



Behavioral Health Concepts, Inc.
2340 Powell Street, Suite 334
Emeryville, CA 94608

info@bhcegro.com
www.calegro.com
855-385-3776

FY 2023-24

MEDI-CAL SPECIALTY MENTAL HEALTH EXTERNAL QUALITY REVIEW

PERFORMANCE IMPROVEMENT PROJECTS QUARTERLY REPORT

Prepared for:

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

For Reviews Conducted During:

July - September 2023

TABLE OF CONTENTS

INTRODUCTION	3
Table 1. MHPs Reviewed.....	4
PERFORMANCE IMPROVEMENT PROJECT VALIDATION.....	5
Table 2. PIP Submission Standard	5
Table 3. PIP Status Defined	6
Table 4. PIP Topics for all PIP Submissions	7
FINDINGS.....	8
Access to Care.....	8
Outcomes of Care	9
Quality of Care	10
Timeliness of Care	12
CALEQRO RATING OF SUBMITTED PIPS	14
Table 5. PIP Rating Steps.....	14
Table 6. PIP Ratings Defined.....	14
Table 7. PIP Rating by MHP	15
CONCLUSIONS/RECOMMENDATIONS	18
PIP TOPICS.....	18
PIP DESIGN/IMPLEMENTATION	18
Areas for Improvement.....	18
Recommendations to MHPs	18
Technical Assistance to MHPs.....	18
APPENDICES.....	20
Appendix A: Summary of PIPs submitted by MHPs – Clinical and Non-Clinical, by Domain Category	20
Appendix B: CalEQRO PIP Validation Tool	47
CLINICAL PIP TOPICS SUBMITTED	21
Access to Care PIPs	21
Outcomes of Care PIPs	23
Quality of Care PIPs.....	28
Timeliness of Care PIPs.....	32
NON-CLINICAL PIP TOPICS SUBMITTED	33
Access to Care PIPs	33
Outcomes of Care PIPs	36
Quality of Care PIPs.....	37
Timeliness of Care PIPs.....	42

INTRODUCTION

The United States Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) requires an annual, independent external evaluation of State Medicaid Managed Care programs 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 managed care services. County Mental Health Plans (MHPs) are considered PIHPs and therefore subject to applicable Medi-Cal Managed Care laws and regulations governing PIHPs. CMS rules (42 CFR §438; Medicaid Program, External Quality Review of Medicaid Managed Care Organizations) specify the requirements for evaluation of Medicaid Managed Care programs. These rules require an on-site review, virtual review, or desk review of each MHP.

The *Validating Performance Improvement Projects Protocol*¹ specifies that States must require their Medicaid and Children's Health Insurance Program managed care plans (MCPs) to conduct Performance Improvement Projects (PIPs) that focus on both clinical and non-clinical areas each year. CMS revised the PIP protocol in February 2023. A PIP is defined as: "...a project conducted by the MCP that is designed to achieve significant improvement, sustained over time, in health outcomes and enrollee satisfaction. A PIP may be designed to change behavior at a member, provider, and/or MCP/system level." The EQRO is required to validate these PIPs, and the California Department of Health Care Services (DHCS) elected to examine projects that were underway at some time during the twelve months preceding the EQR.

This report presents a summary of the PIP findings of the reviews conducted by the California External Quality Review Organization (CalEQRO), Behavioral Health Concepts, Inc. (BHC). The summary contained in this report pertains to the reviews that were conducted during the first quarter DHCS fiscal year (FY) 2023-24 (July - September 2023). This report provides summary information to DHCS, MHPs, and other stakeholders regarding the completeness of the PIP submissions received by CalEQRO during the quarter. Each PIP submission for this quarter is summarized at the end of the report. Any further information about a specific PIP may be obtained by reviewing that specific MHP's Annual Report.

This summary report includes data that was analyzed and aggregated by CalEQRO from the EQR activity described below.

VALIDATING PERFORMANCE IMPROVEMENT PROJECTS

Each MHP is required to conduct two PIPs during the 12 months preceding the review. These PIPs must be submitted to CalEQRO for review, and scoring is done in accordance with a Validation Tool developed by BHC (see Appendix B). This Validation

¹ Department of Health and Human Services. Centers for Medicare and Medicaid Services (2023). Validation of Performance Improvement Projects: A Mandatory EQR Related Activity, Protocol 1, Version 1.0, February 2023. Washington, DC: Author.

Tool was created by CalEQRO to include all required elements of review from the relevant CMS Protocol.²

The purpose of a PIP is to assess and improve the processes and outcomes of health care provided by an MHP for persons with mental health conditions.

The following MHPs submitted PIPs that were reviewed and scored during reviews conducted by CalEQRO during the months of July to September. These reviews were conducted as virtual or on-site reviews. The results of these MHP reviews are described in this report.

Table 1. MHPs Reviewed

Amador	Kern	Placer-Sierra
Butte	Madera	Sacramento
Colusa	Mariposa	San Joaquin
Glenn	Orange	Santa Cruz

² Ibid.

PERFORMANCE IMPROVEMENT PROJECT VALIDATION

The following table illustrates the number of PIPs that were submitted for validation through the CalEQRO review by each MHP reviewed in July - September 2023.

Table 2. PIP Submission Standard

MHP	Clinical PIPs Submitted	Status of Clinical PIPs	Non-Clinical PIPs Submitted	Status of Non-Clinical PIPs
Amador	1	Completed	1	Implementation Phase
Butte	1	Planning Phase	1	Planning Phase
Colusa	1	Implementation Phase	1	Implementation Phase
Glenn	1	First Remeasurement	1	Baseline Year
Kern	1	Implementation Phase	1	Baseline Year
Madera	1	Implementation Phase	1	Implementation Phase
Mariposa	1	Implementation Phase	1	Planning Phase
Orange	1	Second Remeasurement	1	Implementation Phase
Placer-Sierra	1	Planning Phase	1	Second Remeasurement
Sacramento	1	Completed	1	Completed
San Joaquin	1	Implementation Phase	1	Completed
Santa Cruz	1	Planning Phase	1	Implementation Phase

Table 3. PIP Status Defined

PIP Status Terminology	Definition
PIP Submitted for Approval	The MHP submitted the PIP concept for review by CalEQRO.
Planning Phase	MHP is preparing to implement the PIP.
Implementation Phase	The MHP has established baseline data on at least some of the indicators, and at least some interventions have started. Any combination of these is acceptable.
Baseline Year	Interventions have begun and the MHP is establishing a baseline measurement.
First Remeasurement	Baseline has been established and the intervention is being remeasured for the first year/period.
Second Remeasurement	The success of intervention(s) is being measured for the second year/measurement period.
Other - Completed	In the past 12 months or since the prior EQR the work on the PIP has been completed.
Other – Developed in a Prior Review Year	Rated last year and not rated this year. MHP has done planning, but intervention had not yet started.

Of the 12 MHP reviews that were conducted in July through September 2023, all 12 MHPs submitted some information to be considered for validation. Additionally, all MHPs met the submission standard that requires submission of two PIPs.

Table 4. PIP Topics for all PIP Submissions

PIP Topics	PIP Titles	Clinical	Non-Clinical
Access to Care	Psychiatry Appointment No Shows	Mariposa	
	No-Show PIP	Santa Cruz	
	Quarterly Engagement Self-Care Raffle Basket		Kern
	Intensive Home-Based Services (IHBS) Expansion		San Joaquin
Outcomes of Care	Youth Level of Care Intervention Standards	Butte	
	Psychosis Identification and Treatment	Colusa	
	P.A.W.S: Pets Advocacy Wellness and Support Group	Glenn	
	Cognitive Behavioral Therapy for Psychosis (CBTp) for Youth with Enhanced Outpatient Program (EOP) Symptoms	Kern	
	Racial Equity Action Plans	Sacramento	
	Youth Level of Care of Dashboard Report		Butte
Quality of Care	Peer-Led Support Group after a Crisis Event	Amador	
	Rehospitalization Reduction in Children/Youth After First Hospitalization	Orange	
	Follow-Up After Emergency Department (ED) Visit for Mental Illness (FUM)	Placer-Sierra	
	FUM BHQIP	San Joaquin	
	FUM		Colusa
	FUM		Glenn
	Phone Services		Mariposa
	Sexual Orientation Gender Identity (SOGI) and the Beneficiary Experience in Adult System of Care (ASOC) MH Clinics		Placer-Sierra
	FUM		Santa Cruz
Timeliness of Care	Crisis Mobile Unit Implementation	Madera	
	Timely Access		Amador
	Centralized Appointment Scheduling Process		Madera
	Improving Adults' Timely Access to Mobile Crisis Support		Orange
	Admissions at Provider Site		Sacramento

FINDINGS

Many PIPs address similar topics as MHPs are facing similar issues. The findings pertain to MHPs' operation of an effective Managed Care Organization, such as processes for ensuring access to and timeliness of services, and processes for improving the quality of care and improvements in functioning and outcomes because of care. For more information regarding the PIPs detailed below, please see Appendix A of this report.

Access to Care

Two clinical PIPs and two non-clinical PIPs focused on improving access to care for beneficiaries.

- Mariposa and Santa Cruz submitted clinical PIPs designed to improve no show rates.
 - Mariposa focused on improving the no show rate for psychiatric appointments by providing case management services to improve communication regarding available transportation for appointments. The PIP was ineffective and was only offered to four participants during the review year.
 - Santa Cruz identified inconsistencies in the definition and data related to no-shows. They developed an operational definition and universal protocol, trained clinical care teams, and collected a three-month baseline. Variables and performance Measures (PMs) have not yet been developed for this clinical PIP.
- Kern's non-clinical PIP was designed to improve no-show rates through an incentive-based intervention. The intervention is a quarterly raffle with a self-care basket as the prize. Adult members are eligible to be entered into the raffle draw if they have kept three successive appointments with their treatment teams within a month without a single no-show. At the time of the review, the MHP had not completed the first quarter of the PIP and, therefore, was able to provide only the baseline data with a target of 5 percent reduction in no-shows.
- San Joaquin's non-clinical PIP was designed to increase the use of IHBS. The MHP identified that few of the youth who are eligible for IHBS get this service, and youth who receive IHBS in San Joaquin receive fewer services than youth statewide. The interventions included: restructuring the outpatient program to enable continuity of care and promote IHBS specialization among staff; cultivating family engagement and understanding of supportive services; and automating the screening and referral of youth who meet criteria. There was a significant increase in the percentage of youth who received IHBS.

Outcomes of Care

Five clinical and one non-clinical PIPs are designed to impact outcomes of care for beneficiaries.

- Butte, Colusa, Glenn, and Kern submitted clinical PIPs targeted the youth beneficiaries at each MHP.
 - Butte's clinical PIP was designed to improve the CANS scores and decrease the length of stay for youth ages 5-21. The PIP does not yet define its performance measures, baseline data, targeted goals for improvement, and detailed interventions.
 - Colusa designed a clinical PIP to increase the amount of treatment and support a member receives to improve their overall functioning. The PIP population includes new members ages 12-30 who endorse psychotic symptoms on the Prodromal Questionnaire (PQ-B). Colusa had not begun to report outcomes to determine whether the intervention of using the PQ-B assessment for the targeted population addresses root causes of the issue.
 - Glenn's clinical PIP target youth ages 11-17 years in an effort to increase participation in one or more treatment groups within the fiscal year. Youth surveys indicated that having an animal involved would make them more interested in attending a group. Glenn chose to work with Pet Partners to increase the youth full service partnership (FSP) engagement in treatment groups. The MHP intended to measure treatment outcomes of the intervention group using the Patient-Reported Outcomes Measurement Information System (PROMIS) Pediatric Meaning and Purpose scale. However, there were only two FSP youth members for each measurement period that attended the group. The MHP was unable to determine if it was the same two members for baseline and remeasurement.
 - Kern sought to increase symptom recognition in youth with psychosis and provide psychoeducation skill building training related to CBTp to the child and family with its clinical PIP. The MHP faced challenges in its data tabulation and report production due to the implementation of a new EHR. Additionally, since the psychoeducation skill building of the PIP also started at the same time, the first quarter data tracking was not completed at the time of the review. CalEQRO was not able to determine the effectiveness of CBTp with the target population in producing the intended outcomes.
- Sacramento's clinical PIP targeted a universalism approach to advance behavioral health equity for the African American/Black/of African Descent communities within the MHP communities. The brand-new training aimed to make real changes, shown in the outcomes, on the inequalities within treatment, rather than the original training which aimed to help staff understand working with beneficiaries through a culturally competent lens. In looking at the Adult

Needs and Strengths Assessment/Child and Adolescent Needs Assessment (ANSA/CANS) within treatment racial equity was not identified as an issue nor did members voice it as an issue. The data provided was inaccurately presented, and overall, the PIP did not meet expectations.

- Butte's non-clinical PIP is based upon the problem analysis identified in the clinical PIP and has a very similar study aim. The MHP seeks to create a dashboard report that enables program leadership to evaluate adherence to guidelines in real time. This would also enable clinical staff to see CANS scores in real time. Pre-intervention activities include developing the reports, developing the Level of Care (LOC) criteria, and training staff. The pre-intervention activities have not been completed.

Quality of Care

Four clinical PIPs and five non-clinical PIPs were focused on improving the quality of care for beneficiaries.

- Amador's clinical PIP sought to reduce psychiatric hospitalization rates among their adult population by implementing a peer support group for those who received crisis contacts. Preliminary data supported that they could improve the percentage meeting the goal of a 7-day follow-up after hospitalization. Although a decrease in hospitalization rate occurred between the measured fiscal years, the lack of engagement within the group makes it impossible for the MHP to link the peer group intervention to this improvement. Further, too few participants were retained in the group long enough to collect all Hope Scale measures across time.
- Orange designed a clinical PIP to significantly reduce rehospitalization rates for children and youth after their first hospitalization by connecting them to more intensive services as offered by the FSP programs. The target population for this PIP excludes those with records of previous MHP services as those children typically have more defined pathways for step-down treatment. Despite some promising trends for the cohort that accepted FSP services, the count was low and the MHP was not able to establish any statistically significant improvements at this time.
- Placer-Sierra and San Joaquin submitted clinical PIPs, and Colusa, Glenn, and Santa Cruz submitted non-clinical PIPs focused on improving the rate of FUM. The focus was upon individuals with an ED visit for a mental health condition, identification of these individuals, and arranging mental health follow-up appointments. These PIPs were all developed in response to DHCS' California Advancing and Innovating Medi-Cal (CalAIM) Behavioral Health Quality Improvement Program (BHQIP).
 - Placer-Sierra's clinical PIP submission did not include activities or data updates representing work done since the last EQR.
 - San Joaquin's clinical PIP was much further along with multiple strategies to improve 7- and 30-day follow-up including distributing

promotional flyers and posters (English and Spanish) to seven hospital EDs to educate members about how to access services, referral strategies, resources, and training materials to ED managers, social workers, and navigators, deploying Xferall, an electronic referral application to receive real-time direct message referrals from EDs, and a centralized point of entry for all incoming ED referrals. Whenever possible, ED providers may make a phone-based warm handoff to the MHP access team. Interventions began in Spring 2023.

- Colusa's non-clinical PIP included two interventions. One intervention was a referral form for the ED to utilize when making a referral to the MHP. The referral form is emailed to ED staff, available on the MHP's website, and is a monthly agenda item for the collaborative meetings with the MHP crisis team and ED. This intervention began in May 2023. Another intervention was implementing quarterly meetings with MCPs to discuss data sharing via a secure file transfer protocol (SFTP). The data exchange is monthly and began in March 2023. The PIP did not yet report the results.
- Glenn's non-clinical PIP is in progress and the MHP provided baseline data. The MHP has not yet reported percentages for follow-up within 7- and 30-days because they were awaiting the results at the time of the submission. The MHP reported that it is working with MCPs to operationalize data sharing and identified challenges with the MCP data exchange. The MHP is also conducting real time referral coordination with Glenn Medical Center, which began in October 2022.
- Santa Cruz's non-clinical PIP includes an improvement strategy centered on the systems and processes for coordination of care between the MHP and the ED. Since last year's submission, the primary shift in this PIP has been from regular reports and liaisons to harnessing information sharing technologies accessed directly by MHP staff. Rather than a sample or single department, they are focusing on the entire population of eligible members, active members, and those at the ED who accept referral to the MHP. The MHP is working closely with their county Health Information Organization to address barriers and delays in processes and bring stakeholders together across the county under a common platform, Unite Us which is a tool for closed-loop referrals. This PIP shows clear potential to support access and quality care for all Medi-Cal eligibles and MHP members, regardless of a visit to the ED.
- Mariposa's non-clinical PIP was designed to decrease phone services and increase in-person or telehealth services. The MHP received some grievances from members on this issue. The county implemented a policy that members must receive three in-person/telehealth services prior to a phone service. The MHP hypothesized that embedding the Zoom platform into the EHR would result in more telehealth services. During the process of getting the telehealth function

set up in the EHR and subsequent accounts activated, more data was reviewed and the MHP observed that the proportion of phone services had decreased from the prior review of the data. It appears that the shift in service delivery occurred without the intended intervention. It may be attributed to other administrative interventions/guidance. As a result, the MHP decided to discontinue this PIP.

- Placer-Sierra's non-clinical PIP is designed to improve the beneficiary experience by consistently asking individuals, and addressing them by, their SOGI and preferred name and pronouns in a safe and culturally responsive manner. The intervention is to ask adult beneficiaries receiving outpatient mental health services in two clinic locations to identify their sex, gender identity, sexual orientation, preferred name, and preferred pronouns. The impact of the intervention will be monitored as reported in client satisfaction surveys. Initial results show noticeable changes; however, the PIP is pending final remeasurements for member satisfaction.

Timeliness of Care

One clinical PIP and four non-clinical PIPs were focused on improving the timeliness of care for beneficiaries.

- Madera's clinical PIP was designed to address the growing number of mental health and substance use disorder ED visits reported over the last several years. The goal is to implement a Crisis Care Mobile Unit available 24/7 to respond during crisis situations within Madera County with the purpose of decreasing the crisis in the community, resulting in a decrease in the necessity of 5150/5585 holds. The MHP will be evaluating the goal of responding to all crises call contacts within one hour. The interventions began in September 2022. However, due to circumstances that required adjusting the PIP process, the MHP is now beginning to track and trend the data for this PIP. There was no data available at the time of the review.
- Amador's non-clinical PIP focuses upon timeliness of getting to the first treatment appointment after assessment and review. The MHP established the baseline of 15 percent meeting their 7-day goal. In the first year, they increased the frequency of team meetings to increase the rate of opening for scheduling in the system. Surveys were used to explore root causes and get stakeholder feedback from members and line staff. Additional interventions were added for the second year while acknowledging the impact of staffing shortages and turnover. The CalAIM Screening Tool was implemented along with training for case management staff to open time for clinicians to get the assessments to the team more rapidly. Despite the additional interventions, the outcome was an increase from baseline to 29%, still significantly short of their aim.
- Madera's non-clinical PIP had the stated goal of improving the process clients follow to schedule and/or reschedule, cancel, or any other change to appointments in general. The lack of a centralized scheduling process post-assessment creates a delay in appointment scheduling, thereby delaying necessary treatment for members and impacting their health. The current

process of routing calls to the provider to coordinate scheduling has added administrative duties to providers, impeding much needed direct service time. Client dissatisfaction is clearly reflected in the analysis of member complaints and concerns data regarding their appointment scheduling and rescheduling process. The intervention began May 2023, however the MHP provided no information at the time of the review showing performance rate, year to date baseline, or other data to assess the PIP.

- Orange's non-clinical PIP sought to increase timely access to crisis services by introducing a standardized screening tool during phone requests for the Adult Crisis Assessment Team (CAT) so that, if safety concerns are identified, coordinating law enforcement co-response occurs earlier in the dispatch planning process. In turn, this will reduce unnecessary delays in starting the assessment once Adult CAT arrives on scene to support the person in crisis.

By streamlining the process of when the CAT is accompanied by co-responders from law enforcement, the MHP hopes to conform to the new state guidelines on new mobile crisis benefit standards which under the current set-up have not been met in the previous data examined by the MHP. At the time of the review, the MHP was in the process of developing the tool and implementing this PIP.

- Sacramento's non-clinical PIP was designed to improve or maintain the timeliness from request for services to assessment and subsequently to first treatment appointment, by allowing beneficiaries to request services directly from the provider by phone call or walk-in services. Four select providers, at five scattered sites, established weekly drop-in hours in which beneficiaries are permitted to request access to services in-person or by phone, complete an intake assessment, and establish an assigned clinician. Due to barriers such as staffing shortages and significant MHP changes, the PIP strategy went live on July 1, 2022. Results showed inconsistent data collection and reporting. It did seem the number of days between first contact and first assessment decreased, however, the data that showed number of days between first assessment and first clinical appointment was presented as zero days, which was an error in reporting. A reported challenge coincided with the CalAIM documentation reform roll-out, due to the new documentation standards and time needed to focus on the reform roll-out.

CALEQRO RATING OF SUBMITTED PIPS

Table 5 lists the Validation Items that are reviewed and validated for each PIP. CalEQRO assesses the overall validity and reliability of the PIP methods and findings to determine whether it has confidence in the results. CalEQRO will assign an overall validation rating of high, moderate, low, or no confidence to the PIP (See Table 6). The validation rating is based on CalEQRO's assessment of whether the County adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results, and produced significant evidence of improvement.

Table 5. PIP Rating Steps

Step	PIP Section
1	Review the Selected PIP Topic
2	Review the PIP AIM Statement
3	Review the Identified PIP Population
4	Review the Sampling Method (if applicable)
5	Review the Selected PIP Variables and Performance Measures
6	Review the Data Collection Procedures
7	Review Data Analysis and Interpretation of PIP Results
8	Assess the Improvement Strategies
9	Assess the Likelihood that Significant and Sustained Improvement Occurred

Table 6. PIP Ratings Defined

High Confidence	Credible, reliable, and valid methods for the PIP were documented.
Moderate Confidence	Credible, reliable, or valid methods were implied or able to be established for part of the PIP.
Low Confidence	Errors in logic were noted or contradictory information was presented or interpreted erroneously.
No Confidence	The study did not provide enough documentation to determine whether credible, reliable, and valid methods were employed.

The MHPs reviewed during July to September 2023 received the following overall ratings:

Table 7. PIP Rating by MHP

MHP	Clinical	Non-Clinical
Amador	Moderate Confidence	Moderate Confidence
Butte	No Confidence	No Confidence
Colusa	Moderate Confidence	Moderate Confidence
Glenn	Low Confidence	Moderate Confidence
Kern	Low Confidence	Low Confidence
Madera	Moderate Confidence	Low Confidence
Mariposa	Low Confidence	No Confidence
Orange	Low Confidence	No Confidence
Placer-Sierra	No Confidence	Moderate Confidence
Sacramento	Low Confidence	Low Confidence
San Joaquin	High Confidence	High Confidence
Santa Cruz	Moderate Confidence	Moderate Confidence

- Mariposa's non-clinical PIP received a rating of No Confidence because the intervention was not delivered and results were not obtained prior to the closure of the PIP.
- Orange's non-clinical PIP received a rating of No Confidence because no baseline data were available and the MHP had not developed the tool to be used when implementing this PIP.
- Placer-Sierra's clinical PIP received a rating of No Confidence because the submission did not include CY 2023 activities or data updates representing work done since the last EQR.
- Butte's clinical and non-clinical PIPs received No Confidence ratings because the study design is not yet sufficiently detailed and therefore the methods cannot be determined to be valid, credible, or reliable. The submission has not yet included performance measures, baseline data, targeted goals for improvement, and detailed interventions.
- Glenn's clinical PIP received a Low Confidence rating because there were only two members in each measurement and the MHP was unable to determine if they were the same two members. Additionally, the MHP was

unable to match the pre and post survey results because the surveys were not uniquely identifiable.

- Kern's clinical and non-clinical PIPs received Low Confidence ratings.
 - The clinical PIP was missing data from Phase II and the Phase one had low participation. The MHP faced challenges in its data tabulation and report production due to the implementation of a new EHR counts from Phase I.
 - The non-clinical PIP lacks any remeasurement data, while the MHP had identified multiple factors that can contribute to no-shows, the intervention is based on very slim internal evidence and a single cited study of adolescent and youth no-show rates. There is no clear connection to actual individual needs or challenges that contribute to no-shows.
- Madera's non-clinical PIP received a Low Confidence rating because while the intervention began May 2023, there was no information available at the time of the review showing performance rate, year to date baseline, or other data to assess the PIP.
- Mariposa's clinical PIP received a Low Confidence rating because the intervention was delivered to a very small number of affected members. Any change in no-show rate, if produced, could not be attributed to the intervention.
- Orange's clinical PIP received a Low Confidence rating because based on the available data, the count of members impacted remains low, and any comparison with the naturally occurring groups, (i.e., treatment-as-usual and refused-any-follow-up-services) was not possible.
- Sacramento's clinical and non-clinical PIPs received Low Confidence ratings.
 - The clinical PIP was found to have low confidence, because the PIP continues to lack clinical impacts and outcomes. Data was not consistently tracked throughout the time periods and the overall number of effected beneficiaries was very low and not statistically significant.
 - The non-clinical PIP submission does not clearly articulate what is the 5 percent improvement, it has a low number of effected beneficiaries, and data collection and reporting was inconsistent or inaccurate.
- Amador's clinical and non-clinical PIPs received Moderate Confidence ratings because the design was valid and credible.
 - However, other indicators or controls would have made a stronger relationship between the outcomes and interventions, and thus a stronger clinical PIP.

- For the non-clinical PIP, the MHP captured root cause data, communicated with stakeholders, and based it on HEDIS measures.
- Colusa's clinical and non-clinical PIPs received Moderate Confidence ratings due to the credible and reliable designs. Although, both PIPs had not progressed to reporting outcomes, thereby it has not been determined whether the intervention for the targeted populations addresses the root causes of the issues.
- Glenn's non-clinical PIP received a Moderate Confidence, the MHP appears to be following the methodology outlined for the FUM HEDIS measure. Although the MHP has not provided baseline data for the follow-up measures.
- Madera's clinical PIP received a Moderate Confidence rating because although credible, reliable, or valid methods were implied or able to be established for part of the PIP, there is not yet any results/data available to review the methodology in use.
- Placer-Sierra's non-clinical PIP received a Moderate Confidence rating because while MHP reports noticeable changes due to PIP intervention, it cannot say if interventions directly impacted member answers in survey. Remeasurement of second intervention is still needed at 12th month mark. It is unknown how changes in the EHR may affect data collection and reporting.
- Santa Cruz's clinical and non-clinical PIPs received ratings of Moderate Confidence.
 - Although the variable(s) and PMs consistent with a clinical PIP have not yet been established. However, methods thus far are credible and seemingly a great start with a strong root cause and efforts toward reliable baseline data.
 - The non-clinical PIP was found to have moderate confidence because performance measures, indicators, and general investment in this PIP suggest it is credible and valid. This PIP shows clear potential to support access and quality care for all Medi-Cal eligibles and MHP members, regardless of a visit to the ED.
- San Joaquin's clinical and non-clinical PIPs received ratings of High Confidence as both PIPs had implemented interventions that include member, provider, and system changes. Additionally, the non-clinical PIP saw a significant increase in the percentage of members who received IHBS, and it was determined that PIP interventions led to the improvement.

CONCLUSIONS/RECOMMENDATIONS

During the FY 2023-24 annual reviews, CalEQRO found strengths in MHP programs and practices that have a significant impact on the overall delivery system and its supporting structure. In those same areas, CalEQRO also noted opportunities for quality improvement.

PIP TOPICS

CalEQRO observed that 4 of the 24 PIPs submitted focused on access to care issues (17 percent), 6 focused on outcomes of care issues (25 percent), 9 focused on quality of care issues (38 percent), and 5 focused on timeliness of care issues (20 percent).

PIP DESIGN/IMPLEMENTATION

Areas for Improvement

In summary, all (24 of 24) of PIP submissions were submitted for validation. Of those submissions, 2 PIPs (8 percent) received a rating of High Confidence in the PIP results, 9 PIPs (38 percent) received a rating of Moderate Confidence, 8 PIPs (33 percent) received a Low Confidence rating, and 5 PIPs (21 percent) received a No Confidence rating.

Recommendations to MHPs

- Assure that the PIP impacts a significant portion of the MHP's population.
- Conduct a root cause analysis and focus interventions on the identified issues.
- Ensure that data collection, analysis and interpretation are consistent.
- PIPs are continuous quality improvement projects and require ongoing activity. For a PIP to be successful, the MHP must be actively engaged in the project.
- Ensure that interventions are implemented consistently; this is necessary to attribute results to the PIP implementation.
- Take advantage of offerings of ongoing TA.

Technical Assistance to MHPs

CalEQRO worked individually with each MHP through video conferencing to provide TA in the development and progression of their PIPs. Telephone and Zoom sessions were conducted with MHPs prior to the video reviews in 83 percent (10 of 12) of the MHPs reviewed. These sessions are specific for each MHP and include assistance with defining a problem with local data; aid in writing a PIP aim statement; and help

with finding appropriate interventions, outcomes, and indicators. CalEQRO also met with counties to discuss interpretation of results, outside influences, research on related topics, successful PIP interventions in other counties for similar problems in care, and other research related to their topics and problems.

CalEQRO provided a PIP training webinar on September 28, 2023. During this webinar, CalEQRO discussed opportunities and lessons observed regarding the PIPs that have been submitted and validated. CalEQRO concentrated on aim statements, interventions, and performance measures during the webinar.

CalEQRO has recorded three PIP instructional videos and has collected successful PIPs in a PIP library that is available on the BHC website at www.caleqro.com.

APPENDICES

Appendix A: Summary of PIPs submitted by MHPs – Clinical and Non-Clinical, by Domain Category

Appendix B: CalEQRO PIP Validation Tool

CLINICAL PIP TOPICS SUBMITTED

Of the 12 Clinical PIPs required for submission, 12 MHPs submitted information that could be validated. All the PIPs submitted are summarized here in this Appendix based on extractions from the PIP submissions.

Access to Care PIPs

Mariposa

PIP Title: Medication Appointment No Shows

<u>Aim Statement (as presented by MHP)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
“Will providing case management to link clients to transportation resources in our community help clients attend their psychiatric appointments and decrease the no-shows from 36% to 12%?”	The MHP identified that psychiatry appointments were showing a 36 percent no-show rate, though this varied by quarter and by provider. The MHP initiated barrier analysis by surveying members to identify reasons for no-show visits; they learned that transportation issues and lack of knowledge about transportation resources. Therefore, they identified providing case management services to link individuals to transportation services as the intervention, to be offered to members at the time of their first psychiatry appointment.	Only four adults were referred for the PIP intervention, which is an apparent subset of the individuals who initiate psychiatry. Additionally, of the four referred, two declined the intervention because they had transportation, one could not be reached, and the other received the intervention. Monitor the intervention upon implementation so that it is clear early on whether individuals are accepting and receiving the intended intervention(s), and that there is a sufficient number for the study population. This allows for flexibility to change course if the intervention is not working or not being accepted by the target population.	CalEQRO provided TA to the MHP in the form of recommendations for improvement of this clinical PIP including: Identify the population for whom the aim statement applies and ensure that this population is identified to receive the intervention. If numbers are large, a reasonable sample can be used. Continue to seek TA from CalEQRO when a new PIP topic is selected. The MHP was provided additional TA on this PIP after the review; they intend to start a new PIP.

Santa Cruz**PIP Title:** No-Show PIP

<u>Aim Statement</u> <u>(as presented by MHP)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
“By the second quarter of 2025, Santa Cruz County Behavioral Health Services Division will improve overall and program-specific no-show rates by one percentage point over the May-July 2023 baseline (8.0%) by providing psychoeducation and other clinical interventions towards developing therapeutic alliance, build confidence that recovery is possible, and establishing clear expectations about attending appointments.”	The MHP has done a thorough investigation into no-shows as a PIP topic which led to identification of inconsistencies in the definition and thus the data around no-shows. In response, an operational definition and universal protocol was established, and clinical care teams trained, prior to collecting a three-month baseline. The baseline rate of no-shows was established from May-July 2023 and found to be 8 percent. The root cause analysis has been qualitative with stakeholder feedback collected from staff and members.	Variables and PMs have not yet been developed. Establish PIP variables and PMs consistent with a clinical PIP and based in the root causes identified.	This PIP started overlapping with the previous clinical PIP, thus the initial TA provided by CalEQRO was during this review. Feedback included tailoring this to a clinical PIP, with clinical interventions if it is to be a clinical PIP, as well as providing a greater description of work and data collection done thus far. The MHP provided an updated PIP, and this information is based on that updated document.

Outcomes of Care PIPs

Butte

PIP Title: Youth Level of Care Intervention Standards

<u>Aim Statement</u> <u>(as presented by MHP)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
“For youth aged 5-21, will establishment of standardized intervention practices based on CANS scores result in a decrease CANS score and/or decrease in length of stay over the next year?” Additionally, the aim refers to focusing on those youth with elevated CANS scores.”	<p>The stated goal of this PIP is to develop and utilize a LOC tool based upon a weighted algorithm of CANS scores that can take the strengths and needs into account.</p> <p>The PIP does not yet define its performance measures and goals for improvement. Strategies involved are described as “meetings with providers, gathering internal and external data, and enhancing training for staff services.” The development of the actual algorithm is proposed as a separate non-clinical PIP. The intervention itself is the development of a LOC algorithm (in the non-clinical PIP) and implementation of that algorithm (in this clinical PIP). Clinical interventions stated are to “engage in therapeutically appropriate interventions by establishment of guidelines for best clinical intervention and triage strategies for youth entering our system of care.” The guidelines themselves are pending development.</p>	<p>A pilot design is referenced but not detailed as to how it is different from the ongoing intervention and analysis, and the time parameters for this intended pilot.</p> <p>Because the design seeks to only include youth with two or more CANS administrations (for pre/post study design), it can miss the improvement opportunity that is independent of the course of treatment. This is an important distinction between a research study design and improvement project study design. Research design that is testing impact would include only those youth with pre/post CANS scores, but improvement design seeks to evaluate the impact on the intended population, which would be youth in outpatient programs or youth in those programs with the elevated scores.</p>	The MHP received TA prior to the review and submitted an updated PIP document after the review which serves as a basis for the MHP’s county report.

Colusa**PIP Title:** Psychosis Identification and Treatment

<u>Aim Statement</u> <u>(as presented by MHP)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
“The goal of the Psychosis Identification and Treatment PIP is to increase the amount of treatment and support a member receives to improve their overall functioning. The PIP population includes new members ages 12-30 who endorse psychotic symptoms on the Prodromal Questionnaire, Brief Version (PQ-B) from February 1, 2023, to June 30, 2024. The intervention Colusa is providing allows access to and treatment of psychotic symptoms by partnership with UC Davis Early Diagnosis and Preventive Treatment (EDAPT) from a baseline of 0 members to a goal of 20 members.”	The MHP initiated the PIP based on the prior year EQR findings that indicated the percentage of members with psychosis was lower than statewide. To improve identification of potential psychotic symptoms, new members ages 12-30 years old will be administered the PQ-B at intake. When a screening indicates a member has symptoms of psychosis, Colusa initiates a referral to UC Davis for specialty treatment, and coordinates care for the member. UC Davis provides specialty treatment for psychosis while Colusa provides outpatient mental health services. MHP staff work as a collaborative support to the member in their UC Davis appointments, which allows the member's learned skills to be reinforced.	The PQ-B will be administered to all new eligible members upon intake, re-administered at bi-annual reassessment, and at any time it has been deemed to be clinically appropriate due to symptoms and functional impairments reported by the member or observed by the treatment team. All clinicians were trained on how to administer and score the PQ-B tool in September 2022. The PIP did not yet include results.	CalEQRO provided TA to the MHP in the form of recommendations for improvement of this clinical PIP including: Provide quantitative/numeric goal in the aim statement. (MHP resubmitted the PIP to address this recommendation.) Describe in the data collection process how mutual clients enrolled in the UC Davis EDAPT program and number of crisis services will be collected for the performance measure results. (Colusa's resubmission did not address this recommendation.)

Glenn**PIP Title:** P.A.W.S. Group

Aim Statement (as presented by MHP)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
<p>“PAWS group will engage more Full Service Partnership (FSP) youth in group rehabilitation increasing from 6 percent participation in FY 2021-22 to 15 percent in FY 2022-23. Further, PAWS will measure treatment outcomes of the intervention group using the Patient-Reported Outcome Measurement Information System (PROMIS) Pediatric Meaning and Purpose scale as a means of analyzing treatment efficacy.”</p>	<p>The MHP identified that only 6 percent of FSP youth ages 11-17 years participated in one or more treatment groups within the fiscal year. Youth surveys indicated that having an animal involved would make them more interested in attending a group. Glenn chose to work with Pet Partners to increase FSP youth engagement in treatment groups. The MHP intended to measure treatment outcomes of the intervention group using the PROMIS Pediatric Meaning and Purpose scale.</p>	<p>Although the PIP appears to have a robust intervention, there were only two FSP youth members for each measurement period that attended the group. The MHP was unable to determine if it was the same two members for baseline and remeasurement. Additionally, the MHP reported that attendees may not complete the survey and it was unable to match the completed PROMIS survey pre and post results. The MHP offers other pet therapy groups and is examining whether the Monday or Wednesday group is better attended.</p>	<p>CalEQRO recommendations for improvement of this clinical PIP:</p> <p>Add goal for PROMIS Pediatric Meaning and Purpose survey results in the aim statement.</p>

Kern**PIP Title:** CBTp for Youth with EOP Symptoms

<u>Aim Statement</u> <u>(as presented by MHP)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
<p>“Phase 1: The goal of this intervention is that Oswell I and III staff are able to increase symptom recognition in youth by at least 0.93 percentage point on average. Staff will work with youth up to the age of 18. This PIP will be completed between 8/2022 to 7/2023.</p> <p>Phase 2: Providing psycho-education skill building training related to CBTp to the child and family will allow for those clients who were identified with “Psychosis (Thought Disorder)” as a “Need” on the initial CANS assessment to make clinical progress during treatment. This intervention will increase the current average “clinical progress” rating from 29 percent to 32 percent over the next eight to ten months. “Clinical Progress” will be measured by the Psychosis (Thought Disorder) Needs rating improving between the Initial CANS Assessment to the 6-month assessment(s) for those clients who had Psychosis (Thought Disorder) identified as a Need initially.”</p>	<p>Plan members from Children’s Oswell I and III clinics, who have Psychosis (Thought Disorder) identified as a need on the initial CANS Assessments.</p>	<p>At the time of the review, the MHP was facing challenges in its data tabulation and report production due to the implementation of a new EHR on July 1, 2023. Additionally, since the Phase II of the PIP also started at the same time and the first quarter data tracking was not completed at the time of the review, CalEQRO was not able to determine the effectiveness of CBTp with the target population in producing the intended outcomes. The MHP was able to track the data for Phase I and presented the findings on its identification of Enhanced Outpatient Program (EOP). All three post-intervention data points showed better results than the target percentage. However, the MHP was not able to conduct any significance testing due to the low number of plan members with identified EOP.</p>	<p>The MHP requested TA sessions prior to the review. In these sessions, the following recommendations were made:</p> <p>Create percentages rather than whole numbers for the measures.</p> <p>Create two tables to capture diagnosis and age distribution of the cohorts to show some evidence of clinical need for youth as indicated in the CANS.</p> <p>It is important to note other barriers including general lack of psychotic symptoms and diagnoses for the age group receiving the intervention.</p>

Sacramento**PIP Title:** Racial Equity Action Plans

<u>Aim Statement</u> <u>(as presented by MHP)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
“Will implementing the recruitment/retention strategies and racial equity training identified in the Behavioral Health Racial Equity Action Plans (REAPs) improve engagement, timely access, and retention of African American/Black/of African Descent (AA/B/AD) over the next 18 months?”	<p>The MHP, in collaboration with the California Institute for Behavioral Health Solutions, facilitated the MHP Behavioral Health Racial Equity Collaborative (BHREC) beginning in November 2020. The intention of the BHREC was to use a targeted universalism approach to advance behavioral health equity for the AA/B/AD communities within the MHP communities.</p> <p>The brand-new training aimed to make real changes, shown in the outcomes, on the inequalities within treatment, rather than the original training which aimed to help staff understand working with beneficiaries through a culturally competent lens. Variables were selected to measure any changes in the utilization of the service continuum, by looking at early disengagement and unsuccessful discharges within the AA/B/AD community.</p>	Results did not showcase what the MHP expected to achieve. In looking at the ANSA/CANS within treatment racial equity was not identified as an issue nor did members voice it as an issue. The data provided was inaccurately presented and overall, the PIP did not meet expectations.	<p>The MHP participated in one TA session in the year prior to the review.</p> <p>Although the MHP has concluded this PIP, CalEQRO provided TA to the MHP in the form of recommendations for improvement of this clinical PIP including:</p> <p>Ensure the AIM statement identifies a number or percentage of improvement.</p> <p>Ensure data collection is consistent and accurately reported.</p> <p>Ensure the PIP has a measurable clinical outcome component.</p>

Quality of Care PIPs

Amador

PIP Title: Peer-Led Support Group after a Crisis Event

<u>Aim Statement</u> <u>(as presented by MHP)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
<p>“Will providing a peer lead group to clients who have recently accessed crisis reduce inpatient utilization over the course of a fiscal year? Additionally, will access to this peer lead group increase a client’s overall level of hope?”</p>	<p>The MHP attempted to reduce psychiatric hospitalization rates among their adult population by implementing a peer support group for those who received crisis contacts. Preliminary data supported that they could improve the percentage of meeting their goal of a 7-day follow-up after hospitalization. Also, additional peer support within crisis services in general had been requested by peer staff, line staff, and members. As an outcome measure, they introduced the Hope Scale which was based on the concepts of recovery with peer support.</p>	<p>Although a decrease in hospitalization rate did occur between the measured fiscal years, the lack of engagement within the group makes it impossible for the MHP to link the peer group intervention to this improvement. Further, too few participants were retained in the group long enough to collect all Hope Scale measures across time. The group is now a known fixture of services and is held in hybrid format to overcome transportation barriers in the county.</p>	<p>The MHP sought TA in April 2023 where ideas for ensuring all those eligible for the intervention were offered the peer-led groups and a second intervention, The Hope Scale, to make the results more evident.</p> <p>CalEQRO provided TA to the MHP in the form of recommendations for improvement of this clinical PIP including:</p> <p>Include an outcome indicator that reports on the total number of beneficiaries in the target group (beneficiaries who use crisis services) and the total number who receive the intervention. It may also be possible to follow a sample of unique individuals across time.</p> <p>Include a process indicator to ensure the implementation plan is occurring as intended. Provider referral to the group alone, which should also be measured, does not provide the intervention to all the eligible beneficiaries and reduces the validity and potential of the PIP design.</p>

Orange**PIP Title:** Rehospitalization Reduction in Children/Youth After First Hospitalization

<u>Aim Statement</u> <u>(as presented by MHP)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
“Within one year, will implementing a FSP service referral option, compared to standard outpatient clinic services, for children/youth (Medi-Cal-funded) who were not open to the MHP and being discharged from their first ever psychiatric hospitalization reduce the 7-day baseline readmission rate of 8% to 4%, the 30-day rate of 27% to 14%, the 3-month rate of 28% to 14%, the 6-month rate of 8% to 4%, the 9-month rate of 7% to 4%, and the 5% 12-month readmission rate? Year 2 goals will be established at the end of Year 1.”	Based on the existing literature, the MHP is expecting to significantly reduce rehospitalization rates for children and youth after their first hospitalization by connecting them to more intensive services as offered by the FSP programs. The target population for this PIP excludes those with records of previous MHP services as those children typically have more defined pathways for step-down treatment. For the FSP connection, one children’s FSP is the main recipient of the PIP target population, although other FSPs may be used if they provide a more appropriate venue for a particular child or youth.	The knowledge gained from this review can be further refined by tracking the findings with readily available clinical data from the EHR such as diagnosis, treatment intensity or dosage, and other concurrent services that were provided following inpatient discharge. CalEQRO provided this suggestion prior to the review in August 2023.	The MHP requested and received TA on this PIP prior to the review.

Placer-Sierra
PIP Title: FUM

<u>Aim Statement</u> <u>(as presented by MHP)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
“For Medi-Cal beneficiaries with ED visits for MH conditions, implemented interventions. will increase the percentage of follow-up mental health services with the MHP within 7 and 30 days by 5% by June 30, 2024.”	Placer MHP identified a number of barriers associated with their current ED processes. They are not notified about their members being served by the ED in a timely manner. Care coordination is inconsistent due to the lack of access to ED real time data. Access to real time data is not established due to concerns around communications and responsibilities between referring and receiving providers. Restraints identified in the MOUs with the MCPs and local EDs restrict closing the referral loop for the provision of care coordination.	Continue efforts to engage stakeholders regarding the exchange of data and notification.	<p>The MHP did not seek TA for this PIP during the year.</p> <p>CalEQRO provided TA to the MHP in the form of recommendations for improvement of this clinical PIP including:</p> <p>Continue efforts to engage stakeholders regarding the exchange of data and notification.</p> <p>For FY 2024-25 EQR update the BHQIP document to include up to date data and activities associated with this BHQIP.</p>

San Joaquin**PIP Title:** FUM BHQIP

<u>Aim Statement</u> <u>(as presented by MHP)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
“By Q4 2023, the MHP will significantly increase the percentage of St. Joseph Hospital’s mental health and intentional self-harm related ED visits that receive 7- and 30-day follow-ups, over the 2022 baseline of 70.9 percent and 80.3 percent, respectively, by implementing: (1) patient & provider education and promotion; (2) closed-loop referrals; and (3) centralized follow-up.”	The MHP submitted the FUM BHQIP for its clinical PIP. The focus of the PIP is increasing 7- and 30-day follow-up for members with ED visits for mental health or intentional self-harm at St. Joseph’s Hospital. San Joaquin limited the PIP to the ED with the highest proportion of relevant cases and is seeking statistically significant improvement in the results.	<p>CalEQRO recommendations for improvement of this clinical PIP:</p> <p>The MHP should confirm whether hospitals are including the flyers in the discharge paperwork and complete the additional training with discharge nurses and social workers, as needed, since this is a key intervention.</p> <p>The PIP should clearly define the performance measures and include results in a table format for comparison across measurement periods.</p>	CalEQRO did not provide TA to San Joaquin for this PIP outside of the annual review as the MHP did not request it.

Timeliness of Care PIPs

Madera

PIP Title: Crisis Mobile Unit Implementation

<u>Aim Statement</u> <u>(as presented by MHP)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by</u> <u>CalEQRO</u>
“The aim of this PIP is to establish a crisis mobile unit providing timely services to anyone, anywhere, anytime within the boundaries of Madera County to deescalate crisis situations in the community and therefore decrease the number of individuals who are placed on a 5150 or 5585 hold beginning 08/01/2022 through 08/01/2024.”	The PIP was designed in response to the need to address the growing number of mental health and substance use disorder ED visits reported over the last several years. The goal is to implement a MCDBHS Crisis Care Mobile Unit available 24/7 to respond during crisis situations within Madera County with the purpose of decreasing the crisis in the community, resulting in a decrease in the necessity of 5150/5585 holds. The MHP will be evaluating the goal of responding to all crises call contacts within one hour.	<p>The interventions began in September 2022. However, due to circumstances that required adjusting the PIP process, the MHP is now beginning to track and trend the data for this PIP. There was no data available at the time of the review.</p> <p>Rewrite the aim statement to be succinct and quantifiable.</p> <p>Begin to collect and track data and provide information as it becomes available. Since the mobile crisis response is new, there is no baseline prior to the beginning of the PIP. This year will provide a baseline.</p> <p>Use percentage increase or decrease from baseline rather than just numbers to better evaluate PIP results.</p> <p>The number of calls to the mobile crisis unit could be captured and reviewed to see any discrepancy in after-hours versus business hours requests. It would also be useful to track any canceled calls.</p>	No TA was requested/provided prior to the review. The MHP has agreed to accept TA for this PIP through the coming year. CalEQRO recommends regular (at least quarterly) TA as this PIP continues.

NON-CLINICAL PIP TOPICS SUBMITTED

Of the 12 non-clinical PIPs required for submission, all were submitted for review. All the PIPs submitted are summarized here in this Appendix.

Access to Care PIPs

Kern

PIP Title: Quality Engagement Self-Care Raffle Basket

<u>Aim Statement</u> <u>(as presented by</u> <u>MHP)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
<p>“Within the next 6-9 months, the no-show rates for Southeast Bakersfield Recovery and Wellness Center (SERAWC) team will decrease by a rate of 5 percent each:</p> <p>Psychiatry: 23.57 percent to 22.39 percent</p> <p>Other Clinician: 16.54 percent to 15.71 percent”</p>	<p>Kern MHP has historically reported high no-show rates despite its various efforts to mitigate this issue, including through past PIPs, without much success. This new non-clinical PIP is another iteration with a new incentive-based intervention. Currently the PIP is being conducted at one of the clinics based on some one-time success with this intervention at the same clinic earlier in 2023.</p> <p>The intervention comprises of a quarterly raffle with a self-care basket as the prize. All adult SERAWC members are eligible to be entered into the raffle draw if they have kept three successive appointments with their treatment teams within a</p>	<p>At the time of the review, the MHP had not completed the first quarter of the PIP and was only able to provide the baseline data with a target of 5 percent reduction in no-shows.</p> <p>The PIP lacks any remeasurement data.</p> <p>This intervention is based on very slim internal evidence and a single cited study of adolescent and youth no-show rates.</p> <p>There is no clear connection to actual individual needs or challenges that contribute to no-shows. For instance, a one-time no-show in a month due to other extraneous factors such as transportation will disqualify an individual from that quarter’s raffle draw, and</p>	<p>CalEQRO provided TA to the MHP in the form of recommendations for improvement including:</p> <p>Provide a root cause analysis, data, and other justification to support the chosen intervention and the service location. The MHP revised its PIP write-up in the review submission that partially addressed this concern.</p> <p>Consider increasing the frequency of the raffle draw, or, at least, make the entire quarter’s cohort eligible rather than narrowing the pool by drawing only one month out of the three each quarter – so that the main</p>

	month without a single no-show.	therefore, will not affect the root cause of that no-show.	aspect of the intervention occurs more frequently.
--	---------------------------------	------------------------------------------------------------	----------------------------------------------------

San Joaquin**PIP Title:** IHBS Expansion

<u>Aim Statement</u> <u>(as presented by</u> <u>MHP)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
“By March 2023, can San Joaquin County increase the number of Medi-Cal eligibles who receive IHBS services and the number of IHBS services provided per member by 20 percent over the FY 21/22 baseline period by: (1) restructuring programs to prioritize IHBS services and support continuity of care; (2) cultivating more effective family engagement practices to encourage participation; and (3) automating screening and referral process to ensure children/youth do not fall through the cracks?”	<p>The MHP identified that few youths who are eligible for IHBS get this service and youth who receive IHBS in San Joaquin receive fewer services than youth in other MHPs and across the state. The MHP posits that a great proportion of youth in San Joaquin are at-risk and ought to be accessing these services at the same, if not higher, rate than youth in other MHPs.</p> <p>The MHP has three interventions: restructure the outpatient program to enable continuity of care and promote IHBS specialization among staff; cultivate family engagement and understanding of supportive services; and automate the screening and referral of youth who meet criteria.</p>	Interventions were implemented in July 2022. The MHP reported that at this time, the automated screening and electronic referral form is not in SmartCare, which the MHP transitioned to in July 2023. Therefore, the MHP needed to change to using a paper form until the form can be included in SmartCare.	<p>CalEQRO recommendations for improvement of this non-clinical PIP:</p> <p>Investigate reasons for only 48 percent of eligible families receiving timely services within 15 days and address barriers to timely services.</p> <p>Continue to examine whether the average number of services for clients may be improved.</p>

Outcomes of Care PIPs**Butte****PIP Title:** Youth Level of Care of Dashboard Report

<u>Aim Statement</u> <u>(as presented by</u> <u>MHP)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
“For youth aged 5-21 receiving services in internal and external behavioral health services, will established LOC standards improve triage efforts, ensuring that clients receive appropriate level of care and services, as measured by alignment with CANS and Level of Care, over the next year?”	The non-clinical PIP is based upon the problem analysis identified in the clinical PIP submitted and a very similar study aim. The MHP seeks to create a dashboard report that enables program leadership to evaluate adherence to guidelines in real time. This would also enable clinical staff to see CANS scores in real time. Pre-intervention activities include developing the reports, developing the LOC criteria, and training staff. The pre-intervention activities have not been completed.	The non-clinical PIP appears to be intended to develop the intervention that will be utilized in the clinical PIP. Because it is the same topic of focus for the same youth, it is a single project. The MHP needs to develop a more comprehensive project that establishes baseline data and identifies measures to be targeted for improvement by the outlined interventions.	The MHP received TA prior to the review and submitted an updated PIP document after the review which serves as a basis for this report. Seek consultation on study design from CalEQRO.

Quality of Care PIPs**Colusa****PIP Title:** FUM

<u>Aim Statement</u> <u>(as presented by</u> <u>MHP)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
<p>“Colusa will increase the percentage of follow-up mental health services to members with an ED visit for a mental health condition within 7 days from a rate of 50 percent to 55 percent and within 30 days from a rate of 75 percent to 80 percent. This PIP will take place until 6/30/2024 unless these goals have not been achieved, which will extend the PIP in FY 2024-2025.”</p>	<p>The MHP initiated a PIP to improve follow-up in 7 and 30 days for members who have an ED visit for a mental health condition.</p> <p>Colusa reported two interventions. One intervention was a referral form for the ED to utilize when making a referral to the MHP. The referral form is emailed to ED staff, available on the MHP’s website, and is a monthly agenda item for the collaborative meetings with the MHP crisis team and ED. This intervention began in May 2023. Another intervention was implementing quarterly meetings with MCPs to discuss data sharing via a SFTP. The data exchange is monthly and began in March 2023. The PIP did not yet report the results.</p>	<p>The PIP did not yet report any results.</p> <p>The aim included what appeared to be baseline rates for 7- and 30-day follow-up (i.e., 50 percent and 75 percent, respectively); however, the MHP did not provide baseline data in this year’s submission. It appears that the MHP could provide baseline data in this year’s submission based on the aim statement.</p>	<p>Solicit member input for the topic and root causes/barriers to the members receiving follow-up care within the specified timeframes.</p> <p>Document clearly and consistently variables and performance measures throughout the PIP. It appears the variables would be members with an ED visit for mental health conditions and subsequently members with follow-up visits. Performance measures would be the percentage of members with an ED visit for mental health conditions with follow-up in 7 and 30 days. Intervention evaluation measures may include percentage of members with an ED visit for a mental health condition that the MHP schedules a follow-up mental health service, and the percentage who receive that follow-up service.</p>

Glenn**PIP Title:** FUM

<u>Aim Statement</u> <u>(as presented by</u> <u>MHP)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
“For Medi-Cal members with ED visits for MH conditions, implemented interventions will increase the percentage of follow-up mental health services with the MHP within 7- and 30-days by 5 percent by June 30, 2023.”	<p>The MHP’s FUM BHQIP PIP is in progress and provides baseline data. The MHP has not yet reported percentages for follow-up within 7- and 30-days because it partners with CalMHSA and was awaiting the results at the time of the submission.</p> <p>The MHP reported that it is working with MCPs to operationalize data sharing and identified challenges with the MCP data exchange. The MHP is also conducting real time referral coordination with Glenn Medical Center, which began in October 2022.</p>	<p>Provide timeline for ongoing data collection, and data analysis plan for PIP performance measures.</p> <p>Report 7- and 30-day FUM baseline and remeasurement results as a percentage and include numerators and denominators.</p>	<p>CalEQRO provided TA on this PIP during the review.</p> <p>CalEQRO recommendations for improvement of this non-clinical PIP include:</p> <p>When the data are received for the FUM performance measures, complete analysis, evaluate the aim statement, and adjust as needed.</p>

Mariposa**PIP Title:** Phone Sessions

<u>Aim Statement</u> <u>(as presented by</u> <u>MHP)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
“Will implementing virtual meeting rooms embedded in the Electronic Health Records (Insync) reduce the number of phone services from XXX down to XX?”	<p>The MHP had reviewed in the QIC that a higher percentage of members were receiving phone services rather than in-person or telehealth. They had received some grievances from members on this issue. The county implemented a policy that members must receive three in-person/telehealth services prior to a phone service. The MHP hypothesized that embedding the Zoom platform into the EHR would result in more telehealth services.</p> <p>During the process of getting the telehealth function set up in the EHR and subsequent accounts activated, more data was reviewed and the MHP observed that the proportion of phone services had decreased from the prior review of the data. It appears that the shift in service delivery occurred without the intended intervention. It may be attributed to other administrative interventions/guidance. As a result, the MHP decided to discontinue this PIP.</p>	The MHP’s clinical PIP has been concluded. It was in the planning phase (pre-implementation) during the prior 12 months.	<p>CalEQRO provided TA to the MHP in the form of recommendations for improvement of this clinical PIP including:</p> <p>When conducting a PIP, identify baselines at the launch of the project and obtain post-intervention outcomes more frequently.</p> <p>Identify goals and include them in the aim statement. The baseline data should be clearly identified at the outset of the project.</p> <p>Continue to seek TA from CalEQRO when a new PIP topic is selected. The MHP was provided additional TA on this PIP after the review; they intend to start a new PIP.</p>

Placer-Sierra**PIP Title:** SOGI and the Beneficiary Experience in ASOC MH Clinics

<u>Aim Statement</u> <u>(as presented by</u> <u>MHP)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
“For adults (18+) receiving outpatient mental health services at the Adult System of Care Dewitt and Cirby clinic locations, will being asked to identify sex, gender identity, sexual orientation, preferred name, and preferred pronouns by MHP staff appropriately equipped to ask and collect these questions increase the beneficiary experience as reported in client satisfaction surveys over a six-month period during 2022.”	<p>The goal of this PIP is to improve the beneficiary experience by consistently asking individuals, and addressing them by, their sexual orientation gender identity (SOGI) and preferred name and pronouns in a safe and culturally responsive manner.</p> <p>The intervention is to ask adult beneficiaries receiving outpatient mental health services in two ASOC clinic locations to identify their sex, gender identity, sexual orientation, preferred name, and preferred pronouns. The impact of the intervention will be monitored as reported in client satisfaction surveys.</p>	<p>While the MHP reports noticeable changes due to the PIP intervention, it cannot say if the interventions directly impacted member's answers in the survey.</p> <p>Remeasurement of the second intervention is still needed at the 12th month mark. It is unknown how changes in the EHR may affect data collection and reporting.</p>	<p>CalEQRO provided TA to the MHP in the form of recommendations for improvement of this non-clinical PIP including:</p> <p>Include exploring possible solutions to maintain validity of the PIP due to data collection difficulties experienced by implementation of new EHR.</p> <p>Include a measure that assists in monitoring that the intervention is provided as intended.</p>

Santa Cruz**PIP Title:** FUM

<u>Aim Statement</u> <u>(as presented by</u> <u>MHP)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
“By Q4 2023, Santa Cruz County’s MHP aims to increase by 5% over MY2021 baseline the percentage of all mental illness and intentional self-harm (MI/ISH)-related emergency department (ED) visits with 7-day and 30-day follow-up services (51.4% and 66.4%, respectively) by contracting with Santa Cruz County’s Health Information Organization (SCHIO) to provide (1) real-time alerts for active MHP clients upon admission to ED and (2) daily reports of beneficiaries discharged from the ED into the community with principal diagnoses of (MI/ISH), implementing follow-up procedures by appointed and trained BHS providers, and conducting closed-loop referrals.”	In this PIP, the improvement strategy is centered on the systems and processes for coordination of care between the MHP and the ED. Using the BHQIP form, it outlines the development since last year’s submission. The primary shift has been from regular reports and liaisons to harnessing information sharing technologies accessed directly by MHP staff (a member’s clinician or the access team, for example). Rather than a sample or single department, they are focusing on the entire population of eligible members, active members, and those at the ED who accept referral to the MHP.	Utilize the CalEQRO PMs and measurements chart to help organize results for a large number of outcomes across time. Collect data and requisite PIP information across time as regularly expected with a PIP, even though the BHQIP form may not require all items or allow enough space to provide them.	The MHP received TA for this PIP during the previous review. CalEQRO suggested that there be more detail on the role of liaisons and the promotional materials intervention on follow-up appointments. This year, the MHP has omitted the promotional materials as an intervention and the PIP has been adjusted to focus primarily on information exchange technologies.

Timeliness of Care PIPs**Amador****PIP Title:** Timely Access

<u>Aim Statement</u> <u>(as presented by</u> <u>MHP)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
“The timeliness from assessment appointment to first offered treatment appointment will be within the 7-business day goal 80% of the time by December 2023.”	The non-clinical PIP focuses upon timeliness of getting to the first treatment appointment after assessment and review by the UR team. They established the baseline of 15 percent meeting their 7-day goal. In the first year, they increased the frequency of UR team meetings to increase the rate of opening for scheduling in the system. Surveys were used to explore root causes and get stakeholder feedback from members and line staff.	After TA in April 2023, additional interventions were added for the second year while acknowledging the impact of staffing shortages and turnover. The CalAIM Screening Tool was implemented along with training for case management staff to open time for clinicians to get the assessments to the UR team more rapidly. Despite the additional interventions, the outcome was an increase from baseline to 29%, still significantly short of their aim. The MHP plans to continue these efforts beyond the PIP and expects a continued gradual improvement in timeliness to the first treatment appointment.	<p>CalEQRO provided TA to the MHP in the form of recommendations for improvement of this non-clinical PIP including:</p> <p>It may be beneficial to the quality improvement process, to know the rates for both youth and adults aggregately.</p> <p>Other measurements of the second-year data may provide additional evidence for a link between the interventions and the result. Consider the number of members who were referred to NSMHS because of using the screening tool.</p> <p>Consider whether the UR review is necessary prior to psychiatric evaluation since this service does not require pre-authorization. This step may add to delays to treatment initiation.</p> <p>With change of the EHR, include how this will impact the data collection in the final quarters of the PIP.</p>

Madera**PIP Title:** Centralized Appointment Scheduling Process

<u>Aim Statement</u> <u>(as presented by</u> <u>MHP)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
“Will the implementation of a centralized appointment scheduling process decrease scheduling/appointment related grievances by 10 percentage points by FY 2024-25 from 33 percent in FY 2022-23 to 13 percent and scheduling/appointment related change of provider requests by 10 percentage points by FY2024-25 from 18 percent in FY2022-23 to 8 percent?”	This PIP is designed to improve the process clients follow to schedule and/or reschedule, cancel, or any other change to appointments in general. The lack of a centralized scheduling process post-assessment creates a delay in appointment scheduling, thereby delaying necessary treatment for members and impacting their health. The current process of routing calls to the provider to coordinate scheduling has added administrative duties to providers, impeding much needed direct service time. Client dissatisfaction is clearly reflected per analysis of member complaints and concerns, data regarding their appointment scheduling, and rescheduling process.	<p>CalEQRO recommendations for improvement of this non-clinical PIP include:</p> <p>The change of provider data shows a drop in requests from FY 2021-22 (21 percent) to FY 2022-23 (18 percent). However, grievances filed and change of provider requests increase from 13 percent in FY 2021-22 to 33 percent in FY 2022-23. Consider this might be an appropriate measure to illustrate the problem defined in the PIP.</p> <p>Ensure that a process indicator is in place to measure that the interventions occur as intended.</p> <p>Determine whether outcome indicators are aligned with the goal of this project.</p>	<p>The MHP did not request TA on this PIP during the year.</p> <p>CalEQRO recommends regular (at least quarterly) TA as this PIP continues this year.</p>

Orange**PIP Title:** Improving Adults' Timely Access to Mobile Crisis Support

<u>Aim Statement</u> <u>(as presented by</u> <u>MHP)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
<p>“Will the use of a standardized acuity tool introduce a reliable method for requesting law enforcement earlier in the dispatch planning process, thus improving timely access to mobile crisis services for adults as measured by:</p> <ul style="list-style-type: none"> • The CAT assessment, when law enforcement co-responds, starts no longer than 5 to 10 minutes after the median Arrival-to-Start time when law enforcement does not co-respond (in CY 2024), and • The CAT assessment process starts within 60 minutes from the time the need for mobile crisis response is identified at least 70% of the time (after CAT is staffed at 80% or cross-training of staff is complete).” 	<p>The goal of the PIP is to increase timely access to crisis services by introducing a standardized screening tool during phone requests for the Adult Crisis Assessment Team (CAT) so that, if safety concerns are identified, coordinating law enforcement co-response occurs earlier in the dispatch planning process. In turn, this will reduce unnecessary delays in starting the assessment once Adult CAT arrives on scene to support the person in crisis.</p>	<p>By streamlining the process of when the CAT is accompanied by co-responders from law enforcement, the MHP hopes to conform to the new state guidelines on new mobile crisis benefit standards which under the current set-up have not been met in the previous data examined by the MHP.</p> <p>At the time of the review, the MHP was in the process of developing the tool and implementing this PIP.</p> <p>The MHP must establish the baseline and determine percentage improvements for goals.</p>	<p>The MHP received TA on this PIP in August 2023 when CalEQRO endorsed moving the project forward.</p>

Sacramento**PIP Title:** Admissions at Provider Site

<u>Aim Statement</u> <u>(as presented by</u> <u>MHP)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
“Will providing an option for beneficiaries under 18 years old to access services directly from the contracted provider improve the time between request to first assessment appointment and then to first treatment appointment by five percent throughout the 18 months of this project?”	<p>The PIP goal is to improve or maintain the timeliness from request for services to assessment and subsequently to first treatment appointment, by allowing beneficiaries to request services directly from the provider by phone call or walk-in services. The PIP variable is increasing access opportunities by providing open drop-in hours at least two times per week, at five sites throughout the county.</p> <p>Four select providers, at five scattered sites, established weekly drop-in hours in which beneficiaries are permitted to request access to services in-person or by phone, complete an intake assessment, and establish an assigned clinician.</p>	<p>Due to barriers such as staffing shortages and significant MHP changes, the PIP strategy went live on July 1, 2022.</p> <p>Results showed inconsistent data collection and reporting. It did seem the number of days between first contact and first assessment decreased, however, the data that showed number of days between first assessment and first clinical appointment was presented as zero days, which was an error in reporting. A reported challenge coincided with the CalAIM documentation reform roll-out, due to the new documentation standards and time needed to focus on the reform roll-out.</p>	<p>The MHP participated in one TA session in the year prior to the review.</p> <p>Although the MHP has concluded this PIP, CalEQRO provided TA to the MHP in the form of recommendations for improvement of this non-clinical PIP, and largely for beginning their next PIPs:</p> <p>Ensure a clear and consistent plan when utilizing contracted agencies to collect and report on data.</p> <p>Ensure performance measures are clearly defined and documented.</p>

PERFORMANCE IMPROVEMENT PROJECT (PIP)

VALIDATION TOOL

CalEQRO FY 2023-24 Reviews



The Performance Improvement Project (PIP) Validation Tool provides a structure for evaluation and validation of the required elements for PIPs; it is based on the Centers for Medicare & Medicaid Services' (CMS) [EQR Protocol 1: Validation of Performance Improvement Projects \(PIPs\)](#).

INSTRUCTIONS

This tool contains 11 activities required to validate a PIP; each validation activity has a corresponding PIP Development Tool step and worksheet.

Please complete one PIP Validation Tool for each PIP submitted by the MHP/DMC-ODS and upload it to the Working Documents folder in the corresponding FY 2023-24 County folder. Assess the appropriateness of each element by answering the following questions about the MHP/DMC-ODS and PIP. Insert comments to explain “No” and “Not Applicable (NA)” responses.

For each completed Validation Tool, please include the following information:

MHP/DMC-ODS name	
PIP name	
PIP start and end date	
<input type="checkbox"/> Clinical <input type="checkbox"/> Non-clinical	

PIP DEVELOPMENT TOOL		VALIDATION TOOL
STEPS 1–9: COUNTY RESPONSIBILITY	WORKSHEETS 1–9: COUNTY RESPONSIBILITY	SECTIONS 1 – 11: EQRO RESPONSIBILITY
<u>Step 1</u> : Identify the PIP Topic	<u>Worksheet 1</u> : PIP Topic	Section 1 : Review the Selected PIP Topic
<u>Step 2</u> : Develop the Aim Statement	<u>Worksheet 2</u> : Aim Statement	Section 2 : Review the PIP Aim Statement
<u>Step 3</u> : Identify the PIP Study Population	<u>Worksheet 3</u> : PIP Study Population	Section 3 : Review the Identified PIP Population
<u>Step 4</u> : Describe the Sampling Plan	<u>Worksheet 4</u> : Sampling Plan	Section 4 : Review the Sampling Method
<u>Step 5</u> : Select the PIP Variables and Performance Measures	<u>Worksheet 5</u> : PIP Variables and Performance Measures	Section 5 : Review the Selected PIP Variables and Performance Measures
<u>Step 6</u> : Describe the Improvement Strategy (Intervention) and Implementation Plan (CMS Identifies this as Step 8)	<u>Worksheet 6</u> : Improvement Strategy (Intervention) and Implementation Plan (CMS Identifies this as Worksheet 8)	Section 6 : Assess the Improvement Strategies (CMS Identifies this as Activity 1, Step 8)
<u>Step 7</u> : Describe the Data Collection Procedures (CMS Identifies this as Step 6)	<u>Worksheet 7</u> : Data Collection Procedures (CMS Identifies this as Worksheet 6)	Section 7 : Review the Data Collection Procedures (CMS Identifies this as Activity 1, Step 6)
<u>Step 8</u> : Describe the Data Analysis and Interpretation of PIP Results (CMS Identifies this as Step 7)	<u>Worksheet 8</u> : Data Analysis and Interpretation of PIP Results (CMS Identifies this as Worksheet 7)	Section 8 : Review Data Analysis and Interpretation of PIP Results (CMS Identifies this as Activity 1, Step 7)
<u>Step 9</u> : Address the Likelihood of Significant and Sustained Improvement Through the PIP	<u>Worksheet 9</u> : Likelihood of Significant and Sustained Improvement through the PIP	Section 9 : Assess the Likelihood that Significant and Sustained Improvement Occurred
		Section 10 : Perform Overall Validation of PIP Results
		Section 11 : Reporting of PIP Results

VALIDATION TOOL, SECTIONS 1 – 11

Section 1 Review the Selected PIP Topic

	Question	Yes	No	N/A	Comments
1.1	Was the PIP topic selected through a comprehensive analysis of beneficiary needs, care, and services?				
1.2	Did selection of the PIP topic consider performance on the CMS Child and Adult Core Set measures?				
1.3	Did the selection of the PIP topic consider input from beneficiaries or providers who are users of, or concerned with, specific service areas?				
1.4	Did the PIP topic address care of special populations or high priority services				
1.5	Did the PIP topic align with priority areas identified by HHS and/or CMS?				
1.6	Overall assessment: In the comments section, note any recommendations for improving the PIP topic.				
	TOTAL of 6 items				

Section 2 Review the PIP Aim Statement

	Question	Yes	No	N/A	Comments
2.1	Did the aim statement clearly specify the improvement strategy, population, and time period for the PIP?				
2.2	Was the PIP aim statement concise?				
2.3	Was the PIP aim statement answerable?				
2.4	Was the PIP aim statement measurable?				
2.5	Overall assessment: In the comments section, note any recommendations for improving the PIP aim statement.				
	TOTAL of 5 items				

Section 3: Review the Identified PIP Population

	Question	Yes	No	N/A	Comments
3.1	Was the project population clearly defined in terms of the identified PIP question (e.g., age, length of the PIP population's participation, diagnoses, procedures, other characteristics)				
3.2	Was the entire MHP/DMC-ODS population included in the PIP?				
3.3	If the entire population was included in the PIP, did the data collection approach capture all beneficiaries to whom the PIP question applied?				
3.4	Was a sample used? (If yes, use Worksheet 1.4 to review sampling methods)				

3.5	Overall assessment: In the comments section, note any recommendations for identifying the project population				
	TOTAL of 5 items				

Section 4: Review the Sampling Method

	Question	Yes	No	N/A	Comments
4.1	Did the sampling frame contain a complete, recent, and accurate list of the target PIP population?				
4.2	Did the sampling method consider and specify the true or estimated frequency of the event, the confidence interval to be used, and the acceptable margin of error?				
4.3	Did the sample contain a sufficient number of beneficiaries taking into account non-response?				
4.4	Did the method assess the representativeness of the sample according to subgroups, such as those defined by age, geographic location, or health status?				
4.5	Were valid sampling techniques used to protect against bias? Specify the type of sampling used in the "comments" field				
4.6	Overall assessment: In the comments section, note any recommendations for improving the sampling method				
	TOTAL of 6 items				

Section 5: Review the Selected PIP Variables and Performance Measures

	Question	Yes	No	N/A	Comments
PIP Variables					
5.1	Were the variables adequate to answer the PIP question? <ul style="list-style-type: none"> Objective, clearly defined, time-specific Available to measure performance and track improvement over time 				
Performance measures					
5.2	Did the performance measure assess an important aspect of care that will make a difference to beneficiaries' health or functional status? (list assessed health or functional status)				
5.3	Were the performance measures appropriate based on the availability of data and resources to collect the data (administrative data, medical records, or other sources)?				
5.4	Were the measures based on current clinical knowledge or health services research? (Examples may include: hospital admissions, emergency department visits, adverse incidents, appropriate medication use)				
5.5	Did the performance measures: <ul style="list-style-type: none"> Monitor the performance of MHP/DMC-ODSs at a point in time? 				

	Question	Yes	No	N/A	Comments
	<ul style="list-style-type: none"> Track MHP/DMC-ODS performance over time? Compare performance among MHP/DMC-ODSs over time? Inform the selection and evaluation of quality improvement activities? 				
5.6	Did the MHP/DMC-ODS consider existing state or national quality measures?				
5.7	If there were gaps in existing measures, did the MHP/DMC-ODS consider the following when developing new measures based on current clinical practice guidelines or health services research? <ul style="list-style-type: none"> Accepted relevant clinical guidelines Important aspect of care or operations that was meaningful to beneficiaries Available data sources that allow the MHP/DMC-ODS to reliably and accurately calculate the measure Clearly defined performance measure criteria 				
5.8	Did the measures capture changes in enrollee satisfaction or experience of care? (Note that improvement in satisfaction should not be the only measured outcome of a clinical project. Some improvement in health or functional status should also be addressed. For non-clinical PIPs, measurement of health or functional status is preferred)				
5.9	Did the measures include a strategy to ensure inter-rater reliability (if applicable)?				
5.10	If process measures were used, is there strong clinical evidence (based on published guidelines) indicating that the process being measured is meaningfully associated with outcomes?				
5.11	Overall assessment: In the comments section, note any recommendations for improving the selected PIP variables and performance measures.				
	TOTAL of 11 items				

Section 6: Assess the Improvement Strategies (*CMS Identifies this as Activity 1, Step 8*)

	Question	Yes	No	N/A	Comments
6.1	Was the selected improvement strategy evidence-based, suggesting that the test of change (performance measure) would likely to lead to the desired improvement in processes or outcomes (as measured by the PIP variables)?				
6.2	Was the strategy designed to address root causes or barriers identified through data analysis and quality improvement processes?				

	Question	Yes	No	N/A	Comments
	(It is expected that interventions should be measurable on an ongoing basis, e.g., quarterly, monthly, to monitor intervention progress)				
6.3	Was the rapid-cycle PDSA approach used to test the selected improvement strategy? (If tests of change were not successful, i.e., did not achieve significant improvement, a process to identify possible causes and implement solutions should be identified)				
6.4	Was the strategy culturally and linguistically appropriate?				
6.5	Was the implementation of the strategy designed to account or adjust for any major confounding variables that could have an obvious impact on PIP outcomes (e.g., patient risk factors, Medicaid program changes, provider education, clinic policies or practices)?				
6.6	Did the PIP assess the extent to which the improvement strategy was successful and identify potential follow-up activities?				
6.7	Overall assessment: In the comments section, note any recommendations for improving the implementation strategies.				
	TOTAL of 7 items				

Section 7: Review the Data Collection Procedures (CMS Identifies this as Activity 1, Step 6)

	Question	Yes	No	N/A	Comments
Assessment of Overall Data Collection Procedures					
7.1	Did the PIP design specify a systematic method for collecting valid and reliable data that represents the population in the PIP?				
7.2	Did the PIP design specify the frequency of data collection? If yes, what was the frequency (for example, semi-annually)?				
7.3	Did the PIP design clearly specify the data sources (e.g., encounter and claims systems, medical records, tracking logs, surveys, provider and/or enrollee interviews)?				
7.4	Did the PIP design clearly define the data elements to be collected (including numerical definitions and units of measure)?				
7.5	Did the data collection plan link to the data analysis plan to ensure that appropriate data would be available for the PIP?				
7.6	Did the data collection instruments allow for consistent and accurate data collection over the time periods studied?				
7.7	If qualitative data collection methods were used (such as interviews or focus groups), were the methods well-defined				

	Question	Yes	No	N/A	Comments
	and designed to collect meaningful and useful information from respondents?				
7.8	Overall assessment: In the comments section, note any recommendations for improving the data collection procedures. Note: Include assessment of data collection procedures for administrative data sources and medical record review noted below.				
Assessment of Overall Data Collection Procedures for Administrative Data Sources					
7.9	If inpatient data was used, did the data system capture all inpatient admissions/discharges?				
7.10	If ancillary data was used, did ancillary service providers submit encounter or utilization data for all services provided?				
7.11	If EHR data was used, were patient, clinical, service, or quality metrics validated for accuracy and completeness as well as comparability across systems?				
Assessment of Data Collection Procedures for Medical Record Review					
7.12	Was a list of data collection personnel and their relevant qualifications provided?				
7.13	For medical record review, was inter-rater and intra-rater reliability described?				
7.14	For medical record review, were guidelines for obtaining and recording the data developed?				
	TOTAL of 14 items				

Section 8: Review Data Analysis and Interpretation of PIP Results (CMS Identifies this as Activity 1, Step 7)

	Question	Yes	No	N/A	Comments
8.1	Was the analysis conducted in accordance with the data analysis plan?				
8.2	Did the analysis include baseline and repeat measurements of project outcomes?				
8.3	Did the analysis assess the statistical significance of any differences between the initial and repeat measurements?				
8.4	Did the analysis account for factors that may influence the comparability of initial and repeat measurements?				
8.5	Did the analysis account for factors that may threaten the internal or external validity of the findings?				
8.6	Did the PIP compare the results across multiple entities, such as different patient subgroups, provider sites, or MHP/DMC-ODSs?				

8.7	Were PIP results and findings presented in a concise and easily understood manner?				
8.8	Did the analysis and interpretation of the PIP data include lessons learned about less-than-optimal performance?				
8.9	Overall assessment: In the comments section, note any recommendations for improving the analysis and interpretation of PIP results.				
TOTAL of 9 items					

Section 9: Assess the Likelihood that Significant and Sustained Improvement Occurred

	Question	Yes	No	N/A	Comments
9.1	Was the same methodology used for baseline and repeat measurements?				
9.2	Was there any quantitative evidence of improvement in processes or outcomes of care?				
9.3	Was the reported improvement in performance likely to be a result of the selected intervention?				
9.4	Is there statistical evidence (e.g., significance tests) that any observed improvement is the result of the intervention?				
9.5	Was sustained improvement demonstrated through repeated measurements over time?				
9.6	Overall assessment: In the comments section, note any recommendations for improving the significance and sustainability of improvement as a result of the PIP.				
TOTAL of 6 items					

Section 10: Perform Overall Validation and Reporting of PIP Results

PIP Validation Rating (check one box)	Comments
<input type="checkbox"/> High confidence <input type="checkbox"/> Moderate confidence <input type="checkbox"/> Low confidence <input type="checkbox"/> No confidence	

Section 11: Perform Overall Validation and Reporting of PIP Results

General PIP Information
MHP/DMC-ODS/Drug Medi-Cal Organized Delivery System Name:
PIP Title:
PIP Aim Statement:
a. b.
Was the PIP state-mandated, collaborative, statewide, or MHP/DMC-ODS choice? (check all that apply) <input type="checkbox"/> State-mandated (state required MHP/DMC-ODSs to conduct a PIP on this specific topic)

<input type="checkbox"/> Collaborative (MHP/DMC-ODS worked together during the Planning or implementation phases) <input type="checkbox"/> MHP/DMC-ODS choice (state allowed the MHP/DMC-ODS to identify the PIP topic)						
Target age group (check one): <input type="checkbox"/> Children only (ages 0–17)* <input type="checkbox"/> Adults only (age 18 and over) <input type="checkbox"/> Both adults and children *If PIP uses different age threshold for children, specify age range here:						
Target population description, such as specific diagnosis (please specify):						
Improvement Strategies or Interventions (Changes in the PIP)						
Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach) Click or tap here to enter text.						
Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach) Click or tap here to enter text.						
MHP/DMC-ODS-focused interventions/System changes (MHP/DMC-ODS/system change interventions are aimed at changing MHP/DMC-ODS operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools) Click or tap here to enter text.						
Performance measures (be specific and indicate measure steward and NQF number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
			<input type="checkbox"/> Not applicable—PIP is in Planning or implementation phase, results not available		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):
			<input type="checkbox"/> Not applicable—PIP is in Planning or implementation phase, results not available		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):
			<input type="checkbox"/> Not applicable—PIP is in Planning or implementation phase, results not available		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):

Performance measures (be specific and indicate measure steward and NQF number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
			<input type="checkbox"/> Not applicable—PIP is in Planning or implementation phase, results not available		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):
PIP Validation Information						
Was the PIP validated? <input type="checkbox"/> Yes <input type="checkbox"/> No “Validated” means that the EQRO reviewed all relevant part of each PIP and made a determination as to its validity. In many cases, this will involve calculating a score for each relevant stage of the PIP and providing feedback and recommendations.)						
Validation phase (check all that apply): <input type="checkbox"/> PIP submitted for approval <input type="checkbox"/> Planning phase <input type="checkbox"/> Implementation phase <input type="checkbox"/> Baseline year <input type="checkbox"/> First remeasurement <input type="checkbox"/> Second remeasurement <input type="checkbox"/> Other (specify): Validation rating: <input type="checkbox"/> High confidence <input type="checkbox"/> Moderate confidence <input type="checkbox"/> Low confidence <input type="checkbox"/> No confidence “Validation rating” refers to the EQRO’s overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results, and produced significant evidence of improvement.						
EQRO recommendations for improvement of PIP:						