

**FY 14-15**

**Medi-Cal Specialty  
Mental Health**

**External Quality Review**

**MHP FINAL Report**

---

**Yolo County**

*Conducted on*

*April 8-9th, 2015*

---

Prepared by:

**BHC**<sup>®</sup>

Behavioral Health Concepts, Inc.

400 Oyster Point Blvd., Suite 124

South San Francisco, CA 94080

[www.caleqro.com](http://www.caleqro.com)



## TABLE OF CONTENTS

|  |           |
|--|-----------|
| <b>INTRODUCTION .....</b>  | <b>5</b>  |
| <b>PRIOR YEAR REVIEW FINDINGS, FY13-14 .....</b>                               | <b>9</b>  |
| STATUS OF FY13-14 REVIEW RECOMMENDATIONS.....                                  | 9         |
| <i>Assignment of Ratings</i> .....   | 9         |
| <i>Key Recommendations from FY13-14</i> .....                                  | 9         |
| CHANGES IN THE MHP ENVIRONMENT AND WITHIN THE MHP—IMPACT AND IMPLICATIONS..... | 12        |
| <b>PERFORMANCE MEASUREMENT .....</b>   | <b>15</b> |
| TOTAL BENEFICIARIES SERVED.....  | 15        |
| PENETRATION RATES AND APPROVED CLAIM DOLLARS PER BENEFICIARY .....             | 16        |
| HIGH-COST BENEFICIARIES.....   | 19        |
| THERAPEUTIC BEHAVIORAL SERVICES (TBS) BENEFICIARIES SERVED .....               | 19        |
| TIMELY FOLLOW-UP AFTER PSYCHIATRIC INPATIENT DISCHARGE.....                    | 20        |
| DIAGNOSTIC CATEGORIES.....   | 20        |
| PERFORMANCE MEASURES FINDINGS—IMPACT AND IMPLICATIONS.....                     | 21        |
| <b>PERFORMANCE IMPROVEMENT PROJECT VALIDATION .....</b>                        | <b>23</b> |
| YOLO MHP PIPS IDENTIFIED FOR VALIDATION.....                                   | 23        |
| CLINICAL PIP—NOT PROVIDED .....  | 26        |
| NON-CLINICAL PIP—NOT PROVIDED.....   | 26        |
| PERFORMANCE IMPROVEMENT PROJECT FINDINGS—IMPACT AND IMPLICATIONS .....         | 27        |
| PERFORMANCE & QUALITY MANAGEMENT KEY COMPONENTS .....                          | 27        |
| <i>Access to Care</i> .....  | 27        |
| <i>Timeliness of Services</i> .....  | 28        |
| <i>Quality of Care</i> .....   | 29        |
| KEY COMPONENTS FINDINGS—IMPACT AND IMPLICATIONS.....                           | 33        |
| <b>CONSUMER AND FAMILY MEMBER FOCUS GROUP(S) .....</b>                         | <b>35</b> |
| CONSUMER/FAMILY MEMBER FOCUS GROUP 1 .....                                     | 35        |
| CONSUMER/FAMILY MEMBER FOCUS GROUP 2 .....                                     | 36        |
| CONSUMER/FAMILY MEMBER FOCUS GROUP FINDINGS—IMPLICATIONS.....                  | 37        |
| <b>INFORMATION SYSTEMS REVIEW .....</b>  | <b>39</b> |
| KEY ISCA INFORMATION PROVIDED BY THE MHP .....                                 | 39        |
| CURRENT OPERATIONS.....  | 40        |
| MAJOR CHANGES SINCE LAST YEAR .....  | 40        |
| PRIORITIES FOR THE COMING YEAR.....  | 40        |
| OTHER SIGNIFICANT ISSUES .....   | 41        |
| PLANS FOR INFORMATION SYSTEMS CHANGE.....                                      | 42        |
| ELECTRONIC HEALTH RECORD STATUS.....   | 42        |
| INFORMATION SYSTEMS REVIEW FINDINGS—IMPLICATIONS.....                          | 43        |
| RECOMMENDATIONS.....   | 44        |
| <b>SITE REVIEW PROCESS BARRIERS .....</b>                                      | <b>45</b> |
| <b>CONCLUSIONS .....</b>   | <b>47</b> |

STRENGTHS AND OPPORTUNITIES.....47  
RECOMMENDATIONS.....48  
**ATTACHMENTS ..... 51**  
ATTACHMENT A—REVIEW AGENDA.....53  
ATTACHMENT B—REVIEW PARTICIPANTS.....57  
ATTACHMENT C—APPROVED CLAIMS SOURCE DATA.....61  
ATTACHMENT D—PIP VALIDATION TOOL.....65

## INTRODUCTION

The United States Department of Health and Human Services (DHHS), Centers for Medicare and Medicaid Services (CMS) requires an annual, independent external evaluation of State Medicaid Managed Care programs by an External Quality Review Organization (EQRO). External Quality Review (EQR) is the analysis and evaluation by an approved EQRO of aggregate information on quality, timeliness, and access to health care services furnished by Prepaid Inpatient Health Plans (PIHPs) and their contractors to recipients of Managed Care services. 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 (MHP).

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

- MHP information:
  - Beneficiaries served in CY13—1,822
  - MHP Size—Medium
  - MHP Region—Central
  - MHP Threshold Languages—Spanish, Russian
  - MHP Location—Woodland, CA

This report presents the fiscal year 2014-2015 (FY 14-15) findings of an external quality review of the Yolo County mental health plan (MHP) by the California External Quality Review Organization (CalEQRO), Behavioral Health Concepts, Inc. (BHC).

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

### (1) VALIDATING PERFORMANCE MEASURES<sup>1</sup>

This report contains the results of the EQRO's validation of **seven (7) Mandatory Performance Measures** as defined by DHCS. The seven performance measures include:

- Total Beneficiaries Served by each county MHP
- Total Costs per Beneficiary Served by each county MHP
- Penetration Rates in each county MHP

---

<sup>1</sup> 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.

- Count of Therapeutic Behavioral Services (TBS) Beneficiaries Served Compared to the four percent (4%) Emily Q. Benchmark.
- Total Psychiatric Inpatient Hospital Episodes, Costs, and Average Length of Stay
- Psychiatric Inpatient Hospital 7-Day and 30-Day Recidivism Rates
- Post-Psychiatric Inpatient Hospital 7-Day and 30-Day Specialty Mental Health Services (SMHS) Follow-Up Service Rates

## **(2) VALIDATING PERFORMANCE IMPROVEMENT PROJECTS<sup>2</sup>**

Each MHP is required to conduct two performance improvement projects (PIPs) during the 12 months preceding the review; Yolo County MHP did not submit PIP(s) for validation through the EQRO review. The PIP(s) are discussed in detail later in this report.

## **(3) MHP HEALTH INFORMATION SYSTEM (HIS) CAPABILITIES<sup>3</sup>**

Utilizing the Information Systems Capabilities Assessment (ISCA) protocol, the EQRO 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 review of the MHP's reporting systems and methodologies for calculating Performance Measures (PM).

## **(4) VALIDATION OF STATE AND COUNTY CONSUMER SATISFACTION SURVEYS**

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

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

## **(5) KEY COMPONENTS, SIGNIFICANT CHANGES, ASSESSMENT OF STRENGTHS, OPPORTUNITIES FOR IMPROVEMENT, RECOMMENDATIONS**

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

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.

---

<sup>2</sup> 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.

<sup>3</sup> 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.

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 serve to inform the evaluation of MHP's performance within these domains. Detailed definitions for each of the review criteria can be found on the CalEQRO Website [www.caleqro.com](http://www.caleqro.com).





## PRIOR YEAR REVIEW FINDINGS, FY13-14

In this section we first discuss the status of last year's (FY13-14) recommendations, as well as changes within the MHP's environment since its last review.

### STATUS OF FY13-14 REVIEW RECOMMENDATIONS

In the FY13-14 site review report, the prior EQRO made a number of recommendations for improvements in the MHP's programmatic and/or operational areas. During the FY14-15 site visit, CalEQRO and MHP staff discussed the status of those FY13-14 recommendations, which are summarized below.

#### Assignment of Ratings

- Fully addressed—
  - resolved the identified issue
- Partially addressed—Though not fully addressed, this rating reflects that the MHP has either:
  - made clear plans and is in the early stages of initiating activities to address the recommendation
  - addressed some but not all aspects of the recommendation or related issues
- Not addressed—The MHP performed no meaningful activities to address the recommendation or associated issues.

#### Key Recommendations from FY13-14

- Recommendation #1: As planned, develop a process and report to review data showing wait times to intake screen, orientation, and intake. Include baselines, standards, and performance over time (i.e., quarterly) to enable monitoring and guide decision making. Review performance in the QIC and identify and implement potential improvements. High rates of attrition may warrant examination of existing intake processes for improving engagement and timely access. Multiple steps for intake may prove to be unnecessary barriers.

Fully addressed                       Partially addressed                       Not addressed

- The MHP changed its “front door” process for entering services to improve wait times. However the MHP did not provide information that demonstrated improved reporting on wait times.

- With its current system, the MHP is able to triage with its expanded hours and immediately determine whether individuals meet medical necessity or should be referred elsewhere.
- The MHP is now able to schedule clients for an assessment within a week of their orientation as opposed to two months.
- First contact to psychiatry appointment is not currently tracked, but the MHP has the capability and is developing the methodology to accurately track this information. For other timeliness measures, the MHP is collecting timeliness by hand because not all service providers have access to Avatar. QI working on getting this data.
- The QIC is meeting bimonthly.
- Recommendation #2: Expand upon available IT/data analytic resources to expand subject matter experts to move forward with data informed, clinically oriented QI and physical health integration activities.

Fully addressed       Partially addressed       Not addressed

- The MHP has recently hired QI staff and analysts who will eventually be able to assist the MHP in creating a data driven Clinical Quality Improvement (CQI) paradigm. However, the current IT team is under-resourced.
- Recommendation #3: Further develop the peer staff workforce and provide direct peer training to volunteers and staff – begin within the Wellness Center and expand to other programming. Evaluate requirements and expectations for the peer positions, including consumers and family members in the process. Consider consulting with MHPs that have established and system wide Wellness and Recovery programming.

Fully addressed       Partially addressed       Not addressed

- The MHP brought on two part-time peer staff to work in the Wellness Center and they added a Workforce Education and Training (WET) Coordinator (a bilingual/bicultural family member of a consumer) who specifically trains and supervises the peer workforce. Further, the WET Coordinator developed and implemented a position and protocol to have consumers work at the Welcome Desk at the main entry of Bauer, to greet guests and help those who need assistance to find their way.
- The MHP developed a “Peer Support Worker” job classification, which has received administrative approvals, as well as that of the Union. Additionally, the MHP has taken on a consumer volunteer who has gardening expertise to help lead the client gardening group.

- The MHP has hired six Peer Support Workers, all of whom have been trained at working at the Welcome Desk and to assist with program activities at the Wellness Center; also, two more clients (one of whom speaks Spanish) have been interviewed and are scheduled to start work in the spring.
- Recommendation #4: Prioritize identifying consumer outcome indicators (and collection protocols) to measure and review regularly to direct quality management. Involve a several key staff, including management and line staff, in the process in order to ensure organizational commitment and appropriateness of selection/design.

Fully addressed       Partially addressed       Not addressed

- The MHP notes that it has chosen Level of Service/Level of Care tools for both its Child and Adult systems of care (SOC). Unfortunately, these measures are not yet deployed on a system-wide basis. The MHP has yet to accrue enough data to begin using this data source as a navigational tool for programmatic monitoring.
- Focus Group informants on several levels noted that the MHP was inclusive during the selection process for these tools and exhibited a high degree of engagement with stakeholders.
- Due to needing to hire new QI staff, the QIC has not had time to identify baselines or establish meaningful protocols for operational use. Foundational work in this area, such as the Youth and Adult Measurement and Outcome Crosswalk and a functional LOC scoring grid indicate promising practice improvement.
- Recommendation #5: In addition to existing plans to hire additional staff, prioritize ways to increase the capacity for the currently allotted and available psychiatry appointments.

Fully addressed       Partially addressed       Not addressed

- The MHP hired two part-time contract psychiatrists to fill the 1.0FTE county psychiatrist position that has remained unfilled; wait times were reduced from >8 weeks to 1-2 weeks.
- In July 2014, the MHP created daily psychiatrist appointment slots for post-hospital discharge visits.
- The MHP is considering tele-psychiatry but has allocated the necessary resources.
- Efforts to address this recommendation have contributed to a 71% (from 58 to 16 days) reduction in average wait times to improved timeliness to follow-up appointments with medication support staff after hospitalization.

## CHANGES IN THE MHP ENVIRONMENT AND WITHIN THE MHP—IMPACT AND IMPLICATIONS

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

- Access to Care
  - Under contract with Communicare Health Centers, a Federally Qualified Health Center (FQHC), the MHP implemented the program 'Community Outreach Rural Engagement' (CORE). CORE, an MHSA Innovation program, is an outreach and engagement program designed to reach underserved Hispanic communities through the use of Promotores.
  - The MHP begin providing in-custody AOD treatment through a contract with its Jail/Juvenile Detention Facility.
- Timeliness of Services
  - Focus Group informants uniformly noted the lack of psychiatric capacity across both SOCs but especially the CSOC.
  - The MHP reduced its average wait time to first clinical assessment by nearly half, from an average of 32 days in FY13-14 to an average of 18 days in FY14-15.
- Quality of Care
  - The MHP has undergone significant leadership change since the previous EQRO review. After external recruitment, the County appointed a new Mental Health Director/Alcohol and Drug Administrator in March 2014. Since then, the MHP Director has replaced two managers – the Adult Systems of Care manager (September 2014) and Quality Management Manager (December 2014) – and created and filled a new position - Clinic Manager (December 2014.)
  - The MHP's long-time QI manager left the County in December 2014. This gave the executive team the impetus needed to re-examine its commitment to a data driven, consumer-centric CQI team. Personnel outreach proceeded and an experienced CQI professional was recruited along with a clinical psychologist and experienced LPHAs. While the new team is not yet complete, (sufficient IT staff to support the underlying data-store are yet to be hired) the MHP has significantly advanced its CQI position.
  - In spring 2015, the new QM revised the quality improvement committee, moving from quarterly meetings to bimonthly meetings. Further, QM developed workgroups that will also meet bimonthly for guiding the redevelopment of the QI Work Plan and Work Plan Evaluation. New committees include medication monitoring, internal utilization review.

- Consumer Outcomes
  - The MHP experienced loss of several line staff in its CSOC during the last year. This lead the executive team to explore its options for service provision. It recently worked collaboratively with its CBO community and issued and awarded a contract for the externalization of significant portions of its youth outpatient capacity. Despite the inevitable tumult this will cause as individual consumer providers changes are made there is optimism that this paradigm shift will provide quality care. The MHP is implementing Level of Service/Level of Care tools to assure that this is quantifiably verifiable.



## PERFORMANCE MEASUREMENT

CalEQRO is required to validate the following seven (7) Mandatory Performance Measures (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 Therapeutic Behavioral Services (TBS) Beneficiaries Served Compared to the four percent (4%) Emily Q. Benchmark
- Total Psychiatric Inpatient Hospital Episodes, Costs, and Average Length of Stay
- Psychiatric Inpatient Hospital 7-Day and 30-Day Recidivism Rates
- Post-Psychiatric Inpatient Hospital 7-Day and 30-Day Specialty Mental Health Services (SMHS) Follow-Up Service Rates

In addition to the seven PMs above, CalEQRO will include evaluation of five (5) additional PMs in the Annual Statewide Report, which will apply to all MHPs; this report will be provided to DHCS by August 31, 2015.

### TOTAL BENEFICIARIES SERVED

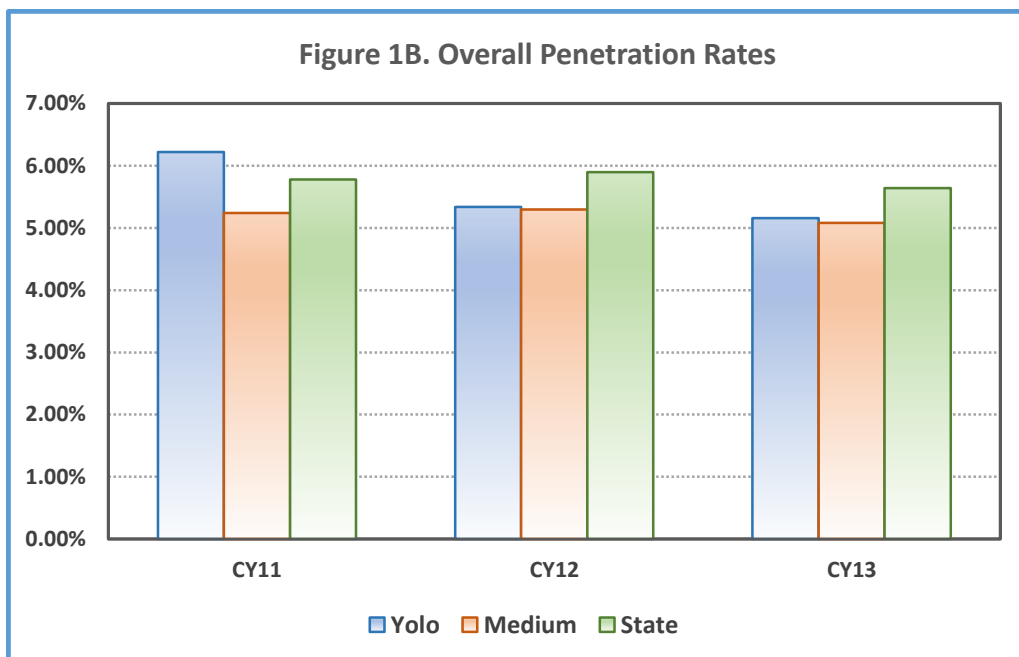
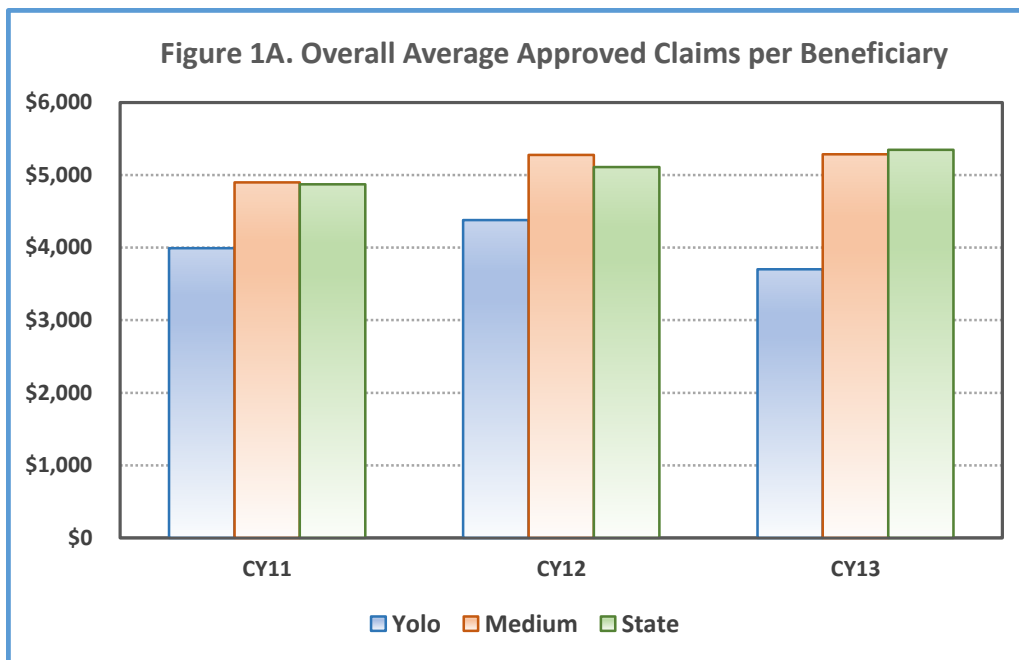
Table 1 provides detail on beneficiaries served by race/ethnicity.

| <b>Table 1—Yolo MHP Medi-Cal Enrollees and Beneficiaries Served in CY13 by Race/Ethnicity</b> |  |  |
|---|--|--|
| <b>Race/Ethnicity</b>   | <b>Average Monthly Unduplicated Medi-Cal Enrollees</b> | <b>Unduplicated Annual Count of Beneficiaries Served</b> |
| White   | 9,940  | 904  |
| Hispanic  | 16,596   | 489  |
| African-American  | 1,635  | 137  |
| Asian/Pacific Islander  | 2,556  | 81   |
| Native American   | 301  | 19   |
| Other   | 4,254  | 192  |
| <b>Total</b>  | <b>35,280</b>  | <b>1,822</b>   |

**PENETRATION RATES AND APPROVED CLAIM DOLLARS PER BENEFICIARY**

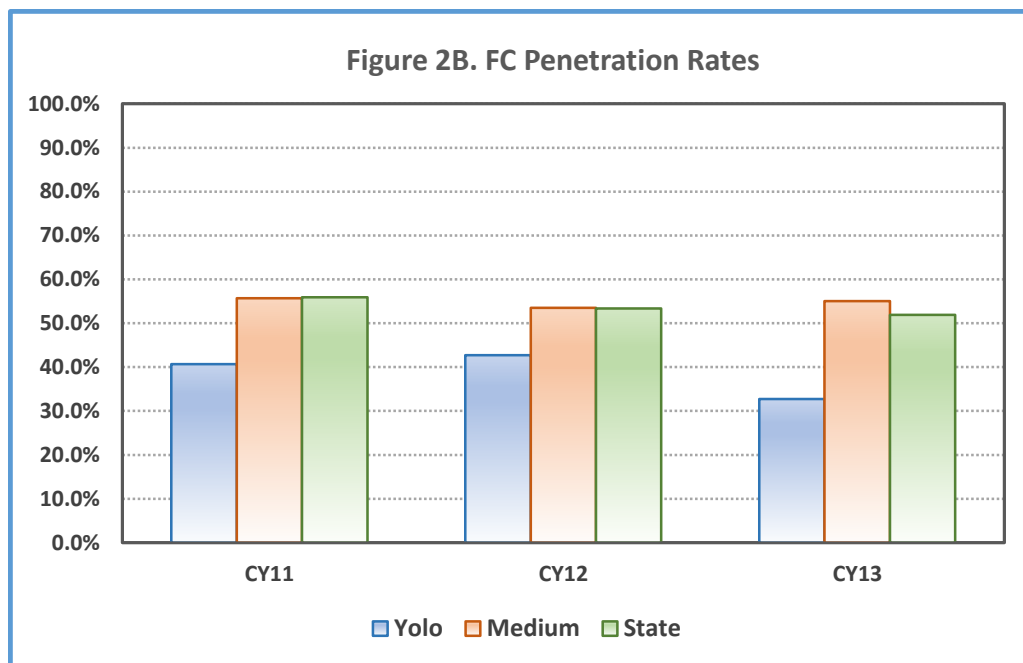
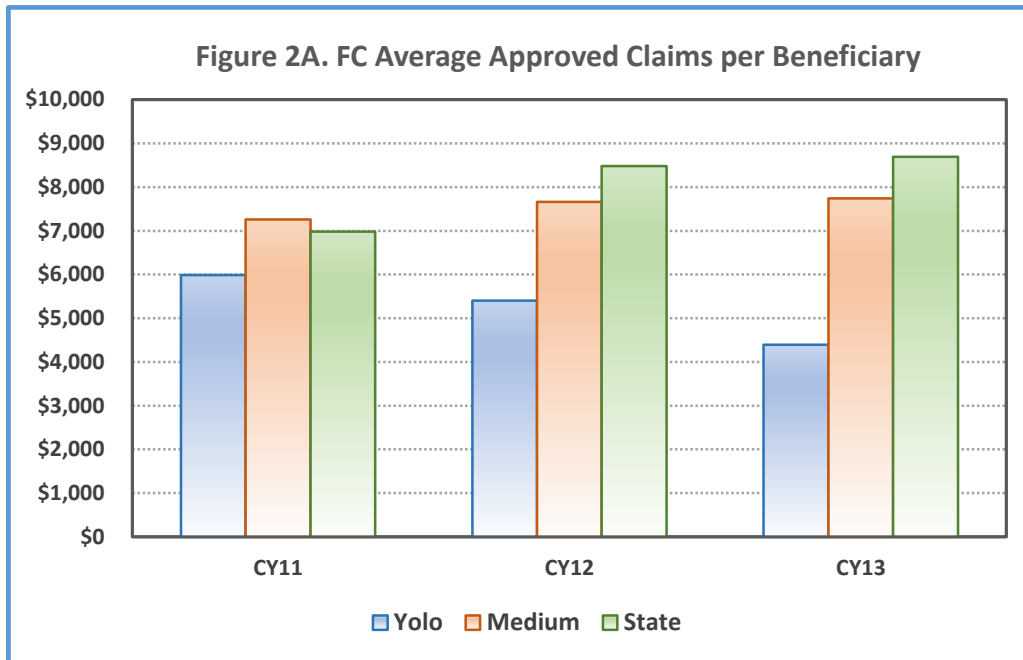
The penetration rate is calculated by dividing the number of unduplicated beneficiaries served by the monthly average enrollee count. The average approved claims per beneficiary served per year is calculated by dividing the total annual dollar amount of Medi-Cal approved claims by the unduplicated number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

Figures 1A and 1B show 3-year 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.

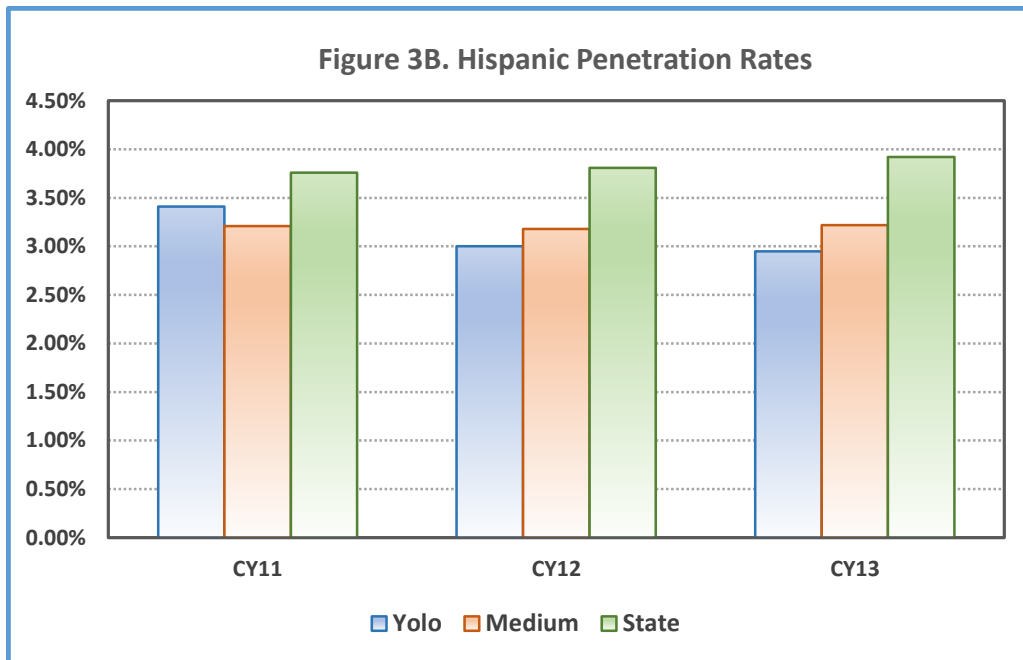
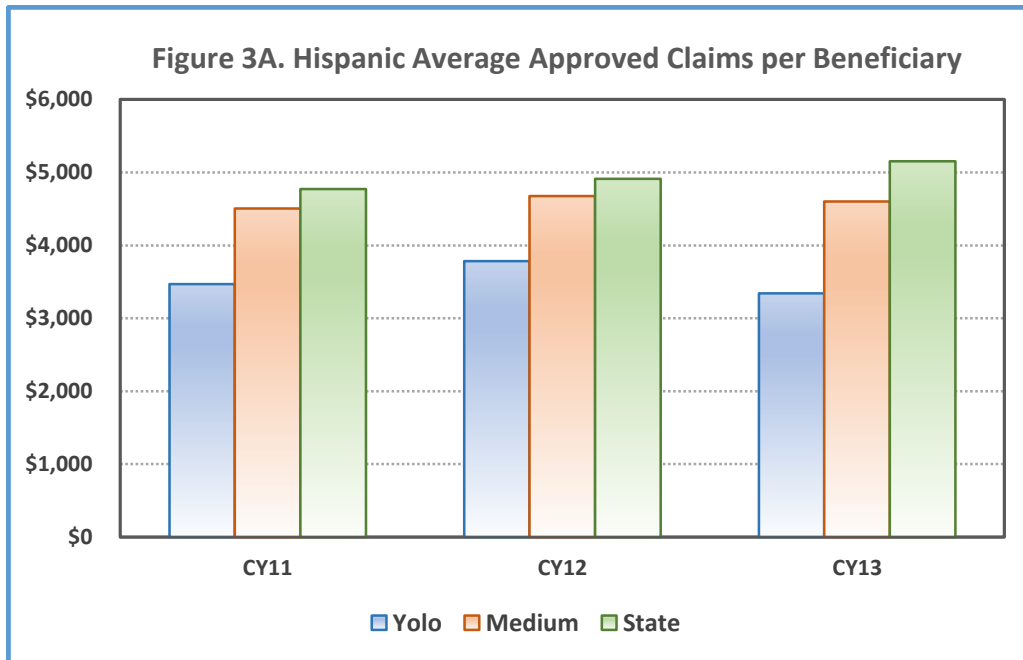




Figures 2A and 2B show 3-year trends of the MHP’s foster care (FC) approved claims per beneficiary and penetration rates, compared to both the statewide average and the average for Medium MHPs.



Figures 3A and 3B show 3-year trends of the MHP’s 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 (HCB) for CY13 with the MHP’s data for CY13, as well as the prior 2 years. High-cost beneficiaries in this table are identified as those with approved claims of more than \$30,000 in a year.

| Table 2—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                       | CY13 | 13,523    | 485,798                 | 2.78%          | \$51,003                        | \$689,710,350    | 26.54%                   |
| Yolo                            | CY13 | 24        | 1,822                   | 1.32%          | \$49,584                        | \$1,190,015      | 17.65%                   |
|                                 | CY12 | 38        | 1,745                   | 2.18%          | \$46,776                        | \$1,777,496      | 23.26%                   |
|                                 | CY11 | 44        | 2,017                   | 2.18%          | \$48,479                        | \$2,133,097      | 26.42%                   |

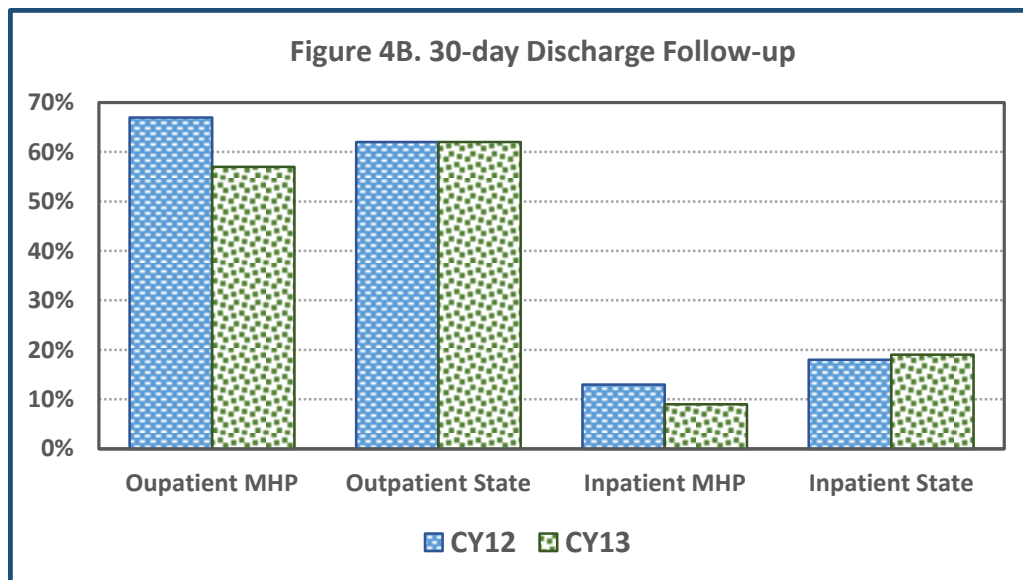
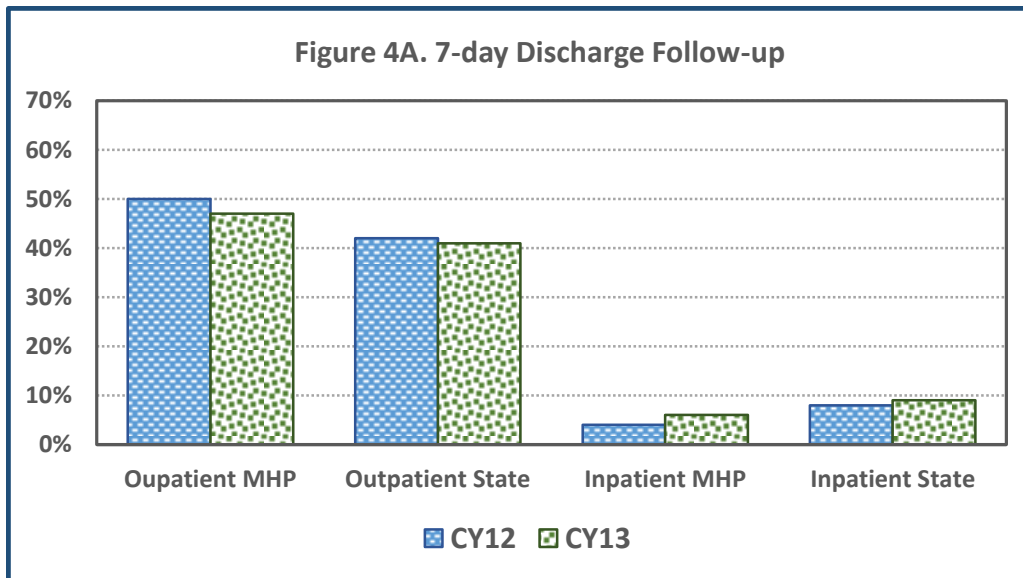
**THERAPEUTIC BEHAVIORAL SERVICES (TBS) BENEFICIARIES SERVED**

Table 3 compares the CY13 statewide data for TBS beneficiary count and penetration rate with the MHP’s data. These figures only reflect statistics available from Medi-Cal claims data and therefore do not take into account TBS-like services that were previously approved by DHCS for individual MHPs.

| Table 3—TBS Beneficiary Count and Penetration Rate, CY13 |              |                                   |                       |                      |
|--|--------------|-----------------------------------|-----------------------|----------------------|
| MHP  | TBS Level II | EPSDT Beneficiaries Served by MHP | TBS Beneficiary Count | TBS Penetration Rate |
| Yolo   | No           | 708                               | 8                     | 1.13%                |
| Statewide  | No           | 15,621                            | 199                   | 1.27%                |
|  | Yes          | 222,295                           | 7,499                 | 3.37%                |
|  | Total        | 237,916                           | 7,698                 | 3.24%                |

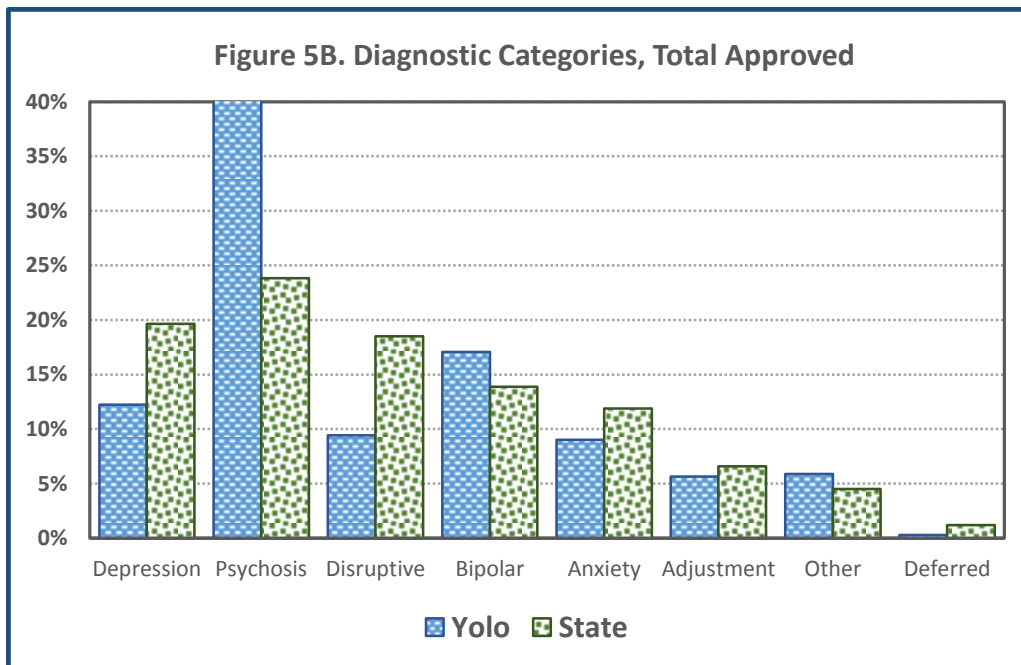
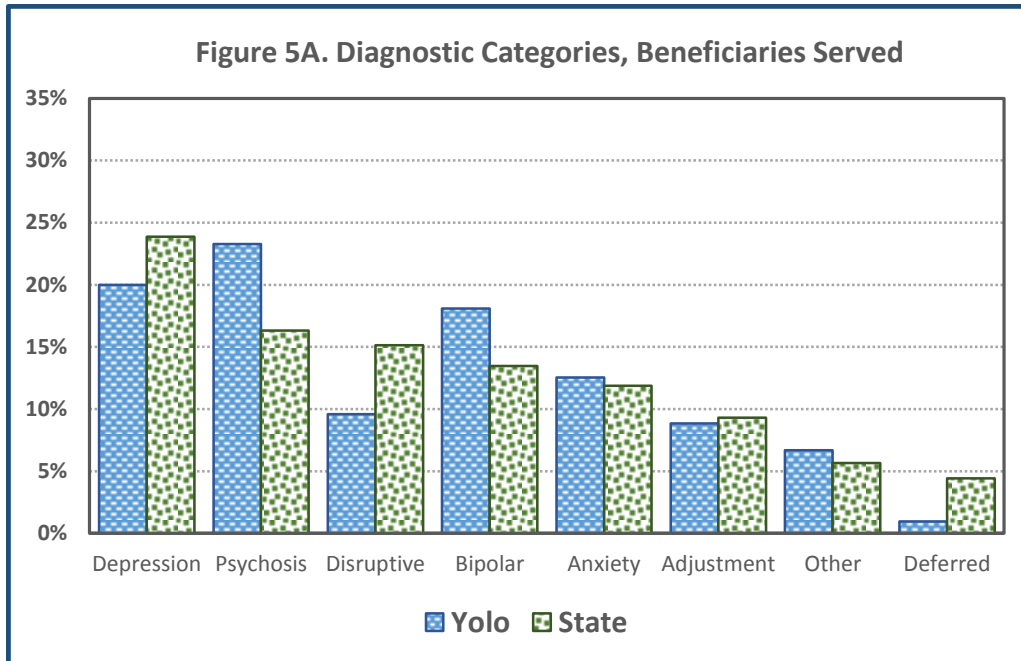
**TIMELY FOLLOW-UP AFTER PSYCHIATRIC INPATIENT DISCHARGE**

Figures 4A and 4B show the statewide and MHP 7-day and 30-day psychiatric inpatient follow-up rates, respectively, by type of service for CY12 and CY13.



**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 CY13.



**PERFORMANCE MEASURES FINDINGS—IMPACT AND IMPLICATIONS**

- Access to Care
  - The MHP’s overall penetration rate is similar to the medium MHP average and lower than the statewide overall penetration rate.

- The MHP's foster care penetration rate is significantly lower than both the medium MHP average and the statewide average.
- The Hispanic penetration rate is slightly lower than the medium MHP average and significantly lower than the statewide average.
- Timeliness of Services
  - The MHP's 7 day outpatient follow-up rate after psychiatric inpatient discharge is moderately higher than the statewide rate; the MHP's 30 day outpatient follow-up rate after psychiatric inpatient discharge is slightly lower than the statewide average.
  - The MHP's 7 day inpatient recidivism rates are slightly lower than the statewide average and the MHP's 30 day inpatient recidivism rates are moderately lower than
- Quality of Care
  - The MHP's percentage of high-cost beneficiaries and the corresponding percentage of total approved claims are both significantly lower than statewide.
  - The MHP's overall, foster care and Hispanic average approved claims per beneficiary are all significantly lower than both the medium MHP average and the statewide average.
  - The MHP has a significantly higher incidence of psychosis and bipolar disorder diagnoses than the state; and the MHP has a moderately lower incidence of depression and disruptive diagnoses than the statewide figures.
- Consumer Outcomes
  - None noted.

**PERFORMANCE IMPROVEMENT PROJECT VALIDATION**

A Performance Improvement Project (PIP) is defined by the Centers for Medicare and Medicaid Services (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 2013.

**YOLO MHP PIPS IDENTIFIED FOR VALIDATION**

Each MHP is required to conduct two performance improvement projects (PIPs) during the 12 months preceding the review; Yolo County MHP did not submit PIP(s) for validation through the EQRO review, as shown below.

| PIPs for Validation | PIP Titles   |
|---------------------|--|
| Clinical PIP        | Not submitted. Onsite technical assistance was provided to identify future PIP topics. |
| Non-Clinical PIP    | Not submitted. Onsite technical assistance was provided to identify future PIP topics. |

Table 4A lists the findings for each section of the evaluation of the PIPs, as required by the PIP Protocols: Validation of Performance Improvement Projects.<sup>4</sup>

<sup>4</sup> 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 4A—PIP Validation Review  |  |                 |  |              |                  |
|---|--|-----------------|--|--------------|------------------|
| The MHP did not submit PIPs, therefore this section left intentionally blank. |  |                 |  |              |                  |
| Step  | PIP Section                                  | Validation Item |  | Item Rating* |                  |
|   |  |                 |  | Clinical PIP | Non-Clinical PIP |
| 1   | Selected Study Topics                        | 1.1             | Stakeholder input/multi-functional team  |              |                  |
|   |  | 1.2             | Analysis of comprehensive aspects of enrollee needs, care, and services                  |              |                  |
|   |  | 1.3             | Broad spectrum of key aspects of enrollee care and services                              |              |                  |
|   |  | 1.4             | All enrolled populations   |              |                  |
| 2   | Study Question                               | 2.1             | Clearly stated   |              |                  |
| 3   | Study Population                             | 3.1             | Clear definition of study population   |              |                  |
|   |  | 3.2             | Inclusion of the entire study population   |              |                  |
| 4   | Study Indicators                             | 4.1             | Objective, clearly defined, measurable indicators  |              |                  |
|   |  | 4.2             | Changes in health status, functional status, enrollee satisfaction, or processes of care |              |                  |
| 5   | Improvement Strategies                       | 5.1             | Address causes/barriers identified through data analysis and QI processes                |              |                  |
| 6   | Data Collection Procedures                   | 6.1             | Clear specification of data  |              |                  |
|   |  | 6.2             | Clear specification of sources of data   |              |                  |
|   |  | 6.3             | Systematic collection of reliable and valid data for the study population                |              |                  |
|   |  | 6.4             | Plan for consistent and accurate data collection   |              |                  |
|   |  | 6.5             | Prospective data analysis plan including contingencies                                   |              |                  |
|   |  | 6.6             | Qualified data collection personnel  |              |                  |
| 7   | Analysis and Interpretation of Study Results | 7.1             | Analysis as planned  |              |                  |
|   |  | 7.2             | Interim data triggering modifications as needed  |              |                  |
|   |  | 7.3             | Data presented in adherence to the plan  |              |                  |
|   |  | 7.4             | Initial and repeat measurements, statistical significance, threats to validity           |              |                  |
|   |  | 7.5             | Interpretation of results and follow-up  |              |                  |



| Table 4A—PIP Validation Review  |                                   |                 |  |              |                  |
|---|-----------------------------------|-----------------|--|--------------|------------------|
| The MHP did not submit PIPs, therefore this section left intentionally blank. |                                   |                 |  |              |                  |
| Step  | PIP Section                       | Validation Item |  | Item Rating* |                  |
|   |                                   |                 |  | Clinical PIP | Non-Clinical PIP |
| 8   | Review Assessment Of PIP Outcomes | 8.1             | Results and findings presented clearly   |              |                  |
|   |                                   | 8.2             | Issues identified through analysis, times when measurements occurred, and statistical significance |              |                  |
|   |                                   | 8.3             | Threats to comparability, internal and external validity   |              |                  |
|   |                                   | 8.4             | Interpretation of results indicating the success of the PIP and follow-up                          |              |                  |
| 9   | Validity of Improvement           | 9.1             | Consistent methodology throughout the study  |              |                  |
|   |                                   | 9.2             | Documented, quantitative improvement in processes or outcomes of care                              |              |                  |
|   |                                   | 9.3             | Improvement in performance linked to the PIP   |              |                  |
|   |                                   | 9.4             | Statistical evidence of true improvement   |              |                  |
|   |                                   | 9.5             | Sustained improvement demonstrated through repeated measures.                                      |              |                  |

\*M = Met; PM = Partially Met; NM = Not Met; NA = Not Applicable; UTD = Unable to Determine

Table 4B gives the overall rating for each PIP, based on the ratings given to the validation items.

| Table 4B—PIP Validation Review Summary                |              |                  |
|---|--------------|------------------|
| Summary Totals for PIP Validation                     | Clinical PIP | Non-Clinical PIP |
| Number Met  |              |                  |
| Number Partially Met                                  |              |                  |
| Number Not Met  |              |                  |
| Number Applicable                                     | 30           | 30               |
| Overall PIP Rating ((#Met*2)+(#Partially Met))/(NA*2) | %            | %                |

The MHP did not submit PIPs, therefore this section left intentionally blank.

**CLINICAL PIP—NOT PROVIDED**

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

- Status of PIP:
  - Active and ongoing
  - Completed
  - Inactive, developed in a prior year
  - Concept only, not yet active
  - No PIP submitted

The technical assistance provided to the MHP by CalEQRO consisted of review of the PIP Roadmap, development of PIP ideas, the importance of collecting baseline data to first establish the impact of the identified problem for the MHPs clients, with sufficient data to identify the causes/barriers for appropriate intervention development and implementation.

**NON-CLINICAL PIP—NOT PROVIDED**

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

- Status of PIP:
  - Active and ongoing
  - Completed
  - Inactive, developed in a prior year
  - Concept only, not yet active
  - No PIP submitted

The technical assistance provided to the MHP by CalEQRO consisted of review of the PIP Roadmap, development of PIP ideas, the importance of collecting baseline data to first establish the impact of the identified problem for the MHPs clients, with sufficient data to identify the causes/barriers for appropriate intervention development and implementation.

**PERFORMANCE IMPROVEMENT PROJECT FINDINGS—IMPACT AND IMPLICATIONS**

- Access to Care
- Timeliness of Services
- Quality of Care
- Consumer Outcomes

The MHP did not submit PIPs, therefore this section left intentionally blank.

**PERFORMANCE & 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—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—are discussed below.

**Access to Care**

As shown in Table 5, CalEQRO identifies the following components as 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 5—Access to Care |   |                       |  |
|------------------------|---|-----------------------|--|
| Component              |   | Compliant (FC/PC/NC)* | Comments   |
| 1A                     | Service accessibility and availability are reflective of cultural competence principles and practices | PC                    | The MHP recently hired a new cultural competence coordinator and revitalized the cultural competence committee, making cultural competence an organizational priority. The CCC meets quarterly. Training was provided to staff LGBTQ training with Poshi Mikelson, suicide prevention in the Latino community. However, although the MHP has been re-energizing CC team, it has not had enough time, over the past year to engage in process evaluation. |

| Table 5—Access to Care |  |                       |  |
|------------------------|--|-----------------------|--|
| Component              |  | Compliant (FC/PC/NC)* | Comments   |
| 1B                     | Manages and adapts its capacity to meet beneficiary service needs                | PC                    | The MHP is attempting to fill vacancies. The MHP is working to identify strategies to address the types and numbers of practitioners and providers necessary to meet the clinical, cultural, and/or linguistic needs of its beneficiaries.<br><br>While the executive team is examining its system flow change, QI personnel had not yet had opportunity to conduct quantitative analysis of these strategies. |
| 1C                     | Integration and/or collaboration with community based services to improve access | FC                    | The MHP has recently implemented Laura’s Law.<br><br>The MHP also has CIT and a mobile crisis team. Also, the MHP has a MOU with Communicare (FQHC) and Woodland Health Care.<br><br>The MHP also participated in a highly publicized multi-agency collaboration, Bridge to Housing,   |

*\*FC = Fully Compliant; PC = Partially Compliant; NC = Not Compliant*

**Timeliness of Services**

As shown in Table 6, CalEQRO identifies the following components as necessary to support a full service delivery system that provides timely access to mental health services. The ability to provide timely services 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 6—Timeliness of Services |   |                       |  |
|--------------------------------|---|-----------------------|--|
| Component                      |   | Compliant (FC/PC/NC)* | Comments   |
| 2A                             | Tracks and trends access data from initial contact to first appointment             | FC                    | The MHP is aware that it is meeting or exceeding its own standards by a substantial basis and has appropriately set new standards. The MHP defines first appointment as first clinical assessment. The MHP's goal is 14 days, and it meets its goal 53% of the time, with an average of 18 days. |
| 2B                             | Tracks and trends access data from initial contact to first psychiatric appointment | NC                    | The MHP does not track this measure.   |
| 2C                             | Tracks and trends access data for timely appointments for urgent conditions         | NC                    | The MHP does not track this measure.   |
| 2D                             | Tracks and trends timely access to follow up appointments after hospitalization     | FC                    | The MHP reported 269 hospitalizations in FY14-15 through the end of February 2015, with 142 follow up appointments. The MHP reports it met its goal of 7 days FUH 57% with an average wait time of 16 days, a significant improvement from an average of 58 days in FY13-14.                     |
| 2E                             | Tracks and trends data on rehospitalizations  | FC                    | The MHP tracks and trends this information in Excel.   |
| 2F                             | Tracks and trends No Shows  | NC                    | No shows are not routinely coded. Of the NS that are recorded in the EHR, the MHP shows a 20% no show rate. Anecdotally, the MHP believes that number to be higher among the doctors, which is one of the reasons for the creation of the Clinic Manager who will be addressing clinic flow.     |

\*FC = Fully Compliant; PC = Partially Compliant; NC = Not Compliant

## Quality of Care

As shown in Table 7, CalEQRO identifies the following 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, 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 7—Quality of Care |   |                       |   |
|-------------------------|---|-----------------------|---|
| Component               |   | Compliant (FC/PC/NC)* | Comments  |
| 3A                      | Quality management and performance improvement are organizational priorities        | PC                    | New QI leadership notes that the current iteration of the QI plan and goals need to be refreshed. While the MHP has begun the task of re-staffing its QI team there are not yet enough personnel for the analysis and training that this section needs to conduct. New QI leadership acknowledges that an analysis of the previous work plan has not been conducted owing to the newness of section staffing. |
| 3B                      | Data are used to inform management and guide decisions                              | PC                    | While the new QI team has begun the task of identifying reasonable reporting it has not, as yet, had time to engage in the broad-based identification of baselines and longitudinal goals. The QI section is just now hiring evaluations staff to conduct system-wide analyses to effect data driven clinical quality improvement (CQI) activities.   |
| 3C                      | Evidence of effective communication from MHP administration                         | PC                    | Focus Group informants noted that communications have been disjointed, opaque and contradictory during the past year and even communications from supervisors was unreliable. Contractors were pleased at the open and effective communications during this year’s contracting period.  |
| 3D                      | Evidence of stakeholder input and involvement in system planning and implementation | PC                    | Line Staff feel very discouraged and left out. Comment “QIC received 2 new positions and those serving clients none.”<br><br>However, clients and family members have been involved with reviewing RFP’s.   |

| Table 7—Quality of Care |   |                       |   |
|-------------------------|---|-----------------------|---|
| Component               |   | Compliant (FC/PC/NC)* | Comments  |
| 3E                      | Integration and/or collaboration with community-based services to improve quality of care | FC                    | As stated above:<br>The MHP has recently implemented Laura’s Law.<br>The MHP also has CIT and a mobile crisis team. Also, the MHP has a MOU with Communicare (FQHC) and Woodland Health Care.<br>The MHP also works with the Bridge to the Homeless.  |
| 3F                      | Measures clinical and/or functional outcomes of beneficiaries served                      | FC                    | All MHP CSOC staff members were recently CANS certified. They have started completing CANS and will begin submission in March 2015.<br>The MHP is working with IT to revise what is in Avatar since it does not match the current CANS instruments being used.<br>Re ASOC, the MHP is discontinuing the MORs and will be implementing the ANSA and supplementing with the LOCUS.  |
| 3G                      | Utilizes information from Consumer Satisfaction Surveys                                   | FC                    | The MHP provides the state survey with most recently a 56% increase in Spring to Fall (179 Spring, 279 Fall), with very few Spanish. The MHP is working with an epidemiologist who is now entering and analyzing the MHP survey data before sending it to the State. The MHP is also working to increase distribution through Promotores technical assistance and using peer staff to provide surveys in waiting rooms providing point of service satisfaction surveys. |

| Table 7—Quality of Care |  |                       |   |
|-------------------------|--|-----------------------|---|
| Component               |  | Compliant (FC/PC/NC)* | Comments  |
| 3H                      | Evidence of consumer and family member employment in key roles throughout the system | FC                    | <p>While the management team includes persons with lived experience, there is not a specific management position for a consumer or family member. There are approximately 10 PT positions for C/F members and one FT position with benefits,</p> <p>The MHP has renewed wellness and recovery efforts, offering three WRAP trainings in the past year, with a train the trainer class scheduled in the near future.</p> |



| Table 7—Quality of Care |   |                       |  |
|-------------------------|---|-----------------------|--|
| Component               |   | Compliant (FC/PC/NC)* | Comments   |
| 31                      | Consumer-run and/or consumer-driven programs exist to enhance wellness and recovery | PC                    | <p>The Wellness Center is staffed by with 2 FT County clinicians and several PT consumers dedicated to the Wellness Center. Programming is entirely consumer-driven, and decisions are made during regular member meetings.</p> <p>Yolo consumers are also employed at the Cool Beans coffee and snack cart, which is fully consumer-run and consumer-supervised. Additionally, peers facilitate some groups (arts and crafts), work as greeters for the entire Health Services Department, and answer phones or others duties as needed.</p> <p>The Wellness Center is small (on site) serving exclusively those receiving services and those that have received an orientation class. Plans are in development for an expansion of the site in the Fall 2015.</p> <p>Yolo used to have a TAY Wellness Center in the past and through the TAY group discussion, it is recommended they revisit this idea as TAY do not feel valued by the adult members of the Wellness Center. They do not feel that their vote counts. The TAY population at the Center is not as large as the adult population and during voting shared they never get what they want.</p> |

*\*FC = Fully Compliant; PC = Partially Compliant; NC = Not Compliant*

**KEY COMPONENTS FINDINGS—IMPACT AND IMPLICATIONS**

- Access to Care
  - The MHP has made improvements to its approach to cultural responsiveness. Evaluation of its trainings, community outreach and efforts will provide information about the effectiveness of these improvements.

- Timeliness of Services
  - Not all timeliness components were measured over this last year. However, the QI team has begun to implement the infrastructure needed to robustly track and trend timeliness.
- Quality of Care
  - The MHP gathers consumer feedback through the state survey, as well as collaborating with the community. The MHP has the opportunity to expand its efforts with consumer and family member engagement by developing a more robust consumer run wellness center in place of the county staff driven wellness center.
- Consumer Outcomes
  - The MHP has prioritized outcome measures for consumers and makes it a regular part of its quality improvement.

## CONSUMER AND FAMILY MEMBER FOCUS GROUP(S)

CalEQRO conducted 2 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 2 focus groups, which included the following participant demographics or criteria:

- 8-10 culturally diverse adult beneficiaries representing both high and low utilizers of service.
- 8-10 culturally diverse parents/caregivers of child/youth beneficiaries representing both high and low utilizers of service. Note: Parents/Caregivers did not show up despite MHPs invitation. Alternatively, the MHP was able to gather a robust group of TAY members.

The focus group questions were specific to the MHP reviewed and emphasized the availability of timely access to care, recovery, peer support, cultural competence, improved outcomes, and consumer and family member involvement. CalEQRO provided gift certificates to thank the consumers and family members for their participation.

### CONSUMER/FAMILY MEMBER FOCUS GROUP 1

For the Adult Client Focus Group participants who entered services within the past year (n=2), the experience was described as

- Generally they were able to be seen fairly promptly.

Recommendations arising from this group include:

- Occasional case management/drop in (for those who don't meet criteria to have case manager assigned)
- Wellness Center and services in Davis.
- More consumer involvement, including in group facilitation and decision-making.
- Housing, particularly for those with disabilities
- Jobs/employment assistance.

Table 8A displays demographic information for the participants in group 1:

| Table 8A—Consumer/Family Member Focus Group 1 |                            |        |
|---|----------------------------|--------|
| Category                                      |                            | Number |
| <b>Total Number of Participants</b>           |                            |        |
| Number/Type of Participants                   | Consumer Only              | 7      |
|   | Consumer and Family Member | 2      |
|   | Family Member              |        |
| Ages of Participants                          | Under 18                   |        |
|   | Young Adult (18-24)        |        |
|   | Adult (25–59)              | 8      |
|   | Older Adult (60+)          | 1      |
| Preferred Languages                           | English                    | 9      |
|   | Spanish                    | 1      |
|   | Bilingual                  |        |
|   | Other                      |        |
| Race/Ethnicity                                | Caucasian/White            | 5      |
|   | Hispanic/Latino            | 1      |
|   | African American/Black     | 1      |
|   | Native American            | 1      |
|   | Other                      | 1      |
| Gender  | Male                       | 5      |
|   | Female                     | 4      |

Interpreter used for focus group 1:  No  Yes

**CONSUMER/FAMILY MEMBER FOCUS GROUP 2**

For TAY Focus Group participants who entered services within the past year (n=2), the experience was described as:

- Generally clients were able to be seen in a timely manner.
- Some experienced turnover in psychiatrists and difficulty getting follow-up appointment.
- Medication management appointments occurred monthly for almost half, and every 2 months or as needed for others.

Recommendations arising from this group include:

- Youth needs their own wellness center (they used to have one) and youth-specific services and activities, with providers who are sensitive to their specific needs.
- Alternate transportation for supportive reinforcement activities and services.
- Better availability and stability of doctors and therapists, and support groups.
- Relationship groups with family and friends.

Table 8B displays demographic information for the participants in group 2:

| Table 8B—Consumer/Family Member Focus Group 2 |   |             |
|---|---|-------------|
| Category                                      |   | Number      |
| <b>Total Number of Participants</b>           |   |             |
| Number/Type of Participants                   | Consumer Only<br>Consumer and Family Member<br>Family Member          | 7           |
| Ages of Participants                          | Under 18<br>Young Adult (18-24)<br>Adult (25–59)<br>Older Adult (60+) | 7           |
| Preferred Languages                           | English<br>Spanish<br>Bilingual<br>Other                              | 7           |
| Race/Ethnicity                                | Caucasian/White<br>Hispanic/Latino<br>Other                           | 5<br>1<br>1 |
| Gender  | Male<br>Female  | 3<br>4      |

Interpreter used for focus group 2:  No  Yes

**CONSUMER/FAMILY MEMBER FOCUS GROUP FINDINGS—IMPLICATIONS**

- Access to Care

- The mild/moderate/severe assessment process seemed to preclude a young consumer from accessing timely services which could have prevented his crisis hospitalization.
- Timeliness of Services
  - Consumers reported improved wait times over the last year. However, regular psychiatry appointments are difficult to maintain due to lengthy delays in follow up or rescheduled appointments.
- Quality of Care
  - There is opportunity for the MHP to respond to the increasing service needs for the TAY population.
- Consumer Outcomes
  - None noted.

## INFORMATION SYSTEMS REVIEW

Knowledge of the capabilities of an MHP’s information system is essential to evaluate the MHP’s 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 ISCA INFORMATION PROVIDED BY THE MHP

The following information is self-reported by the MHP in 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                      | 64.66%       |
| Contract providers                                   | 34.10%       |
| Network providers                                    | 0.24%        |
| Total  | 100%         |

- Normal cycle for submitting current fiscal year Medi-Cal claim files:
  - Monthly     More than 1x month     Weekly     More than 1x weekly

- MHP self-reported percent of consumers served with co-occurring (substance abuse and mental health) diagnoses:

0%

- MHP self-reported average monthly percent of missed appointments:

20%

- Does MHP calculate Medi-Cal beneficiary penetration rates?

Yes  No

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

- Considering the changes that the CQI team has experienced recently, there is a need to revisit its methodologies concerning penetration rate (PR) analysis/use and how it is managing co-occurring disorder (COD) analysis so that CQI can properly inform the executive team.
- The MHP reported a 20% missed appointment rate (MAR) while also noting that it has not regularly conducted No Show analysis due to concerns over data quality. The MAR should be viewed in that light as well.

#### CURRENT OPERATIONS

- The MHP continues to use and build upon the Avatar EHR for its clinical and practice management needs. The MHP seems committed to the measured advancement of the use of this system within its internal service provision paradigm.
- The MHP has begun the process of extending EHR use to its CBO partners. Turning Point, one of the MHP's primary providers, now uses the system regularly. Other CBOs are engaging with read-only access.

#### MAJOR CHANGES SINCE LAST YEAR

- Electronic prescribing (eRx)
- Electronic Signature pads for consumers
- Inclusion of contractor in the use of Avatar
- Document imaging and storage

#### PRIORITIES FOR THE COMING YEAR

- Meaningful Use (MU) and Health Information Exchange (HIE)
- Document imaging and storage (continued)
- Business Analytics for clinical and business data
- Disaster Recovery planning
- Telemedicine – reviewing vendors



- Avatar Managed Services Organization (MSO) module
- MHSA Reporting
- Quality Management/Improvement Reports (including timeliness and outcomes)
- Child and Adolescent Needs and Strengths (CANS) – implementation
- Adult Needs & Strengths Assessment (ANSA) - implementation

#### OTHER SIGNIFICANT ISSUES

- While MHP IT has an ambitious set of initiatives on its plate, it will require adequate IT staffing to accomplish these goals.
- Focus group informants noted that the MHP does not seem to have instituted HIPAA Minimum-Necessary rules for consumer data access.
- The MHP noted that it is in process of acquiring access to the Dimension Reports EDI toolset. The EDI tools will allow fiscal management a better real-time analysis capability to monitor SDMC billings.
- The QI manager noted that she will be assuming supervisory responsibilities for MHP IT this coming year. This could be a positive move for the MHP as keeping tight control of CQI functionality and support services (i.e.; Analyst staff and IT staff) close to actual provision of services is crucial to the success of creating a data driven, consumer-centric, continuous quality improvement focused, and wellness oriented SOC. Centralization of this function (e.g. at a health services level) often leads to a dissolution of focus as priorities are spread too widely.
- Key informants continue to emphasize the willingness of CBO providers to engage with the MHP in the substantial use of EHRs. While the MHP notes that it is finally providing some access to its service providers this access has been slow to roll out and not well supported.
- The MHP related that it is planning to implement the MSO module for managed care functionality with its CBOs in the current year. If properly supported this has the potential to alleviate current authorization bottlenecks related to the EQR by multiple informants.
- While the MHP is exploring the use of tele-psychiatry within its SOC, it appears to be confining this use to the redistribution of already overtaxed psychiatric capacity.
- The MHP appears to have settled on a schema for implementing functional Level of Service/Level of Care tools within the entire SOC. While these tools will enable the MHP to broadly assess the wellness of its consumers, the MHP must also be mindful of other

factors. When IT integrates these tools within the EHR workflow, it must be cognizant of the need for immediate feedback of tool scoring for individual treatment needs.

Table 10 lists the primary systems and applications the MHP uses to conduct business and manage operations. These systems support data collection and storage, provide electronic health record (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 10—Current Systems/Applications |                     |                       |            |             |
|---------------------------------------|---------------------|-----------------------|------------|-------------|
| System/Application                    | Function            | Vendor/Supplier       | Years Used | Operated By |
| Avatar Cal PM                         | Practice Management | Netsmart Technologies | 12         | MHP         |
| Avatar CWS                            | Clinical            | Netsmart Technologies | 9          | MHP         |
| MyAvatar                              | Clinical UI         | Netsmart Technologies | 2          | MHP         |
| Order Connect                         | eRx eLabs (CPOE)    | Netsmart Technologies | 1          | MHP         |

**PLANS FOR INFORMATION SYSTEMS CHANGE**

- The MHP does not plan to change its EHR. Avatar is a stable MIS although the MHP does plan to continue prudent maintenance and enhancement such as the addition of the Enlightened Analytics tool set.

**ELECTRONIC HEALTH RECORD STATUS**

Table 11 summarizes the ratings given to the MHP for Electronic Health Record (EHR) functionality.

| Table 11—Current EHR Functionality |                    |         |                   |             |           |
|------------------------------------|--------------------|---------|-------------------|-------------|-----------|
| Function                           | System/Application | Rating  |                   |             |           |
|                                    |                    | Present | Partially Present | Not Present | Not Rated |
| Assessments                        |                    | x       |                   |             |           |
| Clinical decision support          |                    |         |                   | x           |           |
| Document imaging                   |                    | x       |                   |             |           |
| Electronic signature—client        |                    | x       |                   |             |           |
| Electronic signature—provider      |                    | x       |                   |             |           |
| Laboratory results (eLab)          |                    | x       |                   |             |           |

| Table 11—Current EHR Functionality   |                    |         |                   |             |           |
|--------------------------------------|--------------------|---------|-------------------|-------------|-----------|
| Function                             | System/Application | Rating  |                   |             |           |
|                                      |                    | Present | Partially Present | Not Present | Not Rated |
| Outcomes                             |                    | x       |                   |             |           |
| Prescriptions (eRx)                  |                    | x       |                   |             |           |
| Progress notes                       |                    | x       |                   |             |           |
| Treatment plans                      |                    | x       |                   |             |           |
| Summary Totals for EHR Functionality |                    | 9       |                   | 1           |           |

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

- The MHP notes that while it is currently still utilizing the MORS administration has definitively decided to drop this tool and instead integrate the CANS/ANSA/LOCUS tools into its EHR workflow.

**INFORMATION SYSTEMS REVIEW FINDINGS—IMPLICATIONS**

- Access to Care
  - The MHP does not appear to have a consistent system-wide methodology such as quarterly PR, prevalence or service flow analysis to allow it to assess its effectiveness in outreach to its ethnic or threshold populations.
  - The MHP may be experiencing both systemic and operational barriers to appropriate COD reporting. This would deny the executive team the critical information it needs to structure program adequately to assure functional access, capacity and service mix.
- Timeliness of Services
  - The MHP’s new CQI team has not yet incorporated baselines or regular reporting to the executive team due to lack of time.
  - The MHP does not adequately track and aggregate No Show data in a meaningful manner.
  - The MHP does not appear to have engaged in the analysis of practical standards or performance for timeliness to psychiatric service across its SOC.
- Quality of Care
  - The MHP is beginning to explore HIE to improve beneficiary wellness and to coordinate total consumer care. This may be especially important owing to the MHP’s close ties to FQHC resources including the Mild to Moderate (M2M)

- referrals it has been increasingly called upon to make as a result of physical health integration and new triage protocols.
- The MHP has not yet begun to explore targeted internal data repositories like its eRx database to look for potential treatment bias. The newly invigorated CQI team should consider the implementation of behavioral HEDIS measures to explore dimension. This would likely improve the quality of care for consumers and potential save revenue for the MHP by eliminating inappropriate medical care.
  - The MHP needs to assess, quantitatively, psychiatric service needs.
  - Consumer Outcomes
    - The MHP has been slow to adopt broad Level of Service/Level of Care tools across the entire SOC. This has been functionally preventing the objective analysis of program and care effectiveness as well as the timely dissemination of individual treatment feedback. The MHP appears to be actively engaged now in the crafting of operational protocols that are foundational to making good use of this data.

## RECOMMENDATIONS

- QI should increase both IT and trainer(s) staffing to ensure practical adoption of the clinical components.
- QI should seek help from IT to establish a comprehensive data governance policy to formally identify and document data elements, report codes, report assumptions, baselines for analysis, data collection frequency, report analysis and recommendation methodologies.
- The MHP needs to conduct a quantitative analysis of the capacity of its psychiatric services to identify and remediate gaps and improve care in a fiscally responsible manner.

## SITE REVIEW PROCESS BARRIERS

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

- There were no site review process barriers.



## CONCLUSIONS

During the FY14-15 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:
  - To improve access to care and quality outcomes for this population, the MHP contracted out large portions of its CSOC.
  - The MHP's reinvention of its access protocols appear to be widely appreciated and accepted by providers, consumers and family members.
- Opportunities:
  - The MHP should remediate current impediments to accurate COD reporting and analysis.

#### Timeliness of Services

- Strengths:
  - The MHP appears to be paying close attention to managing its inpatient to outpatient care interface. Nursing discharge planner's staff received high praise for practical functionality.
- Opportunities:
  - The MHP needs to set measurable goals for timeliness to service.
  - The MHP needs to expand its psychiatric capacity and service provision to improve psychiatric timeliness.
  - The MHP should remediate current impediments to practical No Show reporting and analysis.

## Quality of Care

- Strengths:
  - The MHP has invested in the creation of a contemporary CQI team at the MHP level to ensure practical clinically relevant quality improvement protocols to ensure the success of its consumers.
  - The MHP appears to be beginning to finalize protocols for the use of practical Level of Service/Level of Care tools to measure the wellness and progress of consumers.
- Opportunities:
  - The CQI team should explore the implementation of nationally recognized tools (e.g. PHQ-9) and quality measures (e.g. HEDIS) to meet and exceed the intent of MU requirements and the EQR.
  - The CQI team should investigate its diagnostics for potential treatment bias. (Figures 5A & B).

## Consumer Outcomes

- Strengths:
  - The MHP prioritizes consumer outcome measures and has made improvements in system wide implementation.
- Opportunities:
  - The MHP needs to ensure timely scoring of Level of Service/Level of Care tools within the clinical EHR workflow when these tools are brought online in the clinical record.

## RECOMMENDATIONS

- The MHP needs to overcome operational barriers to hiring sufficient IT staff to support in a reasonable manner its EHR for clinical, QI and state mandates. Current levels are insufficient to the task.
- The MHP should conduct a quantitative analysis of the capacity of its psychiatric service providers to identify gaps and explore possibilities for practical and affordable remediation.
- The MHP should support and implement a plan to shift the management, leadership and running of its Wellness Center to a consumer run/lead Wellness Center focused on



wellness, recovery, and peer support encompassing program planning and implementation and evaluation. This includes robust TAY participation in improvement of the existing Wellness Center or the re-institution of a TAY specific Wellness Center.



## ATTACHMENTS

Attachment A: Review Agenda

Attachment B: Review Participants

Attachment C: Approved Claims Source Data

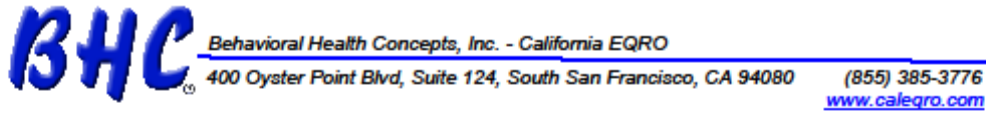
Attachment D: CalEQRO PIP Validation Tools



*ATTACHMENT A—REVIEW AGENDA*



Double click on the icon below to open the <Name> County MHP On-Site Review Agenda:



## Yolo County MHP CalEQRO Agenda

ALL SESSIONS WILL TAKE PLACE AT 137 N. COTTONWOOD, WOODLAND CA 95695

### Day 1 Wednesday, April 8, 2015

| Time                | Activity   |
|---------------------|--|
| 9:00 am – 9:30 am   | <p><b>Opening Session</b></p> <ul style="list-style-type: none"> <li>Introduction to BHC</li> <li>MHP Team Introductions</li> </ul> <p><i>Participants:</i> Karen Larsen, Arturo Villamor, Samantha Fusselman, Sandra Sigrist, Theresa Smith, Joan Beesley, Ashley Atta-Mensah, John Brittingham, Brooke Abramyan, Rita Samartino, Kevin Griffiths, Mark Bryan, Jill Cook, Community Partners<br/> <i>BHC Staff:</i> All<br/>                     Location: Walker Room</p>  |
| 9:30 am-10:15 am    | <p><b>Review of Past Year</b></p> <ul style="list-style-type: none"> <li>Significant Changes and Key Initiatives</li> <li>Response to Previous Year's Recommendations</li> <li>Use of Data in the Past Year</li> <li>Satisfaction surveys</li> </ul> <p><i>Participants:</i> MHP Leadership, Quality Management Staff, Key Stakeholders<br/>                     Karen Larsen, Arturo Villamor, Samantha Fusselman, Sandra Sigrist, Theresa Smith, Joan Beesley, Ashley Atta-Mensah, John Brittingham, Brooke Abramyan, Rita Samartino, Kevin Griffiths, Mark Bryan, Jill Cook<br/> <i>BHC Staff:</i> All<br/>                     Location: Walker Room</p>   |
| 10:30 am – 12:00 pm | <p><b>Performance Measures – Access, Timeliness, and Outcomes</b></p> <ul style="list-style-type: none"> <li>Access/Triage                             <ul style="list-style-type: none"> <li>Changes to initial assessment process</li> <li>Data-driven changes – Triage availability in West Sac and afternoons</li> </ul> </li> <li>Timeliness                             <ul style="list-style-type: none"> <li>Self-Assessment Document</li> <li>Data-driven changes – FUH appointments</li> </ul> </li> <li>Outcomes                             <ul style="list-style-type: none"> <li>B2H/AOT/CIP Programs</li> <li>Consumer satisfaction</li> <li>CANS/ANSA</li> </ul> </li> </ul> <p><i>Participants:</i> Karen Larsen, Samantha Fusselman, Sandra Sigrist, Theresa Smith, Joan Beesley, Ashley Atta-Mensah, John Brittingham, Brooke Abramyan, Rita Samartino, Kevin Griffiths<br/> <i>BHC Staff:</i> All<br/>                     Location: Walker Room</p> |





*ATTACHMENT B—REVIEW PARTICIPANTS*



## CALEQRO REVIEWERS

Cyndi Eppler, MS LMFT LPCC – Lead Quality Reviewer  
 Duane Henderson – Information Systems Reviewer  
 Marilyn Hillerman – 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, ultimately, in the recommendations within this report.

## SITES OF MHP REVIEW

### MHP SITES

137 N. Cottonwood, Woodland CA 95695

## PARTICIPANTS REPRESENTING THE MHP

| Name      |             | Position                                 | Agency      |
|-----------|-------------|--|-------------|
| Brooke    | Abramyan    | OSS                                      | YADMH       |
| Spring    | Ackerman    | MH Specialist II                         | YADMH       |
| Ashley    | Atta-Mensah | Senior Staff Nurse                       | YADMH       |
| Joan      | Beesley     | MHSA Program Manager                     | YADMH       |
| Donna     | Bousquet    | Extra Help                               | YADMH       |
| John      | Brittingham | QM Analyst                               | YADMH       |
| Katie     | Brown       | Extra help & Transportation              | YADMH       |
| Mark      | Bryan       | In Transition                            | YADMH       |
| Jill      | Cook        | Assistant HHSA Director                  | YADMH       |
| Samantha  | Fusselman   | QM Manager                               | YADMH       |
| Sara      | Gavin       | Director of Behavioral Health            | Communicare |
| Sean      | Geary       | Clinician                                | YADMH       |
| Christine | Gerner      | Extra help                               | YADMH       |
| Jennifer  | Grigoriou   | QM Clinician                             | YADMH       |
| Michelle  | Hernandez   | Accounting Technician                    | YADMH       |
| Linda     | Hernandez   | Clinician                                | YADMH       |
| Sally     | Hernandez   | Extra Help                               | YADMH       |
| Jamie     | Hitchcock   | Extra help                               | YADMH       |
| Sandra    | Holguin     | Administrative Specialist                | YADMH       |
| Karen     | Larsen      | Mental Health Director/AOD Administrator | YADMH       |
| Terri     | Lipelt      | MHRS                                     | YADMH       |
| Monique   | Marin       | Clinician                                | YADMH       |

---

|         |           |   |                               |
|---------|-----------|---|-------------------------------|
| Angela  | Martinez  | Extra Help  | YADMH                         |
| Donald  | Meek      | Extra Help  | YADMH                         |
| Lisa    | Muller    | Social Worker Supervisor  | Yolo County CWS               |
| Gail    | Nelsen    | Clinical Director   | Yolo Community Care Continuum |
| Alex    | Nelson    | Social Worker Supervisor  | Yolo County CWS               |
| Brenda  | Priest    | Accounting Supervisor   | YADMH                         |
| Winona  | Robinson  | Extra help  | YADMH                         |
| Alicia  | Ruiz      | MHSA Workforce, Education and Training Coordinator, and Cultural Competence Coordinator | YADMH                         |
| Rita    | Samartino | IS Coordinator  | YADMH                         |
| Sadie   | Shen      | Director of Adult Mental Health   | Turning Point                 |
| Sandra  | Sigrist   | Program Manager Adult Services  | YADMH                         |
| Theresa | Smith     | Clinical Program Manager Children's Services  | YADMH                         |
| Carmel  | Stewart   | MH Specialist   | YADMH                         |
| Suki    | Uppal     | MH Specialist   | YADMH                         |
| Arturo  | Villamor  | Medical Director  | YADMH                         |
| Diana   | White     | COO   | Turning Point                 |
| Lynn    | Zender    | Interim Executive Director  | Yolo Family Service Agency    |

---

*ATTACHMENT C—APPROVED CLAIMS SOURCE DATA*



These data are provided to the MHP separately in a HIPAA-compliant manner.





*ATTACHMENT D—PIP VALIDATION TOOL*



Double click on the icons below to open the PIP Validation Tools:

Clinical PIP:

None submitted.

Non-Clinical PIP:

None submitted.