QUALITY IMPROVEMENT 8TH ANNUAL KNOWLEDGE FORUM

AUGUST 24, 2021

Welcome and
Thank You for your continued outstanding commitment to client care!

LIVE WELL SAN DIEGO

GENERAL INFORMATION

- All attendees are muted upon entry.
- In the interest of time, the Q&A sessions will occur between topic breaks and after the slideshow presentation.
- Please use the Q&A box to ask your questions. In the event that your question needs further clarification, we may unmute you. If you need to ask a question verbally, please say “unmute me” on the Q&A box.
- Please direct all questions on the Q&A box to **all panelists** (select “All Panelists’ on recipient drop down of the Q&A box). Failure to do so may mean your question(s) is overlooked.
- We may need to take back some of your questions if further consideration is necessary. A Q&A after the forum will be completed and sent out as well.
- After the Forum is over, feel free to reach out to QIMatters.HHSA@sdcounty.ca.gov if you have any lingering questions/concerns that need to be addressed.

Quality Management Team

BEHAVIORAL HEALTH PROGRAM COORDINATOR

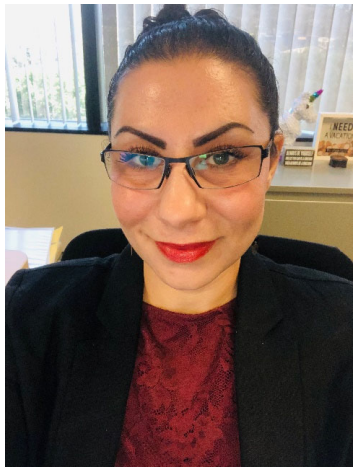
HEATHER PARSON, LMFT

Quality Management Team

Casie Johnson-Taylor, LMFT
QM Supervisor

Danielle Rhinesmith, LMFT
QM Supervisor

Quality Management Team

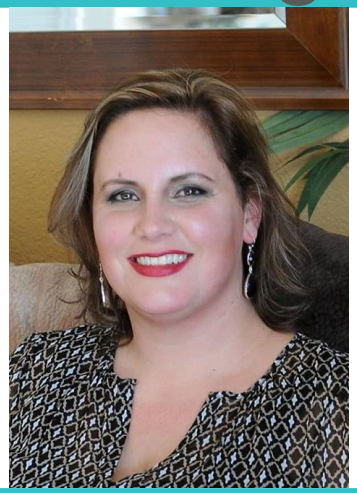


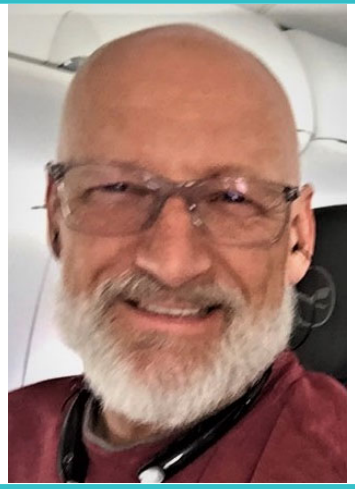
Amber Irvine, LMFT	Besan Hanna, LMFT	Elaine Mills, LMFT	Monica Huezo, LPCC
CAPS UM/UR Monitoring Lead	Progress Note Correction SME	Day Treatment Monitor	LTC Appeals Lead
CAPS Documentation Training	Serious Incident Reports Team	Day Treatment/STRTP SME	Claim It Anyway Lead
CAPS IP Manual Management	Optum UR Activity Monitoring	Grievance & Appeals, and State Fair Hearings	Cerner Data Entry User Group Rep.
PAC Meeting Rep.	ACL Test Call monitor	CCHEA/JFS reviews	Justice Enhanced Treatment (JET) Providers Meeting Rep.
North County Collaboration Meeting Rep.		Advocacy Meeting Rep.	Documentation Webinar Development

Quality Management Team

Lisa O'Connor, LMFT	Emily Duval, Psy.D.	Glenda Baez, Psy.D.	Jill Michalski, LCSW
RCA Trainer	Suicide Prevention Council Rep.	Grievance & Appeals, and State Fair Hearings	CAPS UM/UR Monitoring Review Team
Serious Incident Report Lead	Clinical Case Review Rep.	CCHEA/JFS reviews	MRR tool management
Clinical Case Review Rep.	Suicide Dashboard Management	Advocacy Meeting Rep.	UTTM Publishing
RIHS Curriculum Committee Rep.	RCA Trainer	CAPS UM/UR Monitoring Review Team	PWB Oversight Meeting Rep.
ACL Call Monitor Lead	Telehealth SME	Millennium Workgroup	TFC/CCR SME

Quality Management Team





Kristi Jones, LMFT	Michelle Hemmings, Psy.D.	Marie Khamis, LMFT	“KC” Mertins, LMFT	Olivia Martinez, LMFT
DHCS Informational Notice Lead	CalAIM Policy SME and Workgroup Rep.	CAPS UM/UR Monitoring Review Team	County Operations QM Specialist	Serious Incident Reports Team
LPS Certification Reviews	LPS Certification Reviews	License/Waiver Request	ACT/FSP/CM Meeting Rep.	Optum UR Activity Monitoring
Form Development & Management	LPS Meeting Rep	New Contractor - QI Orientation		LTC Appeals
Network Adequacy Policy Updates	Provider Beneficiary Materials	MRR Tool Legal Citations		Day Treatment/STRTP SME
LPS Meeting Rep				ACL Test Call monitor

Quality Management Team

Christian Soriano
Office Support Specialist

Tesra Widmayer
QM Analyst

STATE OVERVIEW

Tabatha Lang, LMFT

QI Unit Administrator

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The State of the State

- Medi-Cal Rx
- California Advancing and Innovating Medi-Cal (CalAIM)
- Network Adequacy

Medi-Cal RX

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- Department of Health Care Services (DHCS) to transition all Medi-Cal pharmacy services from managed care (MC) to fee for service (FFS).
  - Transitioning pharmacy services from MC to FFS will, among other things:
    - Standardize the Medi-Cal pharmacy benefit statewide, under one delivery system.
    - Improve Medi-Cal beneficiary access to pharmacy services with a pharmacy network that includes approximately 94% of the state's pharmacies.

Medi-Cal RX

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- Medi-Cal Rx site will be the place to go to access both public and secure Medi-Cal Rx portals.
- Secure portal will give pharmacy providers, prescribers and their staff access to the Prior Authorization system; beneficiary drug look-up tool; and web and batch claims submissions.
- Implementation date of January 1, 2022. There will be a need to identify specific uses for Specialty Mental Health System. Will communicate future updates.

CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL (CAL AIM)

CalAIM is a multi-year initiative by DHCS to improve the quality of life and health outcomes of our population by implementing broad delivery system, program and payment reform across the Medi-Cal program.

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CAL AIM BEHAVIORAL HEALTH PROPOSALS

- Payment Reform

  Transition from a cost-based approach (interim payment, Certified Public Expenditure, reconciliation) to a value-based intergovernmental transfer approach to reduce administrative burdens and increase flexibility.

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CAL AIM BEHAVIORAL HEALTH PROPOSALS

- Medical Necessity

  Modify existing medical necessity criteria for both outpatient and inpatient services to align with State and federal requirements and ensure beneficiaries get the right care in the right delivery system.

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CAL AIM BEHAVIORAL HEALTH PROPOSALS

Administrative Behavioral Health Integration

- Each county would provide integrated mental health and SUD services through a single plan with integrated services delivery, infrastructure, and administrative functions.

Regional Contracting

- DHCS encourages counties to develop regional approaches to administer and deliver specialty mental health and substance use disorder services to Medi-Cal beneficiaries.

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CAL AIM BEHAVIORAL HEALTH PROPOSALS

DMC-ODS Program Renewal and Policy Improvements

- DHCS proposes to update the DMC-ODS program based on experience from the first several years of implementation.
  - Clarifying and/or changing policies to support the goal of improved beneficiary access to care, quality of care, and administrative efficiency.
  - Reviewing Contingency Management as an intervention

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CAL AIM BEHAVIORAL HEALTH PROPOSALS: WHAT DO THEY MEAN?

Fiscal related

- Transition to CPT coding (*goal July, 2023*)
  - Electronic Health Record changes
  - Contract impacts to be determined
- SUD: Reimbursement available prior to diagnosis
  - At least some services should be reimbursable even if SUD diagnosis is never established
- ASAM .5 (Screening assessment, brief interventions, counseling)
  - Reimbursable through EPSDT funding for youth up to 21 years of age

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CAL AIM BEHAVIORAL HEALTH PROPOSALS: WHAT DO THEY MEAN?

Documentation Reform

- Eliminate requirement for point-in-time treatment plan signed by the client, with progress notes tying to the treatment plan
- Adopt simplified problem list approach to reflect the care given and to align with the appropriate billing codes
- Revise clinical/chart audit protocol
- Use disallowances only when there is evidence of fraud, waste, and abuse
- Use QI methodologies (e.g., EQRO) for minor clinical documentation concerns

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CAL AIM BEHAVIORAL HEALTH PROPOSALS: WHAT DO THEY MEAN?

Clinical Integration

- Standardized statewide screening tool for beneficiaries 21 and over, and one for beneficiaries under 21,
- Standardized transition tool to move to a different delivery system (MHP vs MCP)
- Assessment mentioned, but more research will be needed
- New, simplified, more client-centered and strength-based approach to behavioral health treatment planning and to align treatment planning and documentation standards with physical health care
- DHCS will provide counties with relevant Medi-Cal services data, which may include managed care encounter and pharmacy claims data
- Beneficiary handbook integration

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CAL AIM BEHAVIORAL HEALTH PROPOSALS: WHAT DO THEY MEAN?

Administrative Integration

- One behavioral health managed care program with streamlined state requirements (single reviews)
- One contract instead of three
- Data sharing and privacy concerns need to be explored to determine what areas can be addressed
- EHR integration and re-design: recognize current need for distinct MH and SUD systems. Need to explore a record design that is compliant and then make EHR modifications

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CAL AIM BEHAVIORAL HEALTH PROPOSALS: WHAT DO THEY MEAN?

Integration of DHCS Oversight Functions

- One single behavioral health contract between DHCS and counties for all MH and SUD care
  - January 2027

- QI (one QI plan, one QRC, shared performance measures)
- EQRO
- Compliance reviews
- Network adequacy
- Streamline licensing and certification requirements, processes, and timeframes

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CAL AIM BEHAVIORAL HEALTH PROPOSALS: WHAT DO THEY MEAN?

Some changes already implemented in the SUD system:

- Removed the limitation on the number of residential treatment episodes that can be reimbursed in a one-year period
- Clarified criteria for services (including determination by a licensed provider and treatment post-incarceration) while reimbursing treatment prior to diagnosis in non-residential settings
- Clarified the allowable components of recovery services, including when and how beneficiaries, including justice-involved individuals, may access recovery services, and the availability of recovery services to individuals receiving medication-assisted treatment (MAT)
- Required counties to mandate that all DMC-ODS providers demonstrate they either directly offer or have effective referral mechanisms for MAT

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Waivers to Support - 1915(b)

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- Combined, multi-program 1915(b) Waiver
  - Specialty Mental Health Services
  - DMC-ODS Services
  - Medi-Cal Managed Care
  - Dental Managed Care
- Waiver would be effective January 1, 2022

Waivers to Support - 1115 Demonstration

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- Renew the 1115 waiver for some components:
  - SUD Residential Services (IMD waiver)
  - Out-of-State Former Foster Care Youth
  - DMC-ODS Certified Public Expenditure (CPE) Protocols (until new fee schedule structure established)

Waivers to Support - 1115 Demonstration

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- New 1115 Authority Requested
  - Peer Support Specialists: Waivers of statewideness and comparability
    - similar waivers for peer support specialist services for SMHS and the DMC-ODS will be included in the 1915(b) waiver
  - Services for Justice-Involved Populations 90-Days Pre-Release
  - Providing Access and Transforming Health (PATH) Supports
  - DMC-ODS Traditional Healers and Natural Helper

Waivers to Support - 1115 Demonstration

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- Initiatives to sunset
  - Whole Person Care (WPC)
  - Health Homes Program (HHP)
- DHCS seeks to continue the majority of WPC and HHP services under the managed care delivery system via Enhanced Care Management (ECM) and In Lieu Of Services (ILOS).

Equitable Care for All

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- Agency-wide equity dashboard from DHCS
- New DHCS Chief Quality Officer –with a focus on equity
- Contractor to support counties to evolve from “cultural competence” to equity for all
- Equity in all approach –all initiatives, all work, should center on equity

Network Adequacy

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Do we have a network of providers and services that is adequate to serve the population in need within designated access metrics?

Network Adequacy Certification Tool - NACT

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- Exhibit A-1 Network Provider Data, Organizational/Legal Entity Level
- Exhibit A-2 Network Provider Data, Provider Site Detail
- Exhibit A-3 Network Provider Data, Rendering Provider Detail
- Exhibit B-1 Field Based Services (MHP Only)
- Exhibit B-2 American Indian Health Facilities
- Exhibit C-1 Provider Counts (MHP Only)
- Exhibit C-2 Expected Utilization (DMC-ODS Only)

Network Adequacy

- DHCS reviews the following areas:
  - Network Capacity and Composition:
    - MHP – Beneficiary to Provider Ratio; DMC-ODS – Availability of Services
  - Time and Distance Standards:
    - Geographic Maps & Alternative Access Standard Requests
  - Timely Access:
    - First offered appointment data currently utilized
  - Language Assistance Capabilities:
    - Language Capacity

Network Adequacy

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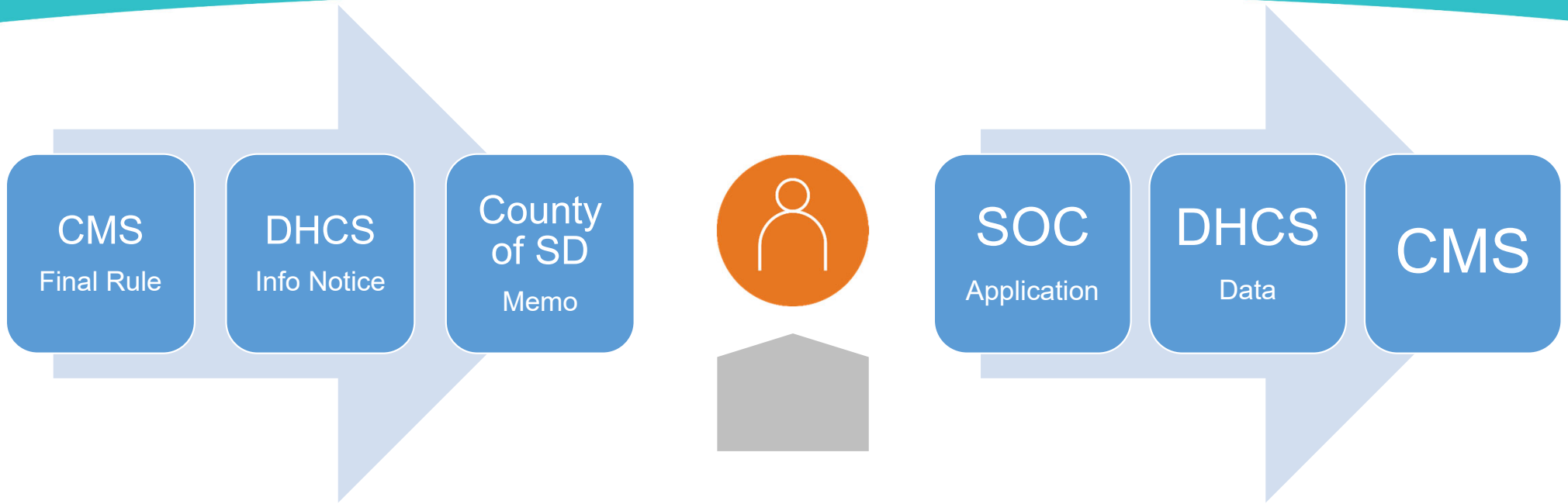
- DHCS reviews System Infrastructure:
  - Grievances and Appeals
  - Provider Directory
  - County BHS Organizational Chart
  - Executed contracted network provider agreements and the provider contract service template
  - Policies and Procedures
    - Network Adequacy monitoring; Out of Network access; Timely Access; Service Availability; Physical Availability; Telehealth Services; 24/7 Access Line Requirements; and 24/7 Language Assistance
- The BHS Director must certify that the information submitted is accurate, complete, and truthful

Background and Flow of Data to Support Required Reporting



CMS – Centers for Medicare and Medicaid Services
DHCS – Department of Health Care Services
MHP – Mental Health Plan (County of San Diego)
SOC – System of Care

SYSTEM OF CARE (SOC) APPLICATION TIPS

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Aim for 100% provider updates

New hires should register promptly, and Providers/Managers should regularly visit the SOC

Update and save tabs as information changes

Submit modification forms as needed to maintain the provider roster

THANK YOU FOR ALL OF THE WORK YOU DO TO MAKE THESE THINGS AT THE STATE LEVEL REAL & BENEFICIAL FOR OUR CLIENTS AND COMMUNITIES!

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JEWISH FAMILY SERVICES

Patient Advocacy Service

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Why does the Patient Advocacy Program exist?

Reasons For Admission - West Virginia Hospital For The Insane (Weston) October 22, 1864 to December 12, 1889

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Asthma
Bad company
Bad habits & political excitement
Bite of a rattle snake
Bloody flux
Brain fever
Cerebral softening
Cold
Congestion of brain
Constitutional
Crime
Death of sons in the war
Deranged masturbation
Desertion by husband
Disappointed love
Disappointment
Dog bite
Domestic affliction
Domestic trouble
Exposure & quackery
Female disease
Fever
Fits & desertion of husband
Grief
Ill treatment by husband
Imaginary female trouble
Indigestion
Jealousy
Kicked by/fall from a horse
Laziness
Liver and social disease
Marriage of son
Menstrual deranged
Mental excitement
Novel reading
Political excitement
Religious excitement
Remorse
Rumor of husband's murder or desertion
Salvation army
Seduction & disappointment
Shooting of daughter
Suppressed masturbation
Trouble
Uterine derangement
Vicious vices in early life
Women trouble
Young lady & fear

Jewish Family Service Patient Advocacy Program - JFS

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The Lanterman–Petris–Short (LPS) Act

Enacted in California on July 1, 1972

- To end the inappropriate, indefinite, and involuntary commitment of mentally disordered persons
- To provide prompt evaluation and treatment of persons with serious mental disorders or impaired by chronic alcoholism
- To guarantee and protect public safety
- To safeguard individual rights through judicial review
- To provide individualized treatment, supervision, and placement services by a conservatorship program for gravely disabled persons
- To protect mentally disordered persons and developmentally disabled persons from criminal acts

What we do at JFS

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- Monitor facilities for compliance with clients' rights laws, regulations, and policies
- Act as local consultant in the area of patients' and residents' rights
- Investigate Claims of Client Rights Violations
- Due Process Hearings
  - *Certification Review, Roger S., Independent Clinical Reviews*
- Advisements
  - *Minors' Hearing Rights, Writ of Habeas Corpus, Due Process*
- Trainings for Providers, Clients, and the Community
- Outreach and materials for Clients, Staff Members, and the Community
- Reporting to Community and Public Committees
- Collaboration with Public and Private Entities

What to Expect From Patient Advocates: Visits

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- Advocates make routine visits to facilities, as well as schedule separate visits in response to a client's request.

- Advocates are able to meet with clients and other recipients of behavioral health services in any behavioral health facility. Advocates should conduct visits during normal business hours, and are able to use available private space to meet with clients.

- Advocates visit the mental health rehabilitation centers in San Diego County at least once per month. We visit each board and care home, every county contracted residential substance use disorder facility, and every skilled nursing facility (SNF) at least once per year, as well as regularly check in on all county funded SNF clients.

- Advocates will also conduct a visit to a residential facility upon receipt of a cross report from Adult Protective Services.

What to Expect From Patient Advocates: Grievances

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- Advocates make every effort to resolve client complaints as quickly as possible. If an issue is not resolved within one business day, the client may elect to utilize the grievance resolution process to address their concern(s). While Advocates do not need consent to review records for the purpose of monitoring mental health facilities, services, and programs for compliance with client rights laws, Advocates do obtain the client's consent prior to requesting a copy of their medical record for a grievance investigation.
- Both conservatees and minor clients may consent to have an Advocate inspect or copy records and provide advocacy services without their conservator, parent, or guardian's consent.
- If a grievance is received from a client receiving services in a residential setting, our office will conduct a site visit within one week of receiving the client's complaint.

What to Expect From Patient Advocates: Grievances Cont.

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To resolve client grievances, Advocates may:

- Request medical records
- Review facility policies and procedures
- Conduct interviews with relevant staff members
- Have an independent clinical consultant review medical records to ensure the care provided was within a clinically appropriate range
- Provide trainings to facility staff members
- Work with County QM on corrective action plans when client concerns are substantiated

Jewish Family Service Patient Advocacy Program - JFS

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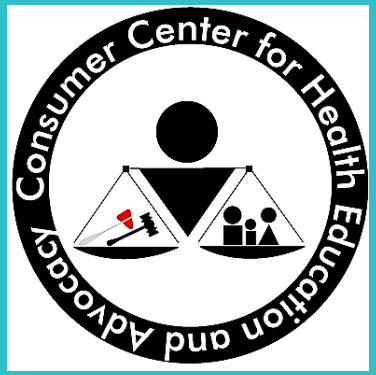
We are here as a resource for the community.

Questions?

8804 Balboa Avenue, San Diego, CA 92123

619-282-1134 | 800-479-2233 | www.jfssd.org/patient-advocacy

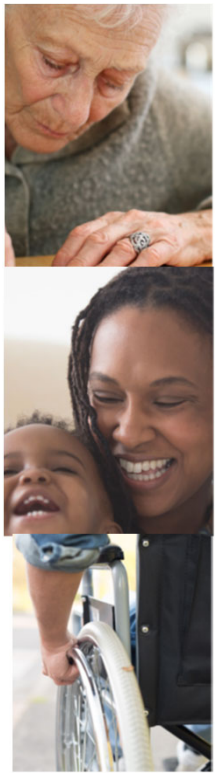
Thank you for all you do for our clients and our community!



CCHEA

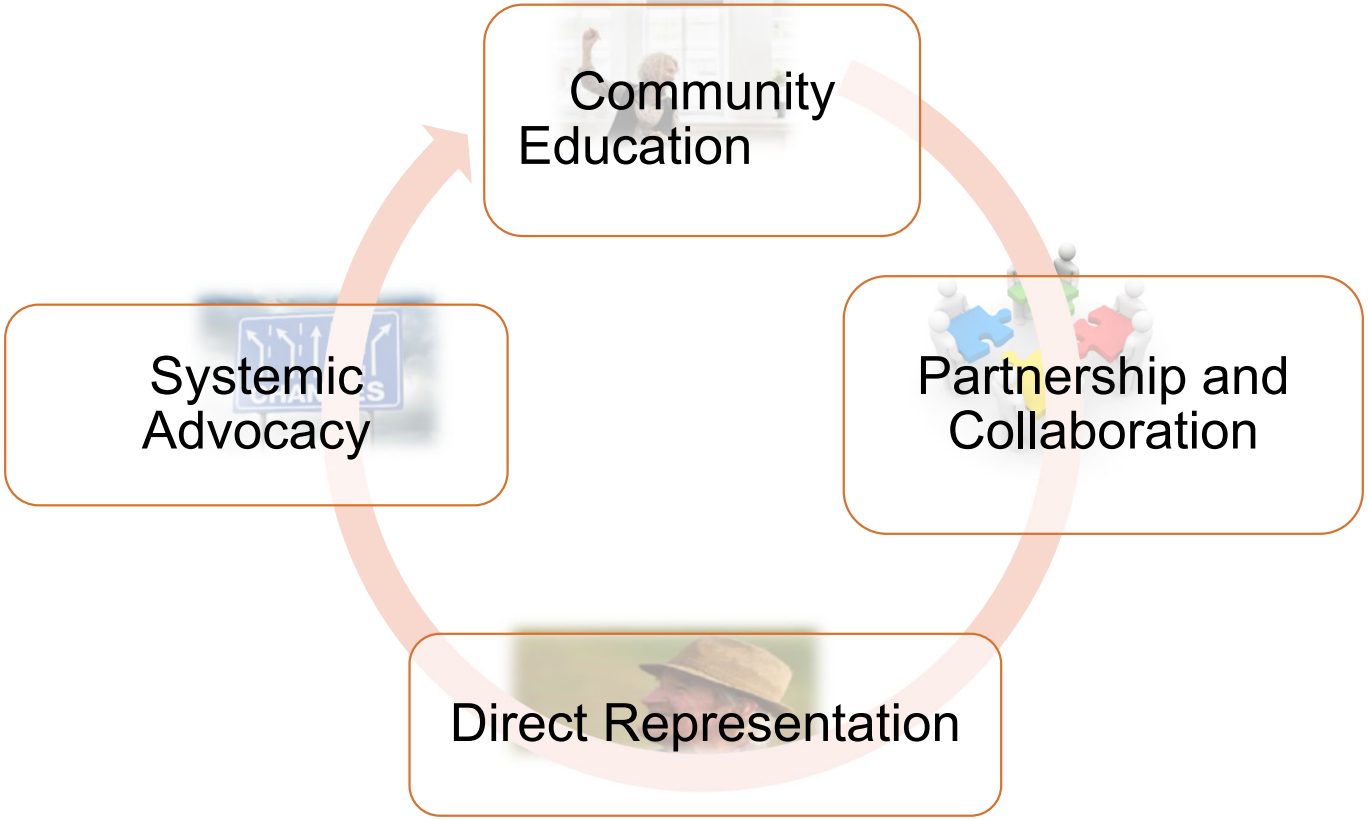
Consumer Center for Health Education and Advocacy

Legal Aid Society & Consumer Center



- San Diego's largest Non-Profit Civil Law Firm
  - Incorporated in 1953, serving all of San Diego County with a broad array of civil legal services
- Toll-Free Number – CCHEA – 1-877-734-3258
- Our team is comprised of knowledgeable consumer health advocates and experienced health care attorneys
- Since 1999 we have partnered with the County of San Diego
- We serve as the County's designated Title 9 Mental Health Patient's Rights Advocates and administer of Beneficiary Grievance Resolution Process for both Mental Health and Substance Use Disorder (SUD) outpatient services.

The Consumer Center's Work



LASSD – Holistic Legal Services

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- Health: Access to Services, Eligibility/enrollment, Mental Health and SUD Advocacy and Grievance/Appeals
- Government Benefits:
  - General Relief, CalWorks, Calfresh, Kin-Gap, Foster Care assistance, Adoptive Assistance, and CAPI
  - SSI/SSDI – from application through all levels of appeal.
    - Very difficult and long application process. High standard for disability. Nationally, high % of denials. County GR IAP and County Mental Health Clubhouse connection
- Consumer Protection: Collection Harassment, contract disputes, etc.
  - E.g. Debt collectors may not harass debtors at their place of employment or contact family members. Debtor may request collection agencies to stop calling. There are fines per violation. All forms of debt – credit card, medical, etc.
  - Bankruptcy clinic and PACE litigation

LASSD – Holistic Legal Services

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- Housing: tenant issues, eviction defense, housing subsides, discrimination
  - Three distinct teams: Shriver eviction defense, Fair Housing, and general housing team.
- Family: contested custody, visitation issues, etc.
  - Eligibility note: Where kids involved, we can help custodial parent
- Immigration: Relative petitions, U and T visas, etc.
- Tax: Federal taxes disputes and negotiation
  - Not state/FTB disputes and generally do not assist with tax filing.
- Pro Bono: Unlawful Detainer (Eviction), TRO (civil and domestic), Conservatorship, Wills/power of attorneys, etc.

Key Contacts within CCHEA BHU

LIVE WELL SAN DIEGO

The Consumer Center for Health Education & Advocacy

Toll-Free: 1-877-734-3258

Fax: 619-471-2782

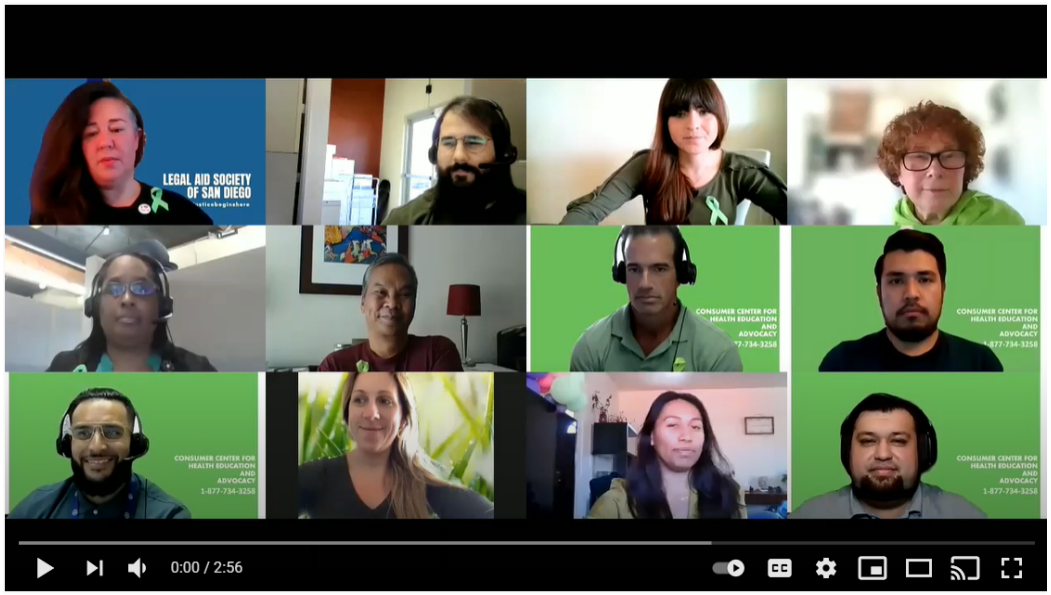
Key Managers:

- Carol Neidenberg, Senior Program Manager; 619-471-2612; CarolN@CCHEA.org
- Pamela Beltram, BHU Coordinator; 619-471-2762; PamelaB@cchea.org
- Vianey Prado, BHU Staff Attorney; 619-471-2759; VianeyP@lassd.org;
- Jack Dailey, Director of Policy and Training/HCA Coordinator; 619-471-2606; JackD@lassd.org

Meet theConsumer Center's BHU

- Our dedicated Behavioral Health Unit consists of advocates, attorneys, BHU Coordinator, Case Managers and Senior Program Manager.

- Please meet the team: https://youtu.be/CyrTB5lMj48



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We are the County-designated Patients' Rights advocate for outpatient behavioral health services.

If a client is not satisfied with their behavioral health services, BHU can help!

We investigate issues with outpatient substance abuse disorders and mental health services such as:

- Access to needed services including clubhouses, clinics, and health plans
- Termination or reduction of care
- Problems getting medications, appointments, and treatment
- Quality of care from staff
- Confidentiality

- **Grievances**
  - Any expression of dissatisfaction about a matter other than an adverse benefit determination.
  - An adverse benefit determination is a decision to deny, reduce, or terminate services.
  - 90-day timeline with possible 14-day extension.

Examples

- Client visits a clinic to see their psychiatrist and the receptionist does not assist them
- The staff members or therapist says or acts unprofessional anytime during the appointment
- The long-term case manager does not show up for the client's regularly scheduled appointments

- **Appeals**
  - A review of an adverse benefit determination regarding the provision of services
  - 30-day timeline with possible 14-day extension
  - Can be expedited if a beneficiaries' health is in jeopardy

Examples

- The client is told that they no longer meet requirements and must receive services somewhere else
- The client wants to see their therapist weekly and has been told that they can now only see them once a month

QUESTIONS?

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LASSD Website

[Behavioral Health | Legal Aid Society of San Diego (lassd.org)]

Aid Paid Pending

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- When issuing a Notice of Adverse Benefit Determination (NOABD), it is required that the “Your Rights” attachment is sent along with each notice. This attachment informs beneficiaries of critical appeal and State hearing rights.
  - **Aid Paid Pending (APP)**: The beneficiary’s right to have their benefits continue pending the resolution of an appeal and state fair hearing.

Aid Paid Pending

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- Aid Paid Pending (APP) can be initiated if all the following criteria are met:
  - The client files the appeal request in a timely manner;
  - The appeal involves the termination, suspension, or reduction of previously authorized services;
  - The services were ordered by an authorized provider;
  - The period covered by the original authorization has not expired; and
  - The client files request for APP in a timely manner.

Aid Paid Pending

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- APP request are timely when the beneficiary files for continuation of benefits:
  - Within **10 calendar days** of the program sending the Notice of Adverse Benefit Determination.
  - On or before the intended effective date of the program's proposed adverse benefit determination, whichever is later.

Aid Paid Pending

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- APP benefits must continue until one of the following occurs:
  - The beneficiary withdraws the appeal request.
  - Beneficiary fails to request a state fair hearing and continuation of benefits within 10 calendar days after the MHP sends notice of adverse resolution to the beneficiary's appeal.
  - State fair hearing office issues a hearing decision adverse to the beneficiary.

QUESTIONS?

FRAUD, WASTE, & ABUSE

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- Cloning
  - Each client has an individual presentation and needs that are unique to each client encounter and should be supported by unique documentation.
  - QM staff have seen an increase of services with documentation that is worded exactly like or quite similar to previous entries, otherwise known as “cloning”.
  - Cloned documentation is a misrepresentation of medical necessity and will result in recoupment.

FRAUD, WASTE, & ABUSE

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How does QM review to cloning?

- During a Medical Record Review several things are reviewed to assess for cloning:
  - Use of pronouns within the progress notes (ex. He when the client is a female)
  - Same time entered on notes across clients or within the same client
  - Several similar-like services provided on the same day to different clients
  - Templates within notes

FRAUD, WASTE, & ABUSE

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QM Next Steps when Cloning is Identified:

- Initiates an in-depth review of additional progress notes within the program, across clients
- If cloning is identified as an issue the following steps can be taken:
  - COR and County Compliance are notified of high-risk staff/program
  - Disallowance of services
  - Possible termination of staff
  - Potential for staff to be included on County High-Risk report which denies future access to work for County programs
  - Possible Notification to both DHCS and Licensing Board

FRAUD, WASTE, & ABUSE

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Allegations of Cloning in the past 6 months

- 8 allegations made and investigated
  - 4 were investigated and found to be unsubstantiated
  - 4 were substantiated with corrective action being taken
    - Total Services Disallowed: 320
    - Total Dollar Amount: $57,893

SOC SUICIDE DATA

A preview of FY20-21 Suicide Data and Reminders for Risk Assessment

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SUICIDE DASHBOARD – QUARTER 3

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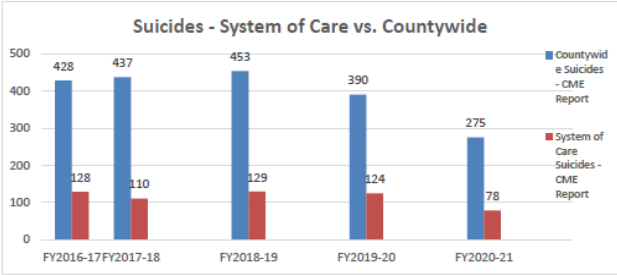
San Diego County Suicide Report Dashboard

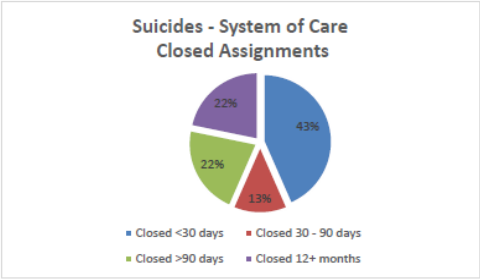
COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES

Fiscal Year 2020 - 2021

Quarter 3 - January - March 2021

	FY2016-17	FY2017-18	FY2018-19	FY2019-20	FY2020-21
Countywide Suicides - CME Report	428	437	453	390	275
System of Care Suicides - CME Report	128	110	129	124	78
System of Care Suicides - Percentage	30%	25%	28%	32%	28%





System of Care Suicides FY 20-21:

- System of Care suicides comprised 28 % of all suicides countywide in FY 20-21 to date.
- Of the 78 suicides in the System of Care, 8% (6) were completed by clients with open assignments, 92% (72) were completed by clients with closed assignments.
- Of the 72 clients with closed assignments, 46% (33) have been closed for 12 months or more.

Non BHS Suicides FY 20-21:

- Non-BHS suicides comprised 72% of all suicides countywide in FY 20-21 to date.

QUARTER 4 DATA TBA

SUICIDE DATA FY 20-21 TO DATE

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Month	SOC	% of Total	Total Suicide Deaths in County
July	9	22%	40
August	20	51%	39
September	12	33%	36
October	8	23%	34
November	9	26%	34
December	6	16%	37
January	11	31%	36
February	10	40%	25
March	8	26%	30
April	10	33%	30
May	11	28%	39
June	3	21%	14
	117	**29%**	**394**

After Suicide

Root Cause Analysis

- Structured process of the “why” and “how” of a serious incident resulting in death
- Aim is to investigate, evaluate and understand system processes and make updates as needed to avoid future similar incidents
- Create an action plan for programs to implement to help reduce risk to clients
- Training includes review of the SIR and ROF processes
- Next training date Sept 2

RISK ASSESSMENT TOOLS

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PROSPECTIVE RISK ANALYSIS

- Currently in the BHA
- E-learning webinar available through RIHS and OPTUM
- 'The intent of the PRA is not to change the way we assess for risk, but rather to build on our existing diagnostic and therapeutic skills. Using Dr. Shawn Shea's Chronological Assessment of Suicide Events (CASE) Approach combined with the PRA will allow clinicians to develop a consistent way of assessing for risk.'

- High Risk Assessment
  - required to be completed within 72 hours and final approved within 5 calendar days from discharge from acute care 24-hour facilities (hospital or crisis house) and thereafter anytime a client presents with risk factors. If risk is indicated, the development of a plan to manage safety is required.

CHRONOLOGICAL ASSESSMENT OF SUICIDE EVENTS (CASE APPROACH)

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RECOMMENDED BY SUICIDOLOGISTS

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PRACTICAL RESOURCES

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General

- Columbia Suicide Severity Rating Scale (C-SSRS) The Lighthouse Project The Columbia Lighthouse Project
- Warning Signs – American Association of Suicidology
- Strategic Planning | Suicide Prevention Resource Center (sprc.org)

Scholars

- Shawn C Shea, MD, Chronological Assessment of Suicide Events (*Psychiatric Interviewing: The art of understanding*)
- David Rudd, PhD, Language of Suicidology and Conceptual issues of differentiating warning signs and risk factors (*Warning Signs for Suicide*, June 2006)

Local

- Suicide Prevention Council - Community Health Improvement Partners (CHIP) (sdchip.org) subcommittees for priority populations, means reduction, faith outreach, postvention, schools, etc.
- It's UP to US San Diego Suicide Prevention and Support - Up2SD
- RIHS Training webinars RIHS eLearning - Academy for Professional Excellence (sdsu.edu)
- Optum MHP Provider Documents (optumsandiego.com)

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Medical Record Review Results

Presented by

Heather Parson, LMFT, QM Interim BH Program Coordinator

MRR RESULTS FY20-21

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QI Reviews - Overall Compliance	Overall Compliance FY 20-21	Overall Compliance FY 19-20	Overall Compliance FY 18-19	Overall Compliance FY 17-18	Overall Compliance FY 16-17
Combined Adults and Children's	**91%**	**89%**	**88%**	**89%**	**90%**
Adults	90%	88%	86%	87%	88%
Children's	91%	90%	90%	90%	91%

DISALLOWANCE FY20-21

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DISALLOWANCE RESULTS	Total # Services FY 20-21	Total # Disallowed FY20-21	FY 20-21
A/OA	4123	324	8%
CYF	5157	281	5%
COMBINED TOTAL	9280	605	7%
GOAL FOR FY20-21		**Missed the target of under 5%, but the percentages for disallowed services are still going down**	
GOAL FOR FY21-22		**UNDER 5%**	

MRR RESULTS FY20-21

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QI Reviews - Disallowance	Overall Disallowance Rate FY 20-21	Overall Disallowance Rate FY 19-20	Overall Disallowance Rate FY 18-19	Overall Disallowance Rate FY 17-18	Overall Disallowance Rate FY 16-17
Combined Adults and Children's	**7%**	**9%**	**11%**	**11%**	**8%**
Adults	8%	12%	15%	16%	11%
Children's	5%	6%	8%	8%	6%

DISALLOWANCE FY20-21

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DISALLOWANCE REASONS	FY 20-21 DOLLARS	FY 19-20 DOLLARS	FY 18-19 DOLLARS	FY 17-18 DOLLARS
Medical necessity	30,752.00	$33,588.15	$44,417.44	$45,348.81
Client Plan not completed within time period (admission, annually, UM, invalid CP) and/or not F/A prior to service provision	10,176.19	$31,918.23	$24,111.06	$26,639.26
Documentation completed/not final approved 14 days after date of service	6,563.91	$10,785.65	$17,357.66	$14,942.99
Time claimed greater than time documented on Progress Note	86.60	$787.38	$2,647.49	$803.93
No service was provided	6,872.73	$10,790.47	$19,505.30	$17,327.14
Service provided was solely clerical, transportation, payee	1,157.08	$1,521.90	$13,943.47	$12,209.33
Service provided was solely academic, vocational, rec, socialization, support only	9,466.56	$11,197.02	$25,633.29	$5,020.30
TOTAL DISALLOWANCE	**$85,930.63**	**$100,588.80**	**$147,615.71**	**$128,613.00**

SHOUT OUT TO PROGRAMS!

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MRR Compliance by LE with 90% or higher score

- Survivors of Torture
- SD County
- Sweetwater
- SDCC
- SAY
- Telecare
- Exodus
- Rady
- ECS
- SBCS
- FHC
- Pathways
- SDUSD
- NA
- NCL
- Palomar
- UPAC
- CRF

MRR Compliance by LE with 90% or higher score

- Palomar
- Sweetwater
- SAY
- Pathways
- FHC
- CRF
- ECS
- NCL
- Rady
- NCL
- SDUSD
- SBCS
- YMCA
- DCS
- NA
- UPAC
- Exodus

QM TRAINING FY20-21

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TYPE	FY 20-21 ATTENDED	FY 19-20 ATTENDED	FY 18-19 ATTENDED	FY 17-18 ATTENDED
A/OA OP DOC TRAINING	106	66	136	113
CYF OP DOC TRAINING	87	54	113	139
SUPPORT PARTNERS DOC TRAINING	63	30	74	86
DOC PRACTICUM	72	32	25	NA
ROOT CAUSE ANALYSIS TRAINING	135	60	62	50
LEADS PRACTICUM	52	73	79	0
VIRTUAL PROGRAM SPECIFIC TRAININGS	82	51	247	50
TOTAL	597	366	736	388

CCBH TRAINING

Justin Terrell

LIVE WELL
SAN DIEGO

CCBH Training FY 20-21

- 1,951 attendees between July 1, 2020, and June 30, 2021
  - Average of 163 attendees per month
  - High of 225 (June 2021) and low of 84 (December 2020)
- 315 classes between July 1, 2020, and June 30, 2021
  - Average of 26 classes per month
  - High of 33 (January 2021) and low of 16 (December 2020)
- 5,744 training support phone calls
  - Average of 479 calls per month
  - Average handle time of 4:37
  - Record high of 73 calls in one day
  - 43% of the calls are between 8:30am and 10:00am
- 17,140 training support email exchanges
  - Average of 1,428 email exchanges per month
  - Record high of 494 email exchanges in one day
- 83% evaluated the course as “effective”
  - 163 of 1,951 attendees submitted a survey = 8%

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MANAGEMENT INFORMATION SYSTEMS

SERVICE

INTEGRITY

CONNECTION

ACCESS TO SERVICES Update

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Areas of Focus –

- Timeliness of CCBH data entry
  - 5 business days
- Ratio of journals to client admissions
- Error rate

Reach out to us for help!

Year In Review

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- 5,732 ARFs processed during COVID-19
  - Includes ARFs for SDCPH staff
- EPCS token distribution for SDCPH MDs
- Millennium implementation planning
- Program integrity and specialized system reporting

ARF Tips

- Ensure the form is accurate and complete
- Remember to collect all required signatures
- Submit early to avoid staff being dropped from trainings
- Instructions and ARF forms found online:

  https://www.regpacks.com/optum

ARF Completion Training

- For Admin staff and PMs
- Coming in September
- Send request for registration to:

  MISHelpDesk.hhsa@sdcounty.ca.gov

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MILLENNIUM OUTPATIENT PROJECT UPDATE

EHR Project Leadership

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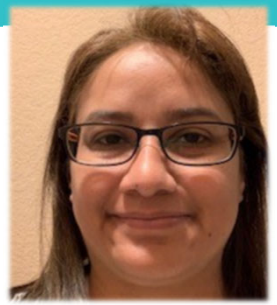
Randall Wallenberg
Program Manager

Jacquelyn Jacquez
Project Manager

Brian Sobek
Integration Architect



Patricia Martinez
Clinical Informatics Lead

Anshul Chhabra
Business Analysis Lead

Marco Medina
Business Intelligence Lead

Stephanie Hansen, LMFT
CCBH Managing Analyst

Nilsa Rubenstein
CCBH SME

OUTPATIENT PROJECT TIMELINE

ASSESSMENT EXAMPLE

LIVE WELL SAN DIEGO

BH Outpatient Intake Assessment Adult - ZZTEST, VITALS

*Performed on: 08/06/2021 0835 PDT

Communicatio
Interpreter Ser
Interpreter Ser
General Infom
Military Servic
Presenting Pro
Medical and M
Self-Harm and
Suicidal Ideati
Intensity of Ide
Suicidal Behav
Actual, Potent
CSSRS Risk A
* Violence Risk
Substance Us
Behavioral Ad
Family and Re
Family History
Trauma, Abus
Military Trauma
Housing Detai
Basic Compete
Financial Situa

Other Psychosocial Factors

Assessment of suicide risk should be based on the quantity and quality of patient-stated thoughts, desires, and behaviors as well as any additional risk or protective factors gathered from the patient or other sources.
Consideration should also be given to factors which are not explicitly stated but are reflected in thoughts, actions, or circumstances as well as factors which may be consciously or unconsciously withheld during the assessment.

Recent Life Events

- [ ] Bereavement
- [ ] Bullying
- [ ] Caring for elderly or disabled parent
- [ ] Death of a child
- [ ] Death of a spouse
- [ ] Death of other family member
- [ ] Death of significant other/friend/pet
- [ ] Disability
- [ ] Divorce
- [ ] Family turmoil
- [ ] Illness
- [ ] Incarceration
- [ ] Job loss
- [ ] Legal problems
- [ ] Natural disaster
- [ ] Peer relationship strain
- [ ] Rejection, loss
- [ ] Relocation
- [ ] School failure
- [ ] Trauma
- [ ] Other:

Family Behavioral Health History

- [ ] Alcoholism
- [ ] Mental illness
- [ ] Substance abuse
- [ ] Suicide
- [ ] Violence

Previous Mental Illness Diagnosis

- [ ] None
- [ ] Anxiety disorder
- [ ] Bipolar disorder
- [ ] Chemical dependency
- [ ] Cognitive disorder
- [ ] Depressive disorder
- [ ] Eating disorder
- [ ] Personality disorder
- [ ] Psychotic disorder
- [ ] Other:

Earliest Date of Mental Illness Diagnosis

//****

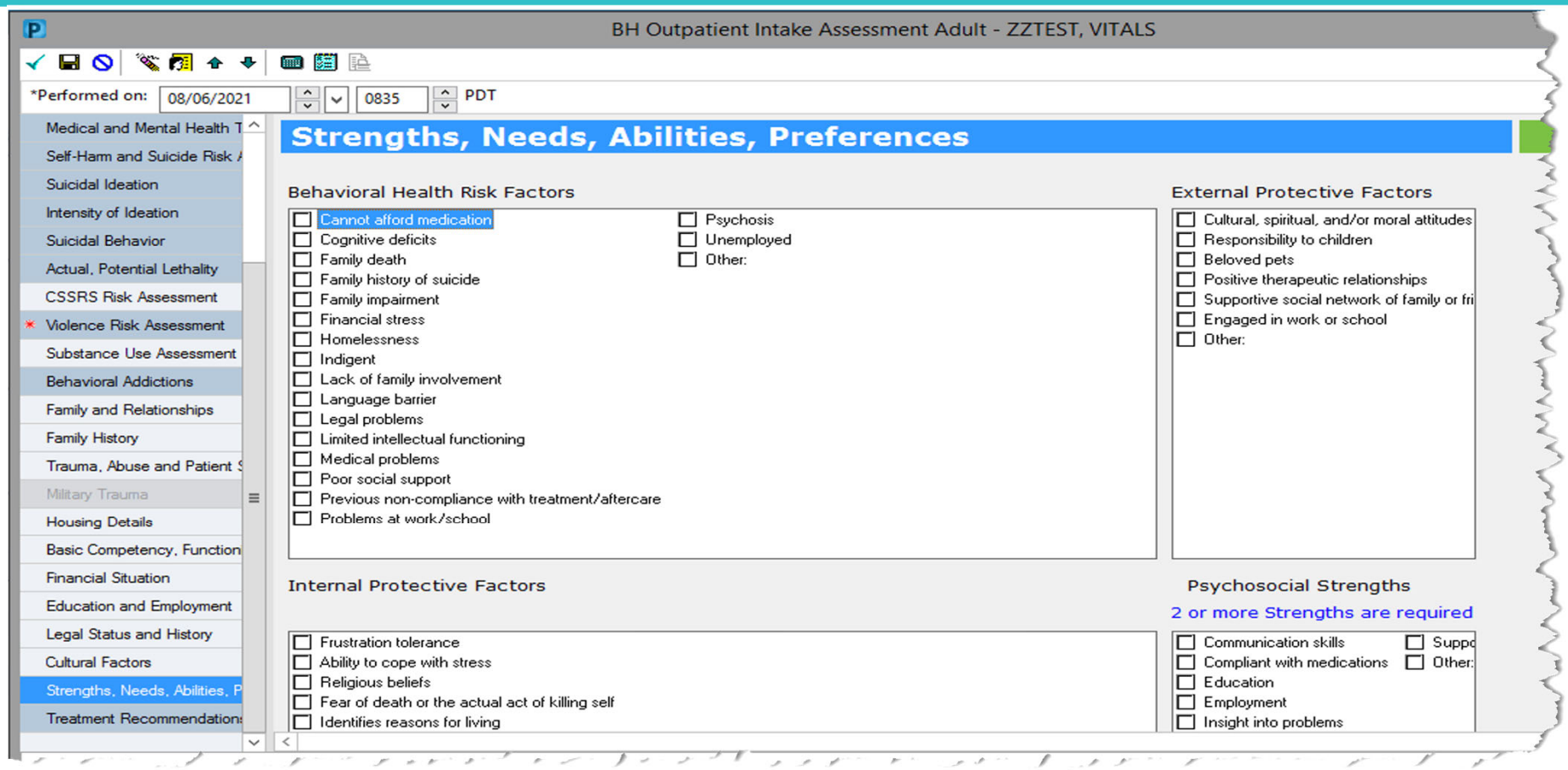
Symptoms of Psychosis Present

- [ ] None
- [ ] Catatonia
- [ ] Delusions
- [ ] Hallucinations
- [ ] Other:

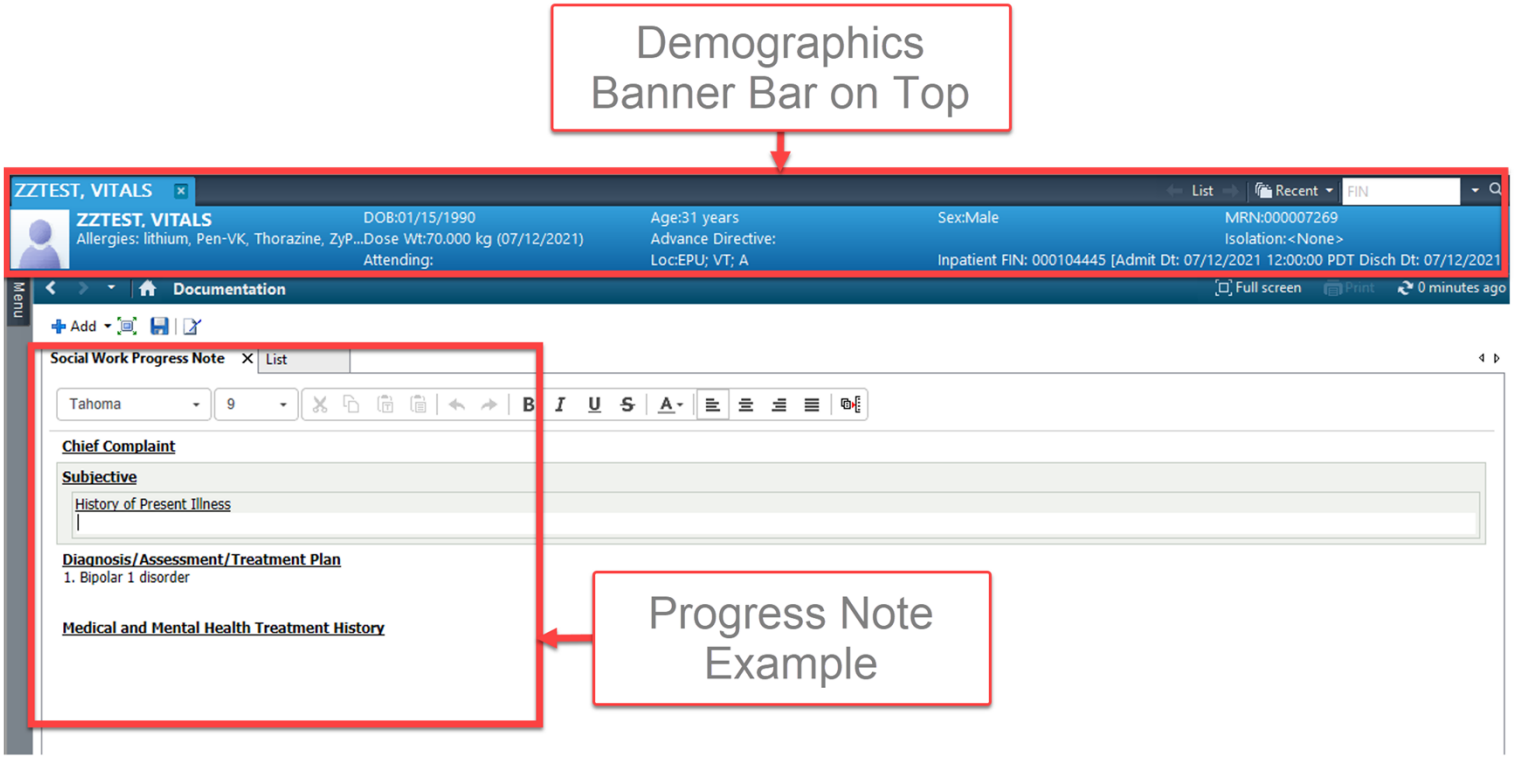
Usual Hours of Sleep

hr

ASSESSMENT EXAMPLE



PROGRESS NOTE EXAMPLE FROM SDCPH



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QUESTIONS

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F Performance Improvement Team

Learning From Today To Improve Tomorrow

PIT Hot Topics

- *QI Workplan Evaluation*
- *Cultural Competency*
- *MHSIP and YSS Results*
- *Performance Improvement Projects*
- *External Quality Review Recommendations*

Performance Improvement Team

Learning From Today To Improve Tomorrow

QI Workplan Evaluation

LIVE WELL SAN DIEGO

GOAL 2

90% of adult clients will report that staff were sensitive to their cultural background in the State-required Consumer Perception Survey.

DATA / RESULTS

Questions based on services received in the last 6 months	% Disagree/Strongly Disagree	% Agree/Strongly Agree
18. Staff were sensitive to my cultural background (race, religion, language, etc.)	*2.4*	*86.0*

GOAL 4

Increase by 5% the number of first-time Psychiatric Emergency Response Team (PERT) clients connected to BHS services within 30 days after PERT service, from the previous fiscal year.

First Time Psyciatric Emergency Response Team Contact w/Service	FY 2018-19	FY 2019-20	%
Q1	1,574	1,828	↑ 16.1%
Q2	1,596	1,741	↑ 9.1%
Q3	1,711	1,656	↓ -3.2%
Q4	1,723	1,577	↓ -8.5%
Total	6,604	6,802	3.0%

Performance Improvement Team

Learning From Today To Improve Tomorrow

QI Workplan Evaluation

LIVE WELL SAN DIEGO

GOAL 5

Increase by 5% the number of individuals discharged from a psychiatric hospital that connect to treatment services within 7 and within 30 days after discharge, from FY 2018-19.

DATA / RESULTS

Connection to Outpatient Services within 7 and 30 Days Following Discharge

	Time Frame	FY 2017-18	FY 2018-19	FY 2019-20	% Change (FY 18/19-19/20)
Systemwide	Clients Connected within 7 Days	36.6% (3,445)	37.3% (3,496)	35.7% (3,392)	-1.6%
	Clients Connected within 30 Days	48.6% (4,567)	50.3% (4,714)	49% (4,652)	-1.3%

Note: The number of clients who connected within 7 days of discharge is a subset of the number of clients who connected within 30 days of discharge. Additionally, services are only reported for clients who received a valid Face-to-Face or Telehealth service.

GOAL 6

Clinicians will report that Adult and Older Adult System of Care clients are getting better, as evidenced by significant improvement from pre and post assessment in the overall mean of client outcome measures.

Illness Management and Recovery (IMR)	N	Pre	Post	Change
Substance Use Subscale	3,609	4.25	4.29	▲
Management Subscale	3,723	2.79	2.92	▲
Recovery Subscale	3,729	2.91	2.98	▲
Overall Mean	3,732	3.22	3.30	▲
Recovery Markers Questionnaire (RMQ)	**N**	**Pre**	**Post**	**Change**
Overall Mean	2,614	3.61	3.67	▲

Legend

- ▲ Significant positive change ($p < .05$)
- ▲ Non-significant positive change
- ▶ No change

Performance Improvement Team

Learning From Today To Improve Tomorrow

Cultural Competence

- BHS administers two assessment tools:
  - Organizational Assessment: Cultural and Linguistic Competence Policy Assessment (CLCPA)
    - Next issued: February 2022
  - Individual/Staff Assessment: Promoting Cultural Diversity Self-Assessment Checklist (PCDSA)
    - Next issued: October 2022

Performance Improvement Team

Learning From Today To Improve Tomorrow

Cultural Competence

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- CLCPA Results (February 2021):
  - 177 programs responded: 128 (72.3%) MH Services and 49 (27.7%) SUD Services programs
    - Respondents indicated that they are fairly or very familiar with the diverse communities and the demographic makeup of their service areas (Section 1)
    - The majority of respondents indicated support for cultural competence in the overall organizational philosophy most of the time or all the time (Section 2)
    - About 85% of respondents reported collaborating with community-based organizations to address the health and mental health needs of culturally diverse groups in their service area (Section 4)
    - About a quarter of respondents indicated that their organizations are in the process of developing procedures to enhance retention and promotion to achieve the goal of a culturally and linguistically competent workforce (Section 5)
    - The majority of respondents indicated that their programs regularly engage in activities focused on adapting behavioral health care delivery to cultural and linguistic diversity (Section 6)
    - The majority of responses indicated that programs seldom or never practice the engagement activities outlined in the survey questions (Section 8)

Cultural Competence

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- PCSDA Results (October 2020):
  - 2,042 respondents completed survey: 1,675 (82%) for MHS and 367 (18%) for SUD
  - Section 1: Physical Environment, Materials, and Resources
    - Questions 1 to 5: reflect the greatest need overall

Legend: MHS | SUD | Combined

	1 - Did not occur to me	2 - Things I do rarely or never	3 - Things I do occasionally	4 - Things I do frequently	5 - Not applicable to my program
I. Physical Environment, Materials and Resources					
1. I display pictures, posters and other materials that reflect the cultures and ethnic backgrounds of communities served by my program or agency.	10%	19%	31%	40%	0%
	8%	20%	31%	40%	0%
	10%	**19%**	**31%**	**40%**	**0%**
2. I ensure that magazines, brochures, and other printed materials in reception areas are of interest to and reflect the different communities served by my program or agency.	10%	18%	27%	45%	0%
	8%	19%	29%	45%	0%
	9%	**18%**	**28%**	**45%**	**0%**
3. When using videos, films, CDs, DVDs, or other media resources for Behavioral Health outreach, prevention, treatment, or other interventions, I ensure that they reflect the cultures of communities served by my program or agency.	7%	13%	26%	54%	0%
	8%	13%	25%	55%	0%
	7%	**13%**	**26%**	**54%**	**0%**
4. When offering food, I ensure that meals provided include foods that are unique to the cultural and ethnic backgrounds of the communities served by my program or agency.	16%	25%	27%	32%	0%
	16%	27%	23%	35%	0%
	16%	**26%**	**26%**	**32%**	**0%**
5. I ensure mediums and modalities in reception areas and those, which are used during program services, are representative of the various cultural and ethnic groups within the local community and the society in general.	9%	17%	28%	47%	0%
	8%	18%	24%	50%	0%
	9%	**17%**	**27%**	**47%**	**0%**

Performance Improvement Team

Learning From Today To Improve Tomorrow

A/OA MHSIP State Survey

LIVE WELL SAN DIEGO

- June 22-26, 2020

Key finding for the A/OA MHSIP (N=1,976):

- Consumer Satisfaction
  - 90% of consumers were generally satisfied with services received (as indicated by either having agreed or strongly agreed with the General Satisfaction domain).
- Consumer Satisfaction: Trends Across Time
  - Perception of Access, Perception of Quality and Appropriateness, Perception of Participation in Treatment Planning, and Perception of Outcome Services scores increased across all domains in the Spring 2020 survey period as compared to the Spring 2019 survey period.
- Satisfaction by Race/Ethnicity
  - Hispanic, African American, and Native American consumers had higher mean scores than any other racial/ethnic group across all domains.
  - White and Asian/Pacific Islander consumers reported the highest proportion of dissatisfaction among all racial/ethnic groups in Perception of Social Connectedness.
- Satisfaction by Age
  - All age ranges have equally as high mean scores for four out of the seven domains: General Satisfaction, Perception of Access, Perception of Quality and Appropriateness, and Perception of Participation in Treatment Planning.
  - Consumers ages 18-25 years and 60+ years reported the highest proportion of dissatisfaction in the domain: Perception of Social Connectedness.
- Arrests
  - Among the 43% of consumers who received services for one year or less, 65% reported reduced encounters with police since they began receiving mental health services.
  - Among the 57% of consumers who received services for more than one year, 53% reported reduced encounters with police since they began receiving mental health services.

CYF Youth Services Survey (YSS)

LIVE WELL SAN DIEGO

- June 22-26, 2020

- Key findings in the CYF YSS (N = 1,342)
  - June 2020 was the first online administration of the YSS in San Diego County. Among clients and families who did complete the survey, parent/caregiver satisfaction in the Perception of Access domain increased nearly four percentage points, as compared to May 2019. Satisfaction in the Perception of Functioning domain increased five percentage points among both parent/caregivers and youth.
  - The County process objective of 80% of clients submitting a YSS form was not met in June 2020: 54% of the 2,808 clients receiving a service during the administration period submitted a YSS form. Response rates for this inaugural online administration period will not be used for program evaluation purposes.
  - The County outcome objective of 80% of clients responding “agree” or “strongly agree” for at least 75% of the satisfaction survey items was met for parents/caregivers and youth.
  - Both parents/caregivers and youth were most satisfied with the Perception of Cultural Sensitivity domain. Parents/caregivers and youth were least satisfied with the Perception of Outcomes of Services domain.
  - Parents/caregivers reported higher satisfaction than youth on every domain except Perception of Functioning.
  - The greatest disparity in satisfaction between youth and parents/caregivers was found on the Perception of Access domain.
  - Satisfaction and perception of outcomes varied among different levels of care in the Children, Youth and Families Behavioral Health Services (CYFBHS) system. On average, parents/caregivers of youth receiving or Outpatient services were most satisfied, and youth receiving Therapeutic Behavioral Services (TBS) services were most satisfied. However, only 5 completed surveys were submitted for youth in TBS, which means the averages may not be generalizable to the population. Lowest satisfaction was reported by youth and parents/caregivers of youth receiving Day Treatment services.
  - Satisfaction and perception of outcomes also varied widely among different racial/ethnic groups. Overall, Hispanic youth and their parents/caregivers reported the highest satisfaction averaged across domains. White youth and their parents/caregivers reported the lowest satisfaction averaged across domains. Across all race/ethnicity categories, highest levels of satisfaction were reported on the Perception of Cultural Sensitivity domain and lowest levels of satisfaction were reported on the Perception of Outcomes domain.
  - On average, satisfaction was highest among parents/caregivers of children ages 0 to 11 years.

Impact of COVID-19 on Mental Health Services Survey

LIVE WELL SAN DIEGO

- June 22-26, 2020
- Key Findings for supplemental survey (N =909)
  - Eighty-three percent of respondents endorsed being informed of the availability of mental health services during the COVID-19 crisis [Very-well informed (55%); Fairly informed (28%)].
  - About half of the respondents (51%) endorsed feeling no decline and approximately one-fifth of respondents (21%) endorsed feeling minimal decline in their own mental health due to the COVID-19 crisis.
  - Roughly three-quarters of the respondents (77%) endorsed utilizing telehealth services during the crisis.
  - Of those who utilized telehealth services, sixty percent endorsed telehealth services as being extremely or very effective in maintaining their recovery [Extremely effective (20%); Very effective (40%)].
  - Of those who did not utilize telehealth services, the top two reasons endorsed for not utilizing telehealth services were not having a cell phone (27%) and feeling uncertain on how to utilize telehealth services (19%).
  - Overall, respondents endorsed the majority of items as experiencing little to no impact due to COVID-19, especially difficulty taking medication [Not at all (76%); Slightly (9%)] or obtaining medication [Not at all (80%); Slightly (8%)]. Also, respondents reported little to no impact due to COVID-19 in obtaining basic needs [Not at all (72%); Slightly (13%)].
  - Nearly three-fourths of the respondents endorsed interest in the use of telehealth services in the future [Yes, occasionally (39%); Yes, most of the time (16%); Yes, all of the time (18%)]. Over one-fourth of respondents endorsed only wanting in-person services in the future (28%).
  - The top two reasons for utilizing telehealth services were dur to telehealth services appointments being more convenient (57%) and telehealth services appointment being more easy to schedule (28%)
  - Of those who endorsed not utilizing telehealth services in the future, the top two reasons for not utilizing telehealth services were due to not feeling comfortable using telehealth services technology (30%) and feeling less comfortable talking in a telehealth services setting (29%).

Performance Improvement Projects

LIVE WELL SAN DIEGO

Non-Clinical PIP: Improving client linkages following a PERT contact

- Updates:
  - A workgroup was formed to brainstorm possible strategies for connecting PERT clients
  - The improvement strategy focuses on having the PERT clinician connect eligible clients through a warm handoff to an identified peer or family support specialist
  - First intervention was implemented by adding additional questions to the PERT Screening Form
  - Initial warm handoff procedures were piloted in December
  - As of June 30, 2021, seven (7) clients were identified by PERT as appropriate for the intervention, where four (4) were identified as having an MH concern at the time of their PERT contact
- Next steps:
  - Continue to monitor implementation of the intervention and brainstorm ways to course correct, if necessary.
  - Continue to brainstorm ways to collect client feedback from those who receive the intervention and refine the drafted client interview questions.

Performance Improvement Team

Learning From Today To Improve Tomorrow

Performance Improvement Projects

LIVE WELL SAN DIEGO

Clinical PIP: Preventing crisis service use among youth with depression.

- Updates:
  - A workgroup was formed to brainstorm possible strategies for interventions in youth outpatient care
  - By October 2020, the group determined that the improvement strategy will focus on introducing an intervention designed to improve sleep habits that can be implemented in outpatient care.
  - A sleep intervention training was rolled out to participating pilot programs the following month
  - Initial warm handoff procedures were piloted in December
  - Two meetings were held in 2021 which included county leadership to discuss removing programs that are having trouble implementing the intervention and replacing them with programs that have more resources to support implementation
- Next steps:
  - Continue to monitor implementation of the intervention and brainstorm ways to course correct, if necessary.
  - Identify new programs to act as pilots.

Performance Improvement Team

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EQRO Recommendations

LIVE WELL SAN DIEGO

The MHP is advised to use CalEQRO technical assistance (TA) for both PIPs throughout the design and implementation process

- The MHP should prioritize addressing the level of care pressure across the system that was identified by the MHP and contractor staff.
- Review and refine data reliability and calculations for timeliness measures, particularly for urgent appointments.
- Develop a focused, centralized quality improvement (QI) process related to medication monitoring in order to identify system-level issues that should be addressed.
- Include Optum in strategizing the complex training requirements for staff that would keep them competent on both the legacy EHR and the new Millennium platform at the same time.
- Investigate and address CBO concerns regarding inconsistencies in contract monitoring and communication with contract officers.

Program Performance Improvement (PPI)

LIVE WELL SAN DIEGO

Phase 1: UCSD preparing a Toolkit; easily accessible to CORs and programs

Phase 2: Training of CORs/analysts on PDSA and SMARTIE

Phase 3: UCSD CASRC and HSRC will provide support to CORs and programs as requested

To include:

1. Intake
   a. Discovery Form (Exploratory)
2. Collaborative Record Review
   a. UCSD CASRC and HSRC:
      - Outcomes & State Survey
   b. BHS QI Performance Improvement Team (PIT):
      - Optum & Integrity reports
3. Goal Development
   a. PDSA Model
   b. PDSA Worksheet
   c. PDSA Resources
   d. SMARTIE Goal Worksheet
4. Progress
   a. Quarterly PPI Summary of Progress
   b. Post-PPI Summary and Next Steps

Program Performance Improvement | **PDSA Model**

What is PDSA?

Plan-Do-Study-Act (PDSA) is a four-stage problem solving model in which change theories are piloted on a smaller scale and/or in smaller chunks, and evaluated as part of the change process. This allows your team to test strategies rapidly, build on successes, and think flexibly to modify steps when needed. PDSA enhances team collaboration and provides a powerful tool to identify what is and what is not working.

The stages of a PDSA cycle are **plan**, **do**, **study**, and **act**. You will develop a **plan** to test the change theory, **do** the test, **study** your results and observations, and determine how to **act** on your findings.

Program Performance Improvement | **SMARTIE Goal Development**

Adapted from SMARTIE Framework by the Management Center
http://www.managementcenter.org/resources/smartie-goals-worksheet

Program Name:		
Date:		
Goal:		
S PECIFIC	*What specifically do you want to achieve?*	
M EASURABLE	*How will you know when you've achieved it?*	
A CHIEVABLE	*Is it possible to accomplish?*	
R ELEVANT	*Will it improve your program in some way?*	
T IME-BOUND	*What is an appropriate deadline?*	
I NCLUSIVE	*How will you include marginalized people into the process?*	
E QUITABLE	*How will you include a component of equity to address injustice?*	

Questions?

For more information or reports, contact BHSQIPIT@sdcounty.ca.gov.

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Performance Improvement Team

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