



**Marin MHP Feedback to CalEQRO Outside Review Draft Report FY14-15**

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

Submitted By: Dawn Kaiser

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Page Number	Report Statement	MHP Clarifying Response	MHP Request for Change	CalEQRO Response
13	Integrated Behavioral Health in Primary Care (PEI-funded) grant plan to hire a bilingual clinician to served uninsured clients at Coastal Health Alliance (West Marin FQHC).	The four local FQHCs (Marin Community Clinics, Ritter Center, The Marin City Health and Wellness Center and Coastal Health Alliance) all received funds to add bilingual clinicians to serve uninsured clients.	Please add the names of the four FQHCs to this sentence.	The report was amended as requested.
13	Contract monitoring responsibilities for MHP programs are divided among the Chief of Adult and Older Adult Services, the Program Manager I for Adult Outpatient Services and the Quality Manager	Contract monitoring responsibilities are divided among those indicated as well as the Chief of Children’s Services.	Please add the Chief of Children’s Services to the statement.	The report was amended as requested.
15	The MHP opened a Crisis Residential Program called Casa René in February 2015.	Case Rene begin providing services in February 2014	Correct statement to, “The MHP opened a Crisis Residential Program called Casa Rene in February 2014.”	The report was amended as requested.
16	The MHP increased quality management staffing by allocating and hiring a Quality Manager and a Utilization Management Supervisor, a Utilization Review Specialist and an Administrative Services Technician to address data	The interim QIC coordinator was replaced by a permanent hire employee, whose job duties were refocused on supporting documentation standards, the EMR and utilization management.	Please correct the sentence to include accurate information regarding the Utilization Management Supervisor.	The report was amended as requested.



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	analysis and reporting.			
36	<p>2B Tracks and trends access data from initial contact to first psychiatric appointment. Partially Compliant</p> <p>The MHP has made improvements to this goal from the previous review year and it now includes data from the children’s services, and provides an urgent psychiatric appointment. Otherwise, it has engaged in limited tracking and improvements to this indicator.</p>	<p>CalEQRO has modified the key components without releasing new guidance. Previous KC guidance states that the MHP must set a reasonable standard, evaluate performance to the standard and initiate improvement activities. The MHP has met all three of these conditions: has implemented multiple weekly urgent psychiatry slots and has included children’s psychiatry in timeliness tracking. The MHP’s rating for the previous review period was “partially met” and the report correctly indicates that improvement has been achieved on this component.</p>	<p>Rate as Fully Compliant</p>	<p>CalEQRO has reviewed this and revised the rating as Fully Compliant.</p> <p>Although the MHP reports improvements and has developed required tracking systems, it remains below its own standards in service delivery for this metric. The MHP has a standard of 14 days and meets this 51% of the time.</p> <p>The findings on this metric should be considered for possible PIP or other strategic initiatives to improve performance.</p>
37	<p>2C Tracks and trends access data for timely appointments for urgent conditions. Partially Compliant</p>	<p>The MHP indicated same day service of a significant number of voluntary consumers in Psychiatric Emergency Services. Please provide the basis for the “partially compliant rating” including the definition of urgent conditions as it appears in regulation.</p>	<p>Please provide the definition of urgent conditions as it appears in regulation.</p>	<p>The MHP would typically be aware of the definitions of urgent conditions and the response to treating this situation. For further information, consultation with the DHCS operations representative may be appropriate.</p> <p>Access standards for Specialty Mental Health Services can be referenced in the California Code of Regulations (CCR), Title 9, Chapter 11, Section 1810.405.</p> <p>The evidence the MHP provided covered minimal of documentation of timely response for urgent conditions, noting a 27% usage at the PES unit. Again, it remained unclear what the response time although the MHP does provide a walk-in model at the PES, response time is not tracked.</p> <p>The request was reviewed however, the rating is not changed.</p>



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39	The MHP will need to consider ways to coordinate efforts with the CWS data analysis staff to inform and improve Katie A service delivery.	The MHP is not aware of the basis for this report finding regarding lack of coordination with CWS data analysis staff.	Please provide the basis for this report finding or remove from the final report.	The request was accepted and the statement was removed.
51	Currently the MHP does not have staffing to meaningfully engage on a regular basis with peer or program staff (for example, the CWS data analysts working with Katie A. data) or other relevant projects such as timeliness reporting or the assessment of treatment within its system of care.	The MHP is not aware of the basis for this report finding regarding lack of coordination with CWS data analysis staff.	Please provide the basis for this report finding or remove from the final report.	The request was accepted and the statement was removed.
40	Evidence of stakeholder input and involvement in system planning and implementation Partially Compliant Various stakeholder groups indicated limited venues exist for input into system planning other than at the management level. Consumers had mixed responses, with some invited to participate in committees and others remained uninformed of opportunities.	During the review period the MHP was engaged in large and inclusive three-year strategic planning process. This strategic planning process was not restricted to MHSA services, and instead examined the services and design of all MHP programs. During the review period the MHP also revitalized the Cultural Competency Advisory Board which engages a wide and diverse array of community stakeholders.	Rate as Fully Compliant.	The clarifying response does provide evidence of the required stakeholder involvement in the strategic planning process however, the BHC/CalEQRO review team queried various focus groups regarding ongoing means to be involved in bi-directional input.  This key component addresses whether ongoing routine mechanisms for various stakeholders including consumers are known venues for continued involvement.  Transparency and awareness of the venues was limited when pursued in the focus groups.  The request was reviewed however, the rating is not changed.
41	3G Utilizes information from Consumer Satisfaction Surveys	The MHP redesigned reporting of the POQI to increase the ability to benchmark and	Rate as Fully Compliant	The report was amended as requested.



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	<p><b>Partially Compliant</b> The MHP engaged in the distribution and tabulation of results for the annual Performance Outcome Quality Initiative (POQI) survey to consumers.</p> <p>Consumer surveys are distributed at the wellness centers for satisfaction feedback.</p> <p>In conjunction with crisis treatment plans, a consumer survey was provided to determine awareness of resources and satisfaction.</p> <p>Contract providers distribute satisfaction surveys to consumers.</p> <p>Evidence of improvements resulting from the surveys include extended mobile crisis hours until 9pm and extended hours serving the homeless until 7pm.</p>	<p>interpret findings. Findings were discussed at management, supervisor, line staff, and contractor levels. Evidence of improvement based on results are documented in the report.</p>		
44	<p>Establish a family support group in English</p>	<p>Family support groups are currently being run in Spanish and English.</p>	<p>No change requested.</p>	<p>Although no change was requested, the statement was reviewed and removed secondary to the efforts the MHP has already demonstrated, which is that this group is provided in both Spanish and English.</p>
46	<p>Add therapists, case workers and psychiatrists and inpatient</p>	<p>Inpatient hospitalization is not limited for individuals requiring acute inpatient</p>	<p>No change requested.</p>	<p>The clarifying response was noted. No change requested.</p>



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	bed capacity	hospitalization.		
53	The MHP appears hesitant to either redistribute current psychiatric resources or attain more capacity via tele-psychiatry. This could extend its services in the rural regions and provide the large number of Hispanic beneficiaries service options.	The MHP has located a bilingual psychiatrist at the rural West Marin service site. That psychiatrist's hours in West Marin were reduced based on an analysis of service utilization data.	Remove this statement from report. The MHP has multiple Spanish-speaking medical providers and deploys them as needed based upon utilization data.	This section references findings and implications in regard to information systems and in this case, telepsychiatry. The sentence proposed by the MHP Clarifying response was added to this section to clarify its use of utilization data.
57	The MHP notes that in spite of long wait times to psychiatric services and the rural character of much of its SOC the MHP has not selected to use tele-psychiatry technology.	Average wait time to psychiatry is 21 days for adults and 16 days for children.	Remove "long wait times" from the final report. Consider revising telepsychiatry recommendation based upon above information.	This section references opportunities for the MHP to consider. Typical opportunities arise from a variety of standard and current models of service delivery. It remains a decision of the MHP to determine the viability of the suggestion.  The request was reviewed and the reports was amended to read: The MHP notes although the average wait time to psychiatry is 21 days for adults and 16 days for children the metric is met 51%, and considering the rural character of much of its SOC the MHP has not selected to use tele-psychiatry technology.
	Robin Ferrer	Correct spelling of name is Furner	Correct spelling to Robin Furner.	The report was amended as requested.
66	Bill Richfield Patients' Rights Advocate	Correct name is Bill Rehfield	Correction of Patient Rights Advocate Name	The report was amended as requested.
68	Chris Keyhn	Correct spelling of name is Kughn	Correction of name of Program Manager to Chris Kughn	The report was amended as requested.



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68	Donna Mills Unit Supervisor - ACM	Correct job title is : Facility Manager	Correction of title to Facility Manager	The report was amended as requested.
68	Erin Fray	Correct spelling of name is Gray	Correction of name to Erin Gray	The report was amended as requested.
68	Liz Rams	Correct spelling of name is Ramos	Correction of name to Liz Ramos	The report was amended as requested.
69	Rachel Ceita	Correct spelling of name is Gilla	Correction of name to Rachel Gilla	The report was amended as requested.
69	Sandra Ponck	Correct spelling of name is Ponck	Correction of name to Sandra Ponck	The report was amended as requested.
69	Ziya Ditmar	Correct spelling of name is Dikman	Correction of name to Ziya Dikman	The report was amended as requested.

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