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FY 2023-24
MEDI-CAL SPECIALTY BEHAVIORAL HEALTH EXTERNAL QUALITY REVIEW

GLENN FINAL REPORT

☒ MHP

☐ DMC-ODS

Prepared for:

California Department of Health Care Services (DHCS)

Review Dates:

August 2, 2023

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EXECUTIVE SUMMARY

Highlights from the Fiscal Year (FY) 2022-23 Mental Health Plan (MHP) External Quality Review (EQR) are included in this summary to provide the reader with a brief reference, while detailed findings are identified throughout the following report. In this report, "Glenn" may be used to identify the Glenn County MHP, unless otherwise indicated.

MHP INFORMATION

Review Type — Virtual

Date of Review — August 2, 2023

MHP Size — Small-rural

MHP Region — Superior

SUMMARY OF FINDINGS

The California External Quality Review Organization (CalEQRO) evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding Performance Improvement Projects (PIPs); and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	1	3	1

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	5	1	0
Quality of Care	10	4	4	2
Information Systems (IS)	6	4	2	0
TOTAL	**26**	**17**	**7**	**2**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
P.A.W.S: Pets Advocacy Wellness and Support Group	Clinical	04/2023	First Remeasurement	Low Confidence
Follow-Up After Emergency Department (ED) Visit for Mental Illness	Non-Clinical	09/2022	Baseline Year	Moderate Confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☐Adults ☒Transition Aged Youth (TAY) ☐Family Members ☐Other	3

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- Glenn implemented a new Electronic Health Record (EHR), SmartCare by Streamline, in March 2023 as part of the pilot rollout.

- The MHP's billing staff have maintained an exceptionally low denied claims rate of 0.74 percent.

- Glenn has an intern program that currently includes five masters in social work interns. The MHP is hopeful that interns will stay on as staff.

- The MHP has strong community partnerships to address member needs.

- The MHP has multiple committees with a goal to improve access, timeliness, and quality.

The MHP was found to have notable opportunities for improvement in the following areas:

- The MHP has not yet implemented a system to monitor medication services consistent with Healthcare Effectiveness Data and Information Set (HEDIS) measures noted in SB 1291 for foster care (FC) members.

- It was not clear that the tools indicated for level of care (LOC) are administered appropriately and consistently for determination of LOC and used for all eligible members.

- There appears to be a need for implementing a strategy to assess variance in both inpatient follow-up appointments and readmissions.

- Performance measure results suggest that the MHP may need to review High-Cost Member (HCM) data and analyze the more than 100 percent increase in HCMs served since CY 2020.

- Based on feedback received and information provided during Glenn's EQR, there is a barrier for members obtaining adequate transportation resources.

Recommendations for improvement based upon this review include:

- Implement a system to monitor medication services for FC members, consistent with HEDIS measures noted in SB 1291.
  (This recommendation was continued from FY 2022-23.)

- Review inpatient follow-up and readmission rates. Identify factors that have been creating the large variance in rates for both metrics over the past three CYs.
  (This recommendation was continued from FY 2022-23.)

- Monitor results for tools that the MHP indicated were for LOC to ensure appropriate and consistent use for determination of LOC. Make any needed improvements in the process and services provided.

- Analyze the trend of increasing HCMs and consider interventions to help reduce the potential long-term fiscal impact on the system if the trend continues.

- Review the current vehicle fleet and analyze feasibility of purchasing new vehicles, which would help staff conduct field-based services, and aid members with getting reliable rides to appointments.

INTRODUCTION

BASIS OF THE EXTERNAL QUALITY REVIEW

The United States Department of Health and Human Services 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). The EQRO conducts an EQR that is an analysis and evaluation of aggregate information on access, timeliness, and quality of health care services furnished by Prepaid Inpatient Health Plans (PIHPs) and their contractors to recipients of State Medicaid (Medi-Cal in California) Managed Care Services. The Code of Federal Regulations (CFR) specifies the EQR requirements (42 CFR § 438, subpart E), and CMS develops protocols to guide the annual EQR process; the most recent protocol was updated in February 2023.

The State of California Department of Health Care Services (DHCS) contracts with 56 county MHPs, comprised of 58 counties, to provide specialty mental health services (SMHS) to Medi-Cal members under the provisions of Title XIX of the federal Social Security Act. As PIHPs, the CMS rules apply to each Medi-Cal MHP. DHCS contracts with Behavioral Health Concepts, Inc. (BHC), the CalEQRO to review and evaluate the care provided to the Medi-Cal members.

DHCS requires the CalEQRO to evaluate MHPs on the following: delivery of SMHS in a culturally competent manner, coordination of care with other healthcare providers, member satisfaction, and services provided to Medi-Cal eligible minor and non-minor dependents in FC as per California Senate Bill (SB) 1291 (Section 14717.5 of the California Welfare and Institutions Code [WIC]). CalEQRO also considers the State of California requirements pertaining to Network Adequacy (NA) as set forth in California Assembly Bill 205 (WIC Section 14197.05).

This report presents the FY 2023-24 findings of the EQR for Glenn MHP by BHC, conducted as a virtual review on August 2, 2023.

REVIEW METHODOLOGY

CalEQRO's review emphasizes the MHP's use of data to promote quality and improve performance. Review teams are comprised of staff who have subject matter expertise in the public mental health (MH) system, including former directors, IS administrators, and individuals with lived experience as consumers or family members served by SMHS systems of care. Collectively, the review teams utilize qualitative and quantitative techniques to validate and analyze data, review MHP-submitted documentation, and conduct interviews with key county staff, contracted providers, advisory groups, members, family members, and other stakeholders. At the conclusion of the EQR process, CalEQRO produces a technical report that synthesizes information, draws upon prior year's findings, and identifies system-level strengths, opportunities for improvement, and recommendations to improve quality.

Data used to generate Performance Measures (PM) tables and graphs throughout this report, unless otherwise specified, are derived from three source files: Monthly Medi-Cal Eligibility Data System Eligibility File, Short-Doyle/Medi-Cal (SDMC) approved claims, and the Inpatient Consolidation (IPC) File.

CalEQRO reviews are retrospective; therefore, data evaluated represent Calendar Year (CY) 2022 and FY 2022-23, unless otherwise indicated. As part of the pre-review process, each MHP is provided a description of the source of data and four summary reports of Medi-Cal approved claims data, including the entire Medi-Cal population served, and subsets of claims data specifically focused on Early Periodic Screening, Diagnosis, and Treatment (EPSDT); FC; transitional age youth; and Affordable Care Act (ACA). These worksheets provide additional context for many of the PMs shown in this report. CalEQRO also provides individualized technical assistance (TA) related to claims data analysis upon request.

Findings in this report include:

- Changes and initiatives the MHP identified as having a significant impact on access, timeliness, and quality of the MHP service delivery system in the preceding year. MHPs are encouraged to demonstrate these issues with quantitative or qualitative data as evidence of system improvements.

- MHP activities in response to FY 2022-23 EQR recommendations.

- Summary of MHP-specific activities related to the four Key Components, identified by CalEQRO as crucial elements of quality improvement (QI) and that impact member outcomes: Access, Timeliness, Quality, and IS.

- Validation and analysis of the MHP's two contractually required PIPs as per Title 42 CFR Section 438.330 (d)(1)-(4) – summary of the validation tool included as Attachment C.

- Validation and analysis of PMs as per 42 CFR Section 438.358(b)(1)(ii). PMs include examination of specific data for Medi-Cal eligible minor and non-minor dependents in FC, as per California WIC Section 14717.5, and also as outlined DHCS's Comprehensive Quality Strategy. Data definitions are included as Attachment E.

- Validation and analysis of each MHP's network adequacy (NA) as per 42 CFR Section 438.68, including data related to DHCS Alternative Access Standards (AAS) as per California WIC Section 14197.05, detailed in the Access section of this report.

- Validation and analysis of the extent to which the MHP and its subcontracting providers meet the Federal data integrity requirements for Health Information Systems (HIS), including an evaluation of the county MHP's reporting systems and methodologies for calculating PMs, and whether the MHP and its subcontracting providers maintain HIS that collect, analyze, integrate, and report

data to achieve the objectives of the quality assessment and performance improvement (QAPI) program.

- Validation and analysis of members' perception of the MHP's service delivery system, obtained through review of satisfaction survey results and focus groups with Plan members and their families.

- Summary of MHP strengths, opportunities for improvement, and recommendations for the coming year.

HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT SUPPRESSION DISCLOSURE

To comply with the Health Information Portability and Accountability Act, and in accordance with DHCS guidelines, CalEQRO suppresses values in the report tables when the count is less than 11, and then "<11" is indicated to protect the confidentiality of MHP members. Further suppression was applied, as needed, with a dash (-) to prevent calculation of initially suppressed data or its corresponding penetration rate (PR) percentages.

MHP CHANGES AND INITIATIVES

In this section, changes within the MHP's environment since its last review, as well as the status of last year's (FY 2022-23) EQR recommendations are presented.

ENVIRONMENTAL ISSUES AFFECTING MHP OPERATIONS

There were no significant environmental issues affecting the MHP's operations.

SIGNIFICANT CHANGES AND INITIATIVES

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 of care, including those changes that provide context to areas discussed later in this report.

- The MHP transitioned from Cerner Community Behavioral Health (CCBH) EHR and was a pilot county for the California Mental Health Services Authority (CalMHSA) semi-statewide EHR, SmartCare by Streamline. Glenn implemented SmartCare in March 2023.

- Glenn acquired a custom mobile treatment vehicle that provides workspace and is equipped to meet with members for crisis, treatment, and outreach needs, particularly at schools and community events.

- Glenn executed a contract for after-hours crisis services coverage with Sierra Mental Wellness.

- The MHP reported continued turnover and changes in leadership and significant training needs in onboarding new staff.

- The MHP partnered with Community Action Division and Habitat for Humanity to open a supportive housing complex that includes three units for behavioral health to fill as a transitional housing option.

- The MHP was awarded a 17-million-dollar grant to develop a new Children's System of Care building.

RESPONSE TO FY 2022-23 RECOMMENDATIONS

In the FY 2022-23 EQR technical report, CalEQRO made several recommendations for improvements in the MHP's programmatic and/or operational areas. During the FY 2023-24 EQR, CalEQRO evaluated the status of those FY 2022-23 recommendations; the findings are summarized below.

Assignment of Ratings

Addressed is assigned when the identified issue has been resolved.

Partially Addressed 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 Addressed is assigned when the MHP performed no meaningful activities to address the recommendation or associated issues.

Recommendations from FY 2022-23

Recommendation 1: Continue to monitor timeliness to psychiatry services and conduct performance improvement. Measure the effectiveness of changes made monthly; adjust or change improvements as indicated.

☒ Addressed   ☐ Partially Addressed   ☐ Not Addressed

- Glenn reported that it routinely reviews timeliness data at quarterly Quality Improvement Committee (QIC) meetings and psychiatry timeliness data at telepsychiatry team meetings, where they discuss improvement strategies.

- The MHP brought in an additional psychiatrist, primarily for youth services to improve timeliness of psychiatric services. Glenn also contracted with a third provider from Traditions Behavioral Health who began serving members in July 2023.

- This recommendation will not be carried over because the MHP monitors the results and added psychiatric staff to address the issue. However, Glenn should continue to monitor and measure the impact of efforts to ensure that additional interventions are not needed to improve rates.

Recommendation 2: Implement a system to monitor medication services consistent with HEDIS measures noted in SB 1291 for FC members.

☐ Addressed   ☐ Partially Addressed   ☒ Not Addressed

- The MHP included barriers of sufficient knowledge or workforce capacity to gather and analyze the data and cost of the HEDIS measure publications.

- This recommendation will be continued. The MHP should work towards implementing a system to address the recommendation.

Recommendation 3: Implement a way to examine and ensure appropriate LOC in the adult and child system using a LOC instrument or selected indicators.

☐ Addressed   ☒ Partially Addressed   ☐ Not Addressed

- Glenn implemented the DHCS screening and transition of care tools and indicated that the tools allow for timely determination of LOC, and appropriate referrals.

- The MHP does not utilize a standardized LOC tool; however, it reports using the CalAIM 7 Domain Behavioral Health Assessment to guide its clinical assessment process.

- This recommendation will not be continued because Glenn reported use of tools that allow for timely determination of LOC. However, CalEQRO will include a new recommendation pertaining to the MHP monitoring appropriate and consistent use, and ensure that the tools are utilized for determining LOC.

Recommendation 4: Investigate readmissions from CY 2021 and determine if QI activities are indicated. Implement interventions and measure indicators.

☐ Addressed   ☒ Partially Addressed   ☐ Not Addressed

- Glenn reported that it reviewed inpatient readmission data at quarterly QIC meetings, and HEDIS measure data was calculated by CalMHSA using DHCS-provided claim data from FY 2020-21. The results indicated that Glenn was in the top-performing quartile of California MHPs in terms of readmission rates.

- As part of the Behavioral Health Quality Improvement Program (BHQIP) process, Glenn is conducting a PIP to further improve Follow-up After Emergency Department Visit for Mental Illness within 7- and 30-days (FUM) with a goal to decrease readmission rates due to timely follow-up and provision of treatment.

- Interventions for the FUM BHQIP include direct care coordination with local hospital staff, and efforts to improve data sharing and interoperability of service

systems with Managed Care Plans (MCPs). Although the MHP is among the top performing quartiles within California, 7-day readmission rates have increased each year since CY 2020 and increased in CY 2022 by more than 10 percentage points.

- This recommendation will be continued. Further quality improvement efforts may be needed to stabilize this upward trend.

Recommendation 5: As started with the non-clinical PIP, evaluate the access patterns and barriers to members beginning services after completing an assessment and reasons for a higher rate of one to three services compared to the state. Conduct performance improvement as indicated and consider using rapid cycle improvement cycles to increase understanding of the barriers and develop effective interventions.

☐ Addressed   ☒ Partially Addressed   ☐ Not Addressed

- The MHP reported actions to improve member access and engagement including streamlining the intake process, use of the DHCS screening tool that allowed for timely referrals to the appropriate LOC, and addition of a case manager with a primary role of assisting members with access and linkage to services.

- Glenn indicated that it did not continue formal monitoring of the non-clinical PIP and did not complete analysis of access patterns and barriers. The MHP should continue to monitor results and make any needed adjustments to its strategies to improve members beginning services after completing an assessment.

- While this item is rated partially addressed, it is not carried over in a recommendation for this year's review due to other priority recommendations.

ACCESS TO CARE

CMS defines access as the ability to receive essential health care and services. Access is a broad set of concerns that reflects the degree to which eligible individuals (or members) are able to obtain needed health care services from a health care system. It encompasses multiple factors, including insurance/plan coverage, sufficient number of providers and facilities in the areas in which members live, equity, as well as accessibility—the ability to obtain medical care and services when needed.[1] The cornerstone of MHP services must be access, without which members are negatively impacted.

CalEQRO uses a number of indicators of access, including the Key Components and PMs addressed below.

ACCESSING SERVICES FROM THE MHP

SMHS are delivered by both county-operated and contractor-operated providers in the MHP. Regardless of payment source, approximately 88.56 percent of services were delivered by county-operated/staffed clinics and sites, and 11.44 percent were delivered by contractor-operated/staffed clinics and sites. Overall, approximately 73.48 percent of services provided were claimed to Medi-Cal.

The MHP has a toll-free Access Line available to members 24-hours, 7-days per week that is operated by county staff during normal business hours, and contracts with Sierra Mental Wellness Group for after-hours calls; members may request services through the Access Line as well as through the following system entry points: Orland clinic, Willows clinic, the hospital, and community partners. The MHP operates a centralized access team that is responsible for linking members to appropriate, medically necessary services. Members complete an assessment and are scheduled for a first appointment with the same clinician if possible, depending on caseloads.

In addition to clinic-based MH services, the MHP provides psychiatry and MH services via telehealth to youth and adults. In FY 2022-23, the MHP reports having provided telehealth services to 189 adult members, 104 youth members, and 11 older adult members across six county-operated sites and no contractor-operated sites. Among those served, four members received telehealth services in a language other than English in the preceding 12 months.

NETWORK ADEQUACY

An adequate network of providers is necessary for members to receive the medically necessary services most appropriate to their needs. CMS requires all states with MCOs

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[1] CMS Data Navigator Glossary of Terms

and PIHPs to implement rules for NA pursuant to Title 42 of the CFR §438.68. In addition, through WIC Section 14197.05, California assigns responsibility to the EQRO for review and validation of specific data, by plan and by county, for the purpose of informing the status of implementation of the requirements of Section 14197, including the information contained in Table 1A and Table 1B.

In December 2022, DHCS issued its FY 2022-23 NA Findings Report for all MHPs based upon its review and analysis of each MHP's Network Adequacy Certification Tool and supporting documentation, as per federal requirements outlined in the Annual Behavioral Health Information Notice (BHIN).

For Glenn, the time and distance requirements are 90 miles and 60 minutes for outpatient mental health and psychiatry services. These services are further measured in relation to two age groups – youth (0-20) and adults (21 and over).

Table 1A: Glenn MHP Alternative Access Standards, FY 2022-23

Alternative Access Standards	
The MHP was required to submit an AAS request due to time or distance requirements	☐ Yes ☒ No

- The MHP met all time and distance standards and was not required to submit an AAS request.

Table 1B: Glenn MHP Out-of-Network Access, FY 2022-23

Out-of-Network (OON) Access	
The MHP was required to provide OON access due to time or distance requirements	☐ Yes ☒ No

ACCESS KEY COMPONENTS

CalEQRO identifies the following components as representative of a broad service delivery system which provides access to members and family members. Examining service accessibility and availability, system capacity and utilization, integration and collaboration of services with other providers, and the degree to which an MHP informs the Medi-Cal eligible population and monitors access and availability of services form the foundation of access to quality services that ultimately lead to improved member outcomes.

Each access component is comprised of individual subcomponents which are collectively evaluated to determine an overall Key Component rating of Met, Partially Met, or Not Met; Not Met ratings are further elaborated to promote opportunities for QI.

Table 2: Access Key Components

KC #	Key Components – Access	Rating
1A	Service Accessibility and Availability are Reflective of Cultural Competence Principles and Practices	Met
1B	Manages and Adapts Capacity to Meet Member Needs	Met
1C	Integration and/or Collaboration to Improve Access	Met
1D	Service Access and Availability	Met

Strengths and opportunities associated with the access components identified above include:

- Glenn makes consistent efforts to outreach the Hispanic/Latino population as evidenced by a strong PR for this group (5.51 percent versus 3.51 percent statewide).

- The MHP has intentionally sought out bilingual clinical staff, and now has a 33 percent bilingual workforce. The MHP also emphasizes cultural competence meetings and specifically strategizes to reach underserved populations.

- The MHP assesses its staffing needs and has initiatives in place to ensure appropriate staffing resources to meet the needs of its members.

- Glenn has hired a psychiatrist for adult members who travels from out of state and is onsite one week per month to allow for in person appointments.

ACCESS PERFORMANCE MEASURES

Members Served, Penetration Rates, and Average Approved Claims per Member Served

The following information provides details on Medi-Cal eligibles, and members served by age, race/ethnicity, and threshold language.

The PR is a measure of the total members served based upon the total Medi-Cal eligible. It is calculated by dividing the number of unduplicated members served (receiving one or more approved Medi-Cal services) by the annual eligible count calculated from the monthly average of eligibles. The average approved claims per member (AACM) served per year is calculated by dividing the total annual dollar amount of Medi-Cal approved claims by the unduplicated number of Medi-Cal members served per year. Where the median differs significantly from the average, that information may also be noted throughout this report. The similar size county PR is calculated using the total number of members served by that county size divided by the total eligibles (calculated based upon average monthly eligibles) for counties in that size group.

The Statewide PR is 3.96 percent, with an average approved claim amount of $7,442. Using PR as an indicator of access for the MHP, Glenn demonstrates greater access to care than was seen statewide.

Table 3: Glenn MHP Annual Members Served and Total Approved Claims, CY 2020-22

Year	Total Members Eligible	# of Members Served	MHP PR	Total Approved Claims	AACM
CY 2022	14,579	1,067	7.32%	$6,913,231	$6,479
CY 2021	13,841	916	6.62%	$6,308,638	$6,887
CY 2020	12,992	821	6.32%	$5,188,768	$6,320

*Total Annual eligibles in Tables 3, 4, and 7 may show small differences due to rounding of different variables when calculating the annual total as an average of monthly totals.

- The total number of Medi-Cal eligibles in Glenn has increased 12.22 percent since CY 2020. The MHP has been able to keep up with the increases in eligibles as members served have increased 29.96 percent, and PR has increased by 1 percentage point during the same timeframe.

Table 4: Glenn County Medi-Cal Eligible Population, Members Served, and Penetration Rates by Age, CY 2022

Age Groups	Total Members Eligible	# of Members Served	MHP PR	County Size Group PR	Statewide PR
Ages 0-5	1,644	31	1.89%	1.63%	1.82%
Ages 6-17	3,979	441	11.08%	8.62%	5.65%
Ages 18-20	859	67	7.80%	6.55%	3.97%
Ages 21-64	6,879	492	7.15%	7.37%	4.03%
Ages 65+	1,221	36	2.95%	3.60%	1.86%
Total	**14,579**	**1,067**	**7.32%**	**6.67%**	**3.96%**

- PRs for each age group are higher than the statewide PRs, and MHP PRs are higher than for similar sized counties for each age group with the exceptions of 21-64-year-olds and ages 65+.

Table 5: Glenn MHP Threshold Language of Medi-Cal Members Served in CY 2022

Threshold Language	# Members Served	% of Members Served
Spanish	183	17.15%
Threshold language source: Open Data per BHIN 20-070		

- Glenn has a threshold language of Spanish, with 17.15 percent of members served identifying Spanish as their primary language in CY 2022.

Table 6: Glenn MHP Medi-Cal Expansion (ACA) PR and AACM, CY 2022

Entity	Total ACA Eligibles	Total ACA Members Served	MHP ACA PR	ACA Total Approved Claims	ACA AACM
MHP	3,444	241	7.00%	$1,615,182	$6,702
Small-Rural	38,250	2,337	6.11%	$11,818,209	$5,057
Statewide	4,830,000	164,980	3.41%	$1,051,087,580	$6,371

- For the subset of Medi-Cal eligible that qualify for Medi-Cal under the ACA, their overall PR and AACM tend to be lower than non-ACA members. These patterns are reflected in the MHP as well.

- At 7 percent, ACA PR is 0.89 percentage points higher in Glenn than similar sized counties (6.11 percent), but 3.59 percentage points higher than the statewide PR (3.41 percent).

The race/ethnicity data can be interpreted to determine how readily the listed racial/ethnic subgroups comparatively access SMHS through the MHP. If they all had similar patterns, one would expect the proportions they constitute of the total population of Medi-Cal eligibles to match the proportions they constitute of the total members served. Table 7 and Figures 1-9 compare the MHP's data with MHPs of similar size and the statewide average.

Table 7: Glenn MHP PR of Members Served by Race/Ethnicity, CY 2022

Race/Ethnicity	Total Members Eligible	# of Members Served	MHP PR	Statewide PR
African American	99	14	14.14%	7.08%
Asian/Pacific Islander	439	13	2.96%	1.91%
Hispanic/Latino	7,821	431	5.51%	3.51%
Native American	272	16	5.88%	5.94%
Other	1,071	77	7.19%	3.57%
White	4,880	516	10.57%	5.45%
Total*	**14,582**	**1,067**	**7.32%**	**3.96%**

- Each of the racial/ethnic groups listed in Table 7 have a higher PR in the MHP than statewide except for Native American members, which was slightly lower than that seen statewide.

Figure 1: Race/Ethnicity for MHP Compared to State, CY 2022

Glenn MHP

	White	Other	Native American	Hispanic / Latino	Asian / Pacific Islander	African American
■ MHP % Served	48%	7%	1%	40%	1%	1%
■ MHP % Eligible	33%	7%	2%	54%	3%	1%
■ State % Served	23%	16%	0.55%	43%	4%	12%
■ State % Eligibles	17%	18%	0.37%	49%	9%	7%
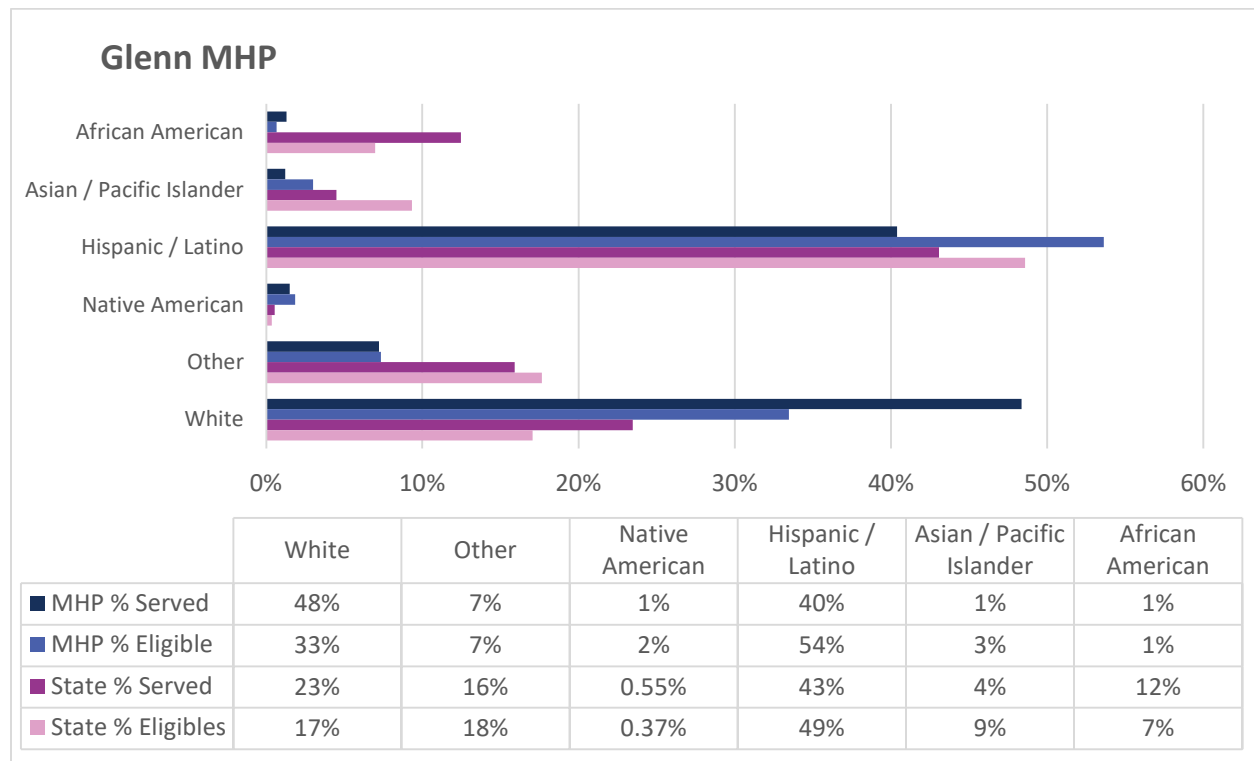
- Among the racial/ethnic groups listed in Figure 1, the Hispanic/Latino group has the largest incongruence between Medi-Cal eligibles, and members served (54 percent versus 40 percent).

- White members account for the largest overrepresentation of those served as this group accounts for 48 percent of all services, but only 33 percent of Medi-Cal eligibles in the county.

Figures 2-11 display the PR and AACM for the overall population, two racial/ethnic groups that are historically underserved (Hispanic/Latino and Asian/Pacific Islander), and the high-risk FC population. For each of these measures, the MHP's data are compared to the similar county size and the statewide for a three-year trend.

Figure 2: MHP PR by Race/Ethnicity, CY 2020-22

Glenn MHP
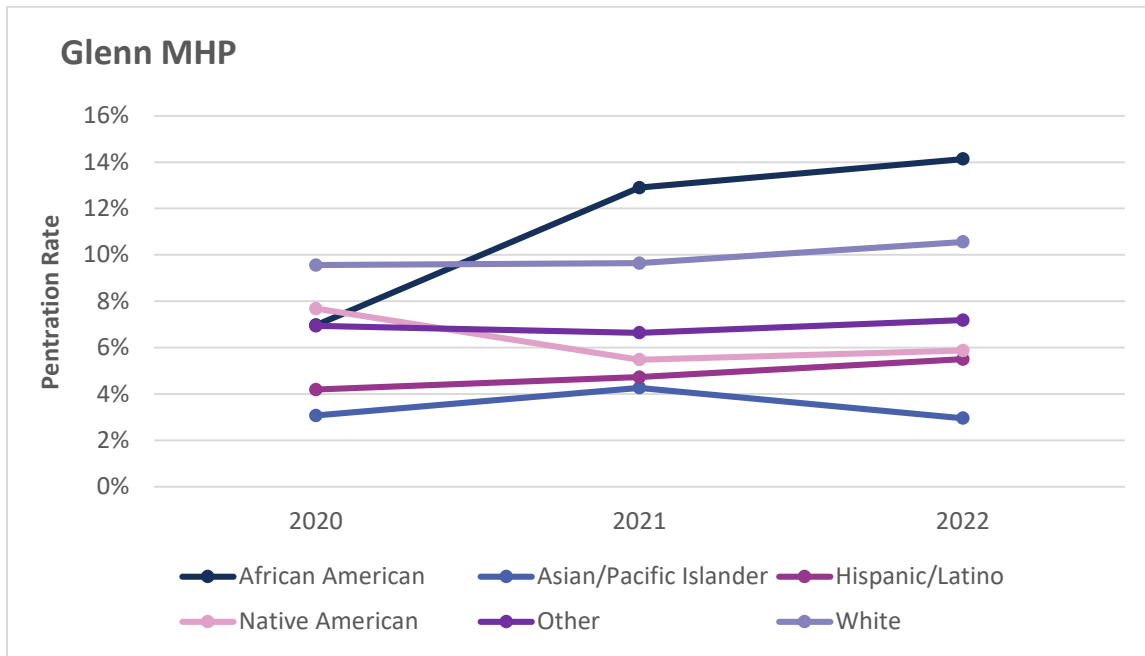
- PRs for the majority of racial/ethnic groups seen in Figure 2 have increased since CY 2020 with the exceptions of Native Americans and Asian/Pacific Islanders. However, there were small numbers of members served in these groups, so minor increases or decreases to the total numbers of members served will create more dramatic looking swings in the trendlines.

Figure 3: MHP AACM by Race/Ethnicity, CY 2020-22

Glenn MHP
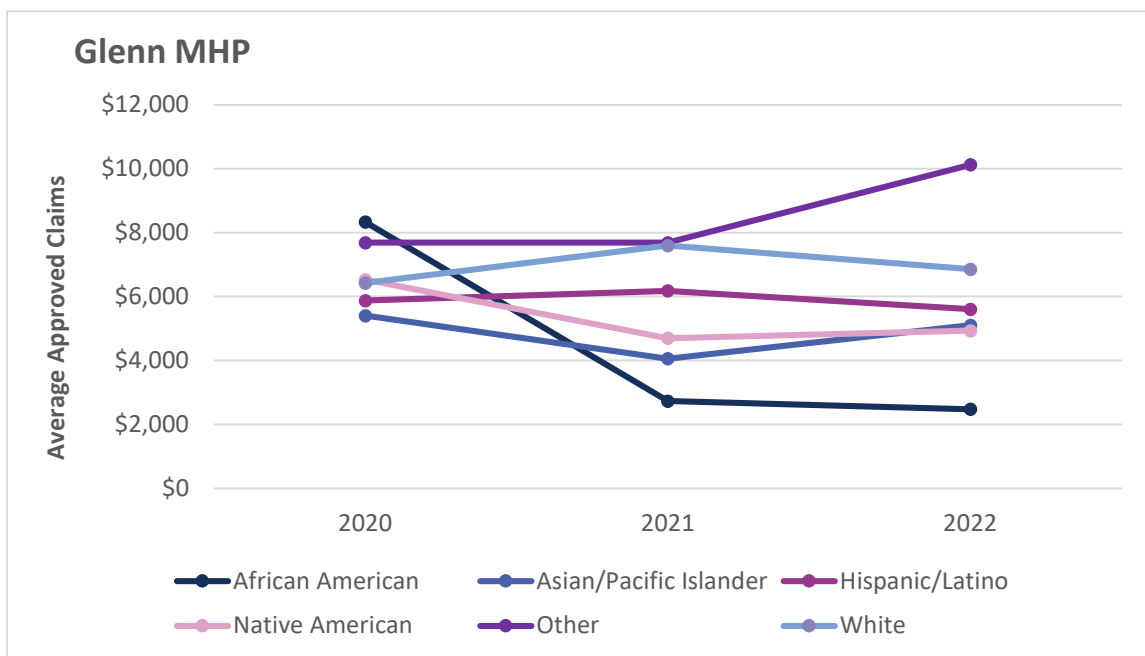
- The AACM increased in CY 2022 for Native Americans, Asians/Pacific Islanders, and Other members, while decreasing slightly for other groups. However, it should be noted the total number of members served for the three groups with increases were very small, so when large increases or decreases in AACM are seen for one of these demographics from one year to the next, it can likely be attributed to a small number of outliers with very large or small AACs. White and Hispanic/Latino members had a more stable AACM between the last two FYs as those are the predominant racial/ethnic groups served in Glenn, and thus outliers are unlikely to have a disproportionate impact on AACMs for those groups.

Figure 4: Overall PR, CY 2020-22

Glenn MHP

	2020	2021	2022
MHP	6.32%	6.62%	7.32%
Small-Rural	7.11%	7.08%	6.67%
State	4.55%	4.34%	3.96%
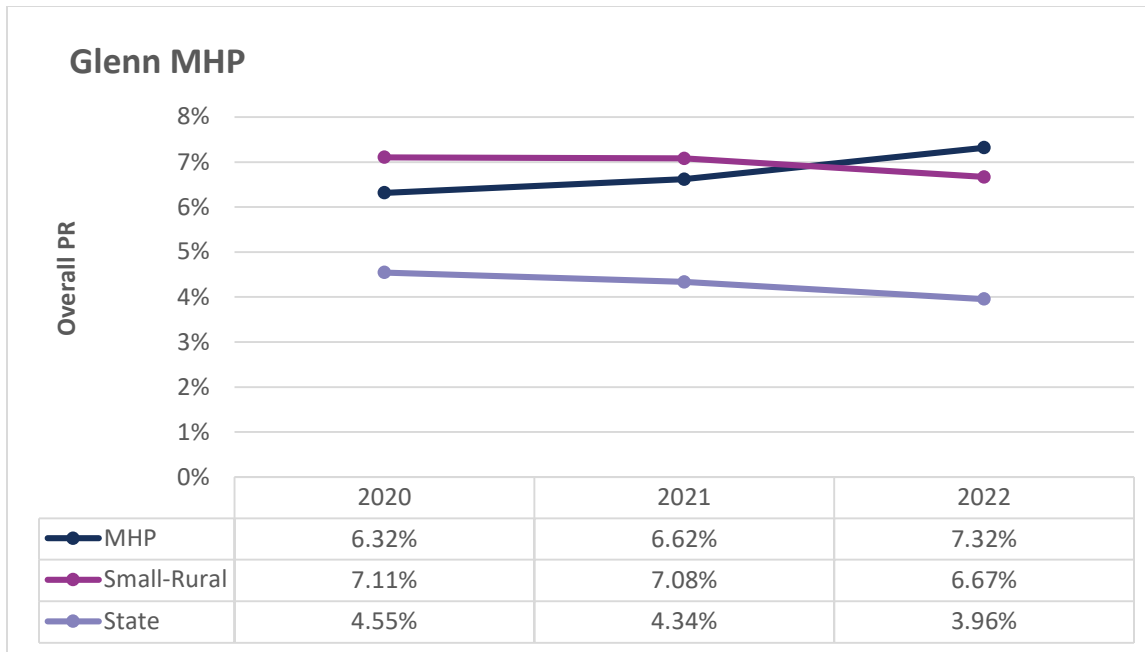
- Overall statewide PR has decreased each year since CY 2020, while overall PR in Glenn increased each year during this timeframe. This is reflective of the MHP's outreach efforts.

Figure 5: Overall AACM, CY 2020-22

Glenn MHP

Overall AACM

	2020	2021	2022
MHP	$6,320	$6,887	$6,479
Small-Rural	$6,238	$6,230	$5,494
State	$7,155	$7,478	$7,442
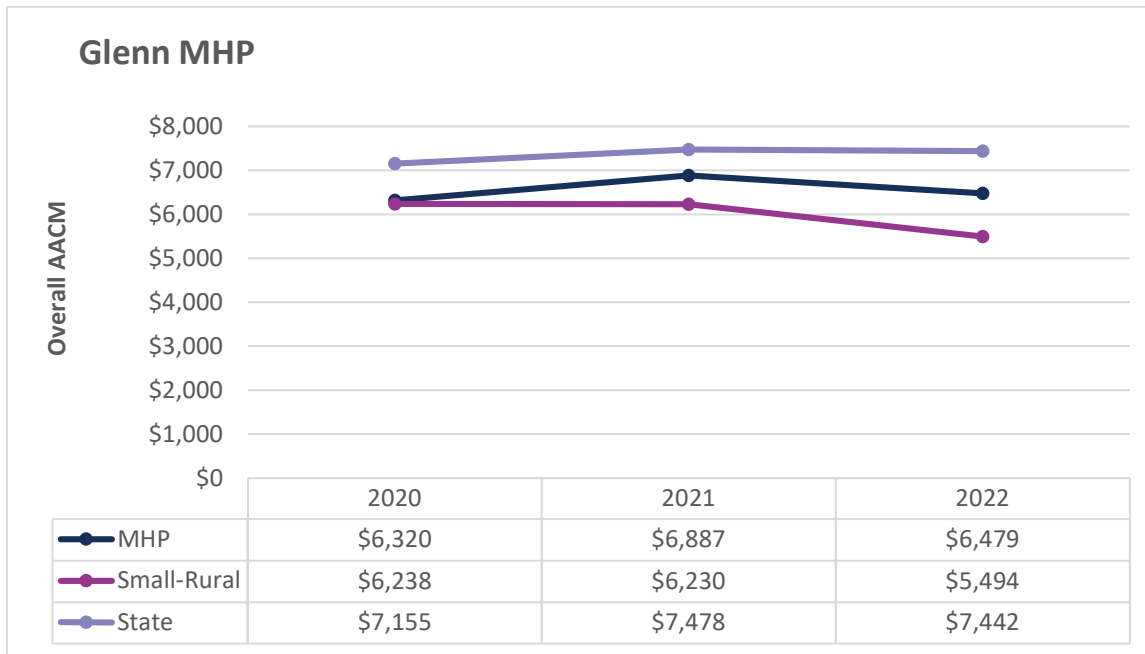
- AACM in Glenn has remained relatively stable over the past three CYs, decreasing slightly in CY 2022 from the previous year.

Figure 6: Hispanic/Latino PR, CY 2020-22

Glenn MHP

Hispanic/Latino PR

	2020	2021	2022
MHP	4.20%	4.73%	5.51%
Small-Rural	4.58%	4.80%	4.93%
State	3.83%	3.74%	3.51%
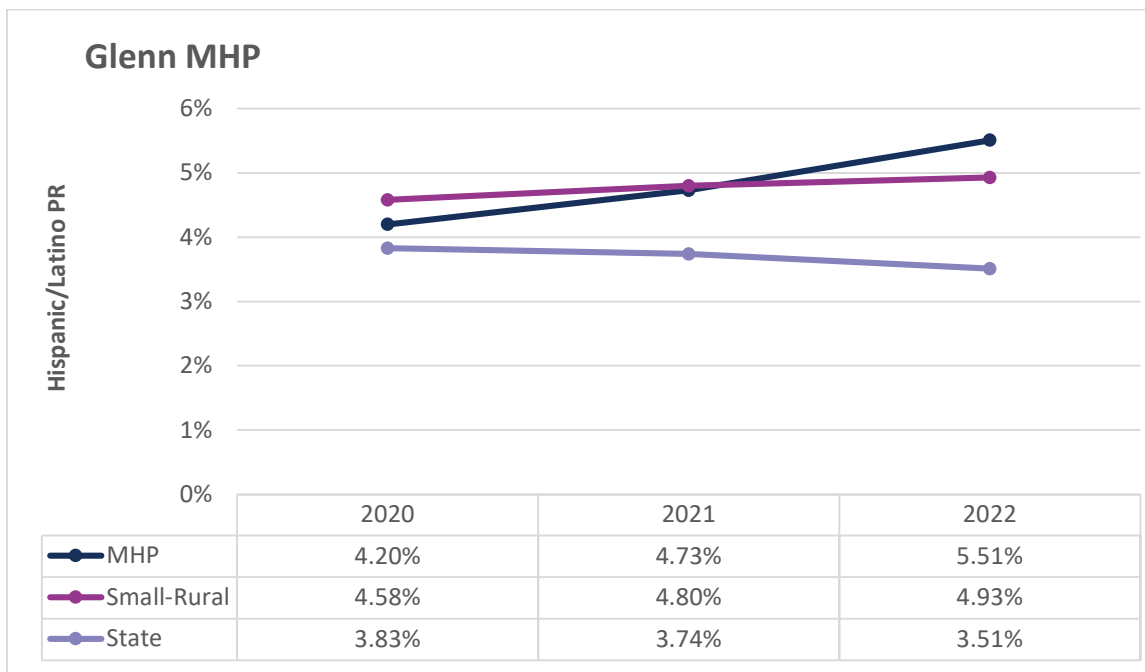
- Similar to Figure 4 above, Hispanic/Latino PR in Glenn has increased over the past three CYs while statewide PR has declined. The three-year upwards trend is also seen in other small-rural counties, though to a lesser extent.

Figure 7: Hispanic/Latino AACM, CY 2020-22

Glenn MHP

	2020	2021	2022
MHP	$5,877	$6,182	$5,607
Small-Rural	$6,726	$6,609	$5,219
State	$6,551	$6,733	$6,731

Y-axis label: Hispanic/Latino AACM
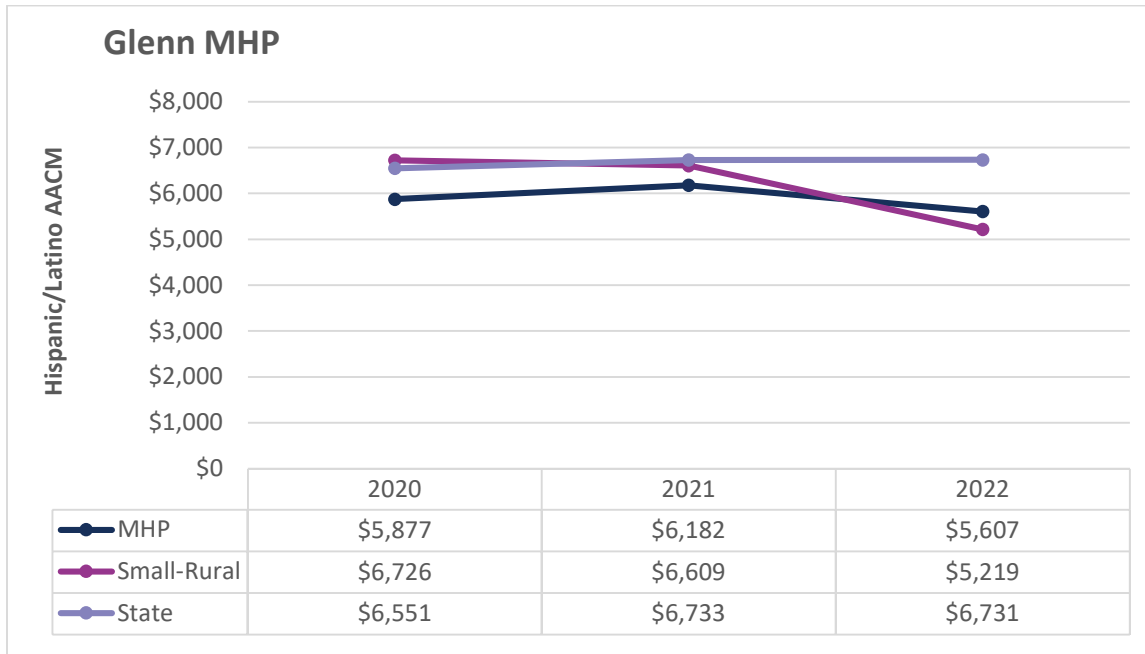
- Glenn saw a 9.30 percent decrease in Hispanic/Latino AACM in CY 2022; however, this decrease wasn't as large as the 21.03 percent decrease seen in similar sized counties. AACM for this group statewide remained relatively stable in CY 2022.

Figure 8: Asian/Pacific Islander PR, CY 2020-22

Glenn MHP

	2020	2021	2022
MHP	3.07%	4.27%	2.96%
Small-Rural	2.98%	3.31%	2.46%
State	2.13%	2.08%	1.91%

Y-axis label: Asian/Pacific Islander PR
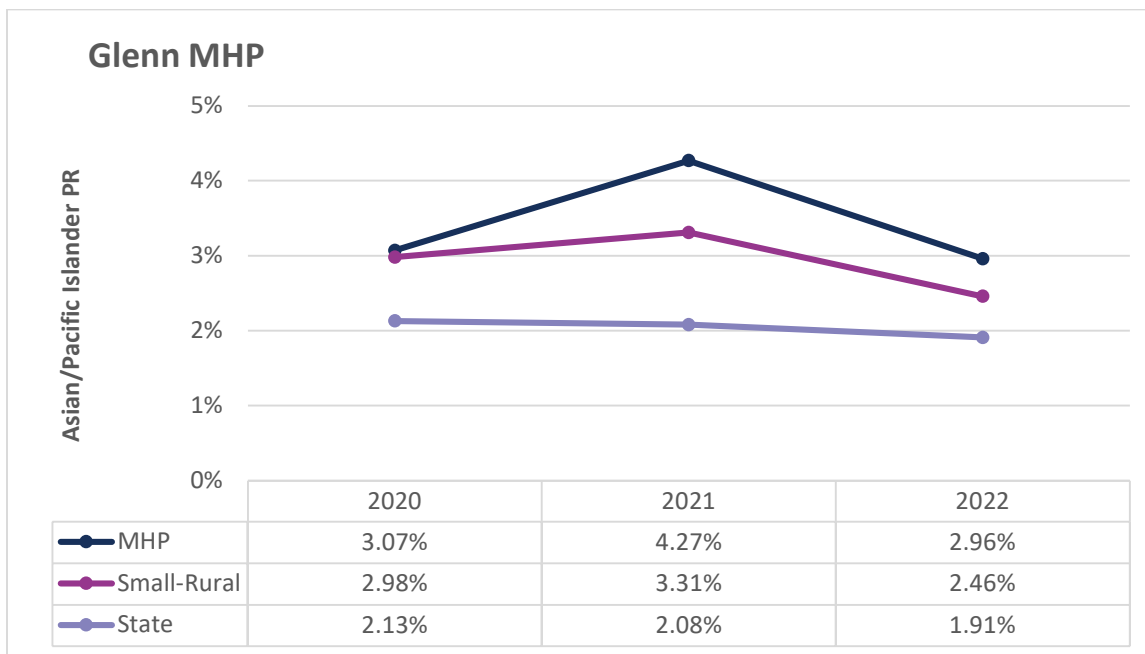
- PR for Asians/Pacific Islanders in Glenn decreased to 2.96 percent in CY 2022, however, this group has a small number of members served so small increases or decreases can have an impact on PR that appears deceptively dramatic from year to year.

Figure 9: Asian/Pacific Islander AACM, CY 2020-22

Glenn MHP

	2020	2021	2022
MHP	$5,404	$4,060	$5,108
Small-Rural	$7,084	$4,032	$5,771
State	$7,466	$7,990	$7,928
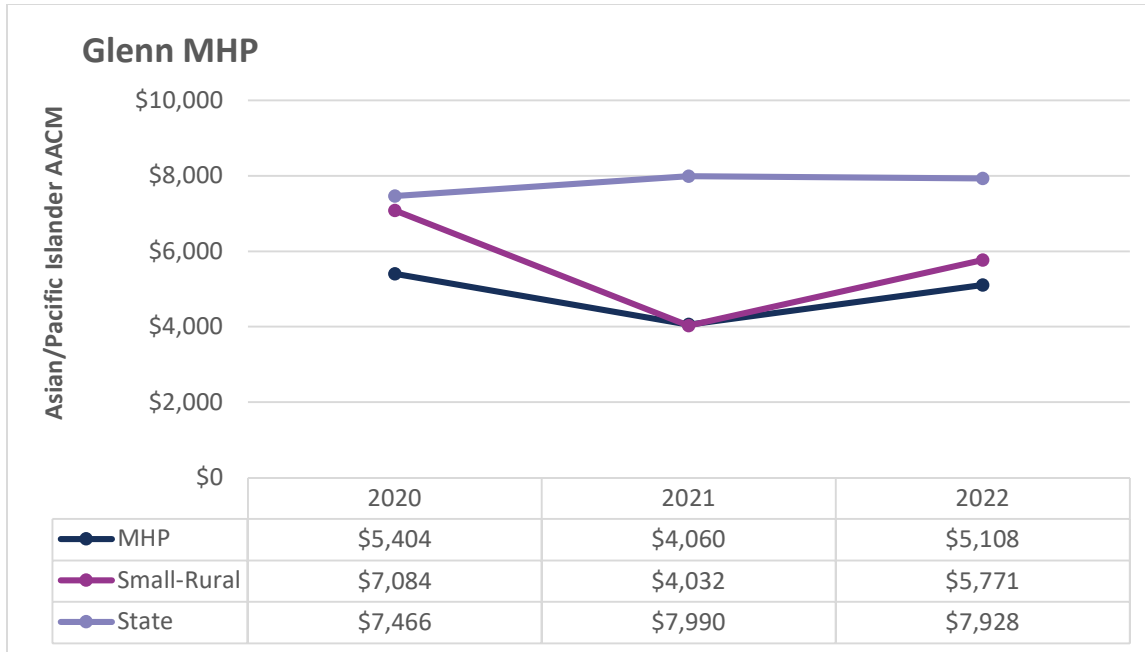
- AACM for Asians/Pacific Islanders has remained relatively stable over the past three CYs.

Figure 10: Foster Care PR, CY 2020-22

Glenn MHP

Foster Care PR	2020	2021	2022
MHP	46.84%	49.37%	42.65%
Small-Rural	44.98%	42.49%	39.76%
State	51.00%	49.15%	46.00%
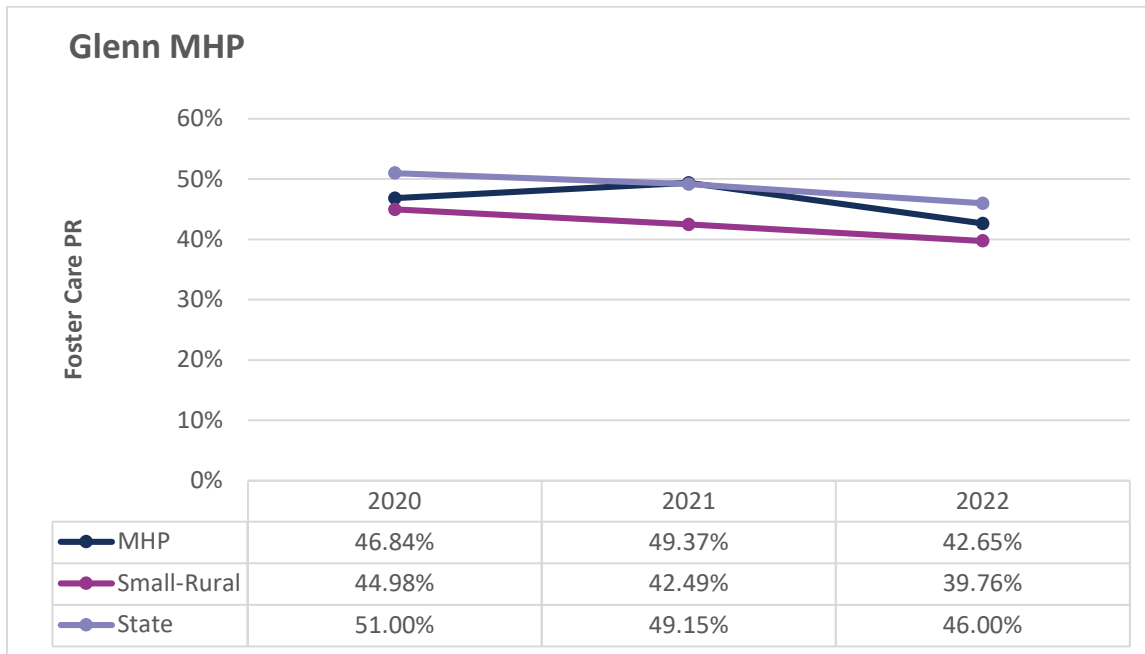
- FC PR has decreased statewide since CY 2020, and small-rural counties and the MHP have followed this trend as well. Glenn mentioned that there is a particular need for FC TAY housing in the county, and many of these youth need to be served out of county.

Figure 11: Foster Care AACM, CY 2020-22

Glenn MHP

Foster Care AACM	2020	2021	2022
MHP	$8,160	$13,191	$9,630
Small-Rural	$8,348	$9,089	$7,202
State	$10,338	$11,020	$11,542
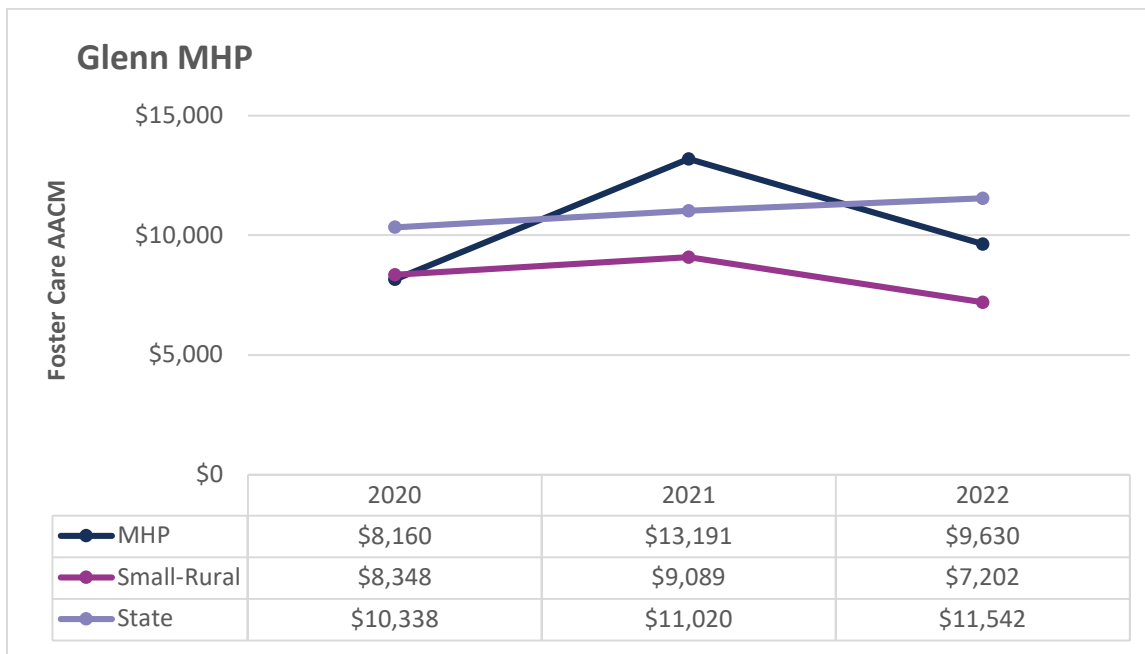
- Statewide FC AACM has increased each year for the past three years.

- AACM decreased 27 percent in CY 2022, while it decreased 21 percent in other similar sized counties.

Units of Service Delivered to Adults and Foster Youth

Table 8: Services Delivered by the Glenn MHP to Adults

Service Category	MHP N = 595				Statewide N = 381,970		
	Members Served	% of Members Served	Average Units	Median Units	% of Members Served	Average Units	Median Units
Per Day Services							
Inpatient	<11	-	10.5	10.5	10.29%	14	8
Inpatient Admin	0	0.0%	0.0	0.0	0.41%	26	10
Psychiatric Health Facility	20	3.4%	22.4	15.0	1.19%	16	8
Residential	0	0.0%	0.0	0.0	0.33%	114	84
Crisis Residential	0	0.0%	0.0	0.0	1.92%	23	15
Per Minute Services							
Crisis Stabilization	<11	-	460	120	13.36%	1,449	1,200
Crisis Intervention	102	17.1%	256	170	12.21%	236	144
Medication Support	219	36.8%	155	133	59.75%	298	190
Mental Health Services	446	75.0%	600	323	62.71%	832	329
Targeted Case Management	230	38.7%	521	200	36.95%	445	135

- Per Day services are utilized rarely in Glenn as members in need of these types of services tend to go out of the county.

- The MHP has a higher percentage of adults accessing Crisis Intervention services than statewide (17.1 percent versus 12.21 percent), likely due to a lack of inpatient hospitalization resources in the vicinity of the county.

- Medication Support for adults lags behind the statewide utilization rate (36.8 percent vs. 59.75 percent).

Table 9: Services Delivered by the Glenn MHP to Youth in Foster Care

Service Category	MHP N = 29				Statewide N = 33,234		
	Members Served	% of Members Served	Average Units	Median Units	% of Members Served	Average Units	Median Units
Per Day Services							
Inpatient	0	0.0%	0.0	0.0	4.5%	11.8	8.0
Inpatient Admin	0	0.0%	0.0	0.0	0.0%	4.7	3.0
Psychiatric Health Facility	0	0.0%	0.0	0.0	0.2%	18.6	8.0
Residential	0	0.0%	0.0	0.0	0.0%	56.0	39.0
Crisis Residential	0	0.0%	0.0	0.0	0.1%	23.7	22.0
Full Day Intensive	0	0.0%	0.0	0.0	0.2%	673.5	435.0
Full Day Rehab	0	0.0%	0.0	0.0	0.2%	110.8	84.0
Per Minute Services							
Crisis Stabilization	<11	-	1,260	1,260	3.1%	1,166	1,095
Crisis Intervention	0	0.0%	0	0	8.5%	371	182
Medication Support	<11	-	527	301	27.6%	364	257
TBS	0	0.0%	0	0	3.9%	4,077	2,457
Therapeutic FC	0	0.0%	0	0	0.1%	911	495
Intensive Home Based Services	13	44.8%	743	270	40.8%	1,458	441
Intensive Care Coordination	<11	-	546	205	19.5%	2,440	1,334
Katie-A-Like	0	0.0%	0	0	0.2%	390	158
Mental Health Services	29	100.0%	1,671	880	95.4%	1,846	1,053
Targeted Case Management	15	51.7%	501	171	35.8%	307	118

- There were no Per Day services for foster youth in CY 2022.

- All foster youth received Mental Health Services.

- Slightly above the statewide number (40.8 percent), 44.8 percent utilized Intensive Home Based Services, but fewer services were delivered in Glenn on average (743 units vs. 1,458 statewide).

- Few foster youth received other service types.

IMPACT OF ACCESS FINDINGS

- Overall PR in Glenn has increased each year since CY 2020 and was higher than the state and similar sized counties in CY 2022.

- PR for Hispanic/Latino members has followed the increasing overall PR trend in the MHP and was at a strong 5.51 percent in CY 2022. The MHP prioritizes outreach to this community and has numerous committees in which these strategies are planned and implemented.

- The MHP utilizes inpatient and residential services at a lower rate than seen across the state.

- Medication Support is utilized much less than statewide, as only 36.8 percent of members (155 average units) utilized this modality in Glenn compared to 59.75 percent statewide (298 average units).

TIMELINESS OF CARE

The amount of time it takes for members to begin treatment services is an important component of engagement, retention, and ability to achieve desired outcomes. Studies have shown that the longer it takes to engage into treatment services, the more likelihood individuals will not keep the appointment. Timeliness tracking is critical at various points in the system including requests for initial, routine, and urgent services. To be successful with providing timely access to treatment services, the county must have the infrastructure to track timeliness and a process to review the metrics on a regular basis. Counties then need to make adjustments to their service delivery system in order to ensure that timely standards are being met. DHCS monitors MHPs' compliance with required timeliness metrics identified in BHIN 22-033. Additionally, CalEQRO uses the following tracking and trending indicators to evaluate and validate MHP timeliness, including the Key Components and PMs addressed below.

TIMELINESS KEY COMPONENTS

CalEQRO identifies the following components as necessary elements to monitor the provision of timely services to members. The ability to track and trend these metrics helps the MHP identify data collection and reporting processes that require improvement activities to facilitate improved member outcomes. The evaluation of this methodology is reflected in the Timeliness Key Components ratings, and the performance for each measure is addressed in the PMs section.

Each Timeliness Component is comprised of individual subcomponents, which are collectively evaluated to determine an overall Key Component rating of Met, Partially Met, or Not Met; Not Met ratings are further elaborated to promote opportunities for QI.

Table 10: Timeliness Key Components

KC #	Key Components – Timeliness	Rating
2A	First Non-Urgent Request to First Offered Appointment	Met
2B	First Non-Urgent Request to First Offered Psychiatric Appointment	Met
2C	Urgent Appointments	Met
2D	Follow-Up Appointments after Psychiatric Hospitalization	Met
2E	Psychiatric Readmission Rates	Met
2F	No-Shows/Cancellations	Partially Met

Strengths and opportunities associated with the timeliness components identified above include:

- Glenn reported strong results in the Assessment of Timely Access (ATA) for Follow-Up Appointments after Psychiatric Hospitalization – 30 Days (98.2 percent).

- The MHP has multiple committees (e.g., QIC and System Improvement Committee) where attendees review data during the meetings to assess performance and develop actions and recommendations.

- Glenn indicated that a timely appointment offered is not always accepted by the members; therefore, the MHP is evaluating whether there are more desirable days and times that most members prefer to attend appointments.

- The MHP reported an all-services no-show rate of 19.2 percent and reported that it is consistently higher than the standard of 10 percent. This may warrant additional MHP analysis and quality improvement activities.

TIMELINESS PERFORMANCE MEASURES

In preparation for the EQR, MHPs complete and submit the ATA form in which they identify MHP performance across several key timeliness metrics for a specified time period. Counties are also expected to submit the source data used to prepare these calculations. This is particularly relevant to data validation for the additional statewide focused study on timeliness that BHC is conducting.

For the FY 2023-24 EQR, the MHP reported in its submission of the ATA, representing access to care during the 12-month period of March 2022 – February 2023. Table 11 and Figures 12-14 below display data submitted by the MHP; an analysis follows. This data represents county-operated services.

Claims data for timely access to post-hospital care and readmissions are discussed in the Quality of Care section.

Table 11: FY 2023-24 Glenn MHP Assessment of Timely Access

Timeliness Measure	Average	Standard	% That Met Standard
First Non-Urgent Appointment Offered	6.3 Business Days	10 Business Days*	85.36%
First Non-Urgent Service Rendered	7.5 Business Days	10 Business Days**	75.36%
First Non-Urgent Psychiatry Appointment Offered	13.9 Business Days	15 Business Days*	62.20%
First Non-Urgent Psychiatry Service Rendered	18.5 Business Days	15 Business Days**	61.79%
Urgent Services Offered (including all outpatient services) – Prior Authorization NOT Required	0.06 Hours	48 Hours*	100%
Urgent Services Offered (including all outpatient services) – Prior Authorization Required	***	96 Hours*	***
Follow-Up Appointments after Psychiatric Hospitalization – 7 Days	2.9 Days	7 Calendar Days**	87.3%
Follow-Up Appointments after Psychiatric Hospitalization – 30 Days	2.9 Days	30 Calendar Days	98.2%
No-Show Rate – Psychiatry	19.2%	10%**	n/a
No-Show Rate – Clinicians	12.6%	10%**	n/a
* DHCS-defined timeliness standards as per BHIN 21-023 and 22-033 ** MHP-defined timeliness standards *** The MHP does not separately report urgent timeliness for services requiring prior authorization			
For the FY 2023-24 EQR, the MHP reported its performance for the following time period: March 2022 – February 2023			

Figure 12: Wait Times to First Service and First Psychiatry Service

Glenn MHP

(Business Days — categories: First Offered Service, First Delivered Service, First Offered Psychiatry, First Delivered Psychiatry; legend: All, Adult, Child, FC)
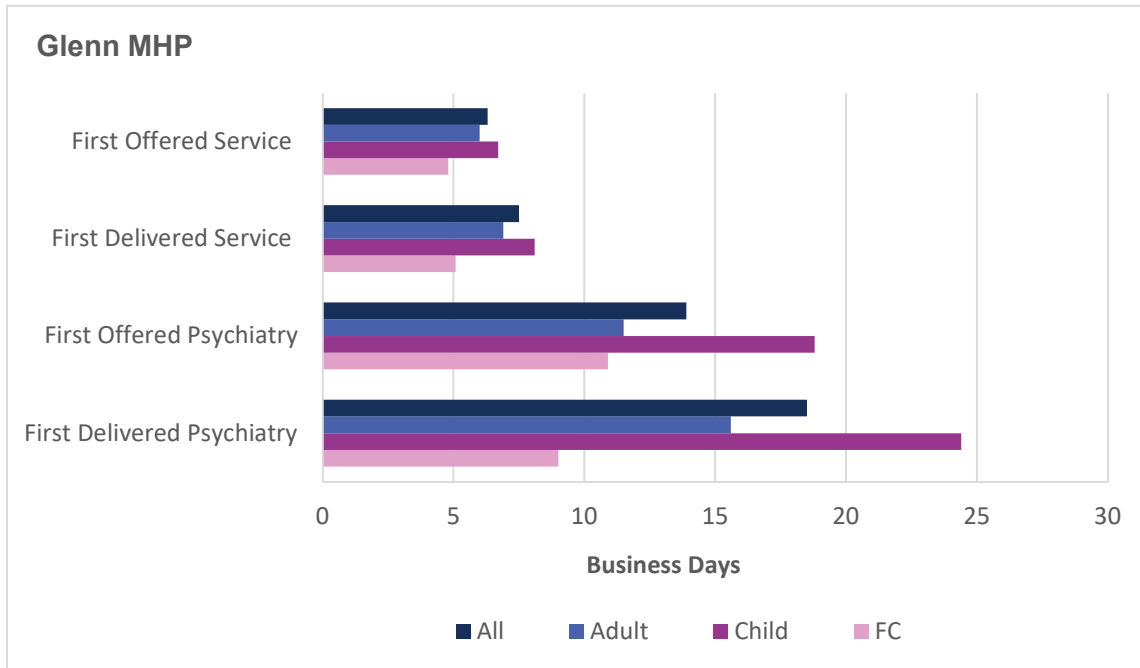
Figure 13: Wait Times for Urgent Services

Glenn MHP

(Hours — categories: All, Adult, Child, FC)
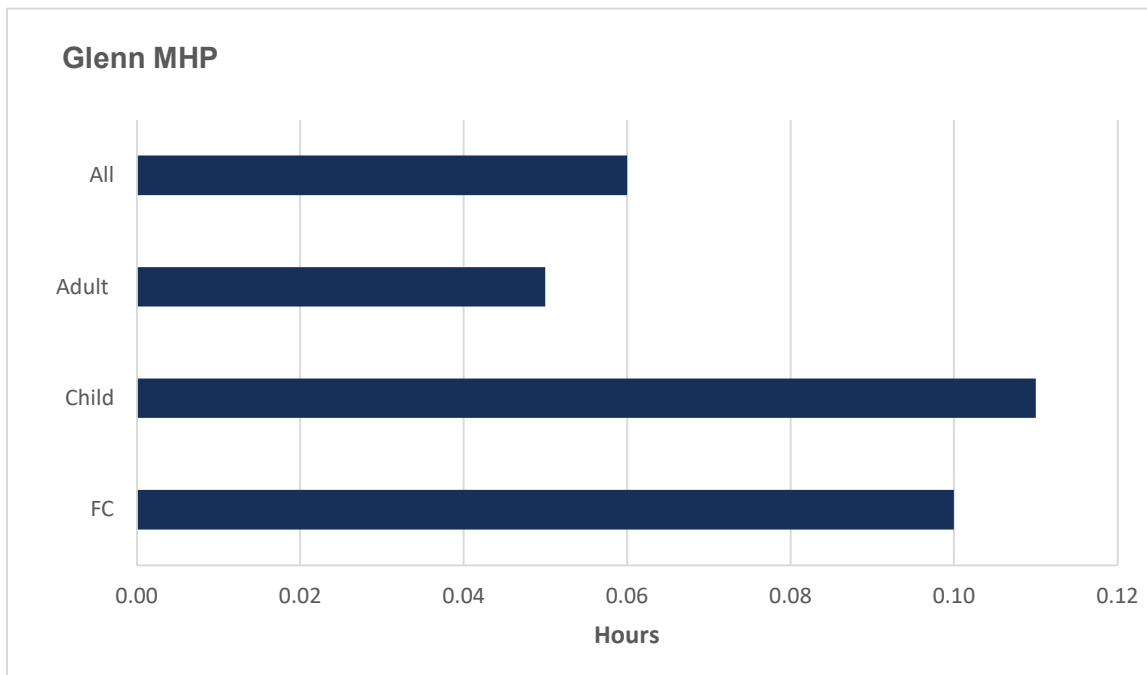
Figure 14: Percent of Services that Met Timeliness Standards

Glenn MHP

- First Offered Service
- First Delivered Service
- First Offered Psychiatry
- First Delivered Psychiatry
- Offered Urgent - No Pre-Auth

Legend: All, Adult, Child, FC
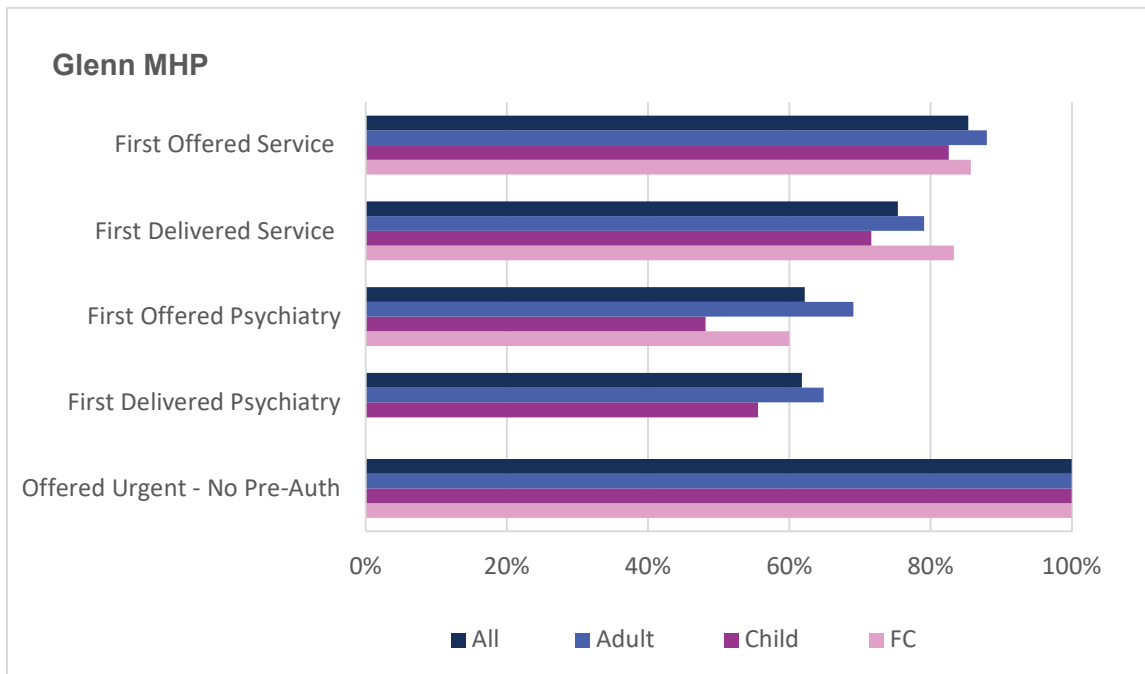
- Because MHPs may provide planned mental health services prior to the completion of an assessment and diagnosis, the initial service type may vary. According to the MHP, the data for initial service access for a routine service in Figures 12 and 14, represent scheduled assessments.

- The MHP defined "urgent services" for purposes of the ATA as crisis calls, which the MHP reports are answered immediately. There were reportedly 1,315 urgent service requests with a reported actual wait time to phone intervention for the overall population of 0.06 hours. The MHP does not track urgent services that require pre-authorization separately. The MHP does not track wait time for delivery of non-crisis but urgent services past the phone response.

- A 15-business day standard is expected for initial access to psychiatry, though the MHP may define when and how this is measured, and often MHP processes, definitions, and tracking may differ for adults and children. The MHP defines timeliness to first delivered/rendered psychiatry services as the time from the member's initial service request to the first attended appointment.

- No-show tracking varies across MHPs and is often an incomplete dataset due to limitations in data collection across the system. For the MHP, no-shows are tracked. The MHP reports a no-show rate of 19.2 percent for psychiatrists and 12.6 percent for clinicians.

IMPACT OF TIMELINESS FINDINGS

- The MHP can offer appointments to members well within the 10-business day requirement on average. This indicates a solid capacity to meet client requests for services in a timely manner.

- While the MHP tracks its responsiveness to urgent phone calls, there is no tracking for urgent service delivery after the phone intervention.

- The MHP can offer first non-urgent psychiatry appointments within the 15 business-day standard for adults, but children's services exceed the standard. However, the MHP recently onboarded another children's psychiatrist which may help to reduce the wait-time below the 15-day standard.

QUALITY OF CARE

CMS defines quality as the degree to which the PIHP increases the likelihood of desired outcomes of the members through its structure and operational characteristics, the provision of services that are consistent with current professional, evidenced-based knowledge, and the intervention for performance improvement.

In addition, the contract between the MHPs and DHCS requires the MHPs to implement an ongoing comprehensive QAPI Program for the services furnished to members. The contract further requires that the MHP's quality program "clearly define the structure of elements, assigns responsibility and adopts or establishes quantitative measures to assess performance and to identify and prioritize area(s) for improvement".

QUALITY IN THE MHP

In the MHP, the responsibility for QI is an HHSA responsibility conducted by the Compliance and Quality Improvement Manager with the support of a compliance QI coordinator, staff service specialists, and administrative services analysts.

The MHP monitors its quality processes through the QIC, QAPI workplan, and evaluation of the QAPI workplan. The QIC scheduled to meet quarterly includes leadership and provides a forum for providers, staff, consultants, members, family members, volunteers, Mental Health Advisory Board members, and community members to actively participate in the planning and design of the QAPI program. The MHP also convenes a System Improvement Committee (SIC) to review and analyze QI and cultural competency data and information in areas identified as needing improvement. Glenn provided minutes for three QIC meetings and one SIC meeting that occurred since the previous EQR. At the time of the EQR, it appeared that the MHP had not yet completed evaluation of the QAPI workplan goals for FY 22-23.

The MHP indicated use of the following tools for LOC: Adult Screening Tool for Medi-Cal Mental Health Services, CalAIM Assessment, Transition of Care Tool for Medi-Cal Mental Health Services, and Youth Screening Tool for Medi-Cal Mental Health Services. The MHP does not utilize a standardized LOC tool but indicated use of the CalAIM 7 Domain Behavioral Health Assessment to guide its clinical assessment process.

The MHP indicated use of the following tools for outcomes: Adult Needs and Strengths Assessment (ANSA), Child and Adolescent Needs Assessment (CANS), Performance Outcome Measures (POMS), and Pediatric Symptom Checklist-35 (PSC-35).

The MHP partners with a consultant to review data and trends related to quality of care. Glenn is not yet able to fully utilize SmartCare for reporting; however, anticipates the ability to pull large amounts of data once the system is fully operational.

QUALITY KEY COMPONENTS

CalEQRO identifies the following components of SMHS healthcare quality that are essential to achieve the underlying purpose for the service delivery system – to improve outcomes for members. These key components include an organizational culture that prioritizes quality, promotes the use of data to inform decisions, focused leadership, active stakeholder participation, and a comprehensive service delivery system.

Each Quality Component is comprised of individual subcomponents which are collectively evaluated to determine an overall Key Component rating of Met, Partially Met, or Not Met; Not Met ratings are further elaborated to promote opportunities for QI.

Table 12: Quality Key Components

KC #	Key Components – Quality	Rating
3A	Quality Assessment and Performance Improvement are Organizational Priorities	Met
3B	Data is Used to Inform Management and Guide Decisions	Met
3C	Communication from MHP Administration, and Stakeholder Input and Involvement in System Planning and Implementation	Partially Met
3D	Evidence of a Systematic Clinical Continuum of Care	Partially Met
3E	Medication Monitoring	Met
3F	Psychotropic Medication Monitoring for Youth	Not Met
3G	Measures Clinical and/or Functional Outcomes of Members Served	Partially Met
3H	Utilizes Information from Member Satisfaction Surveys	Not Met
3I	Member-Run and/or Member-Driven Programs Exist to Enhance Wellness and Recovery	Partially Met
3J	Member and Member Employment in Key Roles throughout the System	Met

Strengths and opportunities associated with the quality components identified above include:

- Glenn reported sharing data routinely at its committee meetings and provided an established process for medication monitoring and the results. The MHP is not yet tracking aggregate outcomes for youth and adults; however, hopes to be able to soon with reports in SmartCare.

- Although Glenn administers the Consumer Perception Survey (CPS), it is not evident that the MHP shares the findings with stakeholders or uses the results to improve access, timeliness, or quality.

- There appears to be opportunities for improvement by soliciting feedback from family members or significant support persons and establishing a formal process for informing members about peer-run programs.

- The MHP does not track and trend the HEDIS measures as required by WIC Section 14717.5.

QUALITY PERFORMANCE MEASURES

In addition to the Key Components identified above, the following PMs further reflect the Quality of Care in the MHP; note timely access to post-hospital care and readmissions are discussed earlier in this report in the Key Components for Timeliness. The PMs below display the information as represented in the approved claims:

- Retention in Services

- Diagnosis of Members Served

- Psychiatric Inpatient Services

- Follow-Up Post Hospital Discharge and Readmission Rates

- HCMs

Retention in Services

Retention in services is an important measure of member engagement in order to receive appropriate care and intended outcomes. One would expect most members served by the MHP to require 5 or more services during a 12-month period. However, this table does not account for the length of stay (LOS), as individuals enter and exit care throughout the 12-month period. Additionally, it does not distinguish between types of services.

Figure 15: Retention of Members Served, CY 2022

Glenn MHP

	State	MHP
■ 1 service	11.21%	10.78%
■ 2 service	6.71%	11.06%
■ 3 service	5.25%	6.47%
■ 4 service	4.85%	5.44%
■ 5-15 Services	31.02%	33.55%
■ >15 Services	40.96%	32.71%
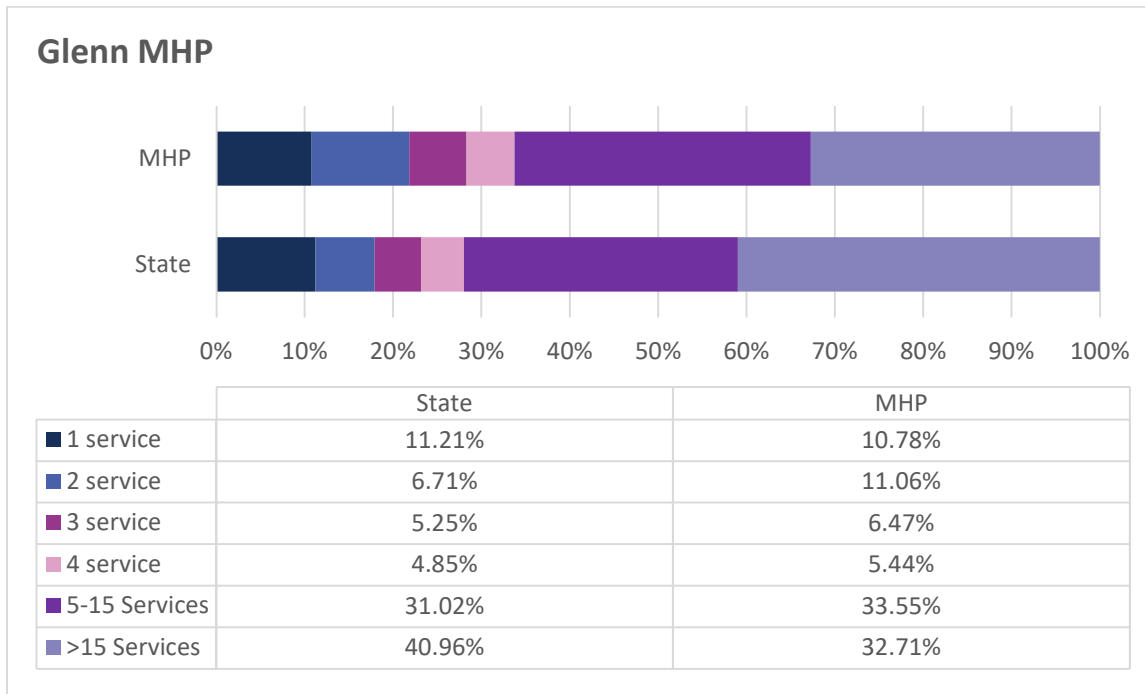
- Retention is higher in Glenn than statewide for two to four services, while the state as a whole has higher rates for five or more services (71.98 percent versus 66.26 percent).

Diagnosis of Members Served

Developing a diagnosis, in combination with level of functioning and other factors associated with medical necessity, is a foundational aspect of delivering appropriate treatment. The figures below represent the primary diagnosis as submitted with the MHP's claims for treatment. Figure 16 shows the percentage of MHP members in a diagnostic category compared to statewide. This is not an unduplicated count as a member may have claims submitted with different diagnoses crossing categories. Figure 17 shows the percentage of approved claims by diagnostic category compared to statewide; an analysis of both figures follows.

Figure 16: Diagnostic Categories by Percentage of Members Served, CY 2022

Glenn MHP

	Trauma / Stressor	Psychosis	Other	Neuro Development	Impulse / Conduct	Depression	Not Diagnosed	Bipolar	Anxiety
■ MHP %	22%	7%	10%	5%	2%	30%	4%	6%	16%
■ State %	15%	16%	10%	5%	3%	28%	6%	7%	10%

Percent Members by Diagnostic Category
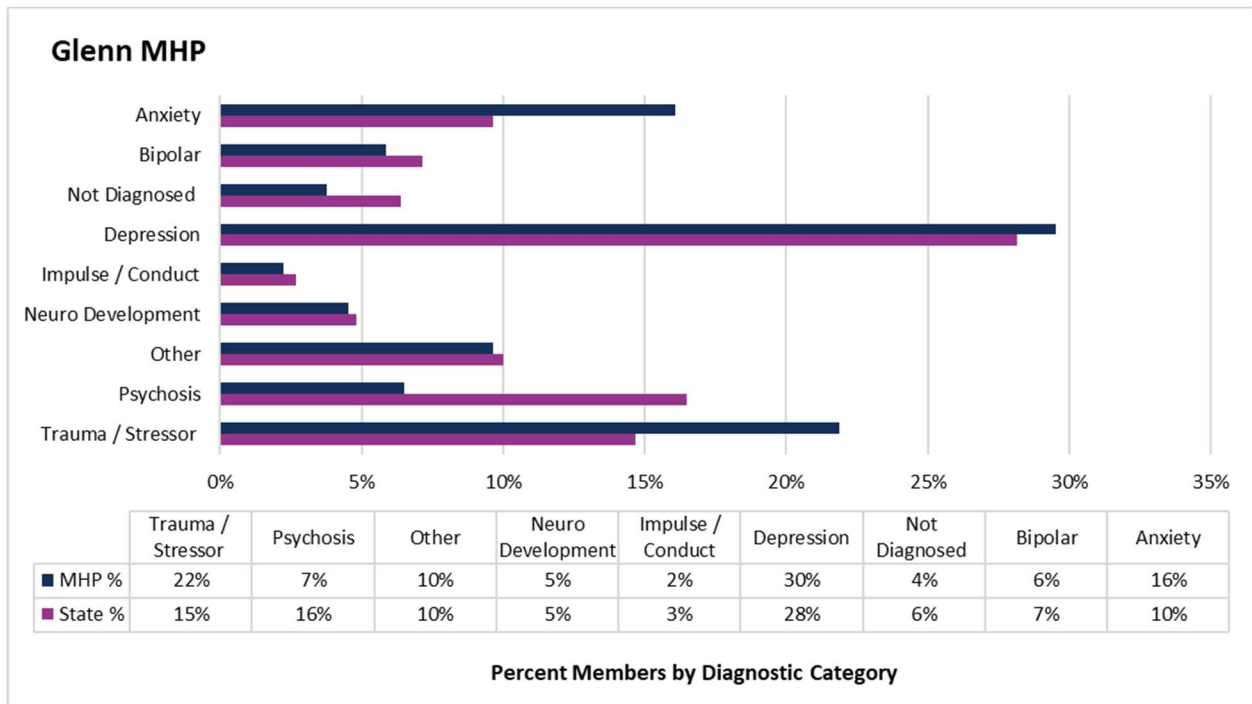
- The top three diagnostic categories in Glenn are Depression, Trauma/Stressor, and Anxiety. Trauma/Stressor diagnoses are seen at a rate that is 7 percentage points higher than the state, while Anxiety is similarly more prevalent (i.e., 6 percentage points higher) than statewide. The largest gap between the MHP and statewide diagnostic rates is for the Psychosis diagnostic category, as the MHP had 9 percentage points fewer members with this diagnosis than seen statewide.

Figure 17: Diagnostic Categories by Percentage of Approved Claims, CY 2022

Glenn MHP

	Trauma / Stressor	Psychosis	Other	Neuro Development	Impulse / Conduct	Depression	Not Diagnosed	Bipolar	Anxiety
■ MHP %	23%	10%	7%	5%	2%	31%	1%	8%	13%
■ State %	15%	24%	11%	5%	3%	25%	2%	7%	7%

Percent Claims by Diagnostic Category
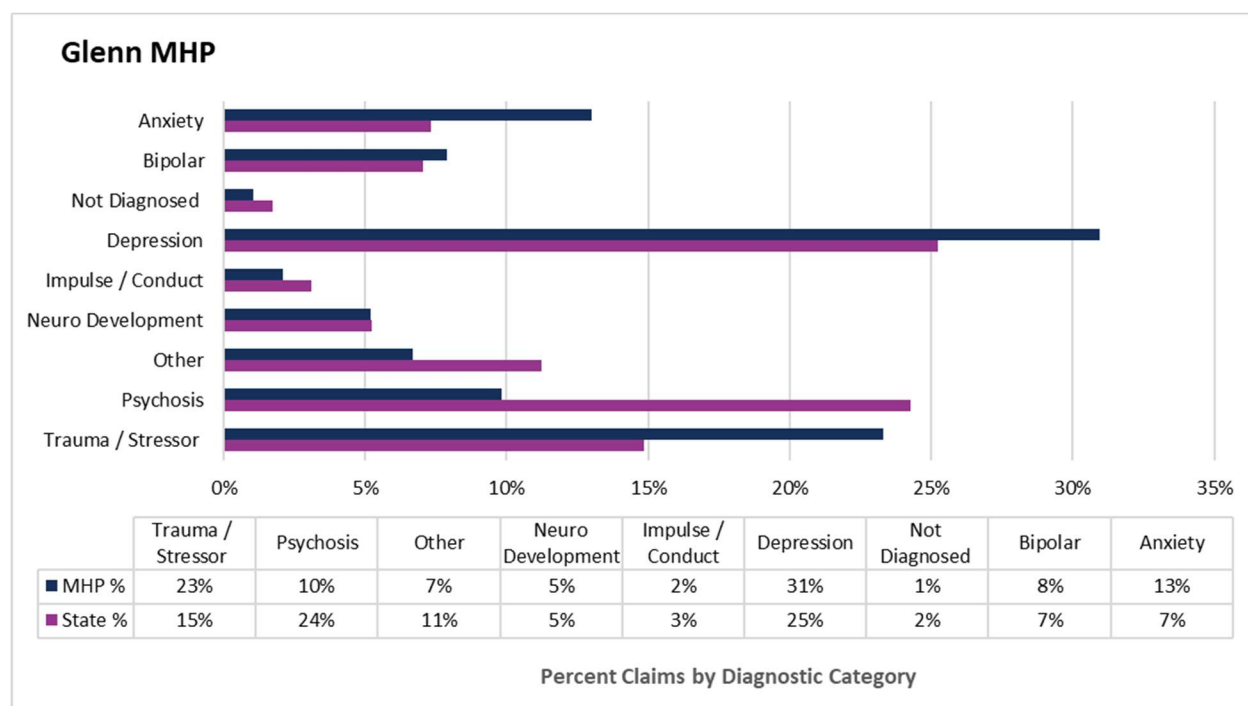
- Following the trend of Figure 16 above, Depression, Trauma/Stressor, and Anxiety are the top three diagnostic categories by percentage of approved claims, and the sum of these categories account for 67 percent of total claims.

Psychiatric Inpatient Services

Table 13 provides a three-year summary (CY 2020-22) of MHP psychiatric inpatient utilization including member count, admission count, approved claims, and average length of stay (ALOS).

Table 13: Glenn MHP Psychiatric Inpatient Utilization, CY 2020-22

Year	Unique Inpatient Medi-Cal Members	Total Medi-Cal Inpatient Admissions	MHP ALOS in Days	Statewide ALOS in Days	Inpatient MHP AACM	Inpatient Statewide AACM	Inpatient Total Approved Claims
CY 2022	36	48	13.63	8.45	$17,634	$12,763	$634,813
CY 2021	33	44	12.82	8.86	$15,340	$12,696	$506,207
CY 2020	37	42	11.26	8.68	$11,072	$11,814	$409,681

- Glenn's inpatient utilization has shown a stable number of members hospitalized, with slight increases in the number of total admissions each year.

- The ALOS has also increased each of the past three years and was more than five days longer than statewide in CY 2022. Consistent with this, the MHP has

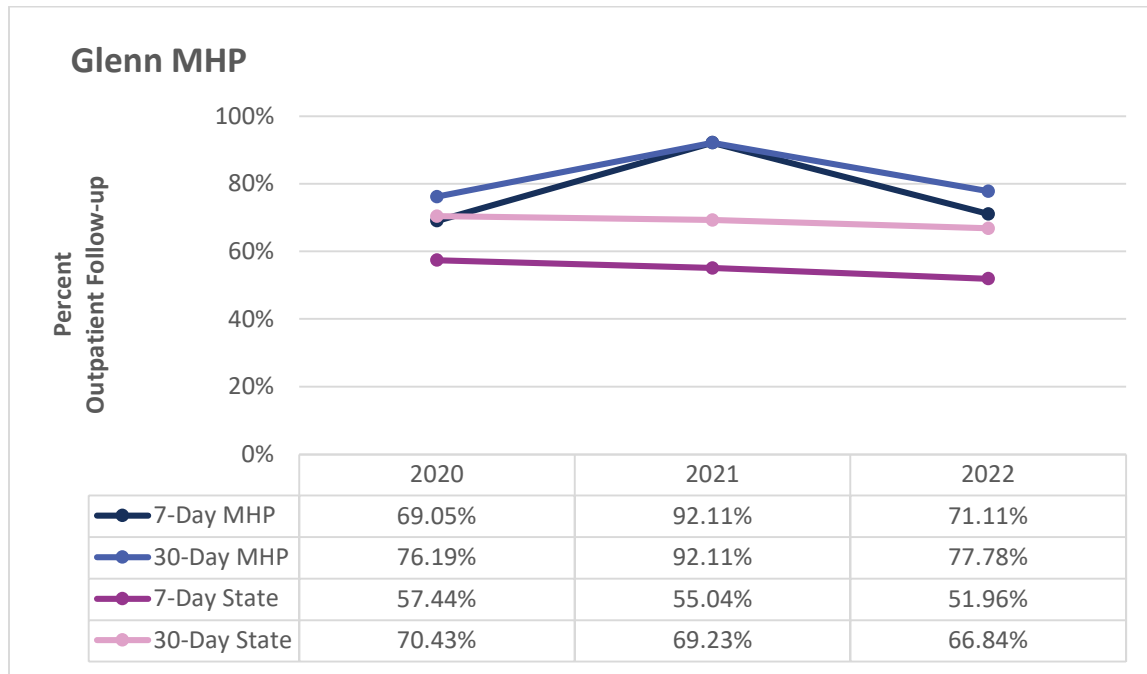seen an increase in inpatient AACM each year since CY 2020 and was nearly $5,000 more than the state in CY 2022.

- Total approved claims for inpatient services have increased 55 percent since CY 2020.

Follow-Up Post Hospital Discharge and Readmission Rates

The following data represents MHP performance related to psychiatric inpatient readmissions and follow-up post hospital discharge, as reflected in the CY 2022 SDMC and IPC data. The days following discharge from a psychiatric hospitalization can be a particularly vulnerable time for individuals and families; timely follow-up care provided by trained MH professionals is critically important.
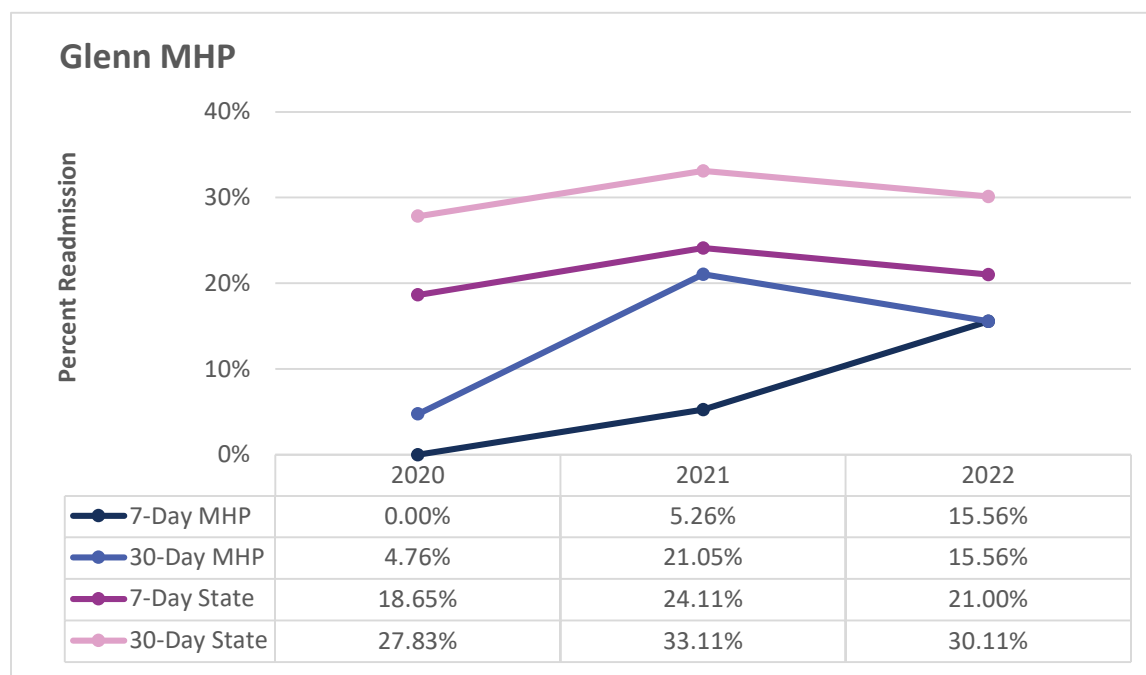
The 7-day and 30-day outpatient follow-up rates after a psychiatric inpatient discharge (HEDIS measure) are indicative both of timeliness to care as well as quality of care. The success of follow-up after hospital discharge tends to impact the member outcomes and are reflected in the rate to which individuals are readmitted to psychiatric facilities within 30 days of an inpatient discharge. Figures 18 and 19 display the data, followed by an analysis.

Figure 18: 7-Day and 30-Day Post Psychiatric Inpatient Follow-up, CY 2020-22

Glenn MHP

	2020	2021	2022
7-Day MHP	69.05%	92.11%	71.11%
30-Day MHP	76.19%	92.11%	77.78%
7-Day State	57.44%	55.04%	51.96%
30-Day State	70.43%	69.23%	66.84%

- In CY 2021, Glenn saw a sharp increase in both 7-day and 30-day inpatient follow-up services, with an equally sharp decrease in CY 2022. Although the 2022 follow-up rates are still above statewide percentages, the MHP may need to strategize the monitoring of follow-up rates more closely to avoid such major swings.

Figure 19: 7-Day and 30-Day Psychiatric Readmission Rates, CY 2020-22

Glenn MHP

	2020	2021	2022
7-Day MHP	0.00%	5.26%	15.56%
30-Day MHP	4.76%	21.05%	15.56%
7-Day State	18.65%	24.11%	21.00%
30-Day State	27.83%	33.11%	30.11%

- Glenn's 7-day psychiatric readmission rates increased more than 10 percentage points in CY 2022, but 30-day rates decreased more than 5 percentage points. Similar to Figure 18 above, while readmission rates are below statewide percentages, it may benefit the MHP to analyze these drastic increases and decreases to identify areas that may provide more stability in this metric.

- Glenn reported that it reviewed inpatient readmission results at quarterly QIC meetings to address a recommendation from last year's EQR and the data suggested additional intervention was not needed. However, recent data suggests the MHP should re-examine the 7-day readmission results to determine whether an intervention may be warranted at this time.

- The MHP is conducting the BHQIP to further improve FUM within 7- and 30-days which may also decrease readmission rates due to timely follow-up, and provision of treatment. Glenn reported interventions for FUM that include direct care coordination with local hospital staff, and efforts to improve data sharing and interoperability of service systems with MCPs.

High-Cost Members

Tracking the HCMs provides another indicator of quality of care. High cost of care represents a small population's use of higher cost and/or higher frequency of services. For some members, this level and pattern of care may be clinically warranted, particularly when the quantity of services are planned services. However high costs driven by crisis services and acute care may indicate system or treatment failures to provide the most appropriate care when needed. Further, HCMs may disproportionately

occupy treatment slots that may prevent access to levels of care by other members. HCM percentage of total claims, when compared with the HCM count percentage, provides a subset of the member population that warrants close utilization review, both for appropriateness of level of care and expected outcomes.

Table 14 provides a three-year summary (CY 2020-22) of HCM trends for the MHP and the statewide numbers for CY 2022. HCMs in this table are identified as those with approved claims of more than $30,000 in a year. Outliers drive the average claims across the state. While the overall AACM is $7,442, the median amount is just $3,200.

Tables 14-15 and Figure 20 show how resources are spent by the MHP among individuals in high-, middle-, and low-cost categories. Statewide, nearly 92 percent of the statewide members are "low-cost" (less than $20,000 annually) and receive 54 percent of the Medi-Cal resources, with an AACM of $4,364 and edian of $2,761 for members in that cost category.

Table 14: Glenn MHP High-Cost Members (Greater than $30,000), CY 2020-22

| Entity	Year	HCM Count	HCM % of Members Served	HCM % of Claims	HCM Approved Claims	Average Approved Claims per HCM	Median Approved Claims per HCM
Statewide	CY 2022	27,277	4.54%	33.86%	$1,514,353,866	$55,518	$44,346
MHP	CY 2022	35	3.28%	25.42%	$1,757,392	$50,211	$44,533
	CY 2021	27	2.95%	22.06%	$1,391,960	$51,554	$39,187
	CY 2020	17	2.07%	15.63%	$810,959	$47,703	$47,300

- The number of HCMs served has increased by 105.88 percent since CY 2020, and approved claims for this group have increased by 116.71 percent.

- Even with the large increase of HCMs, the percentage of members served remained more than 1 percentage point lower than the statewide rate, and HCM percent of claims was more than 8 percentage points lower than the state. However, it may benefit the MHP to monitor the rise in HCMs as these numbers continue to come closer to statewide rates and will eventually surpass the state if this trend continues over the next few years.

Table 15: Glenn MHP Medium- and Low-Cost Members, CY 2022

Claims Range	# of Members Served	% of Members Served	Category Total Approved Claims	Category Total Approved Claims	Average Approved Claims per Member	Median Approved Claims per Member
Medium-Cost ($20K to $30K)	35	3.28%	12.44%	$860,268	$24,579	$24,493
Low-Cost (Less than $20K)	997	93.44%	62.14%	$4,295,570	$4,308	$2,673

- The vast majority of members served in Glenn are low-cost members (93.44 percent), and that group accounts for 62.14 percent of total approved claims.

Figure 20: Members and Approved Claims by Claim Category CY 2022
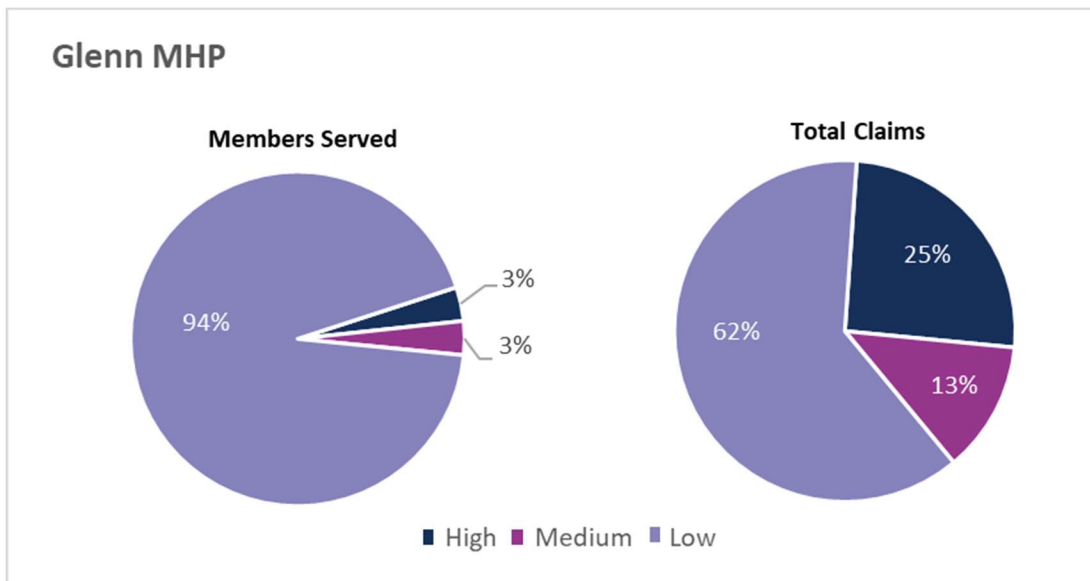
IMPACT OF QUALITY FINDINGS

- Total inpatient admissions have increased 42 percent since CY 2020, while total approved claims for inpatient have increased 54.95 percent during the same timeframe.

- Trauma/Stressor and Depression are seen at higher rates than across the state. Glenn leadership believes this can be attributed to the major influence agriculture has in the area. With severe droughts and dwindling commodity prices, both landowners and agricultural workers have felt the effects of these difficult environmental and economic factors.

- Both psychiatric follow-up and readmission rates have seen significant fluctuation over the past three CYs. Although rates for these metrics are in line with or better

than statewide rates, it would likely benefit the MHP to analyze these trends to create more stability for members who are utilizing inpatient services.

- HCMs in Glenn are served at a rate lower than the state, but approved claims and the number of members served in this group have more than doubled since CY 2020. An analysis of the increasing trend of HCMs may benefit the MHP as the percentage of HCMs served by Glenn continues to climb toward statewide rates.

PERFORMANCE IMPROVEMENT PROJECT VALIDATION

All MHPs are required to have had two PIPs in the 12 months preceding the EQR, one clinical and one non-clinical, as a part of the plan's QAPI program, per 42 CFR §§ 438.330[2] and 457.1240(b)[3]. PIPs are designed to achieve significant improvement, sustained over time, in health outcomes and member satisfaction. They should have a direct member impact and may be designed to create change at a member, provider, and/or MHP system level.

CalEQRO evaluates each submitted PIP and provides TA throughout the year as requested by individual MHPs, hosts quarterly webinars, and maintains a PIP library at www.caleqro.com.

Validation tools for each PIP are located in Attachment C of this report. Validation rating refers to the EQRO's overall confidence that the MHP (1) adhered to acceptable methodology for all phases of design and data collection, (2) conducted accurate data analysis and interpretation of PIP results, and (3) produced significant evidence of improvement.

CLINICAL PIP

General Information

Clinical PIP Submitted for Validation: P.A.W.S: Pets Advocacy Wellness and Support Group

Date Started: 04/2023

Aim Statement: PAWS group will engage more Full Service Partnership (FSP) youth in group rehabilitation increasing from 6 percent participation in FY 2021-22 to 15 percent in FY 2022-23. Further, PAWS will measure treatment outcomes of the intervention group using the Patient-Reported Outcome Measurement Information System (PROMIS) Pediatric Meaning and Purpose scale as a means of analyzing treatment efficacy.

Target Population: FSP youth ages 11 to 17 years of age.

Status of PIP: The MHP's clinical PIP is in the first remeasurement phase.

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[2] https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol4/pdf/CFR-2019-title42-vol4-sec438-330.pdf

[3] https://www.govinfo.gov/content/pkg/CFR-2020-title42-vol4/pdf/CFR-2020-title42-vol4-sec457-1260.pdf

Summary

The MHP identified that only 6 percent of FSP youth ages 11-17 years participated in one or more treatment groups within the fiscal year. Youth surveys indicated that having an animal involved would make them more interested in attending a group. Glenn chose to work with Pet Partners to increase FSP youth engagement in treatment groups. The MHP intended to measure treatment outcomes of the intervention group using the PROMIS Pediatric Meaning and Purpose scale.

Although the PIP appears to have a robust intervention, there were only two FSP youth members for each measurement period that attended the group. The MHP was unable to determine if it was the same two members for baseline and remeasurement. Additionally, the MHP reported that attendees may not complete the survey and it was unable to match the completed PROMIS survey pre and post results. The MHP offers other pet therapy groups and is examining whether the Monday or Wednesday group is better attended.

TA and Recommendations

As submitted, this clinical PIP was found to have low confidence, because there were only two members in each measurement and the MHP was unable to determine if they were the same two members. Additionally, the MHP was unable to match the pre and post survey results because the surveys were not uniquely identifiable.

CalEQRO provided TA on this PIP during the review. The MHP did not request PIP TA prior to or immediately after the annual EQR.

CalEQRO recommendations for improvement of this clinical PIP:

- Add goal for PROMIS Pediatric Meaning and Purpose survey results in the aim statement.

- Examine whether the flyer is reaching all intended recipients and if members are still interested and/or able to attend the groups. This is an important process piece associated with the intended intervention.

- Determine if there is a more effective way to gather and link the PROMIS survey results and ensure maximum participation in the group and survey.

- Consider examining another approach for rehabilitation based on small numbers attending groups and what other services FSP youth are receiving. Perhaps the group intervention is not desired by the population.

NON-CLINICAL PIP

General Information

Non-Clinical PIP Submitted for Validation: Follow-Up After ED Visit for Mental Illness

Date Started: 09/2022

Aim Statement: For Medi-Cal members with ED visits for MH conditions, implemented interventions will increase the percentage of follow-up mental health services with the MHP within 7- and 30-days by 5 percent by June 30, 2023.

Target Population: All members who visit the ED for MH symptoms.

Status of PIP: The MHP's non-clinical PIP is in the baseline year.

Summary

The MHP's FUM BHQIP PIP is in progress and provides baseline data. The MHP has not yet reported percentages for follow-up within 7- and 30-days because it partners with CalMHSA and was awaiting the results at the time of the submission.

The MHP reported that it is working with MCPs to operationalize data sharing and identified challenges with the MCP data exchange. The MHP is also conducting real time referral coordination with Glenn Medical Center, which began in October 2022. The MHP has not revised the aim end date of June 30, 2023, because there is a lag in receiving the data and Glenn has yet to determine whether the goal was achieved by that date.

TA and Recommendations

As submitted, this non-clinical PIP was found to have moderate confidence. Glenn appears to be following the methodology outlined for the FUM BHQIP. Although the MHP has not provided baseline data for the follow-up measures, it is awaiting the results from CalMHSA.

CalEQRO provided TA on this PIP during the review. The MHP did not request PIP TA prior to or immediately after the annual EQR.

CalEQRO recommendations for improvement of this non-clinical PIP:

- Provide timeline for ongoing data collection, and data analysis plan for PIP performance measures.

- Report 7- and 30-day FUM baseline and remeasurement results as a percentage and include numerators and denominators.

- When the data are received for the FUM performance measures, complete analysis, evaluate the aim statement, and adjust as needed.

INFORMATION SYSTEMS

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

INFORMATION SYSTEMS IN THE MHP

The EHRs of California's MHPs are generally managed by county, MHP IT, or operated as an application service provider (ASP) where the vendor, or another third party, is managing the system. The primary EHR system used by the MHP is SmartCare by Streamline, which was implemented in March 2023 as part of the pilot rollout. Currently, the MHP is actively implementing a new system which requires heavy staff involvement to fully develop.

Approximately 4.85 percent of the MHP budget is dedicated to support the IS (county IT overhead for operations, hardware, network, software licenses, ASP support, contractors, and IT staff salary/benefit costs). The budget determination process for IS operations is under MHP control.

The MHP has 91 named users with log-on authority to the EHR, including approximately 91 county staff and no contractor staff. Support for the users is provided by 0.54 full-time equivalent (FTE) IS technology positions, but the MHP also contracts IT support from Matson and Isom Technology Consulting, and there are 2 FTE IS positions from Glenn County who serve all departments. Currently all positions are filled.

As of the FY 2023-24 EQR, no contract providers have access to directly enter clinical data into the MHP's EHR. Contractor staff having direct access to the EHR has multiple benefits: it is more efficient, it reduces the potential for data entry errors associated with duplicate data entry, and it provides for superior services for members by having comprehensive access to progress notes and medication lists by all providers to the EHR 24/7.

Contract providers submit member practice management and service data to the MHP IS as reported in the following table:

Table 16: Contract Provider Transmission of Information to Glenn MHP EHR

Submittal Method	Frequency	Submittal Method Percentage
Health Information Exchange (HIE) between MHP IS	☐ Real Time　　☐ Batch	0%
Electronic Data Interchange to MHP IS	☐ Daily ☐ Weekly　☐ Monthly	0%
Electronic batch file transfer to MHP IS	☐ Daily ☐ Weekly　☐ Monthly	0%
Direct data entry into MHP IS by provider staff	☐ Daily ☐ Weekly　☐ Monthly	0%
Documents/files e-mailed or faxed to MHP IS	☐ Daily ☒ Weekly　☒ Monthly	50%
Paper documents delivered to MHP IS	☐ Daily ☒ Weekly　☒ Monthly	50%
		100%

Member Personal Health Record

The 21st Century Cures Act of 2016 promotes and requires the ability of members to have both full access to their medical records and their medical records sent to other providers. Having a Personal Health Record (PHR) enhances members' and their families' engagement and participation in treatment. Glenn does not currently utilize a PHR for their members but has plans to implement this functionality within the next year in their new EHR.

Interoperability Support

The MHP is not a member or participant in a HIE. Healthcare professional staff use secure information exchange directly with service partners through secure email, care coordination application/module, and/or electronic consult. The MHP engages in electronic exchange of information with the following departments/agencies/organizations: MCPs.

INFORMATION SYSTEMS KEY COMPONENTS

CalEQRO identifies the following Key Components related to MHP system infrastructure that are necessary to meet the quality and operational requirements to promote positive member outcomes. Technology, effective business processes, and staff skills in extracting and utilizing data for analysis must be present to demonstrate that analytic findings are used to ensure overall quality of the SMHS delivery system and organizational operations.

Each IS Key Component is comprised of individual subcomponents which are collectively evaluated to determine an overall Key Component rating of Met, Partially Met, or Not Met; Not Met ratings are further elaborated to promote opportunities for QI.

Table 17: IS Infrastructure Key Components

KC #	Key Components – IS Infrastructure	Rating
4A	Investment in IT Infrastructure and Resources is a Priority	Met
4B	Integrity of Data Collection and Processing	Partially Met
4C	Integrity of Medi-Cal Claims Process	Met
4D	EHR Functionality	Met
4E	Security and Controls	Partially Met
4F	Interoperability	Met

Strengths and opportunities associated with the IS components identified above include:

- Glenn has consistent monthly claim lines and on-time submittals, with an exceptionally low denied claims rate of 0.74 percent.

- Executive management is accountable for the MHP IT function, and there is regular communication between leadership and IT support.

- The MHP was a pilot county for the rollout of the semi-statewide EHR, SmartCare by Streamline.

- The MHP would benefit from a more structured data integrity validation process when new reports, charts, or data are extracted from the system and released to leadership for review. Validation protocols ensure data are reliable, complete, and accurate when end-users review the output.

- The operations continuity plan (OCP) is county maintained and operated, and annual testing of the plan does not currently occur.

INFORMATION SYSTEMS PERFORMANCE MEASURES

Medi-Cal Claiming

The timing of Medi-Cal claiming is shown in Table 18, including whether the claims are either approved or denied. This may also indicate if the MHP is behind in submitting its claims, which would result in the claims data presented in this report being incomplete for CY 2022.

Table 18 appears to reflect a largely complete or very substantially complete claims data set for the time frame represented.

Table 18: Summary of Glenn MHP Short-Doyle/Medi-Cal Claims, CY 2022

Month	# Claim Lines	Billed Amount	Denied Claims	% Denied Claims	Approved Claims
Jan	1,444	$513,729	$2,386	0.46%	$511,343
Feb	1,443	$511,699	$4,596	0.90%	$507,103
Mar	1,782	$674,464	$4,014	0.00%	$670,450
April	1,495	$588,704	$1,787	0.58%	$586,917
May	1,468	$573,549	$6,157	0.13%	$567,392
June	1,408	$574,136	$3,406	0.98%	$570,730
July	1,422	$521,741	$724	0.32%	$521,017
Aug	1,672	$661,908	$5,628	1.80%	$656,280
Sept	1,544	$613,575	$1,686	0.55%	$611,889
Oct	1,442	$595,803	$11,943	0.70%	$583,860
Nov	1,243	$526,305	$3,387	0.30%	$522,918
Dec	1,127	$418,740	$4,158	0.13%	$414,582
Total	**17,490**	**$6,774,353**	**$49,872**	**0.74%**	**$6,724,481**

Table 19: Summary of Glenn MHP Denied Claims by Reason Code, CY 2022

Denial Code Description	Number Denied	Dollars Denied	% of Total Denied
Medicare Part B must be billed before submission of claim	74	$30,501	61.16%
Other healthcare coverage must be billed first	21	$9,074	18.19%
Member is not eligible or non-covered charges	14	$7,363	14.76%
Place of service incomplete or invalid	1	$2,017	4.04%
Service line is a duplicate and repeat service modifier is not present	3	$916	1.84%
Total Denied Claims	**113**	**$49,871**	**100.00%**
Overall Denied Claims Rate	**0.74%**		
Statewide Overall Denied Claims Rate	**5.92%**		

- Glenn has an exceptionally low denied claims rate of 0.74 percent, which is more than 5 percentage points lower than the statewide rate.

IMPACT OF INFORMATION SYSTEMS FINDINGS

- Glenn was one of the first counties in California to implement SmartCare by Streamline by participating in the pilot program in March 2023.

- Staff are mostly happy with the new system but are awaiting final releases of reporting and data functionality from the vendor.

- The MHP utilizes 4.85 percent of their budget for IT support which has been very useful for the rollout of the new EHR.

- Denied claims are exceptionally low (i.e., more than 5 percentage points lower than the statewide rate) indicating a strong billing team and procedures.

- Contractors currently do not have access to the EHR, and fax or hand deliver service data to the MHP regularly. However, more than 80 percent of services are administered by the MHP, and staff indicated that it was not burdensome to manually enter contractor data themselves.

VALIDATION OF MEMBER PERCEPTIONS OF CARE

CONSUMER PERCEPTION SURVEYS

The CPS consists of four different surveys that are used statewide for collecting members' perceptions of care quality and outcomes. The four surveys, required by DHCS and administered by the MHPs, are tailored for the following categories of members: adult, older adult, youth, and family members. MHPs administer these surveys to members receiving outpatient services during two prespecified one-week periods. CalEQRO receives CPS data from DHCS and provides a comprehensive analysis in the annual statewide aggregate report.

The MHP reported administering the annual CPS; however, it did not yet have the most recent year's results. Glenn indicated that the survey results are usually positive and if there is any negative feedback, the MHP addresses it. It was not evident that the MHP shares the findings with stakeholders or uses the results for improving access, timeliness, or quality.

PLAN MEMBER/FAMILY FOCUS GROUP

Plan member and family member (PMF) focus groups are an important component of the CalEQRO review process; feedback from those who receive services provides important information regarding quality, access, timeliness, and outcomes. Focus group questions emphasize the availability of timely access to care, recovery, peer support, cultural competence, improved outcomes, and PMF involvement. CalEQRO provides gift cards to thank focus group participants.

As part of the pre-review planning process, CalEQRO requested one 90-minute focus group of culturally diverse MHP members, containing 8 to 10 participants, who received services in the past 12 months.

Consumer Family Member Focus Group

Glenn's member focus group participants reported upon initiation of services with the MHP, it took a while to see a psychiatrist; however, overall, they were satisfied with services after getting established as a member of the MHP. One member indicated transportation can be difficult to utilize and other participants did not know that transportation was available. They did not know about a crisis plan, and some had not heard of the crisis line, and they were unfamiliar with the MHP's website.

Recommendations from focus group participants included:

- Be referred to a psychiatrist quicker.
- In some situations, it may be more helpful to be able to contact assigned therapist instead of crisis line.

SUMMARY OF MEMBER FEEDBACK FINDINGS

While the member focus group reported some challenges in obtaining services, they expressed satisfaction overall with care and services. Providing a welcome packet that includes information about the MHP's website, substance use disorder and crisis services, as well as updating the website to be more engaging (e.g., updated provider directory, translate button, 988, social media links, pictures) may be helpful for members to be aware of the array of services the MHP offers and be informed of current updates from the MHP.

CONCLUSIONS

During the FY 2023-24 annual EQR, CalEQRO found strengths in the MHP's programs, practices, and IS that have a significant impact on member outcomes and the overall delivery system. In those same areas, CalEQRO also noted challenges that presented opportunities for QI. The findings presented below synthesize information gathered through the EQR process and relate to the operation of an effective SMHS managed care system.

STRENGTHS

1. Glenn implemented a new EHR, SmartCare by Streamline, in March 2023 as part of the pilot rollout. Although being a pilot county had its challenges in the beginning, the new system has benefited both clinical, clerical, and administrative staff. (Quality, IS)

2. The MHP's billing staff have maintained an exceptionally low denied claims rate of 0.74 percent. (IS)

3. Glenn has an intern program that currently includes five masters in social work interns. The MHP hopes to increase staff and has data to demonstrate effectiveness of the program (i.e., 50 percent of interns become staff). (Access, Quality)

4. The MHP has strong community partnerships to address member needs, including partnering with local agencies to open a supportive housing complex. (Access, Quality)

5. The MHP has multiple committees with a goal to improve access, timeliness, and quality (i.e., QIC, System Improvement Committee, and Cultural Diversity and Equity Committee). (Access, Timeliness, Quality)

OPPORTUNITIES FOR IMPROVEMENT

1. The MHP has not yet implemented a system to monitor medication services consistent with Healthcare Effectiveness Data and Information Set (HEDIS) measures noted in SB 1291 for FC members. (Quality)

2. It was not clear that the tools indicated for LOC are administered appropriately and consistently for determination of LOC. There is also an opportunity to work towards 100 percent use for all eligible members. (Quality)

3. There appears to be a need for implementing a strategy to assess variance in both inpatient follow-up appointments and readmissions. This would help provide stability to members experiencing this level of care. (Access, Timeliness, Quality)

4. Performance measure results suggest that the MHP may need to review HCM data and analyze the more than 100 percent increase in HCMs served since CY

2020. This could benefit the system, especially if the trend continues and these rates start surpassing statewide data. (Access, Timeliness, Quality)

5. There is a barrier to adequate transportation resources available for members. Transportation was an issue brought up by both MHP members and clinical staff during EQR group sessions. Lack of transportation can impact members receiving services in a timely manner and put a strain on clinical staff as they conduct field-based services. (Access, Timeliness, Quality)

RECOMMENDATIONS

The following recommendations are in response to the opportunities for improvement identified during the EQR and are intended as TA to support the MHP in its QI efforts and ultimately to improve member outcomes:

1. Implement a system to monitor medication services consistent with HEDIS measures noted in SB 1291 for FC members. (Quality)

   (This recommendation was continued from FY 2022-23.)

2. Review inpatient follow-up and readmission rates. Identify factors that have been creating the large variance in rates for both metrics over the past three CYs. (Access, Timeliness, Quality, IS)

   (This recommendation was continued from FY 2022-23.)

3. Monitor results and process for tools that the MHP indicated were for LOC to ensure appropriate and consistent use for determining LOC for all eligible members. Make any needed improvements to the process, tools used, and services provided, based on the data. (Quality)

4. Analyze the trend of increasing HCMs and consider interventions to help reduce the potential long-term fiscal impact on the system if the trend continues. (Access, Timeliness, Quality, IS)

5. Review the current vehicle fleet and analyze feasibility of purchasing new vehicles, which would help staff conduct field-based services, and aid members with getting reliable rides to appointments. (Access, Timeliness, Quality)

EXTERNAL QUALITY REVIEW BARRIERS

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

There were no barriers to this FY 2023-24 EQR.

ATTACHMENTS

ATTACHMENT A: Review Agenda

ATTACHMENT B: Review Participants

ATTACHMENT C: PIP Validation Tool Summary

ATTACHMENT D: CalEQRO Review Tools Reference

ATTACHMENT E: CalEQRO Approved Claims Definitions

ATTACHMENT A: REVIEW AGENDA

The following sessions were held during the EQR, as part of the system validation and key informant interview process. Topics listed may be covered in one or more review sessions.

Table A1: CalEQRO Review Agenda

CalEQRO Review Sessions – Glenn MHP
Opening Session – Significant changes in the past year; current initiatives; and status of previous year's recommendations
Access to Care
Timeliness of Services
Quality of Care
Validation and Analysis of the MHP's PIPs
Validation and Analysis of the MHP's PMs
Validation and Analysis of the MHP's Network Adequacy
Validation and Analysis of the MHP's Health Information System
Validation and Analysis of Member Satisfaction
Validation of Findings for Pathways to Well-Being (Katie A./CCR)
Consumer and Family Member Focus Group: Transitional Age Youth
Fiscal/Billing
Clinical Line Staff Group Interview
Information Systems Billing and Fiscal Interview
Cultural Competence / Healthcare Equity
Quality Management, Quality Improvement and System-wide Outcomes
Primary and Specialty Care Collaboration and Integration
Acute and Crisis Care Collaboration and Integration
Health Plan and MHP Collaboration Initiatives
EHR Deployment
Telehealth
Closing Session – Final Questions and Next Steps

ATTACHMENT B: REVIEW PARTICIPANTS

CalEQRO Reviewers

Christy Hormann, Quality Reviewer
Brian Deen, Information Systems Reviewer
Laura Bemis, 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-review and the post-review meetings and in preparing the recommendations within this report.

All sessions were held via video conference.

Table B1: Participants Representing the MHP and its Partners

Last Name	First Name	Position	County or Contracted Agency
Alvarez	Nancy	Compliance & Quality Improvement Coordinator	Glenn County BH
Ball	Sarah	Program Coordinator, MHSA	Glenn County BH
Crites	Clair	Administrative Assistant	Glenn County BH
Doyle	Kristin	Program Manager- Adult Mental Health Services	Glenn County BH
Gomez	Maria	Senior Program Coordinator	Glenn County BH
Gordon	Jodi	Administrative Services Analyst II	Glenn County BH
Hallett	Joe	Deputy Director	Glenn County BH
Jones	Eloise	Program Manager II	Glenn County BH
Miller	Alysia	QIC Program Manager	Glenn County BH
Moore	Gary	Administrative Services Analyst	Glenn County BH
Noel	Patrick	Senior Program Coordinator, Crisis Services	Glenn County BH
Palomino	Maribel	Staff Services Specialist	Glenn County BH
Ross	Cindy	Program Manager, MHSA	Glenn County BH

ATTACHMENT C: PIP VALIDATION TOOL SUMMARY

Clinical PIP

Table C1: Overall Validation and Reporting of Clinical PIP Results

PIP Validation Rating (check one box)	Comments
☐ High confidence ☐ Moderate confidence ☒ Low confidence ☐ No confidence	Although the PIP appears to have a robust intervention, there were only two FSP youth members for each measurement period that attended the group. The MHP was unable to determine if it was the same two members for baseline and remeasurement. Additionally, the MHP reported that attendees may not complete the survey and it was unable to match the completed PROMIS survey pre and post results. The MHP offers other pet therapy groups and is examining whether the Monday or Wednesday group is better attended.
General PIP Information	

MHP/DMC-ODS Name: Glenn County Mental Health

PIP Title: P.A.W.S: Pets Advocacy Wellness and Support Group

PIP Aim Statement: PAWS group will engage more FSP youth in group rehabilitation increasing from 6 percent participation in FY 2021-22 to 15 percent in FY 2022-23. Further, PAWS will measure treatment outcomes of the intervention group using the PROMIS Pediatric Meaning and Purpose scale as a means of analyzing treatment efficacy.

Date Started: 04/2023

Date Completed: In progress

Was the PIP state-mandated, collaborative, statewide, or MHP/DMC-ODS choice? (check all that apply)

☐ State-mandated (state required MHP/DMC-ODSs to conduct a PIP on this specific topic)
☐ Collaborative (MHP/DMC-ODS worked together during the Planning or implementation phases)
☒ MHP/DMC-ODS choice (state allowed the MHP/DMC-ODS to identify the PIP topic)

Target age group (check one):

☒ Children only (ages 0–17)*　　　☐ Adults only (age 18 and over)　　　☐ Both adults and children

*If PIP uses different age threshold for children, specify age range here: Ages11-17 years

General PIP Information

Target population description, such as specific diagnosis (please specify): FSP youth.

Improvement Strategies or Interventions (Changes in the PIP)

Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach):

- The MHP selected animal-assisted intervention (AAI) as the clinical improvement strategy due to its evidence for improving treatment retention in hard to engage youth. The animal may be part of a volunteer therapy animal team working under the direction of a professional or an animal that belongs to the professional.

Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach):

N/A

MHP/DMC-ODS-focused interventions/system changes (MHP/DMC-ODS/system change interventions are aimed at changing MHP/DMC-ODS operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools):

N/A

PMs (be specific and indicate measure steward and National Quality Forum number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
FSP youth (11-17) who attended a group	21-22	2/33= 6%	☐ Not applicable—PIP is in planning or implementation phase, results not available 22-23	2/26= 8%	☐ Yes ☒ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):

PMs (be specific and indicate measure steward and National Quality Forum number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
Number of group sessions attended in 7-week series	21-22	3/7= 43%	☐ Not applicable—PIP is in planning or implementation phase, results not available 22-23	4/7=57%	☒ Yes ☐ No	☐ Yes ☒ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):
PROMIS Meaning and Purpose T-score	21-22	5/7 youth who completed WRAP saw an average of 6.54-point increase in their T-Score	☐ Not applicable—PIP is in planning or implementation phase, results not available 22-23	1/4 youth completed WRAP Post-survey. Average Pre-Survey T-Score was 38.375 Average Post-Survey T-score was 36.4 (one response)	☐ Yes ☒ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):

PIP Validation Information

Was the PIP validated?   ☒ Yes   ☐ No

"Validated" means that the EQRO reviewed all relevant part of each PIP and made a determination as to its validity. In many cases, this will involve calculating a score for each relevant stage of the PIP and providing feedback and recommendations.

Validation phase (check all that apply):

☐ PIP submitted for approval   ☐ Planning phase   ☐ Implementation phase   ☐ Baseline year

☒ First remeasurement   ☐ Second remeasurement   ☐ Other (specify):

Validation rating: ☐ High confidence   ☐ Moderate confidence   ☒ Low confidence   ☐ No confidence

"Validation rating" refers to the EQRO's overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results, and produced significant evidence of improvement.

PIP Validation Information
EQRO recommendations for improvement of PIP:
- Add goal for PROMIS Pediatric Meaning and Purpose survey results in the aim statement.   - Examine whether the flyer is reaching all intended recipients and if members are still interested and/or able to attend the groups.   - Determine if there is a more effective way to gather and link the PROMIS survey results and ensure maximum participation in the group and survey.   - Consider examining another approach for rehabilitation based on small numbers attending groups and on what other services FSP youth are receiving.

Non-Clinical PIP

Table C2: Overall Validation and Reporting of Non-Clinical PIP Results

PIP Validation Rating (check one box)	Comments
☐ High confidence ☒ Moderate confidence ☐ Low confidence ☐ No confidence	The MHP's FUM BHQIP PIP is in progress and provides baseline data. The MHP has not yet reported percentages for follow-up within 7- and 30-days because it partners with CalMHSA and is awaiting the results. The MHP identified challenges with the MCP data exchange and is conducting real time referral coordination with Glenn Medical Center.

General PIP Information

MHP/DMC-ODS Name: Glenn County

PIP Title: Follow-Up After ED Visit for Mental Illness

PIP Aim Statement: For Medi-Cal members with ED visits for MH conditions, implemented interventions will increase the percentage of follow-up mental health services with the MHP within 7- and 30-days by 5 percent by June 30, 2023.

Date Started: 09/2022

Date Completed: In progress

Was the PIP state-mandated, collaborative, statewide, or MHP/DMC-ODS choice? (check all that apply)

☐ State-mandated (state required MHP/DMC-ODSs to conduct a PIP on this specific topic)
☐ Collaborative (MHP/DMC-ODS worked together during the Planning or implementation phases)
☒ MHP/DMC-ODS choice (state allowed the MHP/DMC-ODS to identify the PIP topic)

Target age group (check one):

☐ Children only (ages 0–17)* ☐ Adults only (age 18 and over) ☒ Both adults and children

*If PIP uses different age threshold for children, specify age range here:

Target population description, such as specific diagnosis (please specify): Members with an ED visit for MH conditions.

General PIP Information
Improvement Strategies or Interventions (Changes in the PIP)

Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach):
N/A

Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach):
N/A

MHP/DMC-ODS-focused interventions/system changes (MHP/DMC-ODS/system change interventions are aimed at changing MHP/DMC-ODS operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools):
Obtain consistent ED data from the MCPs and utilize a referral system that allows for real-time referral coordination from Glenn Medical Center.
Glenn began outreach to the local hospital ED prior to the September 30, 2022, BHQIP submission. In October 2022, Glenn's crisis program coordinator met with key ED staff from Glenn Medical Center. Glenn's crisis coordinator provided the hospital a short referral form designed by access and quality improvement staff. The form allows hospital staff to quickly complete and alert Glenn of the need for follow-up. Glenn monitors utilization data for the short referral quarterly, and coordinates with ED staff to ensure new staff are trained to use the form.

PMs (be specific and indicate measure steward and National Quality Forum number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
ED visits for MH where the member received a follow-up MH treatment service from the MHP within 7- and 30-days	2021	28 (ED Visits for Mental Illness)	☐ Not applicable—PIP is in planning or implementation phase, results not available	N/A	☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):

PMs (be specific and indicate measure steward and National Quality Forum number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
Number of successful data exchanges with the MCP	2023	8/11=73%	☐ Not applicable—PIP is in planning or implementation phase, results not available	N/A	☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):
Number of referrals received through the referral tracking system and percent complete	22-23	1/5=20%	☐ Not applicable—PIP is in planning or implementation phase, results not available	N/A	☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):

PIP Validation Information

Was the PIP validated? ☒ Yes ☐ No

"Validated" means that the EQRO reviewed all relevant part of each PIP and made a determination as to its validity. In many cases, this will involve calculating a score for each relevant stage of the PIP and providing feedback and recommendations.

Validation phase (check all that apply):

☐ PIP submitted for approval   ☐ Planning phase   ☐ Implementation phase   ☒ Baseline year

☐ First remeasurement   ☐ Second remeasurement   ☐ Other (specify):

Validation rating: ☐ High confidence   ☒ Moderate confidence   ☐ Low confidence   ☐ No confidence

"Validation rating" refers to the EQRO's overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results, and produced significant evidence of improvement.

EQRO recommendations for improvement of PIP:

- Provide timeline for ongoing data collection, and data analysis plan for PIP performance measures.
- Report 7- and 30-day FUM baseline and remeasurement results as a percentage and include numerators and denominators.
- When the data are received for the FUM performance measures, complete analysis, evaluate the aim statement, and adjust as needed.

ATTACHMENT D: CALEQRO REVIEW TOOLS REFERENCE

All CalEQRO review tools, including but not limited to the Key Components, Assessment of Timely Access, and PIP Validation Tool, are available on the [CalEQRO website](#).

ATTACHMENT E: CALEQRO APPROVED CLAIMS DEFINITIONS

CalEQRO Approved Claims Definitions are available on the [CalEQRO website](#)