Mental Health Plan
Quality Assurance & Performance Improvement Program
Annual Work Plan Report

Fiscal Year 2019-2020

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Our Mission: To provide a culturally competent system of care that promotes holistic recovery, optimum health and resiliency.

Our Vision: We envision a community where persons from diverse backgrounds across the life continuum have the opportunity to experience optimum wellness.

Our Values:

- Respect, Compassion, Integrity
- Client and/or Family Driven
- Equal Access for Diverse Populations
- Culturally Competent, Adaptive, Responsive & Meaningful
- Prevention & Early Intervention
- Full Community Integration & Collaboration
- Coordinated Near Home and in Natural Settings
- Strength-Based Integrated & Evidence-Based Practices
- Innovative & Outcome-Driven Practices & Systems
- Wellness, Recovery, & Resilience Focus

INTRODUCTION

Sacramento County Mental Health Plan (MHP) develops an annual Quality Assurance & Performance Improvement Work Plan (QAPI) to guide its performance improvement activities. The QAPI Work Plan describes in detail the MHP activities of performance indicator development and refinement, ongoing and time-limited performance improvement projects or focused studies and other monitors to ensure quality care. QAPI Plan activities derive from a number of sources of information about quality of care and service issues. These include State and Federal requirements, Department initiatives, client and family feedback, and community stakeholder input.

Cultural Competence is critical to promoting equity, reducing health disparities and improving access to high-quality mental health, mental health that is respectful of and responsive to the needs of the diverse beneficiaries in Sacramento County. The MHP recognizes the importance of developing a QAPI Plan that integrates the goals of the Behavioral Health Services (BHS) Cultural Competence Plan as well as cultural competence elements throughout the plan to help us better understand the needs of groups accessing our mental health services and to identify where disparities may exist. Cultural Competence Plan goals and elements are included throughout the plan.

The following report covers the activities conducted within Sacramento County's Mental Health Plan (MHP) addressing the annual work plan for Fiscal Year 2019-2020. Information from previous years is utilized wherever possible to provide the reader a two year view of changes as a comparison point. The Mental Health Plan's Quality Management (QM) efforts have adjusted to incorporate ongoing program design and service changes into the annual progress report. The MHP has had to adjust to federal and state level changes. Thus, this report compares available data where possible, and provides references to appropriate MHP Research and Evaluation reports or Cultural Competence Plan Updates for more detailed information. The intent is to provide the reader information that is tracked over time in various core areas of the MHP. Each objective from the QAPI Work Plan is reviewed and a status on the planned activities and goal measurement are provided.
This report is divided into the following four essential domains:

1. Access
2. Timeliness
3. Quality
4. Beneficiary Outcomes

SUMMARY OF REPORT

In FY 2019-2020, the Mental Health Plan undertook numerous quality management and quality improvement activities incorporated into its Annual Work Plan. Many of these activities resulted in other initiatives within the MHP at program and administrative levels. These activities included Performance Improvement Projects and efforts to track issues and changes over time. Below are some highlights of information detailed information in this report:

- Eighty (80) organizational provider sites, as part of thirty-nine (39) legal entities, delivered services to MHP beneficiaries across Sacramento County. This spread reflected a vast geographic area of service, and includes services delivered in clinic, field based, residential, and inpatient settings.

- There were 27,138 unduplicated beneficiaries in outpatient modes of services, served in FY 2019-2020, compared to 30,201 unduplicated beneficiaries in outpatient modes of services in FY 2018-2019.

- With seven threshold languages and a community with significant linguistic and cultural diversity, the MHP continues to monitor and refine strategies for improvement of disparities.

- The MHP maintained a responsive problem resolution/beneficiary protection system and met its response time obligations in this area. Grievances were handled in a satisfactory and timely manner and reflected greater number of reported difficulties in the adult system of care.

- 300 trainings were recorded specifically on increasing cultural competency skills.

- The MHP maintained a central point of authorization for community based mental health services. It complied with obligations to issue timely Notices of Action for any denials or reduction in services, at its Access Team and/or other applicable points of authorization.

- The MHP conducted utilization reviews, peer reviews, and monitoring reviews across its service system. In FY 2019-2020 a total of 2,833 charts were reviewed across all parts of the care continuum. This number did not include internal targeted reviews by contract agencies, contract monitors or other special oversight activities that reflected a robust utilization review/peer review, and oversight effort.

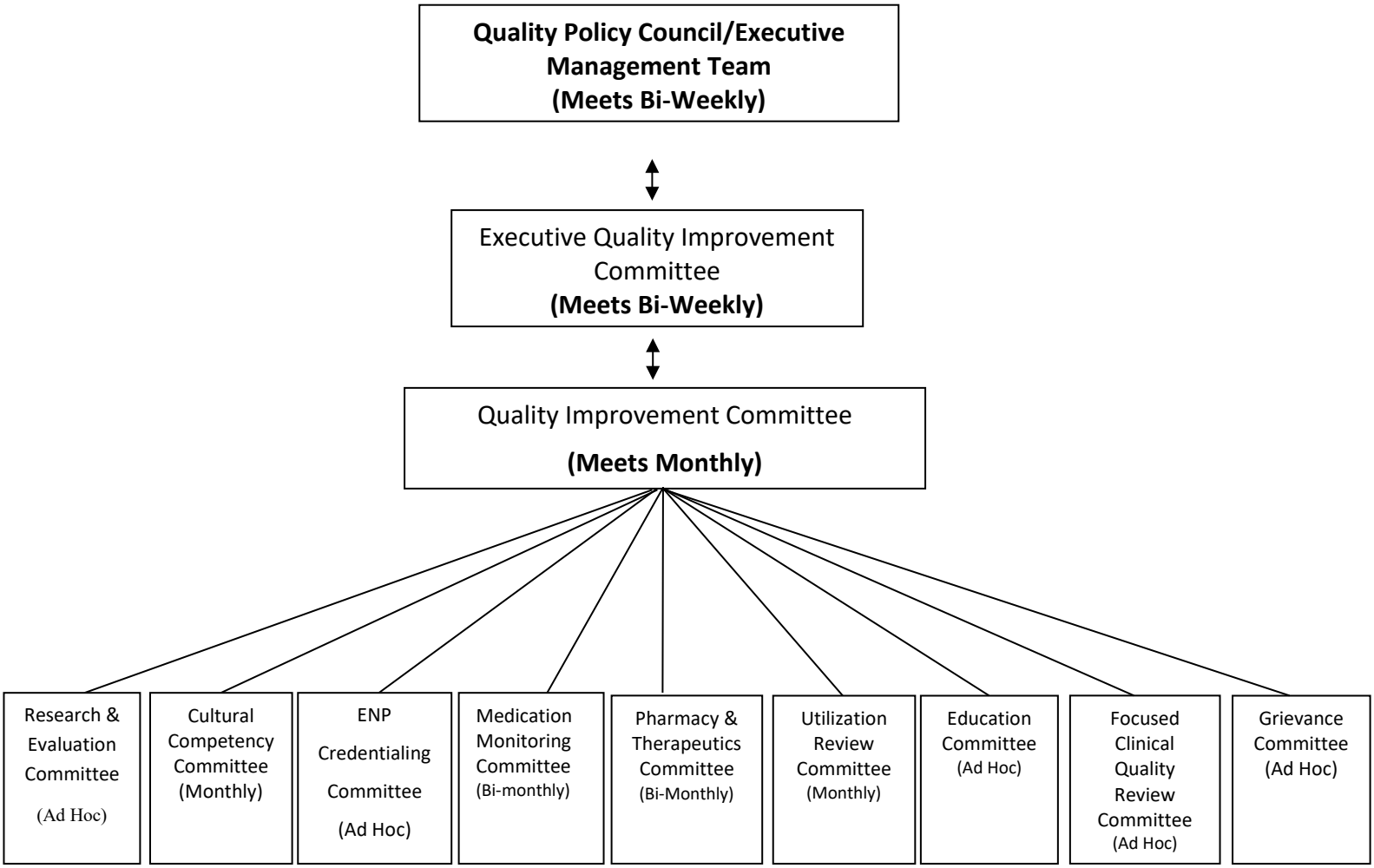
- The Pharmacy & Therapeutics Committee and Medication Monitoring Committees continued to provide critical input and oversight for medication practices and medication practice guidelines. The Medication Monitoring Committee reviewed 1,109 charts across providers for polypharmacy issues, medication guidelines and laboratory work. In all cases, feedback was provided to providers of services.

- The MHP continued efforts at increasing timeliness to first appointment by focusing Performance Improvement Projects on expanding the utilization of the E-Scheduling Tool to include adult providers and to implement a Medication Bridge Program to support beneficiaries who visited the Mental Health Urgent Care Clinic and required ongoing medication support services.

QUALITY MANAGEMENT ORGANIZATION AND STRUCTURE

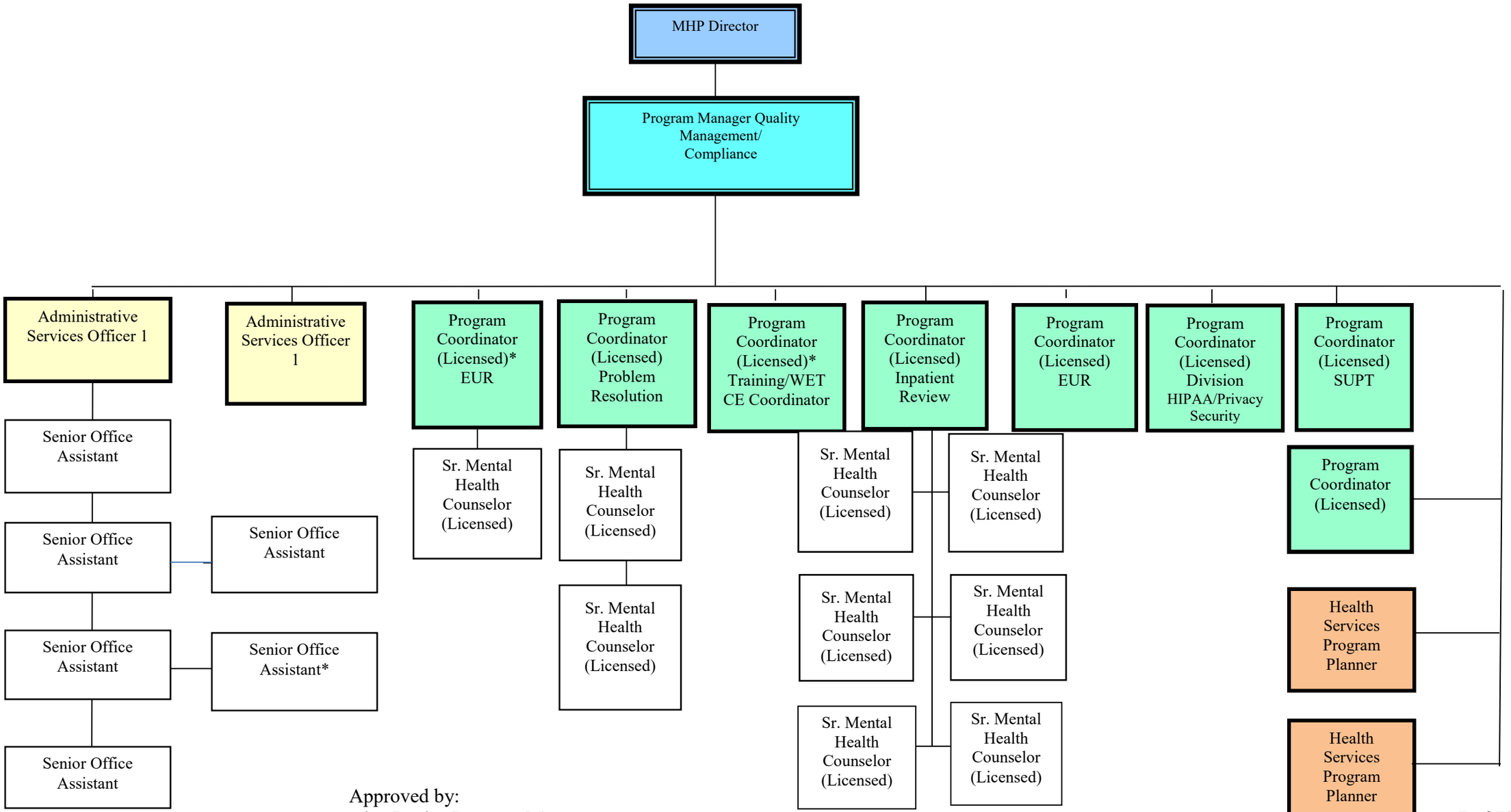
The Quality Improvement Policy Council guides the Mental Health Plan's Quality Improvement processes. The Policy Council also functions as the Executive Management Team for the Mental Health Division. A subgroup of members of the Policy Council serves as the Executive Quality Improvement Committee and provides higher level of review and guidance on behalf of the Policy Council. The MHP's Quality Management Manager chairs the MHP's Quality Improvement Committee (QIC). The QIC meets on a monthly basis and maintains minutes of its deliberations. It includes representatives of the Contract Provider system, County Program Monitoring unit, Access Teams, Research and Evaluation, Quality Management, Cultural Competence, Psychiatry and Pharmacy representatives, Beneficiary and Family Member representatives. This FY, a member of the Alcohol and Drug Services (ADS) Unit joined QIC in our preparation efforts to implement the Drug Medi-Cal Organized Delivery System (ODS) Waiver. Expansion to include ADS provider representatives will begin during the implementation of the ODS Waiver in FY 20/21. The QIC structure is the umbrella for standing subcommittees, ad hoc subcommittees and/or workgroups that are developed to meet the changing needs of the MHP. Subcommittees report to the monthly Quality Improvement Committee where information is reviewed and comments are received from all parts of the system. These deliberations result in approval, new initiatives, and recommendations for new directions and constitute a critical communication forum for the MHP.

QUALITY IMPROVEMENT STRUCTURE 2019-2020



Additional Ad Hoc committees are authorized by QIC as needed.

MHP QUALITY MANAGEMENT SERVICES ~ ORGANIZATIONAL CHART ~ FY 19/20 as of 7/01/2019



*MHSA Funded

Approved by:
Alex Rechs, Program Manager,
Quality Management/Compliance

1. **ACCESS:**

Ensuring that members have ready access to all necessary services within the MHP: this includes access to culturally relevant services to address the unserved, underserved and inappropriately served communities.

Access Objective 1.1

1.1 Retention and Service Utilization (CC)			
Planned Activities: • Adjust retention and utilization methodology to be consistent with EQRO and DHCS POS report methodology • Utilize approved claims data provided by the EQRO to review retention, high utilizer, and mental health service costs across all cultures • Develop trend charts to explore differences and create strategies to address disparities			
Standard	**Benchmark**	**Goal**	**Status**
1.1a -The MHP will demonstrate parity in mental health services across cultures.	**1.1a** -Retention rates of unserved, underserved and inappropriately served population overall are 53%, for adults are 50% and children 77% over a 1 year period.	**1.1a** -Increase retention rates of unserved, underserved and inappropriately served annually until benchmark is met.	Adult - 68.1% Children 80.9% System 72.8%
1.1b - Costs of mental health services are distributed proportionately across all cultures.		**1.1b -** Analyze data during FY19/20 and establish benchmarks for the FY20/21 QI Plan.	TBD

SERVICE UTILIZATION

Mental Health Plan Beneficiary Characteristics & Demographics – Fiscal Year 19/20

The tables and graphs that follow provide information on the characteristics and demographics of beneficiaries that utilized services in the Sacramento County MHP in FY 2019-2020. During this Fiscal Year, the MHP provided inpatient, crisis, and outpatient services to 30,049 unduplicated beneficiaries with 90.3% (27,138) of the total beneficiaries receiving outpatient services. The tables and graphs below provide demographic information on all beneficiaries receiving services.

Age

Approximately 58% of the beneficiaries served in the MHP are 26 years or older, while children, ages 0 to 15, and Transitional Age Youth (TAY), ages 16 to 25, represent just under 42% of all beneficiaries served.

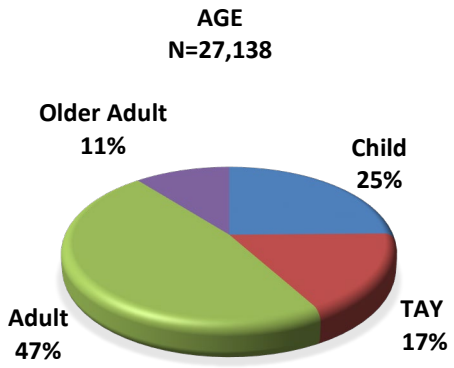
Table 1

MHSA Age Categories Outpatient	N	%
0-15	6,707	25%
16-25	4,631	17%
26-59	12,877	47%
60+	2,910	11%
Unknown	13	0%
Total Served	**27,138**	100.0%

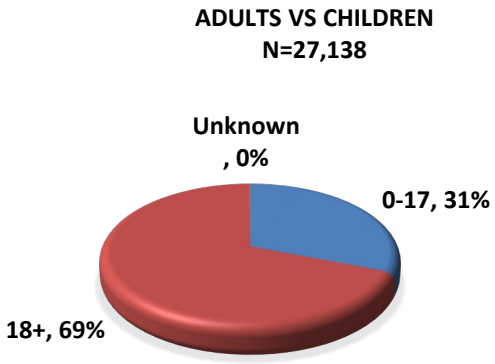
Table 2

Age Cagetory, Second Type	N	%
0-17	8,360	31%
18+	18,765	69%
Unknown	13	0%
Total Served	**27,138**	100.0%

Graph 1



Graph 2



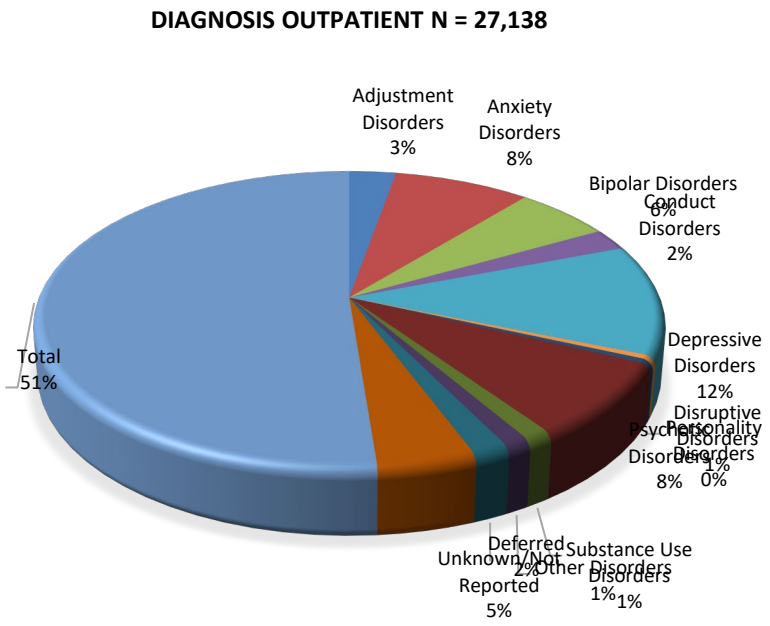
Diagnosis

Depressive Disorders (23.5%), Psychotic Disorders (16.2%) and Anxiety Disorders (16%) make up the majority of diagnoses for beneficiaries served in the MHP.

Table 3

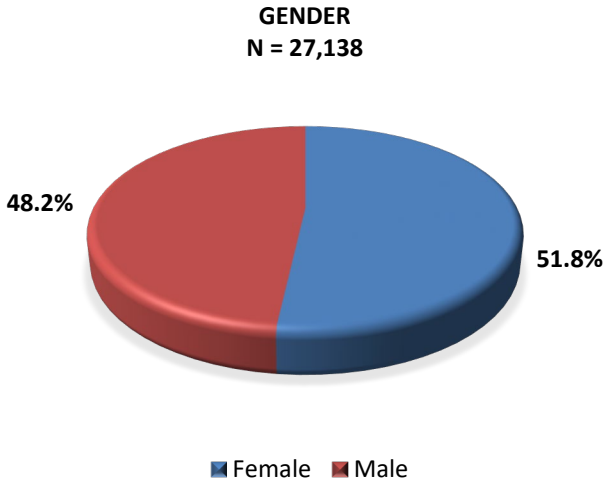
Diagnosis Categories Outpatient	N	%
ADHD	1,324	4.9%
Adjustment Disorders	1,482	5.5%
Anxiety Disorders	4,332	16.0%
Bipolar Disorders	3,098	11.4%
Conduct Disorders	1,235	4.6%
Depressive Disorders	6,371	23.5%
Disruptive Disorders	223	0.8%
Personality Disorders	218	0.8%
Psychotic Disorders	4,383	16.2%
Substance Use Disorders	627	2.3%
Other Disorders	597	2.2%
Deferred	866	3.2%
Unknown/Not Reported	2,382	8.8%

Graph 3



Note: Unknown/Not reported are those beneficiaries served in outreach and engagement programs as well as beneficiaries who did not have a diagnosis entered into the system at the time the data was extracted.

Graph 4



Gender

There were slightly more females served in FY19/20 (51.8%) than males (48.2%). Females between the ages of 26 and 59 made up the largest percent of consumers served in the MHP (25.4%), followed by males between the ages of 26 and 59 (22.0%) and males between the ages of 0 and 15 (14.0%).

Table 4

Gender Outpatient	Total		Unknown		0-15		16-25		26-59		60+	
	N	%	N	%	N	%	N	%	N	%	N	%
Female	14044	51.8%	5	0.0%	2,916	10.7%	2,446	9.0%	6,896	25.4%	1,781	6.6%
Male	13072	48.2%	2	0.0%	3,790	14.0%	2,183	8.0%	5,969	22.0%	1,128	4.2%
Unknown	22	0.1%	6	0.0%	1	0.0%	2	0.0%	12	0.0%	1	0.0%
Total	**27,138**	**100%**	**13**	**0.0%**	**6,707**	**24.7%**	**4,631**	**17.1%**	**12,877**	**47.5%**	**2,910**	**10.7%**

Graph 5

Gender Identity

The majority of clients identify as either Female (37.9%) or Male (34.4%). The next largest category was Unknown/Not Reported at 26%. This data is self-report and consumers choose whether to respond or decline to state.

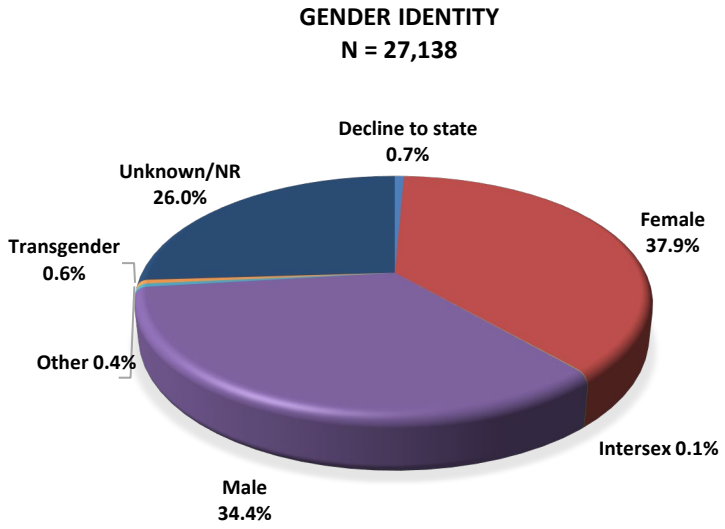


Table 5

Gender Identity Outpatient	Total		Unknown		0-15		16-25		26-59		60+	
	N	%	N	%	N	%	N	%	N	%	N	%
Decline to state	187	0.7%	0	0.0%	62	0.2%	34	0.1%	72	0.3%	19	0.1%
Female	10,293	37.9%	1	0.0%	1,807	6.7%	1,780	6.6%	5,449	20.1%	1,256	4.6%
Intersex	14	0.1%	0	0.0%	2	0.0%	3	0.0%	9	0.0%	0	0.0%
Male	9,334	34.4%	0	0.0%	2,323	8.6%	1,460	5.4%	4,732	17.4%	819	3.0%
Other	120	0.4%	0	0.0%	27	0.1%	49	0.2%	39	0.1%	5	0.0%
Transgender	139	0.5%	0	0.0%	11	0.0%	62	0.2%	62	0.2%	4	0.0%
Unknown/NR	7,051	26.0%	5586	20.6%	596	2.2%	267	1.0%	507	1.9%	95	0.4%
Total	**27,138**	**100.0%**	**5,587**	**20.6%**	**4,828**	**17.8%**	**3,655**	**13.5%**	**10,870**	**40.1%**	**2,198**	**8.1%**

Sexual Orientation

Most people identified their sexual orientation as Heterosexual (48.4%), followed by Unknown/Not Reported at almost 43%. This data is self-report and consumers choose whether to respond or decline to state.

Graph 6

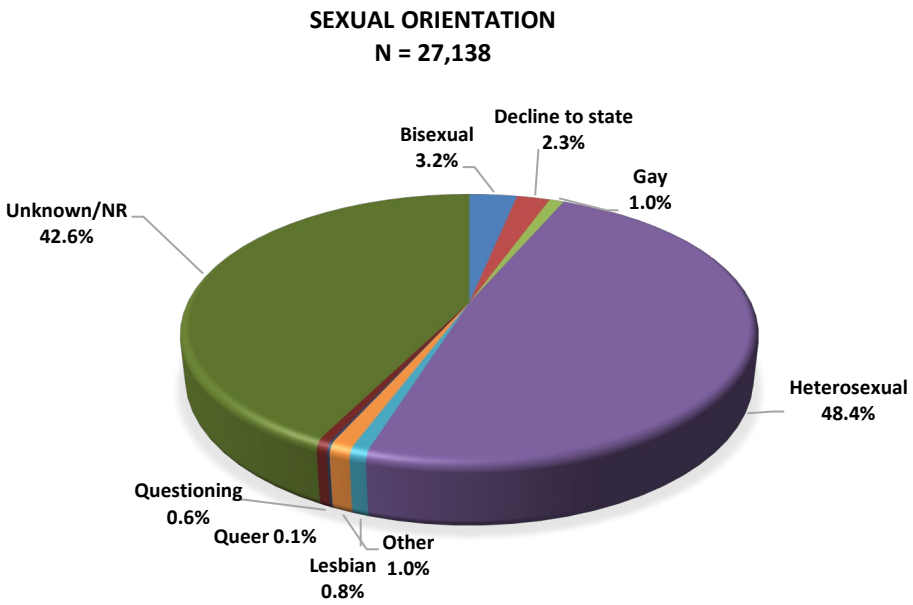


Table 6

Sexual Orientation	Total		Unknown		0-15		16-25		26-59		60+	
	N	%	N	%	N	%	N	%	N	%	N	%
Bisexual	879	3.2%	0	0.0%	103	0.4%	293	1.1%	459	1.7%	24	0.1%
Decline to state	611	2.3%	0	0.0%	121	0.4%	98	0.4%	321	1.2%	71	0.3%
Gay	264	1.0%	0	0.0%	10	0.0%	63	0.2%	164	0.6%	27	0.1%
Gender Queer	7	0.0%	0	0.0%	1	0.0%	4	0.0%	2	0.0%	0	0.0%
Heterosexual	13,136	48.4%	1	0.0%	1,650	6.1%	1,852	6.8%	7,963	29.3%	1,670	6.2%
Lesbian	223	0.8%	0	0.0%	13	0.0%	61	0.2%	133	0.5%	16	0.1%
Other	276	1.0%	0	0.0%	44	0.2%	110	0.4%	111	0.4%	11	0.0%
Queer	35	0.1%	0	0.0%	1	0.0%	18	0.1%	15	0.1%	1	0.0%
Questioning	155	0.6%	0	0.0%	27	0.1%	76	0.3%	46	0.2%	6	0.0%
Unknown/NR	11,552	42.6%	5,586	20.6%	2,858	10.5%	1,080	4.0%	1,656	6.1%	372	1.4%
Total	**27,138**	**100.0%**	**5,587**	**20.6%**	**4,828**	**17.8%**	**3,655**	**13.5%**	**10,870**	**40.1%**	**2,198**	**8.1%**

Graph 7

Ethnicity

Just under 21% of the consumers served in the MHP identify as Hispanic. Consumers age 0 to 15 represent the highest percentage of Hispanics served in the MHP (8.2%)

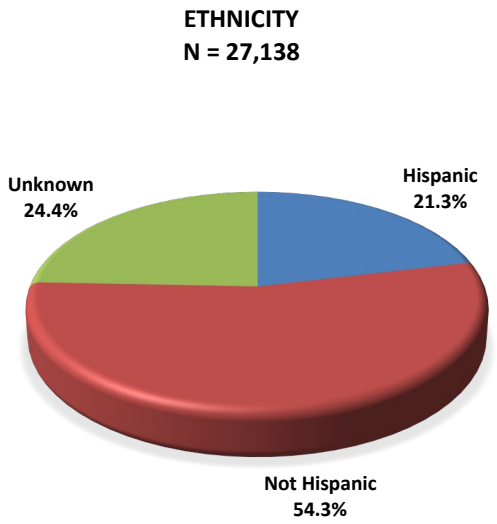


Table 7

Ethnicity	Total		Unknown		0-15		16-25		26-59		60+	
	N	%	N	%	N	%	N	%	N	%	N	%
Hispanic	5,780	21.3%	0	0.0%	2,226	8.2%	1,328	4.9%	1,958	7.2%	268	1.0%
Not Hispanic	14,745	54.3%	1	0.0%	2,785	10.3%	2,221	8.2%	7,762	28.6%	1,976	7.3%
Unknown/NR	6,613	24.4%	12	0.0%	1,696	6.2%	1,082	4.0%	3,157	11.6%	666	2.5%
Total	**27,138**	**100.0%**	**13**	**0.0%**	**6,707**	**24.7%**	**4,631**	**17.1%**	**12,877**	**47.5%**	**2,910**	**10.7%**

Graph 8

Race

The MHP serves a diverse consumer population with less than 36% of consumers reporting their race as Caucasian. The 2nd largest race represented in the MHP population is African American (22.4%).

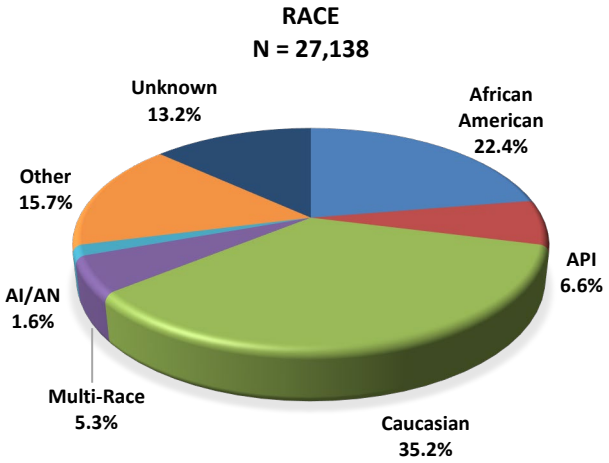


Table 8

Race	Total		Unknown		0-15		16-25		26-59		60+	
	N	%	N	%	N	%	N	%	N	%	N	%
African American	6,077	22.4%	1	0.0%	1,523	5.6%	1,207	4.4%	2,836	10.5%	510	1.9%
API	1,783	6.6%	0	0.0%	237	0.9%	268	1.0%	982	3.6%	296	1.1%
Caucasian	9,550	35.2%	1	0.0%	1,632	6.0%	1,285	4.7%	5,271	19.4%	1,361	5.0%
Multi-Race	1,444	5.3%	0	0.0%	613	2.3%	372	1.4%	406	1.5%	53	0.2%
AI/AN	424	1.6%	0	0.0%	82	0.3%	50	0.2%	243	0.9%	49	0.2%
Other	4,272	15.7%	0	0.0%	1,559	5.7%	927	3.4%	1,501	5.5%	285	1.1%
Unknown/Not Reported	3,588	13.2%	11	0.0%	1,061	3.9%	522	1.9%	1,638	6.0%	356	1.3%
Total	**27,138**	**100.0%**	**13**	**0.0%**	**6,707**	**24.7%**	**4,631**	**17.1%**	**12,877**	**47.5%**	**2,910**	**10.7%**

Note: API=Asian/Pacific Islander; AI/AN=Native American/Alaskan Native

Graph 9

Language

Just under 13% of the consumers served in the MHP speak a language other than English. The most common non-English language spoken by MHP consumers is Spanish, with 4.7% of MHP consumers reporting Spanish as their primary language.

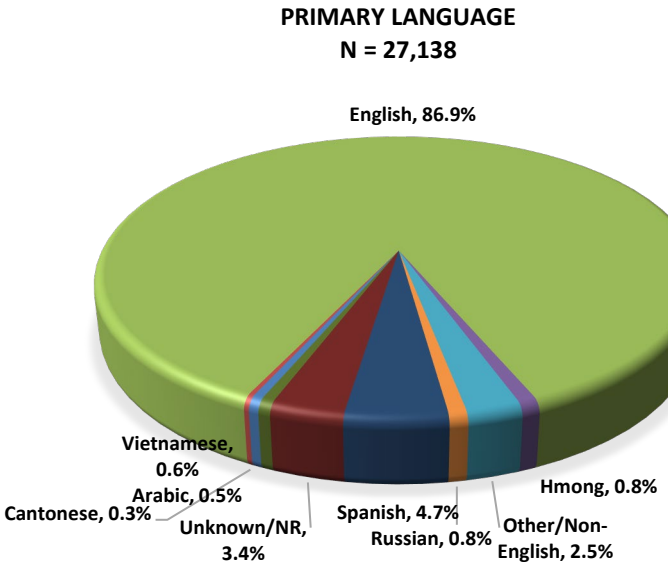


Table 9

Primary Language	Total		Unknown		0-15		16-25		26-59		60+	
	N	%	N	%	N	%	N	%	N	%	N	%
Arabic	129	0.5%	0	0.0%	8	0.0%	9	0.0%	91	0.3%	21	0.1%
Cantonese	69	0.3%	0	0.0%	10	0.0%	6	0.0%	32	0.1%	21	0.1%
English	23,579	86.9%	4	0.0%	5,858	21.6%	4,169	15.4%	11,231	41.4%	2,317	8.5%
Hmong	229	0.8%	0	0.0%	6	0.0%	13	0.0%	154	0.6%	56	0.2%
Other/Non-English	684	2.5%	0	0.0%	40	0.1%	40	0.1%	412	1.5%	192	0.7%
Russian	228	0.8%	0	0.0%	7	0.0%	9	0.0%	137	0.5%	75	0.3%
Spanish	1,273	4.7%	0	0.0%	706	2.6%	270	1.0%	234	0.9%	63	0.2%
Unknown/NR	919	3.4%	9	0.0%	77	0.3%	116	0.4%	591	2.2%	126	0.5%
Vietnamese	157	0.6%	0	0.0%	3	0.0%	8	0.0%	86	0.3%	60	0.2%
Total	**27,138**	**100.0%**	**13**	**0.0%**	**6,707**	**24.7%**	**4,631**	**17.1%**	**12,877**	**47.5%**	**2,910**	**10.7%**

RETENTION

To be consistent with the California External Quality Review Organization (EQRO), Sacramento County looked at total number of services per beneficiary to determine retention. Due to this change in the methodology retention rates cannot be compared to previous years. The table below breaks down, by demographic characteristic, the number of services beneficiaries received in FY 2019-2020. For the purposes of this report, "retained" is defined as receiving five or more specialty mental health (SMH) services in the fiscal year.

- The majority of beneficiaries (72.8%) received more than five services during the fiscal year, with over 38.7% of the beneficiaries receiving more that fifteen services in the year.
- Retention rates for children (0-17) are higher than the overall system.
- For youth, Caucasians have the highest retention rate at 82.5%, while Unknown/Not Reported have the lowest retention (75%).
- For Adults, Asian/Pacific Islanders have the highest retention rate at just over 77% (77.1%), while those with an unknown race have the lowest retention at 47.2%.
- Females are retained at a slightly higher rate than and males (73.7%

Table 10

Sacramento County Mental Health Plan Retention - FY 19/20														
FY 19/20		Total Served	1 Service		2 Services		3 Services		4 Services		5 to 15 Services		>15 Services	
			N	%	N	%	N	%	N	%	N	%	N	%
Race (0-17.9)	API	370	17	4.6	20	5.4	13	3.5	20	5.4	99	26.8	201	54.3
	Black	2,126	144	6.8	118	5.6	84	4.0	69	3.2	609	28.6	1,102	51.8
	Hispanic	3,256	209	6.4	158	4.9	123	3.8	94	2.9	906	27.8	1,766	54.2
	Nat-Amer	67	6	9.0	1	1.5	4	6.0	2	3.0	16	23.9	38	56.7
	White	2,101	111	5.3	112	5.3	79	3.8	68	3.2	564	26.8	1,167	55.5
	Other	761	58	7.6	36	4.7	31	4.1	18	2.4	201	26.4	417	54.8
	Unk/NR	1,010	96	9.5	72	7.1	49	4.9	35	3.5	308	30.5	450	44.6
Race (≥18)	API	1,523	111	7.3	91	6.0	85	5.6	62	4.1	691	45.4	483	31.7
	Black	3,673	427	11.6	299	8.1	215	5.9	234	6.4	1,346	36.6	1,152	31.4
	Hispanic	2,679	362	13.5	221	8.2	162	6.0	135	5.0	973	36.3	826	30.8
	Nat-Amer	182	30	16.5	11	6.0	6	3.3	6	3.3	60	33.0	69	37.9
	White	6,133	741	12.1	435	7.1	354	5.8	270	4.4	2,323	37.9	2,010	32.8
	Other	892	94	10.5	70	7.8	62	7.0	56	6.3	364	40.8	246	27.6
	Unk/NR	1,300	274	21.1	184	14.2	119	9.2	109	8.4	440	33.8	174	13.4
Age	0-17.9	9,691	641	6.6	517	5.3	383	4.0	306	3.2	2,703	27.9	5,141	53.0
	≥ 18	16,384	2,039	12.4	1,311	8.0	1,003	6.1	872	5.3	6,198	37.8	4,961	30.3
Sex	Male	12,523	1,386	11.1	876	7.0	688	5.5	554	4.4	4,055	32.4	4,964	39.6
	Female	13,552	1,293	9.5	953	7.0	697	5.1	625	4.6	4,846	35.8	5,138	37.9
	Unk/NR	14	6	42.9	2	14.3	1	7.1	0	0.0	3	21.4	2	14.3
Language	English	22901	2,388	10.4	1,631	7.1	1,216	5.3	1,035	4.5	7,610	33.2	9,021	39.4
	Spanish	1230	82	6.7	48	3.9	52	4.2	42	3.4	409	33.3	597	48.5
	Russian	246	15	6.1	6	2.4	13	5.3	6	2.4	116	47.2	90	36.6
	Hmong	247	11	4.5	4	1.6	13	5.3	9	3.6	127	51.4	83	33.6
	Vietnamese	173	12	6.9	11	6.4	7	4.0	8	4.6	88	50.9	47	27.2
	Cantonese	88	7	8.0	2	2.3	4	4.5	4	4.5	34	38.6	37	42.0
	Arabic	148	13	8.8	6	4.1	6	4.1	7	4.7	91	61.5	25	16.9
	Other	539	35	6.5	38	7.1	27	5.0	18	3.3	275	51.0	146	27.1
	Unk/NR	517	122	23.6	85	16.4	48	9.3	50	9.7	154	29.8	58	11.2
TOTAL		**26,089**	**2,685**	**10.3**	**1,831**	**7.0**	**1,386**	**5.3**	**1,179**	**4.5**	**8,904**	**34.1**	**10,104**	**38.7**

Note: number served only reflects beneficiaries that received Medi-Cal billable SMH services.

BENEFICIARY COSTS

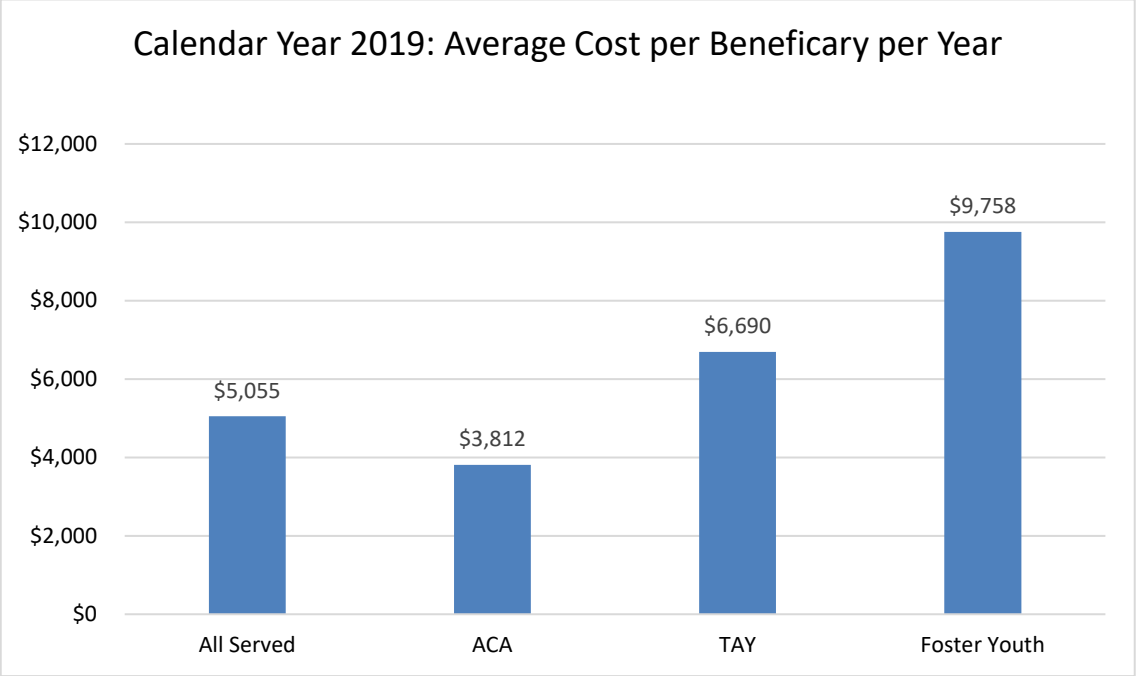
The approved claims data (number of beneficiaries and cost per beneficiary) presented in Table 11 and Graphs 10 -14 are based on Sacramento County data provided by the External Quality Review Organization (EQRO) for Calendar Year 2019. The data are based on approved Medi-Cal claims and do not reflect all beneficiaries served in the MHP. Almost 21% (20.9%, 4,992) of beneficiaries with approved claims are Medi-Cal eligible beneficiaries under the Affordable Care Act (ACA).

Table 11

Calendar Year 2019: Number of Beneficiaries Served per Year*				
	All**	Affordable Care Act (ACA)	Foster Care (FC)	Transitional Age Youth (TAY)
TOTAL	23,842	4,992	1,151	3,727
AGE GROUP				
0-5	836		136	(16-17) 1,490
6-17	8,368		1,015	(18-21) 1,333
18-59	12,530	4,752		(22-25) 904
60 +	2,108	240		
Female	12,519	2,525	549	2,094
Male	11,323	2,467	602	1,633
RACE/ETHNICITY				
White	7,619	1,894	318	982
Hispanic	4,340	676	93	851
African-American	4,851	926	305	754
Asian/Pacific Islander	1,366	304	36	187
Native American	266	56	17	35
Other	5,400	1,136	382	918
* Based on approved claims **Inclusive of ACA, FC, & TAY				

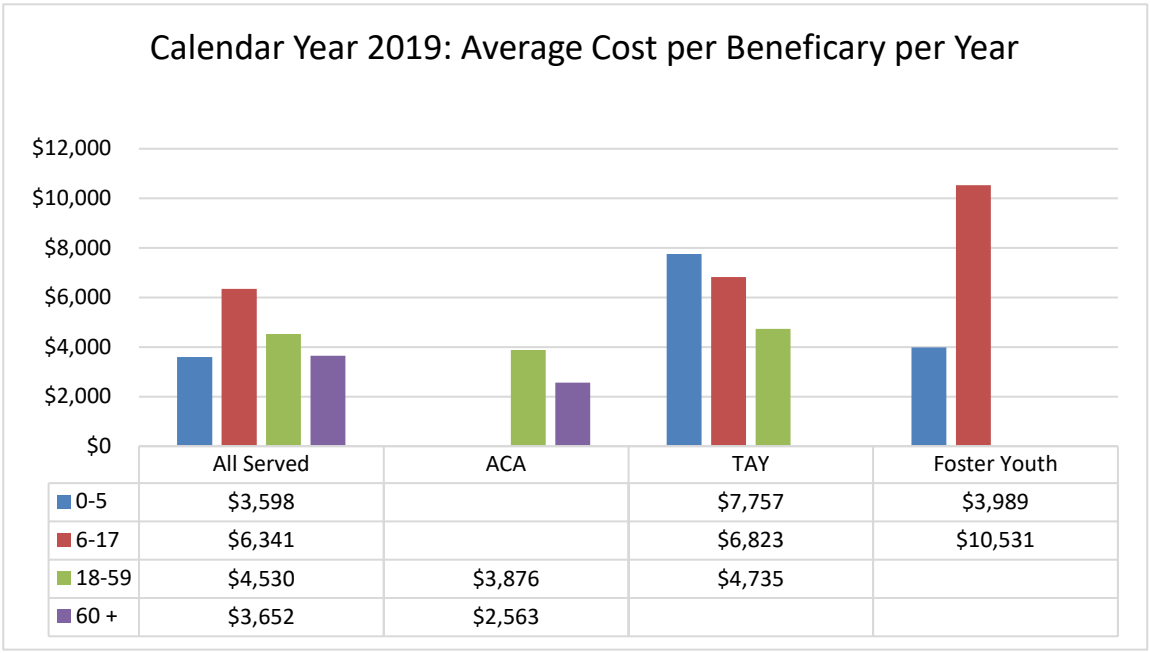
The overall average cost per beneficiary in the MHP is $5,055. However, TAY and Foster Youth have a significantly higher cost per beneficiary per year with an average cost of $6,690 and $9,758 respectively.

Graph 10



Graph 11 further breakdown cost per beneficiary by age. The lowest average cost per beneficiary is in the 0-5 age category averaging $3,598 for all children, followed by all older adults at $3652 per beneficiary. The highest average cost is seen in the foster youth age 6+ category at an average cost of $10,531 followed by the TAY category at an average cost of $7,757.

Graph 11

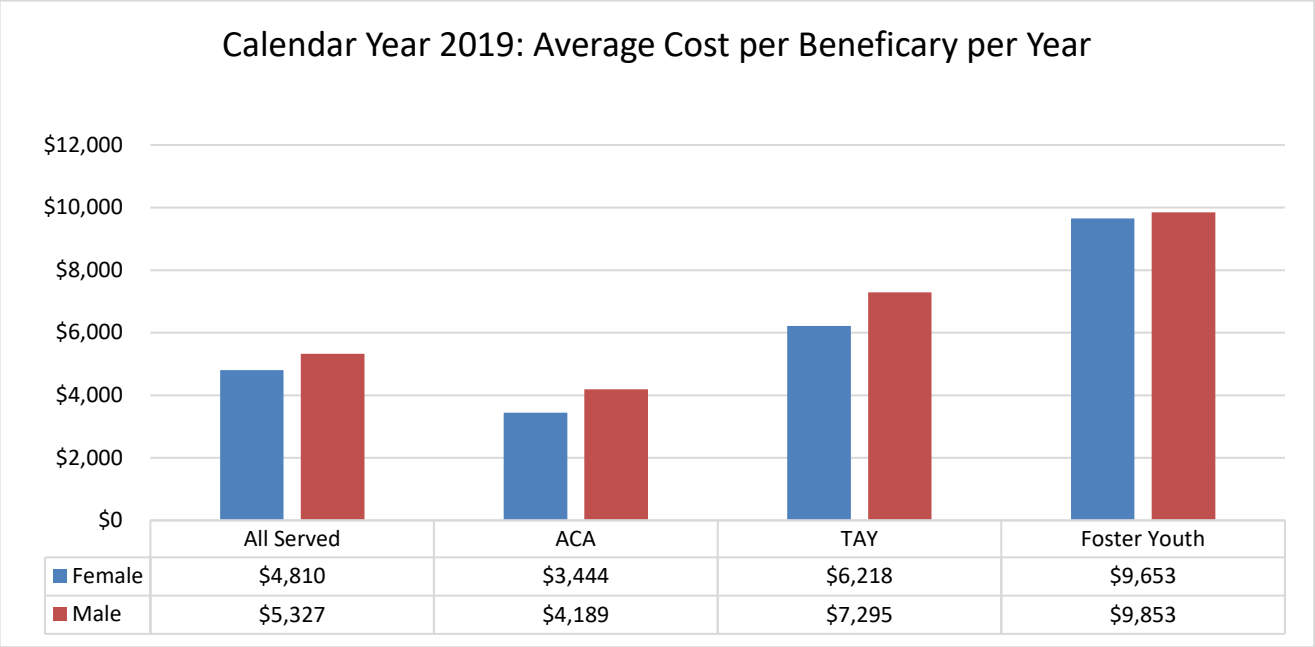


	All Served	ACA	TAY	Foster Youth
0-5	$3,598		$7,757	$3,989
6-17	$6,341		$6,823	$10,531
18-59	$4,530	$3,876	$4,735	
60 +	$3,652	$2,563		

Note: TAY age groups are 16-17, 18-21, and 22-25.

Graph 12 illustrates the average cost per beneficiary per year by gender and category. Overall males have a higher average cost per year than females. The highest average cost per beneficiary is seen in the male, foster youth group at an average cost per beneficiary per year of $9,853.

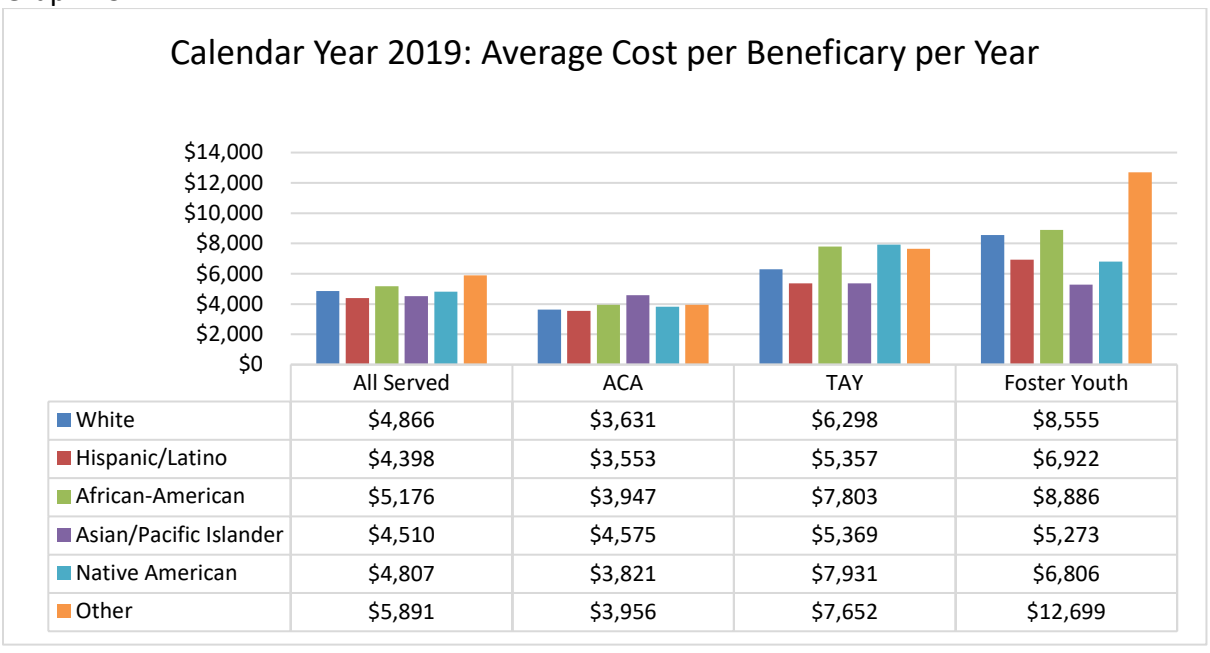
Graph 12



	All Served	ACA	TAY	Foster Youth
Female	$4,810	$3,444	$6,218	$9,653
Male	$5,327	$4,189	$7,295	$9,853

The average cost per beneficiary per year by race/ethnicity is shown in Graph 13. With the exception of the "Other" race category, African Americans have the highest cost per beneficiary across all race/ethnic categories. Beneficiaries in the Other, foster youth category represent the highest cost per beneficiary ($12,699), followed by Native American, TAY ($8,886). Beneficiaries in the Hispanic/Latino, ACA group had the lowest average cost per beneficiary per year ($3,553).

Graph 13



	All Served	ACA	TAY	Foster Youth
White	$4,866	$3,631	$6,298	$8,555
Hispanic/Latino	$4,398	$3,553	$5,357	$6,922
African-American	$5,176	$3,947	$7,803	$8,886
Asian/Pacific Islander	$4,510	$4,575	$5,369	$5,273
Native American	$4,807	$3,821	$7,931	$6,806
Other	$5,891	$3,956	$7,652	$12,699

Access Objective 1.2

1.2 Penetration (CC)			
Planned Activities: • Utilize Medi-Cal eligible data provided annually by the EQRO to track and trend penetration rates by age, gender, race/ethnicity, and language (when data is available) based on approved claims data as well as MHP all services data • Utilize published prevalence rates and analyze Sacramento County penetration rates in comparison to other Large county and Statewide penetration rates to determine possible concerns for equal access for certain cultures			
Standard	**Benchmark**	**Goal**	**Status**
1.2a Standard: There is equal access to the MHP for all cultures.	***1.2a Benchmark:*** Penetration rates for unserved, underserved and inappropriately served populations increase 1.5% over prior year's rate.	***1.2a Goal:*** Meet or exceed the benchmark.	CY 2014 = 5.1% CY 2015 = 5.3% CY 2016 = 4.8% CY 2017 = 5.0% CY 2018 = 4.8% **CY 2019 = 4.6%**

PENETRATION

Penetration rates decreased slightly, from 4.8% in Calendar Year (CY) 2018 to 4.6% in CY 2019 representing an overall decrease of 4.2%. The Medi-Cal beneficiary population decreased 1.2% from CY 2019 to CY 2019, while Medi-Cal beneficiaries in the MHP decreased by 5.8%. The penetration rate herein only represents beneficiaries served within the MHP. As a result of the Affordable Care Act (ACA), Medi-Cal beneficiaries are now eligible to receive mild to moderate mental health services through their Geographic Managed Care plans (GMCs) and specialty mental health services from the MHP. Because of this, the Medi-Cal penetration rate in this report may be under-represented, as it doesn't account for Medi-Cal beneficiaries served in the managed care plans.

Table 12

Penetration Rates		Calendar Year 2018					Calendar Year 2019					
		A		B		B/A	A		B		B/A	
		Medi-Cal Eligible Beneficiaries		Medi-Cal Beneficiaries (Undup)		Medi-Cal Penetration Rates	Medi-Cal Eligible Beneficiaries		Medi-Cal Beneficiaries (Undup)		Medi-Cal Penetration Rates	Percent Change between CY 2018 and CY 2019
		N	%	N	%	%	N	%	N	%	%	%
Age Group	0 to 5	67,166	12.4%	994	3.8%	1.5%	65,192	12.2%	895	3.6%	1.4%	-6.6%
	6 to 17	129,650	23.9%	8,805	33.6%	6.8%	129,038	24.1%	8,913	36.1%	6.9%	1.5%
	18 to 59	277,033	51.0%	14,261	54.4%	5.1%	270,743	50.5%	12,752	51.6%	4.7%	-7.8%
	60+	68,920	12.7%	2,176	8.3%	3.2%	71,458	13.3%	2,147	8.7%	3.0%	-6.3%
	Total	542,769	100.0%	26,236	100.0%	4.8%	536,431	100.0%	24,707	100.0%	4.6%	-4.2%
		N	%	N	%	%	N	%	N	%	%	%
Gender	Female	287,591	53.0%	13,577	51.7%	4.7%	284,402	53.0%	13,007	52.6%	4.6%	-2.1%
	Male	255,178	47.0%	12,655	48.2%	5.0%	252,029	47.0%	11,699	47.4%	4.6%	-8.0%
	Unknown	----		4	0.0%	N/A	0	0.0%	1	0.0%	N/A	N/A
	Total	542,769	100.0%	26,236	100.0%	4.8%	536,431	100.0%	24,707	100.0%	4.6%	-4.2%
		N	%	N	%	%	N	%	N	%	%	%
Race	White	130,017	24.0%	8,696	33.1%	6.7%	123,919	23.1%	7,963	32.2%	6.4%	-4.5%
	African American	81,353	15.0%	5,650	21.5%	6.9%	80,018	14.9%	5,241	21.2%	6.5%	-5.8%
	AI/AN	3,617	0.7%	278	1.1%	7.7%	3,622	0.7%	249	1.0%	6.9%	-10.4%
	API	75,110	13.8%	1,759	6.7%	2.3%	73,606	13.7%	1,732	7.0%	2.4%	4.3%
	Other	128,959	23.8%	4,134	15.8%	3.2%	133,967	25.0%	3,870	15.7%	2.9%	-9.4%
	Hispanic	123,714	22.8%	5,719	21.8%	4.6%	121,301	22.6%	5,652	22.9%	4.7%	2.1%
	Total	542,770	100.0%	26,236	100.0%	4.8%	536,433	100.0%	24,707	100.0%	4.6%	-4.2%

The MHP plan penetration for ACA beneficiaries is lower than both other large counties and statewide ACA penetration rates (Table 13).

Table 13

Calendar Year 2019 Penetration Affordable Care Act Approved Claims *						
	SACRAMENTO				LARGE	STATEWIDE
	Average Number of Eligibles per Month (4)	Number of Beneficiaries Served per Year	Penetration Rate		Penetration Rate	Penetration Rate
TOTAL	143,489	4,992	3.48%		3.89%	4.30%
AGE GROUP						
0-5	N/A	N/A	N/A		N/A	N/A
6-17	N/A	N/A	N/A		N/A	N/A
18-59	131,460	4,752	3.61%		4.10%	4.52%
60 +	12,029	240	2.00%		2.06%	2.36%

GENDER						
Female	69,141	2,525	3.65%		3.56%	3.56%
Male	74,348	2,467	3.32%		4.22%	4.22%
RACE/ETHNICITY						
White	38,778	1,894	4.88%		5.95%	6.15%
Hispanic	26,813	676	2.52%		2.83%	3.28%
African-American	18,699	926	4.95%		5.99%	7.50%
Asian/Pacific Islander	23,165	304	1.31%		1.61%	1.85%
Native American	1,120	56	5.00%		7.09%	6.93%
Other	34,916	1,136	3.25%		4.65%	4.75%

*Data provided by EQRO and is based on approved Medi-Cal claims

Discussion of Activities

The MHP continues to track and report penetration rates by age, gender, race, ethnicity and language (when available) to monitor significant changes. As previously noted, ACA has had a significant impact on the 18-59 age groups and adult male penetration rate.

CY 2016 was the first year the EQRO incorporated the ACA beneficiaries into their claims data reports. As a result, the MHP is able to add those numbers to the penetration table and will continue to explore the impact of the ACA to MHP penetration.

One significant limitation to the penetration rates is the ability to know how many Medi-Cal eligible beneficiaries are utilizing their expanded benefit outside of the MHP. The MHP is currently working with all GMC's in the County to explore options regarding data sharing across systems. This will improve the MHPs ability to demonstrate a more accurate penetration rate for the Sacramento County Medi-Cal population.

The MHP continues to strive to improve penetration rates amongst underserved communities.

Access Objective 1.3

1.3 Geographically Diverse Services
Planned Activities: • Develop maps to assist in siting new and/or existing service locations. • Utilize population indicators such as poverty status, demographics, etc. to determine siting and service needs. **(CC)** • Annual report on changes in numbers of organizational and enrolled network providers from previous year. • Monitor MHP organizational capacity by tracking the number of contracts (hospitals, outpatients and enrolled network providers). • Utilize the Network Adequacy Certification Tool (NACT) to monitor geographic locations meet time and distance standard. • Use data when developing new or expanded program sites.

Standard	Benchmark	Goal	Status
1.3a Standard: Mental health services are provided in geographically diverse locations that best represent the community needs.		***1.3a Goal:*** Maintain service delivery sites across county care system through a variety of contracts with organizational and enrolled network providers	See provider map/s

Sacramento County is a county that is spread over a large geographic region and includes multiple cultural and ethnic populations living across all areas. The MHP was notified in July 2017 that Arabic had been added as a threshold language in Sacramento County effective June 2016. This increases Sacramento County's threshold language from five to six (Spanish, Russian, Vietnamese, Chinese, Hmong, Arabic) with a variety of other languages below the threshold definition. The MHP, through its Medi-Cal and grant funded programs has both built a geographically centered service system and given providers flexibility to work across these physical locations or sites. These locations may be clinics, the community, or in-home settings. The Children's system of care works in school settings, community settings, in the home and in clinics demonstrating a great deal of flexible delivery capability.

Data on organizational providers and service delivery sites is monitored and analyzed to ensure that the MHP maintains geographic distribution of service delivery sites across the County care system to ensure appropriate access to services. Organizational providers working in multiple community settings in addition to their geographically listed provider sites primarily drive the Sacramento County MHP service delivery system. Therefore, any movement of a physical service sites continues to be balanced with field based service delivery.

Table 14 provides data on the number of Organizational and Network Providers as well as the number of organizational service sites in the MHP during FY 2019-2020.

Table 14

Organizational Providers	FY 2019/2020
Legal Entities	**39**
Physical Sites	**80**
Network Providers	
Individual Providers	**1**
Physical Sites (inpatient)	**6**

Table 15 provides information on the geographic distribution of organizational provider sites.

Table 15

Organizational Service Sites by Region	FY 2019/2020
North	6
South	15
East	42

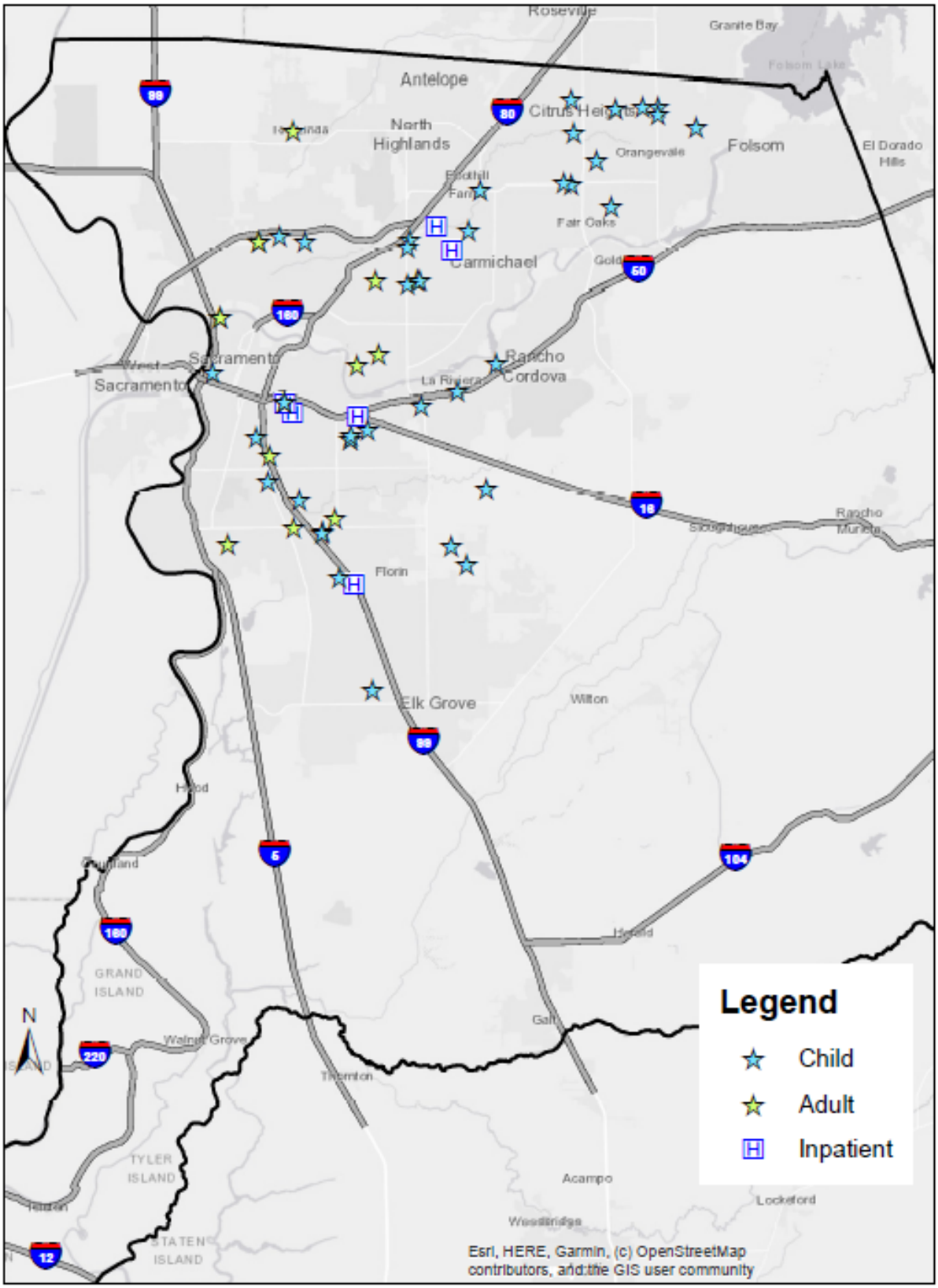
West	3
Out of County	14
Total	**80**

The Provider Location FY19/20 map that follows shows the distribution of the MHP Adult, Child and Inpatient providers. Additional provider information can be found on the MHP website at:

http://www.dhs.saccounty.net/BHS/Pages/GI-Mental-Health-Providers.aspx

Behavioral Health Service Providers

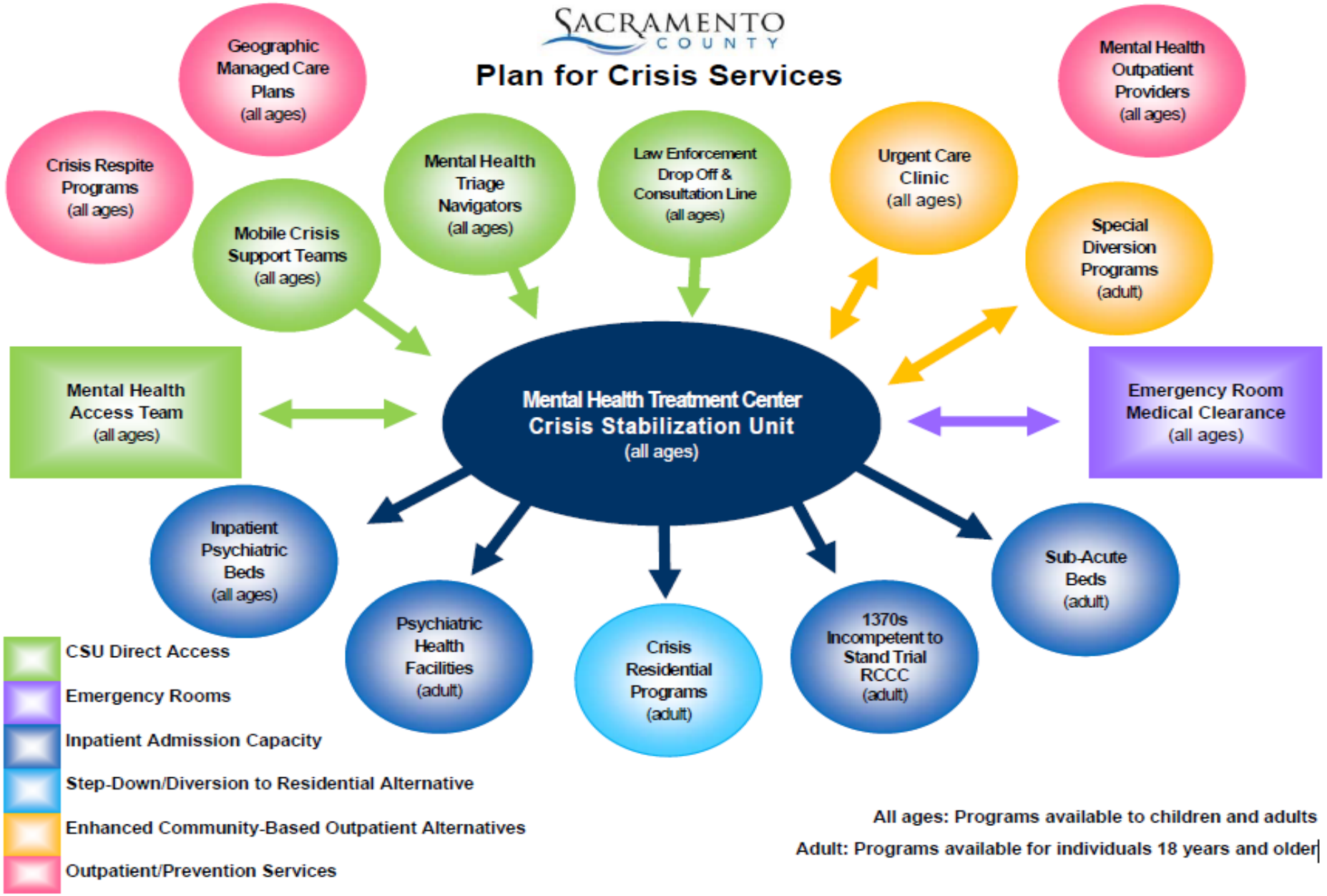
Fiscal Year 2019-20



Access Objective 1.4

1.4 Crisis Service Continuum			
Planned Activities: • Continue to collaborate with community partners to come up with solutions to offer an array of crisis services to Sacramento County residents (hospital systems, law enforcement). • Continue work to implement SB82, crisis residential grants. • Increase access to crisis stabilization and crisis residential services. • Track and monitor utilization of programs already in place to address crisis services (CST, Mobile Crisis, Navigators). Analyze results to determine outcomes. • At least annually, analyze data by race, ethnicity and language, sexual orientation and gender identity. **(CC)** • Track and analyze diversion program activities – Mental Health Urgent Care, CSU-Dignity, Crisis Residential, (Citation Pilot – YDF), Mobile Crisis, Respite, and Community Support Team • Continue to support and collaborate with hospital partner(s) to open a new Psychiatric Health Facility. • Provide education and information about mental health resources to community.			
Standard	**Benchmark**	**Goal**	**Status**
1.4a Standard: The MHP will have a continuum of Mental Health Crisis services available to residents in Sacramento County.		***1.4a Goal:*** Develop a multi-tiered crisis service continuum.	See below to follow diagram

In March 2015, the MHP developed an initial framework to rebalance the mental health crisis service system in Sacramento County to reduce the use of hospital emergency rooms (ERs), unnecessary psychiatric hospitalization, and other high cost services. The framework included a variety of initiatives that as a whole would assist in achieving this goal, including increasing mental health outpatient capacity, utilizing Senate Bill 82 grant funding to increase crisis residential bed capacity, and developing an array of services that bring program alternatives, efficiencies and improved utilization of existing capacity in all parts of the inpatient outpatient, and prevention programming in the mental health service delivery system. The MHP goal of developing a multi-tiered crisis service continuum is a multi-year initiative and will continue to be a high priority of the MHP.


SACRAMENTO COUNTY
Plan for Crisis Services
Geographic Managed Care Plans (all ages)
Crisis Respite Programs (all ages)
Mobile Crisis Support Teams (all ages)
Mental Health Triage Navigators (all ages)
Law Enforcement Drop Off & Consultation Line (all ages)
Urgent Care Clinic (all ages)
Mental Health Outpatient Providers (all ages)
Special Diversion Programs (adult)
Mental Health Access Team (all ages)
Mental Health Treatment Center Crisis Stabilization Unit (all ages)
Emergency Room Medical Clearance (all ages)
Inpatient Psychiatric Beds (all ages)
Psychiatric Health Facilities (adult)
Crisis Residential Programs (adult)
1370s Incompetent to Stand Trial RCCC (adult)
Sub-Acute Beds (adult)
CSU Direct Access
Emergency Rooms
Inpatient Admission Capacity
Step-Down/Diversion to Residential Alternative
Enhanced Community-Based Outpatient Alternatives
Outpatient/Prevention Services
All ages: Programs available to children and adults
Adult: Programs available for individuals 18 years and older

During FY 2019-2020 the MHP completed the following activities that support the rebalancing of the mental health crisis service system:

Crisis Residential Programs

Crisis residential beds are an alternative to inpatient psychiatric beds when an individual is experiencing a mental health crisis but is stable enough to benefit from community-based services and are also used to help individuals adjust after an inpatient psychiatric hospitalization. Sacramento County applied for and successfully received Senate Bill (SB) 82 Investment in Mental Health Wellness Act grant awards to operationalize four new 15-bed crisis residential programs in our community.

Crisis Residential Program- Rio Linda Facility (15 beds) – Turning Point Community Programs (TPCP) was awarded the contract for this Crisis Residential Program. The program was opened for admissions on August 1, 2016. This program has served 640 unduplicated beneficiaries for a total of 734 admissions through the end of FY 19/20.

Crisis Residential Programs (South Sacramento, Henrietta Drive, 15 beds) – On April 26, 2016 the MHP received Board of Supervisor approval to contract with TPCP to operate a Crisis Residential. The MHP worked closely with TPCP to initiate all community outreach and identify potential sites for this program. This program opened in October 2018. This program has served 254 unduplicated beneficiaries for a total of 282 admissions through the end of FY 19/20.

Crisis Residential Programs (Rancho Cordova, Viking Drive, 15 beds) – On April 26, 2016 the MHP received Board of Supervisor approval to contract with TPCP to operate a Crisis Residential. The MHP worked closely with TPCP to initiate all community outreach and identify potential sites for this program. The Viking Drive Crisis Residential Program is opened in December 2020 and has served 37 beneficiaries since inception

Crisis Residential Program – Transitional Age Youth (15 beds) – During the initial bidding process the MHP did not receive any proposals in response to the Request for Proposal (RFP) for a fourth crisis residential program. The MHP conducted an analysis and determined the need for a crisis residential program to serve transition age youth (TAY) and young adults from the ages of 18-29 years. The MHP released a RFP for a TAY crisis residential program in March 2016 and upon completion of a competitive selection process announced that Central Star Behavioral Health, Inc. had been awarded the contract. The MHP received approval to move forward from the Board of Supervisors in July 2016. The TAY Crisis Residential Program opened in November 2020 and has served 45 unduplicated beneficiaries since inception.

With the opening of the most recent Crisis Residential Programs, capacity has expanded from 12 beds in 2018 to 72 beds in 2020.

Increase access to crisis stabilization and crisis residential services

Mobile Crisis Support Teams - The Mobile Crisis Support Team (MCST) is a collaboration between Behavioral Health and law enforcement to respond together to emergency calls for individuals experiencing a mental health crisis. MCST has direct access to the Mental Health Treatment Center's (MHTC) Intake Stabilization Unit (ISU) in which diverting individuals experiencing a mental health crisis to the ISU provides an alternative to individuals being taken to an ER - unless medically necessary. The MCST responds to community mental health crisis needs via 911 dispatch, irrespective of insurance status. In FY17/18, it was determined that the model of having a Mental Health Clinician riding with a Law Enforcement Officer as a first response model was the most effective of the two models tested. The MCST program has been expanded from six to 11 teams - expanding coverage in the Sacramento County area with existing partners, as well as adding new partners. The MCST law enforcement partners include the Citrus Heights Police Department, Folsom Police Department, Elk Grove Police Department, and Sacramento Sheriff Department. The MCST is in the process of adding Rancho Cordova Police Department, Galt Police Department, and Metro Fire as new partners to the program.

Sustainability of Respite Care Programs – MHSA Innovation Project #1 Respite Partnership Collaboration funding was time-limited, 11 mental health respite programs were subject to losing their funding. In FY 2015-16, with support from the MHSA Steering Committee and the Board of Supervisors, these programs transitioned to sustainable funding to continue these crisis respite programs. Respite program goals include providing a safe environment in which participants increase their knowledge of available supports and how to access them, improve well-being, reduce stress, increase connectedness and reduce feelings of isolation, decrease risk of harm, and reduce visits to the emergency room and psychiatric hospitals.

Law Enforcement Consultation Line - Mental Health Treatment Center (MHTC) Intensive Service Unit (ISU) staff answer the Law Enforcement (LE) Consultation Line. They provide immediate consultation to help law enforcement with triage and disposition consultation involving individuals experiencing a mental health crisis. Where appropriate, direct admission to the ISU is advised, other community resources are also brought into play to assist law enforcement. Not all beneficiaries meet 5150 criteria and some require medical clearance at local ERs prior to acceptance by MHTC ISU, which seems to diminish use of the Consultation Line for some officers. MHTC staff is developing a brief DVD training tool that will be used as a resource at law enforcement shift briefings to encourage the use of the Consultation Line.

The LE Consultation Line was operationalized January 6, 2016 as a pilot after extensive training and collaborative discussions with the Sacramento Sheriff's Department (SSD) and Sacramento Police Department (SPD). In May 2016, the hours of operation for the Law Enforcement Consultation Line were extended from 8:00 AM — 4:00 PM to 8:00 AM — 8:00 PM, Monday — Friday. This extension of hours of operation was to provide Law Enforcement officers working PM shift same opportunity to utilize MHTC consult line resource. Effective January 9, 2017 the hours of operation was extended to all days of the week from 0800-2000 (8:00 AM – 8:00 PM). Effective April 3, 2017 this feature was extended to California Highway Patrol Capitol-Downtown (CHP). On May 1, 2017, the same feature was extended to University of California Davis Police Department (UCDPD).

MHTC ISU Hiring/ Staffing Up - Effective 2016, Staffing at MHTC ramped up allowing ISU to provide a robust crisis response and a step-by-step expansion of direct admission capacity to the ISU. At this time, MCSTs, Mental Health Navigators, Mental Health Urgent Care Clinic (MHUCC), and the Community Alternatives for

Recovery and Engagement (CARE+) program have direct communication and access to the MHTC ISU. Law enforcement, through the Consultation Line, has direct communication with the MHTC ISU, and when appropriate, direct admission to the ISU is authorized for individuals experiencing a mental health crisis. Beneficiaries seeking services- both minors and adults- at the MHUCC, if meeting 5150 criteria and barring any major/acute medical need, may directly be brought in to MHTC ISU. The Peer Navigator program was also started at MHTC in February 2018 with Peer Navigators working with beneficiaries on both the PHF and ISU.

Aggressive efforts continue to be made to recruit for nursing and clinical permanent position vacancies and on-call/intermittent staffing needs, which are critical to maintaining State required staffing ratios at the MHTC. Recruitment has been challenging with high turnover in this area as many on-call nursing and clinical staff resign once obtaining fulltime employment in the private sector. It also continues to be difficult to compete with private sector benefits and pay rates. The MHTC has obtained nursing lists from the California Board of Registered Nursing and has mailed job announcements to 10,000 nurses in the Sacramento area and neighboring counties. Additionally, day shifts are preferred by the majority of candidates, which has made it difficult to fill the vacancies assigned to the PM (3:00 pm — 11:30 pm) and Nocturnal (11:00 pm — 7:30 am) shifts. Critical position vacancies include licensed clinicians and nursing. Additional nursing positions were approved which increased the need for creative recruitment efforts.
Over past year ISU census has increased with number of beneficiaries seen with further expansion anticipated over next several months as additional services and programs come online.

Track and monitor programs already in place to address crisis services (CST, Mobile Crisis, Navigators). Analyze results to determine outcomes. Analyze data by race, ethnicity and language, sexual orientation and gender identity. (CC)

In FY 2019-2020 the MHP worked collaboratively with contract providers to increase program data integrity, build program reports, and establish reporting timelines. The Research, Evaluation and Performance Outcomes unit analyzes program data for the Mobile Crisis Teams (MCST), Triage Navigators and Community Support Teams (CST) and shares the results with county management, program monitors and contracted providers. The data is analyzed annually by race, ethnicity, language, sexual orientation and gender identity when applicable.

Table 16

Mobile Services Demographics All Clients Served FY 19/20								
Characteristic	MCST (N=1559)		Triage Navigators (N=2547)		CST (N=1309)		Total (N=5415)	
Age								
0-15	111	7.1%	104	4.1%	24	1.8%	239	4.4%
16-25	285	18.3%	440	17.3%	162	12.4%	887	16.4%
26-59	898	57.6%	1162	45.6%	882	67.4%	2942	54.3%
60+	262	16.8%	336	13.2%	234	18.6%	832	15.4%
Unknown/Not Reported	3	0.2%	505	0.2%	7	0.5%	515	9.5%
Gender								
Male	419	26.9%	1302	51.1%	705	53.9%	2,426	44.8%
Female	394	25.3%	1242	48.8%	600	45.8%	2,236	41.3%
Unknown/Not Reported	746	47.9%	3	0.1%	4	0.3%	753	13.9%

Mobile Services Demos Cont. All Clients Served FY 19/20								
Characteristic	MCST (N=1559)		Triage Navigators (N=2547)		CST (N=1309)		Total (N=5415)	
Sexual Orientation								
Heterosexual	589	37.8%	197	7.7%	131	10.0%	917	16.9%
Gay or Lesbian	16	1.0%	11	0.4%	5	0.4%	32	0.6%
Bisexual	1	0.1%	17	0.7%	2	0.2%	20	0.4%
Questioning	7	0.4%	6	0.2%	1	0.1%	14	0.3%
Decline to state	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other	2	0.1%	1	0.0%	3	0.2%	6	0.1%
Unknown/Not Reported	944	60.6%	2315	90.9%	1167	89.2%	4426	81.7%
Race								
White	811	52.0%	1032	40.5%	390	29.8%	2233	41.2%
Black/African-American	251	16.1%	511	20.1%	264	20.2%	1026	18.9%
Asian/Pacific Islander	93	6.0%	133	5.2%	53	4.0%	279	5.2%
Multi-Ethnic	63	4.0%	77	3.0%	42	3.2%	182	3.4%
American Indian	16	1.0%	28	1.1%	23	1.8%	67	1.2%
Other Race	150	9.6%	244	9.6%	107	8.2%	501	9.3%
Unknown/Not Reported	175	11.2%	522	20.5%	430	32.8%	1127	20.8%
Ethnicity								
Hispanic	172	11.0%	318	12.5%	156	11.9%	646	11.9%
Not Hispanic	972	62.3%	1417	55.6%	697	53.2%	3086	57.0%
Unknown	415	26.6%	812	31.9%	456	34.8%	1683	31.1%
Primary Language								
English	1448	92.9%	2277	89.4%	1043	79.7%	4768	88.1%
Spanish	24	1.5%	33	1.3%	17	1.3%	74	1.4%
Other Non-English	38	2.4%	37	1.5%	23	1.7%	98	1.8%
Unknown / Not Reported	49	3.1%	200	7.9%	226	17.3%	475	8.8%

Mental Health Urgent Care Clinic

In March 2016, the Sacramento County Board of Supervisors approved the MHP proposal for an urgent care clinic as part of the MHSA Fiscal year 2015/2016 Annual Plan Update. In May 2016, the proposal for the urgent care clinic was presented to and approved by the Mental Health Oversight and Accountability Commission (MHSOAC). The MHP released a Request for Proposal and on June 14, 2017, the Sacramento County Board of Supervisors authorized the execution of a five-year contract with Turning Point Community Programs for the provision mental health urgent care clinic services. The Mental Health Urgent Care Clinic (MHUCC) opened in October 2017 and expanded Sacramento County's array of crisis response services that provide intermediate care for individuals in critical need of prompt mental health services. Services include triage, assessment, and direct linkage to mental health services, alcohol and drug treatment services and other services and supports. This walk in clinic has the capacity to serve approximately 300-400 individuals per month and operates Monday through Sunday. In FY 2019-2020, the clinic served a total of 3,510 unduplicated individuals for a total 4,711 admissions. See Tables 17 and 18 for demographic breakdown of individuals served.

Behavioral Health Crisis Services Collaboration

Behavioral Health Crisis Services Collaborative (BHCSC) project was reviewed and approved by the MHSOAC in May 2018. BHS, in partnership with Dignity Health and Placer County, implemented the BHCSC in FY 2018-19. In September 2019, the BHCSC opened for service delivery. The BHCSC establishes integrated adult crisis stabilization services on the Mercy San Juan hospital emergency department campus in the northeastern area of Sacramento County. The BHCSC has served 763 unduplicated beneficiaries for a total of 962 admissions through the end of FY 19/20.

Table 17

All Clients Served - FY 19/20				
Characteristic	Mental Health Urgent Care Clinic		Behavioral Health Crisis Services Collaborative	
	N=3510	%	N=753	%
Age				
0-15	189	5.4%	0	0.0%
16-25	710	20.2%	135	17.9%
26-59	2360	67.2%	550	73.0%
60+	251	7.2%	68	9.0%
Gender				
Male	1630	46.4%	399	53.0%
Female	1878	53.5%	354	47.0%
Unknown/Not Reported	2	0.1%	0	0.0%
Sexual Orientation				
Heterosexual	763	0.0%	189	0.0%
Gay or Lesbian	43	0.0%	6	0.0%
Bisexual	64	0.0%	18	0.0%
Questioning	40	0.0%	1	0.0%
Decline to state	268	0.0%	134	0.0%
Unknown/Not Reported	2332	100.0%	405	100.0%
Race				
White	1496	42.6%	455	60.4%
Black/African-American	659	18.8%	120	15.9%
Asian/Pacific Islander	243	6.9%	37	4.9%
Multi-Ethnic	238	6.8%	38	5.0%
American Indian	55	1.6%	19	2.5%
Other Race	375	10.7%	64	8.5%
Unknown/Not Reported	444	12.6%	20	2.7%
Ethnicity				
Hispanic	631	18.0%	131	17.4%
Not Hispanic	2054	58.5%	580	77.0%
Unknown/Not Reported	825	23.5%	42	5.6%
Primary Language				
English	3235	92.2%	725	96.3%
Spanish	74	2.1%	6	0.8%
Other Non-English	91	2.6%	17	2.3%
Unknown/Not Reported	110	3.1%	5	0.7%

Additional Activities that support the rebalancing of crisis services

Mental Health Navigators - Sacramento County MHP was awarded Round 1 SB 82 grant funds for Mental Health Navigators. Mental Health Navigators provide critical linkage between the mental health service

system and individuals seeking services at a variety of locations. The MHP awarded a Mental Health Navigator contract to Transitional Living Community Support (TLCS). TLCS operationalized the program in phases as agreements were completed with each site or hospital system around unique organizational requirements (for example, protocols in hospital ERs or jail locations or human resource requirements of each site). Navigators were trained to each location's needs and provide unique supports for their success in navigating different partner cultures and systems. For example, each hospital system has different ER processes and different scheduling needs. The original funding ended during FY 17/18 and in alignment with the November 7, 2017 Board of Supervisors action and MHSA Committee recommendation, this program was incorporated in to the suicide prevention programing using MHSA PEI funds. Below is the current key entry point locations where navigators are stationed.

- Loaves & Fishes/Genesis: Operationalized August 2015, Two Peer Navigators
- Sacramento County Main Jail, Booking and Release: Operationalized October 2015, Two Triage Navigators:
- Sutter General Hospital: Operationalized October 2015, One Triage Navigator
- University of California (UC), Davis Medical Center: Operationalized October 2015, One Triage Navigator
- Mercy General Hospital: Operationalized March 1, 2016, One Triage Navigator
- Mercy Folsom: Operationalized March 1, 2016, One Peer Navigator, *due to low referral volume the Peer Navigator was relocated to Mercy San Juan Hospital*
- Mercy San Juan Hospital: Operationalized June 2016
- Mercy Methodist: Operationalized May 2016
- Mobile Navigators: Four Peer Navigators: Provide post ER visits and/or release from jail. Follow up and transportation assistance to appointments if needed.
- Kaiser South: Operationalized in October 2016; Kaiser North opted out at this time.

1370 Incompetent to Stand Trial (1ST) Misdemeanors - Historically, competency restoration has been conducted by Mental Health Treatment Center (MHTC) staff reducing the number of inpatient beds available for community access. In April 2016 the Board of Supervisors authorized the Sheriff's Department to execute a contract with the Regents of the University of California (which provides services through the University of California Davis Health System or UCDHS) to operationalize an eight bed program for misdemeanor male inmates at the Rio Cosumnes Correctional Center (RCCC). The program is located at RCCC along with the felony related competency restoration program. UCDHS actively recruited staff for this program. The program was operationalized August 2016. In FY 2019-2020 thirty-three (33) individuals were restored to competency between RCCC and MHTC.

Full Service Partnership (FSP) Expansion

In addition to the FSP expansion activities that took place in FY16-17 continue to progress into FY 19-20:

- In May 2016, an RFP for a TAY FSP was released. The selection was announced publically in August 2016. The TAY FSP was operationalized in October 2017 and is successfully serving the specified population.
- In February 2020, a new FSP was opened to provide intensive outpatient services to individuals who are homeless, justice-involved, and have co-occurring substance use issues, called Telecare Arise.

The Source Call Center - Sacramento County MHP began the development of a 24/7 crisis mobile response system serving children/youth under 26 years old and their caregivers called The Source. The program began taking calls in June 2019 as a service to foster youth under 21 and has since been expanded twice to serve

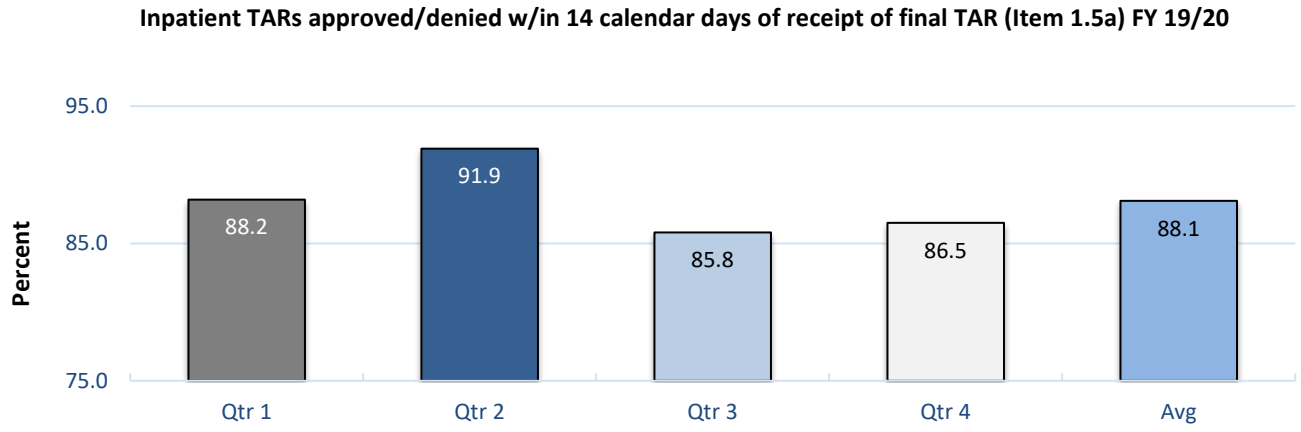
anyone under 26. Data collection for The Source began in September 2019 and has received over 3,000 calls to date.

Expanded Children's Mental Health Crisis Services - With the redesign of the Children's mental health system, all of the children's outpatient programs (FIT) now includes a 24/7 response requirement to further support families in crisis, which began in July 2019.

Access Objective 1.5

1.5 Monitoring Service Capacity			
Planned Activities: • Monitor Utilization Management compliance with statewide standards for approving or denying Inpatient TARs within 14 calendar days of the receipt of final TAR. • Enhance the current tracking tool and explore the feasibility of integrating the tracking into Avatar (EHR). • Update standard and benchmark upon receiving additional guidance from DHCS regarding concurrent review process for inpatient hospitalizations.			
Standard	**Benchmark**	**Goal**	**Status**
1.5a Standard: All Out of County inpatient admissions must be approved within 14 calendar days of receipt of final TAR**.**	***1.5a Benchmark:*** 100% of TARS will be approved or denied for Out of County inpatient admissions within 14 days of final TAR.	***1.5a Goal:*** Continue to meet the benchmark.	88.1 % of Out of County TARs are approved within 14 days of final TAR

Private out of County Inpatient hospitalization is reviewed retrospectively and authorized through Quality Management by a unit of licensed staff. The MHP met the 14-calendar day standard for approving Out of County TARS 88% of the time. This number is lower than FY 18/19 by 2%. There was a significant drop from Q2 to Q3 due to the COVID-19 Stay-at-Home order that required a change in the chart submission and review process. This was addressed during Q4 that resulted in an upward trend.



Access Objective 1.6

1.6 24/7 Access Line with Appropriate Language Access			
• Conduct year round tests of 24-hour call line and MHP follow-up system to assess for compliance with statewide standards. • Conduct test calls in all threshold languages. **(CC)** • Provide periodic training for Access Team, after- hour's staff, and test callers. • Provide feedback to supervisors on results of test calls. • Provide quarterly reports showing level of compliance in all standard areas. • Monitor timeliness of obtaining interpreter services **(CC)** • Attend trainings provided by DHCS • Develop electronic Call Log for MHTC Add tracking of age group to MHTC Call Log			
Standard	**Benchmark**	**Goal**	**Status**
1.6a Standard: Provide a statewide, toll-free telephone number that can be utilized 24 hours a day, 7 days a week (24/7 line) with language capability in all languages spoken by beneficiaries of the county		***1.6a Goal:*** Continue to have a 24/7 line with linguistic capability. (CC)	FY16-17: 96% FY17-18: 100% FY18-19: 100% **FY19-20: 100%**
1.6b Standard: The 24/7 line will provide information to beneficiaries about how to access specialty mental health services	***1.6b Benchmark:*** 100% of test calls will be in compliance with the standard	***1.6b Goal:*** Increase percent in compliance annually until benchmark is met	FY16-17: 73% FY17-18: 82% FY18-19: 92% **FY19-20: 97%**
1.6c Standard: The 24/7 line will provide information to beneficiaries about how to use the beneficiary problem resolution and fair hearing processes	***1.6c Benchmark:*** 100% of test calls will be in compliance with the standard	***1.6c Goal:*** Increase the percent in compliance annually until benchmark is met.	FY16-17: 67% FY17-18: 75% FY18-19: 64.25% **FY19-20: 75%**

1.6d Standard: The 24/7 line will provide information to beneficiaries about services needed to address a beneficiary's crisis	***1.6d Benchmark:*** 100% of test calls will be in compliance with the standard	***1.6d Goal:*** Increase the percent in compliance annually until benchmark is met.	FY16-17: 81% FY17-18: 90% FY18-19: 90.75% **FY19-20: 100%**
1.6e Standard: All calls coming in to the 24/7 line will be logged with the beneficiary name, date of the request and initial disposition of the request	***1.6e Benchmark:*** 100% of test calls will be in compliance with the standard	***1.6e Goal:*** Increase the percent in compliance annually until benchmark is met.	FY16-17: 71% FY17-18: 70% FY18-19: 88% **FY19-20: 84%**

The MHP provides a statewide, toll-free telephone number that can be utilized 24 hours a day, 7 days a week (24/7 line) with language capabilities in all languages spoken by beneficiaries of the county. The MHP monitors both business hour and after hour calls to the 24/7 access line by conducting test calls throughout the year. During FY19/20, the benchmark for each Standard is 100%, in line with DHCS expectations and Annual Protocol requirements. While benchmarks 1.6b and 1.6c saw improvements from FY 18/19, they still fall short of meeting the benchmark of 100% compliance.

Graph 14

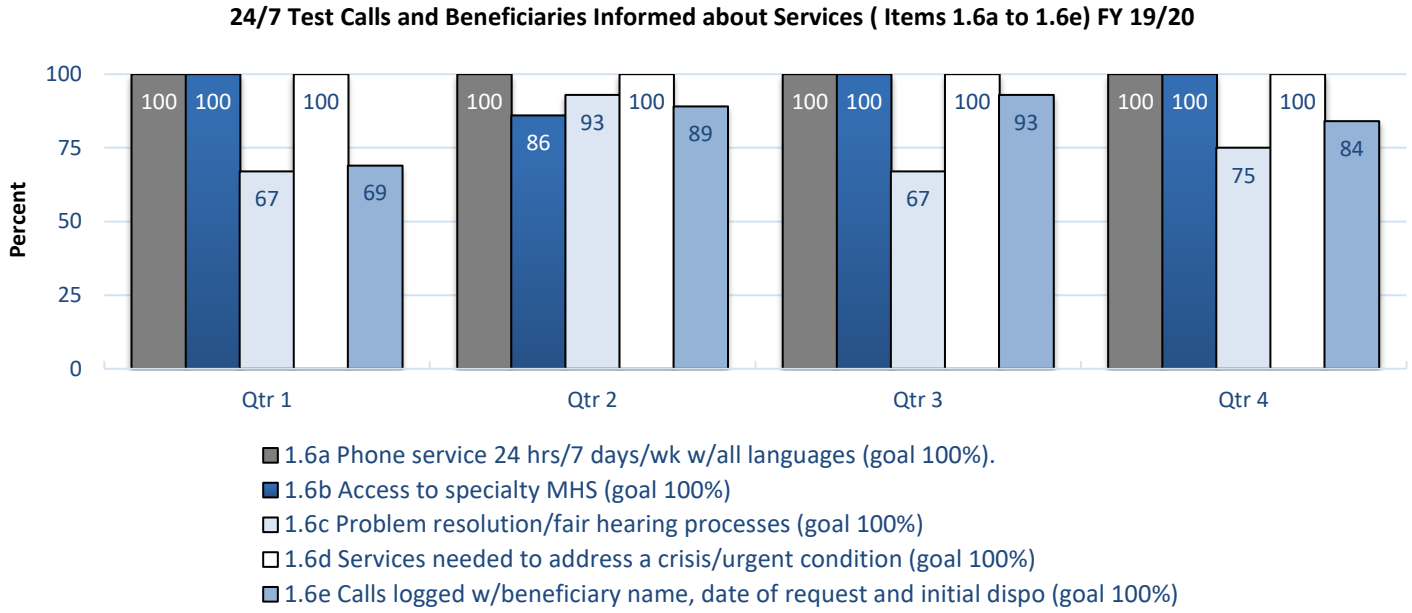


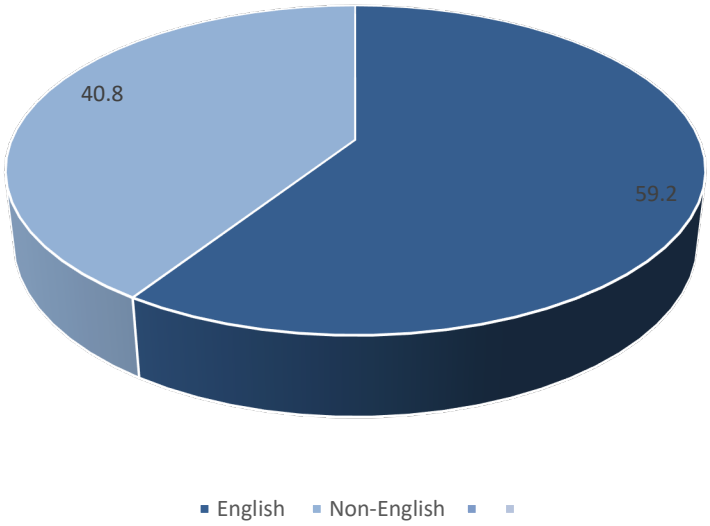
Table 19
Call Distribution Descriptors FY 19/20

Call Timeframe	#	%
Business Hours	50	66
After Hours	26	34
Total Calls	76	100.0
Call Service Type	**#**	**%**
Problem Resolution	24	31.6
Specialty Services	25	32.9
Urgent Condition	27	35.5
Unknown	0	0
Total Calls	76	100.0
Call Language	**#**	**%**
Non-English (Cantonese, Hmong, Mien, Punjabi, Russian, Spanish, Vietnamese, Cambodian, Dari, Hindi, Lao, and Pashto)	31	40.8
English	45	59.2

Discussion of Planned Activities

As part of the efforts to test the accessibility to services and responsiveness of the system, Quality Management and staff contracted through Sacramento Cultural and Linguistic Center (SCLC) conducted test calls to all established Access entry points to the system. The MHP made 50 calls during business hours to the Access Team and 26 after hour calls to the Mental Health Treatment Center Intensive Services Unit for a total of **76** test calls in FY 2019-2020. The calls were done in both English and non-English languages.

Graph 15



Following the test calls, feedback is given around ways to improve cultural sensitivity and linguistic competency when fielding business hour and after-hour calls. In addition to real time feedback, training is provided to the different units connected to the 24/7 Access Line. Annual trainings are provided to all staff working at the Intensive Services Unit (ISU) who are responsible for answering calls after hours. Trainings for new employees and annual refreshers are provided to the Access Team staff who answers calls during business hours. Quality Management in consultation with Cultural Competence also provides training to Sacramento Cultural and Linguistic Center (SCLC) who conducts the test calls for the MHP in languages other than English

The MHP provides quarterly test call reports to DHCS and reviews results of test calls at the QIC committee meeting.

2. TIMELINESS

Ensure timely access to high quality, culturally sensitive services for individuals and their families.

Timeliness Objective 2.1

2.1 Timeliness to Service
Planned Activities: • Produce quarterly reports that monitor benchmarks and track timely and appropriate access to mental health plan services. • Produce annual report that evaluate benchmarks and timely access to mental health plan services by race, ethnicity, language, sexual orientation and gender identity **(CC).** • Provide feedback to MHP providers of quarterly report findings at provider meetings.

- Explore creating an assessment/orientation packet that can be sent to beneficiary prior to first appointment
- Explore strategies for decreasing time to first appointment.
- Review data measurement and reporting methodologies to ensure accurate timeliness measurement consistent with DHCS requirements.
- Utilize technical assistance provided by EQRO and DHCS to identify additional strategies to address timely access to services.
- Continue to track and report on timeliness of assignment of referrals and evaluate business process at County Access team to ensure timeliness and efficiency in processing referrals
- Explore implementing successful strategies from Non-Clinical and Clinical PIPs across the system to address engagement and timeless to service
- Explore utilizing Avatar Scheduler for hospital discharges.
- Train and collaborate with outpatient providers regarding the appropriateness of psychological testing referrals
- Review psych testing referral and business processes
- Add UC Davis trainees to increase capacity
- Explore the use of Avatar Mail Box to expedite the information exchange from Referring Provider to Psychological Testing Provider

Standard	Benchmark	Goal	Status
***2.1a Standard**:* The time between request for MHP Outpatient services and the initial service offered and/or provided to beneficiaries will be 14 calendar days or less.	***2.1a Benchmark:*** 75% of Adult and Children will meet the 14 calendar day standard	***2.1a Goal:*** Increase in percent meeting standard annually until benchmark is met.	FY 19/20 Adult 44.5% Child 49.3%
***2.1b Standard**:* The time between request for MHP Outpatient services and the first psychiatric service offered and/or provided to beneficiaries will be 30 calendar days or less.	***2.1b Benchmark:*** 75% of Adult and Children will meet the 30 calendar day standard	***2.1b Goal:*** Increase in percent meeting standard annually until benchmark is met.	FY 19/20 Adult 17.9% Child 23.5%
2.1c Standard: The time between acute hospital discharge to first OP psychiatric service offered and/or provided to beneficiaries will be 30 calendar days	***2.1c Benchmark:*** 75% of Children and 75% of Adults will meet the 30-day standard.	***2.1c Goal:*** Increase in percent meeting standard annually until benchmark is met.	FY 19/20 Adult 64.1% Child 78.2%
***2.1d Standard**:* The time between acute hospital discharge to first OP service provided to beneficiaries will be 7 calendar days	***2.1dBenchmark:*** 75% of Children and 75% of Adults will meet the 7 day standard	***2.1d Goal:*** Increase the percent meeting standard annually until benchmark is met.	FY 19/20 Adult 47.1% Child 62%

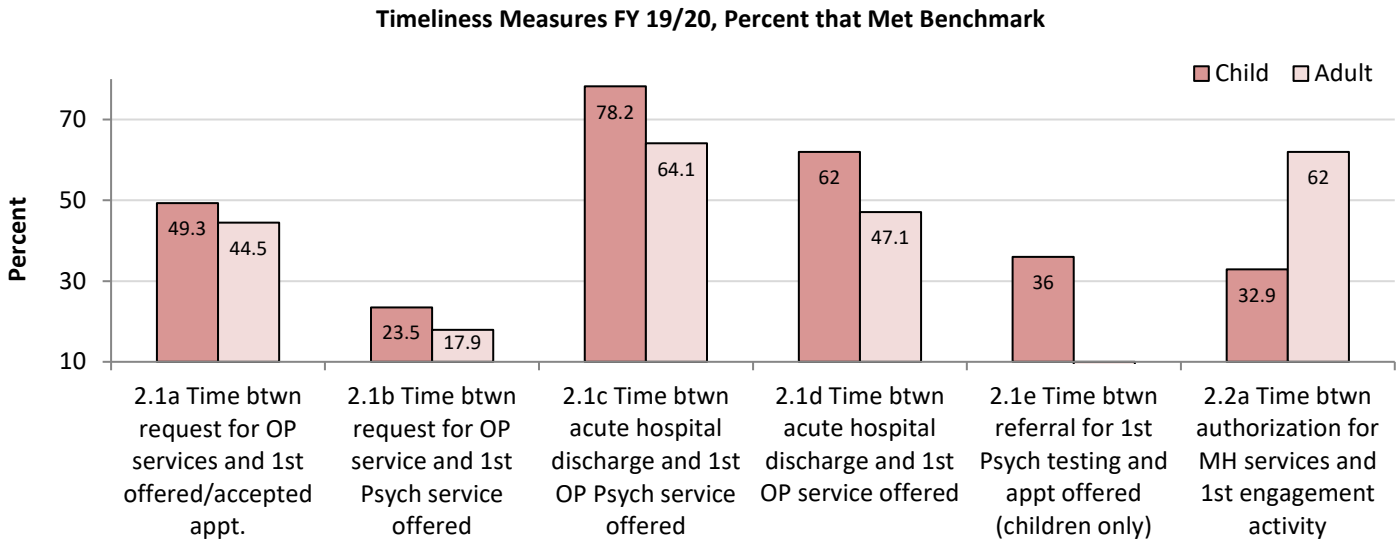
2.1e Standard: The time between referral for psychological testing and 1st psychological testing appointment offered and/or provided to children will be 14 days or less	***2.1e Benchmark:*** 65% of children and youth will meet the 14-day standard.	***2.1e Goal:*** Increase the percent meeting standard annually until benchmark is met.	FY 19/20 Child 36%

Discussion of Planned Activities

Timeliness to service has been a focus of improvement for the MHP over the last year. Interventions have been put in place to both accurately measure and improve timeliness for MHP beneficiaries. During FY 19/20, the MHP had one Performance Improvement Project (PIPs) that focused on access and timeliness to services. The PIP focused on the ability to offer appointments to unlinked beneficiaries discharged from an inpatient setting, thereby reducing the time it takes for a beneficiary to get a scheduled appointment. Unfortunately, upon implementation of this PIP, COVID 19 forced all programs to abstain from in-person services. However, beneficiaries were still offered telehealth appointments. Many beneficiaries were not ready to engage in outpatient services at the time of their inpatient discharge. For those who accepted services, appointments were immediately available upon discharge. Along with the PIP, the MHP has undertaken other efforts such as reporting and monitoring and staff/provider training to address timely access to outpatient services.

Timeliness Objective 2.2

2.2 No Shows/Cancellations for scheduled appointments			
Planned Activities: • Evaluate current engagement activities and billing codes to assist in accurately measuring outreach and engagement efforts prior to initial appointment.			
Standard	**Benchmark**	**Goal**	**Status**
2.2a Standard: The time between authorization for MH Services and 1st engagement activity, where actual verbal or face-to-face contact is made is 3 business days.	70% of Children and Adults will meet the 3 business day standard	***2.2a Goal:*** Increase the percent meeting standard annually until benchmark is met.	FY 19/20 Adult 62% Child 32.9%



Discussion of Planned Activities

Unfortunately, no shows and cancellations across the board continue to be under-reported. Although the providers are getting better at documenting no shows/cancellations, there is still work to be done to improve in this area. We continue to by provide data to providers and emphasize the importance of accurate reporting at all provider meetings.

3. QUALITY

Analyzing and supporting continual improvement of MHP clinical and administrative processes in order to achieve the highest standard of care, with care processes that are recovery oriented, evidence-based and culturally sensitive.

Quality Objective 3.1

3.1 Problem Resolution			
Planned Activities: • Monitor the problem resolution process tracking and reporting system. Make adjustments as needed to ensure integrity of data. • Track, trend and analyze beneficiary grievance, appeal and State Fair Hearing actions. Include type, ethnicity, race, and language as part of this tracking. **(CC)** • Track the timeliness of grievance, appeals and expedited appeal resolution for non- compliance tracking. • Track and analyze provider level complain, grievance process with concomitant corrective plans quarterly			
Standard	**Benchmark**	**Goal**	**Status**
3.1a Standard: The MHP will have a Problem Resolution process that provides	***3.1a Benchmark:***	***3.1a Goal:*** Percent of appeals logged and resolved in a timely	Average of all benchmarks

tracking of all grievances and appeals and ensures that all grievances and appeals are logged and resolved in a timely manner.	Grievances and appeals logged within 1 business day 100% of all grievances will be resolved within 90 days 100% of all appeals will be completed within 30 days 100% of all expedited appeals will be resolved in 72 hours	manner will increase annually until benchmark has been met	for FY 19/20 = 97.75%

The MHP has a system in place that provides all beneficiaries and providers a mechanism for the resolution of grievances and appeals. The MHP strives to address all concerns about services in a sensitive, timely and culturally competent manner. Beneficiary rights are protected at all stages of the grievance and appeal process. Quality Management services (QM) is responsible for monitoring beneficiary dissatisfaction and provider concerns, privacy issues, grievances, appeals and State fair hearings.

Grievance data is monitored and tracked using an Access Database. The database contains the following information: beneficiary demographics, the date grievances, appeals, and State fair hearings are received and logged by QM; the date the acknowledgement letter is sent to the beneficiary; the nature of the issue; actions taken to resolve the issue; the resolution and date of completion. In addition, the database is able to generate timeliness reports to assist staff in their monitoring of unresolved grievances and their progress towards completion and compliance with timeliness. This system has proven effective in meeting timeliness measures for grievances and appeals. There were some tracking issues initially during the start of the Stay-at-Home order, which resulted in missing our goal by 2.25%.

Grievance Summary:

During fiscal year 2019-2020, the MHP served approximately 27,138 Medi-Cal beneficiaries. This is a slight decrease from 30,201 served in FY 2018-2019. The MHP Beneficiary Protection unit (Member Services) addressed 662 issues. This number includes 611 grievance related concerns, 48 standard appeals, and 3 State fair hearings. This total represents approximately 2% of the population served, or about 2 out of every 100 beneficiaries.

The MHP chooses to capture and address all concerns brought to the attention of Member Services by, or on behalf of, beneficiaries. This results in Member Services recording a higher number of grievances than that reported to the California Department of Healthcare Services (DHCS) as part of the Annual Medi-Cal Beneficiary Grievance and Appeal Reporting Standards (ABGAR) report. Reportable issues on the ABGAR represent 476 of the 662 issues brought to the attention of Beneficiary Protection, or 72%. The ABGAR captures data specific to access, appeals, quality of care, change of provider requests resulting from a grievance, confidentiality, and other direct concerns related to the provision of MHP services. In addition to these areas, the remaining 28% of concerns captured by Member Services include change of provider requests without a grievance, State fair hearings, contacts by persons not currently open to the MHP and requests for service information.

The following table provides a comparison of the number of ABGAR grievances and appeals for Fiscal Years 18-19 and 19-20, in accordance with DHCS reporting standards. According to the data, the number of grievances slightly decreased from 438 to 428 or by 2.3%. The number of standard appeals increased from 5 to 48. The increase in appeals results from the MHP Access Team sending callers a Notices of Adverse Benefit Determination (NOABD) due to being unable to contact them to determine medical necessity. When the caller later contacts Member Services to address the NOABD, it is classified as an appeal. The solution in the vast majority of cases is to connect the caller to Access to complete the screening for MHP consideration. Expedited appeals remained steady at zero.

Table 20

Sacramento County Mental Health Plan Annual Problem Resolution Summary/Analysis Report						
Category	**Adults**		**Children**		**Total**	
	FY 18-19	**FY19-20**	**FY18-19**	**FY19-20**	**FY18-19**	**FY19-20**
Grievances	**375**	**327**	**65**	**101**	**438**	**428**
Standard Appeal	**4**	**30**	**1**	**18**	**5**	**48**
Expedited Appeal	**0**	**0**	**0**	**0**	**0**	**0**
Total	**379**	**357**	**66**	**119**	**443**	**476**

Grievance Issues by Ethnicity

The MHP predominantly provides services in English. For limited or non-English speakers, an interpreter is used, when necessary, and at no cost to the beneficiary, to ensure clear and accurate communication. Table 21 reflects the race/ethnicity of the beneficiaries that submitted grievances or other concerns during FY 19-20. The Beneficiary Protection database can identify the ethnicity of the beneficiary by type of grievances. As seen below, those identifying as Caucasian have the highest percentage of grievances (43%), followed by beneficiaries identifying their race/ethnicity as African American (29%). The third largest population of grievances are those identifying their race/ethnicity as Spanish/Hispanic (11%). All other racial/ethnic groups report grievances in lower percentages. This racial/ethnic breakdown can also be seen within the types of grievances reported.

Table 21

			FY 19/20 Grievances and Appeals by Type and Race/Ethnicity								
Ethnicity	**Access**	**Appeal**	**Quality of Care**	**Change of Provider with Grievance**	**Change of provider without grievance**	**PHI Shared**	**Other ABGAR Grievances**	**Other MHP Grievances**	**SFH**	**Total**	
African American	1	13	51	37	18	1	43	25	1	**190**	**29%**
American Indian	0	1	4	1	0	0	0	1	0	**7**	**1%**
Arab	0	0	1	1	0	0	0	1	0	**3**	**0.5%**

Chinese	0	0	2	1	0	0	4	0	0	**7**	**1%**
Filipino	0	0	2	2	0	0	2	2	0	**8**	**1%**
Former Soviet	0	0	0	1	0	0	1	0	0	**2**	**0.3%**
Hawaiian Native	0	0	0	1	0	0	0	1	0	**2**	**0.3%**
Hmong	0	0	0	3	0	0	0	0	0	**3**	**0.5%**
Japanese	0	0	0	0	2	0	2	0	0	**4**	**0.6%**
Korean	0	0	1	0	0	0	0	0	0	**1**	**0.2%**
Multiple	0	0	13	5	6	0	3	4	1	**32**	**5%**
Other	0	1	1	3	0	0	0	0	0	**5**	**0.8%**
Other Asian	0	2	1	2	0	0	3	0	0	**8**	**1%**
Samoan	0	0	0	0	0	0	1	0	0	**1**	**0.2%**
Spanish/Hispanic	2	2	16	17	12	0	11	12	0	**72**	**11%**
Unknown	2	8	3	1	1	0	6	12	0	**33**	**5%**
Vietnamese	0	1	0	1	0	0	0	0	0	**2**	**0.3%**
White	4	20	71	50	36	1	49	50	1	**282**	**43%**
Total	**9**	**48**	**166**	**126**	**75**	**2**	**125**	**108**	**3**	**662**	**100%**

*Numbers at or above one is rounded to the nearest whole number.

Grievances Issues by Category

Table 22 below provides details for the various ABGAR grievance categories with a comparison between the numbers of grievances brought forth regarding adults versus children during this fiscal year, 2019-2020. There was a net decrease of (10) ten ABGAR grievances from FY 18-19 to 19-20 (438 vs 428). This year, as in the last, there have been relatively few grievances relating to access to services, 9/428 or 2%. The greatest number of access issues were among one adult and five children whose parents experienced challenges connecting with the MHP Access Team or provider to secure services. Two issues were a lack of language accommodation, and one resulted from a delay in accessing services timely. There were no specific trends within this category.

In the area of Quality of Care (QOC), there was a decrease in the number of grievances. During FY 18-19, there were 190 QOC issues and 166 in FY 19-20. This change partly occurred because of a decrease in the number of adult grievances received, 160 to 126, and this was partly offset by an increase in child grievances 30 to 40. For adults there was a noticeable decrease in the number of treatment concerns (121 vs 81), an increase in staff behavior concerns (6 vs 29), a slight difference in medication concerns (8 vs 13) and the other category decreased from (29 to 3), this is due to improved classification of grievance issues. Changes among child grievances, an increase of ten, had no remarkable trend.

Change of Provider with Grievance requests decreased between FY 18-19 and FY 19-20 from 180 to 126, or 30%. This change, as well as changes noted above, are partly due to the national pandemic. Members are now receiving the majority of their services remotely and are choosing not to change providers. In addition, during FY 2019-2020, Q3 and Q4, there was a decrease in the number of grievances received by MHP members. Of those requesting to change providers due to issues of dissatisfaction, Treatment Concerns remain the most common reason. Beneficiaries have expressed feeling “disregarded”, “unsupported”, “not listened to” or

"ignored". This indicates a continued need for staff training in the areas of communication and customer service. In addition, this issue may partly be due to the inability of beneficiaries to attend groups and other in-person services because of the requirement to social distance and receive many services via telehealth. This possibly contributes to feelings of isolation and feeling "unsupported.".

Table 22

	FY 19-20 Grievances By Category: Details		
Access: N = 9	**Adult Total**	**Child Total**	**Comments**
Linguistic Services	2	0	Interpreter service not available by provider
Timeliness to Services-Intake	1	0	Delays in obtaining an Intake appointment following admission into a program.
Other Access Issues	1	5	Client closed to MHP and experiencing challenges connecting to services.
Total	**4**	**5**	
Quality of Care, N=166	**Adult Total**	**Child Total**	**Comments**
Treatment concerns	81	33	Client dissatisfied with care being provided, i.e. Treatment plan not being followed, staff changes, unmet mental health needs, etc.
Psychiatrist/Medication	13	1	Client dissatisfied with medication prescribed/or denied, disagreement with diagnosis given, MD professionalism, etc.
Staff Behavior	29	6	Client reports staff is rude, unprofessional in behavior, etc.
Cultural Appropriateness	1	0	Interpreter service not available at provider site.
Other	2	0	No return call from provider. Boundaries for client calling provider too much.
Total	**126**	**40**	
Change of Provider with Grievance N = 126	**Adult Total**	**Child Total**	**Comments**
MD/Medication Concerns	17	1	Concerns about prescribing practices, rapport and professionalism.
Staff Behavior	13	0	Staff perceived as rude, disregarding, unsupportive, poor communication/listening skills.
Treatment/Personal Needs	46	23	Requests for specific services, i.e. therapy, increased frequency or intensity. Staff changes impacting care. Needs not being met/lack of progress.
Other	18	8	Lack of follow-up or returned calls, transportation, need for accommodations, etc.
Total	**94**	**32**	
Confidentiality, N=0	2	0	Staff shared PHI without consent
Other, N=125	**101**	**24**	Operational, other health care provider, patient rights, housing, crisis intervention, etc.
Appeals, N = 48	**Adult Total**	**Child Total**	**Comments**
Standard Appeals	30	18	Denial of Services due to not meeting medical necessity
Expedited Appeals	0	0	
Appeals Total	**30**	**18**	
State Fair Hearings, N = 3	**Adult Total**	**Child Total**	**Comments**

	FY 19-20 Grievances By Category: Details		
	3	**0**	No MHP Jurisdiction. Not SMH provider.

MHP Tracking Activities

MHP Beneficiaries have the right to request to change providers for various reasons. They may do so through their provider, the MHP Access Team or through Member Services. Member Services and the MHP Access team are responsible for making decisions regarding change of provider requests for the adult population (level 2 programs) and the child population (Flexible Integrative Treatment (FIT) programs). The Access Team and/or MHP Program managers decide upon transfers for higher or lower level of care requests. The MHP strives to honor a beneficiaries request to change providers, whenever possible. Member Services logs all calls and written communications directly received to ensure the concerns of all parties are address. For non-jurisdictional issues, the resolution is to refer to the appropriate provider for attention. The table below details the reasons for change of provider requests and Other/Not MHP related issues for fiscal year 2019-2020.

Change of provider requests without grievances, shown in Table 23 below, significantly decreased from 292 in FY 18-19 to 75 during FY 19-20. Beneficiaries receiving remote services in their home decreased the need to transfer to a different agency due to location/transportation, coordination of care, etc. In addition, the business practice the MHP instituted last year that allowed the Access Team to management change of provider requests without grievance, instead of Member Services, also significantly decreased the need for members to contact Member Services for assistance in this area.

Table 23

	FY 18-19 Change of Provider Requests Without Grievances and other MHP Tracked Issues		
Change of Provider, N=75	**Adult Total**	**Child Total**	**Comments**
Relocation/Transportation	18	0	Majority moved and wanted an agency closer to home or requested an agency based upon transportation needs.
History with Provider/Coordination of Care	4	6	Client has a positive experience with a provider and requests to return to this site for services, family attends agency
Level of care	17	1	Beneficiaries moving from child to adult system of care, homeless services to RST, or requests for a higher/lower level of care
Assistance with housing	3	0	Client wants increased assistance with housing
Specific service/staff	4	2	Coordination of care, requests for specific provider due to past positive experience, etc.
Cultural	0	1	Staff/services that meets cultural needs
Other	14	5	Miscellaneous: out of network provider/service requests,
Total	**60**	**15**	
Other, N=105	**Adult Total**	**Child Total**	**Comments**
Other/Not MHP Issues	83	22	Caller is either not open to the MHP or the issue is not MHP related. Also includes information only calls and unauthorized representative.

Discussion of Planned Activities and Analysis:

The MHP continues to strive to identify the unique needs of our beneficiaries in order to provide services that are culturally sensitive and appropriate to promote optimal well-being. When evaluating the data above, quality of care issues continue to have the greatest impact on beneficiary dissatisfaction and contributes to the filing of grievances and requests to change providers. The combination of Quality of Care Issues and Change of Provider requests with grievances relating to treatment concerns, psychiatrist/medication, and staff behavior account for 292 of 428 ABGAR grievances or 68%. This is an improvement from last year, which was 370/438 or 85% of grievance issues.

Capacity issues continue to be an issue for the MHP. Provider sites have larger numbers of beneficiaries then intended leading to higher client to staff ratios. This burdens limited staff leading to staff burnout, which in turn may lead to interactions with beneficiaries that they perceive as negative. In addition, staff burnout may lead staff turnover, and frequent staff changes is a reported component of client dissatisfaction. Changes in staff require repeated staff trainings to appropriately and effectively provide quality services to beneficiaries. It is incumbent upon providers to continue efforts to hire and retain qualified staff, monitor staff training needs and to ensure that staff take care of their own needs to decrease burnout from high caseloads. Discussions with provider leadership regarding recruitment and retention are conducted during provider meetings and contract monitoring sessions.

Lastly, Community Care Teams (CCT) are increasingly used to engage members in services, assist with appointment scheduling and to assist with linkage to needed services. This is especially important given the current reliance on telehealth to help members actively participate in services, maintain mental health wellness, and to decrease feelings of isolation.

Quality Objective 3.2

3.2 Utilization Review and documentation standards			
Planned Activities: • Conduct monthly utilization review utilizing electronic health record for providers using Avatar (go to provider site for providers not using Avatar). • Information obtained through monthly reviews will be evaluated and issues will be reviewed at UR Committee. • Identify specific reports in Avatar to develop monitoring and rapid feedback loop across system. • Develop quality assurance measures in Avatar reports to establish data measurement for MHP service system • Targeted chart review at provider sites when significant non-compliance issues are discovered. • Provide documentation training to MHP providers at least quarterly.			
Standard	**Benchmark**	**Goal**	**Status**
3.2a Standard: The MHP will have a rigorous utilization review process to ensure that all documentation standards are met.		***3.2a Goal:*** Monthly adult and child clinical chart reviews.	Met

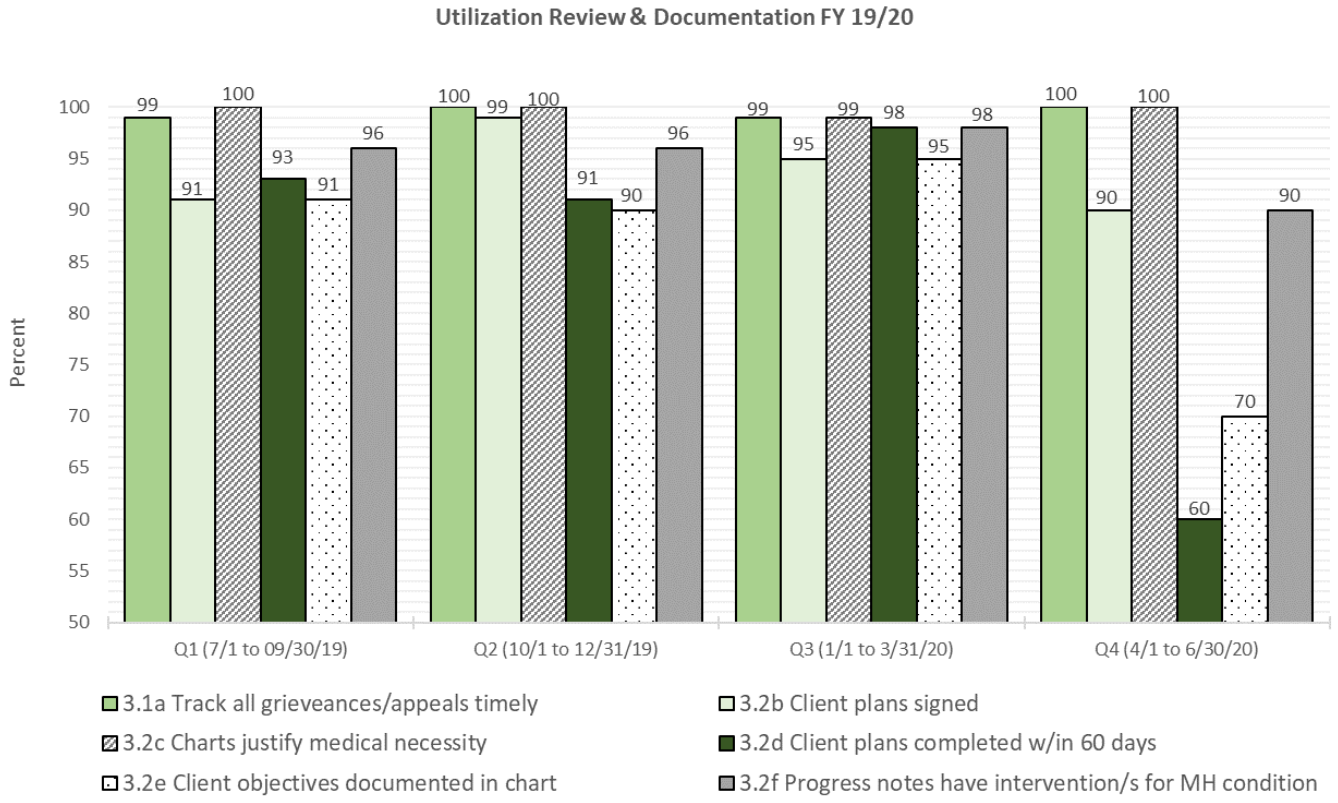
3.2b Standard: All client treatment plans must have a client, staff signature and caregiver signature if applicable. If no client or caregiver signature, there must be documentation of the reason of refusal.	***3.2b Benchmark:*** 100% of treatment plans from UR chart review will have a client/caregiver signature.	***3.2b Goal:*** Increase in percent annually until benchmark is met.	FY 19/20 Annual Average = 95% Last FY 18/19= 90%
3.2c Standard: All client charts will have documentation justifying medical necessity.	***3.2c Benchmark:*** 100% of client charts from UR chart review will have documented justifying medical necessity.	***3.2c Goal:*** Increase in percent annually until benchmark is met.	FY 19/20 Annual Average = 100% Last FY 18/19= 99%
3.2d Standard: All Client Plan's will be completed within 60 days unless exception given.	***3.2d Benchmark:*** 100% of client plans will be completed within 60 days of admission unless exception has been given	***3.2d Goal:*** Increase in percent annually until benchmark is met.	FY 19/20 Annual Average = 93% Last FY 18/19 =90%
3.2e Standard: All client objectives documented in the client plan will be measureable.	***3.2e Benchmark:*** 100% of client objectives in charts selected for UR will be measurable.	***3.2e Goal:*** Increase in percent annually until benchmark is met.	FY 19/20 Annual Average = 91% Last FY 18/19= 93%
3.2f Standard: Progress notes should always indicate interventions that address the mental health condition.	***3.2f Benchmark:*** 100% of progress notes will have interventions that address MH condition	***3.2f Goal:*** Increase in percent annually until benchmark is met.	FY 19/20 Annual Average = 96% Last FY 18/19= 95%

Utilization Review and Documentation Standards

The Mental Health Plan (MHP) QI Work Plan Utilization Review goal was to track six areas using the above benchmark data. The MHP has a rigorous utilization review process in place. The MHP met the goal set in benchmark 3.2a by completing a monthly adult and child clinical chart review each month during FY19/20. It should be noted that due to the state of emergency with COVID-19, the MHP was following local, state and federal guidance to limit "in person" activities and practice social distancing; and therefore ceased all Electronic Utilization Review (EUR) "in person" peer reviews for the months of March, April, May and June. During that timeframe, QM continued to conduct higher-level reviews and chart reviews, which included: The Active Client Final Assessment reviews, Services By Classification reviews to find out of class billing and continued to review charts via specialty reviews. QM also resumed the EUR process utilizing QM staff in June 2020. While the MHP did reach the goal of 100% identified in benchmark item 3.2c, the MPH did not reach the goal of 100% identified in benchmark items 3.2b, 3.2d, 3.2e or 3.2f (see graph below). The MHP has made improvement in most standards from FY18/19 to FY19/20 as demonstrated an increase in percentages for the following items: 3.2b increased by 5%, 3.2c increased by 1%, 3.2d increased by 3%, 3.2f increased by 1%. Item

3.2e did have a decrease of 2% from FY 18/19 to FY19/20, which will be an area of focus in FY 19/20. The MHP continues to track and monitor progress towards meeting the established goals and benchmarks.

Graph 16



The MHP's goal is to review a minimum of 5% of the total number of non-duplicated beneficiaries served in the outpatient system. Current fiscal year chart review projections are based on the number of beneficiaries opened in the MHP's electronic health record (AVATAR) the previous fiscal year. The MHP considers many factors when selecting a chart for review. The following reports are pulled from Avatar that is utilized to assist with the chart selection process. 1. The *High Utilization Report* which shows high utilization of services. This report lists eight (8) beneficiaries with the top total costs for the review period. 2. The *Discharge Detail By Program Report* is helpful when trying to monitor possible underutilization of services. This report shows length of stay and reasons for discharge. 3. The *Detailed Outpatient Census NEW Report* is helpful to see all of the open beneficiaries with episodes open between a specific timeframe.

The Table below provides the information regarding the total number of unduplicated beneficiaries served in outpatient programs and provides an itemization of charts reviewed. According to Avatar, there were 27,138 unduplicated outpatient beneficiaries (9,847 Children and 17,278 Adults served) with 13 beneficiaries with unknown ages served between July 1, 2019 and June 30, 2020. Based on this total, the minimum number of outpatient charts to be reviewed in FY 19/20 to meet the MHP goal of 5% was 1,357; however, the MHP exceeded the minimum standard and reviewed charts on 10.44% (2,833) of all beneficiaries served in the outpatient system.

Table 24

AREAS OF REVIEW	FY 18/19	FY 19/20
Total Number of Unduplicated Beneficiaries served in Outpatient Programs	28,867	27,138
Adults (Ages 21+)	17,804	17,278
Children (Ages 0-21)	11,051	9847
Age Unknown	12	13
# of Beneficiaries constituting 5% of Total	1444	1357
Total # of Beneficiaries reviewed (excluding inpatient and jail reviews)	***2699***	***2833***
Non Duplicate Charts Reviewed	**FY 18/19**	**FY 19/20**
External Adults (QM/County UR)	99	71
External/Onsite Reviews Children (QM/County UR)	277	152
Total External / Onsite Reviews (QM/County UR)	376	223
Internal Total (Within Agencies)	2306	2568
Out of County Reviews	12	8
Specialty Reviews	5	34
Total # of Beneficiaries reviewed	***2699***	***2833***

In addition to outpatient reviews, Quality Management (QM) staff also review charts for services provided in the inpatient setting, excluding the Mental Health Treatment Center (MHTC) Psychiatric Health Facility (PHF), which conducts its own reviews, and the Jail psychiatric services. In the 2019-2020 period, 100% of all inpatient episodes (n= 5,210) were reviewed for authorization of payment and documentation standards. The contracted hospital inpatient reviews were reviewed concurrently. The State TARS were retrospectively reviewed along with concurrent review of documented information that is submitted via notes faxed, or phone calls providing information. QM serves as the external review process for Jail Psychiatric Services, where a total of 142 charts were reviewed for documentation and care practices at the County Jail site. Please note that for the months of March, April, May and June there were no reviews due to COVID-19 restrictions at the jail. The QM reviewer was not permitted to enter the jail to review charts during that timeframe.

Table 25

Inpatient Hospital Reviews	FY 18/19	FY 19/20
Adults (ages 22+)	4731	4497
Children (ages 0-21)	818	713
Total	***5549***	***5210***
Other Psychiatric Services Chart Review	**FY 18/19**	**FY 19/20**
Jail Inpatient	122	86
Jail Outpatient	96	56
Total	**218**	**142**

The purpose of the Utilization Review Process is to:

- Evaluate the medical necessity of services rendered to beneficiaries

- Verify that claims are substantiated by the medical record
- Evaluate the quality of care provided
- Complete corrective actions related to recommendations and/or findings
- To ensure services are being provided in compliance with all applicable laws and regulations
- Recommend appropriate system-wide training and documentation changes
- To ensure that we are striving to reach our benchmark goals set forth in the QI Work Plan

The following table provides results of the completed chart reviews completed through the External Review (EUR); Providers with their own Electronic Health Record (EHR) both onsite and in person; Out-of-County Chart Reviews; and Specialty Reviews and compares FY18-19 to FY19-20.

Table 26

UTILIZATION REVIEW ANNUAL REPORT FINDINGS 2019/2020				
ADULT/CHILD COMBINED EXTERNAL AND ONSITE UR COMPARISON BY FISCAL YEAR 18/19 & 19/20				
Medical Necessity and Diagnosis	**FY 18/19**	**N= 393**	**FY 19/20**	**N=265**
	N	%	N	%
Medical necessity not met	5	2%	1	1%
No ICD-10 code in at least one clinical/medical document	1	1%	12	5%
Primary diagnosis missing in at least one clinical/medical document	7	2%	1	1%
Treatment Planning	**FY 18/19**	**N= 393**	**FY 19/20**	**N=265**
	N	%	N	%
Late or missing initial core assessment	30	8%	18	7%
Late or missing core assessment update or annual assessment	17	5%	12	5%
Incomplete core assessment	29	8%	19	8%
Late or missing Initial MSP	18	5%	6	3%
Late or missing MSP Update or Annual MSP	13	4%	9	4%
Incomplete MSP	13	4%	14	6%
No client and/or caregiver signature on MSP	27	7%	10	4%
Objectives not specific, observable and/or specific quantifiable	34	9%	27	11%
Goals, symptoms, diagnosis, and interventions incongruent	21	6%	12	5%
Risk factors and special status situation not addressed	37	10%	34	13%
No client signature on client plan without explanation	35	9%	11	5%
No caregiver/significant support persons' signature on client plan	33	9%	6	3%
Late or missing staff signature/co-signature/title on client plan	12	4%	5	2%
No indication of coordination of care	6	2%	5	2%

UTILIZATION REVIEW ANNUAL REPORT FINDINGS 2019/2020 – Continued				
Progress Notes	**FY 18/19**	**N= 393**	**FY 19/20**	**N= 265**
	N	%	N	%
Late or missing progress notes	94	24%	31	12%
Over billing (e.g., excessive billing; insufficient documentation)	23	6%	20	8%
Using incorrect billing codes	107	28%	57	22%
Billed during a lockout	8	3%	3	2%
Billed non-billable service	28	8%	11	5%
Late or missing staff signature/co-signature/title on progress notes	0	0%	0	0%
Staff operated outside their scope of practice	9	3%	7	3%

**e.g. Data entry error; unclear billing; incorrect date; 2nd staff not justified; incomplete progress note; billing not substantiated by note; no Clinical Intro note; etc.				
Missing Documentation	**FY 18/19**	**N= 393**	**FY 19/20**	**N= 265**
	N	%	N	%
Late or missing initial health questionnaire (HQ)	46	12%	25	10%
Late or missing update/annual health questionnaire (HQ)	35	9%	16	7%
Late or missing initial mental status exam (MSE)	NA	NA	18	7%
Late or missing update/annual mental status exam (MSE)	NA	NA	11	5%
Incomplete or missing initial or updated client services information	22	6%	15	6%
Consents incomplete or missing (e.g., Informed Consent; Medication Consent; HIPAA forms)	72	19%	14	6%
Miscellaneous Findings	**FY 18/19**	**N= 393**	**FY 19/20**	**N= 265**
	N	%	N	%
No linkage to physical health or other service	23	6%	13	5%
Breaches of confidentiality	12	4%	7	3%

Analysis of MHP Performance:

External, Internal, On-Site, Out of County and Specialty reviews are ongoing and continue to be one method of monitoring quality of care. Other methods include running quality improvement reports in Avatar to assist providers in monitoring their compliance to required documentation timeliness, providing feedback to improve the quality of service delivery and identifying training needs. Documentation training by QM staff will incorporate UR findings that suggest areas for improvement. Trends of findings will also be discussed within the Utilization Review Committee in efforts to brainstorm ways to make improvements. The UR Committee will also create useful QI resources to be shared with all Providers.

Significant observations are noted below regarding the UR review data presented above:

- The total number of charts decreased from FY18/19 to FY19/20. The number of reviewed External charts and onsite review charts decreased by 128 charts from the previous FY18/19, which may have slightly influenced the outcome percentages. Some contributing factors to that decrease in charts reviewed were discontinuing the on-site chart reviews ending in quarter 2, which was replaced by a similar EUR peer review process. Also due to the state of emergency with COVID-19, we postponed in person monthly EUR peer reviews, opting for higher-level reviews and QM completing a smaller number of chart reviews than would typically be reviewed in EUR peer reviews. The number of Internal Utilization Reviews at the Agencies increased by 252.

- In FY19/20, we have improved in the following items: 1. Medical Necessity met; 2. Primary diagnosis were present in at least one clinical/medical document; 3. Increased initial core assessments present and on time; 4. Increased initial MSPs were on time and complete; 5. Increased client and caregiver signatures on the MSPs; 6. Increased congruency between the Goal, symptoms, diagnosis, and interventions; 7-8. Increased client and caregiver signatures on the Client Plan or documented reason for lack of signature; 9. Staff signature/co-signature included on the Client Plan; 10. Decrease in late or missing progress notes; 11. Decrease in use of incorrect billing codes; 12. Less billing during a lock out; 13. Less billing non-billable services. 14-15. Less late or missing initial or updated/annual HQs; 16. Decrease in incomplete or missing Consents including Informed Consent, Medication Consent or HIPAA forms; 17. Increase in linkage to physical health or other services; 18. Decrease in breaches of

confidentiality. QM and Providers combined efforts to increase compliance. QM continued to offer routine documentation training and increased guidance provided to providers. UR Committee participants increased discussion in the UR Committee regarding compliance items and increased provider attendance of the UR Committee. Providers increased familiarity with our EUR Tool and requirements; continued implementation of QI strategies and ongoing continued monitoring at the Provider level.

- The following items had percentages that remained the same between FY18/19 and FY19/20: 1. Late or missing Core Assessment update/annual; 2. Incomplete Core Assessment; 3. Late or missing MSP update/annual; 4. No indication of coordination of care; 5. Late or missing staff signature/co-signature/title on progress notes; 6. Staff operated outside their scope of practice; 7. Incomplete or missing initial or updated client services information.

- The following two items were added to this year's data 1. Late or missing initial mental status exam (MSE); 2. Late or missing update/annual mental status exam (MSE). The reason for the additional items are because while implementing our routine quarterly "Active Client Final Assessment" reviews, we noticed for some Providers, this assessment form was showing up as missing or incomplete. We want to make sure that we were tracking this form and hope to see improvement in timely completion of all assessment forms next fiscal year.

- The following items are the top three highest out of compliance items found in FY19/20: 1. Using incorrect billing codes, 2. Risk factors and special status situation not addressed, and 3. Late or missing progress notes. These three items will be areas of focus during future Documentation Trainings, technical assistance and discussion within the UR Committee. We have drastically reduced the item of Consents incomplete or missing (e.g., Informed Consent; Medication Consent; HIPAA forms) from FY 18/19 at 19% to FY19/20 at 6% through increased discussion regarding HIPAA in the UR Committee Meetings and ongoing Documentation Training focused on these requirements.

- In FY19/20, there has been significant improvement in two out of three of the top three out of compliance items identified in FY18/19. 1. Using incorrect billing codes had an error rate reduction resulting in a percentage decrease of 6%. 2. Late or missing progress notes had an error rate reduction of half, going from 24% in FY 18/19 to 12% in FY19/20. During FY19/20, QM has increased emphasis of these items within Documentation Training. QM continued to provide our Refresher Documentation Trainings. There was collaboration in the UR Committee to create progress note templates. The purpose of the progress note templates were to make sure that all important parts to the note would be captured when following the template. We also created guides to go along with the templates to help Providers think about what each template item means and included suggestions to include in documentation. Although the progress note templates are optional, we hoped that the use of the templates would help Providers see the required elements associated with the service code selected. QM utilized common billing errors found in audits as teaching moments and included UR Committee participants in creating QI resources to address those common billing errors. QM also increased emphasis on utilizing helpful QI reports in Avatar such as, the *Progress Note Timeliness Report* to help improve timeliness.

- The data in the above table is not broken down by provider, or by children and adults providers or by levels of services. It should be noted that providers using Avatar as their EHR had a higher error rate than providers who utilize their own EHR in two out of the three highest out of compliance items found

in FY19/20: 1. Risk factors and special status situation not addressed and 2. Late or missing progress notes. The third item, 3.Using incorrect billing codes had the exact same amount of errors between providers who use Avatar and Providers who use their own EHR. Additionally, providers with their own EHR had less amount of out of compliance issues in most out of compliance items. They items that they did have a higher out of compliance rate is as follows: 1. Goals, symptoms, diagnosis and interventions incongruent, 2. Billing non-billable activities, 3. Staff operating outside of their scope of practice and 4. Breaches of confidentiality. Some things to note is that mid fiscal year we met with Providers with their own EHR to discuss their EUR onsite Progress. We decided to discontinue the quarterly scheduled onsite reviews conducted by QM. We collaborated to create a new a process that mirrors Providers who use Avatar as their EHR, using a Peer review model. Also in FY19/20, we had a Provider who uses their own EHR successfully complete their Corrective Action Plan (CAP) and incorporated many of their plans to improve their documentation; therefore, improving their UR results. In addition, our newer Provider who uses their own EHR had more time to integrate information from QM's trainings and technical assistance into their practices and have also improved in many of their out of compliance items as well. Specific contributing factors as to why Providers who use Avatar had higher out of compliance items are that we did pull more charts for Providers using Avatar as we were transitioning the EUR Process for Providers with their own EHR. Also during the state of emergency COVID 19, the higher level reviews helped inform our chart selection process. The higher-level reports focused on monitoring compliance to timeliness and completion of required documentation. While we did receive the same QI Reports from Providers with their own EHR, we found that Providers using Avatar had a more out of compliance issues identified in those higher-level reports. QM required plans to correct issues identified on those reports. While these reviews can be extremely helpful for learning purposes, the findings of the reviews are captured in our data. We also pulled charts based on Provider's needs, specifically those who could benefit from the review and support that comes with a review as well as internal recommendations to take a closer look.

- In FY19/20, we made improvement in most sections reviewed. In the Medical Necessity and Diagnosis section, we made improvement in two out of the three items. In the Treatment Planning section, we made improvement in seven out of the fourteen items and maintained the same percentage in four out of the fourteen items. In the Progress Notes section, we made improvement in four out of the seven items and maintained the same percentage in two out of the seven items. In the Missing Documentation section, we made improvement in three out of the four items that were present from last fiscal year and maintained the same percentage in one item. We also made improvement in both of the Miscellaneous Findings focusing on linkage to physical health and less breaches of confidentiality. This reduction in out of compliance items are a testament to the MHP's dedication to improve compliance by focusing on UR trends and creating helpful QI resources that Providers can use in real time to address out of compliance issues and the Providers quality improvement efforts. It also speaks to the collaboration with Avatar and their willingness to take our ideas and integrate those ideas within the EHR. QM will continue to add to existing Documentation Trainings as well as create new Documentation Trainings and Technical Assistance in efforts to continue making progress.

Discussion of Planned Activities

Conduct monthly utilization review utilizing electronic health record for providers.

The QM Utilization Review Coordinator who facilitates Electronic Utilization Reviews (EUR) also known as "External Reviews" performs the MHP Utilization Review activities. Providers using Avatar have historically

participated in external peer reviews in person and will continue to do so once restrictions are lifted per public health guidance. In FY19/20, the MHP collaborated work with Providers who use their own EHR to pilot a new process of conducing a peer review mirroring our "External Review" process for Providers that use Avatar. Providers with their own EHR were required to provide the requested mental health record in PDF format or allow auditors access to their EHR for audit purposes along with a crosswalk to the EUR General Tool so that Providers could find charting information. The MHP had meetings to prepare for this change. In this process we tested accessibility to the EHR, worked with IT to trouble shoot technical issues, provided the opportunity for QI Coordinators from each Provider site to coordinate with each other to receive feedback. This external review for Providers with their own EHR went well and was a great way for Providers to receive audit feedback from each other since the feedback always historically came directly from QM. When the state of emergency is lifted these peer reviews will be reinstated. In the meantime, QM will complete reviews for both Providers who use Avatar as well as for providers with their own electronic health record (EHR). The QM Utilization Review Coordinator also chairs the MHP Utilization Review Committee (URC). The MHP continues to meet the benchmark of 3.2a and following through with our first planned activity of having a rigorous utilization review process to ensure all documentation standards are met via monthly adult and child clinical chart reviews as well as through our process of using QI Reports to ensure compliance. The MHP will continue the UR Process as outlined in the QM 09-05 Electronic Utilization Review/Quality Assurance Activities Policy and Procedure.

Information obtained through monthly reviews will be evaluated and issues will be reviewed at the UR Committee.

The UR Committee will continue to meet monthly and the UR Committee Chair will provide a monthly report of the UR Committee activities during the monthly QIC meeting. The UR Committee is comprised of QM UR staff, 1-3 MHP Contract Monitors, Peer and Consumer Liaison and on approximately 45 provider representatives who are familiar with the UR process and have valuable input and feedback regarding quality assurance. During FY19/20, the UR Committee continued to discuss quality improvement trends that were identified through the monthly UR process. These trends were also discussed during the monthly EURs to inform providers of areas that may require additional focused attention during audits. The UR Committee also reviewed the QI benchmark data, discussed compliance percentages, brainstormed how to improve compliance and created many examples and tools that Providers can use to improve their compliance. All materials were distributed to the entire MHP. In FY20/21, we will create a handout containing all of the UR Trends for that month that providers can distribute internally on a monthly basis and they can use the information to implement quality improvement strategies gleaned from fellow UR Committee participants.

Significant tasks that the UR Committee focused on in FY19/20 in efforts to improve compliance are as follows:

1. **Core Assessment Culture Section (Distributed 8-1-19)** – This document contains ideas that Providers can use to help staff be prepared to document culture within the core assessment. Culture is a required assessment element.

2. **What Providers Can Do to Reinforce Documentation Training (Distributed 8-1-19)** – The document contains ideas for Providers to help all staff see the value in all documentation, how Providers can help prepare staff for Documentation Training as well as help staff apply the information received in Documentation Training to their role.

3. **Refresher Training Preview (Presented July 19, 2019) Targeted release date was September 2019-** Shared the PPT Goals and Jeopardy Game

4. **ICC-CFT Progress Notes Template (Discussed August 16, 2019)**

5. **Progress Note Entry Form Update (7/26/19): Referrals Completed (Reviewed on August 16, 2019)**

6. **HIPAA Policy AS-100-05, 3.c.ii (Discussed September 20, 2019, Distributed September 25, 2019)** – This is an excerpt from Sacramento County's HIPAA Policy which addresses the transportation of PHI or any sensitive, confidential information.

7. **Sacramento County DSM 5 ICD 10 Crosswalk (Discussed September 20, 2019, Distributed September 25, 2019) –** This document contains a list of the ICD-10s that crosswalk to the DSM 5. Selecting an ICD-10 and DSM diagnosis that is not on this list may result in disallowance.

8. **UR Corrections Guide (Discussed in 2019 meetings, Distributed September 25, 2019)** – *Newly Released* - This document was created by the UR Committee. It contains all items on the EUR General Tool dated 1-1-19, the referenced regulations/DHCS Protocol Items/Sacramento County Policy and Procedures as well as guidance to correct identified errors (McFloops) found in audits.

9. **Client Plan (Objectives and Interventions) Examples created by the UR Committee that address substance use or substance use disorders (SUD). (Created on October, 18, 2019, Distributed on November, 1, 2019)**

10. **New CANS Certification and Re-Certification Process (Discussed on November 15, 2019)-** QM has sent out the New CANS Certification and Re-Certification Process Information Letter on October 30, 2019

11. **Sample Vignettes and Rehabilitation Progress Notes (Created on November 15, 2019, Distributed on December 10, 2019)-** These examples provide providers with Rehabilitation Progress notes at various levels of care, intensity of services. Some out of compliance issues that we have found with Rehabilitation Progress Notes has been:
    a. No rehabilitation intervention documented
    b. Combining multiple services and capturing it all under rehabilitation
    c. Providing a service that is not related to the mental health condition
    d. Providing non-billable or MHSA service and labeling the progress note as rehabilitation

    The following Vignettes and Rehabilitation Progress Notes were included as attachments:
    a. High Intensity
    b. Low/Moderate Intensity
    c. Children FIT/WRAP

12. **Scanned Document Management (Updated 11/18/19, Distributed on December 10, 2019) -** The update reflects one change to a document category for MHTC and the addition of the ADS specific document categories that are not to be used by mental health providers.

13. **Assessment Sample Vignette (Discussed on January 17, 2020 and February 21, 2020, Distributed on March 5, 2020)** – This shows an example using fake information that you may receive from the first assessment completed by Access or APSS. We discussed how if the client showed up on day 58 or 59

from the Assessment Start Date that you could complete a brief assessment and an interim client plan in order to meet the 60 day Clinical Bundle due date. It would also give you more time to complete a more comprehensive Client Plan/Clinical Bundle.

14. **Mock Provider Interim Client Plan (Discussed on January 17, 2020 and February 21, 2020, Distributed on March 5, 2020)** – This is the example Interim Client Plan using the fake information within the Assessment Sample Vignette. It focused on stability and urgent interventions that need to be provided with a plan to continue the assessment process. It also includes how to support with immediate use of flex funds.

15. **Clinical Introductory Progress Note Guide (Discussed on January 17, 2020 and February 21, 2020, Distributed on March 5, 2020)** – This is something that we distribute in Documentation Training to help guide what type of information may be important to gather and document.

16. **Intake – Annual Bundle Checklist (Discussed on January 17, 2020 and February 21, 2020, Distributed on March 5, 2020)** – This was created to help staff stay organized with all of the documentation required at intake and annually.

17. **Documentation of Services during this time, Coronavirus (COVID 19) (Discussed and Distributed on March 20, 2020)**
    a. **Intakes: Informing materials, UMDAP, FIF and Consent to Treat.**
    b. **Client Plans: Please remember to update your Client Plans to include Telehealth.**
    c. **Documentation required for lack of signatures on: Client Plans, Client Housing Plans and MSPs.**
    d. **Document the following: Review of Safety Plans with all Beneficiaries; Also provide all beneficiaries with information on how to access crisis services.**
    e. **Signatures on Medication Consents for new prescribed medications or changes to prescribed medications.**
    f. **Forms: Health Questionnaires; MSE; Documenting Services within Progress Notes using Video Conferencing/Telehealth.**
    g. **Warning Risk: Use of Personal Devises to communicate with beneficiaries and other HIPAA Considerations.**

18. **Plan to share information from the UR Committee internally (Discussed and Distributed on March 20, 2020)** – We gathered information from participants regarding how they share information from this committee within their agencies, which is highly encouraged.

19. **List of Helpful QI Avatar Reports (Revised on March 20, 2020, Distributed on 4/3/2020**)

20. **New Access/APSS First Assessment Process Committee Ideas (Discussed on March 20, 2020, Distributed on 4/3/2020)** – Provides committee ideas on how to validate information received from Access, preparing for the clinical assessment, ways to streamline intakes, ideas to ensure Providers complete all requirements for intake.

21. **MH Avatar Progress Note Templates (Distributed on March 27, 2020)** – These progress note templates were created in the UR Committee. (Clinical Introductory Progress Note, Collateral, Crisis Intervention,

ICC, ICC-CFT, Individual Therapy, Rehabilitation, Targeted Case Management, Case Management- Case Coordination, Case Management – Linkage and Referral)

22. **Service Code Definition Training Guide (Provided in Documentation Training) (Discussed and Distributed on March 20, 2020) –** Updates are as follows:
    a. Removed all of the Modes of Services
    b. Removed Service Function Codes
    c. Removed "MHSA" in front of the former "MHSA codes" and anywhere it stated, "Only used by MHSA Programs."
    d. Updated page 6, Interactive Complexity Add On Code: Removed the Assessment in Community and Assessment over the Phone options since we are seeing denials when Providers have tried to use the add on code in these circumstances.
    e. Added in the TFC Service Code, Definition and sample progress note
    f. Added in the Crisis Residential Treatment Service Code, Definition and sample progress note
    g. Added in the Crisis Stabilization Service Code, Definition and sample progress note

23. **Location Codes-EBP-SS Documentation Training Handout (Discussed and Distributed on March 20, 2020)** – Shows the updated definition for Telehealth as well as the most current list of approved EBPs within our MHP.

24. **Provided resource on that provides information regarding how we can continue to conduct CFTs and collaborate using videoconferencing (Discussed and Distributed on March 20, 2020):** https://www.nccdglobal.org/blog/family-team-meetings-guidance-facilitators-during-physical-distancing

25. **Information Letter: UPDATE-Access Team and APSS Assessment Information 4-13-2020 (Discussed and Distributed on April 17, 2020)**

26. **QM-10-26 Core Assessment P&P 2018 (Reviewed and Re-Distributed on April 17, 2020)**

27. **ICC and IBHS and ICC-CFT Reminders Handout (Discussed and Distributed on April 17, 2020)**

28. **Client Plan Interventions Handout (Discussed and Distributed on April 17, 2020) –** Helpful reminders for Client Plan Interventions along with a sample of how to integrate those requirements.

29. **EUR Chart Review Discussion: Reviewing During COVID-19 (Discussed and Distributed on May 15, 2020)** – Ideas for how to continue reviewing internally; ideas to continue with a form of review during the state of emergency COVID-19.

30. **Scanned Document Management 5-15-2020 (Discussed and Distributed on May 15, 2020)** – Adding "Telehealth Consent" to the "Non-Medication Consents" document category.

31. **BHS-COVID19 Summary of Guidance for Telehealth and Remote Service Delivery (Discussed and Distributed on May 15, 2020)**

32. **EUR General Tool 7-1-2020 – Updated (Discussed on May 15, 2020 and June 19, 2020, Distributed June 23, 2020)**

33. **The Service Code Definition Training Guide (Distributed on June 30, 2020)** - This was updated to include the new Wraparound specific support service codes and flexible funding codes. This also clarifies that the Interactive Complexity add on code may be added on to the three Primary Codes (Assessment, Individual Therapy and Group Therapy) for "In Office," "In Community" and does not include the "Phone" specific codes. This took effect, July 1, 2020.

34. **The Staff Billing Privileges Matrix (Distributed on June 30, 2020)** - This was updated to clearly reflect the co-signature requirements for Assessment and Client Plan Documentation.

The UR Committee reviewed all data and collaboratively came up with plans to address out of compliance issues from FY19/20 and plans to continue to improve overall. The participants in the UR Committee discussed and agreed that the following QI Benchmark Items will be the focus of FY 20/21:

1. 3.2e All client objectives documented in the client plan will be measureable
2. Using incorrect billing codes
3. Risk factors and special status situation not addressed
4. Late or missing progress notes

All agencies will complete a monthly internal utilization chart review (IUR) which may include focused review of progress notes; assessments and client plans.

QM continues to collect monthly internal chart review minutes from Providers. All reviews are tracked in the Internal Utilization Review Database. Providers receive reminders regarding timely submission of the minutes. Providers are required to review a minimum of 5% unduplicated beneficiaries within their IURs.

Identify specific QI reports in Avatar to develop monitoring and rapid feedback loop across system.

QM staff worked with the UR Committee to update the *List of Helpful QI Avatar Reports* for all QI Coordinators to run regularly to ensure compliance. In FY19/20, we added the following reports to our list: 1. *Clients Active in Multiple Programs (SAC)* includes a list of beneficiaries linked to each program that have an overlapping admit elsewhere within a timeframe. Provider are able to see the name of the other program that has an open episode. This also helps our Providers track any overlapping services. 2. *Client Services Report (Single Client)* which presents a snapshot of services provided for each client within a timeframe. It also helps our Providers review services billed, gaps in services, patterns of types of services. 3. *Fiscal Year Summary* helps our Providers track total number of beneficiaries on your census per month, admits, discharges and no shows/cancellations. 4. *Progress Notes Remaining in Draft* reflects any note in draft within a timeframe. 5. *Service Duration Outliers* reflects services between a timeframe by Program and Providers can indicate services with durations greater than an amount of minutes to flag in the report. It is recommended to review these notes to ensure detail in the notes justify length of service. 6. *SR 2.0 Dispositions by Program* replaced the previous report *Service Requests Disposition by Program.* This report shows service requests with a response disposition to the program selected during the date range. This helps our Providers track service-requesting going in and out of the program. There is a hyperlink attached to the client that can give the status of the service request and additional details.

In FY20/21, we will work on both identifying existing helpful QI reports and creating helpful QI reports so that our list may continue to grow. We will focus on creating reports to help us with our Adult Needs and Strengths Assessment (ANSA) roll out for Providers serving Ages 21 and up that will focus on monitoring and to more easily provide real time feedback to beneficiaries and families about their scores. We will also create the

Active Client Initial Assessment Report to focus on monitoring the requirement to complete the Clinical Bundle within 60 days of the Assessment Start Date. We will also revisit the *Active Client Final Assessment Report* to make sure that it is inclusive of our MHP's needs and make revisions if necessary.

Develop quality assurance measures in Avatar reports to establish data measurement for MHP service system. Providers will use tracking measures to monitor documentation standards following minimum Medi-Cal and MHSA requirements.

QM routinely reviews Avatar Reports to measure data and support providers and program to improve quality and compliance within the MHP. QM will continue to evaluate the need for new quality assurance reports by soliciting the needs and evaluating the user ability from providers in efforts to improve quality assurance. MHP will update or create Avatar reports based on identified needs and feedback within the parameters of the EHR. As part of the updated Adult Needs and Strengths Assessment process that will be effective 7/1/2020, new reports have been proposed in efforts to monitor those. These will be available in FY20/21. Also in FY 20/21, we will be working to build a Safety Plan in Avatar which will directly help to address our second highest out of compliance item of following up on risk factors. The Safety Plan will be required for use and will be available for Providers to print out and provide to individuals we serve. In FY20/21, we also plan to update our Client Plan Form in Avatar. This updated Client Plan form is more user friendly with less technical requirements. We are hoping that this update to the updated Client Plan will help prevent technical errors; decrease the time it takes to enter the Client Plan because of the ease in use; improve the Approver's review process because of the easier to read layout and hopefully there will be less need for technical error feedback to users. We are also hoping to bring our Client Housing Plan entry into this electronic Client Plan form instead of continuing to use the paper Client Housing Plan template. This will help prevent errors of elements remaining incomplete on the paper form. We are also hoping to build a feature in Avatar called the "Client Plan Libraries" for the Client Housing Plan. It is a way for Providers to be able to utilize all or part of a library to enter into their Client Housing Plan. The part that they choose to add in may be modified (added to or deleted). We hope that this will also help to simplify the Client Housing Plan completion process.

Providers and county staff will review timeliness for documentation monthly through the use of the Avatar reports including: Active Client Final Assessment, Active Client Initial Assessments, Active Client Plan and Core Status, Active Client Psychiatric Assessments, Services with No Diagnosis and Progress Notes Remaining in Draft.

In FY19/20, the MHP has increased the requirement to run the *Active Client Final Assessment Report* in efforts to improve timeliness of assessment and client plans. The *Active Client Final Assessments Report* shows the dates of completion of all assessment and client plans, puts the last day of completion of all late assessment or client plans in red font, and has a blank spot when there is a missing assessment or client plan. In FY19/20, QM established a practice of pulling this report quarterly and providing feedback to those Providers with excessive out of compliance issues. QM also began requiring that those Providers to create a plan to correct these errors including how they will maintain timeliness and documentation completion standards in the future. The MHP Contract Monitors also utilize this report, or the equivalent report for providers with their own EHR, to review during monthly monitoring meetings to monitor late or missing assessments and client plans. Contract monitors continue to coordinate with QM regarding any significant out of compliance issues. The MHP will continue to use the timeliness reports to monitor, support providers in completing their assessments and client plans on time, as well as to remind providers that services provided during a gap in client plans are subject to recoupment.

Targeted chart review at provider sites when significant non-compliance issues are discovered.

Targeted/ Specialty chart reviews are completed as a result of a UR that raises concerns or at the request of MHP Contract Monitor. In FY19/20, we conducted six specialty reviews to focus on timeliness and engagement into services, documentation timeliness, reviewed services provided within the episode, reviewed how beneficiaries were being dispositioned at the end of services, and admission/discharge diagnosis utilized. The specialty reviews allow us to take a closer look at other important factors in addition to the items on the General EUR Tool. The specific focus of the reviews may have additional areas of review that may not be related solely to compliance such as, quality of care, clinical concerns, safety or risk concerns or engagement into services. Follow up resulting from these reviews include meeting with MHP Contract Monitors, discussion of the findings, offering technical assistance or specialized training and at times working with the Provider on a plan of correction in addition to correcting the errors and backing out any disallowances. QM will continue to work with Program Monitors to do spot check reviews and run additional reports as needed. The Providers will continue to use this opportunity to address problematic areas, train staff in compliance areas as well as improve their process around documentation.

Provide documentation training to MHP providers at least quarterly

QM provides a minimum of two half day Documentation Training every month and completed a total of 24 Adult and Child Documentation Trainings in FY19/20. The Adult Documentation Training and Child Documentation Training are separate trainings and rotate every other month. QM has also expanded the capacity within those trainings to accommodate the higher volume of requests for training for "in person" trainings prior to the state of emergency and during the state of emergency COVID-19 allows all participants to register for virtual trainings that take place via Zoom. In FY19/20, The MHP continued to offer the new Refresher Documentation Training specifically for staff who have been to the complete 2 day Documentation Training and would benefit from a review of the documentation training materials to ensure they are continuing to meet the current documentation standards. We will continue to offer this virtually in FY20/21. In FY19/20, QM has provided nine Specific Program Documentation Trainings. This is inclusive of the new Programs and MHP expansions in FY19/20. Some examples include, Therapeutic Foster Care (TFC) Documentation Training, Save Zone Squad Documentation Training, Guest House Connections Lounge Documentation Training and our new service code expansion for MHSA Flexible Integrated Treatment (FIT) Providers for housing support as well as our Wraparound Providers with new Wraparound coding. We also provided seven Mobile Services Documentation Trainings in FY19/20. All providers are welcomed to register with QMTraining@saccounty.net for attendance to Documentation Trainings offered.

Provide targeted documentation and technical assistance to providers that have identified compliance issues.

QM provided technical assistance for Providers to help them be refreshed on the requirements, ensure that staff receive training, support Providers through the UR feedback loop process and to help address out of compliance issues. In FY19/20, QM has provided seven Technical Assistance Trainings. QM also supports Providers by offering multiple opportunities to correct compliance issues. QM supports the provider in identifying ways to address out of compliance issues identified within UR. QM offers a second level review when Providers submit their McFloop corrections. QM also supports the Provider by running reports in Avatar and guiding the provider on areas to focus on. There is also collaboration between QM and the provider's MHP Contract Monitor to offer consistent feedback and guidance; meetings in person, over the phone or in

writing to provide guidance; as well as monitoring through providing deadlines for completion of out of compliance issues. As a last resort, we also work with Providers on Corrective Action Plans (CAPs) to provide opportunities to review out of compliance item(s) and collaborate on how to address the item(s).

Quality Objective 3.3

3.3 Medication Monitoring			
Planned Activities: • Study, analyze and continuously improve the medication monitoring and medication practices in the child and adult system. • Conduct monthly medication monitoring activities and report and discuss issues at the P & T committee meeting. • Strongly encourage all treatment providers to use practice guidelines developed by the P&T committee for the treatment of schizophrenia, bipolar disorders, depressive disorders and ADHD. • Continue improvements in criteria for medication monitoring of outpatient clinics based on best practices. • Create a reporting methodology for Medication Monitoring reviews. • Update P&P based on feedback from provider survey. • Develop quality assurance/management activities for Telehealth providers.			
Standard	**Benchmark**	**Goal**	**Status**
3.3a Standard: Providers practice in accordance with community standards for medication/pharmacology	***3.3a Benchmark:*** Review medication/pharmacology in 5% of open episodes for each provider/program.	***3.3a Goal:*** Continue to monitor and meet benchmark.	9% of charts reviewed

In FY19-20 there were 11,484 beneficiaries receiving medication support services in the MHP. The Medication Monitoring Committee reviewed a total of 1,109 (9%) of these beneficiary charts 781 Adult, 328 Children's, and provided timely feedback to providers. Close attention was given to review of charts of beneficiaries served at the MHTC inpatient unit, as well as to poly-pharmacy issues, reviews of treatment guidelines and laboratory work.

Discussion of Planned Activities

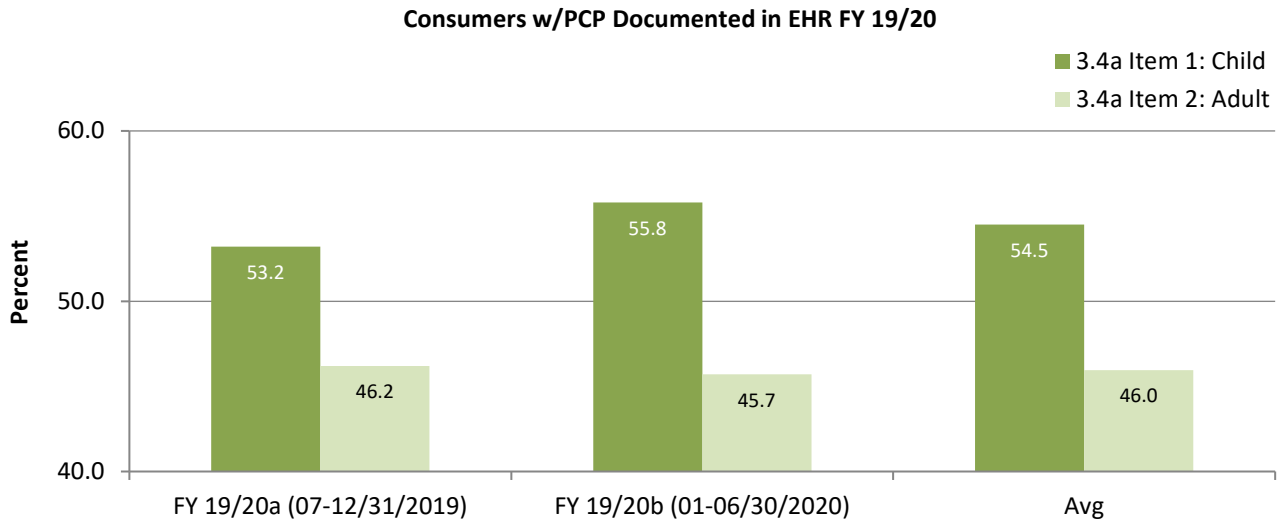
Charts across adult and children's providers are reviewed and monitored for medication practices on a monthly schedule. Feedback is provided to providers on any area of concern identified by the medication monitoring reviews. The Pharmacy & Therapeutics (P&T) Committee has taken an active role in enhancing communication between Medical Directors and the clinics in analyzing the findings of the medication monitoring efforts. This committee also acts as a subcommittee of the QIC and reviews trends found in the Medication Monitoring Committee reviews and bring issues found in the clinic settings for discussion and problem solving. Laboratory guidelines and panels continue to be developed to aid physicians in ordering labs. The P&T Committee moved to weekly on-line check in meeting starting in March 2020 to address issues related to care and access during the COVID-19 pandemic, which limited in person appointments. Committee members shared tools and strategies to overcome challenges.

Quality Objective 3.4

3.4 Member Access to PCP			
Planned Activities: • Monitor the number of adults connected to a PCP or GMC provider as indicated in the Client Resources in the MHP's electronic health record.			
Standard	**Benchmark**	**Goal**	**Status**
3.4a Standard: All beneficiaries will be connected to a primary care physician and or GMC provider, unless otherwise indicated by the client.	***3.4a Benchmark:*** 75% of adults and 75% of children will be connected to a PCP within 60 days of admission to a mental health treatment program	***3.4a Goal:*** Increase the percent of adults & children with a PCP each year until benchmark has been met.	Average for FY 17/18 Adult 67%, Child 77% Average for FY 18/19 Adult 68%, Child 79% Average for FY 19/20 Adult 45.9% Child 54.5%

Unfortunately, there was a decline in both adults and children being connected to their primary care physician (PCP) or GMC in 2019-2020. The COVID-19 pandemic presented challenges and delays in engaging beneficiaries as well as requiring a significant decrease of in-person services. Additionally, due to client choice and other factors such as alternative medicine and cultural beliefs, not all beneficiaries were receptive to being connected to a PCP. The 2019-2020 MHP data showed a 22.1% decrease in adults and a 24.5% decrease in children from 2018-2019 data and did not meet its goal of 75% for either the adult or children categories. Previous to the current year, there was a 1% increase from FY 17/18 to FY 18/19 for adults and for children there was a 2% increase in the number connected to a PCP in FY 18/19 compared to FY 17/18. The MHP anticipates the FY 20/21 data will reflect efforts to mitigate COVID-19 barriers and will show an increase in the number of children and adults connected to their PCP or GMC within 60 days of admission to a mental health treatment program again in the coming quarters. Additionally, due to the Covid-19 pandemic and pending flu season, there may be an increase in connection to PCP/GMC. In addition, as children are returning to school and/or school re-opening, expectations for current vaccinations may also support an increase of PCP/GMC connections in youth.

Graph 17



Discussion of Planned Activities

Data is analyzed and reported on a semi-annual basis as part of the performance measures in all contracts. Every provider has an expectation to document and coordinate care with primary care providers.

Quality Objective 3.5

3.5 Coordination of Care			
Planned Activities: • Pathways to Wellness -Monitor the use of ICC, ICC-CFT and IHBS services for children involved in the child welfare receiving intensive services. • Continue to have MHP representatives on task forces, initiatives and projects that involve beneficiaries with mental health issues (Commercially Sexually Exploited children, Crossover Youth Practice Model, MH Courts, TAY Homeless Initiative, Whole Person Care, etc.). • Collaboration with Child Welfare for completion and submission of CANS and PSC-35 documents required by State agencies. • Actively participate in CFTs for children involved with Probation and Child Welfare • Monitor the use and usefulness of the bi-lateral screening and referral tool. • Explore data sharing across public agencies. • Evaluate data by age, ethnicity, race, language, and gender to look for disparities. **(CC)** • Continue implementation of CCR • Update Releases of Information practices/guidelines/review current consent form • Implement interoperability solutions to exchange Continuity of Care Documents for Treatment, Payment and Operations (TPO)			
Standard	**Benchmark**	**Goal**	**Status**
3.5a Standard: The MHP will collaborate with other government agencies/stakeholders to facilitate coordination and collaboration to maximize continuity		***3.5a Goal:*** Continue to work with our partners to provide coordination and collaboration.	Met

of services for beneficiaries with mental health needs.			

The MHP continues to be involved with many cross system collaborations. It is the ongoing goal for Sacramento County to provide a seamless process for beneficiaries to access services, receive appropriate level of care within the MHP and successfully transition into lower levels of care when they have successfully reached their goals or feel ready to do so. In FY18/19, the MHP created a team of clinicians to be co-located with Child Welfare to support increased utilization of CANS and BHS participation in Child and Family Team meetings facilitated by Child Welfare. The MHP also worked with Probation in FY19/20, which resulted in a pilot program to provide mental health and substance use screening and assessments and linkage to services for out of custody youth involved at the front end of court services within the Juvenile Justice system.

The MHP has signed a Commercially Sexually Exploited Children (CSEC) MOU with Probation and CPS and participates in partnership efforts in Sacramento County to address the complex needs of these youth. CPS and MHP are both integrally involved in the CSEC efforts. The MHP has dedicated management level staff to liaison to CPS and juvenile court for CSEC. The MHP also participates on a Crossover Youth Practice Model (CYPM) Executive Committee with CPS and Probation to address the needs of youth who are dually involved in both CPS and Probation systems. Provider training for the Consultation Support Engagement Team (CSET) serving the CSEC population was expanded in FY 19/20.

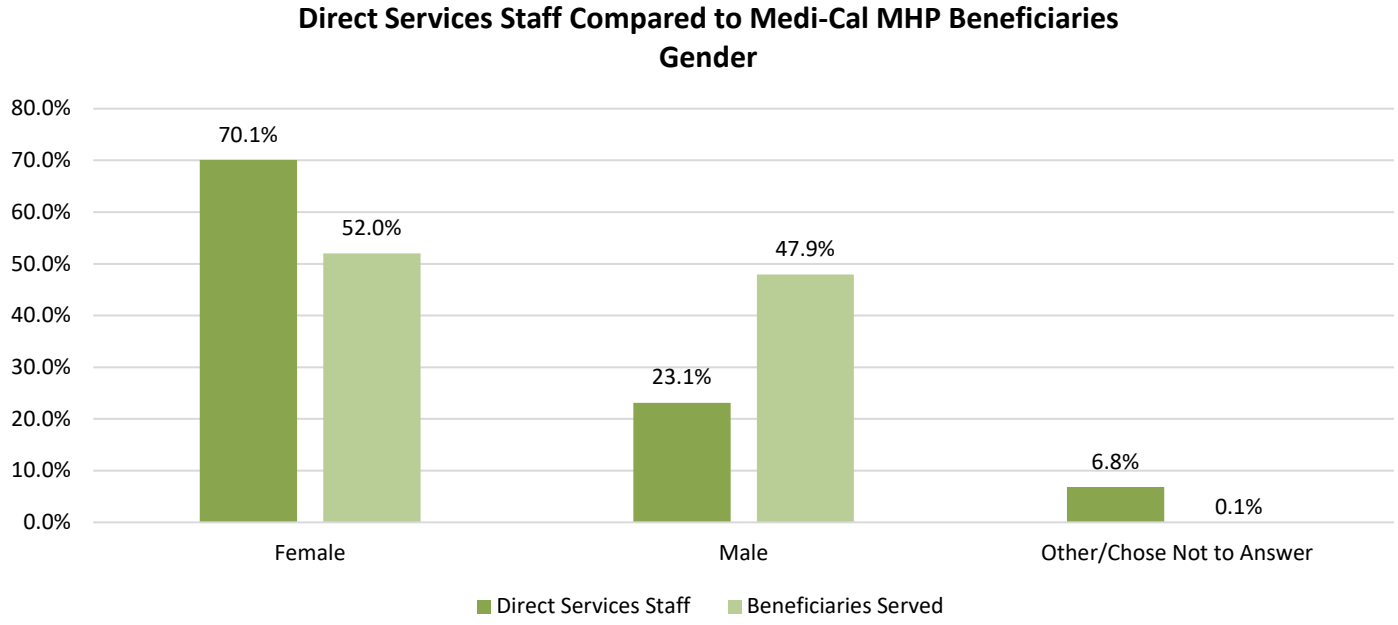
Sacramento is a GMC county with five GMC plans. The MHP meets with each GMC quarterly to review data and develop processes consistent with the MOU – including care coordination. Significant outcomes of the ongoing collaboration between the MPH and GMCs are: 1.) An Operational Guide developed in collaboration between the MHP and the GMC's. 2.) The Sacramento GMC Behavioral Health Care Coordination Guide, which provides operational and clinical Points of Contracts (POCs) for operational and care coordination purposes. 3.) A Sacramento County Bi-Directional Medi-Cal Transition of Care Request form – used for referring individuals between the MHP and the GMCs as well as from the GMCs to the MHP. 4.) A Sacramento County Adult Medi-Cal Mental Health Screening Tool – used for assisting each plan with identifying level of care need (mild, moderate, or severe impairment). 5.) A Bi-Directional Managed Care Plan Referral Process Policy and Procedure.

Quality Objective 3.6

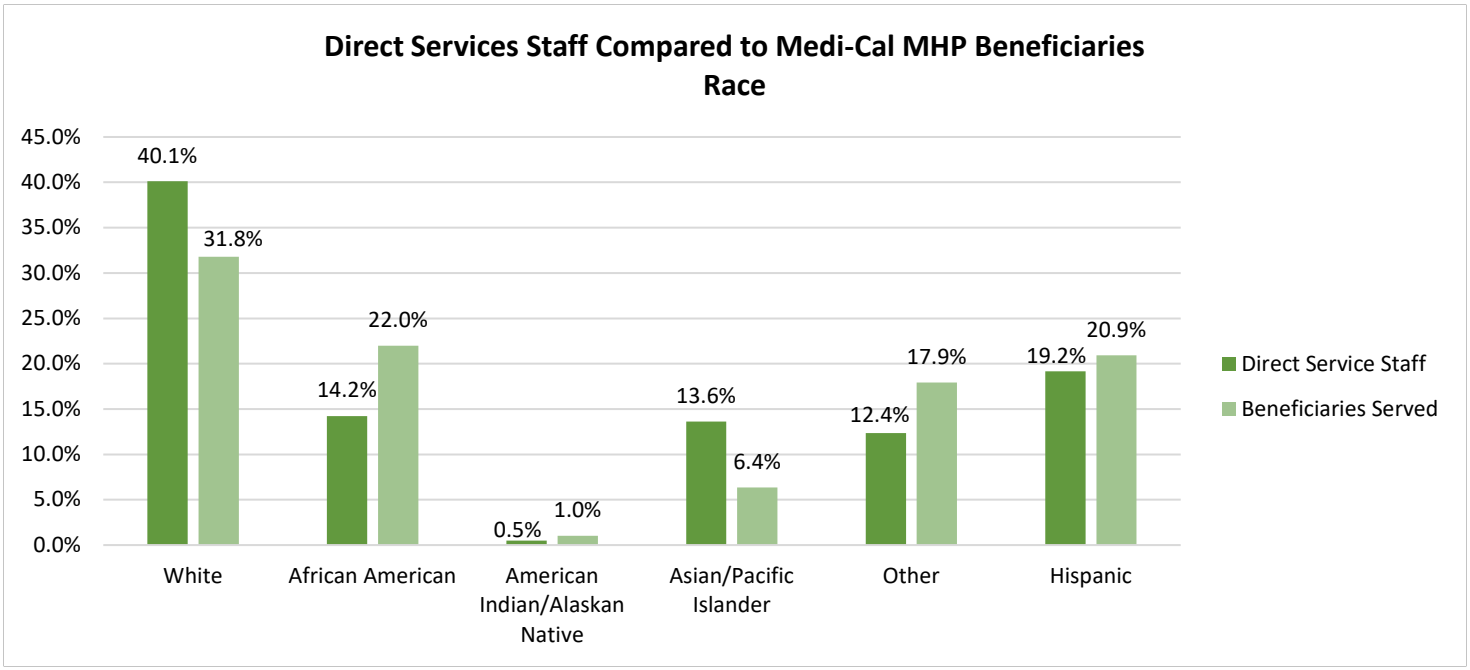
3.6 Diverse Workforce (CC)			
Planned Activities: • Complete the annual Human Resources Survey and analyze findings • Complete the NACT on a quarterly basis and analyze findings.			
Standard	**Benchmark**	**Goal**	**Status**
3.6a Standard:	***3.6a Benchmark:***	***3.6a Goal:***	In progress

The MHP will have a diverse workforce that is representative of the beneficiaries and community they serve.	The make-up of direct services staff is proportionate to the racial, cultural and linguistic make-up of Medi-Cal beneficiaries	Increase the diversity of direct service staff by 5% each year until benchmark is met.	

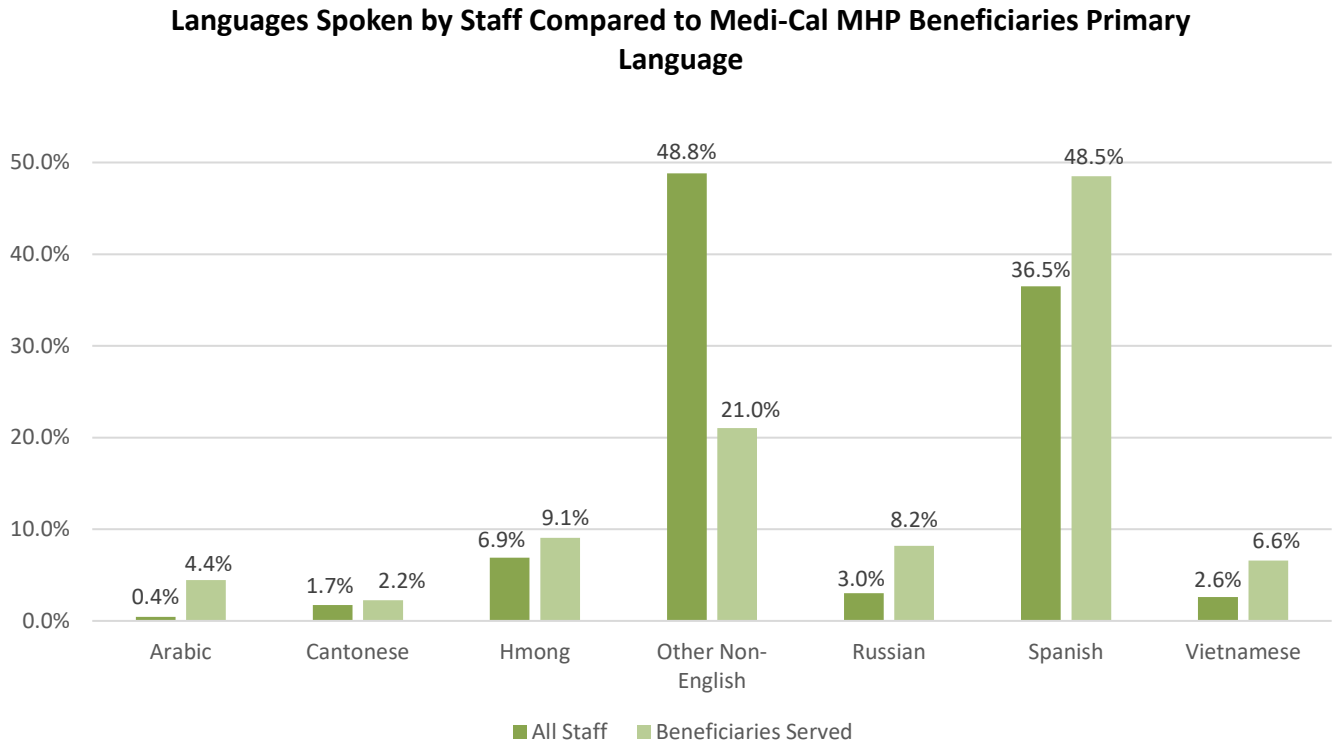
Graph 18



Graph 19



Graph 20



Discussion of Planned Activities

The MHP conducted the Human Resource Survey in October 2019 to determine the demographic make-up of indirect and direct service staff in the MHP. All county and contract provider staff, as well as many other oversite bodies (i.e. MHSA steering committee, Mental Health Board, Cultural Competence Committee, Quality Improvement Committee, etc.) were surveyed. A total of 1,239 staff responded to the survey. Direct service staff were further analyzed to determine whether the staff was representative of the beneficiaries in our community.

Findings

Gender

Males are underrepresented in direct service staff compared to the number of males served in the system (23.1% staff vs 47.9% beneficiaries).

Race

In regards to race, African American, Hispanic and Other Race are underrepresented compared to the number of beneficiaries served, while Caucasian and Asian/Pacific Islander direct service staff are overrepresented. Hispanic and American Indian/Alaskan Native direct service staff represent the population served.

Language

While the MHP has a wide variety of languages spoken by staff, the percent who speak the Sacramento County threshold languages is lower than the beneficiaries served.

Quality Objective 3.7

3.7 Culturally Competent system of care (CC)			
Planned Activities: • Biennially complete and analyze a system-wide Agency Self-Assessment of Cultural Competence.			
Standard	**Benchmark**	**Goal**	**Status**
3.7a Standard: The MHP will have a culturally competent system of care.		***3.7a Goal:*** The MHP will complete a biennial system-wide Agency Self-Assessment of Cultural Competence	In progress

Discussion of Planned Activities

The MHP conducted the Biennial Self-Assessment in FY 18/19 and will analyze the data and include additional standards and benchmarks for the following Fiscal Year.

Quality Objective 3.8

3.8 Training – Education

Planned Activities:

- Utilize Mental Health Services Act (MHSA) principles to enhance skill level through training and education at all levels of the MHP.
- Continue implementation of MHP WET Training Plan based n community input and MHP prioritization.
- Administer California Brief Multicultural Competence Scale (CBMCS) to service delivery and supervisory staff and provide CBMCS training modules across the system. **(CC)**
- Provide Mental Health Interpreter training for interpreter staff and providers who use interpreters. **(CC)**
- Develop and implement curriculum for integrating cultural competency and wellness, recover and resiliency principles for different levels and types of providers and stakeholders.
- Refine system wide implementation of trauma informed and trauma specific trainings to address all ages and cultural groups served by the MHP.
- Utilize training/educational opportunities to include methods to enhance the array of culturally competent skill sets and community interfaces for mental health and partner agencies. **(CC)**
- Conduct at least one workshop on consumer culture with trainers to include consumer/youth/parent/caregiver/family perspective on mental illness.
- Conduct at least annual in-house training/consultation to MHP's mandated key points of contact to ensure competence in meeting the access needs of diverse communities. **(CC)**
- Continue expansion and targeted implementation of MH training for law enforcement and first responders within and outside of the mental health provider community.
- Explore training opportunities to provide a continuum of crisis intervention trainings to address all age groups and a variety of service specific issues to enhance crisis intervention competency skills across MHP services. **(CC)**

3.8 Training –Education

Standard	Benchmark	Goal	Status
3.8a Standard: The County will provide and/or offer on-going training opportunities to the MHP workforce		***3.8a1 Goal:*** The MHP will have a well-trained, culturally and linguistically competent workforce that is adequately trained to provide effective services and administer programs based on wellness and recovery. **(CC)**	300 cultural competence trainings were recorded in FY 19/20 with 8,630 individuals attending the various trainings.
		3.8a2 Goal: By the end of FY 18-19, 75% of direct service staff and supervisors will have completed the California Brief Multicultural Competence Scale (CBMCS) and cultural competence training. (CC)	N= 1,454 service staff have attended CBMCS. The MHP is working on a method to calculate the percentage of direct service staff and their supervisors who have completed this training.

		3.8a3 Goal: 98% of staff identified as interpreters complete the approved mental health/behavioral health interpreter training and receive certification. **(CC)**	FY 19/20 = 86%

In FY19/20, the MHP continued several ongoing training initiatives:

- Cultural competence is a key aspect of all MHP trainings, and expansion of knowledge and related skills in this area are an on-going target of trainings. The Cultural Competence Plan requires that all training conducted throughout the system incorporate cultural competence and includes a training plan to ensure that all service delivery staff receive training incorporating material from all the of modules of the California Brief Multicultural Scale training. Focused cultural competence training tailored to the needs of the diverse workforce is conducted by the county and contract provider agencies. Cultural Competence training for the system increased from 2,255 in FY 18/19 to 8,630 in FY19/20 due to an increase in virtual trainings offered system-wide during the COVID-19 pandemic in FY 19/20.
- Due to staff turnover in the Assisted Access program, 86% of the interpreters have completed the approved mental health/behavioral health interpreter training. To account for staff turnover, the MHP offers this training annually so that the appropriate staff may enroll in the training.
  In FY19/20, 996 attendees received training focusing on building recovery skills. These 36 trainings included the annual Peer Empowerment conference (formerly known as Consumer Speaks conference) involving 200 beneficiaries and family members and Wellness/Recovery Action Plan (WRAP) training alongside the SacPORT (Psychosocial Rehabilitation Training) modules as well as other trainings with a focus on resiliency, family focused treatment, navigating multiple agency services, and youth.

- Quality Management offers 5150 Certification training to providers in the MHP and community hospitals, which certifies Designees authorized to write 5150 applications. Ninety-eight (98) attendees were trained in 5150 Certification or Re-Certification classes during the FY 19/20.

- Mental Health First Aid Mental Health First Aid (MHFA) is a training course that teaches members of the public how to identify, understand and respond to signs and symptoms of mental illness and substance use disorders. MHFA trainings use adult learning principles and role playing activities to take the fear and hesitation out of starting a conversation about mental health and substance use problems by improving understanding and providing an action plan that teaches people to safely and responsibly identify and address a potential mental illness or substance use disorder providing initial help until appropriate professional help can be obtained. The training also addresses risk factors and warning signs of specific mental health conditions like anxiety, depression, schizophrenia, bipolar disorder, and substance abuse. MHFA trainings are offered free to the community on a monthly basis to provide education about mental health conditions, resources, and skills that the general public can use in their interactions with individuals who may experience mental health issues or a mental health crisis. In FY 19/20, Sacramento County was able to provided four MHFA courses, certifying 84 participants, before March 2020 when the Stay-a-Home Order went into effect.

Sacramento County staff as well as system/community partners facilitate MHFA training. Though Sacramento County staff primarily facilitates the adult version of MHFA, in August 2018, we began offering the youth version of MHFA to the community and system partners who work with children, youth and Transitional Aged Youth (TAY) populations. The Adult and Youth MHFA have been provided in both English and Spanish through partnerships with community-based providers—La Familia Counseling Center (LFCC), Muslim American Society-Social Services Foundation (MAS-SSF), and Sacramento Native American Health Center (SNAHC). These cultural/ethnic focused community based organizations have partnered with the MHP to provide MHFA to their community members in their preferred language and with cultural perspective. In FY 2019/20, the three programs trained a total of 123 community members, with the following breakdown:

La Familia— 8 Trainings/43 participants
SNAHC 1 Training/15 participants
MAS-SSF— 3 Trainings/65 participants

In 2014, Sacramento County, BHS, initiated a project that was funded through the Workforce Education and Training (WET), System Training Continuum 2 and administered by the Sacramento County Office of Education (SCOE) to expand the number of individuals receiving the YMHFA Training. The project educated teachers, school staff and caregivers on how to help adolescents ages 12-18 who may be experiencing mental health or addiction challenges or other emotional crisis situations. The course introduced common mental health challenges for youth, reviewed typical adolescent development and taught a 5-step action plan for how to help young people in both crisis and non-crisis situations. Through the SCOE project, 199 participants attended 12 YMHFA training in FY 19/20.

- Technical support offered through the DHS-Mental Health web page has expanded and supplemented the face-to-face documentation training provided by MHP, with the QM Information link. This area has been seen significant growth and opportunity for the MHP providers to receive timely responses to inquiries, and additional consultation as needed. Targeted technical assistance has been provided to assist MHP providers in clinical documentation areas when necessary and applicable. During the FY 19/20, 465 county operated or contracted clinical staff attended documentation training. Documentation training is conducted by Quality Management staff for the purpose of providing education and support for new and existing clinicians in adhering to Federal, State and Local documentation standards.

- The Compliance Program training continues for county staff and contracted provider supervisors. In addition to compliance training for county staff, the QM unit also conducts trainings for contracted providers on a number of topics including, but not limited to: Medi-Cal Eligibility, Problem Resolution, Credentialing, and Site Certification. During FY 19/20, 203 participants attended trainings conducted by Quality Management staff.

4. BENEFICIARY OUTCOMES

Ensure the accountability, quality and impact of the services provided to beneficiaries in the Sacramento County MHP through research, evaluation and performance outcomes.

Beneficiary Outcomes Objective 4.1

4.1 Beneficiary Satisfaction			
Planned Activities: • Provide training to MHP providers on survey distribution and collection prior to CPS survey distribution periods. • Administer State required Consumer Perception Survey and English, Spanish, Chinese, Hmong, Russian, Tagalog, Vietnamese and any other available language. **(CC).** • Produce reports after each CPS survey period and share with providers. • Monitor response rate and establish protocols for both the system and those providers that fall below the benchmark. • Analyze results of CPS and provide written report on analysis of data. • Analysis to include examination of disparities by race, ethnicity and language. **(CC)** • Monitor performance on the six perception of general satisfaction indicators (questions 1, 4, 7, 5, 10 and 11) bi-annually and consider improvement project if significantly below the overall CPS percent agreement. • Track and trend on Division Dashboard			
Standard	**Benchmark**	**Goal**	**Status**
4.1a Standard All beneficiaries served during the Consumer Perception Survey (CPS) collection period will be given the opportunity to provide feedback on the services they receive from the MHP	***4.1a Benchmark*** The MHP will obtain a 75% response rate during each CPS collection period	***4.1a Goal:*** Increase the response rate each year until Benchmark is met.	Average for FY 17/18 65% Average for FY 18/19 70% Average for FY 19/20 57%
4.1b Standard Beneficiaries will be satisfied with the services received in the MHP	***4.1b Benchmark*** Percent overall agreement in the General Satisfaction domain will be 90% or greater for each CPS sampling period	***4.1b Goal*** Increase the percent of beneficiary satisfaction on each domain each year until benchmark has been met.	Average for FY 17/18 87% Average for FY 18/19 86% Average for FY 19/20 88%

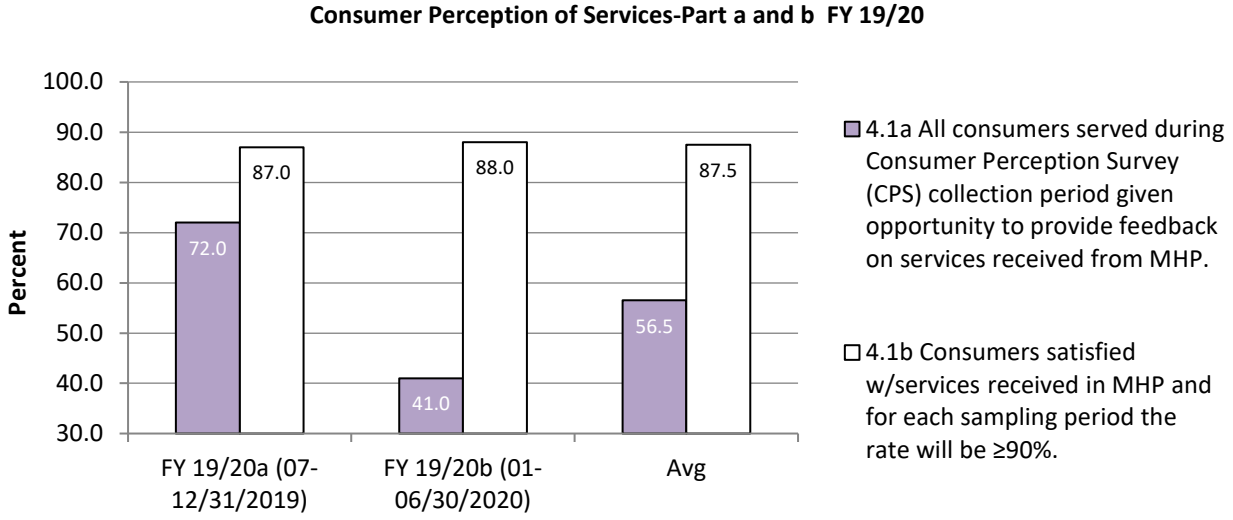
Overall, beneficiaries were satisfied with the services they received in the Sacramento County MHP-Outpatient Services during FY 19/20. While most beneficiaries are satisfied with the services they receive and overall functioning has improved, we did not meet our goals set out in the work plan.

The MHP has set a goal of receiving a survey from 75% of the beneficiaries served during the survey distribution time period. During FY 19/20, Consumer Perception survey was collected two times (November 2019 and June 2020). There was a significant decrease in response rates from FY 18/19 for FY 19/20. Unfortunately, COVID-19 posed significant challenges in providers collecting surveys from beneficiaries. It is expected that this response rate will improve in the next sampling period. Research, Evaluation and Performance Outcome (REPO) staff will

continue to emphasize the importance of the survey at all providers meetings and work with providers to ensure higher completion rates.

Beneficiary general satisfaction remained consistent in FY 19/20 with between 87%-88% of beneficiaries' surveyed indicating general satisfaction with the services they receive from the MHP. The MHP will continue to work on improving beneficiary experience by identifying barriers and implementing interventions that are aimed at improving beneficiary functioning and overall satisfaction.

Graph 21



Discussion of Planned Activities

Sacramento County MHP complies with §3530.40 of Title 9 of the California Code of Regulations which requires counties to conduct a semiannual beneficiary perception survey that collects clients'/families' perceptions of quality and results of services provided. The California Department of Healthcare Services defines the survey instrument and collection period.

The MHP monitors satisfaction from a variety of perspectives in order to ensure that service is being offered in a timely and appropriate fashion. Survey findings are shared with the Quality Improvement Committee, the Executive Leadership including consumer/family advocates, and Clinical directors/managers at contract and county provider sites to discuss results and provide input into strategies that address quality, access and service provision in the MHP.

Beneficiary Outcomes Objective 4.2

4.2 Recovery Tool			
Planned Activities: • Work with MH advocates to analyze available recovery tools and develop a plan to implement a culturally sensitive recovery tool. **(CC)** • Explore other MHPs and how they measure recovery. • Explore client self-administered recovery tool options.			
Standard	**Benchmark**	**Goal**	**Status**
4.2 Standard: The MHP will track and measure recovery		***4.2d Goal:*** The MHP will implement the use of a recovery tool by FY 20/21	In planning stages to determine best measurement tool for the MHP.

Discussion of Planned Activities

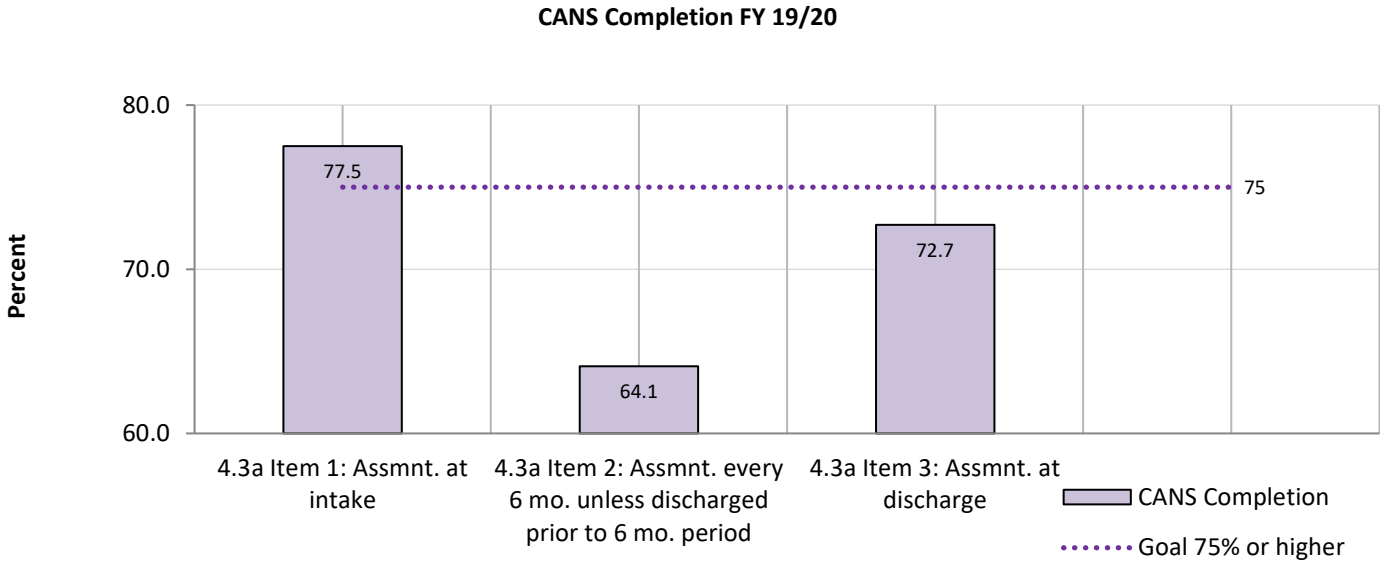
The MHP engaged in discussions and meetings with MH advocates to explore and discuss available recovery tools. Additionally, existing public domain recovery tools were reviewed by MHP. The anticipated plan for FY 18/19 was to determine if existing tools are in line with goals of measuring recovery across the adult MHP system and the feasibility of implementing a recovery tool. Due to competing priorities related to COVID-19, this could not be accomplished within the expected period. This goal is carried through to FY 20/21.

Beneficiary Outcomes Objective 4.3

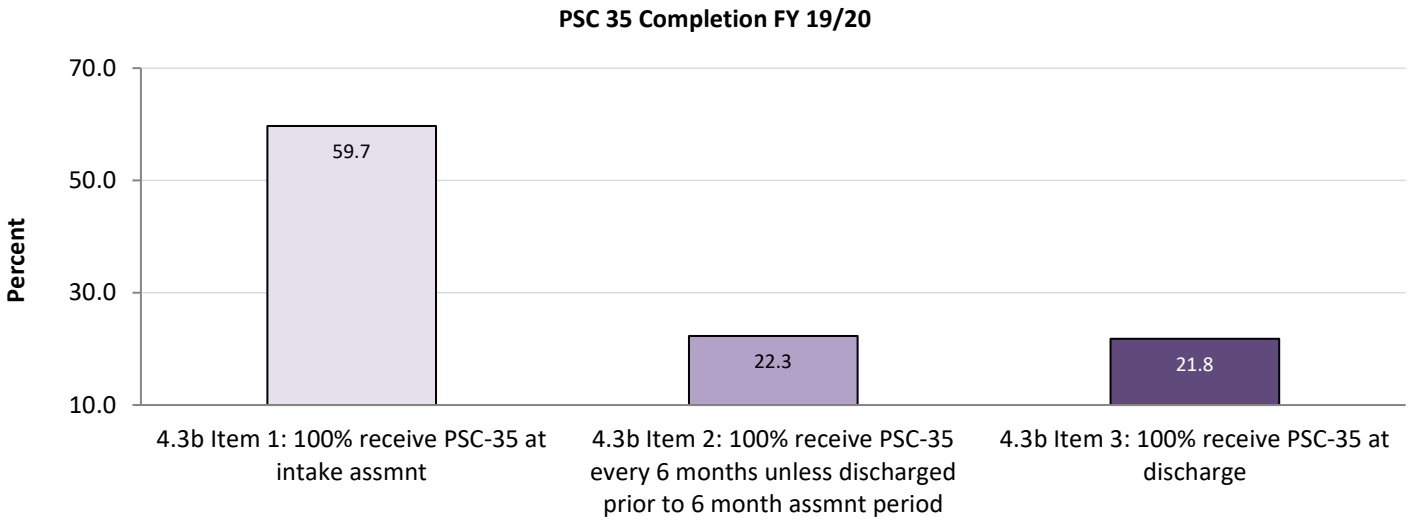
4.3 CANS and PSC 35			
Planned Activities: • Work with MH advocates to analyze available recovery tools and develop a plan to implement a culturally sensitive recovery tool. **(CC)** • Explore other MHPs and how they measure recovery. • Explore client self-administered recovery tool options. • Monitor the percent completion of CANS assessment at intake, six months and at discharge. • Provide annual reports with analysis of data. Analysis to include examination of disparities by race, ethnicity and language**. (CC)** • Provide on line training and certification information to Contracted and County Owned Providers • Monitor the percent completion of PSC-35 assessment at intake, six months and at discharge. • Provide annual reports with analysis of data. Analysis to include examination of disparities by race, ethnicity and language**. (CC)**			
Standard	**Benchmark**	**Goal**	**Status**
4.3a Standard: All children providers in the MHP will complete a CANS at intake assessment, every 6 months and discharge for all children ages 6-21 served.	***4.3a Benchmark:*** 100% of children ages 6-21 will receive a CANS assessment at time of intake 100% of children ages 6-21 will receive a CANS every six months unless discharged prior to the 6 month assessment period 100% of children ages 6-21 will receive a CANs at discharge	***4.3a Goal:*** Increase percent completion annually until benchmarks have been met.	FY 17/18 Intakes = 65.8% Reassessments = 69% Total CANS = 67.4% FY 18/19 Intakes = 71.9%

			Reassessments = 77.9% Total CANS = 74.9%
4.3b Standard: All children providers in the MHP will complete a PSC-35 at intake assessment, every 6 months and discharge for all children ages 6-18 served.	***4.3b Benchmark:*** 100% of children ages 6-18 will receive a PSC-35 assessment at time of intake. 100% of children ages 6-18 will receive a PSC-35 every six months unless discharged prior to the 6 month assessment period 100% of children ages 6-18 will receive a PSC-35 at discharge	***4.3b Goal:*** Increase percent completion annually until benchmarks have been met.	New Item

The MHP exceeded the goal of a 75% completion benchmark for the CANs assessment with 77.5% of children receiving a CANs at intake, but fell well below got goal for reassessments at 64.1%. The MHP also fell short of the 75% goal at discharge with reassessments at 72.7%.



It is a requirement that all children receive a Pediatric Symptom Checklist at intake, every 6 months and at discharge. As this is a new requirement, the MHP has been working with providers to make sure this requirement is met. In FY 19/20, The MHP was well below the State requirement at just under 60% at intake, 22.3% at 6 months and 21.8% at discharge.



Discussion of Planned Activities

The MHP continues to monitor the CANS and PSC-35 completion rates to accomplish the goal set out in the plan. Reports have been created in Avatar for providers to determine when CANS and PSC assessments and re-assessments are due, as well as reports for providers to track the child's progress from initial assessment to follow up and/or discharge assessment. REPO completes an annual CANS report as well, analyzing changes in CANS scores over time for the children's system based on the level of services the children receive. REPO will also begin to analyze the PSC-35 data on an annual basis to evaluate scores over time.

Beneficiary Outcomes Objective 4.4

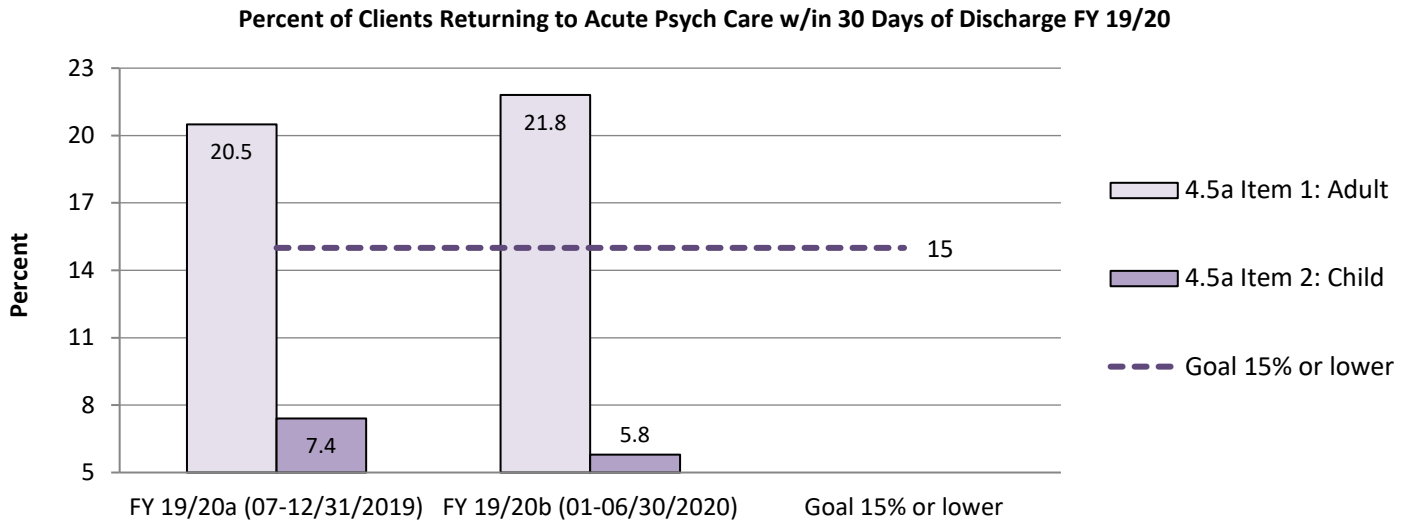
4.4 ANSA			
Planned Activities: • Develop pilot for the use of (ANSA) outcome measures for adult programs. • Conduct Training and Certification on line through the Praed Foundation.			
Standard	**Benchmark**	**Goal**	**Status**
4.4a Standard: The MHP will have a standardized way of assessing the appropriateness of care for all adults receiving services	100% of adults ages 18+ will receive an ANSA assessment at time of intake. 100% of adults ages 18+ will receive an ANSA every 6 months after intake. 100% of adults ages 18+ will receive an ANSA assessment at time of discharge	***4.4a Goal:*** Increase percent completion annually until benchmarks have been met.	Data will be available in FY 20/21

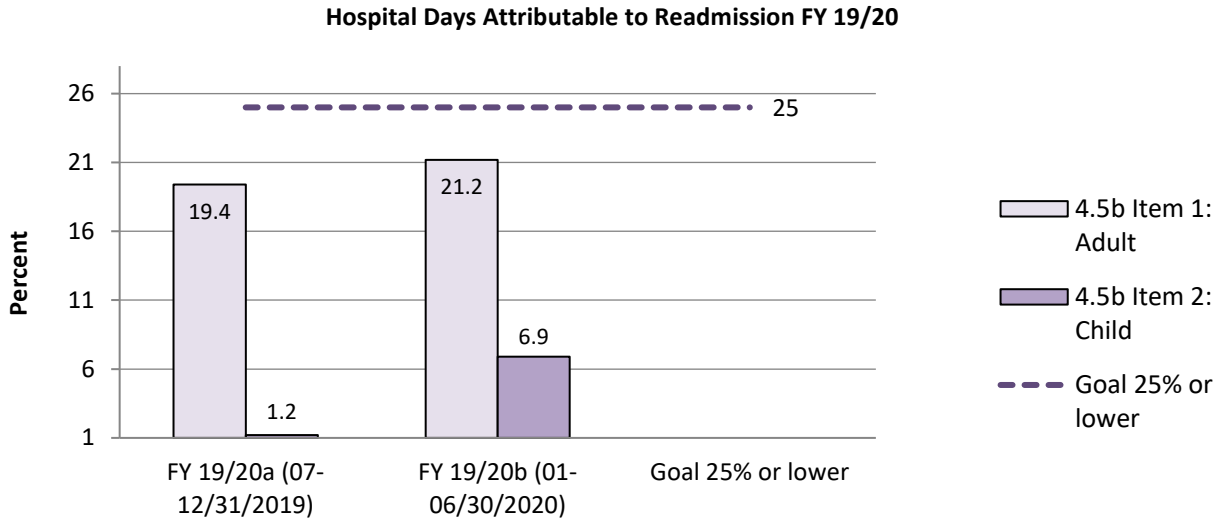
Discussion of Planned Activities

Two programs in the Adult System of Care were selected on the basis that they would be piloting The Strengths Model, an Evidence Based Practice (EBP). The MHP will also utilize the ANSA as an assessment tool as well as the tool to determine change in symptoms and functioning over time for all adults served in outpatient services in the MHP. The ANSA will be required for all adult programs starting in FY 20/21. Data will be analyzed on a quarterly basis to monitor completion rates.

Beneficiary Outcomes Objective 4.5

4.5 Recidivism			
Planned Activities: • Monitor rates comparing with overall MHP rates from previous fiscal year. • Analysis to include examination of disparities by race, ethnicity, language, sexual orientation and gender identity. **(CC)** • Evaluate impact of crisis system rebalance efforts on readmissions. • Quarterly monitoring and reporting on inpatient days attributed to beneficiaries with two or more acute admissions during the quarter- dashboard item.			
Standard	**Benchmark**	**Goal**	**Status**
4.5a Standard: The majority of beneficiaries will not return to acute psychiatric care within 30 days of discharge from acute psychiatric hospitalization.	***4.5a Benchmark:*** 15% Recidivism rate	To reduce the recidivism rate to 15% by end of FY19/20.	FY 18/19: Child 8.9% Adult 20.1% Average 14.5% FY 19/20: Child 5.8% Adult 21.8% Average 13.8%
4.5b Standard: Low proportion of hospital days should be attributable to recidivist admits.	***4.5b Benchmark:*** 25% of total acute days are attributed to recidivist beneficiaries	***4.5b Goal:*** To reduce the percent of days attributed to recidivist admits to meet the benchmark by the end of FY19/20	FY 18/19 Adults 22.8% Children 9.9% Average 16.4% FY 19/20 Adults 20.3% Children 3.5% Average 11.9%





Hospital recidivism produces substantial human costs in suffering and demoralization and is a significant burden to the public and private mental health systems struggling with fierce cost containment demands. Although recidivists do not account for the majority of hospital days, the MHP established a goal of less than 25% of hospital days would be attributable to recidivists. This goal was attained for both children and adults. The MHP efforts to address recidivism during FY 19/20 included continued efforts to establish a crisis continuum framework (see crisis services continuum section) to help mitigate the high level of hospitalizations as well as establishing routine meetings between hospital and contract provider partners focused on maintaining communication and addressing issues related to hospitalizations.

While the recidivism goal was not attained for adults, we met the goal for the number of total hospital days attributed to readmitted adults. This goal was also met for children.
Although the readmission goal was not met for adults, both adults and children improved in overall readmission rates as well as hospital days attributed to readmission from FY 18/19.

The MHP will continue to work with the hospitals and outpatient providers to improve continuity of care and engagement efforts.

Discussion of Planned Activities

The MHP closely tracks and monitors inpatient psychiatric hospitalization and recidivism rates. Quarterly hospitalization reports are shared with managers, contract monitors and providers. Data on different recidivist measures are reported quarterly on the MHP Dashboard and the QI Work Plan Status sheet as well as bi-annually in a system recidivism report that provides a look at detailed crisis, hospitalization and recidivism data. Analysis includes examination of disparities by race, ethnicity, language, sexual orientation and gender identity.