QUALITY IMPROVEMENT ANNUAL FORUM

JULY 11, 2017

Welcome and

Thank You for all your Great Work!

LIVE WELL SAN DIEGO

THE LITTLE THINGS FIRST . . .

- Bathrooms
- Breaks
- Silence Phones
- Taking Questions

BHS QI LEADERSHIP TEAM

- Tabatha Lang, Chief, Agency Operations
- AnnLouise Conlow, Senior MIS Manager
- Liz Miles, Principal Administrative Analyst, Performance Improvement Team (PIT)
- Steve Jones, Quality Management Program Manager

SYSTEM INFORMATION

Presented by

Tabatha Lang, LMFT
Chief, Quality Improvement

STATE UPDATES

- **1915(b) Specialty MH Services Waiver**
  - Special Terms and Conditions
  - Enhanced Monitoring
    - Sanction Fines and Penalties

1915 (B) SMHS WAIVER

- California's agreement between Centers for Medicare and Medicaid Services (CMS) and DHCS, as the Single State Agency for the administration of the Medicaid program
- Waiver allows California to deliver SMHS through a managed care delivery system
  - Through the waiver local county Mental Health Plans (San Diego) responsible for administration and provision of SMHS

1915 (B) SMHS WAIVER

- Current waiver term: July 1, 2015-June 30, 2020
- Current Special Terms and Conditions
  - Includes monitoring activities and results
    - Performance Dashboard (posted on website)
      - Quality
      - Access
      - Timeliness
      - Translation/Interpretation Capabilities

STATE MONITORING RESULTS

- Fiscal Years 2012-2015
  - Inpatient Disallowance Rates for Acute and Administrative Days
    - Average 53% of Acute Days Disallowed
    - Average 69% of Admin Days Disallowed
    - Average 55% of Total Days Disallowed

STATE MONITORING RESULTS

- **Fiscal Years 2012-2015**
  - Outpatient Chart Review Disallowance Rates
    - 3 Year Cycle Results
      - 22,677 Claims Reviewed
      - 8,694 Claims Disallowed
      - 38% of Total Claims Disallowed

SAN DIEGO'S DHCS REVIEW	Total # Services	Total # Disallowed	FY13-14
TOTAL	478	213	**44.6%**

STATE MONITORING RESULTS

- **Triennial MHP Review (FYs 2012-2016)**
  - System Review Compliance Rates
    - 3 Year Cycle
      - Average % Out or Partial Compliance = 13%
      - Out of Compliance Rates (range) = 0% - 62%

STATE ENHANCED MONITORING

- **DHCS initial framework; phased in over time**
  - **Tiered structure with designation criteria**
    - MHPs will be classified into tiers based on compliance rates and/or presence of significant or long-standing non-compliance
    - DHCS to operationalize definitions for criteria triggering enhanced monitoring
      - “significant findings”
      - “substantial improvement”
  - **MHPs will remain on a triennial review schedule**
    - Enhanced monitoring activities will be implemented in addition to these reviews

STATE ENHANCED MONITORING

- **DHCS Monitoring Framework includes**:
  - Triennial Reviews
  - POC Validation Reviews
  - TA and Training
  - MHP Submission of Evidence of QI Actions
  - POC Validation Visits
  - Focused Desk Reviews
  - Focused, Modified or Comprehensive Onsite System and Chart Reviews
  - Fines, Sanctions and Penalties

STATE ENHANCED MONITORING

- PROPOSED TIERS for System **and** Chart Reviews
  - TIER 1: 95%-100% Compliance
  - TIER 2: 90%-94% Compliance
  - TIER 3: 80%-89% Compliance
  - TIER 4: 70%-79% Compliance
  - TIER 5: 60%-69% Compliance
  - TIER 6: 50%-59% Compliance
  - TIER 7: 0%-49% Compliance

San Diego's Last Review

- System Compliance: **91%** *(TIER 2)*
- Chart Review OP Compliance: **55%** *(TIER 6)*
- Chart Review IP Compliance: **63%** *(TIER 5)*

STATE ENHANCED MONITORING

- **Sanctions, Fines, and Penalties**
  - CMS directed DHCS to develop a process
  - Currently developing a framework document to guide a process
  - Applicability and criteria for imposing SFP to be determined, but may include:
    - System and Chart Review Findings
    - EQRO and PIP findings
    - Timeliness of Services
    - Compliance with Managed Care Requirements
    - Compliance with 1915 (b) Waiver STCs

STATE UPDATES

- **Children and Youth System of Care Reforms**
  - Continuum of Care Reform
  - Therapeutic Foster Care
  - Presumptive Transfer

STATE UPDATES

- **Key Components of Continuum of Care Reform**
  - Requires transition of group homes to Short-term Residential Therapeutic Programs (STRTPs)
  - Establishes a new structure and level of care protocol
  - Defines functions of the Child and Family Team (CFT)
  - Expands the role of the Foster Family Agency (FFA) to provide multiple levels of care and enhances FFA licensing standards
  - Requires all new foster families to be approved as Resource Families (RFs)

STATE UPDATES

- **Therapeutic Foster Care (TFC) Service Model**
  - Allows for the provision of SMHS service activities
  - Identifies criteria for eligibility
  - Identifies TFC Service Model Parent Qualifications
  - Identifies Key Components
    - TFC Agency recruits and provides specialized training and intensive supervision to the TFC Parent
    - The TFC Parent works under the direction of a Licensed MH Professional employed by the TFC Agency

STATE UPDATES

- **Presumptive Transfer**
  - Policy to improve the timely and effective provision and payment of SMHS to children in foster care
    - Absent any exceptions… arranging, providing and paying for SMHS promptly transfers from county of original jurisdiction to the county in which the foster child resides

STATE UPDATES

- **DMC-ODS Waiver – Key Components**

- Significant expansion of DMC reimbursable benefit package
- ASAM criteria mandatory for placement determination
- Licensed Professionals of the Healing Arts (LPHA's)
- Emphasizes use of evidence based practices
- Requires additional UM and QI efforts
- Transfers more administrative oversight and accountability to counties
- Enables higher DMC rates
- Prioritizes integration and coordination of care with physical and mental health services
- Requires DMC certification of programs

STATE UPDATES

- **Managed Care Rule Implementation –** Statewide Impacts
  - Network Adequacy
  - Program Integrity
  - Beneficiary Protections
  - State Monitoring Requirements
  - Quality Improvement and Measurement
  - Parity compliance
  - MHP Contract Changes

MANAGED CARE RULE

- **CMS' Goals of the Final Rule**
  - To support State efforts to advance delivery system reform and improve the quality of care
  - To strengthen the beneficiary experience of care and key beneficiary protections
  - To strengthen program integrity by improving accountability and transparency
  - To align key Medicaid requirements with other health coverage programs

MANAGED CARE RULE

- **Mental Health Parity: Effective October 2, 2017**
  - Requires benefits to be no more restrictive than all medical and surgical benefits covered by the plan
    - State surveyed counties:
      - Prior Authorization and Referral Process
      - Pharmacy and Drug Formulary
      - Provider Network, Credentialing and Contracting
      - Case Management and Care Coordination
      - Treatment Restriction and/or Exclusions
      - Financial Requirements

MANAGED CARE RULE

- **Network Adequacy & Provider Standards**
  - **Time and Distance Standards for BH providers**
    - Network sufficient to provide adequate access to all services for all enrollees, including those with limited English proficiency or physical or mental disabilities
    - Appropriate range of services that is adequate for the anticipated number of enrollees in the service area
    - Timely access to care
    - Proposed standard for San Diego size county: 30 miles **or** 60 minutes from the beneficiary's residence
      - DHCS to finalize standards and Counties to demonstrate compliance

MANAGED CARE RULE

- **Beneficiary Protection Rules**
  - All required information in a manner and format that may be easily understood and is readily accessible
  - County looking at all required information and possible impacts on what is currently required to be provided to clients at intake
    - All written materials must include taglines in the prevalent non-English languages in the State (vs. county threshold languages) as well as large print
      - Font size no smaller than 18 point

MANAGED CARE RULE

- **Beneficiary Protection Rules**
  - Provider Directories
  - NOAs
    - Re-named to Notice of Adverse Benefit Determination
  - Grievance and Appeal System
    - Timelines

MANAGED CARE RULE

- **Program Integrity**
  - Uniform Credentialing and re-credentialing requirements
  - Ownership and control information (including contractors)
  - Periodic audits by DHCS
  - Transparency
    - Information posted on State website
      - MHP contract
      - Network adequacy data
      - Information on ownership and control
      - Results of periodic financial and encounter data audits

MANAGED CARE RULE

- **Quality Rating System (*2018*)**
  - State to identify performance measures and methodology for a rating system
  - State to collect data from each MHP and issue an annual quality rating
    - Rating to be published on State website

COUNTY SYSTEM OF CARE

Presented by

Steve Jones, LCSW
QM Program Manager

PEOPLE ARE TRAINED AND ARE CONTINUOUSLY WORKING TOGETHER TO FIND 'BETTER WAYS OF DOING THINGS'

MRR RESULTS FY16-17

Assessment		SOC	CYF	A/OA
1	Demographic form is completed and previous information is reviewed/updated upon admission.	**91%**	**93%**	**88%**
2	Demographic form is updated if there was a change in client information after admission and at a minimum annually.	**72%**	**71%**	**73%**
3	Initial BHA was final approved within 30 calendar days of program assignment (date of assignment counts as day one).	**91%**	**92%**	**89%**
4	In the BHA covering the review period, the BHA was updated as indicated or at a minimum of annually from previous BHA final approval date.	**79%**	**84%**	**73%**
6	In the BHA covering the review period, documentation evidences a cultural formulation which includes an understanding of how or if culture impacts client's mental health.	**79%**	**79%**	**79%**

MRR RESULTS FY16-17

Assessment		SOC	CYF	A/OA
11	In the BHA covering the review period, past and current substance use and its impact on client functioning is documented and diagnosed, if applicable.	**66%**	**69%**	**62%**
12	In the BHA covering the review period, if any item on the HRA is marked "yes", the Protective Factors and Self Injury/Suicide/Violence Management Plan fields are completed.	**84%**	**85%**	**84%**
13	Within the past year (from date of current MRR), when a client has discharged from a 24 hour facility (Hospital or Crisis House) for a mental health suicidal/homicidal crisis, a High Risk Assessment (HRA) is completed.	**64%**	**65%**	**63%**
15	In the BHA covering the review period, if client does not have a PCP, client was advised to seek a PCP.	**83%**	**81%**	**86%**
17	In the BHA covering the review period, the Clinical Formulation documents client's symptom(s), and functional impairment(s).	**89%**	**89%**	**88%**
18	In the BHA covering the review period, the Clinical Formulation documents proposed plan of care/services to address the client's behavioral health needs.	**91%**	**93%**	**89%**

MRR RESULTS FY16-17

Client Plan		SOC	CYF	A/OA
19	Initial Client Plan was completed and final approved within 30 days of program assignment (date of assignment counts as day one) and contains all required signatures or reason documented why not signed or final approved.	**89%**	**91%**	**88%**
20	A new and updated Client Plan covering the review period was written and final approved annually or reviewed at UM (CYF only) and contains all required signatures or reason documented why not signed or final approved.	**75%**	**82%**	**68%**
23	The Client Plan covering the review period is completed with all tiers and includes individualized narratives: (Area of Needs, Strenghts, Applied Strengths, Objectives, and Interventions)	**90%**	**91%**	**89%**
25	The Client Plan covering the review period includes objectives that are specific, observable and measurable.	**86%**	**91%**	**81%**
26	The Client Plan covering the review period documents frequency for all Interventions.	**70%**	**75%**	**66%**
27	The Client Plan covering the review period documents duration for all Interventions.	**69%**	**71%**	**67%**

MRR RESULTS FY16-17

Client Plan		SOC	CYF	A/OA
28	The Client Plan covering the review period documents how all Interventions: (a) Will significantly diminish the impairment, or (b) If client is stabilized, will prevent significant deterioration, or (c) For children, will allow developmental progress.	**90%**	**88%**	**91%**
29	For the Client Plan covering the review period, if risk factors of harm to self or others have been identified, there is evidence that the issues are addressed on the Client Plan.	**90%**	**92%**	**88%**
30	For the Client Plan covering the review period, if a Substance Use Disorder has been identified and diagnosed as an ongoing problem for client's mental health, there is evidence that the issues are addressed on the Client Plan.	**91%**	**95%**	**87%**
31	For the Client Plan covering the review period, if physical health needs that affect the client's mental health have been identified, there is evidence that the needs are addressed on the Client Plan.	**71%**	**69%**	**73%**

MRR RESULTS FY16-17

Progress Notes		SOC	CYF	A/OA
37	For clients with physical health needs related to their mental health treatment, progress notes document that physical health care (education, resources, referrals, managing health symptoms) is integrated into treatment.	**88%**	**84%**	**92%**
38	Documentation evidences that client was seen or why not seen by a mental health professional within 72 hours of discharge from an inpatient/crisis residential facility, if applicable.	**85%**	**82%**	**87%**
40	Coordination with Primary Care Physicians and Behavioral Health Form is completed and evidences coordination with, or documented reason why not completed.	**84%**	**88%**	**80%**
42	If applicable, all prompts and check-boxes on the "Informed Consent for the Use of Psychotropic Medication" have been completed.	**87%**	**85%**	**89%**

MRR RESULTS FY16-17

Billing		SOC	CYF	A/OA
43	Paper Progress Note includes service code, date of service, service time, date of documentation, signatures, job title/degree, and printed name.	**83%**	**92%**	**75%**
46	Service Code is correct for service documented.	**87%**	**89%**	**85%**
47	Time billed is substantiated in documentation. (Time claimed should be reasonably evident in the progress note including face to face, travel and documentation time.)	**79%**	**85%**	**72%**
48	Service time is claimed accurately to the minute as there is no trend or pattern of services being rounded or "same time" claimed for face to face, travel and documentation time across progress notes.	**89%**	**91%**	**86%**
51	Services provided involving more than one server, document the clinically compelling or medically necessary reason for more than one server. (applies to group and individual services)	**65%**	**88%**	**41%**
52	Services provided involving more than one server, document the clinical therapeutic intervention of each server. (applies to group and individual services)	**58%**	**83%**	**32%**
54	Services are billable according to Title 9 (e.g., no progress note, no-shows, lock-outs, non-billable activities, medical necessity, etc.).	**74%**	**82%**	**65%**

MRR RESULTS FY16-17

UM and Day Treatment		SOC	CYF	A/OA
55	During the review period, UM/UR requirements are completed as required.	**84%**	**95%**	**72%**
56	Outcome measures are completed within timeline and entered into database or CCBH (for CFARS) if applicable. (Program will be asked for evidence of entry into database.)	**76%**	**87%**	**65%**
63	Documentation of at least one psychotherapy contact per week for a Day Treatment Intensive program.	**67%**	**67%**	**NA**
66	Unavoidable absences are explained with absence time being documented accurately and reflected within the Attendance logs.	**72%**	**72%**	**NA**
67	Significant Weekly Information includes examples of Process groups, Skill building groups and Adjunctive therapies provided during the week, including impairment, progress, and response.	**51%**	**51%**	**NA**

MRR RESULTS FY16-17

PWB		SOC	CYF	A/OA
69	If Client meets criteria for enhanced services, documentation of subclass or class identification is noted in the BHA for the review period.	**85%**	**85%**	**NA**
71	If subclass eligible, Client Plan has required intervention of SC 82 Intensive Care Coordination (and SC 83 Intensive Home Based Services is added if assessment indicates client is to receive IHBS).	**83%**	**83%**	**NA**
72	Documentation supports that a CFT (Child Family Team) meeting has occurred within 30 days of identification of subclass on the Eligibility form, and at a minimum of every 90 days thereafter.	**82%**	**82%**	**NA**
73	If CFT meeting timelines are not met, documentation includes clear reason for CFT meeting postponement and efforts to coordinate meeting in the near future.	**73%**	**73%**	**NA**
74	When documenting a CFT meeting, progress note includes use of service indicator "Child Family Team CFT" in the field for "Provided To."	**87%**	**87%**	**NA**

POSITIVE RESULTS

Assessment		SOC	CYF	A/OA
5	In the BHA covering the review period, presenting problem documents how client meets or continues to meet medical necessity.	**95%**	**96%**	**94%**
7	In the BHA covering the review period, the Sexual Orientation question has been assessed and answered.	**94%**	**94%**	**94%**
8	In the BHA covering the review period, the Gender Identity question has been assessed and answered.	**93%**	**95%**	**91%**
9	In the BHA covering the review period, the Domestic Violence questions have been assessed and answered.	**97%**	**97%**	**96%**
10	In the BHA covering the review period, the Trauma questions have been assessed and answered.	**97%**	**98%**	**96%**
14	In the BHA covering the review period, BHA documents client was asked if he/she has a primary care physician (PCP).	**98%**	**99%**	**97%**
16	The BHA covering the review period includes a clearly substantiated Title 9 primary diagnosis.	**96%**	**97%**	**95%**
Client Plan		**SOC**	**CYF**	**A/OA**
21	Documentation evidences that the Client Plan was explained to the client or family/legal guardian in his/her primary language.	**97%**	**97%**	**97%**
22	Documentation evidences that the client or family/legal guardian was offered a copy of the plan or reason why not offered.	**95%**	**97%**	**94%**
24	The Client Plan covering the review period documents that Area of Need(s) is linked to symptoms/behaviors and level of impairment affecting functioning that were identified in BHA and linked to the diagnosis for the focus of treatment.	**93%**	**93%**	**93%**

POSITIVE RESULTS

Progress Notes		SOC	CYF	A/OA
32	Progress notes document client's impairment(s) in functioning as a result of a mental health diagnosis.	**98%**	**99%**	**97%**
33	Progress notes document specialty mental health intervention(s) utilized to address the impairment(s) and supports the client plan objective(s).	**98%**	**99%**	**97%**
34	Progress notes document recipient's response to the specialty mental health intervention(s).	**100%**	**100%**	**99%**
35	For clients identified at risk, progress notes document ongoing risk assessment, clinical monitoring, and intervention(s) that relate to the level of risk.	**99%**	**100%**	**98%**
36	For clients diagnosed with a co-occurring substance use disorder that is included on the client plan, progress notes document specific integrated treatment approaches.	**92%**	**93%**	**91%**
39	Documentation evidences coordination of care (communication, Tx updates, and/or referrals) between the program and client's other service providers (community therapist, FFS psychiatrist, primary care physician, day treatment, case management, school, child welfare, foster care, family/caregivers, or other agencies).	**95%**	**98%**	**91%**
41	For clients prescribed psychotropic medication by the program, there is an "Informed Consent for the Use of Psychotropic Medication" form signed by both client or family/legal guardian and psychiatrist. (Current JV220 form is an acceptable consent form for court dependents in the CYF SOC.)	**94%**	**92%**	**96%**

POSITIVE RESULTS

Billing		SOC	CYF	A/OA
44	Service Code billed matches service code on Paper Progress Note.	**98%**	**100%**	**95%**
45	Time billed is equal to time documented on Paper Progress Note.	**95%**	**92%**	**98%**
49	Selection for Service indicator "Provided at" is correct (especially when client is in a lock-out setting, e.g., correctional facility, hospital).	**97%**	**99%**	**95%**
50	Progress Notes are final approved within 14 calendar days from date of service. (Date of service counts as "day one".)	**94%**	**95%**	**93%**
53	Documentation for all services provided in the review period evidences service was provided within the scope of practice of the server.	**99%**	**100%**	**98%**

POSITIVE RESULTS

Day Treatment		SOC	CYF	A/OA
57	Authorization for Day Program Request (DPR) is completed and approved for services entered within required timelines with accurate dates verified in CCBH.	**95%**	**95%**	**NA**
58	Documentation in BHA covering the review period supports the level of care for Day Treatment, indicating a lack of progress or stabilization in a lower level of care.	**100%**	**100%**	**NA**
59	Daily documentation is present describing Day Treatment Intensive services.	**100%**	**100%**	**NA**
60	Weekly summary notes include appropriate boxes marked and dates (M/D/YR) of each day attended with services provided.	**92%**	**92%**	**NA**
61	Weekly summary notes reflect detailed information regarding client impairment, intervention, responses, and progress towards goals which justify billed time throughout the week.	**91%**	**91%**	**NA**
62	Weekly summary notes have been signed/co-signed by licensed/registered/waivered staff.	**97%**	**97%**	**NA**
64	Documentation of at least one contact a month with family and/or significant support person.	**99%**	**99%**	**NA**
65	Day program has a system in place to ensure that beneficiaries with "unavoidable absences" have met the 50% attendance requirement for reimbursement.	**100%**	**100%**	**NA**
PWB		**SOC**	**CYF**	**A/OA**
68	If Client meets criteria for enhanced services, PWB forms are completed and updated according to required timeline.	**93%**	**93%**	**NA**
70	Client is identified in Client Categories Maintenance with the KTA identifier for the subclass or class.	**90%**	**90%**	**NA**

MRR RESULTS FY16-17

QM Review Overall Results	FY16-17	FY15-16	FY14-15	FY13-14
A/OA	88%	88%	86%	91%
CYF	91%	91%	92%	94%
COMBINED TOTAL	**90%**	90%	89%	92%
GOAL FOR FY17-18	**92% OR HIGHER!**			

Provider Self Review Results	FY16-17	FY15-16	FY14-15	FY13-14
A/OA	92%	91%	90%	NA
CYF	95%	95%	95%	NA
COMBINED TOTAL	**94%**	93%	93%	NA

DISALLOWANCE FY16-17

DISALLOWANCE RESULTS	Total # Services	Total # Disallowed	FY16-17	FY15-16
A/OA	3410	383	11%	5%
CYF	5002	293	6%	4%
COMBINED TOTAL	8412	676	**8%**	5%
GOAL FOR FY17-18		**UNDER 5%**		

DISALLOWANCE FY 16-17	DOLLARS
Medical necessity	$30,136.28
Client Plan not completed within time period (admission, annually, UM)	$23,981.72
Documentation completed/not final approved 14 days after date of service	$11,783.23
Time claimed greater than time documented on Progress Note	$7,072.20
No service was provided	$7,031.47
Service provided was solely clerical, transportation, payee	$6294.45
Claim for group activity not properly apportioned	$5,066.41
TOTAL DISALLOWANCE	**102,657.65**
CORRECTABLE BILLING	**$53,222.37**

MRR SATISFACTION RESULTS

1. Understanding of MRR Process (process explained, able to ask and have questions answered).	3.69 / 4.0
2. Professionalism of UR/QI Specialist (courteous, professional, collaborative, clear communication).	3.80 / 4.0
3. Exit Interview (preliminary results explained, able to ask and have questions answered).	3.77 / 4.0

35 Surveys Returned

90% found process helpful

FY 17-18

Survey Monkey link will come with final report

KEY: 4=Very good 3=Good 2=Fair 1=Poor

MRR PROCESS FY 16-17

- **GOAL**
  - Collaborative approach (program self review)
  - Increase knowledge of documentation standards
  - Review of all direct service staff
  - MRR Feedback using Survey Monkey
- **FOCUS – MEDICAL NECESSITY**
  - Assessment
  - Client Plan
  - Progress notes
  - Billing

MRR PROCESS FY 16-17

- QI Specialist will contact PM with client names
- Programs will conduct their own MRR
- Complete review within two weeks (10 business days)
- Attestation by Legal Entity Executive staff
- QI Specialist conduct MRR and exit interview
- Final MRR sent within 30 days
- Plan of Correction due within 14 days
- Follow up and ongoing monitoring

MRR PROCESS FY 16-17

- **AFTER THE REVIEW**
  - Exit Interview
  - Ask Questions – there should be no surprises
  - Feedback Survey to QM

- **ISSUE RESOLUTION** – Compliance Items
  - QI Specialist
    - QI Supervisor
      - QI Program Manager

- **APPEAL** – Must include request letter and evidence
  - Only recoupments/disallowances are subject to appeal
    - Level One – QI Program Manager
    - Level Two – QI Chief

PLAN OF CORRECTION

- Required if overall compliance < 90% or disallowance rate greater than 5%
- QM has discretion to ask for a POC for specific issues
- 14 days to respond
- Respond specifically to deficiencies
- Submit evidence (Monitoring plan, training, etc.)

PLAN OF CORRECTION

- Submit billing documentation to verify completed corrections (See Billing Summary)
- Conditional POC approval until all billing corrections are completed to final adjudication and sent to QM
- How do you ensure Plan of Correction is working
- Follow up to QM on POC activities

QM GOALS FY17-18

1. CLIENT PLAN COMPLIANCE WITH TIMELINES
    a. AT ADMISSION – WITHIN 30 DAYS
    b. ANNUAL OR UM
2. REDUCE DISALLOWANCE TO UNDER 5%
3. IMPROVE SYSTEM COMPLIANCE TO 92% PLUS
4. ZERO RECOUPMENTS – KEEP OUR FUNDING
    a. DUE TO PAST 14 DAYS DOCUMENTATION
    b. ZERO RECOUPMENTS FOR NO VALID CP

CLIENT PLAN REDESIGN

- **Goals**
  - Reduce time to complete CP
  - Shorten the client plan
  - Make CP more client friendly
  - More flexibility for clinicians
  - Client plans by LOC/service type

CLIENT PLAN REDESIGN

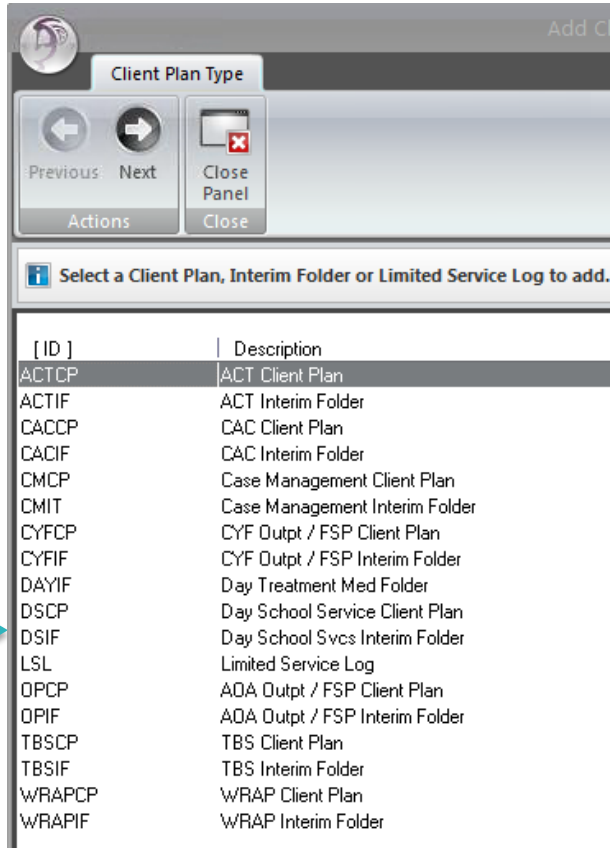
LIVE WELL SAN DIEGO

Treatment Plan Families Table (Administrative Access)

ID

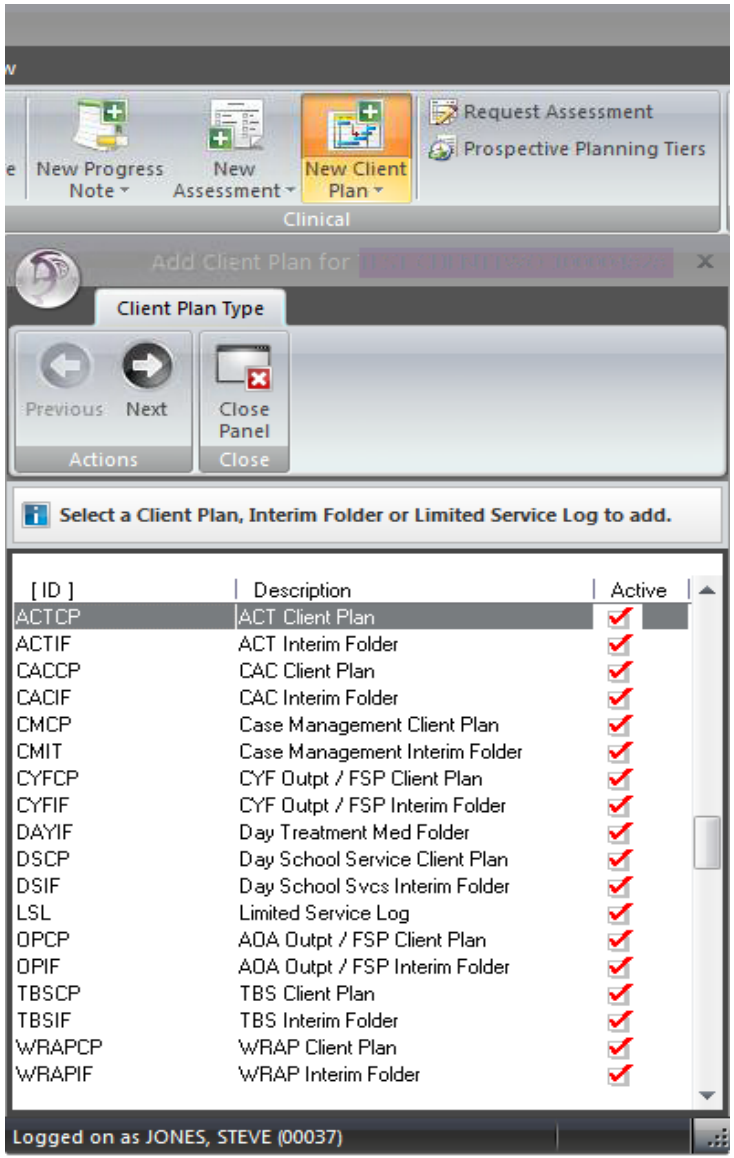
ID	Description
ACTCP	ACT Client Plan Family
CACCP	CAC Client Plan Family
CMCP	Case Management Client Plan Fa
CPF	Client Plan Family
CYFCP	CYF Outpt / FSP Client Plan Fa
DAYIF	Day Tx Med Folder Family
DCPF	Interim Folder Day Treatment
DSCP	Day School Seervice CP Family
ISL	ISL Family
LSL	Limited Service Family
OPCP	Outpatient / FSP Client Plan F
SCPF	START Client Plan Family
TBSCP	TBS CP Family
TCPF	TBS Client Plan Family
WRAPCAP	WRAP Cilient Plan Family

Client Plan Families are organized by Level of Care / Service Type

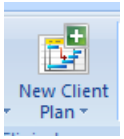


Every Client Plan Family has a Client Plan Folder and an Interim Folder.

CLIENT PLAN TYPES - CHP

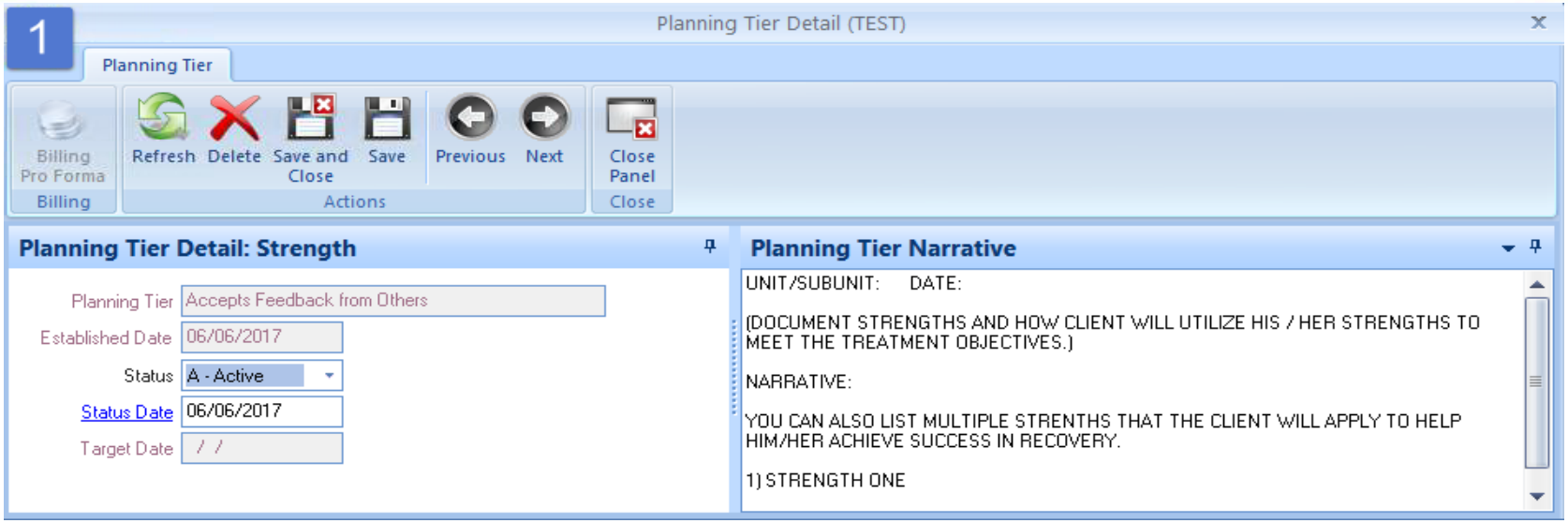


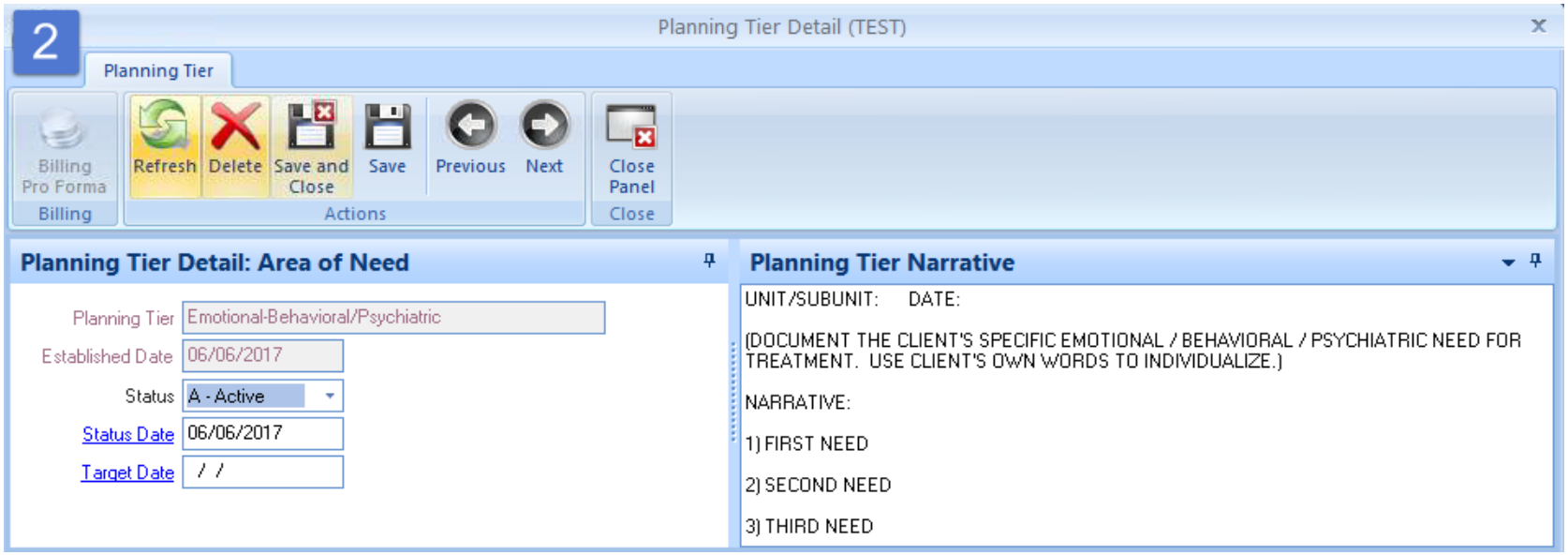
When starting a new client plan, staff will click on the



and select the specific client plan type, then proceed in developing the client plan.

CP REDESIGN – SIMPLICITY





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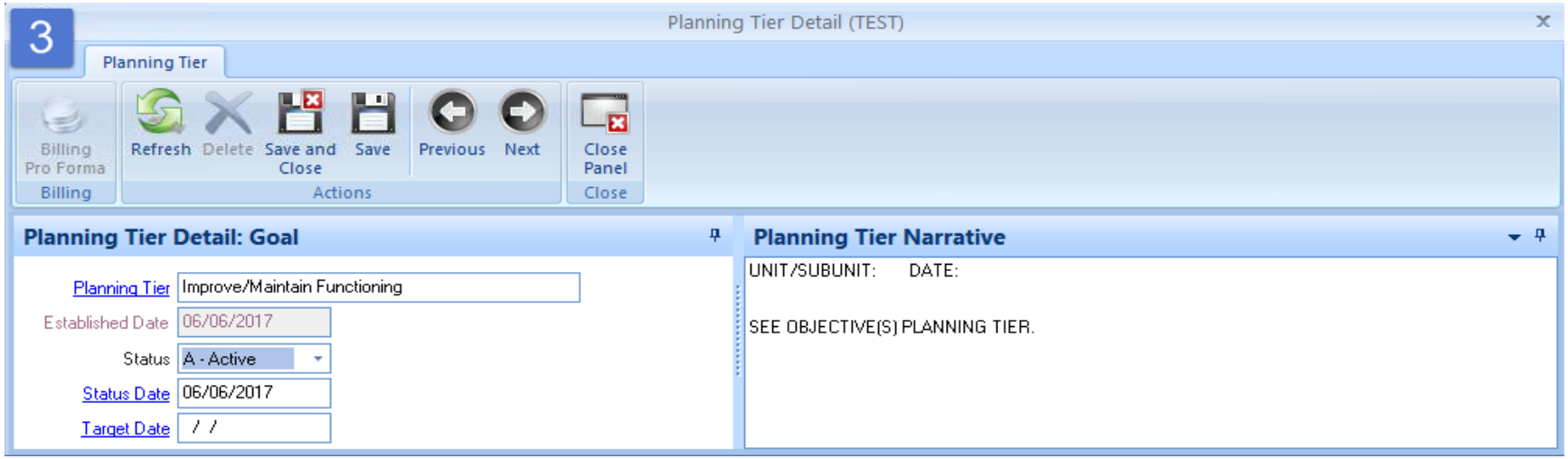

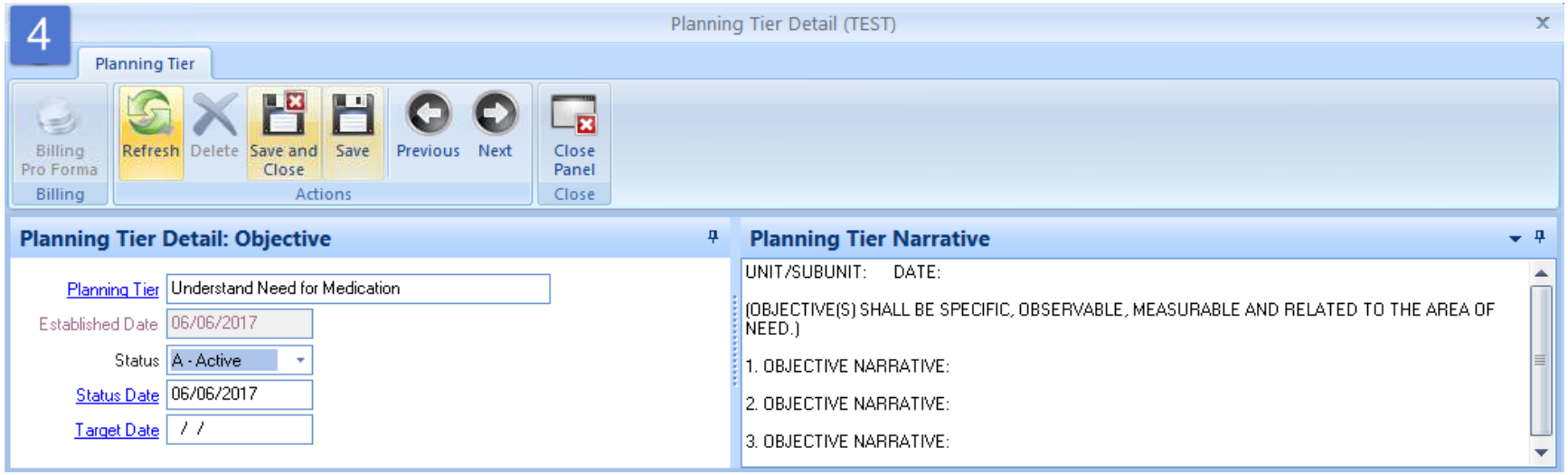

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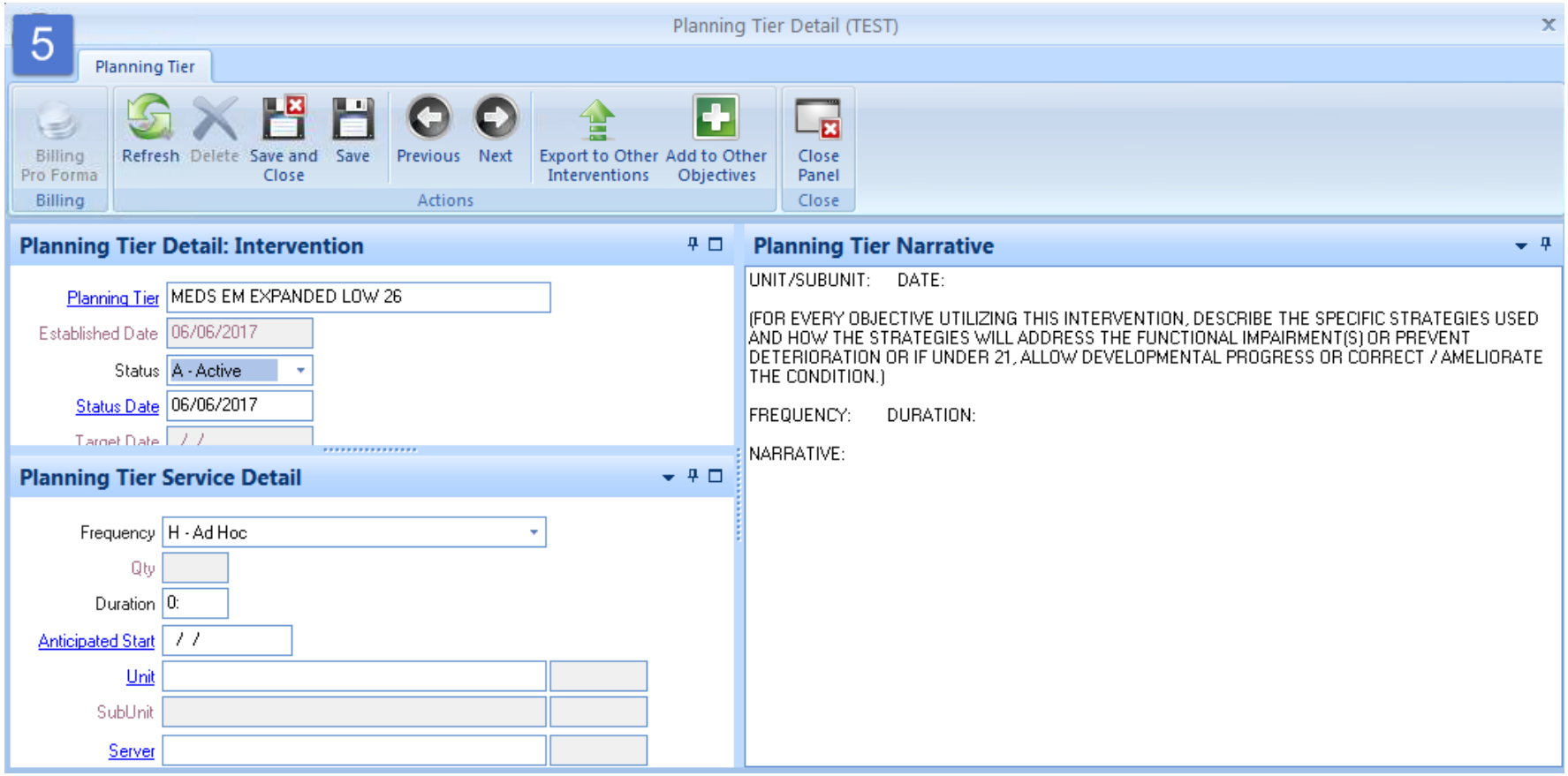

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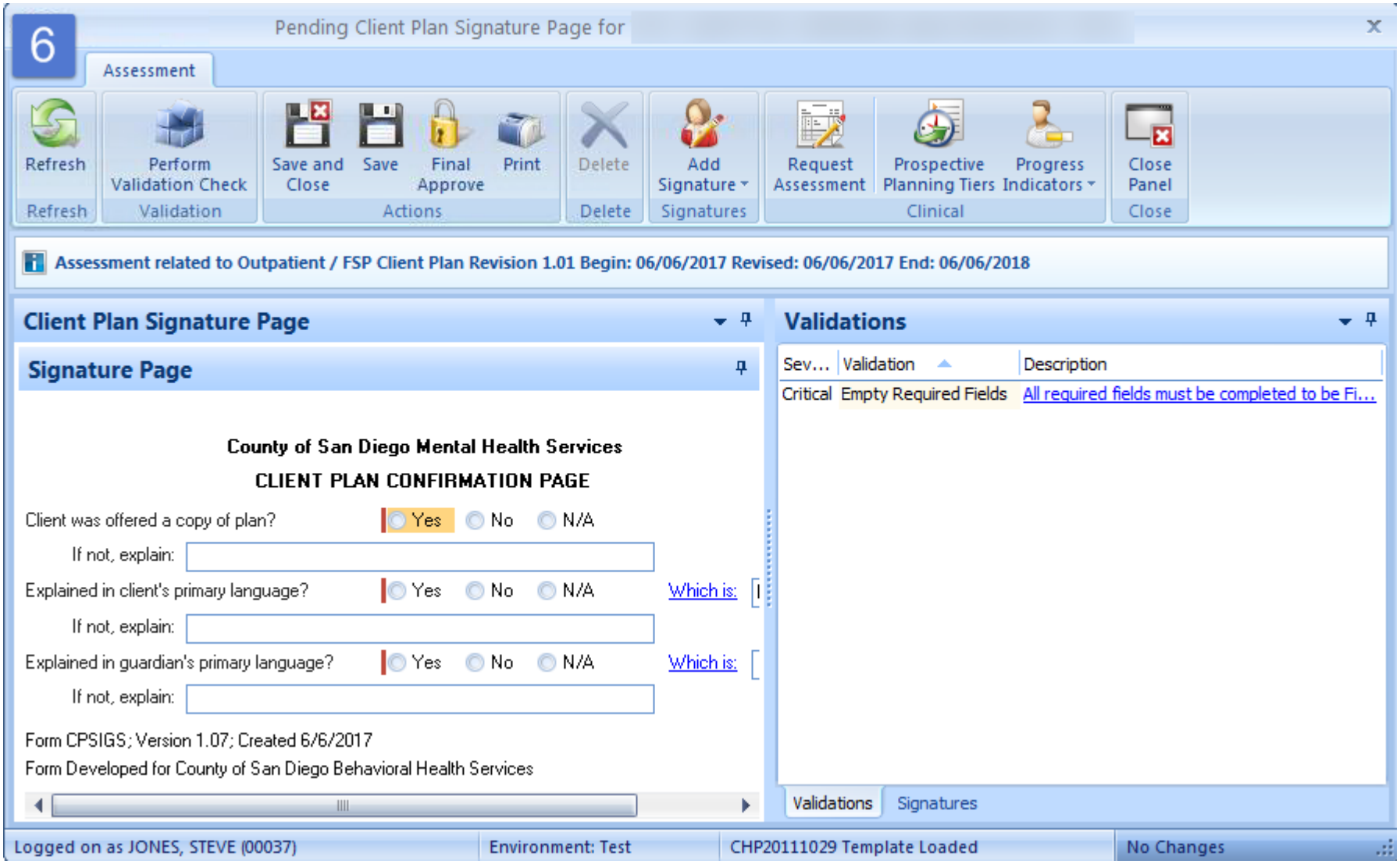


Client Plan

Level	Type	Description	Status	Established Date	Target Date	Status Date
1	Strength	Accepts Feedback from Others	Active	06/06/2017		06/06/2017

UNIT/SUBUNIT: *DATE:*

(DOCUMENT STRENGTHS AND HOW CLIENT WILL UTILIZE HIS / HER STRENGTHS TO MEET THE TREATMENT OBJECTIVES.)

NARRATIVE:

YOU CAN ALSO LIST MULTIPLE STRENTHS THAT THE CLIENT WILL APPLY TO HELP HIM/HER ACHIEVE SUCCESS IN RECOVERY.

1) STRENGTH ONE

2) STRENGTH TWO

1	Area of Need	Emotional-Behavioral/Psychiatric	Active	06/06/2017		06/06/2017

UNIT/SUBUNIT: *DATE:*

(DOCUMENT THE CLIENT'S SPECIFIC EMOTIONAL / BEHAVIORAL / PSYCHIATRIC NEED FOR TREATMENT. USE CLIENT'S OWN WORDS TO INDIVIDUALIZE.)

NARRATIVE:

IN THE NARRATIVE SECTION, YOU MAY LIST MORE THAN ONE SPECIFIC AREA OF NEED.

1) FIRST NEED

2) SECOND NEED

3) THIRD NEED

1.1	Goal	Improve/Maintain Functioning	Active	06/06/2017		06/06/2017

UNIT/SUBUNIT: *DATE:*

SEE OBJECTIVE(S) PLANNING TIER.

1.1.1	Objective	Understand Need for Medication	Active	06/06/2017		06/06/2017

UNIT/SUBUNIT: *DATE:*

(OBJECTIVE(S) SHALL BE SPECIFIC, OBSERVABLE, MEASURABLE AND RELATED TO THE AREA OF NEED.)

1. OBJECTIVE NARRATIVE:

2. OBJECTIVE NARRATIVE:

3. OBJECTIVE NARRATIVE:

1.1.1.1	Intervention	MEDS EM EXPANDED LOW 26	Active	06/06/2017		06/06/2017

Frequency: Ad Hoc

UNIT/SUBUNIT: *DATE:*

Client Plan

Level	Type	Description	Status	Established Date	Target Date	Status Date
		(FOR EVERY OBJECTIVE UTILIZING THIS INTERVENTION, DESCRIBE THE SPECIFIC STRATEGIES USED AND HOW THE STRATEGIES WILL ADDRESS THE FUNCTIONAL IMPAIRMENT(S) OR PREVENT DETERIORATION OR IF UNDER 21, ALLOW DEVELOPMENTAL PROGRESS OR CORRECT / AMELIORATE THE CONDITION.)				
		FREQUENCY: *DURATION:*				
		NARRATIVE:				
1.1.1.2	Intervention	MEDS EM DETAILED MODERATE 27	Active	06/06/2017		06/06/2017
		Frequency: Ad Hoc				
		UNIT/SUBUNIT: *DATE:*				
		(FOR EVERY OBJECTIVE UTILIZING THIS INTERVENTION, DESCRIBE THE SPECIFIC STRATEGIES USED AND HOW THE STRATEGIES WILL ADDRESS THE FUNCTIONAL IMPAIRMENT(S) OR PREVENT DETERIORATION OR IF UNDER 21, ALLOW DEVELOPMENTAL PROGRESS OR CORRECT / AMELIORATE THE CONDITION.)				
		FREQUENCY: *DURATION:*				
		NARRATIVE:				

County of San Diego Mental Health Services

CLIENT PLAN CONFIRMATION PAGE

Client was offered a copy of plan? ◉ Yes ○ No ○ N/A

If not, explain:

Explained in client's primary language? ◉ Yes ○ No ○ N/A Which is: English

If not, explain:

Explained in guardian's primary language? ◉ Yes ○ No ○ N/A Which is:

If not, explain:

Form CPSIGS; Version 1.07; Created 6/6/2017
Form Developed for County of San Diego Behavioral Health Services

CLIENT PLAN REQUIREMENT

PROVISION OF SERVICES PRIOR TO APPROVED CLIENT PLAN

Medi-Cal will reimburse an MHP for some services provided to a beneficiary before his or her client plan is approved.

The following services are reimbursable:

- Assessment
- Plan Development
- Crisis Intervention
- Crisis Stabilization
- Medication Support Services (*if there is an emergency or immediate need which must be documented*)
- *Some* Targeted Case Management Services

CLIENT PLAN REQUIREMENT

Pursuant to the State Plan “Targeted Case Management” includes the following services:

- Comprehensive assessment to determine whether a beneficiary needs targeted case management services to access medical, educational, social or other services.
- Development of a client plan.
- Referral and Related Activities to help a beneficiary obtain needed services including medical, alcohol and drug treatment, social, and educational services.
- Monitoring and follow up activities to ensure the beneficiary’s client plan is being implemented and that it adequately addresses the beneficiary’s needs.

CLIENT PLAN REQUIREMENT

Medi-Cal will disallow payment for certain services if at the time the services were provided the beneficiary being treated did not have an approved client plan.

What are those services?

- Mental health services (except assessment, client plan development)
- Day treatment intensive
- Day rehabilitation
- Adult residential treatment services
- Crisis residential treatment services, except crisis intervention services, assessment and client plan development
- EPSDT supplemental specialty mental health services

CLIENT PLAN REQUIREMENT

Can a provider (or MHP) prepare a temporary client plan in order to begin providing services prior to completion of a comprehensive Client Plan?

- Providers may elect to prepare an **“initial client plan”** for a short period of time in order to quickly begin providing services that cannot be provided without an approved client plan.
- For example, if a beneficiary is initially assessed to need medication support services, the provider could prepare (and obtain the necessary signatures for) an initial client plan that includes medication support services only.
- Once the provider has completed a comprehensive assessment of the beneficiary, the initial client plan would be updated to be comprehensive.
- The comprehensive client plan must be completed within the MHP’s time line including all client plan requirements.

CLIENT SIGNATURES

CP REQUIREMENTS:

1. CLIENT/LEGAL REP SIGNATURE AND DATE (if not available, go to #2)
2. DOCUMENTATION OF PARTICIPATION AND AGREEMENT

- Documentation of participation in and agreement with the client plan may include reference in the client plan **OR**

- A description in the medical record (e.g., in a progress note) of the beneficiary's participation and agreement with the client plan.

The following is an example of a note that would meet the requirement:

Client participated in treatment planning meetings on (date) and (date). The client participated in developing their treatment plan goals; in particular, the goals for (state goal or goals that the beneficiary gave specific input for). The client was satisfied with the client plan and stated verbal agreement at the meeting held on (date).

HOW TO OPERATIONALIZE

- Assess your current work flow
- Process mapping of intake process
- Seek input from clients, staff, other providers
- Be creative, brainstorm ideas
- Make the necessary changes
- Evaluate implemented changes
- Make adjustments as necessary

QI TRAINING FY16-17

TYPE	NUMBER OFFERED	NUMBER ATTENDED
A/OA OP DOC TRAINING	4	148
CYF OP DOC TRAINING	4	126
CYF PARENT/PEER PARTNER DOC TRAINING	4	68
DAY TREATMENT DOC TRAINING	1	11
CYF DT UNBUNDLING DOC TRAINING	3	39
mHOMS DOC TRAINING	3	127
ROOT CAUSE ANALYSIS TRAINING	4	67
TOTAL	23	586

EHR TRAINING FY16-17

OPTUM TRAINING TEAM	NUMBER OFFERED	NUMBER ATTENDED
CCBH (Cerner) (excludes June)	**428**	**2032**
Since October 2009	**2479**	**15,698**

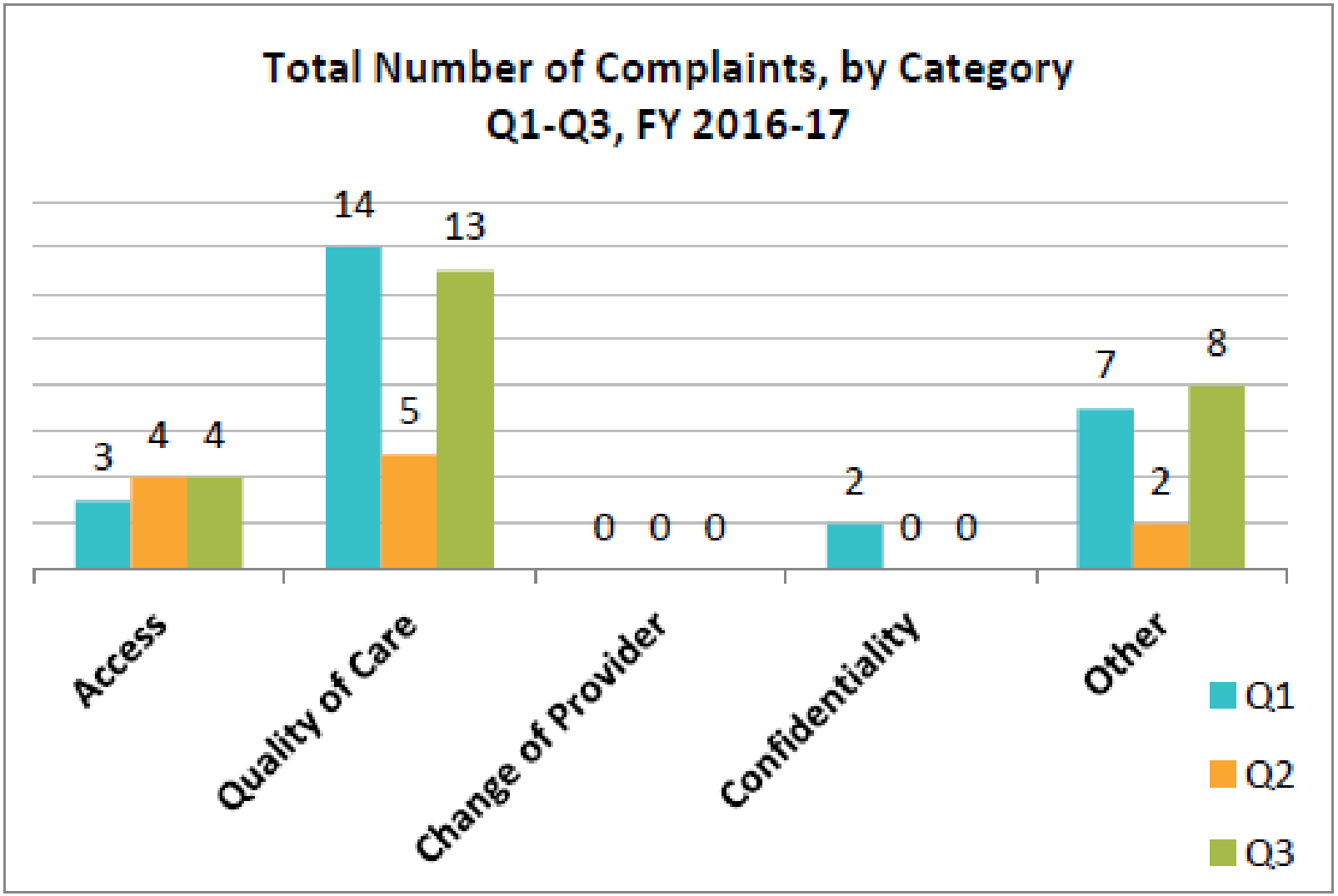
MEDICATION MONITORING (3 QTRS.)

	CYF	A/OA	TOTAL
Programs Reporting	64	36	100
Charts with Meds	3889	25189	29078
Charts Reviewed	213 (5%)	422 (2%)	635 (2%)
# Variances & % of possible variances in reviewed charts	38 (1%)	301 (3%)	339 (5%)

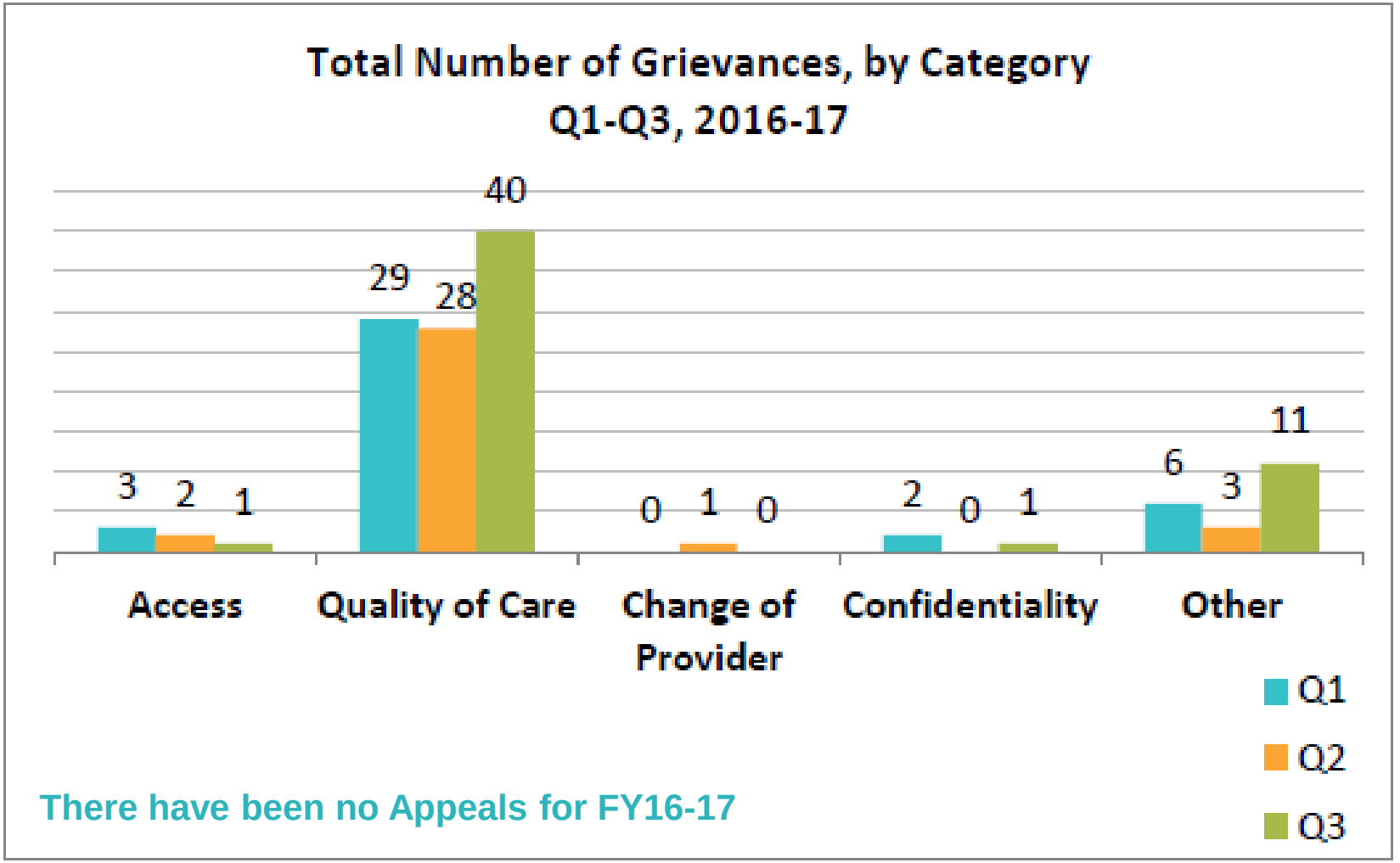
Majority of Variances:

- Labs
- Informed Consent completion
- Number of each chemical class concurrently without a clearly documented rationale

BENEFICIARY RIGHTS: COMPLAINTS



BENEFICIARY RIGHTS: GRIEVANCES



There have been no Appeals for FY16-17

	C	G
ACCESS		
SERVICE NOT AVAILABLE	2	0
SERVICE NOT ACCESSIBLE		
TIMELINESS OF SERVICES		1
24/7 TOLL-FREE ACCESS LINE		
LINGUISTIC SERVICES		
OTHER ACCESS ISSUES	9	5
TOTAL	11	6
QUALITY OF CARE		
STAFF BEHAVIOR CONCERNS	10	31
TREATMENT ISSUES OR CONCERNS	7	25
MEDICATION	12	33
CULTURAL APPROPRIATENESS	2	
OTHER QUALITY OF CARE ISSUES	1	7
TOTAL	32	96
CHANGE OF PROVIDER		
TOTAL	0	1
CONFIDENTIALITY CONCERN		
TOTAL	2	3
OTHER		
FINANCIAL	2	4
LOST PROPERTY	1	4
OPERATIONAL	0	0
PATIENTS' RIGHTS	12	10
PEER BEHAVIORS	0	0
PHYSICAL ENVIRONMENT	0	1
OTHER GRIEVANCE NOT LISTED ABOVE	2	1
TOTAL	17	20
GRAND TOTAL	62	126

LIVE WELL SAN DIEGO

Focus for Improvement

- Staff Behavior
- Treatment Issues
- Medication
- Patients' Rights

SERIOUS INCIDENTS (AS OF 4/30/17)

	Incident in Media	Death by Suicide	Death Under Questionable Circumstances	Death by Homicide	Suicide Attempt	Homicide Attempt by a Client	Injurious Assault on a Client	Injurious Assault by a Client	Tarasoff (Report made by Program)	Tarasoff (Report received by Program)	Serious Allegations of or Confirmed Inappropriate Staff Bx	Serious Physical Injury	Apparent Overdose of Alcohol/Drugs	Privacy Incident	Physical Restraints (Prone or Supine)	Other	**Totals**
A/OA	7	20	15	2	40	1	1	4	53	4	7	12	10	38	0	30	244
CYF	2	1	0	0	13	0	0	0	7	2	2	3	3	6	188	3	230
TOTAL SOC	9	21	15	2	53	1	1	4	60	6	9	15	13	44	188	33	474

SOC SUICIDE DATA	FY 14-15	FY 15-16	FY 16-17 (3 Qtrs.)
	131	144	109

CLINICAL CASE REVIEW COMMITTEE

- **All BHS SIR completed suicide cases are reviewed**
  - Under leadership of BHS Clinical Director, Dr. Krelstein
  - Licensed clinical staff review 2-4 suicide cases each month
  - Purpose to identify clinical trends as a quality improvement activity
  - As of April 2017, there have been 23 suicide death SIRs in FY 2016-17
    - 21 for Mental Health programs
    - 2 for SUD programs
    - 299 suicides Countywide

CLINICAL CASE REVIEW RESULTS

- **Clinical Trends Identified**
  - Limited coordination of care with other providers
  - Limited communication or involvement with family
  - Recent medication changes
  - Recent discharge from a hospital or other provider
  - Limited use of the HRA or a suicide risk assessment
  - No documentation of follow up after a “No show”

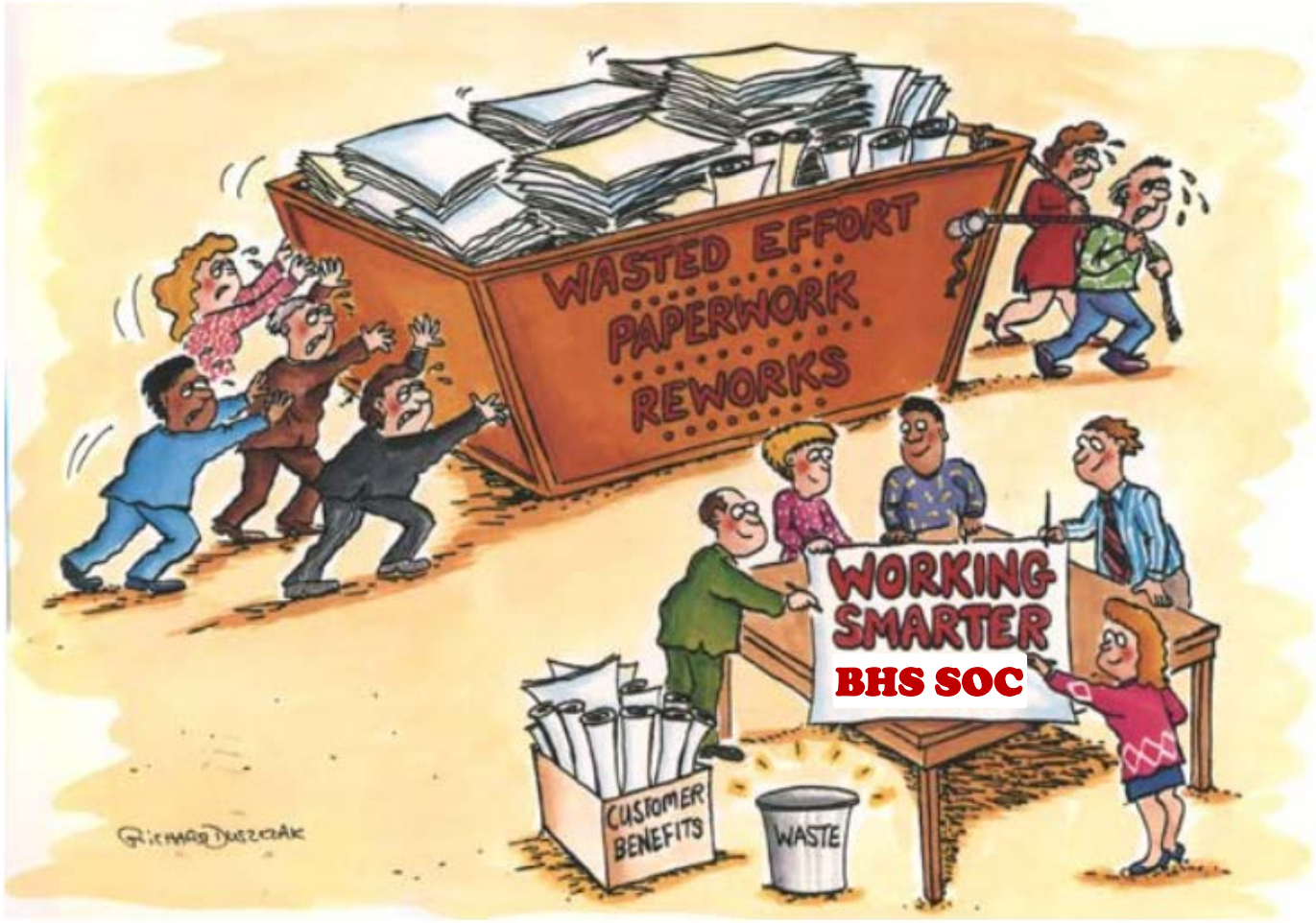
CLINICAL CASE REVIEW IMPACT

- **New Clinical Standards to be Implemented**
  - CCR clinical trends are shared in the monthly Clinical Standards meeting to implement changes across all BHS programs
  - Some examples of improvements in BHS programs' clinical standards:
    - Pilot study at SDCPH to improve/expedite the hospital discharge/referral process to outpatient mental health programs
    - Prospective Risk Analysis in development – New comprehensive suicide risk analysis for implementation in 2nd Quarter of FY 2017-18
    - Missed Appointment Guidelines developed – To be implemented in the OPOH and SUDPOH for FY 2017-18

PROGRAM INTEGRITY

TRAINING AND REGULAR MONITORING ACTIVITIES

ARE YOUR BEST PRACTICES



DO YOU HAVE SYSTEMS IN PLACE TO PREVENT WASTE?

LIVE WELL SAN DIEGO

PROGRAM INTEGRITY

- Fraud: an intentional act of deception, misrepresentation, or concealment in order to gain something of value
- Waste: over-utilization of services (not caused by negligent actions) or the misuse of resources
- Abuse: excessive or improper use of services or actions that is inconsistent with acceptable business or medical practices

Question: If you know the tools to use to prevent waste and abuse and you do not use them, is this fraud? Are you making a good faith effort to minimize risk?

ONE DATA ENTRY ERROR + ONE CLAIMING ERROR = WASTE

LIVE WELL SAN DIEGO

UnPlanned Individual Progress Note (02/22/2016)

			Start	Duration
Form#:		Service:		3:00
		Travel:		
Unit:		Documentation:		2:00
SubUnit:				
Server:		Total Server Time:	5 Hours, 0 Minutes	
Supervisor:		Participants:	0	
Service:	CASE MGT/ BROKERAGE 50	Days:	0	
Lab:		Quantity:	0	

Diagnoses: F39 - Unspecified mood [affective] disorder
F41.1 - Generalized anxiety disorder

Provided To:	Client	Provided At:	Office
Outside Facility:		Contact Type:	Telephone
Appointment Type:	Scheduled	Billing Type:	Not Applicable
Intensity Type:	NOT APPLICABLE		

Progress Note

Clinician contacted CLT on 2/22/16 to make an appointment for individual therapy. She was referred by for individual therapy and will be coming in on 3/7/16 at 3:30pm for her initial appointment. CLT was encouraged to come in before appointment date however, she reported being out of town

OMG!
THIS GOT PAID!
YIKES!

Svc	100-MEDI-CAL P9010	02/22/2016	$888.00						Replace
Type	Description	Date	Price	Adj	Sld/MAP	Write Off	Payment	Balance	Denial
Clm	Batch: 10201 Clm: 6969243 Ln: 1 (	06/13/2016	$0.00	$0.00	$0.00	$0.00	$0.00	$888.00	
Pay	0065112692,2361	09/09/2016	$0.00	$0.00	$0.00	$0.00	$888.00	$0.00	

PROGRAM INTEGRITY

- **BILLING REVIEW REPORTS** – daily/weekly
  - Duplicate Services Report
  - Billing Suspense Report
  - Client Services Report
  - Program Monitoring by Staff Report
  - Non-final Approved Progress Notes

PROGRAM INTEGRITY

- **PROGRAM MONITORING – weekly/monthly**
  - Timeliness of Service Entry
  - Service Exception Report
  - No Show Summary Report
  - Client Diagnosis Report
  - Assessments Not Final Approved
  - Client Plans Not Final Approved

PRIVACY INCIDENTS

April 24, 2017

$2.5 million settlement shows that not understanding HIPAA requirements creates risk

The U.S. Department of Health and Human Services, Office for Civil Rights (OCR), has announced a (HIPAA) settlement based on the **impermissible disclosure of unsecured electronic protected health information (ePHI)**. CardioNet has agreed to settle potential noncompliance with the HIPAA Privacy and Security Rules by paying $2.5 million and implementing a corrective action plan. **This settlement is the first involving a wireless health services provider**, as CardioNet provides remote mobile monitoring of and rapid response to patients at risk for cardiac arrhythmias.

In January 2012, CardioNet reported to the HHS Office for Civil Rights (OCR) that a workforce member's laptop was stolen from a parked vehicle outside of the employee's home. The laptop contained the ePHI of 1,391 individuals.

OCR's investigation into the impermissible disclosure revealed that **CardioNet had an insufficient risk analysis and risk management processes in place** at the time of the theft.

PERFORMANCE IMPROVEMENT

Presented by

Liz Miles, Ed.D, MHP, MSW
Principal Administrative Analyst

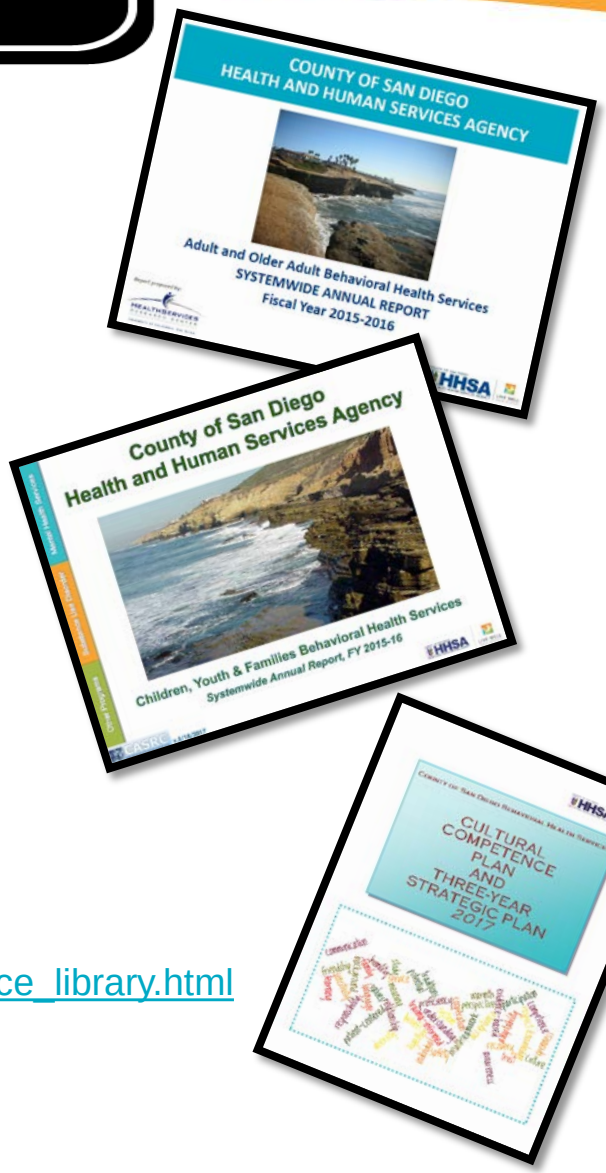
Performance Improvement Team

Analyzing the Past to Shape the Future

LIVE WELL SAN DIEGO

PIT Duties:

- Track data for both mental health and SUD
- Generate, analyze and disseminate reports
- Work with Research Centers and monitor report activity
  - HSRC (Health Services Research Center)
  - CASRC (Child and Adolescent Services Research Center)
- Serve as gatekeeper for Optum
- Disseminate QI information
- Cultural Competence Plan and Handbook
  - Important resource for tools and evaluations
  - New Cultural Competence Plan including 3-year Strategic Plan
  - Handbook (updated March 2016) available on TRL at: www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html



OUTCOME MEASURES

- **mHOMS** (Mental Health Outcomes Measurement System for AOA and PEI)
  - Contact: Mhoms@ucsd.edu | (858) 622-1771
- **DES** (Data Entry System for CYF)
  - Contact: soce@casrc.org | (858) 966-7703 x3604

EXTERNAL QUALITY REVIEW (EQR)

OVERALL STRENGTHS

- Expansion of Services
  - Assertive Community Treatment (ACT)/Full Service Partnership (FSP)
  - Crisis Residential
  - Crisis Stabilization

- Availability of Access and Crisis Line (ACL) chat option.

- Timeliness of initial access to mental health and psychiatric assessments.

- Outreach efforts to contract providers and stakeholders in effort to re-evaluate the treatment plan and progress note requirements within the EHR, and subsequent streamlining of the documentation.

EXTERNAL QUALITY REVIEW (EQR)

OVERALL STRENGTHS

- Engagement in significant use of data and in-depth analysis for the purposes of decision support.
- Partnerships on the development of housing for the mentally ill in the Project One for All (POFA) initiative and programs such as the Hotel Churchill.
- A robust system of outcomes tools used for consumer-centered treatment.

OVERALL RECOMMENDATIONS

- Establishment of a system wide initiative involving both directly operated and contracted programs to identify and remedy the issues related to recruitment and retention of psychiatrists, other prescribers, and licensed staff.
- Efforts to increase the numbers of multi-language capable tele-psychiatry providers.
- Analysis of the utilization of collaborative documentation to determine if local experience demonstrates improvement of consumer outcomes documentation timeliness.

EXTERNAL QUALITY REVIEW (EQR)

OVERALL RECOMMENDATIONS

- Systemwide effort to assess and improve the role of individuals with lived experience, including the administration of a baseline survey to obtain information on career development and opportunities for TAY, CYF and AOA Support Specialists and Family Advocates.

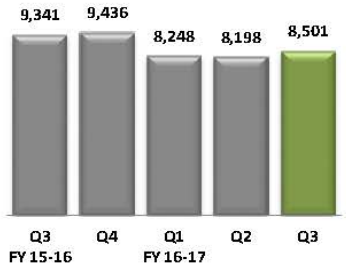
- Assessment of the *Services Journal*, the Treatment Plan, and the Progress Note to evaluate their impact on timeliness of reporting, including publication of the results to inform relevant stakeholders.

Q3 Mental Health Performance Dashboard - CYF

FY 2016-17 | County of San Diego Behavioral Health Services | Children Youth & Families

Client Counts

Clients Served



8,501	Clients Served in Q3 (+4%)
454	Katie A. Class (-0.2%)
486	Katie A. Subclass (+1%)

Access

Mental Health	Average Number of Days for Access	Psychiatric
1	Urgent Assessments	NA‡
9	Routine Assessments	23

Mental Health (Days)	Average Access Times*† By Language	Psychiatric (Days)
8	English (2,018 inquiries)	22
9	Spanish (715 inquiries)	24
7	Arabic (13 inquiries)	NA‡
3	Vietnamese (8 inquiries)	48
3	Other Non-English (7 inquiries)	NA‡

*Routine appointments.
†Access Times Prioritized by Number of Inquiries.
‡NA = No Psychiatric Service Inquiries.

Utilization by Program Type*

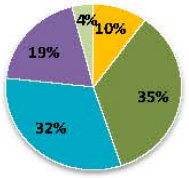
Mental Health Services	N	%	▲
Emergency/Crisis	368	4%	0%
Inpatient	235	3%	0%
Juvenile Forensic Services	691	8%	-1%
Outpatient	7,206	85%	2%
Community Day Treatment	126	2%	1%
Residential†	433	5%	-1%
Therapeutic Behavioral Services	343	4%	0%
Wraparound	417	5%	0%

Inpatient Discharges (<18 years; N=264)	N	%	▲
Without Readmission	220	83%	-3%
30 Day Readmission	44	17%	3%
7 Day Connection to Services	145	55%	3%
30 Day Connection to Services	179	68%	0%

▲ = Percentage point change from previous quarter.
*Clients may have been seen in more than one Program in the quarter.
†Includes Group Homes, Community Treatment Facilities (CTF), and Psychiatric Health Facilities (PHF).

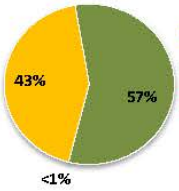
Demographics

Age



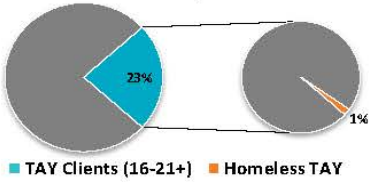
0 to 5
6 to 11
12 to 15
16 to 17
18+

Gender



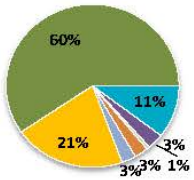
Female
Male
Other/ Unknown

Client Population



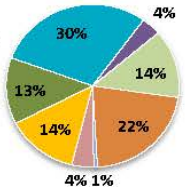
TAY Clients (16-21+)
Homeless TAY

Race/Ethnicity



White
Hispanic
African-American
Asian/Pacific Islander
Native American
Other
Unknown/Not Reported

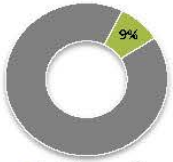
Diagnosis



ADHD
Oppositional Conduct
Depressive Disorders
Bipolar Disorders
Anxiety Disorders
Stressor and Adjustment Disorders
Schizophrenic Disorders
Other/ Excluded

Substance Use (12+)

n = 407



Substance Use

Quality of Life

Client Indicator	▲
95% Attend School	0%
89% Are Insured by Medi-Cal*	1%
97% Are Housed	1%
78% Have a Primary Care Physician	20%
75% of Youth Reported Improvement in Their Feelings and Behavior After Treatment	0%
75% of Caregivers Reported Improvement in Youth Feelings and Behavior After Treatment	1%
93% of Clinicians Reported Improvement in Youth Behavior After Treatment	-1%

▲ = Percentage point change from previous quarter.
*Excludes clients receiving other types of insurance.

BHS Performance Dashboard Report | Source: HSRC & CASRC
CYFBHS Data Sources: 1) CCBH 4/2017 2) DES: CAMS and CFARS 4/2017 3) SDBHS : Q3 FY 2016-17 Access Time Analysis - CYF
Data Source (ages 0-17): OPTUM: Q3 FY 2016-17 Client Services After Psychiatric Hospital Discharge Report

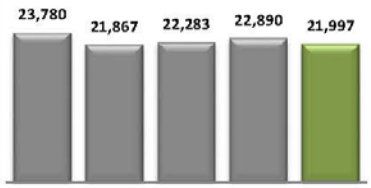
Report Date: 05/22/2017

Q3 Mental Health Performance Dashboard - AOA

FY 2016-17 | County of San Diego Behavioral Health Services | Adult and Older Adult

Client Counts

Clients Served



21,997	Clients Served in Q3
856	Veterans Served in Q3

Access

Mental Health	Average Number of Days for Access	Psychiatric
2	Urgent Assessments	5
4	Routine Assessments	10

Mental Health (Days)	Average Access Times*† By Language	Psychiatric (Days)
4	English (N=2,026)	11
4	Spanish (N=105)	11
6	Arabic (N=49)	7
5	American Sign Language (N=21)	N/A‡
6	Vietnamese (N=14)	12

*Routine appointments.
†Access times prioritized by number of inquiries.
‡N/A = No Psychiatric Service inquiries.

Utilization by Program Type*

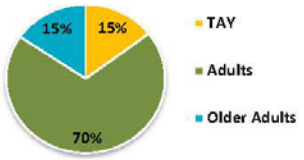
Mental Health Services	N	%	Δ
Outpatient Services	16,890	77%	2%
Forensic Services	2,906	13%	-3%
Emergency Services	3,523	16%	2%
24 hour Services	304	1%	0%
Inpatient Services	1,712	8%	1%

Inpatient Discharges (≥18 years, N=2,079)	N	%	Δ
Without Readmission	1,568	75%	-1%
30 Day Readmission	511	25%	1%
7 Day Connection to Services	705	34%	-1%
30 Day Connection to Services	931	45%	-3%

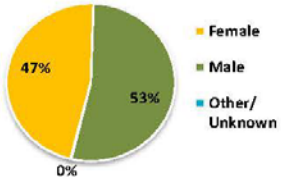
Δ = Change in percentage points from previous quarter.
*Clients may have been seen in more than one program in the quarter.

Demographics

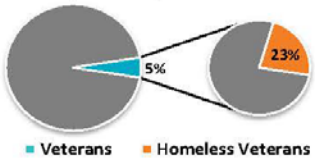
Age



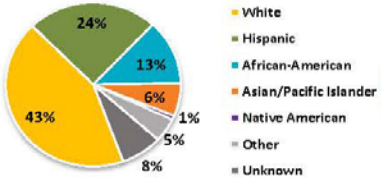
Gender



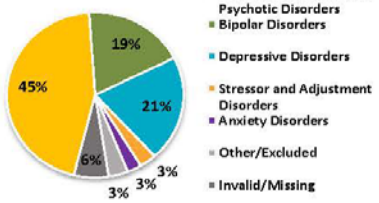
Client Population



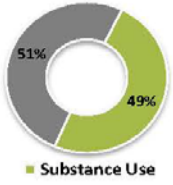
Race/Ethnicity



Diagnosis



Substance Use n=10,846



Quality of Life

Quality of Life Indicators*

- 8% of Clients Are Employed
- 86% of Clients Have Medi-Cal Coverage
- 85% of Clients Are Housed
- 67% of Clients Have a Primary Care Physician
- 52% Reported Improvement in their Personal Recovery (Client Self-Report)
- 46% Reported Improvement in the Ability to Manage their Mental Health Symptoms (Clinician Report)

*Percentages are based on unique clients served.

BHS Performance Dashboard Report | Source: HSRC
AOABHS Data Sources: 1) CCBH 4/2017; 2) HOMS: IMR and SATS-R 4/2017; 3) SDBHS: Q3, FY 2016-17 Access Time Analysis - AOA
Data Source (ages 18+): OPTUM: Q3, FY 2016-17 Client Services After Psychiatric Hospital Discharge Report

Report Date: 5/30/2017

FY 2015-16 Special Population Report - CYF

County of San Diego Behavioral Health Services

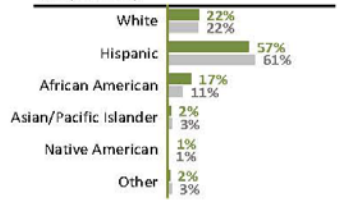
Children, Youth & Families

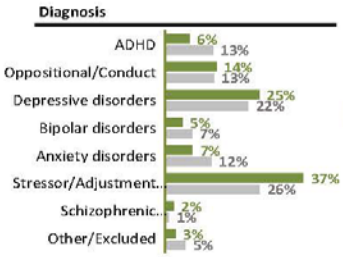
Homeless (n=220)

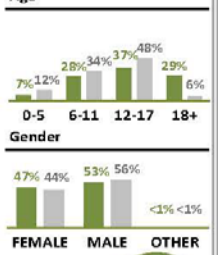
HOMELESS CYF

LOC	%	CYF%
Outpatient Services	90%	87%
JFS	4%	9%
Wraparound	6%	5%
TBS	2%	4%
Community Day Tx	1%	1%
Residential	3%	7%
Emergency/Crisis	5%	5%
Inpatient	5%	4%

Insurance	%	CYF%
Medi-Cal Only	93%	89%
Any Private Insurance	2%	3%
Other	3%	5%
Uninsured/Unknown	2%	3%

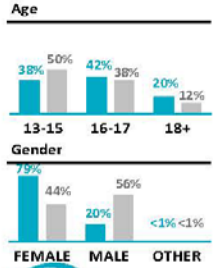


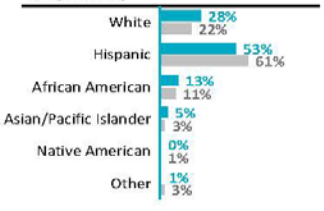


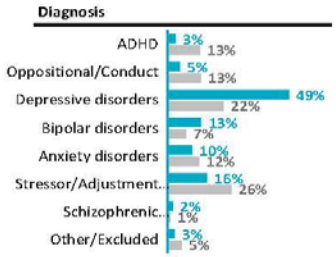


LGBTQI (n=506)

LGBTQI CYF

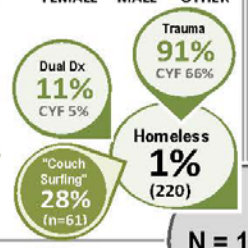


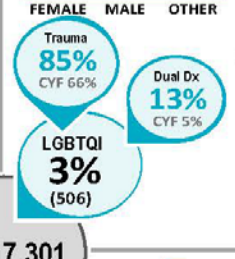




LOC	%	CYF%
Outpatient Services	76%	87%
JFS	10%	9%
Wraparound	11%	5%
TBS	7%	4%
Community Day Tx	4%	1%
Residential	17%	7%
Emergency/Crisis	16%	5%
Inpatient	15%	4%

Orientation	13-15	16-17	18+
Bisexual	16%	20%	8%
Gay Male	2%	3%	1%
Intersex	0%	0%	0%
Lesbian	4%	5%	4%
Other	5%	3%	3%
Questioning	10%	7%	3%
Transgender	2%	3%	1%





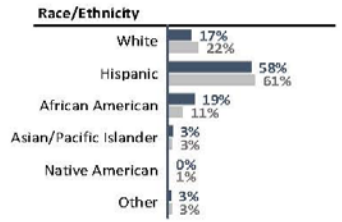
N = 17,301

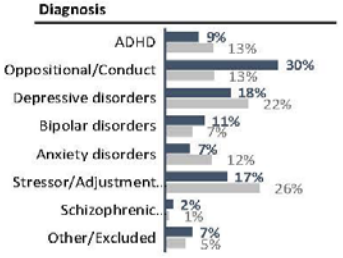
Probation & CYFBHS (n=1,679)

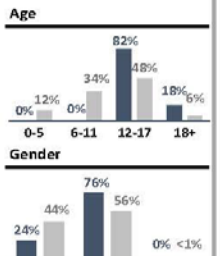
PROBATION/CYF CYF

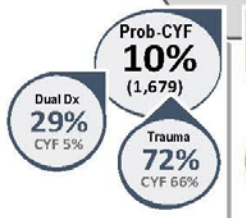
LOC	%	CYF%
Outpatient Services	46%	87%
JFS	78%	9%
Wraparound	15%	5%
TBS	1%	4%
Community Day Tx	2%	1%
Residential	15%	7%
Emergency/Crisis	3%	5%
Inpatient	3%	4%

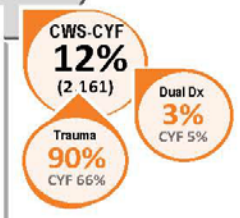
Insurance	%	CYF%
Medi-Cal Only	76%	89%
Any Private Insurance	8%	3%
Other	5%	5%
Uninsured/Unknown	11%	3%





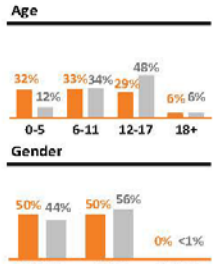


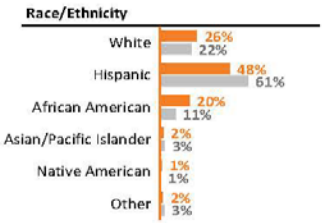


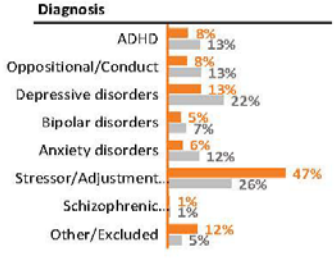


Child Welfare Services & CYFBHS (n=2,161)

CWS/CYF CYF







LOC	%	CYF%
Outpatient Services	84%	87%
JFS	4%	9%
Wraparound	8%	5%
TBS	5%	4%
Community Day Tx	1%	1%
Residential	26%	7%
Emergency/Crisis	5%	5%
Inpatient	3%	4%

Insurance	%	CYF%
Medi-Cal Only	96%	89%
Any Private Insurance	2%	3%
Other	1%	5%
Uninsured/Unknown	1%	3%

Special Population Report| Source: CASRC| Data Source: CCBH 10/2016, Probation extract 12/2016, Child Welfare Services extract 12/2016
Note: This report is limited to Mental Health Services clients.

Report Date: 3/07/2017

FY 2015-16 Special Population Report - AOA

County of San Diego Behavioral Health Services

Adult and Older Adult

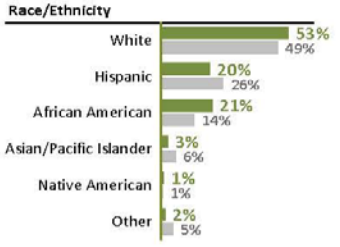
Homeless (13% n=5,522)

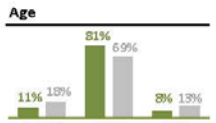
HOMELESS | AOA

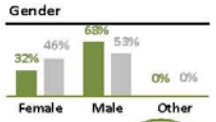
LOC	%	AOA%
Outpatient Services	54%	71%
Forensic Services	32%	14%
Emergency Services	59%	20%
Inpatient Services	29%	25%
24 hour services	0%	1%

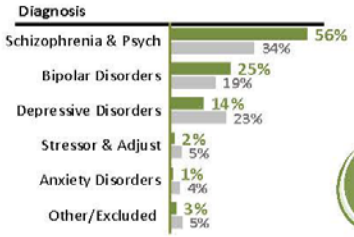
Insurance	%	AOA%
Uninsured/Unknown	13%	12%
Medi-Cal Only	72%	68%
Medi-Cal + Medicare	10%	11%
Medicare Only	0%	0%
Private	5%	8%

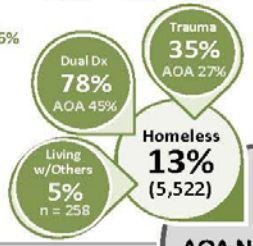
Employment	%	AOA%
Competitive Job	4%	11%
Seeking Work	20%	15%
Not in Labor Force	41%	31%
Not Seeking Work	30%	23%
Resident/Inmate	1%	6%
Other	5%	14%











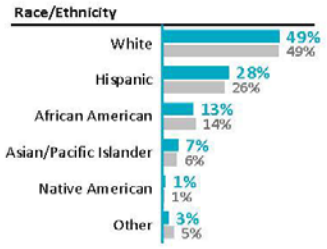
LGBTQI (4% n=1,625)

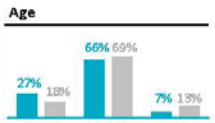
LGBTQI | AOA

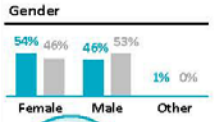
LOC	%	AOA%
Outpatient Services	89%	71%
Forensic Services	10%	14%
Emergency Services	28%	20%
Inpatient Services	18%	25%
24 hour services	1%	1%

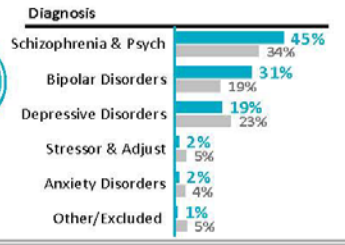
Insurance	%	AOA%
Uninsured/Unknown	4%	12%
Medi-Cal Only	68%	68%
Medi-Cal + Medicare	15%	11%
Medicare Only	0%	0%
Private	13%	8%

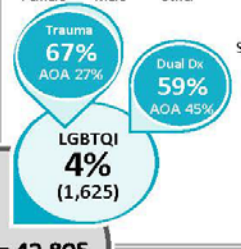
Orientation	<18-24	25-59	60+
Lesbian	16%	22%	16%
Gay Male	11%	30%	42%
Bisexual	53%	39%	28%
Transgender	6%	5%	8%
Questioning	14%	5%	5%
Intersex	0%	0%	2%











AOA N = 42,805

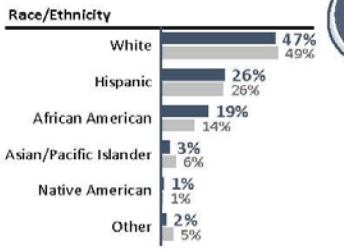
Justice System (30% n=12,971)

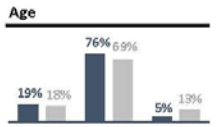
JUSTICE | AOA

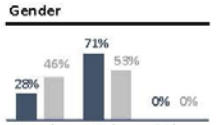
LOC	%	AOA%
Outpatient Services	45%	71%
Forensic Services	64%	14%
Emergency Services	33%	20%
Inpatient Services	18%	25%
24 hour services	1%	1%

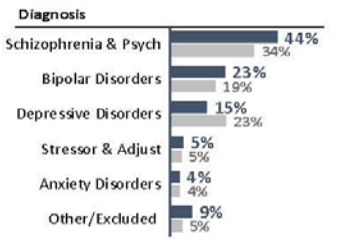
Insurance	%	AOA%
Uninsured/Unknown	16%	12%
Medi-Cal Only	71%	68%
Medi-Cal + Medicare	8%	11%
Medicare Only	0%	0%
Private	5%	8%

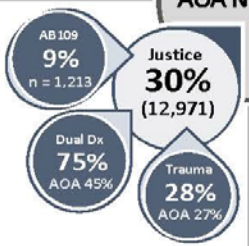
Employment	%	AOA%
Competitive Job	9%	11%
Seeking Work	18%	15%
Not in Labor Force	25%	31%
Not Seeking Work	23%	23%
Resident/Inmate	16%	6%
Other	9%	14%











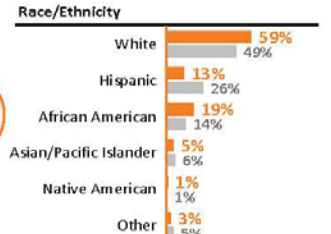
Military (3% n=1,482)

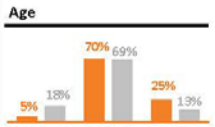
MILITARY | AOA

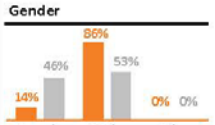
LOC	%	AOA%
Outpatient Services	57%	71%
Forensic Services	18%	14%
Emergency Services	55%	20%
Inpatient Services	20%	25%
24 hour services	1%	1%

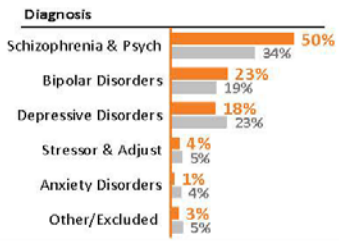
Living Arrangement	%	AOA%
Lives Independently	58%	57%
Board & Care	9%	7%
Justice Related	0%	5%
Homeless	25%	13%
Institutional	3%	2%

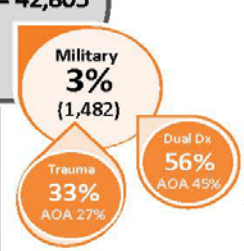
Employment	%	AOA%
Competitive Job	12%	11%
Seeking Work	15%	15%
Not in Labor Force	34%	31%
Not Seeking Work	23%	23%
Resident/Inmate	1%	6%
Other	17%	14%











Special Population Report | Source: HSRC & CASRC| Data Source: CCBH 10/2016
Note: this report is limited to Mental Health Services clients.

Report Date: 4/10/2017

CONTACT INFORMATION FOR PIT

- Inquiries for reports and data:
  - BHSQIPIT.HHSA@sdcounty.ca.gov

- Liz Miles
  - Elizabeth.miles@sdcounty.ca.gov
  - (619) 584-5015

MANAGEMENT INFORMATON SYSTEMS (MIS)

Presented by

AnnLouise Conlow
Senior MIS Manager

MANAGEMENT INFORMATION SYSTEM (MIS)

WHAT WE DO

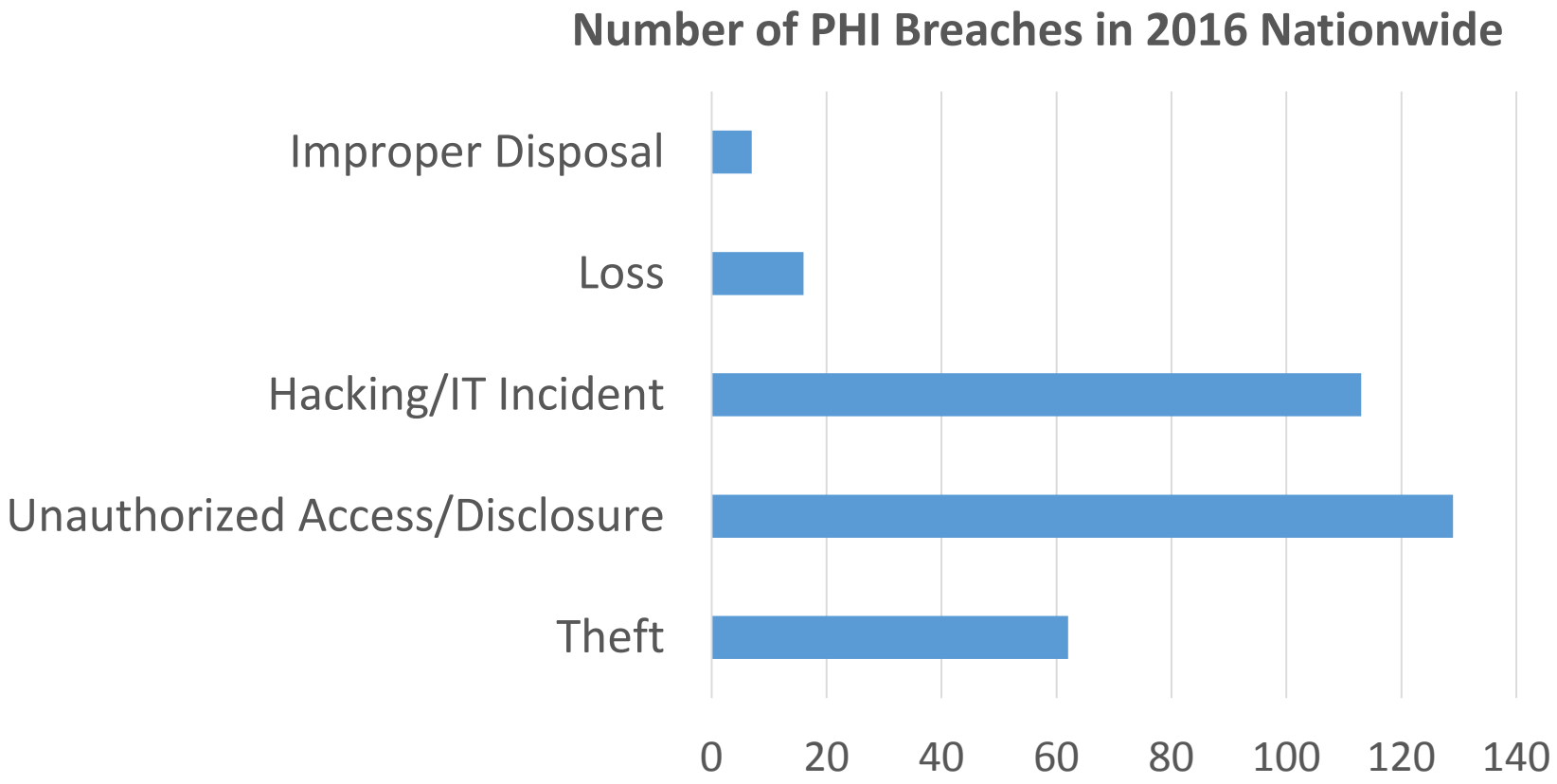
PROJECTS ON THE HORIZON - MIS

COMING ATTRACTIONS - CCBH

- Ultra-Sensitive Exchange (USE)
- Electronic Prescribing of Controlled Substances (EPCS)
- Patient Portal
- Interoperability
- Millennium
- Data Integrity Projects

MIS SYSTEM SECURITY

SECURITY BREACHES



Source: U.S. Dept. of Health and Human Services, Civil Rights Office

MIS SYSTEM SECURITY

DORMANT ACCOUNTS - RISK

- High Risk for Hacking
  - Open Door for Intruders
  - Whose dormant accounts have been hacked?
    - The State Department, Amazon Seller Forums, World of Warcraft, Zuckerberg, Twitter, Facebook, AOL, Skype, e-Bay, PS Network, FDA (to name a few)
    - Memorial Healthcare System - $5.5 mil settlement with HHS OCR

MIS SYSTEM SECURITY

DORMANT ACCOUNTS - POLICY

- 90 Day Inactivity Limit
  - Focus on use, not log-in
  - Timely notification of terminations

MIS – CONTACTS

- Submit Completed and Scanned Access Request Forms (ARFs) to:

  BHS-Accountrequest.HHSA@sdcounty.ca.gov

- Questions about System Access or ARF Processing: 619-584-5090

- Patty Madison, IT Analyst
  - Patricia.Madison@sdcounty.ca.gov
  - 619-563-2728

RESOURCES

Technical Resource Library (TRL)
www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html

OPTUM
https://www.optumsandiego.com/

Department of Health Care Services (DHCS)
http://www.dhcs.ca.gov/Pages/default.aspx

QUESTIONS

LIVE WELL SAN DIEGO

THANK YOU!