# 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:

**October - December 2023**

## TABLE OF CONTENTS

# 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 second quarter DHCS fiscal year (FY) 2023-24 (October - December 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 October to December. 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

| | | |
|---|---|---|
| Alameda | Marin | Santa Clara |
| Fresno | Mendocino | Shasta |
| Humboldt | Merced | Stanislaus |
| Kings | Napa | Tehama |
| Lake | San Diego | Ventura |
| Los Angeles | San Francisco | |

---

[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 October to December 2023.

### Table 2. PIP Submission Standard

| MHP | Clinical PIPs Submitted | Status of Clinical PIPs | Non-Clinical PIPs Submitted | Status of Non-Clinical PIPs |
|---|---|---|---|---|
| **Alameda** | 1 | Implementation Phase | 1 | Implementation Phase |
| **Fresno** | 1 | First Remeasurement | 1 | Other - Developed in a Prior Year |
| **Humboldt** | 1 | Second Remeasurement | 1 | Implementation Phase |
| **Kings** | 1 | Implementation Phase | 1 | Other - Completed |
| **Lake** | 0 | No PIP Submitted | 1 | Planning Phase |
| **Los Angeles** | 1 | Other - Completed | 1 | Implementation Phase |
| **Marin** | 1 | Implementation Phase | 1 | Other - Completed |
| **Mendocino** | 1 | Implementation Phase | 1 | Implementation Phase |
| **Merced** | 1 | Other - Completed | 1 | First Remeasurement |
| **Napa** | 1 | First Remeasurement | 1 | Implementation Phase |
| **San Diego** | 1 | Implementation Phase | 1 | Implementation Phase |
| **San Francisco** | 1 | Planning Phase | 1 | Implementation Phase |
| **Santa Clara** | 1 | Implementation Phase | 1 | Second Remeasurement |
| **Shasta** | 1 | Second Remeasurement | 1 | Second Remeasurement |

| MHP | Clinical PIPs Submitted | Status of Clinical PIPs | Non-Clinical PIPs Submitted | Status of Non-Clinical PIPs |
|---|---|---|---|---|
| **Stanislaus** | 1 | Implementation Phase | 1 | Implementation Phase |
| **Tehama** | 0 | No PIP Submitted | 0 | No PIP Submitted |
| **Ventura** | 1 | Planning Phase | 1 | Baseline Year |

## 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 17 MHP reviews that were conducted from October through December 2023, Sixteen MHPs submitted some information to be considered for validation. Lake MHP submitted only one PIP and Tehama submitted no PIPs. Fifteen of the seventeen MHPs met the submission standard that requires the submission of two PIPs.

## Table 4. PIP Topics for all PIP Submissions

| PIP Topics | PIP Titles | Clinical | Non-Clinical |
|---|---|---|---|
| **Access to Care** | Screening and Identification of Psychosis Symptoms in TAY | Ventura | |
| | Adult Access to Psychiatric Care | | Alameda |
| | Decreasing No-Show Rates for Adult Services Outpatient Psychiatric Provider Appointments | | Shasta |
| **Outcomes of Care** | Children's Full Service Partnership (FSP) Progress Review | Fresno | |
| | Youth Level of Care | Mendocino | |
| | Enhancing Engagement in Psychosocial Care for Children/Youth on Psychotropic Medication | Napa | |
| | Applied Behavioral Analysis (ABA): Improving Functioning of Youth Experiencing Anxiety | Shasta | |
| **Quality of Care** | Follow-Up After Emergency Department Visit for Mental Illness (FUM) Behavioral Health Quality Improvement Program (BHQIP) | Alameda | |
| | Improving Family Engagement and Functioning for Children and Youth through Family Therapy | Humboldt | |
| | FUM | Kings | |
| | Improving Treatment Services for Individuals with Eating Disorders | Los Angeles | |
| | FUM | Marin | |
| | Post Hospitalization PIP | Merced | |
| | Improved Therapeutic Support for Youth Members who Identify as LGBTQ+ | San Diego | |
| | FUM BHQIP | Santa Clara | |
| | FUM | Stanislaus | |
| | FUM | | Fresno |
| | FUM | | Humboldt |
| | FUM | | Lake |
| | Improving FUM for Members that Present with MH Concerns | | Los Angeles |

| PIP Topics | PIP Titles | Clinical | Non-Clinical |
|---|---|---|---|
| | FUM | | Mendocino |
| | FUM | | Merced |
| | FUM | | Napa |
| | Improving the Experience of Teletherapy for Older Adults | | San Diego |
| | Hiring a Culturally Congruent Workforce | | San Francisco |
| | FUM | | Ventura |
| Timeliness of Care | Adapt a Level of Care (LOC) Tool to Support Clients Getting to the Tight LOC | San Francisco | |
| | Urgent Conditions (at Intake) | | Kings |
| | Timeliness between Assessment and First Treatment Service | | Marin |
| | Improving the 24/7 Access Call Line Efficiency | | Santa Clara |
| | Timeliness of Initial Psychiatric Medication Appointments | | Stanislaus |

## 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

One clinical PIP and two non-clinical PIPs focused on improving access to care for members.

- Ventura submitted a clinical PIP designed to utilize a screening tool to identify psychosis to increase accurate identification and placement of members aged 16 to 25 years old. This PIP is in the planning phase and no implementation has begun.

- Alameda submitted a non-clinical PIP that sets up a warm hand-off for adult referrals to set up an initial appointment for medication support. Although Alameda has begun utilizing this process, at the time of the review no analysis of the results had been conducted.

- Shasta's non-clinical PIP was designed to improve no-show rates. The MHP sought to improve these rates through education and providing transportation options to members. This PIP appears to be successful, however, the MHP has not performed statistical significance testing, so the true nature of success has not been analyzed.

### Outcomes of Care

Four clinical PIPs are designed to impact outcomes of care for members.

- Fresno, Mendocino, Napa, and Shasta all designed clinical PIPs that focus on youth members.

    o Fresno's clinical PIP sought to decrease the average length of stay for children in the FSP programs by implementing periodic (quarterly and semi-annual) reviews of youths' progress toward goals. The intervention has been implemented and the PIP is in the first remeasurement phase, they have seen improvement in two of the four performance measures.

    o Mendocino seeks to reduce the discrepancies between caregiver and clinician assessment in youth levels of care with its clinical PIP. This PIP has begun implementation of its first intervention and tools used in this project. There is no data to analyze at this point.

- o Napa's clinical PIP was designed to increase the percentage of children/youth receiving psychosocial care in combination with psychotropic medication. The intervention introduces a "Tip Sheet" focused on "how to get the most out of treatment", this sheet contains information on the importance of engaging children/youth in psychosocial care concurrent with the use of psychotropic medication. This PIP was in remeasurement and the MHP has seen an increase in the number of children/youth open to the medication clinic who have been confirmed to be engaged in first line psychosocial care.

- o Shasta's clinical PIP utilized ABA to reduce anxiety levels in children 3 to 13 years old who are receiving services in the outpatient clinic or foster care system. Only a small cohort received the full ABA intervention, making it difficult to assert whether the improvement reported by members and caregivers was based on interventions. Additionally, staff changes could have affected data collection, and no statistical analysis was conducted.

## Quality of Care

Nine clinical PIPs and ten non-clinical PIPs were focused on improving the quality of care for members.

- Alameda, Kings, Marin, Merced, Santa Clara, and Stanislaus designed clinical PIPs, and Fresno, Humboldt, Lake, Los Angeles, Mendocino, Merced, Napa, and Ventura submitted non-clinical PIPs targeting improvement in the rate of FUM. The focus was on individuals with an emergency department (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).

  - o Alameda is focusing on data exchange to improve care coordination. The intervention includes developing a dashboard and sharing discharge data with county operated clinics for improved follow-up activities with members who visited the emergency department. The intervention began in mid-2023.

  - o Kings and Santa Clara both exceeded the national and state benchmarks for FUM before the implementation of their PIPs.

    - Kings MHP noted a lack of knowledge and understanding of the processes including referral management.

    - Santa Clara plans to target Hispanic, Black/African American, and Spanish-speaking members to improve their rates of FUM.

- o Marin's PIP is designed to have peer providers use critical time intervention (CTI) and support the transitions. Hospital social workers are expected to call members the day after their ED discharge to provide information on MHP access and obtain their permission to contact Access on their behalf. This PIP is in the implementation phase and had only impacted four members at the time of the review.

- o Merced's clinical PIP sought to improve FUM by improving communications between hospitals and the outpatient system of care and establishing a twice-weekly post-hospitalization outpatient clinic. The PIP is completed and demonstrated improvement that was sustained over repeat measurement.

- o Stanislaus' clinical PIP has been utilizing the Community Emergency Response Team (CERT) to provide case management services to members 18 or older and link them to Access Crisis and Support (ACS) for ongoing services. Implementation of intervention with manual data collection started February 15, 2023, and data tracking through the electronic health record (EHR) began on July 8, 2023.

- o Fresno's non-clinical PIP was determined to have been developed in a prior year and no activity to validate for the review period.

- o Humboldt designed a non-clinical PIP that expands on existing work with the North Coast Health Improvement and Information Network (NCHIIN) and local hospitals that currently fax ED Summaries for members seen in inpatient/crisis and outpatient programs. Summary reports from NCHIIN ED can be scanned directly into the EHR and then routed to attending practitioners and care teams for follow-up. The MHP will also receive ED Summaries electronically as continuity of care documents directly into the EHR, allowing care teams direct access to information for follow-up, and improving tracking within the EHR.

- o Lake has designed a non-clinical PIP to implement a formalized referral process from the ED that includes consent for text messaging effective 02/01/2024 and secondly, initiate automated text reminders for outpatient follow-up appointments starting 03/01/2024. Due to staffing shortages on the QI team, the department could not implement a referral system until early 2024. The MHP collaborates with the local ED which receives funding from CA Bridge.

- o For its non-clinical PIP, Los Angeles chose two emergency departments in two different service areas to pilot the project. At the time of the review, the MHP was at different stages of establishing the mechanism for collaboration with the two emergency departments, including the HIE status. At the time of the review, the MHP's baseline and findings were incomplete.

- o Mendicino's non-clinical PIP consisted of monitoring meetings with the ED, MHP, and crisis team members to review data and identify when and why processes in place to support follow-up are not occurring. The MHP is in the process of detailing the second intervention and will need to ensure the reliability of the intervention delivered.

- o For its non-clinical PIP, Merced implemented the first intervention related to standardized referral procedures for hospital social workers and follow-up procedures for Access staff in August 2023. The MHP provided preliminary data for the first repeat measurement for one intervention and due to the small numbers gathered from the first month of data collection, no conclusions can be made.

- o Napa's non-clinical focused on the 58 percent of persons eligible for Medi-Cal in Napa County that are Hispanic/Latinx. To drive post-ED service engagement in this underserved community, the PIP intervention featured a culturally competent bilingual (Spanish-speaking) provider.

- o Ventura's non-clinical PIP focused on creating better connections with hospital staff who provide direct member care. Consequently, the MHP has started providing training to improve awareness and knowledge of available mental health services and how to access them to the navigators and the hospital staff who treat members at the ED.

- Humboldt's clinical PIP seeks to increase the percentage of children who receive family therapy over a six-month timeframe by improving clinical knowledge and comfort in family engagement and family therapy through a three-part training series. This PIP suffered from inconsistencies in outside agency participation and data access issues, the number of staff who started but did not complete all three trainings, the period of performance that included holidays and school vacations, and the low number of paired member samples.

- Los Angeles' clinical PIP sought to decrease the percentage of Medi-Cal members with eating disorders requiring a higher level of care. The MHP utilized training, consultation, a best practice toolkit, and integrated practice interventions.

- San Diego clinical PIP was designed to improve therapeutic support for youth who identify as LGBTQ+. In year one, the MHP sought higher utilization of its *It's Up to Us* website. In year two, the MHP provided systemwide training for providers. The MHP reported improvement in five of eight performance measures.

- San Diego's non-clinical PIP was developed to address the gap in the use of telehealth services among older adults aged 60 years and older. The MHP

provided in-person training to increase the PIP population's knowledge and confidence in using telehealth. The MHP reported improvement in four of the five measures. The fifth measure results were only reported for the most recent measurement because it related to older adults indicating whether they were likely to utilize telehealth due to the training that was provided by the MHP.

- San Francisco's non-clinical PIP was developed to increase the cultural mix of its clinical workforce. The MHP found that their workforce does not mirror the client population, which hinders the ability of cultural matching between clinicians and members. San Francisco law prohibits recruiting candidates based on their race. The MHP and its human resources piloted a lived experience qualification to be included in job descriptions when filling vacancies for positions that primarily serve clients from the Black/African-American (AA) community.

## Timeliness of Care

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

- San Francisco sought to develop and implement a shortened and streamlined Level of Care Assessment decision tool to increase the percentage of outpatient clients with an LOC reassessment within 30 days of their LOC assessment for its clinical PIP. The tool was tested and piloted with the Office of Coordinated Care programs. The tool will be uploaded into the new Epic EHR build for ease of access and reassessment.

- Marin's non-clinical PIP was designed to increase the percentage of clients assessed as appropriate for treatment who have their first treatment encounter within ten days of their assessment. Interventions included a flow chart clarifying roles and timelines for involved program staff, and weekly case conferencing between Access and adult programs.

- Santa Clara's non-clinical PIP sought to improve information accuracy and decrease the member's current average wait time on the 24/7 Access Call Line. Call center staff reported that responding to incoming calls was often hampered by procedural steps including a fragmented data entry process that resulted in longer than necessary wait times for callers.

- Stanislaus' non-clinical PIP was designed to improve timely access to psychiatric medication services for children and adolescent members, ages 0-17, and open to the Children's Intensive Community Support program. The MHP implemented a Psychiatric Medication Services Referral (PMSR) Script/Questionnaire that clinical staff would utilize when a youth/parent made the initial request for psychiatry services. The other intervention included training all Children's System of Care (CSOC) staff in the PMSR process to ensure it was completed accurately.

## 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 October to December 2023 received the following overall ratings:

## Table 7. PIP Rating by MHP

| MHP | Clinical | Non-Clinical |
|---|---|---|
| Alameda | Low Confidence | Low Confidence |
| Fresno | Moderate Confidence | No Confidence |
| Humboldt | Moderate Confidence | Moderate Confidence |
| Kings | Low Confidence | Moderate Confidence |
| Lake | No PIP Submitted | Low Confidence |
| Los Angeles | High Confidence | Low Confidence |
| Marin | Low Confidence | Low Confidence |
| Mendocino | Low Confidence | Low Confidence |
| Merced | High Confidence | Moderate Confidence |
| Napa | Moderate Confidence | Moderate Confidence |
| San Diego | Moderate Confidence | Moderate Confidence |
| San Francisco | Moderate Confidence | Moderate Confidence |
| Santa Clara | Moderate Confidence | Moderate Confidence |
| Shasta | Low Confidence | Moderate Confidence |
| Stanislaus | Moderate Confidence | Moderate Confidence |
| Tehama | No PIP Submitted | No PIP Submitted |
| Ventura | No Confidence | Low Confidence |

- Ventura's clinical PIP received a No Confidence rating because the MHP was still in the process of finalizing its implementation strategies and no evidence of potential success was available.

- Fresno's non-clinical PIP received a No Confidence rating because there was no activity on this PIP during the review year.

- Alameda's clinical and non-clinical PIPs received Low Confidence ratings due to both PIPs only having baseline data and no results.

- Kings' clinical PIP received a rating of Low Confidence because the MHP has demonstrated high post discharge follow-up and low readmission rates for the

past fiscal year (FY 2022-23) that exceed the national and state rates. Although the MHP submitted the BHQIP as a clinical PIP, given the very high performance, this area does not indicate a problem area that allows for improvement activity.

- Lake's non-clinical PIP received a Low Confidence rating as the PIP lacked detail, a comprehensive review of data for current and past year's follow-up rates, and a thorough narrative of the PIP design that clearly explains the interventions, staff training involved in the PIP, and the data collection methodologies. There was no supporting documentation that demonstrates MHP's efforts in designing this PIP with a clearly defined plan for implementing the interventions and well-designed data collection tools.

- Los Angeles' non-clinical PIP received a rating of Low Confidence because the MHP did not have adequate data to establish any reliable baseline, and consequently, the remeasurement data that was available for the process measures was not reliable.

- Marin's clinical and non-clinical PIPs received Low Confidence ratings.

  o The clinical PIP has only impacted four members in the one month of implementation, and no outcome data regarding MHP service connection was provided. The intervention relies upon hospital staff to identify the study population, which impacts the likelihood that the PIP includes all members to whom the study applies.

  o The non-clinical PIP interventions were not systematically applied and performance on the key measures decreased.

- Mendocino's clinical and non-clinical PIPs received Low Confidence ratings.

  o The clinical PIP's methods for data collection are credible, however, the MHP just recently began implementing the PIP and is monitoring consistency in the application of the first intervention and is yet to start the second intervention (the clinical intervention).

  o The non-clinical PIP is in the early stages of implementation. While the first intervention is credible, the MHP is in the process of detailing the second intervention and will need to ensure the reliability of the intervention delivered.

- Shasta's clinical PIP received a Low Confidence rating due to the small cohort that has received full ABA intervention. Thus, making it difficult to assert whether the improvement reported by members and caregivers was based on interventions. Additionally, staff changes could have possibly affected data collection. As such, no statistical analysis was conducted.

- Ventura's non-clinical PIP received a Low Confidence rating because the actual implementation of improving the connections with the ED staff

remained incomplete with less than expected attendance at the initial training with the navigators, and there was no remeasurement data available to evaluate impact.

- Fresno's clinical PIP received a Moderate Confidence rating, as the MHP has a clear understanding of the issue needing improvement, supported by data, and has a straightforward strategy for improvement, which it can monitor. The outcome of the project will depend on the ability of FSP programs to step-down and discharge current youth to another service provider or program. The accuracy of data collection for performance measures (PM) 2 and 3 is hindered due to the recent implementation of the new EHR. The MHP is working on a workaround to continue data collection.

- Humboldt's clinical and non-clinical PIPs received Moderate Confidence ratings because although both PIPs were well designed, they had difficulties.

  o The clinical PIP proved to be difficult to establish a clear relationship between the intervention and the impact on the members. Some threats to the validity of the results included but were not limited to a short study period, staffing changes, variation of staff's prior knowledge and experience in family therapy, staff caseload sizes, outside agency participation and data access issues, inconsistent number of staff who started but did not complete all three trainings, the period of performance that included holidays and school vacations, and the low number of paired member samples.

  o The non-clinical PIP challenges included the implementation of critical aspects of this PIP, such as contractual issues, data exchange issues, and the migration from Avatar to SmartCare. However, the MHP has strong relations with community partners and is transparently working to resolve these issues.

- Kings' non-clinical PIP was given a Moderate Confidence rating because although the PIP demonstrated improvement on one measure (related to the number of new members identified with urgent conditions) on the final measurement, there was no improvement reflected in the other two measures.

- Merced's non-clinical PIP received a Moderate Confidence rating because the MHP completed a thorough review of the barriers and organized their interventions based on a low/high scale for barriers and technology. The MHP carefully considered factors that may impact the three interventions and implemented the first intervention recently with one ED and plans to expand soon to the second ED. Despite any conclusive findings from the preliminary data, the MHP's data collection methodology and structure and interventions in collaboration with key stakeholders were well designed.

- Napa's clinical and non-clinical PIPs received Moderate Confidence ratings.

  o For the clinical PIP, the MHP identified that youth members were not being tracked and the number of youths without psychosocial care was 50 percent, not 38 percent. It was identified that youth are receiving services through their schools and data was not being captured. The MHP has already exceeded its goal of 60 percent.

  o For the non-clinical PIP, there is consistent collaboration with the local MCP necessary to support the intervention(s). The MHP and MCP have monthly meetings with a bi-directional tracking tool. The challenge is identifying those individuals who are not in a crisis but still receive a mental health service at the MCP. Currently, only those in crisis are connected with the MHP, and individuals placed out of county make providing follow-up care challenging. In addition, the low number of individuals receiving services makes it challenging to identify significant improvement.

- San Diego's clinical and non-clinical PIPs received Moderate Confidence ratings.

  o The clinical PIP was methodologically sound and there was improvement in five measures. The MHP did not report how many of the eligible PIP population were directly impacted by the member focused intervention (i.e., updated website). The rate of youth who reported that providers asked about their sexual orientation was essentially the same from baseline to remeasurement, indicating that additional provider training may be needed and/or there is another reason providers are not inquiring. The percentage of LGBTQ+ youth that desired additional resources increased from baseline to remeasurement (lower result is better).

  o The non-clinical PIP had one member-focused intervention: training for the eligible population ages 60 years and older. There was improvement in four of five measures related to member survey responses. Outcomes did not include how many members utilized telehealth services. There is further opportunity to assist the Filipino population as training did not appear to address the barriers for this population.

- San Francisco's clinical and non-clinical PIPs received Moderate Confidence ratings.

  o For the clinical PIP, the MHP identified challenges in capacity due to members' lack of assessments and movement throughout the LOC. Tools such as the Adult Needs and Strengths Assessment (ANSA) lacked the desired utility as a LOC tool. In consultation with the Praed Foundation the MHP created a LOC tool that reduced documentation time, will be used for decision-making within the LOC, and will increase the percentage of LOC

reassessment. The MHP then tested the tool and is piloting the tool with the OCC programs. The tool will be uploaded into the new EPIC EHR build for ease of access and reassessment.

- o For the non-clinical PIP, the MHP identified an inadequate number of Black/AA clinicians to serve the members. Working with their Human Resources department they were able to create a job description that specifically was inclusive of Black/AA lived experience. The MHP will hire qualified Black/AA clinicians to provide racial congruent services.

- Santa Clara's clinical PIP received a Moderate Confidence rating due to needing additional documentation to better describe the design and implementation.

- Santa Clara's non-clinical PIP received a Moderate Confidence rating because the first PM (i.e., accuracy of test calls logged when members contact the call center) demonstrated a decline for the second remeasurement, and the result was below the baseline.

- Shasta's non-clinical PIP was given a Moderate Confidence rating because the MHP encountered difficulties in the data collection process but applied interventions to maintain validity and reduce possible loss of data during the EHR migration process.

- Stanislaus's clinical and non-clinical PIPs received Moderate Confidence ratings because credible, reliable, or valid methods were implied or established for part of the PIPs that are tracked and reported from the EHR.

- Los Angeles' clinical PIP was awarded a High Confidence rating because the project employed a robust research design and the MHP conducted thorough statistical analyses of both the process and outcome measures to provide evidence for its findings. The MHP also provided a comprehensive summary of the challenges and limitations of the study.

- Merced's clinical PIP was awarded High Confidence ratings because the PIP adhered to acceptable and consistent methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results, and produced statistically significant evidence of improvement. The narrative discussed the process and outcome measure data points in a detailed, thorough, and thoughtful manner to demonstrate improvement that was sustained over repeated measurements.

- Lake failed to submit a clinical PIP and Tehama failed to submit both a clinical and non-clinical PIP.

## 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 3 of the 31 PIPs submitted focused on access to care issues (10 percent), 4 focused on outcomes of care issues (13 percent), 19 focused on quality of care issues (61 percent), and 5 focused on timeliness of care issues (16 percent).

## PIP DESIGN/IMPLEMENTATION

### Areas for Improvement

In summary, all (31 of 31) of PIP submissions were submitted for validation. Of those submissions, 2 PIPs (6 percent) received a rating of High Confidence in the PIP results,16 PIPs (52 percent) received a rating of Moderate Confidence, 11 PIPs (35 percent) received a Low Confidence rating, and 2 PIPs (6 percent) received a No Confidence rating.

### Recommendations to MHPs

- Conduct both a clinical and non-clinical PIP, as is the federal requirement.

- 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.

- Implement interventions and begin data analysis as soon as possible.

- 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. This requires involvement by key personnel, routine review of data, routine review of interventions being provided, and adjusting course when needed.

- 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 before the reviews in 71 percent (12 of 17) 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 December 18, 2023. During this webinar, CalEQRO reviewed successful PIPs in the following topic areas: Identifying the Problem; Developing an Aim Statement; Successful Interventions; and Reporting Results. This PIP training was available to all county and DHCS staff, it is all available on BHC's website for review.

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                                                          23

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

Appendix B: CalEQRO PIP Validation Tool

<div style="text-align: center;">

## APPENDIX A

</div>

**CLINICAL PIP TOPICS SUBMITTED**

Of the 17 Clinical PIPs required for submission, 15 MHPs submitted information that could be validated. The 15 clinical PIPs submitted are summarized here in this Appendix based on extractions from the PIP submissions.

### Access to Care PIPs

**Ventura**

**PIP Title:** Screening and Identification of Psychosis Symptoms in TAY

| Aim Statement (as presented by MHP) | Focus of PIP | Areas for Improvement | TA Provided by CalEQRO |
|---|---|---|---|
| Will the implementation of a psychosis screening checklist at the point of referral increase the accurate identification and placement of plan members into Ventura County's Power Over Prodromal Psychosis (VCPOP) program by 10 percent over a 6-month period in 2024? | The MHP is trying to improve the identification and treatment of adolescent and TAY members with known risk factors and displaying prodromal symptoms and early onset of psychosis. In the first phase of the PIP, the MHP is in the process of instituting a referral checklist for use by the access and intake staff that will help in identifying those at risk or showing symptoms of early psychosis. Once this is fully implemented, those identified will be referred to the MHP's specialized team for earlier and more appropriate treatment. | The MHP was still in the process of finalizing its implementation strategies and no evidence of potential success was available.<br><br>CalEQRO considers this project a valuable tool to improve services for a particularly vulnerable potentially high-cost population. However, multiple circumstances need to be navigated and barriers resolved before that can become a reality. | The MHP needs to evaluate if this can become a fully implemented PIP over the next 12 months, with all relevant data and information available for the validation of this PIP. Barring that, the MHP may consider continuing this as a QI project, but not a formal PIP submission for EQR purposes. |

## Outcomes of Care PIPs

**Fresno**
**PIP Title:** Children's FSP Progress Review

| Aim Statement (as presented by MHP) | Focus of PIP | Areas for Improvement | TA Provided by CalEQRO |
|---|---|---|---|
| Will implementing periodic clinical progress reviews in children's FSPs decrease average LOS by 10 percent over a one-year period in 2023? | The MHP identified waitlists and reduced access to FSP programs for youth needing a higher LOC. The MHP reported delayed entry into those programs (average of 33 days) and longer LOS for those already in the program (from 7 to 15 months). From a root cause analysis, the MHP identified two contributing factors: lack of robust understanding of the LOC system within the MHP and uncertainty/lack of knowledge about availability and capacity of FSP programs. The intervention is to conduct periodic—quarterly and semi-annual—reviews of youths' progress towards goals. | The MHP has a clear understanding of the issue needing improvement, supported by data, and has a straightforward strategy for improvement, which it can monitor. The outcome of the project will depend on the ability of FSP programs to step-down and discharge current youth to another service provider or program. Accuracy of data collection for PM 2 and 3 is hindered due to the recent implementation of the new EHR. The MHP is working on a workaround to continue data collection. | Continue to explore ways to reduce difficulties with data collection to maintain data validity.<br><br>Seek TA throughout the life cycle of the PIP. |

**Mendocino**
**PIP Title:** Youth Level of Care

| Aim Statement (as presented by MHP) | Focus of PIP | Areas for Improvement | TA Provided by CalEQRO |
|---|---|---|---|
| Improve CANS scores of youths through increasing youth and caregiver ability to accurately and consistently measure risk factors and protective factors as well as progress and challenges related to risk and protective factors. The secondary aim to improve correlation between CANS and PSC-35 scores as an accurate reflection of caregiver perception of youth treatment needs. | The MHP saw incongruent reporting of the PSC-35 completed by parents/caregivers compared to the CANS level of care tool completed by clinicians. This PIP was designed to reduce the discrepancies between caregiver and clinician assessment. By bringing more opportunities to challenge biases, consistently identify symptoms and their impacts, as well as finding consistent ways to discuss strategies to mitigate and resolve symptoms.

The MHP seeks to improve consistency in youth LOC. Pre-intervention the MHP compared PSC-35 scores and CANS scores and discussed in provider discussion groups possible contributing factors. | Although the methods for data collection are credible, the MHP just recently began implementing the PIP and is monitoring consistency in the application of the first intervention, and is yet to start the second intervention (the clinical intervention). | MHP could do pre and post surveys to indicate consistency and effectiveness in parent education.

Monitor the consistency of training provided to clinicians regarding the utilization of tools.

Seek TA as needed during the duration of the PIP. |

**Napa**
**PIP Title:** Enhancing Engagement in Psychosocial Care for Children/Youth on Psychotropic Medication

| Aim Statement (as presented by MHP) | Focus of PIP | Areas for Improvement | TA Provided by CalEQRO |
|---|---|---|---|
| The aim of this PIP is to increase to 60% over a two-year period the percentage of children/youth receiving psychosocial care in combination with psychotropic medication. | The HEDIS benchmark for use of first line psychosocial care for children and youth on antipsychotic medication indicates that in 2020, 60% of those with managed Medicaid engaged in first line psychosocial care. The MHP identified initially falling below this benchmark with 38 percent receiving psychosocial care. In a reassessment of data, they were able to show their benchmark was actually 50 percent.<br><br>The improvement intervention was to introduce a "Tip Sheet" focused on "how to get the most out of treatment" and with information on the importance of engaging children/youth in psychosocial care concurrent with use of psychotropic medication. The sheet was distributed to youth and caregivers at the time of the medication consent review. | The MHP identified through data reports that youth members were not being tracked and the number of youths without psychosocial care was 50 percent, not 38 percent. It was identified that youth are receiving services through their schools and data was not being captured. The MHP has already exceeded their goal of 60 percent. | Track HEDIS measures for all youth receiving medication.<br><br>Track where youth are receiving services, if not provided through the MHP. |

**Shasta**

**PIP Title:** ABA: Improving Functioning of Youth Experiencing Anxiety

| Aim Statement (as presented by MHP) | Focus of PIP | Areas for Improvement | TA Provided by CalEQRO |
|---|---|---|---|
| Will the application of ABA by caregivers to children and youth ages 3 to 13 diagnosed with SMI, improve the youth's functioning, as evidenced by decreasing the occurrence of anxiety as an actionable item on the CANS from 36% to 25% or less by the end of this two-year study. (Note: Age range was changed from 3 to 21 to 3 to 13 after a TA call with BHC in June 2022.) | The clinical PIP is focused on reducing anxiety levels in children between 3 and 13 years old who are receiving services in the CSB outpatient clinic or Shasta County HHSA FC system. The team chose ABA as the evidence-based clinical intervention to assist youth and their caregivers with reducing anxiety symptoms and improving emotion regulation skills. The goal of the PIP is to reduce anxiety as a treatment goal on the CANS-50 outcome tool from 36 percent to 25 percent at the end of two years.<br><br>The MHP reports no statistical analysis was conducted due to the low number of members receiving full intervention. | Only a small cohort received full ABA intervention, making it difficult to assert whether the improvement reported by members and caregivers was based on interventions. Additionally, staff changes could have possibly affected data collection. As such, no statistical analysis was conducted. | The MHP received TA from CalEQRO during the prior year.<br><br>As the MHP moves on to new PIPs topics, seek continued EQRO TA support to problem solve possible difficulties. |

## Quality of Care PIPs
### Alameda
**PIP Title:** FUM BHQIP

| Aim Statement (as presented by MHP) | Focus of PIP | Areas for Improvement | TA Provided by CalEQRO |
|---|---|---|---|
| Increase timely information sharing from primary care Emergency Departments (ED) to improve pilot mental health Service Team 1) awareness of their Medi-Cal member clients' ED discharges; 2) capacity to provide follow-up services, and 3) rate of timely client follow-up. Implemented interventions aim to increase the percentage of specialty mental health follow-up activities within 30 days of ED visits for MH conditions by 5 percent by March 31, 2024. | A root cause analysis indicated lack of access to real-time data and inconsistent communication from the numerous area hospitals as factors contributing to gaps in member identification, outreach, and care coordination capacity. Subsequent stakeholder engagement, conducted with the Adult and Older Adult System of Care and the County Specialty Mental Health Clinics, between January and June 2023, highlighted the need for timely and current client data from EDs as important for the clinics' ability to reach members immediately following ED discharge.<br><br>Interventions began in mid-2023 and were revised to accurately reflect the source and uses of ED discharge data used to program alerts that are facilitating improved clinical follow-up activities. In addition, the MHP decided to pilot interventions with service teams at the County-operated clinics only. | Alameda is focusing on data exchange to improve care coordination. The intervention includes developing a dashboard and sharing discharge data with county operated clinics for improved follow-up activities with members who visited the emergency department. The intervention began in mid-2023.<br><br>The project so far only has baseline data. | Clearly and completely define all aspects of the methodology for the PIP including the aim, target population, and data collection process.<br><br>Consider measuring follow-ups for all eligible members. The baseline numbers are extremely low, and it may be difficult to generalize results to the entire eligible population. |

**Humboldt**
**PIP Title:** Improving Family Engagement and Functioning for Children and Youth through Family Therapy

| Aim Statement (as presented by MHP) | Focus of PIP | Areas for Improvement | TA Provided by CalEQRO |
|---|---|---|---|
| Can we increase the percentage of children who receive family therapy over a six-month timeframe by improving clinical knowledge and comfort in family engagement and family therapy through a three-part training series? | The goal of the clinical PIP is to improve family engagement and functioning to children and youth receiving services from the MHP by providing improved family therapy services. To accomplish this goal, a three-part training series was provided to clinicians. This series was designed to provide clinicians with the skills and techniques to increase family engagement in therapy and help improve family skills. Training was initiated in 09/2022 and concluded in 11/2022. Data was reported twice in two domains, service-related and training data. The CANS outcome data was reported once, six months after the conclusion of training. | It was difficult to establish a clear relationship between the intervention and the impact to the members. Some threats to the validity of the results included but were not limited to: a short study period, staffing changes, variation of staff's prior knowledge and experience in family therapy, staff case load sizes, outside agency participation and data access issues, inconsistent number of staff who started but did not complete all three trainings, the period of performance that included holidays and school vacations, and the low number of paired member samples. | Add a measurable impact to the member, identification of baselines, and the inclusion of CANS scores for actionable needs.

The data point to correlate family therapy with reduced CANS actionable needs did yield positive results for the small population, but it would be a worthwhile effort to continue tracking this metric to see if it yields a positive trend.

Continue tracking results. This PIP holds promise despite the various threats to validity.

Having a single CANS measurement of members for actionable needs six months after the intervention, while positive, was not sufficient to draw meaningful conclusions.

Consider the utilization of root cause analysis tools to fully understand cause and effect and open the possibility of alternate interventions.

Develop a clear and measurable clinical goal and its expected target performance |

| | | | against a baseline. Articulate this goal in all areas of the PIP development to tie the PIP together and to ensure that all participating staff are clear. Consider keeping measurements to two or three critical goals to ease the burden of ongoing analysis. |
|---|---|---|---|

**Kings**
**PIP Title:** FUM

| Aim Statement (as presented by MHP) | Focus of PIP | Areas for Improvement | TA Provided by CalEQRO |
|---|---|---|---|
| Will implemented interventions increase the percentage of follow-up mental health services for Medi-Cal members with ED visits for MH conditions within 7 and 30 days by 5% by June 30, 2024? | The MHP will focus on members with a qualifying event as defined in the Follow-up for Mental Health (FUM) metric. The MHP defines a qualifying event as an ED visit with a principal diagnosis of mental illness or intentional self-harm, also referred to as "MH" or "MH conditions." The MHP's executive team conducted a root cause analysis (RCA) and developed some hypotheses regarding potential barriers to follow-up discharge. The MHP plans to explore further in this area through robust stakeholder engagement. The three interventions for this PIP include implementing a post-discharge follow-up system by utilizing the plan data feed and developing infrastructure for direct data exchange with the hospital, creating a referral management system, and establishing a better working relationship with the local emergency departments. | Although the MHP submitted the BHQIP as a clinical PIP, given the very high performance, this area does not indicate a problem area that allows for improvement activity. | The MHP has challenges with timely first offered non-urgent appointments for all populations. In addition, the MHP has struggles providing timely first offered non-urgent appointments for psychiatry and first offered urgent appointments for children.

The MHP would benefit greatly from identifying one of these areas, (especially urgent appointments for children) as the problem area for the PIP.

Implementing strategies to improve timely access to clinical care may prevent a potential crisis and address high risk areas. |

**Los Angeles**
**PIP Title:** Improving Treatment Services for Individuals with Eating Disorders

| Aim Statement (as presented by MHP) | Focus of PIP | Areas for Improvement | TA Provided by CalEQRO |
|---|---|---|---|
| Will implementing training, consultation, a best practice toolkit, and an integrated practice network decrease the percent of Medi-Cal members with Eds requiring a higher level of care (HLOC) from 4% to 2% per quarter and increase the number of individuals transitioning from HLOC to outpatient services from 14.8% to 19.8% as well as those screened and assessed for ED from 0.4% to 1.0% to approach the nationwide one-year prevalence rates within 18 months? | The MHP set up a clinical practice network (CPN) and provided training, consultation, and a clinical toolkit to its clinicians. Through these strategies, the MHP sought to provide quality, evidence-based treatment to an increasing number of members and improve screening and assessment methods to address the discrepancy between expected ED prevalence rates and the actual diagnostic rates. The PIP aimed to 1) decrease the percent of Medi-Cal members with EDs requiring HLOC, 2) increase the number transitioning from HLOC to outpatient services, and 3) increase the number of members assessed for ED. | As of June 2023, at the end of the project as a formal PIP, the PIP produced modest but statistically significant improvements in all three PMs. A comparative analysis of clinicians who received the training with those who did not demonstrate the most significant success of the PIP in detecting and treating members with ED. This analysis showed that the overall finding of modest improvements masked the actual, more significant effect of the fully implemented planned interventions. Based on these findings, the MHP is continuing with the CPN and offering ED trainings. | Continue with and expand the interventions to include more clinicians across the system with regular training opportunities for new hires with the ED training modules utilized in this PIP. |

**Marin**
**PIP Title:** FUM

| Aim Statement (as presented by MHP) | Focus of PIP | Areas for Improvement | TA Provided by CalEQRO |
|---|---|---|---|
| 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% by June 30, 2024. | The MHP is seeking to improve the rate of follow-up after ED visits for MH conditions; baseline data showed that 38 percent of members served at EDs did not have a MH service within seven days. The MHP is piloting its interventions at the main hospital in the county. The main intervention is having peer providers use critical time intervention (CTI) and to support the transitions. Hospital social workers are expected to call members the day after their ED discharge to provide information on MHP access and obtain their permission to contact Access on their behalf. Upon logging this information in a referral tracking system, the MHP peer provider will provide assertive outreach and engagement to ensure that the member receives the MH screening and is connected to the MHP. Ultimately this tracking process will replaced by HIE for real-time alerts of ED visits. | Implementation of the HIE was expected in November 2023, but this had not occurred at the time of the review.

The PIP has only impacted four members in the one month period of implementation, and no outcome data regarding MHP service connection was provided. The intervention relies upon hospital staff in order to identify the study population, which impacts the likelihood that the PIP includes all members for whom the study applies. | On at least a quarterly basis, preferably monthly, determine the percentage of members seen at the ED who receive the PIP intervention and obtain a follow-up MHP service. Once the HIE becomes available, determine the viability of expanding the PIP to all hospital EDs in the county.

Identify the frequency in which the CTI will be delivered prior to engagement in MHP services and ensure appropriate training for CTI. |

**Merced**
**PIP Title:** Post Hospitalization PIP

| Aim Statement (as presented by MHP) | Focus of PIP | Areas for Improvement | TA Provided by CalEQRO |
|---|---|---|---|
| Merced will increase the percentage of adult members who receive follow-up care within seven days of psychiatric hospital discharge from a FY 2020-21 baseline of 36% to a national standard of 46% in FY 2022-23 and significantly increase the percentage who have 7-day medication management follow-up by FY 2022-23 by improving communications between hospitals and the outpatient system of care and establishing a twice-weekly post-hospitalization outpatient clinic. | The MHP completed a comprehensive review of post discharge follow-up data for two years and survey data from 25 respondents on their experiences with appointments scheduling and follow-up post discharge to identify the problem area for the PIP. The MHP implemented two interventions: improving communications between hospitals and the outpatient system of care and establishing a twice-weekly post-hospitalization outpatient clinic. The goal was to increase the percentage of adult members who receive follow-up care within seven days of psychiatric hospital discharge from 36 percent to a national standard of 46 percent in FY 2022-23 and significantly increase the percentage who have 7-day medication management follow-up compared to the previous fiscal year. | The PIP adhered to acceptable and consistent methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results, and produced statistically significant evidence of improvement. The narrative discussed the process and outcome measure data points in a detailed, thorough, and thoughtful manner to demonstrate improvement that was sustained over repeated measurements. | The PIP concluded in June 2023 and demonstrated statistically significant improvement on both performance measures. To sustain the improvement evidenced from the implementation of the post-hospitalization clinic, the MHP would benefit from continued implementation of this clinic and increasing the number of days the clinic is open as staffing resources become available |

**San Diego**

**PIP Title:** Improved Therapeutic Support for Youth Members who Identify as LGBTQ+

| Aim Statement (as presented by MHP) | Focus of PIP | Areas for Improvement | TA Provided by CalEQRO |
|---|---|---|---|
| (Year 1) For CYF (Child, Youth and Family) clients who identify as LGBTQ+, will the revisions to and promotion of the *It's Up to Us* website's LGBTQ+ resource page result in higher utilization, as measured by the number of unique pageviews reported in each quarter in the year after the launch of the revised resource page?<br><br>(Year 2) For CYF youth clients across the CYFBHS system who identify as LGBTQ+, will the systemwide training of providers (1) decrease the need for additional services, (2) decrease the utilization of emergency/crisis services, (3) increase LGBTQ+-affirming mental health treatment (e.g., clinicians asking about sexual orientation and gender identity, providing LGBTQ+-specific information), and (4) increase satisfaction with services, as measured by CCBH data and a comparison of the December 2021 Youth Services Survey (YSS) and the May 2023 YSS?" | The MHP designed the PIP to improve therapeutic support for youth who identify as lesbian, gay, bisexual, transgender, queer, questioning, intersex, two-spirit, and other diverse sexual orientations, gender identities and expressions. San Diego determined that these young people have higher rates of emergency/crisis service utilization, and experience more negative outcomes compared to their heterosexual and cisgender peers. Additionally, national and regional data indicated that LGBTQ+ youth rarely receive mental health resources and services specifically aimed at supporting the unique challenges they face associated with their sexual and gender identities. | The PIP was methodologically sound and there was improvement in five measures. The MHP did not report how many of the eligible PIP population was directly impacted by the member focused intervention (i.e., updated website). The rate of youth who reported that providers asked about their sexual orientation was essentially the same from baseline to remeasurement, indicating that additional provider training may be needed and/or there is another reason providers are not inquiring. The percentage of LGBTQ+ youth that desired additional resources increased from baseline to remeasurement (lower result is better). | Determine how many of the MHP's eligible population for the PIP utilized the website and obtained resources when visiting the website.<br><br>Design a process measure to ensure provider training was understood, well-received, and applied. Provide additional provider training, if necessary.<br><br>Determine whether there are other reasons why providers may not ask youth about sexual orientation. |

**Santa Clara**
**PIP Title:** FUM BHQIP

| Aim Statement (as presented by MHP) | Focus of PIP | Areas for Improvement | TA Provided by CalEQRO |
|---|---|---|---|
| By June 30, 2024, through the outreach efforts of Peer Navigators, 61 percent of members discharged from the emergency room with an identified mental health diagnosis will be open to outpatient services (an increase from the current baseline of 48 percent). | Santa Clara reported that the MHP exceeded state and national benchmarks for FUM prior to implementation of the PIP. Additionally, their data revealed disparities across some populations, e.g., Hispanic, Black/African American, and Spanish-speaking. The MHP's goal is to increase access for all ethnicities and engage members in services. Santa Clara planned and facilitated a consumer/family member group to solicit input on the interventions. Overall, participants indicated that peer navigators are critical in guiding patients during the transition from the ED to outpatient programs. | The PIP includes member-focused interventions: informational materials (i.e., flyers) about mental health including referral contact information in threshold languages and a peer navigator program. The MHP started both interventions in August 2023. The PIP did not yet report post-intervention data. | Ensure the PIP includes a PM that aligns with the aim. Provide a complete description of the data collection process for the PIP PMs.<br><br>Consider including in the aim/measuring members who received follow-up within 7 and 30 days.<br><br>Track how many member flyers are distributed. |

**Stanislaus**
**PIP Title:** FUM

| Aim Statement (as presented by MHP) | Focus of PIP | Areas for Improvement | TA Provided by CalEQRO |
|---|---|---|---|
| For Medi-Cal members with ED visits for MH conditions, implemented interventions will increase the percentage of follow-up MH services with the MHP within 7 and 30 days by 5 percent by May 1, 2024. | The MHP conducted stakeholder outreach to assess facilitators of and barriers to (a) engaging members in timely follow-up MH treatment after ED visits and, (b) tracking/exchanging related data to make person-centered, data-informed decisions. The stakeholder discussions identified that there is currently no consistent process in place for the ED to notify the MHP of any members needing a follow-up after an ED visit. With no consistent referral pathway in place, there is no current process for scheduling appointments for a post-ED discharge follow-up appointment. With no referral or scheduling process in place, care coordination and engagement services are in turn also not in place. Data related to ED discharges is not currently exchanged between the MCP or the MHP. The result is members are missed by the MHP for follow-up care. | The MHP identified interventions to include utilizing the Community Emergency Response Team (CERT) to provide case management services to members 18 or older and linking them to Access Crisis and Support (ACS) for ongoing services.

Implementation of intervention with manual data collection started February 15, 2023, and data tracking though the EHR began July 8, 2023. The MHP conducts weekly FUM PIP meetings. | Explore methods to maintain validity of the data collection process and reduce barriers experienced due to SmartCare implementation.

Engage in TA with CalEQRO on a consistent, at least quarterly, basis throughout the life of the PIP. |

## Timeliness of Care PIPs

**San Francisco**
**PIP Title:** Adapt a LOC Tool to Support Clients Getting to the Right LOC

| Aim Statement (as presented by MHP) | Focus of PIP | Areas for Improvement | TA Provided by CalEQRO |
|---|---|---|---|
| By December 31, 2024, develop and implement a shortened and streamlined Level of Care Assessment decision tool with the involvement of front-line providers, that will: 1) increase the percentage of outpatient clients with an LOC reassessment within 30 days of their LOC assessment anniversary from 59% to 75%, and 2) refer or close 50% of clients whose LOC reassessment indicates the need in change of LOC. | San Francisco BHS outpatient mental health programs are experiencing capacity challenges and have average lengths of stay nearing seven years. When members are not regularly reassessed to determine whether they are in the correct LOC, they may linger in services longer than necessary. While the mental health system of care experiences this as a capacity challenge, members' health may be affected by remaining in a LOC that may no longer be appropriate for them. The BHS adult SOC does not have a LOC tool that aids clinicians in determining changes in the level of need for their clients. | The MHP identified challenges in capacity due to members' lack of assessments and movement throughout the LOC. Tools such as the ANSA lacked the desired utility as a LOC tool. In consultation with the Praed foundation the MHP created a LOC tool that reduced documentation time, will be used for decision-making within the LOC, and will increase the percentage of LOC reassessment. The MHP then tested the tool and is piloting the tool with the office of coordinated care programs. The tool will be uploaded into the new EPIC EHR build for ease of access and reassessment. | The MHP participated in email communication throughout the submittal process for the PIP.<br><br>Due to the perceived lack of follow through by CBOs on data tracking, the MHP will need to ensure training, compliance, and fidelity.<br><br>Expand the tool in priority threshold languages.<br><br>Provide members and clinicians with a user experience survey. |

## NON-CLINICAL PIP TOPICS SUBMITTED

Of the 17 non-clinical PIPs required for submission, 16 were submitted for review. All the PIPs submitted are summarized here in this Appendix.

### Access to Care PIPs

**Alameda**
**PIP Title:** Adult Access to Psychiatric Care

| Aim Statement (as presented by MHP) | Focus of PIP | Areas for Improvement | TA Provided by CalEQRO |
|---|---|---|---|
| Beginning May 2023, the MHP will pilot transferring up to five calls a week for adults who are referred by Access to Pathways to Wellness Medication Support services. By eliminating the need for a member to make a second call, the MHP hopes to increase the rate of connection by 15 percent." | Previously, after receiving a referral, members were responsible for directly contacting Pathways to Wellness to secure their initial appointment. This initial step, following their initial contact with Access, can serve as a barrier to receiving care. The MHP initiated a PIP to improve the percentage of adult members who call the access line, need medication services, and receive those services in a timely manner. Alameda identified that members were given a phone number to call and that they may not follow-through with that due to other issues. | The intervention has a "warm handoff" immediately occurring from Access and Pathways to Wellness by transferring the call while the member is still on the line to immediately receive an appointment time.\n\nThere are no post-intervention results yet. | Enhance the PIP's aim statement to include the baseline and a planned end date.\n\nEnsure that the performance measures' baseline and remeasurement results are comparable data.\n\nInvestigate and implement efforts so that members speaking a language other than English can be included in the intervention. |

**Shasta**
**PIP Title:** Decreasing No-Show Rates for Adult Services Outpatient Psychiatric Provider Appointments

| Aim Statement (as presented by MHP) | Focus of PIP | Areas for Improvement | TA Provided by CalEQRO |
|---|---|---|---|
| The aim of this PIP is to decrease the no-show rate by 5 percent to adult members in the subunit 5151 Adult Service population through systematically educating members about the importance of attending psychiatric appointments as well as transportation options and assistance available to them. The period of the study is from October 2021 through July 2023 | The PIP seeks to decrease the no-show rate in the adult programs.<br><br>As its intervention the MHP systemically educated members regarding the importance of attending psychiatric appointments and their options for transportation assistance. A flyer was created to help facilitate a conversation with the client about these topics. This conversation occurs at first contact with the member, at each attended appointment, and during follow-up contact after a member no-show to psychiatry.<br><br>The MHP reported initially experiencing difficulties during the implementation of the intervention due to staff changes, however continuous training was provided to ensure consistency in the application of the intervention. Further, during the implementation of new EHR, the MHP experienced difficulties with the data collection and instead utilized Excel spreadsheets to review and analyze collected data. | The MHP encountered difficulties in the data collection process but applied interventions to maintain validity and reduce possible loss of data during the EHR migration process. | The MHP received TA from CalEQRO during the prior year.<br><br>Complete a statistical analysis of the results from this PIP.<br><br>Seek continued EQRO TA support to problem solve possible difficulties. |

## Quality of Care PIPs

**Fresno**
**PIP Title:** FUM

| Aim Statement (as presented by MHP) | Focus of PIP | Areas for Improvement | TA Provided by CalEQRO |
|---|---|---|---|
| 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 January 1, 2024. | There was no activity on this PIP during the review year. | There was no activity on this PIP during the review year. | Post-review the QR met with the MHP to discuss the reasons for rating the non-clinical PIP as inactive. The QR provided suggestions on how to update the existing Development Tool that clearly indicate previous year PIP activity. The MHP is aware that the EQRO provides TA throughout the year and upon request. |

**Humboldt**
**PIP Title:** FUM

| Aim Statement (as presented by MHP) | Focus of PIP | Areas for Improvement | TA Provided by CalEQRO |
|---|---|---|---|
| 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 percentage points by March 1, 2024. | To meet the stated goal of this PIP, the MHP is in process to expand on existing work with the North Coast Health Improvement and Information Network (NCHIIN) and local hospitals that currently fax ED Summaries for members seen in inpatient/crisis and outpatient programs. Summary reports from NCHIIN ED can be scanned directly into the EHR then routed to attending practitioners and care teams for follow-up. Similarly in process, the MHP will receive ED Summaries electronically as continuity of care documents directly into the EHR, allowing care teams direct access to information for follow-up, and will improve tracking within the EHR. | There have been challenges with the implementation of critical aspects of this PIP, such as contractual issues, data exchange issues, and the migration from Avatar to SmartCare. However, the MHP has strong relations with community partners and is transparently working to resolve these issues. The MHP has been equally transparent with DHCS and are working diligently with them to consider how to best consider potential solutions. One course correction already implemented was the inclusion of two navigators. Partner and staff feedback has been that the addition of navigators has been highly effective. | Continue to work with DHCS for the BH QIP and obtain CalEQRO TA as needed. |

**Lake**
**PIP Title:** FUM

| Aim Statement (as presented by MHP) | Focus of PIP | Areas for Improvement | TA Provided by CalEQRO |
|---|---|---|---|
| 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 seven and 30 days by 5 percent by June 30, 2024. | The MHP plans to implement a formalized referral process from the ED that includes consent for text messaging effective 02/01/2024 and secondly, initiate automated text reminders for outpatient follow-up appointments starting 03/01/2024. Due to staffing shortages on the QI team, the department was unable to implement a referral system until early 2024. The MHP collaborates with the local ED who receives funding from CA Bridge.<br><br>The measures for the PIP include number of referrals received through the referral tracking system and percent of the referrals that are complete, the number and percent of members who received an initial contact from the MHP within seven days of discharge, and the percent of members who received a follow-up mental health treatment service within seven and 30 days. | The PIP lacked a detailed, comprehensive review of data for current and past year's follow-up rates, and a thorough narrative of the PIP design that clearly explains the interventions, training for staff involved in the PIP, and the data collection methodologies.<br><br>There was no supporting documentation that demonstrates MHP efforts for designing this PIP with a clearly defined plan for implementing the interventions and well-designed data collection tools.<br><br>There was no detail provided on the recent communications with the EDs nor a clear plan on training staff who will be sending reminder texts, the format of those texts, and the referral logs used for tracking ED referrals. | The MHP submitted the PIP post-review; therefore, TA could not be offered during the review session specific to this topic.<br><br>During the review, the MHP was encouraged to schedule TA calls with EQR team.<br><br>The MHP would benefit from assigning a lead for this PIP and having a PIP committee comprised of key QI, clinical, and analyst staff to ensure timely progress through all phases of PIP implementation. |

**Los Angeles**

**PIP Title:** Improving FUM for Members that Present with MH Concerns

| Aim Statement (as presented by MHP) | Focus of PIP | Areas for Improvement | TA Provided by CalEQRO |
|---|---|---|---|
| During the FYs 2022-24, the application of the Los Angeles County Department of Mental Health Enhanced Care Management (LACDMH ECM) team outreach and linkage services to hospital emergency departments, revision of emergency department referral workflows, and connection of CBN or hospital staff to a Health Information Exchange (HIE) will increase the percent of linkage to 7 and 30-day follow-up MH appointments for Medi-Cal members who present to emergency departments with MH diagnoses from 0 to 5 percent in six months, specifically adults and older adults. | The MHP chose two emergency departments in two different service areas to pilot the project. At the time of the review, the MHP was at different stages of establishing the mechanism for collaboration with the two emergency departments, including the HIE status. At the time of the review, the MHP's baseline and findings were incomplete. | At the time of the review, the MHP did not have adequate data to establish any reliable baseline, and consequently, the remeasurement data that was available for the process measures was not reliable. | CalEQRO recommendations for improvement of this non-clinical PIP:<br><br>Continue establishing reliable baselines for all PMs. Continue establishing relationships with other emergency departments and expanding the scope of the project. |

**Mendocino**
**PIP Title:** FUM

| Aim Statement (as presented by MHP) | Focus of PIP | Areas for Improvement | TA Provided by CalEQRO |
|---|---|---|---|
| Improve FUM7 and FUM30 scores by 5%, moving from the third quartile to second quartile among California Counties by end of FY 2022-23 by resuming monthly monitoring meetings of emergency department visits and tracking and addressing trends and barriers identified. | The MHP resumed monitoring meetings with the ED, BHRS, and crisis team members to review data and identify when and why processes in place to support follow up are not occurring. Additional interventions will be determined based on data from resuming monitoring meetings may include discussions with Partnership HealthPlan of California (PHC) around transportation options for members; education and awareness raising with members around how to ensure members know how to access PHC transport resources; exploration of enhancing existing crisis follow-up and warm hand-off processes to ensure engagement with the follow- up service. Utilization of the enhanced care management benefit will also be considered as part of the interventions to overcome barriers to timely FUM. | The PIP is pending detail of the second intervention. | Include the frequency of meetings with ED in the PIP documentation.

Document the second intervention and how it will capture data.

Seek TA as needed during the duration of the PIP. |

**Merced**
**PIP Title:** FUM

| Aim Statement (as presented by MHP) | Focus of PIP | Areas for Improvement | TA Provided by CalEQRO |
|---|---|---|---|
| By Quarter 4, CY 2023, Merced County BHRS aims to increase by 5 percent the percentage of MHP clients who receive follow-up services after a mental health-related Memorial Hospital ED visit[3] using low barrier then higher tech interventions, including: implementing standardized referral procedures for hospital social workers and follow-up procedures for BHRS Access staff.<br><br>1) deploying an electronic closed loop referral management platform.<br><br>2) using a health information exchange to transmit Automated Data Texts (ADTs) from the ED to the BH Access team." | The MHP has been working collaboratively with local EDs and hospitals and is making extensive efforts to implement the other two interventions with an expected timeline of December 2023. The MHP has leveraged the implementation of the EHR to implement these two high technology solutions that are promising. | The MHP completed a thorough review of the barriers and organized their interventions based on a low/high scale for barriers and technology. The MHP carefully considered factors that may impact the three interventions and implemented the first intervention recently with one ED and plans to expand soon to the second ED.<br><br>This PIP is projected to end in March 2024. The MHP would benefit from expanding the scope of the first PIP intervention to other EDs such as Mercy as planned for November 2024. | Continue monthly data collection for the first intervention related to referral and follow-up and consider additional targeted strategies such as Navigator and Engagement (NET) efforts at the EDs for improved engagement and successful follow-up.<br><br>The MHP would benefit from continued collaboration with key stakeholders for successful implementation of the other two PIP interventions and tracking the performance related to those interventions. Continuing this project in some form beyond the PIP end date will improve overall timely referral and follow up for plan members discharged from hospitals. |

**Napa**
**PIP Title:** FUM

| Aim Statement (as presented by MHP) | Focus of PIP | Areas for Improvement | TA Provided by CalEQRO |
|---|---|---|---|
| Increase by 5 percent the percentage of Napa County Medi-Cal covered adults ages 18-64 who receive follow-up care within 7 days after an emergency department (ED) visit for mental illness (MI), within the time period of 9/2022-9/2024. | The MHP held internal joint meetings in March 2023 and designated a bilingual mental health worker from the MHP to service as an administrative officer of the day as the triage specialist for ED referrals. Pending the launch of the HIE function of the new BH EHR, data sharing with the ED is collected via a HIPAA compliant tracking log.<br><br>Currently, only ED referrals for crisis are being tracked, there is a lack of referrals for those individuals who receive services as noted on the claims data that are not at the level of a crisis. | There is consistent collaboration with the local MCP necessary to support the intervention(s). The MHP and MCP have monthly meetings with a bi-directional tracking tool. The challenge is identifying those individuals that are not in a crisis but still receive a mental health service at the MCP. Currently only those in crisis are connected with the MHP, and individuals placed out of county make providing follow-up care challenging. In addition, the low number of individuals receiving services makes it challenging to identify significant improvement. | MHP engaged in PIP TA via email correspondence prior to the review, with follow-up conversations provided in the review session.<br><br>Work with the MCP to provide consent for information for those individuals receiving non-crisis mental health services.<br><br>MHP to work with MCP to identify those referred out of county for mental health services. |

**San Diego**

**PIP Title:** Improving the Experience of Teletherapy for Older Adults

| Aim Statement (as presented by MHP) | Focus of PIP | Areas for Improvement | TA Provided by CalEQRO |
|---|---|---|---|
| Will training and informational support increase older adult client's likelihood to utilize telehealth services by 10 percent from 33 percent and use the self-reported pre and post data from the population who received the intervention as the main outcomes measure. Improved utilization of telehealth services will be measured in the following ways from a client pre- and -post intervention self-report data: 1) improved self-report of knowledge on how to access telehealth services for older adult clients, 2) improved self-report of comfort with the privacy while utilizing telehealth services for older adult clients 3) improved self-report of the safety of utilizing telehealth services for older adult clients 4) improved self-report of likelihood to utilize telehealth services. | The MHP developed this PIP to address the gap in use of telehealth services among older adults aged 60 years and older. Data demonstrated differences of telehealth mental health services utilization by age group with older adults less likely than other age groups to utilize telehealth services by telephone or video. San Diego initially received feedback directly from older adult members during an older adult social isolation and loneliness workgroup conducted from September 2020 to September 2021. The MHP determined a main barrier for older adults was lack of knowledge and comfort utilizing technology and member training may address this barrier and improve telehealth use by older adults. | The PIP had one member-focused intervention — training for the eligible population ages 60 years and older. There was improvement in four of five measures related to member survey responses. Outcomes did not include how many members utilized telehealth services. There is further opportunity to assist the Filipino population as training did not appear to address the barriers for this population. | Investigate and address the Filipino population barriers to receiving services via telehealth.

Consider further efforts (e.g., additional members, provider, and/or system interventions) to build on improving use of telehealth by older adults.

Report on how many individuals in the targeted population utilized telehealth services. |

**San Francisco**
**PIP Title:** Hiring a Culturally Congruent Workforce

| Aim Statement (as presented by MHP) | Focus of PIP | Areas for Improvement | TA Provided by CalEQRO |
|---|---|---|---|
| By June 30, 2024, include Black/African American (AA) lived experience as a qualification in the civil service hiring process, in order to hire ten more Behavioral Health Clinicians and Senior Behavioral Health Clinicians, and increase the Black/AA clinicians' percentage to at least 18 percent, mirroring the Black/AA client population within BHS. | The cultural mix of the clinical workforce does not mirror the BHS client population, which hinders the ability of cultural matching between clinicians and members. San Francisco law prohibits recruiting candidates based on their race. The MHP and HR piloted a lived experience qualification to be included in job descriptions when filling vacancies for positions that primarily serve clients from the Black/AA community.<br><br>Job posting language will include the following language: "this position requires the proficient delivery of racially congruent services for Black/AA populations by employees who demonstrate lived experience with Black/AA populations." The MHP is currently testing this new job description. | The MHP identified an inadequate number of Black/AA clinicians to serve the members. Working with their Human Resources department they were able to create a job description that specifically was inclusive of Black/AA lived experience. The MHP will batch hire qualified Black/AA clinicians to provide racial congruent services. | The MHP participated in email communication throughout the submittal process for the PIP and met with the CalEQRO on 5/11/23 for a video planning meeting.<br><br>Track the number of qualified clinicians hired and retained for over one year.<br><br>Due to the clinical vacancy rate within CBO providers, a comparison between the civil and CBO trends may be warranted to determine if CBOs are also culturally diverse |

**Ventura**
**PIP Title:** FUM

| Aim Statement (as presented by MHP) | Focus of PIP | Areas for Improvement | TA Provided by CalEQRO |
|---|---|---|---|
| In the six months following the intervention, the aim is to increase referrals from hospital staff/navigators for individuals with an ED visit for mental illness-related issues or self-referrals by 5 percent. | The MHP is attempting to improve the follow-up appointment rates after an ED visit by a plan member with a primary diagnosis of mental illness (HEDIS measure FUM) as part of the DHCS Behavioral Health QI Plan. In its updated submission of the project plan and findings for FY 2023-24, the MHP has changed its approach to the implementation of the PIP by shifting its improvement strategy. Previously, the MHP focused on creating a data tracking system.<br><br>This year, the focus has been on creating better connections with hospital staff who provide direct member care. Consequently, the MHP has started providing trainings to improve awareness and knowledge of available mental health services and how to access them to the navigators and the hospital staff who treat members at the ED. | The actual implementation of improving the connections with the ED staff remained incomplete with less than expected attendance at the initial trainings with the navigators, and there was no remeasurement data available to evaluate impact.<br><br>The MHP's baseline data indicated an already high 30-day follow-up rate, in the top quartile in the state. Therefore, meeting the improvement goals for that measure may be difficult to achieve. However, the 7-day follow-up rate may be improved once the training series is completed. | The MHP needs to work closely with its ED and navigation partners to improve attendance at the training.<br><br>The MHP needs to continually monitor any additional barriers to implementation strategies and improvements in the FUM measures. This may include monitoring the referral call volume and appropriateness as performance indicators as already identified by the MHP.<br><br>As the MHP noted, it needs to work with its Access and follow-up system for more streamlined and timely access after ED visits and inpatient discharges. |

## Timeliness of Care PIPs

**Kings**
**PIP Title:** Urgent Conditions (at Intake)

| Aim Statement (as presented by MHP) | Focus of PIP | Areas for Improvement | TA Provided by CalEQRO |
|---|---|---|---|
| Will the implementation of a standardized process for identifying, responding to, and tracking urgent conditions among all new members requesting specialty mental health services lead to timelier access to appropriate services over a twelve-month timeframe during FY 2022-23? | The MHP review of timeliness data for urgent conditions (limited to initial requests) indicated a low number of identified urgent conditions and problems with timely first appointments for urgent conditions for all populations. The MHP developed an Urgent Care Triage tool to ensure a standardized process to define criteria for urgent conditions and to identify members who have urgent conditions. The MHP implemented the tool in year two and the first remeasurement demonstrated an improvement in the average time from identification of an urgent condition to first service (61.2 hours to 50.18 hours). However, the other two measures (number of new members and percent identified as urgent and the number of new members who had a crisis visit within three months of the service request but were not identified as urgent) did not result in improvement. | Although the PIP demonstrated improvement on one measure (related to the number of new members identified with urgent conditions) on the final measurement, there was no improvement reflected in the other two measures. | The MHP's addition of an Urgent Condition Triage Tool, and the enhanced structure has demonstrated an increase in the number of urgent conditions identified.

As this PIP is concluding following this review (December 2023), recommendations for improvement would not be executable within the framework of a PIP.

The MHP will benefit from continuing the use of this tool and working on strategies to improve timely access for those with urgent conditions seeking services as no improvement was noted in timely access for urgent conditions. |

**Marin**

**PIP Title:** Timeliness between Assessment and First Treatment Service

| Aim Statement (as presented by MHP) | Focus of PIP | Areas for Improvement | TA Provided by CalEQRO |
|---|---|---|---|
| Can the MHP increase the % of clients assessed as appropriate for treatment who have their first treatment encounter within ten days of their assessment to 80% by defining roles, implementing new protocols, case conferencing, and changing the diagnosis process? | The MHP identified a number of factors that impact timely service delivery after an intake assessment, including delays in making the referral, the receiving program "returning" the member to Access if they disagree with the referral, and the timelines for each step of the post-assessment process.<br><br>Interventions included a flow chart clarifying roles and timelines for involved program staff, weekly case conferencing between Access and adult programs (this was not an issue within children's programs); requiring an initial visit by the receiving program before returning the member to Access for a different referral; a policy determination that the Access diagnosis is provisional (and therefore completed more quickly), but the program's diagnosis is considered the working diagnosis. Moving forward, the MHP is planning to implement the LOCUS for LOC placement, which can be completed in a timely manner, even if the assessment is not complete. | Interventions were not systematically applied and performance on the key measures decreased. | CalEQRO did not provide any recommendations for this PIP as it was considered completed by the MHP prior to the review.<br><br>The MHP is encouraged to request TA on its future non-clinical PIP during the development of the project. |

**Santa Clara**
**PIP Title:** Improving the 24/7 Access Call Line Efficiency

| Aim Statement (as presented by MHP) | Focus of PIP | Areas for Improvement | TA Provided by CalEQRO |
|---|---|---|---|
| Will the implementation of a new system method/procedure with supervision oversight improve information accuracy provided to members from 43 percent to 65 percent within the first year of this PIP? Then the PIP's goal continues to increase from 65 percent to 80 percent for the second year? But also decrease the member's current average wait time from 43 minutes to 30 minutes per call. | Call center staff reported that responding to incoming calls was often hampered by procedural steps including a fragmented data entry process that resulted in longer than necessary wait times for callers. Test calls showed that not all calls were answered, and if answered, were not always logged. The MHP developed a manual with step-by-step instructions, simplified the call logging process, and trained the access call center staff in the new procedure, with regular monitoring of the operation.

Interventions were implemented in May 2022 and July 2022. The MHP reduced the average number of abandoned calls and the wait time for members when calling the call center. | The first PM (i.e., accuracy of test calls logged when members contact the call center) demonstrated a decline for the second remeasurement, and the result was below the baseline. | Examine the decline in performance for the first PM and make any needed adjustments to ensure continued improvement in the results.

Ensure that factors that impact the validity of the findings are addressed as much as possible to minimize impact on the results. |

**Stanislaus**

**PIP Title:** Timeliness of Initial Psychiatric Medication Appointments

| Aim Statement (as presented by MHP) | Focus of PIP | Areas for Improvement | TA Provided by CalEQRO |
|---|---|---|---|
| The aim of the PIP will be to focus on timely access to psychiatric medication services for children and adolescent members, ages 0-17 and open to the Children's Intensive Community Support (ICS) program, when the parent/legal representative is requesting that service. The goal to increase the timeliness of the initial psychiatric service from 79 percent to 90 percent over 12 months. | Medi-Cal Key Indicator data identified a problem with timeliness of the target population to first psychiatry service. The MHP's internal standard is 90 percent to meet the 15-business day standard. They were not meeting this goal. Further investigation of the data showed that part of the problem was no-shows to the psychiatry appointment. Interventions selected included: The MHP implemented a Psychiatric Medication Services Referral (PMSR) Script/Questionnaire that clinical staff would utilize when a youth/parent made the initial request for psychiatry services. The training for the PMSR Script/Questionnaire was developed and staff were trained on October 10, 2022. The other intervention included training all Children's System of Care (CSOC) staff in the PMSR process to ensure it was completed accurately. | The data showed that there were inconsistencies amongst programs in completing this process. This training was developed and all CSOC staff were trained on approximately October 31, 2022. The PMSR Script/Questionnaire intervention will be tracked in the medication service code 20 in the EHR. The reduction of no-show for psychiatry medication appointments will be measured to track the outcome tied to the intervention utilizing the PSMR Script/Questionnaire. The hypothesis is that this will positively impact the timeliness of psychiatry medication appointments. | Review the impact of added psychiatry slots on the data collection and reporting process.\n\nEngage in TA with CalEQRO on a consistent, at least quarterly basis throughout the life of the PIP. |

**APPENDIX B**

# 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 | |
| ☐ Clinical         ☐ Non-clinical | |

| PIP DEVELOPMENT TOOL | | VALIDATION TOOL |
|---|---|---|
| **STEPS 1–9: COUNTY RESPONSIBILITY** | **WORKSHEETS 1–9: COUNTY RESPONSIBILITY** | **SECTIONS 1 – 11: EQRO RESPONSIBILITY** |
| Step 1: Identify the PIP Topic | Worksheet 1: PIP Topic | **Section 1**: Review the Selected PIP Topic |
| Step 2: Develop the Aim Statement | Worksheet 2: Aim Statement | **Section 2**: Review the PIP Aim Statement |
| Step 3: Identify the PIP Study Population | Worksheet 3: PIP Study Population | **Section 3**: Review the Identified PIP Population |
| Step 4: Describe the Sampling Plan | Worksheet 4: Sampling Plan | **Section 4**: Review the Sampling Method |
| Step 5: Select the PIP Variables and Performance Measures | Worksheet 5: PIP Variables and Performance Measures | **Section 5**: Review the Selected PIP Variables and Performance Measures |
| Step 6: Describe the Improvement Strategy (Intervention) and Implementation Plan (CMS Identifies this as Step 8) | Worksheet 6: 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) |
| Step 7: Describe the Data Collection Procedures (CMS Identifies this as Step 6) | Worksheet 7: Data Collection Procedures (CMS Identifies this as Worksheet 6) | **Section 7**: Review the Data Collection Procedures (CMS Identifies this as Activity 1, Step 6) |
| Step 8: Describe the Data Analysis and Interpretation of PIP Results (CMS Identifies this as Step 7) | Worksheet 8: 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) |
| Step 9: Address the Likelihood of Significant and Sustained Improvement Through the PIP | Worksheet 9: 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**: Framework for Summarizing Information about PIPs |

# VALIDATION TOOL, SECTIONS 1 – 11

<u>Section 1</u> Review the Selected PIP Topic

| | Question | Yes | No | N/A | Comments |
|---|---|---|---|---|---|
| 1.1 | Was the PIP topic selected through a comprehensive analysis of member 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 members 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 | | | | |

<u>Section 2</u> 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 | | | | |

<u>Section 3</u>: 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 members to whom the PIP question applied? | | | | |
| 3.4 | Was a sample used? (If yes, use Worksheet 1.4 to review sampling methods) | | | | |

| | | Yes | No | N/A | Comments |
|---|---|---|---|---|---|
| 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 members 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? <br> • Objective, clearly defined, time-specific <br> • 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 members' 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: <br> • Monitor the performance of MHP/DMC-ODSs at a point in time? | | | | |

| | Question | Yes | No | N/A | Comments |
|---|---|---|---|---|---|
| | • Track MHP/DMC-ODS performance over time? <br> • Compare performance among MHP/DMC-ODSs over time? <br> • 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? <br> • Accepted relevant clinical guidelines <br> • Important aspect of care or operations that was meaningful to members <br> • Available data sources that allow the MHP/DMC-ODS to reliably and accurately calculate the measure <br> • 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.<br>**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 |
|---|---|
| ☐ High confidence<br>☐ Moderate confidence<br>☐ Low confidence<br>☐ No confidence | |

## Section 11: Framework for Summarizing Information about PIPs

| General PIP Information |
|---|
| **MHP/DMC-ODS Name:** |
| **PIP Title:** |
| **PIP Aim Statement:**<br>a.<br>b. |
| **Was the PIP state-mandated, collaborative, statewide, or MHP/DMC-ODS choice? (check all that apply)**<br>☐State-mandated (state required MHP/DMC-ODSs to conduct a PIP on this specific topic) |

☐Collaborative (MHP/DMC-ODS worked together during the Planning or implementation phases)

☐MHP/DMC-ODS choice (state allowed the MHP/DMC-ODS to identify the PIP topic)

**Target age group (check one):**

☐Children only (ages 0–17)* ☐Adults only (age 18 and over)☐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 |
|---|---|---|---|---|---|---|
| | | | ☐ Not applicable—PIP is in Planning or implementation phase, results not available | | ☐ Yes ☐ No | ☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify): |
| | | | ☐ Not applicable—PIP is in Planning or implementation phase, results not available | | ☐ Yes ☐ No | ☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify): |
| | | | ☐ Not applicable—PIP is in Planning or implementation phase, results not available | | ☐ Yes ☐ No | ☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.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 |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | ☐ Not applicable— PIP is in Planning or implementation phase, results not available | | ☐ Yes<br><br>☐ No | ☐ Yes  ☐ No<br><br>Specify P-value:<br><br>☐ <.01 ☐ <.05<br>Other (specify): |

## PIP Validation Information

**Was the PIP validated?**   ☐ Yes   ☐ 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):**

☐ PIP submitted for approval ☐ Planning phase  ☐ Implementation phase ☐ Baseline year

☐First remeasurement  ☐ Second remeasurement ☐ Other (specify):


Validation rating: ☐ High confidence ☐ Moderate confidence ☐ Low confidence ☐ 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:**