

FY 2023-24 Attachments

EXTERNAL QUALITY REVIEW REPORT

MEDI-CAL SPECIALTY MENTAL HEALTH

Prepared for the California Department of Health Care Services (DHCS)

By Behavioral Health Concepts, Inc. (BHC)

November 15, 2024

BHC | Behavioral Health Concepts, Inc

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ALAMEDA EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — October 24-26, 2023

MHP Size — Large

MHP Region — Bay Area

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
7	7	0	0

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	5	1	0
Quality of Care	10	9	1	0
Information Systems (IS)	6	6	0	0
TOTAL	**26**	**24**	**2**	**0**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Follow-Up After Emergency Department Visit for Mental Illness Behavioral Health Quality Improvement Program (BHQIP)	Clinical	09/2022	Implementation	Low Confidence
Adult Access to Psychiatric Care	Non-Clinical	05/2023	Implementation	Low Confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☐Adults ☐Transition Aged Youth (TAY) ☐Family Members ☒Other	[redacted]
2	☐Adults ☐Transition Aged Youth (TAY) ☒Family Members (Spanish) ☐Other	[redacted]

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- Peer employment and voluntary peer services are showcased throughout the system of care (SOC), including an increase in numbers of certified peer specialists.
- Providers were complimentary to the supportive nature of the MHP while transitioning to California Advancing and Innovating Medi-Cal (CalAIM) objectives.
- The MHP has a strong validation protocol when validating data and new or additional data metrics.
- The MHP increased both the number of IS full-time equivalent (FTE) and the IS budget allocation since the last EQR.
- Utilizing new intern billing codes, the MHP was able to improve staff retention and recruitment with the ability to hire new and retain current interns.

The MHP was found to have notable opportunities for improvement in the following areas:

- Though the MHP uses ALCOHub and SharePoint, key informants reported lack of knowledge of a centralized location for documents, policy and procedures, new priorities, and new-hire orientation information.
- Internal and external key informants reported they would appreciate an easy-to-access directory where they can find information for referral purposes.
- The website does not offer quick access to crisis care numbers or 988, and may be difficult to connect if members seeking information are using an outdated digital system.
- Clinicians Gateway is an older system, and it may benefit the MHP to consider using a new Electronic Health Record (EHR) for all of their documentation needs.
- The MHP utilizes peers throughout the SOC; however, key informants have identified that there was no increase in pay for obtaining certification and use peer billing codes have not been implemented.

Recommendations for improvement based upon this review include:

- Provide training on how to access the shared intranet, and where to locate resources, policies and procedures, new-hire orientation information, and intra-department communications.

- Redesign the website to highlight the Provider Directory to easily find contact information for all providers in the MHP, to help providers expedite referrals to appropriate levels of care (LOC) for the members.
- Provide ease of access to crisis numbers, 988, and after-hours services, in plain sight, on the landing page of the MHP's Website.
- Assign a project team to assess using SmartCare or another solution to replace the Clinicians Gateway.
- Investigate Certified Peer Support Specialist pay equity and the ability to utilize billing codes to enhance an additional revenue stream.

ALPINE EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — January 17, 2024

MHP Size — Small-rural

MHP Region — Central

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
6	1	2	3

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	3	1	0
Timeliness of Care	6	0	6	0
Quality of Care	10	1	2	7
Information Systems (IS)	6	3	3	0
TOTAL	**26**	**7**	**12**	**7**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
No PIP submitted	Clinical	N/A	N/A	N/A
No PIP submitted	Non-Clinical	N/A	N/A	N/A

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☒Adults ☐Transition Aged Youth (TAY) ☒Family Members ☐Other	[redacted]
[redacted]		

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- Sufficient clinical staffing has enabled the MHP to offer and deliver initial services in a timely manner. The website encourages individuals in need to either call or drop-in to the MHP clinic.
- The County prioritizes its relationship with the local Native American tribe, and this is seen in the penetration rate (PR) for this population.
- The MHP continues to actively recruit additional staff and recently secured a new deputy director.
- The County Administrator serves as the interim Behavioral Health (BH) Director. Having served in this role in the past, and overseeing the combined agency, provides subject matter knowledge and some stability to the turnover that has occurred among leadership.
- The Medi-Cal claiming process has been historically strong, consistent, and timely, with a denial rate below the statewide denial rate. With the implementation of the new electronic health record (EHR), the MHP has only submitted claims through June of 2023.

The MHP was found to have notable opportunities for improvement in the following areas:

- The MHP has been unable to successfully recruit a clinician to serve the Bear Valley area. They would be well-served to consider at least part of the position to be provided by telehealth if this absence continues.
- The overall number of members served has decreased over time. At the same time, there appears to be a lack of field-based service delivery, which can help engage more members in care.
- There is a lack of continuity of quality management (QM) oversight and an ongoing absence of the required PIP implementation. Despite having consultants who can assist in these areas, the MHP has not engaged them in doing so, as was recommended last year.
- As a very small county, State initiatives such as 24/7 mobile crisis and Community Assistance, Recovery and Empowerment (CARE) Court are challenging to implement. The periodic utilization would come at a great financial cost.
- There are no peer staff who could augment staffing at the wellness center or in other areas of the MHP.

Recommendations for improvement based upon this review include:

- If unable to hire an additional clinician for the Bear Valley area, consider advertising for a clinician that is hybrid telehealth and onsite.

  (This recommendation is a modified carry-over from FY 2022-23.)

- Consider engaging an existing or new consultant that can augment QM functions and sustain them during times of staff vacancies.

  (This recommendation is a modified carry-over from FY 2022-23.)

- Identify opportunities to increase outreach and engagement activities, as well as field-based MH services. While the MHP has only 2.0 full-time equivalent (FTE) clinicians, this appears sufficient to the numbers served and likely could serve more members. Additional outreach and field-based service delivery may engage more individuals who need care.

- Continue conversations with Department of Health Care Services (DHCS) regarding potential solutions for cost-prohibitive program implementations such as mobile crisis and CARE Court.

- Initiate the development of peer employment in the MHP by obtaining input from the community and members in service. Consider piloting this endeavor through volunteerism.

AMADOR EXECUTIVE SUMMARY

MHP INFORMATION

Review Type – Virtual

Date of Review – August 24, 2023

MHP Size – Small-Rural

MHP Region – Central

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	3	2	0

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	4	2	0
Quality of Care	10	5	5	0
Information Systems (IS)	6	4	2	0
TOTAL	**26**	**17**	**9**	**0**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Peer-Led Support Group After a Crisis Event	Clinical	01/2022	Other - Completed	Moderate Confidence
Timely Access	Non-Clinical	01/2022	Implementation	Moderate Confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☒Adults ☐Transition Aged Youth (TAY) ☐Family Members ☐Other	[redacted]

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- The MHP continues to expand their peer workforce.
- Extensive community collaboration is clear.
- The MHP takes action to address transportation needs.
- The MHP now has a certified Medi-Cal biller.
- A wide range of measures and goals directed at access, timeliness, and quality care are evident.

The MHP was found to have notable opportunities for improvement in the following areas:

- There is no aggregate data for the child/youth outcome measures in use.
- Staff request face-to-face training on the new electronic health record (EHR).
- The MHP does not track nor trend urgent requests aggregately.
- California Department of Public Health (CDPH) publications indicate that Amador County is high for suicide and self-harm.
- The MHP relies heavily upon manual tracking and spreadsheets.

Recommendations for improvement based upon this review include:

- Create reports on aggregate child/youth outcome measures in order to understand outcomes for members and program performance.
- Regularly reassess staff need for additional training on the new EHR and in what format would be most helpful to them.
- Begin to track and trend urgent requests by age group and foster care status.
- Continue to monitor crisis utilization and appropriate linkage to outpatient services.
- Work with the new EHR vendor to create key reports necessary for management of the MHP operations.

BUTTE EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — September 6-7, 2023

MHP Size — Medium

MHP Region — Superior

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	2	3	0

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	6	0	0
Quality of Care	10	9	1	0
Information Systems (IS)	6	5	1	0
TOTAL	**26**	**24**	**2**	**0**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Youth Level of Care Intervention Standards	Clinical	09/2023	Planning	No confidence
Youth Level of Care Dashboard	Non-Clinical	09/2023	Planning	No confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☒Adults ☐Transition Aged Youth (TAY) ☐Family Members ☐Other	[redacted]
2	☐Adults ☐Transition Aged Youth (TAY) ☒Family Members ☐Other	[redacted]

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- The MHP is dedicated to meeting the state's California Advancing and Innovating Medi-Cal (CalAIM) requirements and has already submitted a small number of claims for reimbursement utilizing the payment reform rates.
- The MHP has increased training in leadership and strives for a more supportive and effective leadership team. They have been able to promote internal staff into leadership positions.
- The MHP has reallocated staff resources and redesigned their intake process to expedite accessibility.
- The MHP has 19 peers support specialists employed by the county.
- The MHP utilizes an outcome tool for both adults and youth. Initiatives to utilize the Child and Adolescent Needs Assessment (CANS) data for reporting will put this information to use for guiding clinical and program decisions.

The MHP was found to have notable opportunities for improvement in the following areas:

- The MHP has increased efforts to recruit personnel, although staff turnover and retention continue to impact the department. Newly hired staff indicate a lack of comprehensive training coupled with high caseloads.
- The MHP redesigned the intake process to allow for more assessments; however, this has led to the staff reporting unusually high caseloads.
- Timeliness data does not include contract provider access points.
- Even though efforts have been made to improve collaboration and morale, contracted providers report being left out and not seen as partners.
- Despite having many peer employees, the MHP does not have a peer supervisory position, nor direct relationships between peer employees and the leadership team.

Recommendations for improvement based upon this review include:

- Continue efforts to reduce the vacancy rate by considering more flexible schedule options, more comprehensive training and onboarding, and other strategies that may improve employee engagement and, therefore, staff retention.

  (This is a similar recommendation from FY 2022-23, now with the focus on staff retention.)

- Evaluate workloads and the system capacity that is available based upon existing clinical staff systemwide. Consider whether caseloads are at numbers that can allow for appropriate clinical management.
- Continue efforts to improve comprehensiveness and accuracy of contract provider timeliness data through the use of the improved data capture. This should result in the MHP's ability to include contract provider timeliness information for the next EQR. Contractor use of the EHR would enable this to be feasible.

  (This recommendation is a carry-over from FY 2022-23.)
- Increase communication with contracted providers and county-operated line staff. CalAIM has implemented many changes in services rendered, how to code, and how to bill. Contracted providers and staff are feeling left out of decisions being made, and not feeling there is a supportive partnership.
- Restart efforts to consider the development of a peer supervisory role. The MHP has many peer positions in all geographical areas. However, there is no potential for upward mobility, supervisory roles, or the ability to expand in their positions. Peers benefit from supervision and guidance from a supervisor with peer support expertise.

CALAVERAS EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — February 20, 2024

MHP Size — Small-rural

MHP Region — Central

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	3	1	1

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	5	1	0
Quality of Care	10	3	3	4
Information Systems (IS)	6	1	5	0
TOTAL	**26**	**13**	**9**	**4**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Follow-up after Emergency Department (ED) visit for mental illness (FUM)	Clinical	01/2023	First Remeasurement	Moderate Confidence
Improving the quality of 24/7 access to care telephone line responses and information	Non-Clinical	12/2023	Baseline	Low Confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☒ Adults ☐ Transition Aged Youth (TAY) ☐ Family Members ☐ Other	[redacted]

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- The MHP's overall penetration rates (PRs) and Hispanic PRs are higher than those seen for statewide and in small-rural counties.
- Overall access to services for children is impressive and there is great improvement in foster care (FC) PRs.
- Timeliness metrics for urgent conditions, post-discharge follow-up, and readmissions are reflective of timely access.
- Peer specialists are employed throughout the system and peer services are well appreciated by the members.
- The MHP has implemented Credible as their new electronic health record (EHR) which has made clinical documentation easier and data analytics capabilities more robust.

The MHP was found to have notable opportunities for improvement in the following areas:

- The MHP has no medication monitoring protocols in place for Healthcare Effectiveness Data Information Set (HEDIS) measures for FC members and is in the process of implementing training.
- Relatively fewer units of service being delivered, especially in key service areas such as intensive care coordination (ICC) and intensive home-based (IHBS) services, suggests that members may not be engaged for an appropriate duration of treatment.
- Calaveras does not track and trend children and adults' outcomes data at an aggregate level and does not have level of care (LOC) tools used for adults or children.
- The MHP does not have current consumer perception survey (CPS) data posted on the website nor has evaluated the trends for CPS data in the quality assessment and performance improvement (QAPI) plan for the past two years. The MHP does not have consumer participation any committees to elicit feedback.
- Staff morale is low with concerns regarding lack of access to supervisory support when needed and lack of communication from management to address staff needs including training needs.

Recommendations for improvement based upon this review include:

- Implement HEDIS measures training for FC medication monitoring in June 2024 as planned and submit monitoring reports for these measures for the next review.

  (This recommendation is a carry-over from FY 2021-22)

- Examine engagement and retention patterns. Identify areas where strategies are necessary to deliver clinically necessary care to populations that may not currently receive what they need.
- Implement Level of Care Utilization System (LOCUS) in 2024 as planned and use aggregate data for both children and adult outcomes measures to plan LOC transitions.
- Trend CPS satisfaction metrics in QAPI for the past two years, share CPS findings with members, and invite them to the Quality Improvement Committee (QIC) and other committees for their input.
- Report on staff satisfaction surveys conducted to identify focus areas for improving morale, communication, training needs, supervisory (clinical) presence, and support, and appropriate activities to improve in these areas.

  (This recommendation is a carry-over from FY 2022-23)

COLUSA EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — August 3, 2023

MHP Size — Small-rural

MHP Region — Superior

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	1	2	2

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	6	0	0
Quality of Care	10	3	3	4
Information Systems (IS)	6	5	1	0
TOTAL	**26**	**18**	**4**	**4**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Psychosis Identification and Treatment	Clinical	02/2023	Implementation	Moderate Confidence
Follow-up After Emergency Department (ED) Visit for Mental Health Condition (FUM)	Non-Clinical	03/2023	Implementation	Moderate Confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☒Adults ☐Transition Aged Youth (TAY) ☐Family Members ☐Other	[redacted]

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- The MHP implemented SmartCare by Streamline as its new Electronic Health Record (EHR) in July 2023.
- Colusa has a strong bilingual clinical staff, and the MHP places emphasis on building up the workforce with this skillset as Hispanic/Latino members account for a majority of members served.
- The open access process where members can receive assessments as walk-ins two days per week has been a positive step toward improving PR and access to the system.
- The MHP increased outreach efforts and has strong partnerships, particularly with law enforcement, jail, and probation to link inmates to services.
- The MHP has dashboards for the Child and Adolescent Needs Assessment (CANS-50), Milestones of Recovery Scale (MORS), and Pediatric Symptom Checklist-35 (PSC-35) outcome tools.

The MHP was found to have notable opportunities for improvement in the following areas:

- Transportation can be difficult in Colusa, especially for members relying on the local bus system.
- The MHP lacks an analyst with Structured Query Language (SQL) skills that would help maximize the reporting capabilities of the new EHR.
- While Colusa has made efforts to complete medication monitoring, the process has not yet been implemented.
- The MHP has not yet been able to implement a medication monitoring system for foster care (FC) youth as required by Welfare and Institutions Code (WIC) Section 14197 and Senate Bill (SB) 1291.
- While the open access model is reported as an MHP strength, it can also present a challenge as staff who cover the days may need to delay seeing members who are their established clients.

Recommendations for improvement based upon this review include:

- Review the transportation system within the county and agency and investigate alternative options.
- Review the need to hire a data analyst with skill in SQL who can assist with complex data projects that the new EHR will allow.
- Continue efforts and implement a formal process for psychiatrist review and monitoring of MHP medication prescribing practices.

  (This recommendation was continued from FY 2021-22.)

- Implement a medication monitoring system for FC youth as required by WIC Section 14197 and SB 1291.

  (This recommendation was continued from FY 2021-22.)

- Evaluate staffing needs for open access days and ensure that staff are comfortably able to maintain their current workload in addition to covering walk-in appointments.

CONTRA COSTA EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — January 17-19, 2024

MHP Size — Large

MHP Region — Bay Area

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	2	3	0

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	4	2	0
Quality of Care	10	6	4	0
Information Systems (IS)	6	5	1	0
TOTAL	**26**	**19**	**7**	**0**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Follow-Up After Emergency Department (ED) Visit for Mental Illness (FUM)	Clinical	09/2022	Implementation	Moderate Confidence
Gain-framed Provider Reminder Calls to Reduce No Shows to Initial Assessment Appointments	Non-Clinical	11/2021	Second Remeasurement	High Confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☒Adults ☐Transition Aged Youth (TAY) ☐Family Members ☐Other	[redacted]
2	☐Adults ☐Transition Aged Youth (TAY) ☒Family Members ☐Other	[redacted]

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- Contra Costa appears to be a quality driven organization that is forward thinking and places emphasis on utilizing quality improvement (QI) processes as evidenced by their QI projects.
- The MHP has peer support staff embedded in programs across the system of care, providing an abundance of opportunity for consumers with lived experience.
- Contra Costa's innovative A3 (Anyone, Anywhere, Anytime) crisis program continues to evolve and has made progress since the last EQR. The MHP plans to further expand the program.
- Contra Costa's supervisors and managers expressed dedication to members and assist when needed. For example, supervisors will complete a client assessment when members with urgent issues come in and a clinician is not available.
- Contra Costa has been able to expand Epic to perform billing through payment reform and the MHP is able to bill for services.

The MHP was found to have notable opportunities for improvement in the following areas:

- The MHP continues to have staffing shortages with a 30 percent vacancy rate. Although it has tested work at home for some staff, it appears that more initiatives are needed to ensure adequate staff to serve members' needs.
- Although the MHP has begun to coordinate with contracted providers to assess whether their medication monitoring practices align with the MHP, Contra Costa's California Senate Bill (SB) 1291 review process does not include contracted providers.
- There is a continued opportunity for the MHP to provide access for contracted providers to enter progress notes and claims data in the electronic health record (EHR) system as Epic can share information, but it is not bidirectional.
- The MHP does not have a defined career ladder for peer employment. The Mental Health Specialist minimum qualification position requires an associate degree. Peers may not be able to obtain education without assistance.
- There may be an opportunity for senior leadership to ensure that supervisors and managers are well-supported and receive responses to their requests.

Recommendations for improvement based upon this review include:

- Continue to implement recruitment and retention strategies identified from staff survey feedback, such as testing alternate work schedules, to stabilize staffing and improve recruitment results for both clinical and quality positions.

(This recommendation is a carry-over from FY 2021-22 and FY 2022-23.)

- Continue to develop the SB 1291 review process that includes both directly operated and contracted providers.

  (This recommendation is a carry-over from FY 2022-23.)

- Expand use of batch files to submit service data claims or provide access for contracted providers to directly enter clinical data to eliminate double entry once the Epic ccLink billing implementation is complete.

  (This recommendation is a carry-over from FY 2021-22 and FY 2022-23.)

- Clearly define a career ladder for peer employment and provide peer support staff with information about county resources/supports to provide advancement opportunities for example, tuition reimbursement.
- Assess and ensure that MHP supervisors and managers receive sufficient communication and responses to questions.

DEL NORTE EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — April 30, 2024

MHP Size — Small-rural

MHP Region — Superior

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	1	2	2

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	4	1	1
Quality of Care	10	4	3	3
Information Systems (IS)	6	4	2	0
TOTAL	**26**	**16**	**6**	**4**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
PIP not submitted	Clinical	N/A	N/A	N/A
PIP not submitted	Non-Clinical	N/A	N/A	N/A

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☒ Adults ☐ Transition Age Youth (TAY) ☐ Family Members ☐ Other	[redacted]

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- The MHP has a strong access system for adults that provides a same-day screening and, when necessary, an initial service.
- The MHP has a penetration rate (PR) greater than the statewide PR, indicating strong initial access for members.
- Despite the many staffing challenges, the remaining staff successfully rolled out a new electronic health record (EHR), maintained a positive work culture, and maintained a "whatever it takes" approach to serving members.
- The MHP has worked through the implementation of the new EHR and has developed some timeliness and quality dashboards and is on track to developing what is needed to have data visualization by July 2025.
- The MHP has a Medi-Cal claim overall denial rate of [redacted] percent in CY 2022.

The MHP was found to have notable opportunities for improvement in the following areas:

- The MHP continues to lack the ability to define, then track, and trend urgent care needs. Additionally, the data available for initial non-urgent appointments contains a mix of initial screenings and assessments, and therefore does not provide a sufficient picture of initial access to care.
- The MHP still struggles to implement baselines and targets in their Cultural Competence Plan (CCP) and Quality Assurance Performance Improvement (QAPI) Plan.
- The MHP has not adopted a standardized level of care (LOC) tool for adults or children. The utilization of the Milestones of Recovery Scale (MORS) for adults and the Child and Adolescent Needs and Strengths (CANS) for youth provides an opportunity to use this data to guide LOC placement.
- The MHP shows very low utilization of intensive care coordination (ICC) and intensive home-based services (IHBS) for foster care (FC) youth and non-FC youth.
- The MHP has not submitted a clinical or non-clinical PIP.

Recommendations for improvement based upon this review include:

- Improve tracking of timeliness to the initial non-urgent and urgent appointments. This requires prompt application of the DHCS screening tool and tracking to the first offered urgent or non-urgent appointments thereafter, as well as routine monitoring of those results.

- Develop a set of current-state measures and associated time-bound targets for every QAPI and CCP goal that will be measured and evaluated at every quarterly meeting and posted in meeting minutes.
- Seek technical guidance regarding the implementation of LOC tools and clinical practice desk guides as an interim strategy.
- Examine the local implementation of Pathways to Well-Being to assure that both FC and non-FC youth who qualify are offered services. While the MHP has indicated that many families decline IHBS, the low utilization of ICC suggests that few child/family team meetings are delivered that could engage families. This is particularly important due to the high delivery of medication services to youth.
- Develop a clinical and non-clinical PIP for submission at the next EQR. As planned, procure a consultant to assist with the development and implementation.

EL DORADO EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — January 10-11, 2024

MHP Size — Small

MHP Region — Central

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	3	1	1

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	0	4	2
Quality of Care	10	1	4	5
Information Systems (IS)	6	5	1	0
TOTAL	**26**	**10**	**9**	**7**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	Clinical	09/2022	Second remeasurement	Moderate confidence
Ensuring Members are Involved in Medication Management Services as Evidenced by Signed Medication Consent Forms	Non-Clinical	08/2022	First remeasurement	Moderate confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☐ Adults ☐ Transition Aged Youth (TAY) ☒ Family Members ☐ Other	[redacted]*
2	☒ Adults ☐ Transition Aged Youth (TAY) ☐ Family Members ☐ Other	[redacted]
[redacted]		

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- The MHP created a project management and system improvement plan to address the priorities of staffing shortages, responsiveness to community needs, quality improvement and utilization review capacity, service delivery integration, and fiscal stewardship with acute hospitalization.
- The MHP partnered with the Sheriff's office to ensure warm handoffs in the jail facilities for justice involved members.
- Overall penetration rates (PR) are trending up compared to state and small counties.
- The MHP is one of the small counties identified by DHCS to successfully claim under the new payment reform guidelines.
- For CY 2022, the MHP consistently upheld efficient monthly claiming practices, ensuring timely submissions.

The MHP was found to have notable opportunities for improvement in the following areas:

- The MHP has a high vacancy rate for job specific specialties, such as data analysis, bilingual clinicians, and a lack of peer specialists.
- The MHP faces a shortage of data analytics personnel and analytic software essential for generating the required reports for quality improvement (QI) and management decision-making.
- The MHP does not track or trend any Healthcare Effectiveness Data and Information Set (HEDIS) measures related to psychotropic medications as per SB 1291 and Welfare and Institutions Code 14717.5.
- The PR for the Spanish threshold language members, continues to rank below statewide and small county metrics.
- The MHP is missing the opportunity to enlist peer services within the SOC. Peers can enhance adult wellness center activities, member recovery, and clinical services.

Recommendations for improvement based upon this review include:

- Work with County Human Resources (HR), identify job specific qualifications to fill needed behavioral health expertise in positions including QI data analyst, certified peers, and bilingual clinical staff positions.

- Expand the team of data analysts and invest in data analytic software with a specific focus on generating clinical program reports and aggregating data.
- Identify how to pull HEDIS measure data, identify a reporting plan, and aggregate data for quality improvement activities.
- Create outreach and access opportunities that specifically address the needs of the monolingual Spanish speaking community.
- Identify and expand paid and volunteer peer employment positions throughout the systems of care (SOC), including wellness centers and clinics.

FRESNO EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Onsite

Date of Review — October 10-12, 2023

MHP Size — Large

MHP Region — Central

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	2	2	1

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	3	1	0
Timeliness of Care	6	5	0	1
Quality of Care	10	6	1	3
Information Systems (IS)	6	6	0	0
TOTAL	**26**	**20**	**2**	**4**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Children's Full-Service Partnership (FSP) Progress Review	Clinical	01/2023	First Remeasurement	Moderate Confidence
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	Non-Clinical	12/2022	Inactive	No Confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☒Adults ☐Transition Aged Youth (TAY) ☐Family Members ☐Other	[redacted]*
2	☐Adults ☐Transition Aged Youth (TAY) ☒Family Members ☐Other	[redacted]*
[redacted]		

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- The MHP places great effort in access to care and prevention services.
- Contracted provider psychiatric services are doing a good job meeting the needs of members.
- The MHP recently recruited an additional clinical supervisor to support clinicians.
- There is a good communication process between providers and prescribers that benefits coordination of care.
- Fresno County Department of Behavioral Health (DBH) staff are highly supportive of each other and demonstrate high resilience and commitment to the care of members.

The MHP was found to have notable opportunities for improvement in the following areas:

- In CY 2022, with over 1,000 fewer Hispanic/Latino members served than in CY 2021, the PR for this group fell below the statewide PR for Hispanic/Latino.
- The MHP has yet to initiate recruitment of various vacant peer positions in DBH.
- Although the MHP meets with the MCPs, continued delays to enrollment in mild-to-moderate programs may erode gains in member outcomes and functioning achieved through MHP services.
- Due to the lack of documented activity this past year, the non-clinical PIP submission received a no confidence rating.
- The MHP lacks a universal Systems of Care (SOC) adult outcome tool.

Recommendations for improvement based upon this review include:

- Examine causes for the decrease in Hispanic/Latino members served. Develop and implement strategies to improve access for Hispanic/Latino members.

  (This recommendation was a carryover from FY 2022-23)

- Resume active recruitment to fill vacant peer employee positions and increase the number of peer employees at DBH.

  (This recommendation was a carryover from FY 2022-23)

- Continue to meet with MCP providers and develop an interim solution to serve members who are awaiting mild-to-moderate level of care (LOC) programs.

(This recommendation was a carryover from FY 2022-23)

- Implement and document non-clinical PIP activities as planned.
- Research, choose, and implement an adult SOC outcome tool for regular use.

GLENN EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — August 2, 2023

MHP Size — Small-rural

MHP Region — Superior

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	1	3	1

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	5	1	0
Quality of Care	10	4	4	2
Information Systems (IS)	6	4	2	0
TOTAL	**26**	**17**	**7**	**2**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
P.A.W.S: Pets Advocacy Wellness and Support Group	Clinical	04/2023	First Remeasurement	Low Confidence
Follow-Up After Emergency Department (ED) Visit for Mental Illness	Non-Clinical	09/2022	Baseline Year	Moderate Confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☐Adults ☒Transition Aged Youth (TAY) ☐Family Members ☐Other	[redacted]

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- Glenn implemented a new Electronic Health Record (EHR), SmartCare by Streamline, in March 2023 as part of the pilot rollout.
- The MHP's billing staff have maintained an exceptionally low denied claims rate of [redacted] percent.
- Glenn has an intern program that currently includes five master's in social work interns. The MHP is hopeful that interns will stay on as staff.
- The MHP has strong community partnerships to address member needs.
- The MHP has multiple committees with a goal to improve access, timeliness, and quality.

The MHP was found to have notable opportunities for improvement in the following areas:

- The MHP has not yet implemented a system to monitor medication services consistent with Healthcare Effectiveness Data and Information Set (HEDIS) measures noted in SB 1291 for foster care (FC) members.
- It was not clear that the tools indicated for level of care (LOC) are administered appropriately and consistently for determination of LOC and used for all eligible members.
- There appears to be a need for implementing a strategy to assess variance in both inpatient follow-up appointments and readmissions.
- Performance measure results suggest that the MHP may need to review High-Cost Member (HCM) data and analyze the more than 100 percent increase in HCMs served since CY 2020.
- Based on feedback received and information provided during Glenn's EQR, there is a barrier for members obtaining adequate transportation resources.

Recommendations for improvement based upon this review include:

- Implement a system to monitor medication services for FC members, consistent with HEDIS measures noted in SB 1291.

  (This recommendation was continued from FY 2022-23.)
- Review inpatient follow-up and readmission rates. Identify factors that have been creating the large variance in rates for both metrics over the past three CYs.

  (This recommendation was continued from FY 2022-23.)

- Monitor results for tools that the MHP indicated were for LOC to ensure appropriate and consistent use for determination of LOC. Make any needed improvements in the process and services provided.
- Analyze the trend of increasing HCMs and consider interventions to help reduce the potential long-term fiscal impact on the system if the trend continues.
- Review the current vehicle fleet and analyze feasibility of purchasing new vehicles, which would help staff conduct field-based services, and aid members with getting reliable rides to appointments.

HUMBOLDT EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — October 4, 2023

MHP Size — Small

MHP Region — Superior

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
6	2	4	0

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	5	1	0
Quality of Care	10	5	2	3
Information Systems (IS)	6	3	3	0
TOTAL	**26**	**17**	**6**	**3**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Improving family engagement and functioning for children and youth through family therapy	Clinical	09/2022	Second remeasurement	Moderate Confidence
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	Non-Clinical	09/2022	Implementation phase	Moderate Confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☒Adults ☐Transition Aged Youth (TAY) ☐Family Members ☐Other	[redacted]*
[redacted]		

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- The MHP's PRs are higher than statewide rates for all age categories other than 0-5, indicating greater access for most age groups than is seen statewide.
- The MHP's structure of operations are well suited for access and quality of care by co-locating services, proactive outreach in the schools, and strong community partnerships.
- The MHP adopted the new CalAIM Screening and Transition Tool which allowed them to reallocate staff resources and create more intake slots to promote easier access; this has shown to improve access across all demographic groups.
- Peers are well embedded in the system, present at all the primary service areas and available to the outlying clinics as needed.
- The MHP focused on crisis response improvements such as suicide prevention, follow-up after hospitalization, coordination of care between tribes, law enforcement, and EDs, and homelessness.

The MHP was found to have notable opportunities for improvement in the following areas:

- Line staff need support to bolster their skills in the navigation and use of the SmartCare EHR.
- The MHP's FC PR was lower than small sized counties and statewide rates for the past three years.
- The MHP does not currently utilize a standardized children's or adult LOC tool. However, CANS is the identified standardized LOC tool for Children's Behavioral Health. The MHP has not used it as such in its full capacity and will seek guidance on any existing algorithms to use. The MORS for adults has been discontinued, with plans to replace it with LOCUS in June 2024.
- CANS reports are not presented with adequate granularity for clinical supervision. Upon adoption of LOCUS, reporting for clinical purposes should similarly be developed.
- The MHP is not tracking FC HEDIS measures.

Recommendations for improvement based upon this review include:

- Develop a skills gap analysis and training plan that leverages the availability of continued SmartCare EHR training.

- Collaborate with partner agencies to develop and implement strategies to better identify FC youth and improve access to MH services for them.
- Adopt standardized children's and adult LOC tools, develop a desk guide, and provide training to clinicians to determine the intensity of services needed for all members.
- Develop CANS and eventually LOCUS data reports with greater granularity to bring value to clinical supervision and programmatic oversight.
- Develop tracking and reporting mechanisms for the required FC HEDIS measures.

  (This recommendation was continued from FY 2022-23.)

IMPERIAL EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — February 27, 2024

MHP Size — Small

MHP Region — Southern

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	3	2	0

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	3	1	2
Quality of Care	10	4	5	1
Information Systems (IS)	6	4	2	0
TOTAL	**26**	**15**	**8**	**3**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Increasing Access to Mental Health Services to 65+ Older Adult Population	Clinical	07/2023	First Remeasurement	Moderate Confidence
Follow-up after Emergency Department (ED) Visit for Mental Illness (FUM)	Non-Clinical	07/2023	Second Remeasurement	Moderate Confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☐ Adults ☒ Transition Aged Youth (TAY) ☐ Family Members ☐ Other	[redacted]*
2	☒ Adults ☐ Transition Aged Youth (TAY) ☐ Family Members ☐ Other	11

[redacted]

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- The MHP applied for and received eight additional grants for an increase of $40.7 million in grant funding.
- The SmartCare electronic health record (EHR) roll-out was approached with a solution focus and positive attitude, which led to a smooth and quick adaptation.
- The wellness centers offer an array of services, which members report benefiting from and are complimentary to the positive and helpful attitude of staff.
- The MHP has provided targeted outreach to their older adult population, increasing services provided to this normally hard-to-reach population.
- The MHP makes a concerted effort to review all claims before submittal, resulting in a low claims denial rate.

The MHP was found to have notable opportunities for improvement in the following areas:

- The lack of current EHR functionality makes reporting and data analysis difficult.
- A personal health record (PHR) would provide members with access to personal health Information, and the ability to make and change appointments.
- The current public-facing website does not include easy-to-access numbers for crisis or 988 services.
- There remains a gap in member involvement and inclusion. This is a missed opportunity in recovery activities, empowerment, and accessing the voice of the member within the system of care (SOC).
- Timeliness data is not consistent throughout the SOC, leading to the inability to accurately identify timeliness data and improvements needed, such as with the high youth no-show rate.

Recommendations for improvement based upon this review include:

- Collaborate with California Mental Health Services Authority (CalMHSA) to prioritize the development of level of care (LOC) and outcome measures in the EHR so the MHP can aggregate, analyze, and report on data.
- Implement a PHR to restore members' ability to access personal health information and make and change appointments.

- Enhance the public-facing Website to include important information regarding MHP services including an easy-to-locate crisis and after-hour numbers.
- Identify and expand paid or volunteer member employment opportunities throughout the SOC including the Wellness Centers, clinics, and committees.
- Identify and implement acceptable standard percentage rates for timeliness data for the entire SOC; accurately report timeliness data with these rates; and identify needed improvements.

INYO EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — May 23, 2024

MHP Size — Small-rural

MHP Region — Central

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23- EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23- EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	0	2	3

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	3	1	0
Timeliness of Care	6	1	2	3
Quality of Care	10	1	2	7
Information Systems (IS)	6	3	3	0
TOTAL	**26**	**8**	**8**	**10**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
No Clinical PIP Submitted	Clinical	N/A	N/A	N/A
Follow-up after Emergency Department Visit for Mental Illness (FUM)	Non-Clinical	09/2022	Implementation	Low Confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☒ Adults ☐ Transition Aged Youth (TAY) ☐ Family Members ☐ Other	[redacted]

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- The MHP has met the needs of their members by making both program and system-level changes. This includes transitioning their call center to case management staff so that clinicians will be available to respond to crisis needs in the community.
- The MHP has demonstrated resiliency by maintaining a positive culture of open, bi-directional communication despite a year of overwhelming vacancies at all levels, including that of their director and 100 percent turnover of their front office staff.
- The MHP has expanded their peer staff to include a certified peer who will run programs at the wellness center and will be deployed with the community crisis team.
- The MHP had no psychiatric readmissions within the 7- and 30-day post-hospitalization period.

The MHP was found to have notable opportunities for improvement in the following areas:

- The MHP has not produced evidence of medication monitoring for adults or children.
- The Hispanic/Latino population remains underserved in Inyo.
- The MHP did not submit a clinical PIP for the last four fiscal years (FY).
- The MHP was not able to track and trend most timeliness data due to the challenges they faced when transitioning to the new electronic health record (EHR).
- The MHP has a Quality Assessment and Performance Improvement (QAPI) Workplan that does not have current state baselines, or time bound targets, nor did the MHP provide an evaluation of the previous year's QAPI progress.
- The MHP does not have standard Level of Care (LOC) tools for adults or children.

Recommendations for improvement based upon this review include:

- Locate or develop medication monitoring files and/or policies. Ensure timely and accurate implementation and consider a centralized filing system for important processes or policies.
- Create outreach and access opportunities by partnering with the Spanish speaking community and developing strategies to increase the number of Hispanic/Latino members served.
- Develop and implement two required PIPs. Obtain technical assistance (TA) from CalEQRO and consider engaging a consultant for support in PIPs and other relevant QI activities.

- Develop timeliness tracking through the new EHR to monitor timeliness to key points in care. Monitor this data routinely, reviewing performance over time, and initiate improvement activities where warranted.
- Develop a comprehensive set of QAPI goals which incorporate current state measures and time bound targets to evaluate performance. Results should receive at least quarterly reviews by leadership and other key staff and stakeholders.
- Seek technical guidance to support developing and implementing LOC tools including an algorithm that would utilize Milestones of Recovery (MORS) and (Child and Adolescent Needs and Strengths) CANS results as LOC placement criteria for adults and youth respectively.

KERN EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — August 22-24, 2023

MHP Size — Large

MHP Region — Southern

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	4	1	0

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	6	0	0
Quality of Care	10	6	3	1
Information Systems (IS)	6	5	1	0
TOTAL	**26**	**21**	**4**	**1**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Cognitive Behavioral Therapy Psychosis (CBTp) for Youth with Early Onset Psychosis (EOP) Symptoms	Clinical	08/2023	Implementation	Low confidence
Quarterly Engagement Self-Care Raffle Basket	Non-Clinical	07/2023	Baseline year	Low confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☒Adults ☐Transition Aged Youth (TAY) ☐Family Members ☐Other	[redacted]
2	☒Adults ☐Transition Aged Youth (TAY) ☒Family Members ☐Other	[redacted]

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- The MHP has a robust Quality Improvement (QI) function.
- Identification of service needs among historically underserved cultural communities promotes access to care.
- Strong emphasis on innovative and evidence-based treatment (EBT) models is designed to meet clinical needs.
- The MHP provides timely follow-up post-inpatient discharge and shows low rehospitalization rates.
- Very low claim denial rates demonstrate knowledgeable staff and billing practices.

The MHP was found to have notable opportunities for improvement in the following areas:

- Latino/Hispanic and Asian/Pacific Islander penetration rates (PRs) warrant improvement.
- Low foster care (FC) PR suggests under-serving this high-risk group.
- Legacy data transfer, including timeliness data, to the new Electronic Health Record (EHR) system is needed.
- The MHP is not tracking the required Healthcare Effectiveness Data and Information Set (HEDIS) measures for the FC plan members.
- Effective communication to line staff during major systems changes is challenging in a large MHP system.

Recommendations for improvement based upon this review include:

- Continue with the needs assessment and listening sessions with the historically underserved communities, including the Latino/Hispanic and Asian/Pacific Islander groups, to improve access to culturally appropriate mental health (MH) services.
- Continue to develop and implement strategies to better identify the FC members and improve access to MH services for them.

  (This recommendation was continued from FY 2022-23.)
- QI and IS staff need to develop collaboratively standardized reporting processes that will consistently support the MHP's ability to track follow-up services that occur within 7 and 30 days after psychiatric hospitalizations. Validation protocols need to be created as well to ensure data integrity and accuracy.

- Develop a tracking and reporting mechanism for the required FC HEDIS measures at a minimum, and also examine the feasibility of tracking the other behavioral health related HEDIS measures.
- Develop communication strategies for all ongoing changes related to EHR implementation, California Advancing and Innovating Medi-Cal (CalAIM) implementation, and payment reform for the staff and contract providers. Such a strategy should have a built-in mechanism for feedback and frequently asked questions, as well as take into account how to make such communications timely, efficient, concise, and consistent.

KINGS EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — October 3, 2023

MHP Size — Small

MHP Region — Central

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2023-24 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
4	2	2	0

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	6	0	0
Quality of Care	10	6	4	0
Information Systems (IS)	6	5	1	0
TOTAL	**26**	**21**	**5**	**0**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	Clinical	08/2023	Implementation	Low confidence
Urgent Conditions (at Intake)	Non-Clinical	07/2020	Other – Completed	Moderate confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☒Adults ☐Transition Aged Youth (TAY) ☐Family Members ☐Other	[redacted]

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- The MHP's strong collaboration with community partners and managed care plans has a positive impact on access to care.
- The MHP's efforts in the provision of culturally responsive services are noteworthy.
- The MHP's use of dashboards and trending of metrics for performance evaluation and Continuous Quality Improvement (CQI) activities is remarkable.
- The MHP's performance in the areas of post discharge follow up and readmission rates is well above state and national rates.
- The MHP's choice to use qualified outside vendors for their IT needs has proven to be a strength.

The MHP was found to have notable opportunities for improvement in the following areas:

- The MHP has challenges with timely first offered non urgent appointments for all plan members.
- The MHP's challenges with timely first offered urgent appointments and first offered non-urgent psychiatry appointments for children may have negative outcomes.
- Access to the Oak Wellness Center by "referral only" presents a barrier to access wellness activities.
- The plan members who are key stakeholders of the MHP are not involved in key committees such as QIC and are not aware of results of satisfaction surveys.

Recommendations for improvement based upon this review include:

- Track, trend, and evaluate timeliness metrics for first offered non-urgent appointments for all served and implement strategies to improve timeliness.
- Track, trend, and review first offered urgent appointments and first offered non-urgent psychiatry appointments for children and develop strategies to improve in these areas.
- Remove restrictions for access to the Oak Wellness Center and open access to all plan members.
- Invite plan members to participate in the QIC, Cultural Humility Taskforce (CHTF), and other key committees and share satisfaction survey findings with plan members.

LAKE EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — December 11-12, 2023

MHP Size — Small

MHP Region — Superior

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
6	3	3	0

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	6	0	0
Quality of Care	10	5	3	2
Information Systems (IS)	6	3	2	1
TOTAL	**26**	**18**	**5**	**3**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
PIP was not submitted	Clinical	N/A	N/A	N/A
Follow-up after Emergency Department (ED) visit for mental illness	Non-Clinical	7/2022	Planning	Low confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☒Adults ☐Transition Aged Youth (TAY) ☒Family Members ☐Other	[redacted]*
[redacted]		

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- The four peer-run centers provide an array of services and immense support to diverse populations. Peer employees are very appreciative of the changes made by the new director to enhance peer support.
- The MHP's timeliness for first offered non-urgent appointments, urgent appointments, and post-discharge outpatient follow-up meets DHCS standards.
- The MHP's strategies such as paid clinical supervision and adding contracts for psychiatry have proven successful in improving timely access to care.
- The MHP reported positive changes from the implementation of California Advancing and Innovating Medi-Cal (CalAIM) projects related to payment reform.
- The MHP has strong collaboration with key stakeholders in their outreach efforts to reach diverse populations including the homeless, Native American, and Latino.

The MHP was found to have notable opportunities for improvement in the following areas:

- The MHP did not implement a clinical PIP for this year's review.
- The MHP's quality assessment and performance improvement (QAPI) plan is not current and includes the evaluation for FY 2020-21 goals. The QAPI does not include clinical and functional outcomes related goals.
- Lack of clear data definitions for timeliness metrics and errors in computing these metrics may impact review of accurate data and related qualitive improvement (QI) activities.
- There are problems with access to informational materials and forms in Spanish both for staff and plan members that may have a negative impact on timely access to care for the monolingual members and MHP's low Hispanic penetration rate (PR).
- Key informants expressed problems with upward communication beyond the supervisor that has created hurdles in addressing their concerns and may impact timely access to care and quality of services to the plan members.

Recommendations for improvement based upon this review include:

- Implement a clinical PIP for the next review.
- Submit an updated QAPI work plan evaluation for the past three fiscal years and a QAPI work plan for FY 2024-25 which includes goals related to clinical and functional outcomes data from outcome tools.

  (This recommendation is continued from FY 2022-23)

- Create a workgroup that includes executive leadership, QI team, information systems (IS) staff, and program staff to ensure clear data definitions for the tracking of all data metrics in the new electronic health record (EHR). Report on the progress of the workgroup's efforts.
- Ensure all information materials and forms are available in Spanish to line staff and plan members including website information and improve outreach to Latino population. Report if there is an increase in the numbers served for FY 2023-24.
- Establish bi-directional communication with line staff and address concerns related to high caseloads and staff turnover through an organized and consistent communication channel.

LASSEN EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — April 25, 2024

MHP Size — Small-rural

MHP Region — Superior

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	3	1	1

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	3	1	0
Timeliness of Care	6	6	0	0
Quality of Care	10	8	2	0
Information Systems (IS)	6	2	4	0
TOTAL	**26**	**19**	**7**	**0**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Institution of Educational Curriculum Prior to First Prescription of Medication to Improve Reported Understanding of Benefits and Side-Effects and Necessity for Ongoing Therapy.	Clinical	03/2024	Planning Phase	No confidence
Follow-up After Emergency Department Visit with Mental Health Condition	Non-Clinical	06/2023	Implementation Phase	Low confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☒ Adults ☐ Transition Aged Youth (TAY) ☐ Family Members ☐ Other	[redacted]

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- The MHP demonstrated a firm commitment to data-informed decision making through their use of reports and dashboards, the resources they contracted for such as Data Driven Recovery Project (DDRP), and their success in adding data analyst positions.
- Lassen's PR (6.84 percent) was higher than statewide (3.41 percent) and similar-sized counties (6.11 percent), indicating overall fewer barriers to initial service access in the MHP.
- The MHP's contracted peer run drop-in center has gained popularity with the community and has been successful in attracting members and providing a safe space.
- The MHP's 7- and 30-day readmission rates are much lower than the State, indication toward successful engagement post-hospital release.
- The MHP coordinates well with law enforcement, resulting in a safer process for members, law enforcement, and clinical staff. This increases the appropriateness of response and care provided to members.

The MHP was found to have notable opportunities for improvement in the following areas:

- Staff shortages are felt throughout the MHP leading to a reportedly high caseload count and limitations in services provided. Service units and AACMs suggest that minimal services are provided when compared to other MHPs.
- Service capacity is further complicated by the difficulty transferring members to a lower LOC through the MCP.
- The MHP experiences difficulties in coordination of care with Child Welfare Services, which may be affecting access to needed services for foster youth.
- The data sharing between the ED and MHP started, but not all data for hospitalized members are shared with MHP, which may lead to members not receiving timely follow-up services after an ED visit.
- The MHP is not enrolled as a Medicare provider, resulting in a lack of reimbursement for members who have Medicare.

Recommendations for improvement based upon this review include:

- Increase efforts to improve recruitment and retention of clinical and peer support staff. Identify methods to promote staff retention.

  (This recommendation is a carry-over from FY 2022-23.)

- Explore ways to continue improving foster youth coordination. Increase coordination with the MCP to establish increased capacity to transition members when clinically appropriate to care under the MCP.
- Explore ways to continue improving foster youth coordination of care with Child Welfare Services to ensure foster youth have access to the appropriate LOC when services at the MHP are required.
- Coordinate with ED to improve data sharing to monitor, track, and trend data for members receiving crisis services in the ED and initiate QI activities to address areas of concern.

  (This recommendation is a carry-over from FY 2022-23.)
- Examine the processes necessary to begin billing Medicare. Similarly, consult with DHCS as to whether not being Medicare-certified is allowable. This may result in a need to do so in a timely manner.

LOS ANGELES EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — October 16-18, 2023, and October 24, 2023

MHP Size — Very Large

MHP Region — Los Angeles

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
6	2	4	0

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	6	0	0
Quality of Care	10	9	1	0
Information Systems (IS)	6	4	2	0
TOTAL	**26**	**23**	**3**	**0**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Improving Treatment Services for Individuals with Eating Disorders (EDs)	Clinical	06/2021	Completed	High confidence
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	Non-Clinical	12/2022	Implementation	Low confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☒Adults ☐Transition Aged Youth (TAY) ☐Family Members ☐Other	12
2	☒Adults ☐Transition Aged Youth (TAY) ☐Family Members ☐Other	[redacted]
3	☐Adults ☐Transition Aged Youth (TAY) ☒Family Members ☐Other	[redacted]*
4	☐Adults ☒Transition Aged Youth (TAY) ☐Family Members ☐Other	[redacted]*
[redacted]		

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- Cultural competency programs across the system of care are noteworthy in engagement within the community and include collaboration with a variety of groups.
- The MHP exhibits a robust peer employment system which includes Peer Resource Centers (PRC) and a promotional ladder across service areas (SA).
- The MHP has maintained a higher penetration rate (PR) than statewide even with multiple years of increased numbers of eligibles.
- The updates required by California Advancing and Innovating Medi-Cal (CalAIM) and, more specifically, payment reform, appear to have been implemented with synergy and care by the various MHP teams involved.
- The MHP initiated collaborative charting to increase clinical line staff service capacity.

The MHP was found to have notable opportunities for improvement in the following areas:

- The MHP's adult 30-day rehospitalization remains higher than statewide.
- Peers lack information and awareness of opportunities for promotion on the peer ladder of positions.
- Insufficient clinical staffing levels have led to elevated caseloads in both Directly Operated (DO) and Contracted Legal Entity) (C/LE programs, which impacts timeliness and service availability for members.
- The need for system-wide data available closer to real-time is an ongoing focus of multiple MHP development initiatives and planned updates.
- Some new clinical line staff find collaborative charting difficult to do while involved in the clinical session.

Recommendations for improvement based upon this review include:

- Continue and broaden the systemwide focus on reducing the 7/30-day rehospitalization rates.

  (This recommendation is continued from FY 2022-23.)

- Engage in a barrier analysis of why information on peer opportunities is not transparent and implement changes to resolve this issue.
- Continue to focus resources and efforts on recruitment and retention of clinical line staff to reduce timeliness to care.
- Continue development efforts to provide interoperability solutions for more up to date and aggregated data collection and reporting inclusive of C/LE provider data.
- Consider additional data analytical positions to strengthen ongoing data and reporting efforts.
- Investigate issues that create barriers to effective collaborative charting and initiate solutions.

MADERA EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — September 8, 2023

MHP Size — Small

MHP Region — Central

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	2	3	0

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	3	1	0
Timeliness of Care	6	3	3	0
Quality of Care	10	3	6	1
Information Systems (IS)	6	3	3	0
TOTAL	**26**	**12**	**13**	**1**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Crisis Mobile Unit Implementation	Clinical	08/2022	Implementation	Moderate confidence
Centralized Appointment Scheduling Process	Non-Clinical	05/2023	Implementation	Low confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☒Adults ☐Transition Aged Youth (TAY) ☐Family Members ☐Other	[redacted]

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- The first offered non-urgent appointment (county-operated) tracked and reported is an average of 6 days and meets the 10-day standard 97 percent of the time.
- The MHP has excellent integration and collaboration with partner stakeholders and other public and private agencies in outreach to increase culturally appropriate access to services.
- Crisis Care Mobile Units (CCMU) are implemented county-wide and serve both adults and youth.
- The MHP has substantially increased their telehealth use compared to the prior year.
- The MHP reduced denied claims compared to the prior year.

The MHP was found to have notable opportunities for improvement in the following areas:

- The MHP has the highest single service-only rate (25.32 percent) in the state, more than twice compared with statewide (11.21 percent).
- The California Advancing and Medi-Cal (CalAIM) Behavioral Health Quality Improvement Program (BHQIP) was not utilized as one of the PIPs submitted to EQRO.
- The MHP does not report timeliness data for contractor-operated services. This prevents understanding of an accurate picture of systemwide service delivery.
- The MHP's highest reason for claims denial is other healthcare or Medicare Part B needing to be billed first.
- The MHP's lack of aggregate data by program outcomes significantly impacts quality management (QM) processes.

Recommendations for improvement based upon this review include:

- Implement a barrier analysis, create strategies and interventions, track and report improvements in engagement as measured by decrease in one service only rate. Evaluate the impact of engagement after field-based crisis intervention.
- Work with DHCS to find how to create a successful BHQIP PIP FUM and consider using it as next year's MHP non-clinical PIP, to reduce the impact of the PIP requirements. Engage in PIP technical assistance (TA) from EQRO on a regular (at least every three months) basis.
- Begin to collect and trend timeliness data for contractor services for the first offered and first delivered non-urgent clinical appointments; first offered and first delivered non-urgent psychiatry appointments; and, first offered urgent appointments. Include this data in assessments of timeliness for systemwide service delivery.

- Investigate the reasons, develop strategies, and implement solutions to improve the MHP's highest reasons for claims denials.
- Develop a plan for the implementation of the new Electronic Health Record (EHR), SmartCare, to ensure that it includes capability to track aggregated data by program outcomes.

MARIN EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — November 29-30, 2023

MHP Size — Medium

MHP Region — Bay Area

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	4	0	1

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	3	1	0
Timeliness of Care	6	3	3	0
Quality of Care	10	7	2	1
Information Systems (IS)	6	4	2	0
TOTAL	**26**	**17**	**8**	**1**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Follow-up after Emergency Department (ED) Visit for Mental Illness (FUM)	Clinical	9/2022	Implementation	Low confidence
Timeliness between Assessment and First Treatment Services	Non-Clinical	3/2021	Second remeasurement	Low confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☐Adults ☐Transition Aged Youth (TAY) ☒Family Members of Youth ☐Other	[redacted]
2	☒Adults ☐Transition Aged Youth (TAY) ☐Family Members of Youth ☐Other	[redacted]*
[redacted]		

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- The MHP produces several useful monthly dashboards that demonstrate operational trends.
- The MHP is leading a wide variety of activities toward suicide prevention with detailed information available on the public facing website.
- The MHP shows strong performance in providing follow-up services after inpatient discharge; this is likely a key contributor to low readmission rates.
- The MHP is implementing the Level of Care Utilization System (LOCUS) for use at the initial assessment with the Access team.
- Systems for the Medi-Cal claim submissions result in a low claims denial rate.

The MHP was found to have notable opportunities for improvement in the following areas:

- Despite having 29 percent of clinical staff speaking Spanish, there does not appear to be sufficient Spanish-speaking staff allocated to areas where members live or enough to meet the overall need.
- Timely access to care is currently monitored only on an annual basis.
- While the rate of calls being answered directly for the Access Line has improved significantly, half of calls are answered by voice mail. This can negatively impact initial engagement of members who are newly seeking care.
- The MHP is experiencing challenges that come with implementing a new electronic health record (EHR).
- The MHP does not systematically utilize a level of care (LOC) tool to evaluate whether members are served at the appropriate LOC.

Recommendations for improvement based upon this review include:

- Conduct an analysis of bilingual staff distribution and current caseloads to determine if an increase in the number of Spanish-speaking staff is necessary, particularly in areas of the County where Hispanic/Latino members live and may have decreased access as a result.
- Review timeliness for all key metrics on at least a quarterly basis with documentation of review and development of improvement strategies as needed.

  (A similar recommendation has been continued since FY 2021-22.)

- Continue to work toward a higher call-answered rate at the Access Line to improve member experience when seeking care.

  (This recommendation was continued from FY 2022-23.)

- Work with California Mental Health Services Authority (CalMHSA) to prioritize reports in the EHR that are viewed by the MHP as essential. Also associated with SmartCare, build County-specific training modules for entering member data and billing information into SmartCare.
- Upon implementation of the LOCUS as a LOC tool, conduct an analysis of staff capacity at various levels of care based upon apparent need of members in the system of care.

MARIPOSA EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — September 6, 2023

MHP Size — Small-rural

MHP Region — Central

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
6	2	3	1

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	3	1	0
Timeliness of Care	6	6	0	0
Quality of Care	10	2	6	2
Information Systems (IS)	6	4	2	0
TOTAL	**26**	**15**	**9**	**2**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Psychiatry no-shows	Clinical	07/2022	Other – completed	Low confidence
Phone services	Non-Clinical	12/2022	Planning	No confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☒Adults ☐Transition Aged Youth (TAY) ☐Family Members ☐Other	[redacted]

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- Peer Specialist (I/II/III) is a newly created civil service classification that enables the MHP to hire certified peers and expects to add two full-time equivalent (FTE) staff in this job class.
- The MHP's paperless EHR, inclusive of scanned historical records, ensures information is centrally located and readily available for staff to effectively provide treatment to members.
- The MHP is approaching its launch of the LOCUS tool which will be useful for managing service capacity and assuring that members are served at the most suitable level of care (LOC).
- As the county is the new provider health and MH services in the jail, the MHP can more readily bring members into care upon their re-entry to the community.

The MHP was found to have notable opportunities for improvement in the following areas:

- The MHP's implementation of the CalAIM screening tool does not lend itself to the less labor-intensive and consistent screening intended.
- The high percentage of members only receiving one to two services may represent issues with member engagement after an intake or crisis intervention.
- The low number of referrals to psychiatry suggests this service type may be under-utilized, particularly for adults. The referral process may be cumbersome for staff and add delays for members waiting for care.
- The MHP provides an unusual amount of targeted case management (TCM) to adults; this may in fact represent an unusual service pattern or could be a data integrity issue.
- The MHP lacks mechanisms to solicit feedback and input from functional area stakeholders and subject matter experts regarding clinical processes and electronic health record (EHR) development.
- The MHP may not have a sufficient number of staff to adequately manage the Medi-Cal claiming process.

Recommendations for improvement based upon this review include:

- Consult with DHCS regarding parameters and expected fidelity to the CalAIM screening tool. Determine the extent to which members are not screened prior to their assessment.
- Examine service patterns for members who receive only one to two services to determine whether more attention should be given to clinical engagement or if other issues are apparent.
- Examine a reasonable sample of charts to determine whether psychiatry is being offered at clinically appropriate stages of care. This analysis should include participation from psychiatric providers, as well as someone with lived-experience, if possible, to help inform the process.
- Examine service patterns for adults receiving TCM, particularly those members who are outliers receiving well above the average. This may reflect an unintended service pattern or miscoding of services delivered.
- Provide a mechanism for staff to contribute as subject matter experts when new initiatives are being discussed and planned. This should include the development and testing of workflows to provide feedback regarding new EHR functionality and implementation.

MENDOCINO EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — December 6-7, 2023

MHP Size — Small

MHP Region — Superior

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	2	3	0

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	6	0	0
Quality of Care	10	9	1	0
Information Systems (IS)	6	3	3	0
TOTAL	**26**	**21**	**4**	**1**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Youth Level of Care	Clinical	12/2022	Implementation	Low confidence
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	Non-Clinical	09/2022	Implementation	Low confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☐Adults ☐Transition Aged Youth (TAY) ☒Family Members ☐Other	[redacted]
2	☒Adults ☐Transition Aged Youth (TAY) ☐Family Members ☐Other	11

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- The MHP continuously monitors data to evaluate and make data driven decisions.
- The MHP's penetration rates (PR) are higher than both the small county and statewide rates for all age categories, indicating greater service accessibility.
- The MHP leadership is actively engaged in suicide prevention activities leading to a robust prevention strategy.
- Participation in the SacValley MedShare Health Information Exchange (HIE) allows the secure sharing of myAvatar health information throughout California.
- As oversight transitions from the administrative services organization (ASO), contractors report satisfaction with the MHP's attempts to work towards building relationships.

The MHP was found to have notable opportunities for improvement in the following areas:

- While the single service retention rate for white members was 7.91 percent, the Hispanic/Latino rate was 11.38 percent. Which suggests disparity in engagement and retention.
- Member health information is maintained in disparate Electronic Health Records (EHR) systems which limits access to this information.
- The rate of deferred diagnosis is much greater than the statewide average (18 percent vs. 6 percent). At the same time urgent service requests are defined as crisis, which may contribute to the high rate of deferred diagnoses.
- The MHP currently does not have specified peer classification in their workforce, nor does the MHP have a specified career ladder for peers.
- The demand for IT support will likely increase during the Avatar NX implementation and there may be an ongoing need for additional IT support if contract providers begin using the Avatar NX system.

Recommendations for improvement based upon this review include:

- Research possible reasons for the higher Latino/Hispanic single service percentage and design culturally appropriate ways to increase engagement and consider conducting Hispanic/Latino focus groups to gather feedback from this population.

  (This recommendation was a carryover from FY 2022-23)
- To eliminate disparate EHR databases and allow 24/7 access to member heath information, consider permitting all contract providers full access to the enhanced Avatar NX EHR system.

(This recommendation was a carryover from FY 2022-23)

- Consider the opportunity to redefine urgent services disparate from crisis to offer an opportunity for a more complete assessment and engagement of urgent service requests. Create a process that helps to reduce the number of deferred diagnoses.

  (This recommendation was a carryover from FY 2022-23)

- Consider creating a peer classification and a peer specific career ladder.
- The MHP should consider including anticipated IT staffing requirements in their Avatar NX project plan as well as in planning the post Avatar NX IT budget.

MERCED EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — November 2-3, 2023

MHP Size — Medium

MHP Region — Central

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	0	4	1

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	6	0	0
Quality of Care	10	9	1	0
Information Systems (IS)	6	4	2	0
TOTAL	**26**	**23**	**3**	**0**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Post Hospitalization PIP	Clinical	July 2021	Completed	High Confidence
Follow-Up After Emergency Department Visit for Mental Illness	Non-Clinical	July 2022	First Remeasurement	Moderate Confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☒Adults ☐Transition Aged Youth (TAY) ☐Family Members ☐Other	[redacted]
2	☐Adults ☐Transition Aged Youth (TAY) ☒Family Members ☐Other	[redacted]*
[redacted]		

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- The MHP's Quality Improvement (QI) processes are robust and have a positive impact on the quality of services.
- The Cultural Humility Health Equity Justice Committee's (CHHEJC) efforts in establishing a culturally competent system of care are noteworthy.
- The Justice Community Integration Division's (JCID) extensive efforts to link members who are on probation and parole are impressive.
- The MHP utilizes satisfaction survey feedback from surveys to improve services.
- The MHP's timeliness for post discharge outpatient follow-up and medication management have significantly improved.

The MHP was found to have notable opportunities for improvement in the following areas:

- The MHP's first offered non-urgent appointments timeliness rate is low.
- The MHP's first offered non-urgent psychiatry appointments timeliness rate is very low and declined compared to the previous year.
- The MHP's timeliness rate for first offered urgent appointments is low and declined from the previous year.
- The MHP's strategies to address challenges with meeting standards for timeliness did not reflect an improvement in these metrics.
- The MHP's Latino/Hispanic PR continues to be much lower than the statewide average.

Recommendations for improvement based upon this review include:

- Revive the all-hands-on deck approach and implement other strategies to improve timeliness for first offered appointments.
- Explore barriers for timely psychiatry non-urgent appointments and implement strategies that target these barriers.

  (This recommendation was continued from FY 2022-23.)
- The average wait time for urgent appointments is very long. Review the reasons for these delays and implement strategies that will improve timeliness.

  (This recommendation was continued from FY 2021-22.)

- Create a workgroup within the Compliance Quality Improvement (CQI) committee to implement strategies that improve timeliness and report monthly progress to the CQI committee.
- Consider Promotoras and other effective outreach strategies to improve the Hispanic/Latino penetration rates (PRs).

  (This recommendation was continued from FY 2021-22.)

MODOC EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — May 2, 2024

MHP Size — Small-rural

MHP Region — Superior

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	1	3	1

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	5	1	0
Quality of Care	10	5	4	1
Information Systems (IS)	6	5	1	0
TOTAL	**26**	**19**	**6**	**1**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Follow-up After Emergency Department Visit for Mental Illness (FUM) Behavioral Health Quality Improvement Program (BHQIP)	Clinical	09/2022	Baseline	Moderate confidence
Not submitted	Non-Clinical	N/A	N/A	N/A

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☒ Adults ☐ Transition Aged Youth (TAY) ☐ Family Members ☐ Other	[redacted]

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- The MHP continues to have very high PRs. They had the highest PR in the state in CY 2022 and it was more than 2.5 times the statewide rate. The embedded school-based program contributes to an even higher PR for youth ages 6 to 17.
- The MHP has effective mechanisms in place to follow-up with members following psychiatric inpatient hospitalization and low rates of inpatient readmissions.
- Modoc collaborates with several community agencies including schools, law enforcement, public health, and the emergency department. Modoc reports a good relationship with the local hospital and provides "a sitter" for individuals in need of it while there for behavioral health needs.
- Modoc analyzes data to better understand issues in their county, such as high levels of depression and anxiety, poverty, challenges of the mobile crisis unit, and strategizes solutions to meet the needs of the community.
- The MHP offers two peer-led wellness centers, Sunrays of Hope, and a TAY drop-in center which has a youth advisory board. The centers offer groups, exercise, and classes.

The MHP was found to have notable opportunities for improvement in the following areas:

- Modoc submitted only one PIP for validation.
- The MHP's psychiatry no-show rate continued to be high at 17.2 percent.
- Based on the MHP's data, it appears that Modoc's FC youth are not receiving the full continuum of services similar to other small counties and statewide.
- The MHP is using the Health Information Exchange (HIE) to gather information about members they serve, but they are not yet transmitting any data to the HIE regarding the services they provide. This limits the usefulness of the HIE for members' full network of providers.
- Due to being in a small county and in a very small county, members expressed concerns for confidentiality and stigma for receiving behavioral health services.

Recommendations for improvement based upon this review include:

- Submit two PIPs for validation.

  This recommendation is a revised carryover from FY 2022-23.
- Initiate the PIP the MHP has planned to reduce no-shows.

  This recommendation is a revised carryover from FY 2022-23.

- Demonstrate that the MHP's FC youth are receiving the full continuum of services with utilization rates similar to statewide and other small counties.

  This recommendation is a revised carryover from FY 2022-23.

- Complete the implementation of the SacValley MedShare HIE to include automated two-way communication between the Electronic Health Record (EHR) and the HIE.

  This recommendation is a revised carryover from FY 2022-23.

- Reassure MHP members that behavioral treatment is confidential; solicit suggestions from members for how they may feel more comfortable receiving treatment; and provide ways for members to further protect their privacy, for example, telehealth services from home.

MONO EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — May 21, 2024

MHP Size — Small-rural

MHP Region — Central

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	5	0	0

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	5	1	0
Quality of Care	10	7	3	0
Information Systems (IS)	6	4	2	0
TOTAL	**26**	**20**	**6**	**0**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Vitamin D Deficiency Case Management Linkage	Clinical	03/2023	Implementation	Moderate confidence
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	Non-Clinical	09/2022	First Remeasurement	Moderate confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☒ Adults ☐ Transition Aged Youth (TAY) ☐ Family Members ☐ Other	[redacted]

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- The MHP is creative with using telehealth to meet the workforce demand and adequately provide clinical services.
- The MHP has leveraged necessary support from CalMHSA during the implementation of the new electronic health record (EHR), SmartCare, including the revenue cycle management billing support.
- Implementing Relias as a department learning management system will assist with required annual clinical training and provide a foundation for staff onboarding in the future.
- The MHP has a strong social media presence, which is updated regularly and used prolifically by the community.
- The MHP has built strong partnerships with the local Sheriff, tribal elders, and the MCP.

The MHP was found to have notable opportunities for improvement in the following areas:

- Stakeholders have reported that the remote staff are unfamiliar with the resources within the county.
- Stakeholders report being fearful of calling law enforcement in a crisis situation, as they receive an inconsistently helpful response.
- The initial psychiatry service appointment wait is reported to be roughly a month.
- Stakeholder feedback suggests that attention is needed to support MHP staff in promoting wellness and resilience within the workforce.
- With enhanced functionality and data collection within the SmartCare EHR, the value of an established reporting cycle and feedback loop with providers would support member care.

Recommendations for improvement based upon this review include:

- Create an onboarding training plan for remote workers that identifies countywide resources, contact information, and a description of services offered.
- Continuing to build relationships with local law enforcement by offering short trainings at their briefings on a variety of behavioral health topics.
- Evaluate barriers to timely access to initial psychiatry appointments. Develop and implement strategies to revamp and expand psychiatric services for youth and adults.
- Hold targeted conversations with staff to develop a staff wellness initiative to address potential burnout and to promote self-care.
- Leverage the data reporting experience and customization of other counties implementing the SmartCare EHR in collaboration with CalMHSA.

MONTEREY EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — February 13-15, 2024

MHP Size — Medium

MHP Region — Bay Area

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
6	4	2	0

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	3	0	1
Timeliness of Care	6	3	2	1
Quality of Care	10	4	4	2
Information Systems (IS)	6	4	2	0
TOTAL	**26**	**14**	**8**	**4**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Stanley Brown Safety Plan	Clinical	01/2024	Implementation Phase	No Confidence
Follow-up After Emergency Department Visit for Mental Illness (FUM)	Non-Clinical	09/2022	Second Remeasurement	Low Confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☐Adults ☐Transition Aged Youth (TAY) ☒Family Members ☐Other	[redacted]
2	☒Adults ☐Transition Aged Youth (TAY) ☐Family Members ☐Other	[redacted]

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- Coordination of care between MHP, MCPs and other stakeholders with a focus on integration has improved quality of care provided to member and rapid response between partnerships.
- All contract providers use the Avatar EHR for clinical documentation setting the pace for data collection moving forward.
- The MHP has a great working relationship with different law enforcement disciplines facilitating service provision and rapid response to mental health crisis.
- The MHP set a process in place to improve tracking and response to post hospitalization follow-up.
- The MHP has onboarded a new psychiatrist to conduct medication monitoring reviews.

The MHP was found to have notable opportunities for improvement in the following areas:

- The MHP experienced difficulties with timeliness data collection and is not reporting with complete accuracy the wait times in accessing services throughout the MHP.
- The MHP reported high wait times for urgent services.
- The MHP's percentage of HCMs has increased in each of the last three CYs and is notably higher than the statewide rate.
- The adult level of care tool (LOC) is inconsistently being used throughout the MHP and the MHP currently does not track improvement over time.
- Bidirectional communication, leadership clinical policy decision making, and overall communication was identified as areas needing improvement as it relates to contract providers. (Quality)
- Data analytic staffing appears inadequate to meet the MHP's analytic and reporting needs. (Quality, IS).

Recommendations for improvement based upon this review include:

- Develop a process that ensures accuracy in timeliness data collection to ensure accurate representation of data throughout the MHP.

  (This recommendation was continued from FY 2022-23.)
- Explore reasons for the long wait time to urgent services and implement a process to improve timely service delivery for those with urgent needs.

- Investigate HCM service patterns to determine if the patterns reflect the treatment needs of this population. Data from the LOC tool will prove valuable.
- Implement a process that provides training and monitors adult level of care tool utilization accuracy and develop a process to track aggregate analysis overtime for both children and adults.
- Investigate the reasons, develop strategies, and implement solutions to improve morale, bidirectional communication and concerns related to bidirectional communication in leadership clinical policy decision making.

  (This recommendation was continued from FY 2022-23.)
- To meet the reporting and analytic needs of the organization, expand in-house and/or contracted data analytic capacity.

NAPA EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — December 12-13, 2023

MHP Size — Small

MHP Region — Bay Area

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	3	1	1

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	3	1	0
Timeliness of Care	6	2	4	0
Quality of Care	10	3	5	2
Information Systems (IS)	6	4	2	0
TOTAL	**26**	**12**	**12**	**2**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Enhancing Engagement in Psychosocial Care for Children/Youth on Psychotropic Medication	Clinical	12/2022	First remeasurement	Moderate confidence
Follow-Up After Emergency Department Visit for Mental Illness	Non-Clinical	09/2022	Implementation	Moderate confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☐Adults ☐Transition Aged Youth (TAY) ☒Family Members ☐Other	[redacted]*
2	☒Adults ☐Transition Aged Youth (TAY) ☐Family Members ☐Other	[redacted]
[redacted]		

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- By providing members case management and intensive outpatient services, the MHP reports low readmission rates.
- Staff retention and recruitment efforts continued with an expansion of intern opportunities as well as expanding the tuition reimbursement stipends and loans to contract providers.
- Transportation challenges are addressed through the addition of provided driver expectations in provider contracts.
- The inclusion of contract providers as integrated users on the Credible EHR and the use of incentives to achieve this, supports future data collection, reporting, and interoperability needs.
- The foster care (FC) penetration rate (PR) in Napa has continued to increase over the last two years and is now higher than both the small county and statewide PRs.

The MHP was found to have notable opportunities for improvement in the following areas:

- Timeliness data does not consistently represent the entire system of care (SOC).
- Healthcare Effectiveness Data and Information Set (HEDIS) data is currently not being reported.
- There were differing reports from key informants regarding data feedback and reports available for staff following the transition to Credible.
- The low number of Quality Assurance (QA), Information Systems (IS), and data analytic staff may impact the ability to timely development, training, and implementation needed for initiatives and rollout of the new electronic Health Record (EHR).
- Based on key informant feedback, additional evidence-based practices (EBP), orientation, and new initiatives are desired and would benefit both long-term staff as well as staff new to behavioral health (BH).

Recommendations for improvement based upon this review include:

- Identify and implement acceptable standard percentages for clinical and psychiatrist no-show rates for entire SOC.
- Monitor and conduct quarterly reviews of the four HEDIS measures related to medication utilization and access to outpatient services for FC youth. (This recommendation is carried over from FY 2022-23.)

- Standardize documentation and performance measures for all direct service staff; with accountability training provided to supervisors; and ensure all users are aware of current resources.
- Prioritize hiring additional QA, IS, and data analytics resources through staff positions or contracted support positions.
- With input from all levels of staff, implement an annual training curriculum that includes clinical EBPs, orientation materials, and current initiatives.

NEVADA EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — April 3-4, 2024

MHP Size — Small

MHP Region — Superior

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	2	2	1

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	6	0	0
Quality of Care	10	8	1	1
Information Systems (IS)	6	6	0	0
TOTAL	**26**	**24**	**1**	**1**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Follow-up After Emergency Department (ED) Visit for Mental Illness (FUM)	Clinical	12/2022	First Remeasurement	Low Confidence
Increasing Service Capacity Through Clinical Intern Staffing	Non-Clinical	04/2022	Second Remeasurement	High Confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☒ Adults ☐ Transition Aged Youth (TAY) ☒ Family Members ☐ Other	12

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- The MHP's communication and collaboration with key stakeholders is impressive.
- Nevada's overall penetration rates (PRs) and Hispanic PRs are higher than PRs for the statewide and similar-sized counties.
- Nevada is a Stepping Up Innovator County and has strong collaboration with law enforcement.
- The MHP has implemented data-driven and targeted efforts to increase services for foster care (FC) members as reflected in the increase in FC PRs.
- The SPIRIT Empowerment Center and Day Resource Center offer a wide array of services and peer support for members.

The MHP was found to have notable opportunities for improvement in the following areas:

- The MHP has challenges with meeting timeliness standards for urgent appointments.
- The Quality Assessment and Performance Improvement (QAPI) workplan evaluation for some goals did not align with source data presented for timeliness metrics and other data metrics and therefore the metrics presented for some goals were inaccurate.
- The MHP has not implemented a level of care (LOC) tool across the system to guide transitions to the appropriate LOC.
- There are no outcome tools used for evaluating the progress of treatment outcomes for adults.
- There are challenges with high caseloads for case managers and frequent

  turnover for the contracted case manager position that impacts access to care.

Recommendations for improvement based upon this review include:

- Review challenges with offering timely access to care for urgent conditions and implement training and quality improvement (QI) activities to identify and track urgent conditions accurately and provide timely access to care for members with urgent conditions.
- Ensure evaluation of QAPI goals aligns with the metrics in Assessment of Timely Access (ATA) survey and other data sources and verify accuracy of metrics reported in QAPI.
- Implement a LOC tool across the system to guide data-driven transitions to appropriate LOC and overall capacity management.

  (This recommendation is a carry-over from FY 2022-23)

- Implement an adult outcomes tool to track and trend progress with treatment outcomes for adults.

  (This recommendation is a carry-over from FY 2021-22)

- Review current capacity to address case management needs and caseloads for case managers versus clinicians to examine if there are sufficient full-time equivalents (FTEs) to provide case management.

ORANGE EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — September 19-21, 2023

MHP Size — Large

MHP Region — Southern

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
6	5	0	1

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	4	2	0
Quality of Care	10	4	5	1
Information Systems (IS)	6	4	2	0
TOTAL	**26**	**16**	**9**	**1**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Rehospitalization Reduction in Children/Youth After First Hospitalization	Clinical	10/2022	Second remeasurement	Low confidence
Improving Adults' Timely Access to Mobile Crisis Support	Non-Clinical	06/2023	Implementation	No confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☒Adults ☐Transition Aged Youth (TAY) ☐Family Members ☐Other	[redacted]
2	☐Adults ☐Transition Aged Youth (TAY) ☒Family Members ☐Other	[redacted]
3	☒Adults ☐Transition Aged Youth (TAY) ☐Family Members ☒Other	[redacted]

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- The MHP has a strong data-driven decision-making culture.
- The efforts to reduce rehospitalization appear to be showing success.
- The MHP offers multiple walk-in and call-in options for initial access.
- The MHP has very strong partnerships and collaborations with external agencies.
- The MHP has been working diligently in developing and expanding supportive housing.
- The MHP demonstrates strong security and continuity controls in their Information Technology (IT) environment.

The MHP was found to have notable opportunities for improvement in the following areas:

- The MHP's penetration rates (PRs) continued to be lower than those seen statewide across all racial/ethnic groups and all age groups, suggesting challenges with accessing services overall.
- The MHP's website and the additional ones containing various relevant service information need further work and clarity.
- The MHP's timeliness data have inconsistencies that require further work.
- The MHP's medication monitoring protocol does not fully incorporate the Healthcare Effectiveness Data and Information Set (HEDIS) measures or methodology.
- There is limited clinical information exchange between county and contract providers.
- According to its Assessment of Timely Access (ATA), the MHP did not meet the 10-business day standard for children and youth by a large margin.

Recommendations for improvement based upon this review include:

- Continue efforts to improve the overall PR, especially for adult, older adult, infant, and Asian-Pacific Islander (API) Medi-Cal members. Evaluate the current strategies to improve access for these groups and increase their PRs.
- Continue to streamline MHP access and service information working with both the health agency and the established search engines so those seeking information from the outside are directed straight to the latest and most comprehensive website.
- Additional IS staff positions within the Orange Health Care Agency (OHCA) are needed for ongoing support and development within the MHP system of care. OHCA would

benefit from enhanced support from County HR for the successful recruitment of vacant data analytics positions that provide key support for making data-informed decisions.

- Incorporate the applicable HEDIS measures in medication monitoring protocol start tracking the remaining Pathways to Well-Being (PWB) mandated HEDIS measures for the FC plan members.
- Continue the efforts to enable clinical, demographic, and financial information exchange with contract providers, in lieu of a shared Electronic Health Records (EHR).
- Continue developing and implementing new strategies to improve children's timeliness to first offered non-urgent appointments.

PLACER/SIERRA EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — August 29-31, 2023

MHP Size — Medium

MHP Region — Central

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	0	4	1

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	3	3	0
Quality of Care	10	7	3	0
Information Systems (IS)	6	4	2	0
TOTAL	**26**	**18**	**8**	**0**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Follow-up After Emergency Department visit for Mental Illness	Clinical	09/2022	Planning Phase	No Confidence
SOGI and the Beneficiary Experience in ASOC MH Clinics	Non-Clinical	10/2021	Second Remeasurement	Moderate Confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☐Adults ☐Transition Aged Youth (TAY) ☒Family Members ☐Other	0
2	☒Adults ☐Transition Aged Youth (TAY) ☐Family Members ☐Other	[redacted]

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- Placer County's contracted providers report continued support throughout the implementation of SmartCare electronic health records (EHR). This includes providing contract providers full access to SmartCare, which will increase the data that is available to the MHP for reporting and analysis.
- Placer County is delivering timely mobile crisis services throughout the county.
- Placer County peer support system provides significant support for members throughout the system of care (SOC).
- Placer County's internal structure provides an environment that results in an efficient and effective coordination process between the MHP, child welfare, and probation services.
- Sierra County communicates efficiently between stakeholders, resulting in rapid response to coordination of care.

The MHP was found to have notable opportunities for improvement in the following areas:

- The community of Auburn does not have a local wellness center.
- MHP does not aggregate and report on the data of contract providers to provide an overall perspective on the county's beneficiary timeliness and outcomes.
- The MHP lacks a universal SOC adult outcome tool.
- The MHP does not maintain a data warehouse that replicates the SmartCare system to support data analytics and reporting.
- The MHP's percentage of high-cost members (HCM) has increased each year for the past three years and exceeds the statewide rate.

Recommendations for improvement based upon this review include:

- Give due consideration to the needs of members living in Auburn to determine if a wellness center or similar is needed and initiate necessary programs for the region.
- Create reports that aggregate, track, and trend contractor data to accurately represent beneficiary timeliness and outcomes throughout the SOC.
- Research, choose, and implement a SOC outcome tool for regular adult use.
- Develop a database that replicates the SmartCare system and is updated nightly to support data analytics and reporting.
- Investigate HCM service utilization to determine if service patterns reflect the treatment needs of this population.

PLUMAS EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — April 23,2024

MHP Size — Small-Rural

MHP Region — Superior

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
4	1	3	0

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	5	1	0
Quality of Care	10	4	2	4
Information Systems (IS)	6	5	1	0
TOTAL	**26**	**18**	**4**	**4**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
None Submitted	Clinical	N/A	N/A	N/A
Follow-Up After Emergency Department (ED) Visit for Mental Illness (FUM)	Non-Clinical	02/2023	Implementation	Low Confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☒ Adults ☐ Transition Aged Youth (TAY) ☒ Family Members ☐ Other	[redacted]*
[redacted]		

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- The MHP prioritizes timely access to its services and ensures at least weekly follow-up for new members.
- The MHP has developed a comprehensive Level of Care (LOC) tool that the clinical staff have started using for assigning appropriate combination of services and transitioning to other levels of care as needed.
- The MHP has developed strong partnerships with a number of other agencies to improve access and quality of care.
- The MHP has maintained a [redacted] Medi-Cal claim denial rate throughout CY 2022.
- The MHP pays attention to the locally relevant cultural factors such as poverty, rural living, isolated communities in addition to demographic-based ones.

The MHP was found to have notable opportunities for improvement in the following areas:

- The MHP has not yet been able to fully develop its medication monitoring protocol including the relevant national and state measures related to diagnosis, medication practices and care standards.
- The MHP has not been able to complete its tracking of FC HEDIS measures.
- The MHP lacked a clinical PIP for this year's EQR.
- The MHP lacks any designated peer positions for individuals with lived experience. It cited fiscal constraints in creating and maintaining such positions.
- Due to the new EHR implementation, the MHP's tracking of urgent appointment timeliness appears incomplete.

Recommendations for improvement based upon this review include:

- Complete developing a medication monitoring tool that conforms to national and state standards.

  (This recommendation is a carry-over since FY 2021-22.)
- Establish tracking mechanisms for FC Healthcare Effectiveness Data and Information Set (HEDIS) measures.

  (This recommendation is a carry-over since FY 2021-22.)

- Implement a clinical PIP and continue the implementation of the non-clinical PIP on FUM.

  (This recommendation is a carry-over since FY 2021-22.)

- Further explore the possibilities of establishing peer positions, including navigator and volunteer ones, even if certification is not possible at this time.
- Ensure that the timeliness data for urgent appointments is fully captured and reported.

RIVERSIDE EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Hybrid

Date of Review — May 14-16, 2024

MHP Size — Large

MHP Region — Southern

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	2	3	0

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	3	1	0
Timeliness of Care	6	5	1	0
Quality of Care	10	5	5	0
Information Systems (IS)	6	5	1	0
TOTAL	**26**	**18**	**8**	**0**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Responding to the Whole Person by Assessing Social Determinants of Health (SDOH)	Clinical	09/2023	Baseline Year	Moderate confidence
Healthcare Effectiveness Data and Information Set (HEDIS) follow-up after ED visit for mental illness (FUM) 7/30 Post-ED Follow-Up	Non-Clinical	07/2020	Second Remeasurement	Moderate confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☒ Adults ☐ Transition Aged Youth (TAY) ☐ Family Members ☐ Other	[redacted]
2	☐ Adults ☐ Transition Aged Youth (TAY) ☒ Family Members ☐ Other	[redacted]

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- The MHP has a research team known for its innovative approaches, including the use of artificial intelligence and web-based or application-based programs. Further, members validate that they are using the Take my Hand application which has been expanded to include American Sign Language.
- The MHP has a consistent and significant strength in integration of care as can be seen in the structure of the Riverside University Health System (RUHS), the existing and substantial integration between the MHP and Drug Medi-Cal organized delivery system (DMC-ODS), and early participation in the BH Administrative Integration project.
- The MHP's 17 collaborative courts are well-developed and continuing to grow, as are other facets of alliance with the justice system. Additionally, the MHP has worked with the Department of Social Services to resolve problems in transitioning from jail into outpatient care and can have a member's Medi-Cal benefits restored within 24 hours.
- The MHP has a strong focus on developing specialized programs that support members' whole health and well-being. Although projects are not always billable, the MHP takes them on for the general benefit of members, seeking grants and other creative funding solutions to support endeavors.
- The MHP's robust start to mobile crisis encompasses multiple teams and significant efforts to educate the public about these services seem to have been successful as evidenced by increasing call volumes.

The MHP was found to have notable opportunities for improvement in the following areas:

- Recommendation 2 is partially addressed and carried forward in updated language to support continued progress. The MHP has made significant steps toward reduced vacancy rates, however, validation sessions indicated room for additional progress in this area.
- Recommendation 4 is being carried forward, as the quality assessment and performance improvement (QAPI) workplan does not include the suggested trend data and other means for a viewer to easily observe the quantified progress data.
- Key informants indicated that the processes around the application of the Child and Adolescent Needs and Strengths (CANS) should be addressed. The situation of poor inter-rater reliability can grossly impact the use of this youth outcome measure for aggregate and member-level determinations.
- The MHP would benefit from a dedicated team to problem solve Avatar issues, to greatly assist contract providers and improve continuity of care and data accuracy.

- The MHP does not have an adult outcome measure in use, although the I-CAN pilot seems to be doing well. The MHP is encouraged to continue movement toward a reliable measure of adult outcomes.

Recommendations for improvement based upon this review include:

- The MHP should survey internal clinics and staff to identify the priorities of new and long-term employees, factors which support attraction, retention, and morale of clinical staff. Implement viable options to lower the clinical vacancy rate and improve availability of capacity to serve the large member pool.
- (This recommendation is a carry-over from FY 2022-23 in updated language.)
- The MHP's integrated MHP/DMC-ODS QAPI workplan would benefit from the identification of a greater number of tracked objectives and goals, and inclusion of trend data with each element, enabling the viewer to both access narrative conclusions and view the supporting data.

  (This recommendation is a carry-over from FY 2022-23.)
- Assess the difficulties experienced by line staff who complete the CANS, identifying ways to improve inter-rater reliability and generally improve the utility of this tool for clinical benefit.
- Establish a dedicated team to investigate and improve the data/document collection from contracted providers, identifying barriers or common struggles and potential solutions in collaboration with contracted providers.
- Identify and implement a standardized, adult outcomes measurement tool. Develop the necessary training and reports to support both clinical utility and to inform the system.

SACRAMENTO EXECUTIVE SUMMARY

MHP INFORMATION

Review Type – Virtual

Date of Review – August 8-10, 2023

MHP Size – Large

MHP Region – Central

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	3	2	0

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	2	3	1
Quality of Care	10	6	4	0
Information Systems (IS)	6	5	1	0
TOTAL	**26**	**17**	**8**	**1**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Racial Equity Action Plans (REAPs)	Clinical	01/2022	Concluded	Low Confidence
Admissions at Provider Site – Timeliness to Service Post-Assessment	Non-Clinical	01/2022	Concluded	Low Confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☐Adults ☐Transition Aged Youth (TAY) ☒Family Members ☐Other	[redacted]
2	☒Adults ☐Transition Aged Youth (TAY) ☐Family Members ☐Other	[redacted]
3	☐Adults ☒Transition Aged Youth (TAY) ☐Family Members ☐Other	[redacted]

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- The MHP currently supports 310 units of permanent supportive housing and provides wraparound services for supportive bridge housing.
- The MHP expanded their Community Outreach, Recovery and Empowerment (CORE) programs to serve 11 wellness centers and outpatient services in areas of specific identified populations.
- The MHP embarked on an ambitious roll-out of the new Electronic Health Record (EHR) SmartCare, providing numerous training courses and post roll-out technical assistance (TA.)
- The MHP has created a peer ladder to accommodate 44 new peer and peer certified work force positions.
- Working with the Workforce Education and Training (WET) Central Region, the MHP enhanced their ability to retain staffing positions by approving 125 awards for student loan repayment.

The MHP was found to have notable opportunities for improvement in the following areas:

- The MHP is in the process of transitioning over to a new website. The current website lacks ease of maneuverability, crisis numbers, and consistent program and resource messaging.
- The MHP does not have a real-time EHR database that can be used for generating reports that they determine are necessary. Additionally, some SmartCare EHR users continue to have challenges using and understanding the policies and procedures of accessing and reporting data in the system.
- The MHP does not report standard percentages to identify no-show rates for psychiatrists and clinicians.
- The MHP does not accurately track the timeliness data for the first offered non-urgent psychiatry appointment.
- Calls to the Access line may go unanswered and/or not returned when individuals are seeking services.

Recommendations for improvement based upon this review include:

- Engage user and staff input when remodeling the current website; prominently display crisis access and 988 numbers, and how to access the Mental Health Urgent Care Clinic (MHUCC).

- Research and implement a project to gain access to a complete SmartCare database that is refreshed nightly and could be used for the MHP's distinct reporting needs. Assure that training meets the needs of those staff who use the EHR for reporting.
- Identify and implement acceptable standard percentages for clinical and psychiatrist no-show rates; and accurately report these rates.
- Provide reporting on all first offered non-urgent psychiatry appointment to monitor wait times.
- Examine staffing and responsiveness at the 24-hour Access line.

SAN BENITO EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — March 19-20, 2024

MHP Size — Small

MHP Region — Bay Area

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	1	3	1

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	4	1	1
Quality of Care	10	2	6	2
Information Systems (IS)	6	3	2	1
TOTAL	**26**	**13**	**9**	**4**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Improve engagement and retention of clients for continued treatment	Clinical	01/2023	Planning	Low Confidence
Follow-Up After Emergency Department (ED) Visit for Mental Illness (FUM)	Non-Clinical	09/2022	Second Remeasurement	High Confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☐ Adults ☐ Transition Aged Youth (TAY) ☒ Family Members ☐ Other	[redacted]
2	☒ Adults ☐ Transition Aged Youth (TAY) ☐ Family Members ☐ Other	[redacted]

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- The MHP consistently has high penetration rates (PR) for all age groups and ethnicities.
- The MHP is expanding the services it provides through new provider contracts, particularly for children and youth.
- The MHP provides numerous means of transportation to ensure members can attend appointments. One notable service is called “call a car.”
- The MHP demonstrated strong fiscal policies by initiating claims in August 2023, shortly after payment reform was effective, and shortly after they converted to a new Electronic Health Record (EHR).
- The MHP has a new director and has begun to restructure its system of care (SOC) to enhance services.

The MHP was found to have notable opportunities for improvement in the following areas:

- Low retention in services suggests that member engagement is a challenge, impacting the quality of care delivered.
- The MHP does not include new initiatives or review the impact of outcomes on the beneficiary experience within the Quality Assessment Performance Improvement (QAPI) plan. Additionally, the MHP lacks member participation or engagement in the Quality Leadership Committee (QLC) and Quality Improvement Committee (QIC).
- The MHP has not initiated activities to improve staff retention. The MHP did not provide a line staff satisfaction survey to reduce turnover, and the MHP did not provide opportunities for peers to gain regular paid employment or volunteer roles within the SOC.
- Timeliness data and the percentage standards set by the MHP staff that lack understanding when standards are not met or data is incomplete. This limits the usefulness of this data for analysis of wait times for care.
- Timeliness data and the percentage standards set by the MHP staff that lack understanding when standards are not met or data is incomplete. This limits the usefulness of this data for analysis of wait times for care. Key informants suggest that no-show rates are higher than reported.
- Despite early FY 2023-24 Medi-Cal claiming, the MHP does not have an approach for claiming contractor-provided services to Department of Health Care Services (DHCS) from the new EHR and is limited to all interoperability functionalities.

Recommendations for improvement based upon this review include:

- Examine reasons for low retention in services; based upon this analysis, implement strategies to improve engagement in the appropriate LOC.
- Work to improve staff retention. Finalize the line staff satisfaction survey and report outcomes to staff; work with Human Resources to identify how to incorporate peers into the SOC to assist in reducing staffing burnout.
- Include new initiatives, outcomes, goals, and engage members to report the impact of service delivery on members, when compliance percentage goals are achieved within the QAPI. Engage member voice by holding a QLC and/or QIC meeting at the Esperanza Center at least once per quarter.
- Identify separated and aggregated data within the ATA's age groups; train staff on input expectations; and investigate the impact on member care and clinical No-show rates.
- Improve interoperability functionality by building out the EHR for contract provider use.

SAN BERNARDINO EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — March 5-7, 2024

MHP Size — Large

MHP Region — Southern

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2023-24 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	4	1	0

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	3	1	0
Timeliness of Care	6	4	2	0
Quality of Care	10	9	1	0
Information Systems (IS)	6	4	2	0
TOTAL	**26**	**20**	**6**	**0**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Improving the attitudes of Department of Behavioral Health (DBH) mental health providers towards metabolic syndrome management among Serious Mental Illness patients	Clinical	12/2023	Planning Phase	No Confidence
Follow-Up After Emergency Department (ED) Visit for Mental Illness (FUM)	Non-Clinical	09/2022	Implementation	Moderate Confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☐Adults ☐Transition Aged Youth (TAY) ☒Family Members ☐Other	[redacted]
2	☒Adults ☐Transition Aged Youth (TAY) ☐Family Members ☐Other	[redacted]

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- The MHP has a well-integrated and effective system of clubhouses, which are run by peer and family advocates.
- The medication system of care provides well rounded care to members, with an approach that integrates primary care along with behavioral health psychiatric needs.
- The MHP has a comprehensive system that aggregates and reviews data, facilitating data driven decision making process.
- The MHP has an effective collaborative effort with criminal justice partners.
- The MHP created a peer program division, which has been noticeably effective and has been recognized by members as a helpful aspect of the MHP.

The MHP was found to have notable opportunities for improvement in the following areas:

- While the Hispanic/Latino population comprised 57 percent of the eligible population, 47 percent of those served were Hispanic/Latino. The lower percent of Hispanic/Latinos served compared to the eligible population indicates that this population may be underserved.
- The MHP has a noticeable lower percentage of MH and targeted case management services compared to the State. This may lead to delays in services and may have an impact on the quality of services.
- The MHP timeliness to first non-urgent services first offered appoint met the standard 76.64 percent and had a 63.9 percent for first delivered services, which impacts initial services provided to members seeking services.
- Without contractor provider use of the Avatar new electronic health record (EHR) for the entry of clinical documentation, a significant amount of member health information is maintained in disparate EHRs. This limits 24/7 access to a member's complete health information as well as limiting analytic capacity, including timeliness data collection and reporting.
- While the MHP has implemented mechanisms to review high frequency acute care utilizers, there remains a lack of weekend and after-hours care coordination and discharge with acute psychiatric inpatient units.

Recommendations for improvement based upon this review include:

- Explore reasons for lower percentage Hispanic/Latino penetration rates (PR) and initiate a process that works towards increased access.

- Research the reasons for lower percentage of MH and targeted case management services and create a process that monitors quality of care while working to increase services.
- Explore methods to improve the timeliness to first offered appointment and first service delivered for first non-urgent services.
- To enable 24/7 access to member health information and increase reporting and analytic completeness, examine ways to facilitate and encourage contract providers to utilize Avatar for clinical documentation.
- Explore ways to ensure liaison, care coordination, and discharge planning are provided to support hospitalized individuals that includes weekends and afterhours support.

SAN DIEGO EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — November 7-9, 2023

MHP Size — Large

MHP Region — Southern

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	3	2	0

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	6	0	0
Quality of Care	10	8	2	0
Information Systems (IS)	6	4	2	0
TOTAL	**26**	**22**	**4**	**0**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Improved Therapeutic Support for Youth Members who Identify as LGBTQ+	Clinical	01/2022	Implementation	Moderate Confidence
Improving the Experience of Teletherapy for Older adults	Non-Clinical	03/2023	Implementation	Moderate Confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☐Adults ☒Transition Aged Youth (TAY) ☐Family Members ☐Other	[redacted]*
2	☐Adults ☐Transition Aged Youth (TAY) ☒Family Members ☐Other	[redacted]
3	☒Adults ☐Transition Aged Youth (TAY) ☒Family Members ☐Other	[redacted]
[redacted]		

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- Six San Diego County Behavioral Health System (SDCBHS) programs received the National Association of Counties Achievement award this calendar year.
- California Advancing and Innovating Medi-Cal (CalAIM)/payment reform progress is underway. SDCBHS is currently developing provider rates under CalAIM.
- The MHP continues strong partnerships/collaboration with Optum and the University of California, San Diego (UCSD).
- The investment in IS and data analytical staffing and contract support remains a notable strength as the MHP continues to focus on data integrity while expanding the scope of programming.
- The MHP created a new medication monitoring committee for both adults and youth medication prescribing.
- The County was able to successfully add a peer support classification and hired staff in these positions in the past year.

The MHP was found to have notable opportunities for improvement in the following areas:

- Based on stakeholder feedback and MHP data, timeliness to care continues to be impacted, with a notably high volume of referrals and ongoing staff recruitment and retention challenges.
- Review discussions indicated transitions to lower level of care (LOC) involve longer waits than timely and transitions do not appear to be standardized but are done on a case-by-case basis.
- Stakeholder feedback on MHP collaboration efforts and communication suggests the need for focused and intentional conversations with contract providers to address system issues and foster partnership.
- The electronic health record (EHR) replacement project remains a key priority, which is now delayed due to system limitations within the planned replacement system. Multiple long-term projects are linked to the EHR transition including ongoing CalAIM payment reform claiming updates, implementation of an enterprise data warehouse, personal

health record functionality, and data integration and interoperability with contract providers.

- Stakeholders interviewed are not aware of peer support classifications and what job requirements and if there are opportunities for promotions.

Recommendations for improvement based upon this review include:

- Evaluate barriers to timely access to first appointment and first psychiatry appointments. Develop and implement strategies to reduce wait lists for direct outpatient children and adult services. Measure the effectiveness of changes. Include input from clinical providers to understand barriers and design interventions. Consider using Plan-Do-Study-Act cycles as indicated.

  (This recommendation is continued from FY 2022-23.)

- Evaluate barriers to timely access in transition to lower LOC. Develop a universal LOC process to address the wait times to these transitions.

- Increase collaboration with contract providers. Increase MHP knowledge of contract provider challenges in current service delivery, workforce, contracts, and sustainability strategies. Use input from contract providers to address current challenges.

  (This recommendation is continued from FY 2022-23.)

- Reach out to leverage the experience of other counties implementing the SmartCare EHR in collaboration with California Mental Health Services Authority (CalMHSA).

- Create and implement an information flow to allow employees to be aware of Peer Support employees and their duties as well as ensure that the peer support employees are educated to their role and the requirements for promotion.

SAN FRANCISCO EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — November 14-16, 2023

MHP Size — Large

MHP Region — Bay Area

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	0	3	2

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	3	1	0
Timeliness of Care	6	5	1	0
Quality of Care	10	5	5	0
Information Systems (IS)	6	6	0	0
TOTAL	**26**	**19**	**7**	**0**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Adapt a level of care (LOC) tool to support clients getting to the right LOC	Clinical	10/2023	Planning	Moderate Confidence
Hiring Culturally Congruent Workforce	Non-Clinical	01/2023	Implementation	Moderate Confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☒Adults ☐Transition Aged Youth (TAY) ☐Family Members ☐Other	13
2	☐Adults ☐Transition Aged Youth (TAY) ☒Family Members ☐Other	[redacted]
3	☐Adults ☐Transition Aged Youth (TAY) ☒Family Members ☐Other	[redacted]

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- MHP psychiatric pharmacists work to identify prescribing treads and participate in detailed data analysis through the medication use improvement committee (MUIC).
- Members can participate and gain employment skills through an MHP sponsored vocational program in areas such as janitorial services, a café, mail room, and the Avatar helpdesk.
- With over 70 percent of billable services submitted through contracted organizations, the MHP reported a very low overall denial rate of 1.16 percent.
- The MHP has prepared extensively for the upcoming Epic Electronic Health Record (EHR) role out, creating, testing, and validating documents for upload, training, and creating a new Director of Informatics.
- The MHP created a new adult level of care (LOC) tool to identify appropriate member placement and movement within the continuum of care (COC).

The MHP was found to have notable opportunities for improvement in the following areas:

- The current website continues to lack basic crisis service information such as 988, and easily identified services or resources the MHP offers.
- The MHP aspires to review all goals and objectives within the Quality Assessment Performance Improvement (QAPI) plan but would be better served prioritizing two to three goals with input from members.
- Contracted community-based organizations (CBO) report a lack of preparation for the new EHR rollout, low capacity, and lack of communication throughout the SOC. The potential for incomplete compliance may be remedied by a collaborative learning experience.
- Internal key informants across the system of care (SOC) reported an overall lack of knowledge of the COC and being unfamiliar with available resources and referral options.
- External key informants across the SOC reported an overall lack of knowledge of the COC; being unfamiliar with available resources and are not provided with a warm hand-off when being referred to other services such as the Managed Care Plan (MCP).

Recommendations for improvement based upon this review include:

- Identify immediate updates to the department's public website, including prominent crisis and access to services phone numbers and addresses, and an updated COC flow chart; provide information in primary threshold languages.
- Expand on two to three outcome goals within the QAPI, by identifying impacts on member experience that coincide with achieved compliance goals.
- Provide presentations and training to disseminate information on department changes and expectations for all staffing levels throughout the SOC, documenting the distribution of knowledge within the CBOs.
- Create a COC flow chart for all staff throughout the SOC; provide up to date referral, location, contact information, and member qualification; and ensure members receive a warm hand-off when being referred for services.
- Provide all members, their families, or caregivers throughout the SOC a COC flow chart to identify all available services and resources; to include contact information, location, languages offered, and access qualifications.

SAN JOAQUIN EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — September 26-28, 2023

MHP Size — Large

MHP Region — Central

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	3	2	0

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	6	0	0
Quality of Care	10	8	2	0
Information Systems (IS)	6	6	0	0
TOTAL	**26**	**24**	**2**	**0**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Follow-up appointment within 7 days and 30 days of being seen in the emergency department (ED) for mental illness (FUM) Behavioral Health Quality Improvement Program (BHQIP)	Clinical	07/2022	Implementation	High Confidence
Intensive Home-Based Services (IHBS) Expansion	Non-Clinical	10/2021	Completed	High Confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☐Adults ☒Transition Aged Youth (TAY) ☐Family Members ☐Other	[redacted]
2	☐Adults ☐Transition Aged Youth (TAY) ☒Family Members ☐Other	[redacted]*
3	☒Adults ☐Transition Aged Youth (TAY) ☐Family Members ☐Other	[redacted]
[redacted]		

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- San Joaquin has an impressive analytic and reporting capability/capacity.
- San Joaquin places strong emphasis on cultural competency.
- The MHP has effective collaborations with partner stakeholders to help improve care and services for its members.
- San Joaquin has a robust medication monitoring program that includes a monthly discussion at the Pharmacy and Therapeutics Committee.
- The MHP has engaged in multiple staff retention and recruitment efforts, including for psychiatrists, and reduced overall staff vacancies from 27 percent to 21.7 percent.

The MHP was found to have notable opportunities for improvement in the following areas:

- San Joaquin's PR for Latino/Hispanic remains lower than statewide and for similar size counties.
- Staff turnover and vacancies may impact members' satisfaction with the receipt of continuous and frequent MHP services.
- In the MHP's Assessment of Timely Access (ATA), there appear to be opportunities with first offered appointment and first offered non-urgent psychiatry appointment for adults, and first delivered services for adults and children that meet the 10-day and 15-day standards.
- The MHP has not adopted a standardized outcome tool to measure and report aggregate outcome results for adult members.
- There may be an opportunity for the implementation of an organized task force to address an increasing amount of fentanyl use in the county.

Recommendations for improvement based upon this review include:

- The MHP should continue efforts to increase Hispanic/Latino access.

  (This recommendation was continued from FY 2021-22 and FY 2022-23.)

- The MHP should evaluate any impact on members due to staff turnover or high caseloads and implement additional strategies, if needed, to ensure that members receive continuous and appropriately frequent services.
- San Joaquin should evaluate data for first offered appointment for adults, first offered non-urgent psychiatry appointment for adults, and first delivered services for adults, children, and FC. If necessary, the MHP should take action to improve results meeting the 10-day and 15-day standards.
- The MHP should adopt a standardized outcome tool to measure and report aggregate outcome results for adult members.
- San Joaquin should investigate a potential opportunity to organize or participate in a community-wide response to fentanyl use in the county.

SAN LUIS OBISPO EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — January 23-24, 2024

MHP Size — Medium

MHP Region — Southern

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	0	4	1

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	3	1	0
Timeliness of Care	6	0	6	0
Quality of Care	10	4	6	0
Information Systems (IS)	6	3	3	0
TOTAL	**26**	**10**	**16**	**0**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Martha's Place Fast Improved Access	Clinical	03/2023	First Remeasurement	Moderate Confidence
Follow-Up After Emergency Department (ED) Visit for Mental Illness (FUM)	Non-Clinical	10/2022	First Remeasurement	Low Confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☒Adults ☐Transition Aged Youth (TAY) ☐Family Members ☐Other	[redacted]
2	☐Adults ☐Transition Aged Youth (TAY) ☒Family Members ☐Other	[redacted]

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- The Quality Improvement Committee (QIC) reviews several data sets aggregate for Spanish speakers.
- The MHP's penetration rates (PR) are higher than statewide rates for all age categories, indicating greater service accessibility. Regarding Intensive Care Coordination (ICC) and Intensive Home-Based Service (IHBS) services for youth, the MHP's PR and the approved claims per member are more than statewide and other medium-size counties. The MHP appears to have a strong implementation of Pathways to Well-Being (PWB) across youth services.
- There is a robust service for youth in juvenile Hall and the associated Coastal Valley Academy including dedicated therapists, one therapist dedicated to Spanish-speaking youth in detention, and medication services via telehealth.
- The MHP has counselors placed in all but one middle school, and in many elementary and high schools. In some cases, services are provided at the school during school hours to reduce transit needs or other barriers to care access.
- There is a growing host of services co-located at the San Luis Obispo clinic location.

The MHP was found to have notable opportunities for improvement in the following areas:

- The MHP does not have a level of care (LOC) nor an outcome measure for adults but is collecting California Child and Adolescent Needs and Strengths (CANS) data, so it seems reasonable to begin monitoring LOC and/or outcomes within the youth member population.
- There is a history of recommendations around timeliness data reporting. Now that the MHP and many of its outpatient contractors will use the same electronic health record (EHR) tools, it is expected that this will be resolved by the time of next year's review.
- The MHP did not address the recommendation regarding tracking, trending, and improving continuity of access between initial appointment and the first follow-up. Members reported a sense of waiting long to enter care in both adult and youth programs.
- There is a history of PIPs being terminated prior to completion and with little shown data tracking. A PIP recommendation is being carried forward to encourage progress in this area.
- The MHP reported no requirement for changing system passwords on a regular basis.

Recommendations for improvement based upon this review include:

- Establish a formal LOC and/or an outcome measure for adult members and plan to monitor this data aggregately. Until this can be established in the EHR, begin by tracking and trending the currently available CANS data.
- Improve accuracy and use of timeliness analytics, inclusive of contract providers, through the implementation of SmartCare tools and/or other developed methods.
- Create policies and workflows to address first follow-up within ten business days of the initial appointment. Begin to track performance to support not just accurate timeliness data, but also a report of a timely access experience from members.
- Ensure two active PIPs throughout the year, one clinical and one nonclinical, with broader system involvement and clearly established and regular data collection.
- Implement a policy requiring the change of passwords on mandated intervals.

SAN MATEO EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — February 6-8, 2024

MHP Size — Medium

MHP Region — Bay Area

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	1	2	2

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	2	3	1
Quality of Care	10	7	2	1
Information Systems (IS)	6	5	1	0
TOTAL	**26**	**18**	**6**	**2**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Improving Clinically Focused Demographic Data Collection	Clinical	02/2023	Implementation	No Confidence
Follow-Up After Emergency Department (ED) Visit for Mental Illness (FUM)	Non-Clinical	09/2022	Implementation	Low Confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	Adults	[redacted]
2	Family Members	[redacted]

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- The MHP truly values and emphasizes diversity, equity, and inclusion (DEI), creating a culturally competent workforce, collaborations with all relevant partnering agencies, community outreach, and the work done by peers and family members in all aspects of its service delivery system.
- The MHP has been able to significantly increase the number of members served and maintain its higher than statewide average PR despite rapid increases in the number of Medi-Cal eligible members in the county.
- The MHP ensures that the members do not miss their appointments, thereby maintaining low no-show rates for both psychiatry and other clinician appointments.
- CalEQRO's PMs indicate that the MHP is moving in the right direction by improving its inpatient follow-up rates and reducing its 30-day rehospitalization rate alongside the percentages of HCM, HCM total approved claims, and the HCM AACM.
- Fiscal staff participate in cross-training activities to ensure that all staff performing these duties have at least one back-up.

The MHP was found to have notable opportunities for improvement in the following areas:

- Although the MHP has taken steps to address its past challenges in tracking of key timeliness metrics, first offered psychiatry appointments, urgent appointments, inpatient follow-up, and rehospitalization measures all appear to have either no data or incomplete data for tracking and reporting purposes.
- Despite the MHP's strengths in access to its services, in the plan member focus groups, CalEQRO found that a majority of the participants noted the need for better timeliness, support during transition between providers or services, and better integration of services that address multiple social determinants.
- The MHP shows a much lower rate of intensive case management (ICC) and intensive home-based services (IHBS) utilization than the corresponding statewide rates.
- The MHP had a high rate of "Not Diagnosed" members, more than three times that of the statewide average in CY 2022.
- The IS staffing situation has resulted in the MHP lacking the necessary resources to conduct crucial analyses regarding access, timeliness, and quality. With the ongoing CalAIM requirements and the current implementation of EPIC, a new EHR system, this places an even greater strain on the Quality Management (QM) staff responsible for performing quality improvement (QI) and analytical functions promptly.

Recommendations for improvement based upon this review include:

- Continue efforts to comprehensively report on all required timeliness metrics. Specifically work on the following:
    - Completion of reporting on first offered psychiatry appointments.
    - Streamlining staff reporting on urgent appointments and capturing urgent appointments on the children's side.
    - Review if all inpatient admissions are included in local inpatient analyses.

  (This recommendation was continued from FY 2022-23.)
- Analyze members' experience during coordination of services with different providers and develop strategies to eliminate any mitigating circumstances hindering seamless access to care.
- Explore the reasons for lower rates of ICC and IHBS service utilization compared to the statewide averages and whether those members who truly need these services are receiving it.
- Investigate the factors contributing to a large percentage of members being in the Not Diagnosed category.
- Continue the efforts to bolster IS staffing level so that QI and other performance monitoring needs can be adequately met while the new EHR implementation takes place.

  (This recommendation was continued from FY 2022-23.)

SANTA BARBARA EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — April 8-11, 2024

MHP Size — Medium

MHP Region — Southern

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	2	3	0

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	2	2	0
Timeliness of Care	6	4	2	0
Quality of Care	10	5	4	1
Information Systems (IS)	6	4	2	0
TOTAL	**26**	**15**	**10**	**1**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Mental Health Treatment Court (MHTC)	Clinical	11/2022	Implementation	Low Confidence
Follow-Up after Emergency Department (ED) Visit for Mental Illness (FUM)	Non-Clinical	01/2023	Second remeasurement	High Confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☒ Adults ☐ Transition Aged Youth (TAY) ☐ Family Members ☐ Other	[redacted]
2	☐ Adults ☐ Transition Aged Youth (TAY) ☒ Family Members ☐ Other	[redacted]

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- The MHP reallocated staff resources and created more intake slots to promote easier access; this has shown to improve access across all demographic groups.
- The MHP reorganized its management team into functional areas in order to promote more leadership by subject matter expertise and has begun to review area-specific service data.
- The MHP provides information regarding behavioral health services offered by ways of informational brochures, flyers, and updates to the website. This information is also available in Spanish, the MHP's threshold language.
- The MHP's Juvenile Justice Alliance Program is well-executed. Members' behavioral health care needs are coordinated with the appropriate services prior to release. A notable strength of the program is the continuity of care this enables.
- The MHPs integration and collaboration efforts have been successful in improving clinical programs.

The MHP was found to have notable opportunities for improvement in the following areas:

- The lower percentage of Hispanic/Latinos served compared to the eligible population indicates that this population may be underserved.
- CalEQRO approved claims data shows that the MHP's 7-day readmission rate notably exceeds the statewide rate.
- Staff turnover disrupted services as relayed by staff and members. Therapy services are being cancelled due to the lack of clinicians. Members report not being seen on a regular, consistent basis.
- Staff report that documentation is SmartCare has added more administrative burden than expected. More ongoing training may be warranted.
- Reporting capabilities are currently not sufficient for overseeing operations, particularly timeliness reporting.

Recommendations for improvement based upon this review include:

- Identify and implement strategies to increase services to the Hispanic/Latino population. This should include advertising newly developed services.

  (This recommendation is a carry-over from FY 2022-23.)
- Examine inpatient readmission rates and implement strategies to reduce readmissions.

- Work with County Human Resources and internal MHP staff to create a recruitment and retention plan, necessary to improve engagement in care.
- Conduct an analysis on the frequency of services provided and determine if the level of care (LOC) is appropriate to member needs. Increase service frequency where needed.
- Consider the strengths and weaknesses of the clinical SmartCare training plan through line staff feedback such as focus groups and surveys. Adapt the plan as needed to address current user challenges and to allow for successful training of new users.
- As soon as the functionality is available, produce consistent reporting on timely access to care.

  (This recommendation is a carry-over from FY 2022-23.)

SANTA CLARA EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — December 12-14, 2023

MHP Size — Large

MHP Region — Bay Area

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	0	5	0

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	6	0	0
Quality of Care	10	4	4	2
Information Systems (IS)	6	3	3	0
TOTAL	**26**	**17**	**7**	**2**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Follow-Up After Emergency Department (ED) Visit for Mental Health (FUM)	Clinical	09/2022	Implementation	Moderate Confidence
Improving the 24/7 Access Call Line Efficiency	Non-Clinical	05/2022	Second remeasurement; Completed	Moderate Confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☒Adults-Residential ☐Transition Aged Youth (TAY) ☐Family Members	[redacted]
2	☒Adults-Consumer Center ☐Transition Aged Youth (TAY) ☐Family Members	11
3	☐Adults ☒Transition Aged Youth (TAY) ☐Family Members	[redacted]

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- Santa Clara has performed well over the last few years in providing access to eligible members and connecting them with services. The MHP's overall penetration rate (PR), as well as the PRs for all race/ethnicity groups, have consistently exceeded similar-sized county and statewide rates.
- The robust outreach and engagement activities of the MHP has resulted in the creation of wellness centers across its system of care and within the community, including in juvenile hall and schools. Santa Clara established a Vietnamese wellness center, which includes onsite primary care.
- The MHP places emphasis on being a data-driven organization. It currently has two vibrant data-analytics teams that collectively embrace more than 30 analysts.
- Santa Clara successfully incorporated all relevant Current Procedural Terminology /Healthcare Common Procedure Coding System (CPT/HCPCS) codes into its electronic health record (EHR), with over 10,000 codes in their system.
- The MHP has 28 peer support staff, and 90 percent of them are certified peer support specialists.

The MHP was found to have notable opportunities for improvement in the following areas:

- First offered psychiatry appointment data are not yet reported consistently and completely, making it difficult to fully assess timely access to care.
- In CY 2022, the MHP had an overall denied claims rate of 8.35 percent, which was 2.43 percentage points higher than the statewide denial rate.
- Contracted providers indicated inadequate support for changes that have been required due to California Advancing and Innovating Medi-Cal (CalAIM).
- The MHP does not currently have level of care (LOC) tools for adults and youth.
- Santa Clara does not possess a formally written operational continuity plan that focuses exclusively on the MHP.

Recommendations for improvement based upon this review include:

- Continue to further refine the first psychiatry appointment timeliness data with DHCS guidance and ensure complete and consistent reporting by the providers.

  (This recommendation was continued from FY 2021-22 and FY 2022-23.)

- Coordinate with billing and fiscal teams to research Santa Clara's overall denied claims rate exceeding the statewide denial rate. Develop strategies to proactively identify and remediate problematic claims lines before they are submitted to DHCS for adjudication.
- Continue efforts and ensure that all recipients (e.g., providers, staff) are aware of and understand how to apply communication from the MHP for changes due to CalAIM.
- Continue the collaborative process with the University of Kentucky in developing and implementing LOC tools for youth and adults.
- Consider investing time and resources into producing an IS operational continuity plan that is agency specific.

SANTA CRUZ EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Onsite

Date of Review — September 12-14, 2023

MHP Size — Medium

MHP Region — Bay Area

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	1	4	0

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	6	0	0
Quality of Care	10	6	3	1
Information Systems (IS)	6	4	2	0
TOTAL	**26**	**20**	**5**	**1**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
No-Show PIP	Clinical	11/2022	Planning	Moderate Confidence
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	Non-Clinical	12/2022	Implementation	Moderate Confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☒Adults ☐Transition Aged Youth (TAY) ☐Family Members ☐Other	[redacted]
2	☒Adults ☐Transition Aged Youth (TAY) ☐Family Members ☐Other	[redacted]

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- Despite staffing shortages, the MHP implemented California Advancing and Innovating Medi-Cal (CalAIM) payment reform.
- The MHP values and collects data for data-driven decisions and advocacy.
- Healing the Streets, a grant-funded project, resulted in a multi-agency release of information (ROI) tool.
- The MHP is making significant strides toward closed-loop referrals under Healthcare Effectiveness Data and Information Set (HEDIS) FUM.
- Staff and members are welcome to give input and they validate this openness.

The MHP was found to have notable opportunities for improvement in the following areas:

- While the Hispanic/Latino population represents nearly 50 percent of the eligibles, they represent 36 percent of the members served – with a PR lower than statewide.
- Provided data shows room for improvement to timeliness of first service appointments.
- There are insufficient step-down and housing resources in the county as evidenced by a higher than state average of claims for high-cost members (HCMs).
- Considering data demands and CalAIM changes, IS staffing levels are low.
- Significant changes due to CalAIM fee-for-service implementation threaten the stability of CBO programs which make up 68 percent of the MHP.

Recommendations for improvement based upon this review include:

- Investigate and improve outreach to Hispanic/Latino communities and members.
- Investigate and implement strategies for timelier first service appointments.
- Investigate reasons and determine service patterns related to HCMs and level of care (LOC); consider implementing a LOC tool for adults.
- Develop and implement strategies for increased IS and analytic support.
- Explore the needs of contract providers to ensure that the necessary service capacity is maintained. This includes the timely contracting in order to reimburse for services provided.

SHASTA EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — November 7-8, 2023

MHP Size — Small

MHP Region — Superior

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	1	3	1

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	4	1	1
Quality of Care	10	8	2	0
Information Systems (IS)	6	5	1	0
TOTAL	**26**	**21**	**4**	**1**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Applied Behavior Analysis (ABA): Improving Functioning of Youth Experiencing Anxiety	Clinical	08/2021	Second Remeasurement	Low Confidence
Decreasing No-Show Rates for Adult Services Outpatient Psychiatric Provider Appointments	Non-Clinical	01/2022	Second Remeasurement	Moderate Confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☐Adults ☐Transition Aged Youth (TAY) ☒Family Members ☐Other	[redacted]
2	☒Adults ☐Transition Aged Youth (TAY) ☐Family Members ☐Other	[redacted]

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- The MHP provides rapid response to case management and care coordination.
- The MHP has been able to quickly update the new Electronic Health Records (EHR), allowing for timely submissions of claims.
- The MHP has peer-run wellness centers that provide peer employees with opportunities for advancement.
- The MHP crisis intervention response team shows collaboration between clinicians and law enforcement.
- The MHP has implemented strategies to address staff bi-directional communications.

The MHP was found to have notable opportunities for improvement in the following areas:

- The MHP needs to look at additional access for the contract providers into the EHR. Linking the contract providers through the EHR allows both the MHP and the contract providers quick access to updated information on the members and their services.
- Parents/caregivers and line staff voice transportation and parking as a barrier to care, as well as a need for more service availability.
- MHP continues to experience delays providing the first non-urgent psychiatry appointment for children, and foster care (FC) youth.
- The single service penetration rates (PR) of 19.83 percent, 50 percent greater than the state average, may represent an issue with quality of care.
- Bidirectional communication, leadership clinical policy decision making, and overall communication as areas needing improvement as it relates to contract providers.

Recommendations for improvement based upon this review include:

- Consider solutions that allow full contract provider access to the myAvatar EHR, including the ability to input and maintain clinical data such as progress notes and medication lists.

  (This recommendation was continued from FY 2022-23.)
- Investigate barriers to care for children services and implement strategies around removing identified barriers.
- Collaborate with providers to reduce barriers and implement interventions to improve timeliness for the first non-urgent psychiatry appointment for children and FC youth.

  (This recommendation was continued from FY 2022-23.)

- Investigate the reasons, develop strategies, and implement solutions to improve the single service PR of 19.83 percent.

  (This recommendation was continued from FY 2022-23.)

- Investigate the reasons, develop strategies, and implement solutions to improve morale, bidirectional communication and concerns related to bi-directional communication in leadership clinical policy decision making as it relates to contract providers.

  (This recommendation was continued from FY 2022-23.)

SISKIYOU EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — April 18, 2024

MHP Size — Small-rural

MHP Region — Superior

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	2	3	0

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	6	0	0
Quality of Care	10	5	3	2
Information Systems (IS)	6	4	0	2
TOTAL	**26**	**19**	**3**	**4**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Cognitive Behavioral Therapy (CBT) Diversion Group	Clinical	04/2022	First Remeasurement	Low confidence
Follow-Up After Emergency Department (ED) Visit for Mental Illness (FUM)	Non-Clinical	09/2022	First Remeasurement	No Confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☒ Adults ☐ Transition Aged Youth (TAY) ☐ Family Members ☐ Other	11

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- The MHP completes an abundance of outreach and improvement activities for the unhoused population. Siskiyou's new shelter will be co-located with the wellness center.
- The MHP has worked on improving no show rates and improved its results from the prior year.
- Siskiyou fully utilizes peers at the wellness center and the peer support staff are advocates for members.
- Members voiced great satisfaction with the services they received from the MHP. The large focus group participation is a testament to the MHP's engagement with its members. (Quality)
- The MHP has a low overall denied claims rate at [redacted] percent.

The MHP was found to have notable opportunities for improvement in the following areas:

- California Mental Health Services Authority (CalMHSA) and Streamline are still working to develop and incorporate into the Electronic Health Record (EHR) functionality to capture, track, and report timeliness data. The MHP relies on mechanisms external to the system (i.e., Excel spreadsheets and manual calculations) to perform this task.
- It was recommended in the prior EQR that the MHP solicit member input when creating the updated quality assessment and performance improvement (QAPI) plan and that was not yet completed at the time of this review.
- The MHP did not create a survey or focus group as recommended in the last EQR that placed an emphasis on member satisfaction with the accessibility and quality of services.
- Performance measure (PM) data relating to the retention of members have illustrated that the collective percentage of individuals in the MHP who received one and two services were substantially higher than statewide. Although this observation was shared with the MHP during the last EQR, no substantive efforts were made.
- Siskiyou does not possess a formally written Operational Continuity Plan (OCP) to address the possible occurrence of unanticipated events that may potentially cause disruptions to critical IT systems. The lack of a current MHP-specific IS OCP represents a potential liability for the MHP.

Recommendations for improvement based upon this review include:

- Consider investing additional time and resources into coordinating with CalMHSA to accelerate the process of completing timeliness reporting from SmartCare.

  (This is a modified recommendation from FY 2022-23.)

- Improve the QAPI plan by including member input when creating the updated plan.

  (This is a modified recommendation from FY 2022-23.)

- Consider creating a short, internal satisfaction survey that is administered at regular intervals to systematically capture the member voice.

  (This is a modified recommendation from FY 2022-23.)

- Consider evaluating concerns regarding the high percentage of members who receive only one or two services. Effective strategies need to be developed and implemented to promote the improvement of the overall engagement and retention of members.
- Consider crafting an IS OCP that has an MHP-specific focus. This would better prepare Siskiyou to successfully navigate through possible future events that may adversely impact critical business systems or compromise data.

SOLANO EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — March 26-27, 2024

MHP Size — Medium

MHP Region — Bay Area

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	3	1	1

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	3	3	0
Quality of Care	10	5	5	0
Information Systems (IS)	6	4	2	0
TOTAL	**26**	**16**	**10**	**0**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Follow-up After Emergency Visit (FUM)	Clinical	01/2023	Implementation	Moderate Confidence
Youth Psychiatry Timeliness	Non-Clinical	07/2023	Implementation	Low Confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☒ Adults ☐ Transition Aged Youth (TAY) ☐ Family Members ☐ Other	[redacted]
2	☐ Adults ☐ Transition Aged Youth (TAY) ☒ Family Members ☐ Other	[redacted]

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- The MHP's 7-day and 30-day post psychiatric inpatient follow-up rates exceed statewide rates.
- The MHP has adopted Netsmart's Reaching Recovery Toolbox including the Recovery Needs Level (RNL) for level of care (LOC) determination, and the two outcome measures were adopted in October 2023.
- The MHP's innovation for eating disorder treatment has been a successful project.
- There is a strength in the utilization management dashboards used to monitor activity within the MHP, which are being expanded to monitor capacity needs throughout the department.
- The MHP has a strength in its website which includes easily accessible and helpful information on services for both members and family members.

The MHP was found to have notable opportunities for improvement in the following areas:

- The MHP did not address the following recommendation from the prior report: Focus quality improvement (QI) projects and activities on some few that can reasonably be implemented and monitored with the current resources and is documented as active in the quality assurance and performance improvement (QAPI) plan.
- Despite significant effort and success on the PIP for timely access of youth to psychiatry, the rate meeting the standard for timely access still shows need for improvement thus this prior year recommendation is carried forward.
- While the MHP operates Avatar in an application service provider (ASP) environment and has Avatar support from Netsmart, the 2.0 full-time equivalents (FTE) providing information system (IS) support is notably lower than the FY 2022-23 medium county average IS support of 5.8 FTE.
- The review indicated that there is no formal way of inviting members into the wellness centers, which require a referral, and most staff stated a lack of awareness about the adult wellness programs.
- There seems to be significant role strain on peers, who may be volunteers, due to structural and supervisory changes. Their voice is to be carried by a supervisor, but the supervisory structure continues to change. Additionally, there seems to be little support from the county's Human Resources to incorporate lived experience into the leadership positions.

Recommendations for improvement based upon this review include:

- List only the active and measurable QI efforts in a dedicated QAPI workplan, perhaps creating a separate tool for ongoing quality and compliance monitoring occurring through Quality Improvement Committee (QIC).

  (This recommendation is a carry-over from FY 2022-23.)

- Investigate reasons and develop and implement strategies to offer more children and youth in foster care (FC) with non-urgent psychiatry appointments within 15 business days.

  (This recommendation is a carry-over since FY 2021-22.)

- To meet staffing support needs and to assure the timely completion of information technology (IT) projects, increase IT staffing.
- Build awareness about wellness centers and increase the number of staff whose roles can refer into them.
- Develop a formal structure for training, supporting, effectively utilizing, and gaining feedback from peer staff and volunteers, particularly a voice about their experience working for the MHP beyond a direct supervisor.

SONOMA EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — February 27-28, 2024

MHP Size — Medium

MHP Region — Bay Area

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	1	4	0

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	6	0	0
Quality of Care	10	9	1	0
Information Systems (IS)	6	5	1	0
TOTAL	**26**	**24**	**2**	**0**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Enhancing Community Connection and Living Skills for High-Cost Members	Clinical	10/2020	First remeasurement	Low Confidence
Follow-Up After Emergency Department (ED) Visit for Mental Illness (FUM)	Non-Clinical	09/2022	First remeasurement	Low Confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☐ Adults ☐ Transition Aged Youth (TAY) ☒ Family Members ☐ Other	[redacted]*
2	☒ Adults ☐ Transition Aged Youth (TAY) ☐ Family Members ☐ Other	[redacted]
[redacted]		

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- The MHP has strong administrative processes. They stay current on technology and reporting requirements including all aspects of the Centers for Medicare and Medicaid Services (CMS) interoperability rules.
- The MHP successfully merged three legacy platforms into the SmartCare electronic health record (EHR). The transition was reported to be smooth, and 80 percent of their contract providers utilize the EHR.
- Data suggests that the hospital liaison team is successful in linking members to outpatient care following psychiatric hospitalization and limiting readmission rates.
- The MHP has taken a systemic approach to address deficiencies in access, timeliness, and quality by strategic contracting and leveraging their strong partnerships in the community and partner agencies. As a result, they have accomplished the following: reduced the staff vacancy rate, implemented multiple contracts to expand outpatient services for adults and children, to add a faith-based preventative program; and developed partnerships to expedite and strengthen school-based services, to provide in-reach jail services, to add a psychiatric nurse; to improve member tracking; and to increase housing.
- The MHP enhanced the utilization of the consumer perception survey (CPS) with additional questions and the assignment of a third party to synthesize member comments.
- The MHP was found to have notable opportunities for improvement in the following areas:
- The MHP is experiencing challenges submitting claims to Department of Health Care Services (DHCS) in a timely manner.
- The improvement in the MHP staffing vacancy rate is not keeping pace with the rate of improvements in referrals and services, creating bottlenecks in the system.
- Given MHP's high percentage of high-cost members and with the highest diagnostic category of psychosis, multiple focus groups indicated that most of a clinician's time is spent conducting case management and maintaining contact with members who are waiting for services compared to the time providing therapeutic services.
- The overall penetration rate (PR), including the Hispanic/Latino PR and timeliness performance measures (PM) have not yet yielded the expected results of the multiple initiatives in place to address them.

- Key informants have indicated that successful retention of current employees would benefit from strategies to reduce burnout, regularly updating staff, and including staff in planning.

Recommendations for improvement based upon this review include:

- Catch up on all FY 2023-24 DHCS claiming and develop the workflows, procedures, and associated trainings to generate Medi-Cal claims from the SmartCare EHR.
- Create a dashboard that visualizes demand with staff capacity and utilize backlog management techniques at all points of handoff.
- Delegate non-clinical staff towards maintaining contact with members waiting for services to maximize the time for, and skills of licensed clinical staff towards therapy.
- Create a dashboard to track and analyze penetration rates and timeliness data with the new initiatives and utilize the Plan-Do-Study-Act (PDSA) method as needed.
- Investigate human resource (HR) strategies that reduce burnout and develop a bi-directional communication plan that will allow for staff to engage in planning and ensure that staff stay updated.

STANISLAUS EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — October 3-5, 2023

MHP Size — Medium

MHP Region — Central

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2023-24 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	3	1	1

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	6	0	0
Quality of Care	10	9	1	0
Information Systems (IS)	6	5	1	0
TOTAL	**26**	**24**	**2**	**0**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Follow-Up After Emergency Department Visit for Mental Illness	Clinical	09/2022	Implementation	Moderate Confidence
Timeliness of Initial Psychiatric Medication Appointments	Non-Clinical	08/2021	Implementation	Moderate Confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☒Adults ☐Transition Aged Youth (TAY) ☐Family Members ☐Other	[redacted]
2	☐Adults ☐Transition Aged Youth (TAY) ☒Family Members ☐Other	[redacted]

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- The MHP implemented SmartCare in July 2023 and believes it will further provide an environment that greatly assists in capturing and managing data.
- The MHP places an emphasis on becoming a data-driven agency.
- For CY 2022, the MHP maintained consistent and effective monthly claiming and timely submissions, which yielded an overall denied claims rate of 1.94 percent.
- The MHP has proactively addressed workforce and recruitment challenges, adding 28 positions to support their system and increase service capacity.
- Collaborative communication between providers and stakeholders provides ease in coordination of care resulting in satisfaction for adult members.

The MHP was found to have notable opportunities for improvement in the following areas:

- The percentage of members that had only one service in the MHP continues to be considerably higher than was observed statewide.
- For both Latino/Hispanic and African American members, the MHP's PR continues to be less than half that of the statewide average.
- The MHP currently has an IS strategic plan, however, it has not been updated since 2017. This poses a potential risk due to technological advancements over the last several years.
- Although the MHP has an established contract with a Health Information Exchange (HIE) it has not engaged in any type of electronic exchange of information.
- The MHP currently employs peer positions, however, the MHP does not have a defined peer support career ladder.

Recommendations for improvement based upon this review include:

- Research and assess concerns regarding the high percentage of members who receive only one service. Develop and implement effective strategies to improve the overall engagement and retention of members.
- Research why the MHP's PRs for both Latino/Hispanic and African American members are less than half that of the state and develop and implement a plan to address these two populations' need for more access to services.
- Update the IS strategic plan to ensure the strategic plan meets current technological demands.

- Coordinate and plan to begin the data exchange process through HIE.
- Initiate efforts to create a defined peer support career ladder.

SUTTER-YUBA EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — January 9, 2024

MHP Size — Small

MHP Region — Central

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	4	1	0

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	3	1	0
Timeliness of Care	6	3	2	1
Quality of Care	10	1	8	1
Information Systems (IS)	6	4	2	0
TOTAL	**26**	**11**	**13**	**2**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Improving Rates of Post-Psychiatric Hospitalization Follow-up (FUH)	Clinical	01/2023	Implementation	Low confidence
Follow-Up After Psychiatric Emergency Services	Non-Clinical	01/2023	Implementation	Low confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☒Adults ☐Transition Aged Youth (TAY) ☒Family Members ☐Other	[redacted]

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- The MHP continues to maintain a unilateral front with contract providers and works for equality across the two-county system.
- Increasing the IS staffing provides the MHP with more resources to work through issues, as well as develop improved processes within the new electronic health record (EHR).
- The MHP has longevity of staff across many departments, especially true for the psychiatric providers and includes the medical director.
- Despite a lack of aggregate data for level of care (LOC) tools currently, the MHP has defined functional LOC tools separate from outcome measures. This is considered a strength to build upon.
- The MHP has embedded staff in many key areas in the system which clearly benefits member outcomes, among other positive results.

The MHP was found to have notable opportunities for improvement in the following areas:

- The MHP continues to have challenges in addressing its timeliness measures.
- The penetration rate (PR) of Hispanic/Latino members has historically been lower than the state and other counties of comparable size.
- Line staff indicate that regular phone calls to members awaiting ongoing follow-up care after screening and initially offered appointment both add to their workload and can result in disengagement of members. Members validate that there is a long wait during this period.
- For reliable urgent services data to be tracked moving ahead with the hopes in the new EHR, the MHP should clearly define what is counted and train to this regularly.
- There are a high number of Medi-Cal claim denials indicating “Medicare Part B must be billed before submission of claim,” and “Other healthcare coverage must be billed first,” which impact the MHP’s income stability.

Recommendations for improvement based upon this review include:

- Monitor timeliness on a quarterly basis, with documented evidence of review and analysis.
- Use capacity, language, caseloads, and/or service data to support advocacy for improved Hispanic/Latino resources for Spanish-speaking members as measured by improvements in the PR for this population.

- During the ongoing clinical staffing shortage, improve upon creative solutions to maintain engagement with adult members who are either awaiting ongoing therapy or being served during No Wrong Door.
- Develop clear protocols around urgent service requests and train staff to accurately capture these in the Credible EHR.
- Develop a process to improve identification of those members with Part B Medicare and/or other healthcare coverage to allow proper claiming.

TEHAMA EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — November 14, 2023

MHP Size — Small

MHP Region — Superior

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
8	0	4	4

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	3	1	0
Timeliness of Care	6	0	4	2
Quality of Care	10	1	7	2
Information Systems (IS)	6	4	2	0
TOTAL	**26**	**8**	**14**	**4**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
No PIP submitted	Clinical	N/A	N/A	N/A
No PIP submitted	Non-Clinical	N/A	N/A	N/A

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☒Adults ☐Transition Aged Youth (TAY) ☐Family Members ☐Other	[redacted]

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- The MHP implemented myAvatar as its new electronic health record (EHR) over the past year and is moving toward full implementation along with data analytics capabilities.
- Tehama has strong community partnerships with a wide array of external agencies to improve care and help meet the needs of its members. The MHP participates in community outreach to at-risk communities (e.g., homeless, migrant workers, transitional age youth, and older adults).
- Tehama's overall denied claims rate is low at [redacted] percent.
- The MHP hired a staffing recruiter to address shortages that include key leadership positions.
- Tehama's clinical staff expressed dedication to their clients and work, despite MHP staffing shortages.

The MHP was found to have notable opportunities for improvement in the following areas:

- The MHP does not provide oversight of psychiatry services, including medication monitoring.
- The MHP is not currently conducting PIPs.
- Tehama did not report timeliness data for FC youth and indicated that the MHP has not been able to identify FC youth in their EHR.
- The MHP does not use level of care (LOC) tools for adults or youth.
- Tehama lacks data reporting and analysis on critical timeliness and quality outcomes.

Recommendations for improvement based upon this review include:

- Implement oversight of psychiatry services, including medication monitoring.

  (This recommendation has been continued each year since FY 2018-19.)
- Implement two PIPs (i.e., one clinical and one non-clinical) in priority areas and submit them for validation for the next EQR.

  (This recommendation was continued from FY 2021-22.)
- Complete an assessment of mechanisms to monitor all FC referrals, access, and course of treatment. Identify barriers and implement routine processes to monitor and ensure timely access and appropriate LOC.

  (This recommendation was continued from FY 2022-23.)
- Adopt standardized adult and youth LOC tools to measure, monitor, and guide clinical treatment for members.

(This recommendation was continued from FY 2022-23.)

- Finish developing Avatar reporting for key timeliness measures and other critical quality indicators.

  (This recommendation was continued from FY 2021-22.)

TRINITY EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — April 16, 2024

MHP Size — Small-rural

MHP Region — Superior

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	1	3	1

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	3	1	0
Timeliness of Care	6	3	3	0
Quality of Care	10	0	6	4
Information Systems (IS)	6	4	2	0
TOTAL	**26**	**10**	**12**	**4**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	Clinical	09/2022	Implementation	Low Confidence
Reducing Wait Time to First Offered Appointment	Non-Clinical	09/2023	Implementation	Low Confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☐ Adults ☐ Transition Aged Youth (TAY) ☐ Family Members ☒ Other	[redacted]

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- Timely and accurate service data collection and continuity of care for members is supported by contractors having full access to enter clinical information directly into the electronic health record (EHR).
- There is improved accuracy in tracking initial requests for service now that the MHP is using the 24/7 Line tracking software, Apricot.
- The MHP has been successful in reducing the no-show rates to assessments by offering case management prior to beginning assessment. Further, it has implemented an automated reminder call system.
- The MHP has a long, successful history of embracing the recovery movement. It continues to maintain a wellness center, a peer respite house, peer staff, and an adult residential facility.
- For CY 2022, the MHP maintained consistent and effective monthly claiming and timely submissions, yielding an extraordinarily low denial rate.

The MHP was found to have notable opportunities for improvement in the following areas:

- The MHP partially addressed the recommendation from the prior report concerning improved timeliness of access to psychiatry and reduction of no-shows for these appointments.
- The MHP did not address the recommendation from the prior report concerning a measurable QAPI and evaluate progress. It is being carried forward in updated language to support progress.
- The MHP partially addressed the item concerning exploration of the root cause for underutilization of the wellness center. As a powerful tool for the community, member recovery, and potentially as a staffing solution, MHP is encouraged to move ahead with this recommendation.
- The MHP partially addressed the recommendation from the prior report concerning training to clinical staff so that they are aware of mechanisms to access the clinical record in the EHR. While the MHP leadership has provided clinical staff with supports and training regarding the general use of the EHR, there seems to be an ongoing need for increased advocacy with Kings View to prioritize the resolution of barriers to quality, coordinated care. This recommendation is carried forward, but with updated language to reflect the current emphasis.
- It is unclear if the MHP is maximizing the funding potential of billing by certified peers. Further, it is unclear what training is provided to increase the capabilities of peer staff as they take on more responsibility within the system. It is recommended that the MHP harness the many successful peer models that do bill for services and capitalize upon

the free peer training available through the National Training and Technical Assistance Center to expand the competencies of peer staff.

- There is a history of serving members who have been in care for decades yet continuing to receive weekly services and the MHP does not utilize level of care (LOC) tools to facilitate movement within the system. Although there are often severe limitations to the availability of resources in the community for step-down, the MHP could create clear paths of recovery out of routine services.

Recommendations for improvement based upon this review include:

- Examine barriers to timely initial access to psychiatry appointments, including no-shows to psychiatry appointments. Design and implement improvement strategies with input from line staff and beneficiaries. Measure the effectiveness of changes implemented.

  (This recommendation is a carry-over from FY 2021-22 and FY 2022-23.)

- Collaborate with other small counties for support in the development of an effective, measurable, and meaningful QAPI plan and quality improvement committee (QIC) process. Produce a FY 2024-25 QAPI that is measurable and effectively managed through an active and documented QIC process.

  (This is a carry-over recommendation from FY 2022-23.)

- Complete an evaluation of reasons why the wellness center is not highly utilized. Incorporate input from providers, peer staff, line staff, beneficiaries, and family members to identify and implement strategies for improvement. Consider having a community event or other way to promote the wellness center.

  (This is a carry-over recommendation from FY 2022-23.)

- Identify and employ strategies of advocate with Kings View to resolve outstanding needs for key clinical functions including aggregate reporting of outcome measures and routine clinical access to member charts within the system of care.

  (This is a carry-over recommendation from FY 2022-23.)

- Expand the competence of peer staff by ensuring ongoing training and support, strategically placing them throughout the system including QIC, while expanding the billing potential of those peers who are certified.

- Design a path of recovery for members to step-down from higher LOC with routine clinical care to less intensive LOCs, including use of the Transition Tool into the managed care plan (MCP) network of care.

TULARE EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — May 7-9, 2024

MHP Size — Medium

MHP Region — Central

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	3	2	0

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	3	1	0
Timeliness of Care	6	2	3	1
Quality of Care	10	7	3	0
Information Systems (IS)	6	3	3	0
TOTAL	**26**	**15**	**10**	**1**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Field-Based Backup Crisis Response for Young People	Clinical	10/2021	Completed	High confidence
Mental Health Outreach to and Engagement with the Homeless	Non-Clinical	01/2022	Completed	Moderate confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☐ Adults ☐ Transition Aged Youth (TAY) ☒ Family Members ☐ Other	[redacted]
2	☒ Adults ☐ Transition Aged Youth (TAY) ☐ Family Members ☐ Other	[redacted]

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- The MHP's PRs show strong access to care for youth.
- The MHP invests in the IT infrastructure and resources and pays attention to the new and/or ongoing needs in that area.
- The MHP medical director leads efforts to grow communication between psychiatry and community medical providers.
- The MHP's collaborative approach is apparent in their work with different stakeholders and their communication system with contract providers.
- The MHP PIPs have been successful in helping structure different processes regarding mental health outreach as well as crisis response.

The MHP was found to have notable opportunities for improvement in the following areas:

- The significant decrease in AACM from CY 2021 to CY 2022 suggests that there may be a decrease in quantity of services provided to members.
- The access and treatment transitions of adult care coordination between the MHP and MCP are not tracked or analyzed to assess appropriate transitions between systems.
- The MHP lacks a standardized outcome and LOC tool.
- The MHP continues to experience difficulties with timely access to care in both the non-urgent initial service and non-urgent initial psychiatry service. Urgent services that are not a crisis are not identified for faster access to care, which is especially important when there is not timely initial access overall.
- Low utilization of ICC and IHBS suggest that the implementation of Pathways to Well-Being should be examined for systemwide improvement.

Recommendations for improvement based upon this review include:

- Analyze service patterns to determine whether the decrease in AACM represents any undesirable decreases in the quantity or appropriateness of services delivered.
- Investigate reasons and develop strategies to improve the access and treatment transitions of care coordination between the MHP and MCP. Develop systems to track and monitor these processes to improve linkages.

  (This recommendation is a partial carry-over since FY 2021-22.)
- Research, choose, and implement an adult SOC outcome and/or LOC tool for regular use and analysis.

- Improve timely access to initial non-urgent services and initial psychiatry services, as well as identification of members with more urgent needs at the point of access.

  (This recommendation is a carry-over since FY 2021-22.)

- Examine processes associated with appropriate identification of youth who qualify for ICC and IHBS. Implement improvements that improve access to these services.

TUOLUMNE EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — March 6, 2024

MHP Size — Small

MHP Region — Central

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	3	2	0

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	5	0	1
Quality of Care	10	7	2	1
Information Systems (IS)	6	4	2	0
TOTAL	**26**	**20**	**4**	**2**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Supportive Housing	Clinical	11/2023	Implementation	Moderate confidence
Follow-Up After Emergency (ED) Department Visit for Mental Illness (FUM)	Non-Clinical	12/2022	First Remeasurement	Low confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☒ Adults ☐ Transition Aged Youth (TAY) ☐ Family Members ☐ Other	[redacted]

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATION

The MHP demonstrated significant strengths in the following areas:

- The MHP has a strong relationship with the judicial system and became a Care Court Cohort 1 County in October 2023.
- Tuolumne identified concerns within their housing services and implemented a PIP to address the issues, including hiring a designated case manager.
- The MHP is accessible to the community with events such as "Not My Kid" that introduces families to alternative and nontraditional approaches through engaged family nights, and Coffee Talk that allows anyone in the community to attend and ask questions in an informal environment.
- Tuolumne completes an integrated MHP and substance use disorder (SUD) member assessment, completing an American Society of Addiction Medicine (ASAM) assessment with every MHP assessment.
- The MHP has a low denied claims rate of [redacted] percent.

The MHP was found to have notable opportunities for improvement in the following areas:

- The MHP reported the timeliness of non-urgent psychiatry appointments offered as only 24 percent meeting the 15-business day standard.
- Tuolumne did not report on urgent services within 48 hours for all categories.
- Although the MHP has made efforts to improve transportation services for members, there continues to be an opportunity for Tuolumne to continue working with the Managed Care Plan (MCP) to ensure consistent and reliable transportation to MHP services for members.
- Tuolumne does not have a process to track and trend the foster care (FC) Healthcare Effectiveness Data and Information Set (HEDIS) measures.
- The MHP has made significant efforts in staff salary parity; however, salary ranges were expressed as a concern by staff and a risk to staff retention.

Recommendations for improvement based upon this review include:

- Further examine the timeliness of non-urgent psychiatry appointments and start initiatives to improve the rates meeting the 15-business day standard.
- Track and report on Urgent Services within 48 hours for all categories.
- Continue to investigate reasons and develop and implement strategies in collaboration with the MCP providers to ensure consistent and reliable access to transportation assistance for members.

  (This recommendation is a carry-over from FY 2022-23)

- Continue to develop a process that is not dependent on the Electronic Health Records (EHR) implementation and begin to track and trend the FC HEDIS measures.

  (This recommendation is a carry-over since FY 2020-21.)

- Continue efforts to examine staff salary ranges in comparison to other MHPs and continue to make needed adjustments, as appropriate.

VENTURA EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Onsite

Date of Review — December 5-7, 2023

MHP Size — Large

MHP Region — Southern

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
6	1	4	1

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	4	2	0
Quality of Care	10	9	1	0
Information Systems (IS)	6	5	1	0
TOTAL	**26**	**22**	**4**	**0**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Screening and Identification of Psychosis Symptoms in Transitional Age Youth (TAY)	Clinical	08/2022	Planning	No confidence
Follow-Up After Emergency Department (ED) Visit for Mental Illness	Non-Clinical	09/2022	Baseline	Low confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☐Adults ☐ TAY ☒Family Members ☐Other	[redacted]
2	☒Adults ☐TAY ☒Family Members ☒Other: Monolingual Spanish Speakers	[redacted]
3	☒Adults ☐ TAY ☐Family Members ☐Other	[redacted]

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- The MHP has demonstrated improvements in multiple Quality Improvement (QI) related activities.
- The QI team continues to have excellent data analytical capabilities.
- The MHP has been able to start hiring for its newly developed peer employee positions.
- During the implementation of the new Electronic Health Records (EHR) system, the MHP IS staff have been able to produce the necessary reports.
- The MHP evidenced strong collaborations with multiple agencies and external partners to facilitate access.

The MHP was found to have notable opportunities for improvement in the following areas:

- The MHP has room for improvement in tracking of its timeliness metrics.
- Communications with various stakeholders need improvement.
- High-cost members (HCM) percentage and the associated average approved claims per member (AACM) significantly exceed the corresponding statewide figures.
- Overall denied claims rate for the MHP was higher than the statewide average in CY 2022.
- The MHP has an opportunity to increase plan member participation in the Quality Improvement Committee (QIC) structure.

Recommendations for improvement based upon this review include:

- Continue developing a robust timeliness reporting system that accurately captures timeliness according to Healthcare Effectiveness Data and Information Set (HEDIS) or other state and national practices.
- Develop a two-way communication plan as part of a broader change management strategy that prioritizes communications with the contract providers, line staff, and plan members.
- Examine the reasons for a high percentage of plan members being in the HCM category. Utilize the CalEQRO-provided approved claims analyses that show the higher costs are concentrated by certain race/ethnicity, age groups, service types, and aid codes.
- Develop strategies to increase plan member participation in the QIC structure.

- Complete the Medicare certification process and perform analysis on the Medi-Cal claims denied due to eligibility and non-covered charges to address higher than average denial rates.

YOLO EXECUTIVE SUMMARY

MHP INFORMATION

Review Type — Virtual

Date of Review — January 30-31, 2024

MHP Size — Medium

MHP Region — Central

SUMMARY OF FINDINGS

The CalEQRO evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of key components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	2	2	1

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	2	2	0
Timeliness of Care	6	5	0	1
Quality of Care	10	7	3	0
Information Systems (IS)	6	3	3	0
TOTAL	**26**	**17**	**8**	**1**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
No PIP submitted	Clinical	N/A	N/A	N/A
Behavioral Health Quality Improvement Project (BHQIP) Follow Up After Emergency Department (ED) Visit for Mental Illness (FUM)	Non-Clinical	09/2022	Planning	No confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☒ Adults ☐ Transition Aged Youth (TAY) ☐ Family Members ☐ Other	[redacted]
2	☐ Adults ☐ Transition Aged Youth (TAY) ☐ Family Members ☒ Other: (Parents/Caretakers of Youth 5 – 18 years)	[redacted]

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- Yolo's Health and Human Services integration provides Behavioral Health (BH) efficiencies for both the children's and adults' systems of care.
- The MHP successfully initiated Netsmart's Business Intelligence (BI) Analytic solution to support the monitoring and analysis of Healthcare Effectiveness Data and Information Set (HEDIS) measures.
- The MHP became a member or participant in the SacValley Med Share Health Information Exchange (HIE) as they moved towards interoperability.
- The Adult and Aging forensics program collaborated with the county criminal justice system to increase access to Mental Health Court, Addiction Intervention Court, and other diversion programs offered by the District Attorney's office.
- Stakeholders noted improved transparency and bi-directional communication with leadership that invites them to the table for planning of programs and services.
- The MHP has had strong billing practices and a low claim denial rate for the last three years.

The MHP was found to have notable opportunities for improvement in the following areas:

- The MHP's Hispanic/Latino and Asian/Pacific Islander (API) penetration rates (PR) for CY 2022 were below the statewide rates and have remained largely unchanged for the past three years.
- The MHP has been inconsistent with EQR timeliness reporting. Last year they did not report first offered non-urgent clinical non psychiatry and first offered psychiatry appointments. This year they did not report first offered urgent appointments.
- There is not formalized, routine review of timeliness data.
- The MHP first offered non-urgent clinical non-psychiatry service (inclusive of adults, children, and youth in foster care (FC) scores below Department of Health Care Services (DHCS) requirements of 80 percent meeting standards.
- As an MHP that contracts out two-thirds of their services, Yolo has a particularly strong need for interoperability.
- While the MHP has a robust cadre of peer employees in both County and contracted provider programs, there is a lack of intentional supervision and support as well as an understanding by staff of the peer employees' job descriptions.

- The MHP was unable to submit a clinical PIP, citing staffing issues and work overload concerning California Advancing and Innovating Medi-Cal (CalAIM) and payment reform requirements.

Recommendations for improvement based upon this review include:

- Investigate reasons and develop and implement strategies to increase Hispanic/Latino and API PRs.

  (This is a modification of recommendations from FY 2021-22 and FY 2022-23).

- Implement the new methodology for all timely access tracking and incorporate routine review and analysis of the findings.

  (This is a modification of recommendations from FY 2021-22 and FY 2022-23)

- Research barriers, design, and implement processes to increase timeliness to first offered non-urgent clinical non-psychiatry service and first delivered non-urgent psychiatry service (inclusive of adults, children, and youth in FC), and incorporate routine review of the data and reports for accuracy.

- Develop operational plans for utilizing the HIE within MHP County programs and consider providing support to their contract providers to also use the HIE.

  (This a modification of recommendations from FY 2021-22 and FY 2022-23)

- Create a protocol and implement a system that provides intentional supervision and support to peer employees.

- Design and implement a clinical PIP for the current year. Engage in technical assistance (TA) with EQRO for assistance in this process.