

EPSDT PIP - June 1, 2009

MHP	Date Received	MHP Staff	Study Question	Size of Study Population	Barriers Identified	Performance Indicators	Intervention(s)	Interventions Applied
Alameda	5/22/2009	Paulette Tang	Will adding two levels of care in school districts where there is no CESDC or SDT, clients will be able to step down to a lower level of care that can contain them. Costs incurred as a result of placing AB3632 clients at an inappropriate higher level of care can thus be reduced.	174	1.Lack of adequate mid levels of care in 16 of 18 school districts 2.Lack of staff support at mid-level of care 3.Lack of MHP infrastructure to plan mental health services	None listed	None Listed	n/a
Alpine	5/29/2009	Jodi Long	Will providing oversight, supervision, and care coordination of EPSDT services enhance quality, effectiveness, and efficiency of service delivery to children receiving EPSDT-funded services?	All that meet threshold criterion.	1.We do not have a system for identifying high-need children who utilize a large amount of services and/or high cost services. 2.Supervisors do not systematically receive information on these high-need children so that they can coordinate care and manage the cost of services.	1.Percent of children who received > \$1200 per month in a 3 month period who improved their Risk/Resiliency score after intensive services. 2.Percent of children who received > \$1,200 per month in a 3 month period who remained in the community (were not placed in a higher level of care). 3. Percent of children who received > \$1,200 in a 3 month period. who remained living in their home.	1. Develop and provide a data report to supervisors to show the service utilization and cost data for each EPSDT PIP child. 2.Supervisors utilize data to conduct a monthly review of each EPSDT PIP child's patterns of services to determine if the intensity of services is consistent with the client's needs and medical necessity. 3.Supervisors meet with child's service team to coordinate services for child and family.	January 2009 x3
Amador	5/28/2009	Sherry Parkey	Will the development of a prioritization scheme for children and adolescent full service partnerships that is functionally based to design services to include high risk profile clients and high service utilization clients reduce service utilization and create better outcomes?	28	1.Insufficient identification clients with co-occurring disorders. 2.Possibility of an inappropriate framework or criteria for child/adolescent full service partnerships under Mental Health Services Act.	None listed	None Listed	n/a
Butte	5/22/2009	Diane Davis	Will an increased level of case coordination between clinical providers and involved community agencies result in improved clinical outcomes?	"Not Completed"	None Listed	None listed	None Listed	n/a
Calaveras	5/22/2009	Denise Giblin	Will implementing activities such as increased utilization review and better case coordination lead to enhanced quality and effectiveness of care to children receiving EPSDT funded mental health services as measured by reduced need for crisis services and hospitalizations?	12	1.Inconsistency in diagnosis. 2.High rate of Re-hospitalizations for this baseline group. 3.Duplication of services on one day with little services at other times. 4.Crisis service utilization high	Percentage of Crisis and hospitalization utilization	None Listed	n/a

EPSDT PIP - June 1, 2009

MHP	Date Received	MHP Staff	Study Question	Size of Study Population	Barriers Identified	Performance Indicators	Intervention(s)	Interventions Applied
Colusa	5/19/2009	Jack Joiner	Would the high use of services covered by EPSDT reimbursement decrease if the children identified as meeting the criteria for inclusion in the study received group counseling services?	?	Lack of group counseling services	Unduplicated children receiving multiple EPSDT services without receiving group counseling services	A six week group counseling intervention will be offered to each child meeting the criteria for inclusion in the study. Each week will address an area of life functioning that is commonly "under-developed" in high risk children. • Week one will address "Why am I in this group?" to help the children understand and evaluate their pattern of mental health service use • Week two will address self esteem • Week three will address healthy relationships (Including with peers, family, authority figures)• Week four will address Substance Use/Abuse issues (personal and family)• Week five will address "Moods and feelings"• Week six will address Anger Management issues	Not Completed
Contra Costa	5/22/2009	Steve Hahn-Smith	The Contra Costa County Mental Health Plan lacks valid and reliable tools for making level of care and authorization decisions. Will the use of two measures - the CALOCUS and the Ohio Scales - improve the utilization of care and treatment outcomes for youth enrolled in day programs?	?	1.Lack of knowledge of treatment outcomes. 2.Lack of a tool to help guide in level of care decisions. 3. Lack of known fidelity to day treatment services. 4.Lack of resources for high-end clients. 5.Lack of a good data system for understanding treatment outcomes.	1. CALOCUS 2.Ohio Scales 3. School Attendance 4. Hospital Visits (days) 5.Mobile Response Team Services 6. Juvenile Justice Contact	1.Using the CALOCUS at 6-month intervals for youth enrolled in day treatment programs 2. Using the Ohio Scales at 6-month intervals for youth enrolled in day treatment programs 3. Implementation of Electronic Health Record system 4. Enhanced authorization process for day treatment authorizations	Not Completed
Del Norte	5/22/2009	Linda Buzzini	Will increased family therapy reduce the length of treatment and increase the successful completion of long-term treatment goals?	?	1.No family involvement 2.Attendance/Transportation 3.Therapist Turnover 4. Change in Placement or Guardian 5.School Placement Changes 6.Out of Home Placement	1.Client With Family Therapy 2.Individual Client Therapy 3.Collateral With Family	None Listed	n/a
El Dorado	6/2/2009		Not Submitted	?	Not completed	Not completed	Not completed	n/a

EPSDT PIP - June 1, 2009

MHP	Date Received	MHP Staff	Study Question	Size of Study Population	Barriers Identified	Performance Indicators	Intervention(s)	Interventions Applied
Fresno	5/22/2009	Irene Takahashi	1.Will improving collaboration between service providers reduce the number of "primary diagnoses" assigned to each client? 2.Will improving collaboration between service providers improve diagnostic accuracy/clarity? 3.Will improving collaboration between service providers impact the type and frequency of services provided? 4.Will improving collaboration between service providers affect client/family satisfaction?	?	1.Multiple providers are being utilized to treat one client. 2.Lack of diagnostic accuracy/clarity and agreement among multiple providers. 3.Line staff believe that collaboration between colleagues is important, but difficult to accomplish.	None listed	n/a	
Glenn	5/22/2009	Amber Arnold	Will providing oversight, supervision, and care coordination of EPSDT services enhance quality, effectiveness, and efficiency of service delivery to children receiving EPSDT-funded services?	50	1.We do not have a system for identifying high-need children who utilize a large amount of services and/or high cost services.2.Supervisors do not systematically receive information on these high-need children so that they can coordinate care and manage the cost of services.	1.Percent of children who received > \$2,476 for 2 consecutive months who improved their Risk/Resiliency score after intensive services.2.Percent of children who received > \$2,476 for 2 consecutive months who remained in the community (were not placed in a higher level of care). 3.Percent of children who received > \$2,476 for 2 consecutive months who remained living in their home.	1.Develop and provide a data report to supervisors to show the service utilization and cost data for each EPSDT PIP child. 2.Supervisors utilize data to conduct a monthly review of each EPSDT PIP child's patterns of services to determine if the intensity of services is consistent with the client's needs and medical necessity.3.Supervisors meet with child's service team to coordinate services for child and family.	January 2009 x3

EPSDT PIP - June 1, 2009

MHP	Date Received	MHP Staff	Study Question	Size of Study Population	Barriers Identified	Performance Indicators	Intervention(s)	Interventions Applied
Humboldt	5/19/2009	Jovonne Price	If we provide expanded Mental Health services via an integrated team approach to CWS dependents , aimed at improving coordinated care, provided at early onset of symptoms and at the lowest level of care, then can we improve service delivery and increase positive outcomes for CWS dependents?	44	1.Lack of consistent communication/coordination between MH service providers, CWS Social Workers and Public Health Nurses with shared clients in the CWS foster care system. 2.Lack of a consistent system for referring foster youth for Mental Health assessments to determine need for mental health intervention. 3.Lack of monitoring system in place to track mental health services being provided to youth in foster care system by County Mental Health, Organizational providers and/or other Community Providers.	1.Percentage of children requiring admission to the Children's Center (CC) 2.Average length of stay at the Children's Center (CC) 3.Percentage of children requiring admission to Psychiatric Emergency Services (PES)	1.Hired and assigned 3 MH Clinicians and 8 MH Case Managers to provide mental health services to foster children (some co-located with CWS Social Workers and PH Nurses within CWS foster care unit. 2.Cross branch/integrated policy and procedure for on-going case coordination for CWS, MHB and PHB shared cases. 3.Cross branch/integrated policy and procedure for referring foster youth for mental health assessment utilizing Mental Health Screening Tool (MHST). 4.Weekly Integrated case review for scheduled review of all foster children with focus on mental health service need and/or progress, including children receiving services from Organizational Providers or other community providers. All foster youth reviewed at least annually.	1 = 7/1/08; 2 = 7/1/08; 3 = 7/1/08; 4 = 10/1/08
Imperial	5/21/2009	Andrea Kuhlen	Not Submitted	none	None Listed	None listed	None Listed	n/a
Inyo	5/22/2009	Nancy Callahan Gail Zwier	Will providing oversight, supervision, and care coordination of EPSDT services enhance quality, effectiveness, and efficiency of service delivery to children receiving EPSDT-funded services?	28	1.We do not have a system for identifying high-need children who utilize a large amount of services and/or high cost services. 2.The clinician's supervisors do not systematically receive information on these high-need children so that they can coordinate care and manage the cost of services.	1.Percent of children who received > \$1,300 in a 3 month period who improved their Risk/Resiliency score after intensive services. 2.Percent of children who received > \$1,300 in a 3 month period who remained in the community (were not placed in a higher level of care). 3.Percent of children who received > \$1,300 in a 3 month period who remained living in their home.	1.Develop and provide a data report to supervisors to show the service utilization and cost data for each EPSDT PIP child. 2.Supervisors utilize data to conduct a monthly review of each EPSDT PIP child's patterns of services to determine if the intensity of services is consistent with the client's needs and medical necessity. 3.Supervisors meet with child's service team to coordinate services for child and family.	March 2009 x 3
Kern	5/21/2009	Sarah Gutierrez	Not Submitted	60	None Listed	None listed	None Listed	n/a
Kings	5/20/2009	Chuck Garon	Not Completed possible questions discussed	?	None Listed	None listed	None Listed	n/a

EPSDT PIP - June 1, 2009

MHP	Date Received	MHP Staff	Study Question	Size of Study Population	Barriers Identified	Performance Indicators	Intervention(s)	Interventions Applied
Lake	5/22/2009	Marta Ford	If we use EPSDT and MHSA funds to develop enhanced local mental health resources, can we provide sufficient support within the community to minimize the need for out-of-county placements.	30	1. Lack of relationships with community partner agencies. 2. Funding and locating adequate staff training(s) for intensive mental health special needs children. 3. Locating and/or funding proper placement and training for caregivers of mental health special needs children. 4. Not enough (if any) established transitional housing for clients coming out of foster care due to age, with life skills training and support in Lake County.	Not completed	Not completed	n/a
Lassen	5/22/2009	Peggy Kelly	Will staff training and implementation of therapeutic communication skills, engagement strategies / stages and the best or promising practices of the Wellness Recovery Action Plan lead to engaged clients and family/significant support persons which would enhance quality, effectiveness and/or efficiency of service delivery to children receiving EPSDT funded mental health services?	31	1. Engagement Barriers, i.e. lack of individual and/or family/significant support systems active involvement in treatment 2. Staff individually implemented different service techniques to try to engage clients and family members in active participation in services. 3. Lack of formal consistent training on therapeutic communication skills, engagement skills and the consumer driven Wellness Recovery Plan.	1. The training program (yet to be determined) would have a pre-test to obtain knowledge baseline; an immediate post test at training date and test at 6 months and annually. 2. The Wellness Recovery Action Plan is a tool used to actively engage the client in their own treatment. We wish to actively engage clients and measure this improvement. Engagement would be considered accomplished by having an individual Wellness Recovery Action Plan	Not completed	n/a

EPSDT PIP - June 1, 2009

MHP	Date Received	MHP Staff	Study Question	Size of Study Population	Barriers Identified	Performance Indicators	Intervention(s)	Interventions Applied
Los Angeles	5/29/2009	Paul McIver	Can we improve access to and appropriate utilization of TBS (time-limited supplemental mental health services) by providing training and conducting systematic monitoring?	132	1.Wide range of service delivery patterns 2.Lack of training of TBS providers 3. Lack of systematic monitoring of TBS providers	1.Rate of clients who received TBS at least 8 days per month for 7 or more months 2.Rate of clients who received TBS for 8 or more hours per day during 4 or more days of month 3.Percent of EPSDT clients who received TBS	1.Utilization review to determine the appropriateness of high TBS delivery. 2.Provide training to TBS providers. 3.Provide information and guidance to TBS providers regarding TBS Best Practices. 4.Develop and maintain a system to monitor TBS delivery in the IS. 5.Develop and maintain a system to monitor TBS delivery and provide feedback to providers for high usage of TBS.	On-Going
Madera	5/20/2009	Debbie DiNoto	Not Completed		None Listed	None listed	None Listed	n/a
Marin	5/22/2009	Joanne Bender	Not Completed but narrowed to 1 of 3	?	1.Completion of Child Behavior Check List (CBCL)is inconsistent. 2.Spanish version of CBCL is not viewed as culturally appropriate for background and literacy level of most monolingual Spanish speaking parents receiving services. 3.The CBCLis perceived by staff as too time consuming and, takes away from time spent providing services. 4.Inadequate means of tracking family therapy sessions w/in Insyst	Not completed	Not completed	n/a

EPSDT PIP - June 1, 2009

MHP	Date Received	MHP Staff	Study Question	Size of Study Population	Barriers Identified	Performance Indicators	Intervention(s)	Interventions Applied
Mariposa	5/29/2009	Randy Ridenhour	Will a non-traditional group in the context of out door field trips and emphasizing trust building and bonding activities between clients and parents result in improved attendance and participation in interventions?	?	1.Non-compliant, uninvolved clients. 2.Uninvolved Parents	Number of activity group sessions attended.	Create a 5-session outdoor activity group for both clients and parents. Transportation will be provided. Fun and trust building/bonding activities will be the emphasis.	1-Jul-09
Mendocino	5/18/2009	Zoy Kazan	Will implementation of semi-annual case conferencing with high volumn EPSDT users who are placed in foster care within the county result in a reduction in the volume of services indicating symptom reduction?	204	None Listed	None listed	None Listed	n/a
Merced	6/1/2009	Evelyn Egger	Not Submitted	?	1.Delayed referral to MH 2.Multiple providers 3.With whom does child reside? 4.Communication with CPS 5.Method of MH referral	None listed	1.Collaborate with CPS – weekly meeting to clarify referrals 2.Weekly visits with school referral staff 3.Measure customer satisfaction 4.Rather than all services on same day, spread out over the week (frequency of services)	Not Completed
Modoc	5/22/2009	Karen Stockton	Not Submitted	?	None Listed	None listed	None Listed	n/a
Mono	5/14/2009	Stevani Rast	Not Submitted	?	None Listed	None listed	None Listed	n/a
Monterey	5/29/2009	Krista Hanni	Will implementing a coordinated service delivery approach result in enhanced efficiency of service delivery to children receiving EPSDT funded mental health services who are identified as beneficiaries of the intervention?	39	1.Number of services 2.Number of diagnoses 3.Number of service providers	1.Mean # of services received 2.% of clients with an average of \$3,000 or more	1.Quality Improvement review of new cases with a 3 month average of >\$3,000 billed to state 2.Refer cases that could have improved case coordination to Children's Services Program Manager	June 2009 x 2
Napa	5/26/2009	Kyle Freeman	If the MHP implements a system-wide level of care assessment tool, will the data yielded by the consistent use of this valid and reliable tool confirm that a) children receiving intensive mental health services are being appropriately served in the most efficient and effective manner, and b) that children who have not been served with anything more than medication services twelve months prior to sampling have in fact been underserved and would benefit from a greater array of non-urgent, non-intensive specialty mental health services.	201	1.Children in intensive services may be over-utilizing based on a lack of consistent attention to their actual progress and current clinical needs. 2.Children receiving medication-only services may be under-served and as a result later suffer an adverse clinical outcome or escalate in their need for more intensive services beyond routine outpatient services of a non-medical.	1.% of individuals receiving appropriate level of care, appropriate variety of care, at appropriate intervals according to community standards of practice. 2.Ratio of underserved Meds-only individuals to Meds-only individuals.	Study Question A: increased utilization review, reduction or increase in services based on demonstrated lack of fit between level of medical necessity/acuity and current service array.	Not Completed

EPSDT PIP - June 1, 2009

MHP	Date Received	MHP Staff	Study Question	Size of Study Population	Barriers Identified	Performance Indicators	Intervention(s)	Interventions Applied
Nevada	5/14/2009	Jean Shannon	Will the transmittal of a comprehensive referral package of information regarding the client, the designation of a lead coordinator to bring all providers and agencies together to plan the client's care within the first 30 days after referral and the preparation of a unified client plan to be used by all providers, reduce the average cost of services in the 90 period following referral for a client referred to intensive services.	?	1.Inadequate information provided upon referral to intensive services 2.Can have multiple, inconsistent client plans being used by multiple providers 3.Treatment roles are not defined via a unified plan upon referral 4.No one is designated as the lead coordinator to insure input and coordination of all agencies and providers and coordinate the preparation of a unified client plan	None listed	None Listed	n/a
Orange	5/22/2009	Jonathan Rich	Will implementation of multi-family groups and focused case reviews result in reduced need for other resources, while improving mental health outcomes?	"Entire High User Population"	Under utilization of family interventions in favor of potentially more costly interventions	None listed	Multi-family group	9/1/2009

EPSDT PIP - June 1, 2009

MHP	Date Received	MHP Staff	Study Question	Size of Study Population	Barriers Identified	Performance Indicators	Intervention(s)	Interventions Applied
Placer/Sierra	5/19/2009	Twylla Abrahamson	Will implementing a programmatic and quality improvement in depth chart review to determine non-standard patterns of service provision in a subset of high cost EPSDT funded mental health clients result in improved case coordination/care management and oversight of authorization of services?	31	<p>1.Placer County CSOC has an integrated system of care. Thus, some costs attributed to high end users may be incurred from the court ordered CWS portion of activities involved in their case.</p> <p>2.Placer County CSOC has an integrated system of care. CWS, Probation, 26.5, and mental health systems are presumed to work in tandem.</p> <p>3.De-centralized system of authorization for services causing decreased oversight of service provision.</p> <p>4.Mental Health Day Treatment Program conducted in conjunction with PCOE. Referrals made by all Placer County school districts and screening in initially conducted by education staff (PCOE). Intakes are approved by CSOC Mental Health staff.</p> <p>5.Lack of EPSDT eligibility determination for CWS and Probation clients.</p> <p>6.Data from ITWS system was not up to date to ensure current clients who would benefit from an intervention would be present in the data set.</p>	<p>1.Percentage of clients that fit Placer's typical clinical service pattern/s</p> <p>2.Increase referrals to TBS services</p> <p>3.Increase referrals to Day Treatment/Day Rehabilitative</p> <p>4.Increase referrals to Wraparound (RAFT)</p> <p>5.Number of persons involved in the case do not ensure adequate case coordination</p> <p>6.The overall cost of delivering service</p> <p>7.Number of authorizations written for different services and different providers</p>	<p>1.Review with Directors, Managers, Supervisors, and Case Managers the overall high cost EPSDT users (original data set)</p> <p>2.Report to Directors, Managers, Supervisors and Case Managers the typical service utilization patterns and non-typical patterns that emerged from a review of the data set (original data set)</p> <p>3.Have same group of individuals generate hypotheses about why the typical and non-typical clinical service utilization patterns exist (original data set).</p> <p>4.Have case managers and supervisors conduct an in-depth chart and program review of each of their clients that have non-typical service patterns (identified study data set)</p> <p>5.Have QI conduct an in-depth chart review of each client that has a non-typical service utilization pattern (identified study data set)</p> <p>6.Have groups report findings to each other. Generate potential areas of intervention for case planning and areas of intervention for authorization and oversight to move non-standard patterns to become more standard if clinically appropriate.</p>	tbd
Plumas	5/22/2009	John Sebold	Will implementing a "standalone" family therapy intervention lead to enhanced quality, effectiveness and/or efficiency of service delivery to children receiving EPSDT funded mental health services?	18	<p>1.MHP clinicians are over whelmed with responsibilities associated with the individual needs of consumers and have little time to initiate family based services even when indicated.</p> <p>2.MHP clinicians are at times uncomfortable with the implications of serving both individual consumers and their families due to the potential dual relationship issues.</p>	None listed	None Listed	n/a

EPSDT PIP - June 1, 2009

MHP	Date Received	MHP Staff	Study Question	Size of Study Population	Barriers Identified	Performance Indicators	Intervention(s)	Interventions Applied
Riverside	5/29/2009	Suzanna Juarez-Williamson	Not Submitted	exclude out of county placements and 21 and	None Listed	None listed	None Listed	n/a
Sacramento	5/28/2009	Uma Zykofsky	Will providing a TBS referral to all Med-Cal eligible clients receiving outpatient services in the MHP experiencing a crisis stabilization episode at MERT lead to reduced hospitalization and need for intensive mental health services in the future?	?	Inability to prevent both crisis stabilization and acute psychiatric hospitalization	1.90-day inpatient recidivism rate 2.90-day crisis stabilization recidivism rate 3.Percent of crisis stabilizations resulting in inpatient hospitalization	Referral to TBS	2/1/2009
San Benito	5/22/2009	Nancy Callahan Lynda Yoshikawa	Will providing oversight, supervision, and care coordination of EPSDT services enhance quality, effectiveness, and efficiency of service delivery to children and youth receiving EPSDT-funded services?	100% who receive more than \$3,000 in a year.	1.We do not have a system for identifying high-need children who utilize a large amount of services and/or high cost services. 2.The supervisor does not systematically receive information on these high-need children so that they can coordinate care and manage the cost of services. 3.The supervisor does not provide feedback to staff regarding children who have a pattern of high service utilization, to determine if the services fit the child's needs and medical necessity.	1.Percent of children who received > \$3,000 in a 12 month period who improved their Risk/Resiliency score after intensive services. 2.Percent of children who received > \$3,000 in a 12 month period who remained in the community (were not placed in a higher level of care). 3.Percent of children who received > \$3,000 in a 12 month period who remained living in their home.	1.Develop and provide a data report to supervisors to show the service utilization and cost data for each EPSDT PIP client. 2.Supervisors utilize data to conduct a monthly review of each EPSDT PIP client's patterns of services to determine if the intensity of services is consistent with the client's needs and medical necessity. 3.Supervisors meet with client's service team to coordinate services for client and family.	3/2009 x 3
San Bernardino	5/22/2009	Timothy E. Hougen	Will implementing higher care coordination for EPSDT clients who require \$3,000 of services in a month outside of a highly coordinated program result in increase stability of services, decreased hospitalizations, and decreased changes in placement?	?	1.Geographic 2.Impact of lack of clarity on service definition for Case Management 3.Budget 4.Cultural 5.Transient Nature 6.Limited Access to Coordination of Care 7.Technological	None listed	None Listed	n/a
San Diego	5/21/2009	Claudia Chavarin	Will implementing activities such as identification of predictors of high service utilization and the development of appropriate interventions which may include a) diversion from repeated use of high intensity services b) the development of more effective services c) early childhood intervention - lead to enhanced quality, effectiveness, and efficiency of service delivery to children receiving EPSDT funded mental health services?	738	1.Younger at service entry 2.Higher # of service use per year 3.Multiple sector involvement 4.More impaired at intake 5.First episode more likely to be high end type 6.Possible more severe risk factors or predictors for grave mental impairment 7.Possible improper treatment setting 8.Possible service gaps (program and client wise)	None listed	None listed	n/a

EPSDT PIP - June 1, 2009

MHP	Date Received	MHP Staff	Study Question	Size of Study Population	Barriers Identified	Performance Indicators	Intervention(s)	Interventions Applied
San Francisco	5/22/2009	Tom Bleeker	Phase I of our study will investigate factors associated with length of stay in day treatments. The understanding that emerges from Phase I will help us define a target for intervention in subsequent phases of the study.	?	None Listed	None listed	None Listed	n/a
San Joaquin			Will better identification of EPSDT and adult populations with COD lead to improvement in quality of care, coordination of services, effectiveness and efficiency of our service delivery?	199	1.Limited Data Collection and Inaccurate Data Collection 2.CYS Data 3.Lack of Training on Substance Abuse Assessment and Treatment 4.Staff reluctance to fully address substance abuse issues 5.Client fear of stigma and/or Interventions	1.EPSDT clients are appropriately assessed as having COD in our system of care 2.Decrease in the percentage of clients with COD who are detained in Juvenile Justice settings	1.Implementation of assessment tool for COD 2.Training of clinical and medical staff 3.Client education 4.Identification of data	1.3/09 2.3/09 3.3/09 4.6/09
San Luis Obispo	5/14/2009	Azarm Ghareman	Will increasing the clinical skills of our youth therapists through systematic training lead to: 1.Decreased use of Crisis Services(both clinic and Mobile Crisis)? 2.Decreased #days of Suspension during school year? 3.Increased school Attendance? 4.Keep the child placed in Family Setting?	150	1.Gender (males) 2.Biological family presence of mental illness 3.Biological family substance abuse 4.Previous out of home placement 5.Exposure to traumas	1.Use of crisis services 2.# days of Suspension during school year 3.School Attendance 4.Remain placed in Family Setting	1.Targeted training for clinical staff in CBT and how it can be used to work with children who have been exposed to trauma, family mental illness, and family drug use. 2.Educating the psychiatrists about the implications of rapid medication change with bipolar and ADHD children, and its disruptive impact on the family.	n/a
San Mateo	6/1/2009	pending updated	Will implementing a client-centered approach to utilization management improve targeting of intensive services to clients with the greatest clinical need, improve access to needed services, and improve the response of high utilizing EPSDT clients to treatment?	100% of > \$3000	1.Treatment planning needs to do more to evaluate need of TBS 2.Treatment planning does not consistently focus on Levels of Care or key CALOCUS items 3.Treatment planning not focused on a client-based rating of their progress	1.Family interventions targeted to clients with low or poor ratings of family involvement 2.EPSDT Clients Receipt of TBS Relative to Clinical Need 3.EPSDT Clients Receipt of TBS Relative to Clinical Need 4.% EPSDT Clients Diagnosed wt Co-Occurring Disorder 5.% of clients admitted to higher levels of care during FY 6.Family Ratings of Client Improvement 7.CALOCUS Total Score 8.Risk Ratings (Dim 1 of CALOCUS) 9.Functioning Ratings (Dim 2 of CALOCUS) 10.Co-Occurring Ratings (Dim 3 of CALOCUS) 11.Family Involvement Ratings (Dim 6A of CALOCUS)	1.Implement client-centered, recovery based UM process focused on the following elements:(see PIP) 2.Develop client-centered assessment of the effect of treatment. Partner with families of youth in our system to develop this tool.	3/1/09 x 2

EPSDT PIP - June 1, 2009

MHP	Date Received	MHP Staff	Study Question	Size of Study Population	Barriers Identified	Performance Indicators	Intervention(s)	Interventions Applied
Santa Barbara	5/22/2009	April Howard	Will implementing activities such as, but not limited to: eliminating the practice of co-locating partner agency staff with ADMHS staff (MISC model); re-establishing referral criteria and level of care criteria; modifying billing practices; refining and developing policies and procedures regarding Evaluation & Plan Development (EPD) and Targeted Case Management (TCM) activities as they relate to best practices in client care; and providing additional billing practice training for ADMHS and partner agency staff, monitoring progress notes after trainings and establishing EPD and TCM thresholds for initiating client case conferences to evaluate the treatment plan lead improved effectiveness and efficiency of service delivery to children receiving EPSDT funded mental health services resulting in continued stabilization and/or improved mental health of clients?	78	1.Coordination of client care not efficiently carried out within teams or between teams and partner agencies 2.Coordination of client care not efficiently carried out within teams or between teams and partner agencies 3.Coordination of client care not efficiently carried out within teams or between teams and partner agencies	Not completed	Not completed	n/a
Santa Clara	5/29/2009	Hung Nugyen	Do the data driven outcomes from the preliminary review (see attached study) indicate the need for increased EPSDT services at an earlier age for the highest acuity children at greatest risk for out-of-home placement?	?	1.Fail – Up system 2.Organization Coordination 3.Lack of Comprehensive Treatment Approach 4.Lack of unified outcomes measurement	Not completed	Not completed	n/a
Santa Cruz	5/21/2009	Karolin Schwartz	Will the development and implementation of an individualized screening mechanism to evaluate and monitor utilization of services over time, provide a reduced intensity of service delivery with the same positive outcomes?	96	1.Assumption that all youth who enter our System of Care continue to need high intensity services throughout their course of treatment. 2.Lack of Utilization Review mechanism to determine level of need over time. 3.Limited utilization of TBS due to lack of confirmed client and community awareness of TBS. 4.No consistently method for identification of "high risk" youth or the trackins of service need and treatment progress on addressing that need.	Not completed	Not completed	n/a

EPSDT PIP - June 1, 2009

MHP	Date Received	MHP Staff	Study Question	Size of Study Population	Barriers Identified	Performance Indicators	Intervention(s)	Interventions Applied
Shasta	5/22/2009	Josette Livingston	Does the timely implementation of the TBS 30 Day Urgent Contract Option, by employing a consistent risk-behavior screening tool, significantly reduce the subsequent use of other multiple EPSDT services?	100 % meeting threshold	1.Restrictive class eligible TBS criteria that excludes many "high risk" youth from being eligible for TBS. 2.	1.% difference between prior and post EPSDT services. 2.% TBS users to total EPSDT eligible beneficiaries 3.% of TBS minutes of service to other EPSDT services. 4% difference # hospital admits Prior and post TBS 5. Change in Risk Behavior Score on tool for all TBS	1.Development and implementation of a Risk Behavior Screening tool to apply to all EPSDT beneficiaries 2. Development and implementation of TBS 30 Day Urgent Iption including training staff/providers 3.Complete two community meetings yearly to educate the community about TBS and the barriers to its use 4.Explore alternatives to TBS if neither the 30 Day Option or Class Eligibility are met but the Risk Scores are of concern at the time the tool is applied. 5. Post hospital discharge contact by MH Staff to discuss and document TBS Option and alternatives within five (5) days	1. 5/09 2.6/09 3.7/09 4.7/09 5.7/09
Siskiyou	5/22/2009	Dan Jordan	Not Completed	Not completed	None Listed	None listed	None Listed	n/a

EPSDT PIP - June 1, 2009

MHP	Date Received	MHP Staff	Study Question	Size of Study Population	Barriers Identified	Performance Indicators	Intervention(s)	Interventions Applied
Solano	5/22/2009	Meredith Bird-Marinucci	If we implement a Multi-level Utilization Review (MUR) for high service users, would our high service users receive a more efficient allocation of appropriate services and would we expand system access to more EPSDT beneficiaries?	100% of Threshold	1.We have no standardized assessment to determine the appropriate level of care for children 2.We have no utilization review in place to examine high end service users. 3.Our current practice of determining what services a child receives is based solely on subjective factors. 4.There is no process for formalized treatment staffing of clients that have multiple providers or are open to multiple reporting units. 5.Day treatment intensive and day rehabilitation case review authorization process occurred during regular intervals as prescribed (3 mo for day treatment intensive, and 6 mo for day rehab) but the form was brief and did not allow for critical analysis of the program's request for re-authorization.	1.Multiple open reporting units (RU) leading toduplication of services: 1-4 RU; 5-8RU; 9+ RU over 13 month period 2.Small number of clients using services disproportionate to total eligible 3.Unable to assess level of care 4.Disruptive behavior disorders	Review (MUR) Committee for high end service users comprised of a clinical supervisor, clinical line staff, and a Quality Improvement representative. 2.Data reports to supervisors every month for clients exceeding the identified threshold of services. 3.Meeting between supervisor and PSC to discuss identified clients and the appropriateness of the level of service being provided after first month exceeding the identified threshold, and completing a MUR Monthly Feedback Form. 4.Meeting between supervisor and PSC to discuss identified clients and the appropriateness of the level of services being provided after the second consecutive month exceeding the identified threshold, and completing a MUR Monthly Feedback Form. 5.After 3rd consecutive month exceeding the identified threshold, completion of a MUR Case Presentation Form on which it will be noted whether the supervisor and PSC agree or disagree on the level of service the client is receiving. Form to be returned to special high user MUR committee for review. If supervisor is nc	1.4/20/09 2.5/20/09 3.5/10/09 - 8/31/09
Sonoma	5/22/2009	Wendy Sanders	If Sonoma County Mental Health was able to enhance collaboration amongst the members of the "Children's Partnership" using the Child and Adolescent Needs and Strengths (CANS) to create a common language and methodology of assessing treatment needs, would it result in more appropriate utilization of EPSDT funded mental health services for children?	?	1.Lack of a standardized assessment tool amongst Human Services, County Mental Health and Contract Providers to collectively identify treatment needs to determine necessary levels of care for Mental Health Services. 2.Lack of measurable outcomes to demonstrate efficacy of mental health services.	Not completed	Not completed	n/a

EPSDT PIP - June 1, 2009

MHP	Date Received	MHP Staff	Study Question	Size of Study Population	Barriers Identified	Performance Indicators	Intervention(s)	Interventions Applied
Stanislaus	5/22/2009	Cherie Dockery	Will implementing a treatment team approach to support collaboration and communication between service providers to develop a shared primary diagnosis, lead to a reduction in the number of crisis contacts?		1.Initial assessments (for medical necessity for specialty mental health services and treatment) completed by mental health clinicians are independent of the psychiatrist's assessment. 2.Psychiatric assessments are completed by the psychiatrist independent of the mental health clinician's assessment. 3.Beneficiaries open to two or more programs with different diagnostic focus. 4.Beneficiaries with trauma and/or substance abuse issues impact service needs and outcomes. 5.Beneficiaries with little or no family support.	Not completed	Not completed	n/a
Sutter/Yuba	5/22/2009	Laura Ruble	Not Submitted	?	1.Insufficient parental/guardian involvement 2.Lack of Transportation 3.Defining how care is coordinated amongst service providers 4.Misperceptions about the FAST and YCAT meetings. These are the two meetings that have multiagency and interdepartmental representation that discusses the high risk youths in our community. 5.The interventions currently used may not be targeted to the identified needs of the youth and their family.	None listed	None Listed	n/a
Tehama	5/22/2009	Sue Sherman	Are poor resiliency factors in children likely to result in crisis stabilizations as first point of entry to the MH system and higher levels of mental health services thereafter? (Will post-stabilization resiliency building interventions decrease the use of intensive mh services by identified population over time?)	?	1.Unidentified poor Resiliency Factors	None listed	None Listed	n/a

EPSDT PIP - June 1, 2009

MHP	Date Received	MHP Staff	Study Question	Size of Study Population	Barriers Identified	Performance Indicators	Intervention(s)	Interventions Applied
Trinity	5/22/2009	Pam Thayer	Will providing monthly school collateral services to all EPSDT clients in the Study Group (unless therapeutically counter-indicated) increase the clinician's understanding of the child's mental health and functional situation, create care-coordination with the schools, and impact the treatment plan to be more holistically appropriate and thereby increase the efficacy of treatment services and therefore result in a reduced length of services and/or fewer repeat open episodes		1.Lack of school collateral contacts 2.Perception that school personnel are difficult to reach 3.Clinician accepting family reports of the child's situation rather than seeking a more global assessment of child	1.The baseline numbers of 2 children out of 47 receiving school collateral service, will be compared periodically at 6-month intervals. The raw data numbers will provide percentages that can be used for ongoing comparisons. Monthly school-related collateral services will be provided for each child or youth (unless documented as therapeutically counter-indicated) 2.The length of stay per client will be monitored at 6-month intervals.3.The number of re-opened episodes.	1.Clinicians will seek to contact school personnel for each EPSDT study group client enrolled in school during each month that school is open, unless such a contact is therapeutically counter-indicated. This will be done to (1) increase the accuracy and completeness of the assessment of the child, (2) impact development of the child's treatment plan, and (3) increase the number of caring adults in the child's life (including school personnel) in order to create a larger and more effective group of adults who are aware of the challenges the client is facing, the goals the client has, and increase support the child has in implementing his or her treatment plan. 2.Clinicians will track all attempts and completed contacts with school personnel made by phone or in person. 3.Clinicians will utilize information gathered from school personnel in creating and executing a holistic treatment plan to help each EPSDT study group client.	9-Feb

EPSDT PIP - June 1, 2009

MHP	Date Received	MHP Staff	Study Question	Size of Study Population	Barriers Identified	Performance Indicators	Intervention(s)	Interventions Applied
Tulare	5/22/2009	Carmen Mendoza	Will the implementation of a coordinated Utilization Management; Managed Care Organization collaboration; data collection, review and validation; and strategic interventions improve mental health outcomes and reduce the cost associated in the delivery of EPSDT funded mental health services in the Tulare County MHP EPSDT PIP cohort?		1.Family dynamics 2.Rural vs. Urban 3.Provision of care sites 4.Coding 5.Decision on quantity of service provision 6.Developmentally disabled 7.Language and cultural barriers 8.Co-occurring diagnosis 9.Ability to track functioning level through a client information system 10.Primary Care Provider (PCP) referrals	1.Reduction of total claim dollars for FY 2008-2009 2.Reduction in crisis services as evidenced by the number of EPSDT cohort crisis interventions in FY 2008-2009 3.Reduction in hospitalizations 4.Increased community awareness evaluated through pre- & post-tests	questionnaire with subsequent classification into risk categories, e.g., diabetes, risk for pregnancy, substance abuse. 2.Review of cohort data on a quarterly basis by: <input type="checkbox"/> Cost <input type="checkbox"/> Services <input type="checkbox"/> Reporting unit 3.Implementation of a High Risk Resource Team at all sites to review the EPSDT cohort population to insure that appropriate levels of service are available and being provided for High Risk Cases. 4.Standardized paradigms of treatment 5.Increased case management and services 6.Increased capacity of PCPs (Pediatricians/Nurse Practitioners/Family Practice doctors) through education and ongoing support from therapists 7.Partnership with CVRC for the development of a	7/1/09 x 8
Tuolumne	5/22/2009	Sue McGuire	Not Completed	Not completed	Not completed	Not completed	Not completed	n/a
Ventura	5/29/2009	Matt Ousley	Will implementing additional clinical training and oversight measures lead to more appropriate utilization of TBS services?	132	1.Ventura County clients have a 48% longer stays in TBS than State average 2.At times clients that do not appear to progress in TBS treatment services remain within the program 3.Therapist passivity may allow for client and family dependence on service	1.TBS Length of Stay 2.TBS Minutes provided per contact 3.Contacts per TBS episode 4.Percent TBS episodes generating a 150 day letter	Not completed	n/a
Yolo	5/29/2009	Rudy Arrieta	What individual, organizational, and system factors/variables impact the quality of care and outcomes for EPSDT beneficiaries at Yolo County? And, what are the activities/initiatives/strategies that can be implemented to enhance access, utilization, quality, and satisfaction with EPSDT services at Yolo County?	157	1.Fragmentation of the Services Delivery System for EPSDT and limited or lack of coordination could lead to service duplication and reduce service effectiveness. 2.Reduced staffing due to layoffs and program cuts have decreased coordination and limited the penetration rates to children who are at the greatest risk for out-of-home placement and hospitalizations.	1.School Attendance as measured by days 2.Number of new law violations 3.Days Psychiatrically Hospitalized 4.Number of Crisis Visits 5.Number of out-of-home Placements	1.Establishing Agency Partnerships, Collaborations, and a Memorandum of Understanding (MOU) that will determine lead agency and individual staff coordinator for each consumer 2.Learning skills to navigate service delivery system and using community resources to augment EPSDT services	1. 2/09 2.7/09