

CalQIC Conference 2022

Rebuilding the Specialty Mental Health House: From CalAIM Concept to Operationalizing Medical Necessity and Documentation Changes

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Operationalizing Change

- Access criteria
- Domain-driven assessments
- Problem lists vs. treatment plans
- Educating and communicating changes to line staff
- The role of QI in making these changes
- General discussion and wrap up

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The Intent and Context for Changes

- ❑ The vision
- ❑ Opportunities

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Operationalizing Change- Access criteria

- ❑ Elimination of Included Diagnosis
- ❑ Adults
 - ❑ Emphasis on functional impairment and/or risk of deterioration
- ❑ Children
 - ❑ High risk for a mental disorder due to trauma associated with involvement with child welfare or juvenile justice, experiencing homelessness
- ❑ Distinctions between the responsibilities of the Mental Health Plan and Managed Care Plans
 - ❑ Mild to moderate impairment and prevention service arrays
- ❑ The role of Z Code diagnoses when a final diagnosis has not been arrived at yet

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Operationalizing Change- Domain-driven Assessments

- ❑ Operational differences between domain-driven assessments and current assessment forms and approaches?
 - ❑ Differences and opportunities from the perspective of counties, DHCS and CBHDA
 - ❑ Clinically-driven assessment (vs. compliance)
- ❑ Are domain-driven assessments logic model-driven? (if yes → X)
- ❑ How are counties approaching the development of domain-driven assessments?
- ❑ Pros and cons of cross-county standardization vs. county-developed.
- ❑ What do counties need and want in terms of support?

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Operationalizing Change- Treatment Plans vs. Problem Lists

- ❑ Problem list defined at a minimum as: Dx(s), problems identified by practitioner, client or significant support person that are the focus of treatment.
- ❑ Functionally, treatment plans define goals and objectives and document treatment interventions. Guide treatment like a rudder guides a ship.
 - ❑ Do problem lists serve to guide treatment in the same way?
- ❑ Are problem lists:
 - ❑ More engaging (meeting client where they are at)?
 - ❑ More encounter-based/dynamic?

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Operationalizing Change- Educating and communicating changes to line staff

- ❑ Strategies to communicate operational changes to staff
 - ❑ Vision and operational changes
- ❑ Pre-CalAIM vs. CalAIM comparison documents
 - ❑ Templates to consider
- ❑ Opportunity to change culture
 - ❑ Compliance → Clinically-driven practices

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Operationalizing Change- The Opportunity for Quality Improvement

- ❑ **Incorporating quality into compliance**
 - ❑ Regular monitoring of data and trends to identify areas for improvement and implement small tests of change for improvement
- ❑ **How will we know the change has resulted in an improvement?**
 - ❑ Tracking administrative implementation
 - ❑ Tracking staff understanding and adoption of changes
 - ❑ Key metrics that operationalize improvement
 - ❑ Decreased “other” non-clinical time
 - ❑ Staff satisfaction

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Operationalizing Change- The Opportunity for Quality Improvement

- ❑ **What are we trying to accomplish?**
 - ❑ Role of continuous quality improvement
 - ❑ Role of outcome metrics around managing system capacity

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Discussion, Recommendations and Next Steps

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