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FY 2018–19
MEDI-CAL SPECIALTY MENTAL HEALTH EXTERNAL QUALITY REVIEW

TRINITY MHP FINAL REPORT

Prepared for:

California Department of Health Care Services (DHCS)

Review Dates:

April 30, 2019

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INTRODUCTION

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

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

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

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

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

MHP Information

MHP Size — Small-Rural

MHP Region — Superior

MHP Location — Weaverville

MHP Beneficiaries Served in Calendar Year (CY) 2017 — 369

MHP Threshold Language — None

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

Validation of Performance 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 and other additional PMs defined by CalEQRO.

Performance Improvement Projects[2]

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

MHP Health Information System Capabilities[3]

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

Validation of State and MHP Beneficiary Satisfaction Surveys

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

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

Review of Recommendations and Assessment of MHP Strengths and Opportunities

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

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

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

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

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

PRIOR YEAR REVIEW FINDINGS, FY 2017-18

In this section, the status of last year's (FY 2017-18) recommendations are presented, as well as changes within the MHP's environment since its last review.

Status of FY 2017-18 Review of Recommendations

In the FY 2017-18 site review report, the CalEQRO made a number of recommendations for improvements in the MHP's programmatic and/or operational areas. During the FY 2018-19 site visit, CalEQRO reviewed the status of those FY 2017-18 recommendations with the MHP. The findings are summarized below.

Assignment of Ratings

Met is assigned when the identified issue has been resolved.

Partially Met is assigned when the MHP has either:

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

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

Key Recommendations from FY 2017-18

Recommendation 1: Complete the quality improvement work plan with quantifiable and measurable objectives for improvement activities, define baseline figures, and provide documented results. Consider the use of a rotation calendar for reporting.
(A portion of this recommendation is a carry-over from FY 2016-17.)

Status: Met

- The MHP revised the FY 2018-19 quality improvement committee (QIC) work plan to include quantifiable goals and objectives for improvement activities.
- The QIC meets every other month and discusses the data and analyses for each of the goals and objectives.
- Data for the goals and objectives in the QIC work plan are being updated monthly, quarterly, and annually in lieu of a rotation calendar.

Recommendation 2: Implement the outcome tools identified by the MHP (i.e., the Adult Needs and Strengths Assessment (ANSA) and the Child and Adolescent Needs and Strengths (CANS)), and establish a tracking methodology, analyze results system-wide, and develop service delivery strategies based on results.
(A portion of this recommendation is a carry-over from FY 2016-17.)

Status: Partially Met

- The MHP is participating in a multi-agency Child and Family Team (CFT) that is currently incorporating the ANSA, CANS, and Pediatric Symptoms Checklist (PSC-35) data to assist in the implementation of a system-wide methodology that will analyze results and develop service delivery strategies for children and their caregivers. However, these data are not yet aggregated or used to make program and/or system-wide changes as insufficient data exist to date.

- The MHP has been implementing the ANSA for all adult beneficiaries for the past four years. Staff are encouraged to complete this assessment on a quarterly basis to guide individual treatment.

- In the past year, the MHP has begun aggregating ANSA data system-wide, and is using portions of the ANSA scores as one of the outcome measures for the clinical PIP on lessening symptoms of anxiety.

Recommendation 3: Increase the percentage of completed consumer satisfaction survey (CSS) results and implement an improvement activity which incorporates this feedback and report the results to stakeholders.

Status: Met

- The MHP conducted a Consumer Satisfaction Survey (CSS) in September 2018 and collected 79 beneficiary responses.

- Previously, clinical staff offered the survey to beneficiaries and provided assistance when requested. In February 2018, the MHP changed the methodology used for administering the CSS, to having reception staff instead assisting with the surveys, but this resulted in fewer surveys being completed. The MHP has since returned to having clinical staff assisting with the surveys, resulting in far more surveys being completed.

- While the MHP reported the results to stakeholders, they did not implement an improvement activity that incorporated this feedback.

- The MHP conducted a post-discharge from services follow-up phone survey for MHP discharges from October through December 2018, with nine responses received out of 34 discharges. While most responses were positive overall, it was found that 8 of 9 respondents were not interested in the group topics offered through the MHP. Based on this data, the MHP is making changes and will be offering new topics in the coming months.

Recommendation 4: Track data quarterly for new programs, specifically the mindfulness-based stress reduction group and the Cedar Home Peer Respite Center, to routinely monitor the cost/benefit analysis and any unintended impacts to outpatient services staffing.

Status: Partially Met

- The Cedar Home Peer Respite program has been on hold since July 2018 due to lack of funding for 24/7 staffing. The 24-hour program was only open for two months, then the MHP implemented an on-call staffing model instead, shifting staff from the main clinic and one wellness center to staff the peer respite center, but this was unsustainable. While the new building continues to house the Milestones Wellness Center, the MHP plans to reopen the home to overnight residents five days a week as soon as administratively possible, but no later than July 2019.

- During the time the peer respite program was open, the MHP used a manual tracking system to log all resident information and details of stay including consumer satisfaction surveys. The MHP has since implemented an EHR tracking system to better capture and report on beneficiary use of this service; the EHR will be utilized once the program reopens.

- A mindfulness-based stress reduction group was offered in the evening for a 3-month period in fall 2018 and included four participants only. It was determined that greater attendance might be facilitated by offering the group during daytime hours, and it is currently being planned for the next quarter in 2019. After completion of the next quarterly group, the MHP plans to collect and measure data from both groups to gauge outcomes and determine future changes for this treatment modality.

Recommendation 5: Begin planning for conversion to a new EHR. Considering utilizing a consultant or other outside resource in determining MHP needs.
(A portion of this recommendation is a carry-over from FY 2016-17.)

Status: Met

- The MHP has decided to use Kings View as its technology consultant and to upgrade its EHR system to Cerner Millennium when it becomes available in 2020.

PERFORMANCE MEASUREMENT

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

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

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

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

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

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

2. EPSDT POS Data Dashboards:
http://www.dhcs.ca.gov/provgovpart/pos/Pages/Performance-Outcomes-System-Reports-and-Measures-Catalog.aspx

3. Psychotropic Medication and HEDIS Measures:
http://cssr.berkeley.edu/ucb_childwelfare/ReportDefault.aspx includes:
- 5A (1&2) Use of Psychotropic Medications
- 5C Use of Multiple Concurrent Psychotropic Medications
- 5D Ongoing Metabolic Monitoring for Children on Antipsychotic Medications New Measure

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

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

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

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

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

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

Total Beneficiaries Served

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

Table 1. Medi-Cal Enrollees and Beneficiaries Served in CY 2017 by Race/Ethnicity Trinity MHP				
Race/Ethnicity	**Average Monthly Unduplicated Medi-Cal Enrollees**	**% Enrollees**	**Unduplicated Annual Count Beneficiaries Served**	**% Served**
White	3,811	76.9%	284	77.0%
Latino/Hispanic	241	4.9%	18	4.9%
African-American	23	0.5%	*	n/a
Asian/Pacific Islander	129	2.6%	*	n/a
Native American	172	3.5%	16	4.3%
Other	585	11.8%	46	12.5%
Total	**4,958**	**100%**	**369**	**100%**
The total for Average Monthly Unduplicated Medi-Cal Enrollees is not a direct sum of the averages above it. The averages are calculated independently.				

Penetration Rates and Approved Claims per Beneficiary

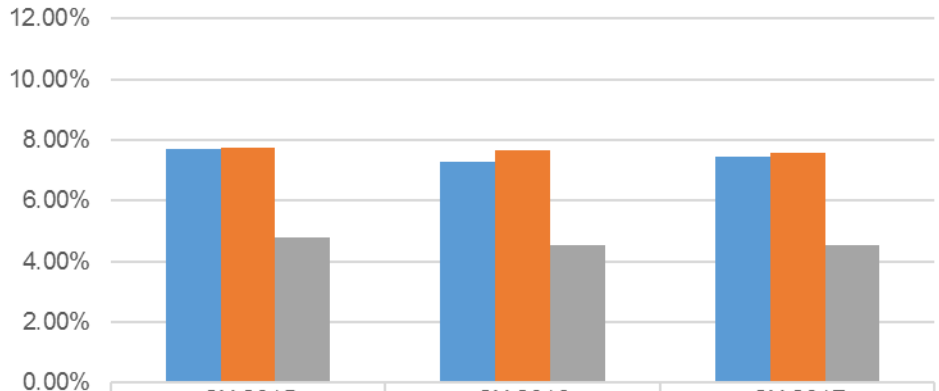
The penetration rate is calculated by dividing the number of unduplicated beneficiaries served by the monthly average Medi-Cal enrollee count. The annual average approved claims per beneficiary (ACB) served is calculated by dividing the total annual Medi-Cal approved claim dollars by the unduplicated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

CalEQRO has incorporated the Affordable Care Act (ACA) Expansion data in the total Medi-Cal enrollees and beneficiaries served. Attachment C provides further ACA-specific utilization and performance data for CY 2017. See Table C1 for the CY 2017 ACA penetration rate and ACB.

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

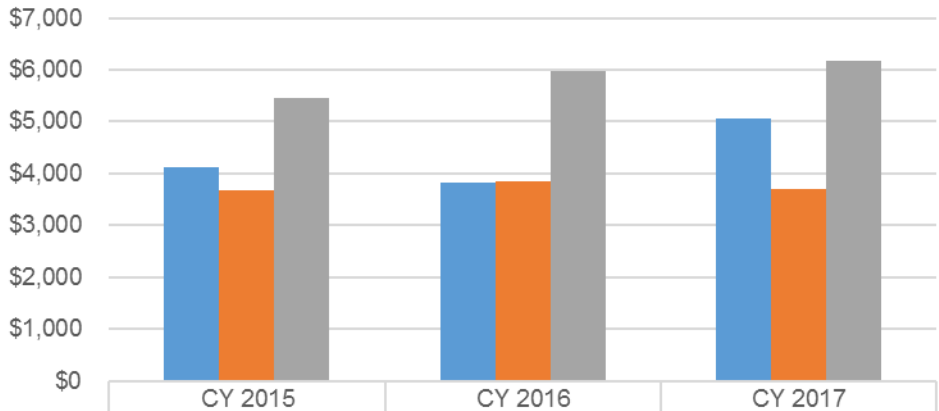
Figures 1A and 1B show three-year (CY 2015-17) trends of the MHP's overall penetration rates and ACB, compared to both the statewide average and the average for small-rural MHPs.

Figure 1A. Overall Penetration Rates
Trinity MHP



	CY 2015	CY 2016	CY 2017
MHP	7.71%	7.26%	7.44%
Small-Rural	7.75%	7.66%	7.58%
State	4.78%	4.53%	4.52%

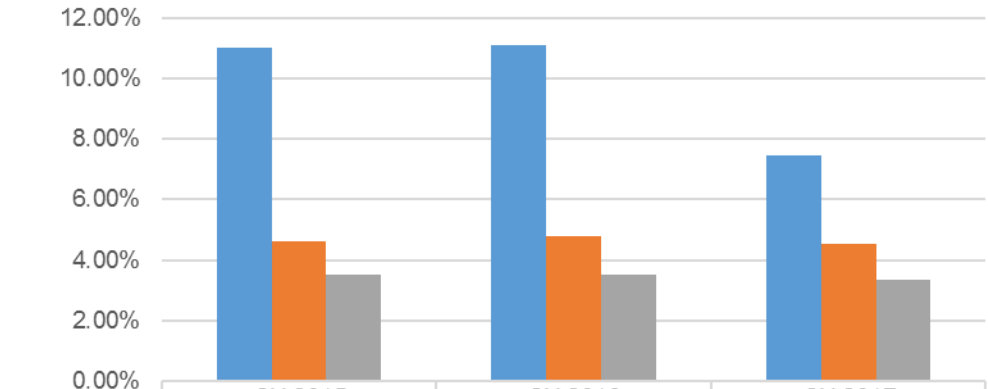
Figure 1B. Overall ACB
Trinity MHP



	CY 2015	CY 2016	CY 2017
MHP	$4,127	$3,833	$5,058
Small-Rural	$3,663	$3,845	$3,692
State	$5,458	$5,978	$6,170

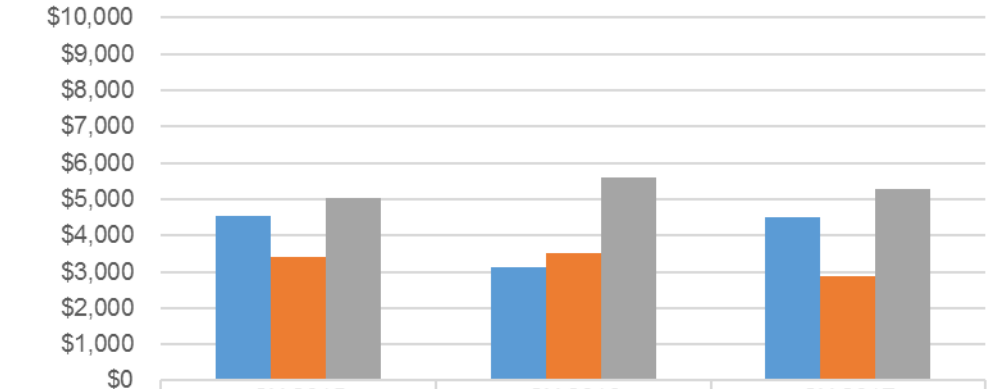
Figures 2A and 2B show three-year (CY 2015-17) trends of the MHP's Latino/Hispanic penetration rates and ACB, compared to both the statewide average and the average for small-rural MHPs.

Figure 2A. Latino/Hispanic Penetration Rates
Trinity MHP



	CY 2015	CY 2016	CY 2017
MHP	11.03%	11.11%	7.47%
Small-Rural	4.62%	4.77%	4.54%
State	3.50%	3.51%	3.35%

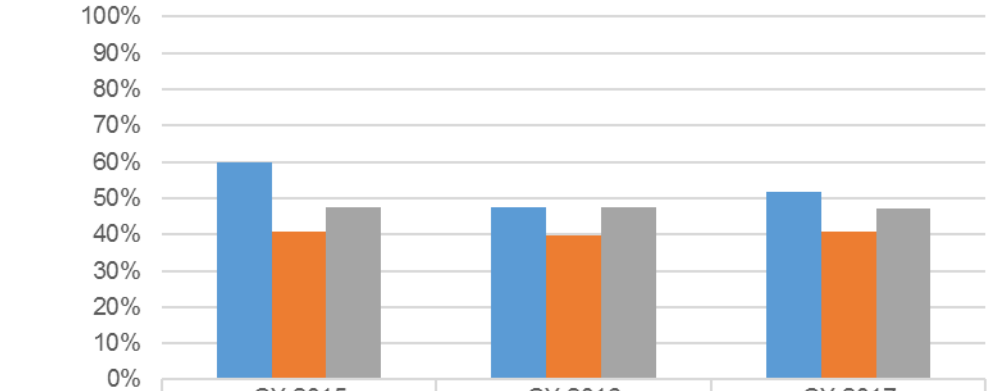
Figure 2B. Latino/Hispanic ACB
Trinity MHP



	CY 2015	CY 2016	CY 2017
MHP	$4,540	$3,128	$4,498
Small-Rural	$3,404	$3,499	$2,886
State	$5,029	$5,588	$5,278

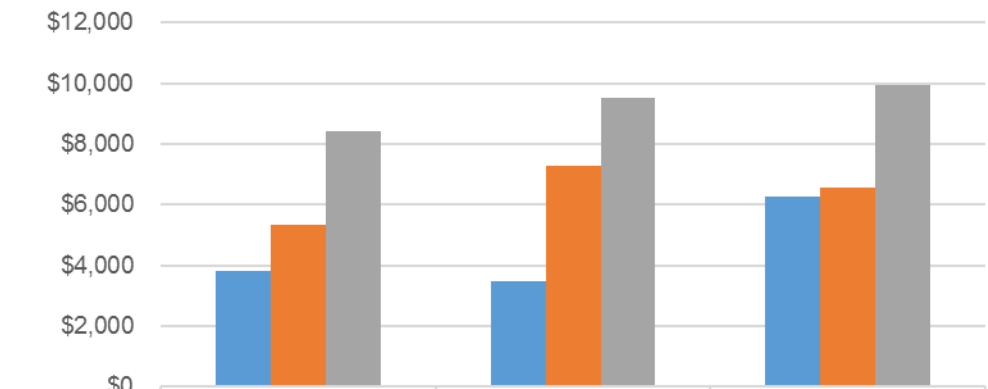
Figures 3A and 3B show three-year (CY 2015-17) trends of the MHP's FC penetration rates and ACB, compared to both the statewide average and the average for small-rural MHPs.

Figure 3A. FC Penetration Rates
Trinity MHP



	CY 2015	CY 2016	CY 2017
MHP	60.00%	47.62%	51.92%
Small-Rural	40.93%	39.90%	40.96%
State	47.52%	47.48%	47.28%

Figure 3B. FC ACB
Trinity MHP



	CY 2015	CY 2016	CY 2017
MHP	$3,820	$3,459	$6,264
Small-Rural	$5,331	$7,290	$6,553
State	$8,432	$9,521	$9,962

High-Cost Beneficiaries

Table 2 compares the statewide data for HCBs for CY 2017 with the MHP's data for CY 2017, as well as the prior two years. HCBs in this table are identified as those with approved claims of more than $30,000 in a year.

Table 2. High-Cost Beneficiaries
Trinity MHP

MHP	Year	HCB Count	Total Beneficiary Count	HCB % by Count	Average Approved Claims per HCB	HCB Total Claims	HCB % by Total Claims
Statewide	CY 2017	21,522	611,795	3.52%	$54,563	$1,174,305,701	31.11%
MHP	CY 2017	*	369	n/a	$32,907	-	n/a
	CY 2016	*	368	n/a	$43,267	-	n/a
	CY 2015	*	388	n/a	$32,266	-	n/a

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

Psychiatric Inpatient Utilization

Table 3 provides the three-year summary (CY 2015-17) of MHP psychiatric inpatient utilization including beneficiary count, admission count, approved claims, and LOS.

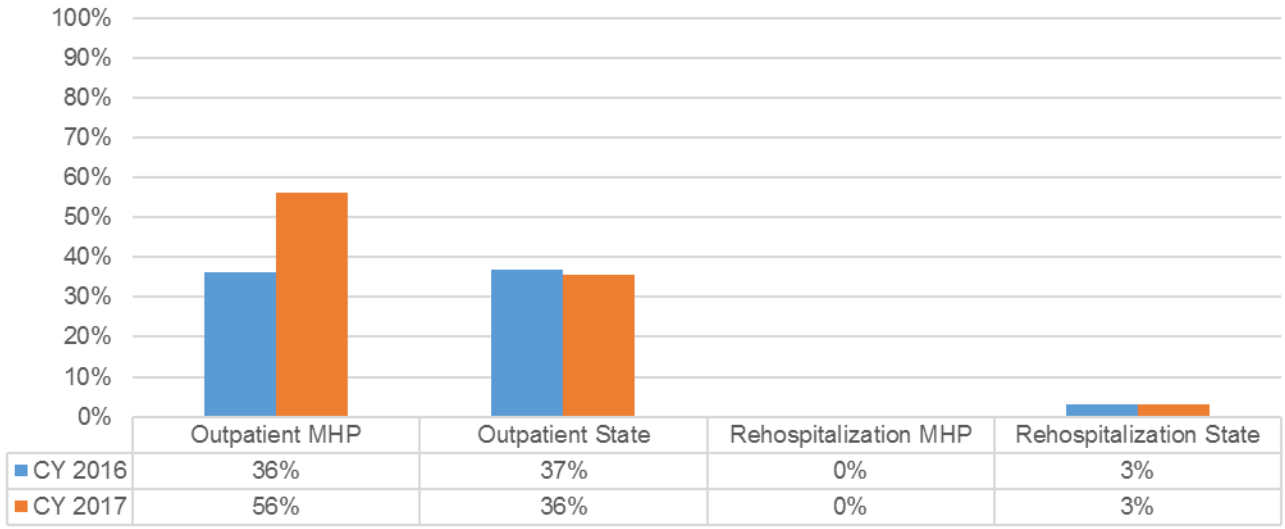
Table 3. Psychiatric Inpatient Utilization - Trinity MHP

Year	Unique Beneficiary Count	Total Inpatient Admissions	Average LOS	ACB	Total Approved Claims
CY 2017	17	26	8.43	$5,504	$93,576
CY 2016	*	13	13.42	$10,128	-
CY 2015	*	15	7.62	$4,478	-

Post-Psychiatric Inpatient Follow-Up and Rehospitalization

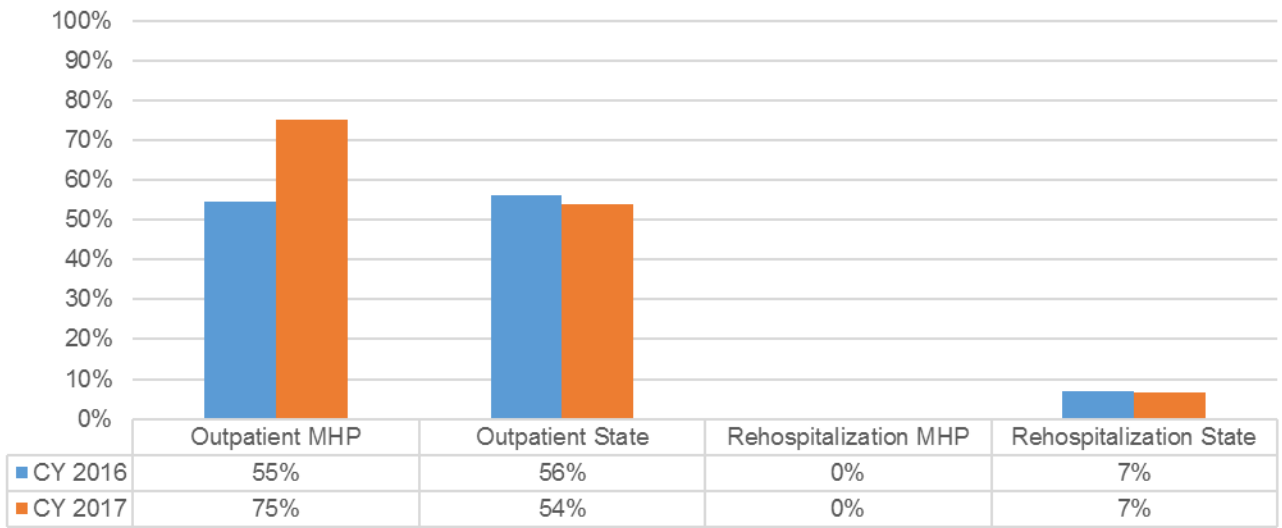
Figures 4A and 4B show the statewide and MHP 7-day and 30-day post-psychiatric inpatient follow-up and rehospitalization rates for CY 2016 and CY 2017.

Figure 4A. 7-Day Post-Psychiatric Inpatient Follow-up
Trinity MHP



	Outpatient MHP	Outpatient State	Rehospitalization MHP	Rehospitalization State
CY 2016	36%	37%	0%	3%
CY 2017	56%	36%	0%	3%

Figure 4B. 30-Day Post-Psychiatric Inpatient Follow-up
Trinity MHP



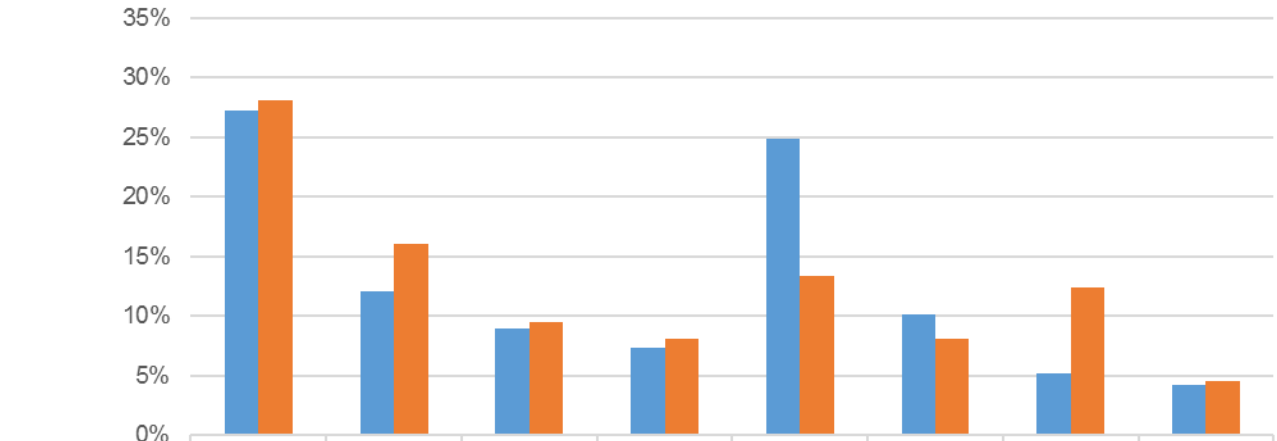
	Outpatient MHP	Outpatient State	Rehospitalization MHP	Rehospitalization State
CY 2016	55%	56%	0%	7%
CY 2017	75%	54%	0%	7%

Diagnostic Categories

Figures 5A and 5B compare statewide and MHP diagnostic categories by the number of beneficiaries served and total approved claims, respectively, for CY 2017.

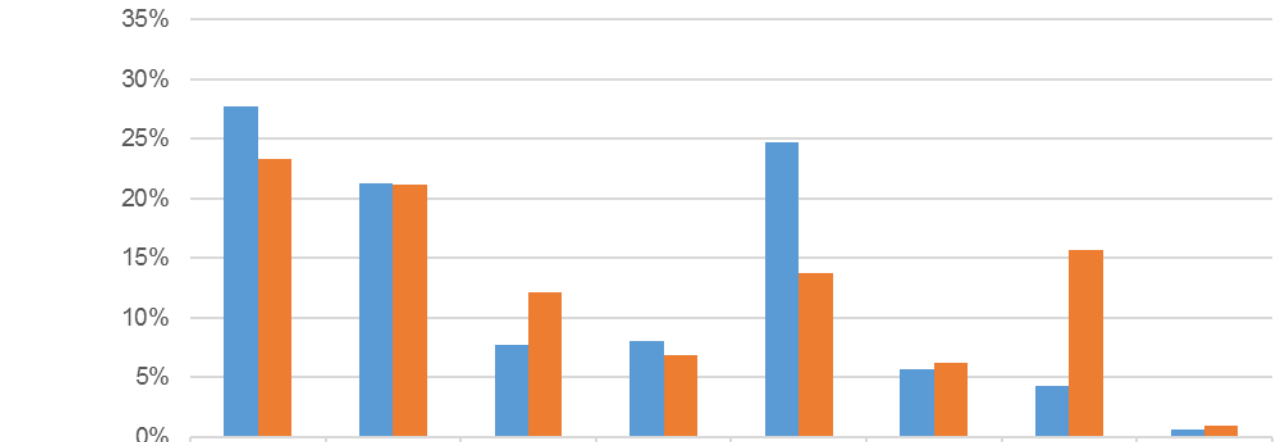
The MHP's self-reported percent of beneficiaries served with co-occurring (i.e., substance abuse and mental health) diagnoses: 4 percent.

Figure 5A. Diagnostic Categories, Beneficiaries Served
Trinity MHP



	Depression	Psychosis	Disruptive	Bipolar	Anxiety	Adjustment	Other	Deferred
MHP CY 2017	27%	12%	9%	7%	25%	10%	5%	4%
State CY 2017	28%	16%	9%	8%	13%	8%	12%	4%

Figure 5B. Diagnostic Categories, Total Approved Claims
Trinity MHP



	Depression	Psychosis	Disruptive	Bipolar	Anxiety	Adjustment	Other	Deferred
MHP CY 2017	28%	21%	8%	8%	25%	6%	4%	1%
State CY 2017	23%	21%	12%	7%	14%	6%	16%	1%

PERFORMANCE IMPROVEMENT PROJECT VALIDATION

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

Trinity MHP PIPs Identified for Validation

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

Table 4 lists the findings for each section of the evaluation of the PIPs, as required by the PIP Protocols: Validation of Performance Improvement Projects.[5]

Table 4: PIPs Submitted by Trinity MHP

PIPs for Validation	# of PIPs	PIP Titles
Clinical PIP	1	Improving Severity of Anxiety among Clients Diagnosed with an Anxiety Disorder
Non-clinical PIP	1	Follow-up Calls to Non-Client Crisis and Access Calls

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

[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 5: PIP Validation Review					
				Item Rating	
Step	**PIP Section**	**Validation Item**		**Clinical**	**Non-Clinical**
1	Selected Study Topics	1.1	Stakeholder input/multi-functional team	M	M
		1.2	Analysis of comprehensive aspects of enrollee needs, care, and services	M	M
		1.3	Broad spectrum of key aspects of enrollee care and services	M	M
		1.4	All enrolled populations	M	M
2	Study Question	2.1	Clearly stated	PM	PM
3	Study Population	3.1	Clear definition of study population	PM	M
		3.2	Inclusion of the entire study population	PM	M
4	Study Indicators	4.1	Objective, clearly defined, measurable indicators	PM	M
		4.2	Changes in health states, functional status, enrollee satisfaction, or processes of care	PM	M
5	Sampling Methods	5.1	Sampling technique specified true frequency, confidence interval and margin of error	NA	NA
		5.2	Valid sampling techniques that protected against bias were employed	NA	NA
		5.3	Sample contained sufficient number of enrollees	NA	NA
6	Data Collection Procedures	6.1	Clear specification of data	M	M
		6.2	Clear specification of sources of data	M	M
		6.3	Systematic collection of reliable and valid data for the study population	M	M

Table 5: PIP Validation Review					
				Item Rating	
Step	**PIP Section**	**Validation Item**		**Clinical**	**Non-Clinical**
		6.4	Plan for consistent and accurate data collection	M	M
		6.5	Prospective data analysis plan including contingencies	PM	PM
		6.6	Qualified data collection personnel	M	M
7	Assess Improvement Strategies	7.1	Reasonable interventions were undertaken to address causes/barriers	PM	PM
8	Review Data Analysis and Interpretation of Study Results	8.1	Analysis of findings performed according to data analysis plan	M	M
		8.2	PIP results and findings presented clearly and accurately	M	PM
		8.3	Threats to comparability, internal and external validity	PM	PM
		8.4	Interpretation of results indicating the success of the PIP and follow-up	PM	PM
9	Validity of Improvement	9.1	Consistent methodology throughout the study	PM	PM
		9.2	Documented, quantitative improvement in processes or outcomes of care	PM	PM
		9.3	Improvement in performance linked to the PIP	UTD	NM
		9.4	Statistical evidence of true improvement	UTD	NM
		9.5	Sustained improvement demonstrated through repeated measures	NM	NM

Table 6 provides a summary of the PIP validation review.

Table 6: PIP Validation Review Summary		
Summary Totals for PIP Validation	**Clinical PIP**	**Non-clinical PIP**
Number Met	11	14
Number Partially Met	11	8
Number Not Met	1	3
Unable to Determine	2	0
Number Applicable (AP) (Maximum = 28 with Sampling; 25 without Sampling)	25	25
Overall PIP Ratings ((#M*2)+(#PM))/(AP*2)	**83%**	**72%**

Clinical PIP—Improving Severity of Anxiety among Clients Diagnosed with an Anxiety Disorder

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

"Can the severity of anxiety (as measured by the Adult Needs and Strengths Assessment (ANSA) and the Hamilton Anxiety Rating Scale (HAM-A)) among beneficiaries with anxiety as a primary diagnosis be reduced by 20 percent in one year by offering additional specific resources and tools to address their anxiety?"

Date PIP began: September 2018

End date: September 2020

Status of PIP: Active and ongoing

The overall goal of this clinical PIP is to decrease the severity of anxiety experienced by beneficiaries with an anxiety disorder (25 percent of the beneficiary population), as well as those with anxiety symptoms. The PIP topic was selected through data collection and analysis of diagnostic trends and outcome measures, and stakeholder input was included. The MHP provided ample justification for the PIP, as the MHP's rate of anxiety disorder is twice the statewide average. The MHP contends that people with anxiety disorders tend to migrate to rural communities. The PIP does not seek to reduce the number of beneficiaries with an anxiety diagnosis; rather, the PIP focuses on improving the level of functioning among those beneficiaries with an anxiety disorder.

The PIP team was previously supported with external consulting resources; however, as of July 2018, due to budget constraints, the MHP is no longer contracting with the consulting firm.

The study question while clearly stated and measurable, would be strengthened by making it broader.

Given the small beneficiary population, and the subset (25 percent) of beneficiaries with an anxiety disorder and/or anxiety symptoms, every effort should be made to include as many beneficiaries as possible. The PIP does not define the age of the beneficiaries targeted (e.g., adults), and no mention is made of children, teens, and transitional age youth (TAY) beneficiaries diagnosed with an anxiety disorder. There is also no data on the gender and race/ethnicity of the beneficiary population with anxiety disorders.

The study interventions are clearly stated and measurable; however, there are no corresponding process indicators for the two interventions.

The data analysis plan lacks some detail, and contingencies for untoward results are missing. Initial and repeat measures were completed for two quarters to date, and some improvements were noted. However, due to the small sample size (four participants) and the fact that only one group has been implemented to date, statistical significance was not determined. The PIP lacks a discussion of the data analysis including whether the interventions were carried out as planned and whether any changes were necessary and/or made.

Suggestions to improve the PIP:

As this is a two-year PIP, the study question should focus on an overarching problem that will be addressed over the life of the project rather than just the first year. Examples for improving the study question can be found in the PIP Validation Tool.

The MHP should provide further details on the age of the beneficiaries targeted in the PIP (e.g., adults), as well as other relevant demographics.

The study interventions should include process indicators to measure the implementation of the two interventions. For example, the number of participants, attendance levels, and completion rates. In addition, the MHP should consider a consumer survey which provides feedback regarding the value of the groups, and whether beneficiaries are continuing to utilize the interventions following group completion. The MHP is encouraged to continue the two interventions, and conduct another group as soon as possible. Additional interventions should be considered, and at least one intervention must be added for this PIP to be considered active for another year.

The data analysis plan should include contingencies for untoward results which need to be reviewed as these ideally should be applied at regular intervals. A full analysis of the findings needs to be presented, including whether the interventions were carried out as planned and whether any changes were necessary and/or made.

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

The technical assistance (TA) provided to the MHP by CalEQRO consisted of PIP TA calls during the year, with PIP draft iterations reviewed prior to the onsite review. During the onsite review, a PIP session was held to further discuss the progress made to date, and the improvements needed to further strengthen the PIP, as discussed above. The MHP is encouraged to provide an updated version of the PIP write-up to CalEQRO for feedback and TA once the above stated recommendations have been made, and interventions have been continued.

Non-clinical PIP—Follow-up Calls to Non-Client Crisis and Access Calls

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

“By increasing the follow-up call rate on crisis and access to service calls that come in outside of business hours to 100 percent within 30 days, will the amount of new client appointments increase to ten percent of all follow-up contacts, and decrease the amount of repeat crisis and access line callers by 5 percent, both within 120 days?”

Date PIP began: August 2018

End date: July 2019

Status of PIP: Active and ongoing

The goal of the non-clinical PIP is to improve the MHP follow-up call rate for after-hours calls that either request or require a follow-up call, and to increase the number of follow-up contacts that result in a new beneficiary appointment. In addition, the non-clinical PIP aims to reduce the number of beneficiaries who use the access line repeatedly for crises while not engaging in routine services, and instead bring them in for ongoing mental health services.

The PIP team includes staff and management with expertise in the areas of the PIP topic, and an understanding of the PIP process. The PIP topic was selected through data collection and analysis of Crisis and Access Log data during monthly QA management team meetings.

The study population for this PIP includes all clients that call the crisis/access line for initial access and crisis, including both existing and new clients. The study question, as written, is unclear and could be strengthened by reorganizing it. The indicators are clearly defined and measurable. The analysis plan lacks detail and does not include contingencies for untoward results. The interventions lack sufficient detail to describe how each intervention will be implemented.

The PIP lacked a fully detailed analysis of the data, and due to both small numbers and lack of significance testing, it is difficult to determine if the PIP interventions will be successful/will have the intended outcome. While the analysis lacked detail, the results did cause the MHP to reassess clinician caseloads and overall capacity.

Throughout the implementation of the PIP, the MHP continued to be challenged by limited staff availability for making follow-up calls, completing assessments, and seeing new clients regularly.

Suggestions to improve the PIP:

Strengthen the study question by reorganizing it.

Consider additional indicators such as the number/percent and timeliness of appointments offered, scheduled, and kept, as well as the number/percent of clients referred to a lower level of care through the MCO, and their disposition.

The analysis plan needs to include more specific detailed information, as well as contingencies for untoward results. Include more specific detailed information describing how each step of each intervention will be implemented.

Complete an analysis of MHP staffing needs, using caseload, capacity and productivity data.

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

The TA provided to the MHP by CalEQRO consisted of PIP TA calls during the year, with PIP draft iterations reviewed prior to the onsite review. During the onsite review, a PIP session was held to further discuss the progress made to date, and the improvements needed to further strengthen the PIP, as discussed above.

INFORMATION SYSTEMS REVIEW

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

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

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

The budget determination process for information system operations is:

- Percentage of total annual MHP budget dedicated to supporting IT operations (includes hardware, network, software license, and IT staff): 3.85 percent.

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

Table 7 shows the percentage of services provided by type of service provider.

Table 7: Distribution of Services, by Type of Provider

Type of Provider	Distribution
County-operated/staffed clinics	85.91%
Contract providers	14.09%
Network providers	0%
Total	**100%***

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

Table 8 identifies methods available for contract providers to submit beneficiary clinical and demographic data; practice management and service information; and transactions to the MHP's EHR system, by type of input methods.

Table 8: Contract Providers Transmission of Beneficiary Information to MHP EHR System

Type of Input Method	Frequency
Direct data entry into MHP EHR system by contract provider staff	Daily
Electronic data interchange (EDI) uses standardized electronic message format to exchange beneficiary information between contract provider EHR systems and MHP EHR system	Not used
Electronic batch files submitted to MHP for further processing and uploaded into MHP EHR system	Not used
Electronic files/documents securely emailed to MHP for processing or data entry input into EHR system	Not used
Paper documents submitted to MHP for data entry input by MHP staff into EHR system	Daily
Health Information Exchange (HIE) securely share beneficiary medical information from contractor EHR system to MHP EHR system and return message or medical information to contractor EHR	Not used

- MHP does not utilize contract providers that serve beneficiaries within county service area to provide outpatient services locally in a clinic/program setting.

Telehealth Services

MHP currently provides services to beneficiaries using a telehealth application:

☒ Yes ☐ No ☐ In pilot phase

Number of remote sites currently operational: 2

Telehealth is provided in the Weaverville and Hayfork clinics.

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

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

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

Summary of Technology and Data Analytical Staffing

MHP self-reported IT staff changes by full-time equivalents (FTE) since the previous CalEQRO review are shown in Table 9.

Table 9: Technology Staff

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

MHP self-reported data analytical staff changes by FTEs since the previous CalEQRO review are shown in Table 10.

Table 10: Data Analytical Staff

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

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

- The MHP has no technology staff.
- Kings View provides technology support for the EHR.

- Trinity County IT staff supports other systems like email.
- The one FTE for data analytical staff represents the combined efforts of several MHP staff who run reports in the EHR.

Current Operations

- Trinity County Behavioral Health Services is integrated with Substance and Other Drugs Services.
- The MHP's EHR is Cerner Community Behavioral Health (CCBH).
- Kings View supports the MHP in State reporting, penetration rates, billing, and reporting. Kings View produces geo-maps for the MHP in quarterly Network Adequacy Certification Tools (NACT) submissions.
- Jail mental health uses the same EHR.

Table 11 lists the primary systems and applications the MHP uses to conduct business and manage operations. These systems support data collection and storage; provide EHR functionality; produce Short-Doyle Medi-Cal (SDMC) and other third-party claims; track revenue; perform managed care activities; and provide information for analyses and reporting.

Table 11: Primary EHR Systems/Applications

System/Application	Function	Vendor/Supplier	Years Used	Operated By
CCBH	Practice Management & EHR	Cerner Corp. /Kings View	10	Kings View

The MHP's Priorities for the Coming Year

- Upgrade to CCBH promotion 229.
- Identify and implement a dashboard data collection tool.
- Submit Functional Assessment Screening Tool (FAST) to DHCS for CSI reporting.

Major Changes since Prior Year

- Upgraded to promotions 227 and 228 in November 2018.
- Started trending ANSA data in early 2018.
- Updated ICD-10 code revisions in October 2018.

Other Areas for Improvement

- Due to a lack of data analytics resources, the MHP was unable to produce consistent timeliness metrics.
- Although Document Management was implemented in 2018, the MHP still operates in a hybrid paper and electronic charts environment. The MHP lacks resources needed to scan clinical documentation into the EHR and little progress has been made.

Plans for Information Systems Change

- Upgrade to Cerner Millennium when it becomes available in 2020.

Current EHR Status

Table 12 summarizes the ratings given to the MHP for EHR functionality.

Table 12: EHR Functionality

		Rating			
Function	**System/Application**	**Present**	**Partially Present**	**Not Present**	**Not Rated**
Alerts	CCBH	X			
Assessments	CCBH	X			
Care Coordination				X	
Document Imaging/ Storage	CCBH		X		
Electronic Signature—MHP Beneficiary	CCBH	X			
Laboratory results (eLab)				X	
Level of Care/Level of Service				X	
Outcomes	CANS, ANSA, PSC-35	X			

Table 12: EHR Functionality					
		Rating			
Function	System/Application	Present	Partially Present	Not Present	Not Rated
Prescriptions (eRx)	CCBH	X			
Progress Notes	CCBH	X			
Referral Management				X	
Treatment Plans	CCBH	X			
Summary Totals for EHR Functionality:					
FY 2018-19 Summary Totals for EHR Functionality:		7	1	4	0
FY 2017-18 Summary Totals for EHR Functionality*:		7	0	3	2
FY 2016-17 Summary Totals for EHR Functionality:		7	0	3	0

*Two new EHR functionalities were added to the list beginning in FY 2017-18.

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

- Implemented Document Management in August 2018.
- Implemented both CANS and PSC-35 in July 2018.

Personal Health Record (PHR)

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

☐ Yes ☐ In Test Phase ☒ No

If no, provide the expected implementation timeline.

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

Medi-Cal Claims Processing

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

☒ Yes ☐ No

If yes, product or application:

Kings View

Method used to submit Medicare Part B claims:

☐ Paper ☒ Electronic ☐ Clearinghouse

Table 13 summarizes the MHP's SDMC claims.

Table 13. Summary of CY 2017 Short Doyle/Medi-Cal Claims
Trinity MHP

Number Submitted	Dollars Billed	Number Denied	Dollars Denied	Percent Denied	Dollars Adjudicated	Claim Adjustments	Dollars Approved
9,257	$2,135,751	**97**	$79,972	3.74%	$2,055,779	$218,841	$1,836,938

Includes services provided during CY 2017 with the most recent DHCS claim processing date of May 2018.
Only reports Short-Doyle/Medi-Cal claim transactions, does not include Inpatient Consolidated IPC hospital claims.
Statewide denial rate for CY 2017 was **2.73 percent.**

Table 14 summarizes the top three reasons for claim denial.

Table 14. Summary of CY 2017 Top Three Reasons for Claim Denial
Trinity MHP

Denial Reason Description	Number Denied	Dollars Denied	Percent of Total Denied
Service not payable with other service(s) rendered on same day.	7	$51,333	64%
Void/replacement error. Or ICD-10 code incomplete or invalid with procedure code.	58	$13,766	17%
Medicare or Other Health Coverage must be billed prior to submission of claim.	31	$8,211	10%
TOTAL	97	$79,972	NA

The total denied claims information does not represent a sum of the top three reasons. It is a sum of all denials.

- Denied claim transactions with reason description "Service not payable with other service(s) rendered on same day" are potentially re-billable within the State guidelines when procedure modifier codes 76 or 77 are reported in 837 claim transaction.

CONSUMER AND FAMILY MEMBER FOCUS GROUP

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

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

CFM Focus Group One

CalEQRO requested a culturally diverse group of adult beneficiaries and parents/caregivers of child/youth beneficiaries who are mostly new beneficiaries who have initiated/utilized services within the past 15 months. The group was mostly consistent with that requested by CalEQRO; however, no participants were new to the MHP for mental health services in the past year. One participant was a new beneficiary for alcohol and other drug (AOD) services. The focus group was held at the Cedar Home Peer Respite Center, 250-B Main Street, Weaverville, CA 96093.

Number of participants: 7

There were no participants who entered mental health services within the past year.

Participants' general comments regarding service delivery included the following:

- Services are generally well received.
- Participants reported feeling that the clinical services were tailored to their needs, with both onsite and telehealth psychiatrists available.
- Tools and resources (e.g., individual and group therapy) provided are helping participants from having to be admitted to hospitals.
- The wellness center is appreciated, as are the activities offered there.
- Participants reported that for urgent needs, they are able to call a nurse and request to schedule an appointment.
- Most participants have a primary care provider who is routinely communicating with their psychiatrist.
- The MHP helps with transportation, from issuing transit vouchers to driving beneficiaries to their appointments.

- Information is communicated through word of mouth, the Trinity County Rants and Raves Facebook page, and the wellness center bulletin board.
- The wellness center currently hosts an emotions group, a men's group, and a lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ) group.
- Due to a lack of staffing, several groups have been cancelled recently including a women's group, an anxiety and mindfulness group, a life skills group, and wellness recovery action plan (WRAP) classes.

Participants' recommendations for improving care included the following:

- Additional wellness center groups are needed on topics including aging, depression, and anxiety.
- Programs for youth are needed, as there are none in the county.

Interpreter used for focus group one: No Language: N/A

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 described below, along with their quality rating of Met (M), Partially Met (PM), or Not Met (NM).

Access to Care

Table 15 lists the components that CalEQRO considers representative of a broad service delivery system that provides access to beneficiaries and family members. An examination of capacity, penetration rates, cultural competency, integration, and collaboration of services with other providers forms the foundation of access to and delivery of quality services.

Table 15: Access to Care Components		
Component		**Quality Rating**
1A	Service accessibility and availability reflective of cultural competence principles and practices	PM
The Cultural Competency Committee (CCC) meets quarterly and has documented meeting minutes, which outline the outreach and engagement activities being done. The CCC work plan submitted to CalEQRO was dated FY 2017-18, with no updates for FY 2018-19. Outreach efforts to the Hayfork community occurred weekly by the peer specialist who primarily worked in the Horizons Wellness Center (before it closed), and who now travels to Weaverville to help staff the Milestones Wellness Center. The MHP works closely with the Hmong population, exploring opportunities for needed services. The majority of Hmong beneficiaries are children who are seen in the schools. Native American relationships continue to be fostered with local tribal agencies and through the Federally Qualified Health Center (FQHC).		
1B	Manages and adapts its capacity to meet beneficiary service needs	PM
The MHP operates two clinics, one in Weaverville (open full time) and a smaller one in Hayfork (open Monday through Wednesday from 8 a.m. to 5 p.m.). The MHP has one contracted psychiatrist who works onsite in Weaverville most days and one day in		

Table 15: Access to Care Components		
Component		**Quality Rating**
Hayfork and as needed. Kings View provides one psychiatrist through telehealth in Hayfork every fifth week from 8 a.m. to 1 p.m., with an MHP nurse who provides oversight. Currently, there is no reception coverage in the Hayfork clinic, and calls to that office are rerouted to the main clinic in Weaverville where full-time coverage exists Monday through Friday from 8:00 a.m. to 5:00 p.m. All MHP clinicians provide both child and adult services, as well as crisis services. There have been numerous staffing changes and ongoing unfilled vacancies in the past year, which have resulted in few staff having too many responsibilities and carrying heavier caseloads. Stakeholders reported that the agency is understaffed, clinicians are overloaded, and case managers are working at capacity. Staff reported being advised that productivity was low; however, they are still mandated to take on non-billable activities such as answering the crisis line and attending meetings. Clinicians stated that they are unable to meet with beneficiaries as frequently as needed as per the treatment plans. The MHP reported that this situation is contributing to the low staff morale, more frequent staff illnesses, and no-shows, further compounding the problem with limited staff capacity. Despite the heavy workload staff reported providing, beneficiaries reported receiving excellent care, and felt they were improving.		
1C	Integration and/or collaboration with community-based services to improve access	M
The MHP provided several examples of an integrated service model with effective collaboration and partnerships with multiple stakeholders. The MHP has one staff clinician who works in the elementary school K-8th one day per week in the southern part of the county. The MHP works with local law enforcement agencies for crisis services and on a case by case basis, but lacks a formal forensics program. MHP staff are working closely with CWS on the provision of services for foster care youth.		

Timeliness of Services

As shown in Table 16, 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 beneficiaries and family members

and can improve overall outcomes, while moving beneficiaries throughout the system of care to full recovery.

Table 16: Timeliness of Services Components		
Component		**Quality Rating**
2A	Tracks and trends access data from initial contact to first offered appointment	PM
The MHP has a standard of ten business days from initial contact to first offered appointment and met the standard only 7 percent of the time. The MHP used only one month of data to calculate this rate, which does not represent an accurate reflection of timeliness for this metric. The MHP did not disaggregate this data for adults, children, and foster care youth. For FY 2017-18 the MHP met this metric 56 percent of the time for one month.		
2B	Tracks and trends access data from initial contact to first offered psychiatric appointment	PM
The MHP has a standard of 30 days from initial contact to first offered psychiatric appointment, and met this standard 100 percent of the time with a mean of 14 days, an increase from 90 percent in FY 2017-18. The MHP used only one month of data to calculate this rate, which does not represent an accurate reflection of timeliness for this metric. The MHP did not disaggregate this data for adults, children, and foster care youth.		
2C	Tracks and trends access data for timely appointments for urgent conditions	PM
The MHP has a standard of ten minutes for timely appointments for urgent conditions, and met this standard 95 percent of the time. For FY 2017-18 the MHP had a standard of one hour and met the standard 100 percent of the time. It is unclear why the MHP changed the standard for FY 2018-19. The MHP used only one month of data to calculate this rate, which does not represent an accurate reflection of timeliness for this metric. The MHP did not disaggregate this data for adults, children, and foster care youth.		
2D	Tracks and trends timely access to follow-up appointments after hospitalization	PM
The MHP has a standard of seven days for follow-up post-psychiatric inpatient discharge, and met this standard 100 percent of the time as measured for FY 2018-19 (through February 2019), compared to a 33 percent follow-up rate in FY 2017-18; however, a reason for this improvement was not provided.		

Table 16: Timeliness of Services Components		
Component		**Quality Rating**
The MHP did not disaggregate this data for adults, children, and foster care youth.		
2E	Tracks and trends data on rehospitalizations	PM
The MHP had a zero percent readmission rate for FY 2018-19 (through February 2019) compared to a 12 percent readmission rate in FY 2017-18. The MHP did not disaggregate the hospitalization data for adults, children, and foster care youth.		
2F	Tracks and trends no-shows	PM
The MHP did not include a standard for no-shows. The MHP had a no-show standard of ten percent in FY 2017-18. The MHP has a 19 percent no-show rate for psychiatric appointments, an increase from 7 to 8 percent in FY 2017-18. The MHP has a 12 percent no-show rate for clinician appointments, an increase from 8 to 9 percent in FY 2017-18. The MHP did not disaggregate this data for adults, children, and foster care youth.		

Quality of Care

In Table 17, 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 CFM 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 17: Quality of Care Components		
Component		**Quality Rating**
3A	Quality management and performance improvement are organizational priorities	PM

The MHP revised the FY 2018-19 QIC work plan to include quantifiable goals and objectives for improvement activities. The QIC meets every other month and discusses the data and analyses for each of the goals and objectives. However, the work plan lacks sufficient detail on essential quality management issues. To further strengthen the QI work plan and QIC standing agenda items, the MHP might include data analysis and detailed discussion on penetration rates for all populations to ensure equity, productivity, and caseloads, length of time in treatment and reasons for discharge, initial access and retention rates, number and types of services provided per person per week or month, progress toward outcomes, and the impact of evidence-based practices (EBPs) on beneficiary outcomes. Prescribing practices by prescribers and diagnostic patterns by prescribers and clinicians could also be reviewed, as well as tracking referrals to/from mild-to-moderate care and primary health care, ensuring all beneficiaries have a primary care provider and routine annual physical.

The MHP previously merged the audit preparation committee with the data-driven decisions committee and quality assurance to form the Quality Assurance Management Team (QAMT), which meets monthly to analyze data from reports generated from the EHR and other tracking tools. However, the standing agenda items covered in the QAMT provide some overlap with the QIC resulting in duplication of several items, while significant gaps exist for quality management issues.

3B	Data used to inform management and guide decisions	PM

The MHP reported that the data they can access is mostly incomplete and the accuracy cannot be verified due to lack of capacity. The MHP is working with Kings View to develop more robust reporting systems, which will help them with further analyses.

While the MHP is collecting data on timeliness, outcomes, fiscal, and clinical services, during the review the MHP was unable to verify this data. Through collection, analysis, and use of reliable and valid data, QI should identify good practices and improve service delivery and operations by explaining patterns of care, identifying issues in the provision of care, and determining areas for improvement based on data.

The MHP had two active and ongoing PIPs this year.

3C	Evidence of effective communication from MHP administration, and stakeholder input and involvement on system planning and implementation	PM

Stakeholders throughout the system of care reported that staff morale is the lowest ever, and many staff felt discouraged. However, with the new leadership team taking control, stakeholders felt somewhat hopeful for the future with the understanding that the necessary changes will take time to implement.

Stakeholders reported mixed information regarding communication. Some felt it was working well and that bilateral information sharing was taking place, while others reported that they did not feel heard or supported by leadership.

Beneficiaries reported providing input and suggestions through stakeholder meetings, and they participated in the planning process at Milestones Wellness Center.

Communication is through weekly clinical meetings, monthly all staff meetings, emails, and supervision.

3D	Evidence of a systematic clinical continuum of care	PM

The MHP operates an integrated system for both mental health and substance use disorder (SUD) services. While they were considering joining the Partnership Health Plan, an eight-county regional model in Northern California for the DMC-ODS, they are now considering being a stand-alone entity.

Due to the rural nature of the county, field-based services are needed; however, the MHP lacks sufficient staffing and resources to provide them adequately.

The MHP provides outpatient and crisis services, but has no separate crisis department. There is no crisis stabilization unit (CSU) or psychiatric hospital in Trinity County, and all beneficiaries needing higher levels of care, including inpatient, are transported out of county.

The MHP constructed the Cedar Home Peer Respite Center, which was open for two months before closing due to lack of funding for 24/7 staffing as was originally planned. The MHP plans to reopen the home to overnight residents five days a week as soon as administratively possible.

The County owns a 6-bed adult residential board and care (Alpine House), which is operated by a contracted agency.

Trinity County does not have any Foster Family Agencies (FFA) or Short-Term Residential Therapeutic Programs (STRTPs) within its borders. Trinity County contracts with two STRTPs located in Shasta County, Victor Treatment Center and Remi Vista, for these services.

The MHP closed one of two wellness centers due to lack of funding and staffing.

3E	Evidence of peer employment in key roles throughout the system	PM

The MHP has two peer support specialists who each work 24-32 hours a week in benefitted positions at the Milestones Wellness Center in Weaverville. One of these workers was reassigned part-time to this site after the Horizons Wellness Center in Hayfork closed in 2018. That peer support worker continues to provide part-time support to the Hayfork clinic and does outreach in the surrounding communities.

Peer staff reported having received a lot of training, and one of them has become a trainer.

Peer support specialists were previously involved with crisis triage, in coordination with a clinician; however, this activity was suspended due to a shortage of clinical staff.

Three extra-help peer specialist positions were vacated due to lack of funding to retain these peer staff.

There does not appear to be a career ladder in place for peer employees to pursue or expand in their positions.

3F	Peer-run and/or peer-driven programs exist to enhance wellness and recovery	M

The Milestones Wellness Center is located within the new Cedar Home Peer Respite Center in Weaverville. The wellness center has drop-in hours from Monday through Friday from 10:00 a.m. – 4:00 p.m. It is county-operated and run completely by beneficiaries and peer specialists.

The wellness center currently hosts an emotions group, a men's group, and a LGBTQ group. A garden project is also unfolding and beneficiaries are excited about it. Hot lunches are provided every Friday.

Several groups have been cancelled recently including a women's group, an anxiety and mindfulness group, a life skills group, and WRAP classes. The staff person providing these groups vacated their position, and the position has not been filled to date.

Stakeholders suggested that a new van is needed to transport beneficiaries around the county to services.

Beneficiaries received information about wellness center activities through case managers, therapists, outreach activities, word of mouth, the Trinity County Rants and Raves Facebook page, the wellness center bulletin board, and a calendar and brochures located at the MHP offices.

3G	Measures clinical and/or functional outcomes of beneficiaries served	PM

The MHP has been implementing the ANSA for all adult beneficiaries for the past four years. Staff are encouraged to complete this assessment on a quarterly basis to guide individual treatment. In the past year, the MHP has begun aggregating this data system-wide.

The MHP is completing the CANS and PSC-35 assessments for all child beneficiaries. This is being done as part of a county-wide multi-agency child family team (CFT) which is currently incorporating the ANSA, CANS, and Pediatric System Checklist (PSC-35) data to assist in the implementation of a system-wide

methodology that will analyze results and develop service delivery strategies for children and their caregivers. This data are not yet aggregated or used to make program and/or system-wide changes as insufficient data exists to date.		
3H	Utilizes information from beneficiary satisfaction surveys	PM
The MHP changed their methodology for conducting the consumer perception survey (CPS) in September 2018 and significantly improved their data collection with 79 beneficiary responses, up from five responses in the previous cycle. While the data have been shared with stakeholders, the MHP has not utilized this data to make any system changes. The MHP conducted a post-services discharge follow-up phone survey for MHP discharges from October through December 2018, with nine responses received out of 34 discharges. While most responses were positive overall, for eight of them, respondents indicated that they were not interested in the group topics that the MHP offered. Based on this data, the MHP is making changes and will be offering new topics in the coming months.		

SUMMARY OF FINDINGS

This section summarizes the CalEQRO findings from the FY 2018-19 review of Trinity MHP related to access, timeliness, and quality of care.

MHP Environment – Changes, Strengths, Opportunities and Recommendations

PIP Status

Clinical PIP Status: Active and ongoing

Non-clinical PIP Status: Active and ongoing

Recommendations:

- None

Access to Care

Changes within the Past Year:

- Several staff positions were vacated over the past year and remain unfilled.
- The MHP vacated three buildings that comprised the Weaverville offices in an effort to reduce operational costs.
- The Horizons Wellness Center in Hayfork was closed.
- The Cedar Home Peer Respite program was opened in April 2018 for two months, then closed.

Strengths:

- The MHP demonstrated an integrated service model with effective collaboration and partnerships with multiple stakeholders, including beneficiaries and family members.

Opportunities for Improvement:

- Peer support specialists were previously involved with crisis triage for beneficiaries, in coordination with a clinician at the Milestones Wellness Center; however, this peer integration was suspended due to a shortage of clinical staff.
- Due to the rural nature of the county, field-based services are needed; however, the MHP lacks sufficient staff and resources to provide them fully.

Recommendations:

- Reinstate the involvement of peer support specialists with crisis triage for beneficiaries in coordination with a clinician at the Milestones Wellness Center.
- Evaluate the potential for expanding field-based services.
- Reopen the Horizons Wellness Center in Hayfork.

Timeliness of Services

Changes within the Past Year:

- None noted

Strengths:

- The follow-up post-psychiatric inpatient discharge rate improved from 33 percent in FY 2017-18 to 100 percent in FY 2018-19.

Opportunities for Improvement:

- Only seven percent of appointments met the 10-day standard for initial access to first offered appointment.
- The MHP has a standard of 30 days from initial contact to first offered psychiatric appointment.
- The MHP did not include a standard for no-shows compared with a ten percent no-show standard in FY 2017-18.
- The no-show rate for psychiatric appointments increased from 7 to 8 percent in FY 2017-18 to 19 percent in FY 2018-19.
- The MHP used only one month of data to calculate several of the timeliness metrics, which does not represent an accurate reflection of timeliness.
- The MHP did not disaggregate timeliness data by adults, children, and foster care youth for any timeliness metrics.

Recommendations:

- Collect and report on 12 months of data for the timeliness metric.
- Disaggregate timeliness data for adults, children, and foster care youth.
- Offer a first appointment within ten business days of initial request to comply with the state timeliness metric as per IN 18-011.

- Offer a first psychiatric appointment within 15 business days of initial request to comply with the state timeliness metric as per IN 18-011.

Quality of Care

Changes within the Past Year:

- None noted

Strengths:

- A mindfulness-based stress reduction group was offered in the evening for a three-month period in fall 2018 and included four participants.
- Despite the current capacity issues of the MHP, beneficiaries reported receiving excellent quality care and felt they were improving.

Opportunities for Improvement:

- Significant overlap exists between the QAMT and the QIC resulting in duplication of several areas of review, while significant gaps exist for other quality management issues.
- The mindfulness-based stress reduction group was attended by four beneficiaries on average, which was lower than expected. The timing of the group was thought to play a factor in the low attendance. After completion of the next quarterly group, the MHP plans to collect and measure data from both the first and second quarter groups to gauge outcomes and determine future changes for this treatment modality.

Recommendations:

- Strengthen the data system including the valid and reliable collection, reporting, analysis and use of data for identifying good practices and improving service delivery and operations.
- Offer the mindfulness-based stress reduction group during daytime hours as requested by beneficiaries.
- Clearly define the purpose and roles of the QAMT and the QIC, leveraging coordination for quality management, and avoiding duplication.
- Expand the QIC standing agenda items to reflect data analyses for improving quality management and data-focused decision making.
- Track data quarterly for new programs, specifically for the mindfulness-based stress reduction group and the Cedar House Peer Respite Center, and monitor the cost/benefit analysis and any unintended impacts to outpatient services staffing. *(This recommendation is a carry-over from FY 2017-18.)*

Beneficiary Outcomes

Changes within the Past Year:

- The MHP implemented the CANS and PSC-35 outcome tools on a system-wide basis for children.

Strengths:

- The MHP implements the ANSA outcome tool on a system-wide basis for adults.

Opportunities for Improvement:

- The MHP has not yet established a tracking methodology, analyzed results system-wide, or developed service delivery strategies based on CANS, PSC-35, and ANSA aggregated results.
- There does not appear to be a career ladder for peer employees to pursue or expand in their positions.

Recommendations:

- Establish a tracking methodology, analyze results system-wide, and develop service delivery strategies based on CANS, PSC-35 and ANSA aggregated results. (*This recommendation is a carry-over from FY 2016-17 and 2017-18*.)

Foster Care

Changes within the Past Year:

- Trinity County has one foster care public health nurse embedded in CWS 30 hours per week responsible for medication management of foster care youth.
- The MHP is aware of SB 1291 performance measures, but is not tracking or monitoring them for internal use as this is the responsibility of the public health nurse in CWS.
- Trinity County does not have any Foster Family Agencies (FFA) or STRTPs within its borders. Trinity County contracts with two STRTPs located in Shasta County, Victor Treatment Center and Remi Vista, for these services.
- No presumptive transfers have been received into Trinity County to date.

Strengths:

- None noted

Opportunities for Improvement:

- The MHP was unable to provide disaggregated foster care data for all timeliness metrics.

Recommendations:

- Disaggregate foster care data for all timeliness metrics.

Information Systems

Changes within the Past Year:

- The MHP implemented Document Management in the EHR in August 2018.
- The MHP implemented both CANS and PSC-35 in July 2018.

Strengths:

- None noted.

Opportunities for Improvement:

- The lack of dedicated data analytical staffing limits the MHP's ability to use data for its quality improvement initiatives and reporting, including data extraction such as that needed for the timeliness metrics.
- The lack of staffing resources has delayed the progress of scanning clinical documentation into the EHR. As a result, the Document Management function is not optimized and some beneficiaries' clinical history remains in paper charts.

Recommendations:

- Hire a data analyst or contract with Kings View for analytical resources.
- Identify staff resources to finish scanning clinical documentation into the EHR to optimize Document Management.
- Develop and document business workflow processes to support scanning of documents into EHR by clinical and administrative staff.

Structure and Operations

Changes within the Past Year:

- The MHP experienced significant staffing changes within the past year due to retirements, resignations, and layoffs. The majority of vacated staff positions have remained unfilled to date:

  - The MHP Director retired in December 2018, and a new Director started January 2019.
  - The Assistant Director/AOD services Administrator retired in June 2018, and the position has not been filled. Rather, the duties of this position have been distributed among the remaining staff.
  - The Mental Health Services Act (MHSA) Coordinator who was also a part-time service provider, resigned in June 2018, and the duties for this position were shared among the remaining staff. The staff member then returned as a part-time service provider in September 2018.
  - Two clinical supervisors and a case manager resigned and one clinician retired. Their caseloads were distributed among the remaining staff.
  - Due to the many duties that the Agency Coordinating Manager took on during these staffing transitions, this staff was promoted to Deputy Director of Quality Assurance in January 2019.
  - The MHP's contracted Patient's Rights Advocate retired in November 2018, and a request for proposals was issued in January 2019 with one submission currently under consideration.
  - All three extra-help peer specialists were laid off.
  - The Hayfork Clinic receptionist retired a year ago. One of the two receptionists from the Weaverville clinic traveled to Hayfork three to four days a week to cover the office on the days that beneficiaries were scheduled to be seen. The second Weaverville receptionist resigned in March 2019. The MHP intends to fill this role with the part-time receptionist covering Hayfork.
  - The peer specialist who primarily worked in the Horizons Wellness Center in Hayfork (before it was closed) now travels to Weaverville to help staff the Milestones Wellness Center.

- The Cedar Home Peer Respite program has been on hold since July 2018. The MHP intends to reopen later this year as a five-day overnight program.
- Due to high cost overruns on the construction of the Cedar Home Peer Respite Center, several beneficiary programs and groups have been halted, and several staff positions have been vacated and remain unfilled, while others have been relocated to existing services.
- The MHP vacated three buildings that comprised the Weaverville offices in an effort to reduce operational costs:
  - The Milestones Wellness Center was relocated to the newly constructed Cedar Home Peer Respite Center.

  - Walk-in crisis requests are no longer referred to Milestones Wellness Center for an initial screening assessment, as the proximity of the site shifted away from the main clinic in Weaverville.
  - The MHP terminated the lease of the building that housed the Horizons Wellness Center in Hayfork.

- The MHP applied for and received the No Place Like Home technical assistance grant, and had contracted with a consultant to assist with securing a developer. At the County Administration Officer's (CAO) request, the MHP is transferring the remaining grant funding to the CAO's office where further project coordination will be centralized, removing the administrative burden from the MHP.

Strengths:

- The MHP has a new leadership team with the opportunity to restructure the system of care and improve service delivery and beneficiary outcomes.

Opportunities for Improvement:

- The significant staffing changes and unfilled vacancies have resulted in too few staff having too many responsibilities and clinical staff carrying heavier caseloads.
- Stakeholders throughout the system of care reported that staff morale is low and that many staff felt discouraged.

Recommendations:

- Complete an analysis of MHP staffing needs to determine current and future needed capacity by using data and reports for access, timeliness, caseloads, productivity, retention, LOS, levels of care, and other quality management information.
- Redistribute management responsibilities and workload among leadership, management, and clinical staff to improve system implementation, service delivery, and oversight.
- Implement strategies to improve team building and staff morale.

Summary of Recommendations

FY 2018-19 Recommendations:

- Complete an analysis of MHP staffing needs to determine current and future needed capacity by using data and reports for access, timeliness, caseloads, productivity, retention, lengths of stay, levels of care, and other quality management information.
- Redistribute management responsibilities and workload among leadership, management and clinical staff to improve system implementation, service delivery, and oversight.
- Reinstate the involvement of peer support specialists with crisis triage for beneficiaries in coordination with a clinician at the Milestones Wellness Center.
- Evaluate the potential for expanding field-based services.
- Reopen the Horizons Wellness Center in Hayfork.
- Implement strategies to improve team building and staff morale.
- Strengthen the data system including the valid and reliable collection, reporting, analysis and use of data for identifying good practices and improving service delivery and operations.
- Clearly define the purpose and roles of the Quality Assurance Management Team (QAMT) and the Quality Improvement Committee (QIC), leveraging coordination for quality management and avoiding duplication.
- Expand the QIC standing agenda items to reflect data analyses for improving quality management and data-focused decision making.
- Collect and report on 12 months of data for all the timeliness metrics.
- Disaggregate timeliness data for adults, children and foster care youth.
- Offer a first appointment within ten business days of initial request to comply with the state timeliness metric as per Information Notice (IN) 18-011.
- Offer a first psychiatric appointment within 15 business days of initial request to comply with the state timeliness metric as per IN 18-011.
- Hire a data analyst or contract with Kings View for additional analytical resources.
- Identify staff resources to finish scanning clinical documentation into the electronic health record (EHR) to optimize Document Management.

- Develop and document business workflow processes to support scanning of documents into EHR by clinical and administrative staff.
- Offer the mindfulness-based stress reduction group during daytime hours as requested by beneficiaries.

FY 2018-19 Foster Care Recommendations:

- Disaggregate foster care data for all timeliness metrics.

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

- Establish a tracking methodology, analyze results system-wide, and develop service delivery strategies based on the Child and Adolescent Needs and Strengths (CANS), PSC-35 and Adult Needs and Strengths Assessment (ANSA) results.
- Track data quarterly for new programs, specifically the mindfulness-based stress reduction group and the Cedar House Peer Respite Center, to routinely monitor the cost/benefit analysis and any unintended impacts to outpatient services staffing.

SITE REVIEW PROCESS BARRIERS

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

- CalEQRO conducted a 90-minute focus group with seven consumers (MHP beneficiaries) and/or their family members, none of whom had entered services in the past 15 months. This is the second year in a row that the MHP has not met this request by CalEQRO.

ATTACHMENTS

Attachment A: On-site Review Agenda

Attachment B: On-site Review Participants

Attachment C: Approved Claims Source Data

Attachment D: List of Commonly Used Acronyms in EQRO Reports

Attachment F: PIP Validation Tools

Attachment A—On-site Review Agenda

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

Table A1—EQRO Review Sessions - Trinity MHP
Opening Session – Changes in the past year; current initiatives; and status of previous year's recommendations
Use of Data to Support Program Operations
Cultural Competence, Disparities and Performance Measures
Timeliness Performance Measures/Timeliness Self-Assessment
Quality Management, Quality Improvement and System-wide Outcomes
Beneficiary Satisfaction and Other Surveys
Performance Improvement Projects
Primary Care Collaboration and Integration
Acute and Crisis Care Collaboration and Integration
Health Plan and Mental Health Plan Collaboration Initiatives
Clinical Line Staff Group Interview
Clinical Supervisors Group Interview
Consumer and Family Member Focus Group
Peer Inclusion/Peer Employees within the System of Care
Validation of Findings for Pathways to Mental Health Services (Katie A./CCR)
Information Systems Billing and Fiscal Interview
Information Systems Capabilities Assessment (ISCA)
Telehealth
Wellness Center Site Visit
Final Questions and Answers - Exit Interview

Attachment B—Review Participants

CalEQRO Reviewers

Della Dash, MPH, BSN, Senior Quality Reviewer
Caroline Yip, Information Systems 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

Trinity County Behavioral Health Services (TCBHS)
1450 Main Street
Weaverville, CA 96093

Milestones Wellness Center
250-B Main Street
Weaverville, CA 96093

Cedar Home Peer Respite Center
250-B Main Street
Weaverville, CA 96093

Table B1—Participants Representing the MHP			
Last Name	**First Name**	**Position**	**Agency**
Angelone	Mario	CWS Program Manager	TCBHS
Angspatt	Jiraporn (Dow)	Triage Manager	TCBHS
Butler	Marlinda	MHSA Coordinator	TCBHS
Clair Montes	Kelley	MH Clinician I Intern	TCBHS
Cudziol	Jim	Clinician II	TCBHS
Dunlap-Bennett	Crystal	Accountant II	TCBHS
Graham	Katie	Medical Records Coordinator	TCBHS
Hall	Rachaya	Accountant I	TCBHS
Hammett	Peggy	Case Manager II	TCBHS
Hanley	Shawna	Case Manager/Rehabilitation Specialist	TCBHC
Kist	Jeff	Case Manager II	TCBHS
Klein	Debbie	Deputy Director Clinical Services	TCBHS
Lagorio	Kathryn	Clinician I	TCBHS
Mandolfo	Amber	Behavioral Health Administrative Specialist	TCBHS
Mann	Sally	Registered Nurse	TCBHS
Marshall-Winks	Brian	Deputy Director Business Services	TCBHS
McInerney	Joe	Clinician III	TCBHS
Perrone	Michelle	Administrative Specialist	TCBHS
Reimer	Karen	Quality Assurance Compliance Coordinator	TCBHS
Riley	Hope	Peer Specialist	TCBHS
Roberts	Suzette	Program Manager	Remi Vista
Schlegel	Vanessa	Peer Specialist	TCBHS
Trujillo	Rebecca	Agency Coordinating Manager	TCBHS
White	Brent	Case Manager II	TCBHS

Attachment C—Approved Claims Source Data

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

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

Table C1. CY 2017 Medi-Cal Expansion (ACA) Penetration Rate and ACB
Trinity MHP

Entity	Average Monthly ACA Enrollees	Beneficiaries Served	Penetration Rate	Total Approved Claims	ACB
Statewide	3,816,091	147,196	3.86%	$703,932,487	$4,782
Small-Rural	31,431	2,191	6.97%	$6,539,620	$2,985
MHP	1,619	85	5.25%	$405,347	$4,769

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

Table C2. CY 2017 Distribution of Beneficiaries by ACB Cost Band
Trinity MHP

ACB Cost Bands	MHP Beneficiaries Served	MHP Percentage of Beneficiaries	Statewide Percentage of Beneficiaries	MHP Total Approved Claims	MHP ACB	Statewide ACB	MHP Percentage of Total Approved Claims	Statewide Percentage of Total Approved Claims
< $20K	355	96.21%	93.38%	$1,491,507	$4,201	$3,746	79.92%	56.69%
>$20K - $30K	*	n/a	3.10%	-	$23,368	$24,287	n/a	12.19%
>$30K	*	n/a	3.52%	-	$32,907	$54,563	n/a	31.11%

Attachment D—List of Commonly Used Acronyms

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

Table D1—List of Commonly Used Acronyms	
IHBS	Intensive Home Based Services
IT	Information Technology
LEA	Local Education Agency
LGBTQ	Lesbian, Gay, Bisexual, Transgender or Questioning
LOS	Length of Stay
LSU	Litigation Support Unit
M2M	Mild-to-Moderate
MDT	Multi-Disciplinary Team
MHBG	Mental Health Block Grant
MHFA	Mental Health First Aid
MHP	Mental Health Plan
MHSA	Mental Health Services Act
MHSD	Mental Health Services Division (of DHCS)
MHSIP	Mental Health Statistics Improvement Project
MHST	Mental Health Screening Tool
MHWA	Mental Health Wellness Act (SB 82)
MOU	Memorandum of Understanding
MRT	Moral Reconation Therapy
NP	Nurse Practitioner
PA	Physician Assistant
PATH	Projects for Assistance in Transition from Homelessness
PHI	Protected Health Information
PIHP	Prepaid Inpatient Health Plan
PIP	Performance Improvement Project
PM	Performance Measure
QI	Quality Improvement
QIC	Quality Improvement Committee
RN	Registered Nurse
ROI	Release of Information
SAR	Service Authorization Request
SB	Senate Bill
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SDMC	Short-Doyle Medi-Cal
SELPA	Special Education Local Planning Area
SED	Seriously Emotionally Disturbed
SMHS	Specialty Mental Health Services
SMI	Seriously Mentally Ill
SOP	Safety Organized Practice
SUD	Substance Use Disorders
TAY	Transition Age Youth
TBS	Therapeutic Behavioral Services
TFC	Therapeutic Foster Care
TSA	Timeliness Self-Assessment

Table D1—List of Commonly Used Acronyms	
WET	Workforce Education and Training
WRAP	Wellness Recovery Action Plan
YSS	Youth Satisfaction Survey
YSS-F	Youth Satisfaction Survey-Family Version

Attachment E—PIP Validation Tools

PERFORMANCE IMPROVEMENT PROJECT (PIP) VALIDATION WORKSHEET FY 2018-19 CLINICAL PIP	
GENERAL INFORMATION	
MHP: Trinity	
PIP Title: Improving Severity of Anxiety among Clients Diagnosed with an Anxiety Disorder	
Start Date: September 2018 **Completion Date**: September 2020 **Projected Study Period**: 24 Months **Completed**: Yes ☐ No ☒ **Date of On-Site Review**: April 30, 2019 **Name of Reviewer**: Della Dash	**Status of PIP (Only Active and ongoing, and completed PIPs are rated):** **Rated** ☒ Active and ongoing (baseline established and interventions started) ☐ Completed since the prior External Quality Review (EQR) **Not rated. Comments provided in the PIP Validation Tool for technical assistance purposes only.** ☐ Concept only, not yet active (interventions not started) ☐ Inactive, developed in a prior year ☐ Submission determined not to be a PIP ☐ No Clinical PIP was submitted
Brief Description of PIP: The overall goal of the clinical PIP is to reduce the severity of anxiety experienced by beneficiaries with an anxiety disorder (25 percent of the beneficiary population), as well as those with anxiety symptoms. The MHP's rate of anxiety diagnoses is approximately twice that of the statewide average; therefore, this study topic is relevant to a substantial portion of beneficiaries. The problem was brought to the attention of the MHP during the EQRO review for FY 2016-17. Per the FY 2016-17 EQRO report, "The distribution of	

primary diagnoses for the MHP are predominately below or on par with statewide diagnostic rates in all categories except anxiety disorders. Here, the MHP's experience (27 percent) was significantly higher than the statewide number (13 percent)." This trend continued in FY 2017-18 with the MHP's average of 25 percent and the statewide average of 13 percent.

The MHP believes that their rate is high because people with anxiety disorders tend to migrate to rural communities. Therefore, the clinical PIP does not seek to reduce the number of beneficiaries with an anxiety diagnosis. Rather, the PIP focuses on improving the level of functioning among the beneficiary population.

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 PIP topic was selected using stakeholder input from the QIC and the Mental Health Advisory Board, both of which include consumer and family members along with other community stakeholders. The QA Management Team provides oversight for the PIP and all agency QA issues. The PIP team was previously supported with external consulting resources; however, as of July 2018, due to budget constraints, the MHP is no longer contracting with the consulting firm.
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 PIP topic was selected through data collection and analysis of diagnostic trends and outcome measures.

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 PIP focuses on improving the level of functioning among the beneficiary population by decreasing the severity of symptoms.
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: Diagnosis of Anxiety Disorder	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	The PIP includes beneficiaries with an anxiety disorder (25 percent of the beneficiary population), as well as those with anxiety symptoms.
	Totals	**4 Met** Partially Met Not Met UTD

STEP 2: Review the Study Question(s)		
2.1 Was the study question(s) stated clearly in writing? Does the question have a measurable impact for the defined study population? *Include study question as stated in narrative:* "Can the severity of anxiety (as measured by the Adult Needs and Strengths Assessment (ANSA) and the Hamilton Anxiety Rating Scale (HAM-A)) among beneficiaries with anxiety as a primary diagnosis be reduced by 20 percent in one year by offering additional specific resources and tools to address their anxiety?"	☐ Met ☒ Partially Met ☐ Not Met ☐ Unable to Determine	As this is a two-year PIP, the study question should be broader, focusing on an overarching problem that will be addressed over the life of the project rather than just the first year. If feasible, the study question might be changed to "20 percent per year", or "20 percent per person per year". Alternatively, stating it conversely would strengthen it, "Will offering additional specific resources and tools to beneficiaries with a primary diagnosis of anxiety disorder reduce the severity of anxiety by 20 percent per person per year?" This option affords the PIP team the opportunity to introduce a number of interventions (e.g., groups, tools, medication options, others), measured by a number of varied indicators (outcome measures, utilization data, decreases in medication dosages, etc.).
	Totals	Met **1 Partially Met** Not Met UTD

STEP 3: Review the Identified Study Population		
3.1 Did the Plan clearly define all Medi-Cal enrollees to whom the study question and indicators are relevant? *Demographics:* ☐ Age Range ☐ Race/Ethnicity ☐ Gender ☐ Language ☒ Other: Anxiety Disorder Diagnoses	☐ Met ☒ Partially Met ☐ Not Met ☐ Unable to Determine	The study population is defined as: 1. Beneficiaries with a primary diagnosis of anxiety (CY 2016: 30 percent; CY 2017: 25 percent). 2. Beneficiaries that presented with anxiety symptoms and had significant enough anxiety to warrant a score on the Anxiety item in the Mental Health Needs Domain of the ANSA (54 in CY 2017). 3. Beneficiaries enrolled in the Mindfulness-Based Stress Reduction group, designed for those with a primary diagnosis of anxiety disorder. The PIP does not define the age of the beneficiaries targeted in the PIP (e.g., adults), and no mention is made of children, teens and TAY beneficiaries diagnosed with an anxiety disorder. There is also no specific data on the gender and race/ethnicity of the Trinity beneficiary population.

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: Diagnosis of Anxiety Disorder	☐ Met ☒ Partially Met ☐ Not Met ☐ Unable to Determine	Given the small beneficiary population, and the subset of beneficiaries with an anxiety disorder and/or anxiety symptoms, every effort should be made to include as many beneficiaries as possible. No data were provided on the total number of beneficiaries, those with a primary diagnosis of anxiety disorder, and those that opt in/out of the study interventions. It would be helpful to provide a table with this data, disaggregated by age, gender and race/ethnicity.
	Totals	Met **2 Partially Met** Not Met UTD
STEP 4: Review Selected Study Indicators		
4.1 Did the study use objective, clearly defined, measurable indicators? *List indicators:* 1. Average ANSA-Anxiety score 2. Number of clients with each score as a percent of the total 3. Average GAD-7 Score among group participants 4. Average SAL of MBSR group participants 5. Average HAM-A score among clients with anxiety as a primary diagnosis 6. Percentage of Beneficiaries Served with Primary Diagnosis in the Anxiety Category 7. Percentage of Total Approved Claims with Primary Diagnosis in the Anxiety Category	☐ Met ☒ Partially Met ☐ Not Met ☐ Unable to Determine	The number of beneficiaries should be included to compare group size. Consider a beneficiary survey which provides feedback regarding the value of the group and whether the interventions continue to be used following group completion. In addition, there are no process indicators to measure the implementation of the two interventions. For example, the number of participants, attendance levels, and completion rates.

4.2 Did the indicators measure changes in: health status, functional status, or enrollee satisfaction, or processes of care with strong associations with improved outcomes? All outcomes should be beneficiary-focused. ☐ Health Status ☒ Functional Status ☐ Member Satisfaction ☐ Provider Satisfaction Are long-term outcomes clearly stated? ☐ Yes ☒ No Are long-term outcomes implied? ☒ Yes ☐ No	☐ Met ☒ Partially Met ☐ Not Met ☐ Unable to Determine	The indicators measured changes in functional status and severity of symptoms.
	Totals	Met **2 Partially Met** Not Met UTD
STEP 5: Review Sampling Methods		
5.1 Did the sampling technique consider and specify the: a) True (or estimated) frequency of occurrence of the event? b) Confidence interval to be used? c) Margin of error that will be acceptable?	☐ Met ☐ Partially Met ☐ Not Met ☒ Not Applicable ☐ Unable to Determine	The PIP did not include sampling. However, the interventions were not unanimously applied to all beneficiaries included in the PIP, which raises concerns regarding validity and replicability.

5.2 Were valid sampling techniques that protected against bias employed? *Specify the type of sampling or census used:*	☐ 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 **3 NA** UTD	

STEP 6: Review Data Collection Procedures		
6.1 Did the study design clearly specify the data to be collected?	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	1. Anxiety scores – as measured by the ANSA, collected quarterly by clinical staff 2. Generalized Anxiety Disorder 7-item Scale (GAD-7) of MBSR group participants. 3. Subjective Anxiety Levels of MBSR group participants. 4. Hamilton Anxiety Rating Scale (HAM-A) scores among beneficiaries with anxiety as a primary diagnosis – collected quarterly by provider staff. 5. Percent of beneficiaries served with a primary diagnosis in the Anxiety category. 6. Percent of total approved claims with a primary claimed diagnosis in the Anxiety category.
6.2 Did the study design clearly specify the sources of data? *Sources of data:* ☒ Member ☒ Claims ☒ Provider ☐ Other:	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	Data sources are clearly specified.
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 PIP lists the data collection procedures for each of the level of function/level of outcome tools, including the frequency of data collection, and who is responsible for collecting valid and reliable data.

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: Claims data	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	Instruments used for data collection were consistent.
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	Preliminary data analysis for this PIP was completed in FY 2017-18. The primary analyst working with the data was a clinical informatics and analytics expert. However, the MHP's contract with the consulting firm did not continue into FY 2018-19. The Quality Assurance Manager/Deputy Director of Quality Assurance and the Quality Assurance and Compliance Coordinator now guide the data collection and analysis efforts. Medical Records staff provide quarterly diagnosis reports from the EHR. The Deputy Director of QA calculates the percentage of beneficiaries served with a primary claimed diagnosis in the Anxiety category and compares it against previous quarters. Contingencies for untoward results are missing and need to be reviewed as these ideally should be applied at regular intervals.

6.6 Were qualified staff and personnel used to collect the data? *Project leader:* Rebecca Trujillo, MPH, Deputy Director of Quality Assurance *Other team members:* Connie Cessna Smith, MPA, Director (beginning 1/2/2019) Noel O'Neill, LMFT, Agency Director (through 12/31/2018) Karen Reimer, BA, Quality Assurance and Compliance Coordinator Debra Klein, LMFT, Deputy Director of Clinical Services Dow Angspatt, LMFT, LPCC, Triage Manager Michelle Perrone, Medical Records Administrative Specialist Carol Underwood, Patient Rights Advocate (through 11/30/2018)	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine				
	Totals	**5 Met**	**1 Partially Met**	Not Met	UTD

STEP 7: Assess Improvement Strategies		
7.1 Were reasonable interventions undertaken to address causes/barriers identified through data analysis and QI processes undertaken? *Describe Interventions:* 1. Creation of an intervention group for treating anxiety 2. Introduction of "7 Cups of Tea" exercise to reduce anxiety symptoms	☐ Met ☒ Partially Met ☐ Not Met ☐ Unable to Determine	The first intervention is weekly 90-minute groups for 12 weeks, and a comprehensive syllabus is included that details the activities to be carried out and the measurements assessed each week. However, there is no information about who is leading the groups, how many participants can be included in each group, and their demographics (e.g., age, gender, and race/ethnicity). Also missing is the number of groups, whether they run simultaneously, and if beneficiaries can participate in more than one group, or in consecutive groups. For the second intervention, only a "specific set of individuals" were offered this resource by staff; however, no further data are provided. Both interventions lack process indicators to measure, for example, the number of participants, attendance levels, and completion rates.
	Totals	Met **1 Partially Met** Not Met UTD
STEP 8: Review Data Analysis and Interpretation of Study Results		
8.1 Was an analysis of the findings performed according to the data analysis plan? *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	Data were collected and analyzed quarterly in December 2018 and March 2019, as per the data analysis plan.

8.2 Were the PIP results and findings presented accurately and clearly? Are tables and figures labeled? ☒ Yes ☐ No Are they labeled clearly and accurately? ☒ Yes ☐ No	☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	
8.3 Did the analysis identify: initial and repeat measurements, statistical significance, factors that influence comparability of initial and repeat measurements, and factors that threaten internal and external validity? Indicate the time periods of measurements: _____ Indicate the statistical analysis used: _____ Indicate the statistical significance level or confidence level if available/known: ____percent _____Unable to determine	☐ Met ☒ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	Initial and repeat measures were completed for two quarters to date. Individual analysis of each clients' ANSA scores showed that 70 percent of clients Anxiety rating remained the same, 26 percent improved (score decreased), and 4 percent declined (score increased). However, the PIP lacks a full discussion of the analyses, whether the interventions were carried out as planned, and whether any changes were necessary and/or made. The MHP stated that due to resource limitations, no statistical significance testing was completed for the results.

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:* *Conclusions regarding the success of the interpretation:* *Recommendations for follow-up:*	☐ Met ☒ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	The PIP did not include a full interpretation of the extent to which the PIP was successful, and recommend any follow-up activities. The MHP reported that due to limitations with the EHR, much of the data calculation and compilation was done manually. The MHP is able to pull reports showing lists of beneficiaries and their diagnoses and ANSA score; however, there is no good summary or analysis data available. Therefore, staff must take the data from the reports and enter it into excel spreadsheets to obtain summary data and to analyze results across multiple data collection periods, and there is room for error when data must be entered manually. While staff were reportedly careful, they were unable to verify exact transcription of the data. While there may be some inherent errors, the overall trend from one period to the next appears to be large enough to demonstrate that change did occur in the suggested direction – positive or negative. However, it is not significant. No recommendations were made. However, the team is considering applying Feedback Informed Treatment as a way to improve individual therapy.
Totals	**2 Met** **2 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	The two interventions applied were both applied to a relatively small portion of beneficiaries. The MBSR group is likely one of the more effective interventions, but only four beneficiaries completed the group sessions, so results cannot be widely applied across the beneficiary population. The agency should continue to offer this group a few times a year so increased beneficiary numbers are included to measure any real change. The "7 Cups of Tea" site was utilized by approximately ten participants, who are not a representative of the beneficiary population as they were all selected due to their access and experience with technology and the internet. However, these few beneficiaries did seem to benefit from the additional support they received from the on-demand peer support. Despite these interventions being applied on a small scale, there was overall improvement in beneficiaries' Anxiety scores on the ANSA and in the HAM-A. It is likely that just attending individual therapy sessions and meeting with providers to work on the treatment plan is helpful for beneficiaries.

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	Only one group has been implemented, and while the MHP plans to encourage more beneficiaries with anxiety to participate in the MBSR group, at this time there is no start date for a second group.
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	Given that only one group has been implemented, it is not yet possible to determine if any improvements may be attributed to the intervention(s).
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 **2 Partially Met** **1 Not Met** 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 overall goal of this clinical PIP is to improve the severity of anxiety experienced by beneficiaries with an anxiety disorder (25 percent of the beneficiary population), as well as those with anxiety symptoms. Ample justification was provided for the PIP, as the MHP's rate of anxiety disorder is twice the statewide average. While no correlation exists between poverty levels in small, rural MHPs and the prevalence of anxiety, the MHP proposes that people with anxiety disorders tend to migrate to rural communities. Therefore, the clinical PIP does not seek to reduce the number of beneficiaries with an anxiety diagnosis. Rather, the PIP focuses on improving the level of functioning among the beneficiary population.

The PIP topic was selected through data collection and analysis of diagnostic trends and outcome measures, and stakeholder input was included. The PIP team was previously supported with external consulting resources; however, as of July 2018, due to budget constraints, the MHP is no longer contracting with the consulting firm.

The study question while clearly stated and measurable, but would be further strengthened by making it broader.

Given the small beneficiary population, and the subset of beneficiaries with an anxiety disorder and/or anxiety symptoms, every effort should be made to include as many beneficiaries as possible. The PIP does not define the age of the beneficiaries targeted in the PIP (e.g., adults), and no mention is made of children, teens and TAY beneficiaries diagnosed with an anxiety disorder. There is also no specific data on the gender and race/ethnicity of the Trinity beneficiary population.

Study interventions are clearly stated and measurable; however, there are no process indicators to measure the two interventions.

The data analysis plan lacks some detail, and contingencies for untoward results are missing. Initial and repeat measures were completed for two quarters to date, and some improvements were noted. However, due to the small sample size and the fact that only one group has been implemented to date, statistical significance was not determined. The PIP lacks a full discussion of the data analysis including whether the interventions were carried out as planned and whether any changes were necessary and/or made.

Recommendations:

As this is a two-year PIP, the study question should be broader, focusing on an overarching problem that will be addressed over the life of the project rather than just the first year. Examples for improving the study question can be found in the PIP Validation Tool at the end of this report.

The study population should provide further details on the age of the beneficiaries targeted in the PIP (e.g., adults), as well as other specific demographics.

While the study interventions are clearly stated and measurable, there are no process indicators to measure the implementation of the two interventions. For example, the number of participants, attendance levels, and completion rates. In addition, the MHP should consider a consumer survey which provides feedback regarding the value of the groups, and whether beneficiaries are continuing to utilize the interventions following group completion. The MHP is encouraged to continue the two interventions, and conduct another group as soon as possible. In addition, additional interventions should be considered, and at least one must be added for the MHP to keep this PIP in active status for another fiscal year.

The data analysis plan lacks contingencies for untoward results which need to be reviewed as these ideally should be applied at regular intervals. Initial and repeat measures were completed for two quarters to date, and some improvements were noted. A full analysis of the findings needs to be presented, including whether the interventions were carried out as planned and whether any changes were necessary and/or made.

The MHP is encouraged to provide an updated version of the PIP write-up to CalEQRO for feedback and technical assistance once the above stated recommendations have been made, and interventions have been continued.

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

Summary Totals for PIP Validation	Clinical PIP
Number Met	11
Number Partially Met	11
Number Not Met	1
Unable to Determine	2
Number Applicable (AP) (Maximum = 28 with Sampling; 25 without Sampling)	25
Overall PIP Ratings ((#M*2)+(#PM))/(AP*2)	**83%**

Check one:

☐ High confidence in reported Plan PIP results ☐ Low confidence in reported Plan PIP results

☐ Confidence in reported Plan PIP results ☐ Reported Plan PIP results not credible

☒ Confidence in PIP results cannot be determined at this time

PERFORMANCE IMPROVEMENT PROJECT (PIP) VALIDATION WORKSHEET FY 2018-19 NON-CLINICAL PIP	
GENERAL INFORMATION	
MHP: Trinity	
PIP Title: Follow-up Calls to Non-Client Crisis and Access Calls	
Start Date: August 2018 **Completion Date**: July 2019 **Projected Study Period**: 12 Months **Completed**: Yes ☐ No ☒ **Date of On-Site Review:** April 30, 2019 **Name of Reviewer**: Della Dash	**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: The goal of the non-clinical PIP is to improve the MHP follow-up call rate for after-hours calls that either request or require a follow-up call, and to increase the volume of follow-up calls that result in a new client appointment.	

In addition, the non-clinical PIP aims to reduce the number of repeat crisis callers who use the access line to obtain crisis services, and where possible bring them in for regular ongoing mental health services to improve beneficiary outcomes and decrease the use of crisis services for beneficiaries that need ongoing care.

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 PIP team includes staff and management with expertise in the areas of the PIP topic and an understanding of the PIP process. The PIP Team takes guidance from both the QIC, which includes beneficiaries, family members and other stakeholders, and the QA management 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 PIP topic was selected through data collection and analysis of Crisis and Access Log data during monthly QA management team meetings. Over the past several quarters, the team noticed large gaps in the data which prevented a full analysis of crisis response timeliness and initial access follow-up for requests that come in after hours. Specific concerns were around the “time called” and the “time responded” fields, as most of the records showed the same time for both fields. This was found to be due to several factors including wait times for hospitals to medically clear clients, and the need for additional training of staff and the contractors for after-hours response. The MHP has a contract with Crisis Support Services of Alameda County to cover the 24/7 crisis and access line outside of regular business hours.

Select the category for each PIP:

Non-clinical:

☒ Prevention of an acute or chronic condition
☒ Care for an acute or chronic condition
☒ Process of accessing or delivering care
☐ High volume services
☒ High risk conditions

1.3 Did the Plan's PIP, over time, address a broad spectrum of key aspects of enrollee care and services? *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 PIP aims to improve the follow-up call rate for after-hours calls that either request or require a follow-up call, and to increase the volume of follow-up calls that result in a new client appointment. In addition, the PIP aims to reduce the number of repeat crisis callers who use the access line to obtain crisis services, and instead bring them in for regular ongoing mental health services to improve beneficiary outcomes and decrease the number of crisis calls and overutilization of crisis services. During business hours, all crisis and access calls go directly to the crisis worker on-call for the day; usually a case manager/rehabilitation specialist or a clinician. The individual on-call, responding to all crisis and access calls, enters all calls into the Crisis and Access Log throughout the day. At the close of business each day, administrative staff set all crisis and access line calls to be forwarded to the contractor. If a call requires a local, physical response, a crisis staff on schedule for that day/night is contacted. After hours, staff are called to respond to a crisis. Staff are to enter the information into the crisis and access log the next business day. The contractor also provides a report of calls each business day.

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: All initial access and crises calls to the access line	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	The study population for this PIP includes all beneficiaries that call the crisis/access line for initial access and crisis, including both existing and new clients.
	Totals	**4 Met** Partially Met Not Met UTD
STEP 2: Review the Study Question(s)		
2.1 Was the study question(s) stated clearly in writing? Does the question have a measurable impact for the defined study population? *Include study question as stated in narrative:* "By increasing the follow-up call rate on crisis and access to service calls that come in outside of business hours to 100 percent within 30 days, will the amount of new client appointments increase to ten percent of all follow-up contacts, and decrease the amount of repeat crisis and access line callers by 5 percent, both within 120 days?"	☐ Met ☒ Partially Met ☐ Not Met ☐ Unable to Determine	The study question, as written, is unclear and could be strengthened by reorganizing it as follows: "Will increasing the follow-up rate on crisis and access to service calls received outside of business hours from X percent to 100 percent within 30 days result in: 1. An increase in the number of new client appointments to ten percent, and 2. A decrease of repeat crisis and access line callers by five percent?"
	Totals	Met **1 Partially Met** Not Met UTD

STEP 3: Review the Identified Study Population		
3.1 Did the Plan clearly define all Medi-Cal enrollees to whom the study question and indicators are relevant? *Demographics:* ☐ Age Range ☐ Race/Ethnicity ☐ Gender ☐ Language ☒ Other: All initial access and crises calls to the access line	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	The study population for this PIP includes beneficiaries that call the crisis/access line for initial access and crisis, including both existing and new clients.
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: Crisis and Access Call Log	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	Available data show that the MHP received 616 crisis/access line calls in FY 2016-17 and 843 in FY 2017-18. 380 of the 616 documented calls in FY 2016-17 came from individuals that were not current clients and in FY 2017-18, 695 of the 843 calls were from non-clients. On average, the MHP has between 240 and 260 active clients each month.
	Totals	**2 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:* 1. Follow-up contact rate 2. Timely follow-up contact rate 3. Non-client crisis calls 4. Successful outreach – assessment appointments scheduled) 5. Successful engagement – short term 6. Successful engagement – long term	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	The indicators are clearly defined and measurable. The indicators might include additionally the number/percent and timeliness of appointments offered, scheduled, and kept, as well as the number/percent of clients referred to a lower level of care through the MCO, and their disposition. The Crisis and Access Call Log is where the problem was discovered and will likely be the most useful tool to track progress. In addition, to indicating a follow-up date, a "Disposition" field was added for triage staff to note the outcome of the follow-up call. The number of follow-up calls that result in a scheduled assessment appointment for a new beneficiary will determine whether the efforts are successfully connecting beneficiaries with services, and if it is happening in a timely manner. When this occurs, a new beneficiary number will be indicated in the disposition field for longitudinal tracking. Each new beneficiary that is enrolled based on these efforts will be tracked for one year to see if they attend the assessment appointment, to what services they are referred, if they continue to utilize and remain engaged in services, and if they use the crisis line while engaged in services.

4.2 Did the indicators measure changes in: health status, functional status, or enrollee satisfaction, or processes of care with strong associations with improved outcomes? All outcomes should be beneficiary-focused. ☐ Health Status ☐ Functional Status ☐ Member Satisfaction ☐ Provider Satisfaction Are long-term outcomes clearly stated? ☒ Yes ☐ No Are long-term outcomes implied? ☒ Yes ☐ No	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	The indicators measure processes of care with strong associations with improved outcomes.
	Totals	**2 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	No sampling method was used as all crisis and access to service calls are included.

5.2 Were valid sampling techniques that protected against bias employed? *Specify the type of sampling or census used:*	☐ 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 **3 NA** UTD
STEP 6: Review Data Collection Procedures		
6.1 Did the study design clearly specify the data to be collected?	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	The PIP specifies the data to be collected.
6.2 Did the study design clearly specify the sources of data? *Sources of data:*	☒ Met ☐ Partially Met ☐ Not Met	Most data collected for this PIP will come from the new Crisis and Access Call Log.

☐ Member ☒ Claims ☐ Provider ☒ Other: Crisis and Access Call Log; and EHR	☐ Unable to Determine	Information will also be collected from the EHR and entered into a tracking spreadsheet.
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	At the end of each month, medical records staff will compile a Crisis/Access Call Log report that shows the follow-up requests and follow-up contacts made, how many follow-up calls resulted in scheduled appointments, and number of clients and non-clients utilizing the crisis/access line. For the follow-up calls that result in scheduled appointments, the client number will be documented in the "Disposition" field so that administrative staff can manually track these individuals for attendance and engagement in services.
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: Crisis and Access Call Log; and EHR	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	

6.5 Did the study design prospectively specify a data analysis plan? Did the plan include contingencies for untoward results?	☐ Met ☒ Partially Met ☐ Not Met ☐ Unable to Determine	Two Administrative Specialists and the Medical Records Coordinator will collect and report the data to the PIP team monthly, using a summary report template. The Deputy Director of Quality Assurance will review and analyze the data. The analysis plan does not include contingencies for untoward results.
6.6 Were qualified staff and personnel used to collect the data? *Project leader:* Name: Rebecca Trujillo Title: Deputy Director of Quality Assurance Role: Quality Assurance Manager *Other team members:* Connie Cessna Smith, MPA, Director Karen Reimer, Quality Assurance and Compliance Coordinator Debra Klein, Deputy Director of Clinical Services Dow Angspatt, Triage Manager Michelle Perrone, Medical Records Administrative Specialist Carol Underwood, Patient Rights Advocate (to 11/30/18)	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	
	Totals	**5 Met** **1 Partially Met** Not Met UTD

STEP 7: Assess Improvement Strategies		
7.1 Were reasonable interventions undertaken to address causes/barriers identified through data analysis and QI processes undertaken? *Describe Interventions:* 1. Implement new process for follow-up requests that come in outside of business hours 2. Retrain staff on process and use of Crisis and Access Call Log, informing staff on goal to schedule non-clients for an assessment 3. Add disposition column to Crisis and Access Call Log to track outcome of follow-up calls	☐ Met ☒ Partially Met ☐ Not Met ☐ Unable to Determine	The interventions need to be described in more detail, including the steps for how each intervention will be implemented.
	Totals	Met **1 Partially Met** Not Met UTD
STEP 8: Review Data Analysis and Interpretation of Study Results		
8.1 Was an analysis of the findings performed according to the data analysis plan? *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	The data analysis process occurred as planned. All data were collected monthly and reported at the PIP team meetings. The Deputy Director of Quality Assurance reviewed and analyzed the data for improvement.

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	PIP results and findings were presented accurately; however, the results column is missing numerator and denominator data making it difficult to assess. Columns with running totals would provide more clarity.
8.3 Did the analysis identify: initial and repeat measurements, statistical significance, factors that influence comparability of initial and repeat measurements, and factors that threaten internal and external validity? Indicate the time periods of measurements: _____ Indicate the statistical analysis used: _____ Indicate the statistical significance level or confidence level if available/known: ____percent _____Unable to determine	☐ Met ☒ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	Initial and repeat measures were identified. Due to both small numbers of what and limited resources in the MHP, statistical significance testing was not performed.

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:* *Conclusions regarding the success of the interpretation:* *Recommendations for follow-up:*	☐ Met ☒ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	The MHP continued to be challenged by limited staff available to make follow-up calls, complete assessments, and see new clients regularly. After the first three months of having clinical staff make follow-up calls, the rate of follow-up was still very low. The team decided to retrain staff on the new processes and the intent of the follow-up calls. However, results were lower than expected. The MHP reported some success as four new clients attended assessment appointments, but no percentages were presented in the narrative. The PIP lacked a fully detailed analysis of the data, and it is therefore difficult to determine if there was improvement in the individual interventions, or for the PIP overall. While the analysis lacked detail, results did cause the MHP to reassess clinician caseloads and overall capacity.
Totals	**1 Met**	**3 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	Measurements were consistently carried out. The data for each of the indicators varied considerably month over month. No running totals were provided. The data tables included monthly data, but no running totals were provided.
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	The lack of numerator and denominator data in the results table make it difficult to fully understand the extent to which the indicators demonstrate improvements. The improvement achieved is presented in percentages only, and two indicators show a 50 percent improvement, two a 14 percent improvement, and the other two no real improvement. The PIP lacked a fully detailed analysis of the data, a discussion of whether the actual interventions were successful, and if they answered the study question.

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	Due to both small numbers and lack statistical significance testing, it is difficult to determine if the PIP interventions are demonstrating success or answering the study question.
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	Due to both small numbers and limited resources in the MHP, statistical significance testing was not performed.
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 **2 Partially Met** **3 Not Met** NA UTD	

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

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

Conclusions:

The goal of the non-clinical PIP is to improve the MHP follow-up call rate for after-hours calls that either request or require a follow-up call, and to increase the volume of follow-up calls that result in a new client appointment.

In addition, the non-clinical PIP aims to reduce the number of repeat crisis callers who use the access line to obtain crisis services, and where possible bring them in for regular ongoing mental health services to improve beneficiary outcomes and decrease the use of crisis services for beneficiaries that need ongoing care.

The PIP team includes staff and management with expertise in the areas of the PIP topic, and an understanding of the PIP process. The PIP topic was selected through data collection and analysis of Crisis and Access Log data during monthly QA management team meetings.

The study population for this PIP includes all clients that call the crisis/access line for initial access and crisis, including both existing and new clients.

The study question, as written, is unclear and could be strengthened by reorganizing it.

The indicators are clearly defined and measurable.

The analysis plan does not include contingencies for untoward results.

The interventions lack sufficient detail to describe how each intervention will be implemented.

Throughout the implementation of the PIP, the MHP continued to be challenged by limited staff availability for making follow-up calls, completing assessments and seeing new clients regularly.

The PIP lacked a fully detailed analysis of the data, and due to both small numbers and lack statistical significance testing, it is difficult to determine if the PIP interventions are demonstrating success or answering the study question. While the analysis lacked detail, results did cause the MHP to reassess clinician caseloads and overall capacity.

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

Recommendations:

Strengthen the study question by reorganizing it (example provided above).

Consider additional indicators such as the number/percent and timeliness of appointments offered, scheduled, and kept, as well as the number/percent of clients referred to a lower level of care through the MCO, and their disposition.

The analysis plan needs to include more specific detailed information, as well as contingencies for untoward results.

Include more specific detailed information describing how each step of each intervention will be implemented.

Complete an analysis of MHP staffing needs, using caseload, capacity and productivity data.

Summary Totals for PIP Validation	Non-clinical PIP
Number Met	14
Number Partially Met	8
Number Not Met	3
Unable to Determine	0
Number Applicable (AP) (Maximum = 28 with Sampling; 25 without Sampling)	25
Overall PIP Ratings ((#M*2)+(#PM))/(AP*2)	**72%**

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