DMC-ODS Evaluation and Quality Reviews

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UCLA Integrated Substance Abuse Programs
&
Behavioral Health Concepts

CALQIC Conference
MARCH 14, 2019

Today's Presentation Will Cover

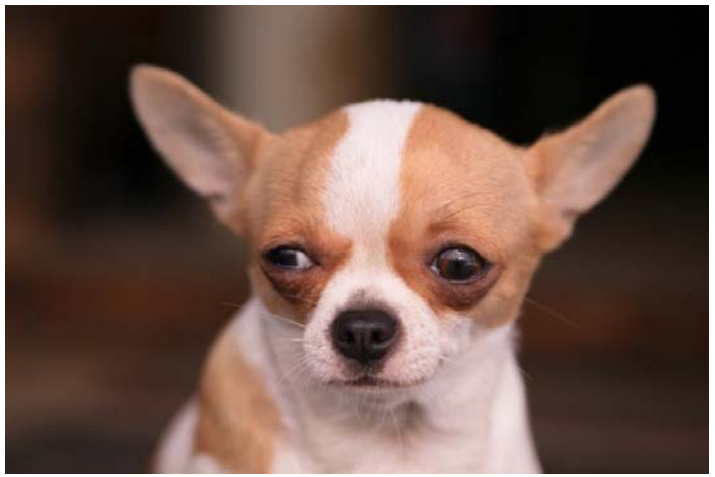
- Results from 2018 UCLA Annual Evaluation Report
- Treatment Perception Surveys
- Administrator and Provider Surveys

- ❑ Data Standardization
- ❑ Data Quality and Submission
- ❑ Data Interpretation

- ❖ Development of Performance Measures in collaboration with Clinical Committee
- ❖ Annual Quality Reviews

A lot to cover! To help we have a special guest presenter:

I have my doubts!



Skeptical Chihuahua

Photo by Yi Chen on Flickr

DMC-ODS Waiver Goals

- Provide access to treatment modalities and services previously not covered by DMC benefits.
- Make available a full continuum of evidence based SUD treatment.
- Facilitate increased coordination and integration of SUD services with physical and mental health care
- Enhance counties' ability to selectively contract with providers and expand the provider types included in the SUD workforce

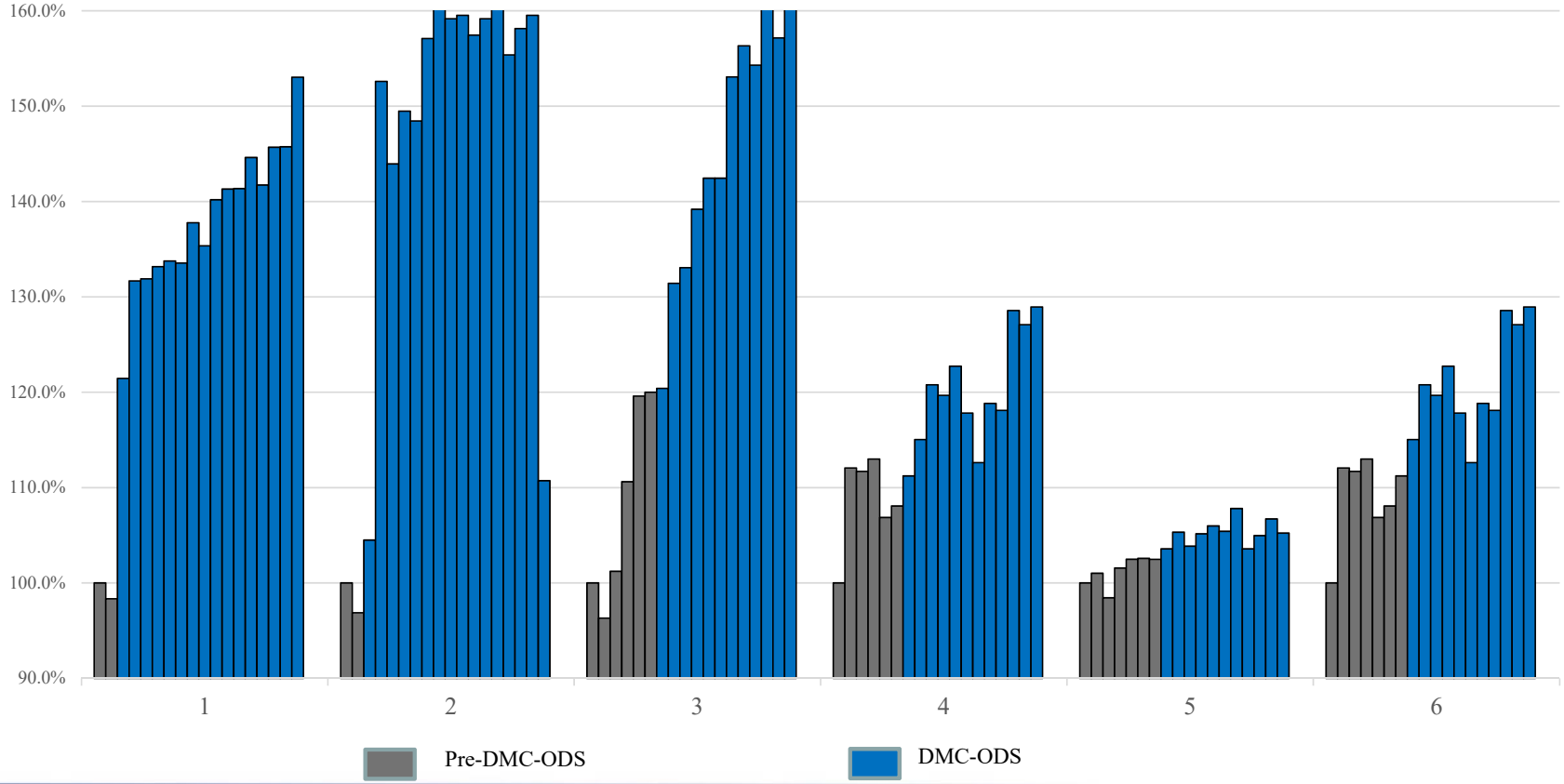
DMC-ODS Implementation in California

- Seven Counties started in CY 2017
- Fourteen counties started in CY 2018
- 40 Counties have submitted implementation plans, covering 97% of CA popn
- 12 Performance Measures have been developed for the first year reviews by EQRO
- Treatment Perception Surveys (TPS) were conducted for seven waivered counties that began implementation in CY 2017. 19 counties participated in CY 2018
- Statewide annual evaluation report by UCLA and annual report by EQRO are available at: http://www.uclaisap.org/ca-policy/html/evaluation.html

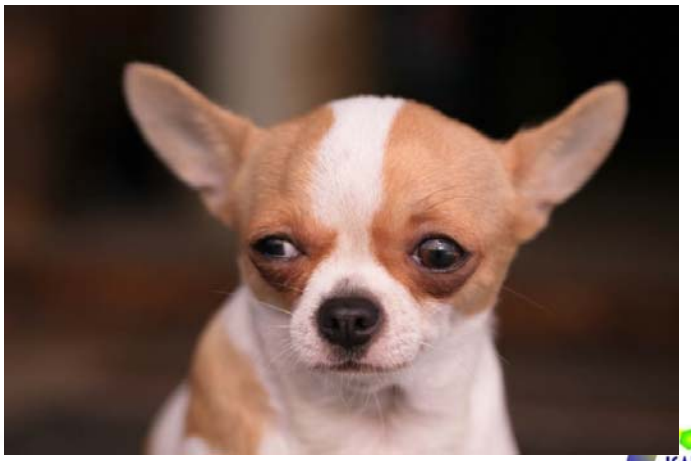
Is Access increasing?

I’m gonna go with…nope!

Preliminary change in unique patients receiving DMC services by month. DMC Claims data, December 2016- May 2018

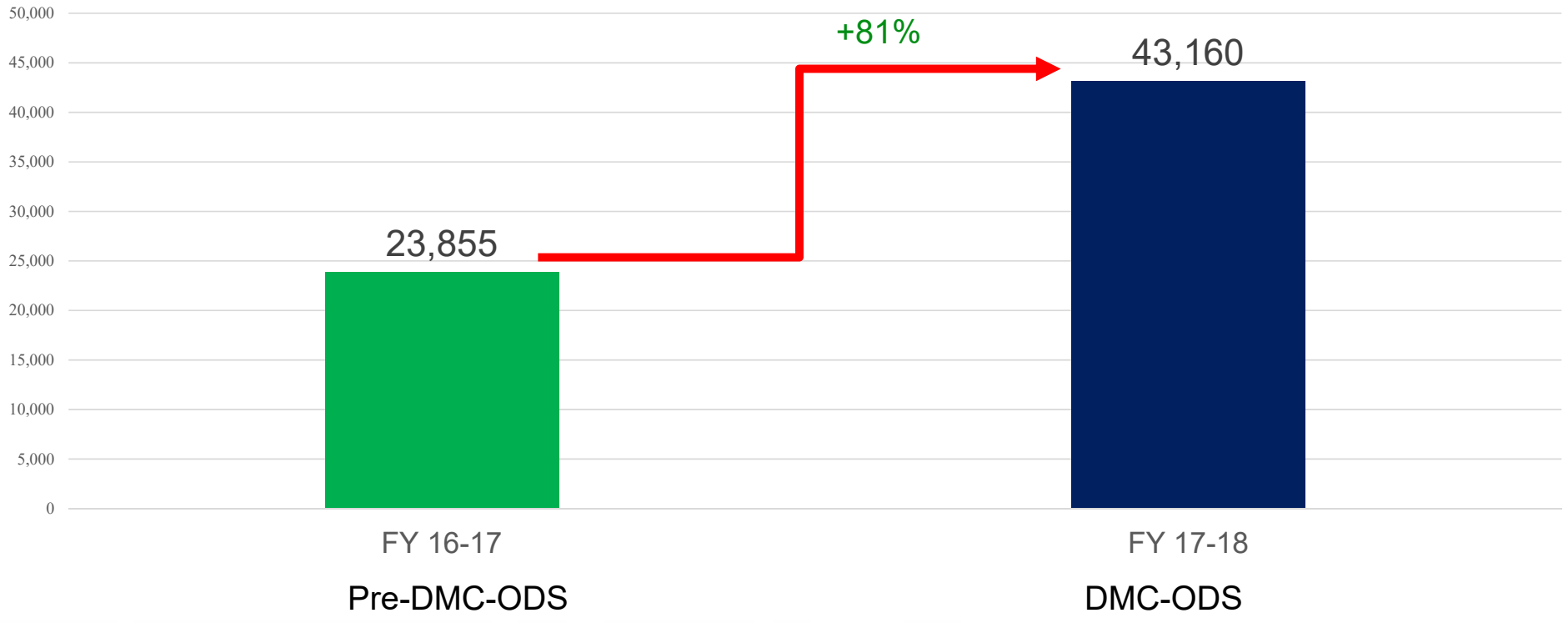


Hmph…there's something suspicious here, but I can't put my paw on it. Let me think about it.



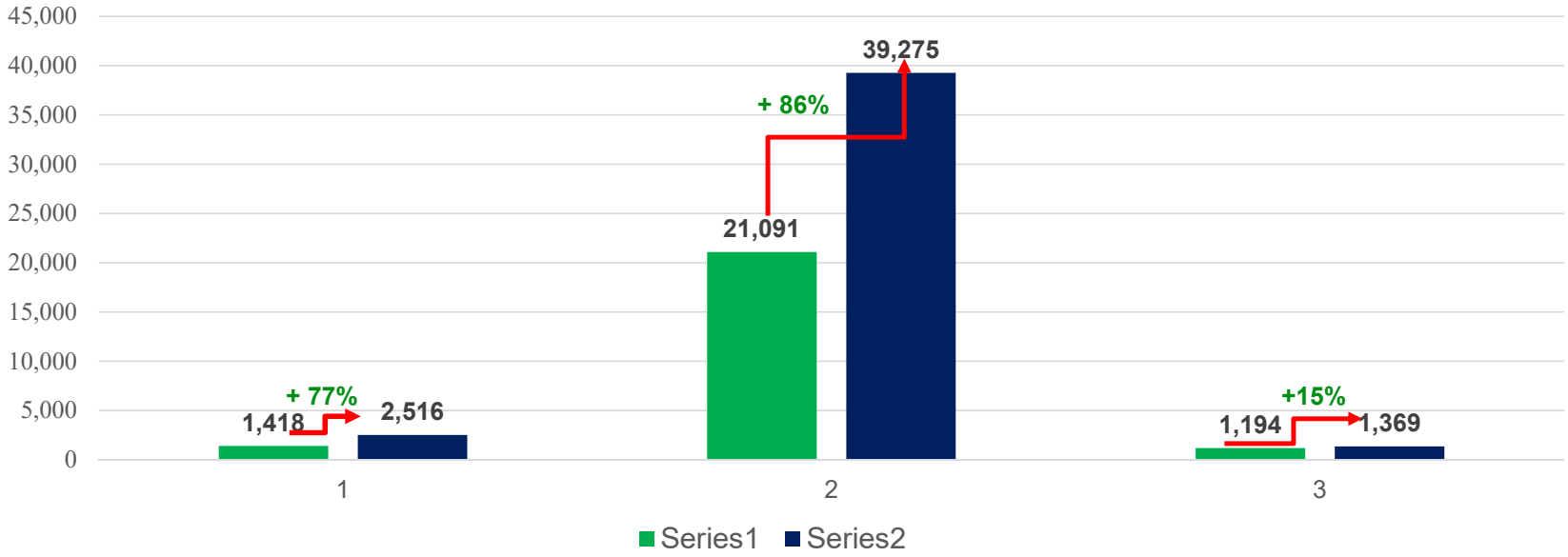
Access

The seven counties that have implemented DMC-ODS for at least one year show an 81% increase in beneficiaries in the first fiscal year.



Access

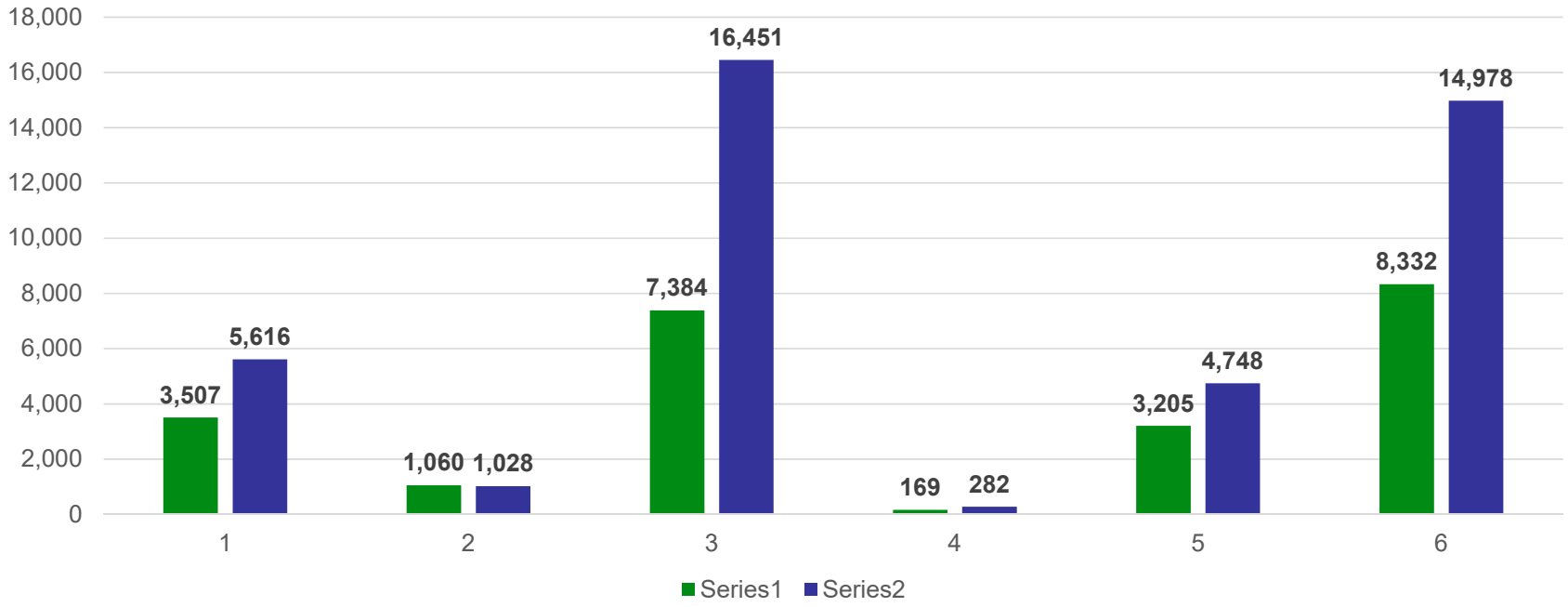
Increase in Number of Beneficieries Served Through DMC in First Year of DMC-ODS by Age Group (First Seven Counties)



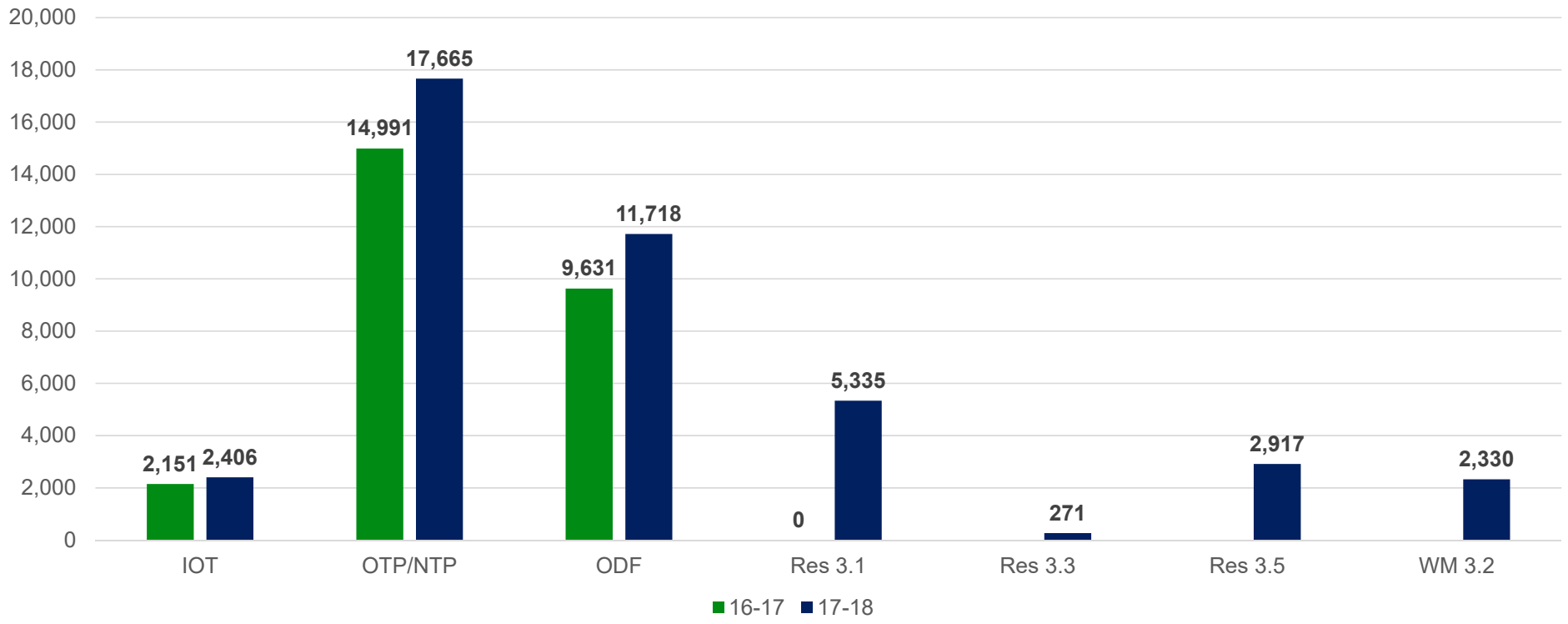
Greatest increase in access by age-group was among Adults at 86%, among Youth at 77% and among Older Adults at 15%

Access

Increase in Number of Beneficieries Served Through DMC in First Year of DMC-ODS by Race/Ethnicity (First Seven Counties)



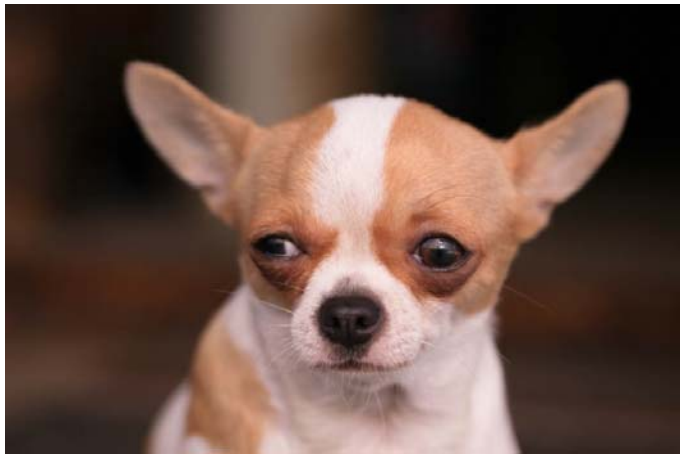
Beneficieries Served by Level of Care Through DMC Pre and Post DMC-ODS (First Seven Counties)



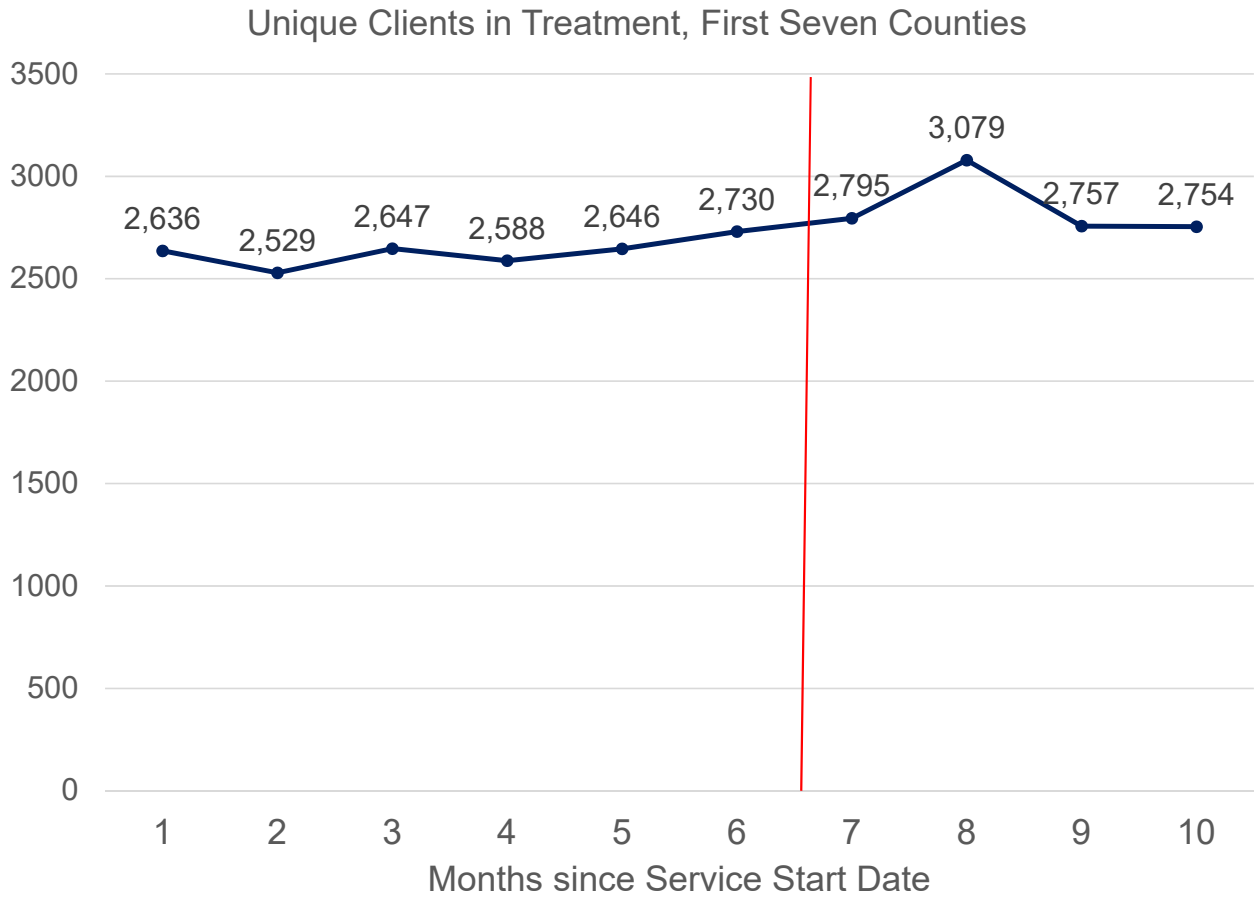
SDMC Claims Data Limitations

- Data is still early and incomplete for a variety of reasons
  - Many programs are still in the process of starting their programs under DMC-ODS
  - Billing for some services is delayed due to questions about appropriate billing
  - New services under DMC-ODS such as Medication Assisted Treatment (MAT) and Recovery Support Services are slowly ramping up.

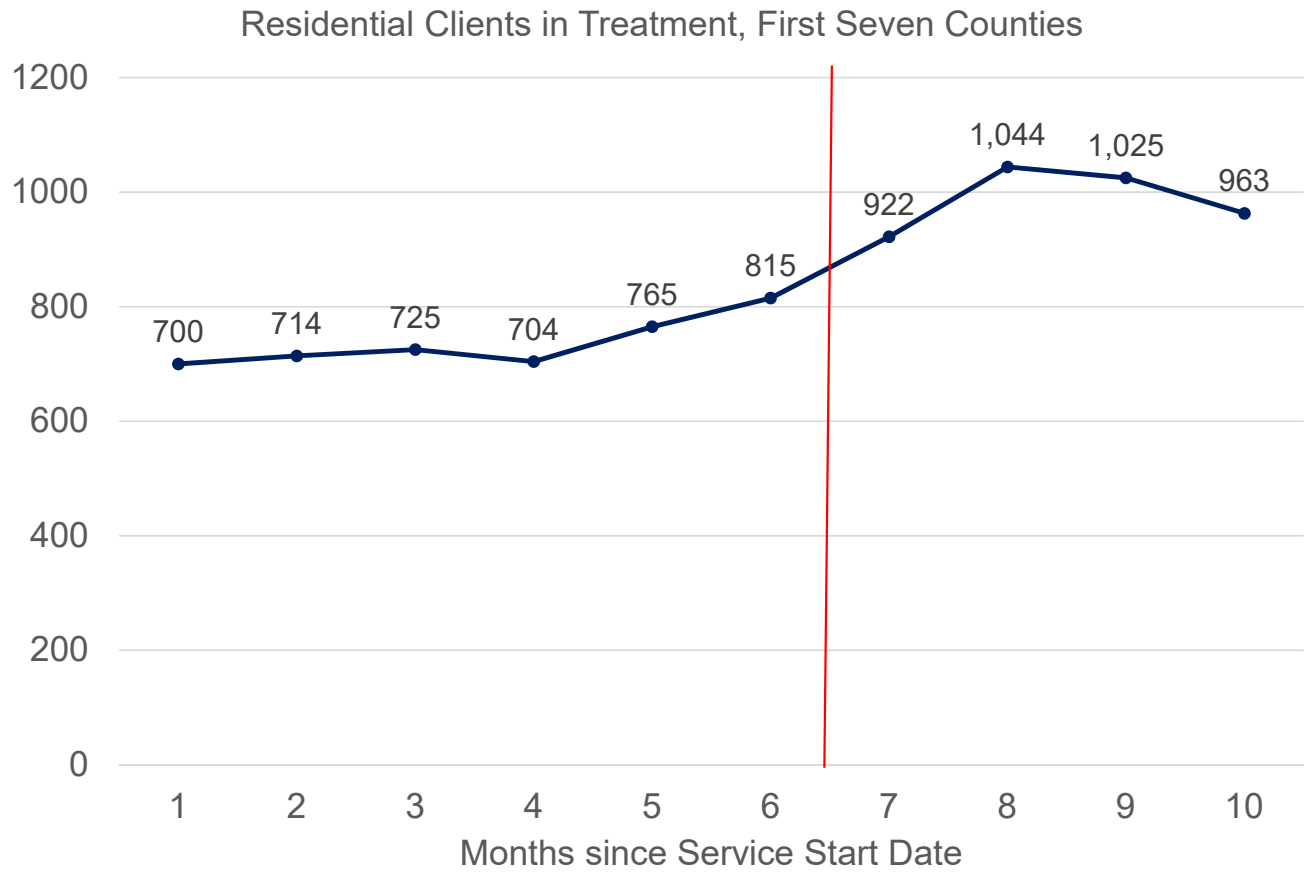
Wait, wait, I’ve got it! Ok, I think there aren’t really more people. I think it’s just the SAME number of people, they’ve just shifted from OTHER funding sources onto Drug Medi-Cal. Ha!



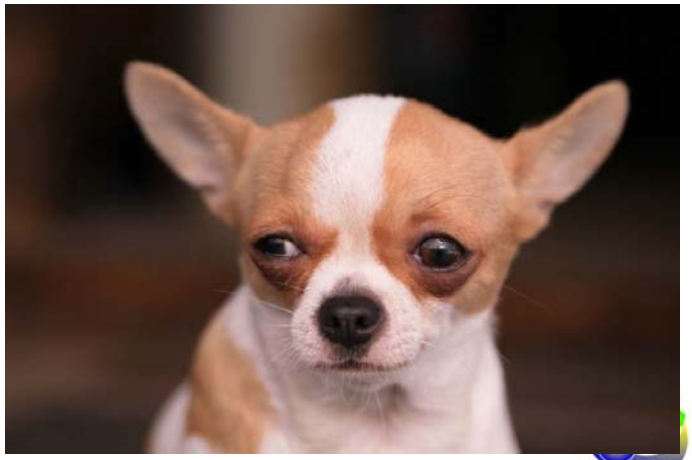
After counties began waiver services, the # of people receiving treatment rose very modestly



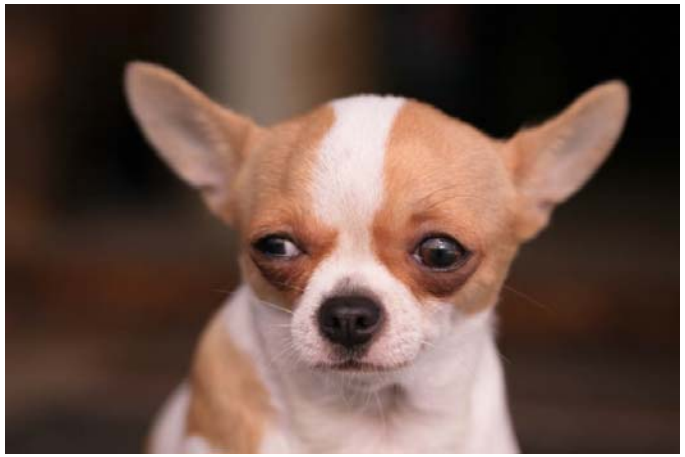
…but there really WAS a large increase in people receiving *residential treatment*



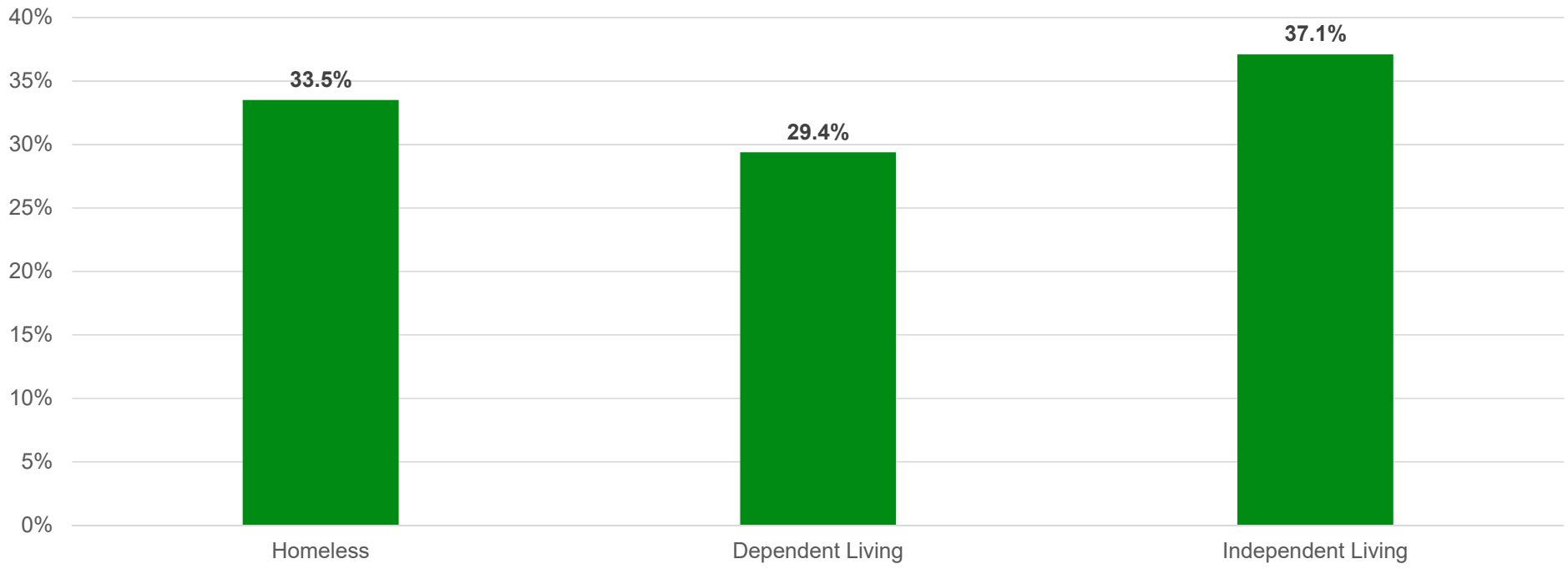
Hmm, residential. Sounds EXPENSIVE.
Whaddya think this is,
Embassy Suites??



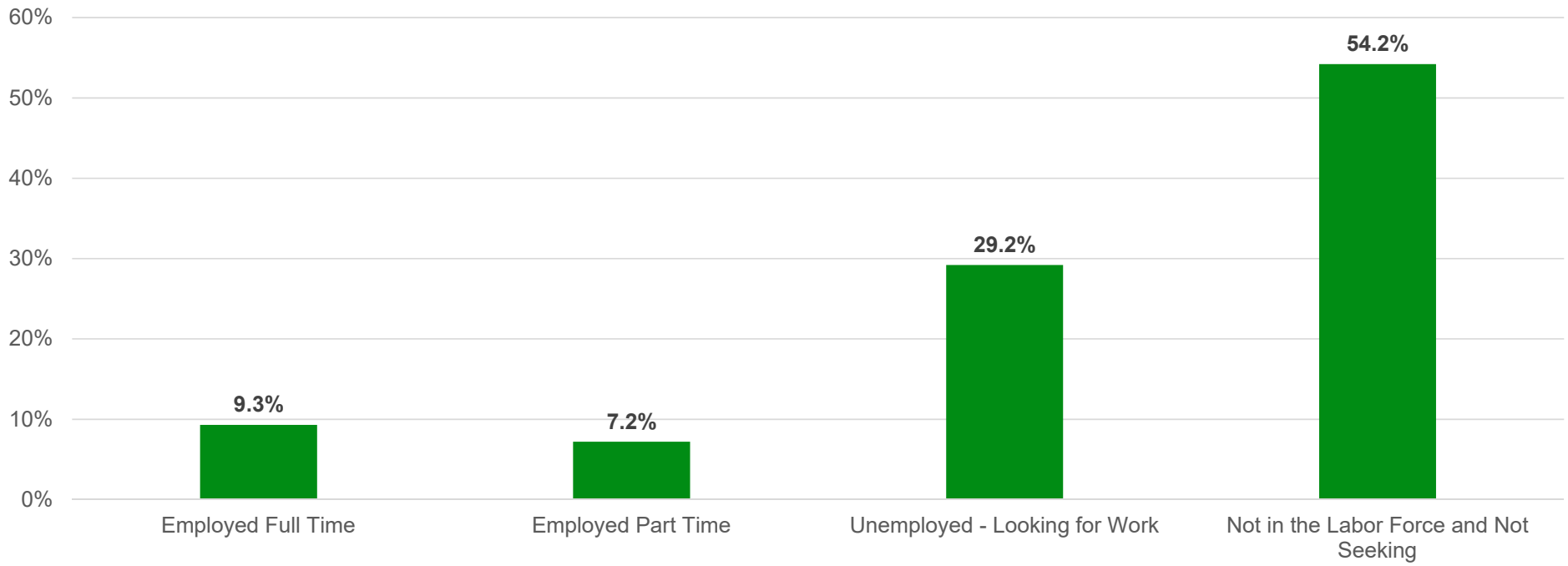
Whatever.
I'll get back to you on this!



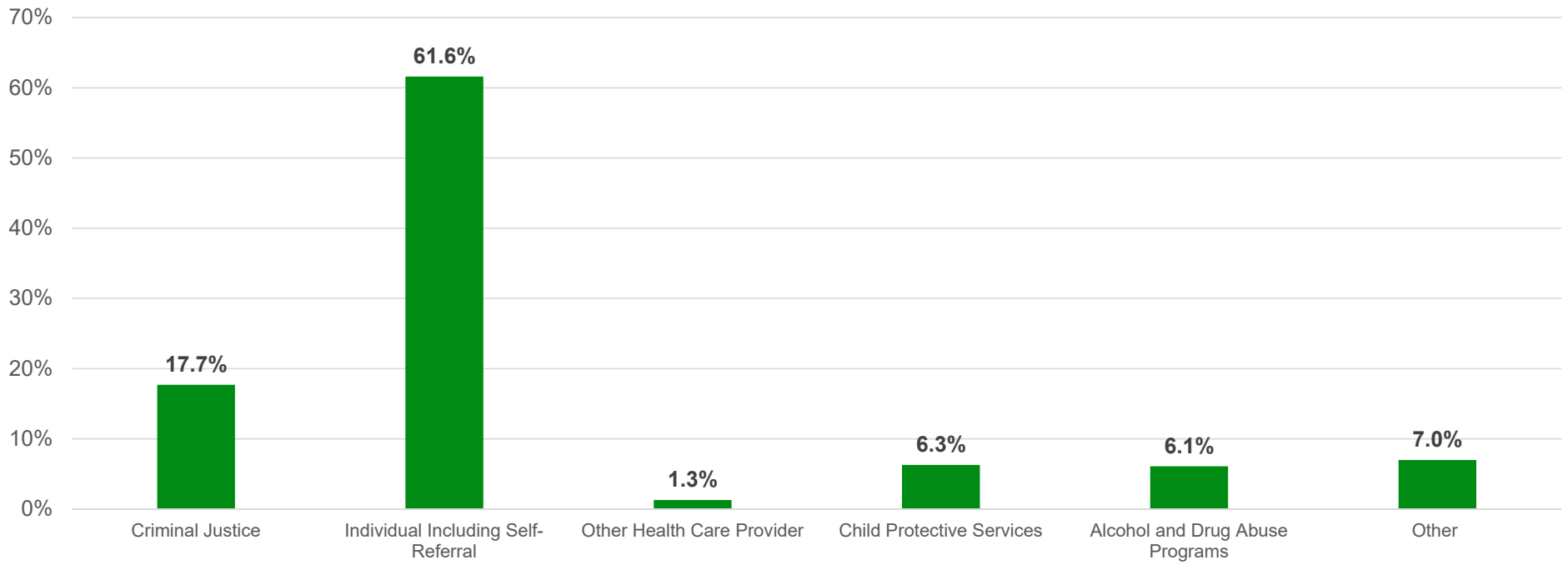
Current Living Arrangement at Admission
(CalOMS-Tx, Medi-Cal clients, First Seven Counties)



Employment Status at Admission
(CalOMS-Tx, Medi-Cal clients, First Seven Counties)

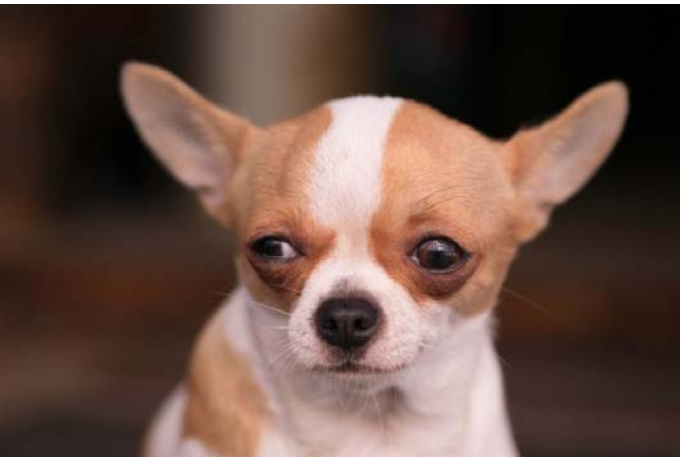


Referral Source to Treatment
(CalOMS-Tx, Medi-Cal clients, First Seven Counties)



CalOMS-Tx Data Limitations

- CalOMS-Tx transitioned to a new data system in 2018.
- Data relies on client self-report
- Provider data submission is imperfect



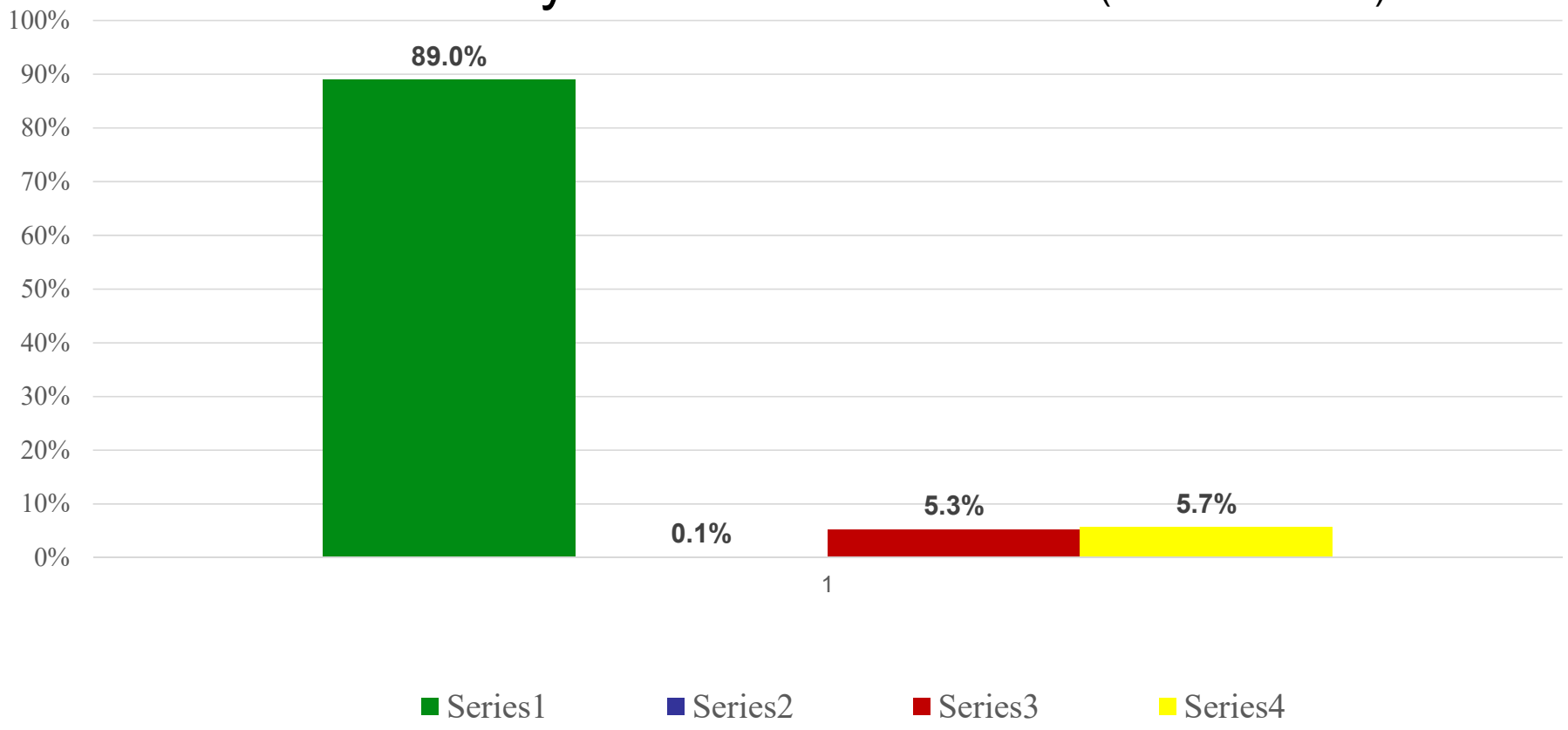
I’m still stuck on this increased residential treatment thing. Is that even the RIGHT level of treatment?

ASAM

- Under DMC-ODS counties are required to submit ASAM – Level of Care (LOC) data.

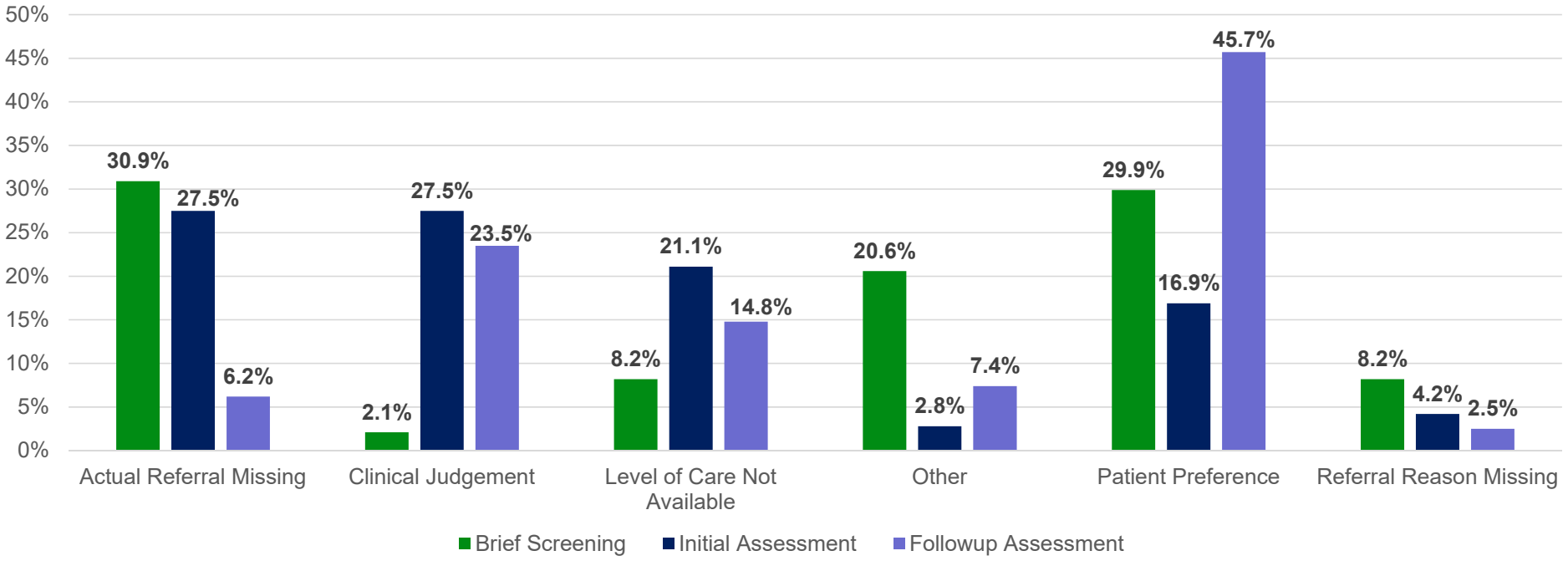
- The goal is to see if clients are being placed in appropriate levels of care based on Screenings or Assessments.

Level of care placement decisions generally match the level indicated by initial assessments (Three Counties)



ASAM

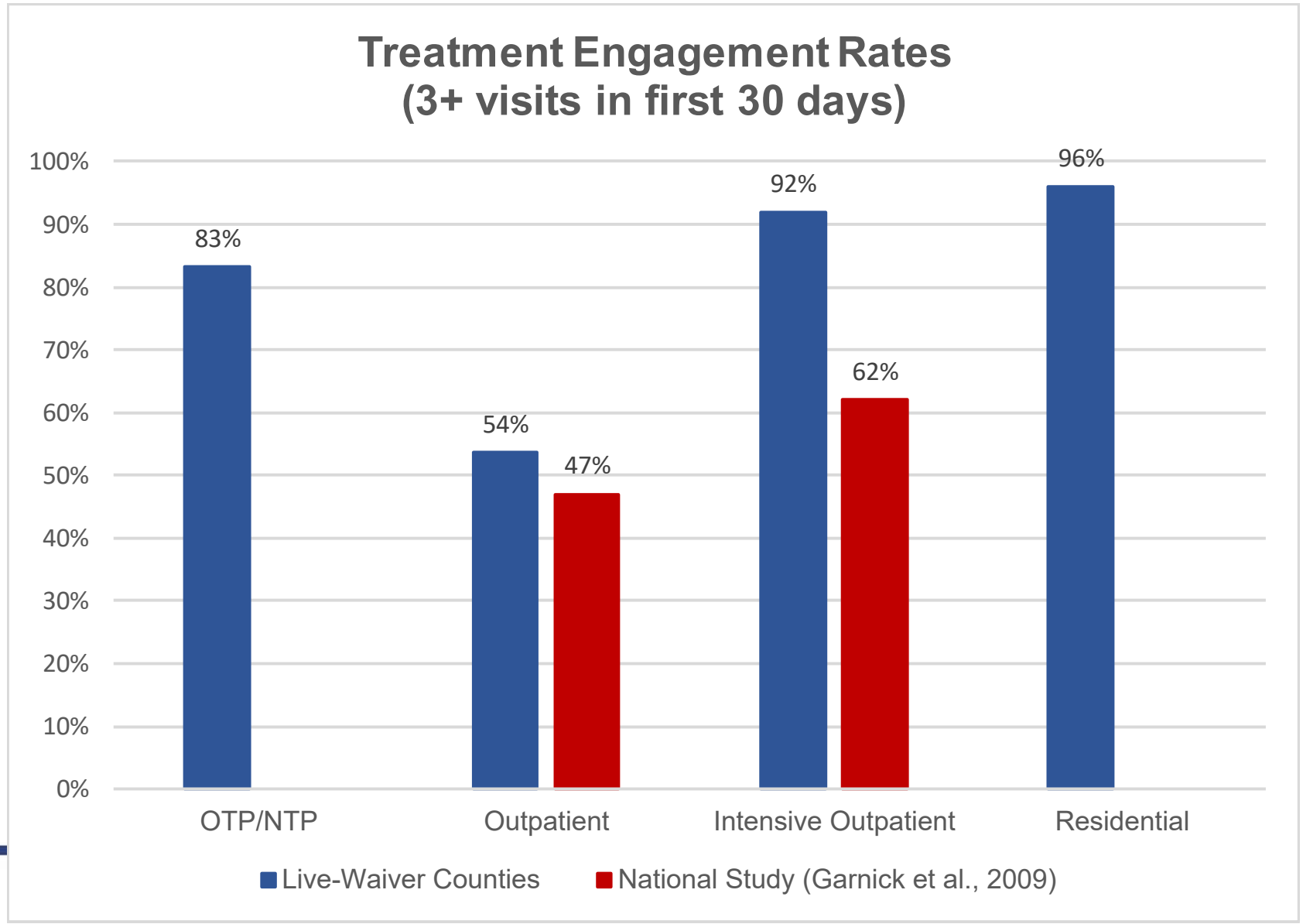
Reasons for Difference Between Indicated and Referred Level of Care



ASAM Data Limitations

- Data collection mechanism varies between counties
  - Some counties are using their EHR while others are collecting it manually
  - This is creating differences in types of missing data
  - Inconsistent time periods of reporting ASAM Data
  - Missing CIN numbers for clients making it difficult to match ASAM file against the SDMC claims file

Fine, they're getting referred to the right level of care, but I bet they don't *engage* in treatment!


Treatment Engagement Rates
(3+ visits in first 30 days)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
83%
54%
47%
92%
62%
96%
OTP/NTP
Outpatient
Intensive Outpatient
Residential
Live-Waiver Counties
National Study (Garnick et al., 2009)

Ok, ok, they engage in treatment,
but I bet they HATE it, right?

TPS Surveys – 2017 & 2018

- In 2017, seven counties participated and returned 9,027 adult surveys
- In 2018, 20 counties participated and returned 15,761 adult and youth surveys
- In 2018 youth surveys were added to the data collection
- UCLA prepared County and Provider Level Reports and placed them in Box Folder for each County via UCLA's Health Sciences Box
- Next survey period: October 7-11, 2019

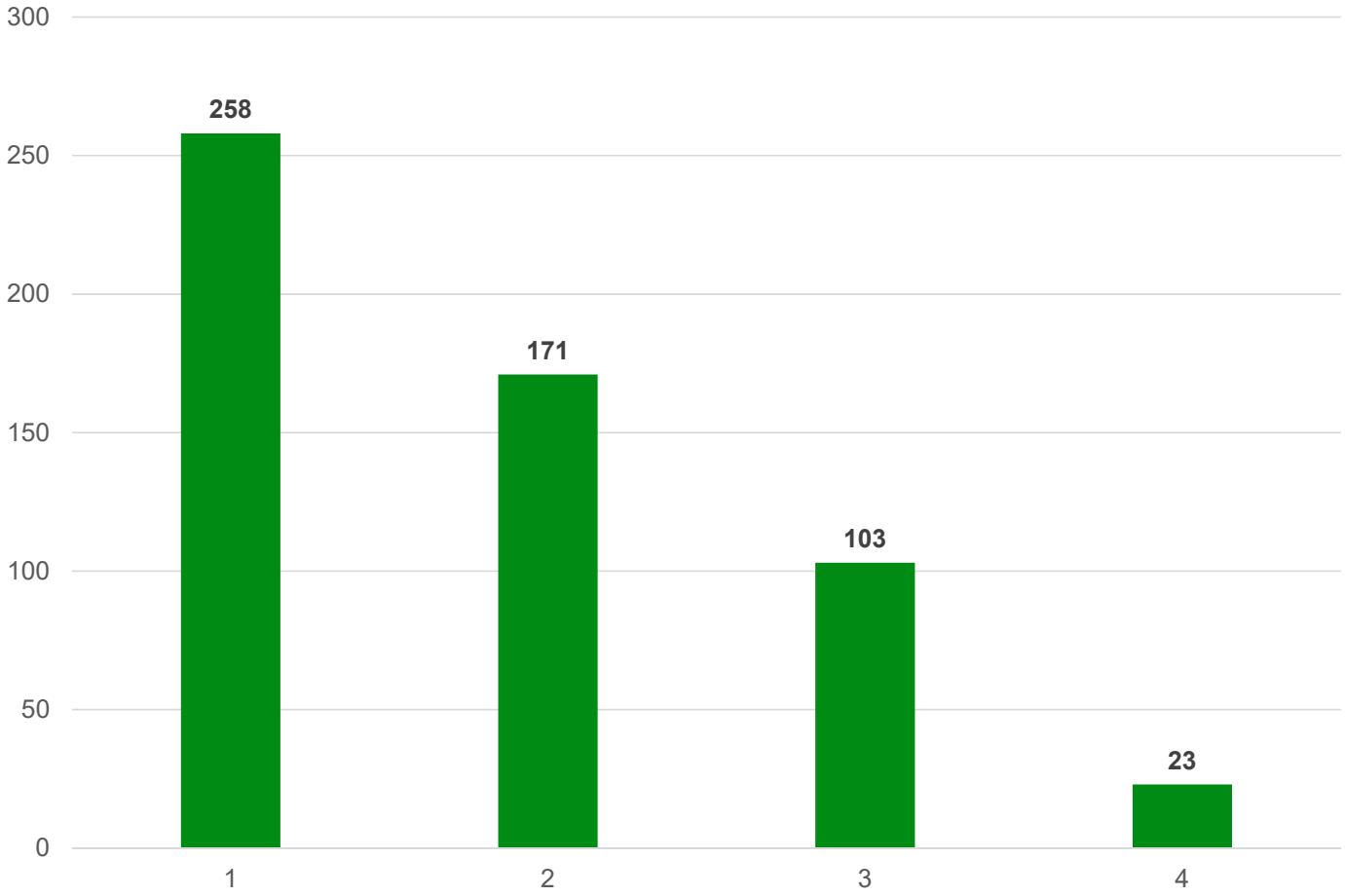
2018 Treatment Perceptions Surveys – Average Score by Question

Survey Question	Domain	Average Score
1 Convenient Location	Access	4.3
2 Convenient Time	Access	4.3
3 Chose Goals	Quality	4.3
4 Enough Time	Quality	4.4
5 Treated with Respect	Quality	4.4
6 Understood Communication	Quality	4.5
7 Cultural Sensitivity	Quality	4.4
8 Work with PH Providers	Care Coordination	4.3
9 Work with MH Providers	Care Coordination	4.2
10 Better Able to Do Things	Outcome	4.3
11 Felt Welcomed	General Satisfaction	4.5
12 Like Services	General Satisfaction	4.4
13 Enough Help	General Satisfaction	4.3
14 Recommend Agency	General Satisfaction	4.5

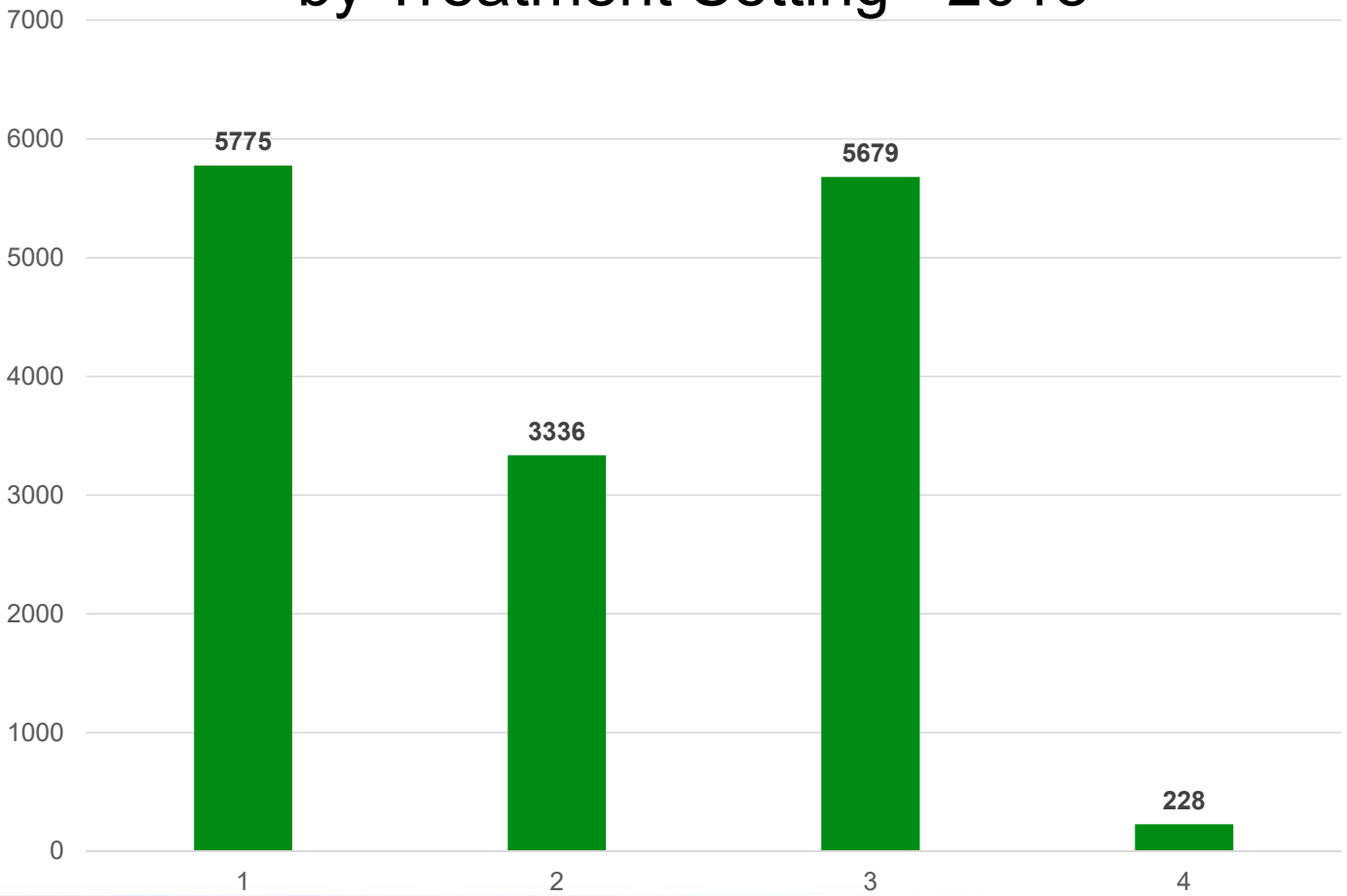
Average Score by Domain (2018)

Survey Question	Domain	Average Score
Convenient Location, Convenient Time	Access	4.3
Chose Goals, Enough Time, Treated with respect, Understood Communication and Cultural Sensitivity	Quality	4.4
Worked with Physical Health and Mental Health Providers	Care Coordination	4.3
Better Able to Do Things	Outcome	4.3
Felt Welcomed, Liked Services, Enough help and Recommend Agency	General Satisfaction	**4.5**

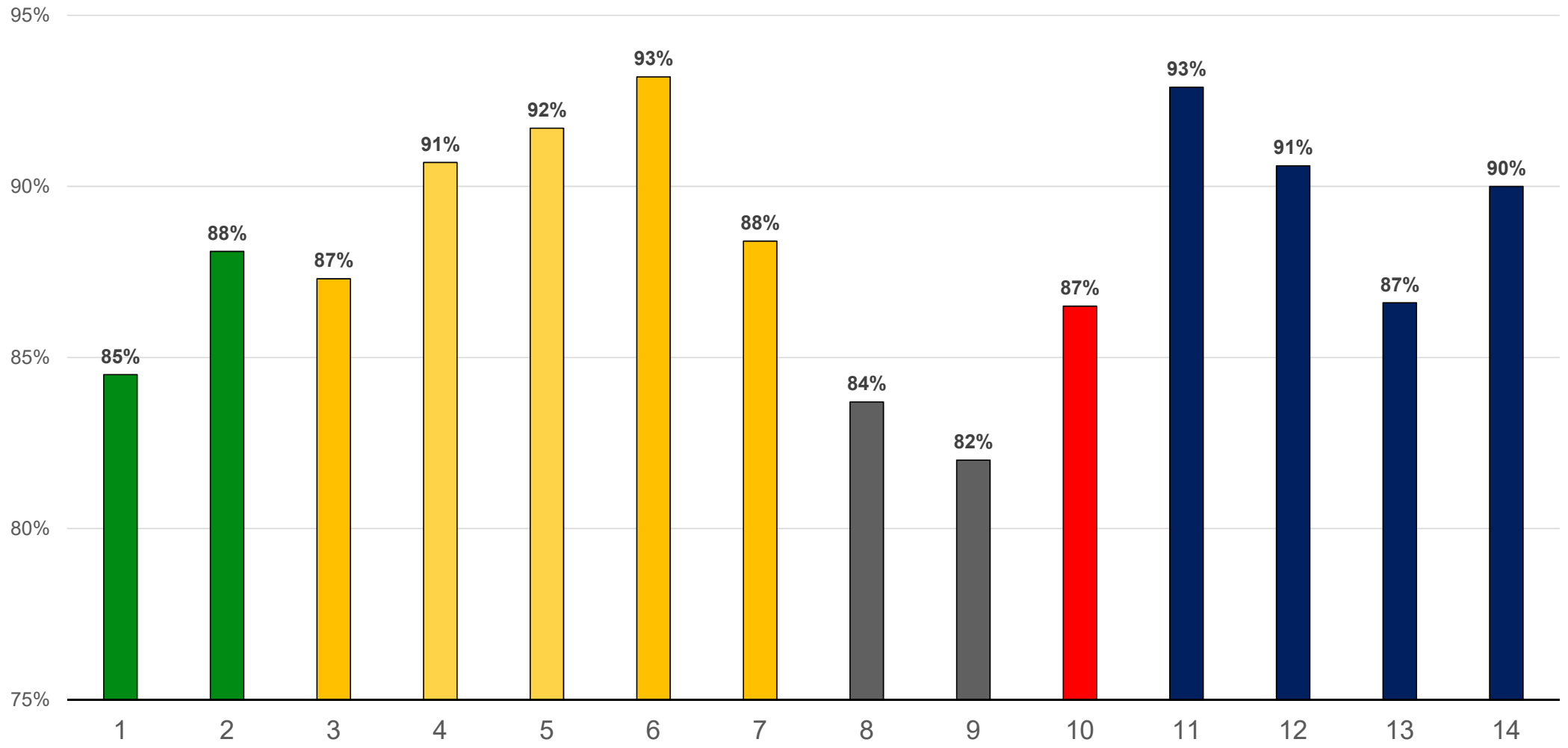
Number of Programs that Returned Survey Forms - 2018



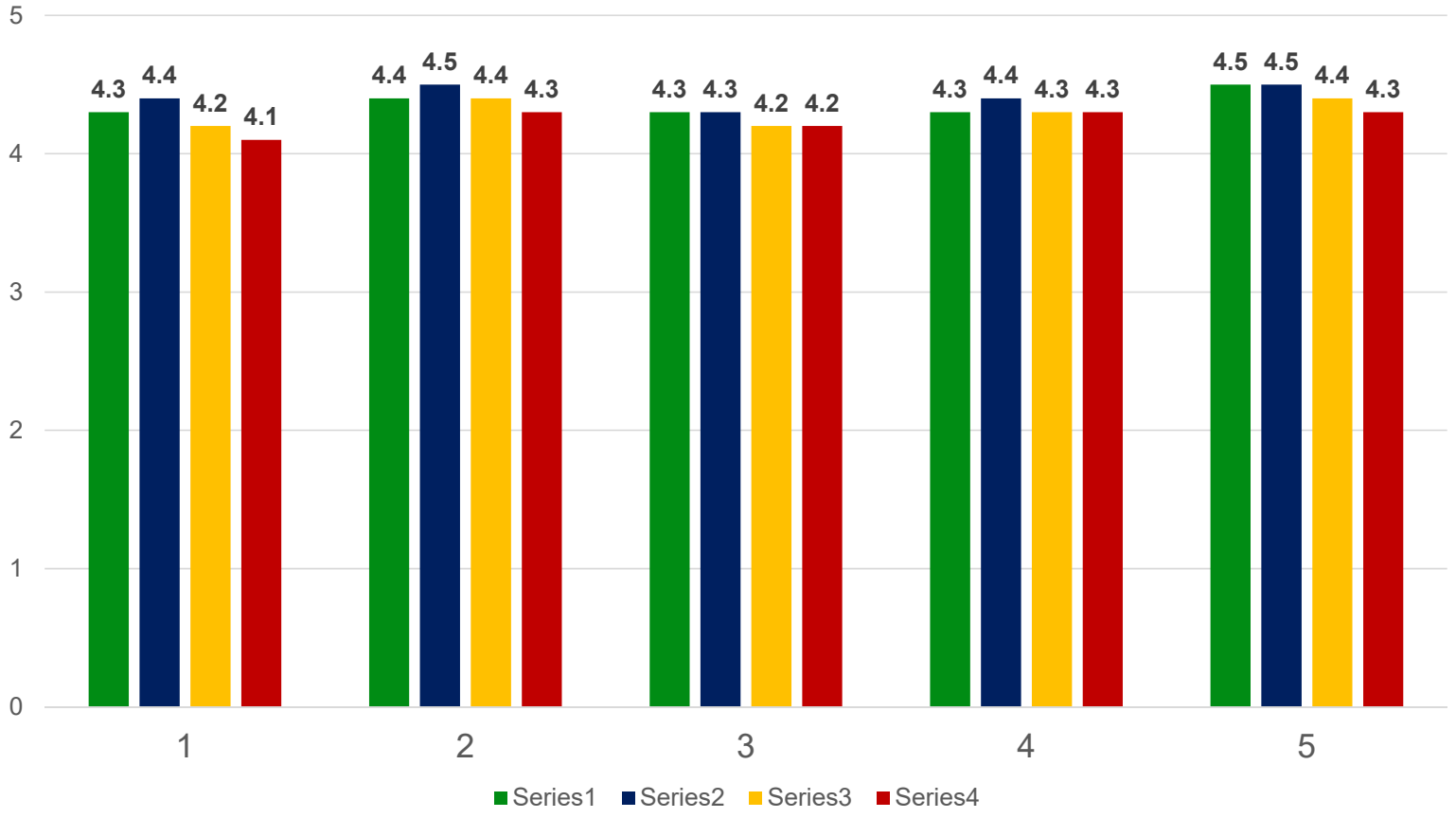
Number of Clients that Returned Survey Forms by Treatment Setting - 2018



Percent of Survey Participants in Agreement By Survey Questions and Five Domains (2018)



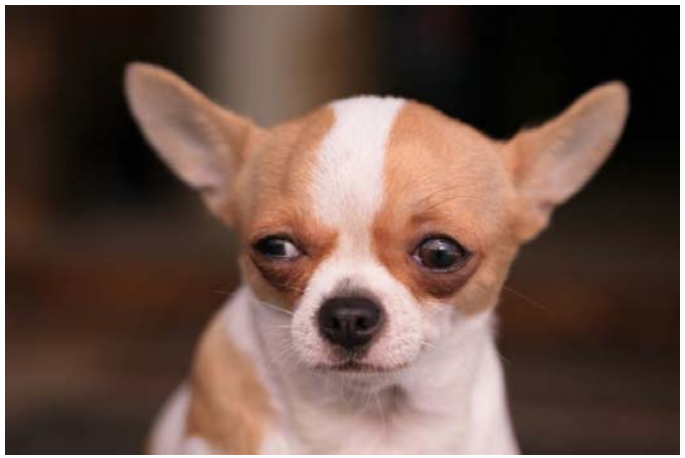
Average Domain Score by County Size (2018)



TPS Data Submission Tips

- Before submitting forms to UCLA
  - Review the CalOMS Tx Provider ID, Tx Setting, and Reporting Unit for accuracy and completeness
  - Different Provider IDs in 2017 vs. 2018 for the same provider makes it difficult to compare provider level findings over time
- Review client comments for anything that might need immediate attention prior to sending the forms to UCLA for scanning.

What about all that OTHER stuff the waiver's supposed to do?



Administrator Survey Results

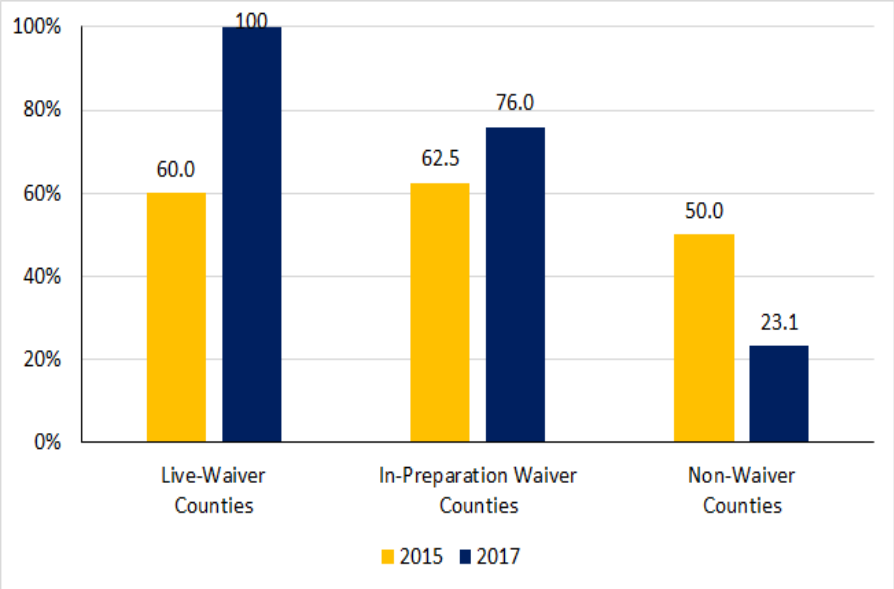
County administrators overwhelmingly report the waiver has positively influenced:

- Establishing beneficiary access lines
- Quality improvement activities
- Communication between SUD and health services
- Communication between SUD and mental health services
- Delivery of case management services

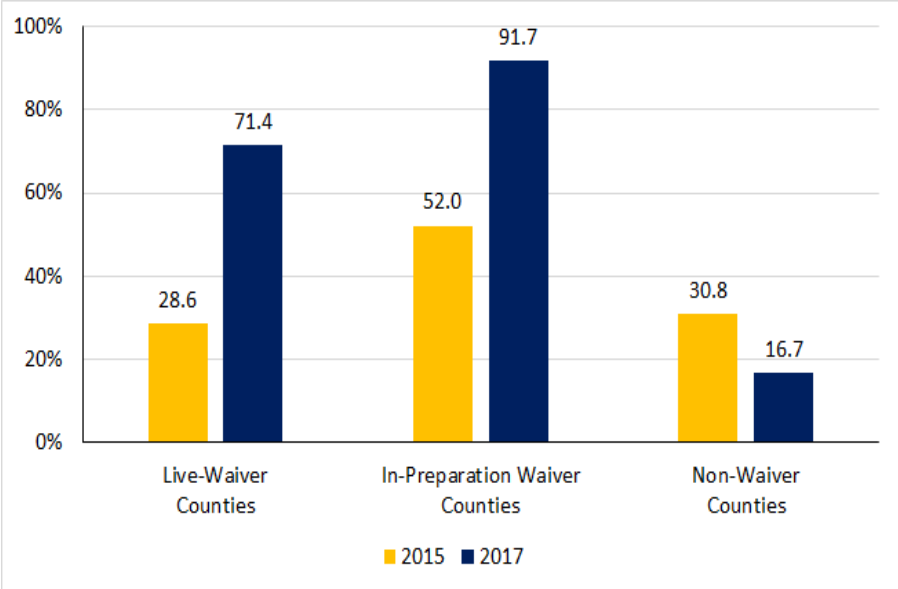
In some cases, even *non-waiver* counties reported it has had an effect on their practices.

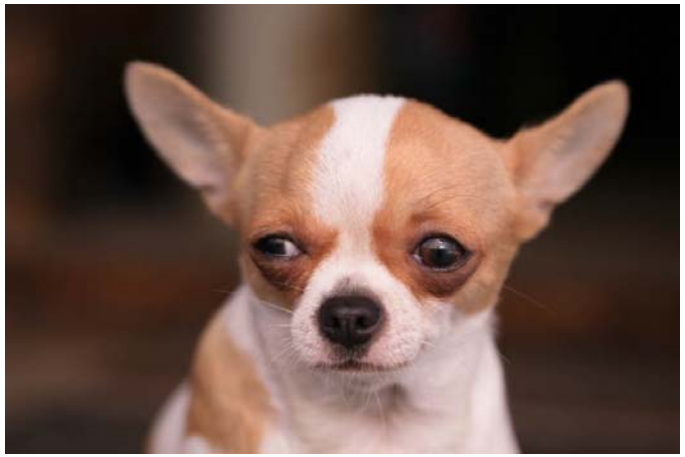
Example: Cross-system Communication

Percentage of counties indicating the waiver has had a positive influence on communication between SUD and MH



Percentage of counties indicating the waiver has had a positive influence on communication between SUD and PH



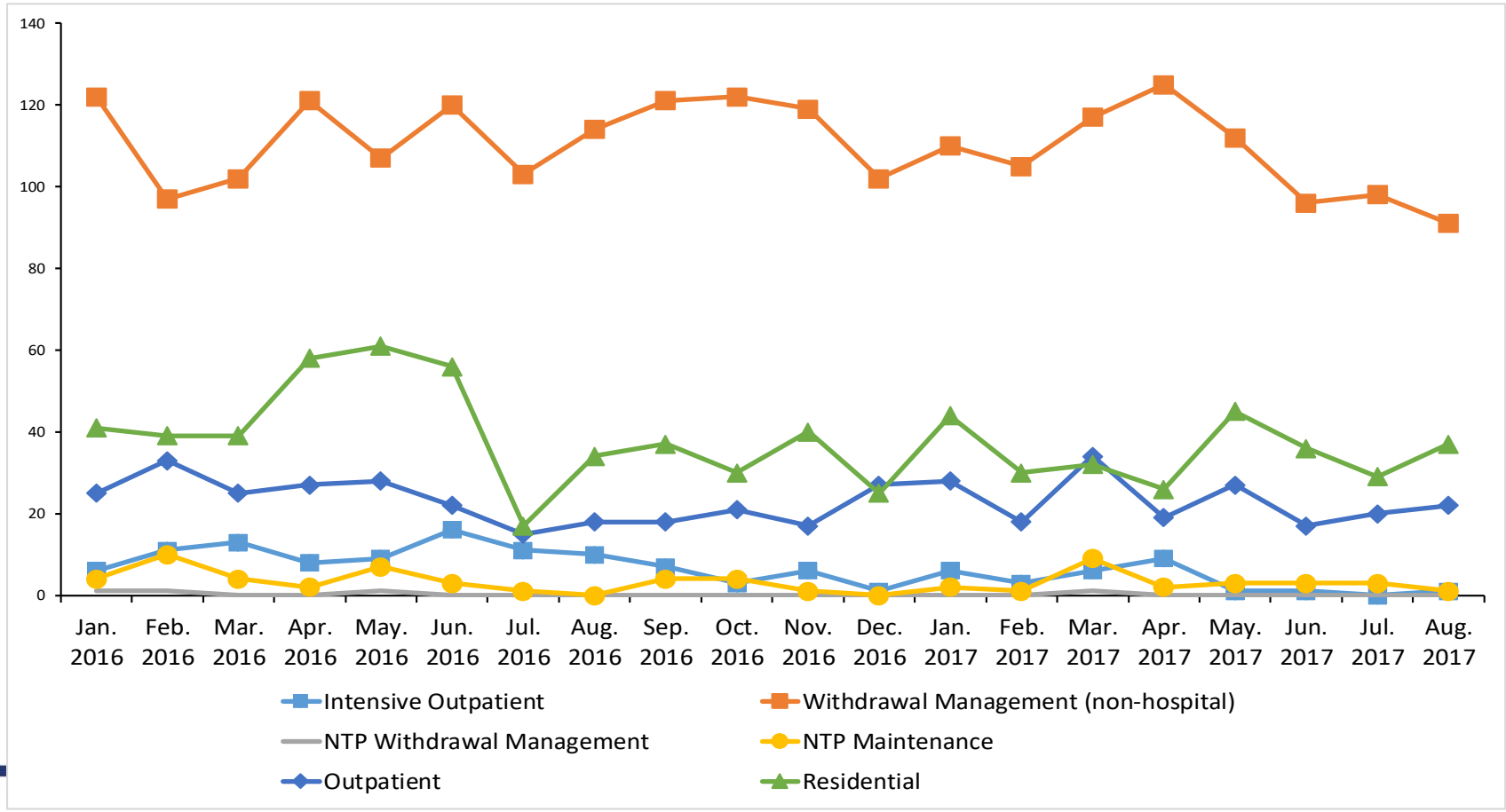


Are you trying to tell me everything’s perfect?

Challenges

- Beneficiary access line “growing pains”
- Expanding medical detox/WM
- Penetration rates (4.4%)
- Need for training & technical assistance, especially: Recovery support services, case management, youth services, telehealth, ASAM Criteria, DMC Billing, utilization management, evidence-based practices
- Aside from initial placement, are ASAM Criteria affecting treatment plans & encouraging client-centered treatment? What more can we do there? Feedback Informed Treatment?

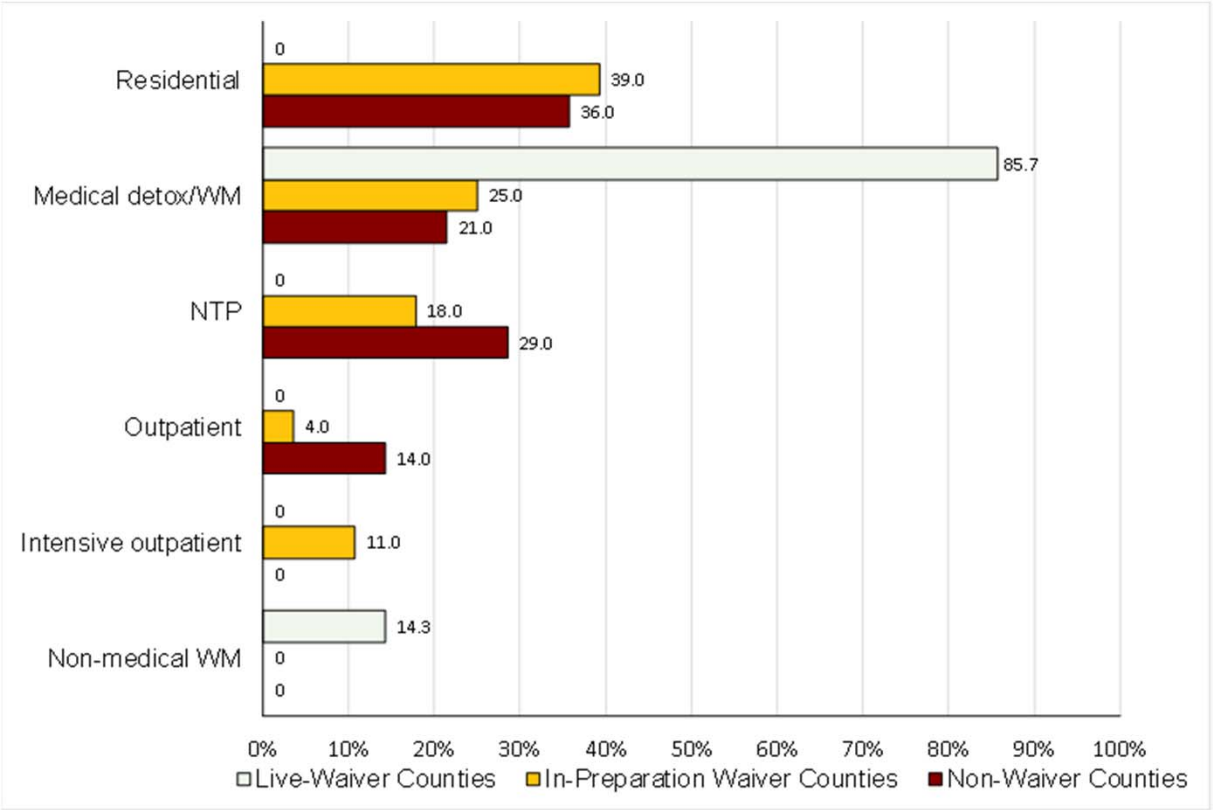
Health Care Referrals to SUD Tx



Beneficiary Access Line Growing Pains
Secret Shopper Call Results
(34 completed calls)

- In some cases, multiple calls were needed to complete the process.
- In some instances the phone was not answered, callers were instructed to call a different number, or were asked to call back at another time due to high call volume.
- All callers made it through eventually. Staff were generally rated as friendly (avg rating 8 on a 10-point scale)

Percentage of counties selecting each modality as most challenging to expand



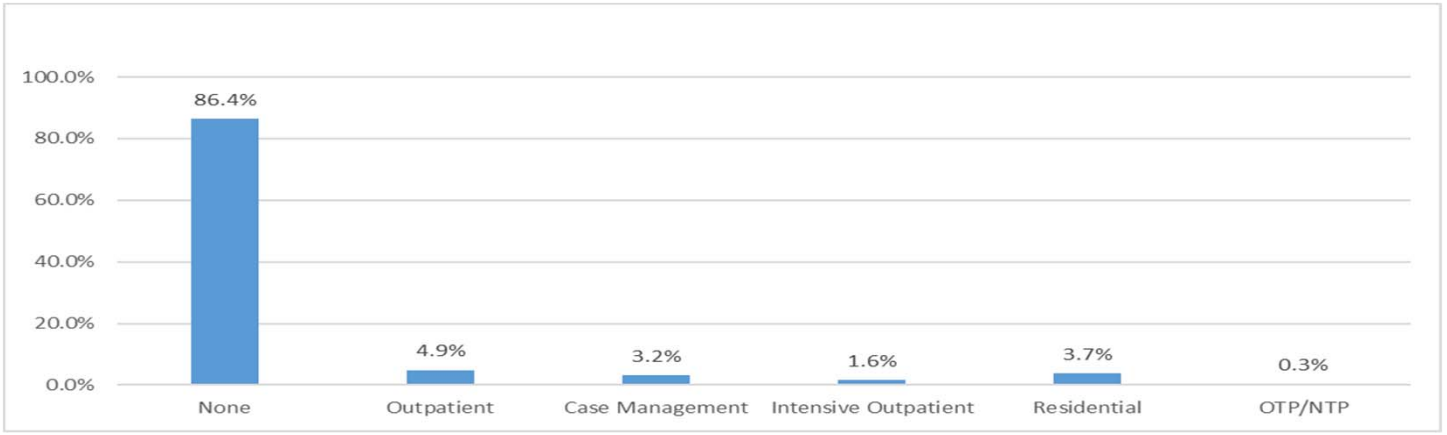
Telehealth

There are codes in DMC claims that could be used to track telehealth, but no claims to date have used this code.

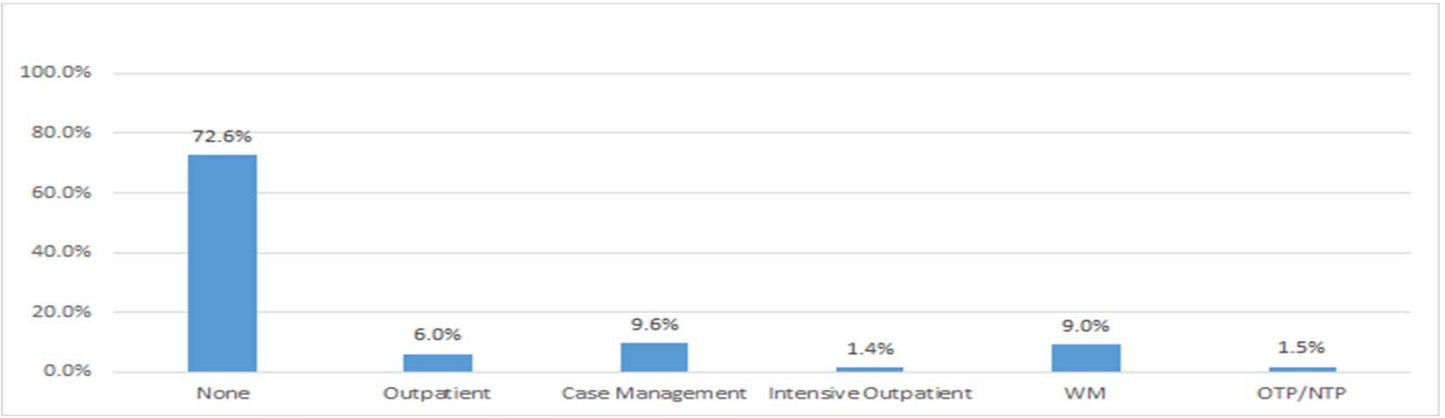
Interviews suggest providers are mostly still ramping up telehealth, but telephone-based services are “definitely” being used.

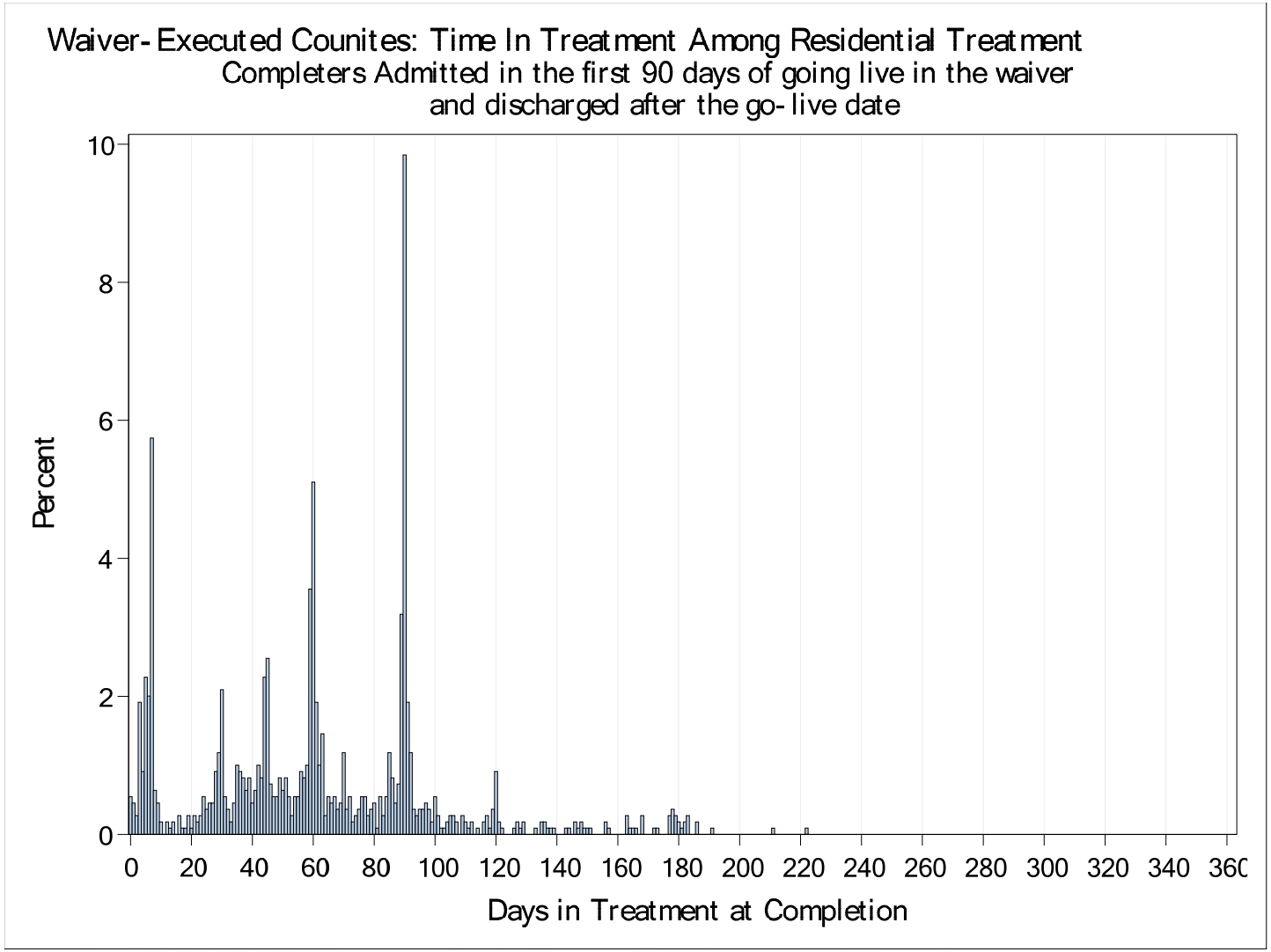
BUT transitions to another level of care within 14 days of discharge in Live-Waiver Counties remain rare

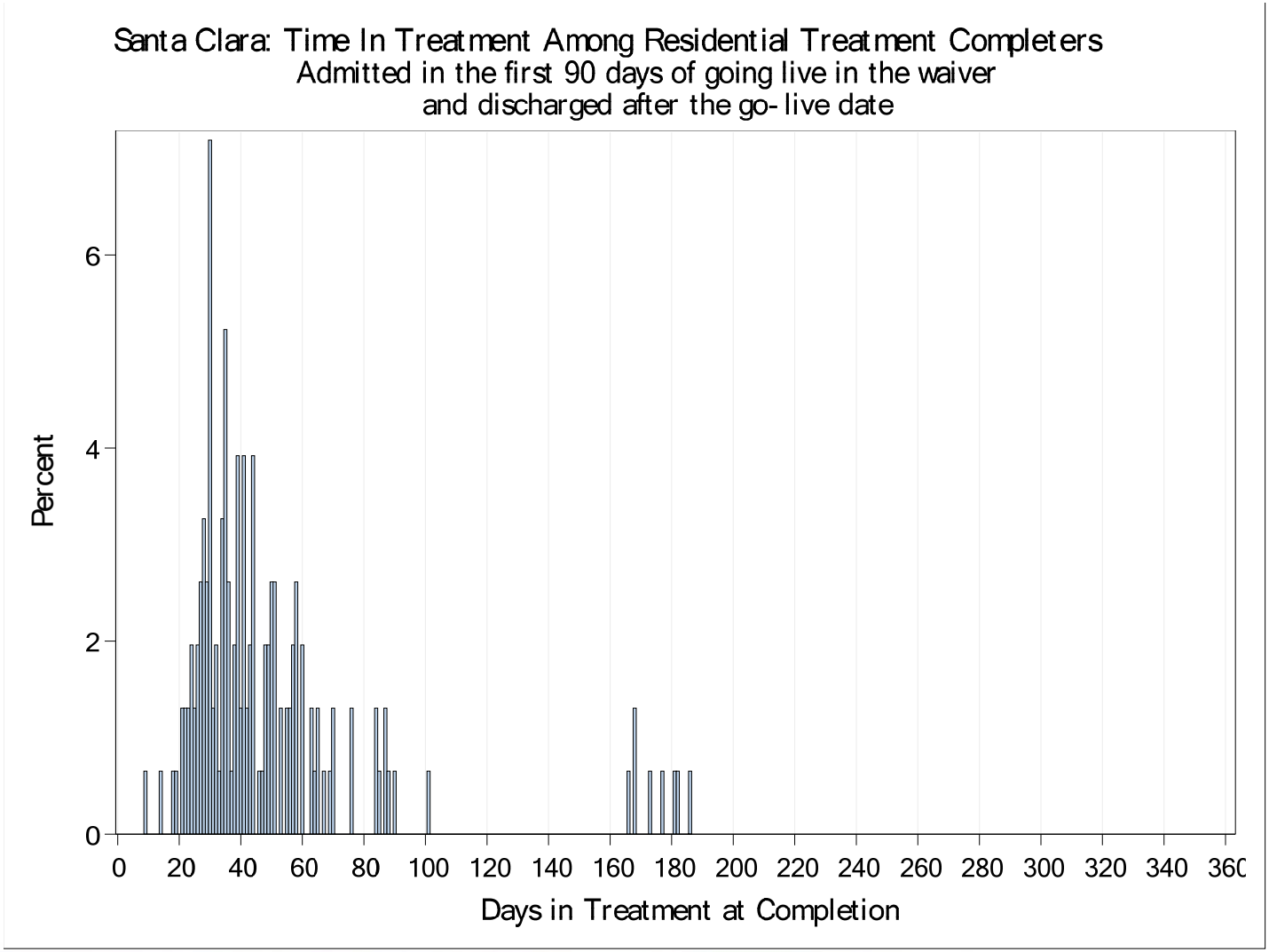
Following Residential Tx



Following Non-NTP WM




Waiver- Executed Counites: Time In Treatment Among Residential Treatment
Completers Admitted in the first 90 days of going live in the waiver
and discharged after the go- live date
Percent
10
8
6
4
2
0
0 20 40 60 80 100 120 140 160 180 200 220 240 260 280 300 320 340 360
Days in Treatment at Completion


Santa Clara: Time In Treatment Among Residential Treatment Completers
Admitted in the first 90 days of going live in the waiver
and discharged after the go-live date
Percent
0
2
4
6
0 20 40 60 80 100 120 140 160 180 200 220 240 260 280 300 320 340 360
Days in Treatment at Completion

Upcoming Activities

- Provider survey results
- More administrator surveys.
- Health and Mental Health cost analysis
- Expansion to non-Health costs analysis
- Case studies of promising practices

What else would be helpful to you, as stakeholders?

Is it worth it, in spite of all the challenges?

As a skeptical Chihuaha, I'm gonna go with…Yes!

Questions? Comments?

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How Does CalEQRO coordinate with UCLA to prepare for DMC reviews?

- Coordination of data including Claims, Medi-Cal Eligibility, CalOMS, Treatment Perceptions Surveys, and ASAM Level of Care Referral Data.

- Developing and Sharing Performance Measures (12 measures for year one of Services, 16 measures for years 2-5).

- Comparison of data and review results for each county before a review and for annual outcome analysis statewide. Key Question – How are DMC-ODS services expansion and design elements impacting care for SUD clients and the system overall???

Expanded Access to SUD Treatment

- Are new and expanded services reaching more people with SUD needs?
- CalEQRO uses claims and CalOMS to look at access issues overall in terms of unique clients served and by level of care. All our key data sets are coordinated with UCLA to insure consistency.
- For year two counties we will be looking together at trends over time.

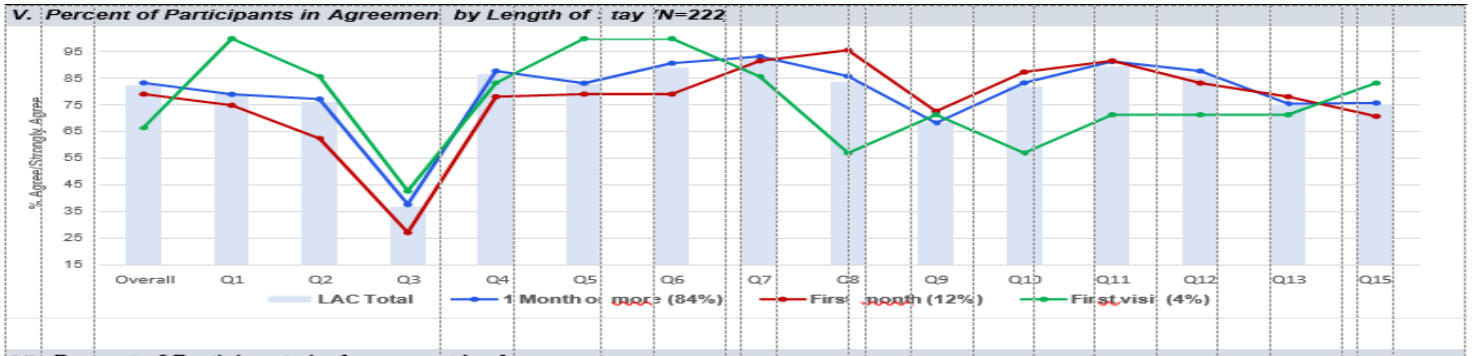
Treatment Perception Surveys

- Each October (or more often if county wishes) this one page, client friendly TPS survey is done at each treatment site.

- The survey includes research linked questions for Access (1-2), Client experience of quality (3-7), Coordination of care (with MH and PH, 8-9), Outcome/impact of care (10), and general satisfaction (11-14).

- This is evaluated and discussed in each review in terms of overall results and site specific results. Low scores are identified by site and in terms of the key domains.

TPS Results for Youth - Sample



VI. Percent of Participants in Agreemer t by A gency

	Rank	Agency Name	N	Overall	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q15
Agency	1	Agency #1	1*	100	100	100	0	100	100	100	100	100	100	100	100	100	100	100
	1	Agency #2	7	100	86	100	29	100	100	100	100	100	100	100	100	100	100	100
	1	Agency #3	7	100	86	71	17	100	100	100	100	100	100	100	100	100	86	71
	1	Agency #4	2*	100	100	50	50	100	50	100	100	100	100	50	50	100	100	100
	1	Agency #5	10	100	100	80	44	100	100	100	100	90	63	100	100	100	78	100
	6	Agency #6	24	92	67	75	39	100	91	78	96	100	64	78	91	83	88	83
	7	Agency #7	11	91	100	91	18	91	100	100	100	100	45	100	100	100	82	91
	8	Agency #8	9	89	67	78	33	89	78	89	89	89	75	67	89	89	78	78
	8	Agency #9	9	89	89	78	44	100	89	100	100	78	67	89	89	89	78	88
	10	Agency #10	17	88	65	82	20	100	88	88	100	82	94	88	100	100	76	82
	11	Agency #11	18	83	82	78	18	83	81	100	100	72	65	89	94	89	83	67
	12	Agency #12	10	80	80	90	30	90	80	80	90	80	70	80	70	80	70	90
	13	Agency #13	14	79	93	93	69	69	86	93	100	100	58	79	100	86	86	69
	14	Agency #14	38	78	78	61	56	92	81	84	89	89	70	89	89	86	81	74
	15	Agency #15	13	75	75	83	33	83	67	83	75	64	75	75	83	75	50	58
	16	Agency #16	7	71	86	57	40	71	67	86	86	57	57	71	86	71	50	57
	16	Agency #17	8	71	86	86	50	88	63	100	86	86	83	67	100	75	50	57
	18	Agency #18	11	55	64	55	27	36	55	73	64	45	40	45	64	55	45	36
	19	Agency #19	3*	50	0	0	0	0	50	50	50	50	50	50	50	50	50	50
	20	Agency #20	3*	33	100	100	0	33	100	100	100	33	33	33	33	67	0	67
Overall		LAC Youth Total	222	82	79	76	37	87	83	89	92	84	69	82	89	86	75	75
		LAC Youth OP/IOF	172	82	82	78	35	84	83	93	92	82	70	82	90	86	74	75
		LAC Youth RS	50	83	71	69	43	96	83	73	92	89	65	83	88	85	78	75

Red font indicates Agency percent is below 80% (above 3 for Q3). * Sample sizes less than 5; interpret findings with caution.

ASAM LOC Referral Data Used on DMC Reviews

- Used on reviews for assessment of ASAM fidelity and optimal matching of services to client SUD Treatment needs
- Data currently spotty and challenging to capture in consistent manner unless added into screening/assessment work flows with data capture options
- Three interventions are tracked for each client – Brief ASAM screening, the full ASAM assessment, referral to treatment by ASAM LOC.
- If no match to ASAM LOC recommendations, reason codes – client preference, clinical judgement, etc.
- Many counties also tracking admission date to treatment after the assessment and referral.

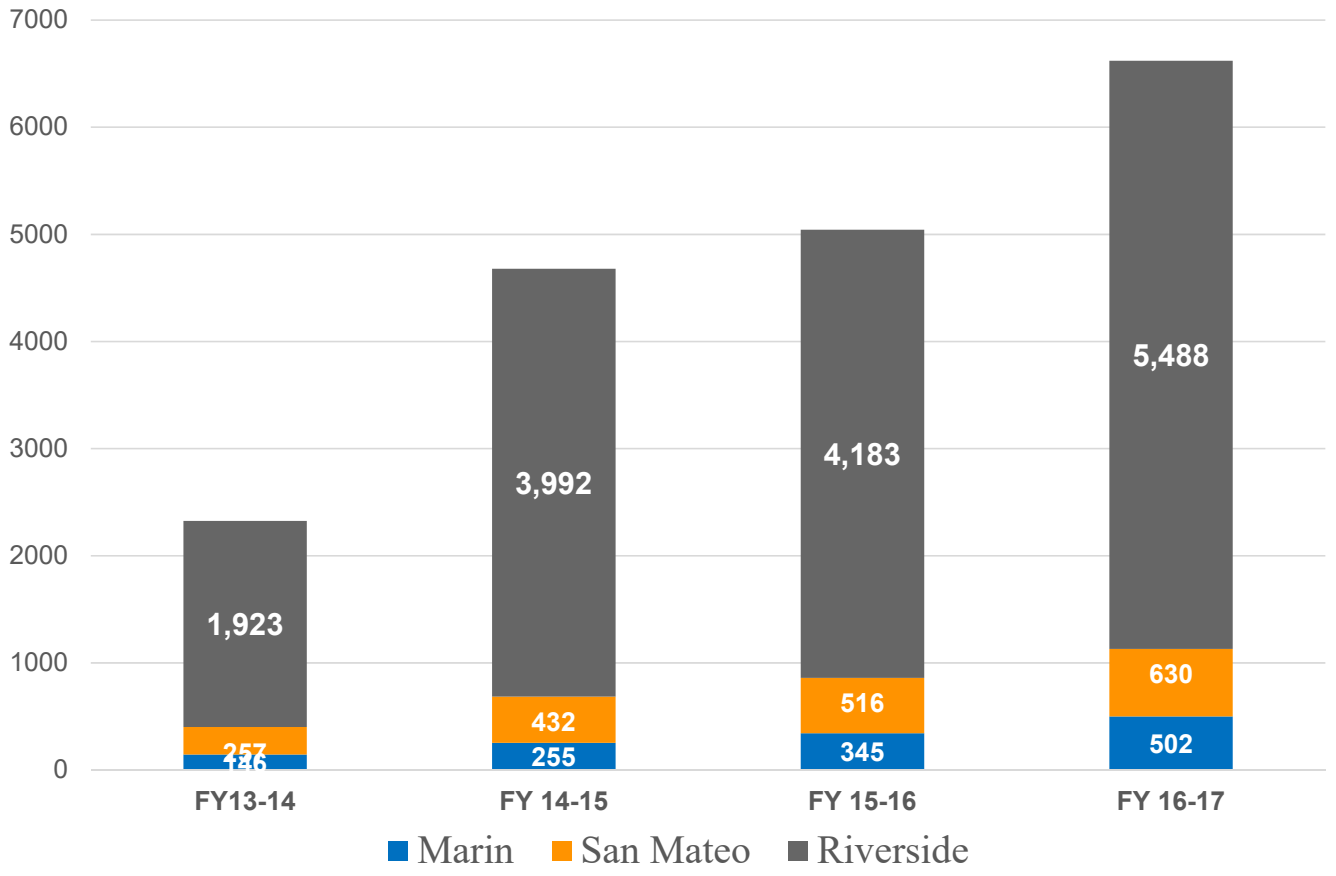
ASAM Results Sample

January to April, 2018	Initial Screening		Initial Assessment		Follow-up Assessment	
	#	%	#	%	#	%
If assessment-indicated LOC differed from referral, then reason for difference						
Not Applicable - No Difference	NA	NA	63	75.0%	710	83.0%
Patient Preference	NA	NA	7	8.3%	35	4.1%
Level of Care Not Available	NA	NA	3	3.6%	30	3.5%
Clinical Judgement	NA	NA	2	2.4%	28	3.3%
Geographic Accessibility	NA	NA	1	1.2%	2	0.2%
Family Responsibility	NA	NA	0	0.0%	2	0.2%
Legal Issues	NA	NA	0	0.0%	6	0.7%
Lack of Insurance/Payment Source	NA	NA	0	0.0%	1	0.1%
Other	NA	NA	8	9.5%	41	4.8%
Total	NA	NA	84	100.0%	855	100.0%

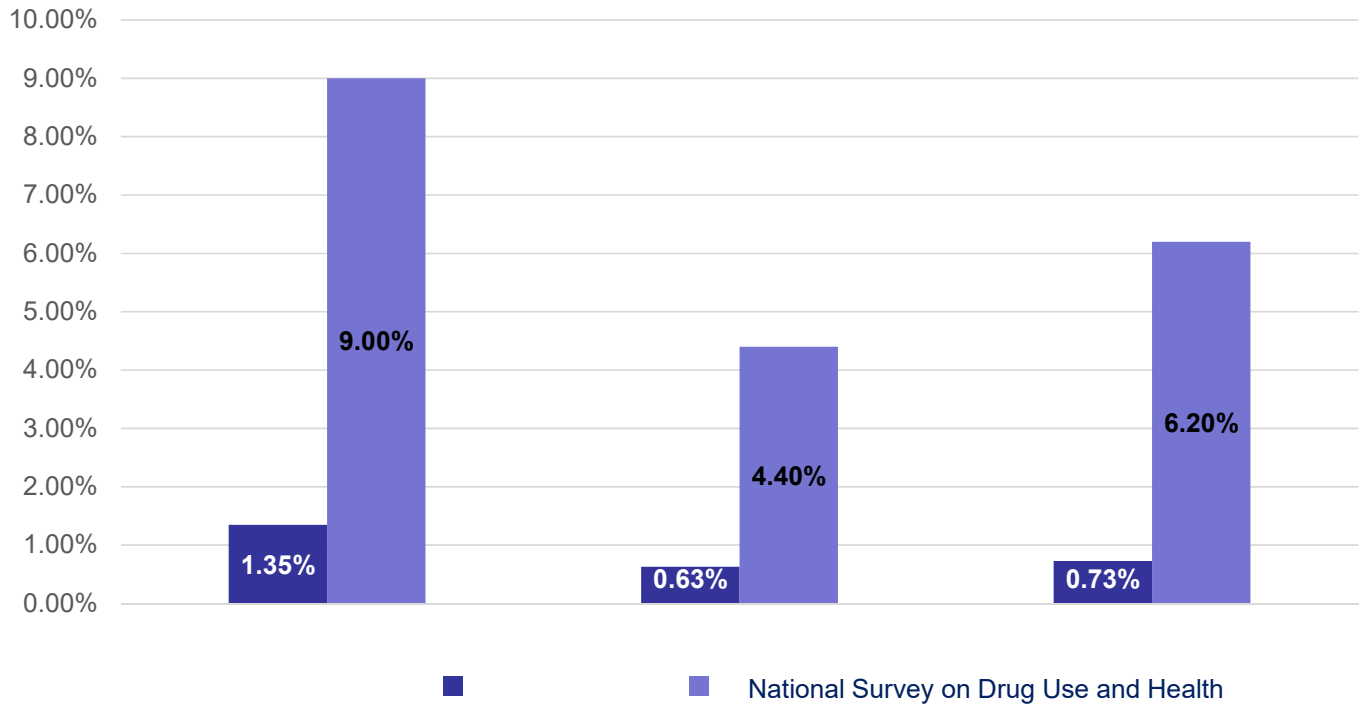
DMC PMs for Year One DMC-ODS Implementations

- First six are similar to those used for Mental health (e.g. beneficiaries served, penetration rates, etc.)
- Second six are specific to DMC-ODS:
  - Timeliness of first methadone dosing
  - Extent of non-methadone MAT visits and clients
  - Transitions in care following residential treatment
  - Access Call Center Key Indicators
  - High-cost beneficiaries at 90% or higher of state average
  - Utilization patterns of residential withdrawal management and other SUD care

Baseline Data:
Total Beneficiaries Served with DMC



CY2017 Medi-Cal Penetration Rates for Each Reviewed County Calculated by the CalEQRO Method and by the Modified NSDUH Total Population Prevalence Rate Method



First Dose of Methadone after requesting NTP/OTP Services

Age Groups	Marin		San Mateo		Riverside		Statewide	
	# Clients	Avg. Days	# Clients	Avg. Days	# Clients	Avg. Days	# Clients	Avg. Days
Total Count	231	1.33	281	<1	1,359	3.26	13,867	<1
Age Group 12-17	0	n/a	0	n/a	0	n/a	1	<1
Age Group 18-64	187	1.6	236	<1	1,153	3.76	10,831	<1
Age Group 65+	44	<1	45	<1	206	<1	3,035	<1

Extent of Non-Methadone MAT

County	# of Total DMC-ODS Clients	# of Clients with Any MAT Visit	% of any Visits	% of 3+ MAT Visits
Total	6,791	50	0.74%	0.57%
Marin	585	29	4.95%	3.42%
San Mateo	870	**106***	12%	**n/a**
Riverside	5,336	21	0.39%	0.36%

*San Mateo reported their fee-for-service MAT data.

Post-Residential Treatment Transitions in Care

	Marin			San Mateo			Riverside		
	Total Clients	Transfer Admits	%	Total Clients	Transfer Admits	%	Total Clients	Transfer Admits	%
Within 7 days	91	9	10%	214	27	13%	1,320	103	8%
Within 14 days	91	14	15%	214	30	15%	1,320	135	11%
Within 30 days	91	20	22%	214	37	18%	1,320	166	13%
30 plus days	91	28	31%	214	48	22%	1,320	207	16%
Total Transfer Admits, Post Residential	91	28	31%	214	48	22%	1,320	207	16%

Access Line Critical Indicators

	Marin	San Mateo	Riverside
Average Volume	508 calls per month	14 calls per month (only screening and referrals were counted)	3,466 calls per month
% Dropped Calls	5.3%	5.5%	7.45%
Time to answer calls	9.6 seconds	22 seconds	No data reported
Monthly authorizations for residential treatment	24.4	54.4	291
% of calls referred to a treatment program for care, including residential authorizations	20%	Only screening and referral calls were tracked, so the percent of total calls is unknown	12.27%
Non-English capacity	4.0 FTE Access Line staff are bilingual (English/Spanish) and the County has contracts with two language vendors.	Staff who speak Spanish, Mandarin, and Korean	Spanish capacity; TTY/711 for hard of hearing
Software Used	Avaya	Netsmart	Cisco

High-Cost Beneficiaries at 90% or above Statewide DMC Costs

	Total Beneficiary Count	HCB Count	HCB % by Count	Average Approved Claims per HCB	HCB Total Claims	HCB % by Total Claims
Statewide	36,763	2,992	8%	$16,543	49,497,265	36%
Marin	761	154	20%	$11,398	$1,755,322	40%
San Mateo	1,084	160	15%	$10,552	$2,281,673	44%
Riverside	5,461	670	12%	$13,435	$9,718,479	47%

Withdrawal Management with No Other Treatment

	Marin		San Mateo*		Riverside		Statewide	
WM by Age Group	# WM Clients	% 3+ Episodes & no other services	# WM Clients	% 3+ Episodes & no other services	# WM Clients	% 3+ Episodes & no other services	# WM Clients	% 3+ Episodes & no other services
Total	41	0.0%	n/a	n/a	662	0.91%	970	0.62%
12-17	0	0.0%	n/a	n/a	0	0.0%	0	0.0%
18-64	39	0.0%	n/a	n/a	640	0.94%	933	0.64%
65+	2	0.0%	n/a	n/a	22	0.0%	0	0.0%

*San Mateo does not have a DMC-certified Withdrawal Management site.

Additional PMs for Counties in Years 2-5 Delivering DMC-ODS Services

- Domain: Client Centered Care Based on Six ASAM Dimensions
  - Percentage of persons who received an ASAM-based screening through a call center or walk-in service provider and: 1) whose indicated level of care (LOC) by ASAM criteria matched the LOC to which they were referred; 2) who were referred to a treatment provider at the LOC to which they were referred.
  - Percentage of persons who received a full ASAM criteria-based assessment and whose indicated LOC by ASAM criteria matched the LOC to which they were referred.
  - Both of the above-mentioned measures are central to the Waiver principle of client/treatment matching by ASAM criteria.

Additional PMs for Counties in Years 2-5 Delivering DMC-ODS Services (cont'd)

- Initiation of Treatment & Engagement in Treatment

  – Percentage of clients identified in an initial visit as having a SUD condition who then attend a second treatment event or visit within 14 days thereafter; this measures the timeliness with which the system "**initiates**" new clients into treatment without losing them through the referral process.

  – Percentage of clients "initiated" into treatment for SUDs who then engage in at least two treatment program days or visits within the next 30 days; this measures how effectively the system "**engages"** new clients in treatment.

Additional PMs for Counties in their Second Year Delivering DMC-ODS Services (cont'd)

Domain: Continuity of Care and Retention in Treatment – Total Length of Stay in Care

- Clients' cumulative length of stay (LOS) in SUD treatment, linking all levels of care in which a client received treatment until there was a break of more than 30 days without any billed treatment activity. Clients included are all those who had a 30-day break within the year being measured. LOS is strongly linked in research to sustained recovery from SUD conditions.

Additional PMs for Counties in their Second Year Delivering DMC-ODS Services (cont'd)

Domain: Client Outcomes

- The percent of clients who had an episode involving residential withdrawal management (WM2.0) and returned to that level of care for an additional episode within 30 days.
- This measure is similar to inpatient readmission within 30 days for mental health and is not the desired outcome.

PIP MASTER LIST of DMC-ODS Counties Reviewed by CalEQRO in CY2018

San Mateo

- Clinical: Increasing ASAM assessments and case management for persons in WM (active)
- Non-Clinical: Increasing offender access to substance use disorder (SUD) treatment (active)

Marin

- Clinical: Road to Recovery for SMI with SUD (active)
- Non-Clinical: Linkage to continuing treatment following WM (active)

Riverside

- Clinical: Improving continuity of care for adults post-discharge from residential treatment (active)
- Non-Clinical: Increasing access and treatment services to SUD youth (active)

Santa Clara

- Clinical: Increasing client initiation into and engagement in treatment (active)
- Non-clinical: Improving client progress in outpatient programs through feedback-informed treatment using the Treatment Perception Survey (conceptual at time of review)

PIP MASTER LIST of DMC-ODS Counties
Reviewed by CalEQRO in CY2018 (cont'd)

Contra Costa

- Clinical: Improving residential treatment outcomes for clients with co-occurring mental health and substance use disorders (active)
- Non-Clinical: Improving the rate of prospective clients referred to SUD treatment who make their first session (active)

Los Angeles

- Clinical: Improving client access to and satisfaction with SUD treatment among clients with physical disabilities (active)
- Non-clinical: Improving timely access to SUD treatment through SASH (active)

San Luis Obispo

- Clinical: Improving care transitions from residential treatment to outpatient services (conceptual)
- Non-clinical: Improving engagement in in non-methadone MAT (conceptual)

San Francisco

- Clinical: Enhancing MAT access for SMI clients with alcohol use disorders (active)
- Non-clinical: Expanding access to treatment with buprenorphine in NTP/OTP programs (active)

Challenges and Opportunities in DMC-ODS Implementation

- Access Call Center linkage to providers and data capture;
- Out of county Medi-Cal transfers delaying access to care
- Billing systems and claiming in general especially non-methadone MAT in Narcotic Treatment Programs
- Stigma in community related to SUD and related to MAT
- Building capacity and access at all levels of care including remote areas
- Funding for Info Systems in contract providers and county programs
- Meeting all requirements related to residential authorization without causing delays in care that create barriers
- Cost reports being settled at site level, not level entity, impacting specialty populations/remote sites with lower volumes
- Housing costs and homelessness impacting capacity to step down clients in supportive safe environments
- Limits of two residential episodes per year

More Opportunities & Challenges

- Timeliness and “No Wrong Door”
- Hospital Medical Detox availability
- Improving transitions in care to operate as a managed care system and recognize that SUD is a chronic disease
- Case studies to share of promising practices and PIPs

Training & Technical Assistance Opportunities

- Review of your data in more depth is an option for understanding quality and system issues
- BHC highly recommends and offers technical assistance on PIPs, especially at *early stages of formulation* and later regarding technical issues or challenges.
- BHC has a web site with useful information to help you prepare including use of forms, YouTube videos, and a PIP library of other county PIPs that are solid examples of work on access, timeliness, quality of care, and outcomes. www.Caleqro.com
- Other options of training are also available based on individual county needs; please email rama.khalsa@bhceqro.com or tom.trabin@bhceqro.com

BHC

Key Resources at DHCS and CalEQRO

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