FY 15-16

Medi-Cal Specialty Mental Health

External Quality Review

MHP Final Report

Santa Barbara

Conducted on

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INTRODUCTION

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

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

- MHP information:
  - Beneficiaries served in CY14—4,828
  - MHP Size—Medium
  - MHP Region—Southern
  - MHP Threshold Languages—Spanish
  - MHP Location—Santa Barbara

This report presents the fiscal year 2015-2016 (FY 15-16) findings of an external quality review of the Santa Barbara (MHP) by the California External Quality Review Organization (CalEQRO), Behavioral Health Concepts, Inc. (BHC).

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

(1) VALIDATING PERFORMANCE MEASURES[1]

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

- Total Beneficiaries Served by each county MHP
- Total Costs per Beneficiary Served by each county MHP

[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.

- Penetration Rates in each county MHP
- Count of Therapeutic Behavioral Services (TBS) Beneficiaries Served Compared to the four percent (4%) Emily Q. Benchmark (not included in MHP reports; a separate report will be submitted to DHCS)
- Total Psychiatric Inpatient Hospital Episodes, Costs, and Average Length of Stay
- Psychiatric Inpatient Hospital 7-Day and 30-Day Recidivism Rates
- Post-Psychiatric Inpatient Hospital 7-Day and 30-Day Specialty Mental Health Services (SMHS) Follow-Up Service Rates

(2) VALIDATING PERFORMANCE IMPROVEMENT PROJECTS[2]

Each MHP is required to conduct two performance improvement projects (PIPs) during the 12 months preceding the review; Santa Barbara MHP submitted two PIPs for validation through the EQRO review. The PIP(s) are discussed in detail later in this report.

(3) MHP HEALTH INFORMATION SYSTEM (HIS) CAPABILITIES[3]

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

(4) VALIDATION OF STATE AND COUNTY CONSUMER SATISFACTION SURVEYS

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

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

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

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

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

PRIOR YEAR REVIEW FINDINGS, FY14-15

In this section we first discuss the status of last year's (FY14-15) recommendations, as well as changes within the MHP's environment since its last review.

STATUS OF FY14-15 REVIEW RECOMMENDATIONS

In the FY14-15 site review report, the prior EQRO made a number of recommendations for improvements in the MHP's programmatic and/or operational areas. During the FY15-16 site visit, CalEQRO and MHP staff discussed the status of those FY14-15 recommendations, which are summarized below.

Assignment of Ratings

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

Key Recommendations from FY14-15

- Recommendation #1: The Clinical Reporting System (CRS) Project needs to be a priority to address changing needs of clinical and financial reporting with better alignment between the two. While Management Information Systems (MIS) needs to continue to generate standard reports on monthly and quarterly cycles, there is a need for dashboard and alert-type reports to provide on-demand and/or daily to weekly basis to report on key clinical and financial operations. The MHP should develop from three to five key operations indicators during the next year that align with and support Tri West Report findings and recommendations.

  ☒ Fully addressed ☐ Partially addressed ☐ Not addressed

  - The targeted launch of the CRS for the Fall 2015 was delayed due to the MHP undergoing a name/branding change. The CRS will be part of the MHP's

website, so when name/branding change was delayed, so was the design and deployment of the CRS.

- Upon completion of the MHP change, the MIS and Research and Evaluation staff made significant progress toward developing and implementing the CRS. The MHP staff met on a weekly basis with the vendor, Visus, to develop the CRS, which included the programming of the system, user interfaces, data validation, Information Technology (IT) infrastructure (servers, security and role-based permissions) and demonstrating the system to potential users. The MHP has installed a test version of the CRS on approximately 40 MHP Clinical Reporting System Project staff computers. Staff have been testing the CRS for ease of use, functionality and usefulness of the data generated by the CRS.
- When fully developed and implemented, users will be able to create reports through a series of cascading filter options. Additionally, there will be "canned" report structures available that will have the capacity to be refreshed with current data. The "canned" reports that Visus is developing will be drawn from examples of existing reports currently generated on a weekly/monthly/quarterly basis.
- The CRS is very close to deployment. The MHP's IT staff, Visus staff and the County IT staff are finalizing user testing as well as testing the system for potential server or infrastructure issues. It is anticipated that the CRS will be deployed by May 2016. After initial CRS deployment, the MHP plans for there to be continued efforts for ongoing report development.

- Recommendation #2: Develop and disseminate uniform policies and standards system-wide for key aspects of care to include Clinical Operations, Financial, Administration, and Compliance areas as the MHP implements the Tri West Report recommendations. The program lacks consistency across the three regions about procedures, expectations and policy with contracted providers re the fidelity to core model practice. As subclass identified children/youth continues to grow, a standardized program is needed.

  ☒ Fully addressed ☐ Partially addressed ☐ Not addressed

  - The MHP reports that a significant number of policies and procedures have been developed and disseminated across programs over the past year, including an online training platform ("elearning") to train staff on new and updated Policy and Procedures and collect receipts of acknowledgements.
  - All new and updated Policy and Procedures are emailed to staff and CBO partners, are shared at our Steering Committee monthly meetings with staff, managers and CBO partners in attendance, shared at the CBO Coalition meeting that occurs quarterly and the CBO Collaborative meeting that meets monthly (see attachment of participants labeled #1 P&P).

  - Staff continues to report a lack of consistent understanding and adherence to policies and procedures across the MHP's three regions at the employee level. This is being addressed through the training as noted above.

- Recommendation #3: Adequate staff for this MHP, most especially bi-lingual Spanish speaking staff, remains a challenge. Recruitment for this staff needs to be a priority.

  ☒ Fully addressed ☒ Partially addressed ☐ Not addressed

  - Line staff and contract providers both acknowledged there are adequate staffing levels of bilingual Spanish speaking staff.
  - 119 of the MHP's clinical staff are bilingual. 105 are Bilingual in Spanish and English. 33 of the 80 administrative staff are Bilingual. 25 are English and Spanish speaking. When languages beyond Spanish are included, more than 40% of staff are bi-lingual, with 11 additional languages utilized by staff (including sign language).
  - Line staff and contract providers both noted a significant lack of case management staff and continued unfilled clinical vacancies. 65 positions were added to the budget to allow for fewer gaps in service delivery.
  - Consumers report that there is a need for more Spanish-speaking clinical and administrative staff.

- Recommendation #4: Although the Katie A. Program has progressed in the past year, this program is not sufficiently launched in Santa Barbara County. There are still several important issues that in order for Katie A. to be a successful ongoing program need resolution including staffing, consistency of program delivery, and timeliness in beginning services.

  ☐ Fully addressed ☒ Partially addressed ☐ Not addressed

  - Dedicated Katie A. staff are now present at all regional children's clinic sites. Six new clinicians were hired, with four being bilingual Spanish.
  - Although consistency and timeliness of services have improved, challenges remain in timeliness given the frequency of social workers changing in Child Welfare Services (CWS) from referring social worker to ongoing social worker. There are no designated social workers who are assigned consistently to specific Katie A. cases.
  - Two separate monthly meetings are held with clinic managers and line staff and Division Chiefs from both departments to improve communication and reduce errors.
  - Protracted time to initial consent for assessment and treatment continue to adversely affect timeliness. The MHP reports this is partially ameliorated with improved relationships and communication with CWS.

- As progress to timeliness and consistency of program delivery continue, the MHP is working to ensure every child is offered an assessment within 72 hours from when the referral is receive from CWS.
- The MHP is developing an MOU with CWS to outline the protocol and procedures and to address the issues with CWS to help to improve timeliness of a referral.

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

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

- Access to Care
  - Alameda House, a six bed residential facility that provides outpatient competency restoration services for misdemeanants found Incompetent to Stand Trial (IST), opened. A second six bed facility, Cottage Grove, opened at full capacity in March 2016.
  - A Crisis Stabilization Unit (CSU) and a Crisis Residential Facility were opened in Santa Barbara.
  - Telepsychiatry services, provided by JSA Health Tele-psychiatry, are available at the CSU after hours and has been and will continue to be implemented in the clinics as interims when vacancies exist.
  - Crisis Triage teams were established and now operating in all three regions of the County.
  - At two outpatient clinics, there is increased capacity to care for medically compromised individuals with Substance Use Disorders through establishing the Medicated Assisted Treatment (MAT) teams.
  - Medically Integrated teams have been added to the clinics to provide services to individuals with physical and mental health needs
  - The use of Screenings, Brief Intervention, and Referral to Treatment (SBIRT) for alcohol and drug issues is being used to better address co-occurring issues at outpatient mental health clinics.
- Timeliness of Services
  - A Mobile Crisis Team was established in Lompoc. Mobile Crisis Teams are now present in all three regions of the County.
  - Orientation groups are now occurring at all clinic sites. A welcome brochure has been developed and a welcoming video is being developed. All are expected to

help decrease wait time from request for services to information and assessment.

- The MHP continues to recruit Psychiatrists/Physician Assistants/Nurse Practitioners to enhance timeliness to psychiatric/medication assessment and treatment.

- Quality of Care
  - Medication rooms in the clinics were updated, medication policies and procedures were reviewed and revised and a new medication disposal process was put in place which is in compliance with Drug Enforcement Agency (DEA) regulations.
  - The hiring of key staff, including an IT Manager, Assistant Director of Clinical Operations, Deputy Director for Operations and Administration, Human Resources (HR) Manager and Chief Financial Officer (CFO), was finalized.
  - A Memorandum of Understanding (MOU) was finalized with CenCal Health that is intended to improve health care integration between primary care and mental health services. The MHP has been working to facilitate referrals to and from The Holman Group, CenCal's mental health provider, for low to moderate mental health services.
  - A 5150 workgroup was established to improve the processes for assessing individuals in crisis, identifying least restrictive placement options, enhancing training and conducting safety plans and suicide risk assessments.
- Consumer Outcomes
  - The Resiliency and Intervention for Sexually Exploited individuals (RISE) program developed as an innovation project within MHSA. RISE provides mental health services and support to girls and boys that are victims of sex trafficking within a multi-agency County collaborative.
  - All MHP staff are trained to use Child and Adolescent Needs and Strengths/Milestones of Recovery Scale (CANS/MORS) outcome measures to evaluate consumer outcomes of treatment.
  - Through an Office of Statewide Health Planning and Development (OSHPD) grant, numerous peers have participated in core trainings as well as received reimbursement for individualized trainings.
  - Mental Health Commission data work group (named "Vital Signs") includes a collaboration of mental health commission members, department staff as well as peer and family stakeholders.

PERFORMANCE MEASUREMENT

CalEQRO is required to validate the following seven (7) Mandatory PMs as defined by DHCS:

- Total Beneficiaries Served by each county MHP
- Total Costs per Beneficiary Served by each county MHP
- Penetration Rates in each county MHP
- Count of TBS Beneficiaries Served Compared to the four percent (4%) Emily Q. Benchmark (not included in MHP reports; a separate report will be submitted to DHCS)
- Total Psychiatric Inpatient Hospital Episodes, Costs, and Average Length of Stay
- Psychiatric Inpatient Hospital 7-Day and 30-Day Recidivism Rates
- Post-Psychiatric Inpatient Hospital 7-Day and 30-Day SMHS Follow-Up Service Rates

In addition to the seven PMs above, CalEQRO will include evaluation of five (5) additional PMs in the Annual Statewide Report, which will apply to all MHPs; this report will be provided to DHCS by August 31, 2016.

TOTAL BENEFICIARIES SERVED

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

Table 1—Santa Barbara MHP Medi-Cal Enrollees and Beneficiaries Served in CY14 by Race/Ethnicity

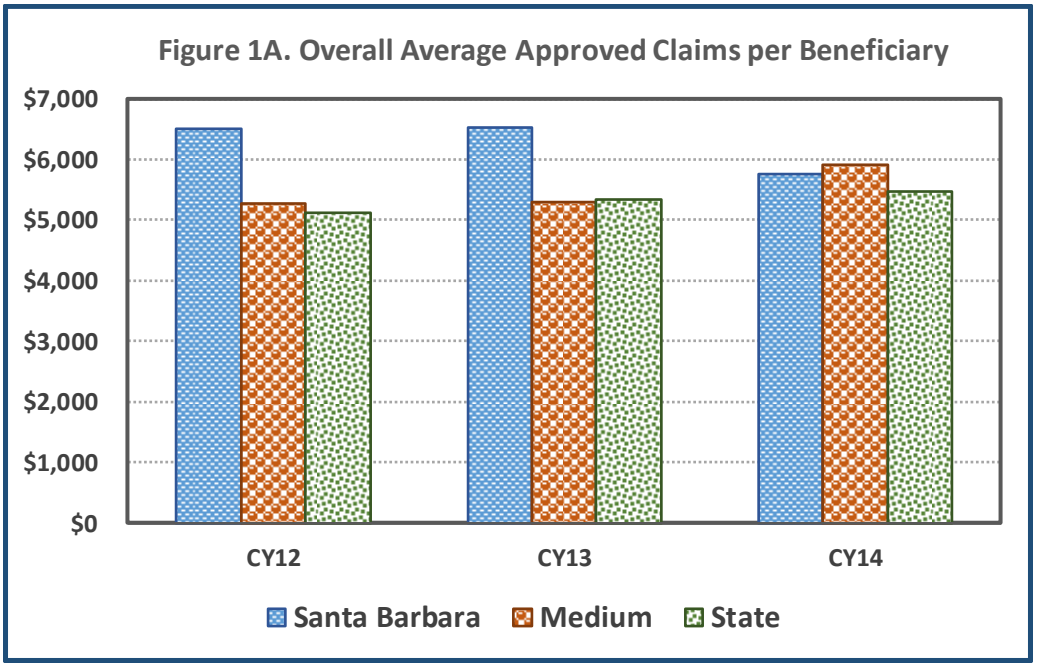
Race/Ethnicity	Average Monthly Unduplicated Medi-Cal Enrollees*	Unduplicated Annual Count of Beneficiaries Served
White	74,524	3,157
Hispanic	18,208	821
African-American	1,728	204
Asian/Pacific Islander	4,760	119
Native American	352	34
Other	6,551	493
Total	106,121	4,828

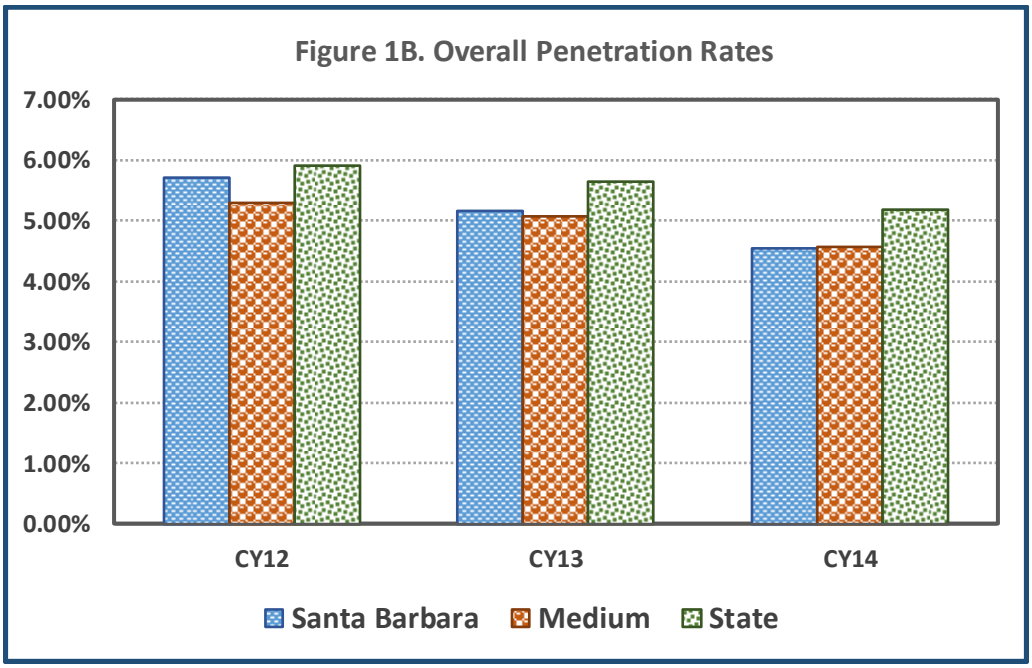
**The total is not a direct sum of the averages above it. The averages are calculated separately.*

PENETRATION RATES AND APPROVED CLAIM DOLLARS PER BENEFICIARY

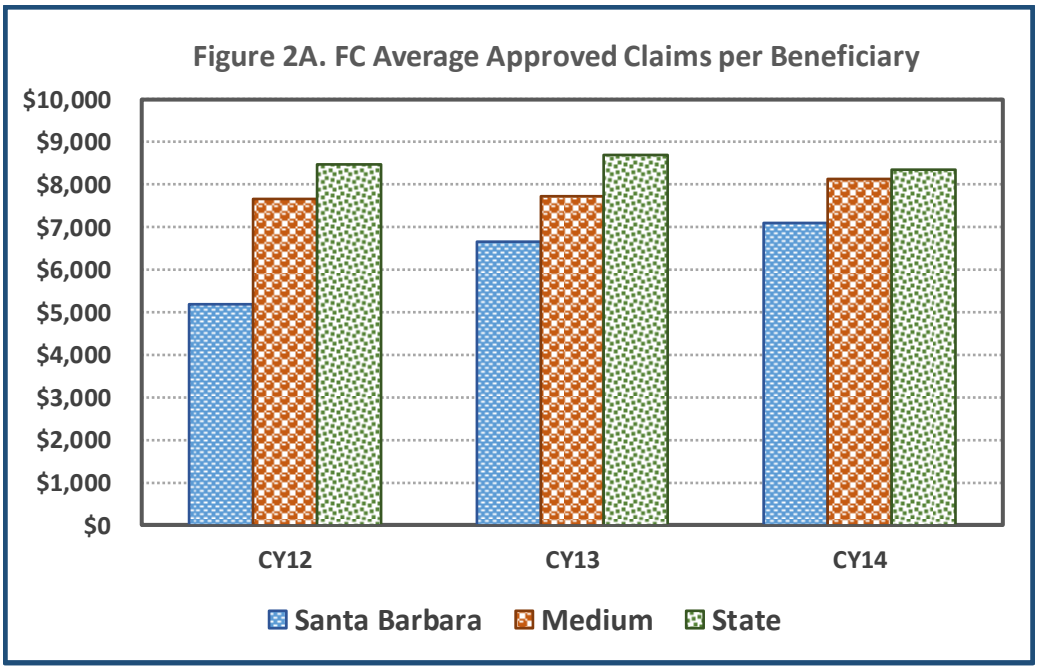
The penetration rate is calculated by dividing the number of unduplicated beneficiaries served by the monthly average enrollee count. The average approved claims per beneficiary served per year is calculated by dividing the total annual dollar amount of Medi-Cal approved claims by the unduplicated number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

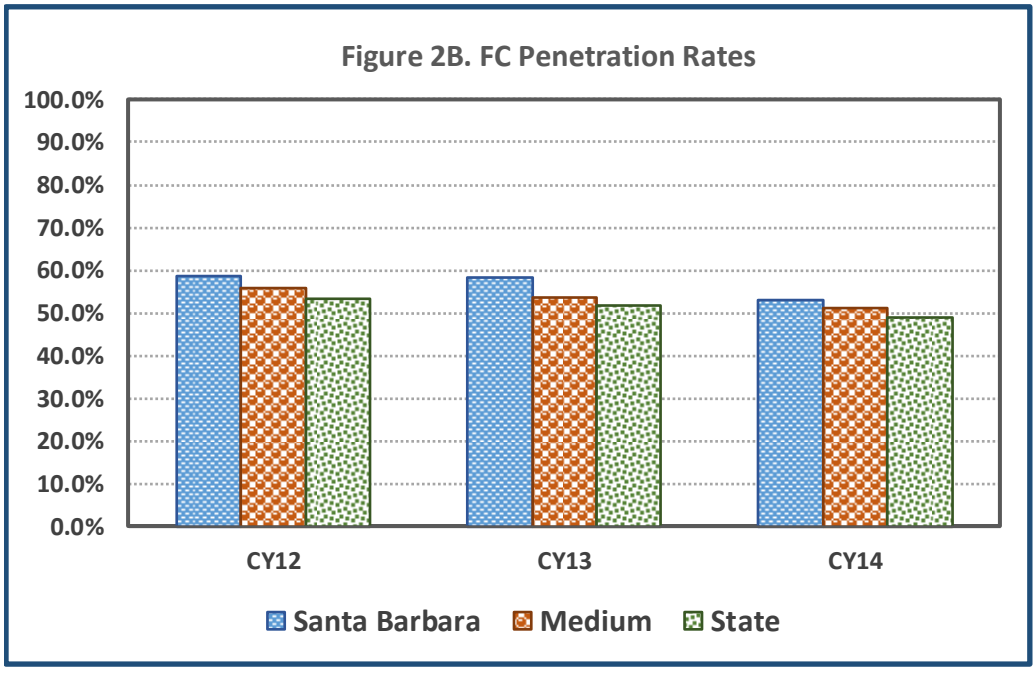
Figures 1A and 1B show 3-year trends of the MHP's overall approved claims per beneficiary and penetration rates, compared to both the statewide average and the average for Medium MHPs.



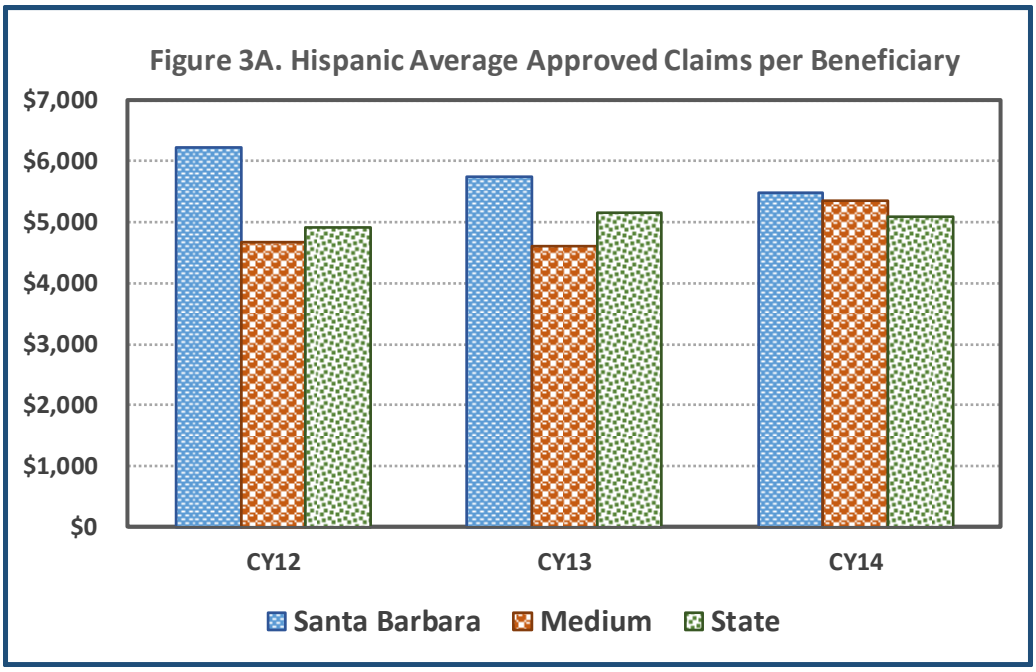


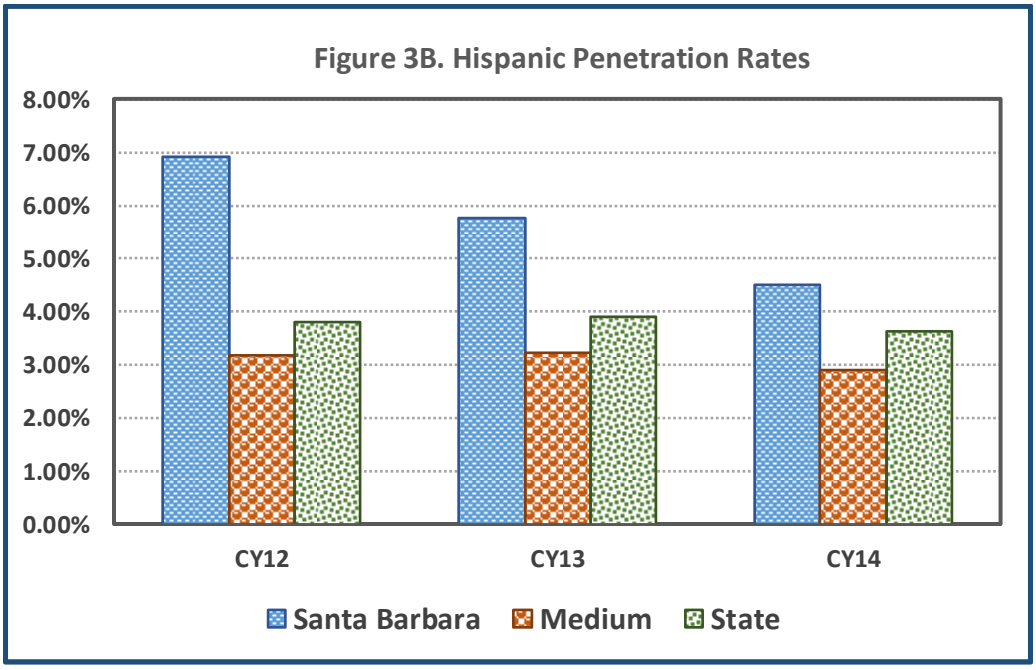
Figures 2A and 2B show 3-year trends of the MHP's foster care (FC) approved claims per beneficiary and penetration rates, compared to both the statewide average and the average for Medium MHPs.





Figures 3A and 3B show 3-year trends of the MHP's Hispanic approved claims per beneficiary and penetration rates, compared to both the statewide average and the average for Medium MHPs.





HIGH-COST BENEFICIARIES

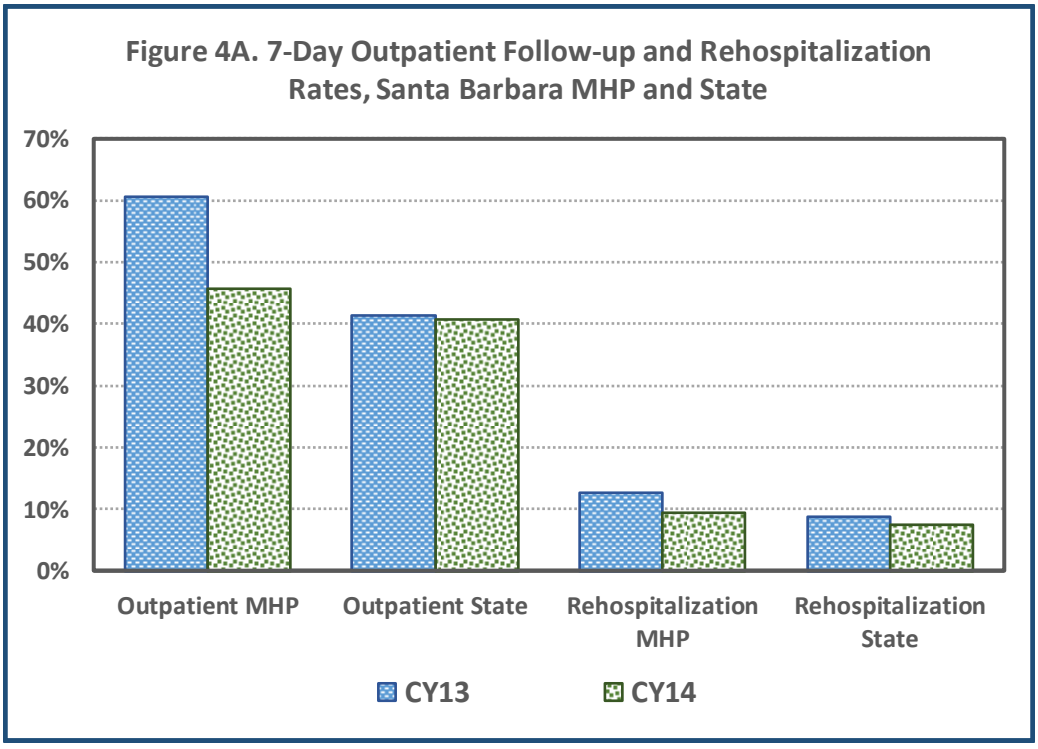
Table 2 compares the statewide data for high-cost beneficiaries (HCB) for CY14 with the MHP's data for CY14, as well as the prior 2 years. High-cost beneficiaries in this table are identified as those with approved claims of more than $30,000 in a year.

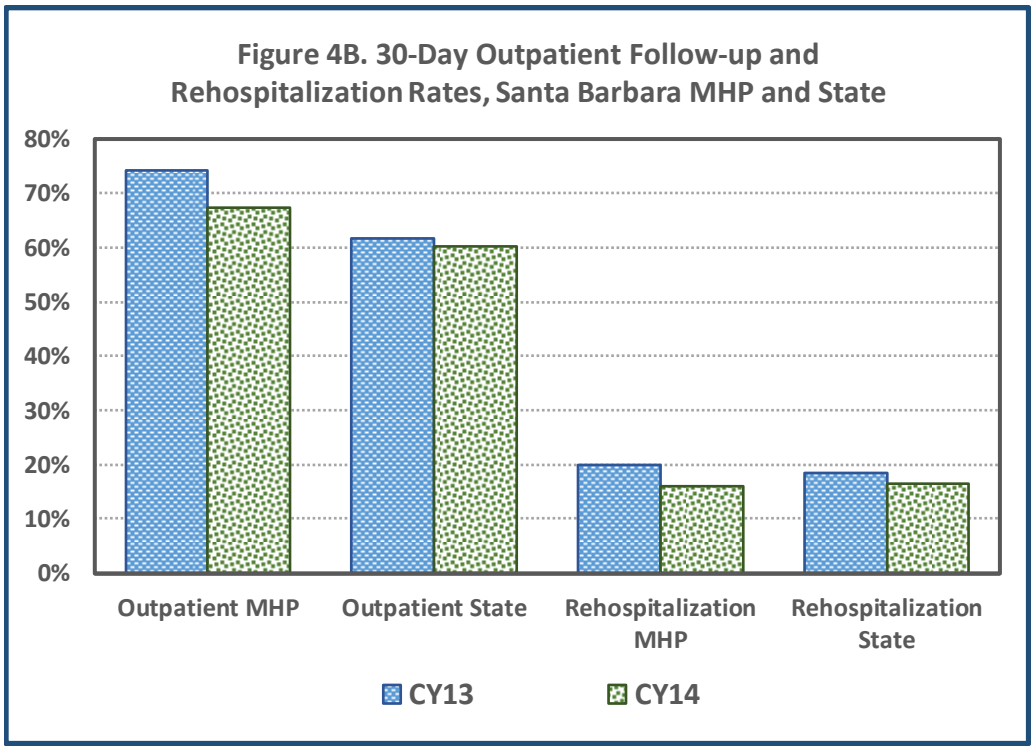
Table 2—High-Cost Beneficiaries

MHP	Year	HCB Count	Total Beneficiary Count	HCB % by Count	Average Approved Claims per HCB	HCB Total Claims	HCB % by Approved Claims
Statewide	CY14	12,258	494,435	2.48%	$50,358	$617,293,169	24.41%
Santa Barbara	CY14	154	4,822	3.19%	$49,176	$7,573,149	27.83%
	CY13	230	4,920	4.67%	$51,628	$11,874,480	36.96%
	CY12	237	4,880	4.86%	$48,126	$11,405,831	35.98%

TIMELY FOLLOW-UP AFTER PSYCHIATRIC INPATIENT DISCHARGE

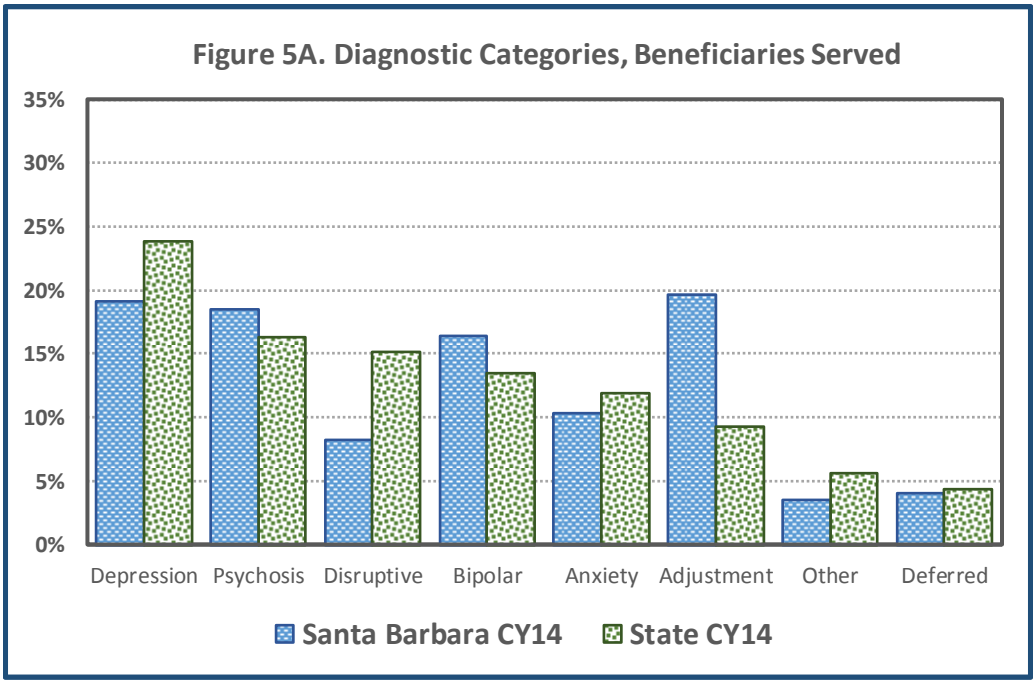
Figures 4A and 4B show the statewide and MHP 7-day and 30-day outpatient follow-up and re-hospitalization rates for CY13 and CY14.

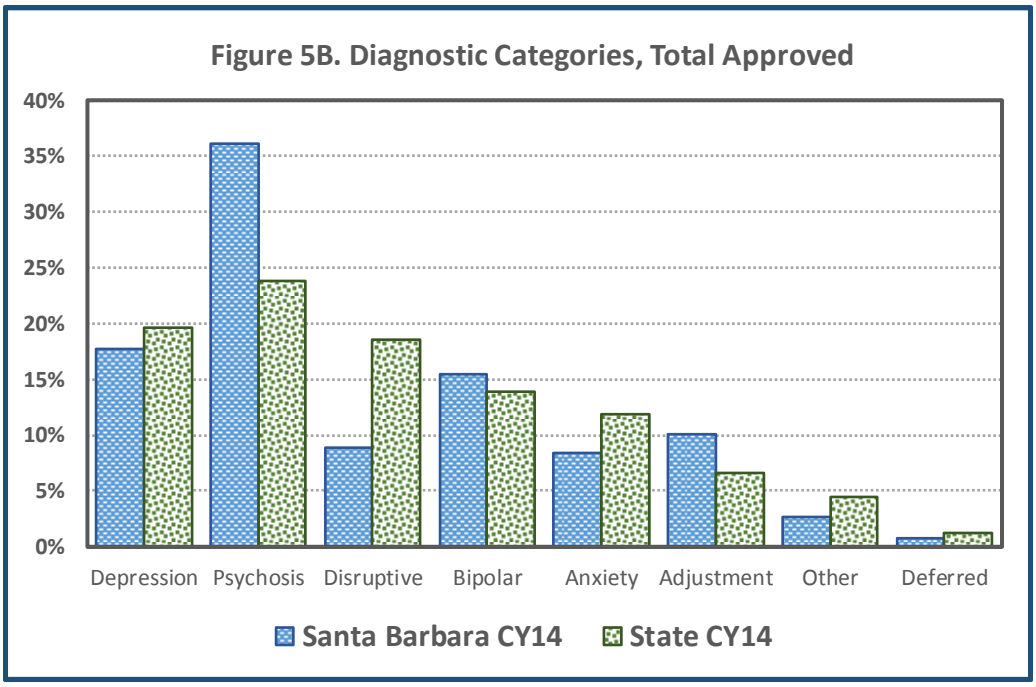




DIAGNOSTIC CATEGORIES

Figures 5A and 5B compare the breakdown by diagnostic category of the statewide and MHP number of beneficiaries served and total approved claims amount, respectively, for CY14.





PERFORMANCE MEASURES FINDINGS—IMPACT AND IMPLICATIONS

- Access to Care
  - The MHP's Overall penetration rate declined each year from CY12 to CY14 and is now comparable to the medium-size county average and less than the statewide average.
  - The MHP's Foster Care penetration decreased from CY13 to CY14, but remains above both medium-size county and statewide averages.
  - While the MHP's Hispanic penetration rate decreased notably each year from CY12 to CY14, it remains above both medium-size county and statewide averages.
- Timeliness of Services
  - In CY14, the MHP's 7 and 30 day outpatient follow-up rates after discharge from a psychiatric inpatient episode decreased from corresponding CY13 rates, but both rates remain above statewide averages.
- Quality of Care
  - While the MHP's percentage of HCB decreased from CY13 to CY14, it remains greater than the statewide average. The percentage of total HCB claim dollars also decreased, but also remains greater than the statewide average. The CY14

average approved claims per HCB declined from CY13 and is now less than the statewide average.

- The MHP's CY14 average overall approved claims per beneficiary decreased from CY13 and is less slightly less than the medium-size county average, but greater than the statewide average.
- The MHP's average FC approved claims per beneficiary increased each year from CY12 to CY14 and remains less than both medium-size county and statewide averages.
- The MHP's average Hispanic approved claims per beneficiary declined each year from CY12 to CY14, but is comparable to the medium-size county average and greater than the statewide average.
- Varying from the statewide diagnostic pattern, a primary diagnosis of Adjustment disorders accounted for the largest percentage of beneficiaries served by the MHP. The MHP had notably lower rates of Depressive and Disruptive disorders and a comparable rate Deferred diagnosis when compared to statewide averages.
- While having a slightly higher percentage of Psychotic disorder diagnoses, the corresponding approved claims for this category was significantly greater than the corresponding statewide approved claims percentage.

- Consumer Outcomes
  - While the MHP experienced a decline in both 7 and 30 day re-hospitalization rates in CY14 compared to its corresponding rates in CY13, 7 day re-hospitalization rates remain above the statewide average while 30 day re-hospitalization rates are comparable to the statewide average.

PERFORMANCE IMPROVEMENT PROJECT VALIDATION

A PIP is defined by the CMS as "a project designed to assess and improve processes, and outcomes of care that is designed, conducted and reported in a methodologically sound manner." The *Validating Performance Improvement Projects Protocol* specifies that the EQRO validate two PIPs at each MHP that have been initiated, are underway, were completed during the reporting year, or some combination of these three stages. DHCS elected to examine projects that were underway during the preceding calendar year 2014.

SANTA BARBARA MHP PIPS IDENTIFIED FOR VALIDATION

Each MHP is required to conduct two PIPs during the 12 months preceding the review; Santa Barbara MHP submitted two PIPs for validation through the EQRO review, as shown below.

PIPs for Validation	PIP Titles
Clinical PIP	Improving Treatment: Training, Client Engagement and Team Based Care
Non-Clinical PIP	Timeliness to Psychiatry Service

Table 3A lists the findings for each section of the evaluation of the PIPs, as required by the PIP Protocols: Validation of Performance Improvement Projects.[4]

Table 3A—PIP Validation Review

Step	PIP Section		Validation Item	Item Rating* Clinical PIP	Item Rating* Non-Clinical PIP
1	Selected Study Topics	1.1	Stakeholder input/multi-functional team	M	M
		1.2	Analysis of comprehensive aspects of enrollee needs, care, and services	M	M
		1.3	Broad spectrum of key aspects of enrollee care and services	M	M
		1.4	All enrolled populations	M	M
2	Study Question	2.1	Clearly stated	M	PM

[4] 2012 Department of Health and Human Services, Centers for Medicare and Medicaid Service Protocol 3 Version 2.0, September 2012. EQR Protocol 3: Validating Performance Improvement Projects.

Table 3A—PIP Validation Review					
Step	PIP Section	Validation Item		Item Rating*	
				Clinical PIP	Non-Clinical PIP
3	Study Population	3.1	Clear definition of study population	M	M
		3.2	Inclusion of the entire study population	M	M
4	Study Indicators	4.1	Objective, clearly defined, measurable indicators	M	PM
		4.2	Changes in health status, functional status, enrollee satisfaction, or processes of care	PM	M
5	Improvement Strategies	5.1	Address causes/barriers identified through data analysis and QI processes	M	M
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	PM
		6.4	Plan for consistent and accurate data collection	NM	M
		6.5	Prospective data analysis plan including contingencies	NM	PM
		6.6	Qualified data collection personnel	NM	M
7	Analysis and Interpretation of Study Results	7.1	Analysis as planned	UTD	PM
		7.2	Interim data triggering modifications as needed	UTD	PM
		7.3	Data presented in adherence to the plan	UTD	NM
		7.4	Initial and repeat measurements, statistical significance, threats to validity	UTD	NM
		7.5	Interpretation of results and follow-up	UTD	PM
8	Review Assessment Of PIP Outcomes	8.1	Results and findings presented clearly	UTD	NM
		8.2	Issues identified through analysis, times when measurements occurred, and statistical significance	UTD	UTD
		8.3	Threats to comparability, internal and external validity	UTD	UTD
		8.4	Interpretation of results indicating the success of the PIP and follow-up	UTD	UTD
		9.1	Consistent methodology throughout the study	UTD	UTD

Table 3A—PIP Validation Review					
Step	PIP Section	Validation Item		Item Rating*	
				Clinical PIP	Non-Clinical PIP
9	Validity of Improvement	9.2	Documented, quantitative improvement in processes or outcomes of care	UTD	UTD
		9.3	Improvement in performance linked to the PIP	UTD	UTD
		9.4	Statistical evidence of true improvement	UTD	UTD
		9.5	Sustained improvement demonstrated through repeated measures.	UTD	UTD

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

Table 3B gives the overall rating for each PIP, based on the ratings given to the validation items.

Table 3B—PIP Validation Review Summary		
Summary Totals for PIP Validation	Clinical PIP	Non-Clinical PIP
Number Met	12	12
Number Partially Met	2	8
Number Not Met	3	3
Number Applicable (AP) (Maximum = 30)	16	22
Overall PIP Rating ((#Met*2)+(#Partially Met))/(AP*2)	81%	73%

CLINICAL PIP—IMPROVING TREATMENT: TRAINING, CLIENT ENGAGEMENT & TEAM BASED CARE

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

- "Is the clinical care and client experience improved by implementing 1) training for clinical staff on quality treatment planning, with an emphasis on best practices, engaging clients and team-based care; 2) team-based care tools; and 3) revised MIS treatment plan reporting to team supervisors and managers?"
- Date PIP began: November 2015

- Status of PIP:

  ☐ Active and ongoing

  ☐ Completed

  ☐ Inactive, developed in a prior year

  ☒ Concept only, not yet active

  ☐ Submission determined not to be a PIP

  ☐ No PIP submitted

The PIP attempts to correlate improvement in the process and outcomes of care by implementing mandatory trainings on treatment planning which include a focus on best practices in treatment planning. The PIP does not describe how outcomes will improve nor which outcomes of care they will measure.

There seems to be some confusion in the presentation of the PIP between indicators and interventions. There is also a lack of specificity as to what the PIP intends to do achieve (i.e. move clients on the Level of Care (LOC) scale, increase kept clinical appointments, increase engagement.).

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

The technical assistance provided to the MHP by CalEQRO consisted of: the EQRO offered technical assistance in feedback form during the review. An exchange of emails and telephone calls since the review April 19 and 20, 2016 has delivered further assistance in development of this PIP. The plan is to continue to offer this assistance to the MHP on an as needed basis. It is hoped this will shortly become an active PIP and that the 2017 EQRO review will be able to document the same.

NON-CLINICAL PIP—TIMELINESS TO PSYCHIATRY SERVICES

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

- "Will implementing the six (6) interventions of the PIP, described in Section 5, result in:
  a) Reductions in client no-show rates;

  b) Reductions in wait time between admission and for psychiatric appointment in the adult and children's system of care."

[Section 5 refers to Implementation & Submission Tool, Section 5: Describe Study Interventions. Interventions are as follows:

1. All MHP clinics will conduct daily (Monday-Friday) appointment reminder calls to clients for psychiatric appointments (staff or peer staff/volunteers conduct reminder calls).
2. Clinic teams will incorporate time in their regularly scheduled team meetings to review the upcoming psychiatric appointments and to discuss/determine if clients are able to attend, gaps in the schedule and opportunities to fill open appointment times and the like.
3. The MHP will increase contacts with clients between admission and their first psychiatric appointment by offering Welcoming System Orientations groups (implemented in July 2015).
4. Engage with employment agencies specializing in recruiting psychiatrists and physician assistants, and develop web-based recruitment materials to entice potential civil service and temporary physicians/physician assistants. This effort began in FY2014/15 and continues in FY2015/16.
5. Implement a financial incentive program for psychiatric staff that rewards staff for higher productivity and client engagement activities.
6. Work with the electronic health record developer to revise and update the previously developed scheduling system, and create a re-implementation/staff training plan to introduce staff to the remodeled system.]

- Date PIP began: April 2014
- Status of PIP:

  ☒ Active and ongoing

  ☐ Completed

  ☐ Inactive, developed in a prior year

  ☐ Concept only, not yet active

  ☐ Submission determined not to be a PIP

  ☐ No PIP submitted

The PIP was designed, in part, as a response to the data presented in the TriWest report which noted that although there was an MHP established standard of timeliness for a client to see a mental health provider within 10 days of contact with the Access Team or inpatient discharge, there was no standard for psychiatry services timeliness. This report went on to note that wait time to psychiatry services was excessive (in 2014 average of 40 days for adults and 45 days for children).

In defining the PIP, the MHP did not focus on the amount of time that new clients wait between admission to services and their first psychiatry appointment, but on the insufficient number of psychiatrists to meet the need. This is a presumed and not data driven conclusion.

Last year EQRO suggested rewording the study question and this was suggested in this EQRO review as well again. The current study question lacks definition of what will occur in order to bring about more timely access to psychiatry. It also creates a problem in designating an anchor date in

that the process for children to be referred to a psychiatrist is different than for the adult client population.

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

The technical assistance provided to the MHP by CalEQRO consisted of discussion of how to define referral date for two disparate populations. Since the April 19 – 20, 2016 EQRO review, email and telephone conversations are ongoing as MHP expresses the need to correct issues within the PIP that are barriers to a useful study.

PERFORMANCE IMPROVEMENT PROJECT FINDINGS—IMPACT AND IMPLICATIONS

- Access to Care
  - The clinical PIP does not address access.
  - The non-clinical PIP addresses access only in defining the problem as including lack of sufficient psychiatrists to meet the MHP's needs.
- Timeliness of Services
  - The clinical PIP speaks to timeliness of initial and updated treatment plans.
  - The non-clinical PIP attempts to address timeliness to psychiatry services as well as no show rates.
- Quality of Care
  - The clinical PIP includes mandatory training in quality treatment planning with an emphasis on engaging clients and instituting team based care.
  - The clinical PIP focuses on best practices in treatment planning to include increasing percentage of current/active treatment plans in charts.
- Consumer Outcomes
  - The clinical PIP requires a consumer Perception Survey as provided by the Department of Health Care Services (DHCS), specifically four questions that assess client engagement and satisfaction.
  - The non-clinical PIP lacks specific consumer outcome measures.

PERFORMANCE & QUALITY MANAGEMENT KEY COMPONENTS

CalEQRO emphasizes the MHP's use of data to promote quality and improve performance. Components widely recognized as critical to successful performance management—an

organizational culture with focused leadership and strong stakeholder involvement, effective use of data to drive quality management, a comprehensive service delivery system, and workforce development strategies that support system needs—are discussed below.

Access to Care

As shown in Table 4, CalEQRO identifies the following components as representative of a broad service delivery system that provides access to consumers and family members. An examination of capacity, penetration rates, cultural competency, integration and collaboration of services with other providers forms the foundation of access to and delivery of quality services.

Table 4—Access to Care

Component		Compliant (FC/PC/NC)*	Comments
1A	Service accessibility and availability are reflective of cultural competence principles and practices	FC	Thirty-four Promotores received training which included Emotional CPR and Mental Health First Aid. Eight are regularly providing Hispanic outreach. The MPH is developing the RISE program which will provide mental health services to victims of sex trafficking within a multi-agency County collaborative.
1B	Manages and adapts its capacity to meet beneficiary service needs	FC	A CSU and a Crisis Residential Facility were opened in Santa Barbara. Tele-psychiatry is available at the CSU during the overnight hours. Mobile Crisis Teams are now present in all three regions of the County. The Narcotic Treatment Programs (NTP) was expanded and is now serving over 700 opioid dependent clients countywide.
1C	Integration and/or collaboration with community based services to improve access	FC	An MOU was finalized with CenCal Health that will improve health care integration between primary care and mental health services

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

Timeliness of Services

As shown in Table 5, CalEQRO identifies the following components as necessary to support a full service delivery system that provides timely access to mental health services. The ability to provide timely services ensures successful engagement with consumers and family members and can improve overall outcomes while moving beneficiaries throughout the system of care to full recovery.

Table 5—Timeliness of Services			
Component		Compliant (FC/PC/NC)*	Comments
2A	Tracks and trends access data from initial contact to first appointment	PC	The MHP reports a standard of 14 days with an overall average of 39.6 days and reports it meets this 47% of the time. For its adult services, the MHP reports an average of 44.5 days meeting this 46% of the time. For its children's services, the MHP reports an average of 34.5 days meeting this 48% of the time. It would benefit the MHP to analyze this metric for improvements for both adult and children services since this is met less than half of the time.
2B	Tracks and trends access data from initial contact to first psychiatric appointment	PC	The MHP reports a standard of 14 days with an overall average of 46 days and reports it meets it 39%. For its adult services, the MHP reports an average of 45.3 days meeting this 44% of the time. For its children's services, the MHP reports an average of 49.0 days meeting this 18% of the time. Again, it would benefit the MHP to analyze this metric for improvements for both services since this is met less than half of the time. In addition, stakeholders often voiced concern in being able to access required medications in a timely manner.
2C	Tracks and trends access data for timely appointments for urgent conditions	PC	The MHP reports a standard of 1 day with an overall average of 2.9 days and reports it meets it 83%. For its adult services, the MHP reports an average of 2.1 days meeting this 88% of the time. For its children's services, the MHP reports an average of 5.6 days meeting this 67% of the time.

Table 5—Timeliness of Services			
Component		Compliant (FC/PC/NC)*	Comments
2D	Tracks and trends timely access to follow up appointments after hospitalization	PC	The MHP reports a goal of 7 days with an average of 18.4 days and reports it meets it 54%. For adult services it reports an average of 17.6 days with 53% meeting this metric. For children's services it reports an average of 25.6 days and reports meeting this 65% of the time.
2E	Tracks and trends data on re-hospitalizations	FC	The MHP reports a goal of no more than 15%. For both adult and children services it reports readmission rates of 13%.
2F	Tracks and trends No Shows	PC	The MHP reports a standard of 20% with an average for clinicians of 3% and an average for psychiatrists of 13%. The MHP reports No Show data is not consistently entered. Therefore it is difficult to measure both Systems of Care capacity to serve current and new clients.

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

Quality of Care

As shown in Table 6, CalEQRO identifies the following components of an organization that is dedicated to the overall quality of care. Effective quality improvement activities and data-driven decision making require strong collaboration among staff (including consumer/family member staff), working in information systems, data analysis, executive management, and program leadership. Technology infrastructure, effective business processes, and staff skills in extracting and utilizing data for analysis must be present in order to demonstrate that analytic findings are used to ensure overall quality of the service delivery system and organizational operations.

Table 6—Quality of Care			
Component		Compliant (FC/PC/NC)*	Comments
3A	Quality management and performance improvement are organizational priorities	FC	The MHP presented documentation of a variety of Quality Improvement trainings and Policies and Procedures across various programs during the past year.

Table 6—Quality of Care			
Component		Compliant (FC/PC/NC)*	Comments
3B	Data are used to inform management and guide decisions	FC	MHP staff as well as other stakeholder groups participate in the Mental Health Commission's data work group, Vital Signs. A set of system metrics were developed, data elements include clients served in system, age, location of service, crisis counts, crisis residential services provided, distribution of services provided by crisis teams, timeliness to first psychiatrist appointment and number of admissions to (Psychiatric Hospital Facilities) PHF.
3C	Evidence of effective communication from MHP administration	PC	A significant number of policies and procedures have been developed and disseminated across programs over the past year. A lack of consistent understanding and adherence to policies and procedures across the MHP's three regions continues to be reported.
3D	Evidence of stakeholder input and involvement in system planning and implementation	PC	Although the MHP invites line staff and CBO partner to participate in a number of change agent work groups as well as facilitates the CBO Collaborative and attends the CBO coalition meeting, contractors reported not feeling comfortable bringing things to administration for system planning or programmatic changes. Department staff reported that they receive information but have no effective avenue for dialog with administration or program decisions.
3E	Integration and/or collaboration with community-based services to improve quality of care	FC	Community Based Organizations (CBOs) endorse integration and collaboration with MHP administration.
3F	Measures clinical and/or functional outcomes of beneficiaries served	FC	MORS is now being utilized as a level of care indicator. CANS previously implemented and continues in use.

Table 6—Quality of Care			
Component		Compliant (FC/PC/NC)*	Comments
3G	Utilizes information from Consumer Satisfaction Surveys	FC	The MHP conducted independent analysis of consumer satisfaction survey data.
3H	Evidence of consumer and family member employment in key roles throughout the system	FC	Consumer and family member employment continues to grow through the MHP and contractor providers. There is no system wide career ladder in place.
3I	Consumer-run and/or consumer-driven programs exist to enhance wellness and recovery	FC	Recovery learning Centers continue to be staffed and run by consumer family members. Workforce Education and Training supports part-time peer positions through the Peer Expert Pool to provide annual Crisis Intervention Training for law enforcement professionals and other first responders.

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

KEY COMPONENTS FINDINGS—IMPACT AND IMPLICATIONS

- Access to Care
  - The three regional teams specializing in access and assessment based in Lompoc, Santa Maria, and Santa Barbara have improved access to services.
  - The Promotore Community Health Educators Program from culturally underserved populations provide culturally and linguistically appropriate service to ensure linkage to services. Thirty-four received training which included Emotional CPR and Mental Health First Aid. Eight are regularly providing Hispanic outreach.
- Timeliness of Services
  - The Community Health Centers of the Central Coast (CHCC) offer mental health services at three clinics in Santa Maria and one in Lompoc for individuals with mild to moderate mental illness. This improves timeliness to services for referral of individuals at risk of a serious mental health condition.

- The MHP established a 5150 workgroup to improve the processes for assessing individuals in crisis, identifying least restrictive placement options and providing treatment in a timely manner.
- The MHP continues to recruit Psychiatrists/Physician Assistants/Nurse Practitioners to decrease wait times for medication treatment. It is expected that they will be at full staffing this fiscal year. A PIP is in place to study this issue.
- Clinical staff are not consistently documenting client services on a timely basis. Data for appointment no shows are not consistently entered.

- Quality of Care
  - Cultural competency is addressed across all levels of care and programs. Documentation of multiple trainings to facilitate and assess this issue were presented to the EQRO.
  - The Department continues to work on development and adoption of a Department Strategic Plan. There is expected completion date at this time.
  - The Department of Behavioral Wellness with partnering county agencies conducts an annual training for law enforcement professionals and other first responders in dealing effectively with individuals experiencing a behavioral health crisis.
- Consumer Outcomes
  - The MHP contracted with a vendor to administer satisfaction surveys for all discharged clients from PHFs. This is a paper-based survey sent to the vendor and analysis returned to the MHP.
  - The eLearning system has included California's Office of Statewide Health Planning and Development (OSHPD) peer trainings to include cultural competency, empowerment in the workplace, and mental health first aid.
  - The MHP has analyzed its DHCS mandated Performance Outcomes and Quality Improvement (POQI) surveys in house this year in order to facilitate more timely feedback information on consumers' satisfaction with services.

CONSUMER AND FAMILY MEMBER FOCUS GROUP(S)

CalEQRO conducted two 90-minute focus groups with consumers and family members during the site review of the MHP. As part of the pre-site planning process, CalEQRO requested two focus groups, which included the following participant demographics or criteria:

- Consumer Family Member Focus Group #1: Culturally diverse group of 8-10 parents/caregivers of child/youth beneficiaries including both high and low utilizers of MHP services. At least three beneficiaries who have initiated services within the last year.
- Consumer Family Member Focus Group #2: Culturally diverse group of 8-10 adult beneficiaries, including both high and low utilizers of MHP services. At least three beneficiaries who have initiated services within the last year.

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

CONSUMER/FAMILY MEMBER FOCUS GROUP 1

Focus Group consisted of six female parents/caretakers of child/youth beneficiaries receiving services and one Transition Age Youth (TAY)/young adult female receiving services. Three of the family members initiated services in the past 12 months.

For participants who entered services within the past year, the experience was described as:

- All participants reported easy Access Line connections to services as a uniform experience.
- The time to initial therapy appointment for assessment ranged from one to two days.
- The time to an initial psychiatrist appointments were reported to be one to two weeks.
- The only barrier reported was the “Safety Line” with several participants reporting there was no call back when they left a message.
- All receive wraparound services and expressed appreciation that family and friends can be included in this process.

Recommendations arising from this group include:

- All participants agree that more Spanish speaking staff would be useful for communication.

- The participants agree that the "Safety Line" needs to be enhance so that calls are all promptly returned.

Table 7A displays demographic information for the participants in group 1:

Table 7A—Consumer/Family Member Focus Group 1		
Category		Number
Total Number of Participants*		7
Number/Type of Participants	Consumer Only Consumer and Family Member Family Member	1 6
Ages of Focus Group Participants	Under 18 Young Adult (18-24) Adult (25–59) Older Adult (60+)	 1 6
Preferred Languages	English Spanish Bilingual English/Spanish Other(s) _____	4 2 1
Race/Ethnicity	Caucasian/White Hispanic/Latino African American/Black Asian American/Pacific Islander Native American Other(s)_____	4 3
Gender	Male Female Transgender Other Decline to state	 7

**Number of sub-categories may not add up to total number of participants due to the fact that some participants may not have completed a Demographic Information Form.*

Interpreter used for focus group 1: ☐ No ☒ Yes Language(s): Spanish

CONSUMER/FAMILY MEMBER FOCUS GROUP 2

Focus Group consisted of five adult beneficiaries who were receiving services ranging from six to 24 years. There were no participants who entered services within the past year. Experiences of the past twelve months were described as:

- The majority of the participants agreed that the change in name, branding of the MHP was noted as having caused some communication problems and service delays.
- One participant discussed feeling no longer welcome at the outpatient clinic because of having spent a longer time in treatment than was preferred.
- All participants agreed that the shortage of availability of psychiatrists created difficulty with appointments and medication compliance.
- The participants reported that inconsistent scheduling practices which include cancelling appointments without notification, and the discontinuation of appointment notices and reminders, interfered with their ability to sustain engagement in treatment.
- All participants noted this was the first time their opinions had been sought for them to voice any feedback.

Recommendations arising from this group include:

- Improve communication between clients, clinical staff and front desk, to reduce confusion of times and appointments.
- Provide ongoing guidance when there are changes within the system of care, particularly those that address prerequisites to medication services.
- Real time response to complaints and problems by clinic manager would help resolve issues.
- Administration communication on branding and system integration changes need to be communicated more clearly to consumers.

Table 7B displays demographic information for the participants in group 2:

Table 7B—Consumer/Family Member Focus Group 2		
Category		Number
Total Number of Participants*		5
Number/Type of Participants	Consumer Only Consumer and Family Member Family Member	4 1
Ages of Focus Group Participants	Under 18 Young Adult (18-24) Adult (25–59) Older Adult (60+)	 4 1
Preferred Languages	English Spanish Bilingual Spanish/English Other(s) _____	4 1
Race/Ethnicity	Caucasian/White Hispanic/Latino African American/Black Asian American/Pacific Islander Native American Other(s)_____	2 3
Gender	Male Female Transgender Other Decline to state	1 4

**Number of sub-categories may not add up to total number of participants due to the fact that some participants may not have completed a Demographic Information Form.*

Interpreter used for focus group 2: ☐ No ☒ Yes Language(s): Spanish

CONSUMER/FAMILY MEMBER FOCUS GROUP FINDINGS—IMPLICATIONS

- Access to Care
  - The consumer family member groups all agreed that initial access is not a problem.
  - Safety Line needs improvement. Majority of participants report leaving message and not receiving a call back.
- Timeliness of Services

- The timeliness of medication assessment both initially and ongoing was an issue for most of the participants in the focus groups. All note lack of availability of psychiatrist appointments.
- Clinical appointments are not always available or clearly defined as to how to schedule. Consumers report that appointments are sometimes cancelled with them being notified in advance of arriving at appointment.

- Quality of Care
  - All group participants endorsed that quality of care is adequate and they are respected culturally and linguistically in receiving services.
  - The participants agreed that there is a need for more Spanish speaking staff, both clinical and administrative staff.
  - Several participants reported that front desk staff are not discrete with client confidential information.
- Consumer Outcomes
  - The participants reported that information and communication on what is available and how to access services is not transparent.
  - The participants reported having the opportunity to be involved in a satisfaction survey of one type or another.

INFORMATION SYSTEMS REVIEW

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

KEY ISCA INFORMATION PROVIDED BY THE MHP

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

Table 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	41.93%
Contract providers	56.40%
Network providers	1.67%
Total	100%

- Normal cycle for submitting current fiscal year Medi-Cal claim files:

☒ Monthly ☐ More than 1x month ☐ Weekly ☐ More than 1x weekly

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

12.69%

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

4.53%

- Does MHP calculate Medi-Cal beneficiary penetration rates?

☒ Yes ☐ No

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

- A penetration rate report is automatically generated monthly and is utilized for budgeting and service level determination.
- The MHP submits one current fiscal year claim file and one supplemental claim file each month.

CURRENT OPERATIONS

- The MHP continues to utilize ShareCare from The Echo Group to support practice management, billing, and state-reporting functionality. Clinician's Gateway, by Platton Technologies, is utilized for electronic health record (EHR) functionality including progress notes, treatment plans and assessments. Data is exchanged between the two systems.
- The MHP reports that 41.93% of services are provided by county operated/staffed clinics, 56.40% by contract providers and 1.67% by network providers. 88.85% of services are claimed to Short Doyle/Medi-Cal (SD/MC).
- The MHP reports timely claim files submission. The March 2016 claim was submitted April 12, 2016. The MHP routinely tracks denied claims and provided a claims summary for the month of March 2016. The SD/MC claim summary reported a denied claims rate of 3.36% with 16,032 services submitted and 539 services denied. The MHP reports the top reason for denial in this period was Aid code invalid for Medi-Cal specialty mental health billing.
- The last Client Services Information data file submitted was the September 2015 file which was submitted in October 2015. Due to a ShareCare functionality issue, the MHP has been unable to submit CSI data since October 2015, ICD10 transition. The Echo Group has not yet been able to provide the MHP an expected date for the resolution of this issue. The MHP requests regular updates on the status of the progress towards a resolution of this issue.
- Technology staffing consists of 15 Full Time Employee (FTE) positions. As of April 2016, there were three unfilled technology positions: Programmer Analyst (1 FTE), Computer Systems Specialist (1 FTE), Office Automation Specialist (0.5 FTE). The Information Technology Manager position was vacated in August 2015 and filled in March 2016.

- Contract provider staff logon to the Santa Barbara County secure network to access ShareCare and Clinician's Gateway. Providers use file transfer protocol (FTP) process to upload service transactions and other data to ShareCare.
- From July 2015 thru March 2016, 183 adults and 37 children received services via telepsychiatry. The MHP is currently utilizing telepsychiatry at the CSU during the overnight hours. Services are provided by JSA Health Telepsychiatry. There are currently no plans to expand telepsychiatry use beyond the CSU.
- The Information Systems Steering Committee continues to meet on a monthly basis.

MAJOR CHANGES SINCE LAST YEAR

- eLab was implemented in July 2015.
- The Milestones of Recovery Scale (MORS) was implemented in the EHR in July 2015 and clinical use began in December 2015.
- A Policy & Procedures (P&P's) database went live in February 2016 and enables staff to easily access all department P&Ps by category.
- A Consumer Perception Survey data analysis report was developed.
- As a result of a Tri West report recommendation, ADP Contract Providers are being trained to utilize Clinician's Gateway to complete their documentation, enabling easier access to ADP client information and regular auditing of services.
- ShareCare client Face Sheets now include the ability to enter and report the client's primary care physician.
- There is now uniform use of electronic prescribing (RxNT) by all psychiatrists. New psychiatrists now receive RxNT training during their first week of employment.
- All clinics have been provided with electronic tablets to facilitate collaboration between client and clinician in the development of treatment plans.
- A set of system metrics were developed and is reported to the Board of Supervisors every six months, data elements include number of clients served in system, age, location of service, crisis counts, crisis residential services provided, distribution of services provided by crisis teams, timeliness to first psychiatrist appointment and number of admissions to PHF.
- The electronic clinical documentation manual was updated and monthly trainings are conducted for the writing of assessments, treatment plans and progress notes.

- Clinicians and Supervisors are tracking progress note completion by regularly reviewing a dashboard which indicates, per clinician, the date and time progress notes were completed, as well as the procedure code attached to the note.
- In May 2015, the MHP partnered with the County CEO, Probation Department and Sheriff's Department to analyze the increasing Incompetent to Stand Trial (IST) declarations that the county was experiencing. The County CEO wanted to understand the longitudinal nature of the type of residents that were declared IST (demographics, criminal history, diagnostic information and disposition). Data was used for a presentation to the Board of Supervisors and for planning purposes between departments to develop strategies and programs to better meet the needs of these residents such that an IST declaration might be prevented.
- In February 2016, the MHP determined that the CANS was not routinely being completed for new clients or every 6 months for ongoing clients. MORS data in the non-FSP programs was also sparse, but that was anticipated since the non-FSP programs began using the MORS in December 2015. In response to the low compliance rate, the MHP began reporting on these items twice monthly and clinical operations management made this a priority staff supervision issue.

PRIORITIES FOR THE COMING YEAR

- Complete development of the CRS. Users will be able to create reports through a series of cascading filter options. Additionally, there will be "canned" report structures available that will have the capacity to be refreshed with current data. The "canned" reports are being developed will be drawn from examples of existing reports currently generated on a weekly/monthly/quarterly basis.
- A pre-consumer database is being developed to track an individual's first encounter with the mental health system and ensure that there is clear data of when the individual is first referred to services and whether the individual presents for services.
- The document imaging project is nearing completion. All outpatient clinics are expected to be 95% electronic by June 2016; hard copy documents will continue to be scanned into the EHR regularly to maintain a complete electronic file.
- To improve tracking and follow up of mandatory training requirements, they are moving to the Relias training platform, which will provide increased training tools and options as well as improved tracking of training completion and administrative reports. This project is expected to be live June 2016.
- Collaborate with Clinicians Gateway to develop a process for cleaning up progress notes that are held in draft/pending status.
- Continue EHR replacement module evaluation.

OTHER SIGNIFICANT ISSUES

- While the MHP has adopted a Policy & Procedure that establishes standards for the completion of progress notes since the last EQRO review: Clinical staff continue to not consistently document client services on a timely basis. Also, no show appointments are not consistently reported. Therefore, it is difficult to accurately measure both adult and children Systems of Care and capacity to serve both current and additional clients.

Table 9 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 SD/MC and other third party claims, track revenue, perform managed care activities, and provide information for analyses and reporting.

Table 9—Current Systems/Applications

System/Application	Function	Vendor/Supplier	Years Used	Operated By
ShareCare	Practice Management, Managed Care, Master Patient Index	The Echo Group	7	MHP
Clinician's Gateway	EHR	Platton Technologies	8	MHP
RxNT/eRX	e-Prescribing	RxNT	6	MHHP/Vendor

PLANS FOR INFORMATION SYSTEMS CHANGE

- While there are no current plans to replace the ShareCare/Clinicians Gateway system, the MHP plans to continue its EHR replacement module evaluation.

ELECTRONIC HEALTH RECORD STATUS

Table 10 summarizes the ratings given to the MHP for EHR functionality.

Table 10—Current EHR Functionality

Function	System/Application	Rating			
		Present	Partially Present	Not Present	Not Rated
Assessments	Gateway	X			
Clinical decision support	Gateway		X		
Document imaging	Gateway		X		

Table 10—Current EHR Functionality					
		Rating			
Function	System/Application	Present	Partially Present	Not Present	Not Rated
Electronic signature—client	Gateway	X			
Electronic signature—provider	Gateway	X			
Laboratory results (eLab)	Gateway	X			
Outcomes	CANS, MORS	X			
Prescriptions (eRx)	RxNT/eRx	X			
Progress notes	Gateway	X			
Treatment plans	Gateway	X			
Summary Totals for EHR Functionality		8	2	0	0

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

- eLab was implemented in July 2015.
- The MORS was implemented in the electronic health record in July 2015.
- There is now uniform use of RxNT by all psychiatrists. New psychiatrists now receive RxNT training during their first week of employment.

INFORMATION SYSTEMS REVIEW FINDINGS—IMPLICATIONS

- Access to Care
  - The MHP is currently utilizing telepsychiatry at the CSU during the overnight hours.
- Timeliness of Services
  - A pre-consumer database is in development to allow for the capability to track an individual's first encounter with the mental health plan.
- Quality of Care
  - Clinical staff are not consistently documenting client services on a timely basis. Data for appointment no shows are not entered consistently.
  - Clinicians and Supervisors have begun tracking progress note completion by regularly reviewing a dashboard report which indicates the date and time progress notes were completed.
  - eLab as implemented in the electronic health record in July 2015.

- ADP Contract Providers are being trained to utilize Clinician's Gateway to complete their documentation, enabling easier access to ADP client information and regular auditing of services.
- All clinics have been provided with electronic tablets to facilitate collaboration between client and clinician in the development of treatment plans.
- ShareCare client Face Sheets now include the ability to enter the primary care physician.
- The document imaging project is nearing completion. The establishment of a complete EHR will enhance continuity of care between the regions.

- Consumer Outcomes
  - The Milestones of Recovery Scale was implemented in the EHR in July 2015.
  - The MHP determined that the Child and Adolescent Needs and Strengths was not routinely being completed for new clients or every 6 months for ongoing clients.
  - A Consumer Perception Survey data analysis report was developed.

SITE REVIEW PROCESS BARRIERS

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

- There were no barriers or conditions that significantly affected CalEQRO's ability to prepare for and/or conduct this review.

CONCLUSIONS

During the FY15-16 annual review, CalEQRO found strengths in the MHP's programs, practices, or information systems that have a significant impact on the overall delivery system and its supporting structure. In those same areas, CalEQRO also noted opportunities for quality improvement. The findings presented below relate to the operation of an effective managed care organization, reflecting the MHP's processes for ensuring access to and timeliness of services and improving the quality of care.

STRENGTHS AND OPPORTUNITIES

Access to Care

- Strengths:
  - Crisis Triage Teams are now established and operating in all three regions of the county.
  - Mobile Crisis Teams are now present in all three regions of the county.
  - At outpatient mental health clinics there is better capacity for serving persons with co-occurring disorders for alcohol and drug issues with the use of Screenings, Brief Intervention, and Referral to Treatment (SBIRT).
  - Telepsychiatry services, provided by JSA Health Telepsychiatry, are available at the CSU during the overnight hours.
  - Orientations groups are now occurring at all clinic sites. A welcome brochure was developed and a welcoming video is in development.
  - A MOU was finalized with CenCal Health that will improve health care integration between primary care and mental health services.
- Opportunities:
  - Parents of children/youth receiving services report the Safety Line recording gives them an option of leaving a message, but sometimes their calls are not returned.
  - Telepsychiatry does not exist outside of the CSU overnight hours.
  - Lack of sufficient capacity for psychiatrist appointments was noted by clients and staff across Levels of Care and Programs.

Timeliness of Services

- Strengths:

  - The MHP continues to recruit Psychiatrists/Physician Assistants/Nurse Practitioners to enhance timeliness to psychiatric/medication assessment and treatment.
  - Walk-ins are now accepted at all MHP clinics.
- Opportunities:
  - Clients report issues with medication compliance due to lack of available psychiatry appointments.

Quality of Care

- Strengths:
  - A significant number of policies and procedures have been developed and disseminated across programs over the past year to increase consistency and communication of standards.
  - The MHP has created a website for staff that offers resources for online as well as in-person trainings for staff. This site also allows access to policies and procedures and forms and manuals that cover some department programs, ShareCare, Clinician's Gateway and other topics.
  - Permanent hirings of key staff have been made including: IT Manager, Assistant Director of Clinical Operations, Deputy Director for Operations and Administration, HR Manager, and CFO. These have added consistency to the administration of day to day operations.
- Opportunities:
  - While policies and procedures have been developed and disseminated, staff continues to report a lack of consistent understanding of policies and procedures across the MHP's three regions.
  - High turnover of staff in the past year has negatively affected consistency and continuity of service delivery.

Consumer Outcomes

- Strengths:
  - A Consumer Perception Survey data analysis report was developed.
  - The MORS was implemented in the electronic health record in July 2015 and clinical use began in December 2015.
- Opportunities:

- The CANS was found not to be routinely completed for new clients or every six months for ongoing clients.
- Growing Grounds Farm Transitions Mental Health Association recently lost funding. Consumers now must volunteer time and there is no longer any projected funding for salaries. This reduces the benefits of working in this environment as well as making it more difficult for the consumer to access.
- Consumers report that communication between them and the MHP is erratic in appointment changes, cancellations and/or modifications to their services.

RECOMMENDATIONS

- Adequate staffing for this MHP remains a challenge with implications for access, timeliness and quality of services. Hiring of clinical staff, case management staff and bi-lingual Spanish speaking staff need to be priority in recruitment as well as retention.
- A lack of consistent understanding and adherence to policies and procedures across the MHP's three regions continues to be reported. Develop and implement a system of policies and procedures with checks for compliance to ensure all staff are aware of and compliant with policies and procedures as well available training opportunities.
- Issues arising from the shortage of psychiatrists is reported across the system and programs. Create a plan to increase telepsychiatry options while continuing to develop a recruitment and retention policy for effectiveness in filling psychiatry positions.
- Continue to monitor the twice monthly outcome measure report to assure the Child and Adolescent Needs and Strengths and MORS is used in compliance with MHP standards.
- Complete development of the Clinical Reporting System to allow users the ability to create custom reports as well as expand the capacity to refresh "canned" reports with current data as needed.
- Maintain consistent contact with The Echo Group to assure a timely resolution to the MHP's inability to submit Client Service Information (CSI) data files to the State.

ATTACHMENTS

Attachment A: Review Agenda

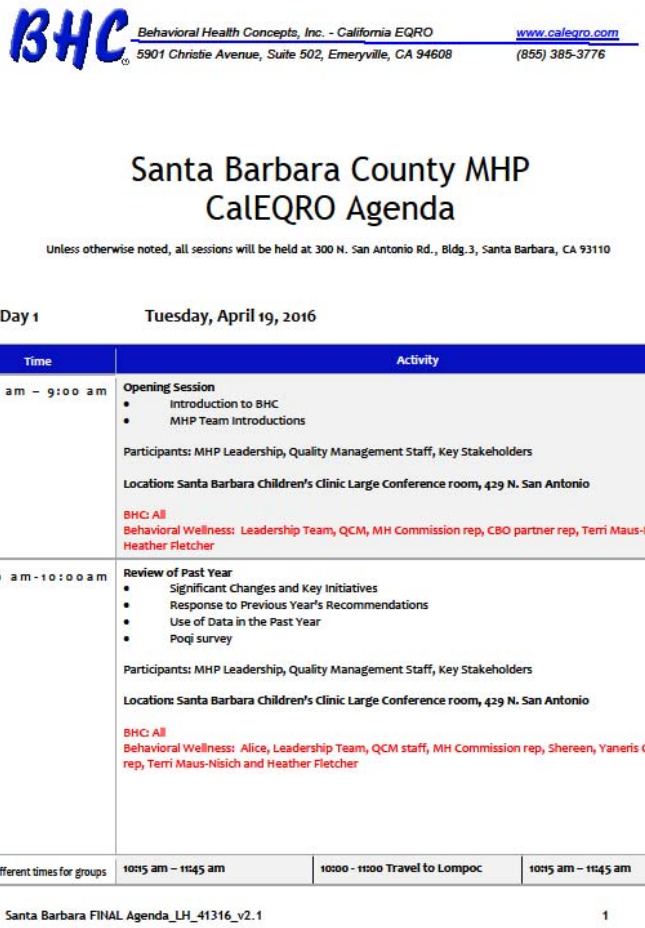
Attachment B: Review Participants

Attachment C: Approved Claims Source Data

Attachment D: CalEQRO PIP Validation Tools

ATTACHMENT A—REVIEW AGENDA

Double click on the icon below to open the MHP On-Site Review Agenda:



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Santa Barbara County MHP CalEQRO Agenda

Unless otherwise noted, all sessions will be held at 300 N. San Antonio Rd., Bldg.3, Santa Barbara, CA 93110

Day 1 **Tuesday, April 19, 2016**

Time	Activity		
8:30 am – 9:00 am	**Opening Session** • Introduction to BHC • MHP Team Introductions Participants: MHP Leadership, Quality Management Staff, Key Stakeholders **Location: Santa Barbara Children's Clinic Large Conference room, 429 N. San Antonio** BHC: All Behavioral Wellness: Leadership Team, QCM, MH Commission rep, CBO partner rep, Terri Maus-Nisich and Heather Fletcher		
9:00 am-10:00am	**Review of Past Year** • Significant Changes and Key Initiatives • Response to Previous Year's Recommendations • Use of Data in the Past Year • Poqi survey Participants: MHP Leadership, Quality Management Staff, Key Stakeholders **Location: Santa Barbara Children's Clinic Large Conference room, 429 N. San Antonio** BHC: All Behavioral Wellness: Alice, Leadership Team, QCM staff, MH Commission rep, Shereen, Yaneris CBO partner rep, Terri Maus-Nisich and Heather Fletcher		
Note different times for groups	10:15 am – 11:45 am	10:00 - 11:00 Travel to Lompoc	10:15 am – 11:45 am

Santa Barbara FINAL Agenda_LH_41316_v2.1 1

ATTACHMENT B—REVIEW PARTICIPANTS

CalEQRO Reviewers

Lynda Hutchens, NCC, LMFT, Lead Quality Reviewer
Lisa Farrell, Information Systems Reviewer
Marilyn Hillerman, Lead Consumer Family Member Consultant
Luann Baldwin, Consumer Family Member Consultant

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

Sites of MHP Review

MHP SITES

Santa Barbara County Department of Behavioral Wellness
300 N. San Antonio Rd, Santa Barbara, CA 93110

401 E. Ocean, Lompoc, CA

500 West Foster Road, Santa Maria, CA

CONTRACT PROVIDER SITES

Mental Wellness Center, 617 Garden St., Santa Barbara, CA

Participants Representing the MHP

Name	Position	Agency
Alice Geanta, MFT	PEI-TAY-Clinician	Behavioral Wellness
Alice Gleghorn, PhD	Director	Behavioral Wellness
Amy Wilborn	Children's Katie A. Santa Maria	Behavioral Wellness
Ana Vicuna	Division Chief Clinical Operations	Behavioral Wellness
Annmarie Cameron	CEO	Mental Wellness Center
April Howard	Research Program Evaluation Manager	Behavioral Wellness
Araceli Delgado	Children's Katie A. Lompoc	Behavioral Wellness
Arlene Altobelli	Team Supervisor Santa Maria	Behavioral Wellness
Awena Foronda	Katie A. Clinician	Behavioral Wellness
Careena Robb	QAM Coordinator	Behavioral Wellness

Name	Position	Agency
Cherie Chavez, MFTI	Calle Real Santa Barbara Adult clinic	Behavioral Wellness
Chris Ribeiro	Interim CFO	Behavioral Wellness
Corinne Contreras	Peer Recovery Specialist	Be Well
Crystal Ramirez	Regional Manager Santa Barbara	Be Well
Dana Gamble	Assistant Deputy Director	Public Health
Dawn M. Dunn	Tobacco Prevention	Public Health Department
Deana Huddleston	QCM Manager	Behavioral Wellness
Debra Simon, LMFT	Clinical Director	Crescend Health/Phoenix
Diane Glaser	Tobacco Control/Prevention	Public Health Department
Donna Slimak	Director Member Services	CenCalHealth
Eddie Hsueh	Lieutenant	Sheriff's Office
Elizabeth Barboss, RN	Psychiatric Nurse Senior	Behavioral Wellness
Elodie Patarias, MFT	Team Supervisor Santa Maria	Adult Outpatient Clinic
Geoff Bernard	Team Supervisor Santa Maria	Adult Outpatient Clinic
Gizelle Mendoza	Practitioner Intern Foster road	Behavioral Wellness
Health Fletcher	Audit Manager	Auditor Controller
Holly Morris	IMF – TAY	Behavioral Wellness
Irvin Lunianski, MD	QCM Psychiatrist	Behavioral Wellness
J. Manuel Casas	Mental Health Commissioner	Santa Barbara County
J.T. Turner, MFT	Executive Director	Crescend Health
Jamie Huthsing	QCM Coordinator	Behavioral Wellness
Janet Alexander	Team Supervisor/CARES	Be Well
Jeanie Sleigh	Health Center Administrator	Public Health
Jelene Paulor	-no title given	Behavioral Wellness
Jennifer Newbold	Vice President	PathPoint
Jonathan Gee, IMF	WRR Team Clinician	Behavioral Wellness
Julia Patricia Fara, PhD	WRR Team Clinician	Behavioral Wellness
Katrina Vogt	Supervisor	CWS
Kim Shean	Manager	Probation
Krisna Isaac	RN, Team Supervisor	Behavioral Wellness
Krystina Medina	Practitioner Intern (CSU)	Behavioral Wellness
Lee Bothel	DCPO	Probation
Leslie Lundt, MD	Medical Director, Acute Psychiatric Services	Behavioral Wellness

Name	Position	Agency
Linda Peterson, MFT	MH Licensed Clinician, Santa Maria Children's	Behavioral Wellness
Maria Bonifacio	Clinical Practitioner Intern, Mobile Crisis Lead	Behavioral Wellness
Marjorie McCarthy	Waivered Psychologist	Behavioral Wellness/CARES – South
Marshall Ramsey	IT Manager	Behavioral Wellness
Nicole Becker	Team Supervisor Lompoc Adult Clinic	Behavioral Wellness
Ole Behrendtsen	Medical Director	Behavioral Wellness
Pam Fisher	Division Manager	Behavioral Wellness
Patty Almagner Auchard, MD	Medical Consultant	TCRC
Refujio Rodriguez	Division Chief, MHSA	Behavioral Wellness
Richelle Bucayu	Administrator	Telecare Corporation
Rita Dwyer, RN	PHF UR	Behavioral Wellness
Sandra Zavate	RN	Behavioral Wellness
Sandy Fahey	Regional Manager	Behavioral Wellness
Sara Bazan	Children's Clinic Team Supervisor Santa Barbara	Behavioral Wellness
Shereen Khatapoush	Research and Program Evaluation	Behavioral Wellness
Silvia P. Perez	Peer Recovery Specialist	Behavioral Wellness
Stacy McCrory	Forensic Manager	Behavioral Wellness
Stephanie Diaz	Team Supervisor	Alcohol and Drug Program
Susan Soderman	QCM Coordinator	Behavioral Wellness
Suzanne Grimmesey	Chief Quality Care and Strategy Officer	Behavioral Wellness
Talia Pinnel	Systems Training Coordinator	Behavioral Wellness
Thelma Macias-Guerra	Team Supervisor Lompoc	Children and TAY Services
Tina Wooton	Consumer Empowerment Manager	Behavioral Wellness
Veronica Heinzelmann, LCSW	Health Care Program Coordinator	Behavioral Wellness
Yaneris Muniz	Policy and Project Development Coordinator	Behavioral Wellness

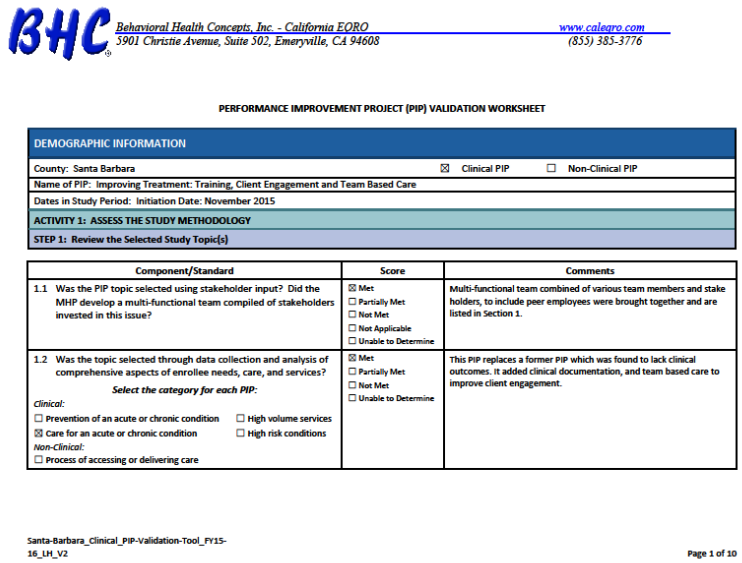
ATTACHMENT C—APPROVED CLAIMS SOURCE DATA

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

ATTACHMENT D—PIP VALIDATION TOOL

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

Clinical PIP:



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PERFORMANCE IMPROVEMENT PROJECT (PIP) VALIDATION WORKSHEET

DEMOGRAPHIC INFORMATION		
County: Santa Barbara	☒ Clinical PIP	☐ Non-Clinical PIP
Name of PIP: Improving Treatment: Training, Client Engagement and Team Based Care		
Dates in Study Period: Initiation Date: November 2015		
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 ☐ Not Applicable ☐ Unable to Determine	Multi-functional team combined of various team members and stake holders, to include peer employees were brought together and are listed in Section 1.
1.2 Was the topic selected through data collection and analysis of comprehensive aspects of enrollee needs, care, and services? ***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	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	This PIP replaces a former PIP which was found to lack clinical outcomes. It added clinical documentation, and team based care to improve client engagement.

Santa-Barbara_Clinical_PIP-Validation-Tool_FY15-16_LH_V2

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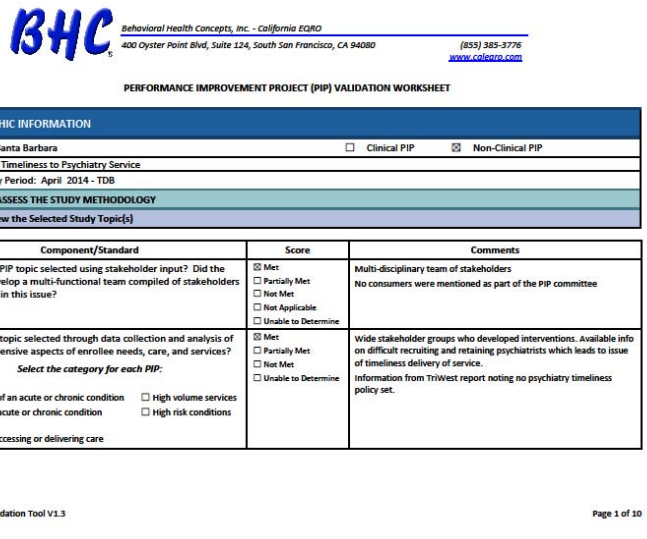
Non-Clinical PIP:



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PERFORMANCE IMPROVEMENT PROJECT (PIP) VALIDATION WORKSHEET

DEMOGRAPHIC INFORMATION		
County: Santa Barbara	☐ Clinical PIP	☒ Non-Clinical PIP
Name of PIP: Timeliness to Psychiatry Service		
Dates in Study Period: April 2014 - TDB		
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 ☐ Not Applicable ☐ Unable to Determine	Multi-disciplinary team of stakeholders No consumers were mentioned as part of the PIP committee
1.2 Was the topic selected through data collection and analysis of comprehensive aspects of enrollee needs, care, and services? ***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	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	Wide stakeholder groups who developed interventions. Available info on difficult recruiting and retaining psychiatrists which leads to issue of timeliness delivery of service. Information from TriWest report noting no psychiatry timeliness policy set.

CalEQRO PIP Validation Tool V1.3

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