Overview – FY 2019-20 Annual Report

- EQR/CalEQRO
- California Trends
- COVID-19
- Findings
- Strengths, Opportunities, and Recommendations
- Questions & Answers
External Quality Review

- Access, Timeliness, and Quality
- Performance Measures
- PIPs
- Information Systems
CalEQRO

CMS

DHCS

BHC

• EQR Protocol
• Contract
• Process
California Trends in FY 2019-20

- Leading up to FY 2019-20
  - Continued implementation of Final Rule and Parity
  - Network Adequacy
  - New Governor
- FY 2019-20
  - DHCS reorganization
  - CalAIM proposal
COVID-19

- MHP response to the pandemic
  - Changes in service delivery and procedures
  - Rapid shift to telehealth
  - Impacts to workforce
- CalEQRO response to the pandemic
  - Ceased all travel
  - Suspended focus groups
  - Desk reviews
Access: Cornerstone of Mental Health Services

Key Measures

• Insurance Coverage
  Medi-Cal Eligibles
• Utilization
  Beneficiaries Served & Penetration Rate
• Workforce
• Timeliness
Statewide Eligibles by Race/Ethnicity, CY 2018

- African American: 7.56%
- Asian/Pacific Islander: 9.91%
- Hispanic/Latino: 50.28%
- Native American: 0.40%
- White: 18.94%
- Other: 12.90%

Total Eligibles: 1,000,000 to 7,000,000
Statewide Eligibles, CY 2016-18

- CY 2016: 13,730,491
- CY 2017: 13,530,637
- CY 2018: 13,280,566
National Decline in Medicaid Eligibles

December 2017 – July 2019

California

Change in Adult Enrollment: -3.90%

Change in Child Enrollment: -4.40%
Beneficiaries Served, by Race/Ethnicity, CY 2018

**BENEFICIARIES SERVED**

- African American, 12.96%
- Asian/Pacific Islander, 4.78%
- Hispanic/Latino, 40.73%
- Native American, 0.60%
- White, 26.41%
- Other, 14.52%

**BENEFICIARIES SERVED**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>Approx. 12,960</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>Approx. 4,780</td>
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<tr>
<td>Hispanic/Latino</td>
<td>Approx. 40,730</td>
</tr>
<tr>
<td>Native American</td>
<td>Approx. 600</td>
</tr>
<tr>
<td>White</td>
<td>Approx. 26,410</td>
</tr>
<tr>
<td>Other</td>
<td>Approx. 14,520</td>
</tr>
</tbody>
</table>

**Total Beneficiaries Served:**

- 100,000
- 200,000
- 300,000
- 400,000
- 500,000
- 600,000
- 700,000
- 800,000
- 900,000
- 1,000,000
Eligibles and Beneficiaries by Race/Ethnicity, CY 2018

**Eligibles**
- African-American, 7.56%
- Asian/Pacific Islander, 9.91%
- Hispanic/Latino, 50.28%
- Native American, 0.40%
- White, 18.94%
- Other, 12.90%

**Beneficiaries Served**
- Hispanic/Latino, 50.28%
- White, 18.94%
- Asian/Pacific Islander, 9.91%
- Other, 12.90%
- Native American, 0.40%
- 0.60%
- 4.78%
- 12.96%
- 14.52%
Penetration Rate by Race/Ethnicity, CY 2016-2018

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>CY 2016</th>
<th>CY 2017</th>
<th>CY 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>African-American</td>
<td>8.13%</td>
<td>8.17%</td>
<td>7.99%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>2.25%</td>
<td>2.29%</td>
<td>2.25%</td>
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<tr>
<td>Hispanic/Latino</td>
<td>3.51%</td>
<td>3.69%</td>
<td>3.78%</td>
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<tr>
<td>Native American</td>
<td>7.23%</td>
<td>7.05%</td>
<td>6.88%</td>
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<tr>
<td>Other</td>
<td>5.48%</td>
<td>5.35%</td>
<td>5.25%</td>
</tr>
<tr>
<td>White</td>
<td>6.45%</td>
<td>6.54%</td>
<td>6.50%</td>
</tr>
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</table>
Eligibles and Beneficiaries Served, CY 2016-2018

- **CY 2016**
  - Total Eligibles: 621,705
  - Total Beneficiaries Served: 13,730,491
  - Penetration Rate: 4.53%

- **CY 2017**
  - Total Eligibles: 630,435
  - Total Beneficiaries Served: 13,530,637
  - Penetration Rate: 4.66%

- **CY 2018**
  - Total Eligibles: 618,977
  - Total Beneficiaries Served: 13,280,566
  - Penetration Rate: 4.66%
Timeliness: Critical Component of Care

Methodology

Metrics

• Initial appointment
• Initial psychiatric service
• Urgent services
• Psychiatric inpatient follow-up
• Psychiatric inpatient readmission
• No-shows

Findings
Timeliness Reporting Rates, Three-Year Trend

- Initial Service: 75% (FY 2017-18), 79% (FY 2018-19), 89% (FY 2019-20)
- Psychiatry Appointment: 71% (FY 2017-18), 86% (FY 2018-19), 84% (FY 2019-20)
- Urgent Appointment: 54% (FY 2017-18), 66% (FY 2018-19), 86% (FY 2019-20)
- Follow-up after Inpatient Discharge: 77% (FY 2017-18), 88% (FY 2018-19), 96% (FY 2019-20)
- Psychiatrist No-Show Rate: 80% (FY 2017-18), 89% (FY 2018-19), 91% (FY 2019-20)
Timeliness to Initial Service, FY 2018-19

First Offered Appointment

<table>
<thead>
<tr>
<th>Category</th>
<th>Days</th>
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<tbody>
<tr>
<td>Statewide</td>
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</tr>
<tr>
<td>Large</td>
<td>7</td>
</tr>
<tr>
<td>Medium</td>
<td>6</td>
</tr>
<tr>
<td>Small</td>
<td>7</td>
</tr>
<tr>
<td>Small-rural</td>
<td>7</td>
</tr>
</tbody>
</table>

Average Wait Time

Statewide Standard (10)

First Kept Appointment

<table>
<thead>
<tr>
<th>Category</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statewide</td>
<td>10</td>
</tr>
<tr>
<td>Large</td>
<td>13</td>
</tr>
<tr>
<td>Medium</td>
<td>9</td>
</tr>
<tr>
<td>Small</td>
<td>10</td>
</tr>
<tr>
<td>Small-rural</td>
<td>9</td>
</tr>
</tbody>
</table>

Days
Timeliness to First Offered Psychiatry, FY 2018-19

Average Wait Time Overall

- Statewide: 23 days
- Large: 25 days
- Medium: 26 days
- Small: 22 days
- Small-rural: 16 days

Average Overall Statewide Standard (15 Days)

Average Wait Time by Adults and Children

- Statewide: 18 days
- Large: 19 days
- Medium: 18 days
- Small: 18 days
- Small-rural: 18 days
Timeliness to Urgent Appointment, FY 2018-19

- Statewide 48-hour standard
- Average 1.1 day
- Beneficiaries’ satisfaction

![Bar chart showing timeliness to urgent appointment by size category]
No-Show Rates by Practitioner Type, FY 2018-19

- Rates vary by MHP size
- Psychiatry no-show rates are consistently higher than other practitioner types
- Largest variation seen in large and medium MHPs
Quality: Likelihood of Desired Health Outcomes

Key Indicators

• Structures
  Approved Claims per Beneficiary

• Processes
  Follow-up Visit after Inpatient Hospitalization
  (Performance Measures)

• Outcomes
Approved Claims per Beneficiary Served by Size, CY 2016-18

- **Very Large**
  - CY 2016: $5,957
  - CY 2017: $6,430
  - CY 2018: $5,580

- **Large**
  - CY 2016: $6,750
  - CY 2017: $6,750
  - CY 2018: $6,084

- **Medium**
  - CY 2016: $5,010
  - CY 2017: $7,785
  - CY 2018: $6,197

- **Small**
  - CY 2016: $3,782
  - CY 2017: $3,782
  - CY 2018: $5,010

- **Small-rural**
  - CY 2016: $3,845
  - CY 2017: $3,782
  - CY 2018: $3,764
Approved Claims per Beneficiary Served by Region, CY 2016-18

- **Bay Area**: $10,150 (CY 2016), $11,756 (CY 2017), $12,011 (CY 2018)
- **Central**: $4,884 (CY 2016), $4,688 (CY 2017), $5,156 (CY 2018)
- **Los Angeles**: $5,580 (CY 2016), $5,957 (CY 2017), $6,176 (CY 2018)
- **Southern**: $4,552 (CY 2016), $4,739 (CY 2017), $5,314 (CY 2018)
- **Superior**: $4,897 (CY 2016), $5,260 (CY 2017), $5,753 (CY 2018)
Follow-up Rate after Inpatient Hospitalization

- **CY 2016**
  - 7 Days: 37%
  - 30 Day: 56%

- **CY 2017**
  - 7 Days: 29%
  - 30 Day: 45%

- **CY 2018**
  - 7 Days: 37%
  - 30 Day: 48%
Follow-up after Inpatient Hospitalization, FY 2018-19

- Statewide: 8 days
- Large: 12 days
- Medium: 10 days
- Small: 5 days
- Small-rural: 4 days

Average and Standard values are indicated by different colors.
Use of Performance Measure Sets

Performance Measures

- Health Effectiveness Data Information Set (HEDIS)
- CMS Child & Adult Core Set
- Consumer Assessment of Health Providers and Systems (CAHPS)
- Agency for Healthcare Research and Quality (AHRQ)
Outcomes: Impact of Mental Health Services

Key Measures & Indicators

- Mortality
- Safety
- Readmissions - Rehospitalization
- Patient Experience – Consumer Perception Survey
- Effectiveness of care
- Timeliness of care
- Efficient use of medical imaging
30-Day Rehospitalization Rates by MHP Size, FY 2017-18 to FY 2019-20
Statewide Consumer Perception, CY 2019

Perception of Services

- YSS: 87%, 71% General Satisfaction, 72% Improved Functioning, 92% Outcomes
- YSS-F: 89%, 70% General Satisfaction, 71% Improved Functioning, 92% Outcomes
- Adult: 89%, 69% General Satisfaction, 72% Improved Functioning, 92% Outcomes
- Older Adult: 92%, 72% General Satisfaction, 75% Improved Functioning, 92% Outcomes

Surveys Received by Survey Type
- YSS: 25.6% of 95,482
- YSS-F: 38.7% of 95,482
- Adult: 29.0%
- Older Adult: 6.7%
Measurement-Based Outcomes

Adoption
- Children: 73.21%
- Adult: 94.64%

Consistent Use
- Children: 65.85%
- Adult: 81.13%
Information Systems: Foundational Infrastructure

Purpose

Considerations

• Vendor representation
• Methods used for data exchange
• Health Information Exchange (HIE)
• Replacement status
EHR Vendor Representation, Three-Year Trend

<table>
<thead>
<tr>
<th>FY</th>
<th>Cerner</th>
<th>Netsmart</th>
<th>Echo</th>
<th>Cocentrix</th>
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<tbody>
<tr>
<td>FY 19-20</td>
<td>27</td>
<td>20</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>FY 18-19</td>
<td>28</td>
<td>19</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>FY 17-18</td>
<td>27</td>
<td>20</td>
<td>8</td>
<td>1</td>
</tr>
</tbody>
</table>

Legend:
- Cerner
- Netsmart
- Echo
- Cocentrix
Participation in HIE, Three-Year Trend

- **FY 17-18:** 20% (Exchange Data), 80% (No Plans in Place)
- **FY 18-19:** 21% (Exchange Data), 79% (No Plans in Place)
- **FY 19-20:** 27% (Exchange Data), 73% (No Plans in Place)
Method Used for Data Exchange

- Direct data entry: 59%
- Documents faxed/delivered: 18%
- Documents/files emailed: 12%
- Electronic batch file transfer: 5%
- Health information exchange: 4%
- Electronic data interchange: 1%
EHR Replacement Status, FY 2017-18 to FY 2019-20
Year in Review

Strengths

Opportunities

Recommendations
Strengths

- Rapid shift to telehealth
- Integration and collaboration
- Improved timeliness reporting rates
- Reduced wait times to initial and urgent services
- Use of measurement-based outcomes
Opportunities

- Workforce capacity
- Timeliness to psychiatry
- Demonstrating systemwide impact of care
- Level of care determination
- Infrastructure to support data collection and reporting
Recommendations

- Continue to evaluate and address disparities in access, timeliness, and quality related to mental health care at local and statewide levels

- Prioritize the use and evaluation of beneficiary outcomes measures and levels of care tools

- Identify opportunities to enhance infrastructure, particularly regarding information systems and interoperability with other health care systems