Tuolumne County FY 18-19 EQRO Feedback Grid

What is a Feedback Grid?

Each year before a final report is published by EQRO, counties receive a draft of the report. Counties then review the report and submit requests for changes. The format in which counties submit these requests is through the Feedback Grid. Once the Feedback Grid is sent by the counties back to EQRO, it is reviewed and completed. When the final report is sent to counties it also includes the completed Feedback Grid, which outlines whether the requested changes were accepted or gives reason to why they were not.

For FY 18-19 EQRO sent Tuolumne County the draft report on May 17, 2019 and gave the county till June 4, 2019 to respond with requests for changes using the Feedback Grid. Below is the completed Feedback Grid that Tuolumne County received on with their final report.

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Tuolumne County Feedback to CalEQRO Outside Review Draft Report FY 2018-19

All feedback must be sent to CalEQRO within 10 business days of receiving the review draft.

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Item #	Page Number	Report Statement	MHP Clarifying Response	MHP Request for Change	CalEQRO Response
1.	3	**Recommendation 2- First bullet** **All planned services clinicians block off 16 dedicated assessment slots**	Planned services blocks off 16 dedicated assessment slots per week.	**Each clinician does not hold16 assessment slots, but the agency as a whole does**	**CalEQRO modified the Report Statement to read:** Planned Services has begun blocking off 16 assessment slots per week thereby increasing the overall number of dedicated assessment slots available within the MHP.
2.	3	**Recommendation 2- Third Bullet** **Two MHP clinicians were embedded in Child Welfare Services (CWS) and probation to provide rapid intakes specific to the beneficiaries under their jurisdiction**	The MHP has one clinician embedded Child Welfare Services (CWS) and one in probation to provide rapid intakes specific to the beneficiaries under their jurisdiction	**Current language makes it seems as though we have two clinicians in CSW, consider revising**	**CalEQRO modified the Report Statement to read:** 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.
3.	10	**Recommendation 5 – Third Bullet** **The MHP purchased a second telepsychiatry room in 2018**	The MHP relocated the second telepsychiatry room and as a result of the moves in 2018 it was more constantly used.	**There was no purchase of a new room or equipment in 2018, but improvements to the second telepsych room were made**	**CalEQRO modified the Report Statement to read:** The MHP relocated the second telepsychiatry room, and as a result of the move in 2018 the room has been used more consistently.
4.	10	**Recommendation 5 – Fourth Bullet** **Stakeholders reported that insufficient child psychiatry time is**	Stakeholders reported that they was a perception of insufficient	**There is no data to support this claim**	The timeliness self-assessment reported only 33 percent of psychiatric appointments for children met the MHP's 15-day standard. In addition, stakeholders reported that psychiatry time was insufficient.

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					CalEQRO has therefore not modified the Report.
5.	**11**	**Recommendation 7 – Fourth Bullet** **This reportedly results in inconsistent diagnosis and frequent medication changes, along with the difficulty establishing a therapeutic relationship, all of which are destabilizing for beneficiaries.**	Remove this statement	**The data offered for CY 2018 shows that only 22% of the TCBH enrolled Medication Only clients experienced a crisis event with an average of less than two events experienced in this calendar year. The statement made that clients are destabilized seems antidotal and is not supported within data offered by the MHP or EQRO.** **Reports ran consistently throughout CY 2018 by the MHP on diagnostic and med review data, counteracts the statement made in regards to inconsistent diagnosis and frequent medication changes. The MHP provided these reports to EQRO, which lack evidence to this statement being made.**	Both staff and stakeholders reported these issues during the onsite review, for beneficiaries who are medicated and using telepsychiatry, and not just medication only beneficiaries. In addition, while beneficiaries reported feeling destabilized, it may not have risen to the level of a crisis event. The MHP is encouraged to delve further into these issues from a quality perspective, and to determine whether corrective action is needed. **CalEQRO has therefore not modified the Report.**
6.	**28**	**There is no corresponding intervention such as implementation of the POQI twice annually**	Remove / revise	**In the PIP it states the below:** **POQI Data/Beneficiary Satisfaction will be collected twice a year via paper process. This data is then entered into a QI maintained database prior to**	The PIP Development Outline states: 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.

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				it being processed by the State, then further analyzed by QI. **Data Collection and Analysis The POQI is collection and data entry is done by the QI. All FSP data entry is entered into the database after being compared to a client roster, with a separate indicator for easy data exporting and aggregation.**	If the MHP is using POQI scores to measure clinical outcomes for the FSP population (in this PIP), then there needs to be a corresponding intervention where POQI scores are collected from that population. If the MHP will use only the twice annual POQI implementation for the entire beneficiary population, a subset of which are FSP beneficiaries, how will the FSP scores be isolated, aggregated and analyzed, and will they be a representative sample of FSP beneficiaries? It is suggested that if the MHP is not already giving the POQI survey to all FSP beneficiaries (either during or outside of the twice annual survey distribution), that it consider doing so for this PIP. **CalEQRO has therefore not modified the Report.**
7.	**28**	**There are no detailed descriptions for the first intervention and no corresponding indicators to measure intervention number one (implementation of EBP groups).** **This is because group size and frequency were left out**	Remove / revise	**Within the PIP there is a clear schedule and frequency for each group that was implemented. The schedule exists both in narrative and Appendix C**	Beyond the schedule for the groups, there is no further detail provided. 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 (e.g., 1-2 hours each session for 8 weeks), frequency of groups (e.g., number of times per week), 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. **CalEQRO has therefore not modified the Report.**

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8.	**34**	**Current Operations- Third Bullet** **Team membership includes the Information System Manager, Medical Records and Billing Supervisor, Compliance Officer and QI Coordinator. The MHP Director participates on this team as needed.**	Team membership includes the Information System Manager/Compliance Office, Medical Records and Billing Supervisor, and QI Coordinator. The MHP Director participates on this team as needed.	**The statement made originally makes it appear as though the Information Systems Managers and Compliance Officer are two separate positions, when they are one.**	**CalEQRO modified the Report Statement to read:** 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.
9.	**34**	**The MHP's Priorities – Third Bullet** **Update CCBH to allow the authorization of a specific number of services at the time of client entry in the EHR**	Update CCBH to allow the authorization of a specific number of services after Medical Necessity is established.	**TCBH would not authorize services based only the criteria of a client being entered into the EHR.**	**CalEQRO modified the Report Statement to read:** Update CCBH to allow the authorization of a specific number of services after medical necessity is established.
10.	**34**	**The MHP's Priorities – Fifth Bullet** **Train Enrichment Center and FSP peer employees on CCBH service entry. These employees will enter their client contacts into CCBH**	Train Enrichment Center and FSP peer employees on the SAL process for service entry. Client contacts will then be entered into the EHR by administrative staff.	**Peers will not be directly entering into the EHR, but will be utilizing the paper SAL process.**	**CalEQRO modified the Report Statement to read:** 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.
11.	**35**	**Major Changes – Fourth Bullet** **A Request for Care Assessment allowing for the tracking of first offered and first accepted appointment was developed**	Remove	**The Request for Care Assessment was developed and launch in CY 2017. This form has been utilized since to capture the corresponding data elements.**	**CalEQRO modified the Report Statement by deleting this statement.**

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12.	42	**IC – Integration and/or collaboration with CCB services** **The MHP has one mental health clinician embedded in Juvenile Hall providing similar services.**	The MHP in partnership with the Probation Department has a clinician embedded in Juvenile Hall, providing services per Probations need.	**The partnership and roles of the clinician, probation, and juvenile hall needs to be clarified. Original statement does not accurately represent the current relationship.**	**CalEQRO modified the Report Statement to read:** The MHP, in partnership with Probation, has one clinician embedded in Juvenile Hall providing services.
13.	42	**IC - Integration and/or collaboration with CCB services** **While attempts at co-location staff within the sheriff's department have been unsuccessful due to lack of space, discussion is ongoing**	While attempts at co-location staff within the sheriff's department have been unsuccessful due to lack of space.	**Removal of discussion is ongoing** **This conversation has not been ongoing since the establishment of the lack of space.**	**CalEQRO modified the Report Statement to read:** While attempts at co-location staff within the sheriff's department have been unsuccessful due to lack of space.
14.	44	**2F – Tracks and trends** **The MHP provides reminder calls for all appointments; however, texting**	The MHP provides reminder calls; however, texting	**The MHP does not provide reminder calls for all appointments at this time**	**CalEQRO modified the Report Statement to read:** The MHP provides reminder calls; however, texting has been determined as not allowable by the County Counsel.
15.	45	**3A – QM and Performance Improving** **The Quality Assessment and Performance Improvement (QAPI) team includes key participants from all MHP departments and contract providers.**	The Quality Assessment and Performance Improvement (QAPI) team includes key participants from all MHP department.	**Though the monitoring of contract provides is a key element of the QAPI team, the contract providers themselves are not part of the team.**	**CalEQRO modified the Report Statement to read:** The Quality Assessment and Performance Improvement (QAPI) team includes key participants from all MHP department.
16.	46	**3B – Data used to get info to management** **A coding structure has been established for peer specialists**	A coding structure has been established for peer specialist to begin using the SAL paper process for their services.	**Peers will not be directly entering into the EHR, but will be utilizing the paper SAL process.**	**CalEQRO modified the Report Statement to read:** Peer staff will record their beneficiary contacts on a paper service activity log for later entry into the CCBH EHR by MHP administrative staff.

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		to enter their services directly into the EHR			
17.	**46**	**3C – Evidence of effective communication** **A monthly staff improvement collaborative meeting provides an opportunity**	A quarterly staff improvement collaborative meeting provides an opportunity	**The Staff Improvement Collaborative was moved from monthly meetings to quarterly.**	**CalEQRO modified the Report Statement to read:** 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.
18.	**47**	**3D – Evidence of a systematic clinical continuum of care** **The crisis unit was restructured and now offers walk-ins seven days a week from 8 a.m. to 2 a.m.**	The crisis unit was restructured and now offers walk-in services seven days a week till 7 p.m. and on call crisis services till 2 a.m.	**Clarification on the new changes made to the crisis unit**	**CalEQRO modified the Report Statement to read:** 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.
19.	**47**	**3D – Evidence of a systematic clinical continuum of care** **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. Emphasis is being placed on building specialty areas and subject matter expertise, and providing more field-based services. Staff training is being prioritized.**	Planned Services has begun to shift to dedication teams made up of Behavioral Health Workers and Clinicians. There are currently three teams established and trainings for these new teams are being developed.	**Planned Services is making progress towards a dedicated team approach. These teams focus on case management and currently trainings are being reviewed and developed.** **This approach is not an umbrella approach for the MHP at this time.**	**CalEQRO modified the Report Statement to read:** Planned Services is making progress towards a dedicated team approach, focusing on case management. Trainings are currently being developed and reviewed.

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20.	**48**	**3D – Evidence of a systematic clinical continuum of care** **There is greater focus being placed on rebuilding the children's system of care, which the MHP reported has been in decline for several years due to a number of factors that are now being explored in depth.**	There is greater focus being placed on rebuilding the children's system of care, which the MHP reported there has been a reduction in clients for several years due to a number of factors that are now being explored in depth.	**The MHP has not seen a decline in services or service availability in the children's system of care, but has seen a reduction in clients.**	**CalEQRO modified the Report Statement to read:** 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.
21.	**48**	**3E – Evidence of Peer Employment** **Peers employees are being trained to enter their direct services into the EHR**	Peer employees are being trained on the SAL process for service entry. Client contacts will then be entered into the EHR by administrative staff.	**Peers will not be directly entering into the EHR, but will be utilizing the paper SAL process.**	**CalEQRO modified the Report Statement to read:** 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.
22.	**48**	**3E – Evidence of Peer Employment** **Peers developed a new program entitled Peer Recovery Independence Determination and Empowerment (PRIDE),**	Peers facilitate a program entitled Peer Recovery Independence Determination and Empowerment (PRIDE),	**PRIDE has been established for many years and ongoing is one of the most attended groups at the Enrichment Center.**	**CalEQRO modified the Report Statement to read:** 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.
23.	**50**	**Access to Care – Changes within the last year** **The MHP increased the number of assessment slots available each week by having all Planned Services clinicians block off 16 dedicated assessment slots.**	The MHP has increased their number of assessments slots available and now has Planned Services block off 16 dedicated assessment slots per week.	**Each clinician does not hold16 assessment slots, but the agency as a whole does.**	**CalEQRO modified the Report Statement to read:** Planned Services has begun blocking off 16 assessment slots per week thereby increasing the overall number of dedicated assessment slots available within the MHP.

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24.	**50**	**Access to Care – Changes within the last year** **The MHP restructured its crisis unit and now offers walk-ins seven days a week from 8am to 2am.**	The MHP restructured its crisis unit was restructured and now offers walk-in services seven days a week till 7 p.m. and on call crisis services till 2 a.m.	**Clarification on the new changes made to the crisis unit**	**CalEQRO modified the Report Statement to read:** 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.
25.	**50**	**Access to Care – Changes within the last year** **The MHP newly embedded two clinicians, one each in CWS and Probation, and an existing embedded clinician is based on Juvenile Hall**	The MHP newly embedded two clinicians, one each in CWS and Probation. Remove - and an existing embedded clinician is based on Juvenile Hall	**The partnership and roles of the clinician, probation, and juvenile hall isn't clarified. Original statement does not accurately represent the current relationship.**	**CalEQRO modified the Report Statement to read:** The MHP newly embedded two clinicians, one each in CWS and Probation.
26.	**51**	**Timeliness of Services – Strengths** **Due to wait times for initial assessments, the MHP is prioritizing the use of relief clinicians on call.**	Remove	**At this time the MHP is not utilizing/prioritizing the use of relief clinicians for assessments.**	**CalEQRO modified the Report Statement by deleting this statement.**
27.	**52**	**Quality of Care – Opportunities for Improvement** **Stakeholders continue to have safety concerns and described the lobby as inadequate for the needs of both adult and youth beneficiaries, and routine and crisis services simultaneously.**	Stakeholders have safety concerns and described the lobby as inadequate for the needs of both adult and youth beneficiaries, and routine and crisis services simultaneously	**There is no evidence of stakeholders previously being concerned about the set up with the lobby.** **Please reconsider recommendation. At this time the main entrance lobby downstairs has two separate**	**CalEQRO modified the Report Statement to read:** Page 46 and 51: 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.

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				rooms, each with their own entry way. One is an adult waiting room and the other is for children. The waiting rooms do not have access to each other. In addition, the children's waiting room is complete with an abundance of toys. At no time, except for when checking in with reception, do the two populations have to be in the same lobby space.	
28.	**53**	**Quality of Care – Opportunities for Improvement** **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.**	MHP staff and stakeholders reported a lack of continuity of care between Kings View providers who are contracted for telehealth services. In addition, communication is reportedly challenging between clinicians, nursing staff and Kings View providers.	**The data offered for CY 2018 shows that only 22% of the TCBH enrolled Medication Only clients experienced a crisis event with an average of less than two events experienced in this calendar year. The statement made that clients are destabilized seems antidotal and is not supported within data offered by the MHP or EQRO.** **Reports ran consistently throughout CY 2018 by the MHP on diagnostic and med review data, counteracts the statement made in regards to inconsistent diagnosis and frequent medication changes. The MHP provided these reports to EQRO,**	Both staff and stakeholders reported these issues during the onsite review, for beneficiaries who are medicated and using telepsychiatry, and not just medication only beneficiaries. In addition, while beneficiaries reported feeling destabilized, it may not have risen to the level of a crisis event. The MHP is encouraged to delve further into these issues from a quality perspective, and to determine whether corrective action is needed. **CalEQRO has therefore not modified the Report.**

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				which lack evidence to this statement being made.	
29.	**53**	**Quality of Care – Recommendations** **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.)**	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. (Part of this recommendation is a carry-over from FY 2017-18.)	**The data offered for CY 2018 shows that only 22% of the TCBH enrolled Medication Only clients experienced a crisis event with an average of less than two events experienced in this calendar year. The statement made that clients are destabilized seems antidotal and is not supported within data offered by the MHP or EQRO.** **Reports ran consistently throughout CY 2018 by the MHP on diagnostic and med review data, counteracts the statement made in regards to inconsistent diagnosis and frequent medication changes. The MHP provided these reports to EQRO, which lack evidence to this statement being made.**	Both staff and stakeholders reported these issues during the onsite review, for beneficiaries who are medicated and using telepsychiatry, and not just medication only beneficiaries. In addition, while beneficiaries reported feeling destabilized, it may not have risen to the level of a crisis event. The MHP is encouraged to delve further into these issues from a quality perspective, and to determine whether corrective action is needed. **CalEQRO has therefore not modified the Report.**
30.	**53**	**Beneficiary Outcomes – Changes within the Past Year** **A coding structure has been established for peer specialists to enter their services directly into the EHR, and training is in process on peer service record**	A coding structure has been established for peer specialists to track their services via paper SAL, which will then be entered into the EHR by the administrative staff. Training is in process on peer service record logs and documentation requirements.	**Peers will not be directly entering into the EHR, but will be utilizing the paper SAL process.**	**CalEQRO modified the Report Statement to read:** 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.

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		logs and documentation requirements.			
31.	**54**	**Beneficiary Outcomes – Strengths** **Peer employees are being trained to enter their client contacts into the EHR.**	Peer employees are being trained to enter their client contacts via the SAL process.	**Peers will not be directly entering into the EHR, but will be utilizing the paper SAL process.**	**CalEQRO modified the Report Statement by deleting this statement.**
32.	**54**	**Foster Care – Strengths** **The MHP contracted with Kings View to systematically implement and track medication and metabolic monitoring data for FC youth as per SB 1291 measures, and monitor multiple antipsychotic prescribing for all youth.**	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.	**At this time the MHP is not contracted with Kings View to systematically implement and track medication and metabolic monitoring data for FC.**	**CalEQRO modified the Report Statement to read:** 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.
33.	**55**	**Structure and Operations – Changes within the Past Year** **Two clinical supervisors retired. These positions are not yet filled with permanent staff.**	Two clinical supervisors retired. These two positions were fully filled with permanent staff. One position was filled with an outside hire and the other was filled with an internal promotion.	**Our Planned Services Supervisor retired and was filled with an outside hire in November 2018. The SUD supervisor retired and was backfilled with an existing supervisor from CAIP. The CAIP Supervisor position was filled March 2019 with an internal promotion.**	**CalEQRO modified the Report Statement to read:** Two clinical supervisors retired. These two positions were filled with permanent staff, one as an outside hire, and the other with an internal promotion.
34.	**56**	**Structure and Operations – Strengths**	The MHP restructured its crisis unit was restructured and now offers walk-in services seven days a week till 7 p.m. and on call crisis services till 2 a.m.	**Clarification on the new changes made to the crisis unit**	**CalEQRO modified the Report Statement to read:**

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		The crisis unit was restructured and now offers walk-ins seven days a week from 8am to 2am			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.
35.	**56**	**Structure and Operations – Strengths** **The crisis line managed from within the crisis unit**	Remove	**The crisis line is managed by the MHP from 8am to 7pm and then managed by Central Valley Suicide Prevention Hotline for after-hours calls.** **The current management of the crisis line has been in place since January 2017.**	**CalEQRO modified the Report Statement to read:** 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.
36.	**56**	**Structure and Operations – Opportunities for Improvement** **The children's system of care has been in decline for several years due to a number of factors**	The children's system of care has seen a reduction in clients for several years due to a number of factors	**The MHP has not seen a decline in services or service availability in the children's system of care, but has seen a reduction in clients.**	**CalEQRO modified the Report Statement to read:** 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.
37.	**57**	**Summary of Recommendations** **Assess the adequacy of the lobby space to provide safe and comfortable waiting for both adult and youth beneficiaries, and routine and crisis services simultaneously, determining if and what changes may be required.**	Consider revisiting this recommendation	**Please reconsider recommendation. At this time the main entrance lobby downstairs has two separate rooms, each with their own entry way. One is an adult waiting room and the other is for children. The waiting rooms do not have access to each other. In addition, the children's waiting room is complete with an abundance of toys. At no time, except for**	**CalEQRO modified the Report Statement to read:** Page 52 and 56: 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.

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				when checking in with reception, do the two populations have to be in the same lobby space.	
38.	**58**	**Carry-over and Follow-Up Recommendations** **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.**	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.	**The data offered for CY 2018 shows that only 22% of the TCBH enrolled Medication Only clients experienced a crisis event with an average of less than two events experienced in this calendar year. The statement made that clients are destabilized seems antidotal and is not supported within data offered by the MHP or EQRO.** **Reports ran consistently throughout CY 2018 by the MHP on diagnostic and med review data, counteracts the statement made in regards to inconsistent diagnosis and frequent medication changes. The MHP provided these reports to EQRO, which lack evidence to this statement being made.**	Both staff and stakeholders reported these issues during the onsite review, for beneficiaries who are medicated and using telepsychiatry, and not just medication only beneficiaries. In addition, while beneficiaries reported feeling destabilized, it may not have risen to the level of a crisis event. The MHP is encouraged to delve further into these issues from a quality perspective, and to determine whether corrective action is needed. **CalEQRO has therefore not modified the Report.**