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FY 2019-20
MEDI-CAL SPECIALTY MENTAL HEALTH EXTERNAL QUALITY REVIEW

FRESNO MHP FINAL REPORT

Prepared for:

California Department of Health Care Services (DHCS)

Review Dates:

March 17 - 19, 2020

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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) 2019-20 findings of an EQR of the Fresno 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 — Large

MHP Region — Central

MHP Location — Fresno

MHP Beneficiaries Served in Calendar Year (CY) 2018 — 20,588

MHP Threshold Language(s) — Spanish and Hmong

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.

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.

In accordance with the California Governor's Executive Order N-33-20 promulgating statewide Shelter-In-Place, no on-site focus group was conducted as part of CalEQRO's desk review of Fresno this year.

Consequently, the scope of validation for EQR activities and resulting recommendations were limited.

PRIOR YEAR REVIEW FINDINGS, FY 2018-19

In this section, the status of last year's (FY 2018-19) recommendations are presented, as well as changes within the MHP's environment since its last review.

Status of FY 2018-19 Review of Recommendations

In the FY 2018-19 site review report, the CalEQRO made a number of recommendations for improvements in the MHP's programmatic and/or operational areas. During the FY 2019-20 site visit, CalEQRO reviewed the status of those FY 2018-19 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.

Recommendations from FY 2018-19

PIP Recommendations

Recommendation 1: Apply an evidenced-based practice (EBP), such as motivational interviewing, to provide more structure and support to the engagement process for the clinical PIP.

Status: Partially Met

- Fresno County Department of Behavioral Health (FCDBH) identified that Motivational Interviewing (MI) techniques were involved with the clinical PIP. However, the clinical PIP would have benefitted from the formal inclusion of training and the MI model, fidelity monitoring, and intervention tracking of a structured clinical intervention.

Recommendation 2: For the non-clinical PIP, formally track the numbers of referrals by school employee type to assist the MHP in evaluating the effectiveness of this training and identify targets for re-training.

Status: Not Met

- The request for the MHP to track referrals by category of school personnel, such as coaches, teachers, school nurses, was intended to assist in detecting trends and unanticipated referral sources within the school system.
- The MHP did not follow the recommendation and track sources of referral.
- Instead, the MHP engaged school staff, through training and education, aimed at increasing the referrals of children and youth who present with potential mental health treatment needs.
- The results of the recommended tracking could result in provision of enhanced training to specific high frequency categories of school staff.

Access Recommendations

Recommendation 3: Undertake an analysis of the significant decrease in average approved claims for Latino/Hispanic beneficiaries in order to develop strategies to address this concerning phenomenon.

Status: Partially Met

- The MHP cites CalEQRO Latino/Hispanic penetration rate data for CY 2016 (2.69 percent) and CY 2017 (2.39 percent) were compared to the CY 2018 figure that has shown an increase to 3.07 percent.
- This recommendation targeted the approved claims trend, which are in average dollars per Latino/Hispanic beneficiary. The MHP's approved claims per beneficiary (ACB) for this population have been: CY 2015: $4,237, CY 2016 $4,524, CY 2017 $2,662, and CY 2018: $4,435. For the most recent period (CY 2018), the MHP is 75 percent of the large MHP average for the Latino/Hispanic population.
- It appears that the CY 2017 sudden decline was a one-time event; however, overall the MHP remains with lower approved claims for Latino/Hispanic individuals.

Recommendation 4: Review county facilities in rural areas, including Multi-Agency Access Program sites, for opportunities to use a private, confidential room to see MHP beneficiaries outside of their homes.

- Status: Partially Met
- Fresno County Superintendent of Schools (FCSS) has established strategic region-specific service hubs to facilitate MHP provision of SMHS. At this time, there is a hub located in Firebaugh to serve the west Fresno County. This strategy increases access to confidential space as well as reduces transportation barriers.

- The MHP focused its response on the school-age population and did not target the adult and older adult populations in these rural areas.

Recommendation 5: Review the assessment documentation forms in Avatar to determine if there are opportunities to simplify them or improve the workflow.

Status: Met

- In June 2019, the MHP initiated review of workflow and documents for elimination of redundancy and improved efficiency. The EHR utilizes the most recent clinical information when a new clinical document is created which improves efficiency for staff.
- The capture of state mandated data points have been incorporated in the daily workflow. This includes numerous clinical documents (e.g., psychiatric evaluation, mental health assessment).
- The MHP presented other examples of efficiency efforts, including medication consents signed at time of prescription; reduction of late reassessments; and, plans of care completion.

Recommendation 6: Continue to pursue all available options for residential treatment expansion.

Status: Met

- The MHP added eight new Transitional Residential Services Programs (TRSP) /Short-Term Residential Therapeutic Programs (STRTP) in FY 2019-20.
- A new master agreement for specialized residential mental health services was created with two vendors, Center for Discovery and Ever Well Health Systems.

Recommendation 7: Develop a higher-level response system for adults and parent/caregivers of children and youth as soon as a potential need is identified, and before the onset of a crisis, particularly in children's services.

Status: Partially Met

- The MHP reports that the local crisis response has the ability to perform follow-up and also provide limited case management services. The Crisis and Rural Triage teams stay on site and perform engagement and identification of needs and resources. This is part of the de-escalation and support provided to the individual and family.
- Full-service partnership (FSP) programs can provide non-crisis supportive onsite response that can last many hours.
- Note: This recommendation was focused exclusively upon the existing open adult and child/youth outpatient beneficiaries. Those stakeholders reported that the MHP lacks intensive services, such as those provided to FSP beneficiaries,

without the disconcerting crisis team response that includes law enforcement. Focus group participants had requested a mobile urgent care response.

- The MHP has considered leveraging peer professionals to staff a warmline, which would furnish another level of response to beneficiaries.

Recommendation 8: Review the flow of children in and out of Children's FSP and Assertive Community Treatment (ACT) programs, as well as the overall program capacity to reduce the long waitlist for children coming out of the hospital.

Status: Partially Met

- The MHP is working to improve the beneficiary referral process and case tracking for the two FSP programs that serve child/youth beneficiaries, Bright Beginnings for Families and Assertive Community Treatment programs. Improvements in tracking and wait list times will occur based on quality improvement (QI) and information technology (IT) advances.

- The MHP is also looking at improving recruitment and retention of staff through a salary increase initiative, thereby improving capacity of these programs.

Timeliness Recommendations

Recommendation 9: Ensure that the 'First Appointment Offered' field is completed by MHP employees all the time for those requesting access to MHP services. Consider making the field mandatory and provide any necessary training and monitoring to assure that this is done.

Status: Met

- The MHP implemented the Client Services Information (CSI) Assessment tracking per Information Notice (IN) 19-020, adding the necessary additional data fields.

- Since July 2019, QI staff have been reviewing CSI assessment records submissions and providing monitoring and feedback to programs on the CSI assessment records. The CSI completion rate has improved.

- The data submitted for this review indicated first kept appointment means of 9.7 days for adults, 15.3 days for children and youth, and 15.6 days for foster care (FC). The MHP has adjusted the outlier cutoff from 60 to 45 days in order to compensate for the business days standard.

- Achievement of the 10-business-day standard is 63 percent for adults, 38.8 percent for children and youth, and 42.9 percent for FC. The achievement statistics are less than the 70 percent expectation communicated by DCHS; however, the MHP is also early in the process.

Recommendation 10: Provide training as necessary to assure that the MHP's timeliness monitoring and the next Timeliness Self-Assessment represents all services provided by the MHP and its contract providers, including children in FC. Where necessary to assure compliance, consider making some fields mandatory.

Status: Met

- Since the DHCS issuance of IN 19-020 on March 22, 2019, the requisite data fields were added to the MHP's EHR, and TA training has been provided to all programs.
- Organizational providers are required to track and submit the CSI Assessment records and are subject to payment withholding if they are non-compliant. Individual and group providers submit paper claims and CSI records. MHP staff enter this into the EHR pending implementation of ProviderConnect, which is anticipated to go-live by the second quarter of CY 2020.

Recommendation 11: Investigate the option of linking appointments in Avatar scheduling to clinical documentation in order to streamline the documentation process and improve timeliness data.

Status: Not Met

- MHP has not investigated this recommendation.

Quality Recommendations

Recommendation 12: Considering the low approved claims and fewer encounters per beneficiary compared to other large MHPs and the statewide average, review the adequacy of services provided to the MHP's beneficiaries through careful review of levels of care needs and treatment outcomes.

Status: Not Met

- The MHP has not investigated this recommendation.

Recommendation 13: Reverse the decline in the 7-day and 30-day post-psychiatric inpatient follow-up rates for the MHP and bring them at least to the statewide average.

Status: Partially Met

- The MHP conducted a clinical PIP (Hospital Engagement) during 2018 and 2019. The PIP focused on beneficiaries who were discharged from the Community Behavioral Health Center (CBHC) inpatient unit and were not already open to services, which included approximately 50 percent of all hospitalizations.
- The MHP average monthly 7-day aftercare follow-up rate for adult beneficiaries in CY 2018 was 30 percent and in CY 2019 (through November 2019), it was 32 percent.

- The aim of this PIP was to develop processes that facilitate timely follow-up for unengaged acute care beneficiaries. The processes were focused on beneficiaries who had a greater likelihood of readmission.

- Some unanticipated challenges that emerged involved the real-time hospital discharge process and notification of the MHP of this is occurring. Also, efforts to connect with beneficiaries during treatment has been a challenge. Both hospital space and ability to coordinate with MHP outpatient staff negatively impacted efforts.

Recommendation 14: Work with Fresno Community Medical Center (FCMC) to re-establish the practice of electronic notification of a pending discharge of an MHP beneficiary, including with it the Continuity of Care Document.

Status: Not Met

- The MHP has noted the communication of some direct messages regarding discharges from FCMC in the MHP's EHR. No specific action has yet to be taken to focus on improving this communication.

- The MHP plans to revisit the notification process in the future. When the MHP does, it will be important to explore the actual timeliness of these notifications, and identify the MHP staff assigned to receive and respond to these notices.

Recommendation 15: Establish electronic laboratory orders and results with the two vendors (LabCorp and First Choice) not currently connected to Avatar.

Status: Partially Met

- The electronic laboratory order functionality is available within the EHR, and is operational with one of three providers. The MHP is working on getting results from LabCorp. Once that connection is completed, MHP will work on connection with the third lab entity.

Recommendation 16: Review the current 5-day standard for entering MHP service/progress notes and consider lowering it to reduce beneficiary vulnerability caused by the absence of current clinical information in Avatar.

Status: Partially Met

- The MHP documentation timeliness policy specifies SMHS expectations: "Every effort should be made to complete documentation, such as progress notes, on the same day of service. Best practice is to write progress notes immediately after the provision of services. If the progress note is not completed within five (5) (sic) business days, it will be considered a late progress note."

- The existing MHP policy encourages same-day documentation, and does provide up to 5-days of leeway.

- Documentation timeliness is an element on the line staff dashboard.

- In order to improve accuracy and availability of clinical information, some MHPs are narrowing the acceptable documentation window to two or three days, following which time supervisor approval must be granted.

Beneficiary Outcomes Recommendations

Recommendation 17: Increase the number of clinical positions, specifically within Children's Services, and evaluate the capacity of Adult Services.

Status: Met

- The contracted FC program, All-For-Youth, adds additional clinicians every year over the life of the agreement.
- The MHP added clinicians to the county-operated adult program last year.
- The MHP is considering other processes and metrics to ensure allocated positions are filled.

Recommendation 18: Develop a mechanism for concurrent sharing of consumer perception survey (CPS) results with the beneficiaries in a format that includes interpretation and action plan statements, so that they realize the benefit of participation.

Status: Not Met

- The MHP has pledged to develop a mechanism in the future.

Foster Care Recommendations

Recommendation 19: Perform an evaluation of the benefits of contracting with an outside agency for Intensive Care Coordination (ICC) facilitation and action plan tracking duties.

Status: Partially Met

- MHP has recommended expansion of the Child Welfare Service (CWS) team to the Department of Social Services Department to increase care coordination capacity and tracking of services for foster youth.
- This recommendation originated with the MHP's identification of the challenges that treatment and care coordination delivery have when combined with the additional role of arranging and tracking Child Family Team (CFT) meetings . Role separation assists in ensuring that the CFTs occur, as scheduled, while preserving the clinical role and relationship with caregiver and child.

Recommendation 20: Complete the development of an automated subclass identification system that bridges both the MHP and CWS caseload systems.

Status: Not Met

- The MHP has not taken action on this item, and will review this in the future.

Recommendation 21: Ensure that FC timeliness tracking data are included in the QI work plan and with regular timeliness data review throughout the year.

Status: Partially Met

- MHP has incorporated FC timeliness tracking in the QI Work Plan (QIWP). Some reports have been revised to include FC aid codes.

Recommendation 22: Incorporate with the public health nurse process for JV-220 review the monitoring of SB 1291 requirements.

Status: Met

- The Department of Public Health (DPH) recently hired a dedicated public health nurse dedicated to JV-220 medication review.
- DPH, Social Services, and the MHP are developing new protocols to support the public health nurse (PHN).
- The MHP has provided the PHN with EHR access.
- The PHN has established a relationship with the MHP Nurse Manager for elevated reviews.

Information Systems Recommendations

Recommendation 23: Review both the placement of IS resources in the MHP organization structure and the role of IS as a strategic resource and driver of change in the MHP.

Status: Met

- The MHP has continued to examine its organization structure and resources.
- Since the last review, four IS positions have been added to the MHP (one Senior Business Systems Analyst and three Business Systems Analysts).

Recommendation 24: If licensing limitations with the MHP's dashboard software can be addressed, make the Employee Metrics dashboard available to line staff to see their own productivity metrics as well as summary level information, but with appropriate controls to prevent line employees from viewing the metrics of their colleagues.

Status: Met

- The MHP addressed licensing limitations by purchasing the unlimited viewer subscription in December 2019.

- The MHP will address the Employee Metrics dashboard available to line staff in the future, pending the addition of two new IT staff.

Recommendation 25: Consider engaging Netsmart Technologies resources to facilitate the implementation of the American National Standards Institute (ANSI) X.12 270/271 eligibility electronic transaction pair with the DHCS.

Status: Met

- MHP started working on the 270/271 transactions in early January 2020 and anticipates a go-live by June 2020.

Recommendation 26: Increase data analytic staffing and focus the additional resources on closely monitoring the accuracy and reliability of service access and timeliness data, including data from contract providers.

Status: Met

- Two IT Analyst positions were added to Department of Internal Services (County Main IT) dedicated to support the MHP.
- Main IT completed the recruitment process and filled one position in July 2019. However, this position subsequently became vacant in October 2019.

Structure and Operations Recommendations

Recommendation 27: Ensure that community-based organizations (CBOs) are provided timely and accurate information, and that they have a voice in policy and procedure decisions that have a direct impact on their ability to serve MHP beneficiaries.

Status: Met

- The MHP conducted two meetings with CBOs, with the second occurring in September 2019.
- In response to the COVID-19 public health emergency, regular weekly updates are provided to CBOs via live-streaming events, including question and answer sections to support adapting to the Shelter-In-Place requirements.

Recommendation 28: Evaluate the potential of retaining longer-term relationships with children's contract service providers to minimize the need for children to make transitions between programs and staff. Develop greater depth of key personnel who are involved in claims submission to ensure that this key function can occur continuously.

Status: Not Met

- The MHP engaged in preliminary discussion on this topic. No action is currently planned, but future consideration is possible.

- A transitional aged youth (TAY) contract that had been with three providers was consolidated into a single contract with one entity, which was a step in towards greater continuity of provider direction.

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

Recommendation 29: Initiate a log (Help Desk system) that records both trouble/problems call with the Avatar system and the resolution to the call and monitor the log monthly to identify trends and potential threats to system.

Status: Partially Met

- MHP is planning to use Daptiv, a project portfolio management tool, to track and manage the Avatar system and problem resolution. Full implementation is currently delayed, but the MHP has tested some applications.

Recommendation 30: Hire an individual with the skills necessary to manage a quality improvement program and, if the Certified Professional in Healthcare Quality (CPHQ) certification is still deemed necessary, make it a condition of employment within a fixed period.

Status: Partially Met

- The MHP is planning to procure a contract for quality assurance and quality improvement technical assistance (TA).

- It would be beneficial to have both quality technical assistance (TA) and a QI Coordinator position filled.

Recommendation 31: Show regular, either monthly or quarterly, monitoring and evaluation of timeliness by the Access or Outcomes Committees and be able to identify/distinguish outliers from the average time to services. As necessary, review cases open for longer than 90 days (or some other fixed timeframe) with no activity to determine if the cases should be closed. Ensure that all relevant data are entered appropriately into the system and that the data integrity problems identified in the FY 2018-19 review are resolved.

Status: Met

- In response to the DHCS issued new CSI Assessment tracking requirements (March 22, 2019), the MHP modified the tracking, and reports this data quarterly.

- Open cases without services in 60 days are reviewed and closed within requirements.

- Cases are also closed following 30 days of at least three unsuccessful contact attempts. The MHP will work with the EHR vendor to automate this process.

- Review of timeliness data, with a quarterly minimum frequency, was not evident in the QIC minutes. Over the course of a year, there were several references to timeliness, but little explicit review of actual timeliness results and strategies.

Recommendation 32: Monitor timeliness of service delivery in the rural areas, relative to the efforts (e.g., Multi-Agency Access Program) to increase access. (*This recommendation is a partial carry over from FY 2016-17*).

Status: Partially Met

- In 2019, the MHP developed a partnership with FCSS to increase the delivery of mental health treatment services to unserved and underserved beneficiaries and families via the school environment.
- Clinicians will serve as team members within a school-wide multitiered system of support that address the mental health needs of all youth. Services and supports will be delivered at the school site, in the community, and in the home where appropriate. This intervention has so far contributed to an increased penetration rate in several rural areas.
- The MHP's response did not identify strategies that would apply to adult and older adult populations in the rural areas of the county.

Recommendation 33: Survey the parent/caregivers that utilize children's clinics and pilot an after-hours regular schedule that conforms to the identified needs by site.

Status: Partially Met

- The MHP states that contracted providers remain open until 8 p.m.
- The MHP schedule appointments after hours upon request.
- The MHP's efforts to match service availability with beneficiary needs could have greater impact if a formal effort were initiated to compile and report the preferred appointment days and hours from served beneficiaries by site.

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 2018 by Race/Ethnicity Fresno MHP				
Race/Ethnicity	**Average Monthly Unduplicated Medi-Cal Enrollees**	**% Enrollees**	**Unduplicated Annual Count Beneficiaries Served**	**% Served**
White	62,624	12.9%	4,827	23.4%
Latino/Hispanic	279,811	57.5%	8,602	41.8%
African-American	29,376	6.0%	1,969	9.6%
Asian/Pacific Islander	32,534	6.7%	857	4.2%
Native American	2,942	0.6%	204	1.0%
Other	78,978	16.2%	4,129	20.1%
Total	**486,262**	**100%**	**20,588**	**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.				

- During CY 2018, the MHP experienced claims submission delays that resulted in a significant number of claim transactions not being included in the analysis below for CY 2018 results.

Penetration Rates and Approved Claims per Beneficiary

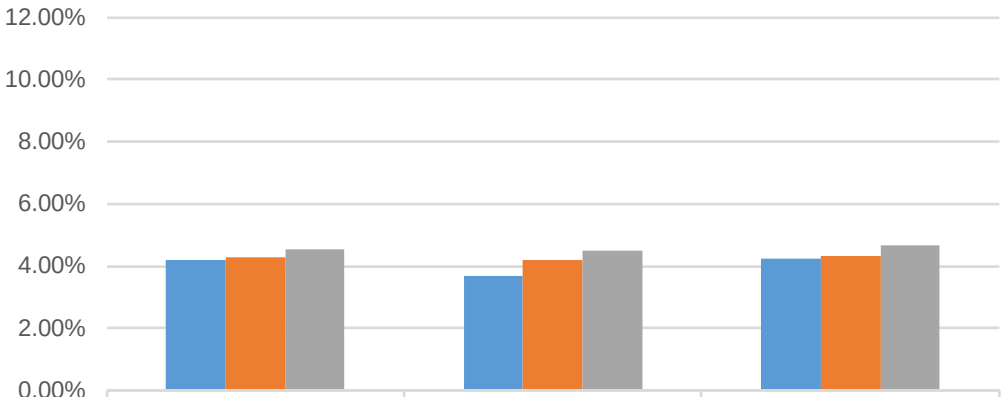
The penetration rate is calculated by dividing the number of unduplicated beneficiaries served by the monthly average Medi-Cal enrollee count. The annual average approved claims per beneficiary (ACB) served is calculated by dividing the total annual Medi-Cal approved claim dollars by the unduplicated 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 2018. See Table C1 for the CY 2018 ACA penetration rate and ACB.

Regarding the calculation of penetration rates, the Fresno MHP uses the same method as CalEQRO.

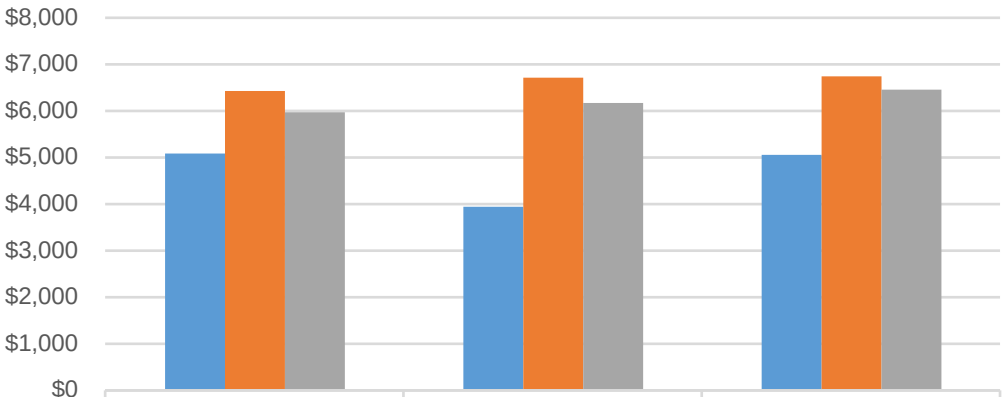
Figures 1A and 1B show three-year (CY 2016-18) trends of the MHP's overall penetration rates and ACB, compared to both the statewide average and the average for large MHPs.

Figure 1A: Overall Penetration Rates
Fresno MHP



	CY 2016	CY 2017	CY 2018
MHP	4.21%	3.68%	4.23%
Large	4.30%	4.19%	4.31%
State	4.53%	4.52%	4.66%

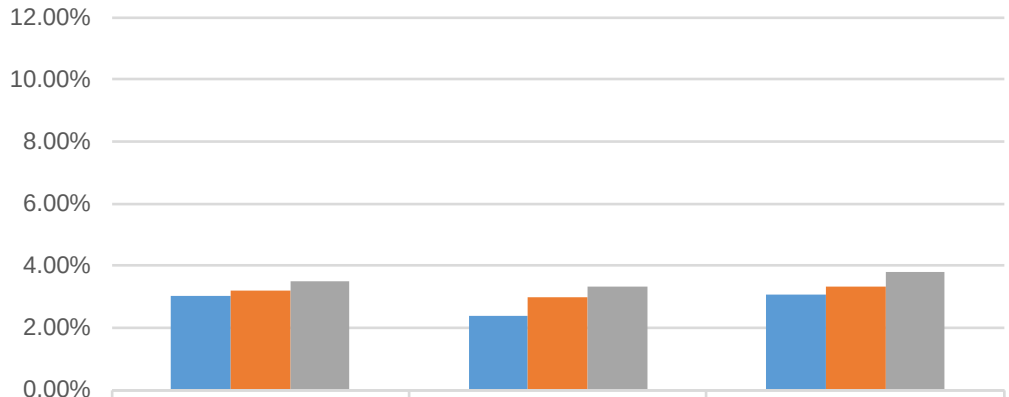
Figure 1B: Overall ACB
Fresno MHP



	CY 2016	CY 2017	CY 2018
MHP	$5,092	$3,946	$5,065
Large	$6,430	$6,723	$6,750
State	$5,978	$6,170	$6,454

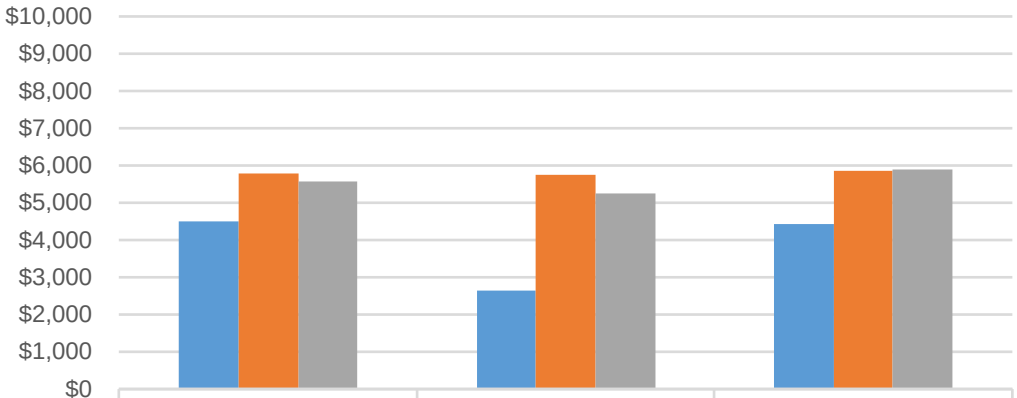
Figures 2A and 2B show three-year (CY 2016-18) trends of the MHP's Latino/Hispanic penetration rates and ACB, compared to both the statewide average and the average for large MHPs.

Figure 2A: Latino/Hispanic Penetration Rates
Fresno MHP



	CY 2016	CY 2017	CY 2018
MHP	3.04%	2.39%	3.07%
Large	3.21%	2.97%	3.33%
State	3.51%	3.35%	3.78%

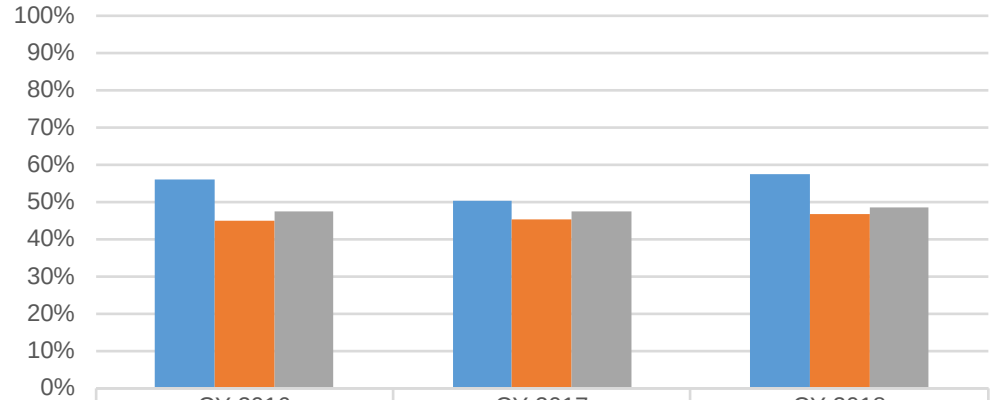
Figure 2B: Latino/Hispanic ACB
Fresno MHP



	CY 2016	CY 2017	CY 2018
MHP	$4,524	$2,662	$4,435
Large	$5,785	$5,758	$5,884
State	$5,588	$5,278	$5,904

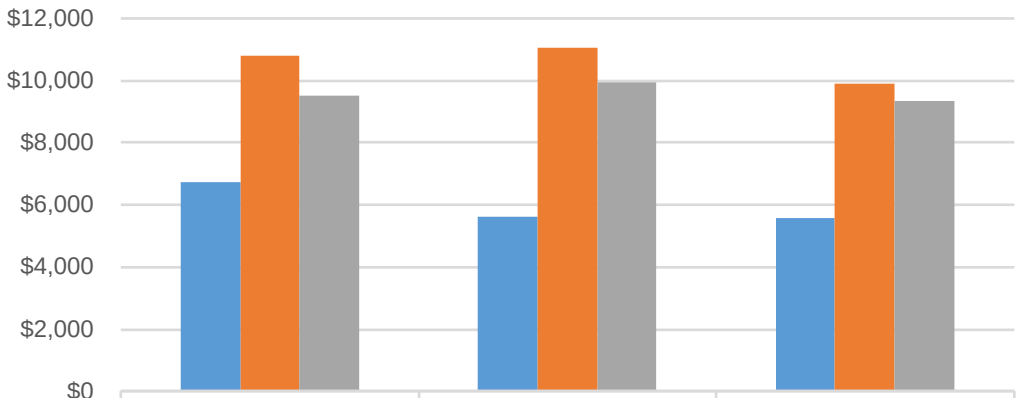
Figures 3A and 3B show three-year (CY 2016-18) trends of the MHP's FC penetration rates and ACB, compared to both the statewide average and the average for large MHPs.

Figure 3A: FC Penetration Rates
Fresno MHP



	CY 2016	CY 2017	CY 2018
MHP	56.16%	50.42%	57.45%
Large	44.78%	45.37%	46.87%
State	47.48%	47.28%	48.41%

Figure 3B: FC ACB
Fresno MHP



	CY 2016	CY 2017	CY 2018
MHP	$6,718	$5,626	$5,562
Large	$10,805	$11,064	$9,895
State	$9,521	$9,962	$9,340

High-Cost Beneficiaries

Table 2 provides the three-year summary (CY 2016-18) MHP HCBs and compares the statewide data for HCBs for CY 2018 with the MHP's data for CY 2018, 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
Fresno 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 2018	23,164	618,977	3.74%	$57,725	$1,337,141,530	33.47%
MHP	CY 2018	588	20,588	2.86%	$56,892	$33,452,341	32.08%
	CY 2017	321	18,172	1.77%	$51,227	$16,443,768	22.93%
	CY 2016	553	20,824	2.66%	$53,017	$29,318,345	27.65%

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 2016-18) of MHP psychiatric inpatient utilization including beneficiary count, admission count, approved claims, and LOS.

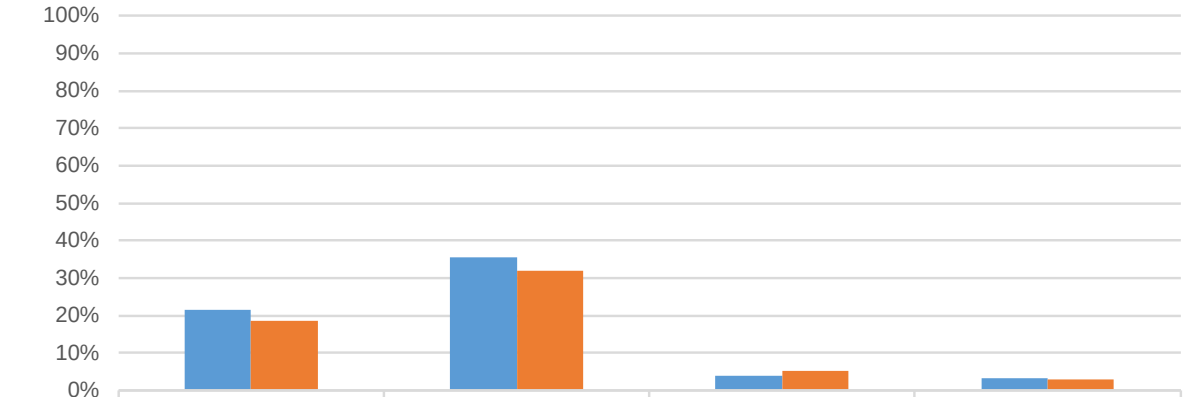
Table 3: Psychiatric Inpatient Utilization - Fresno MHP

Year	Unique Beneficiary Count	Total Inpatient Admissions	Average LOS	ACB	Total Approved Claims
CY 2018	3,082	8,499	7.36	$14,113	$43,496,426
CY 2017	2,465	7,364	7.11	$10,163	$25,052,846
CY 2016	2,554	7,022	7.27	$10,068	$25,714,051

Post-Psychiatric Inpatient Follow-Up and Rehospitalization

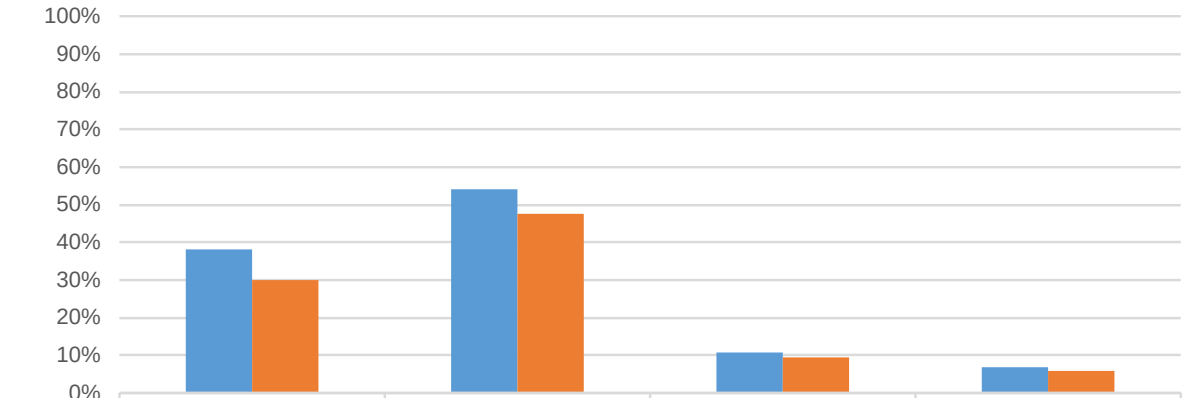
Figures 4A and 4B show the statewide and MHP 7-day and 30-day post-psychiatric inpatient follow-up and rehospitalization rates for CY 2017 and CY 2018.

Figure 4A: 7-Day Post-Psychiatric Inpatient Follow-up
Fresno MHP



	Outpatient MHP	Outpatient State	Rehospitalization MHP	Rehospitalization State
CY 2017	22%	36%	4%	3%
CY 2018	19%	32%	5%	3%

Figure 4B: 30-Day Post-Psychiatric Inpatient Follow-up
Fresno MHP



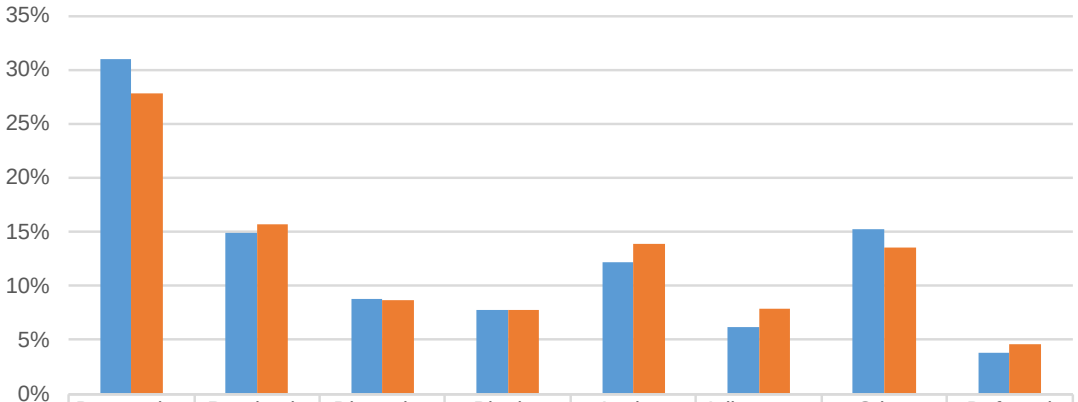
	Outpatient MHP	Outpatient State	Rehospitalization MHP	Rehospitalization State
CY 2017	38%	54%	11%	7%
CY 2018	30%	48%	10%	6%

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 2018.

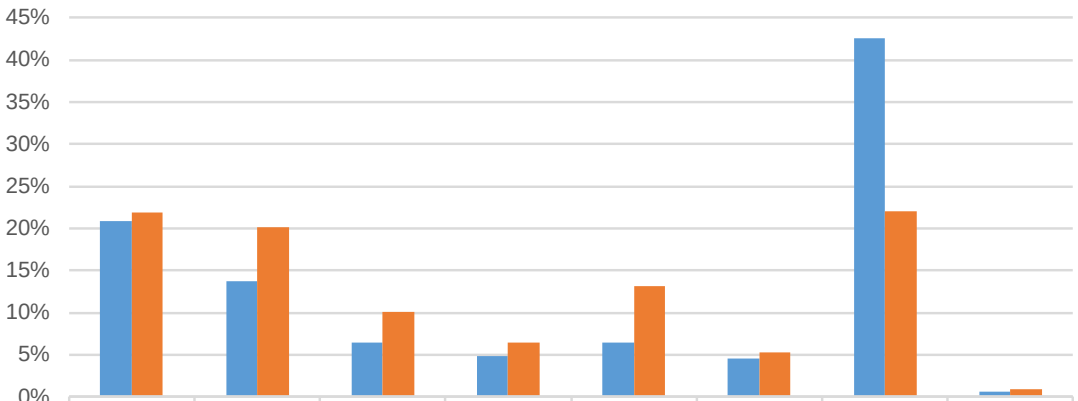
The MHP's self-reported percent of beneficiaries served with co-occurring (i.e., substance abuse and mental health) diagnoses: 12.3 percent.

Figure 5A: Diagnostic Categories, Beneficiaries Served
Fresno MHP



	Depression	Psychosis	Disruptive	Bipolar	Anxiety	Adjustment	Other	Deferred
MHP CY 2018	31%	15%	9%	8%	12%	6%	15%	4%
State CY 2018	28%	16%	9%	8%	14%	8%	14%	5%

Figure 5B: Diagnostic Categories, Total Approved Claims
Fresno MHP



	Depression	Psychosis	Disruptive	Bipolar	Anxiety	Adjustment	Other	Deferred
MHP CY 2018	21%	14%	6%	5%	6%	5%	42%	1%
State CY 2018	22%	20%	10%	6%	13%	5%	22%	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.

Fresno MHP PIPs Identified for Validation

Each MHP is required to conduct two PIPs during the 12 months preceding the review. The MHP submitted two completed PIPs which received validation during the review. Two recently started PIPs were submitted which will be the focus of future TA efforts.

Table 4 lists the PIPs submitted by the MHP.

Table 4: PIPs Submitted by Fresno MHP

PIPs for Validation	# of PIPs	PIP Titles
Clinical PIP	1	Hospital Engagement
Non-clinical PIP	1	Improving Access Through School Based Services

Clinical PIP—Hospital Engagement

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

"Will directly engaging with and assessing individuals ages 18 and older who are unlinked to outpatient Fresno County MHP services during hospitalization and then supporting their access to follow-up care improve: 1) their average time to follow-up services; 2) the percentage of initial follow-up outpatient service within 7 days; and 3) decrease their likelihood of re-hospitalizations within 30 days?"

Date PIP began: June 2018

End date: June 2019

Status of PIP: Completed

The MHP targeted adult beneficiaries discharged from the CBHC psychiatric inpatient unit who were not concurrently open to outpatient services. The MHP's intervention

strategy was to improve the likelihood of timely outpatient follow-up and reduce repeat admissions.

The MHP utilized the combined readmission rates of linked (i.e., currently open) and unlinked (i.e., not open) beneficiaries to establish a baseline for reference in developing an improvement target. It is not clear why the MHP did not disaggregate linked from those unlinked at the time of admission for the initial analysis. Data from 2014 through 2018 were used to demonstrate the need.

The MHP utilized the previous experience with hospitalized youth and efforts to engage them in aftercare to identify strategies. The focus was twofold: improve timely follow-up care after hospital discharge and reduce 30-day readmissions.

A variety of interventions were developed and implemented. These included meeting unlinked individuals on the inpatient unit before discharge. Through making assessment contact during admission, improved rapport building and engagement were also sought as part of the process.

This PIP showed the greatest change was in the days to first visit, a 45-day decrease in median days. All other metrics showed single digit percentage improvement or decreases in performance.

As part of this improvement effort, the MHP identified unanticipated barriers to the success of this PIP. CMHC lacked the space for outpatient staff to perform an assessment during admission. Communication to FCDBH staff of impending discharges was not routinely occurring. The collaboration between outpatient and inpatient staff while the beneficiary was still hospitalized was difficult to arrange. Related to this, the pace of the hospital was such that decisions about discharges were often made by inpatient staff with little time to consult with outpatient staff.

The MHP's experience with this PIP highlighted the importance of bringing the PIP development team to the site of implementation and including input from a variety of stakeholders. Understanding the context within which interventions will be applied is crucial, and would have been better positioned the PIP team to address the barriers that later emerged.

Suggestions to improve the PIP: While the formal PIP has been terminated, the efforts to improve follow-up for unlinked beneficiaries remains a high priority. This effort should continue and include further discussions about barriers to coordination between outpatient and inpatient staff and development of effective strategies. One area that merits exploring for potential improvement is electronic notification of outpatient by inpatient. Lastly, much of the key data elements for this PIP involved aggregating linked and unlinked data. This approach makes it impossible to determine impact when not all study participants were receiving the intervention and the baselines were blended.

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 focused on the clinical PIP that started in January 2020, and is titled Intensive Engagement; High Risk, High Needs. Due to constraints of this desk review process, the EQRO and the MHP are in the process of arranging times to provide TA on this topic.

Non-clinical PIP—Improving Access Through School Based Services

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

"Will increased capacity provided through school-based programs and a 'no wrong door' approach overcome service access barriers for unserved and underserved youth and families in need of SMHS and increase the county's penetration rate in targeted school districts by 1.5 percentage points by January 1, 2020?"

Date PIP began: January 2019

End date: December 2019

Status of PIP: Completed

Emerging from a Mental Health Services Act (MHSA) planning effort and supported by concerns about decreased penetration rates for children and youth, the MHP determined that a collaborative effort with education and other community partners would be the most efficacious way to provide more services to school-age population.

The MHP has set forth to create greater school-based services, and took the approach of training all classifications of school personnel (e.g., from the teachers to the janitor and bus drivers) to make referrals. The MHP used penetration rate and timeliness of access as outcome metrics.

This PIP ended before this current review was scheduled to occur. While it had significant limitations to consistent and quantifiable outcomes, the PIP did identify barriers to mental health services in the school environment, which is now the focus of continuing improvement.

Suggestions to improve the PIP: While this PIP has ended, the MHP needs to continue to build on efforts to increase children, youth, and family access through the school system. The obstacles identified related to caregivers being uninformed about the benefits of treatment and thereby being unmotivated to follow-through and support treatment of their children. There were also practical barriers that limited parental involvement, driven by childcare and home responsibilities. These challenges need to be planned for so that when parents are contacted assistance in overcoming barriers such as transportation, childcare, and other issues can be communicated to them.

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 will focus on the non-clinical PIP that started in November 2019, and is titled Children's Intake: Timely Access-Youth Wellness Center. Due to constraints of this desk review process, the EQRO and the MHP will be scheduling time to provide TA on this topic.

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).

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	PM	M
		1.2	Analysis of comprehensive aspects of enrollee needs, care, and services	PM	M
		1.3	Broad spectrum of key aspects of enrollee care and services	M	PM
		1.4	All enrolled populations	M	PM
2	Study Question	2.1	Clearly stated	M	M
3	Study Population	3.1	Clear definition of study population	M	M
		3.2	Inclusion of the entire study population	M	PM
4	Study Indicators	4.1	Objective, clearly defined, measurable indicators	M	M
		4.2	Changes in health states, functional status, enrollee satisfaction, or processes of care	M	M
5	Sampling Methods	5.1	Sampling technique specified true frequency, confidence interval and margin of error	NA	NA

Table 5: PIP Validation Review					
				Item Rating	
Step	PIP Section	Validation Item		Clinical	Non-Clinical
		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
		6.4	Plan for consistent and accurate data collection	M	M
		6.5	Prospective data analysis plan including contingencies	M	M
		6.6	Qualified data collection personnel	M	M
7	Assess Improvement Strategies	7.1	Reasonable interventions were undertaken to address causes/barriers	PM	M
8	Review Data Analysis and Interpretation of Study Results	8.1	Analysis of findings performed according to data analysis plan	PM	M
		8.2	PIP results and findings presented clearly and accurately	PM	M
		8.3	Threats to comparability, internal and external validity	PM	M
		8.4	Interpretation of results indicating the success of the PIP and follow-up	PM	M
9	Validity of Improvement	9.1	Consistent methodology throughout the study	M	M

Table 5: PIP Validation Review					
				Item Rating	
Step	**PIP Section**	**Validation Item**		**Clinical**	**Non-Clinical**
		9.2	Documented, quantitative improvement in processes or outcomes of care	UTD	PM
		9.3	Improvement in performance linked to the PIP	UTD	NM
		9.4	Statistical evidence of true improvement	NM	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	14	18
Number Partially Met	7	4
Number Not Met	2	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)	**70%**	**80%**

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.

Table 7 shows the percentage of MHP budget dedicated to supporting IT operations, including hardware, network, software license, and IT staff for the past four-year period. For comparative purposes, we have included similar size MHPs and statewide average IT budgets per year for prior three-year periods.

Table 7: Budget Dedicated to Supporting IT Operations

	FY 2019-20	FY 2018-19	FY 2017-18	FY 2016-17
Fresno	2.2%	1.40%	1.60%	2.70%
Large MHP Size Group	N/A	2.70%	3.00%	2.72%
Statewide	N/A	3.40%	3.30%	3.40%

The budget determination process for information system operations is:

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

Table 8 shows the percentage of services provided by type of service provider.

Table 8: Distribution of Services, by Type of Provider	
Type of Provider	**Distribution**
County-operated/staffed clinics	32%
Contract providers	50%
Network providers	18%
Total	**100%**

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

Table 9 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 9: Contract Providers Transmission of Beneficiary Information to MHP EHR System		
Type of Input Method	**Percent Used**	**Frequency**
Direct data entry into MHP EHR system by contract provider staff	51%	Daily
Electronic data interchange (EDI) uses standardized electronic message format to exchange beneficiary information between contract provider EHR systems and MHP EHR system	0%	Not used
Electronic batch files submitted to MHP for further processing and uploaded into MHP EHR system	34%	Weekly
Electronic files/documents securely emailed to MHP for processing or data entry input into EHR system	0%	Not used
Paper documents submitted to MHP for data entry input by MHP staff into EHR system	15%	Monthly
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	0%	Not used

Telehealth Services

MHP currently provides services to beneficiaries using a telehealth application:

☒ Yes ☐ No ☐ In pilot phase

- Number of county-operated sites currently operational: 8
- Number of contract provider sites currently operational: 13

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 and Spanish speaking practitioners (not including the use of interpreters or language line).
- Approximately 4,572 telehealth sessions were conducted in Spanish.

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 10.

Table 10: Technology Staff

Fiscal Year	IT FTEs (Include Employees and Contractors)	# of New FTEs	# Employees / Contractors Retired, Transferred, Terminated	Current # Unfilled Positions
2019-20	7	0	1	1
2018-19	13	2	0	3
2017-18	11	2	1	1

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

Table 11: Data Analytical Staff

Fiscal Year	IT FTEs (Include Employees and Contractors)	# of New FTEs	# Employees / Contractors Retired, Transferred, Terminated	Current # Unfilled Positions
2019-20	1	0	0	0
2018-19	1	0	0	0
2017-18	1	0	0	0

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

- For FY 2019-20, the MHP has indicated which IT staff are assigned to the MHP and which are assigned to the DMC-ODS. In FY 2018-19, the sum of staff was 13, as indicated in Table 10. It is now split into seven for the MHP and six for DMC-ODS, hence the significant drop in IT FTEs for the current fiscal year.

Current Operations

- Fresno and its contract providers use Avatar, hosted and supported by Netsmart Technologies, as its primary EHR. The Avatar system provides practice management and clinical and medical record functionality to the agency. The DMC-ODS also uses the same Avatar application, but in a separate environment, to support EHR functionality for county operations, and, in a more limited manner, to the contract providers.
- The MHP is in the process of exploring whether a different EHR would better fit its needs. It has not yet advanced to the request for proposal (RFP) stage.

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

Table 12: Primary EHR Systems/Applications				
System/Application	**Function**	**Vendor/Supplier**	**Years Used**	**Operated By**
MyAvatar - CalPM	Billing	Netsmart	9	Netsmart
MyAvatar - CWS	EHR	Netsmart	9	Netsmart
MyAvatar - OrderConnect	ePrescribing and Labs	Netsmart	9	Netsmart
MyAvatar - Management Services Organization (MSO) / Provider Connect	Managed Care Auth/Billing	Netsmart	0	Netsmart

The MHP's Priorities for the Coming Year

- EHR overhaul.
- MSO/Provider Connect.
- Expand Sisense Dashboards to linestaff.
- Streamline Network Adequacy Certification Tool (NACT) reporting.
- Finish Human Resources (HR) Position Tracking System.
- Implement Project Portfolio System.

Major Changes since Prior Year

- Expanded contractor use of EHR.
- Migrated to new Multi-Factor Authentication (MFA) for electronic prescribing of controlled substances (EPCS) without disruptions.
- Amended the Netsmart contract.
- Expanded to unlimited licenses for Sisense.

Other Areas for Improvement

- Although the MHP has begun to share its EHR (Avatar) with contract providers (three additional ones have been brought on), it needs to fully implement its use to the remaining agencies.

- The MHP would benefit from completing the implementation of Daptiv, a project portfolio management tool, to track and manage the Avatar system and Help Desk problems resolution. This has been a recommendation for several years.
- The MHP has no PHR for beneficiaries to have online access to their health records. As the MHP is in the process of developing an RFP for a new EHR, this recommendation will not be carried forward.

Plans for Information Systems Change

- The MHP is actively searching for a new system; a project plan is in place and project team have been assigned and are active. The MHP has formalized a charter delineating the expectations of a new EHR.

Current EHR Status

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

Table 13: EHR Functionality

		Rating			
Function	**System/Application**	**Present**	**Partially Present**	**Not Present**	**Not Rated**
Alerts	Netsmart/Avatar	X			
Assessments	Netsmart/Avatar	X			
Care Coordination	Netsmart/Avatar	X			
Document Imaging/ Storage	Netsmart/Avatar	X			
Electronic Signature—MHP Beneficiary	Netsmart/Avatar	X			
Laboratory results (eLab)	Netsmart/Avatar	X			
Level of Care/Level of Service	Netsmart/Avatar	X			
Outcomes	Netsmart/Avatar	X			
Prescriptions (eRx)	Netsmart/Avatar	X			
Progress Notes	Netsmart/Avatar	X			
Referral Management	Netsmart/Avatar	X			
Treatment Plans	Netsmart/Avatar	X			

Summary Totals for EHR Functionality:				
FY 2019-20 Summary Totals for EHR Functionality:	12	0	0	0
FY 2018-19 Summary Totals for EHR Functionality:	12	0	0	0
FY 2017-18 Summary Totals for EHR Functionality:	10	0	2	0

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

- The MHP has implemented ProviderConnect to allow contract providers access to the EHR. Contract providers with their own individual EHRs are providing electronic batch uploads of their data.
- The MHP was successful in migrating to a new Multi-Factor Authentication (MFA) for EPCS without disruptions.

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:

Dimension Reports

Method used to submit Medicare Part B claims:

☐ Paper ☒ Electronic ☐ Clearinghouse

Table 14 summarizes the MHP's SDMC claims.

Table 14: Summary of CY 2018 Short Doyle/Medi-Cal Claims Fresno MHP							
Service Month	**Number Submitted**	**Dollars Billed**	**Number Denied**	**Dollars Denied**	**Percent Denied**	**Dollars Adjudicated**	**Dollars Approved**
TOTAL	**328,460**	**$68,068,568**	**4,700**	**$1,102,317**	**1.62%**	**$66,966,251**	**$64,776,449**
JAN18	34,085	$7,391,690	652	$159,586	2.16%	$7,232,104	$7,044,351
FEB18	31,350	$6,688,109	529	$126,382	1.89%	$6,561,727	$6,379,545
MAR18	33,844	$7,256,734	459	$102,675	1.41%	$7,154,059	$6,955,585
APR18	34,913	$7,345,116	494	$116,254	1.58%	$7,228,862	$6,998,871
MAY18	36,440	$7,523,880	532	$135,467	1.80%	$7,388,413	$7,162,525
JUN18	39,362	$7,745,318	576	$123,711	1.60%	$7,621,607	$7,403,364
JUL18	32,253	$6,514,601	422	$90,719	1.39%	$6,423,882	$6,246,257
AUG18	33,236	$6,714,088	339	$69,364	1.03%	$6,644,724	$6,440,566
SEP18	27,192	$5,596,349	338	$81,896	1.46%	$5,514,453	$5,286,278
OCT18	24,514	$4,848,644	333	$82,548	1.70%	$4,766,096	$4,565,933
NOV18	690	$251,187	14	$6,410	2.55%	$244,777	$162,504
DEC18	581	$192,853	12	$7,306	3.79%	$185,547	$130,668

Includes services provided during CY 2018 with the most recent DHCS claim processing date of June 7, 2019.
Only reports Short-Doyle/Medi-Cal claim transactions, does not include Inpatient Consolidated IPC hospital claims.
Statewide denial rate for CY 2018 was **3.25 percent.**

- During CY 2018, the MHP experienced claims submission delays which resulted in a significant number of claim transactions for November and December not being included in the below analysis for CY 2018 results.

Table 15 summarizes the top three reasons for claim denial.

Table 15: Summary of CY 2018 Top Three Reasons for Claim Denial Fresno MHP			
Denial Reason Description	**Number Denied**	**Dollars Denied**	**Percent of Total Denied**
Medicare or Other Health Coverage must be billed before submission of claim.	3,169	$659,122	60%
Payment denied - prior processing information incorrect. Void/replacement condition.	674	$203,631	18%
Beneficiary not eligible, or Emergency services or pregnancy indicator must be "Y" for this aid code.	399	$121,068	11%
TOTAL	4,700	$1,102,317	N/A

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 “Medicare and Other Health Coverage must be billed prior to submission of claim” are generally re-billable within the State guidelines.

CONSUMER AND FAMILY MEMBER FOCUS GROUP(S)

In accordance with the California Governor's Executive Order N-33-20 promulgating statewide Shelter-In-Place, no on-site beneficiary focus group was conducted as part of CalEQRO's desk review of Fresno County MHP this year.

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 Access to Care, Timeliness of Services, Quality of Care, Beneficiary Progress/Outcomes, and Structure and Operations. The following tables in this section summarize CalEQRO's findings in each of these areas.

Access to Care

Table 16 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 16: Access to Care Components

Component		Maximum Possible	MHP Score
1A	Service Access and Availability	14	12

The MHP's website listings are not grouped in a manner that would strongly prioritize beneficiary needs. Conceptual drafts of planned revisions were furnished after this review that represent significant improvements. Identification of crisis and other clinical resources is paramount in this process, which is a component of the MHP's communication initiative. These changes are already funded and JP Marketing is tasked with creating these changes.

The MHP website provides contact information in Spanish and Hmong. Brochures and flyers are available for Blue Sky Wellness Center and the Supportive Employment Educational Services (SEES).

While it is understood that information about transportation assistance is provided during the initial clinical contact. However, prospective beneficiaries may be discouraged from even seeking treatment without foreknowledge of the MHP's transportation help readily available on the website.

The provider directory was updated as of March 2020 and was current for this review period.

The MHP presented access line test calls. Usually 15 calls were made each month, with numbers logged varying significantly from month to month. The total monthly numbers ranged from 9 to 15 calls. Non-English test calls were also made.

Table 16: Access to Care Components			
Component		**Maximum Possible**	**MHP Score**
The MHP provided the data elements tracked by the access/call line; however, dropped calls, abandoned calls, duration of call, were not available for this review. This information is critical to assessing responsiveness of the access line. Regarding Continuing of Care Reform eligibles, the MHP lacks a system for reporting non-subclass beneficiaries who qualify for and are provided with Intensive Care Coordination (ICC) and/or In-Home Behavioral Services (IHBS).			
1B	Capacity Management	10	9
The Cultural Responsiveness Plan provides an analysis of disparities and trends. The discussion tends to focus on point-in-time snapshots of the various subpopulations of the county. In order to ascertain the effectiveness of reaching subpopulations, the MHP should consider presentation of this information in a trendline format. There exist efforts to monitor for the needs of non-English speakers and provide strategies that meet those needs, particularly Hmong- and Spanish-speakers. Discussion of actual penetration rates is deferred to another time because the Cultural Humility Committee identified a lack of LGBTQ resources. The needs of this group are a topic of focus for the department. There are efforts to use online Relias training regarding the needs of LGBTQ, but there is no indication of efforts to engage a dedicated specialized provider to serve this population. In the county-operated programs, the MHP uses service data to periodically review and monitor system demand. This report is called the Direct Service Report, available in the interactive dashboard, Sisense. Each clinical supervisor reviews and meets with each practitioner/service provider periodically. This monitoring is performed at an individual provider and a program level, not at a system-wide level. This monitoring requires using the MHP's EHR, so contractors without Avatar would be excluded.			
1C	Integration and Collaboration	24	22
The MHP's service delivery is supported by 50 percent contract provider participation. The MHP communicates and collaborates with these programs. Due to the desk review process, direct engagement with contractors was not possible.			

Timeliness of Services

As shown in Table 17, CalEQRO identifies the following components as necessary for timely access to comprehensive specialty mental health services.

Table 17: Timeliness of Services Components			
Component		**Maximum Possible**	**MHP Score**
2A	First Offered Appointment	16	10
The MHP adhered to the 10-business-day standard for this metric, and submitted data indicates means of 7.63 days for adults, 17.9 days for children, and 13.9 days for FC. Data were reported quarterly. Achievement of standard was 74 percent for adults, 44 percent for children, and 41.4 percent for FC. The MHP reports data entry issues for this metric that have resulted in inconsistencies and led to large outliers. A PIP that targets improving children and youth initial access is in the start-up process.			
2B	Assessment Follow-up and Routine Appointments	8	5
The MHP reports it is now tracking timeliness by business days. To control for outliers, historically the MHP stopped tracking beyond 60 calendar days. With the shift to business days, the maximum range was set to 45 days. The MHP data show means of 9.7 days for adults, 13.3 days for children, and 15.6 days for FC youth. Achievement of standard was 63 percent for adults, 38.8 percent for children, and 42.9 percent for FC.			
2C	First Offered Psychiatry Appointment	12	8
The MHP utilizes the 15 business-day standard, with recent data reporting means of 15.4 days for adults and 18.8 days for children. No data were available for the FC population. The MHP conveyed that tracking of the “First Offered” field had a poor completion percentage; the field was filled in less than 25 percent of the time for referrals. Furthermore, the data are limited to the time of referral to actual first psychiatric appointment.			
2D	Timely Appointments for Urgent Conditions	18	12
The MHP tracking is limited to the 48-hour urgent care metric. No preauthorization is required for any urgent services; thus, no reporting for the 96-hour metric was provided. The MHP is unable to report in hours, and currently the data were reported in days. Conversion of hours to days and fractions of days occurs internally. The MHP reported means of 7.8 days for adults and 14.6 days for children and youth. Attainment of standard was 58 percent for adults and 23 percent for children and			

Table 17: Timeliness of Services Components			
Component		**Maximum Possible**	**MHP Score**
youth. There were very few FC children/youth identified who requested urgent services. The MHP's urgent response is for initial assessment events. The MHP does not have a mechanism to identify, serve, and track urgent events unrelated to assessments.			
2E	Timely Access to Follow-up Appointments after Hospitalization	10	8
The MHP collects and reports hospitalizations from all sources; however, follow-ups that occur more than 90 days after discharge are considered outliers and not included. There was a single acute hospital admission for FC, so no data were included for FC. The hospitalizations for the MHP numbered 3,250 for adults and 719 for children and youth. The mean days to follow-up were 17.9 days for adults and 10.5 days for children and youth. Attainment of 7-day standard was 29.7 percent for adults and 46.7 percent for children and youth. The MHP ended a Hospital Engagement clinical PIP this last year, which focused on improving linkage to aftercare.			
2F	Tracks and Trends Data on Rehospitalizations	6	4
The MHP reported 3,243 adult discharges and 674 readmissions, for a 20.8 percent readmission rate. Children and youth reported 722 discharges and 103 readmissions, for 14.3 percent readmission rate. The single FC admission was excluded from the data. The MHP recently ended the Hospital Engagement Clinical PIP that targeted reductions in rehospitalizations as well as timeliness of post-hospital discharge follow-up.			
2G	Tracks and Trends No-Shows	10	8
The MHP sets a 20 percent no-show standard for both clinicians and prescribers. The prescriber results indicated a 34 percent no-show rate for both adults and children and youth. There was no data for FC. Clinician no-show rates were two percent for adults and seven percent for children and youth. The prescriber no-show rates of 34 percent seem somewhat high, and that both populations are identical is very unusual. Conversely, the clinician no-show rates are lower than usually reported. Both areas might benefit from study and ensure that data collection are consistent and reliable.			

Quality of Care

In Table 18, CalEQRO identifies the components of an organization that is dedicated to the overall quality of care. These components ensure that the quality improvement efforts are aligned with the system's objectives and contributes to meaningful changes in the system to improve beneficiary care characteristics.

Table 18: Quality of Care Components

Component		Maximum Possible	MHP Score
3A	Beneficiary Needs are Matched to the Continuum of Care	12	10
The Reaching Recovery toolset is utilized with beneficiaries 18 years and older. Full implementation with clinical practice remains in process. The Child Adolescent Needs and Strengths (CANS) and Pediatric Symptom Checklist-35 (PSC-35) are in place for children and youth; however, no specific separate level of care instrument is used with the under 18 population.			
3B	Quality Improvement Plan	10	10
The Quality Improvement Plan (QIP) is a comprehensive document that speaks to the area of quality focus. The QIP includes measurable goals, with a heavy emphasis on timeliness for initial access. Included are the issues of the regional distributions of populations, and the needs of the threshold linguistic groups Spanish and Hmong. In regard to the structure of the QIP, there is significant focus on compliance requirements, such as NACT timeliness. The QIC meeting minutes regularly reflect the review of access/timeliness issues, and other required elements, such as PIP project progress. For this current review discussion of post-hospital follow-up progress was mentioned. Early in the review period, the participation of lived experience individuals in the QIC meetings did not occur. However, during the final quarter, the MHP had up to four beneficiaries participating in the QIC. This is a significant accomplishment.			
3C	Quality Management Structure	14	12
The MHP QI Coordinator position has been vacant since October 2016. The Division Manager for QI, IT, and Medical Records has shown consistency over time and provided leadership in the quality area. There are knowledgeable and skilled individuals working within QI; however, capacity is also challenged when the compliance demands of DMC-ODS waiver, and NACT are considered. Additional			

resources in this area would provide greater depth and consistency of quality efforts. The MHP has current plans to utilize contractors Nancy Callahan and IDEA consulting with Karin Kalk, from the California Institute for Behavioral Health Solutions (CIBHS) to implement training and consultation.			
3D	QM Reports Act as a Change Agent in the System	10	7
Various QM reports are utilized to monitor access, timeliness, quality of care, and outcomes. Internally, the MHP administered a 2019 Employee Engagement Survey. Comprised of 12 questions divided along four dimensions: growth, individual, teamwork, and basic needs. The MHP has been administering this survey annually since 2015, with the findings steadily trending up. The most recent full analysis shows those 44 percent of staff scored as engaged. The other two categories of "not engaged" and the "actively not engaged" have trended downward. The MHP has partnered with CIBHS for them to enhance the knowledge of MHP staff in the areas of quality improvement, tracking, and use of data.			
3E	Medication Management	12	7
The MHP psychotropic monitoring policy requires an annual review of each practitioner. The results of this review and any recommendations are reported to the QIC annually. The activities to improve medication monitoring this period included: refining the electronic dashboard (Sisense) to more efficiently filter charts to identify specific prescribing practices; the development of a monitoring tool to structure the review by clinical pharmacist and designated medical staff members; and continued development of a formal protocol for medication monitoring. The MHP's medication review for children was as follows. The pharmacist reviewed 21 charts based on identified charts within DBH Children's outpatient, of which 2 charts were FC youth. This review targeted children prescribed two or more anti-psychotic medications and looked at safe prescribing practices. The pharmacist has conducted a medication education group for TAY as well as separate group for family members of TAY aged individuals. The future review plans include: review of 5 randomly selected charts of each provider; review of adult beneficiaries prescribed 2 or more anti-psychotic medications. Reviews will also include other prescribing patterns identified within the electronic dashboard in order to provide guidance to DBH direct and contracted medical staff.			

Beneficiary Progress/Outcomes

In Table 19, CalEQRO identifies the components of an organization that is dedicated to beneficiary progress and outcomes as a result of the treatment. These components also

include beneficiary perception or satisfaction with treatment and any resulting improvement in beneficiary conditions, as well as capture the MHP's efforts in supporting its beneficiaries through wellness and recovery.

Table 19: Beneficiary Progress/Outcomes Components			
Component		**Maximum Possible**	**MHP Score**
4A	Beneficiary Progress	16	8
The MHP utilizes the CANS and PSC-35 with children and youth. These are administered to children at intake, every six months, and at exit from treatment. The MHP has a compliance monitoring function that assures the use of these instruments. There was information presented indicating that the children's services data are aggregated and regularly reported. The Reaching Recovery set of tools is also being phased in for adults. This approach provides a multi-dimensional look at beneficiary progress and includes a beneficiary self-report instrument.			
4B	Beneficiary Perceptions	10	8
The CPS is administered twice annually as required. In the past year, in order to encourage greater collection of the instrument, a competition was sponsored between all providers to collect the highest percentage of the caseloads. The MHP most recent results publicly posted by the MHP are those of the 2015-2018 completion data. The Quality of Life Basics survey results from November 2018 have been also posted. Domain averages were compared for all first and second administrations. The data showed little change or variance between the two periods.			
4C	Supporting Beneficiaries through Wellness and Recovery	4	4
The Blue Sky Wellness Center, the Youth Empowerment Center, and S.E.E.S. all have peer specialist positions in their programs. Blue Sky is completely peer staff run. These programs are open to anyone who is seeking mental health services, is currently receiving services, or has received services in the past.			

Structure and Operations

In Table 20, CalEQRO identifies the structural and operational components of an organization that facilitates access, timeliness, quality, and beneficiary outcomes.

Table 20: Structure and Operations Components			
Component		**Maximum Possible**	**MHP Score**
5A	Capability and Capacity of the MHP	30	25
The MHP does not operate day treatment intensive nor day rehabilitation programs. A use-case for such programming has yet to be considered. The MHP provides many other SMHS as well as MHSA programs that offer supports that do not fit the Medi-Cal claiming model.			
5B	Network Adequacy	18	14
The MHP utilizes telehealth, collocated services, wellness centers, behavioral health homes, mobile crisis teams, whole person care participation, and other field-based services. The MHP does not utilize network providers to provide psychological testing, or for the purpose of linguistic capacity.			
5C	Subcontracts/Contract Providers	16	14
Contract providers are involved in MHP activities, including the development of the Cultural Responsiveness Plan. There are regular meetings to discuss level of care transitions particularly with the intensive FSP programs. There are designated liaisons between MHP and contract programs. For this review, the MHP provided information about the contractor's meeting that occurs every other month. These consist of updates to mandated processes and include a recent video conference regarding the impact of the COVID-19 public health emergency and adaptations in response to the pandemic. This video conference included question and answer via chat and phone-in questions.			
5D	Stakeholder Engagement	12	10
The significant improvement in beneficiary participation at the most recent QIC meetings indicate an effort to obtain this stakeholder perspective. The staff engagement survey results suggested that the MHP prioritizes communication with staff. In 2018, JP Marketing was contracted to run eight focus groups, one in Spanish, that targeted the difficult to reach populations to solicit their input on useful changes for the department. This has evolved into the development of a new communication strategy that will include numerous changes, including updates to the website, to better serve those in need.			
5E	Peer Employment	8	5
Currently, the MHP provides the S.E.E.S program that promotes wellness through supported employment and education. It serves as a welcoming, accessible, and			

recovery-oriented system where people with serious mental illness and co-occurring disorders can achieve hope, healing, and a meaningful life within the community. The services include help with competitive employment and linkage to the State Department of Rehabilitation assistance.

The MHP has started to transition to Resilience during a year-long process that focused on recruitment, engagement and education regarding peer support, and design of new job specifications that will be shared in the EHR. This includes the parent-partner role in children's services.

5F	Peer-Run Programs	10	7

Blue Sky Wellness Center is a peer-centered and peer-driven wellness and recovery center, operated under the aegis of Kings View. Staffing is provided by six peer staff. The center is wellness and recovery focused, offering daily support groups, various activities, computer availability, library, weekly clothes closet, and a gym for personal use.

Also operated by Kings View is the TAY/Youth Empowerment Program staffed by two peer FTEs and three part-time parent partners. The primary goal is to provide life skills, mental health education, and linkage to other resources. The program uses group facilitation methods with a focus on encouraging youth to participate. The program works to identify the early warning signs and symptoms of mental illness and provide age appropriate tools to manage them. As needed, referrals are made to mental health services for both the youth and their families.

Information and links to these programs are located on the MHP website, through flyers and brochures as well as social media websites.

5G	Cultural Competency	12	11

The MHP has a robust Cultural Responsiveness Plan. Numerous community stakeholder groups continue to occur, in order to inform the department of unmet needs and the effectiveness of current strategies.

JP Marketing has been engaged to support a departmental communication initiative that is both internal and external in scope, and addresses the various needs of ethnic and cultural groups. This contractor is carrying forward the results of eight focus groups conducted in August 2018. This effort identified key areas that would improve communication and is evidenced in the draft suggested revisions to the MHP's website. In February 2020, the MHP circulated a cultural humility survey to be distributed to all beneficiaries and/or family members. The survey is meant to be another source of feedback regarding culture/language perceptions about services, which will inform the Cultural Responsiveness Plan and identify unmet needs.

SUMMARY OF FINDINGS

This section summarizes the CalEQRO findings from the FY 2019-20 review of Fresno MHP related to access, timeliness, and quality of care.

MHP Environment – Changes, Strengths and Opportunities

PIP Status

Clinical PIP Status: Completed; new PIP initiated.

Non-clinical PIP Status: Completed; new PIP initiated.

Access to Care

Changes within the Past Year:

- During CY 2019, nine new board-and-care providers were added to the master Transitional Residential Service Program (TRSP)/Short-Term Residential Treatment Program (STRTP) agreement.
- The Crisis Residential Treatment (CRT) became operational in February 2019, providing adult beneficiaries with an opportunity for extended stabilization.
- The MHP implemented the Kings View Crisis Intervention Services in July 2019 that provides law enforcement liaison and assessment to the remote east and west county areas.

Strengths:

- Walk-in service and clinical supports are available for people who have missed the last two psychiatry appointments.
- The MHP consistently engages in making secret shopper test calls of the Access Line that assist in identification of both quality improvement areas and call line capacity.
- The MHP tracks Access Line metrics such as dropped calls and wait times, which assists in making capacity determinations and improving quality.
- The MHP revised and updated its website to promote improved presentation for beneficiaries during this review period.

Opportunities for Improvement:

- Despite expanded LGBTQ training for clinical staff, the MHP has not been able to reach this population as intended.

Timeliness of Services

Changes within the Past Year:

- The MHP has implemented the NACT requirements.
- The MHP has been able to manually convert business days from calendar days for monitoring of timeliness.

Strengths:

- None noted.

Opportunities for Improvement:

- The MHP's reported first-offered clinical appointment metric for children and youth averages 17.9 days, which exceeds the standard by almost eight days. Achievement of standard is reportedly 44 percent for children and youth, and 41.4 percent for FC youth.
- The MHP noted that data on first offered psychiatry appointment was entered less than 25 percent of the time. This may improve as the CSI reporting data increases.
- Due to technical difficulties, the response to urgent conditions could not be provided in hours, as required. The means of 7.8 days for adults and 14.6 days for children and youth significantly exceeded the 48-hour requirement. Attainment of standard was 58 percent for adults and 23 percent for children and youth.
- The post-hospitalization 7-day follow-up measure reflected a 17.9-day average for adults and 29.7 percent attainment of standard. The MHP has conducted a PIP that more narrowly focused on those not open to outpatient services at the time of hospitalization. This PIP has ended with limited results. This topic may merit revisiting in the future, and include a deeper search for more effective strategies.
- The adult rehospitalization rate remains at 20.8 percent.

Quality of Care

Changes within the Past Year:

- The MHP has sought assistance from CIBHS and IDEA consulting to increase department staff participation in quality initiatives and use of data.
- The MHP started polypharmacy monitoring and consultation for children's services, adult services expansion in the near future.

- Psychiatry documentation was reviewed or streamlining, and in-service to psychiatry staff regarding documentation format changes.

Strengths:

- A QI provider academy has been created to improve the knowledge and skills of personnel in the use of data and other quality elements.
- The QIC minutes frequently include the review of timeliness data and PIP progress.
- The MHP consolidated three TAY providers to a single provider increasing consistency and access to care
- The number of individuals with lived experience participating in the QIC has increased to four in recent months.
- The MHP has provided an annual staff engagement survey since 2015 to ensure leadership understand the perspective of staff and is aware of their needs.

Opportunities for Improvement:

- The added responsibilities of the DMC-ODS waiver quality work underscores the importance of full QI staffing. Resolution of the QI Coordinator position, vacant since 2016, would be beneficial. While highly skilled individuals are working within QI, more resources would benefit the process.
- The QIWP has evolved to have a significant focus on the topics required by NACT, timeliness and other compliance metrics. This tends to minimize other work plan elements that are driven by data analytic efforts that identify topics for improvement that are not compliance driven.

Beneficiary Outcomes

Changes within the Past Year:

- The Lanterman-Petris-Short (LPS) Act conservatorship program received both clinical and legal improvements that decreased readmissions to institutes for mental disease (IMD), which is the hallmark of successful outcomes. Eight deputy conservators were added, improving capacity to meet or exceed legal requirements. Face-to-face contact requirements were increased to out-of-county placed conservatives, mandating contact every eight weeks.
- A clinical PIP has recently started that focuses on health homes for beneficiaries with complex needs and comorbidities of substance use and physical health conditions who are also high utilizers of emergency services.

Strengths:

- The use of Reaching Recovery tools shows great promise. Reaching Recovery has instruments tailored to the various aspects of treatment, a level of care tool, a beneficiary focused self-scored tool, and an instrument for tracking progress and recovery. Full implementation and regular aggregate reporting will help inform system resource decisions.

Opportunities for Improvement:

- The MHP does not have a specific mechanism to notify beneficiaries and family members of CPS results, analysis, and findings.

Foster Care

Changes within the Past Year:

- None noted.

Strengths:

- Fresno County Superior Court automatically includes in its dependency orders the free exchange of information between treatment staff and social workers as related to mental health referrals. This minimizes a potential barrier to timely services.

Opportunities for Improvement:

- FC first offered appointments have a 13.9 day mean and 12-day median. Achievement of standard is 41.4 percent. There are data collection issues in this metric.

- FC first kept appointments are similar to first offered, with a 15.6 day mean and 13.5 median. The attainment of standard is low, at 42.9 percent. The shift in tracking from calendar days to business days occurred during this review period.

- The MHP does not have reporting available for the non-sub-class eligibles who qualify for and receive ICC and IHBS services. This reporting would help identify potential capacity issues before they impact the Katie A. subclass population.

- Psychiatry initial access for the FC population was absent from reporting. This is a technical issue based in poor completion of field. Psychiatry does not tend to be the first modality of choice with children and youth, thus there are frequently delays in making referrals and the forgetting to enter data is not uncommon.

- The MHP does not present any formal methodology for tracking fidelity to the Core Practice Model, other than that anecdotal accounts that arises in multi-agency meetings.

- Urgent care reporting for FC children and youth identified only three events. The MHP limits this tracking to the initial assessment, and currently reports in days, not hours. Mid-treatment urgent needs can arise, without necessarily qualifying as a crisis. Development of a strategy to define non-intake urgent needs and tracking the subsequent service would be important to accomplish.

Information Systems

Changes within the Past Year:

- The use of the Avatar EHR was expanded to three additional organizational CBOs.
- The EPCS migrated to new Multi-Factor Authentication (MFA) format.

Strengths:

- In order to expand data dashboard availability to line staff, the Sisense application licensing was increased to unlimited read-only usage.
- Recognizing multiple limitations of the current EHR, the MHP is in the process of developing an RFP for a replacement. EHR needs have been formalized in a charter titled, Behavioral Health Integrated Electronic Health Record.

Opportunities for Improvement:

- Although the MHP has begun to share the EHR with some contract providers, care coordination and quality of services would benefit from expansion to all contract providers. The MHP is in the process of developing an RFP for a new EHR so this will not become a recommendation.
- The MHP would benefit from collaborating with the other counties that are currently in the RFP planning and development process for the next-generation of EHRs; these include Alameda, Kern, and Santa Barbara MHPs.

Structure and Operations

Changes within the Past Year:

- Nine new board-and-care providers were added to the master agreement.
- The adult CRT program became operational in February 2019.
- A new Fresno Living Well Center FSP, which focuses on the needs of the Southeast Asian community opened in March 2019.
- The MHP supported development of the Local Outreach to Suicide Survivors team, provided by Hinds Hospice and funded in part by Fresno County Department of Behavioral Health. The team includes one clinician from Hinds

Hospice and one volunteer who is a suicide-loss survivor. The goal is to introduce new survivors to the suicide-loss resources and supports available to families and friends.

Strengths:

- Telehealth is used to provide services at 19 locations, 13 of these are contract provider locations, with a total of 25,572 telehealth encounters.

Opportunities for Improvement:

- None noted.

FY 2019-20 Recommendations

PIP Status

1. Seek TA support for the two recently started PIPs in order to assure the topics, scope and interventions constitute viable improvement activities.

Access to Care

2. Complete revisions to the MHP's website to create a format more suitable to the communication needs of individuals and family members seeking information about services.

Timeliness of Services

3. Develop strategies that improve initial psychiatry appointment timeliness to align with the standard of 15 business days per Information Notice (IN) 18-011.

4. Explore with DHCS liaison and peer counties whether limiting urgent service tracking to only assessment events is an accepted practice, since urgent needs can and often do occur during the course of treatment.

Quality of Care

5. Develop a mechanism for concurrent sharing of Consumer Perception Survey (CPS) results with beneficiaries in a format that includes interpretation and action plan statements, so that they realize the benefit of participation. (This is a follow-up recommendation from FY 2018-19.)

6. Work with Fresno Community Medical Center to re-establish the practice of electronic notification of a pending discharge of an MHP beneficiary, including with it the Continuity of Care Document. (This is a follow-up recommendation from FY 2018-19.)

7. Evaluate the benefit of creating a QIWP section for topics outside of compliance requirements that are derived from data analytic efforts, which could include setting targets and monitoring of documentation timeliness; tracking results of the various service delivery options such as field, video link, telephonic, vs office services.

Beneficiary Outcomes

- None noted.

Foster Care

8. Improve percent of first offered FC appointments (currently 41.4 percent) within the 10-business day initial access standard, per IN 18-011.

Information Systems

9. Complete the implementation of Daptiv, a project portfolio management tool to track and manage EHR and information technology (IT) Help Desk problem resolution. (This is a follow-up recommendation from FY 2017-18.)

10. Engage in collaborative efforts with other counties currently in the RFP planning and development process for the next-generation of EHRs (Alameda, Kern, and Santa Barbara). The varied experiences and current platforms and identified needs will provide useful information when exploring alternate solutions.

Structure and Operations

- None noted.

SITE REVIEW PROCESS BARRIERS

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

- In accordance with the California Governor's Executive Order N-33-20 promulgating statewide Shelter-In-Place, it was not possible to conduct an on-site external quality review of Fresno MHP. Consequently, some areas of the review were limited, and others were not possible, such as conducting beneficiary focus groups.

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 E: PIP Validation Tools

Attachment A—On-site Review Agenda

No on-site sessions were conducted.

Attachment B—Review Participants

CalEQRO Reviewers

Robert Walton, Quality Reviewer
Lynda Hutchens, Quality Reviewer
Lamar Brandysky, Information Systems Reviewer
Gloria Marrin, Consumer-Family Member Reviewer

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

No sites were visited for this review.

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 ACA Penetration Rate and ACB separately. Since CY 2016, CalEQRO has included the ACA Expansion data in the PMs presented in the Performance Measurement section.

Table C1: CY 2018 Medi-Cal Expansion (ACA) Penetration Rate and ACB
Fresno MHP

Entity	Average Monthly ACA Enrollees	Beneficiaries Served	Penetration Rate	Total Approved Claims	ACB
Statewide	3,807,829	152,568	4.01%	$832,986,475	$5,460
Large	1,833,373	69,835	3.81%	$406,057,927	$5,815
MHP	117,645	5,323	4.52%	$31,042,121	$5,832

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 2018 Distribution of Beneficiaries by ACB Cost Band
Fresno 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	19,532	94.87%	93.16%	$59,398,700	$3,041	$3,802	56.96%	54.88%
>$20K - $30K	468	2.27%	3.10%	$11,436,209	$24,436	$24,272	10.97%	11.65%
>$30K	588	2.86%	3.74%	$33,452,341	$56,892	$57,725	32.08%	33.47%

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 2019-20 CLINICAL PIP	
GENERAL INFORMATION	
MHP: Fresno County Department of Behavioral Health	
PIP Title: Hospital Engagement	
Start Date: 06/04/2018 **Completion Date**: 06/03/2019 **Projected Study Period**: 12 Months **Completed**: Yes ☒ No ☐ **Date(s) of On-Site Review**: 03/17-18/2020 **Name of Reviewer**: Robert Walton	**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 (including goal and what PIP is attempting to accomplish): The MHP sought to reduce readmissions of individuals discharging from Community Behavioral Health Center (CBHC) of those who are new to county behavioral health or re-entering county behavioral health services by initiating engagement with outpatient services and planning appropriate community linkages prior to acute care discharge.	

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	Included were: Department of Behavioral Health (DBH) Quality Improvement (QI) staff - two clinicians, Division Manager, Sr. Staff Analyst, Sr. Business Systems analyst. Also involved were crisis intervention team clinical supervisor, clinician and case managers. The participating division manager and clinical supervisor link this PIP team with a FBHS/CBHC (acute unit) group that meets monthly to facilitate the hospital's role. In addition, clinicians from both the hospital discharge and housing programs, as well as clinicians from outpatient programs providing post-discharge follow-up care. Family members and beneficiaries did not appear to be involved in the development and planning for this PIP.

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 MHP predicates this PIP on the timely post-discharge follow-up (average number of days to follow-up) of individuals 18+ years of age, from April 2015 through September 2017. Typically, the unlinked showed higher numbers of days to follow-up, significantly breaking from the linked data in April 2016, and climbing higher while the linked has stabilized at around 12 days or less. The secondary factor, that of rehospitalizations, the MHP believes is higher in the unlinked individuals than with linked. But the analysis of rehospitalization is performed with aggregate data – linked and unlinked combined. The MHP states separate analysis will occur when system challenges are overcome. The MHP presented the average readmission rates by year, combing linked with unlinked. Starting in CY 2014, a 25.3 percent readmission rate was reported, and 21.1 percent by 2017. Since this MHP invests a significant amount of QI, staff, and analytic effort into this effort, it seems critical to perform separate linked and unlinked analysis at the onset and throughout the PIP process. There are likely differing issues that impact rehospitalization rates for linked and unlinked individuals. This PIP should not have proceeded without that separate analysis.

		CMHC admissions comprise 56 percent of all adult acute events, which leaves 44 percent of all acute episodes outside of the MHP's direct purview.
Select the category for each PIP: *Clinical:* ☐ Prevention of an acute or chronic condition ☐ High volume services ☒ Care for an acute or chronic condition ☒ High risk conditions		*Non-clinical:* ☐ Process of accessing or delivering care
1.3 Did the Plan's PIP, over time, address a broad spectrum of key aspects of enrollee care and services? *Project must be clearly focused on identifying and correcting deficiencies in care or services, rather than on utilization or cost alone.*	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	The MHP focused on decreasing the readmissions of those higher risk individuals who are not receiving outpatient services at the time of admission. Key to this issue was engagement with services, which is typically much less for those not currently received outpatient care. Other elements include coordination with the hospital staff and administrative processes, particularly those that involve discharge planning and actual discharge. The PIP targeted creating a relationship between clinician and beneficiary before the discharge occurs.

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 adults who are not open to outpatient services who are admitted to the county operated acute inpatient unit and are discharged.	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	Included were all unlinked individuals who are admitted to the CBHC acute inpatient.
	Totals	**2** Met **2** 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:* Will directly engaging with and assessing individuals ages 18 and older who are unlinked to outpatient Fresno County MHP services *during hospitalization* and then supporting their access to follow-up care improve: 1) their average time to follow-up services 2) the percentage of initial follow-up outpatient service within 7 days, and 3) decrease their likelihood of re-hospitalizations within 30 days?	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	While comprehensively stated, the study question does not specify a quantifiable improvement goal. It also merits noting that the indicators individually specify improvement targets. A global improvement metric would not be suitable here.
	Totals	**1** Met 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 CBHC admissions previously unlinked to services	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	
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: CBHC inpatient admits of unlinked individuals.	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	
	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:* **Readmission Rate** - All-cause 30-day readmission rate: This indicator is used to determine if the engagement and initial assessment activities conducted while an individual is still hospitalized increases the likelihood that post-discharge outpatient services prevent relapse. Fresno Department of Behavioral Health (FDBH) Avatar EHR is used to track services to individuals who are both linked and unlinked; in both cases, assessment and engagement services are identified with a 956H code which allows those individuals receiving the intervention to be identified. **Timely Access** - Percent of clients who discharge from acute care services and who initiate follow-up within 7 days following discharge: This indicator is used to determine if the engagement and initial assessment activities conducted while an individual is still hospitalized increases the number of clients who engage in outpatient follow-up services within 7 days and therefore have a reduced likelihood of relapse and hospital readmission. FDBH's EHR (Avatar) is used to track services to individuals who are both linked and unlinked; in both cases, assessment and engagement services are identified with a 956H code which allows those individuals receiving the intervention to be identified. **Timely Access** – Average days to first visit for clients discharged from acute care services: This indicator is used to see if the intervention can reduce the overall days	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	

to first visit for both linked and unlinked clients. We are seeking to have both the percentage of clients receiving follow-up outpatient care within seven days as well as the number of days. **Engagement** - Percent of unlinked clients who engage in services: This indicator is used to determine if engagement activities are successful in helping individuals initiate follow-up care. Since the intervention is upstream of the actual intake process, a useful indication if the PIP interventions are successful is if unlinked individuals actually arrive for and receive an initial service. While the work of engagement continues during these initial services and beyond, the interventions in this particular PIP do not address them. **Engagement** - No show rate for initial outpatient visit following acute discharge: This indicator is used to see if the interventions are effective (the first desired impact of the engagement and assessment interventions). The intervention during the inpatient stay are intended to increase the likelihood that the individual not only has a first appointment scheduled, but that they are also sufficiently engaged to receive those services as scheduled. This indicator also lets us know if our engagement activities are reducing the barriers to access that each individual may have.		

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 relate to clinical status and outcomes, therefore reflecting both functional and health status.
	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 was utilized.

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 data collected chiefly comes from the EHR, including client demographics (age, gender, ethnicity, language, etc.); client discharge date; scheduled date of initial outpatient follow-up visit; actual date of initial outpatient follow-up visit; engagement and assessment services provided during clients' CBHC hospitalization (captured via 956H); readmission date (e.g. readmit date within 30 days of initial discharge); client feedback about engagement services (see survey tool).

6.2 Did the study design clearly specify the sources of data? *Sources of data:* ☐ Member ☐ Claims ☐ Provider ☒ Other: EHR	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	
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	QI produces the dashboard regularly. Indicators for readmission rates, timely access and engagement are plotted over time for all clients admitted into the CBHC inpatient unit (e.g. the entire target population).
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: EHR sourced data	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	Data is collected from the EHR. The data collected includes the date of admission and discharge from CBHC, as well as other hospitals/PHFs, as determined by the billing information entered into the EHR. The timeliness to initial and subsequent services is also compared using the billing data from the EHR. Billing data is submitted timely after services are provided and allow for reliable information regarding billing information. From the information gathered from the EHR, various dashboards have been created in order to provide ongoing results for comparison. The dashboard can be updated as often as needed or to pull in updated information from the EHR. The dashboard can be manipulated in order to look at specific data (i.e., programs, date range)

6.5 Did the study design prospectively specify a data analysis plan? Did the plan include contingencies for untoward results? ***Not specifically, but did have general plans to change or adjust if progress was not made.***	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	The measures are part of the agency-wide EHR and so are reviewed routinely by senior management and the QIC in order to monitor progress towards improvement and then sustained improvement. The PIP Work Group also reviews the measures, as well as lists of re-admitted clients to continue to learn about what works (and does not work) to prevent readmission.
6.6 Were qualified staff and personnel used to collect the data? *Project leader:* Name: Sonia Sahai-Baines Title: Clinical Supervisor Role: Supervisor for Hospital Engagement *Other team members:* Names: Jolie Gordon-Browar, Adult MH Outpatient Sonia Sahai-Baines Hospital D/C Unit Kathy McGuire, Adult MH Outpatient Alyssa Stone, Adult MH Outpatient John Enos, Adult MH Outpatient May Yang, Adult MH Outpatient Peggy Ellisalde, Adult MH Outpatient Francisco Escobedo, QIT Dalila Jimenez, CMH Youth Wellness	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	Data in the FCDBHS EHR is entered by clinical staff; QI staff prepare the dashboards.
	Totals	**6** Met 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:* Engagement activities, including: • build rapport • introduce and explain services DBH has to offer • explore with client the symptoms of mental health they would like to address • provide crisis emotional support • offer coping mechanisms Assessment and Supports: start outpatient intake assessments on- site and complete while an inpatient or right after discharge Care Coordination, including activities like: • arranging for clients' transportation to follow-up care • providing clients with a tour of facility, wellness group and introduce to care providers • linking clients to services in the community • safety planning Referral: create a formal referral system to allow hospital staff to request FDBH staff to initiate engagement, assessment and care coordination activities. Shared Discharge Planning: • track clients admitted through their discharge and handoff to clinics	☐ Met ☒ Partially Met ☐ Not Met ☐ Unable to Determine	The MHP stated that Motivational Interviewing training and principles were used with engagement activities. This specific intervention strategy merits being called out as the key underpinning of this clinical PIP.

• team up with hospital staff to plan clients' discharge		
	Totals	Met **2** 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?	☐ Met ☒ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	The work group dashboard, which includes several measures applied in a run chart, was routinely reviewed by the PIP Work Group, senior management, and the MHP QIC and Outcomes Committees. FDBH does not have data about the target population prior to becoming linked (e.g., unlinked clients were targeted to get them linked and engaged), neither pre-post nor data longitudinal measures provided sufficient information to determine if the interventions were working.

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	Tables were well-labeled. It appears that the approach combined linked with nonlinked. The MHP did not make an effort to explain why the two groups and associated data could not be separated. The MHP then embarked on an alternative statistical exploration to identify other analytic approaches that could uncover positive changes. This included likelihood of receiving a follow-up appointment. The work that the MHP did in this area was strong, but did not seem to compensate for the issue that it was blending results of those who received the intervention with those who did not.
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: May 2018 to November 2019 Indicate the statistical analysis used: Logistic regression, P-type variable Indicate the statistical significance level or confidence level if available/known: p-type variable with an odds ratio of 0.284 and Confidence Interval of 0.079-1.23.	☐ Met ☒ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	The MHP determined that those receiving the intervention have a 70 percent lower chance of no-showing to follow-up appointment. Since data from test group (unlinked) is commingled with non-test group (linked) it does not seem possible for that determination to be made.

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:* Timeliness indicators did not provide useful information. *Conclusions regarding the success of the interpretation:* Originally identified data elements did not provide great utility in determining outcome. Partly blending of those who received intervention with those who did not was an issue. *Recommendations for follow-up:* This is an appropriate topic for a PIP but is also one that requires separation of the test population (linked vs unlinked) occur when developing baseline; as well, the various intervention aspects need to be vetted with the site where this will occur (inpatient) before embarking on the PIP itself.	☐ Met ☒ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	The MHP addressed both the statistical tracking issues as well as the barriers to the planned interventions. Both aspects should have been addressed before starting on the PIP. Tagging additional analytics and metrics at the conclusion is certainly something that can be done, but this PIP started before a number of identified issues were resolved. Some of the other issues are below. Other unanticipated operational barriers emerged: • Hospital scheduling of group activities, discharge planning and space availability makes scheduling time for FCDBH staff's engagement and assessment activities challenging. • Hospital staff are very open to, and encouraging of this support by FCDBH staff, and so more structured collaboration is likely possible. • The creation of a tracking system to be manage the 'caseload' of beneficiaries being supported would be helpful.
Totals	Met **4** 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? EHR* *Did they use the same method of data collection? Yes* *Were the same participants examined? Yes* *Did they utilize the same measurement tools? No – EHR data*	☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	Run charts reflect monthly data, but for the tabular reporting the MHP chiefly summarizes by 6- or 12-month increments. At times, calendar year reporting is also used.
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	Days to first visit for linked and unlinked decreased by 45 days. The readmission rate for linked and unlinked decreased slightly from the 2017 baseline, reaching as high as 18.2 percent between the baseline and January to September 2019 period. The area with the greatest improvement was average days to first visit. The MHP experienced a 45-day decline between 2017 and May 2018 to December 2019.

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	Impossible to ascertain due to the commingling of results from both the study and control groups.
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	Commingled data do not permit conclusions to be drawn.
9.5 Was sustained improvement demonstrated through repeated measurements over comparable time periods?	☐ Met ☐ Partially Met ☒ Not Met ☐ Not Applicable ☐ Unable to Determine	Since the reported data do not separate the study group from control group, the improvements in timeliness cannot reasonably be assigned to any set of discharged beneficiaries.
Totals	**1** Met Partially Met **2** 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:

For combined linked and unlinked individuals, there has been a reduction in days to follow-up. But it is not certain to which group this progress is assigned, linked or unlinked. The key flaw to this approach was the inability to separate unlinked from linked data.

The follow-up timeliness and rehospitalization issue is important, but when interventions are applied to a subset and the date are aggregated, efficacy of intervention is called into question.

Recommendations:

The topic of rehospitalization is an important one to pursue. However, if the MHP wishes to study this topic further, it will be important to separate results of the intervention group from the non-intervention group. As well, it is important to vet all aspects of the proposed interventions with the program in which they will be delivered, in this case, the community inpatient unit.

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 2019-20 NON-CLINICAL PIP	
GENERAL INFORMATION	
MHP: Fresno County Department of Behavioral Health	
PIP Title: Improving Access Through School Based Services	
Start Date: 01/01/2019 **Completion Date**: 12/31/2019 **Projected Study Period**: 12 Months **Completed**: Yes ☒ No ☐ **Date(s) of On-Site Review**: 03/17-18/2020 **Name of Reviewer**: Robert Walton	**Status of PIP (Only Active and ongoing, and completed PIPs are rated):** **Rated** ☐ Active and ongoing (baseline established and interventions started) ☒ Completed since the prior External Quality Review (EQR) **Not rated. Comments provided in the PIP Validation Tool for technical assistance purposes only.** ☐ Concept only, not yet active (interventions not started) ☐ Inactive, developed in a prior year ☐ Submission determined not to be a PIP ☐ No Non-clinical PIP was submitted
Brief Description of PIP (including goal and what PIP is attempting to accomplish): The MHP is aware of the lower penetration rates in parts of Fresno County and particularly the lower number of school-aged youth who receive little, if any, mental health services. Also, when referrals are made, often there are delays due to perceived barriers to treatment, such as caregiver ability to identify mental health needs, transportation, other childcare, and home responsibilities, and stigma. The MHP engaged with the Fresno County School System (FCSS) and pursued stakeholder meetings in the more rural areas of the county: Firebaugh, Golden Plains, Kerman, and Mendota. The aim was to develop a strategy that would improve access for youth of these more remote and less	

populated areas. The MHP's goals were to increase the delivery of mental health treatment to unserved and underserve youth by engaging at least 800 youth (and families) within 14 days of request for services at their schools.

ACTIVITY 1: ASSESS THE STUDY METHODOLOGY

STEP 1: Review the Selected Study Topic(s)

Component/Standard	Score	Comments
1.1 Was the PIP topic selected using stakeholder input? Did the MHP develop a multi-functional team compiled of stakeholders invested in this issue?	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	The MHP's stakeholder process led to the development of a MHSA funded PEI program to train school staff in the identification of potential mental health issues. Simultaneously QI was tracking penetration rates for youth and determined there was insufficient capacity to expand services to this population. This is most evident in the rural east and west regions of Fresno County. These areas experience challenging access to mental health care. Since children and youth all attend school, the notion of expanding school-based services seemed to provide a location. Parents and other related stakeholders would have been involved in the various types of meetings that occurred, but were not specifically identified.

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	
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	This PIP is focused on providing school-based mental health treatment access, through which the barriers of transportation, student/parent availability, and other factors, may all be addressed. The MHP characterizes this as a no-wrong-door approach. The MHP also cites numerous potential referrals sources (e.g., teachers, admin staff, janitors, bus drivers)– but did not attempt to identify the most frequent referral sources.

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 school involved children/youth	☐ Met ☒ Partially Met ☐ Not Met ☐ Unable to Determine	This approach works to cover all school-age children and youth, with the exception of home-schooled and alternatively schooled youth. The MHP might wish to determine the numbers of those youth who are outside of usual school settings.
	Totals	**2** Met **2** 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:* Will increased capacity provided through school-based programs and a 'no wrong door' approach` overcome service access barriers for unserved and underserved youth and families in need of specialty mental health services and increase the county's penetration rate in targeted school districts by 1.5 percentage points by January 1, 2020?	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	The no-wrong-door approach described by the MHP includes a change from the requirement that youth go to a central intake center (now can receive intake in the schools). The MHP also seems to consider the involvement of a broad array of school personnel who are trained to make referrals another aspect of the no-wrong-door approach.
	Totals	**1** Met 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	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	School-aged children and youth attending public school in rural areas of east and west Fresno county .

3.2 If the study included the entire population, did its data collection approach capture all enrollees to whom the study question applied? *Methods of identifying participants:* ☐ Utilization data ☒ Referral ☐ Self-identification ☐ Other: <Text if checked>	☐ Met ☒ Partially Met ☐ Not Met ☐ Unable to Determine	There may be children and youth within the targeted school districts that need mental health services, but are not referred. These individuals would not be included. The MHP's PIP is reliant upon trained non-clinical personnel referring students to treatment. Thus, some may be left out.
	Totals	**1** Met **1** Partially Met Not Met UTD
STEP 4: Review Selected Study Indicators		
4.1 Did the study use objective, clearly defined, measurable indicators? *List indicators:* ➢ Penetration Rate – Percentage of Medi-Cal eligible individuals served ➢ Average Days from Initial Request to 1st Service ➢ Percent of clients who received initial service within 14 days from initial request who are seen within target days ➢ 1st Visit No-shows and Cancellations Rate ➢ Percent of clients who receive 3 or more visits in the first month of services	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	

4.2 Did the indicators measure changes in: health status, functional status, or enrollee satisfaction, or processes of care with strong associations with improved outcomes? All outcomes should be 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 measures reflect timely access to care, engagement, and with the three-services metric, likely receipt of actual treatment.
	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	The MHP is relying upon referrals coming from school system personnel who are not mental health professionals – and only those who are referred will be possibly served. This point is being raised because the issue of ongoing training to school personnel who will be making referrals is critical. Quantitatively knowing who is making the most and least referrals will be important when continuing training curriculum is developed.

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	No sampling used.
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	➢ Client demographics (age, gender, ethnicity, language, etc.) ➢ Referral activity (date received, disposition, etc.) ➢ Scheduled date of initial outpatient visit ➢ Actual date of initial outpatient visit ➢ Visit/activity in the first month of services ➢ Penetration rate ➢ Timeliness of the first service ➢ No-show/cancellation service ➢ Service intensity
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 are sourced mainly from the EHR; the penetration rate is a calculation made from the monthly eligibles table vs. episodes of service.
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 QI personnel are running monthly dashboards. Monthly data appears in run-charts, but in some places the data is rolled up and reported annually.

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: EHR data	☒ 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	The MHP developed a data analysis plan involving monthly review of key run-chart data elements. The contingencies issue was addressed by the MHP as involving review of data and making changes if issues emerged indicating lack of success with the PIP. The MHP noted that while increased access did occur, there were more efforts needed to work with parents/caregivers to ensure they were aware of the potential benefits of treatment. Apparently, parents were instrumental in lack of follow-through at times.
6.6 Were qualified staff and personnel used to collect the data? *Project leader:* Name: Preetinder Sanghera Title: Children's Mental Health Outpatient Division Manager Role: Project Lead Various QI staff	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	
	Totals	**6** Met 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:* ➢ School and Staff Engagement ➢ "No Wrong Door" Referral Mechanisms ➢ Outreach Readiness ➢ Outreach & Intake	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	
Totals	**1** Met	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?	☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	

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	The MHP's reporting on indicators identifies data run nonspecifically in 2019. Accompanying penetration rate run chart reports quarterly figures. This chart reflected peak penetration rates occurring during 2019 Q2 or Q3, depending upon school district, then falling off. Percentage of Initial visits within 14 calendar days trended upward through CY 2019, peaking at nearly 70 percent in September 2019. Subsequently there was a drop-off during October through December, ending the year at 55 percent. Median achievement of the 10-business day/14 calendar day standard remained at approximately 54 percent.
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: Monthly and quarterly, summarized to annually. Indicate the statistical analysis used: Percentage and median/average values. Indicate the statistical significance level or confidence level if available/known: NA percent NA Unable to determine	☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	

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:* The PIP provided information that reflected back on improvements needed to interventions that involve greater early inclusion of parents/caregivers. This requires additional outreach efforts beyond the boundaries of the school environment. *Conclusions regarding the success of the interpretation:* The MHP's conclusions appear accurate and on-target. *Recommendations for follow-up:* As the MHP continues with school-based services, the lessons learned about early inclusion of family for education and stigma reduction will be needed.	☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	➢ Increases in number of youths served occurred. ➢ Timely access initially improved, then declined.
Totals	**4** Met Partially Met Not Met NA UTD	
STEP 9: Assess Whether Improvement is "Real" Improvement		
9.1 Was the same methodology as the baseline measurement used when measurement was repeated? *Ask: At what interval(s) was the data measurement repeated?* *Were the same sources of data used? Yes* *Did they use the same method of data collection? Yes* *Were the same participants examined? NA* *Did they utilize the same measurement tools? Yes*	☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	

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	For some measures, there was an initial trend for improvement, but this was followed by a decrease during the last few months of CY 2019. It appears that the greatest benefit of this process was the learning that occurred in how to present services and engage family members and the schools.
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	Even in areas that showed initial improvement, there was degradation towards the end. As already mentioned, the greatest positive effect was the learning that occurred in the process.
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	Early efforts reflected improvement, but towards the end of the year, a decline emerged. While there is an absence of sustained improvement, the information that emerged will make improvements likely in the future.

9.5 Was sustained improvement demonstrated through repeated measurements over comparable time periods?	☐ Met ☐ Partially Met ☒ Not Met ☐ Not Applicable ☐ Unable to Determine	When viewed on an annual roll-up of data, there were improvements in penetration rates in the Golden Plains school district area. Other areas experienced either slight decreases or increases.
Totals	**1** Met **1** 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:

- Only one school district manifest significant increases in penetration rate, while others declined or increased.
- While the training of school personnel to make referrals to care was important, the MHP, early on, did not consider the issues of parent/caregiver buy-in and participation would be on starting treatment.
- In these rural areas, there may be a multitude of factors that impact caregiver willingness to participate. Caregivers need to understand the needs for and benefits of treatment, and may also need support with transportation, childcare and meal preparation in order to become involved. The MHP would benefit from having developed strategies to assist when these issues emerge on a case by case basis.

Recommendations:

- The MHP has already developed a list of topics and strategies to improve services to children and youth within the school environment.
- The MHP may wish to develop a focus group or townhall in which parents/caregivers in each region are met with in order to ensure that potential barriers and needs are identified and that there exist relevant strategies to addressing them.
- The MHP should then broaden its strategies to include addressing the barriers identified by caregivers.

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