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FY17–18
MEDI-CAL SPECIALTY MENTAL HEALTH EXTERNAL QUALITY REVIEW

YOLO MHP FINAL REPORT

Prepared for:

California Department of Health Care Services (DHCS)

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YOLO MHP SUMMARY OF FINDINGS

Beneficiaries Served in Calendar Year 2016 — 2,013

MHP Threshold Language(s) — Spanish and Russian

MHP Size — Medium

MHP Region — Central

MHP Location — Woodland

MHP County Seat — Woodland

Introduction

Yolo's MHP is categorized as a medium size and Central County MHP. Mental Health (MH) services are subsumed under two branches of the county's Health and Human Services Agency (HHSA): Adult and Aging and Child, Youth, and Family. Fiscal year 2017-2018 is the third year of the integration of the HHSA. The MHP has three service locations: Woodland (also the site of the MHP's administrative offices), West Sacramento, and Davis. The MHP provides outpatient, residential, mobile, and crisis intervention services.

Since 2016 and the integration of the MHP under the HHSA, the MHP has experienced a 100 percent turnover at the executive team level.

During the fiscal year 2017-2018 (FY17-18) review, California External Quality Review Organization (CalEQRO) reviewers found the following overall significant changes, efforts, and opportunities related to access, timeliness, quality, and outcomes of the Mental Health Plan (MHP) and its contract provider services. Further details and findings from EQRO-mandated activities are provided in this report.

Access

Access to services has the potential to be improved through the establishment of the Access center and drop-in clinic.

The MHP, under a contract with Coleman Associates to do Rapid Dramatic Performance Improvement (RDPI), made major procedural changes that they anticipate, based on initial observations, will improve access to services, timeliness of services, and engagement with consumers. The project focused on improvement through process redesign within outpatient mental health clinics. There is no data yet to validate the impact of this project. The Coleman Associates will return in May 2018 to assess how the changes are affecting access and outcomes for consumers.

The MHP has had difficulty maintaining an adequate number of psychiatrists to meet consumer needs. It has increased salaries for psychiatrists and engaged a recruitment firm to assist with hiring additional psychiatrists. The psychiatry capacity issue is especially acute in the children's system of care.

The mobile crisis unit was terminated due to fiscal considerations, and a change occurred in how mobile crisis is delivered.

Students Transitional Age Youth (STAY) Wellness Center was opened in partnership with Woodland Community College on the college campus. The center focuses on supporting students with mental health issues with their educational efforts and planning for academic and recovery success; however, the center is in a public space and all are welcome.

Timeliness

Tracking timeliness data continues to be a problem for the MHP. The MHP cannot accurately measure time from first contact to subsequent services.

Quality

Only one of last year's EQRO recommendations was met. One recommendation was not met, and the others were partially met. The progress made was important, but the fact that the MHP could not fully complete the recommendations speaks to its resource constraints.

The MHP continues to lack sufficient information technology (IT) resources. While the MHP is dedicated to quality services, the IT resources and staff dedicated to data and analysis are less than what is necessary to consistently deliver quality services and make appropriate systemic decisions. The MHP is requesting additional IT resources from its umbrella organization, the county health and human services agency (HHSA) in its FY18-19 budget.

The MHP is moving forward with Avatar related needs and upgrades in the FY18-19 budget. Dependent on budget approval, these include plans to change Netsmart to a hosted environment and expanding Care Connect to add Carequality (a nationwide interoperability framework). The MHP is planning to add an IT staff member who understands clinical issues, an administrative services analyst for network adequacy data reporting requirements, and a senior business systems analyst, with other positions to be added in the future.

Outcomes

The MHP has begun using a Results-Based Accountability (RBA) framework for performance measurement. At the time of this review, there were few examples of how this framework is integrated into data analysis and evaluation of outcomes.

The MHP and its contract providers use Child and Adolescent Needs and Strengths (CANS) and Adult Needs and Strengths Assessment (ANSA) to assess individual's progress in treatment. Results were not presented to illustrate the use of these tools as program-level outcomes measures.

INTRODUCTION

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

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

This report presents the FY17-18 findings of an EQR of the Yolo MHP by the California External Quality Review Organization, Behavioral Health Concepts, Inc. (BHC).

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

Validation of Performance Measures[1]

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

- Total beneficiaries served by each county MHP;
- Total costs per beneficiary served by each county MHP;
- Penetration rates in each county MHP;
- Count of Therapeutic Behavioral Services (TBS) beneficiaries served compared to the 4% *Emily Q.* Benchmark[2];
- Total psychiatric inpatient hospital episodes, costs, and average length of stay (LOS);

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

[2] The *Emily Q.* lawsuit settlement in 2008 mandated that the MHPs provide TBS to foster care children meeting certain at-risk criteria. These counts are included in the annual statewide report submitted to DHCS, but not in the individual county-level MHP reports.

- Psychiatric inpatient hospital 7-day and 30-day rehospitalization rates;
- Post-psychiatric inpatient hospital 7-day and 30-day Specialty Mental Health Services (SMHS) follow-up service rates; and
- High-Cost Beneficiaries (HCBs), incurring approved claims of $30,000 or higher during a calendar year.

Performance Improvement Projects[3]

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

MHP Health Information System Capabilities[4]

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

Validation of State and County Consumer Satisfaction Surveys

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

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

Review of Recommendations and Assessment of MHP Strengths and Opportunities

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

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

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

- Changes, progress, or milestones in the MHP's approach to performance management — emphasizing utilization of data, specific reports, and activities designed to manage and improve quality.

- Ratings for key components associated with the following three domains: access, timeliness, and quality. Submitted documentation as well as interviews with a variety of key staff, contracted providers, advisory groups, beneficiaries, and other stakeholders inform the evaluation of the MHP's performance within these domains. Detailed definitions for each of the review criteria can be found on the CalEQRO website, www.caleqro.com.

PRIOR YEAR REVIEW FINDINGS, FY16-17

In this section, the status of last year's (FY16-17) recommendations are presented, as well as changes within the MHP's environment since its last review.

Status of FY16–17 Review of Recommendations

In the FY16-17 site review report, the CalEQRO made a number of recommendations for improvements in the MHP's programmatic and/or operational areas. During the FY17-18 site visit, CalEQRO and MHP staff discussed the status of those FY16-17 recommendations, which are summarized below.

Assignment of Ratings

Met is assigned when the identified issue has been resolved.

Partially Met is assigned when the MHP has either:

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

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

Key Recommendations from FY16-17

Recommendation #1: Institute regular meetings (either monthly or twice monthly) with supervisory and line staff as a first step to improving bidirectional communication and as a forum to address staff job-related needs and growing concerns.

Status: Partially Met

- Monthly manager-supervisor meetings were implemented soon after the last EQRO review, but ceased during the Fall of 2017. If the monthly all-Mental Health staff trainings, mentioned below, are providing an opportunity for bi-directional communication, the manager/supervisor meetings may not need to occur.
- The MHP conducts monthly all-Mental Health staff trainings. To improve communication between all levels of staff, they have dedicated a half hour of this time for administrative check-in and updates.
- Based on feedback from Coleman Associates during the RDPI process, in an effort to increase communication between management and staff (e.g., clinical supervisors and front-line clinical staff), "traveling roadshows" have been conducted at least once per

week. During these interactions, representatives from management go to different clinical teams to solicit feedback and answer questions from staff regarding RDPI data, recommendations, and any updates and/or changes. The goal is not only to increase face-to-face communication, but also to increase transparency as well as encourage involvement from front-line staff in performance improvement processes that affect the work they do.

- In response to staff-identified needs surrounding additional clarity and guidance on clinical documentation, the Quality Management (QM) team instituted a weekly meeting with clinical supervisors called the clinical documentation work group. This workgroup is expected to be an effective way to improve clinical documentation practices and have greater inter-rater reliability for documentation.
- Supervisors report that the clinical documentation workgroup has facilitated increased communication between supervisors and their staff. Beginning April 2018, representatives from this meeting will attend monthly management team meetings to formally communicate strategies that have been implemented and seek support in overcoming identified barriers. This remains a work in progress.
- Effective this Fiscal Year, HHSA change agents attend HHSA managers meetings, which are monthly meetings with the HHSA director, branch directors, and managers. Once a quarter, this meeting is expanded to include all HHSA supervisors and is called the HHSA excellence meeting.

Recommendation #2: Review psychiatric coverage across all systems of care, modify staffing to reduce frequent turnover, and provide coverage by providers who are culturally responsive and demonstrate a commitment to wellness and recovery.

Status: Partially Met

- The MHP approved pay increases for psychiatrists and implemented telepsychiatry to address capacity of psychiatry and medication management.
- The MHP has retained one psychiatrist two days a week for telepsychiatry.
- While there are bilingual and bicultural employees identified within the MHP, more Spanish and Russian speaking providers are needed.
- Wellness and recovery are reinforced through trainings, orientations for providers and psychiatrist-led groups in the Wellness Centers.
- Access to psychiatric resources, particularly for children, remains a challenge.

Recommendation #3: Fill the Fiscal Supervisor position that has been vacant since November 2016 to assure continued timely claims submittal and resolution of denied claims.

Status: Met

- The Fiscal Supervisor position was filled shortly after the last EQRO review.

Recommendation #4: Investigate the following information technology solutions:

- **Work with County and Health Human Resources to develop plans and strategies to fill open technology and data analytical positions.**
- **Develop and implement a training program for staff development so staff achieve a level of subject matter expertise as soon as practical to support a complex electronic health record (EHR) system.**
- **Investigate the feasibility to contract with Netsmart Technologies for technical assistance or staff development training to further support technology and data analytical capacity.**
- **Query other medium size MHPs located in the northern region (e.g., Butte, Solano, and Sonoma) who use Avatar EHR and assess their level of technology and data analytical staffing standards.**

Status: Partially Met

- The MHP had allocated Inter-Governmental Transfer funds to hire an EHR development consultant. One position was budgeted and funding was secured for an Avatar project coordinator in Fall 2017. However, administrative barriers prevented the position from being posted.
- The MHP has conducted staff training on Avatar to improve user experience and expertise. This training may not occur frequently enough as users do not recognize a formal training program to support Avatar use.
- The QM/IS Analyst has weekly 'office hours' to assist Avatar users and has created a desk guide on basic topics for users. The MHP does not have a formal, dedicated Avatar user help desk. The lack of resources within the MHP to support Avatar creates significant barriers for realizing the full potential of Avatar and actualizing the fiscal, service delivery, and quality outcomes from which the entire MHP system of care would benefit.
- The MHP has had meetings with Netsmart, but did not provide details of technical assistance or staff development training.
- The MHP reached out to Butte County, but has not conducted an in-person site visit to assess their staffing standards and data analytics.

Recommendation #5: Identify the cause of the erroneous Avatar race/ethnicity data and develop a remediation plan as well as ensure the accuracy of future race/ethnicity data entered into Avatar.

Status: Partially Met

- The MHP began an investigation of why there were so many race/ethnicity fields marked “Unknown” and cited a process issue that resulted in the data not being validated and updated. There have been some improvements on this, but the work is incomplete. Clinicians are receiving training to understand the context of the question and to encourage correct capture of the data.

- The MHP is working to remediate the error and collect complete data. The remediation steps have included forming a committee that reviews intake paperwork for completeness. This remains a work in progress.

Recommendation #6: Develop an information technology (IT) project management plan including a timeline and estimated resources required for project completion. Assign a staff to actively monitor the project plan to assure availability of staffing resources and timely project completions.

Status: Not Met

- The MHP stated that due to IT projects and tasks currently filling their IT capacity, they have not yet addressed this recommendation.

Changes in the MHP Environment and Within the MHP—Impact and Implications

Discussed below are any changes since the last CalEQRO review that were identified as having a significant effect on service provision or management of those services. This section emphasizes systemic changes that affect access, timeliness, and quality, including any changes that provide context to areas discussed later in this report.

Access to Care

- The MHP expanded the following continuum of care:
    - The Access Center and Crisis Services were re-organized to work side-by-side. There is now 24/7 access support for Yolo County.
    - Mental Health (MH) Urgent Care in West Sacramento started February 4, 2018 (10 days before this EQRO review). It offers services seven days a week from noon to 9:00 p.m. Prescribers are anticipated to start at the MH Urgent Care in the next fiscal year.

- In criminal justice, the MHP is leading the Stepping Up initiative. The initiative was started eight months before this review and uses a multi-disciplinary group to look at the consumer's contact with the justice community. There is a process in place to try to divert consumers from arrest and/or incarceration, but when that is not possible, the initiative serves individuals in custody.

- The MHP opened the STAY Wellness Center for transition age youth (TAY) students on Woodland Community College campus in October 2017.

- The MHP redesigned the mental health clinic process as part of the RDPI work with Coleman Associates. This aims to improve access to services by removing barriers to timely assessment and appointments in clinics.

Timeliness of Services

- The MHP added one contracted psychiatrist two days per week for telepsychiatry.

- The MHP initiated a Quality Improvement Project on clinic timeliness. However, there were no measurable results reported.

Quality of Care

- There has been a concerted effort to improve the accuracy of claims to the state. The claims denial rate was about 8.5% in CY16 and currently is approximately 5%, according to the MHP. Reliably capturing reimbursement can have an impact on the amount and quality of services available to consumers.

- The MHP implemented performance measures in new behavioral health contracts using the Results-based Accountability (RBA) framework.

Consumer Outcomes

- There were few consumer outcomes presented during the EQRO review, especially from a program-wide perspective.

- The MHP implemented performance measures in new behavioral health contracts using the RBA framework. This provides consumer outcomes to measure treatment effectiveness.

PERFORMANCE MEASUREMENT

As noted above, CalEQRO is required to validate the following PMs as defined by DHCS:

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

HIPAA Suppression Disclosure:

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

Total Beneficiaries Served

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

Table 1: Yolo MHP Medi-Cal Enrollees and Beneficiaries Served in CY16, by Race/Ethnicity

Race/Ethnicity	Average Monthly Unduplicated Medi-Cal Enrollees	% Enrollees	Unduplicated Annual Count of Beneficiaries Served	% Served
White	17,240	28.7%	919	45.7%
Latino/Hispanic	23,780	39.6%	465	23.1%
African-American	2,635	4.4%	168	8.3%
Asian/Pacific Islander	8,047	13.4%	102	5.1%
Native American	495	0.8%	32	1.6%
Other	7,908	13.2%	327	16.2%
Total	**60,103**	**100%**	**2,013**	**100%**

The total for Average Monthly Unduplicated Medi-Cal Enrollees is not a direct sum of the averages above it. The averages are calculated independently.

Starting with CY16 performance measures, CalEQRO has incorporated the ACA Expansion data in the total Medi-Cal enrollees and beneficiaries served. See Attachment C, Table C1 for the penetration rate and approved claims per beneficiary for just the CY16 ACA Penetration Rate and Approved Claims per Beneficiary.

Penetration Rates and Approved Claim Dollars per Beneficiary

The penetration rate is calculated by dividing the number of unduplicated beneficiaries served by the monthly average enrollee count. The average approved claims per beneficiary served per year is calculated by dividing the total annual dollar amount of Medi-Cal approved claims by the unduplicated number of Medi-Cal beneficiaries served per year.

Regarding calculation of penetration rates, the Yolo MHP uses the same method used by CalEQRO.uses the same method used by CalEQRO.

Figures 1A and 1B show 3-year (CY14-16) trends of the MHP's overall approved claims per beneficiary and penetration rates, compared to both the statewide average and the average for medium MHPs.

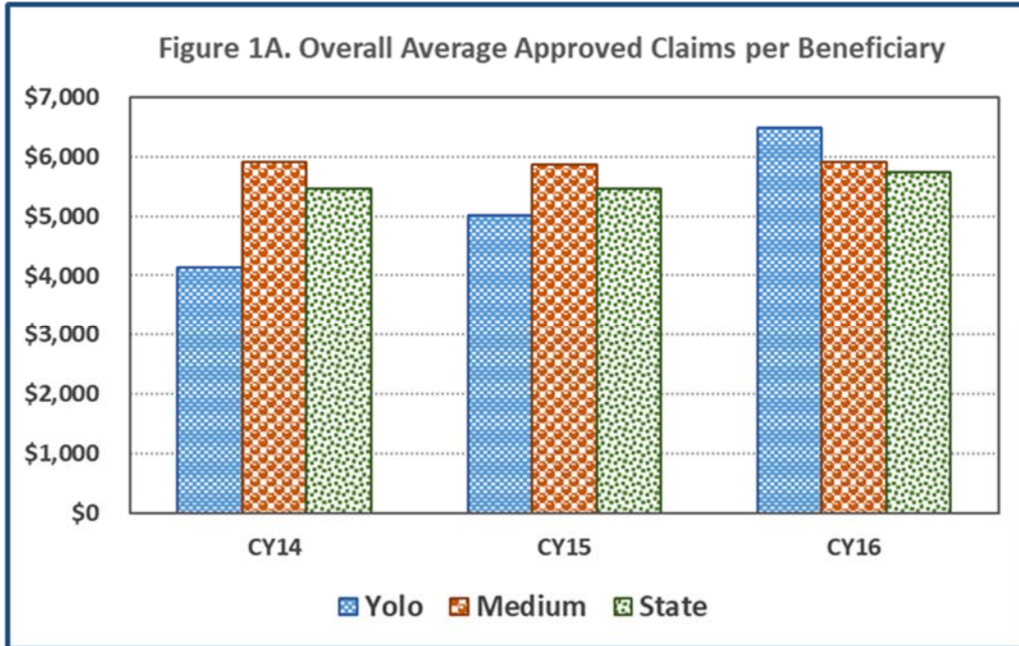


Figure 1A. Overall Average Approved Claims per Beneficiary
$7,000
$6,000
$5,000
$4,000
$3,000
$2,000
$1,000
$0
CY14
CY15
CY16
Yolo
Medium
State

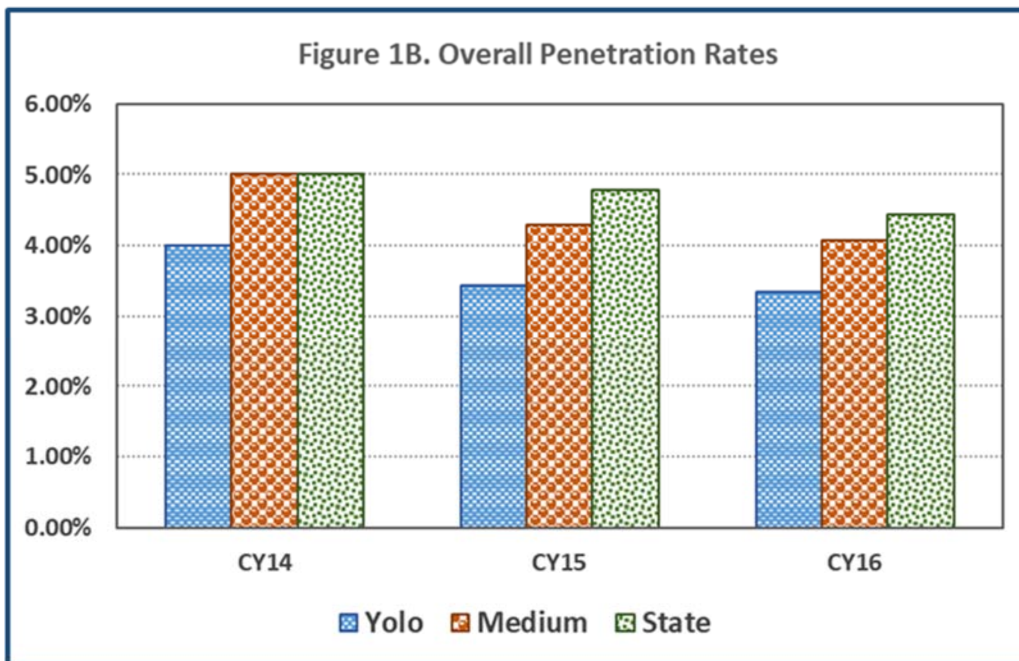
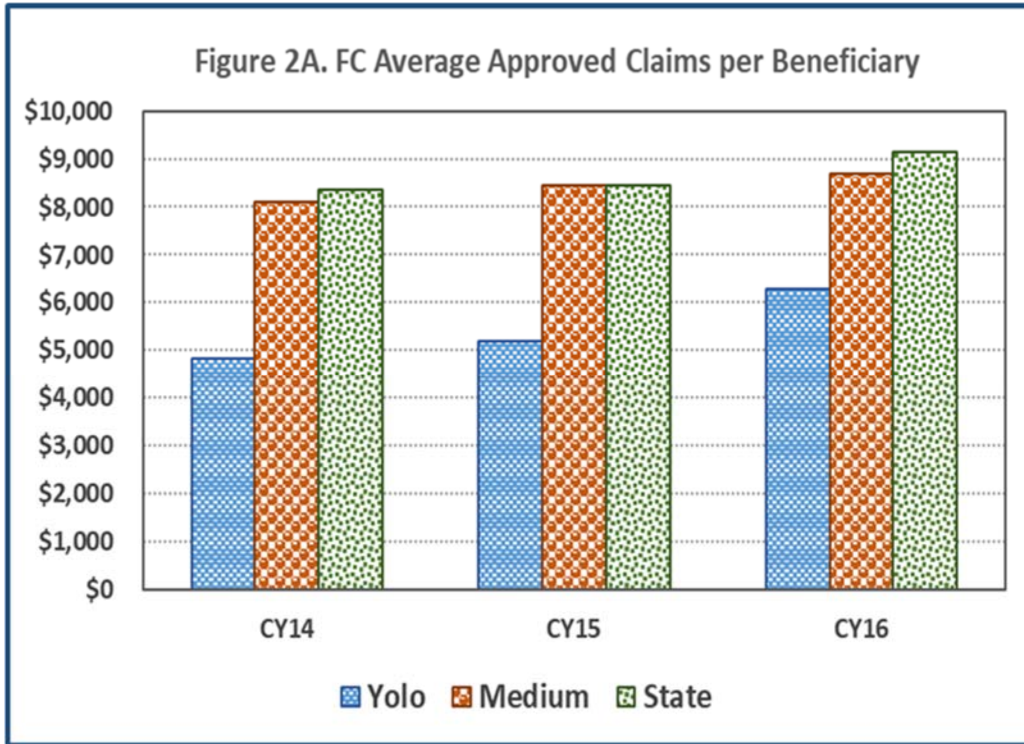
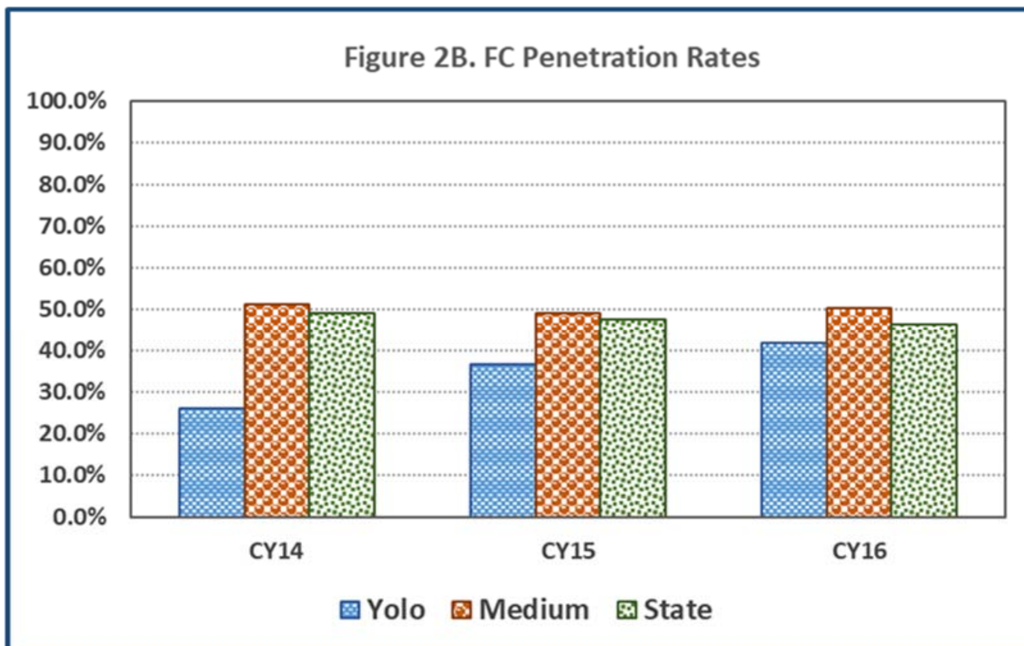


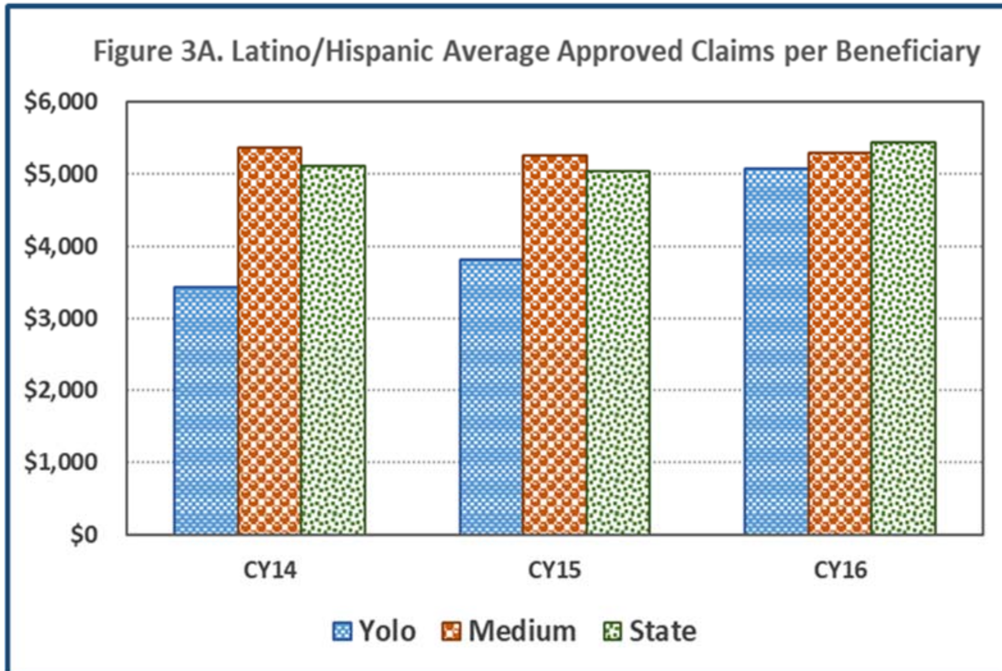
Figure 1B. Overall Penetration Rates
6.00%
5.00%
4.00%
3.00%
2.00%
1.00%
0.00%
CY14
CY15
CY16
Yolo
Medium
State

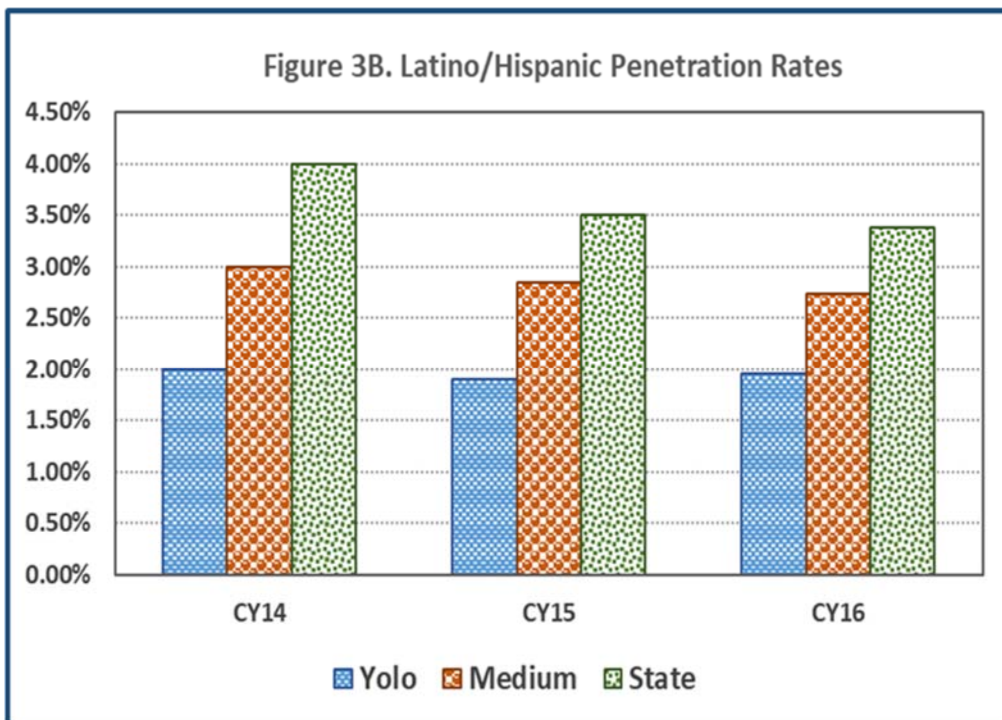
Figures 2A and 2B show 3-year (CY14-16) trends of the MHP's foster care (FC) approved claims per beneficiary and penetration rates, compared to both the statewide average and the average for medium MHPs.





Figures 3A and 3B show 3-year (CY14-16) trends of the MHP's Latino/Hispanic approved claims per beneficiary and penetration rates, compared to both the statewide average and the average for medium MHPs.





High-Cost Beneficiaries

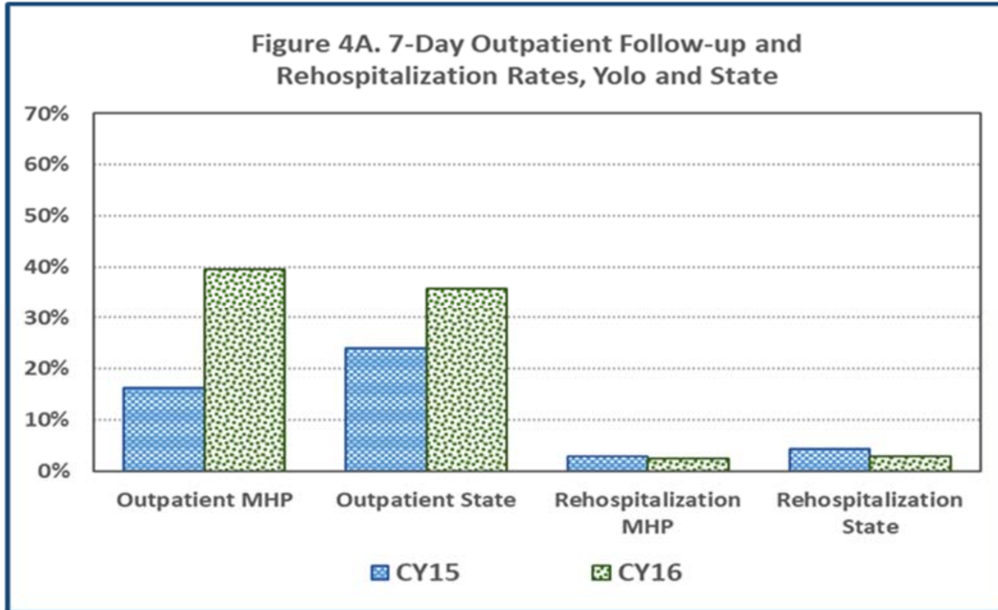
Table 2 compares the statewide data for High-Cost Beneficiaries for CY16 with the MHP's data for CY16, as well as the prior two years. HCBs in this table are identified as those with approved claims of more than $30,000 in a year.

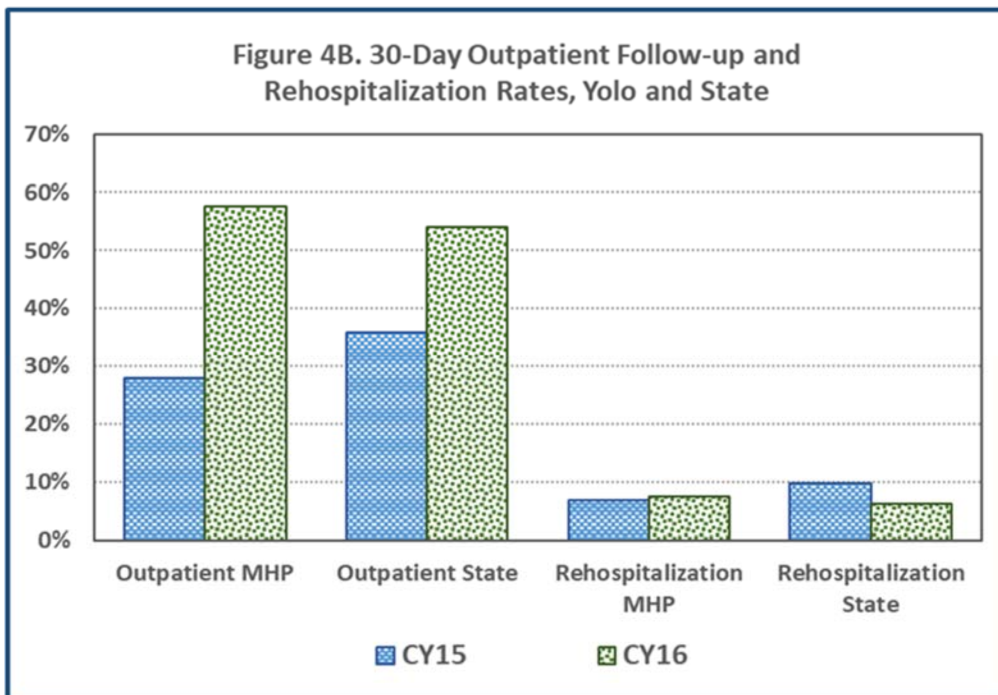
Table 2: Yolo MHP High-Cost Beneficiaries							
MHP	Year	HCB Count	Total Beneficiary Count	HCB % by Count	Average Approved Claims per HCB	HCB Total Claims	HCB % by Approved Claims
Statewide	CY16	19,019	609,608	3.12%	$53,215	$1,012,099,960	28.90%
Yolo	CY16	86	2,013	4.27%	$55,247	$4,751,275	36.44%
	CY15	60	1,988	3.02%	$57,809	$3,468,566	34.84%
	CY14	5	1,764	0.28%	$35,118	$175,592	3.22%

See Attachment C, Table C2 for the distribution of the MHP beneficiaries served by approved claims per beneficiary (ACB) range for three cost categories: under $20,000; $20,000 to $30,000; and those above $30,000.

Timely Follow-up After Psychiatric Inpatient Discharge

Figures 4A and 4B show the statewide and MHP 7-day and 30-day outpatient follow-up and rehospitalization rates for CY15 and CY16.

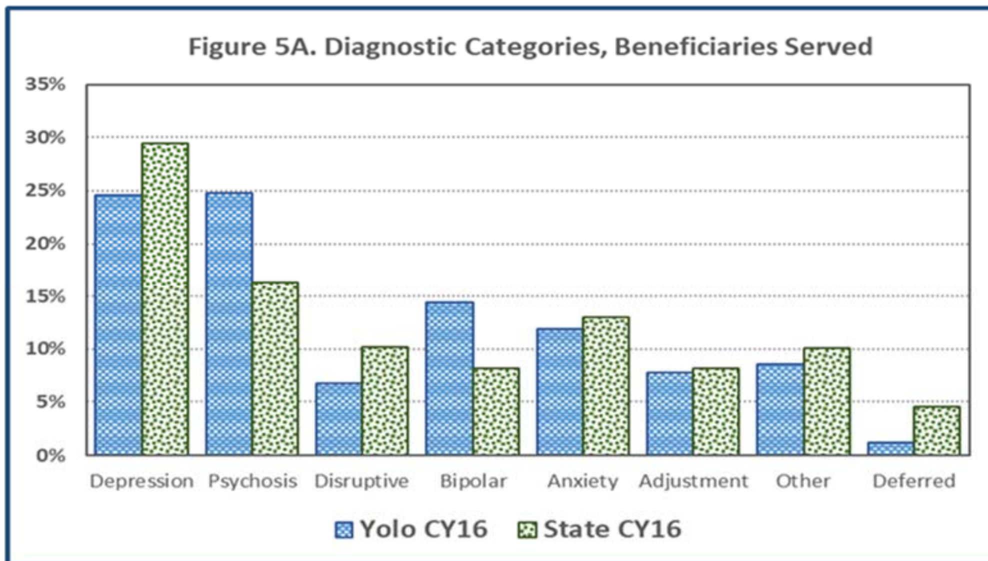


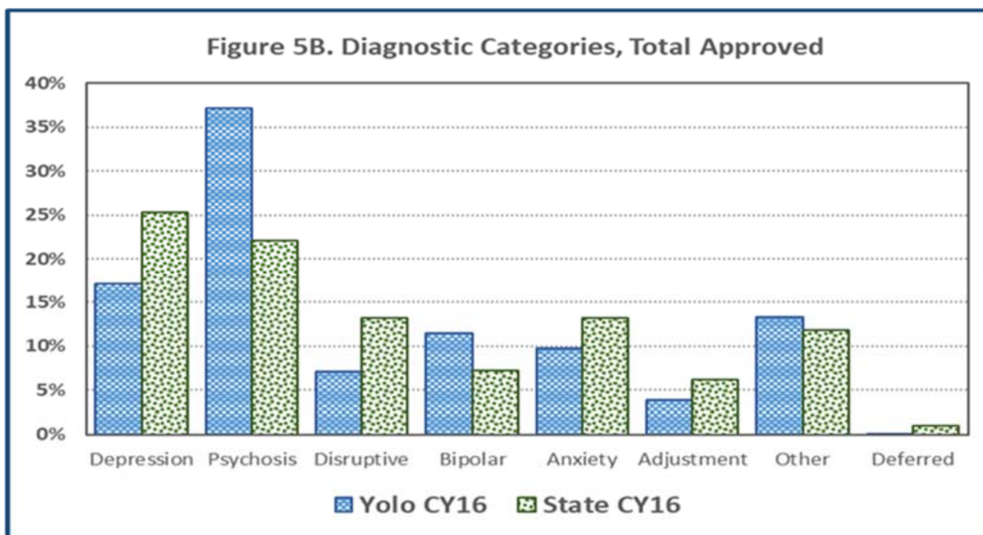


Diagnostic Categories

Figures 5A and 5B compare the breakdown by diagnostic category of the statewide and MHP number of beneficiaries served and total approved claims amount, respectively, for CY16.

MHP self-reported percent of consumers served with co-occurring (substance abuse and mental health) diagnoses: not reported by the MHP.





Performance Measures Findings—Impact and Implications

Access to Care

- White Medi-Cal enrollees comprise 28.7% of total enrollees for Yolo, but account for 45.7% of beneficiaries receiving services.
- The MHP had a penetration rate of 2.3% in CY16, well below the penetration rates for ACA in other medium MHPs and the State (see Table C1 in Appendix C).
- The MHP's Hispanic penetration rate made a slight increase from 1.7% in CY15 to 2.0% in CY16, but remains lower than both the medium MHP (2.6%) and statewide averages (3.4%).
- The MHP's FC penetration rate increased from 32.8% in CY15 to 41% in CY16, and is still under the average for medium MHPs (51%) and the statewide average (48%).

Timeliness of Services

- In CY16, the MHP's 7- and 30-day follow-up rates after discharge from a hospitalization increased from CY2015. The CY16 rates were higher than the statewide average at 40% for 7-day follow up and 57% for 30-day follow-up.

Quality of Care

- The MHP assigned resources to discharge planning and is seeing improvements reflected in the 7- and 30-day follow up numbers.
- The MHP's average overall approved claims per beneficiary dipped slightly from CY15 ($5,000) to CY16 ($4,800), and is lower than both the medium MHP ($5,943) and statewide ($5,700) averages.
- The MHP's Foster Care approved claims per beneficiary increased slightly from CY15 ($4,951) to CY16 ($6,100), but remains significantly less than both the medium and statewide averages. The MHP had 109 Foster Care beneficiaries in CY16.
- The MHP's average Hispanic approved claims per beneficiary increased from CY15 ($3,800) to CY16 ($5,100), and is just slightly less than both medium MHP ($5,287) and statewide ($5,400) averages.
- The MHP's percentage of HCBs has been trending upward from CY15 (3.02%) to CY16 (4.27%), and remains higher than the CY16 statewide average (3.12%).
- HCB claims as a percentage of total MHP claims were greater than the statewide average in CY16 (36.44% vs. 28.90%). The MHP's CY16 average approved claims per HCB rose

from CY14 ($35,118) to CY15 ($57,809), but declined slightly in CY16 (to $55,247), just slightly higher than the statewide average ($53,215).

- The MHP had higher rates of psychosis and bipolar diagnoses than the State in CY16 and lower rates of depression, disruptive, anxiety, adjustment, other, and deferred diagnoses when compared to statewide averages.
- Corresponding with the MHP's diagnostic pattern, the percentage of total approved claims for individuals with psychotic disorders was significantly higher than that of other diagnostic categories. Apart from the lower approved claims for individuals with depression disorders, the other approved claims dollars were aligned with the MHP's diagnostic patterns.
- No data was reported for co-occurring disorders, which may speak to the MHP's limitations in resources to support Avatar.

Consumer Outcomes

- The rehospitalization rates at 7- and 30 days remained stable and in the same range as the statewide averages from CY15 to CY16, with the 30-day rehospitalization rate rising slightly this year.

PERFORMANCE IMPROVEMENT PROJECT VALIDATION

A Performance Improvement Project (PIP) is defined by CMS as "a project designed to assess and improve processes and outcomes of care that is designed, conducted, and reported in a methodologically sound manner." The Validating Performance Improvement Projects Protocol specifies that the EQRO validate two PIPs at each MHP that have been initiated, are underway, were completed during the reporting year, or some combination of these three stages. DHCS elected to examine projects that were underway during the preceding calendar year.

Yolo MHP PIPs Identified for Validation

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

Table 3 lists the findings for each section of the evaluation of the PIPs, as required by the PIP Protocols: Validation of Performance Improvement Projects.[5]

Table 3: PIPs Submitted by Yolo MHP		
PIPs for Validation	**# of PIPs**	**PIP Titles**
Clinical PIP	1	Improving Outcomes for Serious Mental Illness (SMI) Clients Receiving Intensive Mental Health Services in Treatment Facilities
Non-clinical PIP	1	Improving Tracking Access and Timeliness to Mental Health Services

Table 4, on the following page, provides the overall rating for each PIP, based on the ratings given to the validation items: Met (M), Partially Met (PM), Not Met (NM), Not Applicable (NA), Unable to Determine (UTD), or Not Rated (NR).

[5] *2012 Department of Health and Human Services, Centers for Medicare and Medicaid Service Protocol 3 Version 2.0, September 2012. EQR Protocol 3: Validating Performance Improvement Projects.*

Table 4: PIP Validation Review					
				Item Rating	
Step	**PIP Section**	**Validation Item**		**Clinical**	**Non-clinical**
1	Selected Study Topics	1.1	Stakeholder input/multi-functional team	PM	NR
		1.2	Analysis of comprehensive aspects of enrollee needs, care, and services	M	NR
		1.3	Broad spectrum of key aspects of enrollee care and services	M	NR
		1.4	All enrolled populations	M	NR
2	Study Question	2.1	Clearly stated	PM	NR
3	Study Population	3.1	Clear definition of study population	M	NR
		3.2	Inclusion of the entire study population	M	NR
4	Study Indicators	4.1	Objective, clearly defined, measurable indicators	M	NR
		4.2	Changes in health status, functional status, enrollee satisfaction, or processes of care	M	NR
5	Sampling Methods	5.1	Sampling technique specified true frequency, confidence interval and margin of error	NA	NR
		5.2	Valid sampling techniques that protected against bias were employed	NA	NR
		5.3	Sample contained sufficient number of enrollees	NA	NR
6	Data Collection Procedures	6.1	Clear specification of data	M	NR
		6.2	Clear specification of sources of data	M	NR
		6.3	Systematic collection of reliable and valid data for the study population	M	NR
		6.4	Plan for consistent and accurate data collection	M	NR
		6.5	Prospective data analysis plan including contingencies	PM	NR
		6.6	Qualified data collection personnel	PM	NR
7	Assess Improvement Strategies	7.1	Reasonable interventions were undertaken to address causes/barriers	M	NR
8	Review Data Analysis and Interpretation of Study Results	8.1	Analysis of findings performed according to data analysis plan	M	NR
		8.2	PIP results and findings presented clearly and accurately	M	NR
		8.3	Threats to comparability, internal and external validity	PM	NR
		8.4	Interpretation of results indicating the success of the PIP and follow-up	PM	NR
9	Validity of Improvement	9.1	Consistent methodology throughout the study	PM	NR
		9.2	Documented, quantitative improvement in processes or outcomes of care	UTD	NR
		9.3	Improvement in performance linked to the PIP	PM	NR
		9.4	Statistical evidence of true improvement	PM	NR
		9.5	Sustained improvement demonstrated through repeated measures	NA	NR

Table 5 provides a summary of the PIP validation review.

Table 5: PIP Validation Review Summary		
Summary Totals for PIP Validation	**Clinical PIP**	**Non-clinical PIP**
Number Met	14	0
Number Partially Met	9	0
Number Not Met	0	0
Number Applicable (AP) (Maximum = 28 with Sampling; 25 without Sampling)	25	0
Overall PIP Rating ((#Met*2)+(#Partially Met))/(AP*2)	**77%**	**0%**

Clinical PIP—Improving Outcomes for SMI Clients Receiving Intensive Mental Health Services in Treatment Facilities

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

"If the MHP improves clinical and care coordination processes for clients receiving intensive mental health services in treatment facilities, will there be a decrease in the average length of facility stays, number of step-ups to higher levels of care (LOC's), and number of acute psychiatric hospitalizations and readmissions, as well as an increase in the number of step-downs to lower LOC's (including community outpatient services) and average number of HHSA services provides to these clients during their facility stays?"

Date PIP began: July 2017

Status of PIP: Active and ongoing

Due to data on Yolo MHP's high utilizers of services provided by CalEQRO, it was recommended during the FY16-17 review that the MHP explore the high utilizer population further to determine who they are and whether additional interventions are needed to ensure their needs are adequately met. It was noted that high utilization of services may indicate that clients' mental health treatment needs are not being adequately/appropriately addressed. The MHP decided to review claims for $30,000 or more to capture a clearer picture of services being provided to clients. The goal of the PIP is to improve outcomes for adult clients experiencing SMI with significant difficulty functioning at lower levels of care who are receiving intensive mental health services in treatment facilities. The study plans to affect this change by improving clinical and care coordination processes between HHSA staff, facility staff, and the Public Guardian's Office (PGO).

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

The technical assistance provided to the MHP by CalEQRO consisted of encouraging the MHP to continue this PIP, and update and analyze findings on at least a quarterly basis. It was recommended that the MHP be specific in identifying who would be doing the data analysis and what their qualifications were to do so. CalEQRO requested that the MHP explain, within the narrative of the PIP, how the goal/target percentages were chosen and to justify those goals. The MHP was reminded that there needed to be at least one new intervention to continue the PIP in this current year. CalEQRO suggested scheduled technical assistance calls as the MHP creates and implements the next phase of the PIP. The MHP was encouraged to consult with EQRO early and often during PIP formulations.

Non-clinical PIP—Improving Tracking Access and Timeliness to Mental Health Services

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

"Will improving the MHP's mechanism for tracking timeliness to outpatient MH services increase the percentage of clients who receive outpatient MHP services in a timely manner following initial request for services by X%?"

(Note: The MHP will include a percentage goal once reliable baseline data is established and analyzed.)

Date PIP began: Not started. PIP has been as concept only since XX date.

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

This PIP was presented as concept only and, therefore, was not rated. The goal of the PIP is to ensure requests for services are tracked accurately and that is expected to result in improved timeliness to first service (e.g. assessment). The Access Log is the MHP's primary mechanism for capturing client initial requests for services in the EHR (Avatar). This is a critical data point for tracking several timeliness metrics (e.g., time to first MH service, clinical assessment, psychiatric service, etc.). Via stakeholder input and the MHP's compiling access data for the EQRO's timeliness self-assessment for FY16-17, the MHP discovered that utilization of the Access Log varies; different access points use varied processes and definitions for capturing this information. According to the Special Terms and Conditions, (STCs) outlined by the Centers for Medicare & Medicaid (CMS) under the 1915b waiver, MHPs who are not meeting timeliness criteria specified by CMS and the DHCS are required to conduct a PIP to measure timeliness of care. The MHP has historically struggled to meet their timeliness standard. The plan for the PIP is to improve the mechanism for tracking request for services and timeliness to that service.

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

The technical assistance provided to the MHP by CalEQRO consisted of discussion of the need to still submit the PIP, while concept only, in the implementation and submission tool format. The PIP is in the initial stage of development and upcoming PIP meetings will focus on understanding the problem, creating a baseline, and developing interventions to address barriers to the solution. CalEQRO recommended that the MHP continue to develop and implement the PIP, and at least on a quarterly basis, a) document all data, B) analyze the findings, and c) make any needed changes in the intervention. CalEQRO offered TA and suggested that it be scheduled as the MHP creates and implements the next phase of the PIP. The MHP was encouraged to consult with EQRO early and often during PIP formulations.

PIP Findings—Impact and Implications

Access to Care

- The clinical PIP addresses the consumer's ability to access the appropriate level of care. This PIP attempts to evaluate if consumers who receive services at a higher level of care for an extended period are receiving the appropriate level of care/level of service.
- The non-clinical PIP addresses access in that it seeks to ensure request for services are tracked accurately and that no requests are lost before a service can be scheduled. This PIP is concept only and the methodology for the PIP is still being developed.

Timeliness of Services

- The non-clinical PIP seeks to improve the MHP's mechanism to track timeliness with the expectation that this will increase the percentage of clients who receive outpatient services in a timely manner.
- Timeliness, insofar as the clinical PIP is concerned, is about when and how a consumer is stepped down or stepped up in treatment, relative to the success of care at the current treatment level.

Quality of Care

- The clinical PIP addresses quality of care in the effort to improve care coordination and ensure appropriate level of care is delivered to consumers who experience SMI.
- The non-clinical PIP facilitates quality of care in working to increase timeliness to services by tracking requests. This ensures timely access and services are in place to increase opportunities for recovery.

Consumer Outcomes

- The clinical PIP's goal is to improve outcomes for adult clients who are receiving intensive mental health services in treatment facilities and have significant difficulty functioning at lower levels of care.
- The MHP expects that proper monitoring of timeliness to services will result in positive consumer outcomes in the non-clinical PIP. This is based on literature researching treatment outcomes as influenced by access and timeliness to services.

PERFORMANCE AND QUALITY MANAGEMENT KEY COMPONENTS

CalEQRO emphasizes the MHP's use of data to promote quality and improve performance. Components widely recognized as critical to successful performance management include an organizational culture with focused leadership and strong stakeholder involvement, effective use of data to drive quality management, a comprehensive service delivery system, and workforce development strategies that support system needs. These are discussed below, along with their quality rating of Met (M), Partially Met (PM), or Not Met (NM).

Access to Care

Table 6 lists the components that CalEQRO considers representative of a broad service delivery system that provides access to consumers and family members. An examination of capacity, penetration rates, cultural competency, integration, and collaboration of services with other providers forms the foundation of access to and delivery of quality services.

Table 6: Access to Care Components

	Component	Quality Rating
1A	Service accessibility and availability are reflective of cultural competence principles and practices	PM
	The consumers that were interviewed reported that they receive culturally and linguistically competent services. The MHP does not trust its own data on race/ethnicity. The MHP reports a preference for bilingual candidates for employment.	
1B	Manages and adapts its capacity to meet consumer service needs	NM
	The MHP is aware that they need to monitor system demands, but does not have the resources to do this now. The MHP lacks sufficient personnel resources.	
1C	Integration and/or collaboration with community-based services to improve access	M
	The MHP produced evidence of various integration and collaboration with community based services. The Children's System of Care (CSOC) is integrated with Child Welfare Services (CWS) in the HHSA department. Steps to Success (criminal justice diversion program) is collaborating to be upgraded through the Board of State and Community Corrections (BSCC). The MHP is in partnership with Fourth and Hope, an organization that will provide intensive wraparound care to people experiencing homelessness with co-occurring mental health and substance use disorders through the Extended Hope Project.	

Additionally, the MHP partners with CommuniCare Health Centers, Dairy Council of CA, Dignity Health, NAMI Yolo, Partnership HealthPlans of California, St. John's Retirement Village, Sutter Health, UC Cooperative Extension, Winters Senior Foundation, Yolo Adult Day Health Center, Area 4 Agency on Aging , Community Health Assessment, Community Health Improvement Plan, County Nutrition Action Partnership, Full Service Partnerships (FSP), the HHSA, Harvest of the Month, and Nutrition Education and Obesity Prevention, among others.

Timeliness of Services

As shown in Table 7, CalEQRO identifies the following components as necessary to support a full-service delivery system that provides timely access to mental health services. This ensures successful engagement with consumers and family members and can improve overall outcomes, while moving beneficiaries throughout the system of care to full recovery.

Table 7: Timeliness of Services Components

	Component	Quality Rating
2A	Tracks and trends access data from initial contact to first appointment	PM
	The MHP tracks and trends data within the limited resources available. The MHP does not report separate adult and child-youth service data. Most children's services are contracted out. The MHP is able to track direct county services data only. The MHP utilizes a 14-day standard. For FY16-17, the MHP met this standard 22% of the time with a range of 2-395 days. For FY17-18, quarters 1 and 2, the MHP met this standard 21% of the time, with a range of 5-67 days.	
2B	Tracks and trends access data from initial contact to first psychiatric appointment	M
	The MHP utilizes a 30-day standard. The MHP does not report separate adult and child-youth service data. For FY16-17, the MHP met the standard 28% of the time, with a range of 1-424 days. For FY17-18, quarters 1 and 2, the MHP met the standard 86% of the time, with a range of 1-37 days. This improvement is partially due to an increase in psychiatrist capacity.	
2C	Tracks and trends access data for timely appointments for urgent conditions	NM
	The MHP does not track timeliness data for urgent conditions.	
2D	Tracks and trends timely access to follow-up appointments after hospitalization	M
	The MHP utilizes a 7-day standard. For FY16-17, the MHP met the standard 56% of the time (375 out of 671 discharges), with a mean of 23 days. For FY17-18, the MHP met the standard 54% of the time (211 out of 393 discharges), with a mean of 11 days.	

2E	Tracks and trends data on rehospitalizations	M
For FY16-17, the combined 7-day adult/child-youth acute inpatient readmission rate was reported as 5% and the 30-day readmission rate was reported as 16%. For FY17-18, quarters 1 and 2, the combined 7-day adult/child-youth acute inpatient readmission rate was reported as 6% and the 30-day readmission rate was reported as 14%.		
2F	Tracks and trends no-shows	PM
The MHP discovered two methodological issues for tracking no-shows. One was that the code used to define no-shows for non-psychiatrist appointment was a "no-show/cancellation", which confounds no-shows with cancellation of appointments. The second was that since clinicians do not schedule their own appointments in the scheduling calendar, there is no appointment to no-show unless the clinician enters the service code into the progress note. The MHP utilizes a 15% standard for both psychiatrists and non-psychiatrist clinicians. For FY16-17, the no show average for psychiatrists was 15.99%, and for non-psychiatrist clinicians, it was 1.92%. For FY17-18, quarters 1 and 2, the no show rate for psychiatrists was 16.29% and for non-psychiatrist clinicians, the rate was 1.91%.		

Quality of Care

In Table 8, CalEQRO identifies the components of an organization that is dedicated to the overall quality of care. Effective quality improvement activities and data-driven decision making require strong collaboration among staff (including consumer/family member staff), working in information systems, data analysis, clinical care, executive management, and program leadership. Technology infrastructure, effective business processes, and staff skills in extracting and utilizing data for analysis must be present in order to demonstrate that analytic findings are used to ensure overall quality of the service delivery system and organizational operations.

Table 8: Quality of Care Components

	Component	Quality Rating
3A	Quality management and performance improvement are organizational priorities	M
	The MHP operates with a current Quality Improvement Performance Plan, supported by meeting minutes and the evaluation of the previous year's plan. The minutes are notable in that they communicate information effectively, enabling readers to understand and track the improvement activities of the department. The Coleman Associates' RDPI project is an example of the priority the MHP places on performance improvement.	
3B	Data are used to inform management and guide decisions	PM
	The MHP lacks capacity, in staff resources or reliable data, to accomplish this critical component. When it is possible to collect and analyze data, the MHP uses it as a tool for program decisions and process changes. IT staff is critical to this process, but is scarce and insufficient in the MHP.	
3C	Evidence of effective communication from MHP administration, and stakeholder input and involvement on system planning and implementation	PM
	The MHP has several means of communication with stakeholders, through newsletters, emails, and meetings. The MHP's staff reported progress in communication with administration. Stakeholders remarked that communication was not sufficiently bidirectional and that they would like more opportunities for their input.	
3D	Evidence of a systematic clinical continuum of care	PM
	The MHP has a continuum of care; however, there are capacity issues. The EQRO encountered numerous examples of consumers remaining in FSPs due to the lack of capacity for step down to lower levels of care.	
3E	Evidence of consumer and family member employment in key roles throughout the system	PM
	The MHP has a specific classification for peers. Peers are also present at the wellness center and the STAY wellness center. The MHP does not have specific manager or supervisory positions for persons with lived experience.	
3F	Consumer run and/or consumer driven programs exist to enhance wellness and recovery	M
	The wellness center and STAY wellness center are both examples of consumer-run and consumer-driven programs that focus on wellness and recovery.	
3G	Measures clinical and/or functional outcomes of consumers served	NM

Table 8: Quality of Care Components		
Component		Quality Rating
The MHP utilizes CANS and ANSA to assess individual's progress in treatment, but there were no results presented to illustrate the use of these tools as program-level outcomes measures for quality of care. The MHP does not collect or compile any of the consumer outcome data for routine program or system-wide review.		
3H	Utilizes information from Consumer Satisfaction Surveys	M
The MHP participated in the Consumer Perception Survey (CPS) and conducted a number of their own surveys (i.e., foster families and wellness centers surveys). The MHP analyzed and compared the CPS data from DHCS with previous years.		

Key Components Findings—Impact and Implications

Access to Care

- The MHP tried to adapt capacity to meet consumer needs, but fell short. The MHP takes seriously cultural competence principles and practices, and they have managed and adapted their capacity to meet consumer needs, within the scope of their current resources. However, they do not have the resources to fully meet the demand for culturally-competent services.

- The RDPI access program appears to have improved access to care, but it is too new to be reflected in the data examined for this report.

Timeliness of Services

- The MHP has moved resources internally to place providers where they are most needed. This has improved timeliness for access to children's services. Stakeholders had reported wait times of two to eight weeks for a child needing services, especially if there was a language preference or need for psychiatric services.

- The MHP is not able to reliably track initial consumer contact with the MHP to subsequent services using Avatar all populations.

- The MHP improved their 7-day and 30-day rehospitalization numbers.

- The MHP tracked psychiatric no-show rates, and set their no-show standard by reviewing previous trends in the MHP's no show rates. The MHP may want to consider

researching a more contemporary standard for this metric and revising it if this is determined appropriate.

Quality of Care

- The Coleman Associates' RDPI engagement appears to have improved access to services, timeliness of services, and consumer engagement in services.
- The MHP clearly has worked to establish a culture of data-informed decision making, but the MHP has resource constraints that make it difficult to get full value out of the data that are available.
- The existing mobile crisis contract was terminated and some of the resources in that program were brought into the MHP. This was a cost-effective measure. The MHP is finalizing an RFP that more clearly identifies service needs and expectations for mobile response.

Consumer Outcomes

- The STAY wellness center is an example of a wellness and recovery model based program. Situated on the Woodland Community College campus, this center is open to all, but its focus is to support students who have lived experience with SMI and are treatment recipients. The goal is to facilitate a successful student experience for these consumers.

CONSUMER AND FAMILY MEMBER FOCUS GROUPS

CalEQRO conducted two 90-minute focus groups with consumers and family members during the site review of the MHP. As part of the pre-site planning process, CalEQRO requested two focus groups with 8 to 10 participants each, the details of which can be found in each section below.

The consumer/family member focus group is an important component of the CalEQRO site review process. Obtaining feedback from those who are receiving services provides significant information regarding quality, access, timeliness, and outcomes. The focus group questions are specific to the MHP being reviewed and emphasize the availability of timely access to care, recovery, peer support, cultural competence, improved outcomes, and consumer and family member involvement. CalEQRO provides gift certificates to thank the consumers and family members for their participation.

Consumer/Family Member Focus Group 1

CalEQRO requested 8-10 culturally diverse adult beneficiaries (including those who identify as Hispanic, Latino), mostly new clients who have initiated/utilized services within the past 12 months, representing both high and low utilizers of service. The focus group was comprised of adult consumers of services. There were six participants, three females and three males, and included three disparate ethnicities. The focus group was held at 1:00 – 2:30 pm on February 14, 2018 at Room 1603/Williams Room, Bauer Building, 137 N. Cottonwood St., Woodland, CA 95695.

Number of participants: 6

None of the participants entered services within the past year. Participants described their experience as the following:

- All participants see a therapist on a regular basis, with varying frequencies depending on the need, from weekly to every two to three months.
- None of the participants indicated they had been offered or received group or family treatment.

General comments regarding service delivery that were mentioned included the following:

- All participants see a psychiatrist for medication management about every two to three months, and some have a weekly visit with the nurse.
- The group agreed that it was difficult to have medication issues discussed during their time with the psychiatrist. They expressed that they felt they were not heard and not taken seriously when concerns over medication were brought to the psychiatrist.

- All participants reported that they have case managers and find them to be value-added to their treatment experience and recovery. Frequency of time with case managers varies depending on the need, from once a week up to twice a year.

Recommendations for improving care included the following:

- Hire more case managers and psychiatrists to meet capacity.
- Provide more assistance to participants in finding employment, to include part-time jobs.
- The participants find support groups helpful to their recovery and would like more and varied support groups.
- Outings from the wellness centers to increase social interaction (e.g., a trip to the zoo and shopping) would be a bonus to recovery.

Interpreter used for focus group 1: No

Consumer/Family Member Focus Group 2

CalEQRO requested 8-10 culturally diverse parents/caregivers of child/youth beneficiaries (including those who identify as Hispanic, Latino), mostly new clients who have initiated/utilized services within the past 12 months, representing both high and low utilizers of service. The focus group was comprised of adult consumers of services. There were two female participants, with one ethnicity represented. The focus group was held at 3:00 – 4:30 p.m. on February 14, 2018 at Room/1603 Williams Room, Bauer Building, 137 N. Cottonwood St., Woodland, CA 95695.

Number of participants: 2

At the appointed time of the Consumer/Family Member Focus Group, two adults were present who were family members of adult beneficiaries, but neither of them identified as a parent/caregiver of child/youth Medi-Cal beneficiary; therefore, the requisite focus group was not held. This was identified as a barrier to review.

Participants described their experience as the following:

General comments regarding service delivery that were mentioned included the following:

- No information available due to lack of appropriate participants.

Recommendations for improving care included the following:

- No information available due to lack of appropriate participants.

Interpreter used for focus group 2: No

Consumer/Family Member Focus Group Findings—Implications

Access to Care

- No focus group participants began receiving treatment in the last year; therefore, no information on initial access to care could be obtained.
- The consumers who participated in the adult consumer/family member focus group reported that they had no issues with access to ongoing services.

Timeliness of Services

- No information was available from the parent/caregivers focus group due to the lack of appropriate participants.
- The adult consumer/family member focus group reported that an increase in psychiatrist and case manager availability would make the MHP's response to their need for services timelier.

Quality of Care

- No information was available from the parents/caregivers focus group due to the lack of appropriate participants.
- The consumers interviewed had difficulty communicating their questions and concerns about medication to the psychiatrists, which presented a barrier to their understanding of their medications.
- Adult consumers voiced a desire for more and varied support groups.

Consumer Outcomes

- No information was available from the parents/caregivers focus group due to the lack of appropriate participants.
- The consumers interviewed reported that the services they received were useful in their recovery and that they were actively involved in their own treatment planning.

INFORMATION SYSTEMS REVIEW

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

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

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

Table 9 shows the percentage of services provided by type of service provider.

Table 9: Distribution of Services, by Type of Provider	
Type of Provider	**Distribution**
County-operated/staffed clinics	39%
Contract providers	59%
Network providers	2%
Total	**100%**

Percentage of total annual MHP budget dedicated to supporting information technology operations (includes hardware, network, software license, IT staff): 2.0%

The budget determination process for information system operations is:

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

MHP currently provides services to consumers using a telepsychiatry application:

☒ Yes ☐ No ☐ In pilot phase

Number of remote sites currently operational: 1

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

☒ Hiring healthcare professional staff locally is difficult
☐ For linguistic capacity or expansion
☐ To serve outlying areas within the county
☐ To serve consumers temporarily residing outside the county
☒ Reduce travel time for healthcare professional staff
☐ Reduce travel time for consumers

- Telepsychiatry services are available with English and Spanish speaking practitioners (not including the use of interpreters or language line).
- Approximately 97 telepsychiatry sessions were conducted in English and one session was conducted in Spanish.

Summary of Technology and Data Analytical Staffing

MHP self-reported technology staff changes (Full-time Equivalent [FTE]) since the previous CalEQRO review are shown in Table 10.

Table 10: Technology Staff

IS FTEs (Include Employees and Contractors)	# of New FTEs	# Employees / Contractors Retired, Transferred, Terminated	Current # Unfilled Positions
2	0	0	1

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

Table 11: Data Analytical Staff

IS FTEs (Include Employees and Contractors)	# of New FTEs	# Employees / Contractors Retired, Transferred, Terminated	Current # Unfilled Positions
2	2	0	0

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

- One person performs the bulk of the data analysis work for the MHP and that person has other duties as well, including being the primary contact for users having problems with Avatar.
- There is one report writer who also functions as the System Administrator.

Current Operations

- The MHP hosts Avatar system locally and maintains as close to 24/7 availability to support real-time EHR environment.
- Only one contract provider has direct access to Avatar EHR.

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

Table 12: Primary EHR Systems/Applications

System/Application	Function	Vendor/Supplier	Years Used	Operated By
AvatarCalPM	Practice Management	Netsmart	14	County IT
Avatar CWS	Clinical Workstation	Netsmart	11	County IT
OrderConnect	Electronic prescribing and Lab Results	Netsmart	4	Netsmart

Priorities for the Coming Year

- Performance Management/Improvement Reports
- Reducing/eliminating paper processes
- Expanded Avatar access for contract providers
- Improve Access Log functionality and reliability

Major Changes Since Prior Year

- Implemented a new Treatment Plan module
- Developed a Medication Services Client Plan to eliminate use of paper plans
- Implemented user consoles to improve visibility of pertinent data to user
- Restructured user roles to improve security and ensure compliance with regulations
- Restructured/reconfigured episodes to improve clinical and fiscal workflow

Other Significant Issues

- Claims data from contract providers are submitted to the MHP on paper and key-punched into Avatar by MHP Fiscal employees. This is an inefficient and error-prone process.

Plans for Information Systems Change

- The MHP has no plans to replace current Avatar system.

Current Electronic Health Record Status

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

Table 13: EHR Functionality

		Rating			
Function	**System/Application**	**Present**	**Partially Present**	**Not Present**	**Not Rated**
Alerts	Avatar/Netsmart	X			
Assessments	Avatar/Netsmart	X			
Care Coordination				X	
Document imaging/storage	Perceptive/Netsmart	X			
Electronic signature—consumer	Netsmart	X			
Laboratory results (eLab)	OrderConnect	X			
Level of Care/Level of Service	Avatar/Netsmart	X			
Outcomes				X	
Prescriptions (eRx)	OrderConnect	X			
Progress notes	Avatar/Netsmart	X			
Referral Management				X	
Treatment plans	Avatar/Netsmart	X			
Summary Totals for EHR Functionality:		9		3	

Progress and issues associated with implementing an electronic health record over the past year are discussed below:

Consumer's Chart of Record for county-operated programs (self-reported by MHP):

☐ Paper ☐ Electronic ☒ Combination

Personal Health Record

Do consumers have online access to their health records either through a Personal Health Record (PHR) feature provided within the EHR, consumer portal, or third-party PHR?

☐ Yes ☒ No

If no, provide the expected implementation timeline.

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

Medi-Cal Claims Processing

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

☒ Yes ☐ No

If yes, product or application:

Dimensions Reports

Method used to submit Medicare Part B claims:

☐ Paper ☒ Electronic ☐ Clearinghouse

Table 14 summarizes the MHP's SDMC claims.

Table 14: Yolo MHP Summary of CY16 Short Doyle/Medi-Cal Claims							
Number Submitted	Gross Dollars Billed	Number Denied	Dollars Denied	Percent Denied	Gross Dollars Adjudicated	Claim Adjustments	Gross Dollars Approved
51,804	$8,183,296	3,826	$695,320	8.50%	$7,487,976	$595,984	$6,891,992

Includes services provided during CY16 with the most recent DHCS processing date of May 19, 2017
The statewide average denial rate for CY2016 was 4.48 percent.
Change to the FFP reimbursement percentage for ACA aid codes delayed all claim payments between the months of January-May 2017.

- Percent of denied claims (8.50%) exceeds statewide average of (4.48%) for CY2016.

Table 15 summarizes the most frequently cited reasons for claim denial.

Table 15: Yolo MHP Summary of CY16 Top Three Reasons for Claim Denial

Denial Reason Description	Number Denied	Dollars Denied	Percent of Total Denied
Other coverage must be billed prior to submission of this claim	2,329	$466,709	67%
Missing, incomplete, invalid ICD-10 diagnosis or condition	782	$114,384	16%
Beneficiary not eligible or aid code invalid or restricted service indicator must be "Y"	508	$83,145	12%
Total Denied Claims	3,826	$695,320	100%

- Missing, incomplete, invalid ICD-10 diagnosis or conditions are generally re-billable using void/replace transactions.

Information Systems Review Findings—Implications

Access to Care

- The issues with the accuracy and reliability of race/ethnicity data are not fully resolved.

Timeliness of Services

- The MHP has significant issues tracking timeliness of services, in part because their method of capturing the initial contact with the consumer does not provide an identifier that can link that first contact to services that are delivered later. This is an issue that other—more adequately resourced—MHPs have long-since solved.

Quality of Care

- Lack of contract provider access to Avatar has been an ongoing issue. The MHP has established this as a priority. The initial step will be setting up the process to upload claims data files rather than accepting paper claims from providers. This will help to reduce errors introduced by manual data entry process, begin the shift in the MHP's cultural towards electronic data exchange as the norm for business and clinical communications, and perhaps make claims data entry timelier.

- The MHP does not currently have an electronic PHR available for its consumers and it is not among the MHP's current priorities because the MHP lacks the resources to maintain current operations. The MHPs resources preclude such a project, which has considerable complexity and would require continuing support after implementation.

- Field-based staff reported that they do not have laptops when working in the field.

Consumer Outcomes

- None noted.

SITE REVIEW PROCESS BARRIERS

The following conditions significantly affected CalEQRO's ability to prepare for and/or conduct a comprehensive review:

- The lack of parents/caregivers of children/youth Medi-Cal beneficiaries in the Consumer Family Member Focus Group was a barrier to assessing consumer's response and outcomes for children's services.
- No other barriers to preparing for or conducting the review were noted.

CONCLUSIONS

During the FY17-18 annual review, CalEQRO found strengths in the MHP's programs, practices, or information systems that have a significant impact on the overall delivery system and its supporting structure. In those same areas, CalEQRO also noted opportunities for quality improvement. The findings presented below relate to the operation of an effective managed care organization, reflecting the MHP's processes for ensuring access to and timeliness of services and improving the quality of care.

Strengths and Opportunities

Access to Care

Strengths:

- The Coleman Associates' RDPI shows great promise for improved access, timeliness, and engagement with initial services.
- The MHP's willingness to redeploy resources to better serve children shows a commitment to making improvements in service delivery.
- A psychiatrist doing telepsychiatry two days per week has improved access to psychiatric resources for children.
- Access to services has been improved through the establishment of the Access center and drop-in clinic.

Opportunities:

- There is still a need to expand psychiatric resources, especially for children.
- The MHP lacks a process and data capture approach to reliably identify consumers presenting to the MHP with co-occurring disorders.
- The MHP's Hispanic penetration rate remains lower than both the medium county (2.60%) and statewide averages (3.4%) at 2.0% in CY16.

Timeliness of Services

Strengths:

- The MHP assigned resources to improve discharge planning for people coming out of an inpatient setting and this appears to have improved 7-day and 30-day post-hospitalization appointment rates.

- The MHP moved clinicians from the adult system of care to the children's system of care to allow for more timely service delivery for this population.

Opportunities:

- The MHP was unable at the time of this review to reliably track consumers from their initial contact with the MHP through/to subsequent service delivery, a problem that other Avatar counties have solved.

Quality of Care

Strengths:

- To increase IT resources, the MHP is currently requesting one FTE Clinical Champion, one FTE Administrative Service Analyst for Network Adequacy/data reporting requirements, and one Senior Business Systems Analyst to function as an Avatar supervisor.

- There has been a concerted effort to improve the accuracy of claims to the State. The claims denial rate was about 8.5% in CY16 and is currently about 5%. Reliably capturing reimbursement can have an impact on the amount and quality of services available to consumers.

Opportunities:

- MHP supervisors do not use some EHR reports because they do not know how to access them. Some supervisors reported using Excel spreadsheets to track data that were important to them.

- The Coleman Associates' RDPI engagement appears to have improved access to services, timeliness of services, and consumer engagement in services. However, data were not yet available to confirm actual outcomes.

- There is a tremendous need for more IT resources. Four out of six recommendations from CY16-17 EQRO review were Partially Met and one was Not Met, in large part due to the lack of IT resources. The same situation applies to the findings of this year's review, in that many of the identified issues will require additional IT resources.

Consumer Outcomes

Strengths:

- The MHP implemented performance measures in new behavioral health contracts using the Results-Based Accountability framework.

Opportunities:

- The MHP needs to be able to collect and report on co-occurring disorders, especially as they approach the Drug Medi-Cal waiver implementation.
- The MHP would benefit from some oversite of IT, flow of information, and consumer outcomes during the course of receiving treatment.

Recommendations

- Create a system to ensure that information and consumers' questions about their medications are addressed during psychiatric appointments. Survey consumers to ensure this is happening.
- Increase IT resources as follows (this recommendation is a continuation of FY16-17):
  - Request IT resources necessary through budgeting for FY18-19. Include requests to change Netsmart to a hosted environment and expand Care Connect to add Carequality.
  - Work with County and Health and Human Resources to develop plans and strategies to fill open technology and data analytical positions.
  - Research options for utilization of interns with IT skills from local colleges and universities to supplement IT staffing.
  - Investigate the feasibility to contract with Netsmart Technologies for technical assistance or staff development training to further support technology and data analytical capacity.
- Resolve the issue of the MHP's inability to collect and report the consumer's first contact with the MHP and connect that event to subsequent services delivered.
- Design and implement outreach protocol to increase awareness and facilitate access for underserved Latino/Hispanic consumers.

ATTACHMENTS

Attachment A: CalEQRO On-site Review Agenda

Attachment B: On-site Review Participants

Attachment C: Approved Claims Source Data

Attachment D: CalEQRO Performance Improvement Plan (PIP) Validation Tools

Attachment A—On-site Review Agenda

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

Table A1—EQRO Review Sessions - Yolo MHP
Opening Session – Changes in the past year; current initiatives; and status of previous year's recommendations
Use of Data to Support Program Operations
Disparities and Performance Measures/ Timeliness Performance Measures
Quality Improvement and Outcomes
Performance Improvement Projects
Primary and Specialty Care Collaboration and Integration
Acute Care Collaboration and Integration
Health Plan and Mental Health Plan Collaboration Initiatives
Clinical Line Staff Group Interview
Clinical Supervisors Group Interview
Consumer Employee Group Interview
Consumer Family Member Focus Group(s)
Contract Provider Group Interview – Administration and Operations
Validation of Findings for Pathways to Mental Health Services (Katie A./CCR)
ISCA/Billing/Fiscal
EHR Deployment
Tele Mental Health
Wellness Center Site Visit

Attachment B—Review Participants

CalEQRO Reviewers

Lynda Hutchens, NCC, LMFT, Lead Quality Reviewer
Robert Greenless, PhD, Information Systems Reviewer
Melissa Martin-Mollard, PhD, 2nd Information Systems MH/DMC-ODS Reviewer
Gloria Marrin, Consumer/Family Member Consultant

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

Sites of MHP Review

MHP Sites

Bauer Building
137 N. Cottonwood Street
Woodland, CA 95695

Contract Provider Sites

STAY Wellness Center
Woodland Community College
2300 E. Gibson Road
Woodland, CA 95776

Table B1 - Participants Representing the MHP			
Last Name	**First Name**	**Position**	**Agency**
Abbott	Kristi	Forensic Supervisor	HHSA
Ackerman	Spring	MH Specialist	HHSA
Amawasun	Igloinosa	Program Director	Yolo ACT
Armas	Ann Margaret	QM Clinician	HHSA
Atta-Mensah	Ashley	QM Nurse	HHSA
Barrett	Katherine	QM Supervising Clinician	HHSA
Brown	Erica	FSP Clinician	HHSA
C. (as signed in)	Dennis	Peer Support, Wellness Center	HHSA
Cessna Smith	Connie	Fiscal Admin Officer	HHSA
Chen	Kellymarie	MHSA Associate Admin Analyst	HHSA
Christensen	Laura	TAY Supervisor	HHSA
Cline	Kristen	Supervising Clinician	HHSA
Cooper	Jana	Program Director	Turning Point
Daleiden	Gina	Executive Director	First 5 Yolo
Dawson	Carissa	AOD Specialist	HHSA
Duarte	Sylvia	Accountant III	HHSA
Evans	Ian	AOD Administrator	HHSA
Freitas	Julie	Clinical Manager	HHSA
Fusselman	Samantha	Deputy Mental Health Director	HHSA
Gallegati	Mario	FSP Supervisor	HHSA
Gavin	Sara	Director of BH	CommuniCare Healthcare
Geary	Sean	QM Clinician	HHSA
Gebhardt	Matthew	CWS Manager	HHSA

Table B1 - Participants Representing the MHP			
Last Name	**First Name**	**Position**	**Agency**
Glica Hernandez	James	Chair, MH Board	Yolo County Mental Health Board
Hafter	David	Program Manager/Clinical Supervisor	Victory
Harrington	Leigh	Medical Director	HHSA
Hawk	Sammy	Case Manager	HHSA
Hendrickson	Cheri	Clinician	HHSA
Henrich	Melanie	Clinical Director	Yolo Community Care Continuum
Hernandez	Linda	Access Supervisor	HHSA
Huff	Asia	Peer Support, Woodland	HHSA
Jaime	Patty	Rural Program Services Coordinator	Yolo Family Services Agency
Jamison	Nicole	BH Compliance Officer	HHSA
Larsen	Karen	Director	HHSA
Lavorico	Michelle	Accounting Technician	HHSA
Lee	Mina	Accounting Technician	HHSA
Leino	Amy	QM Clinician	HHSA
Leos	Rebecca	Not filled in	Not filled in
Lewis	David	Peer Support, Wellness Center	HHSA
Marin	Monrame	Clinician	HHSA
Mayfield	Kimberly	Senior Accounting Technician	HHS
McSorley	Jean	OA Supervising Clinician	HHSA
Mellot	Rebecca	Assistant Agency Director	HHSA
Mo	David	Peer Support, Woodland	HHSA

Table B1 - Participants Representing the MHP			
Last Name	**First Name**	**Position**	**Agency**
Narvaez	Kim	Program Manager, CYF MH	HHSA
Neblett	Lester	Executive Director	Yolo Family Services Agency
Ng	Helen	QM Analyst	HHSA
Pettet	Jennie	CYF Branch Director	HHSA
Pickens	Amara	Operations Director	4th and Hope
Samartino	Rita	System Admin GSD – IT	HHSA
Schroeder	Steve	Accountant	HHSA
Shen	Sadie	Director	TPCP
Sidhu	Pam	QM IS Analyst	HHSA
Sigrist	Sandra	Branch Director	HHSA
Singh Gill	Harjit	Not stated	HHSA
Smith	Tessa	Family Partner/Outreach, Woodland	HHSA
Smith	Theresa	Manager Cultural Competency Coordinator/WET	HHSA
Steenberg	Kathy	Clinical Services Director	Yolo Family Services Agency
Taula-Lieras	Anthony	MHSA Program Coordinator	HHSA
Tischer	Rachel	QM Clinician	HHSA
Vaden	Emily	Program Coordinator Performance Management	HHSA
Valle	Fabian	QM Analyst	HHSA
Villegas	Katie	Executive Director	Yolo County Children's Alliance
William	Aurora	Homeless Services Manager	HHSA

Table B1 - Participants Representing the MHP			
Last Name	**First Name**	**Position**	**Agency**
Wilson	Christina	Peer Support, West Sacramento	HHSA
Yung	Mary	CYF Clinician	HHSA
Zendejas	Tico	Executive Director	Rise Inc.

Attachment C—Approved Claims Source Data

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

Table C1 shows the penetration rate and approved claims per beneficiary for just the CY16 ACA Penetration Rate and Approved Claims per Beneficiary. Starting with CY16 performance measures, CalEQRO has incorporated the ACA Expansion data in the total Medi-Cal enrollees and beneficiaries served.

Table C1: Yolo MHP CY16 Medi-Cal Expansion (ACA) Penetration Rate and Approved Claims per Beneficiary

Entity	Average Monthly ACA Enrollees	Number of Beneficiaries Served	Penetration Rate	Total Approved Claims	Approved Claims per Beneficiary
Statewide	3,674,069	141,926	3.86%	$611,752,899	$4,310
Medium	527,196	19,252	3.65%	$86,808,902	$4,509
Yolo	16,755	385	2.30%	$2,503,476	$6,503

Table C2 shows the distribution of the MHP beneficiaries served by approved claims per beneficiary range for three cost categories: under $20,000; $20,000 to $30,000; and those above $30,000.

Table C2: Yolo MHP CY16 Distribution of Beneficiaries by ACB Range

Range of ACB	MHP Count of Beneficiaries Served	MHP Percentage of Beneficiaries	Statewide Percentage of Beneficiaries	MHP Total Approved Claims	MHP Approved Claims per Beneficiary	Statewide Approved Claims per Beneficiary	MHP Percentage of Total Approved Claims	Statewide Percentage of Total Approved Claims
$0K - $20K	1,848	91.80%	94.05%	$6,381,236	$3,453	$3,612	48.94%	59.13%
>$20K - $30K	79	3.92%	2.83%	$1,907,037	$24,140	$24,282	14.63%	11.98%
>$30K	86	4.27%	3.12%	$4,751,275	$55,247	$53,215	36.44%	28.90%

Attachment D—PIP Validation Tools

<table>
<tr><th colspan="2">PERFORMANCE IMPROVEMENT PROJECT (PIP) VALIDATION WORKSHEET FY17-18 CLINICAL PIP</th></tr>
<tr><th colspan="2">GENERAL INFORMATION</th></tr>
<tr><td colspan="2">MHP: Yolo</td></tr>
<tr><td colspan="2">PIP Title: Improving Outcomes for SMI Clients Receiving Intensive Mental Health Services in Treatment Facilities</td></tr>
<tr><td rowspan="5">Start Date (MM/DD/YY): July 2017

Completion Date (MM/DD/YY): TBD

Projected Study Period (#of Months):12 months

Completed: Yes ☐ No ☒

Date(s) of On-Site Review (MM/DD/YY): 2/14-15/18

Name of Reviewer: Lynda Hutchens</td><td>Status of PIP (Only Active and ongoing, and completed PIPs are rated):</td></tr>
<tr><td>Rated</td></tr>
<tr><td>☒ Active and ongoing (baseline established and interventions started)

☐ Completed since the prior External Quality Review (EQR)</td></tr>
<tr><td>Not rated. Comments provided in the PIP Validation Tool for technical assistance purposes only.</td></tr>
<tr><td>☐ Concept only, not yet active (interventions not started)

☐ Inactive, developed in a prior year

☐ Submission determined not to be a PIP

☐ No Clinical PIP was submitted</td></tr>
<tr><td colspan="2">Brief Description of PIP (including goal and what PIP is attempting to accomplish): Due to data on Yolo MHP’s high utilizers of services provided by CalEQRO, it was recommended during the FY16-17 review that the MHP explore the high utilizer population further to determine who they are and whether or not additional interventions are needed to ensure their needs are adequately met. It was noted that high utilization of services may indicate that clients’ mental health treatment needs are not being adequately/appropriately addressed. The MHP decided to review claims generated and submitted to the</td></tr>
</table>

MHP for $30,000 or more to capture a clearer picture of services being provided to clients. The goal of the PIP is to improve outcomes for adult clients experiencing SMI who are receiving intensive mental health services in treatment facilities and ostensibly are having difficulty functioning at lower levels of care. The study plans to affect this change by improving clinical and care coordination processes between HHSA staff, facility staff, and the Public Guardian's Office (PGO).

ACTIVITY 1: ASSESS THE STUDY METHODOLOGY

STEP 1: Review the Selected Study Topic(s)

Component/Standard	Score	Comments
1.1 Was the PIP topic selected using stakeholder input? Did the MHP develop a multi-functional team compiled of stakeholders invested in this issue?	☐ Met ☒ Partially Met ☐ Not Met ☐ Unable to Determine	The MHP assembled a broad multi-functional team based on involvement in and knowledge of the study topic area. However, no consumers or family members who have utilized high cost services in the past were included.
1.2 Was the topic selected through data collection and analysis of comprehensive aspects of enrollee needs, care, and services?	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	Data on high-cost beneficiaries provided by CalEQRO. Claims submitted to MHP for $30,000 or more reviewed. The MHP analyzed data on service utilization patterns and additional clinical indicators (e.g., average LOS in facility, changes in level of care, acute psychiatric hospitalizations and readmissions).
Select the category for each PIP: *Clinical:* ☐ Prevention of an acute or chronic condition ☒ High volume services ☒ Care for an acute or chronic condition ☐ High risk conditions	*Non-clinical:* ☐ Process of accessing or delivering care	
1.3 Did the Plan's PIP, over time, address a broad spectrum of key aspects of enrollee care and services? *Project must be clearly focused on identifying and correcting deficiencies in care or services, rather than on utilization or cost alone.*	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	The MHP noted that high utilization of services may indicate that clients' mental health needs are not being adequately addressed; particularly true for clients utilizing high-cost, intensive services, such as repeated and/or long-term use of locked inpatient or residential treatment facilities. The PIP was designed to research and address this issue.

1.4 Did the Plan's PIPs, over time, include all enrolled populations (i.e., did not exclude certain enrollees such as those with special health care needs)? *Demographics:* ☒ Age Range ☐ Race/Ethnicity ☐ Gender ☐ Language ☒ Other	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	The PIP includes high utilizer population (>$30,000 per year), adult clients (age 18+) receiving intensive mental health services in contracted treatment facilities where the facility is the holder of the client treatment plan. The facilities where these clients were receiving treatment included: Institutions of Mental Disease (IMD's), augmented board and cares (AB&C's), adult residential facilities (ARF's), skilled nursing facilities (SNF's), and Mental Health Rehabilitation Centers (MHRC's).
	Totals	**2** Met **2** Partially Met **0** Not Met **0** UTD
STEP 2: Review the Study Question(s)		
2.1 Was the study question(s) stated clearly in writing? Does the question have a measurable impact for the defined study population? *Include study question as stated in narrative:* "If the MHP improves clinical and care coordination processes for clients receiving intensive mental health services in treatment facilities, will there be a decrease in the average length of facility stays, number of step-ups to higher LOC's, and number of acute psychiatric hospitalizations and readmissions, as well as an increase in the number of step-downs to lower LOC's (including community outpatient services) and average number of HHSA services provided to these clients during their facility stays?"	☐ Met ☒ Partially Met ☐ Not Met ☐ Unable to Determine	Suggestion for more precise study question: Will improving clinical and care coordination process for clients receiving intensive mental health services in treatment facilities result in a decrease in the average length of facility stays, number of step-ups to higher levels of care (LOCs), and readmissions as well as increase in the number of step-downs to lower LOC's (including community outpatient services) and average number of HHSA services provide to these clients during their facility stays?
	Totals	**0** Met **1** Partially Met **0** Not Met **0** UTD
STEP 3: Review the Identified Study Population		
3.1 Did the Plan clearly define all Medi-Cal enrollees to whom the study question and indicators are relevant? *Demographics:* ☐ Age Range ☐ Race/Ethnicity ☐ Gender ☐ Language ☒ Other	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	Adult clients (age 18+) experiencing SMI with significant difficulty functioning at lower levels of care who are receiving intensive mental health services in contracted treatment facilities where the facility is the holder of the client treatment plan.

<table>
<tr><td>3.2 If the study included the entire population, did its data collection approach capture all enrollees to whom the study question applied?
Methods of identifying participants:
☒ Utilization data ☐ Referral ☐ Self-identification
☐ Other: <Text if checked></td><td>☒ Met
☐ Partially Met
☐ Not Met
☐ Unable to Determine</td><td>The PIP intends to address the entire target population. To help ensure this, the PIP team will monitor indicators for all clients and track which clients are receiving the study's interventions.</td></tr>
<tr><td colspan="2">Totals</td><td>2 Met 0 Partially Met 0 Not Met 0 UTD</td></tr>
<tr><td colspan="3">STEP 4: Review Selected Study Indicators</td></tr>
<tr><td>4.1 Did the study use objective, clearly defined, measurable indicators?
List indicators:
Average length of stay in days per target population -
Facility stay
% of clients experiencing an acute psychiatric hospitalization (overall)
% of clients experiencing an acute psychiatric hospitalization (during facility stay)
Acute psychiatric hospitalization readmission rate
Average length of stay in days per acute psychiatric hospitalization
and % of admissions with a step-up in level of care
and % of admissions with a step-down in level of care
and % of admissions with step-down to community outpatient
Average # of HHSA services provided per target population facility admission
% of admissions with at least one HHSA service rendered</td><td>☒ Met
☐ Partially Met
☐ Not Met
☐ Unable to Determine</td><td>The Study Indicators are met, however the Goal/Target column – what is reasoning for these goals? How were they established?</td></tr>
</table>

4.2 Did the indicators measure changes in: health status, functional status, or enrollee satisfaction, or processes of care with strong associations with improved outcomes? All outcomes should be consumer focused. ☐ Health Status ☒ Functional Status ☐ Member Satisfaction ☐ Provider Satisfaction Are long-term outcomes clearly stated? ☒ Yes ☐ No Are long-term outcomes implied? ☒ Yes ☐ No	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	Indicators measured length of stay and step-up/step-down as well as acute psychiatric admissions.
	Totals	**2** Met **0** Partially Met **0** Not Met **0** UTD
STEP 5: Review Sampling Methods		
5.1 Did the sampling technique consider and specify the: a) True (or estimated) frequency of occurrence of the event? b) Confidence interval to be used? c) Margin of error that will be acceptable?	☐ Met ☐ Partially Met ☐ Not Met ☒ Not Applicable ☐ Unable to Determine	
5.2 Were valid sampling techniques that protected against bias employed? *Specify the type of sampling or census used:* <Text>	☐ Met ☐ Partially Met ☐ Not Met ☒ Not Applicable ☐ Unable to Determine	
5.3 Did the sample contain a sufficient number of enrollees? _______N of enrollees in sampling frame _______N of sample _______N of participants (i.e. – return rate)	☐ Met ☐ Partially Met ☐ Not Met ☒ Not Applicable ☐ Unable to Determine	

	Totals	**0** Met **0** Partially Met **0 N**ot Met **3** NA **0** UTD
STEP 6: Review Data Collection Procedures		
6.1 Did the study design clearly specify the data to be collected?	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	Yolo County MHP's high utilizers of mental health services: 1. List of clients who are adults (age 18+) receiving intensive mental health services in contracted treatment facilities. 2. Inpatient utilization reports (Discharge, Admissions, Length of stay, and readmissions) specific to target population (See above 2.) and all reported utilizers of the MHP system. 3. Service Detail reports, showing all services for identified target population while receiving intensive mental health services in the contracted treatment facilities.
6.2 Did the study design clearly specify the sources of data? *Sources of data:* ☐ Member ☐ Claims ☒ Provider ☒ Other: Utilization reports; Service detail reports	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	Numerous sources across the agency, consisting of Excel spreadsheets and custom-built Crystal Reports (data extracting tool used to compile data from Yolo County's EHR system – Avatar). Outpatient data for FY17-18 were gathered from the Avatar system. Inpatient utilization data was gathered through the TAR/Short-Doyle tracking process for FY14-15 to FY16-17 and through Avatar for FY17-18. Other data sources were acquired from clinical staff's Excel tracking sheets, fiscal payment, and authorization spreadsheets. All these data sources were cross referenced using Excel to obtain a client list for each fiscal year so that parameters could be defined for additional Crystal Reports (e.g., Inpatient Utilization and Service detail reports). To enhance data reliability and validity, the data sources were cross-referenced for FY14-15 through FY17-18.

6.3 Did the study design specify a systematic method of collecting valid and reliable data that represents the entire population to which the study's indicators apply?	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	The study's data was gathered through numerous sources across the agency, consisting of Excel spreadsheets and custom-built Crystal Reports. To enhance data reliability and validity, the data sources were cross-referenced for FY14-15 through FY17-18. From among all the sources used, all the necessary information was available. Implementation of an episodic structure in FY17-18, coupled with mental health staff members working closely with the Public Guardian department, enhanced the data collection process. The process of cross referencing these two data sources reflected an inter-rater reliability.
6.4 Did the instruments used for data collection provide for consistent, accurate data collection over the time periods studied? *Instruments used:* ☐ Survey ☐ Medical record abstraction tool ☐ Outcomes tool ☐ Level of Care tools ☐ Other:	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	Data were collected by: QM nurses, analysts, clinical, fiscal, and support staff. Tools used to collect data: Reliability of the data for the TAR/Short-Doyle tracking is being completed by a QM staff member who is responsible for consistently collecting, entering, and tracking the data for that system. The MHP is now using a parallel system of data capture—within the Avatar system and an external Excel spreadsheet. Reliability of the data is further enhanced by the addition of the discharge planning administrative support staff who will be responsible for consistently collecting, entering, and tracking the data for inpatient admissions and discharges within Avatar. Questions left to be answered: How often will the data be collected and analyzed? Who will analyze the data? What method of analysis will be utilized? What are the qualifications of the staff collecting and analyzing the data? What does the MHP expect the data to show?

6.5 Did the study design prospectively specify a data analysis plan? Did the plan include contingencies for untoward results?	☐ Met ☒ Partially Met ☐ Not Met ☐ Unable to Determine	The prospective data analysis plan moving forward is: • Provide a report for the placement committee meeting, anticipated to go live in January, which can be reviewed for clients who are receiving intensive mental health services in the contracted treatment facilities. • Utilize the EHR-Avatar system as the primary source of data containment as multiple custom-built reports can be generated. • Continue to pull and analyze PIP indicator data quarterly, at minimum.
6.6 Were qualified staff and personnel used to collect the data? *Project leader:* Name: <Text> Title: <Text> Role: <Text> *Other team members:* Names: Titles were provided; no names of individuals given.	☐ Met ☒ Partially Met ☐ Not Met ☐ Unable to Determine	• QM Informational Systems Analyst (Full Time MHP staff member) • QM Nurse (Full Time MHP staff member) • Clinical Manager (Full Time MHP staff member) • Compass Clinician (Full Time MHP staff member) • Discharge Planning Administrative Assistant (Full Time MHP staff member) • Deputy Public Guardian (Full Time HHSA staff member) Reliability of the data will be enhanced because it is planned that the QM staff member who is most familiar with the tracking system being used is the person who is responsible for consistently collecting, entering, and tracking the data for that system.
	Totals	**3** Met **3** Partially Met **0** Not Met **0** UTD

STEP 7: Assess Improvement Strategies		
7.1 Were reasonable interventions undertaken to address causes/barriers identified through data analysis and QI processes undertaken? *Describe Interventions:* *1. Use of Compass Clinician to facilitate and improve clinical and care coordination processes for target population clients.* *Clinician conducts on-site visits with clients (e.g., to provide case management, evaluation of needs, discharge planning) and participates in case conferences with facilities, which are tracked through a spreadsheet and Avatar progress notes.* *2. Implement weekly Placement Committee meetings with key stakeholders involved in the clinical and care coordination processes of target population clients, where clinical cases are reviewed and placement needs are discussed (Public Guardian's Office, Compass Team staff, and facility representatives whenever possible).* *The Committee will maintain attendance logs and track which clients are discussed at each meeting, including their dispositions.*	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	
	Totals	**1** Met **0** Partially Met **0** Not Met **0** UTD

STEP 8: Review Data Analysis and Interpretation of Study Results		
8.1 Was an analysis of the findings performed according to the data analysis plan? *This element is "Not Met" if there is no indication of a data analysis plan (see Step 6.5)*	☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	Since the PIP is still in the early phase of implementation and data collection, the committee plans on continuing to collect and analyze data quarterly through the end of FY17-18. At the end of the current fiscal year, the committee will have a full year of data to compare to prior base fiscal years. Given that the first intervention was implemented at the end of September 2017 (and the second was anticipated to rollout in January 2018), this will allow more time to assess their impact. Additionally, it is not entirely accurate or meaningful to compare only six months of data to one year of data. For example, looking at acute psychiatric readmission rates, they are currently at 0% for the first six months of FY17-18. While this is a positive trend, comparing the current 6-month re-admission rate to a baseline 12-month re-admission rate would be inaccurate.
8.2 Were the PIP results and findings presented accurately and clearly? Are tables and figures labeled? ☒ Yes ☐ No Are they labeled clearly and accurately? ☒ Yes ☐ No	☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	

8.3 Did the analysis identify: initial and repeat measurements, statistical significance, factors that influence comparability of initial and repeat measurements, and factors that threaten internal and external validity? Indicate the time periods of measurements: ____________________ Indicate the statistical analysis used: n/a Indicate the statistical significance level or confidence level if available/known: ____?___% ___X___Unable to determine	☐ Met ☒ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	This PIP is still in the preliminary stages of implementation and data collection. Based on preliminary results indicating trend toward decreased rehospitalization/average length of facility stay/number of acute psychiatric hospitalizations and increased number of step-downs to lower LOC's, the PIP is considered to be on the right track. To assess for "real" improvement, more time is needed to assess the full impact of the interventions given that the first intervention was rolled out at the end of September 2017, and the second had an anticipated rollout date in January 2018.No data was available on the January intervention. The committee plans on continuing to collect and analyze data quarterly through the end of FY17-18. At the end of the current fiscal year, the committee will have a full year of data to compare to prior base fiscal years. Based on preliminary data and the PIP committee discussions, additional interventions to have been discussed, for example: • Provide access to the compass clinician to set "Alerts" within EHR-Avatar system – to increase efficiency of communication and obtain current clinical information regarding target population. • Routine process for the discharge planner administrative assistant to notify the compass clinician for target population hospitalizations to allow for appropriate discharge planning. The PIP committee plans on using information gleaned from repeated data measurement and analysis, including tracking which clients are receiving each intervention, to identify the effectiveness of interventions and additional opportunities for targeted improvement efforts.

8.4 Did the analysis of the study data include an interpretation of the extent to which this PIP was successful and recommend any follow-up activities? *Limitations described:* This PIP is still in the preliminary stages of implementation and data collection. Based on preliminary results indicating overall data trends in desired directions, the PIP is considered to be on the right track. To assess for "real" improvement, more time is needed to assess the full impact of the interventions given that the first intervention was rolled out at the end of September 2017, and the second has an anticipated rollout date in January 2018. The committee plans on continuing to collect and analyze data quarterly through the end of FY17-18. At the end of the current fiscal year, the committee will have a full year of data to compare to prior base fiscal years. Based on preliminary data and the PIP committee discussions, additional possible interventions to improve clinical and care coordination processes have been recognized, for example: • Provide access to the compass clinician to set "Alerts" within EHR-Avatar system – to increase efficiency of communication and obtain current clinical information regarding target population. • Routine process for the discharge planner administrative assistant to notify the compass clinician for target population hospitalizations to allow for appropriate discharge planning. The PIP committee plans on using information gleaned from repeated data measurement and analysis, including tracking which clients are receiving each intervention, to identify the effectiveness of interventions and additional opportunities for targeted improvement efforts.	☐ Met ☒ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	Preliminary data of the PIP indicated trends in the desired direction. At this time, there is not enough data to measure statistical or clinical significance.
	Totals	**1** Met **3** Partially Met **0** Not Met **0** NA **0** UTD

STEP 9: Assess Whether Improvement is "Real" Improvement		
9.1 Was the same methodology as the baseline measurement used when measurement was repeated? *Ask: At what interval(s) was the data measurement repeated?* *Were the same sources of data used?* *Did they use the same method of data collection?* *Were the same participants examined?* *Did they utilize the same measurement tools?*	☐ Met ☒ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	The PIP committee plans on using information gleaned from repeated data measurement and analysis, including tracking which clients are receiving each intervention, to identify the effectiveness of interventions and additional opportunities for targeted improvement efforts.
9.2 Was there any documented, quantitative improvement in processes or outcomes of care? Was there: ☐ Improvement ☐ Deterioration Statistical significance: ☐ Yes ☐ No Clinical significance: ☐ Yes ☐ No	☐ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☒ Unable to Determine	PIP data not collected or analyzed to the point where this can be determined.
9.3 Does the reported improvement in performance have internal validity; i.e., does the improvement in performance appear to be the result of the planned quality improvement intervention? *Degree to which the intervention was the reason for change:* ☐ No relevance ☒ Small ☐ Fair ☐ High	☐ Met ☒ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	This PIP is still in the early stages of implementation and data collection. Based on preliminary results indicating overall data trends in desired directions, the PIP is considered to be on the right track. To assess for "real" improvement, more time is needed to assess the full impact of the interventions given that the first intervention was rolled out at the end of September 2017, and the second has an anticipated rollout date in January 2018.
9.4 Is there any statistical evidence that any observed performance improvement is true improvement? ☒ Weak ☐ Moderate ☐ Strong	☐ Met ☒ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	Data points towards evidence of improvement, but needs more validity testing.

9.5 Was sustained improvement demonstrated through repeated measurements over comparable time periods?	☐ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☒ Unable to Determine	The PIP needs more data collection and analyzation to answer this question.
	Totals	**0** Met **3** Partially Met **0** Not Met **0** NA **2** UTD

ACTIVITY 2: VERIFYING STUDY FINDINGS (OPTIONAL)

Component/Standard	Score	Comments
Were the initial study findings verified (recalculated by CalEQRO) upon repeat measurement?	☐ Yes ☒ No	

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

Conclusions:

The PIP is on the way to be a reliable and valuable PIP study. More analysis is needed as well as recording of what has worked thus far and what has not in executing the PIP. Bringing in consumer family member stakeholders to the PIP committee would increase validity of PIP.

Recommendations:

Continue the PIP and update and analyze findings on at least a quarterly basis.

Specify who is doing the data analysis in the PIP, and their qualifications to do this analysis.

Goals/targets of performance in the Indicator need to be justified as to how and why the percentage was chosen.

Interventions need to be added to continue the PIP this year, as well as how the interventions were chosen and what the MHP expects the outcomes of the interventions to be when administered.

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

PERFORMANCE IMPROVEMENT PROJECT (PIP) VALIDATION WORKSHEET FY17-18 NON-CLINICAL PIP	
GENERAL INFORMATION	
MHP: Yolo	
PIP Title: Improving Tracking Access & Timeliness to Mental Health Services	
Start Date (MM/DD/YY): not given **Completion Date** (MM/DD/YY): in progress **Projected Study Period** (#of Months): 12 months **Completed**: Yes ☐ No ☒ **Date(s) of On-Site Review** (MM/DD/YY): 2/14-15/18 **Name of Reviewer**: Lynda Hutchens	**Status of PIP (Only Active and ongoing, and completed PIPs are rated):** **Rated** ☐ Active and ongoing (baseline established and interventions started) ☐ Completed since the prior External Quality Review (EQR) **Not rated. Comments provided in the PIP Validation Tool for technical assistance purposes only.** ☒ Concept only, not yet active (interventions not started) ☐ Inactive, developed in a prior year ☐ Submission determined not to be a PIP ☐ No Non-clinical PIP was submitted
Brief Description of PIP (including goal and what PIP is attempting to accomplish): The goal of the PIP is to ensure requests for services are tracked accurately and result is expected to improve timeliness of time to first service (e.g., assessment). This PIP is concept only and not evaluated. Comments are for technical assistance to the MHP.	

ACTIVITY 1: ASSESS THE STUDY METHODOLOGY		
STEP 1: Review the Selected Study Topic(s)		
Component/Standard	**Score**	**Comments**
1.1 Was the PIP topic selected using stakeholder input? Did the MHP develop a multi-functional team compiled of stakeholders invested in this issue?	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	A PIP team was assembled based on each members' involvement in and knowledge of the study topic area: QM/QI Clinician (Project Lead), Access & Crisis Services Manager, Access Team Clinical Supervisor and Lead Crisis Clinician, Support Team Supervisor and Administrative Clerk, QM Information Systems Analyst and IS/IT Systems Administrator, and QM Clinician responsible for Beneficiary Protection and Access Line oversight. The MHP also plans to solicit input from consumer / family member stakeholders regarding their experiences with accessing mental health services, specifically around timely access to services (e.g., via consumer / family satisfaction surveys, QIC) At this time, no consumer/family members are part of the PIP team.
1.2 Was the topic selected through data collection and analysis of comprehensive aspects of enrollee needs, care, and services?	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	The Access Log is the MHP's primary mechanism for capturing client initial requests for services in the electronic health record (Avatar). This is a critical data point for tracking several timeliness metrics (e.g., time to first MH service, clinical assessment, psychiatric service, etc.). Via stakeholder input and compiling the data for the FY16-17 EQRO Timeliness Self-Assessment, it was discovered that Access Log utilization varies, as different access points use varied processes and definitions for capturing this information. According to the Special Terms and Conditions (STCs) outlined by the Centers for Medicare & Medicaid (CMS) under the 1915b waiver, MHPs who are not meeting timeliness criteria specified by CMS and the Department of Health Care Services (DHCS) are required to conduct a PIP to measure timeliness of care.

<table>
<tr><td colspan="2">Select the category for each PIP:
Clinical:
☒ Prevention of an acute or chronic condition ☐ High volume services
☐ Care for an acute or chronic condition ☐ High risk conditions</td><td colspan="2">Non-clinical:
☐ Process of accessing or delivering care</td></tr>
<tr><td colspan="1">1.3 Did the Plan's PIP, over time, address a broad spectrum of key aspects of enrollee care and services?
Project must be clearly focused on identifying and correcting deficiencies in care or services, rather than on utilization or cost alone.</td><td>☐ Met
☐ Partially Met
☐ Not Met
☐ Unable to Determine</td><td colspan="2"></td></tr>
<tr><td>1.4 Did the Plan's PIPs, over time, include all enrolled populations (i.e., did not exclude certain enrollees such as those with special health care needs)?
Demographics:
☐ Age Range ☐ Race/Ethnicity ☐ Gender ☐ Language ☐ Other</td><td>☐ Met
☐ Partially Met
☐ Not Met
☐ Unable to Determine</td><td colspan="2"></td></tr>
<tr><td colspan="2">Totals</td><td colspan="2">Met Partially Met Not Met UTD</td></tr>
<tr><td colspan="4">STEP 2: Review the Study Question(s)</td></tr>
<tr><td>2.1 Was the study question(s) stated clearly in writing?
Does the question have a measurable impact for the defined study population?
Include study question as stated in narrative:
"Will improving the MHP's mechanism for tracking timeliness to outpatient MH services increase the percentage of clients who receive outpatient MHP services in a timely manner following initial request for services by X%?" (Percentage to be decided.)</td><td>☐ Met
☐ Partially Met
☐ Not Met
☐ Unable to Determine</td><td colspan="2">How will the mechanism be improved? How will The MHP decide the X% of increase in receiving services in a timely manner once baseline data is assessed? Will the percentage of those who never receive services also be tracked and if so how does that happen?
If measured, this will have an impact on access, timeliness and in the end quality of care delivery.</td></tr>
<tr><td colspan="2">Totals</td><td colspan="2">Met Partially Met Not Met UTD</td></tr>
</table>

STEP 3: Review the Identified Study Population		
3.1 Did the Plan clearly define all Medi-Cal enrollees to whom the study question and indicators are relevant? *Demographics:* ☒ Age Range ☐ Race/Ethnicity ☐ Gender ☐ Language ☐ Other	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	All Medi-Cal beneficiaries of 18 years of age or older who request services.
3.2 If the study included the entire population, did its data collection approach capture all enrollees to whom the study question applied? *Methods of identifying participants:* ☐ Utilization data ☐ Referral ☐ Self-identification ☒ Other: Access log	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	
	Totals	Met Partially Met Not Met UTD
STEP 4: Review Selected Study Indicators		
4.1 Did the study use objective, clearly defined, measurable indicators? *List indicators:* % of service requests that have an medical record number (MRN) when an Access Disposition is given % of service requests that received a clinical assessment % of service requests that received a psychiatric appointment % of clinical assessment appointments that meet the MHP's timeliness standard % of first psychiatric appointments that meet the MHP's timeliness standard	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	

4.2 Did the indicators measure changes in: health status, functional status, or enrollee satisfaction, or processes of care with strong associations with improved outcomes? All outcomes should be consumer focused. ☐ Health Status ☒ Functional Status ☐ Member Satisfaction ☐ Provider Satisfaction Are long-term outcomes clearly stated? ☐ Yes ☒ No Are long-term outcomes implied? ☒ Yes ☐ No	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	
	Totals	Met Partially Met Not Met UTD
STEP 5: Review Sampling Methods		
5.1 Did the sampling technique consider and specify the: a) True (or estimated) frequency of occurrence of the event? b) Confidence interval to be used? c) Margin of error that will be acceptable?	☐ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	
5.2 Were valid sampling techniques that protected against bias employed? *Specify the type of sampling or census used:* <Text>	☐ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	
5.3 Did the sample contain a sufficient number of enrollees? _______N of enrollees in sampling frame _______N of sample _______N of participants (i.e. – return rate)	☐ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	

	Totals	Met Partially Met Not Met NA **0** UTD
STEP 6: Review Data Collection Procedures		
6.1 Did the study design clearly specify the data to be collected?	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	Anticipated data to be collected: • Total # of service requests • Total # of service requests with an Access Disposition • Total # of service requests with a MRN • Total # of clinical assessment appointments within given timeframes • Total # of clinical first psychiatric appointments within given timeframes
6.2 Did the study design clearly specify the sources of data? *Sources of data:* ☐ Member ☐ Claims ☐ Provider ☒ Other: Avatar EHR, Crystal Reports	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	The MHP's electronic health record (Avatar) is the primary source / tracking mechanism for the study's indicators. Crystal reports will be utilized to extract the data for identified indicators. The QM IS Analyst, who is trained in Crystal report writing and who is the MHP's primary contact for Avatar IS needs, will be responsible for writing the Crystal reports and compiling the data for tracking purposes. Data will be collected in real-time, as client contacts / requests for services are made to help ensure requests are not missed. Reports for tracking and analyzing this data will be generated quarterly at minimum.

6.3 Did the study design specify a systematic method of collecting valid and reliable data that represents the entire population to which the study's indicators apply?	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	Staff collecting and entering the data into Avatar (e.g., initial requests for services, appointment scheduling) will include members on the ACCESS and Crisis teams as well as Administrative Support Staff. Representatives from these teams are on the PIP committee and will be involved in the development of the new tracking mechanism. Additionally, training (and additional technical assistance) will be provided to all staff who will be collecting and entering the data using the new tracking process to ensure reliability and validity.
6.4 Did the instruments used for data collection provide for consistent, accurate data collection over the periods studied? *Instruments used:* ☐ Survey ☒ Medical record abstraction tool ☐ Outcomes tool ☐ Level of Care tools ☐ Other: <Text if checked>	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	Not yet implemented.
6.5 Did the study design prospectively specify a data analysis plan? Did the plan include contingencies for untoward results?	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	The Plan-Do-Check-Act (PDCA) model emphasizes waiting to generate solutions / interventions until the problem and its root cause(s) are fully identified at the end of the "Plan" stage. With that said, activities the PIP team has done in the "Plan" phase thus far have already revealed that the MHP's process for capturing and tracking initial requests for services needs improvement to ensure that requests are not being missed / are captured accurately for timeliness metrics. Some specific examples include missing MRNs in the Access Log, inconsistent use of the log's disposition field, missing or unclear fields, etc. Therefore, it is likely that there will be a resulting intervention(s) around developing or improving (and implementing) a mechanism for tracking access / timeliness to services.

<table>
<tr><td>6.6 Were qualified staff and personnel used to collect the data?
Project leader:
Name: <Text>
Title: <Text>
Role: <Text>
Other team members:
Names: <Text></td><td>☐ Met
☐ Partially Met
☐ Not Met
☐ Unable to Determine</td><td></td></tr>
<tr><td></td><td>**Totals**</td><td>Met Partially Met Not Met UTD</td></tr>
<tr><td colspan="3">**STEP 7: Assess Improvement Strategies**</td></tr>
<tr><td>7.1 Were reasonable interventions undertaken to address causes/barriers identified through data analysis and QI processes undertaken?

Describe Interventions:
<Text></td><td>☐ Met
☐ Partially Met
☐ Not Met
☐ Unable to Determine</td><td>Interventions will be designed after initial baseline data is analyzed.</td></tr>
<tr><td></td><td>**Totals**</td><td>Met Partially Met Not Met NA UTD</td></tr>
<tr><td colspan="3">**STEP 8: Review Data Analysis and Interpretation of Study Results**</td></tr>
<tr><td>8.1 Was an analysis of the findings performed according to the data analysis plan?

This element is “Not Met” if there is no indication of a data analysis plan (see Step 6.5)</td><td>☐ Met
☐ Partially Met
☐ Not Met
☐ Not Applicable
☐ Unable to Determine</td><td>Analysis will follow after interventions are implemented and data is pulled.</td></tr>
<tr><td>8.2 Were the PIP results and findings presented accurately and clearly?
Are tables and figures labeled? ☐ Yes ☐ No
Are they labeled clearly and accurately? ☐ Yes ☐ No</td><td>☐ Met
☐ Partially Met
☐ Not Met
☐ Not Applicable
☐ Unable to Determine</td><td>The PIP is concept only and there are no tables to be evaluated yet.</td></tr>
</table>

8.3 Did the analysis identify: initial and repeat measurements, statistical significance, factors that influence comparability of initial and repeat measurements, and factors that threaten internal and external validity? Indicate the time periods of measurements: ___________________ Indicate the statistical analysis used: _________________________ Indicate the statistical significance level or confidence level if available/known: _______% ______Unable to determine	☐ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	PIP is concept only.
8.4 Did the analysis of the study data include an interpretation of the extent to which this PIP was successful and recommend any follow-up activities? *Limitations described:* <Text> *Conclusions regarding the success of the interpretation:* <Text> *Recommendations for follow-up:* <Text>	☐ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	PIP is concept only.
	Totals	Met Partially Met Not Met NA UTD
STEP 9: Assess Whether Improvement is "Real" Improvement		
9.1 Was the same methodology as the baseline measurement used when measurement was repeated? *Ask: At what interval(s) was the data measurement repeated?* *Were the same sources of data used?* *Did they use the same method of data collection?* *Were the same participants examined?* *Did they utilize the same measurement tools?*	☐ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	PIP is concept only.

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

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

ACTIVITY 3: OVERALL VALIDITY AND RELIABILITY OF STUDY RESULTS: SUMMARY OF AGGREGATE VALIDATION FINDINGS		
Conclusions: The PIP is concept only and in initial stages of development. Upcoming PIP meetings will focus on more fully understand the root cause(s) of the problem and barriers to addressing the problem. Interventions will be designed at this point and implemented. The MHP has plans in place to collect this data and analyze it.		
Recommendations: Continue to develop and implement the PIP. Attention needs to be paid to documenting data on at least a quarterly basis, as well as analyzing findings and making any changes needed in interventions.		
Check one:	☐ High confidence in reported Plan PIP results ☐ Confidence in reported Plan PIP results ☒ Confidence in PIP results cannot be determined at this time	☐ Low confidence in reported Plan PIP results ☐ Reported Plan PIP results not credible