TUOLUMNE COUNTY BEHAVIORAL HEALTH ADVISORY BOARD
REGULAR MEETING AGENDA

Time: Wednesday, August 7, 2024 @ 4:00 p.m.
Place: Tuolumne County Behavioral Health, Enrichment Center-101 Hospital Road, Sonora, CA 95370

This Behavioral Health Advisory Board Meeting will be available to the public via in-person attendance only at the above physical address. However, written comments may be submitted by the public for inclusion in the meeting through the following methods.
Email: Email your comments to Attn: Pandora Armbruster at behavioralhealth@tuolumnecounty.ca.gov
U.S. Mail: Mail your comments to Attn: Behavioral Health Advisory Board, 2 S. Green St., Sonora CA 95370. Written comments must be received no later than 8:00 a.m. on the morning before the noticed meeting.
Important Public Notice: Under CA Assembly Bill 2449's amendments to the Brown Act, through very limited circumstances, some members of the Tuolumne County Advisory Board may participate by teleconference. If so, additional virtual meeting information will be afforded to the public through publication of an amended agenda.

AGENDA

BOARD OF SUPERVISOR'S REPRESENTATIVE/ CHAIRPERSON
Ryan Campbell

ALTERNATE REPRESENTATIVE/ VICE CHAIR
Daniel Anaiah Kirk

MEMBERS
Cathie Peacock
Elizabeth Marum
Jenn Salazar
Marshall Romeo
Maureen Woods
Sherry Bradley
Terry Garcia
Valerie Shuemake

1. **CALL TO ORDER & ROLL CALL/INTRODUCTIONS**
2. **GENERAL PUBLIC COMMENT** (3 minutes per person)
   Members of the public may be heard on any item, **not** on the Board's Agenda. A person addressing the Board will be limited to three minutes. Comments by members of the public on any item on the agenda will only be allowed during consideration of the item by the Board.
3. **APPROVAL OF MINUTES**
   - Draft Minutes of the July 3, 2024, Meeting
4. **BEHAVIORAL HEALTH DIRECTOR'S REPORT** - Tami Mariscal
   - Incompetent to Stand Trial Permanent Program
   - FY '23-24 EQRO Final Report
5. **BEHAVIORAL HEALTH STAFF REPORT**
   - Upcoming implementation of website calendar for community mental health events
6. **NEW BUSINESS**
   - Review upcoming Behavioral Health Advisory Board duties and identify Ad Hocs to address them, i.e., Data Notebook, Site Visits, and Annual Report to the Board of Supervisors.
   - Discuss recent language change to Welfare Institution Code 5620 and effect of that change on current Behavioral Health Advisory Board Bylaws
7. **BEHAVIORAL HEALTH ADVISORY BOARD MEMBERS' REPORTS**
   - Written Report of 2024.07.15 Quality Improvement Council Meeting by Sherry Bradley
   - Report on upcoming guest speaker by Maureen Woods
8. **NEXT MEETING -** Wednesday, September 4, 2024 @ 4 pm – Tuolumne County Behavioral Health Enrichment Center
9. **ADJOURNMENT**

Tuolumne County Behavioral Health Advisory Board
(Minutes of the meeting of July 3, 2024)
DRAFT

2024 BHAB Membership	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Ryan Campbell - BOS	Meeting Cancelled	✓	✓	✓	Meeting Cancelled	✓	✓					
Anaiah Kirk – BOS Alt		E	E	E		E	E					
Cathie Peacock		E	✓	E		✓	✓					
Elizabeth Marum		E	✓	E		E	E					
Jenn Salazar		✓	E	✓		✓	✓					
Maureen Woods		✓	✓	✓		✓	✓					
Marshall Romeo		---	✓	✓		✓	✓					
Sherry Bradley		✓	E	✓		✓	✓					
Terry Ann Garcia		✓	✓	✓		✓	✓					
Valerie Shuemake		✓	E	✓		E	✓					

Present = ✓ Absent = A Excused = E Virtual Attendance = V 9 MHAB Members, 1 BOS Alternate

Tuolumne County Staff in Attendance
Annie Hockett, Director – Health & Human Services Agency
Tami Mariscal, Director – Behavioral Health Department
Lindsey Lujan, Deputy Director – Behavioral Health Department
Evan Hammond, Agency Manager – Behavioral Health Department
Pandora Armbruster, Administrative Assistant – Behavioral Health Department
Others in Attendance
Pathana Luangrath, AEGIS State Opioid Response Patient Navigator
A community member who chose not to introduce themselves

1. CALL TO ORDER & ROLL CALL

Behavioral Health Advisory Board Chair, Ryan Campbell, called the meeting to order at 4:00 pm. Six members were present and accounted for at the time of roll call, completing a quorum for the Board. Those present were Ryan Campbell-District 2 Supervisor, Cathie Peacock, Jenn Salazar, Maureen Woods, Sherry Bradley, and Terry Ann Garcia. Marshall Romeo and Valerie Shuemake had not yet arrived. Elizabeth Marum was not in attendance.

2. INTRODUCTIONS

The Behavioral Health Advisory Board members in attendance introduced themselves to all present.

Introductions were made by Tuolumne County staff in attendance, as follows: Annie Hockett, Health & Human Services Director; Tami Mariscal, Behavioral Health Director; Lindsey Lujan, Behavioral Health Deputy Director; Evan Hammond, Agency Manager

Supportive Housing; and Pandora Armbruster, Administrative Technician-Behavioral Health Department.

One community member was present at the opening of the meeting but did not elect to introduce themselves.

3. GENERAL PUBLIC COMMENT:

Members of the public may be heard on any item not on the Board's Agenda. A person addressing the Board will be limited to **three minutes**. Comments by members of the public on any item on the agenda will only be allowed during consideration of the item by the Board.

A community member in attendance suggested that the Behavioral Health Advisory Board review their assigned roles through the Welfare and Institutions Code and focus on those things which are required of them. She noted that she had attended several local events which she felt were important to the mental health community and did not see any attendance from BHAB members except for Maureen Woods attendance at the Mental Health Month Celebration held at the Enrichment Center.

Pathana Luangrath, State Opioid Response Patient Navigator for AEGIS, shared a brief overview of current Opioid Treatment Programs and Medication Assisted Treatment options currently available through AEGIS to Tuolumne County residents who qualify. All insurance is accepted, though there have been some problems noted with Anthem Blue Cross. Those patients may need to be enrolled as cash pay but grants for care are available. She explained that initial intakes are done in Modesto and after that ongoing treatment is available locally in Sonora. Some transportation to Modesto for intakes is available through insurance. The group identified other transportation options that patients could use to access this important benefit.

4. APPROVAL OF MINUTES

A motion was made by Terry Ann Garcia and seconded by Maureen Woods to approve the June 5, 2024; Behavioral Health Advisory Board Meeting Minutes as presented. The motion passed.

(Ayes: 6 – Supervisor Campbell, Cathie Peacock, Jenn Salazar, Maureen Woods, Sherry Bradley, and Terry Ann Garcia. Nays: 0 Members Absent: 3 – Elizabeth Marum, Marshall Romeo, and Valerie Shuemake)

Marshall Romeo and Valerie Shuemake arrived at 4:15 pm.

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5. BEHAVIORAL HEALTH DIRECTOR'S REPORT – Tami Mariscal, Behavioral Health Director

Tami Mariscal, Behavioral Health Department Director, welcomed the Behavioral Health Advisory Board and all attendees to the Parrotts Ferry property recently acquired by the department. She introduced the newest member of the Housing Team, Evan Hammond, Supportive Housing Agency Manager.

Tami explained that the property was purchased with Department of Healthcare Services (DHCS) Behavioral Health Bridge Housing (BHBH) Grant funds. This $2.7 Million grant was earmarked for short term housing (of less than 18 months duration). Tenants will be provided with navigation services geared at enabling them to move to more permanent housing. Rent will be free, but tenants will work with resources

provided to secure paid housing using the Housing First Model. Mental Health Services Act funding will pay for maintenance, upkeep, and ongoing expenses related to the Parrotts Ferry property. Proposed tenants must meet the requirements of a Severe Mental Illness (SMI) diagnosis and be a Medi-Cal recipient. Housing (if available) may be provided to both mental health and substance use disorder clients who qualify. The Parrots Ferry Property will be ready for occupancy once repairs have been completed.

Evan explained that clinical teams are currently undergoing training on the universal housing referral process. Housing and needs assessments are performed and suitability for appropriate properties is then determined. Each supportive housing property is unique and offers different options. Client's preferences are considered as a part of the Housing First model.

6. NEW BUSINESS

In-person Tour of 22039 Parrotts Ferry Property:

Tami Mariscal, Lindsey Lujan, and Evan Hammond provided the group with a live tour of all homes and outbuildings on the property. Several comments were made in reference to the beautiful setting and varied housing components available at Parrotts Ferry. Opportunities to have a garden or raise small animals were some of the benefits discussed by those on the tour.

7. CONTINUED BUSINESS

Follow up on new applicants for Behavioral Health Advisory Board membership:

Terry Ann Garcia stated that she had reached out to Claudette de Carbonel who informed her that she is visiting with family over the Independence Day weekend and hopes to attend the August Meeting.

Sherry Bradley contacted Melody Roberson who stated that she is not yet available to attend regularly but is still interested in becoming a member in the future.

Marshall Romeo attempted to explain to Mystery Bradford the need to attend two to three consecutive Behavioral Health Advisory Board meetings to be considered for appointment but shared his concern that she may not have understood the requirement.

8. BEHAVIORAL HEALTH ADVISORY BOARD MEMBERS' REPORTS:

Sherry Bradley, Behavioral Health Advisory Board Member, shared her written report from the June 17, 2024, Quality Improvement Council (QIC) Meeting. A copy of that report will be included within these minutes.

Jenn Salazar, Behavioral Health Advisory Board Member, expressed her concern over current outreach efforts by the Behavioral Health Department at the homeless encampments. She feels that more presence by Behavioral Health staff would encourage those asking for help to take the next step.

Tami Mariscal, Behavioral Health Director, will get more Behavioral Health Crisis cards to Jenn Salazar so that those expressing interest in getting help can reach out to the Department's Crisis Line at any time to receive it.

9. NEXT MEETING

The next regular Tuolumne County Behavioral Health Advisory Board meeting is scheduled for August 7, 2024, at 4:00 pm. Detailed meeting information will be provided on the August 7, 2024, Behavioral Health Advisory Board Meeting Agenda.

10. ADJOURNMENT

The July 3, 2024, Behavioral Health Advisory Board meeting was adjourned at 5:55 pm.

Behavioral Health Concepts, Inc – California EQRO | www.caleqro.com | info@bhceqro.com
2340 Powell Street, Unit 334, Emeryville, CA 94608 | Tel: (855) 385-3776 | Fax: (855) 385-3770

June 28, 2024

Tami Mariscal
Behavioral Health Director
Tuolumne County Behavioral Health Department (TCBHD)
2 South Green Street
Sonora, CA 95370

Dear Director Mariscal:

Enclosed is the Final Report completed by Behavioral Health Concepts, Inc., California's External Quality Organization (BHC) for the review of the Medi-Cal Specialty Mental Health Services Waiver Program, reflecting the findings and recommendations from the FY 2023-24 External Quality Review of the Tuolumne MHP.

This review was conducted in accordance with the Centers for Medicare and Medicaid Services (CMS) Managed Care regulations. These CMS regulations mandate that the California Department of Health Care Services (DHCS) provide an annual external quality review of the quality, outcomes, timeliness of care, and access to care provided by California Mental Health Plans (MHPs). BHC customized each FY 2023-24 review based upon the issues and recommendations outlined in the prior year's EQRO report.

BHC performed the following activities to meet the requirements for the External Quality Review as related to MHPs:

1. Validating Performance Improvement Projects (PIPs) – BHC reviewed and validated two MHP submitted PIPs, one clinical and one non-clinical.
2. Information Systems Capability Assessment (ISCA) – BHC utilized a California-specific ISCA protocol to review the integrity of the MHP's information system(s) and the completeness and accuracy of the data produced by those systems.
3. Validating Performance Measures (PMs) – BHC conducted a performance measurement analysis based upon variables identified through discussion with DHCS.
4. Technical Assistance and Training – BHC has provided technical assistance and training as part of the on-site review, webinar PIP Clinics, and remains available to respond to any MHP questions.

BHC appreciates the MHP's participation in the review. We hope that the recommendations and technical assistance provided are helpful in sustaining quality processes and in improving the overall quality of the MHP's program.

Sincerely,

Sandra Sinz, LCSW, CPHQ
Executive Director
California EQRO
Behavioral Health Concepts, Inc.

cc: Department of Healthcare Services (DHCS) EQRO
Lindsey Lujan – Quality Improvement Coordinator, TCBHD
Misti Ambler – Quality Assurance Manager and Compliance Officer, TCBHD
Patrick Zarate – Assistant Director, BHC CalEQRO

Tuolumne MHP Feedback to CalEQRO External Draft Report FY 23-24

All feedback must be sent to CalEQRO within 10 business days of receiving the review draft.

Submitted By:
Date Submitted:
Contact Person/Phone/Email:

Item #	Page Number	Report Statement	County Clarifying Response	County Request for Change	CalEQRO Response
1.	**7**	There continues to be an opportunity for Tuolumne to ensure consistent and reliable transportation to MHP services for members for their mental health services.	Currently TCBH hires transportation officers to support in client transport to services. In addition, TCBH has case managers that support in transportation to services for mental health and other provider needs. The MCP provided transportation is the area in which is unreliable for transportation for clients. The MCP benefit of transportation remains difficult to access, even with case manager assistance, and is often unreliable and inconsistent.	The MHP continues to work with clients and MCP's to access the benefit of transportation through the MCP's on behalf of the members, which is not always consistent or reliable for members.	Adjusted comment
2.	**8**	Staff salary parity appears to be an issue. The salary ranges are below other counties and were expressed as a concern by staff and a risk to staff retention.	On November 7, 2024, the County approved a $91,000.00 contract to hire American Consulting LLC to complete an Employee Compensation Study through March 6, 2024. Though County and MHP are actively working on salary ranges for staff. In addition, the last two calendar years the MHP has offered $1,000 dollars to all FTE and qualifying relief staff as retention payments, staff received their second payment in March 2024. Additionally, the Director meets with the Union to support labor negotiations on a regular basis, this includes the mandated minimum wage increase that is set to happen for Health Care providers this coming June. Currently the MHP is working with the county to increase salary and	Please consider removing.	Adjusted comment

Item #	Page Number	Report Statement	County Clarifying Response	County Request for Change	CalEQRO Response
			ensure retention. In addition, Tuolumne offers increased benefits for both management and direct service providers that surpass the surrounding counties. This includes increased days off, additional compensation towards benefits, longevity and degree pay, and more. All aspects that all Tuolumne to surpass other counties staff ranges when considered.		
3.	8	Work with County Human Resources to examine staff salary ranges in comparison to other counties and make needed adjustments, as appropriate.	The MPH to continue to work with County Human Resources to examine staff salary ranges in comparison to other counties and make needed adjustments, as appropriate.	Please consider removing	Adjusted comment
4.	39	It is unknown what percentage of members receive their first service within ten days.	Tuolumne currently does track the percentage of members that receive their first service within ten days. This document was submitted on page four of the timeliness report. In addition, the document is being resubmitted with this report.	72% of clients receive their first Specialty Mental Health appointment within 10 days	Changed
5.	42	In CY 2022, 20 percent of members served had only one service. A higher proportion of MHP members (29.03 percent) had only one or two services as compared to statewide (17.92 percent). The MHP's proportion increased 13 percent from CY 2021. Initial engagement may be an issue within the MHP.	Several members that receive only one or two services are often times are referred to managed care plans after assessment. Tuolumne completes a 30-60-90-day tracking to follow all members who are referred out. In addition, the MHP finds that the lower one to two services is a positive result of both screening and warm hand offs. The state standardize screening tool has increase transition to the MCP's through No Wrong Door case management.	In CY 2022, 20 percent of members served had only one service. A higher proportion of MHP members (29.03 percent) had only one or two services as compared to statewide (17.92 percent). The MHP's proportion increased 13 percent from CY 2021.	Adjusted comment
6.	57	During the last review, staff appeared to look forward to the implementation of their new EHR, Credible. Unfortunately,	Staff were very involved in the onboarding of the new EHR. This EHR was decided on due to its ability to come into compliance with the CalAIMS requirements. This new system is set up to have	During the last review, staff appeared to look forward to the implementation of their new EHR, Credible. The	Adjusted comment

Item #	Page Number	Report Statement	County Clarifying Response	County Request for Change	CalEQRO Response
		the reality since the application went live at the beginning of this FY has not lived up to their expectations. Issues brought up included criticism of an "awkward" user interface, more steps to complete standard tasks, difficulty finding progress notes, the addition of approvals to documents that did not require them in their previous EHR, and the lack of available reports.	additional approvals to meet DHCS requirements. As very common with onboarding a new system there is a learning curve for all staff. Through this implementation it is true that the interface is different from the previous and to meet CalAIMS requirements several aspects are not the same as the previous system. Ongoing training has taken place on a monthly basis to familiarize teams with the new system. In addition, there is a direct line of communication with EHR support staff to give individual training or support on any issue. Difficulties and awkward interface are to be expected with such a significant change to the daily routine of staff. As the team works through the new implementation and learns the reason behind some of the changes and allows for learning time on new processes, this issue should naturally resolve with increased familiarity with the system.	application went live at the beginning of this FY and has shown to result in a large learning curve for staff. During this new implementation that has been in place for nine months staff continue to express struggle with transitioning to the new system. Teams continue to get monthly training and individual training as needed when difficulties arise.	
7.	**57**	Staff brought up issues with appointment scheduling in Credible that have a big impact on their work. In Credible, clinical documentation of a service starts with an appointment. Without an appointment, documentation cannot happen. In the previous application, staff had control of their schedules. In Credible, administrative support staff control clinicians' schedules and clinical staff do not. The only exception is for the crisis team. Members are generally scheduled without input from clinicians. If an	In the previous EHR all documentation started with the appointment as well, this element is not new and has never operated differently for staff. In Credible all staff have the ability to schedule and change appointment times, including direct service staff. However as common practice for all medical offices Reception (support staff) is responsible for scheduling client appointments. Clients call reception to make an appointment and after a session clients leave with a card to schedule their next appointment with the front desk. Direct service staff are encouraged to dictate to reception when and how often clients	Please consider removing.	The issue was important enough that we will modify rather than remove the statement. Additional information is added. The difference in understanding indicates a communication gap between clinical staff understanding and MHP management understanding of

Item #	Page Number	Report Statement	County Clarifying Response	County Request for Change	CalEQRO Response
		appointment is created late, the clinician cannot document the service until the appointment exists. Several clinicians provided examples of such delays. Documentation of group services is impacted by members not being added or deleted from a group calendar in a timely manner. Appointments scheduled late impact each clinician's productivity. Clinical staff do not know why they do not have ability to modify or control their schedules.	are to be seen. Clients are scheduled with the front desk and at any time if a clinician needs to change an appointment, they have complete access to do this. Our clinic runs the same way any other medical office does, with the front desk managing appointments as to support the clinicians, however the EHR allows any staff to make or change appointments. If an appointment is scheduled late, there is no restriction in the system that would affect documentation. In response to productivity appointments being scheduled by reception has increase clinician productivity and billing over the last fiscal year. Productivity reports for previous year and the current have been submitted to support that this process has in fact been beneficial. All clinicians have the ability to modify and control their schedules, reception exists as a support for scheduling only. Clinical Managers meet with the Business and Operations team which include Reception to discuss any past or current communication issues around scheduling. All direct service providers are encouraged to voice concerns always.		appointment scheduling. MHP management should create and execute a communication plan to make sure all staff understand standard work for appointment scheduling.
8.	**60**	Staff salary parity appears to be an issue. The salary ranges are below other counties and were expressed as a concern by staff which may impact staff	On November 7, 2024, the County approved a $91,000.00 contract to hire American Consulting LLC to complete an Employee Compensation Study through March 6, 2024. Though County and MHP are actively working on salary ranges for staff. In addition, the last two calendar years	Please consider removing.	Adjusted comment

Item #	Page Number	Report Statement	County Clarifying Response	County Request for Change	CalEQRO Response
		retention and service capacity. (Access, Timeliness)	the MHP has offered $1,000 dollars to all FTE and qualifying relief staff as retention payments, staff received their second payment in March 2024. Additionally, the Director meets with the Union to support labor negotiations on a regular basis, this includes the mandated minimum wage increase that is set to happen for Health Care providers this coming June. Currently the MHP is working with the county to increase salary and ensure retention. In addition, Tuolumne offers increased benefits for both management and direct service providers that surpass the surrounding counties. This includes increased days off, additional compensation towards benefits, longevity and degree pay, and more. All aspects that all Tuolumne to surpass other counties staff ranges when considered.		
9.	61	Collaborate with County Human Resources to examine staff salary ranges in comparison to other counties and make needed adjustments where possible and as appropriate.	On November 7, 2024, the County approved a $91,000.00 contract to hire American Consulting LLC to complete an Employee Compensation Study through March 6, 2024. Though County and MHP are actively working on salary ranges for staff. In addition, the last two calendar years the MHP has offered $1,000 dollars to all FTE and qualifying relief staff as retention payments, staff received their second payment in March 2024. Additionally, the Director meets with the Union to support labor negotiations on a regular basis, this includes the mandated minimum wage increase that is set to happen for Health Care providers this coming June. Currently the MHP is working with the county to increase salary and ensure retention. In addition, Tuolumne offers	Please consider removing.	Adjusted comment

Item #	Page Number	Report Statement	County Clarifying Response	County Request for Change	CalEQRO Response
			increased benefits for both management and direct service providers that surpass the surrounding counties. This includes increased days off, additional compensation towards benefits, longevity and degree pay, and more. All aspects that all Tuolumne to surpass other counties staff ranges when considered.		

If needed, rows can be added by clicking on the bottom right cell of the table above and hitting the TAB button.

Behavioral Health Concepts, Inc.
info@bhceqro.com
www.caleqro.com
855-385-3776

FY 2023-24
MEDI-CAL SPECIALTY BEHAVIORAL HEALTH EXTERNAL QUALITY REVIEW

TUOLUMNE FINAL REPORT

☒ MHP

☐ DMC-ODS

Prepared for:

California Department of Health Care Services (DHCS)

Review Dates:

March 6, 2024

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EXECUTIVE SUMMARY

Highlights from the fiscal year (FY) 2023-24 Mental Health Plan (MHP) External Quality Review (EQR) are included in this summary to provide the reader with a brief reference, while detailed findings are identified throughout the following report. In this report, "Tuolumne" may be used to identify the Tuolumne County MHP.

MHP INFORMATION

Review Type — Virtual

Date of Review — March 6, 2024

MHP Size — Small

MHP Region — Central

SUMMARY OF FINDINGS

The California External Quality Review Organization (CalEQRO) evaluated the MHP on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding PIPs; and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	3	2	0

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	5	0	1
Quality of Care	10	7	2	1
Information Systems (IS)	6	4	2	0
TOTAL	**26**	**20**	**4**	**2**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Supportive Housing	Clinical	11/2023	Implementation	Moderate confidence
Follow-Up After Emergency (ED) Department Visit for Mental Illness (FUM)	Non-Clinical	12/2022	First Remeasurement	Low confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☒ Adults ☐ Transition Aged Youth (TAY) ☐ Family Members ☐ Other	4

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATION

The MHP demonstrated significant strengths in the following areas:

- The MHP has a strong relationship with the judicial system and became a Care Court Cohort 1 County in October 2023.
- Tuolumne identified concerns within their housing services and implemented a PIP to address the issues, including hiring a designated case manager.
- The MHP is accessible to the community with events such as “Not My Kid” that introduces families to alternative and nontraditional approaches through engaged family nights, and Coffee Talk that allows anyone in the community to attend and ask questions in an informal environment.
- Tuolumne completes an integrated MHP and substance use disorder (SUD) member assessment, completing an American Society of Addiction Medicine (ASAM) assessment with every MHP assessment.
- The MHP has a low denied claims rate of 1.38 percent.

The MHP was found to have notable opportunities for improvement in the following areas:

- The MHP reported the timeliness of non-urgent psychiatry appointments offered as only 24 percent meeting the 15-business day standard.
- Tuolumne did not report on urgent services within 48 hours for all categories.
- Although the MHP has made efforts to improve transportation services for members, there continues to be an opportunity for Tuolumne to continue working

with the Managed Care Plan (MCP) to ensure consistent and reliable transportation to MHP services for members.

- Tuolumne does not have a process to track and trend the foster care (FC) Healthcare Effectiveness Data and Information Set (HEDIS) measures.
- The MHP has made significant efforts in staff salary parity; however, salary ranges were expressed as a concern by staff and a risk to staff retention.

Recommendations for improvement based upon this review include:

- Further examine the timeliness of non-urgent psychiatry appointments and assertively implement initiatives to improve the rates meeting the 15-business day standard.
- Track and report on urgent services within 48 hours for all categories.
- Continue to investigate reasons and develop and implement strategies in collaboration with the MCP providers to ensure consistent and reliable access to transportation assistance for members.

  (This recommendation is a carry-over from FY 2022-23)
- Continue to develop a process that is not dependent on the Electronic Health Records (EHR) implementation and begin to track and trend the FC HEDIS measures.

  (This recommendation is a carry-over since FY 2020-21.)
- Continue efforts to examine staff salary ranges in comparison to other MHPs and continue to make needed adjustments, as appropriate.

INTRODUCTION

BASIS OF THE EXTERNAL QUALITY REVIEW

The United States Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS) requires an annual, independent external evaluation of State Medicaid Managed Care Organizations (MCOs) by an External Quality Review Organization (EQRO). The EQRO conducts an EQR that is an analysis and evaluation of aggregate information on access, timeliness, and quality of health care services furnished by Prepaid Inpatient Health Plans (PIHPs) and their contractors to recipients of State Medicaid (Medi-Cal in California) Managed Care Services. The Code of Federal Regulations (CFR) specifies the EQR requirements (42 CFR § 438, subpart E), and CMS develops protocols to guide the annual EQR process; the most recent protocol was updated in February 2023.

The State of California Department of Health Care Services (DHCS) contracts with 56 county MHPs, comprised of 58 counties, to provide specialty mental health services (SMHS) to Medi-Cal members under the provisions of Title XIX of the federal Social Security Act. As PIHPs, the CMS rules apply to each Medi-Cal MHP. DHCS contracts with Behavioral Health Concepts, Inc. (BHC), the CalEQRO to review and evaluate the care provided to the Medi-Cal members.

DHCS requires the CalEQRO to evaluate MHPs on the following: delivery of SMHS in a culturally competent manner, coordination of care with other healthcare providers, member satisfaction, and services provided to Medi-Cal eligible minor and non-minor dependents in FC as per California Senate Bill 1291 (Section 14717.5 of the California Welfare and Institutions Code [WIC]). CalEQRO also considers the State of California requirements pertaining to Network Adequacy (NA) as set forth in California Assembly Bill 205 (WIC Section 14197.05).

This report presents the FY 2023-24 findings of the EQR for Tuolumne County MHP by BHC, conducted as a virtual review on March 6, 2024.

REVIEW METHODOLOGY

CalEQRO's review emphasizes the MHP's use of data to promote quality and improve performance. Review teams are comprised of staff who have subject matter expertise in the public mental health (MH) system, including former directors, IS administrators, and individuals with lived experience as consumers or family members served by SMHS systems of care. Collectively, the review teams utilize qualitative and quantitative techniques to validate and analyze data, review MHP-submitted documentation, and conduct interviews with key county staff, contracted providers, advisory groups, members, family members, and other stakeholders. At the conclusion of the EQR process, CalEQRO produces a technical report that synthesizes information, draws upon prior year's findings, and identifies system-level strengths, opportunities for improvement, and recommendations to improve quality.

CalEQRO reviews are retrospective; therefore, MHP documentation that is requested for this review covers the time frame since the prior review. Additionally, the Medi-Cal approved claims data used to generate Performance Measures (PM) tables and graphs throughout this report are derived from three source files: Monthly Medi-Cal Eligibility Data System Eligibility File, Short-Doyle/Medi-Cal (SDMC) approved claims, and the Inpatient Consolidation (IPC) File. PMs calculated by CalEQRO cover services for approved claims for calendar year (CY) 2022 as adjudicated by DHCS by April 2023. Several measures display a three-year trend from CY 2020 to CY 2022.

As part of the pre-review process, each MHP is provided a description of the source of the Medi-Cal approved claims data and four summary reports of this data, including the entire Medi-Cal population served, and subsets of claims data specifically focused on Early Periodic Screening, Diagnosis, and Treatment (EPSDT); FC; transition aged youth; and Affordable Care Act (ACA). These worksheets provide additional context for many of the PMs shown in this report. CalEQRO also provides individualized technical assistance (TA) related to claims data analysis upon request.

Findings in this report include:

- Changes and initiatives the MHP identified as having a significant impact on access, timeliness, and quality of the MHP service delivery system in the preceding year. MHPs are encouraged to demonstrate these issues with quantitative or qualitative data as evidence of system improvements.
- MHP activities in response to FY 2022-23 EQR recommendations.
- Summary of MHP-specific activities related to the four Key Components, identified by CalEQRO as crucial elements of quality improvement (QI) and that impact member outcomes: Access, Timeliness, Quality, and IS.
- Validation and analysis of the MHP's two contractually required PIPs as per Title 42 CFR Section 438.330 (d)(1)-(4) – summary of the validation tool included as Attachment C.
- Validation and analysis of PMs as per 42 CFR Section 438.358(b)(1)(ii). PMs include examination of specific data for Medi-Cal eligible minor and non-minor dependents in FC, as per California WIC Section 14717.5, and also as outlined DHCS's Comprehensive Quality Strategy.
- Validation and analysis of each MHP's network adequacy (NA) as per 42 CFR Section 438.68, including data related to DHCS Alternative Access Standards (AAS) as per California WIC Section 14197.05, detailed in the Access section of this report.
- Validation and analysis of the extent to which the MHP and its subcontracting providers meet the Federal data integrity requirements for Health Information Systems (HIS), including an evaluation of the county MHP's reporting systems and methodologies for calculating PMs, and whether the MHP and its subcontracting providers maintain HIS that collect, analyze, integrate, and report

data to achieve the objectives of the quality assessment and performance improvement (QAPI) program.

- Validation and analysis of members' perception of the MHP's service delivery system, obtained through review of satisfaction survey results and focus groups with Plan members and their families.
- Summary of MHP strengths, opportunities for improvement, and recommendations for the coming year.

HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT SUPPRESSION DISCLOSURE

To comply with the Health Information Portability and Accountability Act, and in accordance with DHCS guidelines, CalEQRO suppresses values in the report tables when the count is less than 11, and then "<11" is indicated to protect the confidentiality of MHP members.

Further suppression was applied, as needed, with a dash (-) to prevent calculation of initially suppressed data or its corresponding penetration rate (PR) percentages.

MHP CHANGES AND INITIATIVES

In this section, changes within the MHP's environment since its last review, as well as the status of last year's (FY 2022-23) EQR recommendations are presented.

ENVIRONMENTAL ISSUES AFFECTING MHP OPERATIONS

The MHP did not experience any significant issues affecting its operations.

SIGNIFICANT CHANGES AND INITIATIVES

Changes since the last CalEQRO review, identified as having a significant effect on service provision or management of those services, are discussed below. This section emphasizes systemic changes that affect access, timeliness, and quality of care, including those changes that provide context to areas discussed later in this report.

- Tuolumne implemented a new EHR system, Credible by Qualifacts, on July 1, 2023.
- To improve services for MHP members in the judicial system, iPads were installed in the jail with direct lines to the crisis line. Dedicated staff began going to the jail to offer weekly services to inmates (e.g., individual rehabilitation services and therapy). A misdemeanor diversion program was created with the judicial system to further support clients in the correctional system. Additionally, Care Court was launched in Tuolumne with partnerships with the Courts, District Attorney's Office, Correctional System, County Counsel, Public Defender, and Behavioral Health. The MHP also increased treatment services (i.e., group services) at the Juvenile Detention Facility.
- Tuolumne received a grant to develop a mobile crisis unit and the MHP purchased three vehicles, including an all-terrain van equipped with showers, technology, and American with Disabilities Act accessibility. The grant allowed Tuolumne County Behavioral Health (TCBH) to increase access to mobile crisis services, including in schools, and overall in serving more members in the community.
- The MHP applied for a grant through Behavioral Health Bridge Housing and received over $2 million for infrastructure, rental assistance, housing navigation, and interim housing. TCBH began improving their current housing structure while completing the grant process and determined that increased support was needed for the two houses owned by the MHP. TCBH hired a Senior Behavioral Health Worker to focus on case management and increase support for tenants. In addition, more administrative oversight was put in place to support current and potential expanded housing efforts. The MHP initiated a PIP focusing on housing support that includes a streamlined administrative process by which direct service providers can report housing concerns.

- The TCBH Innovation Project, Family Ties: Youth and Family Wellness, is focused on creating activities using nontraditional/alternative approaches for youth and families. The MHP's goal is to decrease barriers to care and offer alternatives for families to improve mental health. Examples of services are meditation, sound therapy, yoga, mindfulness classes, nutrition education, art therapy, music therapy, aromatherapy, and equestrian services. The first event was scheduled for March 2024, held in the evening at a site outside of the TCBH campus, and includes food for all who attend.

RESPONSE TO FY 2022-23 RECOMMENDATIONS

In the FY 2022-23 EQR technical report, CalEQRO made several recommendations for improvements in the MHP's programmatic and/or operational areas. During the FY 2023-24 EQR, CalEQRO evaluated the status of those FY 2022-23 recommendations; the findings are summarized below.

Assignment of Ratings

Addressed is assigned when the identified issue has been resolved.

Partially Addressed is assigned when the MHP has either:

- Made clear plans and is in the early stages of initiating activities to address the recommendation; or
- Addressed some but not all aspects of the recommendation or related issues.

Not Addressed is assigned when the MHP performed no meaningful activities to address the recommendation or associated issues.

Recommendations not addressed may be presented as a recommendation again for this review. However, if the MHP has initiated significant activity and has specific plans to continue to implement these improvements, or if there are more significant issues warranting recommendations this year, the recommendation may not be carried forward to the next review year.

Recommendations from FY 2022-23

Recommendation 1: Review the process of providing adult members with non-group/individual therapy services and identify opportunities and implement strategies to streamline the process.

☒ Addressed ☐ Partially Addressed ☐ Not Addressed

- The MHP has reviewed its process for identifying members in need of non-group/individual therapy. The recommendation has been addressed.
- Tuolumne's clinical assessment and referrals are managed through the case administration team (CAT) that includes clinical program managers and administrative support staff. The team meets four times per week and all initial and subsequent assessments are reviewed for medical necessity, appropriate documentation, and corresponding diagnosis/problem list; and subsequently, clinical treatment services are determined and authorized.
- Tuolumne has increased recruitment of clinicians in the last year and improved clinician availability for individual therapy and non-group services. The MHP recruited clinical interns/practicum students who have added to the provision of services in both outpatient and criminal justice settings.

Recommendation 2: Continue to investigate reasons and develop and implement strategies to increase access and timeliness of services for youth in FC.

☒ Addressed ☐ Partially Addressed ☐ Not Addressed

- The recommendation has been addressed. The MHP reviewed barriers in partnership with child welfare. A dashboard was maintained and updated quarterly to understand youth being served through juvenile detention, behavioral health, and child welfare.
- The Interagency Leadership Team meets monthly and discusses FC youth services throughout the year.
- To remove barriers to initial access to care, the MHP worked collaboratively with the children's system to create a universal wrap-around authorization to release information. Streamlining the process as supported quicker access and information gathering for both departments.

Recommendation 3: Investigate reasons and develop and implement strategies in collaboration with the MCP providers to ensure consistent and reliable access to transportation assistance for members.

☐ Addressed ☒ Partially Addressed ☐ Not Addressed

- The MHP meets with the MCPs quarterly and transportation is discussed at those meetings, including the need to improve member transportation.
- Tuolumne has attempted to resolve the issue as much as possible to eliminate barriers for members accessing services and provides transportation for members as often as possible when medically necessary.
- The MHP has continued to make efforts and partially addressed the recommendation. The recommendation will be continued.

Recommendation 4: Develop a process that is not dependent on the EHR implementation and begin to track and trend the FC HEDIS measures.

(This recommendation is a carry-over from FY 2021-22 and FY 2020-21.)

☐ Addressed ☒ Partially Addressed ☐ Not Addressed

- The implementation of the new EHR Credible has consumed a lot of staff time from the MHP as well as the MHP's application service provider (ASP) Kings View. The MHP has not had the capacity to track and aggregate HEDIS measures outside of the EHR.
- The MHP included HEDIS reporting in its contract with Kings View for the implementation of Credible. Work on HEDIS reporting will begin when issues with Credible implementation are stabilized.

- Credible is able to display HEDIS measures within the application. To facilitate the implementation of this feature, the MHP hired a nurse in the Fall 2023.

Recommendation 5: Engage staff (e.g., through a survey, focus group, or other structured feedback process) on the barriers that they are finding in accessing reports and develop and implement strategies to remove those barriers.

☒ Addressed ☐ Partially Addressed ☐ Not Addressed

- The Tuolumne executive team engaged staff to find out what issues staff faced in running reports. They used several venues for gathering information including the Quality Management (QM) Committee, QI Council, and business administrative meetings.
- The MHP implemented a new EHR, Credible by Qualifacts, on July 1, 2023. Currently, the MHP is still in implementation and working through software issues with the vendor.

ACCESS TO CARE

CMS defines access as the ability to receive essential health care and services. Access is a broad set of concerns that reflects the degree to which eligible individuals (or members) are able to obtain needed health care services from a health care system. It encompasses multiple factors, including insurance/plan coverage, sufficient number of providers and facilities in the areas in which members live, equity, as well as accessibility—the ability to obtain medical care and services when needed.[1] The cornerstone of MHP services must be access, without which members are negatively impacted.

CalEQRO uses a number of indicators of access, including the Key Components and PMs addressed below.

ACCESSING SERVICES FROM THE MHP

SMHS are delivered by County-operated providers in the MHP. The exception is inpatient services that are provided by out-of-county contractor-operated providers. Regardless of payment source, approximately 99.99 percent of services were delivered by County-operated sites, and 0.01 percent were delivered by contractor-operated sites. Overall, approximately 60 percent of services provided were claimed to Medi-Cal.

The MHP has a toll-free access line available to members 24-hours, seven days per week that is operated by County staff from 8am to 7pm and by its contractor, Central Valley Suicide Prevention Hotline, from 7pm to 8am. Members may request services through the access line as well as through the following system entry points: clinic walk-in, mobile triage, school, law enforcement, probation, child welfare services, juvenile court, and primary care provider referrals. Tuolumne operates a centralized access team that is responsible for linking members to appropriate, medically necessary services. The CAT makes determinations about plans of care, medical necessity and makes referrals for groups, medication services, and targeted case management (TCM).

In addition to clinic-based MH services, the MHP provides psychiatry and MH services via telehealth to youth and adults. In FY 2022-23, the MHP reports having provided telehealth services to 378 adults, 102 youth, and 87 older adults across one county-operated site and zero contractor-operated sites. Among those served, zero members received telehealth services in a language other than English.

[1] CMS Data Navigator Glossary of Terms

NETWORK ADEQUACY

An adequate network of providers is necessary for members to receive the medically necessary services most appropriate to their needs. CMS requires all states with MCOs and PIHPs to implement rules for NA pursuant to Title 42 of the CFR §438.68. In addition, through WIC Section 14197.05, California assigns responsibility to the EQRO for review and validation of specific data, by plan and by county, for the purpose of informing the status of implementation of the requirements of Section 14197, including the information in Table 1A and Table 1B.

In December 2022, DHCS issued its FY 2022-23 NA Findings Report for all MHPs based upon its review and analysis of each MHP's Network Adequacy Certification Tool and supporting documentation, as per federal requirements outlined in the Annual Behavioral Health Information Notice (BHIN).

For Tuolumne County, the time and distance requirements are 60 miles and 90 minutes for outpatient MH and psychiatry services. These services are further measured in relation to two age groups – youth (0-20) and adults (21 and over).

Table 1A: MHP Alternative Access Standards, FY 2022-23

Alternative Access Standards	
The MHP was required to submit an AAS request due to time or distance requirements	☐ Yes ☒ No

- The MHP met all time and distance standards and was not required to submit an AAS request.
- The MHP stated that they do not have any potential interested out of network providers who would want to contract with them.

Table 1B: MHP Out-of-Network Access, FY 2022-23

Out-of-Network (OON) Access	
The MHP was required to provide OON access due to time or distance requirements	☐ Yes ☒ No

- Because the MHP can provide necessary services to a member within time and distance standards using a network provider, the MHP was not required to allow members to access services via OON providers.
- If there was a need for a member to see an out-of-network provider, a contract would be drafted to ensure member access. Currently, the MHP has drafted boilerplate contracts for this scenario to ensure timely access to services.

ACCESS KEY COMPONENTS

CalEQRO identifies the following components as representative of a broad service delivery system which provides access to members and family members. Examining service accessibility and availability, system capacity and utilization, integration and collaboration of services with other providers, and the degree to which an MHP informs the Medi-Cal eligible population and monitors access and availability of services form the foundation of access to quality services that ultimately lead to improved member outcomes.

Each access component is comprised of individual subcomponents which are collectively evaluated to determine an overall Key Component rating of Met, Partially Met, or Not Met; Not Met ratings are further elaborated to promote opportunities for QI.

Table 2: Access Key Components

KC #	Key Components – Access	Rating
1A	Service Accessibility and Availability are Reflective of Cultural Competence Principles and Practices	Met
1B	Manages and Adapts Capacity to Meet Member Needs	Met
1C	Integration and/or Collaboration to Improve Access	Met
1D	Service Access and Availability	Met

Strengths and opportunities associated with the access components identified above include:

- The MHP has a Community Cultural Collaborative that meets monthly.
- Tuolumne offers stakeholders and community members many opportunities to be involved and receive information about the MHP.
- Tuolumne's provider handbook and Website are informative and useful.
- The MHP has focused on staff morale and retention efforts. Tuolumne has improved its overall staff vacancy rate to 18 percent.

ACCESS PERFORMANCE MEASURES

MEMBERS SERVED, PENETRATION RATES, AND AVERAGE APPROVED CLAIMS PER MEMBER SERVED

The following information provides details on Medi-Cal eligibles, and members served by age, race/ethnicity, and threshold language.

The PR is a measure of the total members served based upon the total Medi-Cal eligible. It is calculated by dividing the number of unduplicated members served (receiving one or more approved Medi-Cal services) by the annual eligible count

calculated from the monthly average of eligibles. The average approved claims per member (AACM) served per year is calculated by dividing the total annual dollar amount of Medi-Cal approved claims by the unduplicated number of Medi-Cal members served per year. Where the median differs significantly from the average, that information may also be noted throughout this report. The similar-size county PR is calculated using the total number of members served by that county size divided by the total eligibles (calculated based upon average monthly eligibles) for counties in that size group.

The Statewide PR is 3.96 percent, with a statewide average approved claim amount of $7,442. Using PR as an indicator of access for the MHP, Tuolumne's MHP PR indicates that services are more easily accessible for Medi-Cal members in the MHP than statewide.

Table 3: Tuolumne MHP Annual Members Served and Total Approved Claims, CY 2020-22

Year	Total Members Eligible	# of Members Served	MHP PR	Total Approved Claims	AACM
CY 2022	15,907	899	5.65%	$6,254,119	$6,957
CY 2021	14,738	780	5.29%	$5,374,018	$6,890
CY 2020	13,553	862	6.36%	$5,309,486	$6,159

Note: Total annual eligibles in Tables 3 and 4 may show small differences due to rounding of different variables when calculating the annual total as an average of monthly totals.

- The number of eligibles increased 8 percent from CY 2021 to CY 2022. Over the same period, the number of members served increased 15 percent.
- The MHP PR decreased in CY 2021 from CY 2020 by 17 percent. In CY 2022, the PR increased 7 percent as compared to the previous CY.
- Total approved claims increased just over $880,000 from CY 2021 to CY 2022.
- The MHP AACM is 7 percent below the statewide AACM.

Table 4: Tuolumne County Medi-Cal Eligible Population, Members Served, and Penetration Rates by Age, CY 2022

Age Groups	Total Members Eligible	# of Members Served	MHP PR	County Size Group PR	Statewide PR
Ages 0-5	1,469	<11	-	1.31%	1.82%
Ages 6-17	3,240	182	5.62%	5.83%	5.65%
Ages 18-20	718	-	-	4.72%	3.97%
Ages 21-64	8,699	614	7.06%	4.53%	4.03%
Ages 65+	1,784	48	2.69%	2.25%	1.86%

Age Groups	Total Members Eligible	# of Members Served	MHP PR	County Size Group PR	Statewide PR
Total	15,907	899	5.65%	4.30%	3.96%

Note: Total annual eligibles in Tables 3 and 4 may show small differences due to rounding of different variables when calculating the annual total as an average of monthly totals.

- In CY 2022, The MHP's total PR exceeded that of the similar-size county group PR as well as the statewide PR.
- The MHP's PR for the age group 21-64 is higher than similar-size counties by 56 percent and higher than the statewide PR by 75 percent.

Table 5: Threshold Language of Tuolumne MHP Medi-Cal Members Served in CY 2022

Threshold Language	# of Members Served	% of Members Served
No threshold languages	n/a	n/a
Threshold language source: Open Data per BHIN 20-070		

- The MHP has no threshold languages.

Table 6: Tuolumne MHP Medi-Cal Expansion (ACA) PR and AACM, CY 2022

Entity	Total ACA Eligibles	Total ACA Members Served	MHP ACA PR	ACA Total Approved Claims	ACA AACM
MHP	5,187	273	5.26%	$1,369,368	$5,016
Small	218,086	8,382	3.84%	$44,131,230	$5,265
Statewide	4,831,118	164,980	3.41%	$1,051,087,580	$6,371

- For the subset of Medi-Cal eligible that qualify for Medi-Cal under the ACA, their overall PR and AACM tend to be lower than non-ACA members. This trend is the same for the MHP. The ACA PR is 7 percent lower than the overall MHP PR, and the ACA AACM is 18 percent lower than the overall MHP AACM.
- The number of ACA eligibles in CY 2022 increased 10 percent from CY 2021.
- The number of ACA members served in CY 2022 increased from 226 members in CY 2021 to 273 in CY 2022. The PR increased as well from 4.79 percent in CY 2021 to 5.26 percent in CY 2022.

The race/ethnicity data can be interpreted to determine how readily the listed racial/ethnic subgroups comparatively access SMHS through the MHP. If they all had similar patterns, one would expect the proportions they constitute of the total population of Medi-Cal eligibles to match the proportions they constitute of the total members

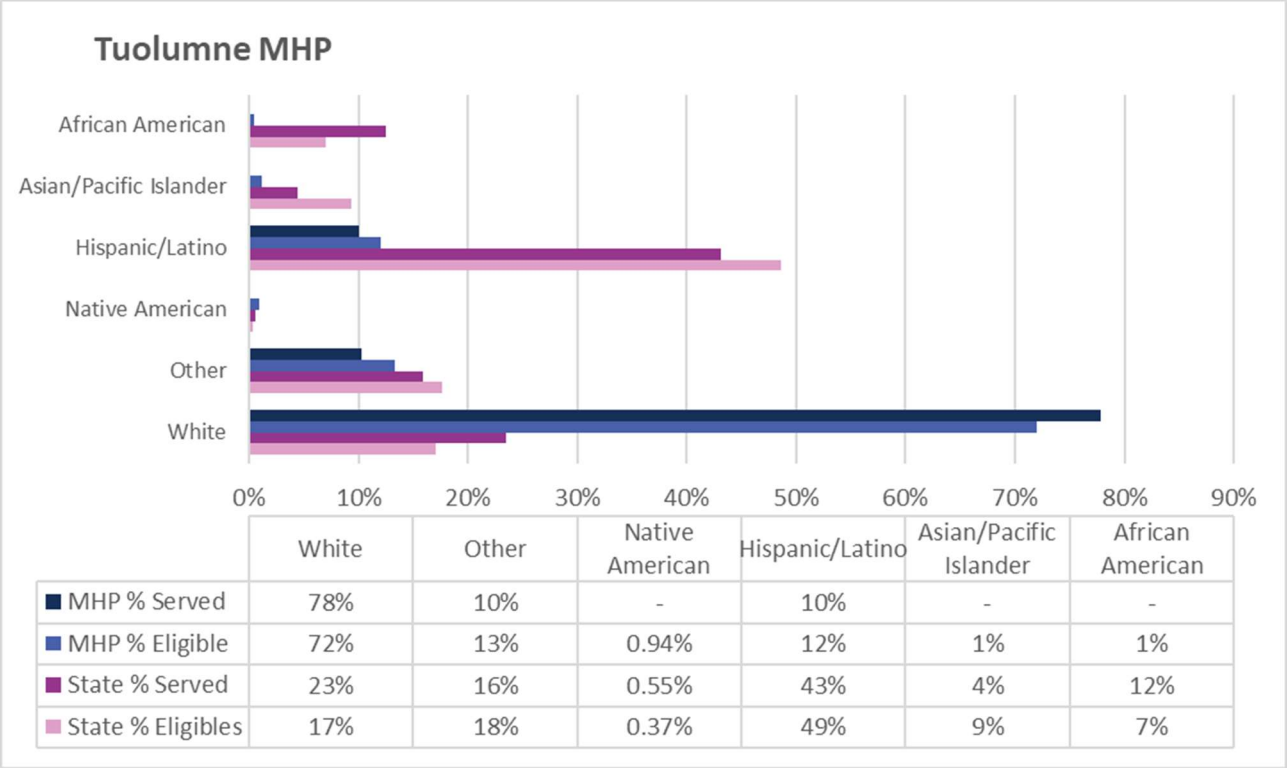
served. Table 7 and Figures 1-9 compare the MHP's data with MHPs of similar size and the statewide average.

Table 7: Tuolumne MHP PR of Members Served by Race/Ethnicity, CY 2022

Race/Ethnicity	Total Members Eligible	# of Members Served	MHP PR	Statewide PR
African American	82	<11	-	7.08%
Asian/Pacific Islander	191	<11	-	1.91%
Hispanic/Latino	1,913	90	4.70%	3.51%
Native American	150	<11	-	5.94%
Other	2,114	93	4.40%	3.57%
White	11,460	700	6.11%	5.45%

- The Hispanic/Latino PR increased from 3.8 percent in CY 2021 to 4.70 percent in CY 2022.
- The PR for Other decreased from 5.30 percent in CY 2021 to 4.40 percent in CY 2022.
- The PR for White increased from 5.58 percent to 6.11 percent from CY 2021 to CY 2022.
- The Native American, Asian/Pacific Islander, and African American racial/ethnic groups had too few members served to be able to display in Table 7. Compared to CY 2021, the number of Asian/Pacific Islander members served increased while the number of African Americans and Native Americans served remained the same.

Figure 1: Race/Ethnicity for MHP Compared to State, CY 2022

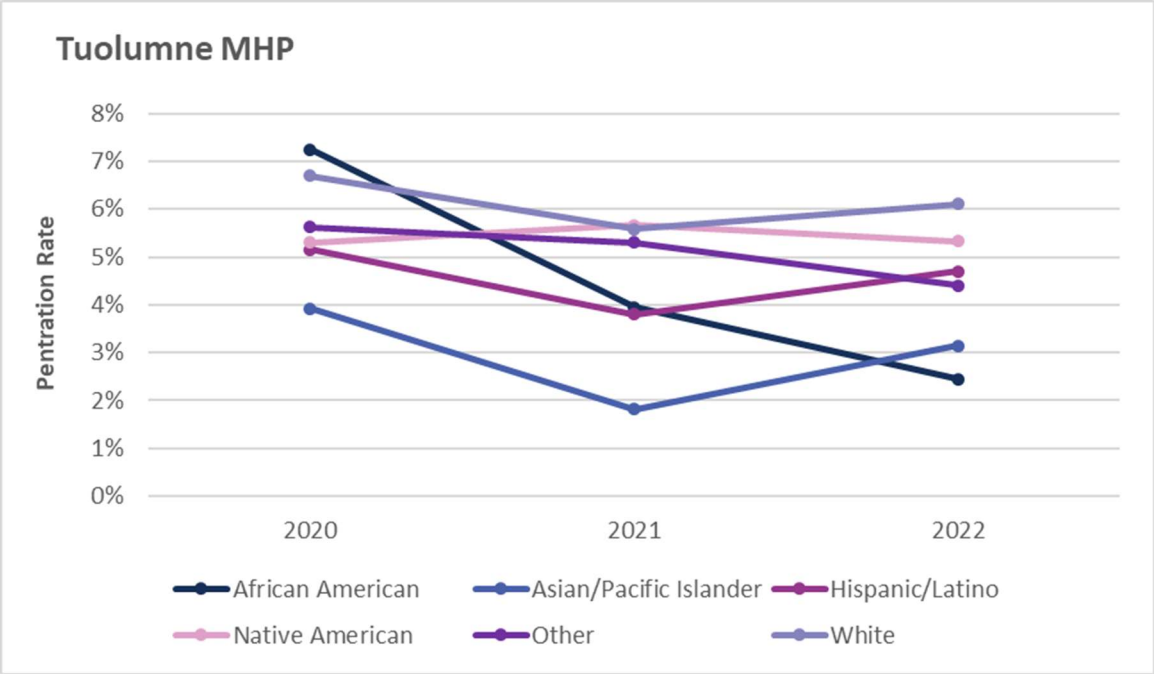


	White	Other	Native American	Hispanic/Latino	Asian/Pacific Islander	African American
MHP % Served	78%	10%	-	10%	-	-
MHP % Eligible	72%	13%	0.94%	12%	1%	1%
State % Served	23%	16%	0.55%	43%	4%	12%
State % Eligibles	17%	18%	0.37%	49%	9%	7%

- For the categories Native American and Asian/Pacific Islander, the proportions of eligibles and members served are very comparable.
- White is the only race/ethnicity whose proportion of members served is greater than the proportion of members eligible, indicating slight over-representation in the MHP.
- The Hispanic/Latino proportion of served members to eligibles has narrowed somewhat compared to the prior year. In CY 2021, Hispanic/Latino members represented 8 percent of the members served and in CY 2022, they represented 10 percent of members served.

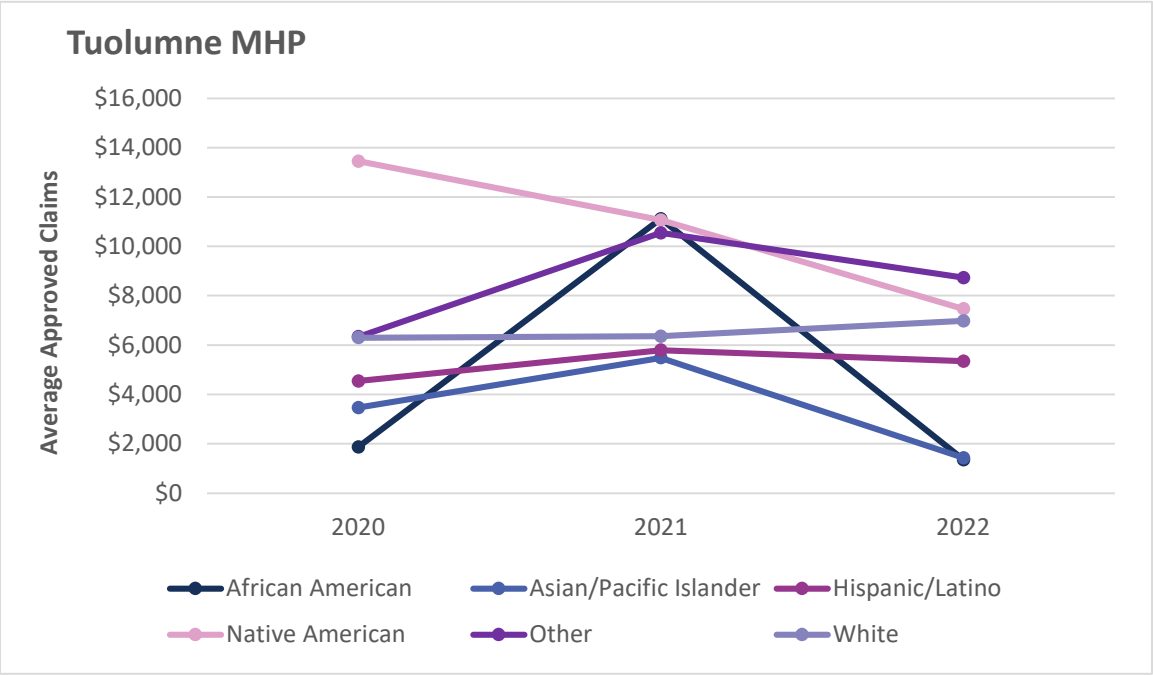
Figures 2-11 display the PR and AACM for the overall population, two racial/ethnic groups that are historically underserved (Hispanic/Latino, and Asian/Pacific Islander), and the high-risk FC population. For each of these measures, the MHP's data is compared to the similar county size and the statewide for a three-year trend.

Figure 2: MHP PR by Race/Ethnicity, CY 2020-22



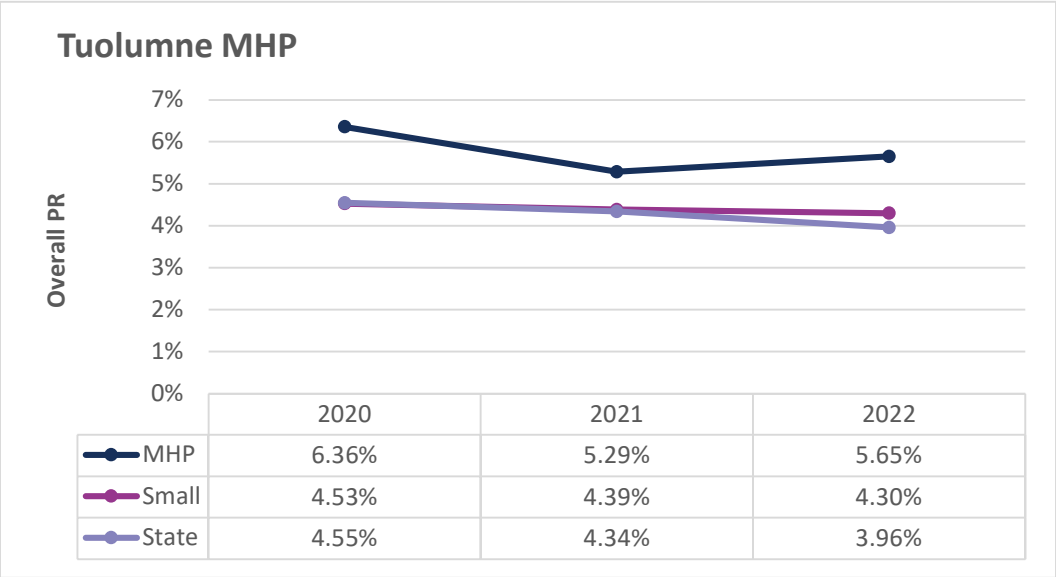
- PRs for White, Hispanic/Latino, and Asian Pacific Islander racial/ethnic groups showed upward trends from CY 2021 to CY 2022.
- African American, Other, and Native American PRs showed downward trends from CY 2021 to CY 2022. The small numbers of eligibles in these categories mean small changes in members served from these groups can have a large impact on PRs.

Figure 3: MHP AACM by Race/Ethnicity, CY 2020-22



- The AACM for the White racial/ethnic group increased by over $600 from CY 2021 to CY 2022. The AACMs for all other races/ethnicities decreased from CY 2021 to CY 2022.
- The most sizeable changes over the three-year period in Figure 3 are for African American, Asian/Pacific Islander, and Native American races/ethnicities. Because the three groups represent a small percentage of the population of members served, outliers in any of those groups can have a big impact on the mean (average).

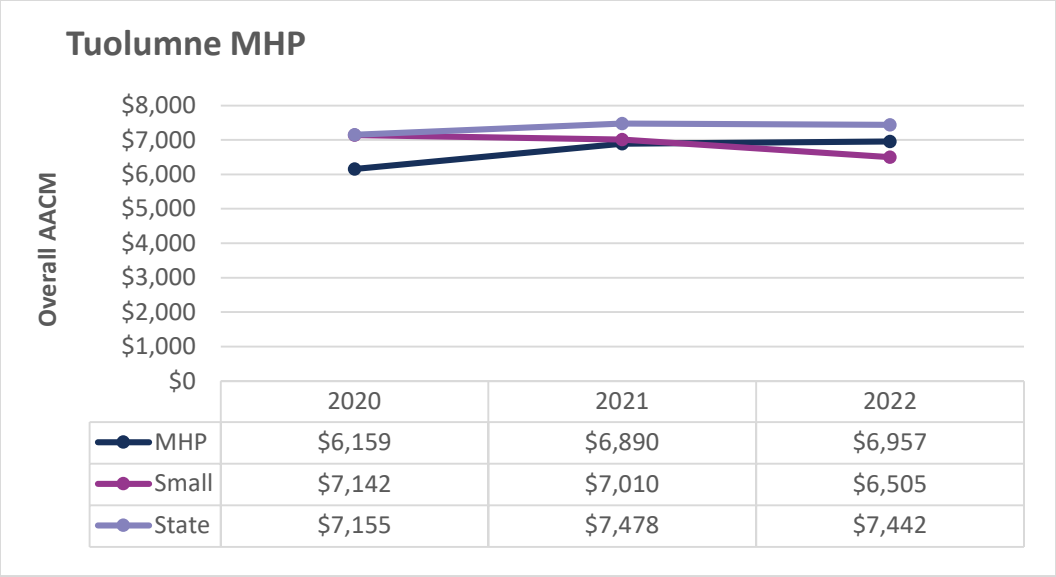
Figure 4: Overall PR, CY 2020-22



	2020	2021	2022
MHP	6.36%	5.29%	5.65%
Small	4.53%	4.39%	4.30%
State	4.55%	4.34%	3.96%

- The MHP PR exceeds that of other small counties and the statewide PR for the three years represented in Figure 4. The MHP PR is higher than for small counties by 1.35 percentage points, and higher than the statewide PR by 1.69 percentage points.

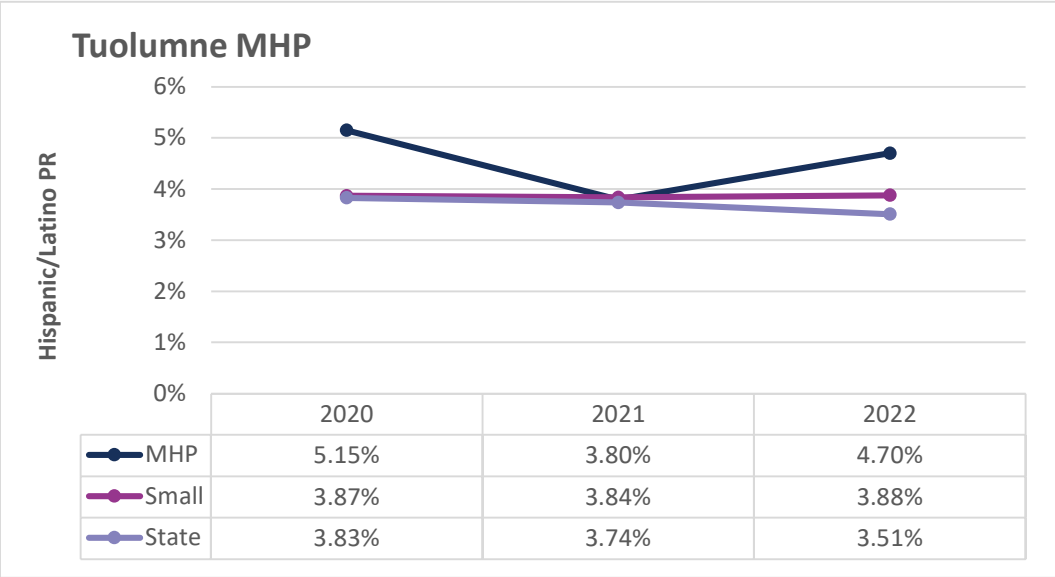
Figure 5: Overall AACM, CY 2020-22



	2020	2021	2022
MHP	$6,159	$6,890	$6,957
Small	$7,142	$7,010	$6,505
State	$7,155	$7,478	$7,442

- The MHP's increase in AACM over the three CYs closed the gap between the MHP, small counties as a group, and statewide. The MHP AACM increased by $798, or 13 percent. The AACM of small counties decreased $637, or 9 percent. The increase statewide was $287, or 4 percent.

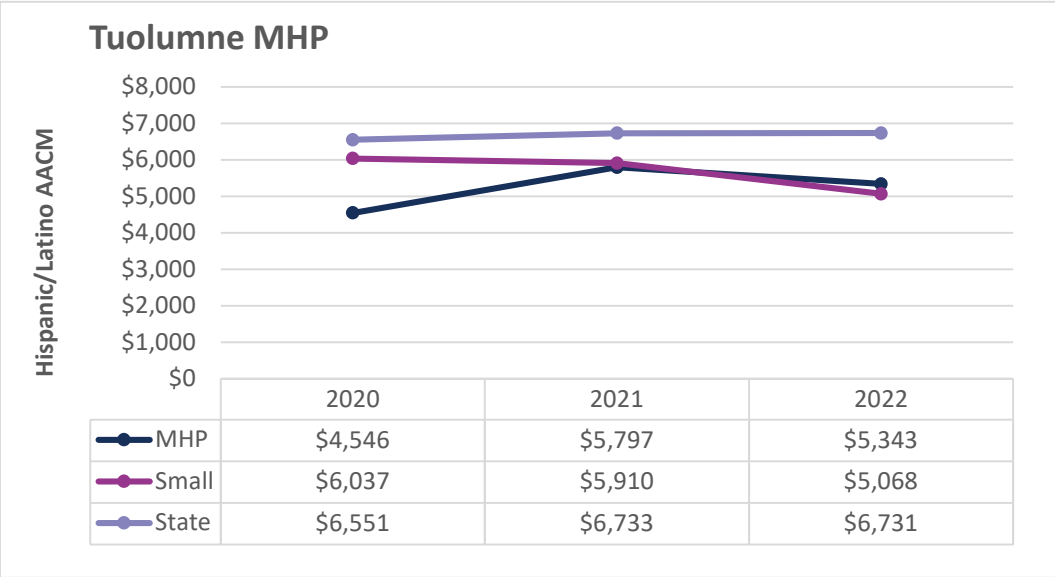
Figure 6: Hispanic/Latino PR, CY 2020-22



	2020	2021	2022
MHP	5.15%	3.80%	4.70%
Small	3.87%	3.84%	3.88%
State	3.83%	3.74%	3.51%

- In CY 2020, the MHP's PR was higher than the PRs for both small counties and statewide. In CY 2021, the MHP PR was comparable to small counties and statewide. In CY 2022, the MHP's PR exceeded the PR of small counties by 21 percent and the state by 34 percent.
- From CY 2019 to CY 2021 the MHP PR for Hispanic/Latino members declined 30 percent, from 5.39 percent to 3.80 percent.
- While the PRs for small counties and statewide declined over the period shown in Figure 6, the PR for the MHP increased from 3.80 percent in CY 2021 to 4.70 percent in CY 2022. The PRs for small counties and statewide were relatively stable for the past three CYs.

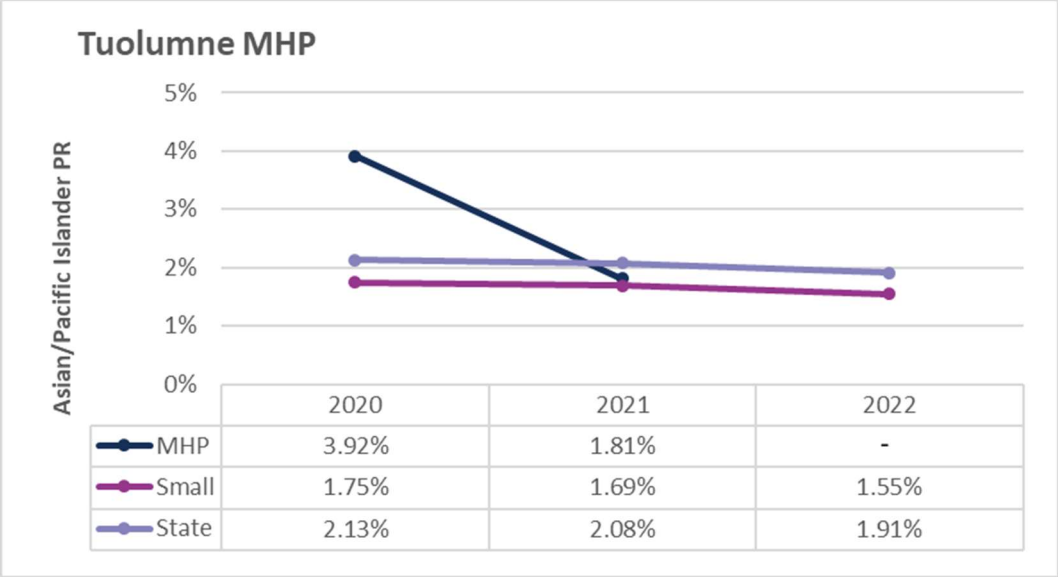
Figure 7: Hispanic/Latino AACM, CY 2020-22



	2020	2021	2022
MHP	$4,546	$5,797	$5,343
Small	$6,037	$5,910	$5,068
State	$6,551	$6,733	$6,731

- The MHP AACM for Hispanic/Latino members increased by 18 percent from CY 2020 to CY 2022. By CY 2022, the MHP AACM exceeded the AACM of small counties by 5 percent, and it remains lower than statewide.

Figure 8: Asian/Pacific Islander PR, CY 2020-22

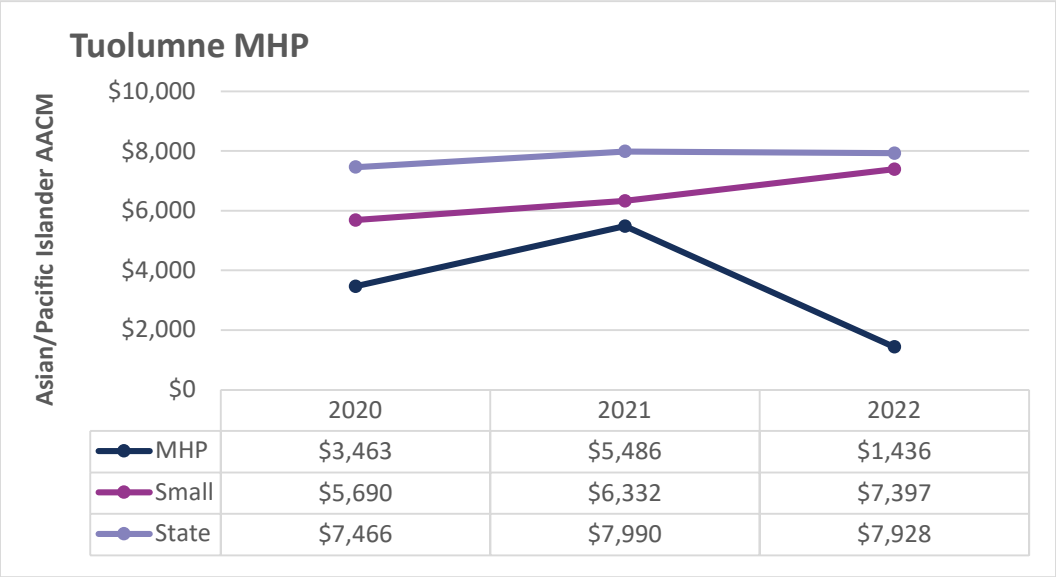


	2020	2021	2022
MHP	3.92%	1.81%	-
Small	1.75%	1.69%	1.55%
State	2.13%	2.08%	1.91%

- Due to the small number of Asian/Pacific Islander members served in CY 2022, the MHP's Asian/Pacific Islander PR for that year is not displayed in Figure 8 above. In CY 2022, the MHP Asian/Pacific Islander members served increased.

- Because the number of Asian/Pacific Islander clients served in Tuolumne is low, the impact of several members admitted to or discharged from MHP services has a large impact on the PR.

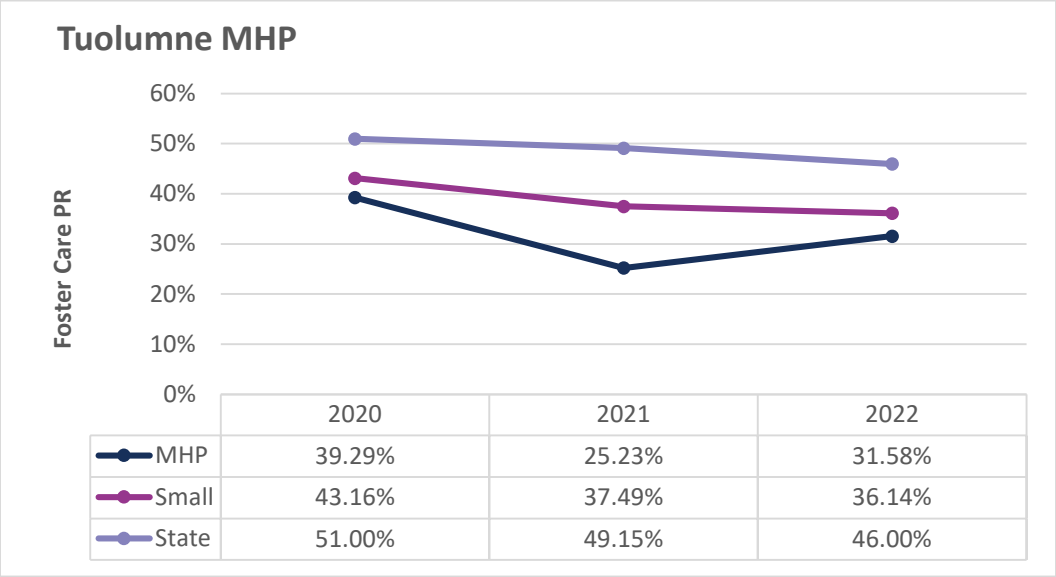
Figure 9: Asian/Pacific Islander AACM, CY 2020-22



	2020	2021	2022
MHP	$3,463	$5,486	$1,436
Small	$5,690	$6,332	$7,397
State	$7,466	$7,990	$7,928

- The MHP's AACM for Asian/Pacific Islander members decreased $4,050, or 74 percent, from CY 2021 to CY 2022.

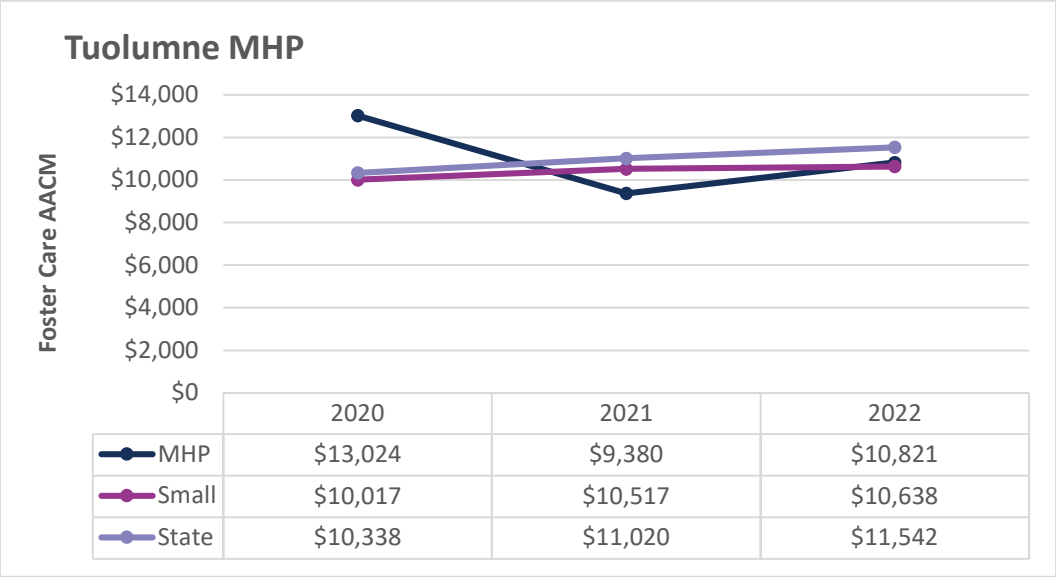
Figure 10: Foster Care PR, CY 2020-22



	2020	2021	2022
MHP	39.29%	25.23%	31.58%
Small	43.16%	37.49%	36.14%
State	51.00%	49.15%	46.00%

- The statewide FC PR shows a slight downward trend of 10 percent from CY 2020 to CY 2022. Small counties as a group had a 16 percent downward trend over the same period.
- The MHP had a 36 percent decrease from CY 2020 to CY 2021 and subsequently had an increase of 25 percent from CY 2021 to CY 2022. Overall, the decline in PR for the MHP was 20 percent over the three-CY report period.

Figure 11: Foster Care AACM, CY 2020-22



	2020	2021	2022
MHP	$13,024	$9,380	$10,821
Small	$10,017	$10,517	$10,638
State	$10,338	$11,020	$11,542

- Statewide FC AACM has increased each year for the past three years.
- The MHP AACM for FC increased 15 percent ($3,680) from CY 2021 to CY 2022. The increase followed a decline of 28 percent ($3,644) from CY 2020 to CY 2021.

UNITS OF SERVICE DELIVERED TO ADULTS AND FOSTER YOUTH

Table 8: Services Delivered by the Tuolumne MHP to Adults, CY 2022

Service Category	MHP N = 711				Statewide N = 381,970		
	Members Served	% of Members Served	Average Units	Median Units	% of Members Served	Average Units	Median Units
Per Day Services							
Inpatient	50	7.0%	9	5	10.3%	14	8
Inpatient Admin	0	0.0%	0	0	0.4%	26	10
Psychiatric Health Facility	<11	-	40	40	1.2%	16	8
Residential	0	0.0%	0	0	0.3%	114	84
Crisis Residential	<11	-	10	10	1.9%	23	15
Per Minute Services							
Crisis Stabilization	<11	-	1,293	1,200	13.4%	1,449	1,200
Crisis Intervention	218	30.7%	315	188	12.2%	236	144
Medication Support	359	50.5%	249	200	59.7%	298	190
Mental Health Services	438	61.6%	651	229	62.7%	832	329
Targeted Case Management	369	51.9%	205	57	36.9%	445	135

- The MHP had lower utilization of inpatient and other per day services than statewide.
- Most members served (61.6 percent) received mental health services, comparable to statewide. The second highest-utilized per minute service is TCM (51.9 percent), higher than statewide. The third highest is medication support (50.5 percent), which is lower than statewide.
- Compared to statewide, the MHP had high utilization of crisis intervention services: 30.7 percent of MHP members received that service compared to 12.2 percent of Medi-Cal members statewide.
- Even though the MHP average units for mental health services (651 units) is lower than the statewide average units, the MHP units increased since CY 2021 by 168 units. The MHP average units for TCM (205 units) are 46 percent of the statewide average.

Table 9: Services Delivered by the MHP to Tuolumne MHP Youth in Foster Care, CY 2022

Service Category	MHP N = 30				Statewide N = 33,234		
	Members Served	% of Members Served	Average Units	Median Units	% of Members Served	Average Units	Median Units
Per Day Services							
Inpatient	<11	-	10	10	4.5%	12	8
Inpatient Admin	0	0.0%	0	0	0.0%	5	3
Psychiatric Health Facility	0	0.0%	0	0	0.2%	19	8
Residential	0	0.0%	0	0	0.0%	56	39
Crisis Residential	0	0.0%	0	0	0.1%	24	22
Full Day Intensive	0	0.0%	0	0	0.2%	673	435
Full Day Rehab	0	0.0%	0	0	0.2%	111	84
Per Minute Services							
Crisis Stabilization	0	0.0%	0	0	3.1%	1,166	1,095
Crisis Intervention	<11	-	150	150	8.5%	371	182
Medication Support	<11	-	266	199	27.6%	364	257
Therapeutic Behavioral Services (TBS)	<11	-	1,834	2,340	3.9%	4,077	2,457
Therapeutic FC	0	0.0%	0	0	0.1%	911	495
Intensive Care Coordination	<11	-	632	479	40.8%	1,458	441
Intensive Home-Based Services	<11	-	482	491	19.5%	2,440	1,334
Katie-A-Like	0	0.0%	0	0	0.2%	390	158
Mental Health Services	28	93.3%	1,523	562	95.4%	1,846	1,053
Targeted Case Management	16	53.3%	244	145	35.8%	307	118

- Fewer than 11 FC members received inpatient services from the MHP.
- Most FC members (93.3 percent) received mental health services. The MHP utilization rate of this service is comparable to the statewide utilization rate.
- The MHP provided 53.3 percent of FC members with TCM, and that percentage exceeds the statewide rate of 35.8 percent.

- The MHP provided intensive home-based services (IHBS) and intensive care coordination (ICC) to small numbers of FC members. While their numbers cannot be displayed, it is important to note that the utilization of ICC is particularly below the statewide rate of 40.8 percent. Additionally, ICC and IHBS are provided with much fewer units of service.
- All MHP per minute service average units were lower than corresponding statewide average units.
- Fc youth who received TBS received much fewer units of service than statewide.

IMPACT OF ACCESS FINDINGS

- The MHP increased its PR from being similar to other small counties and statewide in CY 2021 to exceeding the PR of small counties by 21 percent and the state by 34 percent in CY 2022. Tuolumne has strong community partnerships and is present in the community with various activities for individuals to attend, ask questions, and receive information.
- Tuolumne's population served is predominantly White and the MHP does not have a threshold language. However, Tuolumne has a Community Cultural Collaborative with regular monthly meetings.
- Tuolumne's CAT ensures that members receive appropriate services. The team includes all clinical program managers and administrative support staff and meets four times a week, reviews all initial and subsequent assessments, and determines treatment services.
- The low number of units provided under ICC and IHBS suggest that the implementation of Pathways to Well-Being warrants some examination.

TIMELINESS OF CARE

The amount of time it takes for members to begin treatment services is an important component of engagement, retention, and ability to achieve desired outcomes. Studies have shown that the longer it takes to engage into treatment services, the more likelihood individuals will not keep the appointment. Timeliness tracking is critical at various points in the system including requests for initial, routine, and urgent services. To be successful with providing timely access to treatment services, the county must have the infrastructure to track timeliness and a process to review the metrics on a regular basis. Counties then need to make adjustments to their service delivery system in order to ensure that timely standards are being met. DHCS monitors MHPs' compliance with required timeliness metrics identified in BHIN 22-033. Additionally, CalEQRO uses the following tracking and trending indicators to evaluate and validate MHP timeliness, including the Key Components and PMs addressed below.

TIMELINESS KEY COMPONENTS

CalEQRO identifies the following components as necessary elements to monitor the provision of timely services to members. The ability to track and trend these metrics helps the MHP identify data collection and reporting processes that require improvement activities to facilitate improved member outcomes. The evaluation of this methodology is reflected in the Timeliness Key Components ratings, and the performance for each measure is addressed in the PMs section.

Each Timeliness Component is comprised of individual subcomponents, which are collectively evaluated to determine an overall Key Component rating of Met, Partially Met, or Not Met; Not Met ratings are further elaborated to promote opportunities for QI.

Table 10: Timeliness Key Components

KC #	Key Components – Timeliness	Rating
2A	First Non-Urgent Request to First Offered Appointment	Met
2B	First Non-Urgent Request to First Offered Psychiatric Appointment	Met
2C	Urgent Appointments	Not Met
2D	Follow-Up Appointments after Psychiatric Hospitalization	Met
2E	Psychiatric Readmission Rates	Met
2F	No-Shows/Cancellations	Met

Strengths and opportunities associated with the timeliness components identified above include:

- Tuolumne performs well in follow-up after inpatient discharge within 7 and 30 days. The MHP has processes in place to ensure that members receive the appropriate services following discharge.

- The MHP tracks no-shows and is currently reviewing initiatives to improve member no shows to appointments.
- Although the MHP expressed that it is addressing urgent appointments in a timely manner within 48 hours, it did not provide the data to support this.
- The MHP reported one on-site psychiatrist and the other psychiatric appointments through telehealth. The result for the first non-urgent psychiatry appointment offered was only 24 percent meeting the 15-day business standard. The MHP evidenced activity to improve timely access to psychiatry.

TIMELINESS PERFORMANCE MEASURES

In preparation for the EQR, MHPs complete and submit the Assessment of Timely Access (ATA) form in which they identify MHP performance across several key timeliness metrics for a specified time period. Counties are also expected to submit the source data used to prepare these calculations. This is particularly relevant to data validation for the additional statewide focused study on timeliness that BHC is conducting.

For the FY 2023-24 EQR, the MHP reported in its submission of the ATA, representing access to care during the 12-month period of FY 2022-23. Table 11 and Figures 12-14 below display data submitted by the MHP; an analysis follows. These data represent the entire system of care. It is important to note that the data submitted for Urgent Appointment Offered – Prior Authorization not Required reflected only one member. Tuolumne reported during the EQR that because they were able to offer appointments within the 48-hour standard, they did not record the requests as urgent. For these reasons, this metric is recorded as “Not Tracked” below.

Claims data for timely access to post-hospital care and readmissions are discussed in the Quality of Care section.

Table 11: FY 2023-24 Tuolumne MHP Assessment of Timely Access

Timeliness Measure	Average	Standard	% That Meet Standard
First Non-Urgent Appointment Offered	7 Business Days	10 Business Days*	89%
First Non-Urgent Service Rendered	10 Business Days	30 Business Days**	97%
First Non-Urgent Psychiatry Appointment Offered	22 Business Days	15 Business Days*	24%
First Non-Urgent Psychiatry Service Rendered	25 Business Days	15 Business Days**	21%
Urgent Services Offered (including all outpatient services) – Prior Authorization NOT Required	***	48 Hours*	***
Follow-Up Appointments after Psychiatric Hospitalization – 7 Days	3 Calendar Days	7 Calendar Days	74%
Follow-Up Appointments after Psychiatric Hospitalization – 30 Days	3 Calendar Days	30 Calendar Days	83%
No-Show Rate – Psychiatry	18%	15%**	n/a
No-Show Rate – Clinicians	16%	20%**	n/a

* DHCS-defined timeliness standards as per BHIN 21-023 and 22-033

** MHP-defined timeliness standards

*** Not tracked

For the FY 2023-24 EQR, the MHP reported its performance for the following time period:

FY 2022-23

Figure 12: Wait Times to First Service and First Psychiatry Service

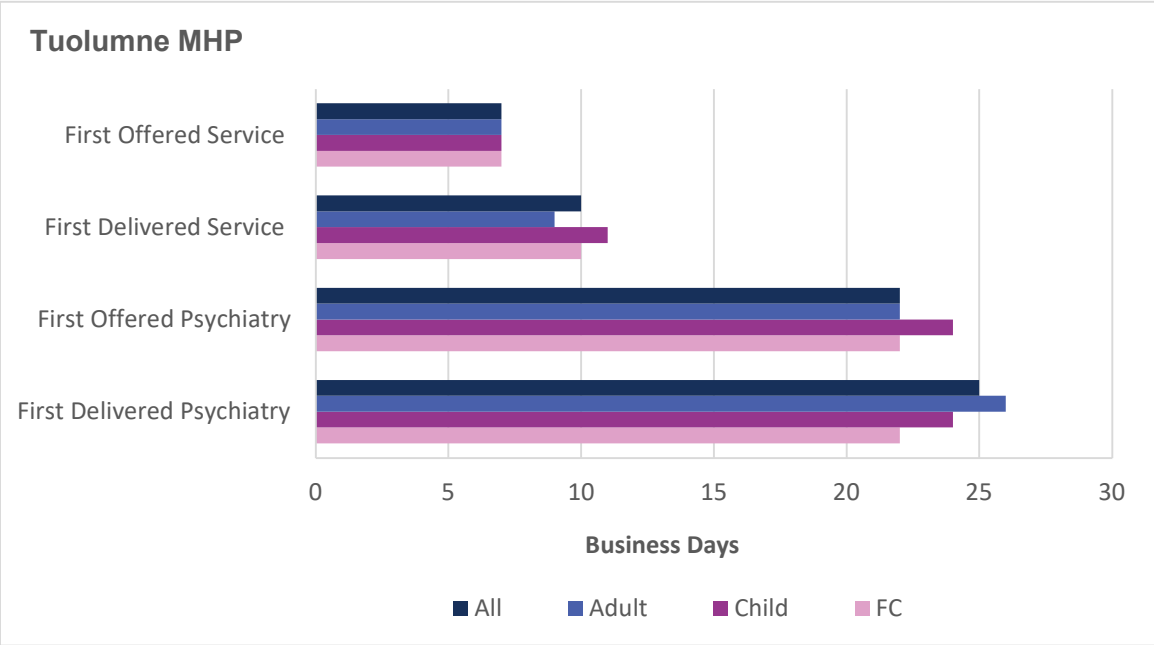


Figure 13: Wait Times for Urgent Services

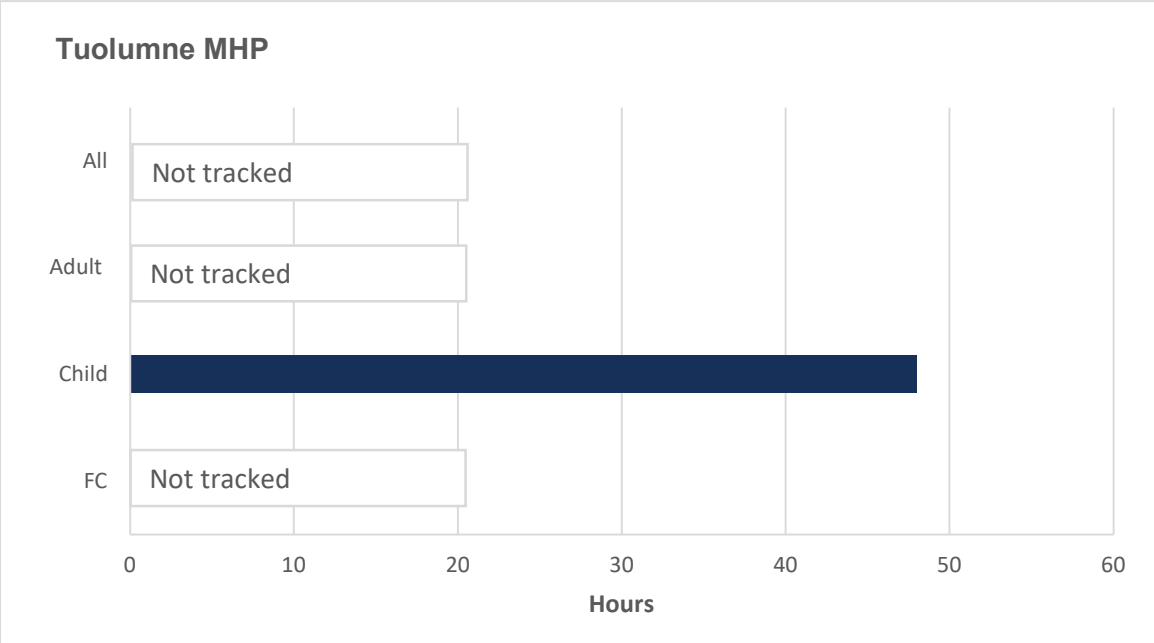
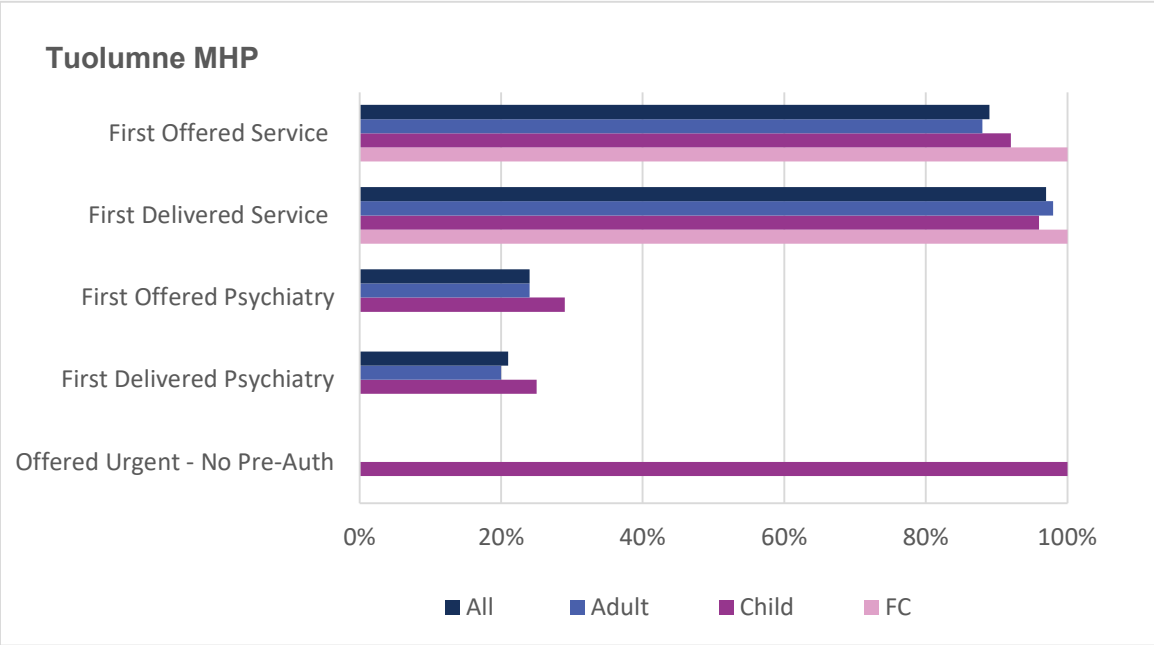


Figure 14: Percent of Services that Met Timeliness Standards



- Because MHPs may provide mental health services prior to the completion of an assessment and diagnosis, the initial service type may vary. According to the MHP, the data for initial service access for a routine service in Figures 12-14 represent Client Services Information (CSI) data collected for adult members and a children's tracking database for youth members. CSI tracking starts with the initial request and moves through the many points of member contact with the MHP, including the dates required to calculate timeliness. The children's tracking database was developed and maintained by the MHP. It includes all children and youth referred to and receiving treatment from the MHP. It also includes dates required to calculate timeliness. Tracked dates include initial request for services, assessment offered, assessment appointment accepted, appointment kept dates, medical necessity established, treatment offered/accepted/kept, closing date, closing reason, and any referrals made.
- The MHP defined "urgent services" as offered within 72 hours for behavioral health issues that could seriously jeopardize the member's life, health, or ability to attain, maintain, or regain maximum function. The MHP does not track urgent service requests. Because they are routinely able to offer an assessment within 72 hours of initial request, they include urgent service requests with standard requests. The MHP does not track urgent services that require pre-authorization.
- The MHP defines as its standard for timeliness to first delivered/rendered psychiatry services as the time from the first determination of clinical need for psychiatric services to the first kept psychiatric appointment. The dates tracked in CSI and the children's tracking data are used to measure timeliness. The MHP standard is the first kept appointment within 15 days of the determination of clinical need. The MHP standard was met 20 percent of the time. The MHP

estimated that they have a total of 40 hours of psychiatry services available every week. A psychiatrist is available in person eight hours a week. The remaining time, services are delivered via telehealth.

- The MHP does track and monitor data for no-shows. The MHP reports a no-show rate of 18 percent for psychiatry appointments and 16 percent for non-psychiatry clinical staff. The MHP standard for psychiatric appointments is 15 percent and 20 percent for non-psychiatric clinical appointments.

IMPACT OF TIMELINESS FINDINGS

- Tuolumne's result for wait times for first offered non-urgent appointment within ten days is 89 percent. The MHP uses a standard of 30 days for first delivered service and reports a rate of 97 percent meeting the standard. Seventy-two percent of members receive their first service within ten days.
- There are opportunities to improve first offered and delivered psychiatry appointment timeliness, as well as with tracking urgent services.
- The MHP performs well in following-up with members following hospitalization.
- Tuolumne plans to work on reducing no-show rates.

QUALITY OF CARE

CMS defines quality as the degree to which the PIHP increases the likelihood of desired outcomes of the members through its structure and operational characteristics, the provision of services that are consistent with current professional, evidenced-based knowledge, and the intervention for performance improvement.

In addition, the contract between the MHPs and DHCS requires the MHPs to implement an ongoing comprehensive QAPI Program for the services furnished to members. The contract further requires that the MHP's quality program "clearly define the structure of elements, assigns responsibility and adopts or establishes quantitative measures to assess performance and to identify and prioritize area(s) for improvement."

QUALITY IN THE MHP

In the MHP, the responsibility for QI is the QM Committee. The QM Committee consists of the full TCBH management team, the QM deputy director, three QI analysts, business and operations analysts, Ethnic Services Coordinator, and additional staff as needed. The QM Committee meets monthly. Compliance is a separate function of the MHP that is managed by the Compliance Officer.

The MHP monitors its quality processes through the QI Council (QIC), the QAPI workplan, and the annual evaluation of the QAPI workplan. The QIC, comprised of behavioral health staff, representatives from each program, community liaisons, members, family members, and other stakeholders, is scheduled to meet monthly.

The MHP utilizes the following level of care (LOC) tools: Level of Care Utilization System (LOCUS) and the Child/Adolescent Level of Care Utilization System (CALOCUS).

The MHP utilizes the following outcomes tools: Child and Adolescent Needs and Strengths-50; Pediatric Symptom Checklist; LOCUS; and CALOCUS.

The MHP contracted with Kings View for the Credible implementation to aggregate and display results for LOC and outcomes. These tasks have not been implemented yet.

QUALITY KEY COMPONENTS

CalEQRO identifies the following components of SMHS healthcare quality that are essential to achieve the underlying purpose for the service delivery system – to improve outcomes for members. These key components include an organizational culture that prioritizes quality, promotes the use of data to inform decisions, focused leadership, active stakeholder participation, and a comprehensive service delivery system.

Each Quality Component is comprised of individual subcomponents which are collectively evaluated to determine an overall Key Component rating of Met, Partially Met, or Not Met; Not Met ratings are further elaborated to promote opportunities for QI.

Table 12: Quality Key Components

KC #	Key Components – Quality	Rating
3A	Quality Assessment and Performance Improvement are Organizational Priorities	Met
3B	Data is Used to Inform Management and Guide Decisions	Met
3C	Communication from MHP Administration, and Stakeholder Input and Involvement in System Planning and Implementation	Met
3D	Evidence of a Systematic Clinical Continuum of Care	Met
3E	Medication Monitoring	Partially Met
3F	Psychotropic Medication Monitoring for Youth	Not Met
3G	Measures Clinical and/or Functional Outcomes of Members Served	Met
3H	Utilizes Information from Member Satisfaction Surveys	Met
3I	Member-Run and/or Member-Driven Programs Exist to Enhance Wellness and Recovery	Met
3J	Member and Member Employment in Key Roles throughout the System	Partially Met

Strengths and opportunities associated with the quality components identified above include:

- Tuolumne appears to have a strong quality department with a current quality plan and frequent QIC meetings.
- The MHP routinely reviews data and uses it to determine quality projects.
- Tuolumne conducts the Consumer Perception Survey (CPS) and uses the results for improvement efforts.
- The MHP has an abundance of peer staff positions; however, there is an opportunity to expand peer roles in the organization.
- The MHP works with Kings View for medication monitoring results.
- The MHP does not track the four HEDIS measures as required by WIC Section 14717.5

QUALITY PERFORMANCE MEASURES

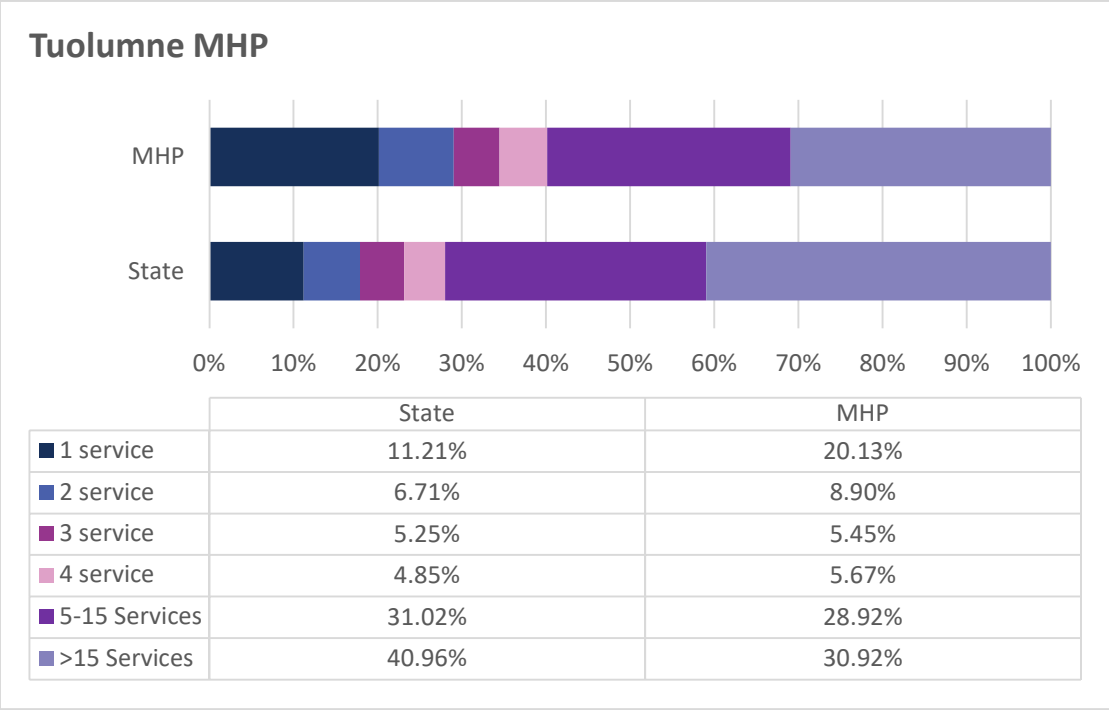
In addition to the Key Components identified above, the following PMs further reflect the Quality of Care in the MHP; note timely access to post-hospital care and readmissions are discussed earlier in this report in the Key Components for Timeliness. The PMs below display the information as represented in the approved claims:

- Retention in Services
- Diagnosis of Members Served
- Psychiatric Inpatient Services
- Follow-Up Post Hospital Discharge and Readmission Rates
- High-Cost Members (HCMs)

RETENTION IN SERVICES

Retention in services is an important measure of member engagement in order to receive appropriate care and intended outcomes. One would expect most members served by the MHP to require five or more services during a 12-month period. However, this table does not account for the length of stay (LOS), as individuals enter and exit care throughout the 12-month period. Additionally, it does not distinguish between types of services.

Figure 15: Retention of Members Served, CY 2022



	State	MHP
1 service	11.21%	20.13%
2 service	6.71%	8.90%
3 service	5.25%	5.45%
4 service	4.85%	5.67%
5-15 Services	31.02%	28.92%
>15 Services	40.96%	30.92%

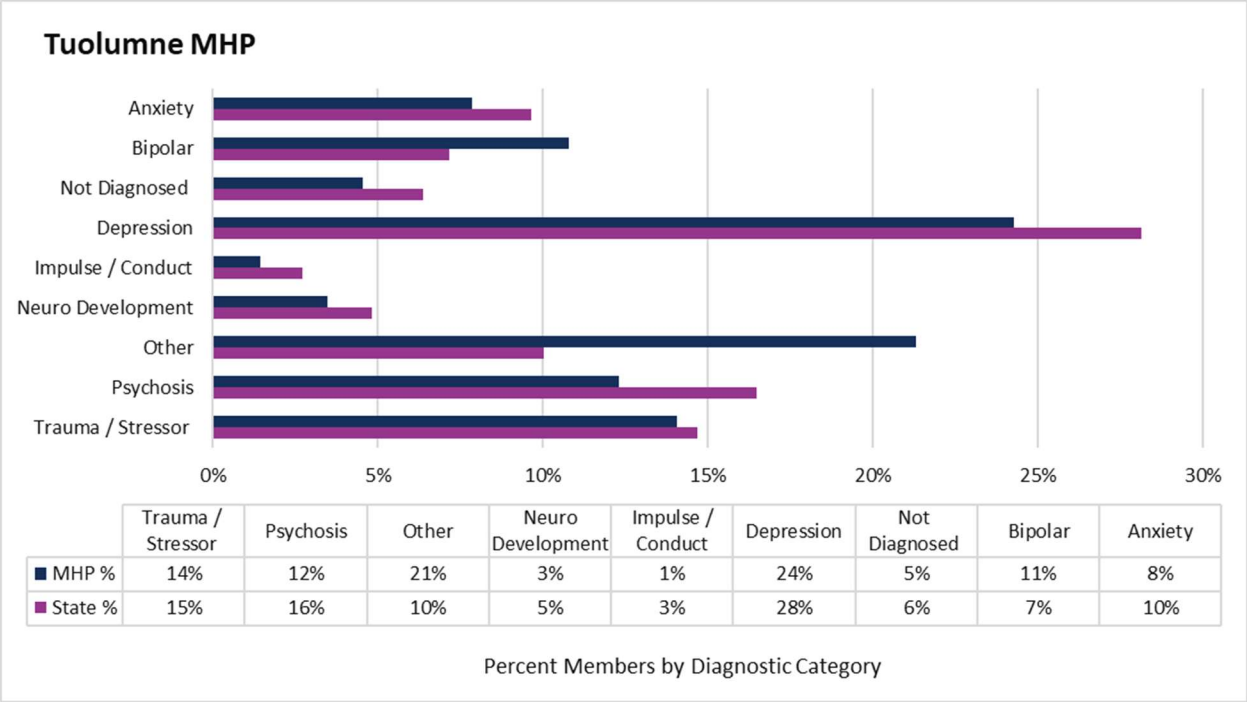
- In CY 2022, 20 percent of members served had only one service. A higher proportion of MHP members (29.03 percent) had only one or two services as compared to statewide (17.92 percent). The MHP's proportion increased 13 percent from CY 2021.
- A plurality of MHP members (30.92 percent) received more than 15 services in CY 2022, however this proportion is notably smaller than statewide.

- 59.84 percent of MHP members had five or more services in CY 2022 compared to the higher retention rate of 74.98 percent of members statewide.

DIAGNOSIS OF MEMBERS SERVED

Developing a diagnosis, in combination with level of functioning and other factors associated with medical necessity, is a foundational aspect of delivering appropriate treatment. The figures below represent the primary diagnosis as submitted with the MHP's claims for treatment. Figure 16 shows the percentage of MHP members in a diagnostic category compared to statewide. This is not an unduplicated count as a member may have claims submitted with different diagnoses crossing categories. Figure 17 shows the percentage of approved claims by diagnostic category compared to statewide; an analysis of both figures follows.

Figure 16: Diagnostic Categories by Percentage of Members Served, CY 2022



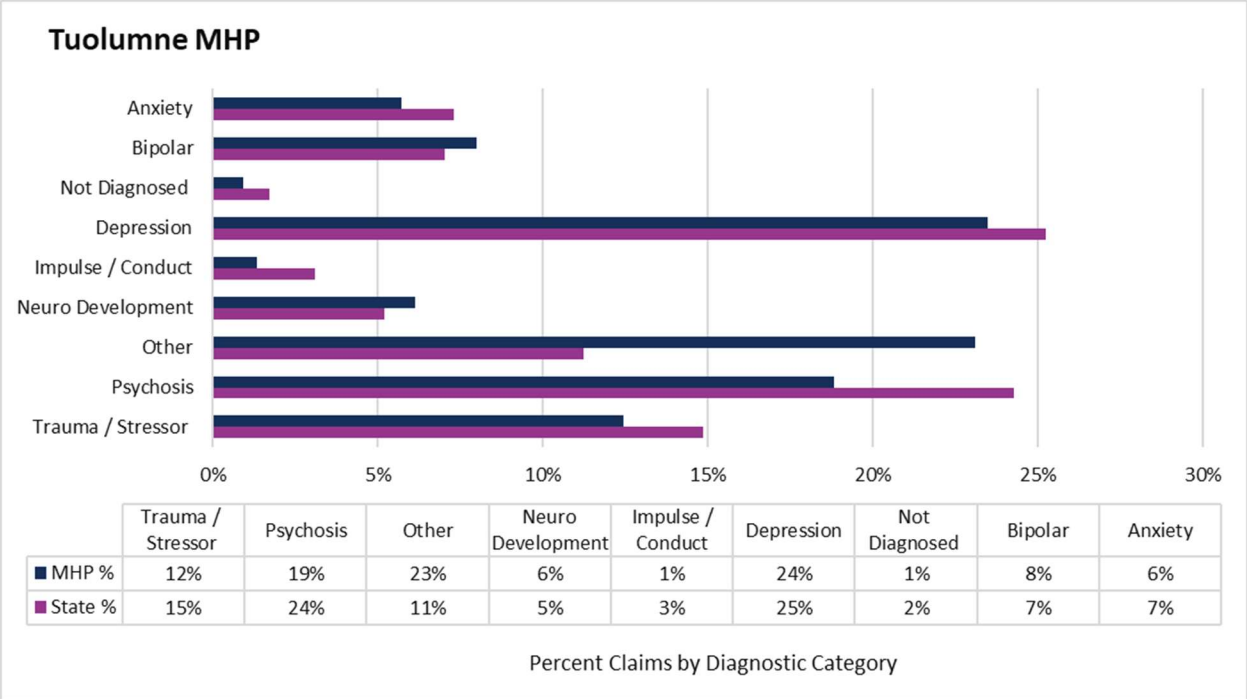
	Trauma / Stressor	Psychosis	Other	Neuro Development	Impulse / Conduct	Depression	Not Diagnosed	Bipolar	Anxiety
MHP %	14%	12%	21%	3%	1%	24%	5%	11%	8%
State %	15%	16%	10%	5%	3%	28%	6%	7%	10%

- The four most prevalent diagnoses in the MHP for CY 2022 are depression, other, trauma/stressor, and psychosis.
- In CY 2020, "Other" was the second highest diagnostic category. In CY 2021, "Other," at 3 percent, was the MHP's lowest diagnosis percentage. In CY 2022, the "Other" diagnosis was again the second highest diagnostic category at 21 percent.
- On further examination of CalEQRO data, 51 percent of the diagnoses in the "Other" category were borderline personality disorder. In addition, of the top ten diagnoses by percentage, seven were Z codes officially defined as "Factors

influencing health status and contact with health services." During discussion with the MHP, they stated that often on initial screening, members are assigned a Z code diagnosis pending a full assessment. The high use of borderline personality disorder as a primary diagnosis is clinically notable.

- In CY 2022, the proportion of members in the MHP diagnosed with Bipolar exceeded statewide (11 percent vs 7 percent).

Figure 17: Diagnostic Categories by Percentage of Approved Claims, CY 2022



	Trauma / Stressor	Psychosis	Other	Neuro Development	Impulse / Conduct	Depression	Not Diagnosed	Bipolar	Anxiety
MHP %	12%	19%	23%	6%	1%	24%	1%	8%	6%
State %	15%	24%	11%	5%	3%	25%	2%	7%	7%

- While generally approved claims data correspond to the MHP diagnosis data.

PSYCHIATRIC INPATIENT SERVICES

Table 13 provides a three-year summary (CY 2020-22) of MHP psychiatric inpatient utilization including member count, admission count, approved claims, and average LOS. CalEQRO has reviewed previous methodologies and programming and updated them for improved accuracy. Discrepancies between this year's PMs and prior year PMs are a result of these improvements.

Table 13: Tuolumne MHP Psychiatric Inpatient Utilization, CY 2020-22

Year	Unique Inpatient Medi-Cal Members	Total Medi-Cal Inpatient Admissions	Average Admissions per Member	MHP Average LOS in Days	Statewide Average LOS in Days	Inpatient MHP AACM	Inpatient Statewide AACM	Inpatient Total Approved Claims
CY 2022	85	114	1.34	9.53	8.45	$15,904	$12,763	$1,351,838
CY 2021	94	121	1.29	8.91	8.86	$14,039	$12,696	$1,319,665
CY 2020	90	113	1.26	8.70	8.68	$12,370	$11,814	$1,113,307

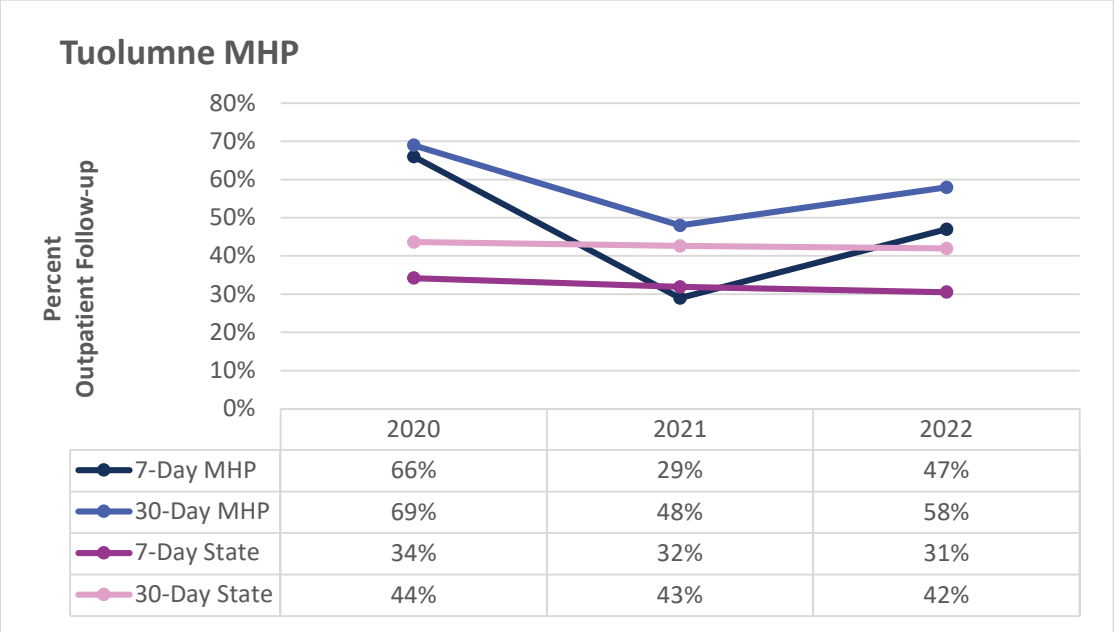
- While CY 2022 total inpatient admissions decreased by seven from the prior CY, and the number of unique members hospitalized decreased by 10 percent over the same period, the MHP's average LOS increased 7 percent from 8.91 to 9.53 days from CY 2021 to CY 2022. Over the same period, the statewide average LOS dropped slightly from 8.86 to 8.45 days.
- The MHP AACM exceeded the statewide AACM over all three CYs. In CY 2022, the MHP exceeded the statewide AACM by 25 percent.

FOLLOW-UP POST HOSPITAL DISCHARGE AND READMISSION RATES

The following data represents MHP performance related to psychiatric inpatient readmissions and follow-up post hospital discharge, as reflected in the CY 2022 SDMC and IPC data. The days following discharge from a psychiatric hospitalization can be a particularly vulnerable time for individuals and families; timely follow-up care provided by trained MH professionals is critically important.

The 7-day and 30-day outpatient follow-up rates after a psychiatric inpatient discharge (HEDIS measure) are indicative both of timeliness to care as well as quality of care. The success of follow-up after hospital discharge tends to impact the member outcomes and is reflected in the rate to which individuals are readmitted to psychiatric facilities within 30 days of an inpatient discharge. Figures 18 and 19 display the data, followed by an analysis. As described with Table 13, the data reflected in Figures 18-19 are updated to reflect the current methodology.

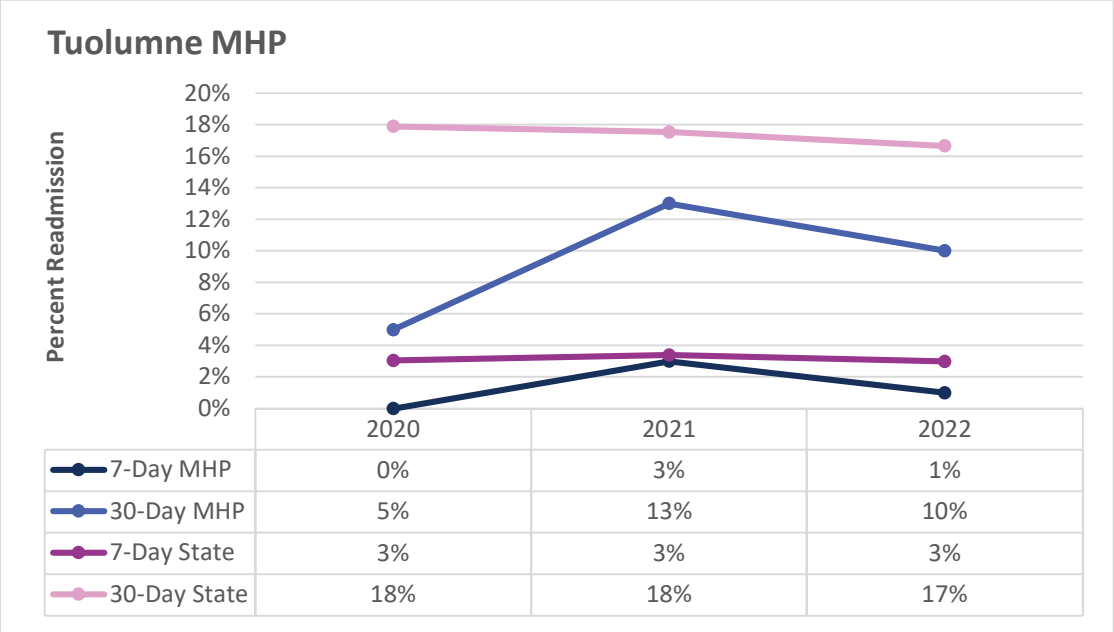
Figure 18: 7-Day and 30-Day Post Psychiatric Inpatient Follow-up, CY 2020-22



	2020	2021	2022
7-Day MHP	66%	29%	47%
30-Day MHP	69%	48%	58%
7-Day State	34%	32%	31%
30-Day State	44%	43%	42%

- Both the MHP's 7-day and 30-day follow-up rates after psychiatric discharge are higher than the statewide rate by 16 percentage points.
- Tuolumne has no in-county psychiatric inpatient facilities, therefore they contract with several out-of-county facilities. The MHP provides transportation to and from the inpatient hospitals. The MHP's practice is to bring members to the MHP clinic on their release. At the clinic, the member and a clinician create a safety plan, the clinician makes sure the member has a follow-up psychiatric appointment, and that the member has enough medication to last until the appointment.

Figure 19: 7-Day and 30-Day Psychiatric Readmission Rates, CY 2020-22



	2020	2021	2022
7-Day MHP	0%	3%	1%
30-Day MHP	5%	13%	10%
7-Day State	3%	3%	3%
30-Day State	18%	18%	17%

- The MHP's 7- and 30-day readmission rates were below the statewide rates in CY 2022. The 7-day rate was one-third of the statewide rate, and the 30-day rate was 41 percent lower than statewide.
- The MHP's inpatient discharge follow-up standard of care appears to be effective at lowering readmission rates for its members.

HIGH-COST MEMBERS

Tracking the HCMs provides another indicator of quality of care. High cost of care represents a small population's use of higher cost and/or higher frequency of services. For some clients, this level and pattern of care may be clinically warranted, particularly when the quantity of services are planned services. However high costs driven by crisis services and acute care may indicate system or treatment failures to provide the most appropriate care when needed. Further, HCMs may disproportionately occupy treatment slots that may prevent access to levels of care by other members. HCM percentage of total claims, when compared with the HCM count percentage, provides a subset of the member population that warrants close utilization review, both for appropriateness of level of care and expected outcomes.

Table 14 provides a three-year summary (CY 2020-22) of HCM trends for the MHP and the statewide numbers for CY 2022. HCMs in this table are identified as those with approved claims of more than $30,000 in a year. Outliers drive the average claims across the state. While the overall AACM is $7,442, the median amount is just $3,200.

Tables 14 and 15 and Figure 20 show how resources are spent by the MHP among individuals in high-, middle-, and low-cost categories. Statewide, nearly 92 percent of the statewide members are “low-cost” (less than $20,000 annually) and receive 54 percent of the Medi-Cal resources, with an AACM of $4,364 and median of $2,761 for members in that cost category.

Table 14: Tuolumne MHP High-Cost Members (Greater than $30,000), CY 2020-22

Entity	Year	HCM Count	HCM % of Members Served	HCM % of Claims	HCM Approved Claims	Average Approved Claims per HCM	Median Approved Claims per HCM
Statewide	CY 2022	27,277	4.54%	33.86%	$1,514,353,866	$55,518	$44,346
MHP	CY 2022	37	4.12%	36.87%	$2,305,701	$62,316	$49,259
	CY 2021	36	4.62%	35.26%	$1,894,958	$52,638	$41,484
	CY 2020	32	3.71%	34.49%	$1,831,476	$57,234	$38,775

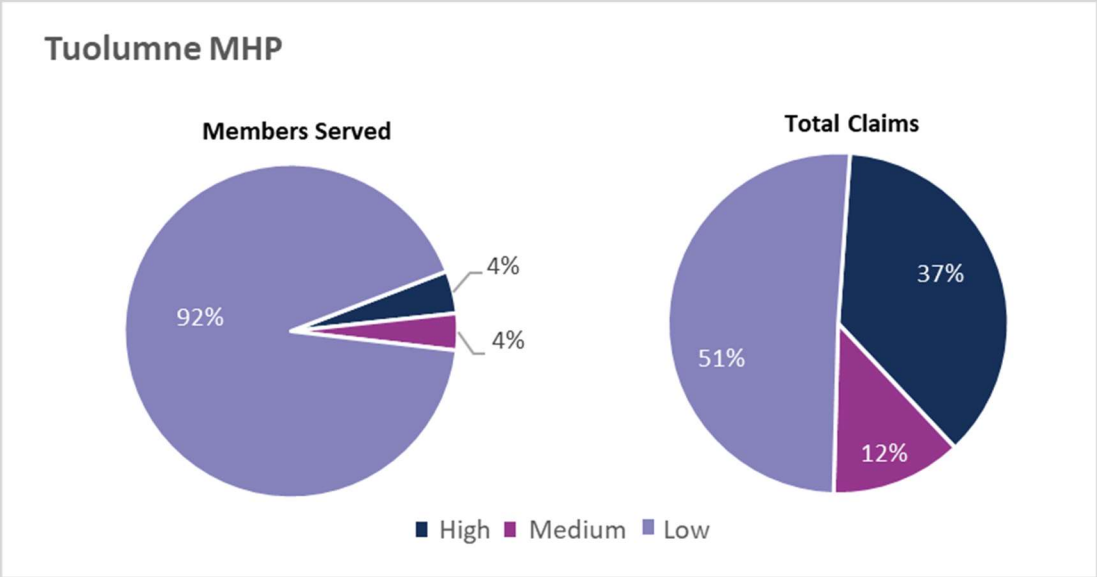
- Even though the proportion of total members considered to be HCMs increased in CY 2022, the proportion decreased compared to CY 2021.
- While the proportion of HCMs decreased, the percentage of total claims attributed to HCMs increased slightly from 35.26 percent to 36.87 percent. Both the AACM and median approved claims per HCM increased 18 percent over the same period.

Table 15: Tuolumne MHP Medium- and Low-Cost Members, CY 2022

Claims Range	# of Members Served	% of Members Served	Category % of Total Approved Claims	Category Total Approved Claims	Average Approved Claims per Member	Median Approved Claims per Member
Medium-Cost ($20K to $30K)	32	3.56%	12.44%	$778,251	$24,320	$23,561
Low-Cost (Less than $20K)	830	92.32%	50.69%	$3,170,168	$3,819	$2,251

- The proportion of members considered to be low-cost members was stable from CY 2021 to CY 2022, while the proportion of medium-cost members increased 46 percent from CY 2021 to CY 2022.
- The percentages of claims attributed to medium and low-cost members changed as well. The percentage of total claims of medium-cost members increased from 8.76 percent to 12.44 percent. The percentage of total claims of low-cost members decreased from 55.98 percent to 50.69 percent.

Figure 20: Tuolumne MHP Members and Approved Claims by Claim Category, CY 2022



- The charts in Figure 20 provide a graphic of the data from Tables 14 and 15 above that visually display the differences between members served and the share of approved claims for each cost category.

IMPACT OF QUALITY FINDINGS

- Tuolumne performs well with follow-up after inpatient discharge and readmissions. The MHP has a robust process for ensuring that members are established with needed outpatient and follow-up services when discharged from inpatient services.
- Tuolumne indicates being a data-driven organization and provided many reports to CalEQRO in preparation for the EQR. The MHP is working through issues with its new EHR, and it is not yet fully functioning at providing all the data and reports that Tuolumne needs.
- Tuolumne does not yet have a medication monitoring process that fulfills all the EQR requirements.
- There appears to be an opportunity to examine the appropriateness of the diagnoses in the Other diagnostic category, as the results at 23 percent are substantially higher than statewide (11 percent).

PERFORMANCE IMPROVEMENT PROJECT VALIDATION

All MHPs are required to have had two PIPs in the 12 months preceding the EQR, one clinical and one non-clinical, as a part of the plan's QAPI program, per 42 CFR §§ 438.330[2] and 457.1240(b)[3]. PIPs are designed to achieve significant improvement, sustained over time, in health outcomes and member satisfaction. They should have a direct member impact and may be designed to create change at a member, provider, and/or MHP system level.

CalEQRO evaluates each submitted PIP and provides TA throughout the year as requested by individual MHPs, hosts quarterly webinars, and maintains a PIP library at www.caleqro.com.

Validation tools for each PIP are located in Attachment C of this report. Validation rating refers to the EQRO's overall confidence that the MHP (1) adhered to acceptable methodology for all phases of design and data collection, (2) conducted accurate data analysis and interpretation of PIP results, and (3) produced significant evidence of improvement.

CLINICAL PIP

GENERAL INFORMATION

Clinical PIP Submitted for Validation: Supportive Housing

Date Started: 11/2023

Date Completed: In progress

Aim Statement: "Will addressing housing processes and hiring a housing support staff decrease tenant issues and improve their living situation by 50 percent and by increase supporting housing services to offer intense living skills increase the number of clients who move into independent permanent housing by 30 percent?"

Target Population: Current tenants living in the housing and new tenants that move in. Clients must be enrolled in full service partnership (FSP), with criteria of needing a high level of care and matching eligibility criteria. This population will focus on adults 18 years of age and older.

[2] https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol4/pdf/CFR-2019-title42-vol4-sec438-330.pdf

[3] https://www.govinfo.gov/content/pkg/CFR-2020-title42-vol4/pdf/CFR-2020-title42-vol4-sec457-1260.pdf

Status of PIP: The MHP's clinical PIP is in the implementation phase.

Summary

The MHP identified an opportunity for improvement with supportive housing supports and increasing tenant stability and ability to find permanent housing. The issue was identified through providers and administration. Members were also part of the identification through case management engagement and grievance submissions. By ensuring that clients in Tuolumne County have safe and permanent housing within the community, the MHP can support clients and tenants in maintaining stability and improved life outcomes.

The MHP reviewed data regarding the issue in quality meetings and identified root causes. Interventions include adding house case managers to support tenants, a process for staff to submit staff concerns, and twice a month holding a collaboration meeting. The PIP includes four PMs and does not yet have baseline data for all measures.

TA and Recommendations

As submitted, this clinical PIP was found to have moderate confidence. The PIP is strong in its design but in the early stages, and it has not yet reported remeasurement outcomes to determine whether interventions led to improvement.

The MHP did not request TA outside of the review.

CalEQRO recommendations for improvement of this clinical PIP:

- It appears that a sample will not be used and therefore, the MHP should document not applicable in Step 4.
- The MHP should provide complete results for the performance measures, including the numerator, denominator, and rate – for baselines and post-intervention.

NON-CLINICAL PIP

GENERAL INFORMATION

Non-Clinical PIP Submitted for Validation: Follow-Up After Emergency Department (ED) Visit for Mental Illness

Date Started: 12/2022

Date Completed: In progress

Aim Statement: "The goal of the PIP is to increase data communication with the hospital to improve the support and stabilization after crisis service for adults 18 and older by 10

percent over the next two fiscal years. To decrease the amount of ongoing crisis to the highest user age group, Tuolumne is increasing data exchange with the hospital to better follow up and stabilize crisis clients."

Target Population: Adults, 18 years or older, who receive crisis services at the ED.

Status of PIP: The MHP's non-clinical PIP is in the first remeasurement phase.

Summary

The MHP submitted the FUM Behavioral Health Quality Improvement Program (BHQIP) for its non-clinical PIP. Tuolumne reported urgent services follow-up as a measure for the PIP. The results did not show improvement for the current remeasurement.

Interventions include increased member services from case management, retraining for staff, written policies, procedures, and EHR that facilitates data exchange. The MHP indicated that crisis workers did not record their attempts to contact individuals after the ED visit and additional interventions within the crisis team are necessary.

TA and Recommendations

As submitted, this non-clinical PIP was found to have low confidence because the results did not show improvement.

The MHP did not request TA outside of the review.

CalEQRO recommendations for improvement of this non-clinical PIP:

- Provide the 7- and 30-day follow-up remeasurement results.
- Continue efforts to improve follow-up within two days.

INFORMATION SYSTEMS

Using the Information Systems Capabilities Assessment protocol, CalEQRO reviewed and analyzed the extent to which the MHP meets federal data integrity requirements for HIS, as identified in 42 CFR §438.242. This evaluation included a review of the MHP's EHR, Information Technology (IT), claims, outcomes, and other reporting systems and methodologies to support IS operations and calculate PMs.

INFORMATION SYSTEMS IN THE MHP

The EHRs of California's MHPs are generally managed by county, MHP IT, or operated as an ASP where the vendor, or another third party, is managing the system. The primary EHR system used by the MHP is Credible by Qualifacts, which has been in use for nine months. Currently, the MHP is actively implementing a new system which requires heavy staff involvement to fully develop.

Approximately 4 percent of the MHP budget is dedicated to support the IS (county IT overhead for operations, hardware, network, software licenses, ASP support, contractors, and IT staff salary/benefit costs). The budget determination process for IS operations is a combined process involving MHP control and their parent county department, Health and Human Services. The proportion of the budget allocated to IS is smaller than reported in the previous ISCA report submitted in March 2023 as part of last year's EQR.

The MHP has 62 named users with log-on authority to the EHR, including approximately 57 county staff and 5 contractor staff. Support for the users is provided by 0.25 full-time equivalent (FTE) MHP IS technology positions. Currently all positions are filled. In addition to the MHP staff, support is provided by approximately two FTEs through their ASP, Kings View**.**

As of the FY 2023-24 EQR, most contract providers have access to directly enter clinical data into the MHP's EHR. It should be noted that the MHP provides more than 99 percent of member services, and contracted providers are used for psychiatric inpatient services. Contractor staff having direct access to the EHR has multiple benefits: it is more efficient, it reduces the potential for data entry errors associated with duplicate data entry, and it provides for superior services for members by having comprehensive access to progress notes and medication lists by all providers to the EHR 24/7.

Contract providers submit member practice management and service data to the MHP IS as reported in the following table:

Table 16: Contract Provider Transmission of Information to Tuolumne MHP EHR

Submittal Method	Frequency	Submittal Method Percentage
Health Information Exchange (HIE) between MHP IS	☐ Real Time ☐ Batch	0%
Electronic Data Interchange to MHP IS	☐ Daily ☐ Weekly ☐ Monthly	0%
Electronic batch file transfer to MHP IS	☐ Daily ☐ Weekly ☐ Monthly	0%
Direct data entry into MHP IS by provider staff	☒ Daily ☐ Weekly ☐ Monthly	98%
Documents/files e-mailed or faxed to MHP IS	☐ Daily ☐ Weekly ☒ Monthly	2%
Paper documents delivered to MHP IS	☐ Daily ☐ Weekly ☐ Monthly	0%
		100%

MEMBER PERSONAL HEALTH RECORD

The 21st Century Cures Act of 2016 promotes and requires the ability of members to have both full access to their medical records and their medical records sent to other providers. Having a Personal Health Record (PHR) enhances members' and their families' engagement and participation in treatment. The MHP expects to implement a PHR within six months.

INTEROPERABILITY SUPPORT

The MHP is not a member or participant in a HIE. Healthcare professional staff use secure information exchange directly with service partners through secure email, care coordination application/module, and/or electronic consult. The following outside entities have access to the EHR or engage in electronic exchange of information with the EHR: MH contract providers.

INFORMATION SYSTEMS KEY COMPONENTS

CalEQRO identifies the following Key Components related to MHP system infrastructure that are necessary to meet the quality and operational requirements to promote positive member outcomes. Technology, effective business processes, and staff skills in extracting and utilizing data for analysis must be present to demonstrate that analytic findings are used to ensure overall quality of the SMHS delivery system and organizational operations.

Each IS Key Component is comprised of individual subcomponents which are collectively evaluated to determine an overall Key Component rating of Met, Partially Met, or Not Met; Not Met ratings are further elaborated to promote opportunities for QI.

Table 17: IS Infrastructure Key Components

KC #	Key Components – IS Infrastructure	Rating
4A	Investment in IT Infrastructure and Resources is a Priority	Met
4B	Integrity of Data Collection and Processing	Met
4C	Integrity of Medi-Cal Claims Process	Partially Met
4D	EHR Functionality	Met
4E	Security and Controls	Met
4F	Interoperability	Partially Met

Strengths and opportunities associated with the IS components identified above include:

- Tuolumne has a good relationship with their ASP, Kings View. The MHP has monthly meetings with Kings View to discuss issues and updates. The MHP also participates in a monthly call conducted by Kings View with all the Counties they support.
- Kings View provides stable application software hosting and maintenance, Help Desk support, and conducts data analyses, among other supports.
- The MHP used an EHR from the vendor Cerner until June 30, 2023, at which time, Cerner retired that application. The MHP selected Credible as their replacement EHR and began working on implementation in January 2023. The MHP went live with Credible on July 1, 2023.
- Qualifacts is adding electronic data interchange (EDI) capabilities to their Credible application. Until that functionality is completed and tested, Tuolumne cannot accept claims via EDI nor are they able to participate in an HIE.

INFORMATION SYSTEMS PERFORMANCE MEASURES

MEDI-CAL CLAIMING

The timing of Medi-Cal claiming is shown in Table 18, including whether the claims are either approved or denied. This may also indicate if the MHP is behind in submitting its claims, which would result in the claims data presented in this report being incomplete for CY 2022.

Table 18 appears to reflect a largely complete claims data set for the time frame represented.

The MHP reports that their claiming is current through July 2023. As discussed above, Tuolumne received notification of acceptance of their first claim for the current fiscal year in March 2024. The delay was caused by issues found in Credible.

Table 18: Summary of Tuolumne MHP Short-Doyle/Medi-Cal Claims, CY 2022

Month	# Claim Lines	Billed Amount	Denied Claims	% Denied Claims	Approved Claims
Jan	1,074	$338,791	$4,141	1.22%	$334,650
Feb	957	$331,180	$1,001	0.30%	$330,179
Mar	1,184	$422,967	$1,820	0.43%	$421,147
April	1,224	$445,214	$305	0.07%	$444,909
May	1,298	$433,956	$6,918	1.59%	$427,038
June	1,147	$427,950	$2,224	0.52%	$425,726
July	1,075	$419,327	$1,933	0.46%	$417,394
Aug	1,428	$504,135	$1,692	0.34%	$502,443
Sept	1,303	$450,422	$276	0.06%	$450,146
Oct	1,362	$493,688	$28,625	5.80%	$465,063
Nov	1,101	$378,150	$13,961	3.69%	$364,189
Dec	1,079	$388,009	$6,647	1.71%	$381,362
Total	**14,232**	**$5,033,789**	**$69,543**	**1.38%**	**$4,964,246**

- The number of claim lines and billed amounts are consistent throughout CY 2022. The percentage of denied claims is low.
- The total approved claims amount increased $852,254 (21 percent) from CY 2021 to CY 2022.

Table 19: Summary of Tuolumne MHP Denied Claims by Reason Code CY 2022

Denial Code Description	Number Denied	Dollars Denied	% of Total Denied Claims
Beneficiary is not eligible or non-covered charges	61	$55,487	79.79%
Medicare Part B must be billed before submission of claim	18	$5,946	8.55%
Late claim submission	29	$3,448	4.96%
Other healthcare coverage must be billed first	9	$2,214	3.18%
Other	3	$1,632	2.35%
Service line is a duplicate and repeat service modifier is not present	3	$816	1.17%
Total Denied Claims	**123**	**$69,543**	**100.00%**
Overall Denied Claims Rate	**1.38%**		
Statewide Overall Denied Claims Rate	**5.92%**		

- The MHP has a very low denied claims rate, indicating that the MHP has good policies and procedures in place for claiming services.

IMPACT OF INFORMATION SYSTEMS FINDINGS

- The longstanding good relationship between Tuolumne and Kings View Health Information Support continues. Tuolumne benefits from the support provided by Kings View for not only their EHR but also for reporting and claiming.
- During the last review, staff appeared to look forward to the implementation of their new EHR, Credible. The application went live at the beginning of this FY and has shown to result in a large learning curve for staff. During this new implementation that has been in place for nine months, staff continue to express struggle with transitioning to the new system. Teams continue to get monthly training and individual training as needed when difficulties arise.
- In their contract for Credible, Tuolumne included in the terms the creation and maintenance of key reports, including required HEDIS measures, as well as prescribing/medication tracking. None of the contracted reports had been completed at the time of the EQR. Qualifacts and Kings View have been occupied with correcting software issues and have not had time to start working on reports.
- Staff brought up issues with appointment scheduling in Credible that have a big impact on their work. In Credible, clinical documentation of a service starts with an appointment. Without an appointment, documentation cannot happen. In the previous application, staff had control of their schedules. In Credible, administrative support staff control clinicians' schedules. The only exception is for the crisis team. Members are generally scheduled by administrative staff at the front desk. If an appointment is created late, clinicians report an inability to create the appointment and the documentation. Then the clinician cannot document the service until the appointment exists. This is particularly an issue for group services. Clinical staff indicate that they do not have ability to modify their schedules. However, MHP management replied that all staff have the ability to schedule and change appointment times, including direct service staff. It appears that this issue needs to be communicated to all clinical staff. MHP management should create and execute a communication plan to make sure all staff understand the workflow for appointment scheduling.
- Tuolumne is confident that their billing matrix is implemented correctly in Credible. Tuolumne received notice that their first claim for FY 2023-24 services was accepted in March 2024. While their billing was timely through the prior FY, it is not timely during the current FY.

VALIDATION OF MEMBER PERCEPTIONS OF CARE

CONSUMER PERCEPTION SURVEYS

The CPS consists of four different surveys that are used statewide for collecting members' perceptions of care quality and outcomes. The four surveys, required by DHCS and administered by the MHPs, are tailored for the following categories of members: adult, older adult, youth, and family members. MHPs administer these surveys to members receiving outpatient services during two prespecified one-week periods. CalEQRO receives CPS data from DHCS and provides a comprehensive analysis in the annual statewide aggregate report.

The MHP administers the annual CPS and submitted a summary of the Spring 2023 results. Tuolumne identified that the top two items were that members would recommend the agency to family and friends and members were given information about their rights. The bottom two items were that members have people with whom to do enjoyable things and that members feel that they belong in the community. It appears there may be an opportunity for the MHP to initiate additional support and community engagement activities for members, if appropriate.

PLAN MEMBER FOCUS GROUP

Plan member and family member (PMF) focus groups are an important component of the CalEQRO review process; feedback from those who receive services provides important information regarding quality, access, timeliness, and outcomes. Focus group questions emphasize the availability of timely access to care, recovery, peer support, cultural competence, improved outcomes, and PMF involvement. CalEQRO provides gift cards to thank focus group participants.

As part of the pre-review planning process, CalEQRO requested one 90-minute focus group with Plan members, containing 6 to 12 participants.

PLAN MEMBER FOCUS GROUP SUMMARY

CalEQRO requested a diverse group of adult consumers who received services in the preceding 12 months. The focus group was held virtually and included four participants. A language interpreter was not needed for this focus group. All consumers participating receive clinical services from the MHP.

All the members receive housing support services from the MHP. There was an extended wait to get into that program and some issues for a member in interacting with other tenants, which have now been resolved. None of the members were clearly aware of what they should do in a crisis, and none had a crisis plan. Members spoke highly of the Enrichment Center and can get transportation from the MHP to get there, if needed.

Recommendations from focus group participants included:

- Be able to have an ongoing, consistent therapist.
- Offer an Alcoholics Anonymous meeting at the Enrichment Center. There is a room large enough for the meetings.
- Increase attendance at the Enrichment Center, as it seems that since the pandemic, not as many people attend regularly.

SUMMARY OF MEMBER FEEDBACK FINDINGS

Overall, focus group participants provided positive feedback about services they receive from the MHP, and believe staff give them a sense of hope that stability and long-term recovery are possible. All members agreed that the MHP “looks out” for their clients and that is a wonderful thing.

CONCLUSIONS

During the FY 2023-24 annual EQR, CalEQRO found strengths in the MHP's programs, practices, and IS that have a significant impact on member outcomes and the overall delivery system. In those same areas, CalEQRO also noted challenges that presented opportunities for QI. The findings presented below synthesize information gathered through the EQR process and relate to the operation of an effective SMHS managed care system.

STRENGTHS

1. The MHP has a strong relationship with the judicial system and became a Care Court Cohort 1 County in October 2023. (Access, Timeliness, Quality)
2. Tuolumne identified concerns within their housing services and implemented a PIP to address the issues, including hiring a designated case manager. (Quality)
3. The MHP is accessible to the community with events such as "Not My Kid" that introduces families to alternative and nontraditional approaches through engaged family nights, and Coffee Talk that allows anyone in the community to attend and ask questions in an informal environment. (Access)
4. Tuolumne completes an integrated MHP and SUD member assessment, completing an ASAM assessment with every assessment. (Access, Timeliness)
5. The MHP has a low denied claims rate of 1.38 percent. (IS)

OPPORTUNITIES FOR IMPROVEMENT

1. The MHP reported the timeliness of non-urgent psychiatry appointments offered as 24 percent meeting the 15-business day standard. (Timeliness)
2. Tuolumne did not report on urgent services within 48 hours for all categories. (Timeliness)
3. Although the MHP has made efforts to improve transportation services for members, there continues to be an opportunity for Tuolumne to continue working with the MCP to ensure consistent and reliable transportation to MHP services for members. (Access, Timeliness)
4. Tuolumne does not have a process to track and trend the FC HEDIS measures. (Quality)
5. The MHP has made significant efforts in staff salary parity; however, salary ranges were expressed as a concern by staff and reported to form a risk to staff retention. (Access, Timeliness)

RECOMMENDATIONS

The following recommendations are in response to the opportunities for improvement identified during the EQR and are intended as TA to support the MHP in its QI efforts and ultimately to improve member outcomes:

1. Further examine the timeliness of non-urgent psychiatry appointments offered and assertively implement initiatives to improve the rates meeting the 15-business day standard. (Timeliness)
2. Track and report on urgent services within 48 hours for all categories. (Timeliness)
3. Continue to investigate reasons and develop and implement strategies in collaboration with the MCP providers to ensure consistent and reliable access to transportation assistance for members. (Access, Timeliness)

   (This recommendation is a carry-over from FY 2022-23)
4. Continue to develop a process that is not dependent on the EHR implementation and begin to track and trend the FC HEDIS measures. (Quality)

   (This recommendation is a carry-over since FY 2020-21.)
5. Continue efforts to examine staff salary ranges in comparison to other counties and continue to make needed adjustments, as appropriate. (Access, Timeliness)

EXTERNAL QUALITY REVIEW BARRIERS

The following conditions significantly affected CalEQRO's ability to prepare for and/or conduct a comprehensive review:

The MHP did not identify any barriers during the FY 2023-24 EQR.

ATTACHMENTS

ATTACHMENT A: Review Agenda

ATTACHMENT B: Review Participants

ATTACHMENT C: PIP Validation Tool Summary

ATTACHMENT D: CalEQRO Review Tools Reference

ATTACHMENT E: Letter from MHP Director

ATTACHMENT A: REVIEW AGENDA

The following sessions were held during the EQR, as part of the system validation and key informant interview process. Topics listed may be covered in one or more review sessions.

Table A1: CalEQRO Review Agenda

CalEQRO Review Sessions – Tuolumne MHP
Opening Session – Significant changes in the past year; current initiatives; and status of previous year's recommendations
Validation and Analysis of the MHP's Access to Care, Timeliness of Services, and Quality of Care
Validation and Analysis of the MHP's PIPs
Validation and Analysis of the MHP's PMs
Validation and Analysis of the MHP's Network Adequacy
Validation and Analysis of the MHP's Health Information System
Validation and Analysis of Member Perceptions of Care
Validation of Findings for Pathways to Well-Being
Plan Member/Family Focus Group
Fiscal/Billing
Clinical Line Staff Group Interview
Program Managers Group Interview
Use of Data to Support Program Operations
Cultural Competence / Healthcare Equity
Quality Management, Quality Improvement and System-wide Outcomes
Health Plan and MHP Collaboration Initiatives
Peer Inclusion/Peer Employees within the System of Care
Contract Provider Group Interview – Clinical Management and Supervision
Information Systems Billing and Fiscal Interview
EHR Deployment
Telehealth
Closing Session – Final Questions and Next Steps

ATTACHMENT B: REVIEW PARTICIPANTS

CALEQRO REVIEWERS

Christy Hormann, LMSW, CPHQ, CSSBB, Quality Reviewer
Lorrie Sheets, Information Systems Reviewer
MaryEllen Collins, BSBA, Consumer/Family Member Reviewer

Additional CalEQRO staff members were involved in the review process, assessments, and recommendations. They provided significant contributions to the overall review by participating in both the pre-review and the post-review meetings and in preparing the recommendations within this report.

Table B1: Participants Representing the MHP and its Partners

Last Name	First Name	Position	County or Contracted Agency
Ambler	Misti	Deputy Director Business and Operations / Compliance Officer	Tuolumne County Behavioral Health
Castro	Paul	Behavioral Health Clinician	Tuolumne County Behavioral Health
Fisher	Danielle	Behavioral Health Psychologist	Tuolumne County Behavioral Health
Guhl	Jenn	Agency Manager	Tuolumne County Behavioral Health
Hockett	Annie	Health and Human Services Agency Director	Tuolumne County Behavioral Health
Hoskins	Betty	Program Manager	Tuolumne County Behavioral Health
Irvin	Stephanie	Behavioral Health Worker	Tuolumne County Behavioral Health
Kolby	Brock	Clinical Deputy Director	Tuolumne County Behavioral Health
Lawrance	Amanda	Senior Quality Management Analyst	Tuolumne County Behavioral Health
Lemus	Roxy	Program Manager	Tuolumne County Behavioral Health
Lujan	Lindsey	Deputy Director Quality Management	Tuolumne County Behavioral Health
Macklin	Madisyn	Peer Specialist	Tuolumne County Behavioral Health
Madden	Brittany	Staff Services Analyst	Tuolumne County Behavioral Health
Mariscal	Tami	Behavioral Health Director	Tuolumne County Behavioral Health
Ricker	Sherry	Administrative Technician	Tuolumne County Behavioral Health
Roos	Steve	Program Manager	Tuolumne County Behavioral Health
Tamayo	Rayanne	Program Manager	Tuolumne County Behavioral Health
Villanueva	Donna	Program Manager	Tuolumne County Behavioral Health
Walczak	Tammy	Behavioral Health Worker	Tuolumne County Behavioral Health
Wathika	Nzembi	Peer Specialist	Tuolumne County Behavioral Health

ATTACHMENT C: PIP VALIDATION TOOL SUMMARY

CLINICAL PIP

Table C1: Overall Validation and Reporting of Clinical PIP Results

PIP Validation Rating (check one box)	Comments
☐ High confidence ☒ Moderate confidence ☐ Low confidence ☐ No confidence	The MHP identified an opportunity for improvement with supportive housing supports and increasing tenant stability and ability to find permanent housing. The issue was identified through providers and administration. Members were also part of the identification through case management engagement and grievance submissions. By ensuring that clients in Tuolumne County have safe and permanent housing within the community, the MHP can support clients and tenants in maintaining stability and improved life outcomes. The MHP reviewed data regarding the issue in quality meetings and identified root causes. The PIP includes four performance measures and does not yet have baseline data for all measures.

General PIP Information
MHP/DMC-ODS Name: Tuolumne County Behavioral Health
PIP Title: Supportive Housing
PIP Aim Statement: "Will addressing housing processes and hiring a housing support staff decrease tenant issues and improve their living situation by 50 percent and by increase supporting housing services to offer intense living skills increase the number of clients who move into independent permanent housing by 30 percent?"
Date Started: 11/2023
Date Completed: In progress
Was the PIP state-mandated, collaborative, statewide, or MHP/DMC-ODS choice? (check all that apply) ☐ State-mandated (state required MHP/DMC-ODSs to conduct a PIP on this specific topic) ☐ Collaborative (MHP/DMC-ODS worked together during the Planning or implementation phases) ☒ MHP/DMC-ODS choice (state allowed the MHP/DMC-ODS to identify the PIP topic)
Target age group (check one): ☐ Children only (ages 0–17)* ☒ Adults only (age 18 and over) ☐ Both adults and children

General PIP Information
*If PIP uses different age threshold for children, specify age range here:
Target population description, such as specific diagnosis (please specify): Current tenants living in the housing and new tenants that move in. Clients must be enrolled in FSP, with criteria of needing a high level of care and matching eligibility criteria. This population will focus on adults 18 years of age and older.
Improvement Strategies or Interventions (Changes in the PIP)
Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach): Add Housing Case Manager to support tenants, works with all tenants on independent living skills and tracks outcomes. Case Manager support tenants to move into permanent housing.
Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach): Staff concern forms by direct service providers.
MHP/DMC-ODS-focused interventions/system changes (MHP/DMC-ODS/system change interventions are aimed at changing MHP/DMC-ODS operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools): Build processes for staff to submit housing concerns. Twice a month a meeting between the MHSA program and FSP Program to ensure all outcomes are reviewed, staff concerns are discussed, and new tenants are vetted.

PMs (be specific and indicate measure steward and National Quality Forum number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
PM 1. Number of tenant grievances	CY 2023	29	☒ Not applicable—PIP is in planning or implementation phase, results not available		☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):
PM 2. Improved ADL's tenant survey			☒ Not applicable—PIP is in planning or implementation phase, results not available		☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):
PM 3. Number of tenants who are moved into permanent housing	CY 2023	2	☒ Not applicable—PIP is in planning or implementation phase, results not available		☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):
PM 4. Decrease Hospitalizations for tenants	Q1-Q2 07/23-12/23	100 percent	☒ Not applicable—PIP is in planning or implementation phase, results not available		☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):

PIP Validation Information

Was the PIP validated? ☒ Yes ☐ No

"Validated" means that the EQRO reviewed all relevant part of each PIP and made a determination as to its validity. In many cases, this will involve calculating a score for each relevant stage of the PIP and providing feedback and recommendations.

PIP Validation Information
Validation phase (check all that apply): ☐ PIP submitted for approval ☐ Planning phase ☒ Implementation phase ☐ Baseline year ☐ First remeasurement ☐ Second remeasurement ☐ Other (specify): Validation rating: ☐ High confidence ☒ Moderate confidence ☐ Low confidence ☐ No confidence "Validation rating" refers to the EQRO's overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results, and produced significant evidence of improvement.
EQRO recommendations for improvement of PIP: • It appears that a sample will not be used and therefore, the MHP should document not applicable in Step 4. • The MHP should provide complete results for the performance measures, including the numerator, denominator, and result.

NON-CLINICAL PIP

Table C2: Overall Validation and Reporting of Non-Clinical PIP Results

PIP Validation Rating (check one box)	Comments
☐ High confidence ☐ Moderate confidence ☒ Low confidence ☐ No confidence	The MHP submitted the FUM BHQIP for its non-clinical PIP. Tuolumne reported urgent services follow-up as a measure for the PIP. The results did not show improvement for the current remeasurement. The MHP indicated that crisis workers did not record their attempts to contact individuals after the ED visit and additional interventions within the crisis team are necessary.

General PIP Information
MHP/DMC-ODS Name: Tuolumne County Behavioral Health
PIP Title: Follow-Up After Emergency Department Visit for Mental Illness
PIP Aim Statement: "The goal of the PIP is to increase data communication with the hospital to improve the support and stabilization after crisis service for adults 18 and older by 10 percent over the next two fiscal years. To decrease the amount of ongoing crisis to the highest user age group, Tuolumne County Behavioral Health is increasing data exchange with the hospital to better follow up and stabilize crisis clients."
Date Started: 12/2022
Date Completed: In progress
Was the PIP state-mandated, collaborative, statewide, or MHP/DMC-ODS choice? (check all that apply) ☐ State-mandated (state required MHP/DMC-ODSs to conduct a PIP on this specific topic) ☐ Collaborative (MHP/DMC-ODS worked together during the Planning or implementation phases) ☒ MHP/DMC-ODS choice (state allowed the MHP/DMC-ODS to identify the PIP topic)
Target age group (check one): ☐ Children only (ages 0–17)* ☒ Adults only (age 18 and over) ☐ Both adults and children *If PIP uses different age threshold for children, specify age range here:
Target population description, such as specific diagnosis (please specify): Adults, 18 years or older, who receive crisis services at the ED.

General PIP Information
Improvement Strategies or Interventions (Changes in the PIP)
Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach): Increased member services from case management
Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach): Retraining for all staff
MHP/DMC-ODS-focused interventions/system changes (MHP/DMC-ODS/system change interventions are aimed at changing MHP/DMC-ODS operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools): Written policies and procedures EHR that facilitates data exchange

PMs (be specific and indicate measure steward and National Quality Forum number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
Follow-up rates: 2-day 7-day 30-day	FY 2021-22	59% 68% 78%	FY 2022-23	54%	☐ Yes ☒ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):

PIP Validation Information
Was the PIP validated? ☒ Yes ☐ No "Validated" means that the EQRO reviewed all relevant part of each PIP and made a determination as to its validity. In many cases, this will involve calculating a score for each relevant stage of the PIP and providing feedback and recommendations.

PIP Validation Information
Validation phase (check all that apply): ☐ PIP submitted for approval ☐ Planning phase ☐ Implementation phase ☐ Baseline year ☒ First remeasurement ☐ Second remeasurement ☐ Other (specify): Validation rating: ☐ High confidence ☐ Moderate confidence ☒ Low confidence ☐ No confidence "Validation rating" refers to the EQRO's overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results, and produced significant evidence of improvement.
EQRO recommendations for improvement of PIP: • Provide the 7 and 30-day follow-up remeasurement results. • Continue efforts to improve follow-up within two days.

ATTACHMENT D: CALEQRO REVIEW TOOLS REFERENCE

All CalEQRO review tools, including but not limited to the Key Components, Assessment of Timely Access, PIP Validation Tool, and CalEQRO Approved Claims Definitions are available on the CalEQRO website: CalEQRO website

ATTACHMENT E: LETTER FROM MHP DIRECTOR

A letter from the MHP Director was not required as part of this report.

FY 23-24 External Quality Review

What is EQRO?

- EQRO - External Quality Review Organization
- Behavioral Health Concepts is the contractor that does the review –
  - A NEW CONTRACT HAS BEEN AWARDED
- They are contracted by the Department of Health Care Services to come out to each county on a yearly basis to audit Mental Health Plans.
- Changes for next year moving from recommendations to mandated Corrective Action Plans

What do they focus on and what is the goal?

- Significant Improvements
- Data Based Decisions
- Responses to previous years recommendations
- Information Systems Capabilities (EHR)
- Efforts towards existing and new requirements
- To review our current system
- Offer suggestions for improvement or adjustments in current procedures
- Give recommendations for the next year

What does the day look like?

Time	Activities
8:30am – 9:45am	Introductions Mental Health Plan Presentation Performance Measures
10:00am – 11:30am	Session One – Member Focus Group (clients) Session Two – Information Systems – ISCA/IT/Billing
12:30pm – 1:45pm	Access/Timeliness/Quality
2:00pm – 3:15pm	Session One – Program Managers Focus Group Session Two – Clinical Line Staff Focus Group
3:30pm – 4:30pm	Peer Employees Focus Group
4:45pm – 5:00pm	Closing Session
Performance Improvement Projects Session Happened Prior to Review	

Summary of Findings

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	3	2	0

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	5	0	1
Quality of Care	10	7	2	1
Information Systems (IS)	6	4	2	0
TOTAL	**26**	**20**	**4**	**2**

What were last years recommendations?

Recommendation 1: Review the process of providing adult members with non-group/individual therapy services and identify opportunities and implement strategies to streamline the process.

☒ Addressed ☐ Partially Addressed ☐ Not Addressed

Recommendation 2: Continue to investigate reasons and develop and implement strategies to increase access and timeliness of services for youth in FC.

☒ Addressed ☐ Partially Addressed ☐ Not Addressed

Recommendation 3: Investigate reasons and develop and implement strategies in collaboration with the MCP providers to ensure consistent and reliable access to transportation assistance for members.

☐ Addressed ☒ Partially Addressed ☐ Not Addressed

Recommendation 4: Develop a process that is not dependent on the EHR implementation and begin to track and trend the FC HEDIS measures.

(This recommendation is a carry-over from FY 2021-22 and FY 2020-21.)

☐ Addressed ☒ Partially Addressed ☐ Not Addressed

Recommendation 5: Engage staff (e.g., through a survey, focus group, or other structured feedback process) on the barriers that they are finding in accessing reports and develop and implement strategies to remove those barriers.

☒ Addressed ☐ Partially Addressed ☐ Not Addressed

Access Key Components Overview

Table 2: Access Key Components

KC #	Key Components – Access	Rating
1A	Service Accessibility and Availability are Reflective of Cultural Competence Principles and Practices	Met
1B	Manages and Adapts Capacity to Meet Member Needs	Met
1C	Integration and/or Collaboration to Improve Access	Met
1D	Service Access and Availability	Met

Strengths and opportunities associated with the access components identified above include:

- The MHP has a Community Cultural Collaborative that meets monthly.
- Tuolumne offers stakeholders and community members many opportunities to be involved and receive information about the MHP.
- Tuolumne's provider handbook and Website are informative and useful.
- The MHP has focused on staff morale and retention efforts. Tuolumne has improved its overall staff vacancy rate to 18 percent.

Examples of Data Reviewed

Age Groups	Total Members Eligible	# of Members Served	MHP PR	County Size Group PR	Statewide PR
Ages 0-5	1,469	<11	-	1.31%	1.82%
Ages 6-17	3,240	182	5.62%	5.83%	5.65%
Ages 18-20	718	-	-	4.72%	3.97%
Ages 21-64	8,699	614	7.06%	4.53%	4.03%
Ages 65+	1,784	48	2.69%	2.25%	1.86%

Age Groups	Total Members Eligible	# of Members Served	MHP PR	County Size Group PR	Statewide PR
Total	15,907	899	5.65%	4.30%	3.96%

Summary of Strengths

- The MHP has a strong relationship with the judicial system and became a Care Court Cohort 1 County in October 2023.
- Tuolumne identified concerns within their housing services and implemented a PIP to address the issues, including hiring a designated case manager.
- The MHP is accessible to the community with events such as “Not My Kid” that introduces families to alternative and nontraditional approaches through engaged family nights, and Coffee Talk that allows anyone in the community to attend and ask questions in an informal environment.
- Tuolumne completes an integrated MHP and substance use disorder (SUD) member assessment, completing an American Society of Addiction Medicine (ASAM) assessment with every MHP assessment.
- The MHP has a low denied claims rate of 1.38 percent.

Additional Strengths Shared by the MHP

- Bridge Grant Approval – Housing Initiatives
- Implementation of Diversion Program for both Misdemeanor and Felony IST
- Staff Retention Payments
- Mobile Crisis Grant – Provided Infrastructure to the Crisis Program
- Implementation of New Electronic Health System
- Innovations Project – Family Ties: Youth and Family Wellness

Notable Opportunities for Improvement

- The MHP reported the timeliness of non-urgent psychiatry appointments offered s only 24 percent meeting the 15-business day standard.
- Tuolumne did not report on urgent services within 48 hours for all categories.
- Although the MHP has made efforts to improve transportation services for members, there continues to be an opportunity for Tuolumne to continue working with the Managed Care Plan (MCP) to ensure consistent and reliable transportation to MHP services for members.
- Tuolumne does not have a process to track and trend the foster care (FC)
- Healthcare Effectiveness Data and Information Set (HEDIS) measures.
- The MHP has made significant efforts in staff salary parity; however, salary ranges were expressed as a concern by staff and a risk to staff retention

Final Recommendations

- Further examine the timeliness of non-urgent psychiatry appointments offered and assertively implement initiatives to improve the rates meeting the 15-business day standard. (Timeliness)
- Track and report on urgent services within 48 hours for all categories. (Timeliness)
- Continue to investigate reasons and develop and implement strategies in collaboration with the MCP providers to ensure consistent and reliable access to transportation assistance for members. (Access, Timeliness) (This recommendation is a carry-over from FY 2022-23)
- Continue to develop a process that is not dependent on the EHR implementation and begin to track and trend the FC HEDIS measures. (Quality) (This recommendation is a carry-over since FY 2020-21.)
- Continue efforts to examine staff salary ranges in comparison to other counties and continue to make needed adjustments, as appropriate. (Access, Timeliness)

Efforts Already Being Made Toward Recommendations

- Meeting with Telepsych Vendor took place July 20, 2024 to discuss current needs. No show rates are discussed on how to best manage for increased timeliness
- Quarterly meetings continue to take place. An updated MOU has increase communication and follow up.
- HEDIS Measures have been established and FY 23-24 will be the first year of baseline data.
- County has approved a class and comp contract and union discussions are currently underway.

Thank you

TCBH Advisory Board Community Meeting Report

Name of Community Meeting: **Quality Improvement Council (QIC)**

Date of Meeting: **Monday, July 15, 2024**

1. Key Decisions (if any)
    a. Elizabeth Marum, a member of the Behavioral Health Advisory Board, recommended staff look closely at some of the trends (decreases) in positive responses in some of the questions in domains in the Consumer Perception Survey. Staff indicated they will do so and bring back that information to the QIC and it can be reported back to the BHAB in the near future.
    b. Based upon the report of the Consumer Perception Survey Spring 2024 results, it was suggested that after the QIC sends its report to the Quality Management Committee, perhaps a report could be provided to a future Behavioral Health Advisory Board meeting in terms of what staff thought of the results, and how they would be addressing some of the areas that needed improvement.

2. Key Actions (if any)

3. Key Information (if any)
    a. Consumer Perception Survey (CPS) Spring 2024 Results:

    TCBH uses point in time convenience sampling methodology for the CPS. Information was collected voluntarily from BH clients who had appointments during the week of 5/15/2024 through 5/29/2024. There are four variations of the survey instrument: Youth/family, Youth (ages 12-17), Adult (age 18-64), and Older Adult (Age 65+). The survey questions have been stable for several years, allowing for trend analysis. Results of the analysis are incorporated into the MHP (Mental Health Plan's) ongoing Quality Improvement program. UCLA compiles the data for all the counties in the State.

    The Mental Health portion of the CPS is currently divided into seven (7) domains of consumer perception: General Satisfaction; Perception of Access; Perception of Quality & Appropriateness; Perception of Participation in Treatment Planning; Perception of Outcome of Services; Perception of Functioning; Perception of social connectedness. Each domain contains between two to nine statements.

    The response rate from May 2019 through Spring 2024 was as follows:

May 2019	26
Fall 2019	8
Spring 2020	47
Fall 2020	Cancelled (COVID)
Spring 2021	50
Fall 2022	Cancelled
Spring 2022	27

Spring 2023	74
Spring 2024	53

DHCS stopped doing two surveys per year during COVID. Surveys used to be bi-annual, but now they are done only once per year, in the Spring. It was also noted that the increase in responses in Spring 2021 and Spring 2023 and 2024 were the result of a change in tactics for reaching clients. In Spring 2021, the department used Behavioral Health Workers and Reception staff to call clients and do the survey over the phone. Spring of 2023 also used the same tactic.

Domain-Based summary statistics were reviewed for Adult and Older Adult for Spring 2024 only. For the seven domains, the negative scores were utilized for a deeper look at the results. Positive scores, Neutral Scores, and Negative scores are tallied. It was noted that the domain "Perception of Participation in Treatment Planning" scored the lowest percentage of positive scores. The department is reviewing this with staff to determine if any changes are needed.

Detailed scores in each of the domains were reviewed:

- General Satisfaction: The department likes to look at question #3, which states "I would recommend this agency to a friend or family member". Responses to this question were primarily positive and neutral.
- Perception of Access: Responses were primarily positive and neutral.
- Perception of Quality and Appropriateness: The team looks closely at Question #13 "I was given information about my rights". Positive Scores were 100% for 2022, 93% for 2023, and 82% for 2024. This question is important because it means that the clients were given Patient Rights Handbook, which helps clients understand the system and maneuver the system. Over the last three years, the department saw a decline in this score. An annual training is given to all staff on Beneficiary Rights. Staff is evaluating how to deal with this in the future, how to bring the score back up.
- Perception of Participation in Treatment Planning: The team is looking closely at Question 17 "I, not staff, decided my treatment goals." Staff noted a decline from 2022 and 2023, to 2024, where the positive response was only 46%. The team is looking at how to tackle and focus on this.
- Perception of Outcome of Services: Scores appeared to be constant from year to year for each of the questions in this domain.
- Perception of Functioning: Scores appeared to be constant from year to year for most of the questions in this domain.

Successes and areas for improvement were reviewed.

The top 2 items noted were:

- "I like the services that I received here – 90% positive responses
- "I would recommend this agency to a friend or family member – 85% positive responses.

The bottom 2 items noted were:

- "I was able to see a psychiatrist when I wanted to" – 16% negative responses
- "I, not staff, decided my treatment goals" – 14% negative responses

Staff noted that Dr. Peters, Psychiatrist, is present on Fridays. The rest of the psychiatric hours are available through Kingsview and Telehealth. There are about 40 hours of psychiatry services per week. However, it was noted that every county is facing the same challenge. There is a shortage of Psychiatrists in California.

PIP's (Performance Improvement Projects) may be "pulled" (established) from some of the areas noted where improvement may be needed.

b. Americans with Disabilities Act (ADA) Monitoring Review: A "Compliance Checklist for Safety and Accessibility Tool" was created by staff member Ryan Kramer. This is part of a SUB-G contract monitoring tool. The tool is well done, and quite extensive, including the following components (with multiple criteria within each of the components). The areas reviewed include:
    i. Parking and Outdoor Walkways
    ii. Entrances and Exits, Interior Doors, and Passageways
    iii. Waiting Rooms
    iv. Restrooms
    v. Session/Meeting Rooms – Accessibility
    vi. Auxiliary Aids for Hearing Impaired.
    vii. Site Maintenance and Safety Features
    viii. Staff Training – Emergency Procedures
c. External Quality Review Organization EQRO Final Report: DHCS (Department of Health Care Services) mandates that an EQRO report is done on an annual basis for every county. Staff summarized the report, to include the following:
    i. Summary of Strengths, Opportunities, and Recommendation: The Mental Health Plan demonstrated significant strengths in the following areas:
        1. The MPH has a strong relationship with the judicial system and became a Care Court Cohort 1 County in October 2023.
        2. Tuolumne identified concerns within their housing services and implemented a PIP to address the issues, including hiring a designated case manager.
        3. The MHP is accessible to the community with eents such as "Not My Kid" that introduces families to alternative and nontraditional approaches through engaged family nights, and Coffee Talk that allows anyone in the community to attend and ask questions in an informal environment.
        4. Tuolumne completes an integrated MHP and substance use disorder (SUD) member assessment, completing an American Society of Addiction Medicine (ASAM) Assessment with every MHP assessment.
        5. The MHP has a low denied claims rate of 1.38 percent.
        6. Staff noted that through the Care Court, Diversion, etc., the department has strengthened relationships with the justice system.
    ii. The MHP was found to have notable opportunities for improvement in the following areas:

1. The MHP reported the timeliness of non-urgent psychiatry appointment offered as only 24 percent meeting the 15 business day standard.
2. Tuolumne did not report on urgent services within 48 hours for all categories.
3. Although the MHP has made efforts to improve transportation services for members, there continues to be an opportunity for Tuolumne to continue working with the MCP (Managed Care Plan) to ensure consistent and reliable transportation to MHP services for members.
4. Tuolumne does not have a process to track and trend the foster care (FC) Healthcare Effectiveness Data and Information Set (HEDIS) measures.
5. The MHP has made significant efforts in staff salary parity; however, salary ranges were expressed as a concern by staff and a risk to staff retention.

iii. <u>Recommendations from EQRO for improvement based upon this review include:</u>

1. Further examine the timeliness of non-urgent psychiatry appointments and assertively implement initiatives to improve the rates meeting the 15-business day standard.
2. Track and report on urgent services within 48 hours for all categories.
3. Continue to investigate reasons and develop and implement strategies in collaboration with the MCP providers to ensure consistent and reliable access to transportation assistance for members. (this recommendation is a carry-over from FY 2022-23).
4. Continue to develop a process that is not dependent on the Electronic Health Records (HER) implementation and begin to track and trend the FC HEDIS measures. (This recommendation is a carry-over since FY 2020-21).
5. Continue efforts to examine staff salary ranges in comparison to other MHP's and continue to make needed adjustments, as appropriate.

4. Key Announcements (if any)

5. Next Meeting Date: **<u>Monday, August 19, 2024</u>**

6. Attach Any Supporting materials (if any)