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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:

April – June 2024

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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 fourth quarter DHCS fiscal year (FY) 2023-24 (April - June 2024). 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.

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.

MHP REVIEWS CONDUCTED

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 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 from April to June. 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

Del Norte	Mono	Santa Barbara
Inyo	Nevada	Siskiyou
Lassen	Plumas	Trinity
Modoc	Riverside	Tulare

² Ibid.

PERFORMANCE IMPROVEMENT PROJECT VALIDATION

Table 3 illustrates the number of PIPs that were submitted for validation through the CalEQRO review by each MHP reviewed from April to June 2024 and the phase of the PIP implementation at the time of the review. The phases are defined first in Table 2.

Table 2. PIP Status Defined

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

Of the 12 MHP reviews that were conducted from April through June 2024, 11 MHPs submitted some information to be considered for validation. Inyo, Modoc and Plumas MHPs submitted only one PIP and Del Norte did not submit any PIPs. Eight of the 12 MHPs met the submission standard that requires the submission of two PIPs.

Table 3. PIP Submission Standard

MHP	Clinical PIPs Submitted	Status of Clinical PIPs	Non-Clinical PIPs Submitted	Status of Non-Clinical PIPs
Del Norte	0	No PIP Submitted	0	No PIP Submitted
Inyo	0	No PIP Submitted	1	Implementation Phase

MHP	Clinical PIPs Submitted	Status of Clinical PIPs	Non-Clinical PIPs Submitted	Status of Non-Clinical PIPs
Lassen	1	Implementation Phase	1	Implementation Phase
Modoc	1	Baseline Year	0	No PIP Submitted
Mono	1	Implementation Phase	1	First Remeasurement
Nevada	1	First Remeasurement	1	Second Remeasurement
Plumas	0	No PIP Submitted	1	Implementation Phase
Riverside	1	Baseline Year	1	Second Remeasurement
Santa Barbara	1	Implementation Phase	1	Other- Completed
Siskiyou	1	First Remeasurement	1	First Remeasurement
Trinity	1	Implementation Phase	1	Implementation Phase
Tulare	1	Other- Completed	1	Other- Completed

Table 4 outlines the PIP topics and whether the PIP is clinical or non-clinical in nature.

Table 4. PIP Topics for all PIP Submissions

PIP Topics	PIP Titles	Clinical	Non-Clinical
Access to Care	Responding to the Whole Person by Assessing Social Determinants of Health (SDOH)	Riverside	
	Field-based Backup Crisis Response for Young People	Tulare	
	Increasing Service Capacity Through Clinical Intern Staffing		Nevada
	Mental Health Outreach to and Engagement with the Homeless		Tulare
Outcomes of Care	Institution of Educational Curriculum Prior to First Prescription of Medication to Improve Reported Understanding of	Lassen	

PIP Topics	PIP Titles	Clinical	Non-Clinical
	Benefits and Side-Effects and Necessity for Ongoing Therapy		
	Vitamin D Deficiency Case Management Linkage	Mono	
	Mental Health Treatment Court (MHTC)	Santa Barbara	
	Cognitive Behavioral Therapy (CBT) Diversion Group	Siskiyou	
Quality of Care	Follow-Up After Emergency Department (ED) Visit for Mental Illness (FUM)	Modoc	
	FUM	Nevada	
	FUM	Trinity	
	FUM		Inyo
	FUM		Lassen
	FUM		Mono
	FUM		Plumas
	FUM		Riverside
	FUM		Santa Barbara
	FUM		Siskiyou
Timeliness of Care	Reducing Wait Time to First Offered		Trinity

FINDINGS

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

Access to Care

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

- Riverside submitted a clinical PIP designed to implement the Whole Person Health Score (WPHS) as a universal screening tool for new adult consumers. The tool would be administered at intake into an adult clinic with the plan of increasing access to needed external resources when WPHS indicated "high need" in one or more SDOH domains. The MHP is yet to track the outcomes of this intervention but is tracking the number of screenings provided.
- Tulare's clinical PIP utilizes a mobile unit that will provide backup crisis response in the field for young people. This PIP aims to increase mental health crisis response in the field to individuals 21 years of age and younger and to lower the percentage who go to a hospital ED for a crisis. The MHP has seen an increase in mobile response and a decrease in ED crisis visits.
- Nevada's non-clinical PIP formalized an intern program in Nevada County designed to increase the use of student interns and increase access to care for children and youth. The MHP spread the learning from the PIP to another contract program and county-operated program where it proved successful.
- Tulare designed a non-clinical PIP to increase outreach to and engagement with the homeless population, with the aim that more homeless individuals will complete intakes and receive specialty mental health services. A positive impact was noted, including better identification of individuals needing housing, placement, and mental health support.

Outcomes of Care

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

- Lassen's clinical PIP sought to increase targeted education on medications being prescribed to Medi-Cal members ages 12 and above. To increase members' perceived understanding of potential risks and the necessity for ongoing therapy treatment. The PIP is in the beginning stages and the MHP

reports some resistance from members to complete the survey necessary to measure members' understanding.

- Mono's clinical PIP was designed to provide education on the benefits of Vitamin D supplements during the psychiatry appointment among members who are on antipsychotic medications and have a Vitamin D deficiency. The goal of this PIP was to increase the percentage of members who have Generalized Anxiety Disorder 7 (GAD-7) scores of 9 or below.
- Santa Barbara's clinical PIP implemented weekly group therapy sessions targeted at members involved in the criminal justice system with the goal of increasing MHTC member engagement in mental health treatment services. Due to staffing barriers and effects of COVID-19, this PIP's progress has been stalled.
- Siskiyou's clinical PIP was designed to address the unique needs of individuals in the MH diversion program by offering cognitive behavioral therapy in conjunction with substance use disorder treatment. Despite implementing interventions, this PIP did not show improvement in any of its four performance measures.

Quality of Care

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

- Modoc, Nevada and Trinity designed clinical PIPs; Inyo, Lassen, Mono, Plumas, Riverside, Santa Barbara and Siskiyou submitted non-clinical PIPs targeting improvement in the rate of FUM. The focus was on individuals with an ED visit for a mental health condition, identification of these individuals, and arranging mental health follow-up appointments. These PIPs were all developed in response to DHCS' California Advancing and Innovating Medi-Cal (CalAIM) Behavioral Health Quality Improvement Program (BHQIP).
 - Modoc's clinical PIP sought to improve follow-up after ED visits by providing appointment reminder calls, data exchange with the MCP, a formalized referral tracking system, and care coordination.
 - Nevada's clinical PIP focused on improving outpatient follow-up for Medi-Cal members discharged from two local EDs. The MHP implemented a FUM tracking tool to identify members in need of follow-up. The intervention was an outreach attempt by the crisis team through telephone calls. The intervention was inconsistently implemented.
 - Trinity's clinical PIP was designed to create a relationship with the local ED to increase the number of referrals received for beneficiaries who visit the local ED for a mental illness. A crucial hindrance is a strained relationship with the local ED. Due to the length of time for the HIE to be

functional, which is still pending, efforts have focused on a direct relationship with that local ED. Despite efforts made by the MHP, zero direct referrals have been received.

- Inyo's non-clinical PIP is in the implementation phase, but will include increased multi-disciplinary team meetings between Northern Inyo Hospital ED staff and the MHP to achieve many goals: improve crisis response, amend crisis response protocols, track data to respond more effectively to member needs, evaluate the on-call system, train community members and community partners in basic mental health first aid and suicide risk assessment and intervention, work with Northern Inyo Health District to develop a plan for transporting patients; and reduce the stigma associated with mental health challenges.
- Lassen's non-clinical PIP saw the MHP and ED implement a referral/screening tool to be used by ED staff that will assist in determining if a patient admitted for a non-crisis MH condition would qualify for MHP services. This screening would function as a referral to BH services. The MHP experienced difficulties with the ED administering the tool.
- Mono's non-clinical PIP saw the MHP partnering with Mammoth Hospital ED to establish a robust provider-level intervention to improve care coordination post-discharge. The PIP fostered the creation of a centralized ED referral process that provided real-time referral coordination from the hospital ED.
- Plumas' non-clinical PIP has seen the MHP work with the ED to plan its interventions of training and development of a simplified referral form. Since the implementation of this PIP in September 2023, the MHP has received very few referrals (N<11). Based on member interviews, the MHP has determined that most members presenting at the ED are not willing to receive services from the MHP.
- Riverside's non-clinical PIP focused upon those discharged from the county's largest CSU, Emergency Treatment Services (ETS). The MHP developed a data exchange between ED services and the MHP; built relationships with EDs to improve communication and coordination; developed outreach and educational materials for ED use in the promotion of follow-up; utilized the MHP's crisis system of care to coordinate services for high-risk individuals; and utilized a health information exchange (HIE), to convey critical information between systems. At the time of the review, all outcome measures showed improvement compared to the baseline.
- Santa Barbara's non-clinical PIP included the distribution of bilingual access line cards and a tracking system for referrals. The MHP saw improvement in both FUM rates.

- Siskiyou's non-clinical PIP documentation lacked specific details needed for validation. Siskiyou submitted the prior year's submission to provide additional information. For the intervention, the MHP has stated they are working with the managed care plan to revise and update their memorandum of understanding.

Timeliness of Care

One non-clinical PIP was focused on improving the timeliness of care for members.

- Trinity's non-clinical PIP sought to improve the amount of no-shows to initial assessment. The MHP identified the lengthy wait time for assessment was due to a severe shortage in clinician staffing. The MHP is introducing services prior to assessment through the implementation of CalAIM flexibilities.

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 MHP PIPs that were reviewed from April to June 2024 received the following overall ratings:

Table 7. PIP Rating by MHP

MHP	Clinical	Non-Clinical
Del Norte	No PIP Submitted	No PIP Submitted
Inyo	No PIP Submitted	Low Confidence
Lassen	Low Confidence	Low Confidence
Modoc	Moderate Confidence	No PIP Submitted
Mono	Moderate Confidence	Moderate Confidence
Nevada	Low Confidence	High Confidence
Plumas	No PIP Submitted	Low Confidence
Riverside	Moderate Confidence	Moderate Confidence
Santa Barbara	Low Confidence	High Confidence
Siskiyou	Low Confidence	No Confidence
Trinity	Low Confidence	Low Confidence
Tulare	High Confidence	Moderate Confidence

- Del Norte did not submit a clinical or non-clinical PIP.
- Inyo and Plumas did not submit a clinical PIP.
- Modoc did not submit a non-clinical PIP.
- Siskiyou's non-clinical PIP received a No Confidence rating as no new documentation was submitted and there appeared to be a substantial decline in the results.

- Inyo's non-clinical PIP received a Low Confidence rating. Although the MHP has been working toward a data exchange partnership with external stakeholders, the MHP has not been successful due to staffing shortages/changes. In the interim, the exchange of data has not been consistent as it has been a manual process.
- Lassen's clinical and non-clinical PIPs received Low Confidence ratings.
 - The clinical PIP included member feedback in the intervention process, but the MHP has been experiencing difficulties capturing surveys since the onset. There is also a small sample size, that may cause difficulties in improving measurements over time.
 - The non-clinical PIP saw the MHP experience difficulties in receiving the referral/screening tool from the ED. Some variables are outside of the MHP's control such as submission of referral from ED to MHP and ED staff awareness of MHP services or when to refer.
- Nevada's clinical PIP received a Low Confidence rating because the PIP narrative did not provide details on the outreach attempts including protocols and scripts used for outreach. Successful outreach by the crisis team was considered as follow-up and there was no data presented on how many of those who were successfully outreached received outpatient services such as therapy, groups, and medication services in the MHP.
- Plumas' non-clinical PIP received a Low Confidence rating because the ED and the MHP were unable to connect many members from the ED to MHP services. However, it should be noted that the small number who were referred to the MHP were connected to the MHP services within 48 hours.
- Santa Barbara's clinical PIP received a Low Confidence rating because of the lack of data shown. This PIP has been ongoing for two years with little movement. The goal is to increase engagement. Some interventions offer more services but do not result in increased engagement as members can no-show for services.
- Siskiyou's clinical PIP received a Low Confidence rating because all performance measures demonstrated a decline from baseline to the first remeasurement.
- Trinity's clinical and non-clinical PIPs received Low Confidence ratings.
 - The clinical PIP has changed significantly from last year due to continuous quality efforts and the significant regional struggles for implementation of the initial aim and intervention plan.
 - The non-clinical PIP suffered due to missing project information and continuity in the development. This could easily be a moderate confidence

PIP with the addition of suggested content and clarifications. These recommendations were provided during the review session.

- Modoc's clinical PIP received a Moderate Confidence rating because the MHP reported baseline data but is yet to be determined if there will be an improvement in the first remeasurement.
- Mono's clinical and non-clinical PIPs received Moderate Confidence ratings.
 - The clinical PIP was consistently reviewed and the MHP adjusted the project to identify what was working and what was not. This allowed the MHP to focus on member self-health monitoring and improved functioning outcomes.
 - The non-clinical PIP was found to have moderate confidence. However, the hospital continues to have staffing turnover which makes communication and shared information inconsistent. Throughout these issues, the MHP was able to maintain a referral process with the hospital and reach their goal of a 5 percent increase.
- Riverside's clinical and non-clinical PIPs received Moderate Confidence ratings.
 - The clinical PIP is expected to have a positive impact on member wellness and functioning due to a powerful clinical intervention. However, data collection is still developing and requires a measure that can be linked to the intervention. The MHP is currently tracking the number of screenings provided and the percentage of penetration for the clinic.
 - The non-clinical PIP is progressing and making rapid cycle improvements with positive change shown in the data.
- Tulare's non-clinical PIP received a Moderate Confidence rating confidence because while the PIP continued to be impacted by staff shortages and no-shows, the MHP made changes and improvements to the performance measures to ensure accuracy in the data collection and improvement in the intervention process.
- Nevada's non-clinical PIP received a High Confidence rating because the PIP was implemented after a thorough root cause analysis that included family member input and provider service utilization data. Additionally, the interventions were implemented after a thorough pre-intervention testing and finalization phase. The methodologies used were consistent with accurate and reliable data sources and data collection procedures.
- Santa Barbara's non-clinical PIP received a High Confidence rating because of consistency in reporting and remeasuring. Additionally, the MHP's

conditional PIP results showed an increase in follow-up rates after an ED discharge.

- Tulare's clinical PIP received a High Confidence rating because the MHP met continuously to ensure consistency of the data collection process and interventions. The MHP continued to regularly track and analyze data to ensure the fidelity of the PIP. There is reason to conclude that the improvements are partially related to the intervention.

CONCLUSIONS/RECOMMENDATIONS

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

PIP TOPICS

CalEQRO observed that 4 of the 19 PIPs submitted focused on access to care issues (21 percent), 4 focused on outcomes of care issues (21 percent), 10 focused on quality of care issues (53 percent), and 1 focused on timeliness of care issues (5 percent).

PIP DESIGN/IMPLEMENTATION

Areas for Improvement

In summary, 19 of the required 24 PIP submissions were received, and those 19 PIP submissions were validated. Of those submissions, 3 PIPs (16 percent) received a rating of High Confidence in the PIP results, 6 PIPs (32 percent) received a rating of Moderate Confidence, 9 PIPs (47 percent) received a Low Confidence rating, and 1 PIP (5 percent) received a No Confidence rating.

Recommendations to MHPs

- Conduct both a clinical and non-clinical PIP, as is the federal requirement.
- Monitor data collection to ensure fidelity in the results. All data should be collected in the same consistent manner.
- Many PIPs require coordination with outside organizations, these relationships need to be fostered and protected to ensure that the PIP can be implemented as planned.
- Design PIPs to measure the impact of interventions on beneficiaries, not just the number of referrals or beneficiaries served.
- Implement interventions and begin data analysis as soon as possible. Ensure that data collection and analysis are consistent so that interpretation of the outcome can be generalized across groups.
- PIPs are continuous quality improvement projects and require ongoing activity. MHPs must be actively engaged in the project to ensure success. MHPs must involve key personnel, routinely review data and interventions, and adjust course when needed.

- 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 and during the reviews for all 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 has recorded three PIP instructional videos and has collected PIP web trainings and successful example PIPs in a PIP Library, which are available on our website at <http://www.caleqro.com>.

APPENDICES

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

Appendix B: CalEQRO PIP Validation Tool

APPENDIX A

CLINICAL PIP TOPICS SUBMITTED

Of the 12 Clinical PIPs required for submission, 9 MHPs submitted information that could be validated. The nine clinical PIPs submitted are summarized here in this Appendix based on extractions from the PIP submissions.

Access to Care PIPs**Riverside**

PIP Title: Responding to the Whole Person by Assessing SDOH

<u>Aim Statement (as presented by MHP)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
Will implementing the Whole Person Health Score (WPHS) as a universal screen to new adult consumers at intake into an adult clinic, increase access to needed external resources when WPHS indicates “high need” in one or more social determinants of health (SDOH) domains over a six-month period?	The physical health portions of the larger Riverside Health System had previously developed an assessment tool called the WPHS, which seeks to measure SDOH. The PIP recognizes and substantiates the value of assessing for SDOH, providing member education, and making appropriate referrals to support the well-being of members. The PIP aims to begin use of this tool in one adult, county-run, BH clinic where MH specialists provide the assessment and follow up on subsequent referrals to support member linkages. The project is part of larger efforts to expand integrated health practices throughout the system, including data sharing efforts to prevent members from being reassessed for the same measures at different points or agencies.	The design of data collection for the PIP, however, is still developing and requires a measure that can be clearly linked to the intervention. It currently is tracking the number of screenings provided and the percentage of penetration for that clinic, which gives little indication of change over time potentially as a result of the intervention.	Include additional outcome measures which link clearly to the intervention and show impact over time. Consider including the reliability and validity of the tool you have chosen, if available, and attaching the tool or describing its scoring system fully in the development tool. Discuss the way the intervention is applied in the clinics, including closed-loop referrals.

Tulare**PIP Title:** Field-based Backup Crisis Response for Young People

<u>Aim Statement</u> <u>(as presented by MHP)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
The aim is, over two years, to increase mental health crisis response in the field to individuals 21 years of age and younger, in grades kindergarten through 12 (K-12), from 8:00 a.m. to 5:00 p.m., Monday through Friday, by 4 percentage points per year in order to: lower the percentage going to a hospital ED for a crisis by 2 percentage points per year. A new mobile unit will provide backup crisis response in the field for young people. County and county-contracted specialty mental health clinics that regularly respond to young people in crisis can request the unit to respond in the field to crises in their catchment areas when they cannot respond in the field, or when they think the unit might be able to respond more quickly than they can.	<p>This PIP enhances the County and contract outpatient provider network response system during business hours, with a backup mobile crisis response team. This mobile team is operated by the Tulare County Office of Education's BH Services unit. The PIP is expected to increase field-based responses, reduce hospital ED utilization, and reduce psychiatric hospitalizations.</p> <p>The MHP met continuously to ensure consistency of the data collection process and interventions. The MHP continued to regularly track and analyze data to ensure the fidelity of the PIP. There is reason to conclude that the improvements are at least partially related to the intervention.</p>	There were no areas for improvement identified.	The PIP was presented to CalEQRO during the review; however, recommendations for improvement of this clinical PIP were not provided as the PIP was recently completed.

Outcomes of Care PIPs

Lassen

PIP Title: Institution of educational Curriculum Prior to First Prescription of Medication to Improve reported Understanding of Benefits and Side-Effects and Necessity for Ongoing Therapy

<u>Aim Statement (as presented by MHP)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
For Medi-Cal members ages 12 and above, increasing targeted education on medications being prescribed will increase members' perceived understanding of potential risks and necessity for ongoing therapy treatment, resulting in a 10% average increase in reported understanding and a 10% decrease in rates of members receiving medication with no therapy services by March 1, 2026.	The MHP has a large population of members receiving medication services who are not concurrently receiving therapy services. Without receiving regular therapy, members receiving medications are not able to be properly monitored and routinely assessed to determine effectiveness of medications and perceived improvement in overall mental health conditions. The MHP hypothesizes that with increased education about prescribed medications and the risks and drawbacks of a medication-only approach, medication members not seeking other services would be more inclined to participate in regular therapy and report higher satisfaction in their medication services.	Although the PIP includes member feedback in the intervention process, the MHP has been experiencing difficulties capturing surveys since onset. Due to the small sample size this may cause difficulties in improving measurements over time.	To minimize survey refusals, add incentive to participate in surveys. Continue providing training to nursing staff on member engagement, to increase the possibility of member participation. Seek ongoing TA to brainstorm reducing barriers to PIP interventions.

Mono**PIP Title:** Vitamin D Deficiency Case Management Linkage

<u>Aim Statement</u> <u>(as presented by MHP)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
As part of their treatment plans, improve member outcomes by providing education on the benefits of Vitamin D supplements during the psychiatry appointment among MCBH members who are on antipsychotic medications and have a Vitamin D deficiency (as indicated by serum laboratory results), with the goal of increasing the percent of members who have GAD-7 scores of 9 or below from 0% to 60% by second follow-up at one year (a score of 9 is categorized as mild anxiety).	The study population will include MCBH clients who are on antipsychotic medications, have a Vitamin D deficiency (as indicated by serum laboratory results), a GAD-7 score of ten or above, and have health-related case management linkage as part of their treatment plans.	The MHP has consistently reviewed and adjusted the project to identify what is working and what is not. This allows for adjusted results, which continue to favor member self-health monitoring and improved functioning outcomes.	The MHP worked closely with CalEQRO in the adjustments of the PIP throughout the review period. Psychiatrist adherence was remedied by creating a new provider contract in which the provider is expected to discuss Vitamin D and the need for regular PCP follow-up appointments. The low number of participants may impact reliability and outcomes. It will be important to ensure that all members for whom the study topic applies are included in the PIP.

Siskiyou**PIP Title:** CBT Diversion Group

Aim Statement (as presented by MHP)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
<p>The MHP will address the unique needs of individuals in the MH diversion program by offering cognitive behavioral therapy in conjunction with substance use disorder treatment during the 2023 calendar year to improve functioning and engagement in MH services.</p>	<p>The target population includes adults who have a MH diagnosis, have a SUD diagnosis, and are justice-involved. This includes individuals that have been granted MH diversion through the Siskiyou County Superior Court or are in a pending status. The primary diagnoses that are expected to be in the target population include schizophrenia, schizoaffective, post-traumatic stress disorder (PTSD), and bipolar disorder.</p>	<p>CBT is provided to a group of dually diagnosed members prior to their engagement in SUD services. The PIP has four PMs to measure members referred to CBT and served, and members who attended at least six sessions.</p> <p>All PMs demonstrated a decline from baseline to the first remeasurement.</p>	<p>The aim statement should include the baseline and specific goal. Complete root cause analysis to determine why there have been declines in the PMs and make modifications to the interventions as appropriate.</p>

Quality of Care PIPs

Modoc

PIP Title: FUM

<u>Aim Statement (as presented by MHP)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
For Medi-Cal beneficiaries with ER visits for MH conditions, implemented interventions will increase the percentage of follow-up mental health services with MCBH within 7 and 30 days by 3 percent by June 30, 2023.	The MHP submitted the FUM BHQIP for its clinical PIP. The PIP includes 7- and 30-day follow-up after an ED visit for a MH condition and included baseline results in this year's submission. The MHP PIP performs well with 86 percent for 7-day follow-up and 96 percent for 30-day follow-up. Interventions included appointment reminder calls, data exchange with the MCP, a formalized referral tracking system, and care coordination. The MHP also provided data for evaluation of their interventions.	The PIP reported baseline data and it is yet to be determined if there will be improvement in the first remeasurement results because of the interventions.	Update the aim statement with a new target date. Examine the goal given the already high rates of follow-up within 7 and 30 days and adjust it as appropriate. Continue evaluating interventions and make modifications as needed.

Nevada**PIP Title:** FUM

<u>Aim Statement</u> <u>(as presented by MHP)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
By February 29, 2024, for Medi-Cal members seen in the EDs of Tahoe Forest hospital or Sierra Nevada Memorial hospital and treated for MH conditions, the MHP will provide outreach to 70 percent of said members within 7 days and 80 percent within 30 days in order to provide follow-up support and linkage to appropriate mental health services.	The PIP focused on improving outpatient follow-up for Medi-Cal members discharged from two local EDs. All Nevada County Medi-Cal members discharged from the EDs for a MH-related issue were considered as the “priority” population for outpatient follow-up. The MHP reviewed post-discharge outpatient follow-up rates from HEDIS measure analysis report for FY 2022-23 which reflected that 28 percent of members are not receiving follow-up within 30 days of discharge.	Results of this PIP indicated that only 7 percent of the total 180 discharges received an outreach attempt within 7 days of discharge during March 2023-August 2023, the baseline phase. There was improvement seen for the first remeasurement from October 2023 - December 2023 when 32 percent of the 104 discharges received outreach by the crisis team within 7 days. This improvement was perhaps related to the MHP’s focused monthly engagement with the crisis contract provider management from September 2023 that included review of the data. For the 30-day follow-up, there was an improvement in outreach attempts from 43 percent from the baseline phase to 96 percent in the first remeasurement phase.	The MHP has implemented a FUM tracker and will benefit from continuing to use this tracker to ensure timely post-discharge follow-up of members. Increase MHP engagement through follow-up calls by MHP designated staff (navigators) for those discharged from EDs for MH-related issues. In-person engagement services if staff (navigator) capacity allows would enhance the quality of engagement per the focus groups’ feedback.

Trinity**PIP Title:** FUM

<u>Aim Statement (as presented by MHP)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
Creating the relationship with the local ED will increase the number of referrals received for beneficiaries who visit the local ED for a mental illness by five referrals.	This PIP focused on all Trinity County members visiting the local ED for a primary MH diagnosis. The MHP elected to participate in the CalAIM incentive program's FUM PIP. Baseline information indicated that in CY 2021, the 7-day FUM was 50 percent and 30-day FUM was 65 percent, both above state and national benchmarks. In CY 2022, however, the MHP's 7-day FUM declined to zero percent and the 30-day FUM to 30 percent. The MHP met with program managers, QI staff, and the MCP to develop the project.	A crucial hindrance is a strained relationship with the local ED. Due to the length of time for the HIE to be functional, which is still pending, efforts have focused upon a direct relationship with that local ED. Despite efforts made by the MHP, zero direct referrals have been received. The PIP has been updated to reflect the current measurements including a count of referrals received as a measure of growing relationship with the ED.	<p>Correct errors on the PIP development tool including the title of the project, listing the current aim on Worksheet 2, and ensuring consistency throughout.</p> <p>Add specificity about the population and ensure consistency throughout the development tool. For example, define "Trinity County beneficiary" and clarify that it includes all ages. Also, be succinct about the required primary MH diagnosis and the qualifying diagnosis provided on the cheat sheet.</p> <p>Include details for your process of addressing members who may be unaware that they had been referred. This may also be a good opportunity to get additional member feedback to include in this clinical PIP.</p> <p>Access PIP TA for the completion of Table 8.1, the summary of PIP results.</p> <p>Include an expanded discussion of the long-term plan for the HIE including what will be possible at that point and if it will be timely enough to allow for 7-day FUM.</p>

NON-CLINICAL PIP TOPICS SUBMITTED

Of the 12 non-clinical PIPs required for submission, 10 were submitted for review. All the PIPs submitted are summarized here in this Appendix.

Access to Care PIPs**Nevada**

PIP Title: Increasing Service Capacity Through Clinical Intern Staffing

<u>Aim Statement (as presented by MHP)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
By formalizing an intern program in Nevada County and increasing the use of student interns, Stanford Sierra Youth and Families (SSYAF) will increase access to care for children and youth as evidenced by a 20 percent increase in the volume of clients assigned to SSYAF and a 30 percent increase in therapy services provided to said clients between April 2022 and December 2023.	This PIP focused on improving access to care to children served by SSYAF following a decrease in children served by this program by 26 percent in the first quarter of FY 2022-2023 compared to the previous quarter. Children served here are those involved with multiple systems of care and at high risk for hospitalization. The vacancies for licensed clinician and license waived clinician positions negatively impacted the volume of therapy services received by these children at high-risk. Additionally, there were no applicants for vacant therapist positions for over a year. As a result, children served at SSYAF received supportive and rehabilitative	There were no areas of improvement identified for this PIP. The PIP was implemented after a thorough root cause analysis that included family member input and provider service utilization data. Additionally, the interventions were implemented after a thorough pre-intervention testing and finalization phase. The methodologies used were consistent with accurate and reliable data sources and data collection procedures. Data analysis was comprehensive and demonstrated substantial improvement. The MHP spread the learning from the PIP to another contract program and county-operated program that shows true spread and diffusion.	The MHP would benefit from structured feedback from interns on areas that may need improvement including supervision and training and an understanding of factors that may promote acceptance of a permanent position in a county-operated program and contract program. The MHP would benefit from staying focused on improving the waiting period for interns to be hired into clinical positions.

	services, but therapy services were limited.		
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Tulare**PIP Title:** Mental Health Outreach to and Engagement with the Homeless

<u>Aim Statement (as presented by MHP)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
The aim of this two-year PIP is that, by increasing outreach to and engagement with the homeless population, more homeless individuals will complete intakes and receive specialty mental health services (Targets: 25% increase over two years in the MHP, and 15 individuals per year due to the multi-disciplinary team [MDT]) and become housed (Target: 15 per year contacted by the MDT moving into permanent housing).	<p>Interventions for this PIP are centered on a functional MDT that conducts outreach to homeless individuals, develops rapport and trust, and connects individuals to a variety of needed services and supports. The MDT can also complete mental health screenings and assessments for engagement and enrollment in MHP services. The MDT includes a mental health clinician, SUD specialists, a social service worker, a Self-Sufficiency counselor, a health education assistant, and a unit manager.</p> <p>Since the previous EQRO, the MHP changed the second PM from “screened” to “assessed” by the MDT clinician. The completion of assessments is a better measure because, although screenings can lead to assessments, only assessments lead directly to linkage to clinical services. The third measure was also modified from the number who become sheltered or housed to the number who move into permanent supportive housing (Project Homekey sites), as this measure could be more accurately tracked.</p>	<p>Staff turnover and frequent no-shows continued to be a barrier throughout the duration of the PIP.</p> <p>The MHP made changes and improvements to the PMs to ensure accuracy in the data collection and improvement in the intervention process.</p>	The PIP was presented to CalEQRO during the review, but recommendations for improvement of this clinical PIP were not provided as the PIP was recently completed. The MHP is encouraged to continue to track this information if it is viewed as a system priority.

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

<u>Aim Statement (as presented by MHP)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
For Medi-Cal members with ED visits for MH conditions, implemented interventions will increase the percentage of follow-up mental health (MH) services with the MHP within 7 and 30 days by 5% by June 30, 2023.	Interventions will include increased multi-disciplinary team meetings between Northern Inyo Hospital ED staff and the MHP to achieve many goals: improve crisis response, amend crisis response protocols, track data to respond more effectively to member needs, evaluate the on-call system, train community members and community partners in basic mental health first aid and suicide risk assessment and intervention, work with Northern Inyo Health District to develop a plan for transporting patients to the CSU or to psychiatric hospitals out of county, and reduce stigma associated with mental health challenges.	The MHP has been working toward a data exchange partnership with external stakeholders in the implementation of this PIP but has not been successful due to staffing shortages/changes. In the interim, the exchange of data has not been consistent as it has been a manual process.	Review the accuracy of data collected regarding eligible members and whether they received the intended interventions. Establish baselines and outcomes for each of the final measures. Continue to work toward establishing a means towards data exchanges with external partners.

Lassen**PIP Title:** FUM

<u>Aim Statement</u> <u>(as presented by</u> <u>MHP)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
For Lassen County Medi-Cal members with ED visits for MH conditions, implemented interventions will increase the percentage of recorded follow-up mental health services with the MHP within 7 and 30 days by 5% by June 30th, 2026.	<p>The MHP identified gaps in care coordination practices and related data exchange processes which contribute to missed opportunities in contacting and receiving services post-discharge from the ED for individuals with mental health symptoms. The MHP held meetings with ED staff, ED management, clinical supervisors, behavioral health analysts, therapists, case workers, and nurses assigned to individuals post-crisis services from the ED.</p> <p>As the intervention the MHP and ED implemented a referral/screening tool to be used by ED staff that will assist in determining if a patient admitted for a non-crisis MH condition would qualify for MHP services. This screening, when attached with an ROI, would function as a referral to BH services.</p>	The MHP continues to experience difficulties in receiving the referral/screening tool from the ED. Some variables are outside of the MHP's control such as submission of referral from ED to MHP and ED staff awareness of MHP services or when to refer.	<p>Continue providing training and education to ED staff regarding MHP services to strengthen the intervention.</p> <p>Work on establishing data exchange with the ED through HIE.</p> <p>Explore methods to improve communication between ED and MHP staff through routine discussions regarding the PIP and related barriers.</p> <p>Seek TA to continue exploring and brainstorming ways to ensure the PIP continues as planned.</p>

Mono**PIP Title:** FUM

<u>Aim Statement</u> <u>(as presented by</u> <u>MHP)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by</u> <u>CalEQRO</u>
For Medi-Cal beneficiaries with Mammoth Hospital ED visits for MH conditions, implemented interventions will increase the percentage of follow-up mental health services with MCBH within 7 and 30 days by 5% by June 30, 2023.”	<p>The MHP and the Mammoth Hospital ED intend to partner to establish a more robust provider-level intervention to improve care coordination post-discharge. This will be achieved by creating a centralized ED referral process that allows for real-time referral coordination from the hospital ED, including functionality to generate alerts for high-risk clients or urgent needs and other key information. This intervention will aid in connecting members with an appropriate agency.</p> <p>Process measures include the completion of an interagency ED referral system between the hospital and MCBH (measured as Yes or No); the completion of the bi-monthly collaborative meetings between the hospital and MCBH, focusing on MH ED visit follow-ups (measured as Yes or No), and the percentage of ED visits for MH where the client received a follow-up MH treatment service from the MHP within 7- or 30-days (FUM).</p>	The hospital continues to have staffing turnover which makes communication and shared information inconsistent. The MHP is able to maintain a referral process with the hospital and reach their goal of a 5 percent increase. However, the biggest hurdle remains the request for information (ROI) from hospital patients.	<p>Talk directly with the hospital case manager may provide an opportunity for notification on patient discharge.</p> <p>Create and provide an ROI form to the hospital discharge staff may allow for enhanced connection for discharged individuals.</p>

Plumas**PIP Title:** FUM

<u>Aim Statement</u> <u>(as presented by</u> <u>MHP)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by</u> <u>CalEQRO</u>
For Plumas County Medi-Cal beneficiaries that visit the ED for non-emergent mental health related reasons or who endorse MH symptoms during medical screening, implemented interventions will increase the percentage of follow-up mental health services with the MHP within 7 and 30 days by 18 percent within 7 days and by 1 percent for 30 days or more by March 1st 2024 to better align Plumas County with the State benchmarks, that are respectively 49 percent within 7 days and 61 percent within 30 days.	The MHP has worked with the ED to plan its interventions of training and development of a simplified referral form. Since starting the implementation of this PIP in September 2023, the MHP has received very few referrals (N<11). Based on member interviews, the MHP has determined that most members presenting at the ED are not willing to receive services from the MHP.	The ED and the MHP were unable to connect many members from the ED to MHP services. However, it should be noted that the small number who were referred to the MHP were connected to the MHP services within 48 hours.	Recognize the barriers to increase referrals to MHP services from the ED, both sides need to work on reducing stigma and develop ways including case manager or navigator outreach so that the first visit can be arranged in a more confidential setting of members' choices, rather than having to walk into a clinic or wellness center.

Riverside**PIP Title:** FUM

<u>Aim Statement</u> <u>(as presented by</u> <u>MHP)</u>	<u>Focus of PIP</u>	<u>Areas for</u> <u>Improvement</u>	<u>TA Provided by CalEQRO</u>
The aim of this PIP is to increase the follow-up rate within 30 days of discharge for adults at ETS by 5 percent by June 2024.	The interventions include the following: develop a data exchange between ED services and the MHP; build relationships with EDs to improve communication and coordination; develop outreach and educational materials for ED use in the promotion of follow-up; utilize the MHP's crisis system of care to coordinate services for high-risk individuals; and utilize the Manifest MedEx, a health information exchange (HIE), to convey critical information between systems. At the time of the review, all outcome measures showed improvement compared to the baseline with 30-day follow-up rates getting close to the improvement goal of 5 percent.	The PIP could benefit from using the development tool to organize and display these elements.	Clarify the age of the population of study in the documentation. Precisely describe which EDs are currently included in the results, if not limited to ETS, providing the numerator and denominator for the rates. Discuss factors that could influence the reliability of these measures such as inconsistent provision of the educational materials to members at discharge.

Santa Barbara**PIP Title:** FUM

<u>Aim Statement</u> <u>(as presented by MHP)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
By June 2024, Santa Barbara County aims to increase member follow up rates following an ED visit for mental health to 51 percent or higher within 7 days (FUM7) and 67 percent or higher within 30 days (FUM30).	<p>The goal of this PIP is to increase member FUM7 rates for mental health to 51 percent within 7 days and increase FUM30 to 67% percent or higher within 30 days. The MHPs improvement interventions include distribution of bilingual access line cards (implemented in January 2023) and to implement a tracking system for referrals (implemented in January 2024).</p> <p>The key performance indicators are tracking the number of referrals from the ED through the access line. The second key performance indicator is to track the number of MH referrals per month. The third key performance indicator is to track the percentage of MH referrals in SmartSheet per month with a documented outcome.</p>	The PIP had consistency in reporting and remeasuring with significant increase of member follow-up rate in a timely manner (FUM7, FUM30). The MHP's conditional PIP results show that significant efforts have been made to increase FUM7 and FUM30 evidenced by increase in follow-up rates after an ED discharge.	Identify more accurate reporting measures in or outside of SmartCare to better track PIP.

Siskiyou**PIP Title:** FUM

<u>Aim Statement</u> <u>(as presented by</u> <u>MHP)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
For Medi-Cal members with ED visits for MH, implemented interventions will increase the percentage of follow-up MH services with the Plan within 7 and 30 days by 5 percentage points by June 30, 2024.	The MHP submitted the FUM Behavioral Health Quality Improvement Program (BHQIP) for its non-clinical PIP. For the intervention, the MHP is working with the MCP to revise and update their memorandum of understanding.	The PIP documentation lacked specific details needed for validation. Siskiyou submitted the prior year submission to provide additional information. It appeared there was a decline in the results.	Provide all measurement periods, baseline and remeasurement results, including numerators and denominators in one submission form. Ensure the results are accurate. Include all the necessary information needed for the PIP validation in the submission form.

Timeliness of Care PIPs**Trinity****PIP Title:** Reducing Wait Time to First Offered

<u>Aim Statement (as presented by MHP)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
The timeliness between 'Request for Appointment' to 'First Offered Service' will decrease from up to 39 business days to 10 business days or less for 70% of beneficiaries (currently 46%) by June 20, 2024."	The MHP identified a problem of no-shows to initial assessment indicating a loss of engagement with members prior to the assessment date. A lengthy wait for assessment was created by a severe shortage in clinician staffing. The baseline period is unclear, as timeliness to initially offered appointment was considered a strength of the MHP in the prior report. The intention of the PIP was to increase show rate and reduce time to initially offered appointment by introducing services prior to assessment, the implementation of CalAIM flexibilities.	After the PIP session discussion, it was clear that this is a well-thought-out project with preliminary positive results, although the write-up in the development tool does not convey this. The intervention has been implemented for eight months, but data results are pending updated timeliness data tools. This PIP is a successful effort in support of CalAIM reforms. It addresses timely initial access, supports No Wrong Door, seeks to maintain engagement at intake as measured by reduced assessment no-show rates, and initiates necessary system and data tracking updates.	Briefly include the intervention strategy in the aim statement. Consider the addition of the no-show at assessment outcome measurement. Consider the variable of offering case management as an optional benefit. Consider the necessity of counting the frequency of case management services and whether the initial appointment was kept.

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	
<input type="checkbox"/> Clinical <input type="checkbox"/> Non-clinical	

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

VALIDATION TOOL, SECTIONS 1 – 11

Section 1 Review the Selected PIP Topic

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

Section 2 Review the PIP Aim Statement

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

Section 3: Review the Identified PIP Population

	Question	Yes	No	N/A	Comments
3.1	Was the project population clearly defined in terms of the identified PIP question (e.g., age, length of the PIP population's participation, diagnoses, procedures, other characteristics)				
3.2	Was the entire MHP/DMC-ODS population included in the PIP?				

3.3	If the entire population was included in the PIP, did the data collection approach capture all members to whom the PIP question applied?				
3.4	Was a sample used? (If yes, use Worksheet 1.4 to review sampling methods)				
3.5	Overall assessment: In the comments section, note any recommendations for identifying the project population				
TOTAL of 5 items					

Section 4: Review the Sampling Method

	Question	Yes	No	N/A	Comments
4.1	Did the sampling frame contain a complete, recent, and accurate list of the target PIP population?				
4.2	Did the sampling method consider and specify the true or estimated frequency of the event, the confidence interval to be used, and the acceptable margin of error?				
4.3	Did the sample contain a sufficient number of 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? <ul style="list-style-type: none"> Objective, clearly defined, time-specific Available to measure performance and track improvement over time 				
Performance measures					
5.2	Did the performance measure assess an important aspect of care that will make a difference to 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)?				

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

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

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

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

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

	Question	Yes	No	N/A	Comments
8.1	Was the analysis conducted in accordance with the data analysis plan?				
8.2	Did the analysis include baseline and repeat measurements of project outcomes?				

8.3	Did the analysis assess the statistical significance of any differences between the initial and repeat measurements?				
8.4	Did the analysis account for factors that may influence the comparability of initial and repeat measurements?				
8.5	Did the analysis account for factors that may threaten the internal or external validity of the findings?				
8.6	Did the PIP compare the results across multiple entities, such as different patient subgroups, provider sites, or MHP/DMC-ODSs?				
8.7	Were PIP results and findings presented in a concise and easily understood manner?				
8.8	Did the analysis and interpretation of the PIP data include lessons learned about less-than-optimal performance?				
8.9	Overall assessment: In the comments section, note any recommendations for improving the analysis and interpretation of PIP results.				
TOTAL of 9 items					

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

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

Section 10: Perform Overall Validation and Reporting of PIP Results

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

Section 11: Framework for Summarizing Information about PIPs

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

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
			available			<input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):
			<input type="checkbox"/> Not applicable—PIP is in Planning or implementation phase, results not available		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):
			<input type="checkbox"/> Not applicable—PIP is in Planning or implementation phase, results not available		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):
			<input type="checkbox"/> Not applicable—PIP is in Planning or implementation phase, results not available		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):

PIP Validation Information

Was the PIP validated? ☐ 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: