criteria for ongoing specialty mental health and other intensive services (e.g., ICC and IHBS).
- An Interagency Placement Committee was formed and meets monthly to review STRTP placements, to discuss how best to support each CFT and FC youth, and to coordinate the provision of necessary resources.
- The MHP had no new FC youth enter the children's system of care in CY 2018.

Strengths:

- The MHP is partnering with Kings View to track medication and metabolic monitoring data for FC youth as per SB 1291 measures, and monitoring multiple antipsychotic prescribing for all youth.
- The MHP tracks and trends FC data for all timeliness metrics; however, no FC youth were seen by psychiatry during CY 2018 because in the past year their psychiatric needs were met by the other three agencies also contracted by CWS for psychiatric services.
- All participants involved in CFTs are provided a satisfaction survey at the end of each CFT meeting.

Opportunities for Improvement:

- None noted

Recommendations:

- None noted

Information Systems

Changes within the Past Year:

- EHR access is available to MHP staff embedded in the Adventist Health Hospital Emergency Department.

Strengths:

- The MHP receives EHR, data analytic and fiscal support from Kings View Behavioral Health Systems.
- The data coordination team meets weekly with a focus on clinically-related IT projects, tasks and reports, quality assurance, timeliness to service and compliance with DHCS Information Notices.

Opportunities for Improvement:

- There is inadequate dedicated in-house data analytic support to provide analysis and reporting to meet increasing data demands.

Recommendations:

- Expand data analytic capacity by filling the vacant Data Analyst position, or through a contract.

Structure and Operations

Changes within the Past Year:

- Significant staffing changes occurred in the past year including:
 - New Mental Health Director started in April 2018.
 - The previous QI Coordinator vacated the position in July 2018, and a QI Staff Service Analyst was promoted as the new QI Coordinator.
 - Two clinical supervisors retired. These two positions were filled with permanent staff, one as an outside hire, and the other with an internal promotion.
 - A Clinical Manager position vacated 18 months ago was filled June 2018.
 - An FSP Clinical Supervisor position vacated in June 2018 was subsequently filled with an internal promotion.
 - Two Planned Services clinician vacancies occurred and were filled.

Strengths:

- The crisis unit was restructured and now offers walk-in services seven days a week until 7 p.m., and on-call crisis services until 2 a.m.
- The crisis line is managed by the MHP from 8 a.m. to 7 p.m., and by the Central Valley Suicide Prevention Hotline for after-hours calls.
- The MHP is in the process of reorganizing the triage process in line with the newly restructured crisis unit, as crisis and access were previously in the same unit and have now been separated.
- The MHP has a referral system for stepping beneficiaries up from and down to lower LOC through the MCOs.
- The MHP is working closely to rebuild relationships with the local school districts to coordinate and extend routine care and crisis services for children and youth, and discussion is underway regarding embedding an MHP clinician within the local high school.

Opportunities for Improvement:

- While a referral system is in place with MCOs, additional emphasis needs to focus on beneficiary outcomes, ensuring that those referred in both directions are not utilizing emergency and crisis services due to failed engagements and lack of follow-up.
- The children's system of care has seen a reduction in beneficiaries for several years due to a number of factors including a child psychiatrist leaving the MHP and moving to the Indian Health FQHC in FY 2009-10, taking much of the caseload with him, and CWS contracting with four private providers who send children to the FQHC for medication support.

Recommendations:

- Analyze referral data, crisis services data, and hospitalization data to further understand transition and engagement via the referral system between the MHP and MCOs.

Summary of Recommendations

FY 2018-19 Recommendations:

- Develop a process for more accurately determining the rate of beneficiaries with co-occurring mental health and substance abuse diagnoses.
- Update the cultural competence work plan, quantifying goals and objectives where possible.
- Analyze the psychiatry appointment no-show standard of 20 percent, and consider refining the standard in order to improve utilization of provider capacity.
- Reduce the no-show rate for psychiatric appointments.
- Assess the adequacy of the lobby space for both adult and youth beneficiary safety when checking in with reception for routine and crisis services simultaneously, determining if and what changes may be required.
- Develop and implement system-wide data analysis and reporting on CANS-50, PSC-35 and LOCUS.
- Expand data analytic capacity by filling the vacant Data Analyst position, or through a contract.
- Analyze referral data, crisis services data, and hospitalization data to further understand transition and engagement via the referral system between the MHP and MCOs.
- Address the lack of communication between clinicians, nursing staff and Kings View providers necessary for good clinical practice and continuity of care for beneficiaries.

FY 2018-19 Foster Care Recommendations:

- None noted

Carry-over and Follow-up Recommendations from FY 2017-18:

- Continue to monitor and analyze the changes in intake staffing and processes, and their long-term impact on timeliness of initial access and retention rates.
- Monitor all timeliness metrics, implementing strategies where needed to further reduce wait times.
- Through continuous monitoring of diagnostic patterns, explain MHP variations from statewide averages and determine if further intervention is necessary.

- Obtain from Kings View monthly reports with more detailed information regarding medication monitoring and prescribing practices and use this data to assess the continuity of care between Kings View providers to ensure that beneficiaries are not becoming destabilized.

SITE REVIEW PROCESS BARRIERS

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

- The CFM focus group had only three participants, none of who were new clients initiating/utilizing services within the past 15 months as requested by CalEQRO. The CFM focus group is an important component of the CalEQRO site review process. Feedback from those who are receiving services provides important information regarding quality, access, timeliness, and outcomes.

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 – Tuolumne MHP
Opening Session – Changes in the past year; current initiatives; and status of previous year’s recommendations
Use of Data to Support Program Operations
Cultural Competence, Disparities and Performance Measures
Timeliness Performance Measures/Timeliness Self-Assessment
Quality Management, Quality Improvement and System-wide Outcomes
Beneficiary Satisfaction and Other Surveys
Performance Improvement Projects
Primary and Specialty Care Collaboration and Integration
Acute and Crisis Care Collaboration and Integration
Health Plan and Mental Health Plan Collaboration Initiatives
Clinical Line Staff Group Interview
Clinical Supervisors Group Interview
Consumer and Family Member Focus Group
Peer Inclusion/Peer Employees within the System of Care
Medical Prescribers Group Interview
Forensics and Law Enforcement Group Interview
Validation of Findings for Pathways to Mental Health Services (Katie A./CCR)
Information Systems Billing and Fiscal Interview
Information Systems Capabilities Assessment (ISCA)
Wellness Center Site Visit
Final Questions and Answers - Exit Interview

Attachment B—Review Participants

CalEQRO Reviewers

Della Dash, Senior Quality Reviewer
Lisa Farrell, Information Systems Reviewer
Diane Mintz, Consumer/Family Member Consultant

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

Sites of MHP Review

MHP Sites

Tuolumne County Behavioral Health
105 Hospital Road
Sonora, CA 95370

Enrichment Center
Tuolumne County Behavioral Health
105 Hospital Road
Sonora, CA 95370

Table B1—Participants Representing the MHP			
Last Name	First Name	Position	Agency
Ambler	Misti	Medical Records and Billing Supervisor	TCBH
Boyack	Steve	Assistant Human Services Director	TCHSA
Combs	Denise	Clinician	TCBH
Coe	Betsey	Behavioral Health Worker	TCBH
Conrad	Tracy	Peer Specialist	TCBH
Davis	Kristine	Social Worker	CWS
Dietz-Neves	Debora	SUD Supervisor	TCBH
Firth	Kiley	Clinician	TCBH
Foster	Dawn	Licensed Vocational Nurse (LVN)	TCBH
Hensley	Michael	Behavioral Health Worker	TCBH
Herkenhoff	John	Planned Services Supervisor	TCBH
Herrin	Kelley	CAIP Supervisor	TCBH
Hooter	Tabatha	Peer Specialist	TCBH
Hughes	Drucilla	Peer Specialist	TCBH
Inslee	Alexandra	MHSA Coordinator	TCBH
Irvin	Stephanie	Peer Specialist	TCBH
Kolby	Brock	Clinical Manager	TCBH
Lujan	Lindsey	Quality Improvement Coordinator	TCBH
Madden	Brittany	Sr. Medical Records and Claims Technician	TCBH
Mansfield	Alissa	Behavioral Health Worker	TCBH
Mariscal	Tami	Compliance and Information Systems Manager	TCBH
McGuire	Sue	SUD Supervisor Annuitant	TCBH
Osterholm	Melanie	Clinician	TCBH
Villanueva	Donna	FSP Supervisor	TCBH
West	Loretta	Clinician	TCBH
Wilson	Michael	Director	TCBH

Attachment C—Approved Claims Source Data

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

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

Table C1. CY 2017 Medi-Cal Expansion (ACA) Penetration Rate and ACB Tuolumne MHP					
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	4,242	310	7.31%	\$825,644	\$2,663

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

Table C2. CY 2017 Distribution of Beneficiaries by ACB Cost Band Tuolumne MHP								
ACB Cost Bands	MHP Beneficiaries Served	MHP Percentage of Beneficiaries	Statewide Percentage of Beneficiaries	MHP Total Approved Claims	MHP ACB	Statewide ACB	MHP Percentage of Total Approved Claims	Statewide Percentage of Total Approved Claims
< \$20K	980	96.93%	93.38%	\$2,370,028	\$2,418	\$3,746	64.95%	56.69%
>\$20K - \$30K	14	1.38%	3.10%	\$344,268	\$24,591	\$24,287	9.43%	12.19%
>\$30K	17	1.68%	3.52%	\$934,755	\$54,986	\$54,563	25.62%	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

Table D1—List of Commonly Used Acronyms

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

Table D1—List of Commonly Used Acronyms

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

Attachment E—PIP Validation Tools

PERFORMANCE IMPROVEMENT PROJECT (PIP) VALIDATION WORKSHEET FY 2018-19 CLINICAL PIP	
GENERAL INFORMATION	
MHP: Tuolumne	
PIP Title: Client Outcomes	
Start Date: October 2018 Completion Date: October 2020 Projected Study Period: 24 Months Completed: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date of On-Site Review: Wednesday, March 20, 2019 Name of Reviewer: Della Dash	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: The clinical PIP aims to improve beneficiary engagement and social connectedness by implementing therapeutic groups, thereby leading to better clinical outcomes as measured by POQI and LOCUS scores. Phase one of the PIP focuses on the adult FSP population. Phase two will include all beneficiaries served by the MHP.	

ACTIVITY 1: ASSESS THE STUDY METHODOLOGY		
STEP 1: Review the Selected Study Topic(s)		
Component/Standard	Score	Comments
<p>1.1 Was the PIP topic selected using stakeholder input? Did the MHP develop a multi-functional team compiled of stakeholders invested in this issue?</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine</p>	<p>The MHP conducted routine monitoring of outcome measures and beneficiary satisfaction surveys and found consistently low scores in both the POQI survey and the LOCUS outcome tool.</p> <p>A multi-functional team was assembled for the PIP based on their expertise with the topic. The team includes MHP leadership, QM, clinical supervisors, clinical management and medical records/billing representation.</p> <p>The Quality Improvement Council discussed the topic at length, with input from family members, staff, peers, peer specialists, persons with lived experience, QI management, and other stakeholders. All were in agreement that social connectedness and outcomes were important for engagement in recovery and overall quality of care for beneficiaries.</p>
<p>1.2 Was the topic selected through data collection and analysis of comprehensive aspects of enrollee needs, care, and services?</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine</p>	<p>A review of POQI scores from the last three cycles concluded that there were ongoing low scores in both social connectedness and perception of outcomes. Focusing on the FSP adult population, the most at-risk and high need population, which currently uses the LOCUS outcome measure, the LOCUS domains were analyzed for a two year period. It was found that engagement was one of the lowest scoring domains amongst FSP adults.</p>

<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 checked="" 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 PIP addressed social connectedness, engagement in recovery, and outcomes of services.</p>			
<p>1.4 Did the Plan’s PIPs, over time, include all enrolled populations (i.e., did not exclude certain enrollees such as those with special health care needs)?</p> <p><i>Demographics:</i></p> <p><input checked="" type="checkbox"/> Age Range <input type="checkbox"/> Race/Ethnicity <input type="checkbox"/> Gender <input type="checkbox"/> Language</p> <p><input checked="" type="checkbox"/> Other: Adult FSP Program Beneficiaries</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 PIP was initiated with the adult FSP population in phase one. The MHP will expand to the entire beneficiary population in phase two of the PIP.</p>			
Totals		4 Met	Partially Met	Not Met	UTD

STEP 2: Review the Study Question(s)					
<p>2.1 Was the study question 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 introducing evidence-based groups increase outcomes for engagement, social connectedness, and perception of outcomes by eight percent for the adult FSP population?”</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	<p>The study question is clearly written and measurable. Outcomes for POQI and LOCUS were discussed with the clinical team, and it was decided to set a goal of eight percent increase at this time due to the small FSP population in Tuolumne County. When LOCUS scores are completed, the final score can range from less than 10 to 28. Since the LOCUS scores change only two to three points over several months, the team decided to set a goal that was relative to the percent change within the LOCUS. In addition, for the PQOI a goal of eight percent was established to keep it obtainable with both the small population and POQI participation.</p>			
Totals		1 Met	Partially Met	Not Met	UTD
STEP 3: Review the Identified Study Population					
<p>3.1 Did the Plan clearly define all Medi-Cal enrollees to whom the study question and indicators are relevant?</p> <p><i>Demographics:</i> <input checked="" type="checkbox"/> Age Range <input type="checkbox"/> Race/Ethnicity <input type="checkbox"/> Gender <input type="checkbox"/> Language <input checked="" type="checkbox"/> Other: Adult FSP population in phase one of the PIP</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	<p>The PIP was initiated with the adult FSP population for the first phase of the PIP. Currently the population is a reflection of county eligible, with 57% female (46 beneficiaries) and 43% male (35 beneficiaries). The ethnic breakdown for the program is 82 percent White (69 beneficiaries), 12 percent Hispanic, and six percent other.</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? <i>Methods of identifying participants:</i> <input checked="" type="checkbox"/> Utilization data <input type="checkbox"/> Referral <input type="checkbox"/> Self-identification <input checked="" type="checkbox"/> Other: POQI Survey scores; LOCUS scores</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	<p>The MHP will expand to the entire beneficiary population in phase two of the PIP.</p>
Totals		<p>2 Met Partially Met Not Met UTD</p>
STEP 4: Review Selected Study Indicators		
<p>4.1 Did the study use objective, clearly defined, measurable indicators? <i>List indicators:</i> 1. POQI Responses for the domain <i>Perception of Outcomes and Services</i> 2. POQI Responses for the domain <i>Perception of Social Connectedness</i> 3. LOCUS Scores in the domain of <i>Engagement</i> 4. Overall LOCUS Scores 5. Crisis Counts for Adult FSP Beneficiaries 6. Average Length of Stay for Adult FSP Beneficiaries 7. LOCUS Scores for all MHP Adult Beneficiaries</p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	<p>Study indicators should reflect both process and outcomes for all interventions being implemented through the PIP.</p> <p>There are no corresponding indicators to measure intervention number one (implementation of EBP groups). Indicators could include at a minimum the number of groups held, duration of each group, frequency of groups, group attendance, among others.</p> <p>The indicators listed measure POQI scores; however, there is no corresponding intervention such as implement the POQI twice annually with FSP beneficiaries.</p> <p>The indicators listed measure LOCUS scores corresponding to intervention number two.</p> <p>There are no corresponding indicators to measure intervention number three (implement FSP officer of the day).</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 beneficiary-focused.</p> <p><input checked="" type="checkbox"/> Health Status <input checked="" type="checkbox"/> Functional Status</p> <p><input checked="" type="checkbox"/> Member Satisfaction <input type="checkbox"/> Provider Satisfaction</p> <p>Are long-term outcomes clearly stated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Are long-term outcomes implied? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Partially Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> Unable to Determine</p>	<p>The PIP addressed social connectedness, engagement in recovery, and outcomes of services.</p>
Totals		<p>Met 2 Partially Met Not Met 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?</p> <p>b) Confidence interval to be used?</p> <p>c) Margin of error that will be acceptable?</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>No sampling was used for this PIP.</p> <p>All Adult persons enrolled in FSP are included in phase one of the study.</p> <p>Phase two will include all MHP beneficiaries.</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							
<table border="0" style="width: 100%;"> <tr> <td style="text-align: right;">Totals</td> <td>Met</td> <td>Partially Met</td> <td>Not Met</td> <td>3 NA</td> <td>UTD</td> </tr> </table>			Totals	Met	Partially Met	Not Met	3 NA	UTD
Totals	Met	Partially Met	Not Met	3 NA	UTD			
<p>STEP 6: Review Data Collection Procedures</p>								
<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>For the indicators listed, the data to be collected was described in detail.</p> <p>However, some indicators are missing, as is one intervention.</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 checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met	<p>For the indicators listed, the sources of data to be collected were described in detail.</p>						

<input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/> Claims <input type="checkbox"/> Provider <input checked="" type="checkbox"/> Other: POQI, LOCUS, EHR	<input type="checkbox"/> Unable to Determine	However, some indicators are missing, as is one intervention.
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	For the indicators listed, the data collection methodology was described in detail. However, some indicators are missing, as is one intervention.
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 checked="" type="checkbox"/> Outcomes tool <input checked="" 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 checked="" type="checkbox"/> Unable to Determine	The PIP began in October 2018. Insufficient time has passed for the interventions to be carried out long enough to be measured and analyzed to demonstrate impact.
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 checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	The PIP has a detailed data analysis plan. However, contingencies for untoward results were discussed in another section and should be listed here.

<p>6.6 Were qualified staff and personnel used to collect the data?</p> <p><i>Project leader:</i> Name: <i>Lindsey Lujan</i> Title: QI Coordinator Role: Project Coordinator</p> <p><i>Other team members:</i></p> <ol style="list-style-type: none"> 1. Michael Wilson, Director 2. Brock Kolby, Clinical Manager 3. John Herkenhoff, Planned Services Supervisor 4. Donna Villanueva, FSP Supervisor 5. Tami Mariscal, Compliance and Information Systems Manager 6. Misti Ambler, Medical Records and Billing Supervisor 	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	<ol style="list-style-type: none"> 1. Lead for monthly review and individual follow-ups with Clinical Supervisors. 2. Lead for implementing in clinical system. 3. Oversight for Planned Services Clinicians and group schedule. 4. FSP involved in the implementation of group and performance outcome completion. 5. Medical Records Team: Implementing Notifications, pulling charts for URC, monitoring billing, etc. 6. The Project Coordinator will be responsible for gathering feedback at various forums, presenting decision points to clinical supervisors, data analysis.
Totals		1 Met 4 Partially Met Not Met 1 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?</p> <p><i>Describe Interventions:</i></p> <ol style="list-style-type: none"> 1. Implement Evidence Based Practice Groups 2. LOCUS Implementation for all of the TCBH System 3. Implement FSP officer of the day 	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	<p>Step 7 lacks detailed descriptions for each of the three interventions listed.</p> <p>There are no detailed descriptions for the first intervention and no corresponding indicators to measure intervention number one (implementation of EBP groups). Information should be provided on the types of groups (beyond just the name of each group), why they were chosen, the number of groups held, duration of each group, frequency of groups, number of participants possible/preferred for group attendance, who is teaching each group along with their qualifications and a description of how fidelity is being assured.</p> <p>Intervention number three lacks a detailed description of the FSP officer of the day, the purpose of this position, roles and responsibilities, and how this intervention contributes to improved beneficiary outcomes. The PIP lacks corresponding indicators to measure intervention number three (implement FSP officer of the day).</p> <p>There is no corresponding intervention for administration of the POQI to FSP beneficiaries.</p>		
Totals		Met	1 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>	<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>The PIP began in October 2018. Insufficient time has passed for the interventions to be carried out long enough to impact beneficiaries.</p> <p>While first quarter data has been collected and analyzed, it is too soon to determine if the interventions are effective.</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>	<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>8.3 Did the analysis identify: initial and repeat measurements, statistical significance, factors that influence comparability of initial and repeat measurements, and factors that threaten internal and external validity? Indicate the time periods of measurements: _____ Indicate the statistical analysis used: _____ Indicate the statistical significance level or confidence level if available/known: ____percent _____Unable to determine</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable <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? <i>Limitations described:</i> <i>Conclusions regarding the success of the interpretation:</i> <i>Recommendations for follow-up:</i></p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine</p>	
Totals		<p>Met Partially Met Not Met 4 NA UTD</p>

STEP 9: Assess Whether Improvement is “Real” Improvement		
<p>9.1 Was the same methodology as the baseline measurement used when measurement was repeated? <i>Ask: At what interval(s) was the data measurement repeated?</i> <i>Were the same sources of data used?</i> <i>Did they use the same method of data collection?</i> <i>Were the same participants examined?</i> <i>Did they utilize the same measurement tools?</i></p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine</p>	<p>The PIP began in October 2018. Insufficient time has passed for the interventions to be carried out long enough to impact beneficiaries. While first quarter data has been collected and analyzed, it is too soon to determine if the interventions are effective.</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 type="checkbox"/> No</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine</p>	
<p>9.3 Does the reported improvement in performance have internal validity; i.e., does the improvement in performance appear to be the result of the planned quality improvement intervention? <i>Degree to which the intervention was the reason for change:</i> <input type="checkbox"/> No relevance <input type="checkbox"/> Small <input type="checkbox"/> Fair <input type="checkbox"/> High</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine</p>	

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

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

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

Conclusions:

The clinical PIP aims to improve beneficiary engagement and social connectedness by implementing therapeutic groups, thereby leading to better clinical outcomes as measured by POQI and LOCUS scores.

The PIP topic was selected through data collection and analysis, and with beneficiary inputs.

The PIP was initiated with the adult FSP population in phase one, and no sampling was used for this PIP. The MHP will expand to the entire beneficiary population in phase two of the PIP.

The study question is clearly written and measurable.

Study indicators should reflect both process and outcomes for all interventions being implemented through the PIP. There are no corresponding indicators to measure intervention number one (implementation of EBP groups). Indicators could include at a minimum the number of groups held, duration of each group, frequency of groups, group attendance, among others. The indicators listed measure POQI scores; however, there is no corresponding intervention such as implementation of the POQI twice annually with FSP beneficiaries. The indicators listed measure LOCUS scores corresponding to intervention number two. There are no corresponding indicators to measure intervention number three (implement FSP officer of the day).

The PIP lacks detailed descriptions for each of the three interventions listed. There are no detailed descriptions for the first intervention and no corresponding indicators to measure intervention number one (implementation of EBP groups). Information should be provided on the types of groups (beyond just the name of each group), why they were chosen, the number of groups held, duration of each group, frequency of groups, number of participants possible/preferred for group attendance, who is teaching each group along with their qualifications and a description of how fidelity is being assured. Intervention number three lacks a detailed description of the FSP officer of the day roles and responsibilities, and how this intervention contributes to improved beneficiary outcomes. The PIP lacks corresponding indicators to measure intervention number three (implement FSP officer of the day). There is no corresponding intervention for administration of the POQI to FSP beneficiaries.

The PIP has a detailed data analysis plan; however, some indicators are missing, as is one intervention.

The PIP began in October 2018. Insufficient time has passed for the interventions to be carried out long enough to impact beneficiaries.

While first quarter data has been collected and analyzed, it is too soon to determine if the interventions are effective.

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

Recommendations:

Continue the PIP, making the corrections listed above. Provide at least quarterly data collection and analyses to determine if additional changes are needed for the interventions, and to correct any untoward results.

Summary Totals for PIP Validation	Clinical PIP
Number Met	8
Number Partially Met	7
Number Not Met	0
Unable to Determine	1
Number Applicable (AP) (Maximum = 28 with Sampling; 25 without Sampling)	16
Overall PIP Ratings $((\#M*2)+(\#PM))/(\#AP*2)$	71.88%

- 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: Tuolumne

PIP Title: Assessment and Plan of Care Timeliness

<p>Start Date: November 2016</p> <p>Completion Date: December 2018</p> <p>Projected Study Period: 25 Months</p> <p>Completed: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Date of On-Site Review: Wednesday, March 20, 2019</p> <p>Name of Reviewer: Della Dash</p>	<p>Status of PIP (Only Active and ongoing, and completed PIPs are rated):</p>
	<p>Rated</p>
	<p><input type="checkbox"/> Active and ongoing (baseline established and interventions started)</p> <p><input checked="" type="checkbox"/> Completed since the prior External Quality Review (EQR)</p>
	<p>Not rated. Comments provided in the PIP Validation Tool for technical assistance purposes only.</p> <p><input type="checkbox"/> Concept only, not yet active (interventions not started)</p> <p><input type="checkbox"/> Inactive, developed in a prior year</p> <p><input type="checkbox"/> Submission determined not to be a PIP</p> <p><input type="checkbox"/> No Non-clinical PIP was submitted</p>

Brief Description of PIP:
 The non-clinical PIP addresses the MHP’s lack of timeliness for initial and annual assessments and plans of care for both new and existing beneficiaries. Developing a rehabilitation plan around beneficiary goals, and setting both short and long-term goals based on beneficiary levels of functioning and needs are essential for targeting services, facilitating discharge planning, and improving beneficiary outcomes. The MHP will work with clinicians to implement new service codes, introduce notifications to the EHR, and regularly monitor disallowance reports thereby improving overall timeliness of initial and annual assessments and updates to plans of care.

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	Peers, peer specialists, family members, clinicians, and management all expressed the need for timely assessment and POC development.
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 studied the issue for three years and decided that the timeliness of assessments and plans of care was not improving at a desired rate, and was adversely impacting beneficiary care.
<p>Select the category for each PIP:</p> <p><i>Non-clinical:</i></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Prevention of an acute or chronic condition <input type="checkbox"/> Care for an acute or chronic condition <input checked="" type="checkbox"/> Process of accessing or delivering care </div> <div style="width: 45%;"> <input type="checkbox"/> High volume services <input type="checkbox"/> High risk conditions </div> </div>		
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>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	The PIP focused on reducing the delays in assessments and plans of care.

<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 checked="" type="checkbox"/> Other: All enrolled beneficiaries, both new and continuing care</p>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Partially Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> Unable to Determine</p>	<p>The MHP studied the issue for three years and decided that the timeliness of assessments and plans of care was not improving at a desired rate, and was adversely impacting beneficiary care.</p>			
Totals		4 Met	Partially Met	Not Met	UTD
STEP 2: Review the Study Question(s)					
<p>2.1 Was the study question(s) stated clearly in writing? Does the question have a measurable impact for the defined study population?</p> <p><i>Include study question as stated in narrative:</i></p> <p>"Will enhancing administrative codes, notifications, reporting, and monthly awareness increase timely completion of Plan of Care, and assessment updates; to assure treatment meets the client's current needs, as reported through POQI scores and <i>Satisfactorily Met Goals</i> discharge codes?"</p>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Partially Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> Unable to Determine</p>				
Totals		1 Met	Partially Met	Not Met	UTD

STEP 3: Review the Identified Study Population		
<p>3.1 Did the Plan clearly define all Medi-Cal enrollees to whom the study question and indicators are relevant? <i>Demographics:</i></p> <p><input type="checkbox"/> Age Range <input type="checkbox"/> Race/Ethnicity <input type="checkbox"/> Gender <input type="checkbox"/> Language <input checked="" type="checkbox"/> Other: All enrolled beneficiaries, both new and continuing care</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 PIP includes all beneficiaries admitted to outpatient services. The MHP did not exclude beneficiaries based on demographics.</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? <i>Methods of identifying participants:</i></p> <p><input checked="" type="checkbox"/> Utilization data <input type="checkbox"/> Referral <input type="checkbox"/> Self-identification <input checked="" type="checkbox"/> Other: Survey results</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine</p>	
Totals		2 Met Partially Met Not Met UTD
STEP 4: Review Selected Study Indicators		
<p>4.1 Did the study use objective, clearly defined, measurable indicators? <i>List indicators:</i></p> <ol style="list-style-type: none"> 1. Percent of Assessment Updates Completed 2. Percent of caseload overdue 3. Percent of POC Updates Completed 4. Percent of Positive Responses for POQI question #17 "I, not staff, decided my treatment goals." 	<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 plan of care updates indicator did not have a baseline due to a lack of clarity in available EHR codes.</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 beneficiary-focused.</p> <p><input type="checkbox"/> Health Status <input type="checkbox"/> Functional Status <input checked="" type="checkbox"/> Member Satisfaction <input type="checkbox"/> Provider Satisfaction</p> <p>Are long-term outcomes clearly stated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Are long-term outcomes implied? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine</p>				
Totals		2 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? 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>This PIP is geared toward outpatient programs, and the MHP included all beneficiaries admitted to outpatient. Therefore, no sampling was used.</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		Met Partially Met Not Met 3 NA UTD
STEP 6: Review Data Collection Procedures		
<p>6.1 Did the study design clearly specify the data to be collected?</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	
<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	

<input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/> Claims <input type="checkbox"/> Provider <input checked="" type="checkbox"/> Other: POQI	<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 checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	Although the intervention is applied to all eligible beneficiaries, the POQI data collection methodology does not ensure that the recipients of the interventions actually completed the POQI.
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 checked="" 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	The discharge code showing satisfactory treatment completion was not tracked.
6.5 Did the study design prospectively specify a data analysis plan? Did the plan include contingencies for untoward results?	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	

<p>6.6 Were qualified staff and personnel used to collect the data?</p> <p><i>Project leader:</i> Name: Lindsey Lujan Title: QI Coordinator Role: Project Lead</p> <p><i>Other team members:</i></p> <ol style="list-style-type: none"> 1. EHR Supervisor 2. Compliance and Information Systems Manager 	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine				
Totals		4 Met	2 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?</p> <p><i>Describe Interventions:</i></p> <ol style="list-style-type: none"> 1. Implementing a new and separate service code for plan of care appointments 2. Introduction of 'assessment update' notifications in the Clinician Homepage 3. Scheduling consistent times to review disallowance reports at management meetings 	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	<p>While the interventions listed were needed for this PIP, it is not entirely clear how these interventions relate to the actual client outcomes.</p>			
Totals		Met	1 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>	<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"/> Not Applicable</p> <p><input type="checkbox"/> Unable to Determine</p>	<p>The MHP reviewed the data on a monthly basis. A method for exporting and cleaning the data was described in detail.</p>
<p>8.2 Were the PIP results and findings presented accurately and clearly?</p> <p>Are tables and figures labeled?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are they labeled clearly and accurately?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</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"/> Not Applicable</p> <p><input type="checkbox"/> Unable to Determine</p>	

<p>8.3 Did the analysis identify: initial and repeat measurements, statistical significance, factors that influence comparability of initial and repeat measurements, and factors that threaten internal and external validity?</p> <p>Indicate the time periods of measurements: Indicate the statistical analysis used: Indicate the statistical significance level or confidence level if available/known: ____percent ____ Unable to determine</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>The push for assessment and plan of care updates triggered increased discharge planning and closures for clients who were not responsive to scheduling an appointment (i.e. no further contact, withdrew, etc.) or who had met program goals and could be stepped down from services.</p> <p>With discharges increasing, caseloads were investigated. An average of staff who were present in both 2016 and 2017 was reviewed and showed an average 20 client decrease in clients since 2016.</p> <p>For completion of this PIP, the MHP needs to analyze the discharge codes to assess the impact on those who finished treatment. If discharges do not provide enough frequency, then other annual or periodic update indicators from the EHR should be considered.</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>	<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>Monitoring of overdue assessments began in April 2017 when 168 assessments (24 percent) were overdue. At the end of the PIP, in December 2018, only 15 assessments (2 percent) were overdue.</p> <p>Between CY 2016 to CY 2018, 96 percent of plans of care were completed in a timely manner.</p> <p>The POQI survey question received an overall 5 percent increase in positive responses from CY 2016 to CY 2018.</p>
Totals		3 Met 1 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 checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine</p>	
<p>9.2 Was there any documented, quantitative improvement in processes or outcomes of care? Was there: <input checked="" type="checkbox"/> Improvement <input type="checkbox"/> Deterioration Statistical significance: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clinical significance: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine</p>	<p>Monitoring of overdue assessments began in April 2017 when 168 assessments (24 percent) were overdue. At the end of the PIP, in December 2018, only 15 assessments (2 percent) were overdue. Between CY2016 to CY2018, 96 percent of plans of care were completed in a timely manner. The POQI survey question received an overall 5 percent increase in positive responses from CY2016 to CY2018.</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 checked="" type="checkbox"/> Fair <input type="checkbox"/> High</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>POQI survey data showed a slight increase in one question.</p> <p>The LOCUS was introduced and demonstrated improvements.</p> <p>Discharge Code outcomes are mentioned, but no data was provided.</p> <p>A Staff Employee Engagement Survey was launched, but no data was provided.</p>				
<p>9.4 Is there any statistical evidence that any observed performance improvement is true improvement?</p> <p><input type="checkbox"/> Weak <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Strong</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>For completion of this PIP, the MHP needs to analyze the discharge codes to assess the impact on those who finished treatment. If discharges do not provide enough frequency, then other annual or periodic update indicators from the EHR should be considered.</p> <p>Although the intervention is applied to all eligible beneficiaries, the POQI data collection methodology does not ensure that the recipients of the interventions actually completed the POQI.</p>				
<p>9.5 Was sustained improvement demonstrated through repeated measurements over comparable time periods?</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>While the MHP made significant process improvements, and some beneficiary outcomes improved, it is difficult to determine if the interventions led to these changes due to the issues mentioned above.</p>				
Totals		2 Met	3 Partially Met	Not Met	NA	UTD

ACTIVITY 2: VERIFYING STUDY FINDINGS (OPTIONAL)

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

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

Conclusions:

The non-clinical PIP addresses the MHP’s lack of timeliness for initial and annual assessments and plans of care for both new and existing beneficiaries.

Through the development and implementation of a number of process improvements including implementation of new service codes, introduction of notifications to the EHR, and regularly monitoring using a disallowance report, overall timeliness for assessments and plans of care improved.

Monitoring of overdue assessments began in April 2017 when 168 assessments (24 percent) were overdue. When the PIP ended in December 2018 only 15 assessments (2 percent) were overdue.

Between CY 2016 to CY 2018, 96 percent of plans of care were completed in a timely manner.

The POQI survey question results analyzed for the PIP received an overall 5 percent increase in positive responses from CY 2016 to CY 2018.

While some beneficiary outcomes scores improved, it is unclear if these can be solely attributed to the process improvements due to the facts that the POQI data collection methodology does not ensure that the recipients of the interventions actually completed the POQI, and discharge code data analyses were not discussed.

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

Recommendations:

To assess the true impact of the PIP interventions, the MHP should institute more robust measurement of discharge and any ongoing treatment status including analysis of discharge codes and other annual or periodic update indicators from the EHR.

Summary Total for PIP Validation	Non-clinical PIP
Number Met	18
Number Partially Met	7
Number Not Met	0
Unable to Determine	0
Number Applicable (AP) (Maximum = 28 with Sampling; 25 without Sampling)	25
Overall PIP Ratings $((\#M*2)+(\#PM))/(\#AP*2)$	86%

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