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FY 2019-20 MEDI-CAL SPECIALTY MENTAL HEALTH EXTERNAL QUALITY REVIEW

BUTTE MHP FINAL REPORT

Prepared for:

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

Review Dates:

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INTRODUCTION

The United States Department of Health and Human Services (HHS), Centers for Medicare and Medicaid Services (CMS) requires an annual, independent external evaluation of State Medicaid Managed Care Organizations (MCOs) by an External Quality Review Organization (EQRO). External Quality Review (EQR) is the analysis and evaluation by an approved EQRO of aggregate information on quality, timeliness, and access to health care services furnished by Prepaid Inpatient Health Plans (PIHPs) and their contractors to recipients of State Medicaid Managed Care Services. The Code of Federal Regulations (CFR) specifies the requirements for evaluation of Medicaid MCOs (42 CFR, Section 438; Medicaid Program, External Quality Review of Medicaid Managed Care Organizations). These rules require an on-site review or a desk review of each Medi-Cal Mental Health Plan (MHP).

In addition to the Federal Medicaid EQR requirements, the California External Quality Review Organization (CalEQRO) also takes into account the State of California requirements for the MHPs. In compliance with California Senate Bill (SB) 1291 (Section 14717.5 of the Welfare and Institutions Code), the Annual EQR includes specific data for Medi-Cal eligible minor and nonminor dependents in foster care (FC).

The State of California Department of Health Care Services (DHCS) contracts with 56 county Medi-Cal MHPs to provide Medi-Cal covered Specialty Mental Health Services (SMHS) to Medi-Cal beneficiaries under the provisions of Title XIX of the federal Social Security Act.

This report presents the fiscal year (FY) 2018-19 findings of an EQR of the Butte MHP by the CalEQRO, Behavioral Health Concepts, Inc. (BHC).

The EQR technical report analyzes and aggregates data from the EQR activities as described below:

MHP Information

MHP Size — Medium

MHP Region — Superior

MHP Location — Chico

MHP Beneficiaries Served in Calendar Year (CY) 2018 — 7,091

MHP Threshold Language(s) — Spanish

Threshold languages are listed in order beginning with the most to least number of eligibles. This information is obtained from the DHCS/Research and Analytic Studies Division (RASD), Medi-Cal Statistical Brief, September 2016.

Validation of Performance Measures¹

Both a statewide annual report and this MHP-specific report present the results of CalEQRO's validation of eight mandatory performance measures (PMs) as defined by DHCS and other additional PMs defined by CalEQRO.

Performance Improvement Projects²

Each MHP is required to conduct two Performance Improvement Projects (PIPs)—one clinical and one non-clinical—during the 12 months preceding the review. The PIPs are reviewed in detail later in this report.

MHP Health Information System Capabilities³

Using the Information Systems Capabilities Assessment (ISCA) protocol, CalEQRO reviewed and analyzed the extent to which the MHP meets federal data integrity requirements for Health Information Systems (HIS), as identified in 42 CFR §438.242. This evaluation included a review of the MHP's Electronic Health Records (EHR), Information Technology (IT), claims, outcomes, and other reporting systems and methodologies for calculating PMs.

Validation of State and MHP Beneficiary Satisfaction Surveys

CalEQRO examined available beneficiary satisfaction surveys conducted by DHCS, the MHP, or its subcontractors.

CalEQRO also conducted 90-minute focus groups with beneficiaries and family members to obtain direct qualitative evidence from beneficiaries.

Review of Recommendations and Assessment of MHP Strengths and Opportunities

The CalEQRO review draws upon prior years' findings, including sustained strengths, opportunities for improvement, and actions in response to recommendations. Other findings in this report include:

¹ Department of Health and Human Services. Centers for Medicare and Medicaid Services (2012). Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR), Protocol 2, Version 2.0, September, 2012. Washington, DC: Author.

² Department of Health and Human Services. Centers for Medicare and Medicaid Services (2012). Validating Performance Improvement Projects: Mandatory Protocol for External Quality Review (EQR), Protocol 3, Version 2.0, September 2012. Washington, DC: Author.

³ Department of Health and Human Services. Centers for Medicare and Medicaid Services (2012). EQR Protocol 1: Assessment of Compliance with Medicaid Managed Care Regulations: A Mandatory Protocol for External Quality Review (EQR), Protocol 1, Version 2.0, September 1, 2012. Washington, DC: Author.

- Changes, progress, or milestones in the MHP's approach to performance management — emphasizing utilization of data, specific reports, and activities designed to manage and improve quality.
- Ratings for key components associated with the following three domains: access, timeliness, and quality. Submitted documentation as well as interviews with a variety of key staff, contracted providers, advisory groups, beneficiaries, and other stakeholders inform the evaluation of the MHP's performance within these domains. Detailed definitions for each of the review criteria can be found on the CalEQRO website, www.caleqro.com.

PRIOR YEAR REVIEW FINDINGS, FY 2018-19

In this section, the status of last year's (FY 2018-19) recommendations are presented, as well as changes within the MHP's environment since its last review.

Status of FY 2018-19 Review of Recommendations

In the FY 2018-19 site review report, the CalEQRO made a number of recommendations for improvements in the MHP's programmatic and/or operational areas. During the FY 2019-20 site visit, CalEQRO reviewed the status of those FY 2018-19 recommendations with the MHP. The findings are summarized below.

Assignment of Ratings

Met is assigned when the identified issue has been resolved.

Partially Met is assigned when the MHP has either:

- Made clear plans and is in the early stages of initiating activities to address the recommendation; or
- Addressed some but not all aspects of the recommendation or related issues.

Not Met is assigned when the MHP performed no meaningful activities to address the recommendation or associated issues.

Recommendations from FY 2018-19

PIP Recommendations

Recommendation 1: As per Title 42, CFR, Section 438.330, DHCS requires two active PIPs; the MHP is contractually required to meet this requirement going forward. The EQRO recommends that the MHP make frequent use of the available technical assistance (TA) as they progress in developing both PIPs this coming year.

Status: Partially Met

- The MHP has only one active PIP. The clinical PIP was determined to be Concept Only and this was discussed with the MHP.
- The MHP had TA sessions with the previous CalEQRO reviewer, shortly before and after last year's (FY 2018-19) review. The MHP did not receive TA regarding the PIPs that were ultimately submitted for this review.

Recommendation 2: In order to consider the non-clinical PIP as active, the MHP should define their interventions as activities/changes that have a direct or indirect impact on their beneficiaries, remembering that training and document development are not interventions. The PIP design should ensure that barriers are identified, and

interventions are tailored to address inpatient follow-up services for youth as well as for adults and is designed to result in meaningful and significant improvement using a robust data analysis plan to measure the changes.

Status: Met

- The MHP included an intervention that has direct impact on the beneficiary. This intervention was to establish a Crisis Triage Connect team that provides a warm hand-off for beneficiaries' post-discharge to outpatient services.
- This intervention addresses the barrier that the MHP did not have a consistent process for transitioning beneficiaries from inpatient services to outpatient services.

Recommendation 3: The current clinical PIP related to the use of the Milestones of Recovery Scale (MORS) and Child and Adolescent Needs and Strengths (CANS) is due to end in October 2018. The MHP will need to have a new one in active status by the time of the next EQRO review and is encouraged to seek and use EQRO TA frequently in the development of the new one. Finalization of the study topic, including analysis of internal data and general research on the issue, and exploration of barriers will be key in designing interventions and indicators.

Status: Not Met

- The project that the MHP presented as a clinical PIP is still being developed.
- The team has preliminary evidence as a foundation for the project, but neither baseline data nor implemented interventions. For these reasons, the project was rated as Concept Only.

Access Recommendations

Recommendation 4: Design and implement capacity management strategies that standardize the methodology for establishing caseload sizes.

- Incorporate such variables as beneficiary acuity, level of care (LOC) criteria, MORS and CANS scores, program design, and treatment planning.
- Include input from line staff across the program/service spectrum on day to day service delivery requirements that impact their productivity.

Status: Met

- The MHP reported that caseloads are assigned based on the program, classification, and intensity and needs of the beneficiary. Certain programs have lower numbers on the caseloads (e.g., the Support, Employment, Assistance, Recovery, and Consumer Housing (SEARCH) team) and others, such as outpatient have higher numbers.

- The MHP reported—and staff endorsed—the use of outcome measures, such as MORS and Feedback Informed Treatment (FIT), to determine beneficiary progress and readiness for transition to other programs or levels of service.
- The MHP uses a network adequacy provider-to-client ratio and the MHP leadership reported that they are meeting DHCS requirements regarding capacity management.

Recommendation 5: Address transportation barriers for beneficiaries to access mental health services.

- Include beneficiaries and explore partnership with county and city systems.
- Develop a plan to implement solutions, including a timetable and identification of responsible parties.

Status: Met

- The MHP collaborates with the managed care providers (MCP) in the county to facilitate transportation, which have funds specifically allocated for beneficiary transportation.
- The MHP can and does supplement transportation for beneficiaries, by providing rides to the beneficiaries and providing bus passes. The MHP reported varying degrees of success in reimbursement of these additional services from their MCP partners.
- The MHP's Crisis Triage Connect team, case managers, and extra help staff are also deployed to provide transportation when necessary. Stakeholders reported that while the MHP has the ability to do this, the capacity is limited by having few county vehicles to use.

Recommendation 6: To address employee recruitment, retention, and satisfaction challenges, prioritize creation of a focused, dedicated quality improvement initiative that includes staff at all levels of the organization in the analysis of the problems and development and implementation of solutions.

- Implement those solutions that offer the best likelihood of success.
- Track and trend results related to measures such as vacancy rates, time to hire, time from hire to productive work, and retention rates in order to make course corrections as the data indicate.

Status: Met

- The MHP's efforts to improve staff recruitment, retention, and satisfaction over the past year must take into account the Camp Fire in the fall of 2018. Because of the fire, staff, as well beneficiaries, were displaced, relocated, and left the county.

- The MHP had to reassign their staff to better serve displaced beneficiaries. The MHP also shifted several staff towards crisis response and trauma services.
- The MHP's vacancy rate (for county staff only) remained stable over this period. The vacancy rate decreased slightly from 10.6 percent before the fire to 9.8 percent after the fire.
- The MHP made some changes to streamline processes and workflow, which were among the complaints of staff. The MHP developed a paperless process for adjunctive services authorization for contract providers. The MHP has brought on clinical interns (thereby lessening the caseload of staff). The MHP revised the new employee orientation program to include more training, which staff felt was insufficient.
- As the MHP continues to work on strategies to recruit and retain staff, the MHP should consider salaries and productivity requirements, which stakeholders reported were among the chief reasons for staff departure.

Timeliness Recommendations

No Timeliness recommendations were made in FY 2018-19.

Quality Recommendations

Recommendation 7: Continue design of the Metrics Dashboard to include critical access, timeliness, quality, and outcomes performance measures, trended where possible.

- Analyze, review, and discuss data at regular frequencies in committees with authority to decide on and pursue quality improvement needs.
- Ensure inclusion of results of beneficiary satisfaction surveys.

Status: Met

- The MHP has used dashboards, which contain several indicators and metrics of utilization for a number of years. The MHP reported that they are continuously updating the dashboard to inform staff and beneficiaries.
- The dashboards are reviewed quarterly by the quality management (QM) department, MHP leadership, program managers, and supervisors. The dashboards are posted publicly, on the MHP's website, and are reviewed by the quality improvement committee (QIC) and by the mental health board. The review of the dashboards focuses on changes over time and trends in service utilization.
- As of April 2019, the MHP began including relevant data from contract providers on the dashboard.

Beneficiary Outcomes Recommendations

Recommendation 8: Review and upgrade beneficiary employee positions, including consideration of creating full-time positions and meaningful promotional opportunities.

Status: Partially Met

- The MHP reported an initiative to build a career ladder, consisting of full-time positions for peer employees.
- The Peer Workforce Work group has been tasked with designing the positions and overseeing the peer workforce expansion initiative.
- At present, the MHP has peer advocate positions.

Foster Care Recommendations

Recommendation 9: Implement processes to monitor and track SB 1291 data, and periodically share data with the Department of Employment and Social Services (DESS), contract providers, and stakeholders.

Status: Partially Met

- The MHP uses a dashboard to track children taking medications.
- The MHP is in the process of updating the medication reporting to include relevant HEDIS measures and medication utilization per SB 1291.
- With a new medical director on staff, medication monitoring, is expected to increase and be more formal.

Recommendation 10: Continue to address planning for Therapeutic Foster Care (TFC) homes with partner MHPs and with the state.

Status: Met

- The MHP continues to collaborate with DESS to plan for TFC in Butte County. The MHP's staff are trained and poised to assist families with the transition to TFC.
- However, both agencies have faced reluctance by families to transition to TFC. Families have indicated that it is cost-prohibitive and that there is insufficient funding for this type of intensive placement.

Information Systems Recommendations

No Information Systems recommendations were made in FY 2018-19.

Structure and Operations Recommendations

No Structure and Operations recommendations were made in FY 2018-19.

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

Recommendation 11: The MHP should examine barriers and develop and implement strategies to comply with timely access standards, as identified in DHCS Information Notice (IN) 18-011, particularly those related to improving performance on time from initial contact to first offered psychiatric appointment. *(This recommendation is a carry-over from FY 2017-18).*

- Conduct a comprehensive quality improvement process to identify the specific barriers to achieving the timeliness standard for psychiatry appointments, including internal processes as well as recruitment and retention challenges. Include all levels of staff and beneficiaries to maximize “out of the box” thinking.
- Consider alternative strategies and engage with community health care partners and other MHPs of similar size to broaden the array of possible solutions.
- Implement those strategies that have the best likelihood of achieving and maintaining success.

Status: Met

- The MHP identified a number of barriers that contribute to their inability to meet the 15-day standard for psychiatry appointments. Some of these barriers include transportation, psychiatric provider capacity, and tracking and documentation of appointments.
- The MHP continues to provide transportation for beneficiaries and works with the patient’s rights advocate to educate beneficiaries about available transportation services/options.
- The MHP has added a field in their timeliness tracking log to indicate the reason why an appointment was not offered and/or kept, differentiating beneficiary factors from MHP factors.
- The MHP has increased psychiatry staffing through a contract with Traditions Behavioral Health to increase telehealth. The MHP has also leveraged their relationships with community providers to provide initial appointments elsewhere as needed.

Recommendation 12: Implement the Netsmart Provider Connect module to eliminate or greatly reduce providers’ double data entry into their local EHRs and MyAvatar. Per the MHP’s decision in the last year, rebuild the Management Services Organization (MSO) module to enable this functionality. *(This recommendation is a carry-over from FY 2017-18).*

Status: Partially Met

- The MHP continues to modify and implement MSO module functionality. When complete, they will move on to Provider Connect implementation.
- Related to improve care coordination with other providers, the MHP is developing plans to implement Netsmart's Care Equality product which supports Health Information Exchange (HIE).

PERFORMANCE MEASUREMENT

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

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

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

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

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

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

2. EPSDT POS Data Dashboards:

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

3. Psychotropic Medication and HEDIS Measures:

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

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

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

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

5. *Katie A. v. Bonta*:

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

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

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

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

Total Beneficiaries Served

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

Table 1. Medi-Cal Enrollees and Beneficiaries Served in CY 2018 by Race/Ethnicity Butte MHP				
Race/Ethnicity	Average Monthly Unduplicated Medi-Cal Enrollees	% Enrollees	Unduplicated Annual Count Beneficiaries Served	% Served
White	49,712	59.0%	4,841	68.3%
Latino/Hispanic	15,748	18.7%	867	12.2%
African-American	2,178	2.6%	221	3.1%
Asian/Pacific Islander	4,891	5.8%	181	2.6%
Native American	1,419	1.7%	111	1.6%
Other	10,309	12.2%	870	12.3%
Total	84,254	100%	7,091	100%
The total for Average Monthly Unduplicated Medi-Cal Enrollees is not a direct sum of the averages above it. The averages are calculated independently.				

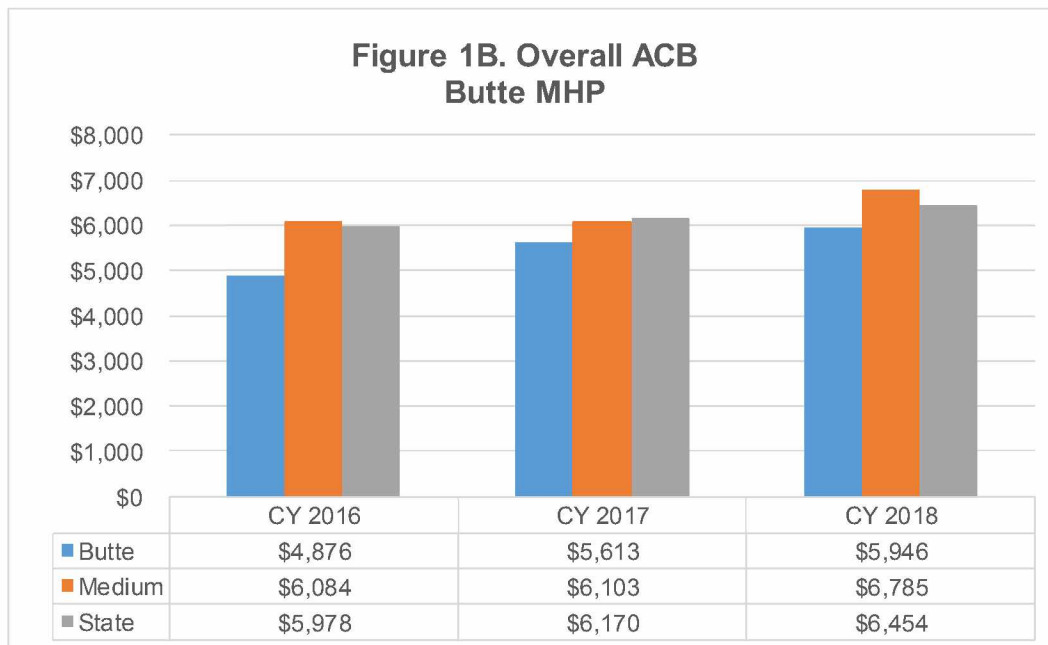
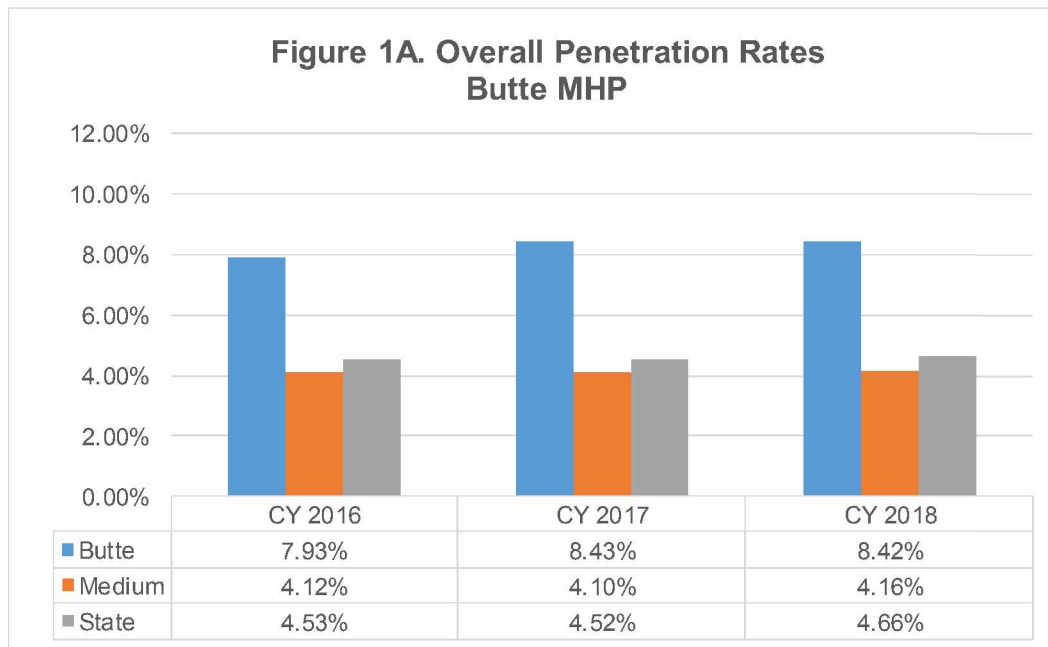
Penetration Rates and Approved Claims per Beneficiary

The penetration rate is calculated by dividing the number of unduplicated beneficiaries served by the monthly average Medi-Cal enrollee count. The annual average approved claims per beneficiary (ACB) served is calculated by dividing the total annual Medi-Cal approved claim dollars by the unduplicated number of Medi-Cal beneficiaries served during the corresponding year.

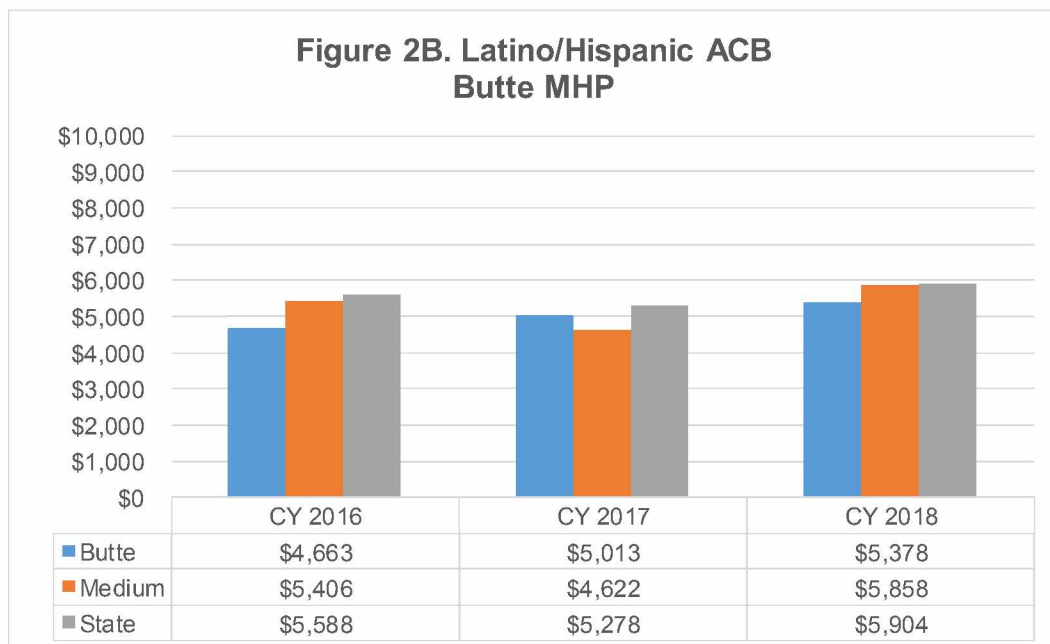
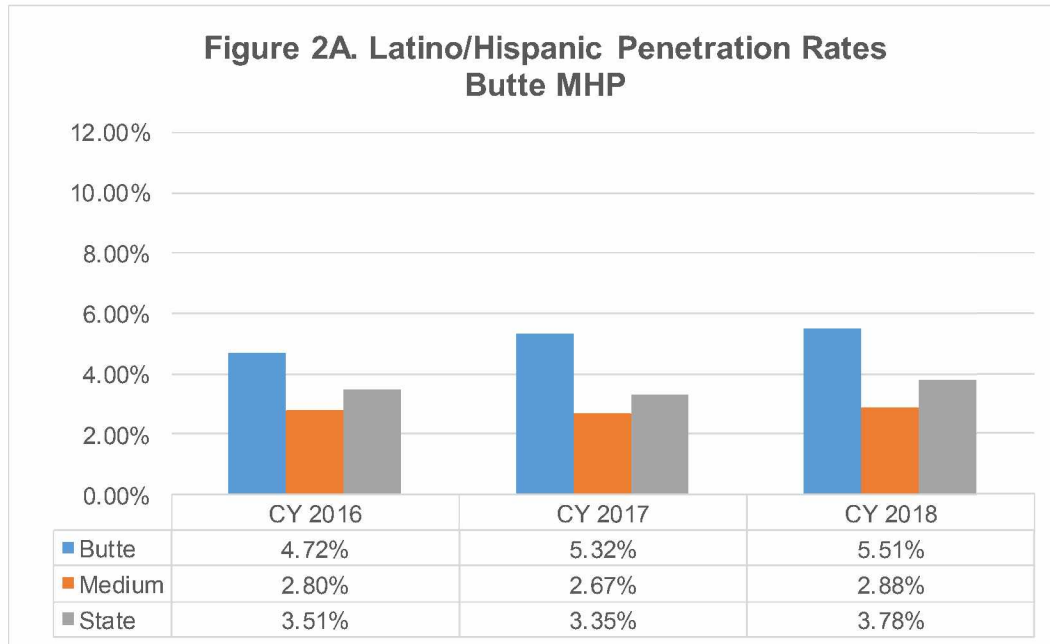
CalEQRO has incorporated the Affordable Care Act (ACA) Expansion data in the total Medi-Cal enrollees and beneficiaries served. Attachment C provides further ACA-specific utilization and performance data for CY 2018. See Table C1 for the CY 2018 ACA penetration rate and ACB.

Regarding the calculation of penetration rates, the Butte MHP uses a different method than that used by CalEQRO.

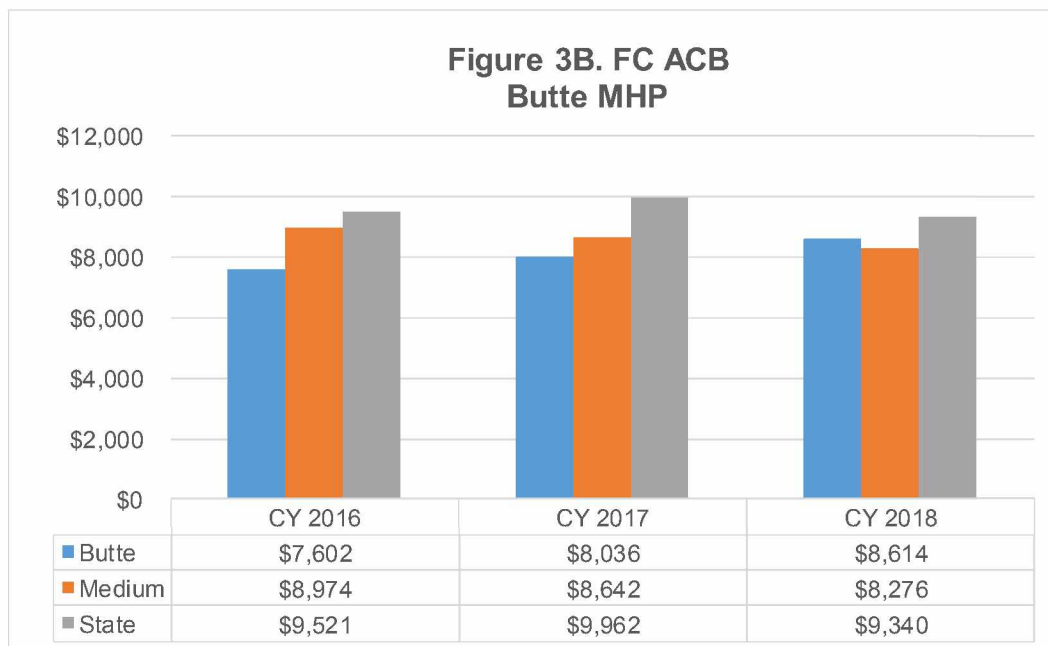
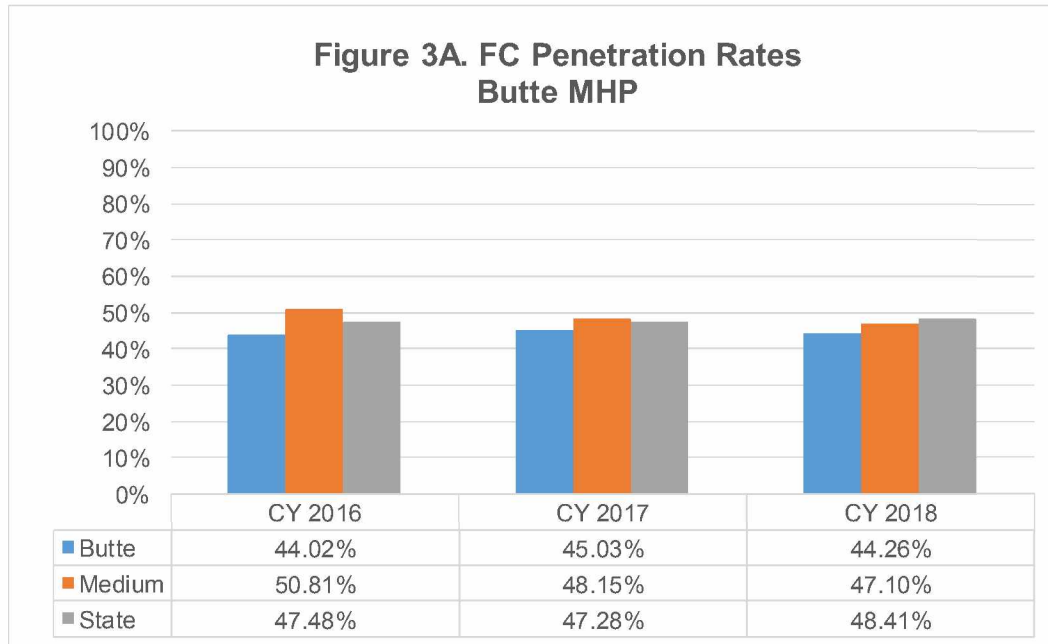
Figures 1A and 1B show three-year (CY 2016-18) trends of the MHP's overall penetration rates and ACB, compared to both the statewide average and the average for medium MHPs.



Figures 2A and 2B show three-year (CY 2016-18) trends of the MHP's Latino/Hispanic penetration rates and ACB, compared to both the statewide average and the average for medium MHPs.



Figures 3A and 3B show three-year (CY 2016-18) trends of the MHP's FC penetration rates and ACB, compared to both the statewide average and the average for medium MHPs.



High-Cost Beneficiaries

Table 2 provides the three-year summary (CY 2016-18) MHP HCBs and compares the statewide data for HCBs for CY 2018 with the MHP's data for CY 2018, as well as the prior two years. HCBs in this table are identified as those with approved claims of more than \$30,000 in a year.

Table 2. High-Cost Beneficiaries Butte MHP							
MHP	Year	HCB Count	Total Beneficiary Count	HCB % by Count	Average Approved Claims per HCB	HCB Total Claims	HCB % by Total Claims
Statewide	CY 2018	23,164	618,977	3.74%	\$57,725	\$1,337,141,530	33.47%
MHP	CY 2018	198	7,091	2.79%	\$52,202	\$10,335,929	24.52%
	CY 2017	201	7,128	2.82%	\$50,381	\$10,126,653	25.31%
	CY 2016	155	6,719	2.31%	\$49,899	\$7,734,339	23.61%

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

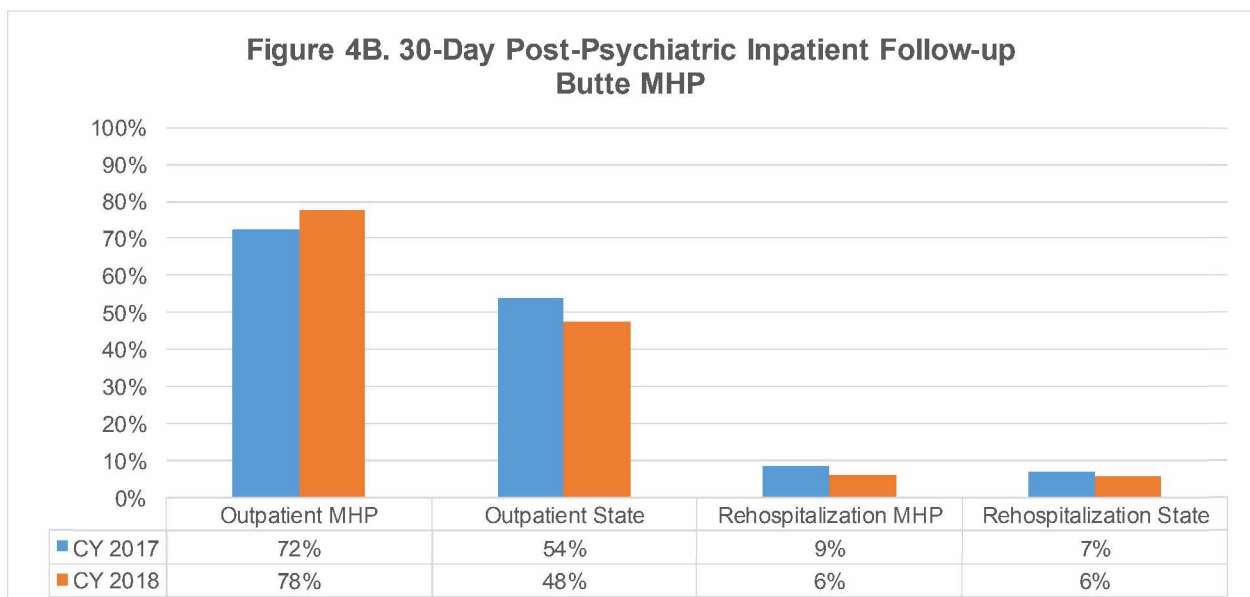
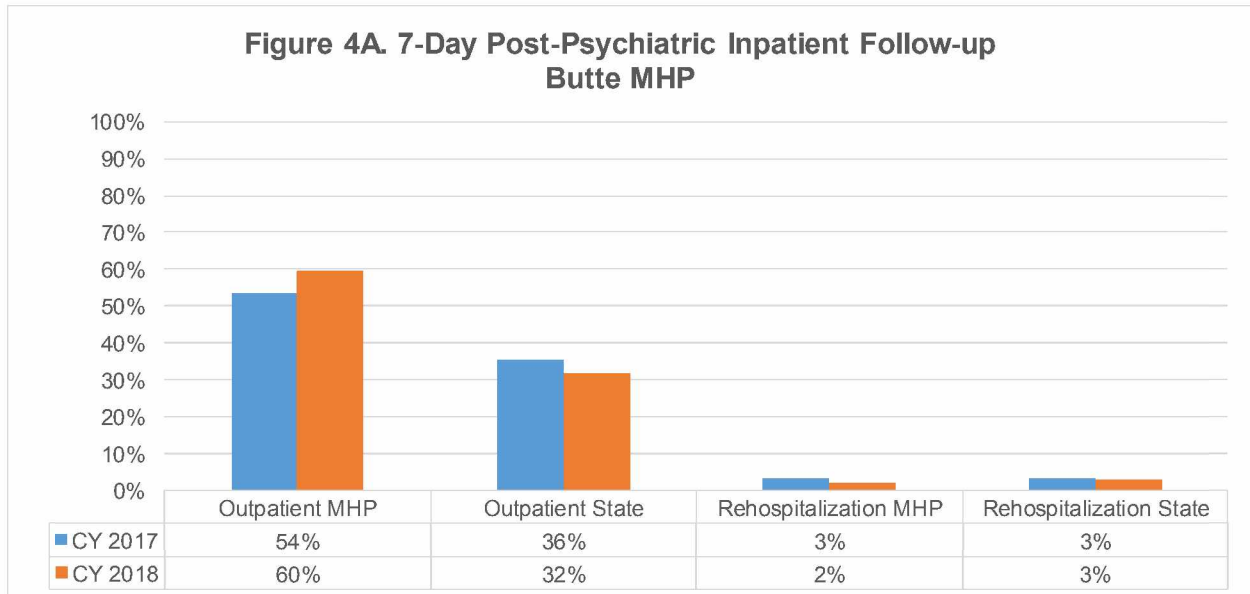
Psychiatric Inpatient Utilization

Table 3 provides the three-year summary (CY 2016-18) of MHP psychiatric inpatient utilization including beneficiary count, admission count, approved claims, and LOS.

Table 3. Psychiatric Inpatient Utilization - Butte MHP					
Year	Unique Beneficiary Count	Total Inpatient Admissions	Average LOS	ACB	Total Approved Claims
CY 2018	469	864	12.31	\$12,930	\$6,064,268
CY 2017	487	912	12.11	\$11,322	\$5,513,748
CY 2016	485	986	10.2	\$9,440	\$4,578,310

Post-Psychiatric Inpatient Follow-Up and Rehospitalization

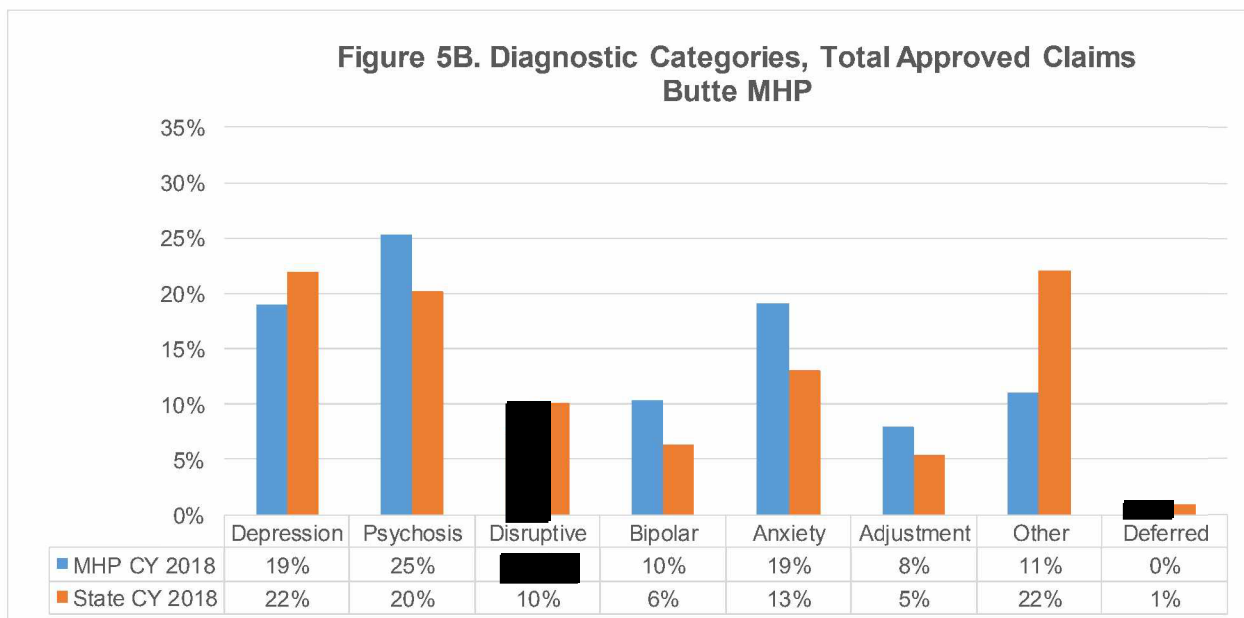
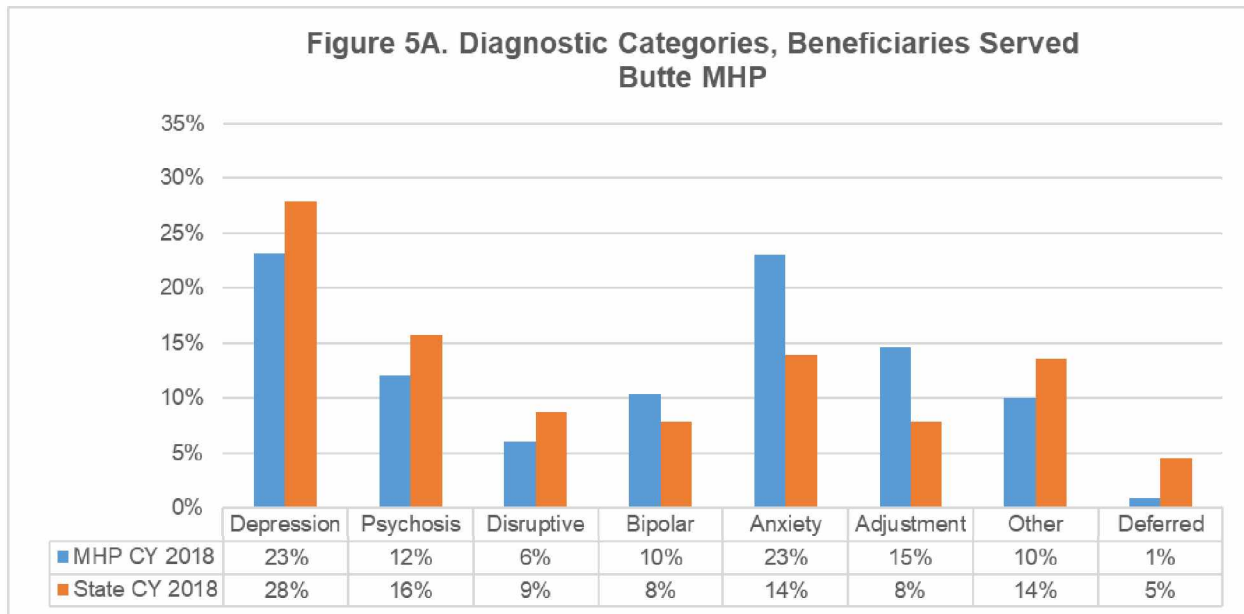
Figures 4A and 4B show the statewide and MHP 7-day and 30-day post-psychiatric inpatient follow-up and rehospitalization rates for CY 2017 and CY 2018.



Diagnostic Categories

Figures 5A and 5B compare statewide and MHP diagnostic categories by the number of beneficiaries served and total approved claims, respectively, for CY 2018.

The MHP's self-reported percent of beneficiaries served with co-occurring (i.e., substance abuse and mental health) diagnoses: 38.27 percent.



PERFORMANCE IMPROVEMENT PROJECT VALIDATION

A PIP is defined by CMS as “a project designed to assess and improve processes and outcomes of care that is designed, conducted, and reported in a methodologically sound manner.” CMS’ EQR Protocol 3: Validating Performance Improvement Projects mandates that the EQRO validate one clinical and one non-clinical PIP for each MHP that were initiated, underway, or completed during the reporting year, or featured some combination of these three stages.

Butte MHP PIPs Identified for Validation

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

Table 4 lists the PIPs submitted by the MHP.

Table 4: PIPs Submitted by Butte MHP		
PIPs for Validation	# of PIPs	PIP Titles
Clinical PIP	1	“Trauma-informed and PTSD”
Non-clinical PIP	1	“Post-Hospitalization Engagement”

Clinical PIP—Trauma-informed and PTSD

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

“Will the implementation of trauma-informed assessment and intervention increase the number of youth diagnosed with post-traumatic stress disorder (PTSD) or a related diagnosis and result in improved outcomes on trauma-related CANS measures relative to a cohort of youth who do not receive trauma-informed services?”

Date PIP began: February 2019

Projected End date: January 2021

Status of PIP: Concept only, not yet active (not rated)

The goal of this PIP is to improve diagnosis of potential PTSD and/or related diagnoses among youth beneficiaries and to provide youth with trauma-informed treatment. The MHP presented that (1) Butte County has a high percentage of beneficiaries (76.5 percent) with adverse childhood experiences (ACEs) and that (2) the presence of four

or more ACEs increases the risk of both health and social outcomes (e.g., poverty, unemployment, and chronic health conditions). The team noted that while the number of adults diagnosed with PTSD has increased, there has not been a comparable increase for youth. The MHP suspected underdiagnosis of children with trauma disorders and the purpose of this project is to improve assessment, increase diagnosis and provide appropriate treatment for youth. This is a pilot project that will take place at one of the three children's clinics. The MHP has yet to implement interventions; what they presented as interventions (e.g., collect and analyze data) were activities that are necessary parts of the project. At least one intervention is needed for the project to be an active PIP.

Suggestions to improve the PIP: The onsite discussion included the possible implementation of a trauma assessment tool. The team was cautioned that because there was no formal assessment tool, it does not mean that clinicians were not appropriately assessing. Rather, the MHP needs evidence of underdiagnosis or misdiagnosis, which might be achieved with a chart audit of a sample of youth's records.

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

The technical assistance (TA) provided to the MHP by CalEQRO consisted of honing the evidence and basis for the study. The MHP should consider including the number of youth with four or more ACEs. The MHP needs to identify a benchmark for diagnosis and the target for improvement of diagnosis. Prior to the implementation of the interventions, the MHP must also present the relevant baseline data and identify their indicators.

Non-clinical PIP—Post-Hospitalization Engagement

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

“Will the introduction of a department-wide standardized protocols and procedures for post-hospitalization SMHS follow-ups, including a redesign of the post-hospitalization discharge planning form, and providing documentation training on the post-hospitalization release process, result in a decrease in the number of consumers who do not receive a post-discharge outpatient SMHS?”

Date PIP began: October 2018

Projected End date: October 2020

Status of PIP: Active and ongoing

The purpose of this PIP is to decrease the number of beneficiaries who do not receive an outpatient SMHS appointment post-discharge from an inpatient hospitalization. While the MHP met the standard for post discharge follow-up, the MHP would like that more adult and youth beneficiaries who are eligible for this important service receive it. The

MHP used as the baseline 12.36 percent and 20.65 percent as the no follow-up rate for youth and adults, respectively. The MHP's interventions were to redesign the hospital discharge form to better capture post-hospitalization information; revise the scheduling of the follow-up appointments; and, provide a warm handoff between inpatient and follow-up services through the Crisis Triage Connect team. The MHP implemented the interventions in the fall of 2018, with monthly data collection and quarterly review to be included. While the project has been active for at least seven months, the MHP did not provide any of the results.

Suggestions to improve the PIP: The primary suggestion for improving the PIP is for the MHP to present the data that has been collected since the start of the project. The MHP ought to have at least seven months of data, with at least two periods of data analysis.

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

The TA provided to the MHP by CalEQRO consisted of the need to revise the starting point and baseline of the project. The data presented as baseline predated the project by two years; meanwhile the MHP had collected follow-up appointment rates just prior to the start of the project for FY 2017-18. Using these most recent rates might require the MHP to change or refine the target for improvement.

Table 5, on the following pages, provides the overall rating for each PIP, based on the ratings: Met (M), Partially Met (PM), Not Met (NM), Not Applicable (NA), Unable to Determine (UTD), or Not Rated (NR).

Table 5: PIP Validation Review					
				Item Rating	
Step	PIP Section	Validation Item		Clinical	Non-Clinical
1	Selected Study Topics	1.1	Stakeholder input/multi-functional team	NR	PM
		1.2	Analysis of comprehensive aspects of enrollee needs, care, and services	NR	M
		1.3	Broad spectrum of key aspects of enrollee care and services	NR	M
		1.4	All enrolled populations	NR	M
2	Study Question	2.1	Clearly stated	NR	M

Table 5: PIP Validation Review					
				Item Rating	
Step	PIP Section	Validation Item		Clinical	Non-Clinical
3	Study Population	3.1	Clear definition of study population	NR	M
		3.2	Inclusion of the entire study population	NR	UTD
4	Study Indicators	4.1	Objective, clearly defined, measurable indicators	NR	PM
		4.2	Changes in health states, functional status, enrollee satisfaction, or processes of care	NR	M
5	Sampling Methods	5.1	Sampling technique specified true frequency, confidence interval and margin of error	NR	NA
		5.2	Valid sampling techniques that protected against bias were employed	NR	NA
		5.3	Sample contained sufficient number of enrollees	NR	NA
6	Data Collection Procedures	6.1	Clear specification of data	NR	NM
		6.2	Clear specification of sources of data	NR	PM
		6.3	Systematic collection of reliable and valid data for the study population	NR	NM
		6.4	Plan for consistent and accurate data collection	NR	PM
		6.5	Prospective data analysis plan including contingencies	NR	PM
		6.6	Qualified data collection personnel	NR	M
7	Assess Improvement Strategies	7.1	Reasonable interventions were undertaken to address causes/barriers	NR	M

Table 5: PIP Validation Review					
				Item Rating	
Step	PIP Section	Validation Item		Clinical	Non-Clinical
8	Review Data Analysis and Interpretation of Study Results	8.1	Analysis of findings performed according to data analysis plan	NR	NM
		8.2	PIP results and findings presented clearly and accurately	NR	NM
		8.3	Threats to comparability, internal and external validity	NR	NA
		8.4	Interpretation of results indicating the success of the PIP and follow-up	NR	NA
9	Validity of Improvement	9.1	Consistent methodology throughout the study	NR	NA
		9.2	Documented, quantitative improvement in processes or outcomes of care	NR	NA
		9.3	Improvement in performance linked to the PIP	NR	NA
		9.4	Statistical evidence of true improvement	NR	NA
		9.5	Sustained improvement demonstrated through repeated measures	NR	NA

Table 6 provides a summary of the PIP validation review.

Table 6: PIP Validation Review Summary		
Summary Totals for PIP Validation	Clinical PIP	Non-clinical PIP
Number Met	NR	8
Number Partially Met	NR	5
Number Not Met	NR	4
Unable to Determine	NR	1
Number Applicable (AP) (Maximum = 28 with Sampling; 25 without Sampling)	NR	18
Overall PIP Ratings $((\#M*2)+(\#PM))/(\text{AP}*2)$	0%	58.33%

INFORMATION SYSTEMS REVIEW

Understanding the capabilities of an MHP's information system is essential to evaluating its capacity to manage the health care of its beneficiaries. CalEQRO used the written response to standard questions posed in the California-specific ISCA, additional documents submitted by the MHP, and information gathered in interviews to complete the information systems evaluation.

Key Information Systems Capabilities Assessment (ISCA) Information Provided by the MHP

The following information is self-reported by the MHP through the ISCA and/or the site review.

Table 7 shows the percentage of MHP budget dedicated to supporting IT operations, including hardware, network, software license, and IT staff for the past four-year period. For comparative purposes, we have included similar size MHPs and statewide average IT budgets per year for prior three-year periods.

Table 7: Budget Dedicated to Supporting IT Operations				
	FY 2019-20	FY 2018-19	FY 2017-18	FY 2016-17
Butte	3.00%	3.00%	3.20%	3.20%
Medium MHPs	N/A	3.30%	3.00%	3.57%
Statewide	N/A	3.40%	3.30%	3.40%

The budget determination process for information system operations is:

- ☒ Under MHP control
- ☐ Allocated to or managed by another County department
- ☐ Combination of MHP control and another County department or Agency

Table 8 shows the percentage of services provided by type of service provider.

Table 8: Distribution of Services, by Type of Provider	
Type of Provider	Distribution
County-operated/staffed clinics	66%

Table 8: Distribution of Services, by Type of Provider	
Type of Provider	Distribution
Contract providers	32%
Network providers	2%
Total	100%*

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

Table 9 identifies methods available for contract providers to submit beneficiary clinical and demographic data; practice management and service information; and transactions to the MHP's EHR system, by type of input methods.

Table 9: Contract Providers Transmission of Beneficiary Information to MHP EHR System		
Type of Input Method	Percent Used	Frequency
Direct data entry into MHP EHR system by contract provider staff	95%	Monthly
Electronic data interchange (EDI) uses standardized electronic message format to exchange beneficiary information between contract provider EHR systems and MHP EHR system	0%	Not used
Electronic batch files submitted to MHP for further processing and uploaded into MHP EHR system	0%	Not used
Electronic files/documents securely emailed to MHP for processing or data entry input into EHR system	2%	Monthly
Paper documents submitted to MHP for data entry input by MHP staff into EHR system	2%	Weekly
Health Information Exchange (HIE) securely share beneficiary medical information from contractor EHR system to MHP EHR system and return message or medical information to contractor EHR	1%	Batch file

Telehealth Services

MHP currently provides services to beneficiaries using a telehealth application:

☒ Yes ☐ No ☐ In pilot phase

- Number of county-operated sites currently operational: 10
- Number of contract provider sites currently operational: 1

Identify primary reason(s) for using telehealth as a service extender (check all that apply):

- ☒ Hiring healthcare professional staff locally is difficult
- ☐ For linguistic capacity or expansion
- ☐ To serve outlying areas within the county
- ☐ To serve beneficiaries temporarily residing outside the county
- ☒ To serve special populations (i.e. children/youth or older adult)
- ☐ To reduce travel time for healthcare professional staff
- ☐ To reduce travel time for beneficiaries

- Telehealth services are available with English and Spanish speaking practitioners (not including the use of interpreters or language line).

Summary of Technology and Data Analytical Staffing

MHP self-reported IT staff changes by full-time equivalents (FTE) since the previous CalEQRO review are shown in Table 10.

Table 10: Technology Staff				
Fiscal Year	IT FTEs (Include Employees and Contractors)	# of New FTEs	# Employees / Contractors Retired, Transferred, Terminated	Current # Unfilled Positions
2019-20	12	0	0	0
2018-19	12	1	2	3
2017-18	11	4	3	1

MHP self-reported data analytical staff changes by FTEs since the previous CalEQRO review are shown in Table 11.

Table 11: Data Analytical Staff				
Fiscal Year	IT FTEs (Include Employees and Contractors)	# of New FTEs	# Employees / Contractors Retired, Transferred, Terminated	Current # Unfilled Positions
2019-20	4	0	2	0
2018-19	9	2	1	0
2017-18	4	1	1	0

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

- Since the previous CalEQRO review, the MHP combined and restructured the quality management (QM) and system performance (data analysis) with a new Deputy Director position to manage the Quality and Data Reporting Teams.
- Table 11 Data Analytical results for FY 2019-20 includes only Fiscal Analysis section staff, it no longer includes data analytical staff assigned to System Performance & Research Evaluations (SPRE) unit.
- SPRE FTE information is not reported in Table 11 this year. There are four FTE supervisor and analytical staff positions noted in FY 2019-20 ISCA.

Current Operations

- The MHP hosts MyAvatar system locally and maintains close to 24/7 availability to support a real-time EHR environment.
- The MHP monitors staff productivity for county-operated programs. The 60 percent standard is similar with other medium-size MHPs; but the MHP's analysis uses a two-week pay period to monitor performance.
- The MHP continues to use the DBH IT Strategic Plan for 2017-2019, last updated August 2017, to prioritize support for current IS operations.
- Netsmart's Appointment Schedule was fully implemented at all county-operated outpatient sites during the past year.
- Three of the four contract provider agencies have local EHR systems. The MHP began to accept certain scanned beneficiary documents, which are securely emailed from providers, for upload into MyAvatar EHR.

- Contract providers continue to have access to reports directly from MyAvatar to monitor that services were entered completely and correctly for claiming purposes and to support timely submission of data to DHCS.

Table 12 lists the primary systems and applications the MHP uses to conduct business and manage operations. These systems support data collection and storage; provide EHR functionality; produce Short-Doyle Medi-Cal (SDMC) and other third-party claims; track revenue; perform managed care activities; and provide information for analyses and reporting.

Table 12: Primary EHR Systems/Applications				
System/ Application	Function	Vendor/ Supplier	Years Used	Operated By
MyAvatar	PM (Practice Management)	Netsmart	9	MHP IS
MyAvatar	CWS (Clinical Workstation)	Netsmart	9	MHP IS
MyAvatar	Order Connect	Netsmart	8	MHP IS
MyAvatar	MSO	Netsmart	>1	MHP IS
MyAvatar	Provider Connect	Netsmart	>1	MHP IS

The MHP's Priorities for the Coming Year

- MS Windows 10 computer upgrade – all desktops and laptops.
- CANS and PSC-35 integration.
- Continued deployment of document scanning and routing.
- Notice of Action (NOA) update and redesign.
- EHR beneficiary photo integration.
- Convert MyAvatar production database environment to VM environment.
- Upgrade MyAvatar server to MS Server 2016/Cache 2017.
- Implement secure FAX – Desktop to FAX server folder.
- Annual desktop computer refresh (25 percent of workstations).
- Develop Business Continuity plan and strategies.
- Integration of Virtual Desktop Interface technology to provide remote user access, enhance security, and disaster recovery.

- IT server environment construction project.
- Relocate IT servers to new facility.
- Upgrade MS Servers operating systems from 2016 to 2019.
- Implement VOIP for entire department.
- Following Netsmart applications are pending status: MSO, Provider Connect, My Health Point beneficiary portal.

Major Changes since Prior Year

- Katie A. Referral form: added fields for SW email, CFTM, and presumptive transfer.
- Supplemental QI: added metrics information fields.
- Implemented Services Log to replace of Notice of Action, Access database.
- Converted FSP beneficiary data entry into MyAvatar to replace direct data entry into DHCS FSP web application.
- Updated Youth Counseling progress note to include additional recommendation and interventions.
- Enhanced MyAvatar – Client View now includes all active forms.
- Updated Medication Consent to allow better tracking, reporting, monitoring.
- Implemented telepsychiatry (telehealth) consent form.
- Implemented more accurate reason for discharge tracking.
- Streamline Admission Packet to assist current and returning beneficiaries completing information.
- Implemented Netsmart Scheduler application for – OOP, AB109, and CAS.
- Scheduler Reports – compare appointments to completed progress notes.
- Updated and redesign NOA.
- Updated IT disaster recovery plan.
- Upgraded SAN drive capacity.
- Upgraded Perceptive Point of Scan.

- Conducted external contractor security and regulatory review.
- Conducted department all staff face-to-face best practices training.
- Completed 2019 network and security risk assessment.
- Implemented Imprivata two-factor authentication and single sign-on application.
- Implement secure printing and card access.
- Completed annual computer refresh of 25 percent department desktops.

Other Areas for Improvement

- The MHP needs to track contract provider beneficiary request for initial or ongoing appointments in MyAvatar to support IN 19-020, CSI Assessment appointment transactions.
- Staff productivity standard of 60 percent is reasonable compared to similar-size MHPs. But, the MHP monitors staff productivity every pay period (i.e., two weeks), which seems to be a short time period and discourages staff from participating in trainings and other professional development activities.
- DBH IT Strategic Plan 2017-2019 was last updated August 2017. The plan should be updated to reflect changing priorities and take into account recent local emergencies and strategies to respond.
- Three contract providers who have local EHR systems must double-data enter to support both local systems and MyAvatar.

Plans for Information Systems Change

- The MHP has no plans to replace current system.

Current EHR Status

Table 13 summarizes the ratings given to the MHP for EHR functionality.

Table 13: EHR Functionality

		Rating			
Function	System/Application	Present	Partially Present	Not Present	Not Rated
Alerts	Netsmart/MyAvatar	X			
Assessments	Netsmart/MyAvatar	X			
Care Coordination				X	
Document Imaging/Storage	Netsmart/MyAvatar	X			
Electronic Signature—MHP Beneficiary	Netsmart/MyAvatar	X			
Laboratory results (eLab)	Quest/Millennium	X			
Level of Care/Level of Service	CANS and MORS	X			
Outcomes	Netsmart/MyAvatar	X			
Prescriptions (eRx)	Netsmart/MyAvatar	X			
Progress Notes	Netsmart/MyAvatar	X			
Referral Management				X	
Treatment Plans	Netsmart/MyAvatar	X			
Summary Totals for EHR Functionality:					
FY 2019-20 Summary Totals for EHR Functionality:		10	0	2	0
FY 2018-19 Summary Totals for EHR Functionality*:		10	0	2	0
FY 2017-18 Summary Totals for EHR Functionality:		9	1	2	0

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

- The MHP has not yet achieved a fully functional EHR system for county-operated programs. Incremental progress was noted during the past two years in Summary Totals for EHR Functionality results above.

Personal Health Record (PHR)

Do beneficiaries have online access to their health records through a PHR feature provided within the EHR, a beneficiary portal, or third-party PHR?

☐ Yes ☐ In Test Phase ☒ No

If no, provide the expected implementation timeline.

☐ Within 6 months ☐ Within the next year
☒ Within the next two years ☐ Longer than 2 years

Medi-Cal Claims Processing

MHP performs end-to-end (837/835) claim transaction reconciliations:

☒ Yes ☐ No

If yes, product or application:

Local Excel Worksheet or Access Database

Method used to submit Medicare Part B claims:

☐ Paper ☐ Electronic ☒ Clearinghouse

Table 14 summarizes the MHP's SDMC claims.

Table 14. Summary of CY 2018 Short Doyle/Medi-Cal Claims Butte MHP							
Service Month	Number Submitted	Dollars Billed	Number Denied	Dollars Denied	Percent Denied	Dollars Adjudicated	Dollars Approved
TOTAL	207,564	\$42,087,733	1,890	\$425,605	1.01%	\$41,662,128	\$40,838,765
JAN18	19,182	\$3,976,212	174	\$43,558	1.10%	\$3,932,654	\$3,880,375
FEB18	17,639	\$3,763,372	736	\$143,796	3.82%	\$3,619,576	\$3,504,917
MAR18	19,284	\$4,060,483	71	\$28,053	0.69%	\$4,032,430	\$3,971,726
APR18	18,974	\$3,687,556	126	\$34,662	0.94%	\$3,652,894	\$3,573,281
MAY18	19,878	\$3,566,600	171	\$29,405	0.82%	\$3,537,195	\$3,480,441
JUN18	16,826	\$3,140,508	60	\$16,487	0.52%	\$3,124,021	\$3,077,025
JUL18	17,183	\$3,636,249	56	\$16,146	0.44%	\$3,620,103	\$3,524,994
AUG18	18,985	\$3,876,727	102	\$21,031	0.54%	\$3,855,696	\$3,764,017
SEP18	15,656	\$3,236,886	65	\$17,689	0.55%	\$3,219,197	\$3,140,817
OCT18	18,482	\$3,831,336	65	\$15,040	0.39%	\$3,816,296	\$3,765,191
NOV18	13,600	\$2,859,136	233	\$50,997	1.78%	\$2,808,139	\$2,726,269
DEC18	11,875	\$2,452,669	31	\$8,740	0.36%	\$2,443,929	\$2,429,712
Includes services provided during CY 2018 with the most recent DHCS claim processing date of June 7, 2019. Only reports Short-Doyle/Medi-Cal claim transactions, does not include Inpatient Consolidated IPC hospital claims. Statewide denial rate for CY 2018 was 3.25 percent .							

Table 15 summarizes the top three reasons for claim denial.

Table 15. Summary of CY 2018 Top Three Reasons for Claim Denial Butte MHP			
Denial Reason Description	Number Denied	Dollars Denied	Percent of Total Denied
Service line is a duplicate and repeat service procedure modifier is not present.	837	\$155,351	37%
Invalid procedure code and modifier combination OR single service exceeds maximum minutes per day.	575	\$147,806	35%
Payment denied - prior processing information incorrect. Void/replacement condition.	124	\$46,807	11%
TOTAL	1,890	\$425,605	N/A
The total denied claims information does not represent a sum of the top three reasons. It is a sum of all denials.			

CONSUMER AND FAMILY MEMBER FOCUS GROUP(S)

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

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

CFM Focus Group One

CalEQRO requested a culturally diverse group of adult beneficiaries and including some who have transitioned to adult services from transitional age youth (TAY) programs and who have initiated/utilized services within the past 12 months. The focus group consisted of mostly White women who were English-speaking. The participants were older adult and adult beneficiaries, none of whom had recently transitioned from TAY. The focus group was held at Chico Adult Services clinic.

Number of participants: [REDACTED]

[REDACTED] entered services within the past year. To preserve anonymity, the comments from this participant have been added to the general comments.

Participants' general comments regarding service delivery included the following:

- Participants were generally satisfied with the frequency of contact with their therapists and psychiatrists; however, some felt that the therapeutic sessions seemed short or rushed.
- Participants commented on the need for more psychiatrists but did not elaborate on the basis for this need.
- Regarding psychiatrists, some participants felt that there was an emphasis and pressure to take medications. They felt that some psychiatrist discounted their feedback on medications that they had already been prescribed.
- Participants reported the use of the crisis hotline and visits to Iverson (wellness center), when they needed more support.
- While participants found the services at Iverson to be helpful, some described feeling unsafe at times when others at the wellness center were experiencing

acute symptoms. They also reported that the wellness center is not as structured as it used to be.

Participants' recommendations for improving care included the following:

- Increase the duration of therapeutic sessions
- Decrease the emphasis on medications
- Provide more in-person psychiatric appointments (i.e., instead of telehealth)

Interpreter used for focus group one: No Language(s): NA

CFM Focus Group Two

CalEQRO requested a group of Hispanic adult beneficiaries who are mostly new beneficiaries who have initiated/utilized services within the past 12 months. The focus group participants were as requested, with more women than men. The focus group was held at Gridley Community Counseling Center.

Number of participants: [REDACTED]

[REDACTED] entered services within the past year. To preserve anonymity, the comments from this participant have been added to the general comments.

Participants' general comments regarding service delivery included the following:

- Participants did not report any issues with transportation. They reported that rides are provided to and from the mental health clinics as well as for other medical appointments.
- Participants reported that telehealth was the primary means through which psychiatry was provided. Participants had mixed reactions to telehealth; some participants found it to be impersonal.
- Participants knew of the wellness centers elsewhere in the county and would like a wellness center in Gridley.
- Participants were not aware of MHP-provided/affiliated services related to job placement and employment either internal or external to the MHP.

Participants' recommendations for improving care included the following:

- Establish a wellness center in Gridley.

Interpreter used for focus group two: Yes Language(s): Spanish

PERFORMANCE AND QUALITY MANAGEMENT KEY COMPONENTS

CalEQRO emphasizes the MHP's use of data to promote quality and improve performance. Components widely recognized as critical to successful performance management include Access to Care, Timeliness of Services, Quality of Care, Beneficiary Progress/Outcomes, and Structure and Operations. The following tables in this section summarize CalEQRO's findings in each of these areas.

Access to Care

Table 16 lists the components that CalEQRO considers representative of a broad service delivery system that provides access to beneficiaries and family members. An examination of capacity, penetration rates, cultural competency, integration, and collaboration of services with other providers forms the foundation of access to and delivery of quality services.

Table 16: Access to Care Components			
Component		Maximum Possible	MHP Score
1A	Service Access and Availability	14	14
The MHP has a comprehensive system for communicating and disseminating access information to beneficiaries. Brochures, announcements, message boards and the like were onsite at the clinics visited. The MHP has multiple service locations; services in Paradise were halted because of the fire. The MHP's website is informative and includes information on how to access services in multiple languages, primarily Spanish. The MHP monitors access through logs.			
1B	Capacity Management	10	10
The MHP maintains current information on the beneficiaries served, by race/ethnicity, gender, language, and other variables. The MHP considers the various cultures and populations that are present in the county and served by the MHP, including veterans, older adults, and the LGBTQ. The MHP conducted a cultural competency assessment of staff in Fall 2018, which enabled them to compare their staffing distribution with respect to beneficiary distribution. The MHP evidenced their monitoring and evaluation of penetration rates, utilization of services (e.g., metrics dashboard), caseloads, and productivity of staff through various reports that are maintained.			
1C	Integration and Collaboration	24	21
The MHP has developed integrated and collaborative programs with several partners in the community, from those providing health services, human and social services,			

Table 16: Access to Care Components		
Component	Maximum Possible	MHP Score
and educational services. In the past year, the relationship with housing authority has increased due to the demand and related housing shortage post-Camp Fire. The MHP reported a need for greater accountability by the MCPs, particularly regarding transportation. Stakeholders also reported lack of adequate psychiatric providers in the community, through the MCP partners, which contributed to the retention of beneficiaries in SMHS and elevated caseloads.		

Timeliness of Services

As shown in Table 17, CalEQRO identifies the following components as necessary for timely access to comprehensive specialty mental health services.

Table 17: Timeliness of Services Components			
Component		Maximum Possible	MHP Score
2A	First Offered Appointment	16	16
The MHP follows the state standard of ten business days for first offered appointment, which can be tracked by phone and walk-in services. The MHP met the state standard 97.10 percent of the time overall and the MHP averaged 2.15 days for first offered. First offered appointments were provided for adults, children, and youth in foster care.			
2B	Assessment Follow-up and Routine Appointments	8	4
The MHP offers routine and follow-up appointments with varying frequencies, based on type of service and treatment plan. Frequencies of appointments, for clinicians and psychiatrists, were from weekly to quarterly. Some focus group participants expressed a desire for more frequent therapeutic appointments. There was no evidence of the MHP tracking follow-up and routine appointments within the MHP or for their contract providers; however, the MHP reported that they track time to first and second clinical appointment.			
2C	First Offered Psychiatry Appointment	12	11
The MHP follows the state standard of 15 business days for first offered psychiatry service. The MHP met the state standard 55.99 percent of the time and averaged 17.10 days overall. The MHP has initiated some activities to improve timeliness of this service, including the hiring of psychiatrists; revising schedule to preserve and			

Table 17: Timeliness of Services Components

Component		Maximum Possible	MHP Score
dedicate slots for psychiatric appointments; and, scheduling appointments through other clinics when possible. The MHP reviews first psychiatry appointment quarterly, with a breakdown for adults, children, and youth in foster care. The MHP's report did not include contract provider data, but the MHP will have this going forward for FY 2019-20.			
2D	Timely Appointments for Urgent Conditions	18	6
The MHP did not provide information on the response to urgent conditions. The MHP cited minimal and inconsistent data entry as contributing to insufficient tracking of urgent conditions. Nevertheless, the MHP reported—and beneficiary participants—endorsed receipt of crisis and urgent services through the MHP without issue. The MHP also has 'bridge' doctors who can respond to urgent requests for medications or psychiatric assessment. The MHP is implementing a system that flags urgent appointments and is training staff to document accordingly.			
2E	Timely Access to Follow-up Appointments after Hospitalization	8	8
The MHP follows the standard of seven days for follow-up appointments after hospitalization. The MHP met this standard 74.01 percent of the time overall and averaged 15.28 days overall. Follow-up appointments were disaggregated for adults, children, and youth in foster care. The MHP has the crisis triage connect team to facilitate, and therefore improve, beneficiary access to timely post-hospitalization services.			
2F	Tracks and Trends Data on Rehospitalizations	6	6
The MHP's rehospitalization rate was 12.74 percent overall. The rate for youth in foster care was much higher at 33.33 percent. There were few youth in foster care hospitalized (██████████) therefore ██████████ has a significant effect on the rate of rehospitalization. The MHP reported that hospitalizations are closely monitored by those providing Katie A. services and that uncharacteristic results are routinely investigated.			
2G	Tracks and Trends No-Shows	10	8
The MHP follows the standard of 15 percent for no-shows. The clinician no-show rates were less than the standard overall and for adults, children, and youth in foster care. The no-show rates for psychiatry were above the standard. They were at 16.16 percent overall. Per the MHP, the accuracy of this data is suspect, as documentation of no-shows was inconsistent. The MHP has implemented some measures to improve the reporting and monitoring of psychiatry no-shows, including scheduler prompts for			

Table 17: Timeliness of Services Components

Component	Maximum Possible	MHP Score
no-shows and consistency in applying the no-show policy. Also, the MHP believes that with additional psychiatrists, no-shows will decrease.		

Quality of Care

In Table 18, CalEQRO identifies the components of an organization that is dedicated to the overall quality of care. These components ensure that the quality improvement efforts are aligned with the system's objectives and contributes to meaningful changes in the system to improve beneficiary care characteristics.

Table 18: Quality of Care Components

	Component	Maximum Possible	MHP Score
3A	Beneficiary Needs are Matched to the Continuum of Care	12	10
The MHP operates a full range of services directly and 34 percent through contract and network providers. The MHP featured their mechanisms to transition beneficiaries from hospitalization to outpatient services, through the crisis triage connect team. They also have mechanisms to flag and monitor repeated crisis services. The MHP is revamping their system for assigning beneficiaries to levels of care to better match changing beneficiary status/progress. Transitions out of SMHS to MCP were reportedly challenging, as the MCP appear to lack sufficient staff to serve mild-to-moderate beneficiary health care needs.			
3B	Quality Improvement Plan	10	9
The MHP produced an annual evaluation of the effectiveness of QI activities. The evaluation itself includes only a narrative summary of the effectiveness of the activities. The current work plan includes the outcome for the previous year, as well as the objective for the current year. The QI work plan has broad goals with discrete and measurable objectives. QI minutes were produced monthly, which show ongoing monitoring of areas of concern and improvement over time.			
3C	Quality Management Structure	14	12
The MHP has a designated quality improvement (QI) coordinator. The new SPRE, which combines QI and systems performance, also has a dedicated manager. Data			

extraction and utilization is a primary focus of SPRE. The MHP has a QI committee (QIC) comprised of all stakeholders within the MHP and a QM team comprised of program managers. The QIC meets monthly and QM meets quarterly. Per the minutes, the QIC appears to be attended by the same internal MHP staff, rather than representatives from all stakeholders in the MHP; this is consistent with staff and beneficiary feedback of, respectively, lack of time and lack of awareness of QIC.			
3D	QM Reports Act as a Change Agent in the System	10	7
The MHP provided the metrics dashboard, which presents data on timelines, utilization of the access/crisis line, and findings of consumer perception survey (CPS). The MHP's reports and use of Performance Outcome System (POS) data provide information on access. There was less evidence of the MHP's reporting on beneficiary outcomes. The MHP uses audits and PIPs as part of their change management practice. The MHP sets goals for improvement activities, but the reported outcome from those activities did not match the intentions originally stated.			
3E	Medication Management	12	9
The MHP's medication monitoring over the past year was conducted through a chart audit of 13 records. The audit was conducted by a contract pharmacist, given that the MHP did not have a medical director in place. The audits covered aspects of the HEDIS medication monitoring generally (e.g., polypharmacy, labs and metabolic monitoring, and monitoring of children prescribed psychotropic medications); they did not indicate specific monitoring such as maternal depression screening or diabetic screening for beneficiaries with schizophrenia or bipolar disorders. There was less evidence of psychiatrist communication with clinicians and primary care providers. The audit policy includes a corrective action plan when necessary.			

Beneficiary Progress/Outcomes

In Table 19, CalEQRO identifies the components of an organization that is dedicated to beneficiary progress and outcomes as a result of the treatment. These components also include beneficiary perception or satisfaction with treatment and any resulting improvement in beneficiary conditions, as well as capture the MHP's efforts in supporting its beneficiaries through wellness and recovery.

Table 19: Beneficiary Progress/Outcomes Components			
Component		Maximum Possible	MHP Score
4A	Beneficiary Progress	16	12

The MHP has adopted standardized tools for measuring progress of adults and children, via MORS and CANS, respectively. Through the clinical document checklist, and chart reviews, the MHP has evidence that these tools are consistently used in clinical practice. CANS is completed at the beginning of treatment and every six months, with more frequent use also reported by staff working in the schools. MORS is completed at the beginning of treatment and every six months. Staff reported that because CANS is not in the EHR, it was not well incorporated into the workflow and contemporaneous measures of beneficiary outcomes (e.g., progress on treatment plans and functional outcomes). As the CANS, MORS, and PSC-35 are not in the EHR, the MHP also cannot compile, report, or share aggregated information on beneficiary outcomes.			
4B	Beneficiary Perceptions	10	9
The MHP participated in the CPS survey in May 2018, November 2018, and May 2019. The findings from May and November of 2018 were presented in the QI work plan, with comparison to the previous year's CPS results. The MHP also conducted their own surveys (e.g., on mobile crisis) this past year. There was evidence of the MHP using the survey findings to improve services. The MHP posts survey results online for public review. Some stakeholders were not accustomed to reviewing the results online, as they took the surveys onsite (and on paper) at a clinic.			
4C	Supporting Beneficiaries through Wellness and Recovery	4	4
The MHP has peer-driven drop-in center in Oroville. The center is primarily peer-run and is open to the public.			

Structure and Operations

In Table 20, CalEQRO identifies the structural and operational components of an organization that is facilitates access, timeliness, quality, and beneficiary outcomes.

Table 20: Structure and Operations Components			
Component		Quality Rating	
5A	Capability and Capacity of the MHP	30	26
The MHP provides a broad range of SMHS, from outpatient to inpatient and residential and to address acute and chronic conditions. Three service types were not present within or through the MHP: intensive day treatment, day rehabilitation, or therapeutic foster care (TFC). Regarding TFC, the MHP and DSS have not identified any families willing to make this transition. The MHP indicated that their staff are able and ready to work with and train families to make this transition. At present, youth			

needing TFC are placed out-of-county. The MHP noted that while they do facilitate inpatient hospitalization for youth, these placements have been challenging and increasingly difficult to secure over the past few years. Their hospital partners have become less willing to admit youth with acute needs.			
5B	Network Adequacy	18	15
The MHP uses a number of adjunctive services to augment and increase beneficiary access to services. These adjunctive services included telehealth; co-located services (e.g., with law enforcement); wellness centers; network providers with language and cultural expertise; Indian health centers; mobile crisis; and, field-based services. The MHP reported neither use of network providers for testing (as they have their own psychologists) nor behavioral health home model of services.			
5C	Subcontracts/Contract Providers	16	16
Contract providers were well represented and included in the MHP. MHP has a dedicated point of contact for, regular meetings with, and maintains regular communication and exchange of information with contract providers.			
5D	Stakeholder Engagement	12	9
Stakeholder engagement in system planning, committees, and other meetings garnered mixed reviews. Contract providers, some community providers, and mid-level MHP staff felt that they were involved in MHP's system planning, while line staff, beneficiaries, and family members felt less involved. Line staff's involvement, or lack thereof, was attributed to workload (e.g., documentation and productivity) and caseload numbers. Beneficiary's limited involvement was related to lack of awareness about opportunities to be involved.			
5E	Peer Employment	8	4
The MHP has designated positions for peer employees and the MHP facilitates employment opportunities for beneficiaries both within and external to the MHP. The MHP partners with the Housing and Employment agency/department to provide job training and assess readiness of beneficiaries. Most of the MHP's peer positions are limited to crisis services and the wellness centers. The MHP has a plan to expand their peer employment to include a three-tiered peer system with a peer supervisor and positions that may extend to other programs in the MHP.			
5F	Peer-Run Programs	10	8
The MHP has two peer-run programs at Iversen Wellness & Recovery Center in Chico and the Drop-In Center in Oroville. The programs at both Iversen and the Drop-In Center are monitored for utilization. There are no peer-run programs in Gridley, which was presented as a deficit by beneficiaries.			

5G	Cultural Competency	12	12
The MHP assessed, identified, and implemented strategies to meet the cultural needs of their beneficiaries. The MHP also conducted a cultural assessment of staff to identify matching to the beneficiary population and to identify gaps in services provision. The MHP provided evidence of their activities to better align cultural needs of their beneficiaries to services, chief among these efforts was the plan to hire a language access coordinator to coordinate, standardize, and oversee translation (and interpretation) services for beneficiaries with limited English proficiency, which represents at least 9 percent of the MHP's beneficiaries.			

SUMMARY OF FINDINGS

This section summarizes the CalEQRO findings from the FY 2019-20 review of Butte MHP related to access, timeliness, and quality of care.

MHP Environment – Changes, Strengths, and Opportunities

PIP Status

Clinical PIP Status: Concept only, not yet active (not rated)

Non-clinical PIP Status: Active and ongoing

Access to Care

Changes within the Past Year:

- Butte County experienced the Camp Fire in October 2018, which devastated parts of the county and particularly the town of Paradise. Because of the fires, the MHP's services in Paradise, inclusive of outpatient clinic and the wellness center, were suspended.
- Because of the fires, the demand for housing has increased dramatically in Chico, Oroville, and other cities in Butte. In addition to closures of board and cares in Paradise, landlords and housing providers have realized the potential for increased rents and, thereby, have displaced beneficiaries that were living in their affordable, subsidized housing.
- Whether related to the fire or part of an ongoing issue for the MHP, shortage of psychiatrists was reported by multiple stakeholders.
- The MHP expanded mobile crisis to south county, which includes cities of Gridley and Biggs. The mobile crisis involves co-response of MHP counselors (i.e., case managers) and peer advocates with law enforcement. Mobile crisis is provided daily, from 8am to 6pm.
- The MHP increased staff for walk-in crisis by one triage nurse. The addition of this nurse decreases the need for emergency room and hospitalizations for medical assessments and clearance.

Strengths:

- The MHP's staff, including some whose homes were also destroyed, continued to provide services and facilitate beneficiary access to services.
- The MHP provides and supplements transportation for beneficiaries as needed and when managed care plans are delayed in facilitating this service.
- The MHP uses telehealth to augment the psychiatry services.

- The MHP's overall penetration rate is nearly double that of the statewide average and medium-size MHPs. Its Latino/Hispanic penetration rate is also higher than the corresponding averages.

Opportunities for Improvement:

- The availability of psychiatric providers, or lack thereof, within the MHP and in the community effects the retention of beneficiaries in the MHP and contributes to high caseloads.
- While transportation may be provided, beneficiaries may have varying skill and ability in using available transportation options.
- Telehealth appears to be widely used in the MHP; however, beneficiaries appear to have some reservations about this form of contact with their providers.

Timeliness of Services

Changes within the Past Year:

- Beginning April 2019, the MHP has begun to include contract provider timeliness data into overall timeliness reporting. By the next review, reflecting FY 2019-20 timelessness data, the contract provider information will be included.

Strengths:

- The MHP has a dashboard that captures and presents succinctly several timeliness metrics.

Opportunities for Improvement:

- The MHP did not provide information on their response time to urgent conditions, citing data integrity concerns. As well, the MHP seeks direction (from DHCS) on the criteria as urgent conditions, which they believe is addressed under crisis.

Quality of Care

Changes within the Past Year:

- The MHP hired a medical director in July 2019 to oversee medical care and provide oversight of medication monitoring.

Strengths:

- The MHP's QI program has a number of means to assess the provision and quality of services and appeared to have a good handle on the areas within their system that required improvement.

Opportunities for Improvement:

- Transition of beneficiaries to lower levels of care and particularly to MCP were reportedly insufficient.
- Staff reported increased caseload and focus group participants felt that clinicians were over-worked. Beneficiaries felt that because of the workload, their clinical sessions were truncated, with not enough time for interaction with their clinicians.
- The MHP conducted 13 chart audits of their beneficiaries prescribed medication. This is a very small number of beneficiaries relative to over 3,000 that received medication support services in CY 2018.

Beneficiary Outcomes

Changes within the Past Year:

- None

Strengths:

- None

Opportunities for Improvement:

- The MHP uses paper-based CANS, which makes it more difficult to aggregate beneficiary outcomes, either by program or systemically.
- Several reasons were provided as to why beneficiaries are not transitioned to lower levels of care beyond the MHP, when eligible. One of these reasons was beneficiary reluctance, uncertainty, and lack of awareness of services in the community.
- The MHP has yet to integrate the PSC-35 psychosocial screening tool in the EHR. A paper-based screening tool is used.

Foster Care

Changes within the Past Year:

- Two group homes were destroyed in the Camp Fire. The fires also displaced families that provided foster care. Overall, there has been an increase in the number of youth in foster care who are receiving SMHS that are placed out-of-county.

Strengths:

- The MHP and DESS have a core group of staff who facilitate mental health services for children in foster care. This core group has been responsible for streamlining services and improving coordination with other MHPs who receive children placed out of Butte County.

Opportunities for Improvement:

- The MHP is in the process of updating the medication reporting to include relevant HEDIS measures and medication utilization per SB 1291.

Information Systems

Changes within the Past Year:

- Recruitment and retention of IT staff has significantly improved during the past year. There are currently no unfilled technology positions.

Strengths:

- None noted.

Opportunities for Improvement:

- Three of the four contract providers have local EHRs, but have to double enter most transactions into MyAvatar. The process is burdensome and prone to data entry errors. Most other MHPs that use Netsmart system have automated the upload of service transactions using batch file transfer into the MHP EHR.
- The MHP captures initial appointment requests for contract providers, through the QI Supplemental Form, and scans them into MyAvatar. The MHP does not tabulate the results.

Structure and Operations

Changes within the Past Year:

- The MHP has combined their QM and system performance units under one department, SPRE. QM and system performance have collaborated on projects, but worked independently, and sometimes on overlapping work. The MHP believes that the combination will reduce duplicative work and increase efficiencies and optimize staff resources.

Strengths:

- The MHP has formed a dedicated team, the peer workforce group, to oversee the expansion of the peer employment program, giving this initiative focused attention.

Opportunities for Improvement:

- The MHP continues to face challenges with staff retention. Non-competitive salaries and productivity (requirements) were among the chief reasons for staff departure.

- While the MHP's productivity standard of 60 percent is in line with other MHPs, the two-week work period to achieve this standard is reportedly onerous for staff and results in disciplinary citations. Staff productivity are affected by several factors, including beneficiary no-shows.
- Currently, the MHP's peer employment provides little opportunity for advancement within the MHP.
- While the MHP implementation timeline is to go-live with MyAvatar PHR within next two years, other MHPs who implemented PHR application note it does improve communication and support with beneficiaries.

FY 2019-20 Recommendations:

PIP Status

- **Recommendation 1:** To ensure an active performance improvement project (PIP), collect data and provide the evidence that post-traumatic stress disorder (PTSD) and other trauma disorders are underdiagnosed for youth beneficiaries.
- **Recommendation 2:** Include the relevant beneficiaries directly as part of the PIP team, not just through their general attendance at quality improvement committee (QIC).
- **Recommendation 3:** To ensure an active PIP, implement an intervention that improves the diagnosis and treatment of youth with PTSD. (*This recommendation is a carry-over from FY 2018-19*).
- **Recommendation 4:** Collect, report, and analyze the data on the post-hospitalization follow-ups for FY 2018-19.

Access to Care

- **Recommendation 5:** Engage managed care plans (MCP) in discussions/meetings to facilitate increased transition of beneficiaries to services in the community, particularly medication support services.
- **Recommendation 6:** Determine a way to assess beneficiaries' ability to use transportation options independently and match the beneficiary's ability to the type of transportation service provided.
- **Recommendation 7:** Conduct a brief survey on telehealth to identify which aspects of this medium beneficiaries are dissatisfied with and take some steps to address.

Timeliness of Services

- **Recommendation 8:** Identify (or consult with DHCS) on the definition of urgent conditions and begin to formally track and monitor this type of service.

Quality of Care

- **Recommendation 9:** Conduct an analysis or focused chart audit of beneficiaries who have remained in care for several years (with timeframe to be determined by the MHP) at the lowest level of care.
- **Recommendation 10:** From the results of the analysis, identify those who meet criteria for discharge to MCP and engage MCPs in plans to transition said beneficiaries.

- **Recommendation 11:** Monitor staff caseloads and determine a maximum number that still ensures clinicians can spend the requisite amount of time for clinical sessions.
- **Recommendation 12:** Increase the number of chart audits for medication monitoring to at least 10 percent of those prescribed medications.

Beneficiary Outcomes

- **Recommendation 13:** After identifying beneficiaries who meet criteria for discharge (above), provide identified beneficiaries with some guidance or a session to prepare them to access services in the community. Consider using peer staff to support transition process.

Foster Care

- **Recommendation 14:** Complete the updates to the medication reporting or dashboard so that it includes relevant HEDIS and Senate Bill (SB) 1291 measures for children in foster care. *(This recommendation is a carry-over from FY 2018-19.)*
- **Recommendation 15:** Include SB 1291 indicators in the chart audits for medications as part of a comprehensive medication monitoring for children in foster care.

Information Systems

- **Recommendation 16:** Develop a business plan and strategy to implement timely Netsmart's Management Services Organization (MSO) and Provider Connect applications to further improve timely transfer of beneficiary data from contract provider's local electronic health record (EHRs) to MyAvatar. *(This recommendation is a carry-over from FY 2018-19).*
- **Recommendation 17:** Identify and implement other projects to exchange additional scanned beneficiary documents between contract providers local EHR and MyAvatar.

Structure and Operations

- **Recommendation 18:** Investigate the feasibility of monitoring staff productivity by replacing two-week measurement period with a monthly or quarterly benchmark.
- **Recommendation 19:** Report the number of no-show appointments per staff member along with productivity percentage to measure lost productivity opportunities.

- **Recommendation 20:** Evaluate the usefulness of adding a code for training events to account for staff training and development activities, which also influences productivity.
- **Recommendation 21:** Continue efforts to expand peer employee positions within the MHP (or through contract providers), thereby creating peer employment classifications or levels. (*This recommendation is a carry-over from FY 2018-19*).
- **Recommendation 22:** Investigate feasibility of using clinical staff or peer advocates to implement and support personal health record (PHR) application. Determine if quality management (QM) should be the lead to train and support beneficiaries, with information technology (IT) providing technical and operational support.

ATTACHMENTS

Attachment A: On-site Review Agenda

Attachment B: On-site Review Participants

Attachment C: Approved Claims Source Data

Attachment D: List of Commonly Used Acronyms in EQRO Reports

Attachment F: PIP Validation Tools

Attachment A—On-site Review Agenda

The following sessions were held during the MHP on-site review, either individually or in combination with other sessions.

Table A1—EQRO Review Sessions - Butte MHP	
Opening Session – Changes in the past year; current initiatives; and status of previous year’s recommendations	
Cultural Competence, Disparities and Performance Measures	
Timeliness Performance Measures/Timeliness Self-Assessment	
Quality Management, Quality Improvement and System-wide Outcomes	
Performance Improvement Projects	
Acute and Crisis Care Collaboration and Integration	
Health Plan and Mental Health Plan Collaboration Initiatives	
Clinical Line Staff Group Interview	
Clinical Supervisors Group Interview	
Consumer and Family Member Focus Group(s)	
Peer Employee/Parent Partner Group Interview	
Peer Inclusion/Peer Employees within the System of Care	
Contract Provider Group Interview – Operations and Quality Management	
Contract Provider Group Interview – Clinical Management and Supervision	
Services Focused on High Acuity and Engagement-Challenged Beneficiaries	
Supported Employment Interview	
Validation of Findings for Pathways to Mental Health Services (Katie A./CCR)	
Information Systems Billing and Fiscal Interview	
Information Systems Capabilities Assessment (ISCA)	
Electronic Health Record Deployment	
Telehealth	
Final Questions and Answers - Exit Interview	

Attachment B—Review Participants

CalEQRO Reviewers

Ewurama Shaw-Taylor, PhD, Quality Reviewer
Bill Ullom, Chief Information Systems Reviewer
Walter Shwe, Consumer/Family Member Consultant
Laurence Smith, Quality Reviewer

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

Sites of MHP Review

MHP Sites

Butte County Behavioral Health Department
3211 Cohasset Road, Suite 100
Chico CA 95973

Chico Adult Services
560 Cohasset Road, # 100
Chico, CA 95926

Gridley Community Counseling Center
995 Spruce Street
Gridley, CA 95948

Contract Provider Sites

None

Table B1—Participants Representing the MHP			
Last Name	First Name	Position	Agency
Amaya	Sotero	Supervisor, Counselor, Gridley	Butte County Department of Behavioral Health (BCDBH)
Avalos	Juliet	Administrative Analyst, Associate	BCDBH
Bowers	Victoria	Direct Service, Clinician	BCDBH
Brandt	Wayne	Program Manager, Information Systems	BCDBH
Bruun	Alexandra	Supervisor, Clinician	BCDBH
Calderon	Angel	Supervisor, Counselor, Gridley	BCDBH
Calkins	Courtney	Program Manager	Counseling Solutions
Cantwell	Cynthia	Direct Services, Crisis	BCDBH
Chain	Joel	Assistant Director, Administration	BCDBH
Chambers	Brooke	QA Manager	Youth for Change
Davis	Essence	Fiscal Manager	BCDBH
DeCamp	Pamela	Counselor	BCDBH
Drobny	Holli	Program Manager, Community Services	BCDBH
Feingold	Sarah	Clinical Supervisor	Youth for Change
Friedeberg	Edna	Executive Director	North Valley Catholic Social Services
Frohock	Sarah	Supervisor, Clinician	BCDBH
Garcia	Olivia	Clinician	Victor Community Support Services
Glass	Leslie	QA Coordinator	BCDBH
Goodman	Billy	Supervising Administrative Analyst, Billing	BCDBH

Table B1—Participants Representing the MHP			
Last Name	First Name	Position	Agency
Gothan	Matthew	Manager, Support Services	BCDBH
Harriman	Manching	Program Manager, Med. Support	Youth For Change
Herrera	Isaac	Direct Service Staff	BCDBH
Jackson	Rick	Supervising Analyst, System Performance Research & Evaluation (SPRE)	BCDBH
Johnston	Miyoko	Administrative Analyst, Senior	BCDBH
Kendell	Steven	Medical Director	BCDBH
Kennelly	Kelly	Supervisor, Administrative Analyst	BCDBH
Kennelly	Scott	Interim Director	BCDBH
Larish	Mike	IS Analyst, Principal	BCDBH
Laws	Jenae	Avatar Clinician, Quality Management	BCDBH
Liningier	Trishanne	Director, Contract Provider	Counseling Solutions
Lopez	Marisa	Direct Service Staff	BCDBH
Lyons	Aaron	Supervisor, Clinician	BCDBH
Marinello	Kelly	Program Manager, Inpatient Services	BCDBH
Mata	Rebecca	Counselor, Crisis	Victor Community Support Services
Meli	Angela	Supervising Analyst, Katie A. Liaison	Department of Employment and Social Services
Nansel	Charlene	Clinical Supervisor, Crisis Services	BCDBH
Norwood	Denise	Clinical Supervisor, Substance Use Disorder (SUD) Services	BCDBH

Table B1—Participants Representing the MHP			
Last Name	First Name	Position	Agency
Ortega	Mandolin	Counseling Supervisor	North Valley Catholic Social Services
Ott	Trisha	Supervising Analyst, Quality Management	BCDBH
Ouimet	Cathleen	Program Manager, Chico Adult Outpatient	BCDBH
Panzer	Janae	Supervisor	North Valley Catholic Social Services
Parks	Shad	Supervisor, Counselor, Gridley	BCDBH
Parsons	Beth	Quality/Med. Support Program Manager	Youth for Change
Pederson	Jessica	Clinician II, Katie A/Pathways to Wellbeing	BCDBH
Perez	Michelle	Contract Monitor, Quality Management	BCDBH
Peterson	Denise	Peer Support Services Outreach Coordinator	Northern Valley Talk Line
Pilgram	Andy	Supervisor, IT Analyst	BCDBH
Pippitt	Kayla	Clinician III, Quality Management	BCDBH
Powers	Jessamyn	Senior Analyst, Quality Management	BCDBH
Reimer	Nicole	Program Manager, Oroville Children's Services	BCDBH
Reynolds	Quinci	Administrative Analyst, Associate	BCDBH
Robinson	Melody	Program Manager, Crisis Services	BCDBH
Rollins	Dawn	Program Manager, Oroville Adult Outpatient	BCDBH
Siler	George	Executive Director	Youth for Change
Smith	Jeramy	Direct Services, Crisis	BCDBH

Table B1—Participants Representing the MHP			
Last Name	First Name	Position	Agency
Stefanetti	Tony	Supervisor, Counselor	BCDBH
Stofa	Jenn	Program Manager, SUD Services	BCDBH
Straugh	Carson	Direct Service, Clinician	BCDBH
Tallchief	Leah	Training Coordinator	BCDBH
Taylor	Don	Assistant Director, Clinical Services	BCDBH
Thompson	Jaclyn	Administrative Analyst, Senior	BCDBH
Torres	Connie	Clinical Supervisor	Victor Community Support Services
Towner	Karin	Clinical Supervisor, Chico Adult Outpatient	BCDBH
Tribble	Brigette	Administrative Analyst, Senior	BCDBH
Vangthao	Valerie	AMFT, Gridley	BCDBH
Vicuna	Ana	Assistant Director, Clinical Services	BCDBH
Vicuna	Karen	Clinical Supervisor, Chico Children's Services	BCDBH
Wagner	Andrea	ACCESS Ambassador and BH Counselor	BCDBH
Watts	Sara	Program Manager, Chico Children's Services	BCDBH
Whitman	Tammy	Program Manager, Gridley Counseling Center	BCDBH
Wilson	Bianca	Patient's Rights Advocate, QMAC	BCDBH
Wood	Jessica	Clinical Supervisor, Chico Adult Outpatient	BCDBH
Yang	Dale	Direct Service, Clinician at the Jail	BCDBH
Zinn	Sesha	Deputy Director, Compliance Officer	BCDBH

Attachment C—Approved Claims Source Data

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

Table C1 shows the penetration rate and ACB for just the CY 2018 ACA Penetration Rate and ACB. Starting with CY 2016 performance measures, CalEQRO has incorporated the ACA Expansion data in the total Medi-Cal enrollees and beneficiaries served.

Table C1. CY 2018 Medi-Cal Expansion (ACA) Penetration Rate and ACB Butte MHP					
Entity	Average Monthly ACA Enrollees	Beneficiaries Served	Penetration Rate	Total Approved Claims	ACB
Statewide	3,807,829	152,568	4.01%	\$832,986,475	\$5,460
Medium	541,182	20,317	3.75%	\$121,508,029	\$5,981
MHP	24,618	1,689	6.86%	\$4,950,510	\$2,931

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

Table C2. CY 2018 Distribution of Beneficiaries by ACB Cost Band Butte MHP								
ACB Cost Bands	MHP Beneficiaries Served	MHP Percentage of Beneficiaries	Statewide Percentage of Beneficiaries	MHP Total Approved Claims	MHP ACB	Statewide ACB	MHP Percentage of Total Approved Claims	Statewide Percentage of Total Approved Claims
< \$20K	6,675	94.13%	93.16%	\$26,423,211	\$3,959	\$3,802	62.67%	54.88%
>\$20K - \$30K	218	3.07%	3.10%	\$5,401,144	\$24,776	\$24,272	12.81%	11.65%
>\$30K	198	2.79%	3.74%	\$10,335,929	\$52,202	\$57,725	24.52%	33.47%

Attachment D—List of Commonly Used Acronyms

Table D1—List of Commonly Used Acronyms	
ACA	Affordable Care Act
ACL	All County Letter
ACT	Assertive Community Treatment
ART	Aggression Replacement Therapy
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CalEQRO	California External Quality Review Organization
CARE	California Access to Recovery Effort
CBT	Cognitive Behavioral Therapy
CDSS	California Department of Social Services
CFM	Consumer and Family Member
CFR	Code of Federal Regulations
CFT	Child Family Team
CMS	Centers for Medicare and Medicaid Services
CPM	Core Practice Model
CPS	Child Protective Service
CPS (alt)	Consumer Perception Survey (alt)
CSU	Crisis Stabilization Unit
CWS	Child Welfare Services
CY	Calendar Year
DBT	Dialectical Behavioral Therapy
DHCS	Department of Health Care Services
DPI	Department of Program Integrity
DSRIP	Delivery System Reform Incentive Payment
EBP	Evidence-based Program or Practice
EHR	Electronic Health Record
EMR	Electronic Medical Record
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment
EQR	External Quality Review
EQRO	External Quality Review Organization
FY	Fiscal Year
HCB	High-Cost Beneficiary
HIE	Health Information Exchange
HIPAA	Health Insurance Portability and Accountability Act
HIS	Health Information System
HITECH	Health Information Technology for Economic and Clinical Health Act
HPSA	Health Professional Shortage Area
HRSA	Health Resources and Services Administration
IA	Inter-Agency Agreement
ICC	Intensive Care Coordination
ISCA	Information Systems Capabilities Assessment

Table D1—List of Commonly Used Acronyms

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

Table D1—List of Commonly Used Acronyms

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

Attachment E—PIP Validation Tools

PERFORMANCE IMPROVEMENT PROJECT (PIP) VALIDATION WORKSHEET FY 2019-20 CLINICAL PIP	
GENERAL INFORMATION	
MHP: Butte	
PIP Title: Trauma Informed and PTSD	
Start Date: Indeterminate Completion Date: Indeterminate Projected Study Period: 24 Months Completed: Yes ☐ No ☒ Date(s) of On-Site Review: 08/06-07/19 Name of Reviewer: Shaw – Taylor and Smith	Status of PIP (Only Active and ongoing, and completed PIPs are rated): Rated ☐ Active and ongoing (baseline established and interventions started) ☐ Completed since the prior External Quality Review (EQR) Not rated. Comments provided in the PIP Validation Tool for technical assistance purposes only. ☒ Concept only, not yet active (interventions not started) ☐ Inactive, developed in a prior year ☐ Submission determined not to be a PIP ☐ No Clinical PIP was submitted
Brief Description of PIP (including goal and what PIP is attempting to accomplish): The MHP suspected underdiagnosis of children with trauma disorders. While the number of adults diagnosed with PTSD has increased in the MHP, there has not been a comparable increase for youth. The goal of this PIP is to improve diagnosis of potential PTSD and/or related diagnoses among youth beneficiaries and to provide youth with trauma-informed, appropriate treatment.	
ACTIVITY 1: ASSESS THE STUDY METHODOLOGY	

STEP 1: Review the Selected Study Topic(s)		
Component/Standard	Score	Comments
1.1 Was the PIP topic selected using stakeholder input? Did the MHP develop a multi-functional team compiled of stakeholders invested in this issue?	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	The stakeholders were primarily MHP staff—clinicians, QM, leadership, and systems performance—and contract provider staff. The workgroup reported to the QI committee, which includes beneficiaries. The study would benefit from direct adult or youth beneficiaries.
1.2 Was the topic selected through data collection and analysis of comprehensive aspects of enrollee needs, care, and services?	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	Data were provided on rates of PTSD in youth served by the MHP. Data were also provided on the rate of ACEs in Butte County. The team will need to evidence that PTSD is under diagnosed (or misdiagnosed) for youth in Butte, not just that youth rates are lower than adult rates.
Select the category for each PIP: Clinical: ☒ Prevention of an acute or chronic condition ☐ High volume services ☐ Care for an acute or chronic condition ☐ High risk conditions		Non-clinical: ☐ Process of accessing or delivering care
1.3 Did the Plan's PIP, over time, address a broad spectrum of key aspects of enrollee care and services? <i>Project must be clearly focused on identifying and correcting deficiencies in care or services, rather than on utilization or cost alone.</i>	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	The project relates to youth initiation of services and ongoing treatment and engagement. When youth are properly diagnosed, they receive the appropriate mental health services, which may have an impact on adulthood use/need of mental health services.

1.4 Did the Plan's PIPs, over time, include all enrolled populations (i.e., did not exclude certain enrollees such as those with special health care needs)? <i>Demographics:</i> ☐ Age Range ☐ Race/Ethnicity ☐ Gender ☐ Language ☐ Other	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	The PIP targets youth receiving services.			
Totals		Met	Partially Met	Not Met	UTD
STEP 2: Review the Study Question(s)					
2.1 Was the study question(s) stated clearly in writing? Does the question have a measurable impact for the defined study population? <i>Include study question as stated in narrative:</i> Will the implementation of trauma-informed assessment and intervention increase the number of youth diagnosed with PTSD or a related diagnosis and result in improved outcomes on trauma-related CANS measures, relative to a cohort of youth who do not receive trauma-informed services?	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	The target for increase diagnosis and target for improvement in CANS will need to be specified.			
Totals		Met	Partially Met	Not Met	UTD
STEP 3: Review the Identified Study Population					
3.1 Did the Plan clearly define all Medi-Cal enrollees to whom the study question and indicators are relevant? <i>Demographics:</i> ☐ Age Range ☐ Race/Ethnicity ☐ Gender ☐ Language ☐ Other	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	The project includes the relevant population.			

3.2 If the study included the entire population, did its data collection approach capture all enrollees to whom the study question applied? <i>Methods of identifying participants:</i> ☐ Utilization data ☐ Referral ☐ Self-identification ☐ Other: <Text if checked>	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	This is a pilot project that includes youth from one of three MHP clinics that serve youth. The youth who will be in the control group will need to be identified. The team should ensure that the youth in the control group match those in the pilot.			
Totals		Met	Partially Met	Not Met	UTD
STEP 4: Review Selected Study Indicators					
4.1 Did the study use objective, clearly defined, measurable indicators? <i>List indicators:</i> 1. Differences in the CANS trauma indicator scores at intake for the pilot group and a sampling of the non-pilot youth population. 2. Differences in rate of PTSD diagnoses. 3. Differences in three (3) and six (6) month CANS trauma-related scores.	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	Indicators 1 and 3 are the same, CANS score. The CANS score is taken at onset, three months, and six months. The team may consider some process indicators. There should be at least one indicator on staff training to trauma-informed practices and the pairing of a trauma-informed clinician with a youth who screens positive for PTSD or other trauma disorder. Once the team has identified the intervention, relevant indicators are needed.			

4.2 Did the indicators measure changes in: health status, functional status, or enrollee satisfaction, or processes of care with strong associations with improved outcomes? All outcomes should be beneficiary-focused. ☐ Health Status ☐ Functional Status ☐ Member Satisfaction ☐ Provider Satisfaction Are long-term outcomes clearly stated? ☐ Yes ☐ No Are long-term outcomes implied? ☐ Yes ☐ No	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	See above.			
Totals		Met	Partially Met	Not Met	UTD
STEP 5: Review Sampling Methods					
5.1 Did the sampling technique consider and specify the: a) True (or estimated) frequency of occurrence of the event? b) Confidence interval to be used? c) Margin of error that will be acceptable?	☐ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	The team is not sampling. A pilot study is to be conducted at one clinic site.			

5.2 Were valid sampling techniques that protected against bias employed? <i>Specify the type of sampling or census used:</i>	☐ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine					
5.3 Did the sample contain a sufficient number of enrollees? _____ N of enrollees in sampling frame _____ N of sample _____ N of participants (i.e. – return rate)	☐ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine					
Totals		Met	Partially Met	Not Met	NA	UTD

STEP 6: Review Data Collection Procedures		
6.1 Did the study design clearly specify the data to be collected?	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	The team has not indicated their data collection and analysis plan. The plan will need to address: Who will collect data? How often the data will be collected? What tools will be used to collect the data? Who will analyze the data? How often and with what tool will the data be analyzed? What does the MHP expect the data to show? If the data do not show what is expected, what is the contingency plan?
6.2 Did the study design clearly specify the sources of data? <i>Sources of data:</i> ☐ Member ☐ Claims ☐ Provider ☐ Other:	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	
6.3 Did the study design specify a systematic method of collecting valid and reliable data that represents the entire population to which the study's indicators apply?	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	

6.4 Did the instruments used for data collection provide for consistent, accurate data collection over the time periods studied? <i>Instruments used:</i> ☐ Survey ☐ Medical record abstraction tool ☐ Outcomes tool ☐ Level of Care tools ☐ Other:	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	
6.5 Did the study design prospectively specify a data analysis plan? Did the plan include contingencies for untoward results?	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	
6.6 Were qualified staff and personnel used to collect the data? <i>Project leader:</i> Name: Title: Role: <i>Other team members:</i> Names:	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	This was not indicated.
Totals		Met Partially Met Not Met UTD

STEP 7: Assess Improvement Strategies					
7.1 Were reasonable interventions undertaken to address causes/barriers identified through data analysis and QI processes undertaken? <i>Describe Interventions:</i> 1. Determine CANS 50 trauma indicators 2. Decide on a trauma assessment, trauma informed counseling model and clinicians who will be the pilot group 3. Create a trauma informed protocol for pilot group. 4. Implement pilot group clinicians training on CANS 50 trauma indicators, trauma assessment tool, trauma-informed counseling model, and trauma informed protocol. 5. Collect and analyze data.	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	Of the five items listed, only one, number 4, is an actual intervention. The others are activities and tasks that the team will need to do/complete as part of doing the project.			
Totals		Met	Partially Met	Not Met	UTD
STEP 8: Review Data Analysis and Interpretation of Study Results					
8.1 Was an analysis of the findings performed according to the data analysis plan? <i>This element is "Not Met" if there is no indication of a data analysis plan (see Step 6.5)</i>	☐ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	The team is not at this step; the project has yet to begin.			

8.2 Were the PIP results and findings presented accurately and clearly? Are tables and figures labeled? ☐ Yes ☐ No Are they labeled clearly and accurately? ☐ Yes ☐ No	☐ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	
8.3 Did the analysis identify: initial and repeat measurements, statistical significance, factors that influence comparability of initial and repeat measurements, and factors that threaten internal and external validity? Indicate the time periods of measurements: _____ Indicate the statistical analysis used: _____ Indicate the statistical significance level or confidence level if available/known: _____percent _____ Unable to determine	☐ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	

8.4 Did the analysis of the study data include an interpretation of the extent to which this PIP was successful and recommend any follow-up activities? <i>Limitations described:</i> <i>Conclusions regarding the success of the interpretation:</i> <i>Recommendations for follow-up:</i>	☐ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	
Totals	Met Partially Met Not Met NA UTD	
STEP 9: Assess Whether Improvement is “Real” Improvement		
9.1 Was the same methodology as the baseline measurement used when measurement was repeated? <i>Ask: At what interval(s) was the data measurement repeated?</i> <i>Were the same sources of data used?</i> <i>Did they use the same method of data collection?</i> <i>Were the same participants examined?</i> <i>Did they utilize the same measurement tools?</i>	☐ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	The team is not at this step; the project has yet to begin.

9.2 Was there any documented, quantitative improvement in processes or outcomes of care? Was there: ☐ Improvement ☐ Deterioration Statistical significance: ☐ Yes ☐ No Clinical significance: ☐ Yes ☐ No	☐ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	
9.3 Does the reported improvement in performance have internal validity; i.e., does the improvement in performance appear to be the result of the planned quality improvement intervention? <i>Degree to which the intervention was the reason for change:</i> ☐ No relevance ☐ Small ☐ Fair ☐ High	☐ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	
9.4 Is there any statistical evidence that any observed performance improvement is true improvement? ☐ Weak ☐ Moderate ☐ Strong	☐ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	

9.5 Was sustained improvement demonstrated through repeated measurements over comparable time periods?	☐ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	
Totals	Met	Partially Met
	Not Met	NA
		UTD

ACTIVITY 2: VERIFYING STUDY FINDINGS (OPTIONAL)		
Component/Standard	Score	Comments
Were the initial study findings verified (recalculated by CalEQRO) upon repeat measurement?	☐ Yes ☐ No	

ACTIVITY 3: OVERALL VALIDITY AND RELIABILITY OF STUDY RESULTS: SUMMARY OF AGGREGATE VALIDATION FINDINGS	
<i>Conclusions:</i> The team is still in the planning phases of this project. One of the aims of this stage is to clearly determine the true nature of the problem and determine what an acceptable rate of PTSD and other trauma diagnoses among children should be. The team's intervention should relate to address the underdiagnosing of children.	

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

Recommendations:

See technical assistance from CalEQRO prior to the implementation of the interventions.

Check one:

- ☐ High confidence in reported Plan PIP results ☐ Low confidence in reported Plan PIP results
☐ Confidence in reported Plan PIP results ☐ Reported Plan PIP results not credible
☐ Confidence in PIP results cannot be determined at this time

PERFORMANCE IMPROVEMENT PROJECT (PIP) VALIDATION WORKSHEET FY 2019-20 NON-CLINICAL PIP

GENERAL INFORMATION

MHP: Butte

PIP Title: Post-Hospitalization Engagement

Start Date: 10/01/2018

Completion Date: Ongoing

Projected Study Period: 12-24 Months

Completed: Yes ☐ No ☒

Date(s) of On-Site Review: 08/05-06/19

Name of Reviewer: Shaw – Taylor and Smith

Status of PIP (Only Active and ongoing, and completed PIPs are rated):

Rated

- ☒ Active and ongoing (baseline established and interventions started)
☐ Completed since the prior External Quality Review (EQR)

Not rated. Comments provided in the PIP Validation Tool for technical assistance purposes only.

- ☐ Concept only, not yet active (interventions not started)
☐ Inactive, developed in a prior year
☐ Submission determined not to be a PIP
☐ No Non-clinical PIP was submitted

Brief Description of PIP (including goal and what PIP is attempting to accomplish):

The MHP had previously conducted a PIP on various timeliness metrics as identified by DHCS. While the MHP met the standards for providing post-hospitalization discharge with seven and 30 days, the MHP had wanted to increase the numbers that received the follow-up services (i.e., or decrease the numbers that did not receive services within 7 and 30 days and were available and eligible to do so). After further analysis, the MHP determined that the beneficiaries with the highest utilization of inpatient services were those not connecting with outpatient SMHS.

ACTIVITY 1: ASSESS THE STUDY METHODOLOGY		
STEP 1: Review the Selected Study Topic(s)		
Component/Standard	Score	Comments
1.1 Was the PIP topic selected using stakeholder input? Did the MHP develop a multi-functional team compiled of stakeholders invested in this issue?	☐ Met ☒ Partially Met ☐ Not Met ☐ Unable to Determine	Stakeholders from across the MHP were part of the PIP team, including MHP staff (e.g., the director, assistant director, access team, medical services), contract providers, patient's rights advocates, and some beneficiaries and family members. The team would have benefitted from stakeholders who are directly involved in discharge follow-up, such as beneficiaries who have been hospitalized and staff that facilitate follow-up appointments.
1.2 Was the topic selected through data collection and analysis of comprehensive aspects of enrollee needs, care, and services?	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	The team provided their own data from FY 2016-17 and partial MHP data from FY17-18. The team compared their FY 2016-17 data with that of the states.
Select the category for each PIP: <i>Non-clinical:</i> ☐ Prevention of an acute or chronic condition ☐ Care for an acute or chronic condition ☒ Process of accessing or delivering care ☐ High volume services ☐ High risk conditions		

1.3 Did the Plan's PIP, over time, address a broad spectrum of key aspects of enrollee care and services? <i>Project must be clearly focused on identifying and correcting deficiencies in care or services, rather than on utilization or cost alone.</i>	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	The project address access to care following an inpatient hospitalization. Timely access has implications for medication continuity, ongoing engagement in services, and access to mental health services for other beneficiaries.
1.4 Did the Plan's PIPs, over time, include all enrolled populations (i.e., did not exclude certain enrollees such as those with special health care needs)? <i>Demographics:</i> ☐ Age Range ☐ Race/Ethnicity ☐ Gender ☐ Language ☐ Other	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	The PIP targets both adult and youth beneficiaries who have been hospitalized and are due to be discharged. A distribution of those beneficiaries was not provided.
Totals		3 Met 1 Partially Met 0 Not Met 0 UTD
STEP 2: Review the Study Question(s)		
2.1 Was the study question(s) stated clearly in writing? Does the question have a measurable impact for the defined study population? <i>Include study question as stated in narrative:</i> Will the introduction of a department-wide standardized protocols and procedures for post-hospitalization SMHS follow-ups, including a redesign of the Post-Hospitalization Discharge Planning form, and Providing documentation training on the post-hospitalization release process, result in a decrease in the number of [beneficiaries] who do not receive a post-discharge outpatient SMHS?	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	The study question has a measurable target. While, the team did not include it in the study question, the goal is to decrease the percentage that do not receive the follow-up to 8.1 percent for youth and 10.9 percent.
Totals		1 Met 0 Partially Met 0 Not Met 0 UTD

STEP 3: Review the Identified Study Population				
3.1 Did the Plan clearly define all Medi-Cal enrollees to whom the study question and indicators are relevant? <i>Demographics:</i> ☐ Age Range ☐ Race/Ethnicity ☐ Gender ☐ Language ☐ Other	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	The project includes all the Medi-Cal beneficiaries who are discharged from an inpatient hospitalization and are eligible for an outpatient follow-up by the MHP.		
3.2 If the study included the entire population, did its data collection approach capture all enrollees to whom the study question applied? <i>Methods of identifying participants:</i> ☐ Utilization data ☐ Referral ☐ Self-identification ☐ Other:	☐ Met ☐ Partially Met ☐ Not Met ☒ Unable to Determine	The data collection process, acquiring the inpatient data, was not presented or explained.		
Totals		1 Met	0 Partially Met	0 Not Met 1 UTD
STEP 4: Review Selected Study Indicators				
4.1 Did the study use objective, clearly defined, measurable indicators? <i>List indicators:</i> Percentage of acute (psychiatric inpatient and PHF) discharges that did not receive a follow-up outpatient SMHS (face-to-face, phone or field) post-discharge, except for those who were not eligible for BCDBH services.	☐ Met ☒ Partially Met ☐ Not Met ☐ Unable to Determine	This indicator is the primary outcome of the project. The project requires other indicators such as: • The percentage of warm handoffs • The percentage (or some measure) of triage connect team in the requisite time frame		

4.2 Did the indicators measure changes in: health status, functional status, or enrollee satisfaction, or processes of care with strong associations with improved outcomes? All outcomes should be beneficiary-focused. ☐ Health Status ☐ Functional Status ☐ Member Satisfaction ☐ Provider Satisfaction Are long-term outcomes clearly stated? ☐ Yes ☐ No Are long-term outcomes implied? ☐ Yes ☐ No	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	The indicator relates to beneficiary's functional status and access to care.
Totals		2 Met 0 Partially Met 0 Not Met 0 UTD
STEP 5: Review Sampling Methods		
5.1 Did the sampling technique consider and specify the: a) True (or estimated) frequency of occurrence of the event? b) Confidence interval to be used? c) Margin of error that will be acceptable?	☐ Met ☐ Partially Met ☐ Not Met ☒ Not Applicable ☐ Unable to Determine	There was no sampling.

5.2 Were valid sampling techniques that protected against bias employed? <i>Specify the type of sampling or census used:</i>	☐ Met ☐ Partially Met ☐ Not Met ☒ Not Applicable ☐ Unable to Determine	
5.3 Did the sample contain a sufficient number of enrollees? _____ N of enrollees in sampling frame _____ N of sample _____ N of participants (i.e. – return rate)	☐ Met ☐ Partially Met ☐ Not Met ☒ Not Applicable ☐ Unable to Determine	
Totals	0 Met 0 Partially Met 0 Not Met 3 NA 0 UTD	
STEP 6: Review Data Collection Procedures		
6.1 Did the study design clearly specify the data to be collected?	☐ Met ☐ Partially Met ☒ Not Met ☐ Unable to Determine	The team did not present the data to be collected, except for those related to the indicators. Prior to the beneficiary being discharged, the team would have to know that the beneficiary had been hospitalized. This information and other data (e.g., date of discharge, date of scheduled appointment, date of scheduling the appointment) were not indicated.
6.2 Did the study design clearly specify the sources of data? <i>Sources of data:</i>	☐ Met ☒ Partially Met	The team reported that the data will be extracted from the EHR. It is unclear if the discharge planning

☐ Member ☐ Claims ☐ Provider ☒ Other: EHR and post-hospitalization discharge planning form	☐ Not Met ☐ Unable to Determine	form that was developed will be in the EHR or if it is a standalone document.
6.3 Did the study design specify a systematic method of collecting valid and reliable data that represents the entire population to which the study's indicators apply?	☐ Met ☐ Partially Met ☒ Not Met ☐ Unable to Determine	The data collection process and frequency of collection were not presented. The team did not present any data from the past few months (at least six) of the project.
6.4 Did the instruments used for data collection provide for consistent, accurate data collection over the time periods studied? <i>Instruments used:</i> ☐ Survey ☐ Medical record abstraction tool ☐ Outcomes tool ☐ Level of Care tools ☒ Other: EHR and post-discharge planning form	☐ Met ☒ Partially Met ☐ Not Met ☐ Unable to Determine	The EHR was the only data source indicated. The team had also developed the post-discharge planning form, which would be used to collect data.
6.5 Did the study design prospectively specify a data analysis plan? Did the plan include contingencies for untoward results?	☐ Met ☒ Partially Met ☐ Not Met ☐ Unable to Determine	The data analysis plan included monthly review of data collected on a quarterly basis. It is not clear what would be discussed in successive months, given that there has been no refresh of the data. The analysis plan was not detailed and does not address contingencies based on the results.

6.6 Were qualified staff and personnel used to collect the data? <i>Project leader:</i> Name: Leslie Glass Title: Quality Assurance Coordinator Role: Lead <i>Other team members:</i> included five administrative analysts Names:	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	The staff are full-time employees and part of the Systems Performance, Research and Evaluation division and have an understanding of project development, implementation, and analysis.
Totals		1 Met 3 Partially Met 2 Not Met 0 UTD
STEP 7: Assess Improvement Strategies		
7.1 Were reasonable interventions undertaken to address causes/barriers identified through data analysis and QI processes undertaken? <i>Describe Interventions:</i> 1. Implement a formal protocol for post-hospitalization follow-up (inclusive of three subparts) 2. Redesign a post-hospitalization discharge planning form to increase data integrity by incorporating predetermined data values and form logic 3. Provide documentation training to TCT on post-hospitalization release procedure	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	The interventions address two aspects of post-hospitalization care: having an appointment and attending/keeping the appointment. The formalized process was meant to ensure that those who were eligible for an appointment received one and the warm handoff was meant to increase the likelihood of beneficiaries keeping the appointment.
Totals		1 Met 0 Partially Met 0 Not Met 0 UTD

STEP 8: Review Data Analysis and Interpretation of Study Results		
8.1 Was an analysis of the findings performed according to the data analysis plan? <i>This element is "Not Met" if there is no indication of a data analysis plan (see Step 6.5)</i>	☐ Met ☐ Partially Met ☒ Not Met ☐ Not Applicable ☐ Unable to Determine	The project has been active for at least six months, but no data were provided. Per the analysis plan, data are run quarterly and reviewed monthly. No data were present after the project began.
8.2 Were the PIP results and findings presented accurately and clearly? Are tables and figures labeled? ☐ Yes ☐ No Are they labeled clearly and accurately? ☐ Yes ☐ No	☐ Met ☐ Partially Met ☒ Not Met ☐ Not Applicable ☐ Unable to Determine	The project has been active for at least six months, but no data were provided. The data ought to be from after the fall of 2018, when the project started.

8.3 Did the analysis identify: initial and repeat measurements, statistical significance, factors that influence comparability of initial and repeat measurements, and factors that threaten internal and external validity? Indicate the time periods of measurements: _____ Indicate the statistical analysis used: _____ Indicate the statistical significance level or confidence level if available/known: ____percent _____ Unable to determine	☐ Met ☐ Partially Met ☐ Not Met ☒ Not Applicable ☐ Unable to Determine	
8.4 Did the analysis of the study data include an interpretation of the extent to which this PIP was successful and recommend any follow-up activities? <i>Limitations described:</i> <i>Conclusions regarding the success of the interpretation:</i> <i>Recommendations for follow-up:</i>	☐ Met ☐ Partially Met ☐ Not Met ☒ Not Applicable ☐ Unable to Determine	
Totals	0 Met	0 Partially Met 2 Not Met 2 NA 0 UTD

STEP 9: Assess Whether Improvement is “Real” Improvement		
9.1 Was the same methodology as the baseline measurement used when measurement was repeated? <i>Ask: At what interval(s) was the data measurement repeated?</i> <i>Were the same sources of data used?</i> <i>Did they use the same method of data collection?</i> <i>Were the same participants examined?</i> <i>Did they utilize the same measurement tools?</i>	☐ Met ☐ Partially Met ☐ Not Met ☒ Not Applicable ☐ Unable to Determine	
9.2 Was there any documented, quantitative improvement in processes or outcomes of care? Was there: ☐ Improvement ☐ Deterioration Statistical significance: ☐ Yes ☐ No Clinical significance: ☐ Yes ☒ No	☐ Met ☐ Partially Met ☐ Not Met ☒ Not Applicable ☐ Unable to Determine	
9.3 Does the reported improvement in performance have internal validity; i.e., does the improvement in performance appear to be the result of the planned quality improvement intervention? <i>Degree to which the intervention was the reason for change:</i> ☐ No relevance ☐ Small ☐ Fair ☐ High	☐ Met ☐ Partially Met ☐ Not Met ☒ Not Applicable ☐ Unable to Determine	

9.4 Is there any statistical evidence that any observed performance improvement is true improvement? ☐ Weak ☐ Moderate ☐ Strong	☐ Met ☐ Partially Met ☐ Not Met ☒ Not Applicable ☐ Unable to Determine	
9.5 Was sustained improvement demonstrated through repeated measurements over comparable time periods?	☐ Met ☐ Partially Met ☐ Not Met ☒ Not Applicable ☐ Unable to Determine	
Totals		0 Met 0 Partially Met 0 Not Met 5 NA 0 UTD

ACTIVITY 2: VERIFYING STUDY FINDINGS (OPTIONAL)		
Component/Standard	Score	Comments
Were the initial study findings verified (recalculated by CalEQRO) upon repeat measurement?	☐ Yes ☐ No	

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

Conclusions:

The MHP has implemented the interventions, but has yet to either collect, report, or analyze the data, given that no data subsequent to the start of the project were presented. It will be important for the MHP to do this soon to determine if they should continue this project or modify it in order to achieve their goals.

Recommendations:

- The MHP was advised to use the FY 2017-18 percentage as the baseline, rather than the FY 2016-17 percentages, which predates the project by 1.5 years.
- The MHP was advised to present the results of the project thus far.

Check one:

- ☐ High confidence in reported Plan PIP results ☐ Low confidence in reported Plan PIP results
☐ Confidence in reported Plan PIP results ☐ Reported Plan PIP results not credible
☒ Confidence in PIP results cannot be determined at this time