

MHLA/DMH Mental Health Prevention Services Program
Meeting FAQ
April 21, 2022 (Revised March 24, 2023)

MHLA: CPs will have the choice of opting out of the Mental Health Prevention Services project for next Fiscal Year July 1, 2022 - June 30, 2023. You will not have to provide the services and you will not receive the supplemental behavioral health payment.

If you decide to stay in, you will be required to meet all the requirements of the program and will continue receiving the supplemental behavioral health payment. Due date for decision: April 29.

If you opt out, you will stay in MHLA and will continue to provide all other services to MHLA participants.

ALL MHLA participants can receive mental health prevention services regardless of the scores.

Q: Is there a form we need to fill out in order to opt in or out of MHPS?

A: No, just send Francia an email if you want to opt in or out. Francia Nava: fnava@dhs.lacounty.gov

Q: Why was the decision made to change from the PHQ-2/PHQ-9? Was this presented to stakeholders before making this switch?

A: No. There were no stakeholder groups used in the decision on which outcome measures were to be used in the next fiscal year. The change in what outcome measures to be used was discussed internally at DMH and DHS. From the onset of this pilot, there were concerns that using traditional treatment measures (PHQ-9 and GAD-7) for depression and anxiety would not really help determine if changes were occurring in reducing risk factors and increasing protective factors. Those measures were used at the onset, in an effort to get the pilot started, and since there were a number of challenges in getting many of the clinics on board with adding a different screening measure, thus a compromise was made. However, with 2 years into this pilot program, DMH saw that we were not getting the necessary Prevention outcomes to present to the State for a Prevention Program. Additionally, since DMH had since developed a reliable and valid survey for tracking changes in a Prevention Program, and since this survey was being used by DMH system wide in other Prevention Programs, the time to introduce the BUPPS into this Project had come. Some modifications to how this survey will be collected were made to make this more user friendly for CPs.

Q: When will the new screening process take place? This Fiscal Year or next year?

A: The new outcome measure (The BUPPS) will be implemented for this Program beginning July 1, 2022.

Q Do we still have to document the MHPS screening with the same documentation requirements that we previously had?

A: You will still submit claims with AIA for these services (with H0002 for screening process and H2014 for follow-up services). You just won't put scores on the claim forms. The documentation of all MHPS sessions is still a requirement both for the MHPS screening (H0002) and the MHPS follow up sessions (H2014).

Q: Are we continuing to use the PHQ 9 and GAD 7 until the current patients finish their services?

A: Please continue to use PHQ-9 and GAD-7 until the end of the FY. Additionally, if a patient already started and MHPS cycle prior to July 1, 2022, continue to use the PHQ-9 and the GAD-7 until the MHPS cycle is completed regardless to the end date of the cycle.

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Q: How frequently do we repeat the BUPPS? Do we need to screen patients after they were screened once?

A: Use the survey at the start, every other session, and the end of each MHPS cycle of services. All MHLA patients need to be screened for MHPS at least one time in the coming fiscal year. Patients may then be screened for MHPS the balance of the fiscal year at the discretion of each clinic.

Q: Where do we find the MHLA PID?

A: The MHLA PID is available in One-e-App the MHLA enrollment system.

Q: Will the Spanish versions be available before July 1? Is the BUPPS in other languages and is there an electronic version?

A: Yes, we will get the Spanish-translated version of the BUPPS to all CPs before July 1st. Translator services may be needed for other languages.

Q: Where do we submit the Discharge report and how often?

A: Submit a monthly MHPS discharge report to myhealthla@dhs.lacounty.gov but only for patients who had a discharge in that month, and at least one MHPS follow up session (H2014) in addition to the MHPS screening (H0002)(Ex. John Doe had an MHPS screening (H0002) done on January 25th and then one MHPS follow up session on February 10th. He would then appear on your February MHPS discharge report.) Send securely to DHS. If you don't have a way to send material out securely, let us know and we can send a secure message to you and you can respond.

Q: Do we need to use the BUPPS outcome measure? Do we need to keep a hard copy of the new MHPS Outcome Measure (BUPPS), or just document on the note? Is it ok if they are scanned in to our EMR.

A: Yes, starting July 1, 2022, the BUPPS outcome measure must be used for MHPS and should be uploaded to the medical record; scanning is perfectly fine. It is important that a hard copy be kept in the EHR/EMR for tracking, reviewing and any auditing of the outcome measures that may be required by County.

Q: How do we report BUPPS scores ?

A: BUPPS scores are only submitted at the time of discharge to DMH on a monthly MHPS discharge report. Continue submitting outcome scores securely to MHLA to: mhlamentalhealth@dhs.lacounty.gov.

Q: Are PCPs required to conduct the screening?.

A: Since the inception of the MHPS Program, clinics had flexibility to conduct MHPS screenings (H0002) and MHPS follow up sessions (H2014) with whatever clinic staff selected by the clinics, themselves. There was never a requirement that any MHPS had to be done by a PCP or in an existing medical visit. Some clinics elected to do so, but not under the direction of the County.

Q: Where can we refer the MLHA patients to obtain a psychiatric evaluation other than Exodus Recovery?

A: You can call the DMH Help Line at 800-854-7771.

Q: Can we still get credit for PHQ-2/PHQ-9?

A: The PHQ-2, PHQ-9 and GAD-7 will no longer be part of this MHPS project effective July 1, 2022. You would only credit for using the PHQ-9 and GAD-7 through the rest of this fiscal year which ends on June 30th, as well as for any patients who started a MHPS cycle prior to July 1, 2022 if they were still in an MHPS cycle.

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Q: We are getting pushback on switching to BUPPS from our medical team. One issue is that BUPPS is not embedded in our Electronic Clinical Works. My concern is the time it will take for medical providers to assess using BUPPS as PDF form. Our Providers would like to continue to use PHQ-9 while our MHPS team can use BUPPS for follow-ups.

A: We understand this requires a workflow change. Please contact DMH: Dr. Anna Muller via email at amuller@dmh.lacounty.gov. She is available to discuss program implementation with CPs. Because it is not a requirement to use medical providers as part of the MHPS Program, there is no associated grace period for transition. The MHPS Program requires all participating clinics use the same outcome measure effective with the same date of implementation, otherwise we lose outcome data.

Q: Are all MHLA patients eligible for services or are there score cut offs for eligibility?

A: All MHLA patients are eligible to receive MHPS regardless to the score on the BUPPS.

Q: When do we discharge a patient? And is the discharge report only used when a H2014 session has occurred?

A: An MHPS discharge may take place when the patient requests to no longer receive any further MHPS, or when the staff rendering the MHPS believe the patient has achieved some benefit from MHPS regardless to the number of MHPS sessions received and regardless to their score on the BUPPS. A patient only appears on the MHPS monthly discharge report when they had at least one MHPS follow up session (H2014).

Q: I understand that there is no cap in BUPP survey but is there scoring guideline where it shows like 1-5: not adequate protective factors, 20-30: adequate protective factor, that sort of the thing?

A: There are no “cut points” in the BUPPS like there was with the PHQ-9 and the GAD-7. Decisions are to be made based on patient’s expressed or determined needs and your MHPS screening questions.

Q: What scores are required for a pt to be eligible for services, or too severe to qualify?

A: Same as above.

Q: This tool may prove challenging for non-licensed providers to utilize. It relies on clinical judgment they may lack.

A: This survey is to be used to assess protective factors and wellness. If at some point in the MHPS screening, a concern arises related to the need for clinical judgement, then a CP is (per their contractual requirement), recommended to have non-clinical staff consult with their MHLA Lead (County strongly recommended the Lead be licensed) to help further screen and/or assess. DMH can also assist in this process upon request.

Q: I worry about patients who may be feeling suicidal or severely depressed that the PHQ-9 would identify that they will not be captured without the questions.

A: MHPS Prevention services and the required survey (BUPPS) being used to collect outcome measures does not preclude a clinic from using any other screening processes, and/or screening measures they wish to use. Clients known to be actively experiencing severe depression and/or feeling suicidal should receive a

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Behavioral Health assessment, and not be screened for MHPS. A MHPS screening process is not the same as a Behavioral Health treatment assessment. The MHPS screening was designed as a screening for an individual **at risk for developing a potentially serious mental illness (SMI), not for individuals already experiencing SMI.**

Q: Will the documentation piece still be required in the H0002 note, e.g. the conversation and responses by the patient?

A: Yes, no change in this requirement.

Q: Has this tool been validated and if so, for what conditions?

A: This survey has been validated as a measure to be used in the rendering of MHPS activities and related activities, not for a condition.

Q: PHQ and GAD are embedded in our EMR thus easier to track and follow. The new screening tool is not so we will have to scan into the patient's charts.

A: Scanning is an acceptable way of integrating this survey into one's EMR/EHR/record.

Q: How the discharge report looks like if we're mixing up those legacy PHQ-9 performance measure patients and BUPPS performance measure patients after 7/1/22?

A: If you are still reporting on the PHQ-9 and GAD-7 on or after July 1, 2022 (which can only occur if a patient already started a MHPS cycle prior to July 1, 2022) then you report on these separately from the BUPPS, namely 2 discharge reports please.

Q: Did you say NOT fillable pdf?

A: Yes, currently non-fillable. DMH will look to create a fillable pdf as soon as possible.

Q: BUPPS Survey (possibly looks like this...). Completes at Initial Screening (H0002). Completes during Follow-up Sessions 3, 5, 7, 9, 11, 13, 15, etc. (odd number sessions). And completes at the Final Session

A: Correct.

Q: For CP's doing screening over the phone, can the BUPPS be uploaded as an electronic version into the patients' health record? or does it have to be handwritten then uploaded?

A: Whatever is easiest for the CP.

Q: For CPs that decide to stay in the program, will they get an influx of MHLA patients who require MH services from the county due to the CPs that have decided to opt out?

A: No, CPs who are opting out their patients won't be able to receive MHPS at another clinic. The reason is because we can pay Supplemental Behavioral rate for patients who are not assigned to that clinic.

Q: If a person does not want to answer the BUPPS questions does that mean then that they are not eligible to attend the Prevention Groups?

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A: Regardless to patient's decision to take the BUPPS, they are eligible for MHPS.

Q: How do we report data other than the discharge report? Let's say we did the survey but there was no intervention.

A: If a patient only completed an MHPS screening process, and had no follow up MHPS sessions, that information gets collected when you claim for the H0002.