


Communication from the Office of the ACBH Director -

DATE: January 31, 2023

TO: Alameda County Behavioral Health Care Services (ACBH) Stakeholders

FROM: Karyn L. Tribble, PsyD, LCSW, Director 

SUBJECT: EXTERNAL QUALITY REVIEW OF MEDI-CAL SPECIALTY MENTAL HEALTH FISCAL YEAR 2022-23 - FINDINGS

This communication has been provided to share very important updates with each of you regarding the performance of our department, and to ensure systemwide transparency.

As some are already aware, Alameda County Behavioral Health Care Services (ACBH) participates in Quality Review visits twice yearly for each of our Mental Health and Substance Use Systems. These visits are standard practice for every county across California and is an opportunity that helps counties to continually improve system operations and care services throughout the community. *Behavioral Health Concepts (BHC) Inc.*, California's External Quality Review Organization (CalEQRO) recently conducted a Fiscal Year (FY) 2022-23 review of ACBH Specialty Mental Health Services from **October 5-7, 2022**, which includes county and contracted services.

As always, this Fiscal Year's 2022-23 Mental Health External Quality Review (EQR) was conducted in accordance with the Centers for Medicare and Medicaid Services (CMS) Managed Care regulations. These CMS regulations mandate that the California Department of Health Care Services (DHCS) provide an annual external quality review of the **quality, outcomes, timeliness of care, and access to care** provided by California Mental Health Plans (MHP). As you know, ACBH functions as a MHP. Review protocols include validation of performance measures, performance improvement projects (PIP), information system capabilities, network adequacy, beneficiary satisfaction surveys, and evaluation of performance and quality management key components.

External quality performance and quality management key component domains are indicated in the below table. Finding determinations are provided as *Met*, *Partially Met*, and *Unmet*. Combining *Met* and *Partially Met* findings and translating this to an overall composite rating percentage yields an overall rating of 96% for FY 2022-23. (Detailed findings are available via the link noted below and will provide the full findings report).

	Performance & Quality Management Key Component	FY 22/23 %
1.	Access to Care	100%
2.	Timeliness of Services	100%
3.	Quality of Care	90%
4.	Information System (IS) Infrastructure	100%
	Overall Total	96%



In addition to these key domain components, the MHP EQR reviewed consumer and family member focus groups to obtain constituent feedback. There was sufficient participation this year for all groups with no need for a director's letter*. Both clinical and non-clinical Performance Improvement Projects (PIPs) were submitted for review and fully validated. **(Note: Focus groups with no to low participation rates will result in the need for a director's letter to identify factors and plan of correction).*

There was a total of seven **(7) recommendations** given for this coming Fiscal Year in accordance with the key component domains and are as follows:

- 1) Investigate gaps impeding systemwide measurement for first appointment offered, psychiatry services, and urgent services (Timeliness, Access);**
- 2) Assess actual demand for crisis services and work toward increasing capacity (Access, Quality);**
- 3) Resume tracking and trending HEDIS measures for youth beneficiaries (Quality);**
- 4) Increase staff and budget allocation to the SmartCare implementation to ensure that the implementation is on time and effective. (Timeliness, IS);**
- 5) Assess and modify the trainings provided to law enforcement based on stakeholder experience (Quality);**
- 6) Add information on crisis services and wellness centers to the website. (Access); and**
- 7) Evaluate beneficiaries' experience with delays and barriers to high need youth services and implement changes needed. (Access, Quality)**

Thankfully, the above-listed recommendations align well with our Department's [True North Metrics](#) as they largely focus on themes related to *Quality* and continually measures our progress, services impacts, and administrative efficiencies (*Outcome-Driven Goals*). We are committed to ongoing improvement of our services and programs; and believe that this progress and our department's ongoing commitment to system change reflects our ongoing focus on Quality Improvement and planning. For more information regarding the results of this most recent review, please feel free to visit the following link [Findings Report: ACBH External Quality Review FY22/23 MHP](#).

Thank you to our staff, stakeholders, and community at large for their partnership in our efforts to increase access and improve quality of care. Your ongoing feedback and input are essential to our continued work on behalf of the community. I would also like to acknowledge our Quality Management/Quality Improvement team in assisting our department with their coordination and support during this very important review. Your efforts provided the infrastructure needed to highlight the important work of our staff, trainees, providers, and stakeholders.

Thank you for your ongoing partnership; and for taking the time to review the most recent system results.