



Yolo MHP Feedback to CaleQRO Outside Review Draft Report FY14-15

All feedback must be sent to CaleQRO within 10 business days of receiving the review draft.

Submitted By: Samantha Fusselman

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Page Number	Report Statement	MHP Clarifying Response	MHP Request for Change	CAEQRO Response
10	Response to Recommendation #1: "First contact to psychiatry appointment is not currently tracked, but the MHP has the capability"	While the EHR technically has the capability, the MHP had not previously developed the methodology to accurately capture the pertinent data. The MHP has been working internally and with other Netsmart counties to define "first contact to psychiatry" and to identify the related data points.	<ul style="list-style-type: none"> Please edit the report follows: "First contact to psychiatry appointment is not currently tracked, but the MHP has the capability <u>and is developing the methodology to accurately track this information.</u>" 	Change accepted.
11	Response to Recommendation #5, last bullet: "It is unclear what other measures the MHP has taken to increase psychiatry capacity"	Three concrete interventions were discussed during the review and are cited in the draft report, along with significantly improved timeliness metrics. Please refer to the Timeliness Self-Assessment, pages 2-3, which reflects a 71% (from 56 days to 16 days) reduction in average wait times to follow-up appointments with medication support staff after hospitalization.	<ul style="list-style-type: none"> Please remove the last bullet under Response to Recommendation #5 Please change the rating to "Fully Addressed." It is our belief that we addressed this recommendation as fully as possible within the review period. Please edit the report with the following additions: "Efforts to address this recommendation have contributed to 	Change accepted.



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			a 71% (from 58 to 16 days) reduction in average wait times to improved timeliness to follow-up appointments with medication support staff after hospitalization.”	
12	<p>Changes in the MHP Environment and Within the MHP – Access to Care</p> <p>“The MHP implemented the program ‘Community Outreach Rural Engagement’ (CORE), an outreach and engagement program to reach Hispanic communities through Communicare Promotores Program (a federally qualified health center) with a migrant farmworker focus, linked into the community with the health center”</p>	Slight correction to the name of the provider involved. Please see suggested rewrite.	<ul style="list-style-type: none"> Please edit the report as follows: “Under contract with Communicare Health Centers, <u>a Federally Qualified Health Center (FQHC)</u>, the MHP implemented the program ‘Community Outreach Rural Engagement’ (CORE). CORE, <u>an MHSA Innovation program</u>, is an outreach and engagement program <u>designed to reach underserved Hispanic communities through the use of Promotores.</u>” 	Change accepted.
12	<p>Changes in the MHP Environment and Within the MHP – Access to Care</p>	There was no mention of the redesign of the “front door” in this section, and we believe this was a significant change in the MHP environment. The MHP respectfully requests the EQRO include the suggested language.	<ul style="list-style-type: none"> Please edit the report with the following addition: “<u>Effective July 1, 2014, the MHP initiated a complete re-design of the initial access point for beneficiaries. By incorporating a formalized triage process, the MHP is better able to determine Medical Necessity. Where wait times for initial clinical</u> 	Change accepted.



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			<p><u>assessment had previously been two months, new clients are now able to be seen within one week for an assessment.</u>"</p>	
12	Changes in the MHP Environment and Within the MHP – Timeliness of Services	The MHP believes this improvement in timeliness to be a significant change in the MHP environment and respectfully requests this inclusion in this section of the report.	<ul style="list-style-type: none"> Please edit the report with the following addition: <u>"The MHP reduced its average wait time to first clinical assessment by nearly half, from an average of 32 days in FY13-14 to an average of 18 days in FY14-15."</u> 	Change accepted.
12	Changes in the MHP Environment and Within the MHP – Quality of Care	Roughly half of the MHP management team is new, which we believe to be a significant change in the MHP environment.	<ul style="list-style-type: none"> Please edit the report with the following addition: <u>"The MHP has undergone significant leadership change since the previous EQRO review. After external recruitment, the County appointed a new Mental Health Director/Alcohol and Drug Administrator in March 2014. Since then, the MHP Director has replaced two managers – the Adult Systems of Care manager (September 2014) and Quality Management Manager (December 2014) – and created and filled a new position - Clinic Manager (December 2014.)"</u> 	Change accepted.



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12	The MHP <u>experienced the loss of</u> its long time QI manager last year. This gave the executive team the impetus needed to re-examine its commitment to a data driven, consumer-centric CQI team. Personnel outreach proceeded and an experienced CQI professional was recruited along with a clinical psychologist and experienced LPHAs <u>as support staff</u> . While the new team is not yet complete, (an experienced trainer and sufficient IT staff to support the underlying data-store are yet to be hired) the MHP has significantly <u>advanced</u> its CQI position.	The MHP requests a couple of minor word-choice changes, as indicated by the underlined font in the adjacent columns.	<ul style="list-style-type: none"> Please edit the report as follows: “The MHP’s <u>long-time QI manager left the County in December 2014</u>. This gave the executive team the impetus needed to re-examine its commitment to a data driven, consumer-centric CQI team. Personnel outreach proceeded and an experienced CQI professional was recruited along with a clinical psychologist and experienced LPHAs. While the new team is not yet complete, (sufficient IT staff to support the underlying data-store are yet to be hired) the MHP has significantly advanced its CQI position.” 	Change accepted.
25	KC Access 1A - The MHP’s new QI team revitalized the cultural competence committee making cultural competence an organizational priority...	The Cultural Competence Committee is not under the Quality Management team. Rather, the Cultural Competence Coordinator reports to the Mental Health Services Act manager. For additional information, please refer to the Yolo Significant Changes and Initiatives FY14-15 document submitted in advance of the review.	<ul style="list-style-type: none"> Please edit the report as follows: “The MHP <u>recently hired a new cultural competence coordinator</u> and revitalized the cultural competence committee, making cultural competence an organizational priority...” 	Change accepted.
26	KC Access 1B - While the executive team is examining its	The new QI team has not precluded time for quantitative analysis of the strategies, but rather	<ul style="list-style-type: none"> Please edit the report as follows: 	Change accepted.



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	system flow change, QI personnel have precluded time to allow for opportunity for quantitative analysis of these strategies	had not been in place long enough to engage in analysis by the time of the EQRO review.	“While the executive team is examining its system flow change, QI personnel had <u>not yet had opportunity</u> to conduct quantitative analysis of these strategies.”	
26	KC 1C - The MHP also works with the Bridge to the Homeless.	The program was called Bridge to Housing.	<ul style="list-style-type: none"> Please edit the report as follows: “The MHP also <u>participated in a highly publicized multi-agency collaboration, Bridge to Housing.</u>” 	Change accepted.
29	KC 2A - The MHP is aware that it is meeting or exceeding its own standards by a substantial basis and has <u>not</u> appropriately set new standards. The MHP defines first appointment as first clinical assessment. The MHP’s goal is 14 days, and it meets its goal 53% of the time, with an average of 18 days.	The word “not” appears to be a typo.	<ul style="list-style-type: none"> Please edit the report as follows: “The MHP is aware that it is meeting or exceeding its own standards by a substantial basis and has appropriately set new standards. The MHP defines first appointment as first clinical assessment. The MHP’s goal is 14 days, and it meets its goal 53% of the time, with an average of 18 days.” 	Change accepted.
29	KC 2D – PC rating The MHP did not report the number of hospital admits, but reported the number of follow up appointments (269), stating that it meets its goal of 7 days 57% with an average of 16 days. The MHP did not report the number of hospitalizations, but the “unique hospital	It appears that the numbers reported were entered into the wrong field in the Timeliness Self-Assessment. There were 269 admissions in FY 14-15 through 2/27/15, with 142 follow-up appointments. Please refer to the Yolo Timeliness Self-Assessment FY14-15 submitted prior to the review.	<ul style="list-style-type: none"> The MHP respectfully requests that the rating for KC 2D be changed to <u>Fully Compliant</u> Please edit the report as follows: “The MHP reported 269 hospitalizations in FY14-15 through the end of February 2015, with 142 follow up appointments. The MHP reports it met its goal of 7 days FUH 	Change accepted.



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	discharges that resulted in an appointment” (142).		57% with an average wait time of 16 days, a significant improvement from an average of 58 days in FY13-14.”	
32	<p>KC 3H - PC</p> <p>While the management team includes persons with lived experience, there is not a specific management position for a consumer or family member. There is no one that attends the Executive Management Team meetings. There are approximately 10 PT positions for C/F members. There is one FT position with Turning Point with benefits, but no others.</p> <p>In the past Yolo had WRAP trainings, but the momentum seemed to diminish. This past year Yolo has had 3 trainings so far and have a train the trainer class scheduled. There has been much progress due to the new director, but the MHP is still at the beginning stages of implementing a Wellness and Recovery philosophy.</p>	<p>Just as with the MHP has renewed efforts and resources to QI and Cultural Competence, so too has it renewed its commitment to wellness and recovery and consumer/family member employment.</p> <p>The MHP meets four of six criteria for Key Component 3H, which satisfies the requirement for a Fully Compliant rating:</p> <p>A.2 Both the MHP and partner agencies have CFM supervisory roles.</p> <p>A.3 The MHP CFM staff report to the MHSA manager who is a member of the MHP leadership team.</p> <p>A.4 Supervisory support exists for CFM staff to maintain and expand in their positions, at both the MHP and provider agencies.</p> <p>A.6 The MHP has designated positions for CFM staff.</p>	<ul style="list-style-type: none"> The MHP respectfully requests that the rating for KC 3H be changed to <u>Fully Compliant</u> Please edit the report as follows: <ul style="list-style-type: none"> “<u>While the management team includes persons with lived experience, there is not a specific management position for a consumer or family member.</u> There are approximately 10 PT positions for C/F members and one FT position with benefits. <u>The MHP has renewed wellness and recovery efforts, offering three WRAP trainings in the past year, with a train the trainer class scheduled in the near future.</u> “ 	Change accepted.
33	<p>KC 3I - NC</p> <p>The Wellness Center is <u>county run</u> with 2 FT clinicians and 2 PT</p>	A number of factual errors were contained within the draft report for this Key Component, most	<ul style="list-style-type: none"> The MHP respectfully requests that the rating for KC 3H be changed to <u>Partially Compliant</u> 	Change accepted.



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	<p>consumers dedicated to the Wellness Center and a few others that occasionally help out.</p> <p>Yolo consumers also volunteer at the Cool Beans coffee and snack cart, facilitate some groups (arts and crafts), work as greeters, answer phones or others duties as needed.</p> <p>The Wellness Center is small (on site) serving exclusively those receiving services and those that have received an orientation class.</p>	<p>notably the staffing and orientation of the Wellness Center and the structure of Cool Beans.</p>	<ul style="list-style-type: none"> Please edit the report as follows: <p>“The Wellness Center is staffed with 2 FT County clinicians and several PT consumers dedicated to the Wellness Center. Programming is entirely consumer-driven, and decisions are made during regular member meetings.</p> <p>Yolo consumers are also employed at the Cool Beans coffee and snack cart, which is fully consumer-run and consumer-supervised. Additionally, peers facilitate some groups (arts and crafts), work as greeters for the entire Health Services Department, and answer phones or others duties as needed.</p> <p>The Wellness Center is small (on site) serving exclusively those receiving services and those that have received an orientation class. Plans are in development for an expansion of the site in the Fall 2015.”</p>	
58-59	Participant names	Spelling Corrections	<ul style="list-style-type: none"> Please edit the report accordingly. 	Change accepted.

If needed, rows can be added by clicking on the bottom right cell of the table above and hitting the TAB button.