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

Fiscal Year 2018-2019

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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 clients 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 2018-2019. 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. Consumer Outcomes

SUMMARY OF REPORT

In FY 2018-2019, 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-nine (89) organizational provider sites, as part of forty-eight (48) legal entities, delivered services to MHP clients 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 30,201 unduplicated clients in outpatient modes of services, served in FY 2018-2019, compared to 27,822 unduplicated clients in outpatient modes of services in FY 2017-2018.

- With six 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.

- 90 trainings were held 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 2018-2019 a total of 2,697 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 which reflected a robust utilization review/peer review, and oversight effort.

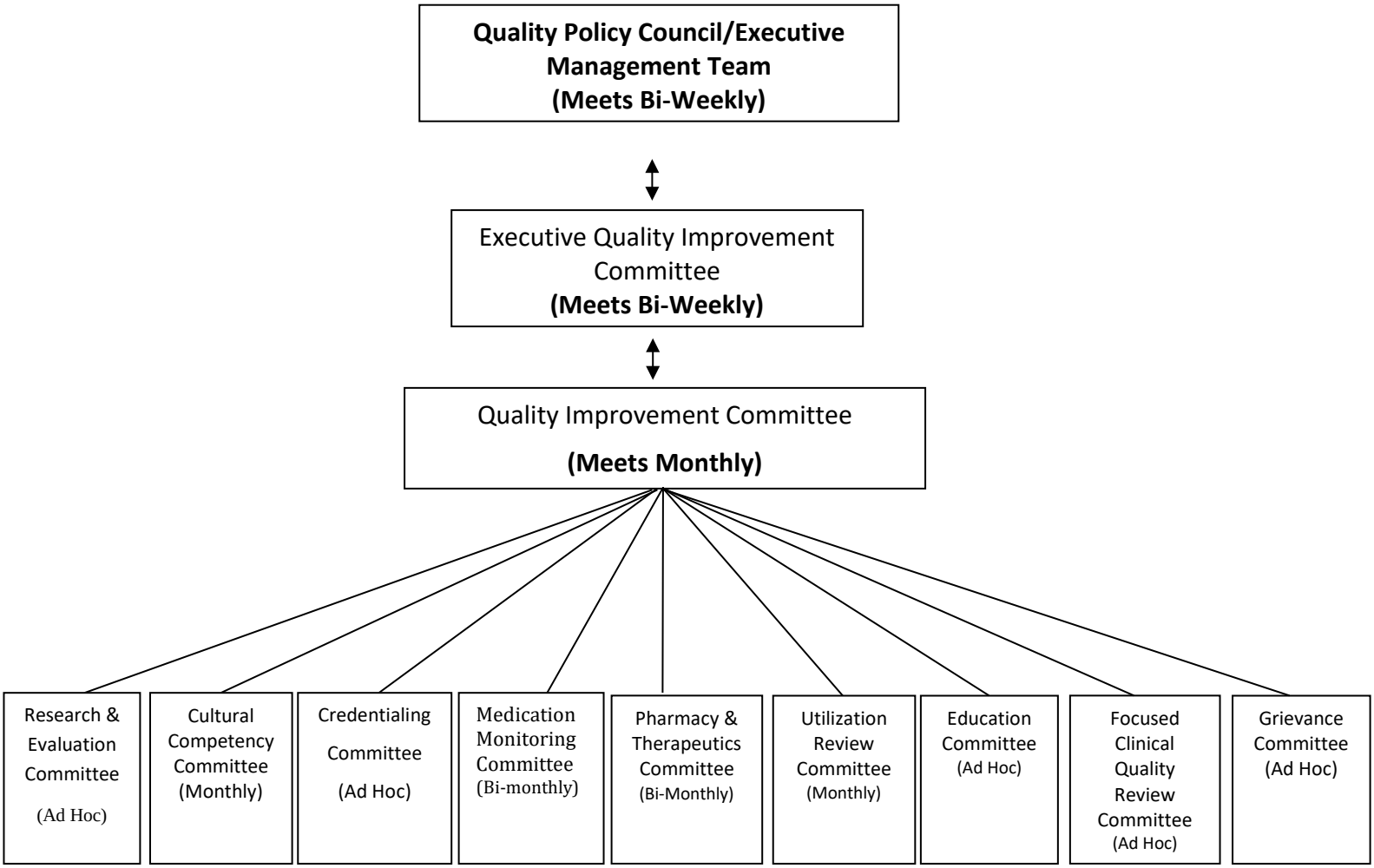
- The Pharmacy & Therapeutics Committee and Medication Monitoring Committees continued to provide critical input and oversight for medication practices and medication practice guidelines. The Medication Monitoring Committee reviewed 982 charts across providers for polypharmacy issues, medication guidelines 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

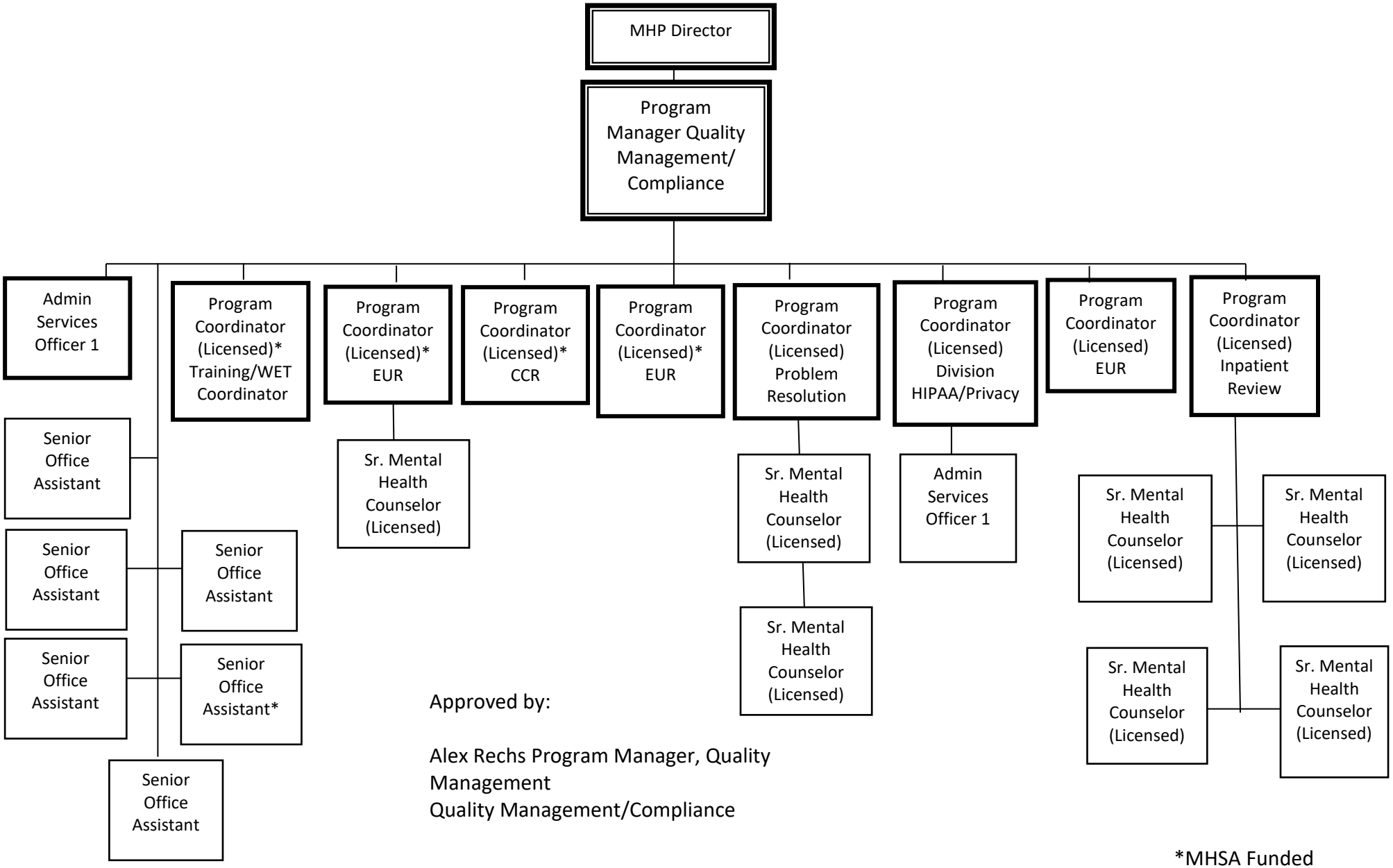
The Quality Improvement Policy Council guides the Mental Health Plan's Quality Improvement processes. The Policy Council also functions as the Executive Management Team for the Mental Health Division. A subgroup of members of the Policy Council serves as the Executive Quality Improvement Committee and provides higher level of review and guidance on behalf of the Policy Council. The MHP's Quality Improvement Committee (QIC) is chaired by the MHP's Quality Management Manager. 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, Consumer 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 19/20. 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 2018-2019



Additional Ad Hoc committees are authorized by QIC as needed.

MHP QUALITY MANAGEMENT SERVICES ~ ORGANIZATIONAL CHART ~ 07/01/2018



Approved by:

Alex Rechs Program Manager, Quality Management
Quality Management/Compliance

*MHSA Funded

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: • Track and measure retention rates in accordance with Reducing Disparities Learning Collaborative (RDLC) definitions. • Evaluate methodology to track and measure retention rates to be inclusive of all consumers served in OP programs. • Analyze FY17/18data for cost of service by race/ethnicity to determine disparities (utilizing administrative data to calculate cost) to set benchmarks for FY19/20 • Update 19/20 Work Plan to reflect benchmarks once they have been set.			
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 - 66.1% Children 77.3% System 70.2%
1.1b - Costs of mental health services are distributed proportionately across all cultures.		**1.1b -** Analyze data during FY18/19 and establish benchmarks for the FY19/20 QI Plan.	TBD

SERVICE UTILIZATION

Mental Health Plan Beneficiary Characteristics & Demographics – Fiscal Year 18/19

The tables and graphs that follow provide information on the characteristics and demographics of consumers that utilized services in the Sacramento County MHP in FY 2018-2019. During this Fiscal Year the MHP provided inpatient, crisis, and outpatient services to 30,201 unduplicated consumers with 9.63% (28,867) of the total consumers receiving outpatient services. The tables and graphs below provide demographic information on all consumers receiving services.

Age

Approximately 58% of the consumers 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 consumers served.

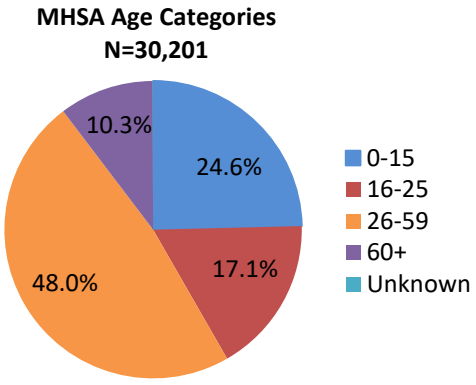
Table 1

MHSA Age Categories	N	%
0-15	7433	24.6%
16-25	5163	17.1%
26-59	14484	48.0%
60+	3104	10.3%
Unknown	17	0.1%
Total Served	**30201**	100.0%

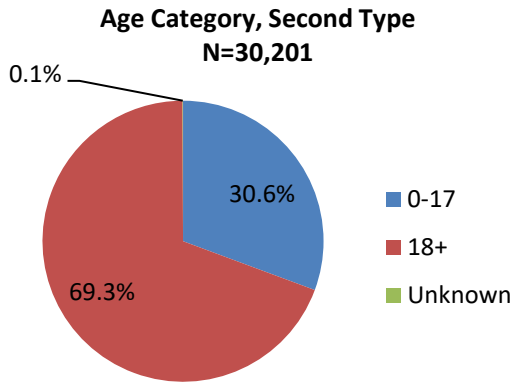
Table 2

Child/Adult	N	%
0-17	9256	30.6%
18+	20928	69.3%
Unknown	17	0.1%
Total Served	**30201**	100.0%

Graph 1



Graph 2



Diagnosis

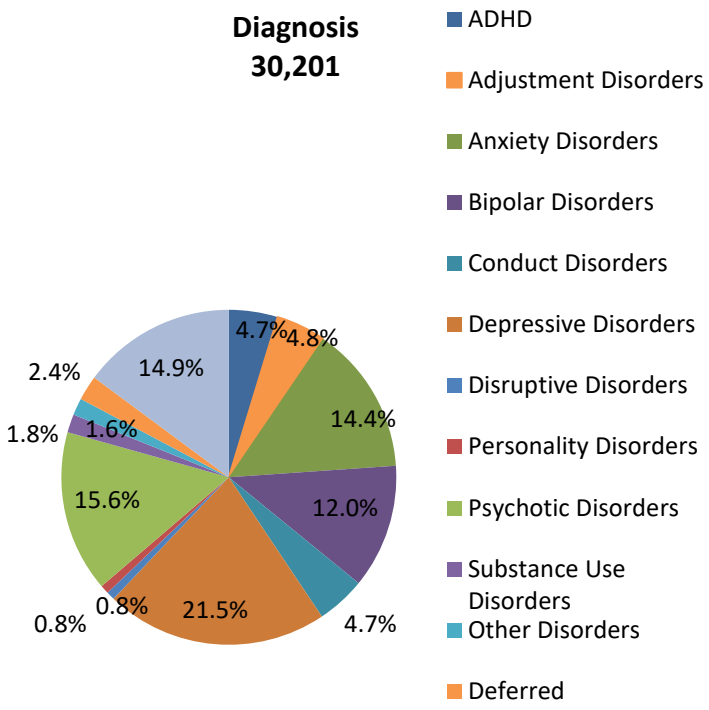
Depressive Disorders (21.0%), Psychotic Disorders (15.0%) and Anxiety Disorders (14.4%) make up the majority of diagnoses for consumers served in the MHP.

Table 3

Diagnosis Categories	N	%
ADHD	1425	4.7%
Adjustment Disorders	1445	4.8%
Anxiety Disorders	4349	14.4%
Bipolar Disorders	3620	12.0%
Conduct Disorders	1430	4.7%
Depressive Disorders	6482	21.5%
Disruptive Disorders	245	0.8%
Personality Disorders	252	0.8%
Psychotic Disorders	4713	15.6%
Substance Use Disorders	535	1.8%
Other Disorders	493	1.6%
Deferred	726	2.4%
Unknown/Not Reported	4486	14.9%
Total	**30201**	100.0%

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

Graph 3



Gender

There were slightly more females served in FY18/19 (50.6%) than males (49.2%). Females between the ages of 26 and 59 made up the largest percent of consumers served in the MHP (25.3%), followed by males between the ages of 26 and 59 (22.0%) and males between the ages of 0 and 15 (15.0%).

Graph 4

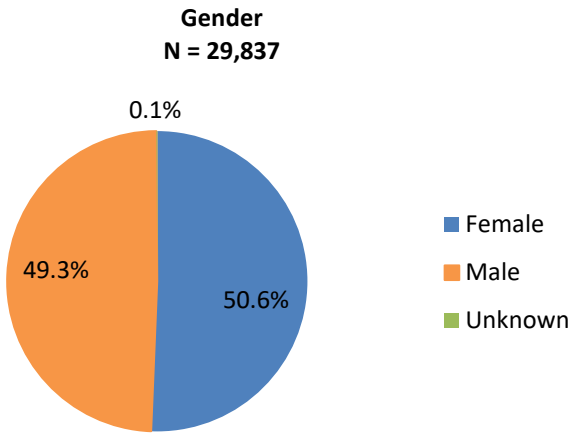


Table 4

Gender	N	%	Unknown		0-15		16-25		26-59		60+	
			N	%	N	%	N	%	N	%	N	%
Female	15710	52.0%	10	0.0%	3222	10.7%	2716	9.0%	7878	26.1%	1884	6.2%
Male	14472	47.9%	7	0.0%	4208	13.9%	2447	8.1%	6595	21.8%	1215	4.0%
Unknown	19	0.1%	0	0.0%	3	0.0%	0	0.0%	11	0.0%	5	0.0%
Total	**30201**	100.0%	**17**	0.1%	**7433**	24.6%	**5163**	17.1%	**14484**	48.0%	**3104**	10.3%

Gender Identity

The majority of the data collected on gender identity was reported as Unknown/Not Reported (56.9%). One hundred seventeen (0.4%) consumers identified as Intersex, transgender or other. This data is self-report and consumers choose whether to respond or decline to state.

Graph 5

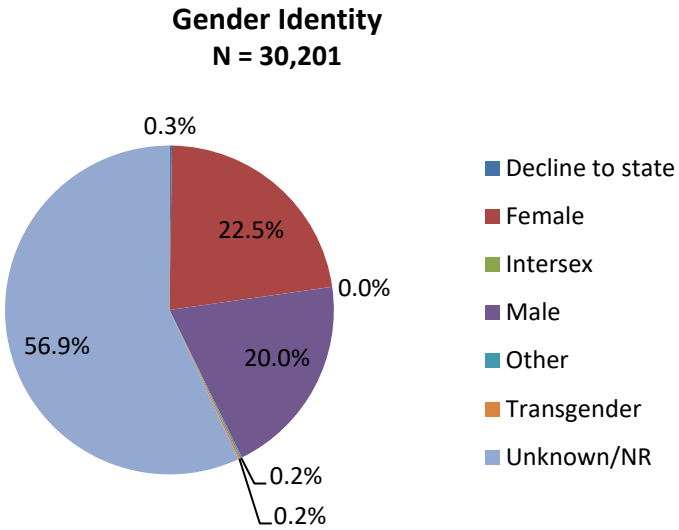


Table 5

Gender Identity	N	%	Unknown		0-15		16-25		26-59		60+	
			N	%	N	%	N	%	N	%	N	%
Decline to state	76	0.3%	0	0.0%	45	0.1%	13	0.0%	15	0.0%	3	0.0%
Female	6793	22.5%	5	0.0%	1060	3.5%	1074	3.6%	3876	12.8%	778	2.6%
Intersex	3	0.0%	0	0.0%	1	0.0%	1	0.0%	1	0.0%	0	0.0%
Male	6034	20.0%	2	0.0%	1465	4.9%	903	3.0%	3138	10.4%	526	1.7%
Other	50	0.2%	0	0.0%	6	0.0%	26	0.1%	16	0.1%	2	0.0%
Transgender	64	0.2%	0	0.0%	10	0.0%	30	0.1%	22	0.1%	2	0.0%
Unknown/NR	17181	56.9%	10	0.0%	4846	16.0%	3116	10.3%	7416	24.6%	1793	5.9%
Total	**30201**	100.0%	**17**	0.1%	**7433**	24.6%	**5163**	17.1%	**14484**	48.0%	**3104**	10.3%

Graph 6

Sexual Orientation
The majority of the data collected on sexual orientation was reported as Unknown/Not Reported (63.9%). This data is self-report and consumers choose whether to respond or decline to state.

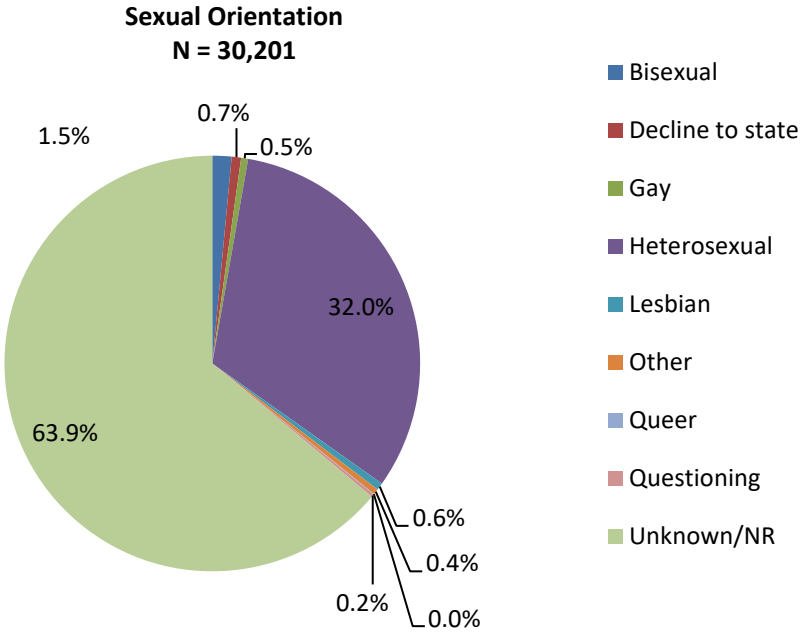


Table 6

Sexual Orientation	N	%	Unknown		0-15		16-25		26-59		60+	
			N	%	N	%	N	%	N	%	N	%
Bisexual	451	1.5%	0	0.0%	45	0.1%	157	0.5%	238	0.8%	11	0.0%
Decline to state	220	0.7%	0	0.0%	69	0.2%	40	0.1%	97	0.3%	14	0.0%
Gay	165	0.5%	0	0.0%	9	0.0%	41	0.1%	95	0.3%	20	0.1%
Heterosexual	9675	32.0%	6	0.0%	963	3.2%	1387	4.6%	6159	20.4%	1160	3.8%
Lesbian	170	0.6%	0	0.0%	13	0.0%	46	0.2%	104	0.3%	7	0.0%
Other	132	0.4%	0	0.0%	22	0.1%	59	0.2%	44	0.1%	7	0.0%
Queer	12	0.0%	0	0.0%	0	0.0%	6	0.0%	6	0.0%	0	0.0%
Questioning	72	0.2%	0	0.0%	17	0.1%	30	0.1%	22	0.1%	3	0.0%
Unknown/NR	19304	63.9%	11	0.0%	6295	20.8%	3397	11.2%	7719	25.6%	1882	6.2%
Total	**30201**	100.0%	**17**	0.1%	**7433**	24.6%	**5163**	17.1%	**14484**	48.0%	**3104**	10.3%

Graph 7

Ethnicity
Just under 20% 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 (7.7%)

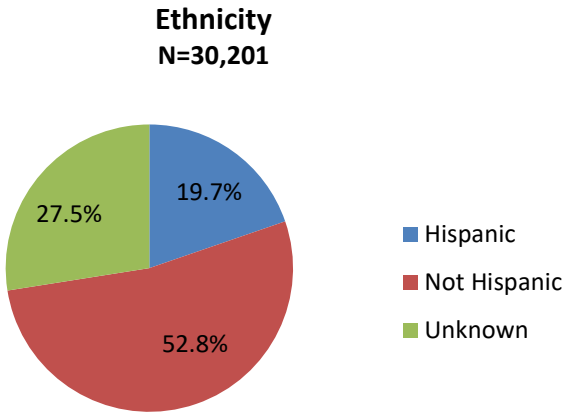


Table 7

Ethnicity	N	%	Unknown		0-15		16-25		26-59		60+	
			N	%	N	%	N	%	N	%	N	%
Hispanic	5956	19.7%	2	0.0%	2329	7.7%	1373	4.5%	1993	6.6%	259	0.9%
Not Hispanic	15941	52.8%	3	0.0%	2948	9.8%	2422	8.0%	8535	28.3%	2033	6.7%
Unknown/NR	8304	27.5%	12	0.0%	2156	7.1%	1368	4.5%	3956	13.1%	812	2.7%
Total	**30201**	100.0%	**17**	0.1%	**7433**	24.6%	**5163**	17.1%	**14484**	48.0%	**3104**	10.3%

Graph 8

Race

The MHP serves a diverse consumer population with less than 35% of consumers reporting their race as Caucasian. The 2nd largest race represented in the MHP population is African American (21.4%).

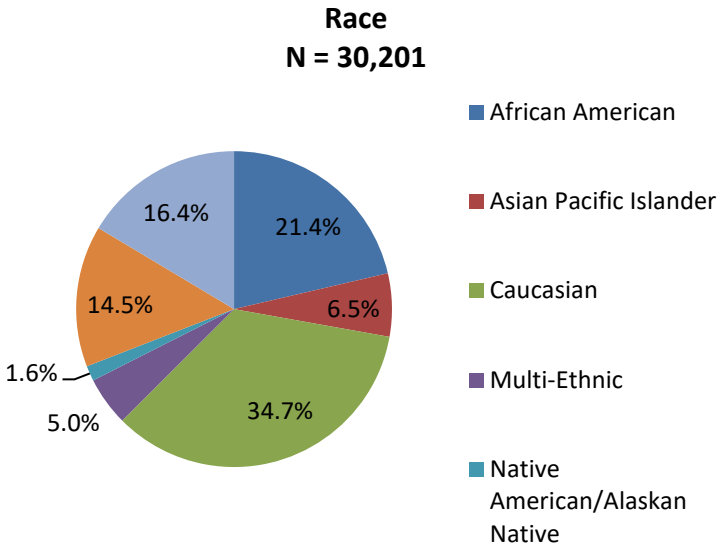


Table 8

Race Categories	N	%	Unknown		0-15		16-25		26-59		60+	
			N	%	N	%	N	%	N	%	N	%
African American	6449	21.4%	0	0.0%	1618	5.4%	1234	4.1%	3076	10.2%	521	1.7%
Asian Pacific Islander	1951	6.5%	0	0.0%	254	0.8%	274	0.9%	1093	3.6%	330	1.1%
Caucasian	10485	34.7%	6	0.0%	1786	5.9%	1482	4.9%	5792	19.2%	1419	4.7%
Multi-Ethnic	1514	5.0%	0	0.0%	717	2.4%	369	1.2%	392	1.3%	36	0.1%
AI/AN	470	1.6%	0	0.0%	84	0.3%	65	0.2%	272	0.9%	49	0.2%
Other	4372	14.5%	1	0.0%	1648	5.5%	932	3.1%	1507	5.0%	284	0.9%
Unknown/NR	4960	16.4%	10	0.0%	1326	4.4%	807	2.7%	2352	7.8%	465	1.5%
Total	**30201**	100.0%	**17**	0.1%	**7433**	24.6%	**5163**	17.1%	**14484**	48.0%	**3104**	10.3%

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

Graph 9

Language

Just under 10% 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.

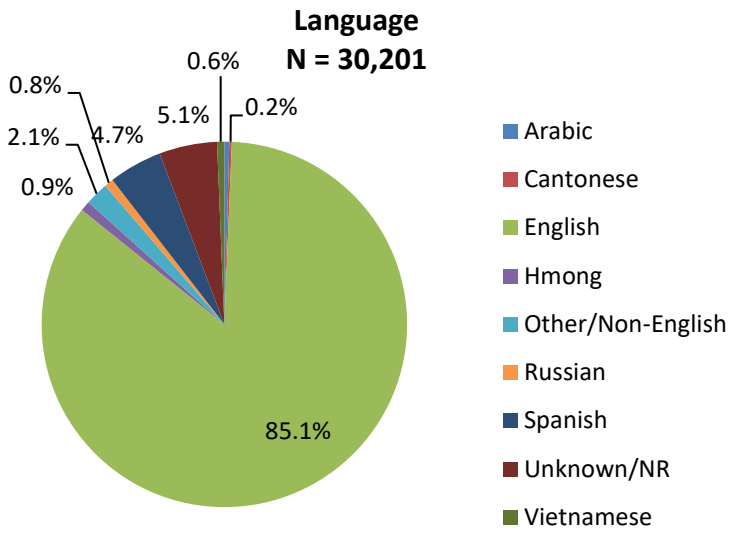


Table 9

Language Categories	N	%	Unknown		0-15		16-25		26-59		60+	
			N	%	N	%	N	%	N	%	N	%
Arabic	131	0.4%	0	0.0%	12	0.0%	11	0.0%	90	0.3%	18	0.1%
Cantonese	66	0.2%	0	0.0%	8	0.0%	7	0.0%	33	0.1%	18	0.1%
English	25706	85.1%	10	0.0%	6374	21.1%	4533	15.0%	12353	40.9%	2436	8.1%
Hmong	267	0.9%	0	0.0%	6	0.0%	17	0.1%	192	0.6%	52	0.2%
Other/Non-English	620	2.1%	0	0.0%	52	0.2%	36	0.1%	353	1.2%	179	0.6%
Russian	241	0.8%	0	0.0%	8	0.0%	11	0.0%	147	0.5%	75	0.2%
Spanish	1430	4.7%	1	0.0%	794	2.6%	301	1.0%	266	0.9%	68	0.2%
Unknown/NR	1546	5.1%	6	0.0%	167	0.6%	235	0.8%	954	3.2%	184	0.6%
Vietnamese	194	0.6%	0	0.0%	12	0.0%	12	0.0%	96	0.3%	74	0.2%
Total	**30201**	100.0%	**17**	0.1%	**7433**	24.6%	**5163**	17.1%	**14484**	48.0%	**3104**	10.3%

RETENTION

To be consistent with the California External Quality Review Organization (EQRO), Sacramento County looked at total number of services per consumer 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 consumers received in FY 18/19. For the purposes of this report "retained" is defined as receiving 5 or more specialty mental health (SMH) services in the fiscal year.

- The majority of consumers (65.6%) received more than 5 services during the fiscal year, with over 31% of the consumers 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 77.0%, while Asian/Pacific Islanders have the lowest retention (67.7%).
- For Adults, Asian/Pacific Islanders have the highest retention rate at just under 73% (72.8%), while those with an unknown race have the lowest retention at 37.2%.
- Females and males are retained at virtually the same rate (65.5%, 65.8%, respectively)

Table 10

Sacramento County Mental Health Plan Retention - FY 18/19														
FY 18/19		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	359	40	11.1	30	8.4	25	7.0	21	5.8	128	35.7	115	32.0
	Black	2,118	269	12.7	186	8.8	112	5.3	81	3.8	643	30.4	827	39.0
	Hispanic	3,297	324	9.8	182	5.5	191	5.8	131	4.0	1,185	35.9	1,284	38.9
	Nat-Amer	81	10	12.3	3	3.7	5	6.2	1	1.2	30	37.0	32	39.5
	White	2,137	184	8.6	133	6.2	93	4.4	82	3.8	622	29.1	1,023	47.9
	Other	788	80	10.2	49	6.2	41	5.2	29	3.7	290	36.8	299	37.9
	Unk/NR	1,120	139	12.4	84	7.5	66	5.9	59	5.3	432	38.6	340	30.4
Race (≥18)	API	1,459	151	10.3	105	7.2	66	4.5	75	5.1	607	41.6	455	31.2
	Black	3,575	616	17.2	328	9.2	198	5.5	179	5.0	1,234	34.5	1,020	28.5
	Hispanic	2,551	431	16.9	240	9.4	181	7.1	120	4.7	876	34.3	703	27.6
	Nat-Amer	196	34	17.3	18	9.2	9	4.6	5	2.6	74	37.8	56	28.6
	White	6,662	1,196	18.0	593	8.9	362	5.4	281	4.2	2,383	35.8	1,847	27.7
	Other	898	172	19.2	84	9.4	48	5.3	50	5.6	329	36.6	215	23.9
	Unk/NR	1,705	567	33.3	249	14.6	128	7.5	127	7.4	467	27.4	167	9.8
Age	0-17.9	9,900	1,046	10.6	667	6.7	533	5.4	404	4.1	3,330	33.6	3,920	39.6
	≥ 18	17,046	3,167	18.6	1,617	9.5	992	5.8	837	4.9	5,970	35.0	4,463	26.2
Sex	Male	12,964	2,090	16.1	1,105	8.5	696	5.4	548	4.2	4,230	32.6	4,295	33.1
	Female	13,982	2,127	15.2	1,178	8.4	828	5.9	691	4.9	5,070	36.3	4,088	29.2
	Unk/NR	6	2	33.3	1	16.7	1	16.7	2	33.3	0	0.0	0	0.0
Language	English	23429	3,776	16.1	1,980	8.5	1,289	5.5	1,047	4.5	7,852	33.5	7,485	31.9
	Spanish	1401	139	9.9	97	6.9	90	6.4	55	3.9	572	40.8	448	32.0
	Russian	232	9	3.9	7	3.0	13	5.6	9	3.9	124	53.4	70	30.2
	Hmong	266	13	4.9	16	6.0	17	6.4	25	9.4	118	44.4	77	28.9
	Vietnamese	190	8	4.2	12	6.3	9	4.7	14	7.4	89	46.8	58	30.5
	Cantonese	68	3	4.4	5	7.4	1	1.5	3	4.4	22	32.4	34	50.0
	Arabic	132	15	11.4	15	11.4	5	3.8	8	6.1	73	55.3	16	12.1
	Other	579	47	8.1	41	7.1	42	7.3	34	5.9	286	49.4	129	22.3
	Unk/NR	655	209	31.9	111	16.9	59	9.0	46	7.0	164	25.0	66	10.1
TOTAL		**26,952**	**4,219**	**15.7**	**2,284**	**8.5**	**1,525**	**5.7**	**1,241**	**4.6**	**9,300**	**34.5**	**8,383**	**31.1**

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

CONSUMER COSTS

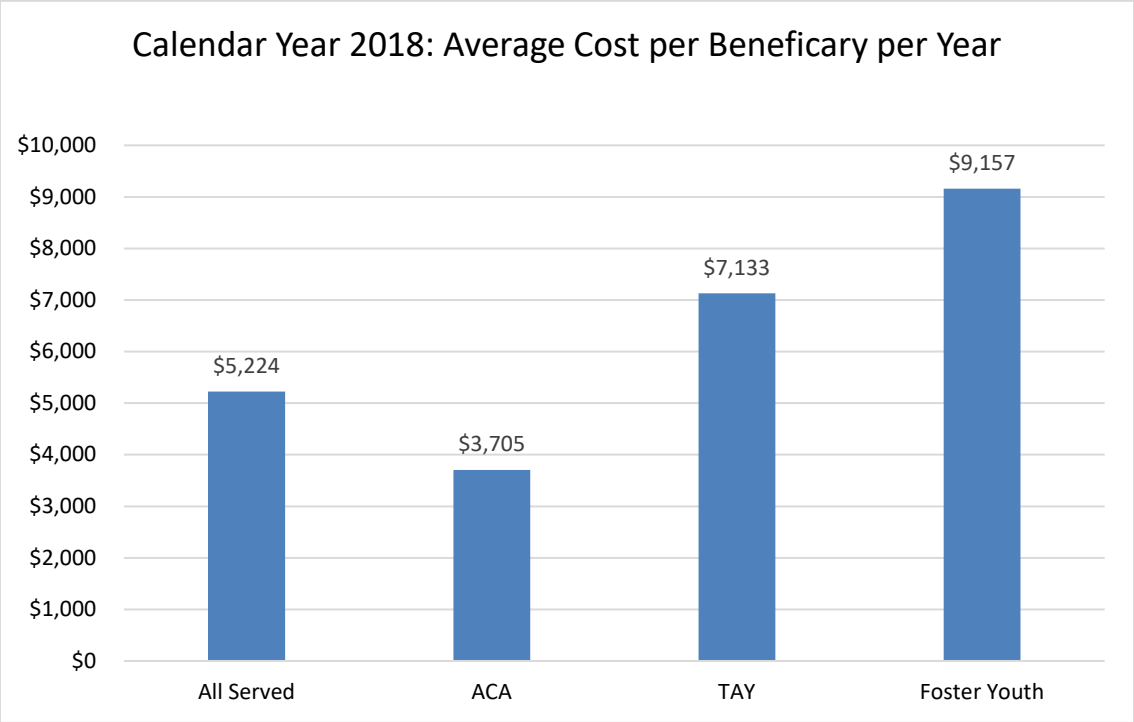
The approved claims data (number of beneficiaries and cost per beneficiary) presented in Table 11 and Graphs 10 -14 are based on Sacramento County data provided by the External Quality Review Organization (EQRO) for Calendar Year 2018. The data are based on approved Medi-Cal claims and do not reflect all consumers served in the MHP. Almost 20% (19.8%, 4,709) of consumers with approved claims are Medi-Cal eligible beneficiaries under the Affordable Care Act (ACA).

Table 11

Calendar Year 2018: Number of Beneficiaries Served per Year*				
	All**	Affordable Care Act (ACA)	Foster Care (FC)	Transitional Age Youth (TAY)
TOTAL	23,775	4,709	1,174	3,705
AGE GROUP				
0-5	945		148	(16-17) 1,462
6-17	8,266		1,026	(18-21) 1,305
18-59	12,569	4,490		(22-25) 938
60 +	1,995	218		
Female	12,414	2,338	568	2,010
Male	11,361	2,371	606	1,695
RACE/ETHNICITY				
White	7,887	1,840	307	1,028
Hispanic	4,230	552	118	739
African-American	4,577	840	340	763
Asian/Pacific Islander	1,363	324	29	197
Native American	247	57	19	40
Other	5,471	1,096	0	938
* Based on approved claims **Inclusive of ACA, FC, & TAY				

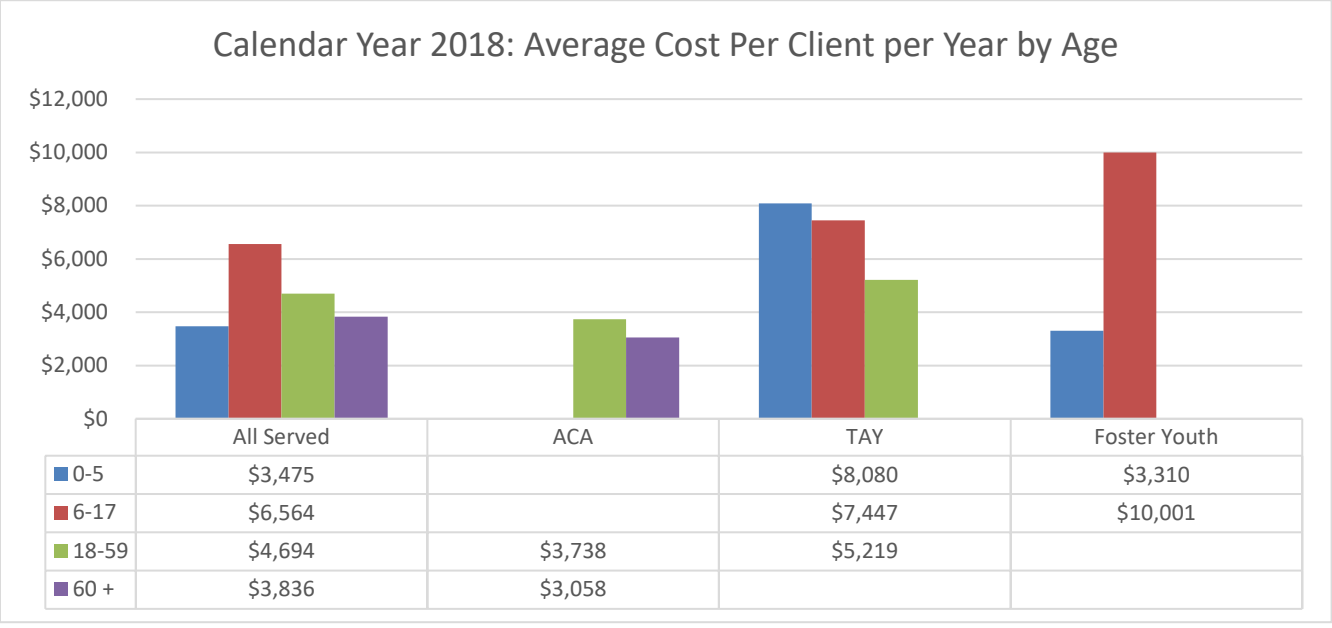
The overall average cost per beneficiary in the MHP is $5,224. However, TAY and Foster Youth have a significantly higher cost per beneficiary per year with an average cost of $7,133 and $9,157 respectively.

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 $3,310 for foster youth in this category and slightly higher for all children in this age category at $3,475. The highest average cost is seen in the foster youth age 6+ category at an average cost of $10,001 followed by the TAY category at an average cost of $8,080.

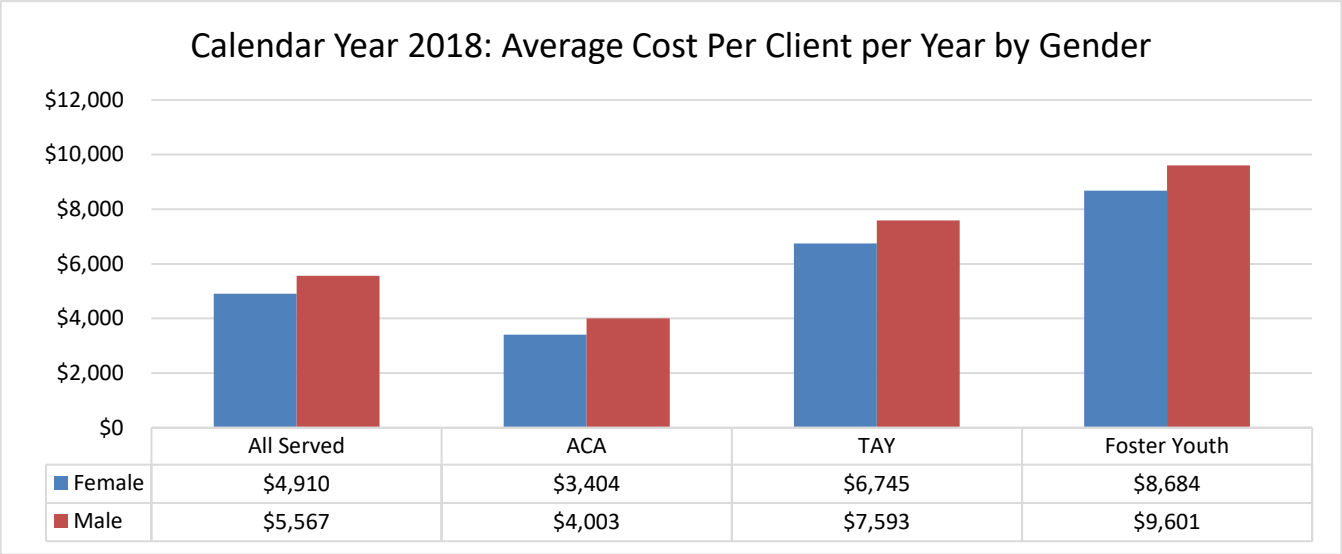
Graph 11



	All Served	ACA	TAY	Foster Youth
0-5	$3,475		$8,080	$3,310
6-17	$6,564		$7,447	$10,001
18-59	$4,694	$3,738	$5,219	
60 +	$3,836	$3,058		

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 $9,601.

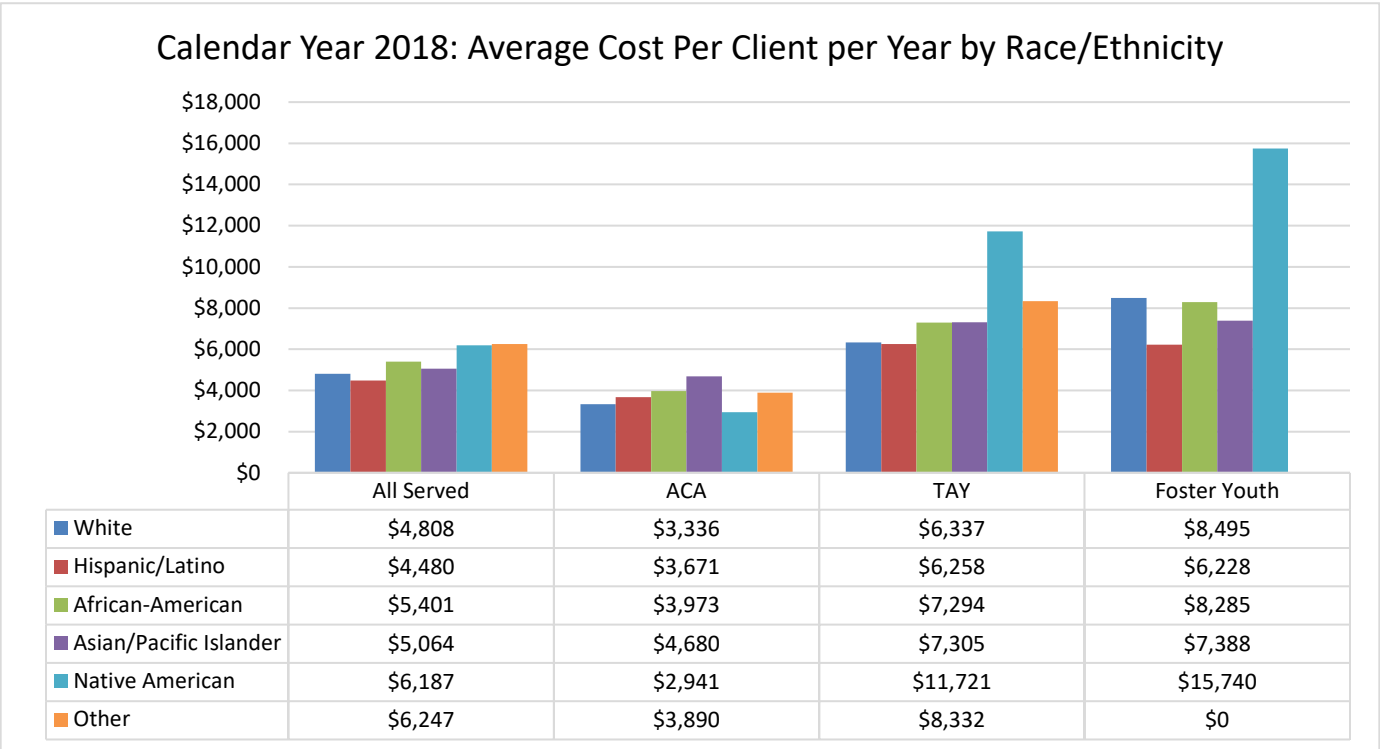
Graph 12



	All Served	ACA	TAY	Foster Youth
Female	$4,910	$3,404	$6,745	$8,684
Male	$5,567	$4,003	$7,593	$9,601

The average cost per beneficiary per year by race/ethnicity is shown in Graph 13. With the exception of the "Other" race category, Native Americans have the highest cost per beneficiary across all race/ethnic categories. Beneficiaries in the Native American, foster youth category represent the highest cost per beneficiary ($15,740), followed by Native American, TAY ($11,721). Beneficiaries in the Native American, ACA group had the lowest average cost per beneficiary per year ($2,941).

Graph 13



	All Served	ACA	TAY	Foster Youth
White	$4,808	$3,336	$6,337	$8,495
Hispanic/Latino	$4,480	$3,671	$6,258	$6,228
African-American	$5,401	$3,973	$7,294	$8,285
Asian/Pacific Islander	$5,064	$4,680	$7,305	$7,388
Native American	$6,187	$2,941	$11,721	$15,740
Other	$6,247	$3,890	$8,332	$0

Access Objective 1.2

1.2 Penetration (CC)			
Planned Activities: • Track and trend penetration rates by age, gender, race, ethnicity, and language (when data is available) • Evaluate methodology for calculating penetration to include impact of ACA.			
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%**

PENETRATION

Penetration rates decreased slightly, from 5.0% in Calendar Year (CY) 2017 to 4.8% in CY 2018 representing an overall decrease of 4.0%. The Medi-Cal beneficiary population decreased 3.0% from CY 2017 to CY 2018, while Medi-Cal consumers in the MHP decreased by 6.6%. The penetration rate herein only represents clients 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 2017					Calendar Year 2018					
		A		B		B/A	A		B		B/A	
		Medi-Cal Eligible Beneficiaries		Medi-Cal Clients (Undup)		Medi-Cal Penetration Rates	Medi-Cal Eligible Beneficiaries		Medi-Cal Clients (Undup)		Medi-Cal Penetration Rates	Percent Change between CY 2017 and CY 2018
		N	%	N	%	%	N	%	N	%	%	%
Age Group	0 to 5	69,886	12.5%	1,203	4.3%	1.7%	67,166	12.4%	994	3.8%	1.5%	-11.8%
	6 to 17	133,236	23.8%	9,737	34.7%	7.3%	129,650	23.9%	8,805	33.6%	6.8%	-6.8%
	18 to 59	288,999	51.7%	15,070	53.7%	5.2%	277,033	51.0%	14,261	54.4%	5.1%	-1.9%
	60+	67,305	12.0%	2,075	7.4%	3.1%	68,920	12.7%	2,176	8.3%	3.2%	3.2%
	Total	559,426	100.0%	28,085	100.0%	5.0%	542,769	100.0%	26,236	100.0%	4.8%	-4.0%
		N	%	N	%	%	N	%	N	%	%	
Gender	Female	296,052	52.9%	14,523	51.7%	4.9%	287,591	53.0%	13,577	51.7%	4.7%	-4.1%
	Male	263,373	47.1%	13,553	48.3%	5.1%	255,178	47.0%	12,655	48.2%	5.0%	-1.9%
	Unknown	----		9	0.0%	N/A	----		4	0.0%	N/A	N/A
	Total	559,425	100.0%	28,085	100.0%	5.0%	542,769	100.0%	26,236	100.0%	4.8%	-4.0%
		N	%	N	%	%	N	%	N	%	%	
Race	White	140,900	25.2%	8,927	31.8%	6.3%	130,017	24.0%	8,696	33.1%	6.7%	6.3%
	African American	85,432	15.3%	6,174	22.0%	7.2%	81,353	15.0%	5,650	21.5%	6.9%	-4.2%
	American Indian/Alaskan Native	3,927	0.7%	286	1.0%	7.3%	3,617	0.7%	278	1.1%	7.7%	5.5%
	Asian/Pacific Islander	78,944	14.1%	1,788	6.4%	2.3%	75,110	13.8%	1,759	6.7%	2.3%	0.0%
	Other	121,538	21.7%	5,036	17.9%	4.1%	128,959	23.8%	4,134	15.8%	3.2%	-22.0%
	Hispanic	128,686	23.0%	5,874	20.9%	4.6%	123,714	22.8%	5,719	21.8%	4.6%	0.0%
	Total	559,427	100.0%	28,085	100.0%	5.0%	542,770	100.0%	26,236	100.0%	4.8%	-4.0%

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 2018 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	143,764	4,709	3.28%		3.81%		4.01%
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	131,960	4,490	3.40%		4.01%		4.21%
60 +	11,804	218	1.85%		2.03%		2.19%
GENDER							
Female	68,852	2,338	3.40%		3.50%		3.73%
Male	74,913	2,371	3.17%		4.12%		4.27%
RACE/ETHNICITY							
White	40,198	1,840	4.58%		5.88%		5.80%
Hispanic	26,623	552	2.07%		2.69%		2.95%
African-American	19,020	840	4.42%		5.77%		6.83%
Asian/Pacific Islander	23,650	324	1.37%		1.60%		1.71%
Native American	1,091	57	5.22%		7.10%		6.24%
Other	33,184	1,096	3.30%		4.65%		4.71%

*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 consumers 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.

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).			
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 18-19.

Table 14

Organizational Providers	FY 2018/2019
Legal Entities	48
Physical Sites	89
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 2017/2018
North	5
South	16
East	45
West	3
Out of County	22
Total	89

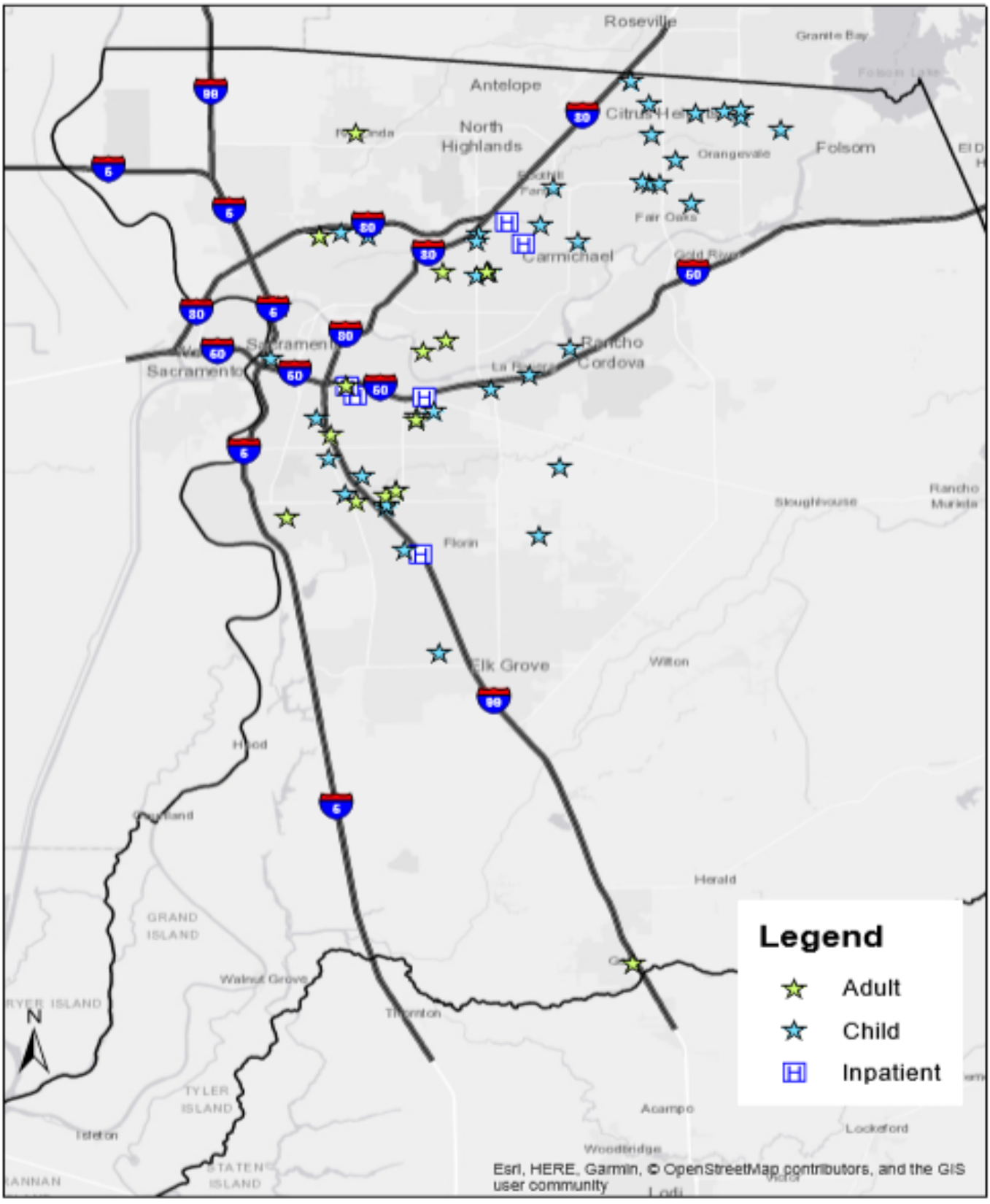
The Provider Location FY18-19 map that follows shows the distribution of the MHP Adult, Child and Inpatient providers. Additional provider information can be found on the MHP website at:

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

PROVIDER LOCATION FY 18/19

Behavioral Health Service Providers

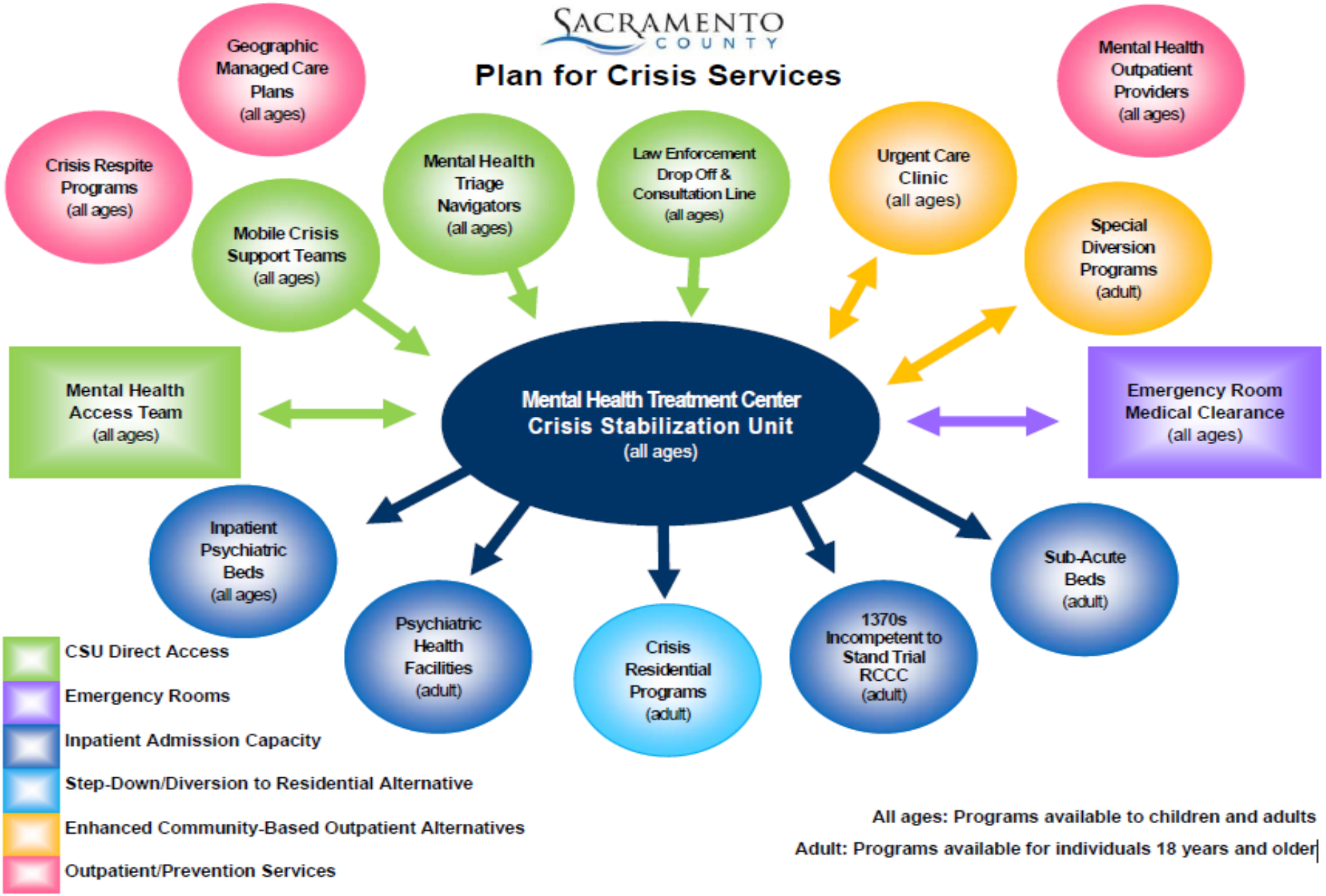
Fiscal Year 2018-19



Access Objective 1.4

1.4 Crisis Service Continuum			
Planned Activities: • 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 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)** • Explore Innovation funding to assist with urgent services. • Explore feasibility of opening new Psychiatric Health Facility.			
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 FY18-19 the MHP completed the following activities that support the rebalancing of the mental health crisis service system:

Continue work to implement SB82, crisis residential grants

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. Since opening in August this program has served 157 unduplicated clients for a total of 170 admissions. This program increased the number of crisis residential beds in Sacramento County from 12 beds to 27 beds.

Crisis Residential Programs South Sacramento & Rancho Cordova (30 beds) – On April 26, 2016 the MHP received Board of Supervisor approval to contract with TPCP for an additional 30 crisis residential beds. The CRP in South Sacramento opened in October 2018. The CRP in Rancho Cordova is scheduled to open in the Fall of 2020. Once these two programs are operational, these programs will increase residential bed capacity in Sacramento County from 27 beds to 57 beds.

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. FY 17/18 was spent engaging the community and securing a site. Central Star was successful in securing a site in the north area of Sacramento. This site has been under construction since 2018, Central Star experienced several delays due to regulatory requirements and permitting. This CRP is scheduled to open in the Fall of 2020. This program will increase crisis residential bed capacity in Sacramento County from 57 to 72 beds

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 - The Law Enforcement (LE) Consultation Line is answered by Mental Health Treatment Center (MHTC) Intensive Service Unit (ISU) staff. 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 clients 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. Clients 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 consumers both on 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 clients 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 FY18-19 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 18/19								
Characteristic	MCST (N=1730)		Triage Navigators (N=2639)		CST (N=705)		Total (N=5074)	
Age								
0-15	129	7.5%	126	4.8%	13	1.8%	268	5.3%
16-25	307	17.7%	448	17.0%	88	12.5%	843	16.7%
26-59	993	57.4%	1714	64.9%	430	61.0%	3,137	61.8%
60+	292	16.9%	341	12.9%	174	24.7%	807	15.9%
Unknown/Not Reported	9	0.5%	10	0.4%	0	0.0%	19	0.4%
Sexual Orientation								
Heterosexual	28	1.6%	70	2.7%	19	2.7%	117	2.3%
Gay or Lesbian	1	0.1%	1	0.0%	1	0.1%	3	0.1%
Bisexual	1	0.1%	3	0.1%	0	0.0%	4	0.1%
Questioning	0	0.0%	2	0.1%	1	0.1%	3	0.1%
Decline to state	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Not Reported	1700	98.3%	2563	97.1%	684	97.0%	4,947	97.5%

Mobile Services Demographics								
All Clients Served FY 18/19								
Race								
White	806	46.6%	1046	39.6%	216	30.6%	2068	40.8%
Black/African-American	374	21.6%	535	20.3%	146	20.7%	1055	20.8%
Asian/Pacific Islander	107	6.2%	121	4.6%	37	5.2%	265	5.2%
Multi-Ethnic	48	2.8%	76	2.9%	24	3.4%	148	2.9%
American Indian	20	1.2%	30	1.1%	9	1.3%	59	1.2%
Other Race	145	8.4%	229	8.7%	51	7.2%	425	8.4%
Unknown/Not Reported	230	13.3%	602	22.8%	222	31.5%	1054	20.8%
Ethnicity								
Hispanic	187	10.8%	292	11.1%	78	11.1%	557	11.0%
Not Hispanic	1107	64.0%	1510	57.2%	385	54.6%	3002	59.2%
Unknown	436	25.2%	837	31.7%	242	34.3%	1515	29.9%
Primary Language								
English	1588	91.8%	2292	86.9%	566	80.3%	4446	87.6%
Spanish	26	1.5%	25	0.9%	11	1.6%	62	1.2%
Other Non-English	47	2.7%	38	1.4%	34	4.8%	119	2.3%
Unknown / Not Reported	69	4.0%	284	10.8%	94	13.3%	447	8.8%

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 November 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 18/19 the clinic served a total of 3,622 unduplicated individuals for a total 4,753 admissions. See Tables 17 and 18 for demographic breakdown of individuals served.

Table 17

Mental Health Urgent Care Clinic		
All Clients Served - FY 18/19		
Characteristic	N=3622	**%**
Age		
0-15	246	6.8%
16-25	744	20.5%
26-59	2429	67.1%
60+	202	5.6%
Unknown	1	0.0%

Table 18

Mental Health Urgent Care Clinic		
All Clients Served - FY 18/19		
Gender		
Male	1703	47.0%
Female	1918	53.0%
Unknown/Not Reported	1	0.0%
Sexual Orientation		
Heterosexual	183	5.1%
Gay or Lesbian	10	0.3%
Bisexual	12	0.3%
Questioning	4	0.1%
Decline to state	138	3.8%
Other	0	0.0%
Unknown	3275	90.4%
Race		
White	1542	42.6%
Black/African-American	700	19.3%
Asian/Pacific Islander	222	6.1%
Multi-Ethnic	215	5.9%
American Indian	69	1.9%
Other Race	384	10.6%
Unknown/Not Reported	490	13.5%
Ethnicity		
Hispanic	641	17.7%
Not Hispanic	1962	54.2%
Unknown	1019	28.1%
Primary Language		
English	3283	90.6%
Spanish	75	2.1%
Other Non-English	96	2.7%
Unknown / Not Reported	168	4.6%

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 Consumnes 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 18/19 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 17-18:

- 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.

Access Objective 1.5

1.5 Monitoring Service Capacity			
Planned Activities: • Monitor Utilization Management compliance with State wide standards for approving or denying Out of County Inpatient Admissions within 14 calendar days of the receipt of final TAR.			
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.	90 % 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 90% of the time. This number is higher than FY 17/18 due to implementing a database to track receipt dates allowing the MHP to create an accurate picture of 14-day approval rates.

Access Objective 1.6

1.6 24/7 Access Line with Appropriate Language Access			
Planned Activities: • 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			
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%
1.6b Standard: The 24/7 line will provide information to beneficiaries	***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%

about how to access specialty mental health services			FY18-19: 92%
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%
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%
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%

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 FY18/19, the MHP updated the benchmark for each Standard to 100% to be in line with DHCS expectations and Annual Protocol requirements. While benchmarks 1.6b, 1.6d, and 1.6e saw improvements from FY 17/18they still fall short of meeting the benchmark of 100% compliance.

Graph 14

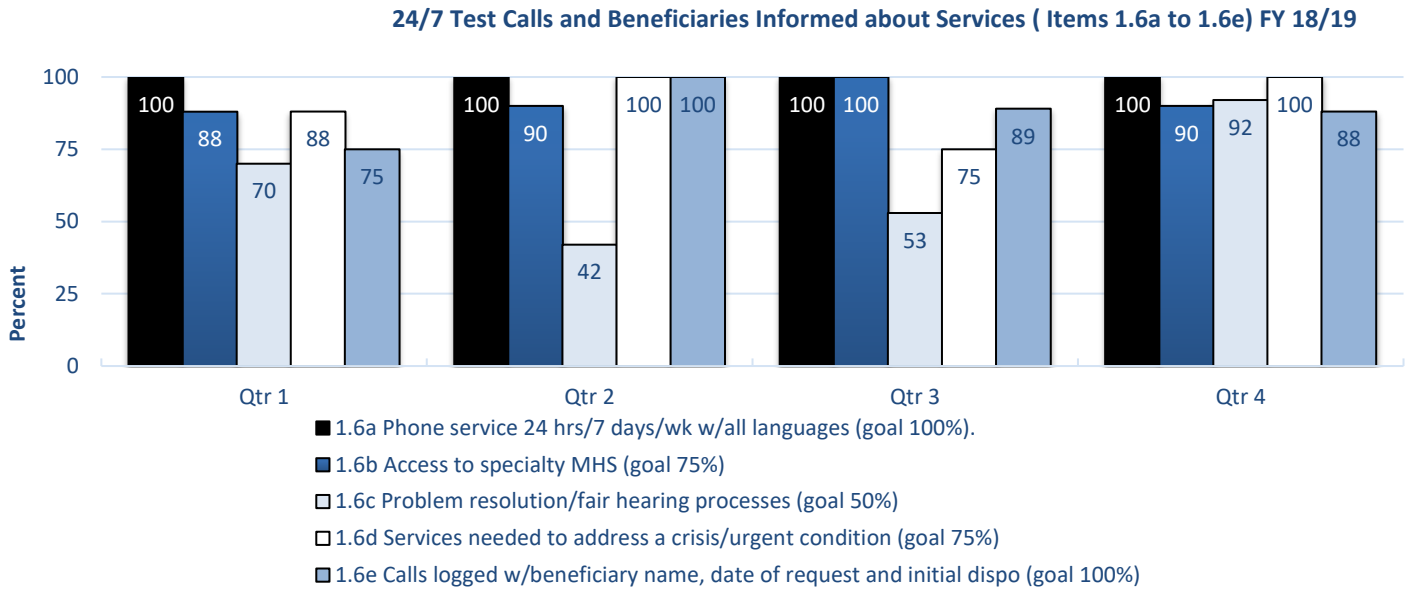


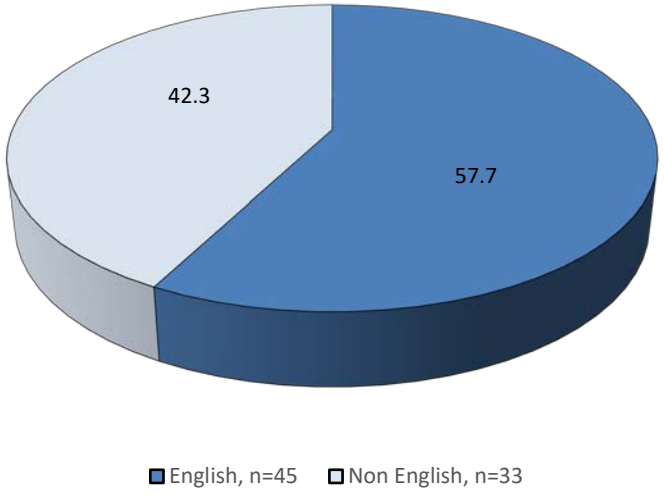
Table 19
Call Distribution Descriptors FY 18/19

Call Timeframe	#	%
Business Hours	46	59
After Hours	32	41
Total Calls	78	100.0
Call Service Type	**#**	**%**
Problem Resolution	27	34.6
Specialty Services	28	35.9
Urgent Condition	22	28.2
Unknown	1	1.2
Total Calls	78	100.0
Call Language	**#**	**%**
Non-English (Cantonese, Hmong, Mien, Punjabi, Russian, Spanish, Vietnamese, Cambodian, Dari, Hindi, Lao, and Pashto)	33	42.3
English	45	57.7

Discussion of Planned Activities

As part of the efforts to test the accessibility to services and responsiveness of the system, Quality Management and Cultural Competence staff conducted test calls to all established Access entry points to the system. The MHP made 48 calls during business hours to the Access Team and 33 after hour calls to the Mental Health Treatment Center Intensive Services Unit for a total of **78** test calls in FY 18/19. Forty-two percent (42.3%, n=33) of the calls were completed in multiple 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 is 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 Southeast Asian Assistance Center (SAAC) 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 services by race, ethnicity, language, sexual orientation and gender identity **(CC).** • Implement a Clinical Performance Improvement Project (PIP) to address timeliness. • Produce quarterly reports to monitor RST timeliness and adjust PIP strategies based on quarterly timeliness data. • Provide feedback to MHP providers of quarterly report findings at provider meetings. • Review data measurement and reporting methodologies to ensure accurate timeliness measurement.

• Meet quarterly with PIP committee to review data effectiveness of PIP interventions and adjust based on data analysis.			
Standard	**Benchmark**	**Goal**	**Status**
***2.1a Standard**:* The time between admit date to an Outpatient provider and the first face to face OP service offered and/or provided to consumers will be 14 calendar days or less.	***2.1a Benchmark:*** 50% of Adult and Children will meet the 14 day standard	***2.1a Goal:*** Increase in percent meeting standard annually until benchmark is met.	FY 18/19 Adult 19.5% Child 28.9%
***2.1b Standard**:* The time between admit date to an Outpatient provider and the first psychiatric service offered and/or provided to consumers will be 28 calendar days or less.	***2.1b Benchmark:*** 50% of Adult and Children will meet the 28 day standard	***2.1b Goal:*** Increase in percent meeting standard annually until benchmark is met.	FY 18/19 Adult 45.3% Child 26.9%
2.1c Standard: The time between the consumers first face to face OP service to their 2nd non-psychiatric OP face to face service offered and/or provided to consumers will be 30 calendar days or less.	***2.1c Benchmark:*** 90% of Adult and Children will meet the 30 day standard	***2.1c Goal:*** Increase in percent meeting standard annually until benchmark is met.	This item is no longer being measured for FY 18/19
***2.1d Standard**:* The time between acute hospital discharge to first OP psychiatric service offered and/or provided to consumers will be 30 calendar days	***2.1dBenchmark:*** 90% of Children and 80% of Adults will meet the 30 day standard.	***2.1d Goal:*** Increase the percent meeting standard annually until benchmark is met.	FY 18/19 Adult 55.4% Child 59.5%
***2.1e Standard**:* The time between acute hospital discharge to first face to face OP service offered and/or provided to consumers will be 7 calendar days	***2.1e Benchmark:*** 75% of Children and 60% of Adults will meet the 7 day standard	***2.1e Goal:*** Increase the percent meeting standard annually until benchmark is met.	FY 18/19 Adult 46.1% Child 58.6%
2.1f 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.	***2.1f Benchmark:*** 65% of children and youth will meet the 14 day standard.	***2.1f Goal:*** Track and monitor data until benchmark is met.	FY 18/19 Child 41.6%

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 consumers. During FY 18/19 the MHP had two Performance Improvement Projects (PIPs) that focused on access and timeliness to services. One PIP focused on the ability to offer appointments to consumers at the time of request for services, thereby reducing the time it takes for a consumer to get a scheduled appointment while this process was successful with Children's Programs it has not proved as successful with the Adult Programs as of the writing of this report. The other PIP used the creation of a Medication Bridge Program for adults who accessed services at the Mental Health Urgent Care Clinic and required linkage to the MHP for medication monitoring and OP services. Due to the nature of new programing, the success has been mixed. Lessons have been learned and modifications have occurred over the FY to improve client satisfaction with the process. Along with the PIPS, 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: • Update Avatar to capture reasons for missed appointments (no show, client cancel, staff cancel). • Develop a standard reporting mechanism to track no shows/cancellations and initiate system level interventions for improvement. • Track and trend "no show" data by race, ethnicity and language **(CC)**			
Standard	**Benchmark**	**Goal**	**Status**
2.2a Standard: Determine goal for engagement to initial appointment.	Percent of clients that engage in initial appointment/services - % of clients admitted to OP Provider and Discharge without having an OP Service (lower is better)	***2.2a Goal:*** To analyze 15/16 No Show and Cancelation data to establish a Benchmark with associated goals in FY 17/18 QI Plan	FY 18/19 Adult 9.8% Child 8.4%

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 complaint, grievance process with concomitant corrective plans.			
Standard	**Benchmark**	**Goal**	**Status**
3.1a Standard: The MHP will have a Problem Resolution process that provides tracking of all grievances and appeals and ensures that all grievances and appeals are logged and resolved in a timely manner.	***3.1a Benchmark:*** Grievances and appeals logged within 1 business day 95% of all grievances will be resolved within 90 days 95% of all appeals will be completed within 30 days 95% of all expedited appeals will be resolved in 72 hours.	***3.1a Goal:*** Percent of appeals logged and resolved in a timely manner will increase annually until benchmark has been met	Average of all benchmarks for FY 18/19 = 98%

The MHP has a system in place that provides all clients 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 to more easily monitor unresolved grievances and their progress towards completion and compliance with timeliness. This system has proven effective in meeting timeliness measures for grievances and appeals. The identified benchmarks have been met for fiscal year 2018-2019.

Grievance Summary:

During fiscal year 2018-2019, the MHP served approximately 28,267 Medi-Cal beneficiaries. This is a slight increase from 27,822 served in FY 17/18. The MHP Beneficiary Protection unit (Member Services) addressed 805 issues. This total represents 3% of the population served, or 3 out of every 100 beneficiaries. There were 5 appeals and zero State fair hearings.

The MHP chooses to capture and report on all Change of Provider requests within the grievance category, regardless of whether a beneficiary expresses a concern/dissatisfaction when requesting to change providers. This results in a higher number of grievances than what is reported to the California Department of Healthcare Services (DHCS) as part of the Annual Medi-Cal Beneficiary Grievance and Appeal Reporting Standards (ABGAR). DHCS only includes those Change of Provider requests that involve a grievance issue. Reportable issues on the ABGAR represent 443 of the 805 issues brought to the attention of Beneficiary Protection, or 55%. The remaining 362 issues, or 45%, include change of provider requests without grievances, issues not directly related to the MHP, or for beneficiaries not open to a MHP Provider at the time the grievance was filed.

The following table provides a comparison of the number of ABGAR grievances, appeals and State fair hearings for Fiscal Years 17-18 and 18-19, in accordance with DHCS reporting standards. According to the data, the number of grievances has increased from 238 to 438, or by 84%. The number of appeals increased from 1 to 5. There were no changes for State Fair hearings from fiscal years 17/18 and 18/19.

Table 20

Sacramento County Mental Health Plan						
Annual Problem Resolution Summary/Analysis Report						
Category	**Adults**		**Children**		**Total**	
	FY 17-18	**FY18-19**	**FY17-18**	**FY18-19**	**FY17-18**	**FY18-19**
Grievances	**198**	**375**	**40**	**65**	**238**	**438**
Standard Appeal	**1**	**4**	**0**	**1**	**1**	**5**
Expedited Appeal	**0**	**0**	**0**	**0**	**0**	**0**
Fair Hearings	**0**	**0**	**0**	**0**	**0**	**0**
Total	**199**	**379**	**40**	**66**	**239**	**443**

Grievance Issues

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. The Table 21 reflects the race/ethnicity of the beneficiaries that submitted grievances or other concerns during FY 18-19. The Beneficiary Protection database continues to identify the ethnicity of the beneficiary by types of grievances. As seen below, those identifying as White have the highest percentage of grievances (42.6%), followed by beneficiaries identifying their race/ethnicity as Black (27.3%). The third largest population are those identifying their race/ethnicity as Other (9.4%), and Spanish/Hispanic this year comes in fourth at (7.3%). All other racial/ethnic groups report grievances in lower percentages. This breakdown is similar within each type of grievance reported and are proportionate to the racial breakdown of beneficiaries served by the MHP; where beneficiaries reporting White, Black, Other and Spanish/Hispanic representing the largest racial groups served by the MHP.

Table 21

	FY 18/19 Grievances and Appeals by Type and Race/Ethnicity								
Ethnicity	**Access**	**Quality of Care**	**Change of Provider with Grievance**	**Change of provider without grievance**	**Other ABGAR Grievances**	**Other MHP Grievances**	**Appeals**	**Total**	
American Indian	0	1 (.12%)	0	7 (.87%)	1 (.12%)	2 (.25%)	0	**11**	**1.4%**
Asian Indian	0	1 (.12%)	0	1 (.12%)	0	1 (.12%)	0	**3**	**.37%**
Black	0	53 (6.6%)	55 (6.8%)	85 (10.5%)	10 (1.24%)	16 (2.0%)	1 (.12%)	**220**	**27.3%**
Cambodian	0	0	0	2 (.25%)	0	0	0	**2**	**.25%**
Chinese	0	3 (.37%)	0	0	0	0	0	**3**	**.37%**
Filipino	0	2 (.25%)	1 (.12%)	1 (.12%)	0	1	1 (.12%)	**6**	**.75%**
Hmong	0	1 (.12%)	1 (.12%)	3 (.37%)	0	0	0	**5**	**.62%**
Laotian	0	0	0	4 (.50%)	0	1 (.12%)	0	**5**	**.62%**
Multiple	0	0	0	4 (.50%)	2 (.25%	0	0	**6**	**.75%**
Mien	0	5 (.62%)	0	2 (.25%)	0	0	0	**7**	**.87%**
Other	1 (.12%)	21 (2.6%)	11 (1.4%)	31 (3.9%)	7 (.87%)	5 (.62%)	0	**76**	**9.4%**
Other Asian	0	0	4 (.50%)	2 (.25%)	1 (.12%)	1 (.12%)	0	**8**	**1.0%**
Samoan	0	0	0	0	0	1 (.12%)	0	**1**	**.12%**
Spanish/Hispanic	0	16 (2.0%)	8 (1.0%)	19 (2.4%)	5 (.62%)	11 (1.4%)	0	**59**	**7.3%**
Unknown	2 (.25%)	10 (1.2%)	7 (.87%)	14 (1.7%)	5 (.62%)	7 (.87%)	1 (.12%)	**46**	**5.7%**
Vietnamese	1 (.12%)	0	1 (.12%)	2 (.25%)	0	0	0	**4**	**.50%**
White	3 (.37%)	77 (9.6%)	92 (11.4%)	115 (14.3%)	30 (3.7%)	24 (2.7%)	2 (.25%	**343**	**42.6%**
Total	**7**	**190**	**180**	**292**	**61**	**70**	**5**	**805**	**100%**

Table 22 compares the categories of grievance issues between fiscal years 17/18 and 18/19 and provides details regarding the grievances and appeals received during FY 18/19. As noted, Access issues decreased from 19 to 7. This is partly due to changes in procedures for assigning clients to providers at the point of access and changes made in how grievances are categorized to increase the accuracy in reporting. Four (4) of the Access issues in FY 18/19 were due to beneficiaries contacting Member Services for initial service difficulties. The other three (3) Access issues relate to difficulties accessing services resulting from data entry errors. The data entry errors were attributed to system changes and were immediately corrected through additional staff training. The "Other" category for FY 18/19 increased to 61 from 53 in FY 17/18. This increase may be correlated with the increased number of grievances received. There were no significant trends within this category.

Quality of Care issues increased from 96 in FY 17/18 to 194 in FY 18/19. This is due to an increase in beneficiaries expressing dissatisfaction with their services in the areas of medication, staff behavior and treatment concerns. These increases are likely due to operational and procedural changes made by the MHP. The MHP Access team

implemented changes requiring staff to route beneficiaries, and/or their identified representative, to Member Services for assistance with grievance related issues while the caller remained on the line. Previously, Access staff may have addressed the issue with the beneficiary directly, or given them the Member Services phone number to contact QM independently. In addition, the Access team now routes all transfer requests related to provider grievances to Member Services to facilitate repair efforts between the beneficiary and provider prior to approving a transfer to a different provider. In the past, the MHP Access team would complete the transfer, and then offer to transfer the beneficiary to share the grievance issue with Member Services. Additionally, the MHP improved monitoring of beneficiary participation in services and level of care needs. As a result, there was an increase in beneficiary grievances related to the closure of services due to lack of member participation and an increase in beneficiaries disagreeing with provider recommendations for level of care changes. These types of issues also contributed to the increase in requests to change provider with grievance, 69 to 180 from FY 17/18 to FY 18/19. However, the most common reason for requests to change providers is due to issues relating to the client's belief that the provider's staff or operations were not addressing there treatment needs, such as providing specific medications, specific services or approaches to treatment. Common treatment needs expressed by beneficiaries were requests for long-term individual therapy, specific types of therapy such as EMDR, and/or changes in the frequency of services by the staff, either more or less. The table below details the grievances by category.

Table 22

FY 18/19 Grievances By Category: Details

Access: N = 7	**Adult Total**	**Child Total**	**Comments**
24/7 Toll Free Access Line	1	0	Access to specialty mental health services
Timeliness to Services-Intake	2	1	Delays in obtaining an Intake appointment following authorization for services.
Other Access Issues	0	3	Client closed to MHP and experiencing challenges connecting to services.
Total	**3**	**4**	
Quality of Care, N=190	**Adult Total**	**Child Total**	**Comments**
Treatment concerns	106	29	Client dissatisfied with care being provided, i.e. Treatment plan not being followed, staff changes, unmet mental health needs, etc.
Psychiatrist/Medication	16	0	Client dissatisfied with medication prescribed/or denied, length of appointment, disagreement with diagnosis given, etc.
Staff Behavior	37	1	Client reports staff is rude, unprofessional in behavior, etc.
Other	1	0	Request for partial hospital program
Total	**160**	**30**	
Change of Provider with Grievance N = 180	**Adult Total**	**Child Total**	**Comments**
MD/Medication Concerns	8	0	Changes scheduling an appointment with the psychiatrist or concerns about prescribing practices.
Staff Behavior	6	0	Staff are not returning phone calls to schedule appointment, staff perceived as rude, not paying attention to client.
Treatment/Personal Needs	121	14	Requests for specific services, i.e. therapy, groups, etc. Need for form completion for benefits/entitlements, housing assistance.
Other	29	2	Request made, but no follow-up from client
Total	**164**	**16**	

	FY 18/19 Grievances By Category: Details		
Confidentiality, N=0	0	0	Staff shared PHI without consent
Other, N=61	**46**	**15**	Financial, Operational, Patient Rights, housing, crisis intervention, etc.
Appeals, N = 5	**Adult Total**	**Child Total**	**Comments**
Standard Appeals	4	1	Denial of Services due to not meeting medical necessity
Expedited Appeals	0	0	
Appeals Total	**4**	**1**	
State Fair Hearings, N = 0	**Adult Total**	**Child Total**	**Comments**

MHP Tracking Activities

MHP Beneficiaries have the right to request to change providers. 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 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 non-jurisdictional issues for fiscal year 18/19.

Table 23

	FY 18-19 Change of Provider Requests Without Grievances and other MHP Tracked Issues		
Change of Provider, N=292	**Adult Total**	**Child Total**	**Comments**
Relocation/Transportation	106	0	Majority moved and wanted an agency closer to home or requested an agency based upon transportation needs.
Family/Friend	2	1	Client wants services with a provider that services a family member or friend.
History with Provider/Coordination of Care	41	1	Client has a positive experience with a provider and requests to return to this site for services, family attends agency
Level of care	37	2	Clients moving from child to adult system of care, homeless services to RST, or requests for a higher/lower level of care
Assistance with housing	7	0	Client wants increased assistance with housing
Specific service/staff	39	0	Coordination of care, cultural issues, requests for specific provider due to past positive experience, or requests for specific staff.
Cultural	7	0	Staff/services that meets cultural needs
Other	45	4	Miscellaneous: out of network provider/service requests, medication only or therapy only services, etc.
Other, N=70	**Adult Total**	**Child Total**	**Comments**
Not MHP Issues	50	20	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 have the greatest impact on beneficiary satisfaction 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 370 of 438 ABGAR grievances or 85%. Capacity issues may have a lot to do with this. Provider sites have larger numbers of clients then intended leading to higher client to staff ratios. This burdens limited staff and contributes to staff turnover. This in turn requires repeated staff trainings to appropriately and effectively provide quality services to beneficiaries. In addition, the availability of psychiatrists willing to work for Medi-Cal funded programs continues to be problematic and challenges providers in the task of having enough psychiatrists to provide treatment to clients. These capacity and training issues likely contribute staff behavior concerns, unmet mental health needs, and delays in staff returning phone calls to schedule appointments with psychiatrists and other staff for services.

It is incumbent upon providers to continue to monitor staff training needs and to ensure that staff take care of their own needs to decrease burnout from high caseloads. Providers can also make better use of Community Care Teams (CCT) to connect with clients to schedule appointments and to have the appropriate staff follow-up with clients, in accordance with their treatment plans, to ensure that their mental health needs are being addressed.

The MHP continues to improve monitoring and standards to ensure compliance with County, State and Federal guidelines for mental health services. Additionally, regular practices are implemented by the MHP to ensure our beneficiaries are educated regarding member rights, treatment options, MHP services and the grievance, appeal and State Fair hearing process.

Lastly, the MHP, and communities across the United States, are continuing efforts to limit controlled medications to clients in response to information regarding the detrimental impact that controlled substances can have on an individual. This affects our client's satisfaction with medication services because medications that are known to be addictive and/or dangerous when combined with opioid medications are being titrated by the medical staff for safety reasons. The majority of these grievances are reported as treatment issues because the clients express that a denial of a particular requested treatment means the staff is not listening to or is not tending to their treatment needs.

Quality Objective 3.2

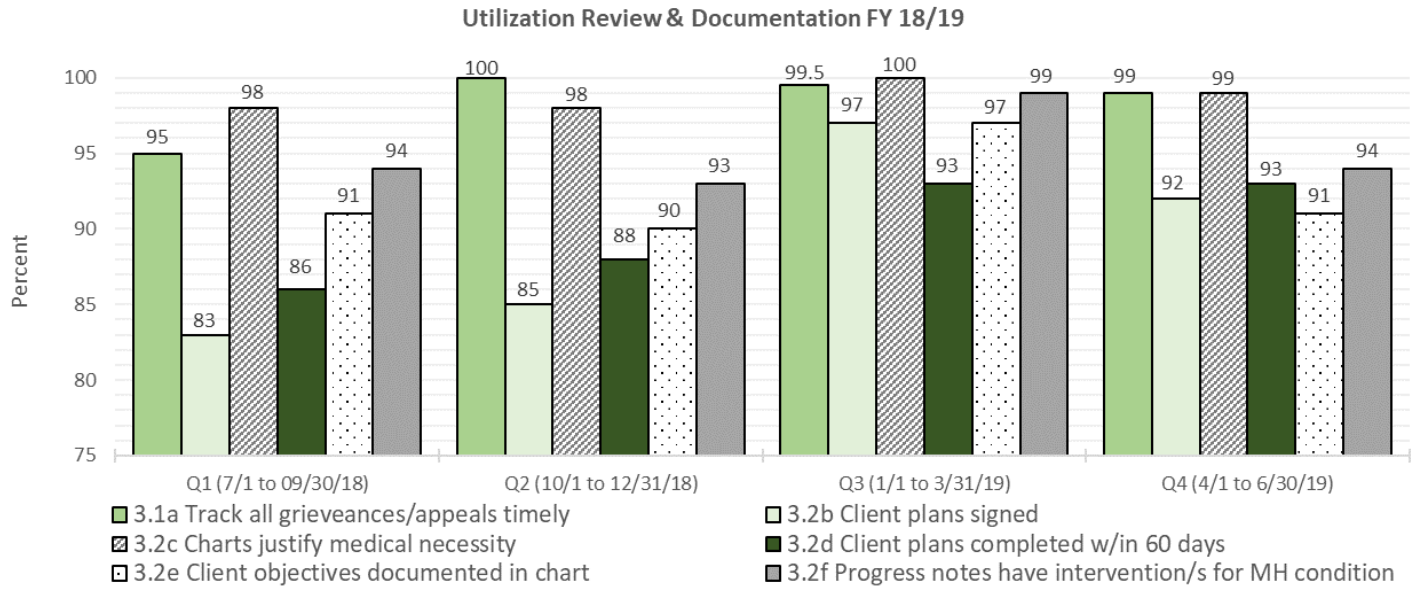
3.2 Utilization Review and documentation standards			
Planned Activities: • Conduct monthly utilization review utilizing electronic health record for providers using Avatar (go to provider site for providers not using Avatar). • Information obtained through monthly reviews will be evaluated and issues 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/caregiver signature.	***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 18/19 Annual Average = 90% Last FY 17/18= 92%
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 18/19 Annual Average = 99% Last FY 17/18= 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 18/19 Annual Average = 90% Last FY 17/18 =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 18/19 Annual Average = 93% Last FY 17/18= 89%
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 18/19 Annual Average = 95%

			Last FY 17/18= 93%

Utilization Review and Documentation Standards

The MHP's annual plan goal was to track six areas using the above utilization review benchmark data. The MHP has a rigorous utilization review process in place and met the goal set in benchmark 3.2a by completing a monthly adult and child clinical chart review each month during FY18/19. The MHP did not reach the goal of 100% identified in benchmark items 3.2b, 3.2c, 3.2d, 3.2e or 3.2f (see graph below); however has made improvement in a couple of standards from FY17/18 to FY18/19 as demonstrated an increase in percentages for the following items: 3.2e increased by 4%, 3.2f increased by 2%. It should be noted that 3.2c maintained 99% for the past three fiscal years FY16/17 through FY18/19. Also, 3.2d maintained 90% between FY 17/18 and FY 18/19. Item 3.2b did have a decrease of 2% from FY 17/18 to FY18/19 which will be an area of focus in FY 18/19. 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 clients served in the outpatient system. Current fiscal year chart review projections are based on the number of clients 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 8 client 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.

The Table below provides the information regarding the total number of unduplicated clients served in outpatient programs and provides an itemization of charts reviewed. According to Avatar, there were 28,867 unduplicated outpatient clients (11,051 Children and 17,804 Adults served) with 12 clients with unknown ages

served between July 1, 2018 and June 30, 2019. Based on this total, the minimum number of outpatient charts to be reviewed in FY 18/19 to meet the MHP goal of 5% was 1,444; however the MHP exceeded the minimum standard and reviewed charts on 9.35% (2,697) of all clients served in the outpatient system.

Table 24

AREAS OF REVIEW	FY 17/18	FY 18/19
Total Number of Unduplicated Clients served in Outpatient Programs	27,822	28,867
Adults	17,078	17,804
Children	10,725	11,051
Age Unknown	19	12
# of Clients constituting 5% of Total	1392	1444
Total # of Clients reviewed (excluding inpatient and jail reviews)	*2830*	*2697*
Non Duplicate Charts Reviewed	**FY 17/18**	**FY 18/19**
External Adults (QM/County UR)	96	98
External / Onsite Reviews Children (QM/County UR)	254	276
External / Onsite Reviews Total (QM/County UR)	350	374
Internal Total (Within Agencies)	2458	2306
Out of County Reviews	10	12
Specialty Reviews	12	5
Total # of Clients reviewed	*2830*	*2697*

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 at the Jail psychiatric services. In the 2018-2019 period, 100% of all inpatient episodes (n= 5,549) were retrospectively reviewed and authorized for payment and documentation standards. QM serves as the external review process for Jail Psychiatric Services, where a total of 218 charts were reviewed for documentation and care practices at the County Jail site.

Table 25

Inpatient Hospital Reviews	FY 17/18	FY 18/19
Adults (ages 22+)	4502	4731
Children (ages 0-21)	867	818
Total	*5369*	*5549*
Other Psychiatric Services Chart Review	**FY 17/18**	**FY 18/19**
Jail Inpatient	72	122
Jail Outpatient	69	96
Total	**141**	**218**

The purpose of the Utilization Review Process is to:

- Evaluate the medical necessity of services rendered to clients
- 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); Onsite Review (Providers with their own EHR); Out-of-County Chart Reviews; and Specialty Reviews and compares FY17-18 to FY18-19.

Table 26

UTILIZATION REVIEW ANNUAL REPORT FINDINGS 2018/2019				
ADULT/CHILD COMBINED EXTERNAL AND ONSITE UR COMPARISON BY FISCAL YEAR 17/18 & 18/19				
Medical Necessity and Diagnosis	FY 17/18	N=374	FY 18/19	N= 393
	N	%	N	%
Medical necessity not met	2	1%	5	2%
No ICD-10 code in at least one clinical/medical document	15	4%	1	1%
Primary diagnosis missing in at least one clinical/medical document	12	3%	7	2%
Treatment Planning	FY 17/18	N=374	FY 18/19	N= 393
	N	%	N	%
Late or missing initial core assessment	45	12%	30	8%
Late or missing core assessment update or annual assessment	27	7%	17	5%
Incomplete core assessment	32	8%	29	8%
Late or missing Initial MSP	NA	NA	18	5%
Late or missing MSP Update or Annual MSP	46	12%	13	4%
Incomplete MSP	46	12%	13	4%
No client and/or caregiver signature on MSP	43	11%	27	7%
Objectives not specific, observable and/or specific quantifiable	44	11%	34	9%
Goals, symptoms, diagnosis, and interventions incongruent	19	5%	21	6%
Risk factors and special status situation not addressed	49	13%	37	10%
No client signature on client plan without explanation	25	6%	35	9%
No caregiver/significant support persons' signature on client plan	22	5%	33	9%
Late or missing staff signature/co-signature/title on client plan	0	0%	12	4%
No indication of coordination of care	11	2%	6	2%

UTILIZATION REVIEW ANNUAL REPORT FINDINGS 2018/2019 - Continued				
Progress Notes	FY 17/18	N=374	FY 18/19	N= 393
	N	%	N	%
Late or missing progress notes	78	20%	94	24%
Over billing (e.g., excessive billing; insufficient documentation)	26	6%	23	6%
Using incorrect billing codes	121	32%	107	28%
Billed during a lockout	13	3%	8	3%
Billed non-billable service	14	3%	28	8%
Late or missing staff signature/co-signature/title on progress notes	0	0%	0	0%
Staff operated outside their scope of practice	27	7%	9	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 17/18	N=374	FY 18/19	N= 393
	N	%	N	%
Late or missing initial health questionnaire (HQ)	48	12%	46	12%
Late or missing update/annual health questionnaire (HQ)	43	11%	35	9%
Incomplete or missing initial or updated client services information	11	2%	22	6%
Consents incomplete or missing (e.g., Informed Consent; Medication Consent; HIPAA forms)	41	10%	72	19%
Miscellaneous Findings	FY 17/18	N=374	FY 18/19	N= 393
	N	%	N	%
No linkage to physical health or other service	34	9%	23	6%
Breaches of confidentiality	12	3%	12	4%

Analysis of MHP Performance:

External, Internal, On-Site Reviews, Out of County and Specialty reviews are on-going 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.

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

- The total number of charts reviewed remained consistent with only a slight decrease in FY18/19. The number of reviewed External charts and onsite review charts increased by 24 charts from the previous FY17/18 which may have slightly influenced the outcome percentages. The number of Internal Utilization Reviews at the Agencies decreased by 152.

- As a result of increased emphasis in Documentation Training, increased guidance provided to providers, increased discussion in the UR Committee regarding compliance items, increased provider attendance of the UR Committee as well as increased familiarity with our EUR Tool and required items, the following items have improved from last fiscal year: 1. ICD-10 code in at least one clinical/medical document; 2. primary diagnosis were present in at least one clinical/medical document; 3-4. Increased initial and annual core assessments present and on time; 5-6. Increased

annual MSPs were on time and complete; 7. Increased client and caregiver signatures on the MSPs; 8. Client plan objectives were specific, observable and/or specific quantifiable; 9. Risk factors and special status situation were addressed; 10. Decrease in use of incorrect billing codes; 11. Less instances of staff operating outside of their scope; 12. Less late or missing updated/annual HQs; 13. Increase in linkage to physical health or other services.

- The following items had percentages that remained the same between FY17/18 and FY18/19: 1. Incomplete Core Assessment; 2. No indication of coordination of care; 3. Over billing (e.g., excessive billing; insufficient documentation); 4. Billed during a lockout; 5. Late or missing staff signature/co-signature/title on progress notes; 6. Late or missing initial health questionnaire (HQ).

- The following items are the top three highest out of compliance items found in FY18/19: 1. Using incorrect billing codes, 2. Late or missing progress notes, and 3. Consents incomplete or missing (e.g., Informed Consent, Medication Consent and HIPAA Forms.) These three items will be areas of focus during future Documentation Trainings, technical assistance and discussion within the UR Committee. We have reduced the item of Risk factors and special status situation not addressed through ongoing Documentation Training focused on the need to have a plan to address all current risk factors.

- In FY18/19 there has been significant improvement in one out of three of the top three out of compliance items identified in FY17/18. As a result of increased emphasis within Documentation Training, collaboration in the UR Committee to create sample progress notes the following category: Using incorrect billing codes had an error rate reduction resulting in a percentage decrease of 4%. This may be also be partially due to the discussions regarding the use of progress note templates to help staff include the required elements for reimbursement.

- 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 with their own EHR continue to have a higher error rate than providers who utilize Avatar in two out of the three highest out of compliance items found in FY18/19: Using incorrect billing codes and Late or missing progress notes. Additionally, providers with their own EHR had much higher amount of out of compliance issues in the following categories: Client Plan objectives not specific, observable and/or specific quantifiable, Billing non-billable activities and Breaches of confidentiality. Specific contributing factors are that one of the providers with their own EHR was experiencing documentation challenges may be due to some providers with their own EHR opting to do their own Documentation Training based off of the Sacramento County Documentation Training. We have had feedback sessions with those Providers to clarify requirements and encourage sending staff to the Sacramento County Documentation Training or go through the Train the Trainer vetting process to ensure they train the most current and accurate information using vetted materials. Another contribution is that we had one provider with their own EHR on a Corrective Action Plan (CAP) that addressed documentation concerns including, significant errors found in utilization reviews. As a response to the CAP the provider had to work on sending all managers and direct service staff to the Sacramento County Documentation Training, complete monthly audits and have progress notes routed to supervisors for monitoring and supervision. Another contribution to Providers with their own EHR having higher out of compliance numbers may be that the newest Provider with their own EHR who joined the MHP in late September 2017 continued to have a learning curve as they built out additional programs. Also, QM staff conduct those reviews as opposed to their audit findings coming from Provider Peer Reviews. Also, QM is not able to immediately run reports for compliance purposes for providers with their own EHR. This is an

additional barrier for QM to manage compliance that is not present for providers who use the MHP's EHR, Avatar. Lastly, reviews for providers with their own EHR are conducted quarterly as opposed to bi-monthly for providers who attend EUR every other month[1] . Providers with their own EHR must manage compliance issues and make access to reports available on a more routine basis. The MHP will revisit the on-site review process for Providers with their own EHR and possibly make updates to the process in FY 19/20.

- The treatment plan section showed improvement with less out of compliance issues than the fiscal year prior. There were only 4 out of 14 compliance items that had an increase. The UR Committee did spend time focusing on creating training materials to support with the Client Plan requirements in efforts to increase the MHPs compliance in FY18/19. The UR Committee created The Client Plan Checklist to help Providers be able to clearly see the Client Plan requirements and could use the checklist to ensure all requirements are met prior to finalizing. The MHP also rolled out the updated Client Plan Training Process of "Finding The Errors" which was vetted through the UR Committee and integrated within the Documentation Trainings. This has directly helped improve the Client Plan outcomes. The out of compliance items that did show an increase were not regarding the Client Plan itself but was focused on congruence with the other parts of the chart and required signatures. The MHP will continue to encourage the use of the *Active Client Final Assessments* Report in Avatar to monitor timeliness of assessment documentation and client plans as well as continue to teach that the Client Plan must tie back to the mental health condition as well as review the requirement for signatures.

[1] EUR occurs 2x per month, however providers attend bi-monthly depending on their designated groups' schedule.

Discussion of Planned Activities

Conduct monthly utilization review utilizing electronic health record for providers using Avatar (go to provider site for providers not using Avatar quarterly).

The MHP Utilization Review activities are performed by the QM Utilization Review Coordinator who facilitates Electronic Utilization Reviews (EUR) also known as "External Reviews," and facilitates Onsite Reviews for providers with their own electronic health record (EHR), as well as 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. The MHP will continue the UR Process as outlined in the QM 09-05 Electronic Utilization Review/Quality Assurance Activities Policy and Procedure. In FY19/20, the MHP also plans to work with Providers who use their own EHR to pilot a new process of conducing a peer review mirroring our "External Review" process. This will require Providers with their own EHR to either allow access to their EHR for audit purposes or provide the records for review. The MHP will trouble shoot any issues with Administrative Staff and Provider IT staff to prepare for this new process.

Information obtained through monthly reviews will be evaluated and issues will be reviewed at 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 2 QM

staff, 1-2 MHP Contract Monitors and on approximately 45 provider representatives who are familiar with the UR process and have valuable input and feedback regarding quality assurance. During FY18/19 the UR Committee discussed 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.

Significant tasks that the UR Committee focused on in FY18/19 in efforts to improve compliance are as follows:

- **Assessments and Client Plan Reports** were updated to reflect the staff who "submitted" and the staff who "approved" these documents, along with their title, date and time of entry into the EHR. This information was historically seen on the "back end" of the EHR and is not viable in report view. This was discussed in the UR Committee and a reminder was provided for staff to choose the appropriate co-signing staff as the "approver."
- **Update to Use of Progress Note Append Feature Information Letter** explained the use of the "Append" feature which is used to clarify or add information to support a claim and is time limited to up to 45 days after the date of service. This letter also provided the specific circumstances that it can be utilized. Effective 7/16/18.
- Updated the **EUR General Tool** in efforts to accurately capture compliance requirements. This was released to reflect the updates outlined in the DHCS Protocol FY18/19. Effective 7/1/18 and then updated again based off of suggestions from the UR Committee and Program updates such as the Sacramento County Bi-Directional Medi-Cal Transition of Care Request Form update and efforts to coordinate with GMC's to support the step down. Updated and re-distributed on 1/1/19.
- **MHSA Programs Addendum UR Tool** was modified and distributed. Effective 7/1/18 and re-distributed on 7/20/18 with updates from the UR Committee.
- Updated the **Instructions for Avatar (for the EUR General Tool)**. These instructions were updated to match the updated EUR General Tool dated 1-1-19. Created the **MHSA Instructions for Avatar UR** to support auditors in finding the MHSA documents in Avatar to complete MHSA audits. These instructions were updated to match the updated MHSA Programs Addendum Tool dated 1-1-19.
- The Family Partners and Peer Partners partnered with the UR Committee to create sample progress notes to justify the services codes that were most commonly used by family advocates. The UR committee discussed the importance of including family advocates in treatment. The products of that collaboration were shared this with the MHP. The **Family Partners and Peer Partners Progress Notes, Documents that provide the definition of the associated service code and tips to follow when selecting that service code**, **Staff –Billing Privileges Matrix** was distributed on 9/17/18.
- Continued to discuss the QI Work Plan and reviewed the benchmark data and planned how we can make improvements all throughout the FY.
- Providers shared QI resources that they have created such as the **Conserved Consumer List and Appointment Tracker**, **ICC Screening Tool.**
- Created an **ICC Screening Tool Draft** based on existing examples, providers tools and input. This was submitted internally to go through the review process.
- Continued working on the **UR Corrections Guide**. The UR Corrections Guide corresponds with the EUR General Tool used for auditing charts and it explains how to correct all out of compliance errors. The draft of this document was submitted internally to go through the review process.

- Continued to educate providers on **MHSUDS IN 17-040** to clarify documentation standards, discussed how this aligns and impacts MHP billing practices, and created additional helpful documentation resources.
- Discussed MHP requirements and the plan for implementation of updates to practices. Some examples include, **Child and Adolescent Needs and Strengths (CANS 50)** updates, **Pediatric Symptom Checklist (PSC-35)**. Training 9/12/18 and implemented on 10/1/2018. The UR Committee gathered questions and provided answers to participants regarding the new process and functionality of the CANS forms and reports.
- New **Process for tracking MHSA Mode 60 Flex Funds** for MHSA funded programs. We added to the existing Client Services Report, (Single Client) to reflect Mode 60 flex funds used within an identified time period to help reduce the need for duplicate record keeping and tracking.
- Reviewed Evaluation and Management Service Codes and Documentation Standards. Provided 10/19/18.
- Provided an Intensive Care Coordination Presentation to support providers. Provided 10/19/18
- Service Code Support and Audit Process Review. Provided 2/15/19.
- Reviewed DHCS Triennial Chart Findings for the purposes of brainstorming how we can improve in the out of compliance items.
- Updated the **Scanned Document Management Form** which is guidance for providers to have consistency when scanning into the document scanning categories. There was a New Document Category of "Homeless Documentation" and additional documents added to the list. Distributed 3/29/19.
- Updated distributed the **Service Code Definition Guide** with additional service codes 3/29/19 and 6/27/19.
- Addressed the most common out of compliance items in the QI Work Plan last FY 17/18.
    a. Created Service Code Templates that providers could use to help include the required content in order for the service to be reimbursed. Drafts of the templates were created and submitted for the approval process to be possibly released in FY19/20.
    b. Discussion regarding what must be included in progress notes for claiming purposes.
    c. Collaborated to address documentation timeliness issues.
- Created a **Client Plan Checklist** as a helpful tool to reference when creating Client Plans. Provided a **Client Plan Practice Session** for Child, Adult Low/Moderate Intensity and Adult High Intensity. The purpose of this was to remind Providers of the DHCS Protocol compliance items regarding the Client Plan and to practice identifying Client Plan out of compliance items through practice. Materials distributed 12/5/18. This was also integrated into the existing Documentation Training.
- Provided HIPAA Support
    a. Reviewed and brainstorms ideas for protecting PHI and to increase HIPAA compliance (e.g., unencrypted emails.)
- Provided training on the updated **Co-Occurring Disorders Assessment (CODA)** which became effective 5/23/19. Training provided on 6/21/19.
- Explored ways that we can improve the quality of assessment documentation (e.g., documenting culture) on 6/21/19. Materials distributed to MHP.

All agencies will complete a monthly internal chart review 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.

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 *Instructions for Avatar (for the EUR General Tool)* and created the *MHSA Instructions for Avatar* UR. These documents list the reports that correspond to each of the UR Tool items dated 1/1/19. QM continues to use the *List of Helpful QI Avatar Reports* for all QI Coordinators to run regularly to ensure compliance. This list will continue to be reviewed and expanded upon as new reports that benefit QI staff are developed. In addition to the reports ran in Avatar, the UR Committee has also worked with Avatar to provide feedback regarding the Medication Support Console (Client Medical) and discussed how Consoles can be helpful as they can present information in a dashboard format.

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 Child and Adolescent Needs and Strengths (CANS 50) process effective 10/1/18, new reports were created such as the CANS 50 and Sacramento Supplemental Report – the report shows the CANS scores and highlights the 2's and 3's; CANS 50 and Sacramento Supplemental Chart - the report shows the comparison between CANS scores in graph form which is helpful to monitor outcomes with the client and family. In FY19/20 the MHP goal is to start using the Adult Needs and Strengths Assessment (ANSA) and we will develop reports and ways to monitor those outcomes.
In addition to Providers making efforts to improve their quality assurance measures and data tracking, QM has changed the process of entering error data into the UR database to minimize the data reflecting reviewer errors. In FY17/18, the errors from the utilization reviews were entered into the database upon provider completion of the review, prior to QM verification. During FY18/19, QM has updated the utilization review flow chart and update the routing of the McFloop (errors and corrections document) after the reviews. QM now enters the errors data into the database after it has been verified by QM staff. QM has updated the process for post reviews. EUR Flow Chart effective 1/1/19.

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

The MHP will increase 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 FY18/19 MHP Contract Monitors began utilizing 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 coordinate with QM regarding any significant out of compliance issues. The MHP will continue to use

the timeliness reports to monitor and support providers complete 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 FY 18/19 a specialty review was conducted to focus on timeliness and engagement into services, linkage to other support services, discharge review and cultural factors that were not addressed. 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 MHP will continue to check for compliance and address items of concern brought up by QM and the MHP Contract Monitor. 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. 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.

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 FY18-19. 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. In FY18/19, The MHP has also piloted a 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. In FY18/19, QM has provided 7 Specific Program Documentation Trainings. 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 specialized documentation training and technical assistance for providers to accommodate new providers and expansion in services upon request. In FY18/19, QM has provided 7 Technical Assistance Trainings. The MHP also partners with providers to ensure that they receive training, technical assistance as needed and support through the UR feedback loop process. Providers are provided with multiple opportunities to correct compliance issues which may include supporting the provider in identifying ways to address the out of compliance issues identified within UR, supporting the provider by running reports in Avatar and guiding the provider on areas to focus on, focused reviews, specialty trainings, 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.

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.			
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.	7% of charts reviewed

In FY18-19 there were 14,611 consumers receiving medication support services in the MHP. The Medication Monitoring Committee reviewed a total of 982 (7%) of these consumer charts 608 Adult, 374 Children's, and provided timely feedback to providers. Close attention was given to review of charts of clients 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 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.

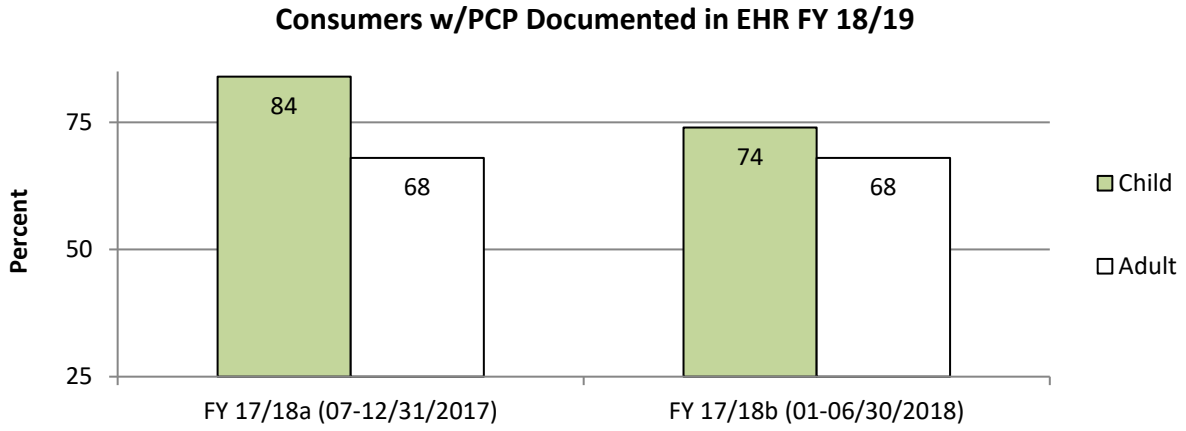
Quality Objective 3.4

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 clients 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 40% of children will be connected to a PCP or GMC provider 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%

Improvement was made during the year to connect clients to their primary care physician (PCP) or GMC. However, due to client choice and other factors such as alternative medicine and cultural beliefs, not all clients were receptive to being connected to a PCP. Although the MHP did not meet its goal of 75% for adults, there was a 3.4% increase from FY 17/18 to FY 18/19. For children there was a 2.6% increase in the number connected to a PCP in FY 18/19 compared to FY 17/18. The MHP anticipates it will continue to exceed the established goal for children and will continue to work on meeting the goal for adults in the next fiscal year.

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: • Katie A -Monitor the use of ICC and IHBS services for children involved in the child welfare receiving intensive services. • Non-Clinical PIP- Client & Family Care team coordination of stakeholders. • Continue to have MHP representatives on task forces, initiatives and projects that involve clients with mental health issues (Commercially Sexually Exploited children, Crossover Youth Practice Model, MH Courts, etc.). • Develop quality assurance measures in Avatar reports to establish data measurement for MHP • Update Avatar to track referrals coming in from and going out to GMCs.

• Explore methods of tracking care coordination between GMC, PCP and MHP. • Explore data sharing across public agencies. • Evaluate data by age, ethnicity, race, language, and gender to look for disparities. **(CC)**			
Standard	**Benchmark**	**Goal**	**Status**
3.5a Standard: The MHP will collaborate with other government agencies/stakeholders to facilitate coordination and collaboration to maximize continuity of services for clients with mental health needs.		***3.5a Goal:*** Continue to work with our partners to provide coordination and collaboration.	Met

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. The MHP will continue to explore methods of tracking services for high risk children's populations and transitions between the MHP and GMC within the county EHR and ways to share information across systems.

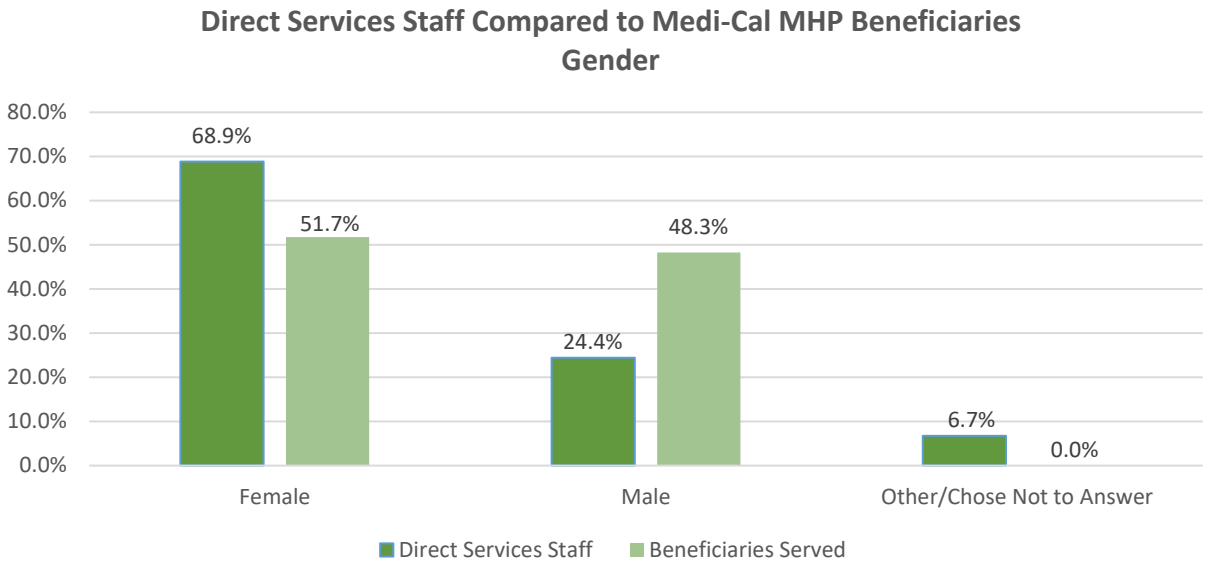
The MHP has signed a Commercially Sexually Exploited Children (CSEC) MOU with Probation and CPS and participates in the CSEC Steering Committee which is leading efforts in Sacramento County to address the complex needs of these youth. CPS and MHP are both integrally involved in the CSEC Steering Committee. 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 18/19.

Sacramento is a GMC county with six GMC plans. The Mental Health Plan (MHP) is a seated member of the monthly, local Geographic Managed Care Advisory Committee and Workgroup – which includes the six GMCs, primary care clinics, providers and multiple health stakeholders. Additionally, the MHP attends the quarterly GMC Coalition Meeting, hosted by Molina. Multiple system partners provide pertinent updates such as DHCS, Sacramento DHHS Primary Care and the MHP, Health Care Options, Department of Human Assistance, California Regional Center and the Managed Care plans. The MHP meets with each GMC quarterly to review 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.

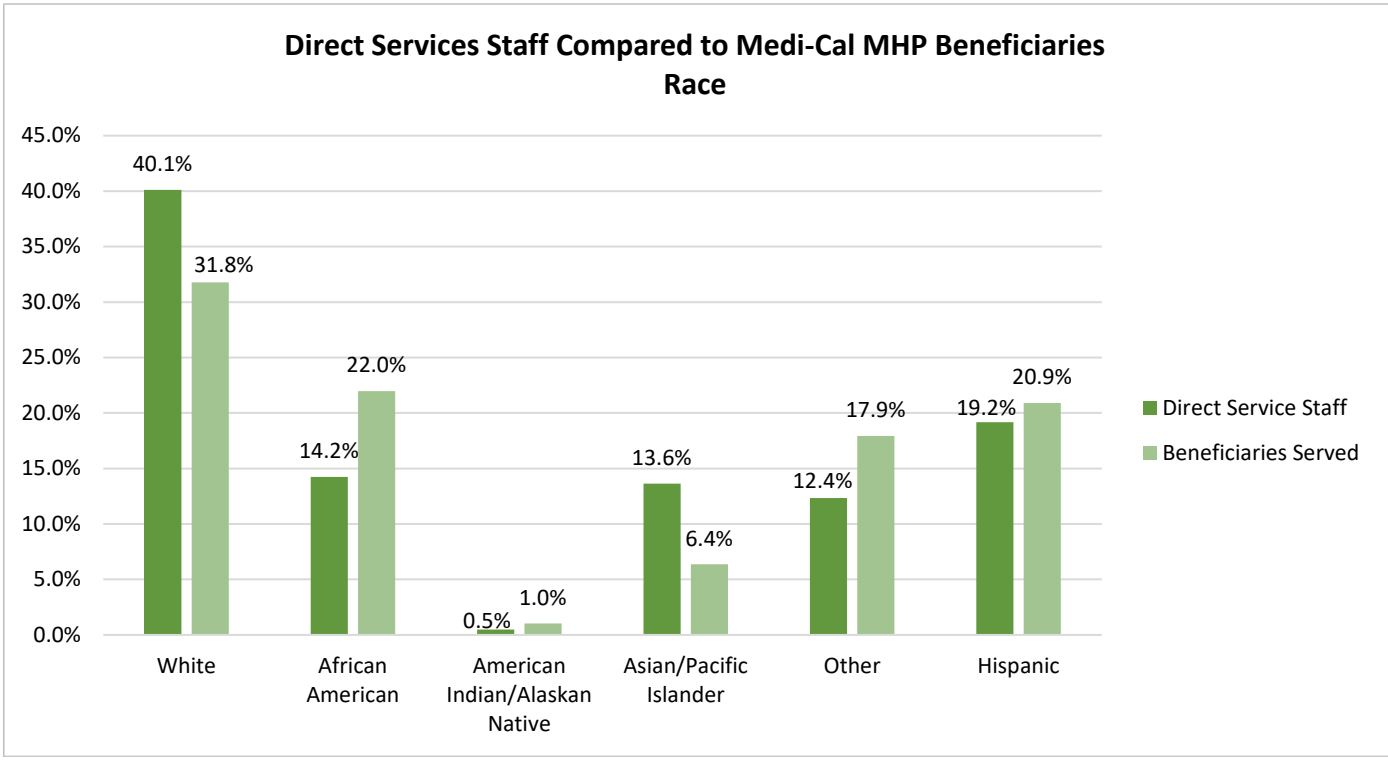
Quality Objective 3.6

3.6 Diverse Workforce (CC)			
Planned Activities: • Complete the annual Human Resources Survey and analyze findings			
Standard	**Benchmark**	**Goal**	**Status**
3.6a Standard: The MHP will have a diverse workforce that is representative of the clients and community they serve.	***3.6a Benchmark:*** The make-up of direct services staff is proportionate to the racial, cultural and linguistic make-up of Medi-Cal beneficiaries plus 200% of poverty population.	***3.6a Goal:*** Increase the diversity of direct service staff by 5% each year until benchmark is met.	In progress

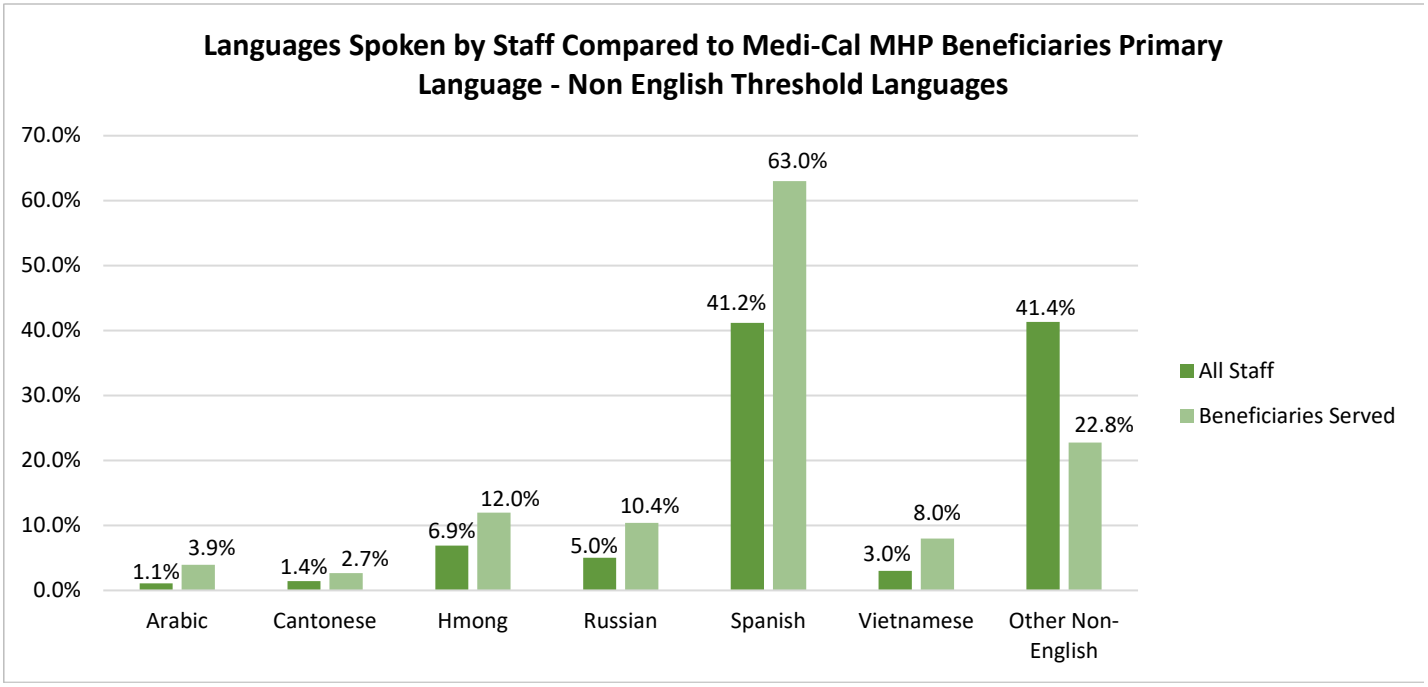
Graph 18



Graph 19



Graph 20



Discussion of Planned Activities

The MHP conducted the Human Resource Survey in December 2018 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 1,454 staff responded to the survey. Direct service staff were further analyzed to determine whether the staff was representative of the clients in our community.

Findings

Gender

Males are underrepresented in direct service staff compared to the number of males served in the system.

Race

In regards to race, African American and Other direct service staff are underrepresented compared to the number of African American clients 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)**	90 cultural competence trainings were recorded in FY 18/19 with 2,255 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= 1,356 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 18/19 = 92%

In FY18-19, 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 decreased from 9,416 in FY 2017/18 to 2,255 in FY 18/19 due to considerable fluctuations in trainings offered system-wide for FY 18/19.
- Due to staff turnover in the Assisted Access program, 92% 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.
- During the FY18/19, 825 attendees received training focusing on building recovery skills. These 41 trainings included the annual Peer Empowerment conference (formerly known as Consumer Speaks conference) involving consumers 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. Ninty-two (92) attendees were trained in 5150 Certification or Re-Certification classes during the FY 18/19.

- 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 and 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 18/19 Sacramento County provided 8 MHFA courses and provided certification to 177 participants.

  MHFA training is facilitated by Sacramento County staff as well as system/community partners. 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. The three programs trained a total of 160 community members, with the following breakdown:

La Familia—12 Trainings/48 participants
SNAHC—4 Trainings/57 participants
MAS-SSF – 3 Trainings/ 55 participants

In 2014, Sacramento County, DBHS, 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, 423 participants attended 28 YMHFA training in FY 18/19.

- Technical support offered through the DHHS-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 18/19, 709 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, and a refresher course has been developed that attendees can take on-line, including an exam. During FY 18/19, 76 participants attended face-to-face training conducted by Quality Management staff.

4. CONSUMER OUTCOMES

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

Consumer 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

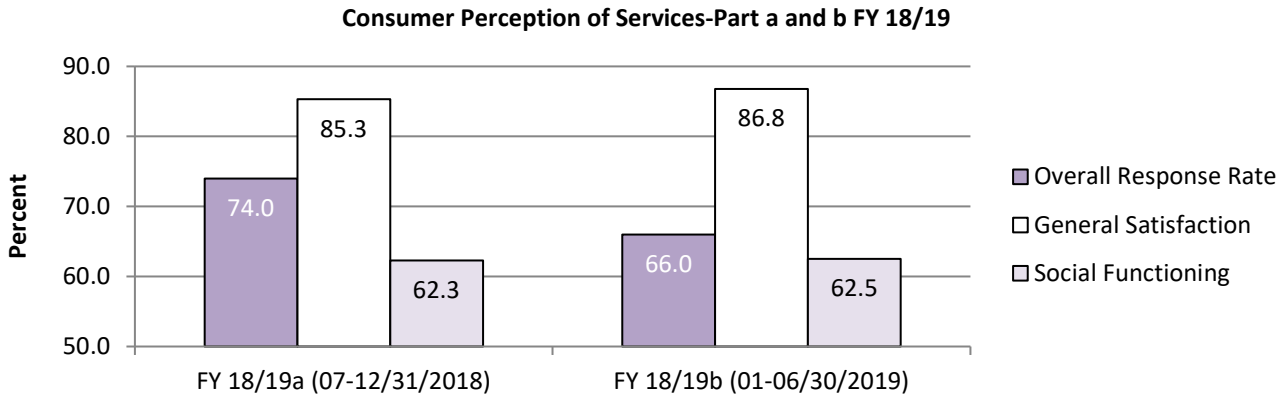
Standard	Benchmark	Goal	Status
4.1a Standard All consumers served during the Consumer Perception Survey (CPS) collection period will be given the opportunity to provide feedback on the services they receive from the MHP	***4.1a Benchmark*** The MHP will obtain a 75% response rate during each CPS collection 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%
4.1b Standard Consumers 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 consumer satisfaction on each domain each year until benchmark has been met.	Average for FY 17/18 87% Average for FY 18/19 86%
4.1c Standard: Consumers will feel a higher social functioning as a result of receiving services in the MHP.	***4.1c Benchmark:*** Percent overall agreement in the Perception of Functioning domain will be 70% or greater for each CPS sampling period	***4.1c Goal****:* Increase the percent of consumer agreement on the Functioning domain each year until benchmark has been met	Average for FY 17/18 69% Average for FY 18/19 62%

Overall, consumers were satisfied with the services they received in the Sacramento County MHP-Outpatient Services during FY 18/19. While most consumers 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 consumers served during the survey distribution time period. During FY 18/19 Consumer Perception survey was collected two times (November 2018 and May 2019). There was a 5% increase from FY 17/18 to FY 18/19, so the MHP is showing improvement. 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.

Consumer general satisfaction remained consistent in FY 18.19 with between 86%-87% of consumers' surveyed indicating general satisfaction with the services they receive from the MHP. The MHP will continue to work on improving consumer experience by identifying barriers and implementing interventions that are aimed at improving consumer 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 consumer perception survey that collects clients'/families' perceptions of quality and results of services provided. The survey instrument and collection period is defined by the California Department of Healthcare Services.

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.

Consumer 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.			
Standard	**Benchmark**	**Goal**	**Status**
4.2d Standard: The MHP will track and measure recovery		***4.2d Goal:*** The MHP will implement the use of a recovery tool by FY 18/19	In planning stages to determine best measurement tool for the MHP.

Discussion of Planned Activities

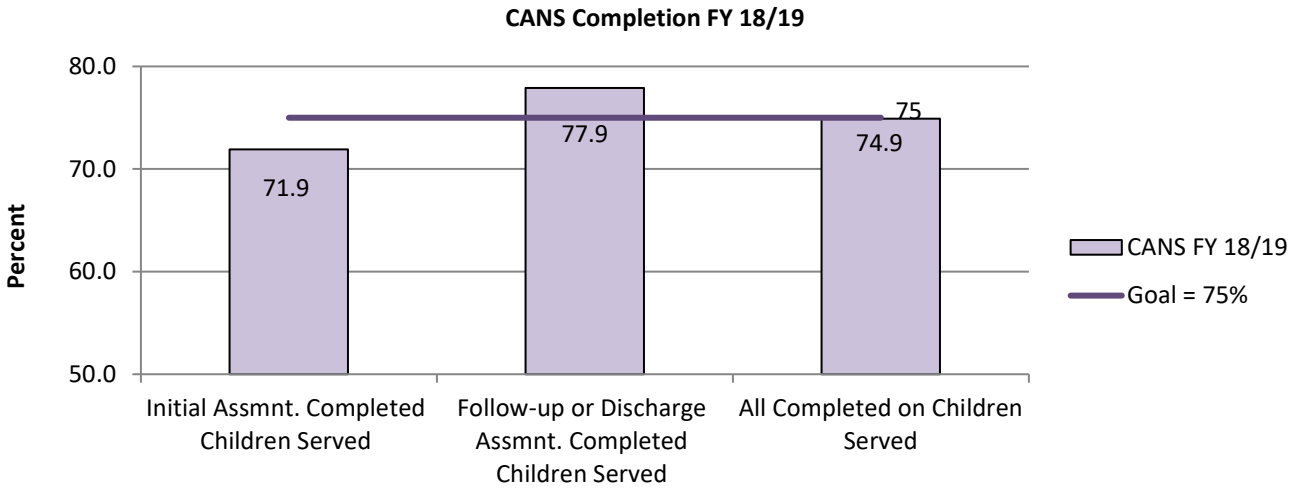
The MHP engaged in discussions and meetings with MH advocates to explore and discuss available recovery tools. Additionally, existing public domain recovery tools were reviewed by MHP. The anticipated plan for FY

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, this could not be accomplished within the expected period. This goal is carried through to FY 19/20.

Consumer Outcomes Objective 4.3

4.3 CANS			
Planned Activities: • 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 CANs training and certification to providers.			
Standard	**Benchmark**	**Goal**	**Status**
4.3a Standard: All children providers in the MHP will complete a CANs at assessment, every 6 months and discharge for all children served.	***4.3a Benchmark:*** 75% of children will receive a CANS assessment at time of intake 75% of children will receive a CANS every six months unless discharged prior to the 6 month assessment period 75% of children 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%

The MHP fell just short of reaching its' 75% completion benchmark for the CANs assessment with 71.9% of children receiving a CANs at intake and 74.9% at discharge and exceeded it for reassessments at 77.9%.



Discussion of Planned Activities

The MHP continues to monitor the CANS completion rates to accomplish the goal set out in the plan. Reports have been created in Avatar for providers to determine when CANS 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.

Consumer Outcomes Objective 4.4

4.4 ANSA			
Planned Activities: • Develop implementation plan for the use of (ANSA) for system wide outcome measures for adult programs.			
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		***4.4a Goal:*** Pilot the Adult Needs and Strengths Assessment (ANSA) for possible implementation across the entire adult system.	In Process

Discussion of Planned Activities

Efforts began to conduct a pilot of the ANSA. 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 use the ANSA as an assessment tool as well as the tool to determine change in symptoms and functioning over time. The MHP initiated a planning process with Praed Foundation to build the Sacramento ANSA into the Praed training portal. Training and implementation will be carried over to FY19/20.

Consumer 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)** • Quarterly monitoring and reporting on inpatient days attributed to consumers with 2 or more acute admissions during the quarter- dashboard item.			
Standard	**Benchmark**	**Goal**	**Status**
4.5a Standard: The majority of clients 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 FY17-18.	FY 18/19: Child 8.9% Adult 20.1% Average 14.5%
4.5b Standard:	***4.5b Benchmark:***	***4.5b Goal:***	FY 18/19 Adults 22.8%

Low proportion of hospital days should be attributable to recidivist admits.	25% of total acute days are attributed to recidivist clients	To reduce the percent of days attributed to recidivist admits to meet the benchmark by the end of FY17-18	Children 9.9%

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 children, but not for adults. The MHP efforts to address recidivism during FY 18/19 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. Although adults did not meet the goal, the overall average was below 15%. 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. 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.