SACRAMENTO COUNTY
EQRO FINAL REPORT SUMMARY
FY 20-21

The United States Department of Health and Human Services (HHS), Centers for Medicare and Medicaid Services (CMS) requires an annual, independent external evaluation of State Medicaid Managed Care Organizations (MCOs) by an External Quality Review Organization (EQRO). External Quality Review (EQR) is the analysis and evaluation by an approved EQRO of aggregate information on access, timeliness, and quality of health care services furnished by Prepaid Inpatient Health Plans (PIHPs) and their contractors to recipients of State Medicaid Managed Care Services. The Code of Federal Regulations (CFR) specifies the requirements for evaluation of Medicaid MCOs (42 CFR, Section 438; Medicaid Program, External Quality Review of Medicaid Managed Care Organizations). These rules require an on-site review, or a desk review, of each Medi-Cal Mental Health Plan (MHP). The California Department of Health Care Services (DHCS) contracts with Behavioral Health Concepts (BHC) to perform these reviews.

ERQ reviews are intended to:

1. Improve states' ability to oversee and manage the county mental health plans (MHP) they contract with for services.

2. Help the MHP improve their performance with respect to quality, timeliness, and access to care by validating data, reviewing performance improvement projects, and conducting group interview sessions with county staff, providers, stakeholders, and beneficiaries.

The following is a summary of the Sacramento County changes and strengths as well as recommendations for Fiscal Year 2020-21:

MHP – Changes and Strengths

Performance Improvement Project (PIP) Status

Clinical PIP Status: Active and ongoing

Non-clinical PIP Status: Active and ongoing

Access to Care

Changes within the Past Year:

- There are multiple entry points to the system in terms of "Access to Care" and the Access Line is just one of them. In this past year the Access Team was redesigned to include the start of the Assessment process by capturing the required elements to determine medical necessity, diagnosis, and assign to the appropriate contracted provider. The MHP expanded its telehealth service capability across the system, including directly operated and contracted providers.

Strengths:

- In response to the COVID-19 pandemic, the MHP expanded its telehealth service capability from a small pilot to implementation across the system in a matter of weeks. It is an impressive accomplishment, more so because of the difficult circumstances.

Timeliness of Services

Changes within the Past Year:

- Time to first offered and first kept appointment of beneficiaries calling the Access Line is defaulted to the date and time of the call as that is when the Access Line employee delivers the brief assessment.

Strengths:

- The MHP has increased timeliness to services with the implementation of telehealth. They report fewer cancelations and no-shows using this technology.

Quality of Care

Changes within the Past Year:

- Both the 7-day and 30-day rehospitalization rates have improved substantially over last year's numbers.

- The MHP's current clinical PIP "Improving Access, Engagement and Satisfaction Through Telehealth Services" addresses quality of services during COVID-19.

Strengths:

- The MHP currently spends about 19 percent of its funding on High Cost Beneficiaries (HCB). The statewide average is 29 percent. Whether this is because the MHP has found an exceptionally effective way to manage the care of its most challenging beneficiaries or is simply spending less on them is unclear.

- Line staff, from different contract providers, endorsed participation in the QM Utilization Review (UR) Committee and other system planning.

- During COVID-19 restrictions, the MHP offers language of choice during virtual services with language proficient providers or interpreters.

Beneficiary Outcomes

Changes within the Past Year:

- The MHP re-procured and implemented refreshed Wraparound programming.

Strengths:

- Beneficiary outcomes are tracked to discern any gaps among subpopulations and identify groups in need of quality improvement (QI) in service delivery.

Foster Care

Changes within the Past Year:

- Therapeutic Foster Care (TFC) was implemented in past year. At least two youth have been served to date.

- A Child and Family Team (CFT) manual has been drafted and is in final approval process.

Strengths:

- The MHP has added resources, now at ten full time equivalents (FTEs) to its staff assigned to work with Child Protective Services (CPS). This allows for more timely collaboration of the two entities.

- Two additional organizations have expressed interest in Therapeutic Foster Care (TFC).

Information Systems

Changes within the Past Year:

- Telework was implemented across the system at two directly operated sites and 38 community based organizations (CBO) sites.

- Electronic Prescribing for Controlled Substances (EPCS) was implemented to align with regulatory requirements.

- Virtual Learning (end-user training) – there was a rewrite of all training courses to support virtual learning.

- Implementation of service import for providers with their own electronic health record (EHR).

- Two FTE positions added to information technology (IT) resources.

Strengths:

- The monthly Avatar user forum Combined Clinical Work Station (CWS) and Practice Management (PM) is available for contract providers.

Structure and Operations

Changes within the Past Year:

- The MHP effectively implemented telework across the system for employees during COVID-19.

- Providers have been resilient in pivoting to telephone and telehealth services in all but emergency and crisis services requiring onsite staff.

- At the beginning of the COVID-19 crisis, the MHP director initiated weekly meetings with contract providers to keep them informed and to collaborate on problems they were facing.

Strengths:

- MHP leadership has a clear vision for the future of the organization. The open question is whether they will be able to access the IT resources to deliver it.

- Service delivery capacity has been maintained through the pandemic.

- The MHP assisted providers in finding technology and equipment to pivot to telehealth delivery of services.

- The Children's Medication Monitoring committee reviews and monitors compliance with prescribing standards and trends related to children prescribed psychotropic medications.

FY 2020-21 Recommendations

PIP Status

None noted.

Access to Care

None noted.

Timeliness of Services

Recommendation 1: Review with California Department of Health Care Services (DHCS) the method currently used to measure the time to first offered and first kept appointment, which has resulted in meeting the standard 100 percent of the time. Also review whether the time to the second clinical appointment is at or near 100 percent.

Recommendation 2: Continue efforts to recruit and retain adequate psychiatry coverage and measure progress in terms of full-time equivalents (FTEs) and time to first psychiatry appointment.

Recommendation 3:   Begin to track and report no-shows separately for psychiatrists and clinicians. Disaggregate data for adults, older adults, children, and youth in foster care (FC).

Recommendation 4:   Determine a methodology to track time to response for urgent conditions and implement. Track and report this data, disaggregating adults, older adults, children, and FC.

Quality of Care

None noted.

Beneficiary Outcomes

Recommendation 5:   Implement a system to ensure that beneficiaries (especially those participating in surveys) receive information regarding outcomes of the surveys, including the Consumer Perception Survey (CPS).

Foster Care

None noted.

Information Systems

None noted.

Structure and Operations

None noted.

The full report can be found on the Sacramento County Behavioral Health Website: 2020-21 EQRO Report